ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP308733

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

PIN # 4656344507

APPLICANT/OWNER: Thomas E. Poteat

APPLICANT ADDRESS: 120 James Robert Ln Mooresville NC 28115

SITE ADDRESS: 166 Foursquare Rd, Mooresville, NC. 28115

PHONE: 704-663-2992 ALT. PHONE

SITE DIRECTIONS: S main St to Straight on NC 115 S, R on Foursquare Rd, Lot on R

SUBDIVISION:

SAP CONTROLLED: EXISTING NO

SECTION: LOT # 94-106 LOT AREA: 0.417 acres

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

Septic Tank 1000 (gal) STB Infiltrator Date plastic

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields — # Lines — Linear Ft —

Trench Width EXISTING Trench Bottom Depth/Low side

Gravel Depth Existing

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

System Description: New Tank

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Existing ☒ Water Supply

☐ Business No. Persons Existing ☒ Private

☐ Other No. Employees — ☐ Public

☐ Slab ☒ Crawl Space ☐ Community

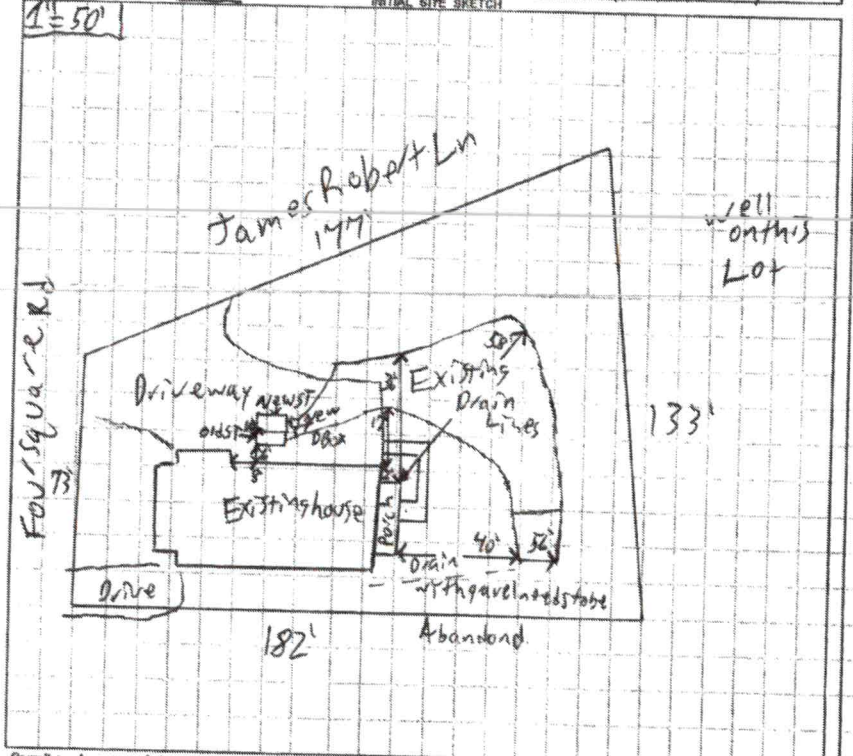
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Pump crush and Fill old ST. New ST must be 10' off Foundation of house, If Driveway is to remain over ST then ST MUST be Traffic grade. Install D Box, any yard

All surface water drains must be diverted around system, well is on seperate Lot owned by same owner

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

- 5' off house with new tank
- no longer using entire area for driveway, owner not to drive on tank, owner present at inspection

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 plan 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: Thomas E Poteat Date: —

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 8/7/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 8/7/2020

Installed by: Massey Septic

OPERATION PERMIT by: Carlen C. Wells Date: 8-25-20

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 inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308733

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

PIN # 4656344507

APPLICANT/OWNER: Thomas E. Poteat
APPLICANT ADDRESS: 120 James Robert Ln Mooresville NC 28115
SITE ADDRESS: 166 Foursquare Rd, Mooresville NC 28115
PHONE: 704-663-2992 ALT. PHONE
SITE DIRECTIONS: S main St to straight on NC 115 S, R on Foursquare Rd, Lot on R
SUBDIVISION: SAP CONTROLLED: [X] YES [ ] NO
SECTION: — LOT # 94-106 LOT AREA: 0.417 acres
DESIGN FLOW: Existing L.T.A.R.: Existing

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

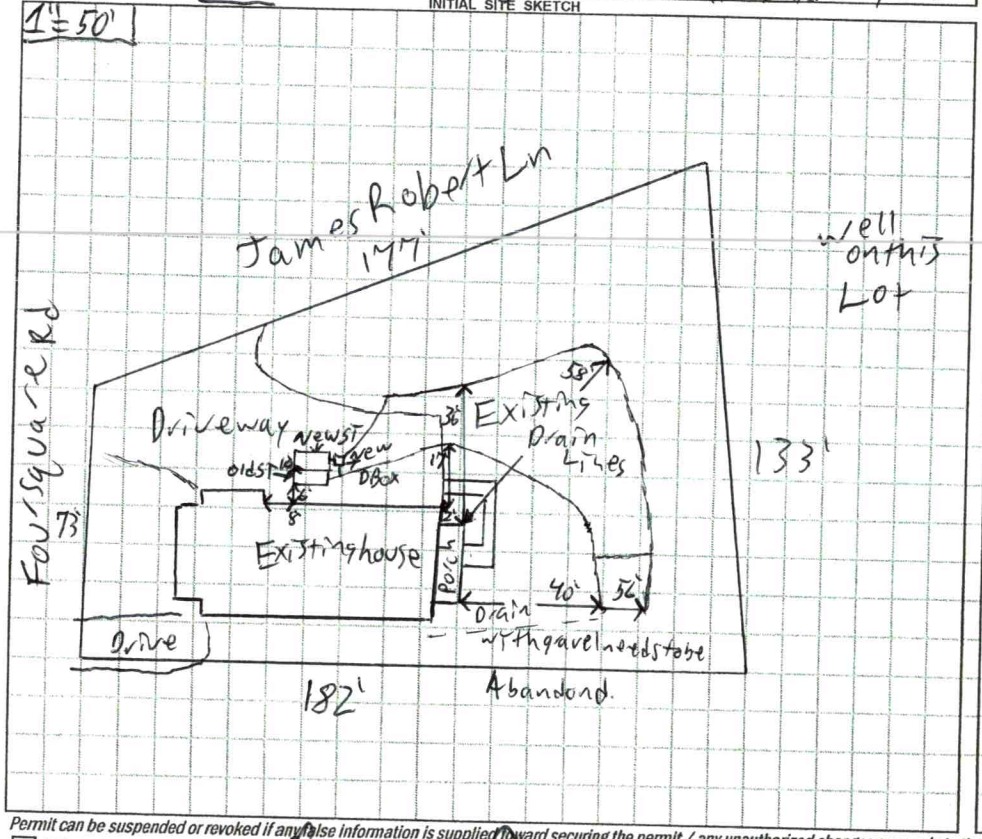
[ ] New System [X] Repair [ ] Expansion System Type: I (II) III IV V VI
System Description: New Tank
Repair System Description: Existing
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms Existing
[ ] Business No. Persons Existing
[ ] Other No. Employees —
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Pump crush and Fill old ST. New ST must be 10' off Foundation of house. If Driveway is to remain over ST then ST MUST be Traffic grade. Install D Box. any and all Surface water drains must be diverted around system. well is on seperat Lot owned by same owner.

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Thomas E Poteat Date:
Installed by:
IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 8/7/2020
OPERATION PERMIT by: Date:
AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 8/7/2020
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 JUL 0 2 2020 AP-308733 Repair Eval.

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Thomas E. Poteat **Address:** 120 James Robert Ln Mooresville, NC **Zip:** 28115

Applicant Email: tepoteat1@gmail.com **Phone:** 7046632992 **Alt. Phone:**

Owner Name: SAME **Address:** SAME **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 166-168 Foursquare Rd Mooresville, NC 28115

Subdivision Name: NA **Section/Phase:** NA **Lot Number:** NA

Driving Directions: From Mooresville take Hwy #115 South, take right onto Foursquare Rd. Property 0.3 mile on right.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) 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
(X) Repair to failing septic system ? Tank X Drain lines **Describe Problem:** Drain field not percolating

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** ≈1960
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: Thomas E Poteat — 7/2/2020

