ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # Beaus AP 324525

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

PIN # 4726 -- 52 -- 8046

APPLICANT/OWNER: Debra A. Pickering APPLICANT ADDRESS: 194 Doe Trail Ln Statesville 28625

SITE ADDRESS: 194 Doe Trail Ln Statesville 28625 PHONE: 216-990-1777 ALT. PHONE —

SITE DIRECTIONS: NC115 N - (L) Scotts Creek Rd - (L) Miller Farm Rd - (L) Doe Trail, @ EIK SAP CONTROLLED: ☐ YES ☐ NO

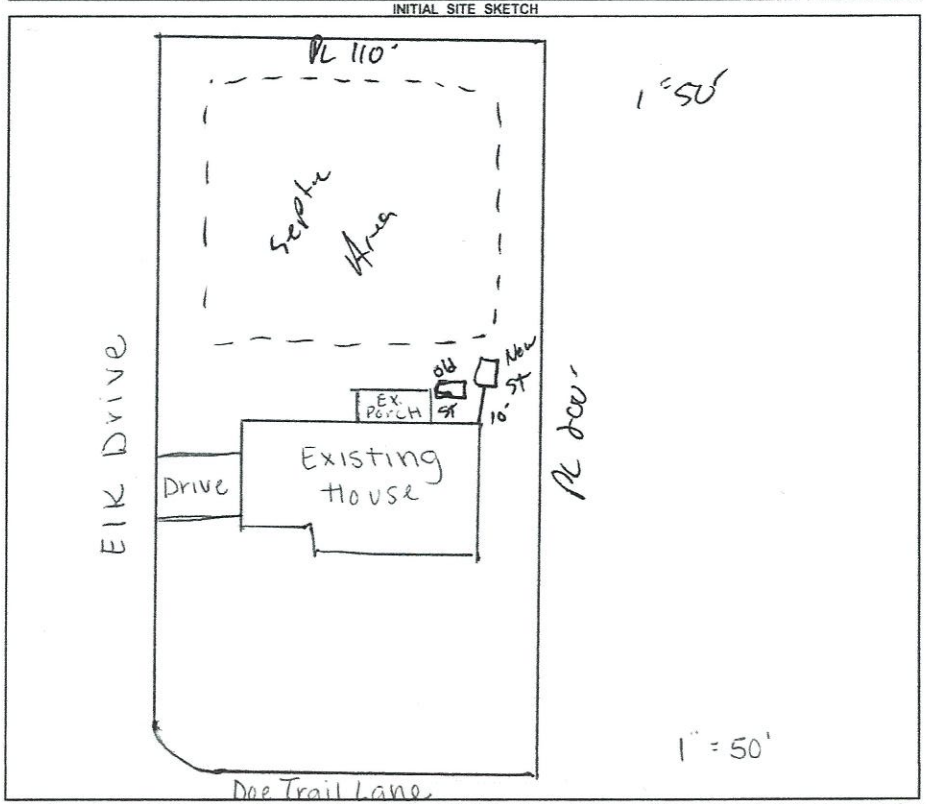
SUBDIVISION: Deercroft @ Granville Grant SECTION: II LOT # 83 LOT AREA: 0.5 Acres DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date		☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	Ex
Pump Tank	(gal)	PT		Date		System Description:	☐ Business	No. Persons	Ex
Pump Make	—	Model	—	Serial #	—	Repair System Description: Tank	☐ Other	No. Employees	
# Nitrification Fields	—	# Lines	5	Linear Ft	100	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	—	Trench Bottom Depth(Low side)		Gravel Depth	Ex	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

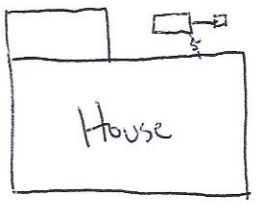
Comments / Conditions: Pump Crush and fill old Septic tank. Inspect D Box and replace if needed.

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.



