IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228275

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

PIN # 4722485916.000

APPLICANT/OWNER: Shannon Griffith APPLICANT ADDRESS: 122 Victory Lane Statesville

SITE ADDRESS: 1541 Buffalo Shoals Rd. Statesville, NC 28677 PHONE: (704) 880-5490 ALT. PHONE

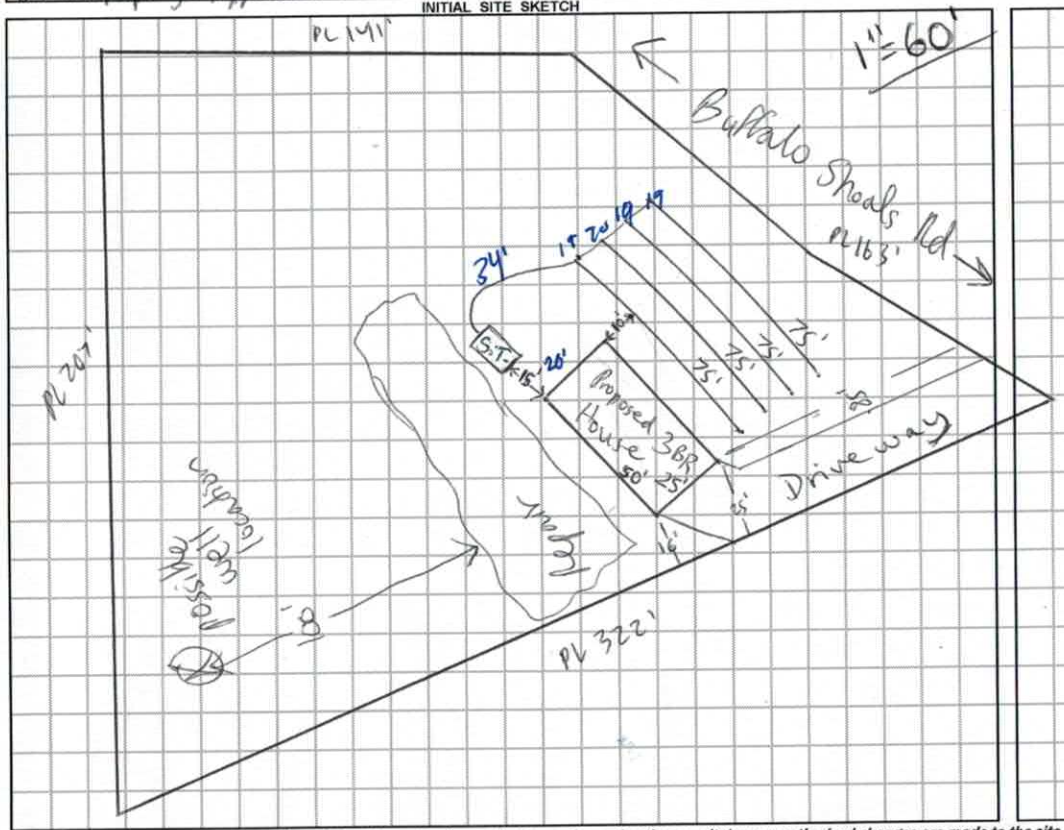
SITE DIRECTIONS: I40 West, Exit 144, left on Old Mountain Rd, Left on Buffalo Shoals Rd, Property on right just before buffalo creek rd. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: 0.98 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

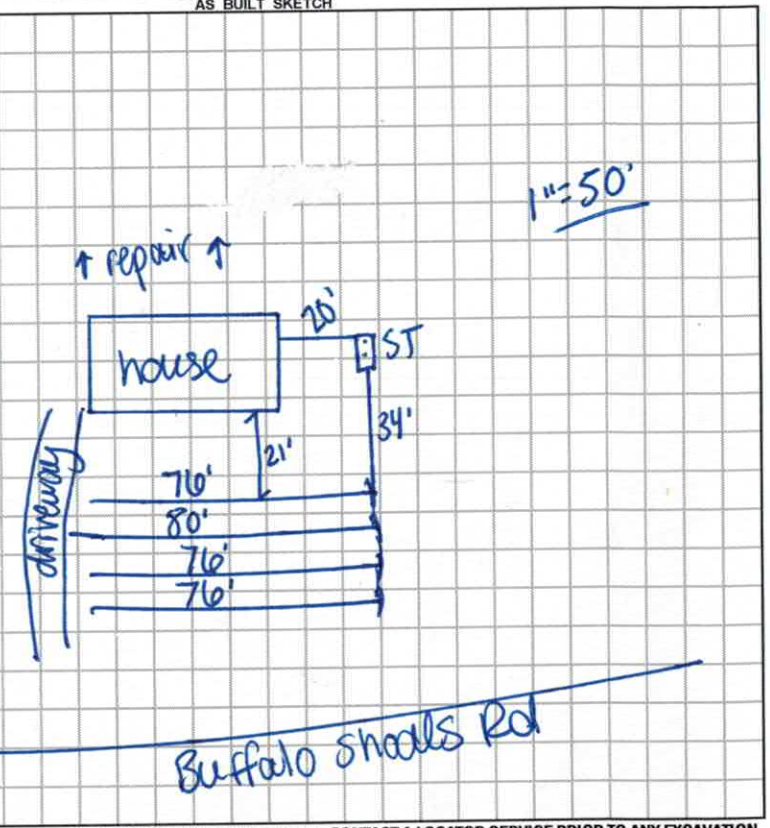
Septic Tank	1000	(gal)	STB	1012	Date	2/5/18	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% reduction	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description: 25% reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		27"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Drive way will be installed in location shown on permit. Install the septic lines on contour of the land. House dimensions were not specified on application. House dimensions on permit show what was staked out on the property. Applicant wants a slab foundation.

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 07-25-17 Installed by: Jackie Woods

IMPROVEMENT PERMIT by: Mohamed Dumarieh Date: 7/18/2017 OPERATION PERMIT by: Carter C. Cave Date: 4/20/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Bettis Date: 11/14/17. Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1

PROPERTY ID #: 4722485916.000

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jolly Evelyn Josey

APPLICATION DATE 6/27/2017

ADDRESS:

DATE EVALUATED: 7/11/2017

PROPOSED FACILITY: 3BR House

PROPOSED DESIGN FLOW (.1949):

PROPERTY SIZE: 0.93 acres

LOCATION OF SITE: 1541 Buffalo Shoals Rd. Statesville

PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☒ Well (new) ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1 I	7-8% L	0-8	WSBK SCL	FR SS SP Sap	—	48	abundant sap 30"-48"	—	0.3 PS
		8-22	SBK C	FR SS SP Sap					
		22-48	SBK CL w/ abundant Sap	FR SS SP Sap					
2 I	7-8% L	0-42	SBK CL	FR SS SP Sap	—	42	sap. loam @ 42"	—	0.3 PS
		42-60	loamy sap	VFR Sap					
3 R	7-8% L	0-11	WSBK SCL	FR SS SP Sap	—	46	sandy sap. @ 46"	—	0.3 PS
		11-28	SBK C	FR SS SP Sap					
		28-46	SBK CL w/ abundant sap	FR SS SP Sap					
		46-60	sandy sap	VFR Sap					
4 R	7-8% L	0-10	WSBK SCL	FR SS SP Sap	—	42	sandy sap @ 42"	—	0.3 PS
		10-42	SBK CL	FR SS SP Sap					
		42-60	sandy sap	VFR Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 linear feet	300 linear feet
System Type(s)	25% reduct	25% reduction
Site LTAR	0.3	0.3

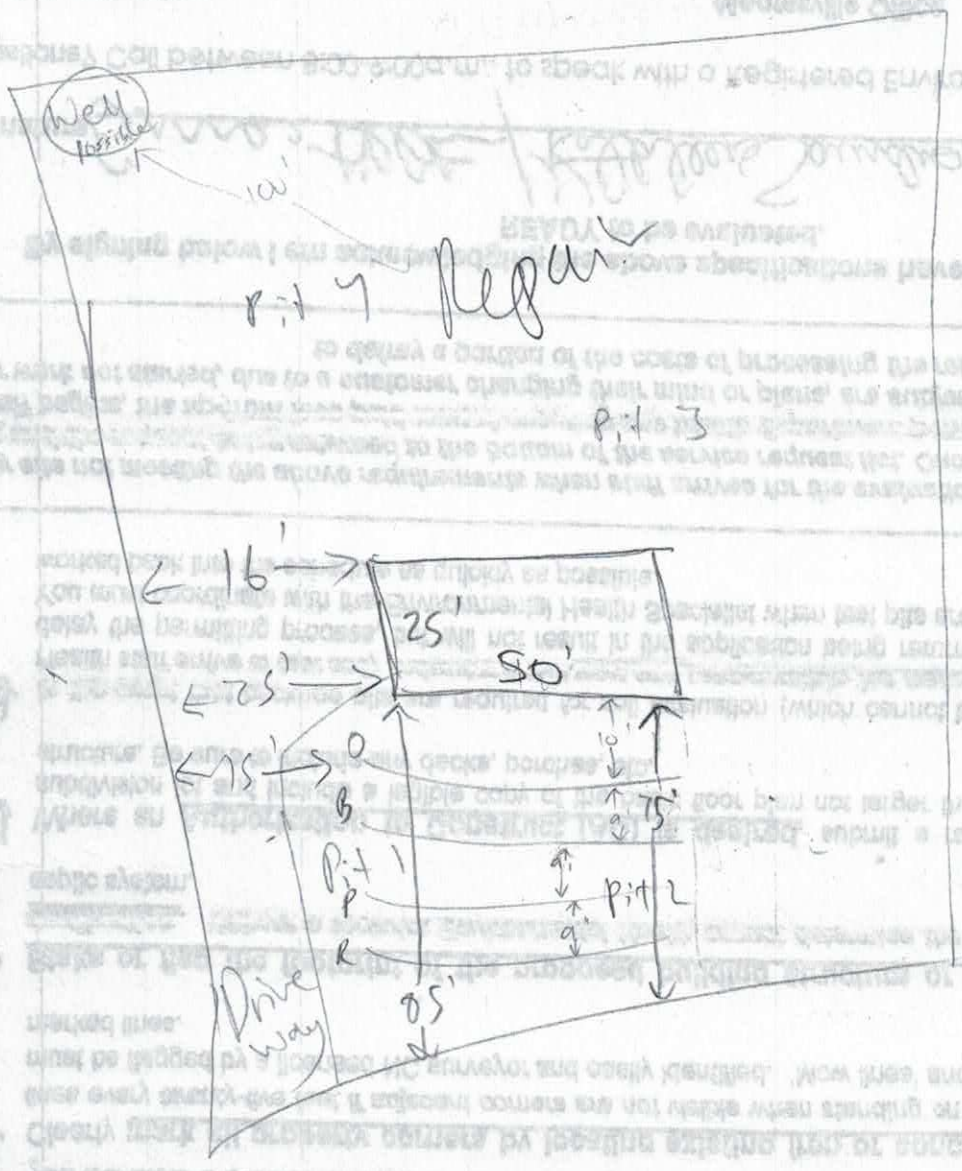
OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Mohamed Rumaneh

OTHER(S) PRESENT:

COMMENTS:



75' 75' 75' 75'

R P B 0

75.1" 6'8.3" 6'2" 5'5.7"

300 linear feet

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SVL

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

228275
~~221083~~

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repa

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 fee

Applicant Information:

NC 28625

Applicant Name: Shannon Griffith Address: 122 Victory Ln Statesville Phone: 704 880-5490

Owner Name: Evelyn Josey Jolly Address: Post Office Box 87, Barium Springs NC 28010 Phone: _____

Property Information:

Street Address: 000 (1541) Buffalo Shoals Road, Statesville NC 28677 - Parcel ID# 4722485916.000

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 West, Exit# 144, Left on Old Mountain Road, Left on Buffalo Shoals Road, Property on the right just before Buffalo Creek Drive - Look for the Tarheel Realty Sign

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

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CUD2014
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Water Supply:

( ) 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: _____

(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.

DocuSigned by:
Signature: Evelyn Josey Jolly – By Peggy Aldridge POA 6/27/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

*Kevin (backhoe)

DocuSign Envelope ID: 7122D73F-5918-4CA8-BE9D-2E4A587AA1D7

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, Evelyn Josey Jolly, am the legal owner(s) of the property located at 000 (1541) Buffalo Shoals Road, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722485916.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Shannon Griffith, Kevin Powell @ Powell Septic Tank Service, 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.

DocuSigned by:
Evelyn Josey Jolly – By Peggy Aldridge 2/1/2017
DBCBE1972E72406...

