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: ✓ Improvement Permit ___Authorization To Construct ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
J Frank Williams	2724 US Hwy 421 W Wilkesboro NC 28697	336-667-9364	336-469-2483
Tressie M Laws	268 Mountain View Rd Statesville NC 28625		

4. Property Information: Pin # 4810873242.000

Street Address	Subdivision Name	Section/Phase and Lot Number
260 Mountain View RD		

Driving Directions: Rd 115 N From Statesville towards Harmony for 8 miles Left on Mountain View LOT will be on Right at 260

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

- [X] 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:

[X] 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*

[X] Alternative [X] 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 [ ] 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: Frank Williams — 8-19-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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, Tressie Millsaps Lows, am the legal owner(s) of the property located at 260 Mountain View RD Statesville NC 28625, identified as PIN (Parcel Identification Number) 4810-87-3242, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James Frank Williams Jr Clayton Homes of Wilkesboro, 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.

Tressie Millsaps Lows 8/19/16 — Signature of Owner(s) — Date

George Barker 8-19-2016 — 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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

Frank Williams / agent 9-1-16 (Date)

Owner: Tressie Laws
Address: 260 Mountain View Rd
Statesville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Tressie Laws
260 Mountain View Rd
Statesville NC

I, Frank Williams, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 9-1-16 for a system
(date)

_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Frank Williams
Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit-Construction Authorization
August 24, 2016

Owner: Tressie M Laws
Address 268 Mountain View Road
Statesville, NC 28625

Subject: Notice of Intent to Revoke 260 Mountain View Road Statesville, NC 28625 **PIN: 4810-87-3242** Improvement Permit #219253 (issued 8-10-2016)

Dear Madam:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit- #219253 III conditions (issued 8-10-2016). As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...**if the information submitted in the application** for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, the IP/CA shall become invalid and may be suspended or revoked."

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at

http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is August 24, 2016.** Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Thomas Shuck

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219253

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

PIN #

APPLICANT: James "Frank" Williams APPLICANT ADDRESS: 2724 US Highway 421 W. Wilkesboro, NC 28697

SITE ADDRESS: 260 Mountain View Rd. Statesville, NC 28625 PHONE: 336-469-2483 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Statesville towards Harmony for 8.0 miles → Left on Mountain View Rd → Lot on Right

SUBDIVISION: — SECTION: -- LOT # — LOT AREA: 13.141 acres (Parent parcel) DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date					
Pump Tank	— (gal)	PT	—	Date	—				
Pump Make	—	Model	—	Serial #	—				
# Nitrification Fields	1	# Lines	3	Linear Ft:	300				
Trench Width	36"	Max. Trench Bottom Depth	32" [Downside]	Gravel Depth	—				

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: same

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

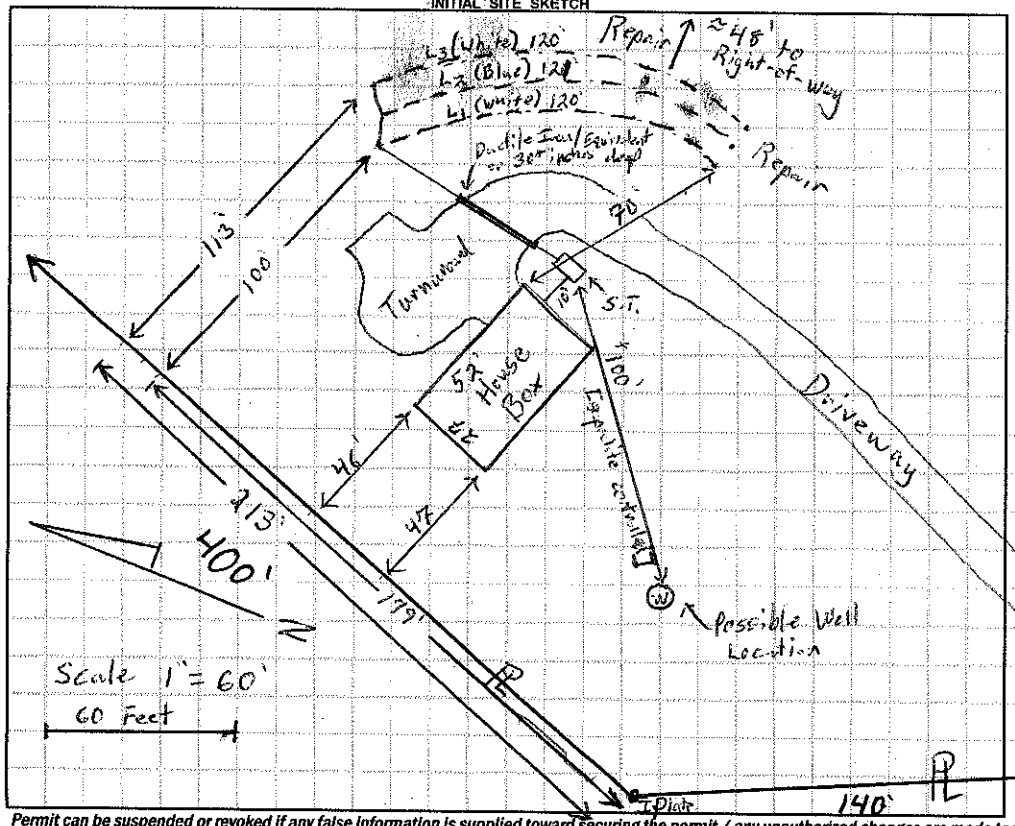
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Follow all NC septic rules. Though ≥361 L.F. of line laid out, only 300 L.F. required to be installed. Remainder of line to be set aside as partial Conveyance line under driveway/ turnaround must be constructed of Ductile iron (or equivalent) or minimum 30" of compacted cover be used. Recommend pumping septic tank every 3-5 years. Prior to AC being issued, a deeded + recorded plat (w/ book + page #) must be provided to the health department exactly matching the bearings + distances in provided documentation to the Department. Any deviation from that information may invalidate this permit!!!

INITIAL SITE SKETCH



AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

Revoked

FLOOR PLAN STILL NEEDED!

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: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 8-10-2016 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK