ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP330433

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4674 -08 -9539

APPLICANT/OWNER: Daniel Fleming APPLICANT ADDRESS: 154 Fugitt Drive Mooresville NC.

SITE ADDRESS: 154 Fugitt Drive Mooresville NC 28115 PHONE: ALT. PHONE

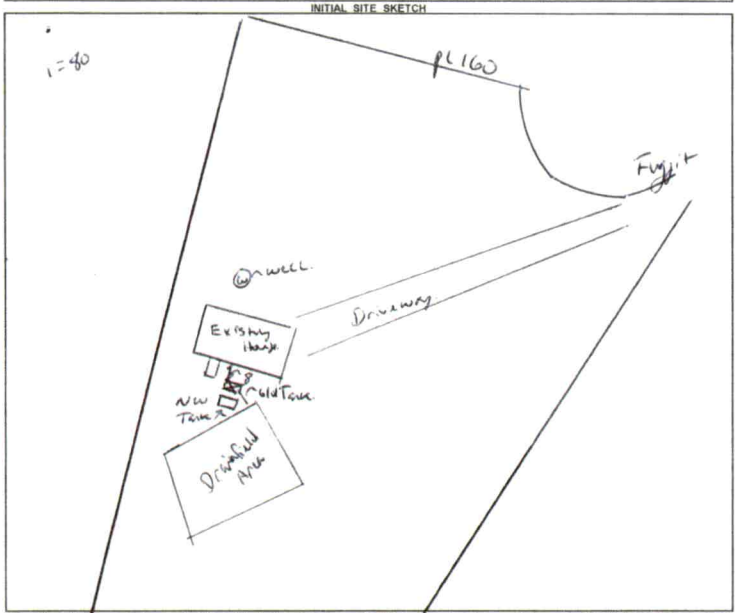
SITE DIRECTIONS: Turn Davis Rd to Fugitt Drive & End. SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: James Ray Johnson SECTION: - LOT # 2 LOT AREA: 2.64 AC DESIGN FLOW: Existing L.T.A.R.: Ext

Septic Tank 1000 (gal)	STB 563	Date 4/10/22	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms Ext	Water Supply ☒ Private
Pump Tank (gal)	PT	Date	System Description:		☐ Business	No. Persons Ext	☐ Public
Pump Make	Model	Serial #	Repair System Description: Tank Replacement		☐ Other	No. Employees	☐ Community
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Pump / Crush / Fill old Septic Tank - Inspect & Replace D-Box if Necessary

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. ☐ **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: Date: 7/13/2022 Installed by: Ray's Septic Tank Service

IMPROVEMENT PERMIT by: Date: 7/12/2022 OPERATION PERMIT by: Date: 7/25/22

AUTHORIZATION TO CONSTRUCT by: Date: 7/12/2022 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP330433

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

PIN # 4674 -- 08 -- 9539.

APPLICANT/OWNER: David Fleming APPLICANT ADDRESS: 154 Fuggitt Drive Mooresville NC.

SITE ADDRESS: 154 Fuggitt Drive Mooresville NC 28115 PHONE: ALT. PHONE

SITE DIRECTIONS: Johnson Dairy Rd to Fuggitt Drive End. SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: James Ray Johnson. SECTION: - LOT # 2 LOT AREA: 2.64 AC DESIGN FLOW: Existing L.T.A.R.: Ext

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description:

Repair System Description: Tank Replacement

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms Ext

☐ Business No. Persons Ext

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply

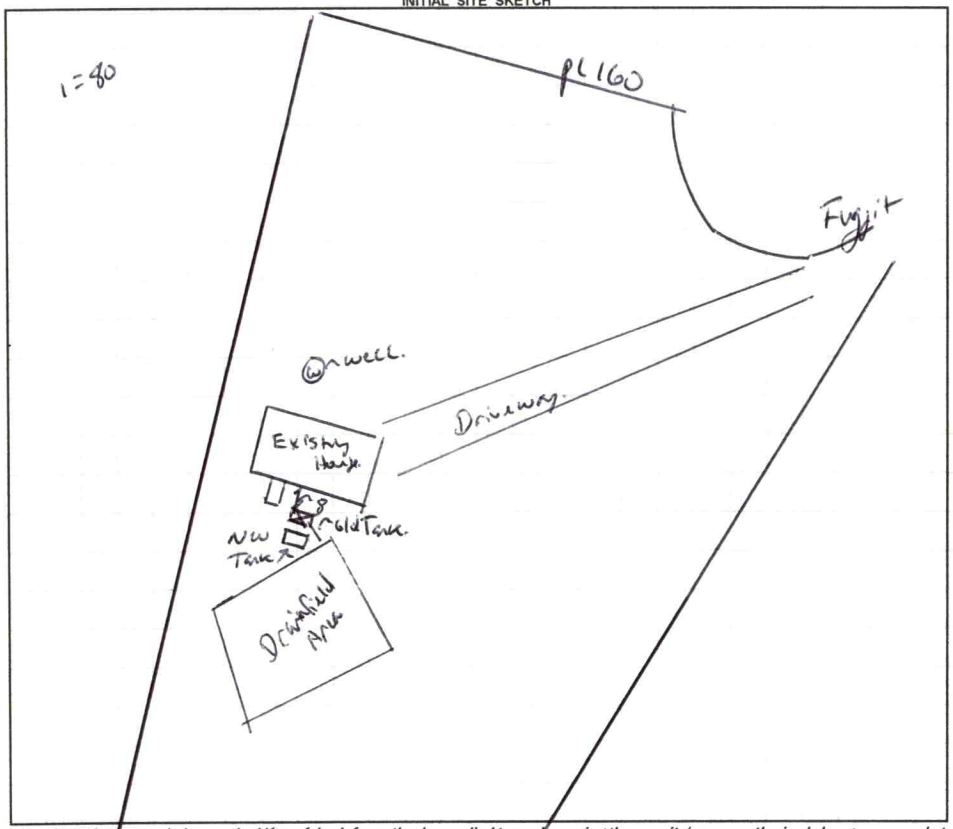
☑ Private

☐ Public

☐ Community

Comments / Conditions: Pump / Crush / Fill old Septic Tank. Inspect + Replace D-Box if Necessary

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.* ☐ **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: Date: 7/13/2022 Installed by:

IMPROVEMENT PERMIT by: Date: 7/12/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7/12/2022 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? _____	

RECEIVED JUL 0 3 2022

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

Repair Eval

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-330433

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 Fleming Address: 154 Fusitt Dr Mooresville NC Zip: 28115
Applicant Email: fleming d3685@gmail.com Phone: 980 636-7945 Alt. Phone:
Owner Name: Daniel Fleming Address: 154 Fusitt Dr mooresville NC Zip: 28115
Owner Email: fleming d365@gmail.com Phone: 980-636-7945 Alt. Phone:

Property Information: Fuggitt Dr

Street Address: 154 Fusitt Dr mooresville NC 28115
Subdivision Name: James Ray Johnson Section/Phase: Lot Number: 2
Driving Directions:

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: unable to pump

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 (✓) 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.

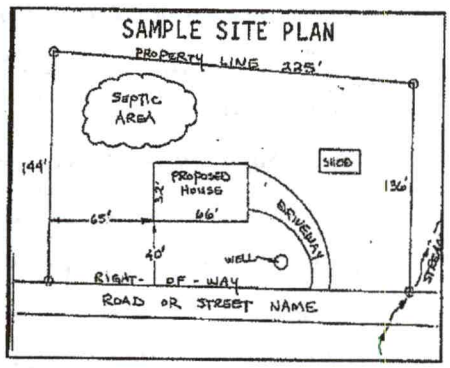
Signature: Daniel Fleming 7-7-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

Signature: _____

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

7-7-22

DATE

Expansion ones Ø

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305   MOORESVILLE 704-6[illegible]

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

PERMIT# 150663   PIN# 4674089539.000   DATE 6/16/08

OWNER OR APPLICANT Daniel Fleming c/o Freedom Homes   PHONE: Business 704 806-9898   Home

ADDRESS 154 Fuggitt Dr. Mooresville NC

LOCATION Hwy 3 South TR Johnson Dairy TL Fuggitt Dr. at very end

SUBDIVISION N/A   BLOCK / SECTION   LOT   LOT AREA 2.64   SITE CLASS. PS   DESIGN FLOW 360   L.T.A.R. .35

Septic Tank: 1000 Exis Gallons; STB   Date
Pump Tank: Gallons; PT   Date   Conv.
Pump Make: Model   Serial No. 115 or
Nitrification Field: No Fields 1   Square Feet 264'   Linear Feet 88'
No Lines 1 (NEW)   Trench Width 36"   Max Trench Bottom Depth 18*   Gravel Depth 12"

