ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-312028

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

PIN # 4656 - 10 - 2679

APPLICANT/OWNER: JEFFREY C. FLEENOR

APPLICANT ADDRESS: 106 CROSSRAIL ROAD, MOORESVILLE, N.C. 28115

SITE ADDRESS: 106 CROSSRAIL ROAD, MOORESVILLE, N.C. 28115

PHONE: 704-905-4016 ALT. PHONE —

SITE DIRECTIONS: (S) ON 115, (R) ON LESLIE LOOP, (R) ON CROSSRAIL, LOT ON (R)

SAP CONTROLLED: ☐ ~~YES~~ ☐ ~~NO~~ EXT

SUBDIVISION: ROYAL OAKS

SECTION: — LOT # 42-45 LOT AREA: 0.642 AC

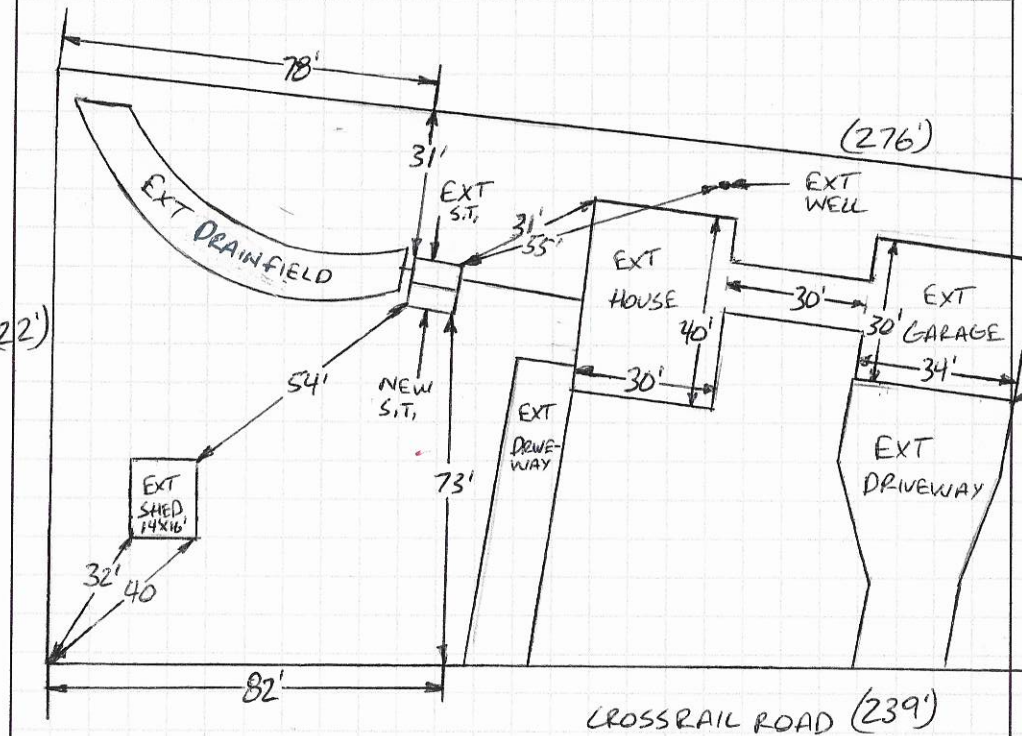
DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	TP - 1012	Date	4/18/2020	☐ New System	☑ ~~Repair~~	☐ Expansion	System Type: I (II) III IV V VI	☑ ~~Residence~~
Pump Tank	— (gal)	PT	—	Date	—	System Description:		EXT		☐ Business
Pump Make	—	Model	—	Serial #	—	Repair System Description:		TANK REPLACEMENT		☐ Other
# Nitrification Fields	EXT # Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:		☐ YES	☑ ~~NO~~	☐ Slab
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ ~~GRAVITY~~	☐ PRESSURE			☐ Basement w/plumbing

No. Bedrooms	EXT	**Water Supply**
No. Persons	EXT	☑ ~~Private~~ EXT
No. Employees	—	☐ Public
☑ ~~Crawl Space~~		☐ Community
☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE O-BOX AS NEED, DRAINFIELD FUNCTIONING AT TIME of INSPECTION

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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Jeffrey C. Fleenor Date: 11-9-2020 Installed by: Tim Simmons

IMPROVEMENT PERMIT by: Burgett C. White Date: 11-6-2020 OPERATION PERMIT by: [signature] Date: 11/17/20

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 11-6-2020 Existing System Inspected by: Date:

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

RECEIVED OCT 2 2 2020

AP-312028
Repair Eval

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

(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)

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 #
JEFFREY C FLEENOR	106 CROSSRAIL RD		704-905-4016

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
106 CROSSRAIL RD	ROYAL OAKS	LOT - PT42

Driving Directions: SOUTH ON HWY 115 BEAR RIGHT ON LESLIE LOOP. HOUSE IS ON NORTHWEST CORNER ~~OF~~ OF LESLIE LOOP AND CROSSRAIL

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

( ) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
(X) **Repair To Failing Septic System due to** WALLS BEGINNING TO FAIL
( ) **Other** _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 1
If Expansion, Current Number of Bedrooms ___

(X) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development: **Type of Business**
Square Footage of Building
Maximum Number of Employees _____

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**_____ *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: Jeffrey C Fleenor
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-20-2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

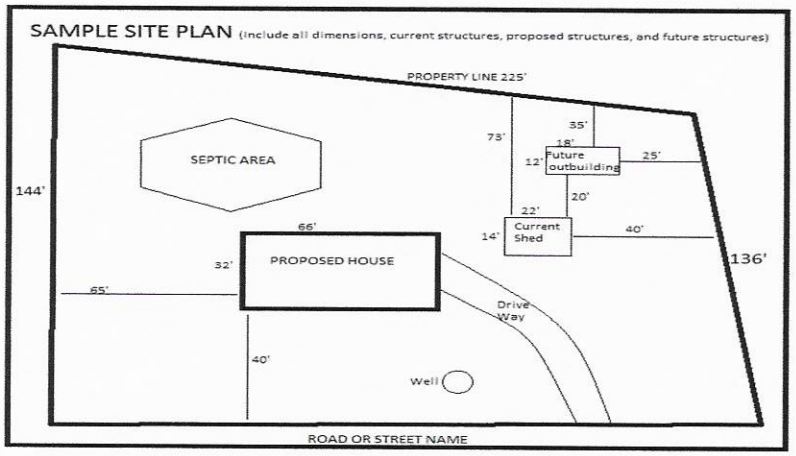
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

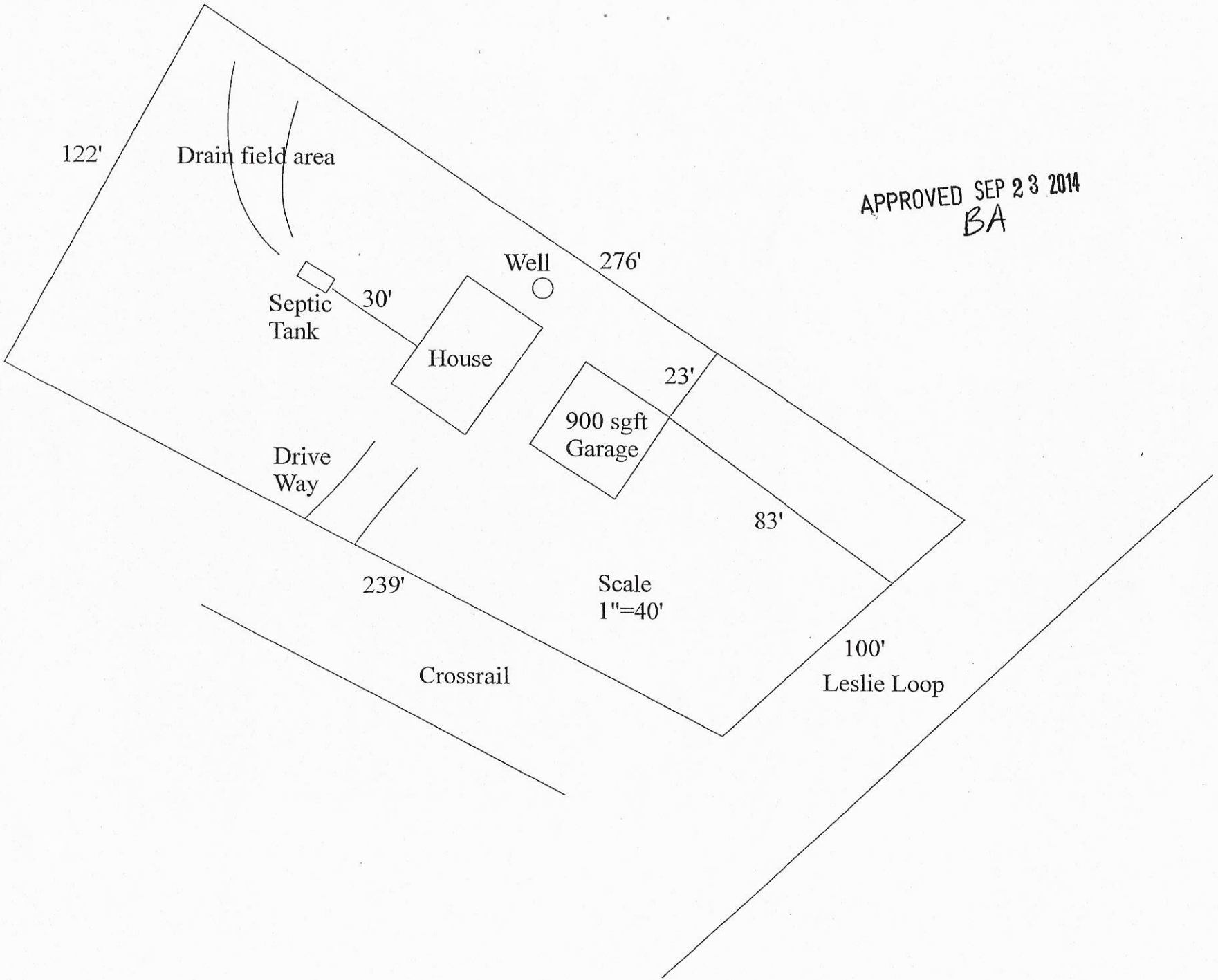
_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

REQUIRED **property owner or owner's legal representative signature.** **DATE**



APPROVED SEP 23 2014
BA

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, JEFFREY C FLEENOR, am the legal owner(s) of the property located at 106 CROSSRAIL RD, identified as PIN (Parcel Identification Number) 4656102679, 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.

_____ 10-21-2020
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