CC 2-21-30 3:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235056

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

PIN # 4747338116

APPLICANT/OWNER: Stephen Cook APPLICANT ADDRESS: 169 Foxglove Drive Statesville NC 28625

SITE ADDRESS: 169 Foxglove Drive Statesville NC 28625 PHONE: 828-387 5677 ALT. PHONE 704 775 - 4969

SITE DIRECTIONS: Shumaker Ave Left on Foxglove Loton Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Graystone Meadows SECTION: 2 LOT # 36 LOT AREA: 1.00 Acres DESIGN FLOW: 720 gpd L.T.A.R.: .30

Septic Tank 1500 (gal) STB 964 Date 8-2-19 ☐ New System ☐ Repair ☒ Expansion System Type: I II ☒ III IV V VI

Pump Tank (gal) PT Date System Description: Relocation 25% Reduction

Pump Make Model Serial # Repair System Description: LPPanel Bleed 50% Reduction

Nitrification Fields 1 # Lines 6 Linear Ft 336 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36 Trench Bottom Depth(Low side) 34 Gravel Depth ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 6 Water Supply

☐ Business No. Persons 12 ☐ Private

☐ Other No. Employees ☒ Public

☐ Slab ☒ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Relocation + Expansion of Existing System. Install 336 feet of Product to account for 6 BR Septic. Garage Considered Alternate living Quarters by Zoning. Pump + Crush Existing Tank / Haul away existing fords that will be under new garage. Maintain 15ft Cut from Garage Cut

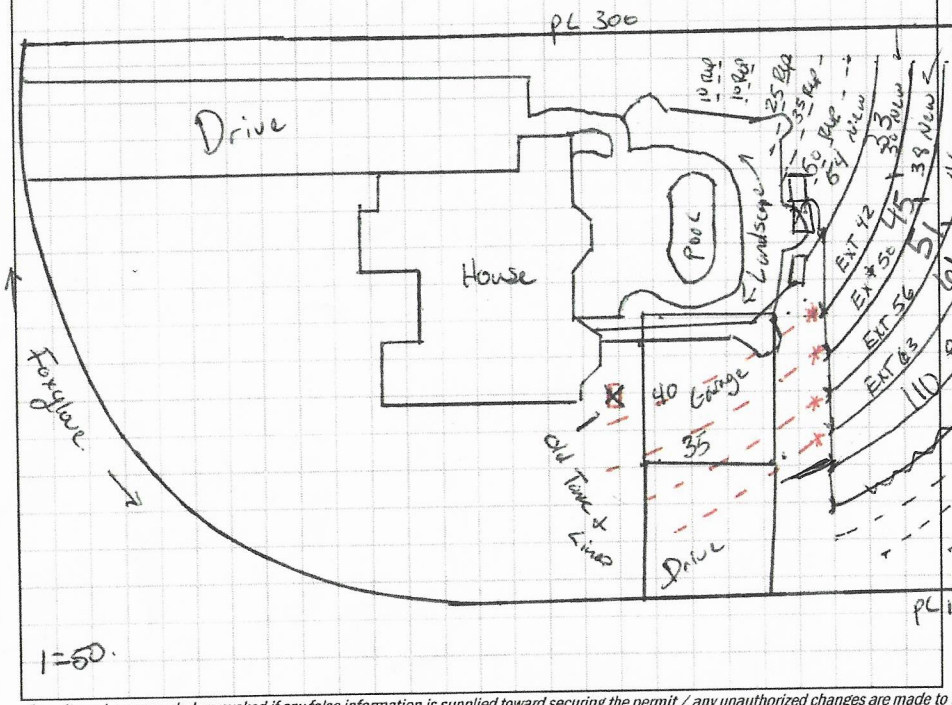
filter installed in ST

ST moved over slightly to meet setback

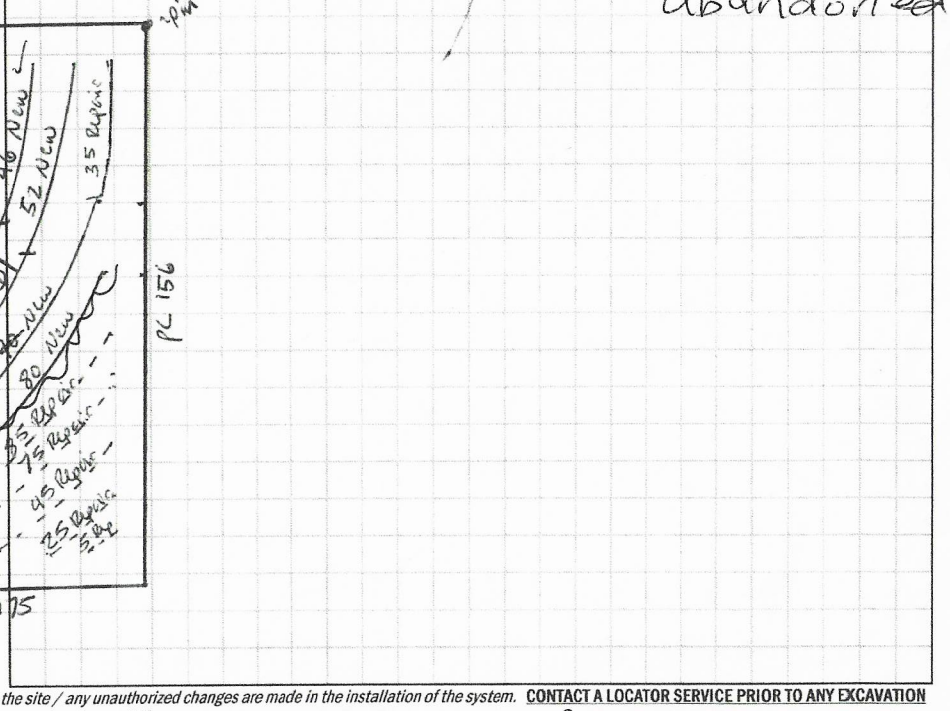
10/17/19 Checked new ST & expansion lines (upper 4) MD

10/18/19 Verified old ST abandoned

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: Danny Keith