ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322611

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

PIN # 4674-09-7577

APPLICANT/OWNER: Lentz Wastewater | APPLICANT ADDRESS: 4163 Lentz Rd Statesville NC

SITE ADDRESS: 420 Johnson Dairy Rd Mooresville NC 28115 | PHONE: 980-829-3278 | ALT. PHONE

SITE DIRECTIONS: NC 3 South → (R) Johnson Dairy Rd → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: N/A | SECTION# N/A | LOT # N/A | LOT AREA: 10.963 ac | DESIGN FLOW: | L.T.A.R.: EXISTING

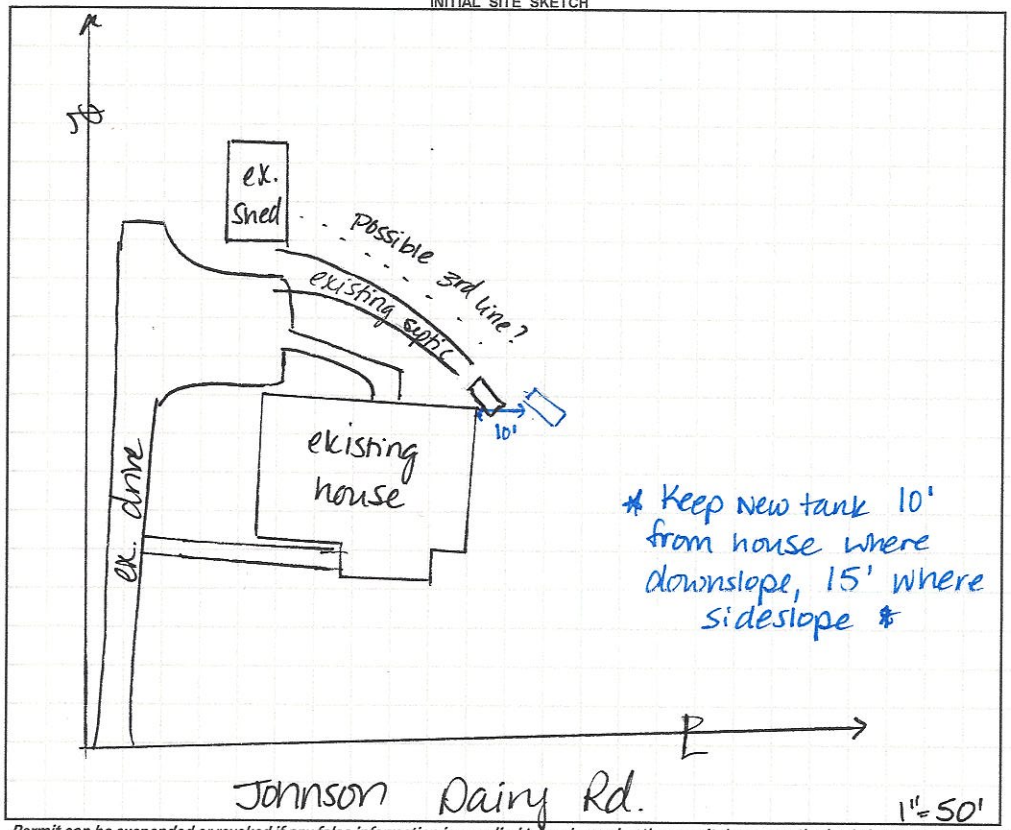
Septic Tank	1000 (gal)	STB	760	Date	9/18/21	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	EXISTING		
Pump Make		Model		Serial #		Repair System Description:	New Tank		
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	EXISTING	Trench Bottom Depth (Low side)		Gravel Depth	EXISTING	[X] GRAVITY	[ ] PRESSURE		

[X] Residence | No. Bedrooms | [ ] Business | No. Persons | [ ] Other | No. Employees | [ ] Slab | [X] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Pump, crush & fill existing tank. Replace distribution device if needed. THIRD LINE SHOWN on 2001 PERMIT could NOT be located - ensure lines are fed equally if distribution replaced

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: Carl C. Nich | Date: 11/2/21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Mieberg | Date: 11/4/21 | OPERATION PERMIT by: Cary Unk | Date: 11/15/21

AUTHORIZATION TO CONSTRUCT by: D. Mieberg | Date: 11/4/21 | Existing System Inspected by: | Date:

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

RECEIVED OCT 2 6 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Repair Evaluation - No Charge

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-322611

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: Lentz Wastewater Address: 403 Lentz Rd, SVL Zip: _____
Applicant Email: carla@lentzwastewater.com Phone: 980-829-3278 Alt. Phone: 704-880-3435
Owner Name: Melissa Krakson Address: _____ Zip: _____
Owner Email: benebone beyond@gmail.com Phone: 573-280-7158 Alt. Phone: _____

Property Information:

Street Address: 420 Johnson Dairy Rd. MVL
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Shearers Rd → L on Johnson Dairy → on R

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: cracked/damaged tank
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Tank

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: Carla C. Nieke 10/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Doc ID: d7413b6c273f842e0759a66974ccaca7a8f7a1a9

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, Melissa Krakson, am the legal owner(s) of the property located at 420 Johnson Dairy Rd, identified as PIN (Parcel Identification Number) 4762497577, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Carla Nicks Lentz Wastewater, 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.

