IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233705

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

PIN # 4754541051

APPLICANT/OWNER: Ashley Green / Doris Crosby APPLICANT ADDRESS: 3102 Westbury Dr. Jamestown, NC

SITE ADDRESS: 1212 Mahogany Rd Statesville, NC 28625 PHONE: 704-880-1390 ALT. PHONE 704-872-2453

SITE DIRECTIONS: US 70W → R on Fanjoy → L on Twin Oaks → L on E. Greenbriar → R on Mahogany → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Crosby Estates SECTION: — LOT # 2 LOT AREA: 2.56ac DESIGN FLOW: 480gpd L.T.A.R.: —

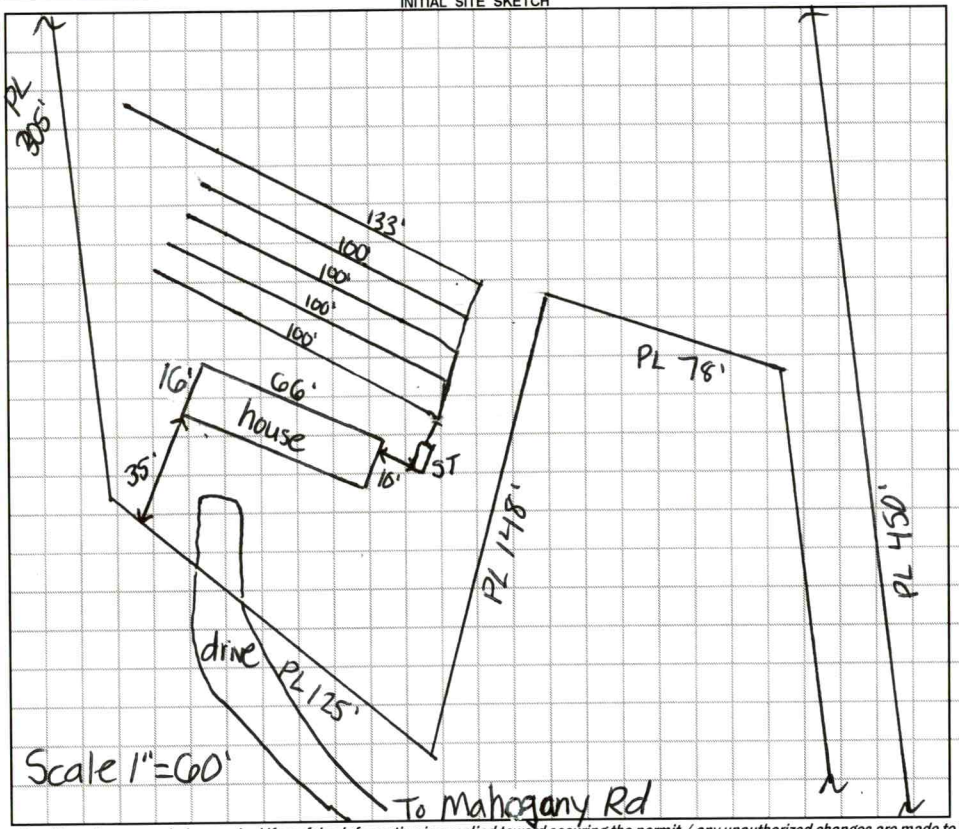
Septic Tank	existing	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank		(gal)	PT	Date	System Description:				☐ Business	No. Persons	8
Pump Make		Model		Serial #	Repair System Description:	Existing			☐ Other	No. Employees	
# Nitrification Fields	EXISTING	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth 12"		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: System functioning properly during time of inspection. New home must maintain a minimum of 5' from septic tank & drain lines.

Floor plans submitted are for 3 bedroom, permit is 4 bedroom.

INITIAL SITE SKETCH



AS BUILT SKETCH

PERMIT NEVER PICKED UP
Permit pulled from CP 1-30-19
Customer recalled (Y) N
Message Left (Y) N By ad
Talked directly with customer Y (N)

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: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Kayla Watson Date: 3-1-18

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.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ashley B. Green Address: 3102 Westbury Dr. Jamestown NC Zip: 27282
Applicant Email: Ashleybgreen.realtor@gmail.com Phone: 704.880.1990 Alt. Phone: —
Owner Name: Doris Crosby Address: 1822 E Greenbrier Rd. Statesville, NC Zip: 28625
Owner Email: — Phone: 704.872.2453 Alt. Phone: —

Property Information:

Street Address: 1212 Mahagony Rd. Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: take Greenbrier Rd towards belmont cemerty, turn left onto Mahagony Rd, turn left onto shard driveway (Mahagony ridge)

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: 3
Maximum Number of Occupants: 6
( ) 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 ( ) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: Doris Crosby / Ashley B Green 2/27/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Doris Crosby, am the legal owner(s) of the property located at 212 Mahogany Rd. Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4.5454.1051, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley B. Green, 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) — Date: 2/27/18 — Signature of Witness — Date: 2/27/18

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

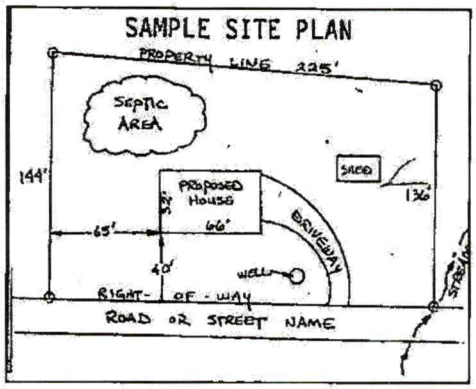
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) North arrow, or other sufficient indicator of direction

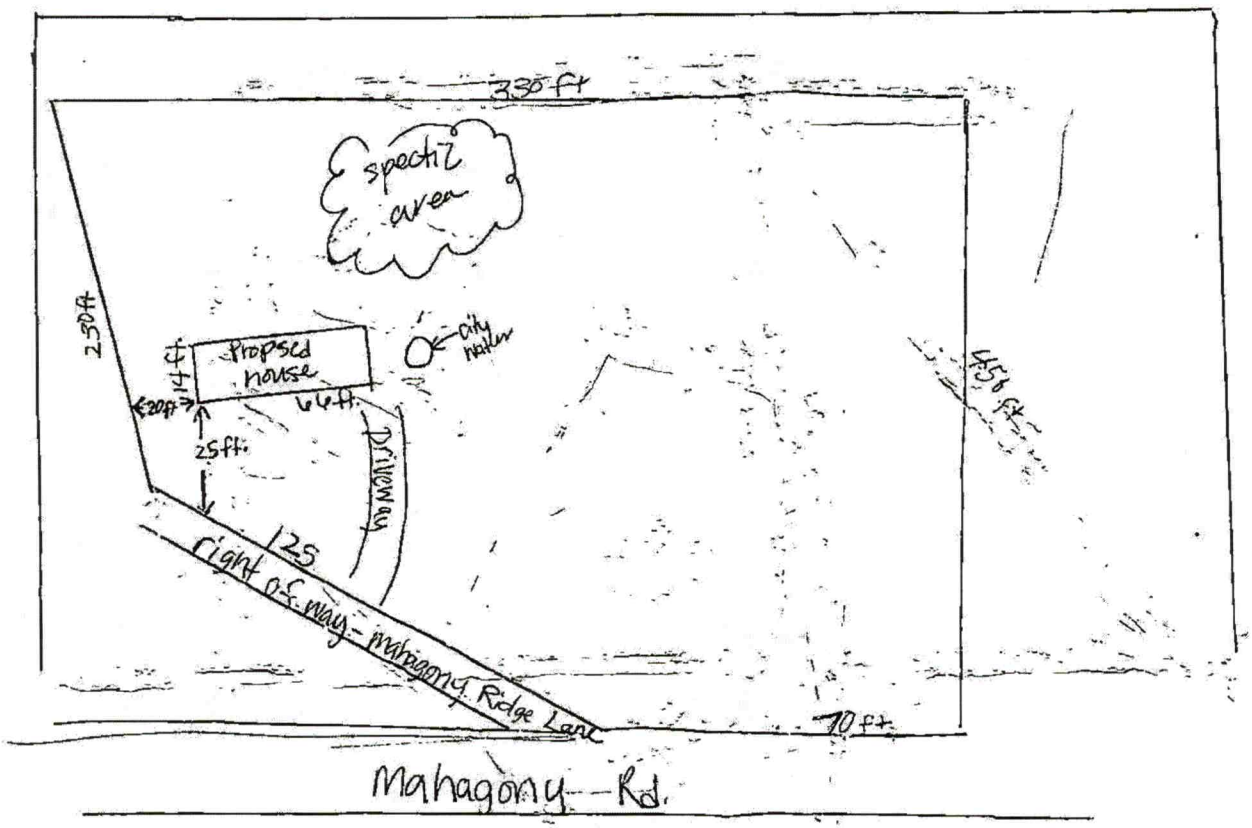


Circle N/A on the following if appropriate:

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

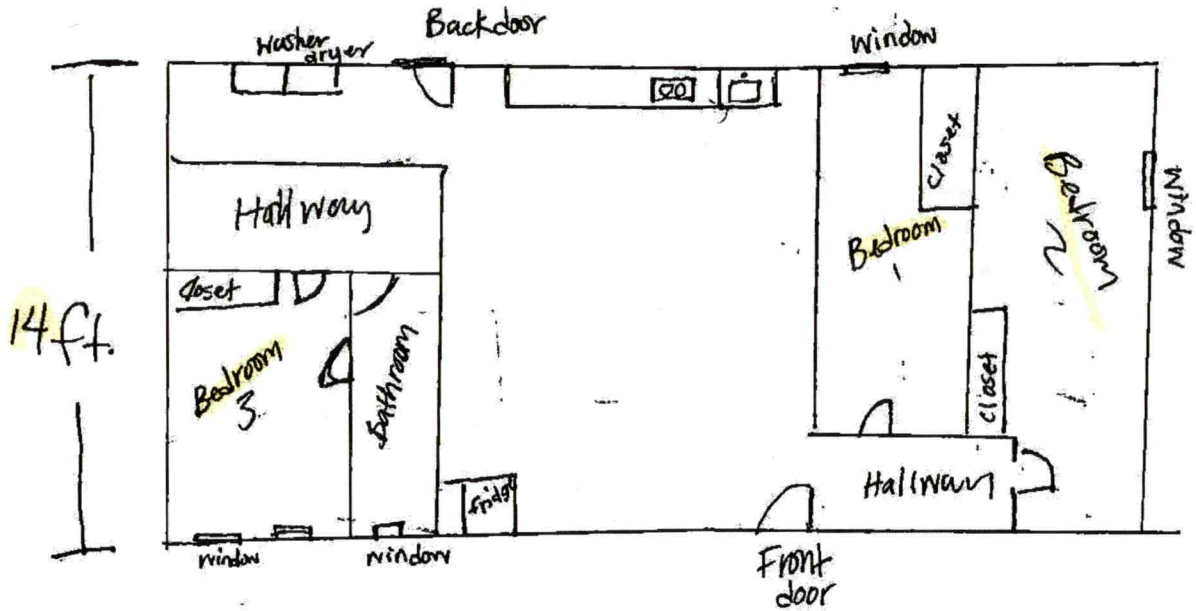
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: [redacted] / Ashley Cross 2/27/18

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

Acknowledgement Of Plans Submittal ONLY!
Date 3-1-18
Date



93537

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Statesville 9906 PIN# 4754 53 1966 DATE 11/27/00

OWNER OR CONTRACTOR Sherry Crosby PHONE: Business _____ Home 924-9002

ADDRESS 1822 E. Greenbriar Rd Statesville NC 28625

LOCATION 64E, R Greenbriar, R Mahogany, L on Dirt Rd 2nd on Rt

SUBDIVISION _____ BLOCK / SECTION — LOT — LOT AREA 2.196 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines Add 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Add Conventional Line

