ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324493

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

PIN # 4639 -- 17 -- 4207

APPLICANT/OWNER: Carrie Shultz APPLICANT ADDRESS: 258 Apache Rd Troutman NC 28166

SITE ADDRESS: 258 Apache Rd Troutman N PHONE: 479-531-5377 ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) State Park → (L) Morrison Farm → (L) Apache → lot at end SAP CONTROLLED: [X] YES [ ] NO

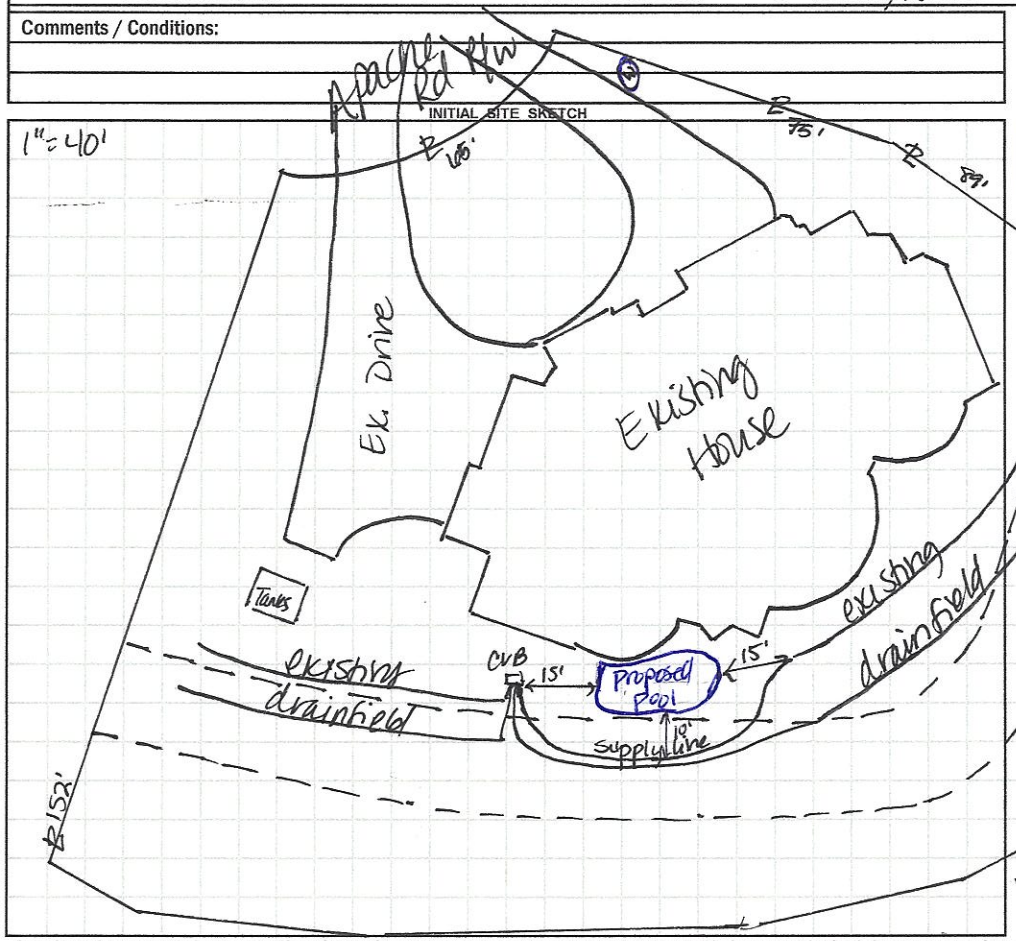
SUBDIVISION: CLET SECTION: 18 LOT # 49 LOT AREA: 0.748 ac DESIGN FLOW: 480gpd L.T.A.R.: EXISTING

Septic Tank EXISTING (gal)	STB	Date	[ ] New System [ ] Repair [ ] Expansion System Type: I II III IV (V) VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank EXISTING (gal)	PT	Date	System Description: EXISTING TS11 PPBPS	[ ] Business	No. Persons 8	[X] Private
Pump Make	Model	Serial #	Repair System Description: " "	[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: [X] YES [ ] NO	[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	Trench Bottom Depth(Low side) EXISTING	Gravel Depth N/A	[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions:

Keep pool water's edge 15' from all septic components, water lines 10' from septic components.

INITIAL SITE SKETCH

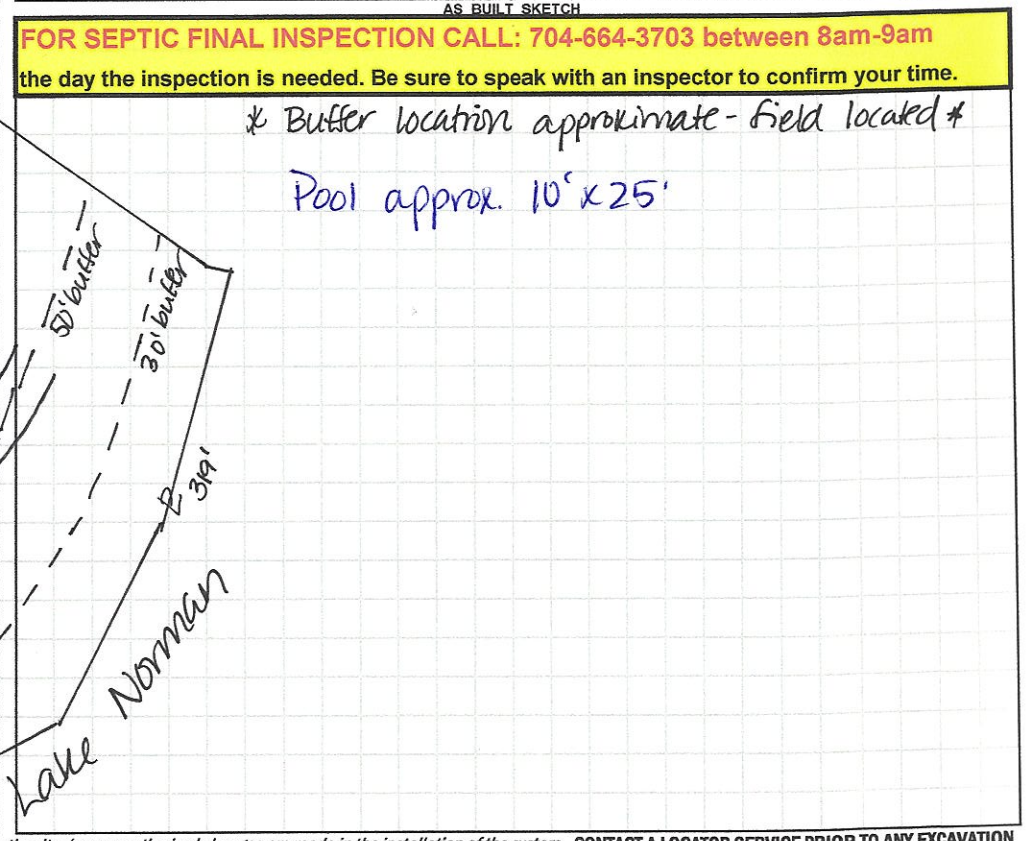


AS BUILT SKETCH

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.

* Buffer location approximate - field located *

Pool approx. 10' x 25'



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**

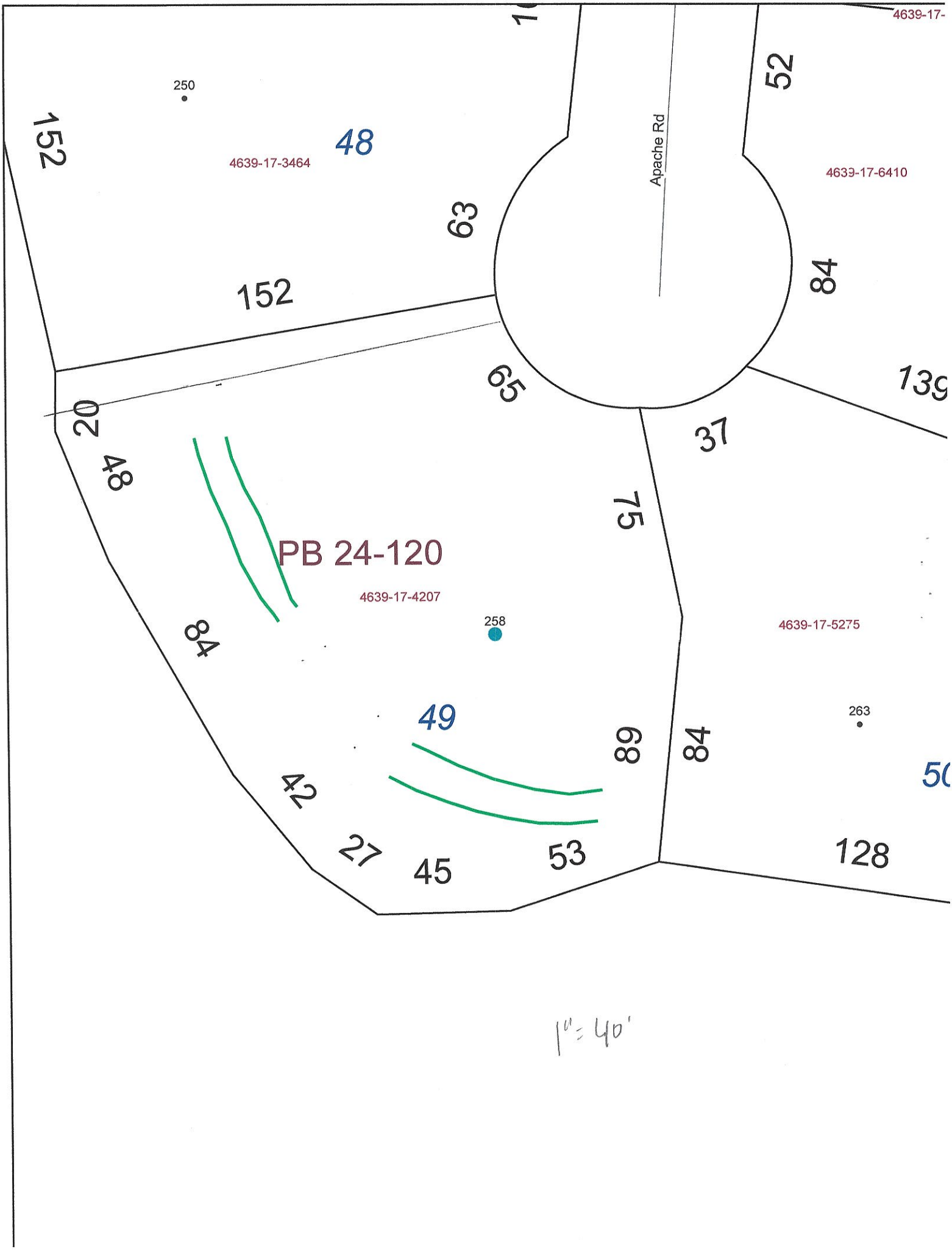
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: C Shultz Date: 4/6/22 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Mebane Date: 3/2/22

