20606 17

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

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 #
Ronald/Margaret Skinner	329 Nixon Road Statesville NC 28625	704-929-9805	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Robin Claver		704-888-0686	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
181 W. Meadowview Dr Statesville NC 28625	MEADOWVIEW ESTATES	67

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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.

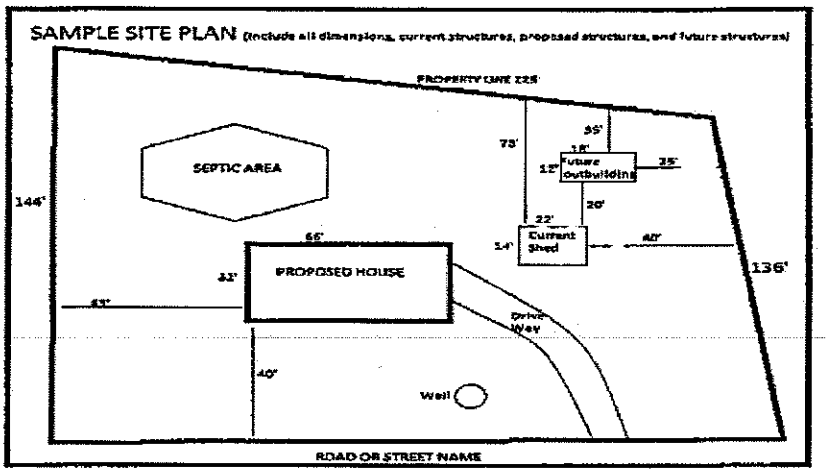
9. Signature: Ronald Skinner — 12/10/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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!!!*

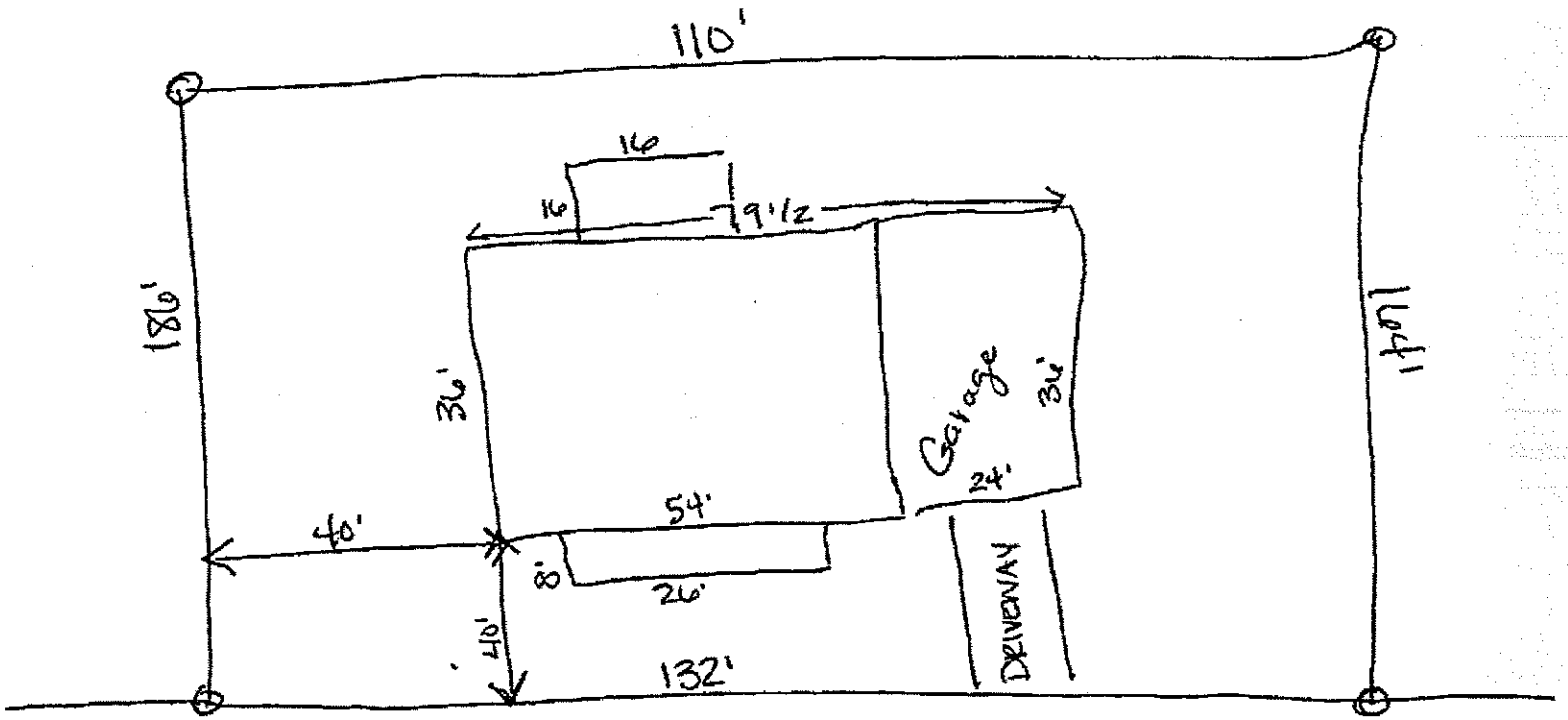
lace an (X) beside each item as you complete the site plan:
___ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

