IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (60) Mooresville Office (704) 660-3625 PERMIT # 245082

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

PIN # 4755623699

APPLICANT/OWNER: ROBERT SUTTON APPLICANT ADDRESS: 610 NELLY GREEN CIRCLE, STATESVILLE, NC. 28625

SITE ADDRESS: 610 NELLY GREEN CIRCLE, STATESVILLE, N.C., 28625 PHONE: [redacted] PHONE

SITE DIRECTIONS: (5) ON 77 (E) ON E BROAD (L) ON E. ELEMENTARY, (R) ON FINES CREEK, (L) ON NELLY GREEN SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: NELLY GREEN ESTATES SECTION: MA LOT # 4 LOT AREA: 204-564-4626 DESIGN FLOW: EXT L.T.A.R.: EXT

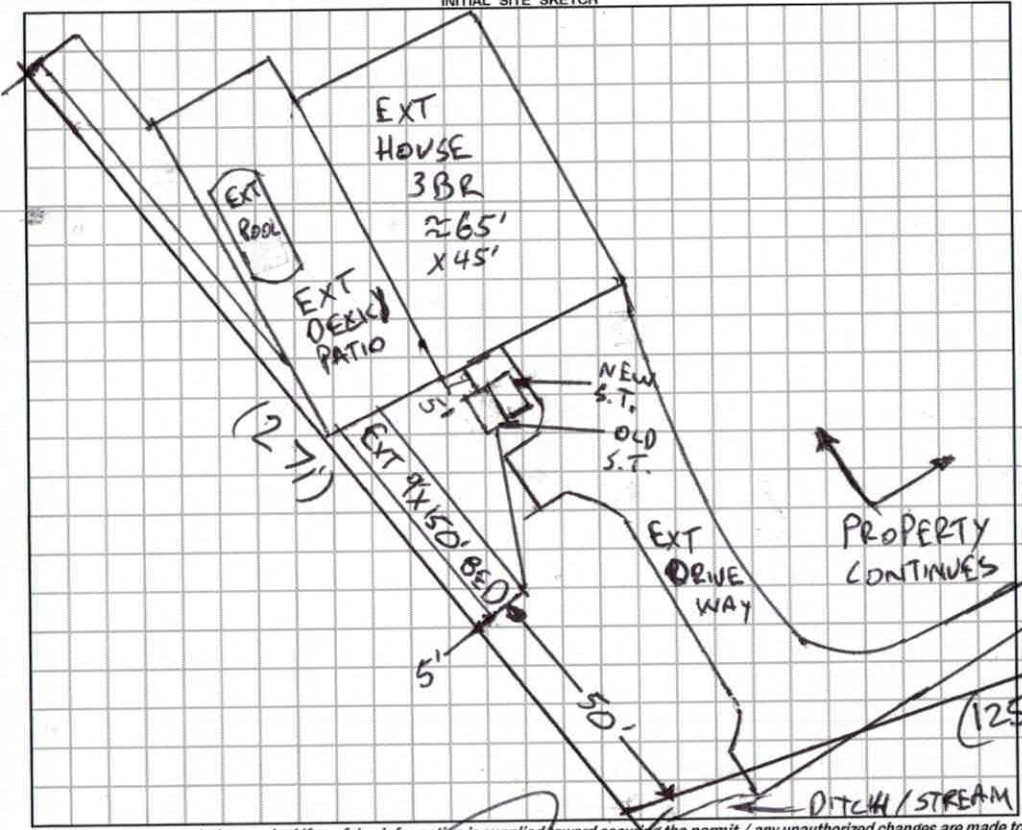
Septic Tank	1000	(gal)	STB ~~1000~~ 750	Date	3-22-19	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms EXT
Pump Tank	—	(gal)	PT —	Date	—	System Description:	EXT			☐ Business	No. Persons EXT
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☑ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, FILL EXSISTING TANK, CHECK AND REPLACE D-BOX & SUPPLY LINE AS NEEDED AT TIME OF INSPECTION SYSTEM WAS FUNCTIONING

ALTHOUGH THE EXSISTING DECK AND POOL ARE BUILT ON TOP OF DRAIN FIELD, RECOMMEND REMOVING DECK AND POOL

INITIAL SITE SKETCH



AS BUILT SKETCH

1 IN = 40 FT

EXT = EXSISTING

INSTALLED AS PERMITTED

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: RJ Date: 5-31-19 Installed by: LENT 2

IMPROVEMENT PERMIT by: Burnett C. White Date: 5-31-19 OPERATION PERMIT by: Burnett C. White Date: 5-31-19

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 5-31-19 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.

#245082
Tank. Rep.
5.28.19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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* formMUST 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: Robert Sutton Address: 610 Nelly Green Cir Zip: 28625
Applicant Email: brandon@kleckleth-Investments.com Phone: 704-564-4626 Alt. Phone: _____
Owner Name: Robert Sutton Address: 610 Nelly Green Cir Zip: 28625
Owner Email: brandon@kleckleth-Investments Phone: 704-564-4626 Alt. Phone: _____

Property Information:

Street Address: 610 Nelly Green Cir.
Subdivision Name: Nelly Green Estates Section/Phase: _____ Lot Number: _____
Driving Directions: Rt Into Nelly Green Estates off East Elem Rd, Lft on Nelly Green Cir - House @ end of Cul-de-Sac on Rt

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: _____ ( ) 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: ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Lid Broken
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: 1993?
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
to the best of your ability: ( ) 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: _____ 5/28/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, _____, 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.

_____ _____

Signature of Owner(s) 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

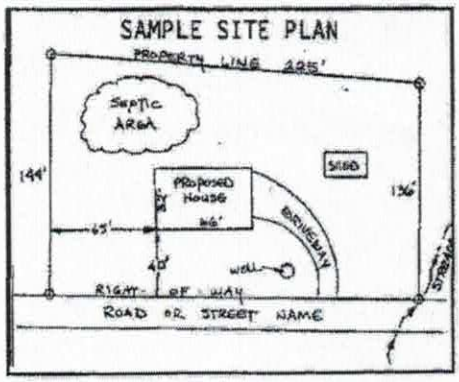
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FORCOMPLETION 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:

( ) Property Line measurements are clearly identified
( ) 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

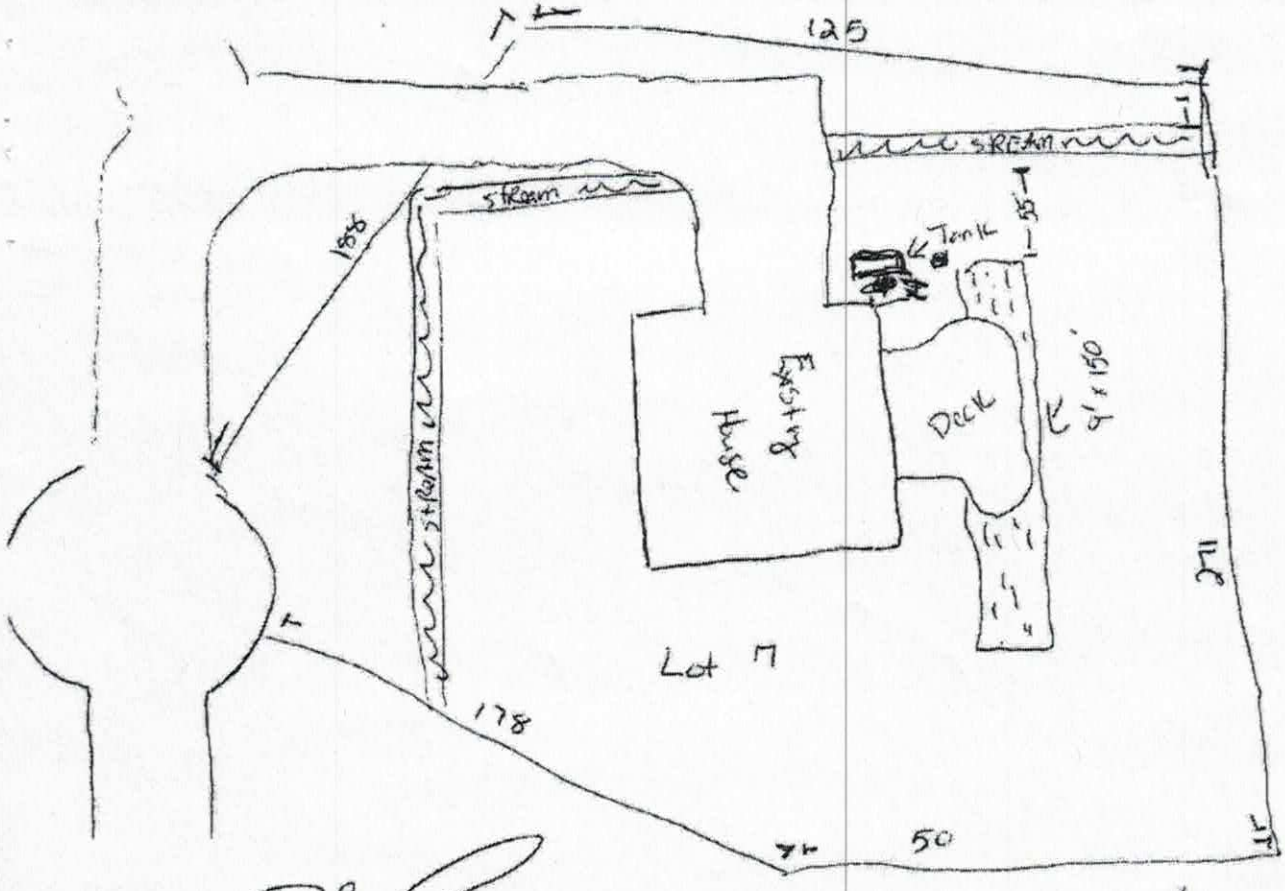


Circle N/A on the following if appropriate:

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: _____ 5/28/19

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF

Public Health
Iredell County Health Department

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 Mike Griffin DATE 12-27-83 PERMIT NO.

PHONE: Business Home

LOCATION Nelly Green Rd on Fiveo Creek Br. Have T.L. on 1st Street, House on right at cul-de-sac (across st.) S.R. No.

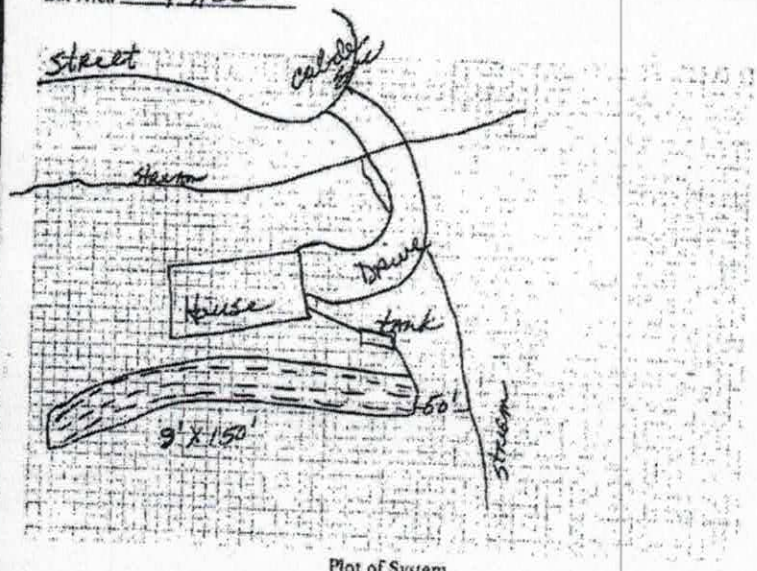
SUBDIVISION NAME Nelly Green LOT NO. 7 SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ≈ 1 acre

Character & Porosity of Soil Class IV - # clay
Percolation Rate 0.4 gal/ft²/day
Topography 2 to 6% slope
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Wes Lytton

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

Signed:

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: Nitrification field kept shallow (≈ 14" cover). Final scope to prevent water from standing on SE system. Divert gutter downspout off system.

CERTIFICATE OF COMPLETION BY Larry A Pierce DATE 12-27-83

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