IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239154

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

PIN # 4784-00-0525

APPLICANT/OWNER: Elizabeth Blackwelder APPLICANT ADDRESS: 678 Elmwood Rd. Statesville, NC 28625

SITE ADDRESS: 678 Elmwood Rd. Statesville, NC 28625 PHONE: 704-872-9273 ALT. PHONE

SITE DIRECTIONS: Rt 70 East from Statesville → L on Elmwood Rd → House on left @ corner w/ Mills Garden SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 12.53 acres DESIGN FLOW: Existing L.T.A.R.: —

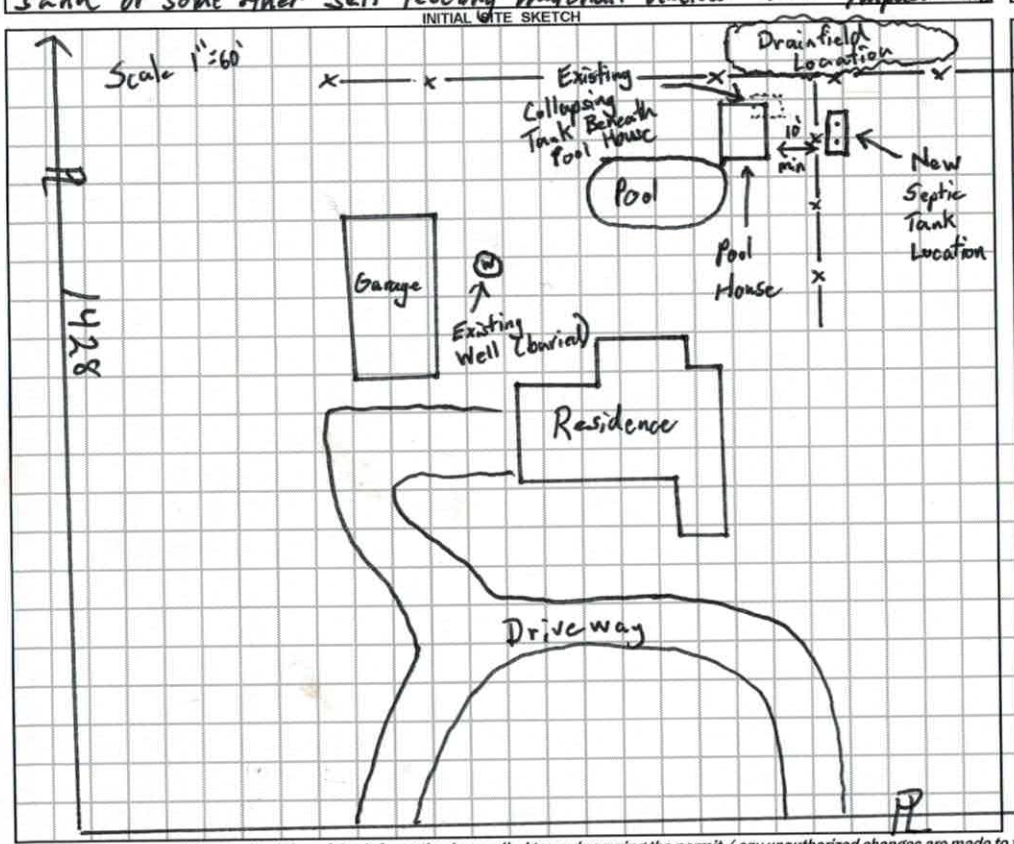
Septic Tank	1000 (gal)	STB 760	Date 7/4	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Existing
Pump Tank	— (gal)	PT —	Date	System Description: Replace collapsing tank w/ new		☐ Business	No. Persons Existing
Pump Make	—	Model —	Serial # —	Repair System Description: tank as needed.		☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines Ex	Linear Ft Ex	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Trench Bottom Depth(Low side) Ex		Gravel Depth Ex	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Burial ☐ Public ☐ Community

