IREDELL COUNTY HEALTH DEPARTMENT — Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — PERMIT # 22935

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

PIN # 4729114473

APPLICANT/OWNER: Nancy Prevette — APPLICANT ADDRESS: 572 Turnersgrove RD Statesville 28625

SITE ADDRESS: 126 Kingsdale Drive, Statesville NC 28625 — PHONE: 704 876 6912 — ALT. PHONE 704 929 1406

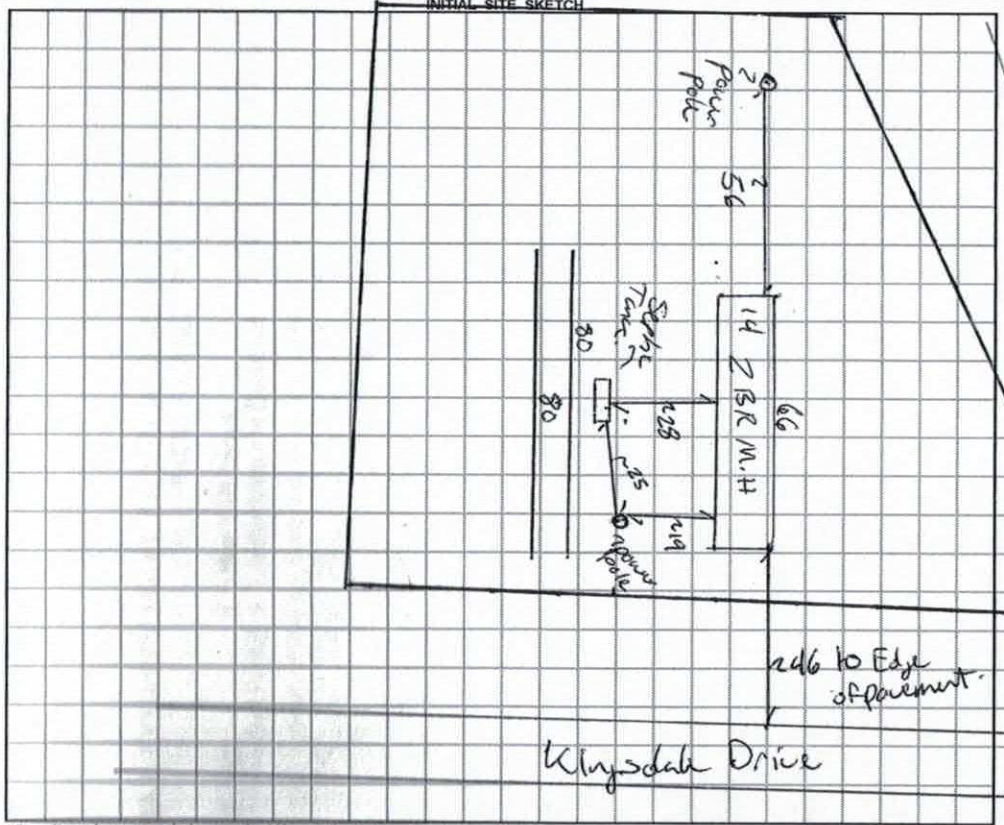
SITE DIRECTIONS: North on Hwy 115 left on Kingsdale Drive 2nd on Corner — SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Kingsdale — SECTION: — LOT # 109-114 LOT AREA: .56 Acres — DESIGN FLOW: 240 — L.T.A.R.: EXT

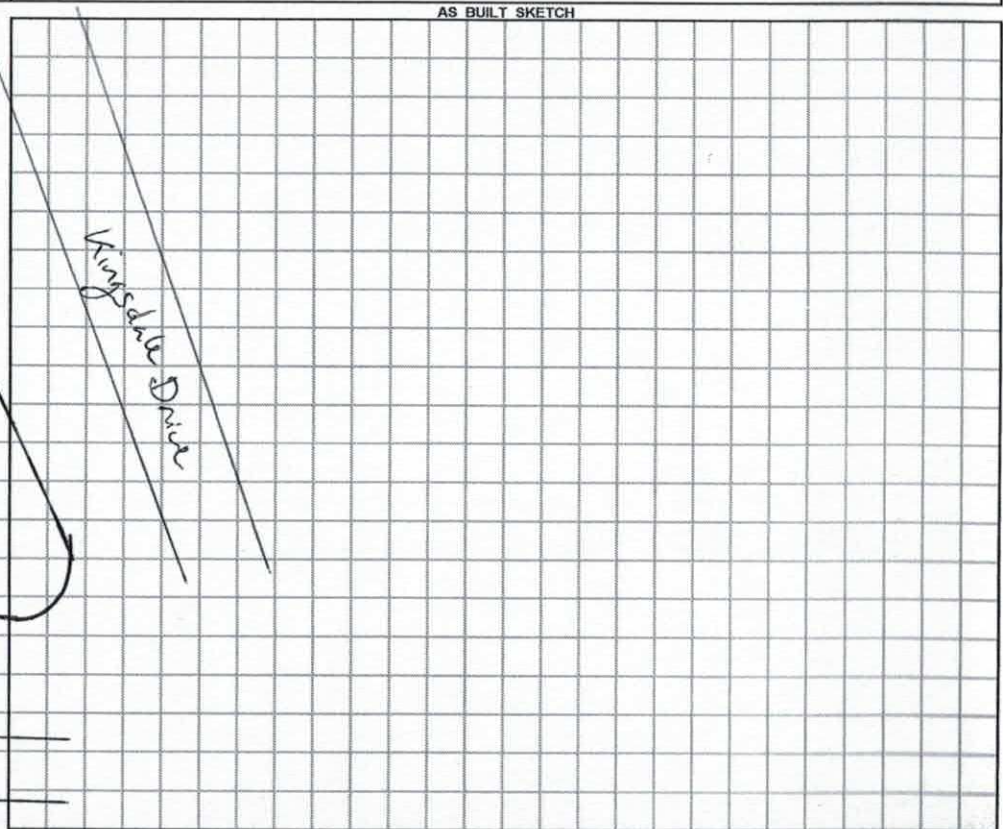
Septic Tank	EXT	(gal)	STB EXT	Date EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank		(gal)	PT	Date	System Description: Existing System				☐ Business	No. Persons 4	☑ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth EXT		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: House must maintain 5 ft min from any part of the Septic System

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 Prevette — Date: 8-09-17 — Installed by:

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Benjamin A. Bottkin — Date: 8/4/20

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *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 Prevette Address: 572 Tuckers Grove Rd, Stat Zip: 28625
Applicant Email: busthepreuette@gmail.com Phone: 7049766912 Alt. Phone: 704 929-1406
Owner Name: Nancy Prevette Address: 572 Tuckers Grove Rd Zip: 28625
Owner Email: busthepreuette@gmail.com Phone: 7049766912 Alt. Phone: 7049291406

Property Information:

Street Address: 126 Kingsdale Dr, Statesville, NC 28625

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

Driving Directions: North on Hwy 115, left on Kingsdale Dr.

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

(✓) Used 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: 2
Maximum Number of Occupants: 3
( ) 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: _____ 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 ( ) 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 Prevette 7-31-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

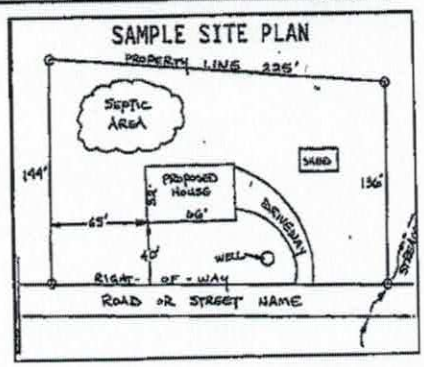
ENVIRONMENTAL HEALTH DIVISION

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:

