# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 322334

PIN # 4711 -- 46 -- 546

APPLICANT/OWNER: Clayton Homes - Lynn Snead APPLICANT ADDRESS: 8026 Northside Rd, Statesville

SITE ADDRESS: 422 Sagebrush Rd, Statesville NC 28677 PHONE: 704-873-2547 ALT. PHONE

SITE DIRECTIONS: (W) Old Mountain → (L) Buffalo Shoals → (L) Laurel Cove → (L) Sagebrush

SUBDIVISION: Buffalo Shoals Park SECTION: — LOT # 40 LOT AREA: ~ 0.46 ac

SAP CONTROLLED: [X] YES [ ] NO DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 10/2 | Date | 8-30-2021 | [ ] New System [X] 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: | Repair - New Tank |
| # Nitrification Fields | | # Lines | | Linear Ft. | | Maintenance Agreement Required: | [ ] YES [X] NO |
| Trench Width | EXISTING | Trench Bottom Depth (Low side) | | | | Gravel Depth | [X] GRAVITY [ ] PRESSURE |

[X] Residence [ ] Business [ ] Other [ ] Slab [X] Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

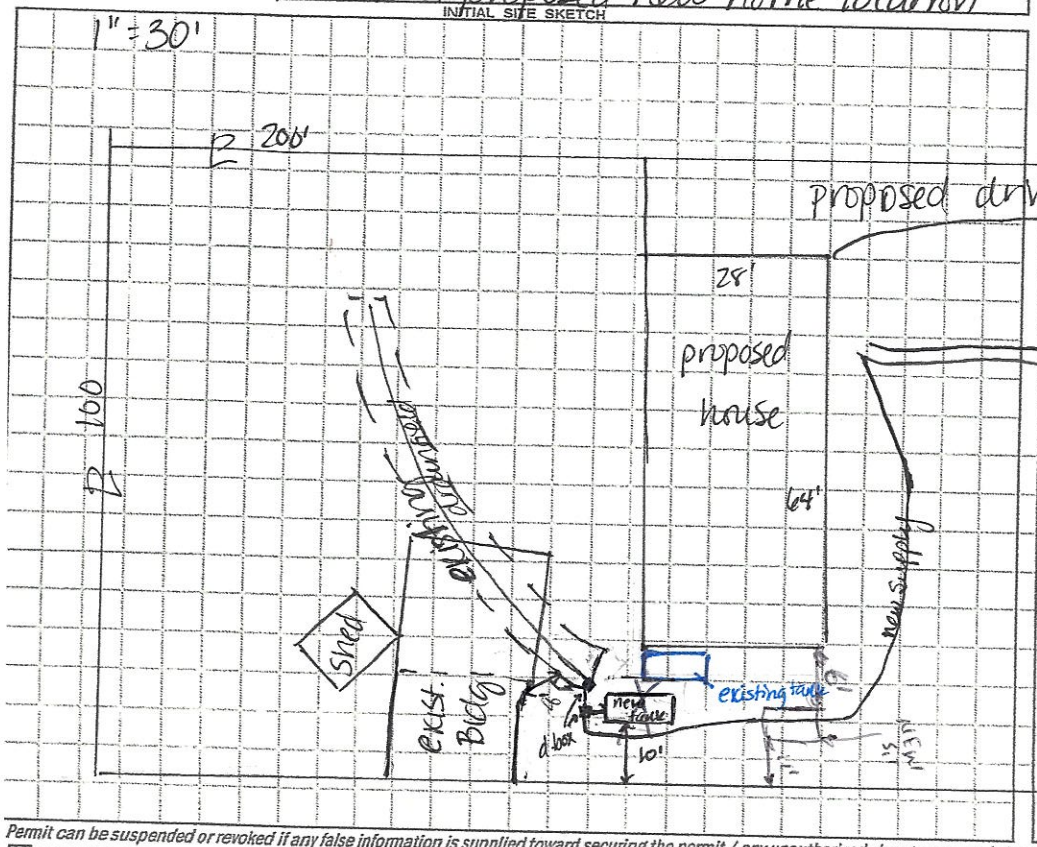
[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [ ] Community

Comments / Conditions: Pump crush & fill existing tank. Keep new tank 10' from property line, 5' from shed foundation & 5' from proposed new home location

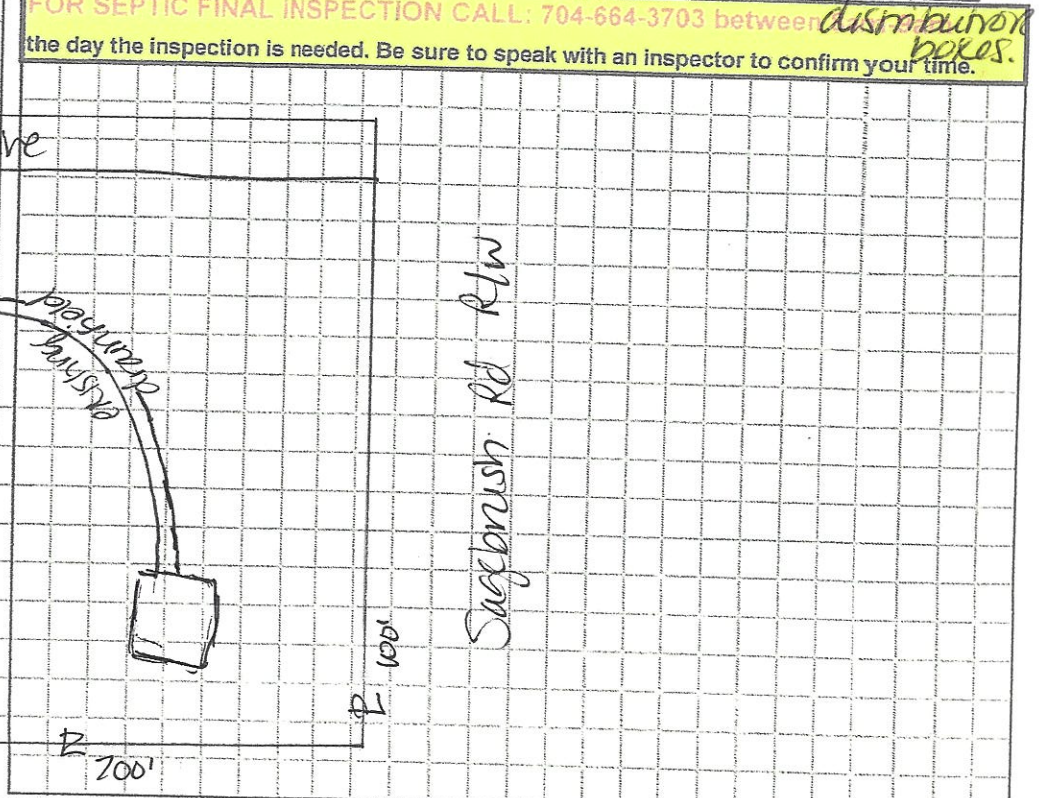
THIS IS NOT AN AUTHORIZATION TO CONSTRUCT FOR THE NEW HOME - tank replacement only. Split feed between upper & lower systems w/new distribution boxes.

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.




