IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233903.

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

PIN # 4756038589.000.

APPLICANT/OWNER: Rebecca B. Pope. APPLICANT ADDRESS: 409 E. End Ave Statesville NC 28677

SITE ADDRESS: 495 Crawford RD Statesville NC 28625 PHONE: 704 437 4277 ALT. PHONE 704 873 2131.

SITE DIRECTIONS: Jane Sowers RD to Crawford RD 4th Driveway on Right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 5-3 Acres. DESIGN FLOW: 240 L.T.A.R.: EXT

Septic Tank EXT (gal) STB - Date -
Pump Tank - (gal) PT - Date -
Pump Make - Model - Serial # -
Nitrification Fields 1 # Lines 1 Linear Ft EXT
Trench Width EXT Trench Bottom Depth(Low side) EXT Gravel Depth EXT

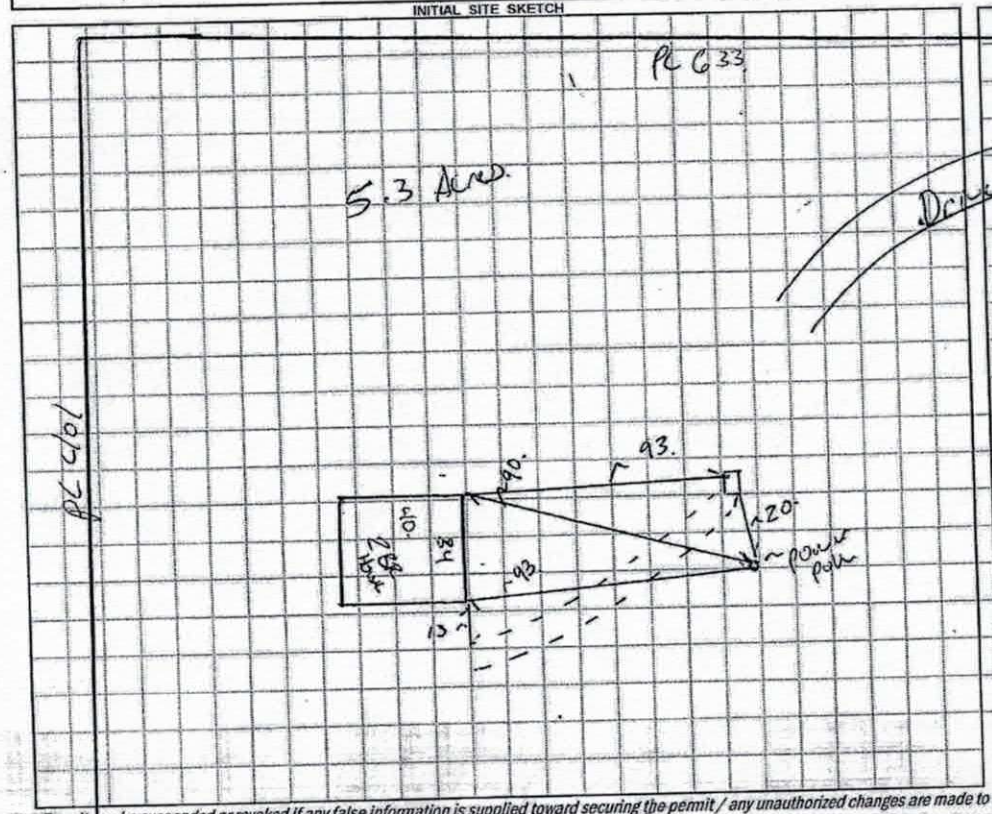
☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: Existing
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

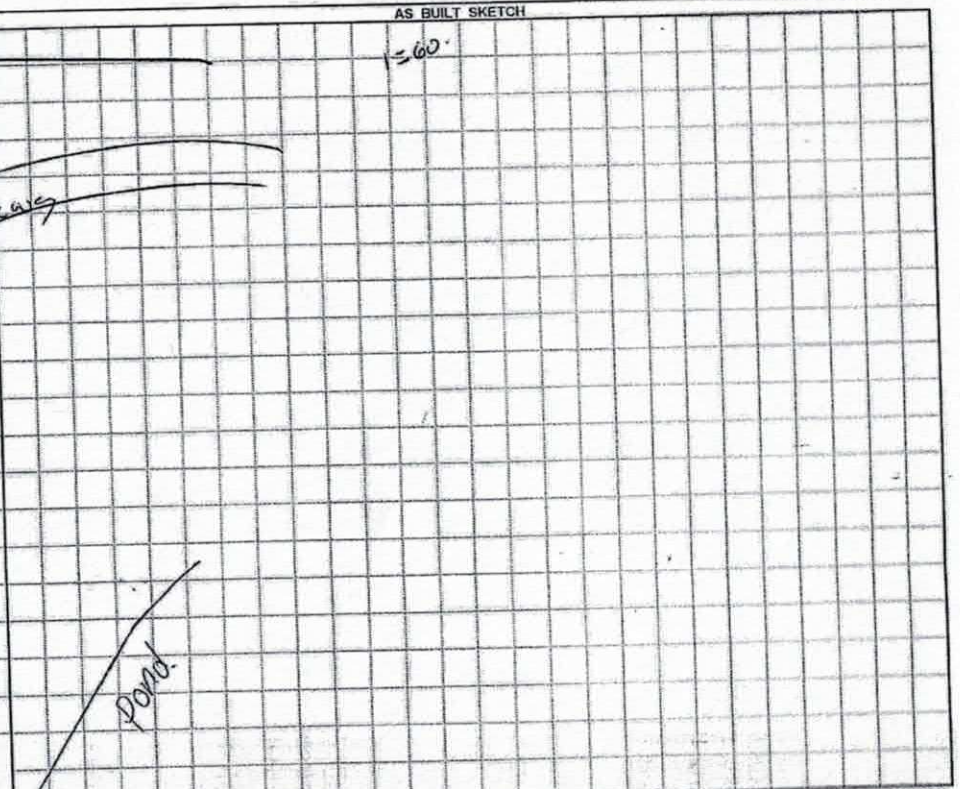
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Existing for 2 Bedroom Fractured Mountain SAP from any part of the septic system.

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

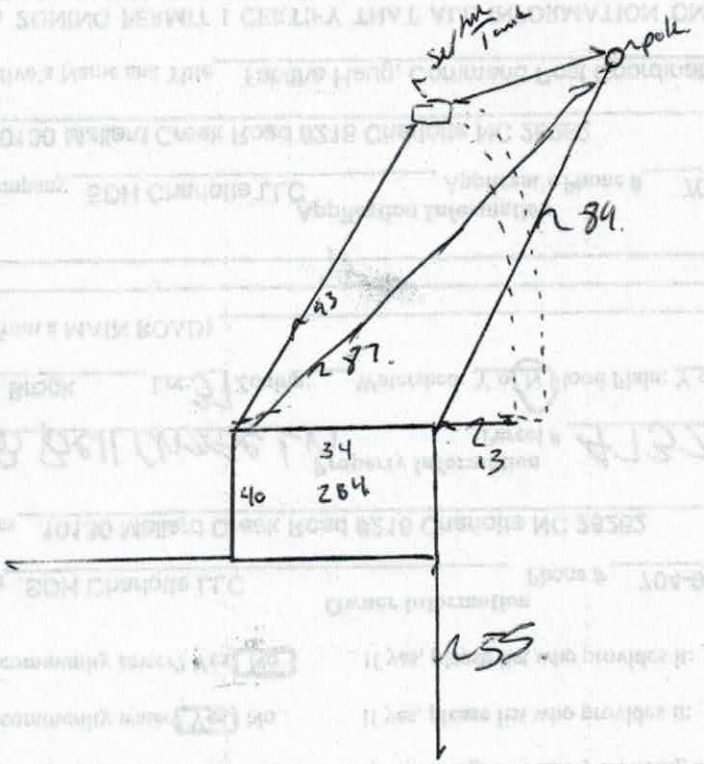
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rebecca B Pope William A Rice POA Date: 3/28/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bolton Date: 3/30/18

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.


