ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 315789

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

PIN # 4734-04-0508

APPLICANT/OWNER: Patricia A Richard APPLICANT ADDRESS: 453 Moose Club Road 28677

SITE ADDRESS: 2032 Gagnar St Statesville NC 28677 PHONE: 704-880-0950 ALT. PHONE -

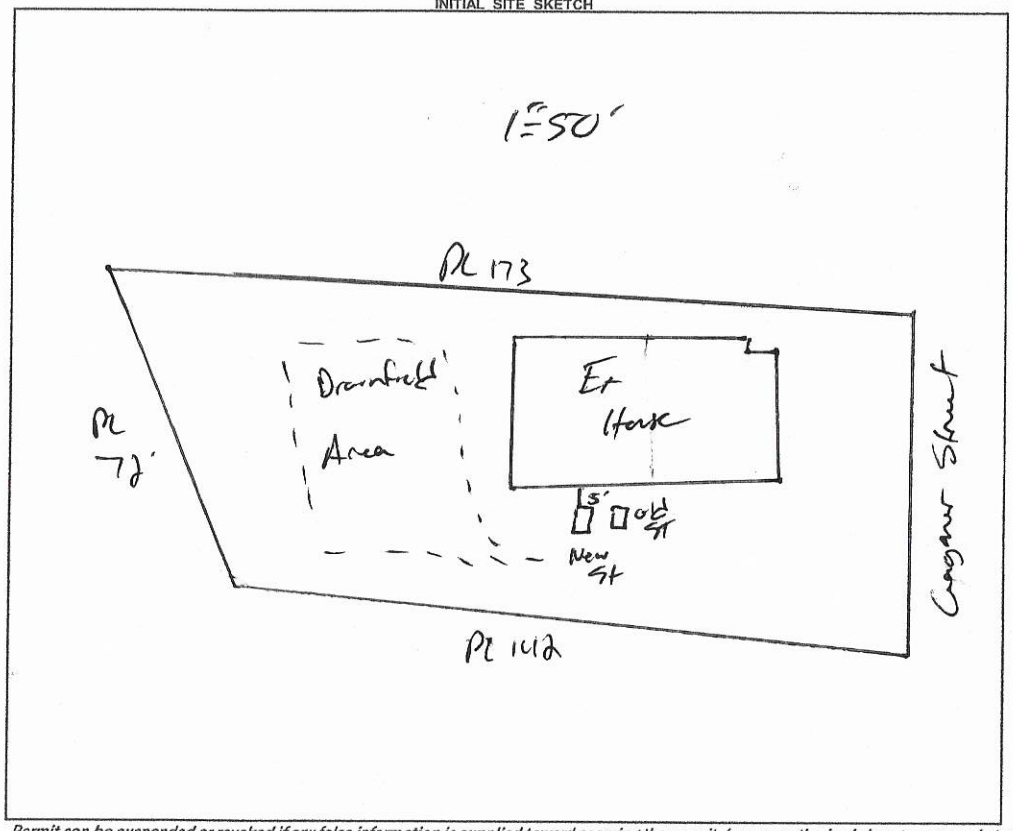
SITE DIRECTIONS: 70W off Guardrail Bagnal Blvd L on Park R on gagnar on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Rayan Park SECTION: - LOT # 54-56 LOT AREA: 0.87 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	1012	Date	2-23-21	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	Ex	Water Supply
Pump Tank		(gal)	PT		Date		System Description:				☐ Business	No. Persons	Ex	☐ Private
Pump Make			Model		Serial #		Repair System Description:	Tank			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1		# Lines	4	Linear Ft.	60	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

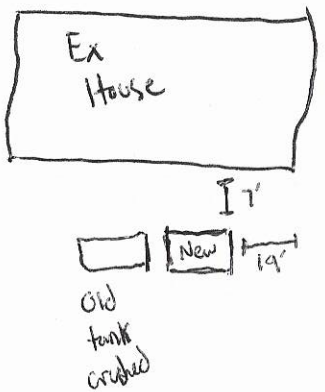
Comments / Conditions: Pump Crush and fill old Septic tank.
Inspect D Box and replace if needed.

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.



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: Patricia A Richard Date: 3-24-2021 Installed by: ASAP LANDSCAPING / JASON YOUNTZ

IMPROVEMENT PERMIT by: Date: 3.23.2021 OPERATION PERMIT by: Bryant C. White Date: 4-20-2021

AUTHORIZATION TO CONSTRUCT by: Date: 3.23.2021 Existing System Inspected by: Date:

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

RECEIVED MAR 15 2021

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

Repair-Evaluation-No Chg.

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 315789

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: Patricia A. Richard Address: 453 Moose Club Rd Zip: 28677
Applicant Email: _____ Phone: 704 880-0950 Alt. Phone: _____
Owner Name: Patricia A. Richard Address: 453 Moose Club Rd Zip: 28677
Owner Email: Patricharad500.gmail.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 2032 Gagner St. Statesville NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 70 West off Gagner-Gardner Blvd Left on Park right on Gagner last house on right before Stop sign

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: Broken Side of Concrete Was bubbling up in the house

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) 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: 1200 SF Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: 3

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 4

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Rick's Bible Whatever my Septic Worker Recommends – 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.

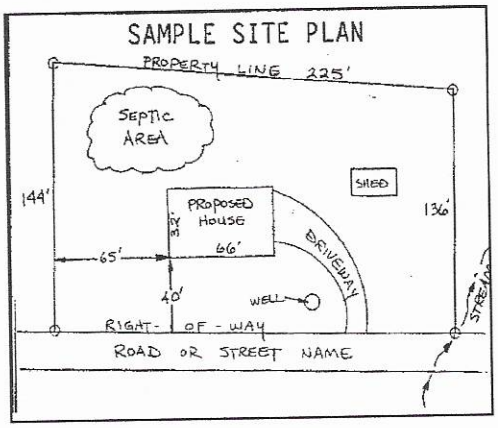
Signature: Patricia A. Richard 3-15-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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



Signature: Patricia A. Richard

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

3-15-21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6-17-93 TAX MAP NO. Repair

PROPERTY DESCRIPTION NO. Repair PHONE: Business Home 872-5002

OWNER OR CONTRACTOR Bill Wood

ADDRESS 2032 Gagner St. Statesville, N.C. 28677

LOCATION I-40 W TL Hwy 90 TR Hwy 70 TL Grier St TL Gagner St 1st house on L.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA Ample SITE CLASS. Repair L.T.A.R. Repair

Water Supply: ☐ Individual ☐ Community ☑ Public city water

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields — Square Feet 600 Linear Feet 10' x 60'

No Lines 3 Trench Width 10 Trench Depth 36" Gravel Depth 18"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: Convention, gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

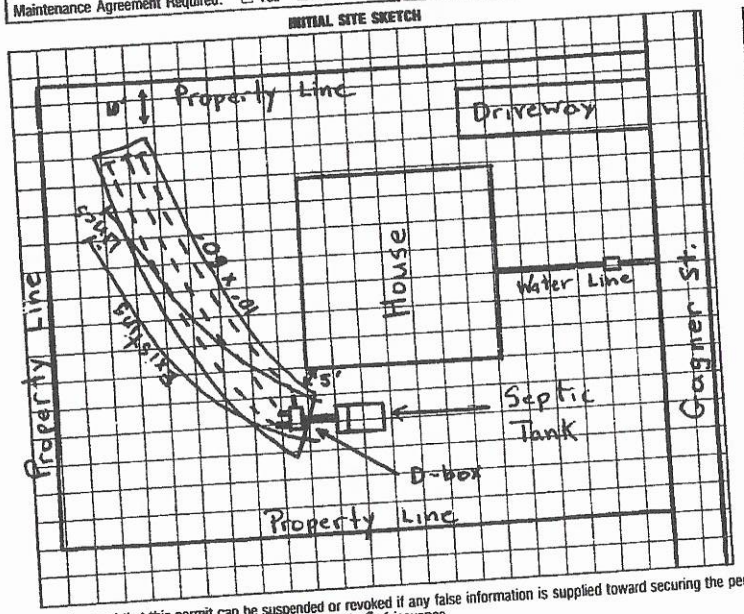
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Install 10' x 60' Bed. Keep Bed on contour. Keep bed 5' from foundation of home, 10' from all property lines. Keep bed system as shallow as possible, no deeper than 36" to trench bottom.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH Except did not use D-box, just used tee to separate lines.

Installed new sanitary tee in Septic Tank

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.

Signed: X William Wood

Improvement Permit by: Michael J. Dennis date 6-17-93

Existing System Inspection by: date

Installed by: A-1 Backhoe.

Certificate of Completion by: Michael J Dennis date 7-1-93

Operation Permit by: date

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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*) Patricia A. Richard

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, Patricia A. Richard, am the legal owner(s) of the property located at 2032 Gagner ST, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Patricia A. Richard
Signature of Owner(s)

3-15-2021
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