IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234944

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

PIN # 4726870253

APPLICANT/OWNER: Jerry Eidson APPLICANT ADDRESS: 127 Grier Farm Rd. Statesville, NC

SITE ADDRESS: 2507 Wilkesboro Hwy. Statesville, NC 28625 PHONE: 980-552-7934 ALT. PHONE —

SITE DIRECTIONS: NC 115 N → lot on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.419 ac DESIGN FLOW: 360gpd L.T.A.R.: .35/.25 repair)

Septic Tank	1000 (gal)	STB	854	Date	5-27-21	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS (horizontal)
# Nitrification Fields	1	# Lines	7	Linear Ft	258'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	25"/24" highside	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

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

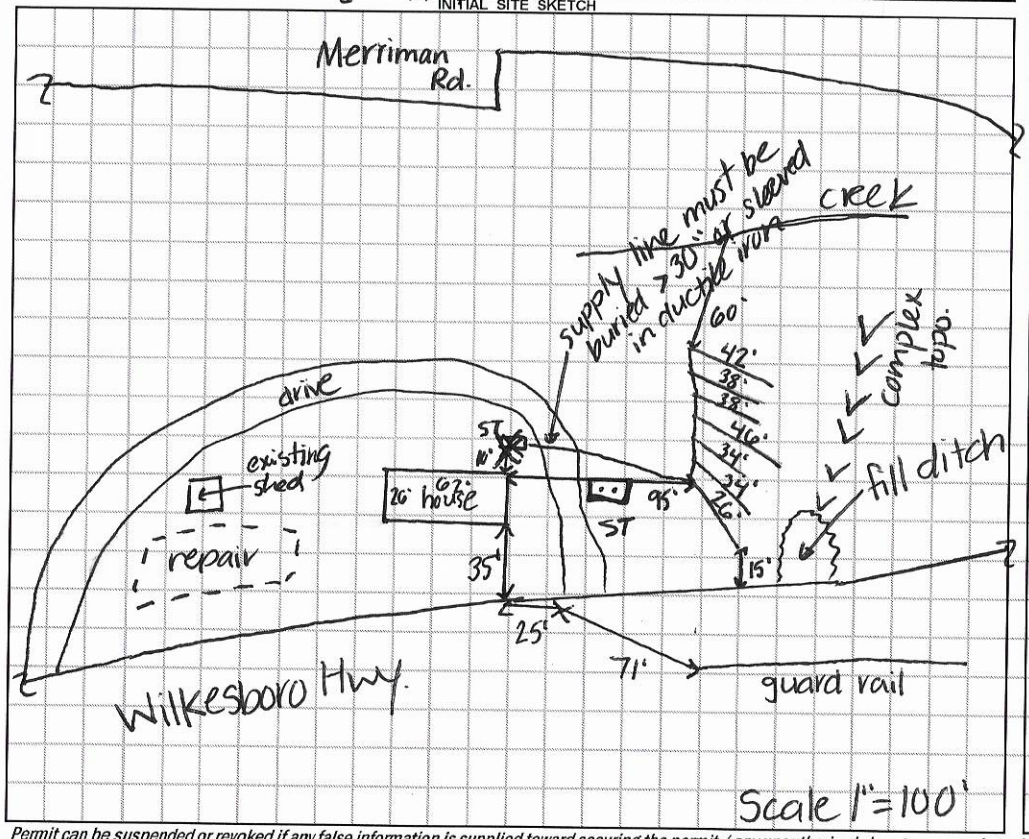
No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction w/ serial distribution and drain lines on contour. Maintain a minimum of 50' from creek when installing. Supply line must be buried > 30" under drive or sleeved in ductile iron. * Strongly recommend leaving one flag per line during the process of clearing. Call ICHD with any questions. Must fill ditch.

INITIAL SITE SKETCH



AS BUILT SKETCH

Install at 24" highside

Installed as Drawn

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: Lucie R. Eidson Date: 7-9-18 Installed by: Al Backhoe

IMPROVEMENT PERMIT by: Kayla Watson Date: 7-9-18 OPERATION PERMIT by: Date: 7-22-2021

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 7-9-18 Existing System Inspected by: Date:

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4726870253
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Jerry Eidson
ADDRESS: 2507 Wilkesboro Hwy
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: NC 115 N → lot on L

APPLICATION DATE: 4-26-18
DATE EVALUATED: 7-6-18
PROPERTY SIZE: 7.49ac
PROPERTY RECORDED: yes

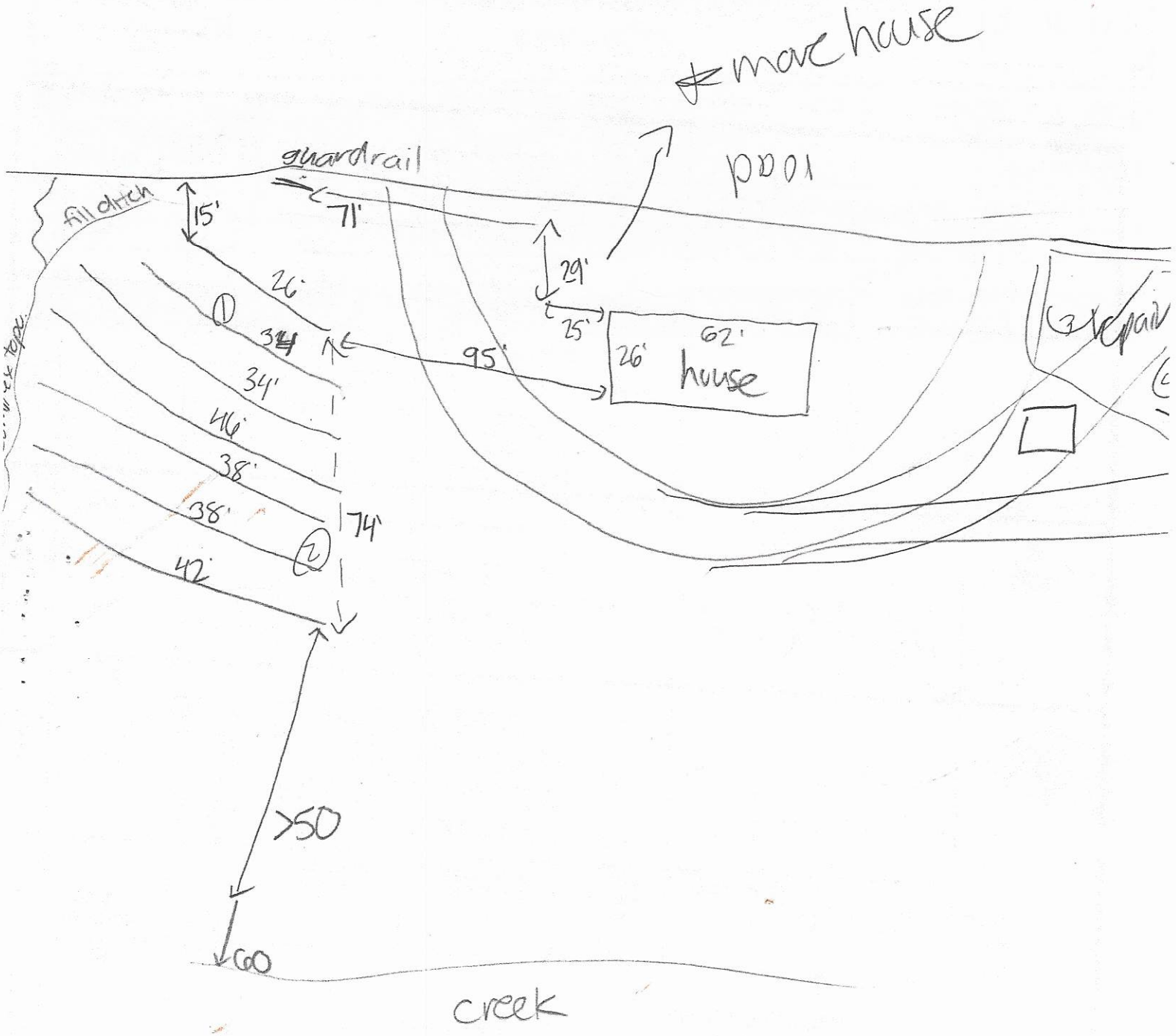
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 initial LS	7%	0-5	GR SL	VFr, NS, NP, SE	—	16	5-16 com-many RC SAP inc.		PS .35
		5-16	WSBK CL	Fr, SS, SP, SE					
		16-41	L SAP mass	VFr, NS, NP					
		41-60	SL SAP mass	VFr, NS, NP					
2 initial LS	8%	0-15	WSBK CL	Fr, SS, SP, SE	—	15	36"-60 few RC, SAP inc.		PS .35
		15-36	SL SAP	VFr, NS, NP					
		36-60	SL SAP	Fr-Fi, NS, NP					
3 repair LS	11%	0-6	Fill	—	—	36	17-36 many SAP inc. (36-54" CL SAP)		PS .25
		6-10	WSBK SCL	Fr SS, SP, SE					
		10-17	SBK C	Fr, SS, SP, SE					
		17-36	WSBK CL	Fr, SS, SP, SE					
		36-54 54-63	CL SAP L SAP	Fr, SS, SP Fr, NS, NP					
4 repair LS	12%	0-5	WSBK SCL	Fr, SS, SP, SE	—	43			PS .25
		5-25	SBK C	Fr, SS, SP, SE					
		25-43	WSBK CL	Fr, SS, SP, SE					
		43-48	CL SAP	Fr, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.35	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: Patricia Bayle


mac house
guardrail
pool
fill ditch
15'
71'
29'
25'
26'
62'
26'
house
95'
34'
34'
46'
38'
38'
74'
42'
>50
60
creek

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 ___ BOTH ___ 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 #
Jerry & Lisa Eidson	127 Grier Farm Rd Statesville NC 28625	704 500 9586	980-295-0388
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jerry + Lisa Eidson	Same	Same	704-876-3309

4. Property Information:

2507 Wilkesboro Hwy
Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: ~~I-77 At~~ Midway Rd

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

( ) 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 3
If Expansion, Current Number of Bedrooms ___

( ) 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 ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Jerry & Lisa Eidson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-26-17
DATE

Jerry Eidson

7-1-21

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, Lisa E. Edson, am the legal owner(s) of the property located at 2507 Statesburgh Hwy, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lisa Edson, 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.

Lisa E. Edson — 4-17-18
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

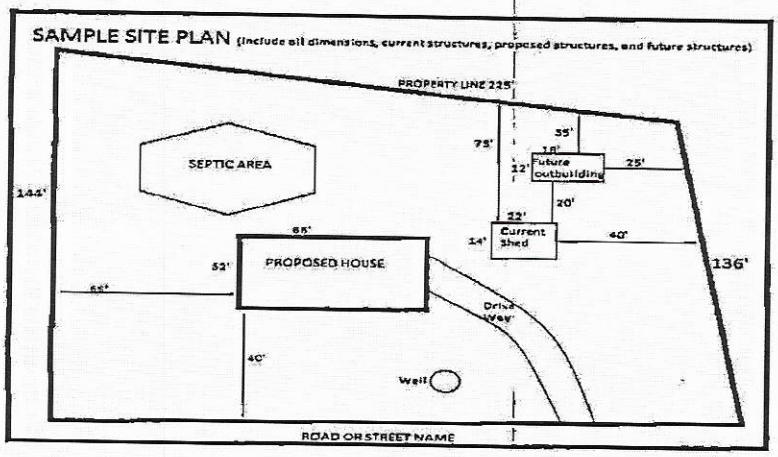
_____Front and side setbacks from property line... **_____Preferred driveway location and configuration, preferred well location...**

_____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

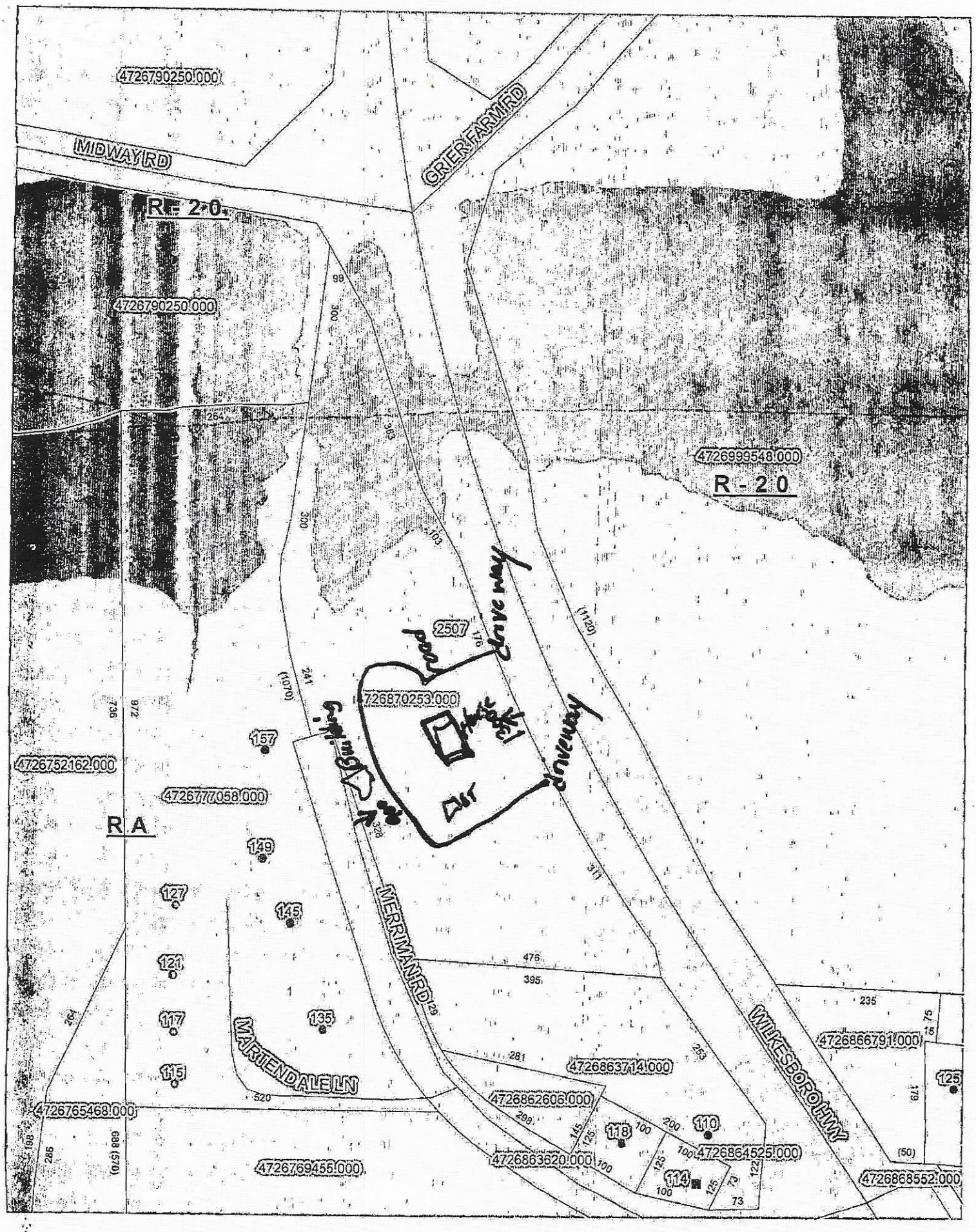
See Attached

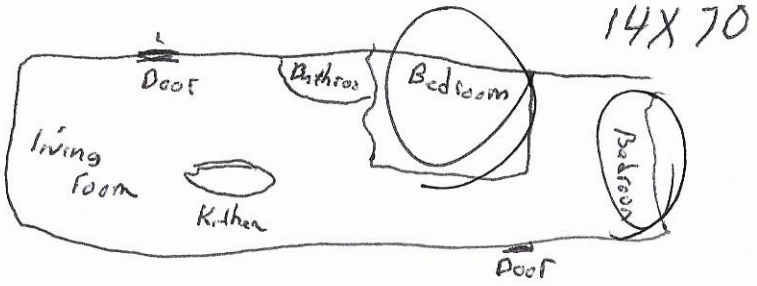
Signature: Lisa R Eidson

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

4-17-19

DATE


4726790250.000
MIDWAY RD
GRIER FARM RD
R-20
4726790250.000
4726999548.000
R-20
2507
4726870253.000
Fernway Dr
Fernway Dr
4726752162.000
4726777058.000
R A
157
149
127
145
121
117
135
115
MERRIMAN RD
MARIENDALE LN
WILKESBORO HWY
4726765468.000
4726769455.000
4726863714.000
4726862606.000
4726863620.000
4726864525.000
4726866791.000
4726868552.000
110
118
114
125
264
393
300
99
103
(1120)
241
(1070)
736
972
328
311
476
395
281
253
235
179
520
298
145
125
100
200
122
73
(50)
688 (570)
285
198



Acknowledgement Of
Plans Submittal ONLY!

Date 7-1-2021

Jerry Eidsen Date 7-1-21

IREDELL COUNTY

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

APPLICATION NUMBER
234944
Issue Date: 04/17/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4726870253.000	2507 WILKSBORO HIGHWAY, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: EIDSON, JERRY+LISA R.	Applicant: EIDSON, JERRY+LISA R.
Address: 2507 WILKSBORO HWY	Address: 2507 WILKSBORO HWY
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	50.00	NOT	X

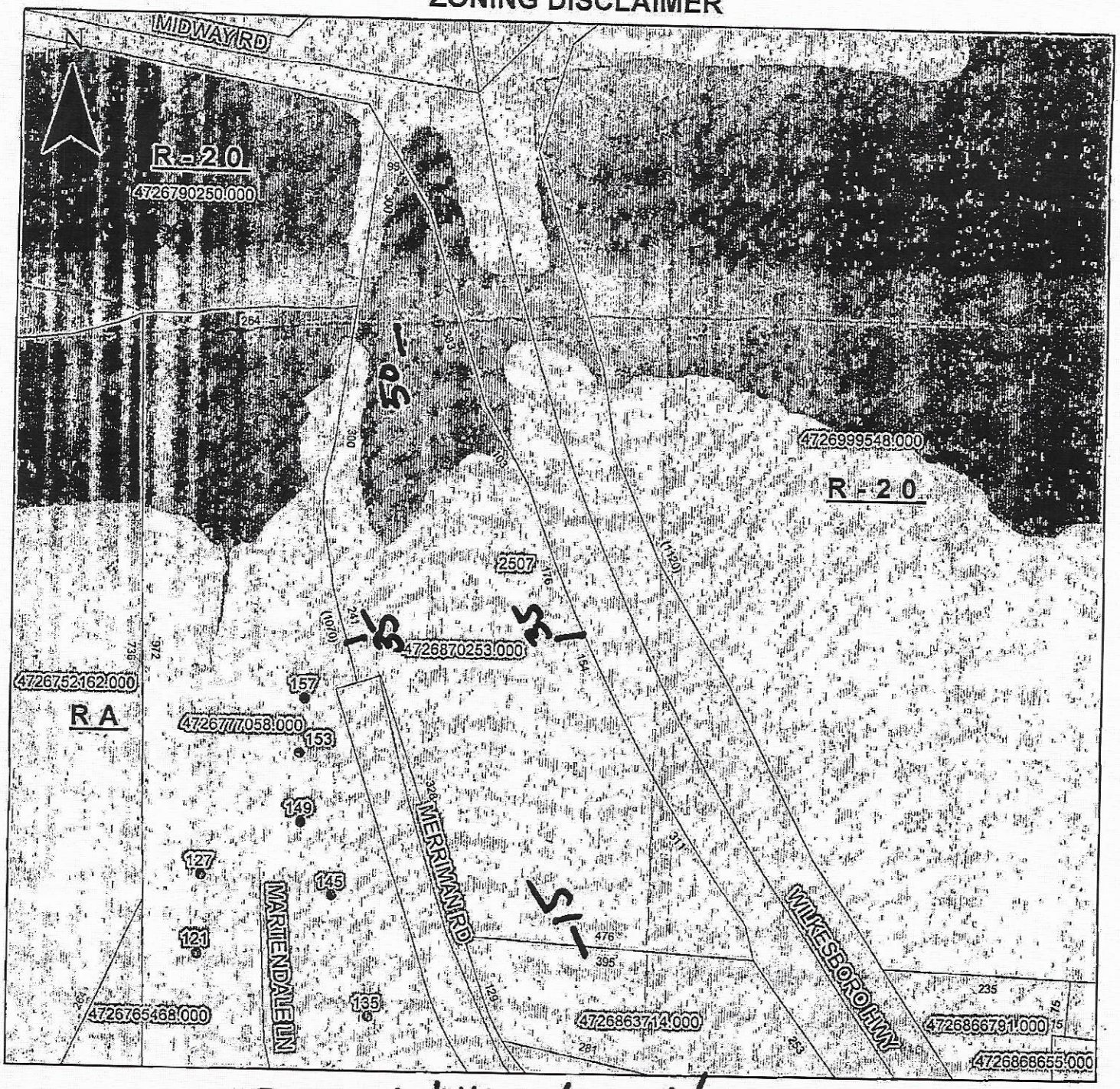
Remarks:

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	135820	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 2507 Wilkesboro Hwy

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.

Lisa Edson

Applicant

4-17-18

Date