IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5 31

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

PERMIT# 093786 PIN# ~~4649 89 3755~~ 4649893862 DATE 12/1/01

OWNER OR CONTRACTOR Chad B. Patton PHONE: Business _____ Home 528-6937

ADDRESS 126 Rankin Hill Rd. Troutman, NC 28166

LOCATION 115 N to 1st Flower House Loop. first on (L) after Rankin Hill Rd. 480 Flower House Loop

SUBDIVISION No BLOCK / SECTION _____ LOT 6 LOT AREA 4.06 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/24/01 ☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: GRAV - CONVENTIONAL

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: PRES - CONVENTIONAL

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 3 ☐ Mobile Home No. Bathrooms 2.5 ☐ Business No. Employees ____ ☐ Other _____

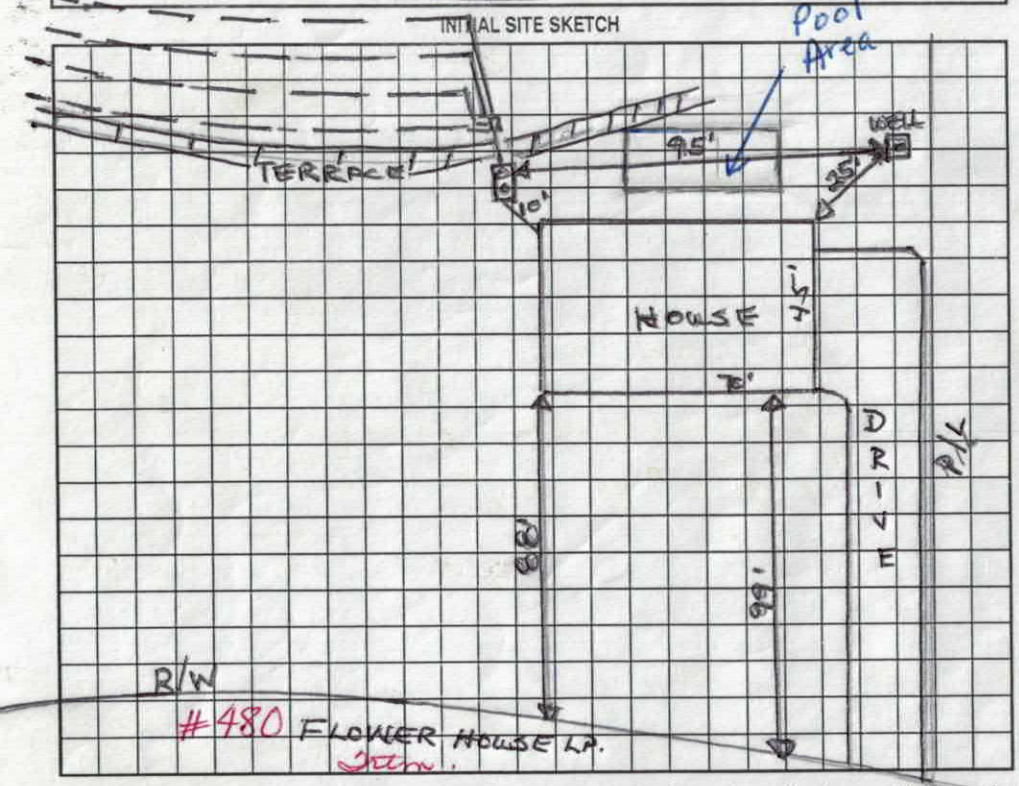
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

TERRACE

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Install as Drawn

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: shall be min. 15' from septic system

Permit #174929

Andy Melville R.S.

Date: 9-26-12

ICHD-Environmental Health Division

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 site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * _____ date 1-16-01

Improvement Permit by: Wesley Sparks R.S. date 1/12/01

Authorization to Construct by: Wesley Sparks R.S. date 1/12/01

Installed by: A1 Backhoe

Operation Permit by: _____ date 6/15/01

Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Chad Paxton	5286937	126 Rankin Hill	Troutman	NC	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

Chad Paxton	same	same	same	same
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

			1312
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		4F-B-128
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property I-77 Exit 42 South on Hwy 21 to Flower House Loop. (on Right) Approx. 1/4 mile to Corner of Flower House Loop & Rankin Hill Road. Property on LEFT

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement NO Basement with Plumbing _____

