IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2305568

12:30. MB

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

PIN # 4686017509 ✓

APPLICANT/OWNER: Earnhardt Real Properties LLC APPLICANT ADDRESS: 1675 Coddle Creek Hwy

SITE ADDRESS: 172 Juniper Rd. Mooresville, NC ✓ PHONE: 704-662-5097 ALT. PHONE 704-662-8000 ext. 3309

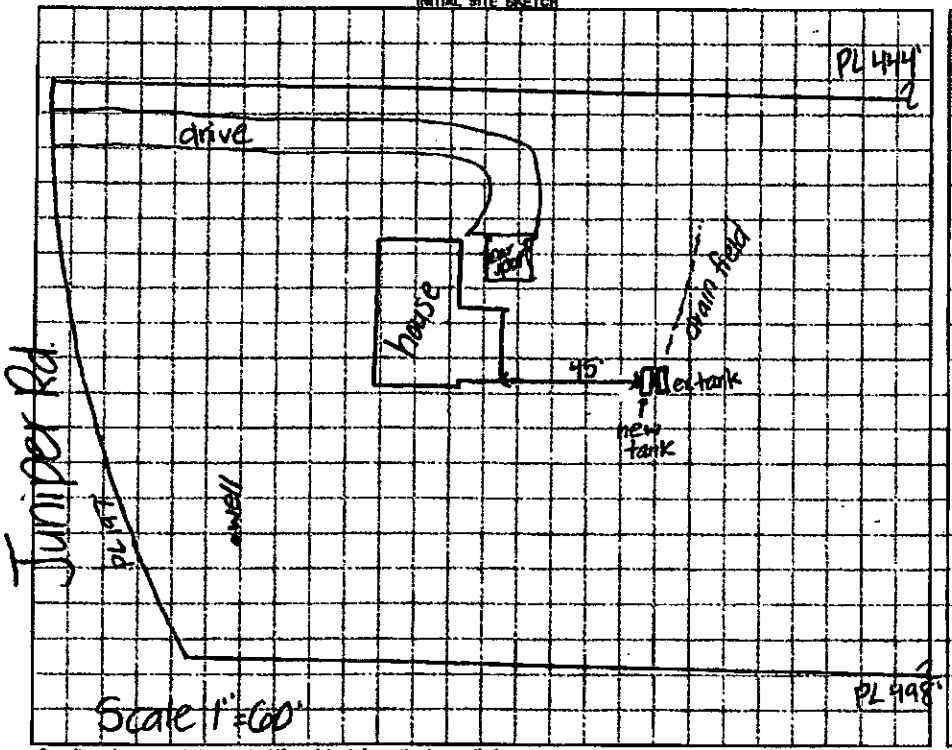
SITE DIRECTIONS: NC 152 E → R on Shinn Farm → lot on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.16 ac DESIGN FLOW: EXISTING LTAR: EXISTING

Septic Tank 1000 (gal)	STB 760.	Date 6/21/17.	☐ New System ☒ Repair ☐ Expansion System Type: I ☒ II III IV V VI	☒ Residence	No. Bedrooms		Water Supply ☒ Private
Pump Tank (gal)	PT	Date	System Description:	☐ Business	No. Persons		☐ Public
Pump Make	Model	Serial #	Repair System Description: tank replacement	☐ Other	No. Employees		☐ Community
# Nitrification Fields EXISTING	# Lines	Lineal 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 existing tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: [signature] Date: 10-2-17 Installed by: Jamie Specialty Septic

IMPROVEMENT PERMIT by: [signature] Date: 10-2-17 OPERATION PERMIT by: Benjamin A. Botkins Date: 10/5/2017.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-2-17 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 inspector to confirm your inspection time.

Paid $150.00 RECEIVED SEP 2 8 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

230568

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

Rpr Eval. No Chg. Tank Collapsed- OPEN

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Earnhardt Real Properties, LLC Cindy Sims Property Mgr.	1675 Caddle Creek Hwy	office 704 662-8000 x 3309 cell 704 662-5097	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same	Same	Same	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
172 Juniper Rd.	N/A	

Driving Directions: off of Patterson Farm Rd

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(-) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2-6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1974 ?
Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands? Not to my knowledge
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Cindy L. Sims Property Mgr for ERP, LLC
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9.28.17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Earnhardt Real Properties, LLC, am the legal owner(s) of the property located at 172 Juniper Road, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4686017509, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Cindy Sims, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below, thru 12-2017.

- 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.

Susan Earnhardt 9-28-17 9.28.17

Signature of Owner(s) Date Signature of Witness Date

ERP, LLC Manager

Please return this signed form to the appropriate office:

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