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: 1-27-22 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 1-26-2022 OPERATION PERMIT by: Cy White Date: 2/2/22

AUTHORIZATION TO CONSTRUCT by: Date: 1-26-2022 Existing System Inspected by: Date:

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

Emailed 12/8/21

RECEIVED JAN 10 2022

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

AP- 324525

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Debra A. Pickering **Address:** 194 Doe Trail Lane Statesville **Zip:** 28625

Applicant Email: dpickering-1998@yahoo.com **Phone:** 216-990-1777 **Alt. Phone:**

Owner Name: Debra & Russel Pickering **Address:** 194 Doe Trail Lane Statesville **Zip:** 28625

Owner Email: dpickering-1998@yahoo.com **Phone:** 216-990-1777 **Alt. Phone:**

Property Information:

Street Address: 194 Doe Trail Lane, Statesville NC 28625

Subdivision Name: Deercroft **Section/Phase:** II **Lot Number:** 83

Driving Directions: NC 115 N, TL Scotts Creek Rd, TL Miller Farm Rd, TR Doe trail, at Elk

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines **Describe Problem:**

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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

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:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) 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: _____ 12/8/21
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, _____, 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.

_____ _____
Signature of Owner(s) Date

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

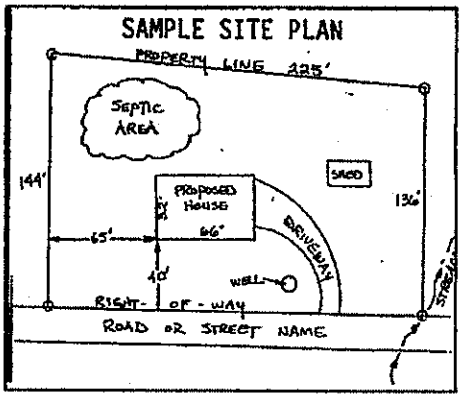
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

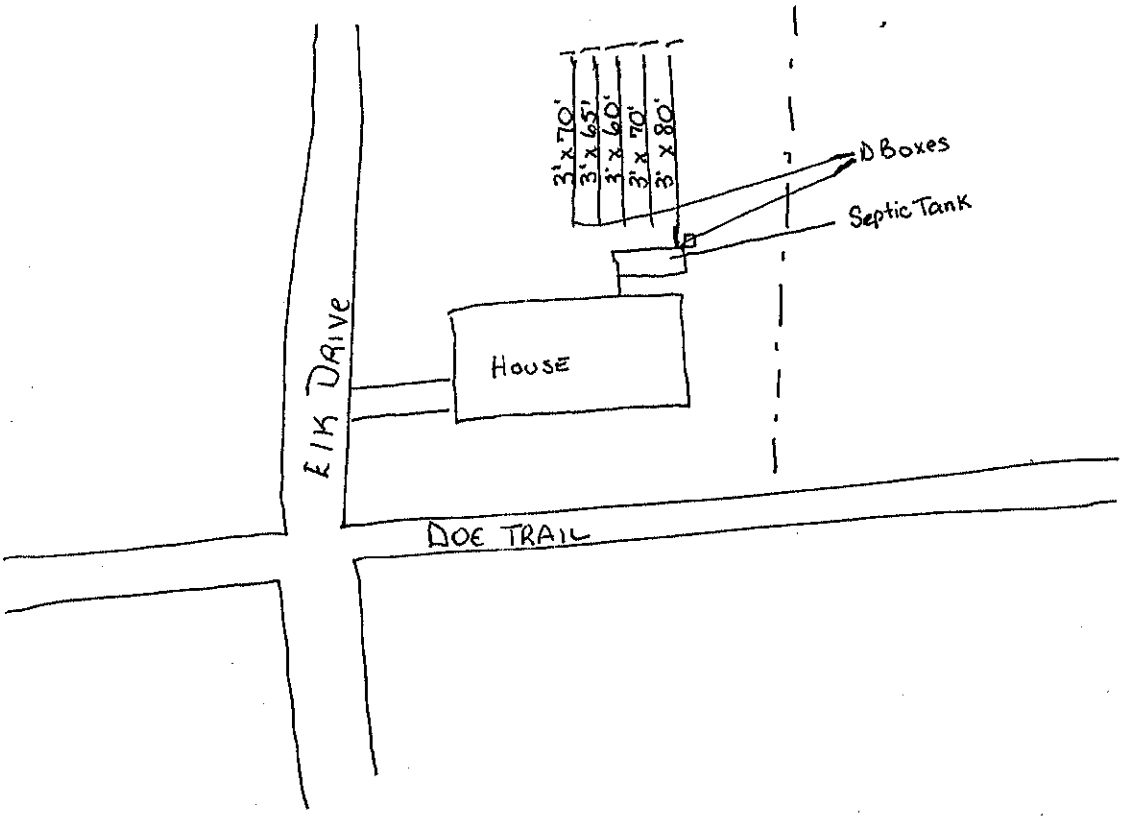
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other 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: _____ 12/8/21

