IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242994

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

PIN # 4713868730

APPLICANT/OWNER: Steve Rourds APPLICANT ADDRESS: 135 Dublin Ct.

SITE ADDRESS: 135 Dublin Ct. Statesville, NC 28677 PHONE: 704-682-4786 ALT. PHONE

SITE DIRECTIONS: Old Mountain → R on Bethlehem → R on Greenwich → L on Heathrow → R on Dublin → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Landings SECTION: 3 LOT # 73 LOT AREA: .54 ac DESIGN FLOW: 360gpd L.T.A.R.: .275 (repair)

Septic Tank existing (gal) STB 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: existing

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

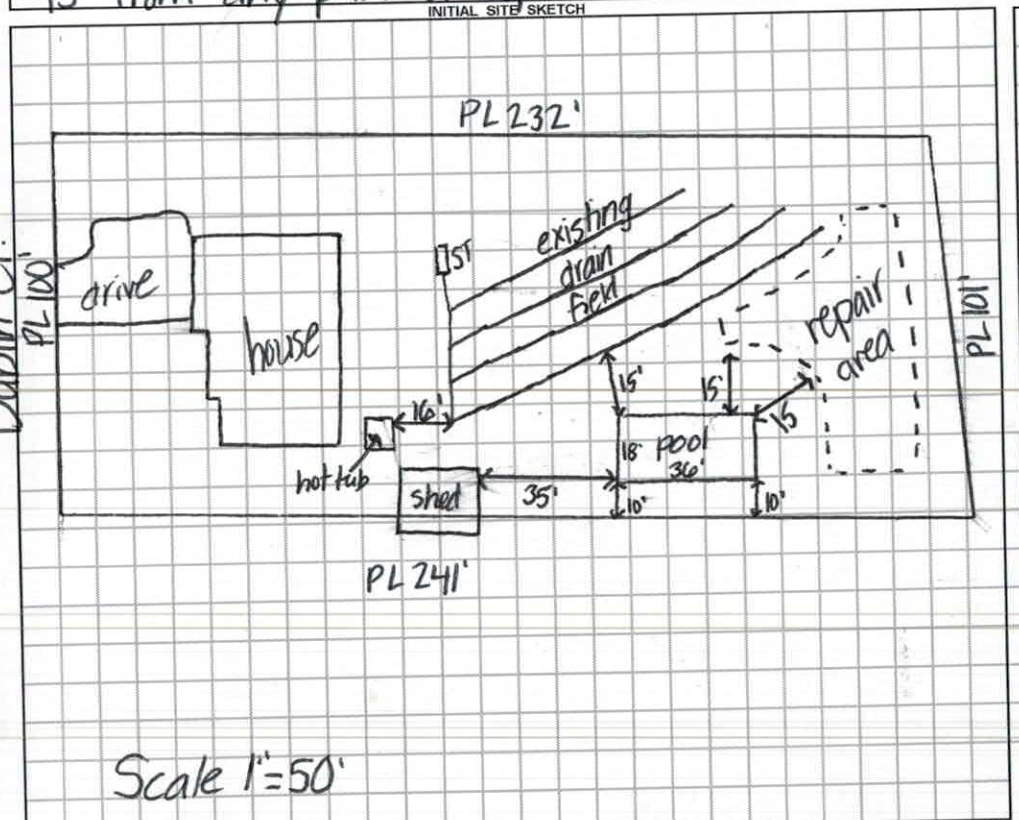
No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: The purpose of this permit is to relocate repair area for a pool. Pool must maintain 15' from any part of septic.

