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92704

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: _____ **Address:** _____ **Phone:** (cell) 203-257-2989

Owner Name: Bill Harsche **Address:** 173 Ranch Dr Bat Ct **Phone:** 203 371-5060

Property Information:

Street Address: 213 Blue Gill Lane

Subdivision Name: Popular Ridge **Section/Phase:** _____ **Lot Number:** 59

Driving Directions: 115 N to Right on Chipley Ford Rd - Go out Chipley Ford 6 miles - Right on Bluegill - once in Popular Ridge 1st lon on Left

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: 3
Maximum Number of Occupants: 2
( ) 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 ( ) Community Well (X) 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.

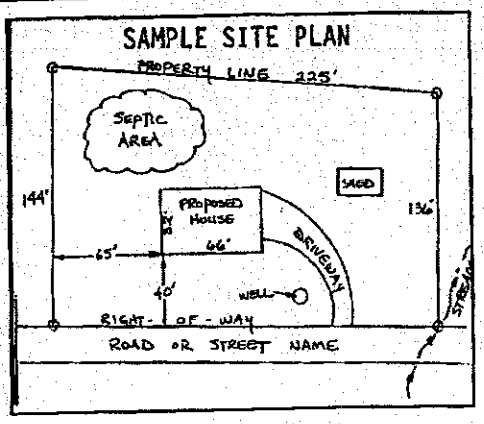
Signature: _____ 3/3/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

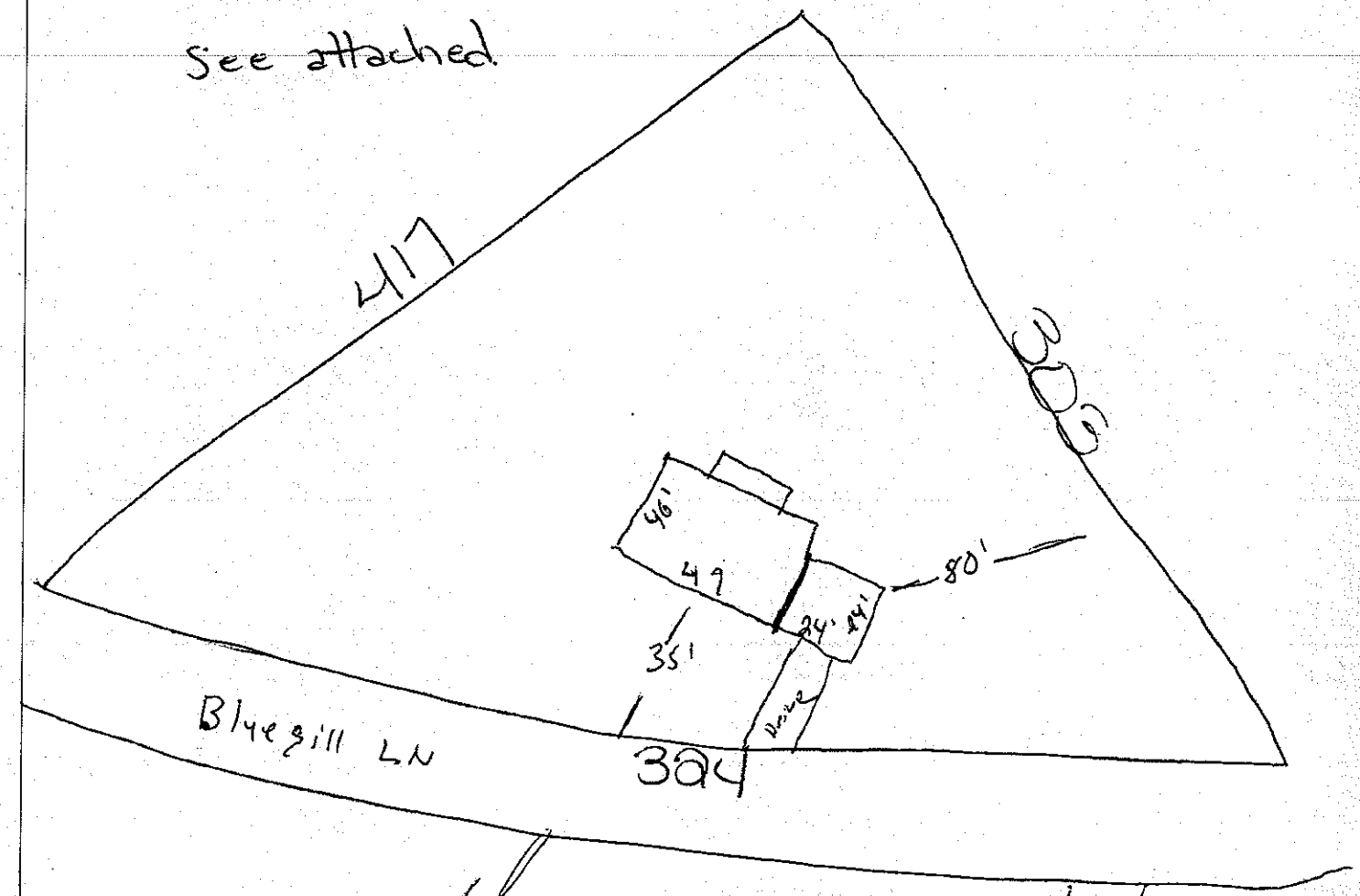
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/3/15
DATE