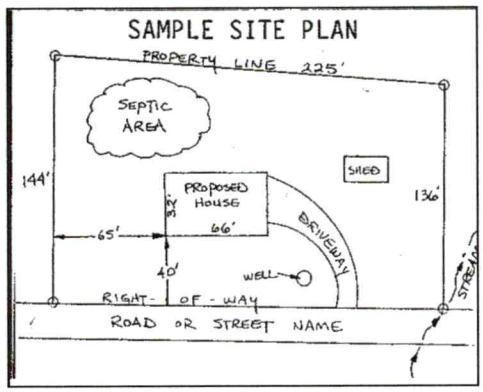
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

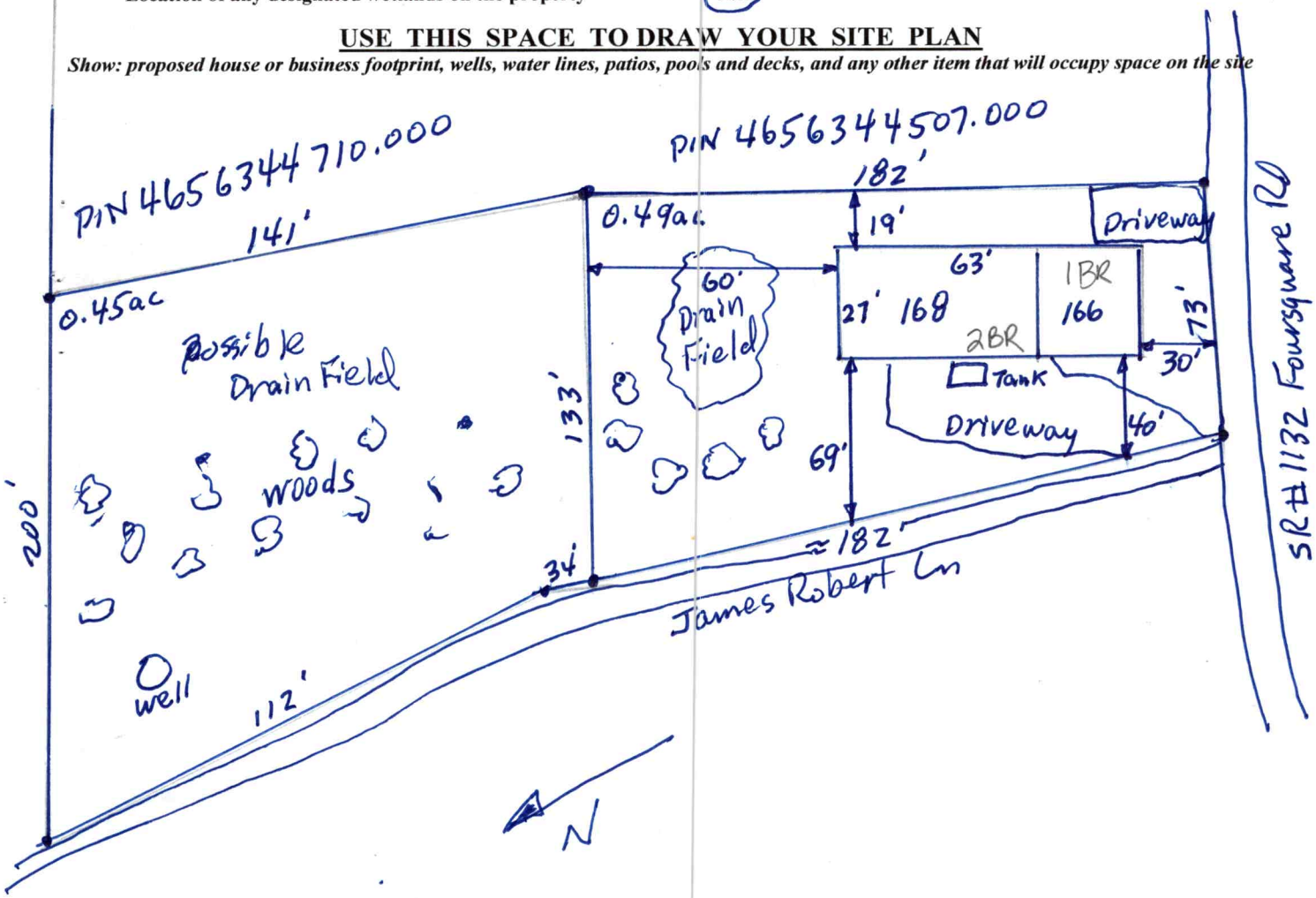
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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



Signature: Thomas E Poteat

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

7/2/2020

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*) Thomas E Poteat

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