# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-322696

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

PIN # ✓4775--35--1006.145

APPLICANT/OWNER: PATRICIA WEST

APPLICANT ADDRESS: 145 CROOKED LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 145 CROOKED LANE, STATESVILLE, N.C. 28625

PHONE: 704-880-3927 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (L) ON CROOKED, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: HUNTERS RIDGE

SECTION: — LOT # TR5-TR6 LOT AREA: 1.36 AC

DESIGN FLOW: EXT L.T.A.R.: EXT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 | (gal) | STB | 964 | Date | 9-25-21 |
| Pump Tank | — | (gal) | PT | — | Date | — |
| Pump Make | — | Model | — | | Serial # | — |
| # Nitrification Fields | EXT | # Lines | EXT | | Linear Ft: | EXT |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | | Gravel Depth | EXT |

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: EXISTING

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms EXT

☐ Business No. Persons EXT

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

**Water Supply**

☐ Private

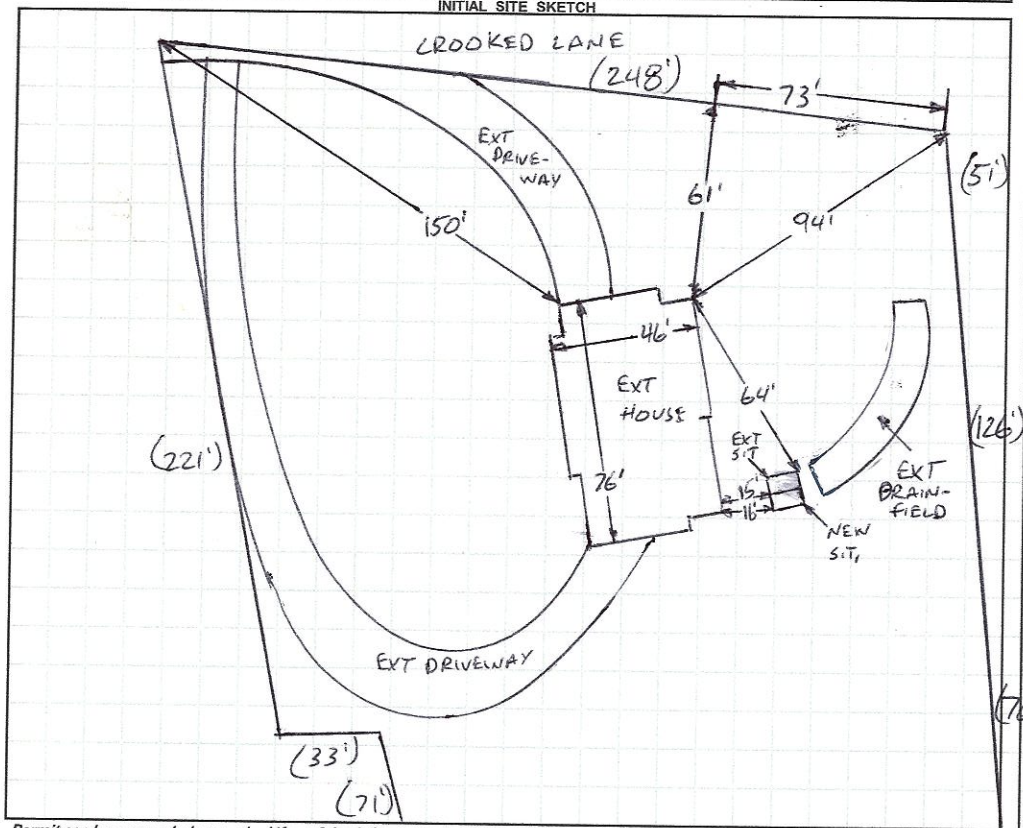
☑ Public

☐ Community

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK

INSPECT AND REPLACE DISTRIBUTION DEVICE AS NEEDED

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 = 60 FT

S.T. = SEPTIC TANK

EXT = EXISTING

*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: Patricia C. West Date: 11-12-21

Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Burgett C. White Date: 11-10-2021

OPERATION PERMIT by: Date: 12-8-2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 11-10-2021

Existing System Inspected by: Date:

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

RECEIVED OCT 2 9 2021

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

AP- 322696

# 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:** Patricia C. West **Address:** 145 Crooked Ln Statesville **Zip:** 28625
**Applicant Email:** patwest75@yahoo.com **Phone:** 704-880-3927 **Alt. Phone:**
**Owner Name:** Teresa Neal **Address:** 145 Crooked Ln **Zip:** 28625
**Owner Email:** tneale0567@gmail.com **Phone:** **Alt. Phone:**

**Property Information:**

**Street Address:** 145 Crooked Ln.
**Subdivision Name:** **Section/Phase:** **Lot Number:**
**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: Replacement
**Non-Residential Site Development:** Type of Business:
**Square Footage of Building:** **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 4
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

**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?

No permit in DB

*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:** Patricia C West
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

10-28-21
**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*) _____Teresa Neale_____

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, _____Teresa Neale_____, am the legal owner(s) of the property located at_____145/147 Crooked In_____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____Pat West_____, _____, 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.

10/28/2021 Teresa Neale Teresa Neale

Signature of Owner(s) Date

10/28/2021

**Mooresville - Environmental Health**

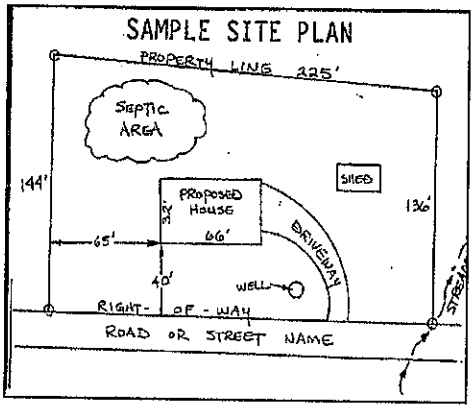
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us

# 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:**

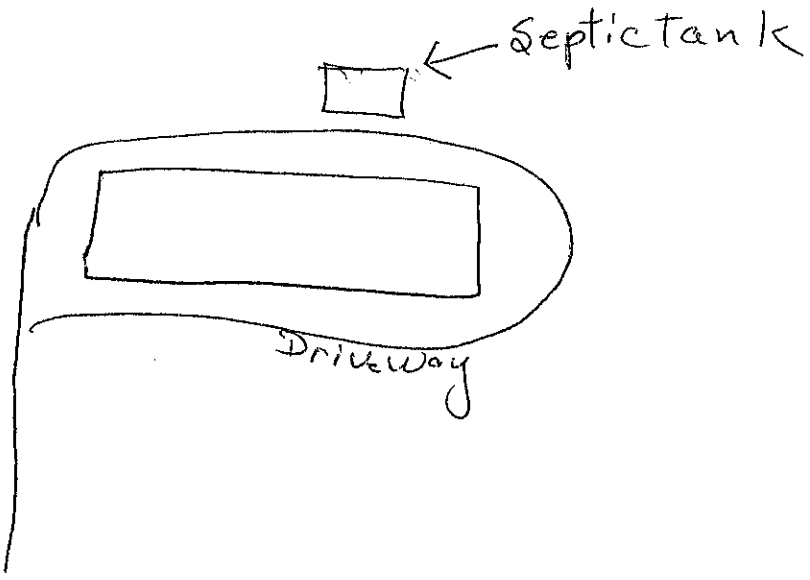
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient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

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

10-28-21

**DATE**