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)

1. APPLICATION FOR: ~~X~~ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

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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

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3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
R W Wright Construction	164 Foxglove Drive Statesville NC	704-876-6906	704-902-1443
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Wayne Howell	162 Barkers Grove Drive Union Grove NC	704-450-4381	Same

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Same as Owner	N/A	

Driving Directions: 115 North to Linney's Mill Rd., Left for 3-4 miles Barker's Grove on Right

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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 _____
~~(X)~~ Other Detached Garage 840 sqft

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 ~~N/A~~
Square Footage of Building N/A
Maximum Number of Employees
Maximum Number of Seats

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6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) **EXISTING SYSTEM installed** 2007 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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: Robert Wright

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

10/5/15
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

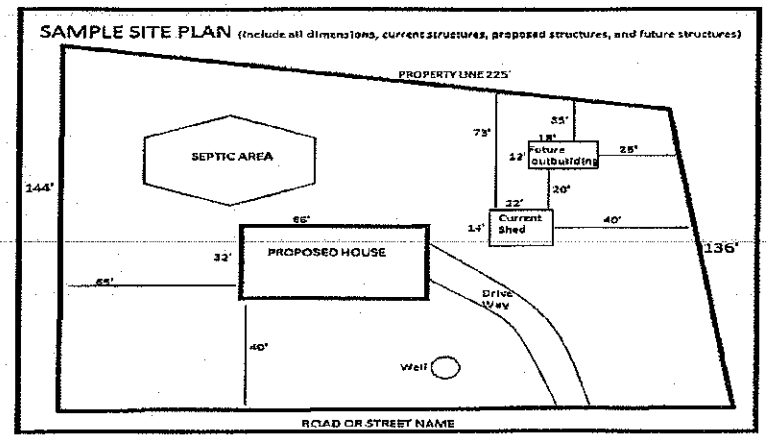
1 **Front and side setbacks from property line...** N/A **Preferred driveway location and configuration, preferred well location...**

N/A **Area you prefer your septic system to be placed...** ____ **North arrow, or other sufficient indicator of direction...**

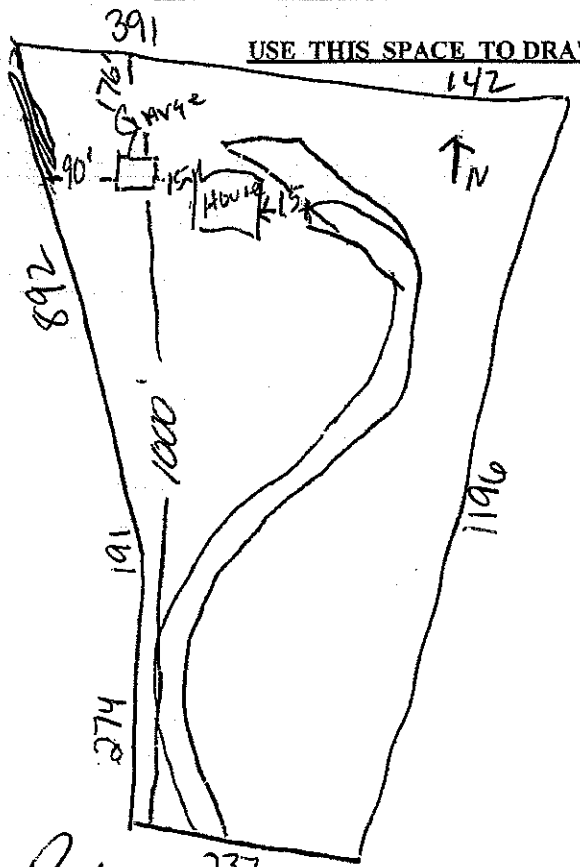
Circle N/A on the following if appropriate:

____ **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: Bob Wright

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

10/5/15

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, WAYNE M. HOWELL, am the legal owner(s) of the property located at 162 BARKERS GROVE RD., UNION GROVE, NC 28689, identified as PIN (Parcel Identification Number) 4803645361, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) ROB WRIGHT OF R.W CONSTRUCTION & CONTRACTING INC 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.

Wayne Howell 10-5-2015 Mary M. Howell 10-5-2015

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13281120 PIN# 4603643~~4~~1 53161 DATE 12-29-05

OWNER OR CONTRACTOR Wayne Hinson - Hayzee PHONE: Business _____ Home 704-624-7018

ADDRESS Box 2428 Pensacola FL 32513

LOCATION 27 N - East 65 TL on 901 - TR 15 TL Lenoup Miller RD Barkers Grove - 1st before Church

SUBDIVISION Brushy Mtn. Acr BLOCK / SECTION _____ LOT 13 LOT AREA 8.97AC SITE CLASS. 3 DESIGN FLOW 480 L.T.A.R. 12

Septic Tank: 1000 Gallons; STB 1000 Date 10-29-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 1600 Linear Feet 535
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36"

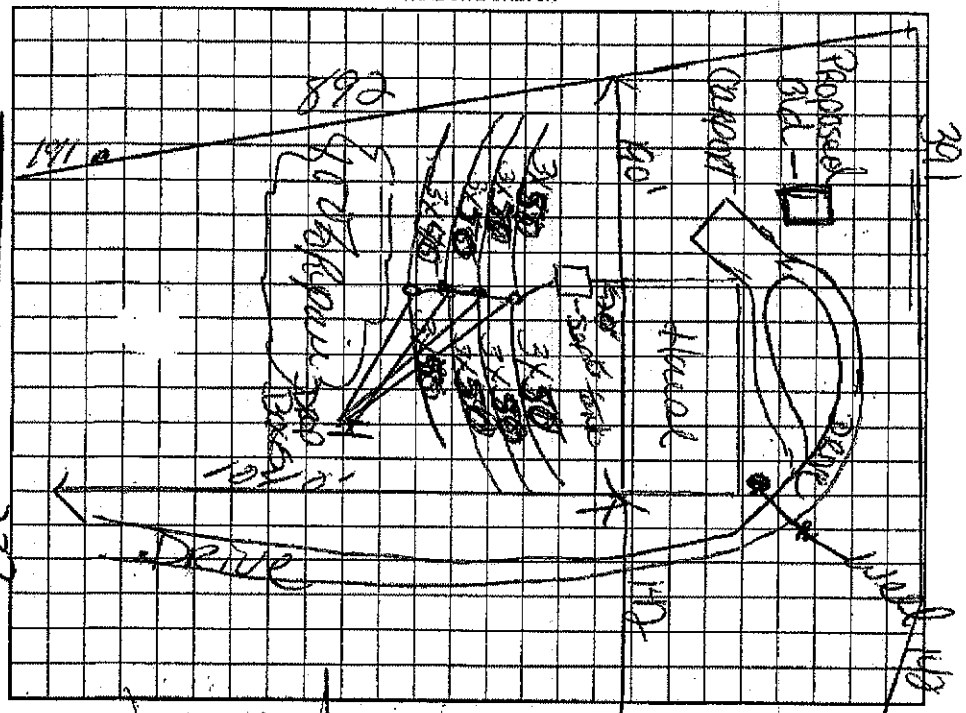
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. - Gravity
Repair System Description: Conv. - Gravity
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
NOT to Scale

INITIAL SITE SKETCH



Comments:/Conditions:
Install on Contour
Maintain all setbacks
Yellow Sup-Tee After Septic Tank Marker to Surface

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: Wayne Hinson Jr. date _____ Installed by: A-1 Backhoe

Improvement Permit by: Keith Corn date 12-29-05 Operation Permit by: Keith Corn date 6-1-06

Authorization to Construct by: Keith Corn date 12-29-05 Existing System Inspection by: _____ date _____

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