ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (2) | PERMIT # AP 326785

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

PIN # 4664 -- 66 -- 7656

APPLICANT/OWNER: Bradley Scorse | APPLICANT ADDRESS: 170 Burnell Place Davidson NC 28036

SITE ADDRESS: 170 Burnell Place, Davidson NC 28036 | PHONE: 585-370-6149 | ALT. PHONE

SITE DIRECTIONS: (S) Shearers → (L) Anniston → (R) Burnell → lot at end on (R) | SAP CONTROLLED: [X] YES / [ ] NO

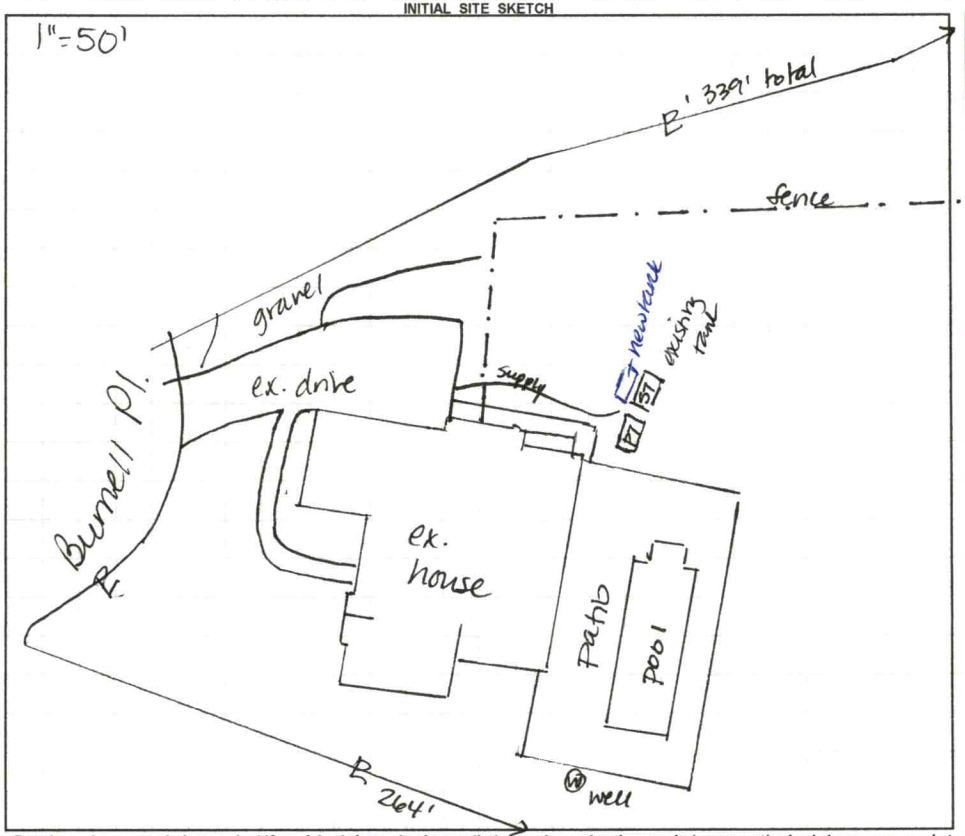
SUBDIVISION: Anniston | SECTION: 2 | LOT # 68 | LOT AREA: 1.37 ac | DESIGN FLOW: 600 | L.T.A.R.: EXISTING

Septic Tank	1500	(gal)	STB 964	Date 4-4-22	[ ] New System	[X] Repair	[ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms 5	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	EXISTING			[ ] Business	No. Persons 10	[ ] Private
Pump Make		Model		Serial #	Repair System Description:	NEW TANK			[ ] Other	No. Employees	[ ] Public
# Nitrification Fields		# Lines		Linear Ft	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	EXISTING	Trench Bottom Depth (Low side)		Gravel Depth		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Pump, crush, & fill or remove existing tank. System is offsite. Verify maintenance contract.

* Installed as permitted.

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.

