IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233190.

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

PIN # 4721081041

APPLICANT/OWNER Rodney Morrow APPLICANT ADDRESS: 178 Hoseck RD Jackson PA 16133.

SITE ADDRESS: 1634 Eufola RD Statesville NC 28677. PHONE: 724-992-1768 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals Eufola RD on Right Nice Dead End SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: RT Edison SECTION: _ LOT # 39 LOT AREA: — DESIGN FLOW: 360 L.T.A.R.: Existing

Septic Tank EXT (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXT # Lines EXT Linear Ft EXT

Trench Width EXT Trench Bottom Depth(Low side) EXT Gravel Depth EXT

☐ New System ☐ Repair ☐ Expansion System Type: ☒ II ☐ III ☐ IV ☐ V ☐ VI

System Description:

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

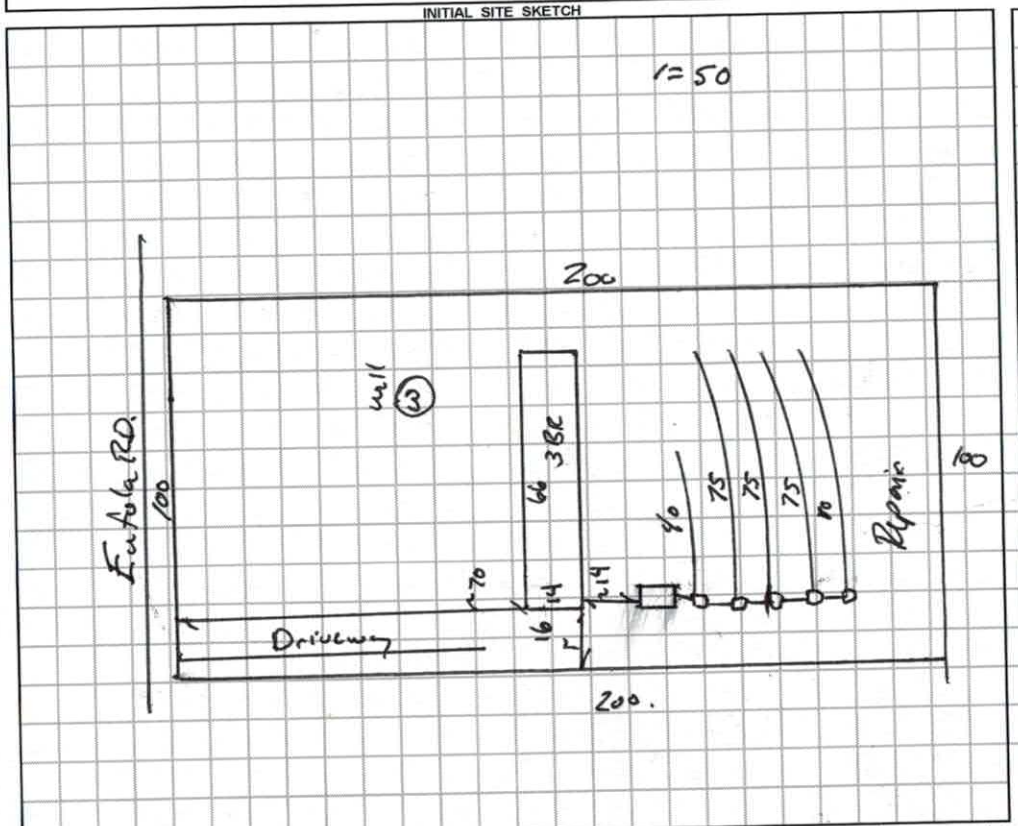
No. Bedrooms 3 No. Persons 6 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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: Rodney M Morrow Date: 12 Feb 18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bolton Date: 2/12/2018.

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 inspection time.

Ex ✓

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Rodney H. Morrow Address: 178 Hosack Road, Jacksonville PA Zip: 16133

Applicant Email: rdmorrow754@yahoo Phone: 724-992-1768-C Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1634 Eufola Road, Statesville NC 28677

Subdivision Name: R.T. Edison Section/Phase: _____ Lot Number: L39

Driving Directions: Buffalo Shoals towards Lake, Left @ Convelescent Home, Eufola Road, on right near dead end, 4th from end approaching.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: Existing system.

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 (X) 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 (X) 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 ( ) 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: Rodney H Morrow 5 Feb. 18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

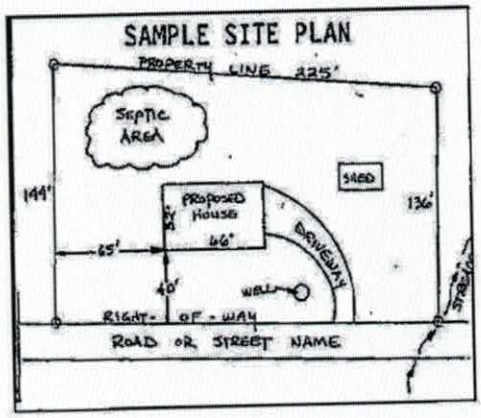
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please See Attached

Rod Moore

5 Feb. 18

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

5 Feb. 18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19633 DATE 11-8-94 TAX MAP NO. 3Q-1-A-32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Christina L Grant PHONE: Business ____ Home 526-0258

ADDRESS Rt 14 Box 285 Statesville, N.C. 28677

LOCATION I40W TL old Mtn Rd. TR Buffalo Shoals Rd TL Eufola Rd Bear R at fork Lot near end on R

SUBDIVISION R.T. Eidson BLOCK / SECTION ____ LOT 40 LOT AREA 150' x 200' SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-5-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"/30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, Ⓘ, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ____
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

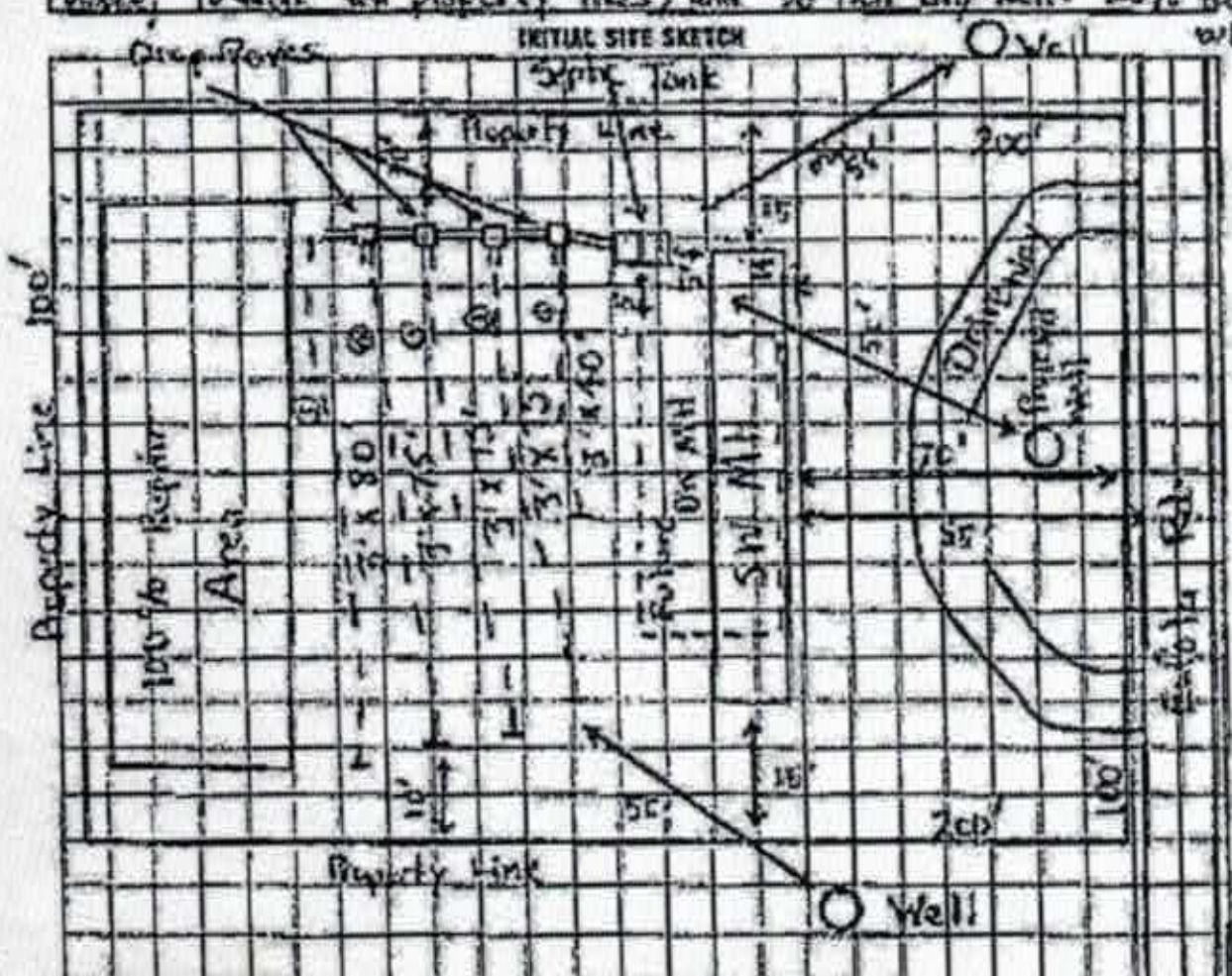
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

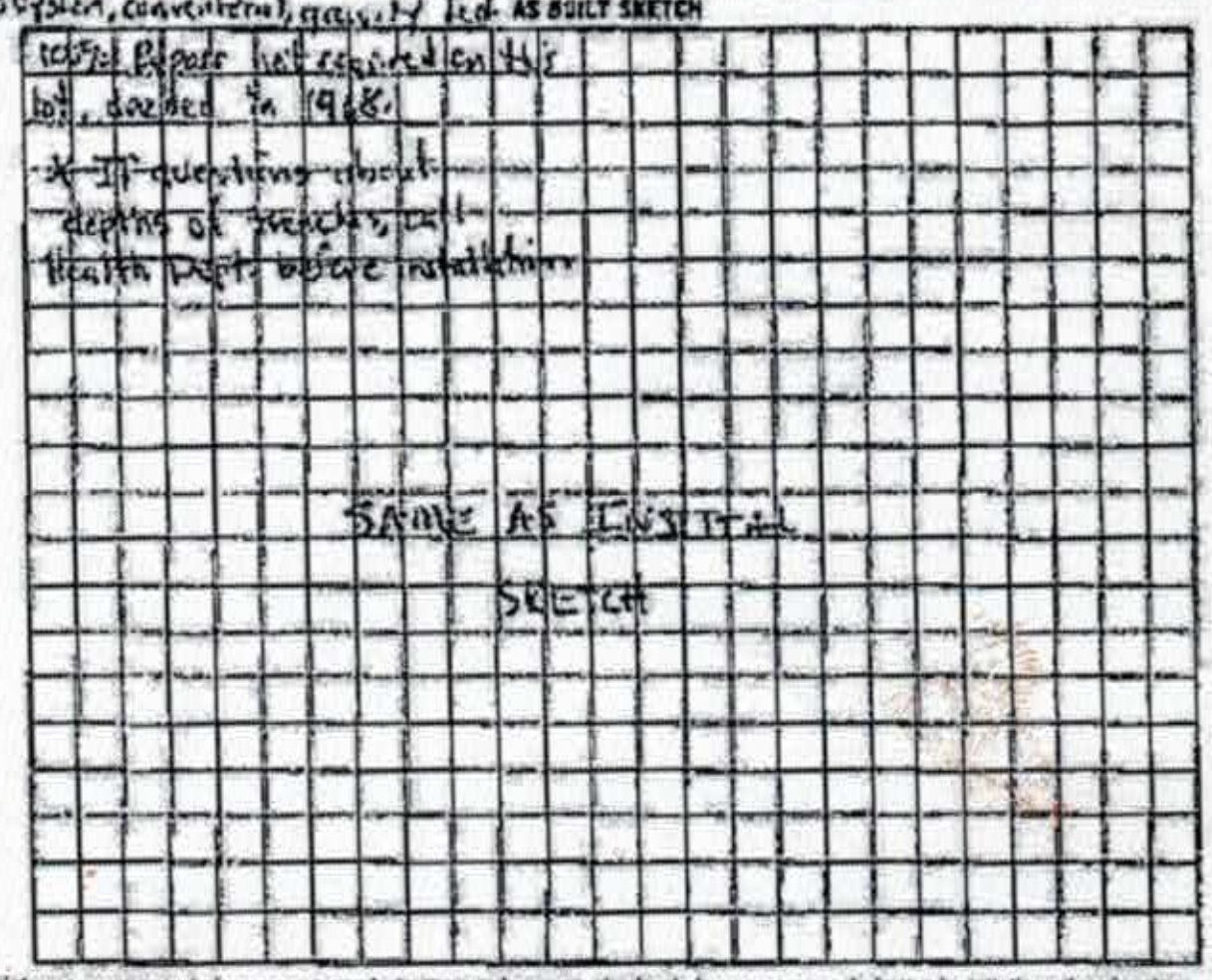
Comments: INSTALL SYSTEM SHOWN (no deeper than 30" deep on lines ①thru③, lines ④and⑤ no deeper than 24" deep.) so keep lines and trenches on contour. Keep system 5' from foundation of house, 10' from all property lines, and 50' from any well. 100% Repair area system, conventional, gravity fed.

