ICHD–ENVIRONMENTAL HEALTH DIVISION

PSB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307792

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

PIN # 4764-34-~~5995~~ 5595

APPLICANT/OWNER: Ronnie A. Clines APPLICANT ADDRESS: 298 Farmwood Dr. Statesville, NC

SITE ADDRESS: 298 Farmwood Dr. Statesville, NC 28625 PHONE: 980-223-8521 ALT. PHONE 513-503-1449

SITE DIRECTIONS: Rt/Highway 70 East → Bells Farm Rd (North) → Farmwood Dr → House @ end on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carter Oaks SECTION: — LOT # 4 LOT AREA: 1.721 DESIGN FLOW: 360 GPD L.T.A.R.: —

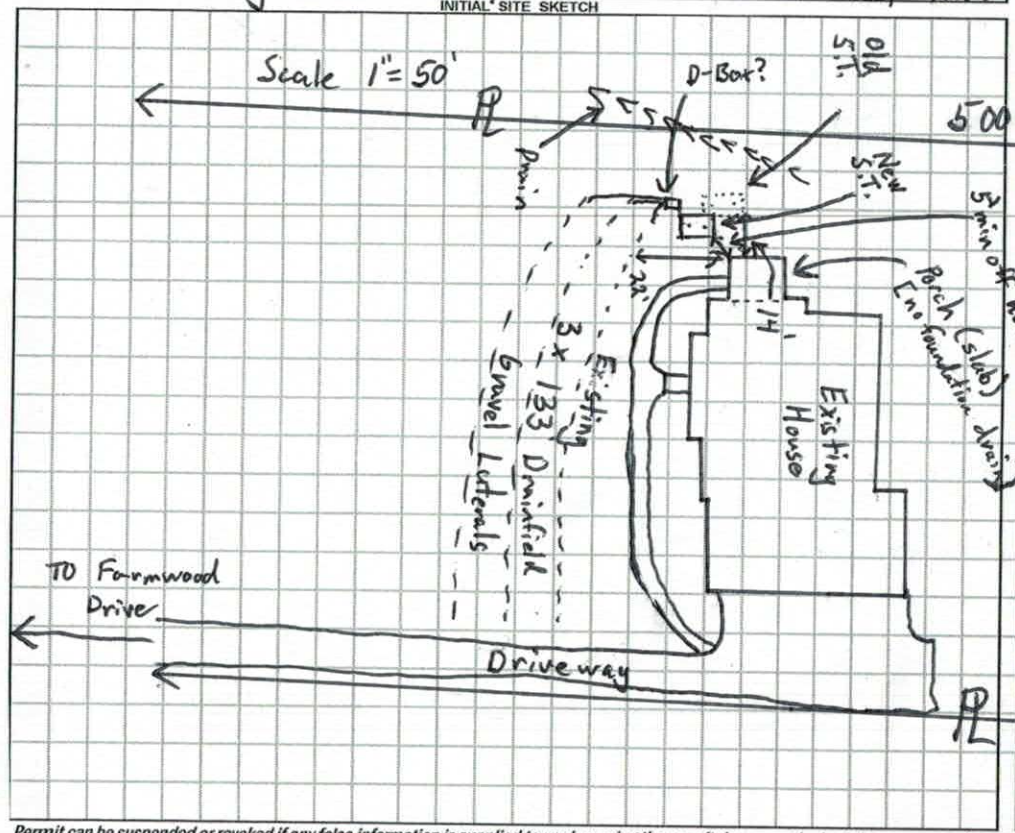
Septic Tank	1000 (min)	(gal)	STB	7160	Date	4-20-20	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace old + leaky septic tank with			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	new tank as needed. (1000 gallon minimum)			
# Nitrification Fields	1	# Lines	Existing (3)		Linear Ft	Existing 400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Ex 36"	Trench Bottom Depth(Low side)	Ex 36"		Gravel Depth	Ex 12"	☒ GRAVITY	☐ PRESSURE			

