HS 3130

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP314581

PIN # 4646 140730

APPLICANT/OWNER: Lentz Wastewater | APPLICANT ADDRESS: 463 Lentz Rd Statesville NC 28625

SITE ADDRESS: 199 Crystal Cir Mooresville NC 28117 | PHONE: 980-829-3278 | ALT. PHONE 704-880-3435

SITE DIRECTIONS: Brawley School Rd to L on Canvasback Rd, L on Woodduck Lp, Rn Crystal Cir, 1st on L | SAP CONTROLLED: YES NO

SUBDIVISION: Crystal Bay | SECTION: — | LOT # 32 | LOT AREA: 1 acre | DESIGN FLOW: Existing | L.T.A.R.: Existing

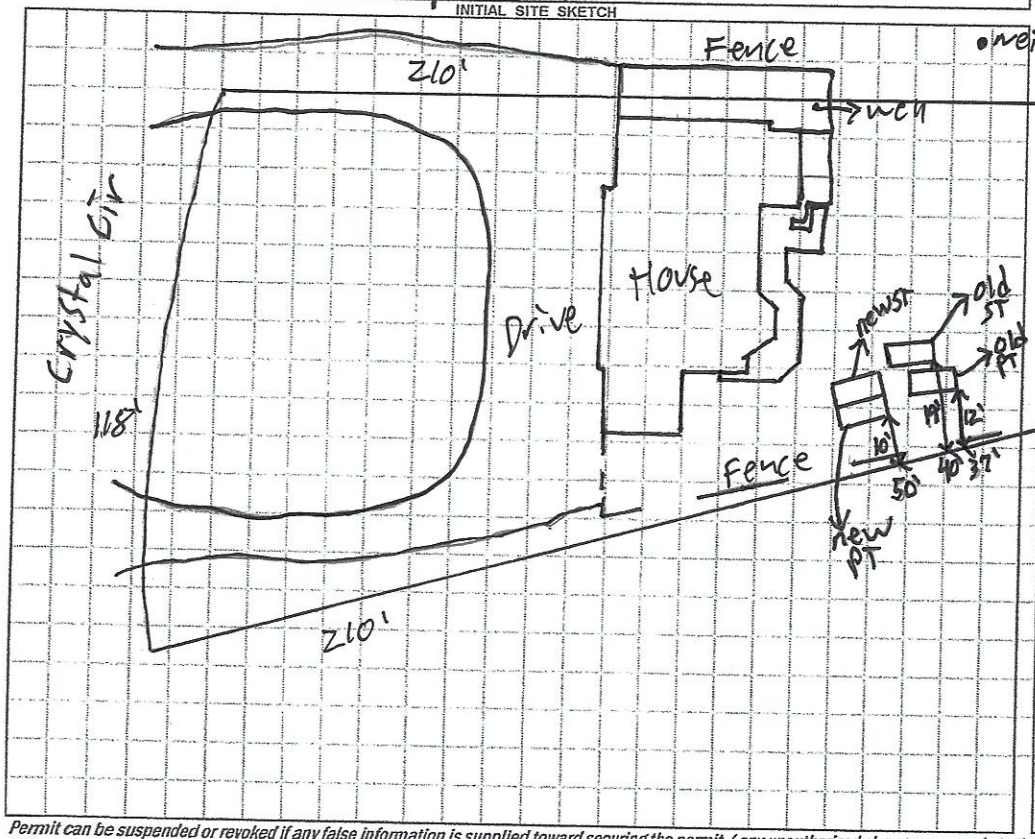
Septic Tank 1000 (gal)	STB Plastic	Date tanks	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
Pump Tank 1000 (gal)	PT	Date	System Description: New Tanks		No. Bedrooms Existing
Pump Make	Model WE05LR	Serial #	Repair System Description: Existing		No. Persons Existing
# Nitrification Fields EX	# Lines	Linear Ft.	Maintenance Agreement Required: ☒ YES ☐ NO		No. Employees ☐ Crawl Space ☐ Basement w/o plumbing
Trench Width	Trench Bottom Depth(Low side) ST TA/ G	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☐ Water Supply ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush and Remove old tanks. All Property lines, corners and 50' Buffer must be marked during time of installation and inspection.

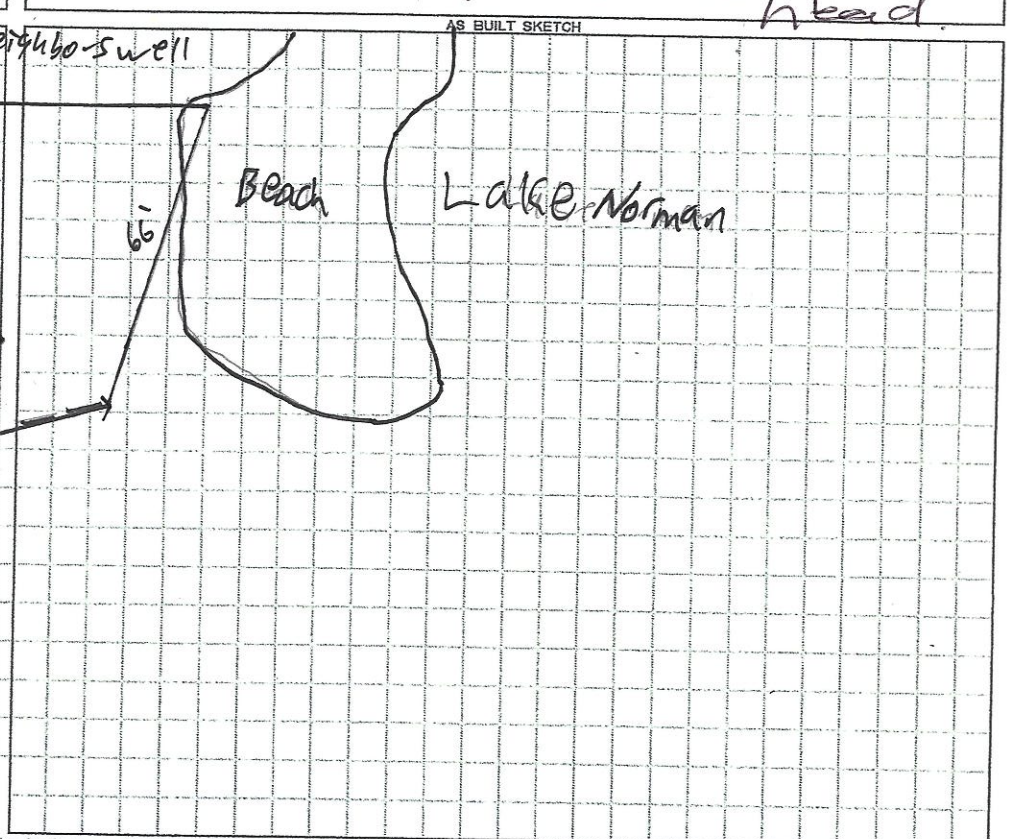
ST 12ft to PT Filter installed

Checked Tanks, alarm Elect & Set pressure head.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Carla Nicks / Lentz Wastewater Date: 2/3/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 2/3/2021 OPERATION PERMIT by: Maria Nelson Date: 4/21/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 2/3/2021 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 FEB 1 - 2020

Repair Evaluation - No Ch

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-314581

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment (✓) 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: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lentz Wastewater Mgmt Address: 403 Lentz Rd, Statesville Zip: 28625

Applicant Email: carla@lentzwastewater.com Phone: 980-829-3278 Alt. Phone: 704-880-3435

Owner Name: Don Deal Address: 199 Crystal Circle, Mooresville Zip: 28117

Owner Email: dondealibm@gmail.com Phone: 704-1664-2344 Alt. Phone: _____

Property Information:

Street Address: 199 Crystal Circle, Mooresville

Subdivision Name: Crystal Bay Section/Phase: — Lot Number: 32

Driving Directions: BSR → L on Conwoodock → L ward Dwelup → R Crystal Cir → on left

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: damaged ST & PT → Patrick has already verified cracks ★

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Carla C. Nicks 2-1-21

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, Don Deal, am the legal owner(s) of the property located at 199 Crystal Circle, Mooresville, identified as PIN (Parcel Identification Number) 4664614073O, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Carla Nicks Lentz Wastewater Mgmt, Inc, 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.

Donald Deal
Signature of Owner(s)

02 / 01 / 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

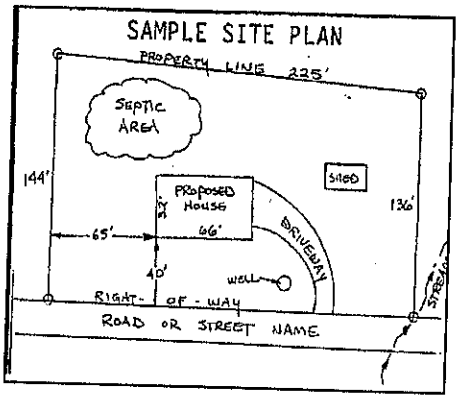
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IREDELL COUNTY HEALTH DEPARTMENT

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:

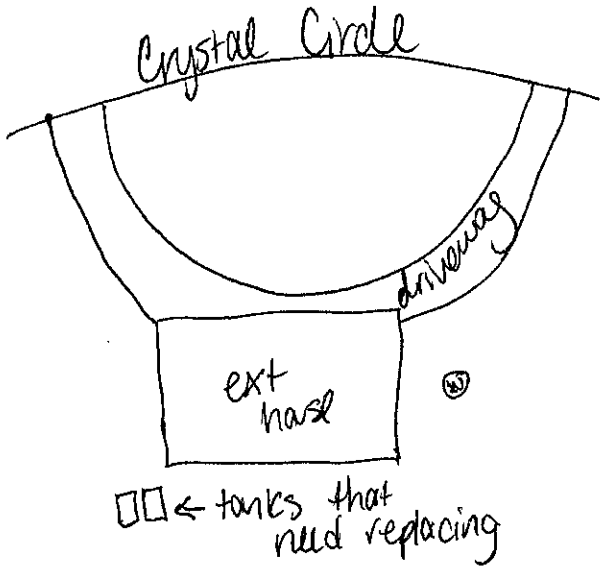
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Carla C. Nicks

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

2-1-21

DATE

9591

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C) 4646140730

OWNER OR CONTRACTOR Brenda Arcuci DATE 8/24/89 PERMIT NO 2K-3-A-32

PHONE: Business _____ Home 664-3825 - Buddy Goforth

LOCATION 1100 TL Canvasback TL 2nd Woodduck TR Crystal Circle On Left S. R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. 32 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 3gpd/ft²
Topography Gently Rolling
Depth to Water Table 4'+
Rock or other impervious formations None observed

Lot Area 20,000

✓ Basement with Plumbing (future) ____ Basement without Plumbing ____ No Basement Pump Tank: 1250 gals

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 195' of
Depth of Stone in Lines 16" T

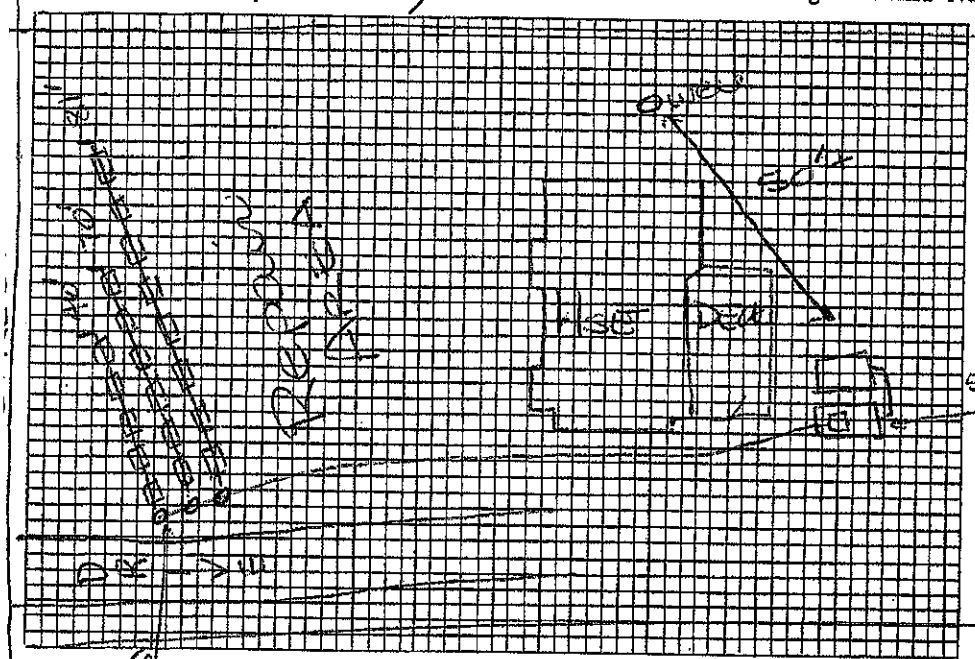
Water Supply: Individual (✓)
Public ( )

Lake Norman

Installed by Mike Granger

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

Signed: _____



Plot of System NOT TO SCALE

IMPROVEMENTS PERMIT BY Andre C Pierce

COMMENTS: Lot Corner

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 8/24/89

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