IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (7...

PERMIT # 230938

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

PIN# 4722-22-6060

APPLICANT/OWNER: Nancy Chick APPLICANT ADDRESS: P.O. Box 6001 Statesville, NC 28687

SITE ADDRESS: 198 Brandenburg Drive, Statesville, NC 28677 PHONE: 704-928-9326 ALT. PHONE

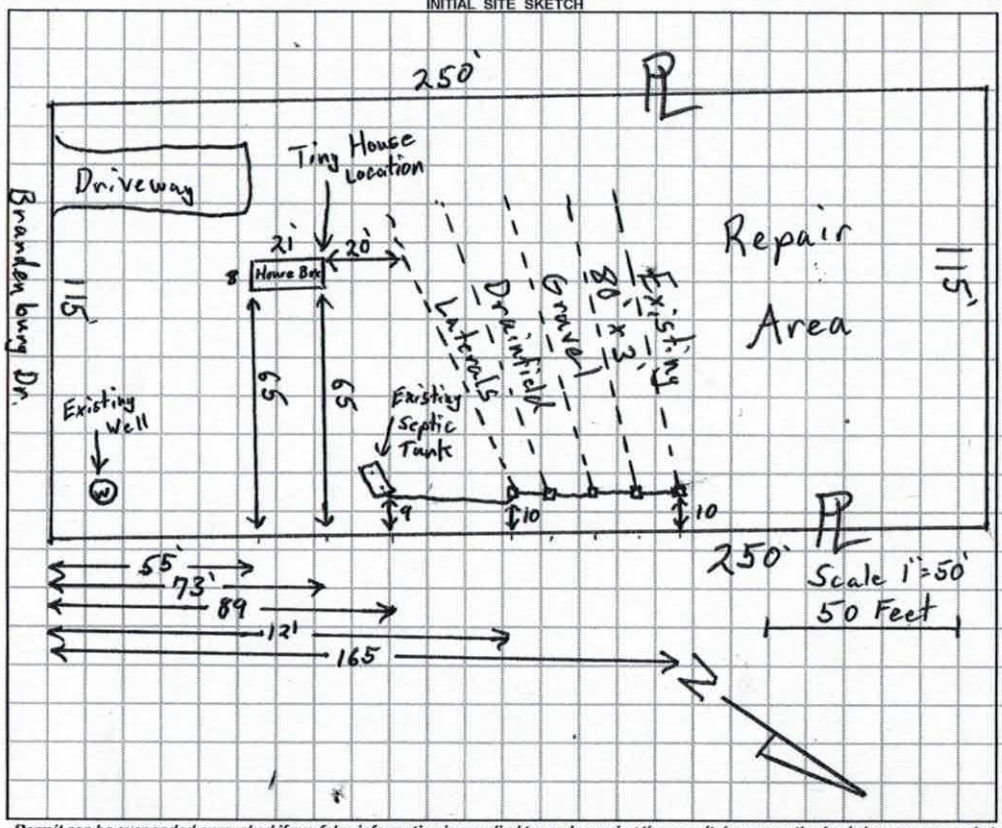
SITE DIRECTIONS: Old Mtn Rd → L on Compton Park → R on Idlewild → L on Brandenburg → site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stone Crest at Idlebrook SECTION: 2 LOT # 23 LOT AREA: 0.66 DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank	Existing	(gal)	STB	Ex	Date	Ex	☐ New System	☐ Repair	☐ Expansion	System Type: I	II	III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:						☐ Business	No. Persons	4	☒ Private Ex
Pump Make	—	Model		—	Serial #	—	Repair System Description:	Existing					☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXISTING	# Lines			Linear Ft.		Maintenance Agreement Required:	☐ YES	☒ NO				☒ Slab	☐ Crawl Space		☐ Community
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth		☒ GRAVITY	☐ PRESSURE					☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

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: Nancy Chick Date: 11/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 10/30/17

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.

