IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 303274

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

PIN # 4730789018 ✓

APPLICANT/OWNER: Billy Williamson APPLICANT ADDRESS: 175 Spicewood Circle, Troutman

SITE ADDRESS: 175 Spicewood Circle, Troutman 28166 PHONE: 704-528-5610 ALT. PHONE 980-234-5704 (son)

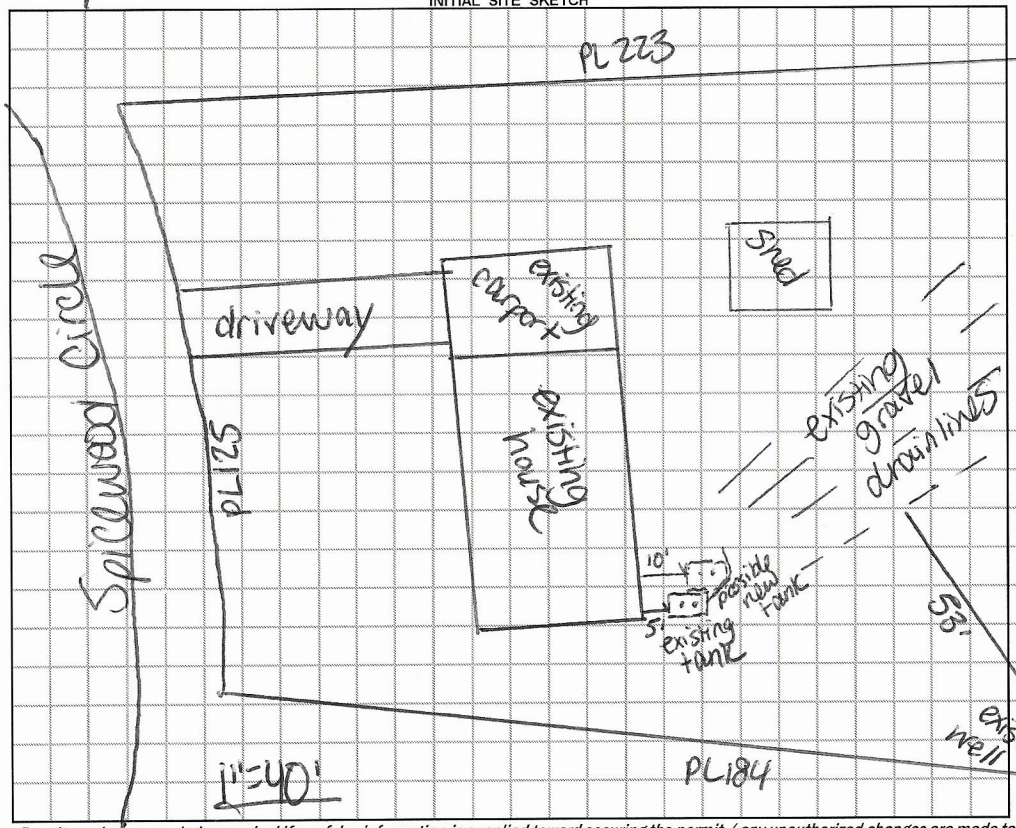
SITE DIRECTIONS: I55 → R on Wagner St → L on Spicewood → on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ SECTION: — LOT # — LOT AREA: .70ac DESIGN FLOW: ext L.T.A.R.: ext

