ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP- 318739

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

PIN # 4756--13--0219

APPLICANT/OWNER: RICK POUNDERS APPLICANT ADDRESS: 118 POUNDER RIDGE LANE, STATESVILLE, N.C. 28677

SITE ADDRESS: 477 CRAWFORD ROAD, STATESVILLE, N.C. 28625 PHONE: 704-253-0048 ALT. PHONE 704-873-6936

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, (R) ON CRAWFORD, LOT ON (R) SAP CONTROLLED: ☐ ~~YES~~ ☐ ~~NO~~ EXT

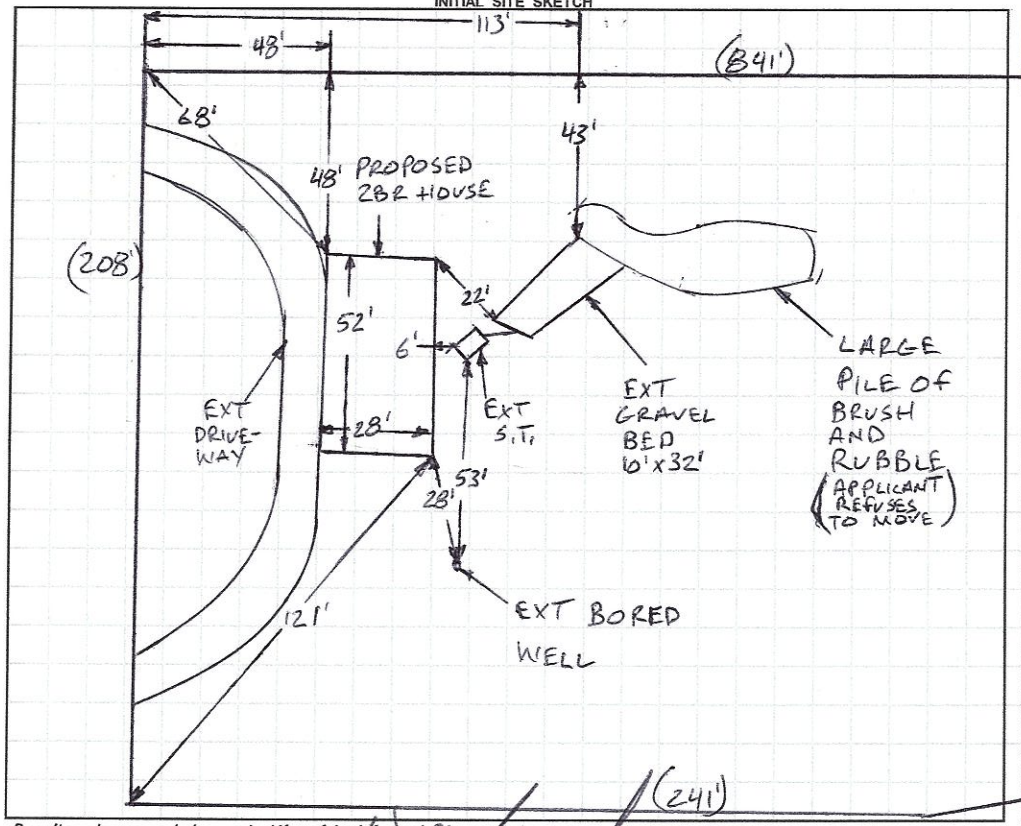
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.47 AC DESIGN FLOW: 240 GPD L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ 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:	EXT - CONVENTIONAL	☐ Business	No. Persons	4	☐ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXT	☐ Other	No. Employees	—	☑ ~~Public~~
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ ~~Crawl Space~~		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: NEW HOME NOT TO BE CLOSER THAN 5FT FROM SEPTIC AND 25FT FROM WELL, NO PORCHES OR DECKS TO BE BUILT OVER TANK, NO PREVIOUS PERMIT ON FILE

SYSTEMS FUNCTIONALITY AND OVERALL SIZE COULD NOT BE CONFIRMED DUE TO BRUSH & RUBBLE PILE, APPLICANT REFUSED TO MOVE.

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.

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

PROPERTY CONTINUES →

(218')

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: [signature] Date: 8/3/21 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Bryant C. White Date: 8-3-2021

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


208
4756-13-2691
4756-03-8589
241
30
399
208
30
241
4756-13-0495
4756-13-2494
100
100
483
18
241
477
4756-13-0219
208
Crawford Rd
4756-23-402
4756-02-8769
1358

PIN# 4756-13-0219

Kerrsett Upp

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Rick J. Pounders Address: 118 Pounders Ridge Lane Zip: 28677
Applicant Email: rpounders@yahoo.com Phone: 704-253-0048 Alt. Phone: 704-873-6936
Owner Name: Rick J. Pounders Address: 118 Pounders Ridge Lane Zip: 28677
Owner Email: rpounders@yahoo.com Phone: 704-253-0048 Alt. Phone: 704-873-6936

Property Information:

Street Address: 477 Crawford Road, Statesville NC 28625

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

Driving Directions: Across from Denso - used to be Asmo

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2 or 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: Conventional
( ) 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 (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: _____ 6/14/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUN 1 4 2021

PIN# 4756-13-0219

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

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM*** AP-318739 $250.00

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Signature: _____ 6/14/2021
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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) X _____

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.

☐ **2.** I, Rick Pounders, am the legal owner(s) of the property located at 447 Crawford Road, Statesville, NC 28625, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

X _____ 6-14-2021

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Amanda Horton

From: Richard Hoffman
Sent: Monday, June 14, 2021 10:11 AM
To: Amanda Horton
Subject: RE: Sect 15.3

Yes our zoning

And setbacks for MI are:
Front 50'
Side 10'
Rear 20'

So he wants to move it as long as he moves it to at least 50' off rw and conforms to other setbacks he'll be ok

---

From: Richard Hoffman
Sent: Monday, June 14, 2021 10:03 AM
To: Amanda Horton <amanda.horton@co.iredell.nc.us>
Subject: Sect 15.3

Mandy Copy this section into Notes in AP permit. Say "approved per zoning" or I can approve it once you get the Ap#

Section 15.3 Non-Conforming Buildings or Structures
This category of non-conformances consists of buildings or structures at the time of the passage of this Ordinance, that fail to comply with minimum requirements for area, width, front yard, side yard, rear yard, height, unobstructed open space and other requirements for the districts in which they are located. Structures and buildings may be improved, enlarged, extended, and replaced provided as follows:
A. Non-conforming Buildings or Structures (including mobile homes, decks and accessory structures)

1. Normal structural repair and maintenance may be performed to allow the non-conforming structured to be used.

2. Any improvement, enlargement or extension, vertical or horizontal, shall comply with minimum requirements as to front yard, side yard, rear yard, height and unobstructed open space and other requirements for the district in which they are located.

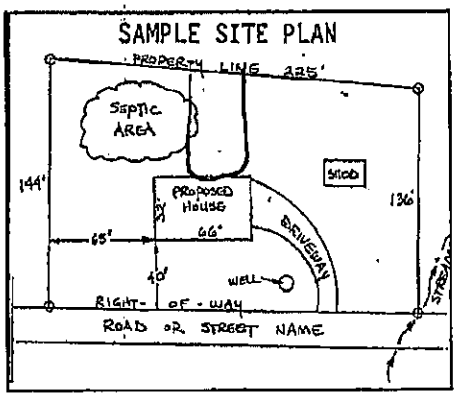
3. Replacement of the structure is permitted provided
a. the replacement does NOT project further into the setback or create any new non-conformities with respect to setbacks and cannot exceed the existing structure's peak height for any portion of the setback,
b. replacement of any portion of the structure inside the required yard must stay within the footprint of the original structure, and

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:

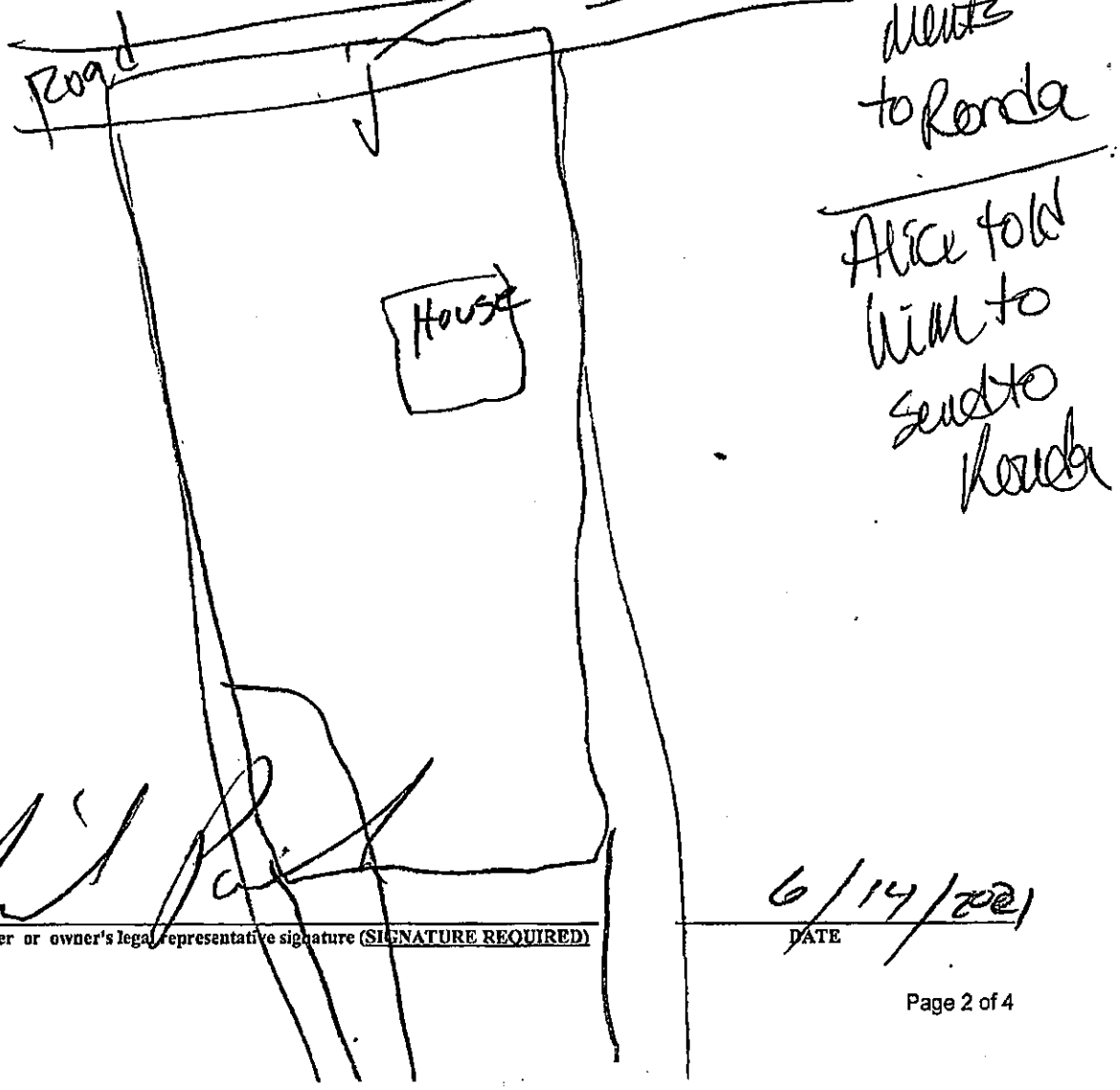
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

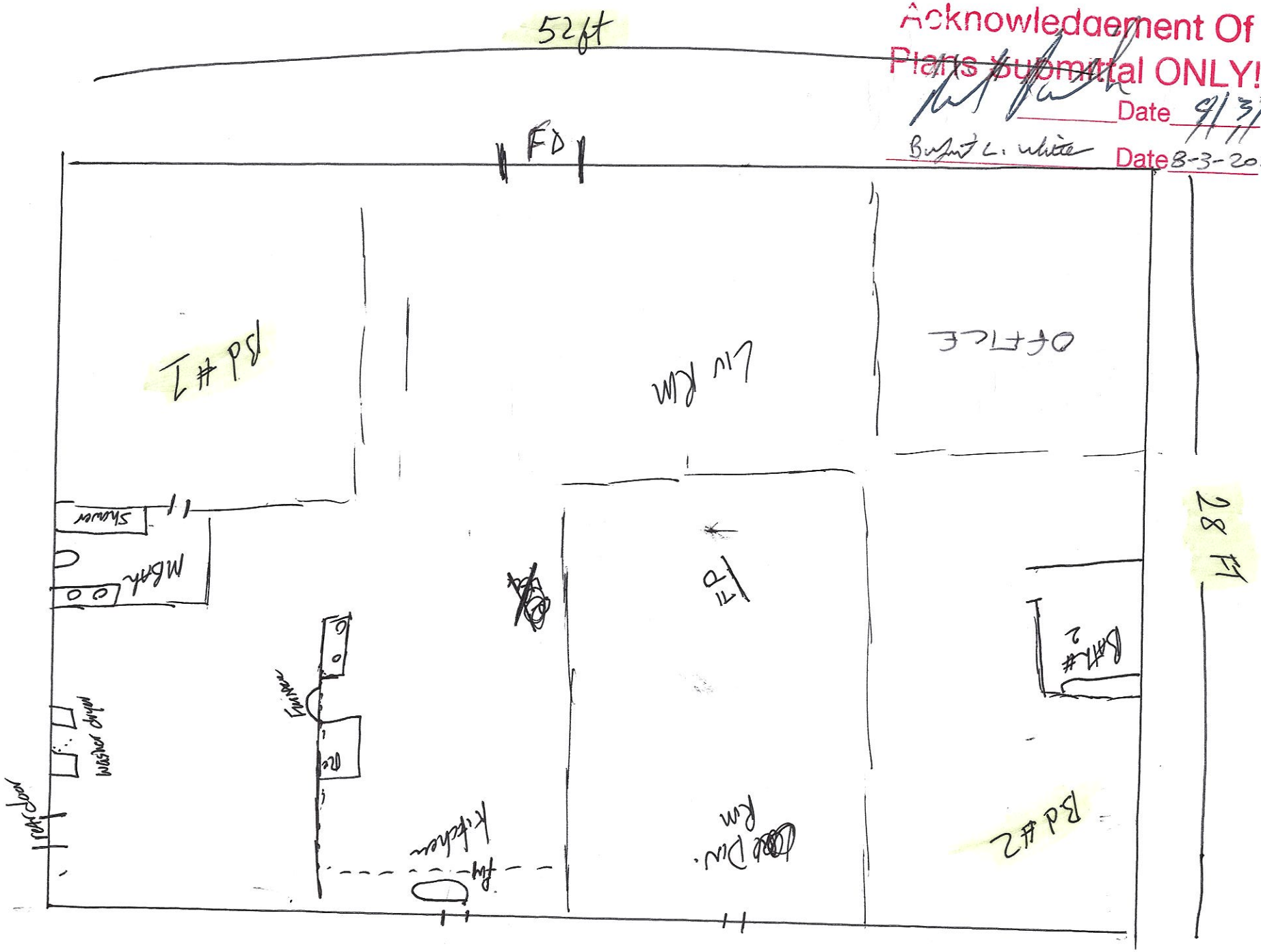
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 6/14/2021

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


52ft
FD
Acknowledgement Of
Plans Submittal ONLY!
Date 8/3/2
Date 8-3-2021
28 Ft
Bd #2
Liv Rm
Office
Bd #2
Shower
Mbrk
Washer dryer
Kitchen
Bath #2
Bd #2
Liv Rm

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318739 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756130219.000	477 CRAWFORD RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: POUNDERS RICKY J Address: Phone: (704)253-0048	Name: POUNDERS RICKY J Address: Phone: (704)253-0048

Use Requested	Zone Code
Double-Wide Mobile Home	M1

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.47	50	20	10	10	N/A	NO

Remarks

DOUBLEWIDE

Per Rich
Section 15.3 Non-Conforming Buildings or Structures
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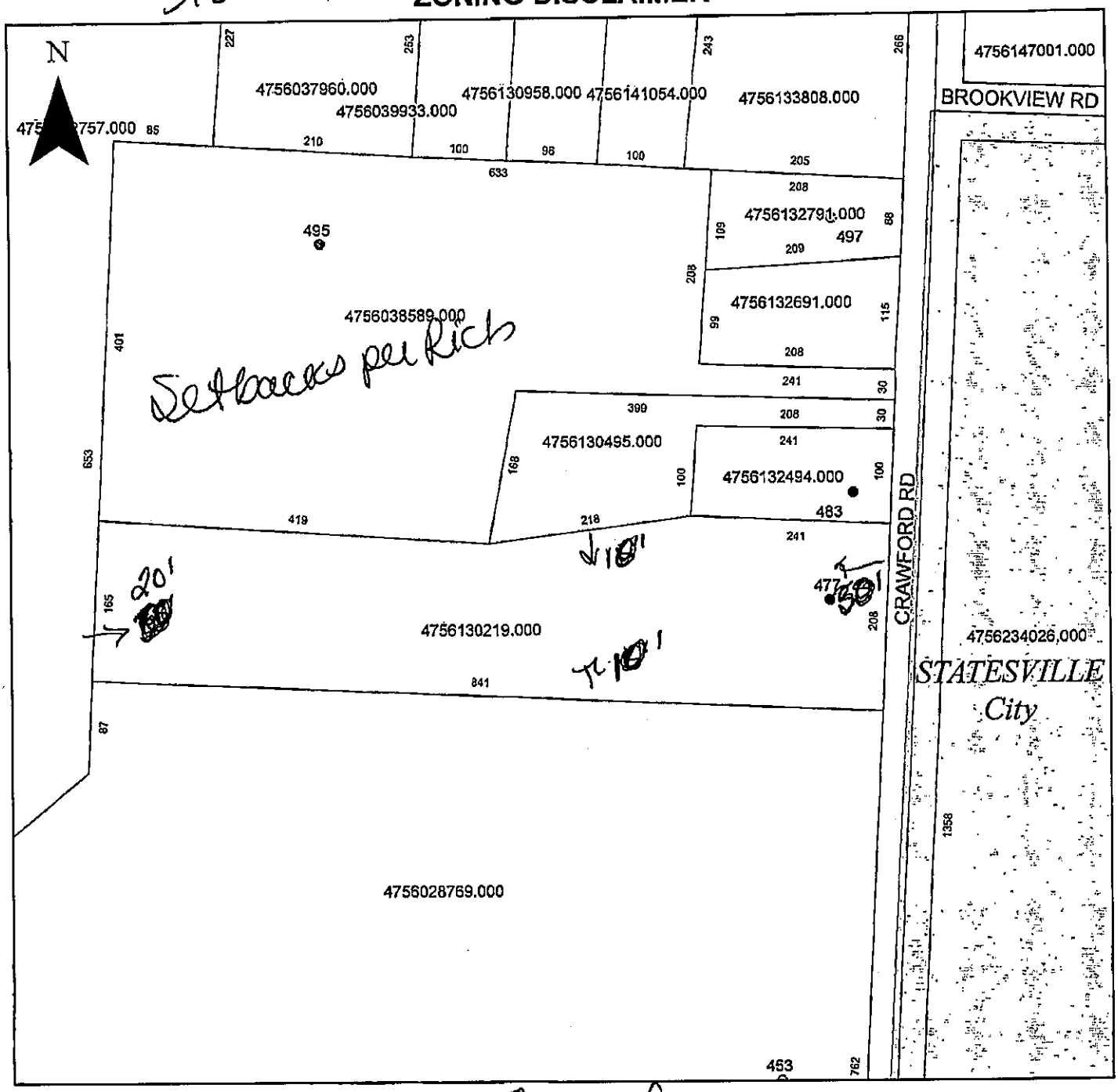
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b. replacement of any portion of the structure inside the required yard must stay within the footprint of the original structure, and
c. permits are pulled and construction started within six (6) months following removal of the original structure.

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;

318739

Select 15-2 must be in footprint

ZONING DISCLAIMER



Property Address 477 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.

Applicant

6/14/2016

Date