MW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 328941

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

PIN # 4649 -- 66 -- 9497

APPLICANT/OWNER: Cedosa Leviner APPLICANT ADDRESS: PO Box 758, Kannapolis

SITE ADDRESS: 292 Rankin Hill Rd, Troutman 28166 PHONE: 704-560-0988 ALT. PHONE -

SITE DIRECTIONS: 115 - Flowerhouse Lp - Rankin Hill SAP CONTROLLED: ☐ YES ☒ NO

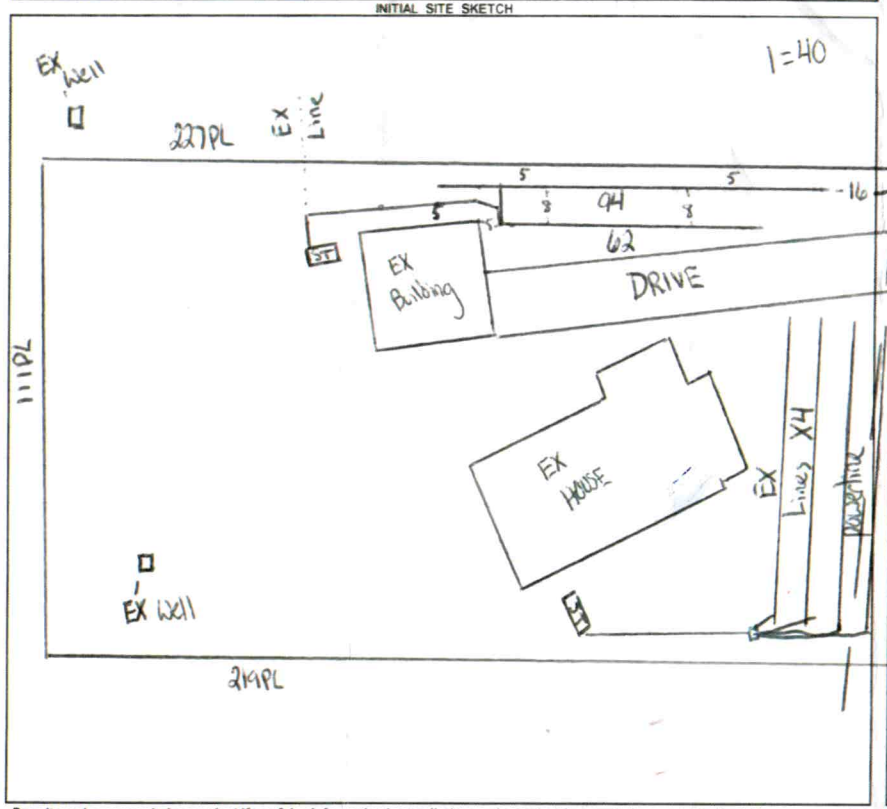
SUBDIVISION: Westwinds SECTION: - LOT # 4 LOT AREA: 0.57 acres DESIGN FLOW: 240 gpd L.T.A.R.:

Septic Tank	EX	(gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	☐ Business	No. Persons	4	☒ Private
Pump Make		Model		Serial #	Repair System Description: high capacity chambers	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	156' Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	- ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Keep 5' from property line and building. Do not drive on septic area. Move drive out of septic area.

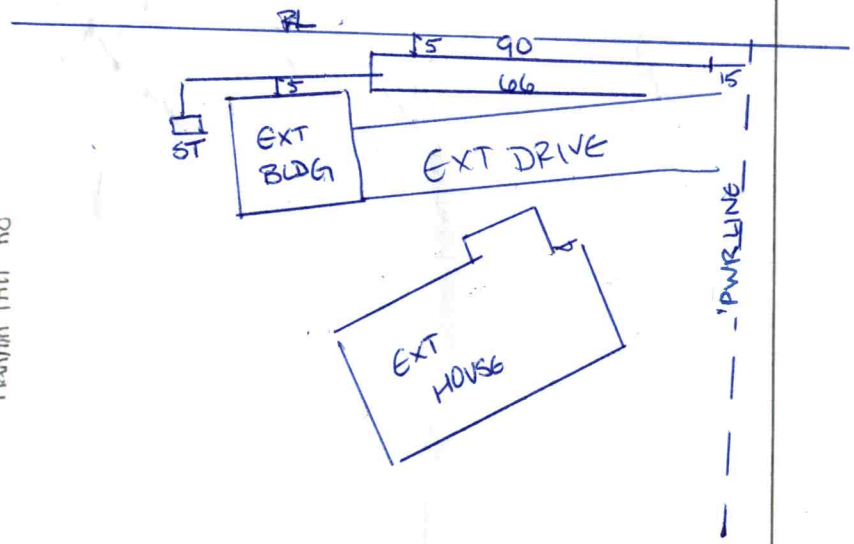
* Keep vehicles off of septic area *

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Cedosa Leviner Date: Installed by: Lentz

IMPROVEMENT PERMIT by: Cary Whit Date: 9/8/22 OPERATION PERMIT by: Sarah Bradley Date: 3/7/2023

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 9/8/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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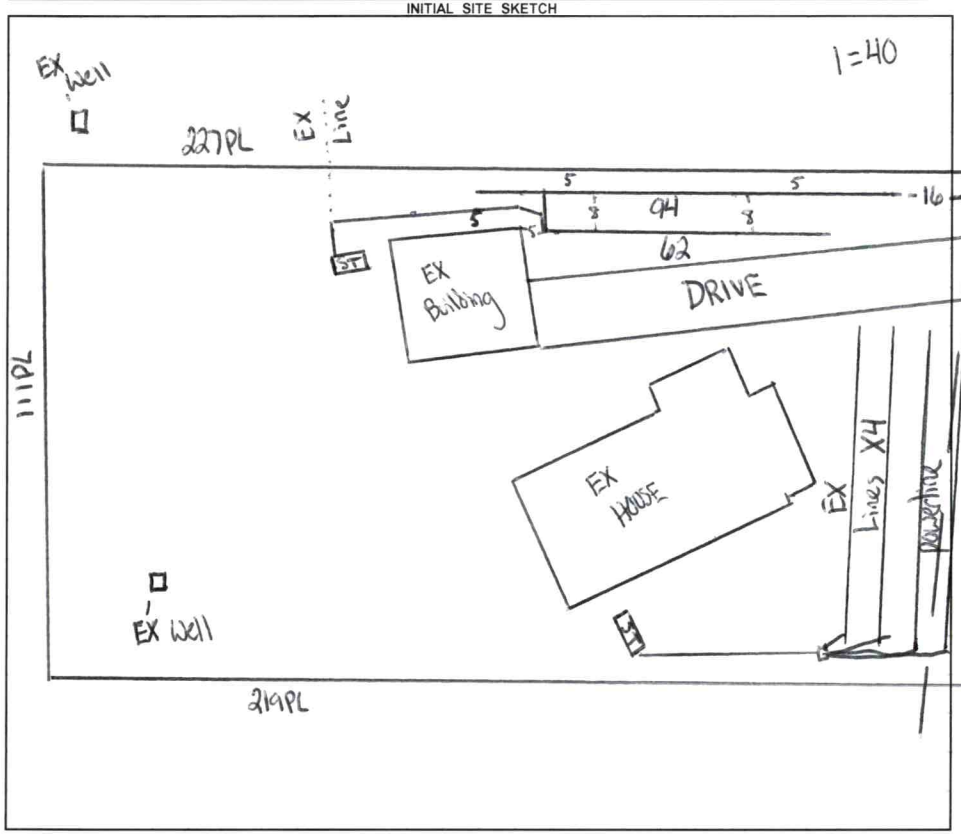
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Septic Tank	EX (gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	**Water Supply**
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons 4	☒ Private
Pump Make	Model		Serial #	Repair System Description: High capacity chambers		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2		Linear Ft 156'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36''	Trench Bottom Depth(Low side) 31''		Gravel Depth -	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Keep 5' from property line and building. Do not drive on septic area. Move drive out of septic area.

* Keep vehicles off of septic area *

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Owner / Applicant Signature: Cedora Leviner | Date: | Installed by:

IMPROVEMENT PERMIT by: Cary Whit | Date: 9/8/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cary Whit | Date: 9/8/22 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/25/22
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 292 Rankin Hill PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Linear 6%	0 - 15	FILL		-	50	Heavy SAP in CL layer		3 PS
		15 - 25	C ABK	SS SP FR SE					
		25 - 50	CL WSBK	S P FR SE					
2	Linear 8%	0 - 15	FILL		-	43	Heavy SAP in CL layer		3 PS
		15 - 20	C SBK	SS SP FR SE					
		20 - 43	CL WSBK	S P FR SE					
		43 - 50	SAP LS	FR					
3	Linear 8%	0 - 9	FILL		-	48	SAP in CL layer		3 PS
		9 - 15	C SBK	SS SP FR SE					
		15 - 48	CL SBK	SS SP FR SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: _____

COMMENTS: _____

Updated February 2014

MW

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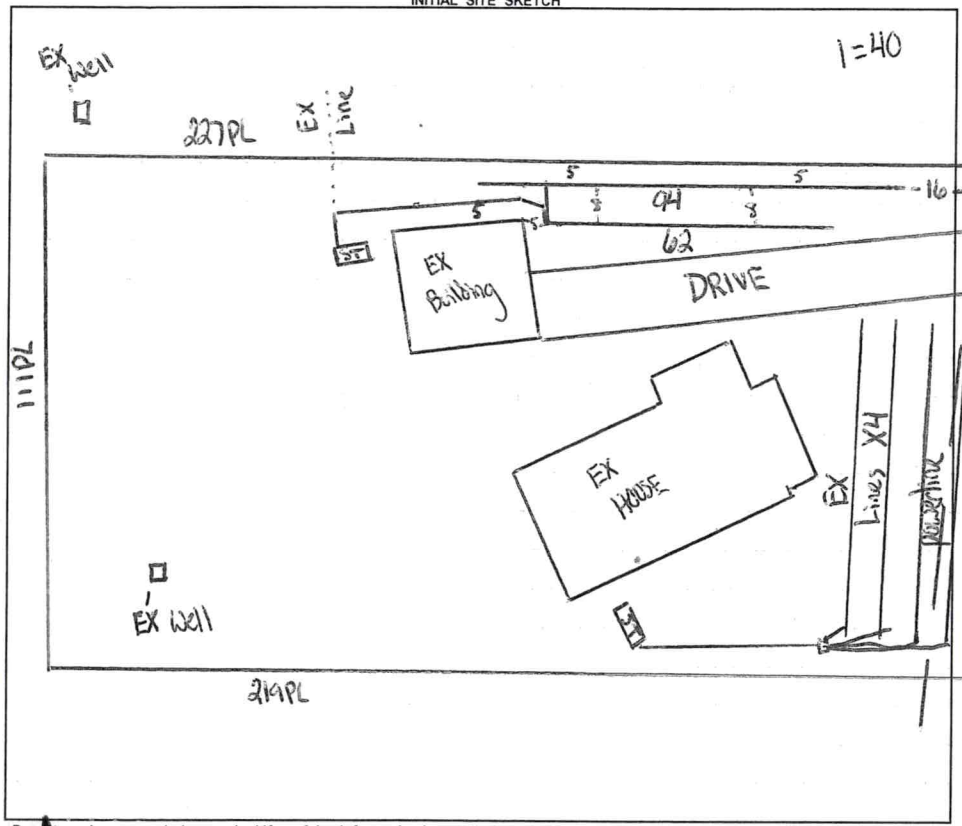
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Pump Make		Model		Serial #	Repair System Description:	High capacity chambers	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	2	Linear Ft	156'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	-	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep 5' from property line and building. Do not drive on septic area. Move drive out of septic area.