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


4639-17-
250
48
4639-17-3464
152
Apache Rd
52
4639-17-6410
63
84
152
65
139
20
37
48
75
PB 24-120
4639-17-4207
258
4639-17-5275
48
49
263
89
84
5(
24
27
45
53
128
1" = 40'

RECEIVED JAN 1 1 2022

DW

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* AP-324493 $520.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Carrie & Greg Shultz Address: 258 Apache Rd, Troutman Zip: 28166
Applicant Email: carrie.shultz31@gmail.com Phone: 479-531-5377 Alt. Phone: 479-531-5212
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 258 Apache Rd. Troutman 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From Morrison Farm turn Left on Apache Rd. All the way to the end. Gray house

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: 4
Maximum Number of Occupants: 4
(X) 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: 2011
( ) No Preference ( ) Alternative ( ) 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: _____ 1/7/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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 the r 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, CARRIE SHULTZ, am the legal owner(s) of the property located at 258 Apache Rd. Troutman, identified as PIN (Parcel Identification Number) 4639174207.000, 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.

_____ 1/7/22
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

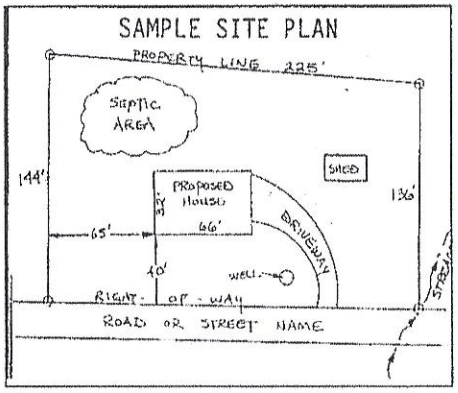
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

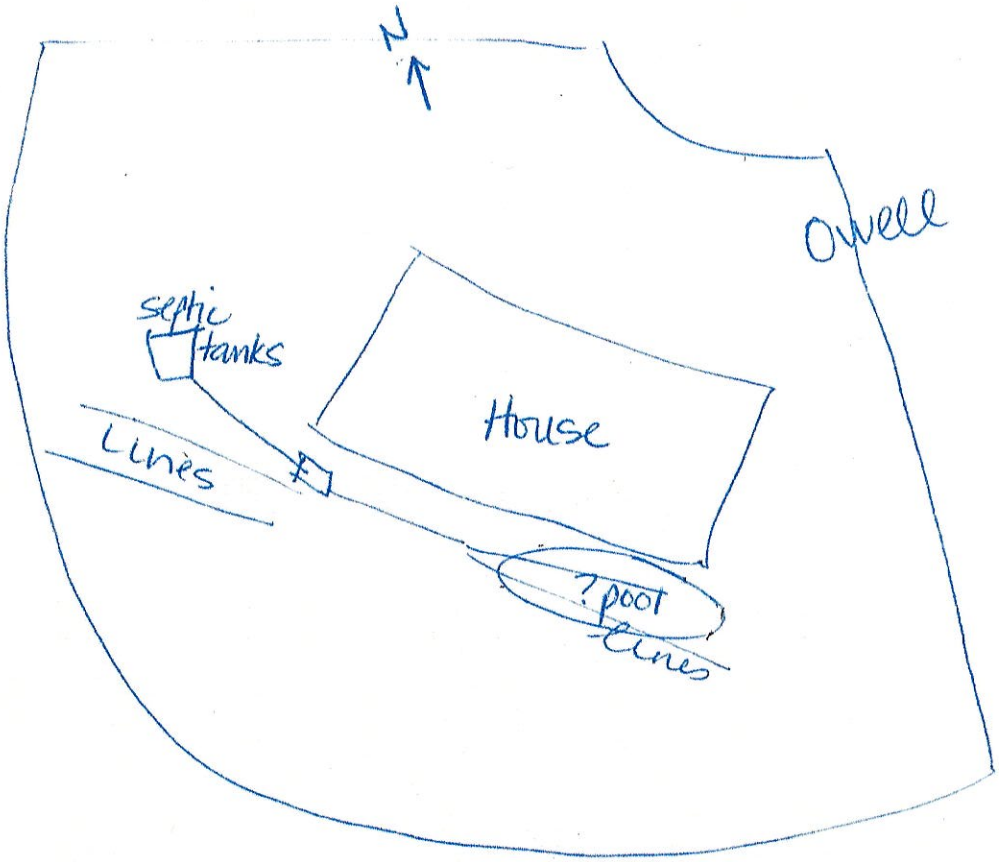
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: C Bruce

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

1/7/22

DATE

JACOBS ON-SITE DEVELOPMENT, INC.

Toney C. Jacobs, MS, LSS, CPSS

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by South Carolina Dept. of Natural Resources as a Soil Classifier
NC Certified Subsurface Operator
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
(704) 662-9845 (704) 582-9219 cell
toneycjacobs@gmail.com

June 21, 2011

To: Steve Hedrick, RSS

From: Toney Jacobs, LSS

Ref: Barker residence

The old system was in a highly decomposed cinder material. It was also closer than 50' to the lake so the old system made the trifecta. Panel system at the old system is diagramed at bottom right of the soil notes. I took the new pit 2' below bottom line and had no unsuitable soil condition to 96".

Sheet: 1

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Auger holes

Date Evaluated: 6-6-11

Owner or Client: Barker
Proposed Facility: 4BR
Location of Site:
Soil Described By:
Antecedent Moisture:

Design Flow: 460
Others Present:
Weather:

Property Size: ~3/4 Ac

Site LTAR: Int. 0.3 Rep.
Site Classification: PS SAP

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc..)	Profile Class & LTAR
1	LS 3-5	0-4	weak blk cl	fri 1:1	C roots	10yr 6/4	NA		0.3
		4-22	wf SBK cl	fri "		red			
		22-48	m-2g fsl	V fri "	hi mica		relict to pm	great sap	
2	LS 3-5	0-3	weak cl	fri "	C roots	dk br			0.3
		3-14	wf SBK cl	fri "	few min BK	red/red			
		14-48	wf SBK sandy cl	fri "	C BK mang	red/yel		ind M segregation soil	
3	LS 3-5	0-3	mod fine sl	fri "	C roots	B4			0.3
		3-32"	wf SBK cl	" "					
		32-48	m-2g fsl	fr "	hi mica V fine	red/red/yel			
4	LS 3-5	0-16	dk brn lpf	fri "	C mica	red		old ditch gutted soil	0.3
		16-36	mm SBK cl	" "					
5									
6									

COMMENTS:

(1) - (2) - 35'6 (3) - (4)

LAKE

11 09/11 WELL #D

Sheet: 2

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Page 2 Barley

Date Evaluated: 6/7/11

Owner or Client:
Proposed Facility:
Location of Site:
Soil Described By:
Antecedent Moisture:

Design Flow: backhoe Pits

Others Present:
Weather:

Property Size:

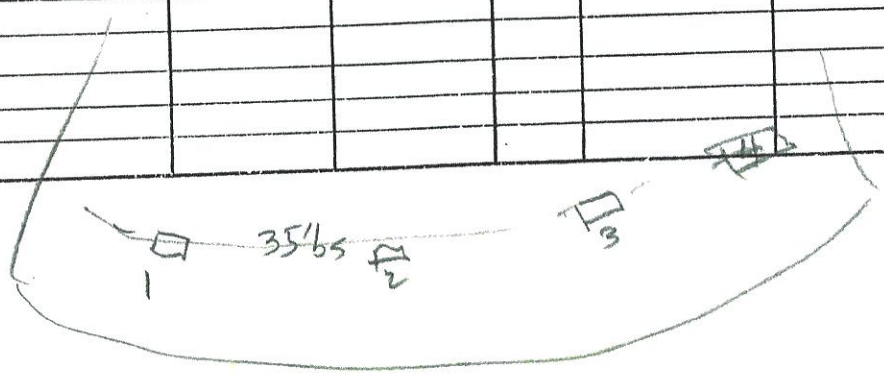
Site LTAR: Int. Rep.

Site Classification:

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1		0-4	weakfed cl	fri 1:1	c grass roots	dk br			
		4-37	mmsBK cl	fri "		yelred	mvch rf mica	SAP in soil	
		37-60	m→g fsl	V fri "	f wvr	reg to pm		ps SAP	D.3
2		0-5	Worked cl	fri 1:1	c grass roots	dk br			
		5-21	wk sBK cl	fri 1:1		red			
		21-54	mostly M to m sbk mcl	fri 1:1				sl/fsg mix ps SAP	D.3
3		0-4	weakfed cl	fri 1:1	c grass roots				
		4-33	mmsBK cl	fri "				few wk/sog-thick	
		33-64	m→g fsl	" "				Water in bottom of Pit ~2" from bottom	D.3
4		0-5	Weakfed cl	fri 1:1	c roots				
		5-36	mmsBK cl	" "			mf many/wk	PS SAP	D.3
		36-54	m→g fsl → lined w/ fed cl	" "					
5									
6									

COMMENTS:



DESIGN SPECIFICATIONS

258 APACHE ROAD

Daily design flow:	480 gpd.
Septic tank size:	specified by AQWA-no less than 1000gal
Pumping tank size:	specified by AQWA-no less than 1000gal
Effluent loading rate, Initial system	0.3 gpd/ft^2
Effluent loading rate, Repair system	0.3 gpd/ft^2 or 0.15 aerial
Total length and diameter of supply pipe:	approx. 80 ft. 2" SCH 40 PVC)
Number and length of laterals:	4 end-fed - 70' each (1¼ SCH 40 PVC total 280')
Hole size:	5/32"
Hole spacing:	1 per panel
Total number of holes:	64 (one in each T & J Panel near the center with the hole turned up) (approx. 1 panel per 54" of run)
Flow rate through the system:	32 gpm
Elevation head:	Approx. 5' out of tank (to be verified by installer)
Pressure head:	3.0'
Friction head:	2.0'
20% contingency	2.0'
Total head:	12'
Pump requirements:	specified by AQWA
Dosing volume:	230 gal. – approx. 2.0 doses/day at design flow*
Depth of water pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose:	approx. 7.2 min
Check valve:	No
Siphon break hole:	Yes

* Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.

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

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

PERMIT # RELOCATION PIN # 4639-17-4207 DATE JUNE 10, 2011

OWNER CONSTANCE T. BARKER APPLICANT: SAME PHONE: Home/Cell # 704-528-9551 Business #

SITE ADDRESS 258 APACHE ROAD, TROUTMAN, NC OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS STATE PARK ROAD, TO MORRISON FARM ROAD, R APACHE ROAD LOT ~~AT~~ END ON RIGHT

SUBDIVISION CL & T 347 BLOCK / SECTION 18 LOT # 49 LOT AREA 0.75 ACRE DESIGN FLOW 480 L.T.A.R 0.30 GPD/FT²

RECIRC. 1000

Septic Tank 1000 Gallons: STB 347 Date 6-2-11

Pump Tank 1000 Gallons: PT 365 Date 2-7

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet ____

Trench Width 36" Max. Trench Bottom Depth 36 Crawl Depth 24"

☑ New System ☐ Repair ☐ Expansion System Type I II III IV (V)

System Description: PRETREATMENT 50% RED, LOW-PRES

Repair System Description: PRETREATMENT 50% RED, LOW-PRES

Maintenance Agreement Required ☑ YES ☐ NO (GS-II)

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

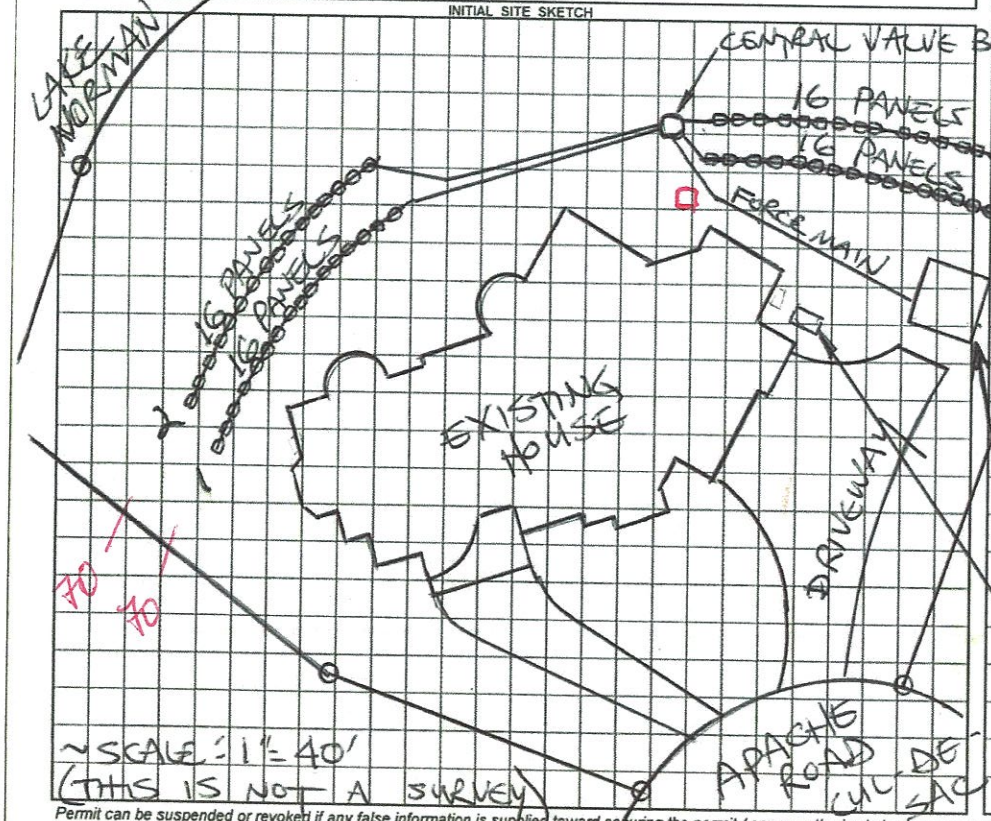
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private WELL ☐ Public ☐ Community

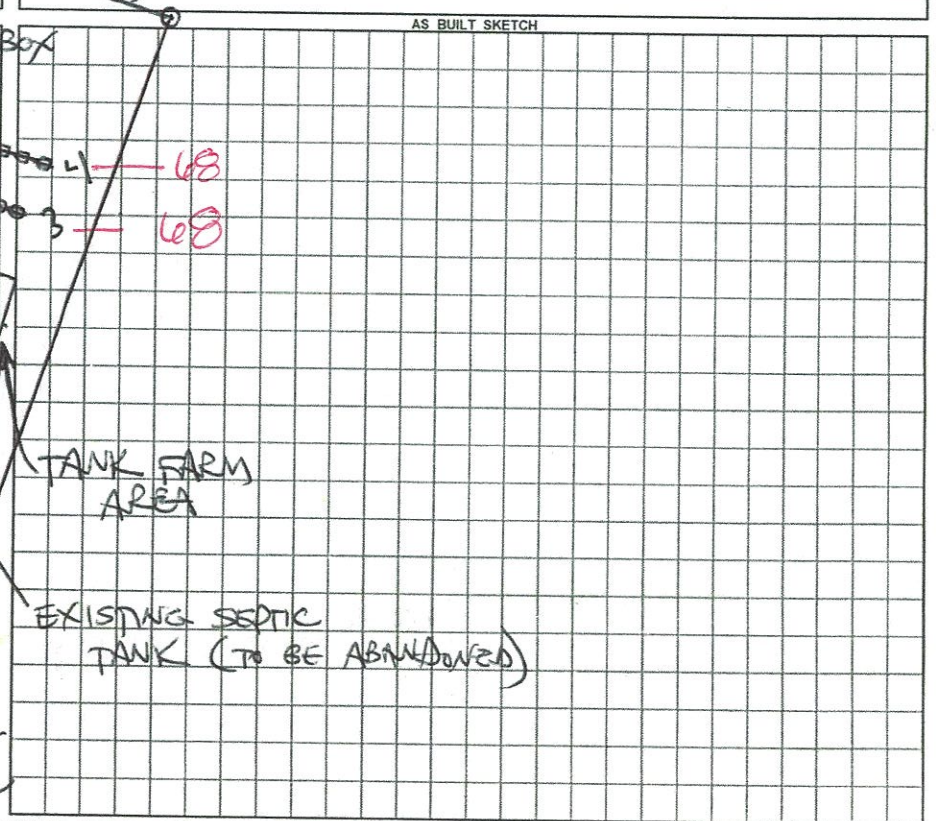
Comments / Conditions: SEE ATTACHED PLAN PREPARED BY JACOBS ON-SITE DEVELOPMENT, INC & AQWA. ② KEEP SYSTEM MINIMUM 100' FROM WELL (15A NCAC 18A .1956 (6)(g))

③ A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT (6)

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: ____ Date 6/16/11 Installed by: Stanley Environmental

IMPROVEMENT PERMIT by: R. STEVE HEDRICK REHS Date 6-10-2011 OPERATION PERMIT by: ____ REHS Date 6 July 11

AUTHORIZATION TO CONSTRUCT by: ____ REHS Date 6-16-2011 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19572 DATE 10-24-94 TAX MAP NO. 3C-7-A-49 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Constance T. Backer PHONE: Business _____ Home _____

ADDRESS 3316 St. Andrews Rd. Statesville, N.C. 28677

LOCATION From Transtown take Perth Rd. TR State Park Rd. TL Morrison Farm Rd. TL Apache Rd. Lot at end on R.

SUBDIVISION Crescent BLOCK / SECTION 12 LOT 49 LOT AREA .746 acre SITE CLASS Existing DESIGN FLOW 360 gpd E.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: EXISTING SYSTEM Make _____

Pump Make: _____ Model _____ Serial No. _____

Mitrification Field: No Fields ___ Square Feet INSPECTION

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing System Inspection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees ___
☐ Other _____

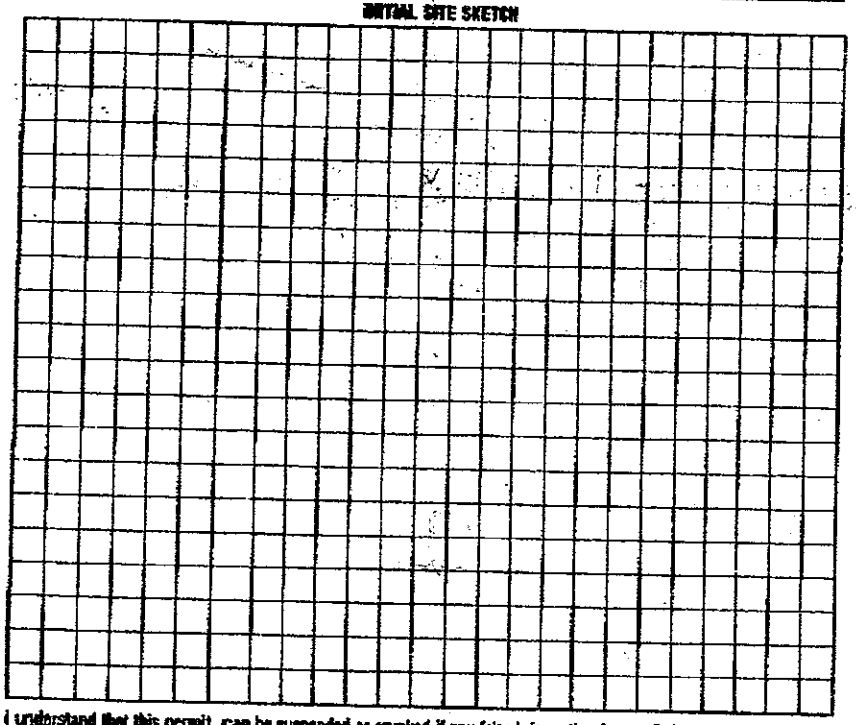
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

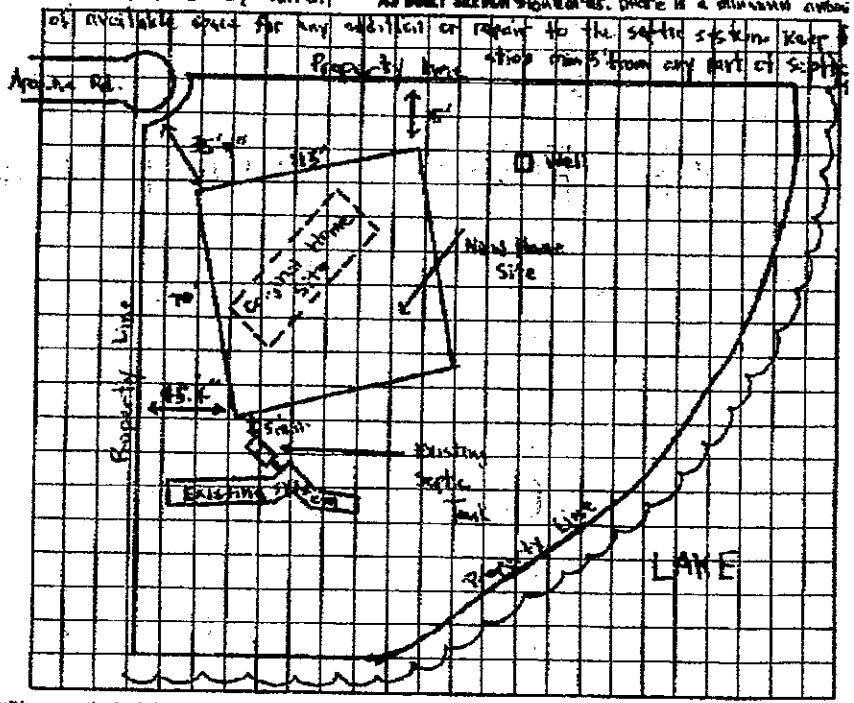
Comments:

Comments: Moved off 3 Bedroom House, building new 3 Bedroom House in its place. Sewage Characteristics not changing so system can be used. System shows no visible signs of malfunction at time of inspection. Septic system has gone unused for an extended period of time, system appears to be undersized by current AS BUILT SKETCH standards. There is a minimum amount of available space for any addition or repair to the septic system. Keep [illegible] ation min 5' from any part of Septic

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael P. Dorman date 10-24-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

03-24-2003 10:07AM FROM IRED. COUNTY ENV. HEALTH TO 9704528955 P.01 TOTAL P.01

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 L. C. Pope DATE 3/22/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

SUBDIVISION NAME Lake Norman LOT NO. 49 SECTION OR BLOCK NO. 18 S. R. No. _____

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

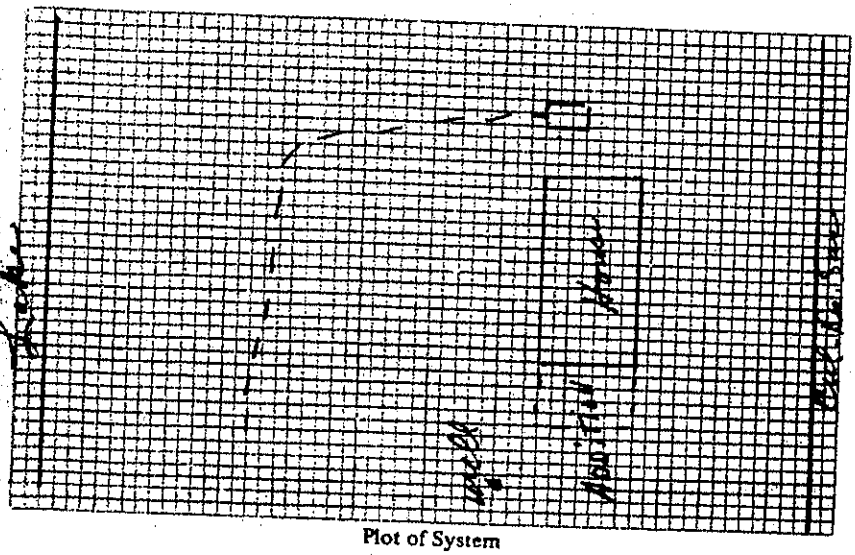
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Existing System



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: addition to existing house. Septic Tank system appears to be working O.K. at this time.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3/22/79

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324493
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639174207.000	258 APACHE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SHULTZ GREGORY+CARRIE E	Name: SHULTZ GREGORY+CARRIE E
Address:	Address:
Phone:	Phone: (479)531-5377

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	50	10	10	N/A	YES

Remarks

SWIMMING POOL- MOVING LINES

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.

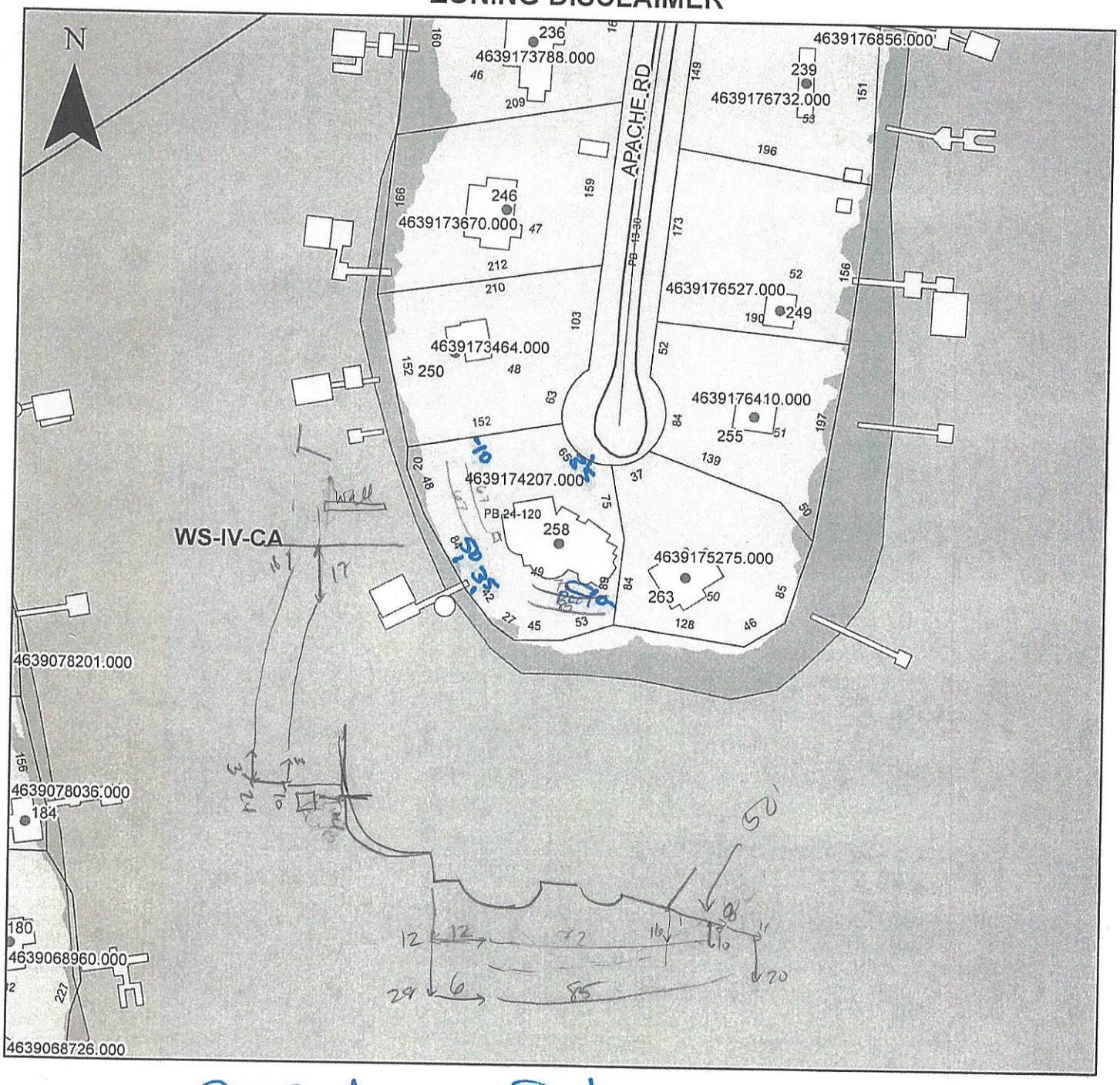
Signature of Owner/Contractor

Date: 01/07/2022

Permit Number	324493

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 258 Apache Rd.

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.

CARRIE SHULTZ
Applicant

1/7/22
Date