ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 321776

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

PIN # 4726 -- 62 -- 6139

APPLICANT/OWNER: Elizan Kessler | Billy Helton APPLICANT ADDRESS: 211 S. Center St. Statesville NC 28677

SITE ADDRESS: 140 Hyde Lane, Statesville NC 28625 PHONE: 704-726-2119 ALT. PHONE 919-244-3139

SITE DIRECTIONS: (N) NC 115 → (L) Scotts Creek → (L) Hyde Ln → lot @ end of cul-de-sac SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Hampton Glen SECTION: 2 LOT # 27 LOT AREA: 0.4 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

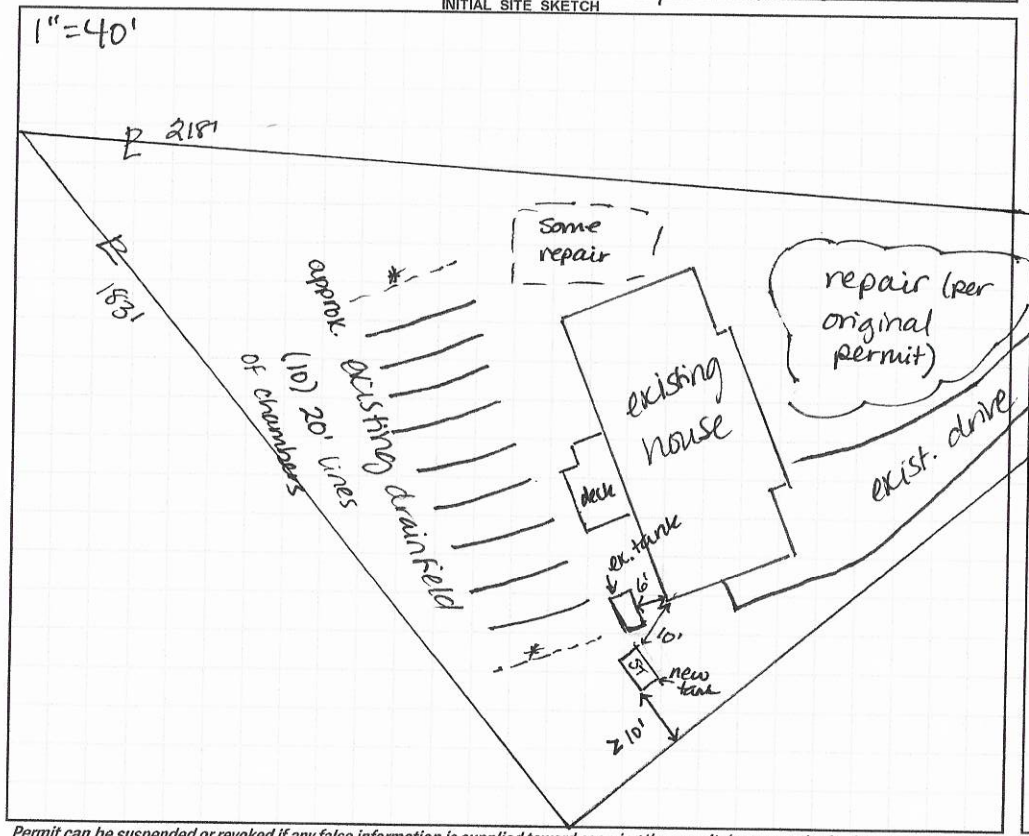
Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	EXISTING			
Pump Make			Model		Serial #		Repair System Description:	New Tank			
# Nitrification Fields		# Lines			Linear Ft:		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EXISTING	Trench Bottom Depth (Low side)			Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Pump, crush & fill old tank. If distribution device is damage, replace with new distribution box maintain 10' from back of house, 5' off deck.

Call 704-902-4482 if questions
* potential 10th line locations * unable to locate 10th line - may move tank & d-box if needed to achieve fall as long as all setbacks are met.

