ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 319541

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

PIN # 4658--47--194

APPLICANT/OWNER: Matthew Simpson | APPLICANT ADDRESS: 176 Toucan Rd, Mooresville NC 28117

SITE ADDRESS: 176 Toucan Rd, Mooresville NC 28117 | PHONE: 704-223-0264 | ALT. PHONE 919-274-3980

SITE DIRECTIONS: NC 21 N → (L) Bailey (before 115/21 junc) → (R) Toucan → lot @ end on (R)

SUBDIVISION: Farmdale | SECTION: 2 | LOT# 15 | LOT AREA: 0.59 ac | SAP CONTROLLED: [ ] YES [X] NO | DESIGN FLOW: 360 gpd | L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB	Infiltrator	Date					
Pump Tank	(gal)	PT		Date					
Pump Make	Model			Serial #					
# Nitrification Fields	# Lines			Linear Ft:					
Trench Width	EXISTING	Trench Bottom Depth (Low side)			Gravel Depth N/A				

[ ] New System [X] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: Tank Replacement

Repair System Description:

Maintenance Agreement Required: [ ] YES [X] NO | [X] GRAVITY [ ] PRESSURE

[X] Residence | No. Bedrooms 3 | Water Supply: [X] Private [ ] Public [ ] Community

[ ] Business | No. Persons 6

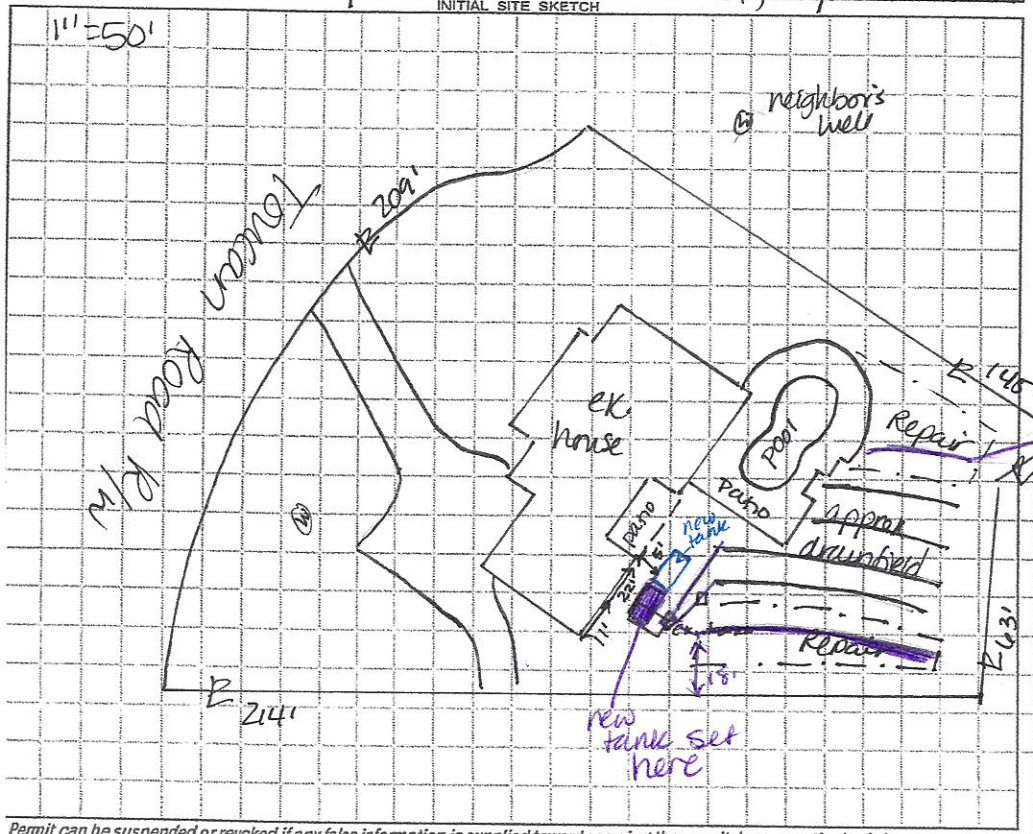
[ ] Other | No. Employees

[ ] Slab | [X] Crawl Space

[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: * Please note - entire system could not be located - appears system is under patio/pool area. Some may have been removed, repair area is partially gone also. Stay off patio & foundation drains as required. Pump, crush, & fill, old tank.

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.

If D-Box is damaged, replace. D-Box will need to be set to feed lines properly - determine line lengths to best of ability

- appears some footage added back when pool cut lines
- currently have 6 lines, 4 pipes running to D-Box
- D-Box replaced, lines set to feed equally

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: Ashley Simpson | Date: 7/23/21 | Installed by: Massey Appalachian Septic + Grading

IMPROVEMENT PERMIT by: D. Mebery | Date: 7/21/21 | OPERATION PERMIT by: D. Mebery | Date: 8/11/21

AUTHORIZATION TO CONSTRUCT by: D. Mebery | Date: 7/21/21 | Existing System Inspected by: | Date:

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

RECEIVED JUL 09 2021

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* AP-319341 Repair Eval

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 N/A

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: Matthew Simpson Address: 176 Toucan Road Zip: 28117
Applicant Email: NCrockclimber79@gmail Phone: 704 223 0264 Alt. Phone: 919 274 3980
Owner Name: Matthew Simpson Address: 176 Toucan Road Zip: 28117
Owner Email: NCrockclimber79@gmail Phone: 704 223 0264 Alt. Phone: 919 274 3980

Property Information:

Street Address: 176 Toucan Road
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: From 77 exit 33, follow 21 N to Bailey Rd, Right onto Bailey Rd, go just over ½ mile, right onto Toucan, house is at the end on the right 176.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: damaged Lid, crodded Tank, replacement recommended
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5-6
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: 1800 Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: 3

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1997
(X) No Preference ( ) Alternative ( ) 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: _____ July 8, 2021
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*) _____

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, Matthew Simpson, am the legal owner(s) of the property located at 176 Toucan Road, Mooresville NC, 28117, identified as PIN (Parcel Identification Number) :4658471941.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NO Company, _____, 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.

_____ July 8, 2021
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

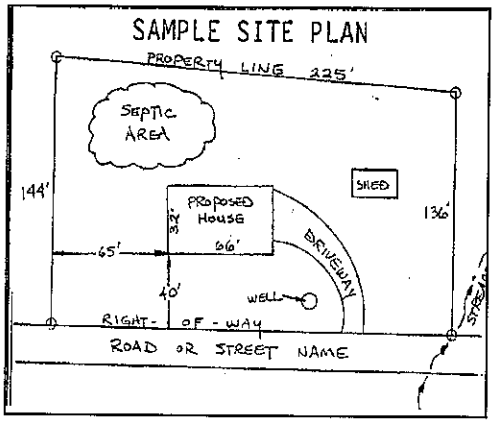
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

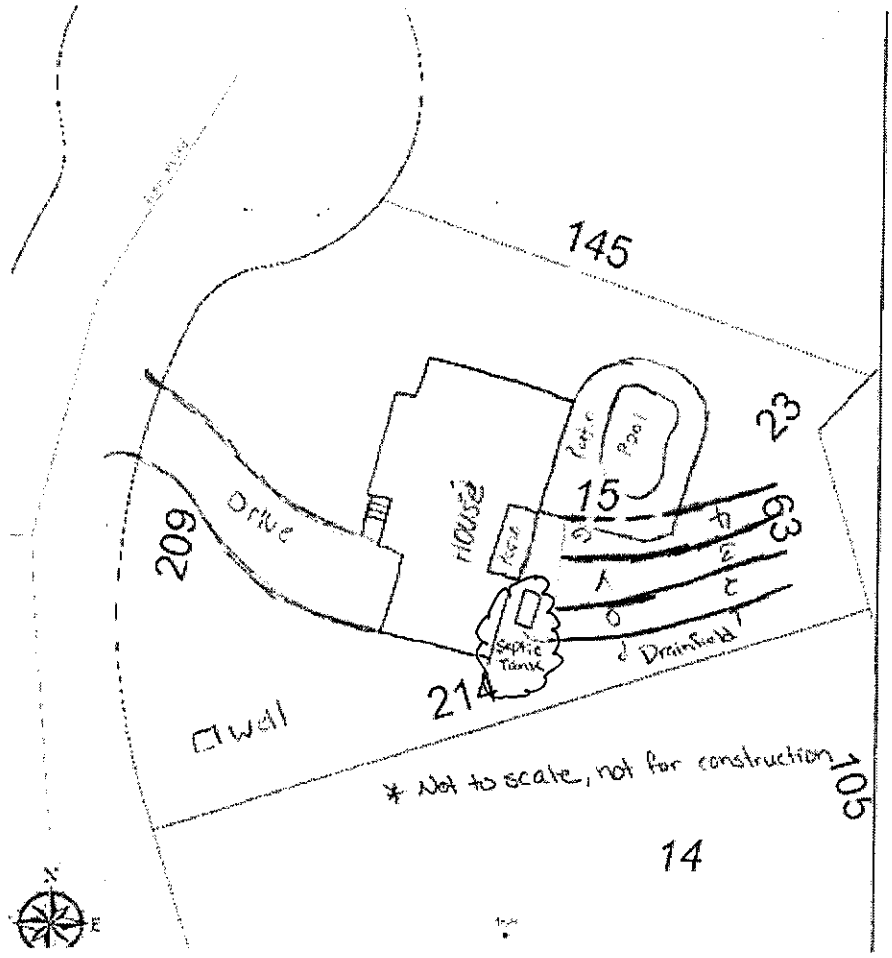
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

July 8, 2021

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 66071 DATE 8/5/97 TAX MAP NO. 4658 47 19 41 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR James + Donna Olsen PHONE: Business BILL BALL - 244-0264 Home

ADDRESS

LOCATION Bailey Rd. TR Statesville 10th on (R)

SUBDIVISION Farmdale BLOCK / SECTION II LOT 15 LOT AREA .59 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date 10/24/97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet * 900 Linear Feet * 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: GRAV - CH PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

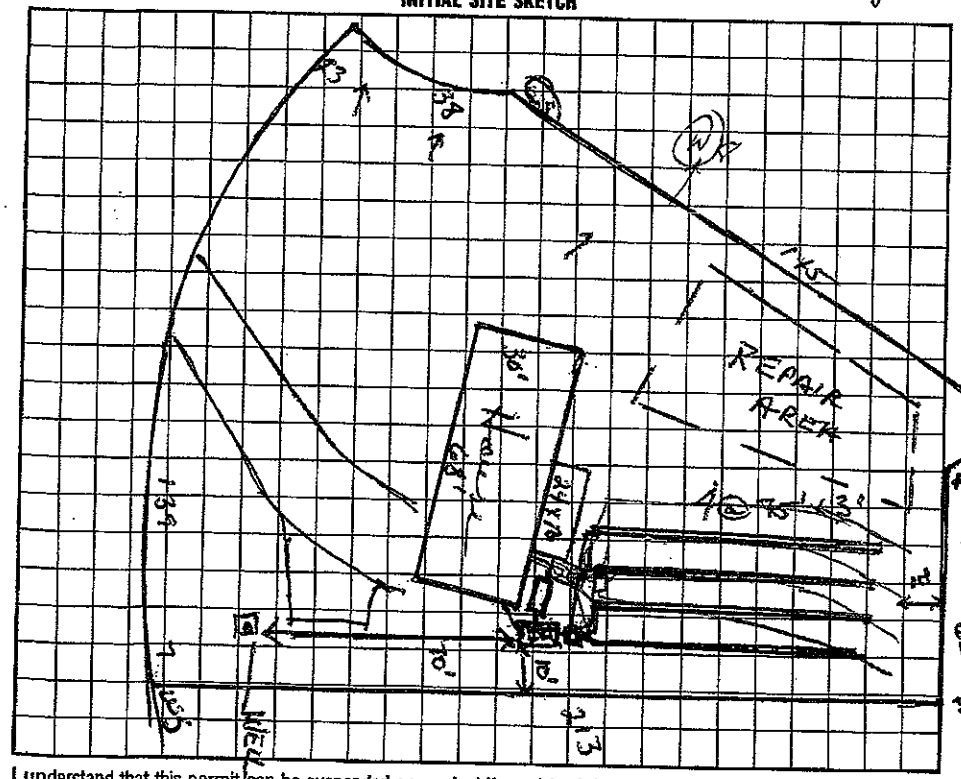
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: * 25% reduction for use of Chamber Plastic Drainfield

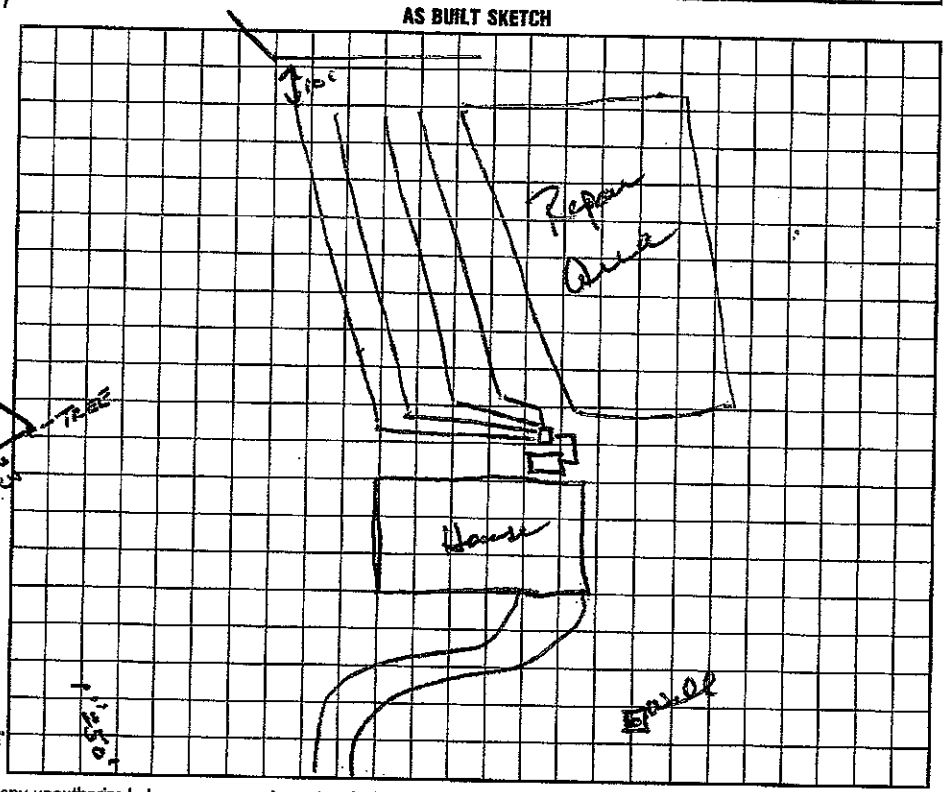
* 8/14/97 Changed S/T location to avoid sewer grading problems. AmB.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: * Bill Ball

Improvement Permit by: Wesley Sparks R.S. date 8/5/97

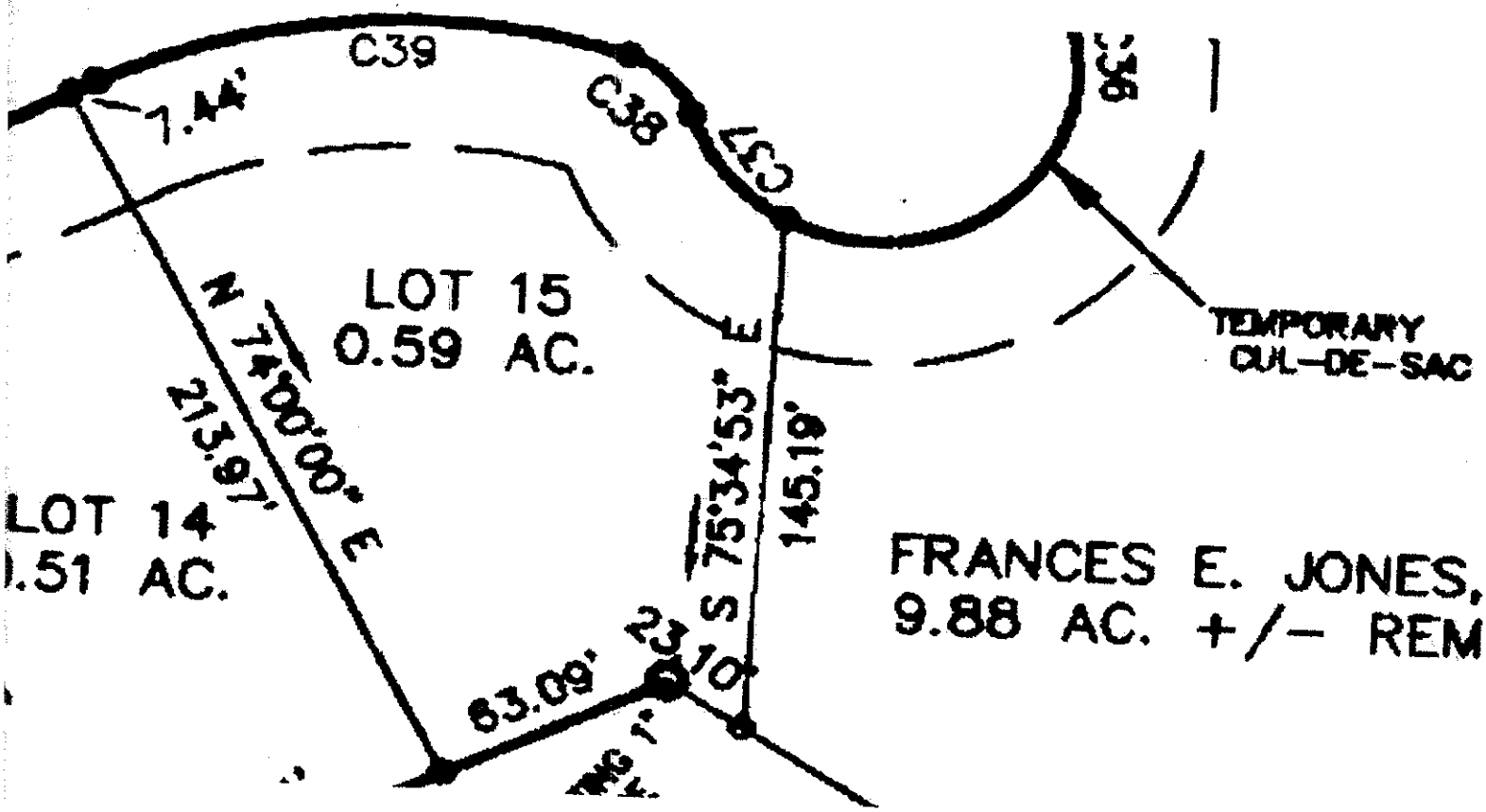
Existing System Inspection by: Wesley Sparks R.S. date 8/5/97

Installed by: Piedmont Septic Tank

Certificate of Completion by: Wesley Sparks R.S. date 12/4/97

Operation Permit by: Wesley Sparks R.S. date 12/4/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD


C39
C38
C37
7.44'
LOT 15
0.59 AC.
N 74°00'00" E
213.97'
S 75°34'53" E
145.19'
TEMPORARY
CUL-DE-SAC
LOT 14
1.51 AC.
FRANCES E. JONES,
9.88 AC. +/- REM
63.09'
23.10'