IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238769

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

PIN # 4755903530.000

APPLICANT/OWNER: Dwane Smyth
APPLICANT ADDRESS: 349 W Glen Eagles Rd Statesville NC 28625
SITE ADDRESS: 349 W Glen Eagles Rd Statesville NC 28625
PHONE: 704 682 6306 ALT. PHONE 704 682 3100
SITE DIRECTIONS: E Broad ST Ron Augusta Ron Glen Eagles 3rd House on Left
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: Shannon Acres
SECTION: ~ LOT # 45 LOT AREA: ~
DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	760	Date	8-7-18	☐ New System	☒ Repair	☐ Expansion
Pump Tank	~	(gal)	PT	~	Date	~	System Type:	I	II III IV V VI
Pump Make	~	Model			Serial #		System Description:	Existing System	
# Nitrification Fields	1	# Lines	2-Ext		Linear Ft	Existing	Repair System Description:	Toxic Replacement	
Trench Width	Existing	Trench Bottom Depth(Low side)		Existing	Gravel Depth	Existing	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

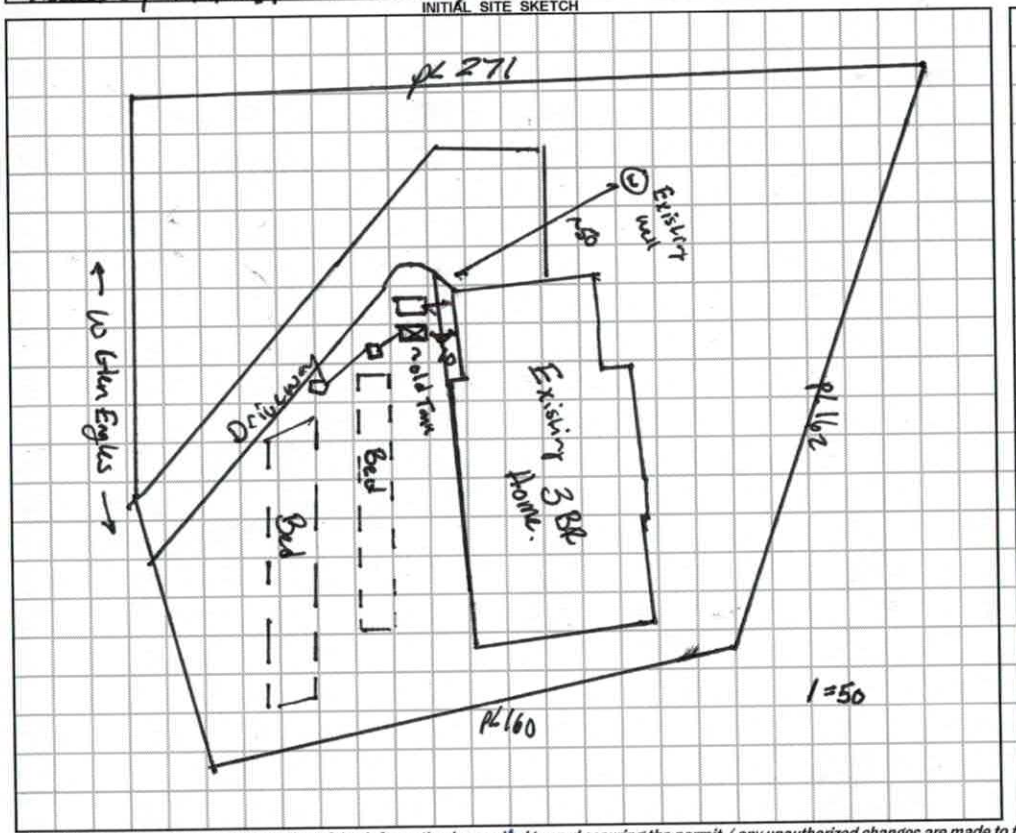
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, Crush, & fill Cracked Septic Tank. Install new 1,000 gallon Septic Tank. Install Risers if needed. Inspect & Replace D-Boxes if Necessary. Maintain 50ft from any well

Tank is 16ft off of House
8ft From Left Front Corner of House.

