ICHD - ENVIRONMENTAL HEALTH DIVISION

Relocation — Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — BCW

PERMIT # AP 321727

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

PIN # 4765 -- 65 -- 3535

APPLICANT/OWNER: Duane E McIntyre — APPLICANT ADDRESS: 214 Oak Haven Dr. Statesville NC 28625

SITE ADDRESS: 214 Oak Haven Dr. Statesville NC 28625 — PHONE: 704-380-2587 — ALT. PHONE 704-450-2055

SITE DIRECTIONS: (E) Mocksville Hwy → (L) River Hill → (R) Oak Haven → lot on (R) — SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Country Woods Estate — SECTION: — LOT # 46 — LOT AREA: 0.801 ac — DESIGN FLOW: 360 gpd — L.T.A.R.: EXISTING

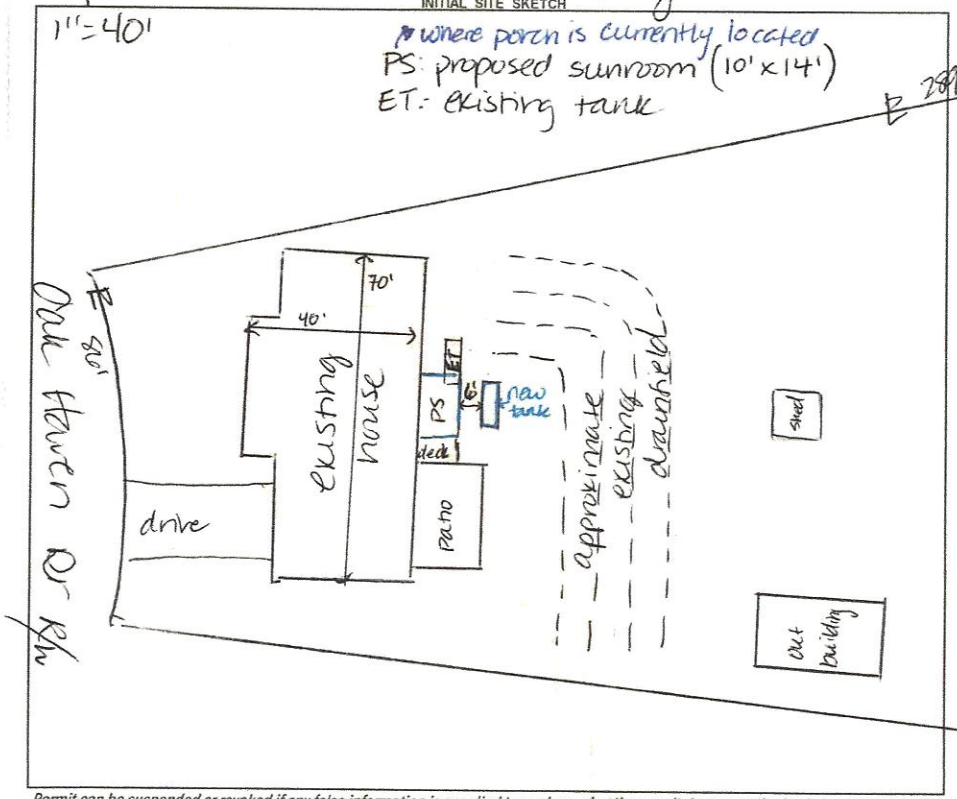
Septic Tank	1000 (gal)	STB	760	Date	8/30/21	[X] New System [ ] Repair [ ] Expansion	System Type: I / II / III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	New tank - existing sys.
Pump Make		Model		Serial #		Repair System Description:	
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width		Trench Bottom Depth (Low side)	EXISTING	Gravel Depth	EXISTING	[X] GRAVITY [ ] PRESSURE	

[X] Residence — No. Bedrooms 3
[ ] Business — No. Persons 10
[ ] Other — No. Employees
[ ] Slab — [X] Crawl Space
[ ] Basement w/plumbing — [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

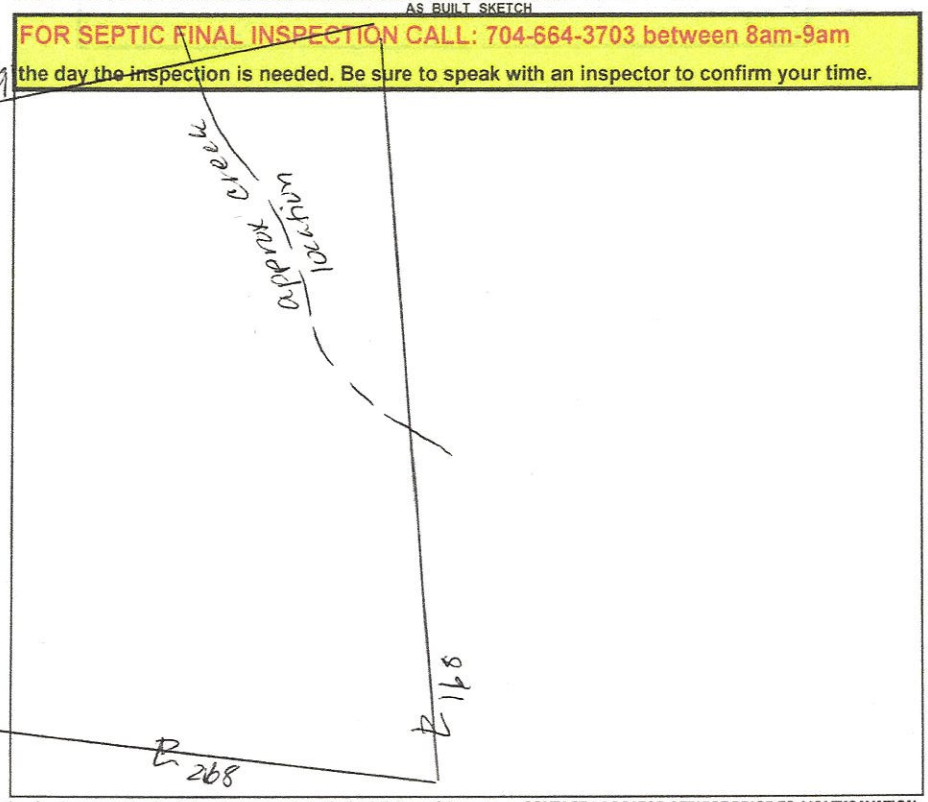
Comments / Conditions: Pump crush & fill existing tank. Set new tank to achieve fall & stay 5' off sunroom. Replace distribution device if necessary

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.



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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Duane E McIntyre — Date: 10/21/21 — Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Vickery — Date: 10/18/21 — OPERATION PERMIT by: Cory Whitt — Date: 10/28/21

AUTHORIZATION TO CONSTRUCT by: D. Vickery — Date: 10/15/21 — Existing System Inspected by: — Date:

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

DW

RECEIVED SEP 2 3 2021

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

AP-321727
$500.00

Iredell County Health Department – Environmental Health Division

Relocation

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair
Relocation

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: Diane E McIntyre Address: 214 Oak Haven Dr, Sty, NC Zip: 28625
Applicant Email: bessiesarett@gcymail.com Phone: 704-380-2587 Alt. Phone: 704.450.2055
for
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 214 Oak Haven Dr, Statesville NC 28625
Subdivision Name: ~~N/A~~ Country Woods Estate Section/Phase: _____ Lot Number: 46
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: Relocation
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: 1989
( ) 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: Diane E McIntyre 17 SEPT 21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) Diane E McIntyre

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, Diane E McIntyre, am the legal owner(s) of the property located at 214 Oak Haven Dr. STV, NC, identified as PIN (Parcel Identification Number) 4765653535, 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.

Diane E McIntyre
Signature of Owner(s)

17 SEPT 21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

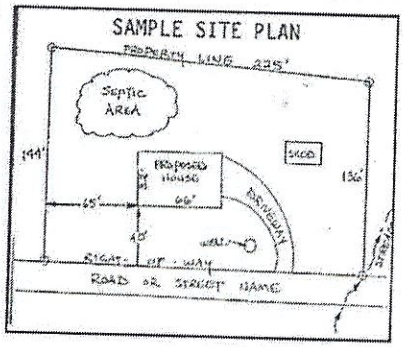
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

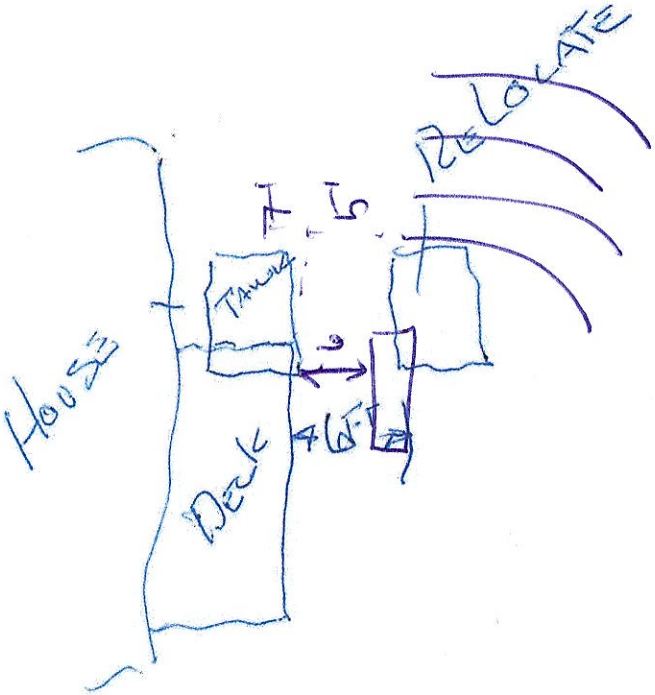
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



10 X 14
Sun room

Signature: Duane E McCutcheon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

17 Sept 21
DATE

9498

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 George C. Gregory DATE 4-24-89 PERMIT NO. D-11

PHONE: Business _____ Home _____

LOCATION Country Wood lot 46
Salem Haven Rd S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

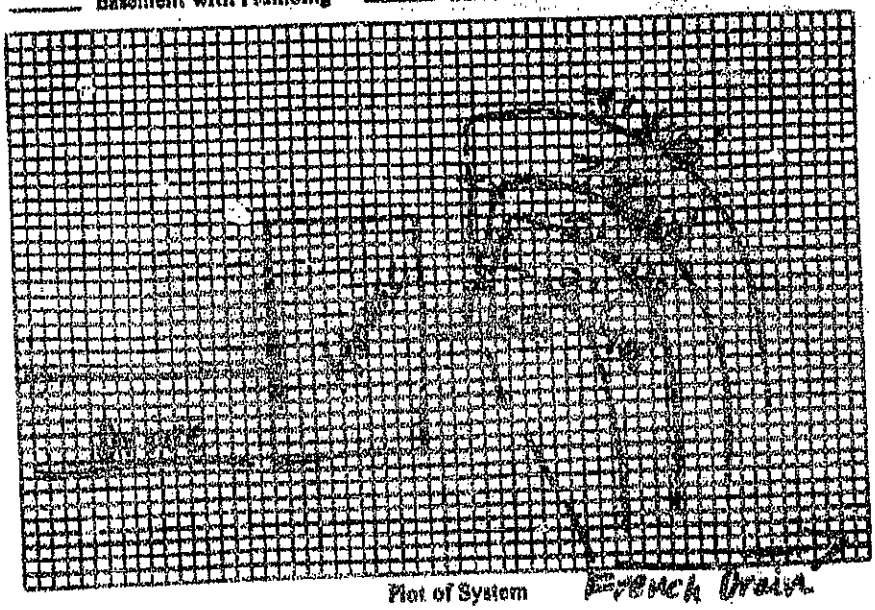
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 3 sec/5 in/long
Topography 2+ Slope
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area .82 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System French Drain

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 120 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Paul Frye

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 7-27-89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
321727 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765653535.000	214 OAK HAVEN DR	Iredell County

Owner Information	Applicant Information
Name: MCINTYRE DUANE E	Name: MCINTYRE DUANE E
Address: 214 OAK HAVEN DR	Address: 214 OAK HAVEN DR
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: (704)380-2587

Use Requested	Zone Code
Addition	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.801	35	35	15	15		NO

Remarks
TURNING DECK INTO SUNROOM-RELOCATE SEPTIC

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

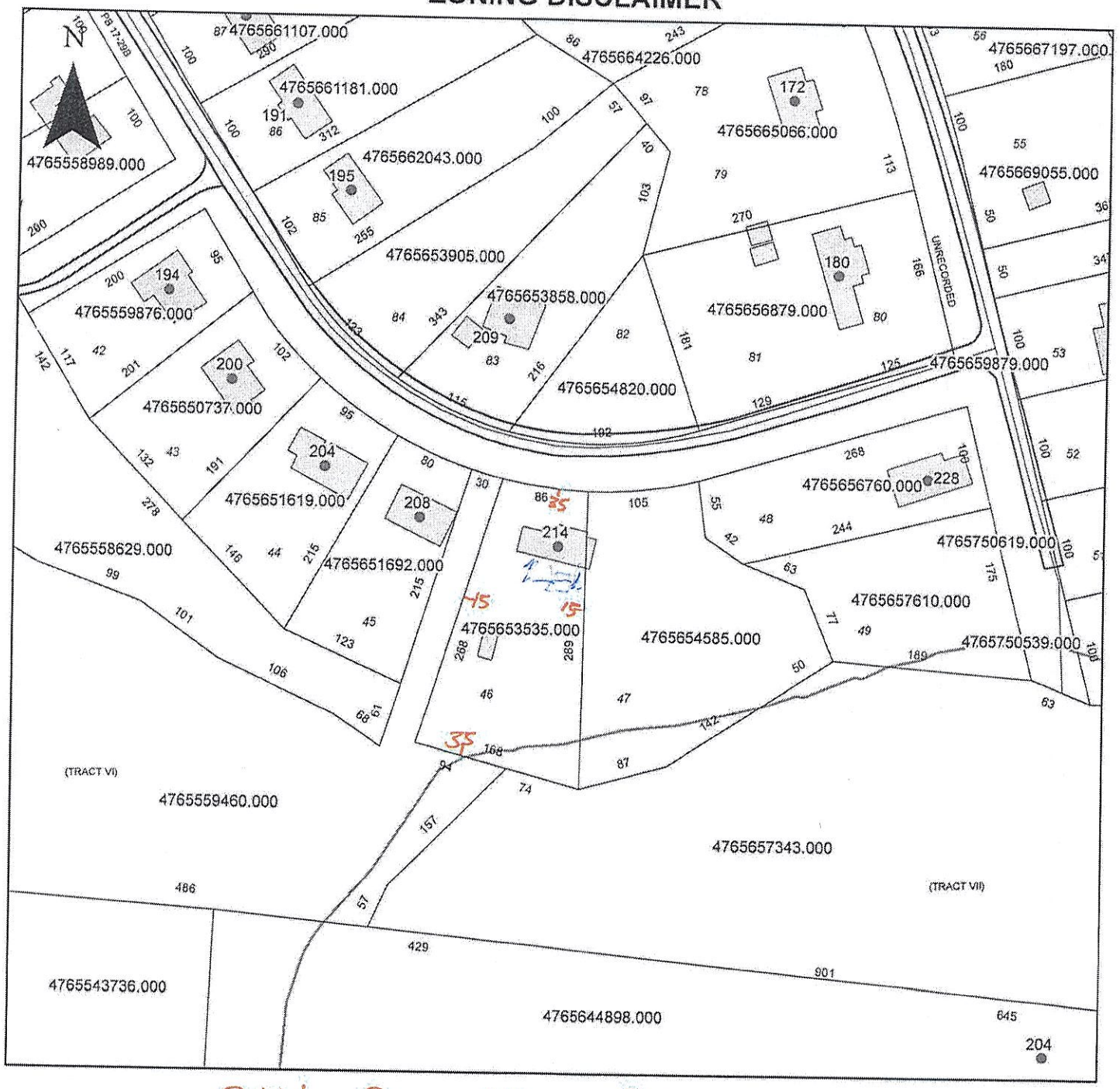
Signature of Owner/Contractor

Date: 09/22/2021

Permit Number	321727

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 214 Oak Haven Drive

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

22 Sept 21

Date