Comments: Home and well not located at time of inspection. Keep both required distances from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Christina L. Grant

Improvement Permit by: Michael J. Dennis date 11-8-94

Existing System Inspection by: ____ date ____

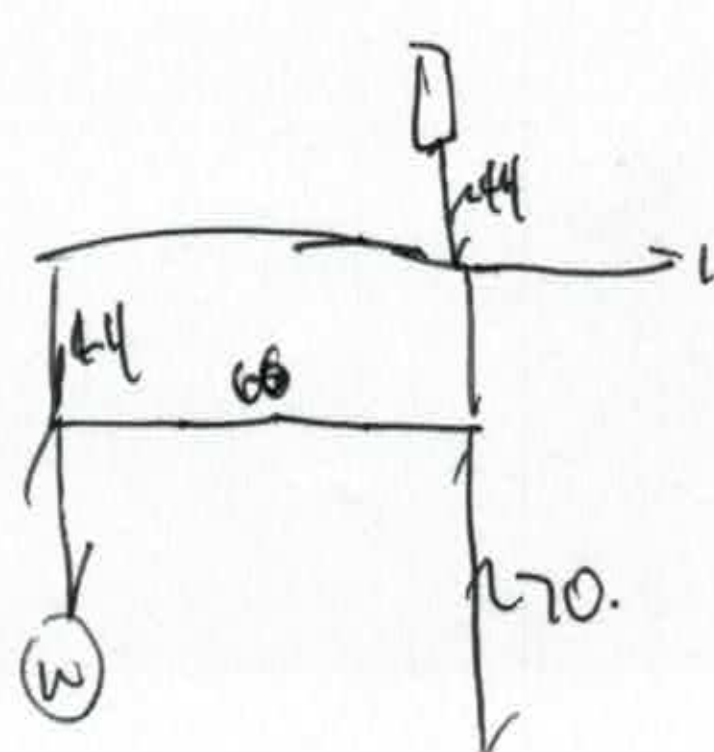
Installed by: AAA Enterprises

Certificate of Completion by: Michael J. Dennis date 4-1-95

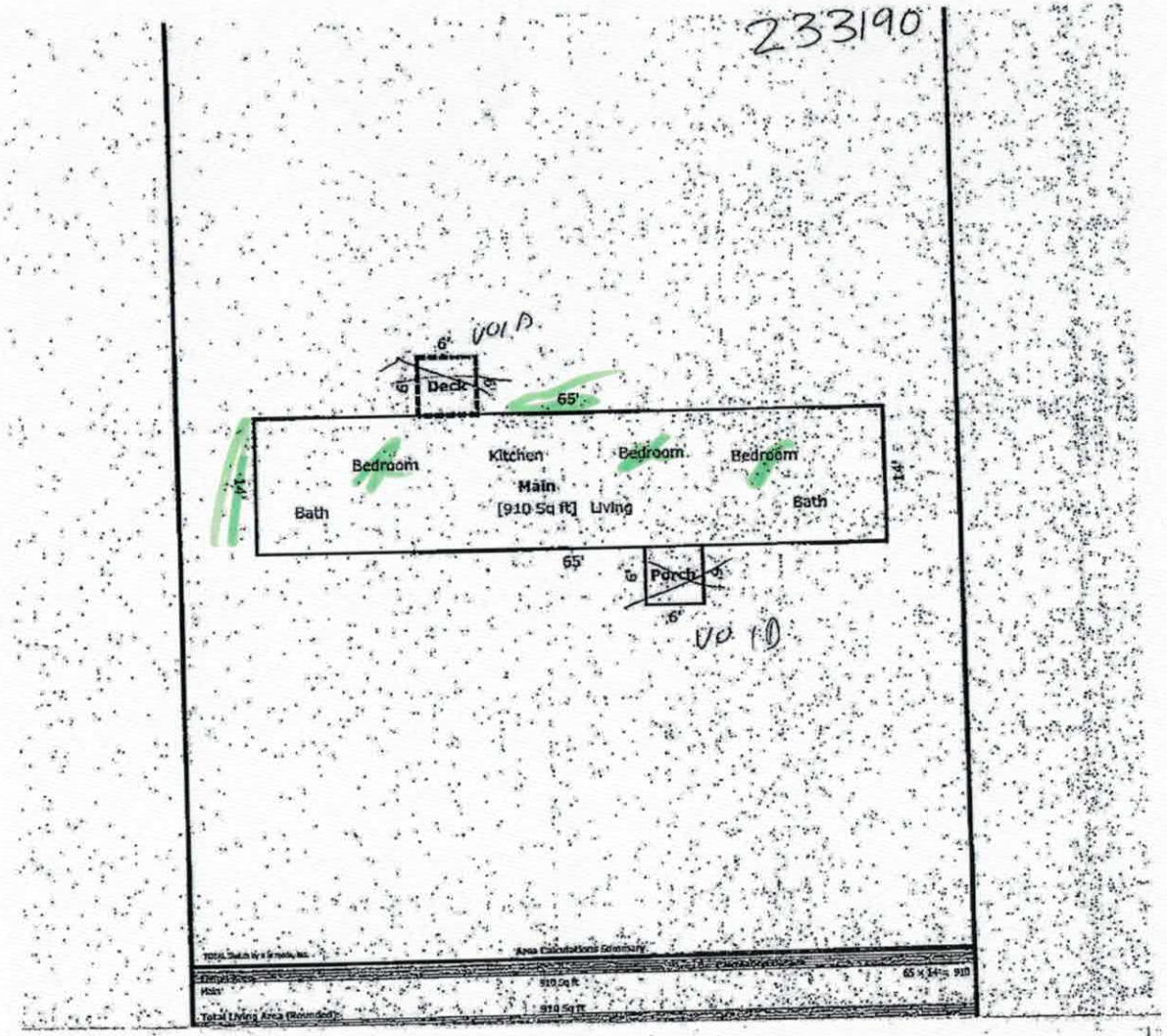
Operation Permit by: ____ date ____

HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

000388



233190



Known Agent Of
Purchaser/Tenant ONLY!
Rodney H Morrow Date 6 Feb 18
Benjamin A Bell Date 2/12/2018.

IREDELL COUNTY

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

APPLICATION NUMBER
233190
Issue Date: 02/05/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4721081041.000	1634 EUFOLA ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: VANDYKE CHRISTINA L	Applicant: MORROW RODNEY H+DARHLA
Address: C/O CHRISTINA V CARRIGAN 5641 BOLICK RD CLAREMONT, NC 28610	Address: 186 HOSACK RD JACKSON CENTER, PA 16133
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	X

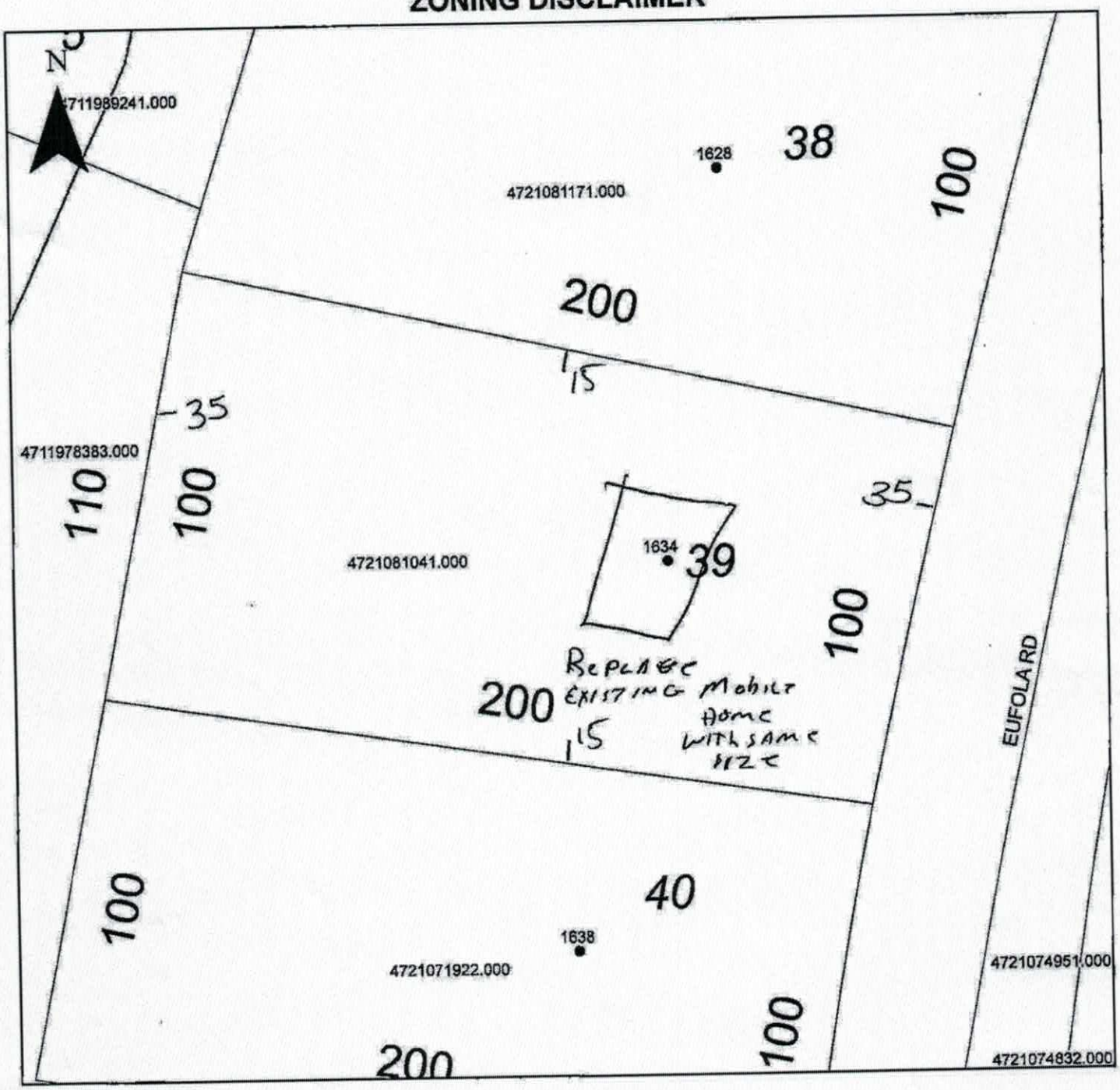
Remarks:

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	127697	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1634 Eufola

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.

X Robert H. Moore
Applicant

X 5 Feb 19
Date