IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217256

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

PIN # 4748314452

APPLICANT: Brenda Hedrick APPLICANT ADDRESS: 783 Jennings Rd Statesville NC

SITE ADDRESS: 783 Jennings Rd Statesville NC PHONE: 704-380-4657 ALT. PHONE: 704-929-0641

SITE DIRECTIONS: 21N T/L Jennings Rd Property approx 3miles on left

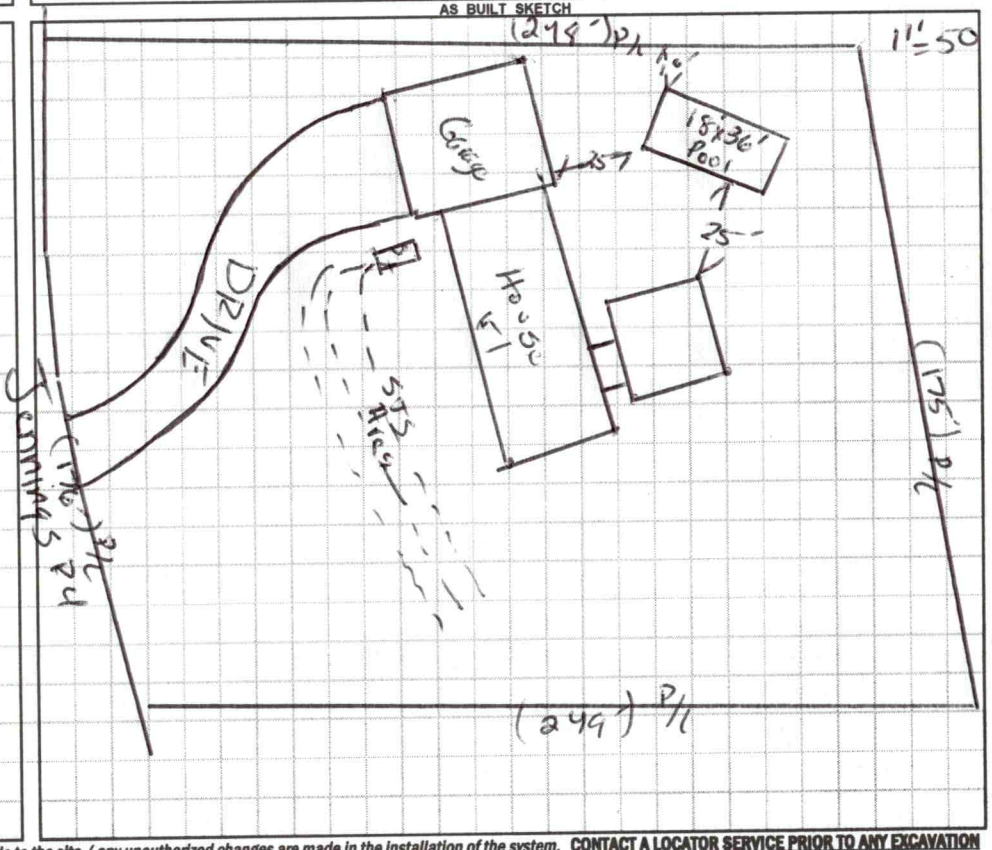
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1ac DESIGN FLOW: Ex L.T.A.R.: Ex

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

Comments / Conditions: All pools must be >15' from any part of STS.

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: _____ Date: /2020 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: 03/05/16

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

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 ~~X~~ Authorization To Construct V 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 # (contact #)
Brenda Hedrick	783 Jennings Rd Statesville NC	704 380 4657	704 929 0641
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Charles & Brenda Hedrick	" "	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
783 Jennings Rd Statesville NC 28625		

Driving Directions: N. Center St to I-40 EAST to I-77 North to Turnersburg Hwy Turn Rt, Turn Lt @ Redlight. Property Located 3miles on Rt past Sunsweep Loop

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(V) 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 (V) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1989 (Year)

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

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (V) No Does the site contain any jurisdictional wetlands?
( ) Yes (V) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (V) 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: Brenda Hedrick — 3/15/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

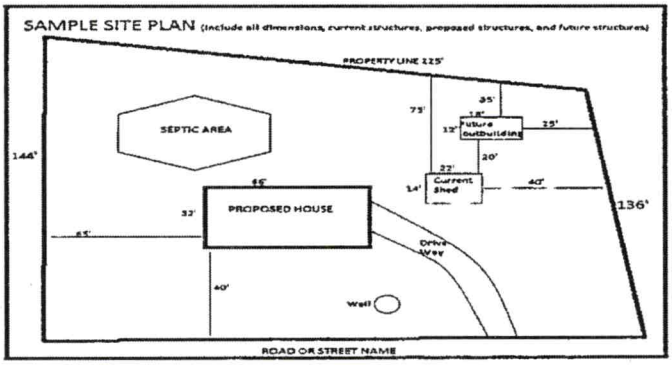
SITE PLAN WORKSHEET

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!!!***

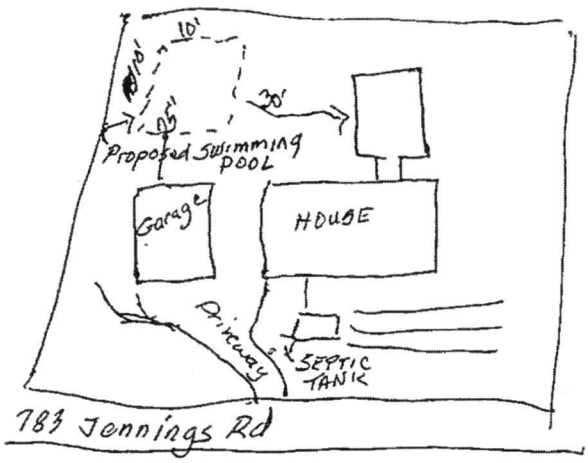
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... **_✓_ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ Front and side setbacks from property line... **_____ 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:
_____ 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: Brenda Hedrick
REQUIRED **property owner or owner's legal representative signature.**

03/15/2016
DATE

IREDELL COUNTY

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

APPLICATION NUMBER
217256
Issue Date: 03/15/2015

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4748314452.000	783 JENNINGS ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HEDRICK CHARLES WINSLOW+BREN	Applicant: HEDRICK CHARLES WINSLO
Address: 783 JENNINGS RD STATESVILLE, NC 28625	Address: 783 JENNINGS RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID 3/15/2015

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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	62811	TOTAL FEES:	$ 77.25