☐ New System ☐ Repair ☑ Expansion   System Type: I (II) III IV V VI
System Description: 25% Reduction or Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3   No. Persons   No. Employees

Water Supply: ☑ Individual Exis ☐ Public ☐ Community

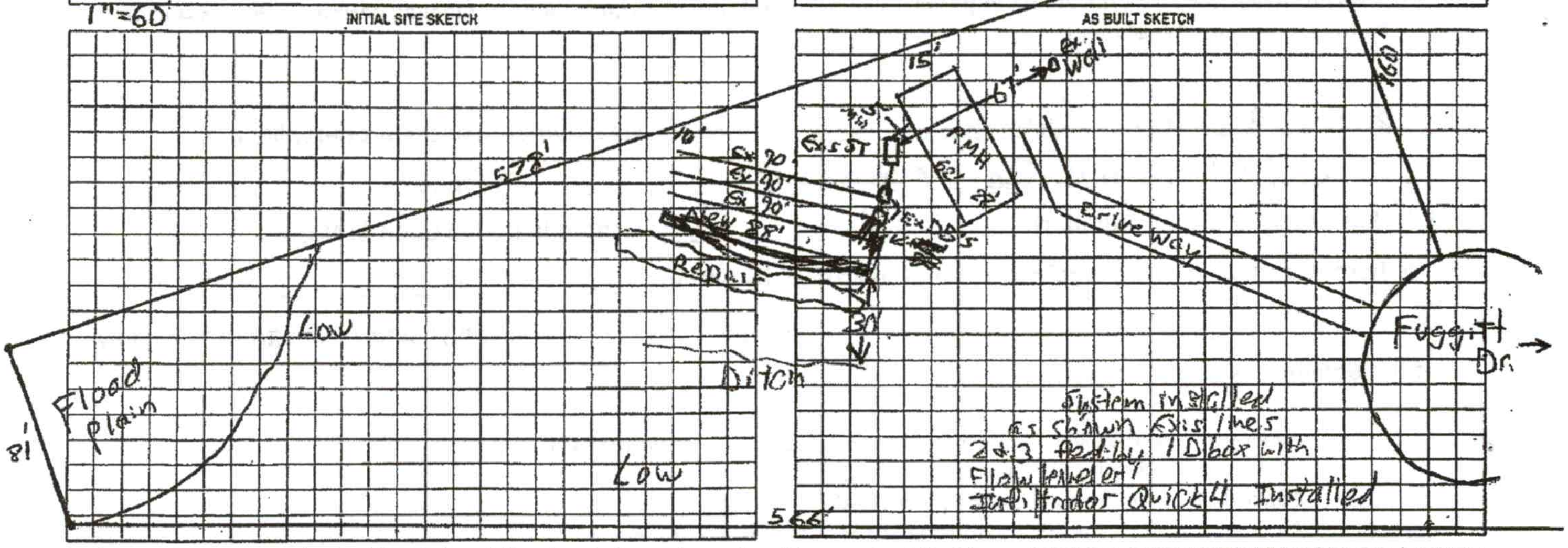
☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Install New DB on Line #3 Install either 115' gravel Conventional or 88' 25% Reduction
* Maintain 18" max depth.

Comments:/Conditions:

1" = 60'

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. Improvement Permit with plat valid without expiration ☐   Improvement Permit with site plan valid for sixty months ☑   Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Eric M. Ware   date 6-17-08
Improvement Permit by: Anthony Coker Jr.   date 6/16/08
Authorization to Construct by: Anthony Coker Jr.   date 6/16/08

Installed by: A-1 Backhoe
Operation Permit by: Anthony Coker Jr.   date 6/25/08
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE   OWNER COPY (FINAL): YELLOW   OWNER COPY (INITIAL): PINK

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) Dan F

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, Daniel Fleming, am the legal owner(s) of the property located at 154 Fusith Rd Mooresville NC, 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.

Dan F
Signature of Owner(s)

7-7-22
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

dotloop signature verification: dtlp.us/WXce-tjju-HMBw

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) _____

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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.
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☐ **2.** I, Daniel Fleming, am the legal owner(s) of the property located at 154 Fugitt Road Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4674089539.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Misha Montgomery, _____, 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.

Daniel Fleming dotloop verified 07/14/22 9:00 AM EDT INLG-QYRG-ULIY-MAWV

_____ _____
Signature of Owner(s) Date

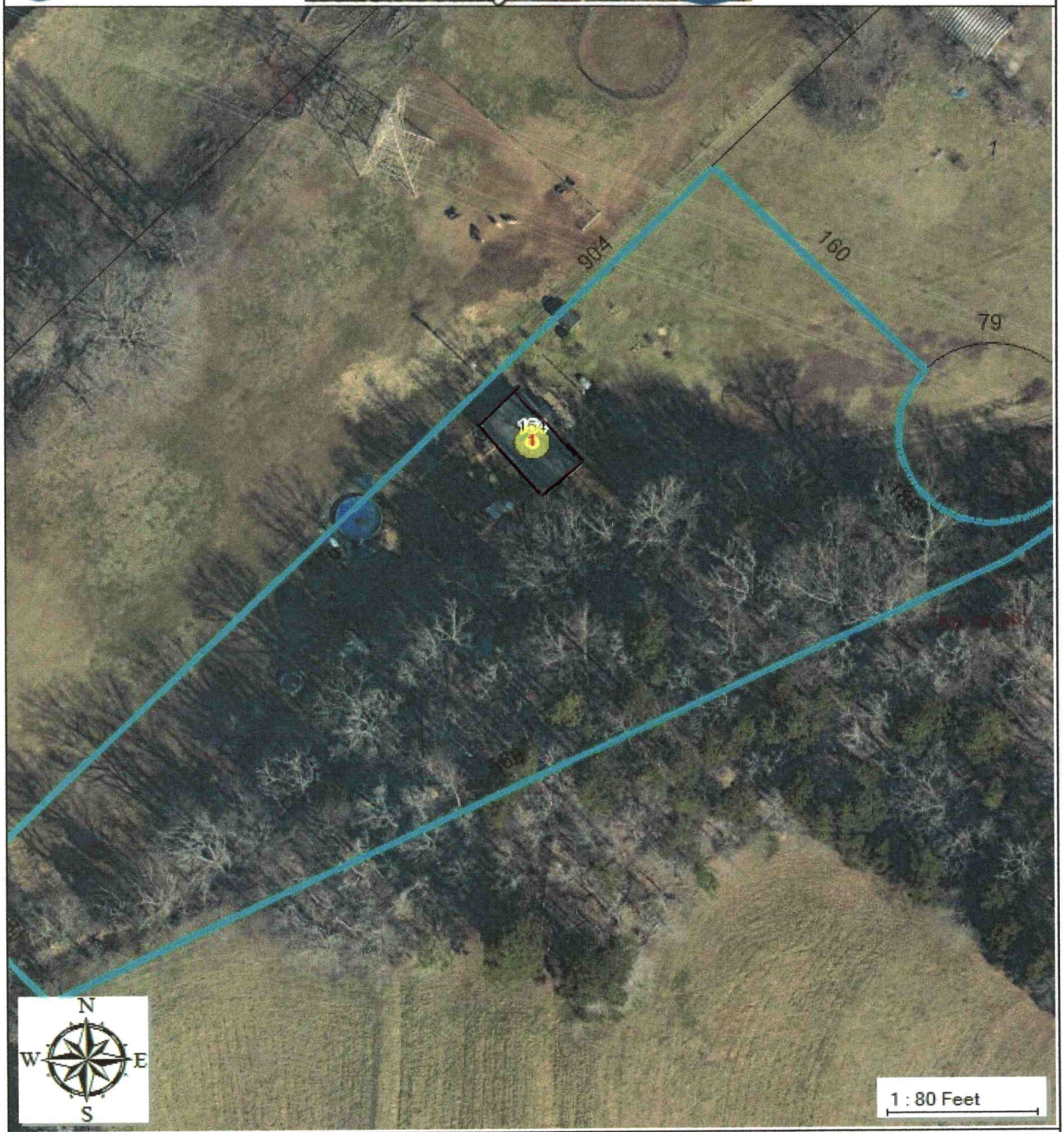
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed July 12, 2022
See Below for Disclaimer



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