ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 330120

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

✓ PIN # 4724 --44 -- 6951

APPLICANT/OWNER: Jacqueline S Sherrill APPLICANT ADDRESS: 5001 Glenview Ext Statesville NC 28677

SITE ADDRESS: 5001 Glenview Ext Drive Statesville 28677 PHONE: 704-437-4628 ALT. PHONE

SITE DIRECTIONS: Hwy 21a to West Memorial Drive to Glenview Ext Drive SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: John + Jacqueline Sherrill SECTION: - LOT # JR #1 ✓ OT AREA: 2.26 AC DESIGN FLOW: EXT L.T.A.R.: EXT

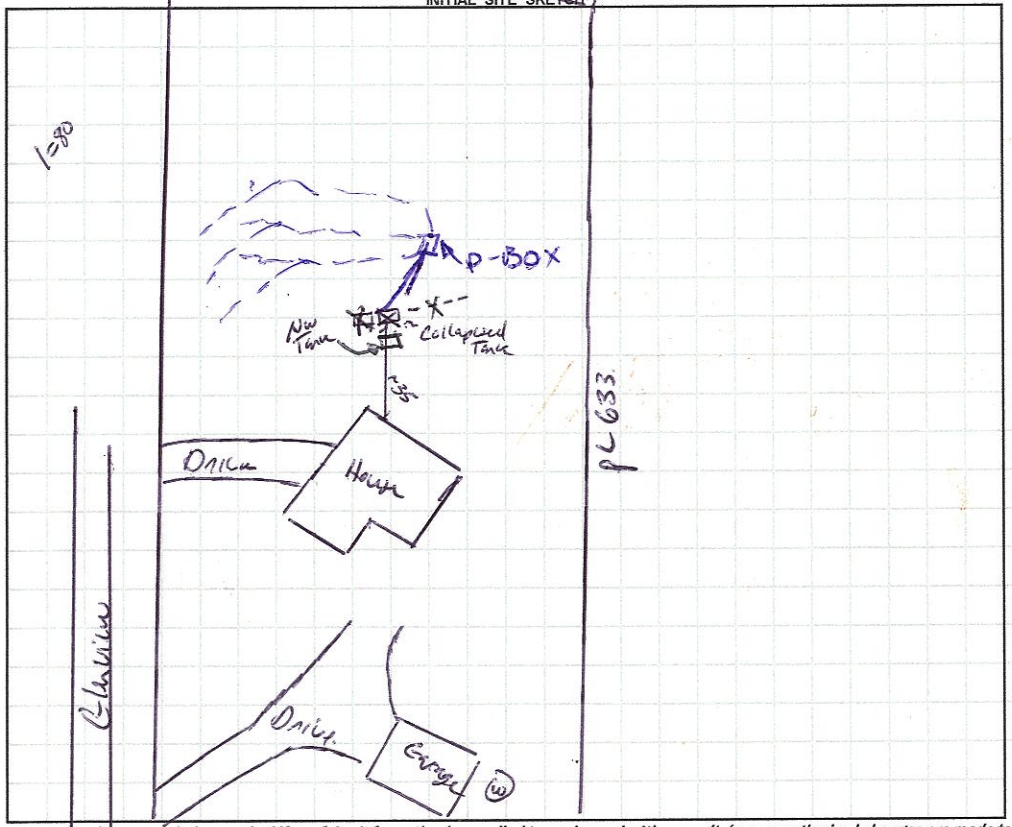
Septic Tank	1000	(gal)	STB	760	Date	6-9-2022	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make			Model		Serial #		Repair System Description:	Tank Replacement			
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT		Maintenance 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 Contr & Fill Collapsed Tank. Inspect & Replace D-Box if necessary.

D-BOX REPLACED

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.

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 plan 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: Date: 7/13/2022 Installed by: LENTZ WASTE WATER

IMPROVEMENT PERMIT by: Brian A Bell Date: 7/12/2022 OPERATION PERMIT by: Brent C White Date: 7-21-22

AUTHORIZATION TO CONSTRUCT by: Brian A Bell Date: 7/12/2022 Existing System Inspected by: Date:

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

Number:

Please CALL prior to inspection

Name: Thomas 704-880-7156

RECEIVED JUN 2 8 2022

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
R IT WILL NOT BE PROCESSED

AP- 330120

ealth Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Number:

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

Repair Evaluation No Chg.

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) Call Thomas Gregory - 704-880-7156

Applicant Name: Jacqueline S. Sherrill **Address:** 5001 Glenview Ext Dr. Statesville **Zip:** 28677

Applicant Email: jssherrill@roadrunner.com **Phone:** (704) - 437 - 4628 **Alt. Phone:** _____

Owner Name: " " **Address:** " " **Zip:** "

Owner Email: " " **Phone:** " " **Alt. Phone:** _____

Property Information:

Street Address: 5001 Glenview Ext. Dr. Statesville, NC 28677

Subdivision Name: N/A **Section/Phase:** N/A **Lot Number:** 1

Driving Directions: Please use GPS

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:** Tank has collapsed

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) 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:** _____

( ) 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: Jacqueline S. Sherrill
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

June 27, 2022
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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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*) Jacqueline S. Sherrill

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, Jacqueline S. Sherrill, am the legal owner(s) of the property located at 5001 Glenview Ext Dr. Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4724-44-6951.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Thomas W Gregory, Lake Norman Realty Inc., 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.

Jacqueline S. Sherrill
Signature of Owner(s)

6-27-2022
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

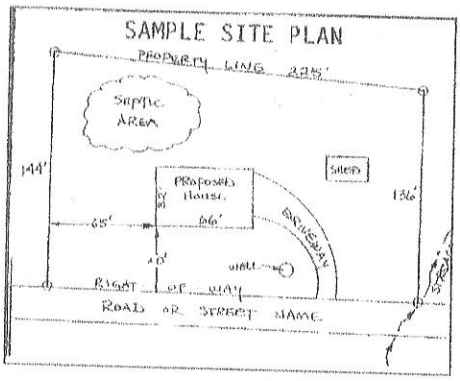
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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: Jacqueline S. Sherrill

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

June 27, 2022

DATE



LENTZ SEPTIC TANK SERVICE, INC.

410 Lentz Road
STATESVILLE, NORTH CAROLINA 28625-1596
(704) 876-1834
www.lentzseptic.com

CUSTOMER'S ORDER NO.	PHONE	DATE
	9519636615	6-27-2022.

NAME Amanda Dominic Elliot

ADDRESS 3966 Lester St.
River Side Ca. 92504

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
J.T.		*				

QTY.	DESCRIPTION	PRICE	AMOUNT
	Inspection Fee.		350.00
	Job: 5001 Glenview Extension Statesville N.C. 28677.		
	pd visa 1615 in full		
		TAX	
		TOTAL	350.00

RECEIVED BY

C PRODUCT 010 All claims and returned goods must be accompanied by this bill.

Thank You

71382

On-site Wastewater Inspection Lentz Septic Tank Service, LLC.

Yes Pre-inspection Contract, signed by Client is attached to Inspection

Property Address Street: 5001 Glenview Extension

City: Statesville State: N.C. Zip: 28677

Client Name: Amanda Dominic Elliot

Current owner of Record: Jacqueline Sherrill

Date of Inspection: 6-27-2022.

4 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

480 Gallons per day for designed system size or number of bedrooms as stated in available local Health Department information

__Inspection shall include any part of the system located more than five feet from the primary structure that is part of the operation permit

NO Copy of operations permit from Iredell County Environmental Health Attached

NO Operationd permit not available

NO System requires a certified subsurface water pollution control system operator pursuant to G.S.90-44 Current Operator's name:_____

Most recent performance, operation & maintenance reports are__attached__not available

Type of water supply__Well__Public Water__Community Water__Spring__

Location of Septic Tank & Septic Tank Details:

35 Ft from house or structure

125 Ft from well if applicable

__Ft from water line if applicable & readily visible

__Ft from property line if said property lines are known

24 in Distance from finished grade to top of tank or access riser

__Access riser(s)__yes X No Describe NO Riser

NO Tank lids intact NO

Yes Tank has baffle wall Describe condition of baffle wall:_____

Yes Inflow to tank is noted as sufficient _____

NO Inflow to tank is noted as insufficient or blocked NO

NO Water level is tank is relative to tank outlet NO

__Outlet T is present __yes __no Describe condition of Outlet T: Cement Tee.

__Outlet has filter __yes __no Describe condition of filter:_____

__Effluent leaves the outlet__yes __no

__Roots present in tank__yes __no Describe extent of roots:_____

__Evidence of tank leakage Describe:_____

__Evidence of non-permitted connections, such as downspouts or sump pumps

__Connection present from tank to next component

50 Percentage of solids in tank

NO Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped: NA. Unknown _____

Clients requesting this inspection have been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection & hereby acknowledges they have so declined.
Client signature:_____ Date:_____

Does the system have a pump?__ Yes (complete blanks below) X No No Pump Tank.

__Ft from house or structure __Ft from well or spring if applicable

__Ft from water line if applicable __Ft from property lines are known

__Ft from septic tank __Distance from finished grade to top of tank or riser

__Access risers in place __Y__N __Describe type of access risers_____

Describe condition of tank lids _____

Location of control panel:_____

Condition of control panel:_____

__Audible & visible alarms (as applicable) work

__Pump turns on & effluent is delivered to next component

__Unable to operate pump due to lack of electricity at site during inspection

Dispersal Field:

Type of system__Convential__Accpted__innovative__experimental__controlled
Demonstration__Pretreatment; Type of Pretreatment_____
Brief Description of system type _____
__Ft from property line if property lines are known

__ft from property line if property lines are known

__Ft from septic/pump tank __# of lines __length of lines

__Evidence of past or current surfacing at time of inspection briefly describe:_____

__Evidence of traffic over the dispersal field

__Vegetation, grading & drainage noted that may affect the condition of the system or system components __Effluent is reaching the dispersal field

Yes Conditions present that require repair or subsequent observation or warrants further evaluation by the local Health Department. Description of adverse condition:_____

Yes Septic Tank Has Fell in. Needs to Be Replaced.

Consequences of the adverse condition: Yes Tank Has collapsed
Client should contact_____County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection:
Tank also not Pumped Lot is Over Grown with Trees

1500 Gal Septic Tank Installed on the Property.

Inspector Name: Jason Trivette Certification#: 55531
Address: 410 Lentz Rd Statesville NC 28625 Phone#: 704-876-1834
No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of on-site wastewater systems described herein. This on-site wastewater system inspection is a presentation of system facts in place on the date of inspection.
Inspector signature: Jason Trivette Date: 6-27-2022.