ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP313934

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4646067936

APPLICANT/OWNER: Jack Thesian/Dazcon | APPLICANT ADDRESS: 135 Gallery Center Dr Mooresville NC 28117

SITE ADDRESS: 218 Wood Duck Lp Mooresville NC 28117 | PHONE: 704-799-7510 | ALT. PHONE 704-658-8350

SITE DIRECTIONS: Brawley School Rd to L on Canvasback Rd, L on Wood Duck LP, Lot on R | SAP CONTROLLED: [A] YES STD [X] NO

SUBDIVISION: Lakeshore Estates | SECTION: — | LOT # 11 | LOT AREA: 1 acre | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB		Date		[ ] New System	[X] Repair	[ ] Expansion	System Type: I [X] II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	New Tank		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing		
# Nitrification Fields	—	# Lines	—	Linear Ft	—	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	EX	Trench Bottom Depth (Low Side)	EX	Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE		

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

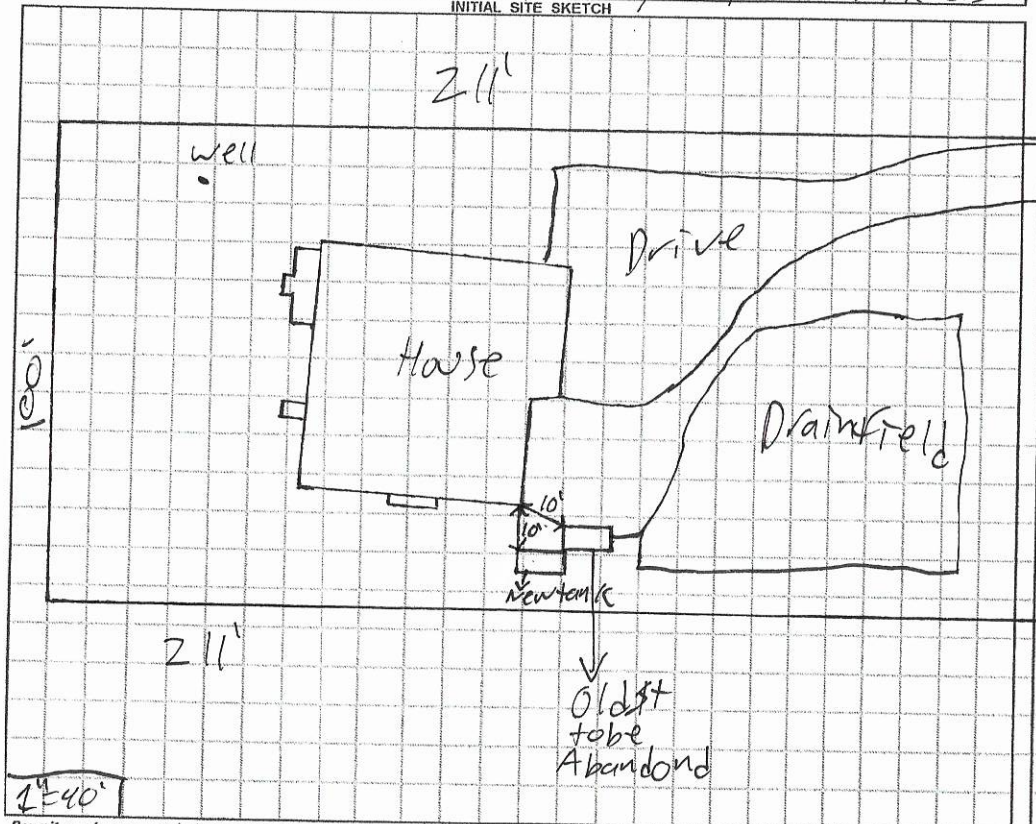
No. Bedrooms: Existing | No. Persons: Existing | No. Employees: — | [ ] Crawl Space

Water Supply: [X] Private [ ] Public [ ] Community

[X] Basement w/o plumbing

Comments / Conditions: Pump crush and fill old st. Reccomend finding distrobution box and replacing if needed. If tank is installed at or below 3' then it need's to be a traffic grade tank. If there is plumbing in basement and fall cannot be achieved to tank a grinder pump or lift station will have to be installed. was platted in 1963.

INITIAL SITE SKETCH



AS BUILT SKETCH

New tank and 5 new D-Boxes replaced.

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-12-2021

IMPROVEMENT PERMIT by: Peter J Boe III Date: 1/8/2021

AUTHORIZATION TO CONSTRUCT by: Peter J Boe III Date: 1/8/2021

Installed by: Lentz Wastewater

OPERATION PERMIT by: Benjamin Botkins Date: 3-2-2021

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.

RECEIVED JAN 6 - 2020

Repair Evaluation - No chg.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 313934

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: Jack Thesier / Dawson Address: 135 Gallery Center Dr Zip: 28117
Applicant Email: Jacke dawson.com Phone: 704-799-7510 Alt. Phone: 704-658-8350
Owner Name: Larry Helm Address: 106 Avari Lane, Irmo, SC Zip: 29063
Owner Email: helmslarrylw@gmail.com Phone: 803-309-4994 Alt. Phone: 803-439-6442

Property Information:

Street Address: 218 Wood Duck Loop, Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 N to Exit 35, Left on Brawley School, Left on Camelback Left on Wood Duck Loop. House is on right.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Home Insp. said tank needed to be replaced
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2446 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: _____
(X) No Preference ( ) Alternative ( ) 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: _____ 1-6-2020
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, Harry Hess, am the legal owner(s) of the property located at 218 Wood Duck Loop, Mooresville, NC identified as PIN (Parcel Identification Number) 4646-06-7936, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jack Hessee - Design, 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.

Harry Hess
Signature of Owner(s)

11/6/2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

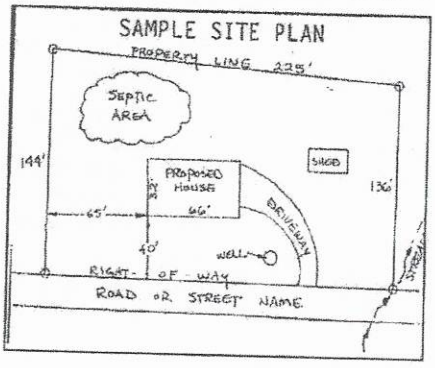
Scanned with CamScanner

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached permit for existing System. Inspection determined tank needed to be replaced. Inspection report also attached.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-6-21
DATE

IREDELL COUNTY HEALTH DEPARTMENT 4646-06 7934

09563 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Heim DATE Dec. 13, '90 PERMIT NO 2K-2-B6

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Canvasback) TL 1st Woodduck Loop ~ ½ mile on Right

SUBDIVISION NAME Lakes Lore Estates LOT NO. Lot 11 SECTION OR BLOCK NO. _____ S. R. No. _____

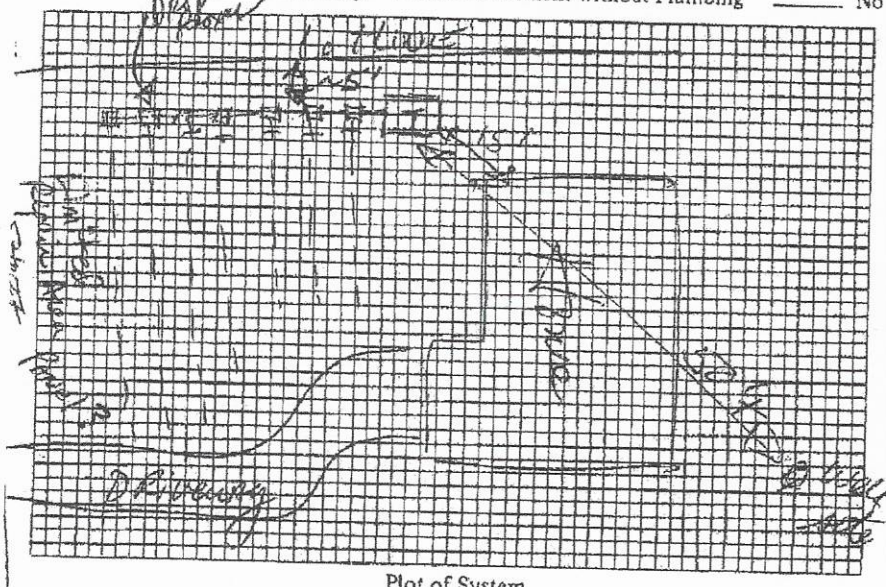
House (+) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (+)	No ( )	Character & Porosity of Soil	Sandy	
Auto. Dishwasher	Yes (+)	No ( )	Percolation Rate	0.35	
Auto. Wash. Machine	Yes (+)	No ( )	Topography	10-15%	
Site Suitable	Yes (+)	No ( )	Depth to Water Table	6'+	
			Rock or other Impervious formations	none obs.	

Lot Area ½ Ac + (Existing - not subject to 100% reserve repair area)

_____ Basement with Plumbing (Partial) _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 7
Sq. Ft. 1029 Linear Ft. 343
Depth of Stone in Lines 12"

Water Supply: Individual (+) (not installed yet)
Public ( )

Installed by F J Erwin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY ACH

COMMENTS: Well not installed. Entrance to garage changed from TL making it necessary for more (undetector) lines.

CERTIFICATE OF COMPLETION BY D H Thomason, EHS DATE 12-13-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold