Would like to meet you at site

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:

Applicant Name: Charles W. Massie **Address:** 4622 Sunrise Beach Rd. Conover (28609) **Phone:** 865-776-7146

Owner Name: Same as Above **Address:** Same as Above **Phone:** _____

Property Information:

Street Address: 385 Bluegill Ln. Statesville N.C. 28625

Subdivision Name: Poplar Ridge **Section/Phase:** _____ **Lot Number:** 28

Driving Directions: North on Chipley Ford Rd - Turn Rt on Bluegill Ln and follow to the back of Culdesac

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4 Plan
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____

(X) 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.

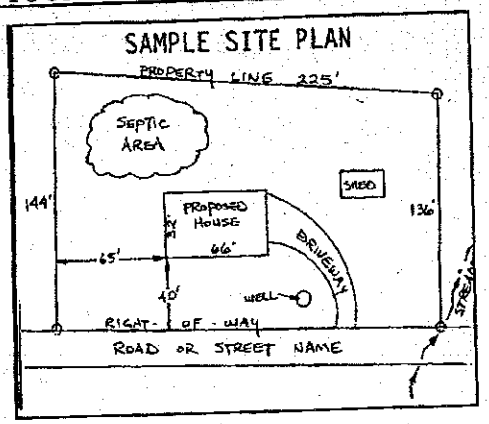
Signature: _____ 12/19/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

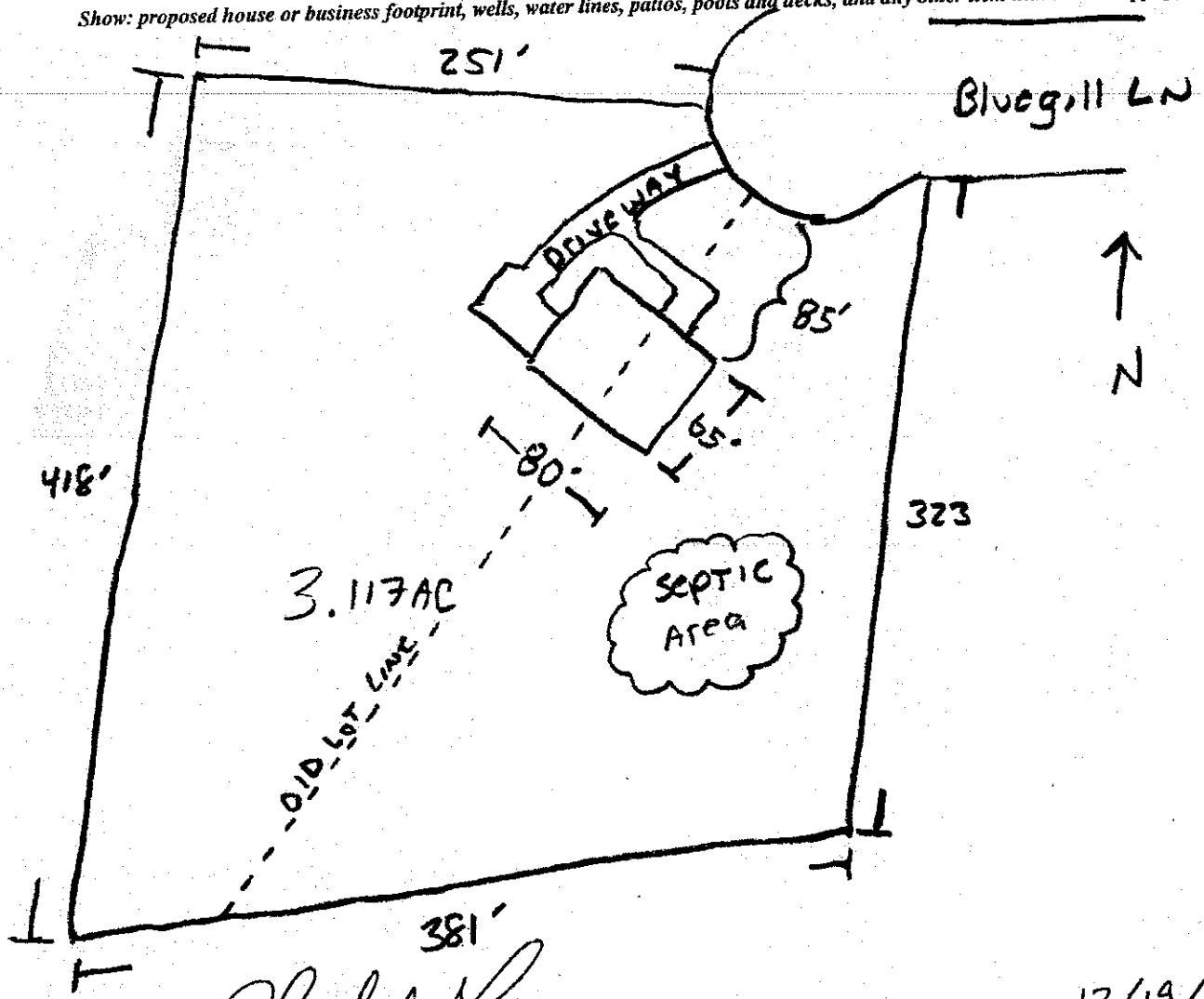
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Charles L Ke

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

12/19/14

DATE

All lots within 25829 Poplar Ridge are the best of my knowledge within the WSIV-PA of the South Yadkin Watershed, as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell county.

8-19-10 Date — Subdivision Administrator

GRAPHIC SCALE – FEET

CURVE	RADIUS	LENGTH	CHORD	C
C-1	50.00'	50.10'	48.03'	S
C-2	50.00'	87.76'	82.88'	S
C-3	35.00'	27.49'	26.79'	N

W.F. Redmond Family
W.B. 99, Pg. 736
D.B. 184, Pg. 960

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W.B. 99, Pg. 736
D.B. 184, Pg. 960

S 82°21'29"E 251.09'
10' drainage & utility easement
15' side setback
(PAVED)
50' R/W
BLUEGI
N 82°30'41"
120.15'
35' front setback
old fence line
Lot 28
3.117 AC.
by coordinate computation
N 12°01'14"E 418.08'
35' rear setback
15' side setback
S 10°25'58"W 304.93'
old fence line
35' rear setback
76.07'
S 87°07'28"W
S 87°11'49"W 304.93'
10' drainage & utility easement

Bennie A. Foy, Jr.
D.B. 1377, Pg. 1947

Joyce C. Paben Rev. Living Trust
D.B. 1739, Pg. 2259

Victoria
Martha Ln.
Russell Ln.
E. Oakley Road Rd.
Bloomfield Rd.

NORTH CAROLINA PROFESSIONAL SEAL L-4414 LAND SURVEYOR W. MATTHEW JORDAN

I Surveyor certify that ... an actual ... and description re- ... boundaries not ... from information ... a ratio of precision ... ter was prepared ... vided.

... ion number and seal

License-4414

I (we) hereby certify that I am ... shown and described hereon and ... plat and allotment to be my

... 7-31-10 Date

... 7/31/10 Date

... y Public of the County ... RILEY ANN MCCLURE ... day and acknowledged the ... Witness my hand and seal

Notary Public

DAVID DIAZ
... ary Public, State of New York
... No. 01DI6233064
... Qualified in Rockland County
... mission Expires March 10, 2011

Notice:

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

1/16/15 (Date)

Owner: Charles Massie
Address: 1622 Sunrise Beach Rd.
Catawba N.C. 28609

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit #141818 Pin # 4737772261 387 Bluegill Ln.

I, Charles L. Massie, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/3/07 for a system
(date)

25% Reduction Gravity
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Charles L Massie
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141818 PIN# 4737772261 DATE 5-3-07

OWNER OR APPLICANT Deborah & Charles McCormick PHONE: Business Home 704 933 9070

ADDRESS 387 Bluegill Ln

LOCATION Chipley Ford Rd, (R) Bluegill property on (L) at Cul de Sac

SUBDIVISION Poplar Ridge BLOCK / SECTION LOT 28 LOT AREA 1.7 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth n/a ☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons No. Employees

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

Water Supply: ☒ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

see attached diagram

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: D.A. McCormick date 5-3-07 Installed by:

Improvement Permit by: date 5-3-07 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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(Completion of Form by Property Owner)

1/16/15 (Date)

Owner: Charles Massie
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Catawba N.C. 28609

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit# 141820 Pin# 4737774101 385 Bluegill

I, Charles W. Massie, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/3/07 (date) for a system

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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14820 PIN# 4737774101 DATE 5-2-07

OWNER OR APPLICANT Deborah & Charles McCormick PHONE: Business 704-933-9070 Home

ADDRESS 385 Bluegill Ln.

LOCATION Chipley Ford Rd, (R) on Bluegill, property on (L) near Cul-de-Sac

SUBDIVISION Poplar Ridge BLOCK / SECTION LOT 29 LOT AREA 1.402 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

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Comments:/Conditions:

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