IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (CO) Mooresville Office (704) 660-3625 PERMIT # 235342

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

PIN # 4735549742.

APPLICANT/OWNER: Bumgarner Septic Tank Grading APPLICANT ADDRESS: 1190 Bradley Shoals Rd Granite Falls, NC 28630.

SITE ADDRESS: 421 Beverly Drive Statesville NC 28625 PHONE: 828-396-1795 ALT. PHONE 8283085794.

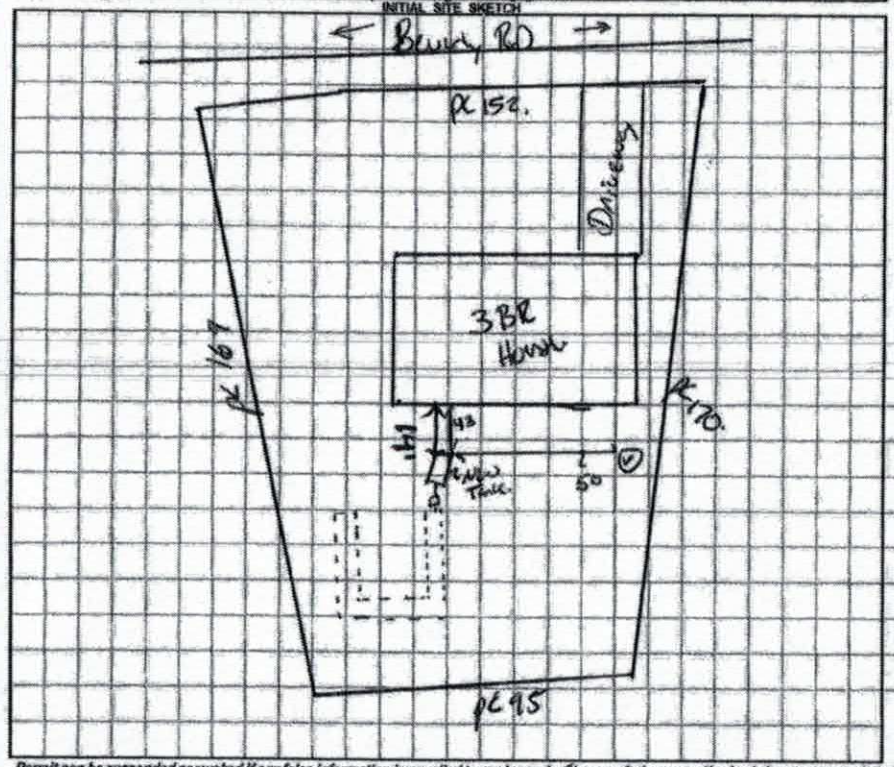
SITE DIRECTIONS: 115 to Chidley Ford Rd R on Beverly home on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beverly Heights Addition SECTION: ~ LOT # 146 LOT AREA: ~ DESIGN FLOW: 360 L.T.A.R.: EXT

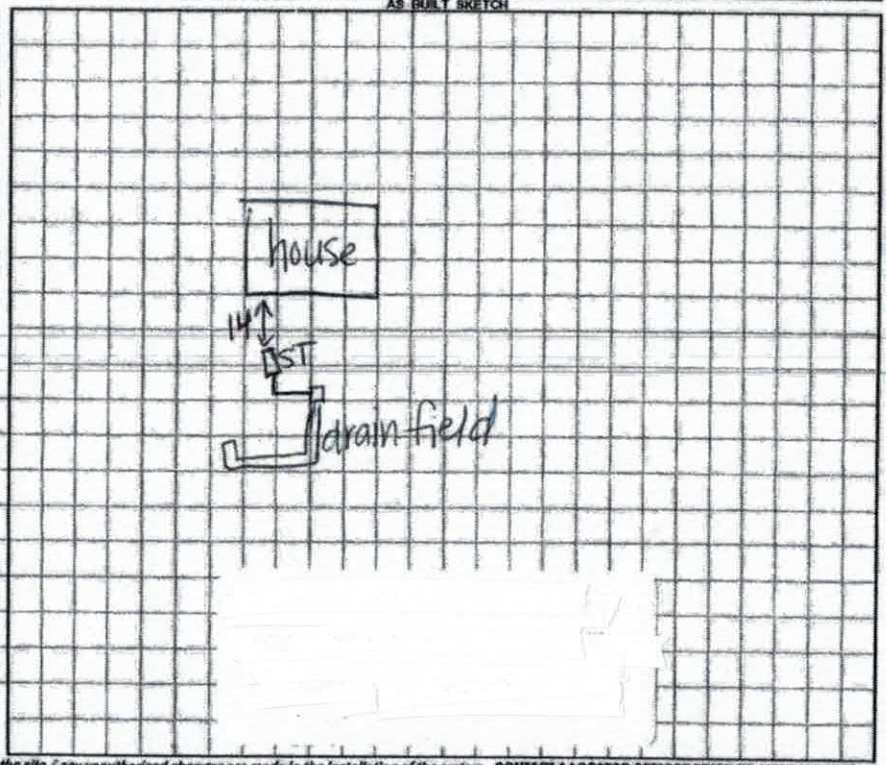
Septic Tank	1000 *	(gal)	STB	Infiltrator 1060	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:				☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:	Repair Tank Replacement			☐ Other	No. Employees		☒ Public
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth EXT		☑ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: * Existing Tank is 52ft from existing well & is 4ft below the ground. New tank must be placed in same location as old Tank. Tank should be Traffic rated if below 36 inches

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: Neal L. Clontz Date: 6/27/17 Installed by: Bumgarner Septic Tank + Grading

IMPROVEMENT PERMIT by: Brigman A Bottin Date: 5/4/2017 OPERATION PERMIT by: Kayla Watson Date: 7-3-18

AUTHORIZATION TO CONSTRUCT by: Brigman A Bottin Date: 5/4/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

RECEIVED MAY 2 - 2018

For Evaluation - No Charge

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#235342

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: Bumgarner Septic Tank & Grading Address: 1190 Dudley Shoals Rd Granite Falls NC Zip: 28630
Applicant Email: bseptictank@gmail.com Phone: 828-396-1795 Alt. Phone: 828-308-5994
Owner Name: Caroline Ward Address: 421 Beverly Dr. Statesville Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 421 Beverly Dr. Statesville NC 28625
Subdivision Name: Beverly Heights Section/Phase: _____ Lot Number: 146
Driving Directions: _____

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

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (✓) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Septic Tank has collapsed in - Open hole in yard
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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: 1976
(✓) 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: _____ 5/2/18
Property owner or ~~owner's~~ legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 8CAD9B00-A922-4E75-BC6E-BAB003AE980A

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Caroline Ward, am the legal owner(s) of the property located at 421 Beverly Dr., Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4735-54-9742, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bumgarner Septic Tank & Grading, Inc., 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.

Caroline Ward	5/1/2018	Brent Mason	5/1/2018
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

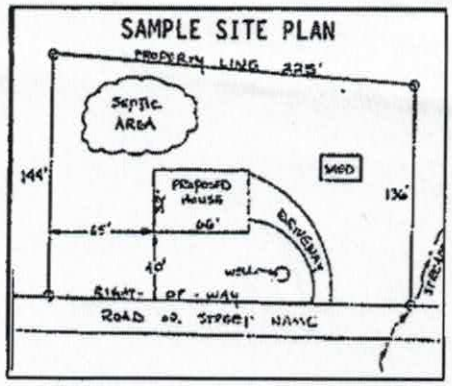
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 attached permit"

Signature: _____ 5/3/18

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Gene Aikens DATE 6-10-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beverly Dr.

S. R. No. _____

SUBDIVISION NAME Beverly Heights LOT NO. 146 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 21,250

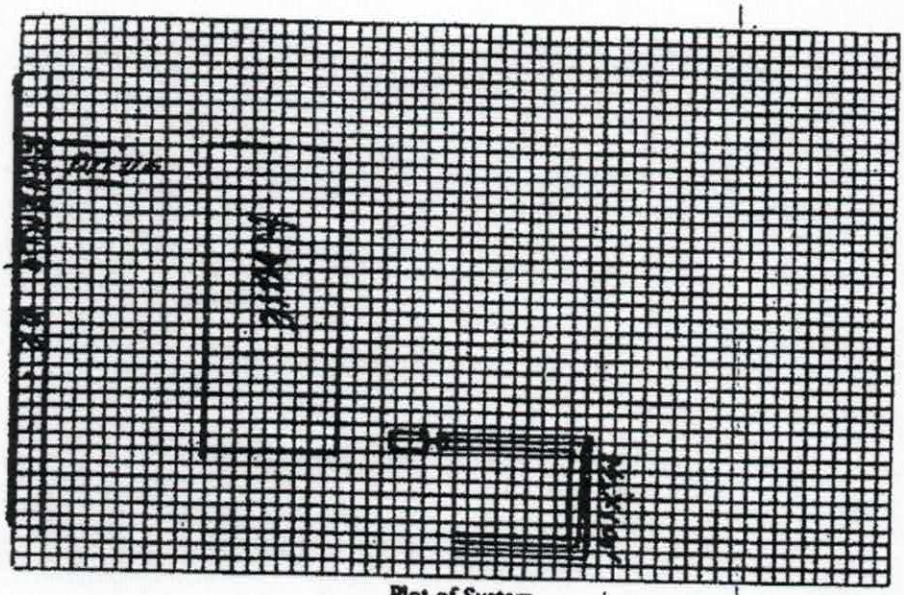
Character & Porosity of Soil LMC 2

Percolation Rate 1 Clay loam

Topography Slight to flat

Depth to Water Table over

Rock or other impervious formations none



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 6/10/76

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold