IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236570

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

PIN # 4703753487

APPLICANT/OWNER: E.M. ODOM APPLICANT ADDRESS: 128 Cedar Bluff Ln. Mooresville, NC

SITE ADDRESS: 128 Suzanne Ln. Statesville, NC PHONE: 704-724-7909 ALT. PHONE ——

SITE DIRECTIONS: US 70 W → L on S Shady Rest Rd. → R on Suzanne Ln → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Shady Rest Acres SECTION: 2 LOT # 1 LOT AREA: 1.002 ac DESIGN FLOW: 360gpd L.T.A.R.: .25/.25 repair

Septic Tank 1000 (gal) STB 825 Date 6-4-18 — ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI — ☑ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☑ Public ☐ Community

Pump Tank —— (gal) PT —— Date —— — System Description: infiltrator chambers (no reduction) — ☐ Business No. Persons 6

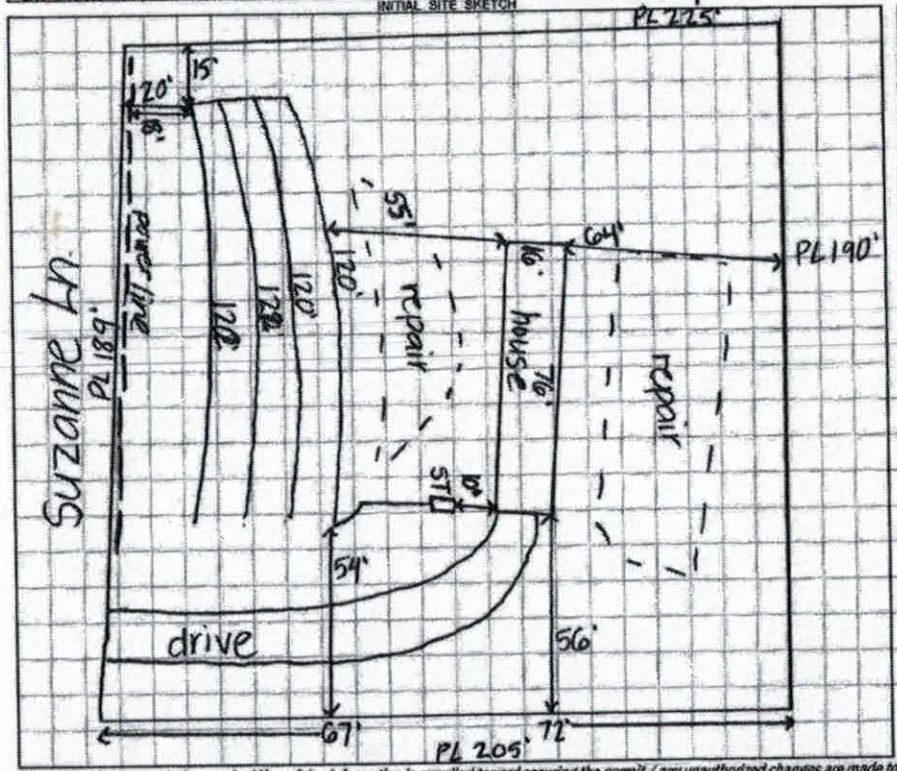
Pump Make —— Model —— Serial # —— — Repair System Description: LP horizontal PPBPS — ☐ Other No. Employees ——

Nitrification Fields 1 # Lines 4@120' Linear Ft 480' — Maintenance Agreement Required: ☐ YES ☑ NO — ☐ Slab ☑ Crawl Space

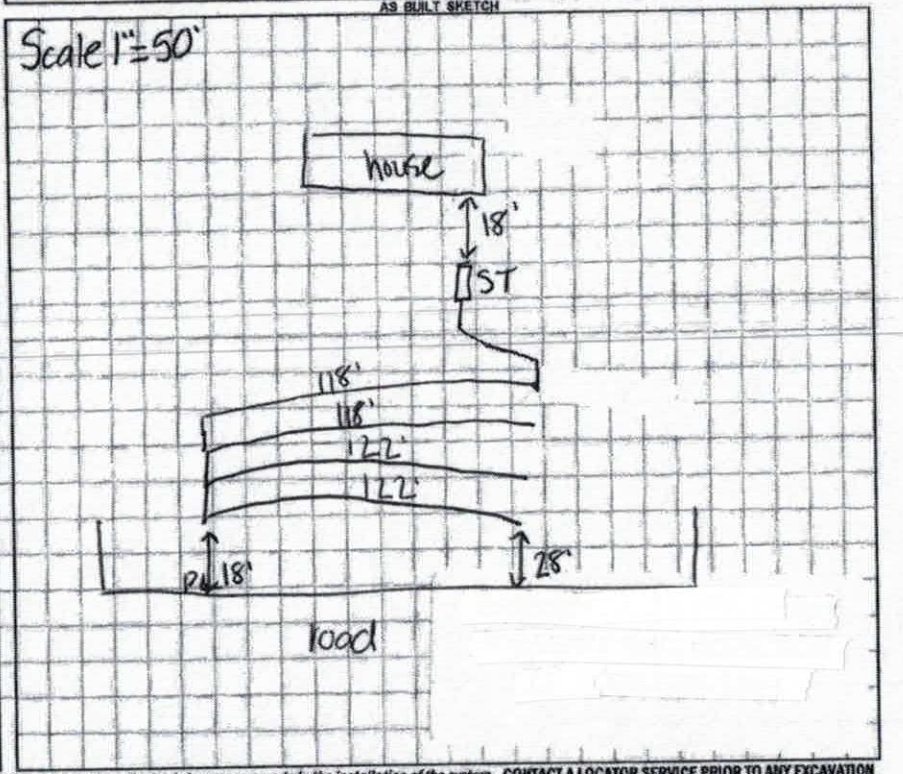
Trench Width 36" Trench Bottom Depth (Low side) 37"/41" highside Gravel Depth —— — ☑ GRAVITY ☐ PRESSURE — ☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions: * Install at 41" (highside) → do NOT install any shallower. Install infiltrator chambers w/ serial distribution and drain lines on contour. Initial system does NOT get a reduction. Remain 15' from power line when installing.

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: 10/25/18 Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: Kayla Wilson Date: 6-27-18 OPERATION PERMIT by: Kayla Wilson Date: 7-23-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 6-27-18 Existing System Inspected by: —— Date: ——

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 inspection time.

PROPERTY ID #: 4703753487
COUNTY: Iredell

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

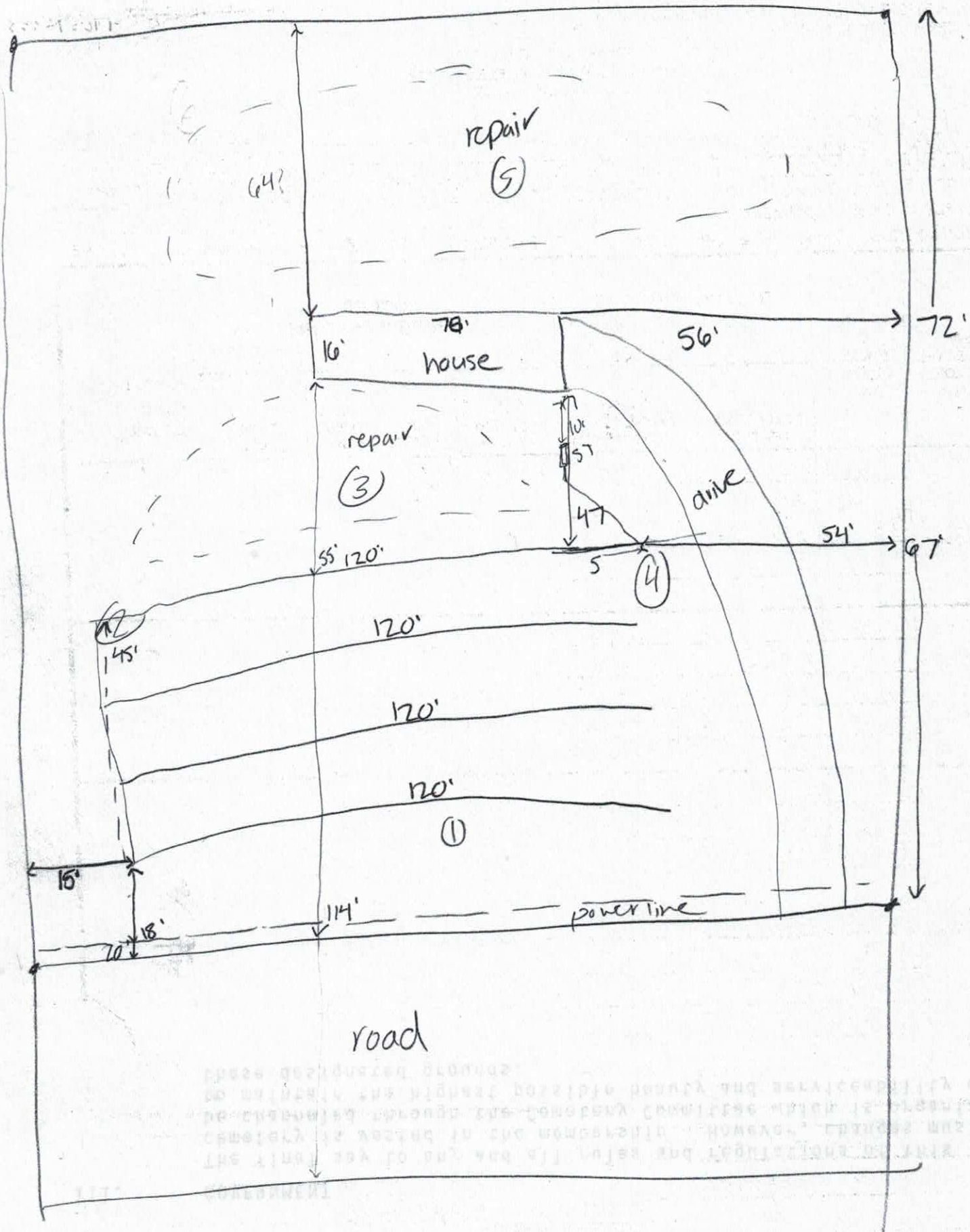
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: EM ODOM
APPLICATION DATE: 6-18-18
ADDRESS: 128 Suzanne Ln
DATE EVALUATED: 6-25-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.007
LOCATION OF SITE: US 70W → L on S Shady Rest → R on Suzanne Ln → lot on R
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6%	0-7	WSBK SCL	Fr,SS,SP,SE	19-24 few YB mottles	48	28-48" few SAP. inc.		PS .25
		7-28	SABK C	Fi,SS,SP,SE					
		28-48	WABK CL	Fi,SS,SP,SE					
		28-34	WABK CL	Fi,SS,SP,SE					
		34-48	WABK CL	Fr					
2	8%	0-8	WSBK SCL	Fr,SS,SP,SE	15-25 chroma 2 2.5Y 7/2	25+	—		PS .25
		8-15	ABK C	Fi,SS,SP,SE					
		15-25	platy C	Fi,SS,SP					
		25-40	ABK C	Fi,SS,SP,SE					
		40-48	WABK CL	Fr-Fi,SS,SP,SE					
3	7%	0-7	WSBK SCL	Fr,SS,SP,SE	32-39 chroma 2 2.5Y 6/2 7/2 sidewall	32	—		PS .25
		7-34	SABK C	Fi,SS,SP,SE					
		34-48	WABK CL	Fr-Fi,SS,SP,SE					
		27-34	WABK CL	Fi					
		34-48	WABK CL	Fr					
4	9%	0-9	WSBK SCL	Fr,SS,SP,SE	—	60	—		PS .25
		9-34	SABK C	Fi,SS,SP,SE					
		34-60	WABK CL	Fr-Fi,SS,SP,SE					
		18-34	ABK C						
		60	WABK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	TU	IV
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:


repair
(5)
64'
78'
16'
house
56'
72'
repair
(3)
10'
57'
47'
drive
54'
67'
55'
120'
5
(4)
(2)
45'
120'
120'
120'
(1)
15'
18'
20'
114'
powerline
road

Sheet 2 of 2
PROPERTY ID #: 4703753487
COUNTY: Iredell

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Refer to Sheet 1 APPLICATION DATE:
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	107. LS	0-9	WSBK SCL	Fr, SS, SP, SE	31-38 chroma 2 2.5Y 6/2	31	—	—	PS .25
		9-31	ABK C	Fi, SS, SP, SE					
		31-38	platy C	Fi, SS, SP					
		38-48	WABK CL	Fr-Fi, SS, SP, SE					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1	PS
System Type(s)		IV
Site LTAR		.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

RECEIVED JUN 1 8 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#236570

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

Paid $500.00

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: E.M. ODOM 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: 128 Suzanne Ln Statesville 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hickory Ridge MHP - 1 mile west of Old Mon Rd on Hwy 70

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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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 (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: E.M. ODOM 6/19/18
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)* M. ODM

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, E.M. ODOM, am the legal owner(s) of the property located at 129 Suzanne Ln, identified as PIN (Parcel Identification Number) 4703754812, 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.

M. ODM

Signature of Owner(s)

6/19/18

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

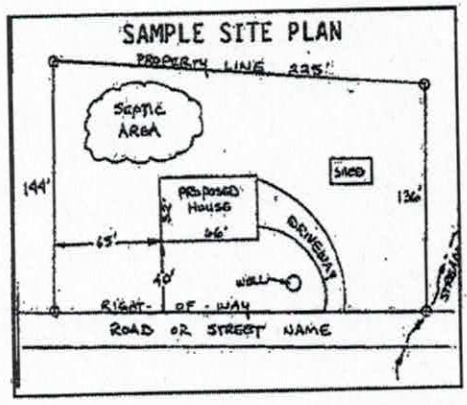
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

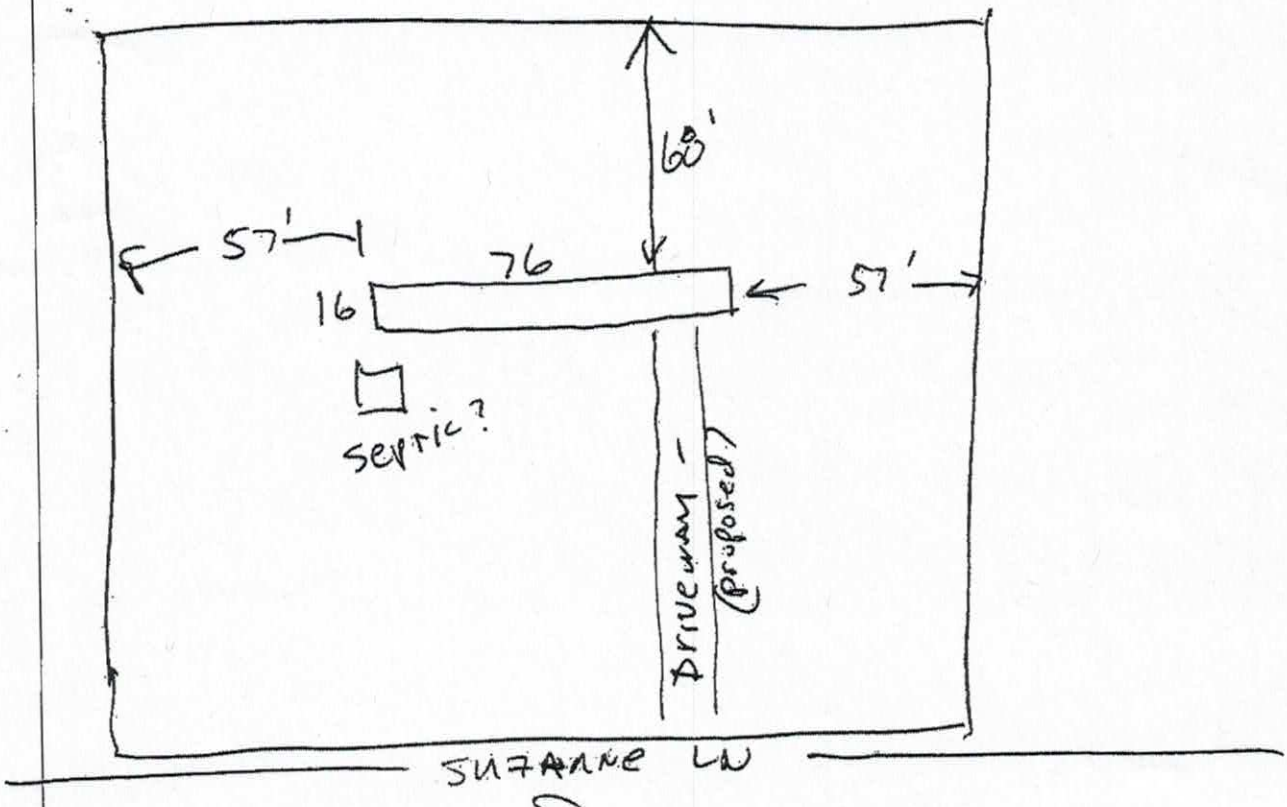


Circle N/A on the following if appropriate:

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

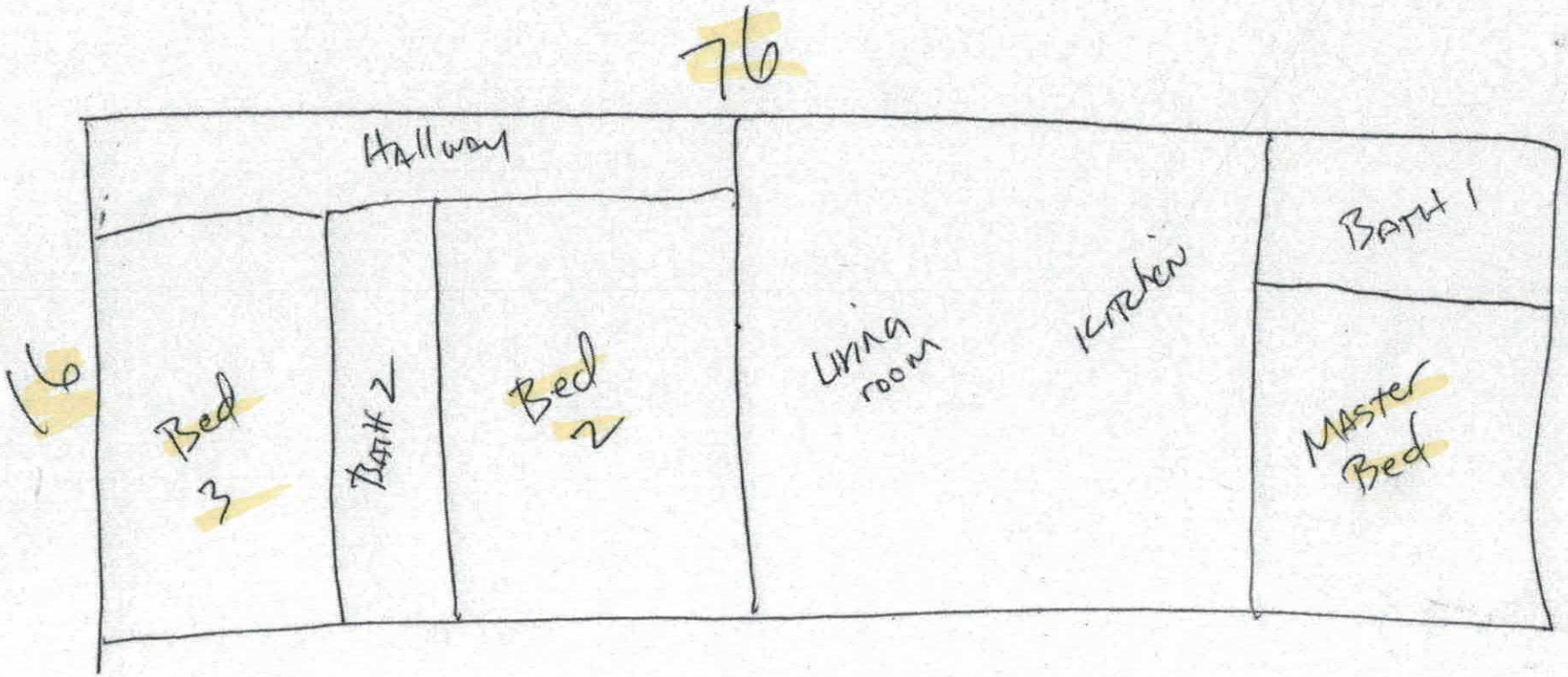


Signature: L. Dow

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

DATE 6/18/19

Acknowledgement Of
Plans Submittal ONLY!
Date 6-27-18
Date 6/28.



128 SUZANNE CN

IREDELL COUNTY

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

APPLICATION NUMBER
236570
Issue Date: 06/18/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4703753487.000	128 SUZANNE LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ODOM E M	Applicant: ODOM E M
Address: 2106 LAMPY MT ROAD	Address: 2106 LAMPY MT ROAD
STATESVILLE, OK 74432	STATESVILLE, OK 74432
Phone:	Phone:

Use Requested	Zone Code
NEW SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.002	35.00	35.00	15.00	15.00	PACL	X

Remarks:

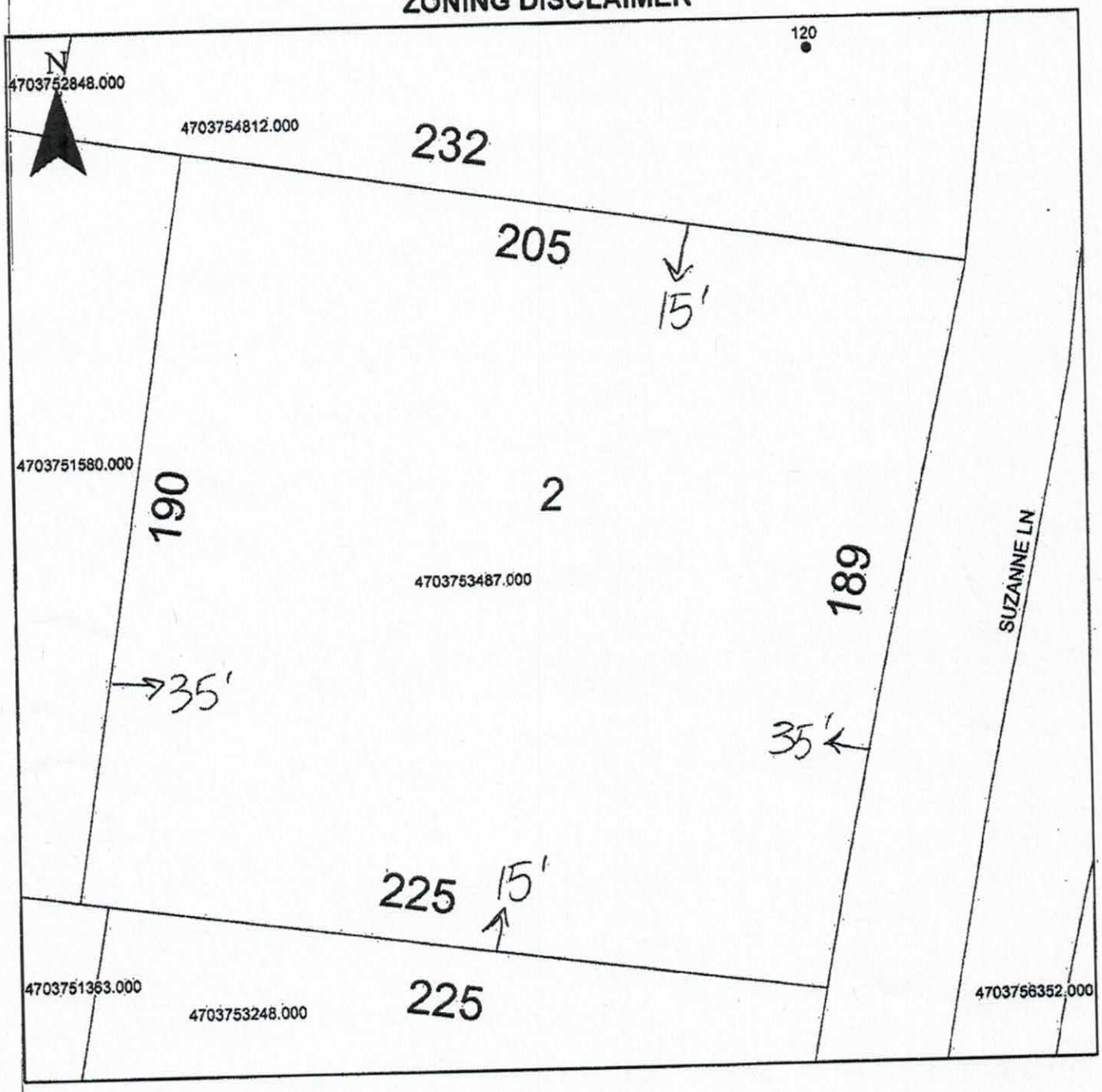
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances 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	142640	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 128 Suzanne 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.

Applicant

6/10/18
Date