IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213371

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

PIN # 4715086136

APPLICANT: Owner Mark Edwards APPLICANT ADDRESS: 127 Village Point Dr Statesville NC 28625

SITE ADDRESS: 127 Village Point Dr Statesville nc PHONE: 540-398-9124 ALT. PHONE: 580-336-7674

SITE DIRECTIONS: 90 W 60 3 miles T/L Village Point Dr House on left

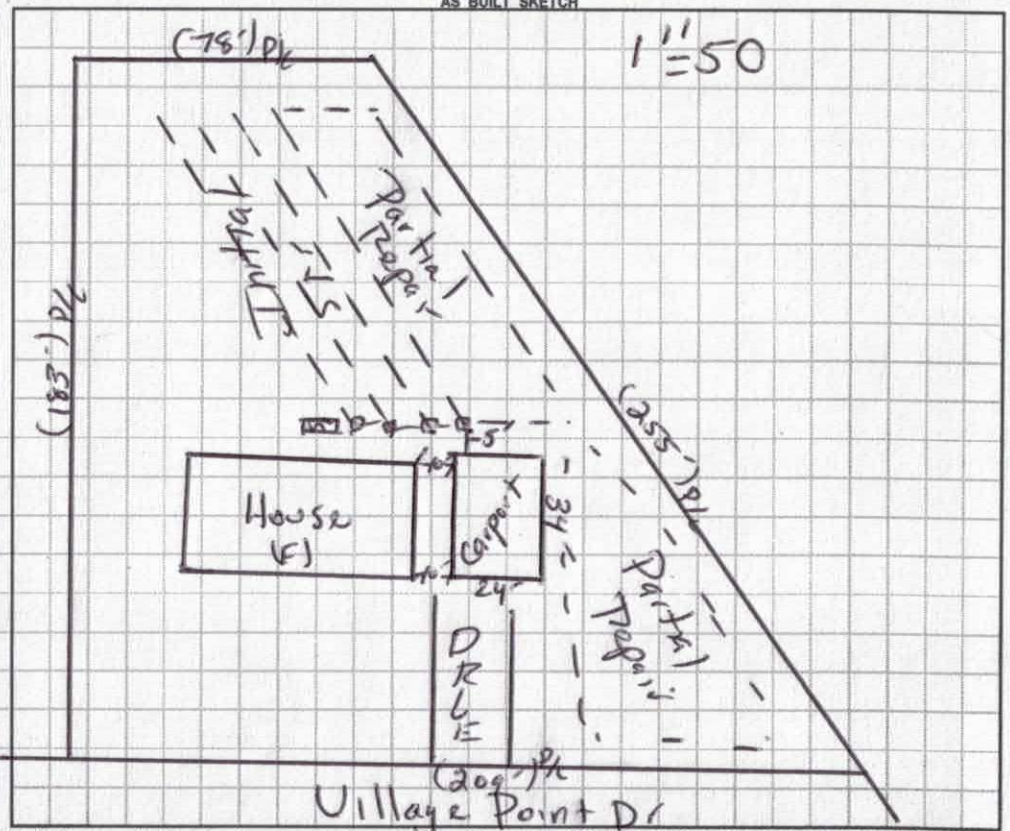
SUBDIVISION: Village Point SECTION: 1/4 LOT # 34 LOT AREA: 0.607ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	Ex (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	Ex	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing			☐ Business	No. Persons	Ex	☐ Private
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees		[X] Public
# Nitrification Fields	Ex # Lines	Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	[X] NO		☐ Slab	[X] Crawl Space		☐ Community
Trench Width	Ex Max. Trench Bottom Depth	Ex	Gravel Depth Ex	[X] GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be 35' from any part of STS.

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: Mark Edwards Date: 10/1/2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10/01/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

21371

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:

Applicant Name: MARK EDWARDS Address: [redacted] 28625 Phone: (540) 318-9124

Owner Name: MARK EDWARDS Address: _____ Phone: (540) 318-9124 (540) 336-7674

Property Information:

Street Address: 127 Village Point Dr. Statesville, NC 28625

Subdivision Name: Village Point Section/Phase: _____ Lot Number: 34

Driving Directions: I40 West to Exit 148, R onto 64W/90 W. R onto Rt. 90 W. Go 2.5 to 3 miles, L onto Village Point Dr. House on L #127.

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: Metal Carport

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: 864 (24 x 36) Carport
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: Mark Edwards 9/8/20N

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

121 Village Point Dr

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

_____ **Property Line measurements are clearly identified...** _____ **All proposed structures are indicated...**

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

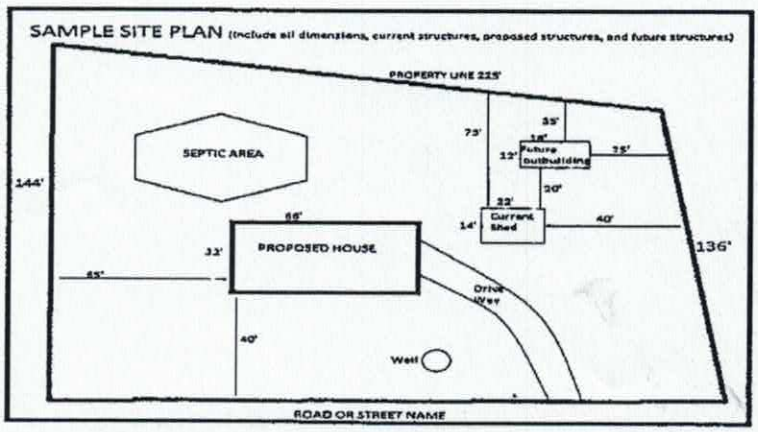
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

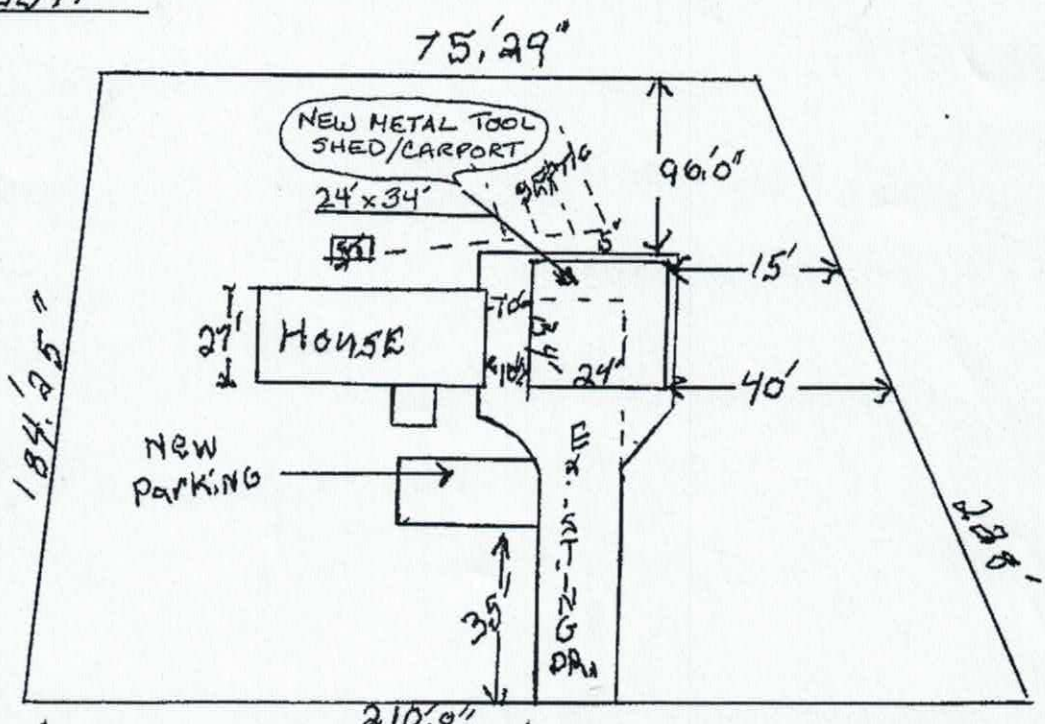
_____ **Location of septic systems and wells within 100' of your property... N/A**

_____ **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

#213371



Signature: Mark Zaharuk Village Point Dr. SEP/29/2015

REQUIRED property owner or owner's legal representative signature. DATE

(540) 336-7174

127 village Point DR
Statesville NC.
Village Point Subdivision.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091593 PIN# 4705988127 (pt) DATE October 9, 2000

OWNER OR CONTRACTOR Allied Partners PHONE Business 871-1536 Home

ADDRESS 310 Treebank Rd. Statesville

LOCATION 90 West Th just past Griffith Mtn onto Village Pt. Drive on left past jct w/ Bridge Hill Ct.

SUBDIVISION Village Point BLOCK / SECTION LOT 34 LOT AREA .6 ac SITE CLASS PS DESIGN FLOW 360gpd LTAR .25-.3

Septic Tank. 1000 Gallons: STB 1012 Date 7-12-02
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4 @ 80' Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

~~New System~~ Repair System Type I II III IV V VI
System Description Gravity Innovative - 25% Red
Repair System Description ~~Same~~ 50% Red
Maintenance Agreement Required Yes ~~No~~
Slab ~~Crawl Space~~ Basement w/plumbing Basement w/o plumbing

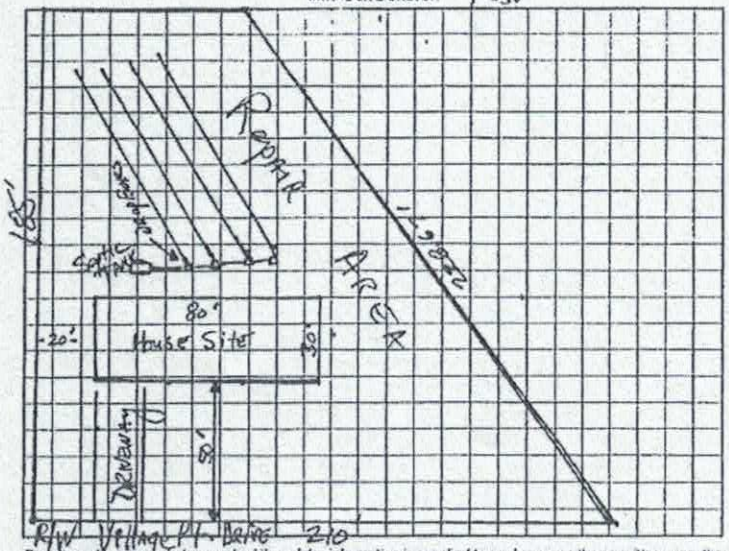
~~House/Mod Home~~ No Bedrooms 3
Mobile Home No Bathrooms 2
Business No Employees
Other

Water Supply
[ ] Individual
~~Public~~
[ ] Community

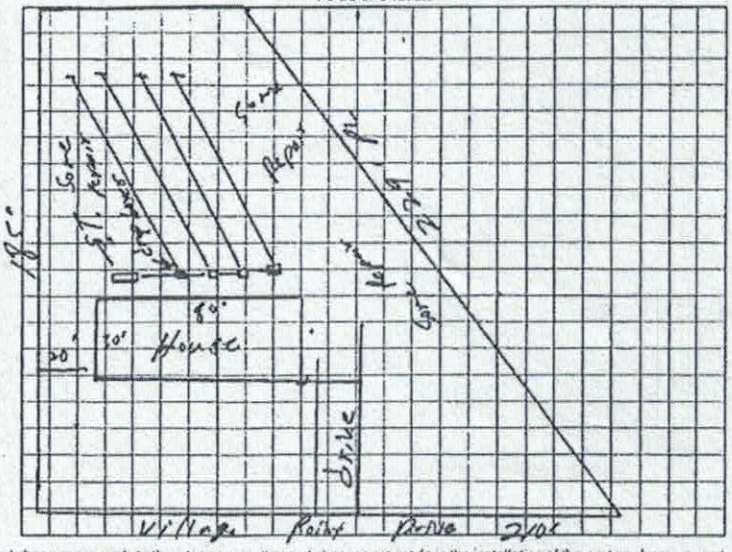
Comments/Conditions:

Comments/Conditions - Septic Tank Marker, Tuff-Tite Filter Installed
- E-Z Lay Installed

INITIAL SITE SKETCH 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. 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: date Installed by: Al Backhoe

Improvement Permit by: date 10-9-00 Operation Permit by William O. Johnson date 9/30/02

Authorization to Construct by: William O. Johnson date 10-23-02 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
213371
Issue Date: 09/08/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4715086136.000	127 VILLAGE POINT DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EDWARDS MARK	Applicant: EDWARDS, MARK
Address: 2432-137 BERRYVILLE PIKE STATESVILLE, VA 22603	Address: 127 VILLAGE POINT DR STATESVILLE, NC 28625
Phone:	Phone: 540-996-7674

Use Requested	Zone Code
864 SQ FT ACCESSORY STRUCTURE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.607	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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	48549	TOTAL FEES:	$ 77.25