# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 321868

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

PIN # 4724 -- 55 -- 7235

APPLICANT/OWNER: Parks Deter Property Mgmt. APPLICANT ADDRESS: P.O. Box 32 Statesville, NC 28687

SITE ADDRESS: 604 Glenview Dr. Statesville, NC 28677 PHONE: 704-682-1242 ALT. PHONE 704-871-0998

SITE DIRECTIONS: Bristol Dr - (R) Meadowbrook - (R) Glenview - Last house on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: 0.43ac DESIGN FLOW: EXIST L.T.A.R.: NA

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 3-8-2022 | ☐ New System | ☒ Repair | ☐ Expansion |
| Pump Tank | | (gal) | PT | | Date | | System Type: | I (II) | III IV V VI |
| Pump Make | | | Model | | Serial # | | System Description: | EXISTING | |
| # Nitrification Fields | | # Lines | EXIST | | Linear Ft. | | Repair System Description: | New tank | |
| Trench Width | | Trench Bottom Depth (Low side) | | | Gravel Depth | EX | Maintenance Agreement Required: | ☐ YES | ☒ NO |
| | | | | | | | | ☒ GRAVITY | ☐ PRESSURE |

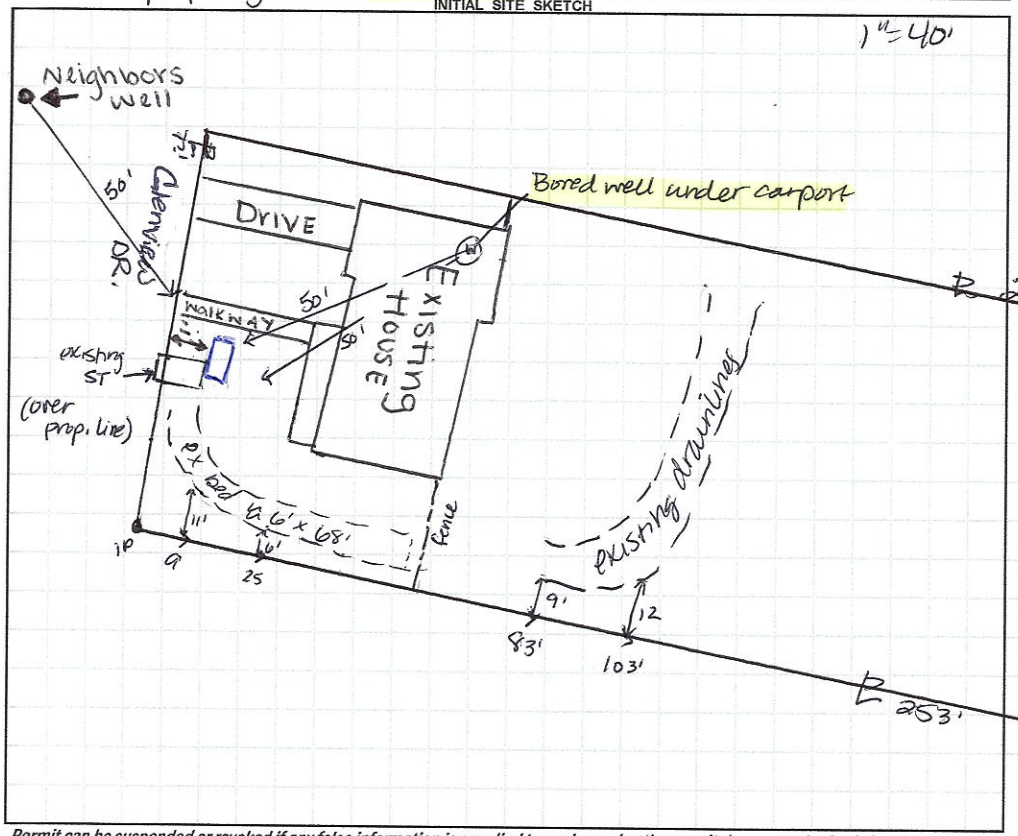
☒ Residence No. Bedrooms EX
☐ Business No. Persons EX
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

**Water Supply**
☒ Private
☐ Public
☐ Community

Comments / Conditions: Pump, crush, & fill old tank. Set tank to ensure fall to lines & from house. May be 5' from front property line - MAINTAIN 50' from ALL WELLS