IREDELL COUNTY

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

APPLICATION NUMBER
209569
Issue Date: 04/08/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4737798885.000	213 BLUEGILL LANE, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: HARSCHE WILLIAM P+LORETTA S	Applicant: HARSCHE, BILL
Address: 173 RANCH DR BRIDGEPORT, CT 6606	Address: 173 RANCH DRIVE BRIDGEPORT, CT 06606
Phone:	Phone: 203-371-5060

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.176	35.00	35.00	15.00	15.00	PASY	X

Remarks:

$PAID

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: *See Attached* Date: _____

Permit Number	35375	TOTAL FEES:	$ 77.25

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)

7/28/15 (Date)

Owner: William Hersche.
Address: 213 Bluegill Lane
Statesville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
140423 / Bill Hersche / 213 Bluegill Ln / 4737798885

I, William Hersche 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 4-16-07 for a system
(date)
25% reduction Pump
(system name)

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

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/

called 6-26-07 @ 3:41

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140423 PIN# 4737798885 DATE 4-16-07

OWNER OR APPLICANT Dixeland Inc. PHONE: Business 704 902 4971 Home 704 876 6162

ADDRESS 213 Bluegill Ave

LOCATION 115N to (R) on Chipley Ford Rd - Go out Chipley Ford 6 miles - (R) on Bluegill, once in Poplar Ridge, 1st lot on (L)

SUBDIVISION Poplar Ridge BLOCK / SECTION ____ LOT 59 LOT AREA 1.176 Ac SITE CLASS PS DESIGN FLOW ~~360~~ 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: 1000 Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1600 Linear Feet ~~300~~ 400

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

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

System Description: 25% Reduction Pump

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ~~3~~ 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

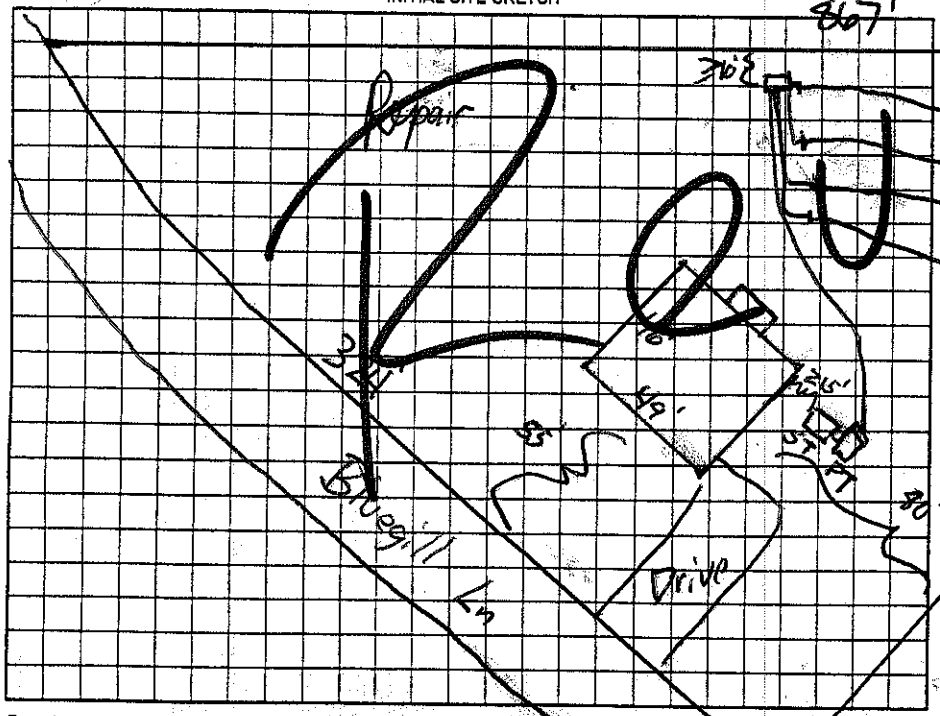
Water Supply: ☐ Individual ☒ Public ☐ Community

