ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 310953

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

PIN # 4712-73-8429

APPLICANT/OWNER: Will: Wokatsch APPLICANT ADDRESS: 141 Backcreek LN Statesville NC

SITE ADDRESS: 141 Backcreek LN Statesville NC 28677 PHONE: 704-657-0955 ALT. PHONE 704 872-1804

SITE DIRECTIONS: Buffalo Shoals toward Lake R on Backcreek house on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Stafford Estates SECTION: – LOT # 2 LOT AREA: 4.62 Acres DESIGN FLOW: Ex L.T.A.R.: Ex

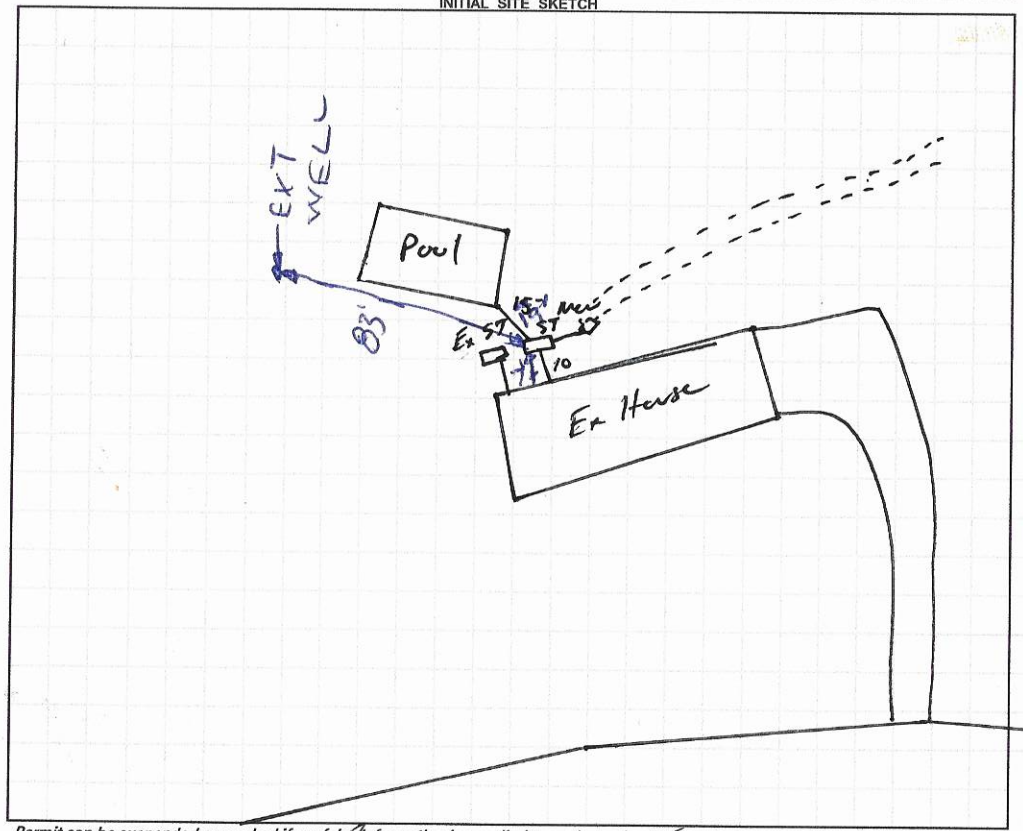
Septic Tank	1000	(gal)	STB	760	Date	9-2-2020	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make		Model			Serial #		Repair System Description:	Tank			
# Nitrification Fields		# Lines			Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	Ex	**Water Supply**
☐ Business	No. Persons	Ex	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing			☐ Basement w/o plumbing

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

Maintain Soft From Well

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.

1"=60

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: Evelyn Wokatsch Date: 9-22-20 Installed by: LENTZ

IMPROVEMENT PERMIT by: Date: 9-22-2020 OPERATION PERMIT by: Date: 10-13-2020

AUTHORIZATION TO CONSTRUCT by: Date: 9-22-2020 Existing System Inspected by: Date:

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

RECEIVED SEP 15 2020

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*

Repair Evaluation - No Chg
AP- 310953

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: WILL WOKATSCH Address: 141 BACKCREEK LN STATESVILLE Zip: 28677
Applicant Email: _____ Phone: (704) 657-0955 Alt. Phone: (704) 812-1904
Owner Name: WILL WOKATSCH Address: 141 BACKCREEK LN Zip: 28677
Owner Email: WACCOUNTING @ BELLSOUTH.NET Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 141 BACKCREEK LN, STATESVILLE, NC 28677

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

Driving Directions: _____

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 ✓ Tank ___ Drain lines Describe Problem: Collapsing

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1984
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

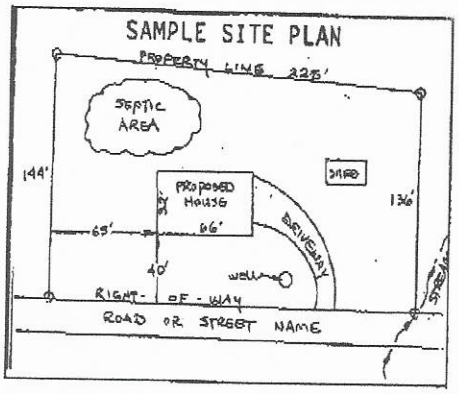
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Will Wokatsch 9-15-20
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:

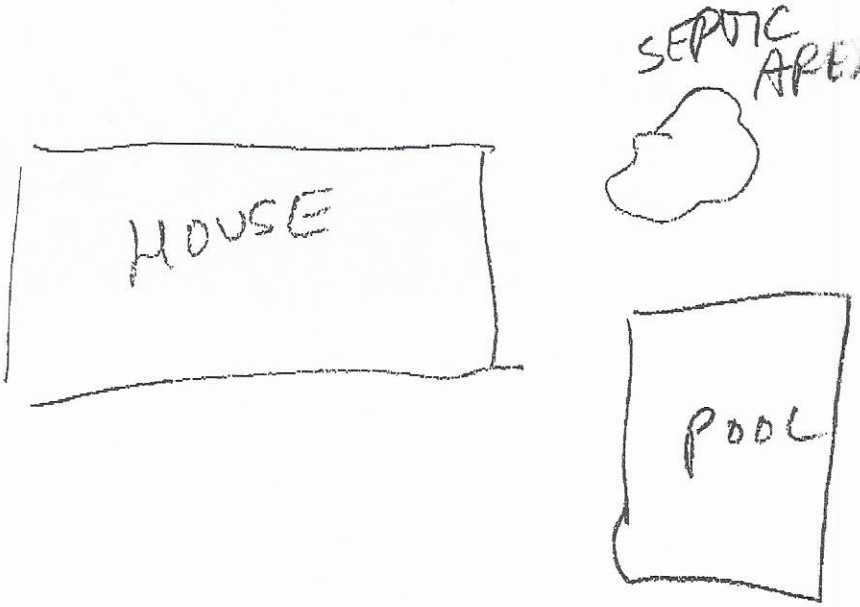
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: William W Watson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-15-20
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4712-73-8429 DATE 4-23-03

OWNER OR CONTRACTOR WILLI WOKATSCH PHONE: Business Home 704-528-1614

ADDRESS 141 BACKCREEK ROAD, STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS ROAD TR BACKCREEK ROAD 2ND HOUSE ON LEFT AT #141

SUBDIVISION STAFFORD EST BLOCK / SECTION LOT 2 LOT AREA 4.62 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: ST8 Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet EXISTING

No Lines 2 Trench Width Max Trench Bottom Depth Gravel Depth

~~New System~~ Repair System Type: I (II) III. IV. V. VI

System Description:

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

~~House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

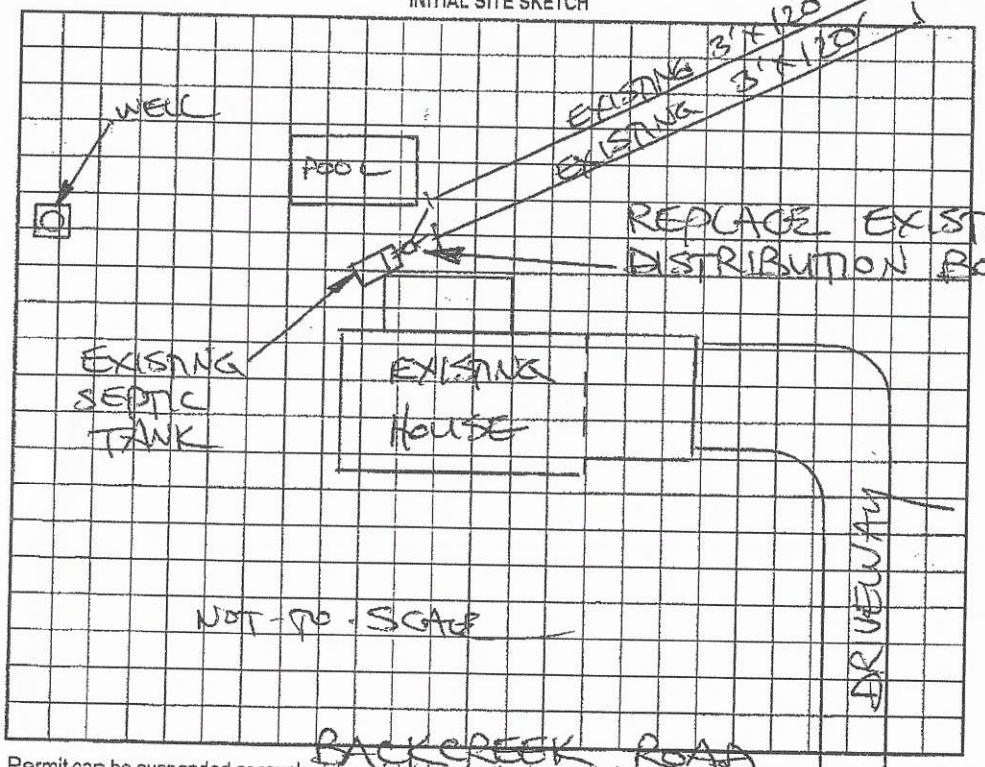
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~Individual~~ ☐ Public ☐ Community WELL

Comments:/Conditions: (1) REPLACE EXISTING DISTRIBUTION BOX AT LOCATION SHOWN. (2) SYSTEM UNDERSIZED ACCORDING TO TOMMY'S STANDARDS

Comments:/Conditions: SEPTIC TANK SHOWS SIGNS OF CRACKING AT CORNERS OF ACCESS LIDS - TANK MAY NEED TO BE REPLACED FOR SAFETY REASONS

INITIAL SITE SKETCH



AS BUILT SKETCH

DISTRIBUTION BOX REPLACED ACCORDING TO INITIAL SITE 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Evelyn Wokatsch date 4-23-03 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 4-23-03 Operation Permit by: STEVE HEDRICK date 5-12-03

Authorization to Construct by: STEVE HEDRICK date 4-23-03 Existing System Inspection by: date

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

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*) William W Hatcher

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 W Hatcher, am the legal owner(s) of the property located at 141 BACKCREEK LN, STATESVILLE, NC 28677 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