ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-0860

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

PIN # 4707 -- 01 -- 1056

APPLICANT/OWNER: DAVID J. BUQUE APPLICANT ADDRESS: 4947 TAYLORSVILLE HIGHWAY, STONY POINT, N.C. 28678

SITE ADDRESS: 4947 TAYLORSVILLE HIGHWAY, STONY POINT, N.C. 28678 PHONE: 704-585-2058 ALT. PHONE —

SITE DIRECTIONS (W) ON 90, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO EXT

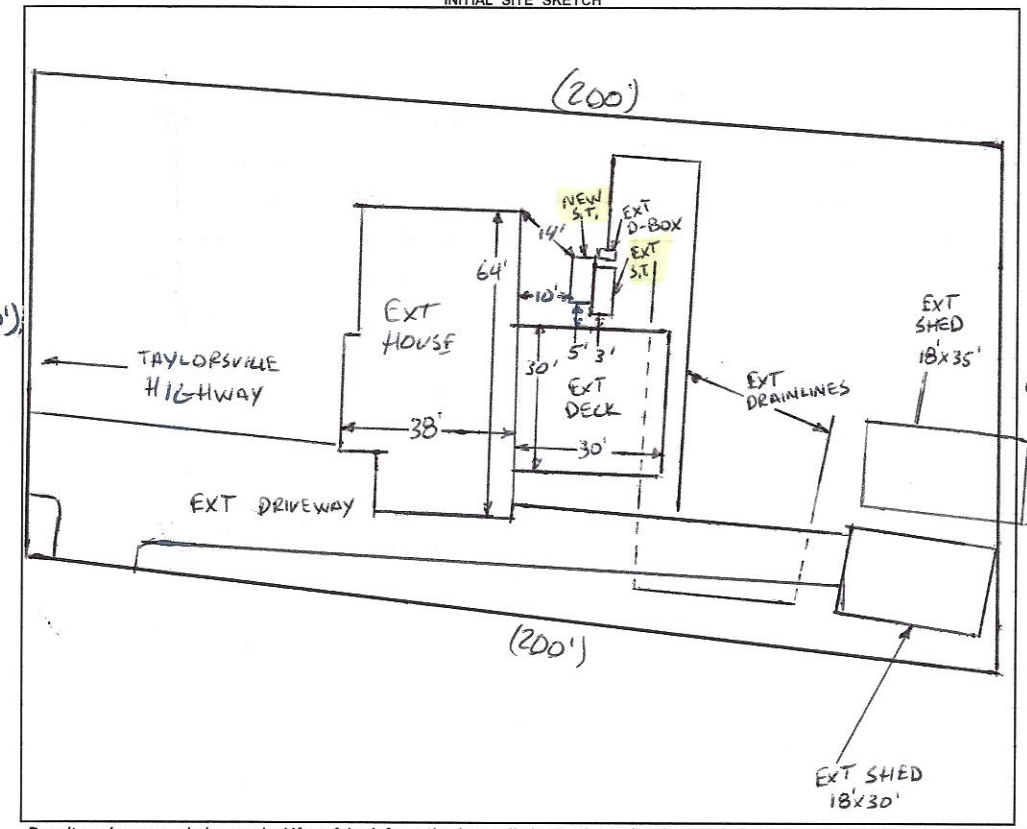
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.46 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	760	Date	6/25/22	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING			
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	EXT	Water Supply		
☐ Business	No. Persons	EXT	☐ Private		
☐ Other	No. Employees	—	☑ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☑ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, DRAINLINES APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION
INSPECT AND REPLACE D-BOX AS NEEDED, INSTALL D-BOX IF THERE IS NOT ONE

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.

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: Lentz Wastewater Date: 8-19-22 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-11-2022 OPERATION PERMIT by: Natta Wilkie Date: 8/23/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-16-2022 Existing System Inspected by: Date:

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

OSWP-2022-0860

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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 follow ng 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, DAVID BUSQUE, am the legal owner(s) of the property located at 4947 TAYLORSVILLE HWY STONY POINT NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LENTZ WASTE WATER, _____, 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.

D Busque
Signature of Owner(s)

8/11/22
Date

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

Statesville - Environmental Health
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349 N. Center Street, Statesville, NC 28677