2:00

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 ~~Mooresville Office~~ (704) 660-3625 PERMIT # 238935

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4646-05-5416

APPLICANT/OWNER: Oliver Vandenberg APPLICANT ADDRESS: 149 Crystal Circle Mooresville, NC

SITE ADDRESS: 149 Crystal Circle Mooresville, NC PHONE: 704-662-9599 ALT. PHONE

SITE DIRECTIONS: 150 towards Lake Norman → L on Canvasback → L on Wood Duck → R on Crystal → House on left SAP CONTROLLED: ☐ YES ☒ NO

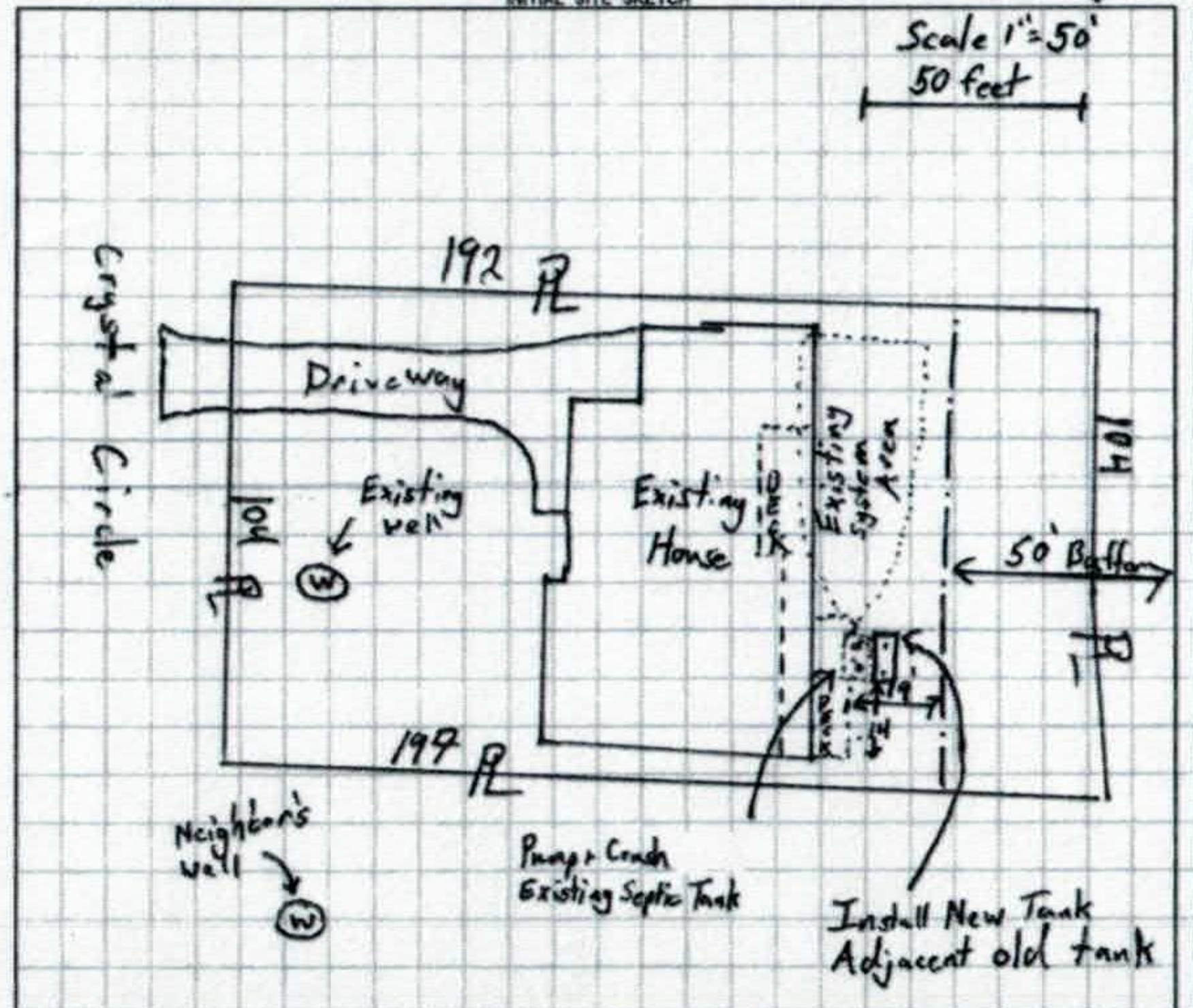
SUBDIVISION: Crystal Bay SECTION: — LOT # 17 LOT AREA: ≈ 0.46 acres DESIGN FLOW: 360 GPD L.T.A.R.: Existing

