ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-316237

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

PIN # 4733 --80 --8103.151

APPLICANT/OWNER: SARA WAUGH / HAROLD HANKS APPLICANT ADDRESS: 137 BLUEBIRD LANE, STATESVILLE, N.C. 28677

SITE ADDRESS: 151 BLUEBIRD LANE, STATESVILLE, N.C. 28677 PHONE: 980-829-3278 ALT. PHONE 828-850-7005

SITE DIRECTIONS: (S) ON 21, (E) ON CUMBERLAND, (L) ON BLUEBIRD, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: ✓ — SECTION: — LOT # — LOT AREA: 0.44 AC DESIGN FLOW: 240 GPD L.T.A.R.: 0.3 (0.1)

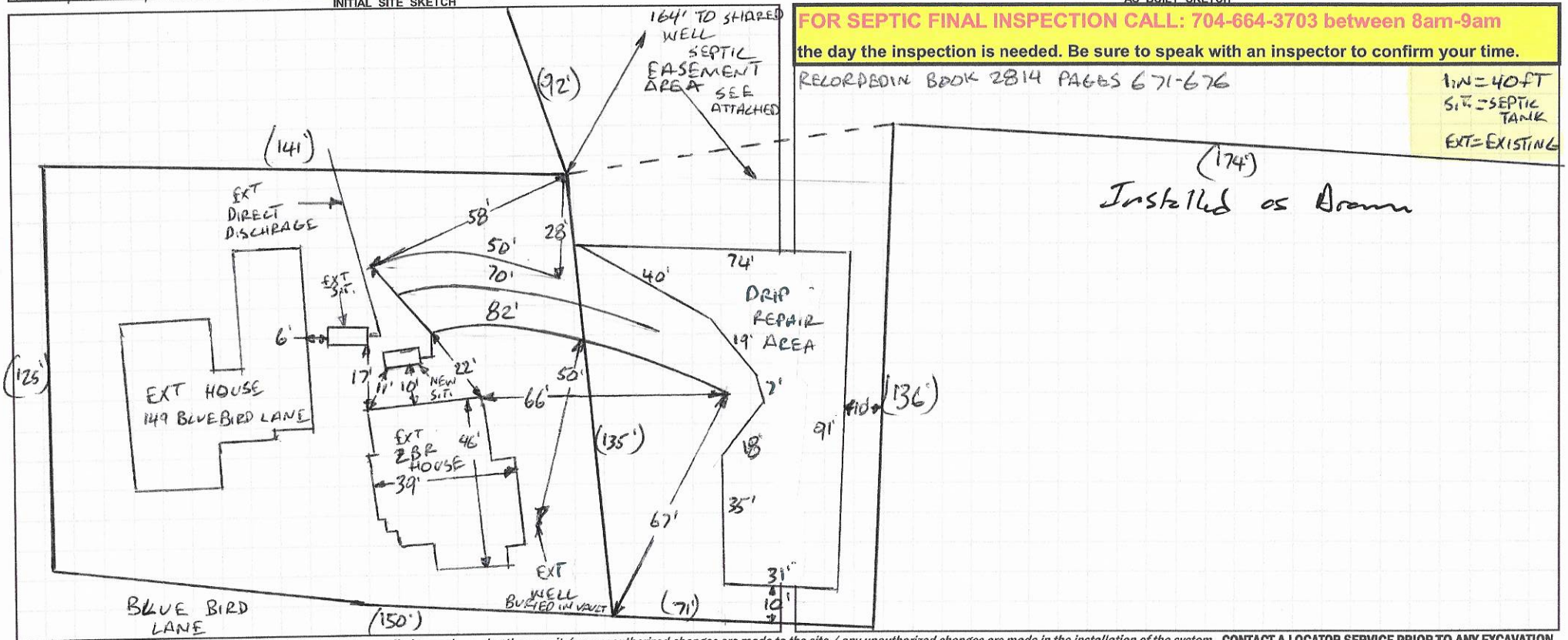
Septic Tank	1000	(gal)	STB	760	Date	5-28-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			DRIP IRRIGATION	
# Nitrification Fields	1	# Lines	3		Linear Ft	202ft	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		25 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	2	Water Supply		
☐ Business	No. Persons	4	☑ Private EXT SHARED		
☐ Other	No. Employees	—	☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9ft CENTER, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50ft FROM EXISTING WELL, PUMP, CRUSH AND FILL EXISTING TANK, ABANDON DIRECT DISCHARGE

DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, 6IN OF COVER MUST BE MAINTAINED, SYSTEM TO ONLY SERVE ONE DWELLING! WATER LINE TO BE >10ft FROM ALL PARTS OF SEPTIC

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.

RECORDED IN BOOK 2814 PAGES 671-676

1 IN = 40 ft
S.T. = SEPTIC TANK
EXT = EXISTING

(174')

Installed as Drawn

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: Sara Waugh Date: 7/13/21 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Burt C. White Date: 7-12-2021 OPERATION PERMIT by: Date: 8-6-2021

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 7-12-2021 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

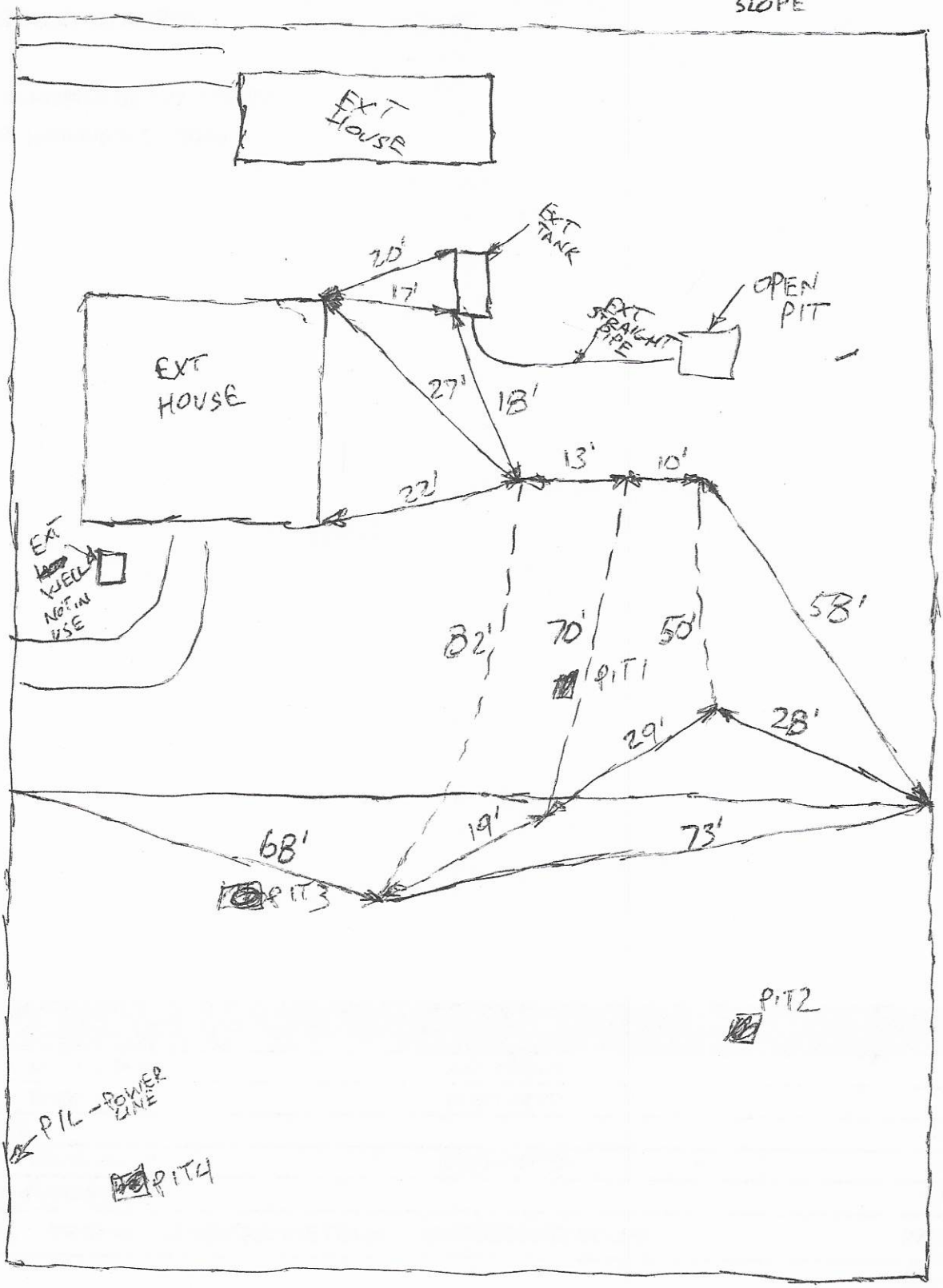
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4733-80-8603.151
DATE OF EVALUATION: 5-4-2021
COUNTY: IREDELL

