ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-312380

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

PIN # 4715 - 69 - 2918

APPLICANT/OWNER: JAMES J. ADAMS APPLICANT ADDRESS: 336 NORTH CHESTNUT STREET, WESTFIELD, NJ. 07090

SITE ADDRESS: 182 CEDAR RIDGE LOOP, STATESVILLE, N.C. 28625 PHONE: 908-884-5089 ALT. PHONE -

SITE DIRECTIONS: (N) ON 115, (L) ON SCOTTS CREEK, (L) ON LITTLE FARM, (R) ON CEDAR RIDGE, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: CEDAR RIDGE SECTION: 2 LOT # 33 LOT AREA: 0.75 AC DESIGN FLOW: 360GPD L.T.A.R.: EXT

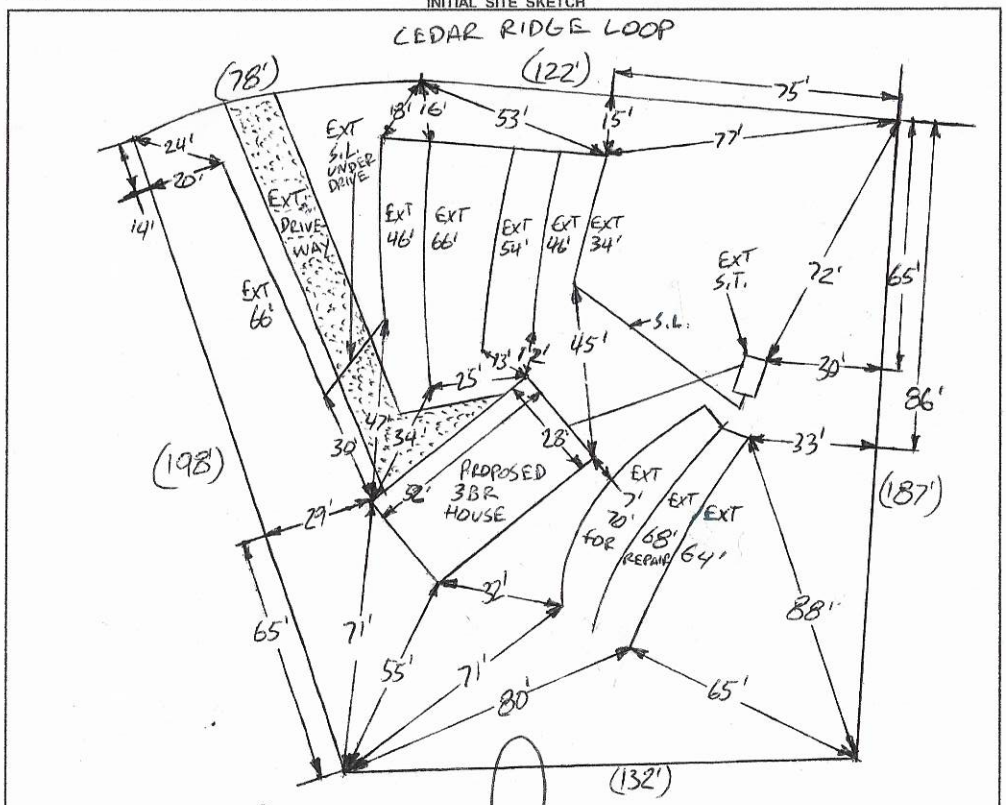
Septic Tank	EXT	(gal)	STB EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	-	(gal)	PT -	Date	-	System Description:	EXT - 25% REDUCTIO			☐ Business	No. Persons 6
Pump Make	-	Model	-	Serial #	-	Repair System Description:	EXT - CONVENTIONAL			☐ Other	No. Employees -
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☑ ~~NO~~		☐ Slab	☑ ~~Crawl~~ Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	-		☑ ~~GRAVITY~~	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ ~~Public~~ ☐ Community

Comments / Conditions: SYSTEM APPEARED TO BE FUCTIONING AT TIME OF INSPECTION, NO DRAINAGE OR DRAINAGE FEATURES TO BE INSTALLED AROUND HOUSE,

IF GRAVITY FALL FROM HOUSE TO EXT TANK CAN NOT BE MAINTAINED, NEW PERMIT REQUIRED TO RELOCATE TANK. DO NOT MODIFY INLET OF TANK.

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.

ALL PARTS OF FOUNDATION TO BE A MINIMUM OF 5FT FROM ALL PARTS OF SEPTIC

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: 3/29/21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Burt Cubbage Date: 3-19-2021

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

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

Iredell County Health Department – Environmental Health Division

AP- 3/2380
$200.00

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: James J Adams Address: 336 North Chestnut street Westfield N.J. Zip: 07090
Applicant Email: Gokart_racer@msn.com Phone: (908)884-5089 Alt. Phone: _____
Owner Name: James J Adams Address: 336 North Chestnut street Westfield N.J. Zip: 07090
Owner Email: Gokart_racer@msn.com Phone: 908-884-5089 Alt. Phone: _____

Property Information:

Street Address: 182 Cedarridge loop Statesville N.C. 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: 33
Driving Directions: Head west on NC-90 W toward Little Farm Rd. Turn right onto Little Farm Rd. 0.4 mi Turn left onto Cedar Ridge Ln. Destination will be on the right

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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2013
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

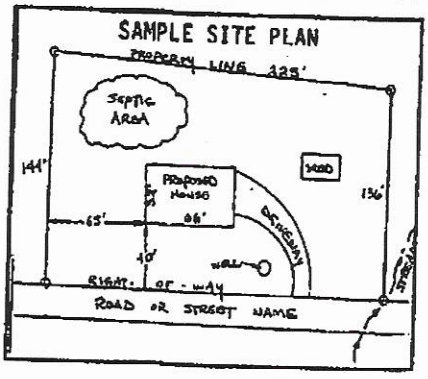
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 10-27-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

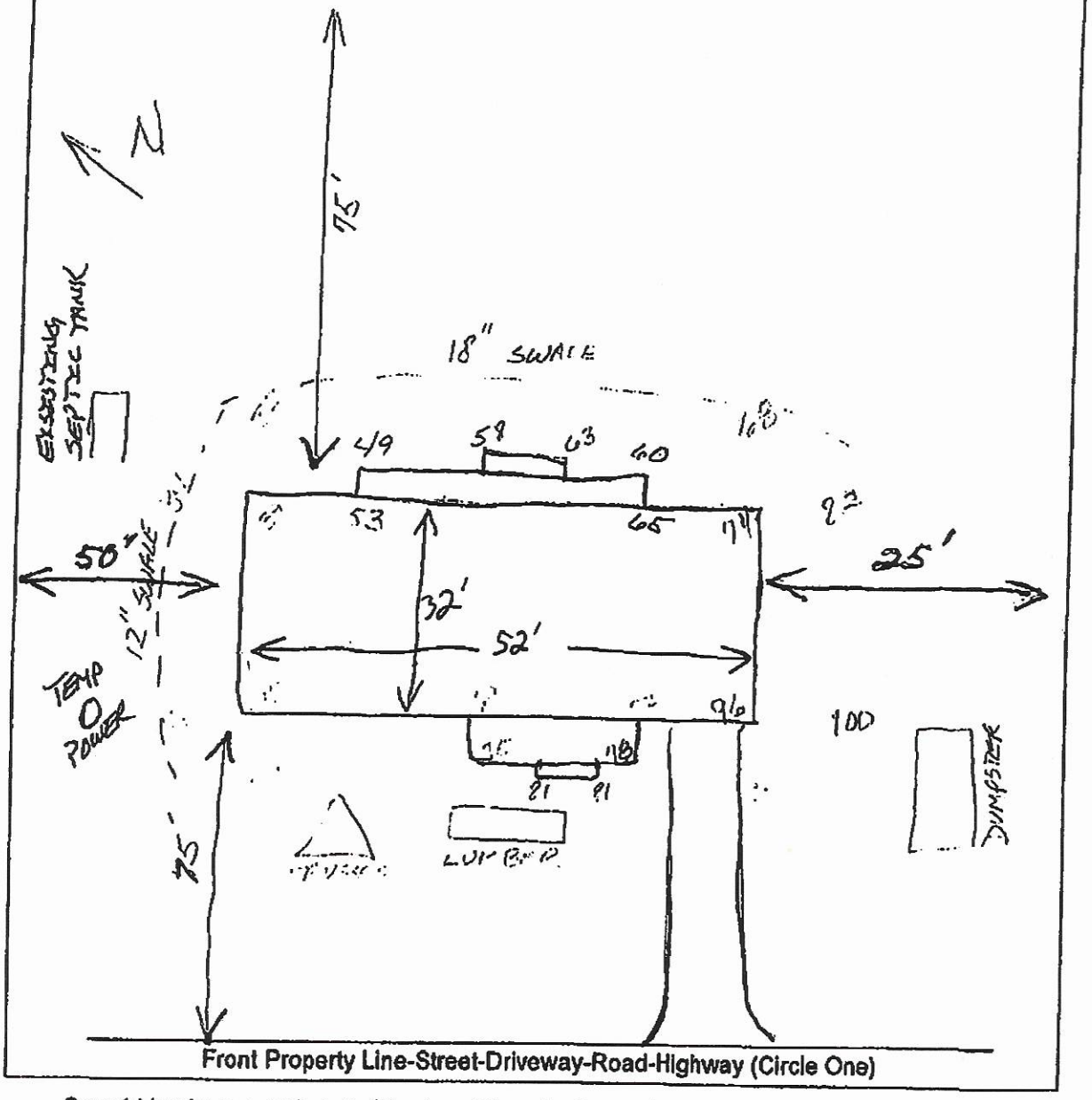
See 2 Attached Photos

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

10-27-20
DATE

51

SITE SKETCH



Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 8/30/20

Signature _____ Date __/__/__

Superintendent's Signature _____ Date 8/30/2020

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177166

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

PIN # 4715692918

APPLICANT: Tammy M Shepard APPLICANT ADDRESS: 182 Cedar Ridge

SITE ADDRESS: 182 Cedar Ridge Loop PHONE: 704 387 3383 ALT. PHONE:

SITE DIRECTIONS: Old 90 (R) onto Little Farm Rd, (L) onto Cedar Ridge, follow loop around and 182 on (R)

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: .64 Acres DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank Ex (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 270
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

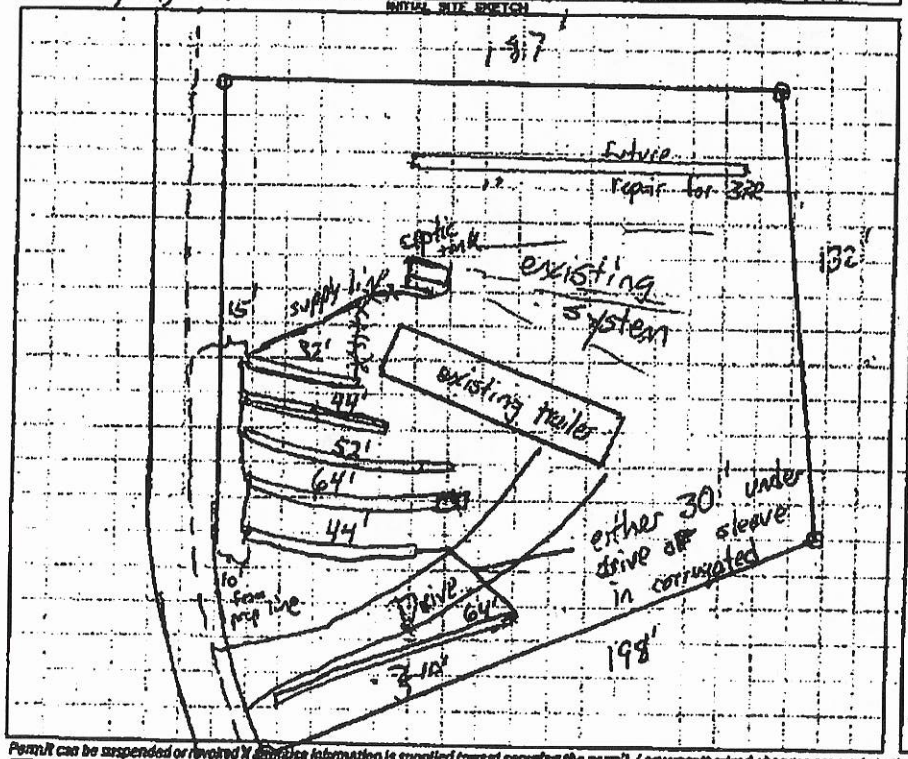
☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Using existing tank, connect to new field lines. 100% of line above system (existing) is reserved to bring system in compliance for 3BR. 100' of line above existing system does not need to be installed until that system is to be repaired or expanded.

System is in use

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made to the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plot 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: Date:

IMPROVEMENT PERMIT by: Date: 2-26-13

AUTHORIZATION TO CONSTRUCT by: Date: 2-26-13

Installed by: Piedmont Backhoe

OPERATION PERMIT by: Date: 3-8-13

Existing System Inspected by: Date:

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

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, James J. Adams, am the legal owner(s) of the property located at 182 cedar ridge Loop statesville N.C. 28625, identified as PIN (Parcel Identification Number) 4715-69-2918, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Cody Gibson, sedgewickhomes, 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.

_____ 3-24-21

Signature of Owner(s) 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 DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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☐ 2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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)
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_____ 10-27-20
Signature of Owner(s) 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

ES PLANS

RAL NOTES:

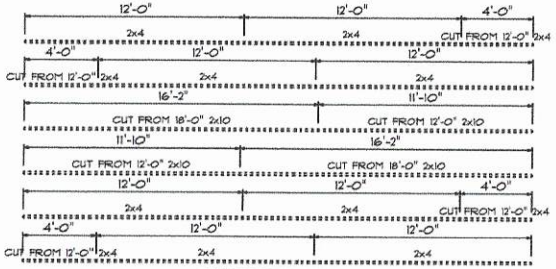
M CEILING HEIGHT TO BE 8'-1 1/8"
W & EXTERIOR DOOR HEADER HEIGHT TO BE
5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE
GARAGE DOOR, GARAGE ENTRY DOOR.)
UBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE
E AND LOCATION ONLY. ACTUAL STYLE & BRAND
TURES MAY VARY PER BUILDING LOCATION.
ATCHED WALLS REPRESENT INTERIOR LOAD
NG WALLS TYP.
DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS.
T OF WALL WILL BE PER PLAN. EX.
ET SHELF HEIGHT ABOVE FLOOR WILL BE:
OR SINGLE @ 42"/84" FOR DOUBLE TYP.

Acknowledgement Of Plans Submittal ONLY!

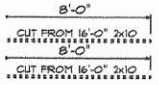
Date 3/29/21

Date 3-25-2021

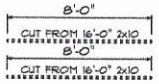
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



REAR PORCH BEAM
PAD OUT AS NEEDED



ORCH LEFT SIDE BEAM
PAD OUT AS NEEDED

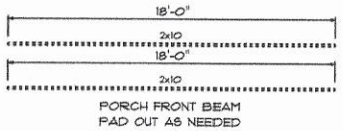


PORCH RIGHT SIDE BEAM
PAD OUT AS NEEDED

BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
18'-0"	2	10	2
16'-0"	2	10	2
12'-0"	2	10	2
12'-0"	2	4	4

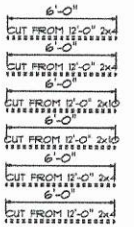
3 / A-2 REAR PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"



PORCH FRONT BEAM
PAD OUT AS NEEDED



PORCH LEFT SIDE BEAM
PAD OUT AS NEEDED

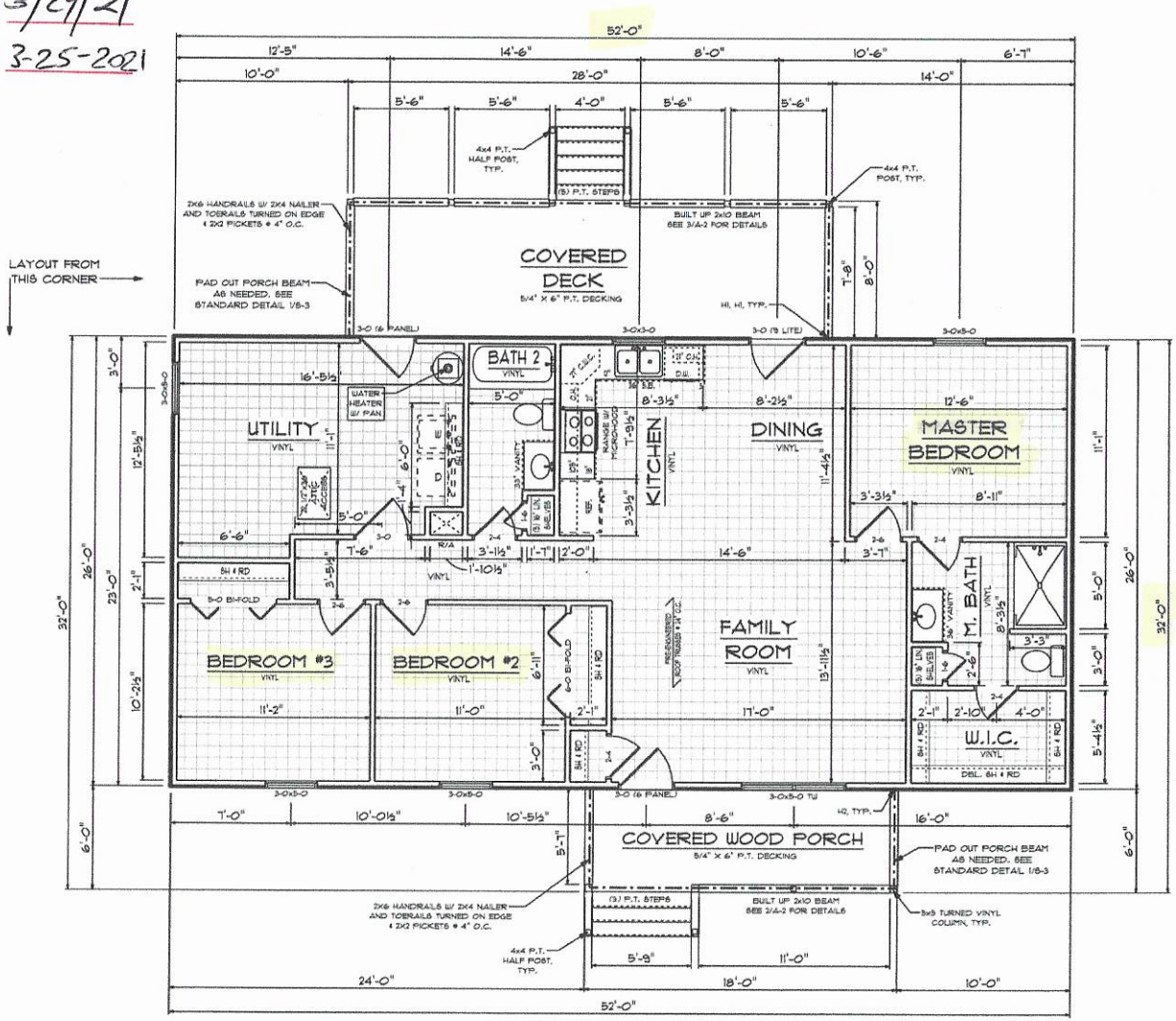


PORCH RIGHT SIDE BEAM
PAD OUT AS NEEDED

BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
18'-0"	2	10	2
12'-0"	2	10	2
12'-0"	2	4	4

2 / A-2 FRONT PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"



1 / A-2 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	4
H2	DOUBLE	2	10	2

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REVISED: 3.16.2016

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312380 Issue Date: 11/04/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715692918.000	182 CEDAR RIDGE LOOP	Iredell County

Owner Information	Applicant Information
Name: ADAMS JAMES J	Name: ADAMS JAMES J
Address:	Address:
,	,
Phone:	Phone:

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	N/A	NO

Remarks
SFD

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.

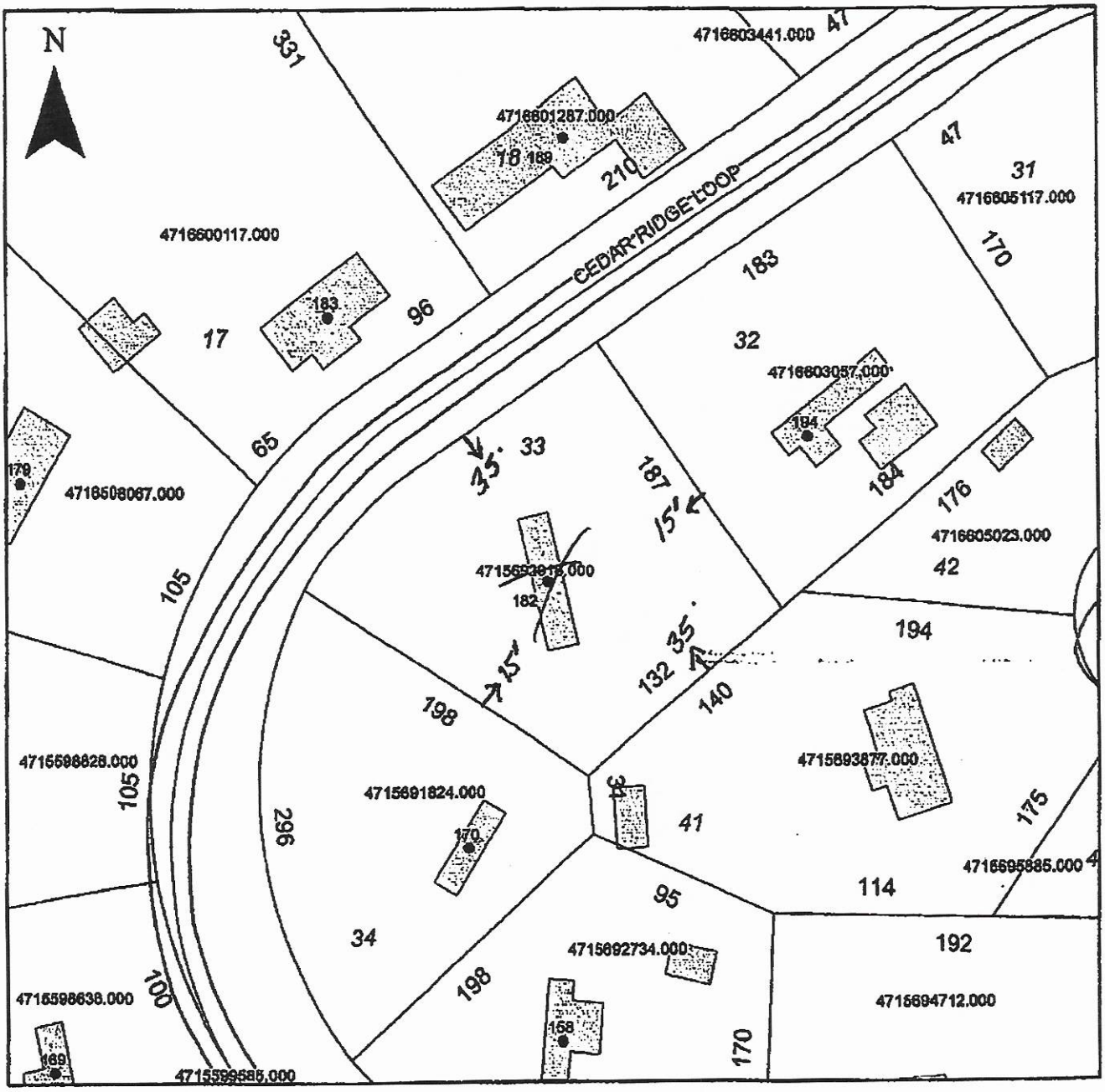
Date: 11/04/2020

Signature of Owner/Contractor

Permit Number	312380	TOTAL FEES:	$77.25

312380 KH WS-NO FL-NO

ZONING DISCLAIMER



Property Address 182 Cedar Ridge Loop

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

11-3-2020

Date