1:30pm Monday

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Nancy Chick Address: P.O. Box 6001 Statesville Zip: 28687

Applicant Email: nchick56@yahoo.com Phone: 704-928-9386 Alt. Phone: _____

Owner Name: Land Development Services LLC Address: _____ Zip: _____

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

Property Information:

Street Address: 198 Brandenburg Drive Statesville

Subdivision Name: StoneCrest at Idlebrook Section/Phase: _____ Lot Number: 23

Driving Directions: 210 Mountain Road, (D) on Compton Park (R) Idlewild (L) on Brandenburg

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

(√) 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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: ~~4000~~ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: 2006
( ) 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: Nancy Chick 10/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

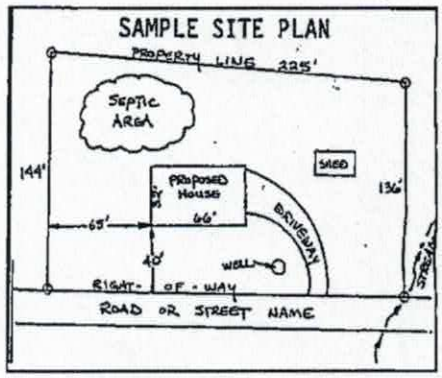
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

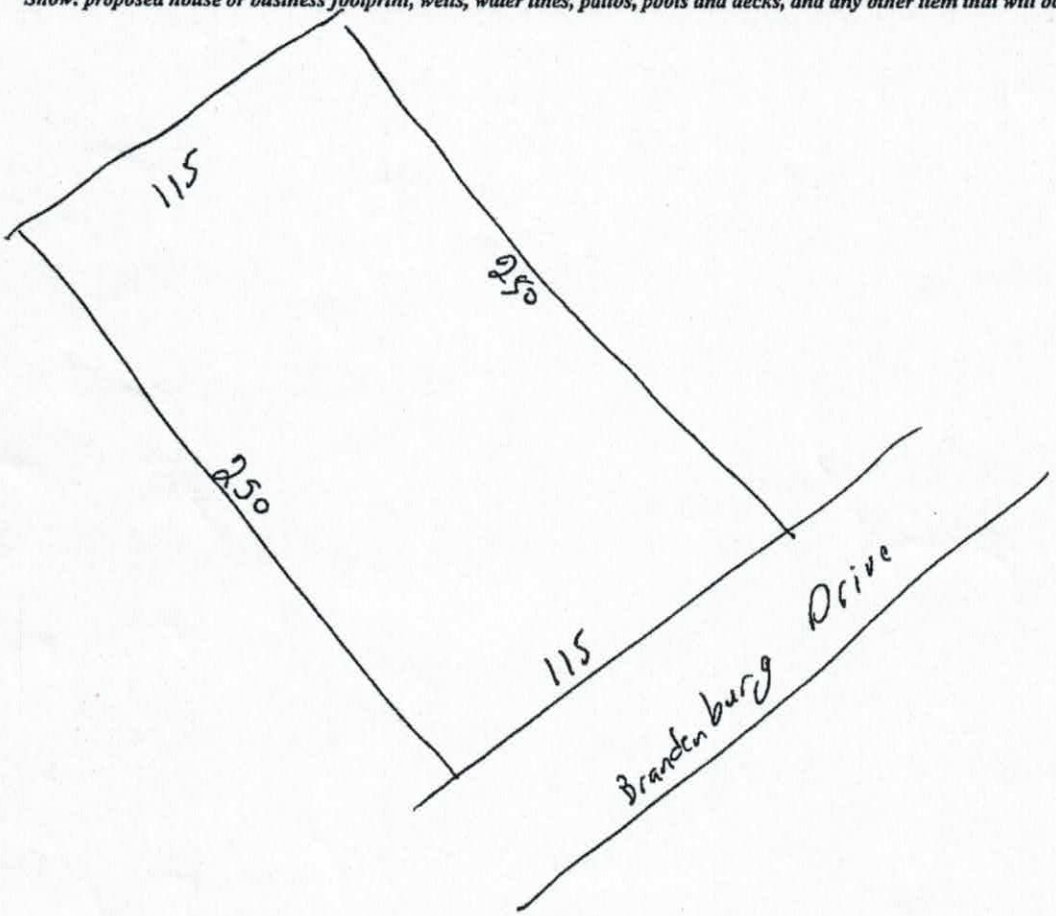


Circle N/A on the following if appropriate:

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



Signature: Nancy Clark

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

10/17/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86689 PIN# 4722226589 DATE Jan 25 2000

OWNER OR CONTRACTOR Land Development Services PHONE: Business 528-6192 Home

ADDRESS Po Box 5602 Statesville

LOCATION 21 Mi Rd South (R) Camptown Pk (R) Idlebrook (L) Brandenburg Lot on Right

SUBDIVISION Stonecrest BLOCK / SECTION 4 LOT 23 LOT AREA .462 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 5-29-00 ☒ New System ☐ Repair System Type: I. ◐ III. IV. V. VI

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No Poss. b/c

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

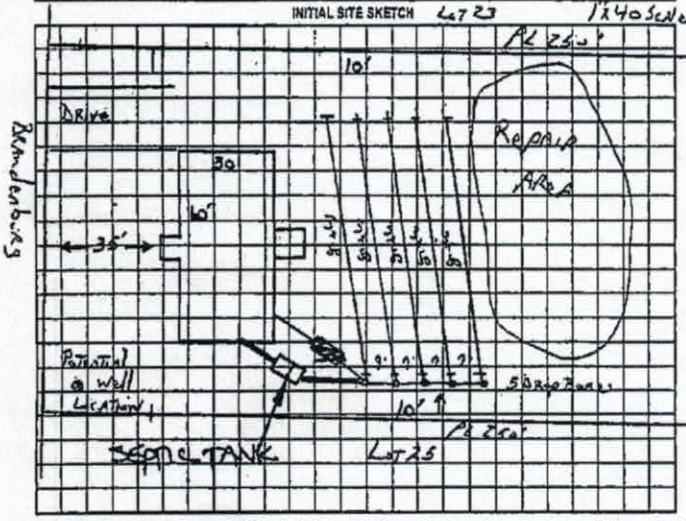
No. Bedrooms 3 No. Bathrooms 2 No Employees

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

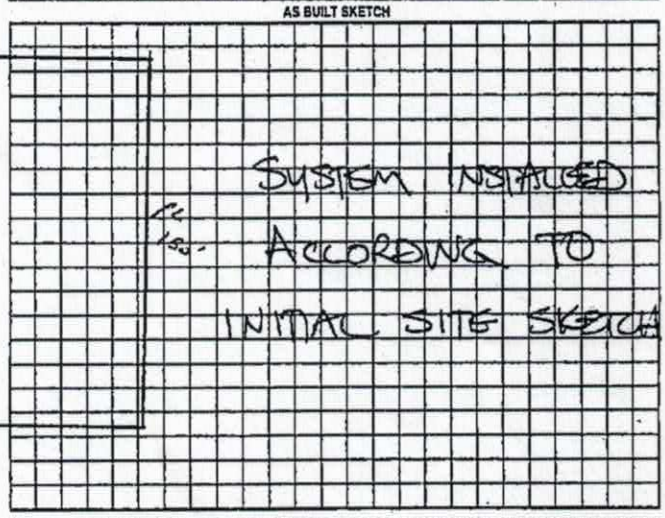
Comments/Conditions: LOCATE well 100Ft from Septic system on MAX Feasible DISTANCE (50 Ft Min) 5 Drop boxes MAY use DISTAIBUTION box w/ Flowstar Speed Levels

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH Lot 23 1"=40' Scale



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: DAVID YOUNTZ

Improvement Permit by: C. Potter date Jan 25 2000 Operation Permit by: STEVE HERRICK date 8-17-00

Authorization to Construct by: C. Potter date JAN 25 2000 Existing System Inspection by: date

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



Acknowledgement Of
Plans Submittal ONLY!
Nancy Clark Date 11/17
Tom Shuck Date 10/30/17

IREDELL COUNTY

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

APPLICATION NUMBER
230938
Issue Date: 10/17/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722226060.000	198 BRANDENBURG DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: LAND DEVELOPMENT SERVICE LLP	Applicant: CHICK NANCY
Address: 2150 IREDELL CO, NC 28625	Address: PO BOX 6001 STATESVILLE, NC 28687
Phone:	Phone:

Use Requested	Zone Code
TINY HOUSE ON WHEELS OK PER JAKE... DO AS MOBILE HOME PER LM	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	35.00	15.00	15.00	PA	X

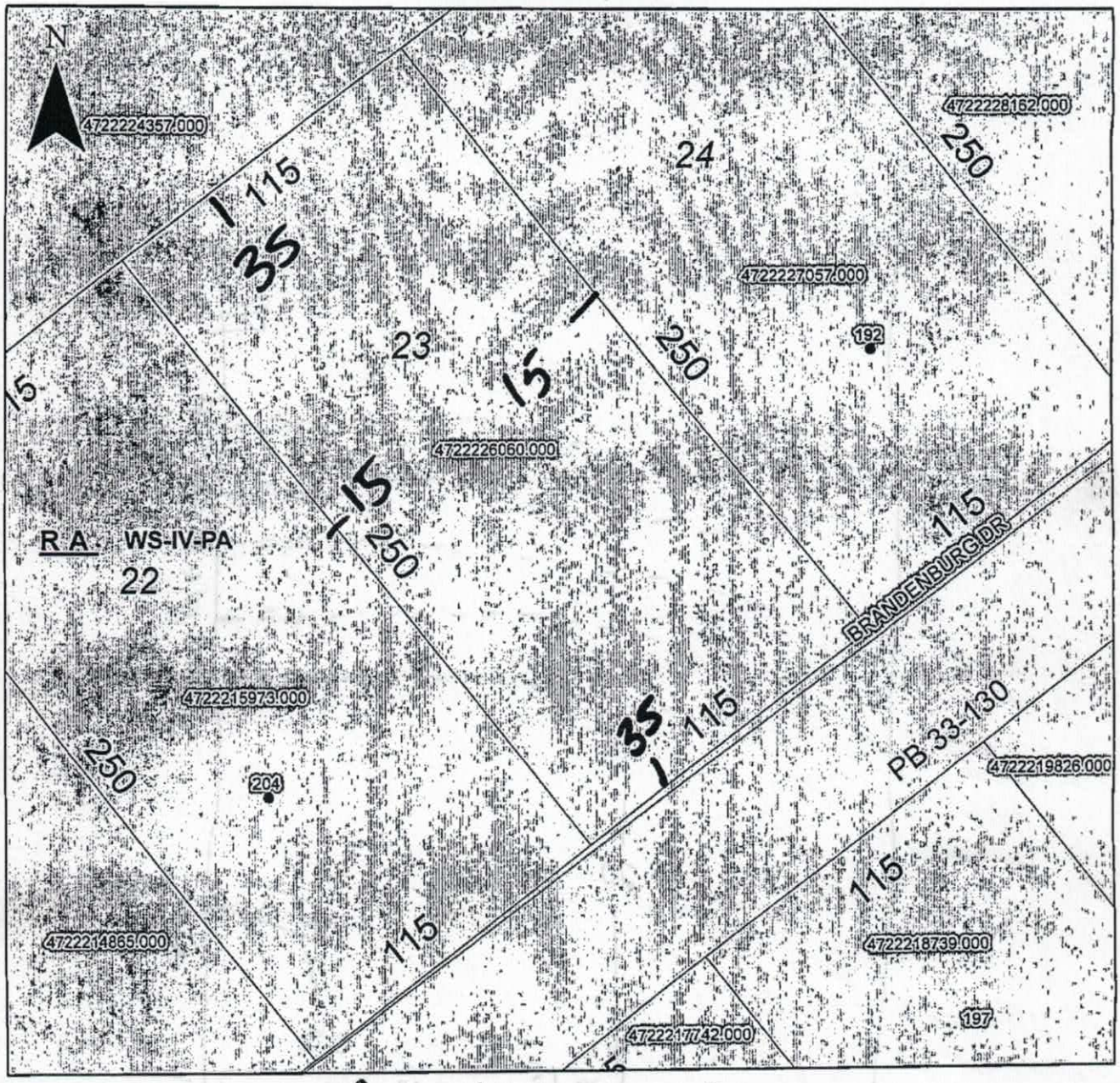
Remarks:

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	118061	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 198 Brandenburg Dr.

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.

Nancy Chick
Applicant

10/17/12
Date