212973

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

$250

**PAGE 1: *APPLICATION FORM***

**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:**

**Applicant Name:** Joseph Steele **Address:** 199 Harmony Blend Dr Harmony NC **Phone:** 704-437-3414

**Owner Name:** Ricky Steele **Address:** 212 Harmony Blend Dr Harmony NC **Phone:** 704-546-5055

**Property Information:**

**Street Address:** 185 Harmony Blend Dr Harmony NC 28634

**Subdivision Name:** Eastern acres **Section/Phase:** _____ **Lot Number:** _____

**Driving Directions:** From Hwy 21 take Chief thomas Rd for 3/4 mile and Turn right onto Chharmony Blend Dr then go 3/10 mile and 185 is on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 3
**Maximum Number of Occupants:** _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:**
**Type of Business:** _____
**Square Footage of Building:** _____
**Maximum Number of Employee:** _____
**Maximum Number of Seats/Beds/Other:** _____

**Water Supply:**

( ) 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:** 1999
( ) 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:** Joseph Steele **8/19/15**
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Email _____

# 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***

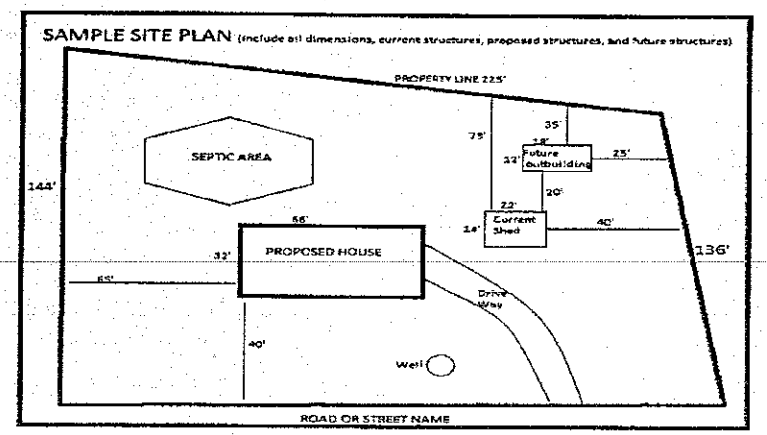
**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred well location...**

**_____ Area you prefer your septic system to be placed...** **_____ North arrow, or other sufficient indicator of direction...**

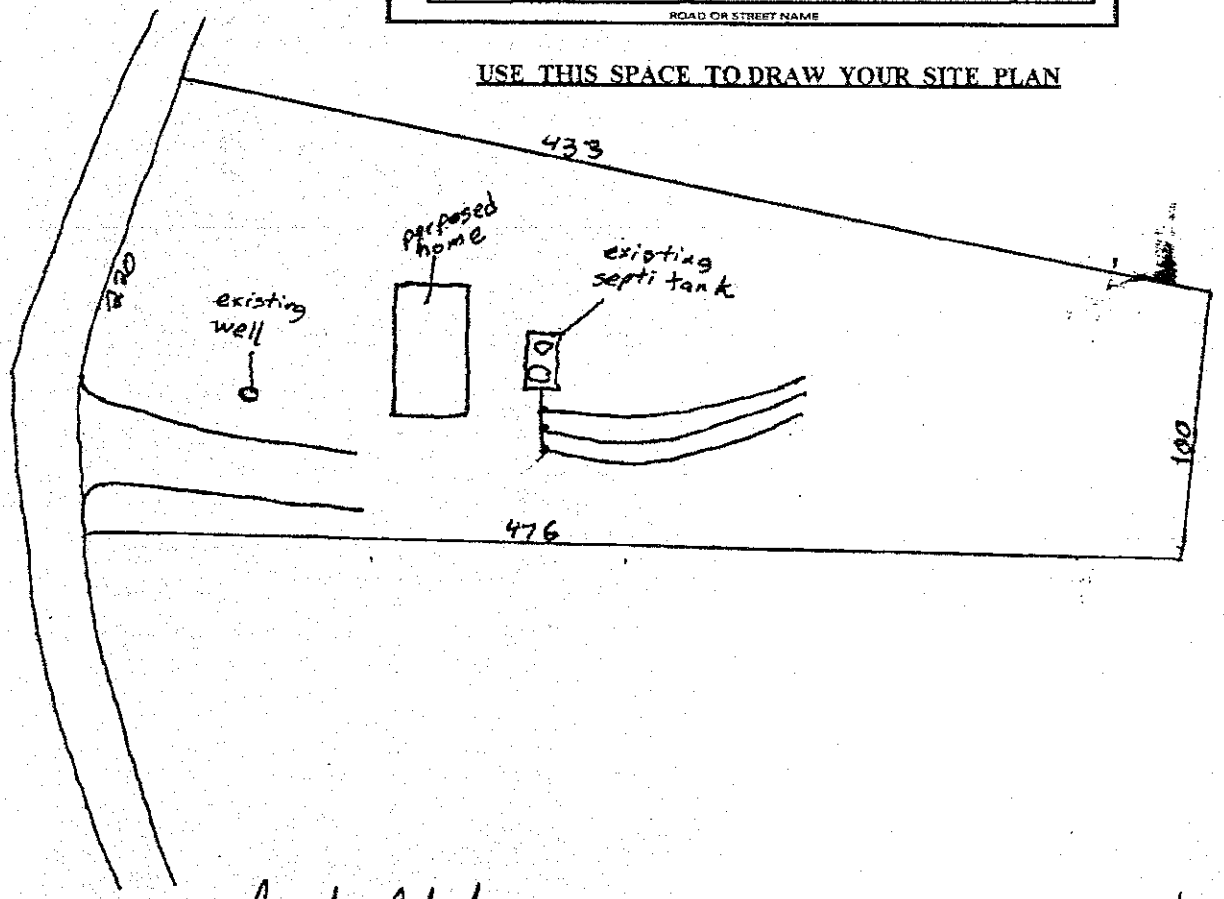
**Circle N/A on the following if appropriate:**

**_____ 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:** Joseph Deleo

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

8/19/15

DATE

# 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, Rickey Steele, am the legal owner(s) of the property located at 185 Harmony Blvd Dr Harmony NC 28634, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

| Rickey Steele | 8/19/15 | _____ | _____ |
|---|---|---|---|
| Signature of Owner(s) | Date | Signature of Witness | 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

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 082065 PIN# 4778.079001 DATE 7-3-99

OWNER OR CONTRACTOR JOHN CLEEK PHONE: Business 878-9595 Home

ADDRESS 445 STONEWOOD DRIVE, MOORESVILLE NC 28115

LOCATION US 21 N, TR CHIEF THOMAS RD, TR HARMONY BLVD, 2ND CURVE, LT ON LEFT

SUBDIVISION EASON ACRES BLOCK / SECTION LOT 25 LOT AREA 1.78 ACRES SITE CLASS PS DESIGN FLOW 360 LTAR 0.35 GPD/Ft2

Septic Tank 1000 Gallons; STB 1017 Date 5-10-99

Pump Tank Gallons; PT Date

Pump Make Model Serial No

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

System: X New System ; Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: Yes X No

X House/Mod. Home ; X Mobile Home ; Business ; Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

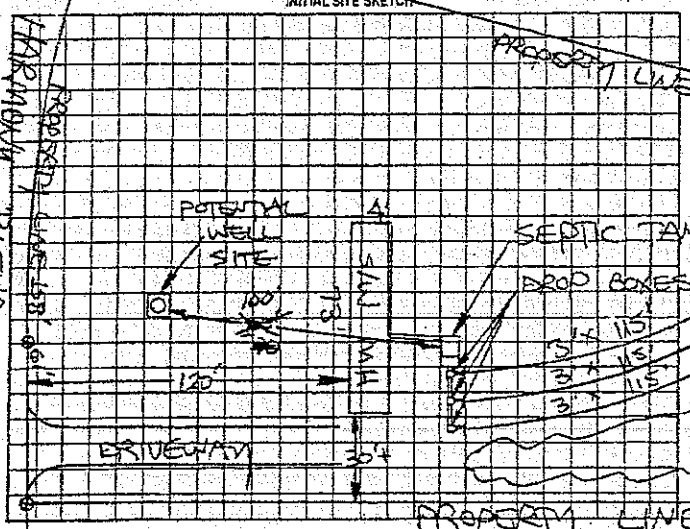
Slab X Crawl Space Basement w/plumbing Basement w/o plumbing

Water Supply: Individual; Public; Community WELL

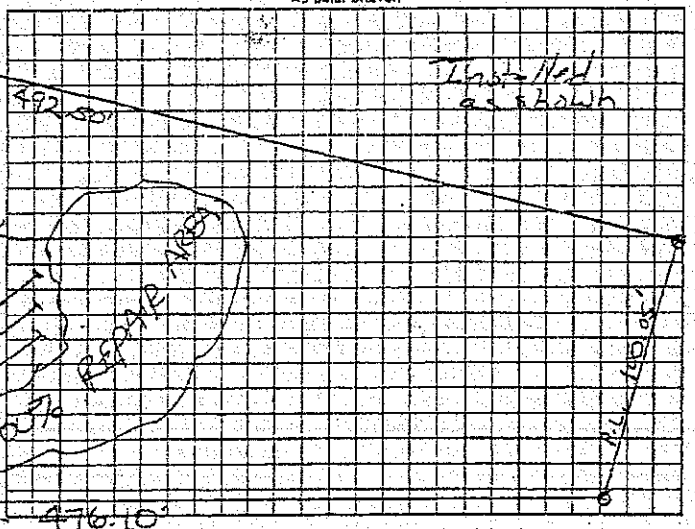
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions

INITIAL SITE SKETCH




AS BUILT SKETCH




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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: [signature] date 7-6-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 7-3-99 Operation Permit by: [signature] date 7-22-99

Authorization to Construct by: STEVE HEDRICK date 7-3-99 Existing System Inspection by: date

HEALTH DEPT COPY, WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK