EDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

VE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION PON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(I) 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 #
Pat Stephens	145 Trent Rd	704-878-9229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
145 Trent Rd	N/A	

Driving Directions: Hwy 70 East right on Shiloh, left on Clements right on Trent - around curve 1st House on left.

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 2
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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Pat Stephens _____ 5 Oct. 2015
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

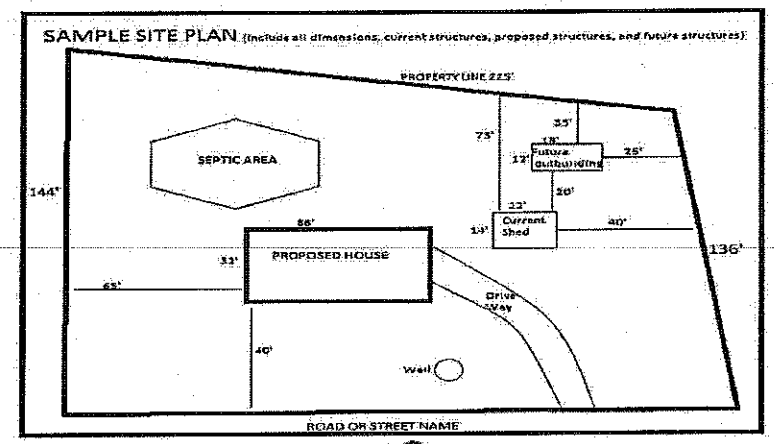
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

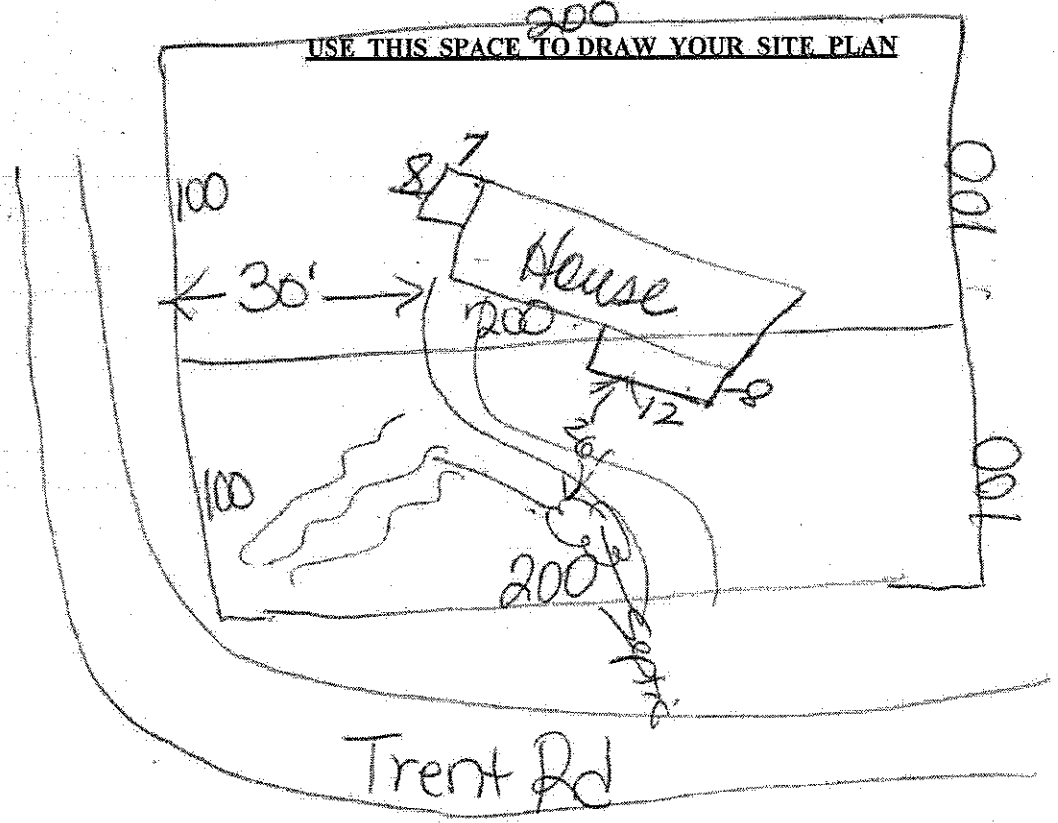
Circle N/A on the following if appropriate:

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

5 Oct. 2015
DATE

+ Expansion

428 - 413 - 3377 - Scott

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 143577 PIN# 4752 83 7481 DATE 10 July 07

OWNER OR APPLICANT Patricia K. Stephens PHONE: Business 704-872-8151 Home 704-878-9823

ADDRESS 145 Trent Rd. Statesville, N.C. 28677

LOCATION Same

SUBDIVISION Loyd Aer BLOCK / SECTION ____ LOT 27 LOT AREA 1 Ac. SITE CLASS. P3 DESIGN FLOW 360 gpd. L.T.A.R. 0.3 gpd/ft²

Septic Tank: Existing Gallons: ST8 ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

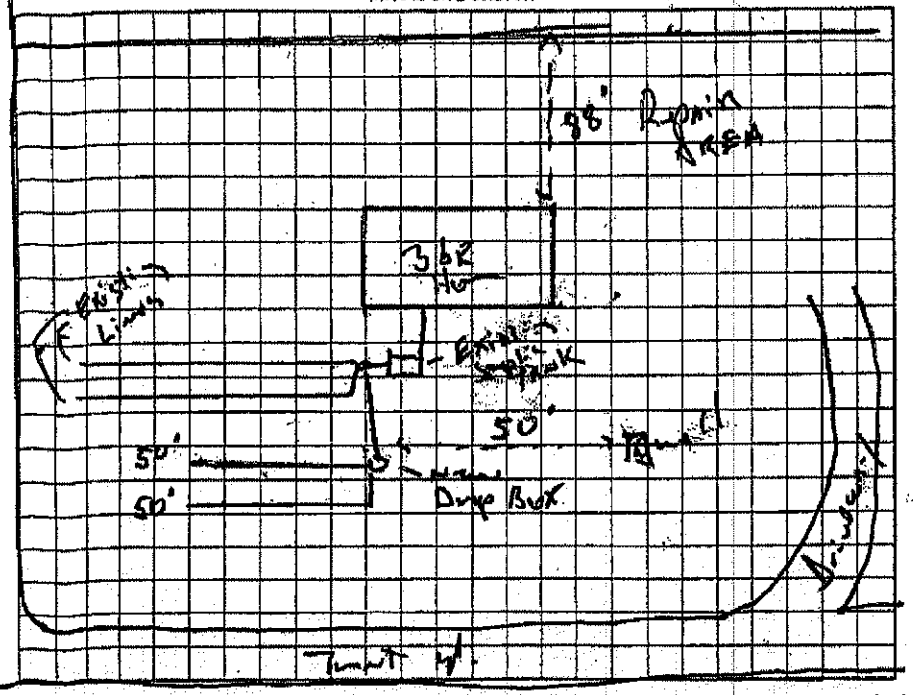
Water Supply: ☑ Individual ☐ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

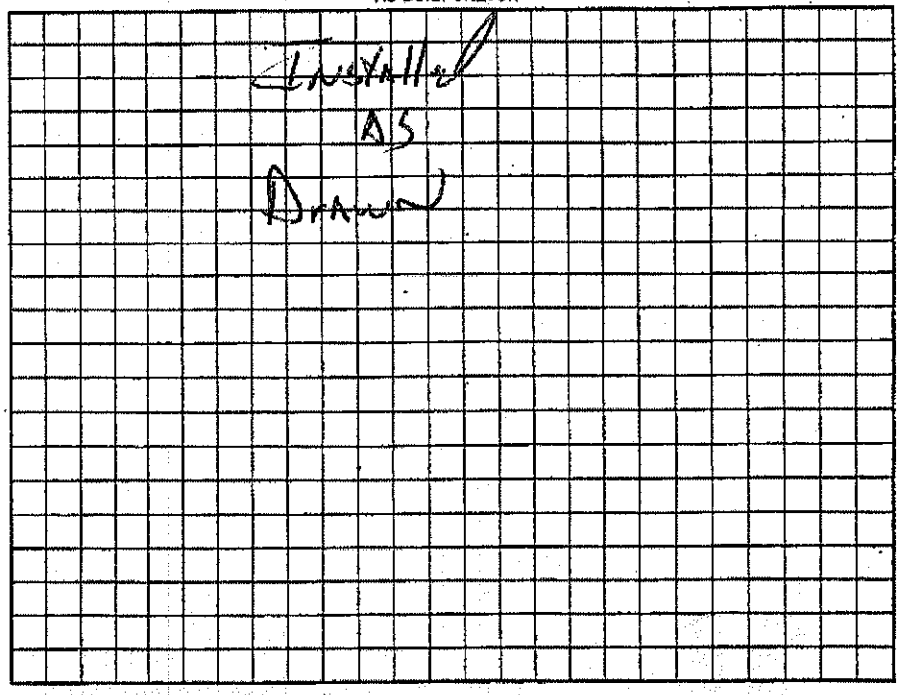
Comments/Conditions: Add D-Box and 2 50' lines.

Comments/Conditions:

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Patricia K. Stephens date 16 July 07

Improvement Permit by: ____, R.S. date 10 July 07

Authorization to Construct by: ____, R.S. date 10 July 07

Installed by: Kanupp Grading

Operation Permit by: ____, R.S. date 17 Sept. 07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Type: CRP
Recorded: 10/15/2015 at 11:17:24 AM
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2384 PG 2199-2200

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax None | Recording Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. _____
Verified by _____ County on the _____ day of _____, _____
by _____

Mail after recording to Grantee
No Title Opinion Rendered or Closing conducted by Preparer
This instrument was prepared by Russell W. Chapman, Jr., Attorney at Law
Brief description for the Index

THIS DEED made this 15th day of October, 2015, by and between

GRANTOR	GRANTEE
Patricia K. Stephens, Single 145 Trent Road Statesville, NC 28677	Patricia K. Stephens 145 Trent Road Statesville, NC 28677

(Property conveyed herein Principal Residence of Grantor)

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.q. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of _____, Chambersburg Township, Iredell County, North Carolina and more particularly described as follows:

PIN NOS: 4752837421 and 4752837511

BEING ALL OF LOT NOS. TWENTY-SEVEN (27) and TWENTY-EIGHT (28) of LOYD ACRES as platted, planned and recorded in Plat Book 10, Page 42, Iredell County Registry, and being the identical property conveyed to Patricia K. Stephens by General Warranty Deed recorded in Deed Book 704, Page 242, Iredell County Registry.

It is the intent of the Grantee herein to combine the property conveyed herein into one tax parcel.

R.O.T.C.

Page Count. 2
☐NS ☐PQ ☐SI

The property hereinabove described was acquired by Grantor by instrument recorded in _____

_____.

A map showing the above described property is recorded in Plat Book _____ page _____.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

USE BLACK INK ONLY

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____ Secretary (Corporate Seal)

Patricia K. Stephens (SEAL)
Patricia K. Stephens

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

PATRICIA C. ABBOTT
NOTARY PUBLIC
Iredell County, North Carolina
My Commission Expires 10-6-2018

Use Black Ink

NORTH CAROLINA, Iredell County.
I, a Notary Public of the County and State aforesaid, certify that Patricia K. Stephens Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 15th day of October 2015.

My commission expires: 10/6/18 Patricia C. Abbott Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.
I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by _____ President, sealed with its corporate seal and attested by _____ as its Secretary.
Witness my hand and official stamp or seal, this _____ day of _____, _____.

My commission expires: _____ _____ Notary Public