IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 378-5305 Mooresville Office (704) 660-3625 PERMIT # 243539

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

PIN # 4703869999.000

APPLICANT/OWNER: William Stanley APPLICANT ADDRESS: 3197 Hickory Hwy Statesville NC 28677

SITE ADDRESS: 3197 Hickory Hwy Statesville NC 28677 PHONE: 336-669-8587 ALT. PHONE 704-873-5141.

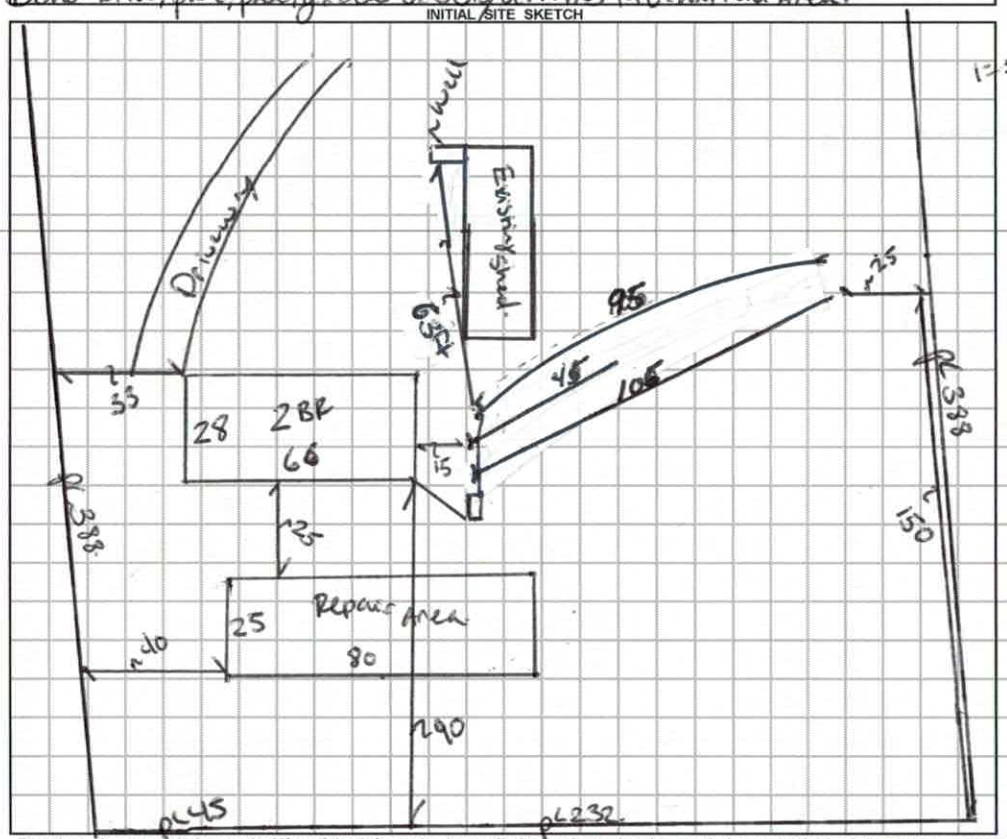
SITE DIRECTIONS: I-40 to OLD MTN RD Go on Hwy 70 Turn Right Property 1/4 mile down on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.050 Acres DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	4/30.	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction.			☐ Business	No. Persons	4	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	Pump 25% Reduction			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	3		Linear Ft	240	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)			18	Gravel Depth	—	☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the land and utilize Serial distribution. Maintain 50ft away from well (Not in use). Do not Drive, park, pave, grade or bury utilities in drainfield Area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Permitted.

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: Lila Stanley Date: 5-6-19 Installed by: Abiga Septic Grading

IMPROVEMENT PERMIT by: Benjamin D. Bottoms Date: 4/22/2019 OPERATION PERMIT by: Benjamin D. Bottoms Date: 7/31/2019

AUTHORIZATION TO CONSTRUCT by: Carlee C. Caul Date: 5-6-19 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 inpsector to confirm your inspection time.

