IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224716

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

PIN # 4947-56-7240

APPLICANT: Nick Belk APPLICANT ADDRESS: 358 Montebello Drive Mooresville, NC

SITE ADDRESS: 128 Donsdale Drive - Statesville, NC 28625 PHONE: 704-507-6327 ALT. PHONE:

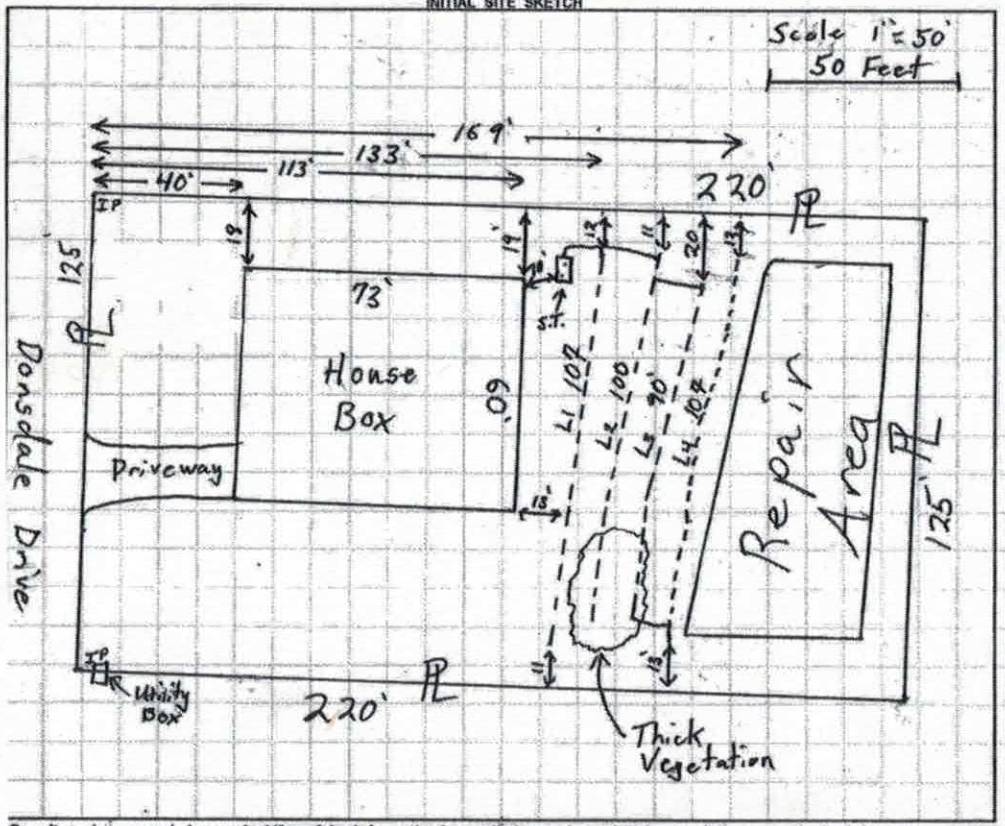
SITE DIRECTIONS: Jennings Rd to Whites Farm Rd → L on Donsdale Dr. → Lot on Right

SUBDIVISION: Donsdale SECTION: 1 LOT # 61 LOT AREA: 0.631 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

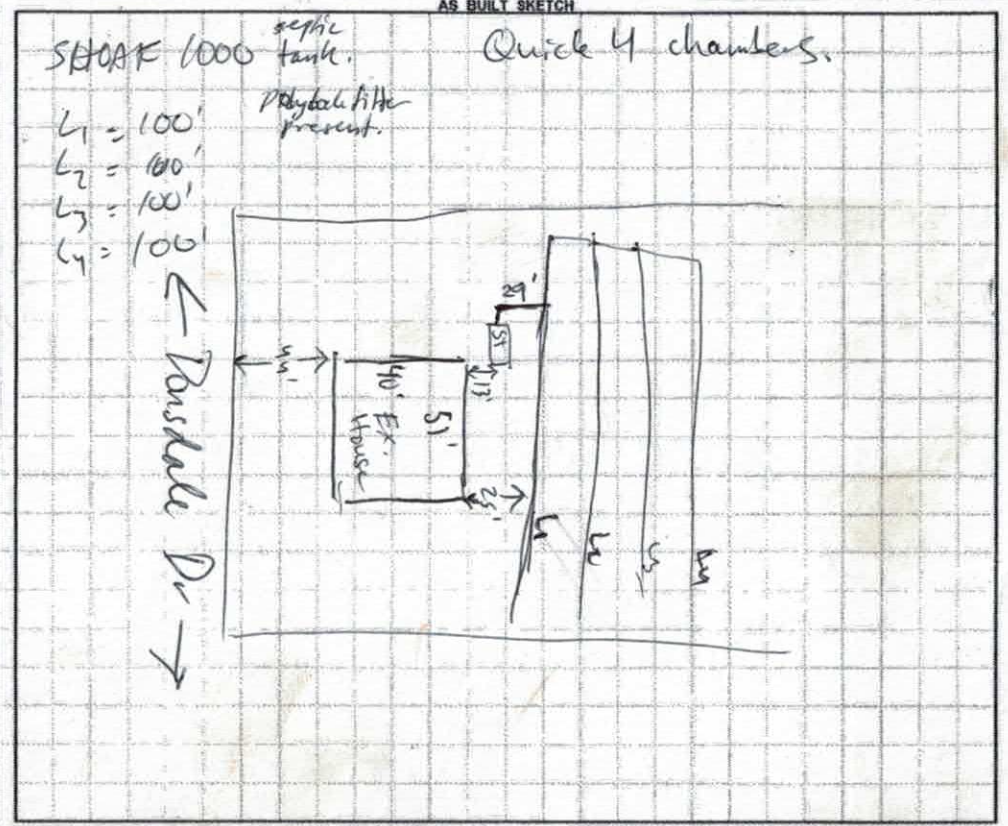
Septic Tank	1000	(gal)	STB	760	Date	5/27/2017	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			☐ Business	No. Persons	8	☐ Private	
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	4		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Max. Trench Bottom Depth	28"-32" [low side]		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Though 404 l.f. of drainfield was laid out, only 400 l.f. need be installed.

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: Emailed to customer from CP Date: — Installed by: Rick May (W A-1 backhoe)

IMPROVEMENT PERMIT by: Tom Shuck Date: 3-6-2017 OPERATION PERMIT by: Mohamed Dumarieh Date: 8/1/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3-6-2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

	Date	Initials
Drain Lines Checked	8/1/2017	M.A.D.
Tanks Checked	8/1/2017	M.A.D.
Pressure Manifold or Valve Box Checked	T	
Pressure Head Set		
Electrical Checked	N/A	
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 2 (see reverse)
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

P L1 8.10 P L4 10.58
R L2 9.10
O L3 9.72

OWNER: Barbara + Gunner Myhre APPLICATION DATE 1-31-17
ADDRESS: 105 Castaway Trail Mooresville, NC DATE EVALUATED: 3-3-17
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.63 acres
LOCATION OF SITE: 128 Donsdale 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% LSS Primary - Middle	0-10	SCL V.W. SBK	Sl. Firm, SS, Sp, Scap	–	48	–	–	0.3 PS
		10-39	Clay Trace mica W. SBK	Sl. Firm SS Sp, Scap					
		39-48	Hvy Clay Loam some SAP W. SBK 45-48	Sl. Friable, SS, Sp, Scap					
2	9% LSS Repair Mid	0-10	SCL V.W. SBK	Sl. Firm, SS, Sp, Scap	–	48	–	–	0.3 PS
		10-40	Clay W. SBK	Sl. Firm, SS, Sp, Scap					
		40-48	Clay W. SBK Trace SAP	Sl. Firm, SS, Sp, Scap					
5	9% LSS Primary - Distal	0-12	SCL V.W. SBK	Sl. Firm, SS, Sp, Scap	–	48	–	–	0.3 PS
		12-44	Clay W. SBK	Sl. Firm, SS, Sp, Scap					
		44-48	Hvy Clay Loam V.W. SBK w/ Trace Saprolite 46-48"	Sl. Friable, SS, Sp, Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

121'
AH2
AH1
AH3
169'
160'
144'
135'
115'
110'
12
13
102'
20
90'
11
100'
12
102'
11
19
18
73'
House
Box
IRON Rod
AT+T Box @ Grade
Power Box
Iron Rod
Tel Box
Donsdale Dr

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 ___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 #
Nick Belk	358 Montebello Dr. Mooresville	704-507-6327	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Barbara & Gunnar Myhre	105 Castaway Trl Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
128 Donsdale Dr. Statesville 28625	Donsdale	Ph-1 Lot 61

Driving Directions: Jennings Rd to Whites Farm Rd. (L) on Donsdale Dr. Lot is on right

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

(✓) 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 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

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

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 ( ) Other Public Water

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. 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: ___ 1/31/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DigiSign: BBBCCCFF-A854-4891-AF57-B7D5737EEF3B

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, Gunnar Myhre & Barbara Myhre, am the legal owner(s) of the property located at 128 Donsdale Dr Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4747-56-7296, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Belk Construction, Inc, 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.

Gunnar Myhre Barbara Myhre 01-30-2017

Signature of Owner(s) Date

Signature of Witness Date

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*:

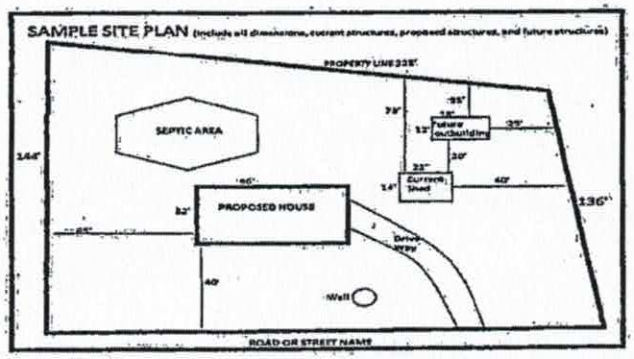
SITE PLAN WORKSHEET

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!!!*

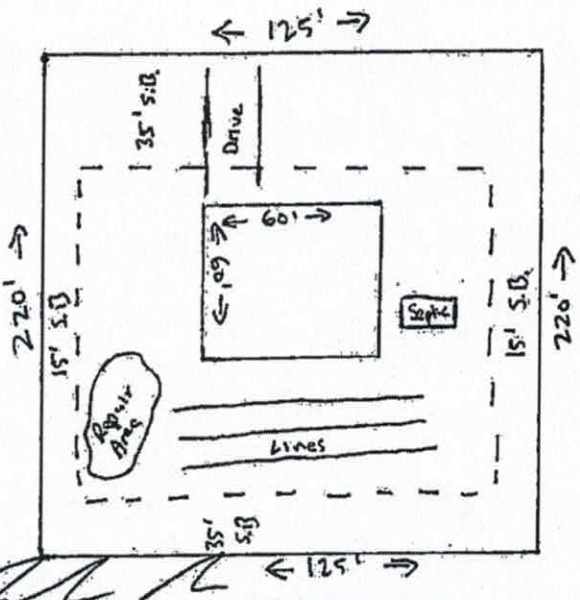
Place an (X) beside each item as you complete the site plan:
__X__ Property Line measurements are clearly identified... __X__ All proposed structures are indicated...

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...
__X__ 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



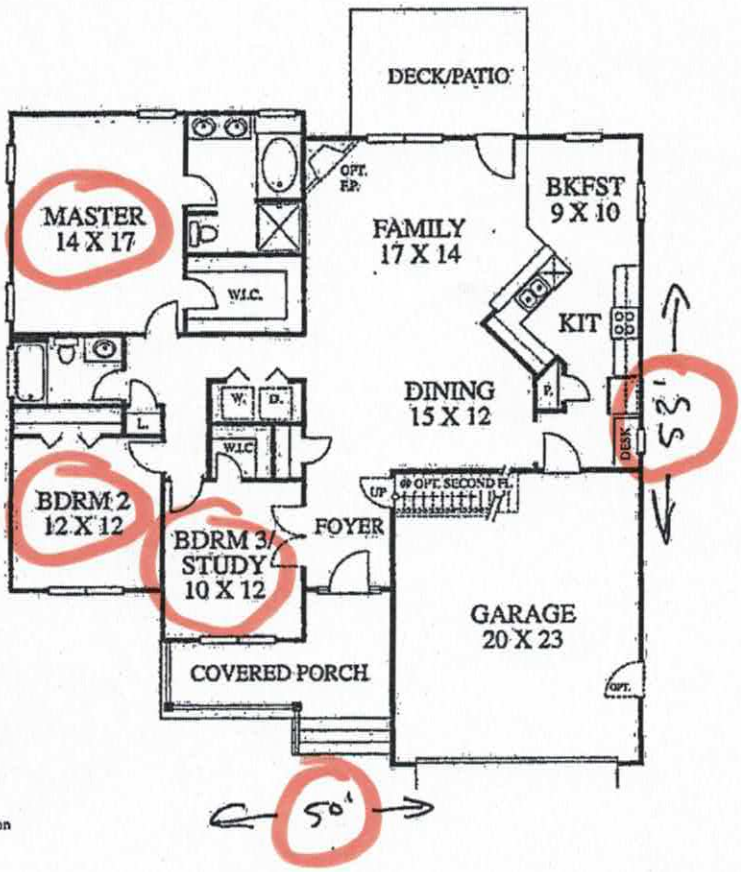
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____
REQUIRED property owner or owner's legal representative signature.

1/31/17
DATE

Level 1



Option



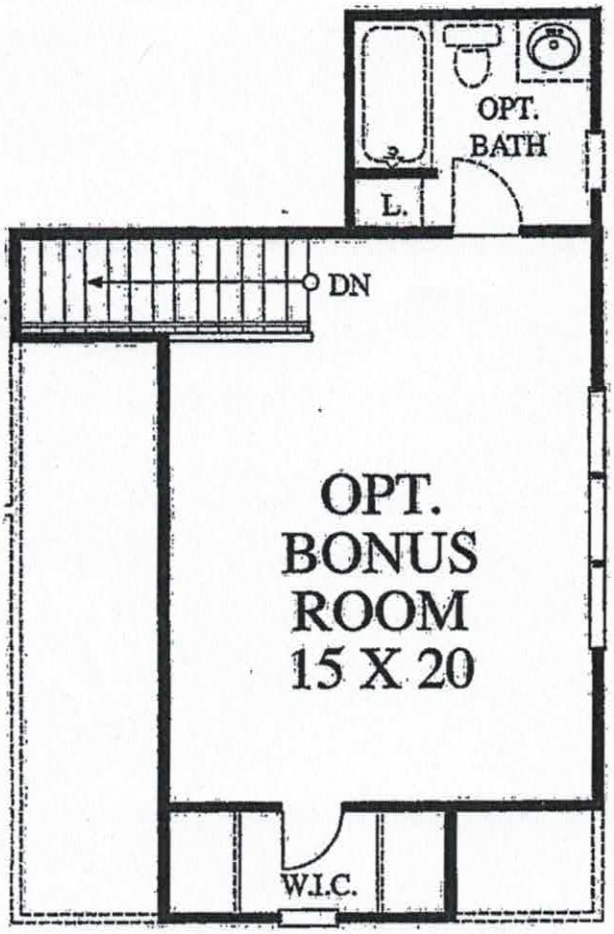
PRIMARY STYLE:	Farmhouse
FIRST FLOOR:	1706 sq.ft.
LIVING AREA	1706 sq.ft.
BONUS SPACE:	410 sq.ft.
FOUNDATION:	Crawlspace
BEDROOMS:	3
BATHS:	2
HALF BATHS	0
WIDTH:	50'
DEPTH:	53'
STORIES:	1
GARAGE BAYS:	2

Save to profile

Close window

PRINT FLOORPLANS (2)

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 3-6-17
Date



Acknowledgement Of
Plans Submittal ONLY!
Tom Shudi Date 3-6-17
_____ Date _____

IREDELL COUNTY

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

APPLICATION NUMBER
224716
Issue Date: 02/02/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747567240.000	128 DONSDALE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MYHRE BARBARA K+GUNNAR	Applicant: BELK CONSTRUCTION INC-
Address: 105 CASTAWAY DR MOORESVILLE, NC 28117	Address: 358 MONTIBELLO DRIVE MOORESVILLE, NC 28117
Phone:	Phone: 704-507-6327

Use Requested	Zone Code
SFD REPLACING PERMIT 137295	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.631	35.00	35.00	15.00	15.00	NOT	X

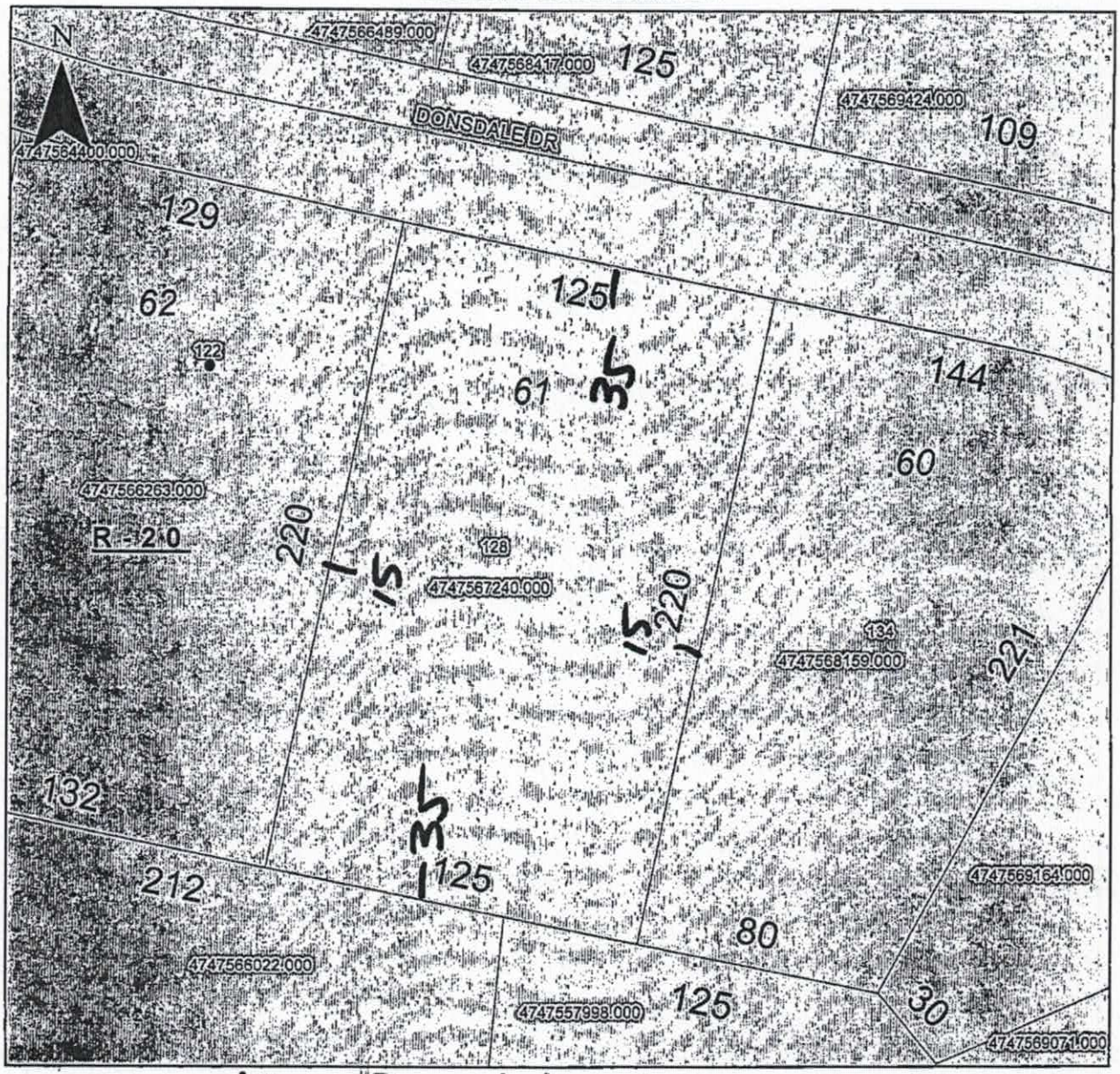
Remarks:

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	92126	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 128 Donsdale Dr.

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.

Applicant _____ Date _____