(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 315140

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

PIN # 4724-94-1988

APPLICANT/OWNER: John Authman APPLICANT ADDRESS: 377 State Park Road Troutman 28166

SITE ADDRESS: 2325 Cline Street Statesville NC 28677 PHONE: 704-677-5410 ALT. PHONE

SITE DIRECTIONS: Hwy 70 E to Wooten St L on Cline House on R SAP CONTROLLED: ☐ YES ☐ NO

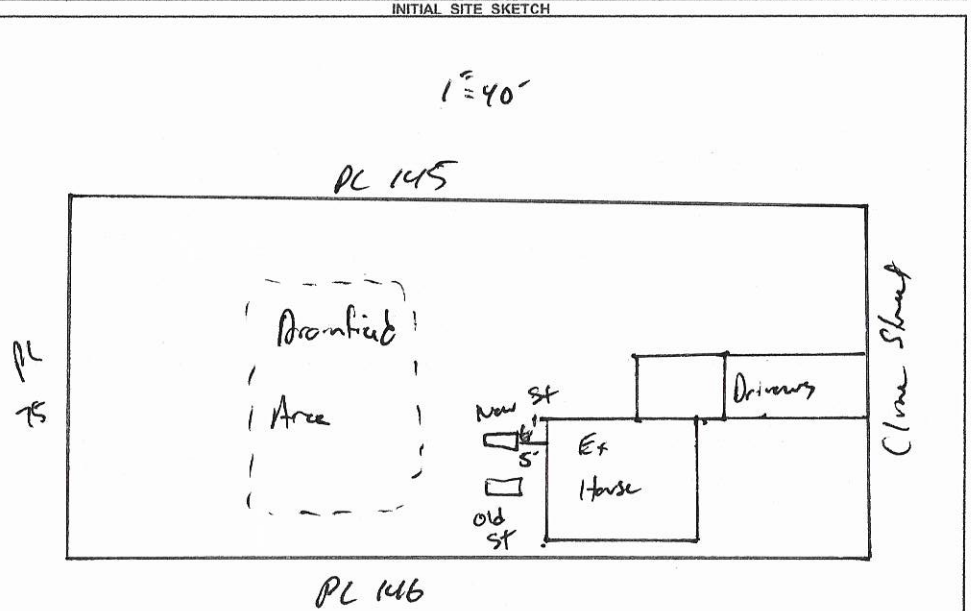
SUBDIVISION: Westly Heights SECTION: - LOT# 21-23 LOT AREA: - DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	2071	Date	INFILTRATOR	☐ 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			
# Nitrification Fields	X		# Lines		Linear Ft:		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width			Trench Bottom Depth(Low side)				Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: Pump Crush and fill old Septic tank. Replace D Box if 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.

INSTALLED AS SHOWN

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: John Authman Date: 3/12/21 Installed by: Burgett Construction

IMPROVEMENT PERMIT by: Date: 3-10-2021 OPERATION PERMIT by: PERCISION EXCAVATION Date: 4-12-2021

AUTHORIZATION TO CONSTRUCT by: Date: 3-10-2021 Existing System Inspected by: Date:

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

RECEIVED FEB 2 2 2021

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*

AP- 315190

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: John Aultman Address: 377 State Park Rd Zip: 28166
Applicant Email: Jnaultman2@gmail.com Phone: 704-677-5410 Alt. Phone:
Owner Name: Karen Ball Address: 2325 Cline St Statesville NC Zip: 28677
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 2325 Cline Street Statesville NC 28677
Subdivision Name: Westley Heights Section/Phase: Lot Number: 23
Driving Directions: E Garner Bagnal Blvd to Wooten St and turn left on Cline

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 may need replacement
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) 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: 1962
( ) 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.

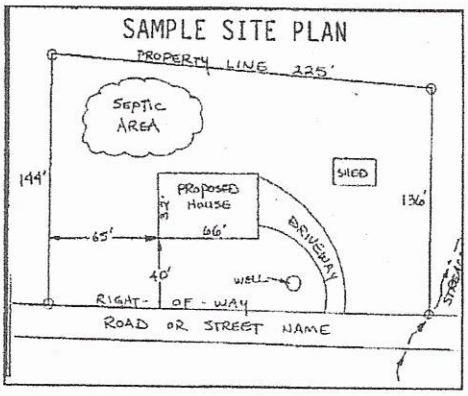
Signature: Karen Ball 02-22-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) 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

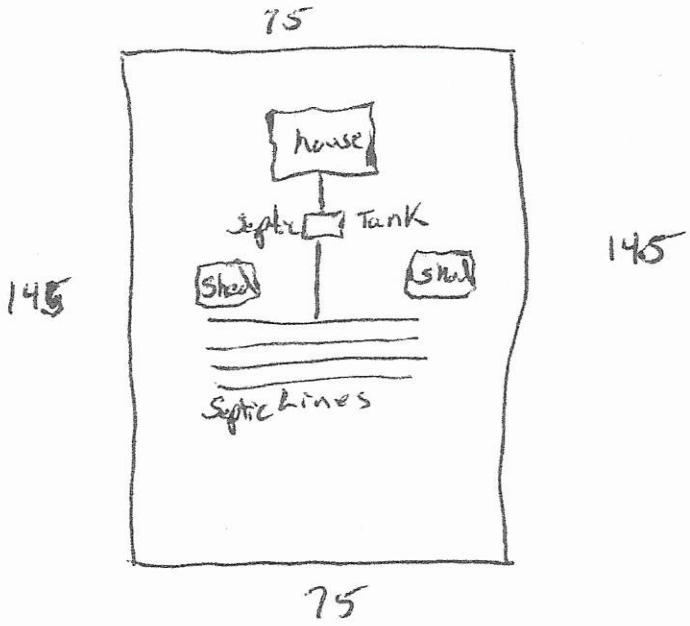
Circle N/A on the following if appropriate:

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 copy of current septic Permit attached



Signature: Karen Ball

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

02-22-21

DATE

Parcel 47 2494 1980 000

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit Date April 1962

Permit NO. _____

Owner Webber Address _____

Installed By D.C. Osteralt Address _____

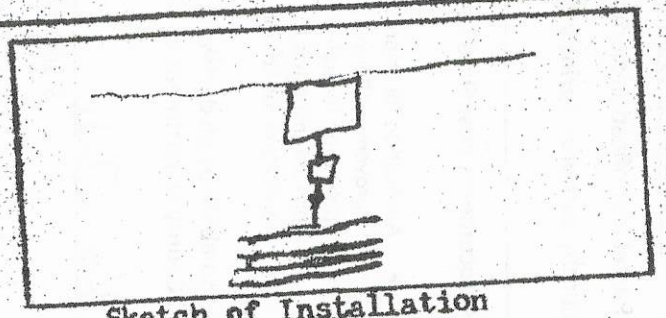
Location of Property Cline Street Statesville 2325

Tank		Capacity		Length of Lines		Fixtures	
Block	(✓)	800	( )	150'	( )	No. of Baths	( )
Precast	( )	900	( )	175'	( )	Dishwasher	( )
		1000	(✓)	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	(✓)	Auto-Washer	( )
		1200	( )	250'	( )	Other _____	
		Other _____		Other _____			

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

Final Inspection 4 1962 Approved (✓) Disapproved ( )

Remarks _____



Sketch of Installation

R.L.

Sanitarian