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: Bradley M [illegible] Date: 6/15/22 | Installed by: Greenway Wastewater Solutions

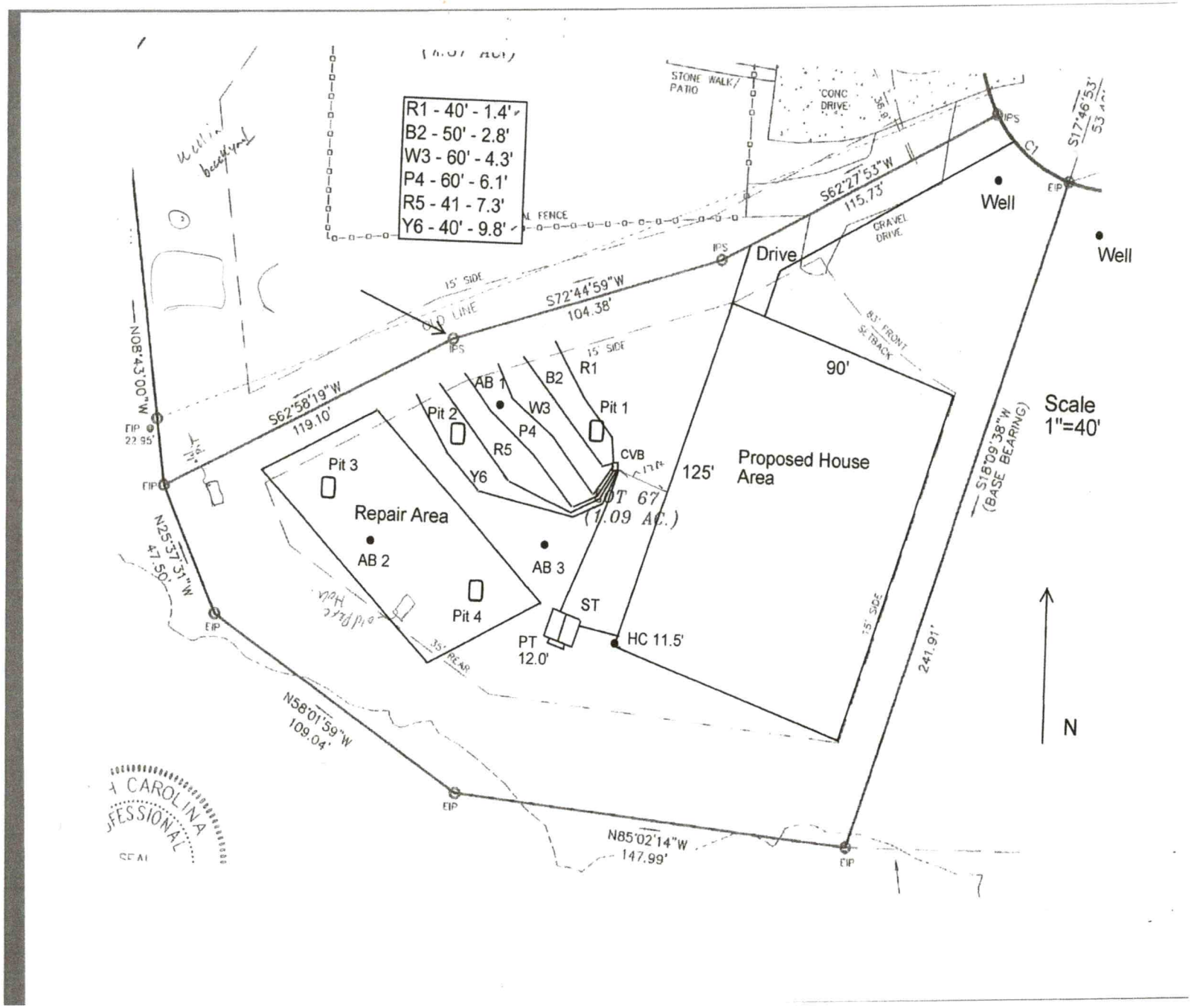
IMPROVEMENT PERMIT by: [illegible] Date: 6/13/22 | OPERATION PERMIT by: [illegible] Date: 6-28-22