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

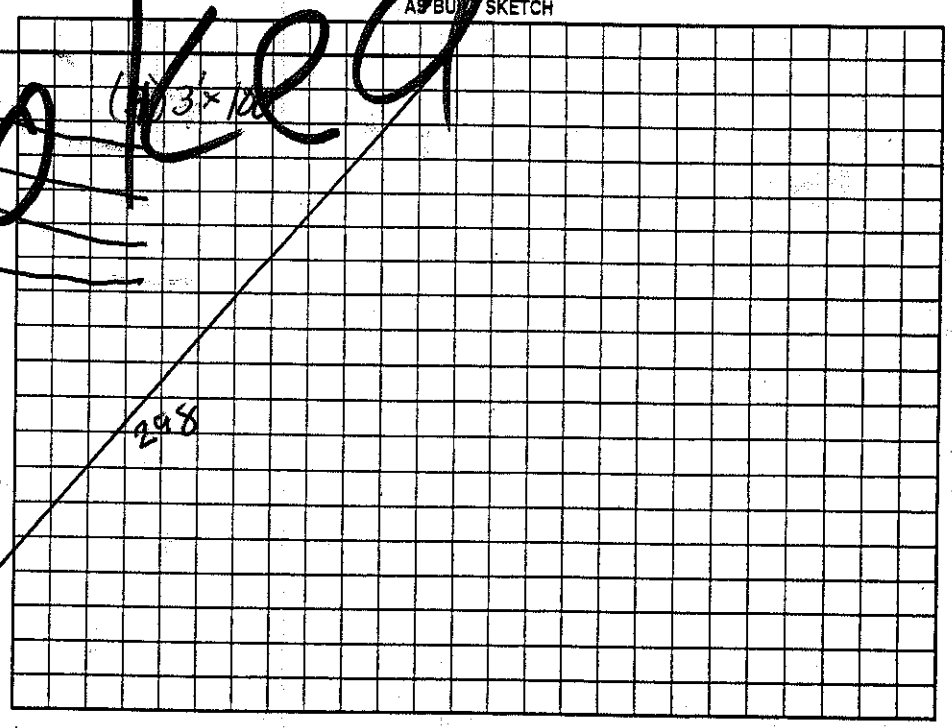
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Approved

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.

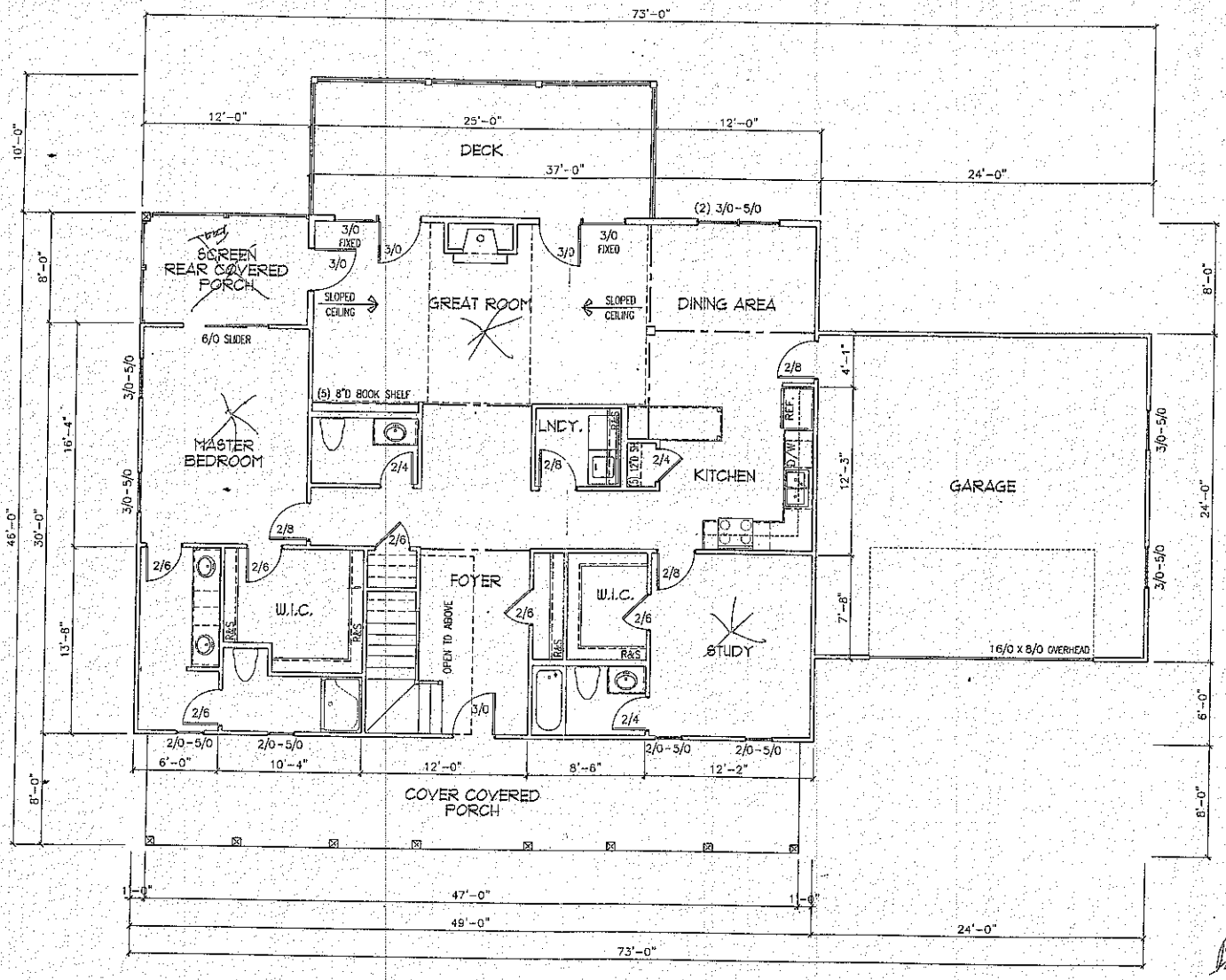
Signed: D Hinnilly for Wm Lorrena Hausche date 7-10-2007 Installed by: ____

Improvement Permit by: ____ date 4-16-06 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date 4-16-06 Existing System Inspection by: ____ date ____

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

PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION



Acknowledgement Of
Plans Submittal ONLY!

Date____

Date 07/28/15

CLINE BUILDERS
1270 NORTHSIDE DRIVE
STATESVILLE, NC 28625
704-872-1591
www.clinebuilders.com

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HARSCHE RESIDENCE
BLUEGILL LANE ◇ STATESVILLE, NC

FIRST FLOOR LAYOUT

SQUARE FOOTAGE	
FIRST FLOOR	1,766 S.F.
SECOND FLOOR	983 S.F.
FRONT PORCH	376 S.F.
REAR PORCH	96 S.F.
UNFINISHED BONUS	312 S.F.
TOTAL HEATED =	2,749 S.F.

DRAWN BY:
DOUG GAITHER
SCALE:
1/8" = 1'-0"
BASE PLAN:
CUSTOM
REVISION:
3/2/15
MANAGER
KENT JACKSON
DATE DRAWN:
02/23/15

B2.1