ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP_316555

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

PIN # 4712 --43 --8520

APPLICANT/OWNER: LEE BOGGS | APPLICANT ADDRESS: 119 BEECHNUT LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 1223 EUFOLA ROAD, STATESVILLE, N.C. 28677 | PHONE: 704-682-3848 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON EUFOLA, LOT ON (R)

SUBDIVISION: WILLIAN + BRENDA TURNMIRE | SECTION: — | LOT # 2 | LOT AREA: 1.83 AC | SAP CONTROLLED: ☐ YES ☑ NO | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	854	Date	7-24-20
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	302FT
Trench Width	36IN	Trench Bottom Depth(Low side)	24IN	Gravel Depth	—

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

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

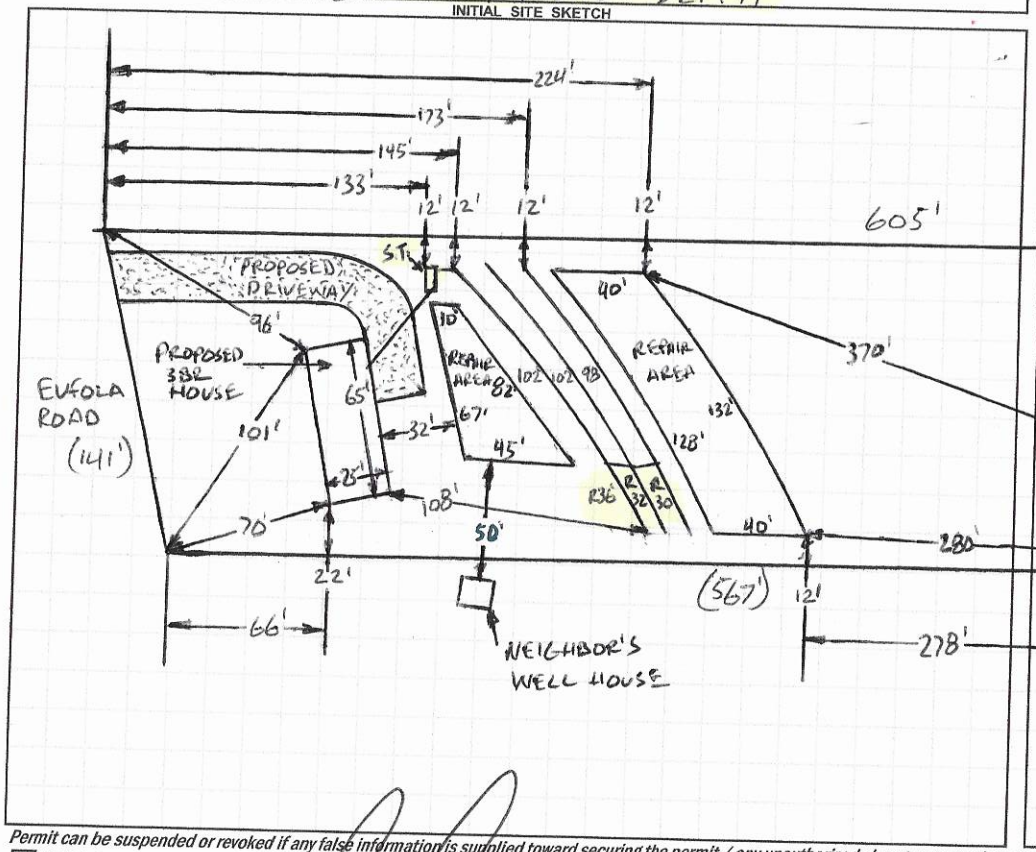
No. Bedrooms 3 | No. Persons 6 | No. Employees —

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS DO NOT EXCEED A 32IN MAX TRENCH DEPTH

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.

