ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 319769

PIN # 4726--40--6445

APPLICANT/OWNER: Thomas Beatty

APPLICANT ADDRESS: 124 W Morrison Creek Rd Statesville NC 28625

SITE ADDRESS: 124 W Moorison creek Rd statesville NC 28625

SITE DIRECTIONS: NC 115 to L on Scotts Creek Rd, L on Miller Farm Rd, R on Antler Dr, L on Red Buck Ln, R on W Morrison Creek Rd, Lot at end

PHONE: 704-437-0132 ALT. PHONE

SUBDIVISION: Deercroft

SAP CONTROLLED: [X] YES [ ] NO

SECTION: 4 LOT # 155 LOT AREA: 1.285 acres DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	Existing (gal)	STB	Existing	Date	Existing
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	60
Trench Width	24"	Trench Bottom Depth (Low side)	24"	Gravel Depth	Existing

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms Existing

[ ] Business No. Persons Existing

[ ] Other No. Employees —

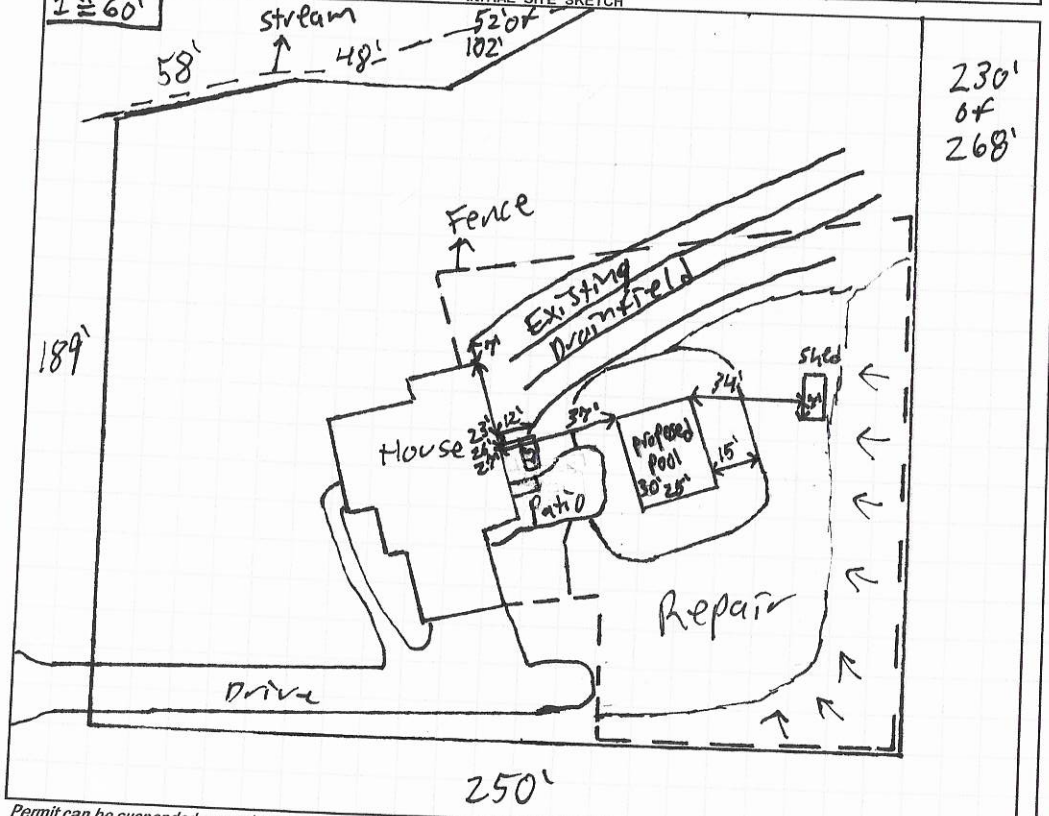
[ ] Slab [X] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

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

Comments / Conditions: This permit is to show that new pool does not impact existing system and still has enough room for repair. All parts of septic must be 15' off waters edge of pool.

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.* [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: T. Beatty Date: 9/10/21 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Patrick J Bagley III Date: 9/1/2021

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

RECEIVED JUL 16 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-319769 Paid: $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: THOMAS BEATTY Address: 124 W. MORRISON CREEK RD Zip: 28625
Applicant Email: dtbeats@msn.com Phone: 704-437-0132 Alt. Phone: _____
Owner Name: THOMAS BEATTY Address: 124 W. MORRISON CREEK RD Zip: 28625
Owner Email: dtbeats@msn.com Phone: 704-437-0132 Alt. Phone: _____

Property Information:

Street Address: 124 W. MORRISON CREEK RD, STATESVILLE, NC, 28625
Subdivision Name: DEERCROFT Section/Phase: 4 Lot Number: 155
Driving Directions: MILLER FARM TO ANTLER LEFT ON RED BUCK, RIGHT ON MORRISON CREEK - LAST HOUSE ON RIGHT SIDE

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: _____ (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building (X) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2003
( ) 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 (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: T. Beatty 7/13/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) T. Bratty

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, _____, am the legal owner(s) of the property located at _____, 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.

T. Bratty
Signature of Owner(s)

7/13/21
Date

Mooresville - Environmental Health

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

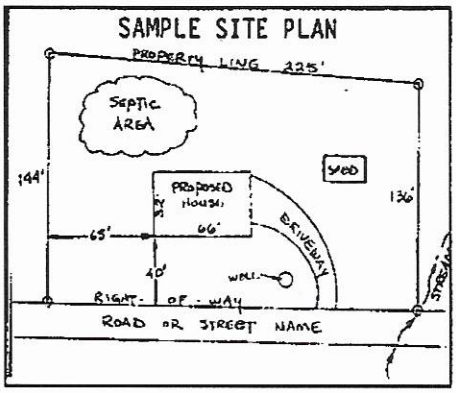
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

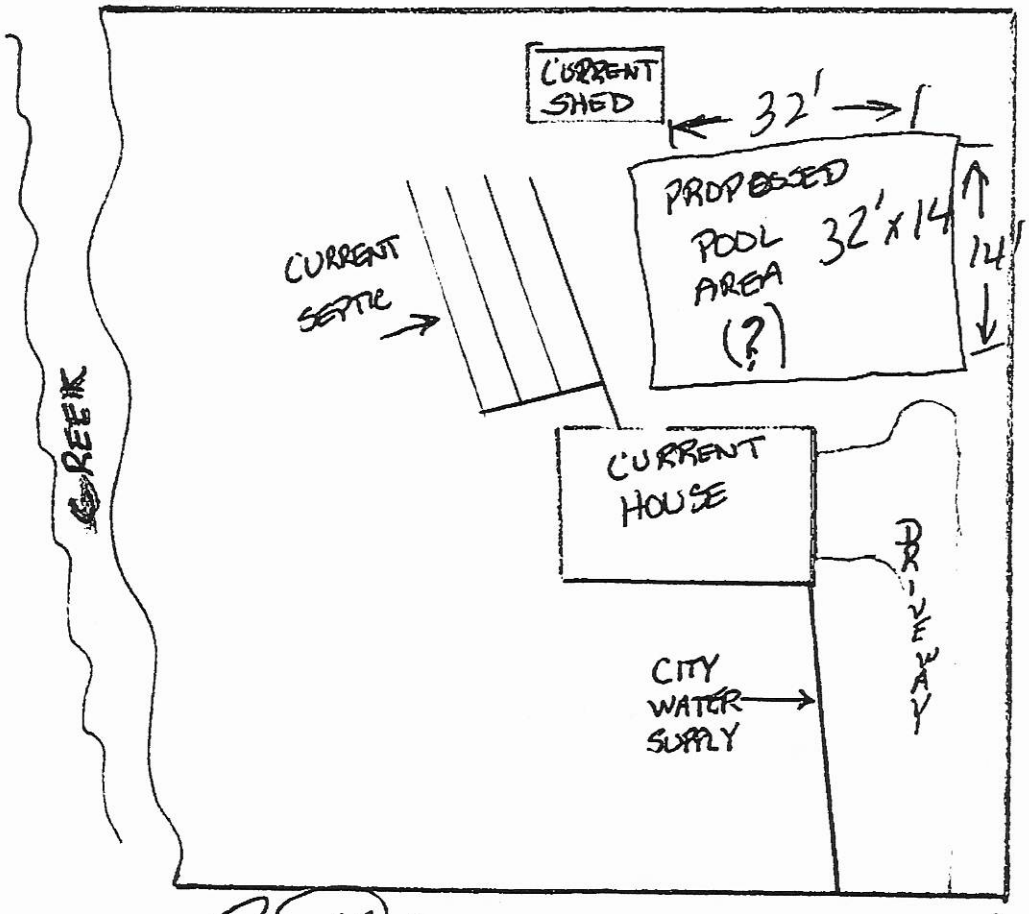
- X Property Line measurements are clearly identified
- X All proposed structures are indicated
- X Front and side setbacks from property line
- X Preferred driveway location and well location
- X Area you prefer your septic system to be placed
- X North arrow, or other sufficient indicator of direction

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



Signature: T. Beatty

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

7/13/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115745 PIN# 4926-40-7122

OWNER OR CONTRACTOR Ward Diversified Services PHONE: Business (828) 478-4497 Home (828) 312-8469 DATE 10/1/03

ADDRESS 8156 Monbo Rd Catawba, N.C. 28609

LOCATION Hwy 115 N. @ Scotts Creek Rd @ Miller Farm Rd @ Another @ Red Buck @ Morrison Creek Rd on Left

SUBDIVISION Deercroft BLOCK / SECTION 4 LOT 154 LOT AREA 1.40 Ac. SITE CLASS. 5 DESIGN FLOW 375 L.T.A.R. .25 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 5-13-03
Pump Tank: Gallons; PT Date
Pump Make: Model Eqe Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 6@60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees

☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

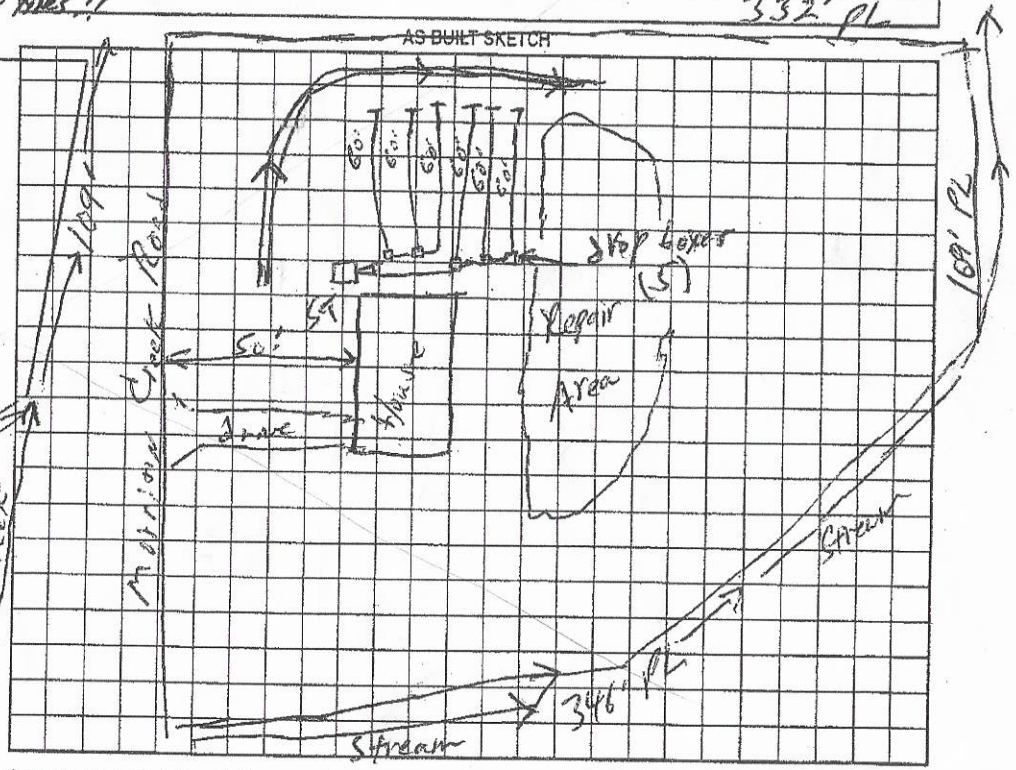
Comments/Conditions: ① Install 25% Reduction System Utilizing Flow Divider Tee and (5) drop boxes ② Keep System Maximum of 30" deep. ③ Install Subsurface Drain 42" to Daylight as Shown. ④ Keep Septic Lines 15 Ft from End of Septic Lines

Comments/Conditions: Tuff-Tite Filter + ST Marker Shown

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: Jeffrey Ward date 10-2-03 Installed by: T. Frye

