ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 311005

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

PIN # 4738-48-6203

APPLICANT/OWNER: Grace Manners APPLICANT ADDRESS: 282 River Run Road Statesville 28625

SITE ADDRESS: 282 River Run Road Statesville NC 28625 PHONE: 704 903-2348 ALT. PHONE -

SITE DIRECTIONS: Chipley Ford Road L on River Run Road SAP CONTROLLED: ☐ YES ☐ NO

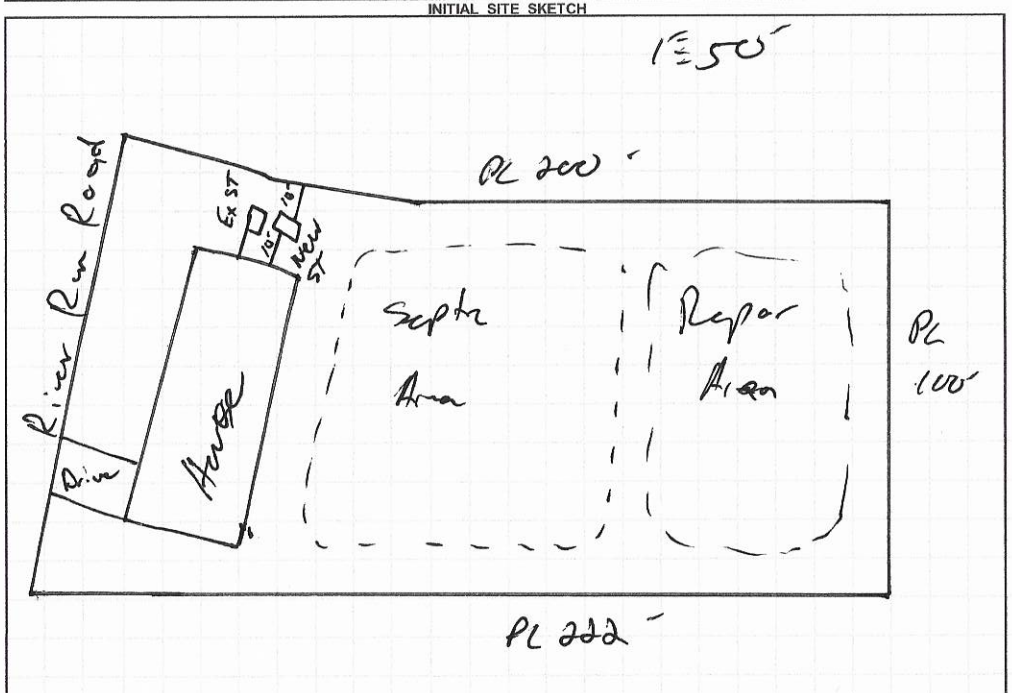
SUBDIVISION: River Run II SECTION: 1 LOT # 1 LOT AREA: ca.51 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	1012	Date	7-26-2020	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT		Date		System Description:		☐ Business	No. Persons Ex
Pump Make		Model		Serial #		Repair System Description: Tank		☐ Other	No. Employees
# Nitrification Fields	X	# Lines		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

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

INSTALLED AS PERMITTED

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: Grace Manners Date: 9-25-2020 Installed by: KEVIN POWELL

IMPROVEMENT PERMIT by: Date: 9-24-2020 OPERATION PERMIT by: Buncombe County Health Date: 10-5-2020

AUTHORIZATION TO CONSTRUCT by: Date: 9-24-2020 Existing System Inspected by: Date:

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

RECEIVED SEP 1 7 2020

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- 311005

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: (X) 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: Grace Manners **Address:** 282 River Run rd. **Zip:** 28625

Applicant Email: gracemcornett@icloud.com **Phone:** 704-903-2349 **Alt. Phone:**

Owner Name: Grace Manners **Address:** 282 River Run rd. **Zip:** 28625

Owner Email: gracemcornett@icloud.com **Phone:** 704-903-2349 **Alt. Phone:**

Property Information:

Street Address: 282 River Run rd. Statesville, N.C. 28625

Subdivision Name: River Run II **Section/Phase:** **Lot Number:** 1

Driving Directions: Off of S. Chipley Ford Rd.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) 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: [signature] 09-16-2020

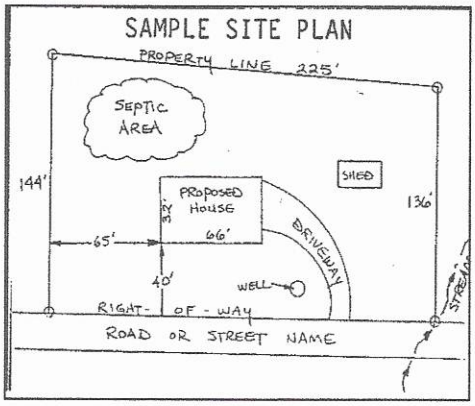
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

On file from sellers? Repairing/ replacing as designated from seller when purchased this house.

See attached

Signature: _____

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

09-16-2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

5543

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

PROPERTY DESCRIPTION NO. 20792 DATE 4/7/95 TAX MAP NO. 13E-1-A-1 Watershed: ☐ Yes ☐ WS1

OWNER OR CONTRACTOR HOPE BUILDERS PHONE: Business Home 872-4117

ADDRESS 120 BARKLEY ROAD STATESVILLE NC 28677

LOCATION NC 115 N TO S. CHIPLEY FORD RD, TL RIVER RUN RD 1ST DW RIGHT AT RIVER RUN

SUBDIVISION RIVER RUN BLOCK / SECTION II LOT 1 LOT AREA 22+ x 203+ x 100 x 234 SITE CLASS PST DESIGN FLOW 360 L.T.A. 0.35 GPD

Septic Tank: 1000 Gallons; STB 1012 Date 7/24/95

Pump Tank: Gallons; FT Date

Pump Make: Model EQUITEK Serial No. 358

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-36"

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

System Description: CONV. TRENCH GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☐ House/Mod. Home No. Bedrooms 3/2

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

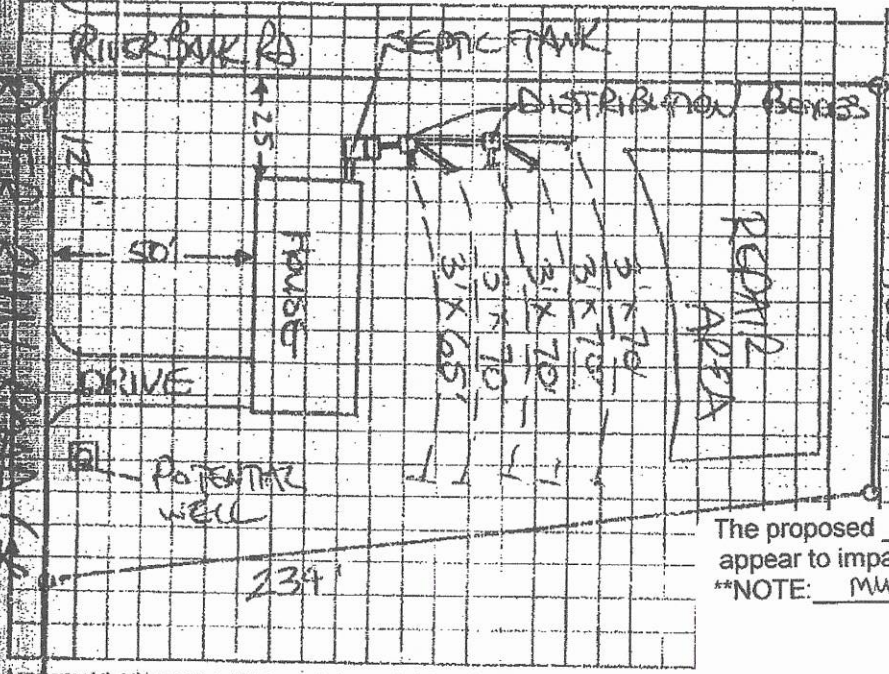
☐ Other

Water Supply: ☐ Individual ☐ Community ☐ Public WELL

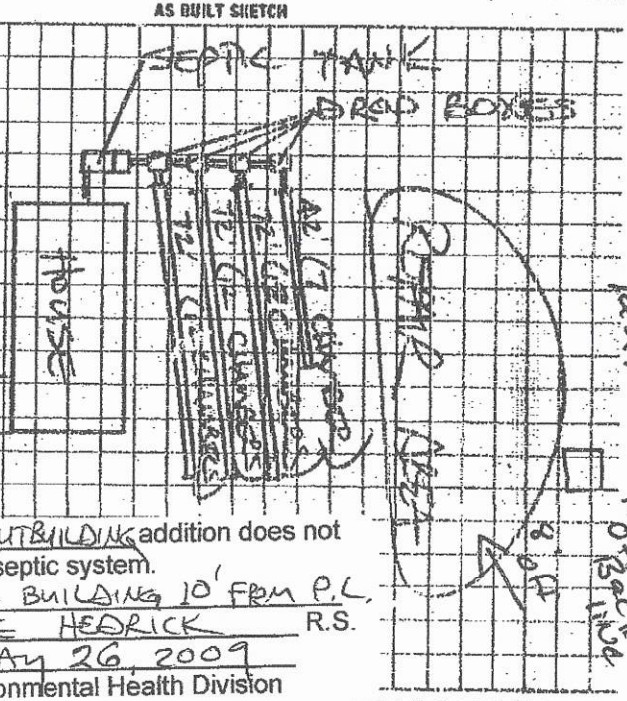
Comments: (1) KEEP WELL MINIMUM 50 FROM SYSTEM (2) INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' APART ON CENTER

Comments: 43 CHAMBERS INSTALLED AT BUILDERS REQUEST

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed 10'X10' OUTBUILDING addition does not appear to impact the existing septic system.

**NOTE: MUST LOCATE BUILDING 10' FROM P.L.

STEVE HEDRICK R.S.

Date: MAY 26, 2009

ICHD-Environmental Health Division

I understand that this permit can be suspended or revoked if any false information is supplied to Improvement Permit is valid for 60 months from date of issuance.

Signed: STEVE HEDRICK date 4/9/95

Improvement Permit by:

Existing System Inspection by: date

Installed by: ARNIE DUNCAN

Operation Permit by: STEVE HEDRICK date 10/12/95

HEALTH DEPT. COPY, WHITE INSPECTOR'S COPY (FINAL), GREEN OWNER COPY (FINAL), YELLOW INSPECTION COPY (INITIAL), PINK OWNER COPY (INITIAL), GOLD

JAN. 5, 1989 18:01

12x12

0 0 2 0 0

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Grace Manners, am the legal owner(s) of the property located at 282 River Run rd, identified as PIN (Parcel Identification Number) 4738486203, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Powell Septic Tank Service, Kevin Powell, 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.

_____ 09-16-2020

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