ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-313504

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

PIN # 4797 - 17 - 3581

APPLICANT/OWNER: GREGORY O'QUINN

APPLICANT ADDRESS: 642 GARDEN VALLEY ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 642 GARDEN VALLEY ROAD, STATESVILLE, N.C. 28625

PHONE: 704-500-3995 ALT. PHONE 704-546-2800

SITE DIRECTIONS: (E) ON 64, (L) ON BATTLE ROAD, (L) ON GARDEN VALLEY, LOT ON (L)

SAP CONTROLLED: ☐ ~~YES~~ ☐ ~~NO~~ EXT

SUBDIVISION: SADDLE BROOK

SECTION: 3 LOT # 13 LOT AREA: 1.34 AC

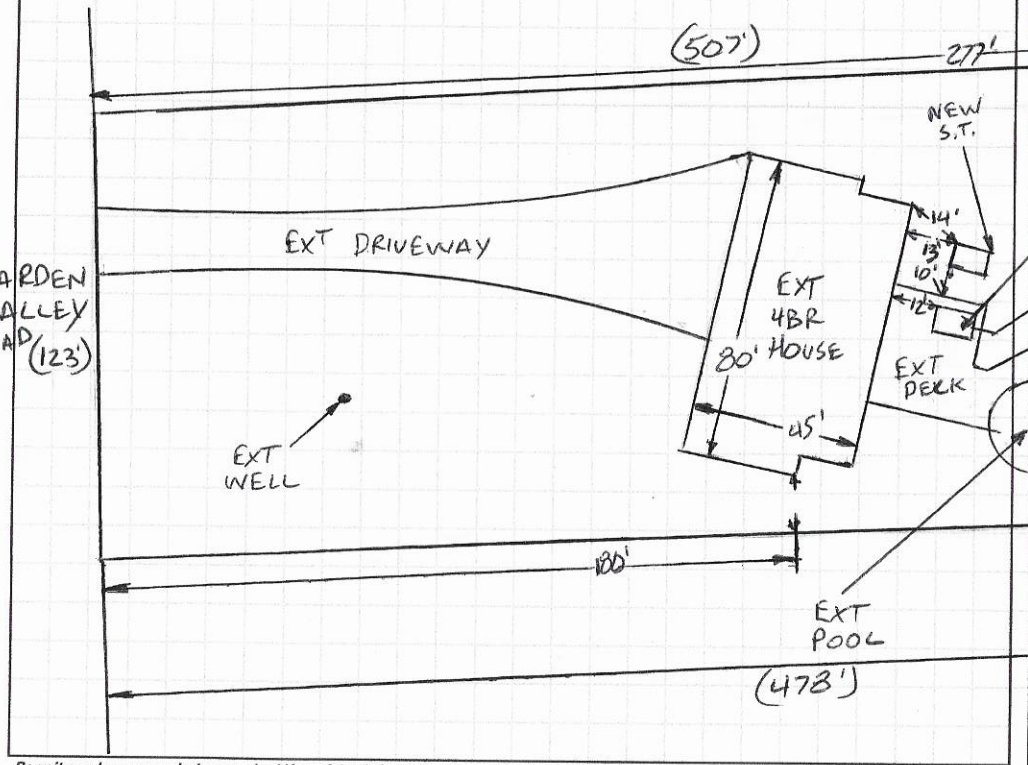
DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	Inf. Master	Date	Plastic	☐ 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:	EXT PPBPS			☐ Business	No. Persons	8	☑ Private EXT
Pump Make	—	Model		—	Serial #	—	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT		Maintenance Agreement Required:	☐ YES	☑ ~~NO~~		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	—			☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK INSPECT AND REPLACE ALL FLOW DIVIDERS AND D-BOXES AS NEED, RECOMMEND MOVING SHED OFF DRAINFIELD

RECOMMEND MOVING EXT POOL 15FT OR GREATER FROM ALL SEPTIC COMPONENTS TO WATERS EDGE of POOL MAINTAIN SOFT FROM ALL WELLS

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

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: Jesse O'Quinn Date: 12-30-2020 Installed by: Lenka Westnedt

IMPROVEMENT PERMIT by: Burfont C. Miller Date: 12-30-2020 OPERATION PERMIT by: Date: 1-14-2021

