ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-308758

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

PIN # 4727-89-4201

APPLICANT/OWNER: DONNAR & AMANDA H. HARTNESS APPLICANT ADDRESS: 272 BRANCHWOOD ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 272 BRANCHWOOD ROAD, STATESVILLE, N.C. 28625 PHONE: 704-437-1489 ALT. PHONE 704-929-2661

SITE DIRECTIONS: (N) ON 115, (R) ON BRANCHWOOD, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.96 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	10-6-2020	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	GRAVEL EXT			☐ Business	No. Persons	6	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	24" GRAVEL BED 10'X60'			☐ Other	No. Employees	—	☑ Public	
# Nitrification Fields	1	# Lines	1		Linear Ft:	160 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	10 FT	Trench Bottom Depth(Low side)	30"-36"		Gravel Depth	24 IN	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, THERE IS 14IN TOTAL OF ELEVATION CHANGE FROM LOWEST CORNER OF BED TO HIGHEST CORNER, MAINTAIN 5FT FROM ALL FOOTERS

UTILIZE D-BOX TO EQUALLY DISTRIBUTE WATER IN BED, MAINTAIN 50FT FOM EXISTING WELL, TANK NOT TO SET IN EASEMENT, BED MUST BE LEVEL, DO NOT EXCEED 48 IN MAX TRENCH DEPTH

INITIAL SITE SKETCH

SIGNED EASEMENT AGREEMENT REQUIRED BEFORE A.C. CAN BE ISSUED. ; EASEMENT RECORDED IN BOOK 2764 PAGES 1271-1280

SEE ATTACHED SITE PLAN
BY: ICHD BRYANT WHITE

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 PERMITTED

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**

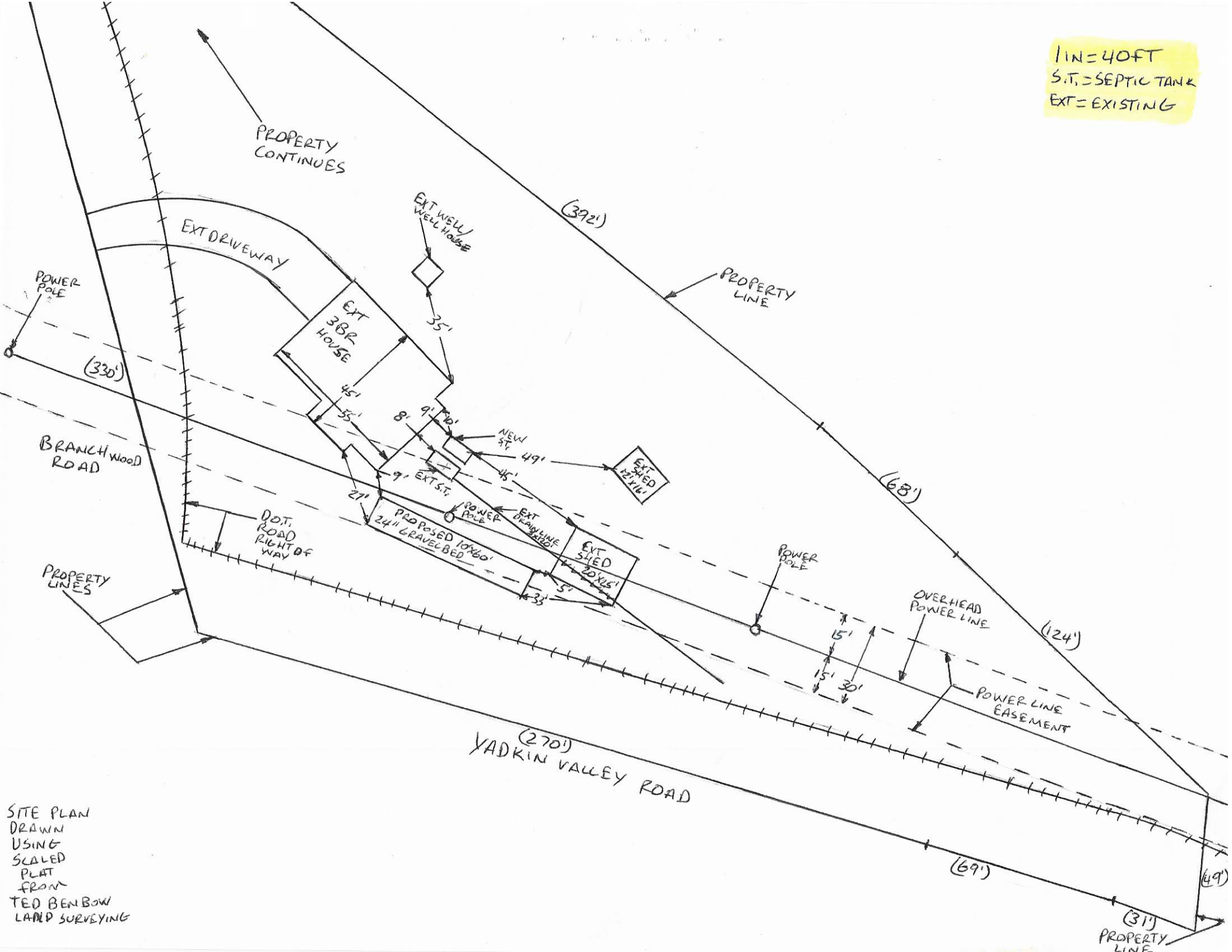
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Donnar Hartness Date: 10-20-20 Installed by: (JAKE) KILLIAMS Excavating