INITIAL SITE SKETCH



Scale 1"=50'

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: S. Rourds Date: 5/1/19 Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 4-30-19 OPERATION PERMIT by: Kayla Wilson Date: 4-30-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-30-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4713868730
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

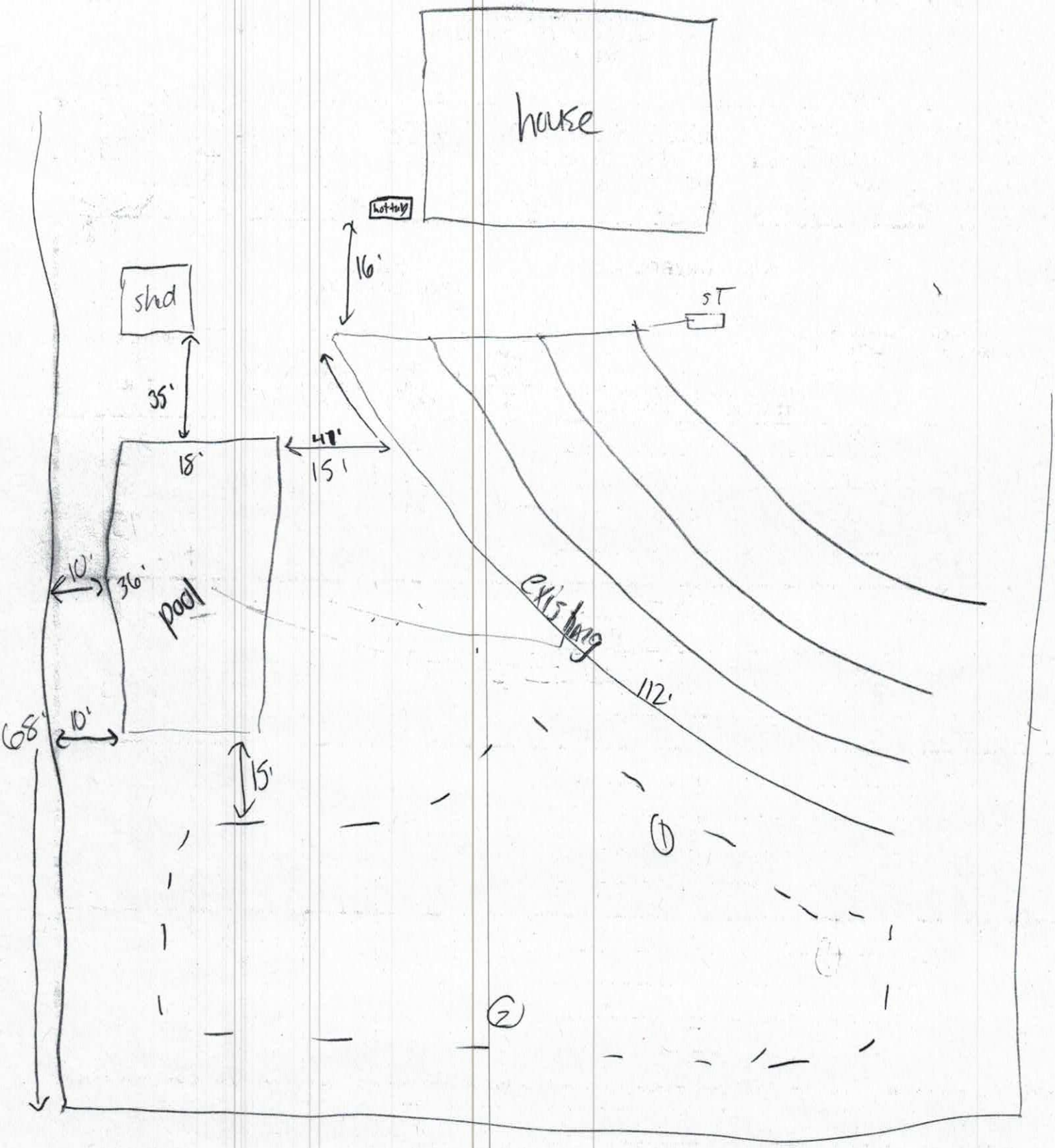
OWNER: Lois Fox
ADDRESS: 135 Dublin Ct.
APPLICATION DATE 3-18-19
DATE EVALUATED: 4-29-19
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .54ac
LOCATION OF SITE: Bethlehem→R on Greenwich→L on Heathrow→R on Dublin→1st on L
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☐ 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	PROFILE CLASS & LTAR
1	10% LS	0-12	compacted	—	—	51	—		PS .275
		12-18	WSBK SCL	Fr, SS, SP, SE					
		18-51	SBK C	Fr, SS, SP, SE					
2	9% LS	0-10	compacted	—	—	49	—		PS .275
		10-17	WSBK SCL	Fr, SS, SP, SE					
		17-49	SBK C	Fr, SS, SP, SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IV
Site LTAR		.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


house
hot tub
16'
shd
35'
ST
41'
15'
18'
10'
36'
pool
existing
112'
68'
10'
15'

