IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 11907 PIN# 4729-16-4129 DATE 5-6-04

OWNER OR CONTRACTOR MICHAEL T. UPRIGHT PHONE: Business _____ Home 704-873-2644

ADDRESS 123 Old Timer Dr

LOCATION NC 115 NORTH, TR OLD TIMER DRIVE; LOT ON LEFT AFTER CURVE

SUBDIVISION CENTRAL HEIGHTS BLOCK / SECTION _____ LOT 29 ~~33~~ LOT AREA 0.4 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GAD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 5-21-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, Low-Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

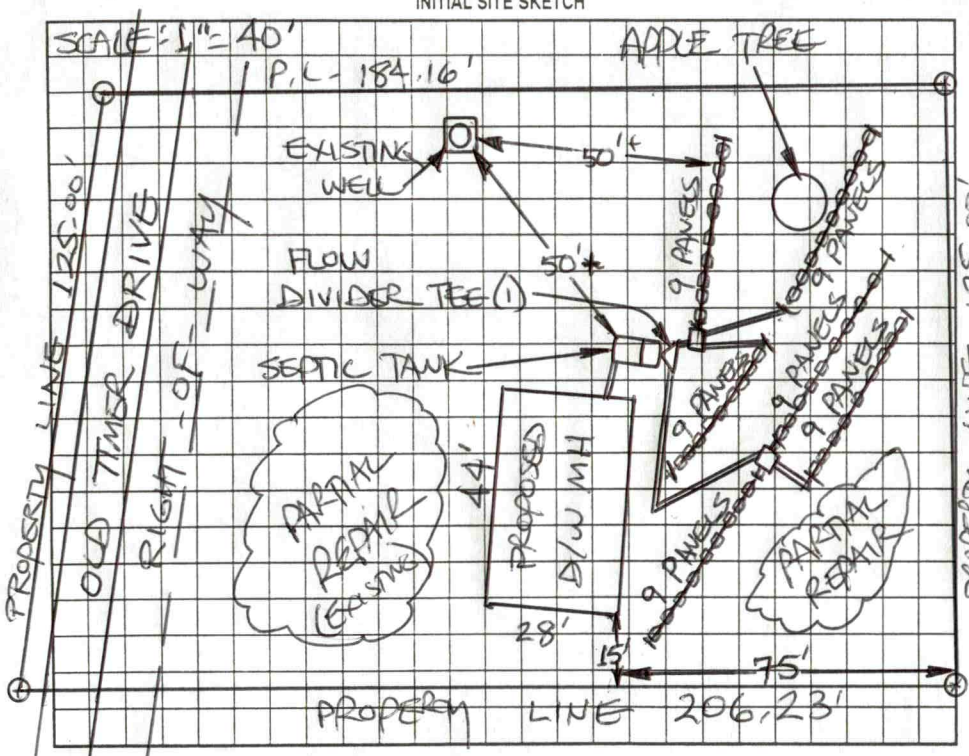
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

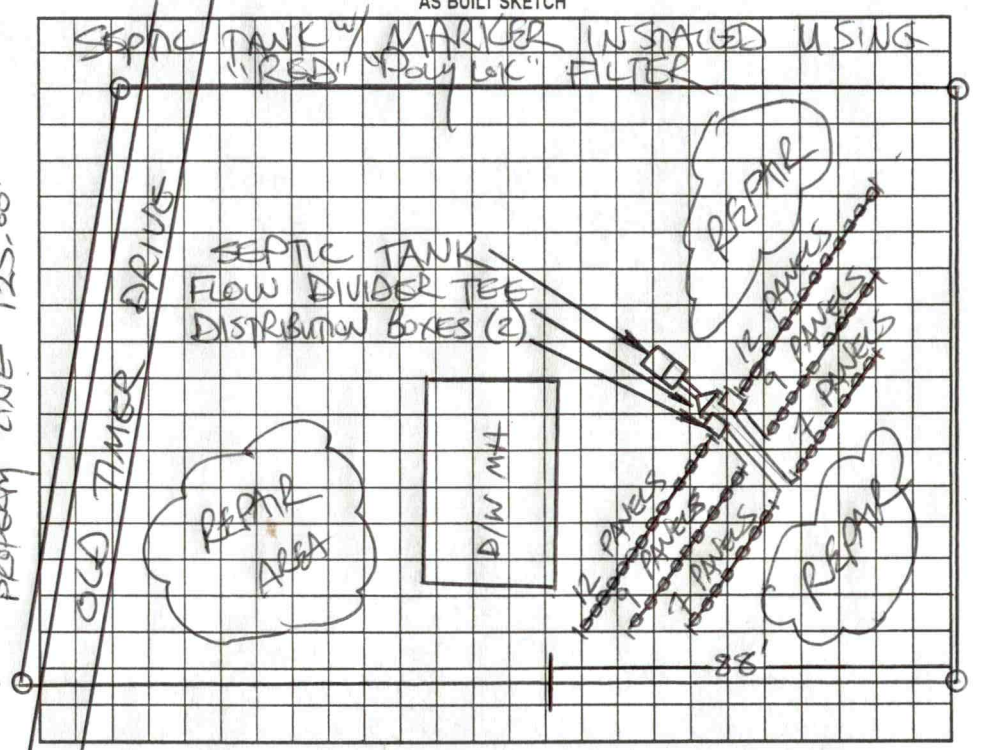
Comments:/Conditions: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO FLOW SPLITTERS (SUCH AS "TRY-FLO" ZOELLER) FEEDING THREE LINES EACH. INSTALL 50% REDUCTION SYSTEM USING 54 PPBPS PANELS

Comments:/Conditions: REMOVE EXISTING FIELD TERRACES FROM LOT & GRADE UNIFORM SLOPE - CALL HEALTH DEPT. TO FLAG OUT 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. 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: Jennifer Upright date 5-6-04

Improvement Permit by: STEVE HEDRICK date 5-6-04

Authorization to Construct by: STEVE HEDRICK date 5-6-04

Installed by: ABEE GRADING

Operation Permit by: STEVE HEDRICK date 9-24-04

Existing System Inspection by: _____ date _____

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

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	119907ZO	Subdivision:	
Proposed Use:	Double Wide	Township:	0900 Sharpesburg
Location of Property:	000 Old TimerCentral Hgts off NC 115 Dr. Statesville NC 28625		
Parcel #:	4729-16-4129	Zoning:	RA
Lot #:	29-33 Size: .4	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Michael T Upright	Owner:	Michael T Upright
Address:	170 Cedar Ridge Loop Statesville NC 28625	Address:	170 Cedar Ridge Loop Statesville, NC 28625
Phone:	704-873-2644	Phone:	704-873-2644
Property Recorded: Yes	Site Plan Reviewed:	Community Water: Yes	Community Sewer: No

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21,780	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

S Hamsgrove Rd and 115, make left Old Timer Dr.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Jennifer P. Upright Date: 3/17/04

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL

Printed: 3/17/2004

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Michael T. Upright	(704 873-2644)	170 Cedar Ridge Lp	Statesville	NC	28625

Current Property Owner	Mailing Address	City	State	Zip Code
Michael T. Upright	170 Cedar Ridge Loop	Statesville	NC	28625

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	29-33		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public		

Specific Directions to Property NC 115, make Right Old Timer Dr. Follow curve on left.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home X Commercial _____ No. Bedrooms ~~4~~ 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

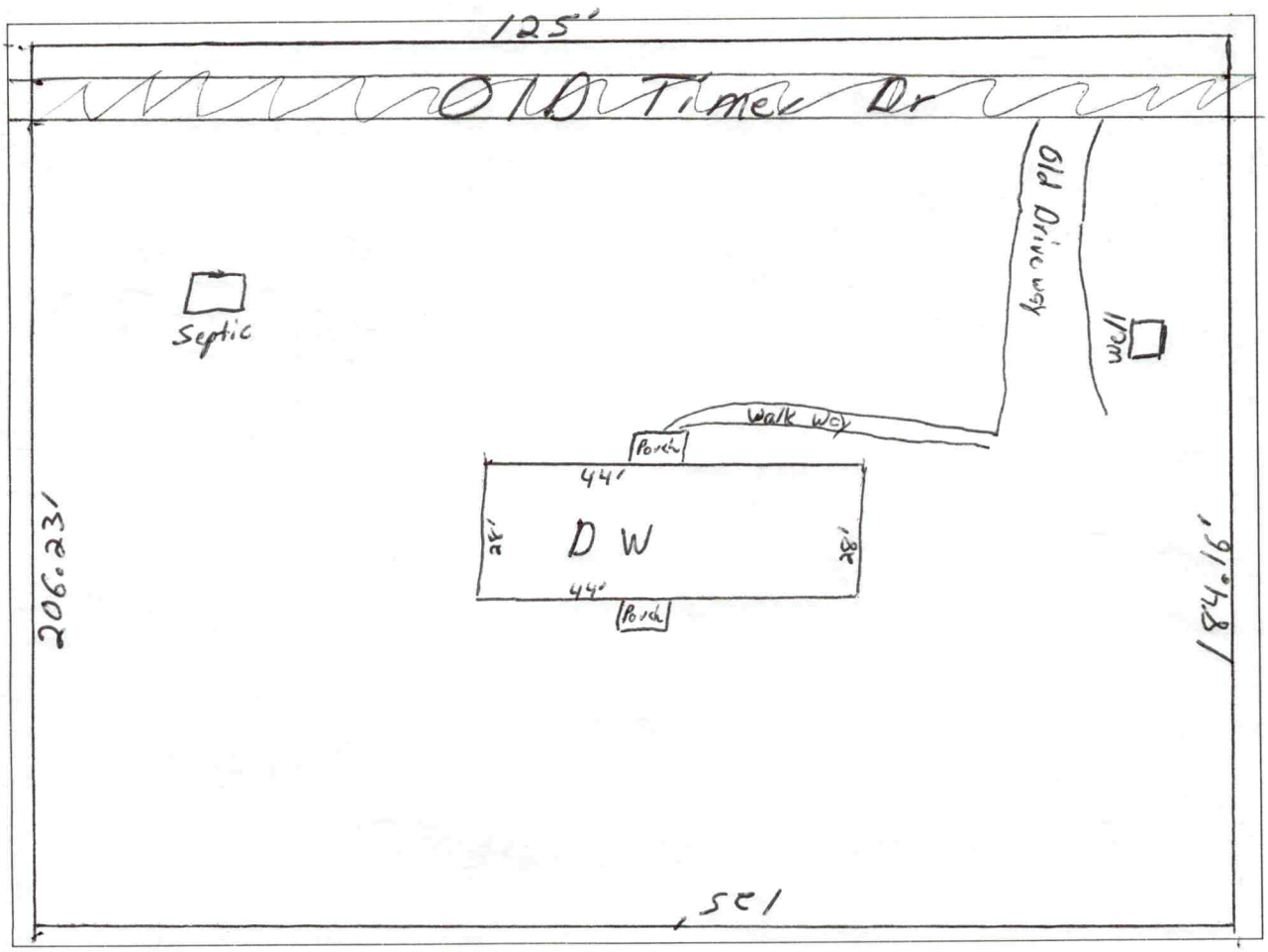
3-25-04 DATE Michael T. Upright SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

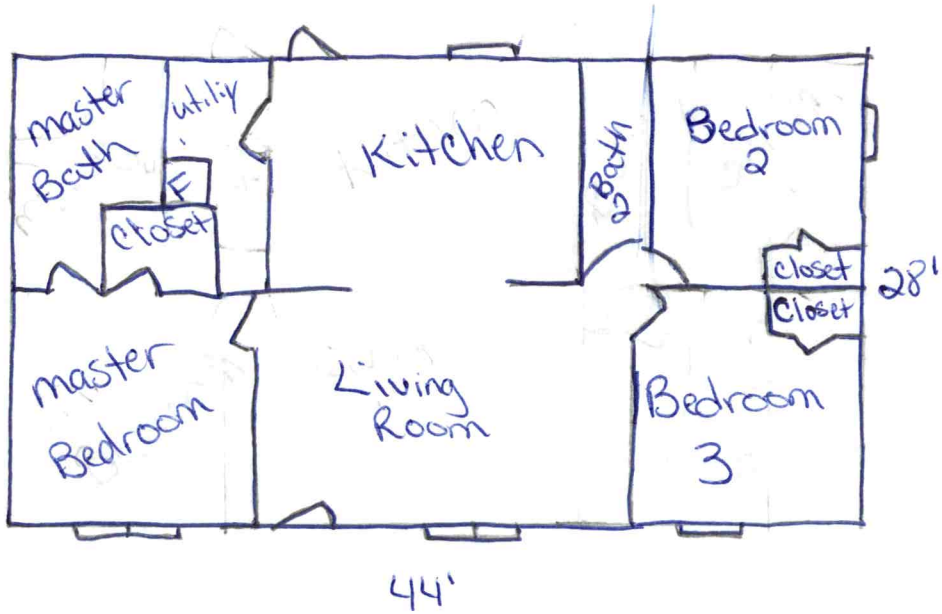
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

3-25-04 Date Michael T. Wright SIGNATURE OF OWNER/AUTHORIZED AGENT



Acknowledgement Of
Plans Submittal ONLY!

Steve Hedrick Date 5-5-04

Jennifer Upright Date 5-5-04

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

4729-16-4129

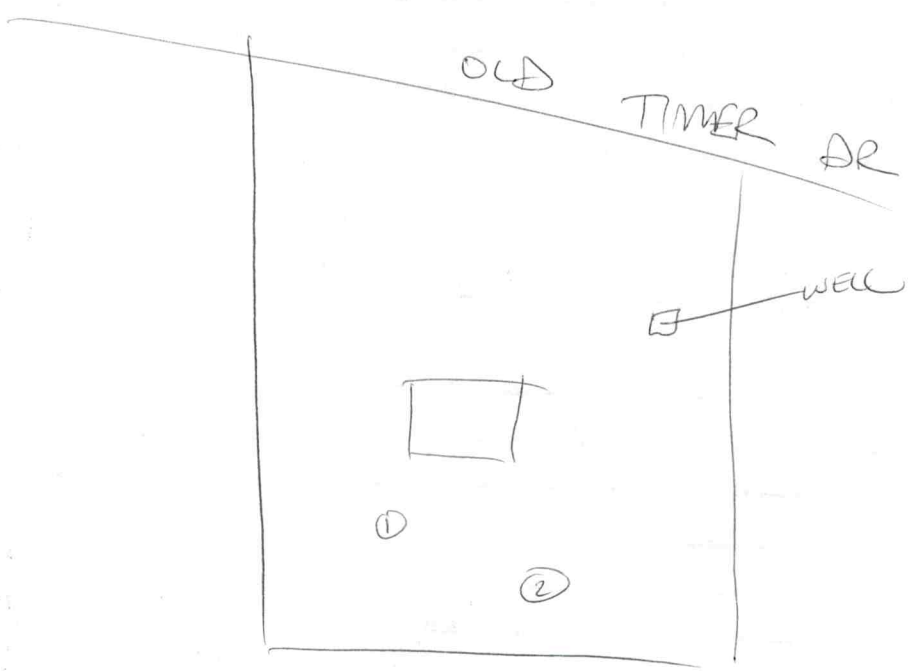
OWNER: MICHAEL T. UPRIGHT APPLICANT: SAME
ADDRESS: 170 CEDAR RIDGE, STVL 28625 APPLICATION DATE: 3-25-04 DATE EVALUATED: 5-6-04
PROPOSED FACILITY: 3BR D/W PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 0.4 ACRE
LOCATION OF SITE: NC 115 N, TR OLD TIMER DR, LEFT AFTER CURVE PROPERTY RECORDED: ____
WATER 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	L 8%	0-3	GR SCL	VFR SSSP					PS 0.25
		3-40	ABK/SBK C	FI S/SP SSSP					
		40-48	SBK MICACEOUS CL	FR SSSP					
2	L 10%	0-4	GR CL	VFR SSSP					PS 0.25
		4-48	ABK/SBK C	FI S/SP SSSP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: JENNIFER UPRIGHT


OLD TIMER DR
WELL
1
2