# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241058

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

PIN # 4659307853

APPLICANT/OWNER: Linda Wilhelm ✓ APPLICANT ADDRESS: 143 Lawnhaven Dr.

SITE ADDRESS: 143 Lawnhaven Dr. Mooresville, NC ✓ PHONE: 704-663-1619 ALT. PHONE 704-662-5834

SITE DIRECTIONS: NC 115 N → L on Barfield Rd → L on Lawnhaven Dr → lot at end on L SAP CONTROLLED: ☐ YES ☐ NO

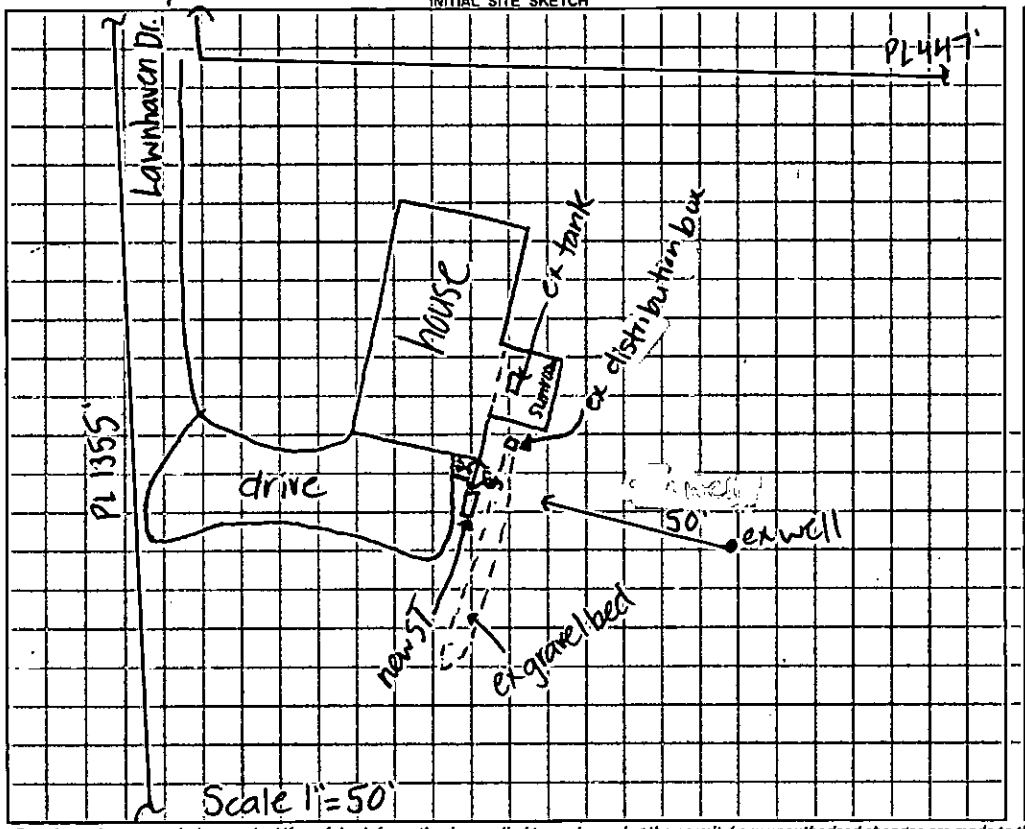
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.36ac DESIGN FLOW: 240gpd L.T.A.R.: ex

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1000 | Date | 9-16-18 | ☐ New System | ☑ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | | | | |
| Pump Make | | Model | | | Serial # | | Repair System Description: | tank replacement | | | |
| # Nitrification Fields | EXISTING | # Lines | | | Linear Ft: | | Maintenance Agreement Required: | ☐ YES | ☑ NO | | |
| Trench Width | | Trench Bottom Depth (Low side) | | | Gravel Depth | | ☑ GRAVITY | ☐ PRESSURE | | | |

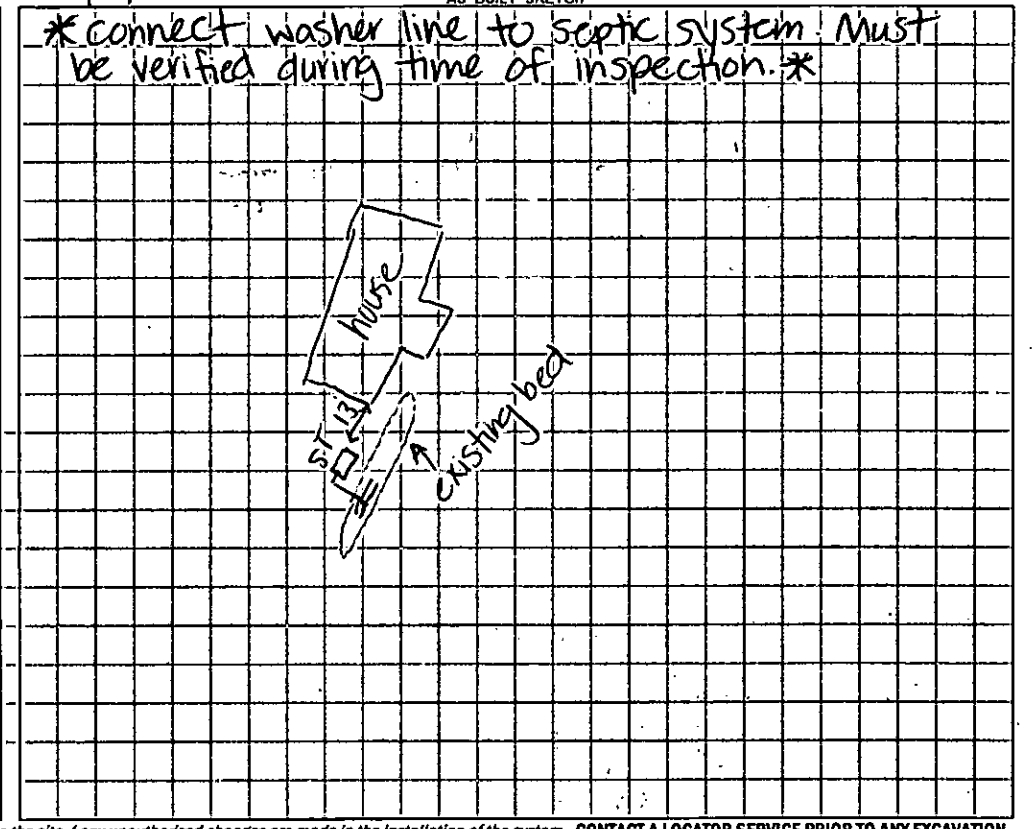
| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | 2 | Water Supply |
| ☐ Business | No. Persons | 4 | ☑ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☑ Crawl Space | | ☐ Community |
| ☐ Basement w/ plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Pump, crush, & fill existing tank. New tank must be a minimum of 5' from house. Do NOT drive over new tank. Part of drive may need to be removed. If new tank cannot be fed to existing distribution box, a new distribution box may need to be installed & feed gravel bed w/ T. Call IcHD if there are any questions.

INITIAL SITE SKETCH




AS BUILT SKETCH




*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: Linda M. Wilhelm Date: 1-3-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-2-19 OPERATION PERMIT by: Kayla Watson Date: 1-22-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-2-19 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.**

*No old permit in DB

Repair eval. #241058
No Charge.

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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: Linda M. Wilhelm Address: 143 Lawnhaven Dr NC Zip: 28115

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: 704-663-1619 Alt. Phone: 704-662-5834 Cell

**Property Information:**

Street Address: 143 Lawnhaven Dr Mooresville, NC 28115

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

Driving Directions: _____

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 1 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: TANK Collapsed??

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: 1969
( ) 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:** Linda M. Wilhelm — 12-20-18
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*) X Linda M. Wilhelm

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 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.

X Linda M. Wilhelm — Signature of Owner(s)

12-20-18 — 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