IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234150

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

PIN # 4646971250

APPLICANT/OWNER: Henry L. Underwood APPLICANT ADDRESS: 187 Huntington Ln Mooresville NC

SITE ADDRESS: 187 Huntington Ln Mooresville NC 28117 PHONE: 704-663-3905 ALT. PHONE

SITE DIRECTIONS: off Hwy 21 T/R on Huntington Ln SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Huntington Woods SECTION: / LOT # 9 LOT AREA: 0.56ac DESIGN FLOW: 360 L.T.A.R.: Ex

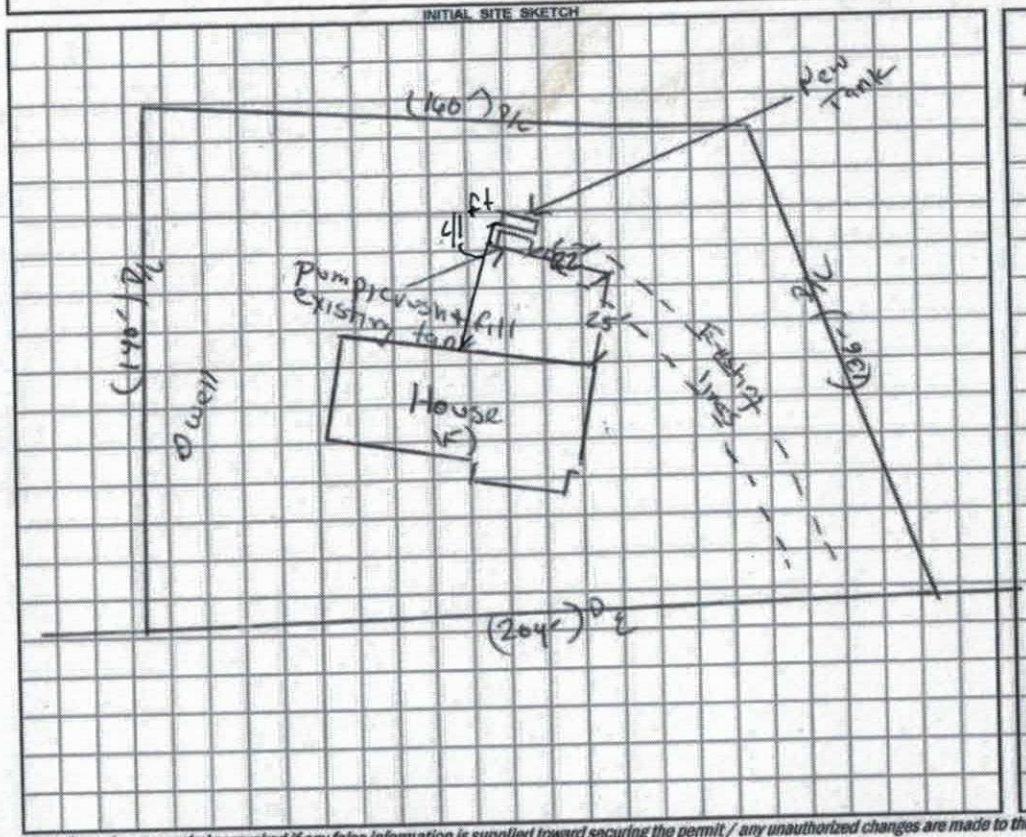
Septic Tank	1500 (gal)	STB	760	Date	12-16.	☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description: Tank	☐ Business	No. Persons	
Pump Make		Model		Serial #		Repair System Description:	☐ Other	No. Employees	
# Nitrification 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: Maintain no greater than 6" of Cover or use risers.

Replaced with 1000 gallon tank / Replaced D-Box & Connected laterals into.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

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: Henry L Underwood Sr Date: 3-16-18 Installed by: Lesta Wastewater

IMPROVEMENT PERMIT by: Date: 3/16/18 OPERATION PERMIT by: Benjamin A. Bottoms Date: 4/3/2018

AUTHORIZATION TO CONSTRUCT by: Date: 3/16/18 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.

RECEIVED MAR 15 2018

REDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT Repair Evaluation - No Chg

(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)

#234150

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
HENRY L. UNDERWOOD, JR	187 HUNTINGTON LN MOORESVILLE, NC	704 663-3905	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
HENRY L. UNDERWOOD, JR	187 HUNTINGTON LN MOORESVILLE NC	704 663-3905	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
187 HUNTINGTON LN	HUNTINGTON WOODS	A9

SOUTH OF ~~WOOD~~ BRAWLEY SCHOOL RD

Driving Directions: OFF OF HWY 21 TURN RIGHT ON HUNTINGTON LN

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms 3 — (X) Basement w/Plumbing?

(X) Repair To Failing Septic System due to TANK CRACKS — ( ) Basement w/out Plumbing?

( ) Other ___

IF Non-Residential Site Development: Type of Business

Square Footage of Building

Maximum Number of Employees ___ Ma

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1979 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

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.

9. Signature: Henry L Underwood Jr

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

DATE 3-15-18

4646971250

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Henry Underwood DATE June 13 79 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION Hwy 215 below Golf Course on Rt.

S. R. No. _____

SUBDIVISION NAME Huntington Woods LOT NO. 9 SECTION OR BLOCK NO. _____

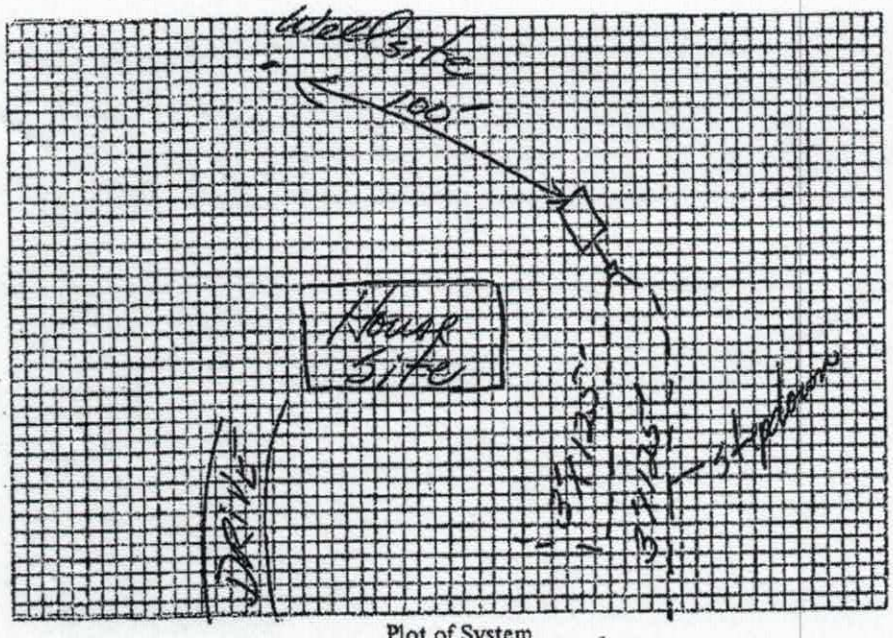
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3/4 Ac.

Character & Porosity of Soil Clay loam
Percolation Rate 8 Min.
Topography 6-8%
Depth to Water Table sink more than 6 ft.
Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 10" +
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE June 13, 79

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

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, HENRY L UNDERWOOD, JR, am the legal owner(s) of the property located at 187 HUNTINGTON LN MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4646971250, 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.

Henry L Underwood JR 3-15-18 Carol O Underwood 3-15-18

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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