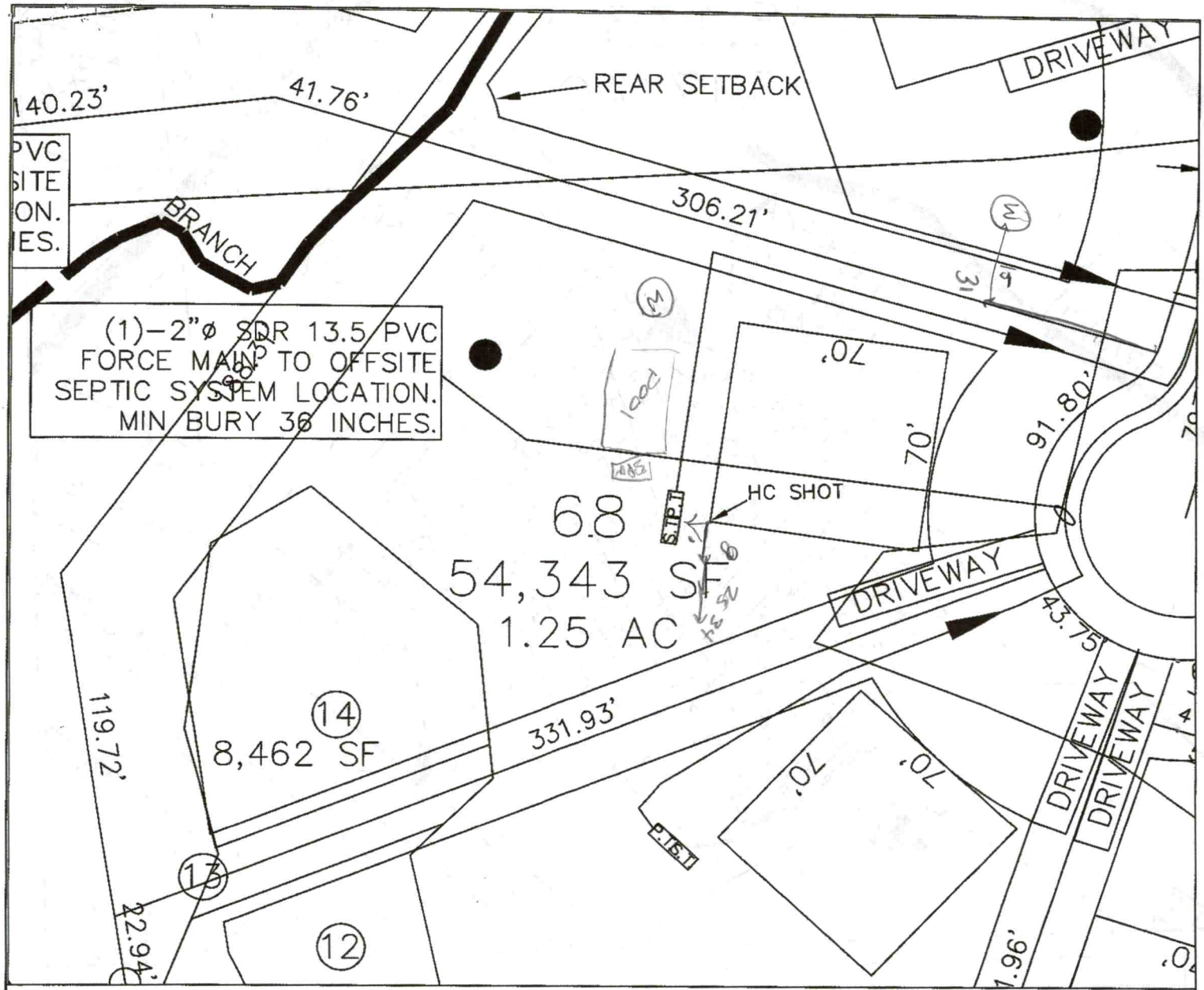
AUTHORIZATION TO CONSTRUCT by: [illegible] Date: 6/13/22 | Existing System Inspected by: Date:

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? _____	


R1 - 40' - 1.4'
B2 - 50' - 2.8'
W3 - 60' - 4.3'
P4 - 60' - 6.1'
R5 - 41 - 7.3'
Y6 - 40' - 9.8'
STONE WALK/ PATIO
CONC DRIVE
IPS
C1
S17°46'53"
53
S62°27'53"W
115.73'
Well
EIP
Well
GRAVEL DRIVE
Drive
15' SIDE
OLD LINE
S72°44'59"W
104.38'
IPS
83' FRONT SETBACK
90'
N08°43'00"W
EIP
22.95'
S62°58'19"W
119.10'
AB 1
B2
R1
W3
Pit 1
Pit 2
P4
R5
CVB
Y6
Pit 3
Repair Area
AB 2
AB 3
Pit 4
125'
Proposed House Area
Scale
1"=40'
S16°09'38"W
(BASE BEARING)
241.91'
N25°37'31"W
47.50'
EIP
ST
PT
12.0'
HC 11.5'
15' SIDE
35' REAR
N58°01'59"W
109.04'
EIP
N85°02'14"W
147.99'
EIP
N
CAROLINA
FESSIONAL
SEAL



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- House Footprint
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.
- (25) Pit Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

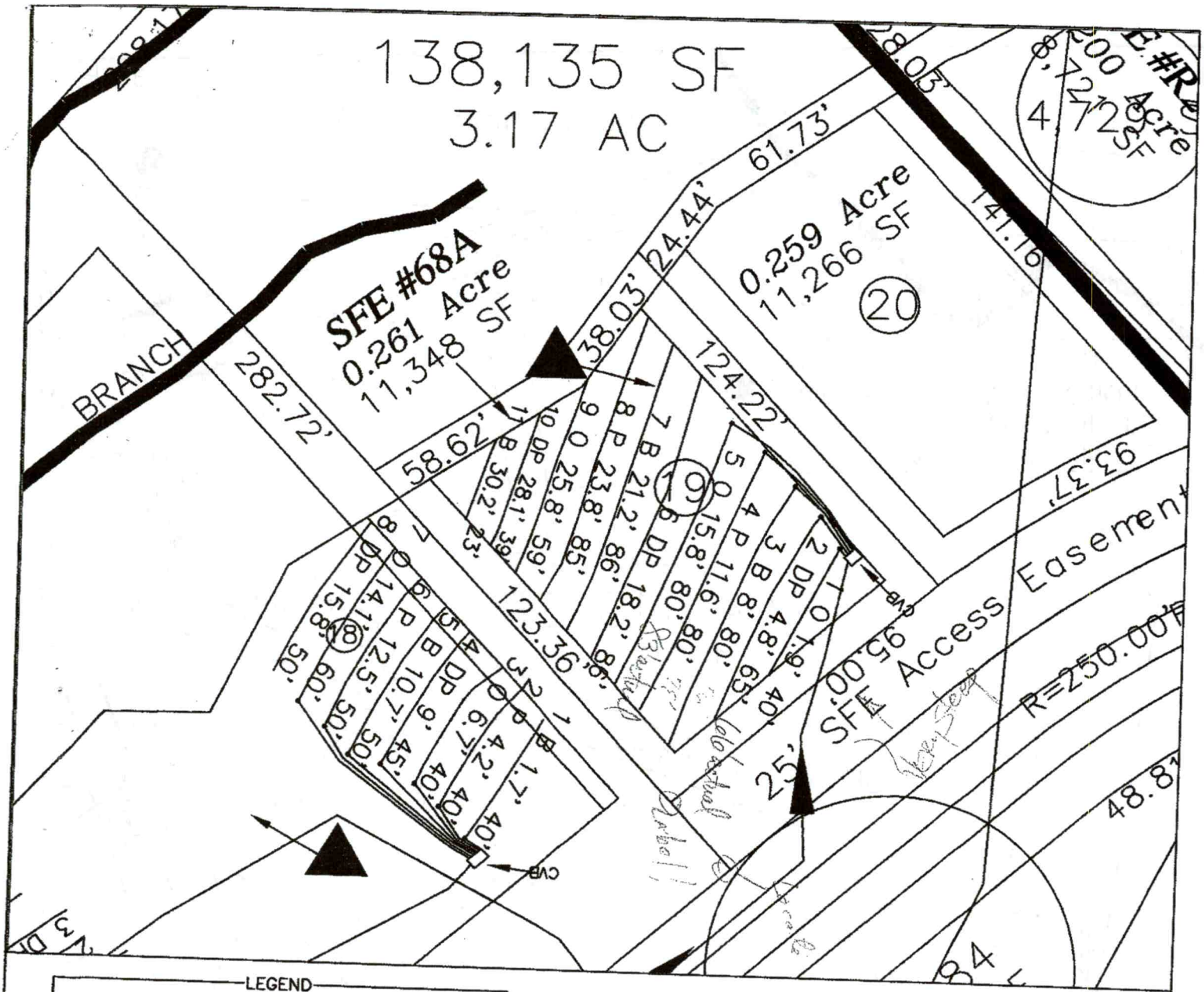
ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSFORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANNISTON, LLC. / ANNISTON PHASE II

LOCATION/DATE: SHEARER CHAPEL ROAD IREDELL COUNTY, NORTH CAROLINA JULY 2006

JOB # : 01–1005
FILE: C:\JOBS\01–1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.



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ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ARRINGTON, LLC. / ARRINGTON PHASE II

LOCATION/DATE: SHERRER CHAPEL ROAD, IREDELL COUNTY, NORTH CAROLINA, JULY 2006

JOB #: 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

PERMIT # 142143 PIN # 4664607635 (66-7574)

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Occupied

Type of Permit (circle one) (New) Repair Abandonment

APPLICANT INFORMATION

Kent Shaw — Susan Ricks owner — P.O. Box 1061 Troutman — 704.528.4494

Name — Full Address — Telephone #

PROPERTY INFORMATION

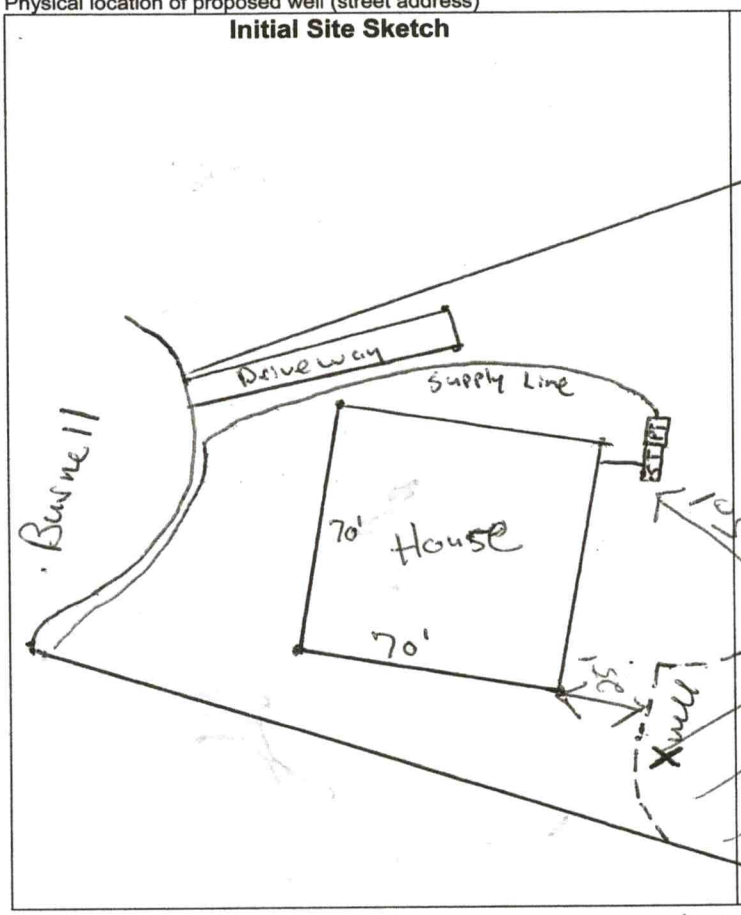
Shearer's Rd S, TL Anniston, TR Burnell, on R+

Directions to Site

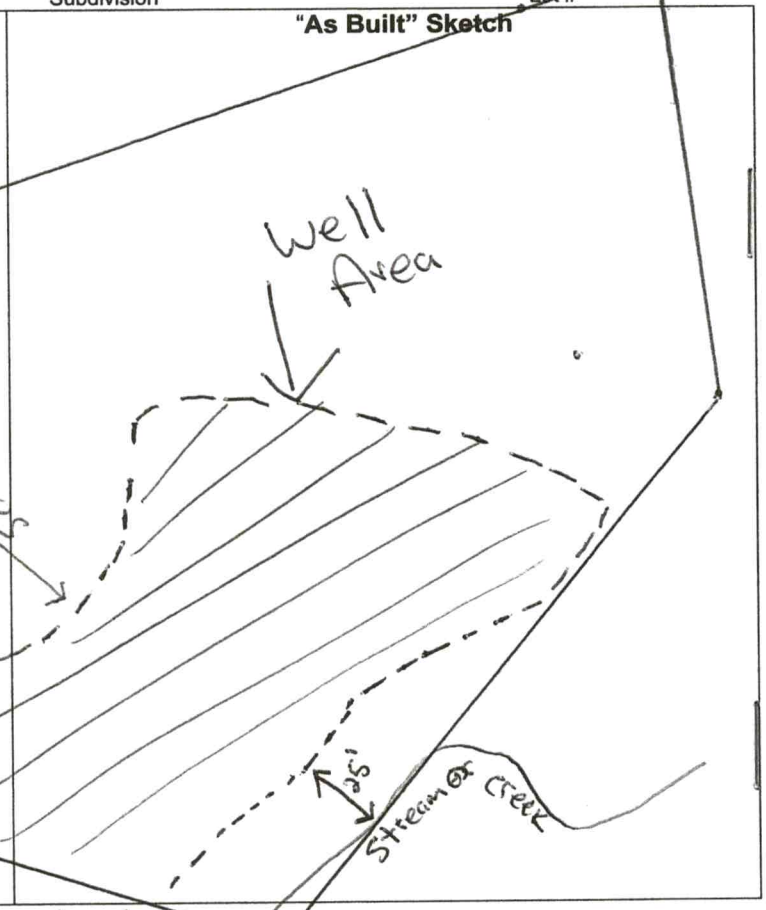
170 Burnell Place - Davidson 28036 — ✓Anniston — Ph. 2 — Lots 67+68

Physical location of proposed well (street address) — Subdivision — Lot#

Initial Site Sketch



"As Built" Sketch



Permit Conditions/ Comments: * Maintain all setbacks

* Install in well area

Well Permit Issued By: Randy Moore **Date:** 4/6/09

(Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well GPS Coordinates Lat: _____ **Long:** _____ **Well Contractor** Chambers **Contractor Cert #** 2116

Grout Inspection By: Randy Moore **Date:** 4/28/09 **or Certification for Grouting Not Witnessed by Dept** _____ **Date:** _____

Well Head Inspection (check when completed) Grout to Ground Surface ☑ Well Contractor ID Plate ☑ Pump Installer ID Plate ☑ Sample Port ☑ Access Port / Vent ☑ Well Seal ☑ Well Head 12 inches / Pit less Adaptor 8 inches above grade ☑

Well Head Inspection By: Randy Moore **Date:** 6-18-09

Certificate of Completion by: _____ **Date:** _____ **Water Samples By:** Andy Mitchell **Date:** 3-28-14

Attachments: Form GW-1a (***required except for abandonment***) ☒ Form GW 30 ☐ Water Sample Results ☒ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

Pending tank exposed 3/22

RECEIVED MAR 1 8 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Repair Val

PAGE 1: *APPLICATION FORM* AP-326785

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bradley M Scarse **Address:** 170 Burnell Place **Zip:** 28036

Applicant Email: bscarse2@gmail.com **Phone:** 585-370-6149 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 170 Burnell Place Davidson, NC 28036

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

Driving Directions: Prestbertion

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank X Drain lines Describe Problem: Tank Broke, field line broke

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (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:** 2021
( ) 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.

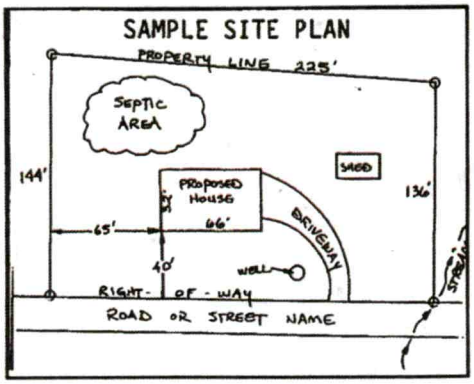
Signature: Bradley M S _____ 3-17-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

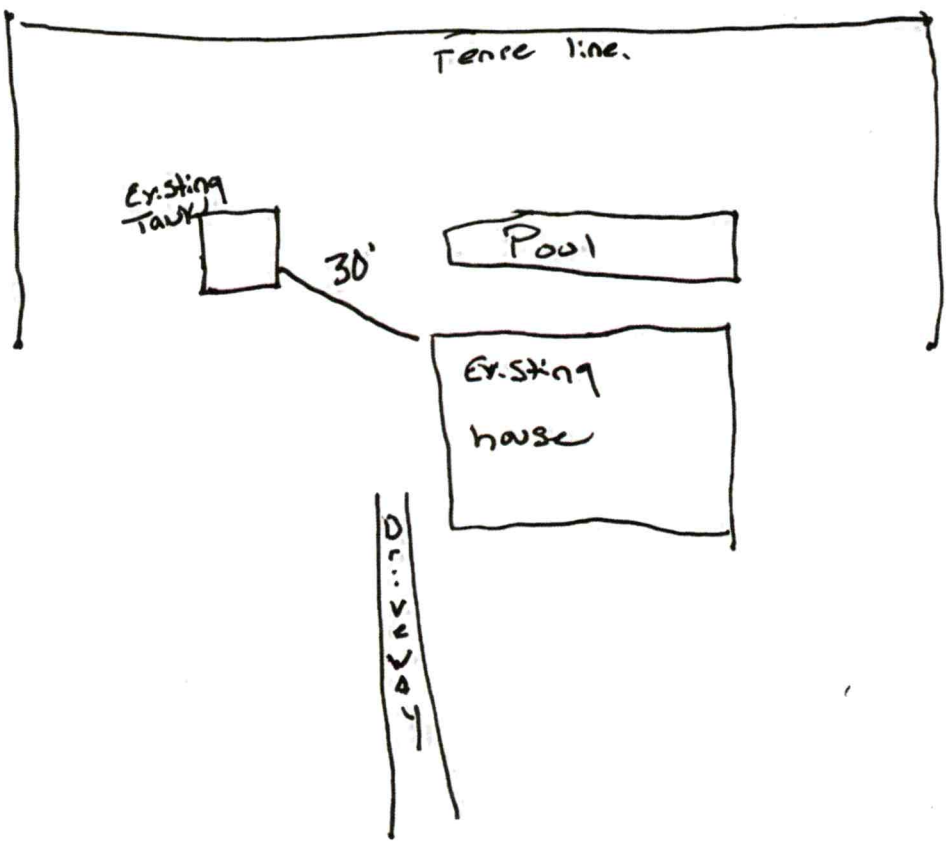
Circle N/A on the following if appropriate:

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

Drainfield is 1,500' off the Property



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*) Bradley M

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.

_____ _____
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