IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303024

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

PIN # 4730335256.000

APPLICANT/OWNER: William Wallace / Joe Sloan APPLICANT ADDRESS: 149 Holly Branch Ln Troutman NC 28166

SITE ADDRESS: 149 Holly Branch Lane Troutman NC 28166 PHONE: 704781-4272 ALT. PHONE —

SITE DIRECTIONS: State Pear Rd to Honeycutt to Holly Branch SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Holly Branch SECTION: — LOT # PT22H LOT AREA: 3.31 Acres DESIGN FLOW: 480 L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	760	Date	10-19-19	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	—		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Tank Replacement		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth		☑ GRAVITY	☐ PRESSURE		

☑ Residence No. Bedrooms 4 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 8

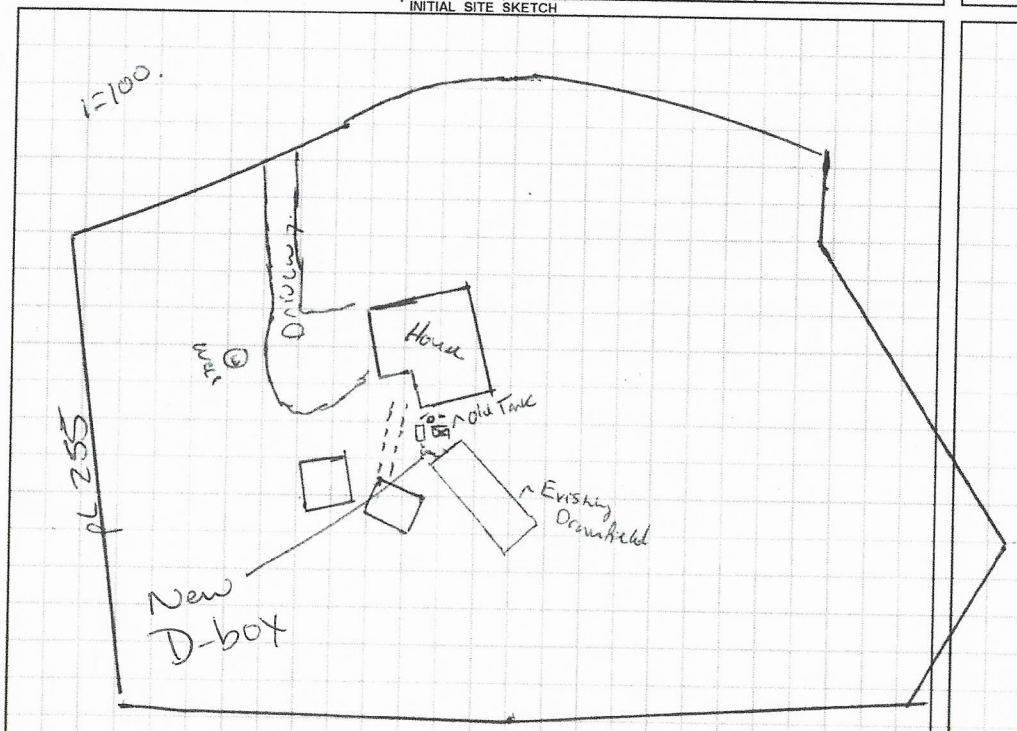
☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions: Pump - Contr- Bill Easley Septic Tanks. Install New 1000 Gallon Tank. Inspect + Replace D-Box if necessary.
* Revise back to note on permit issued 12-30-15 *

INITIAL SITE SKETCH



8ft from ST to corner of house
D-box 1ft off ST

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: _____ Date: _____ Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 12/6/2019 OPERATION PERMIT by: Maura Dotson Date: 12/18/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 12/6/2019 Existing System Inspected by: _____ Date: _____

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.

Call FIRST - William 704-787-4272

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE

RECEIVED NOV 27 2019 **OR IT WILL NOT BE PROCESSED**

AP-303024

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

11.27.19

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair

Repair Evaluation $0

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: W. WALKER/JOE SLOAN **Address:** 149 HOLLY BRANCH **Zip:** 28166
Applicant Email: DRKWALKER@GMAIL.COM **Phone:** 7047874272 **Alt. Phone:** 8106428821
Owner Name: WALKER/SLOAN **Address:** SAME **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 149 Holly Branch Lane Troutman NC 28166
Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: HOUSECUT TO Holly Branch Lane

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: 12
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: REPAIR BROKEN LID / TOP.
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 2

( ) 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 (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: _____ 11-27-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

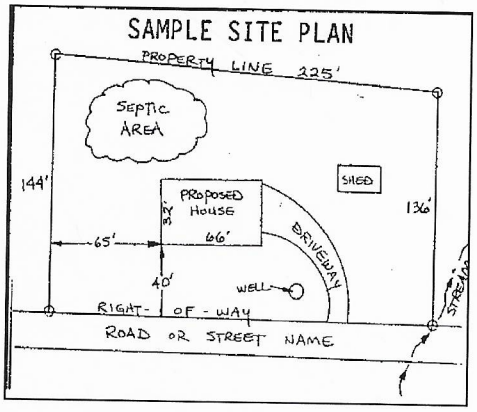
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **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

See septic record

Signature: _____ 11-27-19

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214754

ALP

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

PIN # 4730-33-5256

APPLICANT: Joseph Sloan + William Wallace APPLICANT ADDRESS: 217 East Church Street Troutman, NC 28166

SITE ADDRESS: 149 Holly Branch Lane Troutman NC 28166 PHONE: 704-787-4272 ALT. PHONE:

SITE DIRECTIONS: Perth Rd North → ~~Right~~ or Left onto Slade Park Rd → Left onto Honeycutt Rd → Right onto Holly Branch Lane → @ end on Right

SUBDIVISION: Holly Branch SECTION: — LOT # P12H LOT AREA: 3.31 acres DESIGN FLOW: 480 gal/day L.T.A.R.: Existing

Septic Tank 2000 Lpreapproved (gal) STB N/A Date N/A

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields — # Lines EXISTING Linear Ft: —

Trench Width — Max. Trench Bottom Depth — Gravel Depth —

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

System Description: Existing Bed System

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

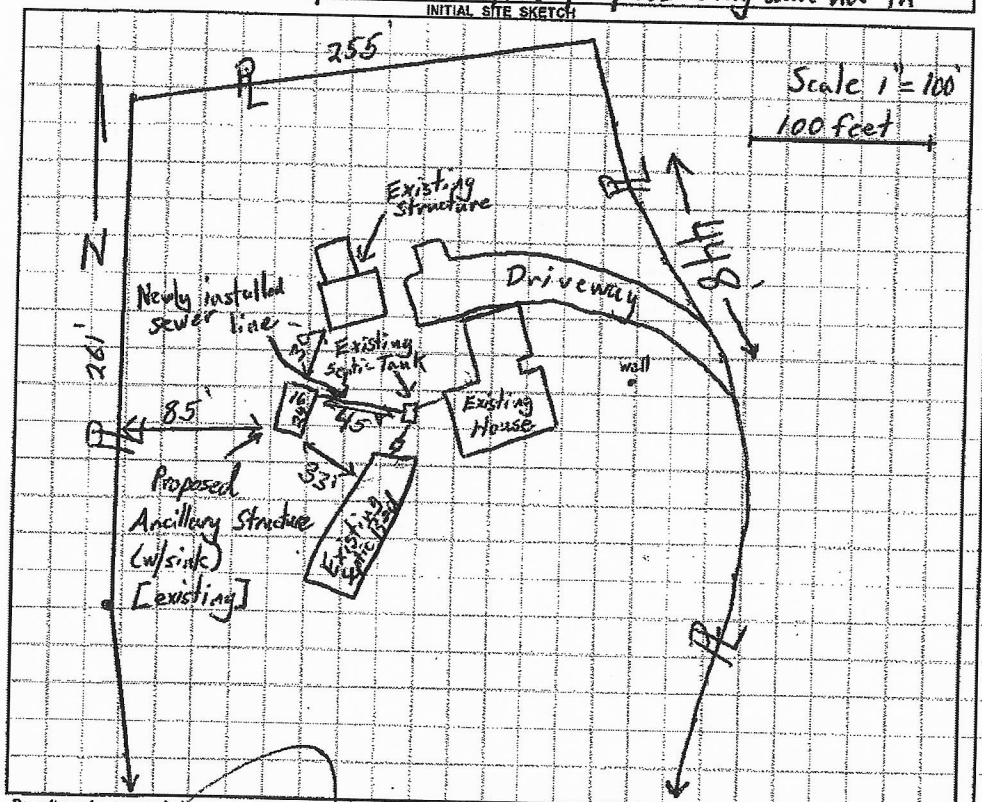
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: At time of site visit, all improvements had previously been completed. It remains unclear what impact these improvements have had on the functionality of the system. Sink in the 24'x16' structure is to be used for private therapeutic purposes only and not in conjunction with any official business operations.

INITIAL SITE SKETCH



AS BUILT SKETCH

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☐ **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: 12-22-15 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: [signature] Date: 12-30-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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*) _____

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, William Lemmler Joe Sloan, am the legal owner(s) of the property located at 149 Holly Brook Ln, 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.

_____ 11-27-19
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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