IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24245

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

PIN # 4724954128

APPLICANT/OWNER: Gilbert Dillard APPLICANT ADDRESS: 2312 Cline St, Statesville

SITE ADDRESS: 2312 Cline St, Statesville 28677 PHONE: 704-873-1746 ALT. PHONE 704-928-5229 (POA)

SITE DIRECTIONS: W Front St → L on Newton Dr → R on Crystal St → L on Wooten → L on Cline → on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Wesley Heights SECTION: - LOT # 45-47 LOT AREA: ~1.2ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	1000	(gal)	STB	Fiberglass	Date	1960	☐ New System	☒ Repair	☐ Expansion
Pump Tank		(gal)	PT		Date		System Type: I (II) III IV V VI		
Pump Make			Model	-	Serial #		System Description:		
# Nitrification Fields			# Lines	existing	Lineal Ft		Repair System Description:	tank replacement	
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth		Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

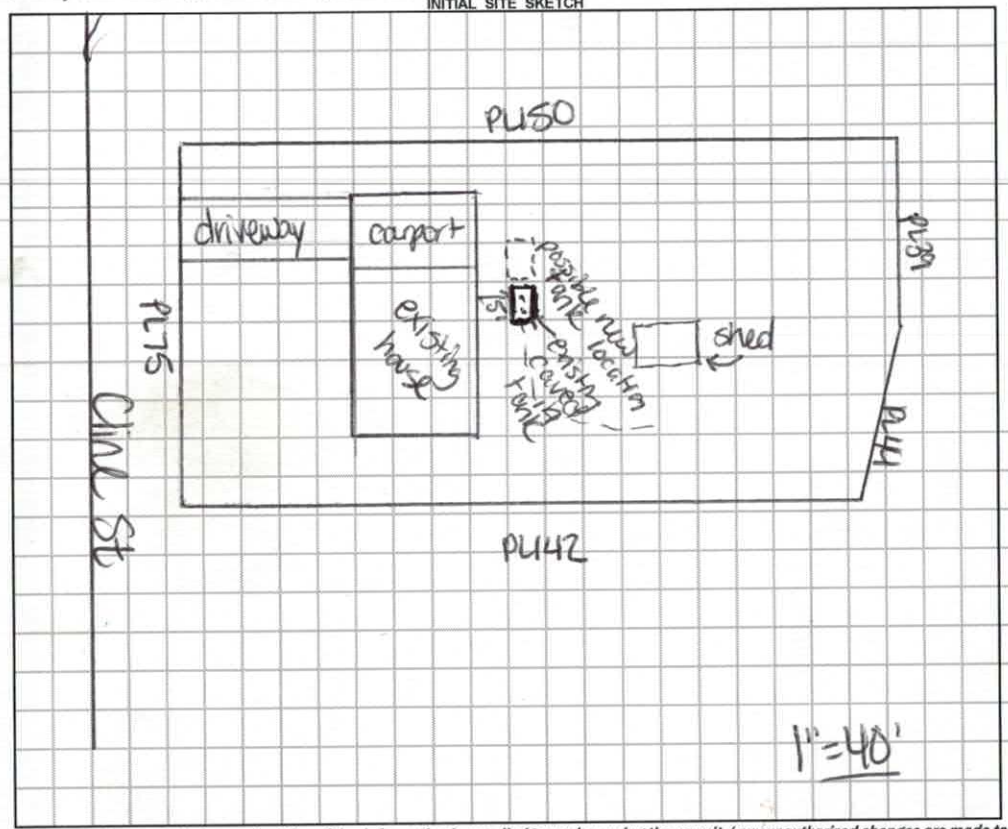
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing caved in tank. Inspect & replace D-box if needed. No foundation drain observed - OK to be 5' from

have with new tank.

Installed Risers to Grade of Land.

INITIAL SITE SKETCH



1"=40'

AS BUILT SKETCH

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: Melissa Dillard Date: 2-28-19 Installed by: Carolina Septic Pro

IMPROVEMENT PERMIT by: Carlee C. Caul Date: 2/20/19 OPERATION PERMIT by: Benjamin Bottoms Date: 3/19/19.

AUTHORIZATION TO CONSTRUCT by: Carlee C. Caul Date: 2/20/19 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.

RECEIVED FEB 2 5 2018

Repair Evaluation-No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

242451

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: Gilbert Dillard **Address:** 2312 Cline St Statesville N.C. **Zip:** 28677

Applicant Email: _____ **Phone:** 704-873-1746 **Alt. Phone:** 704-928-5229

Owner Name: ~~Same~~ Melissa Dillard POA **Address:** 1038 Eupeptic Springs Rd. Olin NC **Zip:** 28660

Owner Email: _____ **Phone:** 704 928 5229 * **Alt. Phone:** _____

* Call when ready or questions

Property Information:

Street Address: 2312 Cline St Statesville N.C. 28677

Subdivision Name: Wesley Heights **Section/Phase:** _____ **Lot Number:** 45-47

Driving Directions: mmdillard56@yahoo.com ~~mmdillard56@yahoo.com~~

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 caved in when trying to Pump
Non-Residential Site Development: Type of Business: _____ New drainlines needed too
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: _____

yellow paper-

( ) 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: over 30 years
( ) 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: Melissa Dillard POA — 2-25-2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No Permit in DB

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*) Gilbert Dillard Melissa Dillard POA

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, Melissa Dillard POA, am the legal owner(s) of the property located at 2312 Cline St Statesville N.C. 28677, identified as

PIN (Parcel Identification Number)_____, 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.

Melissa Dillard POA for Gilbert Dillard — Signature of Owner(s)

2-25-2019 — Date

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

Type: CRP
Recorded: 06/27/2011 at 02:52:18 PM
Fee Amt: $23.00 Page 1 of 4
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2124 PG 2108-2111

Prepared by / Return to: *Beth R. Setzer Attorney at Law, P.C.*, P. O. Box 1397, Statesville, NC 28687

STATE OF NORTH CAROLINA

POWER OF ATTORNEY

4

COUNTY OF IREDELL

KNOW ALL MEN BY THESE PRESENTS, that I, Gilbert G. Dillard, of Statesville, Iredell County, North Carolina, do make, constitute, and appoint Melissa Dillard of Iredell County, North Carolina, my true and lawful attorney-in-fact, with full power of substitution, for me and in my name, place, and stead for the purposes hereinafter set out. In the event that Melissa Dillard does not serve as my attorney-in-fact, I do make, constitute, and appoint Kenneth M. Dillard of Iredell County, North Carolina, to be my true and lawful attorney-in-fact. In the event that neither Melissa Dillard nor Kenneth M. Dillard service as my attorney-in-tact, I do make, constitute, and appoint Cynthia M. Dillard Cheek to be my true and lawful attorney-in-fact.

1. I hereby give and grant unto my attorney-in-fact full power and authority generally to manage and attend to all of my affairs, interests, and property, of every kind and description, real, personal, or mixed, and wherever located. The specific powers of my attorney-in-fact as set out herein are not meant to be exclusive or to limit the generality of her power, authority, and discretion to perform any and all acts of whatever kind necessary to be done in managing and attending to all my affairs, interests, and property as aforesaid, in the same manner and to the same extent as I myself might or could do if I were personally present. The said specific powers are as follows:

(a) To prepare, execute, verify and file in my name and on my behalf, for any taxable year or taxable period from January 1, 1980 to December 31, 2030, either in person or in writing or both, any and all types of tax returns, declarations, reports, protests, applications for correction of assessed valuation of real or other property, appeals, briefs, claims for refund, or petition in connection with any tax imposed or proposed to be imposed by any government, or claimed, levied or assessed by any government, and to pay any such tax and to obtain any extension of time for any of the foregoing, to enter into any agreements or stipulations for compromise or other adjustments or disposition of any tax and generally to represent me personally or through attorneys of her selection with respect to any matter before the Internal Revenue Service, any department of revenue of any state, or any court relative to taxes owed, allegedly owed, or paid by me or on my behalf.

(b) To maintain anywhere in her discretion bank accounts and safe deposit boxes for me, to have full access to such accounts and safe deposit boxes, and also to have access to any bank account or safe deposit box that I may have heretofore established or rented or may hereafter establish or rent, wherever the same may be

located, and to place property in and remove property from any of such safe deposit boxes. This paragraph shall be in full effect for the complete protection of any bank affected until such time as I may give such bank written notice of its revocation.

(c) To ask, demand, sue for, recover, collect, and receive all sums of money, debts, dues, accounts, insurance proceeds, devises, bequests, interests, dividends, annuities, and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me, and to use and take all lawful ways and means in my name or otherwise for the recovery thereof by attachments, arrests, distress, or otherwise, and to compromise and agree for the same and to give acquittances or other sufficient discharges for the same.

(d) To pay, adjust and settle my just and legitimate obligations of whatever kind, and to incur such obligations as she deems proper.

(e) To receive and to endorse any commercial paper, to adjust and settle any note, mortgage, deed of trust, or other obligation due me or owed by me, to credit payment of or cancel any note, mortgage, deed of trust, or other obligation to me upon proper payment being made, whether in full or by way of compromise or settlement as aforesaid.

(f) To buy, lease, exchange or otherwise acquire and to contract for the purchase, lease, exchange and acquisition of, and to accept, receive and possess any property or interest in property of every kind and description, real, personal, or mixed, and wherever located, and in such manner and for such a price and upon such terms as she deems fit and proper; to retain, repair, improve, lease, convey, option, exchange and sell any property or interest in property of every kind and description, real, personal, or mixed, and wherever located, now owned by me or hereafter acquired, and in such a manner and for such a price and upon such terms as she deems fit and proper, and to receive such money or other property as she may be due thereby; without limiting the generality of the foregoing, to sell, assign, and endorse, transfer upon the books of any corporation, and receive payment for any registered bond standing in my name or any unregistered bond owned by me. My attorney-in-fact shall be authorized in all events to retain any property owned by me without regard to any requirement of diversification otherwise imposed by law or government regulation, and shall not be liable for any loss or decrease in the value of any such property while retained by my attorney-in-fact.

(g) To borrow money in my behalf if she deems the same to be advisable, to give notes or other evidence of debt therefore at such rate or rates of interest as she shall deem advisable, and to pledge, mortgage, or otherwise encumber as security therefor any of my property of any kind, real, personal, or mixed, all in her discretion.

(h) To invest and reinvest without restriction any of my money or other property of whatever kind coming into her possession, whether income or principal, in such a manner as she may deem fit and proper in her discretion.

(I) To execute and deliver any and all deeds or other instruments of whatever kind that may be useful or necessary to carry out any of the powers and authority granted in any portion of this power of attorney.

(j) To exercise or perform any act, power, duty, right or obligation whatsoever in regard to any contract of life, accident, health, disability or liability insurance or any combination of such insurance procured by me or on my behalf.

(k) To prepare, execute and file all social security, unemployment insurance and information returns required by the laws of the United States, or of any State or subdivision thereof, or of any foreign government.

(l) To purchase United States Treasury Bonds of any type, including the purchase of United States Treasury bonds which are of the type eligible for redemption at par in payment of federal estate tax.

(m) To pay over to me or expend for my benefit such amount of income or principal as she deems best to provide for my maintenance, support, comfort, health and welfare, including provisions for hospital, nursing, and custodial care, to make gifts of my property to entities or individuals other than herself after I am incapacitated, outright, in trust, or to a custodian under the Uniform Gifts to Minors Act, in order to continue any gift program which I may have instituted to make use of federal and state gift tax and generation-skipping transfer tax exclusions, exemptions and credits, to allow such members of my family as she deems best to use my household furniture and furnishings and my other tangible personal property, and to store the same or sell and dispose of the same. All of the above powers are to be exercised as determined in her discretion.

(n) To effect all transactions in her name as attorney-in-fact, in my name, or in the name of any nominee of the attorney-in-fact.

2. In addition to the powers herein enumerated, I hereby give and grant to my attorney-in-fact all of the powers set forth in North Carolina General Statutes Section 32-27, which powers are hereby incorporated herein by reference as of the date of my execution of this power of attorney. This incorporation of powers by reference is in accordance with North Carolina General Statutes Section 32-26.

3. I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and thing whatsoever requisite and necessary to be done in and about the premises as to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my attorney-in-fact shall lawfully do or cause to be done by virtue hereof. I authorize my attorney-in-fact full power and authority to make gifts in any amount of any of my property to any individual or to any organization described in Sections 170(c) and 2522(a) of the Internal Revenue Code or corresponding future provisions of federal tax law, or both, whether there has or has not been a history of such gift giving. I specifically authorize gifts by the attorney-in-fact to the attorney-in-fact or the estate, creditors, or the creditors of the estate of the attorney-in-fact.

4. I also give to my attorney-in-fact full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment.

5. No persons, firms, corporations or agencies, governmental or otherwise, which shall pay money or deliver property of whatever kind to my attorney-in-fact shall be under any obligation whatever to look to the disposition of such money or property by the attorney-in-fact.

6. This power of attorney is executed pursuant to the provisions of Article 2 of Chapter 32A of the North Carolina General Statutes, and it is my intention that this power of attorney shall continue in effect notwithstanding my subsequent incapacity or incompetency, until it shall be revoked in accordance with the provisions of that Article.

7. During my lifetime, my attorney-in-fact shall not be required to file any inventories, appraisals, accounts, or reports to any court, or to give bond, but accounts shall be rendered to me annually. At my death an inventory and a copy of the last annual account shall be delivered to the personal representative of my estate, along with the property then held by the attorney-in-fact pursuant to this power of attorney. My attorney-in-fact shall not be responsible for any property of mine not covered in such inventory, but shall exercise reasonable care to determine all of such property then held by her.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of June, 2011.

_____(SEAL)
Gilbert G. Dillard

Cathy R. Lipski
Witness

Mary Lou Strickland
Witness

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

I, Beth R. Setzer, a Notary Public for said County and State do hereby certify that Gilbert G. Dillard personally appeared before me this day and acknowledged the due execution of the foregoing Power of Attorney to Melissa Dillard for the purposes therein expressed.

WITNESS my hand and notarial seal this 23rd day of June, 2011.

BETH R. SETZER NOTARY PUBLIC (Official Seal) IREDELL COUNTY, N.C.

Notary Public

My commission Expires: April 14, 2013

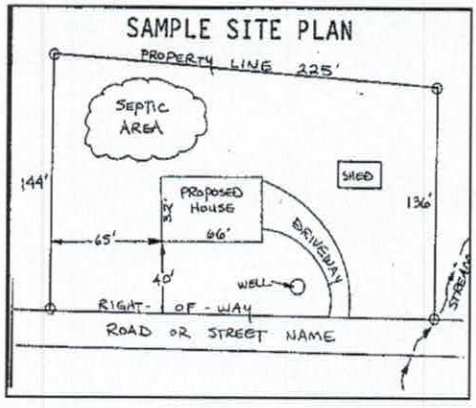
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



Signature: Melissa Dillard

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

2-25-2019

DATE