_____ 10 / 25 / 2021

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

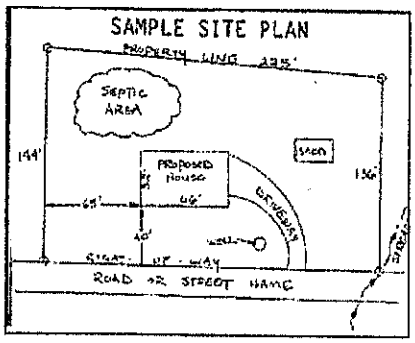
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IREDELL COUNTY HEALTH DEPARTMENT

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:

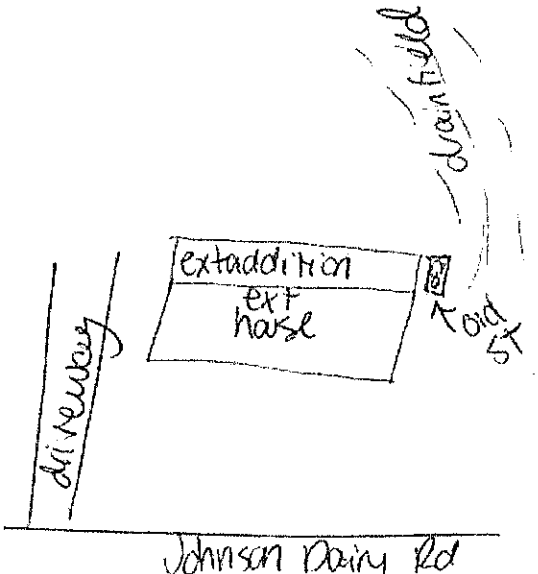
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: Carla C Wicks

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

10/25/21
DATE

Doc ID: d7413b6c273f842e0759a66974cceca7a8f7a1a9

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 100200 PIN# 4674 09 7577 DATE 5/21/01

OWNER OR CONTRACTOR Dana Doultney PHONE: Business Home 704-662-6436

ADDRESS 420 Johnson Dairy Rd. Mooresville, NC. 28115

LOCATION 1365 TR Johnson Dairy Rd. on (L) before bridge

SUBDIVISION No BLOCK / SECTION LOT LOT AREA ~10.96 SITE CLASS. DESIGN FLOW 360 L.T.A.R.

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Existing Linear Feet

No Lines Trench Width Existing Max Trench Bottom Depth Gravel Depth

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

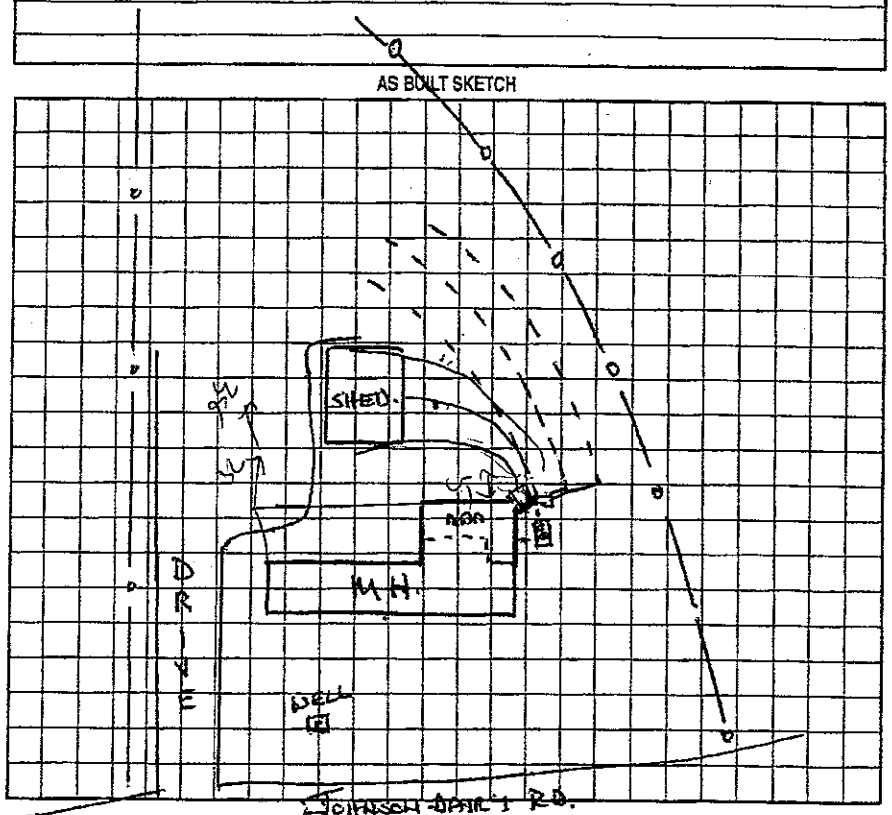
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

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: Dana Doultney date 5-22-01

Installed by:

Improvement Permit by: date

Operation Permit by: date

Authorization to Construct by: date

Existing System Inspection by: Wesley Sparks RSS. date 5/21/01