IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232198

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

PIN # 4710911155

APPLICANT/OWNER: Pinnacle Builders APPLICANT ADDRESS: 127 Promonade Dr.

SITE ADDRESS: 306 Clark Cove Rd. Statesville, NC PHONE: 704-361-1084 ALT. PHONE —

SITE DIRECTIONS: State Park Rd → L on Clark Cove Rd → lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Old Homestead I SECTION: — LOT # 19 LOT AREA: 1.049 ac DESIGN FLOW: 360 gpd L.T.A.R.: —

Septic Tank 1000 (gal) STB Infiltrator 1060 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft.

Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description:

Repair System Description: existing + tank replacement

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

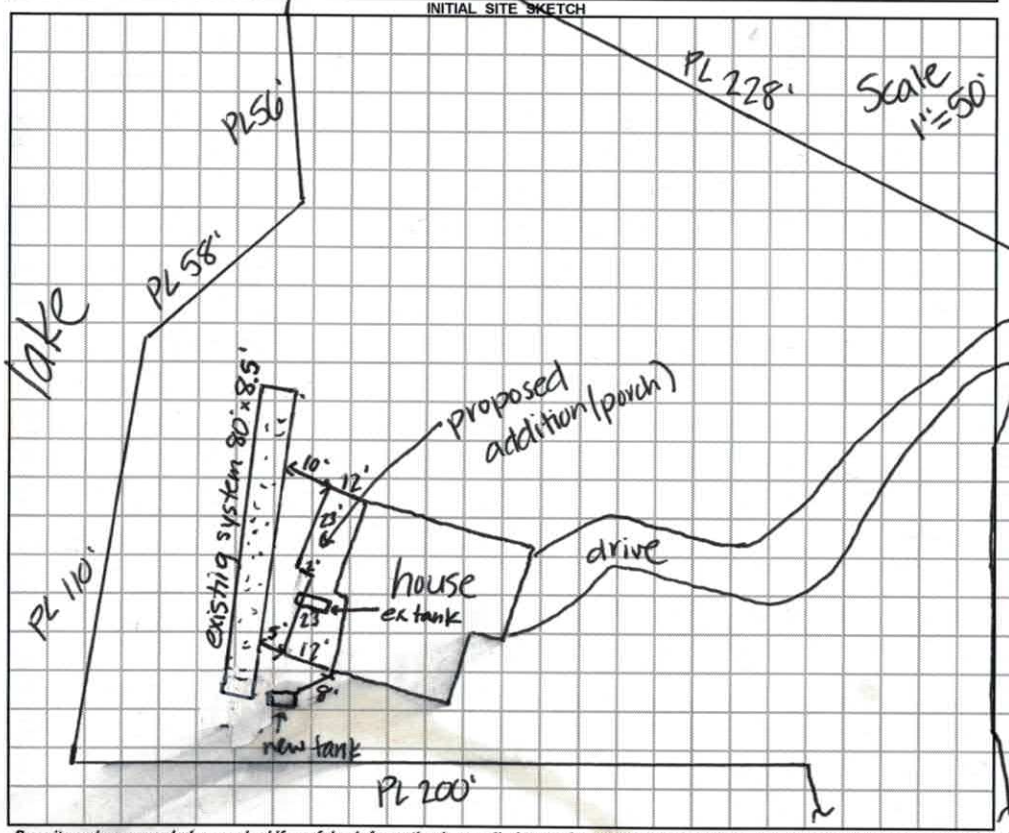
Water Supply: ☑ Private ☐ Public ☐ Community

EXISTING

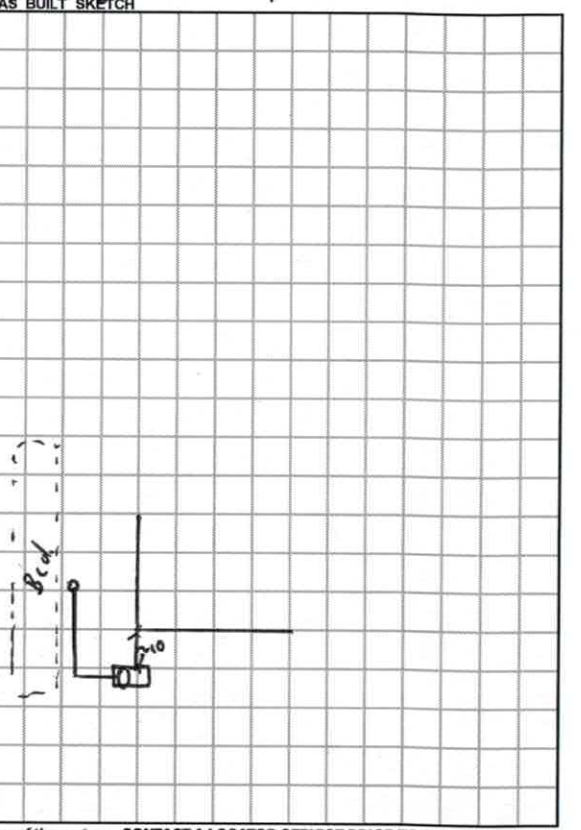
Comments / Conditions:

Pump, crush, & fill existing tank. New tank must maintain a minimum of 5' from proposed porch, and must be at least 8' from existing house. System functioning properly during time of inspection.

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: Date: 2/1/2018 Installed by: Steve Jordan A-1 Backhoe.

IMPROVEMENT PERMIT by: Kayla Wilson Date: 12-21-17 OPERATION PERMIT by: Benjamin A. Bottoms. Date: 3/29/2018

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 12-21-17 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.

Paid $250.00 250.00 2/1/18

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
(√) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Applicant Name: Pinnacle Builders **Address:** 127 Promenade Dr Suite A Mooresville NC 28117 **Phone:** 704 561 1084

Owner Name: Rickel, Marion Landis **Address:** _____ **Phone:** _____

Property Information:

Street Address: 306 Clark Cove Rd Statesville, NC 28677

Subdivision Name: Old Homestead **Section/Phase:** _____ **Lot Number:** 19

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(√) Bedroom(s) Addition * See Existing System

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(√) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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:** 1963
( ) 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: _____ 12/15/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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, Richard Landis, am the legal owner of the property located at 306 Clark Covered Statesville, NC identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Ryan Pinnacle Building Services LLC Ryan Wet Developers LLC, Rollins Soil & Env. Svcs. PA _____, 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.

