IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201462

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

PIN # 4779567124

APPLICANT/OWNER: Louise Trivette APPLICANT ADDRESS: 147 Brooksong Dr, Lexington SC 29073

SITE ADDRESS: 2166 Mt. Bethel Rd, Harmony PHONE: 803-240-7561 ALT. PHONE —

SITE DIRECTIONS: 21 N → R on Mt Bethel → on R SAP CONTROLLED: ☐ YES ☒ NO

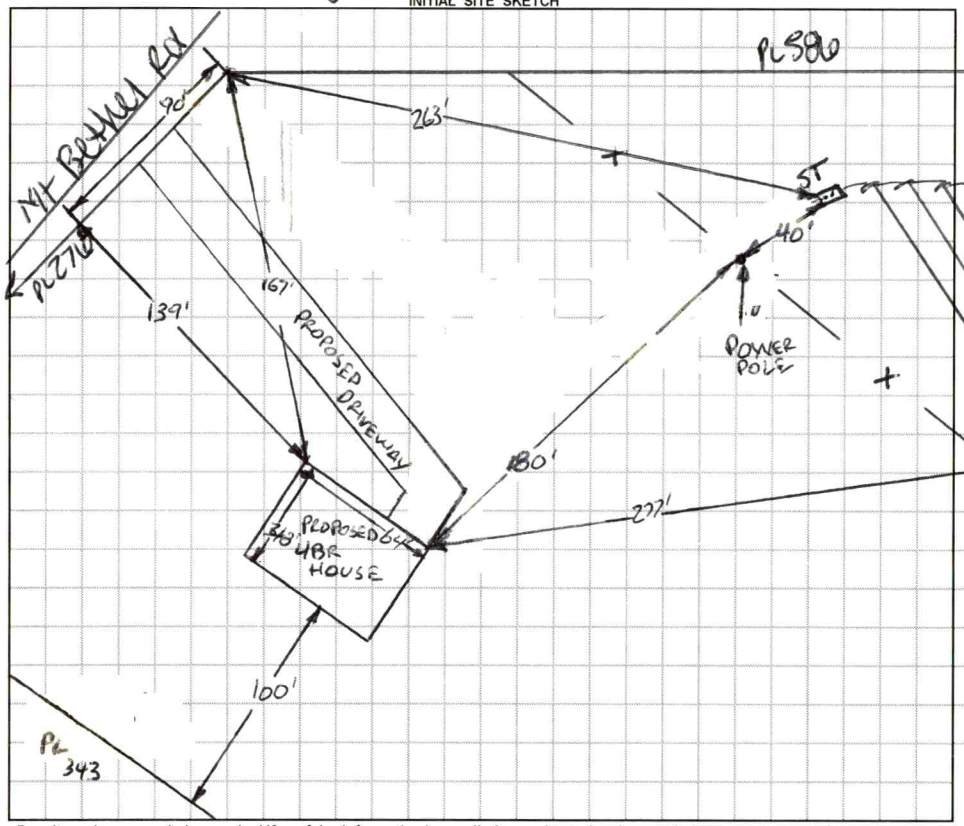
SUBDIVISION: Harold Shaw Estate SECTION: — LOT # 7 LOT AREA: 5.52ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date 8/14/20	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT	Date	System Description:	25% reduction	☐ Business	No. Persons	8	☐ Private	
Pump Make		Model		Serial #	Repair System Description:	25% reduction	☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth —		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing	

