IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243695

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

PIN # 4711480020

APPLICANT/OWNER: BOBBY CASKADDON / JODY CASKADDON APPLICANT ADDRESS: 151 ORVILLE ROAD, STATESVILLE, NC 28677

SITE ADDRESS: 119 CASKADDON LANE, STATESVILE, NC 28677 PHONE: 704-756-7746 ALT. PHONE 980-322-5343

SITE DIRECTIONS: W ON 70, L ON BUFFALO SHOALS, R ON TROUTMAN SHOALS, L ON CASKADDON LOP ON L SAP CONTROLLED: EXT ☐ YES ☐ NO

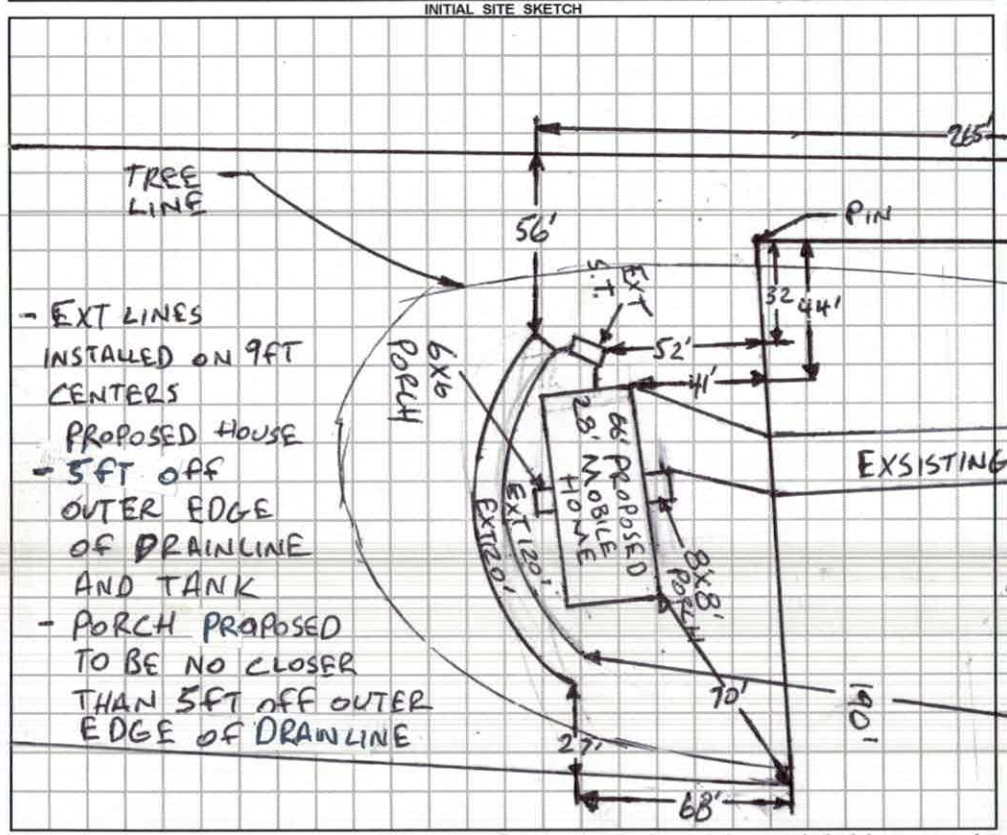
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.086 DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXT			
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			

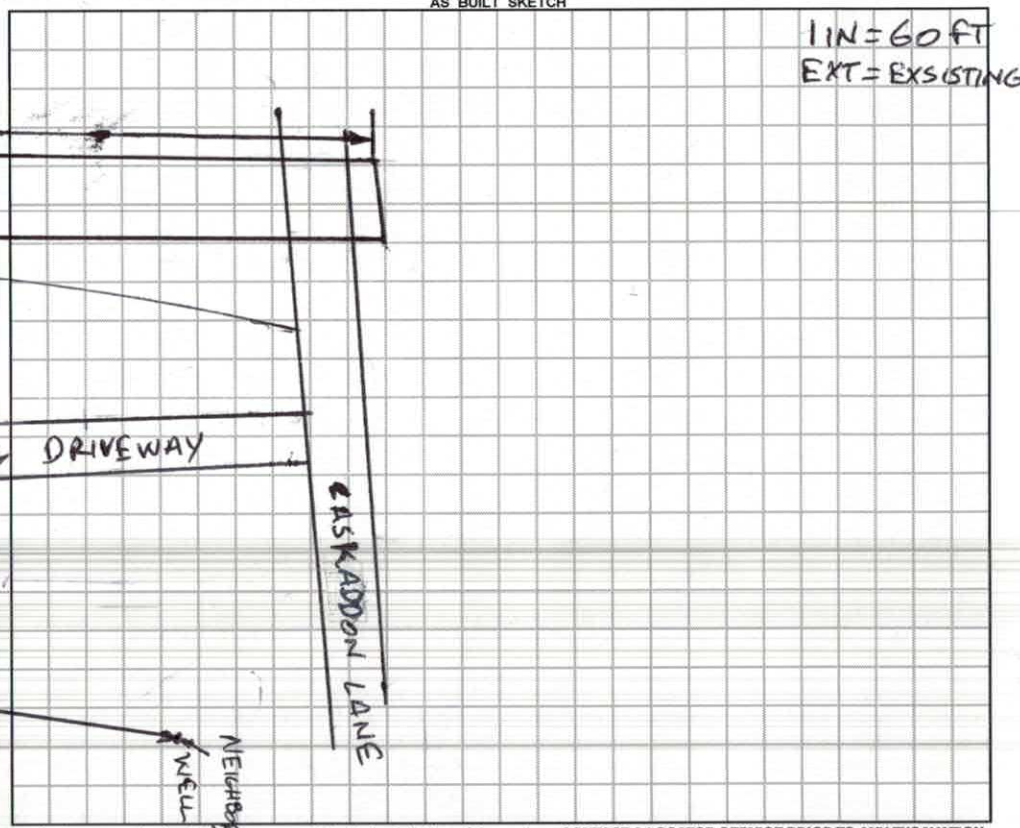
☑ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☑ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: SYSTEM FUNCTIONING AT TIME OF VISIT, DONOT BUILD OR DRIVE ON DRAINFIELD

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: Bobby Caskaddon Date: 5-31-19 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burkett C. White Date: 5-28-19

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.

EXSISTING SYSTEM RECEIVED APR 2 2 2019

~~Expansion~~ Paid $500.00 REFUND DUE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH #243695

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: Bobby Cas Kaddon Address: 151 ORVILLE Rd. Statesville Zip: 28677
Applicant Email: Emmie2@bellsouth.Net Phone: 704-528-5482 Alt. Phone: 704-756-7746 cell
Owner Name: Jody Caskaddon Address: 119 Caskaddon Ln. Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: 980-322-5343 cell

Property Information:

Street Address: 119 Caskaddon Ln.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Buffalo Shoals Rd To Troutman Shoals Right. Then to Caskaddon Ln. Left to 119 Behind 115 Double wide

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: move lines For New D. W.

Maximum Number of Bedrooms: ~~3~~ 4-2019 B.C. 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE Double Wide
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1848 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 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 (✓) 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: Bobby Caskaddon 1-11-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*) _____

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, Jody Carroll Caskaddon, am the legal owner(s) of the property located at 119 Caskaddon Ln., identified as PIN (Parcel Identification Number) 4711480020.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Bobby L. Caskaddon, 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.

Jody Carroll Caskaddon
Signature of Owner(s)

4/1/19
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

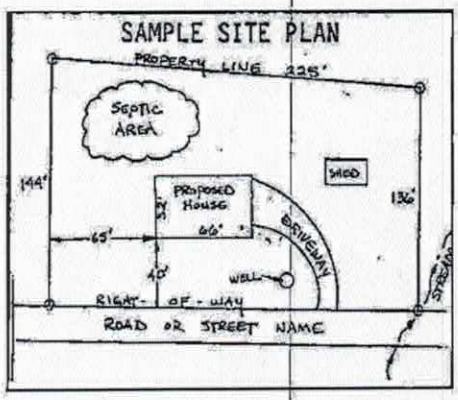
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

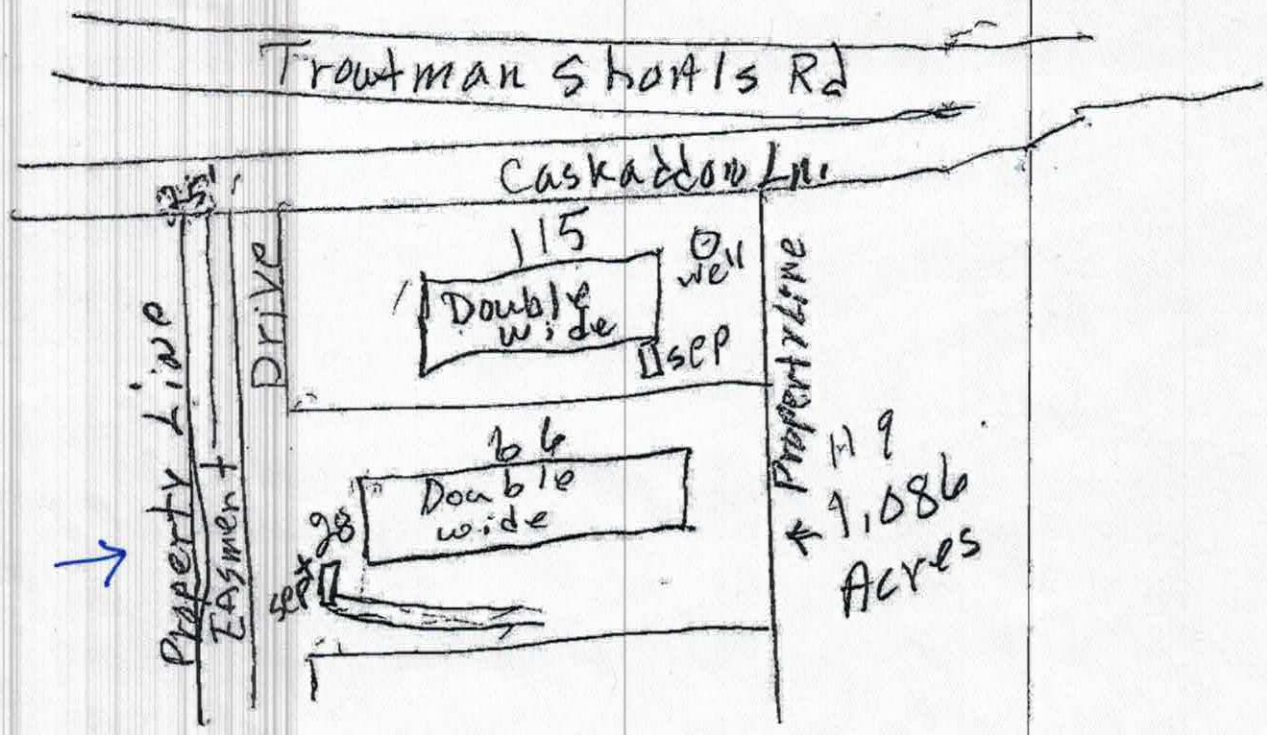


Circle N/A on the following if appropriate:

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

4-8-19
DATE

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. 17006 DATE 9-16-93 TAX MAP NO. 3B-A-6 Pt of

OWNER OR CONTRACTOR Ola Mae Caskaddon PHONE: Business Home 528-5684

ADDRESS Rt. 14 Box 400 Statesville, N.C. 28677

LOCATION I-40W TL old Mtn. Rd. TR Buffalo Shoals Rd TR Trautman Shoals Rd. TL where Rd forks Lot behind 1st MH on L.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA 3.542 acres SITE CLASS P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Share with existing SW MH

Septic Tank: 1000 Gallons; STB 1012 Date 6-26-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 2 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: Conventional/gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

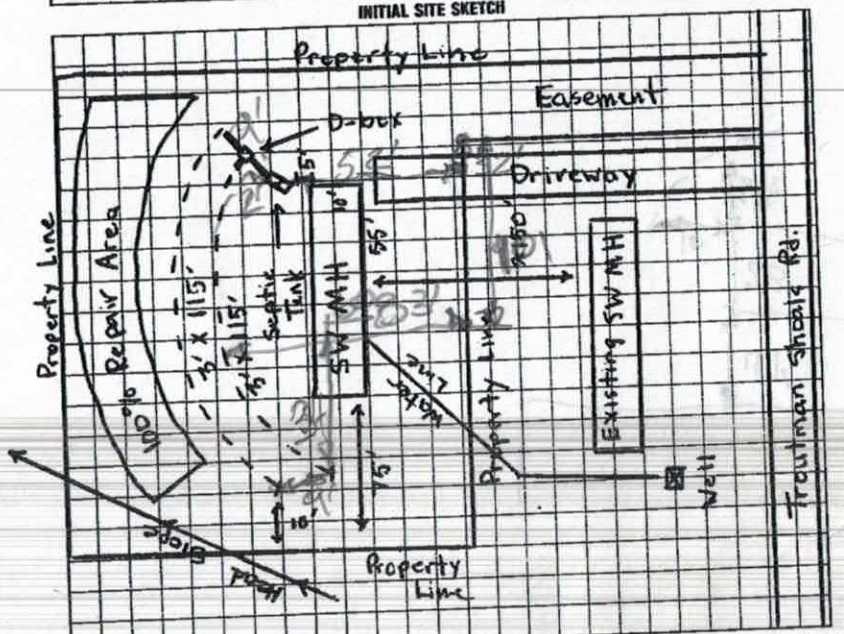
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

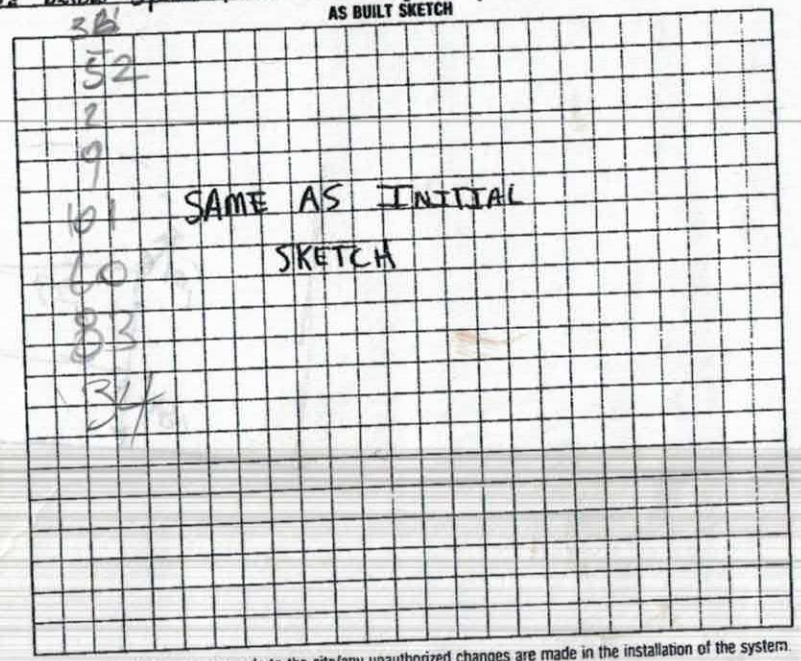
Other

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Keep drainlines 10' from head Slope 100% Repair Area below system, conventional, gravity fed.

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.

Signed: Ingrid Corbett

Improvement Permit by: Michael J. Dennis date 9-16-93

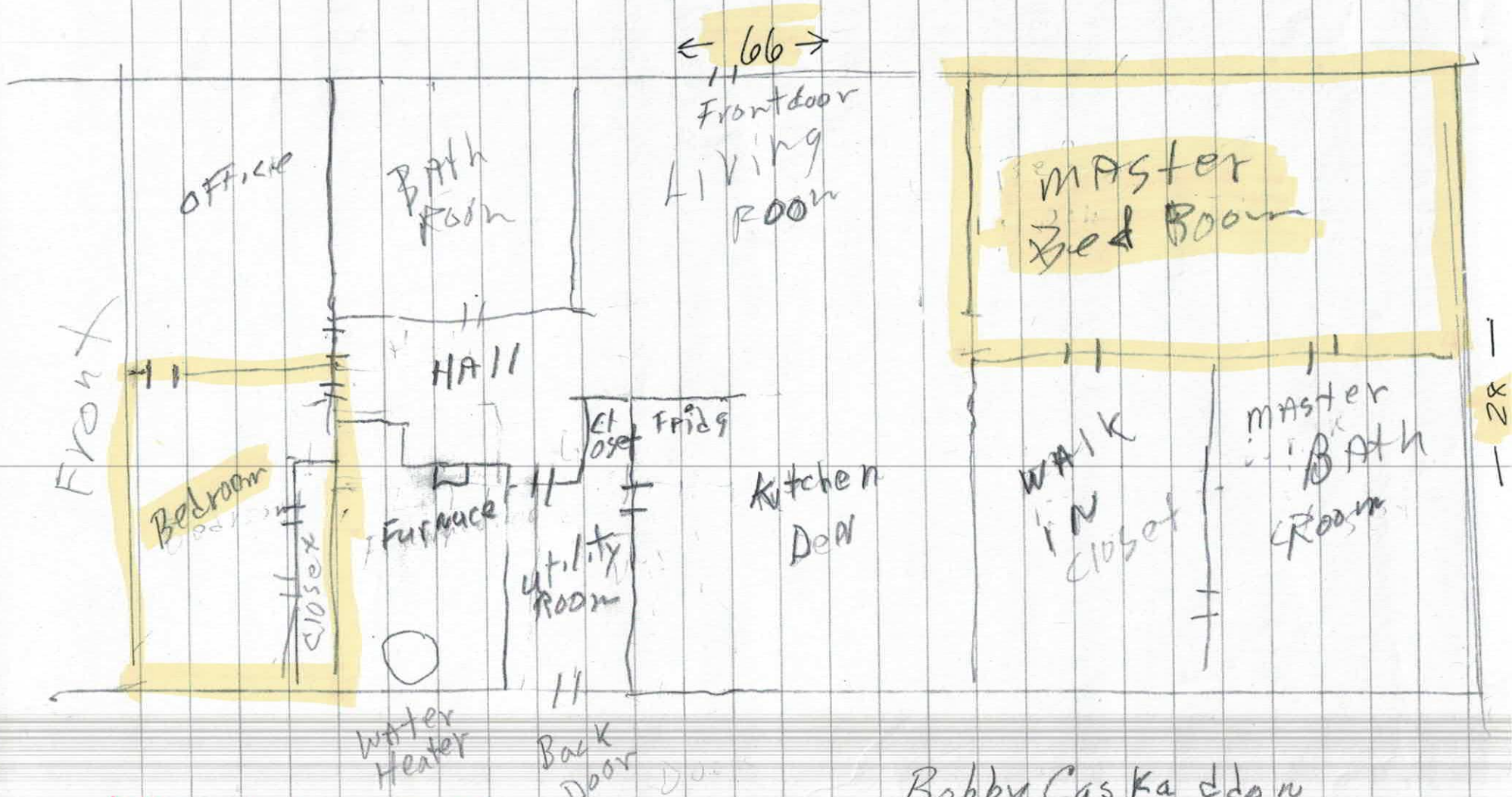
Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 10-7-93

Operation Permit by: date

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



Acknowledgement Of
Plans Submittal ONLY!

Bobby Caskaddon Date 4-29-19

Bryant White Date 5-29-19

Bryant White

Bobby Caskaddon
1998 Belmont
Double wide
119 Caskaddon Ln.

IREDELL COUNTY

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

APPLICATION NUMBER
243695
Issue Date: 04/12/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4711480020.000	119 CASKADDON LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASKADDON JODY C+GENA R ROB	Applicant: CASKADDON BOBBY L
Address: 119 CASKADDON LN	Address: 151 ORVILLE RD
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
REPLACING SINGLEWIDE WITH DOUBLEWIDE. HOLD BU PERMIT UNTIL DEMO IS COMPLETE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.086	35.00	35.00	15.00	15.00	PACL	X

Remarks:

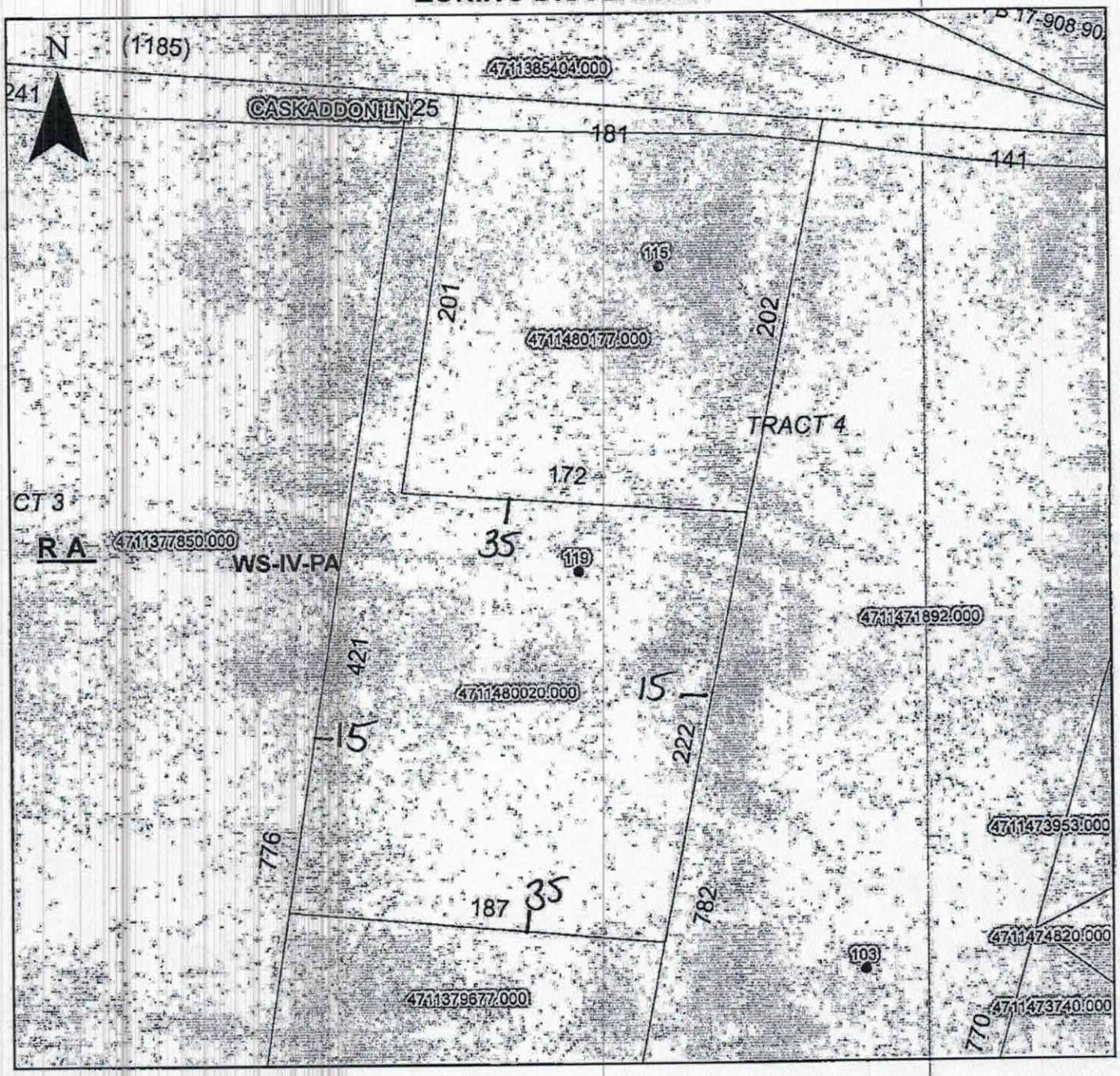
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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: _____ Date: _____

Permit Number	173886	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 119 Caskaddon Ln

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.

Bobby Caskaddon
Applicant

Date