ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625

PERMIT # AP 323170

PIN # 4736 -- 40 -- 5400

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

APPLICANT/OWNER: Kerry Brandon Zachary

APPLICANT ADDRESS: 250 Meadow Oaks Dr, Statesville

SITE ADDRESS: 250 Meadow Oaks Dr, Statesville 28625

PHONE: 704-682-0049

ALT. PHONE 704-682-0259

SITE DIRECTIONS: Hwy 115 - S Chipley Ford - Westview - Meadow Oaks

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Meadow Oaks

SECTION: ~ LOT # 4

LOT AREA: 0.69

DESIGN FLOW: Ex

L.T.A.R.: Ex

Septic Tank 1000 (gal) STB TP 1012 Date 9/13/21

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width EXIST Trench Bottom Depth (low side) Gravel Depth

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

System Description: Tank replacement

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4

No. Persons 8

No. Employees

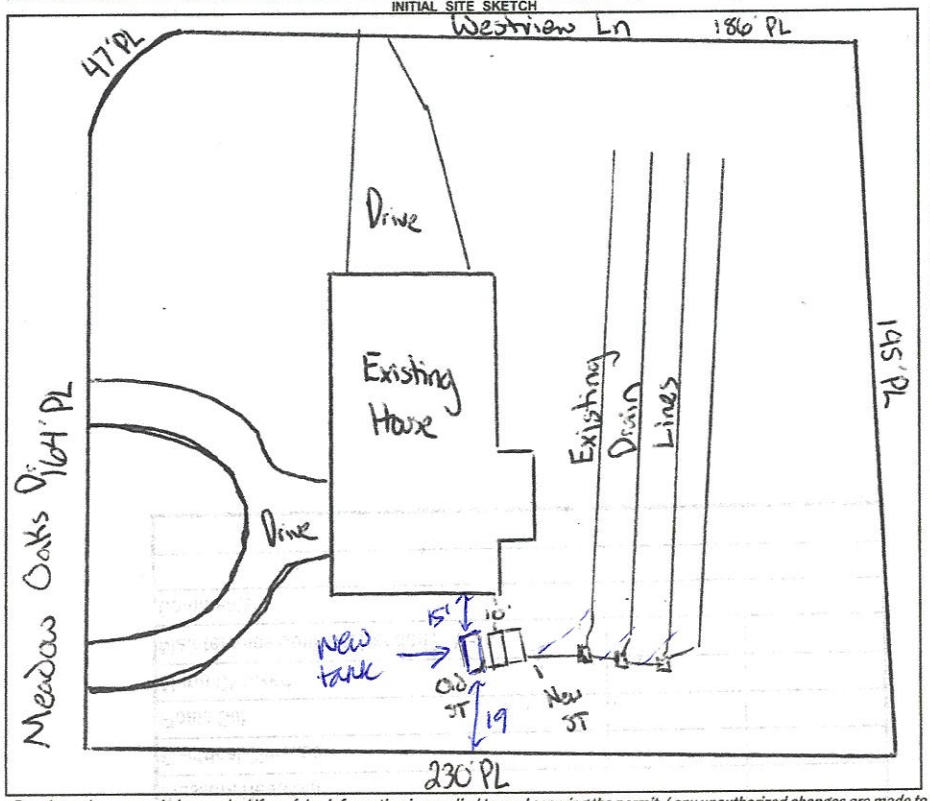
☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

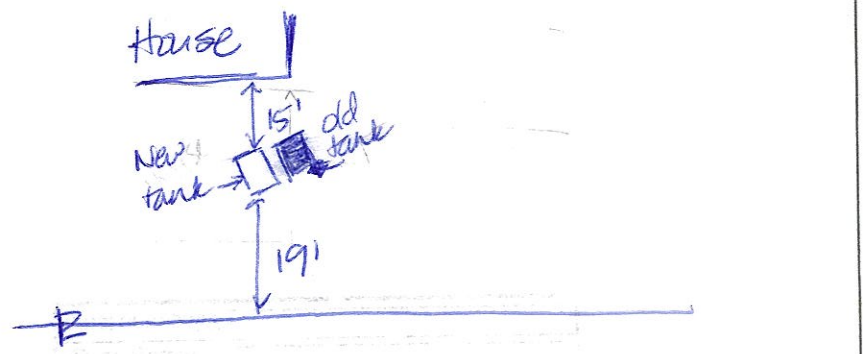
Comments / Conditions: Pump, crush, & fill old ST. Replace distribution if necessary. Keep tank 10' from house.

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: [signature] Date: 11-30-21

Installed by: (Kevin) Powell Septic Tank Co.