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as Drawn

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: Elizan Kessler Date: 10/1/21 Installed by: TW Ammons Septic Service

IMPROVEMENT PERMIT by: D. Mieberg Date: 9/29/21 OPERATION PERMIT by: Date: 10-18-21

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 9/29/21 Existing System Inspected by: Date:

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

DigiSign Verified: AA86A48A-CB13-4E1E-88A8-601D906C4109

RECEIVED SEP 2 3 2021

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

AP-321776

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: Elizah Kessler **Address:** 211 S. Center St, Statesville NC **Zip:** 28677

Applicant Email: elizahk@lakenormanrealty.com **Phone:** 704.726.2119 **Alt. Phone:**

Owner Name: Billy Helton **Address:** 21 Autumn Woods Dr., Durham, NC **Zip:** 27713

Owner Email: blynnhelton@gmail.com **Phone:** 919.414.3139 **Alt. Phone:**

Property Information:

Street Address: 140 Hyde Ln, Statesville, NC 28625

Subdivision Name: L27 HAMPTON GLEN SEC 2 PB 27 -48&49 **Section/Phase:** **Lot Number:**

Driving Directions: Turn onto Hyde Ln, house is located at the end of the cul-de-sac

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure:

Describe Problem: Septic tank is cracked per inspection

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: 1205 sq ft 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: 1997

(x) 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: Billy Helton Elizah Kessler

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

09-22-2021 4:20 PM EDT

09-22-2021

DATE

DigiSign Verified: AA86A48A-CB13-4E1E-88A8-601D906C4109

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, Billy Lynn Helton, am the legal owner(s) of the property located at 140 Hyde Ln, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4726-62-6139.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Elizah Kessler, Agent with Lake Norman Realty, 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.

Billy Helton
Signature of Owner(s)

09-22-2021 4:20 PM EDT
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

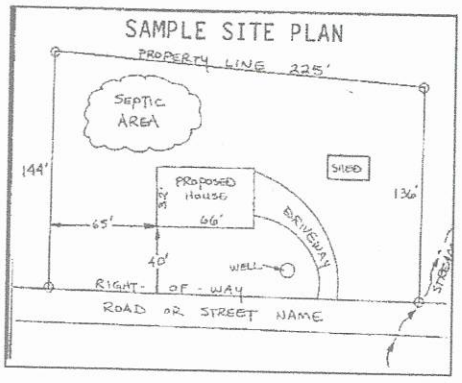
DigiSign Verified: AA86A48A-CB13-4E1E-88A8-601D906C4109

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

Original Site Plan for Original Septic Attached

Signature: Billy Helton Elizah Kessler

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

09-22-2021 4:20 PM EDT

09-22-2021 3:17 PM EDT

DATE

COUNTY HEALTH DEPARTMENT

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

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

DESCRIPTION NO. 25122 DATE 11-23-96 TAX MAP NO. 4726626139 Watershed: ☐ Yes ☒ No

R OR CONTRACTOR CRANDALL & O'BRIEN CONST. PHONE: Business 871-1536 Home

ADDRESS 310 TREEBARK ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, T SCOTTS CREEK ROAD, T HYDE LANE, LOT AT END TO RIGHT

SUBDIVISION HAMPTON GLEN BLOCK / SECTION II LOT 27 LOT AREA 17,315.40 Ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/Ft²

Septic Tank: 1000 Gallons; STB [illegible] Date 6-10-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+

No Lines TEN Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: DOBBS PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

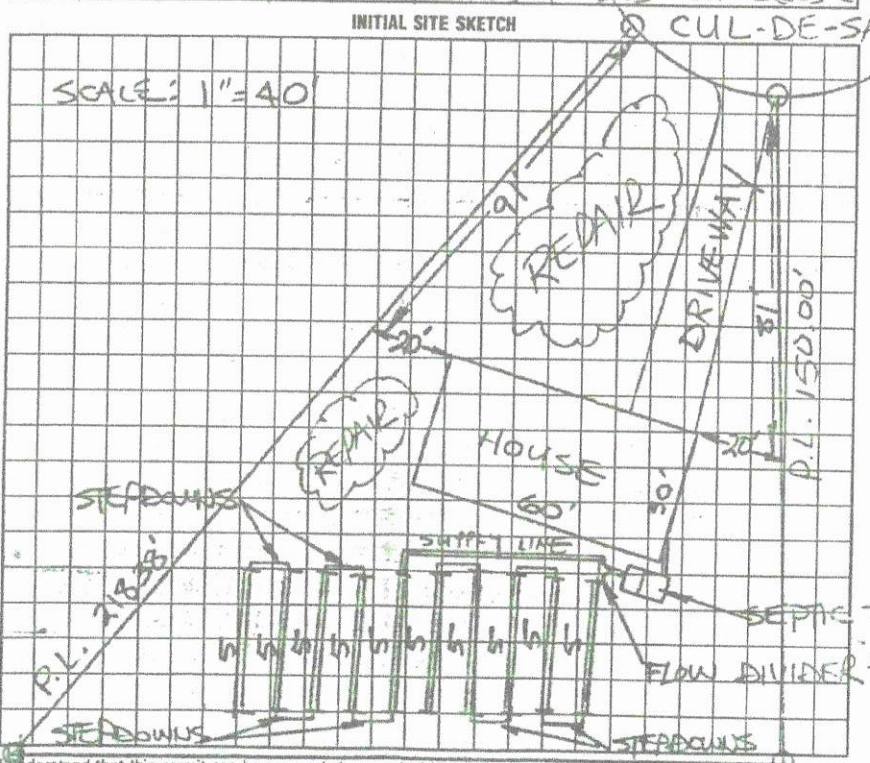
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

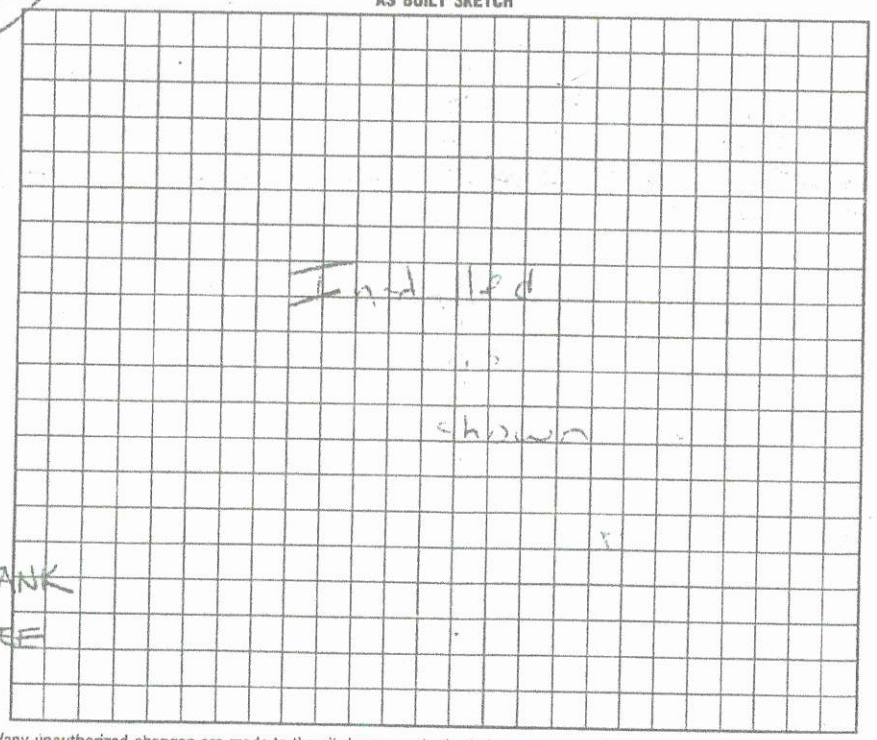
Comments: (1) INSTALL 50 CHAMBERS IN TEN EQUAL LENGTH LINES OF FIVE CHAMBERS EACH. (2) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO FIELDS OF 25 CHAMBERS EACH.

Comments: [illegible]

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.

uth. to Const. is valid for a period equal to the validity of the IP not to exceed five years. IP w/site plan is valid five years

Signed: _____

Improvement Permit by: STEVE HEDRICK date 11-23-96

uthorization to Construct

XX Existing System Inspection by: STEVE HEDRICK date 11-23-96

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: Mark COATES date 4-25-97

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