CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP309295

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

PIN # 4797-17-7863

APPLICANT/OWNER: JW Construction APPLICANT ADDRESS: 4120 NC Hwy 90E Statesville NC

SITE ADDRESS: 668 Garden Valley Rd Statesville NC 28625 PHONE: 828-217-3168 ALT. PHONE 828-217-3168

SITE DIRECTIONS: Hwy 115 to 40E to Exit 162 on 64 L on Mocksville Hwy L on Battle L Garden Valley SAP CONTROLLED: ☐ YES ☐ NO

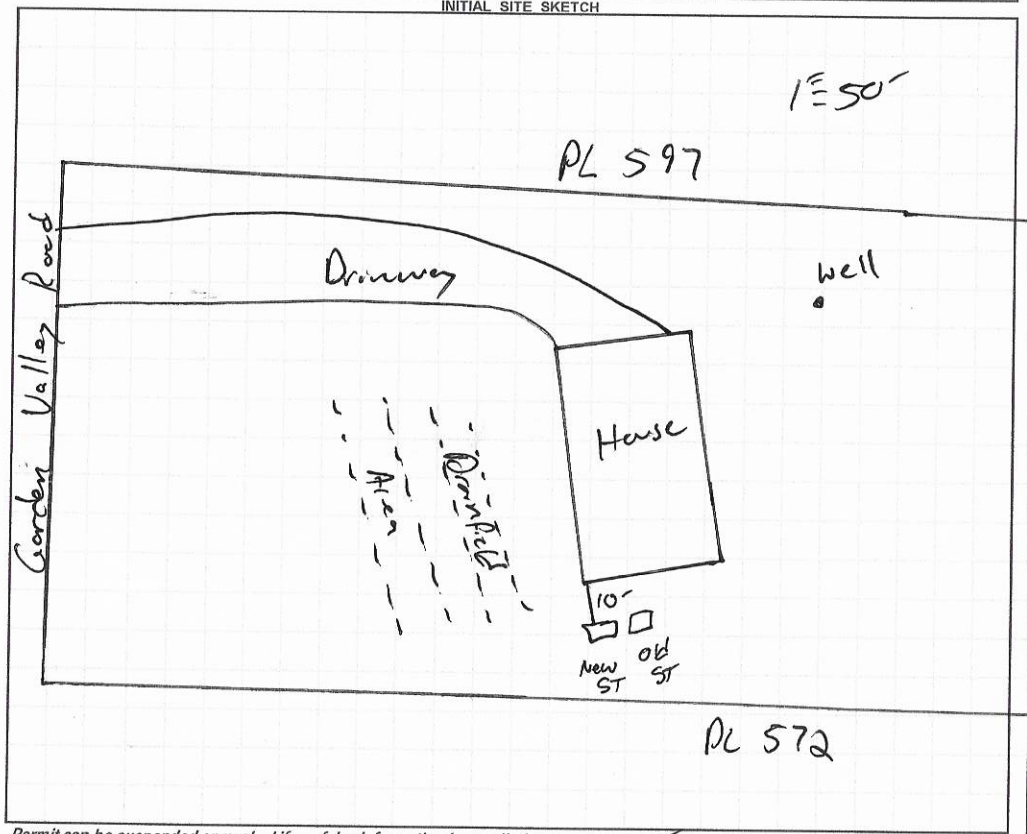
SUBDIVISION: Saddlebrook SECTION: 2 LOT # 8 LOT AREA: 1.33 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	760	Date	8-8-2020	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make		Model			Serial #		Repair System Description:	Tank			
# Nitrification Fields		# Lines			Linear Ft:		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	Ex	**Water Supply**
☐ Business	No. Persons	Ex	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Pump Crush and fill old ST. Inspect and replaced D Box if needed.

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.

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: 9-4-20 Installed by: Abey Cvading

IMPROVEMENT PERMIT by: Date: 7-29-20 OPERATION PERMIT by: Date: 10-6-2020

AUTHORIZATION TO CONSTRUCT by: Date: 7-29-20 Existing System Inspected by: Date:

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

RECEIVED JUL 2 2 2020

Repair Evaluation-No Chg

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

AP-309295

1. **APPLICATION FOR:** ___Improvement Permit ___Authorization To Construct X 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:** * Call Bobbi @ 828-217-3168 For Payment.

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
JW Construction	4120 NC Hwy 90 E	828-217-3168	828 469-8008
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Justus Ray	6068 Garden Valley Rd.	828-217-3168	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
6068 Garden Valley Rd.		

Driving Directions: Hwy 115 to 40 E to Exit 162 onto US-64 Turn left onto Mocksville Hwy turns left onto Battle Rd Turns left onto Gardens valley Rd. #6068 is on the left.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Cracked Septic Tank Top/Lid
(X) Other Only Tank is Failing - Lines are Fine

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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:** EXISTING

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ? *Year*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other Replace Damaged Tank w/New Tank

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** Bobbi Casey — 7/10/20

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:

_____ Property Line measurements are clearly identified… **_____ 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

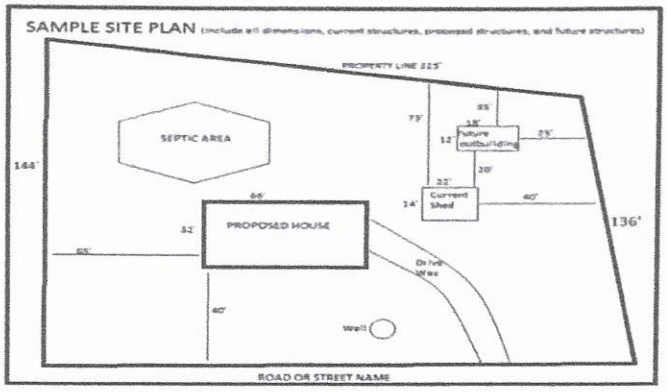
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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



Signature: Bobbi Usry **7/10/20**

REQUIRED **property owner or owner's legal representative signature.** **DATE**

01533

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 Southern Ky Builders DATE 8-20-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 66E - Thru 64E of Statesville City Limits / TLow SR 2148 to L on 2145 (Brookdale Rd) 60' on L Past Mike Lyst

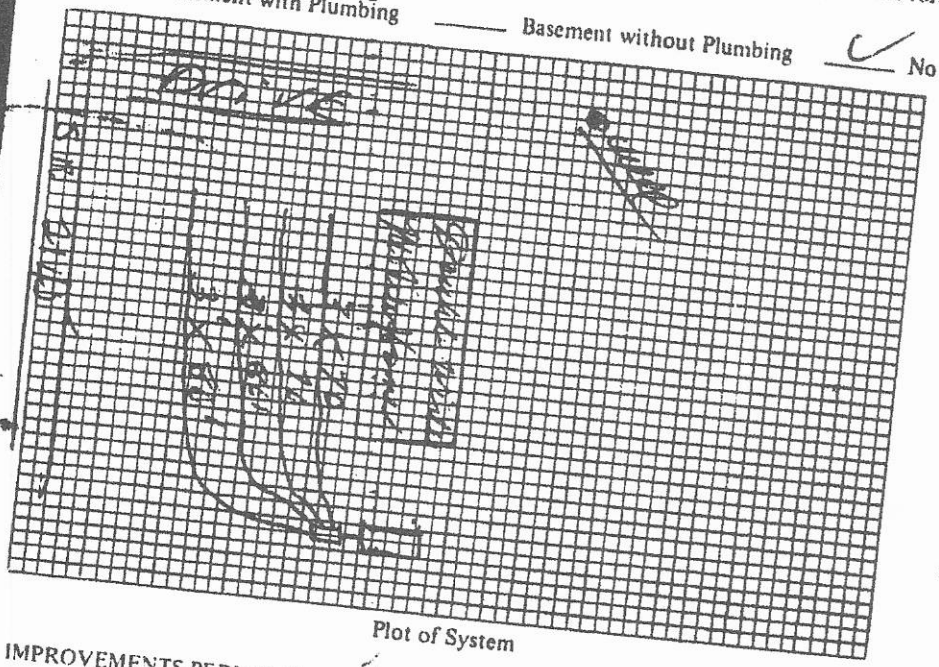
SUBDIVISION NAME Saddlebrook LOT NO. 8 S. R. No. 2145

House ( ) Mobile Home (✓) Business ( ) Other _____ SECTION OR BLOCK NO. _____

Rockford

No. Bedrooms 3	No. Bathrooms 2		
Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Medium Brn. Sandy Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 25 Fpi 30 Fpi
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 20 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'
Lot Area 1.331 Acres			Rock or other impervious formations Saprolite Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by D K Hunting Co.

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

Signed: D K Hunting

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd

EXISTING SYSTEM CHECKED BY: _____ DATE 8/20/84

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.

DATE _____

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

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, JUSTUS RAY, am the legal owner(s) of the property located at 668 GARDEN VALLEY Rd., identified as PIN (Parcel Identification Number) 4797-17-7863, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JJ's CONSTRUCTION, Bobbi Lasage, 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.

Justus Ray 7-1-20 — 7/1/20

Signature of Owner(s) Date 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