ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324600

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

PIN # 4892 -- 59 -- 6286 -25

APPLICANT/OWNER: James Hatfield APPLICANT ADDRESS: 5007 Harmony Hwy Hamptonville NC 27020

SITE ADDRESS: 256 Doby Rd. Mocksville, NC 27028 PHONE: 336-559-9228 ALT. PHONE

SITE DIRECTIONS: NC 21 N → (R) Hairstonville → (R) Reavis → (L) Sandy Springs → (R) Doby → lot on (R) SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 37.67 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence No. Bedrooms 3
Pump Tank (gal) PT	Date	System Description:	☐ Business No. Persons 6
Pump Make Model	Serial #	Repair System Description: EXISTING	☐ Other No. Employees
# Nitrification Fields # Lines	Linear Ft:	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab ☐ Crawl Space
Trench Width EXISTING Trench Bottom Depth(Low side)	Gravel Depth EXISTING	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

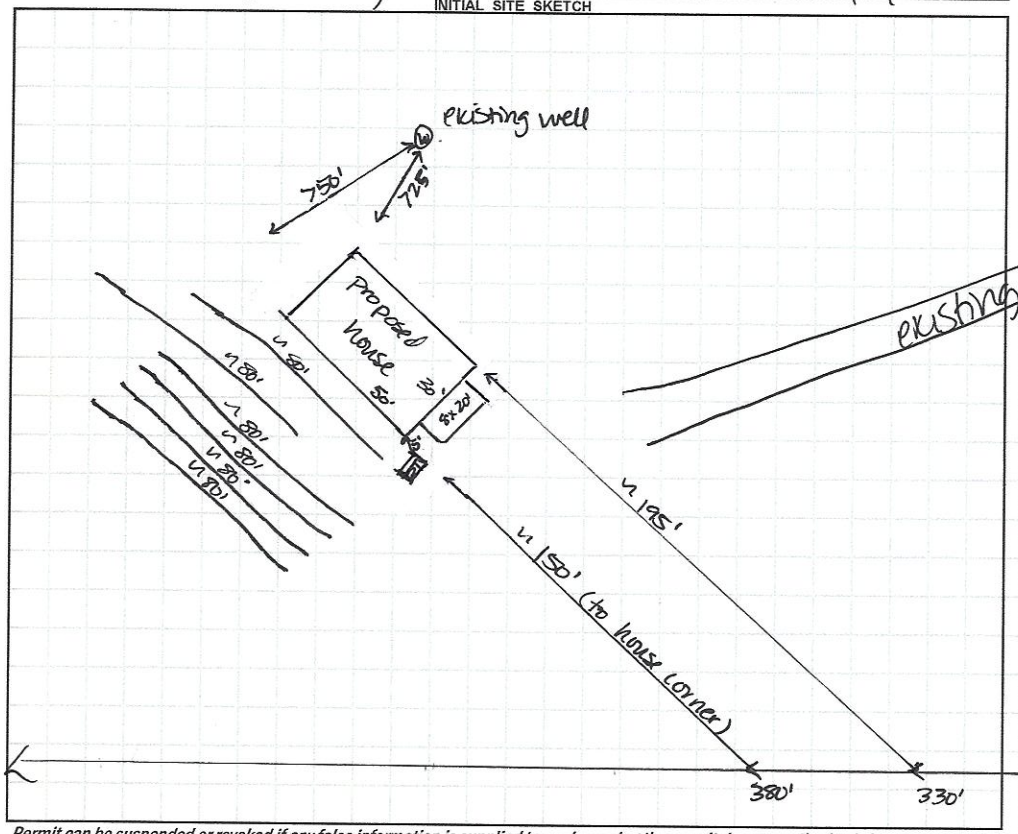
Water Supply
☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep house & porch foundation 5' from septic tank. Current house plan meets all setbacks. Recommend removing all debris from drainfield &

keeping all vehicular traffic off septic drainlines.

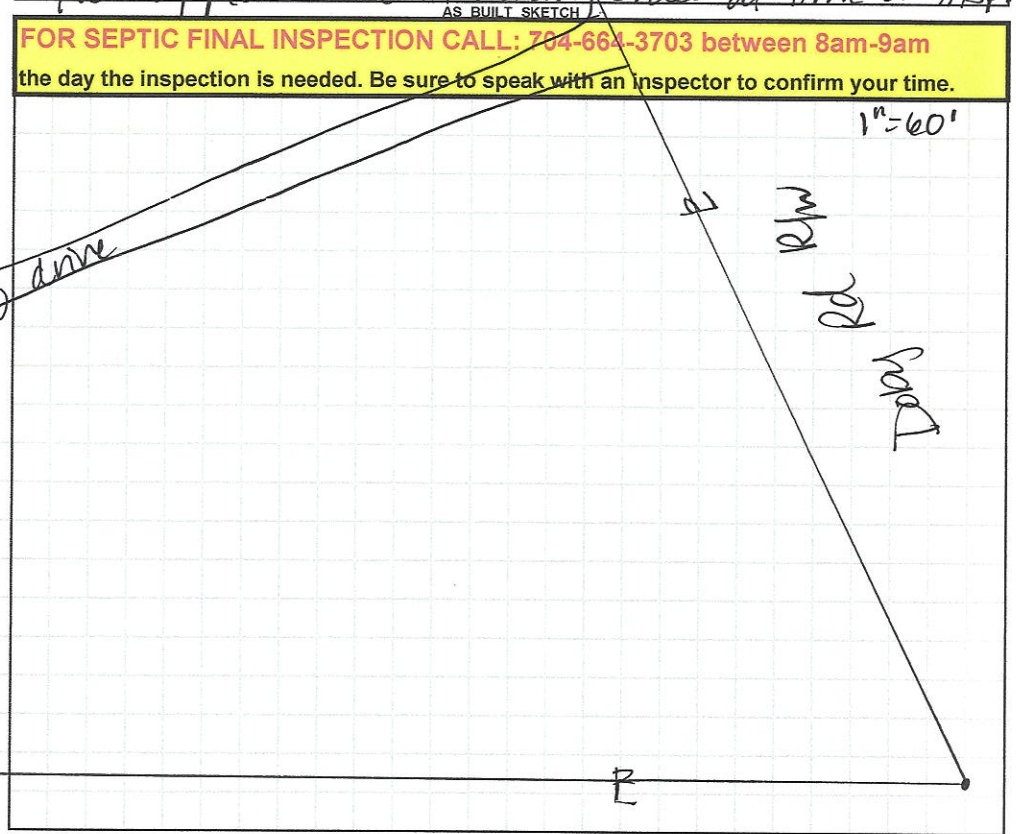
System appears to be in working order at time of insp.

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**

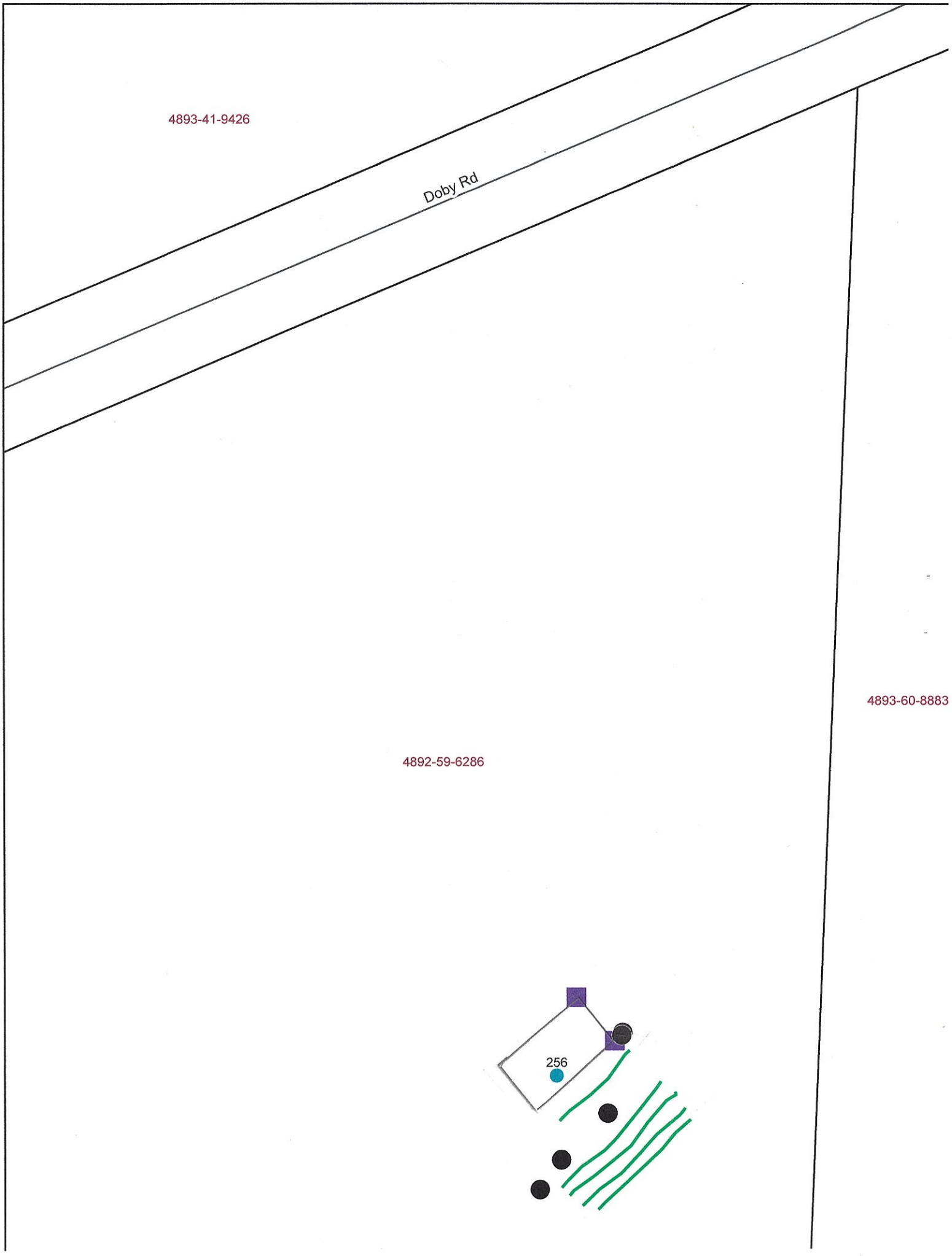
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Frank B. Hatfield Date: 3/1/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Wieberg Date: 2/22/22

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


4893-41-9426
Doby Rd
4893-60-8883
4892-59-6286
256

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088339 PIN# 4892 59 6286 (PART) DATE 11-9-00

OWNER OR CONTRACTOR EDGAR LEE TRIVETTE PHONE: Business LEE CELL #: 902-3052 Home 872-4203

ADDRESS 104 CRIPLE CREEK LANE, STATESVILLE, NC 28677

LOCATION US 21 N, TR E HOUSTONVILLE ROAD, TR SANDY SPRINGS ROAD, TL DAIRY ROAD, 0.5 MILE ON RIGHT, 2nd DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 37.67 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/sqft

Septic Tank: 1000 Gallons; STB 156 Date 12-16-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: ☐ I ☑ II ☐ III ☐ IV ☐ V ☐ VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

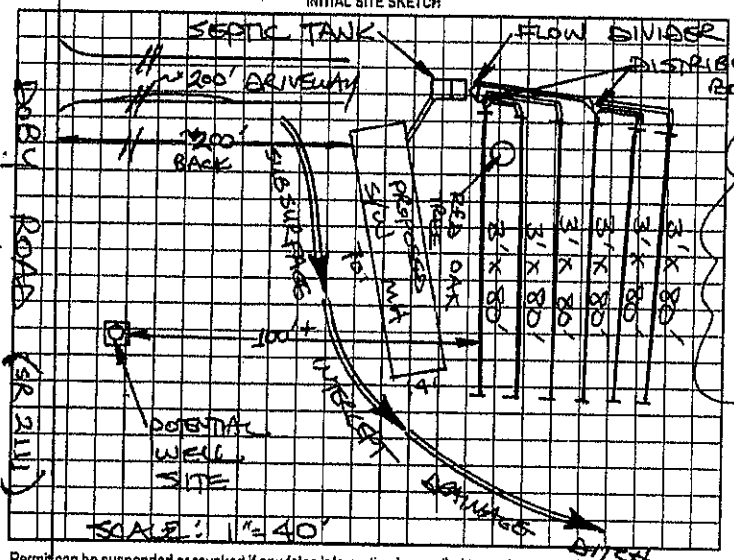
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

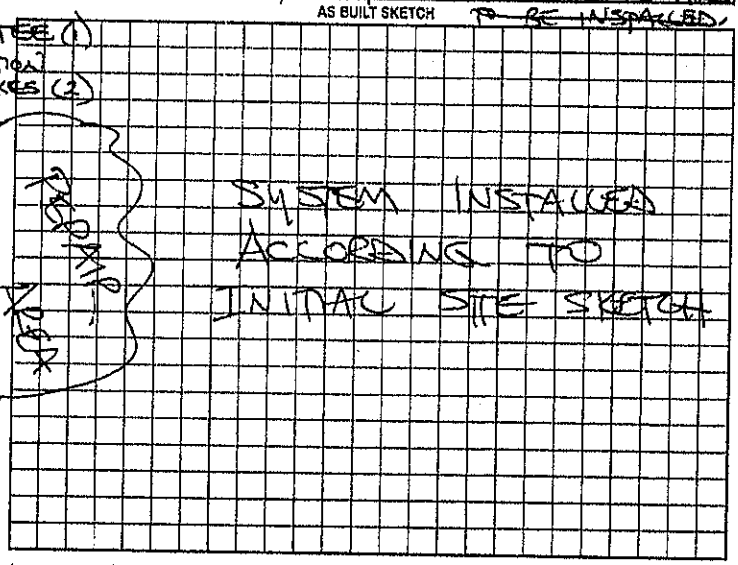
Comments/Conditions: ① INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH BEGINNING 4-2" DEEP OUT TO DAYLIGHT. ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIST. BOXES FEEDING THREE LINES EACH.

INITIAL SITE SKETCH



Comments/Conditions: ① SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER. ② TANK & DRAINFIELD INSTALLED 5-16-01 SUBSURFACE INTERCEPT DRAINAGE DITCH REMAINS TO BE INSTALLED.

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: Edgar Lee Trivette date 11-9-00

Improvement Permit by: STEVE HEDRICK date 11-9-00

Authorization to Construct by: STEVE HEDRICK date 11-9-00

Installed by: SHERMAN DUNN

Operation Permit by: STEVE HEDRICK date 6-11-01

Existing System Inspection by: _____ date _____

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

RECEIVED FEB C 2 2022

DW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324600 $200.00

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

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: James Hatfield **Address:** 5007 Harmony Hwy Hamptonville NC **Zip:** 27020
Applicant Email: _____ **Phone:** 336-559-9228 **Alt. Phone:** _____
Owner Name: Edgar Lee Trivette Jr **Address:** 256 Doby road **Zip:** 27028
Owner Email: Trivette92270@gmail.com **Phone:** 704 929 8547 **Alt. Phone:** _____

Property Information:

Street Address: 256 Doby Rd
Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: Sandy spring to Doby road

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: James Hatfield 2-2-22
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*) _____

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, Steven Daniels, am the legal owner(s) of the property located at [redacted] 256 Daby road, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James Hatfield Hatfield CCM, 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.

Steven Daniels
Signature of Owner(s)

2-2-22
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

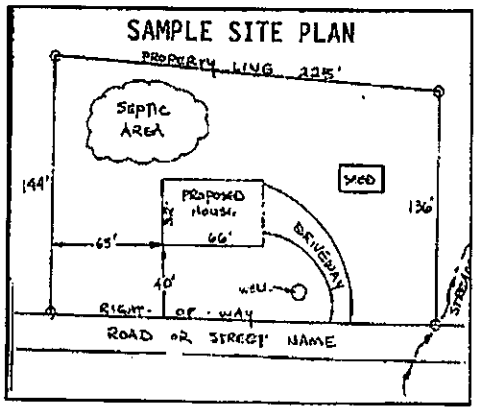
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

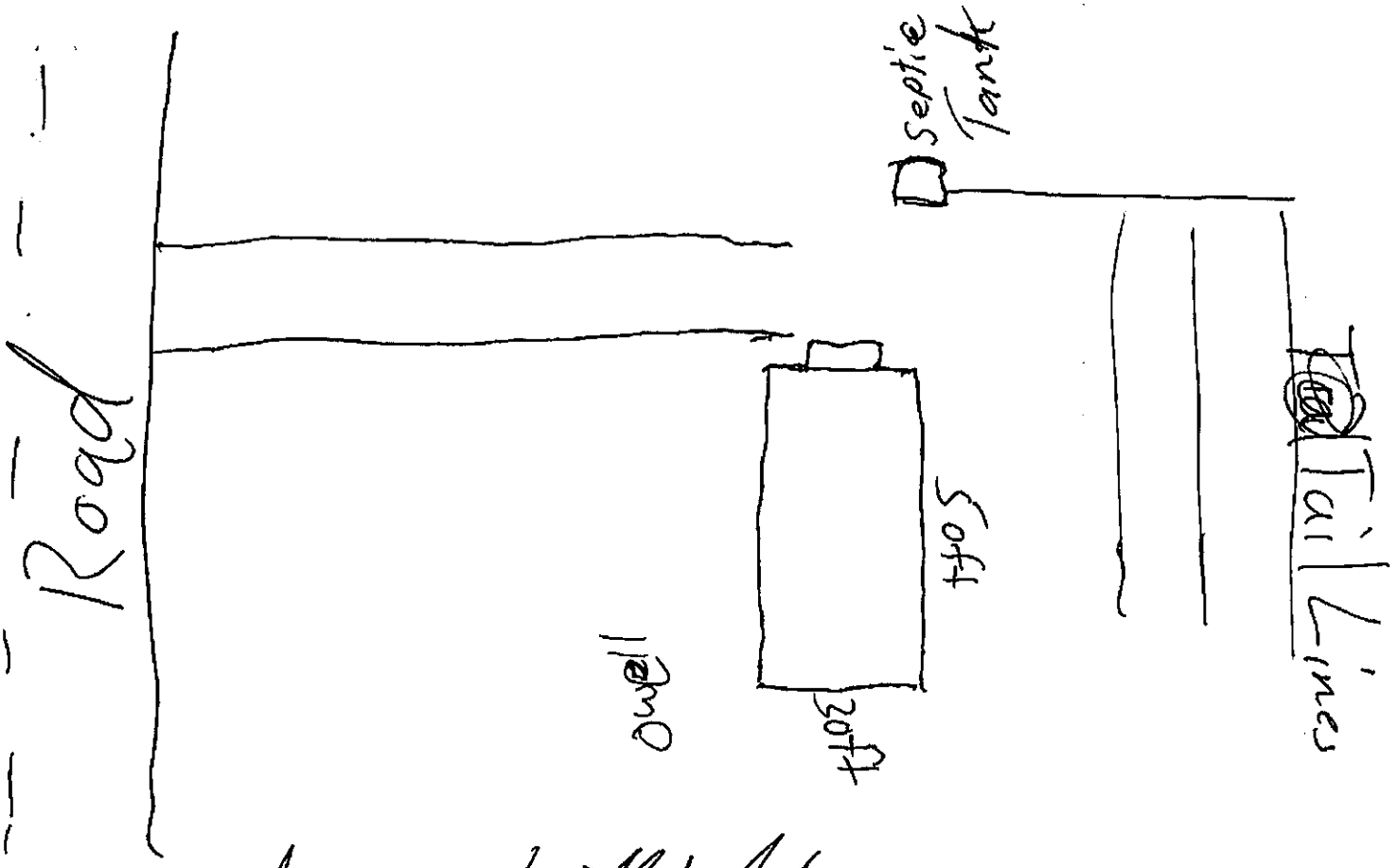
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: James Hatfield

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

2-1-22

DATE

Acknowledgement Of
Plans Submittal ONLY!
James Hatfield Date 2-2-22
Date 2/22/22

