IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237748.

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM /Repair PIN # 4710297811.000.

APPLICANT/OWNER: Richard Evans APPLICANT ADDRESS: 239 S. Harbor Watch Drive Statesville NC 28677.

SITE ADDRESS: 239 S Harbor Watch Drive Statesville NC 28677 PHONE: 704-528-7233 ALT. PHONE ~

SITE DIRECTIONS: Buffalo Shoals to Laurel Cove R Harbor Watch SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Watch SECTION: 51 LOT # 21 LOT AREA: 1.25 Acres DESIGN FLOW: 600 gpd L.T.A.R.: EXT

Septic Tank	EXT 1500 (gal)	STB	EXT	Date	EXT	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	EXT 1500 (gal)	PT	EXT	Date	EXT	System Description:	~		
Pump Make	EXT	Model	EXT	Serial #	EXT	Repair System Description:	Replacing Control Valve Box		
# Nitrification Fields	1	# Lines	6	Linear Ft	348.	Maintenance Agreement Required:	☐ YES	☐ NO	
Trench Width	24	Trench Bottom Depth(Low side)	EXT	Gravel Depth	~	☐ GRAVITY	☒ PRESSURE		

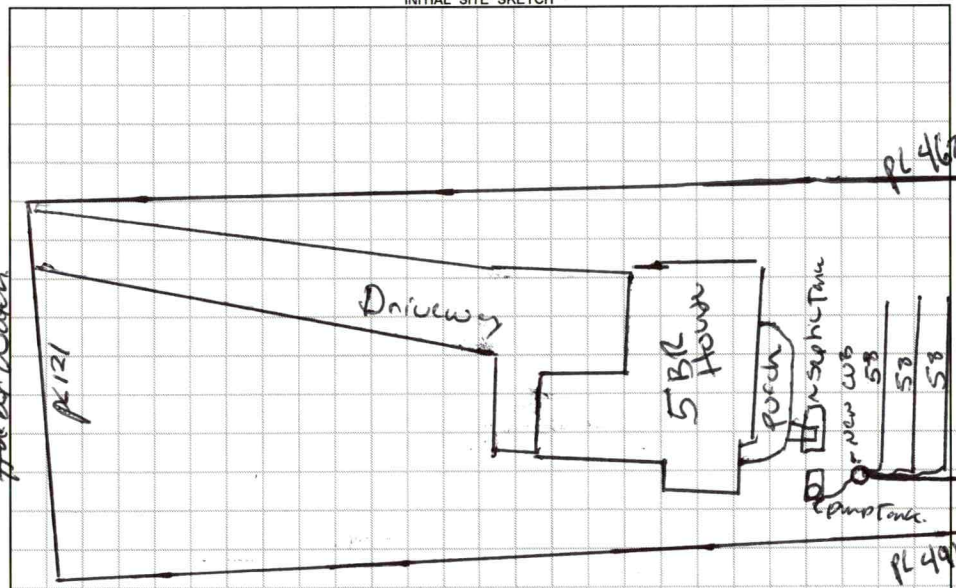
☒ Residence No. Bedrooms 5 ☐ Business No. Persons 10 ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☒ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

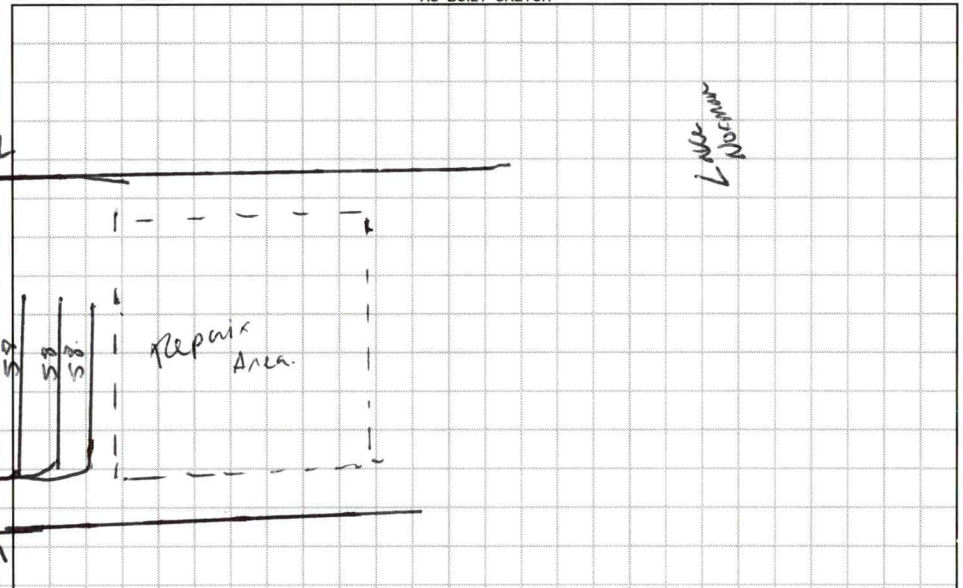
Comments / Conditions: * Inspect + Replace Septic Tank Filter + Inline Pump Filter if necessary. Install New Control Valve Box to Feed Each Panel Line Pressure Head to be Reset once complete. Install Stand Pipes if necessary

280 gallon Dose 3 ft of Pressure Head. 5/32 holes drilled. .50 gpm Total system Flow 39 gpm 7.2 min Pump Run.

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**

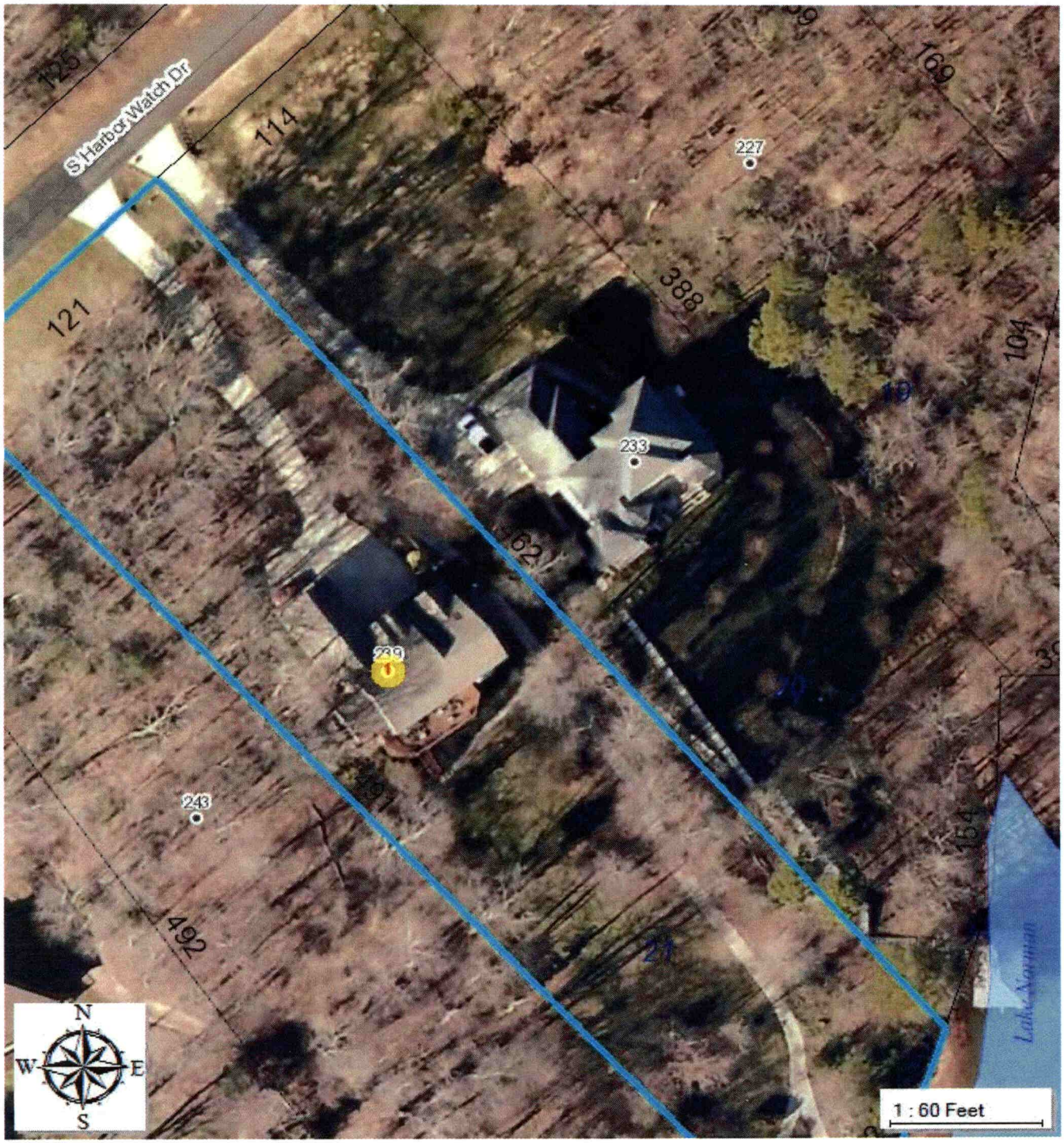
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Richard Evans Date: 8/9/2018 Installed by: Jarred Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A. Bottkin Date: 8/2/2018 OPERATION PERMIT by: Benjamin A. Bottkin Date: 8/17/18.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottkin Date: 8/2/2018. 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.


