ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319091

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

PIN # 4727--54--3484

APPLICANT/OWNER: Danielle Donovan APPLICANT ADDRESS: 113 Trinity Rd Statesville NC 28625

SITE ADDRESS: 113 Trinity Rd Statesville NC 28625 PHONE: 704-995-5544 ALT. PHONE

SITE DIRECTIONS: NC 115 N to L on Coachman LP, L on Trinity Rd, Lot on L SAP CONTROLLED: [X] Yes [ ] No

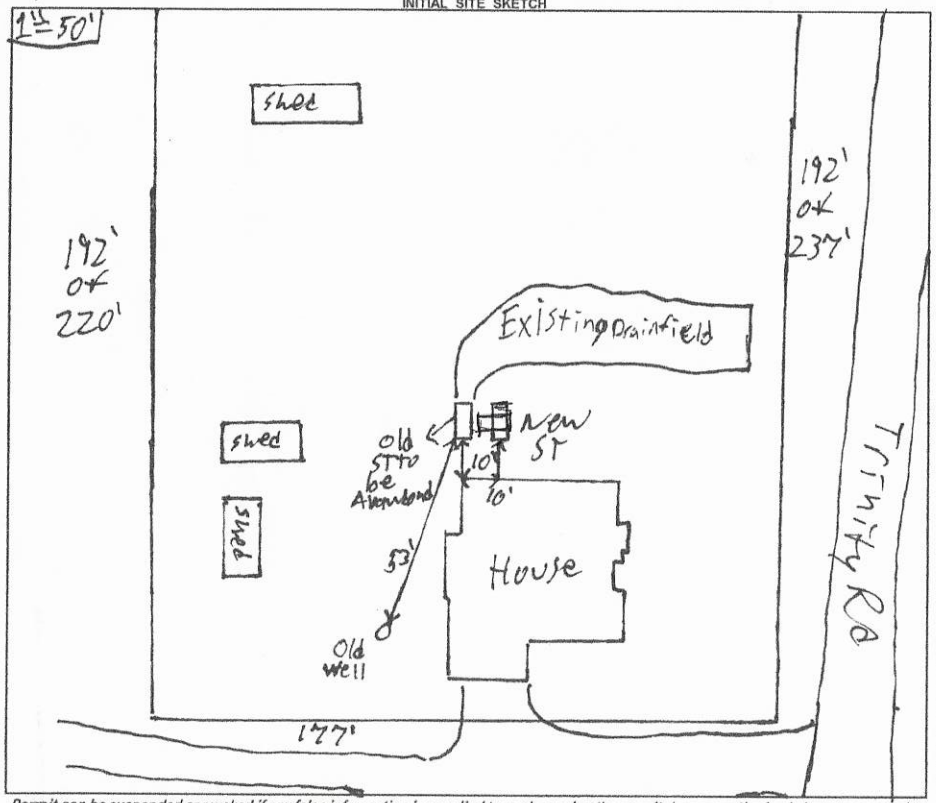
SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.045 acres DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	Plastic	Date	Infiltrator	[X] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms	Existing	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	New Tank			[ ] Business	No. Persons	Existing	[ ] Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	Existing			[ ] Other	No. Employees		[X] Public
# Nitrification Fields	~~1~~	# Lines	~~5~~	Lineal Ft	~~NG~~		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	EX	Trench Bottom Depth (Low side)	STI		NG	Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Pump, Crush, and Remove old Tank. If new tank is installed at 3' or deeper then tank must be traffic grade.

lift to house
Orange filter
ST parallel to house

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: Donovan Date: 7/13/21 Installed by: Michael Benfield Outdoor Services & Solutions

IMPROVEMENT PERMIT by: Patrick J Bagley II Date: 7/2/2021 OPERATION PERMIT by: Maria Dotson Date: 8-3-21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley II Date: 7/2/2021 Existing System Inspected by: Date:

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

Call Danielle Donovan 704 995-5544 RECEIVED JUN 24 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-319091 Repair Eval.

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: (X) 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: DAWN M DREYER JASON E DREYER Address: 113 TRINITY RD STATESVILLE Zip: 28625
Applicant Email: DAWN.DREYER2016@outlook.com Phone: (321) 271-1564 Alt. Phone: (321) 591-8138
Owner Name: JASON E. DAWN M DREYER Address: 113 TRINITY RD STATESVILLE Zip: 28625
Owner Email: DAWN.DREYER2016@outlook.com Phone: 321-271-1564 Alt. Phone: 321-591-8138

Property Information:

Street Address: 113 TRINITY RD STATESVILLE 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: NC 115 N, TL CORCHMEN LOOP, TL TRINITY RD, 1ST HOUSE ON LEFT.

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

CHECK FOUNDATION TYPE

YES (X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system X 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 ( ) City Water (X) Other Public Water County 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: Jason E Dreyer Dawn M Dreyer 6-1-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Present. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Present. 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*) JASON DREYER

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, JASON DREYER, am the legal owner(s) of the property located at 113 Trinity Rd Statesville NC, identified as PIN (Parcel Identification Number) 4721-54-3484, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Danielle Donovan, 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.

Jason E Dreyer
Signature of Owner(s)

6/1/2021
Date

Mooresville - Environmental Health

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

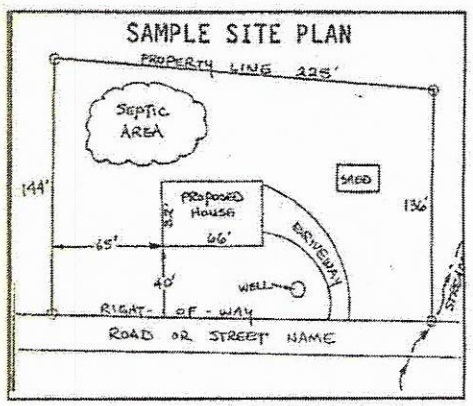
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- ( ) **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

Signature: _____ 4/1/2021

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

4737-54-3484

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. REPAIR DATE 4-15-96 TAX MAP NO. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHN WYATT PHONE: Business Home 876-1497

ADDRESS 113 TRINITY ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TL CRAIGMAN LOOP, TL TRINITY ROAD, 1ST HOUSE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. RS DESIGN FLOW L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No Bathrooms

☐ Business No. Employees

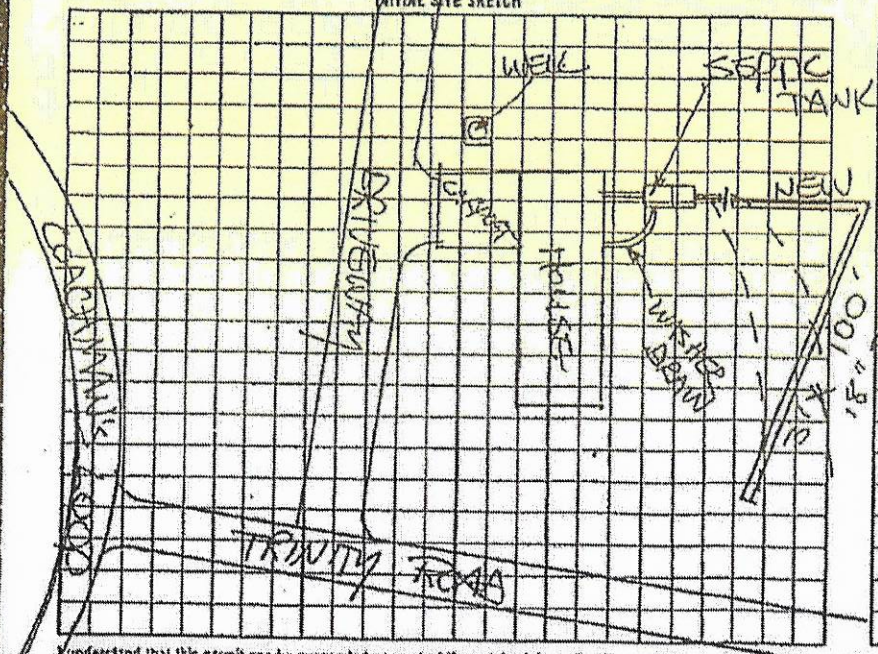
☐ Other

Water Supply: ☐ Individual ☐ Community ☐ Public

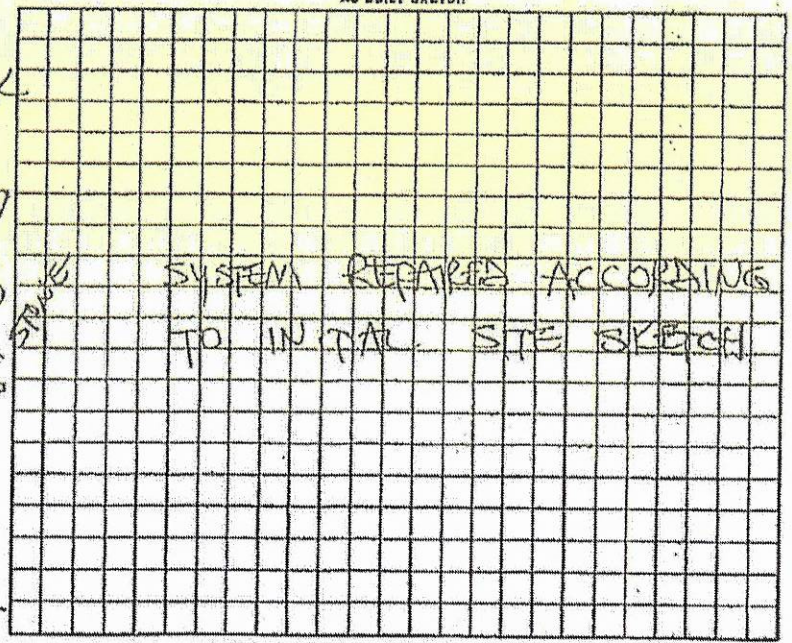
Comments: ① REPAIR SANITARY TEE IF NECESSARY ② INSTALL NEW 3" X 100' LINE AS FLAGGED USING 18" STONE, INTERSECTING TWO EXISTING LINES. ③ TIE WASHER DRAIN PLUMBING INTO SEPTIC TANK

Comments: NEW SANITARY TEE INSTALLED IN SEPTIC TANK

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.

Authorization to Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed: X John T. Wyatt

Improvement Permit by: STEVE HENRICK date 4-15-96

Existing system inspected by:

AUTHORIZATION TO CONSTRUCT: STEVE HENRICK date 4-15-96

Installed by: JAMES FULLER

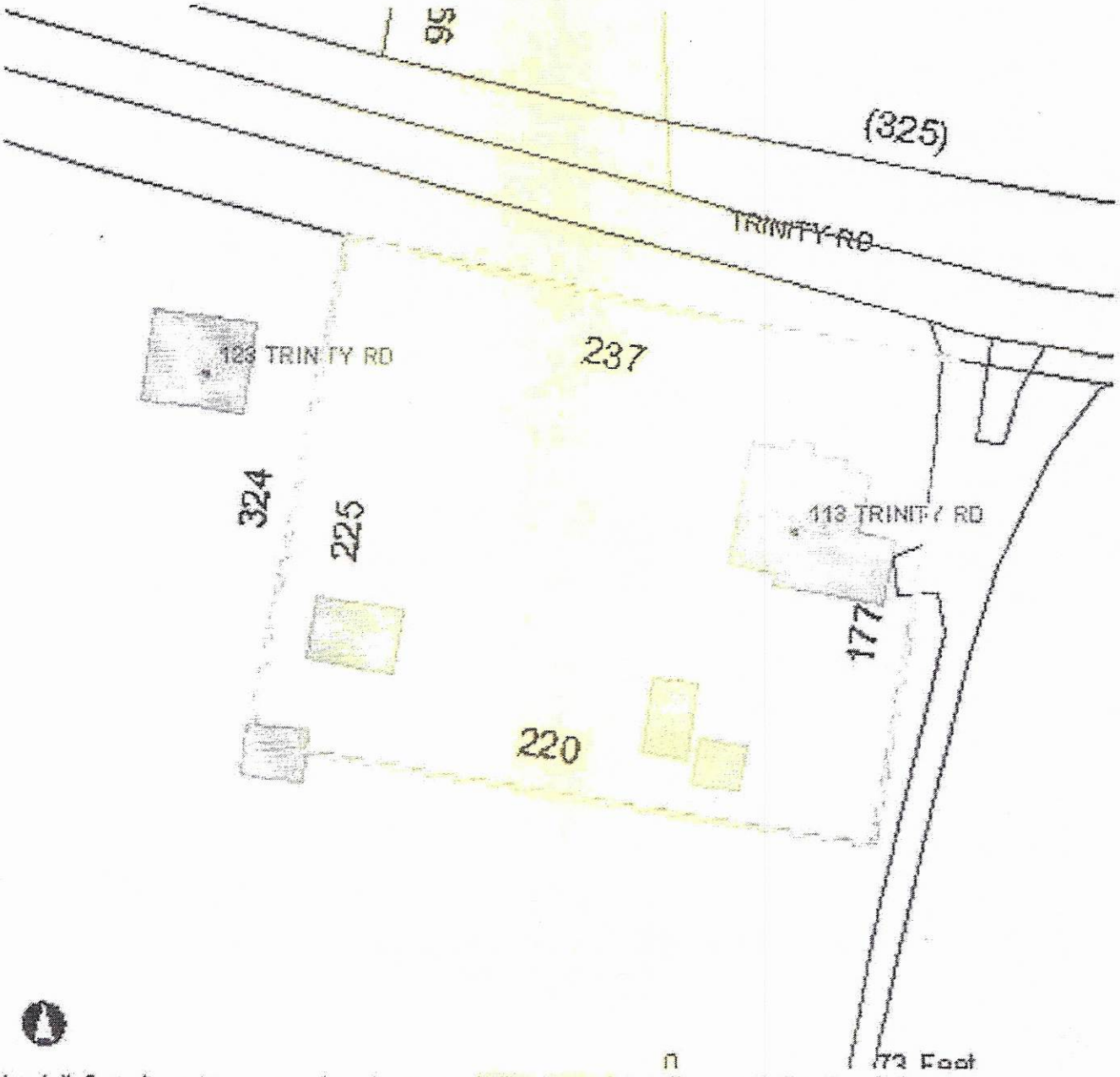
Certificate of Completion by: date

Operation Permit by: STEVE HENRICK date 4-16-96

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

Site Map

Borrower/Client	Jason Dreyer & Norman Dreyer Jr.				
Property Address	113 Trinity Road				
City	Statesville	County	Iredell	State NC	Zip Code 28625
Lender/Client	American Home Mortgage				



Iredell County assumes no legal responsibility for information contained on this map.