IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23668

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

PIN # 4703659921.106

APPLICANT/OWNER: Elliott Odom APPLICANT ADDRESS: 128 Cedar Bluff Ln Mooresville NC 28117

SITE ADDRESS: 106 Gypsy Dr Statesville NC 28117 PHONE: 704-724-7909 ALT. PHONE N/A

SITE DIRECTIONS: 1 mile West of old Mountain Rd on Hwy 70 SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Shady Rest MHP SECTION: — LOT # -2- LOT AREA: DESIGN FLOW: 360 L.T.A.R.: Ky

Septic Tank	Ky	(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				☐ Business	No. Persons	6	☐ Private	
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☑ Public	
# Nitrification Fields	Ky	# Lines	Ky		Linear Ft	Ky	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	Ky	Trench Bottom Depth(Low side)		Ky	Gravel Depth	Ky		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing	

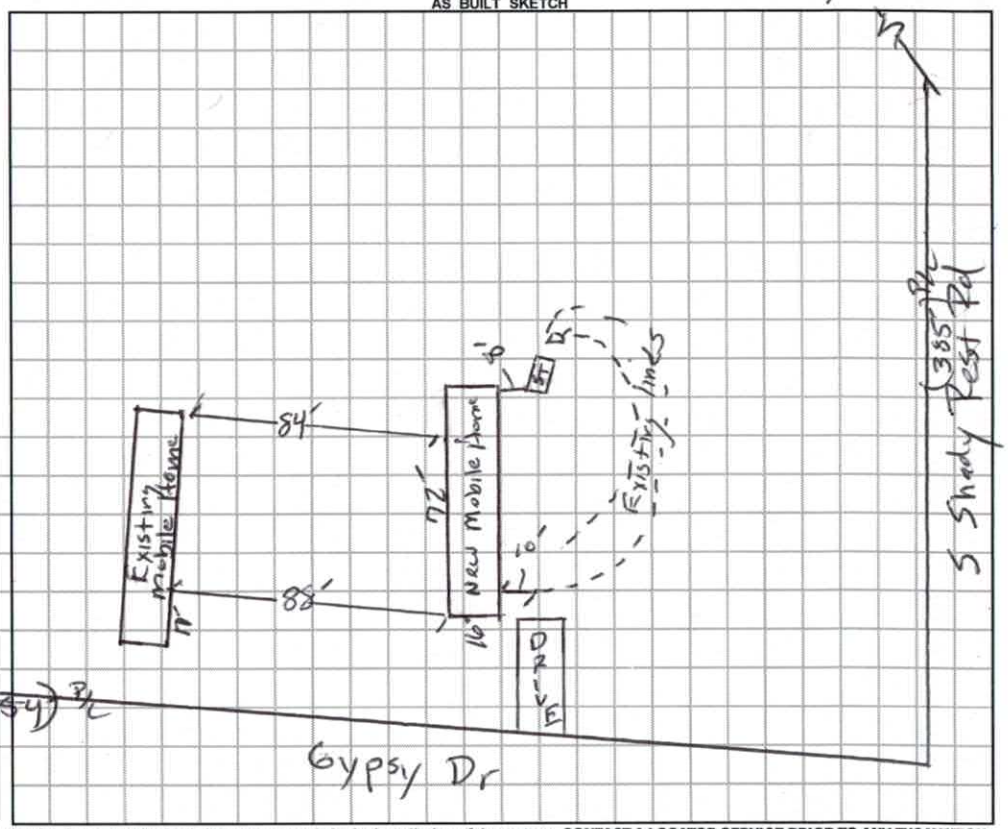
Comments / Conditions: All building foundations must be 25' from any part of STS Dis continue use of drive between 102+106

Per zoning place back in previous foot print No closer to road Than previous home

INITIAL SITE SKETCH

1"=60

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: [signature] Date: 6/28/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 06/27/18

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 JUN 2 1 2018

Paid $250.00 #236681

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 Modom Sr Address: 128 Cedar Bluff Ln Mooresville Zip: 28117

Applicant Email: MARK@MARKODOM.COM Phone: 7047247909 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 106 Gypsy Dr. Statesville NC 28117

Subdivision Name: Shady Rest MHP 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*

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

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 ( ) 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 (X) 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: _____ 6/21/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, Elliott M. Odom Jr., am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Signature of Owner(s) _____ Date 6/21/18

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.

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

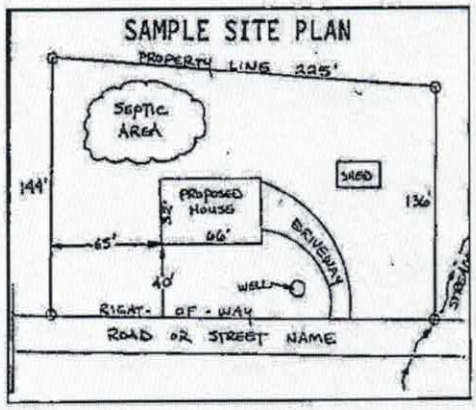
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

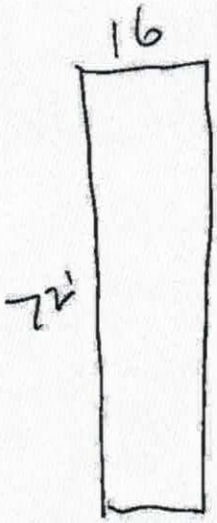


Circle N/A on the following if appropriate:

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



Gypsy Dr.

Signature: M. Odom & **6/21/18**

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

4725-24-5456
106 Gypsy Dr.

GI

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 105392 PIN# 4703-65-9921 DATE 04-01-02

OWNER OR CONTRACTOR BOBBY TRAVIS PHONE: Business 704-883-8226 Home 704-873-5386

ADDRESS P.O. BOX 5451 STATESVILLE NC 28687

LOCATION 40 W, ① CR12, (R) 70 W, ① SHADY REST, (R) GYPSY, 2ND LOT ON RT

SUBDIVISION TRAVIS MHP BLOCK / SECTION ____ LOT 2-106 LOT AREA ____ SITE CLASS ____ DESIGN FLOW 360 L.T.A.R. ____

EXISTING

Septic Tank: 1000 Gallons: STB ____ Date ____
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250
No Lines 2x125' Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: CONV GRAV
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

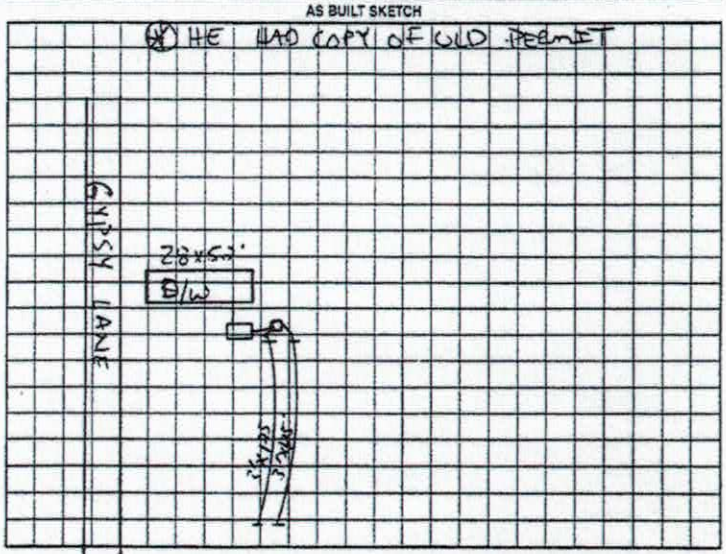
Comments/Conditions:

Comments/Conditions ① NO SIGNS OF FAILURE AT TIME OF CHECK ② MAINTAIN SETBACKS ③ TANK & LINES TO DEEP TO PROBE

INITIAL SITE SKETCH

AS BUILT SKETCH

(X) HE HAD COPY OF OLD PERMIT



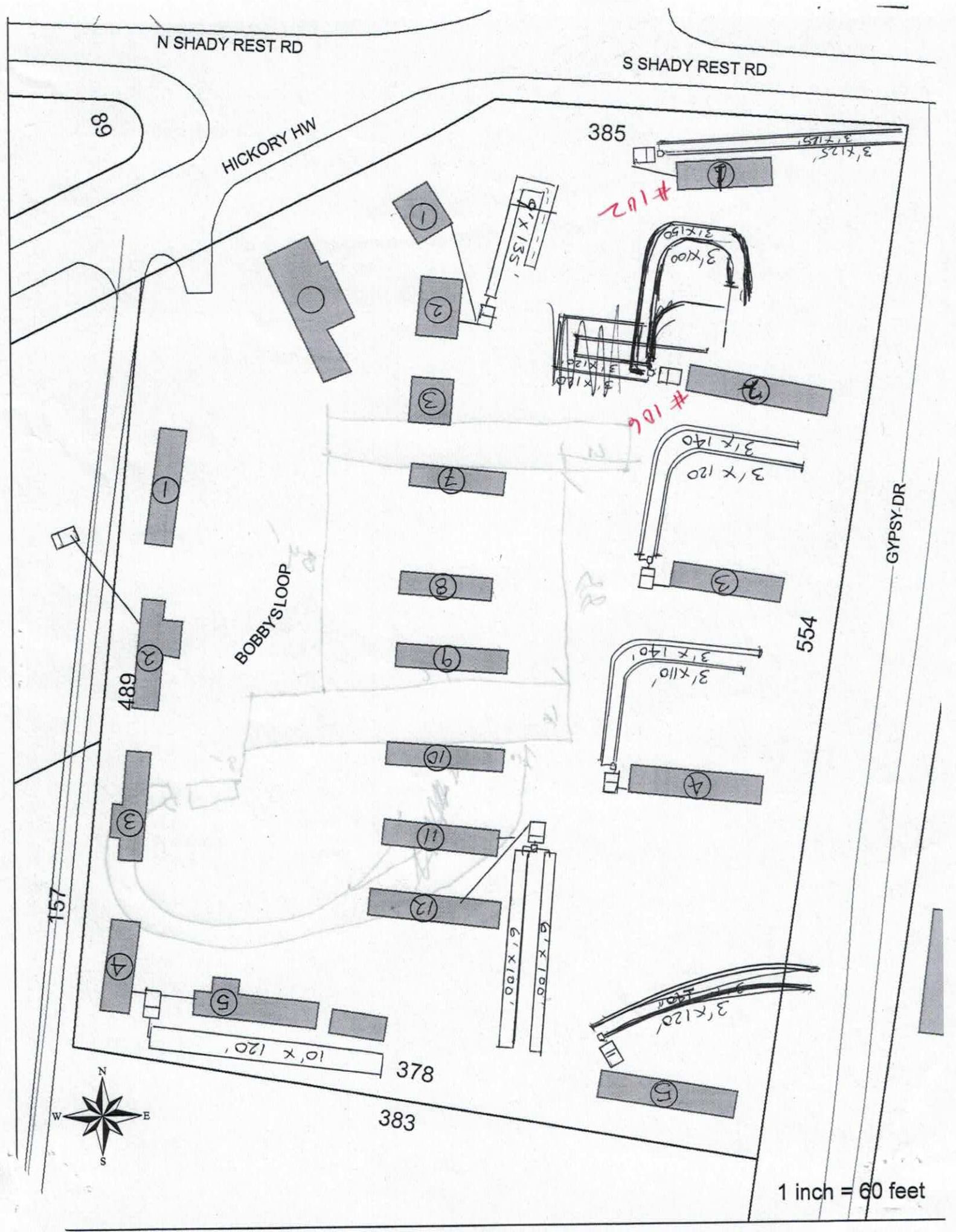
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 4-1-02 Installed by: ____

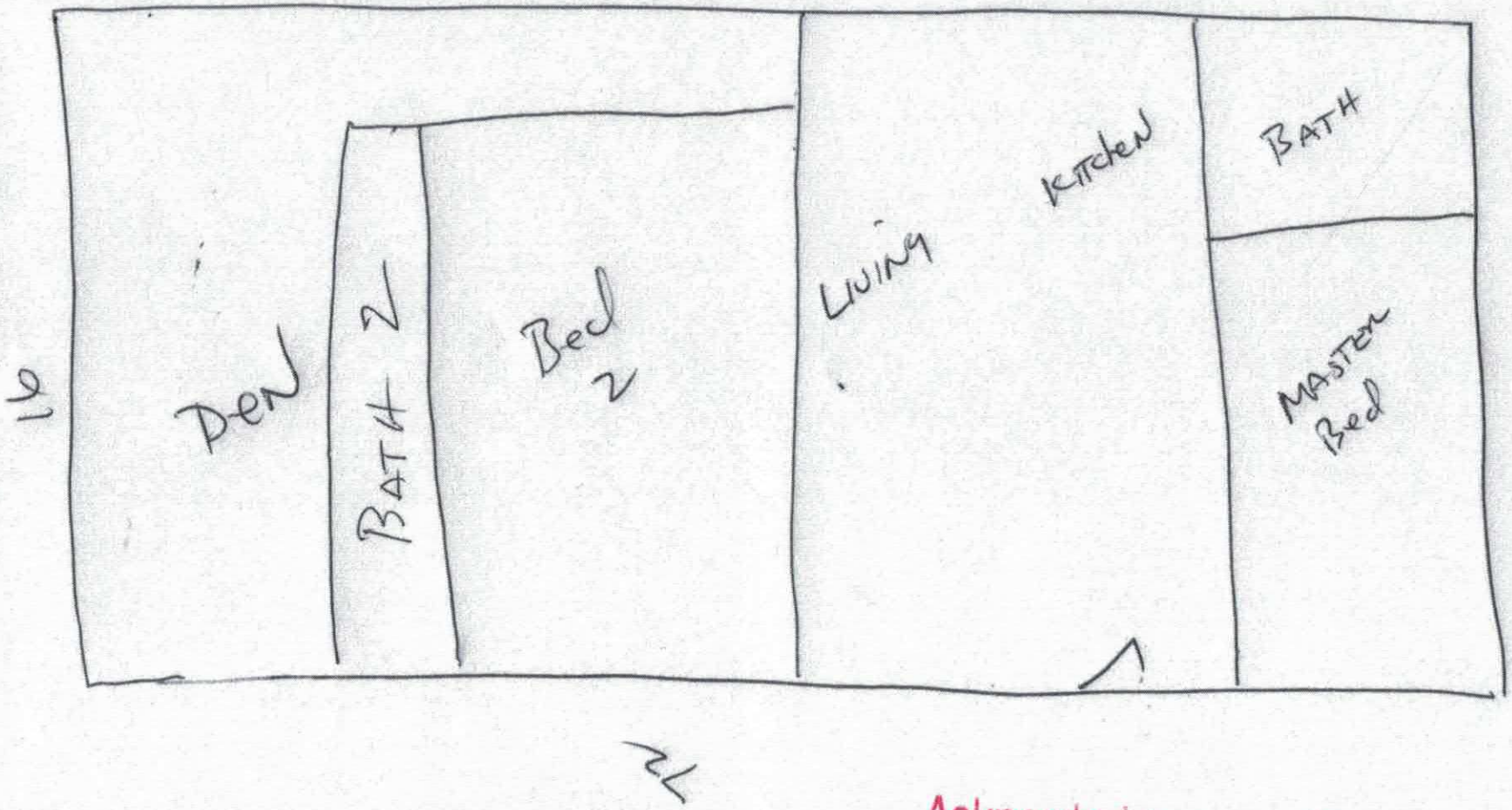
Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 04-01-02

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK


N SHADY REST RD
S SHADY REST RD
HICKORY HW
68
385
GYPSY-DR
554
BOBBYSLOOP
489
157
378
383
#102
#106
3'X125'
3'X150'
3'X100'
3'X120'
3'X140'
3'X110'
9'X135'
6'X100'
10'X 120'
1 inch = 60 feet

106 Gypsy Dr.



Acknowledgement Of
Plans Submittal ONLY!

Date _____

Date 6/28/16

IREDELL COUNTY

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

APPLICATION NUMBER
236681
Issue Date: 06/21/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4703659921.000	106 GYPSY DRIVE, 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					PACL	X

Remarks:

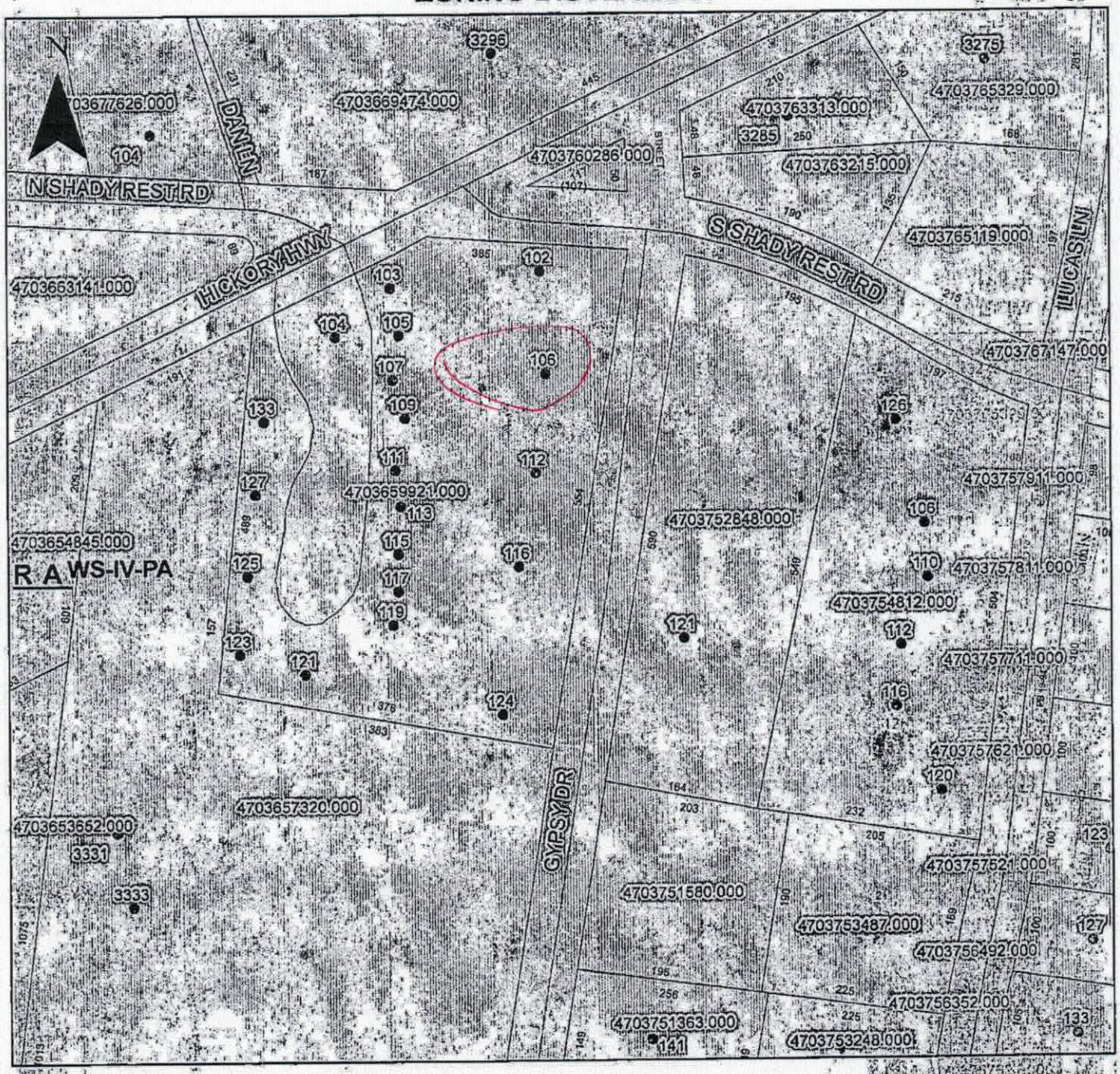
PLACE BACK IN SAME FOOT PRINT ON PREVIOUS HOME. NO CLOSER TO ROAD THAN PREVIOUS HOME. PER REBECCA 6-21-18 CS

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	143020	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 106 Gypsy 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.

Place in same footprint as previous one. No closer to road than previous one. per Rebecca

M. O'M

Applicant

6/21/18

Date