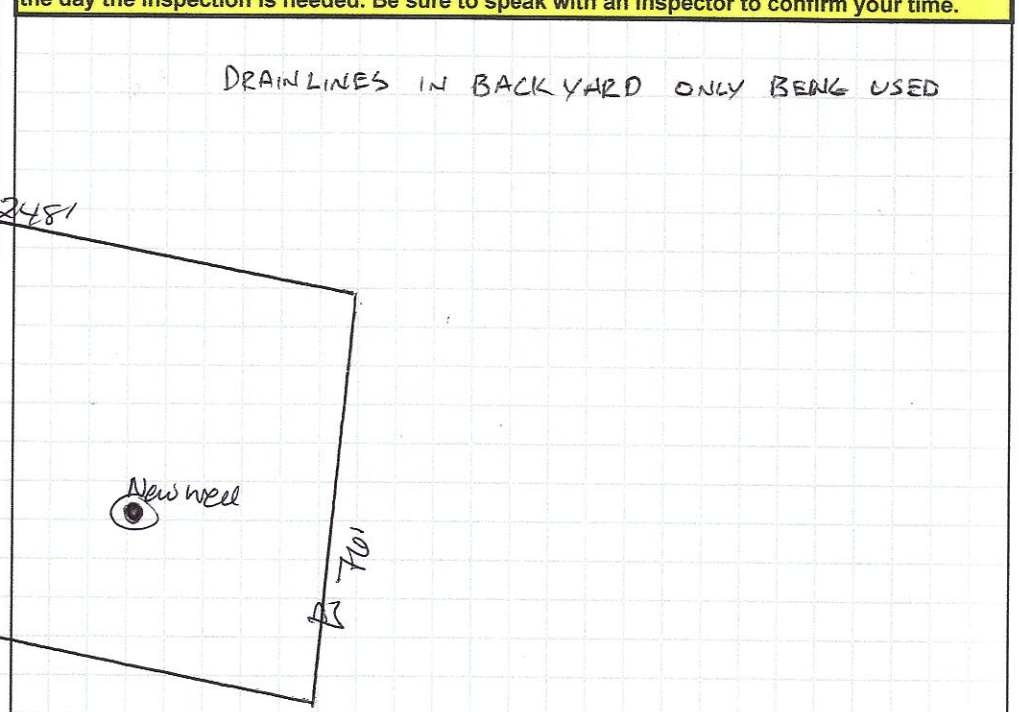
Replace distribution devices if necessary. May overlap new tank in old tank hole as long as setbacks are met

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 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: Date: 5-3-22 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: D. Webers Date: 4-18-22 OPERATION PERMIT by: Burt C. Webb Date: 5-17-2022

AUTHORIZATION TO CONSTRUCT by: D. Webers Date: 4-18-22 Existing System Inspected by: Date:

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

See notes on back

RECEIVED SEP 2 9 2021

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

# Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

AP-321868

**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)

John Deter

Applicant Name: Parks Deter Property Mgmt Address: P.O. Box 32 Statesville NC Zip: 28687
Applicant Email: john@parksdeter.com Phone: 704-871-0998 Alt. Phone: 704-682-1242
Owner Name: The Last LLC Address: 256 E Broad St Statesville Zip: 28677
Owner Email: travislastcpa@bellsouth.net Phone: 704-871-1120 Alt. Phone: 704-929-8232

**Property Information:**

Street Address: 604 Glenview Drive Statesville NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Go West on Bristol DR Rt on Meadowbrook Rd on Glenview (Last house on Left) Right again on Glenview

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — (✓) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Tank Damage
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: DNK
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ✓) Other: Tank

**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:** Parks Deter – Property Mgmt 9-28-21
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*) _____

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, The Last LLC, am the legal owner(s) of the property located at 604 Glenview Dr Statesville NC identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Parks Deter Property Mgmt Services LLC John Deter, 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.

Tracy Dart, Member / Manager — 9-28-21

Signature of Owner(s) — Date

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

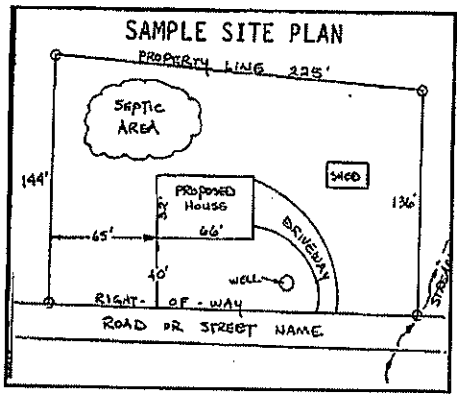
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

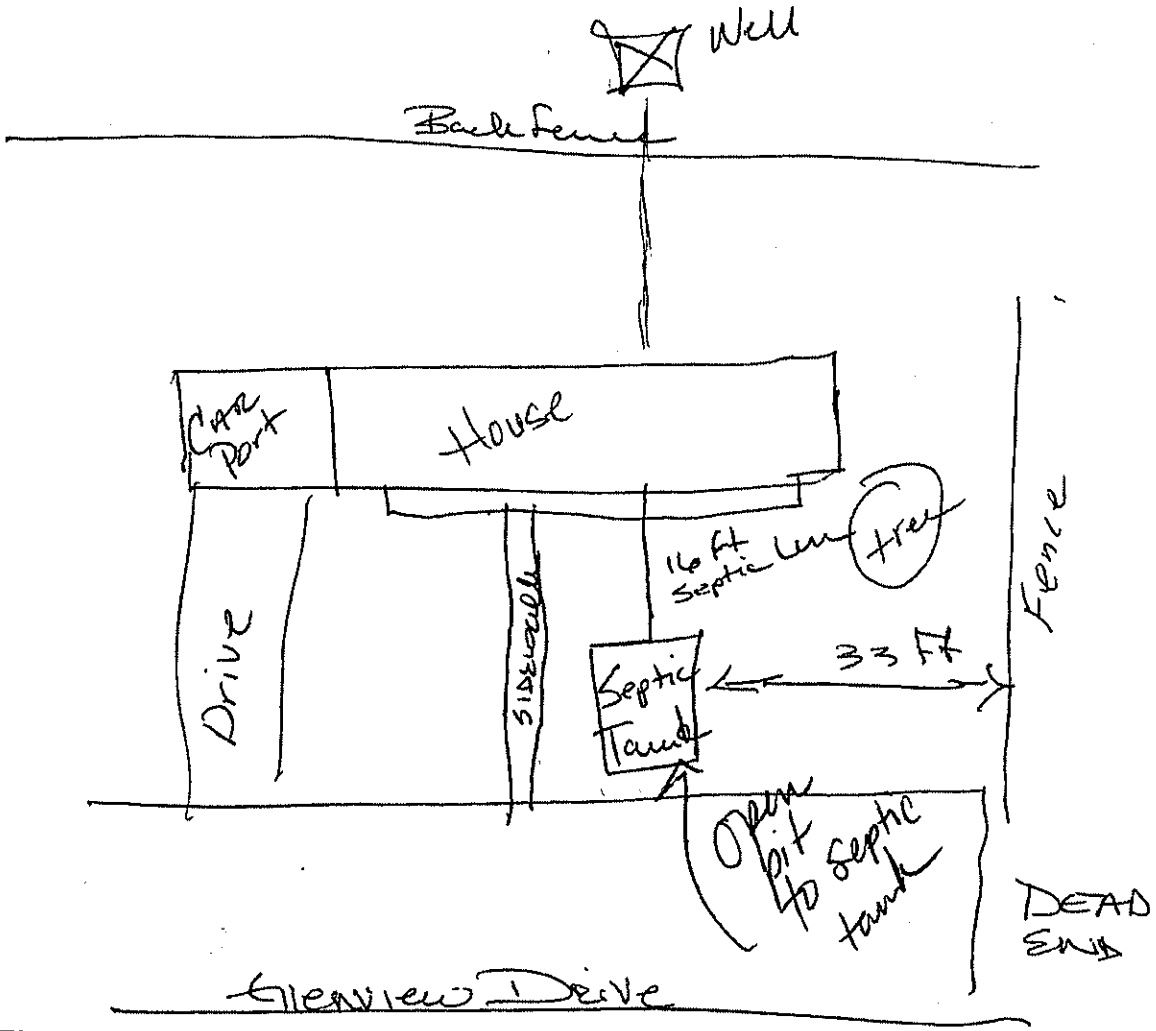
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

**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:** _____

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 EULA CAMPBELL DATE 5-12-88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION Bristol Drive off 64-70 west - T.L. on Meadowbrook Dr. - T.R. on Glenview Dr. - T.R. 1st next st. - last house on left S. R. No. ______

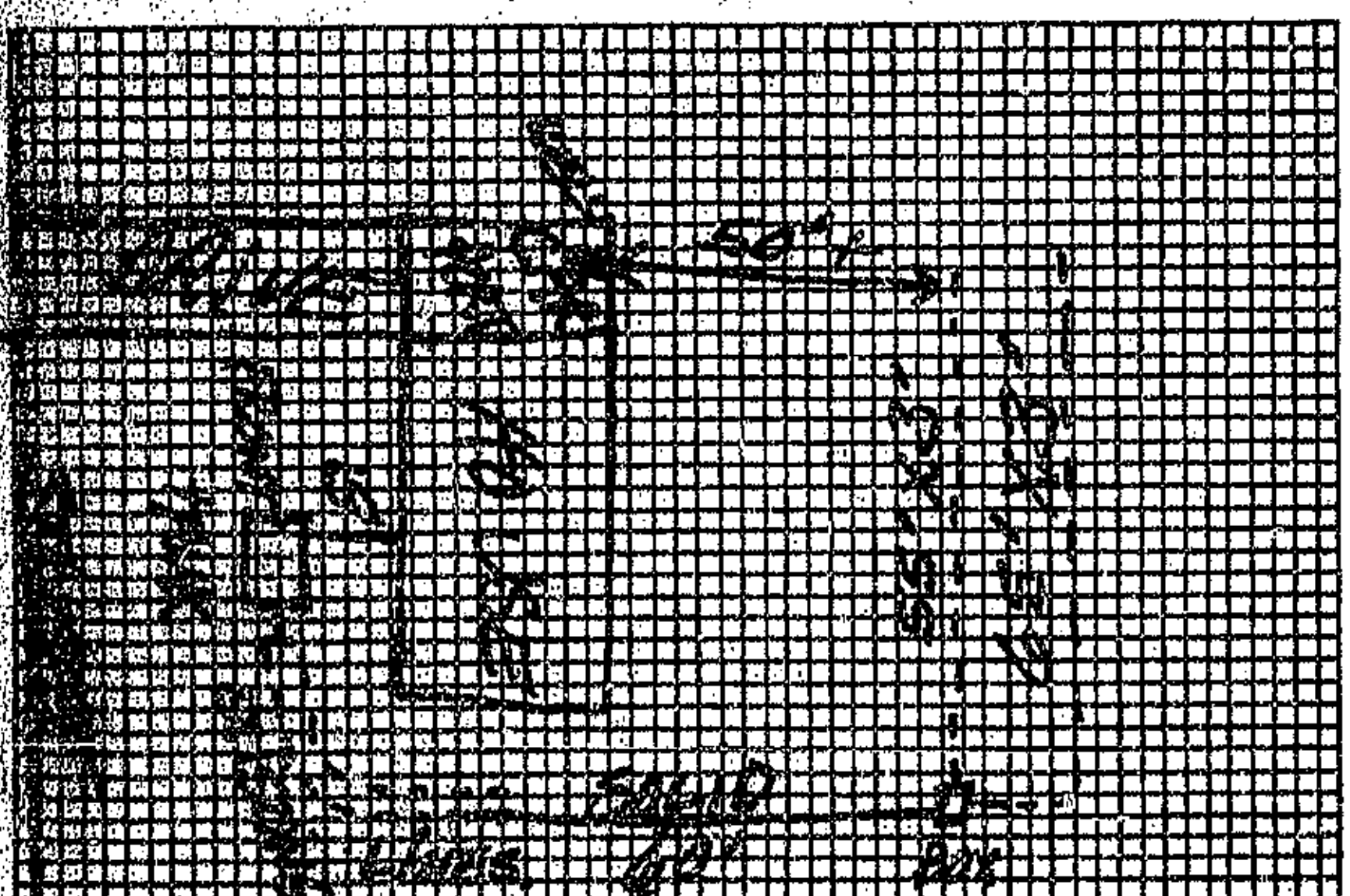
SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms ______ No. Bathrooms ______
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______ Repair
Depth to Water Table ______
Rock or other impervious formations ______

______ Basement with Plumbing ✓ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: 2
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Harold Hedrick

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-12-88

EXISTING SYSTEM CHECKED BY: ______ DATE ______

**CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.**

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold