BB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP OSWP-2022-0898

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

PIN # 4658 -- 43 -- 6198

APPLICANT/OWNER: Michael Martin APPLICANT ADDRESS: 2210 Charlotte Highway, Mooresville NC 28115

SITE ADDRESS: 2210 Charlotte Highway, Mooresville NC PHONE: 210-535-1203 ALT. PHONE

SITE DIRECTIONS: (N) NC 21 → Lot on (L) just before Connector. SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.06 DESIGN FLOW: EX L.T.A.R.: EXISTING

Septic Tank 1500 (gal) STB Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Lineal Ft

Trench Width EXISTING Trench Bottom Depth (Low side) Gravel Depth

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

System Description: EXISTING

Repair System Description: New Tank

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms EX

☐ Business No. Persons

☒ Other Church No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply

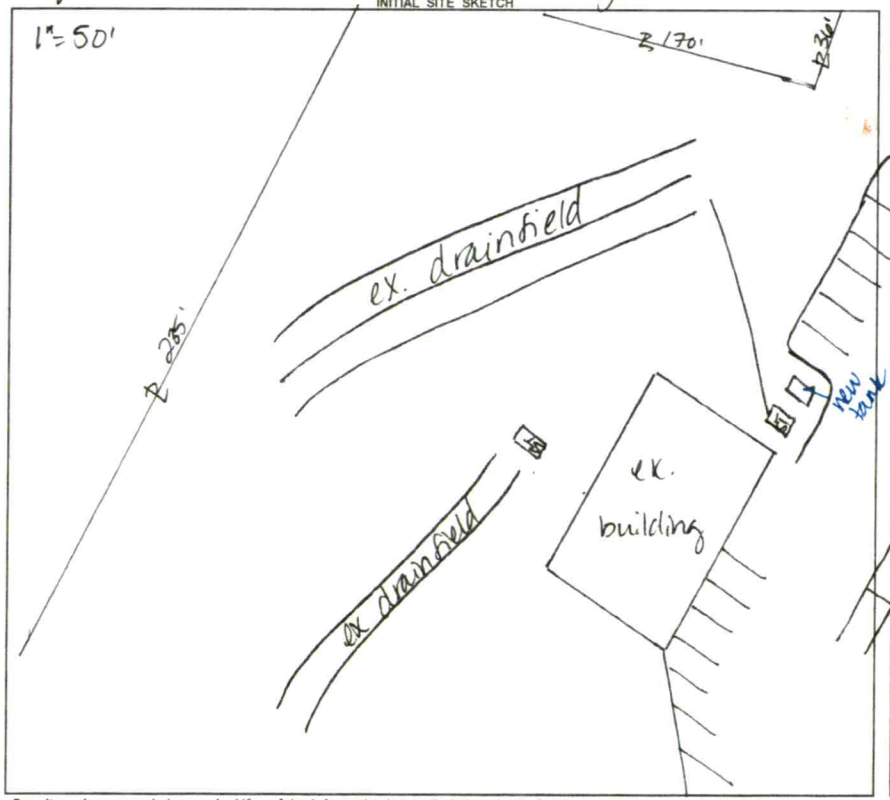
☒ Private

☐ Public

☐ Community

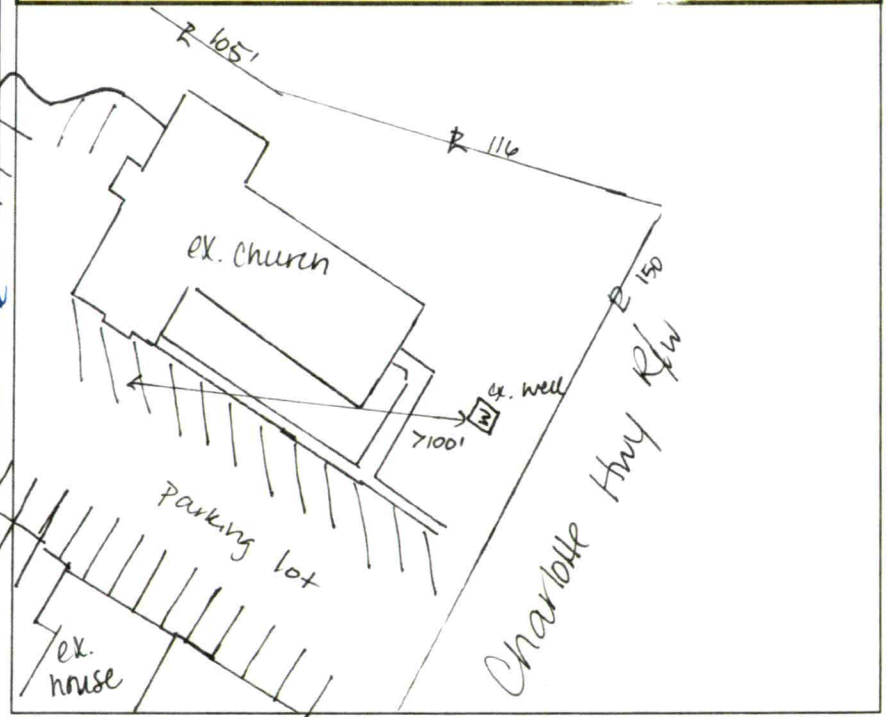
Comments / Conditions: Pump crush & fill existing tank. System serves both the house & church. - Ensure system distribution device is in good condition