Richard Landis 10/24/17

Signature of Owner Date

_____ _____

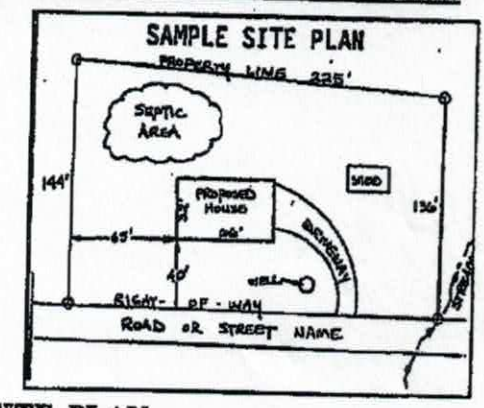
Signature of Witness Date

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

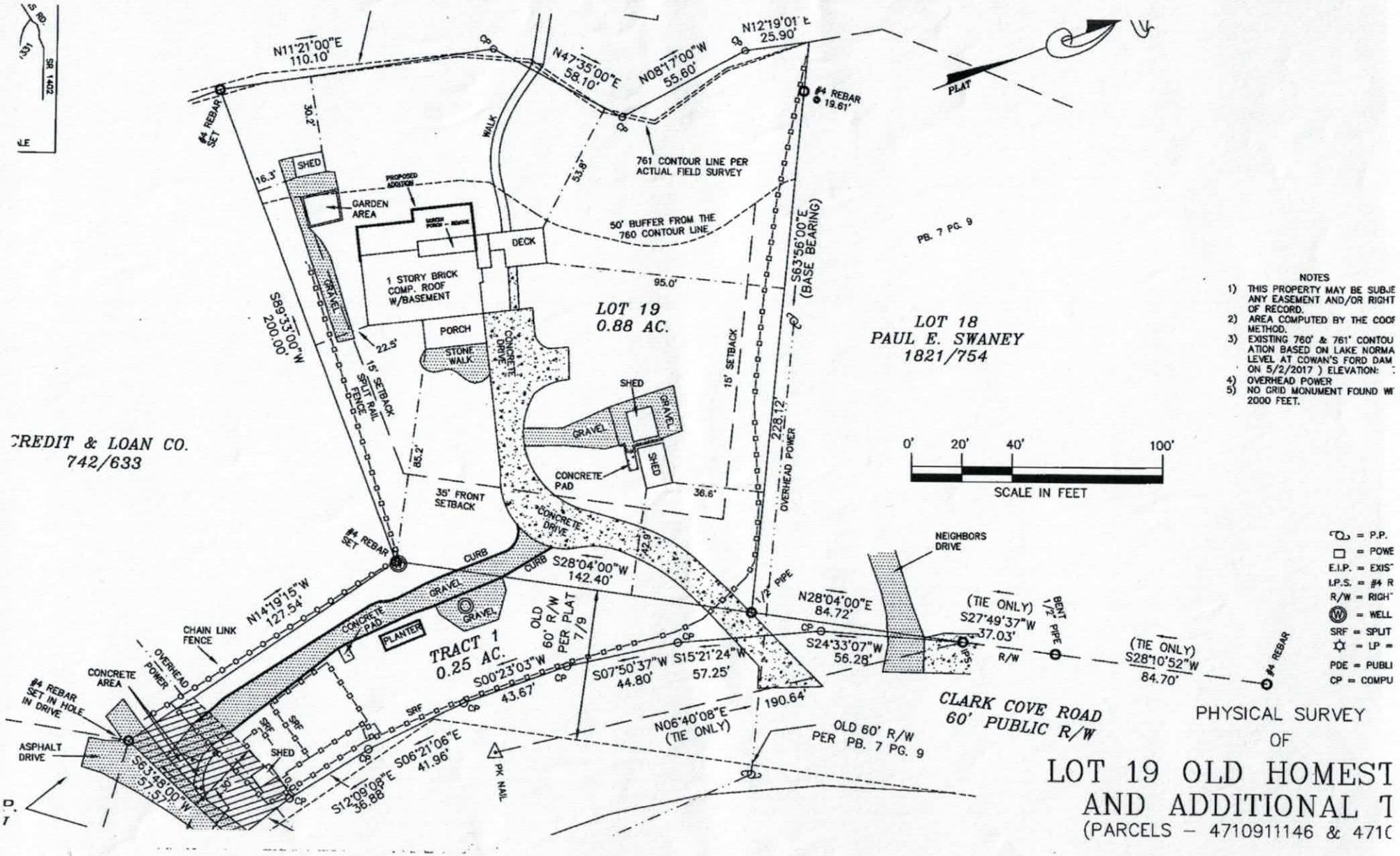
See Attached

Signature: Sam Keller

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

12/15/19

DATE



PHYSICAL SURVEY
OF
LOT 19 OLD HOMEST
AND ADDITIONAL T
(PARCELS – 4710911146 & 471(

A PLAT SHOWING
OLD HOMESTEAD #1

FALLSTON TOWNSHIP — IREDELL Co. N.C.
SCALE 1" = 100' — 20 AUG. 1962
KESTLER & MAC KAY — N.C. Reg. SURVEYORS
STATESVILLE N.C.

CLARK ROAD

DUKE POWER CO. — LAKE NORMAN

STATE OF NORTH CAROLINA
COUNTY OF IREDELL
THE UNDERSIGNED SURVEYOR, BEING DULY SWORN, DEPOSES AND SAYS THAT THE PLAT UPON WHICH THIS CERTIFICATE APPEARS WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED, IN ALL RESPECTS CORRECT ACCORDING TO THE BEST OF HIS KNOWLEDGE AND BELIEF AND THAT IT WAS PREPARED FROM AN ACTUAL SURVEY MADE BY HIM ON THE 20TH DAY OF AUGUST 1962, WITH A MINIMUM ERROR OF CLOSURE 1/10,000 AND A MAXIMUM FIELD ERROR OF ANGULAR CLOSURE OF 10" PER ANGLE

SIGNED _____
NO. 864 SURVEYOR

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 6 DAY OF SEPT 1962 AD
LET THE INSTRUMENT WITH THE CERTIFICATE BE RECORDED

_____
CLERK SUPERIOR COURT

FILED FOR REGISTRATION AT 2:50 P.M.
THIS THE 6 DAY OF SEPT 1962 A.D.
AND RECORDED IN PLAT BOOK 1 PAGE 9

_____
REGISTER OF DEEDS

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4710 91 1146 Gary Orr DATE 10-15-08

OWNER OR APPLICANT MADELYN C HANSEN PHONE: Business 704-881-4313 Home 704-528-5999

ADDRESS 306 CLARK COVE RD Statesville NC 28677

LOCATION EAST MONRO RD WEST (L) St. JOHNS (R) CLARK COVE BOX # 306 ON Right

SUBDIVISION OLD Homestead BLOCK / SECTION ____ LOT 14 LOT AREA 1.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: 1000 Gallons: STB 2054 Date N/A

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet 225'

No Lines 3 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: NEW TANK 1000 GAL

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 2 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) This Permit IS FOR A COLLAPSING TANK. (2) Replace TANK (3) IF PLASTIC TANK IS USED CALL HD. BY ____ Installation. (4) PUMP CRUSH & FILL OLD TANK. (5) IF PLASTIC TANK

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

Comments:/Conditions: IS USED IT MUST BE INSTALLED BY MFG SPECIFICATIONS (6) This Permit Serves As Notice of Violation & must be repaired within 30 DAYS!

AS BUILT SKETCH

INFILTRATOR IW-1050 TANK INSTALLED USING EZ-SET RISERS AND TUFTITE EFFLUENT FILTER

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Gary C. Orr date ____

Improvement Permit by: [signature] date 10-15-08

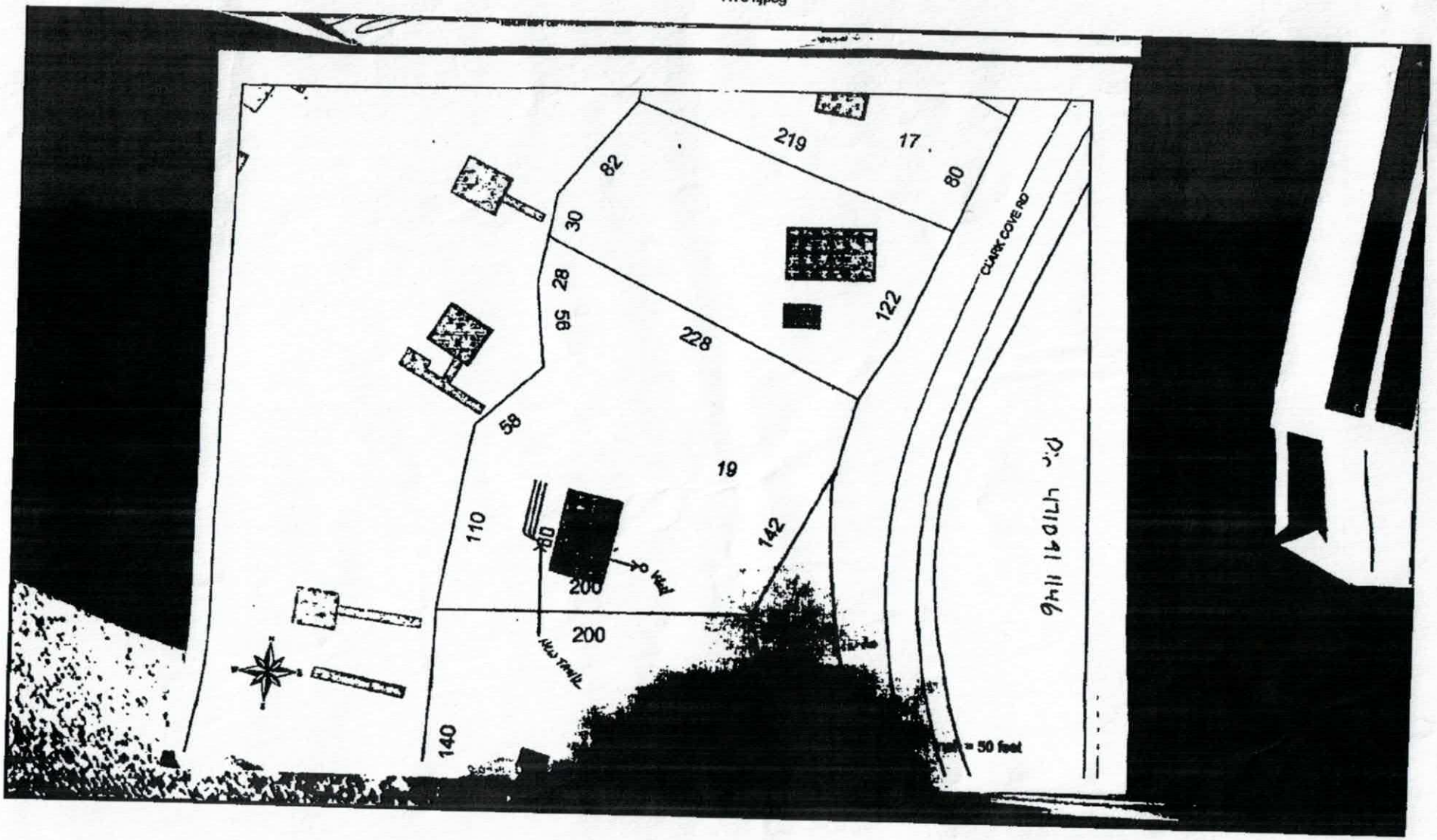
Authorization to Construct by: [signature] date 10-15-08

Installed by: JARED VENTZ

Operation Permit by: STEVE HENDRICK date 11-21-08

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


219
17
80
82
30
28
95
56
228
122
CLARK COVE RD
58
19
110
142
200
200
140
50 feet

Statesville Phone TR 3-7271 Mooresville Phone MO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date JULY 3 1963

Owner RUBE CLARKE Address R.F.D. TROUTMAN

Installed By OSTWALT Address _____

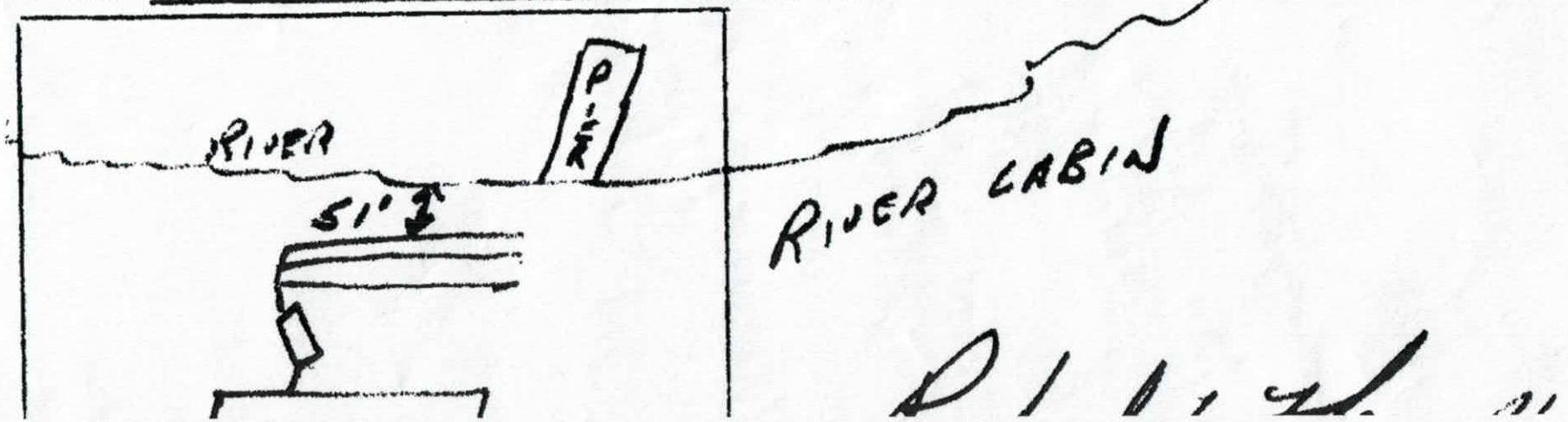
Location of Property TO CATAWBA SPRINGS - THEN TOWARD EAST MONROE - LEFT AT BETHEL CH. 1st RIGHT THEN NEXT RIGHT

Tank		Capacity		Length of Lines		Fixtures		
Block	(✓)	800	( )	150'	( )	No. of Baths	( )	END
Precast	( )	900	( )	175'	( )	Dishwasher	( )	OF
		1000	(✓)	200'	( )	Garbage Grdr.	( )	ROAD
		1100	( )	225'	(✓)	Auto-Washer	( )	
		1200	( )	250'	( )	Other _____		
		Other _____		Other _____				

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection JULY 3 1963 Approved (✓) Disapproved ( )

Remarks _____



140
110
58
56
28
30
82
200
200
Wall
228
19
129
142
219
78
122
17
80
CLARK COVE RD
1 inch = 50 feet

IREDELL COUNTY

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

APPLICATION NUMBER
232198
Issue Date: 12/18/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4710911146.000	306 CLARK COVE ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ORR GARY E+MADELYN C REVOC LVG TR	Applicant: ROLLANS SOIL & ENVIRON
Address: 306 CLARK COVE RD STATESVILLE, NC 28677	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

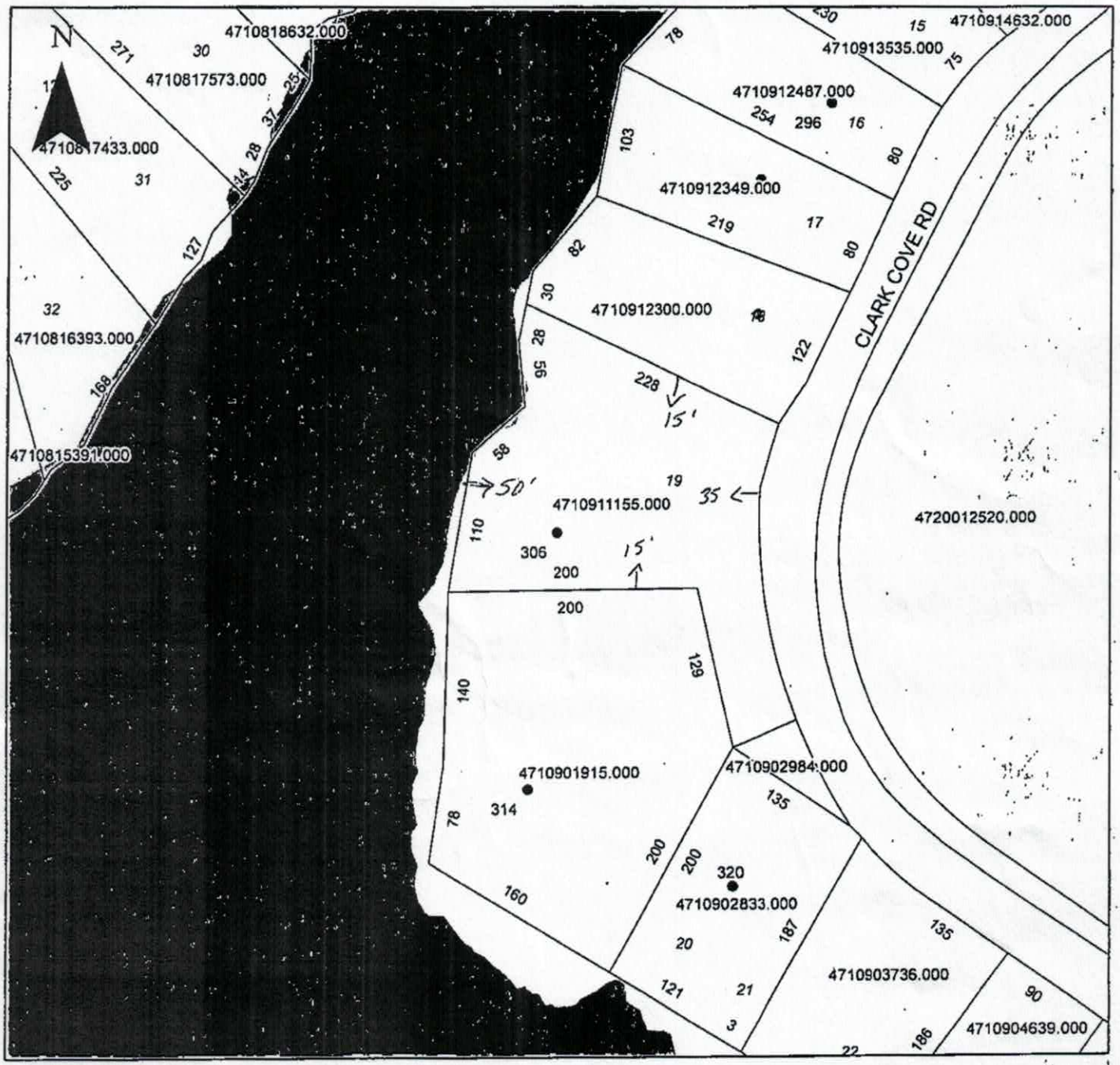
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: Samuel A Rollans Date: 12/18/17

Permit Number	123670	TOTAL FEES:	$ 77.25

232198

ZONING DISCLAIMER



Property Address 306 Clark Cove Rd.

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.

Samuel A Rollen

Applicant

12/15/17

Date