ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (33) Mooresville Office (704) 660-3625 PERMIT # AP-311656

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

PIN # 4733-27-6630

APPLICANT/OWNER: CRYSTAL ANDERSON APPLICANT ADDRESS: 236 BELFAST ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 236 BELFAST ROAD, STATESVILLE, N.C. 28677 PHONE: 704-818-8028 ALT. PHONE 704-798-3424

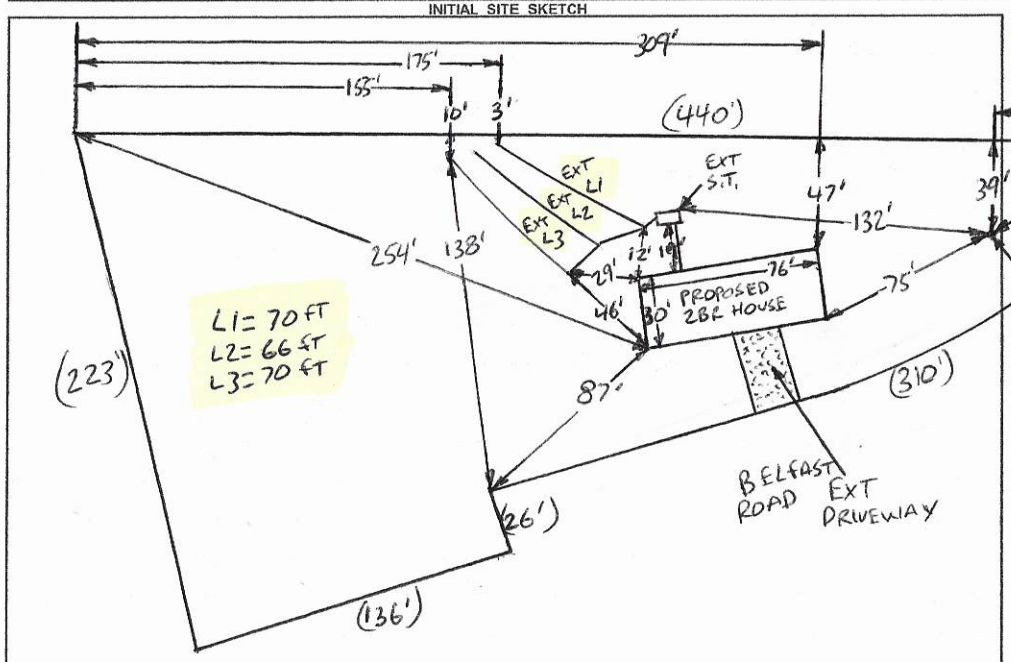
SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (L) ON SLINGSHOT, (R) ON BELFAST, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.424 AC DESIGN FLOW: 240 GPD 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	☐ Business	No. Persons	4	☑ ~~Private~~ EXT
Pump Make	—	Model		—	Serial #	—	Repair System Description:	EXISTING	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT (1)	# Lines	EXT (3)		Linear Ft:	EXT (206 FT)	Maintenance Agreement Required:	☐ YES ☑ ~~NO~~	☐ Slab	☑ ~~Crawl Space~~		☐ Community
Trench Width	EXT (36")	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—	☑ ~~GRAVITY~~	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: SYSTEM FUNCTIONING AT TIME OF INSPECTION, DO NOT INSTALL FOUNDATION DRAINAG ON ~~HOUSE~~

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.

1 IN = 80 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: 1-26-21 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burgett C. White Date: 1-25-2021

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

RECEIVED OCT 2 3 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-311652 $250.00

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: ~~Crystal Anderson~~ Jonathon Anderson Address: 236 Belfast Rd statesville NC. 28677

Applicant Email: Lexisa987@gmail.com Phone: 7048188028 Alt. Phone: 7047983424

Owner Name: Crystal Anderson Address: 236 Belfast Rd statesville NC Zip: 28677

Owner Email: _____ Phone: 704798-3424 Alt. Phone: _____

Property Information:

Street Address: 236 Belfast Rd statesville NC 28677

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: _____ 10-22-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

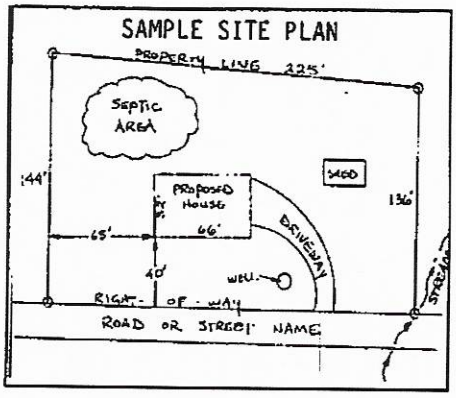
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