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 No. Employees ___

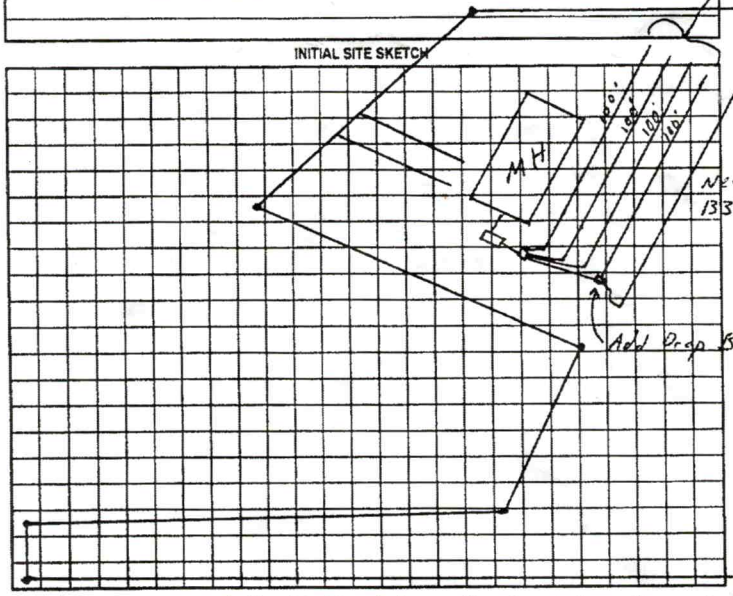
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Existing Lines

INITIAL SITE SKETCH

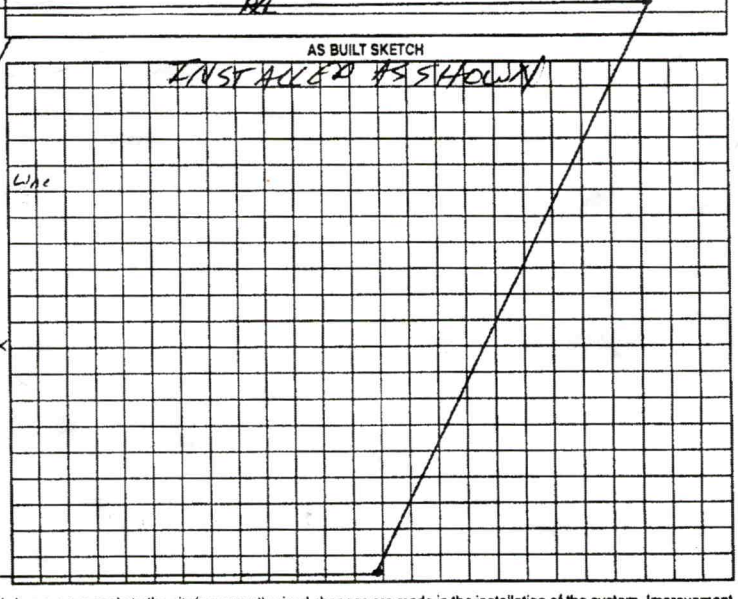


Comments:/Conditions:

ALL

AS BUILT SKETCH

INSTALLED AS SHOWN



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: Sherry Sean Crosby date 11/28/00 Installed by: TUCKER WELDING & GRADING

Improvement Permit by: [signature] RSI date 11/28/00 Operation Permit by: Dave Cook RSI date 01-24-01

Authorization to Construct by: [signature] RSI date 11/29/00 Existing System Inspection by: _____ date _____

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

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	1212 MAHOGANY RIDGE LANE	Permit Number	233705
Owner	CROSBY DONALD+DORIS N	Tax Map	4754541051.000
Owner Addr.	0	Zoning	RA
	IREDELL CO, NC 28625	Flood Hazard Area	
Phone No.		Historic District	
Contractor	GREEN, ASHLEY	Architect	
Address	118 TRINDALE RD	Address	
	HIGH POINT, NC		
Phone No.	704-880-1390	Phone No.	

Type of Application MOBILE HOME NEW - STATESVILLE

Utility Source

Electric
Water
Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions		Required Parking	Setbacks	
	Structure Size &		Landscaping	35.00	Front Yard
	Location		Utility Clearance	35.00	Rear Yard
	Easements		TRC Review	12.00	Right Yard
	Flood Certification		Other	12.00	Left Yard
	Driveway Cuts				

Department Approval

Planning Department AR Public Works

Comments: SET UP A CLASS C SWMH

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

02/27/2018
Date