RECEIVED MAR 1 8 2019

Paid $250.00

#242994

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) 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) Lois Rounds (Fox)

Applicant Name: ~~Steve Rounds~~ Steve Rounds Address: 135 Dublin Ct. Zip: 28677

Applicant Email: Srounds@toter.com Phone: 704 682-4786 Alt. Phone: _____

Owner Name: Lois Rounds Address: 135 Dublin Ct. Zip: 28677

Owner Email: Loislulufox2@gmail.com Phone: 704 775-3576 Alt. Phone: 704 682-4786

Property Information:

Street Address: 135 Dublin Ct. Statesville 28677

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

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
( ) New Well ( ) Existing Well ( ) Community Well (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Lois V. Rounds (Fox) 3/18/19
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*) Lois V. Rounds
Stephen J Rounds

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, LOIS ROUNDS (FOX), am the legal owner(s) of the property located at 135 DUBLIN CT., identified as

PIN (Parcel Identification Number) 4713-86-8730, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) RONNIE MORRISON, _____, 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.

Lois Rounds (Fox)
Signature of Owner(s) _____ 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

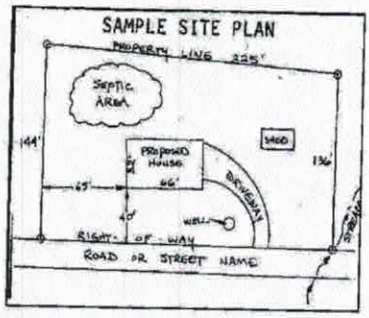
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) 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

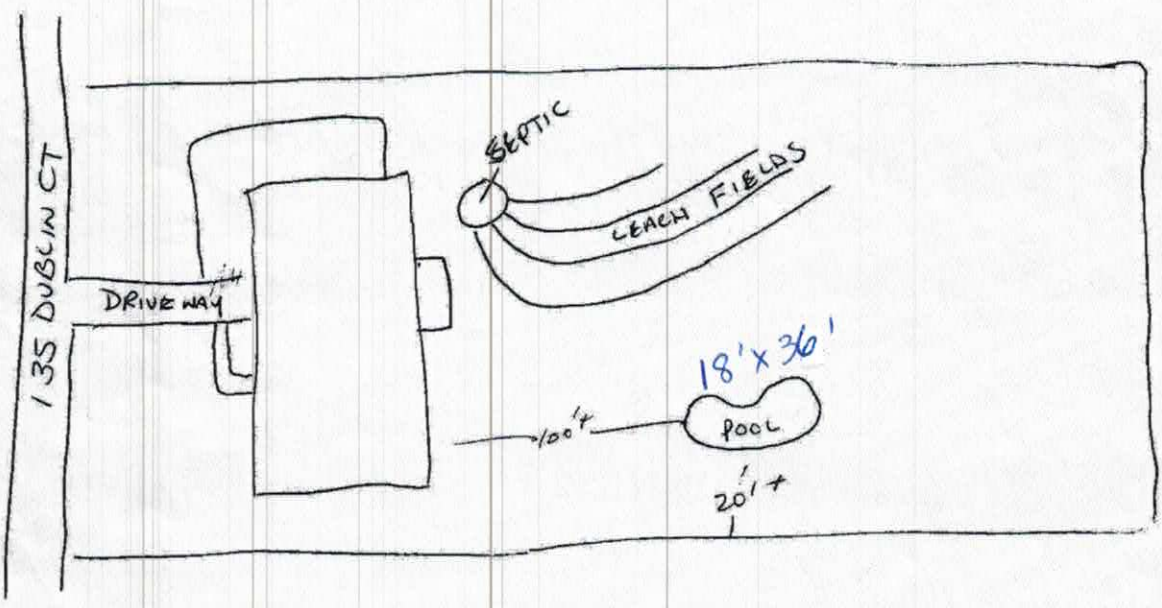


Circle N/A on the following if appropriate:

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: Rais Bowls

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

3/18/19
DATE

(CF)

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

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

PERMIT# 106196 PIN# 4713-16-8780 DATE 5/22/02

OWNER OR CONTRACTOR Collier Properties PHONE: Business (704) 201-4998 Home Legacy Builder

ADDRESS P.O. Box 5906 Statesville N.C. 28687

LOCATION Hwy 70 West Bus. Bethelam Rd. (2) from the Ma trailer (2) on Dublin Ln.

SUBDIVISION The Estates BLOCK / SECTION III LOT 73 LOT AREA .540 Ac. SITE CLASS IV DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 799 Date 5-22-02 | X New System ; Repair System Type I (II) III IV V | X House/Mod. Home No. Bedrooms 3 | Water Supply: ☐ Individual X Public ☐ Community

Pump Tank: Gallons; PT Date | System Description: Conventional | Mobile Home No. Bathrooms 2

Pump Make: Model Serial No | Repair System Description: Empty Fill Reduction | Business No. Employees

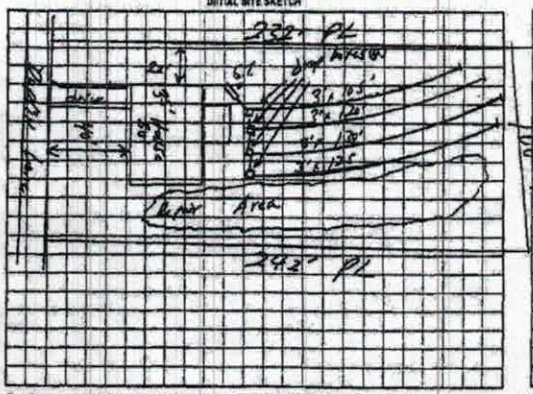
Notification Field: No Fields 1 Square Feet 140 Linear Feet 480 | Maintenance Agreement Required: Yes X No | Other

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" | Slab X Crawl Space Basement w/plumbing Basement w/o plumbing

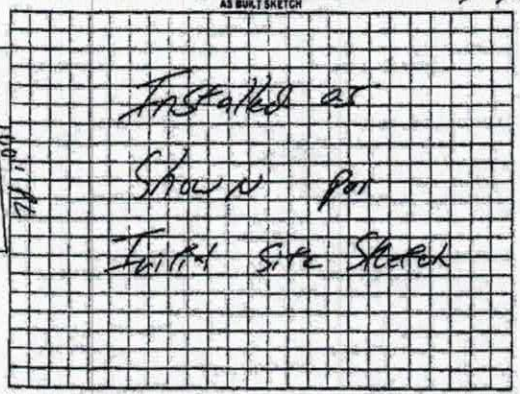
Comments/Conditions: Install Once on Contour @ Bottom Install when wet.

Comments/Conditions: 2 bdrm Site & S.T. marked Trenches Checked 1st line (100') & 2nd line (110') - okay 5/28/02 Checked 3rd line (130') & 4th line (140') okay 5/29/02

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. 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: [signature] date 7-19-02 Installed by Sammy Shoemaker

Improvement Permit by: [signature] date 5/22/02 Operation Permit by: [signature] date 9/29/02

Authorization to Construct by: [signature] date 5/22/02 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY

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

APPLICATION NUMBER
242994
Issue Date: 03/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4713868730.000	135 DUBLIN COURT, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	FOX LOIS V	Applicant:	FOX LOIS V
Address:	135 DUBLIN CT	Address:	135 DUBLIN CT
	STATESVILLE, NC 28677		STATESVILLE, NC 28677
Phone:		Phone:	

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.540		10.00	10.00	10.00	NOT	X

Remarks:

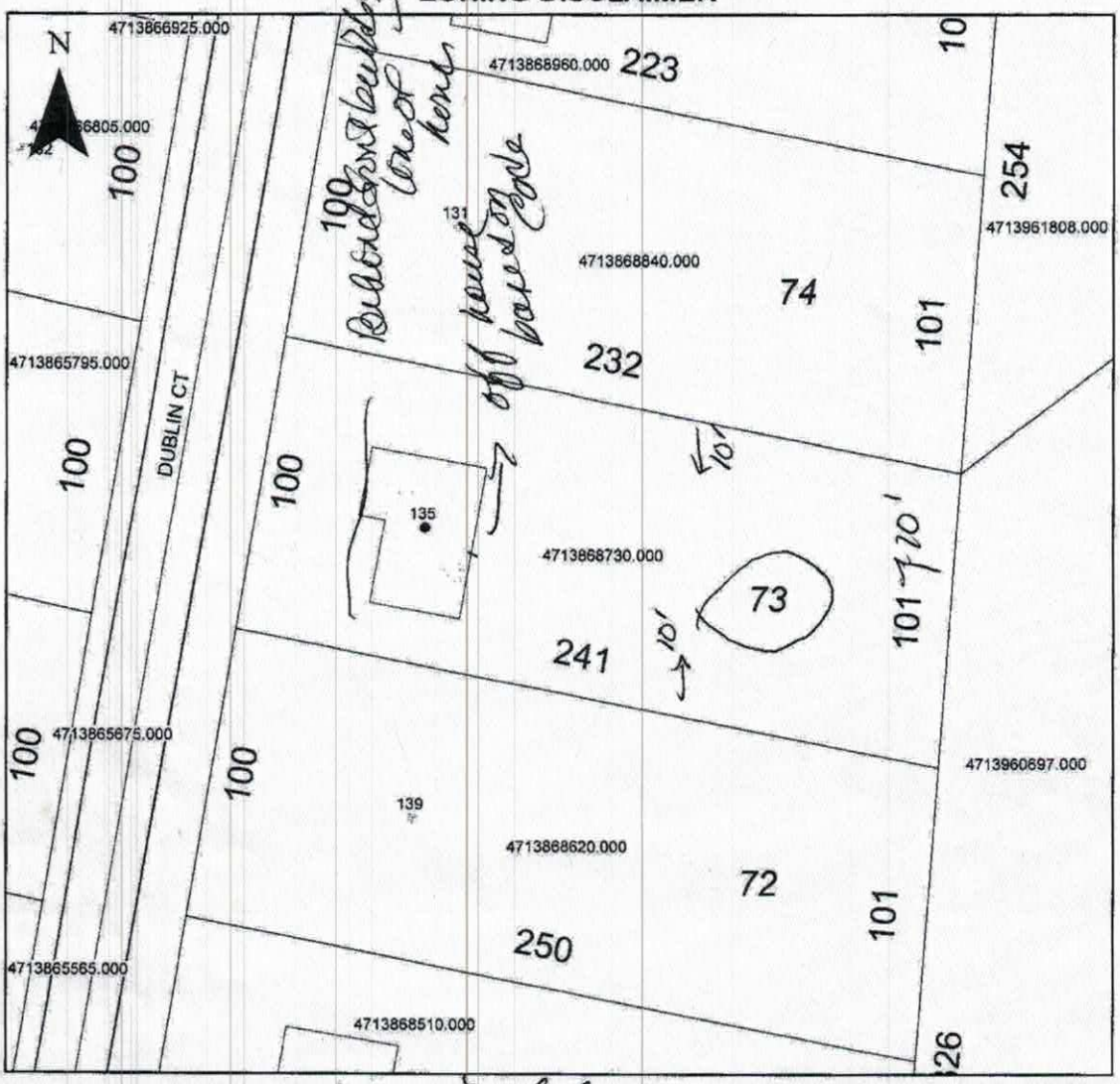
Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	170904	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 135 Dublin

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.

Lois Rounds (FOR)
Applicant

3/18/19
Date