Cook Date: 9/11/19 Installed by: Precision Grading

IMPROVEMENT PERMIT by: Benjamin A Bittle Date: 9/6/19 OPERATION PERMIT by: Maria Olson Date: 10/18/19

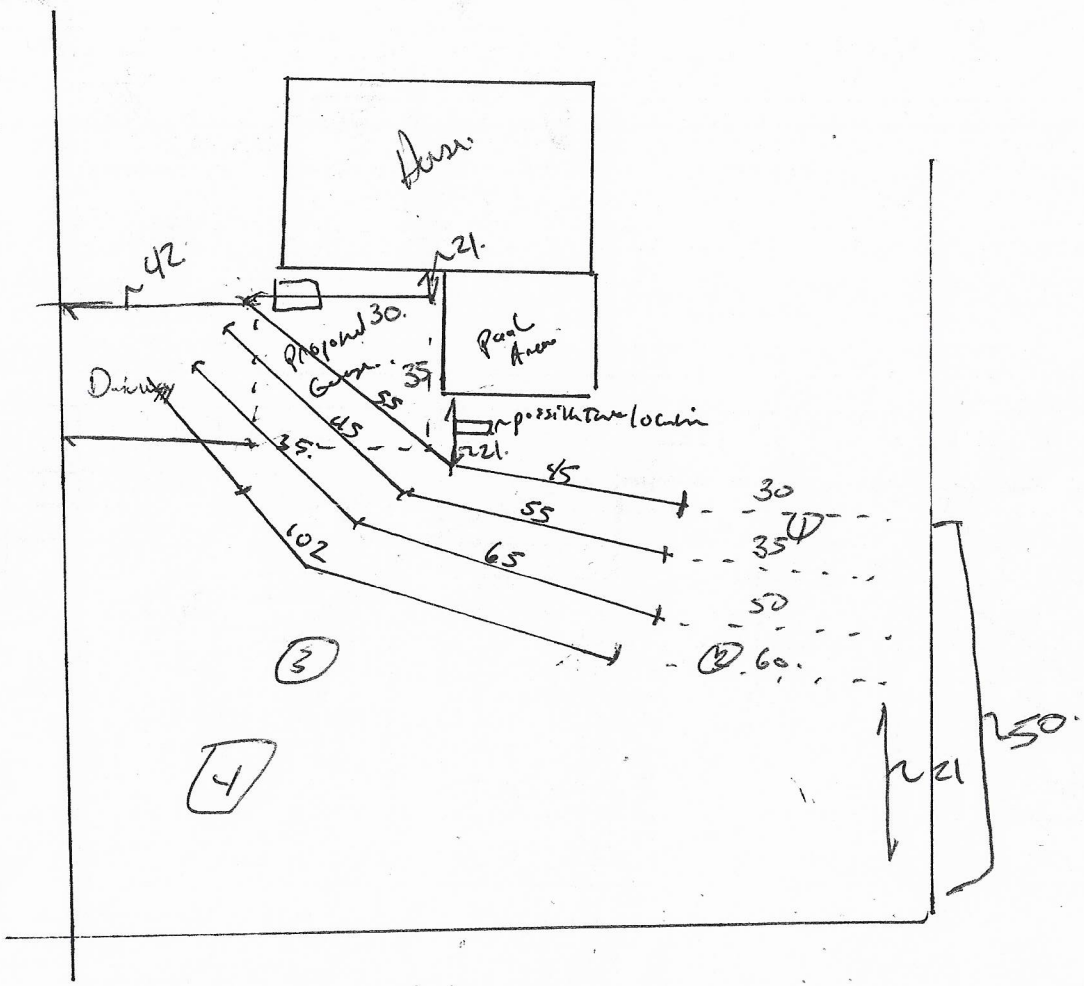
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bittle Date: 9/6/19 Existing System Inspected by: Date:

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.

Foxglove

Lot's 136 C.F.

Driveway?
Grading?
Foundation?
Plumbing in building



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4774733816
COUNTY: Durhall.

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Skeet Jodonna Coach.
ADDRESS: 169 Foxglove Drive Sul.
PROPOSED FACILITY: Gen.
PROPOSED DESIGN FLOW (.1949): Re-Location
LOCATION OF SITE: 169 Foxglove Drive Sul
APPLICATION DATE 4/20.
DATE EVALUATED: 5/3
PROPERTY SIZE: 1 Acre
PROPERTY RECORDED: Yes.

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Ridge 2-4%	0"-10"	G; SCL	FR, SS, SP	2.5YR 4/6.	48	-		PS .3
		10"-38"	SBK, C	FR, SS, SP					
		38"-48"	WSBK, CL	FR, SS, SP					
2	Ridge 3%	0"-8"	G, SCL	FR, SS, SP	2.5YR 4/6.	48	-	LITHO @ 36"	PS .3
		8"-32"	SBK, C	FR, SS, SP					
		32"-48"	WSBK, CL	FR, SS, SP					
3	Ridge 2-5%	0"-6"	G, SCL	FR, SS, SP	2.5YR 4/6	48.	-	LITHO @ 30"	PS .3
		6"-27"	SBK, C	FR, SS, SP					
		27"-48"	WSBK, CL	FR, SS, SP					
4	Ridge 5%.	0"-9"	G, SCL	FR, SS, SP	2.5YR 4/6.	48.	-	LITHO @ 38"	PS. .3
		9"-25"	SBK, C	FR, SS, SP					
		25"-48"	WSBK, CL	FR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	175	267
System Type(s)	III 25%.	III 50%.
Site LTAR	.30	.30.

OTHER FACTORS (.1946): -
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B. Harris
OTHER(S) PRESENT: B. Smith

COMMENTS: with Drainage.

Intermediate
Relayer

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#23506
8-20-19
(4) Relocation
$320.00

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: Stephen Cook Address: 169 Foxglove Dr, Statesville, NC Zip: 28625
Applicant Email: Steve.S.Cook@yahoo.com Phone: 828-387-5677 Alt. Phone: 704-775-4969
Owner Name: Stephen & Jodanna Cook Address: same as above Zip: ____
Owner Email: ____ Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 169 Foxglove Dr.; Statesville, NC, 28625
Subdivision Name: Graystone Meadow Section/Phase: 2 Lot Number: 36
Driving Directions: ____

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

( ) 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: ~~3~~ 6 D.K.A
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: ____

CHECK FOUNDATION TYPE
( ) 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: Steph S Cook 8/22/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

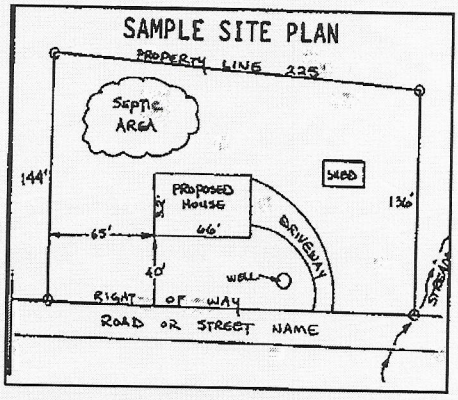
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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... for site plan & septic improvement permit that requires an intermediate re-layout to be completed

Signature: Steph S Cook

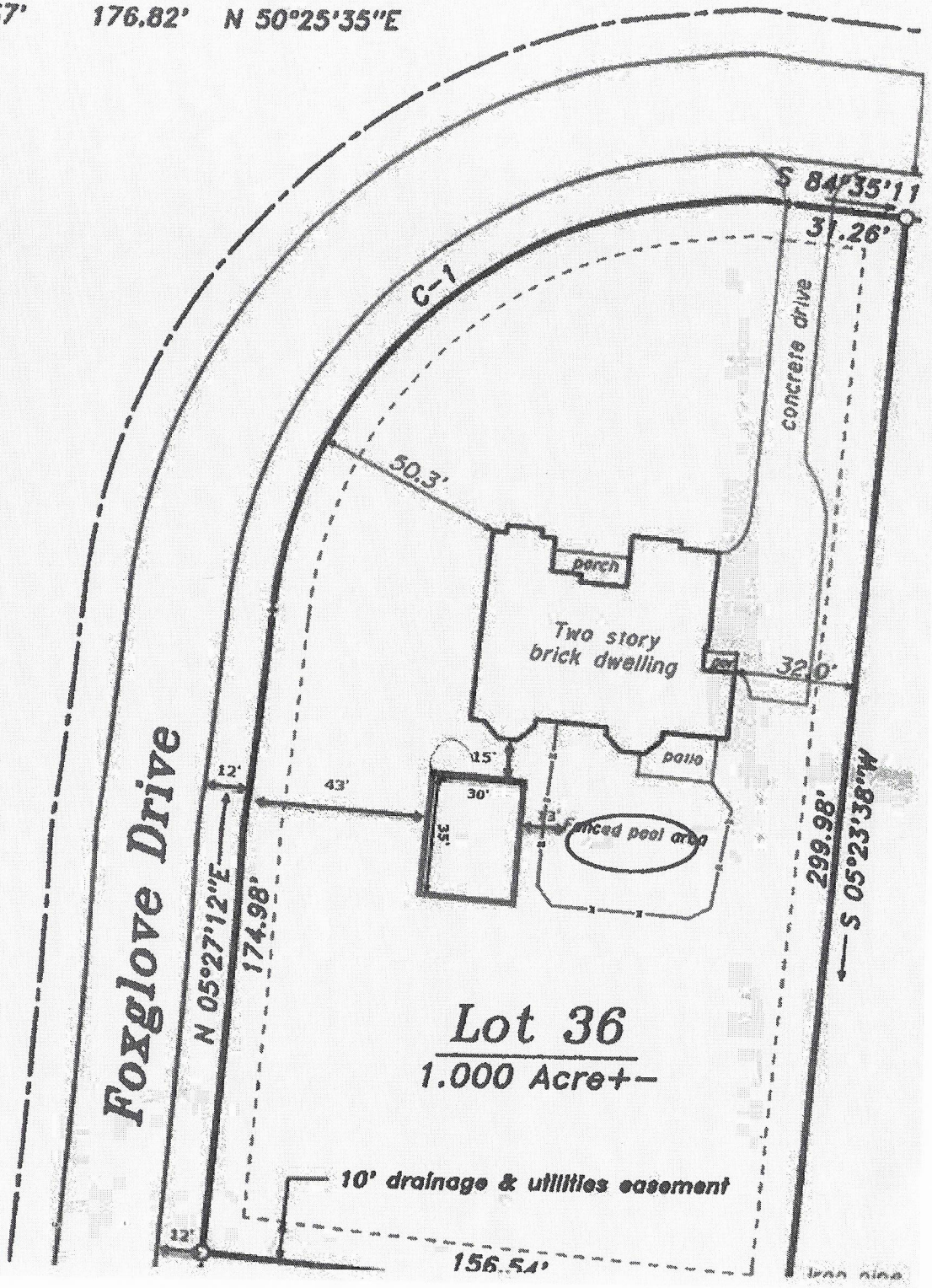
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/22/19

DATE

C-1 125.10' 196.37' 176.82' N 50°25'35"E

Survey Orientation: P.B. 19, Pg. 17



LEGEND

- ○ = #4 rebar set unless denoted otherwise
- \+ = Unmarked point
- —— = Overhead power line
- Ø = Power pole

NORTH CAROLINA PROFESSIONAL SEAL L-3361 LAND SURVEYOR

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*) Stephen S Cook

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, Stephen Cook & Jodanna Cook, am the legal owner(s) of the property located at 169 Foxglove Drive, Statesville, NC, identified as

PIN (Parcel Identification Number) 4747 33 8116 located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Keith Ashcraft, Ashcraft Homes, 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.

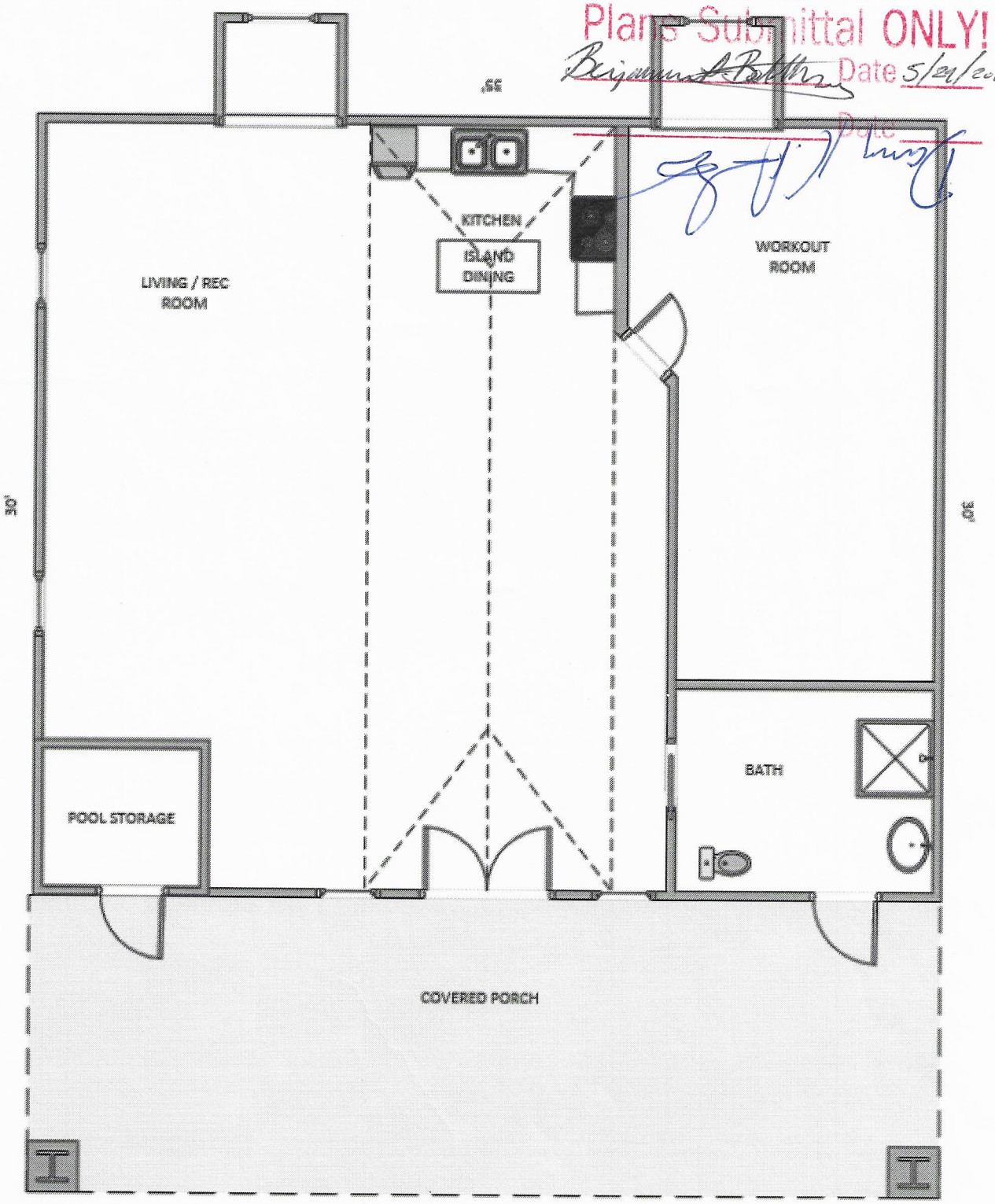
Stephen S Cook Jodanna M Cook — 8-17-19

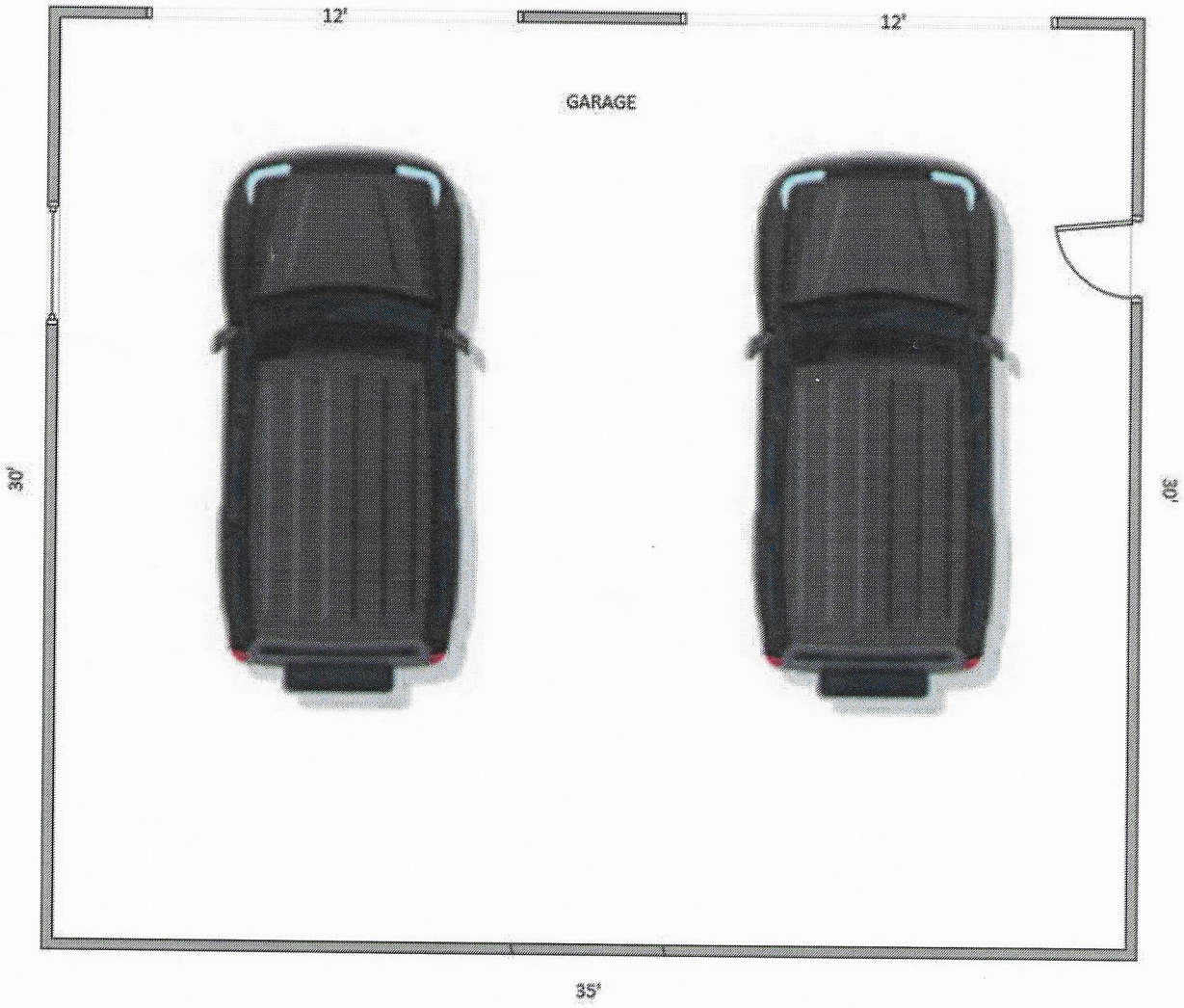
Signature of Owner(s) — Date

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

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bolthouse Date 5/21/2019
Date





Acknowledgement Of
Plans Submittal ONLY!

Date 5/29/18.

Date 6/1/18

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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Steph S Cook Jodanne M Cook — 8-17-19

Signature of Owner(s) — Date

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

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

APPLICATION NUMBER
235056
Issue Date: 04/20/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4747338116.000	169 FOXGLOVE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SMYTH SUSAN D	Applicant: CASH, STEPHEN
Address: 169 FOXGLOVE DR	Address: 169 FOXGLOVE
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
DETACHED GARAGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000		10.00	10.00	35.00	NOT	X

Remarks:

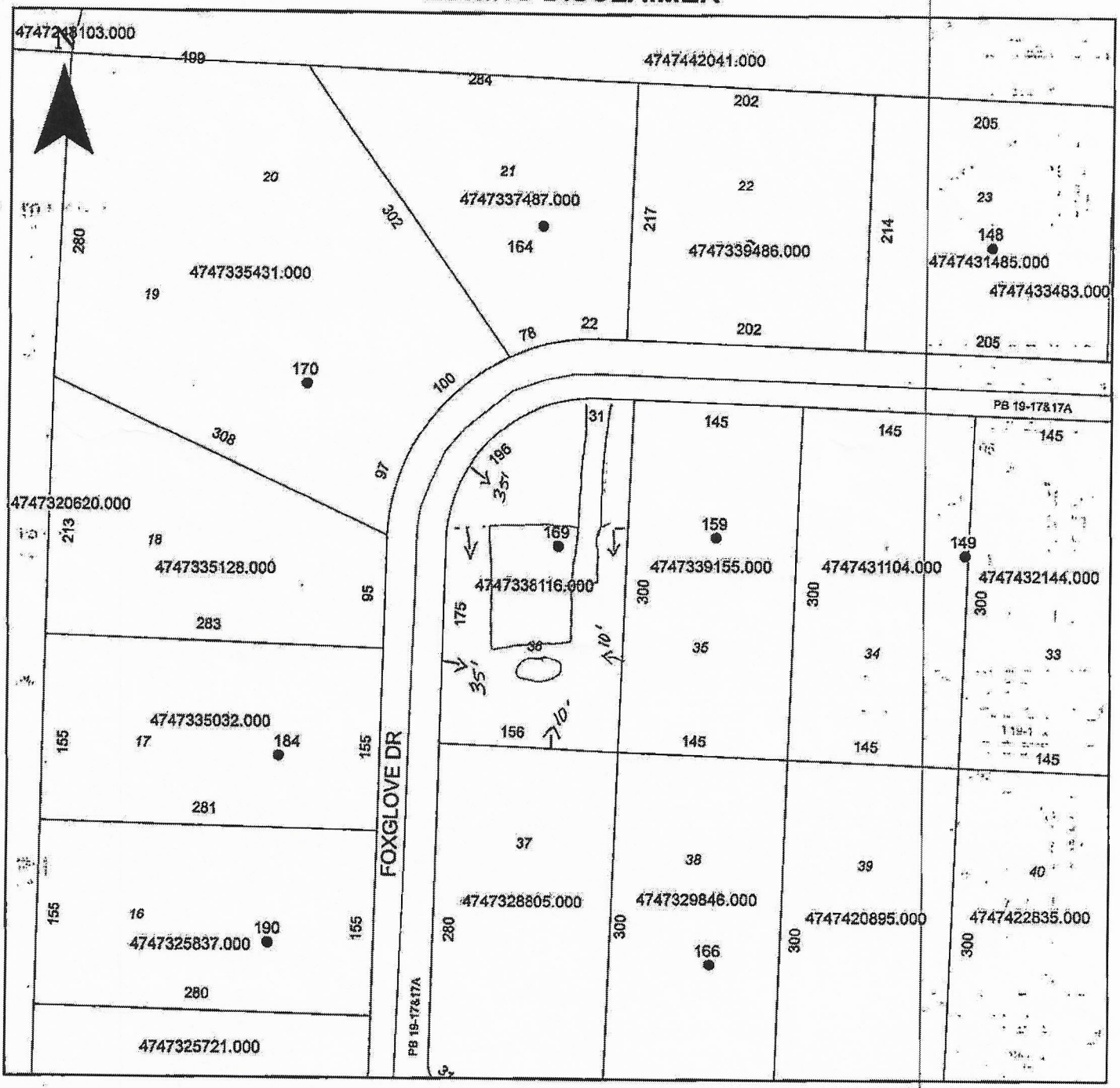
Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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	136330	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 169 Foxglove Dr.

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Jordan M. Cook

Applicant

4-20-18

Date