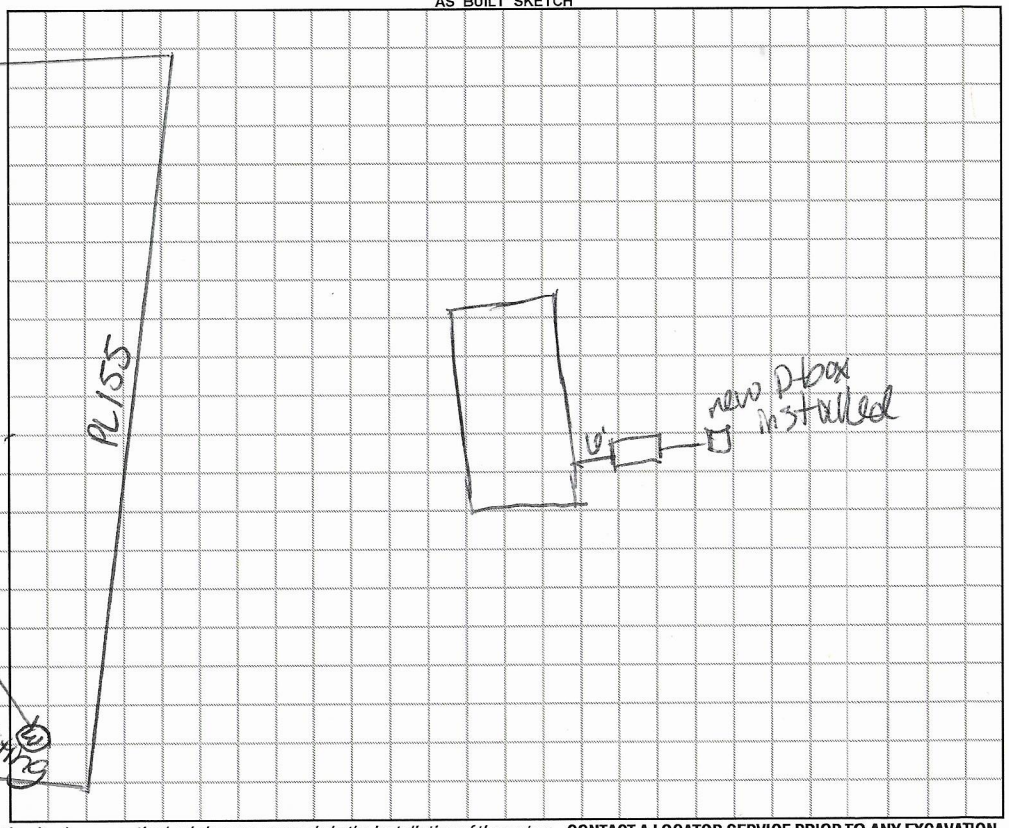
Septic Tank 1000 (gal)	STB infiltrator	Date plastic	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description: —		☐ Business	No. Persons 4	☒ Private
Pump Make	Model	Serial #	Repair System Description: tank replacement		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side) existing	Gravel Depth ext	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush + fill existing caved in tank. Inspect + replace d-box if rusted. New tank may be 5' from home if no foundation drain.

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: 12-11-19 Installed by: TW Ammons

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 12-10-19 OPERATION PERMIT by: Carla C. Nicks Date: 12-12-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 12-10-19 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.

House is occupied.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Pd. $150.00

AP-303274
12/9/19

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Billy Williamson Address: 175 Spicewood Circle Troutman NC Zip: 28166
Applicant Email: bwill2435@hotmail.com Phone: 704 528-5610 Alt. Phone: 9602345784 *call son
Owner Name: Same as Above Address: _____ Zip: _____
Owner Email: Same as above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 175 Spicewood Circle Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: Collapse of well

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) 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: 1 Number of Persons: 3
( ) 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: Billy Williamson POA 12/9/19 DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

* NO Permit in DB.

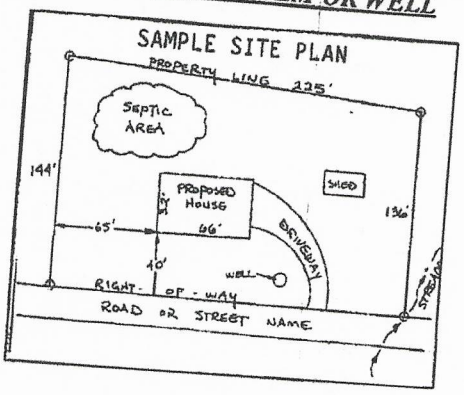
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



Signature: _____ 10/5/15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Billy Williamson, am the legal owner of the property located at 175 Spicewood Circle Troutman NC, identified as PIN(Parcel Identification Number) 4730 7890 18, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name)
TW Ammons Septic Service, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. improvement permit (IP)/ authorization to construction (AC).
2. application for soil-site evaluation (new/repair).
3. application/permit for water well/well abandonment.
4. application for existing system.
5. application for improvement permit (IP)/ authorization to construction (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Environmental Health Division, Iredell County Department of Public Health. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Billy Williamson POA 12/10/19
Signature of Owner Date

Darren R. Jones 12/10/19
Signature of Witness Date

COPY

STATE OF NORTH CAROLINA)
)
COUNTY OF IREDELL)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **BILLY RAY WILLIAMSON**, have made, constituted and appointed and by these presents to make, constitute and appoint my son, **TONY ALLEN WILLIAMSON**, my true and lawful attorney-in-fact, for me and in my name, place and stead and on my behalf, to do and perform for me anything of any character which I might do or perform for myself if personally present and acting.

Without in any way diminishing the broad general powers just conferred, which are believed and intended to include all of the following, as well as other acts not mentioned, I do specifically authorize my attorney-in-fact, in my name and on my behalf;

1. To make claim for, execute proofs of claim and otherwise take all steps necessary to collect any insurance to which I am entitled, particularly any health, accident, disability or hospital insurance, and in connection therewith to give receipts and, where deemed proper, to give releases and other acquittances.

2. To sell or lease real estate or personal property, tangible or intangible, including automobiles, stocks, bonds or other evidences of ownership or debt in which I have or may hereafter have any interest whatever, and to endorse, sign or assign said stock certificates or bonds or other instruments in connection therewith.

3. To endorse negotiable instruments of any character made payable to me and to cash or deposit to my account or otherwise utilize the proceeds at the discretion of my attorney-in-fact.

4. To make deposits to and to draw checks upon any checking account or savings account in any bank wherein I maintain an account, whether in my own name or jointly with another, and in general to deal with the said bank accounts to the same extent that I might do if personally present and acting.

5. To execute deeds, leases, deeds of trust and other instruments conveying or encumbering real or personal property and generally to deal with such property as fully as I might if personally present and acting.

6. To collect all sums due me from any sources, particularly any sums which are due or may become due from the government of the United States or any branch thereof, and to execute such instruments, endorsements or signatures thereto in my name as may be requisite or property to facilitate the collection thereof.

7. To be responsible for the make-up and filing of any income tax returns, intangible tax returns, or tax returns of any other character, and, as my agent, to sign and affirm such returns, my attorney-in-fact being duly informed as to all facts necessary to make such returns.

8. To enter any safe deposit box standing in my name or to which I have the right of access and to deal with the contents thereof at the discretion of my attorney-in-fact.

9. To make contracts on my behalf with respect to any property owned by me and with respect to my care and upkeep including the employment of a nurse or nurses, physicians or any other person whose services should be needed for my care and upkeep.

10. To make contracts with respect to my care and treatment at any hospital, nursing home or institution whose services are needed, in the opinion of my said attorney-in-fact, for my proper care, maintenance and treatment.

11. To pay and settle any and all claims or debts which may be due and owing by me at any time.

12. To enter into leases on any property owned by me or for any property to be leased by me, including an apartment, rooming accommodations or nursing home accommodations.

13. To borrow in my behalf and in my name any funds needed by and to pledge for the payment thereof any stocks, bonds or securities or other property owned by me.

14. To purchase medicine, clothes, food, or other supplies for my benefit.

15. To make gifts to others as my attorney-in-fact deems advisable in his/her sole discretion.

And, in general, that my attorney-in-fact, is given the full power and authority to do and perform all and every act or thing whatsoever requisite or necessary to be done and for my upkeep, care and maintenance and for the management of any property owned by me, as fully to all intents and purposes as I might or could do if personally present, and I hereby ratify and confirm all that my said attorney-in-fact, shall lawfully do or cause to be done by virtue hereof, it being my intent and purpose to confer upon my said attorney-in-fact the broadest possible powers to be used and exercised in the discretion of my attorney-in-fact for my use and benefit.

The powers herein granted shall be deemed continuing and relate as fully to any property which I may hereafter acquire as to any property which I may own, and the powers herein conferred may be exercised repeatedly.

This Power of Attorney is executed pursuant to the General Statutes of North Carolina, Chapter 32A; and it is my intention that this Power of Attorney shall continue in effect, notwithstanding my incapacity or incompetence; and my attorney-in-fact shall keep full and accurate records of all transactions for me as my agent, and all of my property and the disposition thereof. To the extent that I am able to do so, I hereby relieve my attorney-in-fact of the responsibility and duty of filing any reports, inventories or accounts with the Clerk of Superior Court of any county. This Power of Attorney shall be valid until I revoke said Power of Attorney in writing.

BY MY SIGNATURE BELOW, I HEREBY REVOKE AND RESCIND ALL OTHER POWERS OF ATTORNEY PREVIOUSLY EXECUTED BY ME, WHETHER OR NOT SAME ARE RECORDED.

IN WITNESS WHEREOF, I have executed the 21st day of June, 2012.

Billy Ray Williamson
BILLY RAY WILLIAMSON

NORTH CAROLINA)
IREDELL COUNTY)

I, Bobbie James, a Notary Public in and for the County and State aforesaid, do hereby certify that before me this day personally appeared BILLY RAY WILLIAMSON, and acknowledged his execution of the foregoing instrument for the purposes therein expressed.

This the 21st day of June, 2012

BOBBIE B. JAMES
Notary Public
North Carolina
Iredell County

Bobbie B. James
Bobbie James, Notary Public
My Commission Expires: 1/14/15

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*) Billy Wilson POA

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
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