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

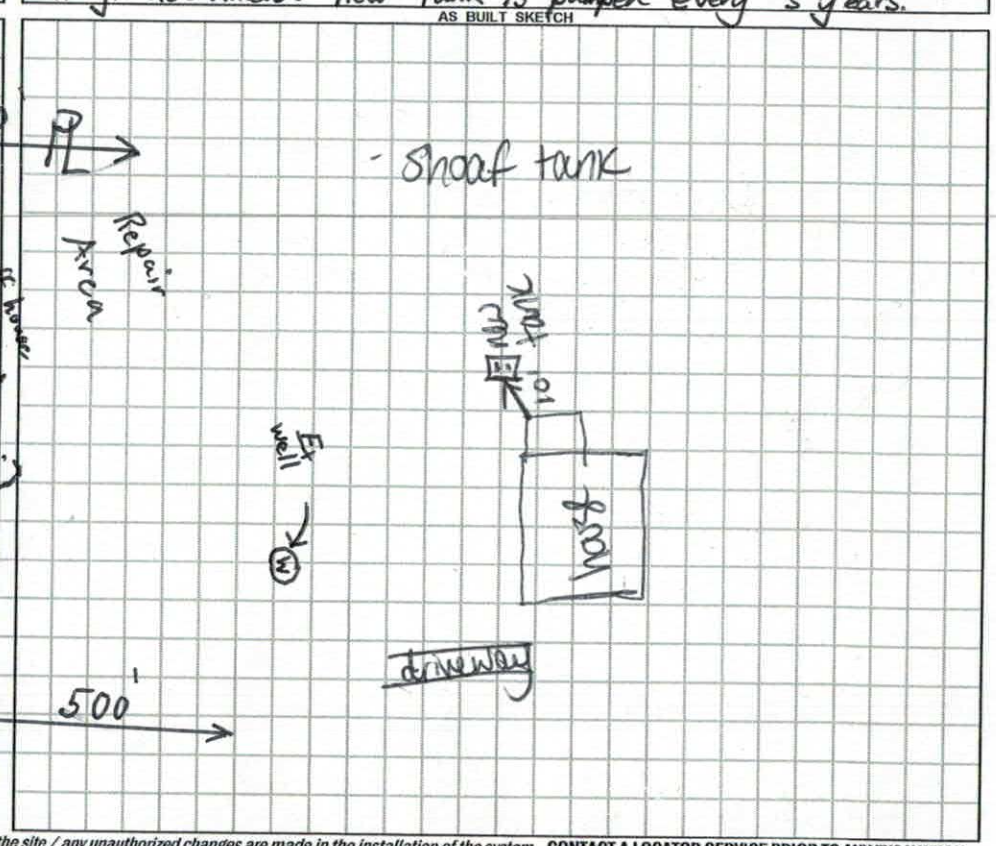
Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Also recommend locating + uncovering Distribution Box to ensure equal distribution to existing lines. Replace if needed. Remove existing water features/fountains at least 10 feet from all septic components. Conservative water use strongly recommended. Old tank to be pumped + crushed or Rattled away. Recommend new tank is pumped every 3 years.

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: Ron Clines Date: 6-4-20 Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/1/2020 OPERATION PERMIT by: Carla C. Nicks Date: 7-7-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/1/2020 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 MAY 2 8 2020

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

AP-307792

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

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: RONNIE A. CLINES Address: 298 FARMWOOD DR Zip: 28625
Applicant Email: R.CLINES@ROADRUNNER.COM Phone: 980-223-8521 Alt. Phone: 513-503-1449
Owner Name: RONNIE A. CLINES Address: 298 FARMWOOD DR Zip: 28625
Owner Email: R.CLINES@ROADRUNNER.COM Phone: 980-223-8521 Alt. Phone: 513-503-1449

Property Information:

Street Address: 298 FARMWOOD DR STATESVILLE, NC 28625
Subdivision Name: CARTER OAKS Section/Phase: _____ Lot Number: #4
Driving Directions: EAST BROAD ST TO 64, HIGHWAY 64 TO BELL FARM RD SOUTH ON BELL FARM TO FARMWOOD, LAST HOUSE ON RIGHT OF FARMWOOD

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 5 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 5 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (✓) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: TANK FILLING AFTER HEAVY RAIN
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.

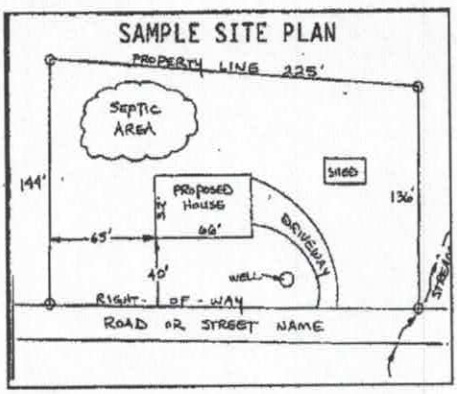
Signature: Ronnie A. Clines 5-28-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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 ATTACHED

Signature: Ronnie A. Clines

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

5-28-2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79355 PIN# 4764 35 4088 DATE 2-25-99

OWNER OR CONTRACTOR Theresa Webber PHONE: Business Home 528 4215

ADDRESS 221 Grandview Dr. Sta.

LOCATION 44E TR Bell Fm Rd TR Farmwood at ent on Rt.

SUBDIVISION Farmwood BLOCK / SECTION LOT 4 LOT AREA 2.0 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R .13

Septic Tank: 1000 Gallons; STB 1012 Date 9-12-99 — New System ☐ Repair — System Type: I, II, III, IV, V, VI

Pump Tank: Gallons; PT Date — System Description: Conv. Gravity

Pump Make: Model Serial No. — Repair System Description: Pump To Bdry

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 — Maintenance Agreement Required: ☐ Yes ☐ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" — ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

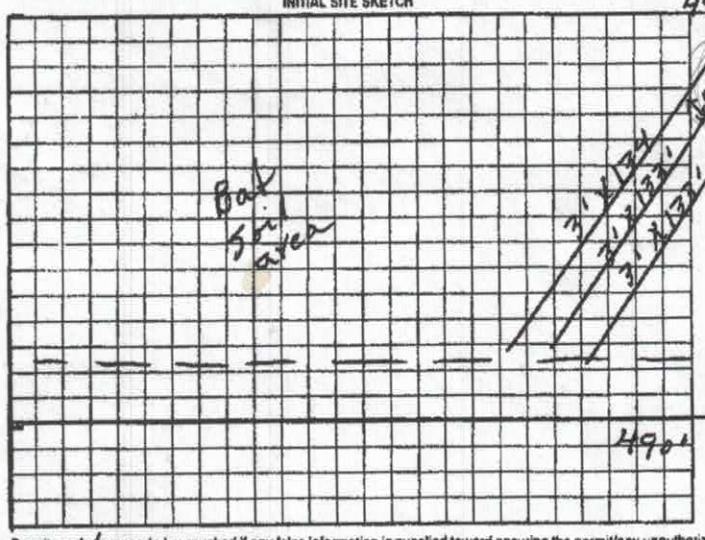
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

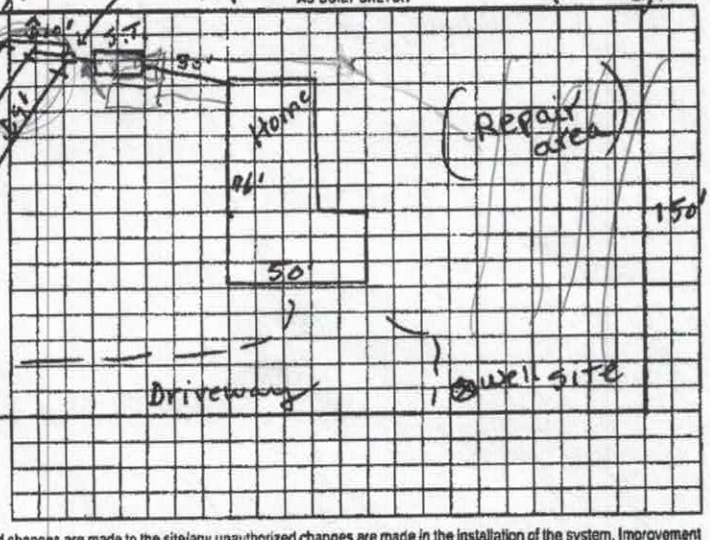
Comments/Conditions:

Comments/Conditions: Same as initial sketch

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: Stephen M. Smoot date

Improvement Permit by: P. C. Moore date 2-25-99

Authorization to Construct by: P. C. Moore date 2-25-99

Installed by: David Yountz

Operation Permit by: P. C. Moore date 12-3-99

Existing System Inspection by: date

HEALTH DEPT. COPY. WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

UBJECT TO RECORDED OR
OF WAYS OR EASEMENTS

I SETBACKS AND ZONING
TO ANY PLANNING OR

IMPROVEMENTS SHOWN ON
OT BE SCALED OR RELIED
R CONSTRUCTION WITHOUT
OF ALL DIMENSIONS.
HIS FILE ARE FOR REFERENCE
E USED FOR DESIGN WORK.
LOCATED IN A 100 YEAR FLOOD PLAIN.

60 0 60 120 180
GRAPHIC SCALE – FEET

NF
OTTONE
14-1697

DARLENE BELL
DB 04E-758
PB 36-59

FARMWOOD ROAD
60' R\W

NORTH

1/2" PIPE
70.47'
BENT #6 REBAR
WELL
BUILDING
105.14'
S 08°02'58"W 500.07'
124.61'
ASPHALT DRIVEWAY
18' SIDE SB
#4 REBAR SET (0' OFFSET)
UTILITY POLE IN CORNER OF LOT
UNDERGROUND GAS TANK
S 82°06'50"E 150.11'
35' REAR SB
SIDEWALK
DECK
1.722 ACRES +-
LOT #4
PB 32-47
1.6 STORY BRICK HOME WITH BASEMENT
PORCH
PATIO
SEPTIC PUMP
5.00'
80.00'
35' FRONT SB
N 81°56'47"W 150.00'
UTILITY LINE
#4 REBAR
346.1'
18' SIDE SB
N 08°02'10"E 499.64'
ROAD R\W
#4 REBAR
TEMPORARY CUL-DE-SAC (PB 32-47)

LOT #37
PB 48-130

LOT #36
PB 48-130

LOT #35
PB 48-130

LOT #34
PB 48-130

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*) Bonnie A. Clines Sheryl Clines

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
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