21826

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct __X__ BOTH ___ Existing System Inspection

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

3. **Applicant Information:**

CARRIE ETZKORN	601 Rimrock Rd. Statesville 28625	Cell # 704.450.2461	DENNIS CELL 704.657.1079
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SUE JONES	601 Rimrock Rd. Statesville 28625	704.546.7160	Cell 704.500.1897
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

110 ELAM FARM LN STATESVILLE 28625	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: FROM DAVIS REGIONAL Medical Center - travel Old Mocksville Rd. for 7.5 miles. Turn left onto Mt. Bethel Rd. Travel 1.5 miles & TURN Right onto Rimrock RD. TRAVEL 2.0 miles & TURN Right onto ELAM FARM LN.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 OR ( ) Community Well ( ) City Water (✓) Other Public Water Iredell Water Corp.

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

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other _____

8. 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. 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: Carrie A. Etzkorn 07-06-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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:

X Property Line measurements are clearly identified…

X 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

X Front and side setbacks from property line…

X Area you prefer your septic system to be placed…

X Preferred driveway location and configuration, preferred well location…

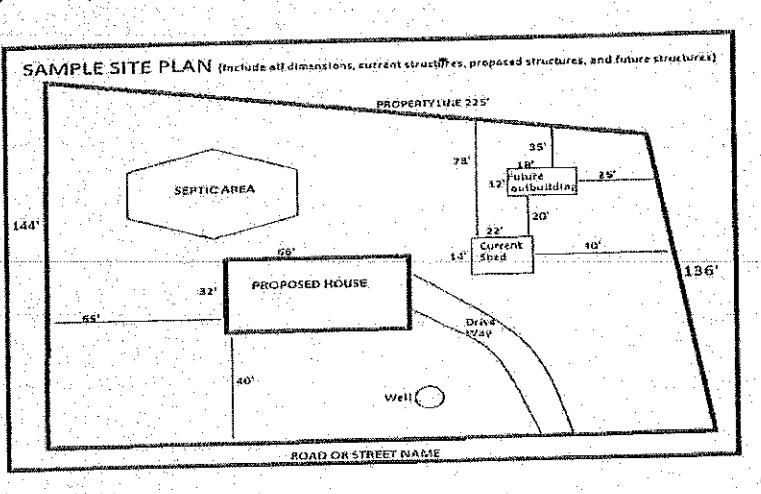
X North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

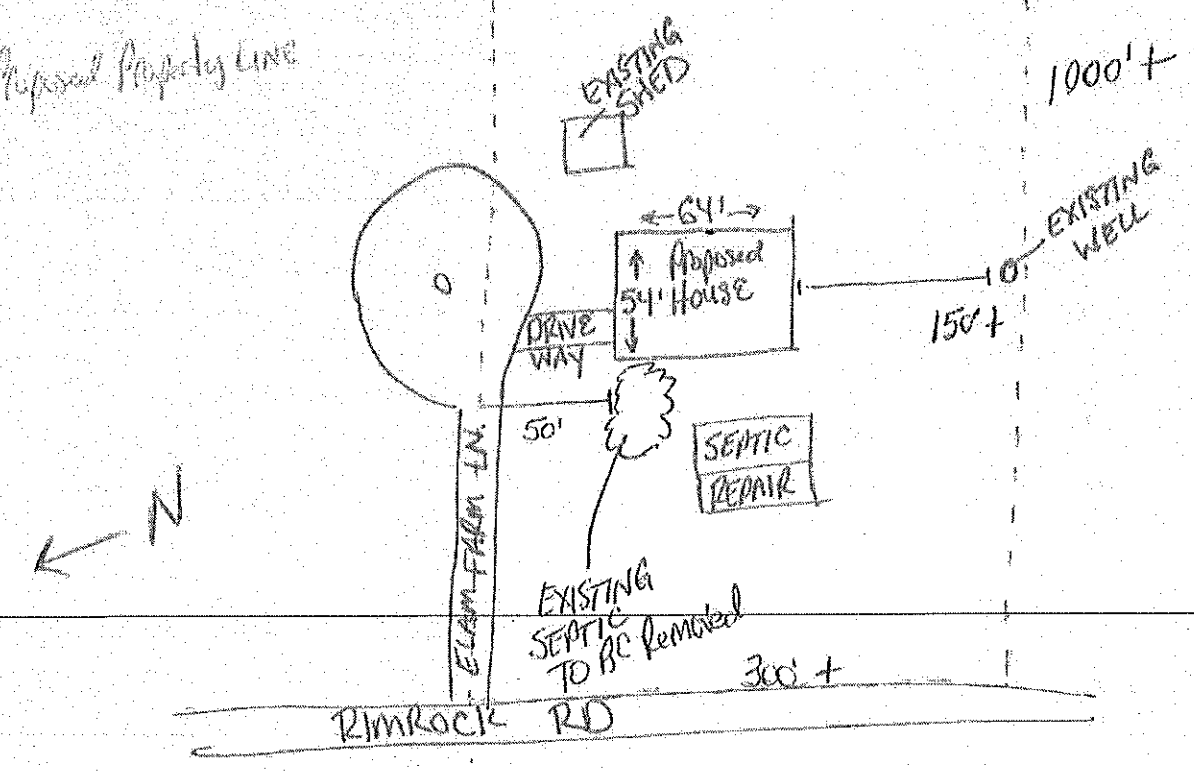
X Location of septic systems and wells within 100' of your property… N/A

X Location of easements and rights of ways on your property… N/A

X Location of any designated wetlands on the property… N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Carrie J. Elkins

REQUIRED property owner or owner's legal representative signature.

07-06-15

DATE

21826

PublicHealth
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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, Sue E. Jones, am the legal owner(s) of the property located at 110 ELAM FARM LN., identified as PIN (Parcel Identification Number) 4789-73-4508, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CARRIE ETZKORN, DENNIS ETZKORN, 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.

Sue E. Jones 07-06-15
Signature of Owner(s) Date

[signature] 07-06-15
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 / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 26082 DATE 2-3-97 TAX MAP NO. 4787734587 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR WILLIAM & SADIE ELAM PHONE: Business Home 546-7247

ADDRESS [redacted] 602 RIMROCK ROAD STATESVILLE NC 28677

LOCATION US 21 N, TR NC 901, TR RIMROCK RD, ~ 1.0 MILE ON LEFT AT BOX #602

SUBDIVISION BLOCK / SECTION LOT LOT AREA 10.74 AC. SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet EXISTING

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

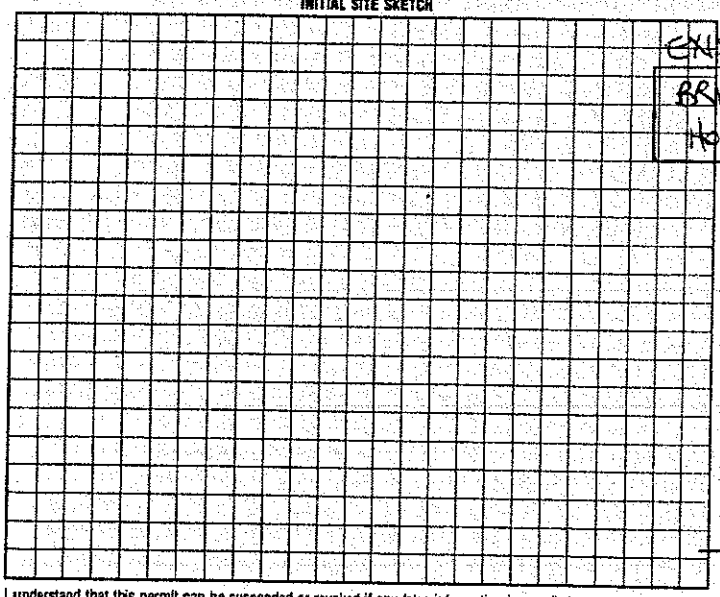
☐ Other

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

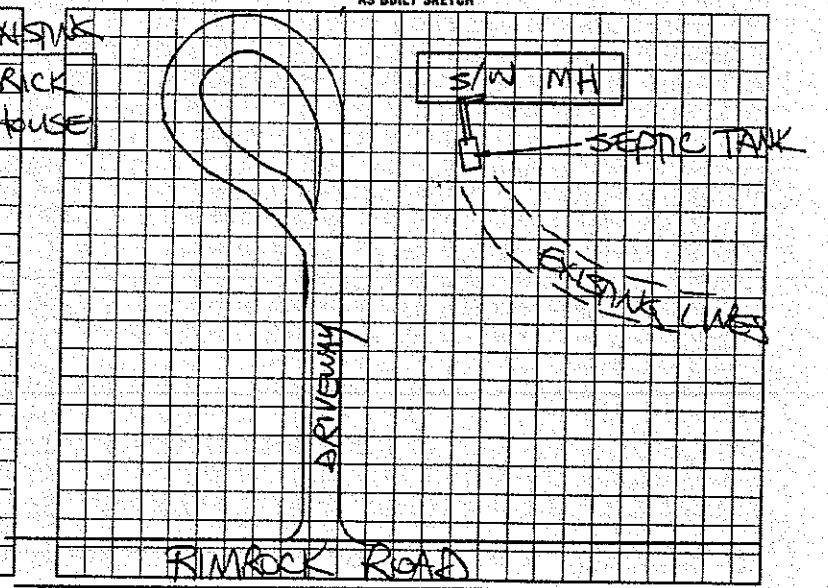
Comments:

Comments: KEEP MH MINIMUM 5' FROM SYSTEM.

INITIAL SITE SKETCH



AS BUILT 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:

Improvement Permit by: date

Existing System Inspection by: STEVE HENDRICK date 2-3-97

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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