AUTHORIZATION TO CONSTRUCT by: Burfont C. Miller Date: 12-30-2020 Existing System Inspected by: Date:

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

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

RECEIVED DEC 17 2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Repair Evaluation - No Chg

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 AP-313504

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: Gregory O'Quinn **Address:** 642 Garden Valley Rd **Zip:** 28625
Applicant Email: oquije@aol.com **Phone:** 704-500-3995 **Alt. Phone:**
Owner Name: Gregory O'Quinn **Address:** 642 Garden Valley Rd **Zip:** 28625
Owner Email: oquije@aol.com **Phone:** 704-500-3995 **Alt. Phone:** 704-546-7800

Property Information:

Street Address: 642 Garden Valley Rd Statesville NC 28625

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: I40 East to exit 162 take a (O) off exit to 1st rd on (O) called Battle ground then it take a (O) 642 is on (L) I believe.

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: 5 — ( ) 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:** hole in top of septic
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 ( ) 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.

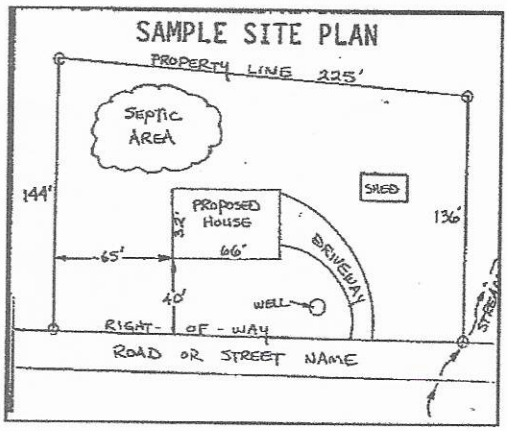
Signature: Gregory O'Quinn

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **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

See septic permit

Signature: _____

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

12-17-2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 3-2-04

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 118666 PIN# 4797-17-3581 DATE 3-3-04

OWNER OR CONTRACTOR RODNEY BROYHILL PHONE: Business 704-883-8228 Home 704-528-9593

ADDRESS 246 TROUTMAN ISHOALS RD, STATESVILLE, NC 28677

LOCATION US 64 EAST, TL SOCIETY ROAD, TL GARDEN VALLEY ROAD, 0.9 MILE ON LEFT

SUBDIVISION SADDLETROOK BLOCK / SECTION ____ LOT 13 LOT AREA 1.34 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-9-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 320

No Lines EIGHT Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees ____

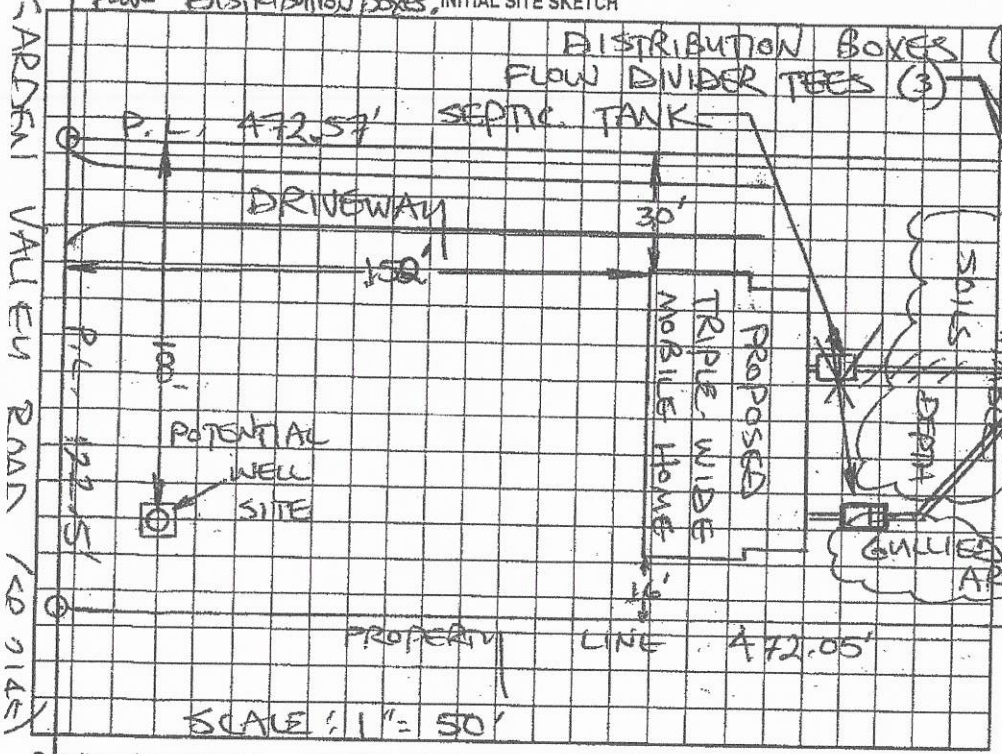
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

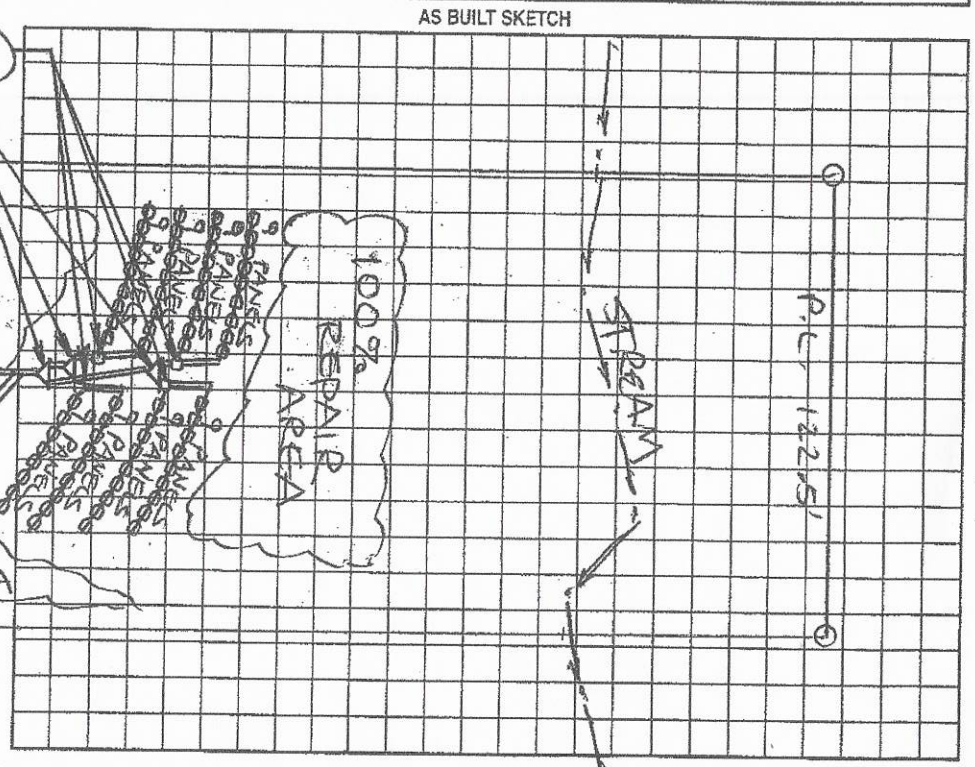
Comments/Conditions: (1) KEEP SYSTEM MINIMUM 100 FEET FROM WELL (2) INSTALL 50% REDUCTION SYSTEM USING 72 PBBPS PANELS IN EIGHT EQUAL LENGTH LINES ON CONTOUR (3) USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO FOUR DISTRIBUTION BOXES.

Comments/Conditions: (1) SEPTIC TANK WITH RISERS INSTALLED AS SHOWN. TUFTITE FILTER, RELOCATED USING "[illegible]"

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: Bobby Lee date 3/4/04

Improvement Permit by: STEVE HEDRICK date 3-3-04

Authorization to Construct by: STEVE HEDRICK date 3-3-04

Installed by: C & J BACKHOE

Operation Permit by: STEVE HEDRICK date 5-6-04

Existing System Inspection by: ____ date ____

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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*) X _____

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, _____, 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.

_____ _____
Signature of Owner(s) 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