ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP- 326613

PIN # 4746 -- 63 -- 6537

APPLICANT/OWNER: NICK KREBSBACH

APPLICANT ADDRESS: 183 JANE SOWER ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 183 JANE SOWERS ROAD, STATESVILLE, N.C. 28625

PHONE: 608-295-2682 ALT. PHONE 704-779-1927

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, LOT ON (L)

SUBDIVISION: SHERWOOD FOREST DEVELOPMENT

SECTION: B LOT # 36+37 LOT AREA: 0.93 AC

SAP CONTROLLED: ☐ YES ☐ NO EXT

DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	Infiltrator	Date	
Pump Tank	— (gal)	PT	—	Date	
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description: EXISTING

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

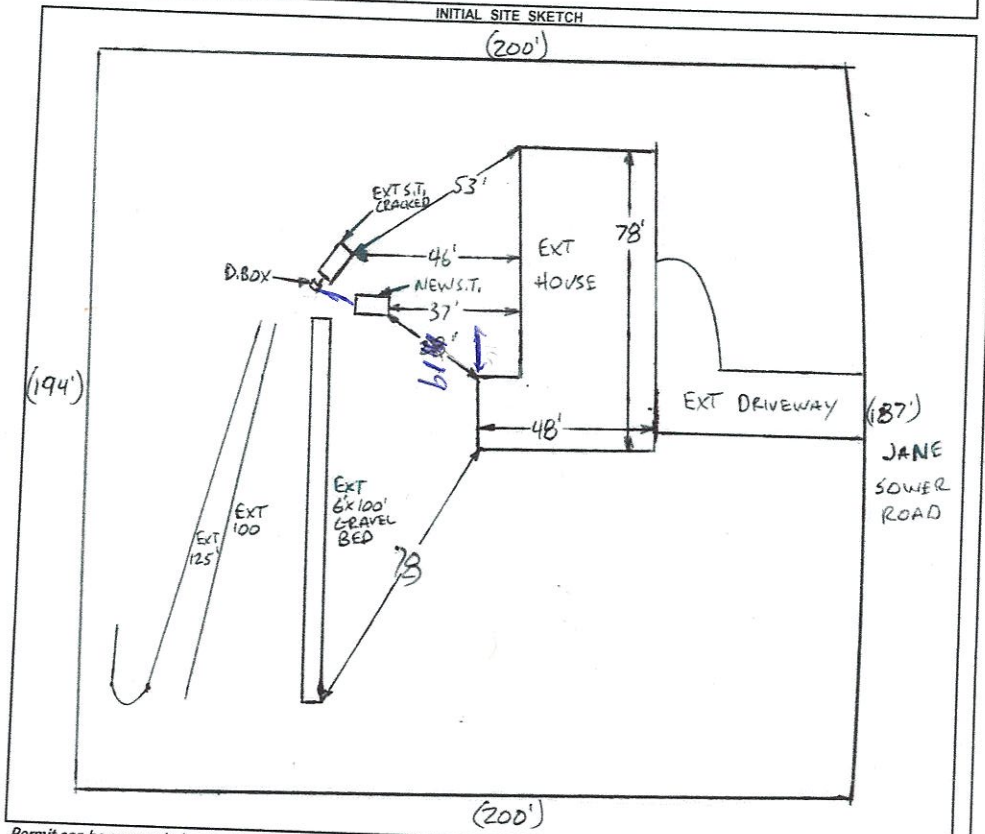
No. Bedrooms EXT No. Persons EXT No. Employees EXT ☐ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☑ Basement w/o plumbing

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE D-BOX AS NEEDED. SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

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 IN = 50 FT

S.T. = SEPTIC TANK

EXT = EXISTING

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: Nick Krebsbach Date: 3-25-22 Installed by: Andy Yountz

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-23-2022 OPERATION PERMIT by: D Meberg Date: 4/14/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-23-2022 Existing System Inspected by: Date:

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

RECEIVED MAR 1 5 2022

Please CALL prior to inspection

Name: Nick Verify tank is uncovered 608-295-2682

T BE FILLED OUT COMPLETELY & BE LEGIBLE
IT WILL NOT BE PROCESSED AP-326613

lth Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Repair Evaluation - N. Chg.

Number:

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)

Applicant Name: Nick Krebsbach Address: 183 Jane Sowers Rd Zip: 28625

Applicant Email: nKreb97@gmail.com Phone: (608) 295-2682 Alt. Phone:

Owner Name: Kurt Krebsbach Address: 12729 Kane Alexander Zip: 28078

Owner Email: KurtKrebs1@gmail.com Phone: (704) 779-1927 Alt. Phone:

Property Information:

Street Address: 183 Jane Sowers Rd Statesville NC 28625

Subdivision Name: Sherwood Forest Section/Phase: Lot Number: 36 and 37

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: (X) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Cracks in tank discovered upon inspectio
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) 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: Nick Krebsbach 2-23-22

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

(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, Kurt Krebsbach, am the legal owner(s) of the property located at 183 Jane Sowers Rd., identified as PIN (Parcel Identification Number) 4746636537.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nick Krebsbach, _____, 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.

_____ 3-5-22
Signature of Owner(s) Date

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

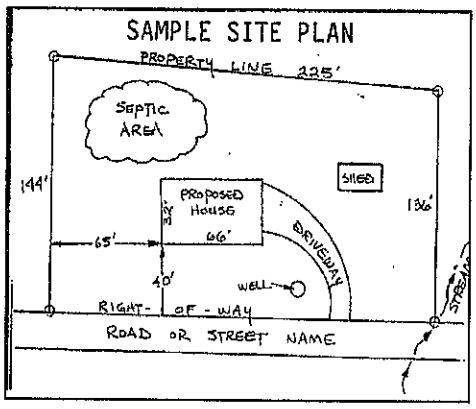
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

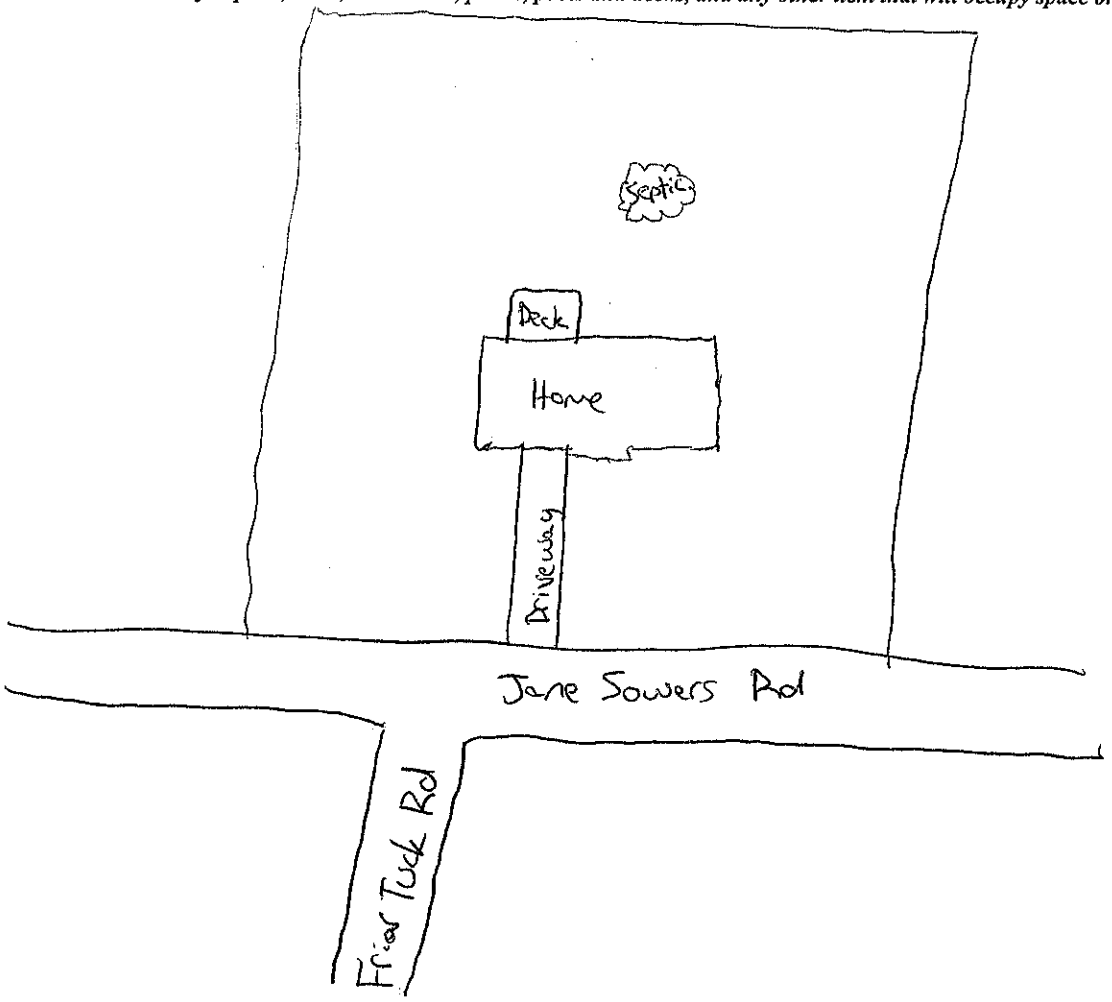
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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



Signature: _____ _____

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

Watershed: ☐ Yes ☒ No

PROPERTY DESCRIPTION NO. DATE 11-1-93 TAX MAP NO. PHONE: Business Home

OWNER OR CONTRACTOR Bob Estes

ADDRESS

LOCATION 21N TR Jane Sowers Rd 1/4mi on left across from Friar Tuck

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. P50 DESIGN FLOW L.T.A.R.

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 72 Max Trench Bottom Depth 24+24 Gravel Depth 18"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

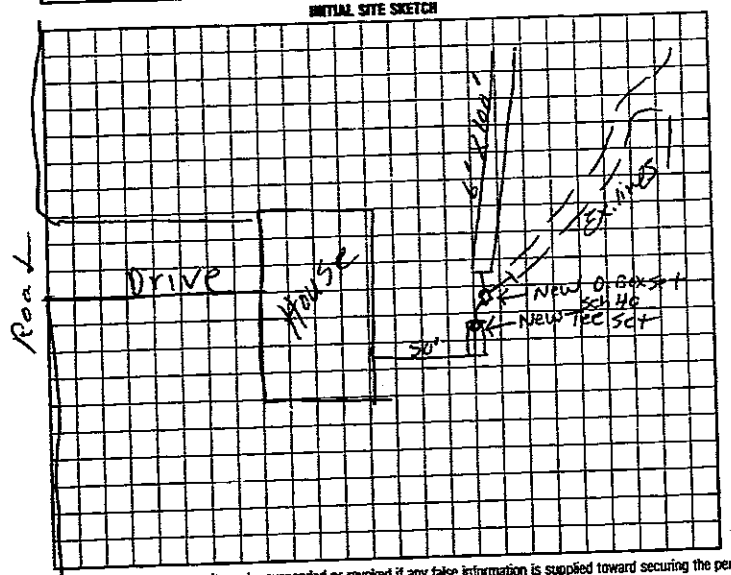
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

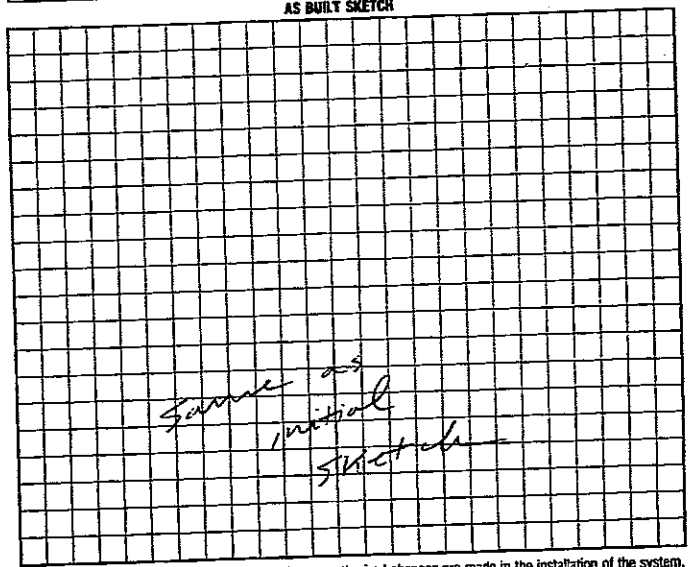
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: date

Installed by: Tommy Frye

Certificate of Completion by: P.C. Moore date 11-1-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD