ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (12) Mooresville Office (704) 660-3625 PERMIT # AP314494

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

PIN # ✓ 4776-96-6055

APPLICANT/OWNER: Bobby Miller APPLICANT ADDRESS: 116 Gingerlane 28115

SITE ADDRESS: ✓ 129 McHenwood Ln - Statesville NC 28625 PHONE: 704-657-5771 ALT. PHONE 704-500-6612

SITE DIRECTIONS: US 64 E left on Fifth Creek Road Ron McHenwood lane SAP CONTROLLED: ☐ YES ☐ NO

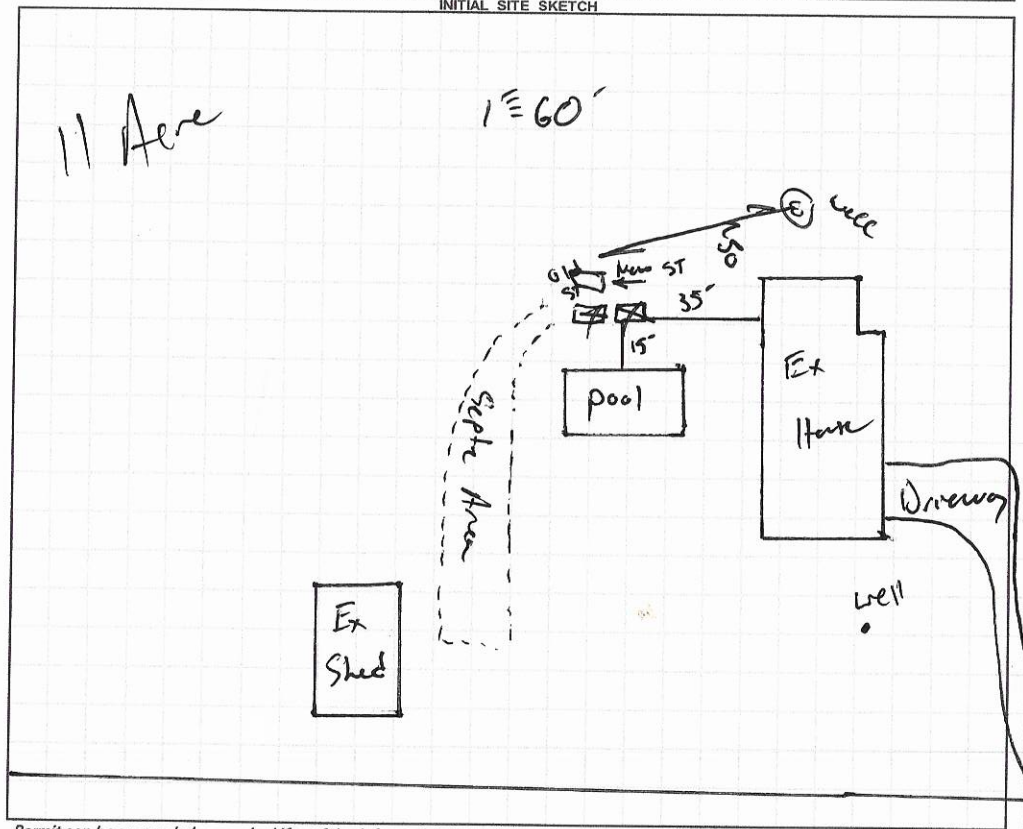
SUBDIVISION: ✓ - SECTION: - LOT # - LOT AREA: 11 Acre DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	1600	Date	10-24-2020	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make	E		Model	-	Serial #		Repair System Description:	Tank			
# Nitrification Fields	-		# lines	S	Linear Ft	OC	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width			Trench Bottom Depth(Low side)				Gravel Depth	Ex	☒ 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, Inspect D Box and replace if 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.

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: Bobby Miller Re/Max Prop. Pla Date: 2-8-2021 Installed by: KDM Grading

IMPROVEMENT PERMIT by: Date: 2-5-2021 OPERATION PERMIT by: Date: 3-8-2021

AUTHORIZATION TO CONSTRUCT by: Date: 2-5-2021 Existing System Inspected by: Date:

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

RECEIVED JAN 2 8 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

AP-314494

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Repair Evaluation - No Chg

The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Re/MAX Properties	303 N. Center Statesville 28677	N/A	704-500-6612
Bobby Miller (Owner Name)	116 Ginger Lane Mooresville 28115	N/A	704-657-5771

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
129 Millerwood Lane	None	N/A

Driving Directions: US 64 East. Left on Fifth Creek Rd. Right on Millerwood Lane (Gravel)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to Tank Cracked
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1978 (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ✓ Bobby Miller
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-27-2021
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

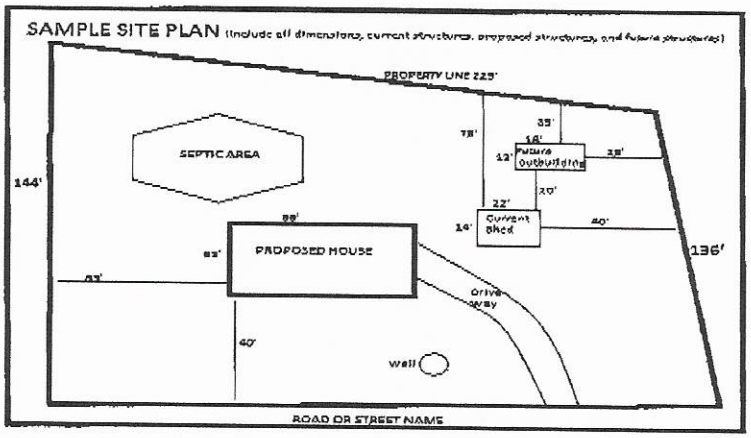
_____ **Front and side setbacks from property line…** _____ **Preferred driveway location and configuration, preferred well location…**

_____ **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)



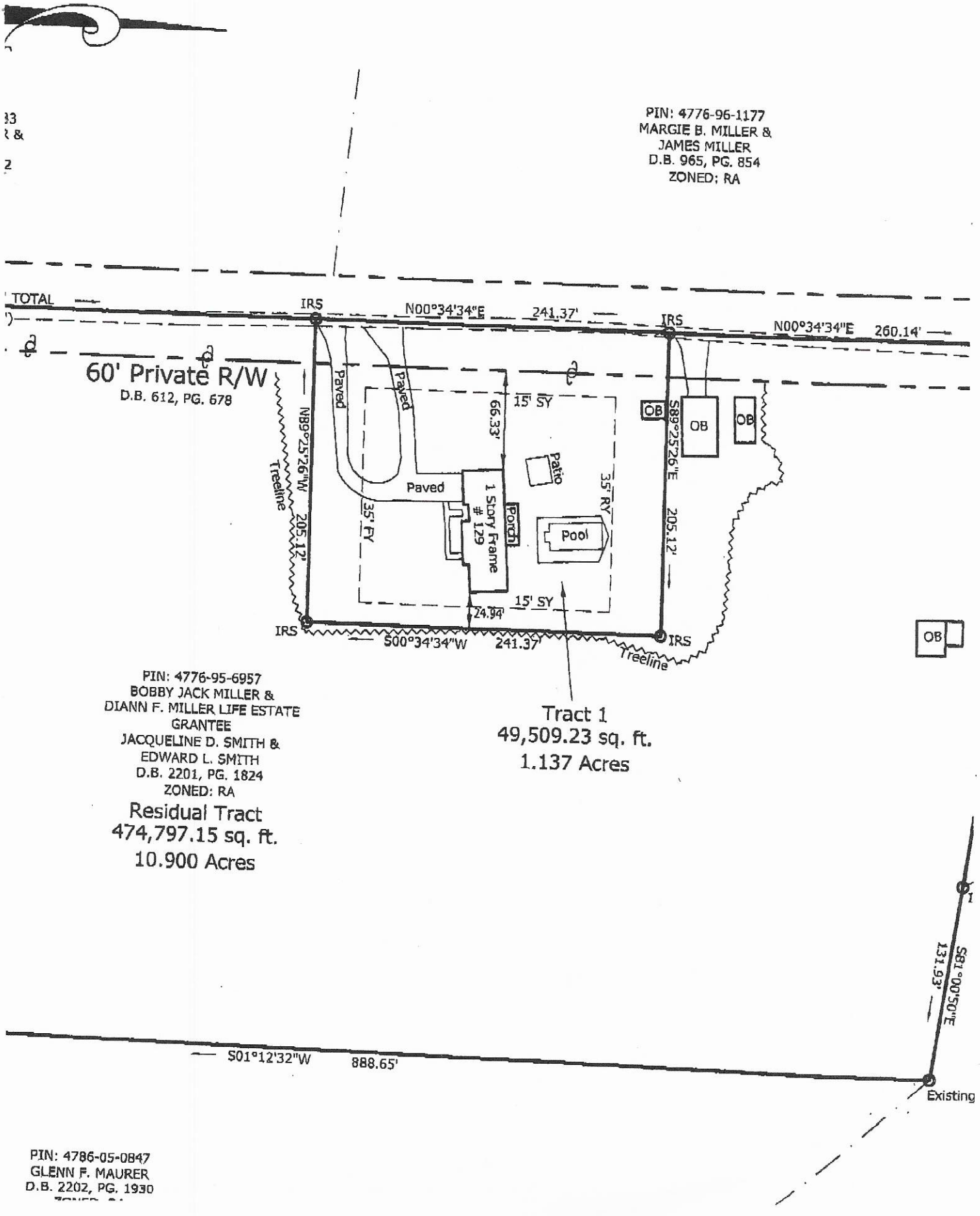
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Bobby Miller

REQUIRED **property owner or owner's legal representative signature.**

1-27-2021

DATE


PIN: 4776-96-1177
MARGIE B. MILLER &
JAMES MILLER
D.B. 965, PG. 854
ZONED: RA
TOTAL
IRS
N00°34'34"E 241.37'
IRS
N00°34'34"E 260.14'
60' Private R/W
D.B. 612, PG. 678
Paved
Paved
66.33'
15' SY
OB
OB
OB
S89°25'26"E
N89°25'26"W
Treeline
205.12'
Paved
1 Story Frame
129
Porch
Patio
Pool
35' RY
35' FY
205.12'
15' SY
24.94'
IRS
S00°34'34"W 241.37'
IRS
Treeline
OB
PIN: 4776-95-6957
BOBBY JACK MILLER &
DIANN F. MILLER LIFE ESTATE
GRANTEE
JACQUELINE D. SMITH &
EDWARD L. SMITH
D.B. 2201, PG. 1824
ZONED: RA
Residual Tract
474,797.15 sq. ft.
10.900 Acres
Tract 1
49,509.23 sq. ft.
1.137 Acres
S81°00'50"E
131.93'
S01°12'32"W 888.65'
Existing
PIN: 4786-05-0847
GLENN F. MAURER
D.B. 2202, PG. 1930

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 Bobby Miller DATE 6/14/18 PERMIT NO. _____

PHONE: Business _____ Home _____

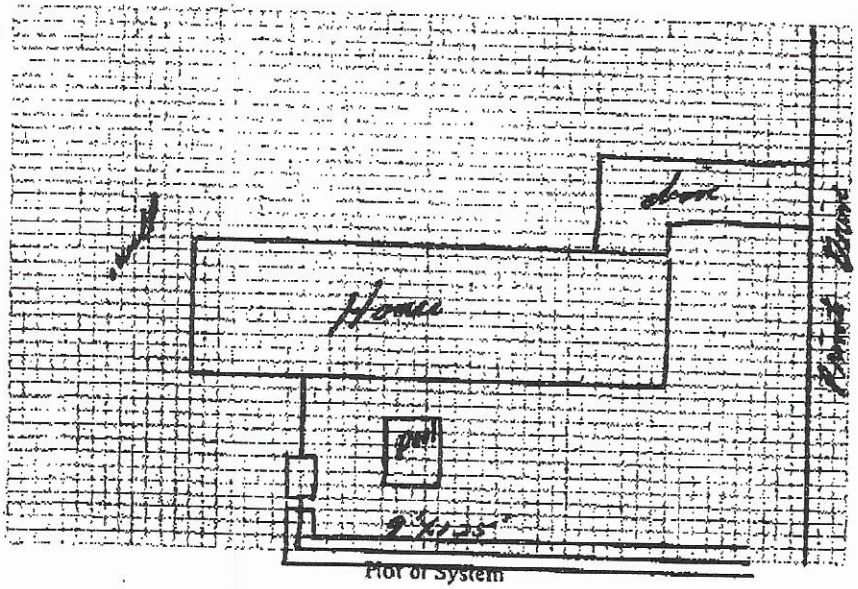
LOCATION 64E, T.L. on Rd #2165 just past 5th creek Presbyterian Church, go about ½ mile & T. Red barn dirt & gravel drive, house on R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 4½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	20 min
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-10%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4ft
Lot Area _____			Rock or other impervious formations	none observed



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1125 Linear Ft. 375
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by Gene Branscomb

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Carey DATE 6/14/18

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

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, Bobby Miller, am the legal owner(s) of the property located at 129 Millcreek Lane, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4776954957, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** RE/MAX Properties Plus, 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.

Bobby Miller — Signature of Owner(s) — Date

A. Gary Deaton — Signature of Witness — 1-27-2021 — Date

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