# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-311078

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

PIN # 4706 - 76 - 0984

APPLICANT/OWNER: MILDRED J. BOWLING / DENTON MELVIN | APPLICANT ADDRESS: 183 ETHEL LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 189 COLFAX ROAD, STATESVILLE, N.C. 28625 | PHONE: 980-223-2587 | ALT. PHONE 336-347-9578

SITE DIRECTIONS: (N) ON 90, (R) ON SCOTTS CREEK, (L) ON LOGAN NEW AMITY, (R) ON COLFAX, LOTON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

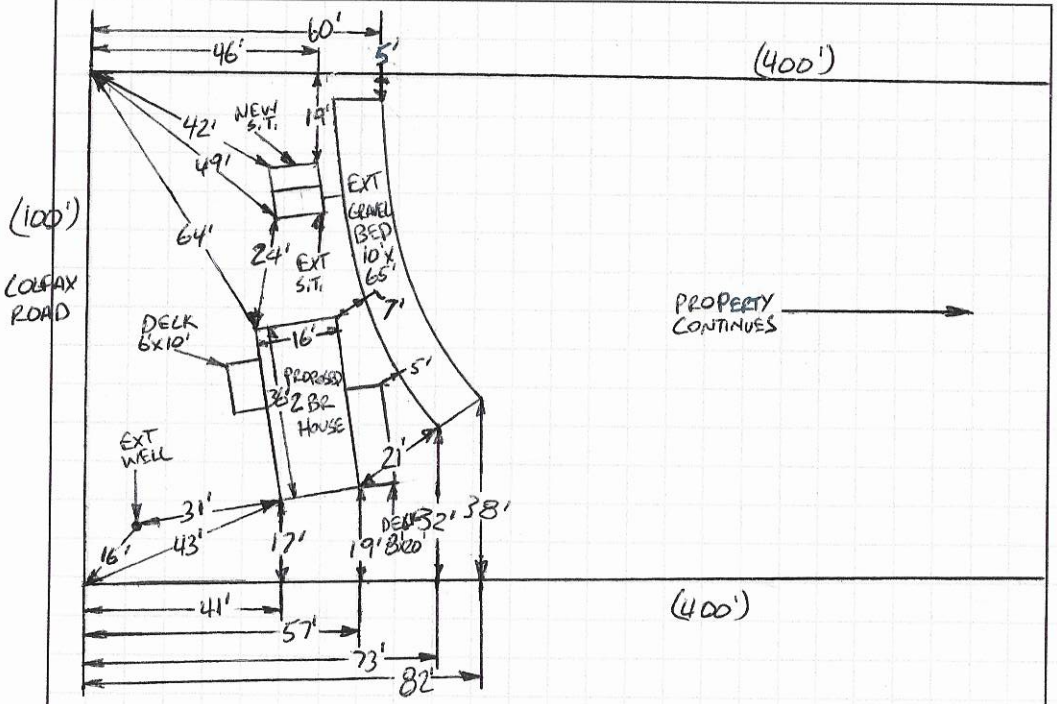
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.92 AC | DESIGN FLOW: 240 GPD | L.T.A.R.: EXT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 160 | Date | 9-17-2020 | ☐ New System | ☑ Repair | ☐ Expansion | System Type: I (II) III IV V VI |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | | EXT | |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | | TANK REPLACEMENT | |
| # Nitrification Fields | EXT | # Lines | EXT | Linear Ft: | EXT | Maintenance Agreement Required: | | ☐ YES | ☑ NO |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | Gravel Depth | EXT | ☑ GRAVITY | ☐ PRESSURE | | |

| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | 2 | Water Supply |
| ☐ Business | No. Persons | 4 | ☑ Private EXT |
| ☐ Other | No. Employees | — | ☐ Public |
| ☐ Slab | ☑ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE D-BOX AS NEEDED

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.

12-7-2020 Tank + D-Box Replaced - B. Bottens

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: [signature] Date: 11-9-20 Installed by: Hayes Byrns Rentals

IMPROVEMENT PERMIT by: Burdett C. Whitley Date: 11-6-2020 OPERATION PERMIT by: Ben Bottens Date: 12-7-2020

AUTHORIZATION TO CONSTRUCT by: Burdett C. Whitley Date: 11-6-2020 Existing System Inspected by: Date:

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

* Also, applying for Existing System Inspection for a new home.

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED**

RECEIVED SEP 2 1 2020

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg.

**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**

AP- 311078

The following optional attachments may also be submitted:
*Place an (X) beside whichever is submitted if applicable*
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Mildred J. Bowling Address: 183 Ethel Lane Zip: 28625
Applicant Email: suzie6745@gmail.com Phone: 980-223-2587 Alt. Phone: 336-347-9578
Owner Name: Denton Melvin Address: 880 old us 1 Moncure NC 27559 Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 189 Colfax Rd, Statesville
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Scotts Creek to Amity Logan, which turns into Colfax Rd

**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
Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
✓ Tank ___ Drain lines Describe Problem: Tank cracked / roots
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 (✓) 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 ( ) 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:** Mildred J Bowling 9/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Denton Melvin, am the legal owner of the property located at 169 Colbex Rd, identified as PIN(Parcel Identification Number) 4706-76-0984-000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Mildred Bowlins, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Denton Melvin
Signature of Owner

9-11-20
Date

Carol Wise
Signature of Witness

9/11/20
Date

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

or

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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…**

***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

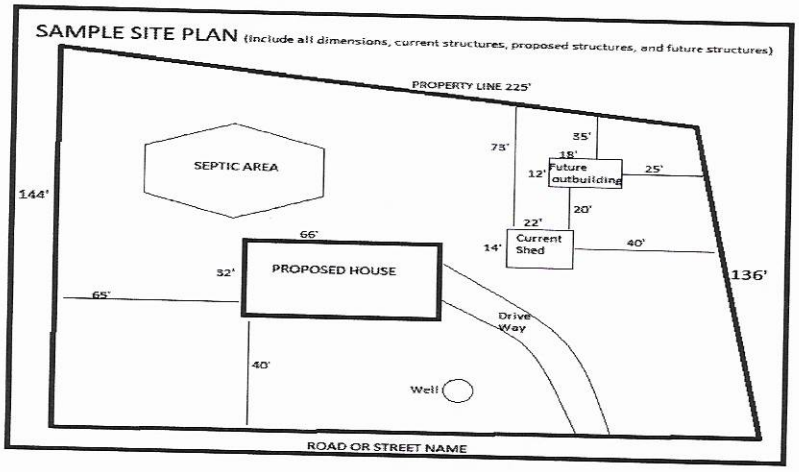
**_____ Front and side setbacks from property line…** **_____ Preferred driveway location and configuration, preferred well location…**

**_____ 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**

See Septic Permit

**Signature:** _____

***REQUIRED*** **property owner or owner's legal representative signature.**

9/21/2021

**DATE**

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit No. 290 Permit Date April 30 1971

Owner Juanita Johnson Address Scotts

Installed By LACKEY BROS. Address STONY POINT, NC

Location of Property HIGHWAY 90 WEST TO NEAR SCOTTS - TURN RIGHT ON ROAD 1551 CROSS RR TRACKS - TURN LEFT ON ROAD 1563 PASS NEW AMITY CHURCH. TURN RIGHT - 2ND TRAILER ON LEFT.

| Tank | | Capacity | | Length of Lines | | Fixtures | |
|---|---|---|---|---|---|---|---|
| Block | ( ) | 1000 | (✓) | 225' | (✓) | No. of Baths | (1) |
| Precast | (✓) | 1250 | ( ) | 250' | ( ) | Dishwasher | ( ) |
| | | 1500 | ( ) | Other | | Garbage Grdr. | ( ) |
| | | Other | | | | Other | |

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection April 30 1971 Approved (✓) Disapproved ( )

Remarks NO WELL AT TIME OF INST.

