IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235014

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

PIN # 4721144555

APPLICANT/OWNER: Clayton Homes/Randy Sharpe APPLICANT ADDRESS: 2026 Northside Dr Statesville, NC

SITE ADDRESS: 172 J. Ivey Ostwalt Rd Statesville, NC PHONE: 3366487130 ALT. PHONE 3366238388

SITE DIRECTIONS: Buffalo Shoals Rd TL Pineville. TL Ivey Ostwalt Rd on right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ____ SECTION: ____ LOT # ____ LOT AREA: .52 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 EX (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields Exist # Lines 4 Linear Ft 200

Trench Width Exist Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: Exist. Gravity PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

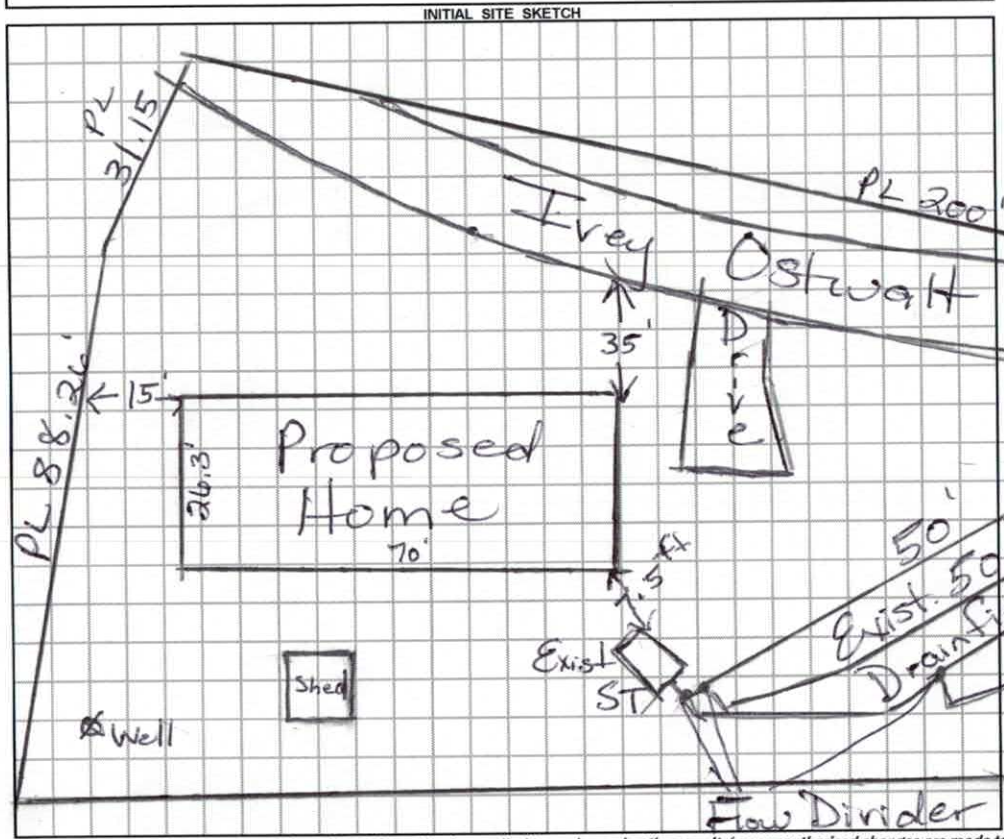
No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private Exist. ☐ Public ☐ Community

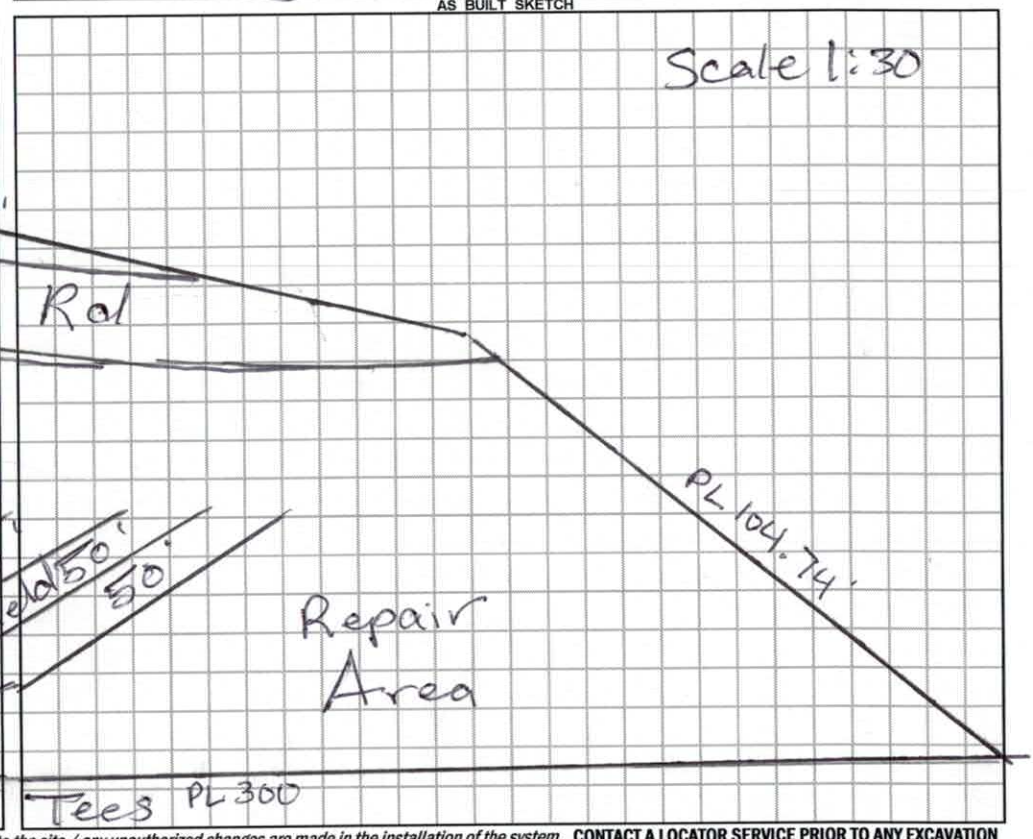
Comments / Conditions: Must keep new home at least 5ft from Septic and 25ft from well.

Existing Septic System appears to be functioning ok at time of inspection.

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: [signature] Date: 5/10/18 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Maria Dotson Date: 5/9/18

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ___ Authorization To Construct X Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES STATESVILLE	2026 NORTHSIDE DR STATESVILLE	704 873 2547	336 487 1150
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
RANDY SHARPE	172 IVEY OSTWALT RD STATESVILLE	336 635 8308	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: GPS 172 IVEY OSTWALT RD STATESVILLE

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well X Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* X EXISTING SYSTEM installed 1998 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** [signature] CLAYTON HOMES STATESVILLE
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/19/18
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Randy Eugene Sharpe, am the legal owner(s) of the property located at 172 Ivey Ostwalt Rd. Statesville, NC 28677, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes Statesville, 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.

Randy Eugene Sharpe 4-18-18

Signature of Owner(s) Date

_____

Signature of Witness Date

Please return this signed form to the appropriate office:

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 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**

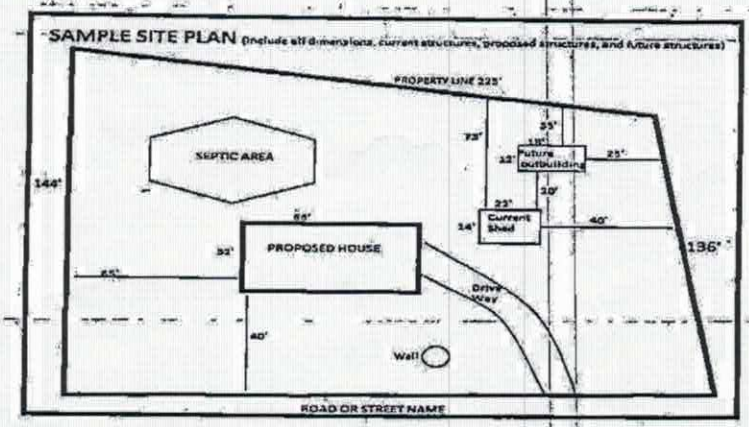
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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**

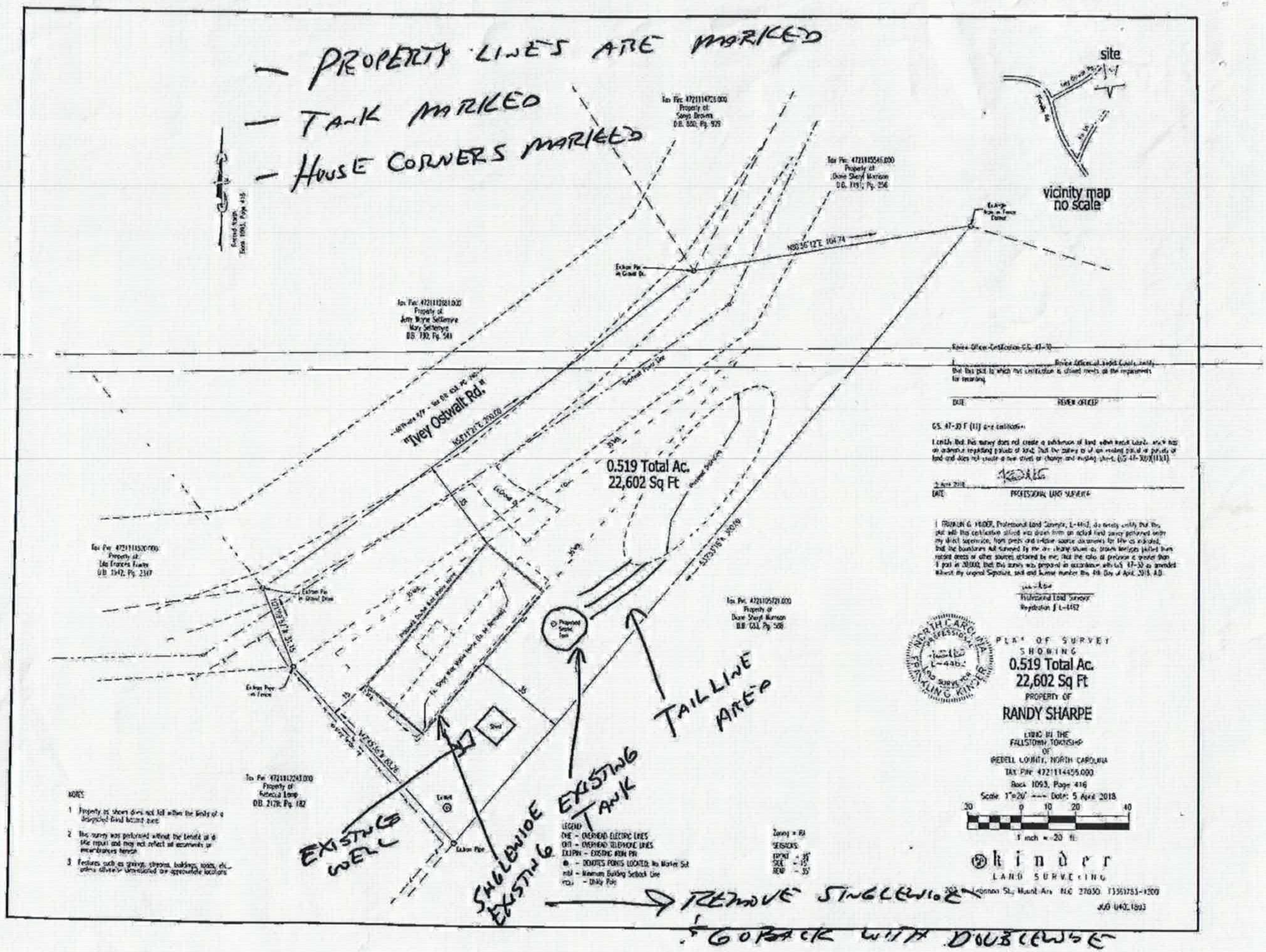


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: _____ **DATE** 4/19/18

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



- PROPERTY LINES ARE MARKED
- TANK MARKED
- HOUSE CORNERS MARKED
site
vicinity map
no scale
"Ivey Ostwalt Rd."
N80°56'12"E 104.74
0.519 Total Ac.
22,602 Sq Ft
EXISTING WELL
SINGLEWIDE EXISTING
EXISTING TANK
TAILLINE AREA
REMOVE SINGLEWIDE
& GO BACK WITH DOUBLEWIDE
PLAT OF SURVEY
SHOWING
0.519 Total Ac.
22,602 Sq Ft
PROPERTY OF
RANDY SHARPE
LYING IN THE
FALLSTOWN TOWNSHIP
OF
IREDELL COUNTY, NORTH CAROLINA
Book 1093, Page 416
Date: 5 April 2018
1 inch = 20 ft.
kinder
LAND SURVEYING

IREDELL COUNTY HEALTH DEPARTMENT

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

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

4th Hudler

PERMIT# 076004 PIN# 4721 11 2286 (PART)

OWNER OR CONTRACTOR RANDY SHARPE DATE 8-29-9

ADDRESS 162 IVEY OSTWALT ROAD, STATESVILLE, NC 28677 PHONE: Business Home 528-9959

LOCATION BUFFALO SHOALS ROAD, TL PINEVILLE RD, TL IVEY OSTWALT ROAD, LOT ON RIGHT AT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.519 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 G

Septic Tank: 1000 Gallons; STB 794 Date 5-29-98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ To 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PPBPS GRAVITY

Repair System Description: PPBPS - LATER

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth SAND 6"

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

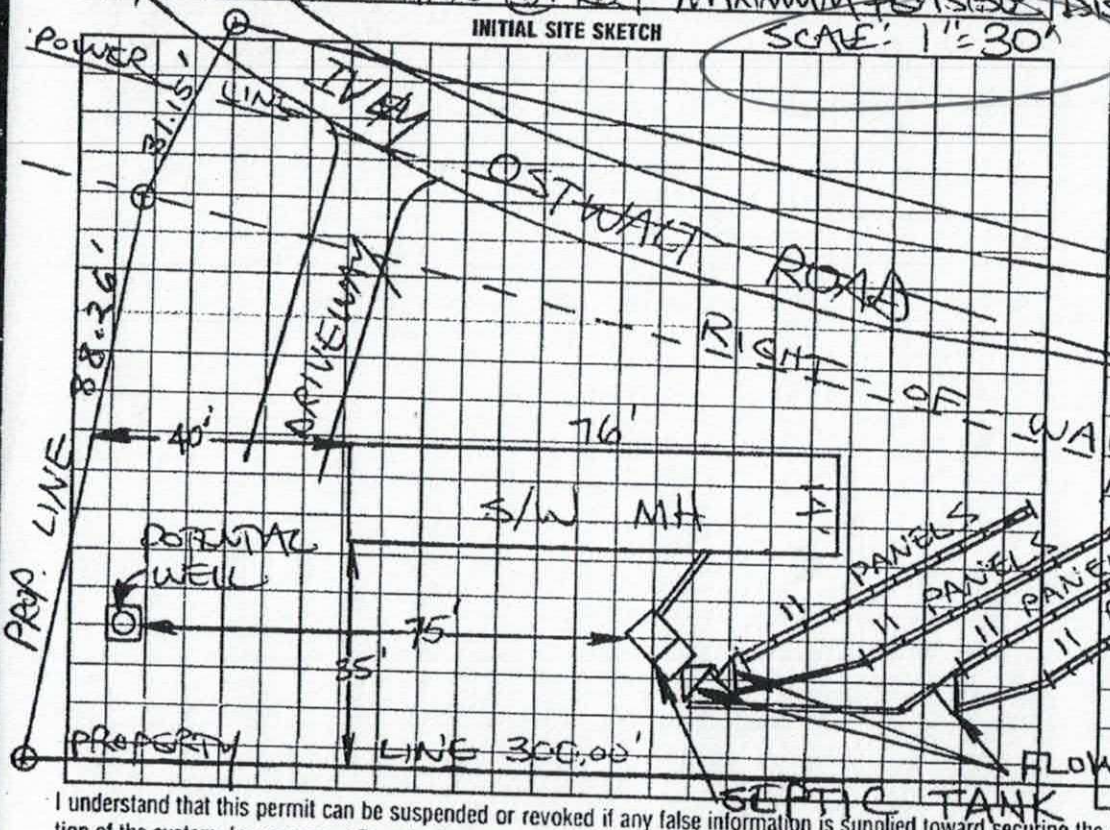
Wate ☑ In ☐ Pu ☐ U

Comments:/Conditions: ① INSTALL FORTY-FOUR (44) PPBPS PANELS IN FOUR EQUAL LENGTH LINES ON CONTOUR AS SHOWN. ② USE THREE (3) FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION ③ KEEP MAXIMUM FEASIBLE DISTANCE (75') FROM WELL.

Comments:/Conditions:

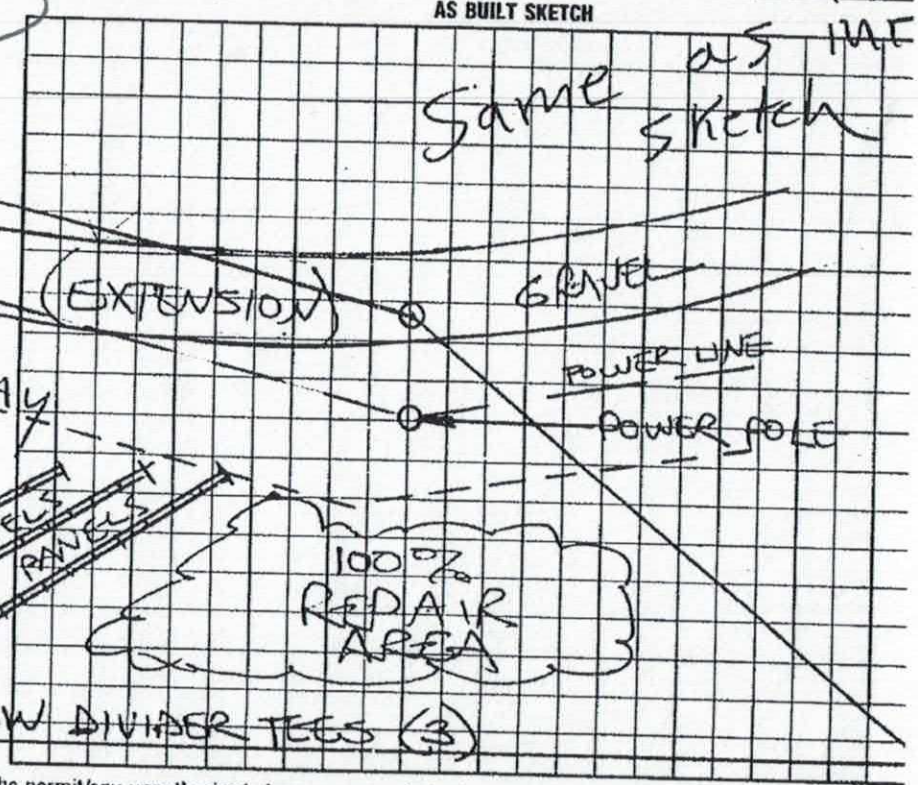
INITIAL SITE SKETCH

SCALE: 1"=30'



AS BUILT SKETCH

Same as 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 th tion 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 Pe to exceed sixty months.

