IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237903

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

PIN # 4714746429.000

APPLICANT/OWNER: Jimmy Leven APPLICANT ADDRESS: 332 Gilbert Rd Statesville NC 28677

SITE ADDRESS: 332 Gilbert Rd Statesville NC PHONE: 704 928 6658 ALT. PHONE 704 929 6495

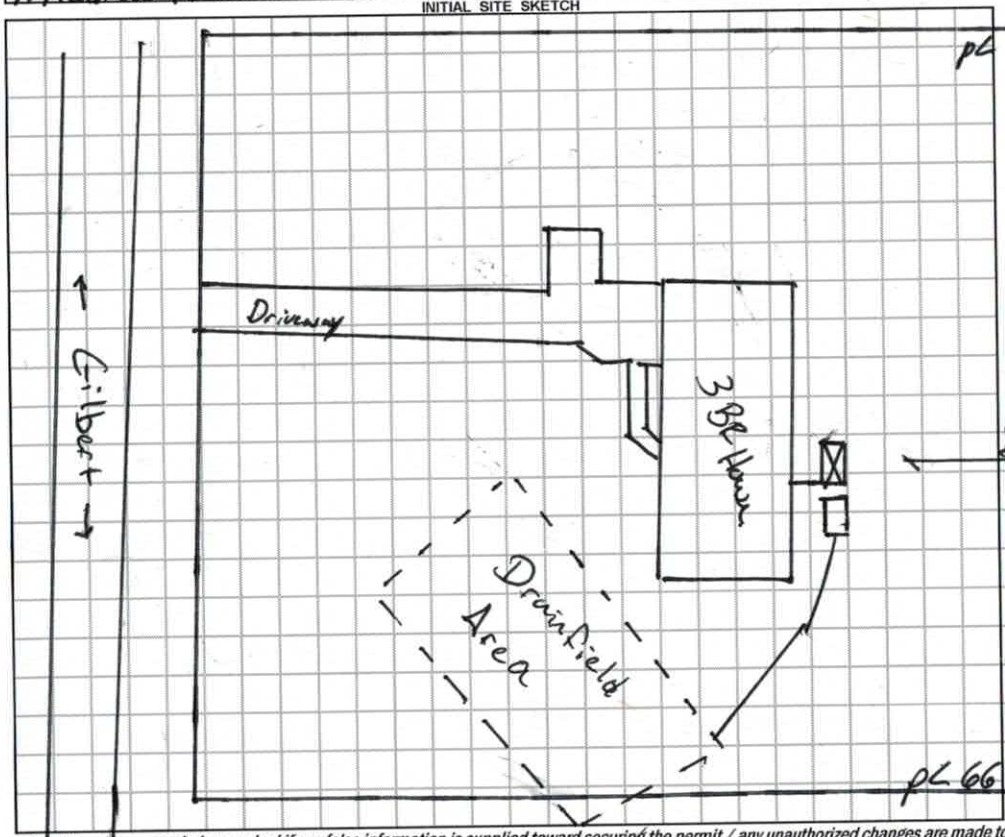
SITE DIRECTIONS: I-40 exit 146 @ on Stamey Farm @ on Gilbert Rd. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 3.04 Acres DESIGN FLOW: 360 L.T.A.R.: EXT

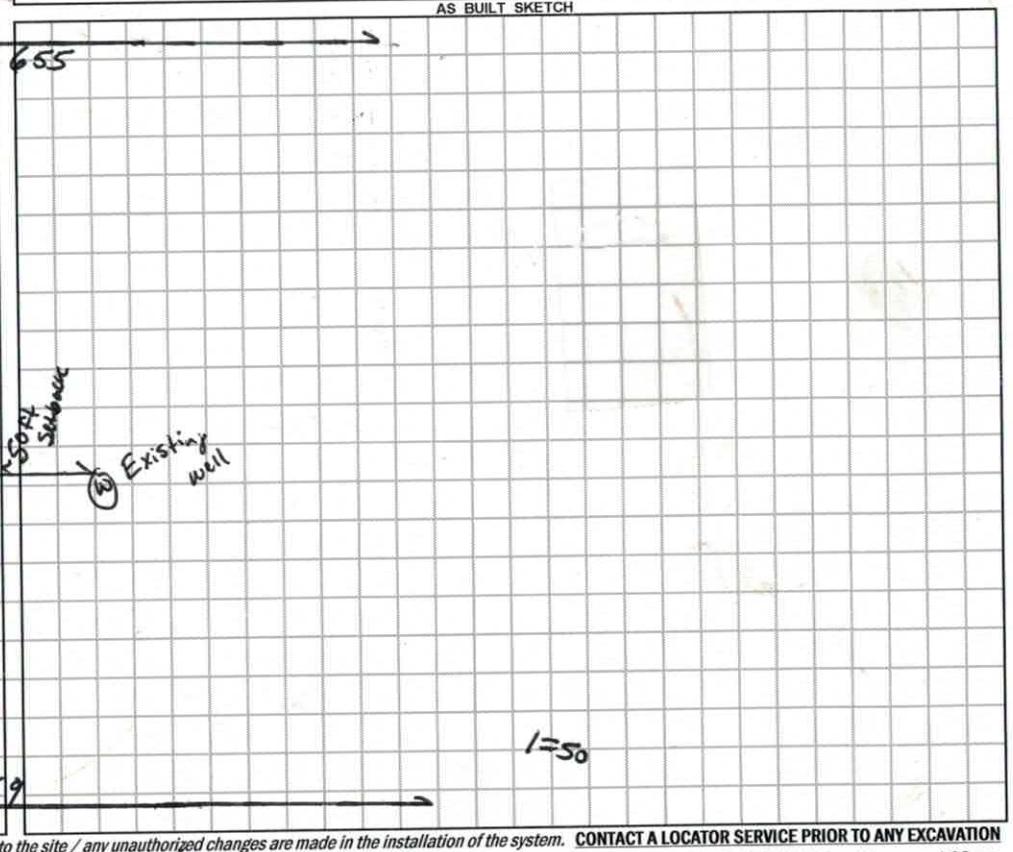
Septic Tank	1000	(gal)	STB	794	Date	7/18/18	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	~			☐ Business	No. Persons	6	☐ Private
Pump Make	~	Model	~		Serial #	~	Repair System Description:	Tank Replacement			☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pump / Crush and Fill existing Septic Tank. Replace with New 1000 gallon Septic Tank. Tie into existing Feed Line.
*Address Possible Water Leak.

INITIAL SITE SKETCH



AS BUILT 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. **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: Jimmy Leven Date: 8/14/2018 Installed by: Shane Cashion - Precision Excavation

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 8/9/2018 OPERATION PERMIT by: Benjamin D. Bolton Date: 8/21/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 8/9/2018. 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 AUG 8 - 2018

Repair-Evaluation-No chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#237903

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: Jimmy Levan Address: 332 Gilbert Rd Zip: 28677

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Jimmy Levan Address: 332 Gilbert Rd Zip: 28677

Owner Email: jimmy.levan@gmail.com Phone: 704 928 6658 Alt. Phone: 704 929 6495

Property Information:

Street Address: 332 Gilbert Rd Statesville NC

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

Driving Directions: Exit I 40 Exit 146 Travel South on Stamey Farm, Left on Gilbert Rd

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Caved in

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: Jimmy Levan 8/8/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

X 10 Leaky Fixture Toilet
- 12

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, JIMMY LEVAN, am the legal owner(s) of the property located at 332 GILBERT RD, STATESVILLE, identified as

PIN (Parcel Identification Number) 4714746429.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Shane Cashion, Precision Excavation, 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.

Jimmy Levan
Signature of Owner(s)

8/8/2018
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

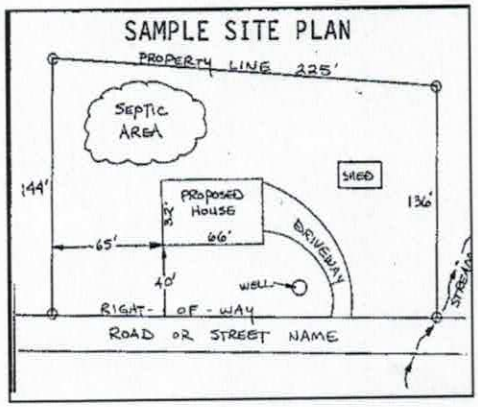
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

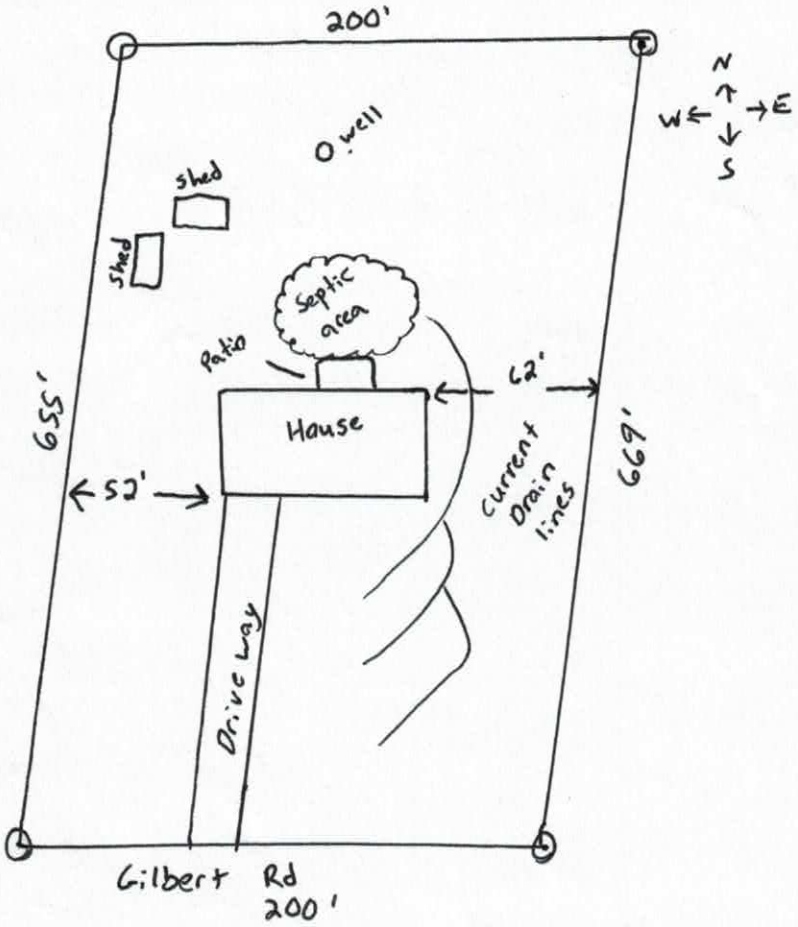


Circle N/A on the following if appropriate:

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: Jimmy Lewis

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

8/8/2018

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# X PIN# 4714 74 6429 DATE

OWNER OR CONTRACTOR Jimmy + Diana Levan PHONE: Business (704) 896-4665 Home (704) 878-6369

ADDRESS 332 Gilbert Rd Statesville

LOCATION Stamey Farm Rd to Gilbert Rd 4th home on left 332 on Mail box

SUBDIVISION ^ BLOCK / SECTION ^ LOT ^ LOT AREA 3.04 ACRES SITE CLASS. GS DESIGN FLOW 360 L.T.A.R. N

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description:

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 6" Stone ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Install Lines on contour

50 chambers or 30 Hds Systems

May install Bull Run Valve To Salvage old system & owner

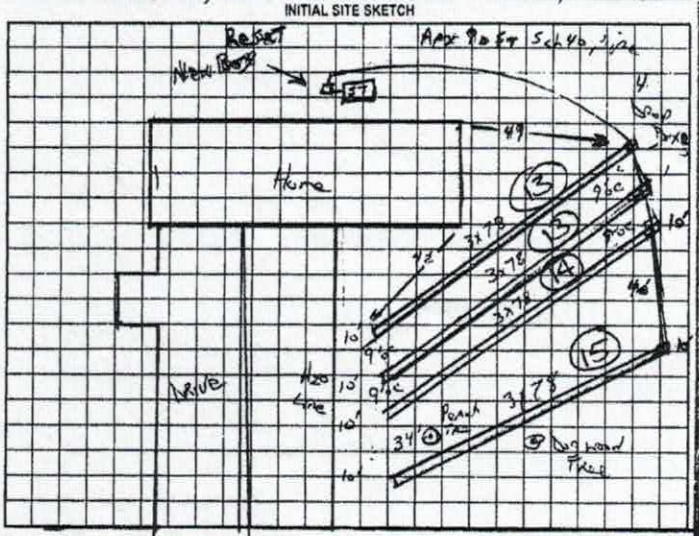
DT Need Pump by Tank. Recommend Diverting Gutter Drains

Comments/Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK

Drains Located

Back Fill Crawl Space drains if found

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED USING 55 "INFILTRATOR" CHAMBERS 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: Jimmy Levan date 4-19-99

Improvement Permit by: Joe Potter date 4.19.99

Authorization to Construct by: Joe Potter date 4.19.99

Installed by: WES LYTTON

Operation Permit by: STEVE HENDRICK date 8-15-01

Existing System Inspection by: date

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

Bill Deal House

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 J. R. Wooten DATE 4/21/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. across 3rd Creek. T.R. Ralph Gilbert RD #1513 - Go 9/10 Mile to House on Rt. S. R. No. _____

SUBDIVISION NAME Bill Deal House LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 3 acres

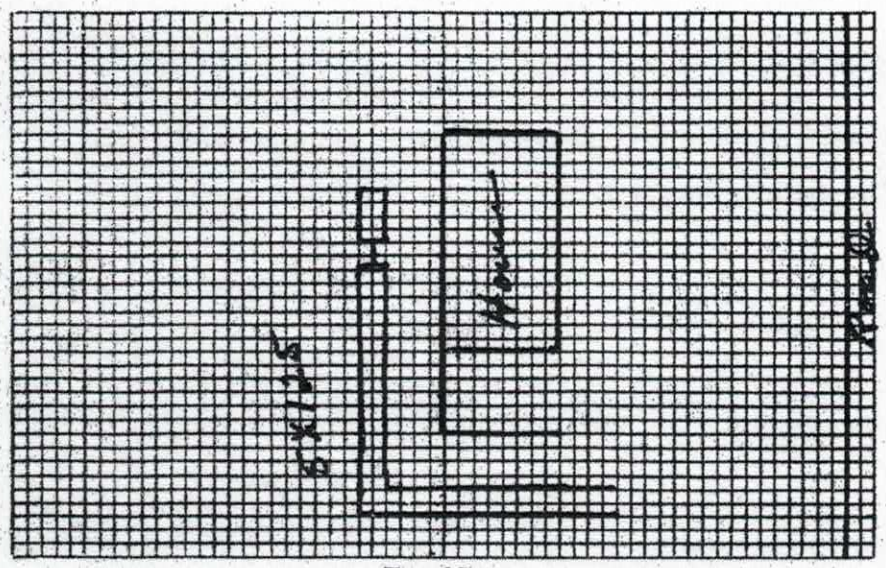
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Slight Slope Low

Depth to Water Table _____

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public ( )

Installed by Hoke Septic Tank Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: No water supply at time of inspection. If well is used it is to be more than 50' from septic tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4/21/77

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

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