IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 229901

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

PIN # 4746559833

APPLICANT/OWNER: Roger Mclelland / North Point Property APPLICANT ADDRESS: Po Box 89 Statesville, NC 28687

SITE ADDRESS: 677 Turnersburg Hwy Statesville NC 28625 PHONE: 704-4955119 ALT. PHONE 7048382250

SITE DIRECTIONS: Hwy 21 N, Tr left before 4 brothers gas station. SAP CONTROLLED: (N/A) ☐ YES ☒ NO

SUBDIVISION: Iredell Heights SECTION: ~ LOT # 57A-58 LOT AREA: ~ DESIGN FLOW: Ext L.T.A.R.: Ext

Septic Tank	1000 Gpm (gal)	STB	160	Date	7-13-17	☐ 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 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	

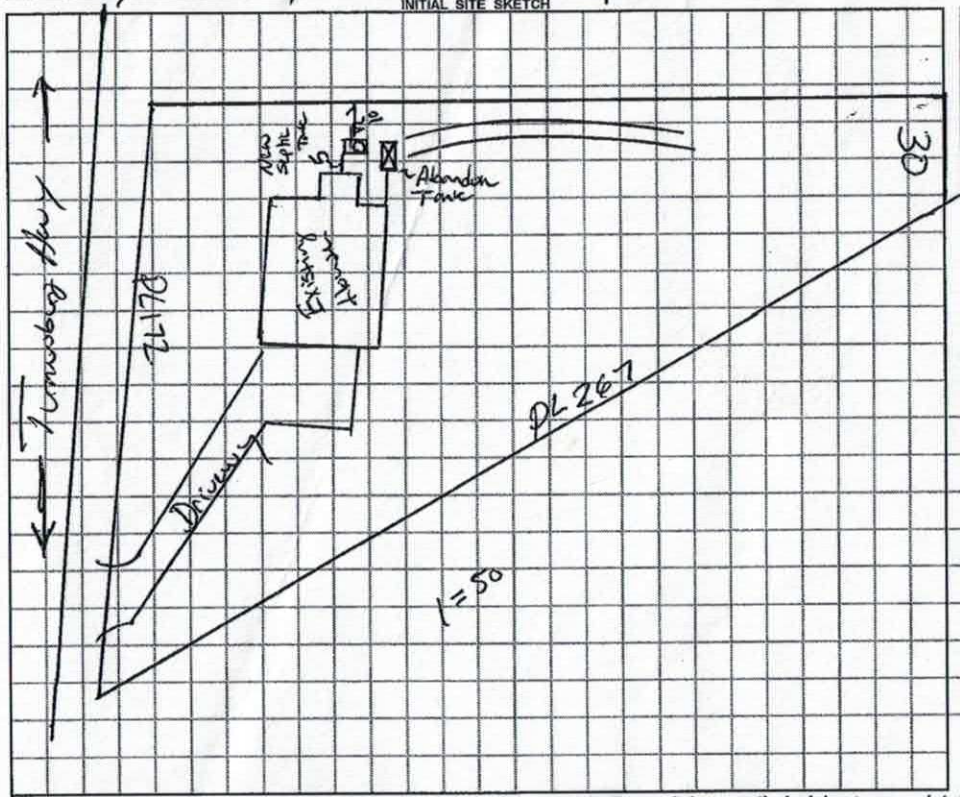
☒ Residence	No. Bedrooms	Ext
☐ Business	No. Persons	
☐ Other	No. Employees	
☐ Slab	☒ Crawl Space	
☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Abandon Existing septic tank by crushing & filling or haul away. Install new Septic tank (1000gal). Maintain 10ft from property line. and maintain 5ft from House. Replace & Inspect existing D-Box if Necessary. 704-664-3703 Eric Rim / Inspector

5ft 2 inches off side Red filter. Exist Dist. box was Sound

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Roger Mclelland Date: 09/14/17

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 9/12/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkins Date: 9/12/2017

Installed by: K & M Grading & Septic

OPERATION PERMIT by: Marian Hood RS Date: 9/28/17

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: ___Improvement Permit ___Authorization To Construct ___ 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:

Roger McLelland	PO BOX 89 Statesville, NC 28687	7044955119	7048382250
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

677 Turnersburg Hwy	Iredell Heights	L579-581 PT #578 Ire Hgts
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 21 N, Turn Left before 4 Brothers Gas Station

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 2 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(✓) Repair To Failing Septic System due to Deteriation of Septic Tank Walls according to Inspector — ( ) Basement w/out Plumbing?
( ) Other ___

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

6. Proposed Water Supply:

( ) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Roger McLelland — 09.05.17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

229901
1 23547

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, Roger McLelland (Owner) North Point Properly Leasing, LLC., am the legal owner(s) of the property located at 677 Turnersburg Hwy, identified as PIN (Parcel Identification Number) 4746559833000, 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.

Roger McLelland	09.05.17		
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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

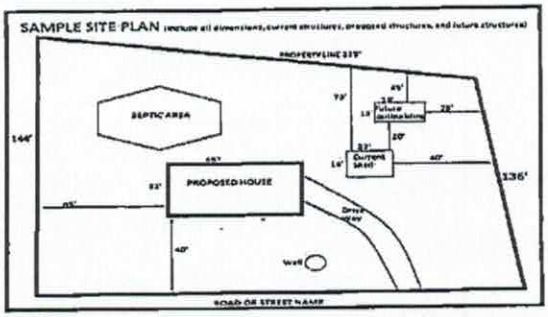
SITE PLAN WORKSHEET

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!!!*

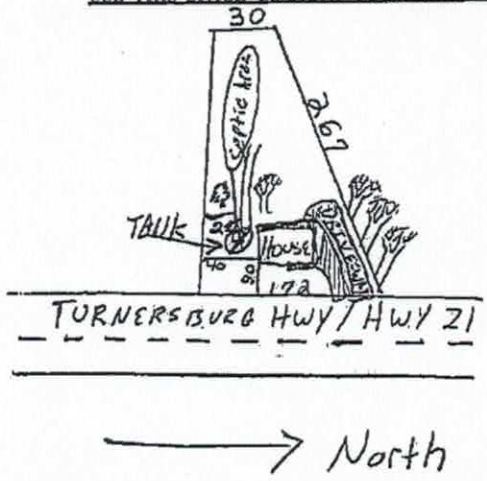
Place an (X) beside each item as you complete the site plan:
X Property Line measurements are clearly identified... X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
X Front and side setbacks from property line... ___ Preferred driveway location and configuration, preferred well location...
X Area you prefer your septic system to be placed... X 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



Signature: Roger McLelland
REQUIRED **property owner or owner's legal representative signature.**

09.05.17
DATE

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 Jessie mercer DATE 4-27-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N on left before Don Barkers Store

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

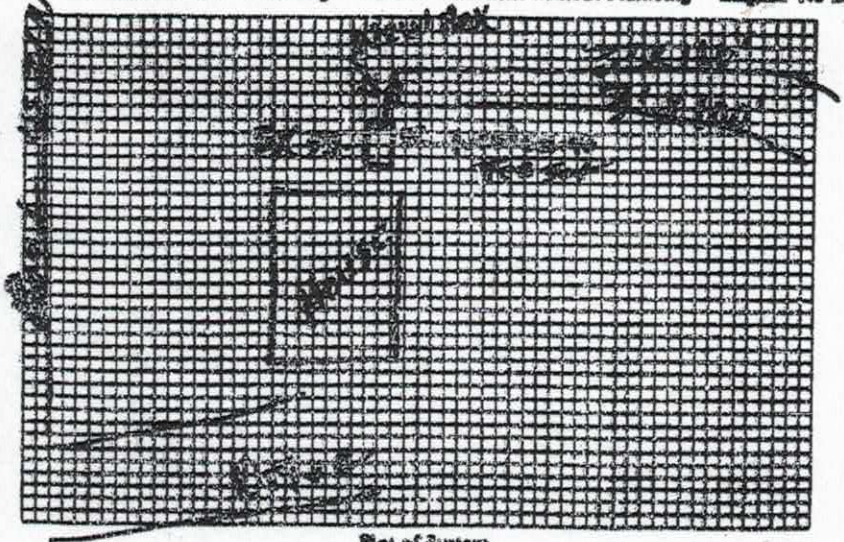
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Rolling
Site Suitable	Yes ( )	No ( )	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 EX. Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Paul Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

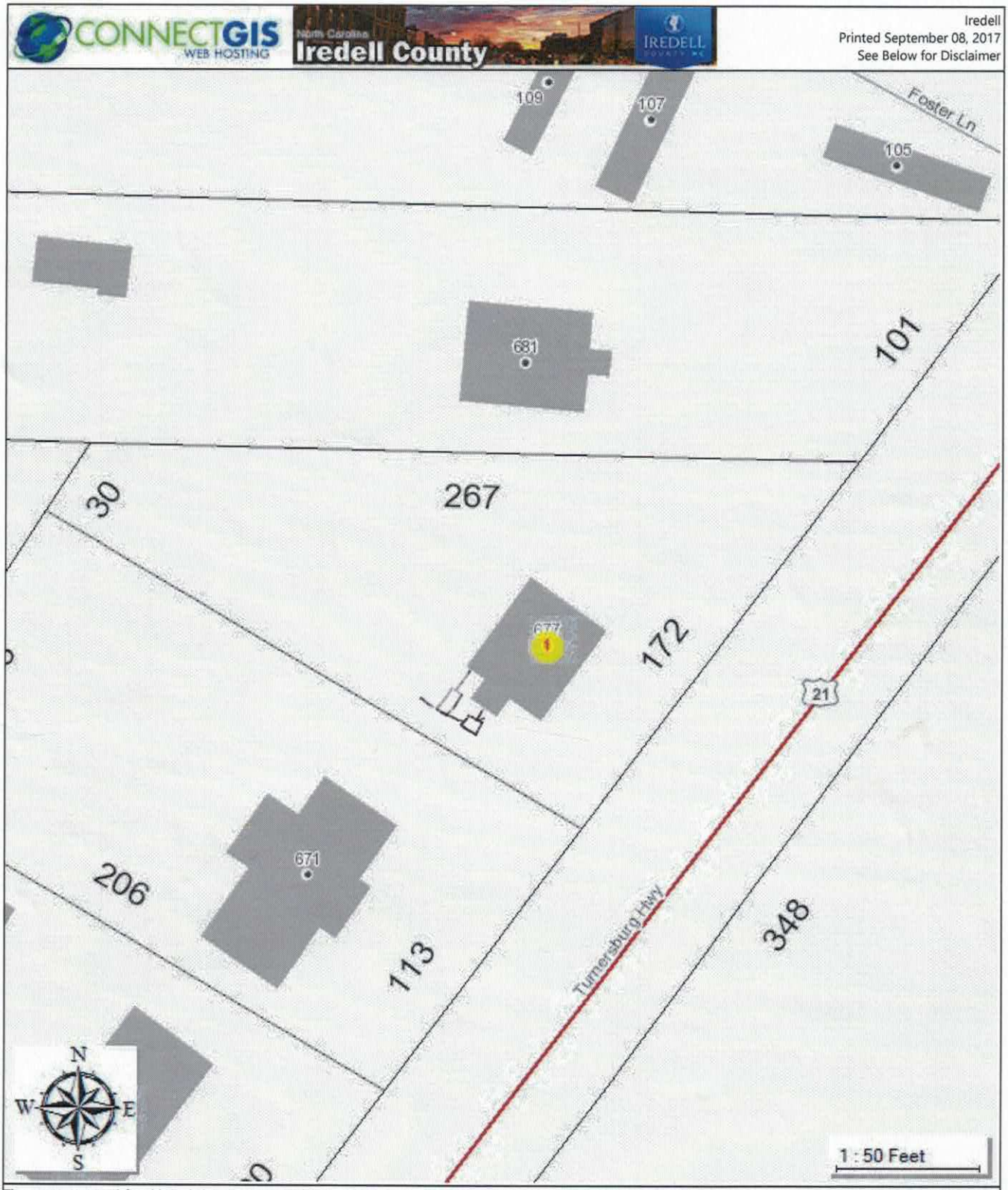
CERTIFICATE OF COMPLETION BY L. C. Moore DATE 4-27-90

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



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