ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311118

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

PIN # 4723-98-5016 97-5836

APPLICANT/OWNER: JERRY F. FURR APPLICANT ADDRESS: 976 BUFFALO SHOALS ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 976 BUFFALO SHOALS ROAD, STATESVILLE, N.C. 28677 PHONE: 704-929-8798 ALT. PHONE: —

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.: —

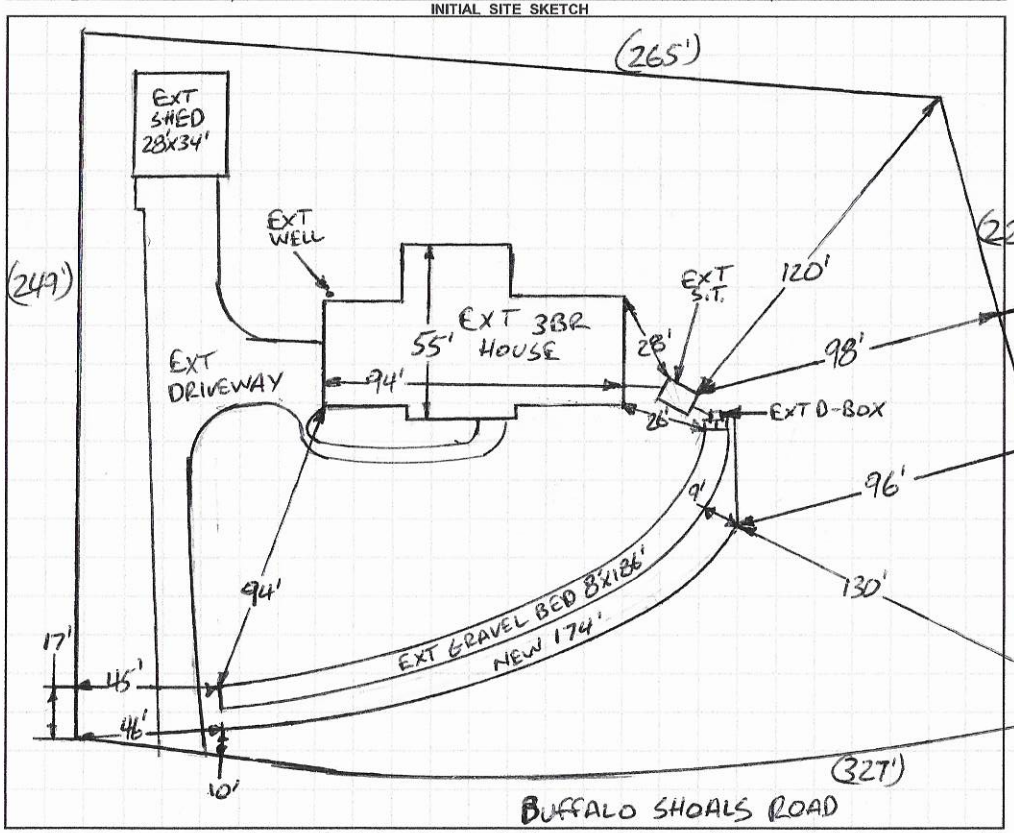
Septic Tank	EXT (gal)	STB	EXT	Date	EXT	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT BED			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXT BED + 25% REDV.			☐ Other	No. Employees —
# Nitrification Fields	EXT+1	# Lines	EXT+1	Linear Ft:	EXT+174FT	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	EXT + (36IN)	Trench Bottom Depth(Low side)	27IN	Gravel Depth	—		☐ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL NEW LINE ON CONTOUR, UTILIZE D-BOX TO FEED OLD SYSTEM FIRST THEN NEW ADDITION DO NOT EXCEED 36 IN MAX TRENCH BOTTOM

DO NOT SHALLOW UP

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 IN = 60 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Jerry F. Furr Date: 11/19/20 Installed by: Lusty Wastewater

IMPROVEMENT PERMIT by: Burgent C. White Date: 11-9-2020 OPERATION PERMIT by: [signature] Date: 12-28-2020

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 11-9-2020 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 25%	0-20	L, SBK	fl, S, P, SEXP	FEW Y/B OB 20" SAP INC THRU. OUT	48"+	NA	NA	PS .3
		20-48	CL, WSBK	FR, SS, SP, SEXP					
2	NOSE 15%	0-48	L, ABK	fl, S, P, SEXP	Y/B MOTS THRU OUT FEW SAP INC	48"+	NA	NA	PS .275
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

drying field doesn't work URGENT AP-31118

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

RECEIVED SEP 2 2 2020

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 (●) 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: Jerry Furr Address: 976 Buffalo Shoals Road Statesville Zip: 28677
Applicant Email: j4urr54@gmail.com Phone: 704-929-8798 Alt. Phone: N/A
Owner Name: Jerry Furr Address: 976 Buffalo Shoals Rd, Statesville Zip: 28677
Owner Email: j4urr54@gmail.com Phone: 704-929-8798 Alt. Phone: _____

Property Information:

Street Address: 976 Buffalo Shoals Rd. Statesville, NC 28677
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 70 To Buffalo Shoals Rd West - Cross 3rd Creek Bridge
1ST house on Right - Brick Aprox 1 mile from Hwy 70

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

(●) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
(●) Accessory Building ( ) Swimming Pool
(3) Bedroom(s) Addition ( ) Other Addition/Structure: _____
(●) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Failed Drying Field
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: 1 Number of Persons: 2

( ) 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: infiltrator

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.

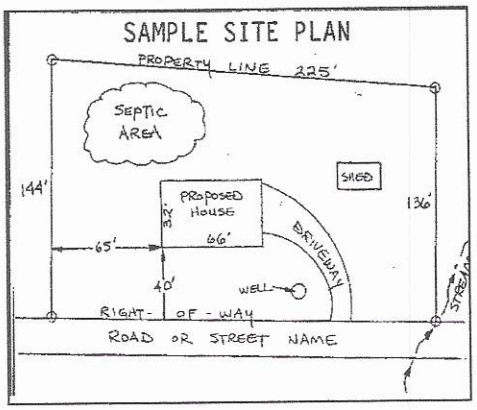
Signature: Jerry Furr 9/22/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

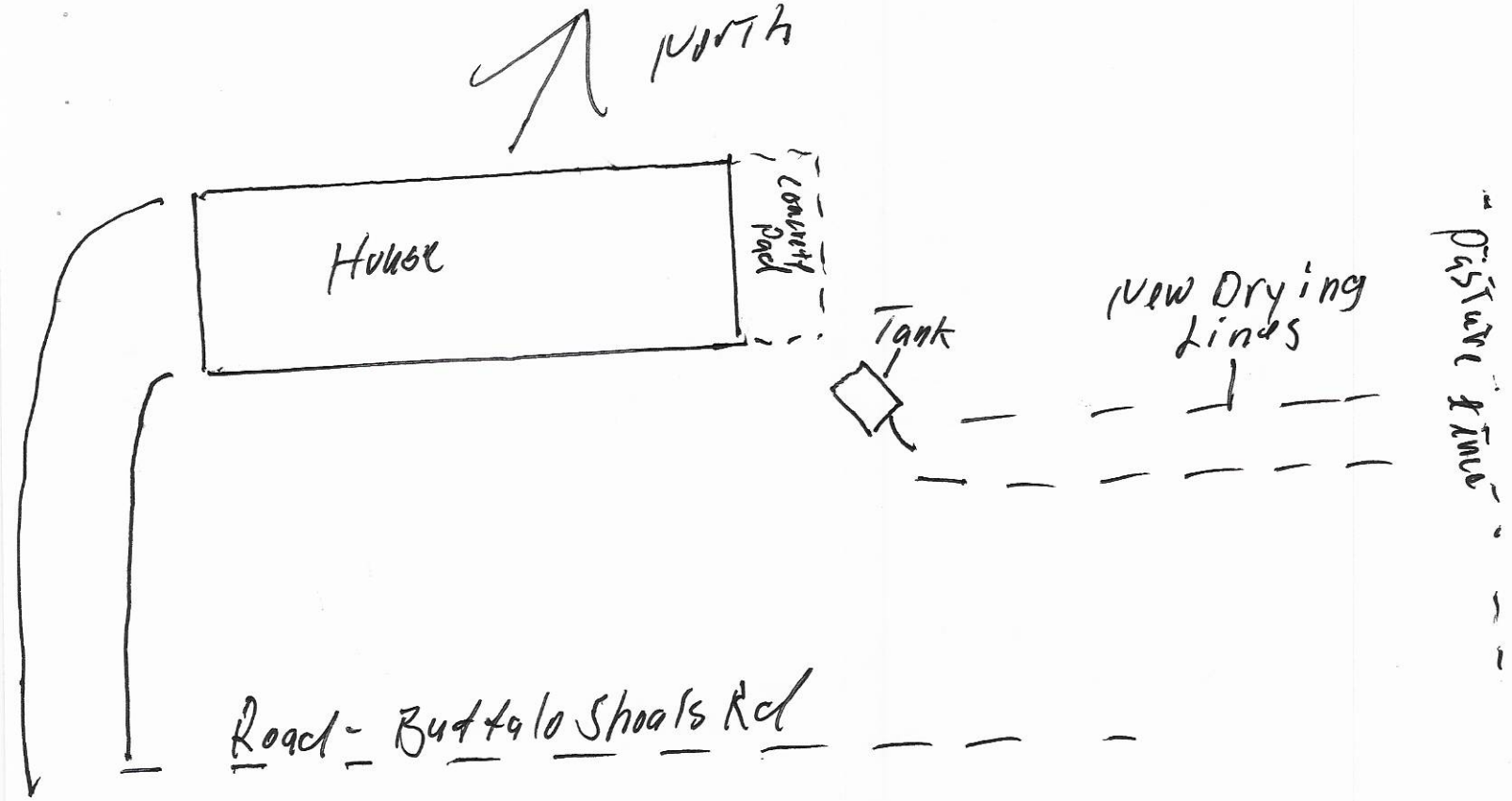
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

9/22/20
DATE

Shane (Ted

Notice

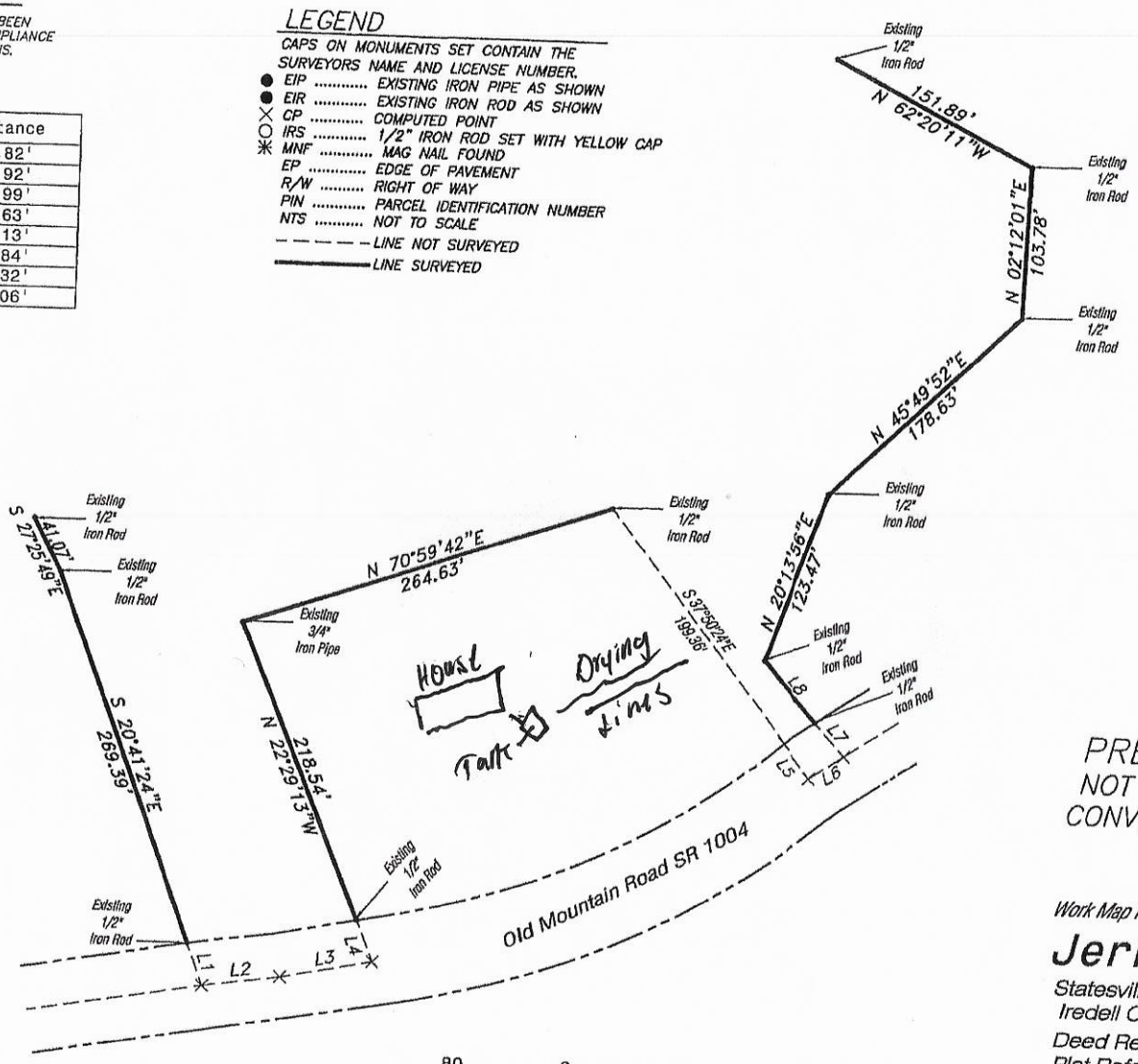
THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

Course	Bearing	Distance
L1	S 20°41'24" E	30.82'
L2	N 81°29'29" E	51.92'
L3	N 78°36'28" E	63.99'
L4	N 22°29'13" W	30.63'
L5	S 37°51'47" E	30.13'
L6	N 56°14'48" E	28.84'
L7	N 42°02'06" W	30.32'
L8	N 42°01'00" W	56.06'

LEGEND

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- ● EIP ..... EXISTING IRON PIPE AS SHOWN
- ● EIR ..... EXISTING IRON ROD AS SHOWN
- ⊗ CP ..... COMPUTED POINT
- ○ IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- ✳ MNF ..... MAG NAIL FOUND
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- – – – – LINE NOT SURVEYED
- ——— LINE SURVEYED



RELATIVE TO PB 60 PG 84

PRELIMINARY PLAT:
NOT FOR RECORDATION, CONVEYANCES, OR SALES

TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Work Map For:

Jerry Furr

Statesville Outside Township
Iredell County, NC
Deed Reference: DB 2545 PG 2244
Plat Reference: PB 60 PG 84
Job Number: 181085
Field work: 12 / October / 2018

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, _____, 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.

_____ Signature of Owner(s)

9/22/20 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