IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 232329

PIN # 4649-86-4298

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

APPLICANT/OWNER: Danielle Logue

APPLICANT ADDRESS: 148 Cakeland Rd Mooresville, NC 28117

SITE ADDRESS: 292 Sailwinds Rd. Mooresville, NC 28115

PHONE: 704-838-6426

ALT. PHONE

SITE DIRECTIONS: Rt 115 N from Mooresville → L on Sailwinds Rd → House on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windward Pointe

SECTION: 2 LOT # 103 LOT AREA: 0.59 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30 (Ex)

Septic Tank	1000 (gal)	STB	Infiltrator	Date	2017/106
Pump Tank	— (gal)	PT	—	Date	
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1 Ex	# Lines	5 Ex	Linear Ft	400 Ex
Trench Width	36" Ex	Trench Bottom Depth(Low side)	34" Ex	Gravel Depth	Ex

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

System Description:

Repair System Description: Replace septic tank as requested

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

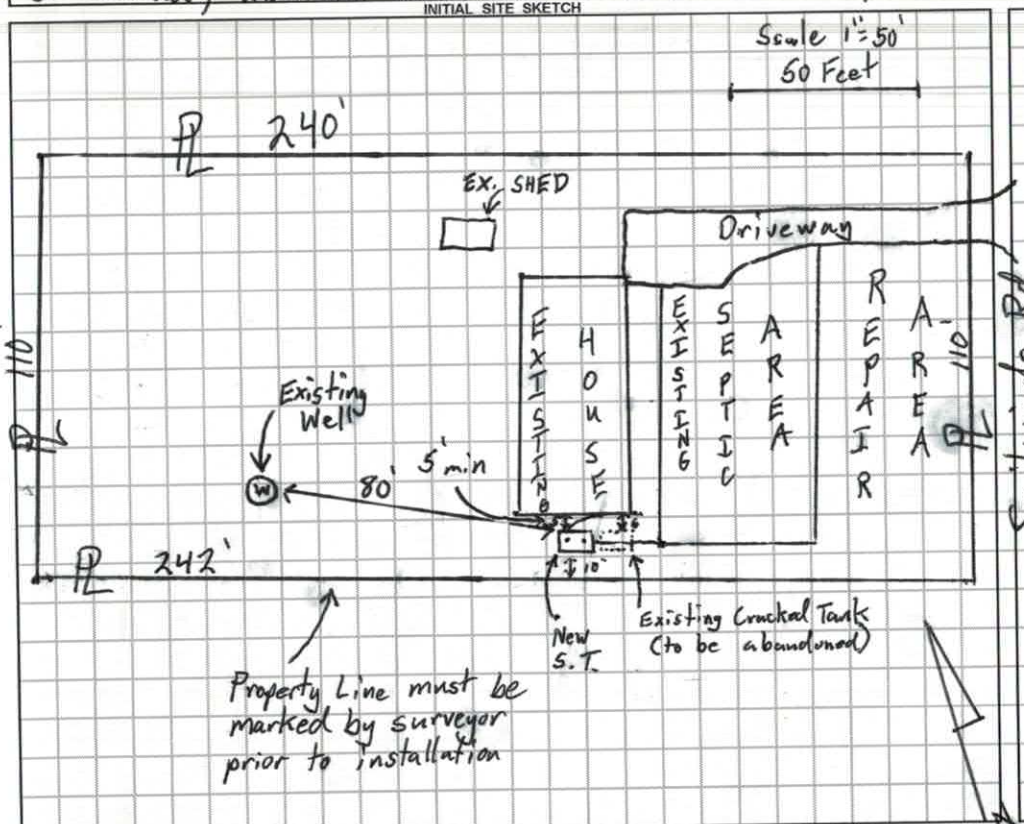
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Property line must be marked by surveyor prior to installation + inspection. If 10' setback can't be achieved, maintain maximum setback distance possible.

Old Septic tank shall be pumped + crushed in place. Recommend pumping septic tank every 3-5 years.

4/6/18

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: Danielle Logue Date: 1-26-18

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/28/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/28/2017

Installed by: Wastewater Solutions

OPERATION PERMIT by: Marion Dotson Date: 4/6/18

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.

Please CALL prior to inspection

RECEIVED DEC 22 2017

Name: Danielle

Number: 704-838-6426

EDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

Paid $150.00 1-26-18

(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)

#232329

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application ✓ Repair Evaluation - No Chg

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 Danielle Logue Mailing Address 148 Lakeland Rd 28117 Home Phone # ___ Alternate Phone # 704-838-6426

Owner Name Mrs. Marie Richardson Mailing Address 292 Sailwinds Rd 28115 Home Phone # Alternate Phone # 843-715-6077

4. Property Information:

Street Address 292 Sailwinds Rd Subdivision Name Windward Pt. Section/Phase and Lot Number PH 2 - L 103

Driving Directions: Hwy 21 to Sailwinds Rd

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 ___ — ( ) Basement w/Plumbing?

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

( ) Other ___

IF Non-Residential Site Development: Type of Business

Square Footage of Building

Maximum Number of Employees ___ Max

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)* (X) EXISTING SYSTEM installed 95 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: Danielle Logue

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE 12-22-17

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Ann Marie Richardson, am the legal owner(s) of the property located at 292 Sailwinds Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4649-81-4298, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Danielle Logue Southern Home of the Carolinas 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.

Ann Marie Richardson 12/9/17 — 12/14/17

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
adrienna.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677