# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312570

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

PIN # 4655-13-9473

APPLICANT/OWNER: Boyce Gallihar | APPLICANT ADDRESS: 165 Ashley Acres Rd Statesville NC 28677

SITE ADDRESS: 185 Eastport Ln Mooresville NC 28115 | PHONE: 704-402-2745 | ALT. PHONE

SITE DIRECTIONS: S Main St to straight on NC115S, L on Eastport trail, R on Eastport Ln, Lot on L | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: W B Orbison | SECTION: — | LOT # 5 | LOT AREA: 1 acre | DESIGN FLOW: 240GPD | L.T.A.R.: Existing

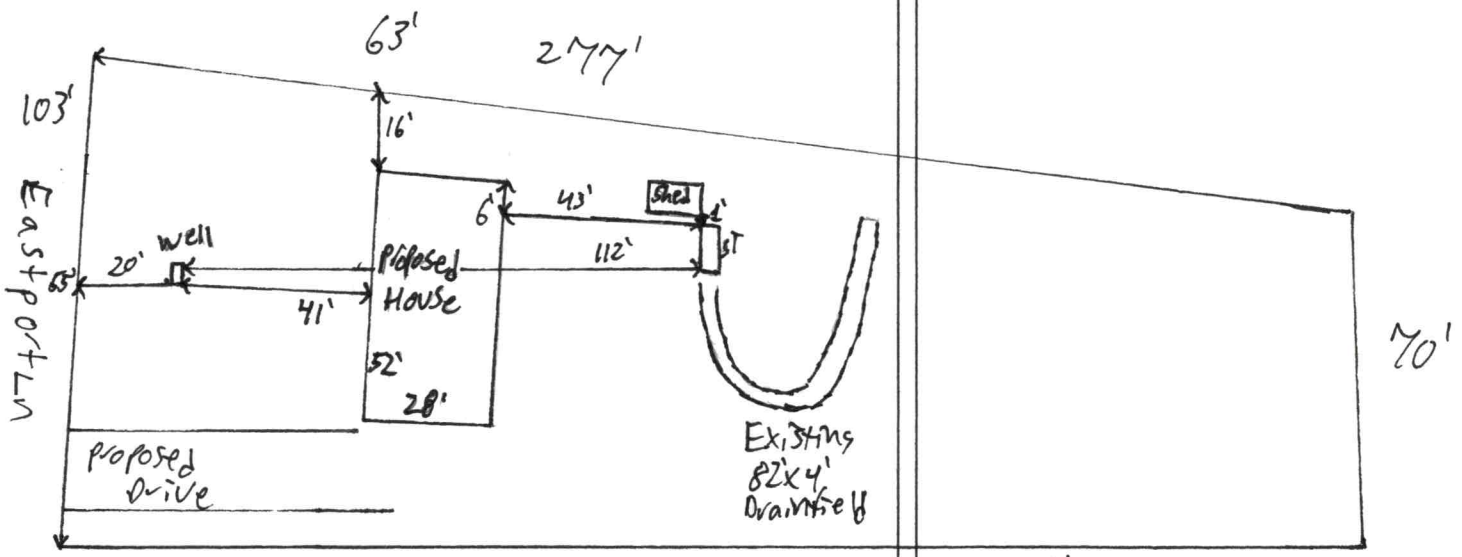
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Existing | (gal) | STB | Existing | Date | Existing | [ ] New System | [ ] Repair | [ ] Expansion | System Type: I (II) III IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | | | EXISTING | |
| Pump Make | — | Model | — | | Serial # | — | Repair System Description: | | | EXISTING | |
| # Nitrification Fields | — | # Lines | EXISTING | | linear Ft | | Maintenance Agreement Required: | [ ] YES | [X] NO | | |
| Trench Width | — | Trench Bottom Depth(Low side) | EXISTING | | Gravel Depth | EXISTING | [X] GRAVITY | [ ] PRESSURE | | | |

| | | | | | |
|---|---|---|---|---|---|
| [X] Residence | No. Bedrooms | 2 | **Water Supply** | | |
| [ ] Business | No. Persons | 4 | [X] Private | [ ] Public | [ ] Community |
| [ ] Other | No. Employees | | | | |
| [ ] Slab | [X] Crawl Space | | | | |
| [ ] Basement w/plumbing | | | [ ] Basement w/o plumbing | | |

Comments / Conditions: At time of inspection no signs of failure for system.

