IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23759|

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

PIN # 4765574909

APPLICANT/OWNER: Billy J. Blankenship APPLICANT ADDRESS: 3 linker lane, Stony Point

SITE ADDRESS: 278 Trailway Dr, Statesville PHONE: 828-461-5397 ALT. PHONE —

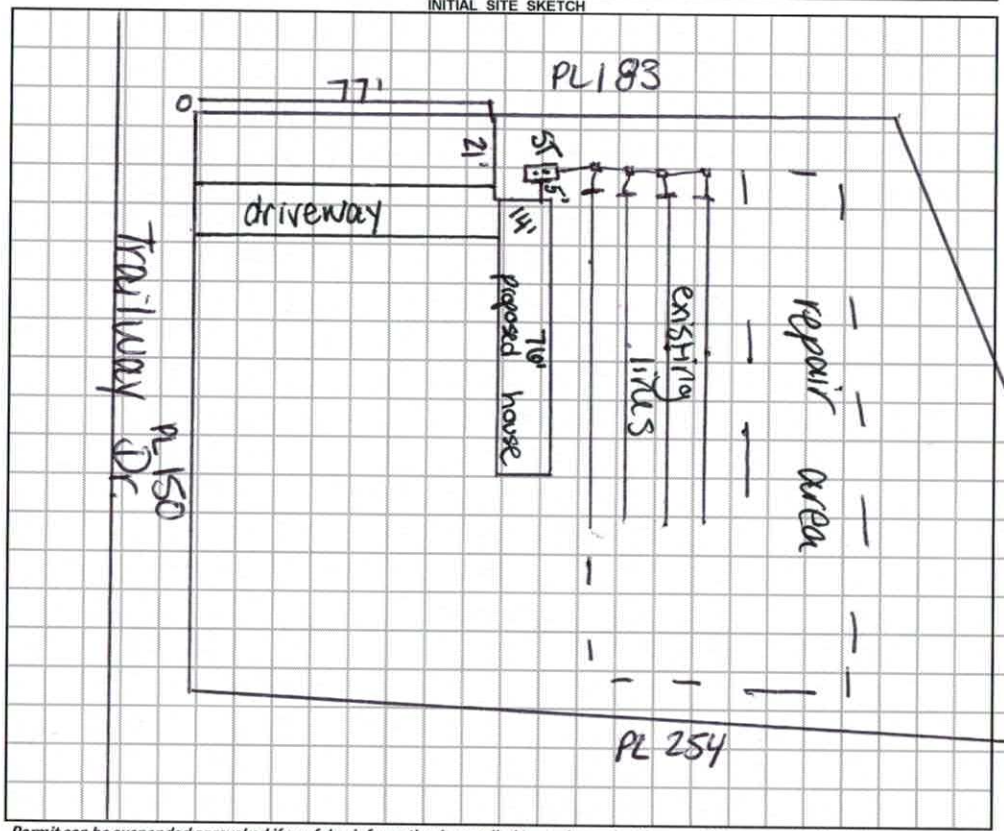
SITE DIRECTIONS: I-40/90 W → L on Lippard Farm → R on Happy Acres Dr → L on Trailway → on left SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Casa Grande SECTION: P2 LOT # 2 LOT AREA: .79ac DESIGN FLOW: 360 gpd L.T.A.R.: .25 (ext)

