ICHD - ENVIRONMENTAL HEALTH DIVISION

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

09 11:30

PERMIT # AP-309136

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

PIN # 4710-68-2042

APPLICANT/OWNER: WILLIAM T. BARBOUR | APPLICANT ADDRESS: 172 NORWOOD CIRCLE, BLOWING ROCK, N.C. 28605

SITE ADDRESS: 152 MIMOSA ROAD, STATESVILLE, N.C. 28677 | PHONE: 704-840-8979 | ALT. PHONE 828-964-0762

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (L) ON EAST MONRO, (R) ON PINEVILLE, (L) ON SPRING SHORE, (R) ON PLUM TREE, (L) ON MIMOSA, 1ST ON (R)

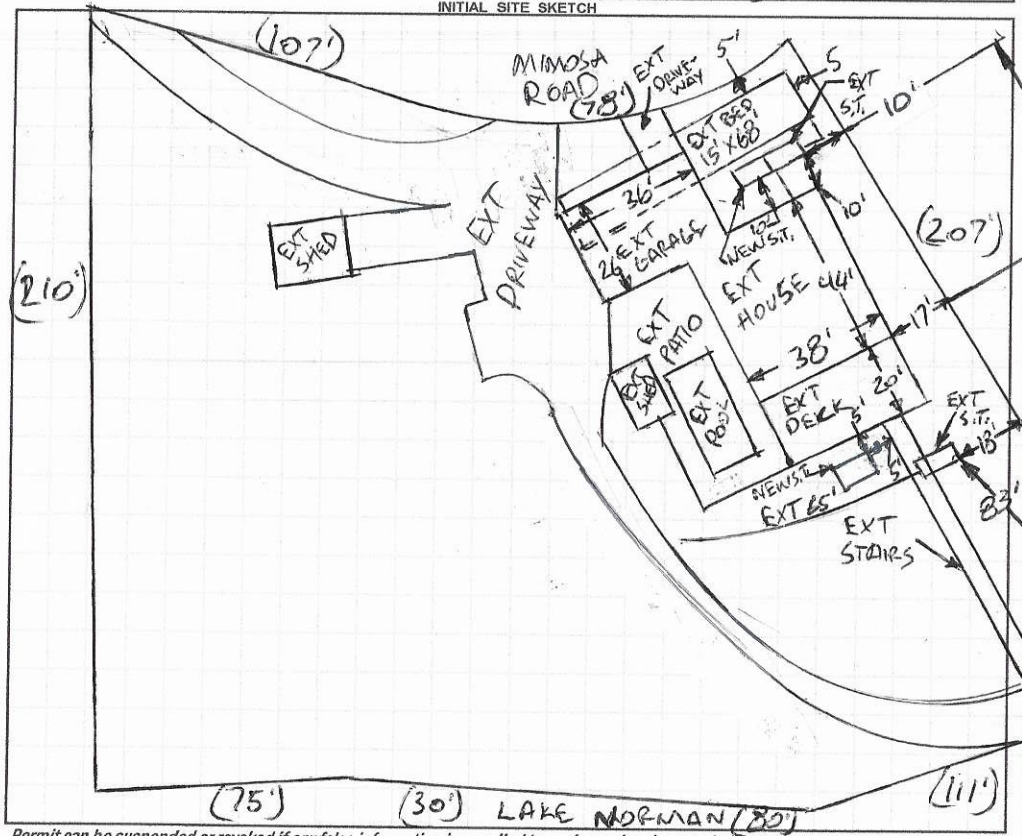
SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: SPRING SHORE | SECTION: — | LOT# 88-89 | LOT AREA: 0.97 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	740	Date	6-29-20	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	EXT	Water Supply
~~Pump~~ Tank	1000	(gal)	~~PT~~STB	2071	Date	Infiltrator	System Description:			EXT-CONVENTIONAL	☐ Business	No. Persons	EXT	☐ Private
Pump Make	—		Model	—		Serial # —	Repair System Description:			TANK REPLACEMENT	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT 2		# Lines	EXT 2		Linear Ft: EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☑ Community
Trench Width	EXT		Trench Bottom Depth(Low side)	EXT		Gravel Depth EXT	☑ GRAVITY	☐ PRESSURE			☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: PUMP, CRUSH, AND FILL BOTH TANKS, INSPECT AND REPLACE DP BOX AS NEED, IF WATER LINE IS ENCOUNTERED IT MUST BE MOVED TO 10 FT FROM ALL PARTS OF SEPTIC

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.

