ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2022-0142

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

PIN # 4754 -- 34 -- 8913

APPLICANT/OWNER: Jackie Dixon APPLICANT ADDRESS: 120 Highview Circle 28625

SITE ADDRESS: 170 Highview Circle 28625 PHONE: 704-253-0817 ALT. PHONE 704-253-0812

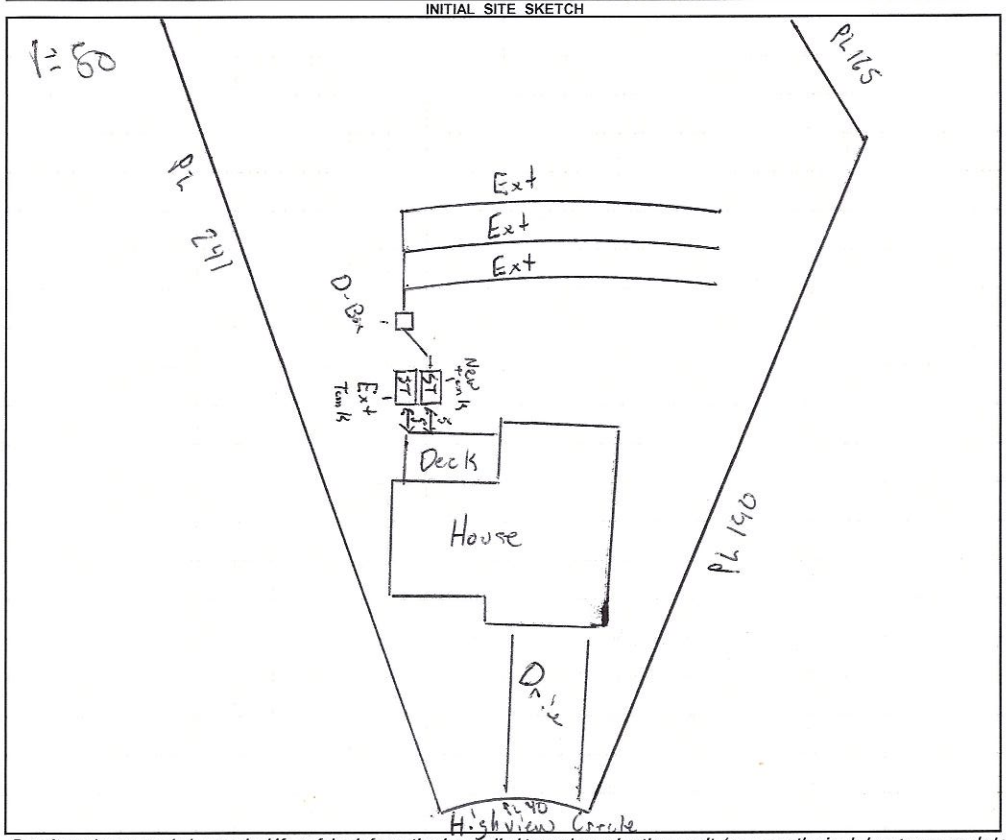
SITE DIRECTIONS: E Broad St, L Highview Cir SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Eastfield SECTION: 52 LOT # 5-8 LOT AREA: 1 DESIGN FLOW: Ext L.T.A.R.: Ext

Septic Tank	1000	(gal)	STB	160	Date	6-8-22	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	Tank Replacement			☐ Business	No. Persons	6	☐ Private	
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☑ Public	
# Nitrification Fields	Ext	# Lines	Ext		Linear Ft	Ext	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	Ext	Trench Bottom Depth(Low side)	Ext		Gravel Depth	Ext	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, fill old tank. Stay 5ft off the Deck.

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.

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: [signature] Date: 7/29/22 Installed by: K + M

IMPROVEMENT PERMIT by: [signature] Date: 7/29/22 OPERATION PERMIT by: [signature] Date: 8/18/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/29/22 Existing System Inspected by: Date:

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

RECEIVED JUL 26 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Repair & C

PAGE 1: *APPLICATION FORM*

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: Jackie Dixon **Address:** 120 Highview Circle **Zip:** 28625
Applicant Email: hdford1995@icloud.com **Phone:** 704 253 0812 **Alt. Phone:**
Owner Name: Jackie Dixon **Address:** 120 Highview Circle **Zip:** 28625
Owner Email: hdford1995@icloud.com **Phone:** 704 253 0812 **Alt. Phone:**

Property Information:

Street Address: 120 Highview Cr · Statesville NC 28625

Subdivision Name: NA **Section/Phase:** **Lot Number:**

Driving Directions:

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:
X Tank ___ Drain lines **Describe Problem:**

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: 1623 **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 ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1978
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: See attached

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.

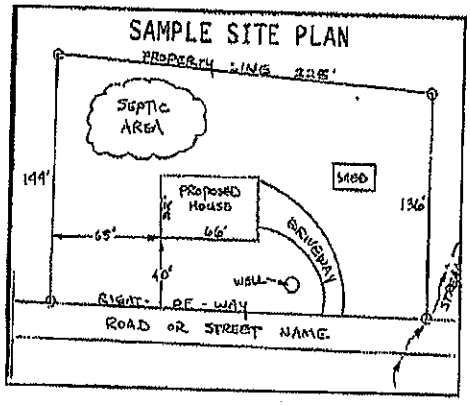
Signature: Jackie Dixon 7-25-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) 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

N/A in place

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: _____ 7-25-23

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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 Richard Boyd DATE 9-19-78 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION East Broad St Ext TL before 4th creek

S. R. No. _____

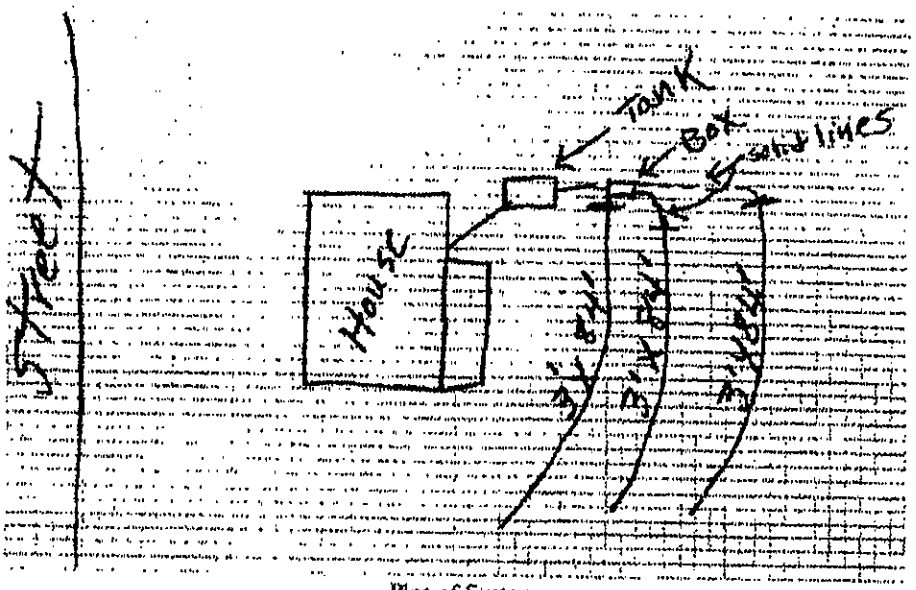
SUBDIVISION NAME Eastfield LOT NO. 5-8 SECTION OR BLOCK NO _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Sandy Clay + Parent mat
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	45 min/in & la
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6 to 20 Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
			Rock or other impervious formations	none

Lot Area .797



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)
Iredell Co. Water Co
running lines
Installed by Eddie Younts

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 9-19-7

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy Yellow Sanitarian's Copy: Pink Owner's Copy Gold

Powell Septic Tank Service
360 Powell Rd
Taylorsville, NC 28681
1864 I

Onsite Wastewater Inspection

Property Address:

Street: 120 Highview Cir
City: Statesville
State: NC N.C.
Zip:

Client Name: Mary Dalton

Date of Inspection:

___ Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

Type of Water Supply: Well Public Water Community Water Spring

Location of Septic Tank and Septic Tank Details:

1000 Gallon tank
12 ft from house or structure
___ ft. from well if applicable or water line
18" distance from finished grade to top of tank or access riser
Access riser(s): Yes (No)
Tank Lids Intact?: Yes (No)
Tank has baffle wall?: Yes No
Inflow to tank is noted as sufficient?: (Yes) No
Water level in tank is relative to tank outlet Yes (No)
Outlet T is present: Yes (No)
Outlet has filter: Yes (No)
Effluent leaves the outlet: (Yes) No
Roots present in tank: Yes (No)

✓ Connection present from house to tank
✓ Connection present from tank to next component
30 Percent of solids in tank

Date Tank was last pumped:
N/A

Does system have pump tank?: Yes (complete blanks below) No	Dispersal Field:
Gallon tank ft. from house or structure ft. from well or spring if applicable ft. from septic tank Distance from finished grade to top of tank or access riser Access risers in place: Yes No Describe type if access risers Location of control panel: Audible and visible alarms (as applicable) work Pump turns on and effluent is delivered to next component Unable to operate pump due to lack of electricity at the site at the time of inspection	Brief Description of System Type: ✓ Conventional 5 ft. from septic tank/pump 3 # of lines 4 according to permit 84 length of lines ✓ Effluent is reaching the dispersal field

Overview: Not structurally sound
Septic tank has cracks in top
End of septic Tank Broken off
Need to contact Iredell County Env. Health
Tank is working but will need to be
checked drain Lines good shape

Inspector Signature:

Date:

7-22-2022

Home Warranty. The Home Warranty paragraph of the Contract is hereby changed to provide as follows:

___ No home warranty is to be provided by Seller.

Buyer may obtain a one-year home warranty at a cost not to exceed $ _____ which includes sales tax and Seller agrees to pay for it at Settlement.

All terms and conditions of the Contract not specifically amended herein shall remain in full force and effect.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.

Buyer: _____ Date _____

Buyer: _____ Date _____

Seller: Jackie W. Rosen Date 7-25-22

Seller: _____ Date _____

Entity Buyer:

HPA III Acquisitions 1 LLC

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: James Ryan

Name: _____

Title: _____

Date: 7/25/2022

Entity Seller:

_____

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: _____

Name: _____

Title: _____

Date: _____

© 7/2022

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Untitled

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

Complete all Environmental Health forms:

_____ Application

_____ Site Plan including the dimensions of proposed structure, addition, pool etc.

_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

_____ Copy of Zoning Permit when applicable

_____ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

_____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

_____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propos structure, etc. must be staked out on the property as per the site plan.

_____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/25/23

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Jackie Wayne Dean

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, Jackie Wayne Dean ~~am the legal~~ owner(s) of the property located at 130 Highview Circle, identified as PIN (Parcel Identification Number) 4754398913, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mary Delia Allen Talc, 704 880 6454, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. call when permit ready

- 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.

Jackie Wayne Dean
Signature of Owner(s)

7/25/22
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 DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

Jackie Wayne Dean
Signature of Owner(s)

7/25/22
Date

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Fax: 704-662-3239
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