IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 360-3625 PERMIT # 204704

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

PIN # 3797633640 22

APPLICANT: Eva Hill APPLICANT ADDRESS: 439 Hillcrest Dr Statesville NC

SITE ADDRESS: 132 Donald Dr Stoney Point NC PHONE: 704-450-9280 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 - RT on Midway LT on Holly burton RT on Donald Dr

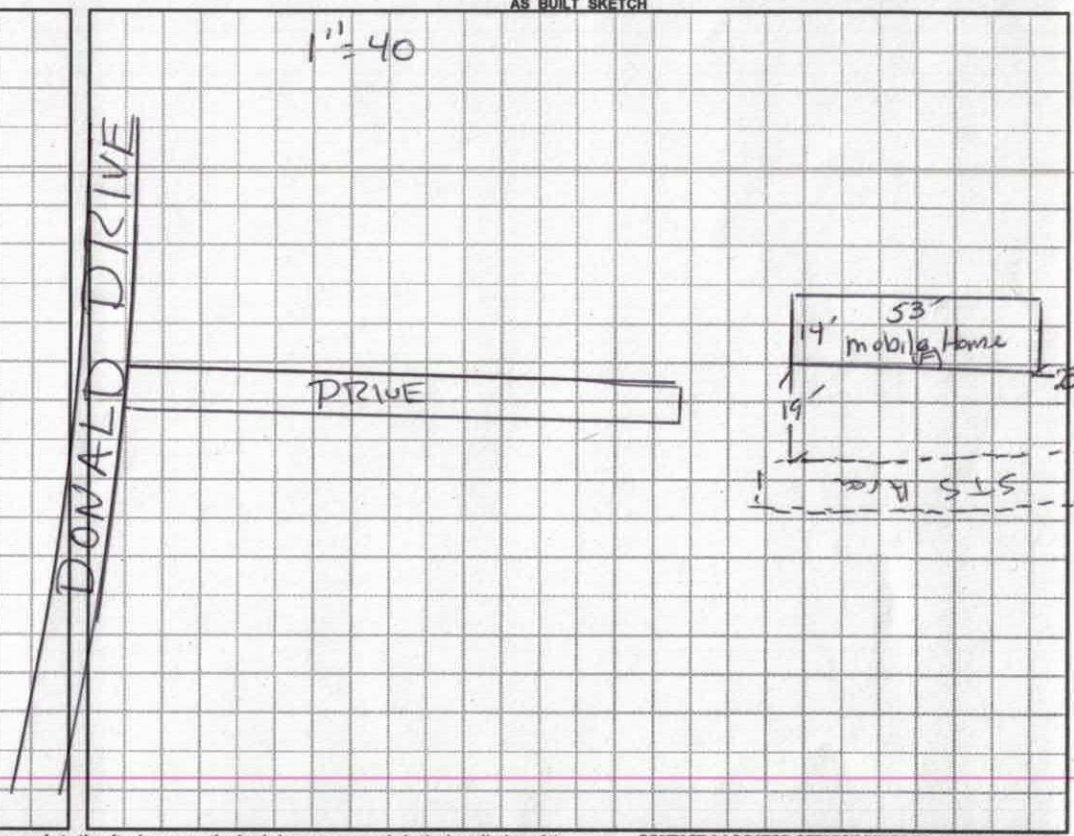
SUBDIVISION: Vlacky MHP SECTION: N/A LOT # 10 LOT AREA: 8.86 ac DESIGN FLOW: 240 L.T.A.R.: EX

Septic Tank	EX	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Existing			☐ Business	No. Persons		☐ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees		☒ Public
# Nitrification Fields	EX	# Lines		Linear Ft:	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EX	Max. Trench Bottom Depth	EX	Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be >5' from any part of STS

INITIAL SITE SKETCH

AS BUILT SKETCH



COO 8/5/15

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: Eva Hill Date: 9/2/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 07/28/14

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

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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:

Applicant Name: Eva Hill Address: 49 Hillcrest Dr Statesville Phone: 704 450-9285

Owner Name: Debra Burgess Address: _____ Phone: _____

Property Information:

Street Address: 132 Donald Dr 133 Donald Dr Lot 9 Stoney Point, NC 28678

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

Driving Directions: Old Hwy 90 - Rt on Midway Lt on Hallyburton Rt Donald Dr

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Single Wide

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) 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?

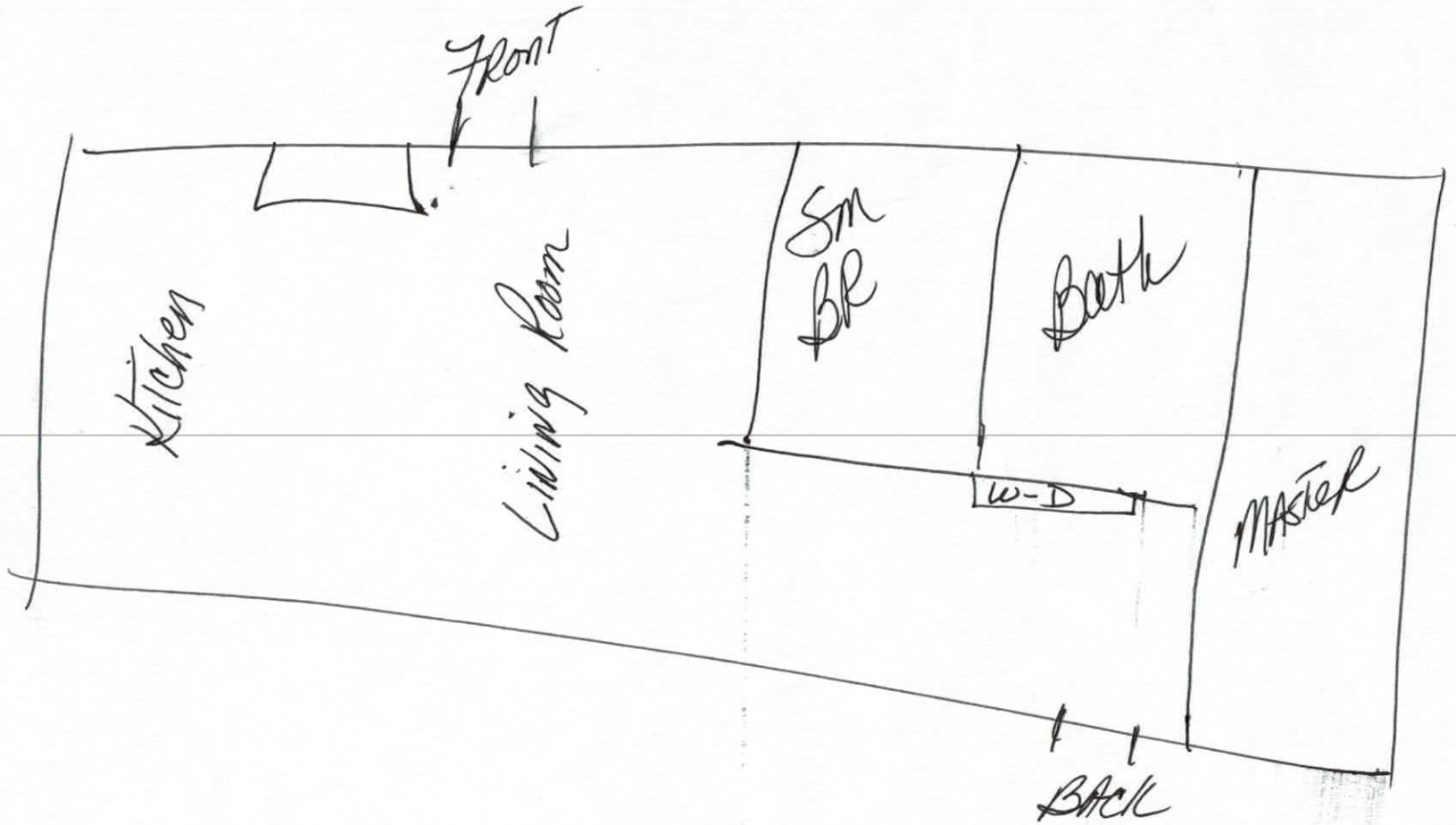
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Eva Hill
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

PAID Debit 7-17-14 dr

7/17/14
DATE

14253



Acknowledgement Of
Plans Submittal ONLY!
Date 7/17/14
Date 7/28/14

IREDELL COUNTY

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

APPLICATION NUMBER
204704
Issue Date: 07/17/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3797633640.000	132 DONALD DRIVE, STONY POINT, NC 28678	STONY POINT

Owner Information	Applicant Information
Owner: BURGESS DEBRA D LACKEY+ETAL	Applicant: HILL, EVA
Address: C/O DEATRA MOORE PO BOX 343 STONY POINT, NC 28678	Address: 439 HILLCREST DR STATESVILLE, NC 28677
Phone:	Phone: 704-450-9280

Use Requested	Zone Code
SINGLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.860	15.00	20.00	25.00	15.00	PASY	X

Remarks:

Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved

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.

Applicant: _____ Date: _____

Permit Number	17376	TOTAL FEES:	$ 77.25