- 1st tank in same hole (8.5' off house, 13.5 off garage)
- 2nd Tank 13 Ft from Deck.

1 IN = 50 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**

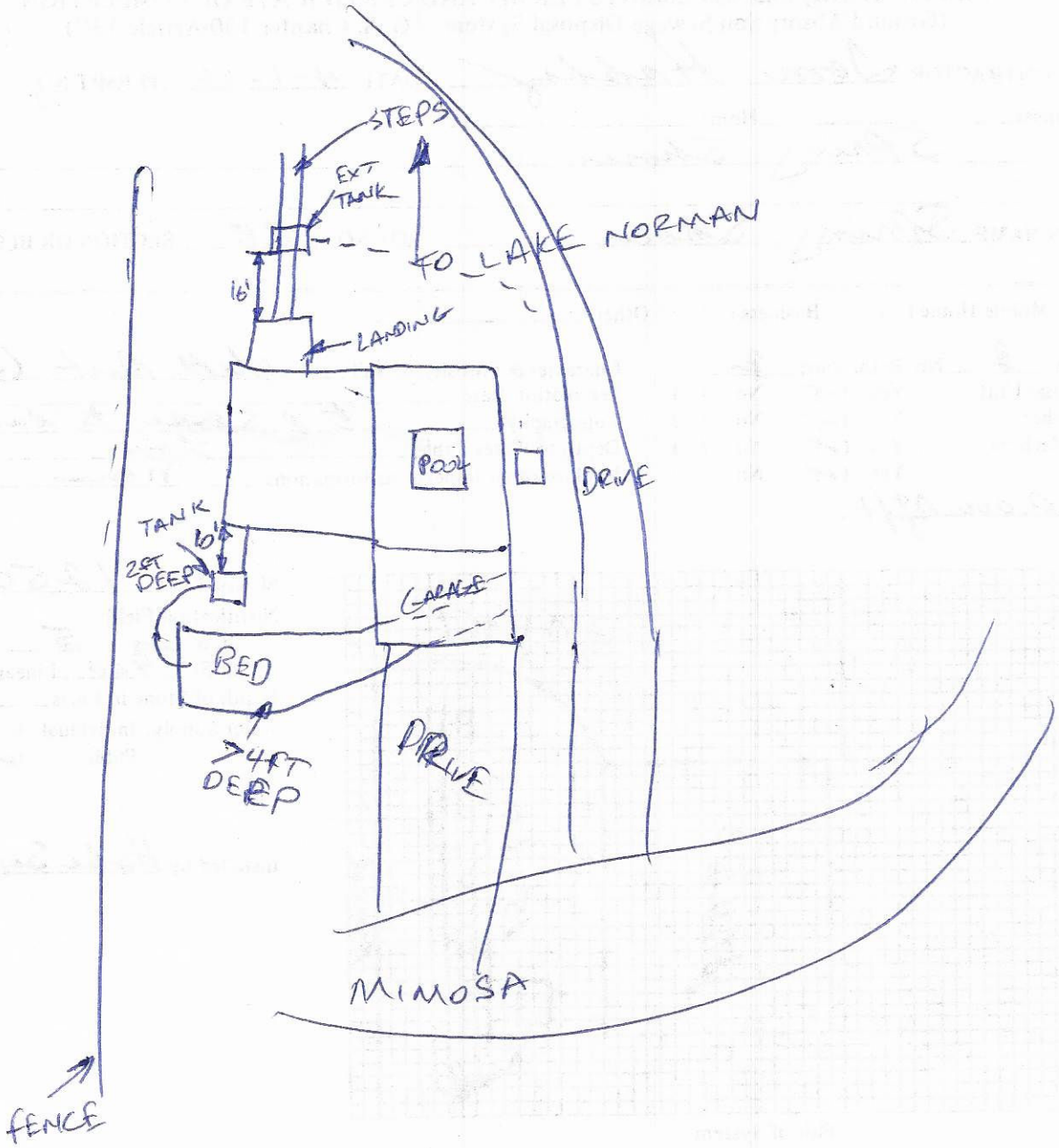
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: William T. Barbour | Date: 8-14-2020 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Britt | Date: 8-12-2020 | OPERATION PERMIT by: Benjamin A Britt | Date: 9/3/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Britt | Date: 8-12-2020 | Existing System Inspected by: | Date:

