ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306621

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

PIN # 4713019603.215

APPLICANT/OWNER: Tamera WATT | APPLICANT ADDRESS: 6732 W. Coalmine Ave #241 Littleton Co. 80123

SITE ADDRESS: 215 Jarrett Lane, Statesville NC 28677 | PHONE: 704-450-1447 | ALT. PHONE: -

SITE DIRECTIONS: OLD MTN Rd to Lewis Ferry Left on Jarrett Lane go 1/2 mile on Left | SAP CONTROLLED: ☐ YES ☒ NO

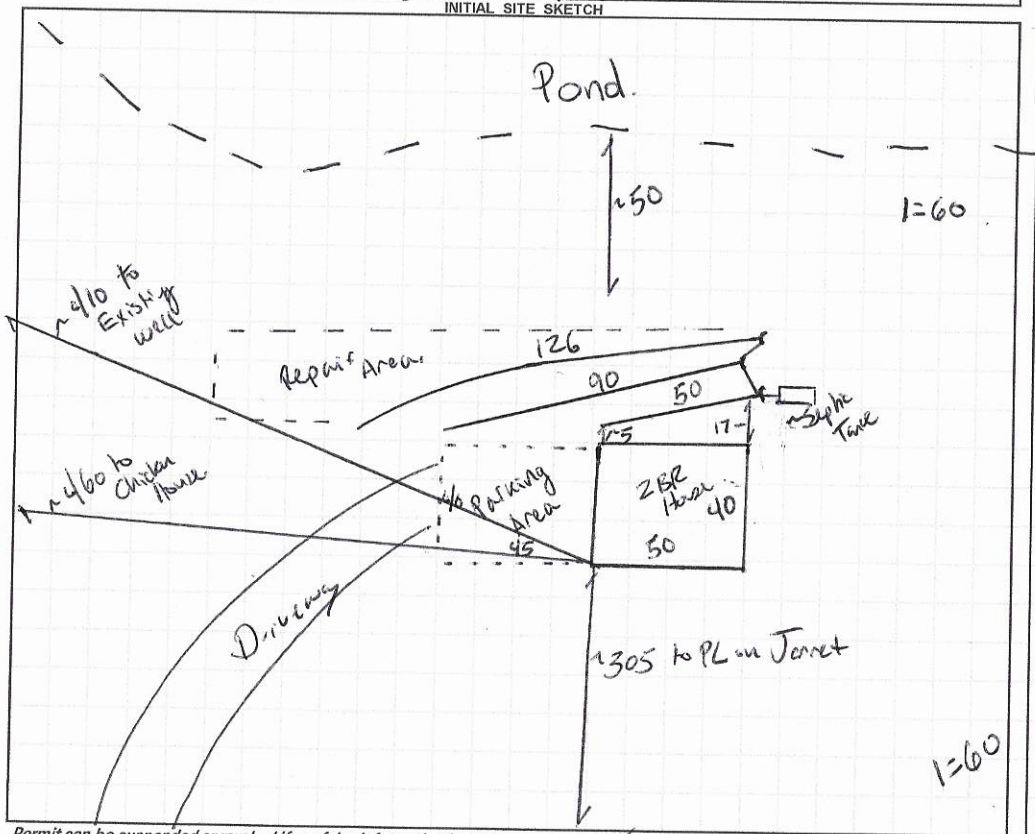
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 102.00 | DESIGN FLOW: 240 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	2/27	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	LPP PBBS - 50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width		Trench Bottom Depth (maximum)	36 max	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

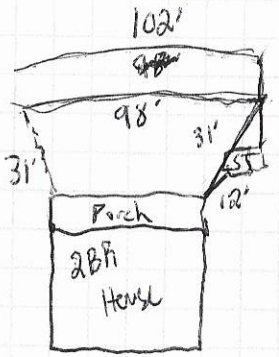
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the Land Utilize Serial distribution. Do not exceed max 36 inches. Only Install 200 Linear ft of Drainfield. Maintain 50ft from Pond.

INITIAL SITE SKETCH



AS BUILT SKETCH



FOR SEPTIC 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.

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: 5-12-2020 Installed by: Stutts Grading + Land

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 5-8-2020 OPERATION PERMIT by: Benjamin A Butler Date: 5-18-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butler Date: 5-8-2020 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)

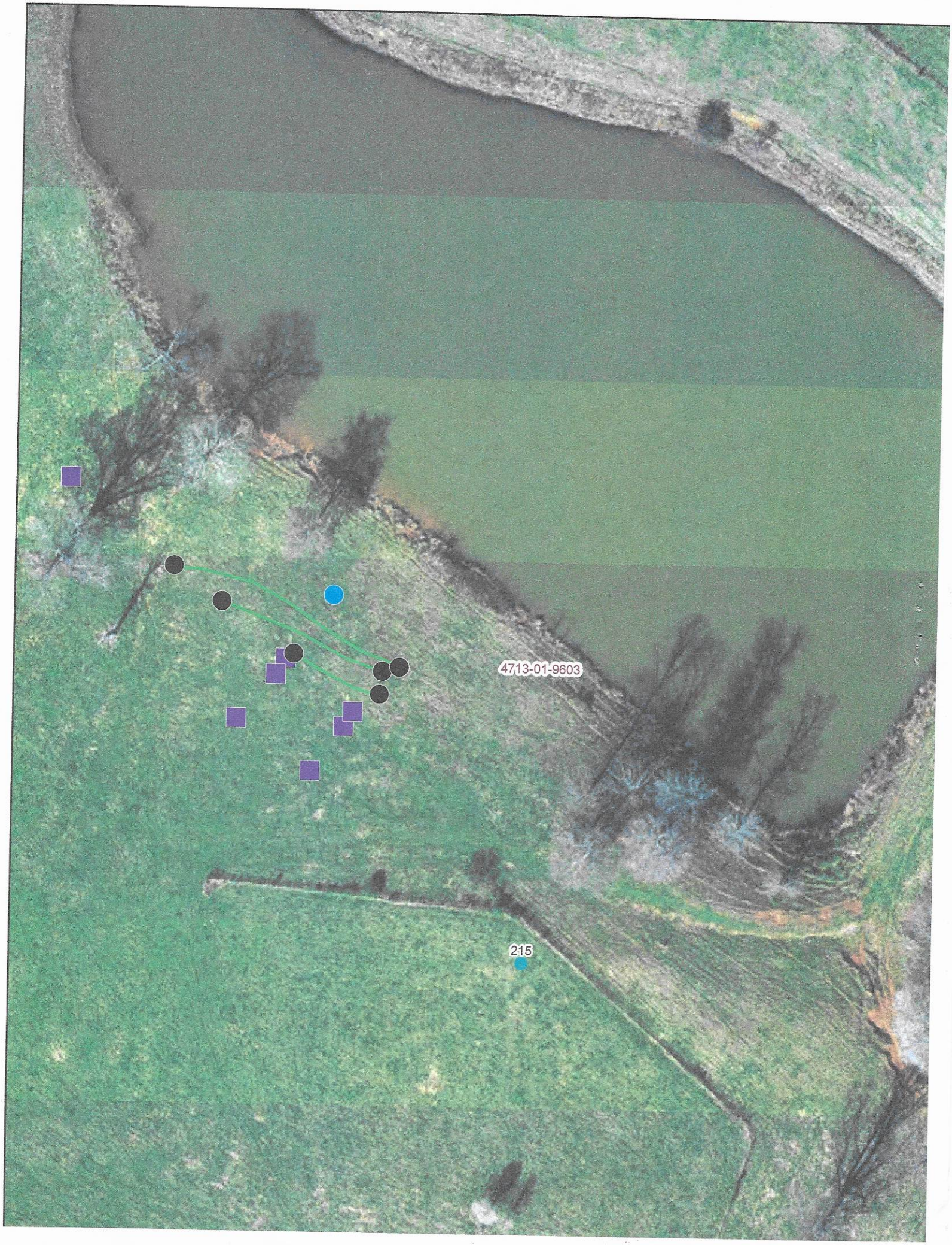
Sheet ____ of ____

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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	PROFILE CLASS & LTAR
1	LINEAR SIDE 15%	0-28	C, SBK	~~FR~~, S, P, SEXP	SAP INC THRU OUT MICA COMMON	57"+	NA	NA	PS .3
		28-57	C, ~~W~~SBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 15%	0-8	SCL SBK	FR, SS, ~~SP~~, SEXP	SAP INC THRU OUT FEW Y/B 48"+	56"+	NA	NA	PS .3 ABOVE 48"
		8-48	C, SBK	FR, S, P, SEXP					
		48-56	C, SBK	FI, S, P, SEXP					
3	~~LINEAR SIDE~~ HEAD 15%	0-43	C, SBK	FR, SS, P, SEXP	SAP INC THRU OUT ~~FE~~ MICA COMMON	55"+	NA	NA	PS .3
		43-55	CL, VFSBK	FI, S, SP, SEXP					
4	HEAD 15%	0-12	FILL	FILL	SAP INC THRU OUT MICA COMMON CHROMA 2+1 IN FILL	60"+	NA	NA	PS .3 IF FILL REMOVED
		12-43	C, SBK	FR, ~~SS~~, P, SEXP					
		43-60	CL, WSBK	FI, ~~SS~~, SP, SEXP					
5	LINEAR SIDE 10%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	55"+	NA	NA	PS .3
		10-48	C, SBK	FR, S, P, SEXP					
		48-55	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS: _____


4713-01-9603
215

AP-306621
$500.00

