ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 31611

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

PIN # 4712 -- 61 -- 6196

APPLICANT/OWNER: Sandra D Davidson APPLICANT ADDRESS: 2058 Buffalo Shoals Road Statesville NC 28677

SITE ADDRESS: 2080 Buffalo Shoals Road Statesville NC 28677 PHONE: 704-528-0012 ALT. PHONE

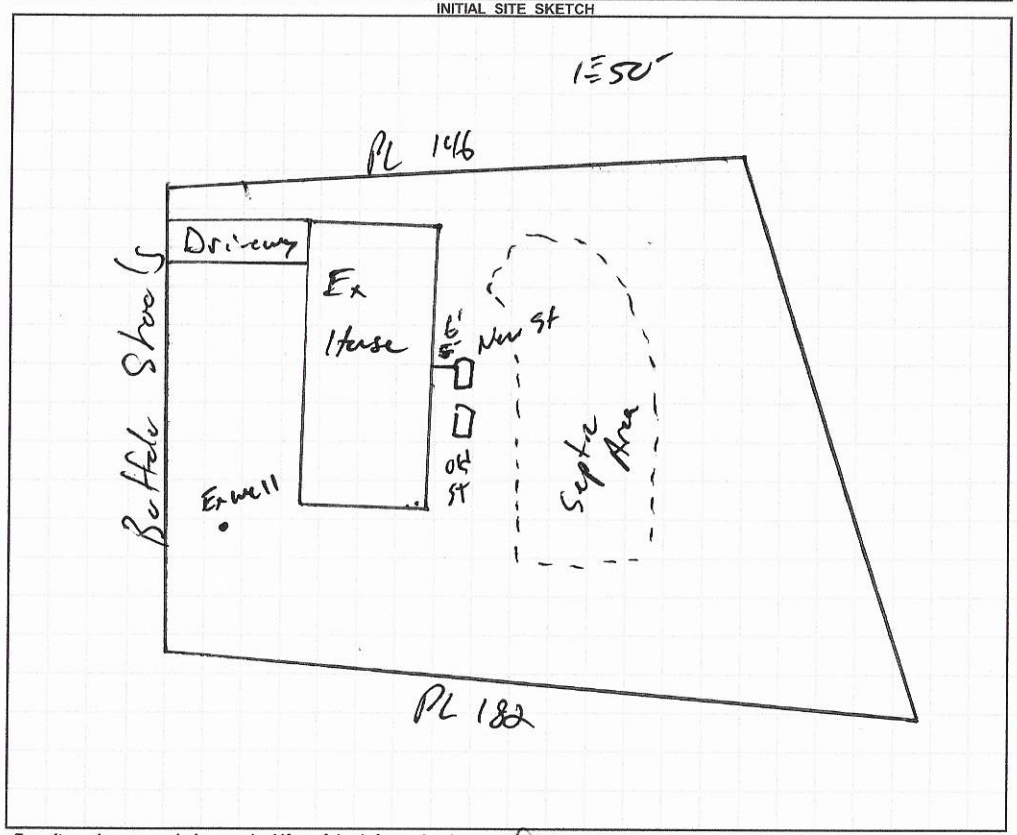
SITE DIRECTIONS: Old Mountain Road toward Troutman Rd Buffalo Here on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Christopher Davidson SECTION: — LOT # 1 LOT AREA: 0.5 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	760	Date	3-9-2021	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex	Water Supply
Pump Tank		(gal)	PT		Date		System Description:				☐ Business	No. Persons	Ex	☒ Private
Pump Make			Model		Serial #		Repair System Description:	Repair			☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex		# Lines		Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump Crush and fill old Septic tank. Inspect D Box and replace if needed.

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.

INSTALLED AS SHOWN

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: Sandra D. Davidson Date: 3-30-21 Installed by: LENTZ Wastewater

IMPROVEMENT PERMIT by: Date: 3-24-2021 OPERATION PERMIT by: Burkett C. Wyatt Date: 4-20-2021

AUTHORIZATION TO CONSTRUCT by: Date: 5-24-2021 Existing System Inspected by: Date:

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

RECEIVED MAR 2 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-316111 Repair Eval

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: Sandra D. Davidson Address: 2058 Buffalo Shoals Rd Statesville, N.C. Zip: 28677

Applicant Email: _____ Phone: Cell # 704-902-0765 Alt. Phone: Home # 704-528-2002

Owner Name: Sandra D. Davidson Address: _____ Zip: _____

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

Property Information:

Street Address: 2080 Buffalo Shoals Rd. Statesville, N.C. 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Number of Bathrooms: 1
( ) New Multi-Family Residence — Maximum Number of Bedrooms: 2
( ) Accessory Building — Maximum Number of Occupants: 2
( ) Bedroom(s) Addition — ( ) Swimming Pool
(✓) Repair to failing septic system (✓) Tank ( ) Drain lines — ( ) Other Addition/Structure: _____
Describe Problem: was told there is a hole in lid and tank leaked it's Crumbling

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) 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 ( ) 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.

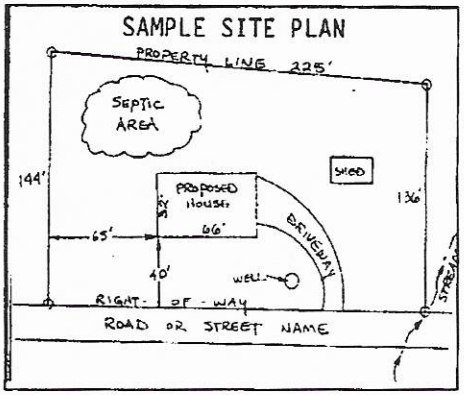
Signature: Sandra D. Davidson — 3-24-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

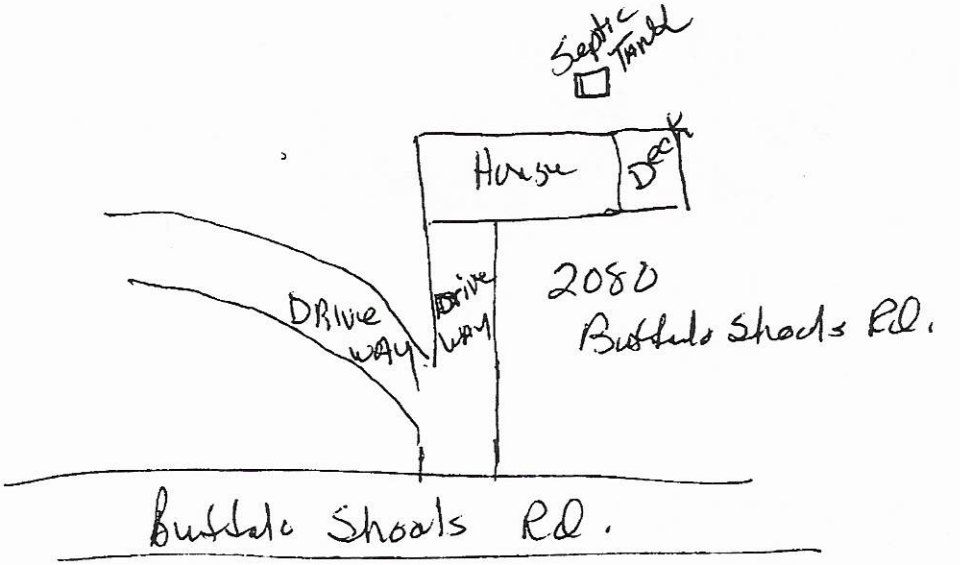
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Sandra D. Hairston

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

3-24-21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15601 DATE 7-27-93 TAX MAP NO. 3Q-A-21