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-6281

48369

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16697 DATE 7/29/93 TAX MAP NO. 9A-9-A-83

OWNER OR CONTRACTOR BRANICK QUALITY UTILITY BLDG PHONE: Business Home 872-1282

ADDRESS RT 12 BOX 319-A STATESVILLE, NC 28677

LOCATION NC 115 N TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, AT ELK DR

SUBDIVISION DEER CROFT BLOCK / SECTION II LOT 83 LOT AREA 110' x 200' SITE CLASS. PS L.T.A.R. 0.35 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 1012 Date 8/1/93

Pump Tank: Gallons: PT Date

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 5 Trench Width 36 Trench Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II), III, V, VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

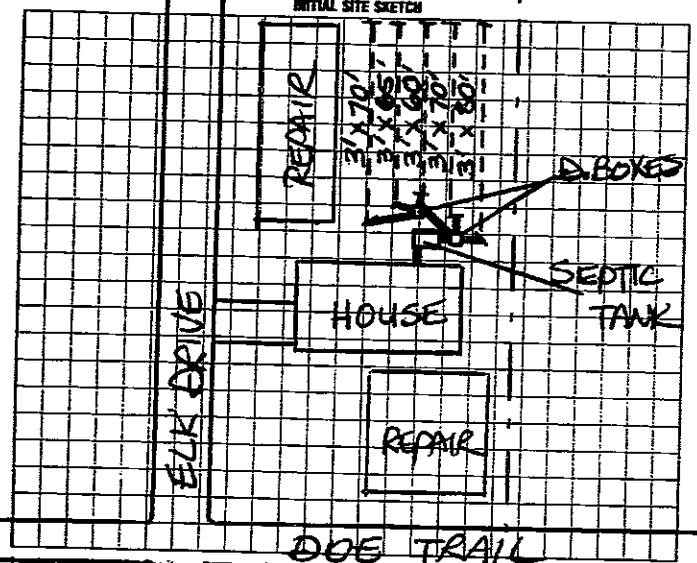
☐ Business No. Employees Auto. Washing Machine: ☑ Yes ☐ No

☐ Other Other

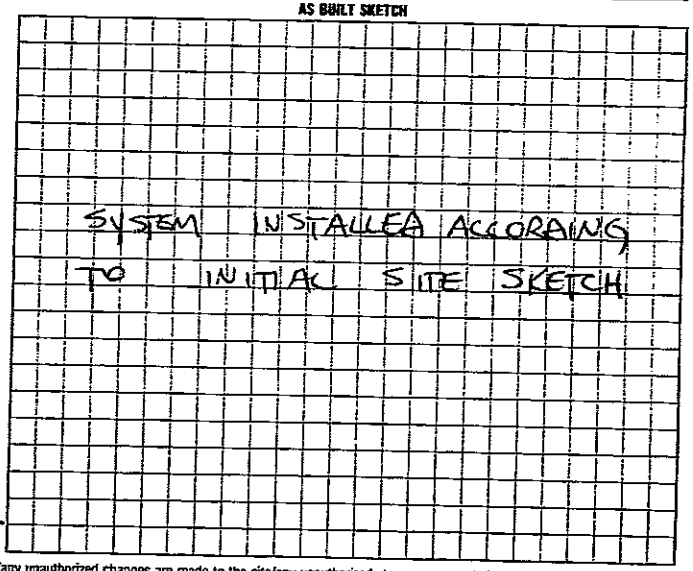
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM DRIVEWAY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' ON CENTER.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: X John R. Nicholson

Improvement Permit by: STEVE HENRICK date 7/29/93

Existing System Inspection by: date

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HENRICK date 10/26/93

Operation Permit by: date

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

J