IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 231159

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

PIN # 4659278893

APPLICANT/OWNER: Beth Agnew | APPLICANT ADDRESS: 123 Powder Horn Rd.

SITE ADDRESS: 123 Powder Horn Rd. Mooresville, NC | PHONE: 704-641-0971 | ALT. PHONE —

SITE DIRECTIONS: NC 115 N → R on Westmoreland → L on Powder Horn → lot on L (at top of hill) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Cardinal Acres | SECTION: — | LOT # 10 | LOT AREA: — | DESIGN FLOW: 240gpd | L.T.A.R.: —

Septic Tank	1000 (gal)	STB	760	Date	8-7-17	☐ New System	☑ Repair ☐ Expansion
Pump Tank	(gal)	PT		Date		System Type:	I (II) III IV V VI
Pump Make		Model		Serial #		System Description:	
# Nitrification Fields	EXISTING	# Lines		Linear Ft		Repair System Description:	tank replacement
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth	—	Maintenance Agreement Required:	☐ YES ☐ NO
							☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Basement w/o plumbing

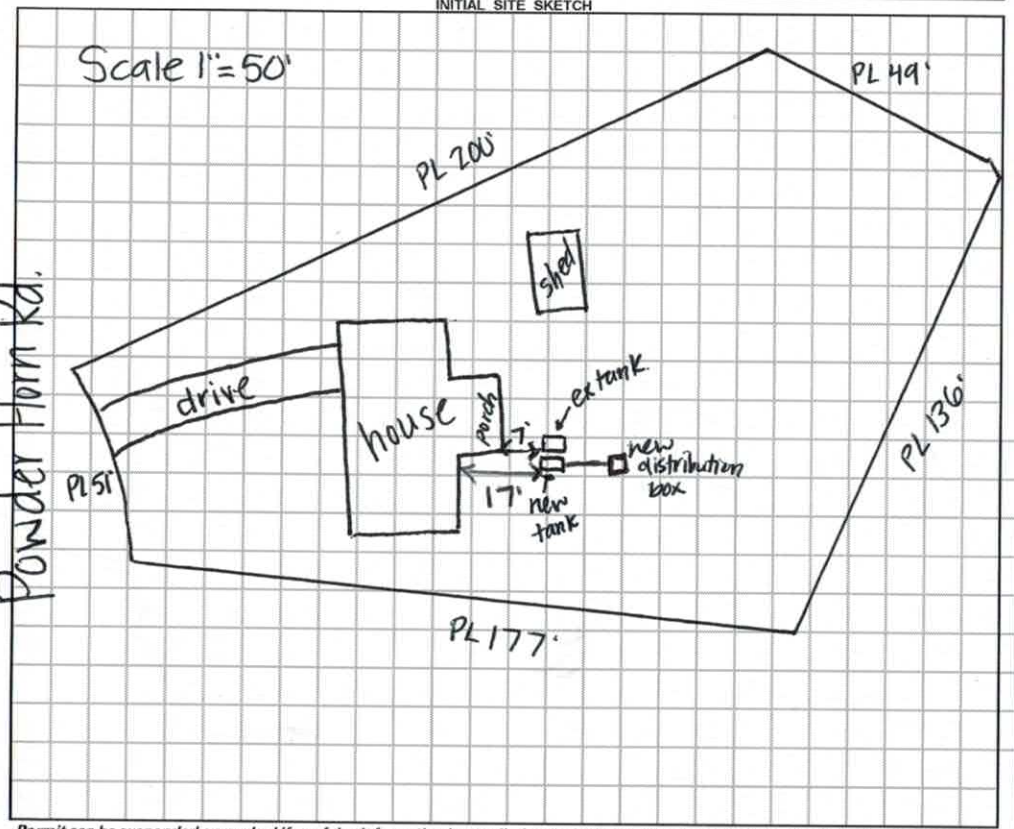
No. Bedrooms: 2 | No. Persons: 4 | No. Employees: | ☑ Crawl Space

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Pump, crush, & fill existing tank.

* New distribution box was installed along with septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Janice Kentz | Date: 11/2/17 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Wilson | Date: 10-31-17 | OPERATION PERMIT by: Kayla Wilson | Date: 11-3-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson | Date: 10-31-17 | 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 OCT 2 6 2017

Repair Evaluation No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#231159

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: Beth Agnew Address: 123 Powder Horn Rd Mooresville Zip: 28115
Applicant Email: justpeachy704@gmail.com Phone: 704-641-0971 Alt. Phone:
Owner Name: Beth Agnew Address: 123 Powder Horn Rd, Mooresville Zip: 28115
Owner Email: justpeachy704@gmail.com Phone: 704-641-0971 Alt. Phone:

Property Information:

Street Address: 123 Powder Horn Rd, Mooresville, NC 28115
Subdivision Name: Cardinal Acres Section/Phase: Lot Number: 110
Driving Directions: From I-77S, Exit 42 south on Hwy 21, ~2 miles Left on Lakeshore Blvd 1st Left Powder Horn Rd House is top of circle

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

CHECK FOUNDATION TYPE

( ) 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
(✓) Repair to failing septic system 1 Tank ___ Drain lines Describe Problem: Top cracked
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: 1973
( ) 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: _____ 10/20/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Bobby Agee, am the legal owner(s) of the property located at 123 Porter Hensley Rd Statesville, NC 28625 identified as PIN (Parcel Identification Number) 4657278563 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Joni Leatz Leatz Wastewater Management 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.

Bobby Agee — 10/20/17 — _____ — _____

Signature of Owner(s) — Date — Signature of Witness — Date

Please return this signed form to the appropriate office:

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

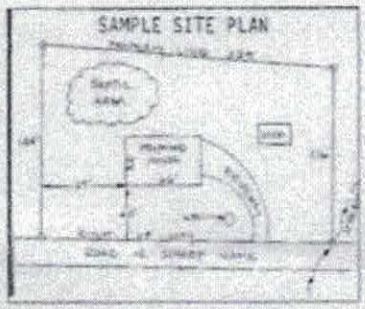
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

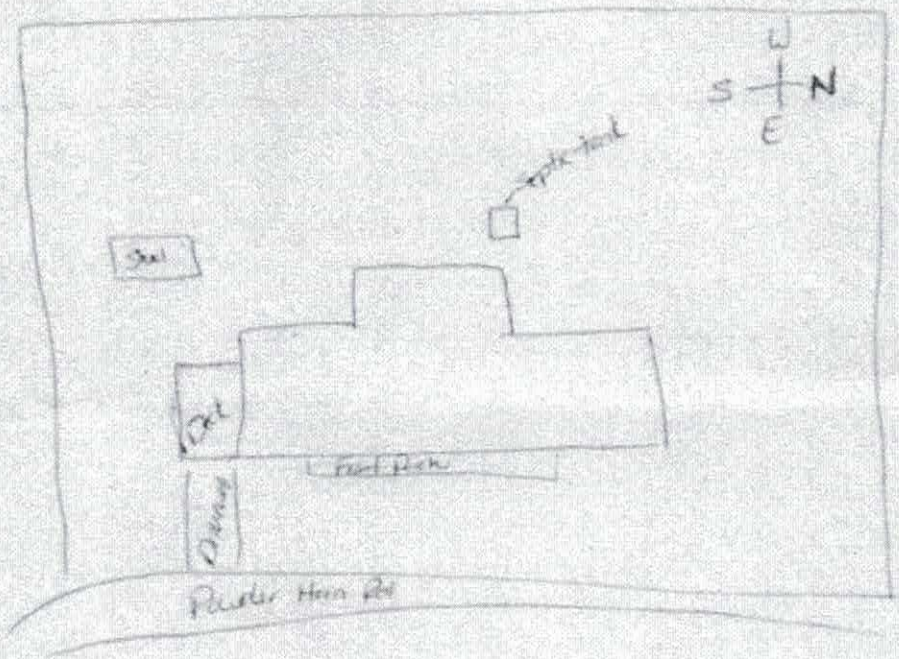


Circle N/A on the following if appropriate:

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: _____ 10/20/17

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