IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP-307147

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

PIN # 4646-97-4278

APPLICANT/OWNER: Donald Higgle | APPLICANT ADDRESS: 176 Huntington Lane Mooresville

SITE ADDRESS: 176 Huntington Lane Mooresville, NC 28117 | PHONE: 704-877-4787 | ALT. PHONE —

SITE DIRECTIONS: Rt 21 South from BSR → R on Huntington Lane → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Huntington Woods | SECTION: — | LOT # 12 | LOT AREA: 0.6 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: —

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	Existing (gal)	PT	Existing	Date	Existing		
Pump Make	Ex	Model	Ex	Serial #	Ex		
# Nitrification Fields	Ex	# Lines	3 Existing	Linear Ft	Ex		
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	—		

☐ New System ☒ Repair ☐ Expansion System Type: I II ~~III~~ ~~IV~~ ~~V~~ VI

System Description: Replace old septic tank as needed.

Repair System Description: Pump + crush old tank as needed.

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

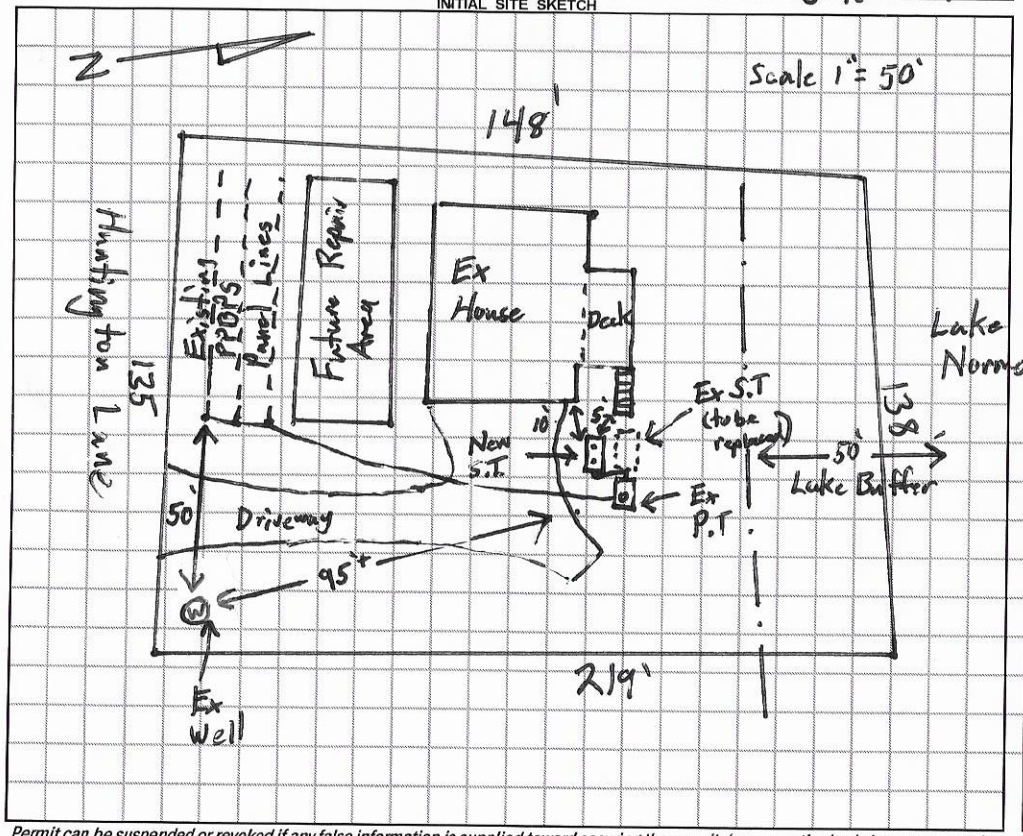
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private Ex ☐ Public ☐ Community

Comments / Conditions: New septic tank shall be installed at least 5' from porch/deck landing and 10' from house foundation. No sheds or structures may be erected within 5 feet of any wastewater system component. Old tank must be pumped by licensed sewage hauler. Recommend having tank pumped every 5 years.

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: Acceptance of Permit Rcvd | Date: 5-7-2020 | Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Tom Shuck | Date: 5/5/2020 | OPERATION PERMIT by: James Boggs | Date: 5-11-2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 5/5/2020 | 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 APR 3 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 307147

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) 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: DONALD HIGGIE Address: 176 HUNTINGTON LN Zip: 28117
Applicant Email: DONHIGGIE@GMAIL.COM Phone: 704-877-4787 Alt. Phone: N/A
Owner Name: DONALD HIGGIE Address: 176 HUNTINGTON LN Zip: 28117
Owner Email: SAME AS ABOVE Phone: SAME Alt. Phone: N/A

Property Information:

Street Address: 176 HUNTINGTON LN, MOORESVILLE, 28117
Subdivision Name: HUNTINGTON WOODS Section/Phase: _____ Lot Number: 12
Driving Directions: I-77 TO EXIT 35; TURN L. ON BRAWLEY SCHOOL RD; TURN R ON N. 21 (CHARLOTTE HWY) APPROX. 1 MILE; TURN R ON HUNTINGTON LN; HOUSE ON R.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: LID CAVED IN
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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1991
( ) 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: Don C Higgie 5/1/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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*) Donald C Higgins

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, DONALD C. HIGGIE, am the legal owner(s) of the property located at 176 HUNTINGTON LN 28117, identified as PIN (Parcel Identification Number) 4646-97-4278.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SHADY KNOLLS SEPTIC, _____, 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 C Higgins
Signature of Owner(s)

5/1/2020
Date

Mooresville - Environmental Health

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

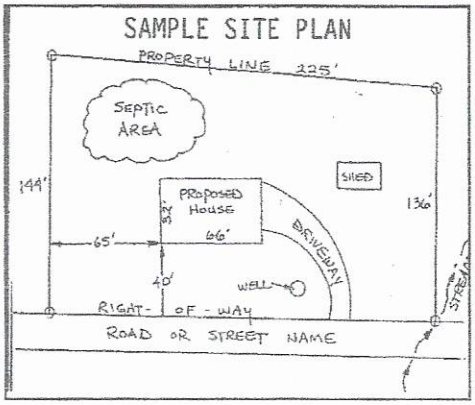
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 SEPTIC PERMIT.

MOST OF THE LID ON THE RECEIVING TANK IS MISSING. THE SHED HAS BEEN PUSHED OVER THE 8" HOLE THAT WAS OPENED IN THE DIRT INTO THE TANK. THE INSPECTORS PROB INDICATES THAT MOST OF THE LID IN MISSING. GROUND ABOVE TANK IS VERY UNSTABLE. BOARDS ACROSS THE TOP OF THE TANK HAVE KEPT THE REST OF THE DIRT FROM CAVING IN.

Signature: Dan C Higgie
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/1/2020
DATE

11814

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 Terry Wilson DATE 8/28/90 PERMIT NO. ZJ-9-A-1

PHONE: Business _____ Home _____

LOCATION 215 TR Huntington Woods on right @ end

SUBDIVISION NAME Huntington Woods LOT NO. 17 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No. 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%
Site Suitable	PS		Depth to Water Table	+ 3'
Lot Area	Yes (✓)	No ( )	Rock or other impervious formations	H< @ 36"

(✓) Basement with Plumbing DROP OFF LIP 10' Basement without Plumbing ( ) No Basement

1000 FT

Size of Tank 1000 Gals.

Nitrification Field:

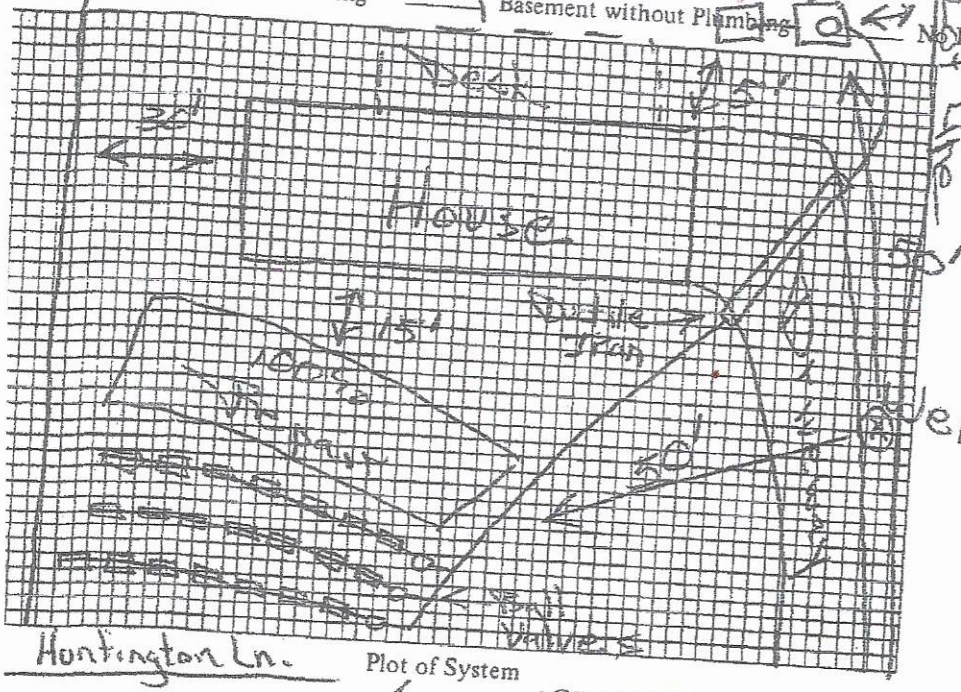
No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 24"

Water Supply: Individual (✓) 16" Panel

Public ( )



Plot of System

Installed by _____

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

Signed: Sam B. Wilson

IMPROVEMENTS PERMIT BY Sam Ingram EH&S

COMMENTS: Keep upper panel line as close to front property line as possible (10' off) Front of house 70' off front property line 20 gpm 22' TDH 120' 2" Supply line 1 5/32" Hole/panel Ductile iron pipe underneath driveway

CERTIFICATE OF COMPLETION BY _____

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