ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305938

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

PIN # 3796003132

APPLICANT/OWNER: Angela McAlpin APPLICANT ADDRESS: 110 Burning Ln Stony Point 28678

SITE ADDRESS: 110 Burning Ln Stony Point NC 28678 PHONE: 704-488-9258 ALT. PHONE -

SITE DIRECTIONS: Old Mountain Road L on Coin Left on Crown Right on Burning LN SAP CONTROLLED: ☐ YES ☐ NO

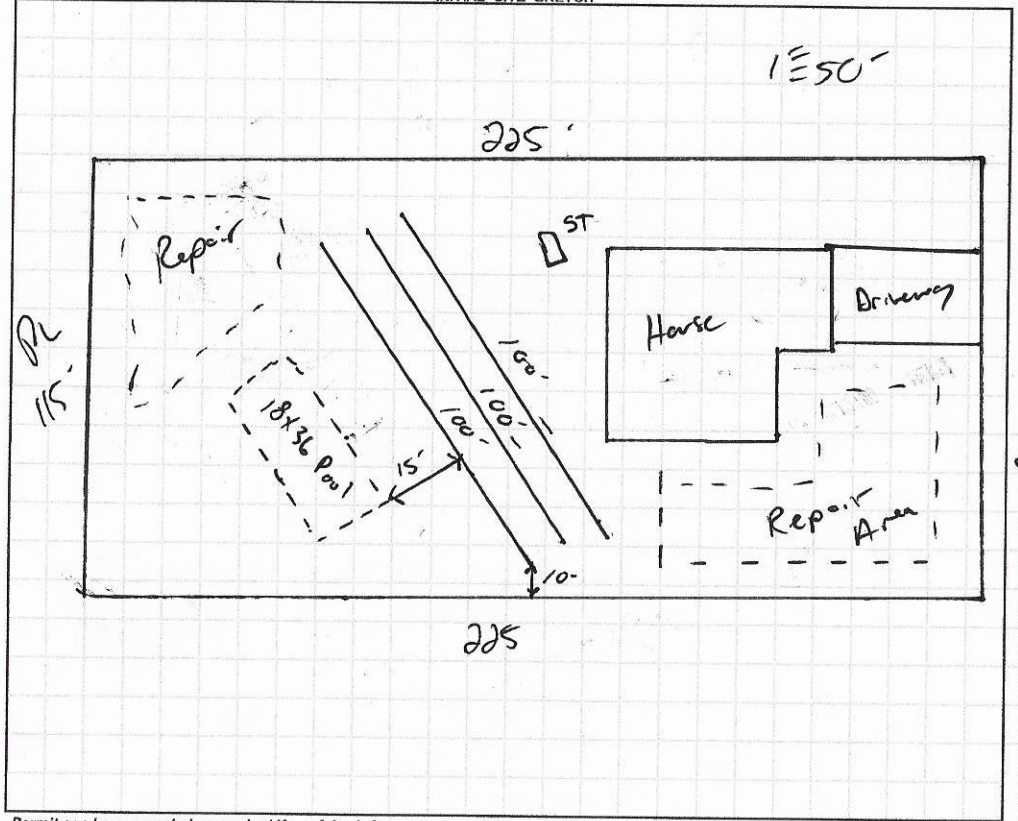
SUBDIVISION: Coin Road Estates SECTION: 4 LOT # 34 LOT AREA: 0.6 Acre DESIGN FLOW: Existing L.T.A.R.: Existing

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

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Existing System functioning properly at time of inspection. Maintain 15' to edge of water w/ septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

Burning Lane

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: Ack. Acceptance by Angela McAlpin Date: 4-6-2020 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-6-2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Angela J McAlpin, am the legal owner or the agent of the property located at 160 Burning Ln Stony Point, identified as PIN(Parcel Identification Number) 3791003132, located in Iredell County, North Carolina.
Permit # 305938.

I do hereby agree to the permit design and the conditions of this permit.

Angela J McAlpin 8.14.20
Signature of Owner Date

Derek Strohm 08/04/2020
Signature of Witness Date

angieajude@gmail.com
email

not marked Sept James

RECEIVED MAR 16 2020

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

Angieayde @gmail

Iredell County Health Department – Environmental Health Division

AP-305938 $250.00

PAGE 1: ***APPLICATION FORM***

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: Angela McAlpin **Address:** 110 Burning Ln Stony Point **Zip:** 28678
Applicant Email: angieayde@gmail.com **Phone:** 704-498-7258 **Alt. Phone:** _____
Owner Name: Angela McAlpin **Address:** 110 Burning Ln Stony Point **Zip:** 28678
Owner Email: angieayde@gmail.com **Phone:** 704-498-7258 **Alt. Phone:** _____

Property Information:

Street Address: 110 Burning Ln Stony Point NC 28678
Subdivision Name: Cain Road Estates **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: left of Old Mtn. Rd-Cain Rd-1st left Grain. Right on Burning Ln, 1st house on right.

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: 4
(✓) 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: Angela McAlpin 3/16/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

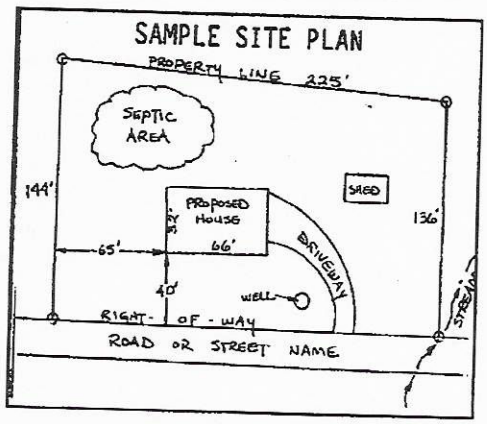
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

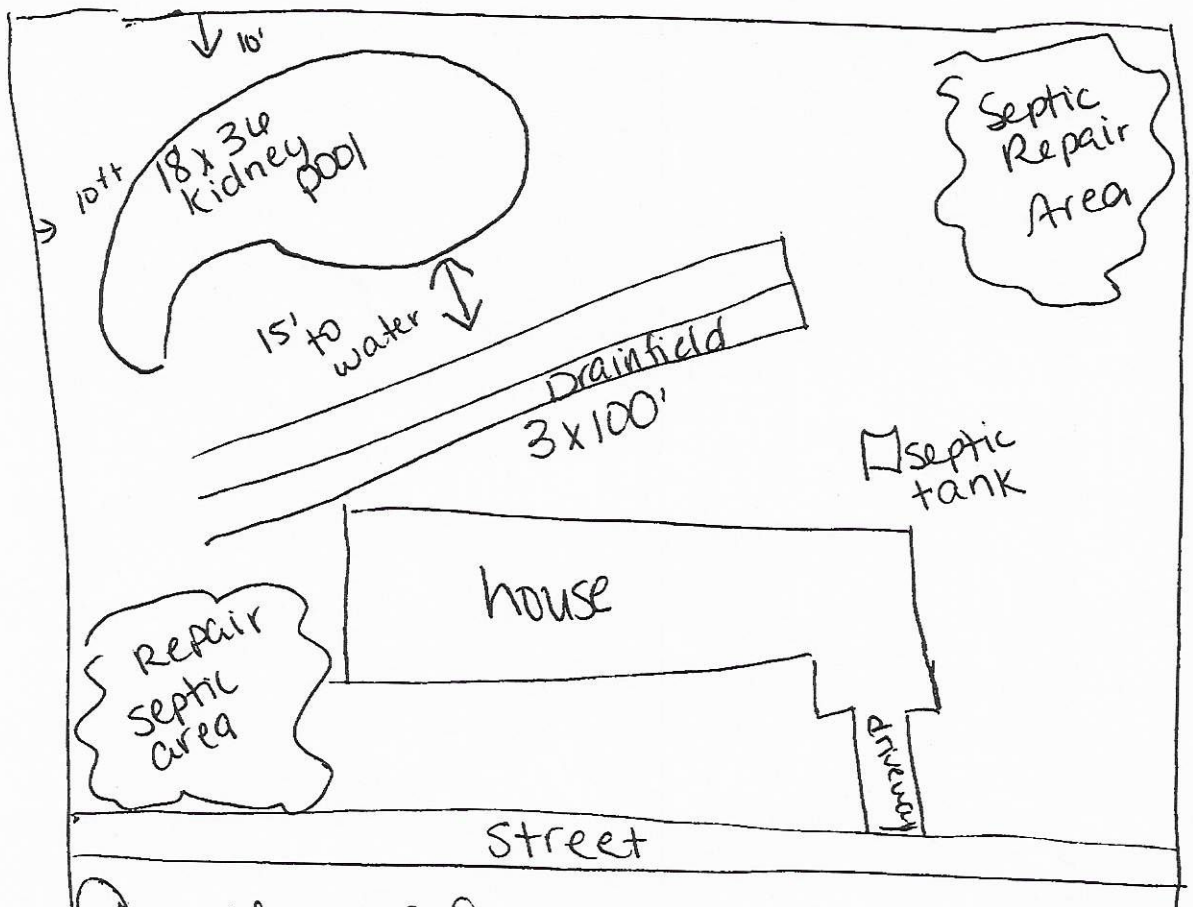


Circle N/A on the following if appropriate:

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: Angela M. Lupin — 3/16/20

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

IREDELL COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

Issued 31 August 09

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

PERMIT # 158022 PIN # 3796-00-3132 DATE 11 October 11

OWNER Clyde Hall Enterprises APPLICANT: Frank Baile

SITE ADDRESS 110 Burning Lane Stat. OWNER / APPLICANT ADDRESS PHONE: Home/Cell # (704) 746-4492 Business #

SITE DIRECTIONS I-40 W TR old mtn. Rd. N. TL Conn. TL Conn. TR Burning Ln. 2nd Lot on Rt.

SUBDIVISION Cain Road Est. BLOCK / SECTION LOT # 34 LOT AREA 0.6ac.

Septic Tank 1000 Gallons: STB 160 Date 9-10-11 ☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Pump Tank Gallons: PT Date

Pump Make Model Serial #

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

System Description: 25% Reduction System.

Repair System Description: 50% Reduction System.

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

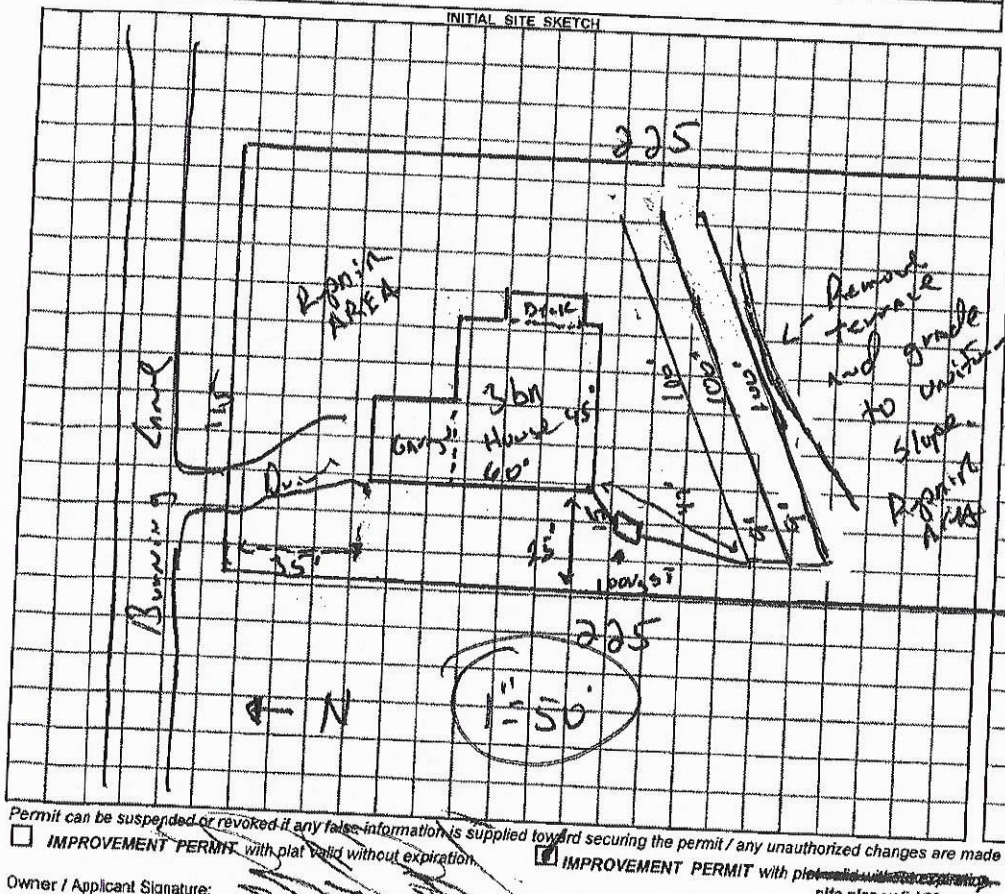
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

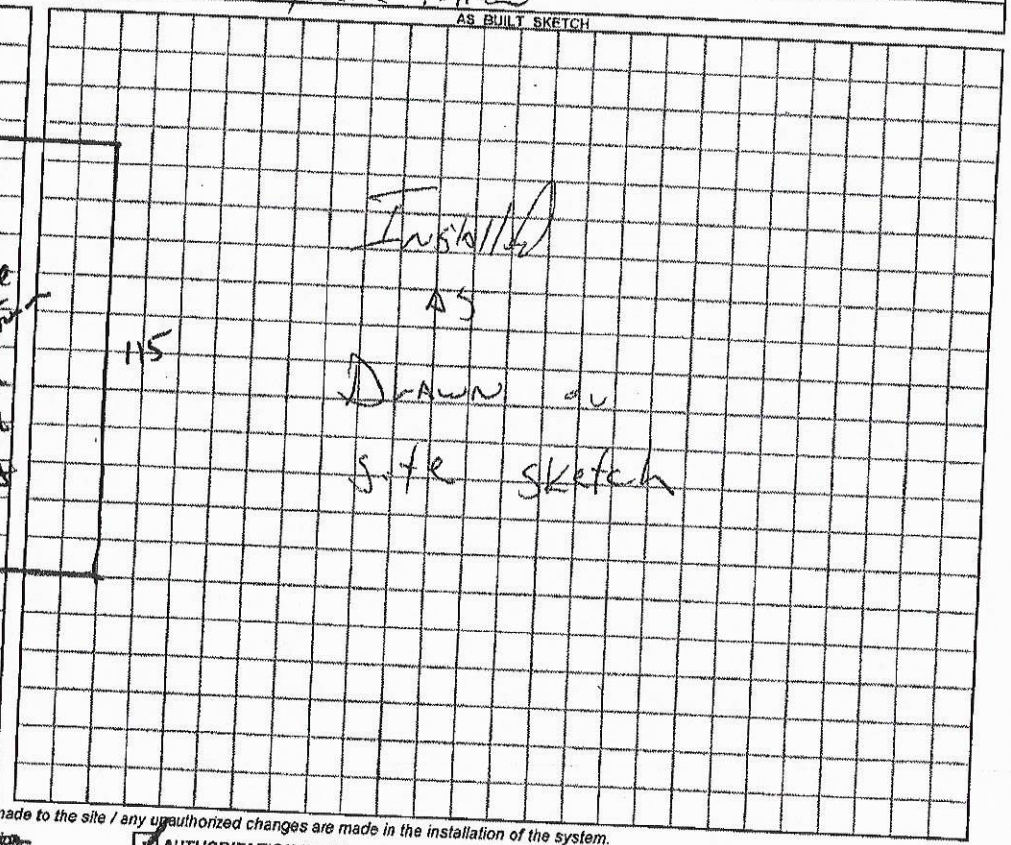
ST has marker

Poly-lock Filter

INITIAL SITE SKETCH



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 ~~plat valid without expiration~~ site plan valid 60 mo.

☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature:

IMPROVEMENT PERMIT by: REHS Date 10-11-11

AUTHORIZATION TO CONSTRUCT by: REHS Date 11 Oct. 11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: Tommy Cothren

OPERATION PERMIT by: REHS Date 12/12/11

Existing System Inspected by: REHS Date

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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)* Angela McAuin

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, Angela McAuin, am the legal owner(s) of the property located at 110 Burning Lane Stony Point, 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.

Angela McAuin
Signature of Owner(s)

3/10/20
Date

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 · NC

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

APPLICATION NUMBER
305938 Issue Date: 03/16/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3796003132.000	110 BURNING LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: STUDEVENT DEREK T+ANGELA J MCALPIN	Name: STUDEVENT DEREK T+ANGELA J MCALPIN
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

IN GROUND VINYL POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Date: 03/16/2020

Signature of Owner/Contractor

Permit Number	305938	TOTAL FEES:	$77.25

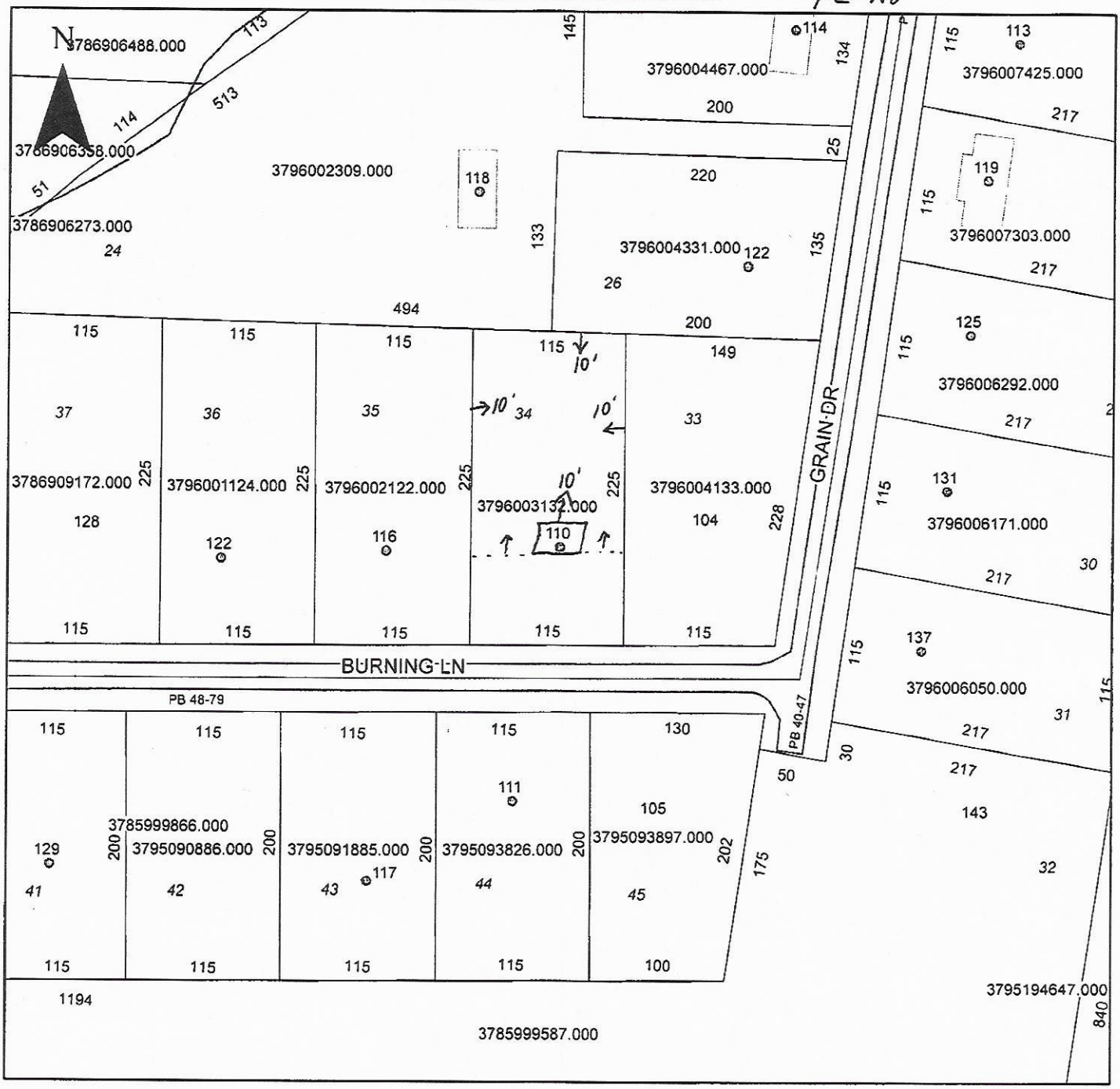
305938

RA .594 AC

WS IV PA C/LN

FL-NO

ZONING DISCLAIMER



Property Address 110 Burning Ln.

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.

Angela McAuley

Applicant

3/16/20

Date