215467

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:

Ashley Pollock Pollock — P.O. Box 832 Mooresville NC 28115 — 704 746 5046
Applicant Name — Mailing Address — Home Phone # — Alternate Phone #

Steve Blackstock — 342 Broken Arrow Dr Statesville NC 28625 — 828 446 2123
Owner Name — Mailing Address — Home Phone # — Alternate Phone #

4. Property Information:

342 Broken Arrow Rd Statesville NC 28625 — River Oaks — Lot 56
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: I 40 W, S on Sharon School, Lt on Mock Mill, Rt on Broken Arrow Drive, Lot on Rt

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 Existing 3 BR Residence

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:

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

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

( ) Alternative ( ) Conventional ( ) Innovative (X) 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?

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: [signature] — 12/15/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Steve Blackstock, am the legal owner of the property located at 342 Broken Arrow Dr. Statesville, NC 28625, identified as PIN(Parcel Identification Number) 3793-50-0906, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Rollans Soil, Ashley Rollans, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 12-15-15

Signature of Witness — Date: 12-15-15

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
or
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)

12-14-15 (Date)

Owner: Stephen BLACKSTOCK
Address: 342 BROKEN ARROW DR
STATESVILLE NC 28677

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

342 BROKEN ARROW DR STATESVILLE NC 28677

I, STEPHEN BLACKSTOCK (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of 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 5-27-15 (date) for a system

4 Bedroom gravity PPBPS (system name)

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

Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20993

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

PIN # 3793500906

APPLICANT: Stephen Blackstock APPLICANT ADDRESS: 342 Broken Arrow Dr.

SITE ADDRESS: 342 Broken Arrow Dr. PHONE: 828-446-2123 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TR Old Mtn Rd. TL Beulah Rd. Straight to Mock Mill Rd TL Broken Arrow Rd.

SUBDIVISION: Buffalo Shoals National Golf Club Estates SECTION: BLK LOT # 56 LOT AREA: 0.5 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☑ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date		System Description: PPBPS	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: Low Pressure PPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft:	150	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space	
Trench Width	24"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Improvements only! Submit floor plan prior to issuance of CA!

INITIAL SITE SKETCH

See attached Plan by Rollans Soil & Environmental Services

AS BUILT SKETCH

REVISED

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**

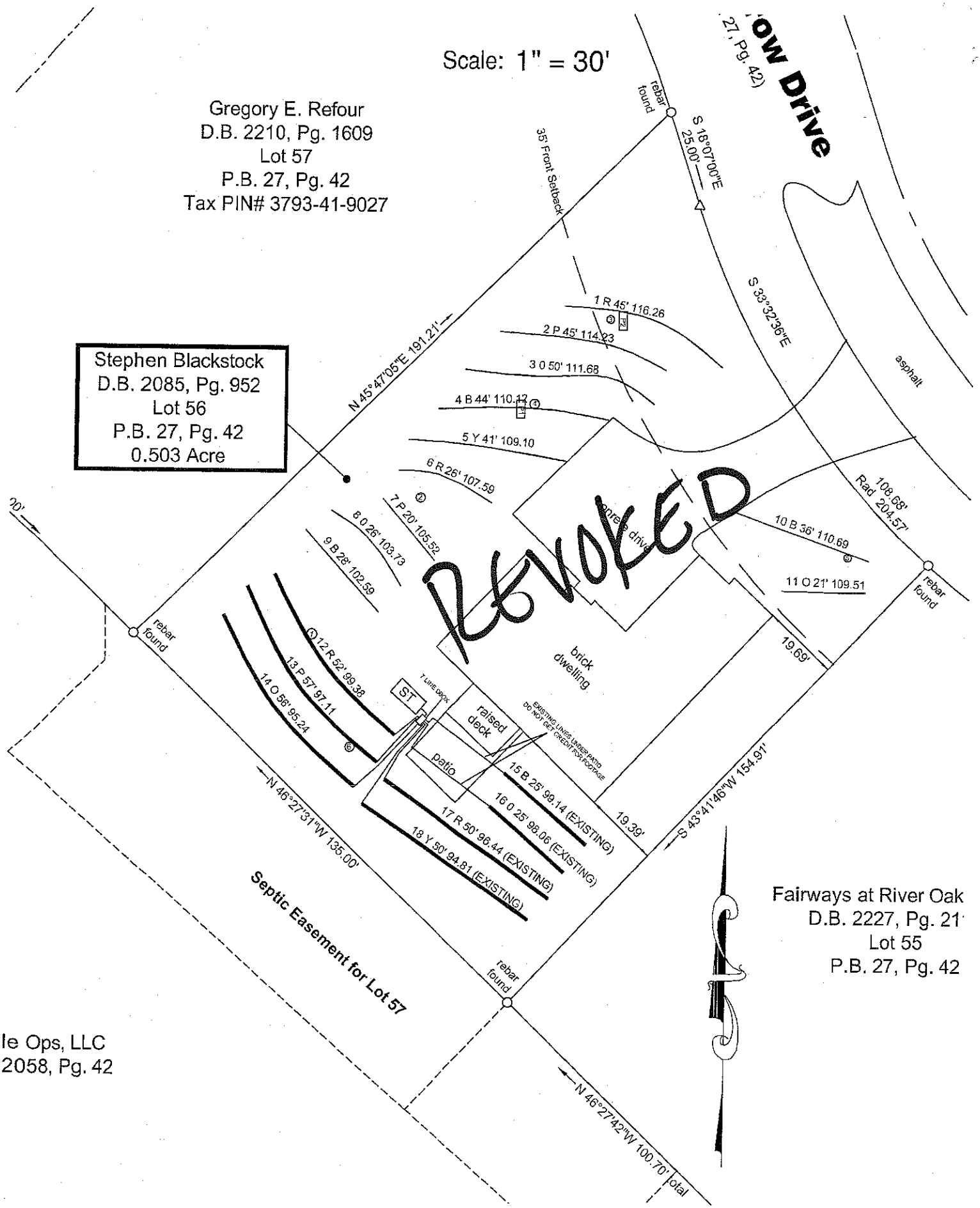
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 5-27-15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 6-30-15 Existing System Inspected by: Date:

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


Scale: 1" = 30'
Gregory E. Refour
D.B. 2210, Pg. 1609
Lot 57
P.B. 27, Pg. 42
Tax PIN# 3793-41-9027
Stephen Blackstock
D.B. 2085, Pg. 952
Lot 56
P.B. 27, Pg. 42
0.503 Acre
Fairways at River Oak
D.B. 2227, Pg. 21
Lot 55
P.B. 27, Pg. 42
Ie Ops, LLC
2058, Pg. 42
REVOKED
rebar found
35' Front Setback
S 18°07'00"E 25.00'
S 33°32'36"E
N 45°47'05"E 191.21'
1 R 45' 116.26
2 P 45' 114.93
3 O 50' 111.68
4 B 44' 110.12
5 Y 41' 109.10
6 R 26' 107.59
7 P 20' 105.52
8 O 26' 103.73
9 B 28' 102.59
10 B 36' 110.69
11 O 21' 109.51
108.68'
Rad 204.57'
20'
asphalt
brick dwelling
gravel drive
12 R 52' 99.38
13 P 57' 97.11
14 O 56' 95.24
ST
7 Limb Oak
raised deck
patio
EXISTING LINES UNDER PATIO DO NOT GET CREDIT FOR FOOTAGE
15 B 25' 99.14 (EXISTING)
16 O 25' 98.06 (EXISTING)
17 R 50' 96.44 (EXISTING)
18 Y 50' 94.81 (EXISTING)
19.39'
19.69'
S 43°41'46"W 154.91'
N 46°27'31"W 135.00'
N 46°27'42"W 100.70'
Total
Septic Easement for Lot 57
ow Drive
27, Pg. 42)