ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 CCW | PERMIT # AP-310451

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

PIN # 4722 - 58 - 6138

APPLICANT/OWNER: HAYLEY ALEXANDER & CAMERON HICKS | APPLICANT ADDRESS: 113 STONEFIELD DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 113 STONEFIELD DRIVE, STATESVILLE, N.C. 28677 | PHONE: 704-877-2388 | ALT. PHONE 704-682-2226

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (R) ON RUMPLE HILL, (R) ON STONEFIELD, 1ST ON (L) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: LIPPARD SPRINGS | SECTION: 3 | LOT # 47 | LOT AREA: 0.67 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: EXT

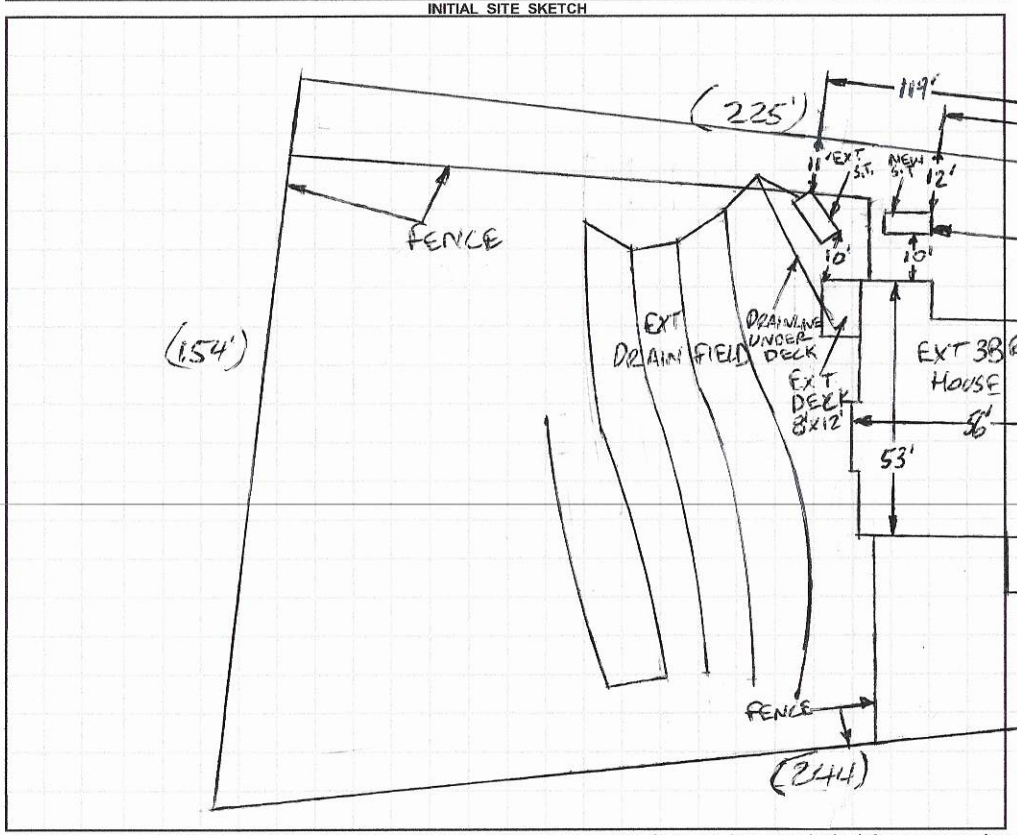
Septic Tank	1000	(gal)	STB 760	Date	7-11-2020	☐ New System ☑ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms EXT
Pump Tank	–	(gal)	PT –	Date	–	System Description:	EXT - CONVENTIONAL	☐ Business	No. Persons EXT
Pump Make	–	Model	–	Serial #	–	Repair System Description:	TANK REPLACEMENT	☐ Other	No. Employees –
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

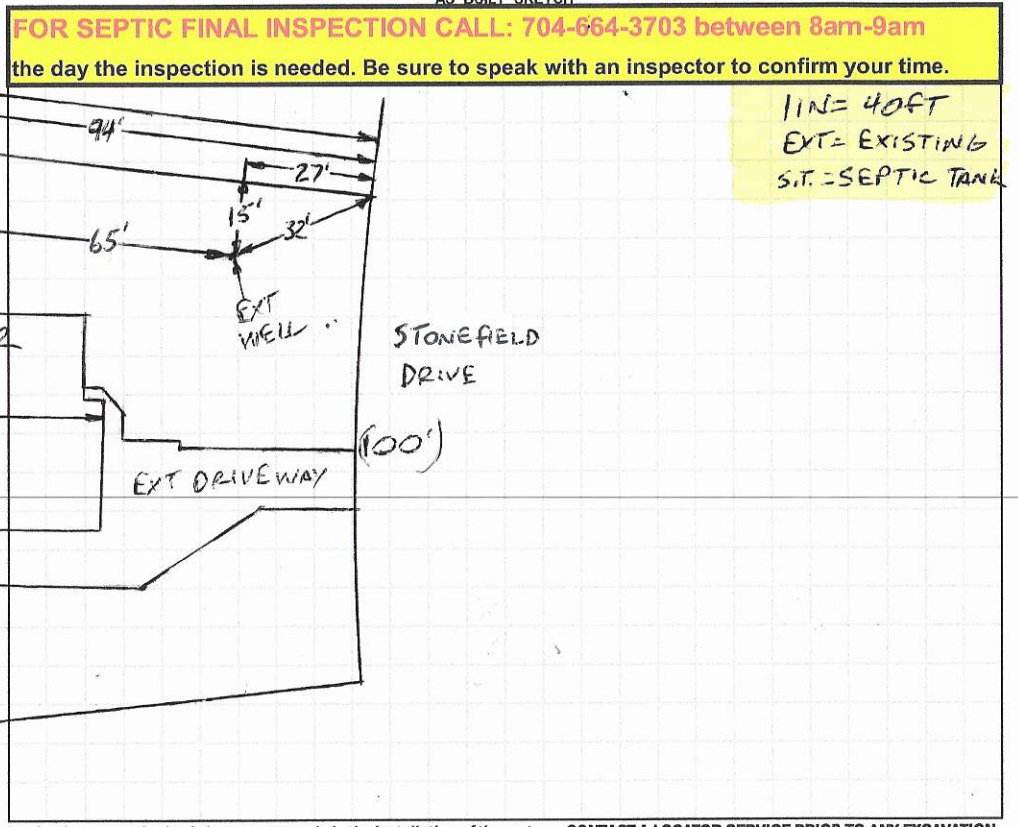
Comments / Conditions: PUMP, CRUSH, AND FILL OLD TANK, DONOT EXCEED 36in of COVER OR TRAFFIC RATED TANK IS REQUIRE UTILIZE RISERS TO BRING TANK ACCESS TO WITHIN 6" of GRADE

SET TANKS TO MAINTAIN GRAVITY FALL, MAINTAIN 50FT FROM ALL WELLS, RECOMMEND REMOVING DECK FROM TOP of BRAINLINE, ORIGINAL PERMIT FROM 1995 REFERENCED

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: Cameron Hicks | Date: 9-10-2020 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White | Date: 9-2-2020 | OPERATION PERMIT by: [signature] | Date: 9-10-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 9-2-2020 | Existing System Inspected by: | Date:

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

RECEIVED AUG 2 8 2020

AP-310451

Repair Eval.

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Hayley Alexander & CAMERON HICKS Address: 113 Stonefield Dr. Statesville, NC Zip: 28677

Applicant Email: hayleydiz@yahoo.com Phone: 704-877-2388 Alt. Phone: (704) 682-2226

Owner Name: SAME AS ABOVE Address: _____ Zip: _____

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

Property Information:

Street Address: 113 Stonefield Dr. Statesville, NC 28677

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

Driving Directions: Once in subdivision turn Right onto the third Road - 2nd house on left.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) 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
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: collapsed tank
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: 1995
(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.

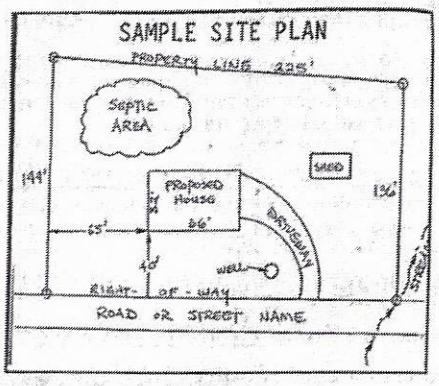
Signature: H. Alexander Cameron Hicks 8/26/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

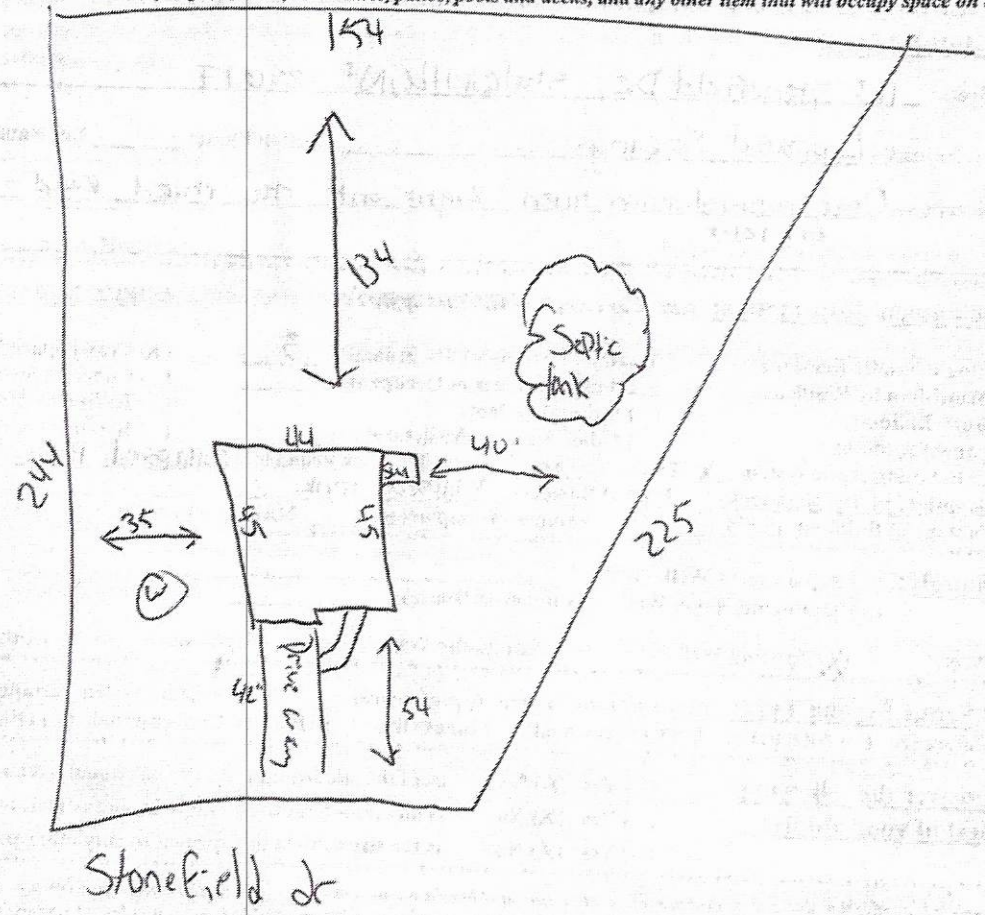
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: A. Luxenda Cameron Hicks 8/26/2020

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

IREDELL COUNTY HEALTH DEPARTMENT

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

56759

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

PROPERTY DESCRIPTION NO. 21346 DATE 7-3-95 TAX MAP NO. 6C-6-A-47

OWNER OR CONTRACTOR David L Sharp PHONE: Business Home 528-3567 Watershed: ☐ Yes ☑ No

ADDRESS 168 Back Creek Lane Statesville, N.C. 28677

LOCATION I40 W TL Old Mtn Rd TL Lippard Springs (Rumple Dr) TR Stonefield Dr. 2nd lot on L

SUBDIVISION Lippard Springs BLOCK / SECTION — LOT 47 LOT AREA .674 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-23-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 5 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: chambered-graveless System

Maintenance Agreement Required: ☐ Yes ☑ No 10-2-95

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other

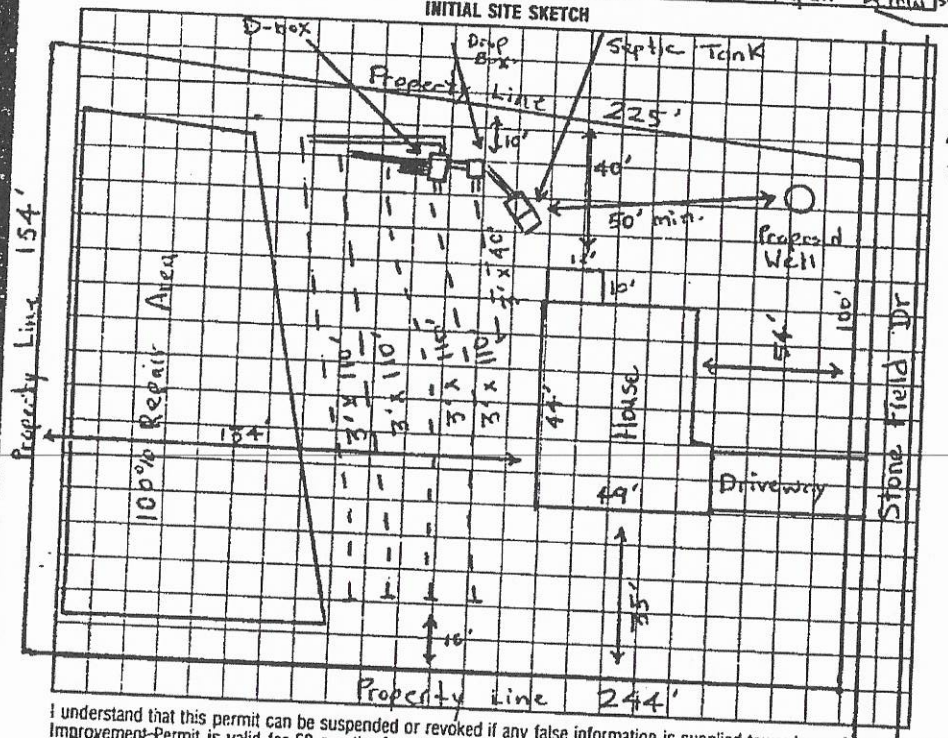
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

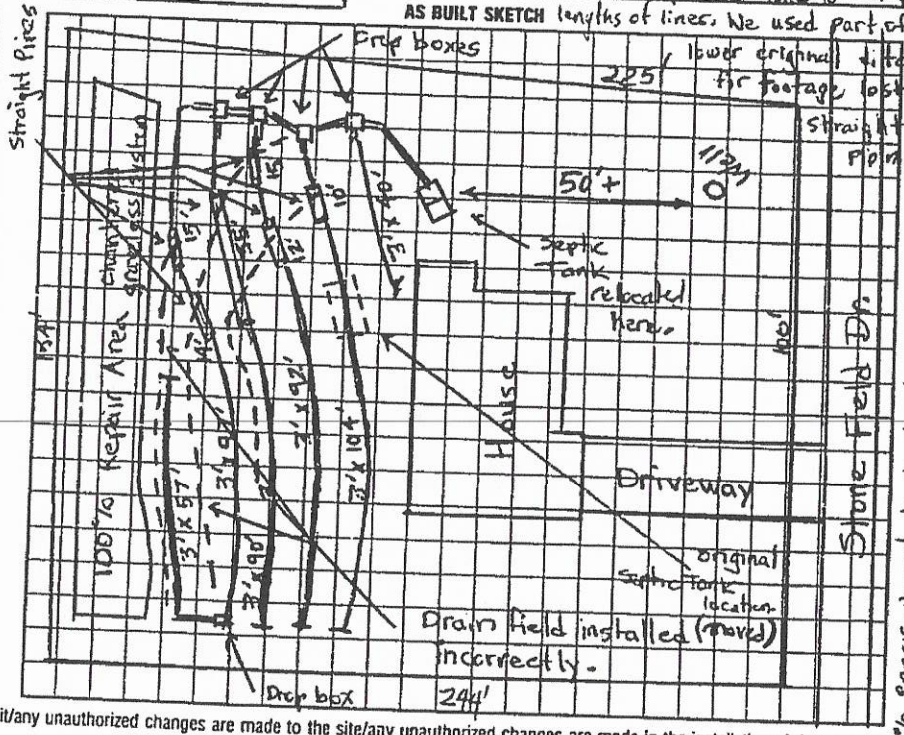
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and max. feasible distance from any well and no closer than 50'. 100% Repair below system conventional, gravity fed.

Comments: Made inspection on 9-22-95, 3 lines were installed, incorrect locations. Met on 9-25-95 to correct. We pulled stone and pipe out of orginal ditches and re-dug line (new ones) in correct places. Straight piping thru original ditches change over system to drop boxes due to un-even lengths of lines. We used part of lower original ditch for footage lost by straight piping.

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: David Sharp

Improvement Permit by: Michael A Dennis date 7-3-95

Existing System Inspection by: _____ date _____

Installed by: Charles Sharp

Certificate of Completion by: _____ date _____

Operation Permit by: Michael A Dennis date 10-2-95

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

60210

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)* A. Luxenberg Cameron Hicks

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.

A. Luxenberg Cameron Hicks — 8/26/2020

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