ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP 317687

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

PIN # 4664 -- 78 -- 3202

APPLICANT/OWNER: Pam Oys | APPLICANT ADDRESS: 110 Timberside Dr, Davidson NC 28036

SITE ADDRESS: 110 Timberside Dr, Davidson NC 28036 | PHONE: 704-651-2575 | ALT. PHONE 704-651-2494

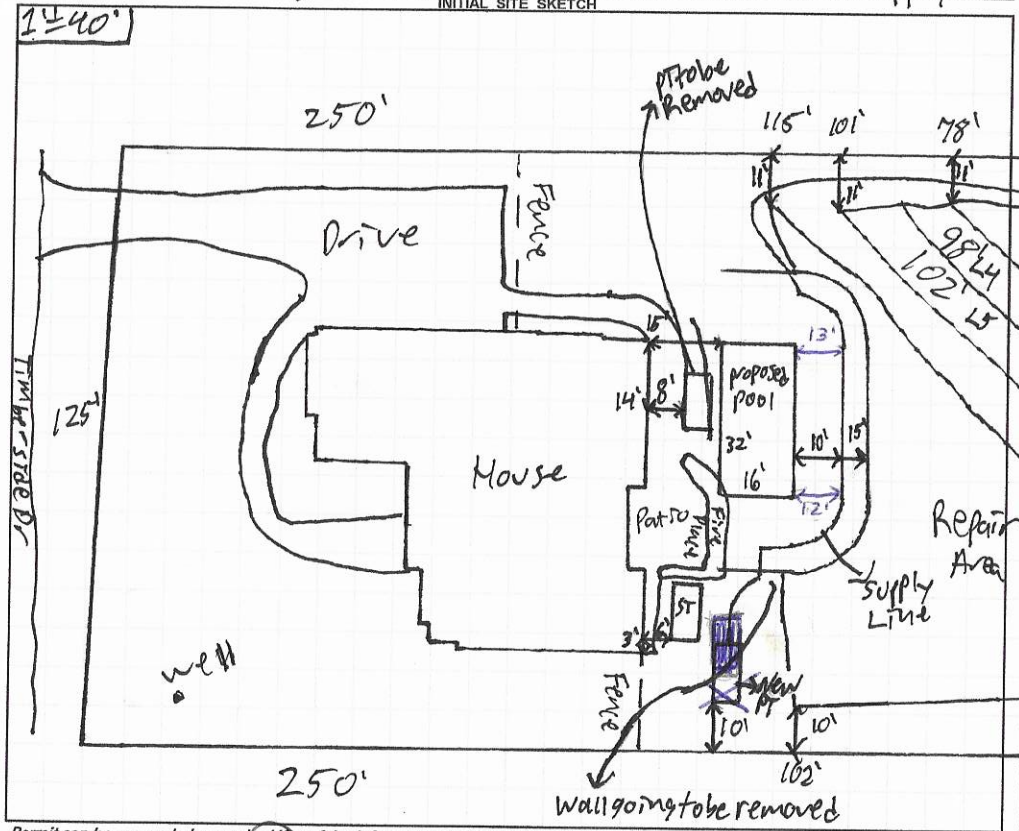
SITE DIRECTIONS: NC 3N to Ron Kistler Farm Rd, Ron Rocky River Rd, Lon Shearers Rd, Lon Anniston Way, Lon Timberside Dr, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Anniston | SECTION: 2 | LOT # 52 | LOT AREA: 0.717 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .3

Septic Tank	Existing	(gal)	STB	Existing	Date	Existing	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500	(gal)	PT	Stone 353	Date	6/17/21	System Description:	New PT			☐ Business	No. Persons	10	☒ Private
Pump Make			Model		Serial #		Repair System Description:	Existing			☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXIST		# Lines		Linear Ft		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