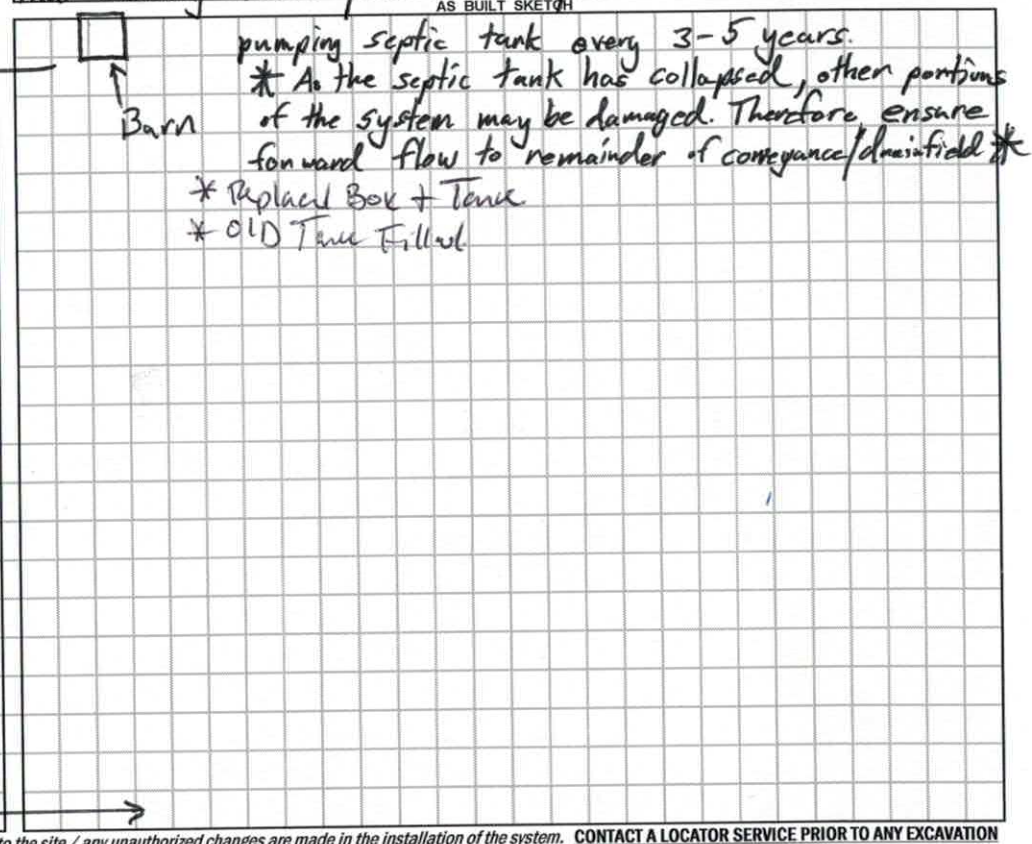
Comments / Conditions: Recommend pumping existing tank. Adding hydrated lime to interior sidewalls + filling tank with concrete, gravel, sand or some other self leveling material. Unclear what impact the collapse of the tank has had on the slab foundation of poolhouse. Recommend contacting structural engineer to verify that building doesn't pose a collapse hazard. Recommend pumping septic tank every 3-5 years. * As the septic tank has collapsed, other portions of the system may be damaged. Therefore, ensure forward flow to remainder of conveyance/drainfield *

* Replaced Box + Tank
* OLD Tank Filled

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. **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: Elizabeth Blackwelder Date: 10/07/18 Installed by: Lentz Woodworker

IMPROVEMENT PERMIT by: Tom Shuler Date: 10/5/2018 OPERATION PERMIT by: Benjamin A. Bass Date: 10/16/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 10/5/2018 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.

