1:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 233480

PIN # 4709537270

APPLICANT/OWNER: Pisgah UMC

APPLICANT ADDRESS: 498 Hill Farm RD Hiddenite NC

SITE ADDRESS: 498 Hill Farm RD Hiddenite NC

PHONE: 704-876-6279. ALT. PHONE 704-902-0489.

SITE DIRECTIONS: N Hwy 115 Lefton Pisgah Church R on Hill Farm Church on Left

SUBDIVISION: ~

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: ~ LOT # ~ LOT AREA: 20.041Acres

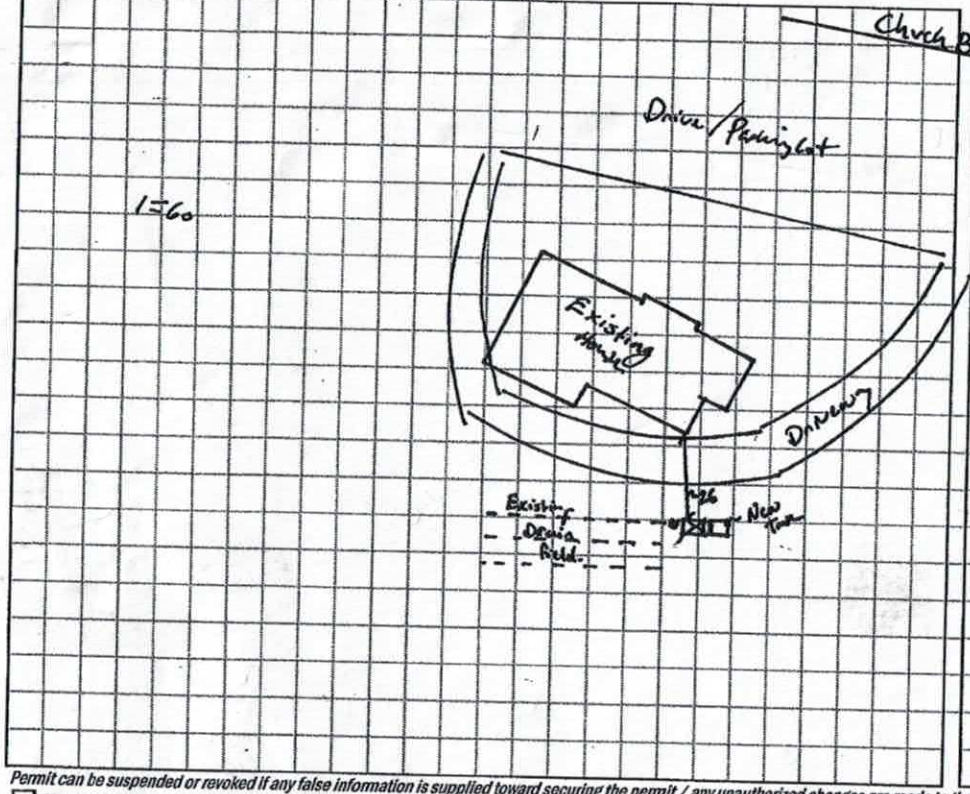
DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	160	Date	12-28-17	☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	5	Water Supply: ☐ Private ☑ Public ☐ Community
Pump Tank	~	(gal)	PT	~	Date	~	System Description: ~		☐ Business	No. Persons		
Pump Make	~	Model	~		Serial #	~	Repair System Description: Tank Replacement		☐ Other	No. Employees		
# 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		

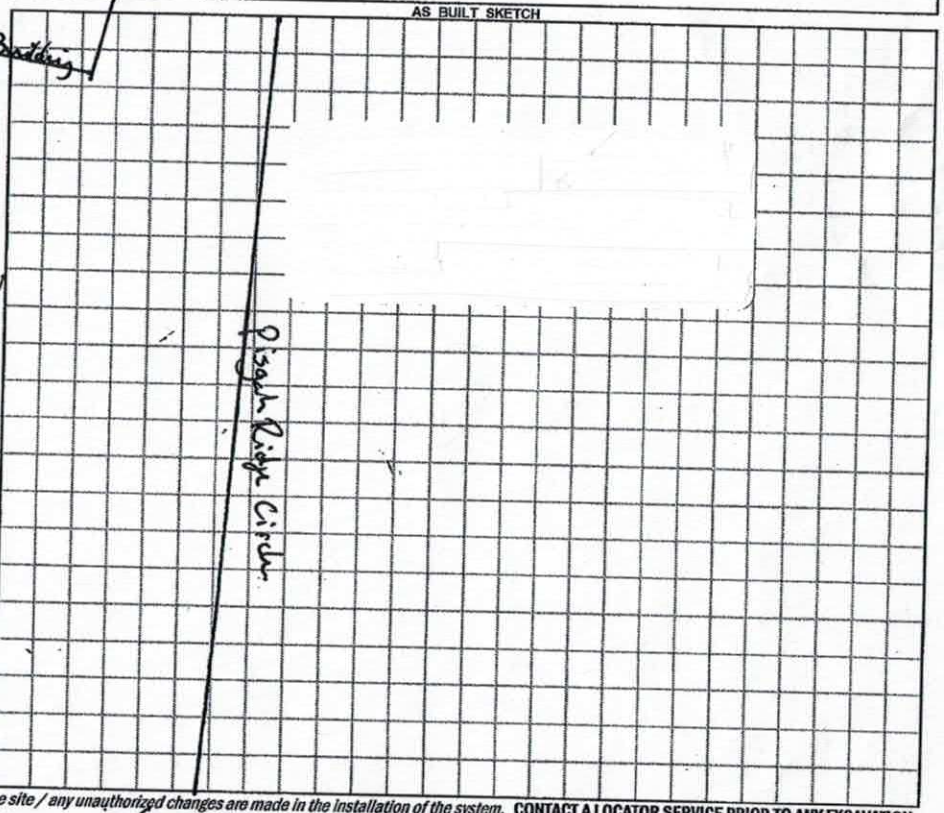
Comments / Conditions: * Install new septic tank in same area as failing septic tank. Install Risers as needed. Inspect or replace Distribution Box, Pump, Crush, Fill or haul away existing septic tank.

Per Septic Installer only 1 drainline hooked up. (31' trench) No D-box

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: Tim Moore Date: 2-26-18 Installed by: Jared Lentz

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 2/21/2018 OPERATION PERMIT by: Maria Dotson Date: 2/27/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 2/21/2018 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.

covered in plastic

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

2333480

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
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: Pisgah UMC Parsonage Address: 498 Hill Farm Rd Hiddenite Zip: 28636
Applicant Email: Heatmoore@Kmelectric1.com Phone: 704-876-6279 Alt. Phone: 7049020489
Owner Name: Same Address: Same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 498 Hill Farm Rd Hiddenite, N.C. 28636
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 115 north, left on Pisgah Ch. Rd, right on Hill Farm, church/parsonage on left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3½
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: Church Parsonage
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

(✓) Crawl Space Foundation ½
( ) Concrete Slab Foundation
(✓) Basement with Plumbing ½ old Shower
( ) Basement without Plumbing

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: Kit Moore — 2-16-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Kent Moore, am the legal owner(s) of the property located at 406 Hill Farm Rd, Statesville NC 28625 identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Kent Moore 8-16-18 _____ _____
Signature of Owner(s) Date Signature of Witness Date
Trustee Chair

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

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

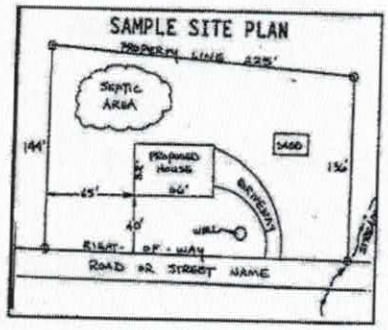
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
(X) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

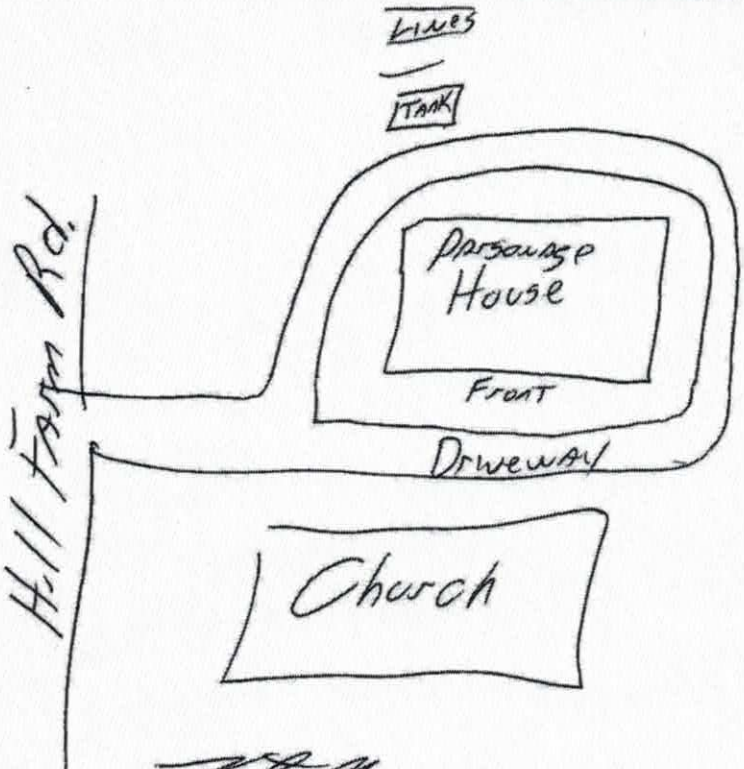


Circle N/A on the following if appropriate:

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: Mitch Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-16-18
DATE