IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 247286

PIN # 4710685435

APPLICANT/OWNER: Roberta Veltri

APPLICANT ADDRESS: 120 Hickory Pt Ct, Statesville

SITE ADDRESS: 120 Hickory Pt Ct, Statesville 28677

PHONE: 412-427-1039 ALT. PHONE —

SITE DIRECTIONS: Brawley Rd → L on Spring Shore, R on Plumtree, L on Hickory Pt Ct

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Spring Shore

SECTION: — LOT # 110 LOT AREA:

DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	1000 (gal)	STB Infiltrator	Date		
Pump Tank	(gal)	PT Infiltrator	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	# Lines		Linear Ft		
Trench Width	Trench Bottom Depth (Low side)	existing	Gravel Depth		

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: —

Repair System Description: tank replacement

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms ext

☐ Business No. Persons ext

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

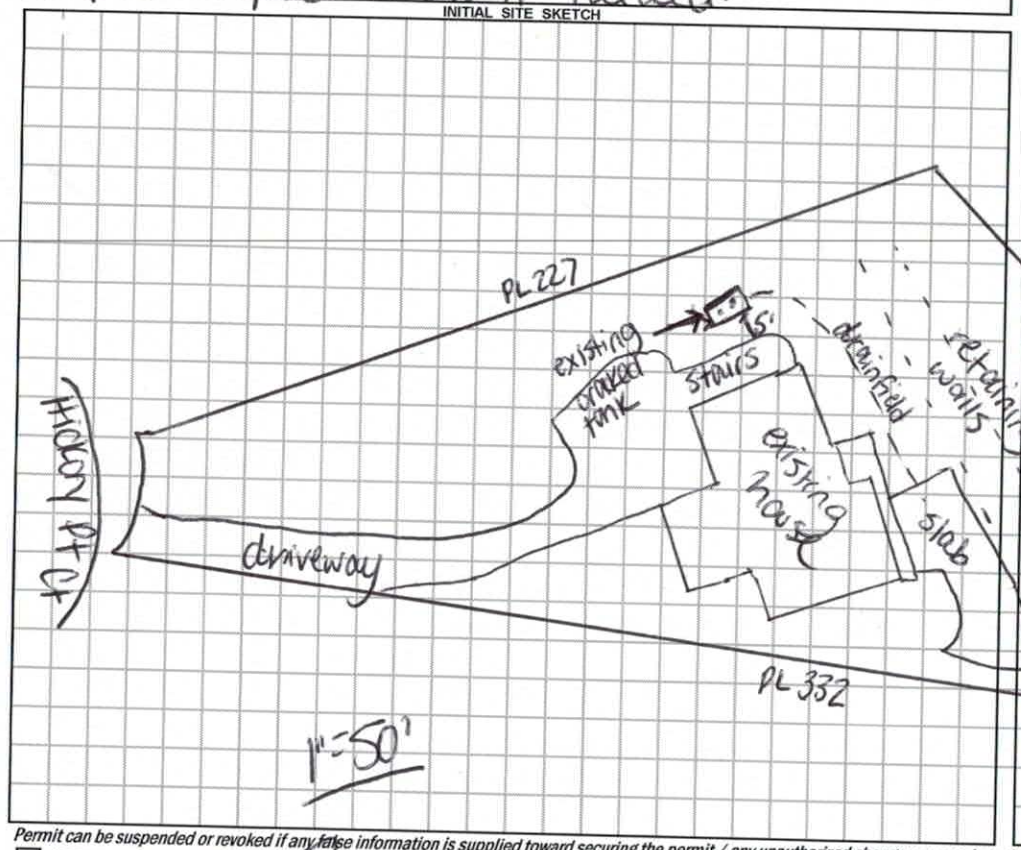
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

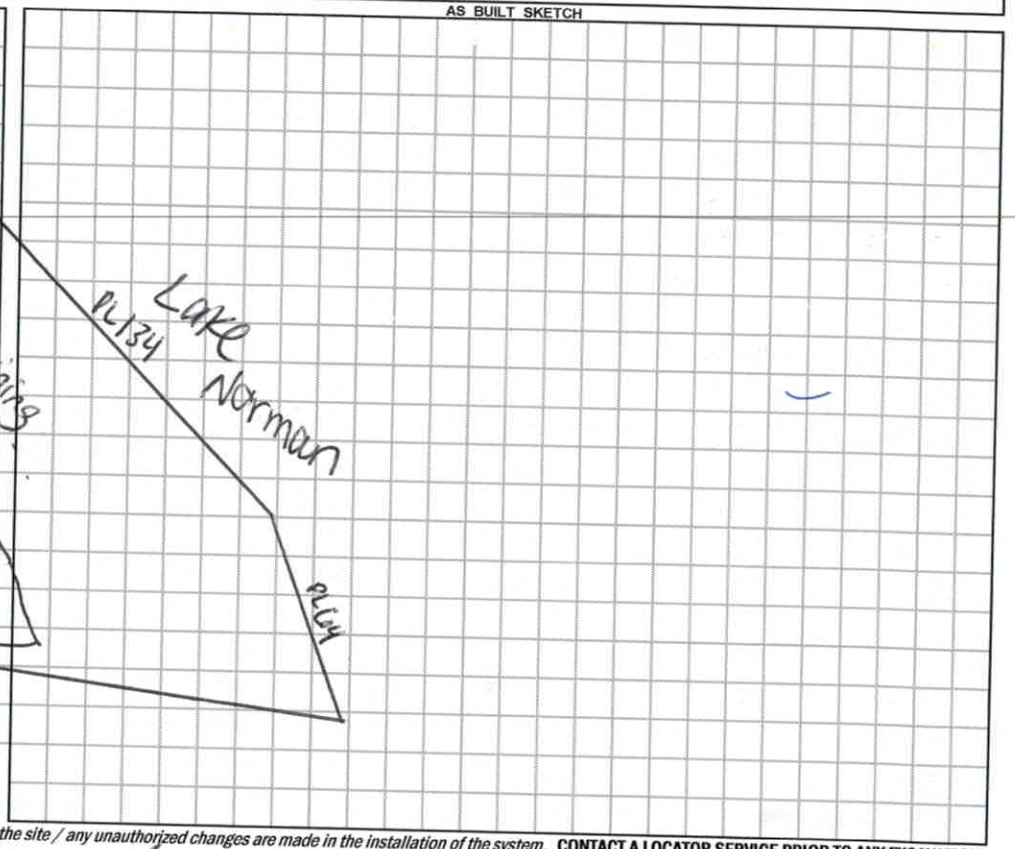
Comments / Conditions: Pump, crush & fill existing cracked tank. New tank to be placed in same area. Inspect & replace D-box if needed.

Appears retaining walls and concrete slab may impact part of septic system.

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: Roberta L. Veltri Date: 8-8-19

IMPROVEMENT PERMIT by: Carla C. Cave Date: 8-8-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 8-7-19

Installed by: Lantz Washington

OPERATION PERMIT by: [signature] Date: 8-23-19

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.

Please CALL prior to inspection

RECEIVED AUG 6 2019

Rpr Evaluation - No chg

Name: Roberta

412-427-1039

DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#247286

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Roberta Veltri **Address:** 120 Hickory Pt. Ct. Statesville **Zip:** 28677

Applicant Email: veltribobbie@gmail.com **Phone:** 412-427-1039 **Alt. Phone:** 704-430-5250

Owner Name: Roberta Veltri **Address:** same **Zip:** _____

Owner Email: same **Phone:** same **Alt. Phone:** same

Property Information:

Street Address: 120 Hickory Pt. Ct., Statesville NC 28677

Subdivision Name: Spring Shore **Section/Phase:** _____ **Lot Number:** 110

Driving Directions: Old Mountain Rd, Rt on ~~Plumtree~~ Pineville, L on Spring Shore, Rt. on Plumtree, L on Hickory Pt. Ct.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: collapsing tank top 1250 gal. tank

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: 1979 ?

( ) 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: Roberta L. Veltri — 8/6/19

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

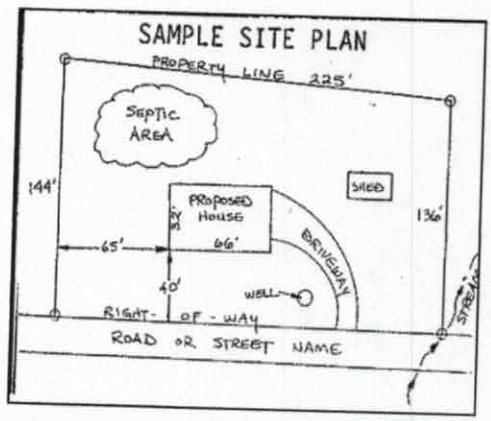
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **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**

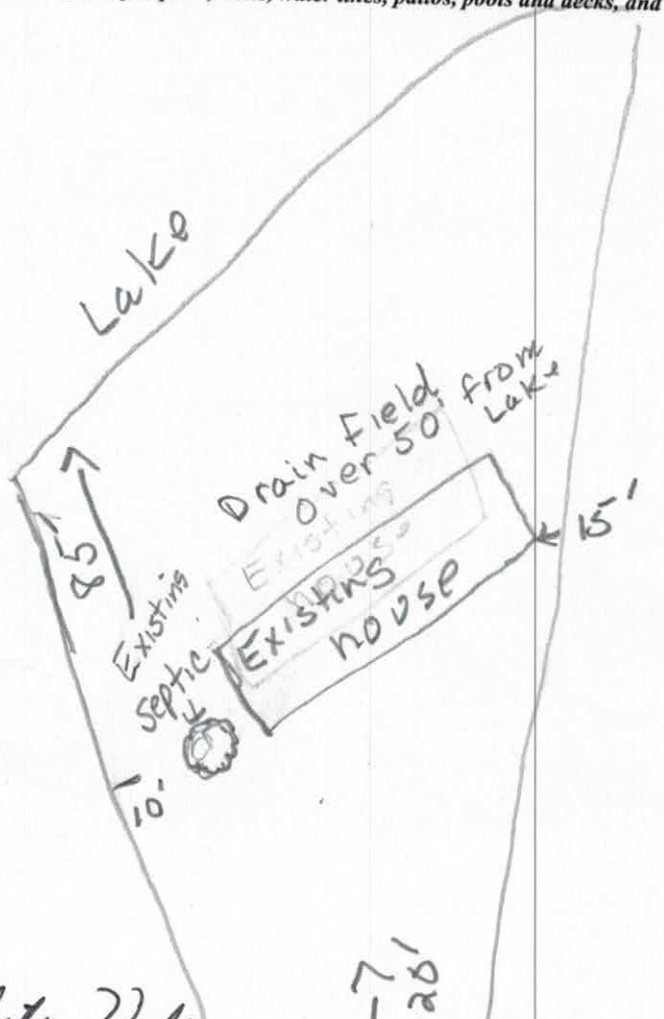


Circle N/A on the following if appropriate:

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: Roberta Volk

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

DATE 8/6/19

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

N/A

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, Roberta L. Veltri, am the legal owner(s) of the property located at 120 Hickory Pt Ct, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4710684535.000, located in Iredell County, North Carolina.

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

Roberta L. Veltri 8/6/19

Signature of Owner(s) Date Signature of Witness 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

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

Veltri original

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 Rick Dyson DATE 8/10/77 PERMIT NO. _____

PHONE: Business _____ Home _____

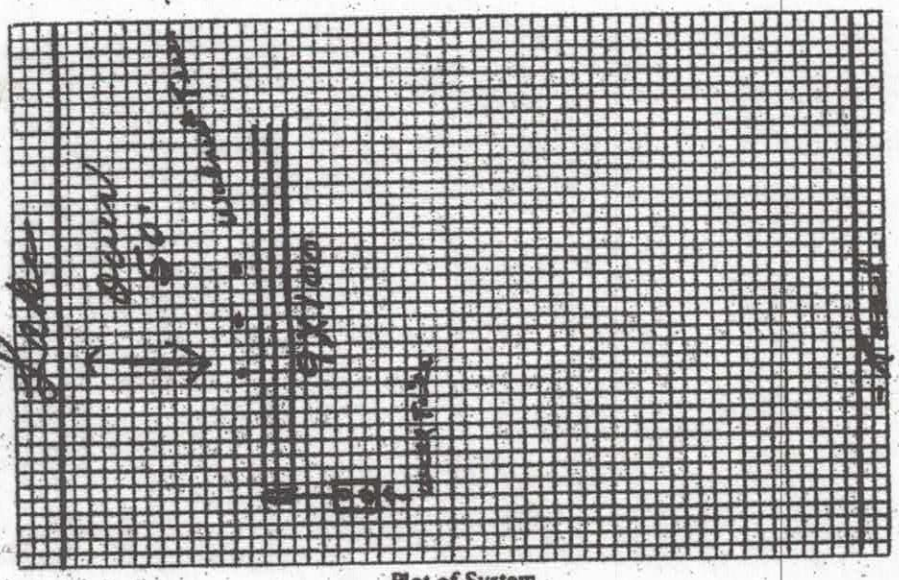
LOCATION Spring Shores Sub. Division off of Sam Ostwalt Rd #1332 S. R. No. _____

SUBDIVISION NAME Spring Shores LOT NO. 110 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3
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 Cecil Clay
Percolation Rate _____
Topography Slope to Lake Low
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co

½ well tile put over clean out hole at back of tank

IMPROVEMENTS PERMIT BY _____

COMMENTS: House not started at time of septic tank installation. Surface water should be diverted away from septic tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8/10/77

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