ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3060683

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

PIN # 4741647.8621

APPLICANT/OWNER: Alvin Anderson APPLICANT ADDRESS: 227 Houpe Rd

SITE ADDRESS: 227 Houpe Rd, Statesville 28625 PHONE: 704-682-8994 ALT. PHONE —

SITE DIRECTIONS: S Chipley Ford → R on Nixon → L on Shumaker → R on Houpe → on R SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.02ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	1000 (gal)	STB	760	Date	2-16-	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date		System Description:	—		
Pump Make	—	Model	—	Serial #		Repair System Description:	tank		
# 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 ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing

No. Bedrooms ext No. Persons ext No. Employees — ☐ Crawl Space

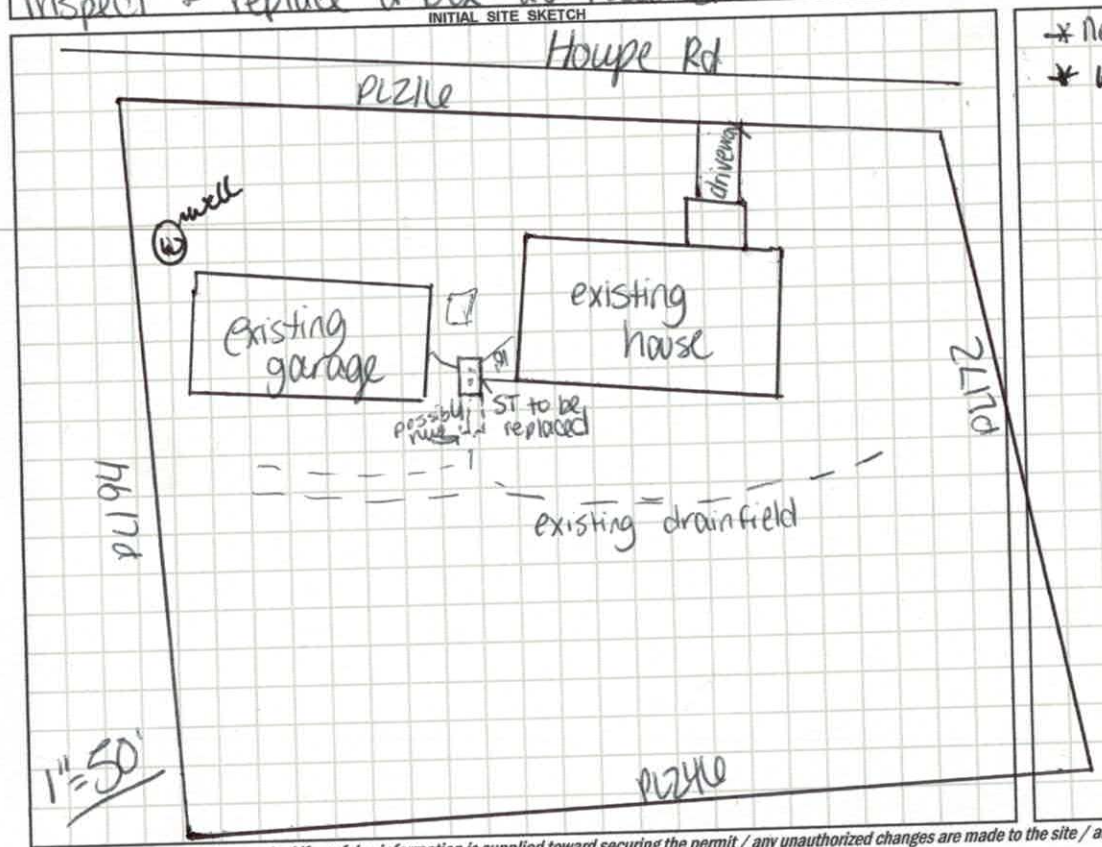
☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing damaged tank. Place new tank as close to 15' off house as possible. Inspect & replace d-box as needed.

Recommend terralift for drainlines due to age of system → drainlines dry at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

- New - D-Box + New PVC Replaced to lines from Tank + D-Box
- Wells to Rt away

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: Alvin Anderson Date: 04/15/20 Installed by: McDaniel Grading + Hauling

IMPROVEMENT PERMIT by: Carla C Nicks Date: 4-14-20 OPERATION PERMIT by: Benjamin A Bottoms Date: 4-27-2020

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks Date: 4-14-20 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 APR 1 3 2020

REDELL COUNTY HEALTH DEPARTMENT AP-306688 2-7
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT Repair Evaluation - No Chg

(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)

1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. 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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Alvin Anderson	227 Houpe Rd.	704-682-8994	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
227 Houpe Rd.	N/A	N/A

Driving Directions: I-77 Exit 54, Left (west) on Hwy 21, Turn Right at Houpe Road 5th house on Left.

5. RESIDENTIAL Site Development Information: ***(Check or Complete ALL that apply)***

( ) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
(X) **Repair To Failing Septic System due to** AGC - Surfacing in yard
( ) **Other** SURFACE COMING TO THE TOP OF THE GROUND

X **Maximum Number of Bedrooms** 3
X **Maximum Number of Occupants** 1
If Expansion, Current Number of Bedrooms X

( ) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
(X) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non-Residential Site Development: **Type of Business**
Square Footage of Building
Maximum Number of Employees _____

6. Proposed Water Supply: N/A

( ) **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** (X) **EXISTING SYSTEM installed** 1984 *Year*

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other**_____

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.

9. Signature: Alvin M Anderson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 04/8/20

3-7

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

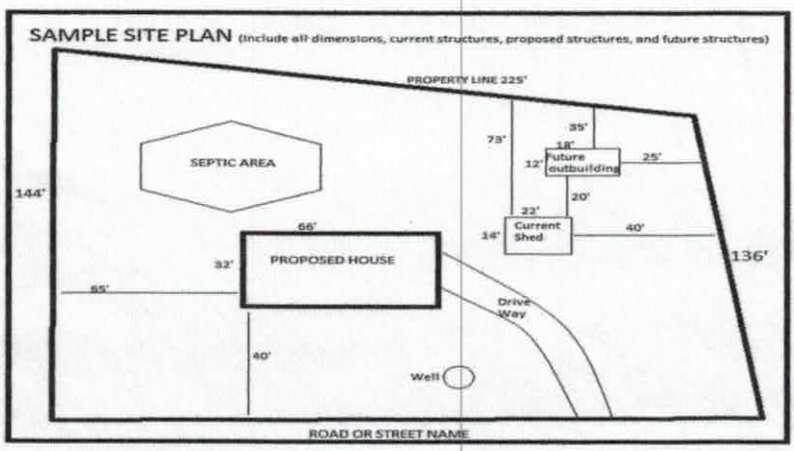
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

(*) See attached copy

Work to be done by:

Brian Mac
336-909-2528

Signature: _____

***REQUIRED* property owner or owner's legal representative signature.** **DATE**

5-7

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 Alvin Anderson DATE 7-27-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N TL on [redacted] 1923 cross Stream 1st Brick house on L. 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 ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clay

Percolation Rate 1 Soil/55"

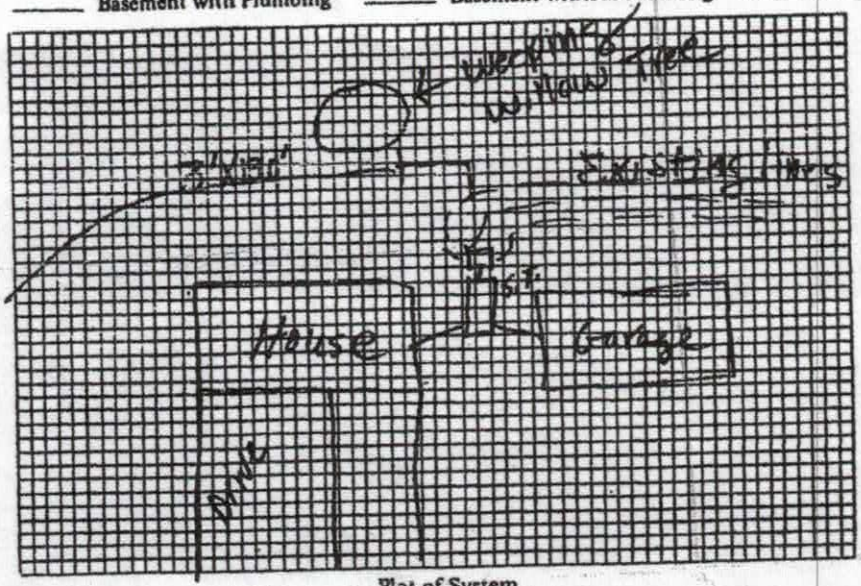
Topography 2+0 4+20

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 390 Linear Ft. 130

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Roger Sigmon

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

Signed: _____

Lay-out Amended 7-26-84

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: Large weeping willow Tree must be removed so that lines will not get clogged with roots

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 7-27-84

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

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*) Alvin M. Anderson Jr.

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, ALVIN M. ANDERSON SR, am the legal owner(s) of the property located at 227 Hoopie Rd., STATESVILLE N.C., identified as PIN (Parcel Identification Number) 4746-47-8621.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

_____, _____, 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.

Alvin M. Anderson Jr. — Signature of Owner(s)

04/13/2020 — 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