ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 311931

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

PIN # 4748 -45 -4404. ✓

APPLICANT/OWNER: Statesville Building Company LLC APPLICANT ADDRESS: 224 Harrill ST Statesville NC 28677

SITE ADDRESS: ~~124~~ Cypress Acres Lane Statesville NC ~~28677~~ 28625 PHONE: 704-903-3202 ALT. PHONE

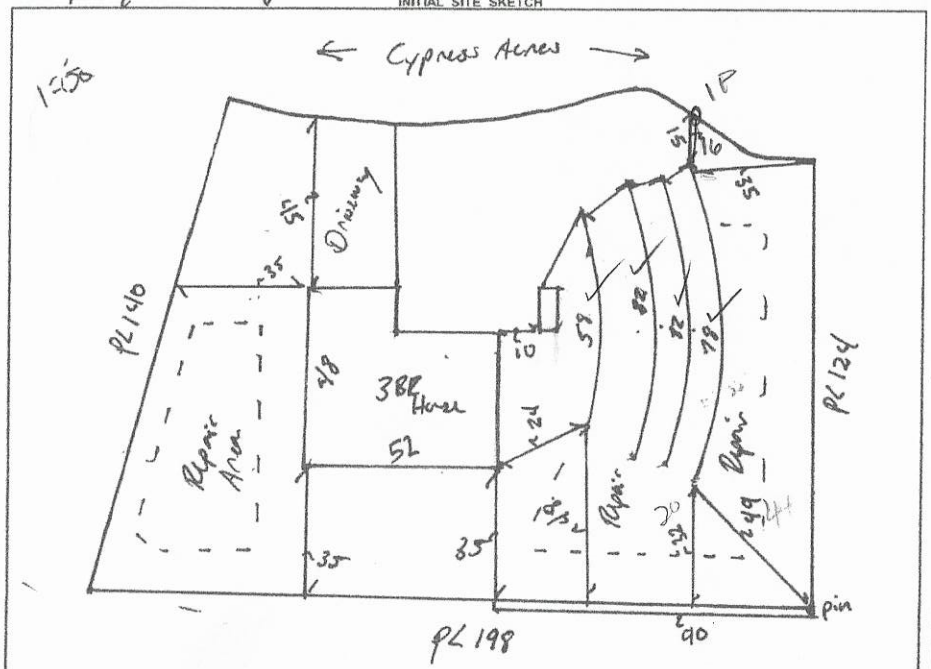
SITE DIRECTIONS: Hwy 21 to Jennings Rd Turn Jennings 3/4 miles

SUBDIVISION: ✓ Cypress Acres SECTION: 2 LOT# ✓ 9 LOT AREA: .536 AC SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 360. L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	SHOAF 760	Date	1/5/21 ✓	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity 25% Reduction			☐ Business	No. Persons 6	☐ Private
Pump Make	–	Model	–	Serial #	–	Repair System Description:	25% Reduction w/ Curtain - PM.			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	18	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

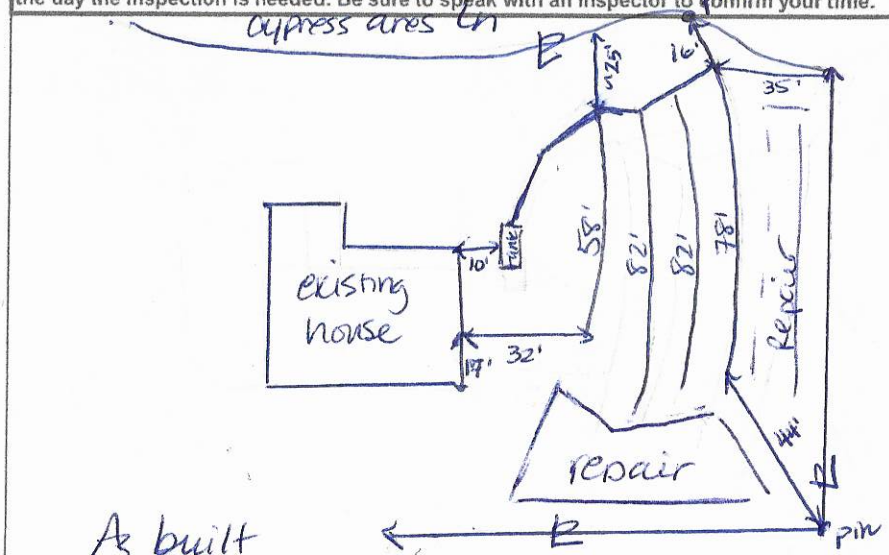
Comments / Conditions: Install on Contour with Serial distribution. Do not exceed max depth of 18 ingo. Stub-out plumbing as high as possible. If not may require Pump.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



As built

NTS

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: 11/14/20 Installed by: (Jake Williams) Williams Excavating

IMPROVEMENT PERMIT by: Date: 10/16/2020 OPERATION PERMIT by: D. Weberg Date: 3/22/21

AUTHORIZATION TO CONSTRUCT by: Date: 10/16/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

28 1/4 mx

1). 0-33-C SBL
33-52 FM Rock Bed 33-42

PS .30 Shallow Mix $8.

2). 0-30 C 2.5YR4/6
30-40 CC
40-50 RC Sdy FM

PS .30 Shallow

3) 0-32 C
32-52 CL

PS .30

4) 0-32 C
32-50 CL FM Rocky 32-35

PS 30 Shallow

5). 0-26 C
26-36 FM Rocky 26-36 CC

PS .30. Shallow w/ Cam

1st Frost Ditch

RECEIVED OCT 19 2020

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP 311931

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: BUILDING COMPANY LLC STATESVILLE Address: 224 HARRIS ST. STATESVILLE Zip: 28677

Applicant Email: wbself7@gmail.com Phone: 704.903.3202 Alt. Phone: _____

Owner Name: MITCHELL HROMADA Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 124 CYPRESS ACRES LN. STATESVILLE, NC 28677

Subdivision Name: CYPRESS ACRES LN. Section/Phase: _____ Lot Number: 9

Driving Directions: HWY 21 TO JENNINGS RD. RT. ON JENNINGS 3 1/2 MILES TO SUBDIVISION ON RIGHT.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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.

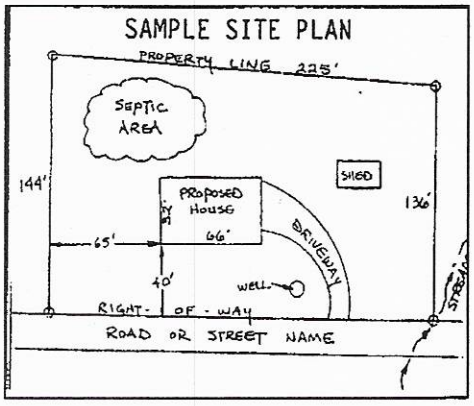
Signature: _____ 10/19/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

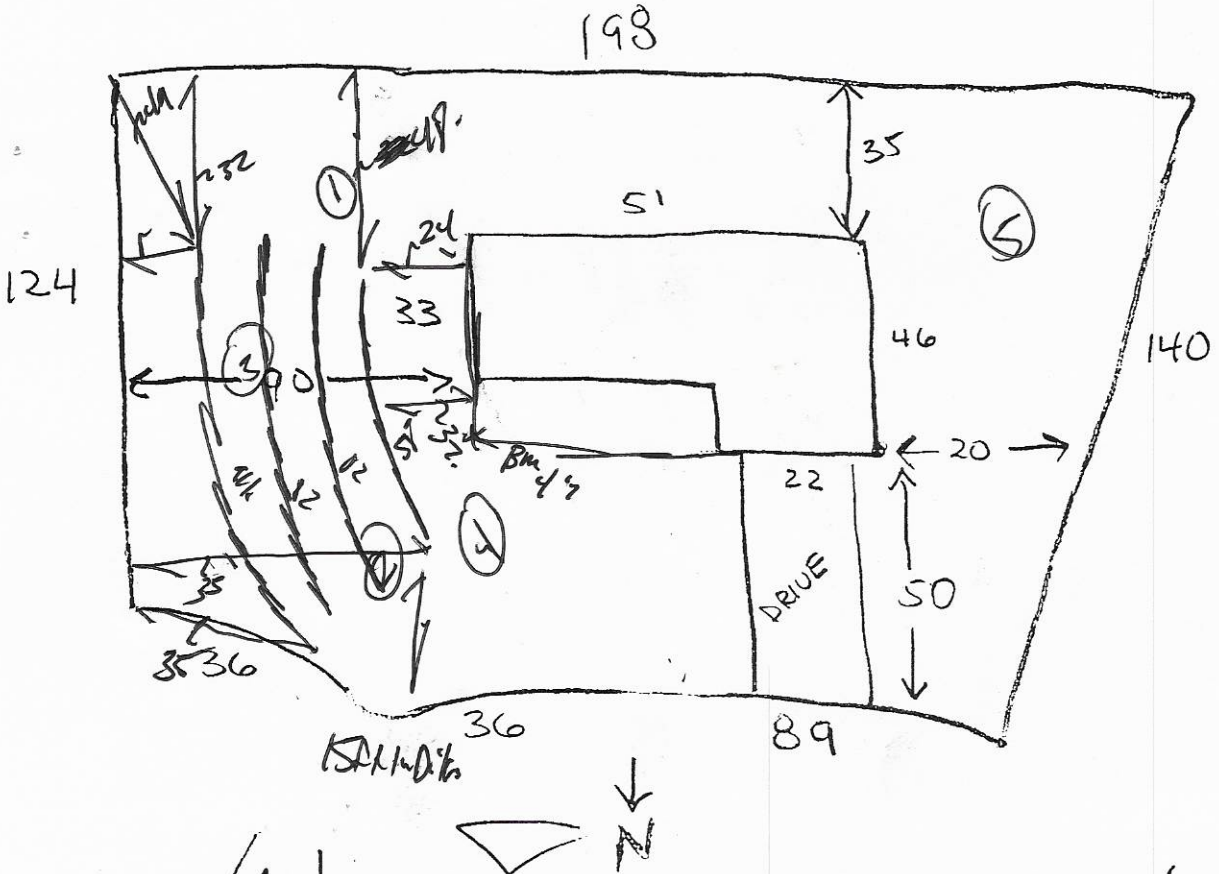
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

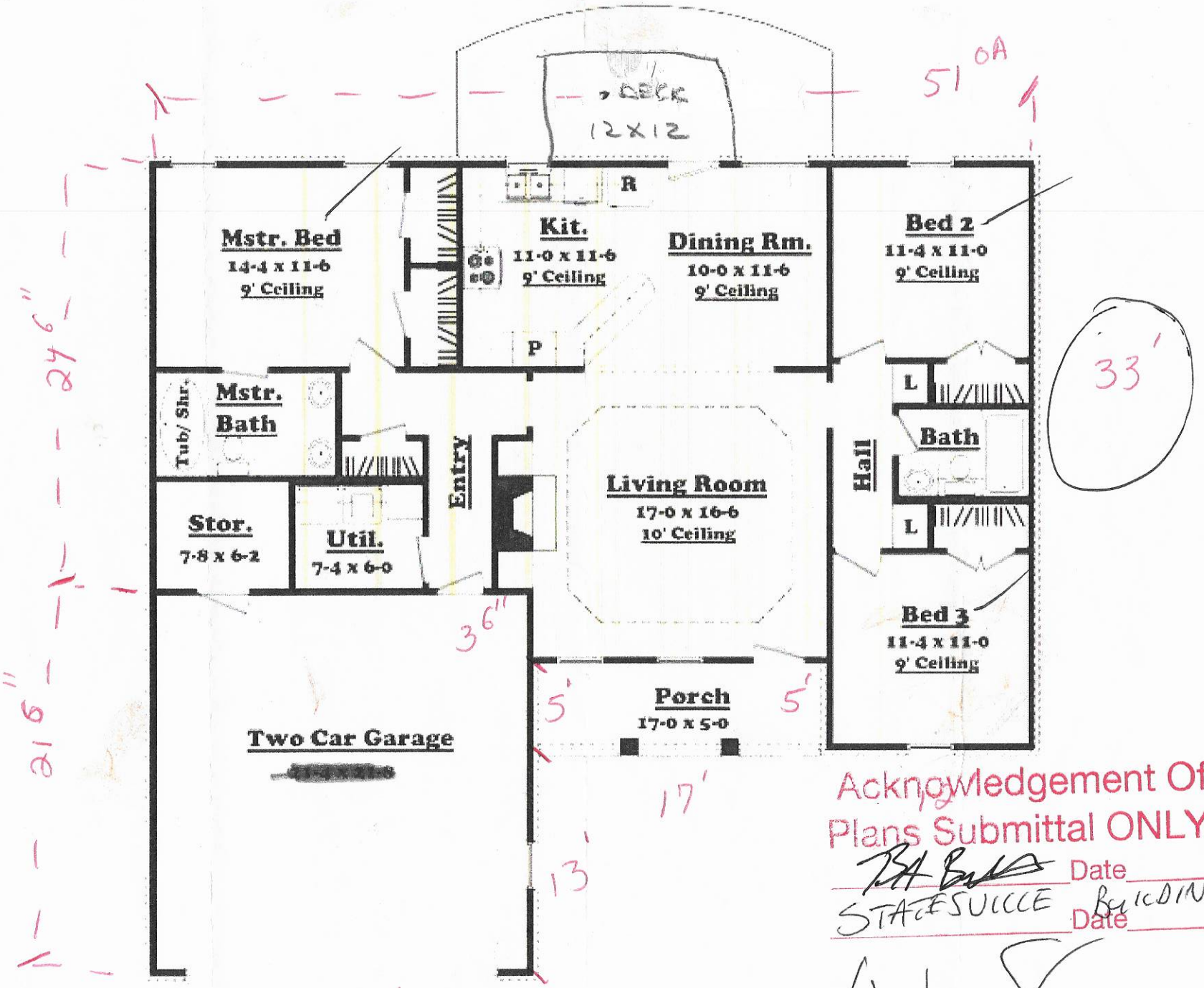


Signature: _____

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

10/19/20

DATE



Acknowledgement Of
Plans Submittal ONLY!

BA Bu Date

STATESUICCE BUILDING CO. LLC Date

WILLIAM SELF

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311931 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4748454404.000	124 CYPRESS ACRES LN	Iredell County

Owner Information	Applicant Information
Name: HROMADA MITCHELL J+CATHY A	Name: STATESVILLE BUILDING CO LLC
Address:	Address: 224 HARRILL ST APT 4
,	STATESVILLE , NC 28677
Phone:	Phone: (704)903-3202

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.536	35	35	15	15	N/A	NO

Remarks
SFD NEED DISCLAIMER

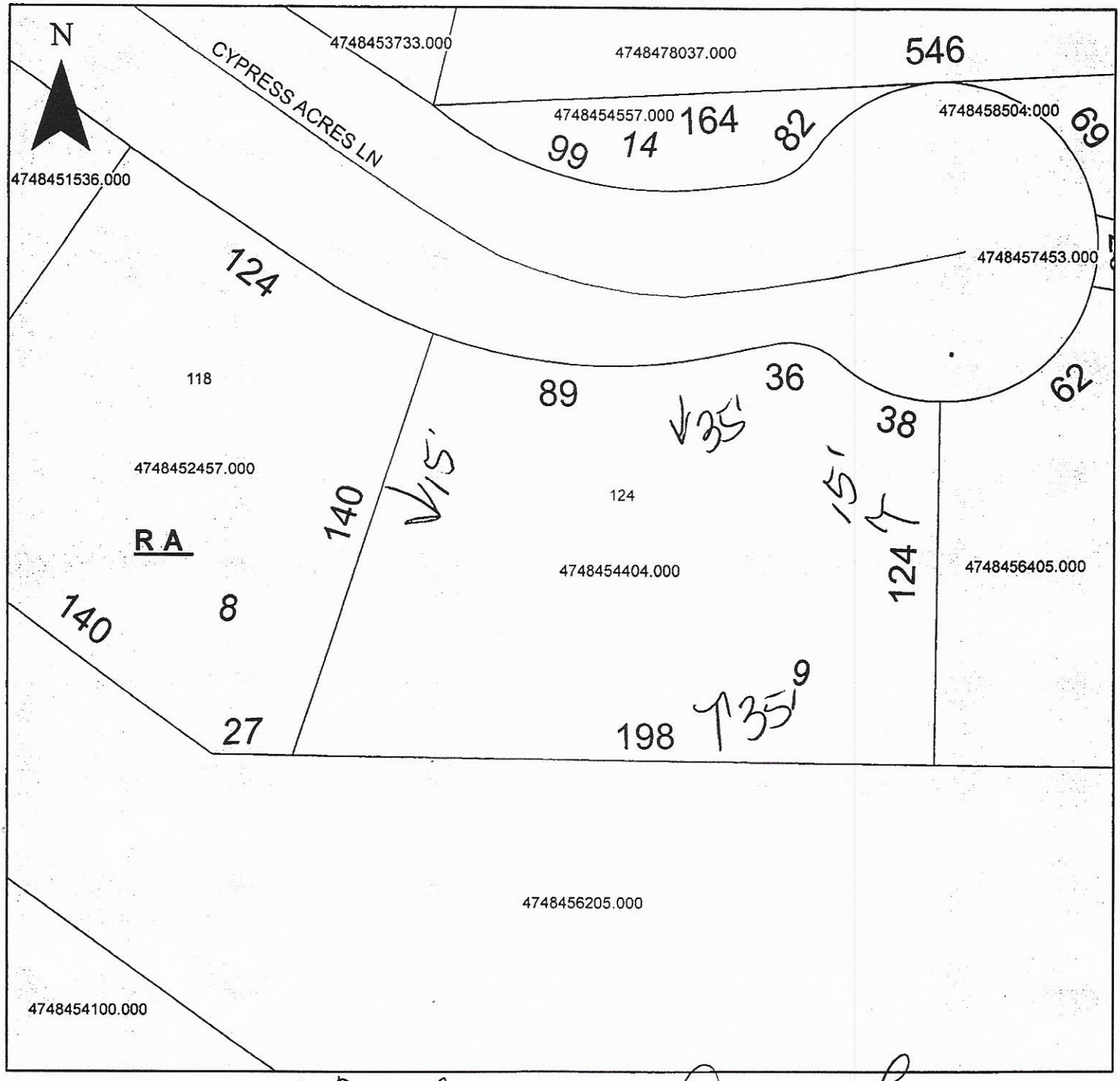
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/19/2020

Signature of Owner/Contractor

Permit Number	311931	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 124 Cypress Acres Ln

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