OWNER OR CONTRACTOR Chris Davidson PHONE: Business Home

ADDRESS

LOCATION Buffalo Shoals Rd. TR Concrete St. past Buffalo Rd. 1st house on L

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA SITE CLASS P.S. L.T.A.R. .28 gpd/ft²

Water Supply: ☑ Individual ☑ Community ☐ Public Share with neighbors

Septic Tank: 1000 Gallons: STB 1012 Date 4-15-93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 2 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

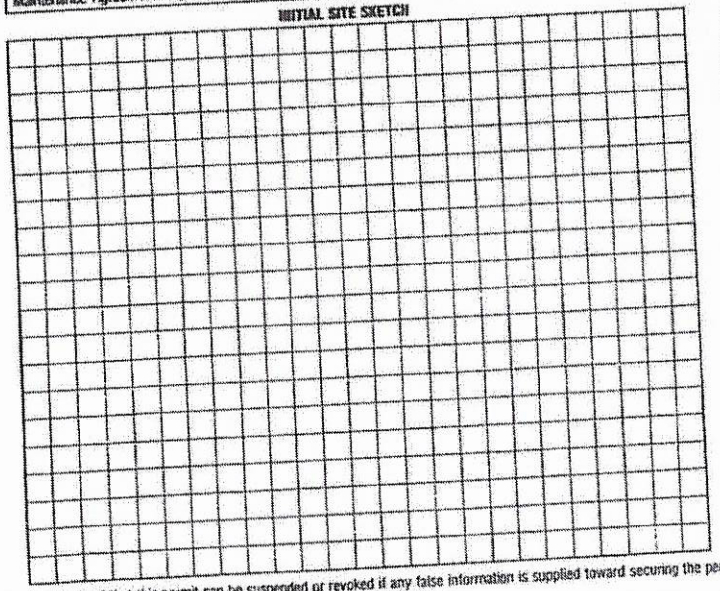
Auto. Washing Machine: ☑ Yes ☐ No

Other

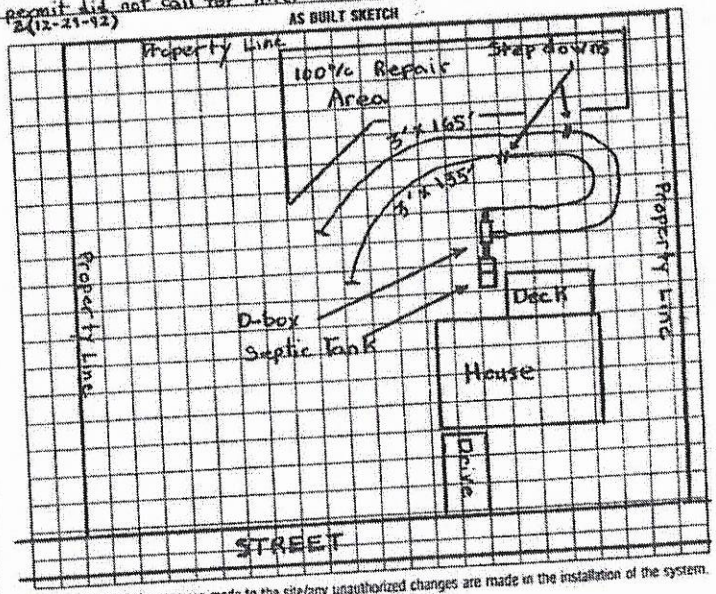
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Contractor (Builder) stubbed out of house in different area than what was permitted for. This caused system to go in different than permitted. 100% Repair Area below system, conventional, gravity fed. Allowed step downs because permit did not call for lines to be kept on contour 2(12-29-92)

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: date 12-29-92

Improvement Permit by: J.C. Moore date

Existing System Inspection by: date

Installed by: Forest Shuford.

Certificate of Completion by: Michael D. Dennis date 7-27-93

Operation Permit by: date

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

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*) Ronda W. Hawkins

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) 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