IMPROVEMENT PERMIT by: Bryant C. White Date: 10-19-2020 OPERATION PERMIT by: Bryant C. White Date: 3-12-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-17-2020 Existing System Inspected by: Date:

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



SITE PLAN DRAWN USING SCALED PLAT FROM TED BENBOW LAND SURVEYING

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #:
DATE OF EVALUATION: 8-7-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-6	SCL, SBK	fr, SS, SP, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		6-30	C, SBK	fr, S, P, SEX					
		30-66	CL, WSBK	VFR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-6	SCL, SBK	fr, SS, SP, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		6-30	C, SBK	fr, S, P, SEXP					
		30-60	CL, WSBK	VFR, SS, SP, SEXP					

COMMENTS:

Updated February 2014

RECEIVED JUL 06 2020

AP-308758
Repair
Eval.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Replacing existing system

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: Amanda Justus **Address:** 272 Branchwood Rd Statesville **Zip:** 28625
Applicant Email: hartressamanda@yahoo.com **Phone:** 704-437-1489 **Alt. Phone:** 704-929-2661
Owner Name: Amanda Justus **Address:** 272 Branchwood Rd Statesville **Zip:** 28625
Owner Email: hartressamanda@yahoo.com **Phone:** 704-437-1489 **Alt. Phone:** 704-929-2661

Property Information:

Street Address: 272 Branchwood Rd Statesville 28625

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

Driving Directions: Brick house on corner of Branchwood Rd & Yadkin Valley Rd.

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: 4 — ( ) 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: Back up in house
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:** 1 **Number of Persons:** 4

( ) 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:** Early 1970's?
(✓) 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: Amanda Justus — 7/6/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

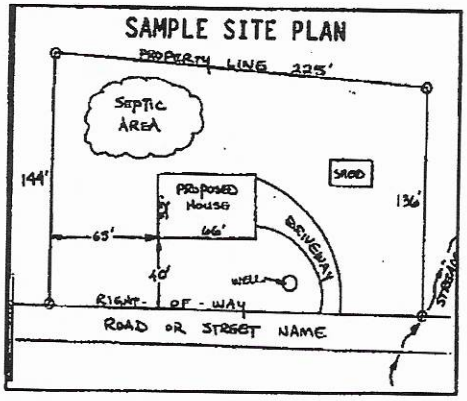
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

