ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 304798

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

PIN # 4757239504

APPLICANT/OWNER: Darrell Jones APPLICANT ADDRESS: 107 Judea Ln, Statesville

SITE ADDRESS: 1169 Turnersburg Hwy, Statesville 28625 PHONE: 704-880-6473 ALT. PHONE —

SITE DIRECTIONS: 21 N → on left after 77/21 intersection SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.929 DESIGN FLOW: 250gpd (ext) T.A.R.: ext

Septic Tank ext (gal) STB Date

Pump Tank ext (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ 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

☒ Business No. Persons ext

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

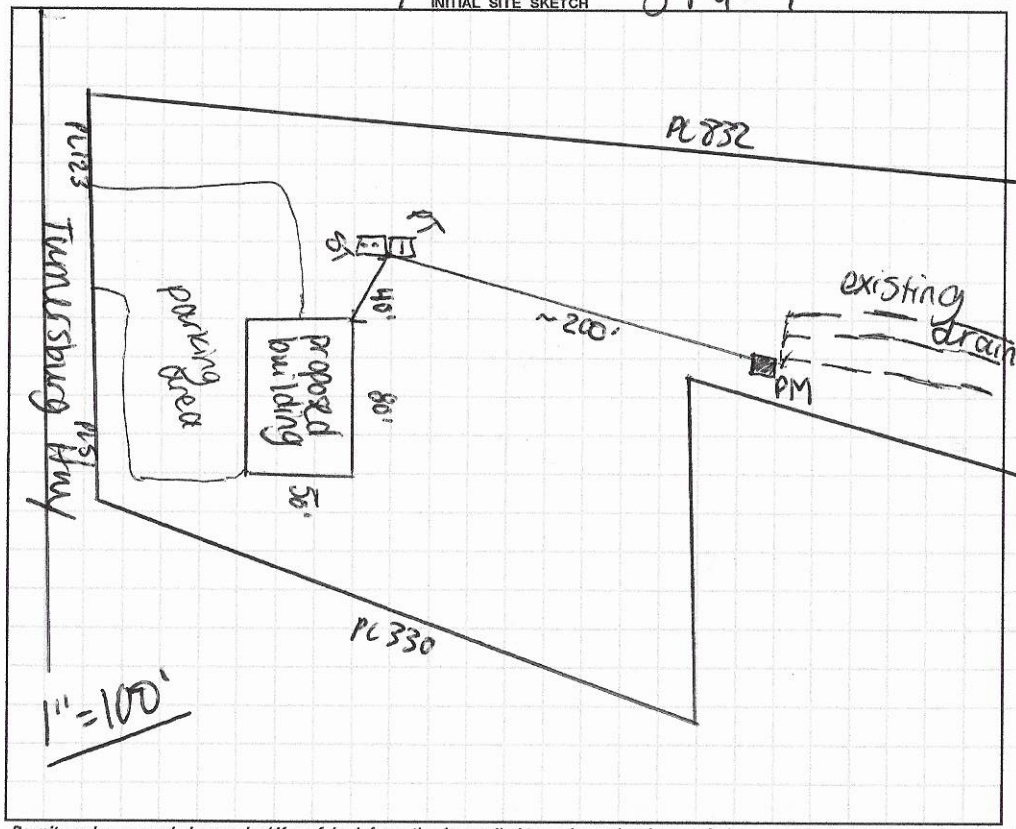
☐ Private

☒ Public

☐ Community

Comments / Conditions: Purpose of this permit is to replace a building that burned down. Building will be placed in same location. System functioning properly at time of inspection.

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: Darrell Jones Date: 2-12-20 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Nicks Date: 2-12-20

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.

RECEIVED FEB 1 0 2020

AP 304798
$250.00

Please CALL prior to inspection

Name: Darrell Jones Needs to be 704-880-6473 there!

UST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

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 (✓) 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: Darrell Jones Address: 108 Judea Ln Stvs. Zip: 28625
Applicant Email: Affordablelawng2@gmail Phone: 704-880-6473 Alt. Phone: 704-902-9968
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 11169 Turnersburg hwy Statesville NC 28625
Subdivision Name: Bethany Section/Phase: _____ Lot Number: _____
Driving Directions: one mile going North past Maheim auto auction on left

50 X 80

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) 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: automotive
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: 1
( ) 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 (✓) 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.

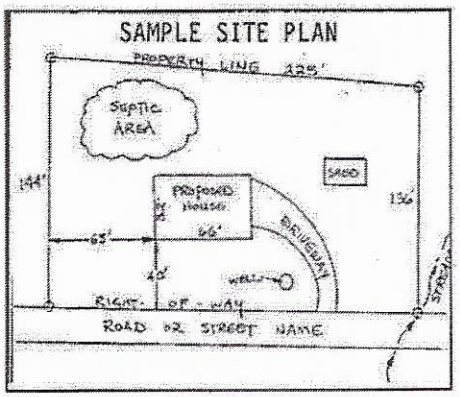
Signature: _____ $PAID 1/14/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

See Septic Permit

Signature: Daniel Jones

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

2-10-220

DATE

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PERMIT #156425 ISSUED 6-17-2009

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

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

PERMIT # 156425 PIN # 4757-23-8476 9504 DATE MARCH 16, 2010

OWNER or APPLICANT DARRELL JONES PHONE: Business 704-902-0582 Home:

OWNER or APPLICANT ADDRESS 179 GILEAD LANE, STATESVILLE NC 28625

LOCATION / DIRECTIONS US 21 NORTH, GARAGE ON LEFT AT SMYRE LANE

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 3.964 AC DESIGN FLOW 250 L.T.A.R. 0.20 GAD/FT²

Septic Tank 1000 Gallons: STB 184 Date 2-10-10

Pump Tank 1000 Gallons: PT 149 Date 12-1-09

Pump Make Model Serial #

Nitrification Field No Fields No Lines 3 Linear Feet 312

Trench Width 36 Max. Trench Bottom Depth 20" Gravel Depth N/A

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

System Description: 25% REDUCTION, PUMP

Repair System Description: LOW PRESSURE PIPE

Maintenance Agreement Required ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☐ Residence No. Bedrooms

☑ Business No. Persons 3 250 GAL

☐ Other No. Employees 052 WC

☑ Slab ☐ Crawl Space

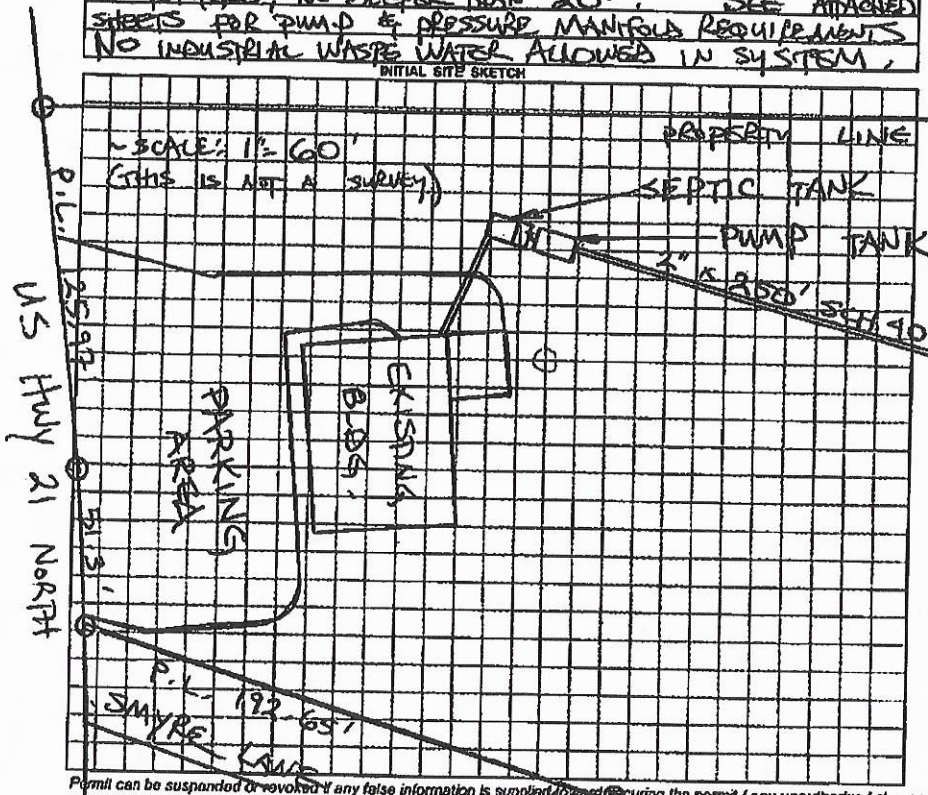
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

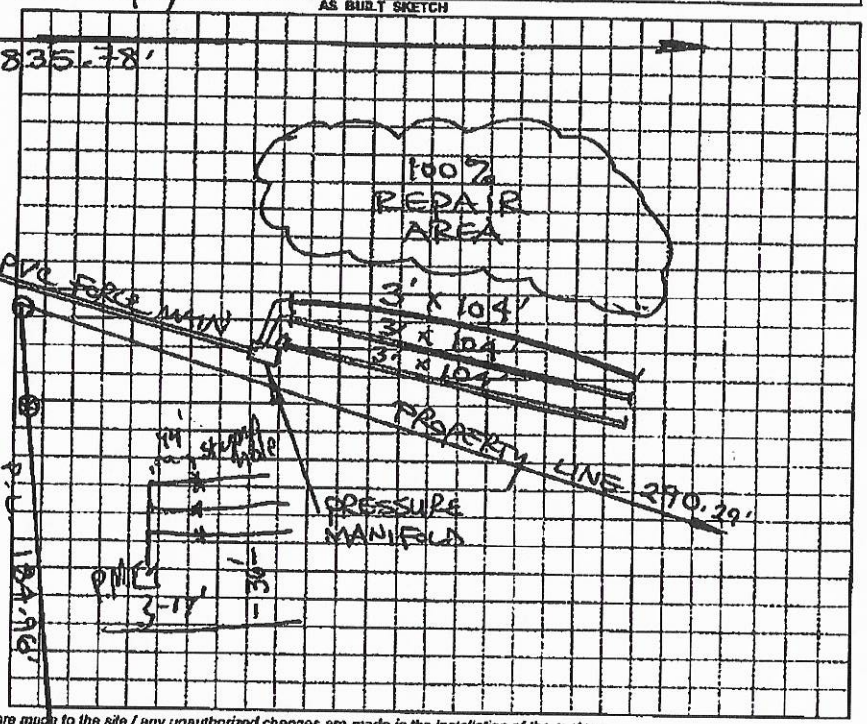
Comments / Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED, NO DEEPER THAN 20". SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS. NO INDUSTRIAL WASTE WATER ALLOWED IN SYSTEM.

Comments / Conditions: 1750 gallon septic tank installed
1200 gallon pump tank installed
1cd poly lock Filter

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Darrell Jones Date 3-16-10

Improvement Permit by: STEVE HENDRICK Date 3-16-2010

Authorization to Construct by: STEVE HENDRICK Date 3-16-2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date: 5-11-10

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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*) Darrell Jones

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, Darrell Jones, am the legal owner(s) of the property located at 1169 Turnersburg hwy Stvs NC 28625, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Affordable Towing + auto _____, 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.

Darrell Jones
Signature of Owner(s)

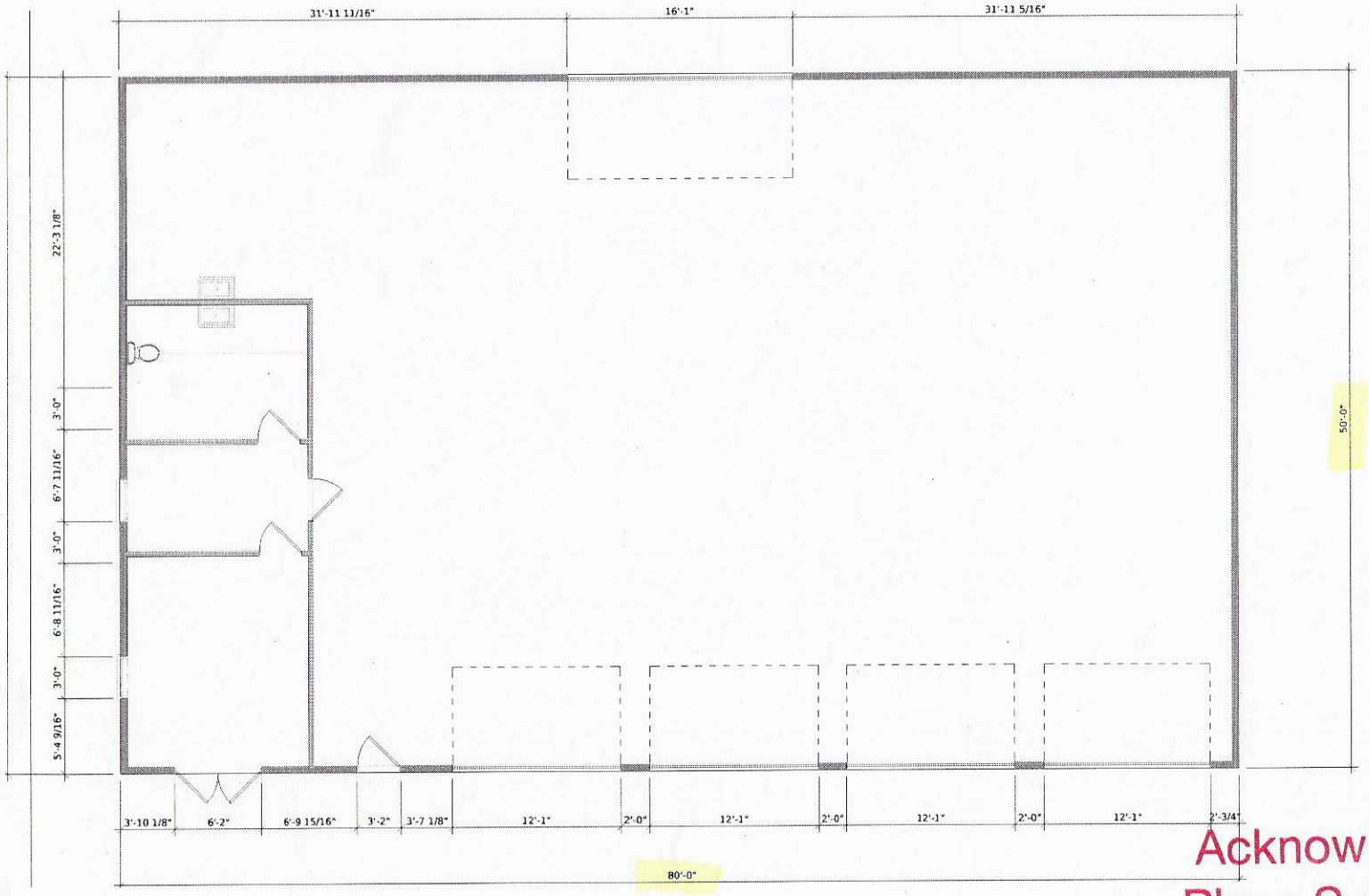
1/14/20
Date

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

Affordable Towing & auto
1169 Turnersburg hwy
Statesville NC 28625

704-876-2135
704-380-4350
704-880-6473



Acknowledgement Of
Plans Submittal ONLY!

Carla C. Nicks Date 2-12-20

Daniel Jones Date 2-12-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304798 Issue Date: 02/07/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757239504.000	1169 TURNERSBURG HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: DJ PROPERTIES OF STATESVILLE LLC	Name: JORDAN & ASSOCIATES LAND SURVEYING
Address:	Address: 592 BOWLES FARM RD STATESVILLE, NC 28625
Phone:	Phone: (704)838-0028

Use Requested	Zone Code
COMMERCIAL	HBCD

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.69	30	30	30	30	N/A	NO

Remarks

Affordable Towing

Replacing Affordable Towing building that burned down; 4,000 square foot building; 30' foot buffer required around the perimeter of the lot;

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.

Signature of Owner/Contractor

Date: 02/07/2020

Permit Number	304798

TOTAL FEES:	$77.25