ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-318112

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

PIN # 4718 -- 35 -- 0884

APPLICANT/OWNER: MARTY MILLER APPLICANT ADDRESS: 642 SCOTT CREEK ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 561 PISGAH CHURCH ROAD, STATESVILLE, N.C. 28625 PHONE: 336-488-3690 ALT. PHONE 704-838-0538

SITE DIRECTIONS: (N) ON 115, (R) ON PISGAH CHURCH, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: RICKY LYNN MILLSAPS SR SECTION: — LOT # 2 LOT AREA: 1.41 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	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT- CONVENTIONAL	
Pump Make	—	Model	—	Serial #	—		Repair System Description:	EXT	
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT		Maintenance Agreement Required:	☐ YES ☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☑ GRAVITY ☐ PRESSURE		

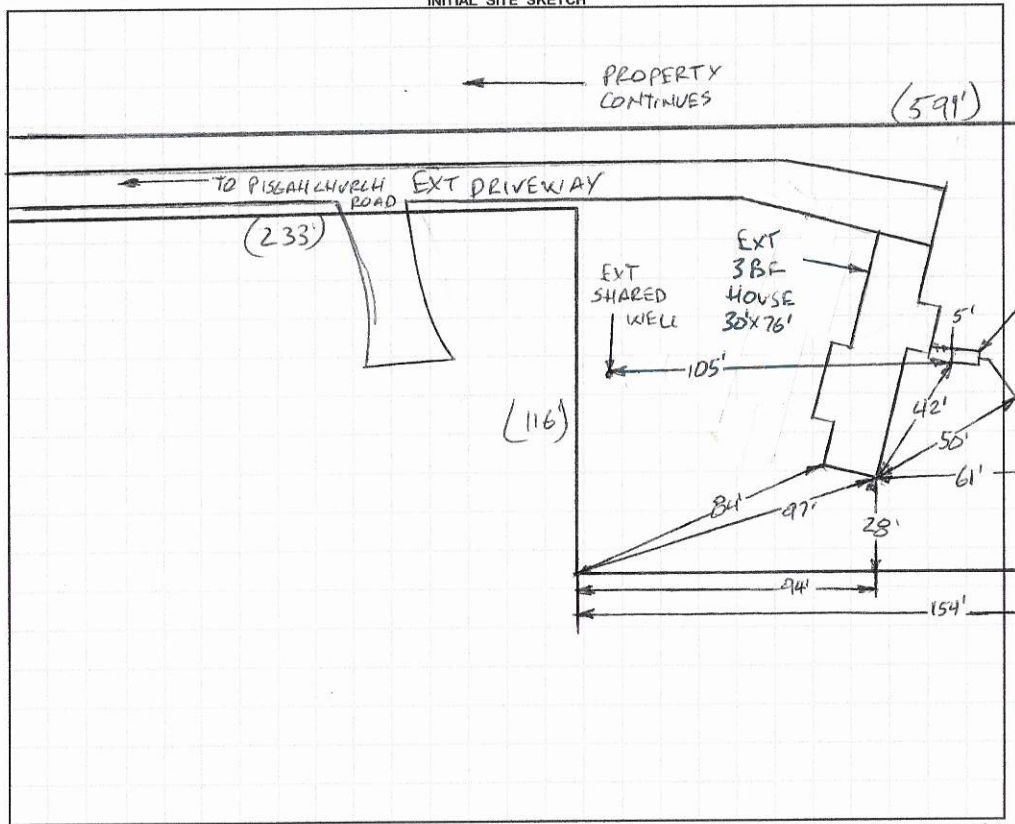
☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

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

Water Supply: ☑ Private SHARED ☐ Public ☐ Community

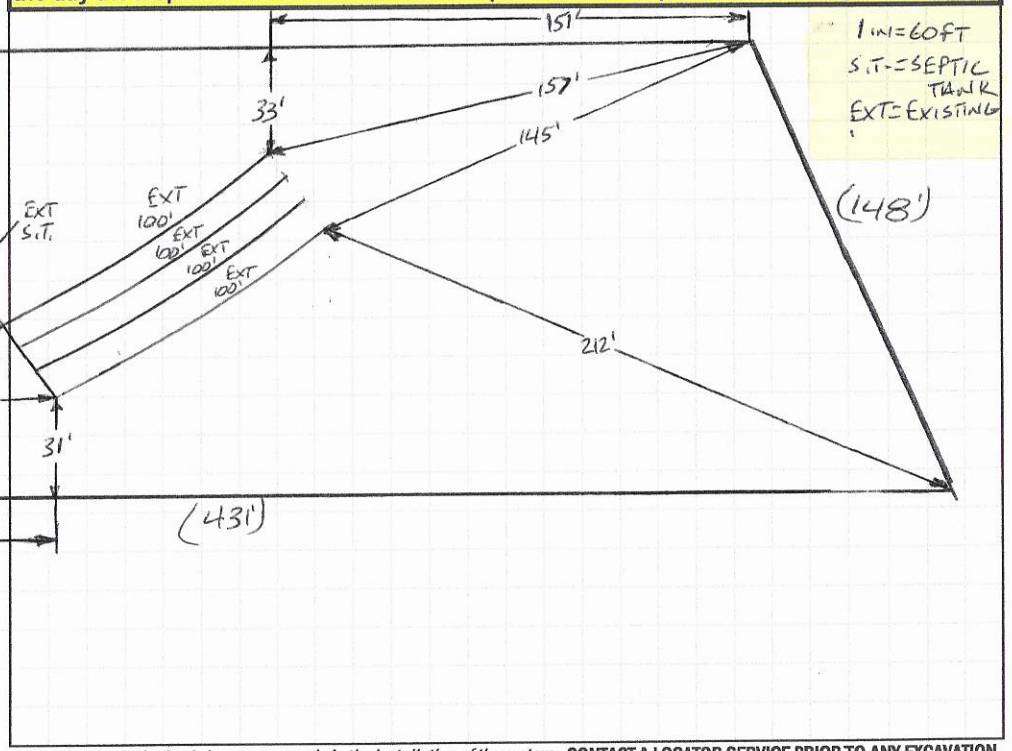
Comments / Conditions: THE PURPOSE OF THIS PERMIT IS FOR RECONNECTION OF POWER TO HOME, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

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.



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: Marty Miller Date: 8-17-21 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burkett C. White Date: 7-29-2021

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

RECEIVED MAY 2 1 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 318112 $250.00

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: Marty Miller Address: 642 Scotts Creek Rd. Statesville Zip: 28625
Applicant Email: millerworks24@bellsouth.net Phone: 336-488-3690 Alt. Phone: 704-838-0538
Owner Name: same Address: _____ Zip: _____
Owner Email: same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 561 Pisgah Church Road Statesville N.C.
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2
Driving Directions: Approx. 5 mi. north on Hwy 115, turn left on Pisgah Church Road, Approx 3 mi. on left. gray singlewide mobile home.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 2 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: ____

Water Supply: ( ) Replacement Well – Reason: _____
(✓) Multi-connection Well Number of Houses: 2 Number of Persons: 4
( ) 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: 2001
( ) 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: Marty Miller 5-21-21
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)* Marty Miller

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, Marty Miller, am the legal owner(s) of the property located at 561 Pisgah Church Rd, Statesville, identified as

PIN (Parcel Identification Number) 4718 35 0897, 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)
- 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.

Marty Miller
Signature of Owner(s)

5-21-21
Date

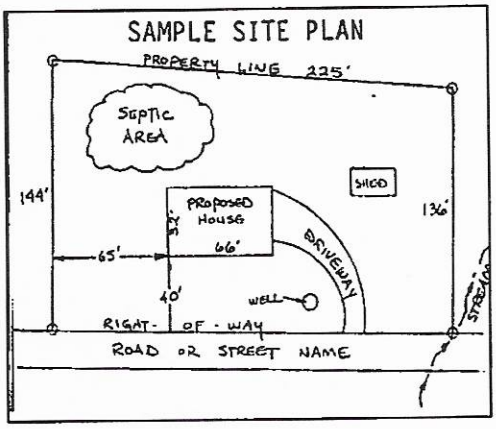
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

- (✓) 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

See Attached sheet

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

5-21-21
DATE

116607
110673

561 Pisgah Church

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 9-2-00

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

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

PERMIT# 091926 PIN# 4718 35 0897 (PT) DATE 9-15-00

OWNER OR CONTRACTOR Ricky L. Mablsaps SR PHONE: Business _____ Home 592-2070

ADDRESS 764 Mtn. View Rd Statesville NC 28625

LOCATION NC 115 N TO Pisgah Ch. Rd, Behind 2nd Lot on Left Before Dishman Lane

SUBDIVISION Ricky Mablsaps BLOCK / SECTION _____ LOT 2 LOT AREA ~1.32 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4-30-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines Four Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(•) New System ( ) Repair System Type: (I) II, III, IV, V, VI

System Description: Conventional Gravity

Repair System Description: Conv. Gravity

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 _____

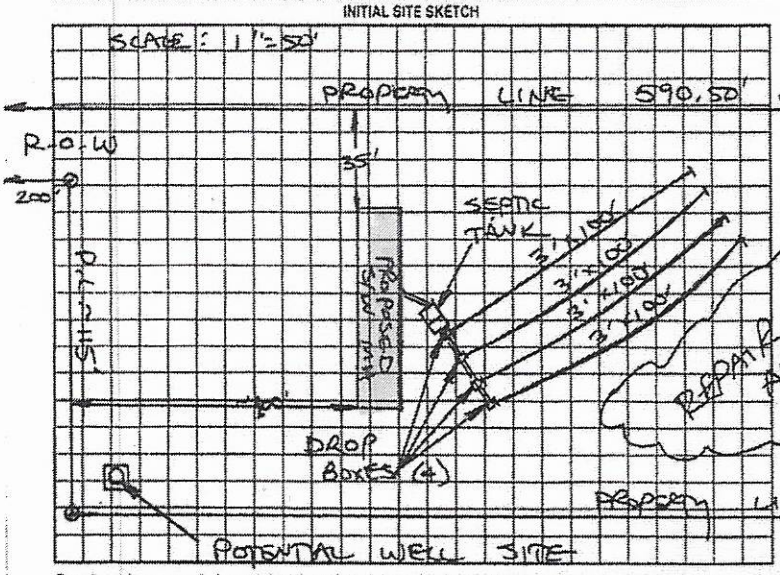
( ) Other _____

Water Supply: (•) Individual ( ) Public ( ) Community WELL

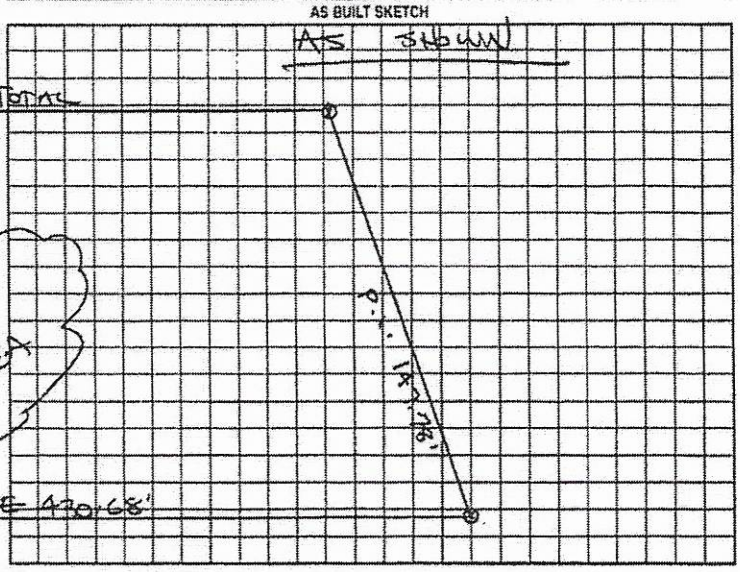
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions (1) UPPER LINE INSTALLED DEEP (2) SYSTEM INSTALLED DURING WET SOIL CONDITIONS (3) SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER

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: Ricky Mullaps date 9-19-00 Installed by: BARRY SIGMON

Improvement Permit by: STEVE HEDRICK date 9-15-00 Operation Permit by: STEVE HEDRICK date 9-26-00

Authorization to Construct by: STEVE HEDRICK date 9-15-00 Existing System Inspection by: _____ date _____

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

14' x 70' singlewide

Acknowledgement Of
Plans Submittal ONLY!

~~Marty Miller~~ Date
Aug. 3 2021

~~Bright Linton~~ Date
8-4-2021



IREDELL COUNTY · NC

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

APPLICATION NUMBER
318112 Issue Date: 05/21/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4718350884.000	561 PISGAH CHURCH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MILLER MARTY R	Name: MARTY MILLER
Address:	Address: 642 SCOTTS CREEK RD
,	STATESVILLE, NC 28625
Phone:	Phone: (336)488-3690

Use Requested	Zone Code
Single-Wide Mobile Home	RU-R RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.41	35	35	15	15	WSIV-PA Coolemee	NO

Remarks

SINGLEWIDE

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

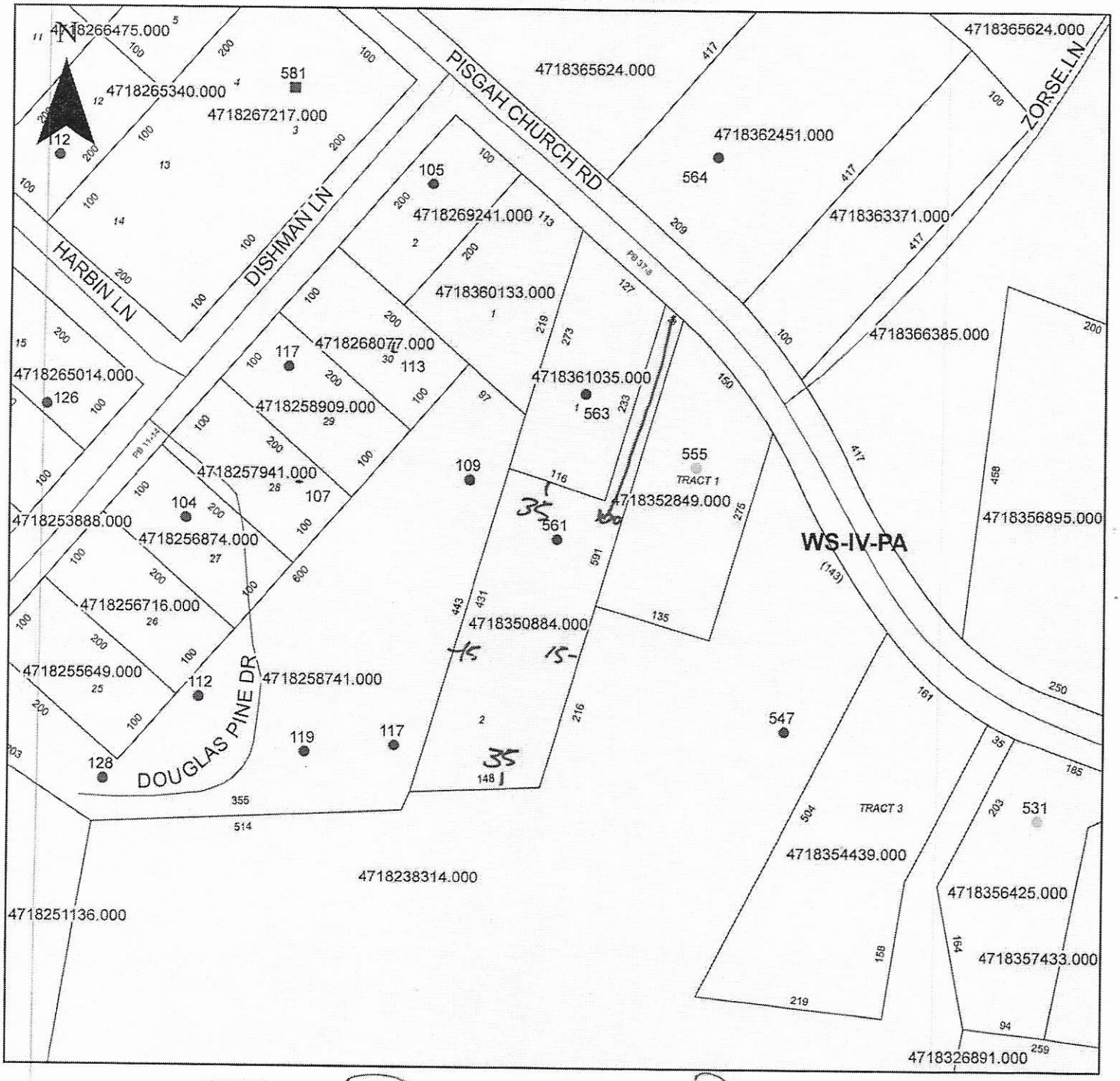
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 05/21/2021

Permit Number	318112	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 561 Pisgah Church 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.

Marty Miller
Applicant

5-21-21
Date