IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 231097.

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

PIN # 4703659921. 119.

APPLICANT/OWNER: Elliott Dom

APPLICANT ADDRESS: 128 Cedar Bluff Lane

SITE ADDRESS: 119 Bobby's Loop Statesville NC 28677.

PHONE: 704 724 7909

ALT. PHONE 704 878 2550

SITE DIRECTIONS: Hwy 70 West Left onto Bobby's Loop - 9th lot on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hickory Ridge Mobile Home Park

SECTION: ~ LOT # ~ LOT AREA: ~

DESIGN FLOW: 240 gpd L.T.A.R.: EXT

Septic Tank: EXT 1500 (gal) STB: Date:

Pump Tank: ~ (gal) PT: Date:

Pump Make: — Model: Serial #:

Nitrification Fields: EXT 1 # Lines: EXT - 2 Linear Ft: EXT - 200

Trench Width: EXT 16RT Trench Bottom Depth(Low side): EXT Gravel Depth: EXT

☐ 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: 2

☐ Business No. Persons: 4

☐ Other No. Employees:

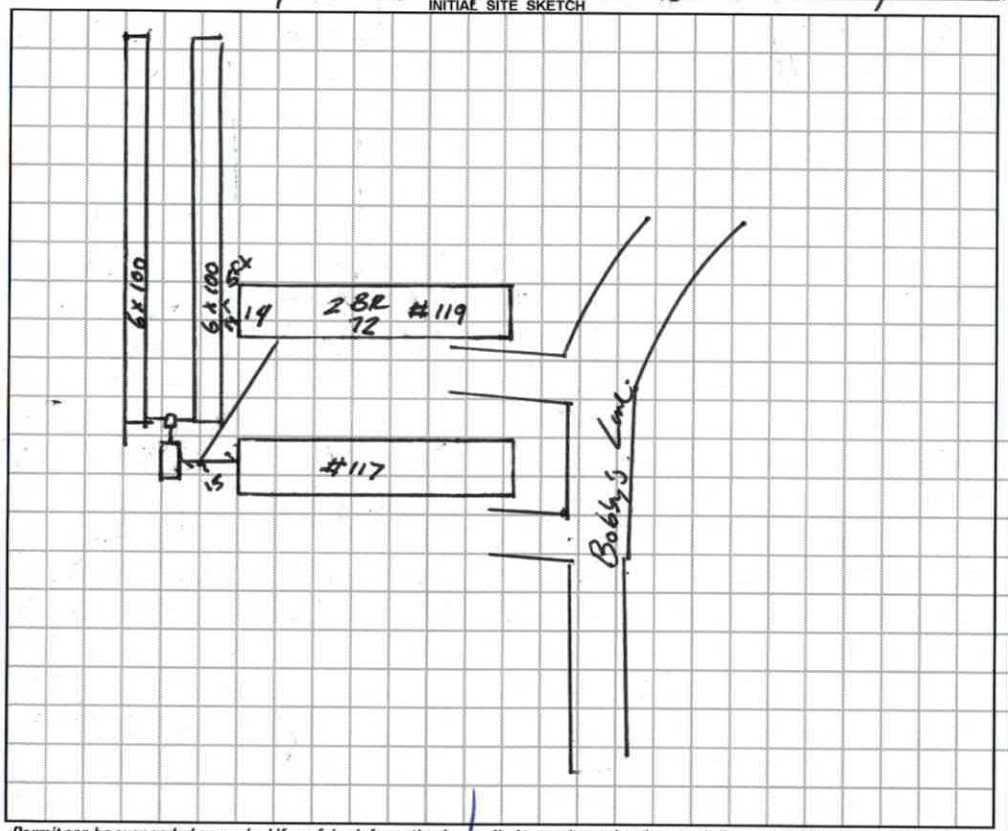
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Original permit from 1978 Shows 1500 gallon Tank and 400 Linear Ft equivilent for a 4BR system house #119 is a 2BR allready hooked to system #119 is a 2BR & may also be hooked into existing system

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: Date: 1/26/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin Bolton Date: 1/25/2018.

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.

231097

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Elliott ODOM Address: 119 Bobbys Loop Zip: 28677
Applicant Email: Mark@MarkODOM.com Phone: 7047247909 Alt. Phone: 704 878-2550
Owner Name: Elliott ODOM Address: 128 Cedar Bluff LN Zip: 28117
Owner Email: MARK@MARKODOM.COM Phone: 7047247909 Alt. Phone: 704 878-2550

Property Information:

Street Address: 119 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
PARK ON South Side of Hickory Hwy

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: _____

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: _____ 10/27/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

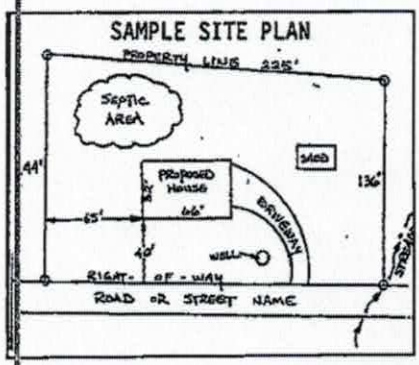
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

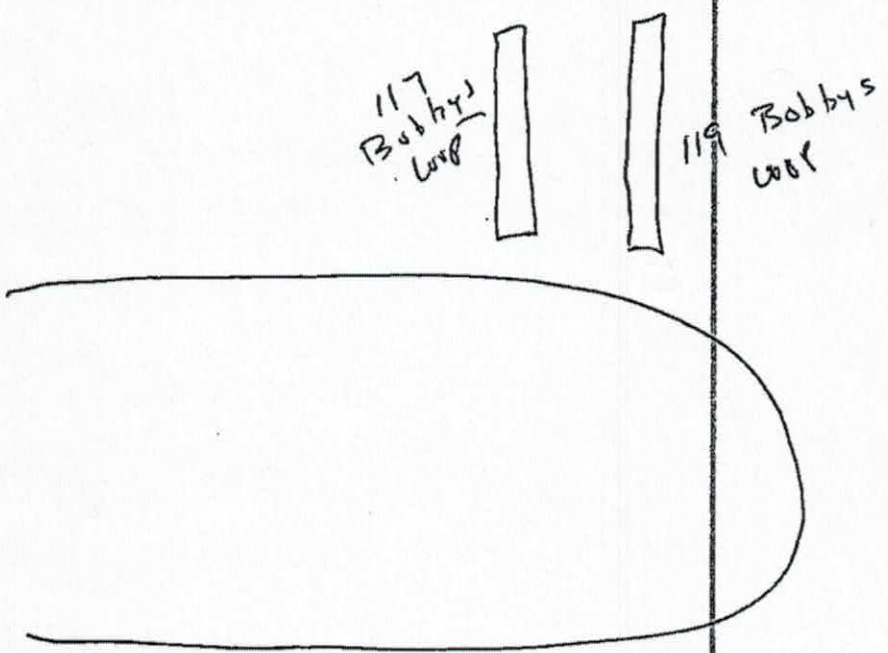


Circle N/A on the following if appropriate:

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



Signature: _____

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

10/25/12

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bob Travis DATE 12/15/72 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bob Travis Trailer Park on Highway 21 N. Near White Oaks - East 2 Trailers on L.

SUBDIVISION NAME _____ LOT NO. 11 & 12 SECTION OR BLOCK NO. _____

Home (✓) Business _____ Other _____

No. Bedrooms _____ Character & Porosity of Soil _____

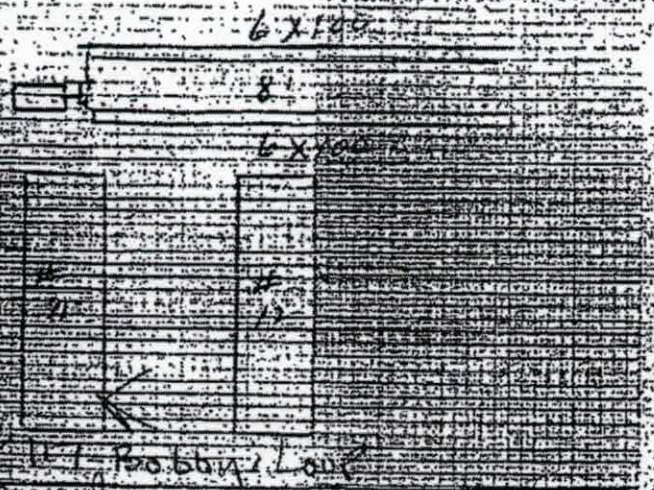
Garbage Disposal Unit: Yes ( ) No ( ) Percolation Rate _____

Auto. Dishwasher: Yes ( ) No ( ) Topography _____

Auto. Wash. Machine: Yes ( ) No ( ) Depth to Water Table _____

Site Suitable: Yes ( ) No ( ) Rock or other impervious formation _____

Lot Area _____



Plot of System

Size of Tank 1500

Distribution Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by Henry Stevens

IMPROVEMENTS PERMIT BY _____

COMMENTS _____

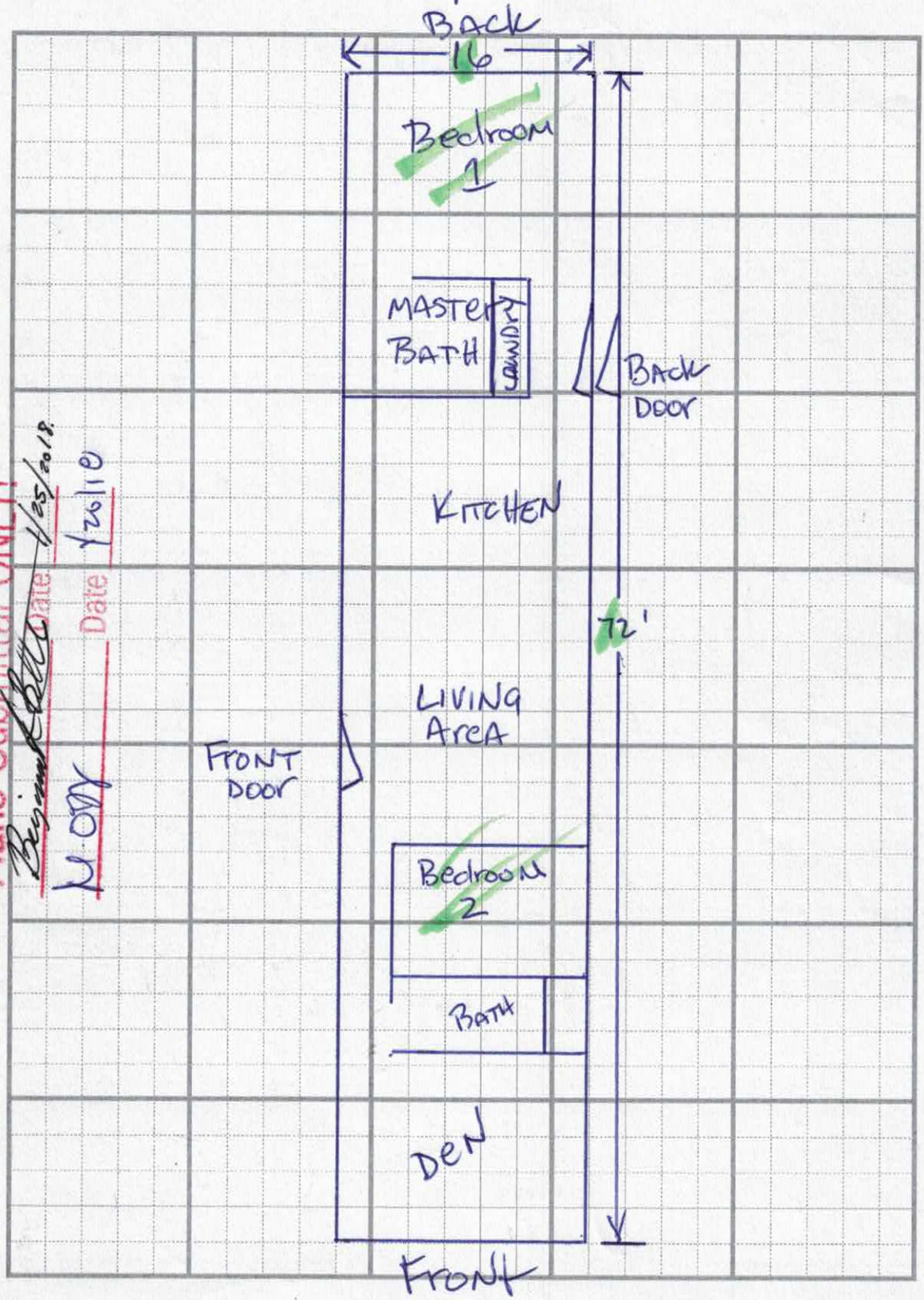
CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 12/15/72

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy White Inspector's Copy Yellow Sanitarian's Copy Pink Owner's Copy G...

JAN. 3, 1989 0:49

119 Bobbys Loop



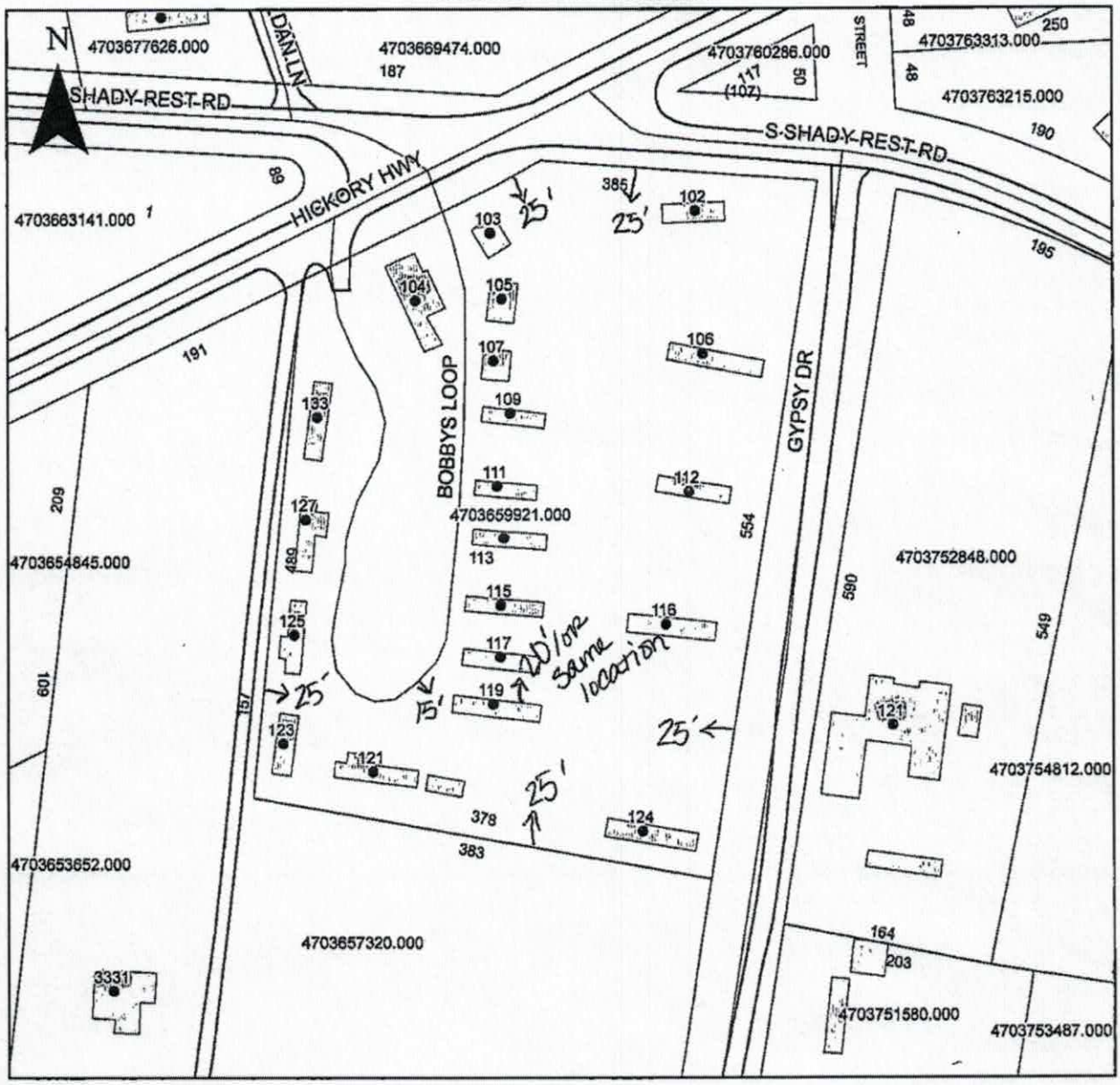
Acknowledgement Of Plans Submittal ONLY!

Date 11/25/2018

Date 12/10

Hickory Ridge Mobile Home Park

ZONING DISCLAIMER



Property Address 119 Bobbys 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

10/16/13

Date