ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-311078

PIN # 4706 - 76 - 0984

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

APPLICANT/OWNER: MILDRED J. BOWLING/DENTON MELVIN | APPLICANT ADDRESS: 183 ETHEL LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 189 COLFAX ROAD, STATESVILLE, N.C. 28625 | PHONE: 980-223-2587 | ALT. PHONE 336-347-9578

SITE DIRECTIONS: (N) ON 90, (R) ON SCOTTS CREEK, (L) ON LOGAN NEW AMITY, (R) ON COLFAX, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

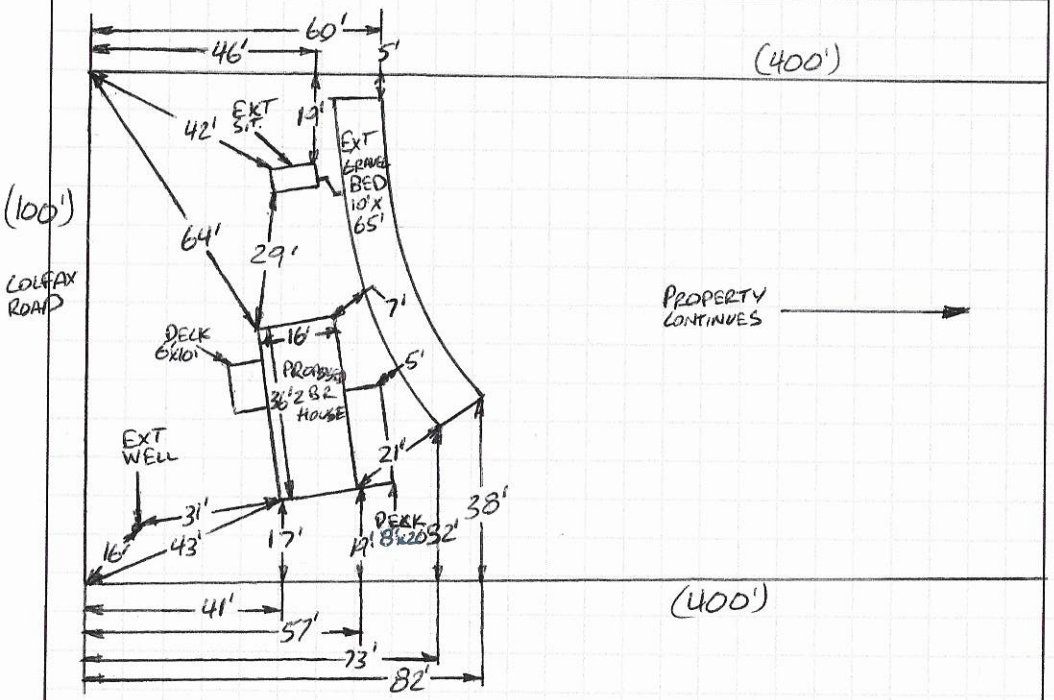
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.92 AC | DESIGN FLOW: 240GPD | L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING	☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description:	—	☐ Other	No. Employees —
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: SYSTEM FUNCTIONING AT TIME OF INSPECTION

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 = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Mildred J Bowling | Date: 3/15/21 | Installed by: —

IMPROVEMENT PERMIT by: — | Date: — | OPERATION PERMIT by: — | Date: —

AUTHORIZATION TO CONSTRUCT by: — | Date: — | Existing System Inspected by: Burkett C. White | Date: 11-6-2020

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

RECEIVED SEP 2 1 2020 AP-311078 $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Mildred J Bowling Address: 133 Ethel Lane Statesville NC Zip: 28625
Applicant Email: 5c2.6745@gmail.com Phone: 980 333 2557 Alt. Phone: 336 347-4578
Owner Name: Darren Melvin Address: 850 Gallus Rd Mooresville NC Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 159 Colfax Rd 189 Colfax Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Scotts Creek to Amity Lugan which turns into Colfax Rd

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: 1
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) 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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1971
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

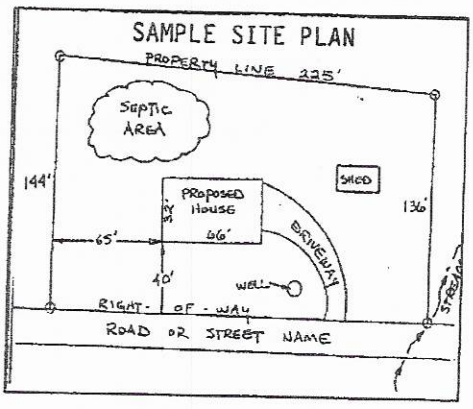
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: Mildred J Bowling 9/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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:

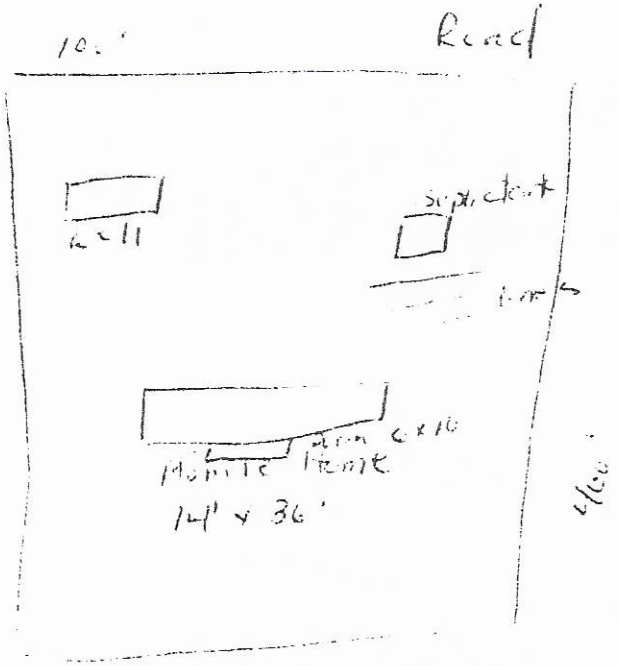
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

9/21/2020
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Denton Melvin, am the legal owner of the property located at 169 Calbex Rd, identified as PIN(Parcel Identification Number) 4706-74-0984-000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Mildred Bowlin, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Denton Melvin — Signature of Owner — 9-11-20 — Date

Carol Wade — Signature of Witness — 9/11/20 — Date

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

or

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

FINAL

*STRETCHED 4' IN MBR ✓
*OMIT LINO + CARPET T/O ✓
*OMIT BLINDS T/O ✓

*OMIT SHUTTERS T/O ✓
*DISHWASHER PREP ✓
*OSB W/HOUSE WRAP ✓
*WHITE APPLIANCE PKG ✓

FACTORY SELECT - M. BOWLING
*OMIT SID VALANCES + RODS ✓

36'

*SHIPLOOSE: ✓
>MBATH MIRROR ✓
>M CLOSET SH
>SHELF OVER W

Front Door Facing Road

13'-4"



Back Door facing Woods

23-9432 072720
1 BEDROOM 1 BATH
36'-0" x 13'-4"
480 SQ. FT. TOTAL

Acknowledgement Of Plans Submittal ONLY!

Mildred Bowling Date 10/14/1955

Bryant L. White Date 11-6-2020

CHAMPION
MANUFACTURED BEAUTIFULLY™
755 W. BIG BEAVER ROAD, SUITE 1000 TROY, MI 48084
PHONE: 248-614-8200

MODIFICATIONS:

8/3/2020 | 2:28 PM MST

DocuSigned by: Mildred Bowling 6EAC1BB59[illegible]A45C...

PROJECT: 23-9432 072720 13'-4" x 36' 1BD 1BTH
DRAWN BY: RJENNIS
DATE: 07-27-20
SCALE: 3/16" = 1'-0"

TITLE: LITERATURE PLAN
FILENAME: 23-9432 072720

SHEET: L-101

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE SOLELY PROPRIETARY AND CONFIDENTIAL PROPERTY OF CHAMPION
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DocuSign Envelope ID: F1D84563-2B41-49C0-8DDF-23FA8BDB2AD1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311078 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706760984.000	189 COLFAX RD	Iredell County

Owner Information	Applicant Information
Name: MELVIN DENTON B Address: Phone:	Name: MELVIN DENTON B Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.92	35	35	15	15		NO

Remarks
SFD 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.

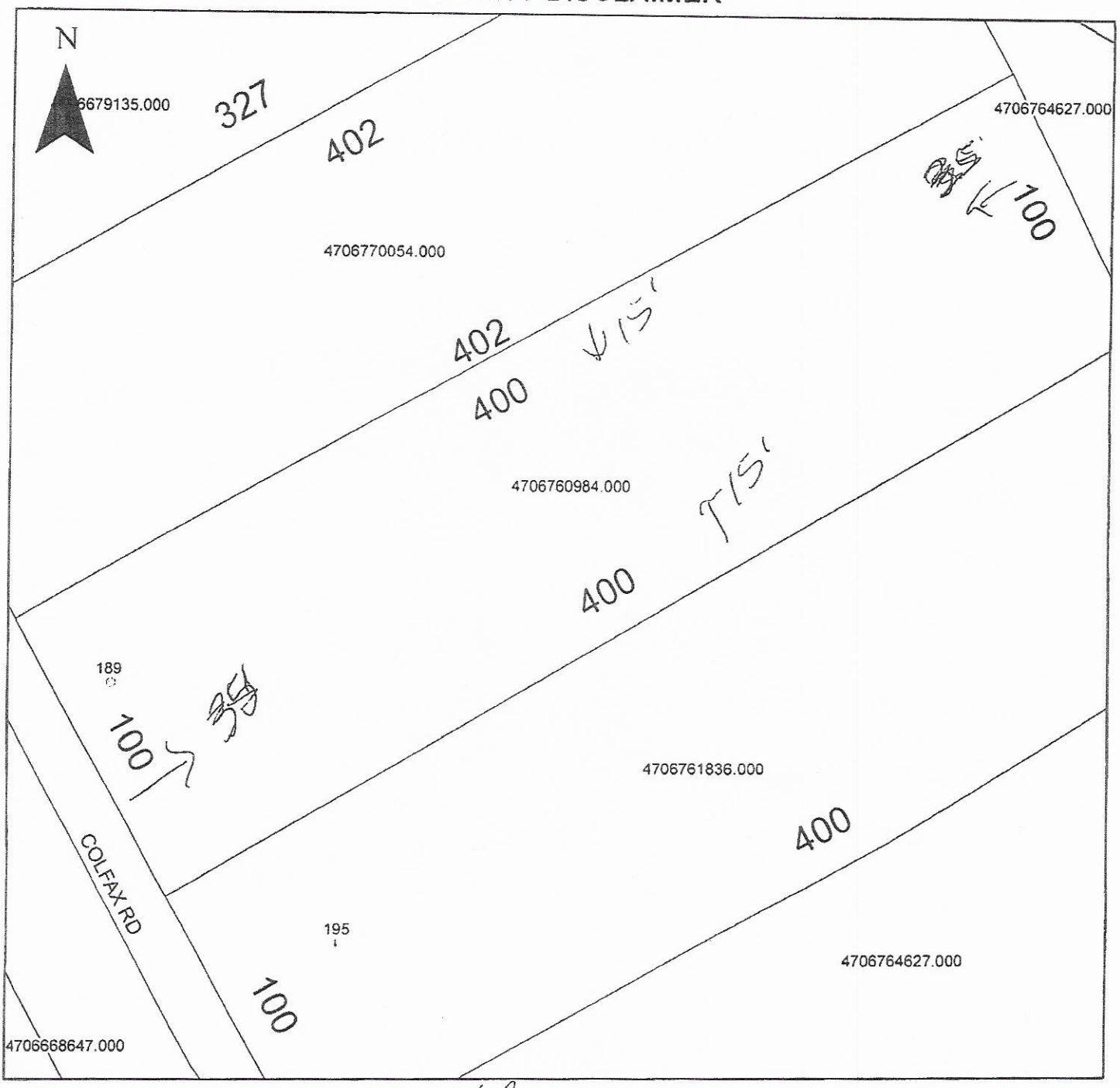
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 09/21/2020

Signature of Owner/Contractor

Permit Number	311078	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 189 Colfax

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

Date