ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # AP 327997

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

PIN # 4737 -- 46 -- 4284

APPLICANT/OWNER: Russell Williams APPLICANT ADDRESS: 4919 E Maiden Rd, Maiden

SITE ADDRESS: 134 Pratt Ln, Statesville 28625 PHONE: 980-429-1580 ALT. PHONE –

SITE DIRECTIONS: 115 N - S Chipley - Pratt SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Pressly Acres SECTION: A LOT # 11 LOT AREA: 0.52 acres DESIGN FLOW: 360 gpd L.T.A.R.: EX

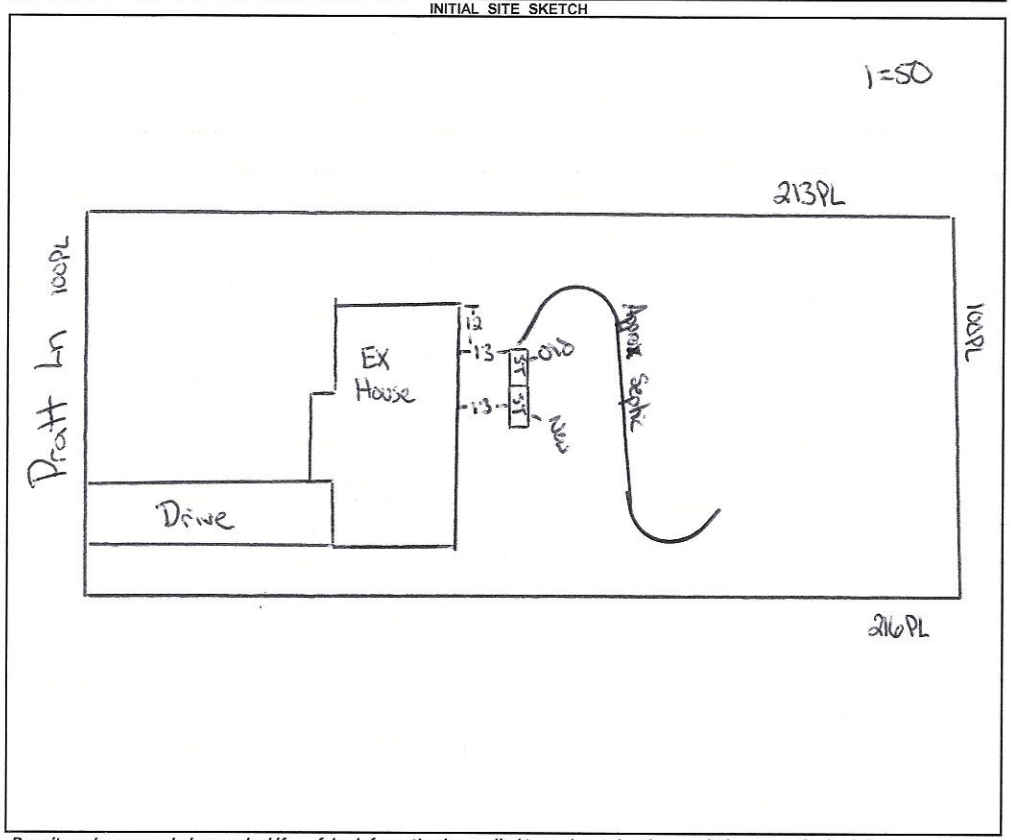
Septic Tank	1000	(gal)	STB	Infiltrator	Date		☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Tank replacement			
Pump Make			Model		Serial #		Repair System Description:	EXISTING			
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	EX		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 3 — ☐ Business No. Persons 6 — ☐ Other No. Employees — ☐ Slab ☒ Crawl Space — ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush, & fill old septic tank. Replace distribution if necessary.

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.

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: Russell Williams Date: 5-12-20 Installed by: (Russell Williams) Wastewater Solutions + Design

IMPROVEMENT PERMIT by: Cary Wilt Date: 5/5/22 OPERATION PERMIT by: Cary Wilt Date: 5/18/22

AUTHORIZATION TO CONSTRUCT by: Cary Wilt Date: 5/5/22 Existing System Inspected by: Date:

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

RECEIVED APR 2 5 2022

CW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327997

Repair Seal

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Russell B. Williams Address: 4919 E Maiden Rd. Maiden NC Zip: 28650
Applicant Email: rwilliams9534@bellsouth.net Phone: 980-429-1580 Alt. Phone: —
Owner Name: Offerpad - LLC Address: E. German Rd. Ste 1 Chandler AZ Zip: 85286
Owner Email: Nick.Lubas@offerpad.com Phone: 909-203-9818 Alt. Phone: —

Property Information:

Street Address: 134 Pratt Ln Statesville NC 28625
Subdivision Name: Presley Acres Section/Phase: — Lot Number: 11
Driving Directions: Hwy 115-N-, Rt on S. Chipley Rd-, Rt on Pratt Ln 1/4 mile house on Rt.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 (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: Tank has crack, corrosion
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ~~1105~~ 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1974
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: New tank

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 ( ) 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: Russell B. Williams 4-21-22
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, Offerpad LLC, am the legal owner(s) of the property located at 134 Pratt Ln Statesville NC, identified as

PIN (Parcel Identification Number) 4737464284.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Russell B. Williams, Wastewater Solutions, 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.

Nick Zubas - for Offerpad, _____ 4-21-22

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

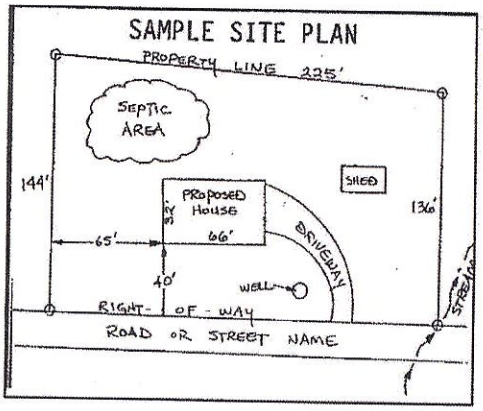
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Permits

Signature: Russell B. Wilhm

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

4-21-22

DATE

134 Pratt Ln Statesville

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 Don Savage DATE 1-15-74 PERMIT NO. _____

PHONE: Business _____ Home _____

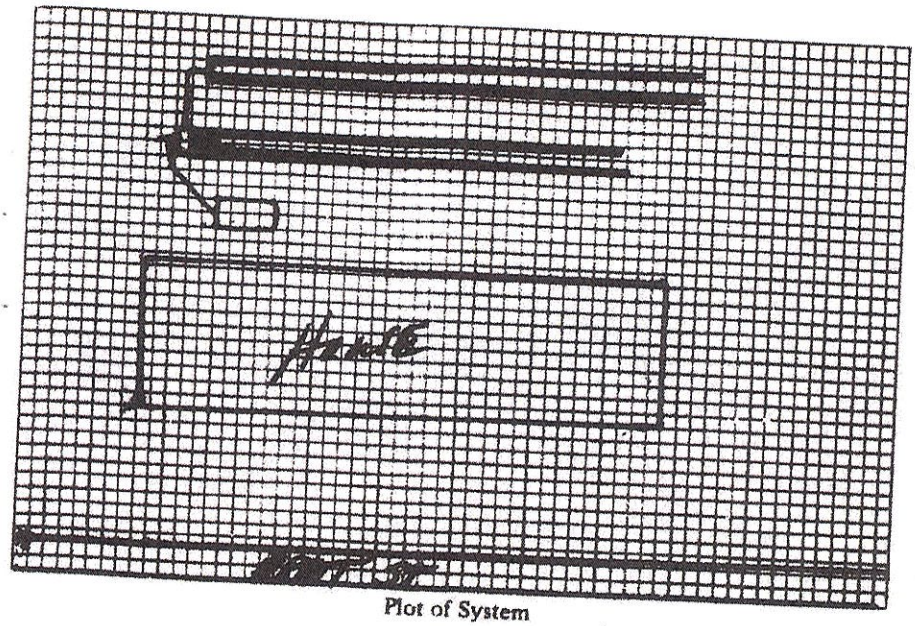
LOCATION Chipley Ford Rd - To Pressley Acres - Pratt St.

SUBDIVISION NAME Pressley Acres LOT NO. 11 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Red Clay Tight
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 30 min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Slope to back
Site Suitable	Yes (✓)	No ( )	Depth to Water Table ok
Lot Area 20,000			Rock or other impervious formations ok



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Robt. Hoke - R.E. Jay

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn T. Jr. DATE 1-15-74

- 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

2

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 Quez M. Frye DATE 3-15-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd TR on Pratt St. 6th Hse on Rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

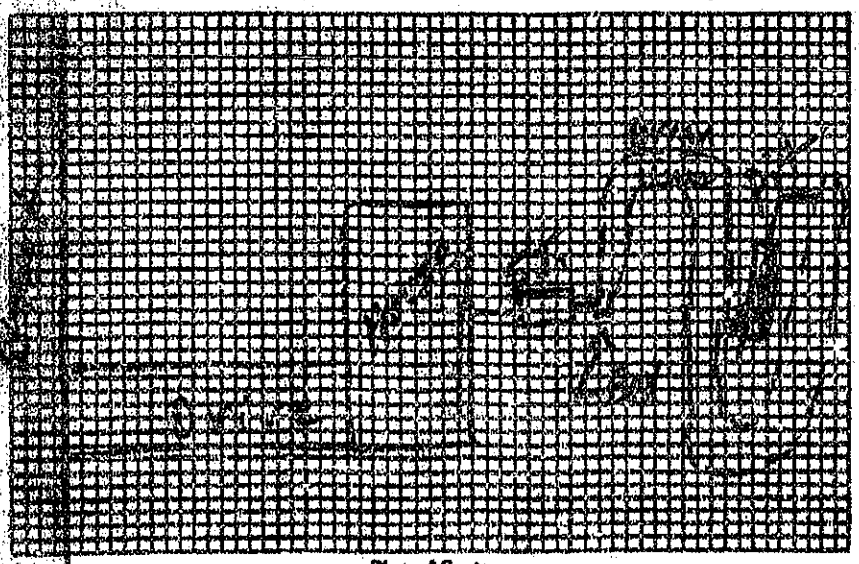
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( )	No ( )	Topography	Ex.
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	

Character & Porosity of Soil _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Ex. Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )
32 Ton Pit

Installed by Harry Reep

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 3-15-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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