INITIAL SITE SKETCH

1" = 40'




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.* [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: Joyce Chapman | Date: 6-24-21 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Byrd III | Date: 6/21/2021

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

RECEIVED MAY 2 6 2021

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

# Iredell County Health Department – Environmental Health Division

Marked

PAGE 1: *APPLICATION FORM* AP-312570 $250.00

**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:** (PRINT CLEARLY)

Applicant Name: Boyce Galliher Address: 165 Ashley Acres Rd. Statesville Zip: 28677
Applicant Email: boycegalliher@icloud.com Phone: 704-402-2795 Alt. Phone:
Owner Name: Joyce B. Chapman Address: 185 East Port Ln. Mooresville-28115- Zip: 8795
Owner Email: FRgyFRnd@yahoo.com Phone: 704-402-8829 Alt. Phone:

**Property Information:**

Street Address: 185 East Port Ln. Mooresville NC. 28115
Subdivision Name: WB ORBison Section/Phase: Lot Number: 5
Driving Directions: From Mooresville - 115 South - Left on East Port Ln. House on Lt.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

**CHECK FOUNDATION TYPE**

(X) 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 (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:
( ) 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:** Boyce Galliher 5-20-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# ZONING APPROVAL

Meets rigorous factory run life design specifications

**For building permit applications**

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7

Number: AP-312570

Subdivision: W B ORBISON-

Proposed Use: SINGLE FAMILY MANUFACTURED HOME

Street Address: 185 EASTPORT LN

Tax PIN: 4655139473.000 Zoning: R2 Lot: 5 Size: 0

Owner: CHAPMAN TERRY R
Address: 185 EASTPORT LN
MOORESVILLE, NC 28115

Applicant: CHAPMAN TERRY R
Address: 185 EASTPORT LN
MOORESVILLE, NC 28115

I certify that all statements made in this application and any attached documents are true, complete, and correct to the bes of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 11-13-20

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area o other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 25 Side Yard Depth: 15

Rear Yard Depth: 30 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK. –INSTALLATION OF SIDEWALK IS REQUIRED MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

CPMP
Approved By:

