CCN 11

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-310298

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

PIN # 4775-05-6409

APPLICANT/OWNER: SHEILA J. PAYNE APPLICANT ADDRESS: 185 SPRING FOREST DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 185 SPRING FOREST DRIVE, STATESVILLE, N.C. 28625 PHONE: 704-437-4617 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (L) ON SAIN, (L) ON SPRING FOREST, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO EXT

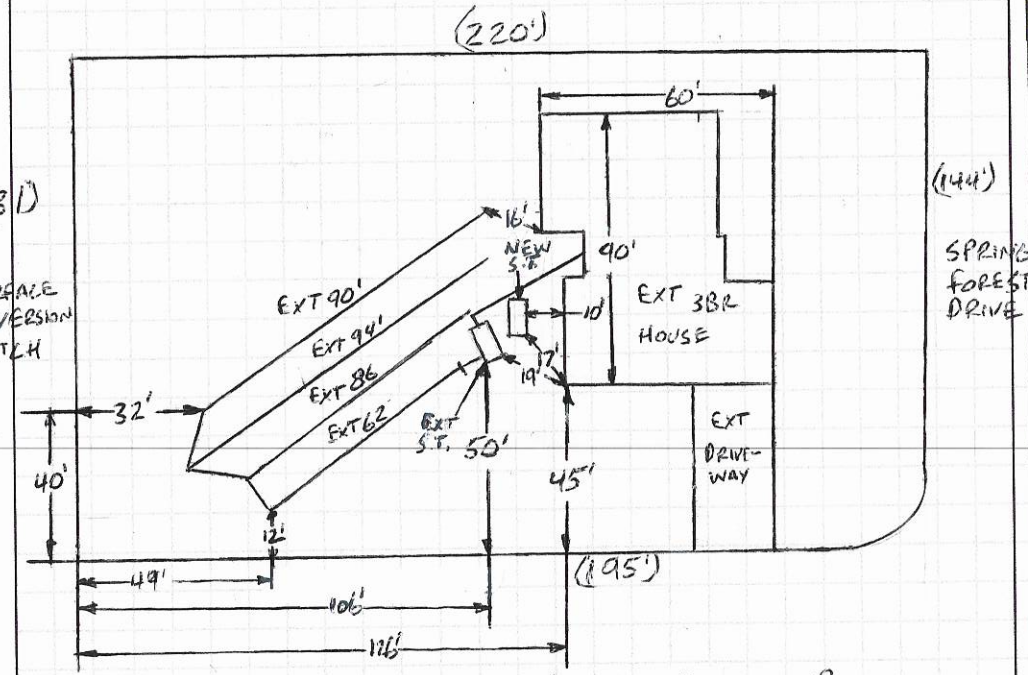
SUBDIVISION: SPRING FOREST SECTION: 2 LOT # 57 LOT AREA: 0.8537 AC DESIGN FLOW: EXT 360 L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	7160	Date	7-14-20	☐ New System	☑ Repair	☐ Expansion	System Type: ☐ I ☑ II ☐ III ☐ IV ☐ V ☐ VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT – 25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	TANK REPLACEMENT			
# Nitrification Fields	EXT 1	# Lines	EXT 4		Linear Ft:	EXT 330ft	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT 36 IN	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: PUMP, CRUSH, FILL EXISTING TANK, SET TANK TO ACHIEVE GRAVITY FALL, DO NOT EXCEED 36 IN OF COVER OR TRAFFIC RATED TANK IS REQUIRED, UTILIZE RISERS TO BRING TANK ACCESS TO WITHIN 6 IN OF GRADE

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 = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

- New tank 16' off house

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: Sheila J Payne Date: 9/3/20 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 9-2-2020 OPERATION PERMIT by: Carla C. Nicks Date: 9-11-20

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 9-2-2020 Existing System Inspected by: Date:

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

Call Left for gone & D rite!!

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

AP 310298

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation N/C

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: David + Sheila J Payne Address: 185 Spring Forest Zip: 28625

Applicant Email: payne financial @ ATT. NET Phone: * 704 437 4617 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 185 Spring Forest Dr Statesville NC 28625

Subdivision Name: Spring Forest Section/Phase: — Lot Number: 57

Driving Directions: Hwy 64 East - turn L on SAIN then L Spring Forest

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Backing up into house.

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) 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: 2018
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

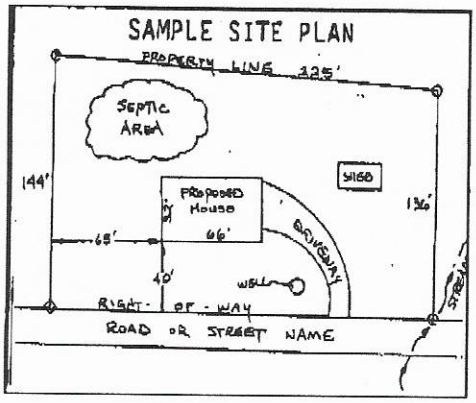
Signature: Sheila J Payne 8-23-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE @

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 attached

Signature: Sheila J Payne
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-23-2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 880-3825 PERMIT # 22076 84

COPY

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

PIN # 4775056409

APPLICANT: David Payne APPLICANT ADDRESS: 303 Brookmeade Dr. Statesville NC 28625

SITE ADDRESS: 185 Spring Forest Dr Statesville NC PHONE: 704 872 3880 ALT. PHONE: 704 437-4617

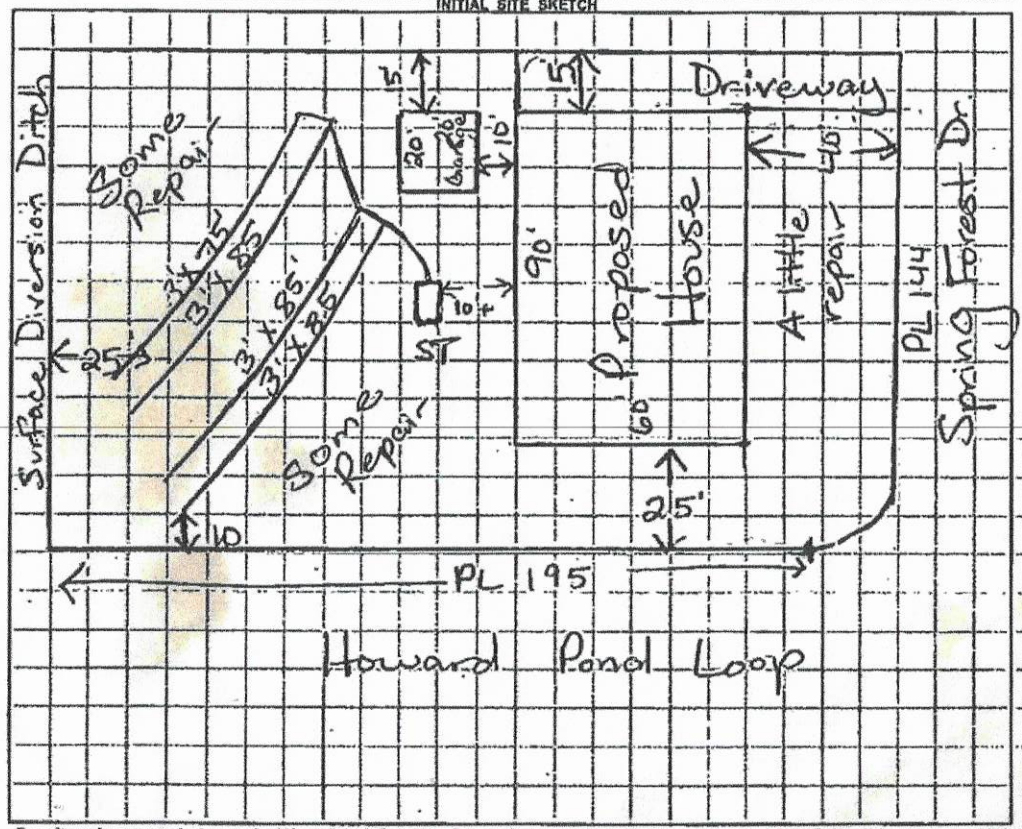
SITE DIRECTIONS: Hwy 64 (Mocksville Hwy) TL Scain Rd 2nd left TL Spring Forest Dr on left

SUBDIVISION: Spring Forest SECTION: — LOT # 57 LOT AREA: .864 Acre DESIGN FLOW: 360gpd L.T.A.R.: .275

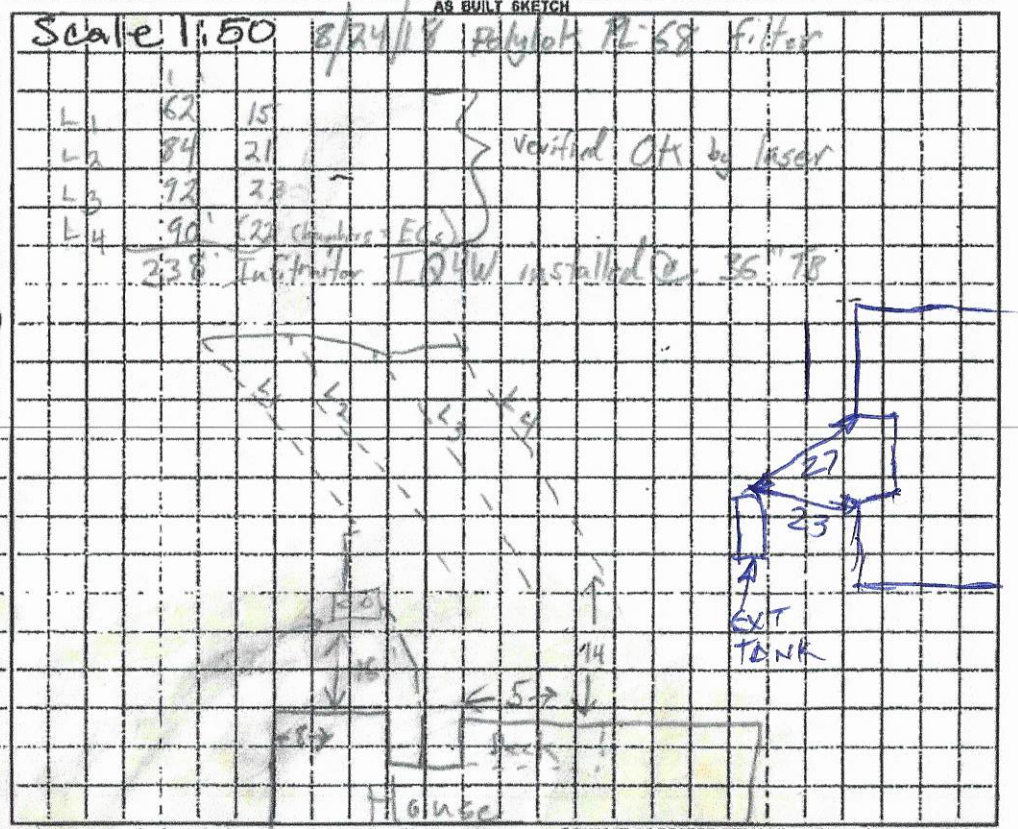
Septic Tank	1,000 (gal)	STB	Infiltrator	Date	IM-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction				☐ Business	No. Persons	6	☐ Private			
Pump Make		Model		Serial #		Repair System Description:	25% Reduction				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	4	Linear Ft:	330'	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Stab	☒ Crawl Space		☒ Community			
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Keep drainfield 25Ft from Stormwater diversion ditch.

INITIAL SITE SKETCH



AS BUILT SKETCH



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Owner / Applicant Signature: David Payne Date: 9/19/17 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Mariah Atkins RS Date: 9/14/16 OPERATION PERMIT by: Thomas Church Date: 8/24/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Bilbro Date: 9/18/17 Existing System Inspected by: Date:

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, Sheila J Payne, am the legal owner(s) of the property located at 185 Spring Forest Dr, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** DAVID PAYNE Spouse, 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.

Sheila J Payne
Signature of Owner(s)

8/23/2020
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