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: Dwane Smyth Date: 9/17/18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 9/17/18 OPERATION PERMIT by: Heath Snow Date: 9/26/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 9/17/18. 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.

DELIVERED SEP 1 1 2018

Repair Evaluation - No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#238769

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) 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: Duane Smyth Address: 349 Glen Eagles Rd West, Statesville Zip: 28625
Applicant Email: duane.smyth@yahoo.com Phone: 704-682-6306 Alt. Phone: 704-682-3100
Owner Name: Duane Smyth Address: 349 Glen Eagles Rd W., Statesville NC Zip: 28625
Owner Email: duane.smyth@yahoo.com Phone: 704-682-6306 Alt. Phone: 704-682-3100

Property Information:

Street Address: 349 Glen Eagles Rd. West, Statesville, NC 28625
Subdivision Name: Shannon Acres Section/Phase: M1 Blk Lot Number: 45
Driving Directions: Right onto Augusta Dr, Right on to Glen Eagles Rd W., 3rd house on Left, White Brick w/ Black Trim

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: lid on tank cracked
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
(✓) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1975
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 9/11/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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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, Duane R. Smyth, am the legal owner(s) of the property located at 349 Glen Eagles Rd W., Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4755903530.000, 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.

Duane Smyth 9/11/18
Signature of Owner(s) Date

Signature of Witness 9/11/18
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

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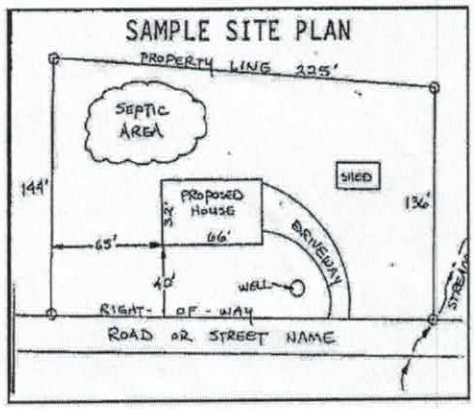
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (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)

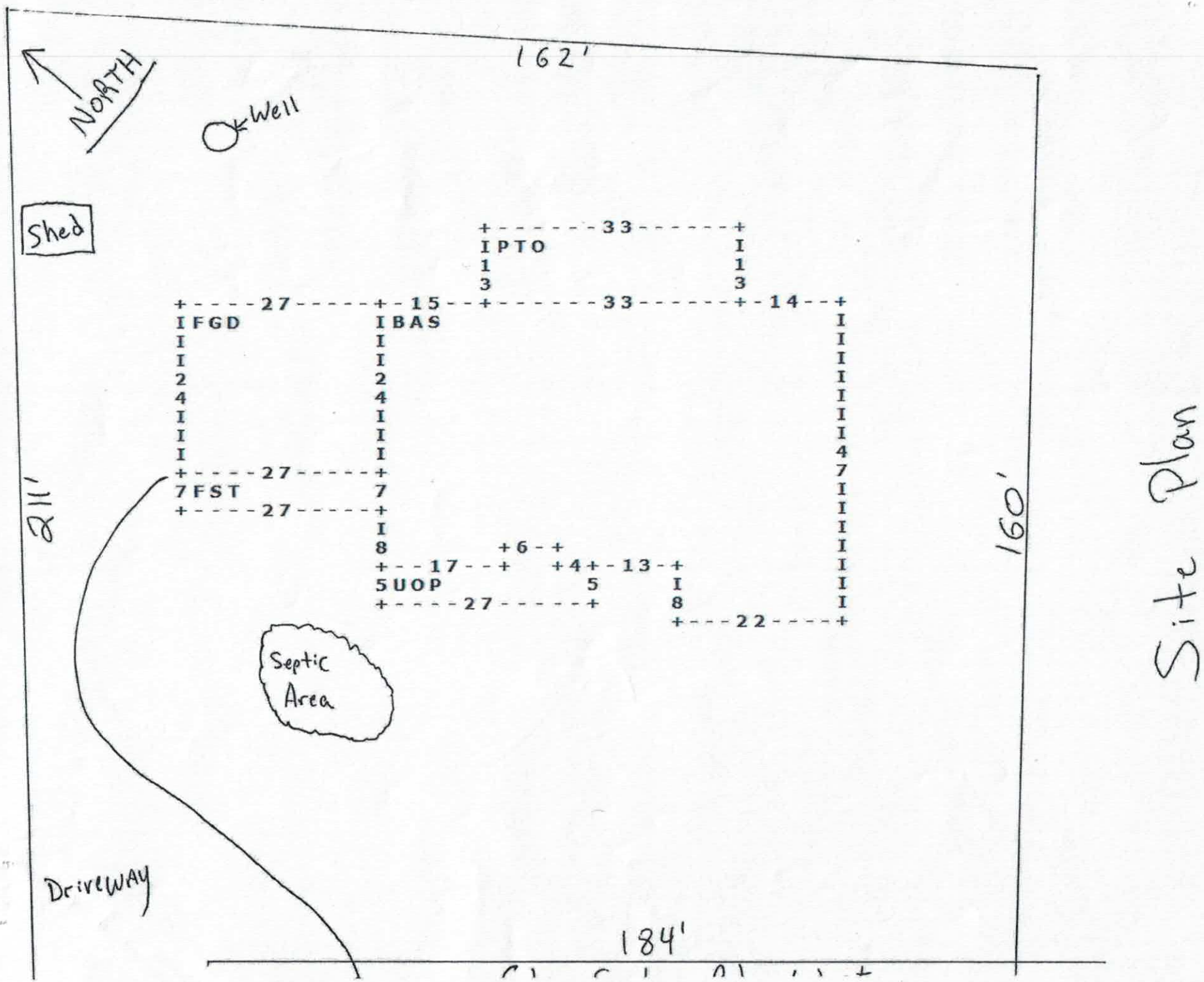
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attachment

Signature: _____ 9/11/18

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


NORTH
Well
Shed
162'
211'
160'
184'
Septic Area
Driveway
Site Plan

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 Dr J. B. Goff DATE 6-7-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Out E. Broad EXT. T.R. on #2426 - T.R. on #2464 House on L. S. R. No. _____

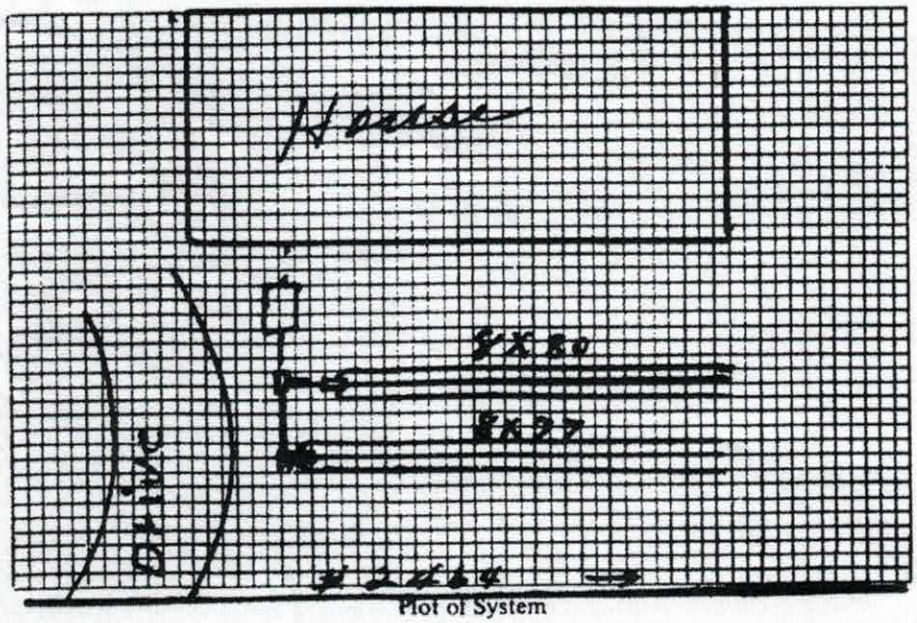
SUBDIVISION NAME Statesville Country Club LOT NO. 45 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000 Sq ft

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope to front Low
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1256 Linear Ft. 471
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY W. M. Howard

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6-7-75

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