ICHD - ENVIRONMENTAL HEALTH DIVISION

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

AP-3142999 | PERMIT # 2023-160760 Relay

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

PIN # 4730 -- 22 -- 9385

APPLICANT/OWNER: Joseph Belback | APPLICANT ADDRESS: 571 Kimlyn Ave Irwin PA 15642

SITE ADDRESS: 194 Lockhard Cr., Troutman NC 28166 | PHONE: 412-445-5698 | ALT. PHONE

SITE DIRECTIONS: Perth Rd - (L) State Park Rd - (L) Lockhard Cr. - Lot (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Eric Governale | SECTION: - | LOT # 2 | LOT AREA: 2 acreas | DESIGN FLOW: 480gpd | L.T.A.R.: .3/R.25

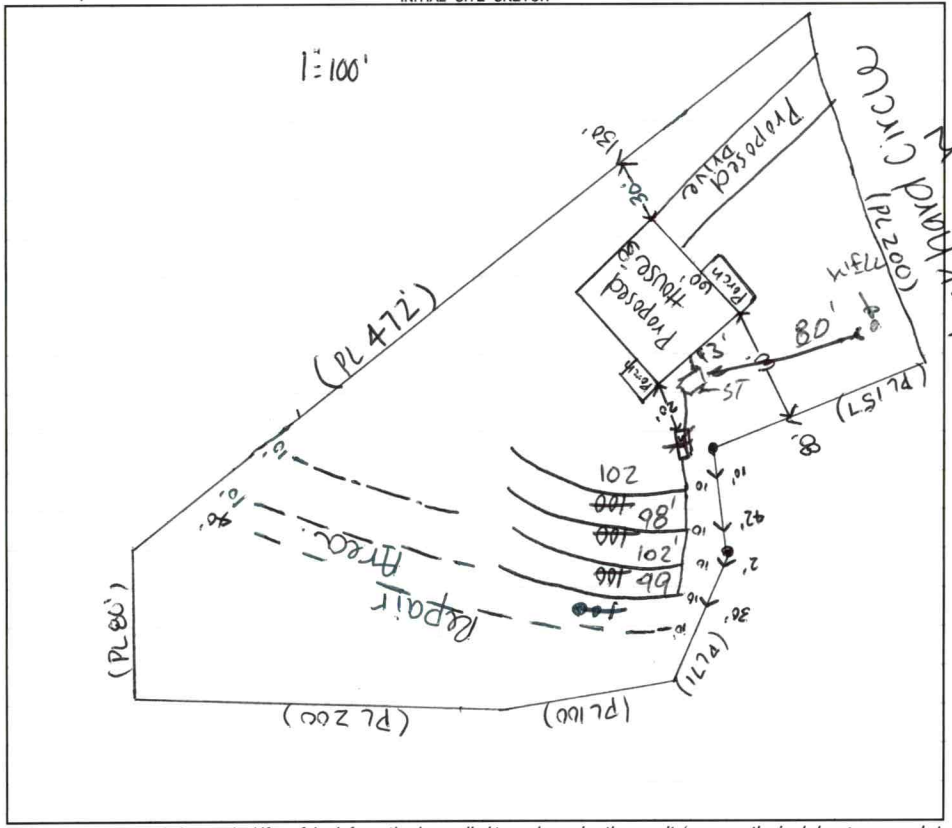
Septic Tank	1000 (gal)	STB	760	Date	7-10-2023	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction
Pump Make		Model		Serial #		Repair System Description:	25% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 4 | No. Persons 8 | No. Employees | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Divert surface/stormwater away from septic. Floor plans for a 3Br. Must still install system for a 4BR.

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: | Date: | Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Sydney Holland | Date: 3/7/23 | OPERATION PERMIT by: Burnt C. White | Date: 9-5-2023

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 3/9/23 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS DATE

CLIENT INITIALS DATE

QUARE FOOTAGES	(APPROX.)
ST F.LOOR	2069 SQ.FT.
AL LIVING	2069 SQ.FT.
AGE	582 SQ.FT.
NT PORCH	221 SQ.FT.
R PORCH	227 SQ.FT.
AL NON-LIVING	950 SQ.FT.
AL UNDER ROOF	3019 SQ.FT.

OOR PLAN NOTES

ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED PRIOR TO CONSTRUCTION

ALL DIMENSIONS ARE TO OUTSIDE OF OUTSIDE FACE OF WALL, STUD, CONCRETE WALL OR C.M.U. WALL. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED

ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS

ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING

VERIFY ALL FINISHES TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION

VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.

LOCATE HVAC UNITS AND WATER HEATER AT SITE IF NOT SHOWN ON PLANS

ANGLES IN WALLS TO BE ASSUMED 45° TYP. U.N.O.

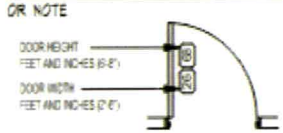
VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS

). EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C. TYP. UNLESS NOTED OTHERWISE

1. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C. TYP. UNLESS NOTED OTHERWISE

