IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235292

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

PIN # 4722683635

APPLICANT/OWNER: Celia Hunter APPLICANT ADDRESS: ~

SITE ADDRESS: 251 Rumple Hill Drive Statesville NC 28677. PHONE: 704-572 4733 ALT. PHONE 704-622-2735

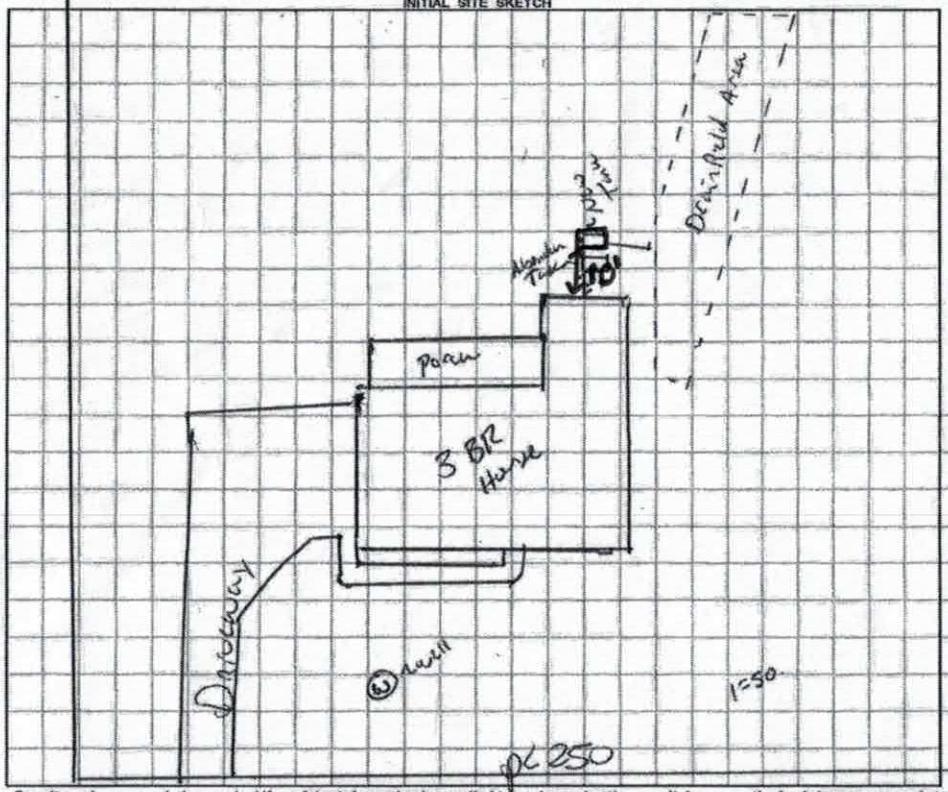
SITE DIRECTIONS: Old Mtn Rd From Troutman R Rumple Hill Home on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lippard Springs SECTION: 4 LOT # 84+85 LOT AREA: 1.3 Acres. DESIGN FLOW: 360gpd L.T.A.R.: .30

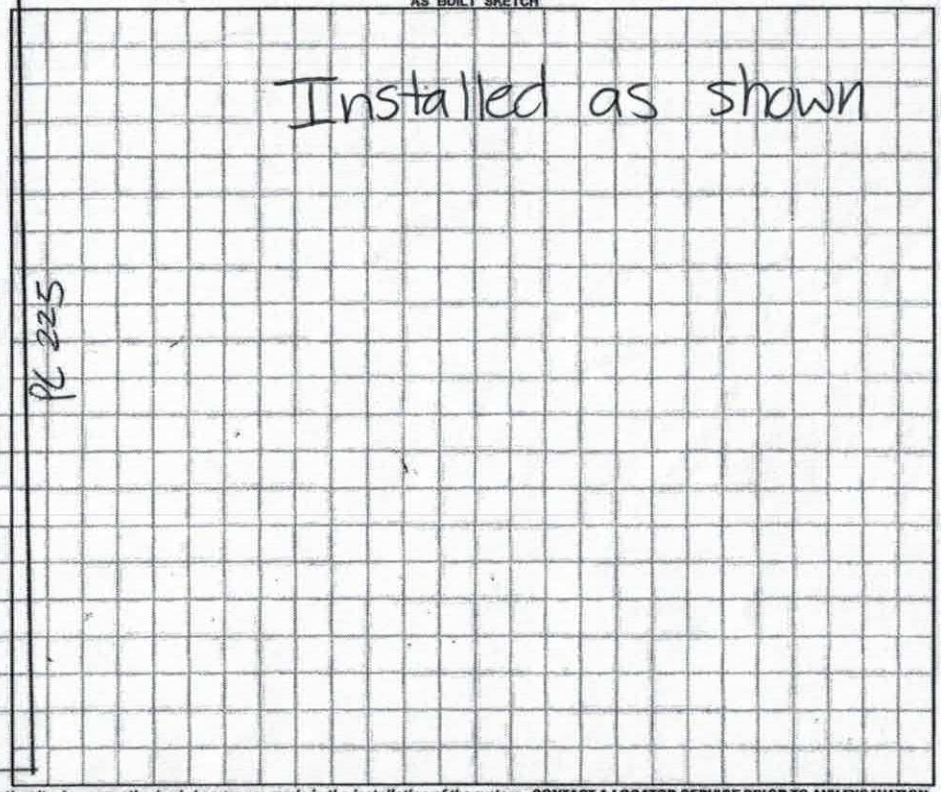
Septic Tank 1000 (gal)	STB 760	Date 2-19-18	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank ~ (gal)	PT ~	Date ~	System Description: ~				☐ Business	No. Persons 6	☒ Private
Pump Make ~	Model ~	Serial # ~	Repair System Description: Tank 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: Replace Septic Tank. Crush/Fill existing Septic Tank.

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: Rumple Hill → Date:

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 5/4/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 5/4/18.

Installed by: Lentz Wastewater

OPERATION PERMIT by: Kayla Wilson Date: 5-14-18

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-684-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

235292

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Celia Hunter Address: _____ Zip: _____
Applicant Email: celia.hunter@allentate.com Phone: 704-592-4733 Alt. Phone: _____
Owner Name: David King; Kim King Address: 251 Rumple Hill Statesville Zip: 28677
Owner Email: david.d.king1959@gmail.com Phone: 704-622 2735 Alt. Phone: _____

Property Information:

Street Address: 251 Rumple Hill Statesville NC 28677
Subdivision Name: Lippard Springs Section/Phase: 4 Lot Number: 84/85
Driving Directions: Old Mountain Rd from Troutman; R Rumple Hill home on right left

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 X Tank X Drain lines Describe Problem: cracks in tank and possible filtration issues
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 2000
( ) 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: Celia Hunter 5/1/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: FB7235A1-41FC-44A0-ADFC-D45682CCD655

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, David & Kim King, am the legal owner(s) of the property located at 251 Rumple Hill Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722 68 3635, located in Iredell County, North Carolina.

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

DocuSigned by: _____ 5/1/2018 | 9:01 AM EDT
Signature of Owner(s) — Date

DocuSigned by: Tim R King 5/1/2018 | 9:05 AM EDT
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

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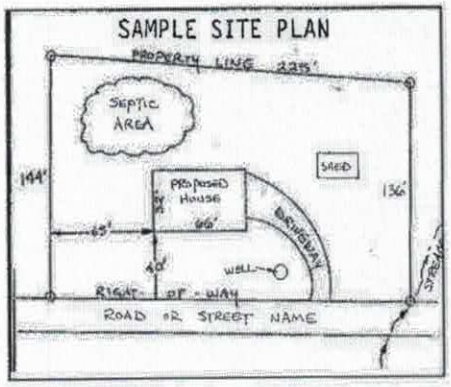
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **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

See attached

Signature: DocuSigned by: Celia H. Hunter 5/1/2018 | 12:36 PM EDT

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

THIS PERMIT VOIDS TWO PREVIOUS ISSUED 3/10/98 AND 3/17/98

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-876-5305 MOORESVILLE 704-664-5281

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

PERMIT# 093587 PIN# 4722 68 2665 / 3694 DATE 12-2-00

OWNER OR CONTRACTOR HERITAGE BLDG. CO. PHONE: Business 528-6644 Home

ADDRESS 120 HICKORY POINT CIR, STATESVILLE NC 28677

LOCATION 90 MOUNTAIN ROAD, TURN RUMPLE HILL DR, LOTS # 84 & 85 ON LEFT (SD BEFORE END)

SUBDIVISION LAPARD SPRINGS BLOCK / SECTION IV LOT 84/85 LOT AREA 1.30 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 12-28-00

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines Four Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV-DANK GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

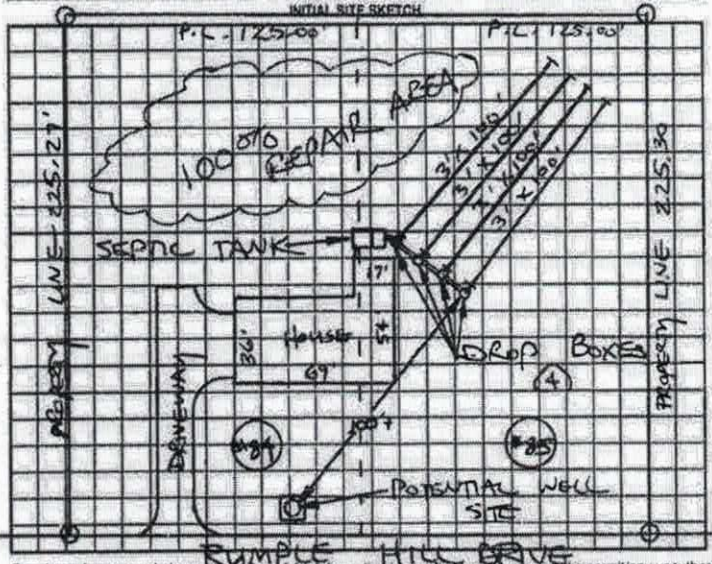
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN WITH PICKLOK EXTRA + MARKER

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 [signature] date 12-4-00

Improvement Permit by: STEVE HEDRICK date 12-2-00

Authorization to Construct by: STEVE HEDRICK date 12-2-00

Installed by: TOMMY FOX

Operation Permit by: [signature] date 4-27-01

Existing System Inspection by: date

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