IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237076

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

PIN # 4679315188

APPLICANT/OWNER: William Dean Washburn | APPLICANT ADDRESS: 179 Savannah Crossing Dr. Mooresville, NC 28115

SITE ADDRESS: 179 Savannah Crossing Dr. Mooresville, NC 28115 | PHONE: 704 660-6843 | ALT. PHONE

SITE DIRECTIONS: Hwy 801 N TR Wiggins Rd TR Savannah Crossing at end in Culdesac | SAP CONTROLLED: ☐ YES ☒ NO

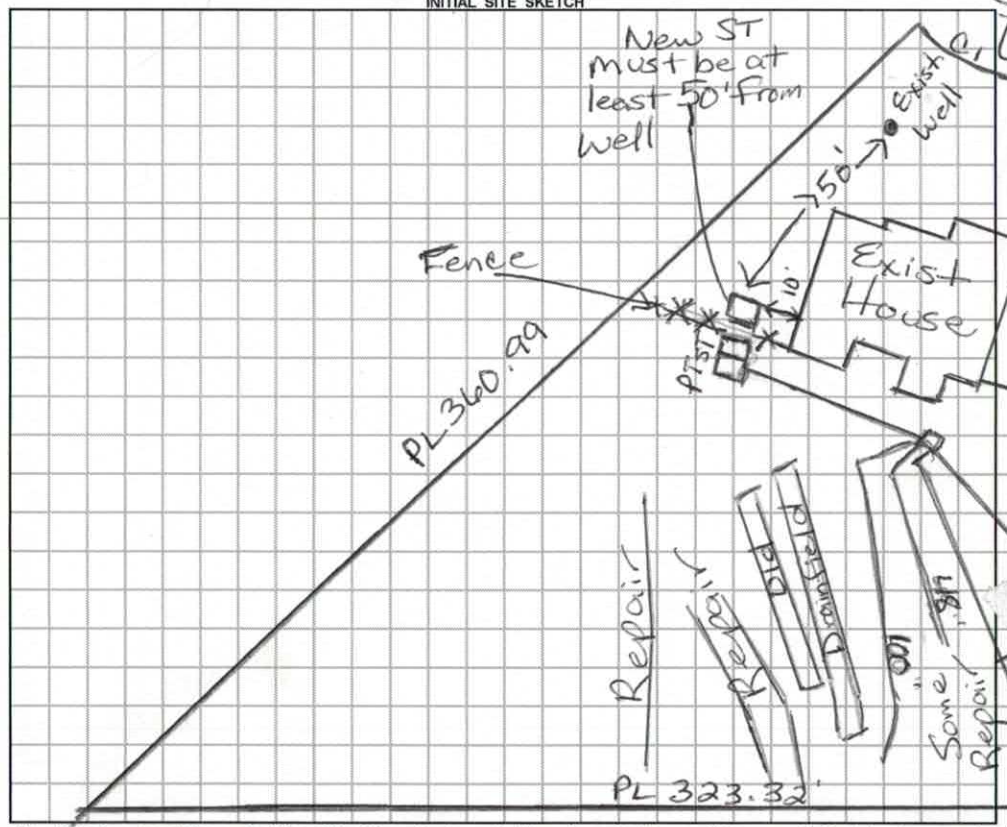
SUBDIVISION: Kent Plantation | SECTION: — | LOT # 9 | LOT AREA: 1.05 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .275 - .3

Septic Tank	1000 (gal)	STB	Im 1060	Date	Plastic	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	exist (gal)	PT		Date	tank	System Description:	LPPBPS (Installed 9/4/08)			☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	ST Only			☐ Other	No. Employees	☐ Public
# Nitrification Fields		# Lines	Existing	Linear Ft		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

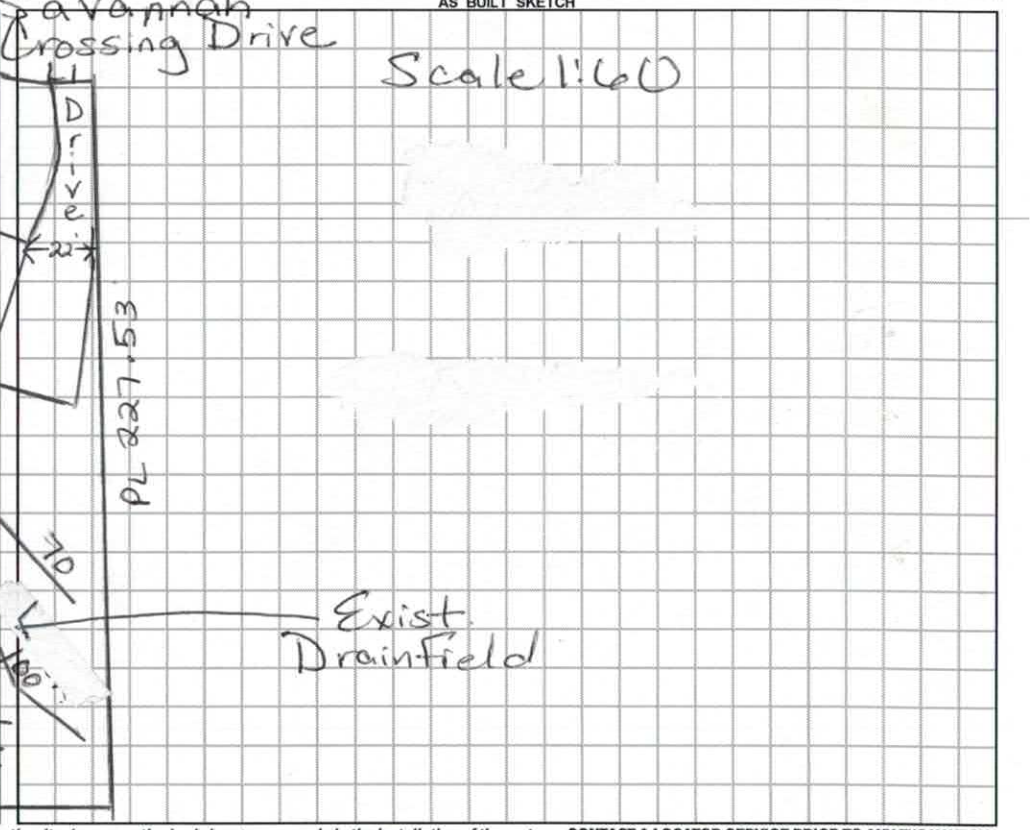
Comments / Conditions: Note: Owner must have current Maint. Agreement with Certified Operator.

56 Ft from ST to well
ST inspected 7/16/18

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: L Edward Beam | Date: 7-12-18 | Installed by: L Beam Grading

IMPROVEMENT PERMIT by: Maria Dotson | Date: 7/12/18 | OPERATION PERMIT by: Maria Dotson | Date: 7/19/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 7/12/18 | 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 inpsector to confirm your inspection time.

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.

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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

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Applicant Information: (PRINT CLEARLY)

Applicant Name: William Dean Washburn Address: 179 Savannah Crossing Drive,
Mooresville Zip: 28115

Applicant Email: Deanwashburn@hotmail.com Phone: (H) 704-660-6843

Alt. Phone: (C) 704-928-6705

Owner Name: SAME (Owner is Applicant) Address: _____

Zip:

Owner Email: _____ Phone: _____ Alt. Phone: _____

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Property Information:

Street Address: 179 Savannah Crossing Drive, Mooresville, 28115

Subdivision Name: Kerri Plantation Section/Phase: _____ Lot Number: #9

Driving Directions: Travel North on HWY 801 North, Turn Right onto Wiggins Rd, travel ¼ mile Turn Right onto Savannah Crossing Drive. 179 is the last house on the street in the cul-de-sac

_____ **

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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

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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

__X__ Tank ___ Drain lines Describe Problem: Septic Tank has corrosion inside that has structure wall instability and the tank needs immediate replacement, top side is falling in.

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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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

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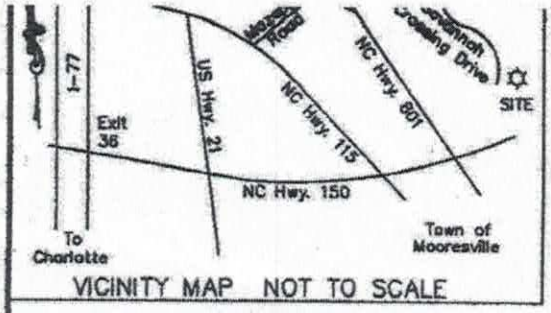
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2008
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: REPAIR

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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?

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VICINITY MAP NOT TO SCALE

GRAPHIC SCALE

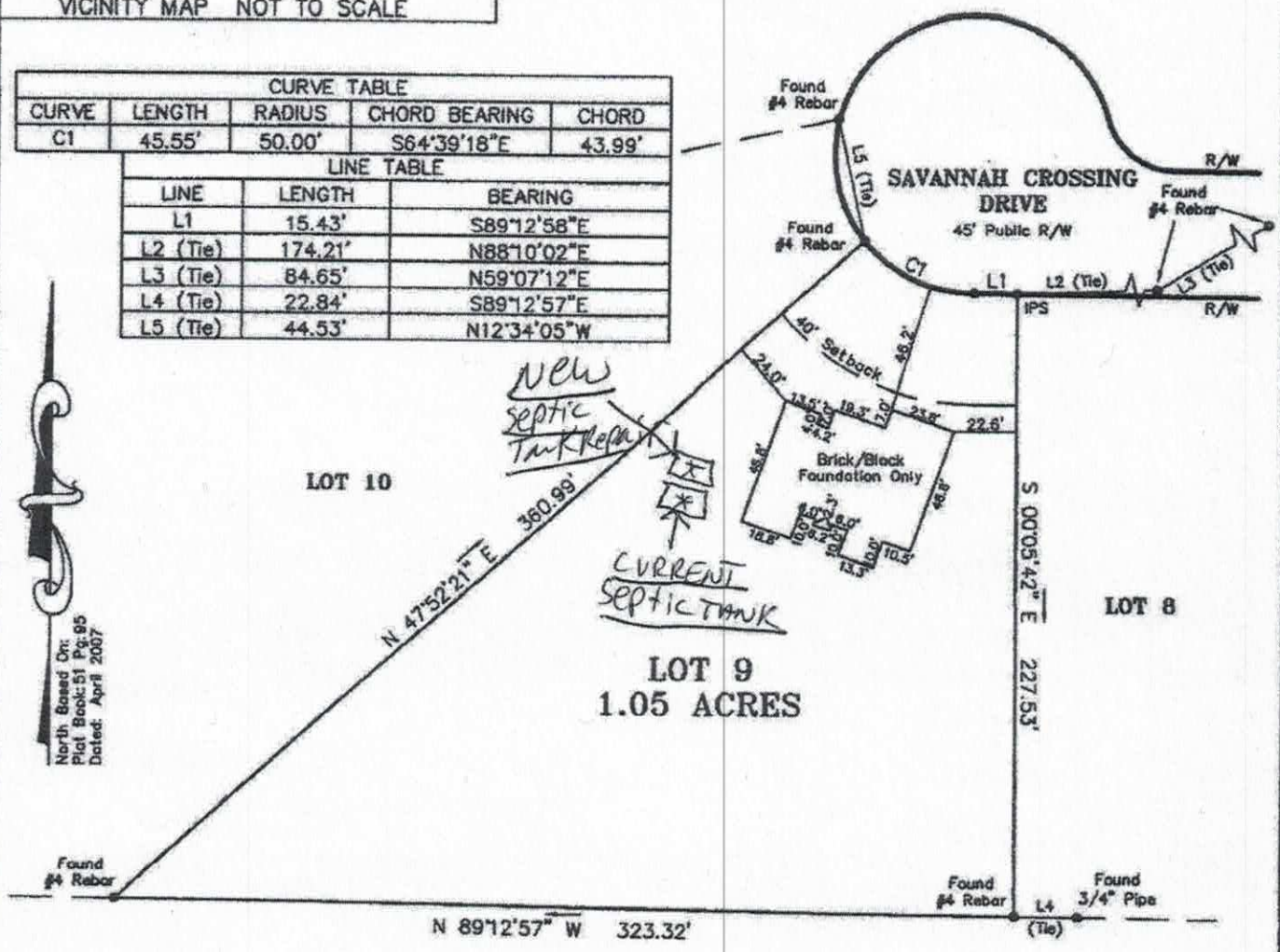
60 0 30 60

(IN FEET)

1 inch = 60 ft.

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	45.55'	50.00'	S64°39'18"E	43.99'

LINE TABLE		
LINE	LENGTH	BEARING
L1	15.43'	S89°12'58"E
L2 (Tie)	174.21'	N88°10'02"E
L3 (Tie)	84.65'	N59°07'12"E
L4 (Tie)	22.84'	S89°12'57"E
L5 (Tie)	44.53'	N12°34'05"W



MICHAEL T. & CYNTHIA FENNINGER
DEED BOOK: 1241, PAGE: 51

SURVEYOR NOTES:

1) This property may be subject to any easements restrictive covenants, and/or Rights-of-way of record.

2) Boundary information based on Plat Book: 51 at Page: 95 and Plat Book: 52 at Page: 37 as recorded in the Iredell County Register of Deeds.

3) Points not labeled "Found" or "Set" are computed points only.

4) This survey is of an existing parcel of land.

5) Area by coordinate method.

FOUNDATION SURVEY

FOR

LEB BUILDERS, INC.

2740 SLOOP. ROAD, MT. ULLA, NC 28125

LEGEND

R/W = Right-of-way

IPS = #5 Rebar Set

—\/— = Not to scale

JIMMY N. FAIRES, PLS
833 Midway Road, Statesville, NC 28625
Phone: 704-876-0704, Fax: 704-876-0704

PROPERTY DESCRIPTION

179 SAVANNAH CROSSING DRIVE
LOT 9 KERRI PLANTATION
PLAT BOOK: 51, PAGE: 95
BARRINGER TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA

SCALE: 1" = 60'

FIELD BOOK: 001

FILE: 07003-Foundation

TAX MAP NO:
4679-31-5188

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

DATE 7/6/2018

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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, William Dean Washburn, am the legal owner(s) of the property located at 179 Savannah Crossing Drive, 28115, identified as

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

I do hereby authorize (**print legal representative/company name**) Eddie Beam, LE BEAM Construction, 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.