IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BR) Mooresville Office (704) 660-3625 PERMIT # AP-301916

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

PIN # 4756761491

APPLICANT/OWNER: MATT MADISON APPLICANT ADDRESS: 1812 EAST BROAD STREET, STATESVILLE, N.C. 28625

SITE ADDRESS: 111 GREENFIELD ROAD WEST, STATESVILLE, N.C. 28677 PHONE: 704-929-7701 ALT. PHONE 704-873-7700

SITE DIRECTIONS: (E) ON 40, (L) ON 21, (R) ON JANE SOWERS, (R) ON TRACEY, (R) ON GREENFIELD, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

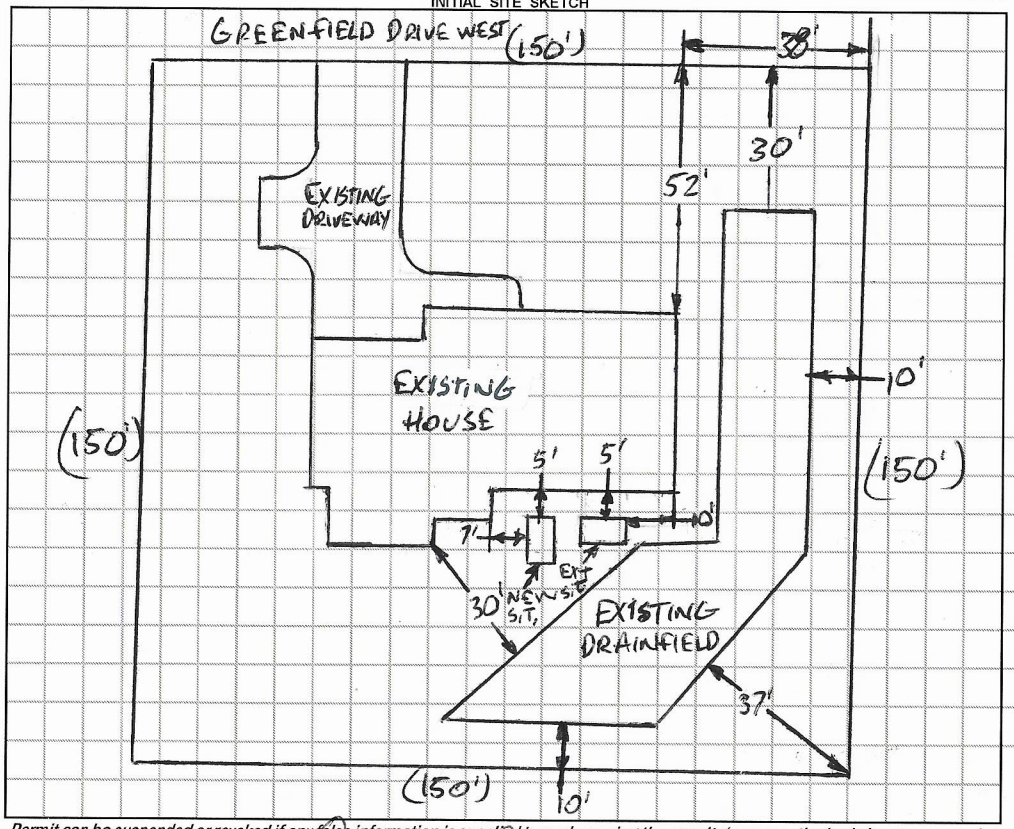
SUBDIVISION: GRANDVIEW ACRES SECTION: 1 LOT # 32 LOT AREA: 0.52 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	760	Date	9-15-19	☐ New System	☑ ~~Repair~~	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			EXT	
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	**Water Supply**
☐ Business	No. Persons	EXT	☐ Private
☐ Other	No. Employees	—	☑ ~~Public~~
☐ Slab	☑ ~~Crawl Space~~		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, FILL OLD TANK, SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION, ANY FONDATION DRAINAGE AROUND HOUSE MUST BE REMOVED

INITIAL SITE SKETCH



AS BUILT SKETCH

Tank 11 off House

1 IN = 40
EXT = EXISTING
S.T. = SEPTIC TANK

Installed as drawn with above exception.

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: Matthew Madison Date: 10-29-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burnett C. White Date: 10-25-19 OPERATION PERMIT by: [signature] Date: 11-9-19

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 10-25-19 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.