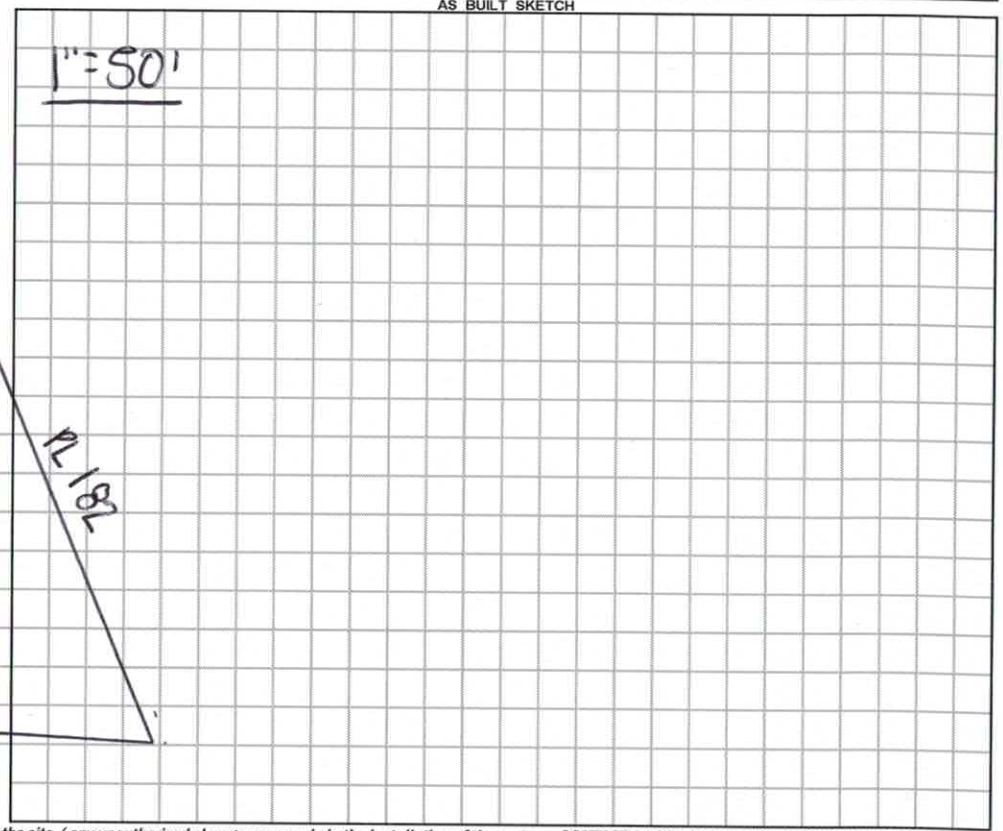
Septic Tank	1000	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description: existing					☐ Business	No. Persons	6	☐ Private	
Pump Make		Model	existing		Serial #		Repair System Description:					☐ Other	No. Employees		☒ Public	
# Nitrification Fields		# Lines			Linear Ft	360	Maintenance Agreement Required:		☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth				☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Maintain minimum 5' setback from any part of septic 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: Billy Blankenship Date: 8-3-18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Carl Date: 8/3/18

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 JUL 2 6 2018

237591

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Paid $250.00

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: Billy J Blankenship Address: 3 linker lane, Stony Point Zip: 28678
Applicant Email: _____ Phone: 828 461 5397 Alt. Phone: _____
Owner Name: Billy J Blankenship Address: 3 linker lane, Stony Point Zip: 28678
Owner Email: _____ Phone: 828 461 5397 Alt. Phone: _____

Property Information:

Street Address: 278 trailway Dr, Statesville NC
Subdivision Name: #2 CASA GRANDE Section/Phase: 2 Lot Number: 2
Driving Directions: 90 west down 64/70, Left onto lippard farm, Right onto happy acres, take 2 lefts and your there.

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

( ) 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
( ) 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 ( ) Other Public Source

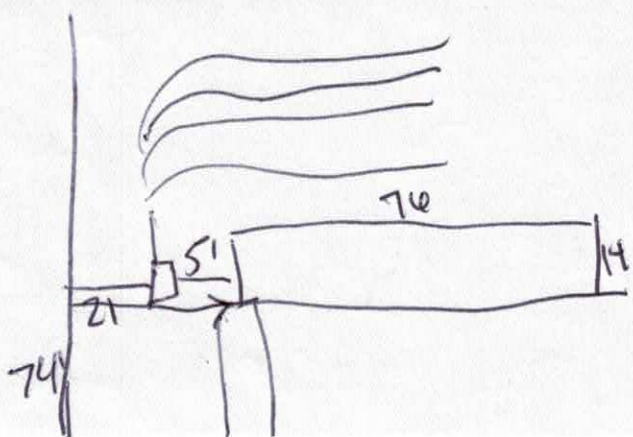
PAID 7/26

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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Billy J Blankenship 7-17-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



brings Ronda floor plans

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)* Billy Blankenship

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, _____, am the legal owner(s) of the property located at _____, 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.

Billy Blankenship
Signature of Owner(s)

7-12-18
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

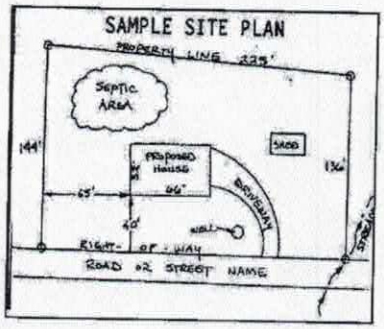
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

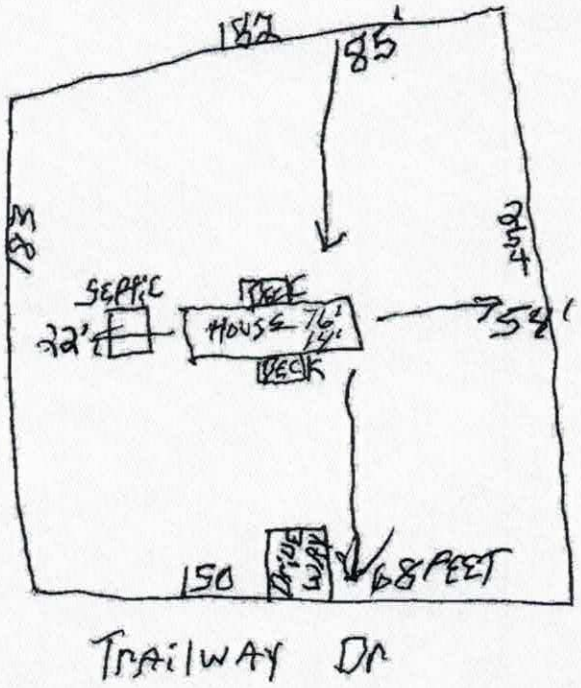


Circle N/A on the following if appropriate:

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

7-17-18
DATE

pd 125 11-10-97

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 070176 DATE 11-8-97 TAX MAP NO. 4705 57 4909 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR ERNEST RUNGE PHONE: Business Home 872-6645

ADDRESS 374 LONG ISLAND RD, STATESVILLE, NC 28677

LOCATION US 64 W, TL LIPPARD FARM, TR HAPPY ACRES, TL TRAILWAY, BEAR (L) 2ND LOT ON LEFT

SUBDIVISION CASA GRANDE BLOCK / SECTION II LOT 2 LOT AREA 34,358 FT SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 821 Date 10-27-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CHAMBERED GRAVITY

Repair System Description: CHAMBERED GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No Panels

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

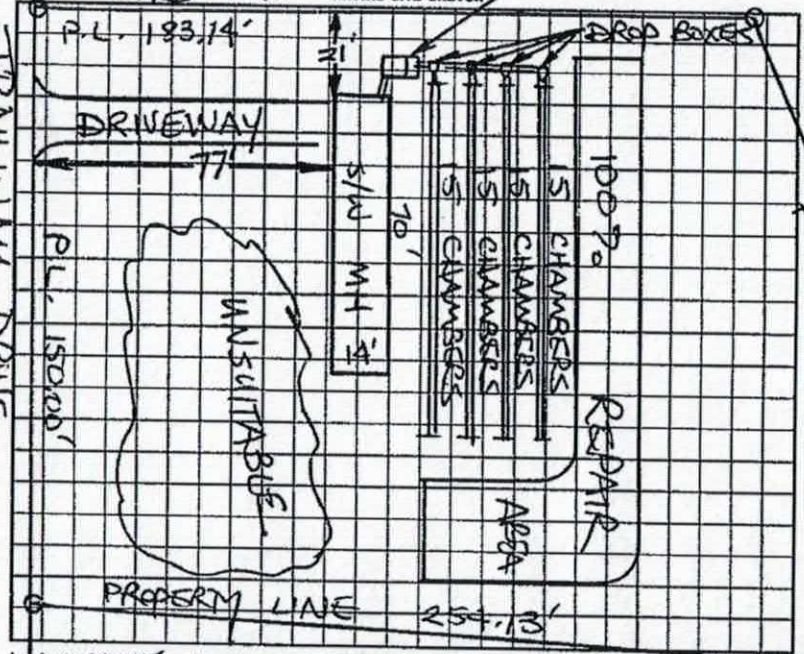
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

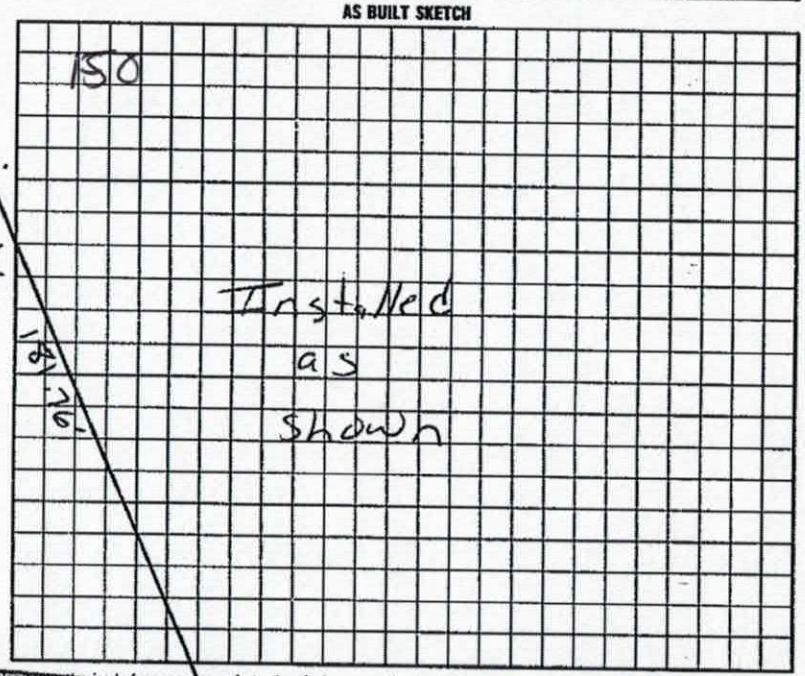
Comments: ① INSTALL SIXTY CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR ② SOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS.

Comments:

SCALE: 1"=40' INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 11-8-97

~~Existing System Inspection~~ AUTH. TO CONST. by: STEVE HEDRICK date 11-8-97

Installed by: G & M Enterprises

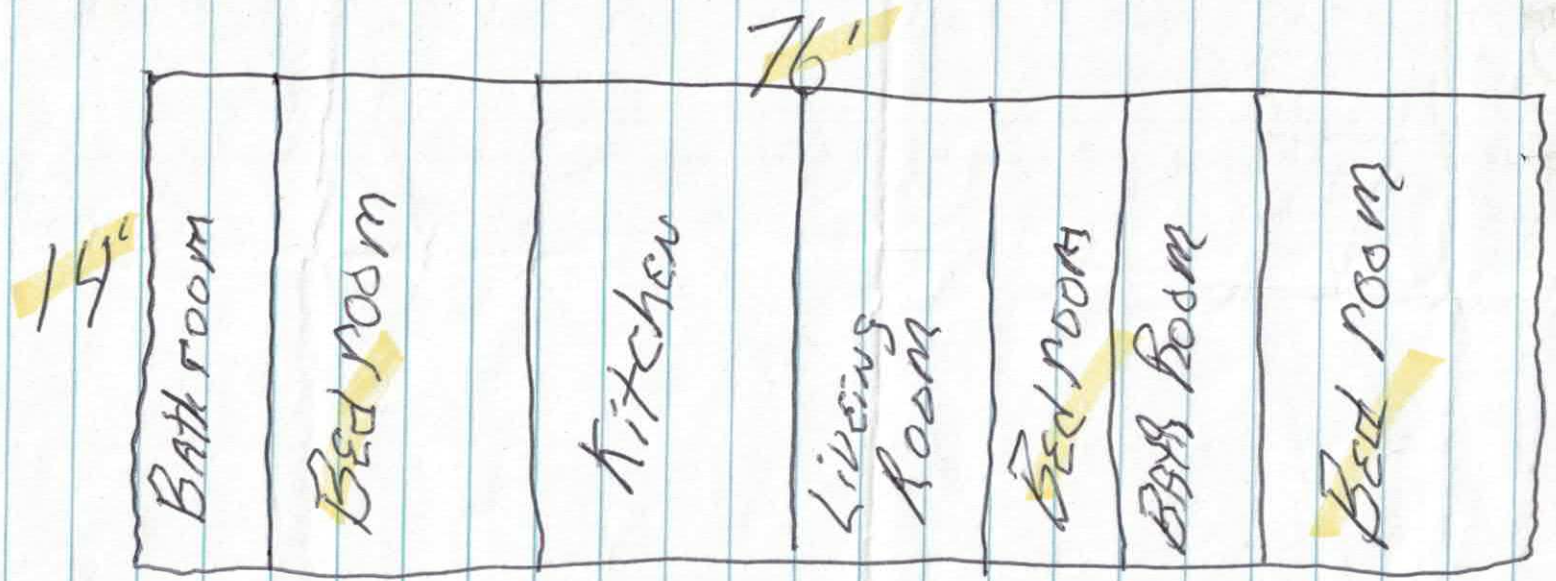
~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: Mark C. Outlaw date 12-17-97

HEALTH DEPT COPY, WHITE | INSPECTION COPY (FINAL), GREEN | OWNER COPY (FINAL), YELLOW | INSPECTION COPY (INITIAL), PINK | OWNER COPY (INITIAL), GOLD

0024231

278 TRAILWAY DR.



Acknowledgement Of
Plans Submittal ONLY!
Carlen C. Cone Date 8/13/18
Billy Blakely Date 9/3/18

IREDELL COUNTY

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

APPLICATION NUMBER
237591
Issue Date: 07/26/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4705574909.000	278 TRAILWAY DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BLANKENSHIP BILLY JO+DEBRA	Applicant: BLANKENSHIP BILLY JO+D
Address: 3 LINKER LANE	Address: 3 LINKER LANE
STONY POINT, NC 28678	STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
SINGLEWIDE REPLACEMENT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.790	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID

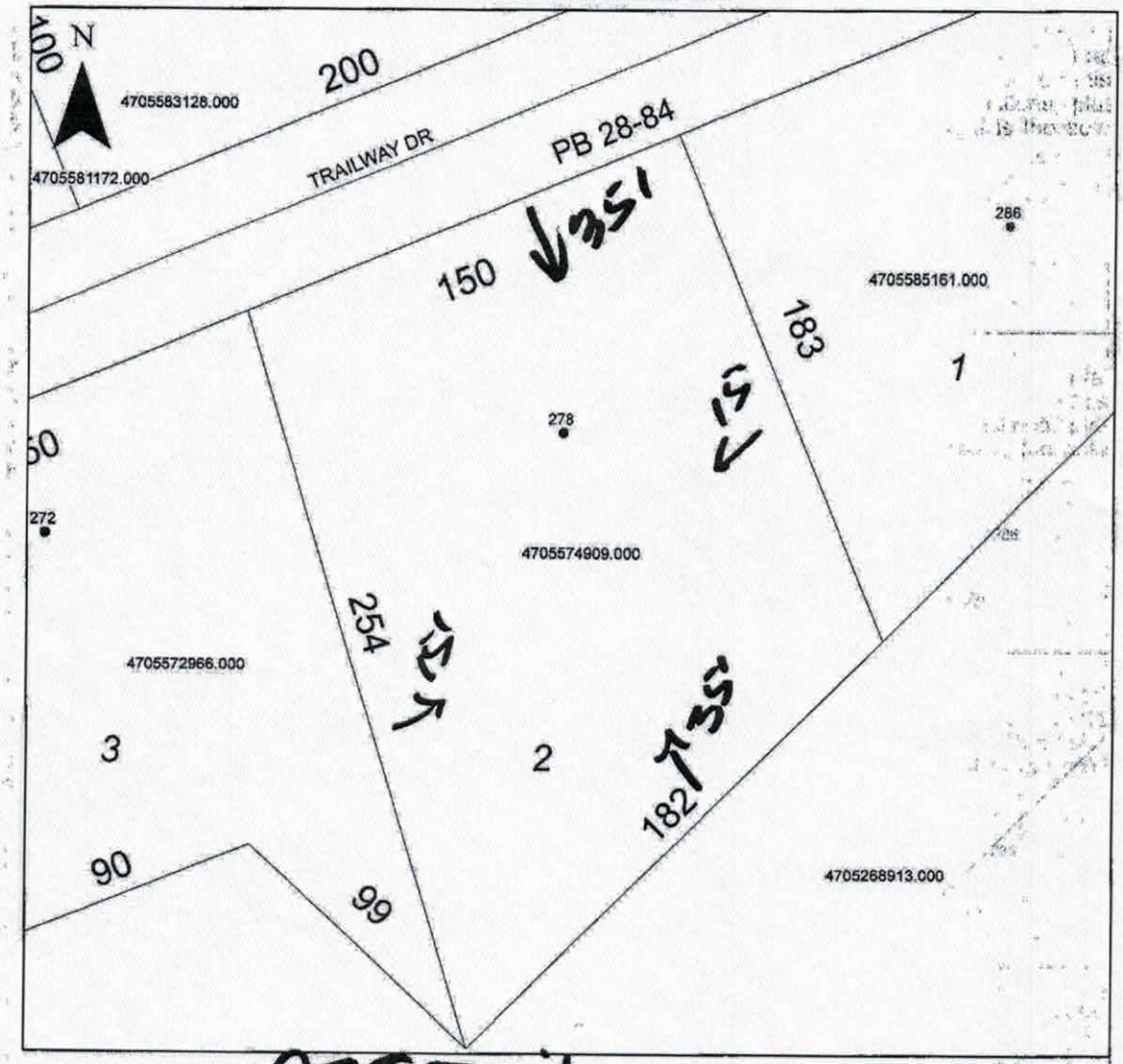
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have 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: See Attached Date: _____

Permit Number	146996	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 276 Trailway

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.

Billy Blackwelder
Applicant

7-26-18
Date