Sat/Wtr Tank
Propane
84.
93
87.
34
40
284
13
35.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Rebecca B. Pope Address: 409 E. End Ave, Statesville NC Zip: 28677
Applicant Email: wpope@popemcmillan.com Phone: 704-437-4277 Alt. Phone: 704-873-3131
Owner Name: Rebecca B Pope Revocable Trust Address: 409 E. End Ave, Statesville, NC Zip: 28677
Owner Email: wpope@popemcmillan.com Phone: 704-437-1743 Alt. Phone: 704-872-6549

Property Information:

Street Address: 495 @ Crawford Rd, Statesville NC 28677

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

Driving Directions: Jane Sowers Rd to Crawford Rd, turn right onto Crawford Rd. 4th driveway on right. Property off the road - take behind the pond.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 + 2 unfin. (✓) 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: 1450' 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: 1970±
( ) 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: Rebecca B. Pope 3/6/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Rebecca B. Pope, am the legal owner(s) of the property located at 495 Crawford Road, Statesville NC, identified as PIN (Parcel Identification Number) 4756038589.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) William P. Pope, 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.

Rebecca B. Pope	3/6/'18	Patricia L. Latchum	3/6/18
Signature of Owner(s)	Date	Signature of Witness	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

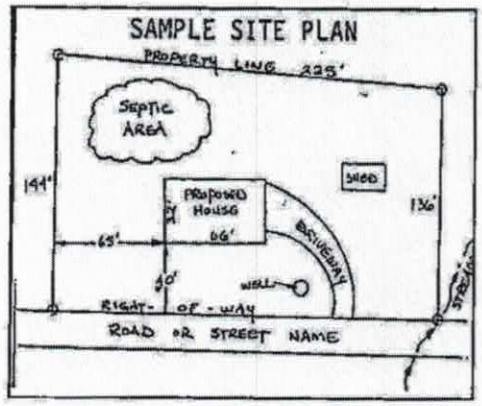
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- (✓) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

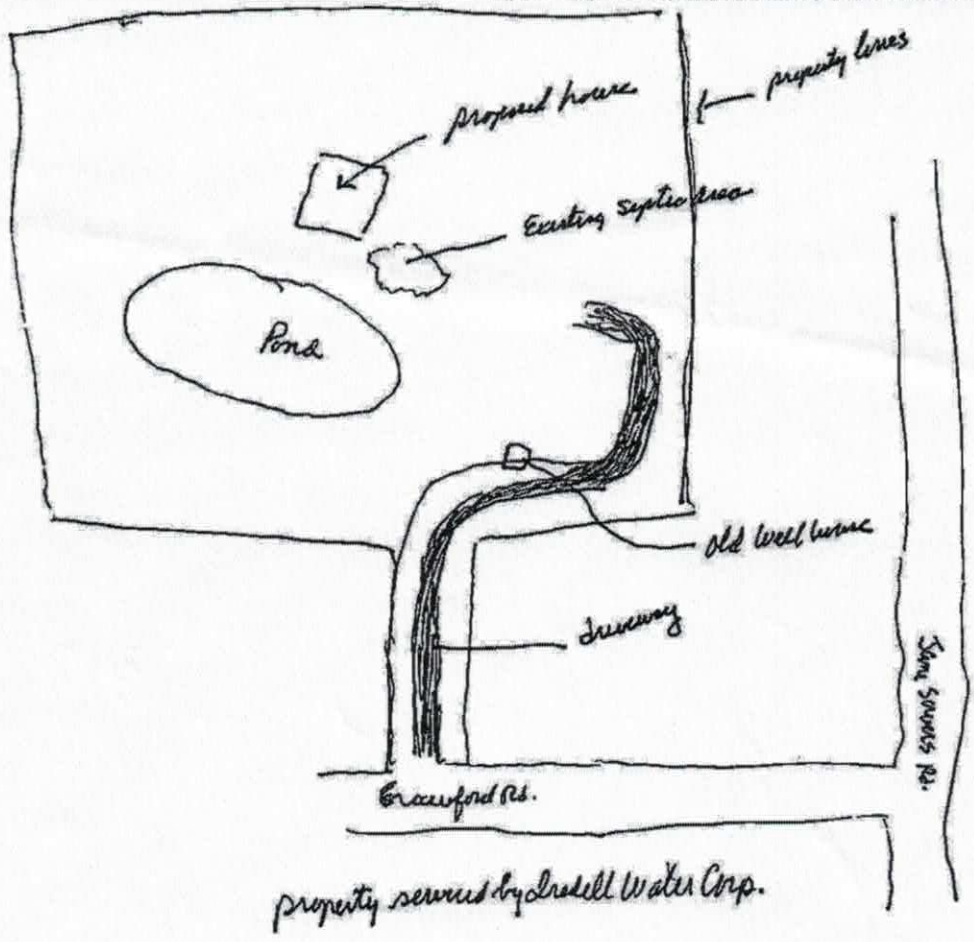


Circle N/A on the following if appropriate:

- 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



Signature: Rebecca B Pyle

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

DATE 3/6/'18

11617

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles Gatbey DATE 6-12-90 PERMIT NO. 10B-A-28A

PHONE: Business _____ Home _____

LOCATION 21 N TR Jane Sowers TR Crawford 4th Drive on rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 5.3 acres

Character & Porosity of Soil _____

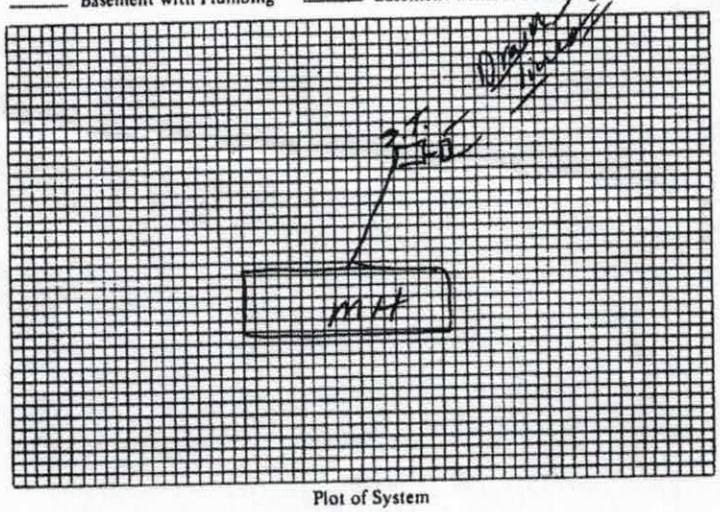
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations EX System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: P. C. Moore DATE 6-12-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement Of
Plans Submittal ONLY!
Approved Date 3/28/18
Please Pay Fee

MAIN FLOOR LAYOUT
SCALE: 1/4" = 1'

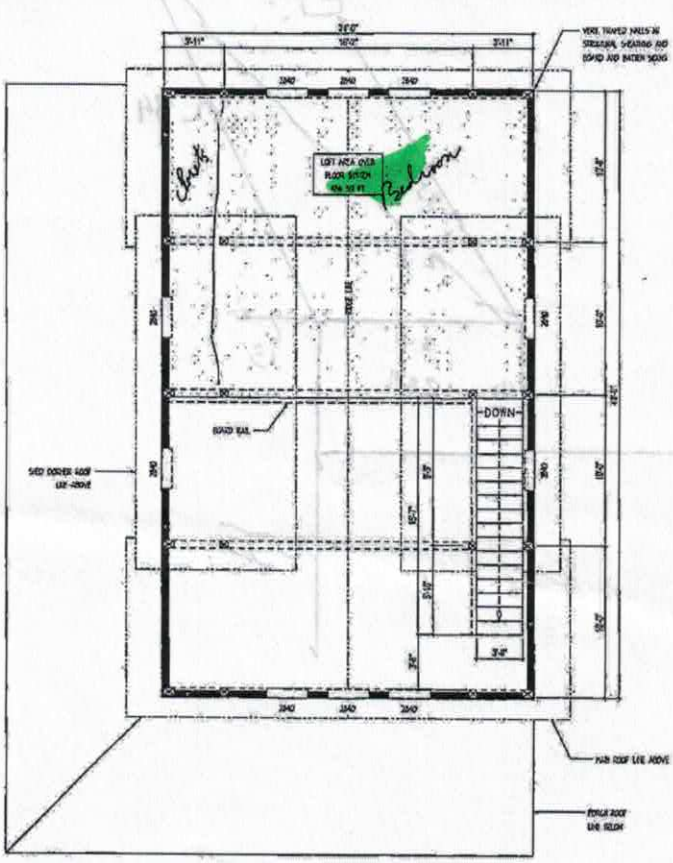
SHEET NOTES:
1. FLOOR LAYOUTS DRAWINGS ARE NOT DESIGNED BY AN ARCHITECT, ADDITIONAL PROFESSIONAL SERVICES MAY BE REQUIRED TO COMPLY WITH LOCAL CODES AND REGULATIONS.
2. SAND CREEK POST & BEAM IS NOT RESPONSIBLE FOR DESIGNING ELECTRICAL, PLUMBING, AND HVAC PLANS.
3. INTERIOR PARTITION WALLS, HEADERS, DOORS, AND FIXTURES ARE DELIVERED BY OWNER OR GENERAL CONTRACTOR.
4. DAYLIGHT OPENING, VENT OPENING, AND EGRESS REQUIREMENTS ARE THE RESPONSIBILITY OF THE OWNER/BUILDER, CONTRACTOR.
5. DOOR AND WINDOW LOCATIONS ARE APPROX. EXACT LOCATION TO BE DETERMINED BY THE CUSTOMER AND GENERAL CONTRACTOR.

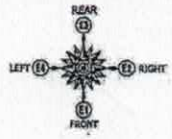
SAND CREEK Post & Beam

CUSTOMER: BILL POPE | STYLE: PONDEROSA COUNTRY | DRAWN BY: DC
JOB CODE: PBO1217-1 | REVISION: 0 | DRAWING STATUS: NOT FOR CONSTRUCTION

SAND CREEK POST & BEAM
116 W. 1st St
WAYNE, NE 68787
PH: (402)833-5620
FAX: (402)833-5103
Toll-Free: 1-888-499-1683

SHEET #: 5





LOFT FLOOR LAYOUT

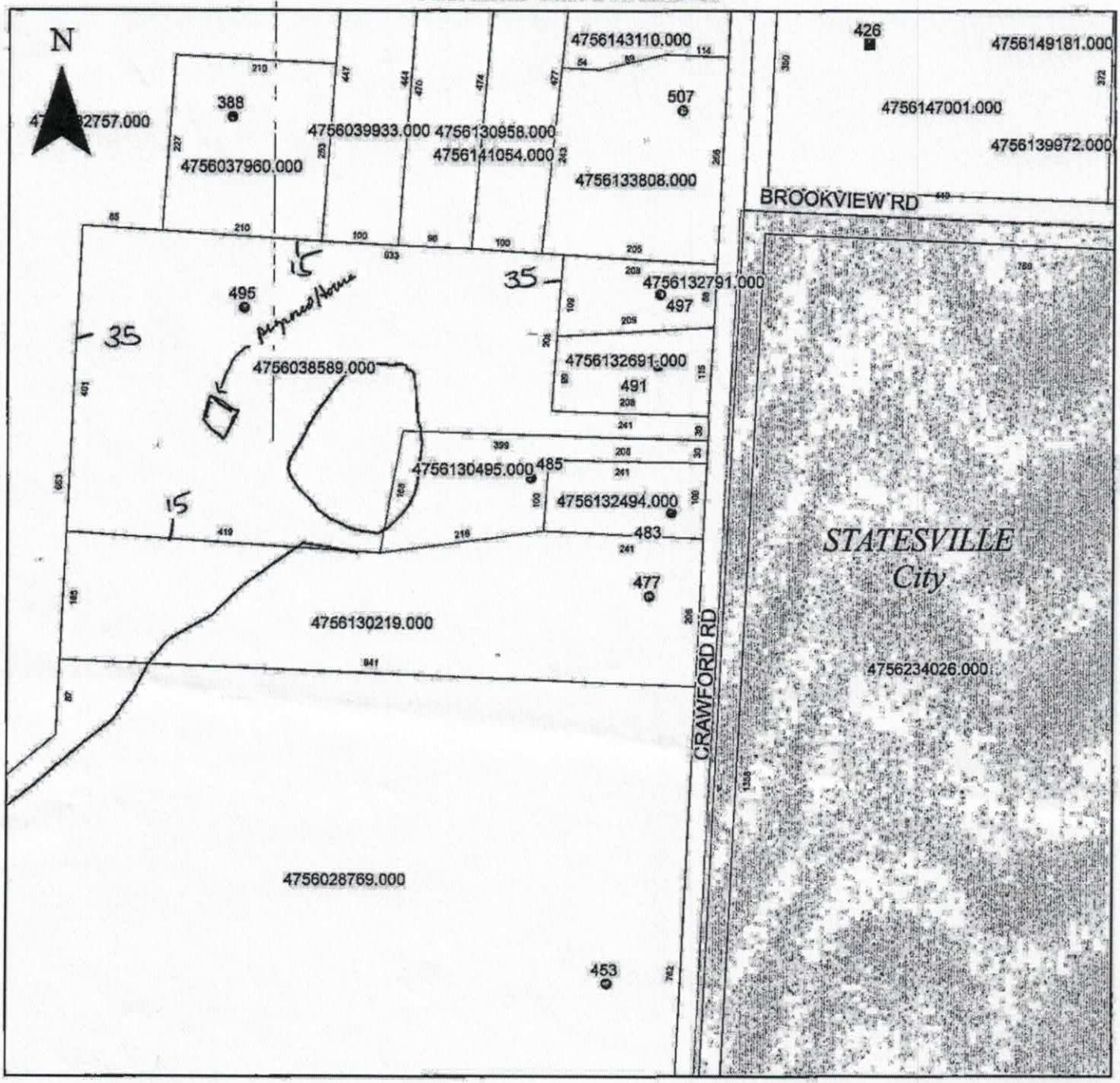
SCALE: 1/4" = 1'

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1. FLOOR LAYOUT DRAWINGS ARE NOT DESIGNED BY AN ARCHITECT. ADDITIONAL PROFESSIONAL SERVICES MAY BE REQUIRED TO COMPLY WITH LOCAL CODES AND REGULATIONS.
2. SAND CREEK POST & BEAM IS NOT RESPONSIBLE FOR DESIGNING ELECTRICAL, PLUMBING, AND HVAC PLANS.
3. INTERIOR PARTITION WALLS, WINDOWS, DOORS, AND FIXTURES ARE PROVIDED BY OWNER OR GENERAL CONTRACTOR.
4. DRIVING AREAS, VENT OPENING, AND STAIRS REQUIREMENTS ARE THE RESPONSIBILITY OF THE OWNER/GENERAL CONTRACTOR.
5. DOOR AND WINDOW LOCATIONS ARE APPROX. ONLY. EXACT LOCATION TO BE DETERMINED BY THE OWNER AND GENERAL CONTRACTOR.

SAND CREEK Post&Beam

CUSTOMER: BILL POPE	STYLE: PONDEROSA COUNTRY	DRAWN BY: DG	SAND CREEK POST & BEAM 116 W. 1st St WAYNE, NE 68787
JOB CODE: FB0121-1	REVISION: 0	DRAWING STATUS: NOT FOR CONSTRUCTION	SHEET #: 6

ZONING DISCLAIMER



Property Address 495 Crawford

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.

X Rebecca B. Pope
William A. Pope
Applicant

X 3/6/18
Date