IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240654

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

PIN # 4727993657

APPLICANT/OWNER: Scott Lauer APPLICANT ADDRESS: 3226 Gray Moss Rd. Charlotte, NC

SITE ADDRESS: 327 Branchwood Rd. Statesville, NC PHONE: 703-201-9469 ALT. PHONE —

SITE DIRECTIONS: NC 115 N → R on Branchwood Rd → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Ridgecrest SECTION: 1 LOT # 10 LOT AREA: .72 ac DESIGN FLOW: 360gpd L.T.A.R.: ex.

Septic Tank	ex.	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	EXISTING		#Lines		Linear Ft				
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth				

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

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

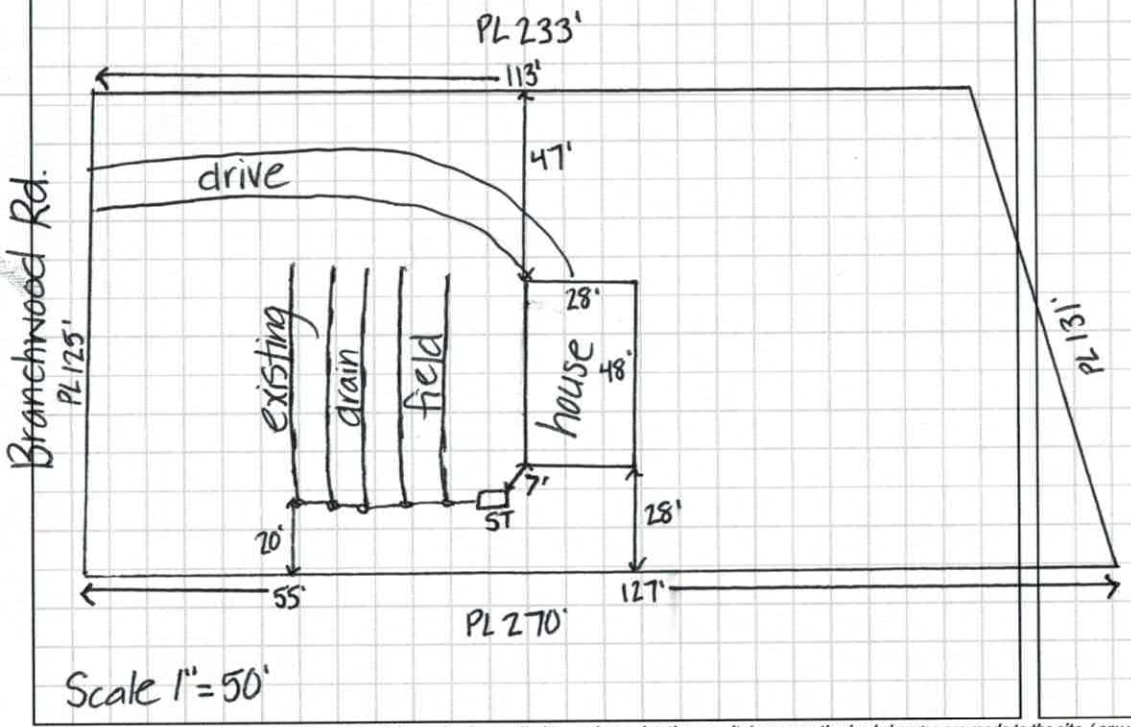
No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: System functioning properly during time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: [signature] Date: 1/4/19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Kayla Wilson Date: 1-2-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ex. sys. insp. #2 pd. $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Dorian Scott Lauer **Address:** 3226 Gray Moss Dr, Charlotte, NC **Zip:** 28270

Applicant Email: scottlauer1@hotmail.com **Phone:** (703) 201-9469 **Alt. Phone:**

Owner Name: " **Address:** " **Zip:** "

Owner Email: " **Phone:** " **Alt. Phone:**

Property Information:

Street Address: 327 Branchwood Rd., Statesville, NC 28625

Subdivision Name: Ridgecrest **Section/Phase:** 1 **Lot Number:** 10

Driving Directions: off Branchwood 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: ___ — ( ) 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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 1,344 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
• IREDELL WATER COMPANY

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1997
( ) 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: _____ 11/28/18
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, DORIAN SCOTT LAUER, am the legal owner(s) of the property located at 327 BRANCHWOOD RD. STATESVILLE NC 28625, identified as PIN (Parcel Identification Number) DESCRIPTION # 25983, located in Iredell County, North Carolina.

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

_____ 11/22/12
Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

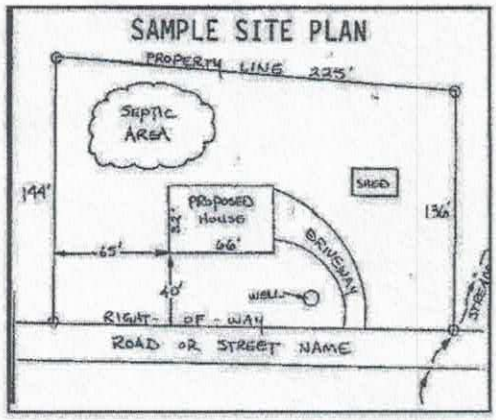
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

* ATTACHED

Signature: _____

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

DATE 11/23/18

SAME SITE PLAN

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 25983

OWNER OR CONTRACTOR CRAVEN, KEARNS, McDOWELL DATE 2-4-97 TAX MAP NO. 4738 00 6849

ADDRESS P.O. BOX 2251, ASHEBORO, NC 27204 PHONE: Business (910) 672-2269 Home ______ Watershed: IV-PA

LOCATION NC 115N, TR BRANCHWOOD RD, ON LEFT PAST YADKIN VALLEY RD

SUBDIVISION RIDGECREST BLOCK / SECTION ______ LOT 10 LOT AREA 0.721 ACRES SITE CLASS PS DESIGN FLOW 360 LTAR 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STD. 1012 Date 11-4-96

Pump Tank: ______ Gallons: PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 60 TO 1200 Linear Feet 300'

No Lines FIVE 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: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

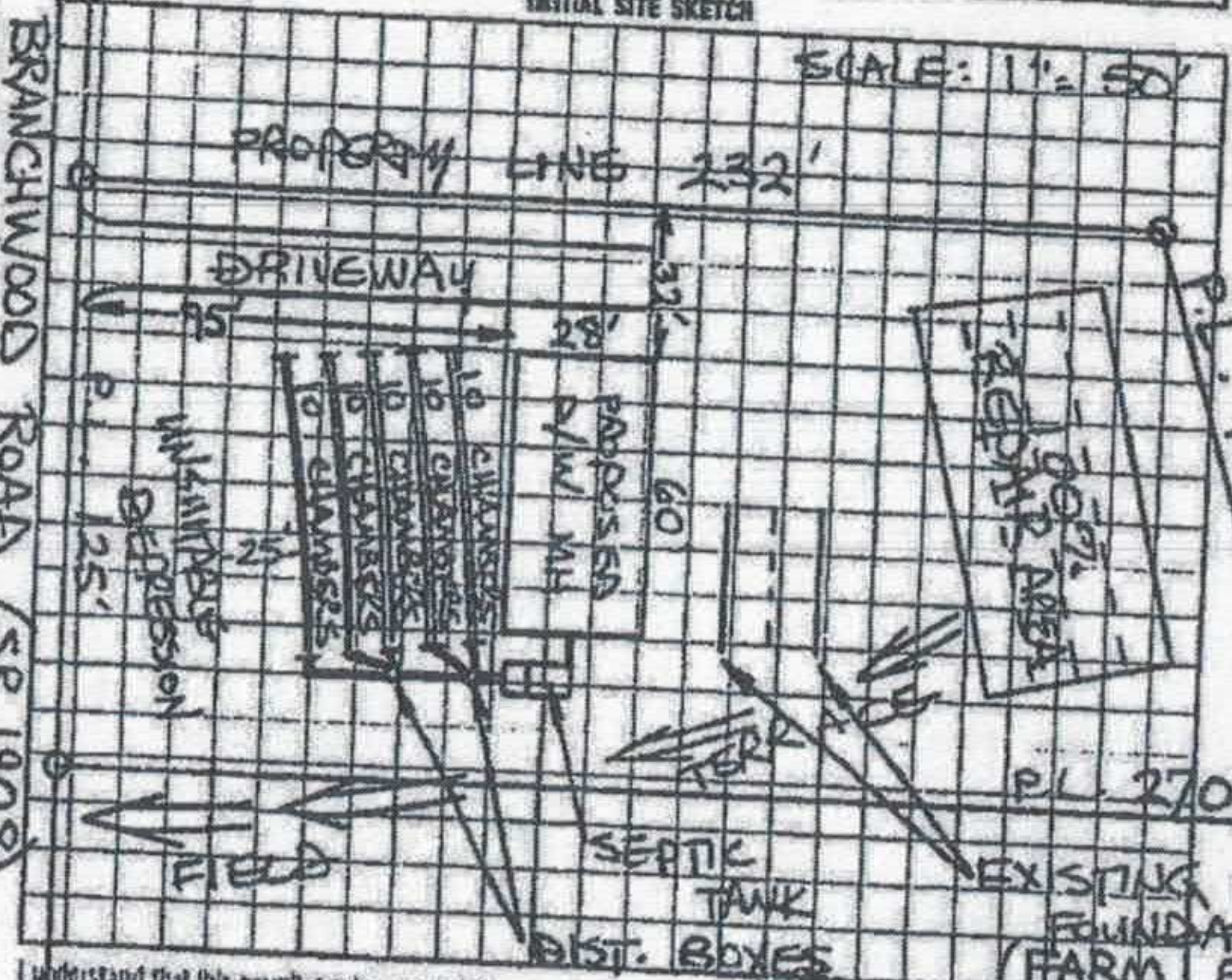
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL 50 CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS FLAGGED

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM ISSUANCE.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 2-4-97

AUTH. TO CONST. by: STEVE HEDRICK date 2-4-97

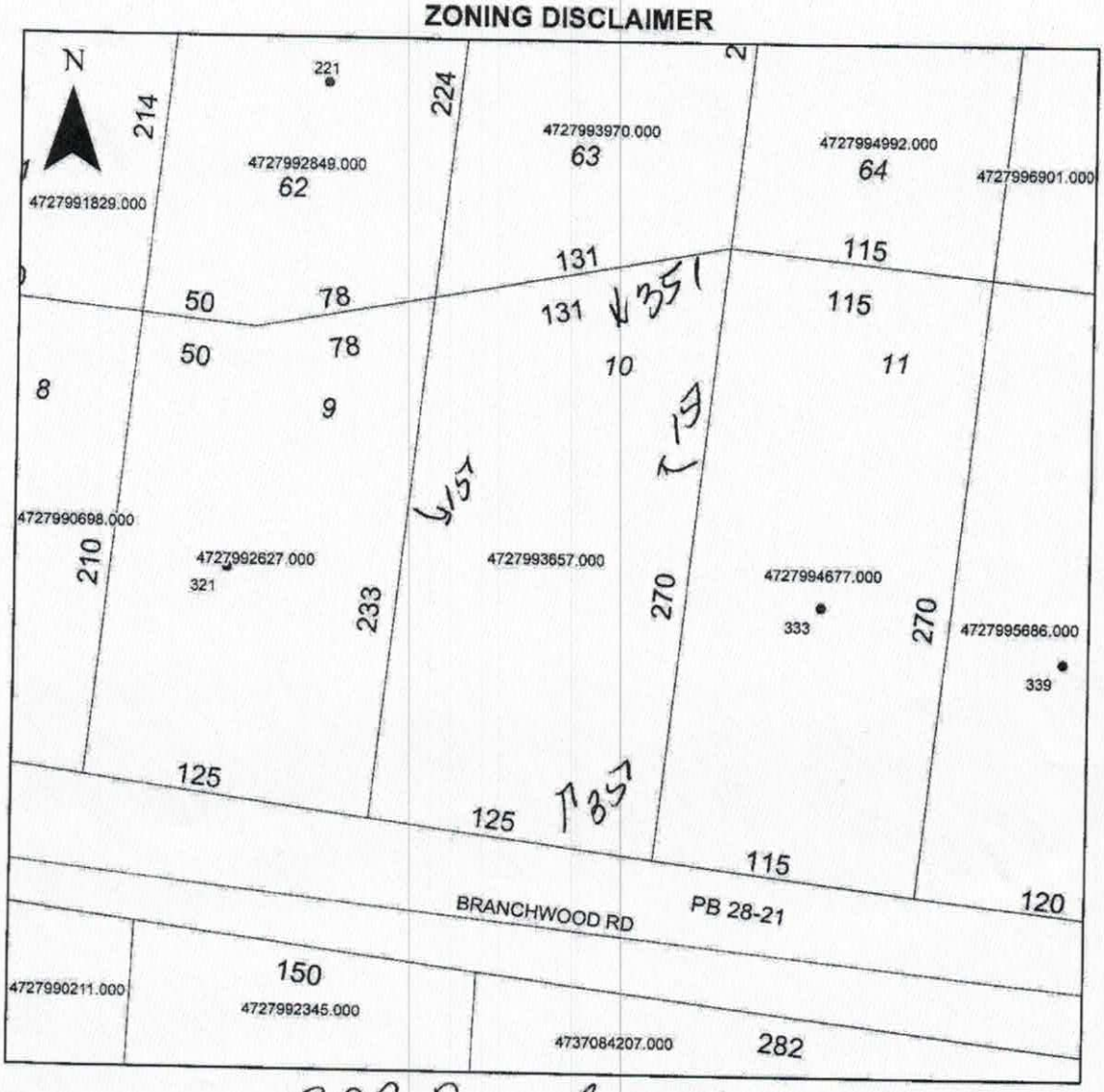
Installed by: A-1 BACKHOE

Certificate of Completion by:

Operation Permit by: STEVE HEDRICK date 11-4-97

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

ZONING DISCLAIMER



Property Address 327 Branchwood

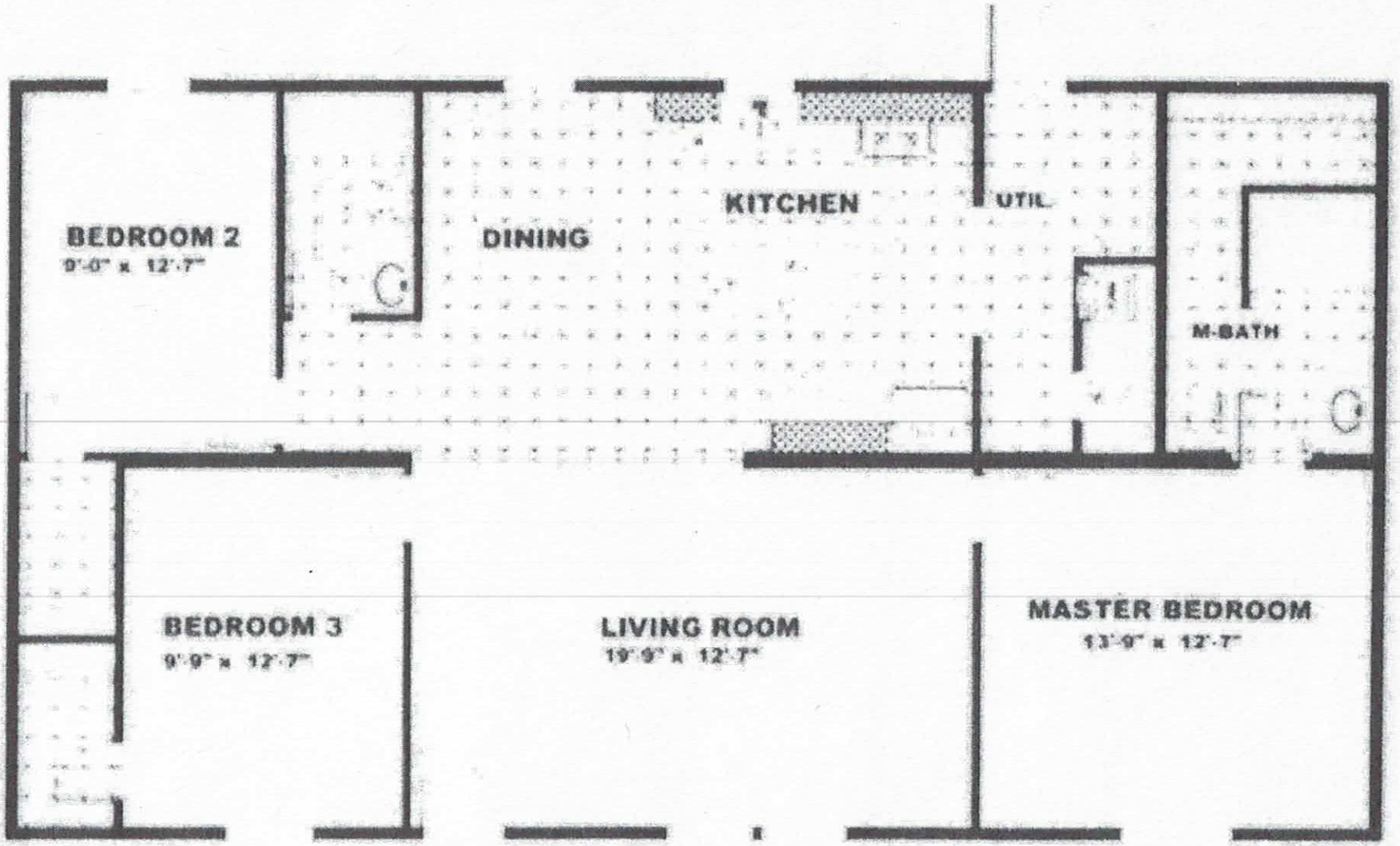
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

Date

327 BRANCHWOOD RD, STATESVILLE, NC

LOT #10



Acknowledgement of
Plans Submittal ONLY!

Date 1-2-19

Date 1-7-19