Signed: Connie Sharpe date 8-31-98

Improvement Permit by: KEITH HENDRIX 8-21-98 Installed by: James Hudler

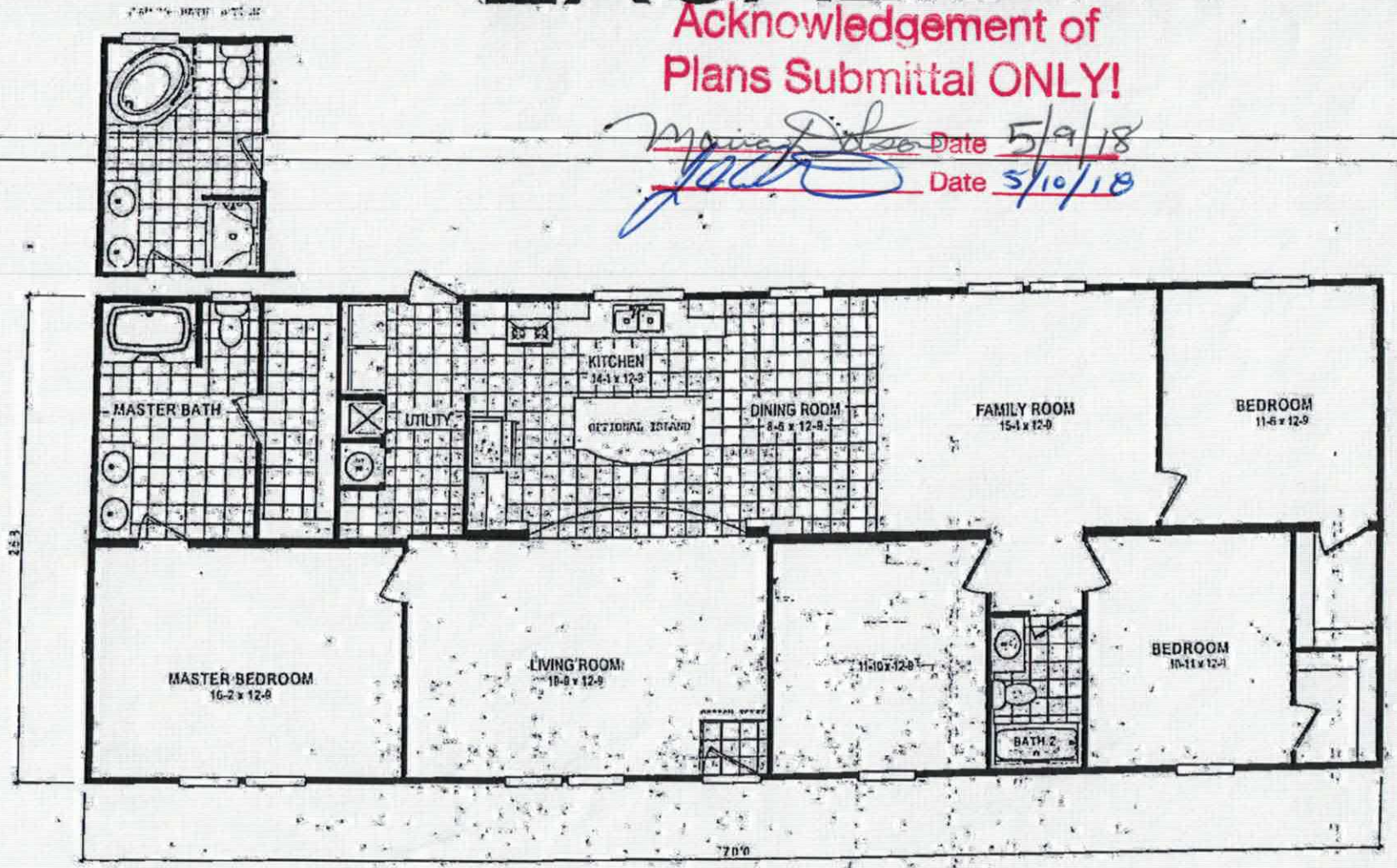
1900 sq. ft.
3 Bed 2 Bath

EXCALIBUR

Acknowledgement of
Plans Submittal ONLY!

Date 5/9/18

Date 5/10/18



IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
235014
Issue Date: 04/19/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4721114455.000	172 IVEY OSTWALT ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	SHARPE RANDY	Applicant:	CLAYTON HOMES OF STATE
Address:	172 IVEY OSTWALT RD	Address:	2026 NORTHSIDE DR
	STATESVILLE, NC 28677		STATESVILLE, NC 28677
Phone:		Phone:	

Use Requested	Zone Code
DOUBLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.520	35.00	35.00	15.00	15.00	PACL	X

Remarks:

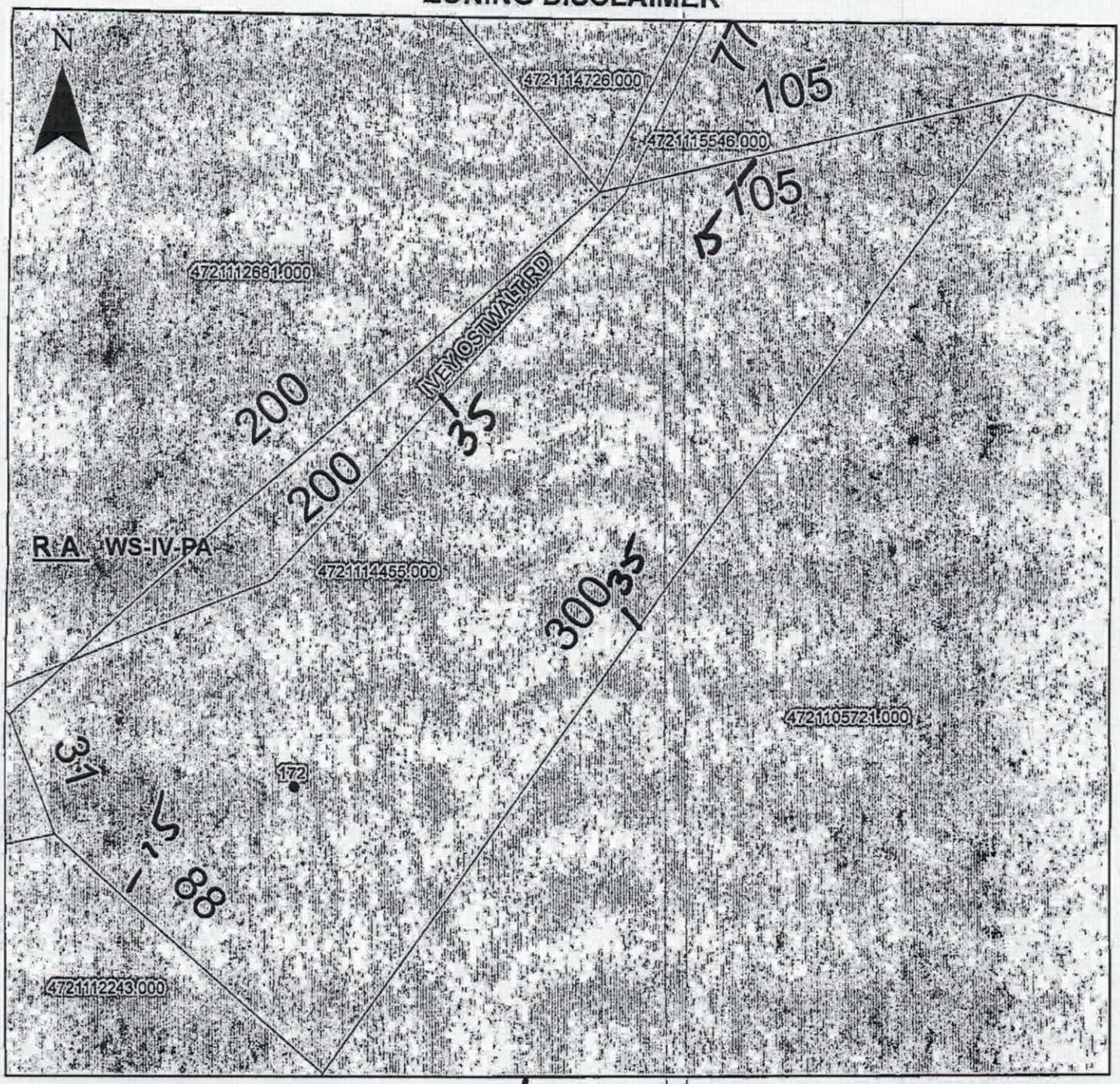
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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.

Applicant: See Attached Date: _____

Permit Number	136200	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 172 Ivey Ostwalt 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.

Applicant

Date