IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242964

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

PIN # 4746396185

APPLICANT/OWNER: JAMIE L. MCCLELLAND APPLICANT ADDRESS: 125 CASTLE CREEK ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 125 CASTLE CREEK ROAD, STATESVILLE, NC 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: NORTH ON 21, (L) ON SHUMAKER (S) ON WHITES FARM RD, (L) ON CASTLE CREEK, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

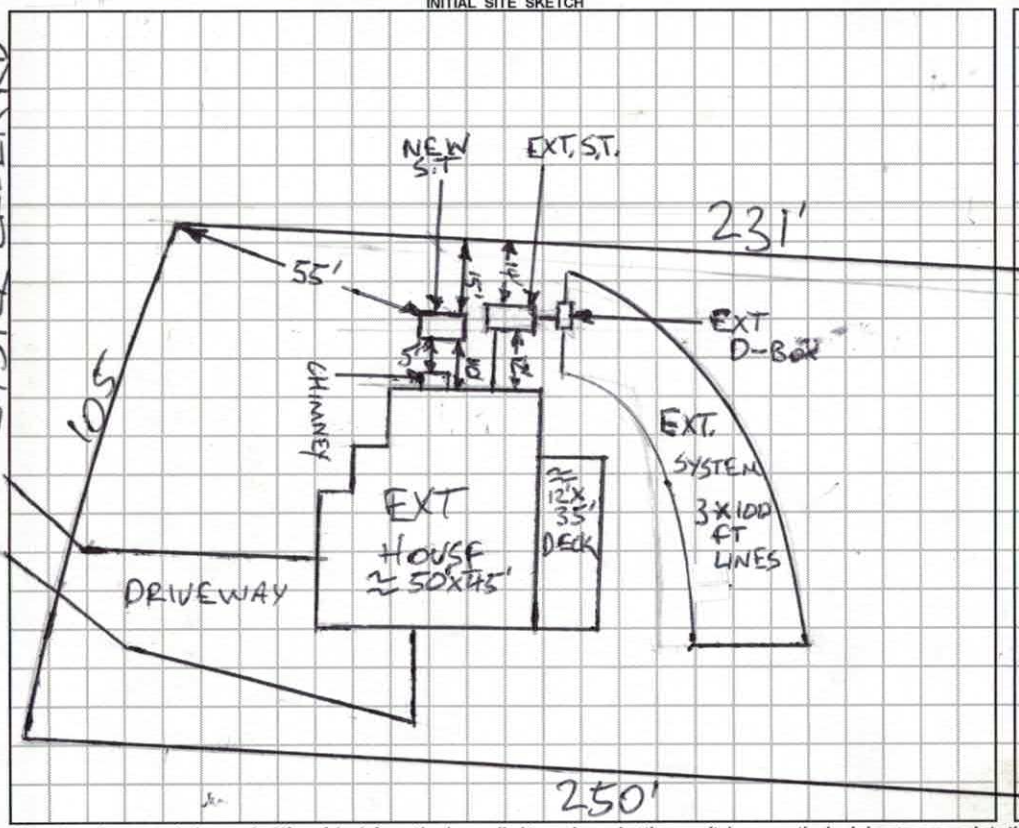
SUBDIVISION: KINGSWOOD ESTATE SECTION: — LOT # 33 LOT AREA: 0.569 DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	760	Date	1-2-19	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT			
# Nitrification Fields	EXT		# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT.		Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			

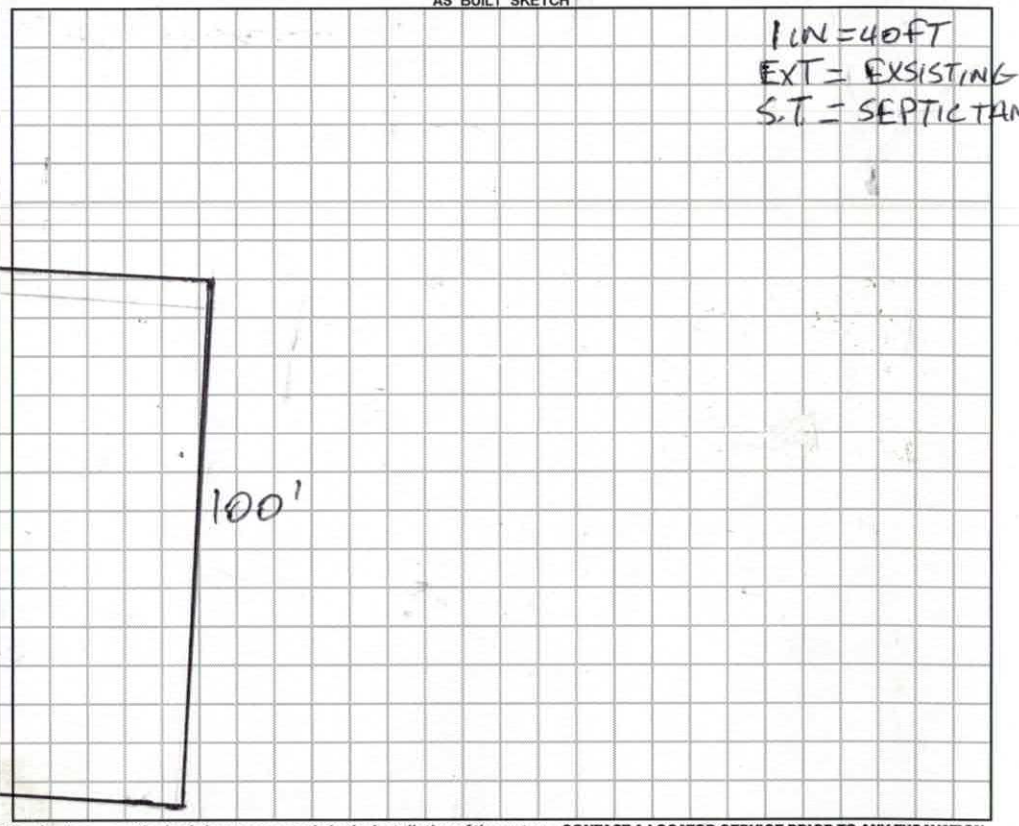
☑ Residence	No. Bedrooms	EXT	Water Supply
☐ Business	No. Persons	EXT	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, FILL OLD TANK, CHECK D-BOX AND REPLACE AS NEEDED, IF DESIRABLE FALL FROM HOUSE CAN NOT BE MAINTAINED NEW TANK MAY BE SET IN OLD TANK HOLE

INITIAL SITE SKETCH



AS BUILT SKETCH



1 IN = 40 FT
EXT = EXSISTING
S.T. = SEPTIC TAN

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: 3-26-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burgent C. White Date: 3-26-19 OPERATION PERMIT by: Date: 4-2-19

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 3-26-19 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 inpsector to confirm your inspection time.

RECEIVED MAR 1 8 2019

242964
61899

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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) Kimberly 704-880-1347

Applicant Name: Jamie L. McClelland **Address:** 125 Castle Creek Rd Statesville NC **Zip:** 28625

Applicant Email: jlmcclelland@bellsouth.net **Phone:** (704) 880-4798 **Alt. Phone:** (704) 880-1347

Owner Name: Jamie L. McClelland **Address:** 125 Castle Creek Rd Statesville, NC **Zip:** 28625

Owner Email: jlmcclelland@bellsouth.net **Phone:** (704) 880-4798 **Alt. Phone:** (704) 880-1347

Property Information:

Street Address: 125 Castle Creek Road Statesville, NC 28625

Subdivision Name: Kingswood Development **Section/Phase:** _____ **Lot Number:** 33

Driving Directions: Hwy 21 North to Shumaker Drive - Go 1 mile Left on Castle Creek
2nd house on left

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: Septic tkd - collapsed - fell in

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

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:** 1-21-1986
( ) No Preference ( ) Alternative (X) 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: Jamie L McClelland 3-18-2019
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

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.

I, Jamie L. McClelland, am the legal owner(s) of the property located at 125 Castle Creek Rd Statesville, NC 28625, identified as PIN (Parcel Identification Number) Lot 33 Kingswood Development located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kimberly W. McClelland, 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.

Jamie L McClelland — 3-18-19 — Bailey McClelland — 3-18-19

Signature of Owner(s) — Date — Signature of Witness — Date

Please return this signed form to the appropriate office:

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

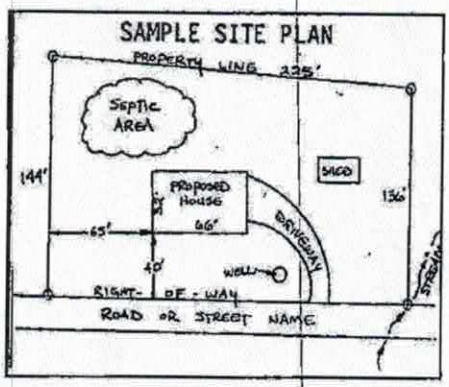
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) 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

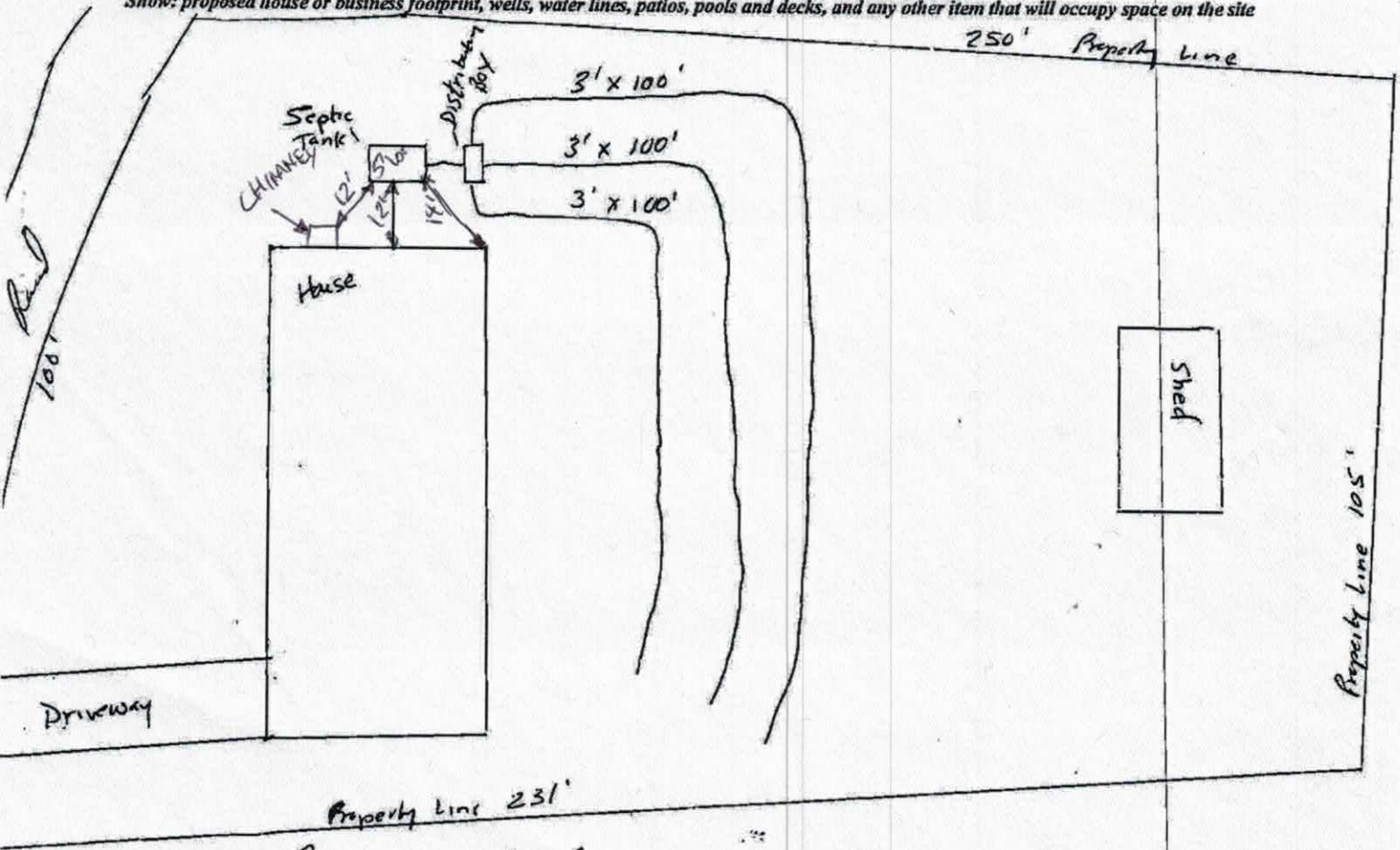


Circle N/A on the following if appropriate:

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



Signature: James T McClamrock — 3-18-2018

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

03451

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 Croix miller DATE 1-21-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION lot 33 Kingswood Shoemakers Drive TL on Castlecreek 4th lot on left

SUBDIVISION NAME _____ S. R. No. _____

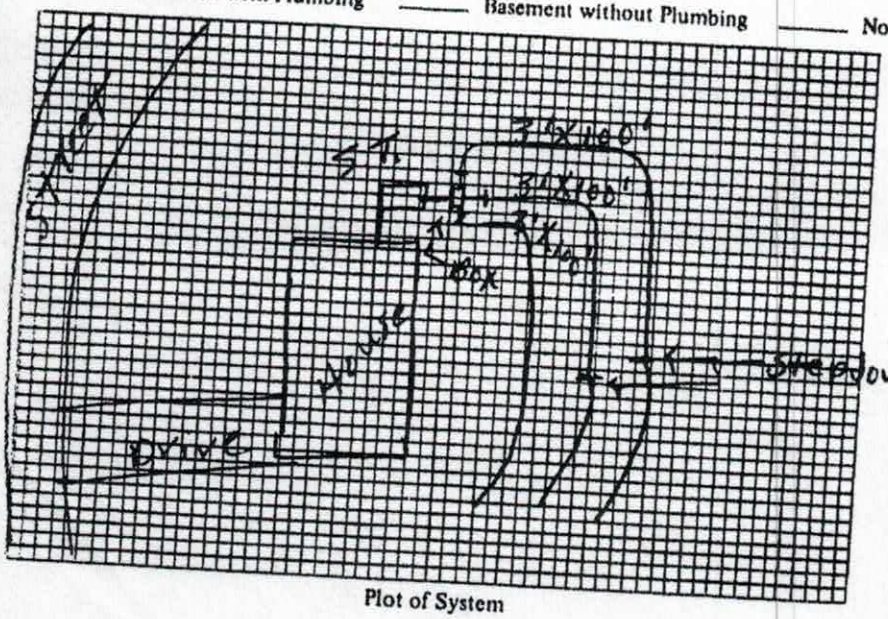
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2+0 & 4+0	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
Lot Area 105'X240'			Rock or other impervious formations	none	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by James Hudler

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

Signed: _____

lay-out Amended 1-20-86

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 1-21-86

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