ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (DO) Mooresville Office (704) 660-3625

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

PERMIT # AP-319753

APPLICANT/OWNER: Vernon Bowman

PIN # 4725--73--4463

SITE ADDRESS: 166 Monte Vista Rd - STV

APPLICANT ADDRESS: 8508 Mark Rd Charlotte NC 28210

SITE DIRECTIONS: Hwy 64 to Montavello Rd R on Monte Vista

PHONE: 704-643-6500 ALT. PHONE —

SUBDIVISION: Montavello Heights

SECTION: — LOT # 14-16 LOT AREA: .45 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	4	Linear Ft	200'
Trench Width	24"	Trench Bottom Depth ~~(Low side)~~	36"	Gravel Depth	—

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

System Description: 50% CP Vertical

Repair System Description: 50% LP Vertical

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

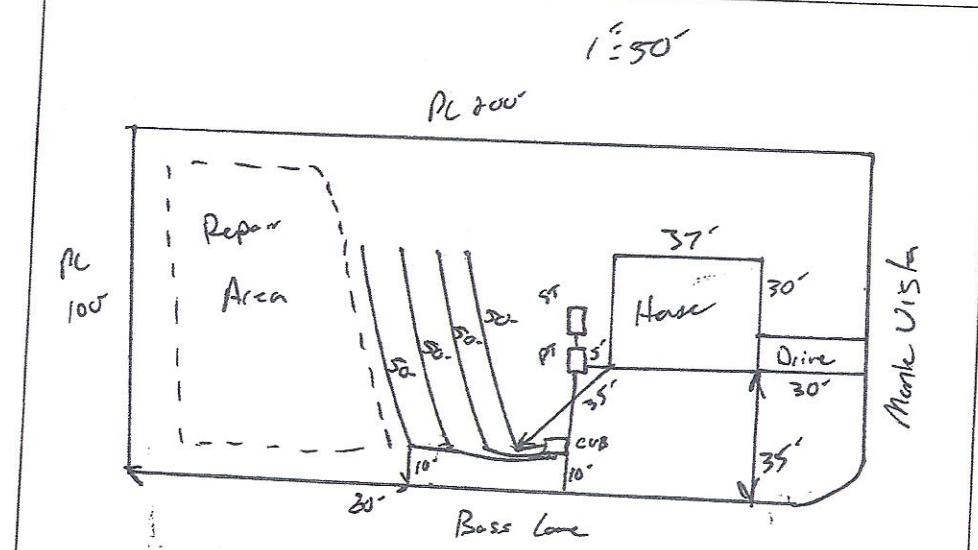
Comments / Conditions: Install Drawings on Center of land use Central Valve box for distribution. Grade Swell so water does not go toward Septic System.

46 Panels use 5/32 holes * 3 ft head pressure *

Dose 165 Gallon

Flow Rate 23 gallon per minute

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.

Lines checked by James & Tanks

Pressure & Floats checked by Ben

Floor Plan missing!

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: _____ Date: _____

IMPROVEMENT PERMIT by: _____ Date: 11-4-2021

AUTHORIZATION TO CONSTRUCT by: _____ Date: 11-4-2021

Installed by: Jake Williams

OPERATION PERMIT by: Cary Whit Date: 5/19/22

Existing System Inspected by: _____ Date: _____

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

RECEIVED JUL 2 1 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-319753 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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) #137 Charlotte, NC

Applicant Name: VERNON Baumrind Address: 8508 MACK RD Zip: 28210
Applicant Email: Vbaumrind@gmail.com Phone: 704-643-6300 Alt. Phone: _____
Owner Name: SAME AS ABOVE "CEM" Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 166 Monte Vista Drive
Subdivision Name: Monticello Heights Section/Phase: _____ Lot Number: 13
Driving Directions: HWY 64 to Monticello Rd, Right on Monte Vista DR.

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

(X) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____ 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: _____
( ) 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?
(X) 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.

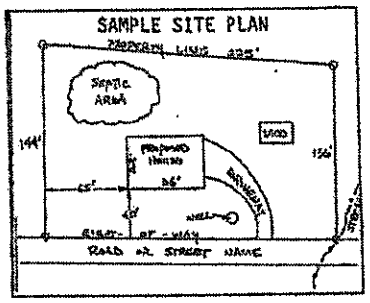
Signature: Vernon E Baumrind 7/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

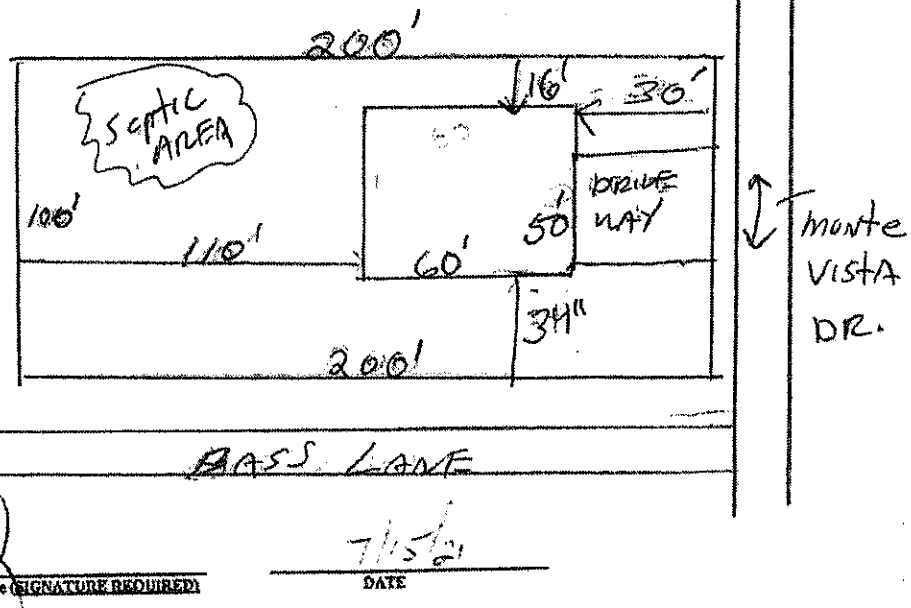
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____ 7/15/21

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)

X 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ 7/15/21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	166 MONTE VISTA RD	Permit Number	319753
Owner	BVJ PROPERTIES LLC	Tax Map	4725734464.000
Owner Address	8508 PARK RD	Zoning	R-10
	CHARLOTTE , NC 28210	Flood Hazard Area	
Phone No.	(704)643-6300	Historic District	
Contractor	BVJ PROPERTIES LLC	Architect	
Address	8508 PARK RD	Address	
	CHARLOTTE,NC 28210		
Phone No.	(704)643-6300	Phone No.	

Type of Application new single family

Utility Source

Electric
Water
Sewer

Required Information

0	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	30	Front Yard
	Location		Utility Clearance	30	Rear Yard
	Easements		TRC Review	30	Right Yard
	Flood Certification		Other	8	Left Yard
	Driveway Cuts				

Department Approval

Planning Department CA. 7/10/24 Public Works

Comments

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature Date

THE CITY of Statesville NORTH CAROLINA

Required Information for Zoning Approval

General Information

Job Address 166 Montevista Dr Statesville NC 28625
Parcel ID# 4725734464
Owner BVJ Properties, LLC
Zoning R-10
Mailing Address 5508 Mark Rd #133 Flood Hazard Area
Charlotte NC 28210
Phone Number 704-643-6360
Historic District
Contractor
Address
Phone Number
Architect
Address
Phone Number

Type of Application

X Residential ___ Commercial ___ Industrial ___ Specify ___
___ Renovation K New Construction ___ Addition ___ Other
Square Footage 1750 Estimated Cost

Specific Zoning

	MIN	ACTUAL		MIN	ACTUAL
Lot Size	15,000	20,040	Parking Spaces		
Lot Width	75	100	Handicapped		
Setbacks:					
Front Yard	30	30	UTILITY SOURCE	CITY	OTHER
Rear Yard	30	116	Electric		
Right Yard	30	34	Water		✓
Left Yard	8	16	Sewer		✓
Minimum Comb			Building Height		
% Lot Cover					

Required Information on Site Plan

✓ Lot Dimensions
✓ Structure Size & Location
✓ Setbacks
✓ Front Yard
✓ Rear Yard
✓ Right Yard
✓ Left Yard
___ Easements
___ # Employees
___ Flood Certification
___ Hydrants
___ Driveway Cut
___ Parking Layout
___ Landscaping
___ Buffer Yard
___ Erosion Control Plan
___ Utility Locations
___ Other

Department Approvals:

Electric
Water/Sewer
Public Works
Sanitation
Zoning
WWTP
Fire

Comments:

Local Water Authority letter of approval and/or permission to issue permits relative to backflow prevention must be received and on file prior to permits being issued. Code Compliance of Section 608 of the NC Plumbing Code protection and the City of Statesville Ordinance for Backflow/Cross-connection. Backflow assembly must be accepted by City of Statesville prior to project CO. Contact Regina Hoke at rhoke@statesvillenc.net or 704-832-3847.

Applicant Signature

7/15/21
Date