IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 247449 | 11:30

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

PIN # 4771451893

APPLICANT/OWNER: WRGJR Properties/Randall Gardner | APPLICANT ADDRESS: PO Box 7061, Statesville

SITE ADDRESS: 703 Westminster Dr, Statesville 28677 | PHONE: 704-500-16380 | ALT. PHONE —

SITE DIRECTIONS: Hickory Hwy → R on Westminster → ~1/2 mile on right | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: ~1.8 ac | DESIGN FLOW: ext | L.T.A.R.: ext

Septic Tank 1000 (gal) STB 1760 Date 5-28-19 | Pump Tank ____ (gal) PT ____ Date ____ | Pump Make ____ Model ____ Serial # ____ | # Nitrification Fields ext # Lines ext Lineal Ft ____ | Trench Width ____ Trench Bottom Depth(Lowside) ____ Gravel Depth ext

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: —

Repair System Description: tank replacement

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

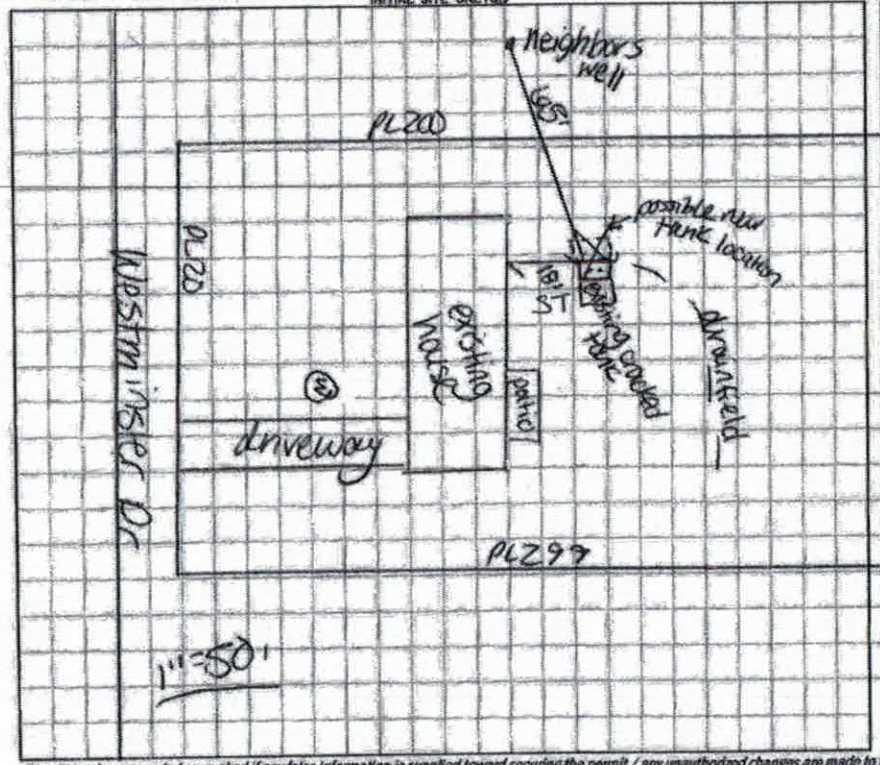
☒ Residence No. Bedrooms ext | ☐ Business No. Persons ext | ☐ Other No. Employees — | ☐ Slab ☐ Crawl Space | ☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

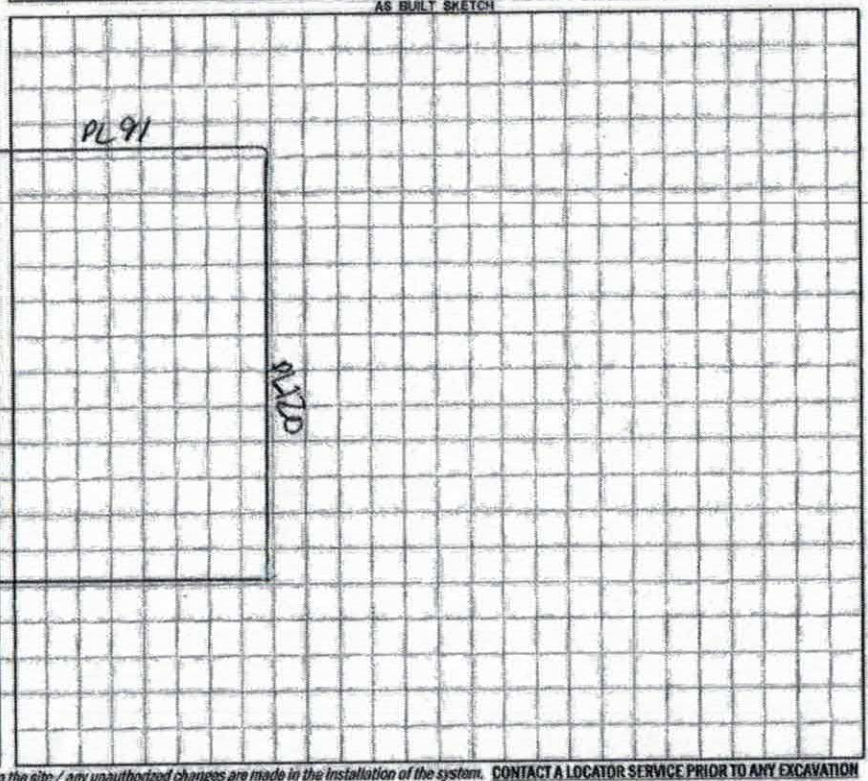
Comments / Conditions: Pump crush + fill existing cracked tank. New tank must be 15' off basement and minimum 50' of neighbors well

