IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 228818

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

PIN # 4735495152

APPLICANT/OWNER: Medina Wilson

APPLICANT ADDRESS: PO Box 62068 Statesville, NC

SITE ADDRESS: 135 Canopy Oak Ln Statesville, NC

PHONE: 704-437-1960 ALT. PHONE ——

SITE DIRECTIONS: NC 115 N → R on S Chipley Ford → L on Canopy Oak → lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Meadow Oaks

SECTION: 2 LOT # 104 LOT AREA: .814 ac

DESIGN FLOW: 360gpd L.T.A.R.: 36 (.3 repair)

Septic Tank 1000 (gal) STB ~~760~~ Date 5-6

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 5 Linear Ft 300'

Trench Width 36" Trench Bottom Depth(Low side) 28"/30" highside Gravel Depth ——

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

System Description: 25% reduction

Repair System Description: gravity PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

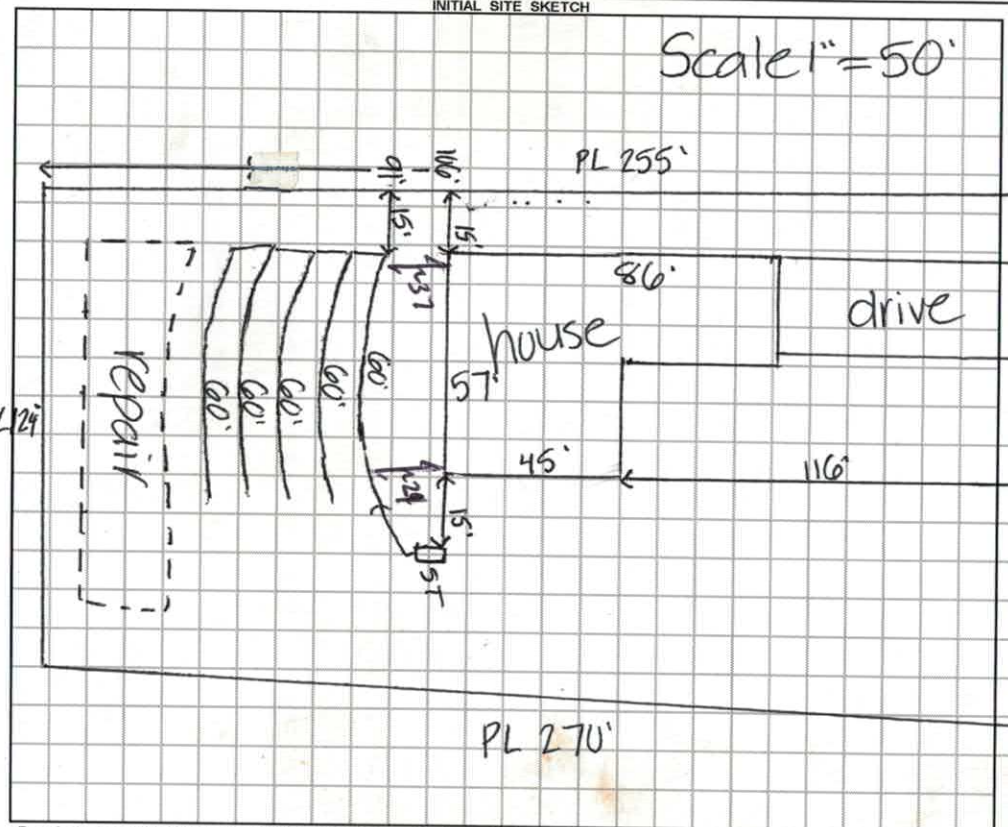
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

* 7/27/18 Tank 2 inches out of level.

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**

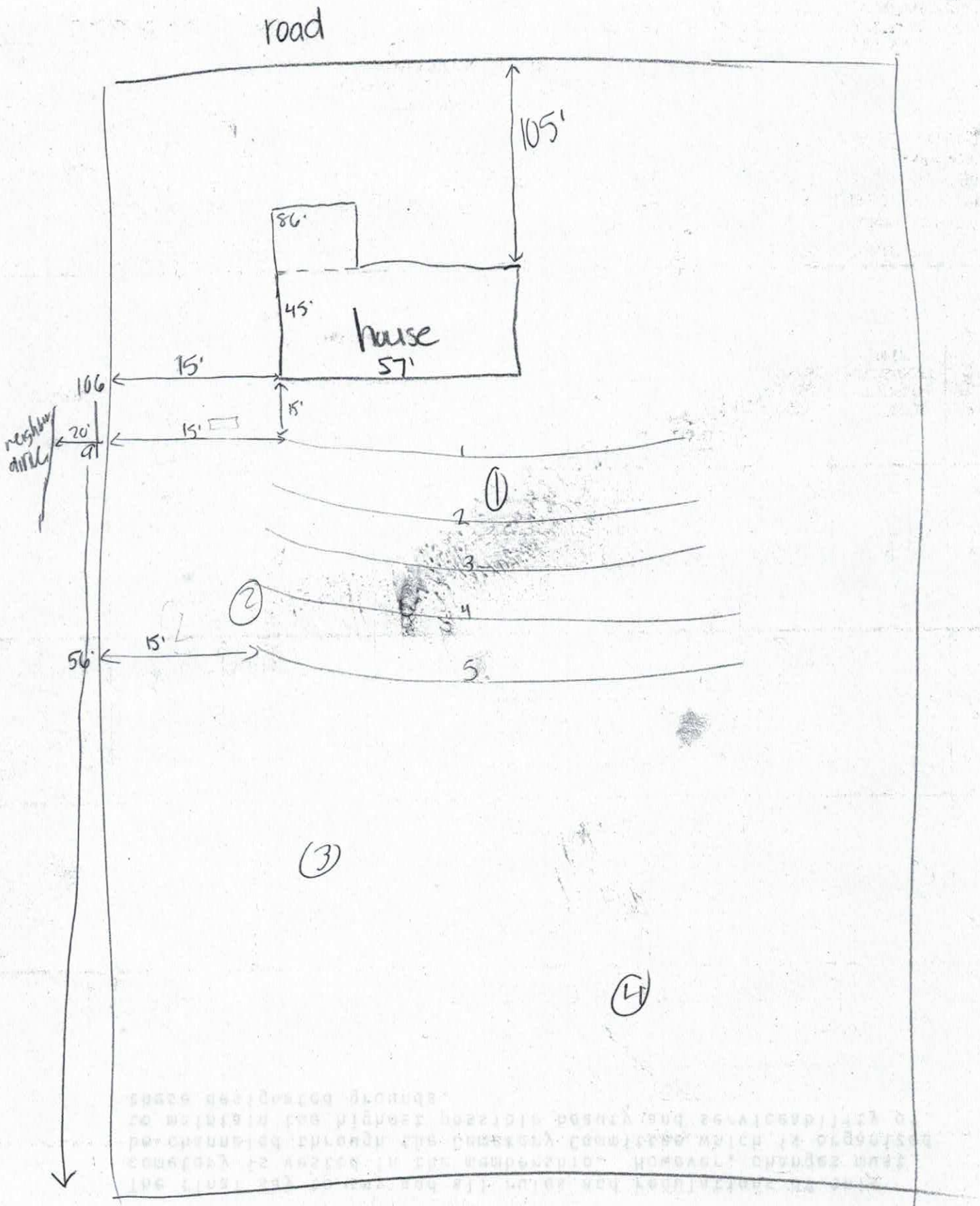
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Medina Wilson Date: ____ Installed by: Tom Fox Grading + Septic

IMPROVEMENT PERMIT by: Krysta Wilson Date: 8-30-17 OPERATION PERMIT by: Benjamin Bost Date: 7/31/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin Bost Date: 8/31/2017 Existing System Inspected by: ____ Date: ____

L1-L5: Gr


road
105'
86'
45'
house
57'
15'
106
15'
15'
20'
neighbor
drive
1
2
3
4
5
1
2
15'
56'
3
4

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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 22886/67

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: Medira Wilson Address: PO Box 6268 Statesville, NC Zip: 28687
Applicant Email: ms1wilson@yahoo.com Phone: 704-437-1960 Alt. Phone: _____
Owner Name: Angie Roberts Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 135 Canopy Oak Statesville, NC
Subdivision Name: Meadow Oaks II Section/Phase: _____ Lot Number: _____
Driving Directions: I-15 N to Meadow Oaks on Right then to Canopy Oak on right

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1790 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 4 Neomatto/20

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Medira Wilson 7-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

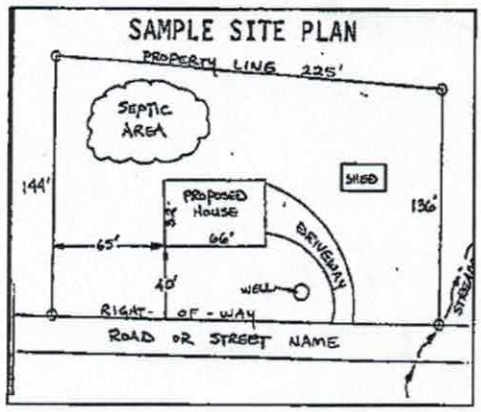
ENVIRONMENTAL HEALTH DIVISION

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:

( ) 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

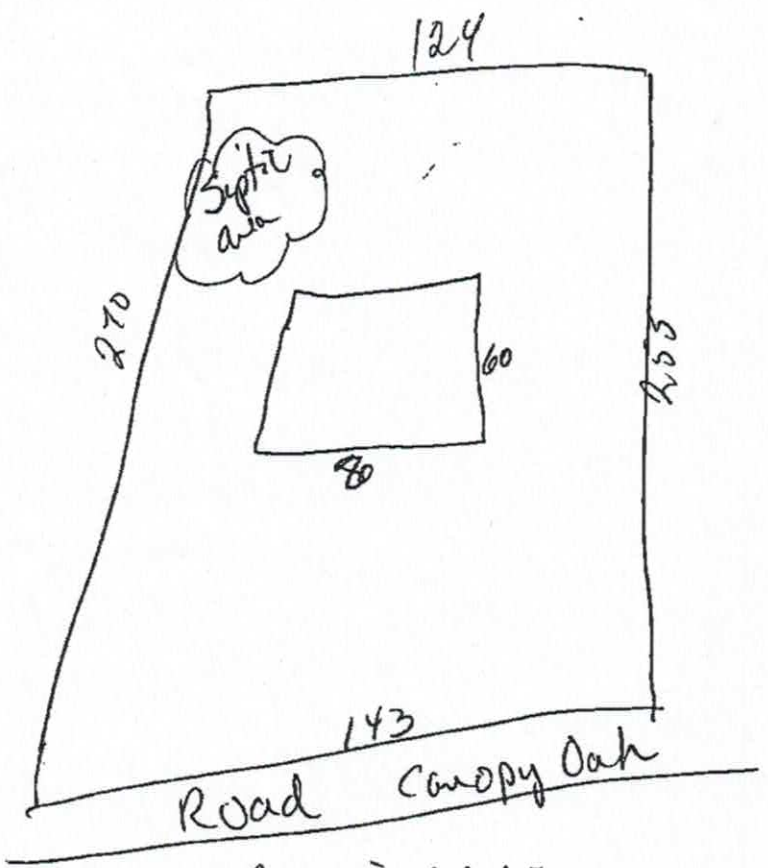


Circle N/A on the following if appropriate:

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

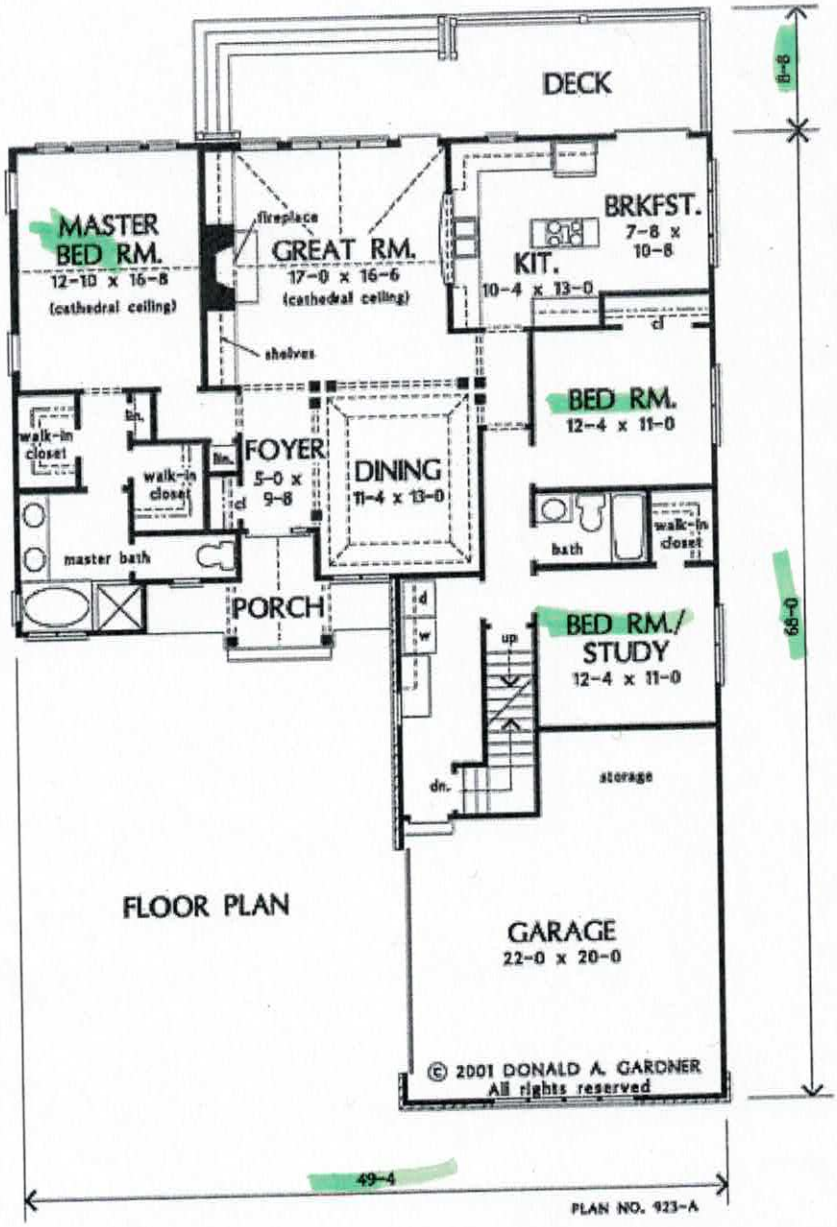
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

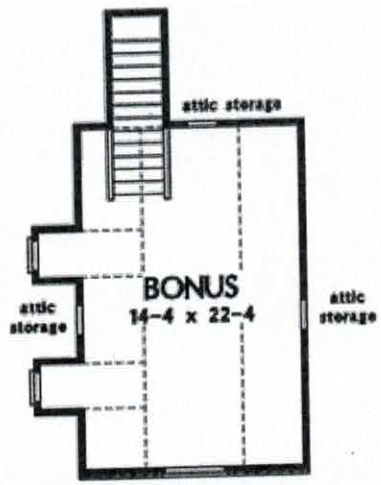
7-20-17
DATE



Acknowledgement Of Plans Submittal ONLY! Date 8/31/2017. Date

Plan Prices and Options

AutoCAD file with Unlimited Build	$2,135.00
PDF Reproducible Set (Best Value)	$1,195.00
One Reproducible Set	$1,195.00
8 Copy Construction Set	$970.00
5 Copy Construction Set	$905.00



BASEMENT STAIRS

IREDELL COUNTY

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

APPLICATION NUMBER
228818
Issue Date: 07/20/2017

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4735495152.000	135 CANOPY OAK LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBERTS CALVIN DEAN+ANGIE T	Applicant: WILSON MEDINA
Address: 2517 HERITAGE CR STATESVILLE, NC 28625	Address: P O BOX 6268 STATESVILLE, NC 28687
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.814	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID Mtco Med 1/20

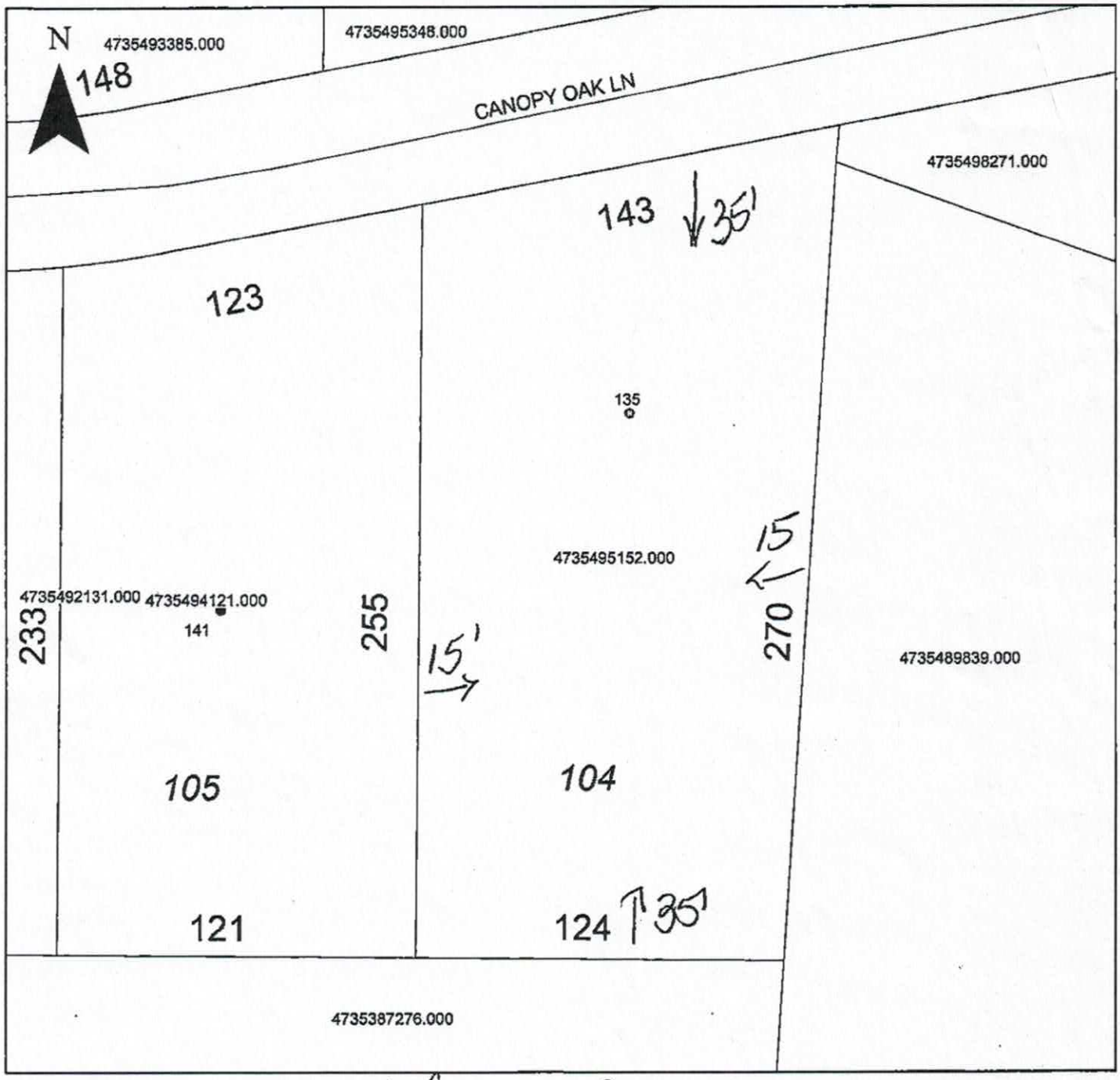
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	109595	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 135 Canopy Oaks

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.

Nadine Walsh
Applicant

7-20-17
Date