RECEIVED OCT 1 8 2019

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

AP-301916

Iredell County Health Department – Environmental Health Division

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

Repair Evaluation - No chg

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: Matt Madison Address: 1812 E. Broad St., Statesville Zip: 28625
Applicant Email: mattmadison86@gmail.com Phone: 704-929-7701 Alt. Phone: 704-873-7700
Owner Name: Kishorekumar Patel Address: 111 W Greenfield Dr, Statesville Zip: 28677
Owner Email: Kishorepatel333@gmail.com Phone: 704-657-2287 Alt. Phone: _____

Property Information:

Street Address: 111 W Greenfield Rd
Subdivision Name: Grandview Section/Phase: _____ Lot Number: 32
Driving Directions: Old Mocksville Rd, TL on Jim Sowers, TL on Tracey, TR on W Greenfield home on left

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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
✓ Tank ___ Drain lines Describe Problem: Cracked tank

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: _____
( ) 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.

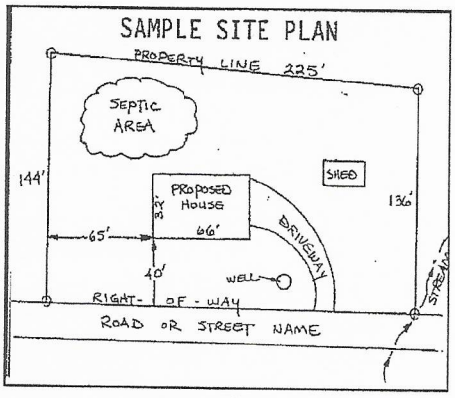
Signature: Matt Madison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/15/2019
DATE

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:

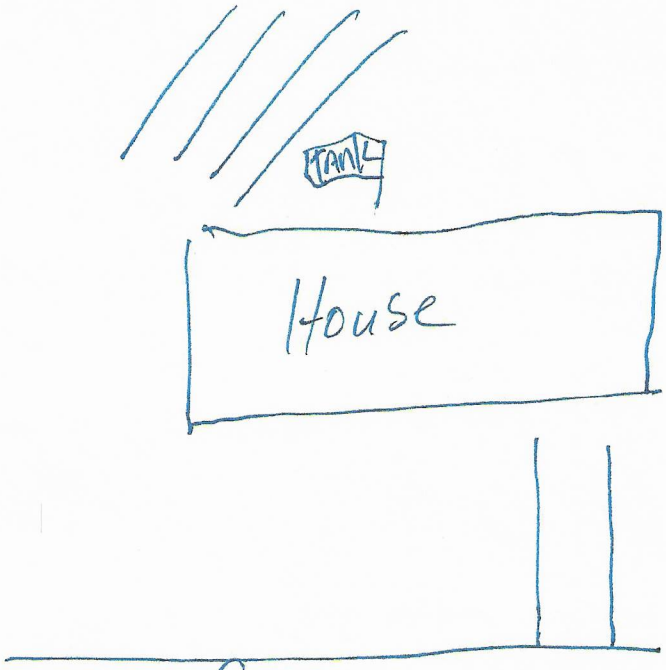
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient 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: _____ 10/15/2019

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

PROPERTY DESCRIPTION NO. 70021 DATE 10-23-94 TAX MAP NO. 4756 17 6 1491 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Shirley Wyatt PHONE: Business Home 704 872 7668 06

ADDRESS 115 Chantilly Lane Statesville, N.C.

LOCATION Old Mocksville Rd to Jane Sowers Rd to Tracy Rd to Greenfield 2nd Hse Left

SUBDIVISION Grandview BLOCK / SECTION LOT 32 LOT AREA 1.52 acres SITE CLASS. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-17-93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Chamber

Repair System Description: pump to 1 of Hds

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

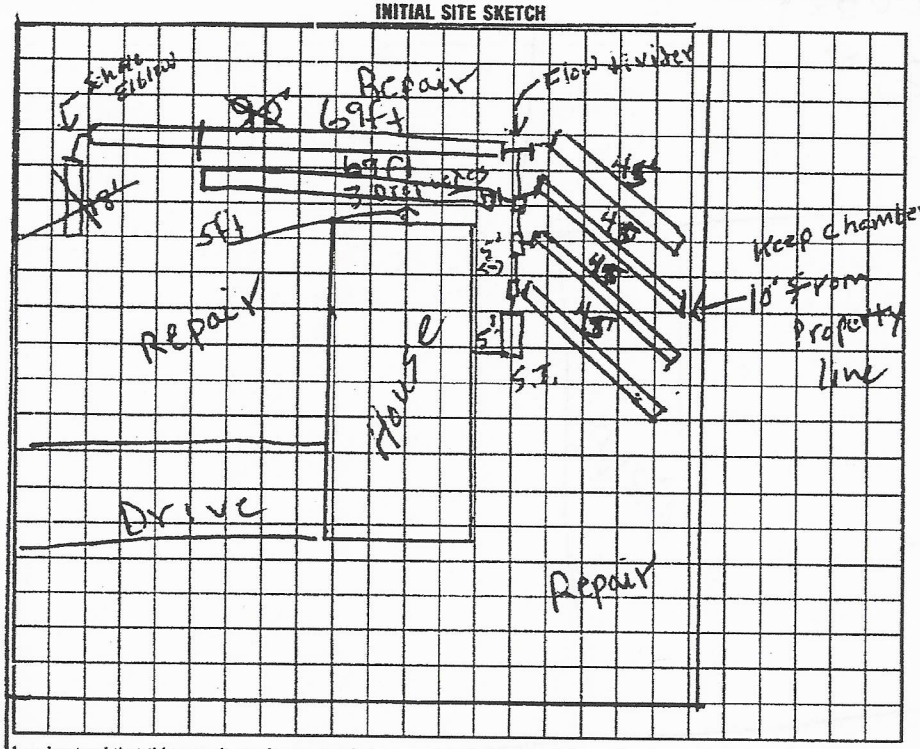
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

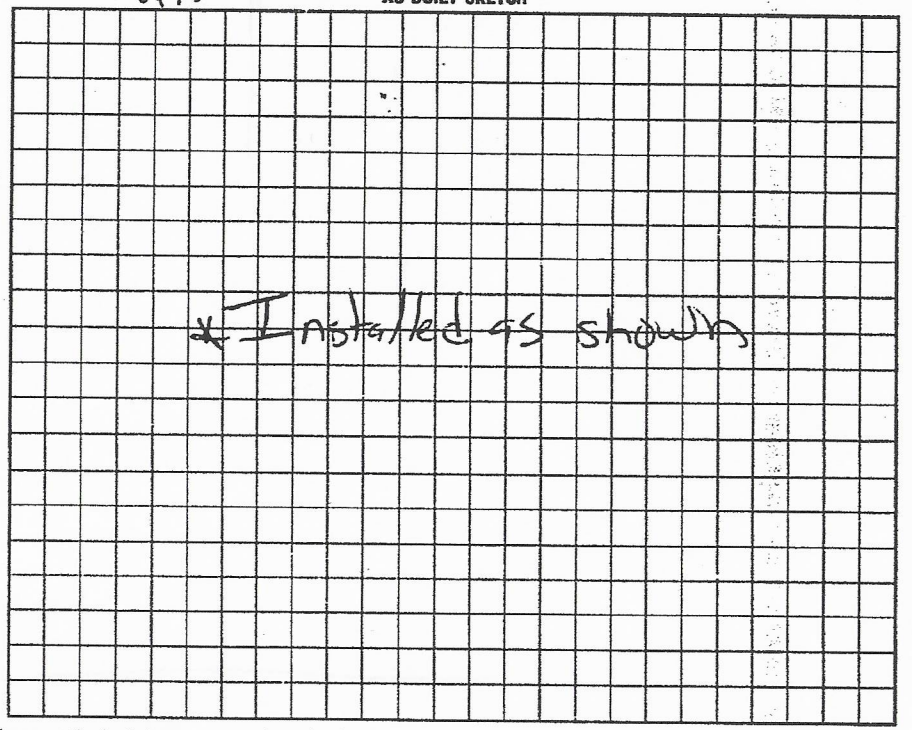
Comments:

* Note - keep waterline 10 ft from system 90 ft line split into 2 lines (18 ft)

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: Shirley Wyatt

Improvement Permit by: L.C. Moore date 10-23-94

Existing System Inspection by: L.C. Moore date 10-23-94

Installed by: A-1 Backhoe

Certificate of Completion by: date

Operation Permit by: Mark C. Oj RS date 3-4-99

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

Authorization to Count

Authorization to count Expires 60 mos from issue

DocuSign Envelope ID: 0C8CF6C7-25F8-448A-961F-AEC723D88A8D

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, Kishorekumar Patel, am the legal owner(s) of the property located at 111 W. Greenfield Dr., identified as

PIN (Parcel Identification Number) 4756-76-1491, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt Madison, Doug Madison Realty, 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.

DocuSigned by:
Kishorekumar Patel
0F9CBF16CDC644D...

Signature of Owner(s)

10/15/2019 | 1:13:17 PM PDT
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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349 N. Center Street, Statesville, NC 28677