ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP- 325987

PIN # 4786 -- 14 -- 7879

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

APPLICANT/OWNER: JEFF & SANDRA SLADE

APPLICANT ADDRESS: 1129 BUNCH DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 208 BLUEBERRY HILL DRIVE, STATESVILLE, N.C. 28625

PHONE: 704-239-1588

ALT. PHONE 704-239-1587

SITE DIRECTIONS: (E) ON 64, (L) ON FIFTH CREEK, (R) ON GARRIS, (L) ON BLUEBERRY HILL, LOT ON R

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: BLUEBERRY HILL ESTATES

SECTION: P2 LOT # 14 LOT AREA: 3.12 AC

DESIGN FLOW: EXT 480 L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	760	Date	2/11/22	☐ New System	☐ Repair ☐ Expansion System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT- CONVENTIONAL
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

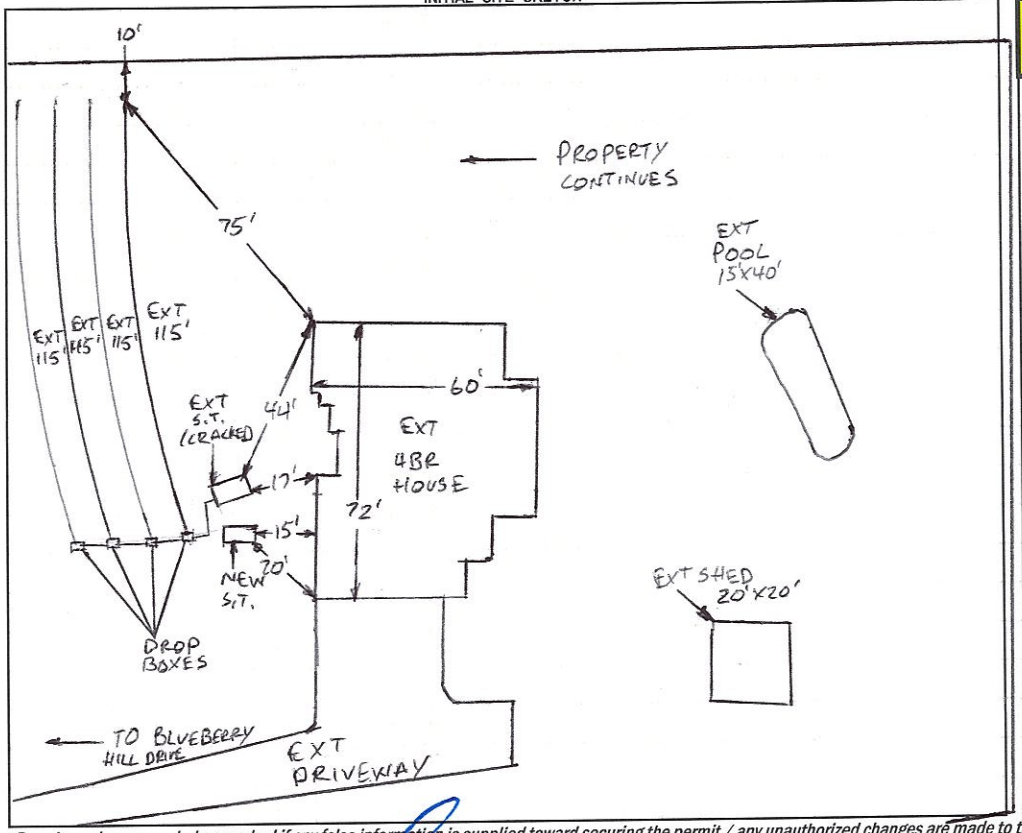
☑ Residence — No. Bedrooms: 4 EXT
☐ Business — No. Persons: 8 EXT
☐ Other — No. Employees:
☐ Slab — ☑ Crawl Space
☐ Basement w/plumbing — ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, FILL EXISTING TANK, INSPECT AND REPLACE DROP BOXES AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

SEE PREVIOUS 4BR PERMIT FROM 1995

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 = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Installed as Drawn

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: _____ Date: _____ Installed by: Leatz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-10-2022 OPERATION PERMIT by: _____ Date: 3/28/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-10-2022 Existing System Inspected by: _____ Date: _____

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

BW

RECEIVED FEB 2 3 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-325987 Repair Fee

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Jeff & Sandra Slade Address: 1129 Bunch Dr. Statesville NC Zip: 28677
Applicant Email: Sandee@bearingcandles.com Phone: 704-239-1588 Alt. Phone: 704-239-1587
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 208 Blueberry hill Dr. Statesville NC 28677
Subdivision Name: Blueberry hill Estates Section/Phase: 2 Lot Number: 14
Driving Directions: 64 west / left on Fifth Creek / Rt on Gallis / left on Blueberry Hill drive

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system _X_ Tank ___ Drain lines Describe Problem: cracked

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: Sandra Kay Slade
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/23/22
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, Sondra Slade, am the legal owner(s) of the property located at 208 Blueberry Hill Drive Statesville NC, identified as PIN (Parcel Identification Number) 4766147879, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dean Slade, 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.

Sondra Kay Slade 2/23/22 — Signature of Owner(s) / Date

Scott Whipkey 2/23/22 — 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

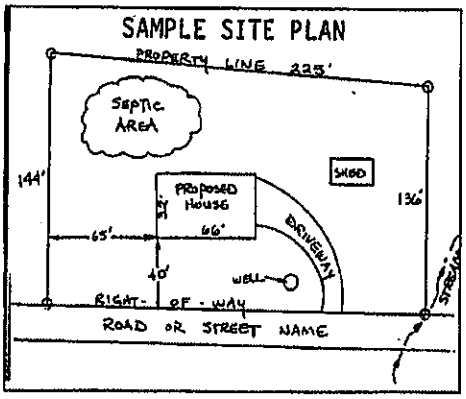
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

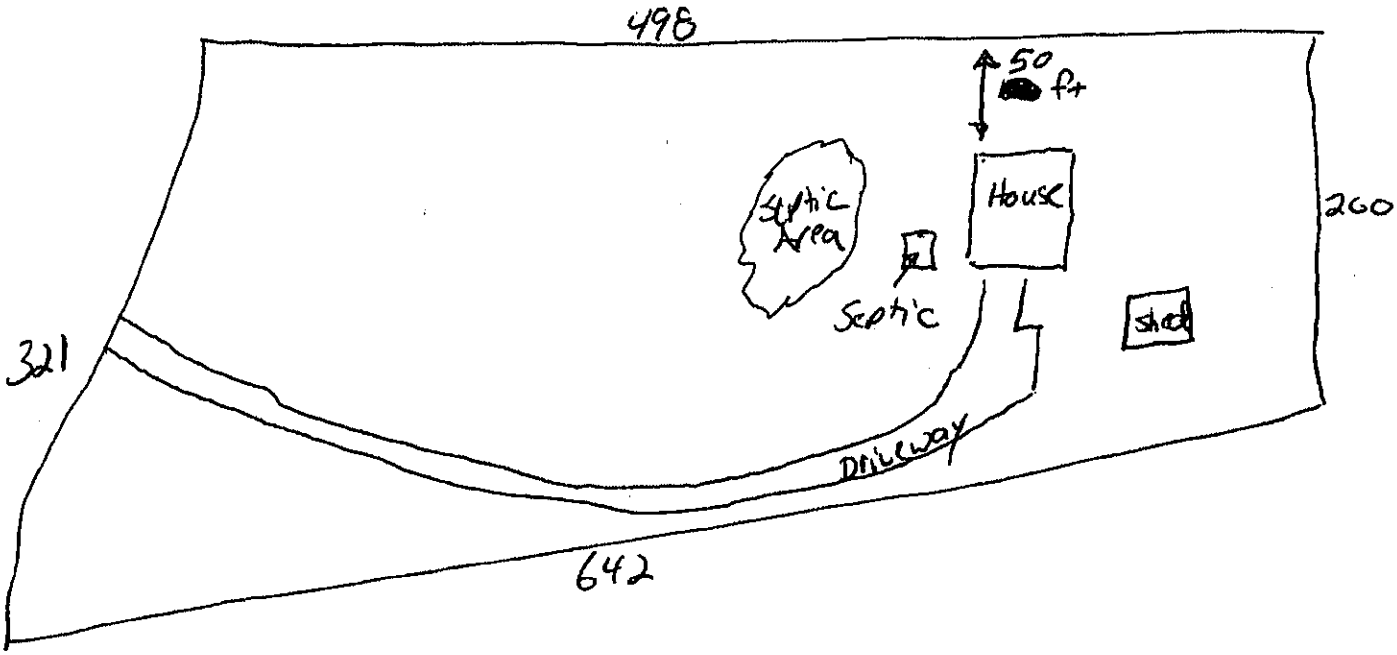


Circle N/A on the following if appropriate:

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: Linda Kay Slade

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

2/23/22

DATE

IREDELL COUNTY HEALTH DEPARTMENT

11G-1-A-14

53594

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19741 DATE 11-14-94 TAX MAP NO. ~~11-14-94~~ Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jeffrey Slade PHONE: Business _____ Home 881-0900

ADDRESS _____

LOCATION Hwy 64 E To Fifth Creek Rd TR Garris Dr To Blueberry Hill 1000' Rt

SUBDIVISION Blueberry Hills BLOCK / SECTION II LOT 14 LOT AREA 3.12 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .135

Septic Tank: 1000 Gallons; STB 1012 Date 9-6-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

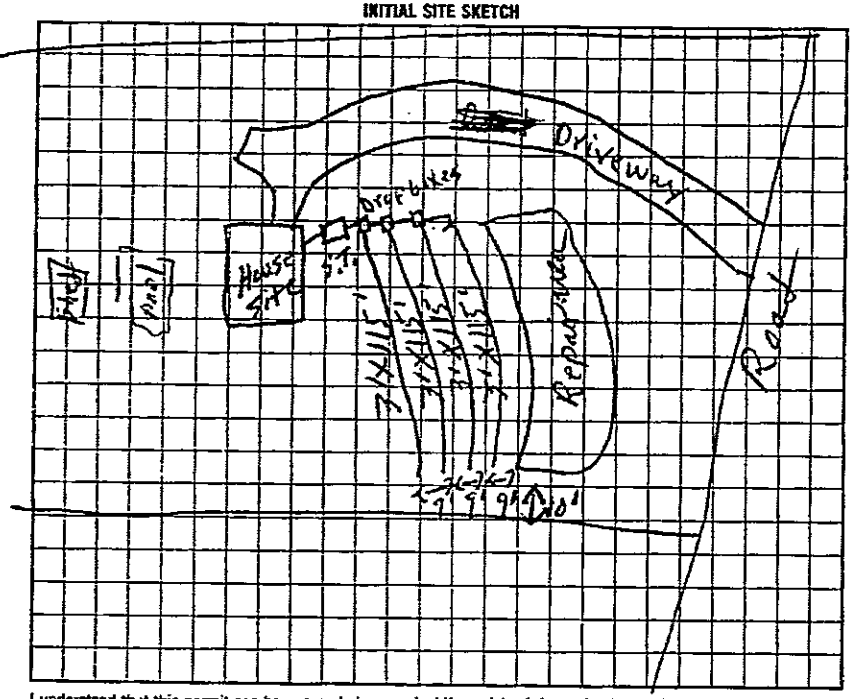
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: House Site 1431 OFF RL

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Jeffrey Slade

Improvement Permit by: E. C. Moore date 11-14-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: _____ date _____

Operation Permit by: E. C. Moore date 11-30-95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

76100