IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311978

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

PIN # 4757475576

APPLICANT / OWNER: Ricky Driver APPLICANT ADDRESS: 122 Willies Ln Olin NC 28660

SITE ADDRESS: 124 Ravencrest Dr Statesville NC 28625 PHONE: 828-228-6173 ALT. PHONE

SITE DIRECTIONS: 77 N T/R 21 T/L Maple Creek T/L Ravencrest House on right.

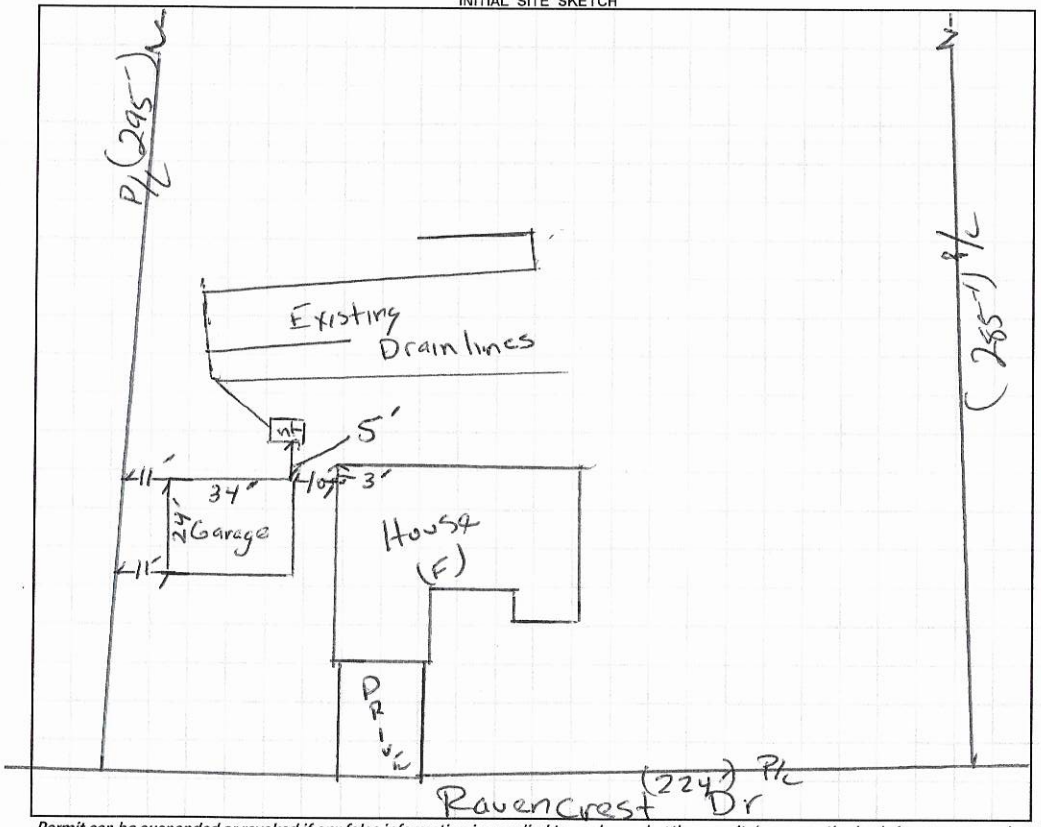
SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Highlands At Maple Creek SECTION: - LOT # 1 LOT AREA: 1.3554ac DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	EX	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	■ Residence	No. Bedrooms	EX	Water Supply
Pump Tank		(gal)	PT	Date	System Description: EXISTING	☐ Business	No. Persons	EX	☐ Private
Pump Make		Model		Serial #	Repair	☐ Other	No. Employees		■ Public
# Nitrification Fields	EX	# Lines	EX	Linear Ft: EX	Maintenance Agreement Required: ☐ YES ■ NO	■ Slab	☐ Crawl Space		☐ Community
Trench Width	EX	Max Trench Bottom Depth	EX	Gravel Depth N/A	■ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Maintain 5' from septic tank and drain field with any building foundation

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

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: Ricky Driver Date: 1-5-202 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10-28-20

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 OCT 2 1 2020

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

AP-311978
$250.00

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 (✓) 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: Ricky Driver Address: 122 Willies Ln Olin NC Zip: 28660

Applicant Email: rickydriver@yahoo.com Phone: 704-902-5435 Alt. Phone: _____

Owner Name: EC Setzer Address: 124 Raven Crest Dr Statesville NC Zip: 28625

Owner Email: ecsetzer@gmail.com Phone: 828-228-6173 Alt. Phone: _____

Property Information:

Street Address: 124 Raven Crest Drive Statesville NC 28625

Subdivision Name: Highlands at Maple Creek Section/Phase: _____ Lot Number: 1

Driving Directions: (N) on Hwy 21 from I77 about 2 miles, turn left on Maple Creek Drive, turn left on Ravencrest Drive and it is the first house on the right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) 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: Detached Garage
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: 2008
(✓) 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: Ricky Driver 10-21-2020

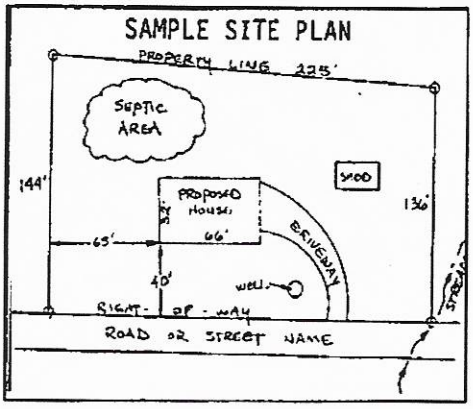
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

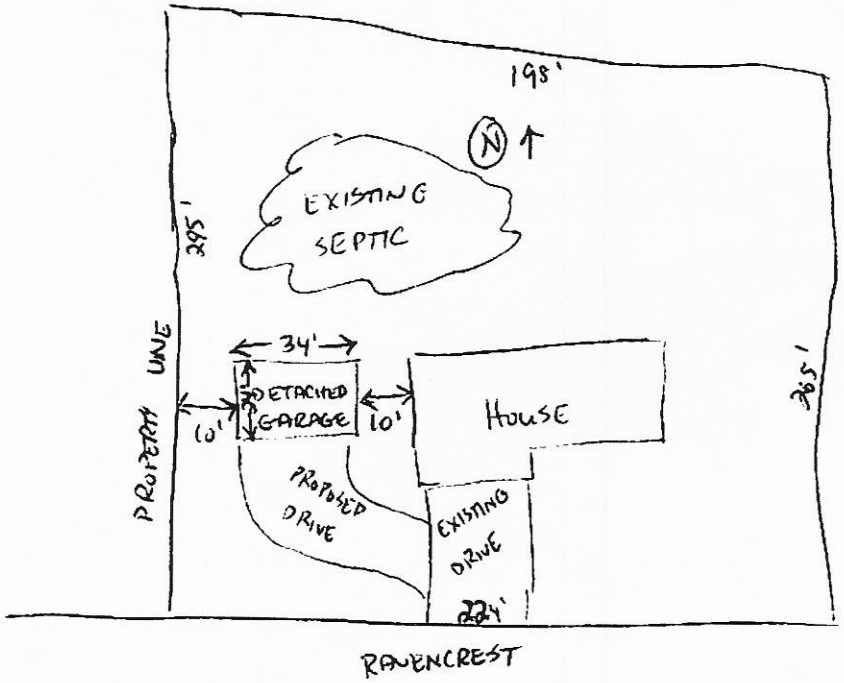
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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



Signature: Ricky Davis

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

10-21-2020

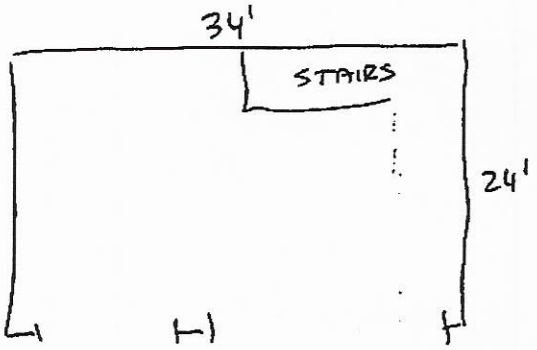
DATE

Acknowledgement Of Plans Submittal ONLY!

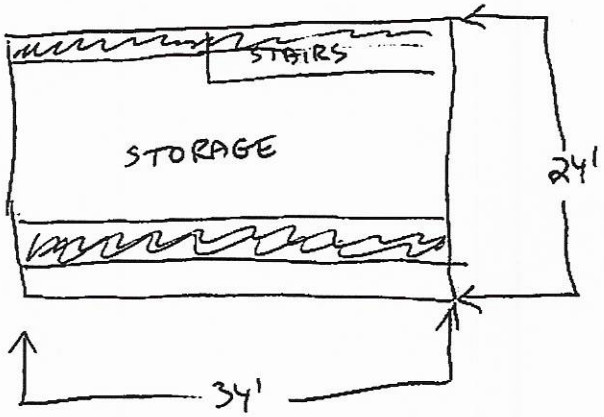
Rusty Dix Date 10-21-2020

_____ Date _____

FIRST LEVEL OF DETACHED GARAGE (124 RAVENCREST DR STATESVILLE)



SECOND LEVEL



IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15259 PIN # 4757475576 DATE 9/24/08

OWNER or APPLICANT Pat Sherwood PHONE: Business Home: 704 622 9089

OWNER or APPLICANT ADDRESS 156 Painted Bunting Rd. Troutman N/C

LOCATION / DIRECTIONS I-77 exit 54 (R) on 21 ~ 2 miles on left - Maple Creek Rd - 1st Road on left - Rivercrest Dr.

SUBDIVISION Highlands @ Maple Creek BLOCK / SECTION LOT # 1 LOT AREA 1.355 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1007 Date 10-7-08

Pump Tank Gallons: P.T. Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

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

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required ☒ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

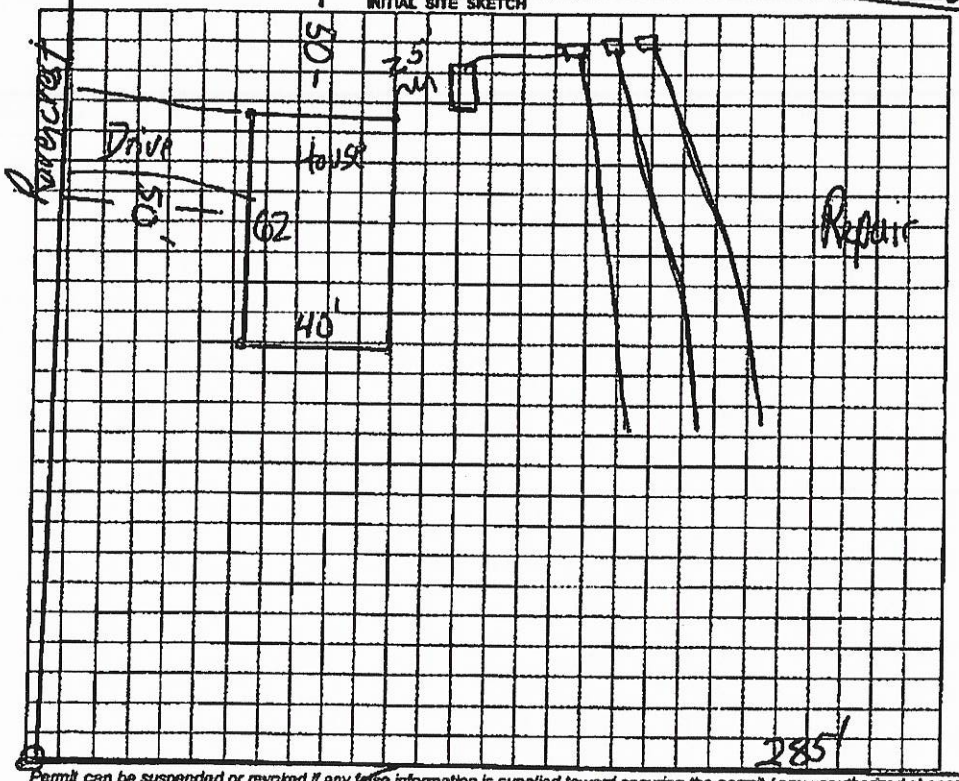
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

(3) 3' x 100'

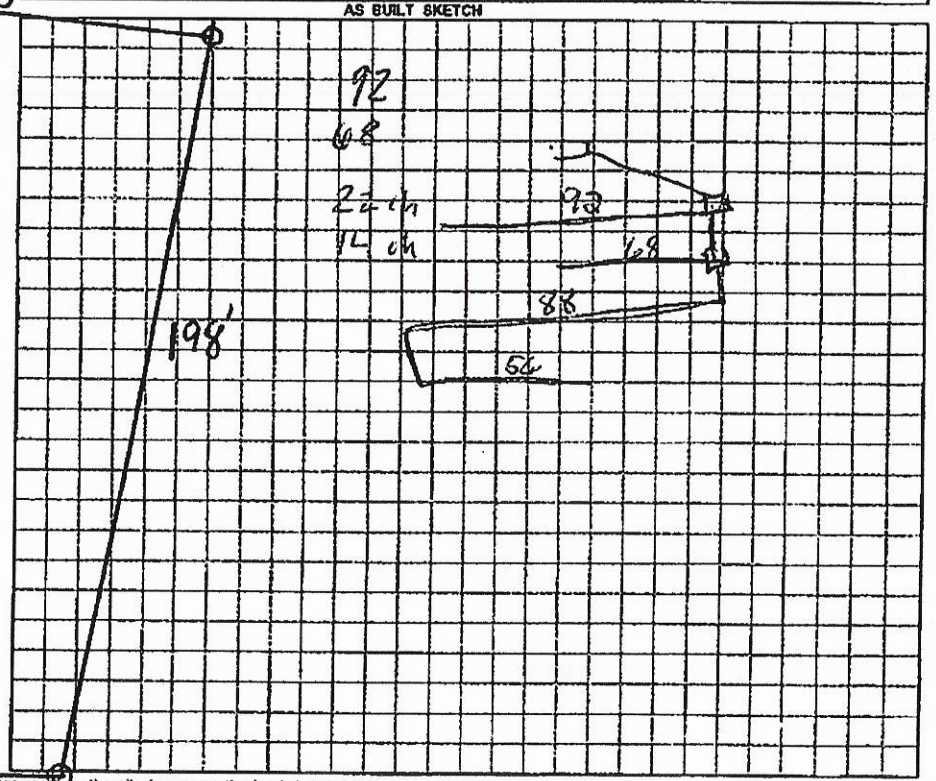
295'

INITIAL SITE SKETCH



Comments / Conditions

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.

☐ IMPROVEMENT PERMIT w/ not 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: Date 10/4/08

Improvement Permit by: Date 9/24/08

Authorization to Construct by: Date 9/24/08

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Kevin Bowles

Operation Permit by: Date: 12-30-08

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)* _____

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, E.C. Setzer, am the legal owner(s) of the property located at 124 Ravencrest Drive, identified as PIN (Parcel Identification Number) 4757475576.000, located in Iredell County, North Carolina.

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

E.C. Setzer — Signature of Owner(s)

10-21-20 — 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER

311978
Issue Date: 10/21/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757475576.000	124 RAVENCREST DR	Iredell County

Owner Information	Applicant Information
Name: SETZER EC	Name: RICKY DRIVER
Address:	Address: 107 TRANQUILITY LANE
,	HARMONY, NC 28634
Phone:	Phone: (704)880-7259

Use Requested	Zone Code
Accessory Building	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.3554	0	10	10	10	N/A	NO

Remarks

24x34 DET. GAR.

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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.

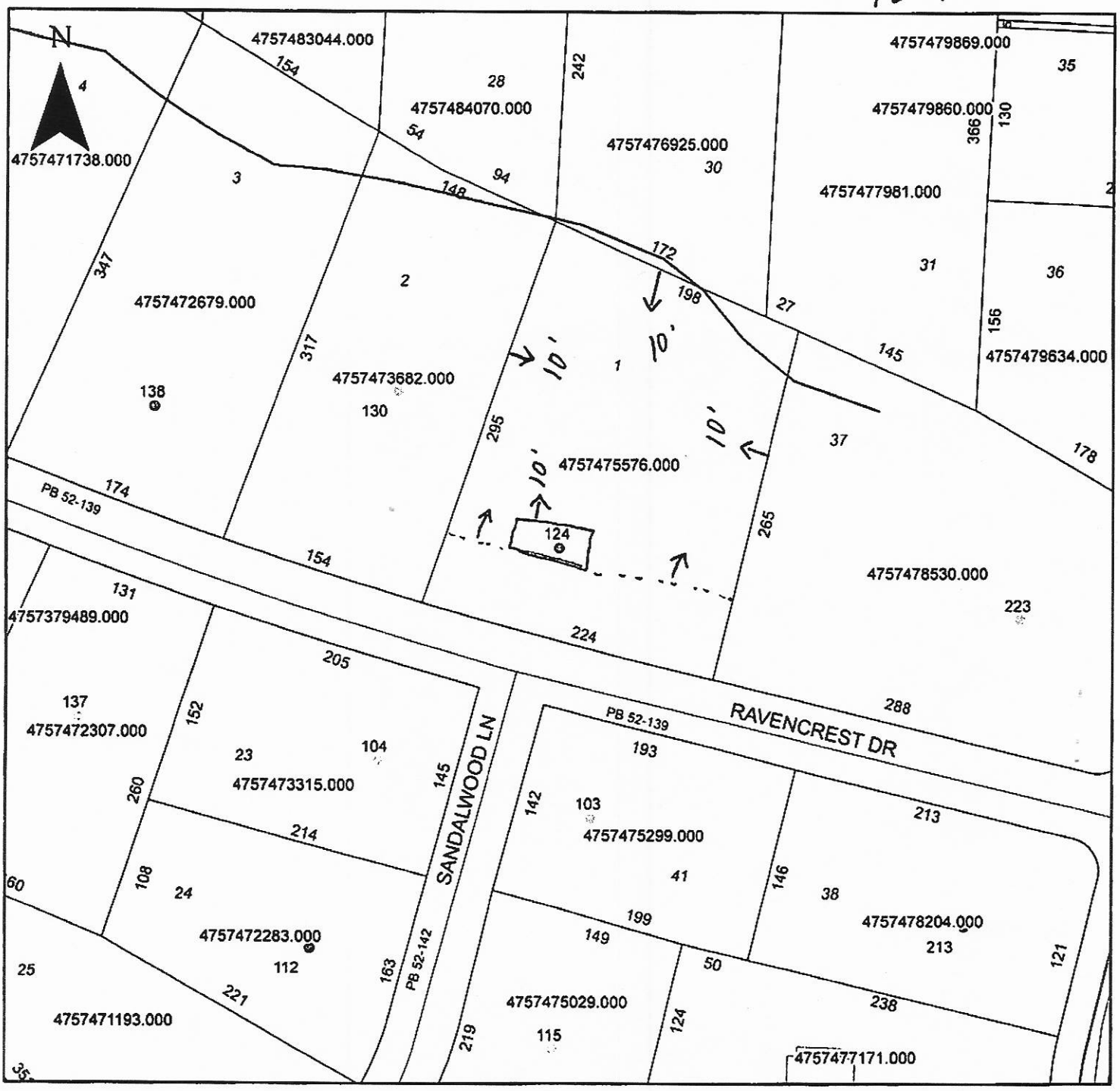
Date: 10/21/2020

Signature of Owner/Contractor

Permit Number	311978	TOTAL FEES:	$77.25

WS
FL -NO

ZONING DISCLAIMER



Property Address 124 Ravencrest Dr.

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

10-21-2020
Date