4:60

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-308746 BF

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

PIN # 3793-11-0906

APPLICANT/OWNER: BETTY S. SHARPE APPLICANT ADDRESS: 386 SHARON SCHOOL ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 392 SHARON SCHOOL ROAD, STATESVILLE N.C. 28677 PHONE: 704-682-3848 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (L) ON SHARON SCHOOL, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ✓ SETZER ACRES ✓ SECTION: E LOT# PT 1 LOT AREA: DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	854.	Date	6-23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	4	Linear Ft:	300FT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS MAINTAIN 50FT FROM ALL WELLS, UTILIZE SERIAL DISTRIBUTION DO NOT EXCEED 36 IN MAX TRENCH BOTTOM, ALL PORCHES & DECKS MUST BE 5FT FROM ALL PARTS OF SEPTIC, PROPERTY MUST BE RECORDED PRIOR TO AC PROPERTY RECORDED IN BOOK 2740 PAGES 278-283

INITIAL SITE SKETCH

PLEASE SEE ATTACHED SITE PLAN BY: ICHD BRYANT C. WHITE

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.

See attached as built

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**

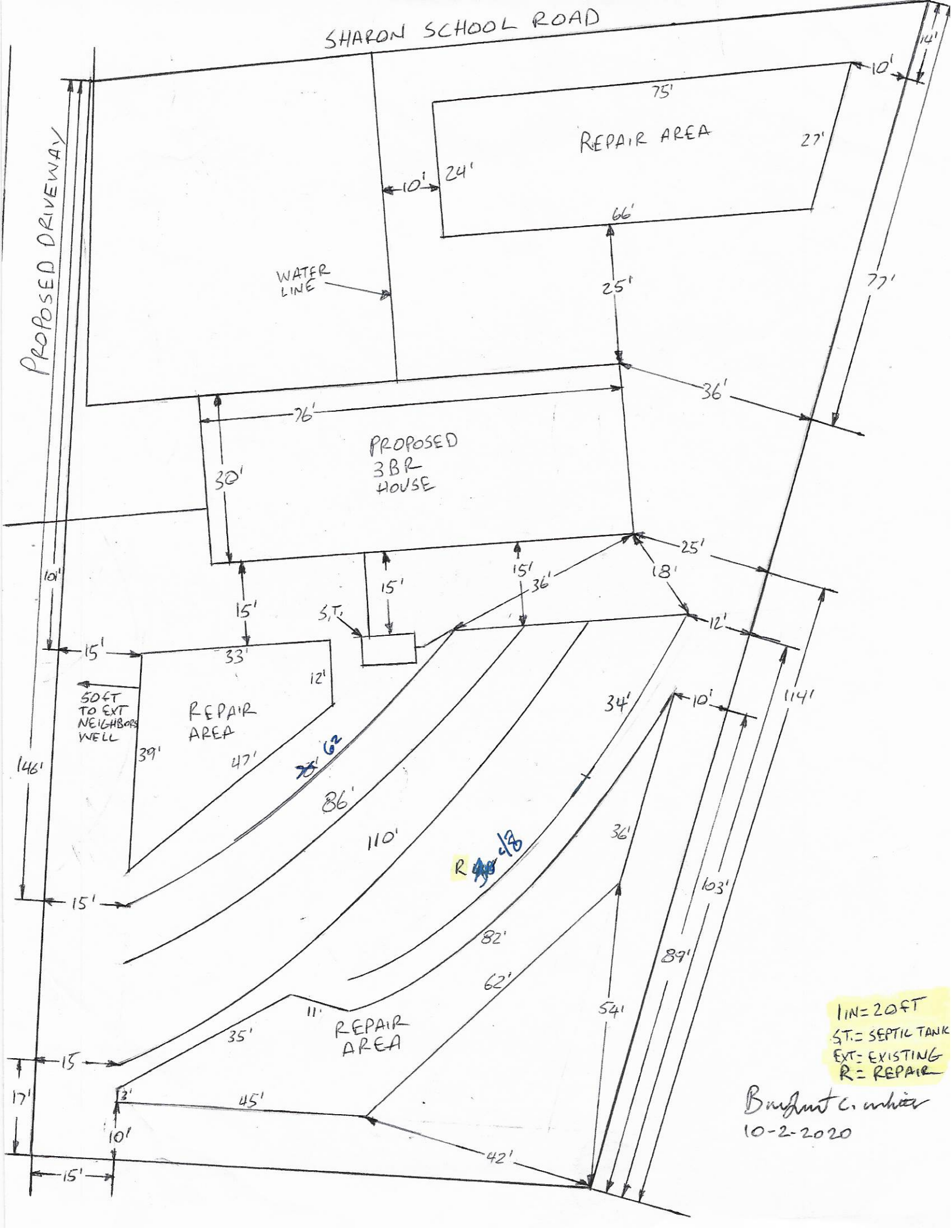
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 10/14/2020 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Bryant C. White Date: 10-2-2020 OPERATION PERMIT by: Date: 11-23-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 10-12-2020 Existing System Inspected by: Date:

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


SHARON SCHOOL ROAD
PROPOSED DRIVEWAY
14'
10'
75'
REPAIR AREA
27'
10'
24'
66'
WATER LINE
25'
77'
36'
76'
PROPOSED 3BR HOUSE
30'
101'
15'
15'
S.T.
15'
36'
18'
25'
12'
15'
33'
12'
50 FT TO EXT NEIGHBORS WELL
REPAIR AREA
39'
47'
62'
86'
110'
146'
34'
10'
114'
36'
15'
103'
82'
87'
62'
54'
11'
REPAIR AREA
35'
15'
17'
3'
45'
10'
42'
15'
1 IN = 20 FT
S.T. = SEPTIC TANK
EXT = EXISTING
R = REPAIR
Bradford C. Winkler
10-2-2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: TBD
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: BETTY S. SHARPE
ADDRESS: 386 SHARON SCHOOL ROAD, STATESVILLE, N.C. 28677 APPLICATION DATE 7-2-2020
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360GPD DATE EVALUATED: 7-15-2020
LOCATION OF SITE: 392 SHARON SCHOOL ROAD, STATESVILLE, NC 28677 PROPERTY SIZE: 0.5AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: NO
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	ROAD BED 8%	0-21	C, SBK	fl, S, P, SEXP	FEW Y/B 0"-14" COMPACTION SAP INC THRU OUT	55"+	NA	NA	PS .3
		21-55	CL, WSBK	fl, SS, SP, SEXP					
2	NOSE 7%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		9-26	C, SBK	fl, S, P, SEXP					
		26-60	CL, WSBK	fl-FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	62"+	NA	NA	PS .3
		11-32	C, SBK	fl, S, P, SEXP					
		32-62	CL, WSBK	fl, SS, SP, SEXP					
4	LINEAR SIDE 9%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B 20"-27"	57"+	NA	NA	PS .3 BELOW 27"
		9-29	C, SBK	fl, S, P, SEXP					
		29-57	CL, WSBK	FR, SS, SP, SEXP					

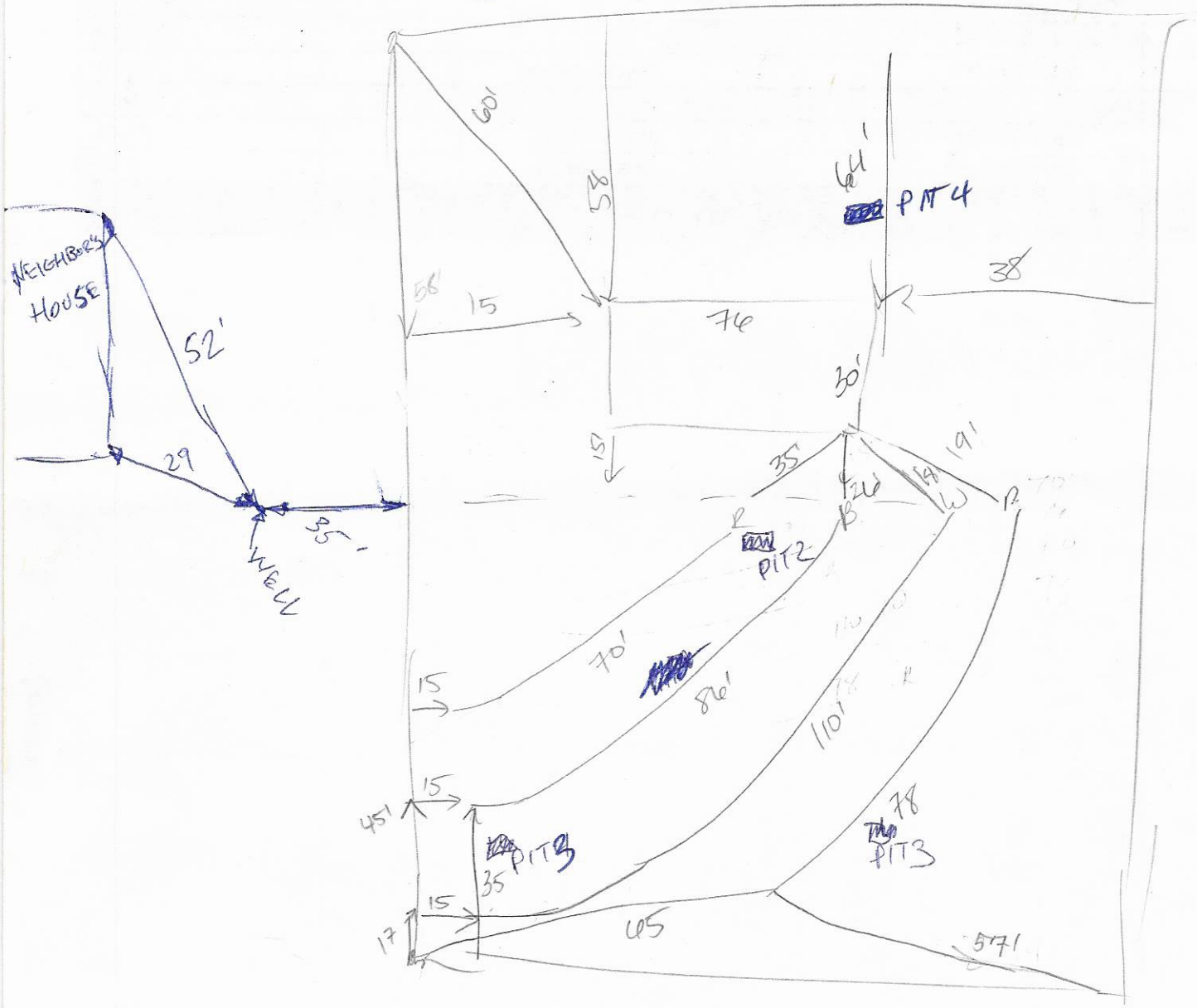
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. Wilson
OTHER(S) PRESENT:

COMMENTS:

NTS

10% slope Sharon Sch



RECEIVED JUL 0 2 2020

AP-308746
$500.00

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*

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lee Boggs Address: 119 Beechnut Lane Statesville Zip: 28625
Applicant Email: lee.boggs@gmail.com Phone: (704)682-3848 Alt. Phone: _____
Owner Name: Betty Sharp Address: 386 Sharon School Rd. Statesville Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 392 Sharon School Rd. Statesville, NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 W → Sharon School Rd. → turn L → 0.2 mile to 392

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

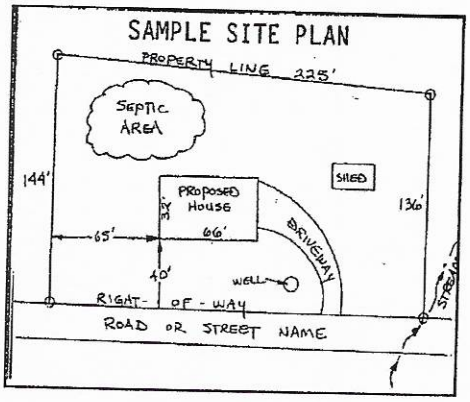
7/2/2020
DATE

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

See Attached

Signature: _____

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

7/2/2020

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, Betty Sharpe, am the legal owner(s) of the property located at 386 Sharon School Rd Statesville, NC 28677 identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lee Boggs, 1st Choice Housing, 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.

Betty Sharpe
Signature of Owner(s)

6/25/2020
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

ANGELA FREEZE

DEED PLOTS

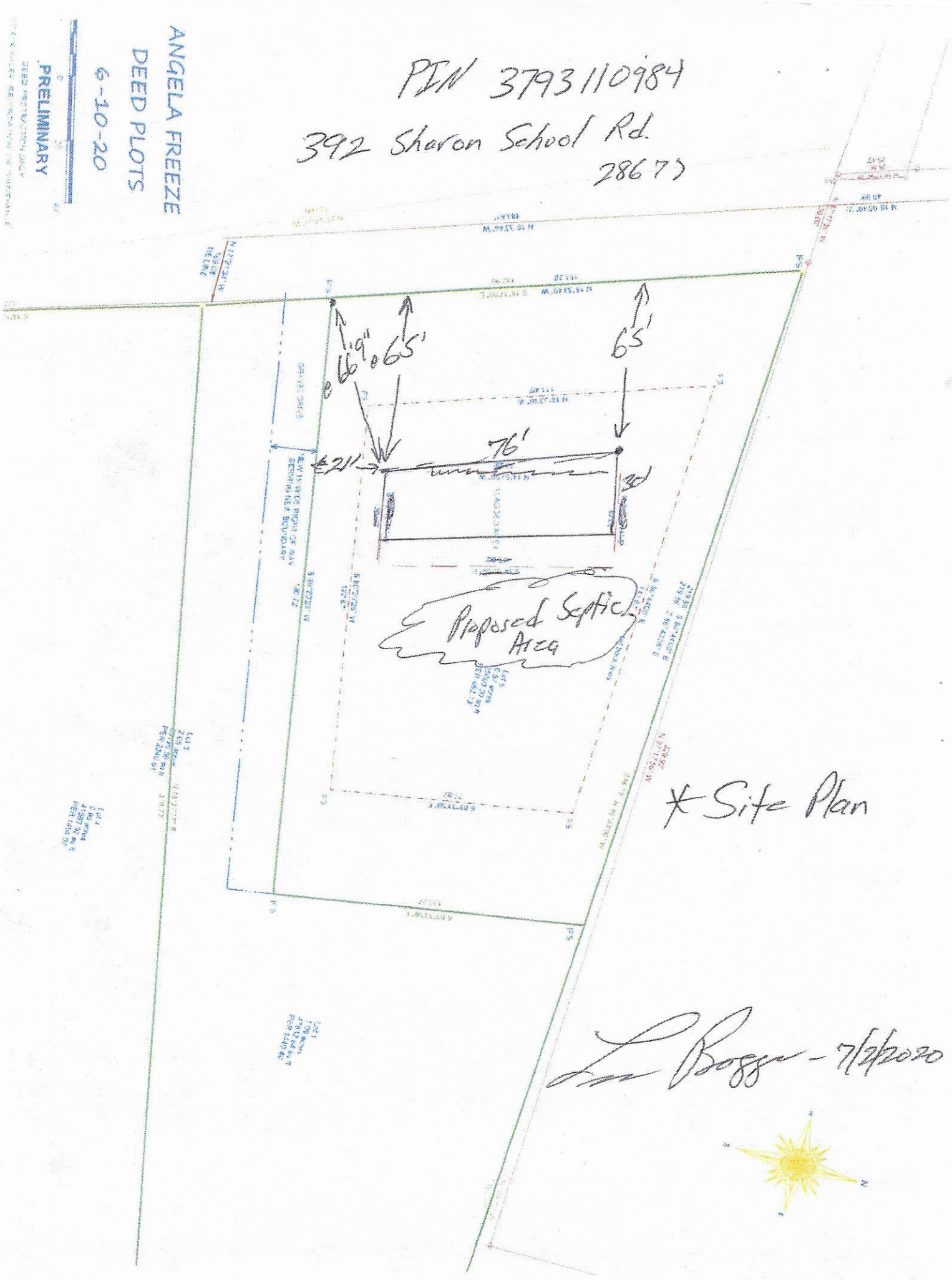
6-10-20

PRELIMINARY

PIN 3793110984

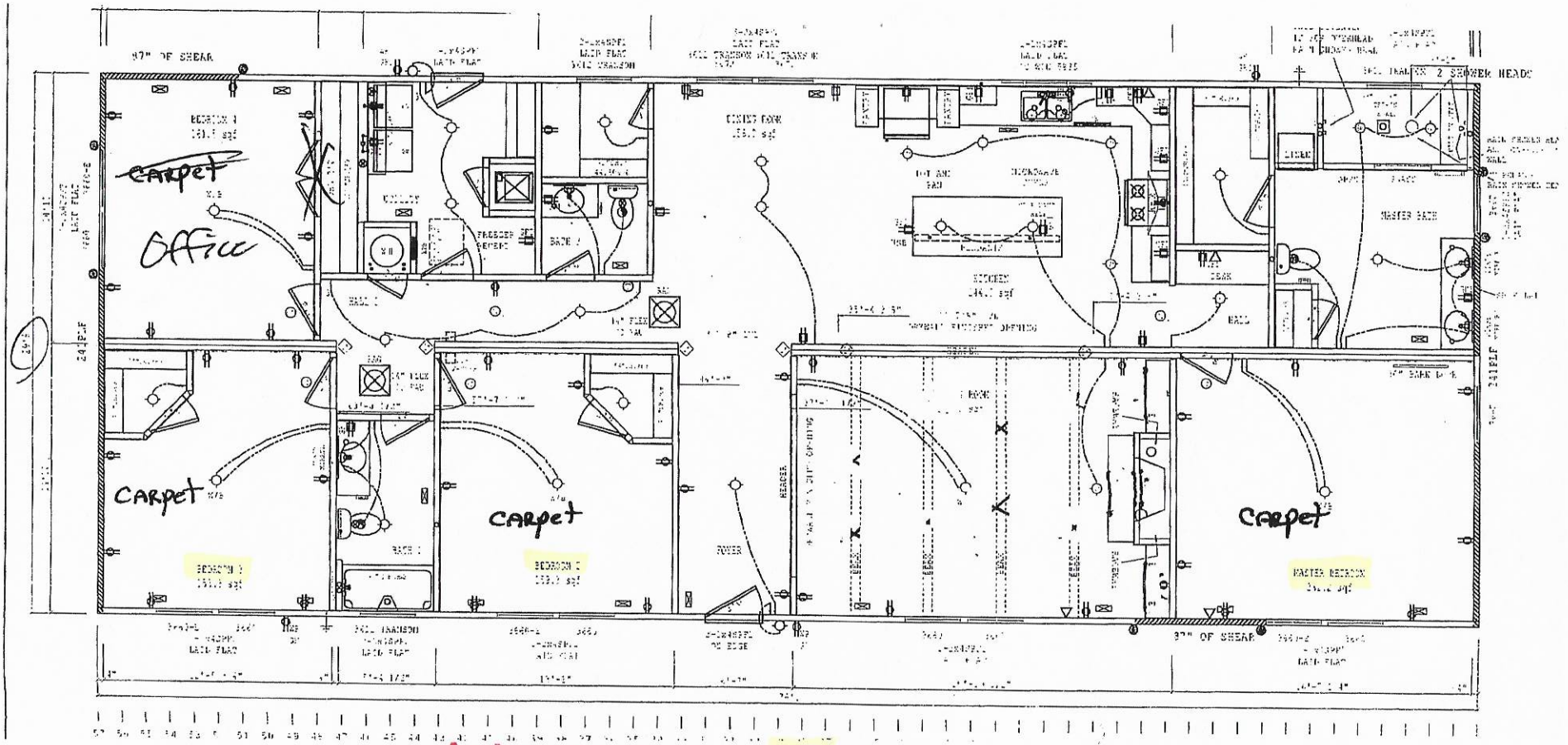
392 Sharon School Rd.

28677



* Site Plan

L Boggs - 7/2/2020



32

Acknowledgement Of
Plans Submittal ONLY!

Date 7/2/2020

Date 10-2-2020

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
308746
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793110984.000 0906		IREDELL COUNTY

Owner Information	Applicant Information
Name: SHARPE BETTY S	Name: 1ST CHOICE HOUSING INC
Address:	Address: 16507 NORTHCROSS DR STE G
	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)883-8228

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR HOME

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

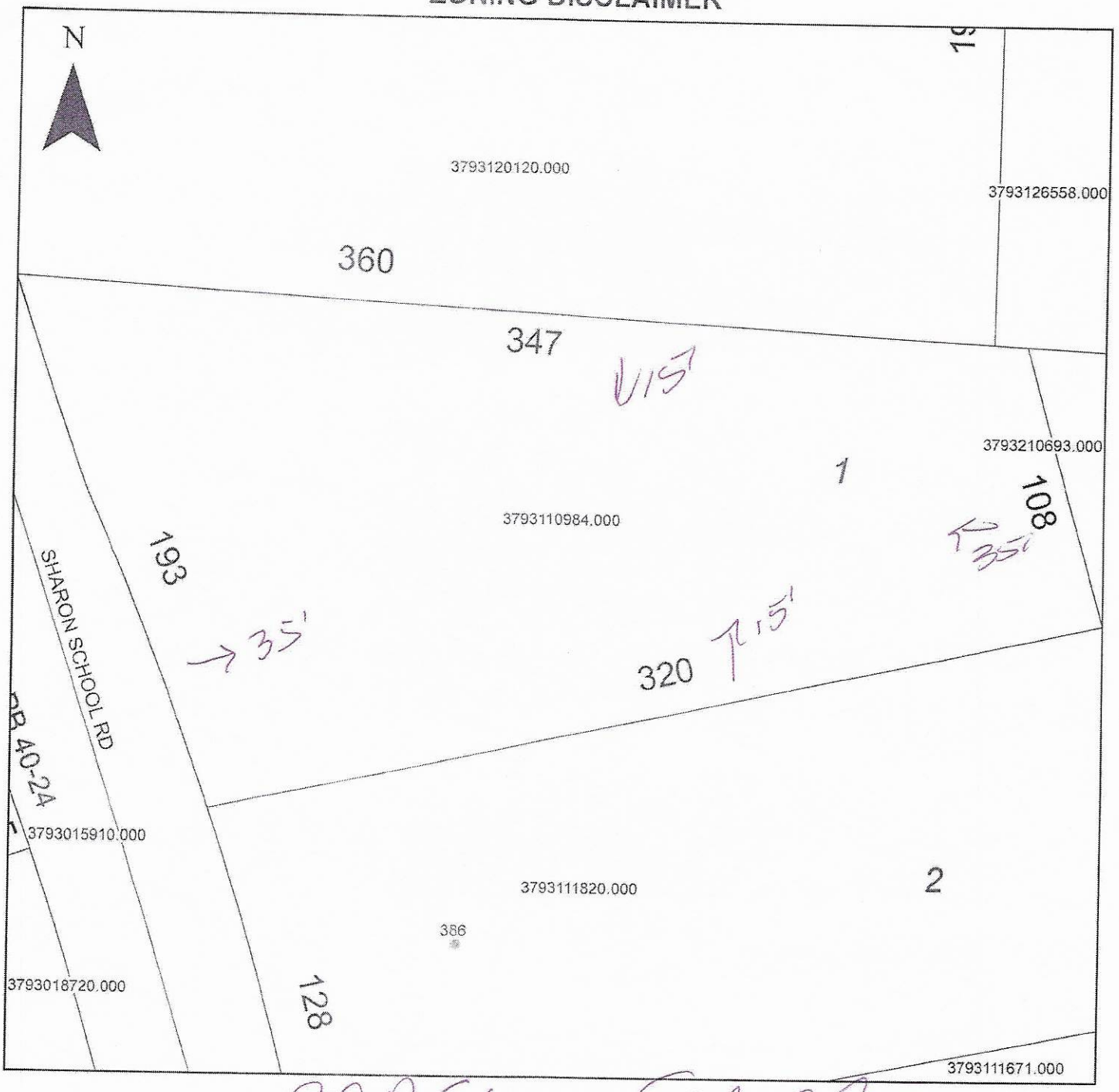
Date: 07/02/2020

Permit Number	308746

TOTAL FEES:	$77.25


3793-12-0120
OLIVER JOHN+WANDA
Db706/ Dp298
2
360
200
127
3793-11-0906
SHARPE BETTY S
Db2740/ Dp278
0.5739
392
100
151
1
108
3793-11-1985
SHARPE BETTY S
Db447/ Dp348
0.4261
191
320
42
Sharon School Rd
PB 40-24
25
135
3793-11-1820
SHARPE BETTY S
Db447/ Dp348
0.9
2
388
128
330
3793-11-1671
SNIPES PEGGY E R
Db2361/ Dp1280
2 2
502
200
385

ZONING DISCLAIMER



Property Address 392 Sharon School

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

7/2/2020
Date