ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 318463

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

PIN # 4724--55--1217

APPLICANT/OWNER: John Stikeleather

APPLICANT ADDRESS: 695 Scotts Creek Rd Statesville NC 28625

SITE ADDRESS: 606 Belle Meade Ave Statesville NC 28677

PHONE: 704-873-1124 ALT. PHONE 704-902-8049

SITE DIRECTIONS: Kelly St to Ron West End Ave, Ron W Front St, Lon Newton Dr, Ron Reynolds Rd, Sea Bell Meade Ave, Lot on L

SUBDIVISION: Bristol Park Terrace

SECTION: BLK CLOT # 7 LOT AREA:

SAP CONTROLLED: [X] YES ST [ ] NO

DESIGN FLOW: 360 GPD L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB 1012	Date 6/11/2021	[ ] New System	[X] Repair	[ ] Expansion	System Type: I [II] III IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:			
Pump Make	—	Model —	Serial # —	Repair System Description:	New Tank		
# Nitrification Fields	—	# Lines 4	Linear Ft 160	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	24"	Trench Bottom Depth (Low side)		Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE

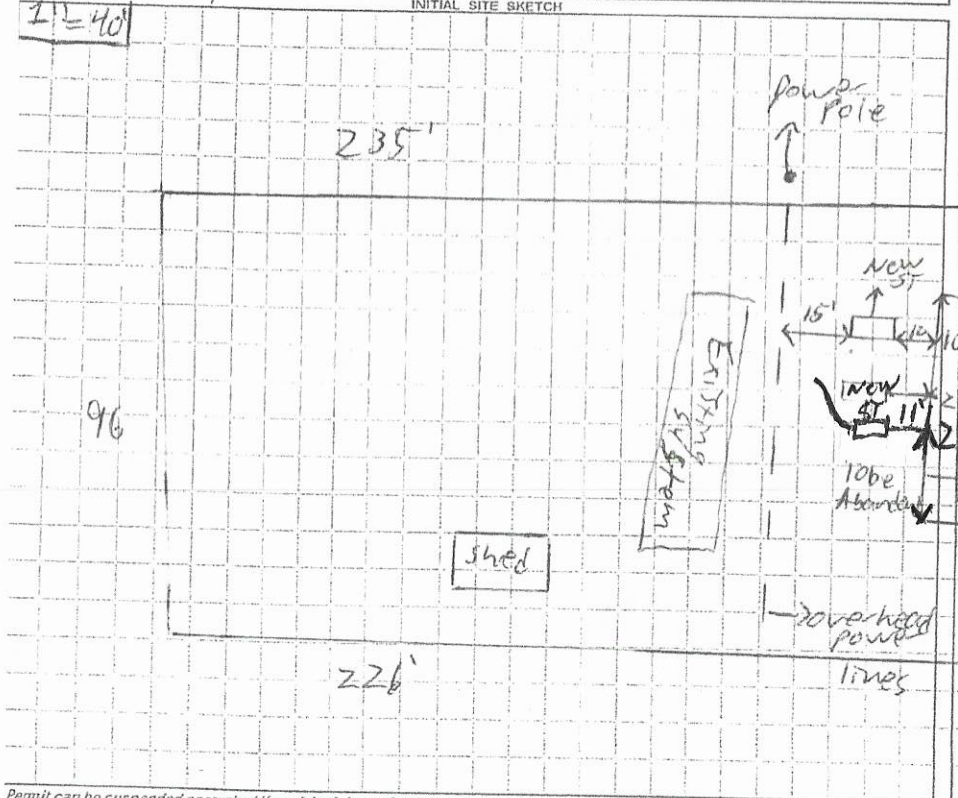
[X] Residence — No. Bedrooms 3
[ ] Business — No. Persons 6
[ ] Other — No. Employees
[ ] Slab — [X] Crawl Space
[ ] Basement w/plumbing — [ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [ ] Community

Comments / Conditions: Pump, crush and Fill old st. If tank is installed at 3'0" deeper it must be traffic grade. Reccomend finding and replacing DBox as needed

INITIAL SITE SKETCH

1"=40'



AS BUILT SKETCH

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 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: John T. Stikeleather Date: 6/11/21

IMPROVEMENT PERMIT by: Patrick J Bigley III Date: 6/10/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bigley III Date: 6/10/2021

Installed by: Andy Wyounts

OPERATION PERMIT by: Patrick J Bigley III Date: 8/10/2021

Existing System Inspected by: Date:

SI
1225 to

RECEIVED JUN 7 - 2021 AP-318643

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

Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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) Julia S. Stikeleather

Applicant Name: John T. Stikeleather Address: 695 Scotts Creek Rd, Statesville, NC Zip: 28625
Applicant Email: jtstikeleather@yahoo.com Phone: 704-873-1124 Alt. Phone: 704-902-8049
Owner Name: John T. Stikeleather + Julia S. Stikeleather Address: same as above Zip: _____
Owner Email: same as above Phone: same as above Alt. Phone: same as above

Property Information:

Street Address: 606 Belle Meade Ave., Statesville, NC. 28677
Subdivision Name: Bristol Park Terrace Section/Phase: BLKS Lot Number: 7
Driving Directions: From I-40 take NC90 E. Go to Bristol Dr. and turn right. After .8 mi turn right onto Meadow Brook Rd., Go .2 mi and turn right onto Belle meade Ave. Go .1 mi and house on left.

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 fell in
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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: unknown
( ) 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: John T Stikeleather Julia Stikeleather 6/6/21
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*) John SLA Julia Stikeleath

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.

Julia Stikeleath

☑ **2.** I, John SLA Julia Stikeleath, am the legal owner(s) of the property located at 606 Belle Meade Ave. Statesville, identified as PIN (Parcel Identification Number) 4724551217.000, 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.

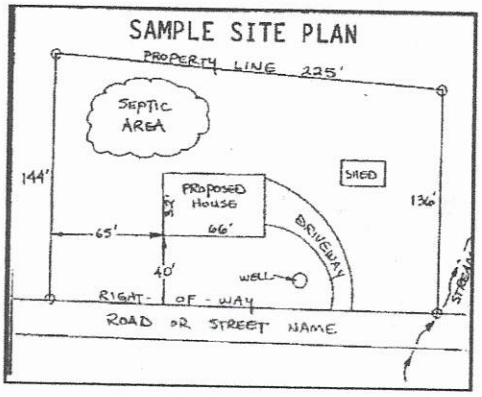
_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
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:

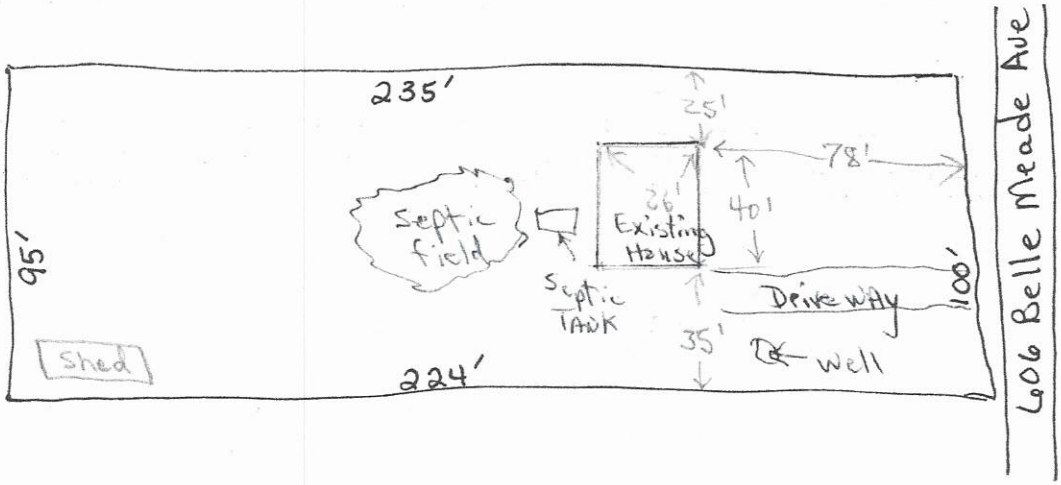
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated** Existing structures
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed** Existing not proposed
- (X) **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~~ Existing house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: John Stirk Dalton / Julia Stirk Dalton 6/6/21

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Repair PIN# DATE 4-29-99

OWNER OR CONTRACTOR Howard Sharpe PHONE: Business Home 873-2421

ADDRESS 606 Bellemeade Ave Statesville

LOCATION 70W TR Bristol TR Meadowview TR Bellemeade House on (L) near end.

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS D/S DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Ex. Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 180ft

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in

[ ] New System [X] Repair System Type: [I] II III IV V VI

System Description

Repair System Description Gravity Conventional

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 1 No. Employees

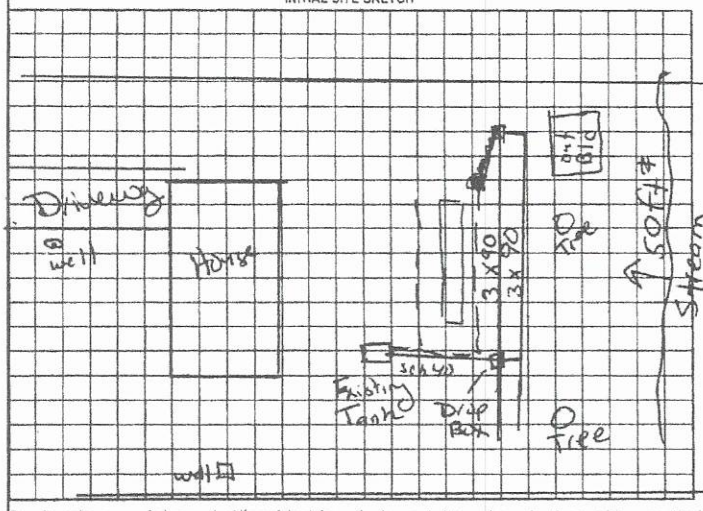
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth 12in ft [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

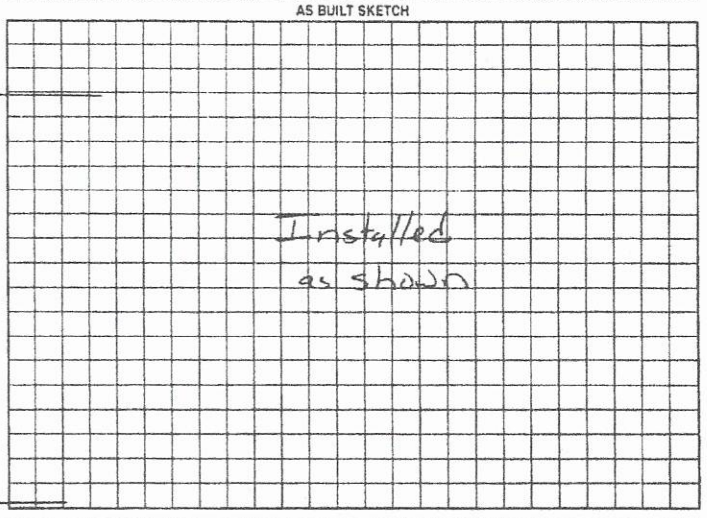
Comments/Conditions: This permit serves as Notice of Violation Feed Directly from Tank use 1 Drop Box Split feed lines, Check sanitary T' replace if needed.

Comments/Conditions

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Howard Sharpe date 4-29-99 Installed by: Wes Lytton

Improvement Permit by: Mark C Orf RS date 4-29-99 Operation Permit by Mark C Orf RS date 6-29-99

Authorization to Construct by: Mark C Orf RS date 4-29-99 Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK