ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 312090.

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

PIN # 4629 -77 -0656

APPLICANT/OWNER: Jim Jones APPLICANT ADDRESS: 117 Gainswood Drive Mooresville NC 28117

SITE ADDRESS: 180 Seekirk Drive Troutman NC 28166 PHONE: 704 626-4776 ALT. PHONE —

SITE DIRECTIONS: ST Park on Morrison Farm Rd on Seekirk Prop on Right SAP CONTROLLED: ☐ YES ☐ NO

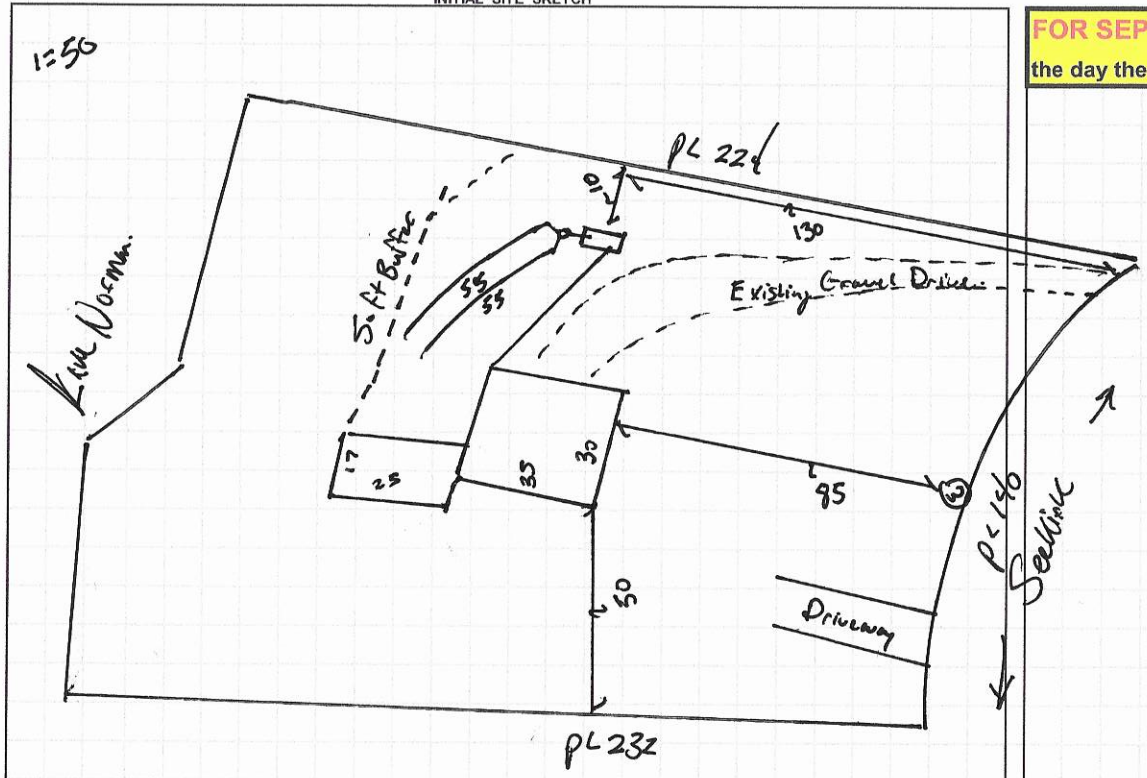
SUBDIVISION: CL+T SECTION: 18 LOT # 91 LOT AREA: DESIGN FLOW: 240 L.T.A.R.: EXT

Septic Tank	EXT.	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Existing System			
Pump Make		Model			Serial #		Repair System Description:				
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)		EXT	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence No. Bedrooms 3 — Water Supply
☐ Business No. Persons 4 — ☒ Private
☐ Other No. Employees — ☐ Public
☐ Slab ☐ Crawl Space — ☐ Community
☒ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: System appears to be functioning at time of inspection

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**

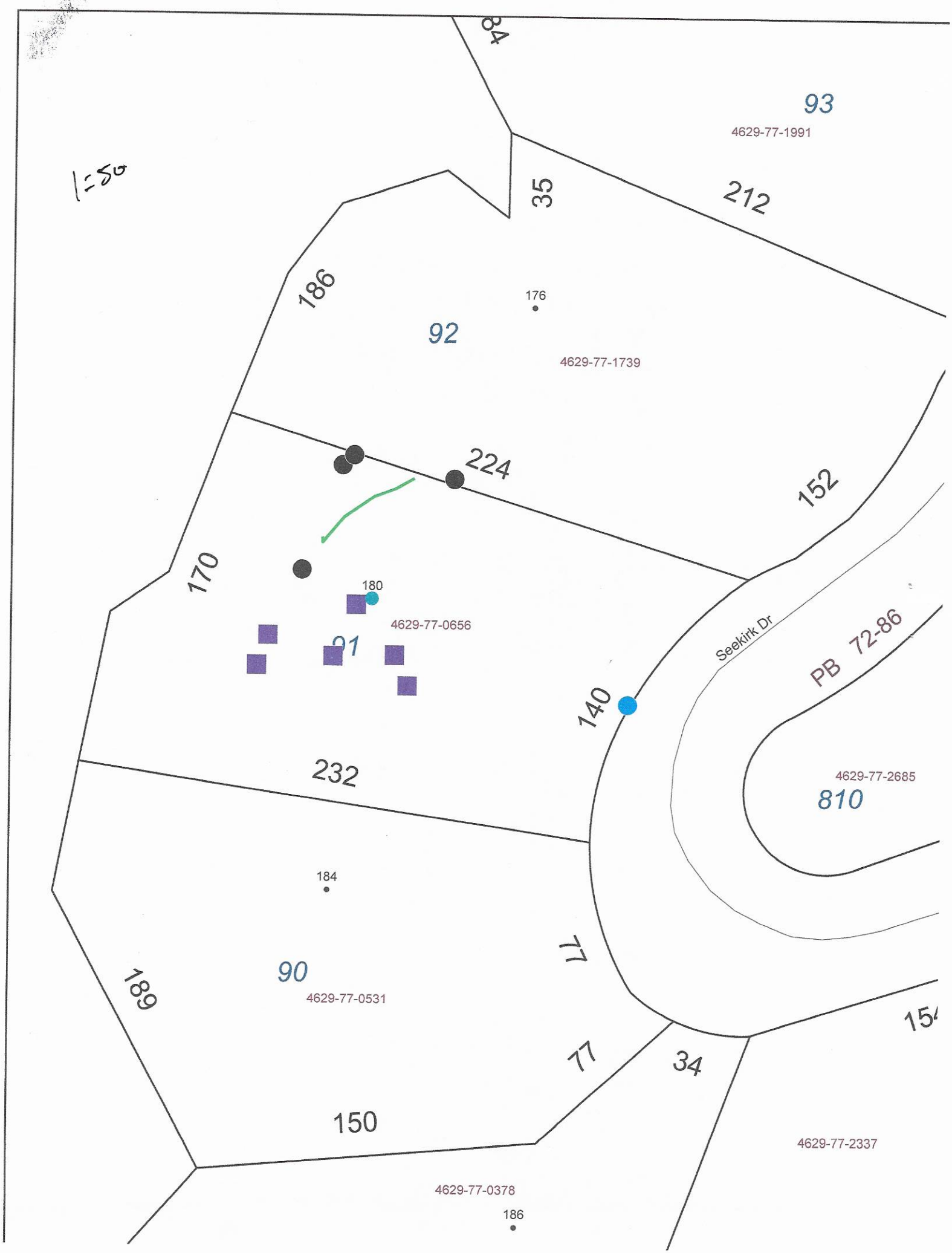
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-5-20 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 10/28/2020.

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


1:50
93
4629-77-1991
35
212
186
176
92
4629-77-1739
224
152
170
180
4629-77-0656
91
140
Seekirk Dr
PB 72-86
232
4629-77-2685
810
184
90
4629-77-0531
77
189
77
34
150
4629-77-2337
4629-77-0378
186

RECEIVED OCT 2 3 2020

AP-312090
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (PRINT CLEARLY)

Applicant Name: JIM D. JONES Address: 117 GAINSWOOD DR. MOORESVILLE NC Zip: 28117
Applicant Email: jdjonesbuilder@roadrunner.com Phone: 704-622-4776 Alt. Phone: 704
Owner Name: BYRD HOUSES LLC (JESSY BYRD) Address: 325 N. DOWNING ST. DAVIDSON NC Zip: 28036
Owner Email: BYRDOCTOR@gmail.com Phone: 864-706-7909 Alt. Phone:

Property Information:

Street Address: 180 SEEKIRK DR TROUTMAN NC
Subdivision Name: RECREATION LOTS SECT. 18 FALLSTOWN Section/Phase: 18 Lot Number: LOT 91
Driving Directions: SOUTH ON PERCH CHURCH OUT OF TROUTMAN, RT. ON ST. PK. RD., LEFT ON MORRISON FARM RD. RT ON SEEKIRK DR., PROP ON RT.

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

(X) 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: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: SCREEN PORCH
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
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1979
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Jim D Jones
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-23-20
DATE

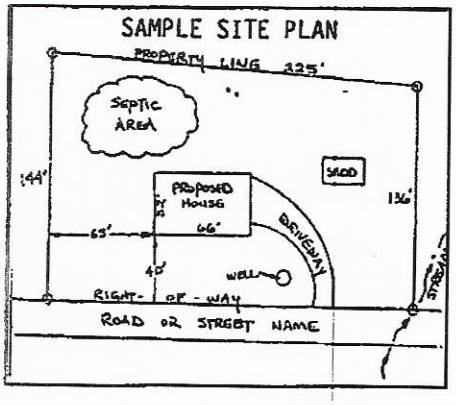
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- X Preferred well location
- X Preferred septic system location
- X North arrow, or other sufficient indicator of direction

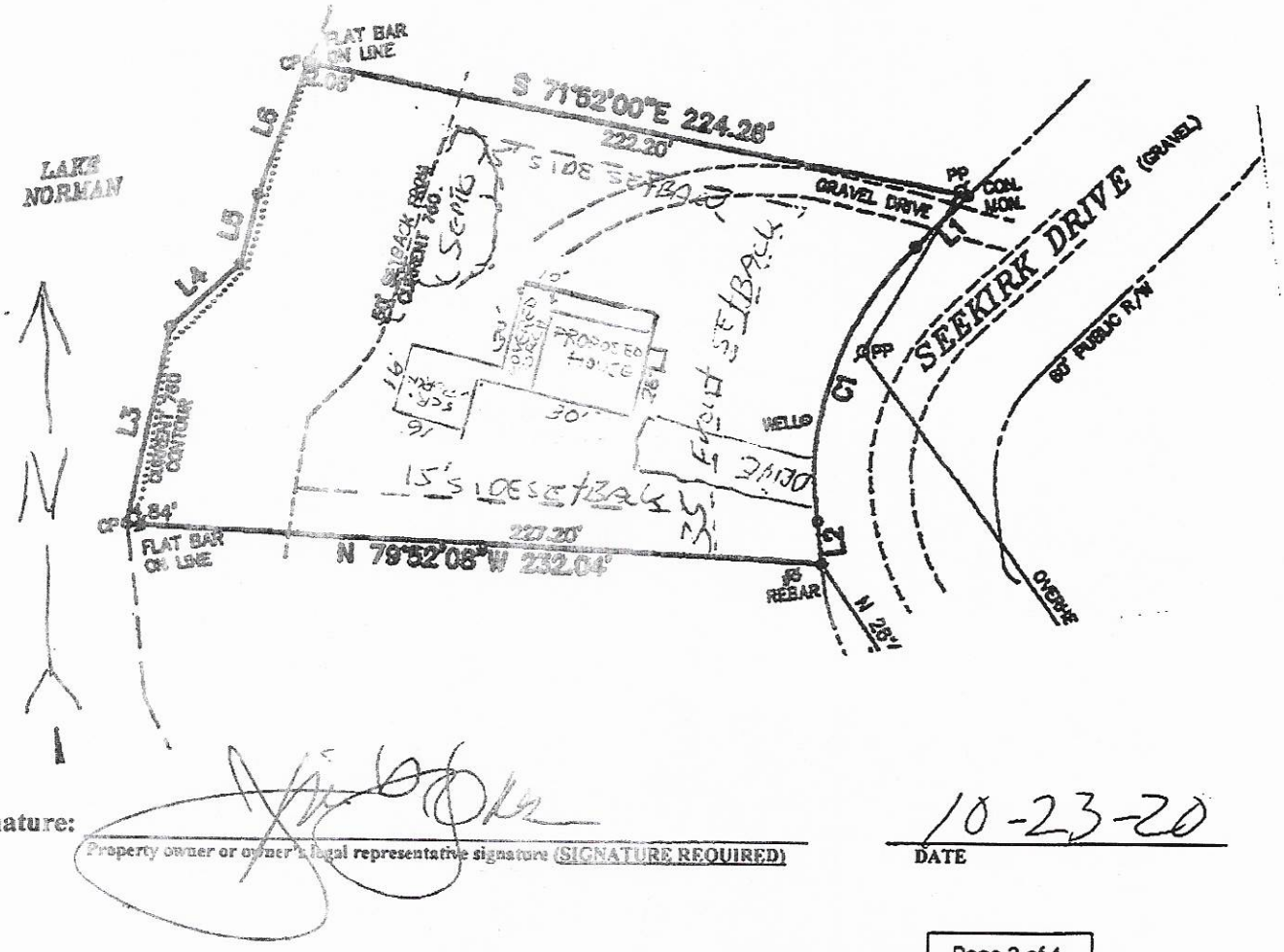


Circle N/A on the following if appropriate:

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: _____

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

10-23-20
DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Wm. M. Gruett DATE 8/9/99 PERMIT NO. _____

PHONE. Business _____ Home _____

LOCATION Turn on Perth Rd in Troutman. T.R. on 1321 - T.R. 2nd Rd Past old Russell Farm House - Trailer on Rt. Near end of Rd. S. R. No. _____

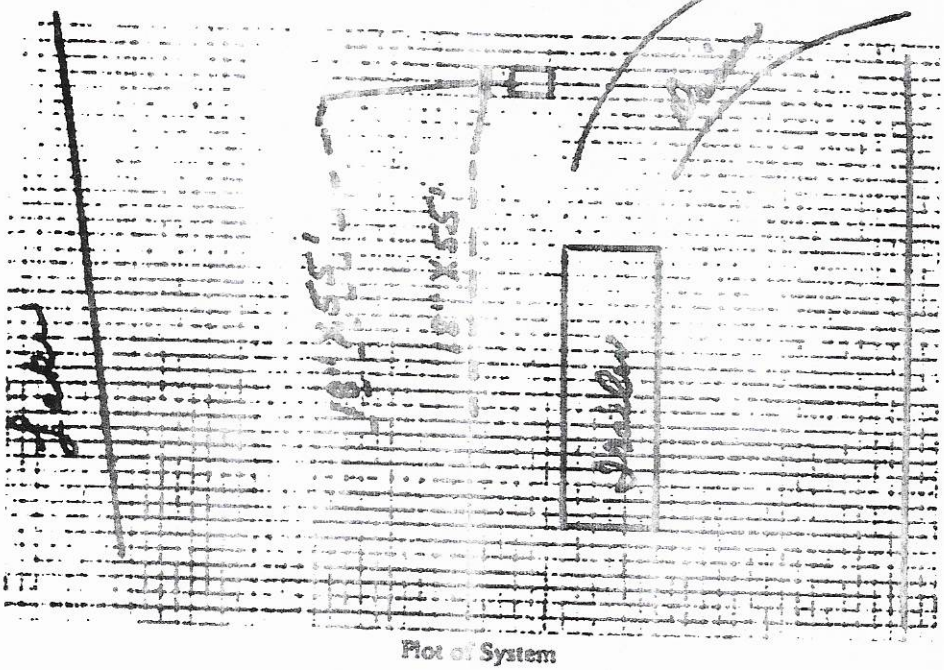
SUBDIVISION NAME _____ LOT NO. 91 SECTION OR BLOCK NO. 18

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Prod Suitable
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Steep Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	None

Lot Area 20,000 Sq Ft



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. 110

Depth of Stone in Lines 7 + 12

Water Supply: Individual (✓) Private Well

Public ( )

Installed by Eddie Jowers & Son

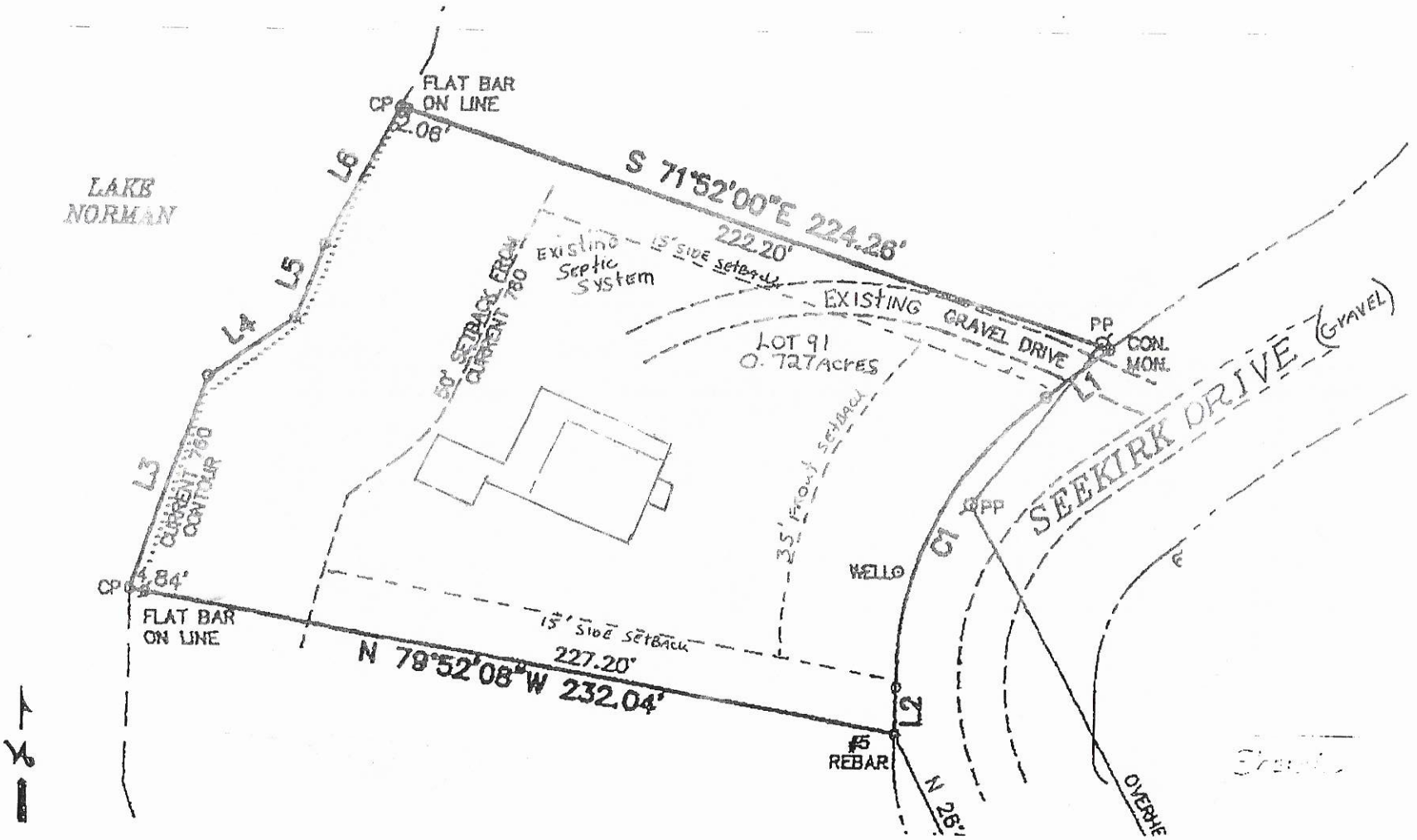
IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert surface water away from septic Tank & Lines

CERTIFICATE OF COMPLETION BY E. H. Stevenson DATE 8/9/99

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


LAKE NORMAN
FLAT BAR ON LINE
CP
2.08'
S 71°52'00"E 224.26'
222.20'
EXISTING GRAVEL DRIVE
PP
CON. MON.
LOT 91
0.727Acres
EXISTING Septic System
15' SIDE SETBACK
50' SETBACK FROM CONTOUR 780
35' FRONT SETBACK
SEEKIRK DRIVE (GRAVEL)
WELL
L1
L2
L3
L4
L5
L6
CONTOUR 760
4.84'
FLAT BAR ON LINE
15' SIDE SETBACK
227.20'
N 79°52'08"W 232.04'
#5 REBAR
N 26°
OVERHE

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. * (Signature) _____

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, construction or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Elizabeth K. Byrd, am the legal owner(s) of the property located at 180 Seeklick Drive, Troutman, NC, identified as

PIN (Parcel Identification Number) 4629-77-0656, located in Iredell County, North Carolina

I do hereby authorize (print legal representative/company name) Jim O. Jones,

_____, 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

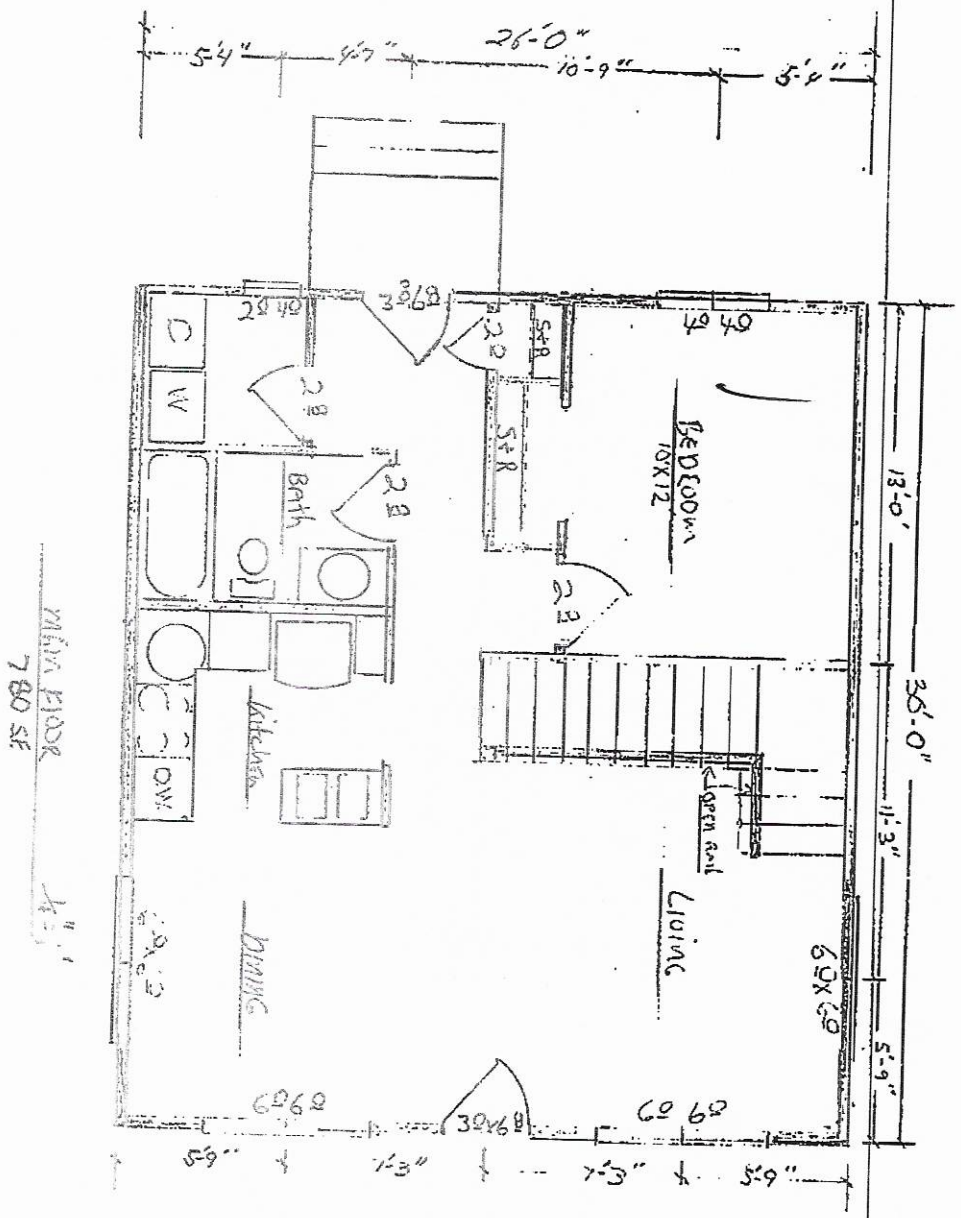
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Elizabeth K. Byrd
Signature of Owner(s)

10/22/2020
Date

Mooresville - Environmental Health
adrienne.shaw@co.iredell.nc.us
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

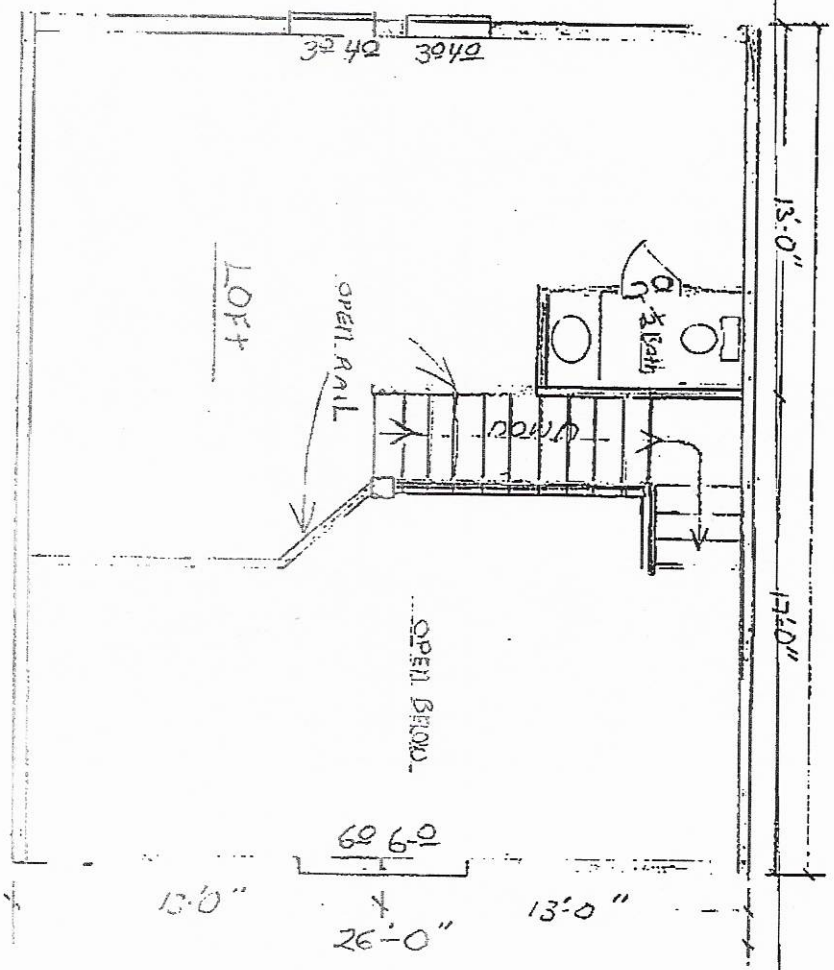


Acknowledgement Of
Plans Submittal ONLY!

Date 10-23-20

Date 10/21/20

SHEET A-6



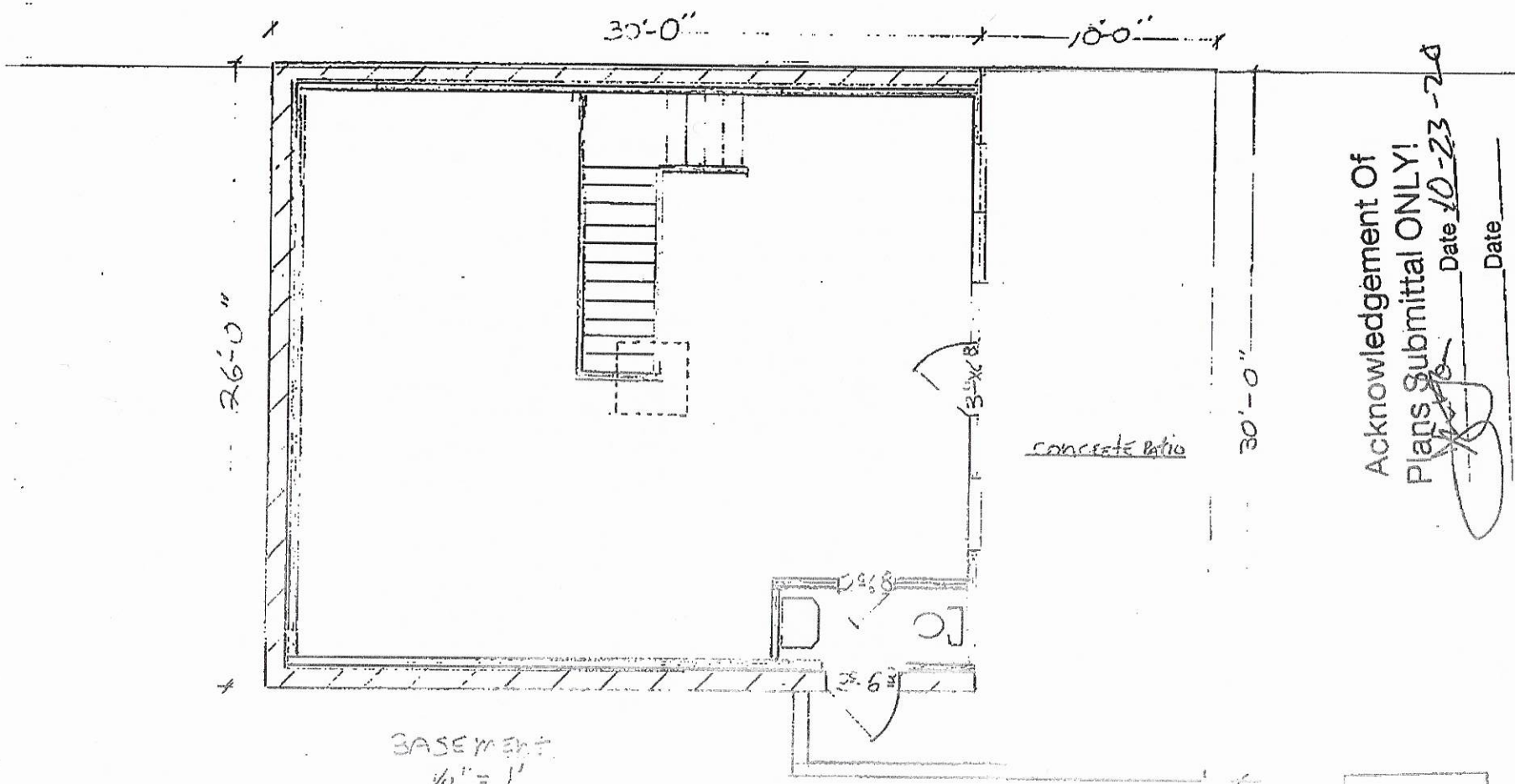
LOFT
384 S.F.

Acknowledgement Of
Plans Submittal ONLY!

Date 10-23-20

Date 10/27/2020

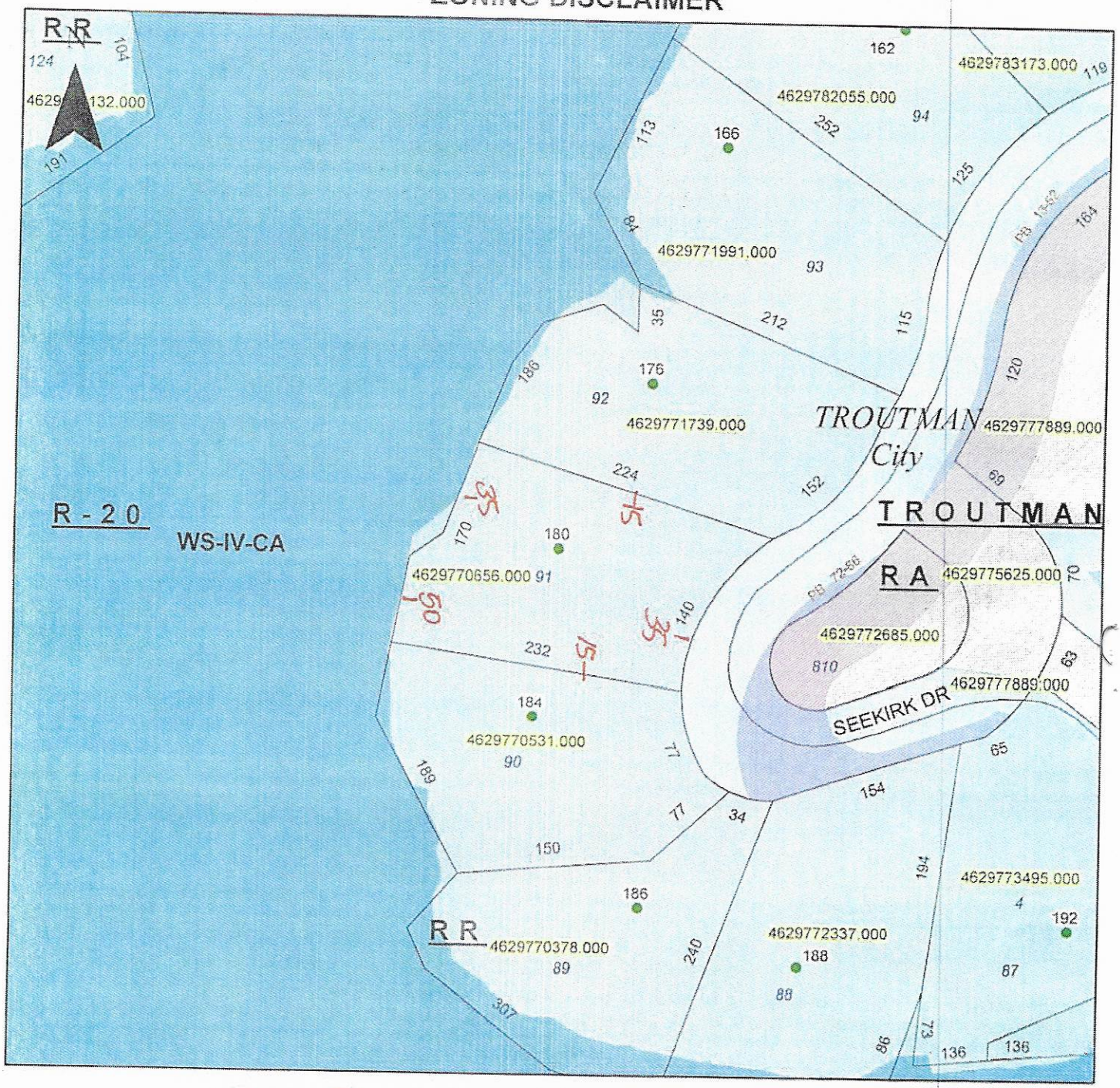
Sheet A-7



Acknowledgement Of
Plans Submittal ONLY!
Date 10-23-24
Date

Sheet A-5

ZONING DISCLAIMER



Property Address 180 SeeKirK Dr.

173 RA CA

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 _____

10-20-20
Date