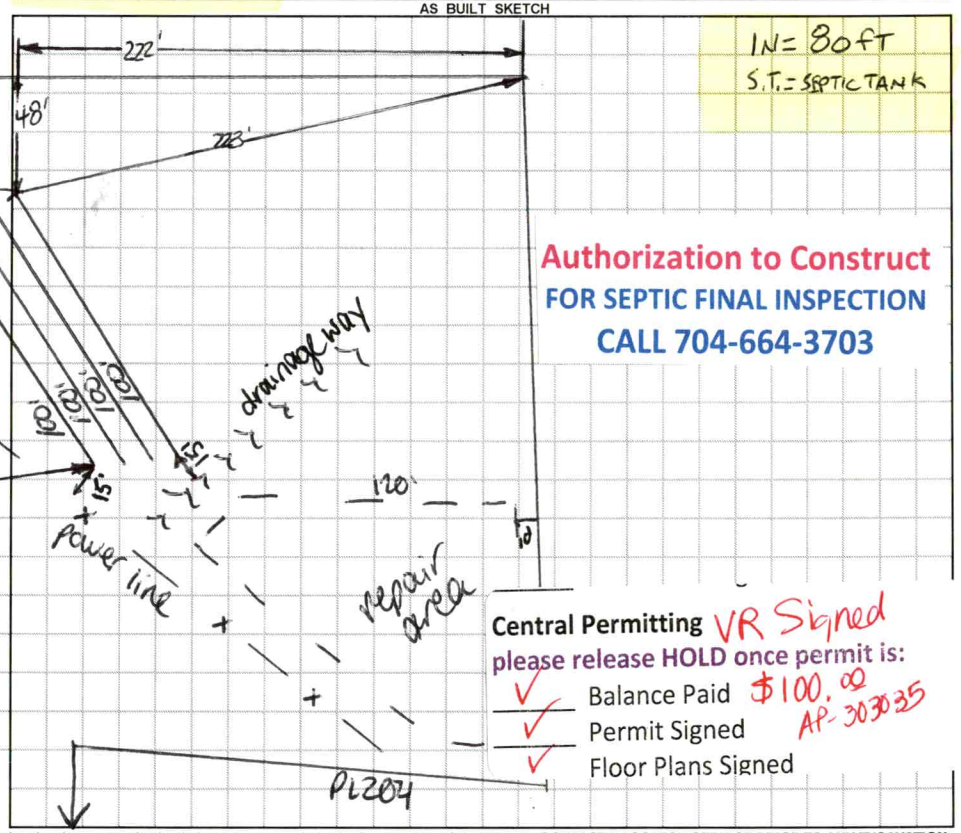
Comments / Conditions: Install on contour & utilize serial distribution. Purpose of this permit is to move mast from original permit.

SEPTIC TANK MUST SET ON DRAINFIELD SIDE OF POWER LINE OR ENCROACHMENT AGREEMENT FROM UTILITY COMPANY IS REQUIRED

INITIAL SITE SKETCH



AS BUILT SKETCH



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Central Permitting VR Signed
please release HOLD once permit is:
✓ Balance Paid $100.00 AP-303035
✓ Permit Signed
✓ Floor Plans Signed

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 Louise Trivette Date: 3-26-21 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-17-2021 OPERATION PERMIT by: [signature] Date: 9/23/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-17-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201462

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

PIN # 4779516712

APPLICANT/OWNER: Louise Trivette APPLICANT ADDRESS: 147 Brooksong Dr, Lexington SC

SITE ADDRESS: 2660 Mt. Bethel Rd, Harmony PHONE: 803-240-7561 ALT. PHONE —

SITE DIRECTIONS: 21 N → R on Mt Bethel → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harold Shaw Estate SECTION: — LOT # 7 LOT AREA: 5.52ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I, II, III, IV, V, VI		☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth 36" max	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

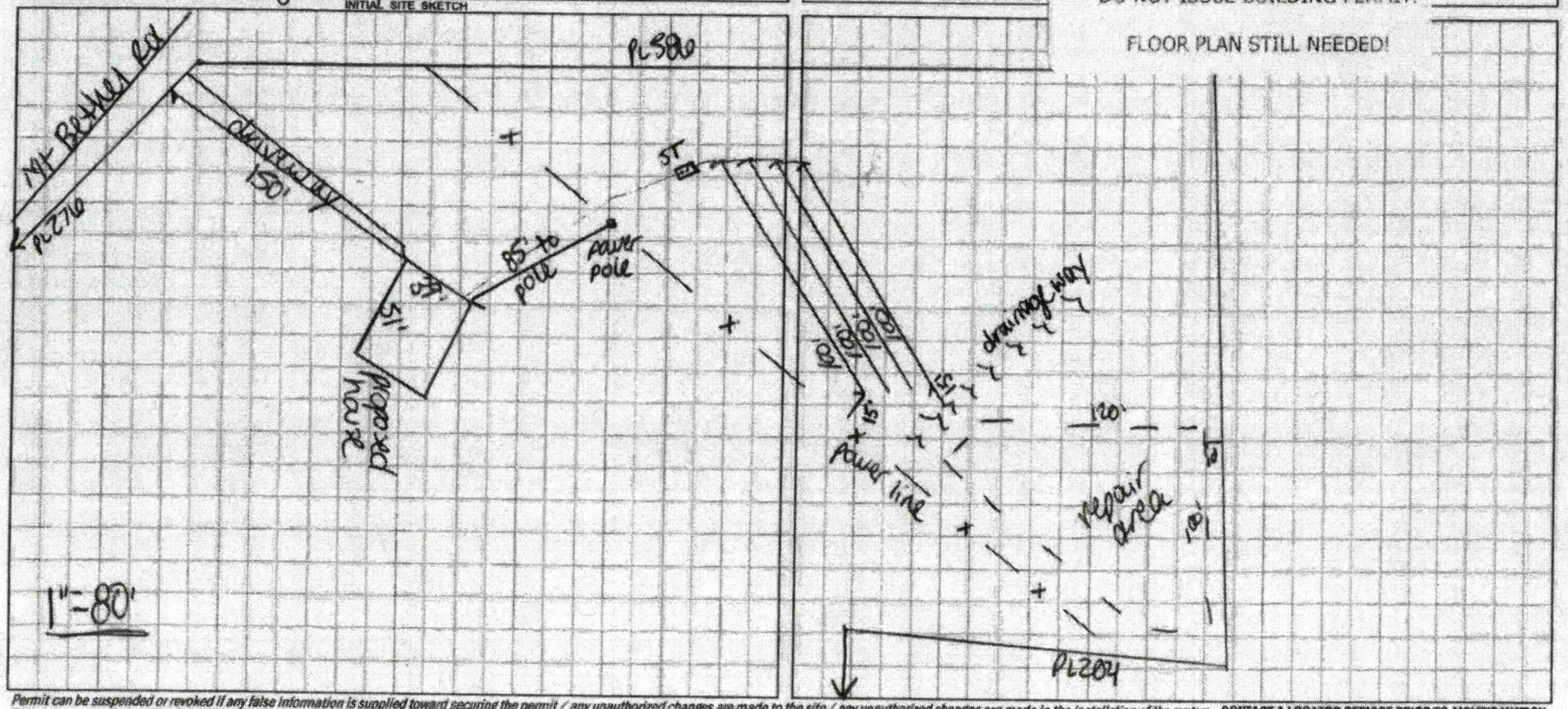
Comments / Conditions: Install on contour + utilize serial distribution. Purpose of this permit is to move next from original permit.

—IMPROVEMENT PERMIT ONLY—

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

INITIAL SITE 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. **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: Louise Trivette Date: 3-8-20 Installed by:

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 12-17-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Overall 48 wide by long

Ramp 10 x 12

Bed room 12 x 34

Bath 9x7

Garage 24x34

Acknowledgement Of Plans Submittal ONLY!

Owner Date 3-3-21

Builder Date 2-17-2021

Bath 9x8

Closet 7x3

Bath 6x8

Closet 7x5

13x12 Bedroom

Kitchen 10x9

Living room 20x21

7x15 Closet

Bath 6x8

15x15 Bed room

13x11 Bedroom

Covered Porch 12x9x48

RECEIVED DEC 3 0 2020

re-layout 303035/201462

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Paid $105.00

Iredell County Health Department – Environmental Health Division

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

Ltd Relayout

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: Louise Trivette Address: _____ Zip: _____
Applicant Email: louise trivette@gmail.com Phone: 803-210-7561 Alt. Phone: _____
Owner Name: Louise Trivette Address: 149 Brooksong Dr Lexington, SC Zip: 29073
Owner Email: louise trivette@gmail.com Phone: 803-210-7561 Alt. Phone: _____

Property Information:

Street Address: 266 Mt Bethel Rd Harmony, NC 28634
Subdivision Name: None 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: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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?

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: Louise F. Trivette 12-30-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ronda Hart

See note re: tank location

From: Louise Trivette <louisetrivette@gmail.com>
Sent: Tuesday, January 5, 2021 2:39 PM
To: Ronda Hart
Subject: Re: Signature needed

Please contact Louise with questions and/or add'l fees and/or site visit needed.

I hope you had a great time off. When I was working I always looked forward to holidays so I could take an extra day off.
I sent the drawing for the house, I failed to put our preference for the placement of the septic tank. We would like it to be between Mt Bethel Rd and our driveway. If not there, then our second preference would be directly behind the house.. At some later date we plan to build a barn near the light pole. Please let me know when you get a chance to look at this.

Thank you,
Louise Trivette

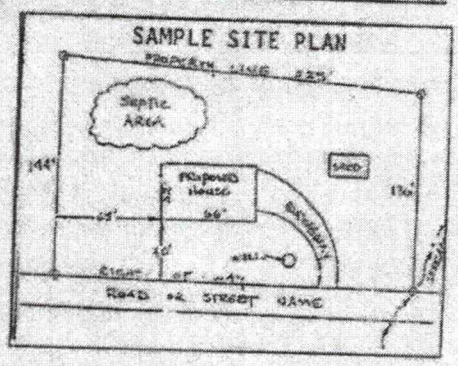
Virus-free. www.avast.com

On Thu, Dec 31, 2020 at 4:35 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

> Please sign and date the bottom of the attached page and return.
>
> Thank you,
>
> *Ronda Hart*
>
> Administrative Assistant
>
> Public Health
> Prevent. Promote. Protect.
> Iredell County Health Department
>
> Environmental Health
>
> 349 N. Center Street
>
> Statesville, NC 28677
>
> Ronda.hart@co.iredell.nc.us
>
> 704-878-5305 x 3456

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:

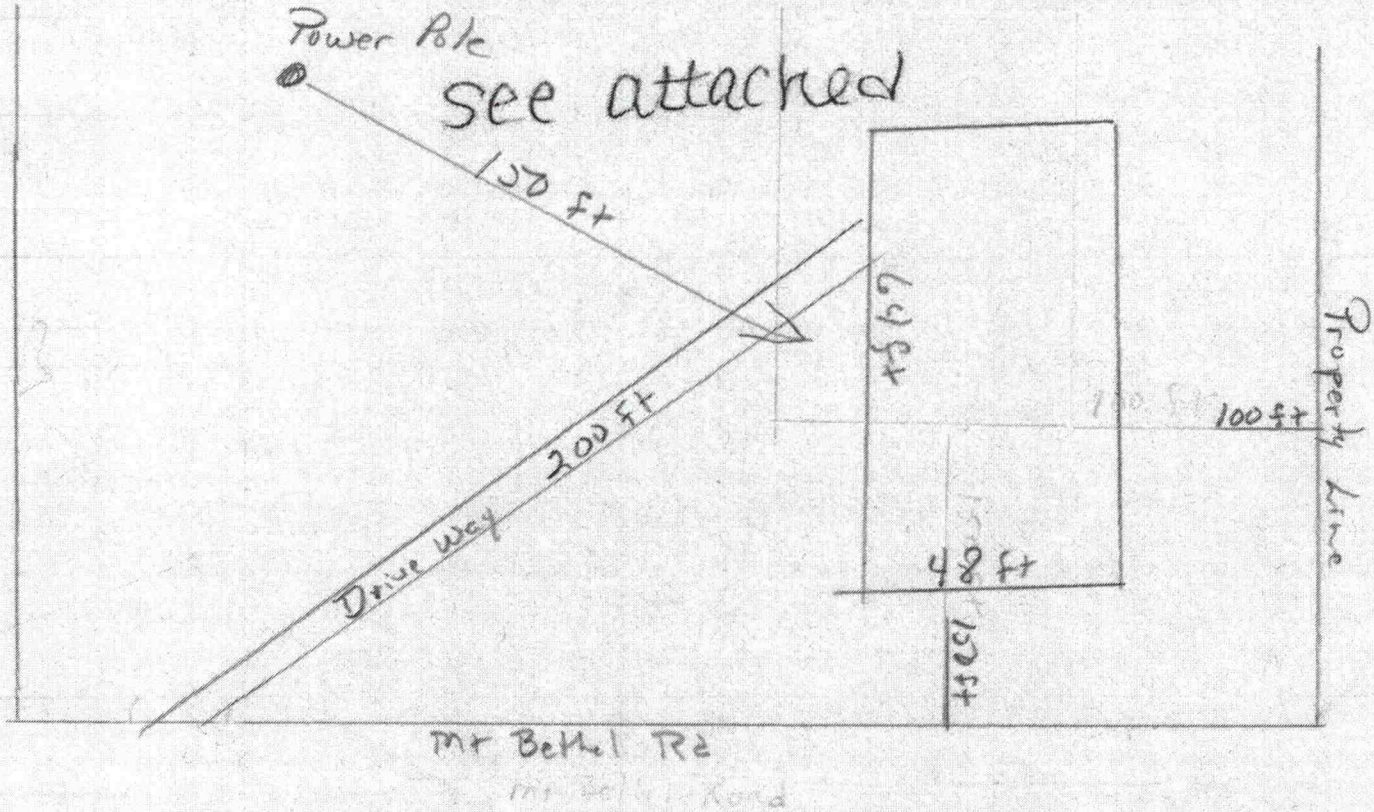
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Lonnie Sweatt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-2-21
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)* Louise F. Trivette

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, Louise F. Trivette, am the legal owner(s) of the property located at 266 Mt Bethel Rd Harmony, NC 28634, identified as PIN (Parcel Identification Number) 422 956 7124, 000, 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.

Louise F. Trivette — Signature of Owner(s)

12-30-20 — 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