# ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP3 07805

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

PIN # 4752734491

APPLICANT/OWNER: Jesse Glass APPLICANT ADDRESS: 749 Shiloh Rd Statesville NC 28677

SITE ADDRESS: 749 Shiloh Rd Statesville NC 28677 PHONE: 704-437-7697 ALT. PHONE 704-881-2326 (Kimberly)

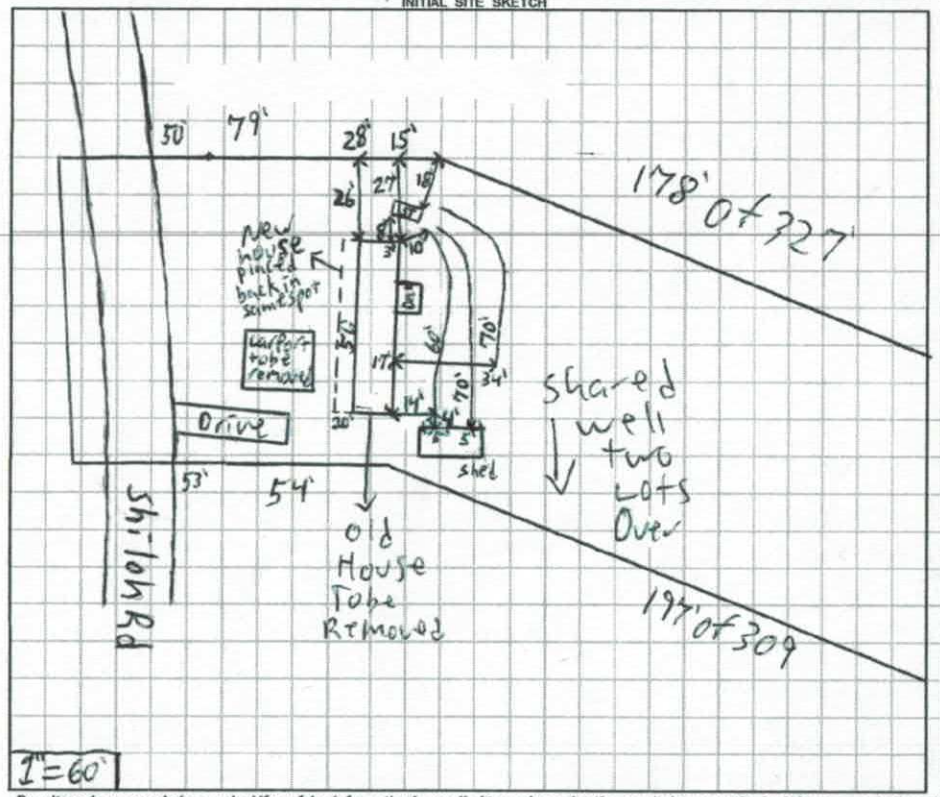
SITE DIRECTIONS: N Center St to S on Shelton Ave, L on Garner Bagnal Blvd, S on US 70 E, R on Shiloh Rd, Lot on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Sidney Mitchell Estate SECTION: — LOT # 1 LOT AREA: 0.877 acres DESIGN FLOW: Existing L.T.A.R.: Existing

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Existing | (gal) | STB | Existing | Date | Existing | ☐ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 2 | Water Supply |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | Existing | | | ☐ Business | No. Persons | 4 | ☒ Private |
| Pump Make | — | Model | — | | Serial # | — | Repair System Description: | Existing | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | — | # Lines | — | | Linear Ft | — | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | EXISTING | Trench Bottom Depth(Low side) | | | Gravel Depth | Existing | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/ plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: Do Not Drive on, store material, or manipulate Drainfield in anyway, New House must not be installed closer than 5' to septic field, any footers for decks must be 5' off drainfield. Do not fill any dirt over drainfield. All drain lines are 5' off raised slab footers and must remain 5' away

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: Jesse Ray Glass Date: 3-25-2020 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Patrick J Bagley III Date: 3/23/2020

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.

RECEIVED FEB 07 2020 AP-304805 $250.00

Patrick

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.Sneed04@gmail.com Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Jesse Goss Address: 749 Shiloh Rd Statesville, NC Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 749 Shiloh Rd Statesville, NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

(X) 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: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(X) 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 (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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:** Kimberly Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-12-2020
DATE

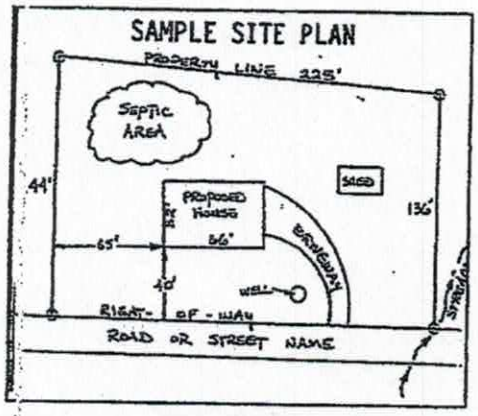
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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:**

- (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
- (X) Preferred well location
- (X) 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*

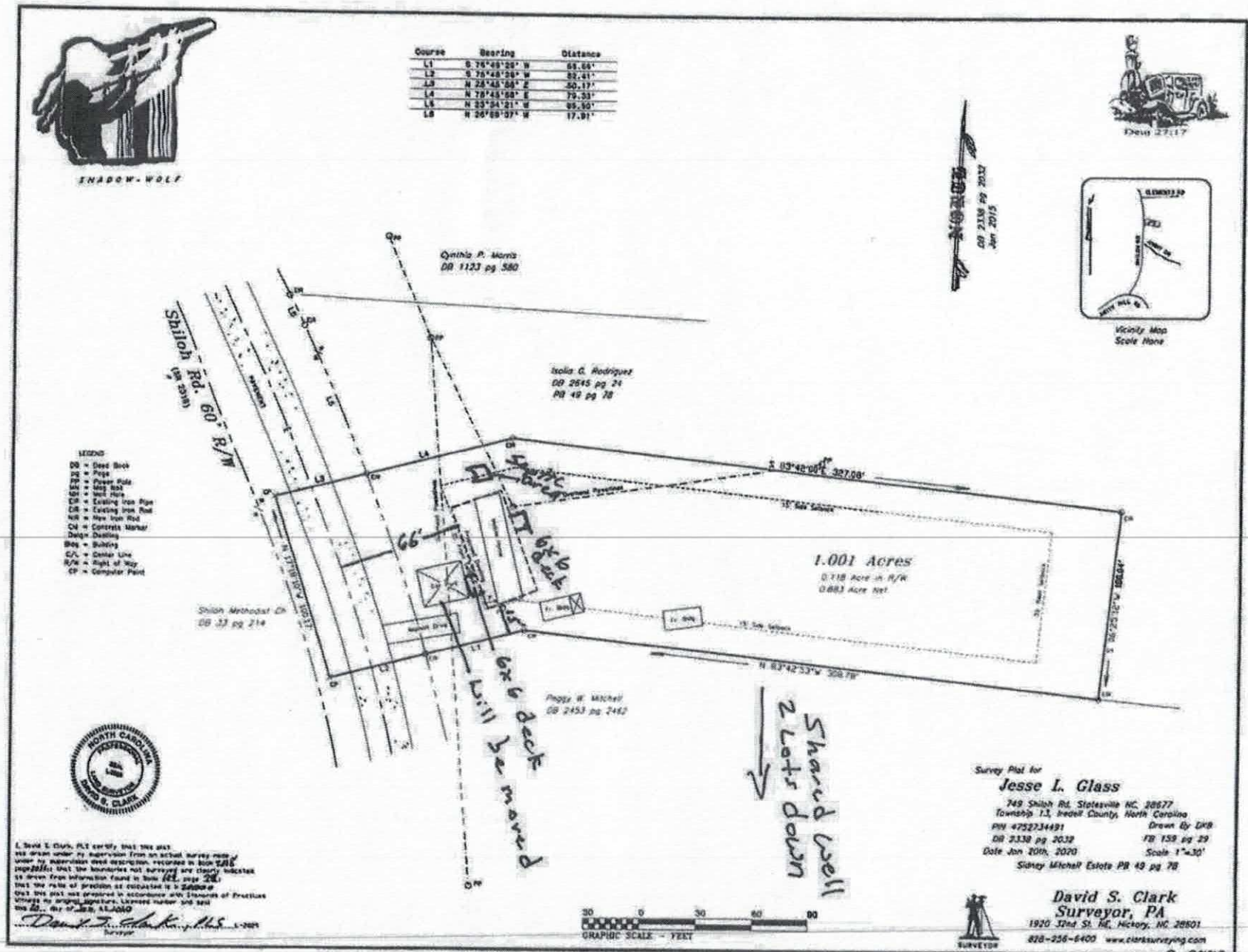
Attached

**Signature:** Kimberly Reed

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

1-17-2020

DATE


SHADOW-WOLF
Course Bearing Distance
L1 S 76°45'39" W 55.66'
L2 S 75°48'39" W 82.41'
L3 N 28°48'58" E 50.17'
L4 N 78°45'58" E 79.33'
L5 N 83°54'21" W 85.90'
L6 N 26°59'07" W 17.91'
Deed 27:17
Qmihia P. Morris
DB 1123 pg 580
Isolia G. Rodriguez
DB 2645 pg 24
PB 49 pg 78
Shiloh Rd. 60' R/W
Shiloh Methodist Ch
DB 33 pg 214
Peggy W. Mitchell
DB 2453 pg 2462
1.001 Acres
0.118 Acre in R/W
0.883 Acre Net
N 83°48'00" E 307.08'
N 83°42'33" W 308.78'
S 06°25'12" W 156.44'
66'
6x6 deck
6x6 deck will be moved
Shared well
2 Lots down
DB 2338 pg 2032
Jan 2015
Vicinity Map
Scale None
LEGEND
DB = Deed Book
PB = Plat
PP = Power Pole
MB = Mail Box
IPS = Iron Pipe
EIR = Existing Iron Rod
NIR = New Iron Rod
CM = Concrete Marker
Dwlg = Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CP = Computer Point
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR DAVID S. CLARK
I, David S. Clark, PLS certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2338, page 2032); that the boundaries not surveyed are clearly indicated as drawn from information found in Book 159, page 29; that the ratio of precision as calculated is 1:20000; that this plat was prepared in accordance with Standards of Practice. Witness my original signature, licensed number and seal this 20th day of Jan, A.D. 2020
David S. Clark, PLS L-2779
Surveyor
30 0 30 60 90
GRAPHIC SCALE - FEET
Survey Plat for
Jesse L. Glass
749 Shiloh Rd, Statesville NC, 28677
Township 1.3, Iredell County, North Carolina
PIN 4752734491
Drawn By: DKB
DB 2338 pg 2032
FB 159 pg 29
Date Jan 20th, 2020
Scale 1"=30'
Sidney Mitchell Estate PB 49 pg 78
SURVEYOR
David S. Clark
Surveyor, PA
1920 32nd St. NE, Hickory, NC 28601
828-256-6400 www.clarksurveying.com
C-2779

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, Jesse L. Glass, am the legal owner(s) of the property located at 749 Shiloh Rd Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4752-73-4491, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kimberly Sneed, 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.

Signature of Owner(s) 01-13-20 Date

Signature of Witness 01-13-20 Date

Please return this signed form to the appropriate office:

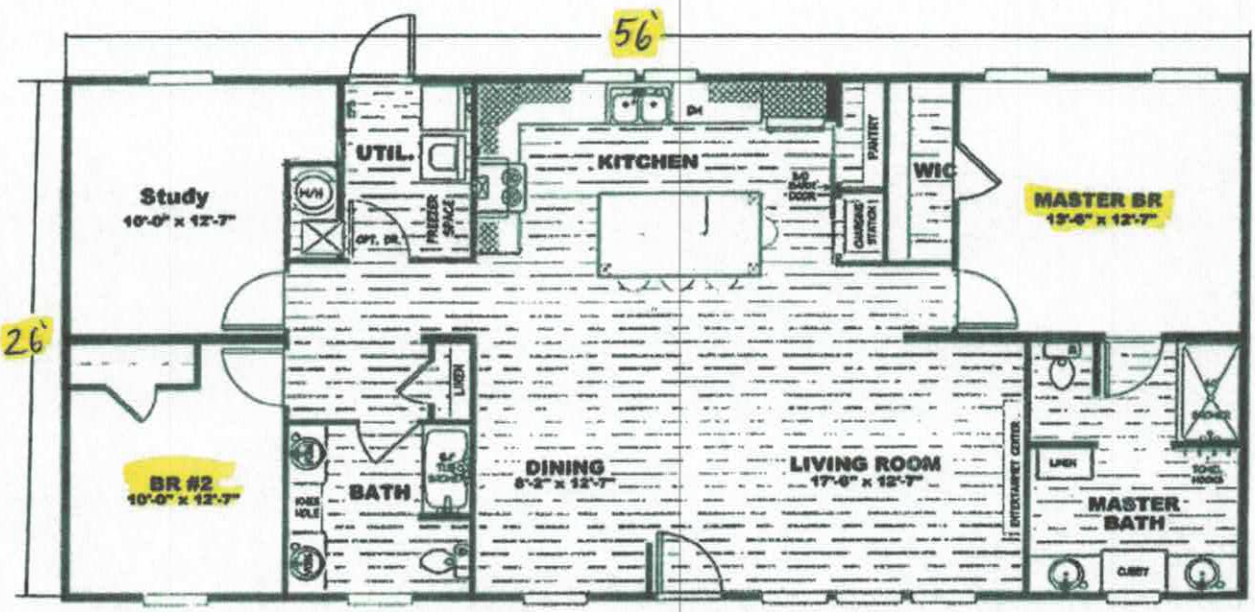
**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

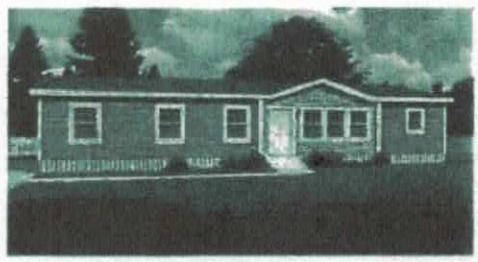
Oxford

Opening doors to a better life.

# ISLAND BREEZE 56' - 29NOW28563IH




Acknowledgement Of
Plans Submittal ONLY!
Patricia O Bgle III Date 3/23/2020
Jim Ley Date 3-25-2020



IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **304805**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4752734491.000 | 749 SHILOH RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: GLASS JESSE L | Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE |
| Address: 749 SHILOH RD | Address: 1124 CHARLOTTE HWY |
| STATESVILLE, NC 28677 | TROUTMAN, NC 28166 |
| Phone: | Phone: (704)801-2326 |

| Use Requested | Zone Code |
|---|---|
| Double-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 35 | 15 | 15 | N/A | NO |

**Remarks**

DWMH SINGLE WIDE MUST BE REMOVED BEFORE DWMH PERMIT ISSUED

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

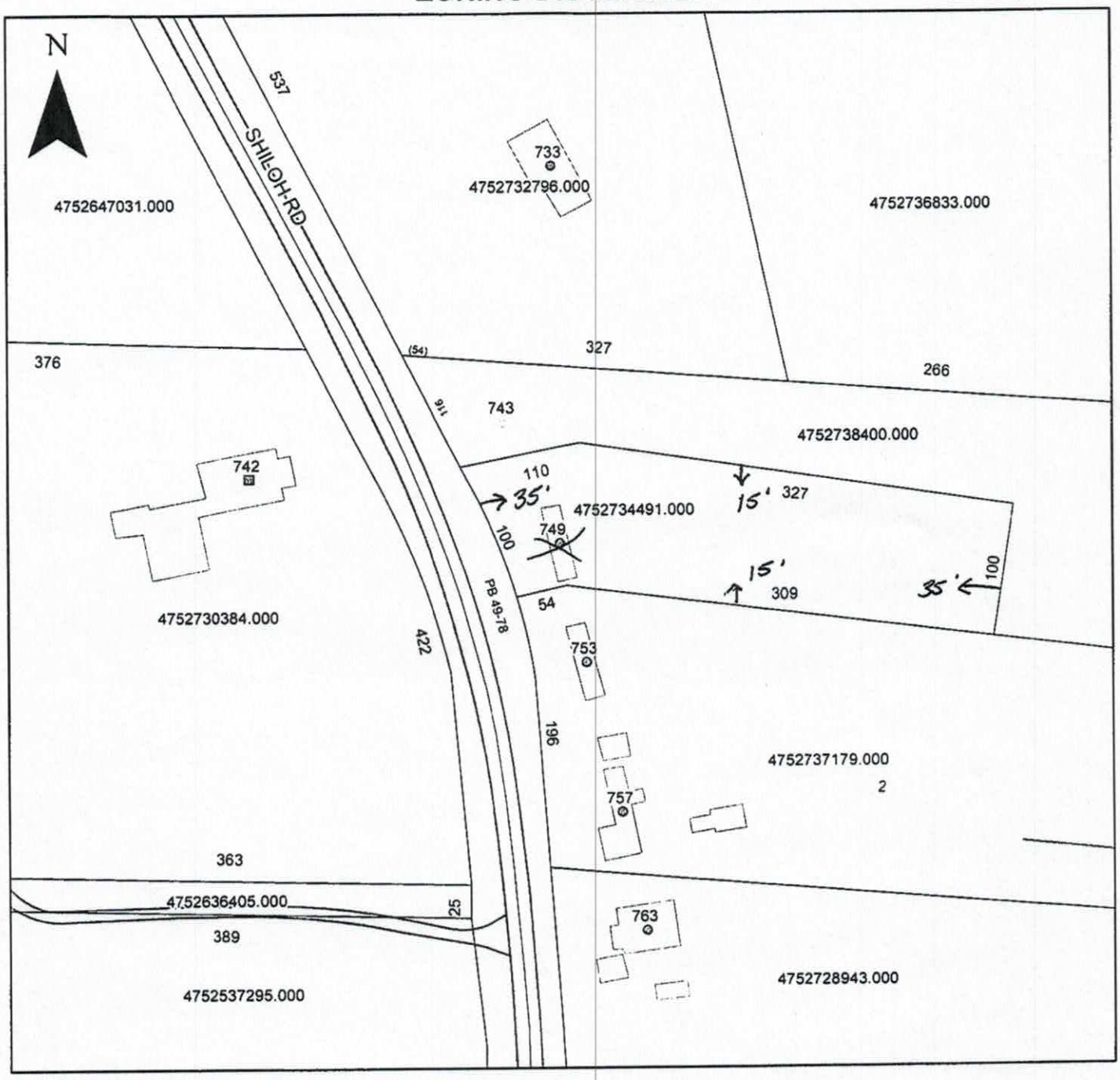
**Date:** 02/07/2020

Signature of Owner/Contractor

| Permit Number | 304805 | TOTAL FEES: | $77.25 |
|---|---|---|---|

304805 RA .877AC

## ZONING DISCLAIMER WS-NO FL-NO




Property Address 749 Shiloh Rd.

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

2-7-2020
Date