2 SINGLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

OR NOTE



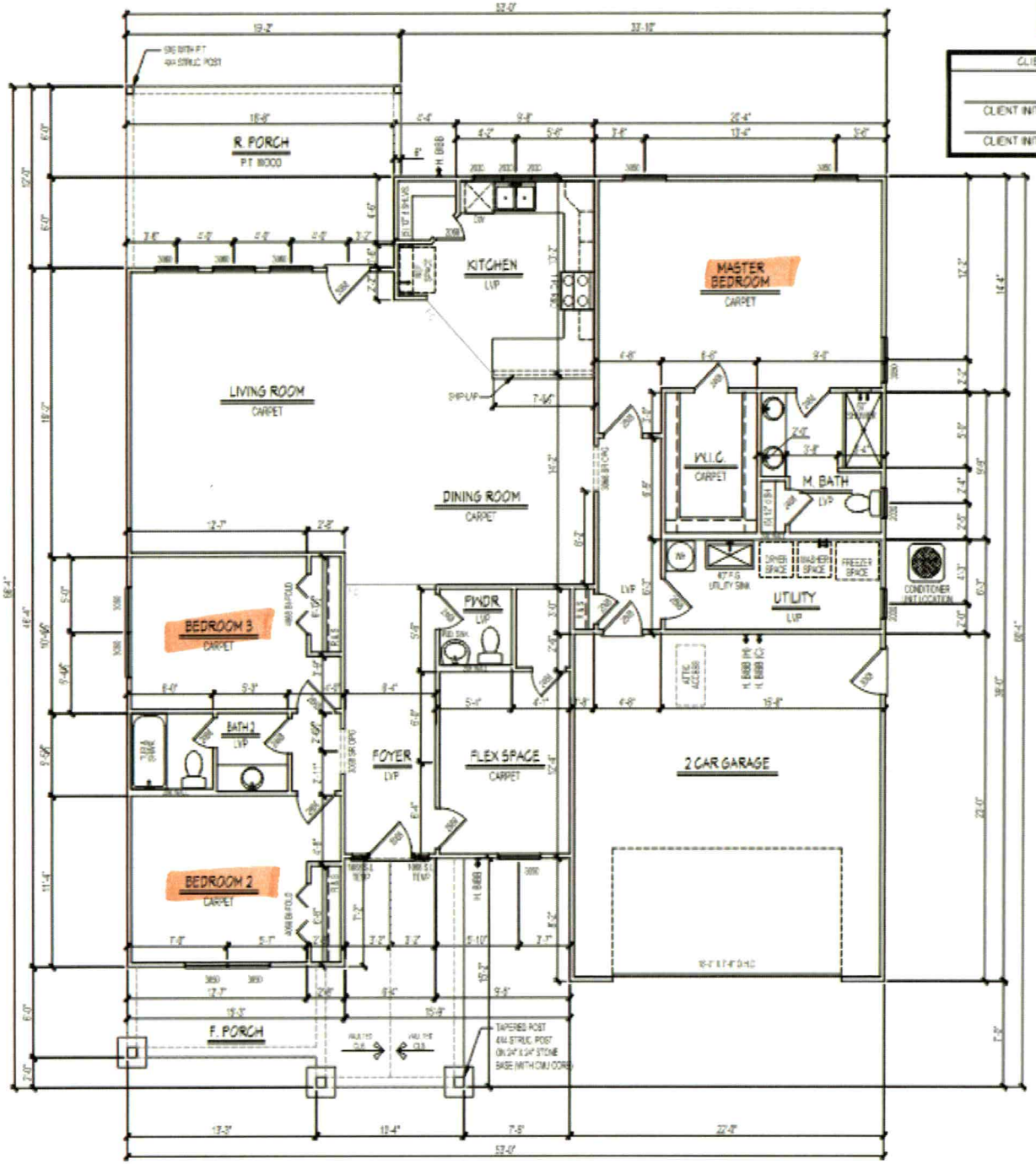
. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS

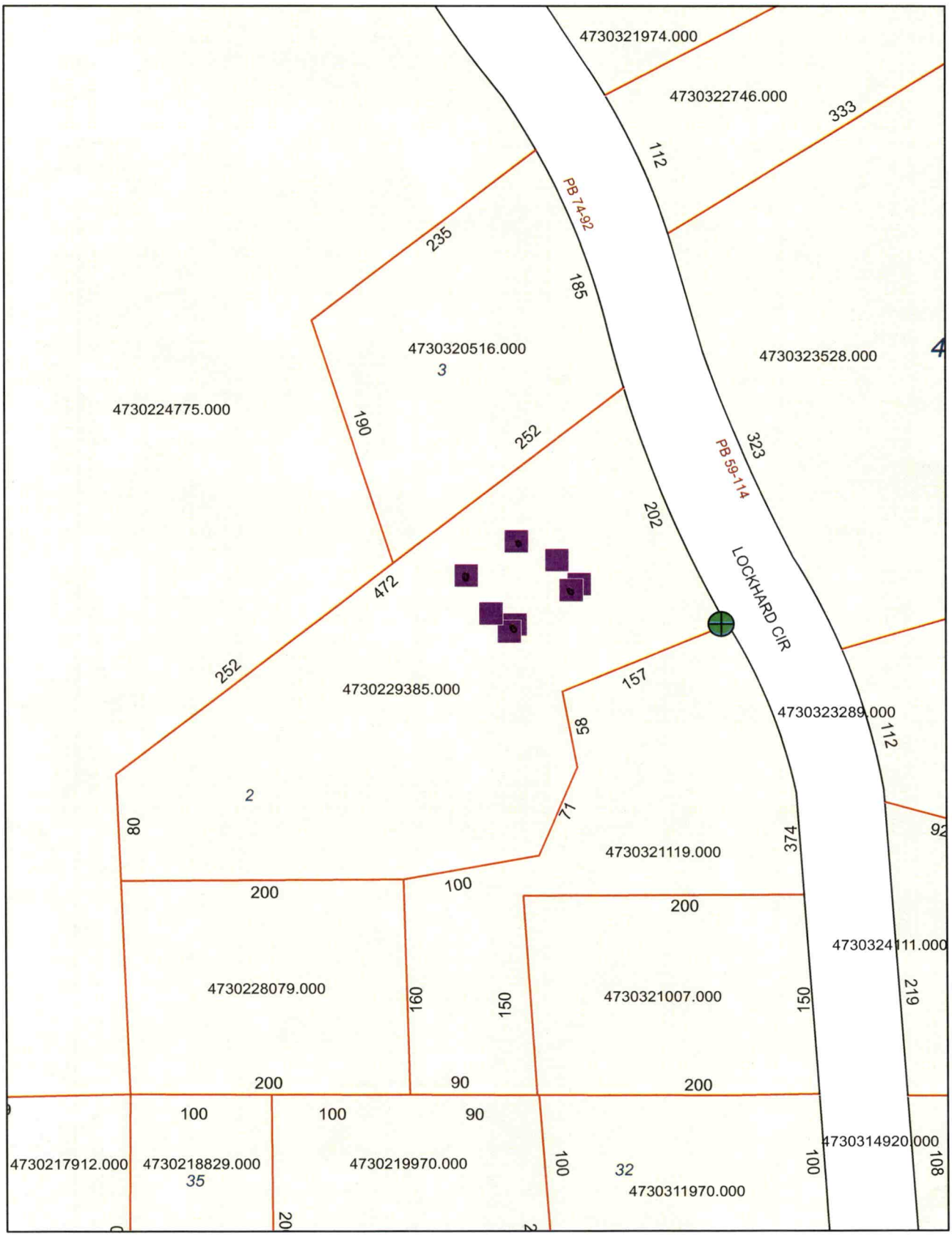
. ALL GLAZING IN DOORS IS TO BE TEMPERED

. COORDINATE DOOR PANEL STYLE WITH OWNER

. COORDINATE HARDWARE STYLE WITH OWNER

. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION




4730321974.000
4730322746.000
333
112
PB 74-92
235
185
4730320516.000
3
4730323528.000
4730224775.000
190
252
PB 59-114
323
202
LOCKHARD CIR
472
252
4730229385.000
157
4730323289.000
112
58
2
80
71
4730321119.000
374
200
100
200
4730324111.000
4730228079.000
160
150
4730321007.000
150
219
200
90
200
100
100
90
4730314920.000
4730217912.000
4730218829.000
35
4730219970.000
100
32
100
108
4730311970.000

ital Health Division INSPECTIONS 704-664-3703 Statesville Office: (704) 878-5305 x3455 - Mooresville Office: (704) 660-3020

WELL PERMIT # 314299 **PIN #** 4730-22-5665 **Type of Permit (circle one):** New Repair Abandonment

Steph Belback ADDRESS: 571 Kimalyn Ave Irwin PA 15642 PHONE: 412 445-6990

R and N TC State Park Rd TL Lockhard Circle property on right Khard Circle Troutman NC SUBDIVISION: Eric Gorentiale SECTION/LOT: 2

Initial Site Sketch

Scale 1 100



1"=100 Scaled

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude _____

Longitude: _____

Keep well at least 50Ft from Septic & 25Ft from any permitted Hazardous Substance per 15A NCAC 02C Drinking Water Well Construction rules

DATE: 11/26/21 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been misstatement or substance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

_____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

(when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

_____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

(except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

back
APPLICANT ADDRESS: 571 Kimlyn Ave Irwin, PA 15642
Circle, Troutman, NC 28166
PHONE: 4124455698 ALT. PHONE 412 445- 6990
State Park Rd TL Lockhard Circle property on right
SAP CONTROLLED: ☐ YES ☒ NO
le
SECTION: LOT # 2 LOT AREA: 2 Ac
DESIGN FLOW: 480 gpd L.T.A.R.: .31 / .25 Req

Date
Date
Serial #
Linear Ft: 400
w side) .36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

ace / Stormwater away

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.

Scale 1"=100'

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

SVL SVL

upplied 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
ration.

☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Date: Installed by:
Date: 7/20/21 OPERATION PERMIT by: Date:
Date: Existing System Inspected by: Date:

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

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 314299 **PIN #** 4730-22-5665 **Type of Permit (circle one):** New Repair Abandonment

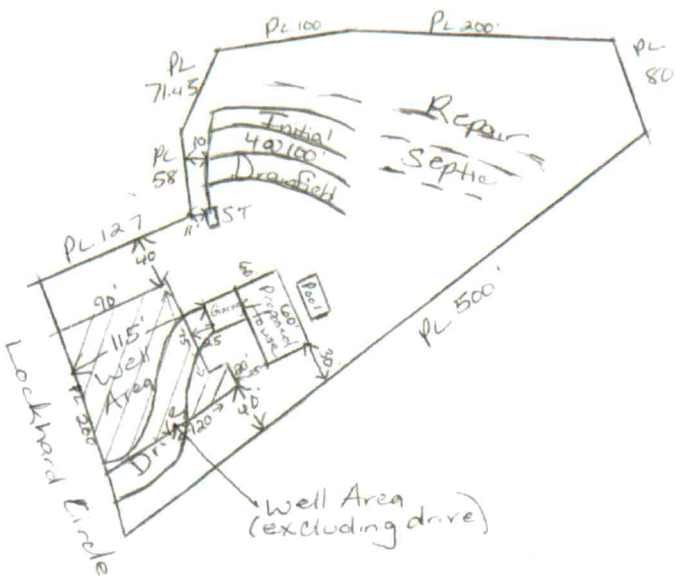
APPLICANT/OWNER NAME: Joseph Belback ADDRESS: 571 Kimlyn Ave, Irwin, PA 15642 PHONE: 412445-6990

DIRECTIONS TO SITE: Perth Rd N TL State Park Rd TL Lockhard Circle, property on right

SITE ADDRESS: 194 Lockhard Circle Troutman, NC SUBDIVISION: Eric Gravenstein SECTION/LOT: 2

Initial Site Sketch

Scale 1:100



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Keep well at least 50ft from Septic & 25ft from any permitted Building. Follow all NC Drinking Water Well Construction rules

WELL PERMIT ISSUED BY: Ingrid Dotson DATE: 11/26/21 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

7243825008

ATTN. Sydney Holland

From Joe Belback

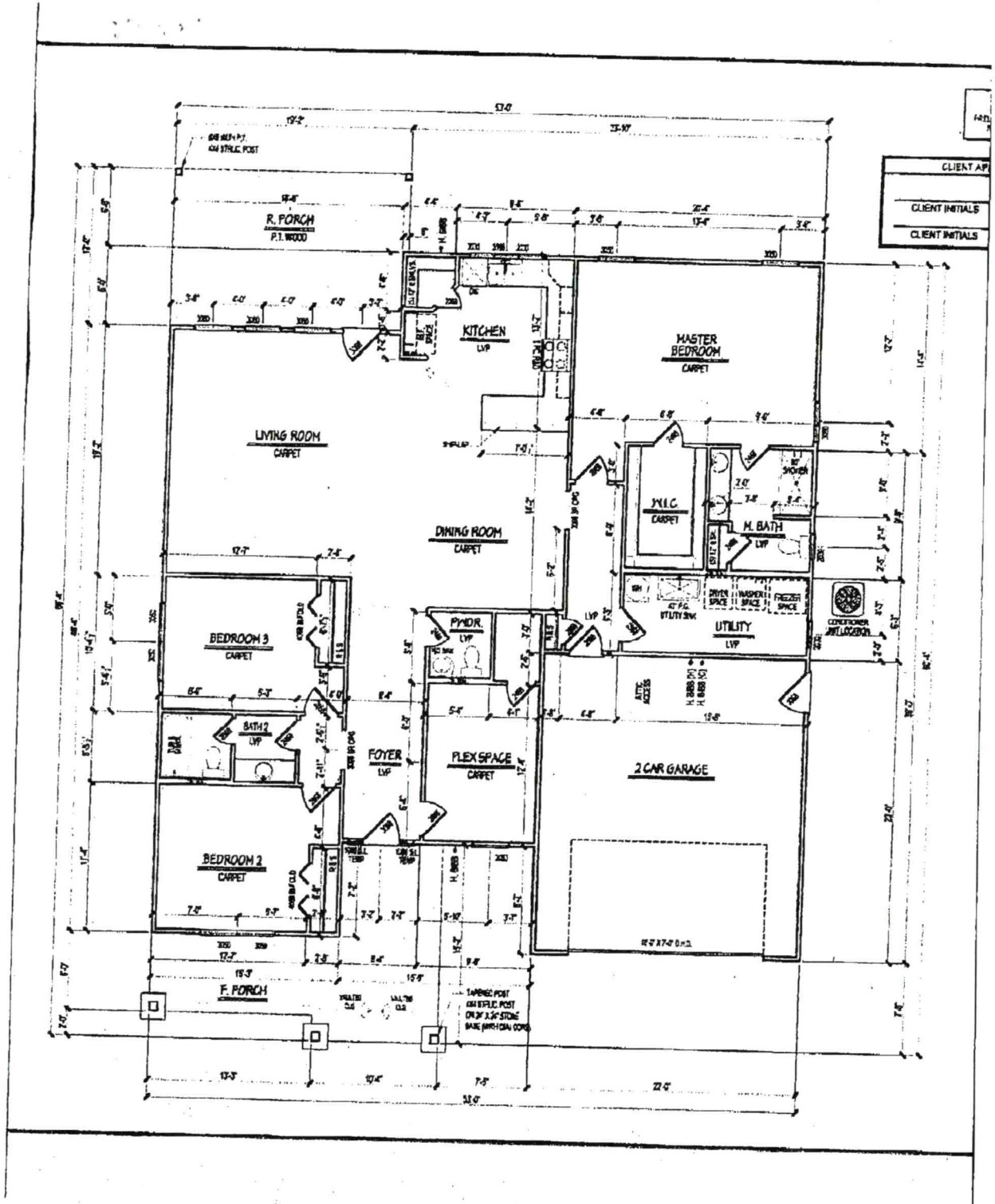
412 445 5698

194 Lockhard Circle

Trafman Nc. 28166

Septic & Well Permit

CORNERS ARE NOW CORRECTLY MARKED ON PROPERTY.



IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Joseph Belback Date: 3/10/23
Address: 571 Kimlyn Ave, Irwin, PA 15642

Subject: Notice of Intent to Revoke: 194 Lockhard Cir, Troutman, NC 28166 & Permit #314299 (Improvement Permit/Construction Authorization

Dear **Joseph Belback** :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 194 Lockhard Cir, Troutman, NC 28166 & Permit #314299 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization System Type III conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Suspend your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension will not go into effect. If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **3/10/23** . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Lisa Corbett.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Sydney Holland

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights (Completion of Form by Property Owner)

3/10/23

Owner: Joseph Belback
Address: 571 Kimlyn Ave, Irwin, PA 15642

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 194 Lockhard Cir, Troutman, NC 28166 & Permit #314299

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on ____4/10/21_____ for a system:
(permit date)

System Type at 194 Lockhard Cir, Troutman, NC 28166 & Permit #314299

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

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

Sheet ___ of
PROPERTY ID #: 4730225665
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Joseph Belbeck — APPLICATION DATE: 11/10/21
ADDRESS: 571 Kimlyn Ave Irwin, PA — DATE EVALUATED: 3/24/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 2 AC
LOCATION OF SITE: 194 Lockhard Cir Troutman, NC — PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12%	0-19"	BrwSCLwSBK	K, SS, SP, SExp, FR					PS .3
		19-50"	RCm-wSBK	SS, SP, SExp, FR					
2	14%	0-5	BrwSCLwSBK	SS, SP, SExp, FR					PS .3
		5-18	RCm-wSBK	SS, SP, SExp, FR					
		18-50	RCLwSBK	SS, SP, SExp, FR					
			w/SAP Inclus						
3	10%	0-5	BrwSCLwSBK	SS, SP, SExp, FR					PS .3
		5-17	RdCm-wSBK	SS, SP, SExp, FR					
		17-50"	RdCLwSBK	SS, SP, SExp, FR					
			w/few to many SAP Inclus						
4	10% Repair	0-5	BrwSCLwSBK						PS .25
		5-22	RCm-wSBK	SS, SP, SExp, FR				w/few	
			Quartz Rock Inclus						
		22-48	RdCLwSBK	SS, SP, SExp, FI-FR					
			w/SAP Inclus						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Detson
OTHER(S) PRESENT: Joseph Belbeck, Eric Goremale

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

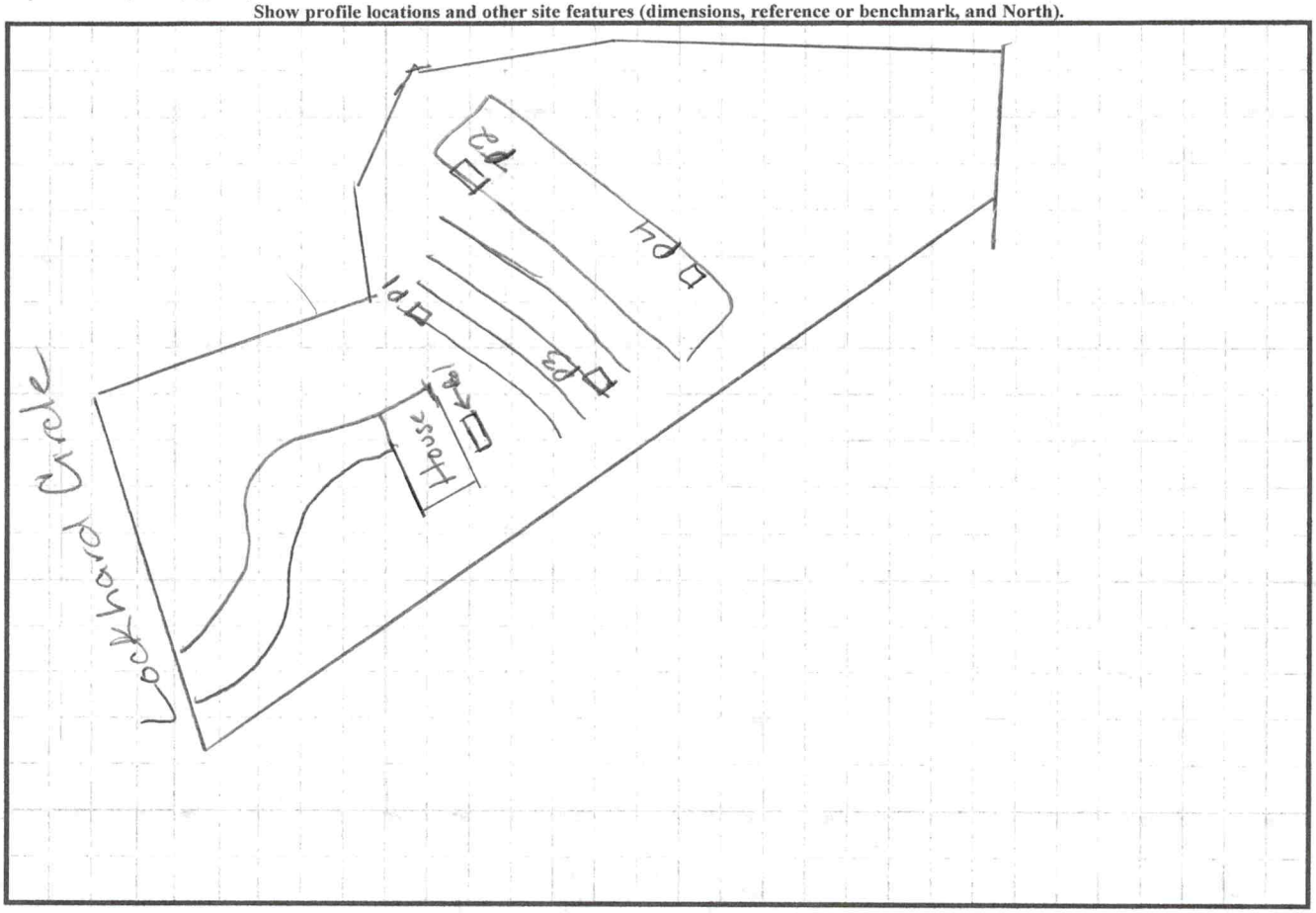
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

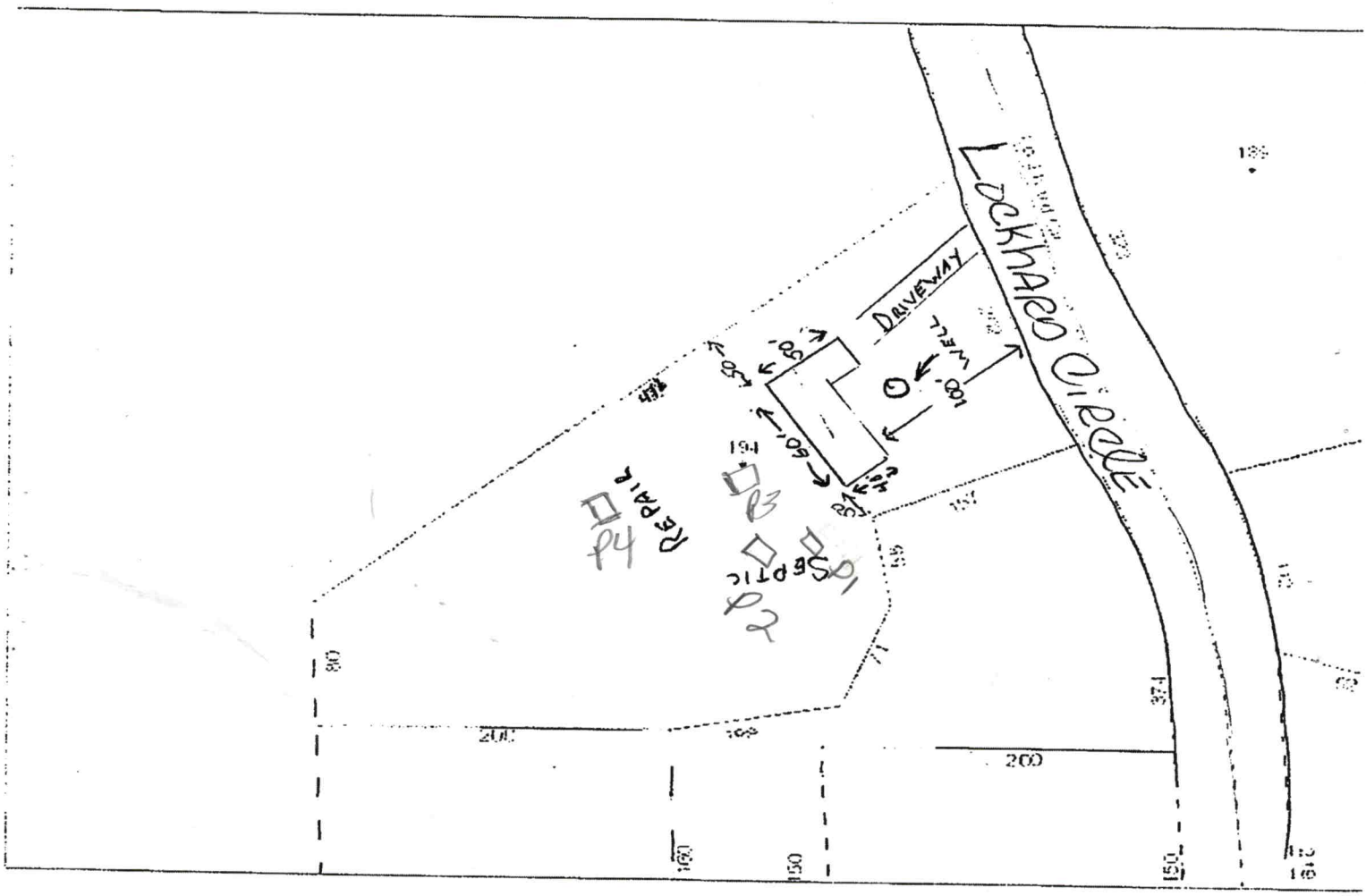
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping da herein, or for their use or interpretation by the User.



North

Tax Account Number: 80013223
Old Parcel Number: 1503E00000E008A
Owner Name: BELBACK JOSEPH P+ROBERTA L
Mailing Address: 571 KIMLYN AVE IRWIN PA 15642
Property Location: LOCKHARD CIR
Lot Number: 2
Legal Description: ERIC G GOVERNALE SUBD PB61-61 SR1475

Township Code: 15
City Code: 00
Neighborhood Code: 15024

Current Year Property Record Card (PRC)

Building Value: 0

Joseph P Belback 1-10-21
Roberta L Belback

Pits Weed 3/24/21 @ 10:00

RECEIVED JAN 2 7 2020

AP-314299 $500.00

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*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (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: JOSEPH P. BELBACK ROBERTA L. BELBACK Address: 571 KIMLYN AVE IRWIN PA Zip: 15642

Applicant Email: JPBELBACK@COMCAST.NET Phone: 412-445-5698 Alt. Phone: 412-445-6990

Owner Name: JOSEPH P BELBACK ROBERTA L. BELBACK Address: 571 KIMLYN AVE. IRWIN PA Zip: 15642

Owner Email: JPBELBACK@COMCAST.NET Phone: 412-445-5698 Alt. Phone: 412-445-6990

Property Information:

Street Address: 194 LOCKHARD CIR. TROUTMAN NC. 28166

Subdivision Name: STATE PARK MEADOW (ERIC GOVERNALE) Subdivision Section/Phase: _____ Lot Number: _____

Driving Directions: FROM U.S.-21 SOUTH R-WAGNER R-STATE PARK RD.
L-LOCKHARD CIR. PROPERTY ON RIGHT

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

(√) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(√) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: Roberta L Belback 1-10-21

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*) Robert L. Belbach

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.

_____ _____
Signature of Owner(s) Date

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

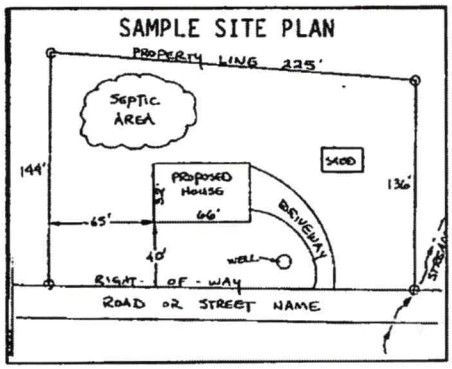
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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)

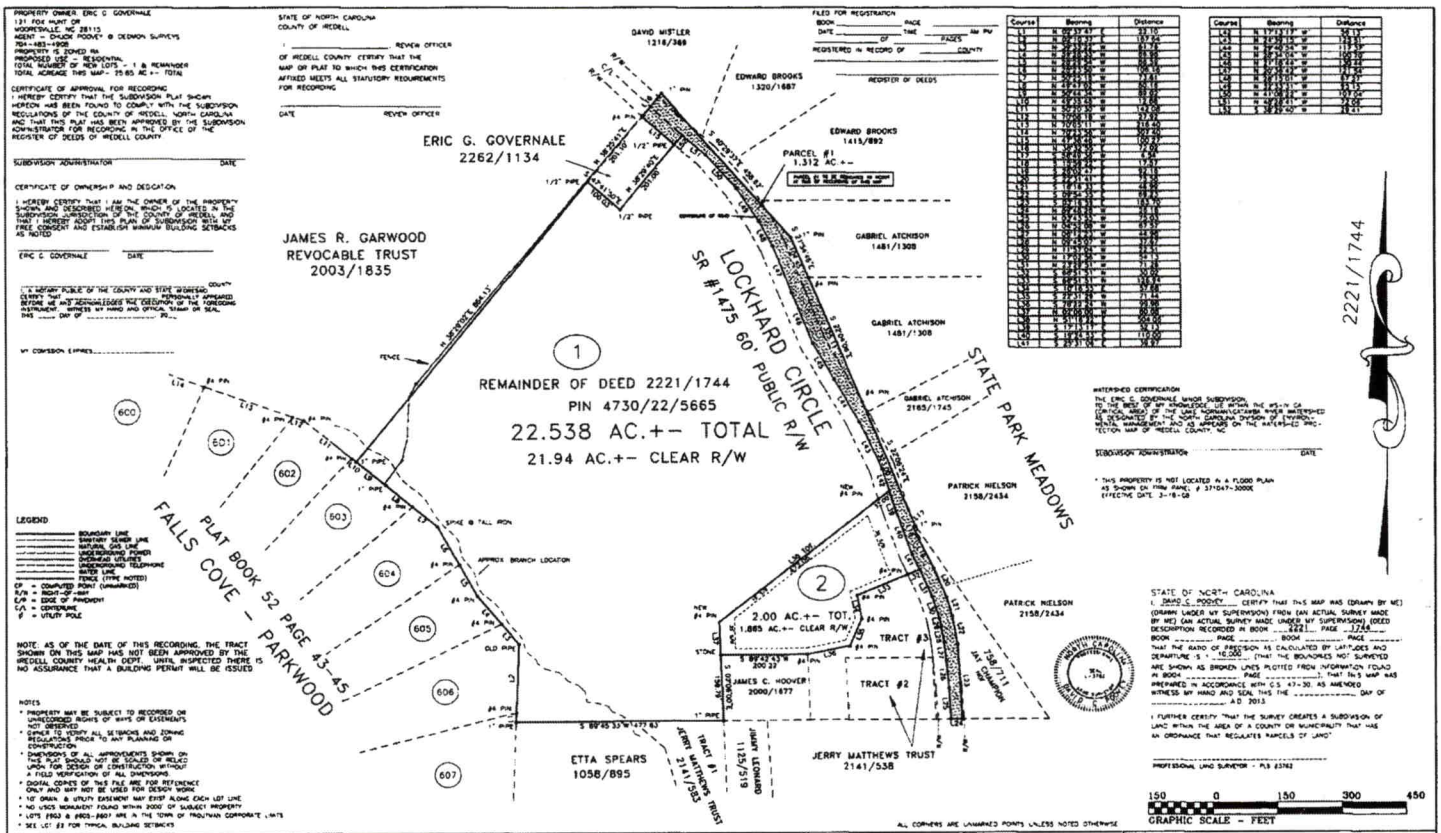
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

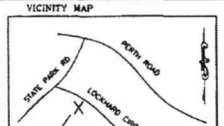
SEE ATTACHED
COPIES of
Old Permit & 2 Surveys included with
NEW Site PLAN with septic, well, driveway
& proposed house position ENCLOSED

Signature: Joel P Brad Roberta L Bullard
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-10-21
DATE



VICINITY MAP



DEDMON SURVEYS

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

DATE 12-2-13	DB: 2221	PG: 1744
SCALE 1" = 150'	DB:	PG:
	PB: XXXX	PG: XXXX

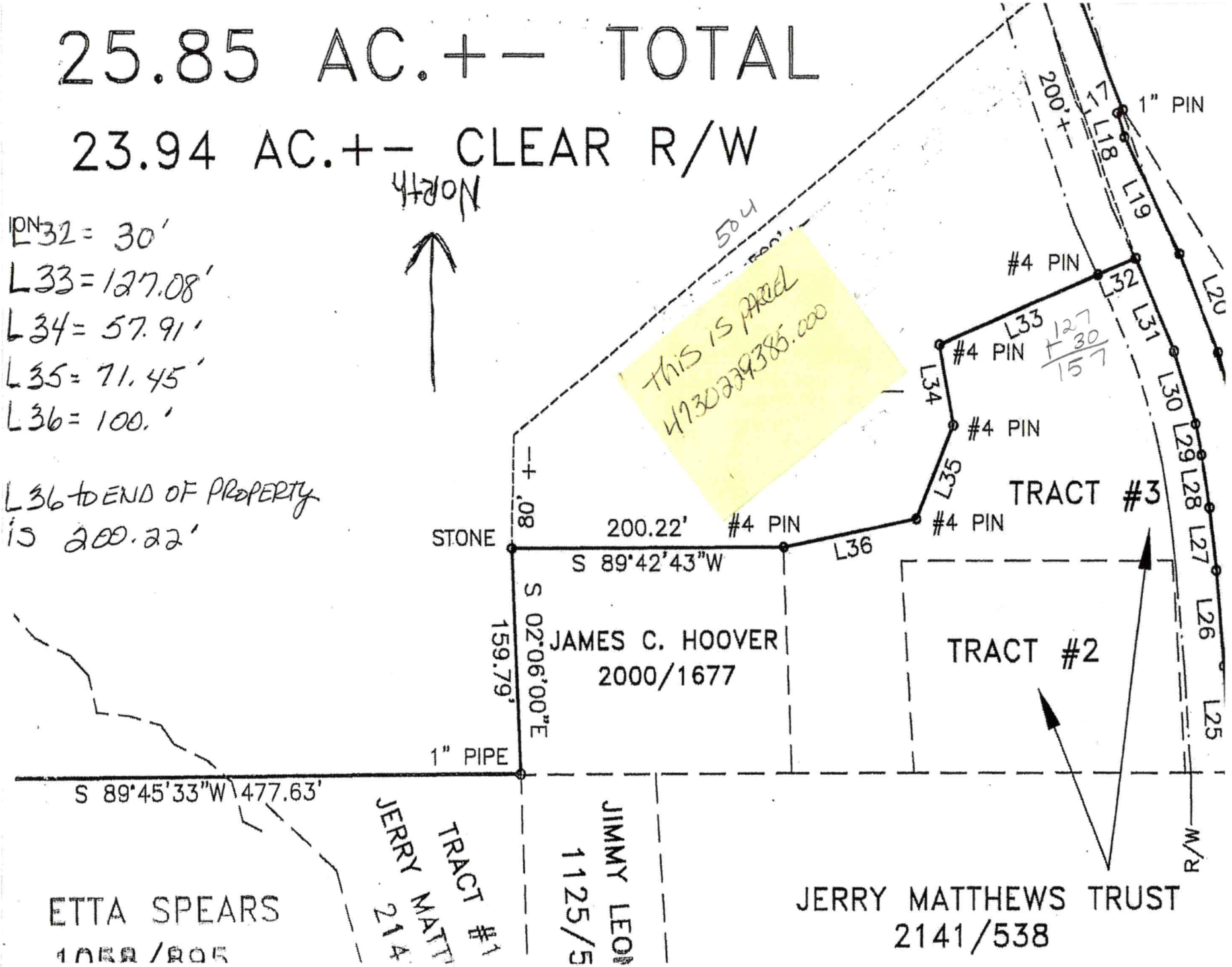
FALLSTOWN TOWNSHIP
IREDELL COUNTY, NC

SURV BY HL	DRAWN CP	JOB# LOCKHARDF2AC

MINOR SUBDIVISION
FOR

ERIC G. GOVERNALE

DIVISION OF PIN 4730-22-5665
XXXXXXXXXXXXXXXXXXXXX


25.85 AC.+- TOTAL
23.94 AC.+- CLEAR R/W
North
L32 = 30'
L33 = 127.08'
L34 = 57.91'
L35 = 71.45'
L36 = 100.'
L36 to END OF PROPERTY IS 200.22'
THIS IS PART 413039385.000
504
200'+-
1" PIN
#4 PIN
#4 PIN
#4 PIN
#4 PIN
#4 PIN
STONE
200.22'
S 89°42'43"W
L36
L35
L34
L33
L32
L31
L30
L29
L28
L27
L26
L25
L20
TRACT #3
TRACT #2
80'+-
S 02°06'00"E
159.79'
JAMES C. HOOVER
2000/1677
1" PIPE
S 89°45'33"W 477.63'
ETTA SPEARS
1068/805
JERRY MATTHEWS TRUST
2141/538
R/W

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
314299 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730229385.000	194 LOCKHARD CIR	Iredell County

Owner Information	Applicant Information
Name: BELBACK JOSEPH P+ROBERTA L	Name: BELBACK JOSEPH P+ROBERTA L
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD// NEED DISCLAIMER

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. The applicant further acknowledges that 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.

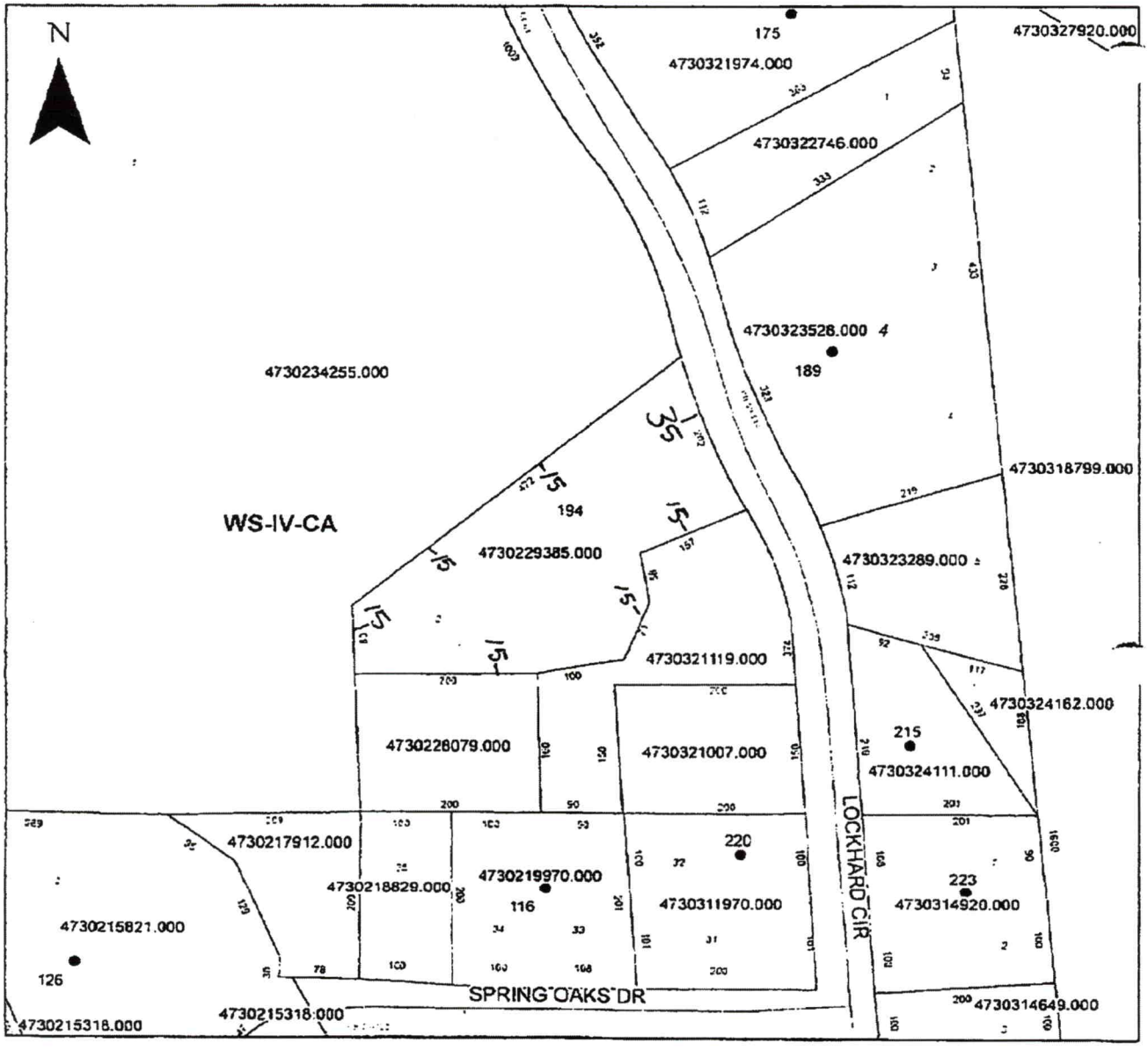
Date: 01/21/2021

Signature of Owner/Contractor

Permit Number	314299	TOTAL FEES:	$77.25

314299

ZONING DISCLAIMER



Property Address 194 Lockhard Circle

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

1-22-21
Date

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314299

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

PIN # 4730 -22 5665

APPLICANT/OWNER: Joseph Belback APPLICANT ADDRESS: 571 Kimlyn Ave Irwin, PA 15642

SITE ADDRESS: 194 Lockhard Circle Troutman, NC 28166 PHONE: 412 445-5698 ALT. PHONE 412 445-6990

SITE DIRECTIONS: Perth Rd to State Park Rd TL Lockhard Circle property on right

SUBDIVISION: Eric Govemale SECTION: LOT # 2 LOT AREA: 2 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: .3I / .25Rep

Septic Tank	1000	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft	400'			
Trench Width	36"		Trench Bottom Depth (~~Low side~~ max)	36"	Gravel Depth	N/A			

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

System Description: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

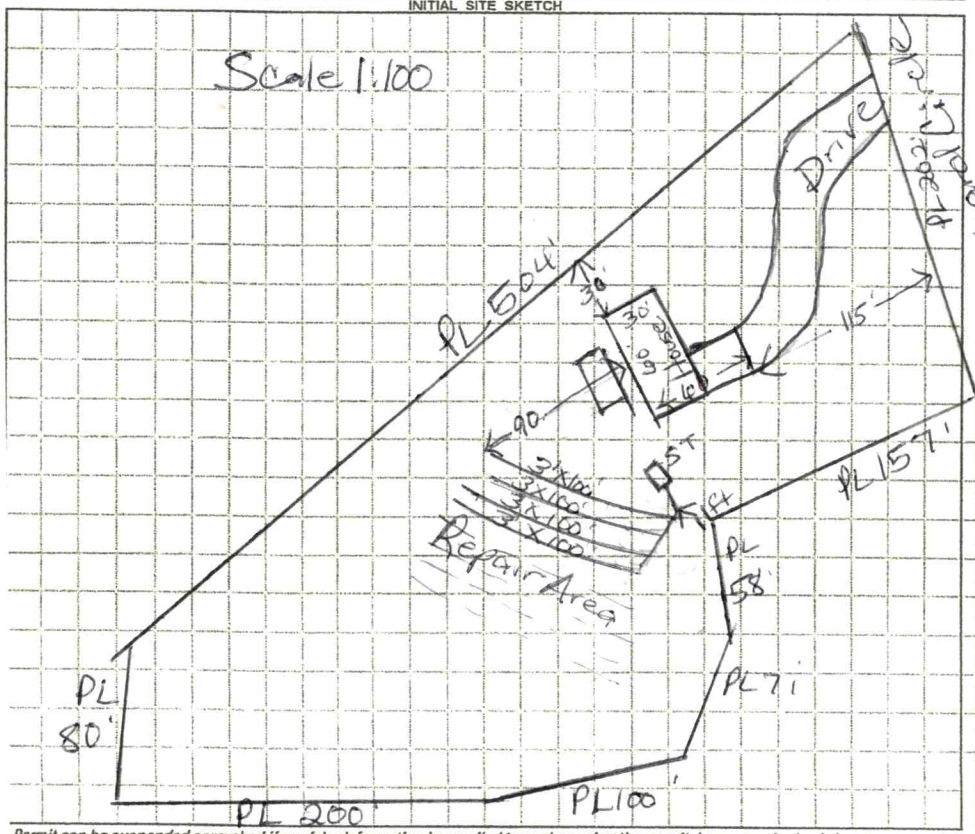
No. Bedrooms 4 No. Persons 8 No. Employees ____ ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Divert storm/surface water away from septic areas.

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.

Central Permitting

Please UPDATE Review Checklist once:

- ____ Balance Paid
- ✓ Permit Signed & Dated
- ____ Floor Plans Signed

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/22/21 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	