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

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IREDELL COUNTY HEALTH DEPARTMENT

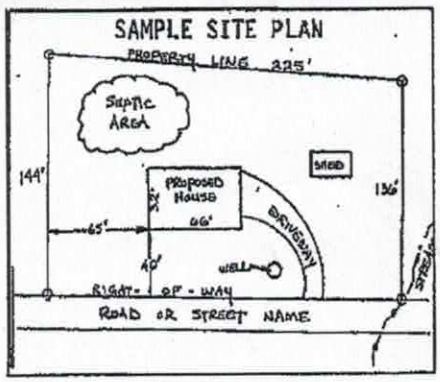
ENVIRONMENTAL HEALTH DIVISION

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
- ( ) 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:

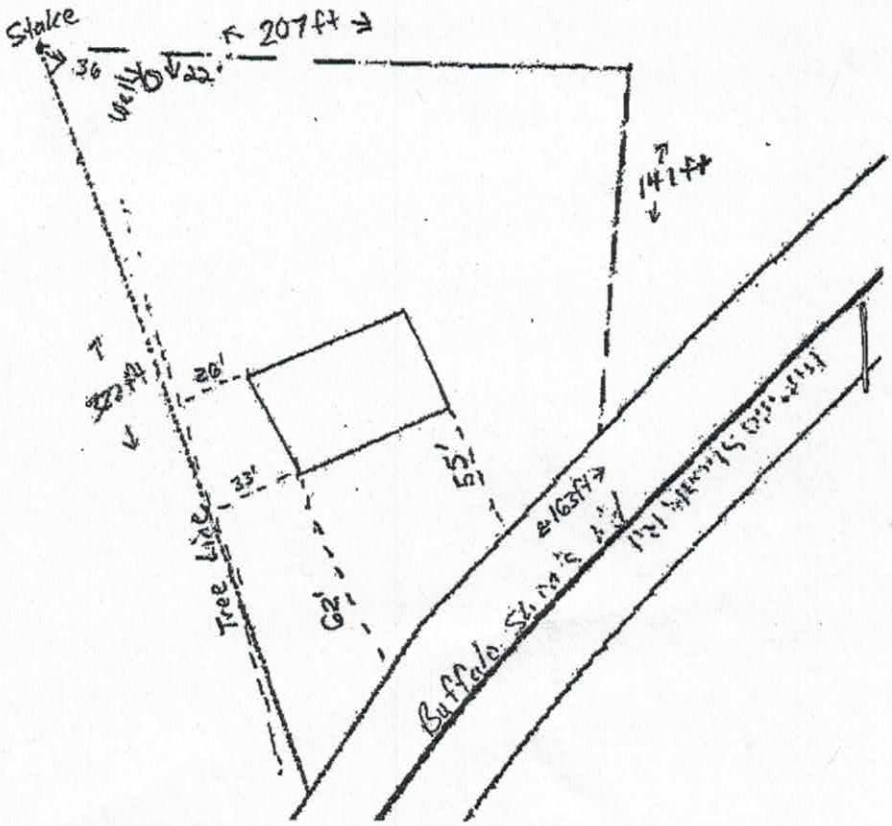
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

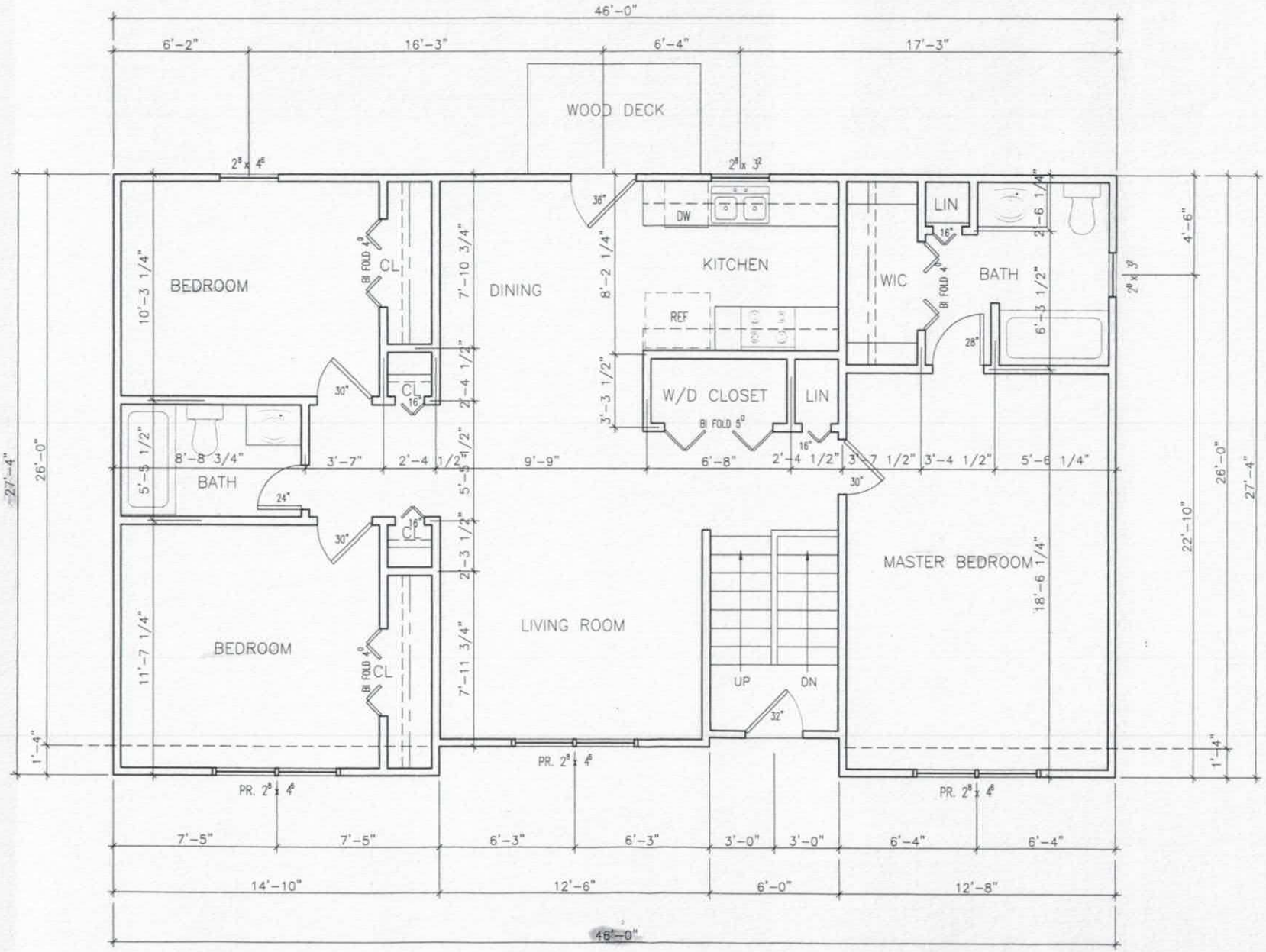
1541 Buffalo Shoals Rd
Statesville, NC

1 Lot Cleared



Signature: DocuSigned by: Evelyn Josey Jolly – By Peggy Aldridge POA
BFC9E197DE5D466...
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/27/2017
DATE


46'-0"
6'-2"
16'-3"
6'-4"
17'-3"
WOOD DECK
2x4
2x3
BEDROOM
10'-3 1/4"
BI FOLD 4'
CL
DINING
7'-10 3/4"
8'-2 1/4"
KITCHEN
DW
REF
LIN
WIC
BATH
2'-6 1/4"
6'-3 1/2"
4'-6"
2x3
W/D CLOSET
BI FOLD 5'
3'-3 1/2"
2'-4 1/2"
30"
16"
28"
8'-8 3/4"
5'-5 1/2"
3'-7"
9'-9"
6'-8"
3'-7 1/2"
3'-4 1/2"
5'-6 1/4"
BATH
24"
MASTER BEDROOM
18'-6 1/4"
BEDROOM
11'-7 1/4"
LIVING ROOM
7'-11 3/4"
2'-3 1/2"
UP
DN
32"
22'-10"
26'-0"
27'-4"
1'-4"
PR. 2x4
7'-5"
6'-3"
3'-0"
6'-4"
14'-10"
12'-6"
6'-0"
12'-8"
46'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
228275
Issue Date: 06/28/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722485916.000	1541 BUFFALO SHOALS ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: JOLLY EVELYN JOSEY	Applicant: Shannon Griffith
Address: 0 IREDELL CO, NC 28625	Address: Was in applicant Name sect to permit but wouldn't print
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.980	35.00	35.00	15.00	15.00	NO	X

Remarks:

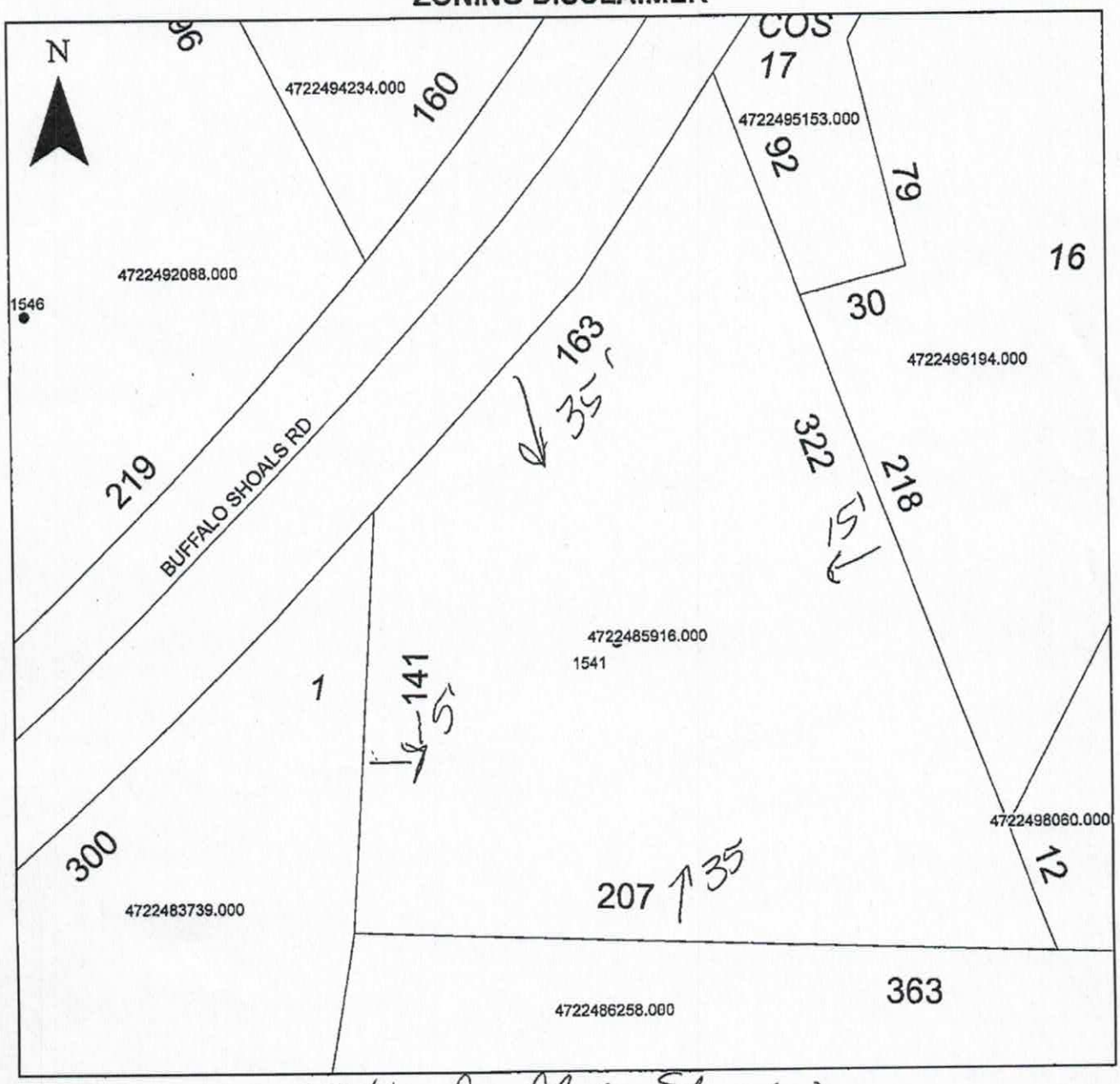
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Credit Card
6/28

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	107441	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1541 Buffalo Shoals

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.

SMJ

Applicant

06-28-17

Date