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4763369

COUNTY: Iredell

3197 Hickory Hwy

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Stanley

ADDRESS: 3197 Hickory Hwy SVL NC

APPLICATION DATE 4/8/19

DATE EVALUATED: 4/16/19

PROPOSED FACILITY: SFR

PROPOSED DESIGN FLOW (.1949): 240

PROPERTY SIZE: 2.05 Acres

LOCATION OF SITE: 3197 Hickory Hwy SVL NC

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	Side 5%	0-7	SC GR	SS Sp FRSS	PS	45	—	Hem Cito FIRM 48	PS .5 Mx 33.
		7-35	C SBK	SS Sp FR					
		35-45	CL WSBK	SS Sp VFR					
		45-59+	LS Sp M	WS NP FM					
2	Side 5%	0-9	SC GR	SS Sp FR SEM	PS	33.	—		PS .25 Mx 21
		9-27	C SBK	SS Sp FR					
		27-33	CL WSBK	SS Sp FR					
		33-58	LC	FIRM					
3	Ridge top 3%	0-4	SC GR	SS Sp FR SEM	PS	31.	—	FIRM	PS .25 Mx
		4-31	C SBK	SS Sp FR					
		31-54	[illegible]	FM					
4	Ridge Top 3%	0-9	SC GR	SS Sp	PS	53	—	10YR6/6 Mottles.	PS .25.
		9-32	C SBK/HBK	SS Sp					
		32-53	CL SBK	SS Sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240 Lf.	240 Lf.
System Type(s)	~~AA~~ 25% G	~~AA~~ 25% P
Site LTAR	.25	.25

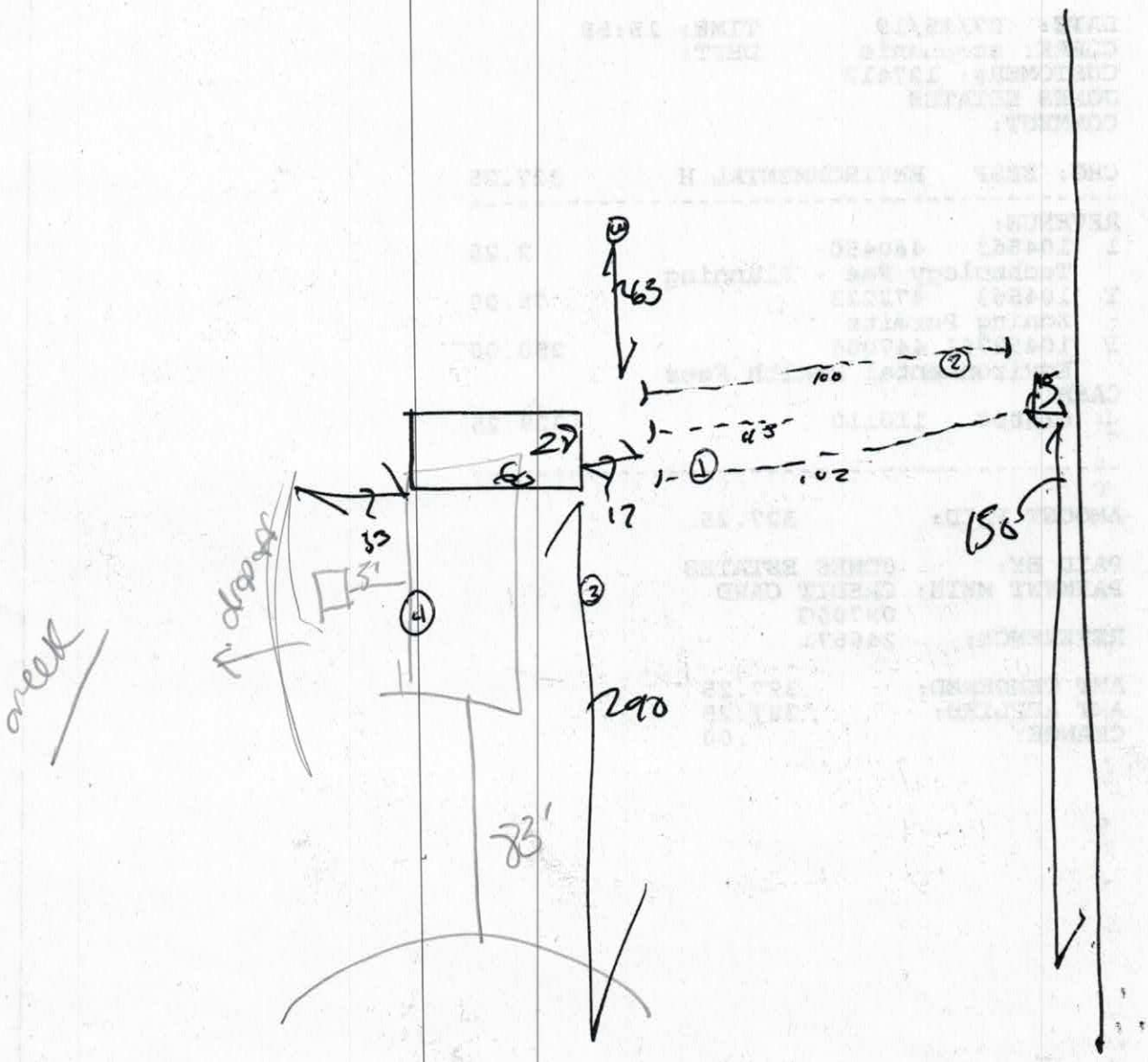
OTHER FACTORS (.1946): Firm Rock Controlled Sap.

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Bottins

OTHER(S) PRESENT:

COMMENTS:


4
163
100
2
43
27
1
102
68
17
53
150
3
5'
4
creek
290
83'

Please CALL prior to inspection

Name: William - Before going to site

336-669-8587

RECEIVED APR 8 - 2019

Paid $500.00

DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

243539

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: William Stanley Address: 3197 Hickory Hwy Statesville Zip: 28677

Applicant Email: wes_66@yahoo.com Phone: 336-669-8587 Alt. Phone: 704-823-5141

Owner Name: SAME Address: Same Zip: _____

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

Property Information:

Street Address: 3197 Hickory Hwy Statesvill NC. 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 to Old mt. Road turn (L) go to Hwy 70 turn Right. Property 1/4 mile down on Left across From Josey's Paint.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 2 MS (X) 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: _____ 4-8-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

336 240-8298.

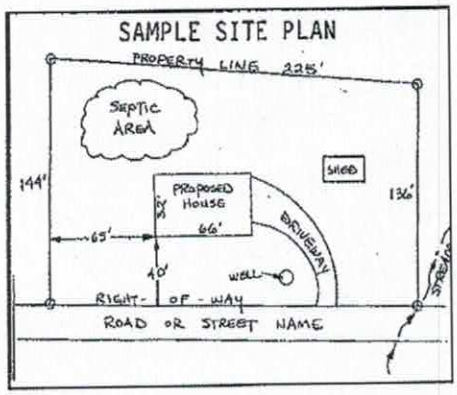
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

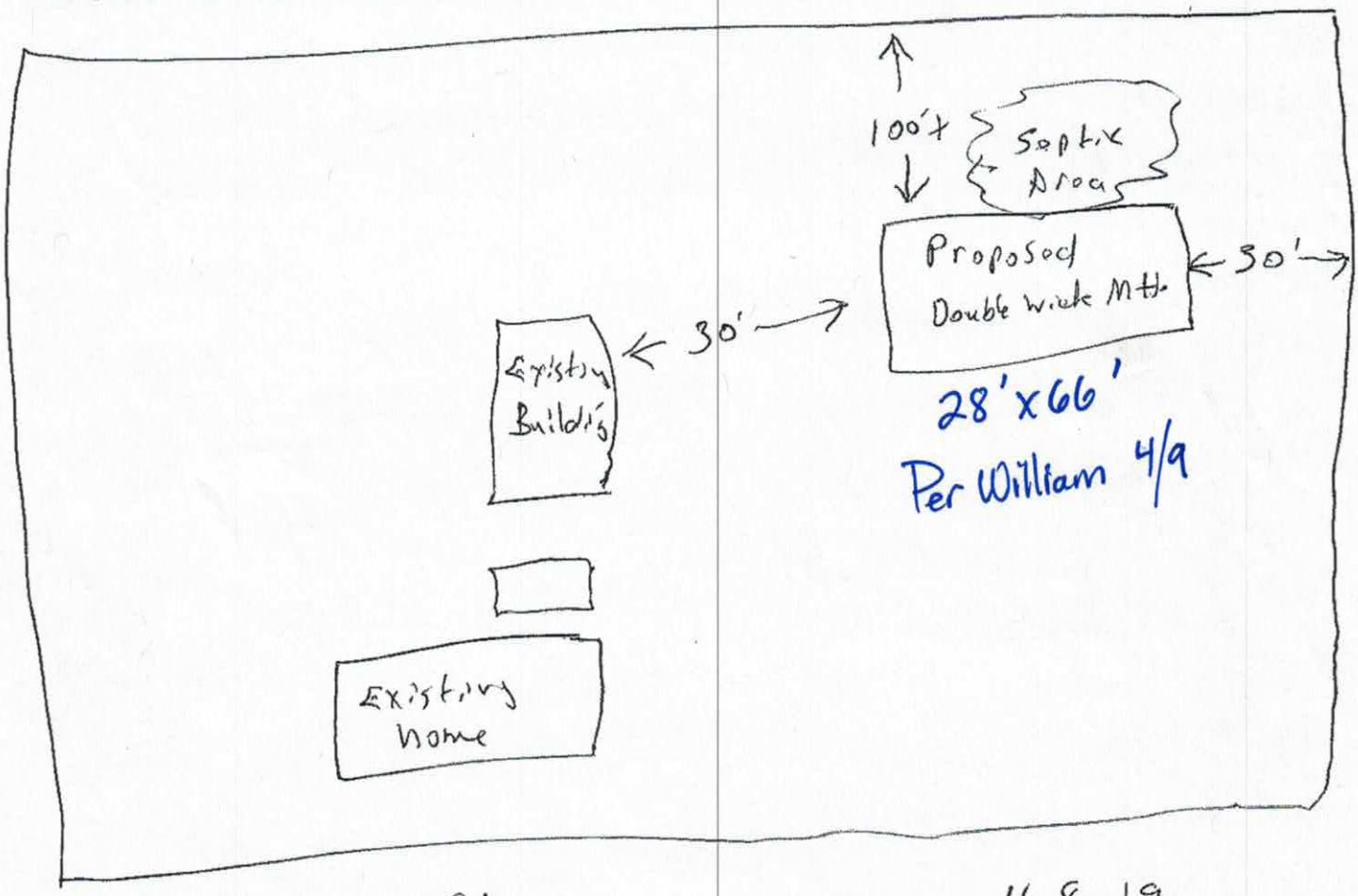


Circle N/A on the following if appropriate:

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

4-8-19
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*) William Stanley

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, William Stanley, am the legal owner(s) of the property located at 3197 Hickory Hwy Statesville NC. 28677, 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.

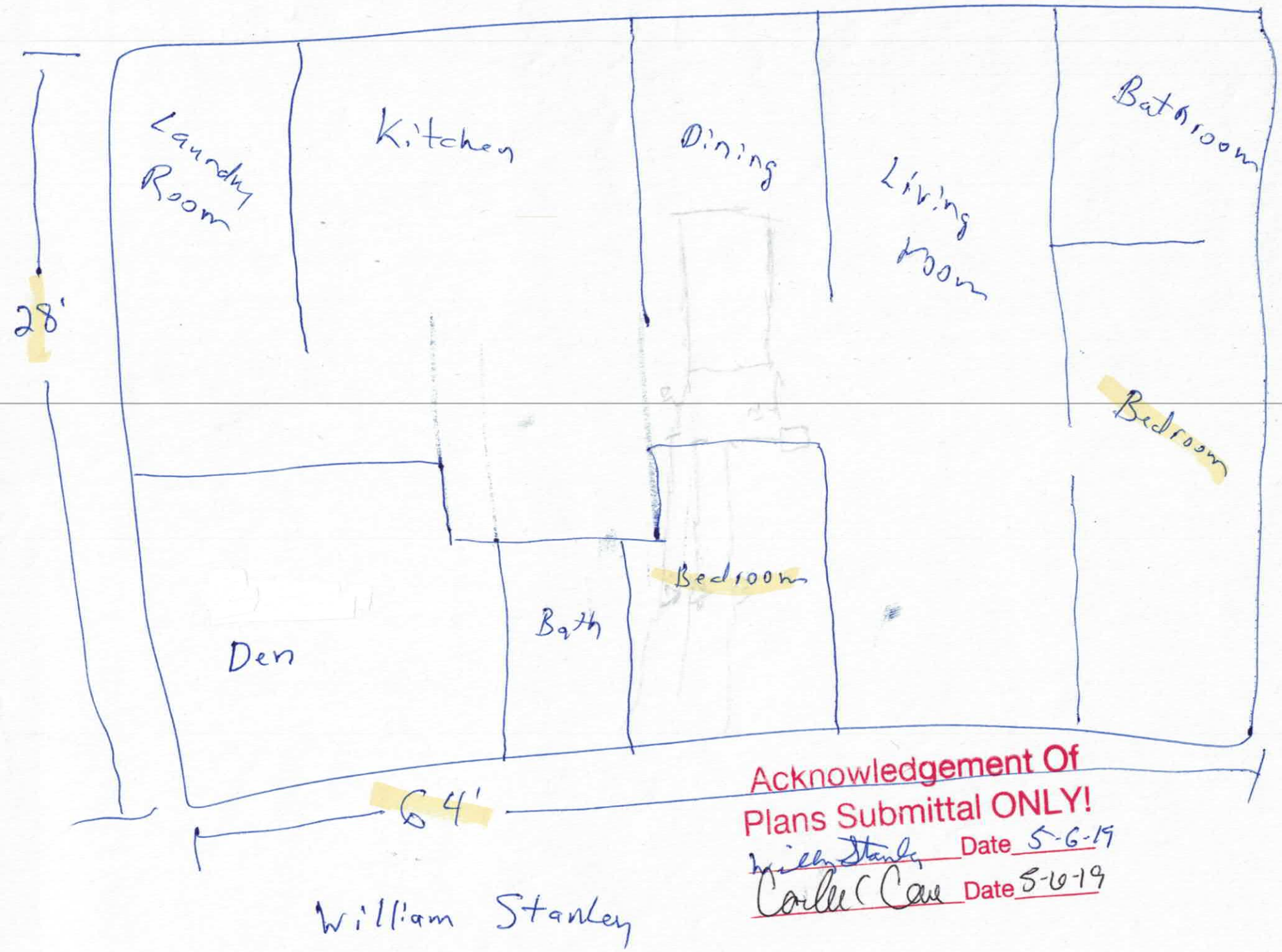
William Stanley
Signature of Owner(s)

4-8-19
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

28X64 3197 Hickory Hwy Statesville N.C. 28677



Acknowledgement Of
Plans Submittal ONLY!
by William Stanley Date 5-6-19
Carlie Cave Date 5-6-19

William Stanley

IREDELL COUNTY

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

APPLICATION NUMBER
243539
Issue Date: 04/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4703869999.000	3197 HICKORY HIGHWAY, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STANLEY WILLIAM E+MARIA	Applicant: STANLEY WILLIAM E+MARI
Address: 3197 HICKORY HWY	Address: 3197 HICKORY HWY
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MOBILE MH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.050					PACL	X

Remarks:

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

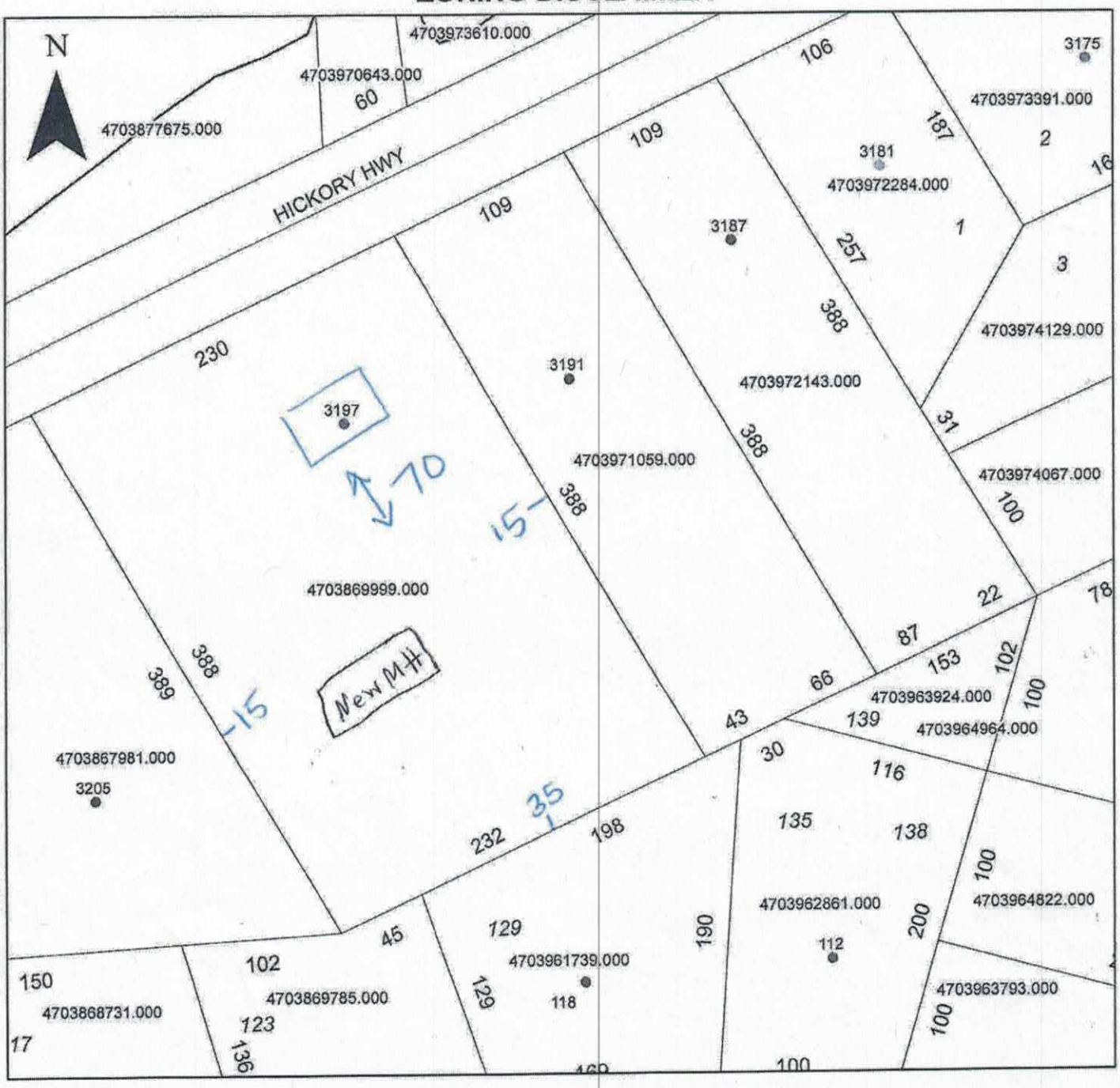
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	173266	TOTAL FEES:	$ 79.50

42638

ZONING DISCLAIMER



Property Address 3197 Hickory Hwy

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.

X [signature]
Applicant

X 4-8-19
Date