IMPROVEMENT PERMIT by: Cary Whitt Date: 11-22-21

OPERATION PERMIT by: [signature] D. Mieberg Date: 12/8/21

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 11-22-21

Existing System Inspected by: Date:

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

RECEIVED NOV 16 2021

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

AP-323170

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Repair Evaluation-No Chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: KERRY BRANDON ZACHARY Address: 250 MEADOW OAKS DR Zip: 28625
Applicant Email: bzachary7@gmail.com Phone: 704-682-0049 Alt. Phone: 704-682-0259
Owner Name: KERRY BRANDON ZACHARY Address: 250 MEADOW OAKS DR Zip: 28625
Owner Email: bzachary7@gmail.com Phone: 704-682-0049 Alt. Phone: 704-682-0049

Property Information:

Street Address: 250 MEADOW OAKS Dr STATESVILLE, NC 28625
Subdivision Name: MEADOW OAKS Section/Phase: _____ Lot Number: 4
Driving Directions: HWY 115 to S Chipley Ford Rd - Turn left on Westview Rd - House on Corner of Meadowview & Westview

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) 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
(X) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem: CRACKED SEPTIC TANK
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 (X) Other Public Water IREDELL WATER

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: _____ 11-16-21
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)* _____

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, KERRY BRANDON ZACHART, am the legal owner(s) of the property located at 250 MEADOW OAKS Dr STATESVILLE, NC, 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
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

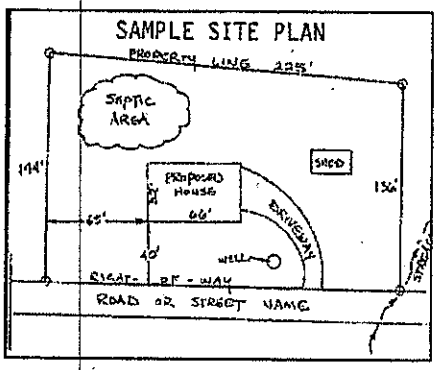
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) 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:
Original Report From
1996

Signature: _____ 11-16-21

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 069512 DATE 9-25-97 TAX MAP NO. 4736405400 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Sam Scott PHONE: Business _____ Home 873 1371

ADDRESS 2378 S Chipley Ford Rd. Statesville

LOCATION Chipley Ford Rd Tl westview on Lt at corner

SUBDIVISION Meadow Oaks BLOCK / SECTION _____ LOT 4 LOT AREA 0.99 SITE CLASS. D/S DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 612 Date 10-6-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make. _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description: Infiltrator Chamber

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

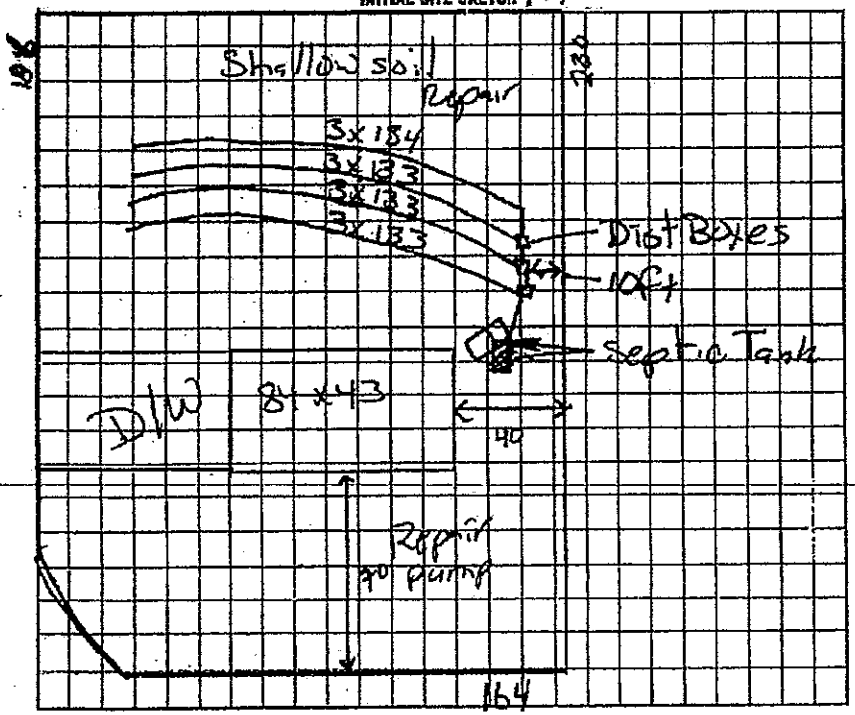
Water Supply: ☐ Individual ☐ Community ☒ Public

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

Comments: keep lines on contour, 9ft on center
Smoothout Terrace

Comments:

INITIAL SITE SKETCH 174



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

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: Samuel A Scott

Improvement Permit by: Mark Coffey date 9-25-97

Existing System Inspection by: Authorized Agent for Contractor Mark Coffey date 9-25-97

Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 1-20-98

Operation Permit by: _____ date _____

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