IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237202

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

PIN # 4723-98-5016

APPLICANT/OWNER: Jerry E. Furr APPLICANT ADDRESS: 976 Buffalo Shoals Rd. 28677

SITE ADDRESS: 976 Buffalo Shoals Rd. Statesville, NC PHONE: 704-528-7371 ALT. PHONE 704-929-8798

SITE DIRECTIONS: Buffalo Shoals Rd West from Statesville → House on Right after RR crossing (1 mile) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.67 acres DESIGN FLOW: Existing L.T.A.R.: Existing

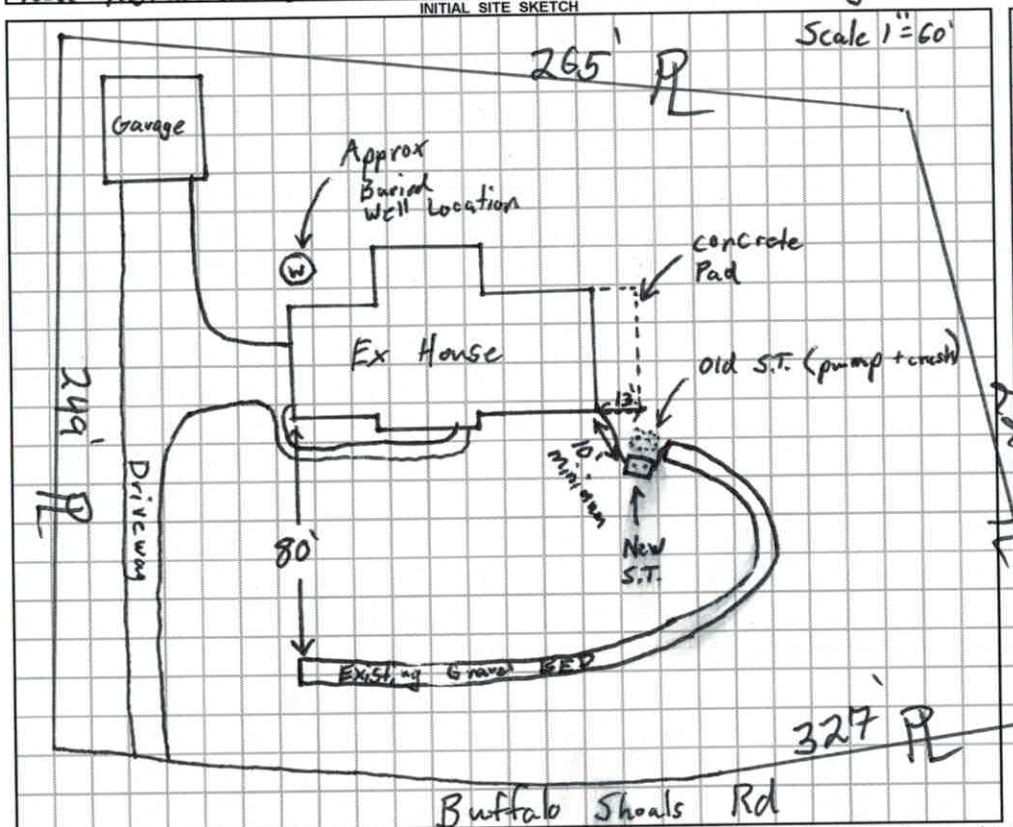
Septic Tank	1500	(gal)	STB	338	Date	6/20/18	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms: Existing
Pump Tank	—	(gal)	PT	—	Date		System Description: Pump + Crush Existing Septic Tank +		☐ Business	No. Persons: Existing
Pump Make	—	Model		—	Serial #	—	Repair System Description: replace with new 1500-gal tank		☐ Other	No. Employees: —
# Nitrification Fields	1	# Lines	Existing Bed		Linear Ft	—	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Existing	Trench Bottom Depth (Low side)		Existing	Gravel Depth	Existing	☒ GRAVITY ☐ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump + crush old septic tank. Existing buried well must be uncovered and located at time of new tank installation to ensure location and setbacks being met.

A 1500-gallon tank must be installed in accordance with the original permit issued in 1964.

INITIAL SITE SKETCH



AS BUILT SKETCH

• New tank 13' from house corner

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 Furr Date: 7/19/18 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/18/18 OPERATION PERMIT by: Carla C. Cave Date: 8/1/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/18/18 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 JUL 1 2 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Repair Evaluation - No Chg

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.

#237202

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 F. Furr Address: 976 Buffalo Shoals Rd Zip 28677
Applicant Email: jfurr54@gmail.com Phone: 704-528-7371 Alt. Phone: 704-929-8798
Owner Name: Jerry + Monica Furr Address: 976 Buffalo Shoals Rd Zip 28677
Owner Email: jfurr54@gmail.com Phone: 704-528-7371 Alt. Phone: 704-929-8798

Property Information:

Street Address: 976 Buffal Shoals Rd - Statesville, NC 28677
Subdivision Name: None Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 70 head West Buffalo Shoals just across 3rd Creek Next House on right Brick - 976 on Mail Box

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

(X) ~~New~~ Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: 1-Shop/Garage
Describe Problem: Tank Cracked - Tree roots inside
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 3900 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
( ) 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: 1964
( ) No Preference ( ) Alternative (X) 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: Jerry F. Furr 7/12/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) Jerry Hurst

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 Jerry Hurst, am the legal owner(s) of the property located at 976 Buffalo Shoals Rd-Statesville, NC 28677, identified as

PIN (Parcel Identification Number) 4723985016.000, 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) 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

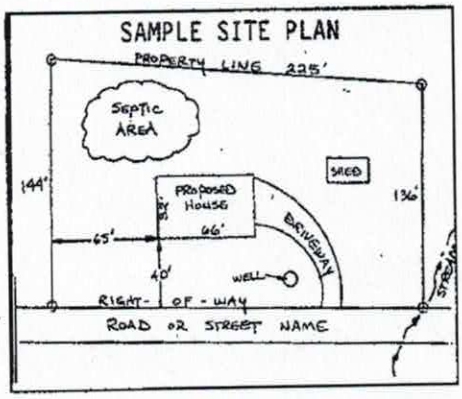
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) 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

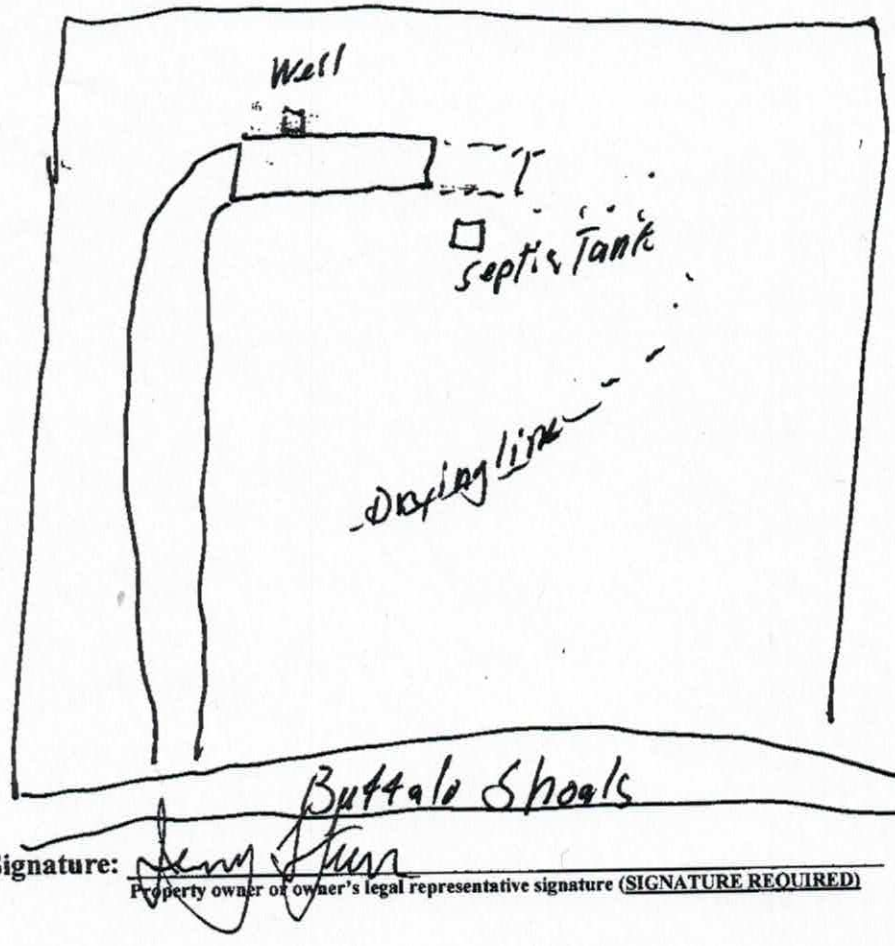


Circle N/A on the following if appropriate:

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



Note:
Property lines are a long way from Tank - 75' or more

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

7/12/18
DATE

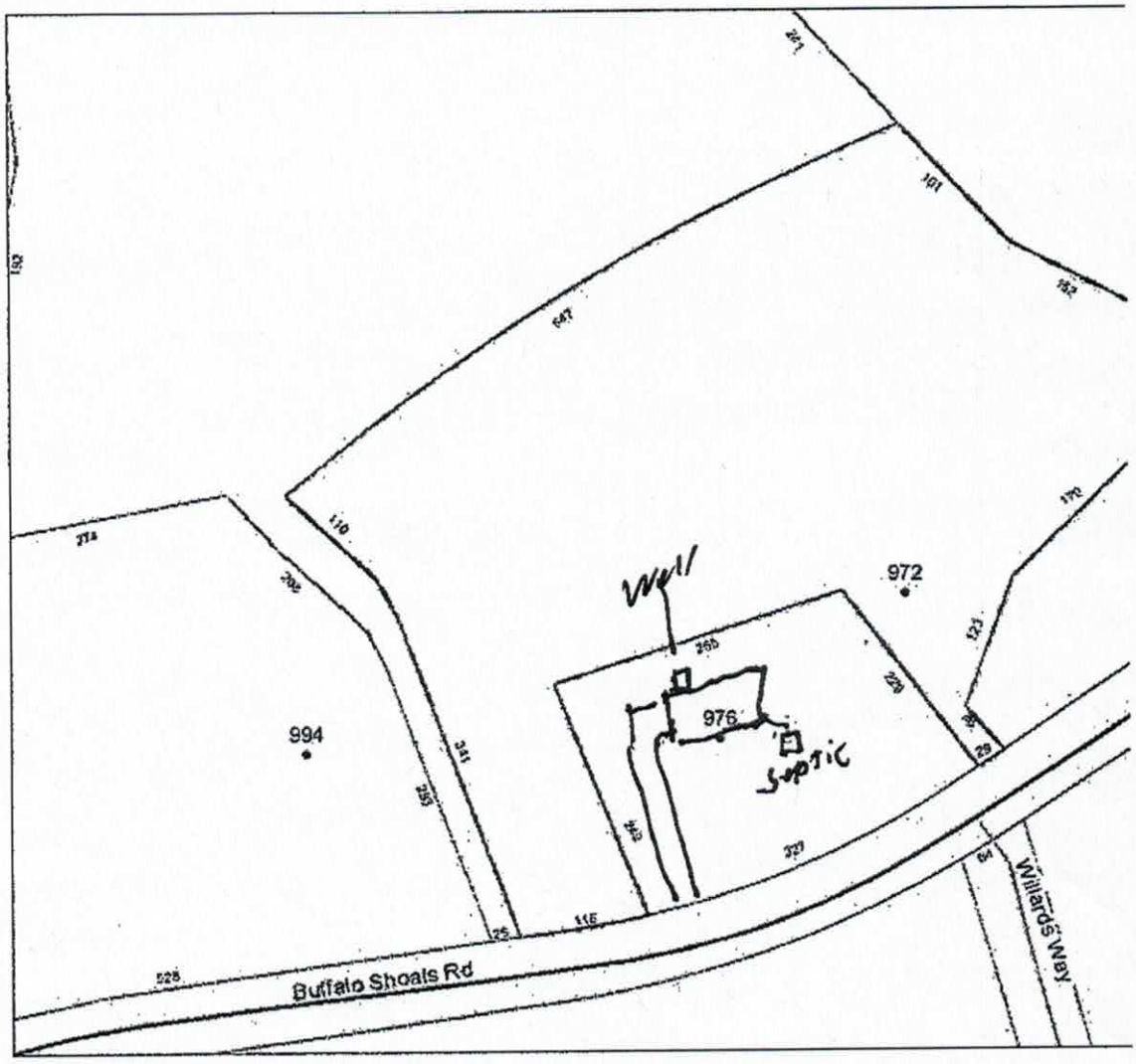
Iredell County

Property Data

Parcel Number: 4723985016.000
Inquiry Date: 7/2/2018

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-tc certify the authenticity or accuracy of such information. No warranties, express or implied, are provided data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80052209
Old Parcel Number:
Owner Name: WAGNER AMY
8432 WESTMORELAND LAKE DR CORNELIUS NC 28031

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date Sept-19 1964

Owner W.B. Cook Address R3

Installed By C Hoke Address R7

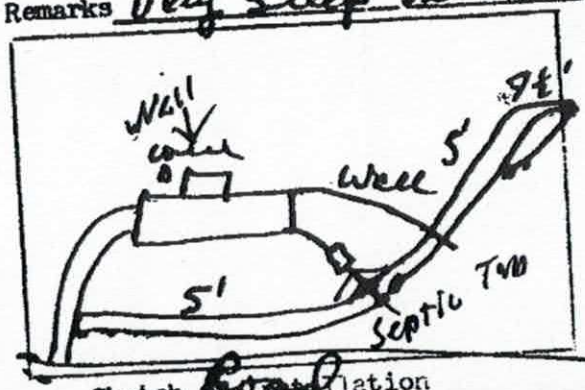
Location of Property out Buffle Shoals Rd. past third Creek on Right on hill.

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	800	( )	150'	( )	No. of Baths	(3)
Precast	(✓)	900	( )	175'	( )	Dishwasher	( )
		1000	( )	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	( )	Auto-Washer	(✓)
		1200	( )	250'	( )	Other Nursery	
		Other 1500 gal		Other 645 Lin ft.			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 9-19 1964 Approved (✓) Disapproved ( )

Remarks Very steep hillside well 100'



Sketch of Installation

Sanitarian