# 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 # 243233

PIN # 4713453555

APPLICANT/OWNER: STEPHANIE REDDY

APPLICANT ADDRESS: 121 WYLIE TRAIL, STATESVILLE, NC 28677

SITE ADDRESS: 1488 OLD MOUNTAIN ROAD, STATESVILLE, NC 28677 PHONE: 704-929-6763 ALT. PHONE —

SITE DIRECTIONS: 40 WEST, (L) ON OLD MOUNTAIN ROAD, LOT ON (L)

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.344 AC

SAP CONTROLLED: ☐ YES ☐ NO

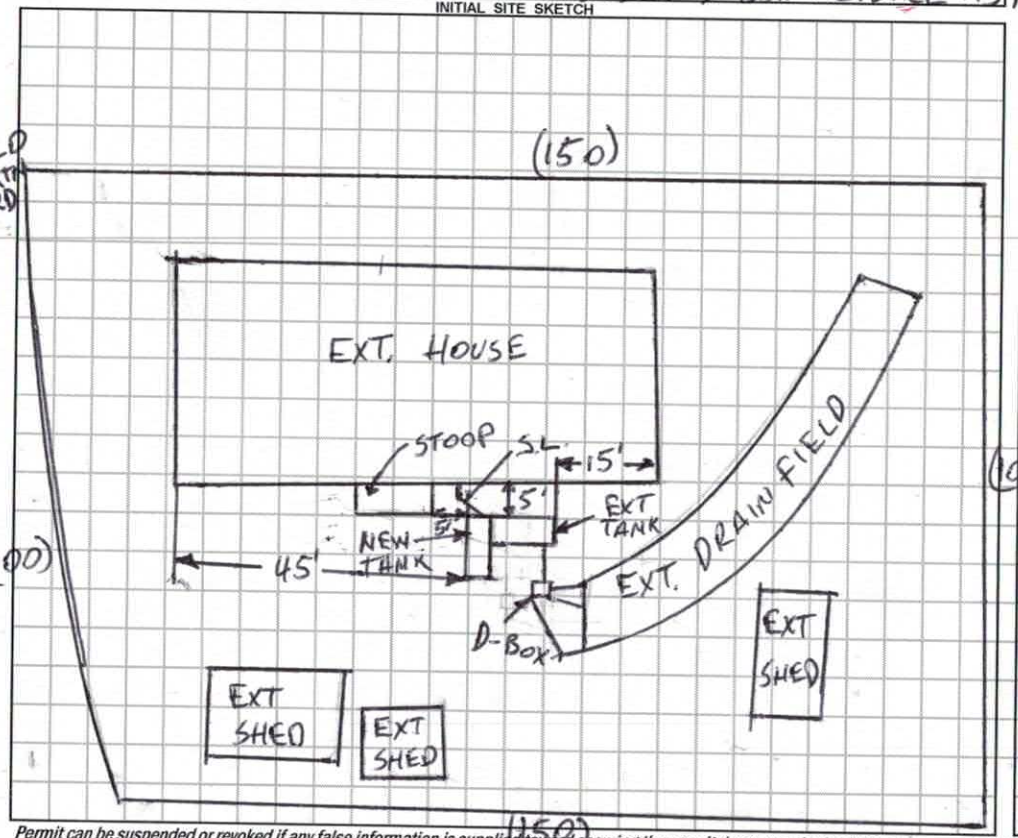
DESIGN FLOW: EXT L.T.A.R.: EXT

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

| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | EXT | Water Supply |
| ☐ Business | No. Persons | EXT | ☐ Private |
| ☐ Other | No. Employees | | ☑ Public |
| ☐ Slab | ☑ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: PUMP, CRUSH, FILL OLD TANK, SET NEW TANK NO CLOSER THAN 5FT TO HOUSE, MAINTAIN DESIRED FALL, INSPECT D-BOX REPLACE AS NEEDED

INITIAL SITE SKETCH




AS BUILT SKETCH

1IN = 30FT

S.L. = SUPPLY LINE

EXT = EXSISTING

D-BOX = DISTRIBUTION BOX

* new tank 6' from stoop
- new d-box installed

*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: [signature] Date: 4/17/19

IMPROVEMENT PERMIT by: Barbara C. White Date: 4-17-19

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 4-17-19

Installed by: Lentz Wastewater

OPERATION PERMIT by: Carla C. Caudle Date: 4-29-19

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.**

RECEIVED MAR 2 7 2019

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

Repair Evaluation

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

#243233

2. 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 check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Stephanie Reddy | 121 Wylie Tr. Statesville | 704-929-6763 | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Stephanie Reddy | | | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 1488 Old Mountain Rd Statesville | | 4713453555000 |

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to Old System
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ~~6~~ 5
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

**IF Non-Residential Site Development:**
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1948 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

No Permit in DB

9. Signature: S Reddy RN — 3/27/19 (DATE)
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Lft msg 3/29/19 re: explanation of problem w/system needed.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## 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, Stephanie Reddy, am the legal owner(s) of the property located at 1488 Old Mountain Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

S Reddy 3/27/19

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

## IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

*SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

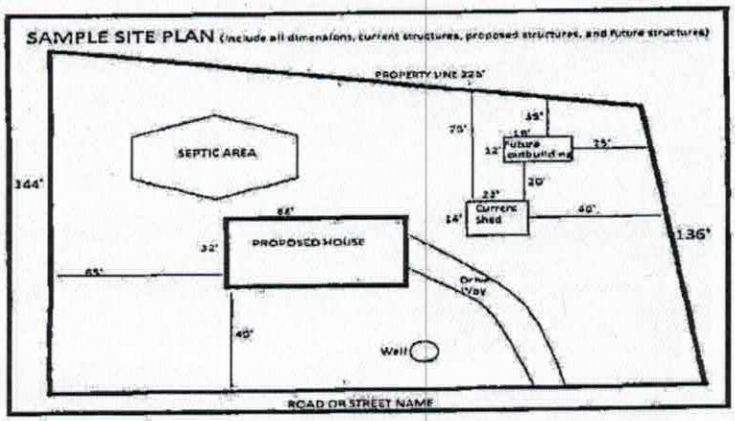
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

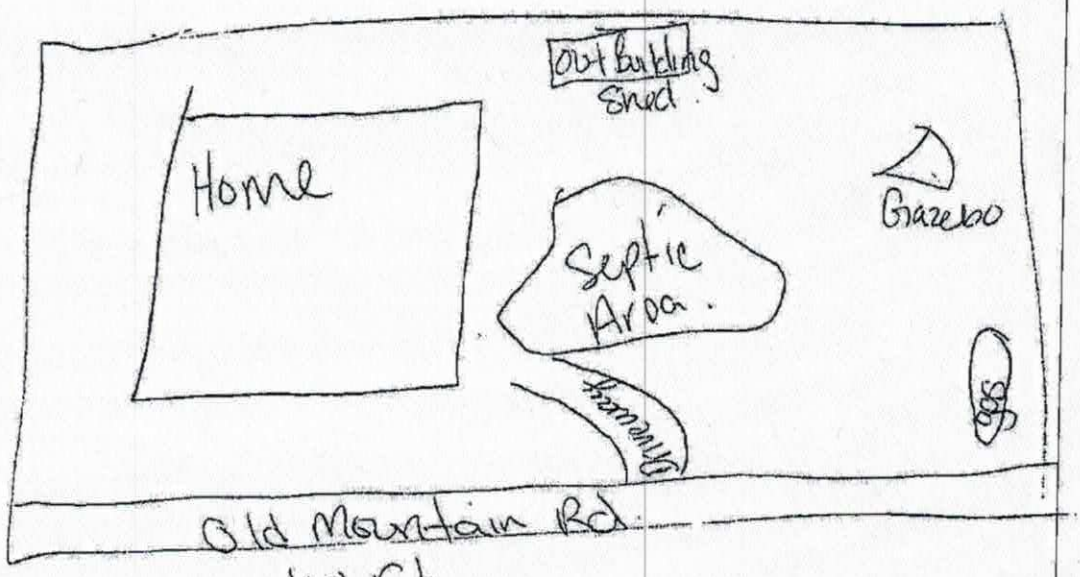
____ Location of septic systems and wells within 100' of your property.. N/A

____ 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**




**Signature:** _____ 3/27/19

*REQUIRED* property owner or owner's legal representative signature. DATE