# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 24/2709

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

PIN # 4703659921.115

APPLICANT/OWNER: Elliott M. ODOM JR APPLICANT ADDRESS: 128 Cedar Bluff Drive Mooresville NC 28117

SITE ADDRESS: 115 Bobbys Loop Statesville NC 28677 PHONE: 704 724 7909 ALT. PHONE —

SITE DIRECTIONS: Hwy 70 west at old MTN Rd Bobby Loop on Right 115 on Left SAP CONTROLLED: ☐ YES ☒ NO

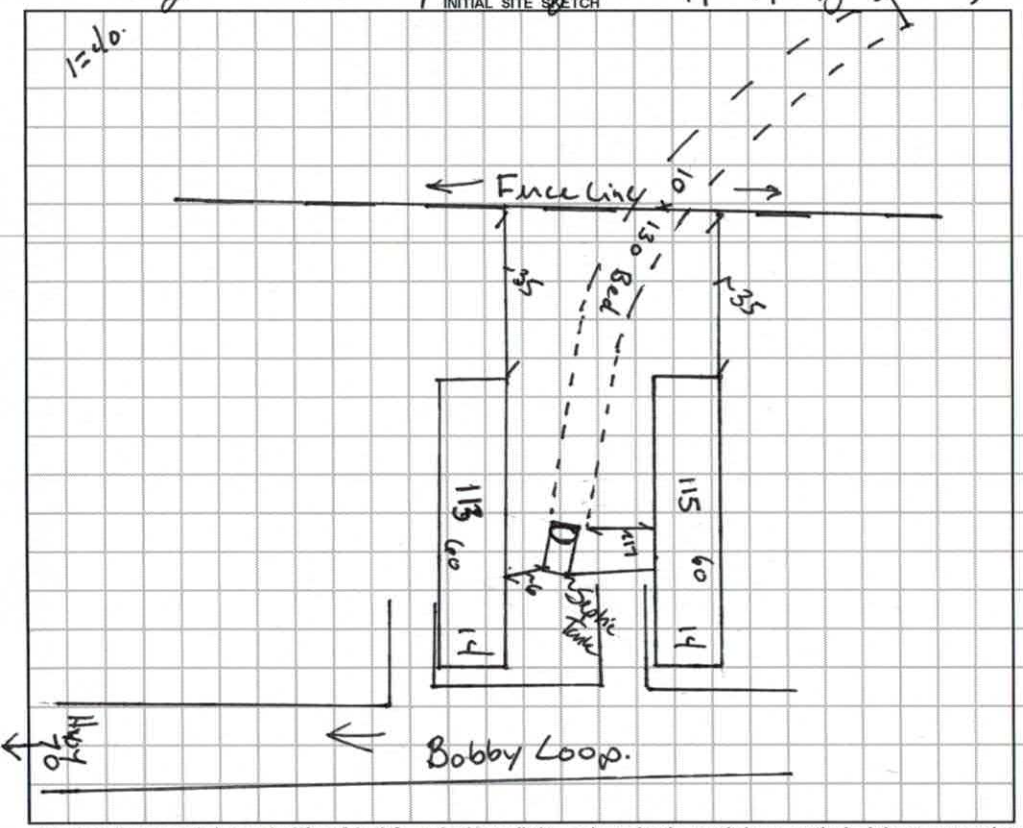
SUBDIVISION: Hickory Ridge Mobile Home Park SECTION: — LOT # 115 LOT AREA: ~ DESIGN FLOW: 240 L.T.A.R.: EXT

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1 | (gal) | STB | | Date | ☐ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | — | (gal) | PT | | Date | System Description: | | | | ☐ Business | No. Persons 4 |
| Pump Make | — | Model | | | Serial # | Repair System Description: | Existing | | | ☐ Other | No. Employees |
| # Nitrification Fields | — | # Lines | | | Linear Ft | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☐ Crawl Space |
| Trench Width | | Trench Bottom Depth(Low side) | | | Gravel Depth | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/ plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Existing System functioning at time of inspection. Both 113 + 115 are connected to system. Sufficient Drainline to service 2 Dwellings. @ 2 Bedrooms per dwelling. Do not, pave, pave, grade or bury utilities in drainfield.

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: E.M. Odom Date: 3/14/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A. Bolton Date: 3/13/2019.

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

RECEIVED MAR 7 - 2019

Paid $250.00 # 242709

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**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: Elliott M Odom Jr Address: 128 Cedar Bluff Rd Zip: 28117

Applicant Email: Mark@markodom.com Phone: 704 724 7909 Alt. Phone:

Owner Name: Same Address: Zip:

Owner Email: Same Phone: Alt. Phone:

**Property Information:**

Street Address: 115 Bobbys Loop Statesville NC 28677

Subdivision Name: Hickory Ridge Mobile Home Park Section/Phase: Lot Number:

Driving Directions: 1 Mile west of Old Mtn Rd on Hwy 70

**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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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:** E. Odom Jr 3/7/19

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)* _____

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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.

_____ _____

Signature of Owner(s) Date

**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

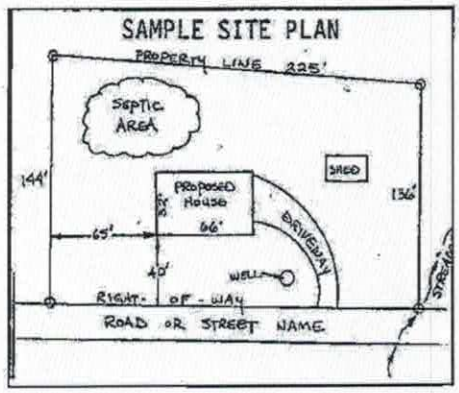
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

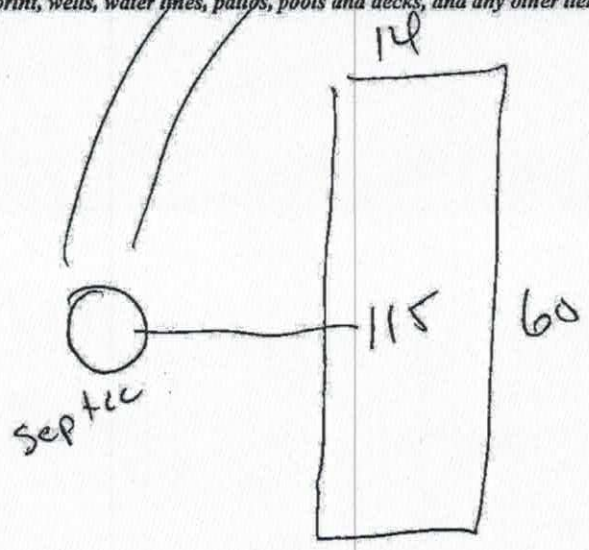



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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***




Bobbys Loop

**Signature:** _____

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

3/7/19

**DATE**


105
107
109
111
112
113
115
116
117
119
20'
20'
20'
25
25
25
No Curbs
No Curbs
No Curbs
BOBBYS LOOP
RA

Acknowledgement Of
Plans Submittal ONLY!

Date 3/14/19

Date 3/14/19.

# Delight

60

14




Model #: TRU14602A

14' x 60' Delight

4/4/2017 3:26:06 PM, Huiting

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 242709 |
| Issue Date: 03/07/2019 |

## ZONING PERMIT

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4703659921.000 | 115 BOBBYS LOOP, STATESVILLE, NC 28677 | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: ODOM, ELLIOTT M. JR.. | Applicant: ODOM, ELLIOTT M. JR.. |
| Address: 128 CEDAR BLUFF LN | Address: 128 CEDAR BLUFF LN |
| MOORESVILLE, NC 28117 | MOORESVILLE, NC 28117 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 4.300 | 25.00 | 25.00 | 20.00 | 20.00 | PACL | X |

**Remarks:**

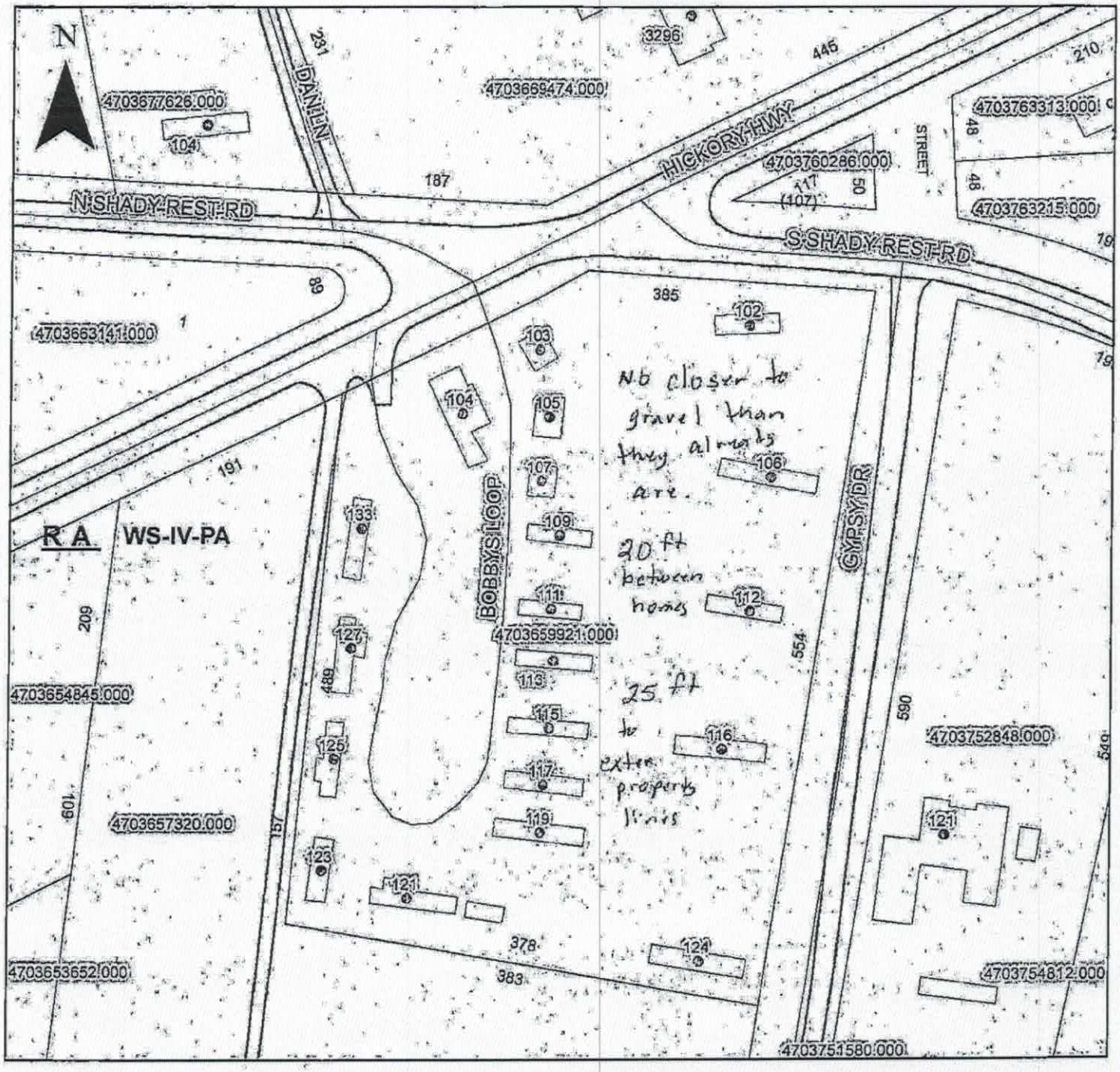
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have 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.

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.

Applicant: _____ Date: _____

| Permit Number | 169693 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 115 Bobby's Loop

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

3/7/19

Date