ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307751

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

PIN # 4656908217

APPLICANT/OWNER: MARSHA CORNELIUS | APPLICANT ADDRESS: 2027 CHARLOTTE HIGHWAY, MOORESVILLE, N.C. 28117

SITE ADDRESS: 194 BLACKWELDER FARM DRIVE, MOORESVILLE, N.C. 28115 | PHONE: 704-957-5595 | ALT. PHONE —

SITE DIRECTIONS: (3) ON 115, (L) ON FAITH, (L) ON SHEARERS, (L) ON BLACKWELDER FARM, LOT ON (R) | SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

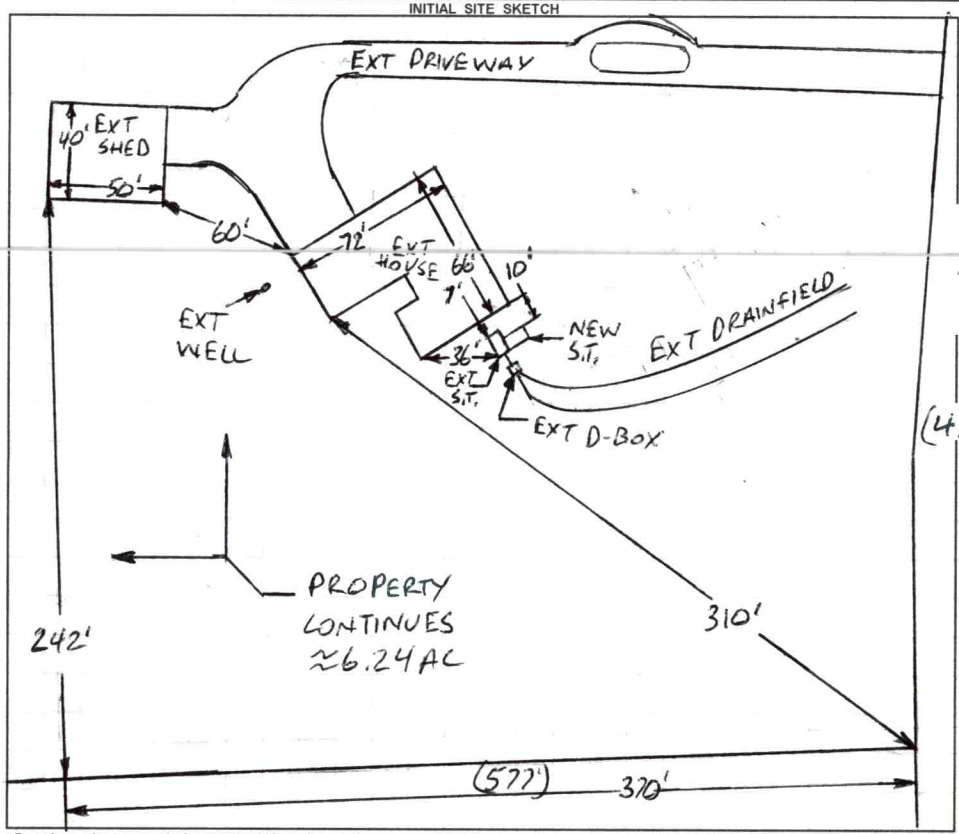
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 6.24 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

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

Water Supply: ☑ ~~Private~~ ☐ Public ☐ Community

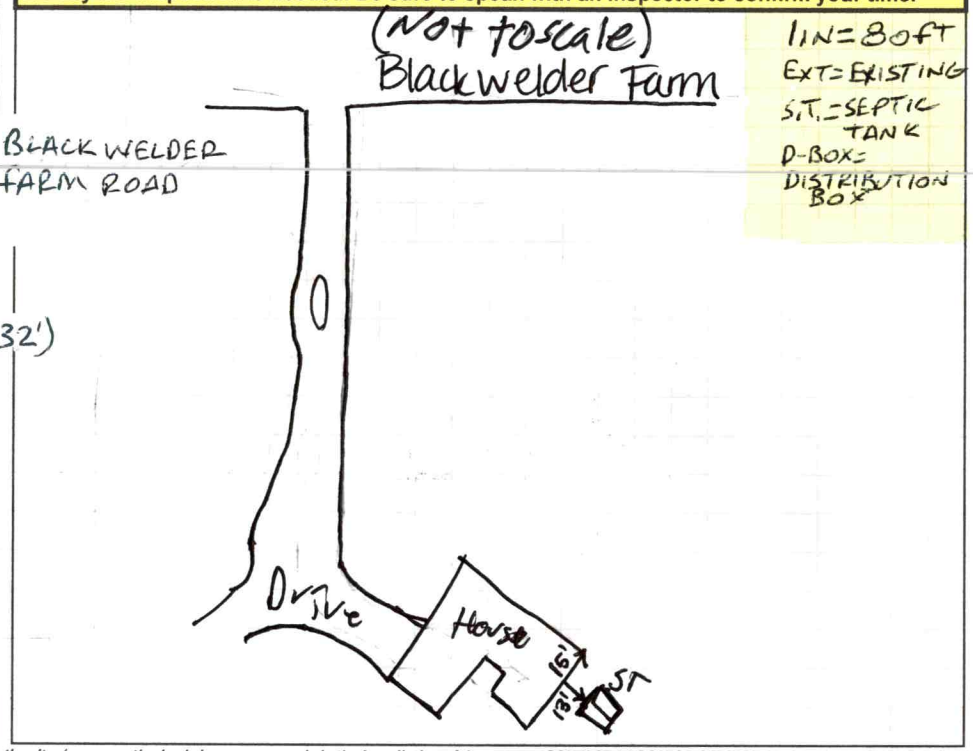
Comments / Conditions: PUMP, CRUSH, AND FILL OLD SEPTIC TANK, INSPECT AND REPLACE D-BOX AS NEEDED, MAINTAIN SOFT FROM ALL WELLS

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: Marsha T Cornelius | Date: 6-19-2020 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burnett C. White | Date: 6-17-2020 | OPERATION PERMIT by: Patrick J Boyle III | Date: 7/10/2020

AUTHORIZATION TO CONSTRUCT by: Burnett C. White | Date: 6-17-2020 | Existing System Inspected by: | Date:

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

RECEIVED MAY 2 7 2020 AP-

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED $160.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: MARSHA CORNELIUS Address: 2027 CHARLOTTE HWY MOORESVILLE NC Zip: 28117

Applicant Email: mhcornelius1@windstream.net Phone: 704-957-5595 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 194 BLACKWELDER FARM DRIVE, MOORESVILLE NC 28115

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: Off Shearers Road. Heading South - turn right in front of Msv Fire Dept. #3 @ 1023 Shearers Road, Msv.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: Drain Field has failed

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

( ) 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: 1966
( ) 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: Marsha N. Cornelius 5-27-2020
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*) Marsha H Cornelius

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, Marsha H Cornelius, am the legal owner(s) of the property located at 194 Blackwelder Farm Drive, Mor NC, 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.

Marsha H Cornelius _____ 5-27-2020
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