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


STEPS
EXT TANK
TO LAKE NORMAN
16'
LANDING
POOL
DRIVE
TANK
10'
2FT DEEP
GARAGE
BED
>4FT DEEP
DRIVE
MIMOSA
FENCE

RECEIVED JUL 16 2020

Please CALL prior to inspection

Name: William
Number: 704-840-8977

MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP- 309136

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 (X) 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: William T. Barbour Address: 172 Norwood Circle Blowing Rock NC Zip: 28605
Applicant Email: Mimosa Lake Norman @ gmail.com Phone: 704-840-8979 Alt. Phone: 828-964-0762
Owner Name: William T. Barbour Address: SAME Zip: 28605
Owner Email: SAME Phone: 704-840-8979 Alt. Phone: 828-964-0762

Property Information:

Street Address: 152 Mimosa Road Statesville, NC. 28605
Subdivision Name: Spring Shore Section/Phase: _____ Lot Number: 88-89
Driving Directions: Buffalo Shoals → Pineville Rd → Spring Shore → Plum Tree → Mimosa

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____
X Tanks ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

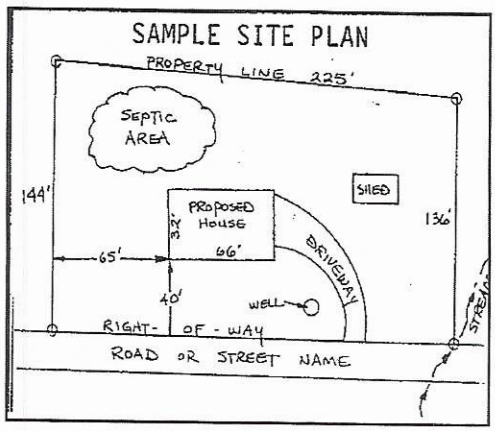
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: William T. Barbour 7/16/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

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:

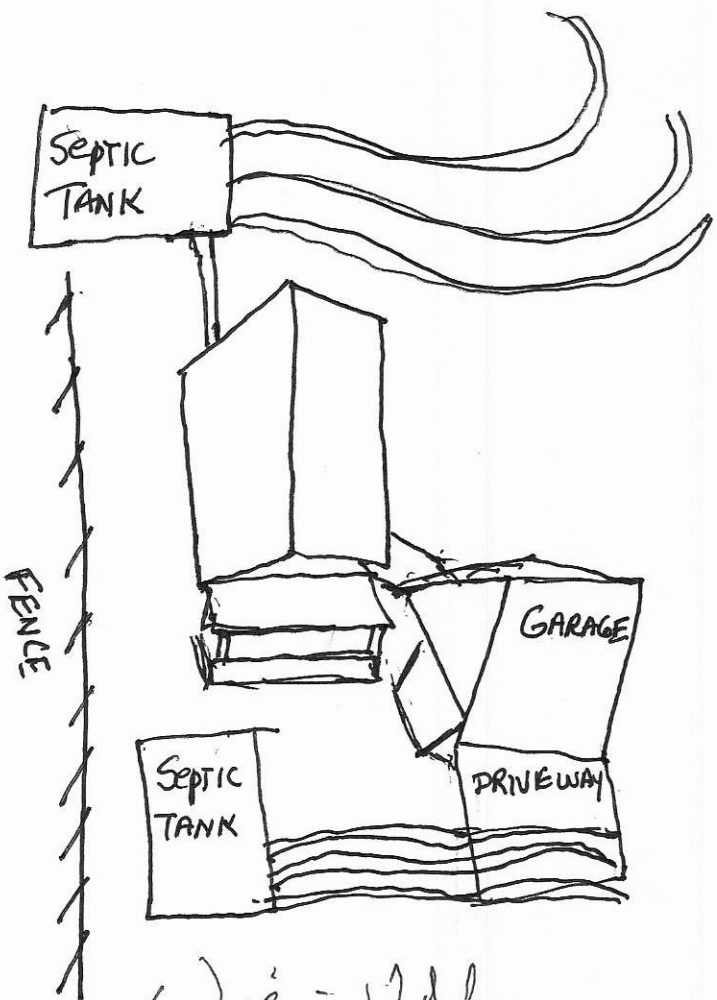
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



HOUSE HAS 2 SEPTIC TANKS. NEITHER TANKS ARE FUNCTIONING CORRECTLY NEED TO REPLACE ONE OR BOTH— THE TANK IN THE FRONT SERVICES THE MAIN FLOOR AND UPPER FLOOR PLUMBING. THE TANK IN THE BACK SERVICES THE BASEMENT PLUMBING

WOULD LIKE TO MEET INSPECTOR WHEN AT THE PROPERTY

THANK YOU,

Signature: William V. Johnson

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

7/16/2020
DATE

Rick Dyson
Bldr

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 Tom Hobby DATE 4-1-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shores

S. R. No. _____

SUBDIVISION NAME Spring Shores LOT NO. 88 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 sq/ft.

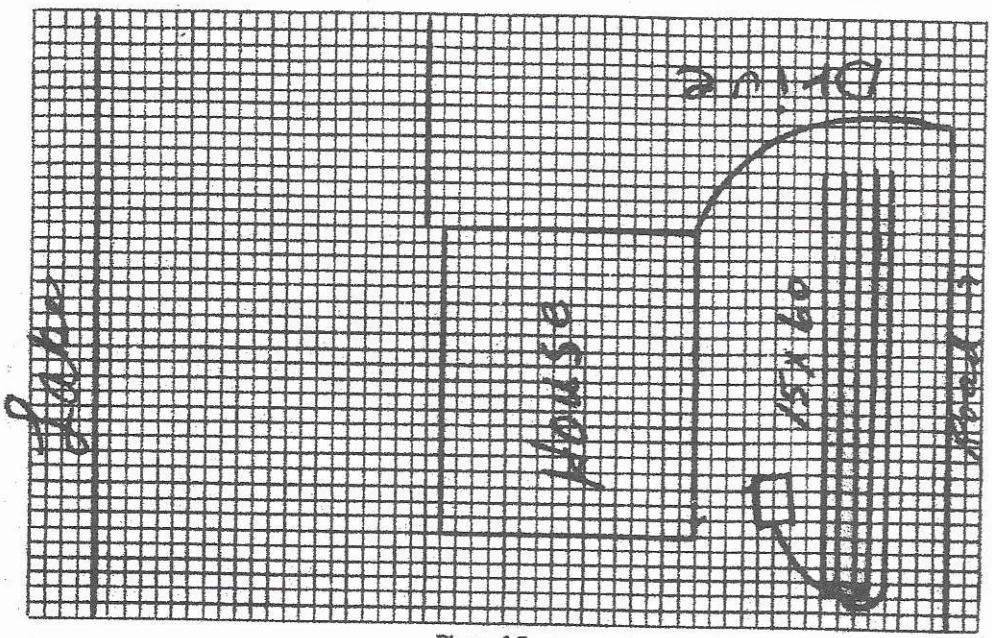
Character & Porosity of Soil Well Dist (Sandy Clay)

Percolation Rate _____

Topography Steep Slope to Lake

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Hobe Septic Tank Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water should be diverted away from lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4-1-76

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

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

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*) William T. Barbour

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, William T. Barbour, am the legal owner(s) of the property located at 152 Mimosa Rd, 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.

William T. Barbour
Signature of Owner(s)

7/15/2020
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