ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 317081

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

PIN # 4743-06-1485

APPLICANT/OWNER: Steven Williamson APPLICANT ADDRESS: PO Box 997 Davidson, NC 28036

SITE ADDRESS: 1913 Shelton Ave, Statesville NC 28677 PHONE: 704-608-5090 ALT. PHONE

SITE DIRECTIONS: (N) 21 → Lot on (R) just (N) of Kimball (across from Hughes Supply) SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.04 ac DESIGN FLOW: 360 L.T.A.R.: EXISTING

Septic Tank 1000 (gal) STB 760 Date 4-20-21 ☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines EXISTING Linear Ft

Trench Width Trench Bottom Depth(low side) Gravel Depth

System Description: EXISTING

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

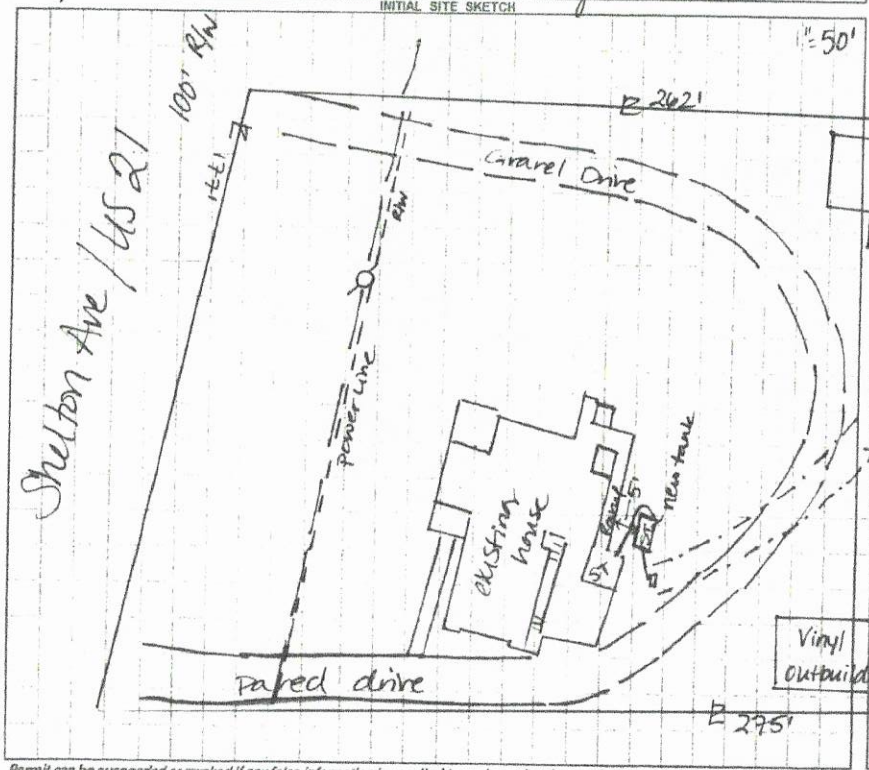
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Install tank to maintain fall to system when reconnecting. Pump, crush & fill old tank. Replace distribution device if necessary to maintain equal flow. Keep tank 5' from slab, 15' from basement.

INITIAL SITE SKETCH



AS BUILT SKETCH

ST - 15' to slab foundation. Installed new D-box w/ speed levelers

ST - level; slight fall from inlet to outlet

6" fall from house to ST

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: Date: 5/19/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: L. Webber Date: 5/13/21 OPERATION PERMIT by: Maria Nelson Date: 6-2-21

AUTHORIZATION TO CONSTRUCT by: D. Webber Date: 5/13/21 Existing System Inspected by: Date:

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 inspection time.

RECEIVED APR 2 2 2021

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

call back to sched. PITS

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-317081

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Steven Williamson **Address:** PO Box 997 Davidson **Zip:** 28036

Applicant Email: steve@gocubs.us **Phone:** 704-608-5090 **Alt. Phone:** _____

Owner Name: Todd Riddle **Address:** 18242 River Ford DR **Zip:** 28036

Owner Email: ctriddle2@yahoo.com **Phone:** 704-726-7028 **Alt. Phone:** _____

Property Information:

Street Address: 1913 Shelton Ave, Statesville, NC 28677

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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: TANK NEAR collapse

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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: _____ **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 ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1947?
( ) 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: _____ 4/19/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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*) _____

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, Todd Rook, am the legal owner(s) of the property located at 1913 Shelton Ave., Statesville, NC, identified as PIN (Parcel Identification Number) 4743-06-1485, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Steve Williamson, 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.

_____ 4-19-21
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

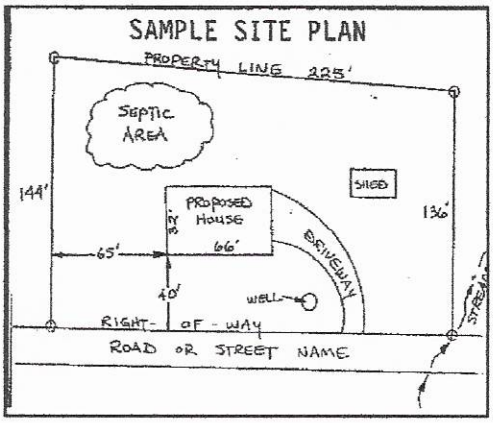
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (✓) 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

See Survey

Signature: _____ _____

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

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.

* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is 1: 31,145.

* Area determined by coordinate computations.

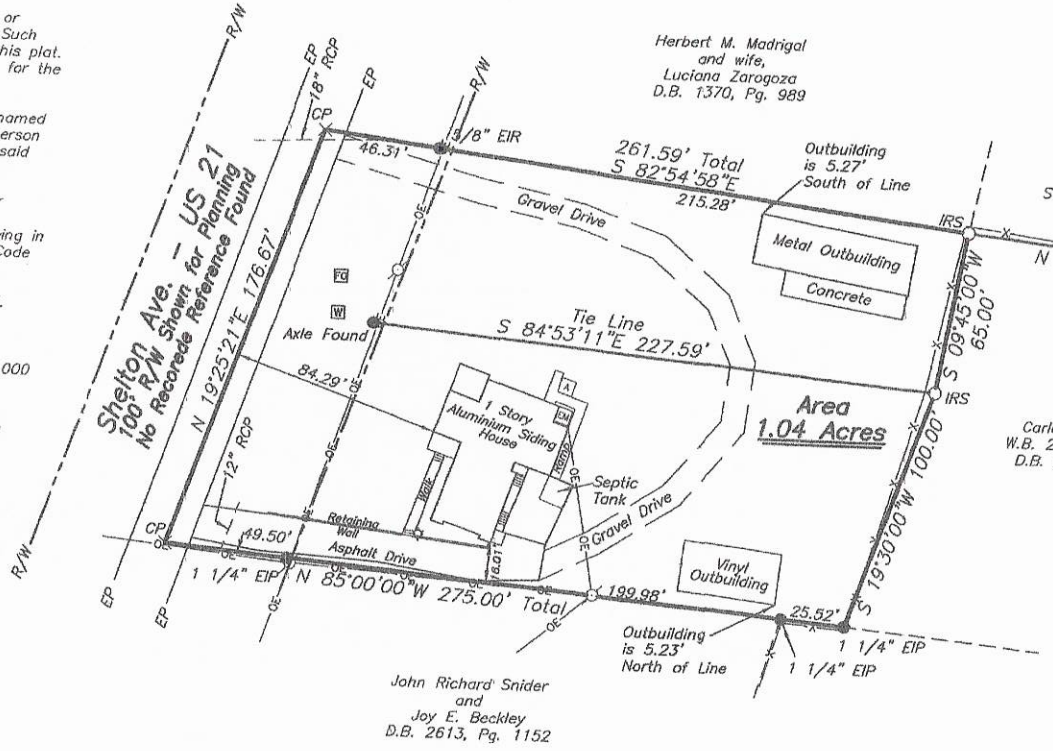
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

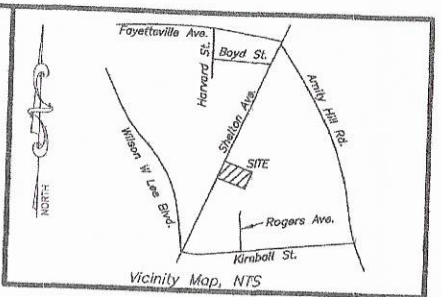
Witness this my original signature, registration number and seal this 22 day of SEPT, 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

GRAPHIC SCALE – FEET 1" = 50'





Zoning

ZONING: R-20 (City of Statesville)
Building Setbacks
Front – 35'
Side – 12'
Rear – 35'

RELATIVE TO D.B. 445, Pg. 302

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EIP ..... EXISTING IRON PIPE AS SHOWN
- EIR ..... EXISTING IRON ROD AS SHOWN
- CP ..... COMPUTED POINT
- IRS ..... 1/2" IRON ROD SET W/YELLOW CAP
- MNF ..... MAG NAIL FOUND
- FO ..... FIBER OPTIC PEDESTAL
- ..... LIGHT POLE
- ..... UTILITY POLE
- W ..... WATER METER
- E ..... ELECTRIC METER
- A ..... ANTENNA

Legend

- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- – – – – LINE NOT SURVEYED
- ——— LINE SURVEYED
- ——OE—— OVERHEAD UTILITIES
- ——X—— WOOD FENCE

TED BENBOW Land Surveying
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630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Boundary Survey For:

Mike Troutman

Statesville Outside Township, Iredell County, NC
Owners of Record: Glenn Curtis Troutman
and wife, Esther Lois Troutman
Deed Reference: D.B. 445, Pg. 302
Plat Reference: N/A
PIN: 4743-06-1485
Job Number: 2009154.DWG (2009154.CRD)
Field Work: 9-10-2020
Plat Date: 9-22-2020