IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227931

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

PIN # 4702058495.000

APPLICANT/OWNER: Sabrina Ebert APPLICANT ADDRESS: 414 Eufola Rd. Statesville

SITE ADDRESS: 414 Eufola Rd. Statesville PHONE: (704) 437 5948 ALT. PHONE (704) 880-0738

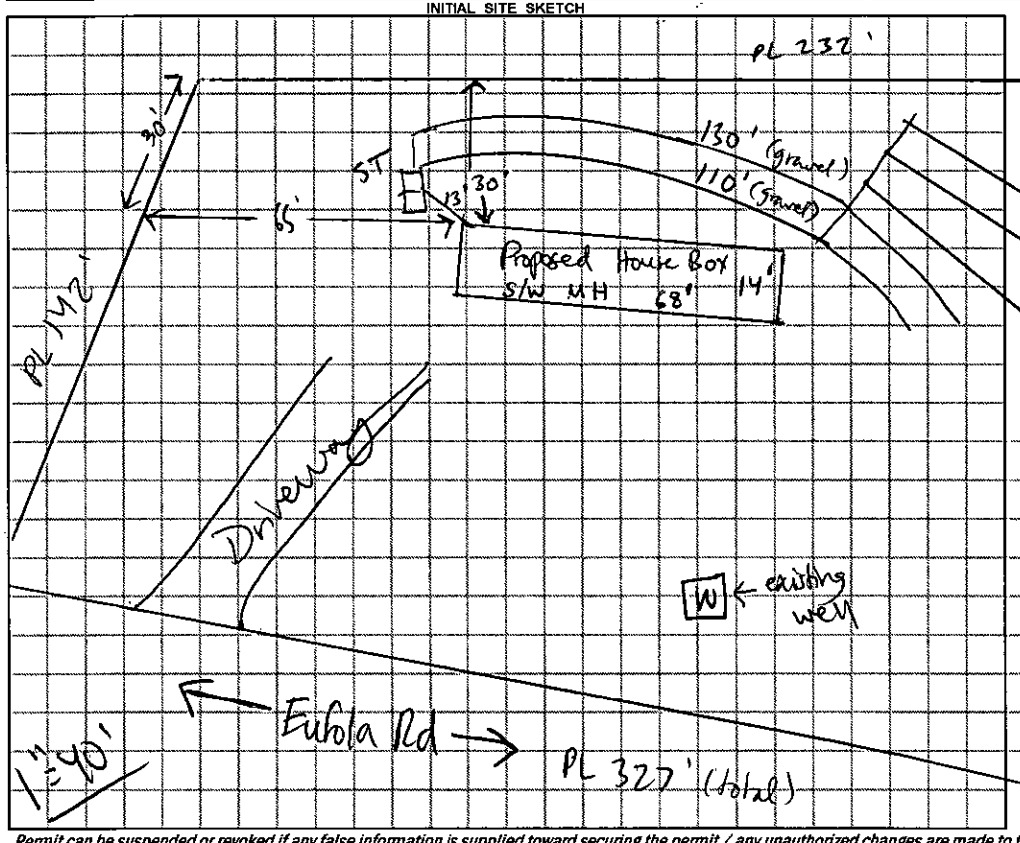
SITE DIRECTIONS: Old Mountain Road to Lewis Ferry Road, TR Eufola Road, 1.1 miles on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: LOT # LOT AREA: 1.19 Acres DESIGN FLOW: 360 L.T.A.R.: 0.25

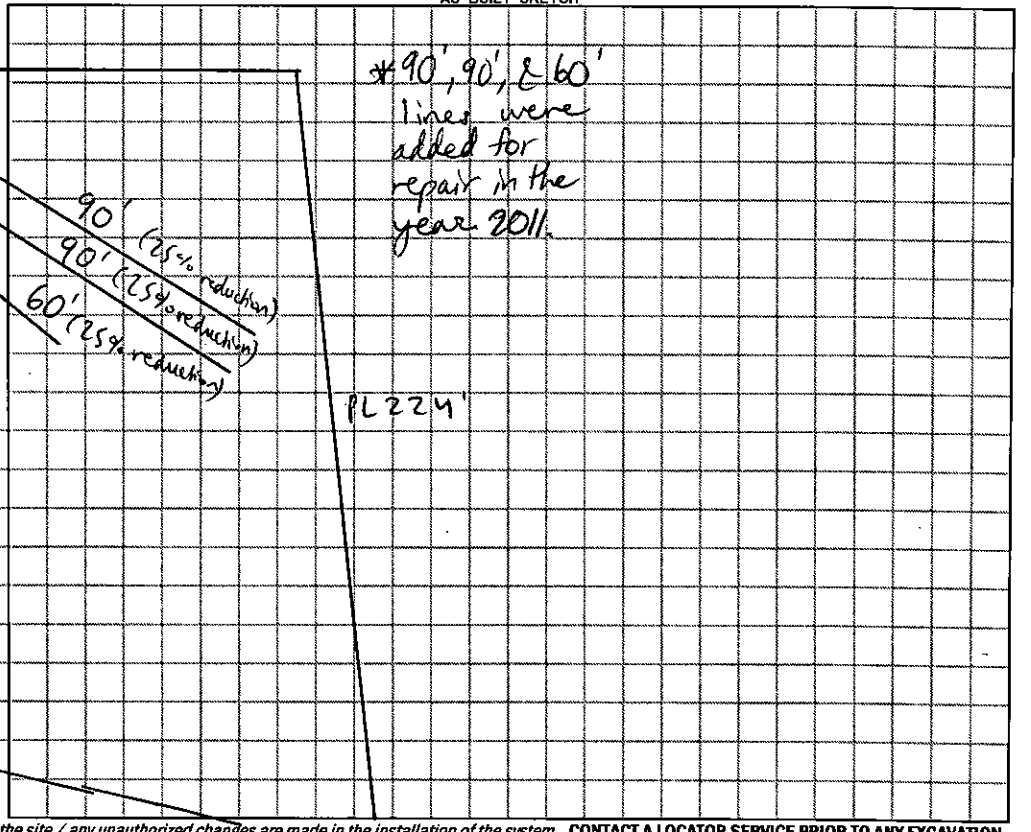
Septic Tank: Existing (gal) STB Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply
Pump Tank (gal) PT Date	System Description: Existing gravel + 25% reduction	☐ Business	No. Persons: 6	☒ Private
Pump Make Model Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
# Nitrification Fields: Existing # Lines: Existing Linear Ft: Existing	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: At time of inspection, septic system was performing adequately.

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. 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: Sabrina Ebert Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mohamed Dumanier Date: 6/15/2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sabrina Ebert	414 Eufola Rd	7044375948	
Roy Alan Hoke & Linda Hoke		704 880 0738	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
414 Eufola Rd		

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence — Maximum Number of Bedrooms 3/4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 4 — (✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
(X) Other mobile home (3 bdrm) Replace — brick

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) 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.

9. Signature: LINDA C HOKE — 6/13/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

14 x 68'

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

227931

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.

I, LINDA C HOKE, am the legal owner(s) of the property located at 414 EUFOLA Rd., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sabrina Ebert _____, 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.

LINDA C HOKE 6/13/17 Virginia D. Wooten 6/13/17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

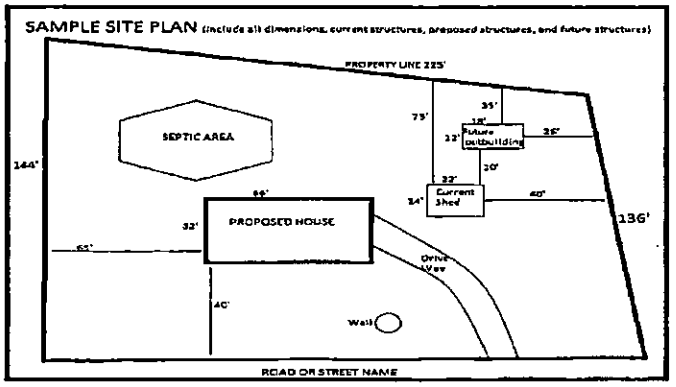
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

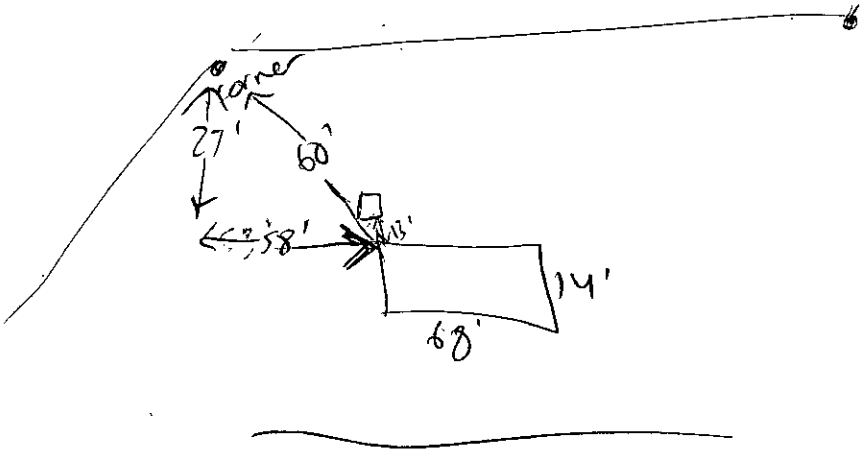
Circle N/A on the following if appropriate:

_____ 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



Per previous Layout 14x68 SW

Signature: Linda C Hoke

REQUIRED **property owner or owner's legal representative signature.**

6/13/17

DATE

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 # REPAIR PIN # 4702-05-8495 DATE MAY 11, 2011

OWNER LOY ALAN HOKE APPLICANT: SAME PHONE: Home/Cell # 704-585-9876 Business # 704-880-0738

SITE ADDRESS 413 EUFOLA ROAD, STATESVILLE (OWNER / APPLICANT ADDRESS 362 BOLICK ROAD, STONY POINT, NC 28678

SITE DIRECTIONS ~~BEAR~~ OLD MOUNTAIN ROAD, TO LEWIS FERRY ROAD, TR EUFOLA ROAD, 1.1 MILES ON LEFT AT #413

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 1.187 ACRES DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank EXISTING Gallons: STB Date
Pump Tank Gallons: PT Date
Pump Make Model Serial #
No. Rinification Fields: 1 No. Lines 3 Linear Feet 240
Trench Width 36" Max. Trench Bottom Depth 30"

☐ New System ☑ Repair ☐ Expansion System Type I II III IV V VI
System Description:
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required ☐ YES ☑ NO
Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE

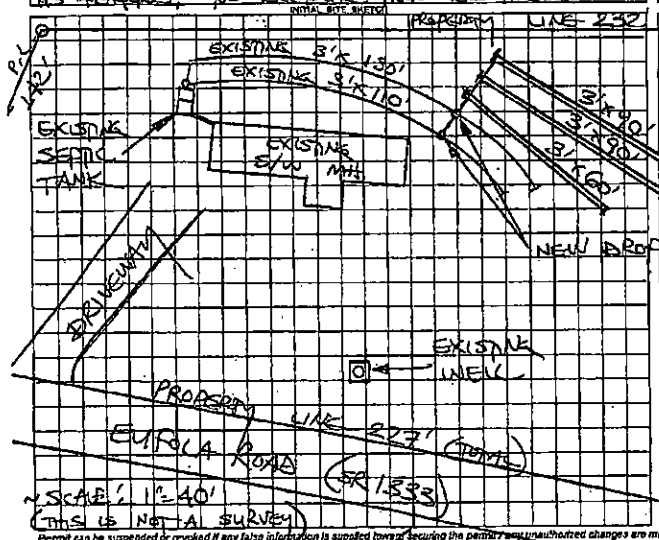
☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private WELL ☐ Public ☐ Community

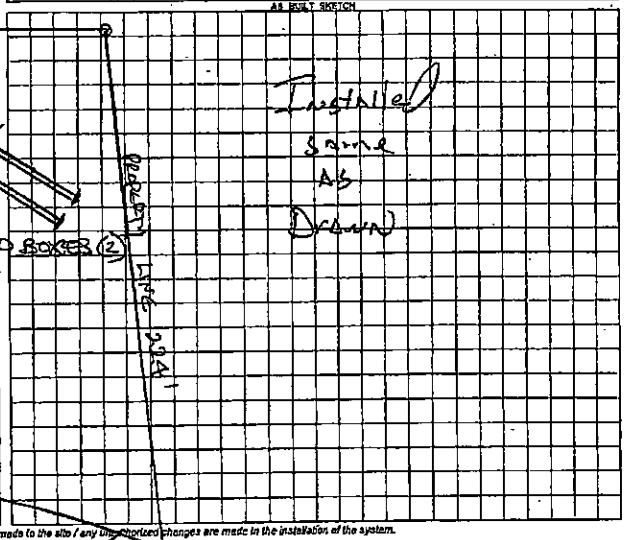
Comments / Conditions ① INTERCEPT EXISTING DRAINLINER USING TWO NEW DROP BOXES AT LOCATION SHOWN (2) SERIAL-FED NEW 25% REDUCTION DRAINLINER, INSTALLED ON CONTOUR AS FLAGGED. NO ACCESS TUBE 30 INCHES

SEE ATTACHED N.O.V.

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 to the installation of the system.

☐ *IMPROVEMENT PERMIT with plat valid without expiration.* ☑ *IMPROVEMENT PERMIT with plat valid for 5 years from date of approval. After plan valid for two years.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.*

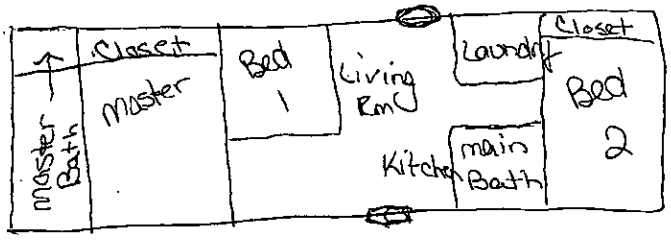
Owner / Applicant Signature: LINDA HOKE Date 5/12/2011 Installed by: James H. Miller

IMPROVEMENT PERMIT by: STEVE HEDRICK REHS Date 5/11/2011 OPERATION PERMIT by: REHS Date June 1

AUTHORIZATION TO CONSTRUCT by: STEVE HEDRICK REHS Date 5/11/2011 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



front

Acknowledgement Of
Plans Submittal ONLY!
Date 10/19/17

Date

IREDELL COUNTY

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

APPLICATION NUMBER
227931
Issue Date: 06/13/2017

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4702058495.000	414 EUFOLA ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOKE LOY ALAN+LINDA C	Applicant: EBERT, SABRINA
Address: 362 BOLICK RD STONY POINT, NC 28678	Address: 414 EUFOLA STATESVILLE, NC 28625
Phone:	Phone: 704-437-5948

Use Requested	Zone Code
MOBILE HOME REPLACE 14X68	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.190	35.00	35.00	15.00	15.00	CACL	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES 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 and fully underpinned; Must have concrete or similar 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.

PAID
Cashier 6/13/17

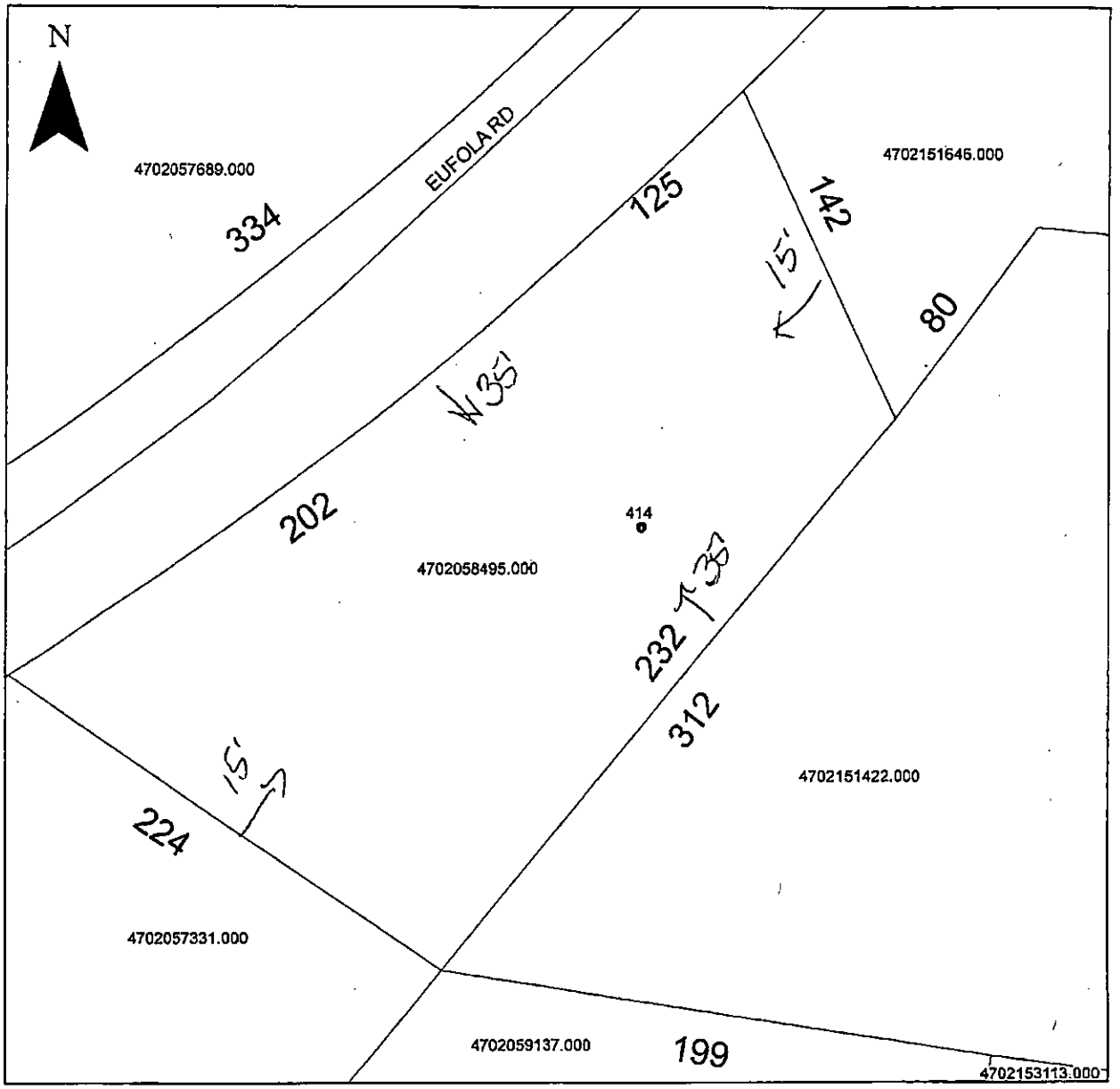
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	105991	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 414 Eufola

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.

Sabrina Ebert
Applicant

10/13/17
Date