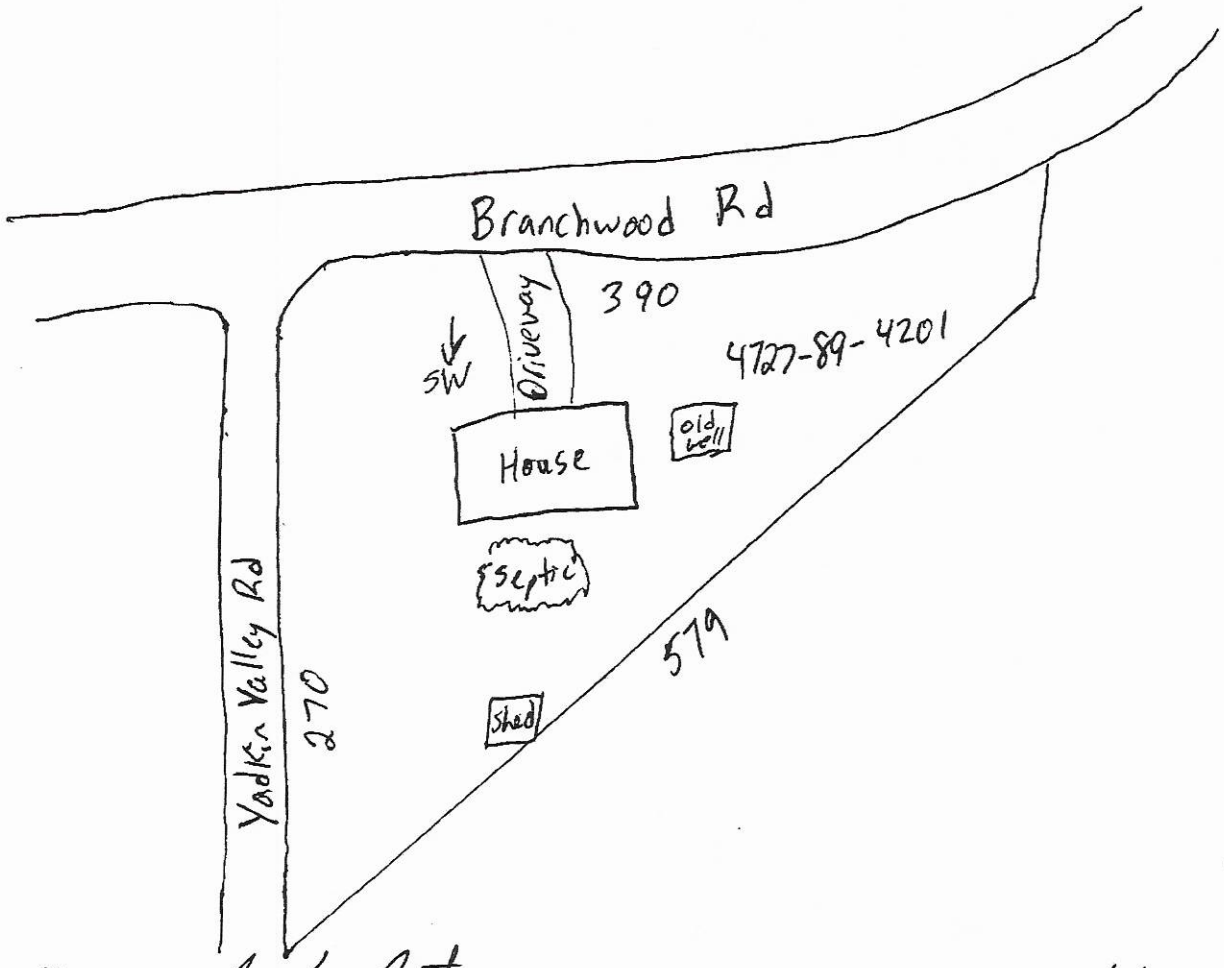


Circle N/A on the following if appropriate:

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

7/6/20
DATE

308758-

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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) Amanda Justus Error AJ 7/20/20

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, Amanda Justus, am the legal owner(s) of the property located at 272 Branchwood Rd, identified as PIN (Parcel Identification Number) 4727894201.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Brandi Kendrick, _____, 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.

Amanda Justus
Signature of Owner(s)

7/20/20
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