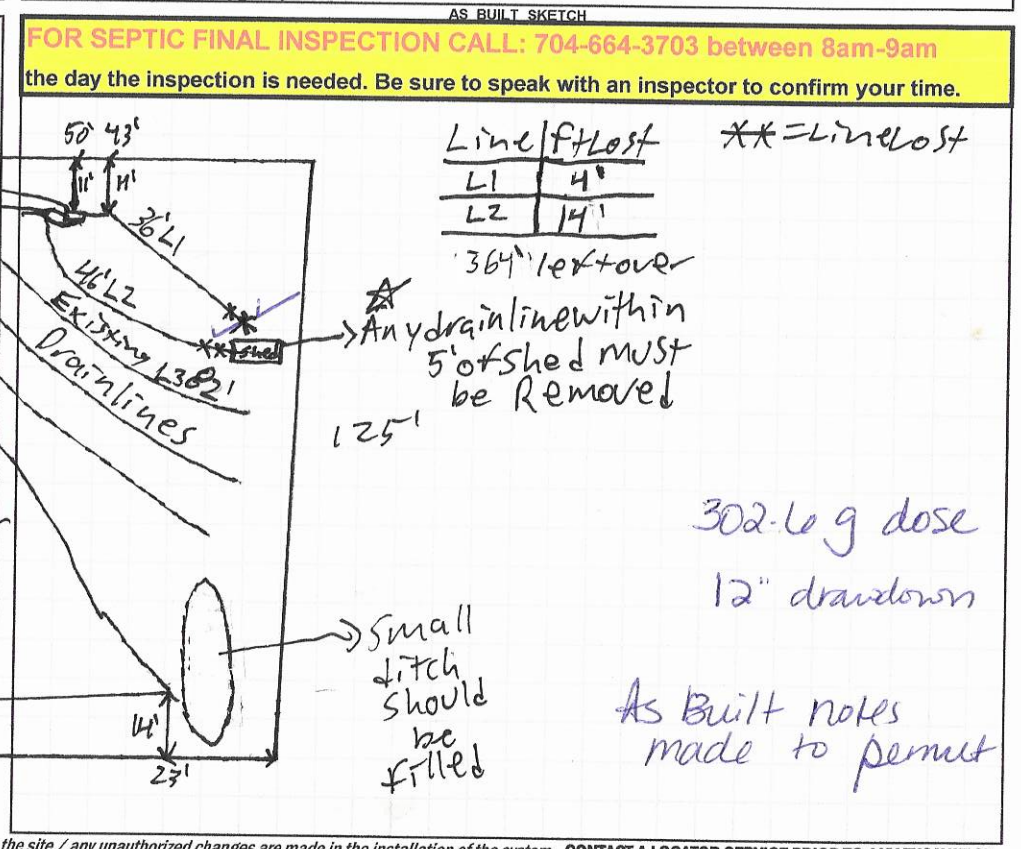
Comments / Conditions: The purpouse of this permit is to relocate Existing pumptank and to reduce the number of bedrooms so that the shed over Existing drainlines can remain where it is. Supply line must be 10' off waters edge of pool. All other septic components must be 15' off waters edge of pool. Did not see any signs of foundation drains around house

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.



Line	ft Lost
L1	4'
L2	14'

** = Line Lost

364' left over

302-log dose
12" drawdown

As Built notes made to permit

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: Pam Oys | Date: 7/14/2021 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 7/2/2021 | OPERATION PERMIT by: D Wiebey | Date: 8/11/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 7/2/2021 | Existing System Inspected by: | Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4664783202
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Pam Oys
ADDRESS: 110 Timberside Dr Davidson NC 28036
PROPOSED FACILITY: Existing Structure PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: 110 Timberside Dr
APPLICATION DATE 5/10/2021
DATE EVALUATED: 6/17/2021
PROPERTY SIZE: 0.717 acres
PROPERTY RECORDED: ___

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-6	Compacted Clay	—	—	60"	Litho inclusions at bottom	—	PS,3
		6-24	CSBK	Fr SS SP Smp					
		24-60	CLWSBK	Fr SS SP Smp					
2	SS	0-4	Topsoil	—	—	60"	Litho common at bottom	—	PS,3
		4-28	CSBK	Fr SS SP Smp					
		28-60	CLWSBK	Fr SS SP Smp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	333	333
System Type(s)	LPPPBRS	LPPPBRS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Jon Wicker
OTHER(S) PRESENT: ___

COMMENTS: Sunny but under trees Repair and tanks only what is showing

RECEIVED MAY 10 2021

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

Iredell County Health Department – Environmental Health Division

Relocation

PAGE 1: *APPLICATION FORM* AP-317687 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Pam Oys Address: 110 Timberside Dr. Zip: 28036
Applicant Email: pamoys5527@gmail Phone: 704-651-2575 Alt. Phone: 704-651-2494
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 110 Timberside Dr. Davidson, NC 28036
Subdivision Name: Anniston Section/Phase: 1 Lot Number: 52
Driving Directions: _____

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: 5
Maximum Number of Occupants: 2
(✓) 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 (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: Pam Oys May 10, 2021
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)* Pam Culp

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.

2. I, Pam Culp, am the legal owner(s) of the property located at 110 Timberside Dr., identified as PIN (Parcel Identification Number) 4664783202, 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.

Pam Culp
Signature of Owner(s)

5/10/21
Date

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

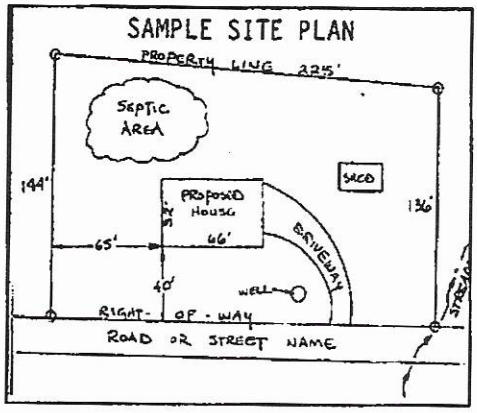
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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
- ( ) 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

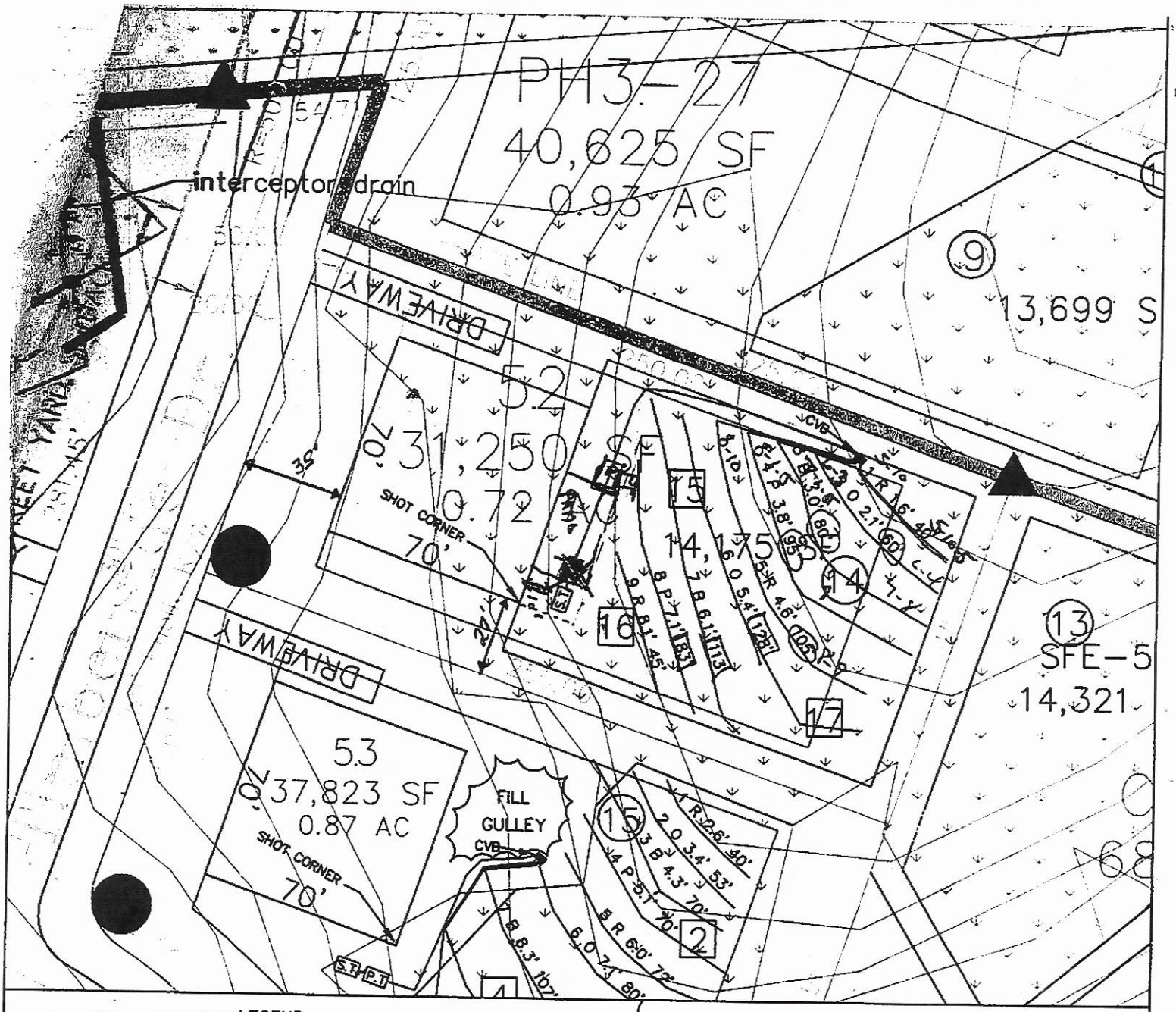
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: _____

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

May 10, 2021
DATE



ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSFORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANNISTON, LLC. / ANNISTON PHASE II

LOCATION/DATE: SHERRER CHAPEL ROAD, IREDELL COUNTY, NORTH CAROLINA, JULY 2006

JOB # : 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317687 Issue Date: 05/10/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4664783202.000	110 TIMBERSIDE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: OYS JOHN D+PAMELA G Address: , Phone:	Name: OYS JOHN D+PAMELA G Address: , Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	10	10	10	N/A	NO

Remarks

SWIMMING POOL

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: 05/10/2021

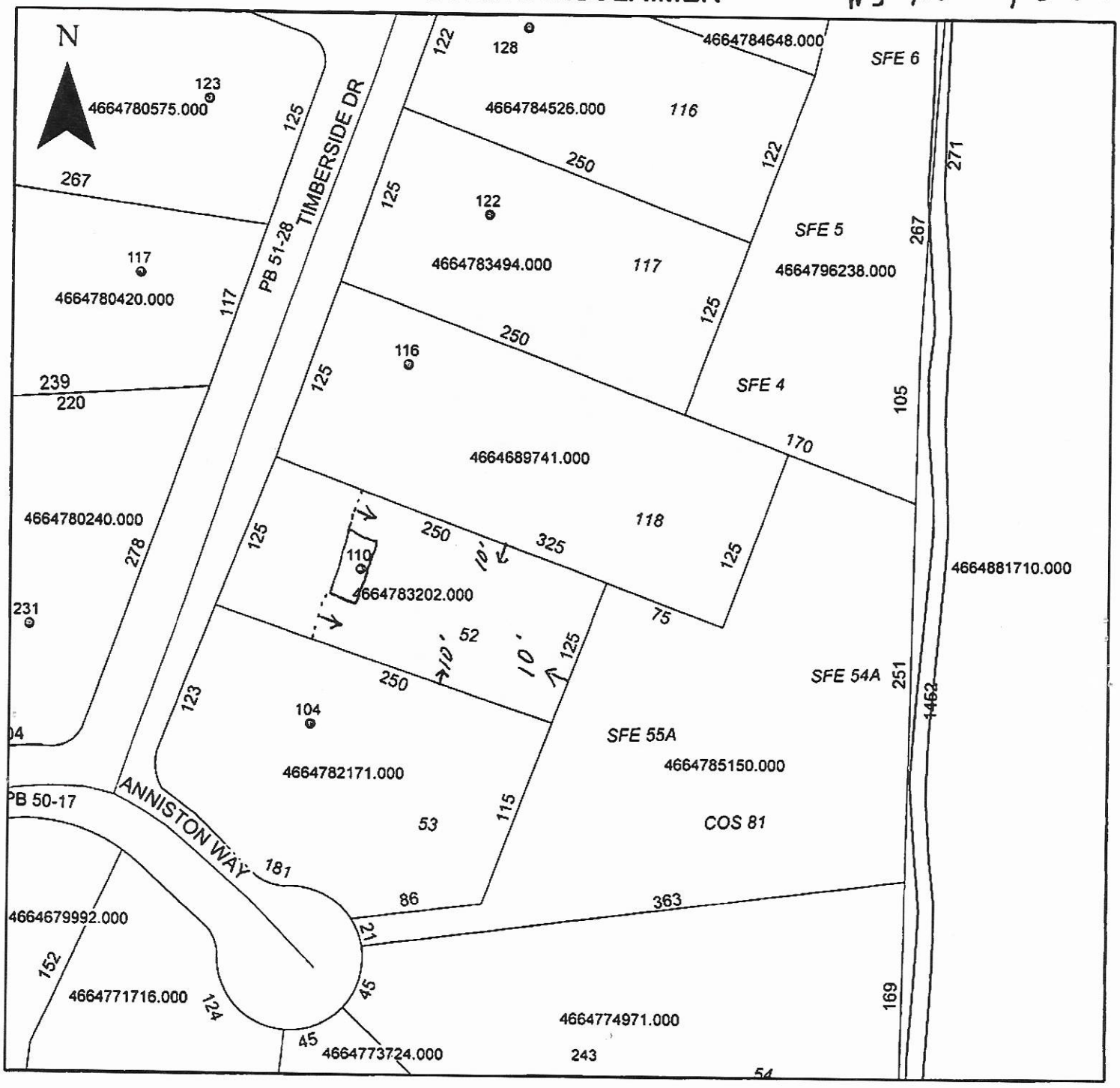
Permit Number	317687	TOTAL FEES:	$77.25

317681

RA .717 AC

WS-NO FL-NO

ZONING DISCLAIMER



Property Address 110 Timberside Dr.

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

5/10/2021

Date