IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233084

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

PIN # 4737466591

APPLICANT/OWNER: Clayton Homes / Sandra Millsaps APPLICANT ADDRESS: 2026 Northside Dr.

SITE ADDRESS: 145 Pratt Ln Statesville, NC PHONE: 336-648-7130 ALT. PHONE 704-873-2547

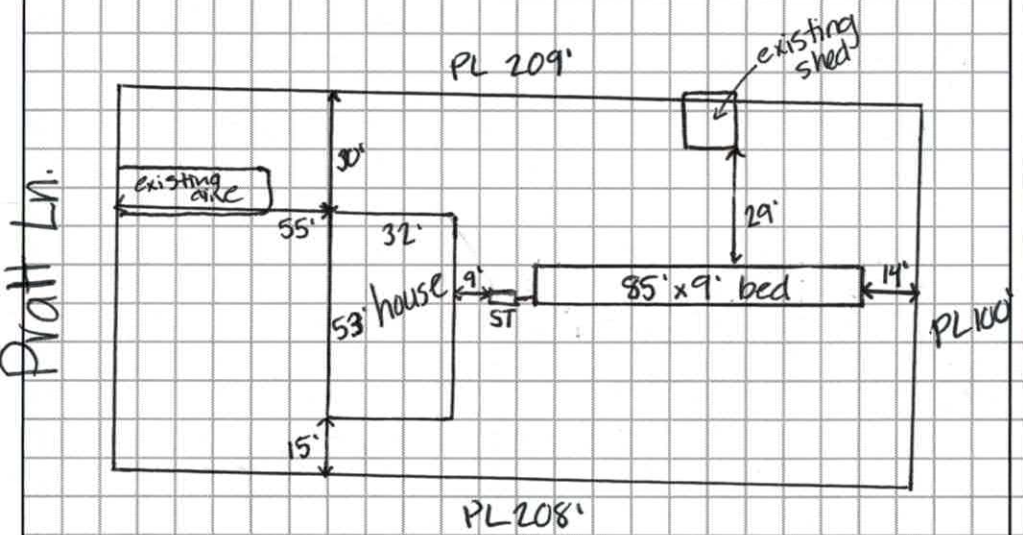
SITE DIRECTIONS: NC 115 → R on S Chipley Ford → R on Pratt → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Pressly Acres SECTION: B LOT # 24 LOT AREA: .48 ac DESIGN FLOW: 360gpd L.T.A.R.: —

Septic Tank	existing	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I / II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:				☐ Business	No. Persons	6	☐ Private	
Pump Make		Model			Serial #		Repair System Description:	EXISTING			☐ Other	No. Employees		☑ Public	
# Nitrification Fields	EXISTING	# Lines			Linear Ft.		Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community	
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth	10"			☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Maintain a minimum of 5' from septic tank with house. Existing system properly functioning during time of inspection.

INITIAL SITE SKETCH



Scale 1" = 50'

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: [signature] Date: 2/20/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 2-15-18

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.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 X 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 #
Clayton Homes	2026 Northside Dr.	704-873-2547	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
R. Millsaps & Tandra Michelle			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
145 Pratt Lane		

Driving Directions: NC-115 N, South Chipley Ford Rd, (R) on Pratt Lane, Site on Left

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

- (X) 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 4
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

PAID 413.00 MAY 1 '13

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 (X) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed * 1974 (Year Permit Applied)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands? * 2004 Q2 Inspected Attached
   To The Best of Your Ability: ( ) 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:** _____ 1/30/13
   Property Owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CONTACT ADAM 336-648 7130

DocuSign Envelope ID: 6C456676-CCDD-4974-A0D0-ED71C7C50B80

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, TANDRA MICHELLE R. MILLSAPS, am the legal owner(s) of the property located at 145 PRATT LANE - STATESVILLE NC 28625, identified as PIN (Parcel Identification Number) 4737-46-6591, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CLAYTON HOMES of STATESVILLE, ADAM, LANE, BRENDA, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
Tandra R. Millsaps	1/30/2018	Brent Mason	1/30/2018
TANDRA MICHELLE R. MILLSAPS			

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*:

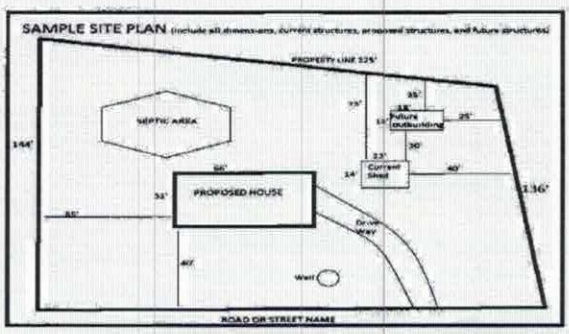
SITE PLAN WORKSHEET

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:
__X__ Property Line measurements are clearly identified… **__X__ 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
__X__ Front and side setbacks from property line… **__X__ 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…**

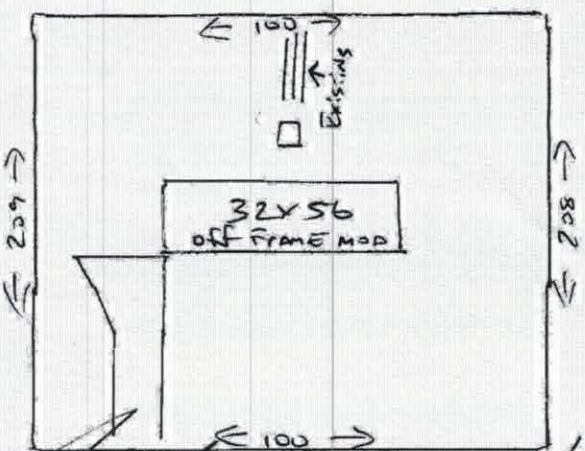
Circle N/A on the following if appropriate:
__X__ Location of septic systems and wells within 100' of your property… N/A
____ Location of easements and rights of ways on your property… N/A **__X__ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Existing Permits for Info

* Site Plan



Signature: _____ 1/30/18
REQUIRED property owner or owner's legal representative signature. DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (21)

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

PERMIT# 118154 PIN# 4737-46-6591 DATE 1-6-09

OWNER OR CONTRACTOR WAYNE HOMES M.D. ATLANTIC, LLC PHONE: Business 704-872-0271 (14) Home 336-782-9262

ADDRESS 130 VICTORY LANE, STATESVILLE, NC 28677

LOCATION NC 115 N, TR 15, CHIPLEY FORD RD, TR PRATT LANE 8th LOT ON LEFT AT BOX # 145

SUBDIVISION PRESSLEY ACRES BLOCK / SECTION ____ LOT 24 LOT AREA 0.48 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 84

No Lines 1 BED Trench Width 9' Max Trench Bottom Depth ____ Gravel Depth 10"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

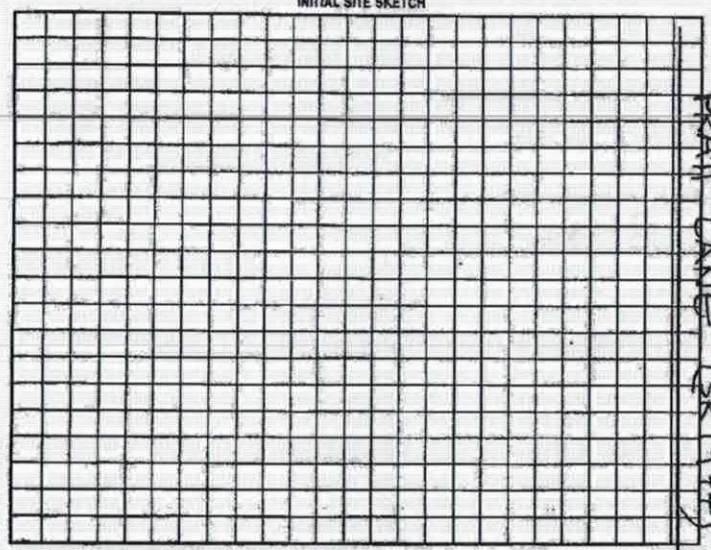
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

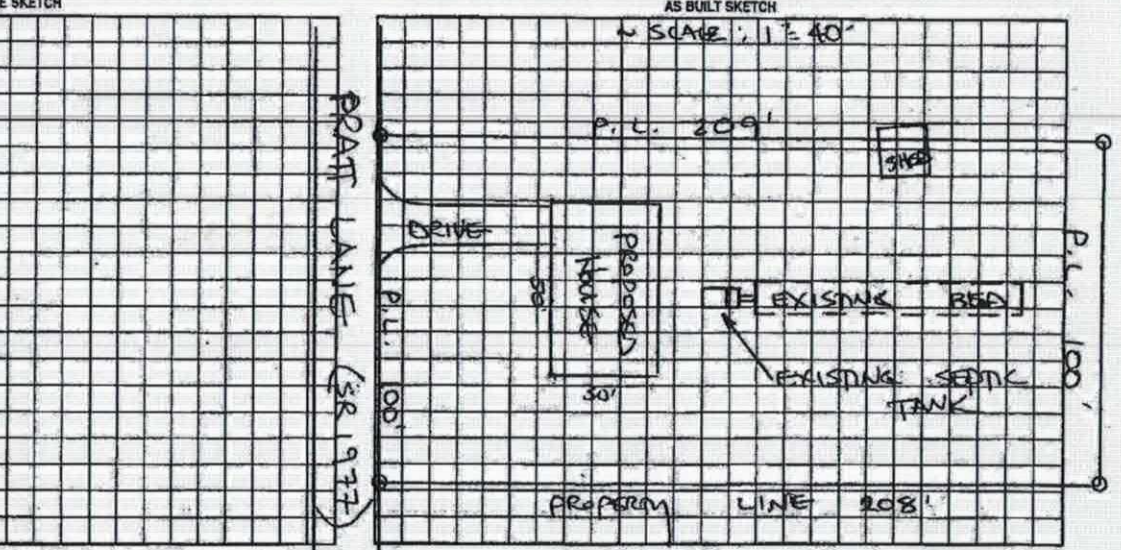
Comments/Conditions:

Comments/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARD REPLACING BURNED-OUT HOUSE

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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: STEVE HENRICK date 1-6-09

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Flake Pratt DATE 1/16/74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd. Pressley Acres. on Pratt St. S. R. No. _____

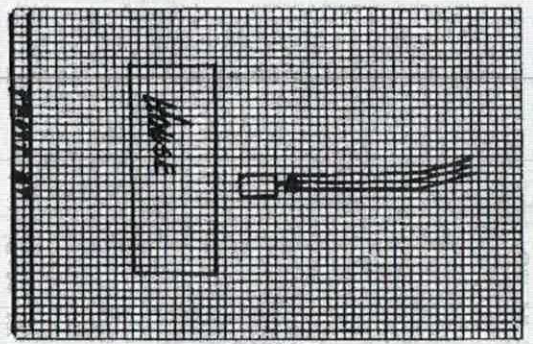
SUBDIVISION NAME Pressley Acres LOT NO. 24 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No (X)
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20,000

Character & Porosity of Soil Red Clay
Percolation Rate fast
Topography Slope to Rt. Side
Depth to Water Table ---
Rock or other impervious formations ---



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 510 Linear Ft. 255
Depth of Stone in Lines 20"
Water Supply: Individual ( )
Public (X)

Installed by Robert Allen Reavis

IMPROVEMENTS PERMIT BY _____

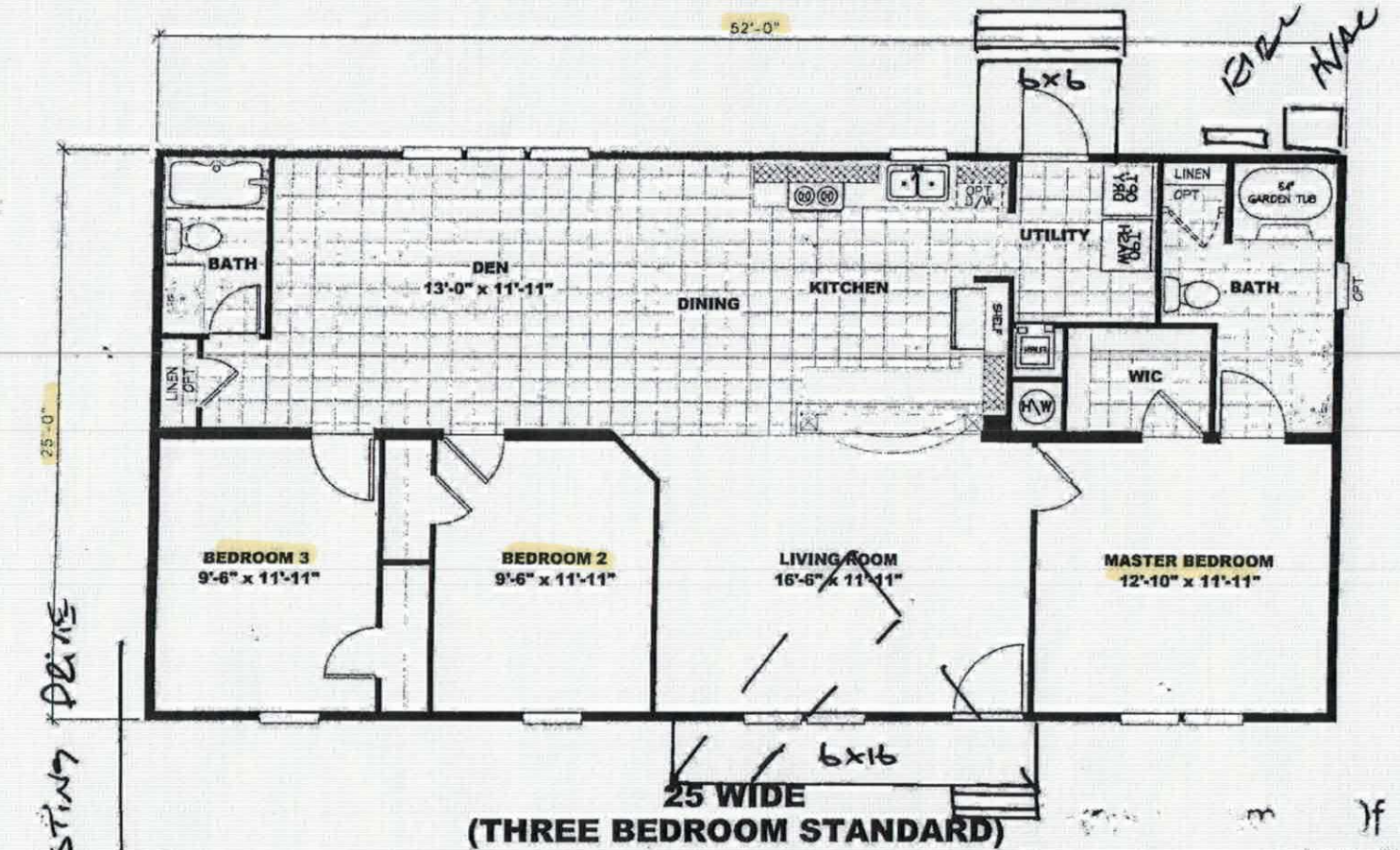
COMMENTS _____

CERTIFICATE OF COMPLETION BY Gilmer Todd DATE 1/16/74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

WYNN



25 WIDE
(THREE BEDROOM STANDARD)

P[illegible] a: ONLY!
[signature] Date 1-31-18
[signature] Date 2-5-18

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
233084
Issue Date: 01/31/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4737466591.000	145 PRATT LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MILLAPS TANDRA MICHELLE RUPARD	Applicant: CLAYTON HOMES OF STATE
Address: 116 IREDELL CO, NC 28625	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.480	35.00	35.00	15.00	15.00	PASY	X

Remarks:

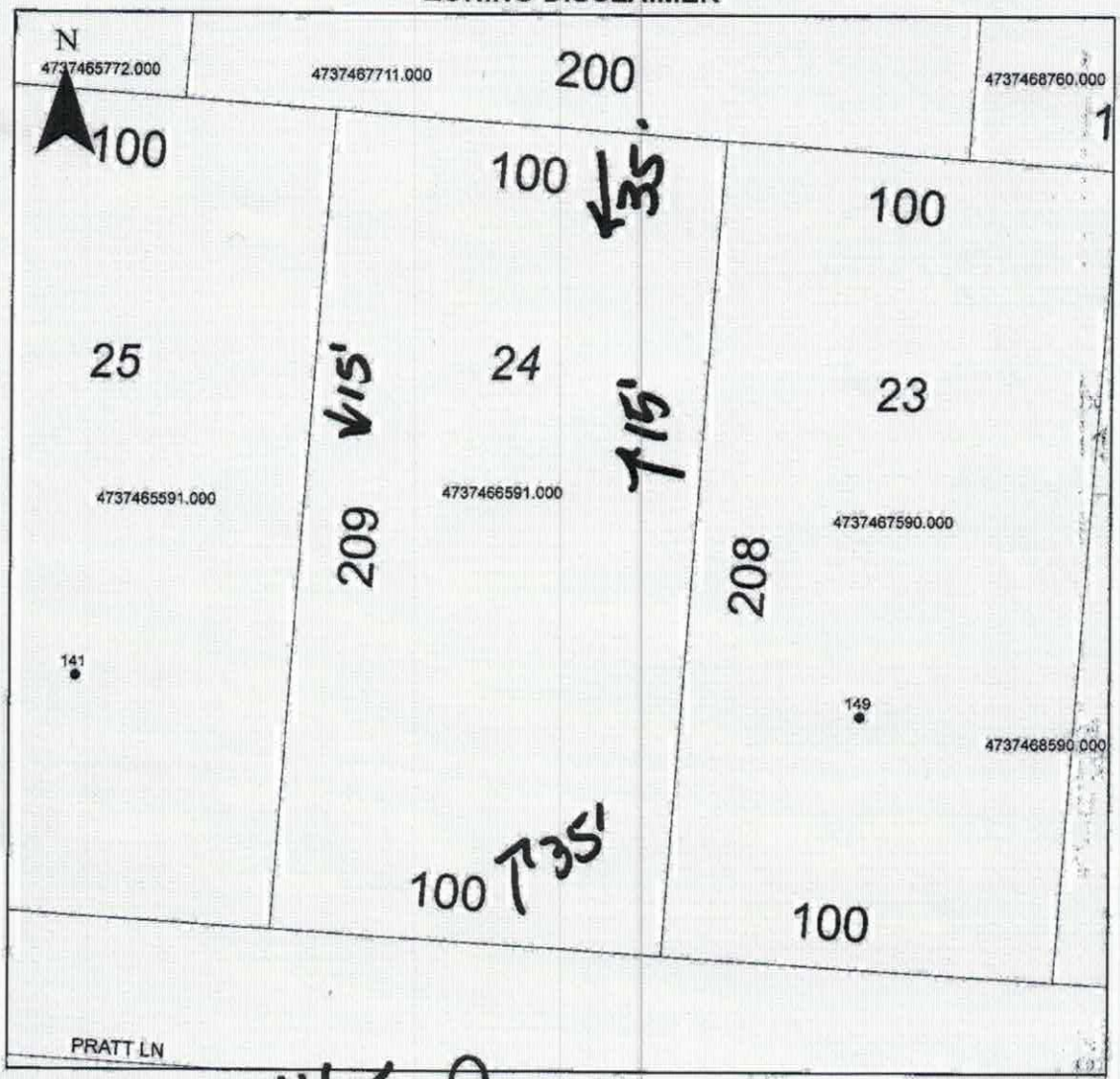
PAID
V4136 MLY
1/31

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	127185	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 145 Pratt

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.

Brenda Ingram
Applicant

1-31-18
Date