*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

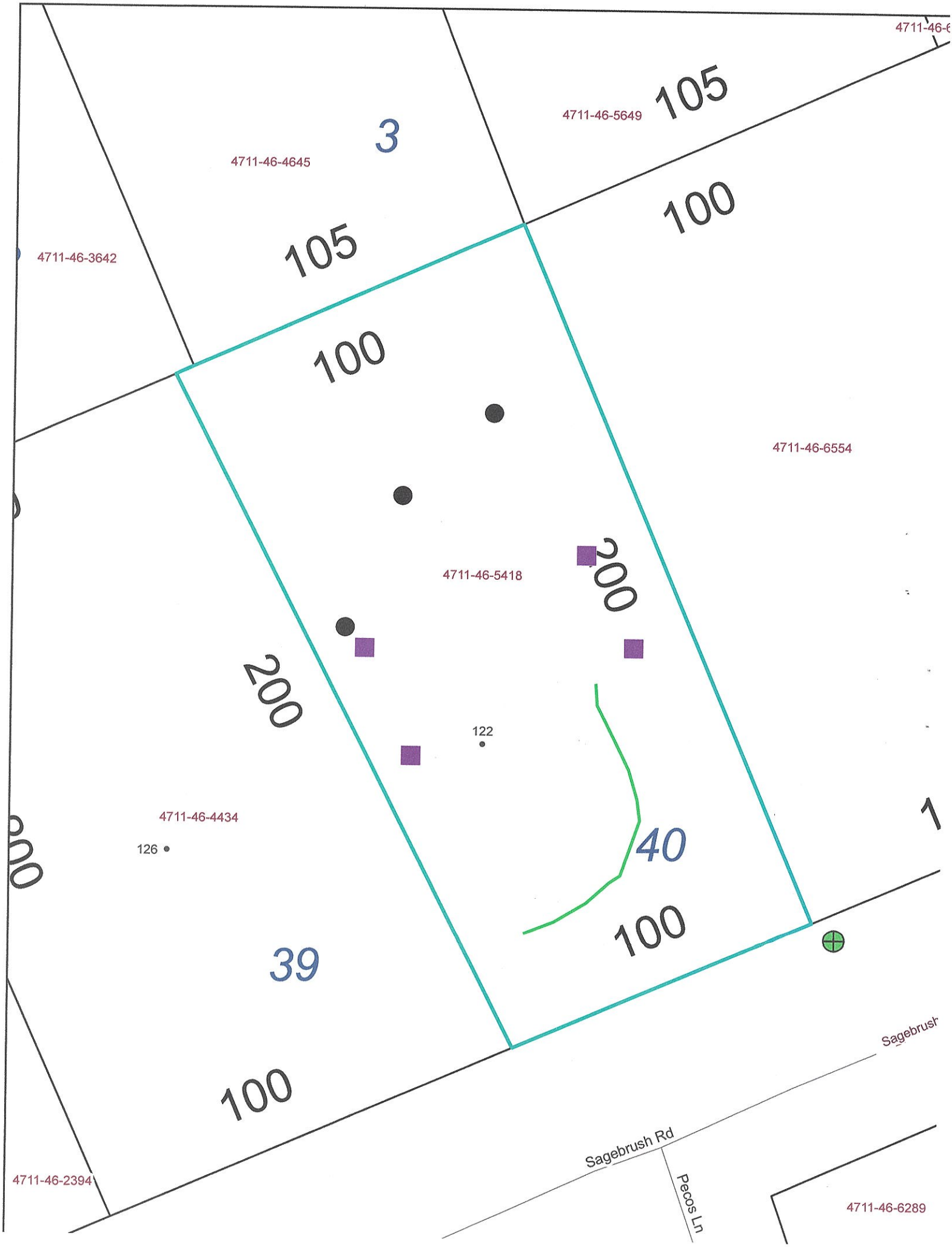
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/18/21 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: D. Wiebery Date: 10/13/21 OPERATION PERMIT by: Basant C. White Date: 11-23-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebery Date: 10/13/21 Existing System Inspected by: Date:

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


4711-46-5649
105
3
4711-46-4645
105
100
4711-46-3642
100
4711-46-6554
200
4711-46-5418
200
122
4711-46-4434
126
40
100
39
100
Sagebrush
Sagebrush Rd
Pecos Ln
4711-46-2394
4711-46-6289

RECEIVED OCT 1 4 2021

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## Iredell County Health Department – Environmental Health Division

### PAGE 1: APPLICATION FORM

AP-322334 Repair Eval

**Application For:**

~~( ) Septic Improvement Permit~~ ( ) New Well Permit
~~( ) Authorization to Construct~~ (X) Well Repair Permit
(X) Existing System Inspection ( ) Well Abandonment
( ) 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:** *Place an (X) beside whichever is submitted if applicable*

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

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Clayton Homes Statesville Address: 2020 Wortte. Ave Dr Statesville, NC Zip: 28625
Applicant Email: HC0726@ClaytonHomes.com Phone: 704-873-2547 Alt. Phone: 704-929-1550
Owner Name: Lynn Sweat Address: 122 Sagebrush RD Zip: 28677
Owner Email: Phone: 704-657-7385 Alt. Phone:

**Property Information:**

Street Address: 122 Sagebrush RD Statesville, NC 28677
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: 40 (W) To Old NTN RD make (L) off Exit (R) on Buffalo Shoals (L) on Laurel Cove RD (L) on Sagebrush 122

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:** X Tank Drain lines Describe Problem: Tank damaged

Square Footage of Building: Type of Business:
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 (X) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Year existing system installed: ??

**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:** Sales Manager
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-21-2021
DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## 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 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, Lynn Snead, am the legal owner(s) of the property located at 122 Sagebrush RD Statesville, NC 28677 identified as PIN (Parcel Identification Number) 4711-46-5418, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes / Adam Castleberry, 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.

Lynn Snead

Signature of Owner(s)

7-21-2021
Date


**Mooresville - Environmental Health**
renda.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 Septic App

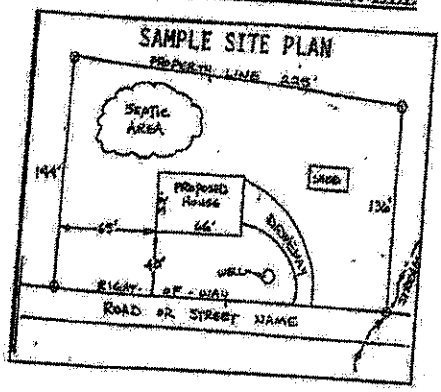
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## 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
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

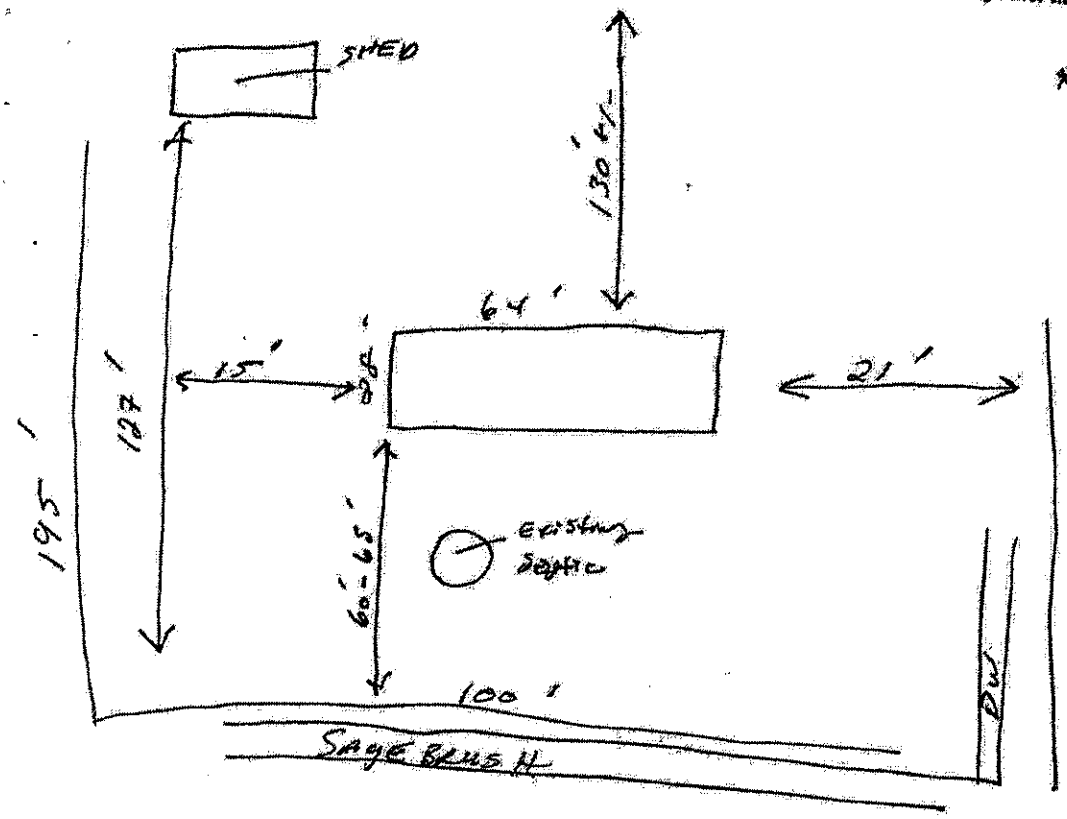



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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:** _____

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

* Pump for Well House across the Street.

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 DOROTHY LOFTIN DATE 12-4-86 PERMIT NO.

PHONE: Business Home

LOCATION Buffalo Shoals Rd. west past Kyles Xing - T.L. on Laurel Lane Rd then T.L. on 1st st. - 2nd house on left.

SUBDIVISION NAME S. R. No.

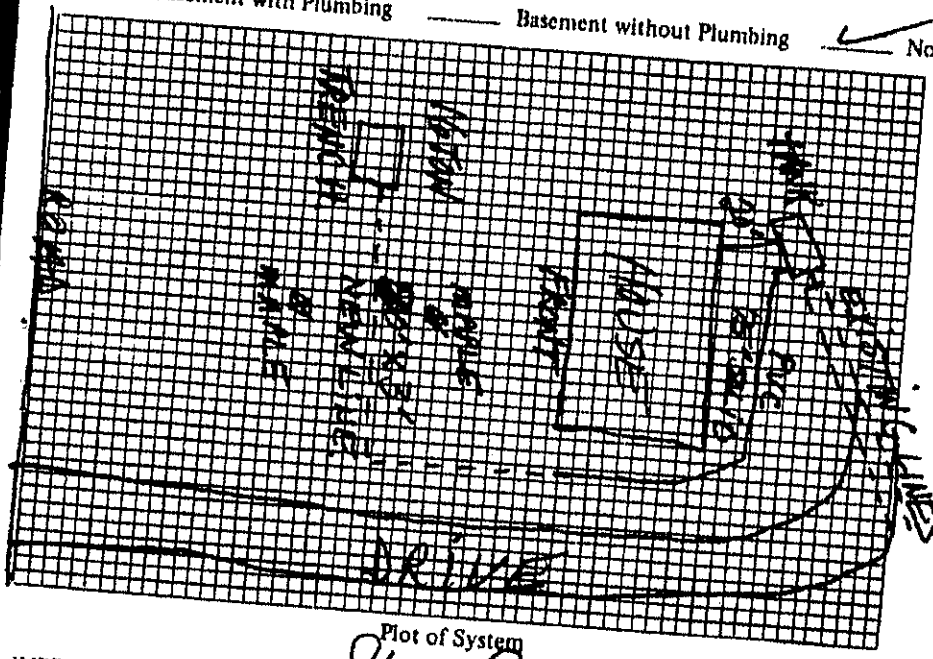
LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 1

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate |
| Auto. Wash. Machine | Yes ( ) | No (✓) | Topography |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table Repair |
| Lot Area Ample | | | Rock or other impervious formations |

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 12" +
Water Supply: Individual ( )
Public (✓)

PLUS 16 TON SUBSURFACE TRENCH AT END.

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed:

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New tee installed inside of tank for new line.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: DATE 12-4-86.

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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