11/12/2020
Date

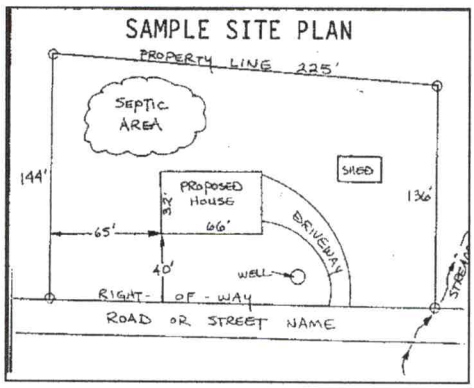
$50.00
Application Fee

# 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:**

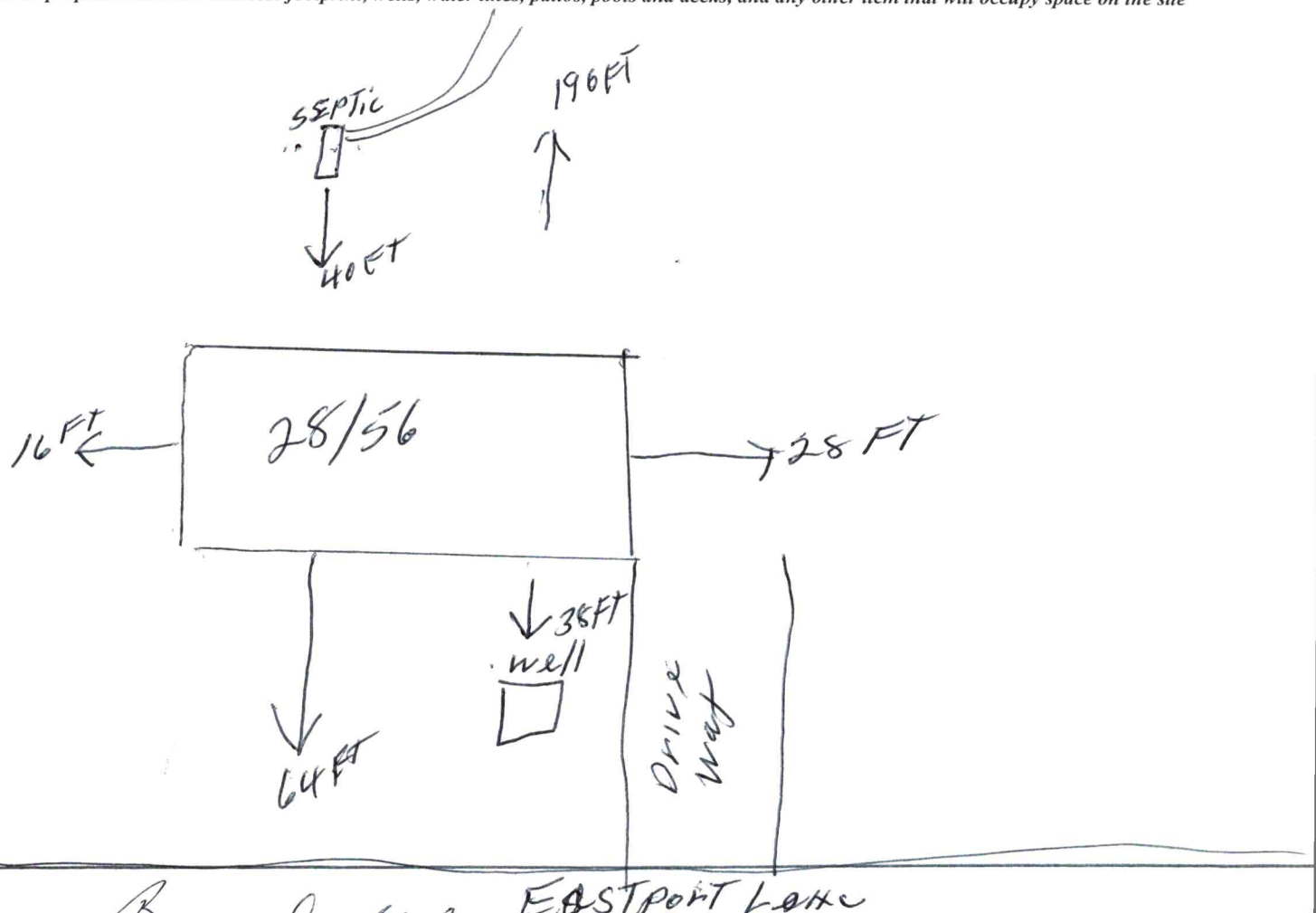
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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:** Bryce D. Mills
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

5-20-21
**DATE**

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ X **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Joyce Chapman

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.**

☐ X **2.** I, Joyce Chapman, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4655139473.000, 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.

X Joyce Chapman
Signature of Owner(s)

5-20-21
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

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

**The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.**

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

BL **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

BL **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BL **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

BL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

BL **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.*** *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

**Backhoe pits are required for all applications that require a soils evaluation.**
**DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.**

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

**By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).**

**Signature** Bryce Lee Mullis **Date** 5-20-21

Questions? Contact the Environmental Health Offices below:

**Statesville Office**
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

**Mooresville Office**
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

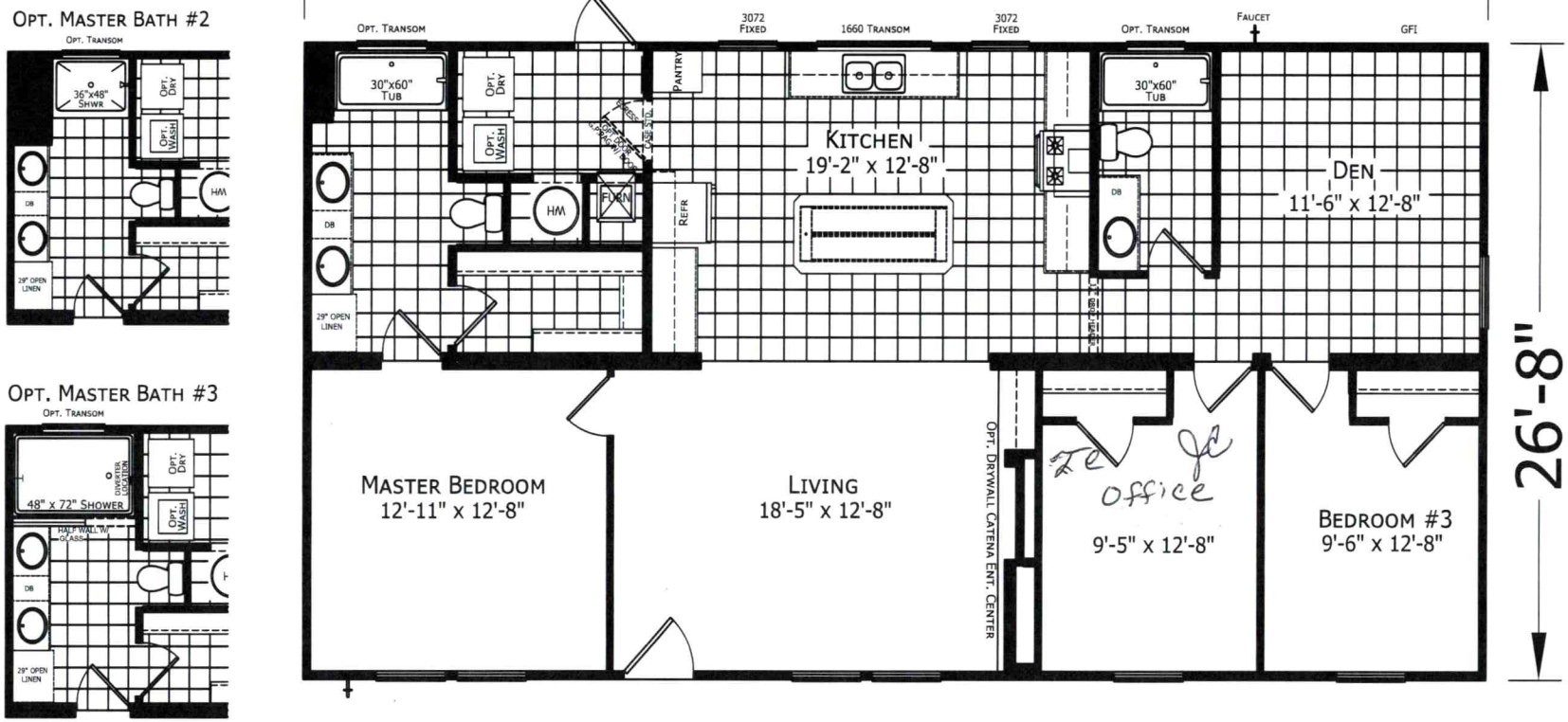
# Vale

Dutch Elite Housing Series

FactorySelectHomes

1 office
2 Bedrooms, 2 Baths
Approx. 1,386 Sq. Ft.

Last Updated: 2-14-19







1480 Northside Drive
Statesville, NC 28625

For Detailed Directions See Map On Our Website

## Acknowledgement of Plans Submittal ONLY!

Date 9-24-21

Date 6/24/21

I authorize Factory Expo Homes to build my house, per this plan.

X _____

Customer Signature/Date

**1-800-965-6842 www.FactorySelectHomeCenter.com** **1-800-965-6842 www.FactorySelectHomeCenter.com**

Important: Due to our policy of continuing improvement, all information in our brochures may vary from actual home. The right is reserved to make changes at any time, without notice or obligation, in colors, materials, specifications, processes, and models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.