HOW: 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...**

ircle 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: Ronald Skinner
REQUIRED property owner or owner's legal representative signature.

12/10/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206679

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

PIN # 4756530507

APPLICANT: Ronald Skinner APPLICANT ADDRESS: 329 Nixon Rd.

SITE ADDRESS: 181 W. Meadowview Dr. PHONE: 704-929-9805 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Jane Sowers TR G Meadowview TR W Meadowview

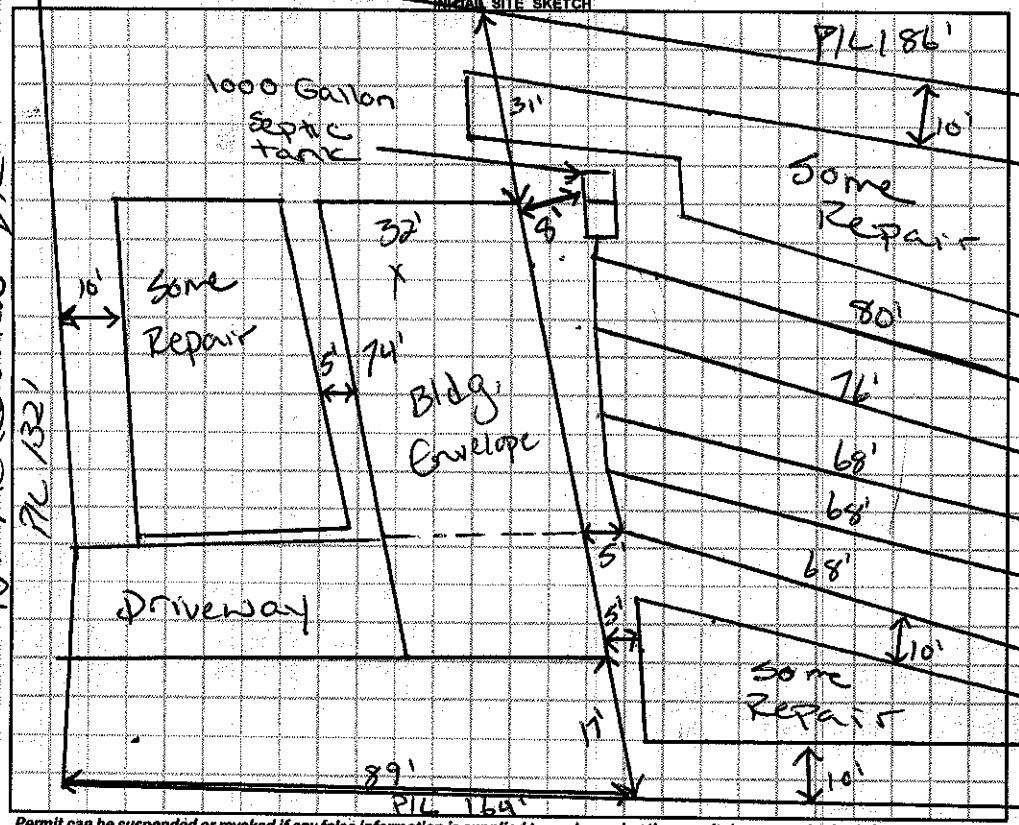
SUBDIVISION: Meadow View Estates SECTION: 2 LOT # 67 LOT AREA: .42 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1682-1000	Date	4-18-15	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	Model			Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1 # Lines	5		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	36"		Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

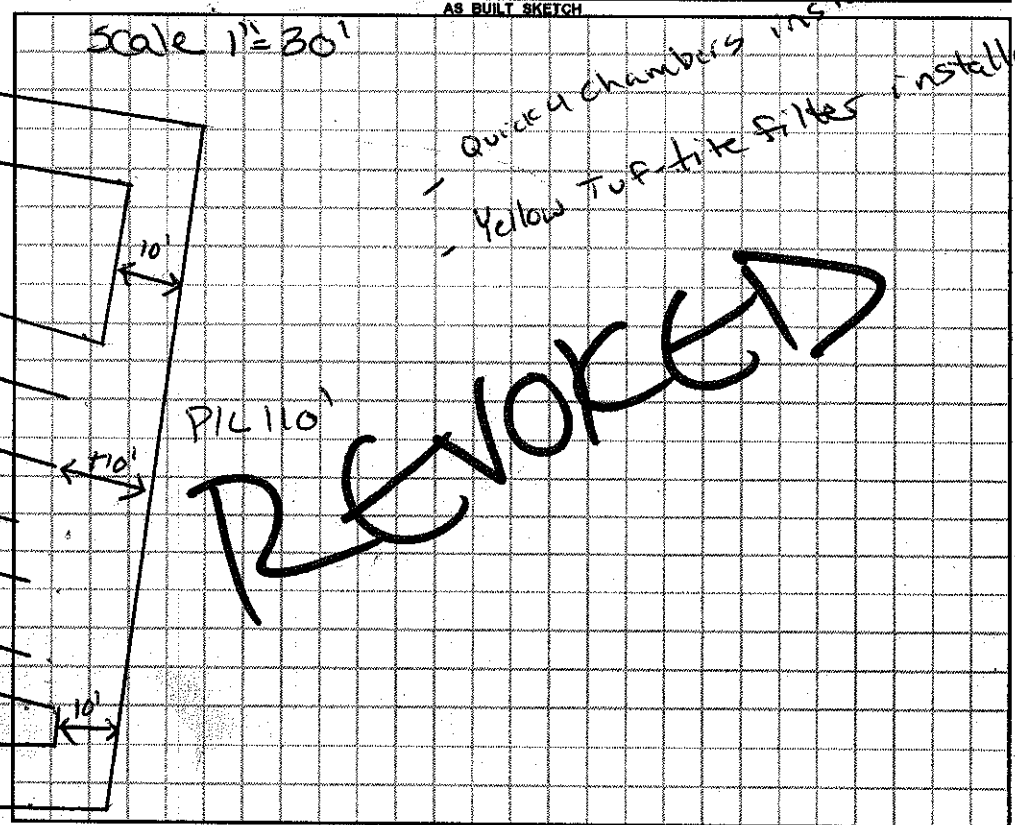
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: Ronald Bailey Date: 12-15-14 Installed by:

IMPROVEMENT PERMIT by: Justin Henderson Date: 12-15-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-15-14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY

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

APPLICATION NUMBER
206679
Issue Date: 10/29/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4756530507.000	181 WEST MEADOWVIEW DRIVE, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: CLAVER ROBIN LEIGH	Applicant: SKINNER, RONALD
Address: 252 E CONCORD ST STANFIELD, NC 28163	Address: 329 NIXON ROAD STATESVILLE, NC 28625
Phone:	Phone: 704-929-9805

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	25102	TOTAL FEES:	$ 77.25



Acknowledgement Of
Plans Submittal ONLY!
Date 12-15-14
Date 12-15-14

OPT DW
DB
KITCHEN
REFER
OPT KITCHEN

DINING
9'-10" x 12'-9"
W
D
LIVING ROOM
15'-1" x 12'-9"
MASTER BEDROOM
14'-7" x 12'-9"
OPT
DB
LINEN
BEDROOM 3
10'-1" x 10'-6"
BEDROOM 2
10'-0" x 10'-6"
BATH 2

5460PS
MODEL: 09-R5460-PS
32 x 54 1728 Sq ft.
3 Bedroom, 2 Bath