IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238642

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

PIN # 4677370367

APPLICANT/OWNER: Thomas Coleman APPLICANT ADDRESS: 1722 Landis Hwy Mooresville, NC

SITE ADDRESS: 1722 Landis Hwy Mooresville, NC 28115 PHONE: 980-444-6133 ALT. PHONE 414-852-8937

SITE DIRECTIONS: NC 152 N → lot on R (across from EMIS) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Lawing SECTION: — LOT # 1 LOT AREA: 2.021 ac DESIGN FLOW: 480 gpd L.T.A.R.: —

Septic Tank 1000 (gal) STB Infiltrator Date PLASTIC
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft.
Trench Width EXISTING Trench Bottom Depth (Low side) Gravel Depth

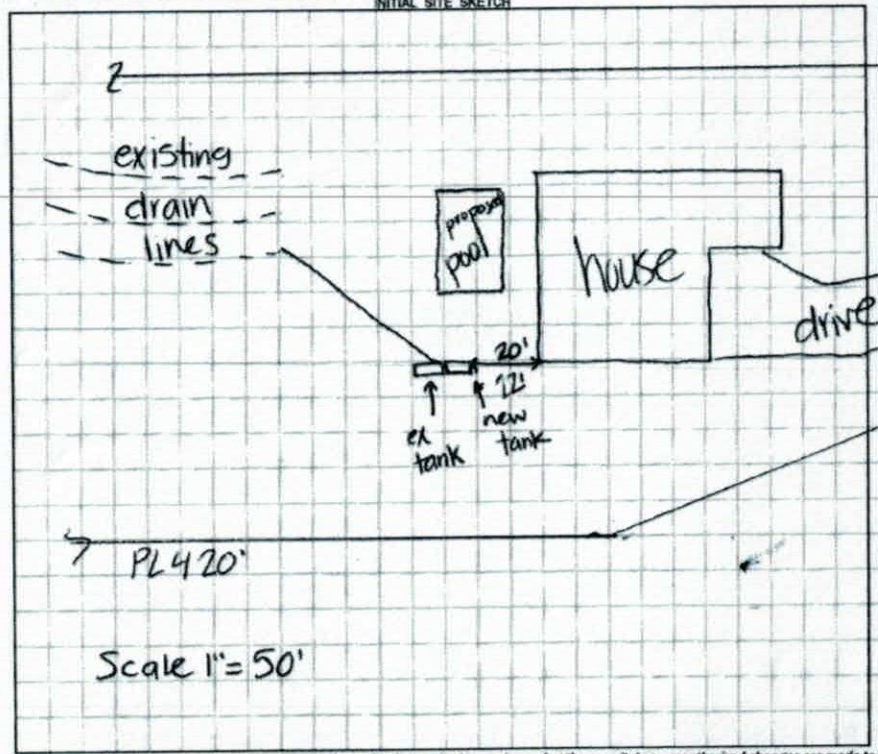
☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description: tank replacement
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, + fill existing tank.

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. 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: Thomas Coleman Date:

IMPROVEMENT PERMIT by: Krayla Watson Date: 9-12-18

AUTHORIZATION TO CONSTRUCT by: Krayla Watson Date: 9-12-18

Installed by: Carolina Septic Pro

OPERATION PERMIT by: Carla C. Cook Date: 9/24/18

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.

Lot 2's well = 100' from PL
420'
135 Repair
135 Repair
134'
134'
Septic
Well
Lot 5
Lot 4
Neighboring Septic Area
PROPOSED HOUSE BOX
LOT 1
Septic Area
Lot 2
Septic Area
Driveway
N 01°28'11"E 796.00'
101.74'
101.74'
S 16°58'17"E 200.69'
1" = 50'
APPROVED MAR 12 2018
KW

28642

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (X) 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: THOMAS G COLEMAN **Address:** 1722 LANDIS HWY **Zip:** 28115
Applicant Email: coleman751@yahoo **Phone:** 980-2144-6133 **Alt. Phone:** 414-852-8937
Owner Name: THOMAS G COLEMAN **Address:** _____ **Zip:** _____
Owner Email: SAME **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 1722 LANDIS HWY, MOORESVILLE, NC 28115
Subdivision Name: LAWING **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: NC 152 N → LOT ON R (ACROSS FROM EMIS)

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem: BROKEN COVER + TANK
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2400 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: _____
( ) 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: Thomas G Coleman — Sept 7, 2018
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*) Thomas G Coleman

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, Thomas G Coleman, am the legal owner(s) of the property located at 1722 LANDIS HWY, identified as

PIN (Parcel Identification Number) 4677370367, located in Iredell County, North Carolina.

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

Thomas G Coleman _____ Aug 7, 2018
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
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