Red filter installed ST 15ft off house

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] Date: 9-14-19 | Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Carla C. Cave Date: 8-13-19 | OPERATION PERMIT by: Maria Dotson Date: 8-23-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 8-13-19 | 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.

REPAIR

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

247449

APPLICATION FORM

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.

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: WBSL Properties Address: PO BOX 7061 Statesville NC Zip: 28677

Applicant Email: RANDALLREACTIONTOOLSUPPLY.COM Phone: 704-800-6720 Alt. Phone: _____

Owner Name: Randall Overman Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 703 WESTMINSTER DR STATESVILLE NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hickory Hwy, Right on Wilmoth, 1 MILE ON Right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Describe Problem: Cracked in half

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: 1961
( ) 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

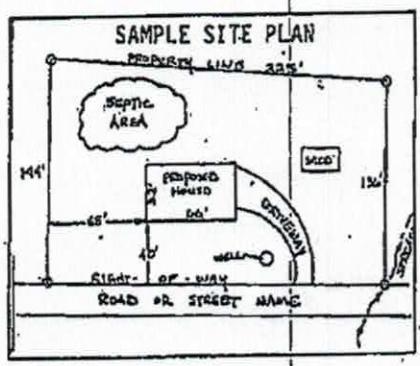
Signature: _____ 9-12-2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

top is cracked!!
Can't use septic

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

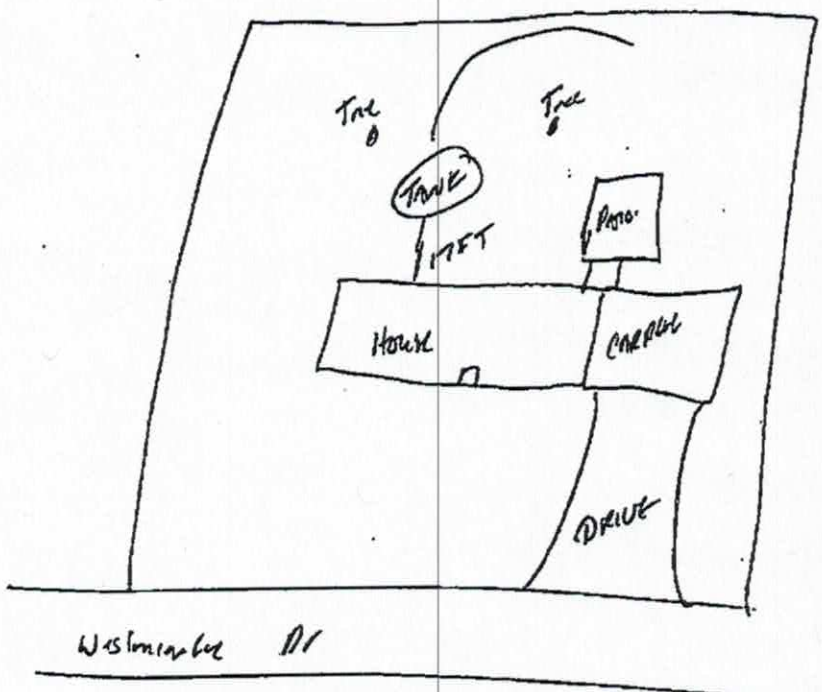
Circle N/A on the following if appropriate:

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

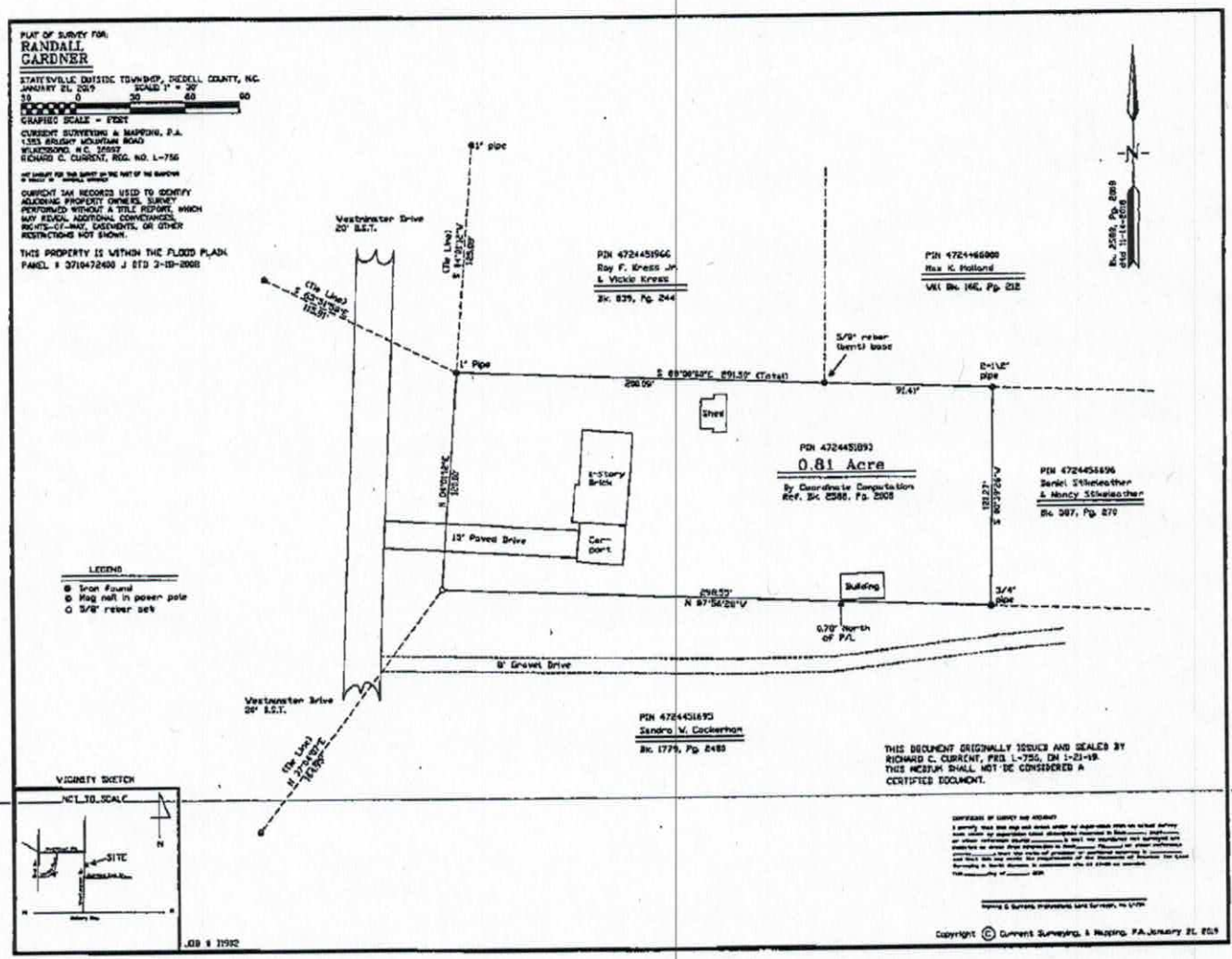
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

*dimensions must be included



Signature: _____ 9-12-2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


PLAT OF SURVEY FOR:
RANDALL GARDNER
STATESVILLE OUTSIDE TOWNSHIP, IREDELL COUNTY, N.C.
JANUARY 21, 2019
SCALE 1" = 30'
GRAPHIC SCALE - FEET
CURRENT SURVEYING & MAPPING, P.A.
1393 BRUSHY MOUNTAIN ROAD
WILKESBORO, N.C. 28697
RICHARD C. CURRENT, REG. NO. L-756
CURRENT TAX RECORDS USED TO IDENTIFY ADJOINING PROPERTY OWNERS. SURVEY PERFORMED WITHOUT A TITLE REPORT, WHICH MAY REVEAL ADDITIONAL CONVEYANCES, RIGHTS-OF-WAY, EASEMENTS, OR OTHER RESTRICTIONS NOT SHOWN.
THIS PROPERTY IS WITHIN THE FLOOD PLAIN
PANEL # 3710472400 J DTD 3-19-2008
Westmoreland Drive
20' R.O.W.
PIN 4724451966
Ray F. Kress Jr.
& Vickie Kress
Bk. 839, Pg. 244
PIN 4724466908
Max K. Holland
Vol Bk. 146, Pg. 212
Bk. 2569, Pg. 2869
dtd 11-14-2018
1" Pipe
5/8" rebar (bent) base
1-1/2" pipe
Shed
PIN 4724451893
0.81 Acre
By Coordinate Computation
Ref. Bk. 2586, Pg. 2908
1-story Brick
Carport
13' Paved Drive
PIN 4724456696
Daniel Stheleather
& Nancy Stheleather
Bk. 387, Pg. 870
Building
3/4" pipe
0.70' North of P/L
8' Gravel Drive
Westmoreland Drive
20' R.O.W.
PIN 4724451693
Sandra W. Cockerham
Bk. 1779, Pg. 2483
LEGEND
Iron Found
Mag nail in power pole
5/8" rebar set
VICINITY SKETCH
NOT TO SCALE
SITE
THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY RICHARD C. CURRENT, PRG L-756, ON 1-21-19. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.
Copyright © Current Surveying & Mapping, P.A. January 21, 2019

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Randall Cooper, am the legal owner(s) of the property located at 703 Westminster Dr Statesville NC 28677, identified as PIN (Parcel Identification Number) 4724454648, 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.

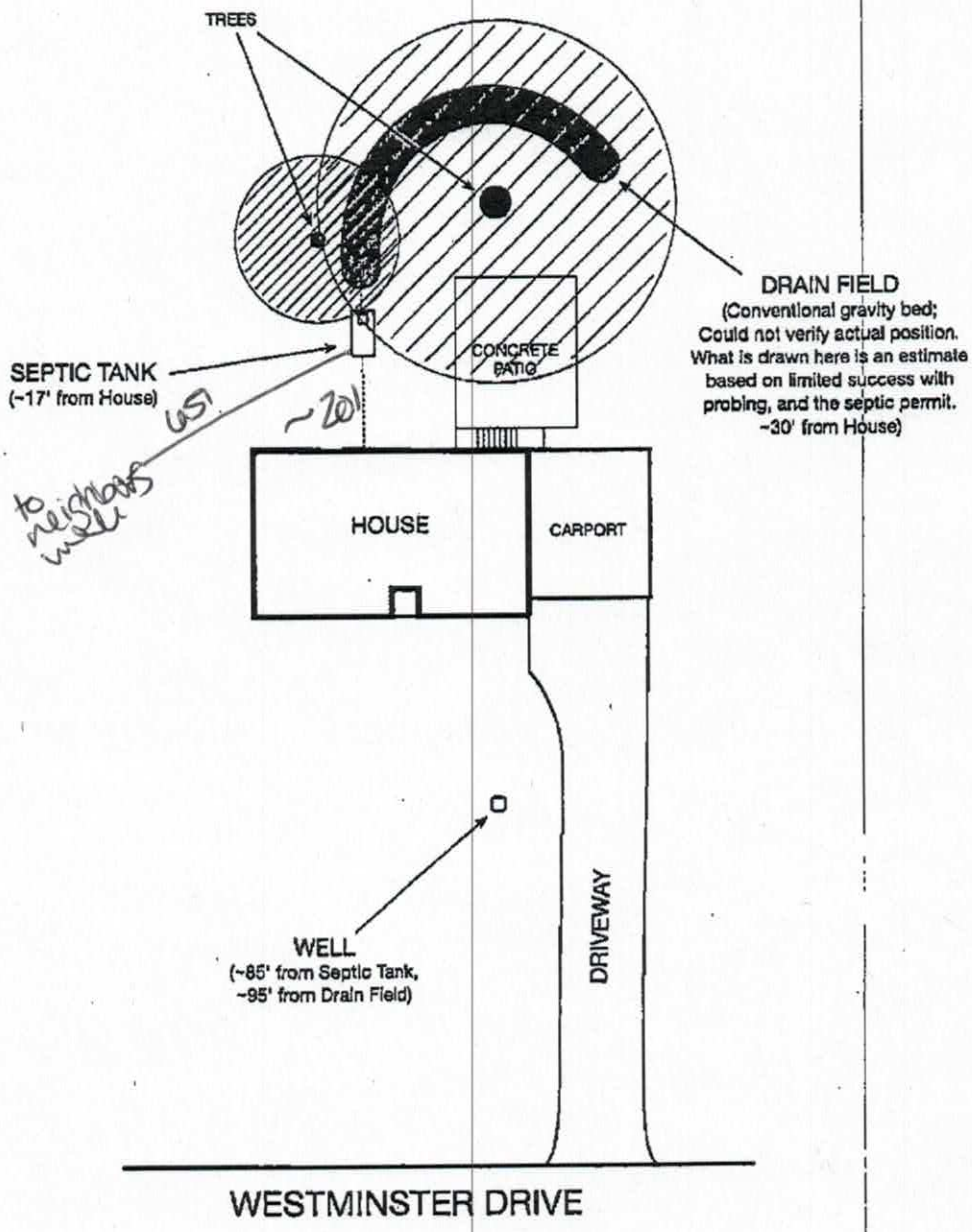
_____ 7/12 _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



703 Westminster Dr
Statesville, NC 28677
2019 July 31
(Not to scale)