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	NOSE LINEAR SIDE 12%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	49"+	NA	NA	PS .3
		5-24	C, ABK	FI, S, P, SEXP					
		24-49	CL, WABK	FR, SS, SP, SEXP					
		~~0~~							
2	HEAD 10%	0-18	CL, WABK	FR, S, P, SEXP	LITHO THRU OUT	18"	PS II 2	NA	PS .3
		18-52	SAP, RC	FI, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		5-26	C, ABK	FI, S, P, SEXP					
		26-52	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 4%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT V/B MOTS 33"+ 10YR 6/2 @ 40"	52"+	NA	NA	PS .25 4Row 33"
		7-32	C, ABK	FR, S, P, SEXP					
		32-52	CL, WABK	FI, SS, SP, SEXP					

COMMENTS: _____

NTS 30% SLOPE



BLUEBIRD

RECEIVED MAR 2 9 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-316237 Repair Eval

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) * call LWW when ready * 980-829-3278

Applicant Name: Harold Hanks Sara Waugh POA Address: 137 Blue Bird Lane Zip: 28677
Applicant Email: sarawaugh24@gmail Phone: 828 850 7005 Alt. Phone: _____
Owner Name: Harold Hanks Sara Waugh POA Address: " Zip: 28677
Owner Email: _____ Phone: " Alt. Phone: _____

Property Information:

Street Address: 151 Blue Bird Lane Statesville NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Small white house - 2nd on right from Skyuka Rd.

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: cover caved in

Maximum Number of Bedrooms: 2 bed 1 Bath
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: Sara Waugh POA BK Harold Hanks 3/29/21
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*) Harold Hanks Sara Waugh 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, Harold Hanks Sara Waugh POA, am the legal owner(s) of the property located at 151 Blue Bird Lane Statesville, identified as

PIN (Parcel Identification Number) 4733709103, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Corra Nicks Lentz Wastewater Mgmt, 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.

Sara Waugh POA for Harold Hanks 3/29/21
Signature of Owner(s) Date

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

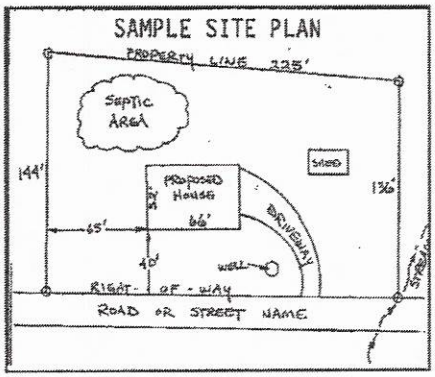
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

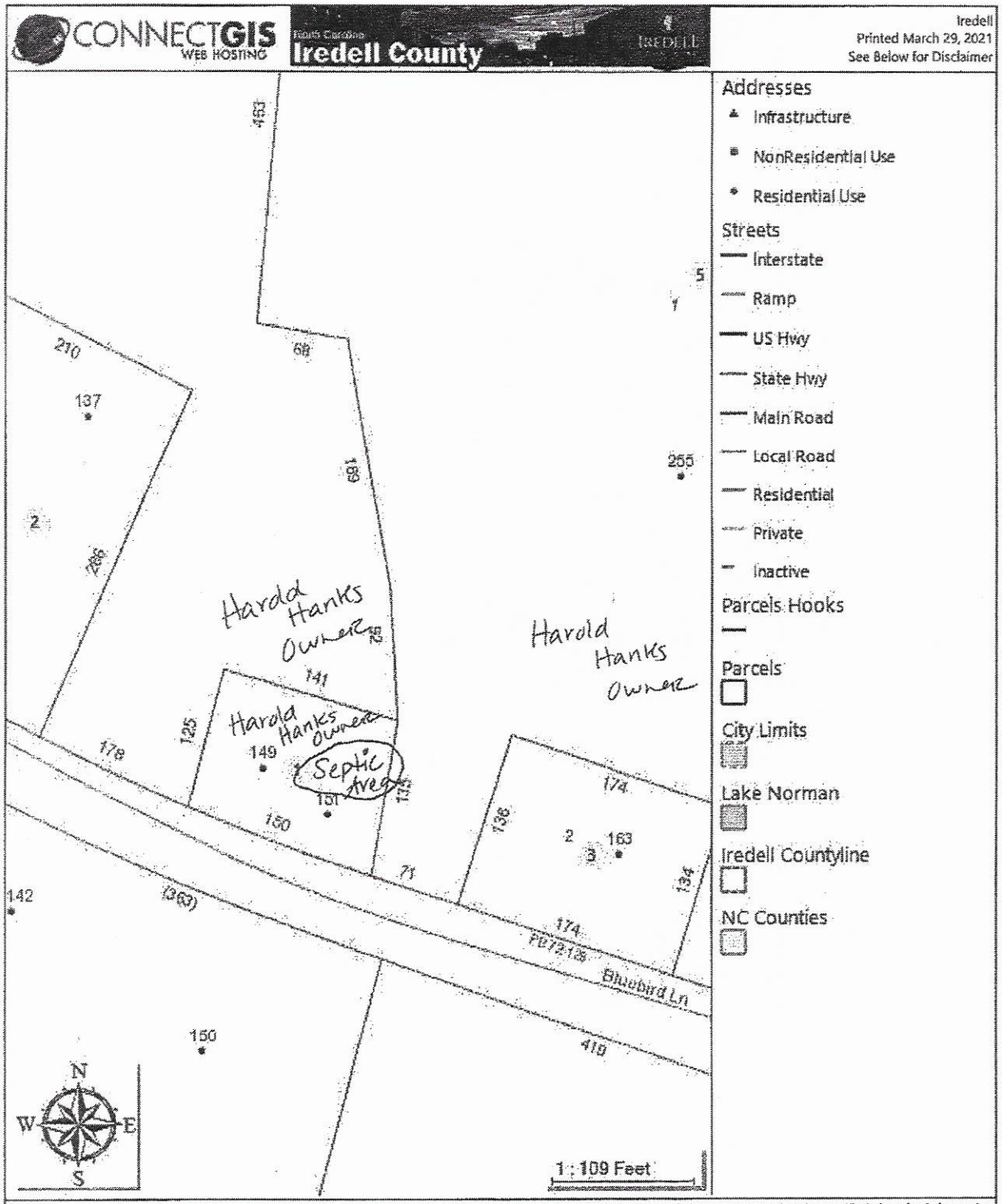
see attached

Signature: Sara Wayne

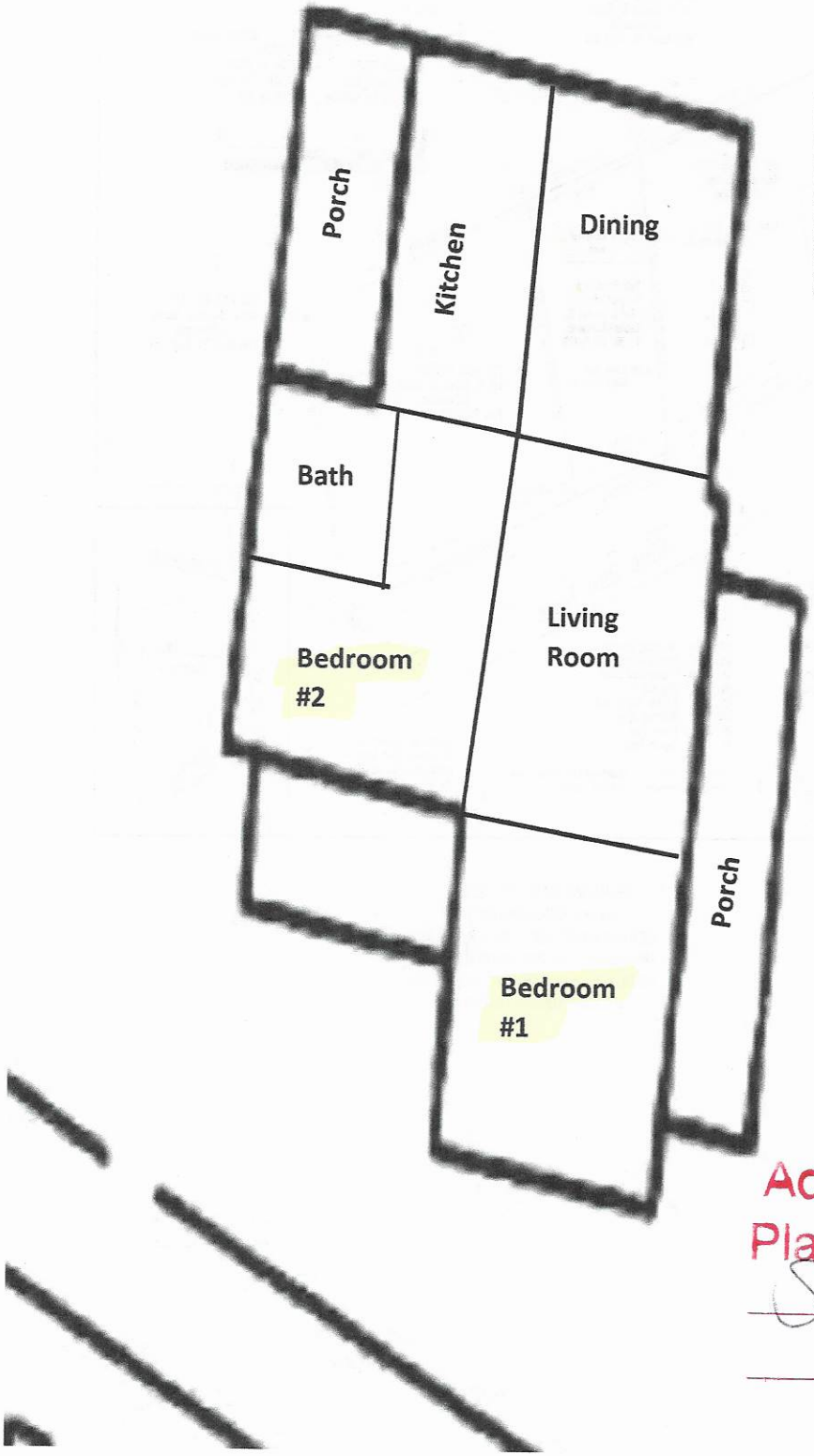
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/29/21

DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.



151 Blue Bird Lane

2 Bed; 1 Bath

Acknowledgement Of Plans Submittal ONLY!

Sara Warson Date 7/13/21

Budget Committee Date 7-12-2021