ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305509

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

PIN # 4764515373

APPLICANT/OWNER: Karen Carty APPLICANT ADDRESS: 176 Painted Bunting Dr Troutman NC 28166

SITE ADDRESS: 146 Kaywood Statesville NC 28625 PHONE: 704-402-9370 ALT. PHONE

SITE DIRECTIONS: Bellform to Kaywood SAP CONTROLLED: ☐ YES ☐ NO

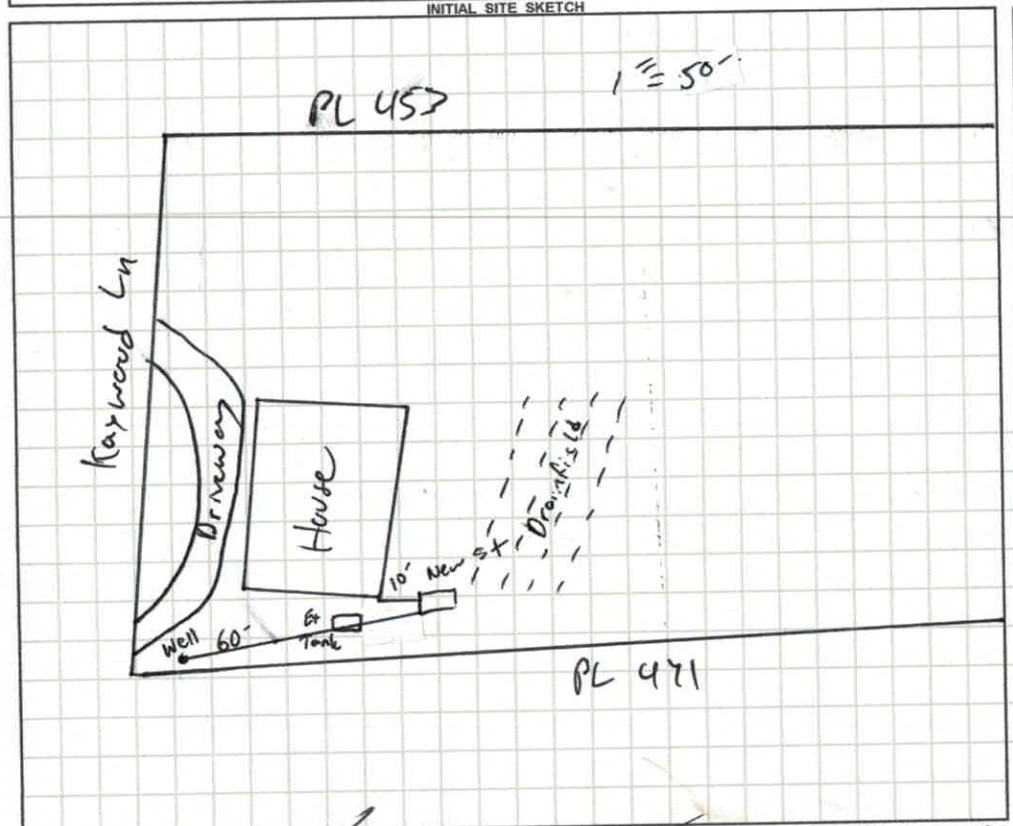
SUBDIVISION: Bellwood SECTION: — LOT # 39 LOT AREA: 1.42 DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	2071-1060	Date	INFILTRATOR	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make		Model			Serial #		Repair System Description:	Tank			
# Nitrification Fields		# Lines			Linear Ft:		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth			☒ GRAVITY	☐ PRESSURE		

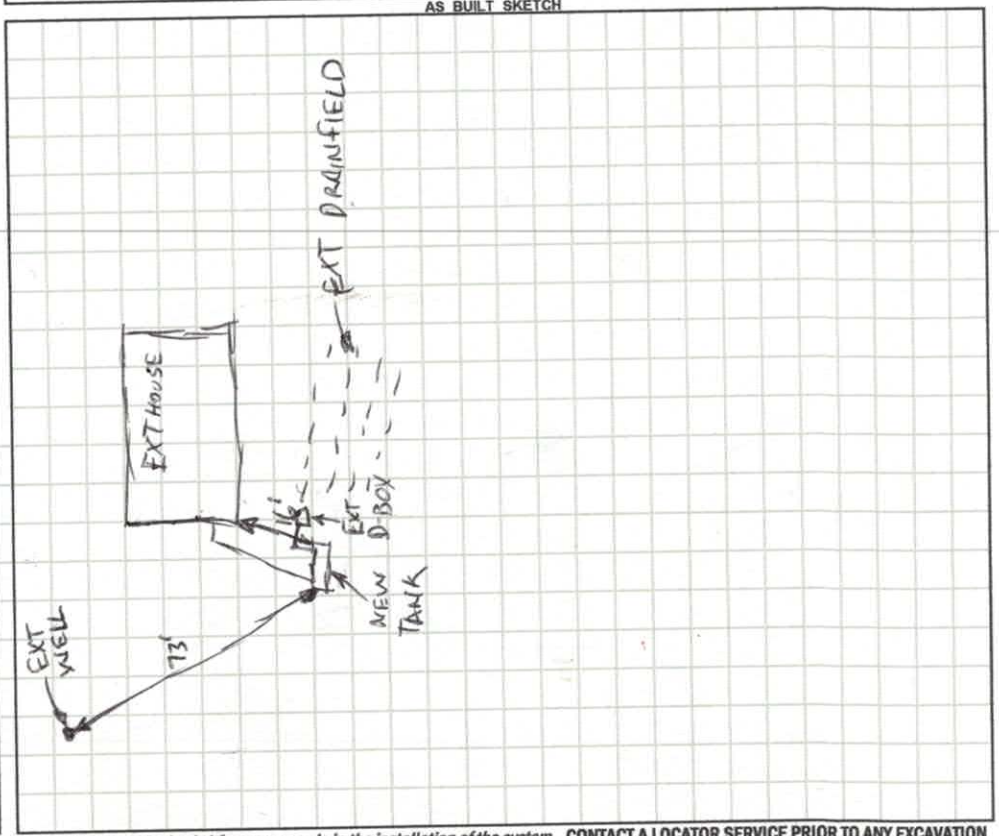
☒ Residence	No. Bedrooms	Ex	Water Supply
☐ Business	No. Persons	Ex	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump Crush and fill old Septic tank. Maintain 50' from Well. Inspect and replace D Box if needed.

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: Karen Carty Date: 3/9/20 Installed by: KEVIN POWELL

IMPROVEMENT PERMIT by: Date: 3-6-20 OPERATION PERMIT by: Brad C. White Date: 3-13-20

AUTHORIZATION TO CONSTRUCT by: Date: 3-6-20 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.

James

RECEIVED MAR 2 2020

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

Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 305509

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: Karen Carty Address: 176 Painted Bunting Dr. Troutman Zip: 28166
Applicant Email: karencarty@bellsouth.net Phone: 704-402-9370 Alt. Phone: _____
Owner Name: Katrina Cruz Address: 146 Kaywood, Statesville Zip: 28625
Owner Email: klee0808@yahoo.com Phone: 980-253-4047 ~~Alt. Phone:~~ Amin: Cruz 704-929-0791

Property Information:

Street Address: 146 Kaywood, Statesville, NC 28625
Subdivision Name: Bellwood Section/Phase: _____ Lot Number: _____
Driving Directions: Bell Farm to Kaywood.

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: 2 — (✓) 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 needs replacement
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: 2004
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: same as is

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.

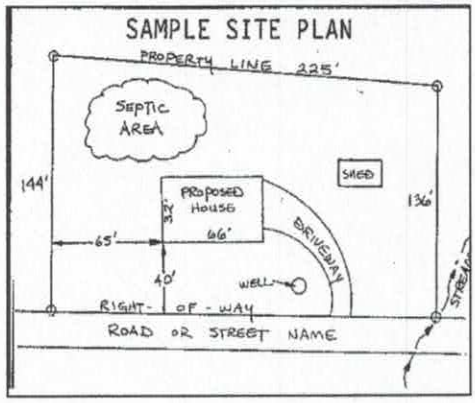
Signature: _____ 3/2/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **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**

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 Septic permit

Signature: _____

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

3/2/2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4764-51-5373 DATE 6-5-04

OWNER OR CONTRACTOR THOMAS E. LEE, SR PHONE: Business Home 704-871-0360

ADDRESS 146 KAYWOOD DR, STATESVILLE, NC 28625-9104

LOCATION US 64 EAST, TR BELL FARM RD; TR BELLWOOD, TR KAYWOOD DRIVE, 2ND HOUSE ON RIGHT

SUBDIVISION BELLWOOD BLOCK / SECTION LOT 39 LOT AREA 1.42 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. EXISTING (0.15 EAP/FT)

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 160

No Lines TWO Trench Width 36" Max Trench Bottom Depth ~36"

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

System Description:

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 24"

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

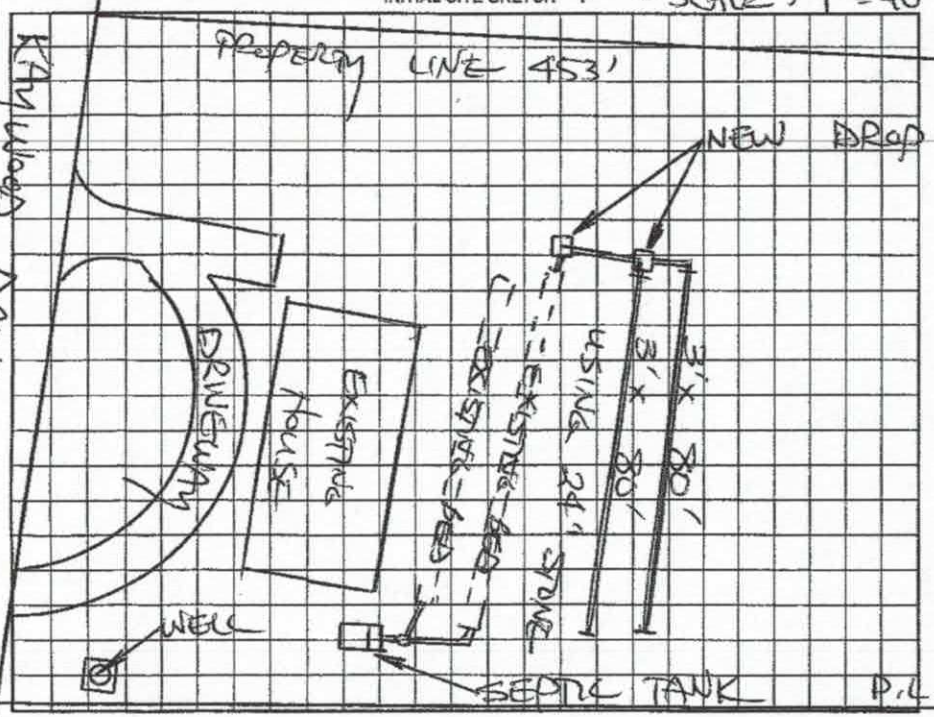
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

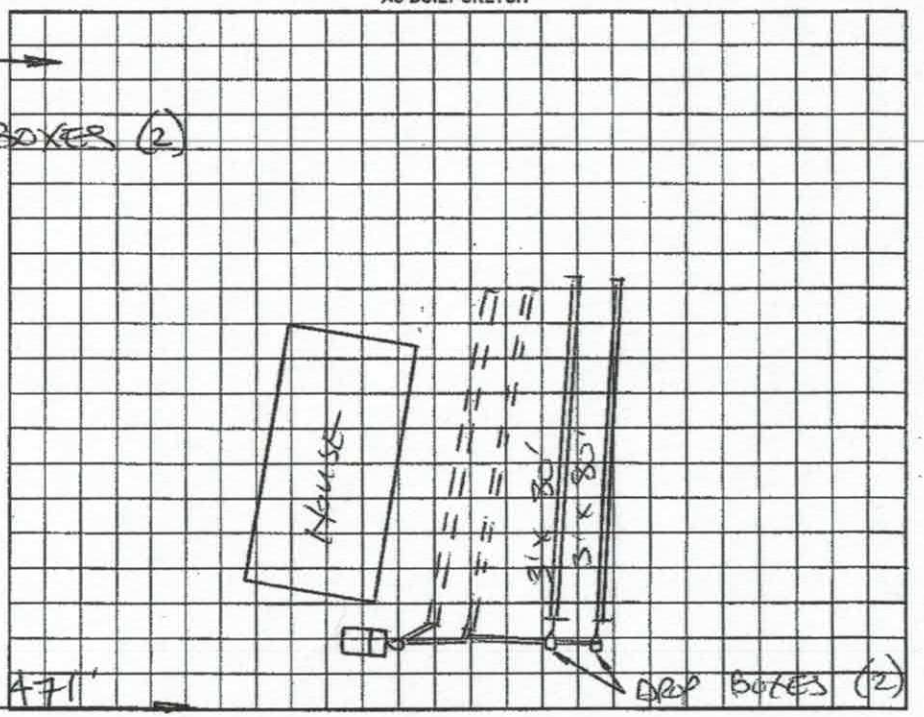
Comments/Conditions: ① INSTALL TWO NEW DRAWLINES AS FLAGGED USING 24" STONE ② THIS PERMIT SERVES AS "NOTICE OF VIOLATION," SYSTEM TO BE REPAIRED BY 7-5-04

Comments/Conditions: SYSTEM REPAIRED AS SHOWN BELOW USING INFILTRATOR CHAMBERS INSTEAD OF STONE WITH PRIOR HEALTH DEPT. APPROVAL

INITIAL SITE SKETCH ~ SCALE: 1"=40'



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: Thomas E Lee Sr date 6-5-04

Improvement Permit by: STEVE HEDRICK date 6-5-04

Authorization to Construct by: STEVE HEDRICK date 6-5-04

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 8-9-04

Existing System Inspection by: date

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

DocuSign Envelope ID: 75671B42-5B42-4457-9615-461DD4B465FB

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

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, Katrina Cruz Amin Cruz, am the legal owner(s) of the property located at 146 Kaywood, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4764-51-5373, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Karen Carty, _____, 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:
KC
9AF0B83291A7497...

Signature of Owner(s)	Date	Signature of Witness	Date
DocuSigned by: Amin Cruz	3/2/2020		3-2-20

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