IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: ERICWARD FREEDOM Homes Address: 1124 Charlotte Hwy Troutman NC Phone: (704) 528-7966

Owner Name: Steven Lambirth Address: _____ Phone: 704 873-5824

Property Information:

Street Address: 1280 Eufola Rd Statesville NC. Iredell Co

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

Driving Directions: I-77 to Troutman TR old mountain Rt on Buffalo shoals Rt on Eufola Lot is on Left

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

(✓) New Single Family Residence	Maximum Number of Bedrooms: 2	(✓) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: 5	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure: _____	( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____ 7-23-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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. 20497 DATE 4-10-95 TAX MAP NO. 30-A-58 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Steven S. Lambeth PHONE: Business _____ Home 528-4418

ADDRESS 1228 Eufola Rd. Statesville, N.C. 28677

LOCATION I-40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd TR Eufola Rd. lot on Left across from Low Lane.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 12 acres SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2-29-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

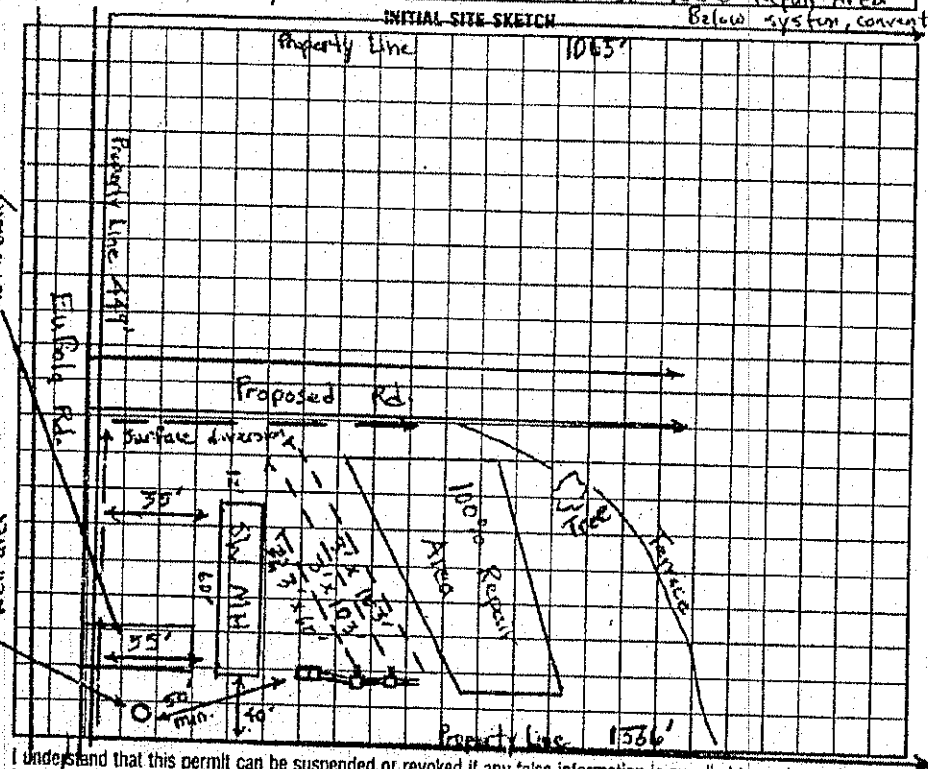
Water Supply: ☑ Individual ☐ Community ☐ Public

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

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' min. from foundation of home, 10' from all property lines, and max feasable distance from any well and no closer than 50'. 100% Repair Area Below system, conventional, gravity fed.

Comments: Well located at time of inspection it is 50' + to septic system. Home not located at time of inspection, keep home foundation min 5' from any part of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

* Home and system to be placed (system installed) 10' further down hill than permitted.

SAME AS INITIAL 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: X Danny W. Lambeth

Improvement Permit By: Michael G. Dennis date 4-10-95

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: Michael G. Dennis date 5-17-95

Operation Permit by: _____ date _____

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, STEVEN LAMBERTH, am the legal owner of the property located at 1280 Eufola Rd Statesville NC, identified as PIN(Parcel Identification Number) ~~2.0850.4.7.1.9.3.~~ 4712620982, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Eric Ward _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Steven Lamberth 6-26-15

Signature of Owner Date

Signature of Witness 6-26-15

Date