ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BCW) Mooresville Office (704) 660-3625 PERMIT # AP 321182

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

PIN # 4726--71--2448

APPLICANT/OWNER: Connie Wilson APPLICANT ADDRESS: 124 Antler Drive Statesville NC 28625

SITE ADDRESS: 124 Antler Drive Statesville NC 28625 PHONE: 828-292-7438 ALT. PHONE –

SITE DIRECTIONS: Miller Farm Ln Antler House on R SAP CONTROLLED: ☐ YES ☒ NO

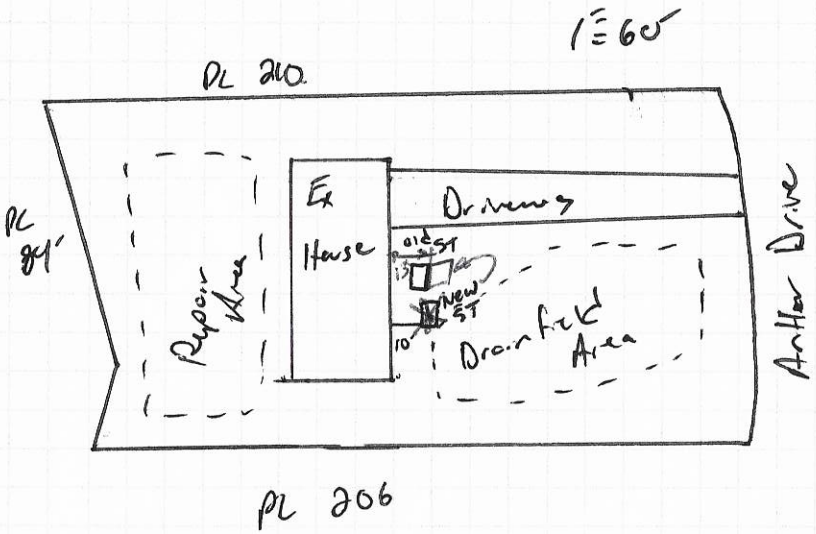
SUBDIVISION: Deercroft at Granville Grant SECTION: – LOT # 36 LOT AREA: .52 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	854	Date	7-15-2021	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Ex		
Pump Make		Model		Serial #		Repair System Description:	Tank		
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ex	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 Crash 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.

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: Connie C Wilson Date: 9-15-21 Installed by: GRIT + SON

IMPROVEMENT PERMIT by: Date: 9-13-2021 OPERATION PERMIT by: Burgett C. White Date: 9-25-2021

AUTHORIZATION TO CONSTRUCT by: Date: 9-13-2021 Existing System Inspected by: Date:

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

dotloop signature verification: dtlp.us/NT9R-G0e2-982F
DocuSign Envelope ID: FC11F1B8-84D0-457A-8A53-BE840900F055

RECEIVED SEP 03 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-321182

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: Connie Wilson **Address:** 124 Antler Dr Statesville, NC **Zip:** 28625
Applicant Email: scdwilson@roadrunner.com **Phone:** 828-292-7438 **Alt. Phone:**
Owner Name: Connie Wilson **Address:** 124 Antler Dr Statesville, NC **Zip:** 28625
Owner Email: scdwilson@roadrunner.com **Phone:** 828-292-7438 **Alt. Phone:**

Property Information:

Street Address: 124 Antler Dr Statesville, NC 828-292-7438

Subdivision Name: Deercroft **Section/Phase:** **Lot Number:** 36
Driving Directions: I-40 W, Take exit 150 for NC-115 toward N. Wilkesboro, Turn right onto NC-115, Turn left onto Scotts Creek Rd, Turn left onto Miller Farm Rd, Turn right onto Antler Drive, House on right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (☑) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) 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 needs replaced due to cracking
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 ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1993
( ) 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: Connie C Wilson dotloop verified 09/03/21 2:34 PM EDT XWXE-DOIA-JHUG-PGKW — 09/03/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

dotloop signature verification: dtlp.us/NT9R-G0e2-982F
DocuSign Envelope ID: FC11F1B8-84D0-457A-8A53-BE840900F055

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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*) Connie Wilson

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.

Connie C Wilson dotloop verified 09/03/21 2:34 PM EDT 2QS8-1N8M-99AG-RJUV

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

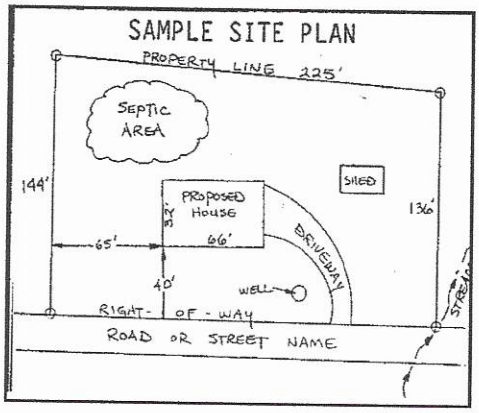
dotloop signature verification: dtlp.us/NT9R-G0e2-982F
DocuSign Envelope ID: FC11F1B8-84D0-457A-8A53-BE840900F055

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:

( ) **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

Septic tank replacement, replace to current location, existing septic tank permit accompanying

Signature: Connie C Wilson dotloop verified 09/03/21 2:34 PM EDT YNHT-UABK-PYSA-LQHM

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

46380

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 15852 DATE 6/9/93 TAX MAP NO. 9A-9-A-36

OWNER OR CONTRACTOR MARSHALL L. GODFREY PHONE: Business Home

ADDRESS

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR ANTLER DR, 5TH LOT ON R SITE CLASS. 5 L.T.A.R. 0.35 GPD/SQ FT

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 36 LOT AREA 110' x 208'

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 1017 Date 3/20/93

Pump Tank: Gallons: PT Date

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

No Lines 4 Trench Width 36" Trench Depth 30" Gravel Depth 12"

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

System Description: CONV; GRAVITY

Repair System Description: CONV; PUMP/GRAV.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

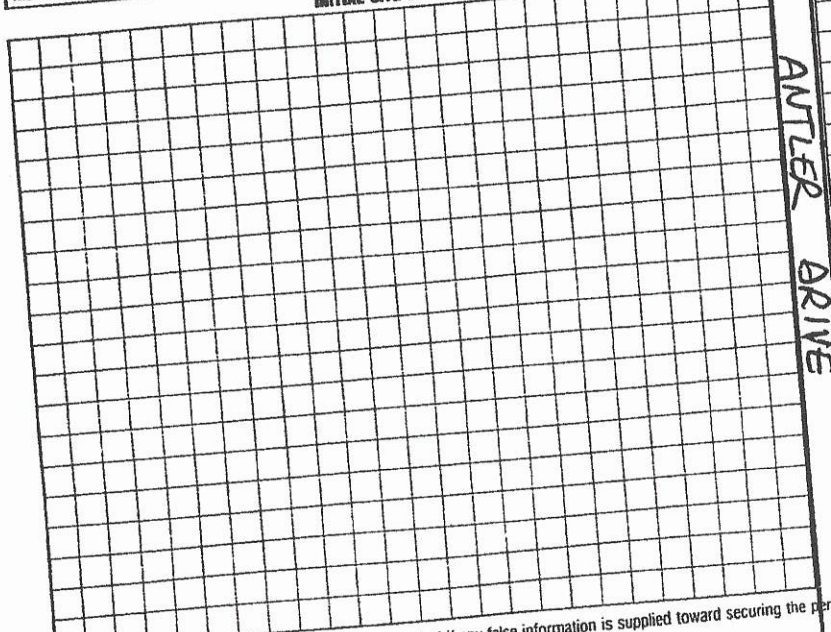
Auto. Washing Machine: ☑ Yes ☐ No

Other

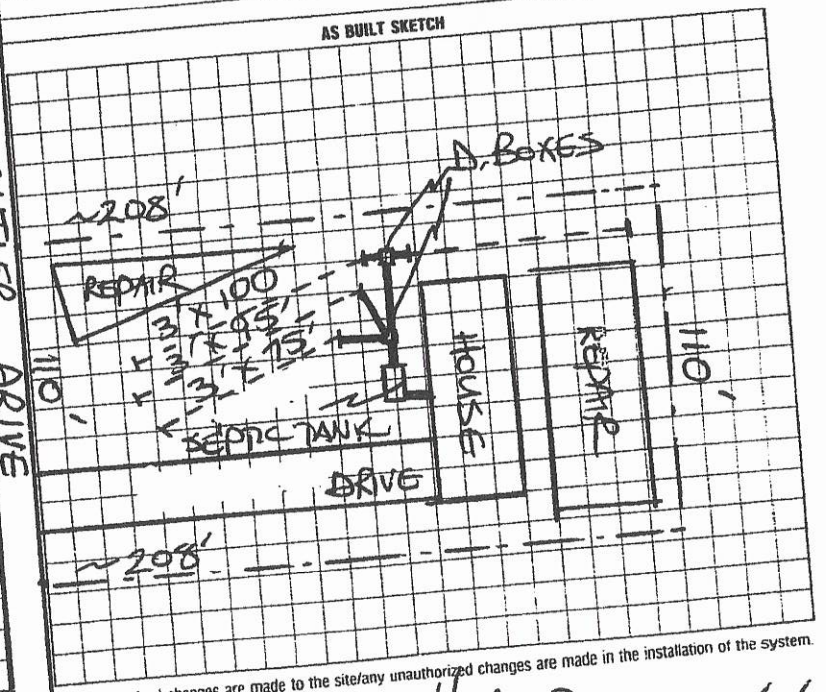
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments

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: date 6/20/93

Improvement Permit by: STEVE HEDRICK date

Existing System Inspection by: date

Installed by: JAMES HUNTER

Certificate of Completion by: STEVE HEDRICK date 6/9/93

Operation Permit by: date

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