ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-309431

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

PIN # 4724 - 36 - 7519

APPLICANT/OWNER: BETTY M. SMITH

APPLICANT ADDRESS: 3213 JURNEY AVENUE, STATESVILLE, N.C. 28677

SITE ADDRESS: 3213 JURNEY AVENUE, STATESVILLE, N.C. 28677

PHONE: 704-873-3061 ALT. PHONE 704-881-7495

SITE DIRECTIONS: (W) ON 70, (R) ON WESTMINSTER, (L) ON JURNEY, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: WESTOVER

SECTION: L LOT # 14 LOT AREA: 0.31 AC

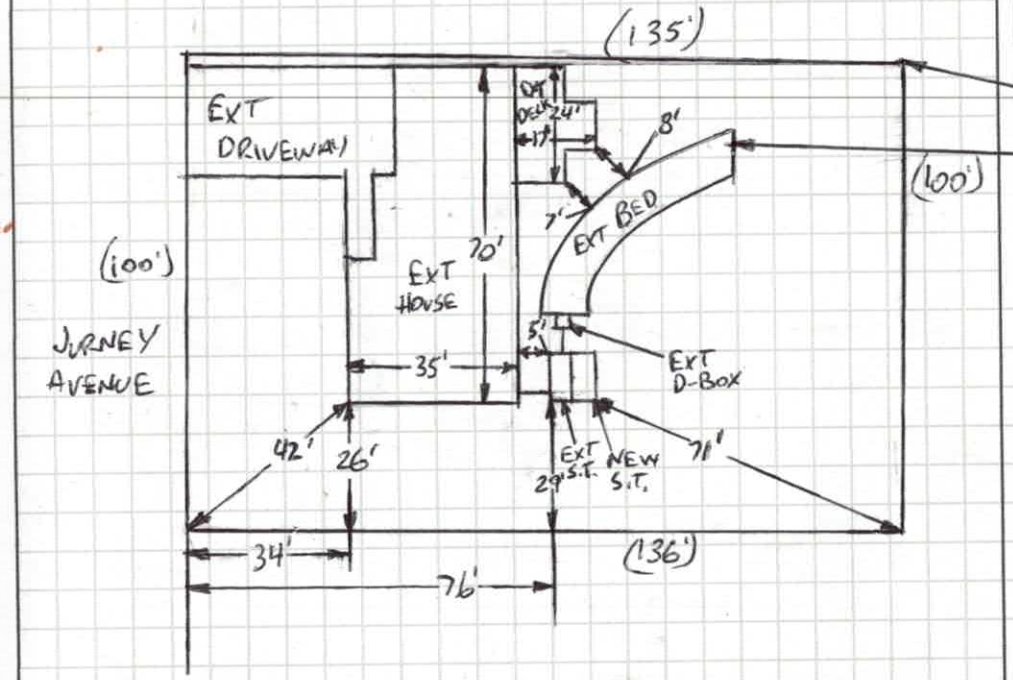
DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB 760	Date	6-8-20	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	EXT - CONVENTIONAL		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	~~EXT~~	# Lines	1 EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	EXT	Water Supply
☐ Business	No. Persons	EXT	☑ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK
INSPECT AND REPLACE D-BOX AS NEEDED

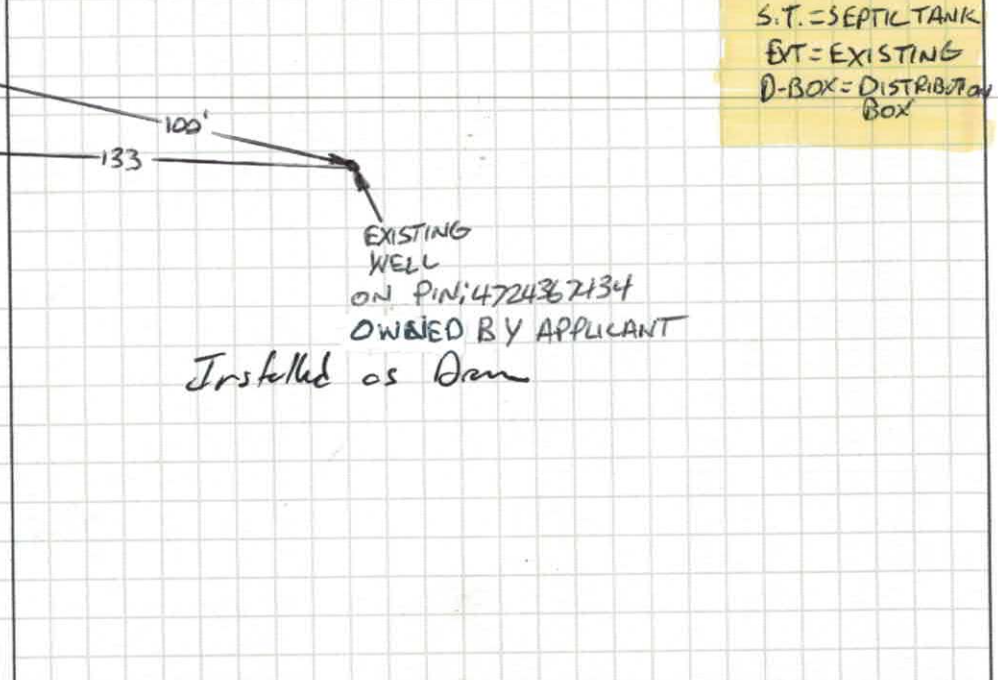
INITIAL SITE SKETCH



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 = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING
D-BOX = DISTRIBUTION BOX



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: Betty M Smith Date: 8-13-20 Installed by: Cente Wastewater

IMPROVEMENT PERMIT by: Burgett Gwaltney Date: 8-10-2020 OPERATION PERMIT by: Date: 8-18-2020

AUTHORIZATION TO CONSTRUCT by: Burgett Gwaltney Date: 8-10-2020 Existing System Inspected by: Date:

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

BW

AP- 309431

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

Repair Evaluation - No Ch

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

RECEIVED JUL 2 7 2020

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: Betty M. Smith Address: 3213 Turney Ave. Statesville NC Zip: 28677
Applicant Email: _____ Phone: 704-873-3061 Alt. Phone: 704-881-7495
Owner Name: Betty M. Smith Address: 3213 Turney Ave. STATesville NC Zip: 28677
Owner Email: _____ Phone: 704-873-3061 Alt. Phone: 704-881-7495

Property Information:

Street Address: 3213 Turney Ave. STATesville NC 28677
Subdivision Name: – Westover Section/Phase: – Lot Number: – 14
Driving Directions: West on Hwy. 70 to Westminster Dr. to Turney Ave

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Lid cracked - one end - sunk down
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: 1964
( ) 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.

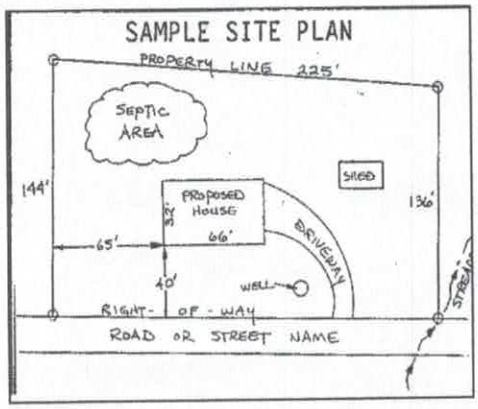
Signature: Betty McCoy Smith 7-27-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **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

See attached 1972 layout.

Signature: Betty McCoy Smith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-27-20
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone No. 664-5281

PERMIT TO INSTALL SEPTIC TANK

Permit No. 95 Permit Date 12-4 1972

Owner Jeff Horne Jr. Address Statesville N.C.

Installed By York Realty Address Stony Point N.C.

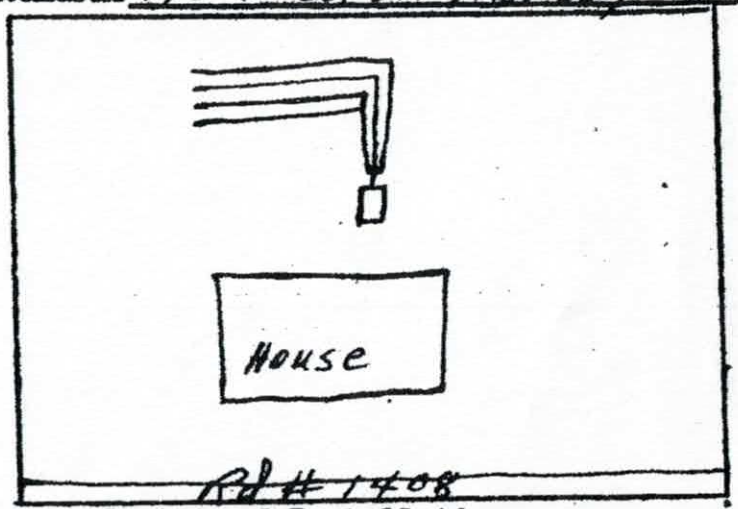
Location of Property Westminster Drive to Journey Ave (#1408) T.R. 2nd House on L.

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(1½)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	(–)
		1500	( )	Other		Garbage Grdr.	(–)
		Other				Other	

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

Final Inspection 12-4 1972 Approved (✓) Disapproved ( )

Remarks No Well on Property at time of inspection



Sketch of Installation

E. A. Stevenson

Sanitarian

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*) Betty McCoy Smith

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.

Betty McCoy Smith _____ 7-22-20
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