CGN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 307351 -

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

PIN # 4669405342

APPLICANT/OWNER: Daniel C. Cibby | APPLICANT ADDRESS: 203 Pond View Rd Mooresville NC

SITE ADDRESS: 203 Pond View Rd Mooresville NC | PHONE: 704-663-1168 | ALT. PHONE 704-608-1863

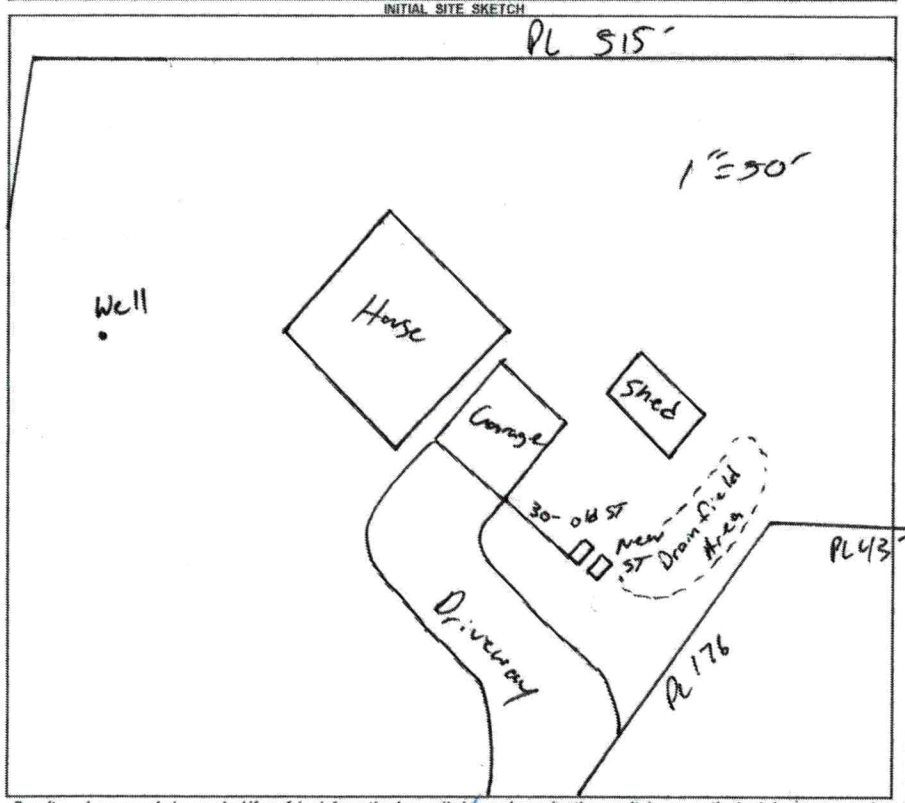
SITE DIRECTIONS: Shinnville from 21/115 go 1 mile to pond view Last Drive on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.33 Ave | DESIGN FLOW: Ex | L.T.A.R.: Ex

Septic Tank 1000 (gal)	STB 760	Date ~~3-03-20~~	☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex	Water Supply
Pump Tank (gal)	PT	Date See below	System Description: —	☐ Business	No. Persons Ex	☒ Private
Pump Make	Model	Serial #	Repair System Description: Tank	☐ Other	No. Employees	☐ Public
# Nitrification Fields Ex	# Lines Ex	Linear Ft Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth Ex	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump Crush and fill old tank. Inspect D Box and replace if needed. Stay 50' from any Wells.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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.

5/18/2020: - Date on tank 3-17-2020. STB #760
- Sheaf mid-seam 1000 gallon conc tank.
- Nobody @ house/inside, however flow from sewer pipe continues (leaky fixture?)
- Existing tank pumped + hauled away
- D-Box purged w/ spray foam
- Polylok PL-68 filter installed.

sink per Dan. will address it this weekend (started a week ago)



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: Daniel Cibby Date: 5/14/2020 Installed by: FJ Irvin

IMPROVEMENT PERMIT by: Date: 5-14-2020 OPERATION PERMIT by: Tom Shuck Date: 5/18/2020

AUTHORIZATION TO CONSTRUCT by: Date: 5-14-2020 Existing System Inspected by: Date:

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

RECEIVED MAY 1 1 2020

AT-20100

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*

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: DANIEL GIBBY Address: 203 POND VIEW Rd MOORESVILLE Zip: 28115
Applicant Email: Dgibby49@gmail.com Phone: 704-663-1168 Alt. Phone: 704 608 1863 X
Owner Name: DANIEL GIBBY Address: 203 POND VIEW Rd MOORESVILLE Zip: 28115
Owner Email: Dgibby49@gmail.com Phone: 704 608-1863 Alt. Phone: 704 663 1168

Property Information:

Street Address: 203 POND VIEW Rd MOORESVILLE, NC 28115
Subdivision Name: NONE Section/Phase: ___ Lot Number: ___
Driving Directions: NORTH ON 21/115 TO SHINNVILLE Rd. GO 1 MILE TO POND VIEW Rd - TURN RIGHT - LAST DRIVEWAY ON LEFT - LOG HOUSE

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 ___ Drain lines Describe Problem: TANK CRUSHED - CRACKED

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: ___

( ) Crawl Space Foundation
( ) 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: N/A
( ) 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: 1982
( ) No Preference ( ) Alternative (X) 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: Daniel Gibby 11 MAY 2020
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 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.

_____ 11 May 2020
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