S Harbor Watch Dr
125
114
169
227
388
121
104
233
62
239
243
492
N
W
E
S
1 : 60 Feet

RECEIVED JUL 3 1 2018

237748 Repair Evaluation - No Chg

~~23092~~ 7/6/18

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.

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: RICHARD EVANS Address: 239 S HARBOR WATCH DR Zip: 28677

Applicant Email: EVANS6521@MAC.com Phone: 704 528 7233 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 239 S HARBOR WATCH DR

Subdivision Name: HARBOR WATCH Section/Phase: 1 Lot Number: 21

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: OLD - CLOGGED
Non-Residential Site Development:
Square Footage of Building: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____
Type of Business: _____
Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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: 1999
( ) 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: Richard Evans 7/30/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

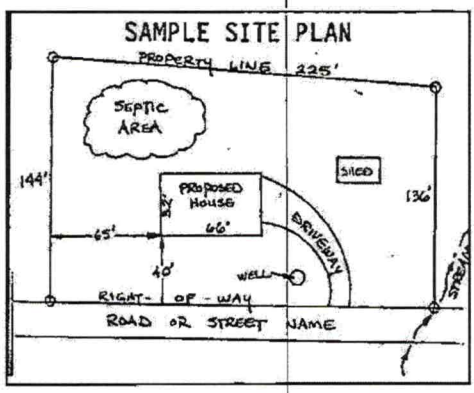
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **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: Richard Evans

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

7/30/2018

DATE

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 4-12-97

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 025793 83518 PIN# 4710 29 7811 DATE 2-18-00

OWNER OR CONTRACTOR TOM & VIRGINIA EVANS PHONE: Business 528-3999 Home

ADDRESS c/o PRESTIGE BUILDING CO, P.O. BOX 749, TROUTMAN, NC 28166

LOCATION BUFFALO SHOALS RD, TL LAUREL COVE, TR HARBOR GATE, TL HARBOR POINT, TL HIGHLAKE, 4TH LOT ON LEFT BEFORE END

SUBDIVISION HARBOR WATCH BLOCK / SECTION I LOT 21 LOT AREA 1.250 SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 10/4 Date 9-11-99

Pump Tank: 1500 Gallons; PT 46 Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ. PO 2000 Linear Feet ~348

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Bed~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LOW PRESSURE PPBPS

Repair System Description: LOW PRESSURE PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

Comments/Conditions:

Comments/Conditions: Apr. 15 - Top Two Lines inspected. Minor Silting Remove
April 6 - Pressure head set on all lines SEP.

INITIAL SITE SKETCH

① INSTALL 50% REDUCTION SYSTEM USING SEVENTY-EIGHT (78) PPBPS PANELS IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN ON ATTACHED PLAN.

② INSPECT LINES IN ACCORDANCE WITH GUIDELINES SET FORTH IN RULE .1956(5) - STEEP SLOPES

③ CERTIFIED MANAGEMENT ENTITY SHALL BE CONTRACTED WITH PRIOR TO ISSUANCE OF OPERATION PERMIT

④ SYSTEM TO BE INSTALLED AS SPECIFIED IN ATTACHED SITE PLAN DATED FEB. 10, 2000 PREPARED BY B.K. BARRINGER

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 2-21-00 Installed by: C & W GRADING

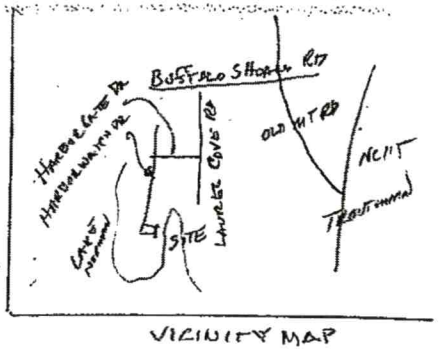
Improvement Permit by: STEVE HEDRICK date 2-18-00 Operation Permit by: STEVE HEDRICK date 4-13-00

Authorization to Construct by: STEVE HEDRICK date 2-18-00 Existing System Inspection by: date

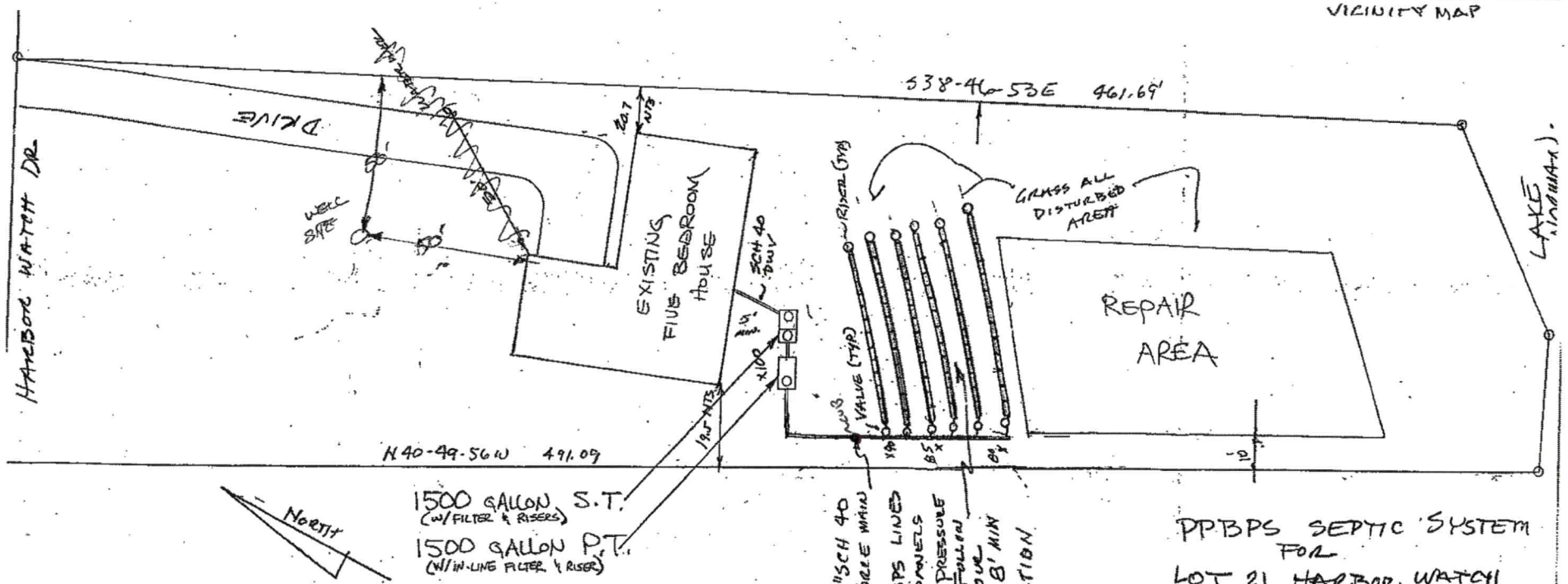
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

HARBOR WATCH SECTION I LOT #21

INSTALL LINES IN ACCORDANCE WITH .1956 (5) STEEP SLOPES



VICINITY MAP



PPBPS SEPTIC SYSTEM
FOR
LOT 21 HARBOR WATCH
FALLSTOWN TWN IREDELL CO
N.C.
SCALE: 1" = 30' DATE: 2-10-06
DRAWN BY BKB

NORTH CAROLINA PROFESSIONAL SEAL 3370 ENGINEER B. K. BARRINGER, JR.

2-10-06

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, RICHARD EVANS, am the legal owner(s) of the property located at 239 S. HARBOR WATCH DR, STATESVILLE 28677, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Richard Evans 7/30/2018
Signature of Owner(s) Date

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.

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

RE **Complete all Environmental Health forms:**
_____ Application
_____ Site Plan with dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

RE **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

RE **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

RE **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

RE If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Richard Cross **Date** 7/30/2018

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625