ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PIN # 4724 -- 15 -- 9434

APPLICANT/OWNER: Rachel Webster | APPLICANT ADDRESS: 807 Crestridge Rd, Statesville NC 28677

SITE ADDRESS: 807 Crestridge Rd Statesville NC 28677 | PHONE: 704 4379230 | ALT. PHONE 980-635-6354

SITE DIRECTIONS: (W) Hwy 70 → (R) Westminster → (L) Westover → (L) Crestridge → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Westover | SECTION: 2 | LOT # 10 | LOT AREA: ~ 0.4 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: EXIST

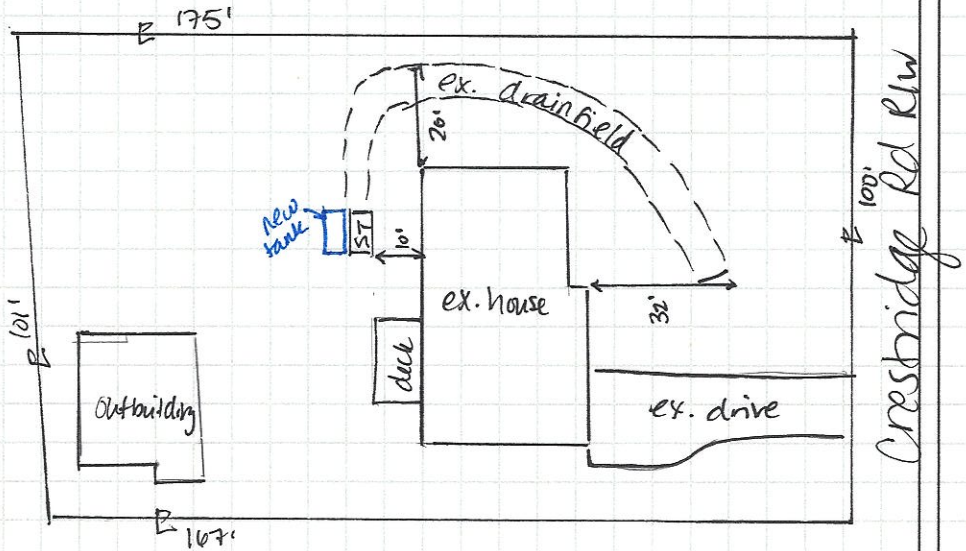
Septic Tank	1000 (gal)	STB	760	Date	7-9-2022	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Existing		
Pump Make		Model		Serial #		Repair System Description:	Tank Replacement		
# Nitrification Fields	# Lines			Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	EXISTING	Trench Bottom Depth (Low side)		Gravel Depth	EX.	[X] GRAVITY	[ ] PRESSURE		

[X] Residence | No. Bedrooms 3 | Water Supply
[ ] Business | No. Persons | [ ] Private
[ ] Other | No. Employees | [X] Public
[ ] Slab | [X] Crawl Space | [ ] Community
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: Pump, crush, & fill existing tank. Replace distribution device if necessary, may adjust tank location to achieve fall as long as set backs are met, stay 5' off deck.

INITIAL SITE SKETCH

1" =



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.

INSTALLED AS SHOWN

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rachel Webster | Date: 8/4/22 | Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: D. Nieberg | Date: 8/1/22 | OPERATION PERMIT by: Bryant C. White | Date: 8-26-2022

AUTHORIZATION TO CONSTRUCT by: D Nieberg | Date: 8/1/22 | Existing System Inspected by: | Date:

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

left insg

RECEIVED JUL 2 6 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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.

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* 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: Rachel Webster Address: 807 Crestridge Road Zip: 28677 Applicant Email: rhyc.fairy83@gmail.com Phone: 704-437-9230 Alt. Phone: _____ Owner Name: Jeremy Webster Address: 807 Crestridge Road Zip: 28677 Owner Email: webster4956@yahoo.com Phone: 980-635-6354 Alt. Phone: _____

****

* Property Information:

StreetAddress: 807 Crestridge Road Statesville, NC 28677

Subdivision Name: Westover (PB12-56-56B} Section/Phase: _____ Lot Number: 10

Driving Directions: HWY 70 WEST (HICKORY HWY) RIGHT ON WESTMINSTER, LEFT ON WESTOVER, BEAR LEFT AROUND CURVE ON CRESTRIDGE, # 807 IS ON THE 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:3 — ( ) 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)Describe Problem: crushed top of tank. Will need to be replaced.

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: 1978 ( )
No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

* Please answer the following ( ) Yes (x) No Does the site contain any jurisdictional wetlands? to the best of your ability: ( ) 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: Jeremy Webster 7/18/22
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:

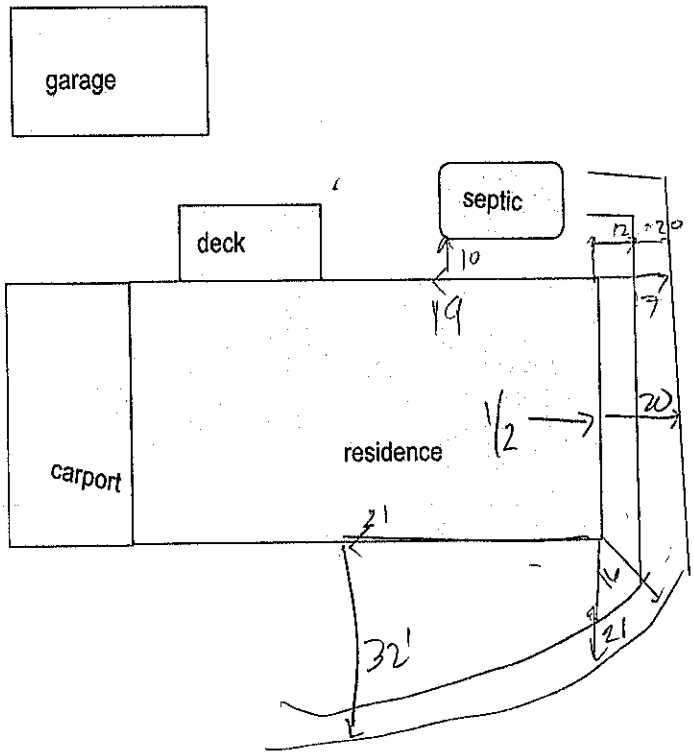
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Jeremy Webster 7-18-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 Hope Bro. DATE 2/24/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Westover subdivision off of Westminster Drive

S. R. No. _____

SUBDIVISION NAME Westover Addition LOT NO. 10 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 17,000 sq. ft.

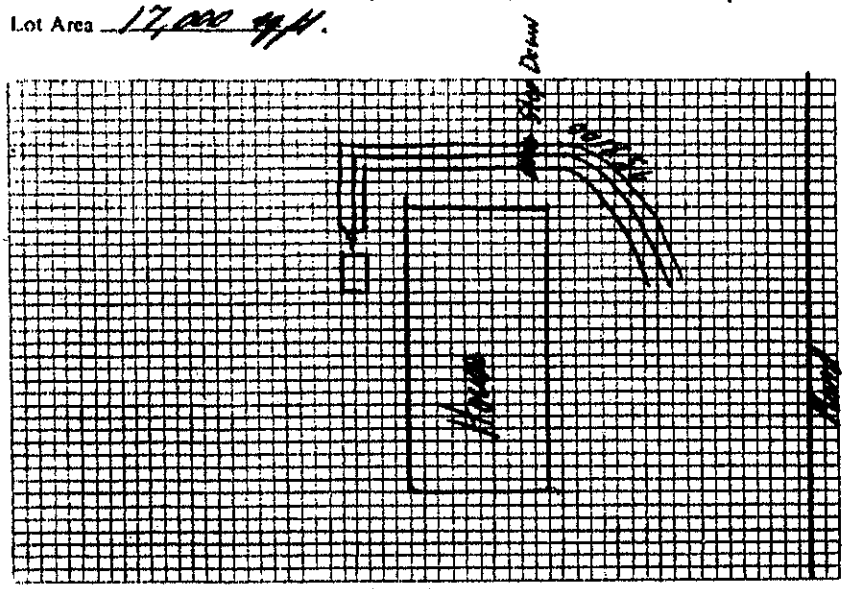
Character & Porosity of Soil Poor Suitable

Percolation Rate _____

Topography Slight slope to Road

Depth to Water Table Low

Rock or other impervious formations some shale



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 300

Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Hope Bro.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Causey DATE 2/24/78

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

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, Jeremy and/or Rachel Webster, am the legal owner(s) of the property located at 807 Crestridge Road Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4724-15-9434.000, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Lentz Wastewater Management, _____, 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.

Jeremy Webster _____ 7-18-22

Signature of Owner(s) Date

Mooresville - Environmental Health Statesville - Environmental Health ronda.hart@co.iredell.nc.us Fax: 704-662-3239 Fax: 704-871-3483 610 E. Center Avenue, Mooresville, NC 28115 349 N. Center Street, Statesville, NC 28677