* Keep vehicles off of septic area *

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Cary Whit Date: 9/8/22 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 9/8/22 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# N/A PIN# N/A 4649669497 DATE 11/2/98

OWNER OR CONTRACTOR Jimmy Craven PHONE: Business Home 663-2220

ADDRESS Rankin Hill Rd Harmony, NC. 28634

LOCATION 115-21 N TL ~~Statesville~~ Loop, Ft Rankin Hill Rd, small white house on garage on (R)

SUBDIVISION Westwinds BLOCK / SECTION LOT 4 LOT AREA .57AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity CONVENTIONAL

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees

☐ Other

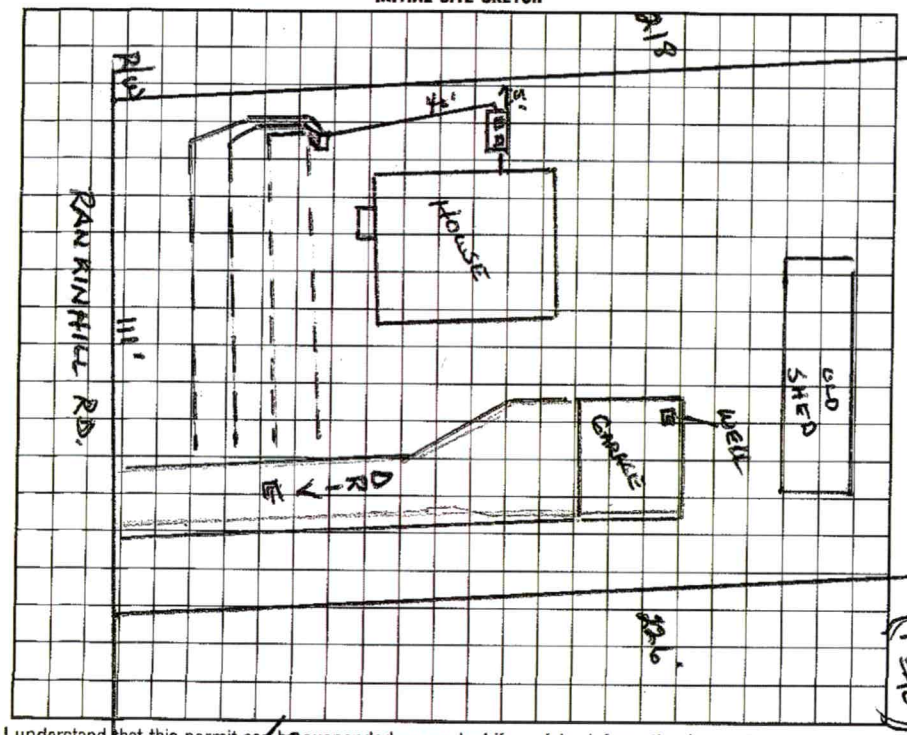
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

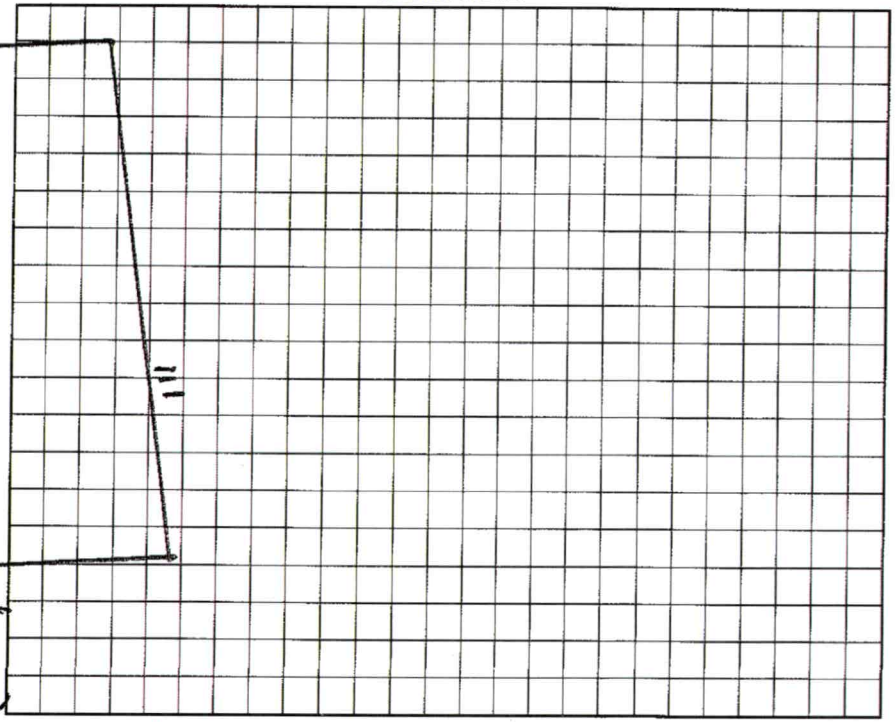
Comments:/Conditions: 4@ 65' X 3'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * date 12-3-98 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 11/2/98 Operation Permit by: Wesley Sparks RS. date 1/20/99

Authorization to Construct by: Wesley Sparks RS. date 11/12/98 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

RECEIVED MAY 1 8 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP-328941

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

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: CEDORA LEVINER **Address:** 292 RANKINHILL RD, TROUTMAN, NC **Zip:** 28166

Applicant Email: cedora.levinercl@gmail.com **Phone:** 704-560-0988 **Alt. Phone:**

Owner Name: CEDORA LEVINER **Address:** P O Box 758, KANNAPOLIS NC **Zip:** 28082

Owner Email: cedora.levinercl@gmail.com **Phone:** 704-560-0988 **Alt. Phone:**

Property Information:

Street Address: 292 RANKINHILL RD, TROUTMAN, NC 28166

Subdivision Name: L4 WESTWINDS (According to tax bill) **Section/Phase:** 1 **Lot Number:** PB 30-73

Driving Directions: From I77 exit 42, head south on 115, Rt on Flowerhouse Loop, Rt on Rankinhill Rd. House is approx 0.8 miles on right with 2 story garage apartment

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank (X) Drain lines **Describe Problem:** Apt septic drain line leaking in neighbor's backyard

Maximum Number of Bedrooms: 1 Apt.
Maximum Number of Occupants: 6 + 1 Apt.
( ) Swimming Pool
( ) Other Addition/Structure:

( ) 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:** House 6 people, separate septic ~~tank & drain field~~. Apt 1 person & 2nd septic tank & drain field.

( ) New Well (X) Existing Well 2003 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** Unknown (building 1954)
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Need to discuss

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: Cedora Leviner 05/17/2022

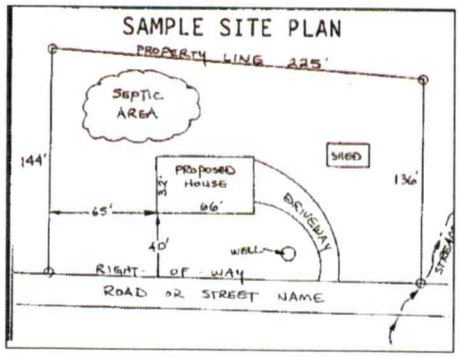
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

The existing house at 292 RANKINHILL RD , TROUTMAN, NC 28166 was the original Rankin family home built in approximately 1939 The septic tank for the house is located on the left side of the house facing the front of the house The Iredell county inspector reviewed the property at my request in early 2003 when I purchased the property I was informed that the drain field for the house was in the front yard It appears to be working with no issues

The garage apartment was built in approximately 1954, with one bedroom and one bathroom The septic tank for the apartment was located directly behind the garage The current drainfield for the apartment has recently sprung a leak in the neighbor's backyard on the right of the property at 292 Rankinhill Rd

I am requesting an evaluation by the county for a septic repair permit to make the necessary repair There is only one person living in the apartment

Please call me to discuss what is needed to move forward to make the repair as quickly as possible to eliminate the leak

Thank you

Cedora Leviner

704-560-0988

Signature: Cedora Leviner

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

05/17/2022

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*) Cedora Levine

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
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

CL **Complete all Environmental Health forms**:

- ____ Application
- CL Site Plan including the dimensions of proposed structure, addition, pool etc.
- ____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- CL Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

CL **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

N/A **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

SEPTIC DRAIN FIELD REPAIR PERMIT REQUEST

N/A **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

N/A **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Cedora Levine **Date** 05/17/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625