- (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

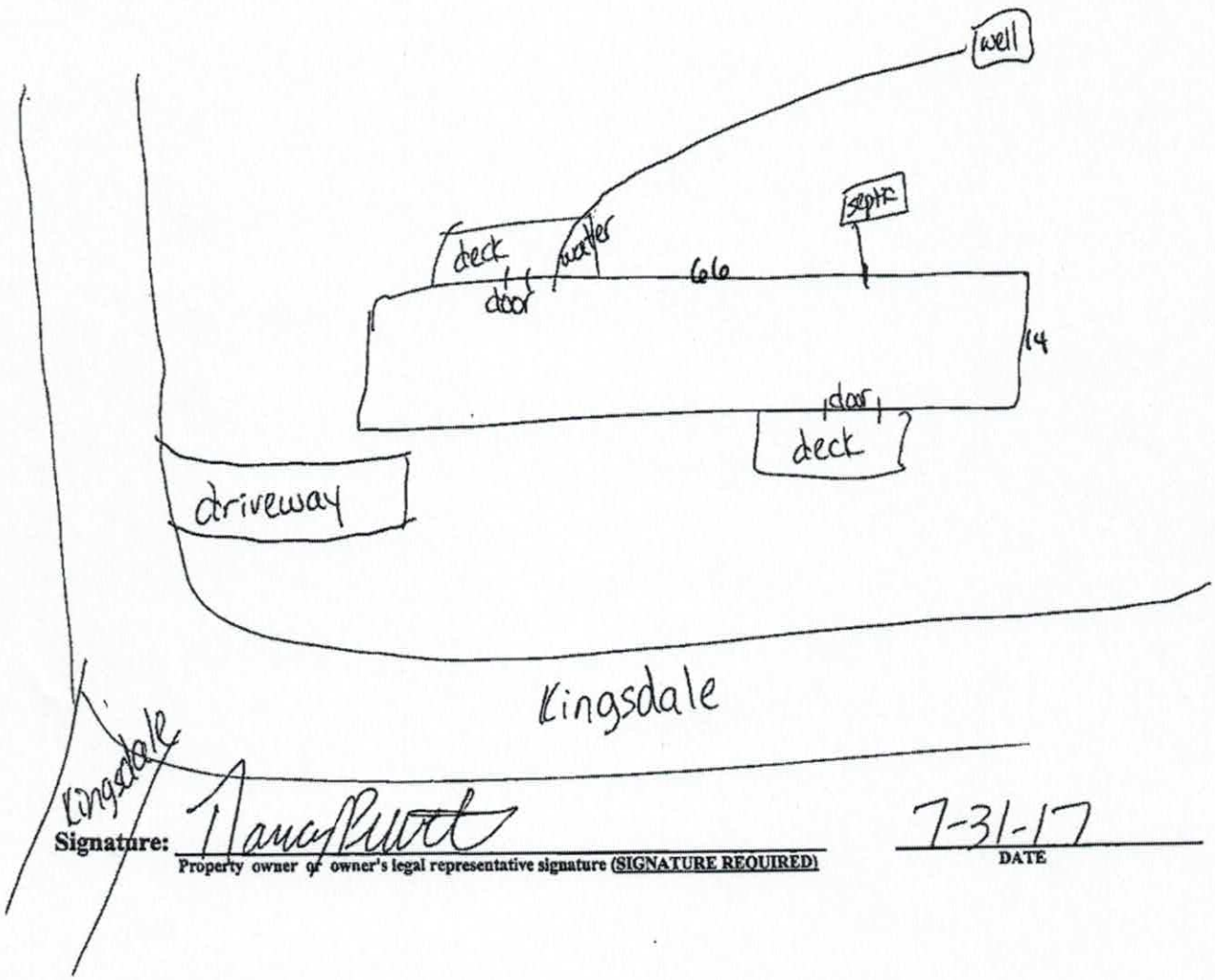


Circle N/A on the following if appropriate:

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



Signature: Nancy Burch

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

7-31-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158881 PIN # 4729-11-4473 DATE 11-20-09

OWNER or APPLICANT Jesse Shumaker PHONE: Business Home: 704-495-4479

OWNER or APPLICANT ADDRESS 3931 Old Salisbury Rd Wilkesboro NC 28659

LOCATION / DIRECTIONS 115 to Kingsdale Drive to fork 1st on right

SUBDIVISION BLOCK / SECTION LOT # 109 LOT AREA .56 DESIGN FLOW 240 L.T.A.R. exist

Septic Tank Exist Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 2 Linear Feet Exist

Trench Width Exist Max. Trench Bottom Depth Exist Gravel Depth Exist

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

System Description: Conventional Gravity

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

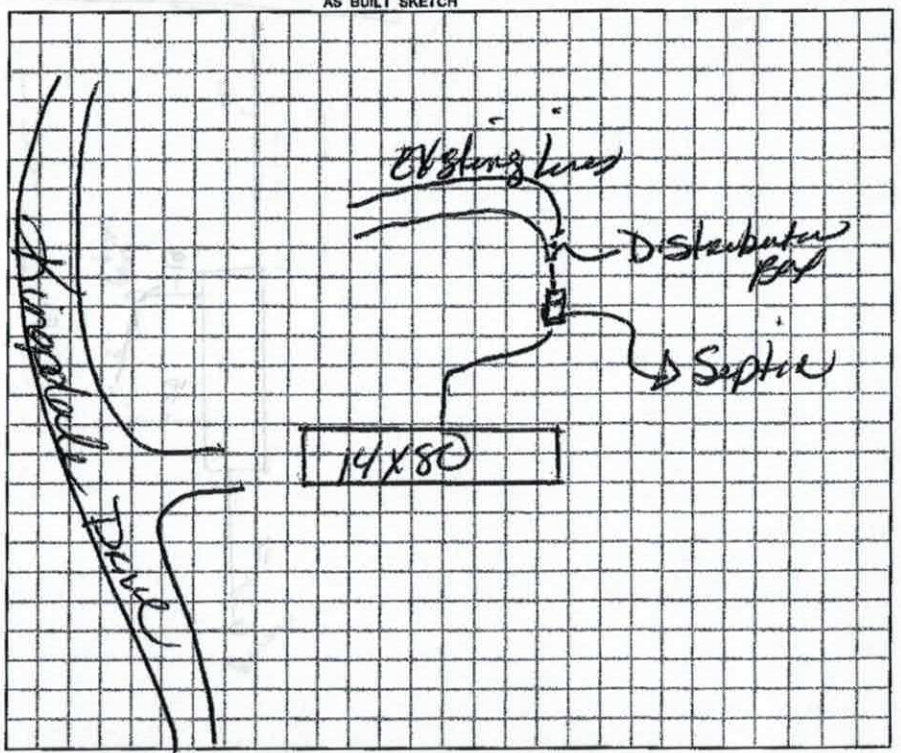
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

AS BUILT SKETCH



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☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Jesse Shumaker Date 11/2009

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 11-20-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY

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

APPLICATION NUMBER
229135
Issue Date: 08/01/2017

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4729114473.000	126 KINGSDALE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PREVETTE MICHAEL D+NANCY R	Applicant: PREVETTE NANCY R BUSTL
Address: 572 TUCKERS GROVE RD STATESVILLE, NC 28625	Address: 572 TUCKERS GROVE RD STATESVILLE, NC 28625
Phone: 704-929-1406	Phone:

Use Requested	Zone Code
SW REPLACE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	35.00	25.00	15.00	PASY	X

Remarks:

PAID

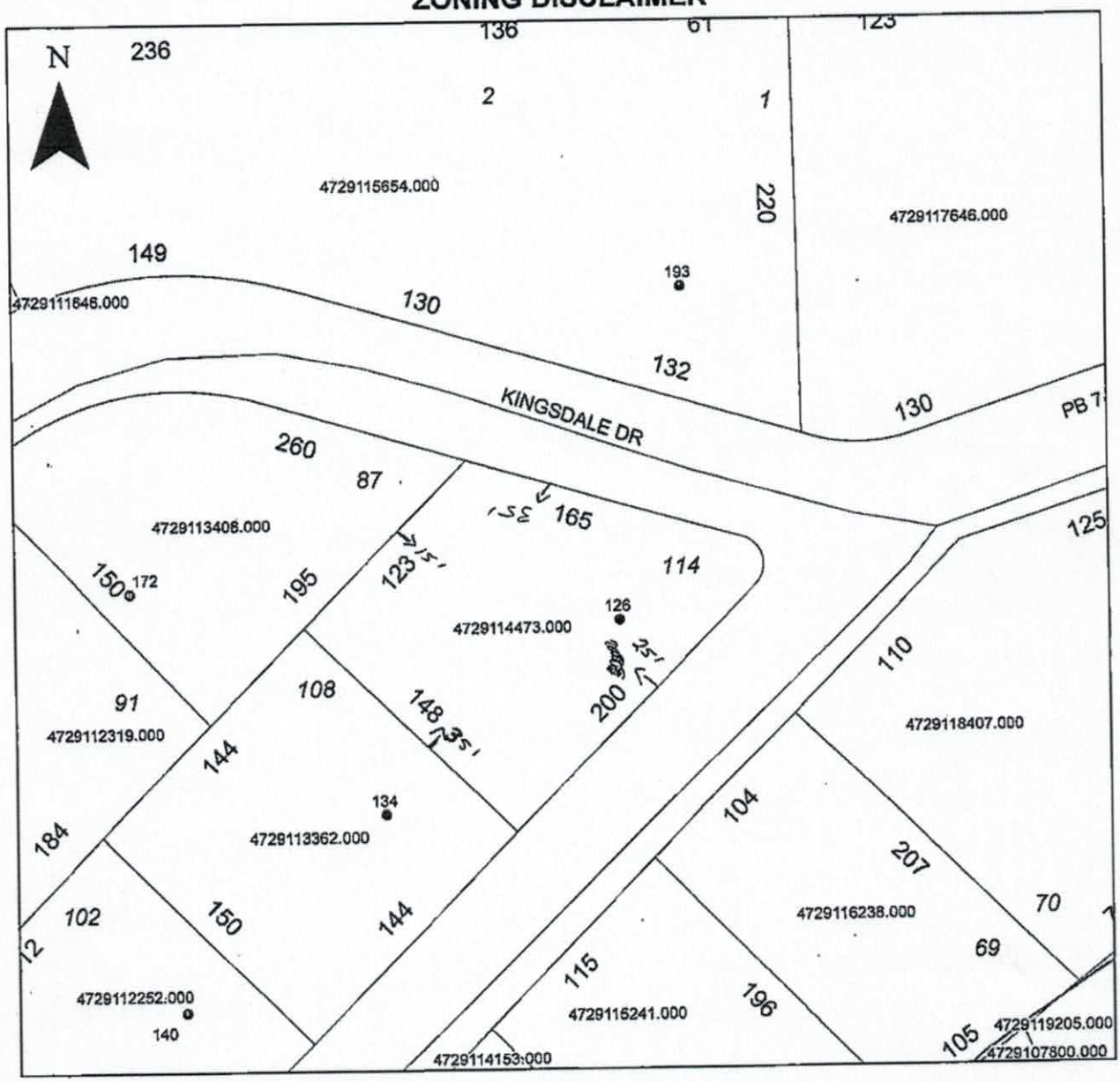
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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	110797	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

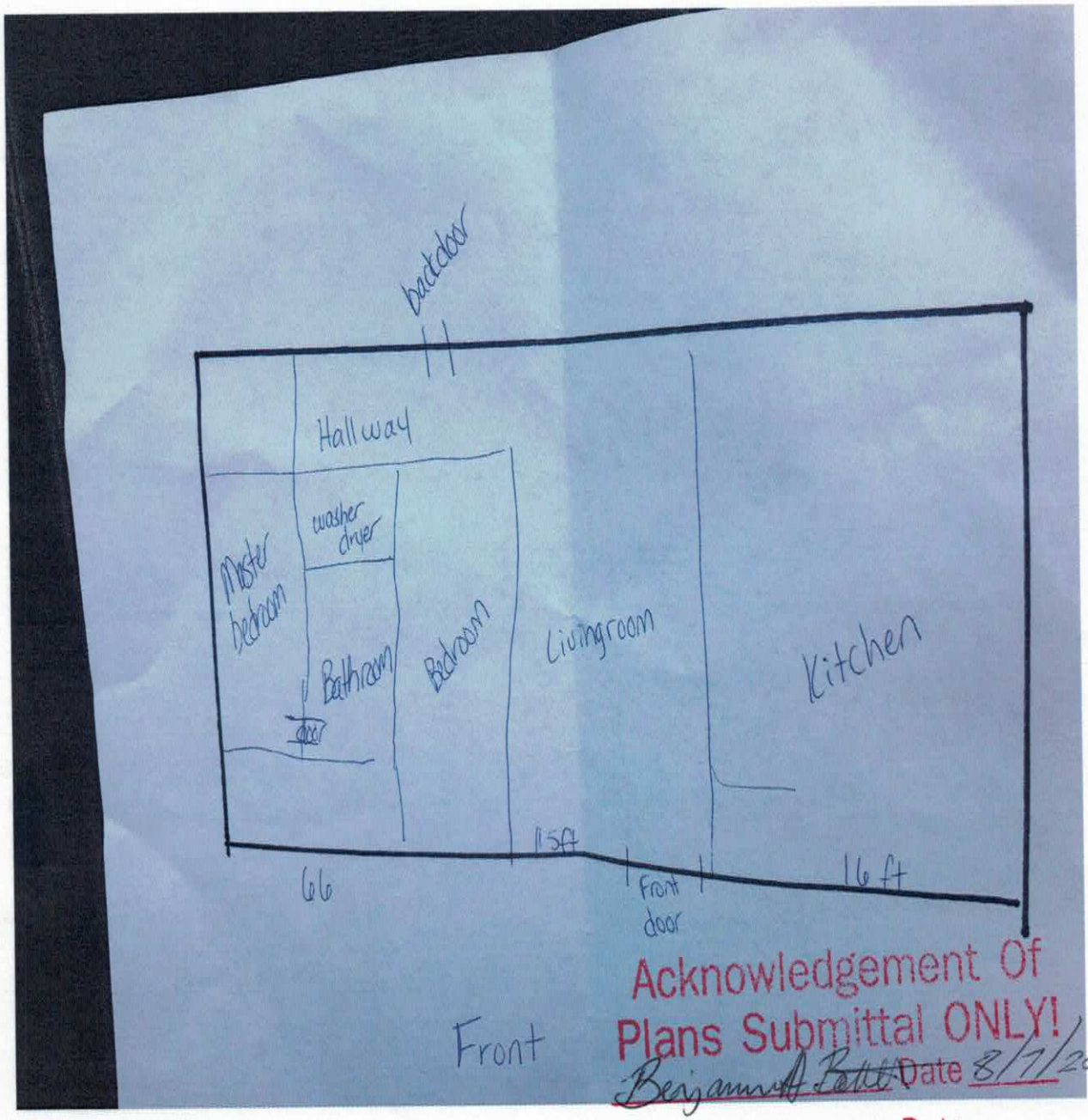


Property Address 126 Kingsdale Dr.

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Applicant

7-31-17
Date



Acknowledgement Of
Plans Submittal ONLY!

Benjamin Bell Date 8/7/2017.

_____ Date _____