ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326267

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

PIN # 4821 -- 51 -- 3878

APPLICANT/OWNER: Secu*Re Inc APPLICANT ADDRESS: 5130 Poplar Tent Rd, Concord

SITE ADDRESS: 109 Roberts Farm Ln, Statesville 28625 PHONE: 919-270-2218 ALT. PHONE 919-614-8258

SITE DIRECTIONS: 115 N - Boxe Farm - Roberts Farm SAP CONTROLLED: ☐ YES ☐ NO

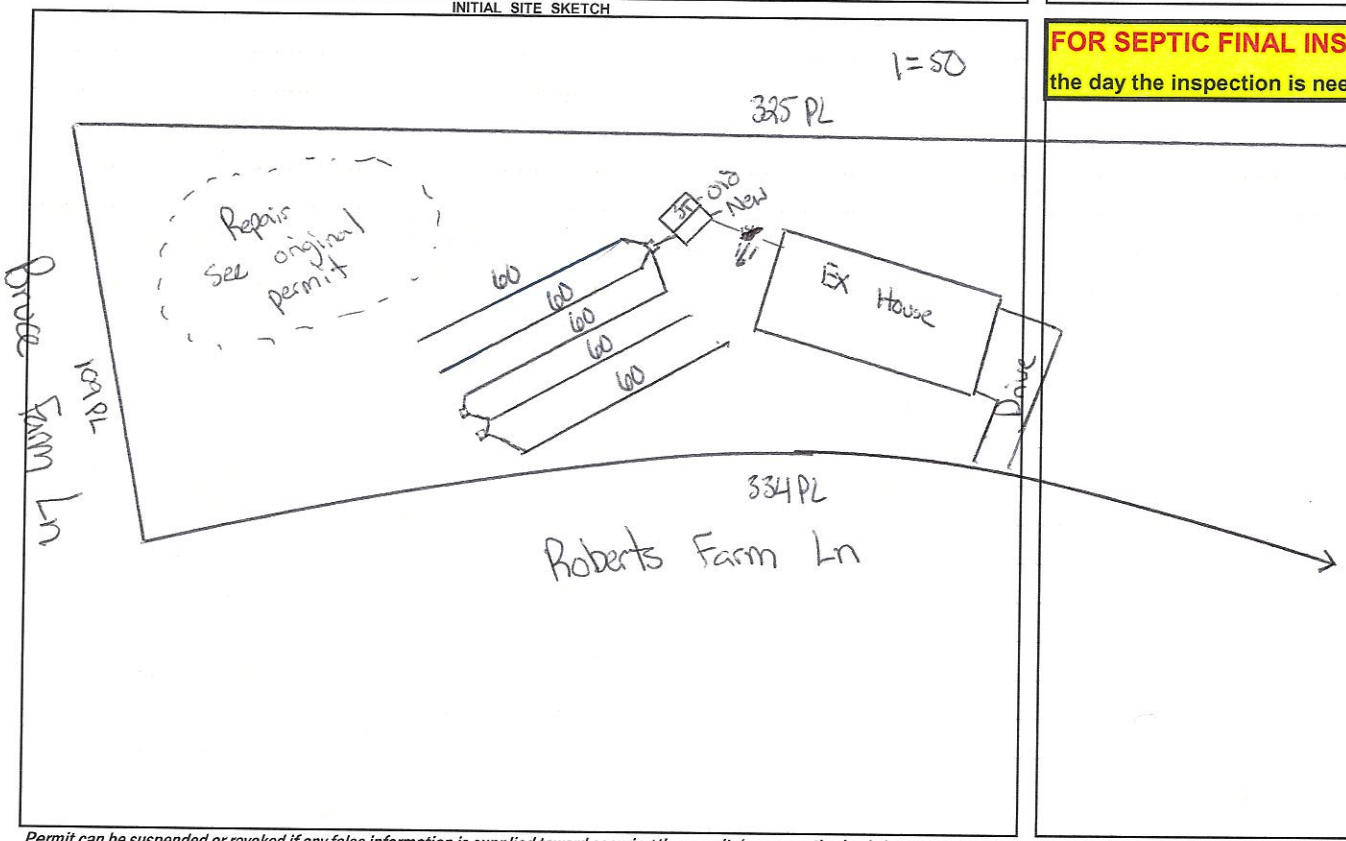
SUBDIVISION: Roberts Farm SECTION: - LOT # 1 LOT AREA: 0.79 acres DESIGN FLOW: 240 gpd L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	760	Date	2-14-2022	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Tank			
Pump Make		Model			Serial #		Repair System Description:	EXISTING			
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	2	**Water Supply**
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Pump, Crush, & fill old septic tank. Replace distribution if necessary.

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: [signature] Date: 3/24/22 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Cary Wilt Date: 3/23/22 OPERATION PERMIT by: Bryant C. White Date: 3-25-2022

AUTHORIZATION TO CONSTRUCT by: Cary Wilt Date: 3/23/22 Existing System Inspected by: Date:

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

RECEIVED MAR 3 - 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP- 326267

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 (X) 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

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: SECU*RE INC **Address:** 5130 Poplar Tent Rd. Concord **Zip:** 28027
Applicant Email: SARA.PURVIS@ncsecu.org **Phone:** 919-270-2218 **Alt. Phone:** 919-619-8258
Owner Name: SECU*RE INC **Address:** 5130 Poplar Tent Rd Concord **Zip:** 28027
Owner Email: SARA.PURVIS@ncsecu.org **Phone:** 919-270-2218 **Alt. Phone:** 919-619-8258

Property Information:

Street Address: 109 Roberts Farm Rd. Ln. Statesville NC 28625

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

Driving Directions: From Friendship Rd, turn left onto Bruce Farm Rd, then right onto Roberts Farm Ln (109 will be on the left).

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem: Cracked Septic tank
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:** 1 **Number of Persons:** _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) Other: n/a

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 3/2/22
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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Shawn D Runion for SECURE, INC

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

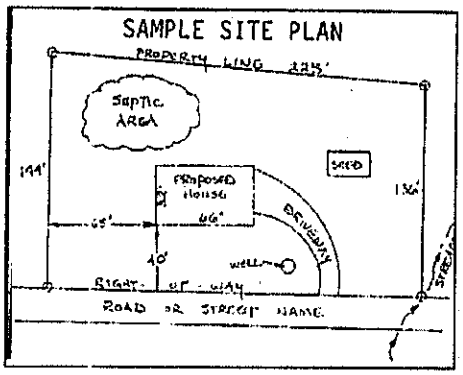
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

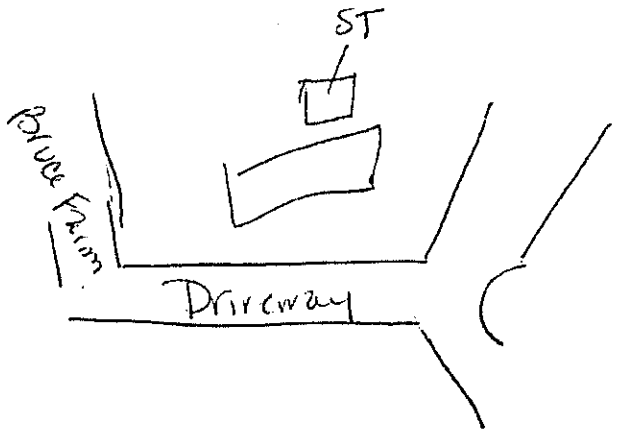
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Lentz Wastewater to advise.

Signature: Jamie Plum

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

3/2/22
DATE

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. 068396 DATE 1-25-97 TAX MAP NO. 4821 52 4154 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DEWEY R. ROBERTS PHONE: Business _____ Home 876-6752

ADDRESS 189 BRUCE ROAD, STATESVILLE, NC 28677

LOCATION NC 115 N, TR BRUCE ROAD, MH BESIDE 3RD HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.649 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.33 GPD/FT²

Septic Tank 1000 Gallons; STB 1607 Date 7-9-97

Pump Tank _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☒ NO

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

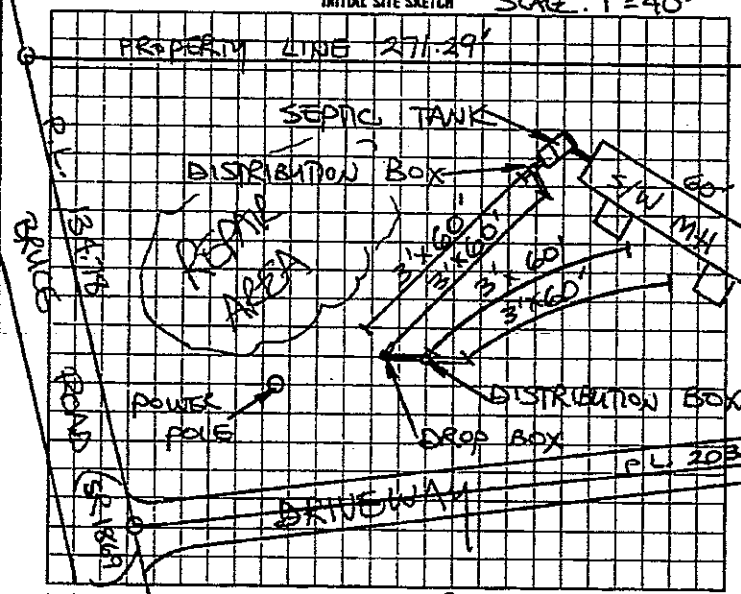
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public ☐ WELL

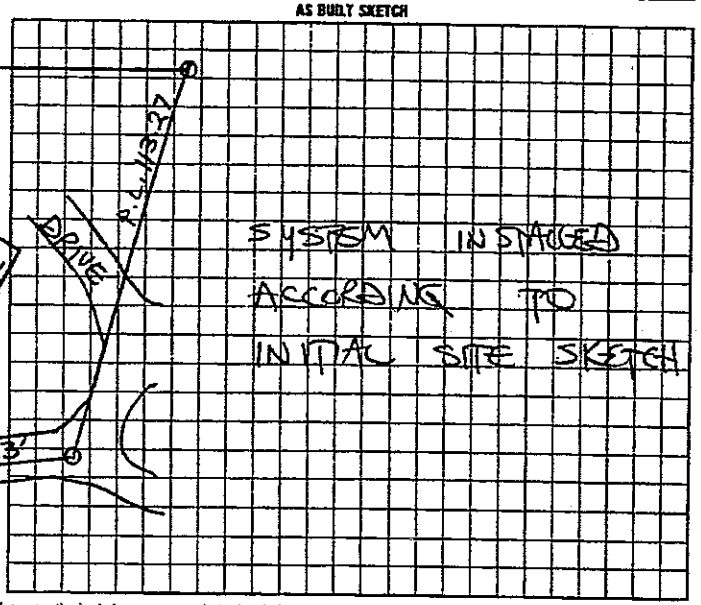
Comments:

Comments: NEXT DOOR

INITIAL SITE SKETCH SCALE: 1"=40'



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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Dewey R Roberts

Installed by: ANDY DANIELS

Improvement Permit by: STEVE HEDRICK date 1-26-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 1-25-97

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 8-8-97

HEALTH DEPT COPY WHITE INSPECTOR COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTOR COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD