IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118683 PIN# 4710-91-4632 DAVID WHITE 704-309-4301 DATE 3-16-04

OWNER OR CONTRACTOR DIXIE RUTLEDGE PHONE: Business 704-641-2592 Home 704-948-4066

ADDRESS 5935 SWANSTON DR CHARLOTTE NC 28269

LOCATION 21 SOUTH (R) PERTH (R) STATE PRK (R) ST JOHN (L) CLARK COVE LOT # 14 ON RT

SUBDIVISION OLD HOMESTEAD BLOCK / SECTION I LOT 14 LOT AREA .65AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 312 Date 1-22-06
Pump Tank: 1000 Gallons: PT 283 Date 9-21-05
Pump Make: GOULDS Model WE0712H Serial No. S6540442
Nitrification Field: No Fields 1 Square Feet EQ=1440' Linear Feet 240'
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, (IV), V, VI
System Description: LP 50% REDUCT
Repair System Description: MAX FES (1945)
Maintenance Agreement Required: [X] Yes [ ] No

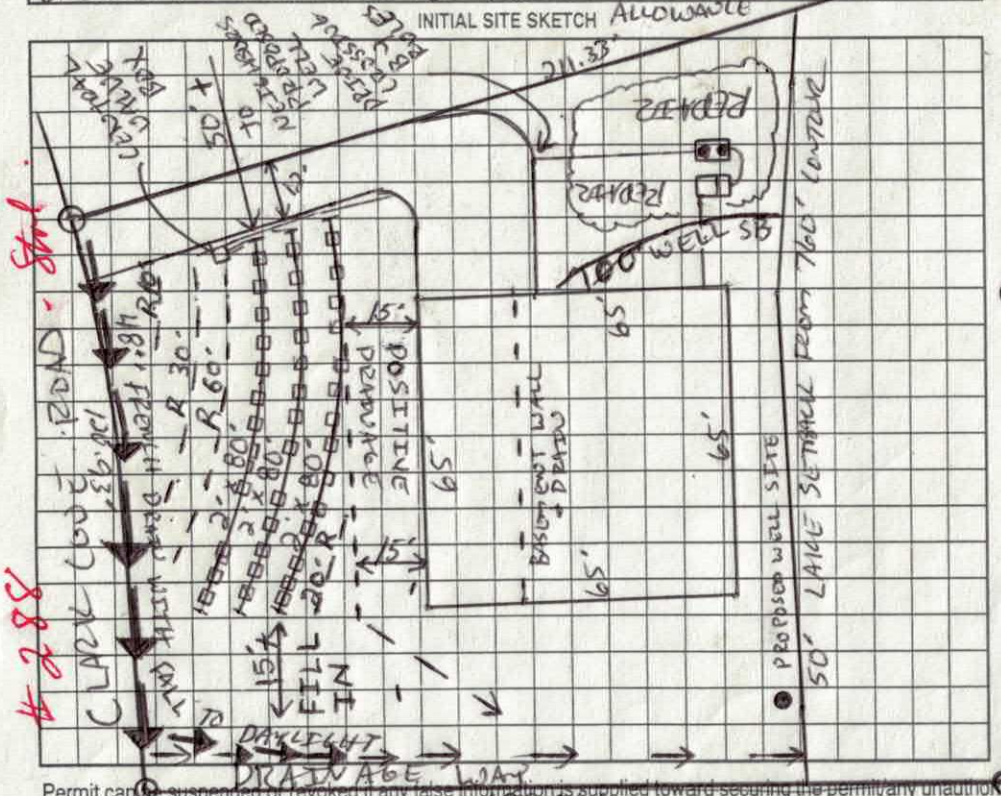
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3.5
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) OWNER OF LOT # 13 SAID THERE WAS NOT A PERMIT ON THAT LOT (2) DO NOT CUT FOR POSITIVE DRAINAGE SETBACKS. HOME MUST BE KEPT OUT OF GROUND & BACKFILLED FOR PERMIT IS 5' SETBACK

Comments/Conditions: (3) HOUSE & SYSTEM ARE COMPLETELY FINISHED OUT (4) THIS SYSTEMS REQUIRES A CERTIFIED OPERATOR BY OP IS SIGNED (5) MAINTAIN SETBACKS & FOLLOW PROPER RULES FOR CROSSING UNDER THE DRIVEWAY (6) INSTALL 48" FRENCH AS BUILT SKETCH DRAIN WITH FALL TO DAYLIGHT

INITIAL SITE SKETCH ALLOWABLE



AS DRAWN & ON THE SURVEYED P/L. (7) CALL PRIOR TO INSTALLATION FOR CODE, DEPT OR PUMP SPECS IF NECESSARY. (8) LOT DOES NOT NEED REDUCT. DEEDED IN 1962. (9) UPSLOPE SIDE OF HOME MUST NOT HAVE A FOUNDATION DRAIN OR PERMIT WILL BE VOID.

POLYLOK FILTER
SYMTEC FILTER RISERS
V'D LINES V TANKS
V'D EVERYTHING

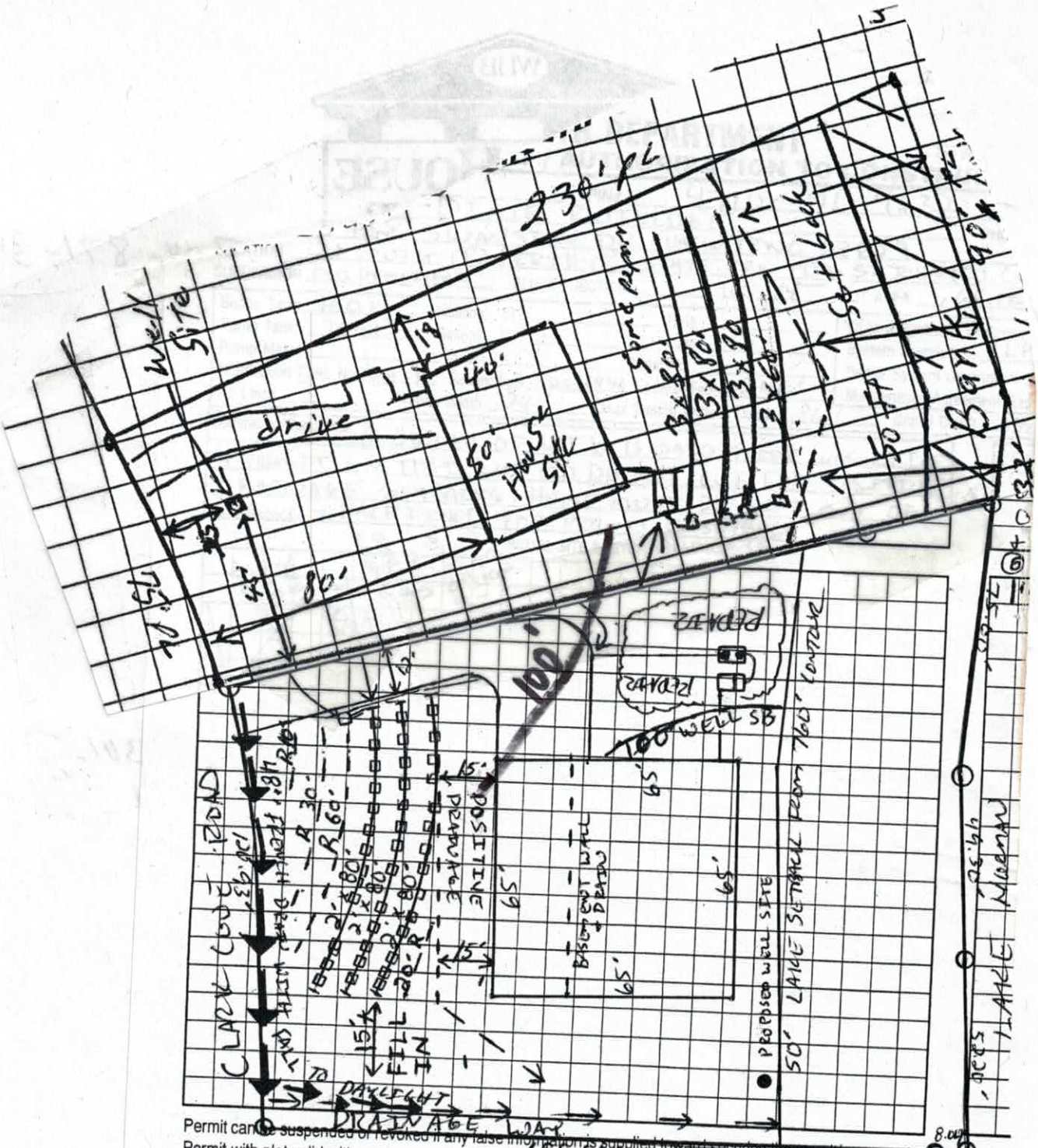
704-902-0892

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Dixie Rutledge date 03/17/04
Improvement Permit by: date 3-16-04
Authorization to Construct by: date 3-16-04

Installed by: CURD WNJWB
Operation Permit by: date 7-27-06
Existing System Inspection by: date

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



Permit can be suspended or revoked if any false information is supplied toward securing this permit, any unauthorized changes
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct

Signed: Dixie Rutledge date 03/17/04 Installed

Improvement Permit by: date 3-16-04 Operation

Authorization to Construct by: date 3-16-04 Existing S

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

DEPARTMENT OF ENVIRONMENT, HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

118 683
4710-91-4632

OWNER: DIXIE RUTLEDGE
APPLICANT:
ADDRESS:
APPLICATION DATE: 1-28-04
DATE EVALUATED: 3-10-04
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .65 AC
LOCATION OF SITE: OLD HOMESTEAD LOT 14
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	PROFIL CLASS & LTAR
1	10%	0-6"	scl wk gr	fr ns np nsp	- HUY clay				PS .25
		6-48"	mottles stain C med abk/sbk	f i s p sep					
			L7 dark brown						
2 & 3	10%	0-6"	scl wk gr	fr ns np nsp					PS .25
		6-48"	mottles stain C med sbk/abk	f i s p sep					
			dark brown to slight red color						
4	10%	0-6'	scl wk gr	fr ns np nsp					PS .13
		6-46"	C med sbk	f i s p sep					
		46-48"	scl wk gr	fr ss sp sep					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	MAR FES 1945
System Type(s)	LP PANEL	
Site LTAR	.25	

OTHER FACTORS (.1946): NO REPAIR NEED FOR RECORD
SITE CLASSIFICATION (.1948): PS AUG 20 1962
EVALUATED BY: L. LODIC
OTHER(S) PRESENT:

PLAN
Ø3
Ø2
Ø1
Ø
SOIL
LANE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: H#704-948-4066

JOHN P. & DIXIE L. RUTLEDGE		5935 SWANSTON DR.	CHARLOTTE	N.C.	28269
Applicant	Phone #	Mailing Address	City	State	Zip Code

MADELYN C. HANSEN	306 CLARK COVE RD.	STATESVILLE	N.C.	28677
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

OLD HOMESTEAD	#14		
~~(Proposed)~~ Subdivision Name	~~(Proposed)~~ Lot #	(Proposed) Block/Section #	State Road #

PRIVATE WELL		
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property I-77 N. TO EXIT 42, LEFT ON HWY 115, LEFT ON OLD MOUNTAIN RD., LEFT ON EAST MONBO RD., LEFT ON ST. JOHN, RIGHT ON CLARK COVE RD., LOT ON RIGHT.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 BR / 4 No. Baths 3.5

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

03/05/04 DATE Dixie L. Rutledge SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

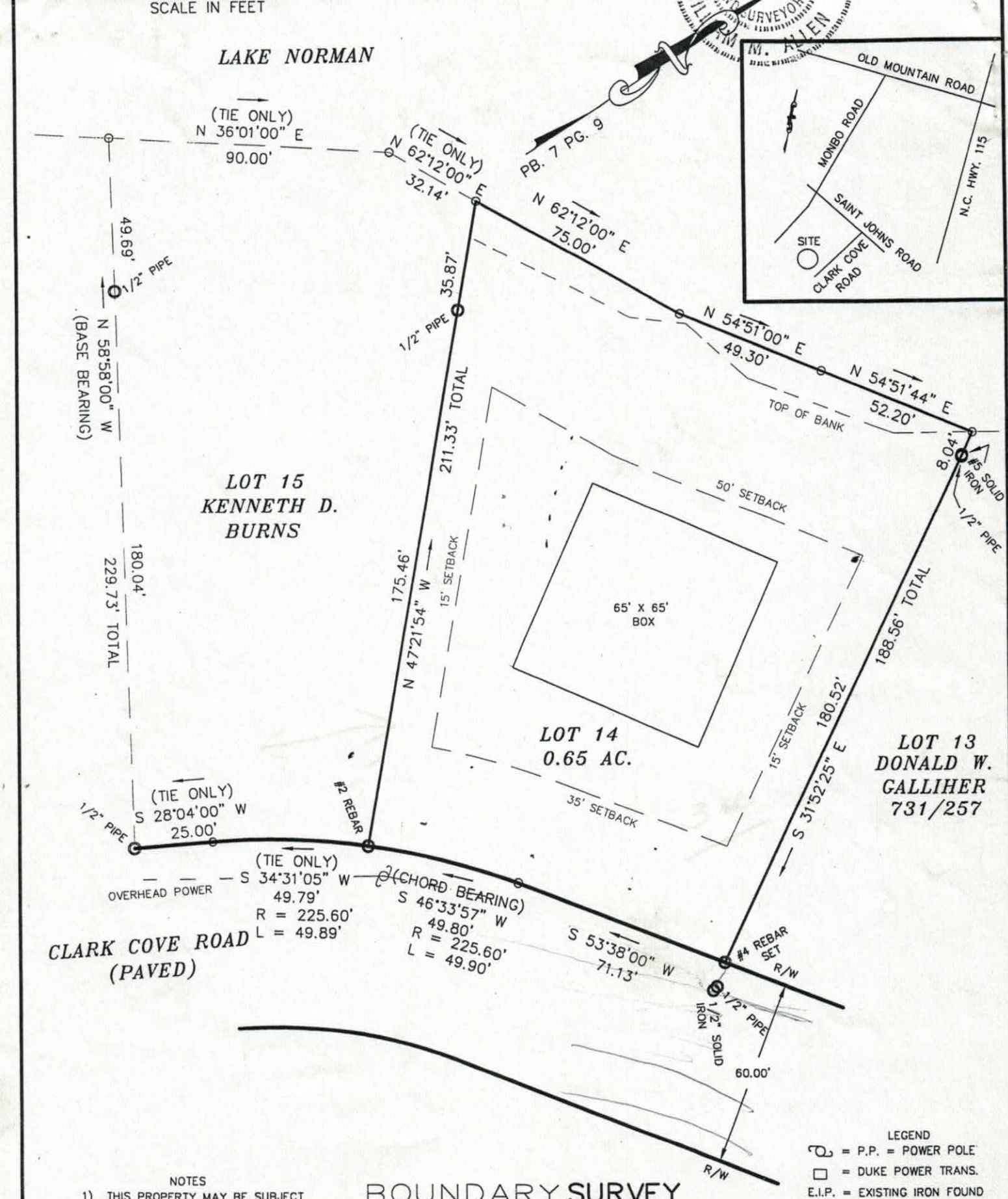
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

*See attached survey plat

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

03/25/04 Date Ortie L. Rutledge SIGNATURE OF OWNER/AUTHORIZED AGENT



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.

LEGEND

- P.P. = POWER POLE
- DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- (W) = WELL

BOUNDARY SURVEY

OF

LOT 14 OLD HOMESTEAD, #1

SCALE 1" = 40'

FALLSTOWN TWSP., IREDELL CO., N.C.

ACQUIRED BY: JOHN BERRY BUTLERGE & DIXIE LEA BUTLERGE

FIELD BOOK: 618
FILE: 9593
DC FILE:

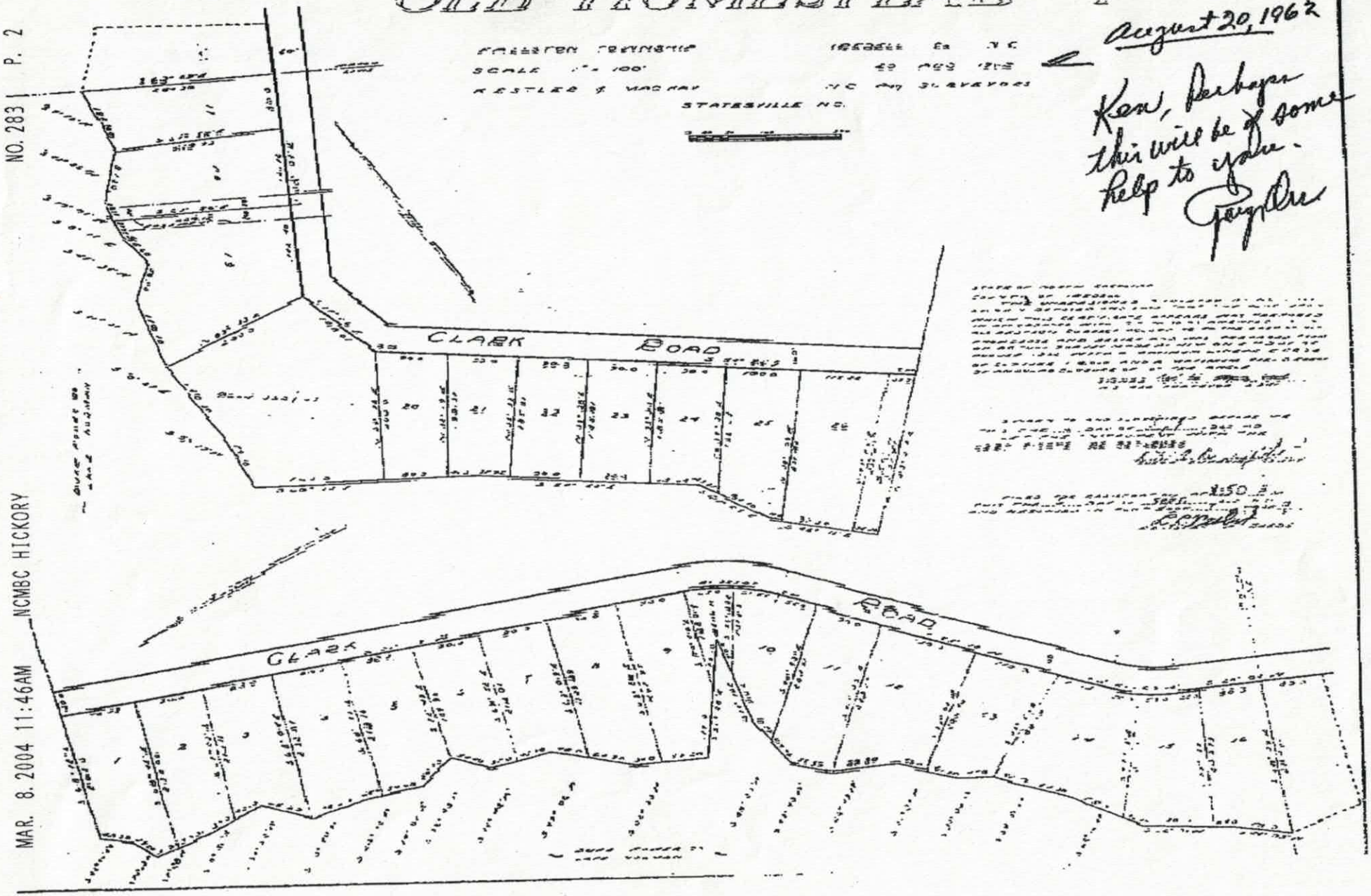
NO. 283 | P. 2

A PLAT SHOWING

OLD HOMESTEAD # 1

August 20, 1962

Ken, Perhaps this will be of some help to you.
Faye Lee



MAR. 8. 2004 11:46AM NCMBC HICKORY

HOMEPLANS *Designed for Today's Mark*

UNFINISHED BASEMENT

REVERSED PLAN

SALEM - Main Floor

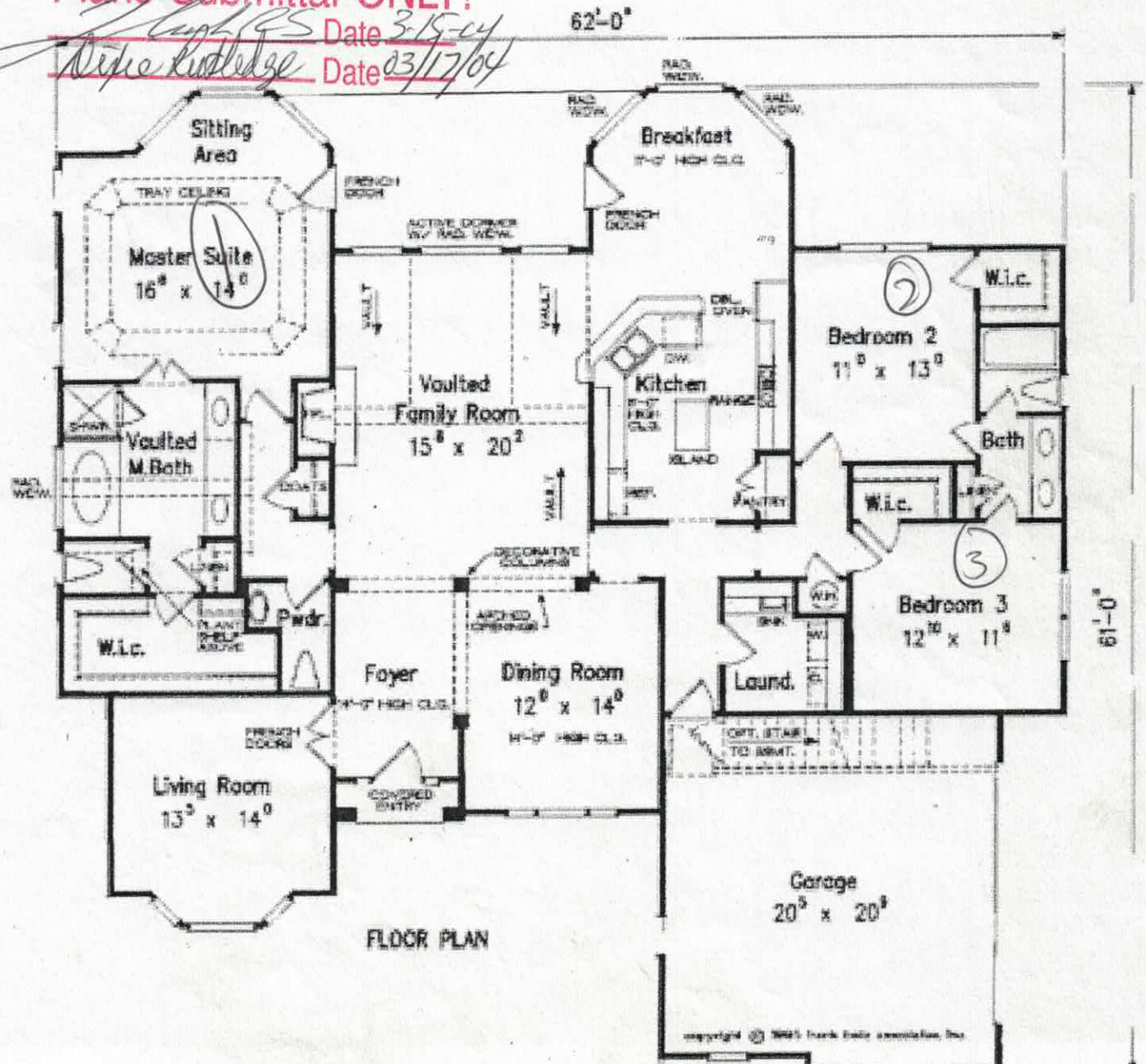
Order Online | Elevation | Rear Elevation | Photo | Plan Specs | Similar Plans

APPROVED 3 BEDROOM PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 3-15-04

Date 03/17/04



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	118683zo	Subdivision:	Old Homestead
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	288 Clark Cove Rd. Statesville NC 28677		
Parcel #:	4710-91-4632	Zoning:	R20
Lot #:	14 Size: .60	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Dixie Rutledge	Owner:	Madelyn C Hansen
Address:	5935 Swanston Dr Charlotte NC 28269	Address:	306 Clark Cove Rd Statesville, NC 28677
Phone:		Phone:	
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:	Max. Built Upon Area:	

Comments:

Directions:

Hwy 115S, left on Old Mountian, left on East Mombo, left on St John, right on Clark Cove, lot on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Dixie L. Rutledge Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK Printed: 1/28/2004