Improvement Permit by: William O. Johnson date 10/1/03 Operation Permit by: William O. Johnson date 11/18/03

Authorization to Construct by: William O. Johnson date 10/1/03 Existing System Inspection by: date

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

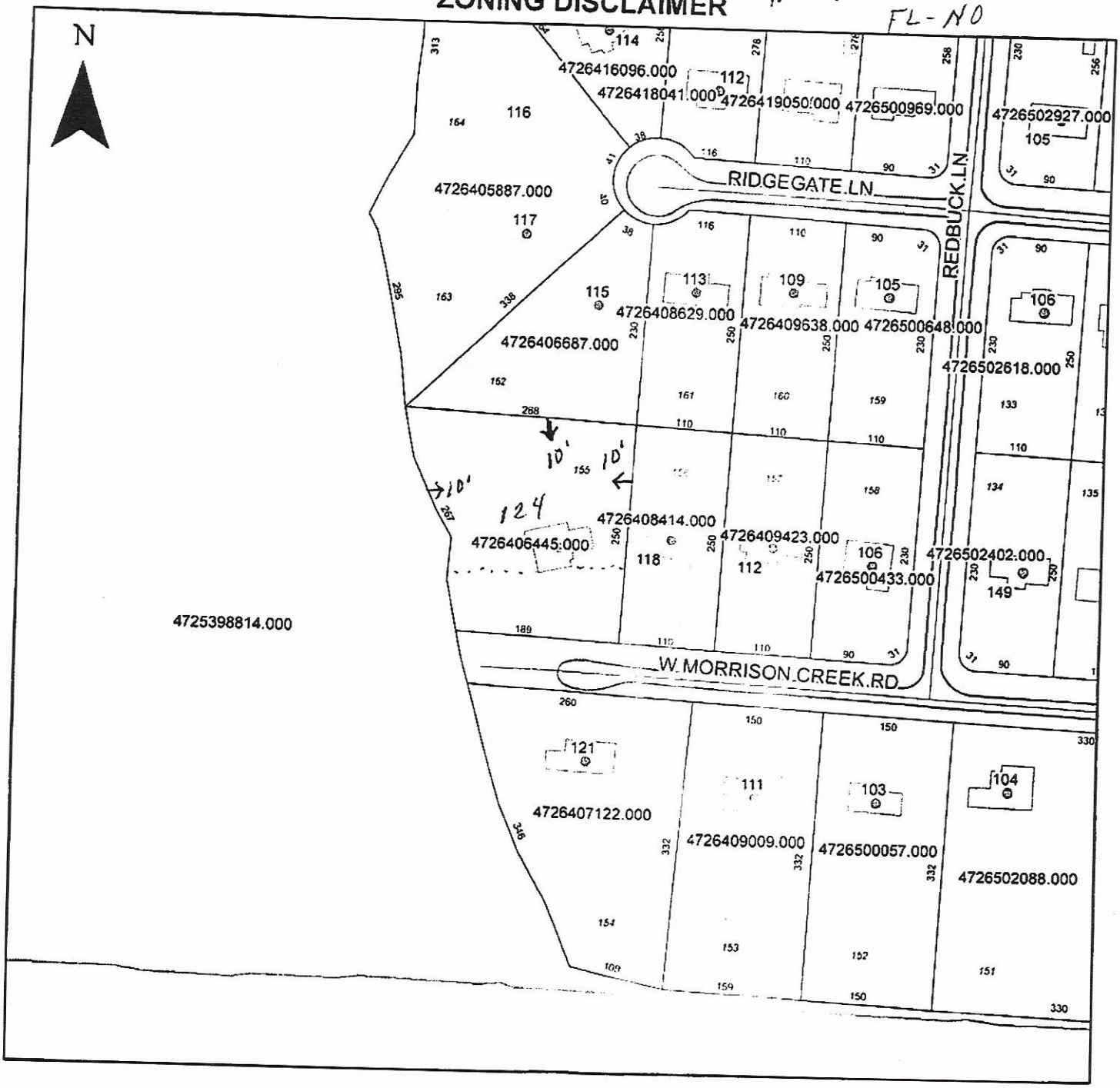
319769

RA 1.285

WS-NO

FL-NO

ZONING DISCLAIMER



Property Address 124 W Morrison Creek Rd.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

7/16/21

Date