IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (B3) Mooresville Office (704) 660-3625 PERMIT # 244462

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

PIN # 4659175522

APPLICANT/OWNER: Clarance Leech APPLICANT ADDRESS: 124 Sailwinds Road Mooresville 28115

SITE ADDRESS: 124 Sailwinds Road Mooresville 28115 PHONE: 704 508-1660 ALT. PHONE 661-440-7437

SITE DIRECTIONS: 115 North to Sailwinds on L. 124 on R SAP CONTROLLED: ☐ YES ☐ NO

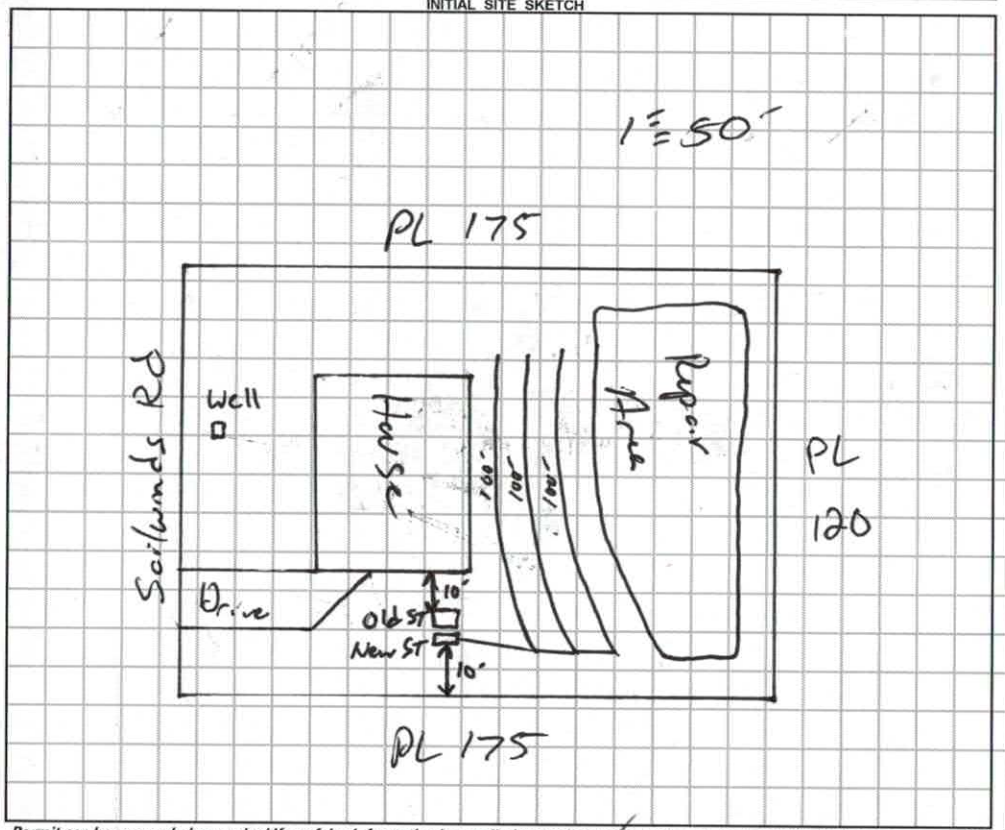
SUBDIVISION: Windward Pointe SECTION: - LOT # 4 LOT AREA: 0.48 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	160	Date	3-15-19	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply		
Pump Tank		(gal)	PT		Date		System Description:	Tank				☐ Business	No. Persons	6	☒ Private		
Pump Make			Model		Serial #		Repair System Description:					☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1		# Lines	1	Linear ft	80	Maintenance Agreement Required:		☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	2		Trench Bottom Depth(Low side)		Gravel Depth	12			☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Pump Crush and fill old tank. Maintain 10' Setback from property line.

New ST 13ft to property line
8ft to steps

INITIAL SITE SKETCH



AS BUILT SKETCH

Red fitter.

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: Clarance Leech Date: 9/3/19 Installed by: Powell Septic

IMPROVEMENT PERMIT by: Date: 5-13-19 OPERATION PERMIT by: Maria Dotson Date: 5/15/19

AUTHORIZATION TO CONSTRUCT by: Date: 5-13-19 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.

#244462
5-9-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Rep. eval. no charge

APPLICATION FORM

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

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: CLARANCE LEACH Address: 124 SAILWIND ROAD Zip: 28115
Applicant Email: _____ Phone: 661 440 7437 Alt. Phone: SAME
Owner Name: JAMES P STARRETT Address: 448 CARRIAGE Zip: 28677
Owner Email: _____ Phone: 704 508 1660 Alt. Phone: _____

Property Information:

Street Address: 124 SAILWIND RD PARCEL ID 4659.17.5572.000
Subdivision Name: WINDWARD POINTE Section/Phase: _____ Lot Number: 4
Driving Directions: 115 NORTH TO SAILWIND LEFT TURN

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

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) 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 ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1566 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 Improvemer.. 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.

_____ 5-9-19
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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