Installed As Drawn

1 IN = 80 FT
S.T. = SEPTIC TANK
R = REPAIR

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: [signature] Date: 6-14-21 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Burgent C. White Date: 6-14-2021 OPERATION PERMIT by: [signature] Date: 9-13-2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 6-14-2021 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

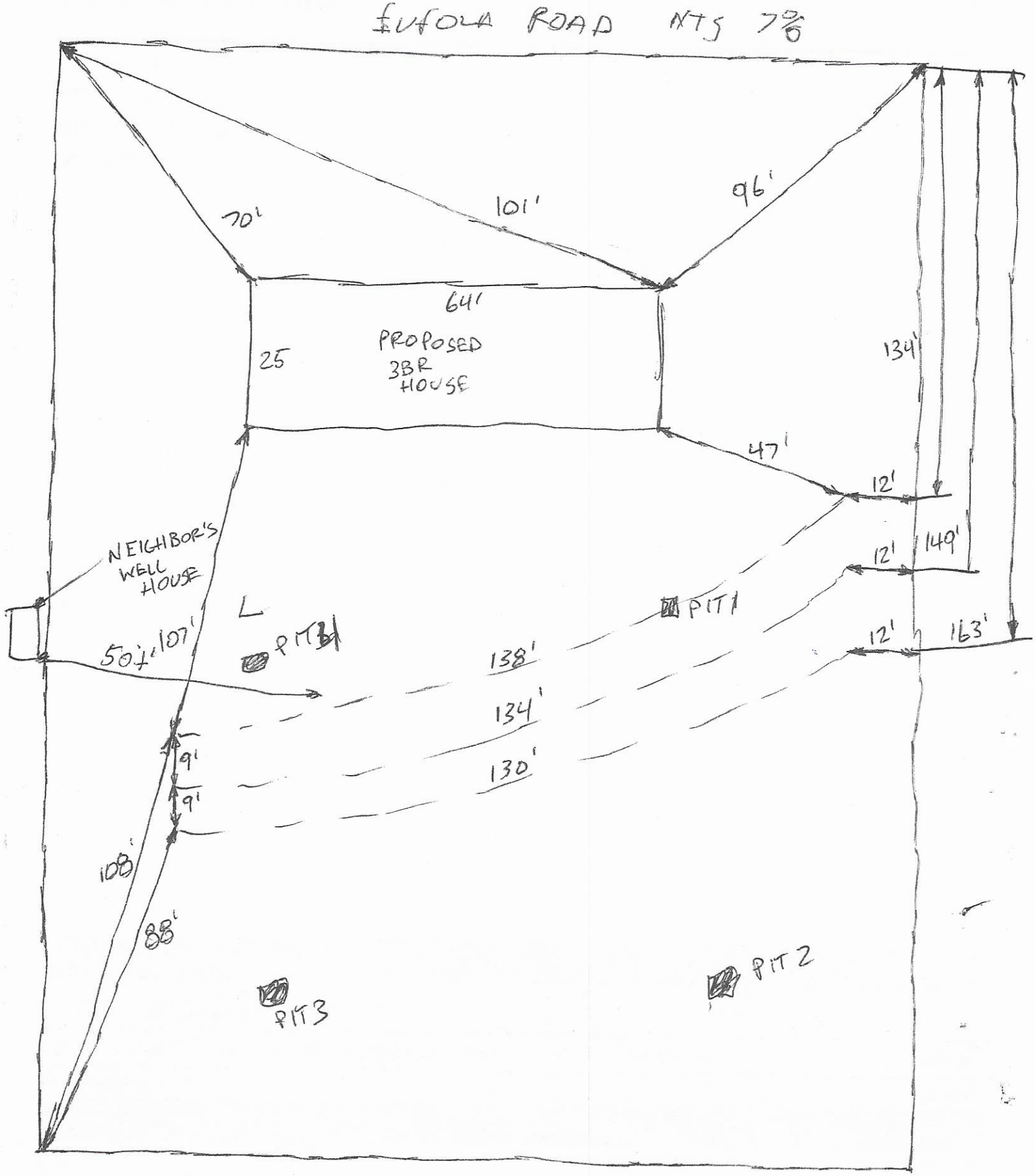
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4712-43-8570
DATE OF EVALUATION: 5-3-2021
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 6%	0-11	SCL, SBK	FR, SS, SP, SEXP	GRADUALLY SCL SAP INC THRU OUT	52" +	NA	NA	PS .3
		11-38	C, ABK	FI, S, P, SEXP					
		38-52	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-7	~~SCL, SBK~~ FILL	~~FR, SS, SP, SEXP~~	SAP INC THRU OUT NON-CON QUARTZ VEIN @ 30"	55" +	NA	NA	PS .3
		7-36	C, ABK	FI, S, P, SEXP					
		36-55	CL, WABK	FR, SS, SP, SEXP					
3	~~LINE~~ NOSE 5%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	54" +	NA	NA	PS .3
		5-26	C, ABK	FI, S, P, SEXP					
		26-54	CL, WABK	FR, SS, SP, SEXP					
4	NOSE 4%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT NON-CON QUARTZ VEIN @ 44"	44"	PS II L	NA	PS .3
		7-25	C, ABK	FI, S, P, SEXP					
		25-44	CL, WABK	FR, SS, SP, SEXP					
		44-54	SAP, MAS	FR, NS, NP, SEXP					

COMMENTS:


EUFOLA ROAD NTS 7%
70'
101'
96'
64'
25
PROPOSED
3BR
HOUSE
134'
47'
12'
149'
12'
163'
12'
NEIGHBOR'S
WELL
HOUSE
50'
107'
PIT 1
PIT 3
138'
134'
130'
9'
9'
108'
88'
PIT 3
PIT 2

RECEIVED APR C 8 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-316555 $500.00

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: Lee Boggs Address: 114 Beechnut Ln. Statesville Zip: 28625
Applicant Email: wleeboggs@gmail.com Phone: (704) 682-3848 Alt. Phone: _____
Owner Name: William & Brenda Turnmire Address: 1229 Eufola Rd. Statesville, NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1223 Eufola Rd. Statesville, NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 W → Sharon School Rd. (L) → Hwy 70 (L) → Eufola Rd. (R) → 1223 on (L)

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: 2
( ) 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 Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 25% Reduction

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: _____ 3/22/2021
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, William & Ronda Turmire, am the legal owner(s) of the property located at 1223 Eufola Rd. Statesville, NC 28677 identified as PIN (Parcel Identification Number) 4712438570, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Lee Boggs 1st Choice Housing, 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.

William & Ronda Turmire
Signature of Owner(s)

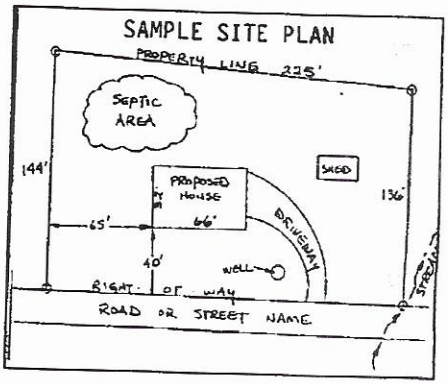
3/20/21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

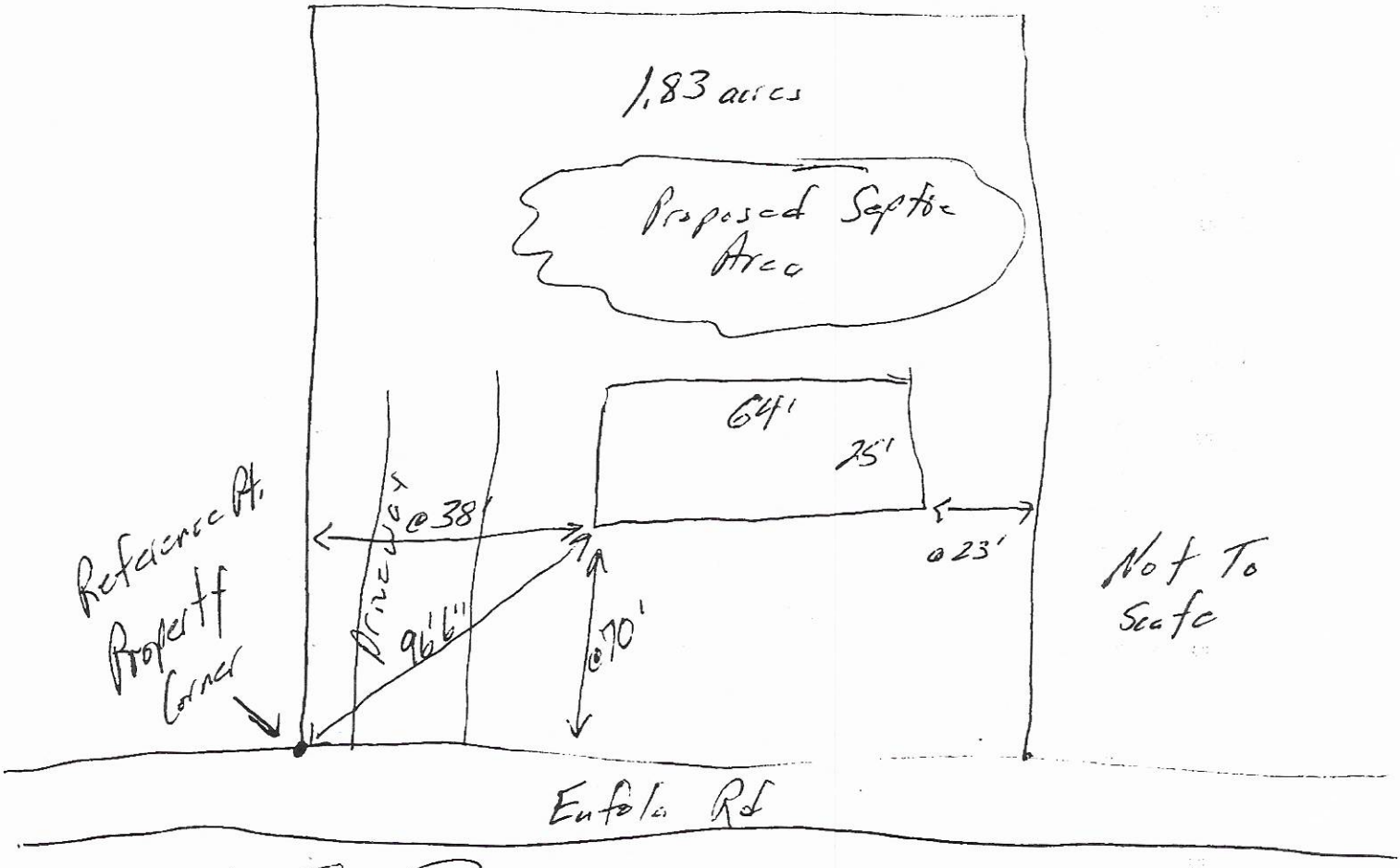
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

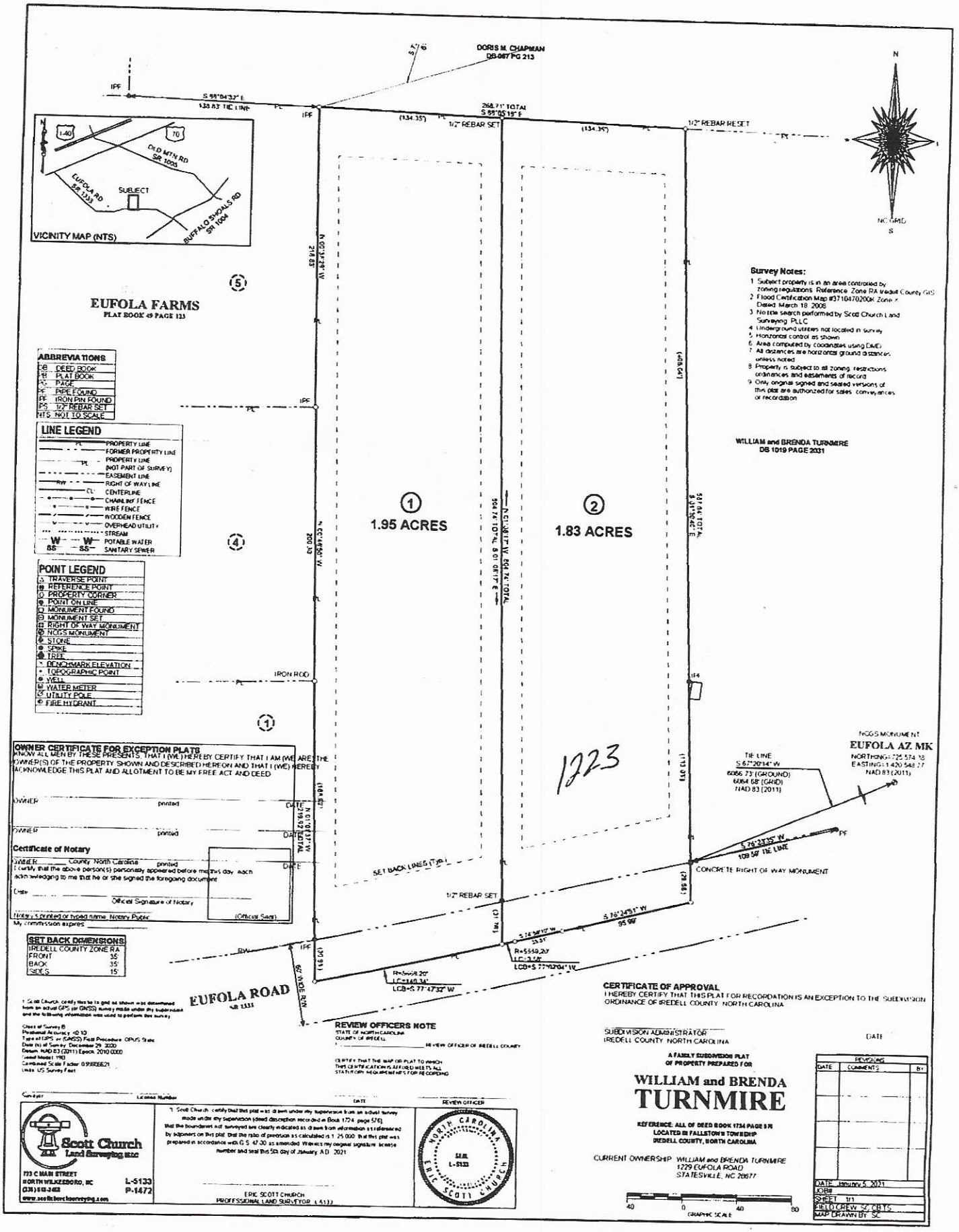
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

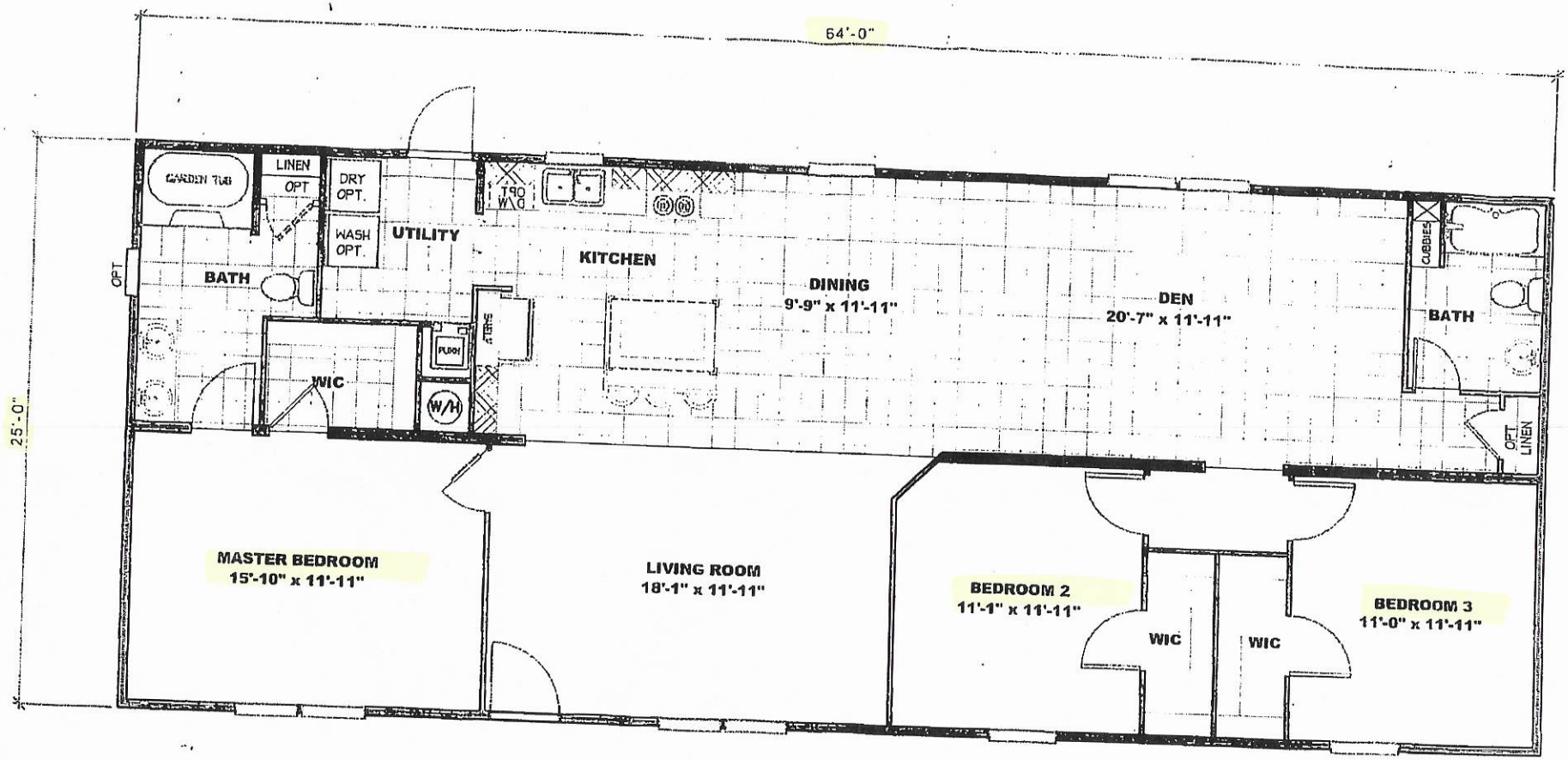


Signature: Lee Rogers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/8/2021
DATE


DORIS M. CHAPMAN
DB 867 PG 213
IPF
S 89°04'32" E
133.83' TIE LINE
268.71' TOTAL
S 88°05'19" E
(134.35')
1/2" REBAR SET
(134.35')
1/2" REBAR RESET
N
NC GRID
S
VICINITY MAP (NTS)
I-40
70
OLD MTN RD
SR 1003
EUFOLA RD
SR 1333
SUBJECT
BUFFALO SHOALS RD
SR 1004
EUFOLA FARMS
PLAT BOOK 49 PAGE 123
N 00°49'54" W
218.83'
N 00°49'54" W
200.00'
N 00°49'54" W 868.74' TOTAL
S 01°10'06" W 868.74' TOTAL
S 01°10'06" E
(868.74')
(173.91')
1.95 ACRES
1.83 ACRES
1
2
4
5
1723
ABBREVIATIONS
DB DEED BOOK
PB PLAT BOOK
PG PAGE
PF PIPE FOUND
IPF IRON PIN FOUND
IPS 1/2" REBAR SET
NTS NOT TO SCALE
LINE LEGEND
PROPERTY LINE
FORMER PROPERTY LINE
PROPERTY LINE (NOT PART OF SURVEY)
EASEMENT LINE
RIGHT OF WAY LINE
CENTERLINE
CHAIN LINK FENCE
WIRE FENCE
WOODEN FENCE
OVERHEAD UTILITY
STREAM
POTABLE WATER
SANITARY SEWER
POINT LEGEND
TRAVERSE POINT
REFERENCE POINT
PROPERTY CORNER
POINT ON LINE
MONUMENT FOUND
MONUMENT SET
RIGHT OF WAY MONUMENT
NCGS MONUMENT
STONE
SPIKE
TREE
BENCHMARK ELEVATION
TOPOGRAPHIC POINT
WELL
WATER METER
UTILITY POLE
FIRE HYDRANT
IRON ROD
Survey Notes:
1 Subject property is in an area controlled by zoning regulations Reference Zone RA Iredell County GIS
2 Flood Certification Map #3710470200K Zone X Dated March 18 2008
3 No title search performed by Scott Church Land Surveying PLLC
4 Underground utilities not located in survey
5 Horizontal control as shown
6 Area computed by coordinates using DMD
7 All distances are horizontal ground distances unless noted
8 Property is subject to all zoning restrictions ordinances and easements of record
9 Only originals signed and sealed versions of this plat are authorized for sales conveyances or recordation
WILLIAM and BRENDA TURNMIRE
DB 1019 PAGE 2031
OWNER CERTIFICATE FOR EXCEPTION PLATS
KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED
OWNER printed DATE
OWNER printed DATE
Certificate of Notary
OWNER County, North Carolina printed DATE
I certify that the above person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document
Date Official Signature of Notary
Notary's (printed or typed) name, Notary Public (Official Seal)
My commission expires
SET BACK DIMENSIONS
IREDELL COUNTY ZONE RA
FRONT 35'
BACK 35'
SIDES 15'
N 01°10'37" W 218.92' TOTAL
(108.46')
SET BACK LINES (TYP.)
1/2" REBAR SET
(173.91')
(173.91')
TIE LINE
S 67°20'14" W
6066.73' (GROUND)
6064.68' (GRID)
NAD 83 (2011)
NCGS MONUMENT
EUFOLA AZ MK
NORTHING= 725,574.18
EASTING= 1,420,548.27
NAD 83 (2011)
S 76°23'35" W
109.58' TIE LINE
PF
CONCRETE RIGHT OF WAY MONUMENT
S 76°24'51" W
95.99'
S 14°58'10" W
33.51'
R=5559.20'
LC=33.51'
LCB=S 77°42'04" W
R=5559.20'
LC=140.34'
LCB=S 77°47'32" W
(140.34')
RW
IPF
60' PUBLIC R/W
EUFOLA ROAD
SR 1333
REVIEW OFFICERS NOTE
STATE OF NORTH CAROLINA
COUNTY OF IREDELL
REVIEW OFFICER OF IREDELL COUNTY
CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING
DATE
REVIEW OFFICER
CERTIFICATE OF APPROVAL
I HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA
DATE
A FAMILY SUBDIVISION PLAT OF PROPERTY PREPARED FOR
WILLIAM and BRENDA
TURNMIRE
REFERENCE: ALL OF DEED BOOK 1734 PAGE 576
LOCATED IN FALLSTOWN TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA
CURRENT OWNERSHIP: WILLIAM and BRENDA TURNMIRE
1229 EUFOLA ROAD
STATESVILLE, NC 28677
40 0 40 80
GRAPHIC SCALE
REVISIONS
DATE COMMENTS BY
DATE: January 5, 2021
JOB#
SHEET: 1/1
FIELD CREW: SC CB TS
MAP DRAWN BY: SC
I, Scott Church, certify this to be as shown and determined from an actual GPS (or GNSS) survey made under my supervision and the following information was used to perform the survey
Class of Survey: B
Positional Accuracy: ±0.10
Type of GPS or (GNSS) Field Procedure: OPUS Static
Date(s) of Survey: December 29, 2020
Datum: NAD 83 (2011) Epoch: 2010.0000
Geoid Model: 18B
Combined Scale Factor: 0.99986621
Units: US Survey Feet
Surveyor License Number
Scott Church Land Surveying PLLC
733 C MAIN STREET
NORTH WILKESBORO, NC L-5133
(336) 818-3468 P-1472
www.scottchurchsurveying.com
I, Scott Church, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1734, page 576); that the boundaries not surveyed are clearly indicated as drawn from information as referenced by adjoiners on this plat; that the ratio of precision as calculated is 1:25,000; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, license number and seal this 5th day of January, A.D. 2021
ERIC SCOTT CHURCH
PROFESSIONAL LAND SURVEYOR L-5133
NORTH CAROLINA SEAL L-5133 ERIC SCOTT CHURCH

Turnmire



25 WIDE X 64 LONG
(THREE BEDROOM STANDARD)
(MOD ONLY)

(GOURMET KITCHEN)

TRU PERFORMANCE
3 BR.

Acknowledgement of Plans Submittal ONLY!

Date 6-15-2021

Date 6-14-2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316555 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4712438570.000	1223 EUFOLA RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: TURNMIRE WILLIAM M+BRENDA W	Name: 1ST CHOICE HOUSING INC
Address:	Address: 16507 NORTHCROSS DR STE G
	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)883-8228

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.83	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

MODULAR

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES 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.

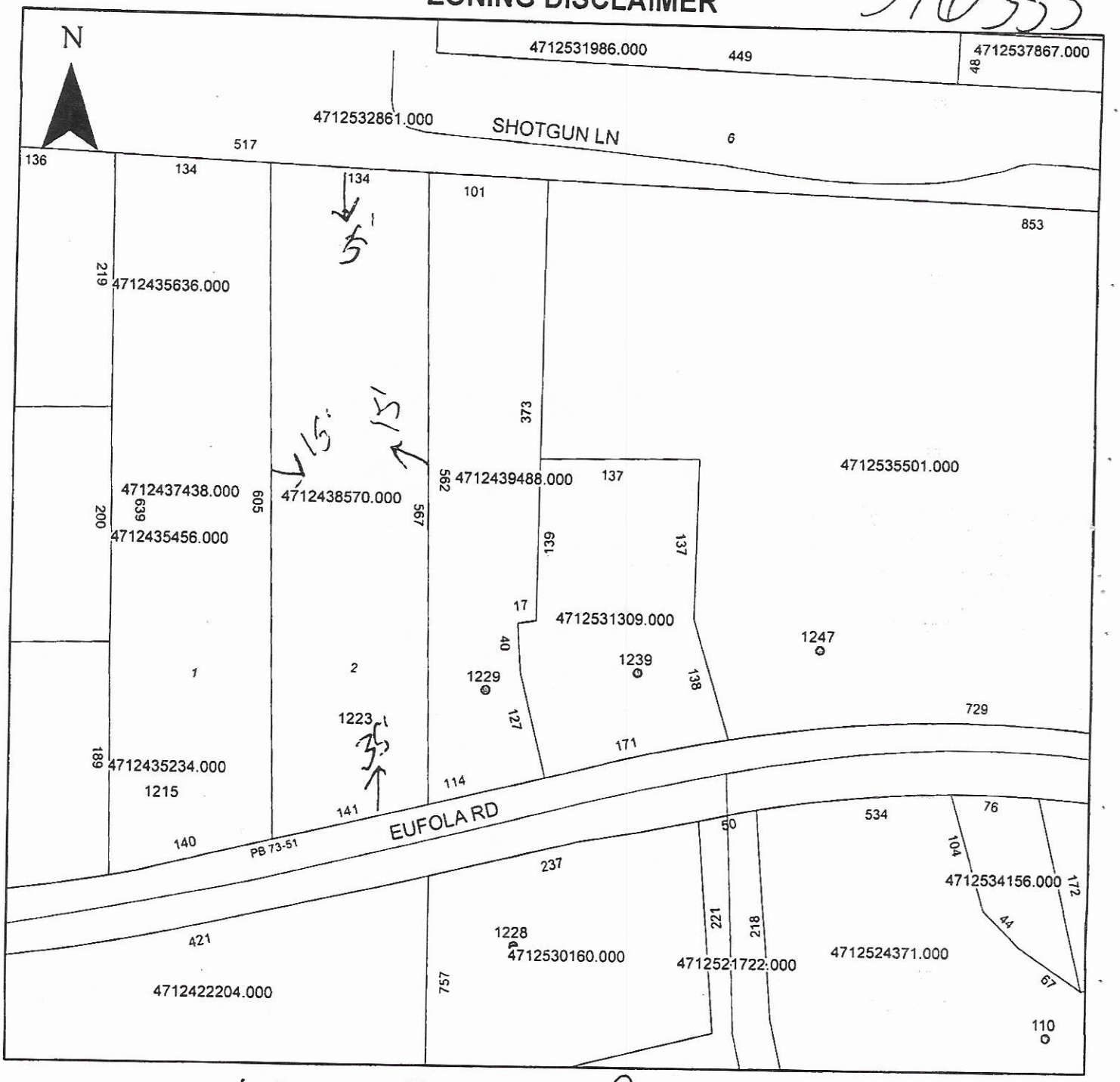
Signature of Owner/Contractor

Date: 04/08/2021

Permit Number	316555	TOTAL FEES:	$77.25

ZONING DISCLAIMER

316555



Property Address 1223 Eufiela 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.

Applicant

4/8/2021
Date