Crawl Space X Concrete Slab [redacted] Garbage Disposal NO Jaccuzi or spa NO

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

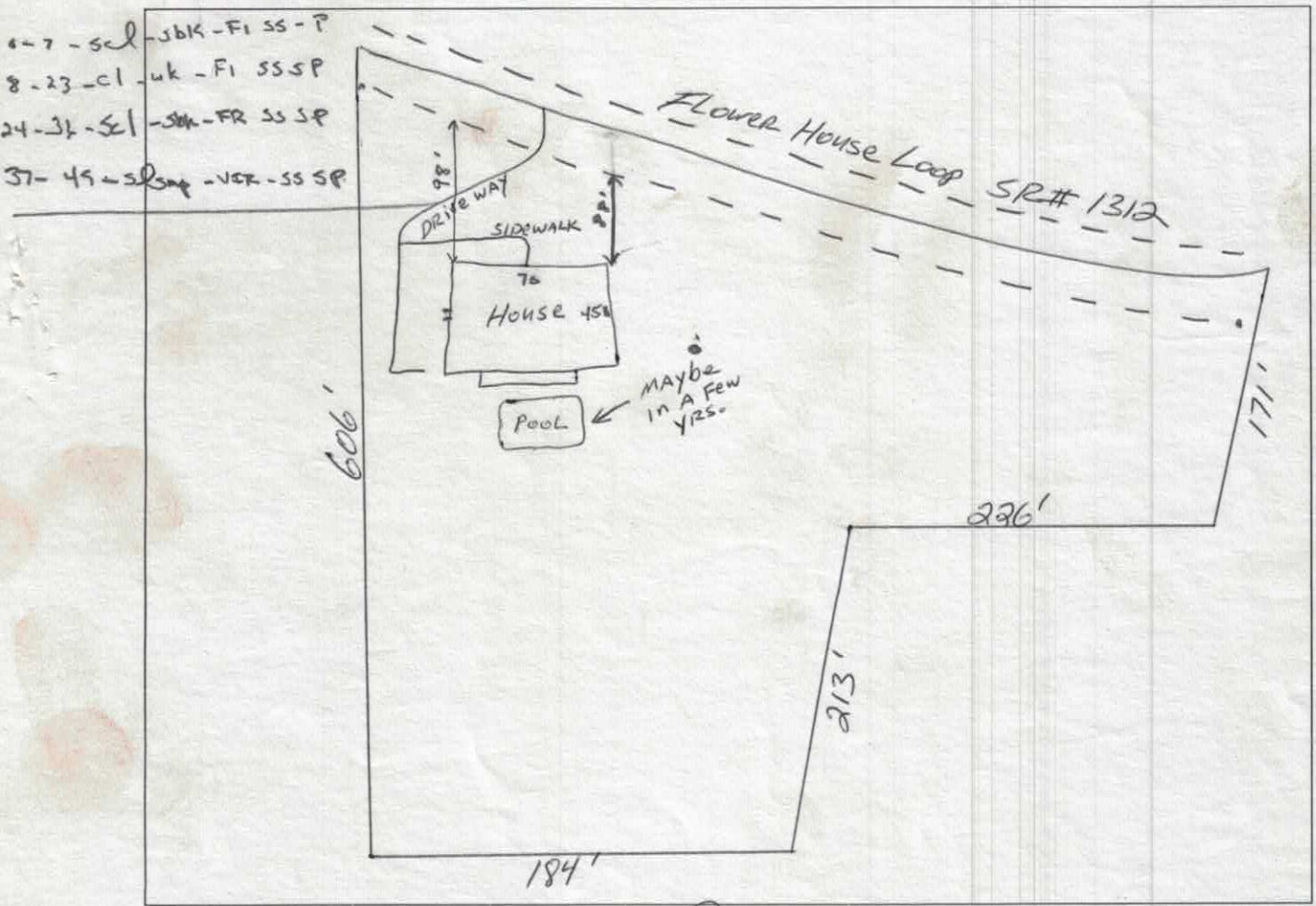
12-16-00 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

12-17-00 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 093786 Zoning Permit: X Improvements Permit: 1

Name: PAXTON CHAD B Address: 126 RANKIN HILL RD

City: TROUTMAN State: NC Zip: 281660000

Phone: 7045286937

Proposed Use: 01

PIN #: 4649 89 3755 Zoning: RA Township: 1600

Street Address: FLOWER HOUSE LP

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: Lot #: Lot Size: 4.06

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVPA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 C25

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? N Reason:

Location: 77,XT 42,21S,RT FLOWER HS,@1ML ON RT

Staff: SBW Date: 12/15/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: