ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (SB) Mooresville Office (704) 660-3625 PERMIT # AP 314976

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

PIN # 4685 -- 03 --1195

APPLICANT/OWNER: Boyce Gallihar/Elizabeth Benfield APPLICANT ADDRESS: 165 Ashley Acres Road Statesville

SITE ADDRESS: 150 Dan Rowan Lane Mooresville NC 28115 PHONE: 704-402-2795 ALT. PHONE 704-877-1013

SITE DIRECTIONS: Patterson Farm Rd on Dan Rowan LN

SUBDIVISION: SECTION: - LOT # - LOT AREA: 1.15 Acre SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: Ex

Septic Tank		(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	X	# Lines	5 + 1M		Linear Ft				
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth	Ex			

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

System Description:

Repair System Description: Existing

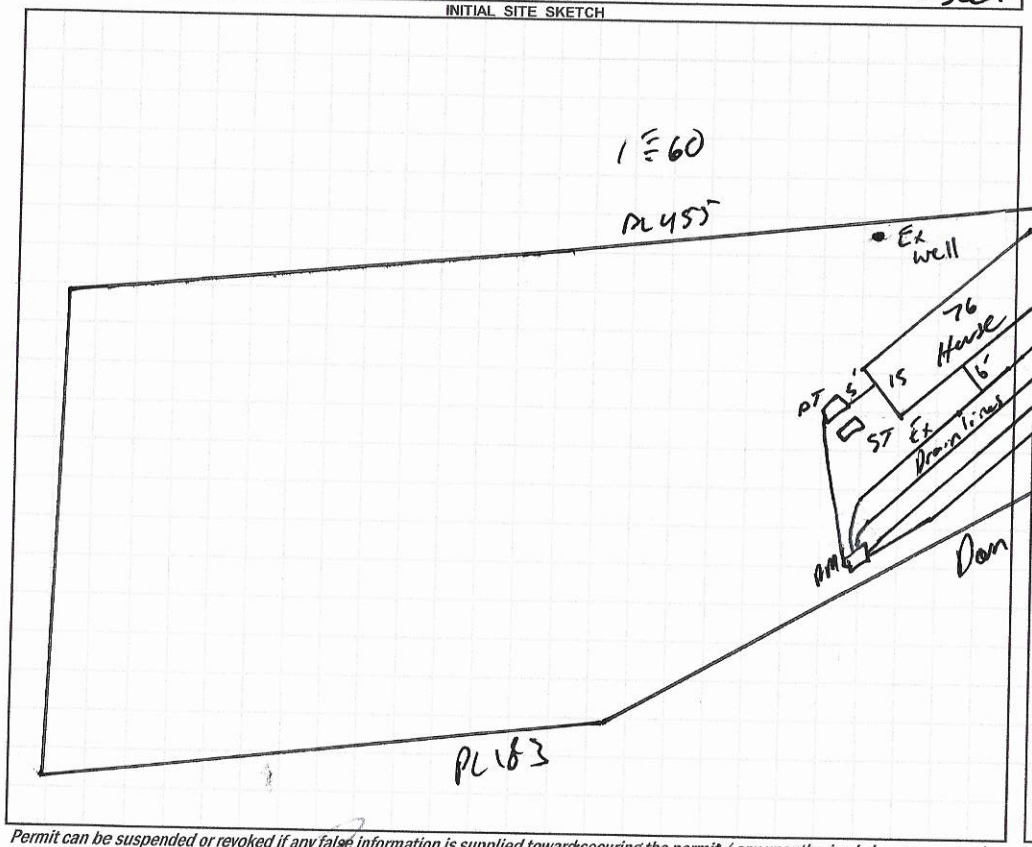
Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Existing System functioning properly at time of Inspection. No foundation drains to be used.

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: Date: 5-3-21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-29-2021

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

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

RECEIVED FEB 16 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314976 $260.00

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 Stat. Zip: 28677
Applicant Email: boycegalliher@icloud Phone: 704-402-3795 Alt. Phone:
Owner Name: Elizabeth Ellen Benfield Address: 150 Dun Rovin Ln. Mooresville Zip: 28115-4258
Owner Email: EEB2000@gmail.com Phone: 704-877-1013 Alt. Phone:

Property Information:

Street Address: 150 Dun Rovin Lane Mooresville N.C. 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Patterson Farm Rd. - Turn Rt into Sub-division - Dun Rovin Ln.

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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:

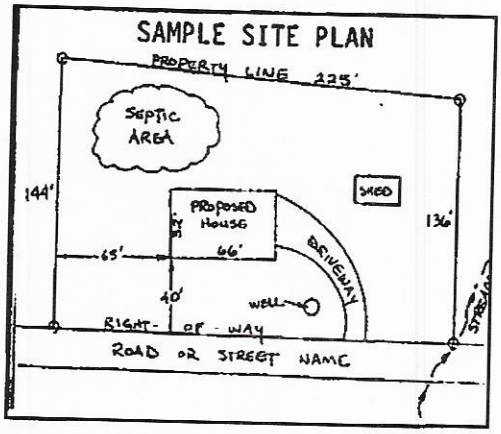
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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 2/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

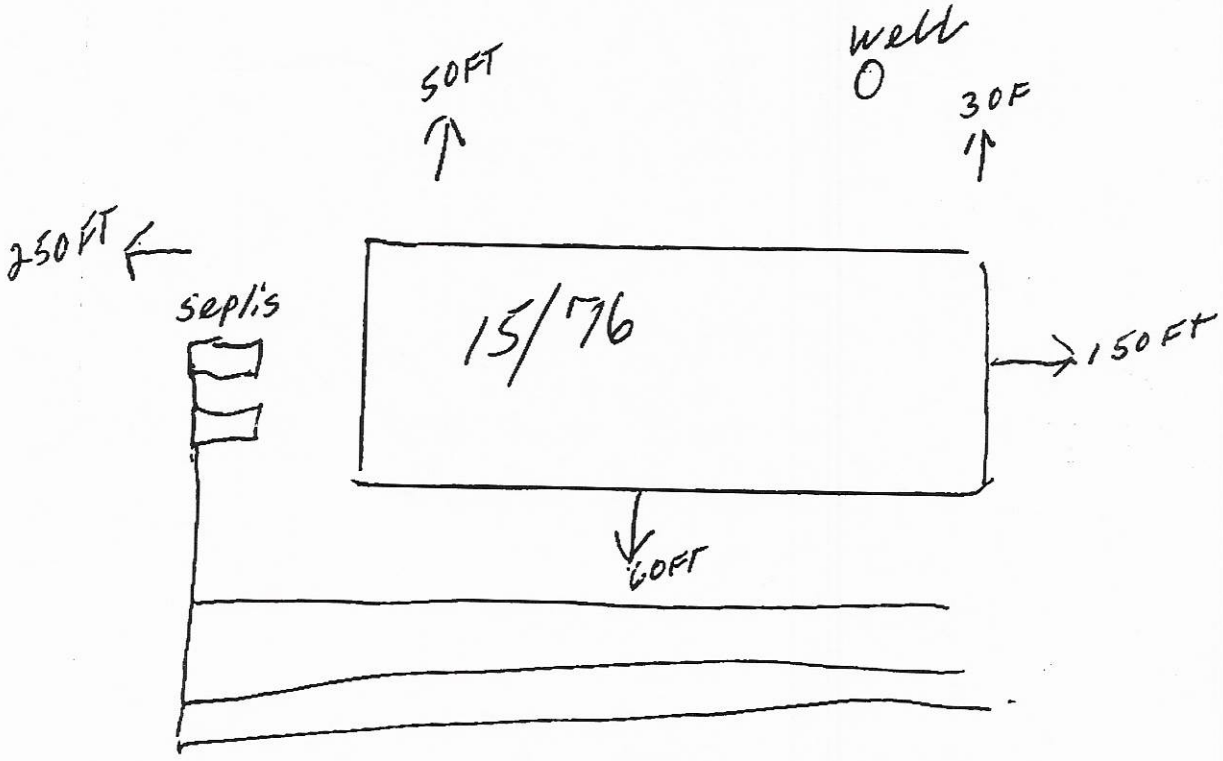
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



150 DUN ROVIN LANE

Signature: Bryce R Mahan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-1-21
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*) Ellen Banfield

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, Ellen Banfield, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4685-03-1195, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Boyce Gallimore, 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.

Ellen Banfield
Signature of Owner(s)

1.15.21
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

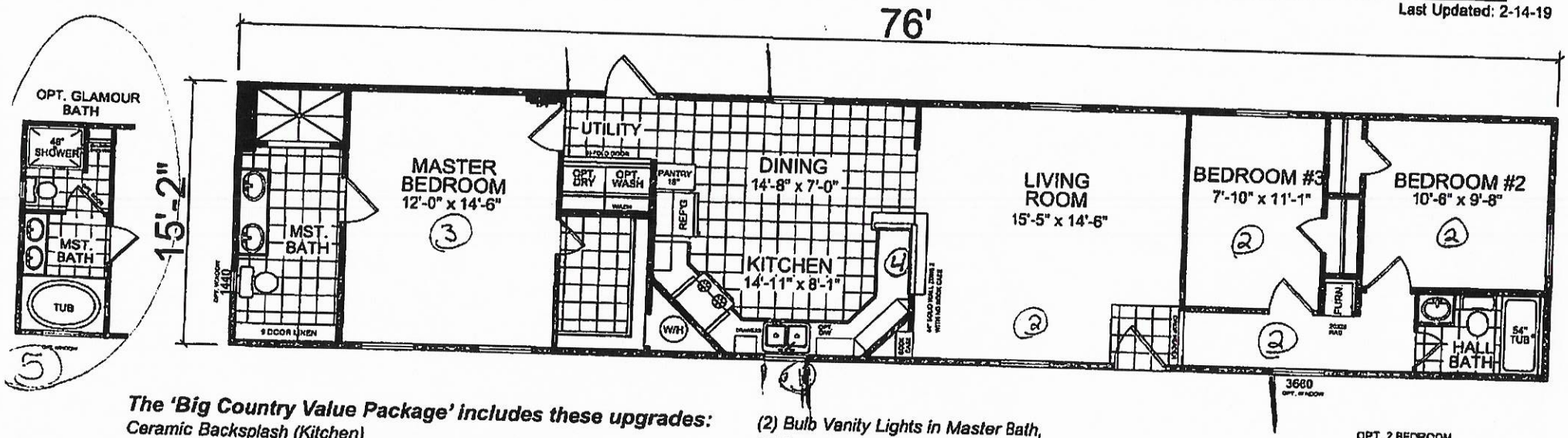
Unionville

Dutch Elite Housing Series

FactorySelectHomes

3 Bedrooms, 2 Baths
Approx. 1,153 Sq. Ft.
Includes 'Big Country Package'

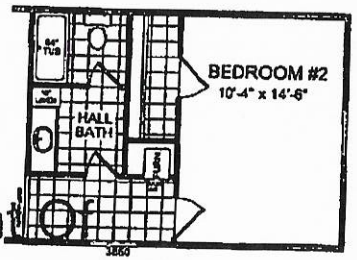
Last Updated: 2-14-19



The 'Big Country Value Package' includes these upgrades:

Ceramic Backsplash (Kitchen)
Crescent Edging in Kitchen, (4) LED Lights Plus on Over Sink (Kitchen)
2-Hole Cabinet Pulls with Soft Close Hinges Throughout
Dishwasher Installed
Black Venetian Range Hood
60" 3-Wall Ceramic with Pivot Door (Master Bath)
Standard Ceramic Accent on Shower
Bath LED Light Over Shower in Master Bath
Rain Shower Head in Master Bath
(2) Porcelain Sinks with Single Lever Faucets in Master Bath
(2) Bulb Vanity Lights in Master Bath,
(9) Door Linen in Master Bath,
Ceramic Backsplash in Master
Crescent Edging in Master Bath
Finished Drywall in Main Living Areas and Master Bedroom
Bi-Fold Doors at Utility Room with Light Over Washer/Dryer Area
5 1/4" Crown & 6" Baseboards (Main Living Area and Master Bedroom)
Ceiling Fan in the Living Room
Linoleum Entry Flooring

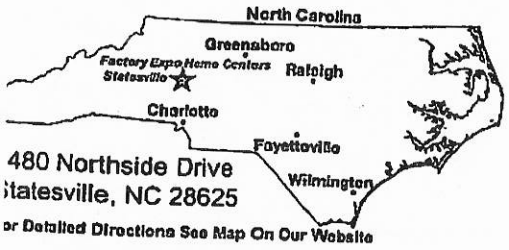
OPT. 2 BEDROOM



Acknowledgement of Plans Submittal ONLY!

Date 2-15-21

Date 4-28-2021



480 Northside Drive
Statesville, NC 28625
For Detailed Directions See Map On Our Website

1. Ext GFI
2. Lino
3. Ceiling Fan Prep Dbl switched
4. 2 Cylindrical Pedant lights
5. Glamour Bath with 40x60 Tub

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, models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314976 Issue Date: 02/15/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4685031195.000	150 DUN ROVIN LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: UNDERWOOD ELLEN	Name: BOYCE GALLIHER
Address: C/O ELLEN BENFIELD 150 DUN ROVIN LANE MOORESVILLE, NC 28115	Address: 165 ASHLEY ACRES STATESVILLE, NC 28677
Phone:	Phone: (704)402-2795

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSII-BOW Coddle Creek	YES

Remarks

SWMH

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved. NO PART OF BUILDING ALLOWED IN FLOOD ZONE.

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

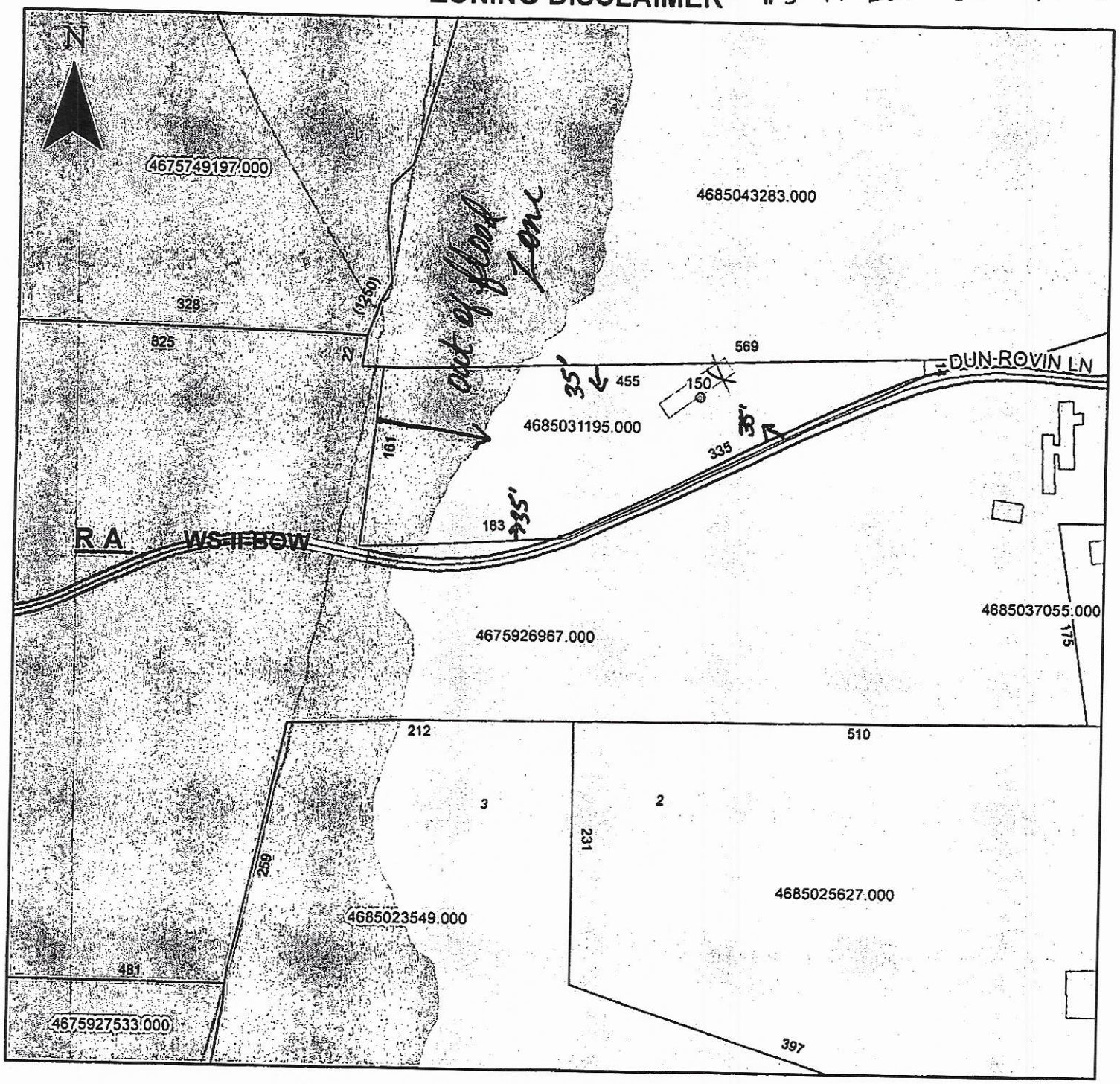
Date: 02/15/2021

Permit Number	314976	TOTAL FEES:	$77.25

31497L

RH 1.15 AC

ZONING DISCLAIMER WS II BOW CC FL-Y



Property Address 150 Dun Rovin Ln.

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.

I Ben Gribble

Applicant

2-15-21

Date