ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-311811

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

✓PIN # 4704-90-0908 ✓185

APPLICANT/OWNER: LENTZ WASTEWATER / TONY BOYD APPLICANT ADDRESS: 126 THIRD CREEK ROAD, SUITE A, STATESVILLE, N.C. 28677

SITE ADDRESS: 1854 OLD MOUNTAIN ROAD, STATESVILLE, N.C. 28677 PHONE: 704-880-3435 ALT. PHONE 704-902-1548

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MOUNTAIN, LOT ON (L) SAP CONTROLLED: ☐ ~~YES~~ ☐ NO EXT

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.78 AC DESIGN FLOW: EXT L.T.A.R.: EXT

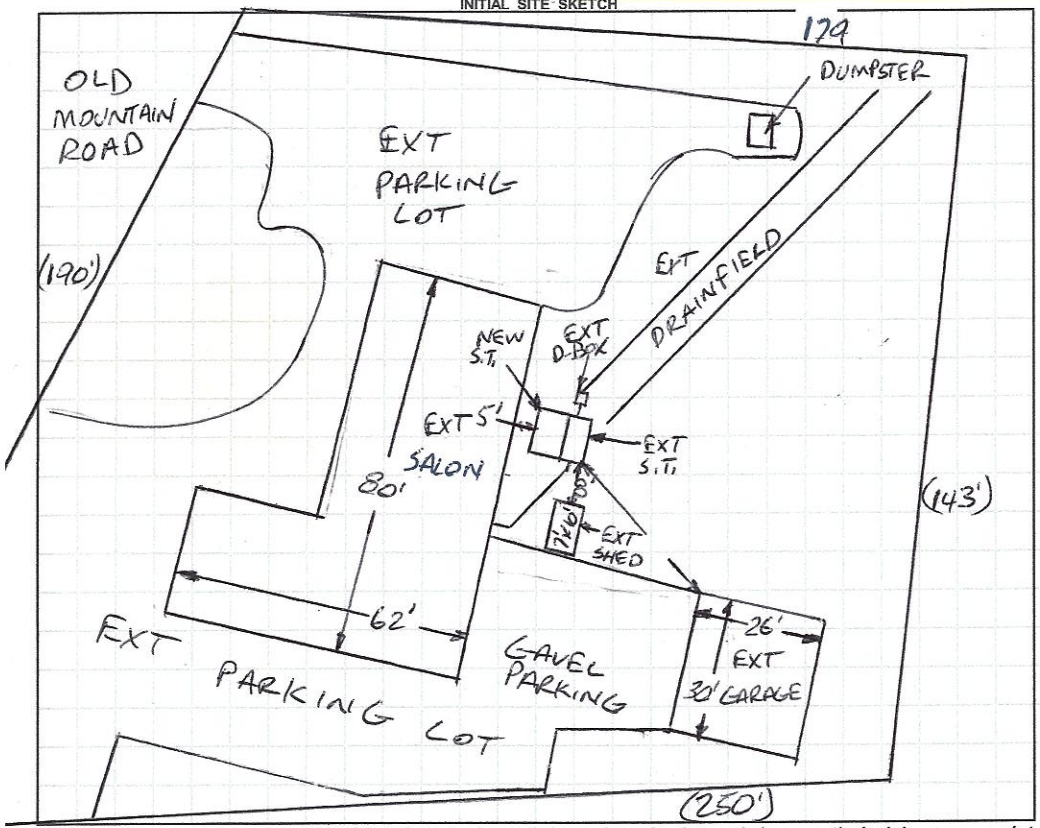
Septic Tank	1000	(gal)	STB 760	Date	9-22	☐ New System	☑ ~~Repair~~	☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms —
Pump Tank	—	(gal)	PT —	Date	—	System Description:			EXISTING	☐ Business	No. Persons EXT
Pump Make	—	Model	—	Serial #	—	Repair System Description:			TANK REPLACEMENT	☐ Other	No. Employees EXT
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ ~~NO~~		☑ ~~Slab~~	☐ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ ~~GRAVITY~~	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ ~~Public~~ ☐ Community

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, NEW TANK MUST BE 5FT MINIMUM FROM SLAB, REPLACE D-BOX, MAINTAIN 50FT FROM ALL WELLS, A ½32 INDUSTRIAL GRADE EFFLUENT FILTER REQUIRED

RECOMMEND ~~INSTALLING~~ INTERCEPTER DRAIN T LATERAL WATER MOVEMENT IN UPPER ~~2~~ FT OF SOIL

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.

D-Box Replaced
Needs Industrial Grade Filter - Installed

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Carla C. Nicks Date: 11-6-20 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Brandt Conklin Date: 11-5-2020 OPERATION PERMIT by: Ben Watkins Date: 11/30/21

AUTHORIZATION TO CONSTRUCT by: Brandt Conklin Date: 11-5-2020 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4704900908
DATE OF EVALUATION: 10-21-2020/10-23-20
COUNTY: REDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 3%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		24-48	CL, WSBK	FI, SS, SP, SEXP					
		48-79	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 3%	0-33	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON FEW Y/B @ 12"	LATERAL H2O MOVEMENT ~~44"~~ 80"+	NA	NA	PS ~~.35~~ .3 BELOW 12"
		23-44	CL, WSBK	FI, SS, SP, SEXP					
		44-80	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 3%	0-33	C, ABK-SBK	FI-FR, S, P, SEXP	SAP INC THRU OUT Y/B MOTS 0-24" STRONG ABK 0-12	78"+ LATERAL H2O MOVEMENT	NA	NA	PS .3 BELOW 24"
		33-78	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:

RECEIVED OCT 1 4 2020

Please CALL prior to inspection

Name: Carla Nicks

Number: 704-880-3435

BE FILLED OUT COMPLETELY & BE LEGIBLE
IT WILL NOT BE PROCESSED

Repair Evaulation - No Chg

lth Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-311811

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Carla Nicks - Lentz Wastewater Address: 121 A Third Creek Rd, Sva Zip: 28677

Applicant Email: carla@lentzwastewater.com Phone: 704-880-3435 Alt. Phone: 980-829-3278

Owner Name: Tony Boyd - Boyd Properties Address: _____ Zip: _____

Owner Email: _____ Phone: 704-902-1548 Alt. Phone: _____

Property Information:

Street Address: 1854 Old Mountain Rd, Statesville

Subdivision Name: — Section/Phase: — Lot Number: —

Driving Directions: 40 W → Old Mountain Rd TL → on L

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
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines

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

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

Describe Problem: cracked tank, backing up in facility

Non-Residential Site Development: * Type of Business: office / salon
Square Footage of Building: _____ Max. Number of Employees: 8 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

Year existing system installed: 1980

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. Nicks 10-14-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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*) _____

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, Tony Boyd, am the legal owner(s) of the property located at 1854 Old Mountain Rd, Svl, identified as PIN (Parcel Identification Number) 4704900908, located in Iredell County, North Carolina.

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

Tony Boyd
Signature of Owner(s)

10/14/2020
Date

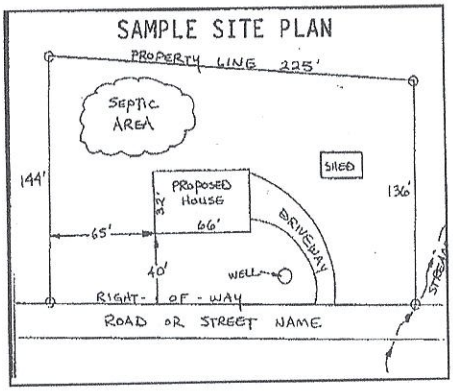
Mooresville - Environmental Health

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

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

10-14-20
DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Yount Warehouses DATE 5/2/80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40W, T.L. on Old NC Rd, Inside 1st Warehouse on Lft across from Caudle Church S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

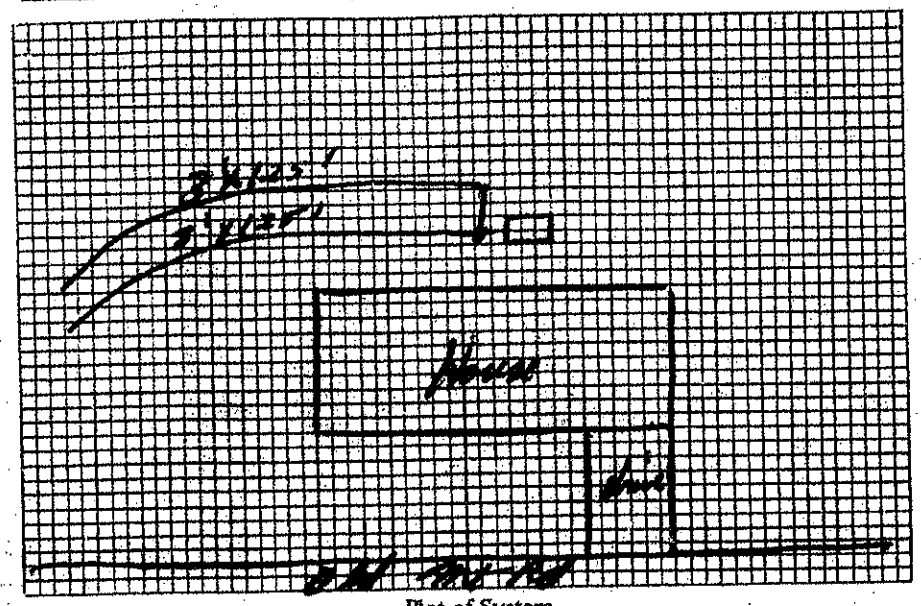
House ( ) Mobile Home ( ) Business (✓) Other Office Bldg - Employees

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	1 Bpm into 1st
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2-8%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'
			Rock or other impervious formations	none observed

Lot Area Average

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public ( )

Installed by Robert Hoke

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY REC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 5/2/80

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold