CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-329346

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

PIN # 4705 -- 41 --4197

APPLICANT/OWNER: ERIC K, ASCH APPLICANT ADDRESS: 138 SAINT CLAIR DRIVE, SAINT SIMONS ISLAND, GA, 31522

SITE ADDRESS: 239 ALPINE CIRCLE, STATESVILLE, N.C. 28625 PHONE: 949-275-4433 ALT. PHONE 951-741-8006

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN, (R) ON ALPINE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

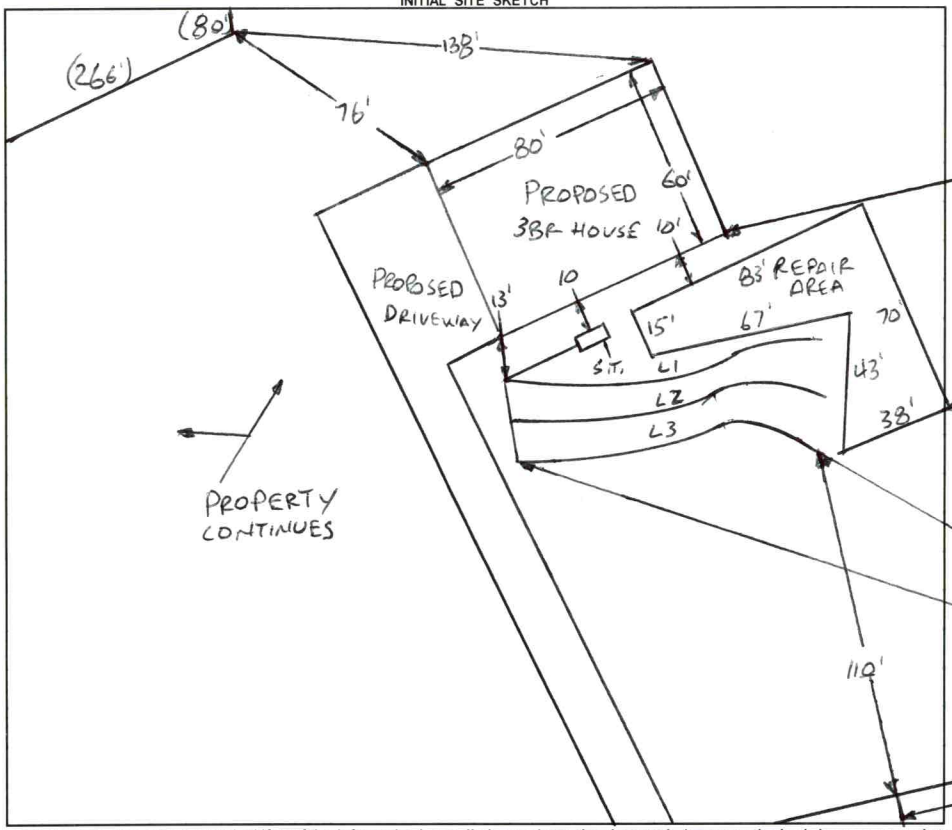
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 4.00 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	760	Date	7/30/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% REDUCTION			
Pump Make	–	Model		–	Serial #	–	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN		Gravel Depth	–	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees	–	☑ Public		
☑ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH DO NOT SHALLOW UP.

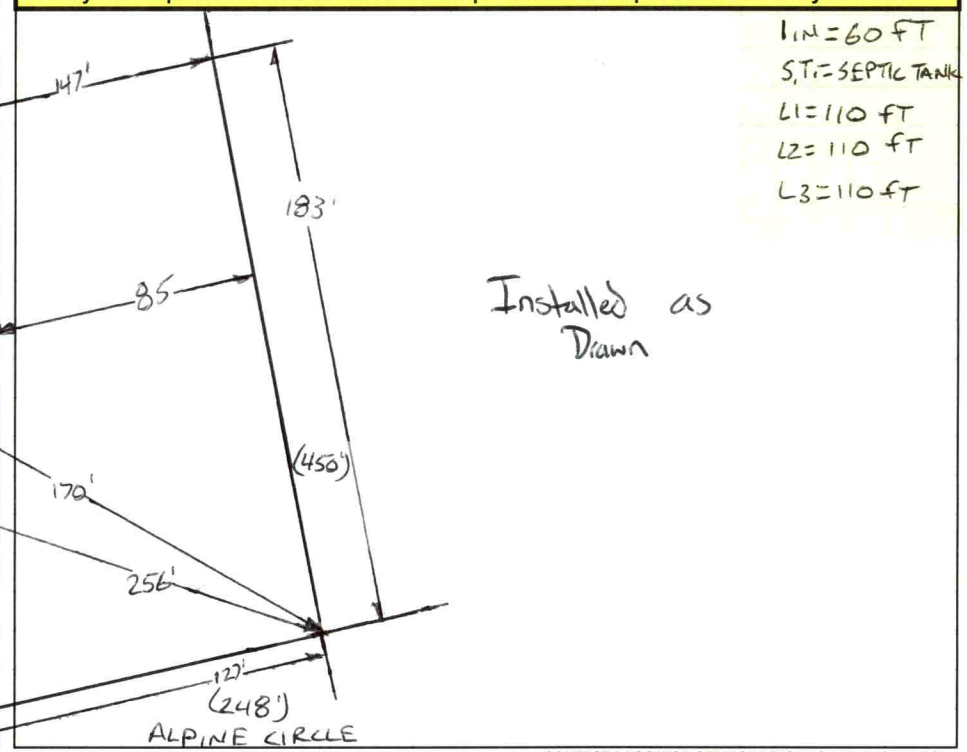
INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

1 IN = 60 FT
S.T. = SEPTIC TANK
L1 = 110 FT
L2 = 110 FT
L3 = 110 FT



Installed as Drawn

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: Eric K. Asch Date: 8-23-2022 Installed by: Lentz Wastewater

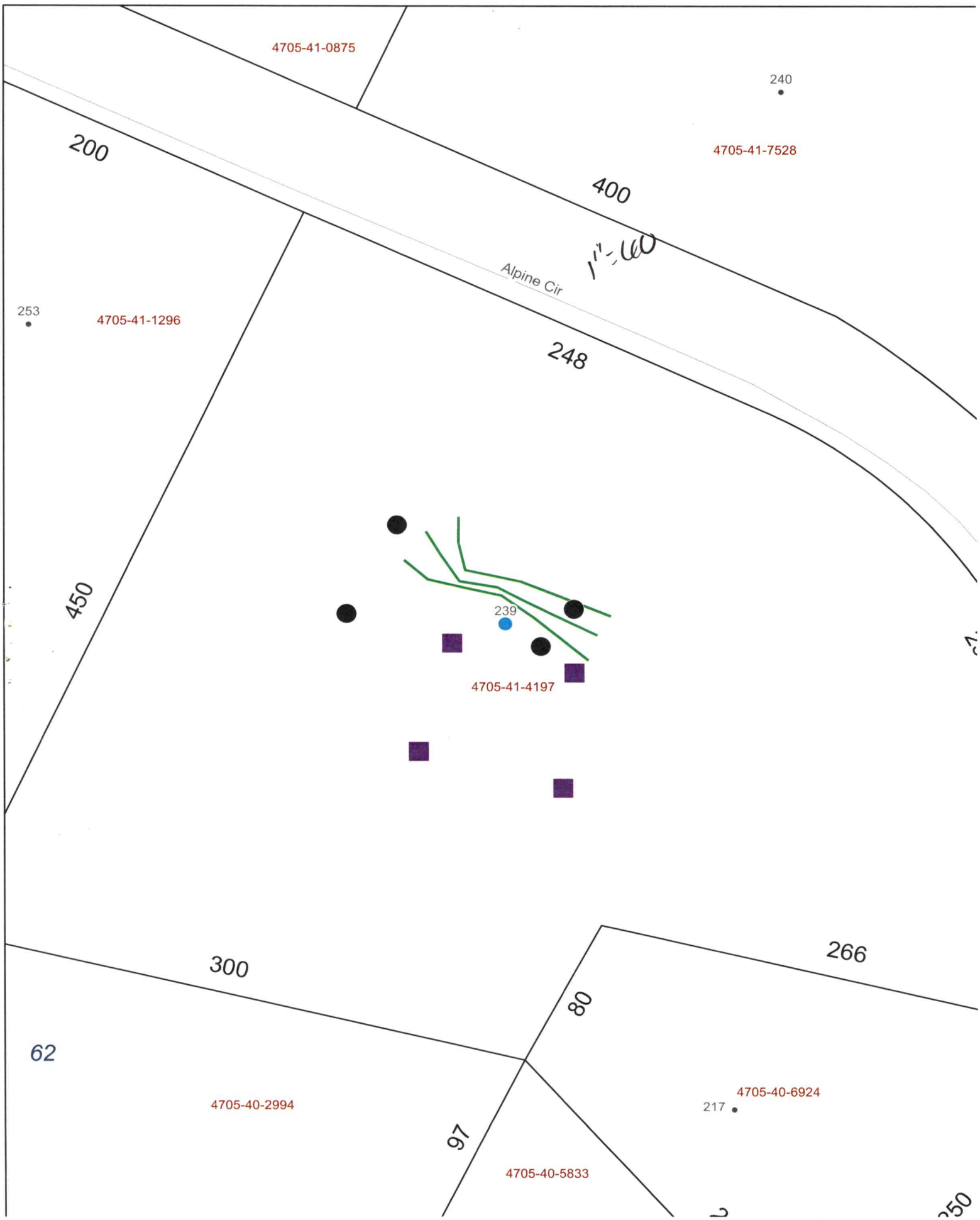
IMPROVEMENT PERMIT by: Burnt C. White Date: 7-13-2022 OPERATION PERMIT by: Cory Hill Date: 9/7/23

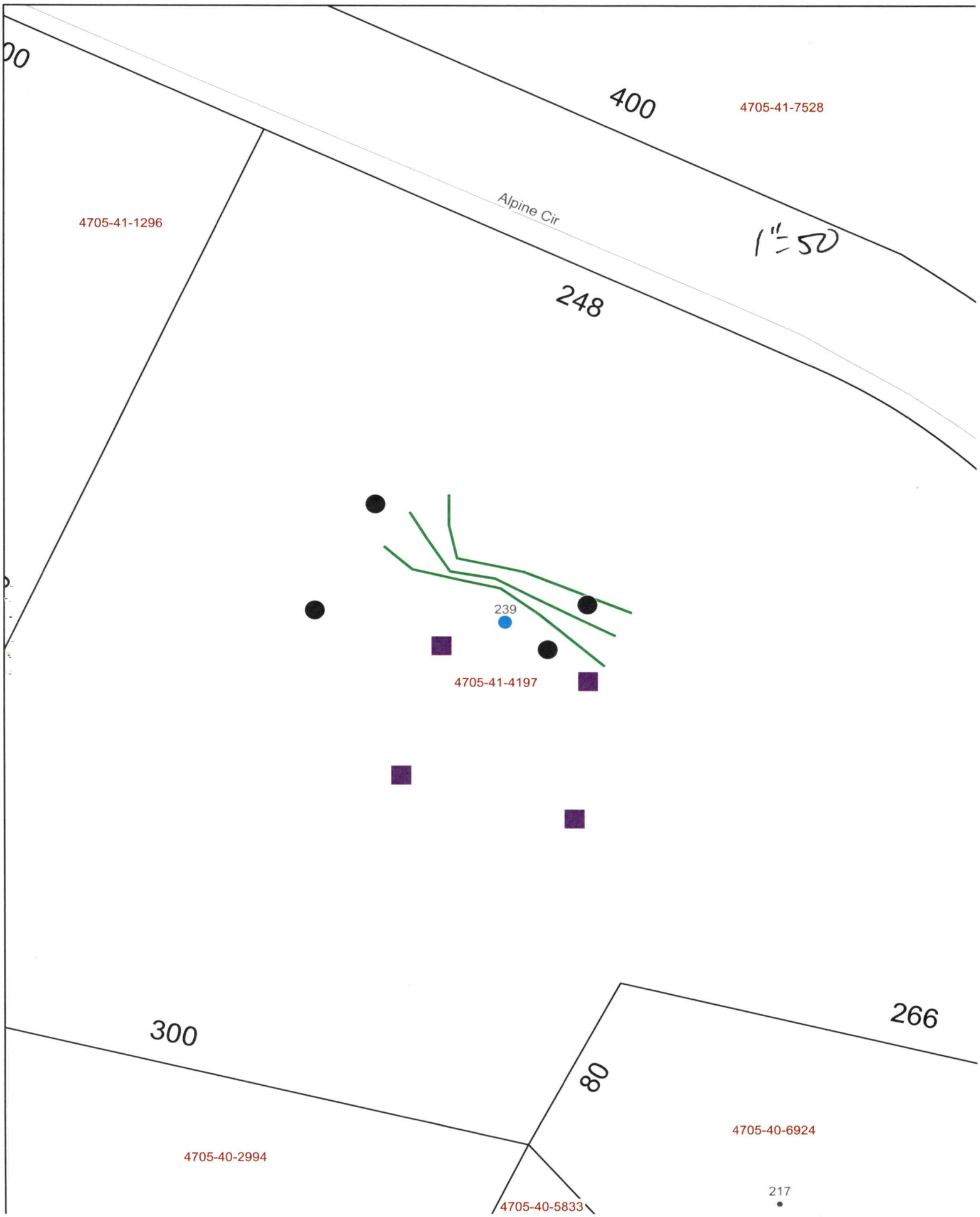
AUTHORIZATION TO CONSTRUCT by: Burnt C. White Date: 7-13-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4705-41-0875
240
4705-41-7528
200
400
1" = 60'
Alpine Cir
253
4705-41-1296
248
450
239
4705-41-4197
300
266
80
62
4705-40-2994
4705-40-6924
217
97
4705-40-5833


00
400
4705-41-7528
Alpine Cir
4705-41-1296
1"=50
248
239
4705-41-4197
300
80
266
4705-40-2994
4705-40-6924
4705-40-5833
217

RECEIVED JUN 02 2022

BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-329846 $500.00

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: ERIC K. ASCH Address: 138 ST. CLAIR DR S.S.I. GA Zip: 31522
Applicant Email: rickasch031@yahoo.com Phone: 949 275-4433 Alt. Phone: 951-741-8006
Owner Name: ERIC K. ASCH Address: 138 ST. CLAIR DR S.S.I. GA Zip: 31522
Owner Email: rickasch031@yahoo.com Phone: 949-275-4433 Alt. Phone: 951-741-8006

Property Information:

Street Address: 239 ALPINE CIR. STATESVILLE N.C. 28625

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

Driving Directions: _____

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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) City Water ( ) 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: Eric K Asch
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

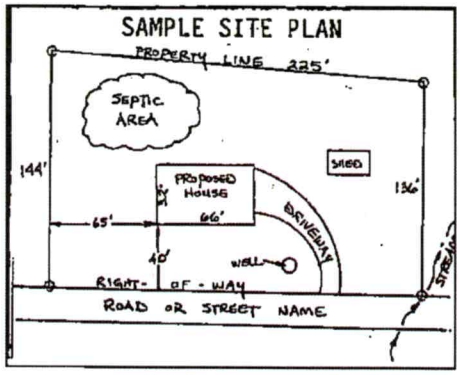
06/01/2022
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

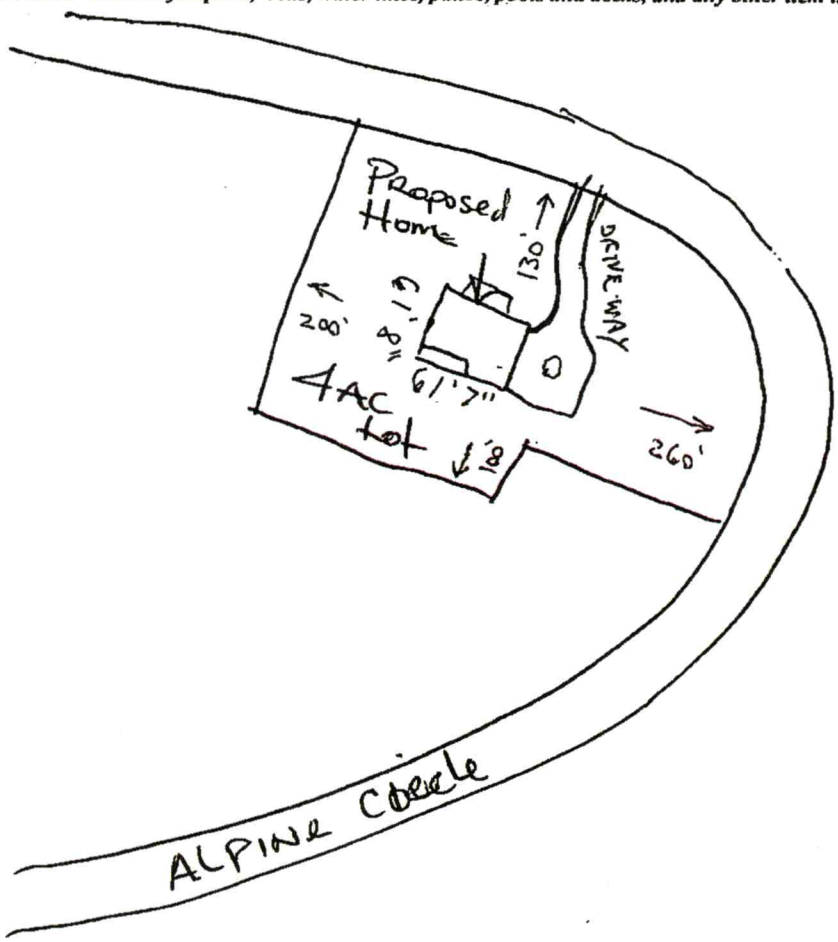
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: Eric K. Cash
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

06/01/2022
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*) Eric K. Asch

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, ERIC K. ASCH, am the legal owner(s) of the property located at 239 ALPINE CIRCLE, STATESVILLE N.C., identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JAY DURST, _____, 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.

Eric K. Asch
Signature of Owner(s)

06/01/2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

E.A. **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

E.A. **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

E.A. **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

E.A. **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

E.A. **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Eric K. Cash **Date** 06/01/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

APPLICATION NUMBER
329346 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705414197.000	239 ALPINE CIR	Iredell County

Owner Information	Applicant Information
Name: ASCH ERIC K+COLLEEN M	Name: ASCH ERIC K+COLLEEN M
Address: 138 ST CLAIR DR	Address: 138 ST CLAIR DR
SAINT SIMMONS ISLAND , GA 31522	SAINT SIMMONS ISLAND, GA 31522
Phone: (949)275-4433	Phone: (949)275-4433

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4	35	35	15	15	N/A	NO

Remarks
SFD

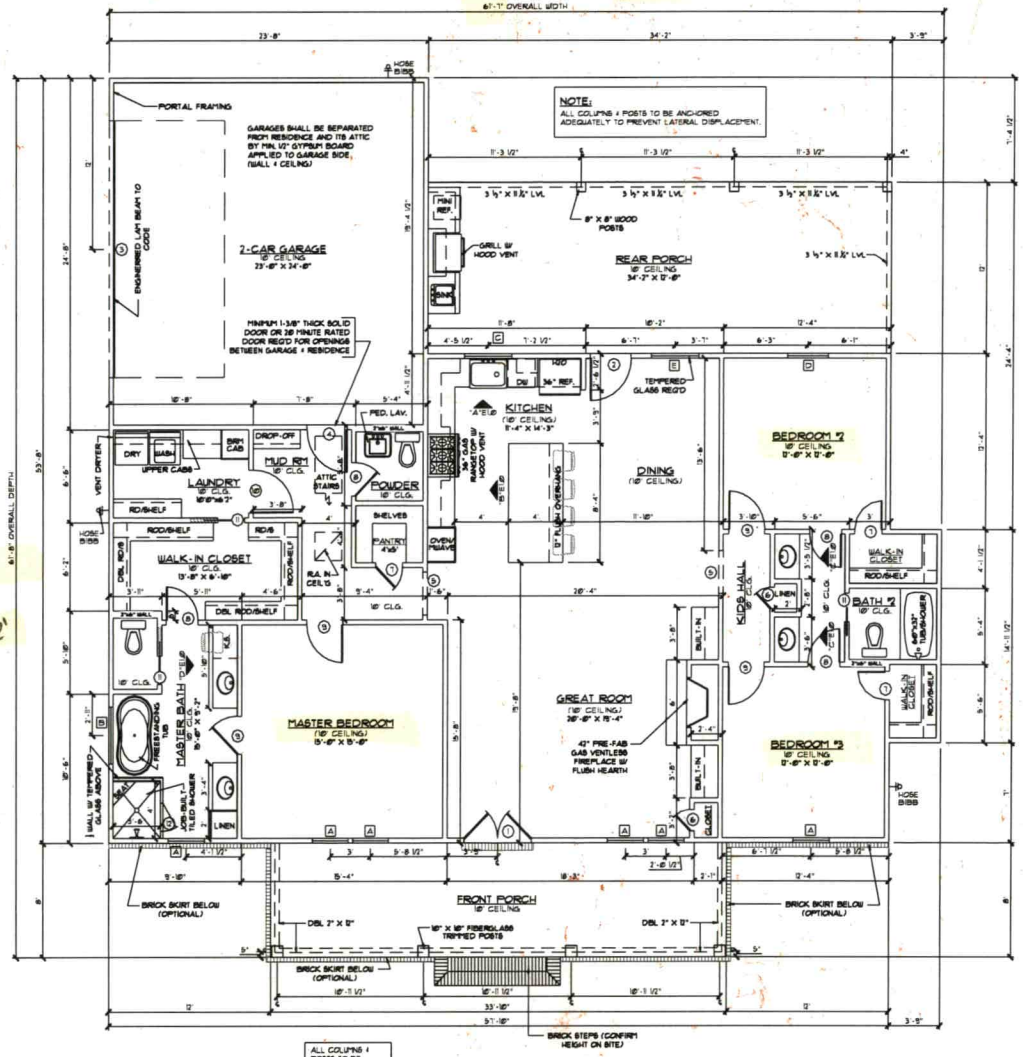
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 06/02/2022

Signature of Owner/Contractor

Permit Number	329346	TOTAL FEES:	

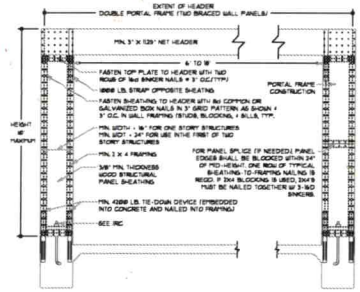
239 Alpine Circle -SVL



FLOOR PLAN
SCALE: 1/4" = 1'-0"

DOOR SCHEDULE			
MARK	SIZE	DESCRIPTION	QTY.
1	DBL. 2'-6" X 8'-0"	EXTERIOR 4 LITE 3/4 FRENCH SOLID WOOD DOORS	1 PAIR
2	3'-0" X 8'-0"	EXTERIOR 4 LITE FULL FRENCH WOOD DOOR	1
3	16'-0" X 8'-0"	EXT. O.H. METAL INSUL. GARAGE DOOR W/ DOOR OPENER	1
4	3'-0" X 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
5	3'-0" X 8'-0"	CASED OPENING	2
6	16'-0" X 8'-0"	INTERIOR HORIZONTAL PANEL H.C. MASONITE DOOR	2
7	2'-8" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	3
8	2'-4" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
9	2'-8" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
10	3'-0" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
11	2'-6" X 8'-0"	INT. HORIZONTAL 3 PANEL H.C. MASONITE POCKET DOOR	3
12	2'-8" X 6'-8"	TEMPERED FRAMELESS GLASS SHOWER DOOR	1

WINDOW SCHEDULE			
MARK	OPENING SIZE	DESCRIPTION	QTY.
A	2'-8" X 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	6
B	4'-0" X 4'-0"	DBL. 2 LITE VINYL CASEMENT WINDOW INSULATED	1
C	3'-6" X 4'-0"	DBL. 2 LITE VINYL CASEMENT WINDOW INSULATED	1
D	3'-0" X 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	1
E	3'-6" X 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	1
F	2'-0" X 3'-6"	4 LITE VINYL FIXED WINDOW INSULATED (SEE SHEET A2.0)	1



GARAGE PORTAL DETAIL
NOT TO SCALE

IMPORTANT NOTE:
ALL EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS MUST HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQUARE FEET. GRADE FLOOR WINDOWS MAY HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. THE MINIMUM NET CLEAR OPENING HEIGHT SHALL BE 24". THE MINIMUM NET CLEAR OPENING WIDTH SHALL BE 20". MAXIMUM SILL HEIGHT - 44" AFF.

SQUARE FOOTAGE	
LIVING	1924
FRONT PORCH	271
REAR PORCH	410
GARAGE	574
TOTAL SQ. FT.	3179

CONTRACTOR TO LOCATE WATER HEATER + A/C UNITS ON SITE

Acknowledgement Of
Plans Submittal ONLY!
Eric K. Au Date 8-2
Date
Bryant C. Miller 7-13-2022

MADDEN HOME DESIGN, LLC NOT BEING ARCHITECTS, LICENSED ENGINEERS, PLANNERS NOR LANDSCAPE ARCHITECTS, AND DOES NOT PERFORM ARCHITECTURAL DESIGN. INTEGRITY, ADEQUACY AND COMPLETENESS OF PROJECT PLANS ARE CONTRACTOR'S RESPONSIBILITY. ALL DIMENSIONS ARE TO BE CONFIRMED IN THE FIELD BY CONTRACTOR. CONTRACTOR IS RESPONSIBLE FOR ENSURING THAT ALL CONSTRUCTION AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET. ANY DISCREPANCIES OR OMISSIONS NOTED ON THESE PLANS SHOULD BE BROUGHT TO THE ATTENTION OF THE DESIGNER PRIOR TO CONSTRUCTION. FAILURE TO DO SO WILL BE CONSIDERED AN ACCEPTANCE OF THE PLANS AS DRAWN AND NOT THE RESPONSIBILITY OF THE DESIGNER. CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2018

RESIDENCE OF
RICK ASCH

Project

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

A|BD

Project No.: HONEYSUCKLE
DATE: MAY 11, 2022
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

COPYRIGHT NOTE: © These Plans Are Subject To Federal Copyright Laws And Are To Be Used For The Lot Number And Subdivision Indicated In This Title Block Only. Use On Any Other Site Is Prohibited.

QC COPY CUT 9099

Sheet Title: FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet: A1.0