ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306984

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

PIN # 4744523154.000

APPLICANT/OWNER: Kent Spears APPLICANT ADDRESS: 440 Oakhurst Rd - Statesville NC 28677

SITE ADDRESS: 832 Salisbury Hwy Statesville NC 28677. PHONE: 828-312-4811 ALT. PHONE

SITE DIRECTIONS: Hwy 77 to Salisbury Rd Left Across Railroad Tracks SAP CONTROLLED: ☐ YES ☒ NO

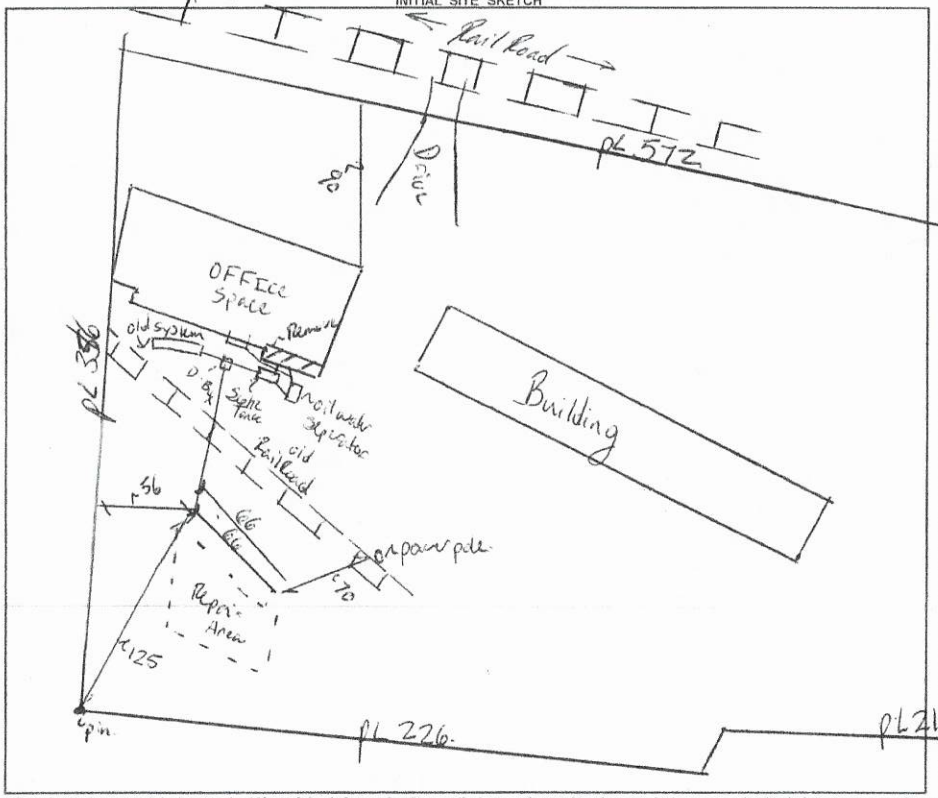
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.1 Acres DESIGN FLOW: 1250gpd L.T.A.R.: .25

Septic Tank ~~Existing~~ 1000 (gal)	STB 760	Date 4-20	☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank — (gal)	PT	Date	System Description: Gravity - 25% Reduction + Existing.	☒ Business	No. Persons		☐ Private
Pump Make —	Model	Serial #	Repair System Description: 50% Reduction - LP	☐ Other	No. Employees	5	☒ Public
# Nitrification Fields 1	# Lines 2	Linear Ft 132	Maintenance Agreement Required: ☒ YES ☐ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width 36	Trench Bottom Depth ~~Concrete~~ Installed 36inch	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize D-Box to Feed old existing system then New Drainlines. Remove Portion of Building that is closer than 5ft to the Tank If not Tank will be moved.

Plumb Floor drains into Oil Water Separator Plumb toilets to Septic Tank. Re-locate Water Line 10ft away from my Septic Component

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.

1=100

7-7-2020 Installed as permitted - Tank + Lines. * Still Needs oil H2O Separator

9/18/2020: oil and water separating tank installed in line with ST Date 7/17/2020 STB 347

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**

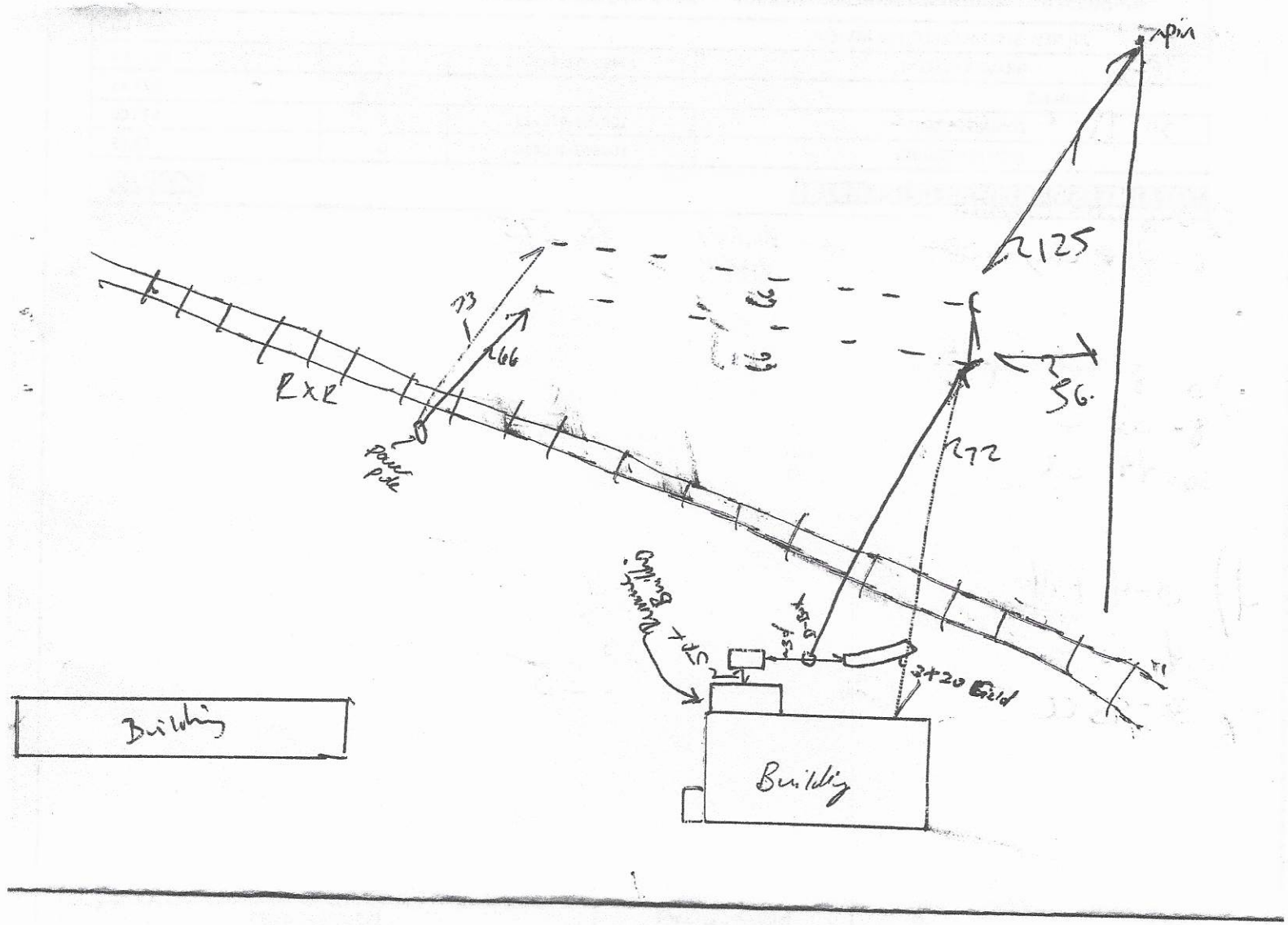
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: W. Kent Spears Date: 6/24/20 Installed by: Lutz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 6/16/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 9/18/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 6/24/2020 Existing System Inspected by: Date:

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


Apex
125
56.
172
166
73
RxR
Power pole
Power pole
3+20 Grid
Building
Building
Building

1) 0 – 15
15-30
30-49 C Chunk

2) 0-6 Fill – Compacted
6-48 Clay – SBC Some BOYRG/ mottles PS. 275

3) 0 - 8 Fill compacted
8-36 C PS. 25
36-49 CL

4) 0-4 Fill
4-30 C
30-45 CL Litho PS. 25

RECEIVED MAY 2 8 2020

$500.00
AP-306984

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- 306984

Application For: Expansion
( ) 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: KENT SPEARS Address: 440 OAKHURST RD STATESVILLE NC Zip: 28677
Applicant Email: Kentspears@yahoo.com Phone: 828-312-4811 Alt. Phone:
Owner Name: MYRON BLACK Address: 832 SALISBURY HWY Zip: 28677
Owner Email: myron@statesville.net Phone: 704-902-2274 Alt. Phone:

Property Information:

Street Address: 832 SALISBURY Hwy - SVL
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms:
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 7307 Max. Number of Employees: 5 Max. Number of Seats/Beds/Other: 0

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:
( ) 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.

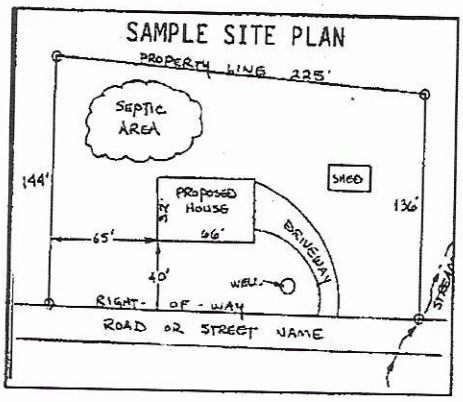
Signature: W. Kent Spears 5/8/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) 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

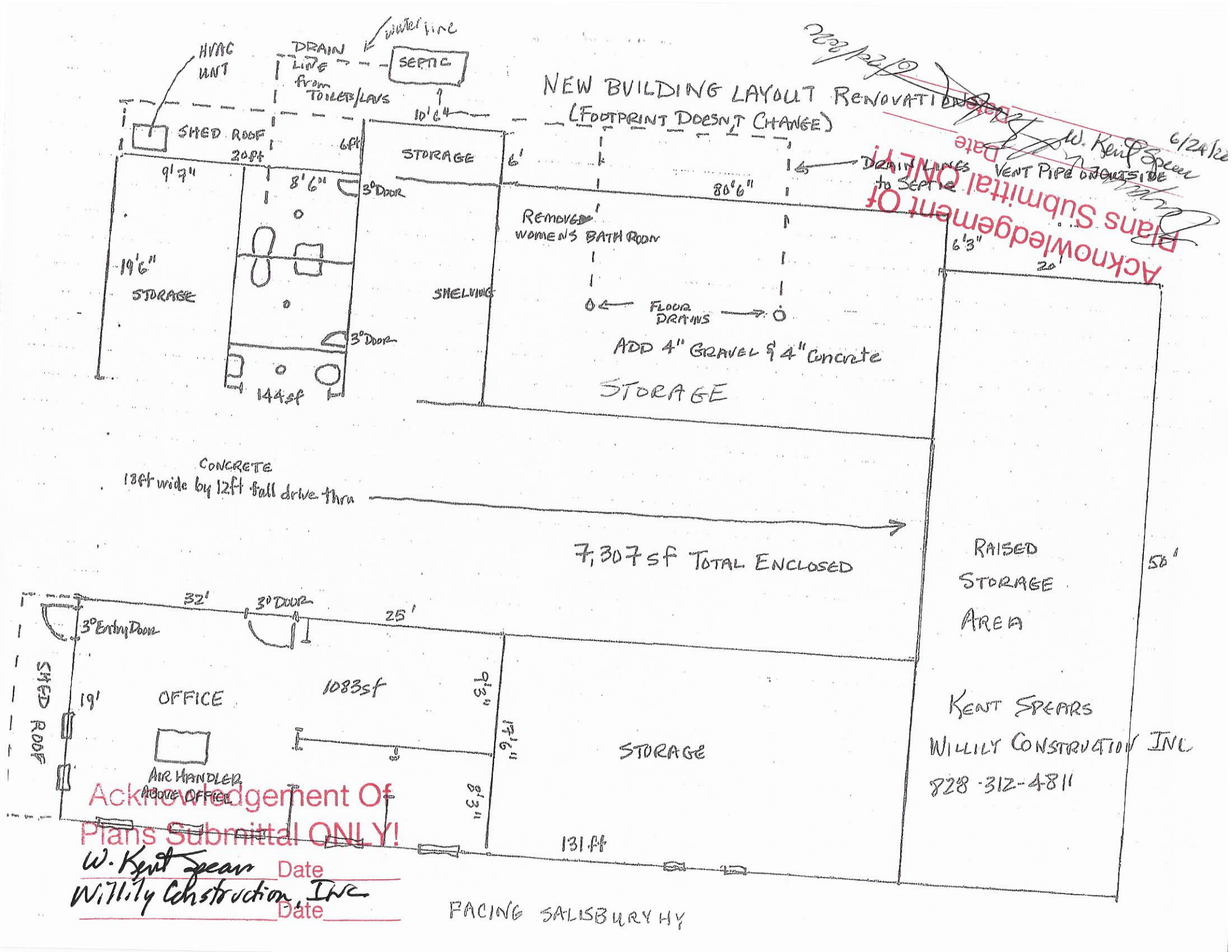
The enclosed drawing give the dimensions of the original building. There are no additions or subtractions. The property lines are the chain link fence surrounding the property

Signature: _____

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

_____

DATE



Acknowledgement Of Plans Submittal ONLY!
W. Kent Spears Date
Willily Construction, Inc
Date

Acknowledgement Of Plans Submittal ONLY!
W. Kent Spears Date 6/24/22

WILLILY CONSTRUCTION, INC.

440 Oakhurst Rd.
Statesville. NC 28677
Mobile: 828-312-4811
Email: kentspears@yahoo.com

Mr. Ben Botkins.

Per the owner of the old H&B property at 832 Salisbury Rd., the two floor drains in the storage area in the back of the building were added to allow washing down the concrete from dust and dirt that accumulates over time and also as a drainage aid in the event of flooding.

Sincerely.

W. Kent Spears

W. Kent Spears
Willily Construction. Inc.

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, Myron Black, am the legal owner(s) of the property located at 832 Salisbury Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kent Spears, Willily Construction, 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.

Megan Black
Signature of Owner(s)

5/8/20
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

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	832 SALISBURY RD	Permit Number	306984
Owner	BLACK PONTIAC INC	Tax Map	4744523154.000
Owner Address	PO BOX 1269	Zoning	b-4
	STATESVILLE, NC 28687	Flood Hazard Area	
Phone No.	(704)872-7471	Historic District	
Contractor	Ken Spears	Architect	
Address		Address	
Phone No.		Phone No.	

Type of Application interior bathroom upfit

Utility Source

Electric
Water
Sewer

Required Information

0	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	0	Front Yard
	Location		Utility Clearance	0	Rear Yard
	Easements		TRC Review	0	Right Yard
	Flood Certification		Other	0	Left Yard
	Driveway Cuts				

Department Approval

Planning Department EA 4/24/2020 Public Works

Comments

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

W. Ken Spears
Applicant Signature

4/24/20
Date