Septic Tank: 1000 (min) (gal)	STB: Infiltrator	Date: 1060	☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms: 3
Pump Tank: — (gal)	PT: —	Date: —	System Description: Pump + Crush Existing tank. Replace	☐ Business	No. Persons: 6
Pump Make: —	Model: —	Serial #: —	Repair System Description: as needed	☐ Other	No. Employees:
# Nitrification Fields: Ex	# Lines: Ex	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width: Ex	Trench Bottom Depth(Low side): Ex	Gravel Depth: Ex	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: New septic tank shall be installed at least 5 feet from any footers / foundation piers. Remove any retainer walls within 5' of tank. Recommend that a 1500 gallon tank be installed (since one was permitted in 1975). Also recommend pumping tank every 3-5 years. Existing drainfield may be encroached by house deck/patio slab. Condition unknown.

INITIAL SITE SKETCH



AS BUILT SKETCH

As the system is ≈ 43 years old, recommend conservative water use.

10/2/18- Replaced D-Box

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/21/2018 Installed by: T.W. Ammons

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/21/18 OPERATION PERMIT by: Benjamin A. Betkins Date: 10/2/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/21/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238935

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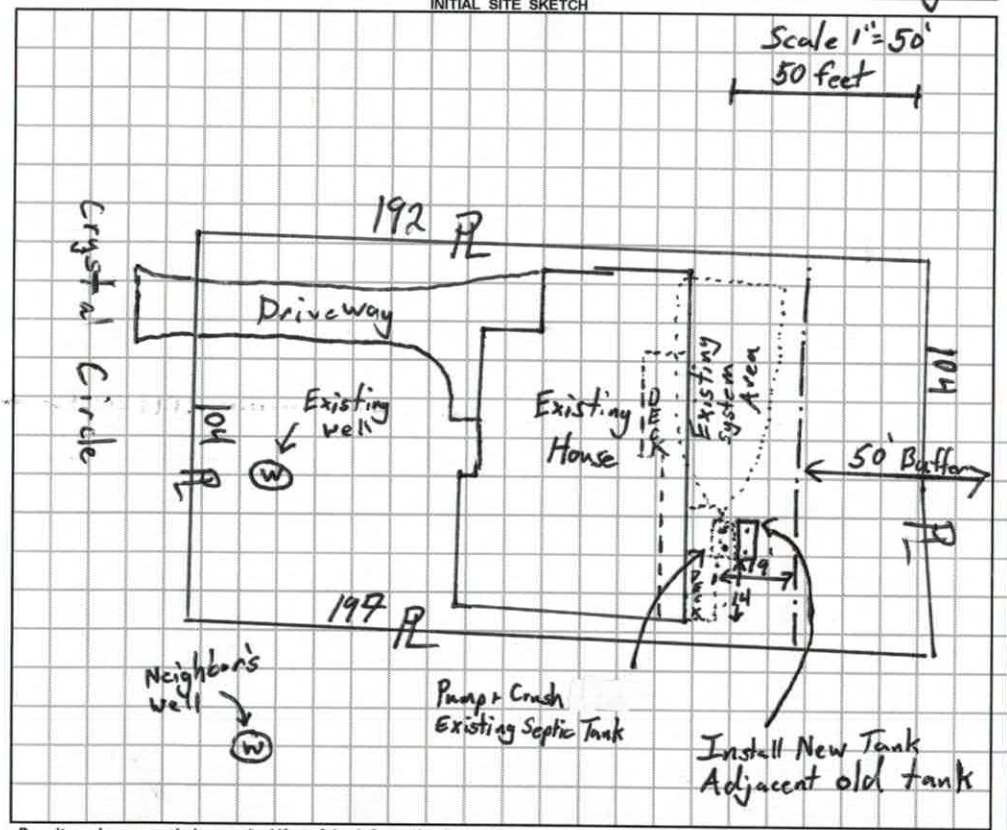
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Pump Tank	— (gal)	PT	—	Date	—	System Description: Pump + Crush Existing tank. Replace	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: as needed	☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

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Owner / Applicant Signature: [signature] Date: 9/21/2018 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/21/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/21/18 Existing System Inspected by: Date:

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IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Oliver van den Berg Address: 149 CRYSTAL CIRCLE Zip: 28117
Applicant Email: Olievandenberg@AOL Phone: 980-253-7753 Alt. Phone: 704 662-9599
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 149 CRYSTAL CIRCLE
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 2nd LEFT ONTO WOODDUCK THEN RIGHT ON CRYSTAL CIR

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: TANK COLLAPSE
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 74?
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: O. van den Berg 9/18/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

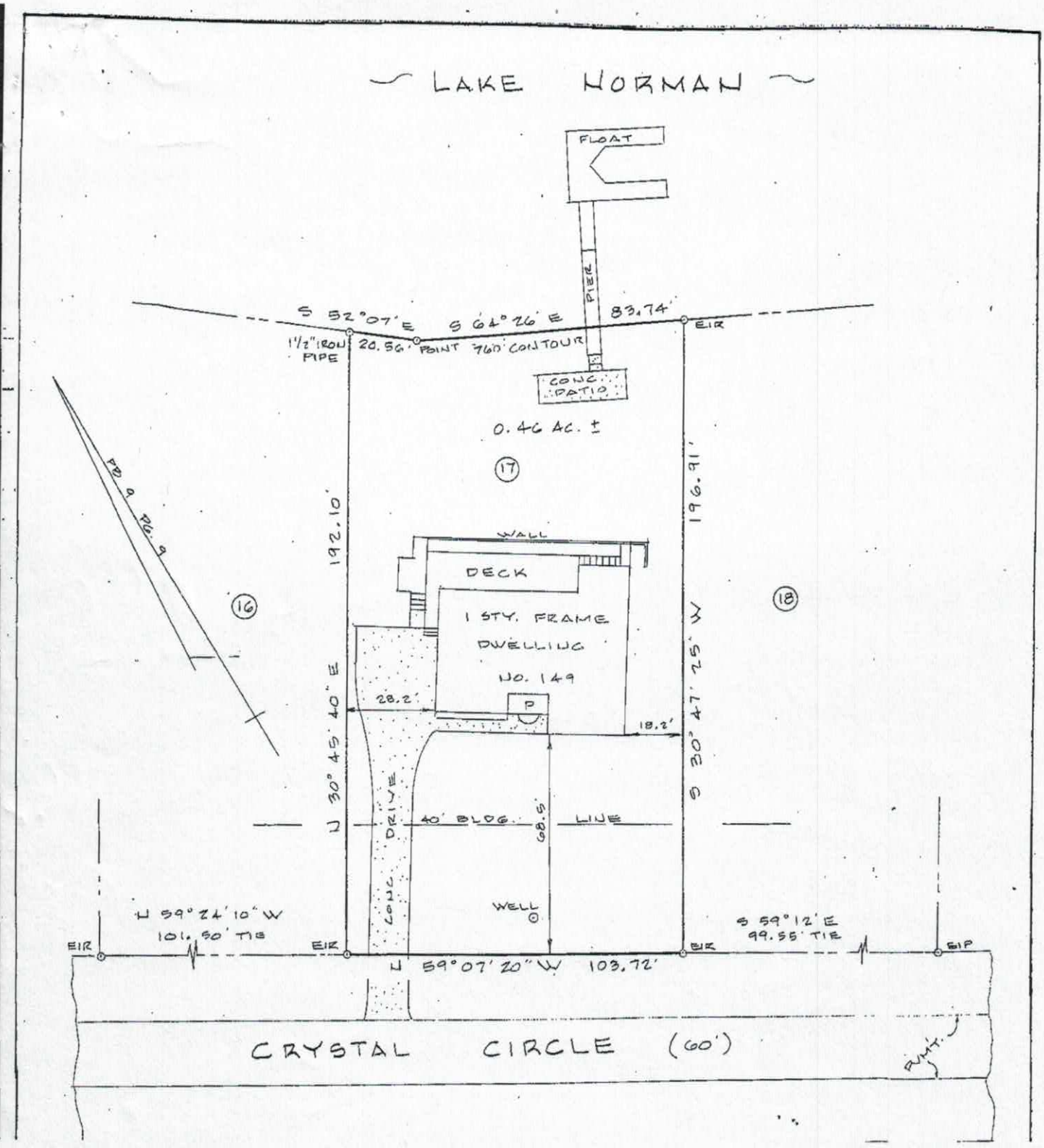
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


LAKE NORMAN
FLOAT
PIER
S 52°07' E
S 64°26' E
83.74'
EIR
1½" IRON PIPE
20.56' POINT 760' CONTOUR
CONC. PATIO
0.46 AC. ±
17
PB 9 PG. 9
16
18
192.10'
196.91'
WALL
DECK
1 STY. FRAME DWELLING NO. 149
P
28.2'
18.2'
N 30°45'40" E
S 30°47'25" W
DRIVE
CONC.
40' BLDG. LINE
68.5'
WELL
N 59°22'10" W
101.50' TIE
S 59°12' E
99.55' TIE
EIR
EIP
N 59°07'20" W 103.72'
CRYSTAL CIRCLE (60')
PVMT.