See Attached

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

10-22-2020
DATE



* New structure not to exceed existing setbacks from septic system or well. To be placed in same location as existing mobile home.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134119 PIN# 4733275332 DATE 4-28-06

OWNER OR APPLICANT Noah & Mary Graham PHONE: Business Home 704-873-5043

ADDRESS 232 Belfast Rd Statesville NC 28677

LOCATION Coming Bagnal (R) Buffalo Shoals (L) Shoshot (R) Belfast at end on right

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.34 SITE CLASS. B DESIGN FLOW L.T.A.R. .53

Septic Tank: 1000 Gallons; ST# 1500 Date 2-19-06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 800 Linear Feet 200

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36

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

System Description: 2500 gal tank

Repair System Description: 250 gal pump

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 14 ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

No. Bedrooms 2 No. Persons No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

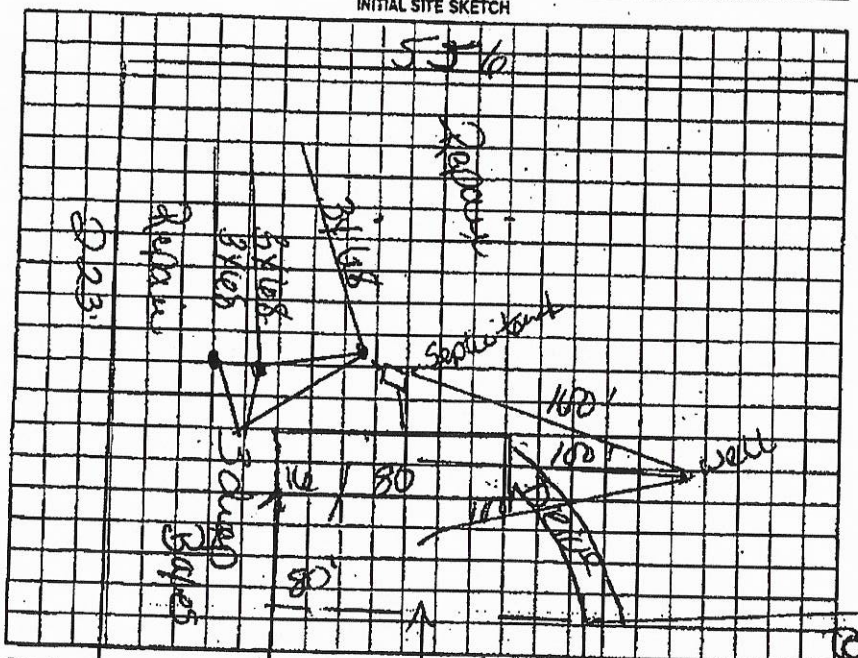
Comments/Conditions:

Maintain 100' away from well.

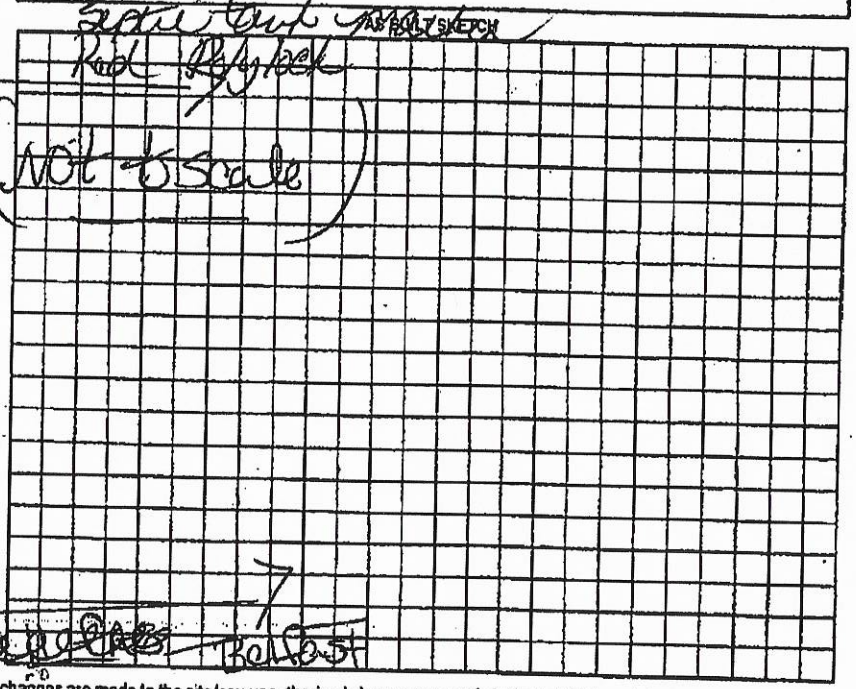
Comments/Conditions:

Install as Curtains
Maintain all setbacks

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: [signature] date 4-28-06 Installed by: Noah Graham

Improvement Permit by: Kelly Cook date 4-28-06 Operation Permit by: Kelly Cook date 5-31-06

Authorization to Construct by: Kelly Cook date 4-28-06 Existing System Inspection by: date

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Crystal Anderson

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, Crystal Anderson, am the legal owner(s) of the property located at 236 Belfast Rd Statesville NC 28677, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jonathon Anderson, 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.

Crystal Anderson
Signature of Owner(s)

10-11-2020
Date

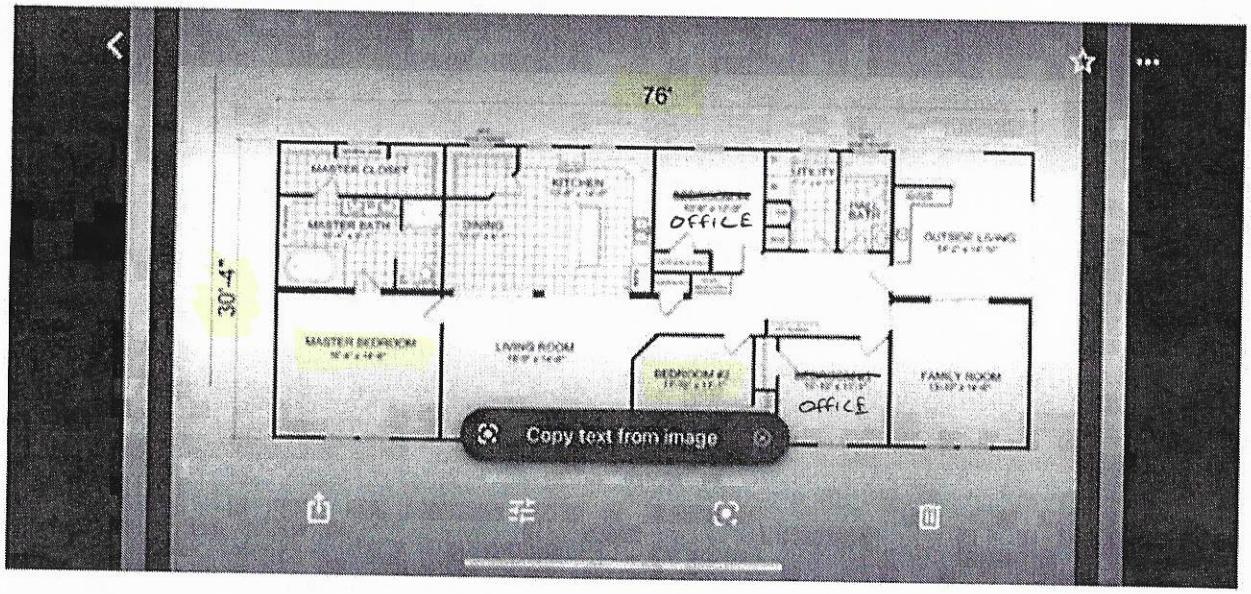
Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Date 10-22-2020

Date 1-25-2021



IREDELL COUNTY

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

APPLICATION NUMBER
311656 Issue Date:

Permit Type: MANUFACTURED HOMES - DOUBLE WIDE MOBILE HOME

Parcel Number	Street Address
4733276630.000	236 BELFAST RD
Zone Code	**Jurisdiction**
R-15M	STATESVILLE

Owner Information	Applicant Information
Name: ANDERSON CRYSTAL	Name:
Phone:	Phone:

Contractor Information

Name:

Address:

Phone:

Project Description

Double wide same location - $16,000

Building Information

Proposed Use: R3

Construction Type: VB

Number of Stories: 0

Estimated Cost of Construction:

Heated Sq. Ft: 0

Unheated Sq. Ft: 0

Gross Sq. Ft: 0

Conditions	Fees		
ZONING ISSUED FOR FULL APPROVAL	MOBILE HOME - DOUBLE	Amount:	$475.00
	TECH FEE BUILDING	Amount:	$14.55
	HOMEOWNER RECOVERY FEE	Amount:	$9.00
	HOMEOWNER RECOVERY FEE	Amount:	$1.00

Permit Details

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 10/22/2020

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	311656	TOTAL FEES:	$499.55

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application **704-878-3575**

General Information

Job Address	236 BELFAST RD	Permit Number	311656
Owner	ANDERSON JOHATHON	Tax Map	4733276630.000
Owner Address	240 BELFAST RD	Zoning	R-15M
	STATESVILLE, NC 28677	Flood Hazard Area	
Phone No.	(704)818-8028	Historic District	
Contractor		Architect	
Address		Address	
Phone No.		Phone No.	

Type of Application Double wide same location

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	10	Right Yard
	Flood Certification		Other	10	Left Yard
	Driveway Cuts				

Department Approval

Planning Department _____ 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