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*

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 .1938(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) Littleton, Co.

Applicant Name: Tamera Watt Address: 6732 W. Coal Mine Av. #241 Zip: 80123
Applicant Email: _____ Phone: 704-450-1447 Alt. Phone: _____
Owner Name: Tamera Watt Address: 6732 W. Coal Mine Ave. #241 Zip: 80123
Owner Email: _____ Phone: 704-450-1447 Alt. Phone: _____

Property Information:

Street Address: 215 Jarrett Lane, Statesville, N.C.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 0.0 Atn. R& to Lewis ferry to left on Jarrett Lane go ½ mile on left

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 2-4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____
( ) 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: Tamera Watt 4/16/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

billyandebbie80@gmail.com

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, TAMERA WATT, am the legal owner(s) of the property located at 215 JARRETT LANE, STATESVILLE, N.C., identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Billy ELLENBURG, _____, 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.

* Tamera Watt
Signature of Owner(s)

4/6/20
Date

Mooresville - Environmental Health

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

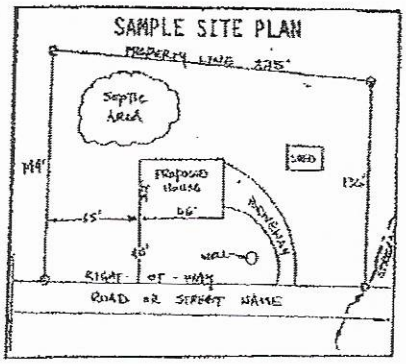
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

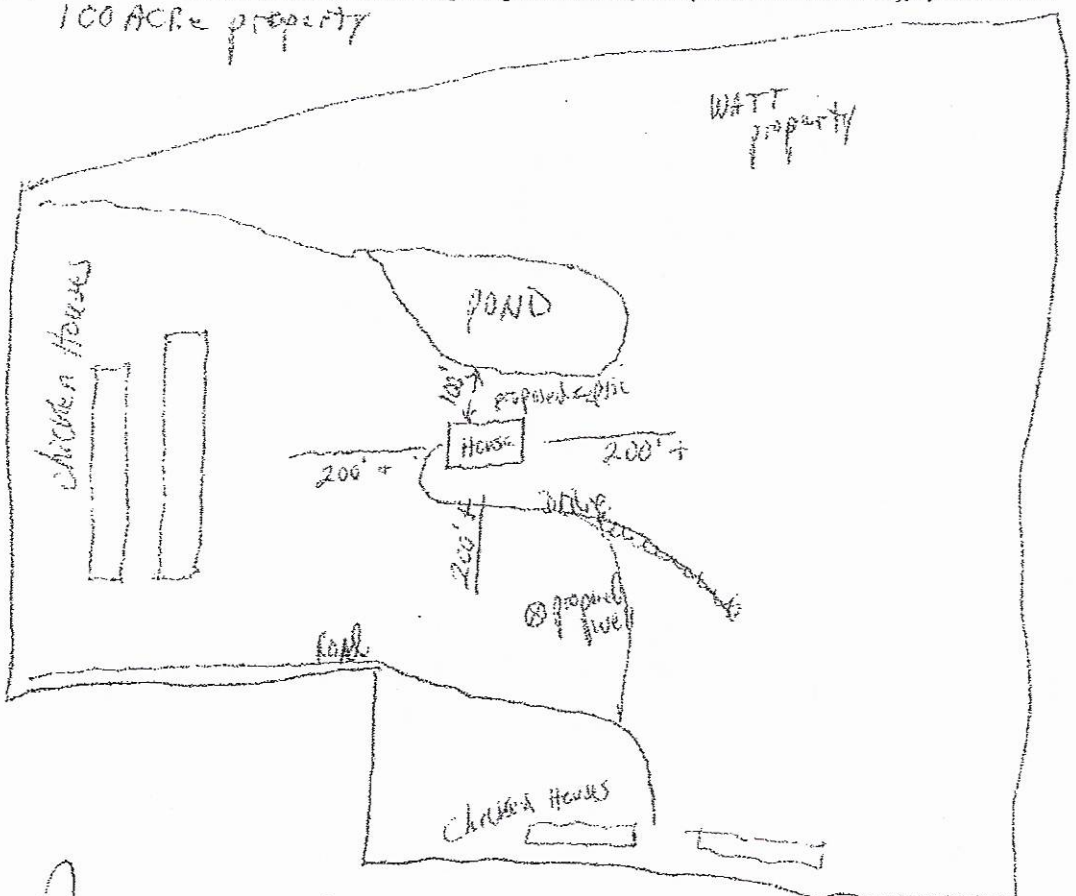
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

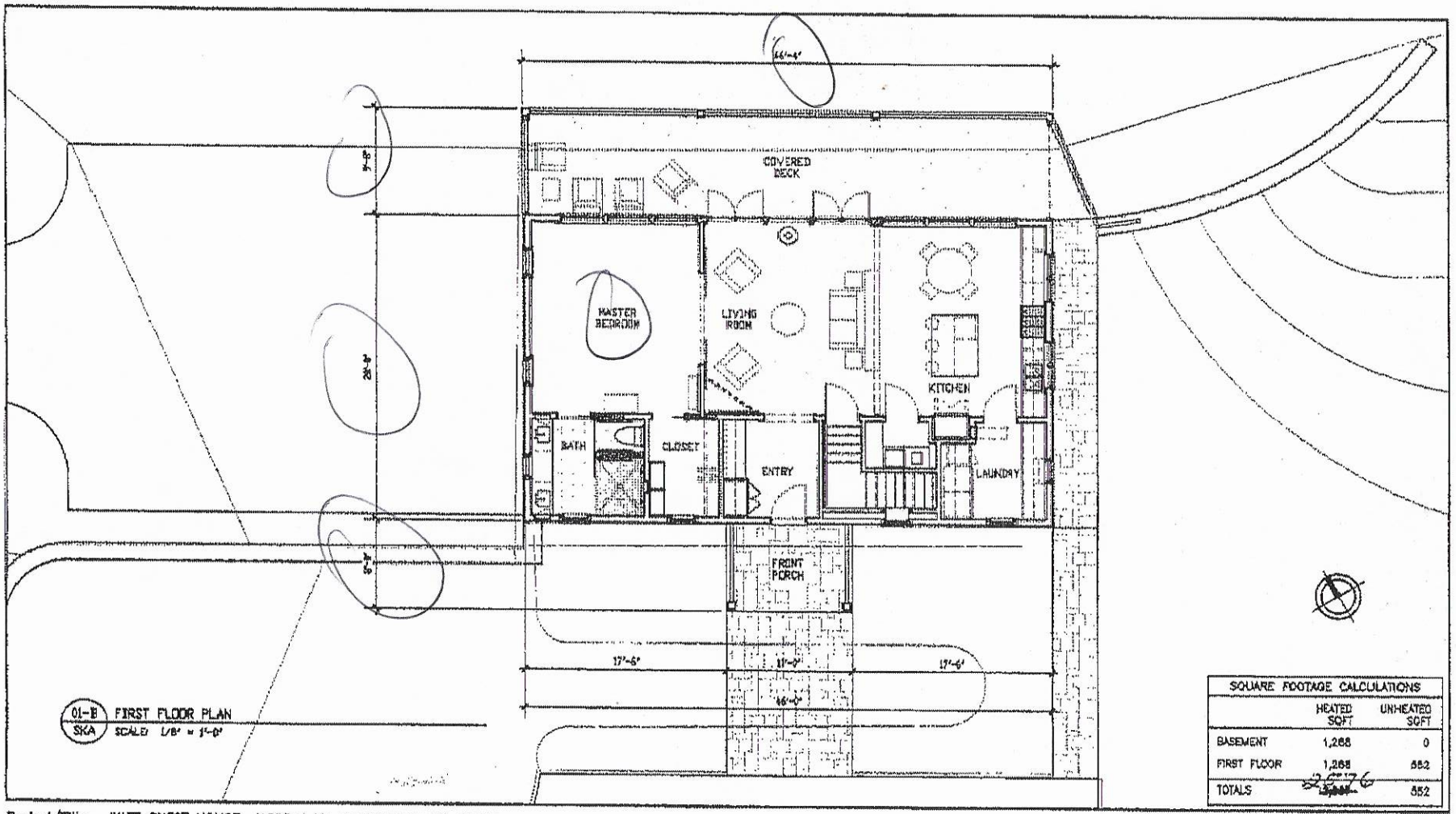
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

4/6/20
DATE



SQUARE FOOTAGE CALCULATIONS		
	HEATED SQFT	UNHEATED SQFT
BASEMENT	1,268	0
FIRST FLOOR	1,268	552
TOTALS	2536	552

Project/Title: WATT GUEST HOUSE, JARRETT LN, STATESVILLE, NC 28677
FIRST FLOOR PLAN
FOR PERMITTING ONLY

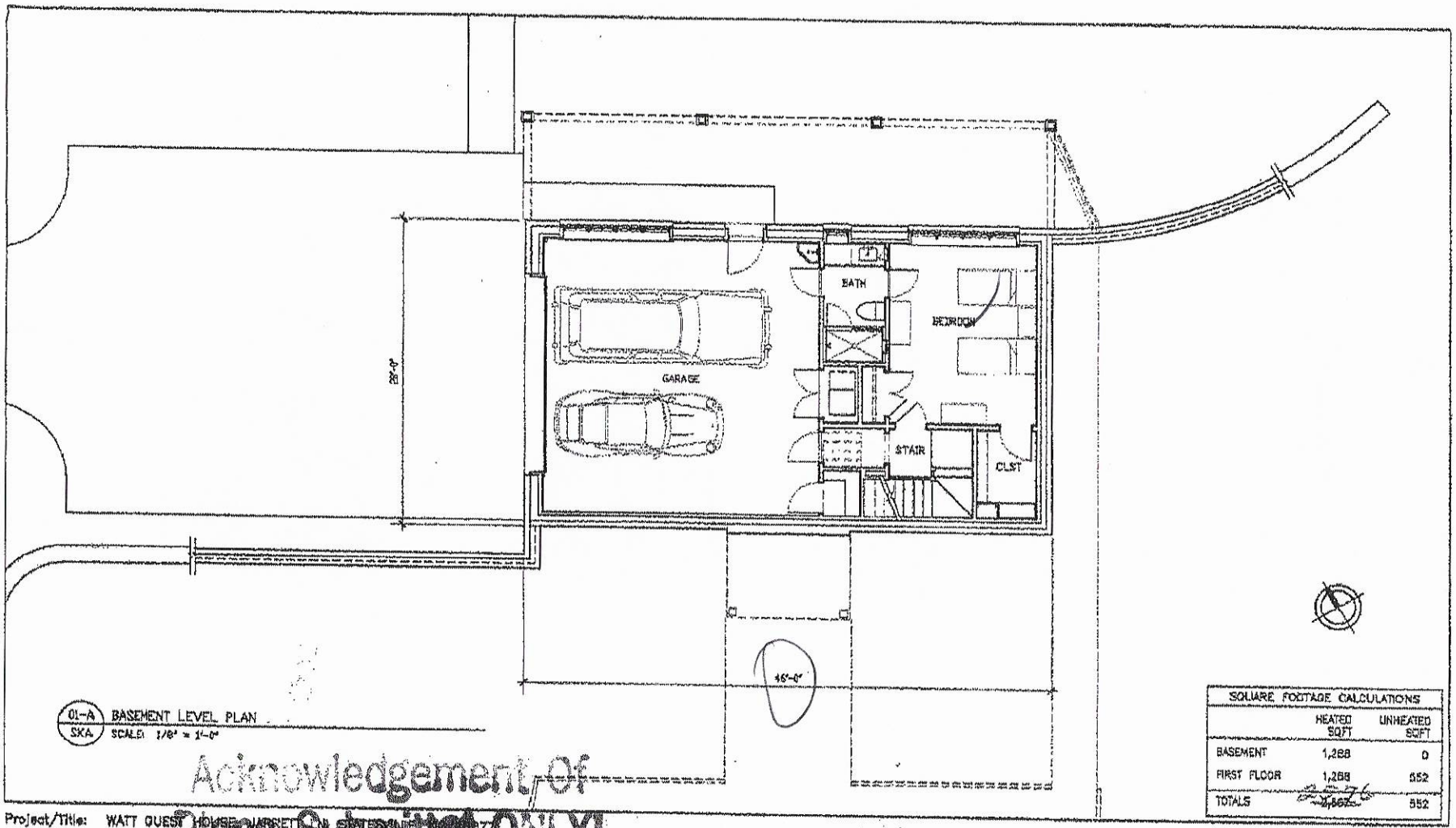
Date: 12/12/19 No. SKA-01B

Scale: 1/2" = 1'-0"

Acanthus Architecture, P.A.
1124 Brookstown Ave., Winston-Salem, NC 27101
(336) 721-2101

Acknowledgement Of
Plans Submitted ONLY!
4-7-2020 Date
Date 5-8-2020

1/7/2020 8:43 PM FROM: Staples TO: +17048783171 P. 9



01-A SKA BASEMENT LEVEL PLAN
SCALE: 1/8" = 1'-0"

SQUARE FOOTAGE CALCULATIONS		
	HEATED SQFT	UNHEATED SQFT
BASEMENT	1,288	0
FIRST FLOOR	1,288	552
TOTALS	2,576	552

Acknowledgement Of
Plans Submitted ONLY!

Project/Title: WATT GUEST HOUSE / GARRETT RESIDENCE
BASEMENT LEVEL PLAN
FOR PERMITTING ONLY

Date: 12/12/19 No. SKA-01A

Scale: 1/8" = 1'-0"

Acanthus Architecture, P.A. 1124 Brookstown Ave., Winston-Salem, NC 27101 (336) 721-2101

Date

Date 8-8-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306621 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713019603.000	215 JARRETT LN	Iredell County

Owner Information	Applicant Information
Name: T+T OUTDOORS LLC Address: Phone:	Name: WATT, TAMERA Address: 6732 W. COALMINE AVE. #241 LITTLETON, CO 80123 Phone: (704)450-1447

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

STICK BUILT HOME

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure. MUST BE 50 FEET FROM THE POND.

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

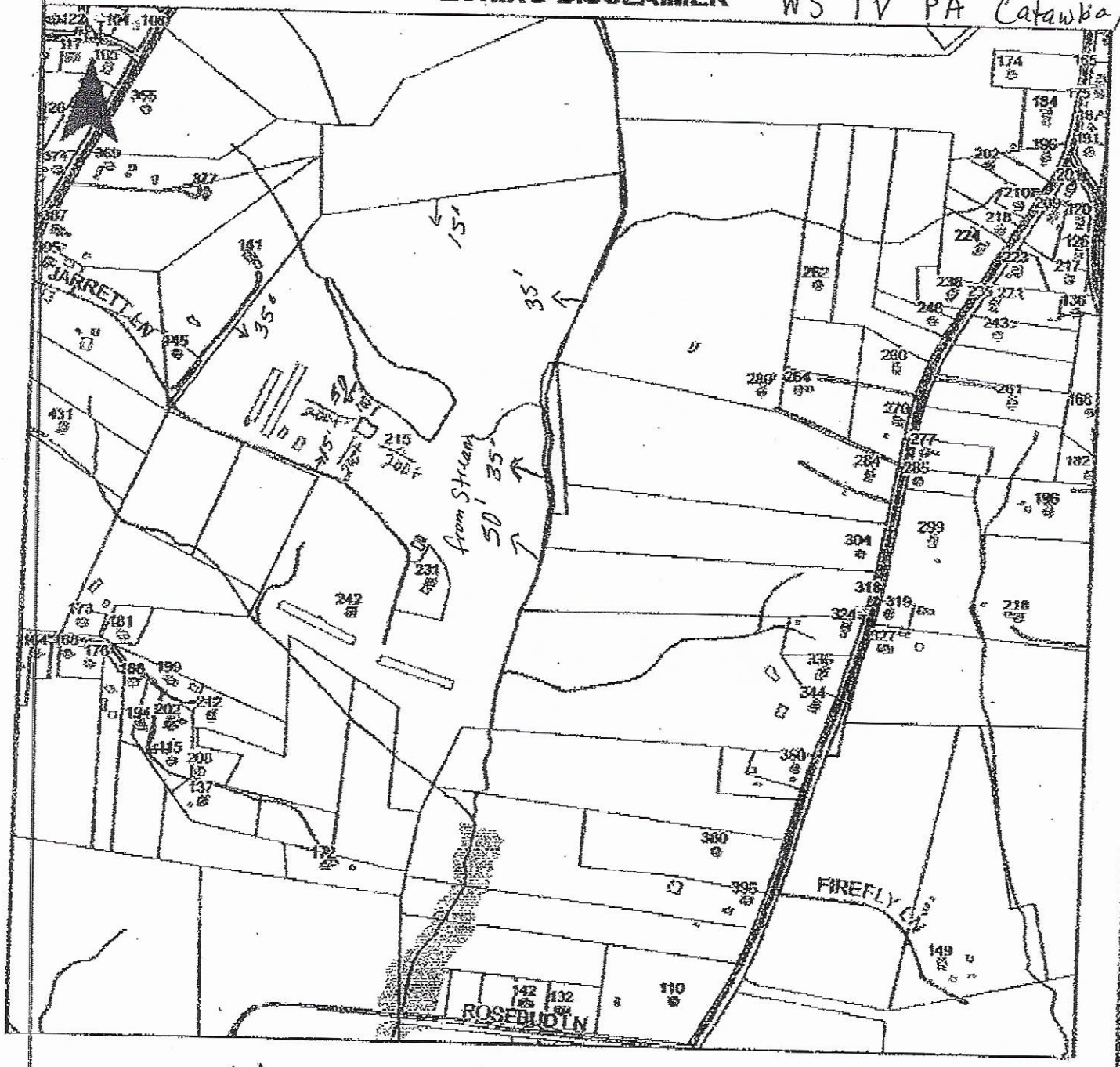
Date: 04/08/2020

Permit Number	306621	TOTAL FEES:	$77.25

306621 FL-NO RA 102.516 AC

ZONING DISCLAIMER

WS IV PA Catawba/LN



Property Address 215 Jarrett Ln.

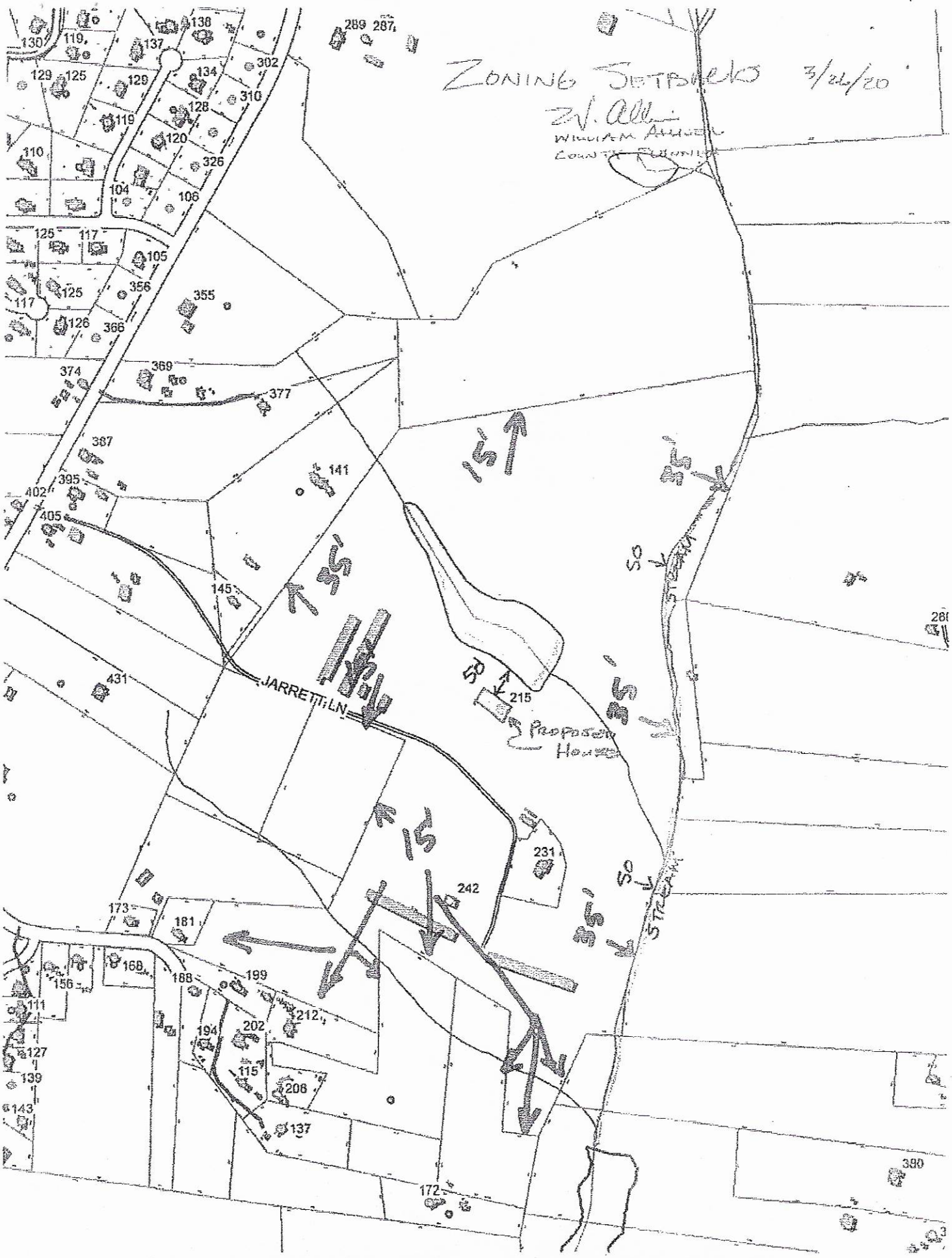
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see attached set back sheet per W. Allison. 3-26-2020

Applicant

3-25-2020

Date


ZONING SETBACKS 3/24/20
W. Allen
WILLIAM ALLEN
JARRETT LN
Proposed House
STREAM
STREAM
15'
15'
15'
15'
50'
50'
50'
130
119
137
138
289
287
129
125
129
134
302
310
128
119
120
326
110
104
106
125
117
105
117
125
356
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126
366
374
369
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387
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402
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145
431
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