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 inspect[illegible] 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: Nina Martin Date: 8/18/22 Installed by: Ammons Septic Service

IMPROVEMENT PERMIT by: D. Mieberg Date: 8/15/22 OPERATION PERMIT by: [signature] Date: 8/23/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 8/15/22 Existing System Inspected by: Date:

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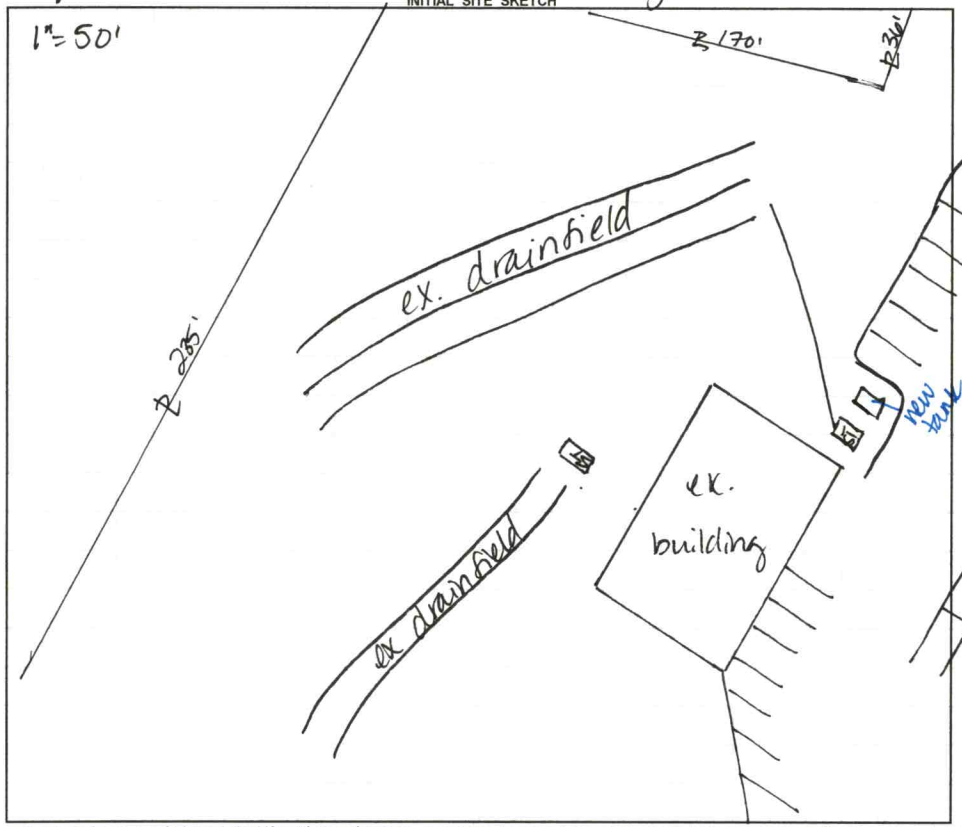
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SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.06 DESIGN FLOW: EX L.T.A.R.: EXISTING

Septic Tank	1500 (gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	Ex	Water Supply
Pump Tank	(gal)	PT	Date	System Description: EXISTING	☐ Business	No. Persons		☒ Private
Pump Make	Model		Serial #	Repair System Description: New Tank	☒ Other Church	No. Employees		☐ Public
# Nitrification Fields	# Lines		Lineal Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	Ex/EXISTING	Trench Bottom Depth (Low side)		Gravel Depth ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

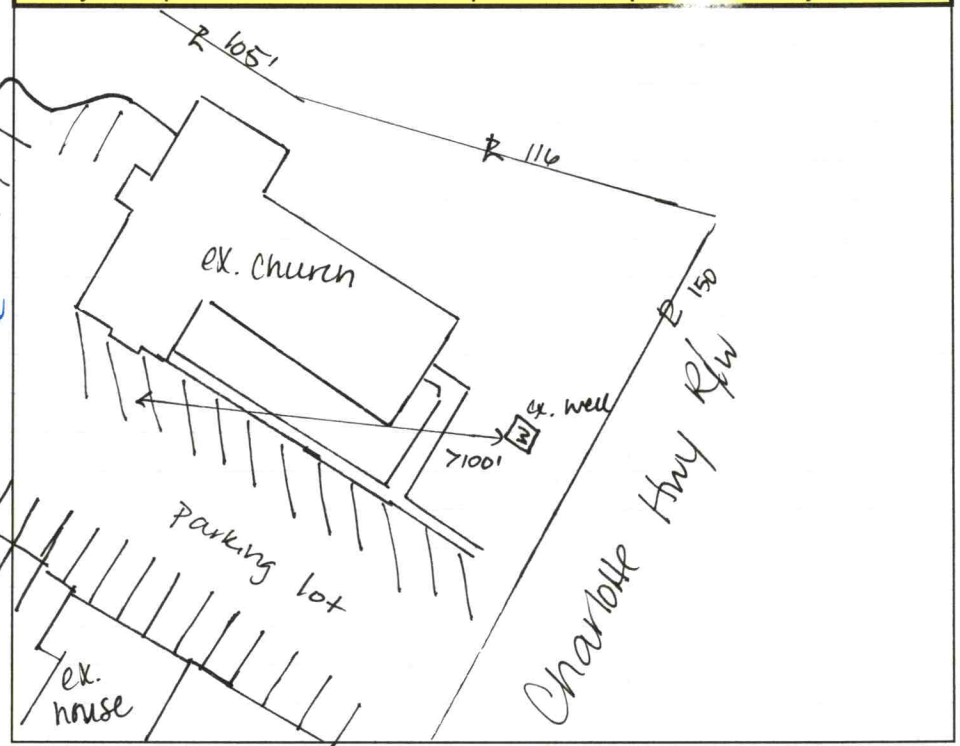
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Owner / Applicant Signature: Dina Martin Date: 8/18/22 Installed by:

IMPROVEMENT PERMIT by: D. Mieberg Date: 8/15/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 8/15/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:51 Feet

Search



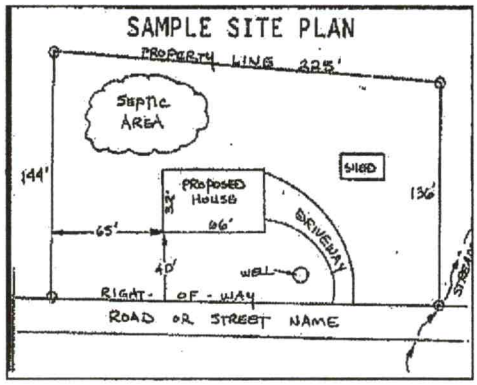


IREDELL COUNTY HEALTH DEPARTMENT

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:

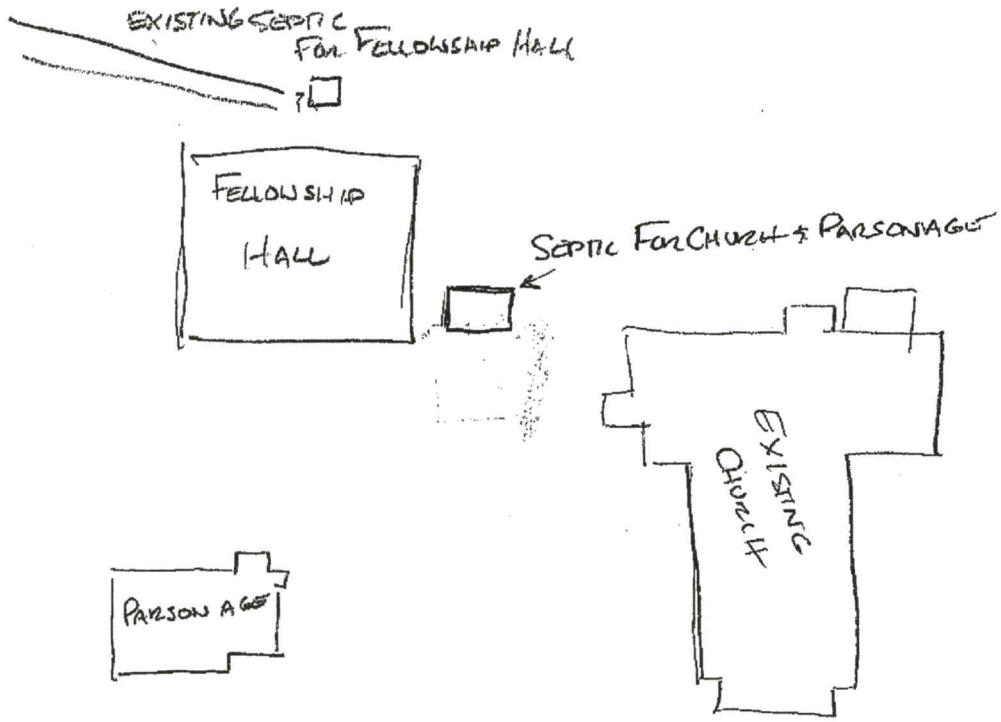
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: Michael Nash — 8/8/17

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

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*) ____*Michael Martin , Pastor*_____

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, _____Michael Martin_____, am the legal owner(s) of the property located at___2210 Charlotte Hwy_____, 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.

_____*Michael Martin, Pastor* 03/28/2022_____
Signature of Owner(s) Date

Mooresville - Environmental Health Statesville - Environmental Health ronda.hart@co.iredell.nc.us Fax: 704-662-3239 Fax: 704-871-3483 610 E. Center Avenue, Mooresville, NC 28115 349 N. Center Street, Statesville, NC 28677

4658436198

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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Shepherd Baptist Church DATE Dec. 10, '91 PERMIT NO. IL IA 27 28B

PHONE: Business _____ Home _____

LOCATION Hwy 21 N. on left approx ¼ mile before Cornelius Road (SR 1302) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Church fellowship hall 2 restrooms & 1 kitchen

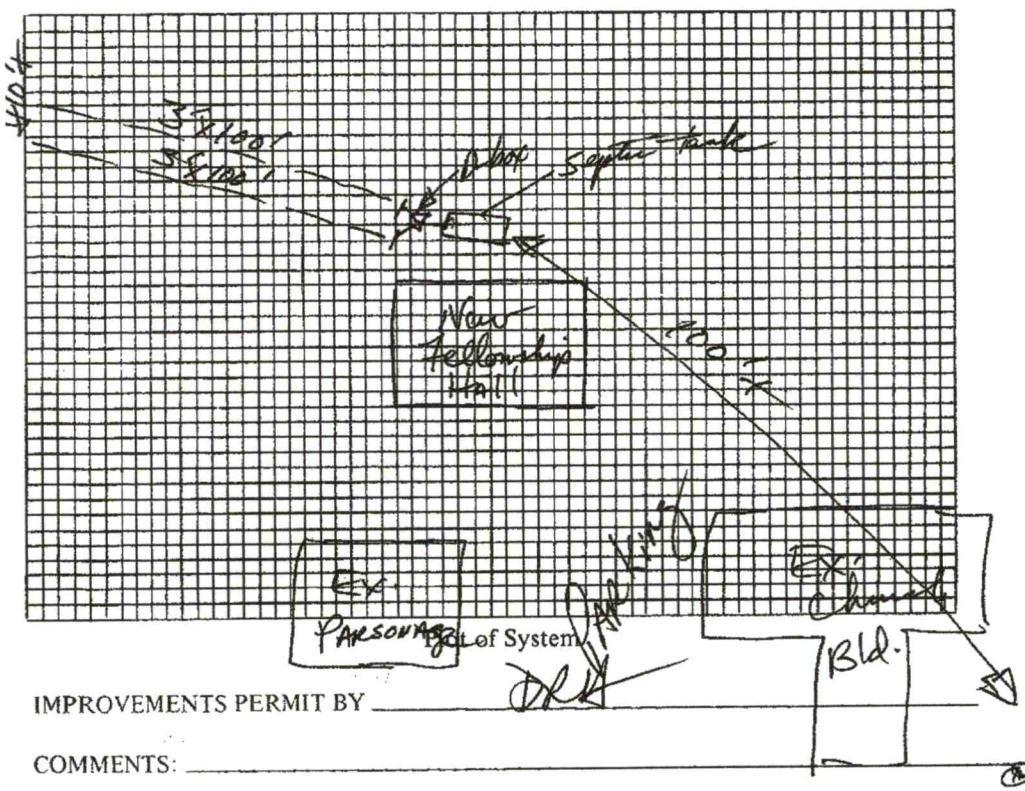
No. Bedrooms 1 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site ~~Suitable~~ PS Yes ( ) No ( )

Character & Porosity of Soil SCL clay
Percolation Rate 1.04
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Orbison

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Harold R. Johnson, RS. DATE 12/10/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

r10 secs
+2 BR