ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-314667

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

PIN # 4765 -03 -7105

APPLICANT/OWNER: SCOTT W. RUTH | APPLICANT ADDRESS: 209 CAMELOT DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 209 CAMELOT DRIVE, STATESVILLE, N.C. 28625 | PHONE: 704-880-5570 | ALT. PHONE: —

SITE DIRECTIONS: (E) ON 64, (R) ON EAST BROAD, (R) ON 2ND ENTRANCE TO CAMELOT, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: CAMELOT ACRES | SECTION: — | LOT # 25 | LOT AREA: 0.44 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

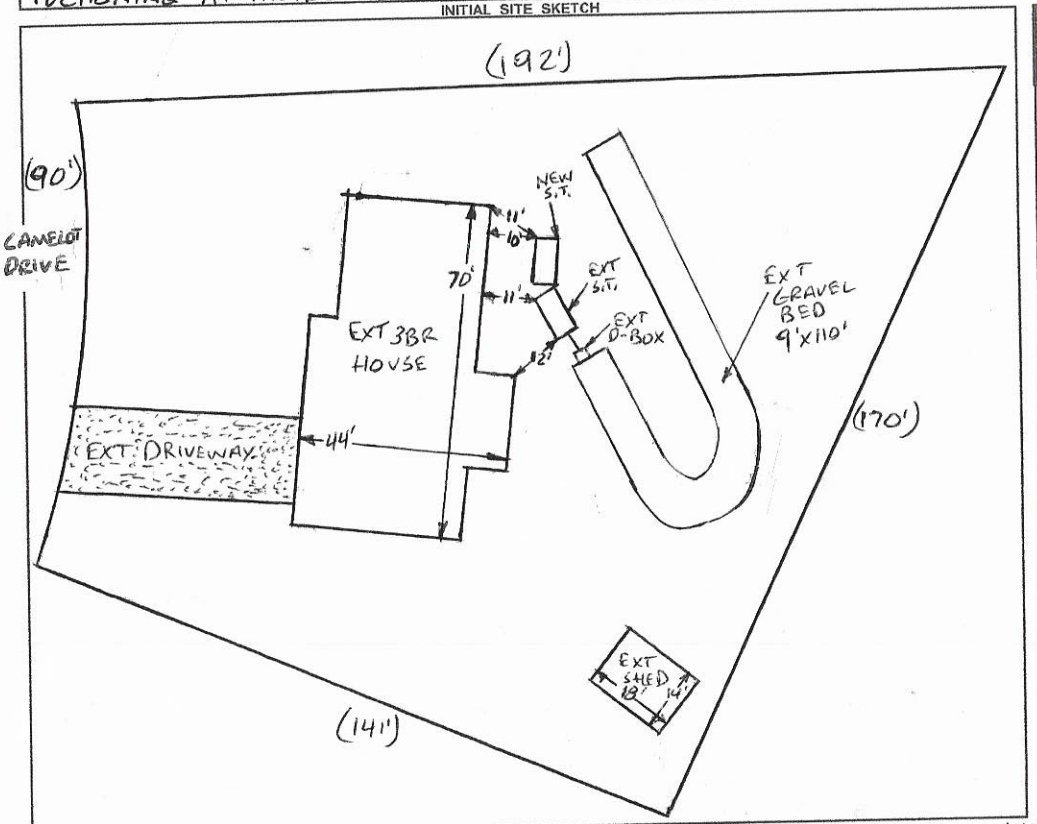
Septic Tank	1000 (gal)	STB	854	Date	2-26-21	☐ New System	☑ Repair ☐ Expansion System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

☑ Residence | No. Bedrooms 3 | Water Supply: ☐ Private
☐ Business | No. Persons 6 | ☑ Public
☐ Other | No. Employees — | ☐ Community
☐ Slab | ☑ Crawl Space PERMIT ON FILE
☐ Basement w/ plumbing | ☐ Basement w/o plumbing

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE D-BOX AS NEEDED, EXISTING GRAVEL BED APPEARED TO BE FUCTIONING AT TIME OF INSPECTION

RECOMMEND CLEARING UNDER GROWTH FROM DRAINFIELD AREA.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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

Installed as Drawn

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: Scott W [signature] | Date: 2-22-2021 | Installed by: Al Bodine

IMPROVEMENT PERMIT by: Bridget C. White | Date: 2-16-2021 | OPERATION PERMIT by: [signature] | Date: 4-19-2021

AUTHORIZATION TO CONSTRUCT by: Bridget C. White | Date: 2-16-2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED FEB 3 - 2021

TOP Caved in

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-314667

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: Scott Ruth Address: 209 Camelot Dr. Zip: 28625
Applicant Email: Phone: 704-880-5576 Alt. Phone:
Owner Name: Scott Ruth Address: 209 Camelot Dr Zip: 28625
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 209 Camelot DR Statesville, NC
Subdivision Name: Camelot Acres Section/Phase: Lot Number: 25
Driving Directions:

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: Top Collapsed

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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: 1978
( ) 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?

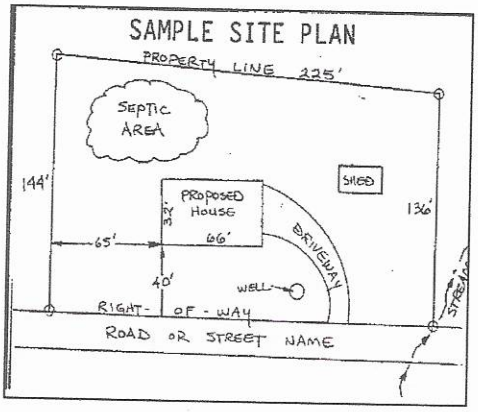
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Scott W. [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/21/21
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:

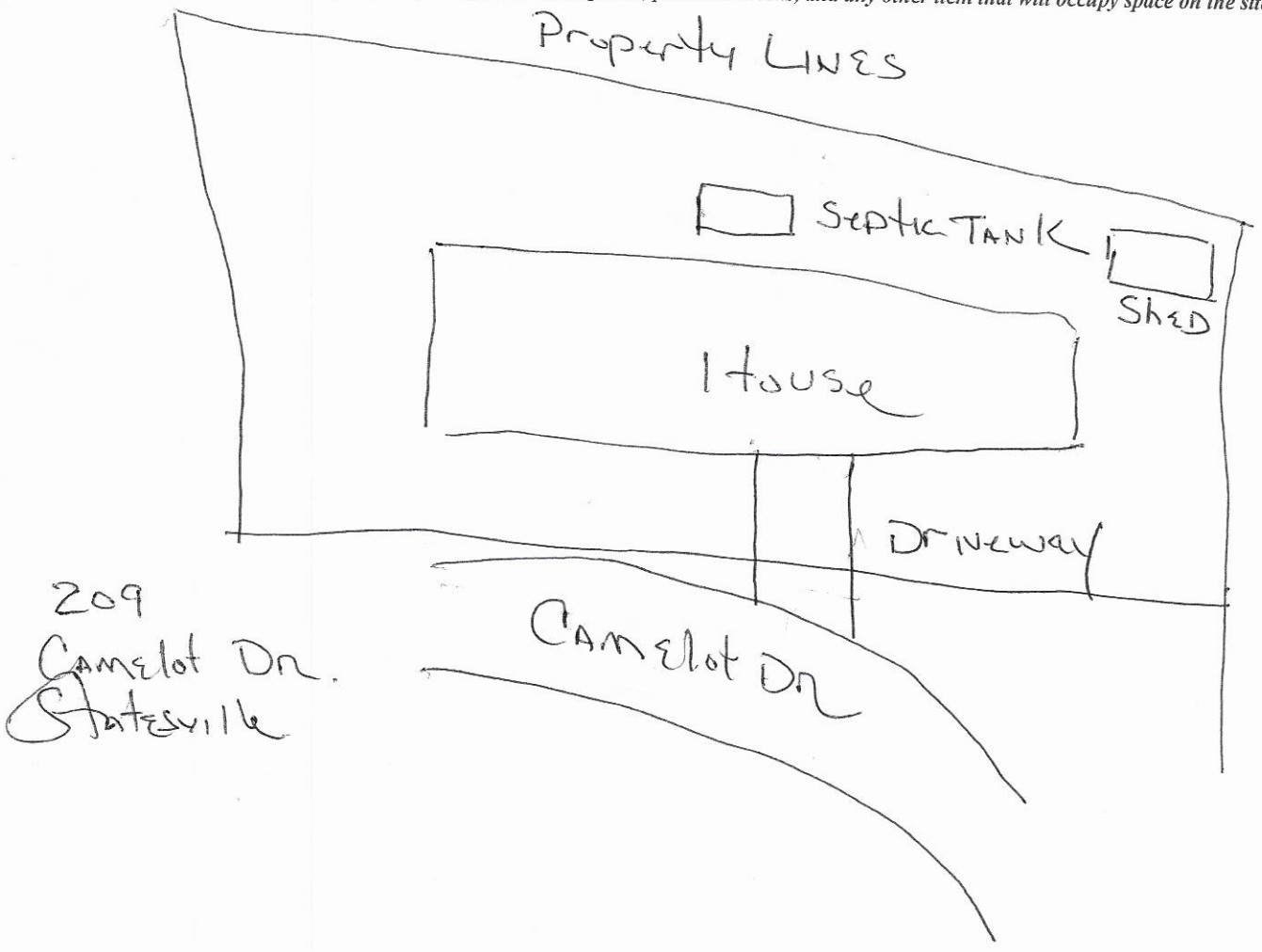
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Scott W. _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/21/24
DATE

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 Mahaffey Bldg Co DATE 9-22-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E Broad St. Ext. TV into Crandall Acres 1st Turn

SUBDIVISION NAME Crandall Acres S. R. No. _____

LOT NO. 25 SECTION OR BLOCK NO. _____

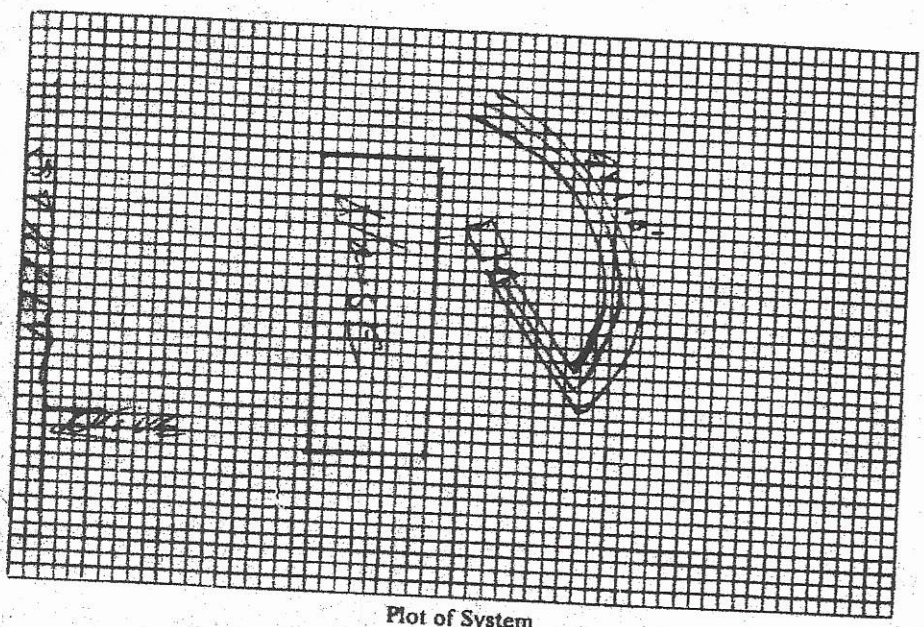
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 19,286 ± sq ft

Character & Porosity of Soil Clay
Percolation Rate Good
Topography 2-6% Slope
Depth to Water Table deep
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 330 Linear Ft. 330
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hobbs Septic Tank Inc.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Fox Jr. DATE 9/22/77

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

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) Scott W. Ruth

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, Scott W. Ruth, am the legal owner(s) of the property located at 209 Camelot Dr Statesville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rick May A-1 Backhoe Service, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 704-902-4010

- 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.

Scott W. Ruth
Signature of Owner(s)

1/21/21
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