RECEIVED SEP 2 7 2018

Permit 239154

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (Replacement) ( ) 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: Elizabeth C. Blackwelder Address: 678 Elmwood Rd, Statesville NC Zip: 28625
Applicant Email: hdblackwelder@roadrunner.com Phone: 704 872 9273 Alt. Phone: 704 871 6994
Owner Name: Elizabeth Blackwelder Address: 678 Elmwood Rd Statesville NC Zip: 28625
Owner Email: hdblackwelder@roadrunner.com Phone: 704 872 9273 Alt. Phone: 704 872 9273

Property Information:

Street Address: 678 Elmwood Road

Subdivision Name: NA Section/Phase: _____ Lot Number: _____

Driving Directions: 64E to Barry Oak, left on Mills Garden Rt @ end of Mills Garden Rt at lot mailbox (678) [OR - 1 mile on Barry Oak, Rt on Elmwood - 2 miles on Rt

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 1 — ( ) Concrete Slab Foundation
(✓) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system — ✓ Tank ___ Drain lines Describe Problem: Level 2 soil test failure 2° to age
Non-Residential Site Development: Type of Business: N/A
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: ~1973
( ) 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: Elizabeth C Blackwelder — 09/27/18
Property Owner or owner's legal representative signature (SIGNATURE REQUIRED) 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)* Elizabeth C Blankenship

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, Elizabeth Blankenship, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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.

Elizabeth C Blankenship _____ 09/24/18
Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

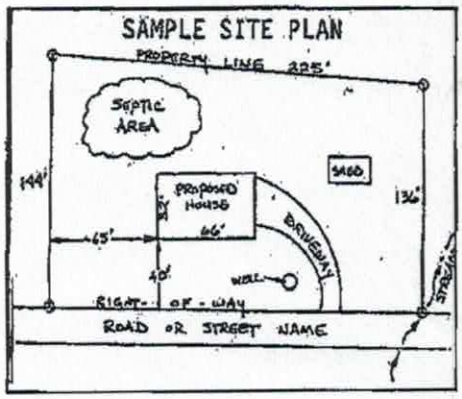
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location TBD by Landa
- ( ) North arrow, or other sufficient indicator of direction

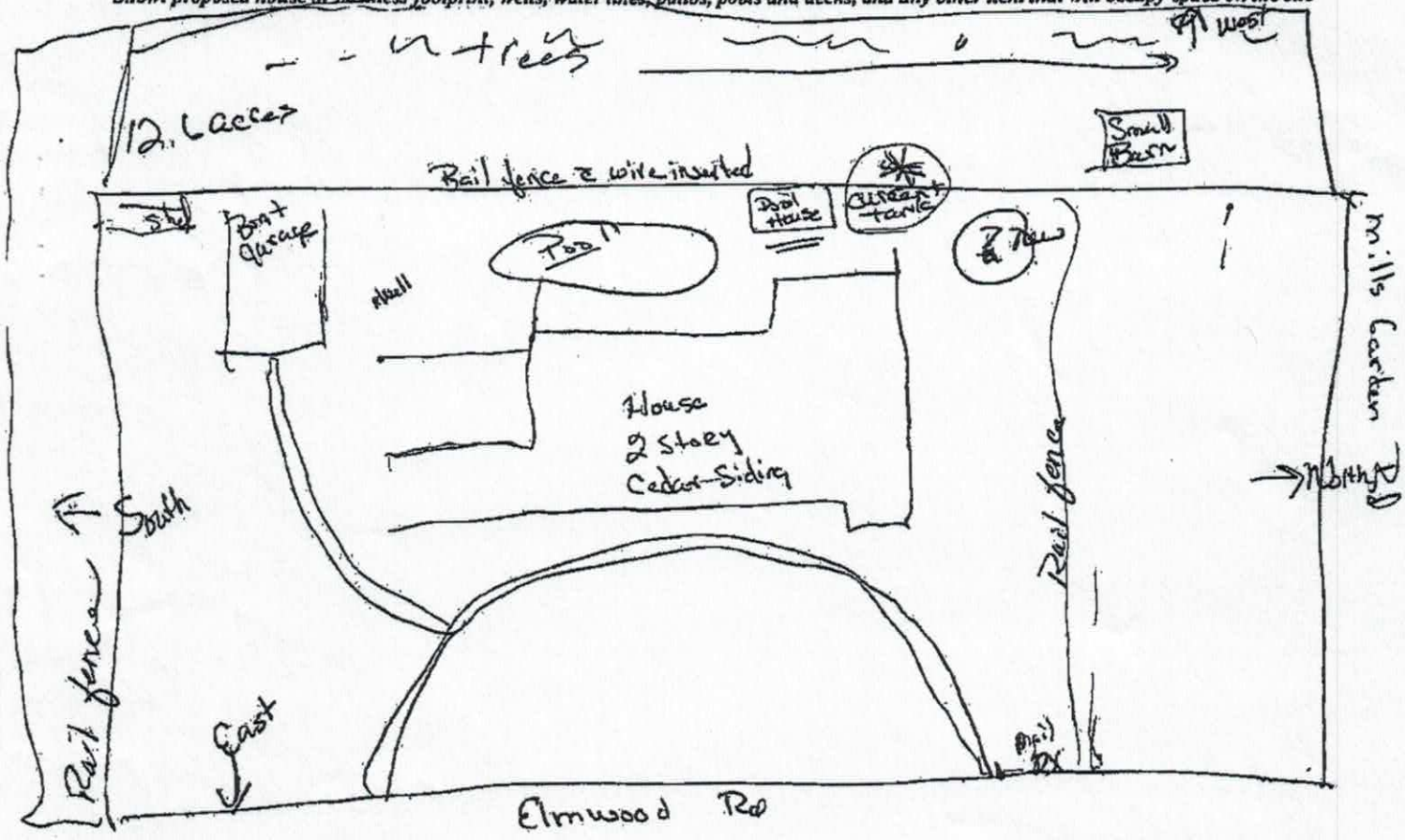


Circle N/A on the following if appropriate:

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: [signature] Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 09/27/18

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 H. D. Blackwelder DATE 4-14-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70E Th on Elmwood Past Creek 1/4 mi on left. S. R. No. _____

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

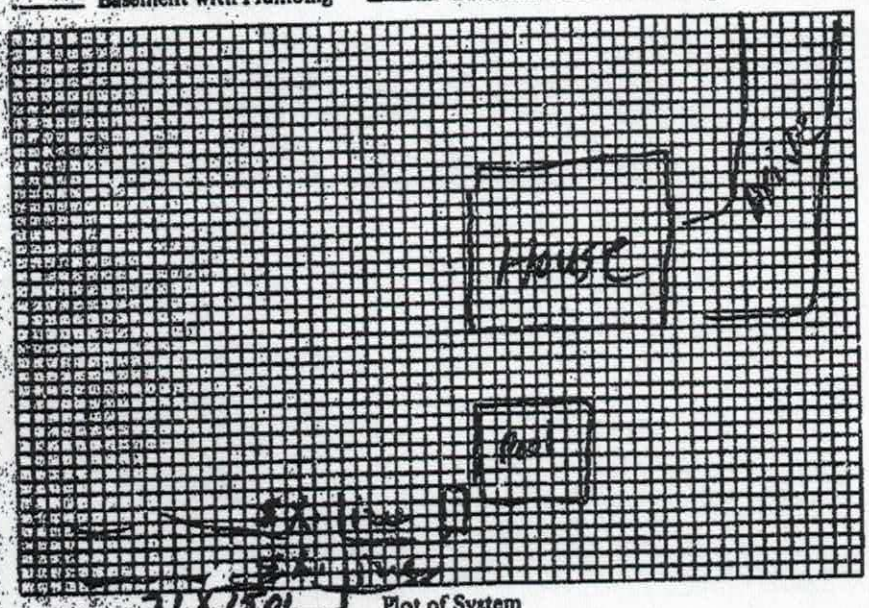
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey & Saprolite
Percolation Rate Slow
Topography Rolling
Depth to Water Table 10'+
Rock or other impervious formations Saprolite & Weathered Rock

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Ex. Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by AAA Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 4-14-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold