ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BJ) Mooresville Office (704) 660-3625 (BB)

PERMIT # 236643

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

PIN # 4754-56-1867

APPLICANT/OWNER: RANDY BRIDGES / DENALI HOME BUILDER APPLICANT ADDRESS: 1270 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 196 MAPLE CREEK DRIVE, STATESVILLE, N.C. 28625 PHONE: 704-224-1440 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (R) ON 21, (L) ON MAPLE CREEK, LOT ON (R) SAP CONTROLLED: ☑ YES ☐ NO

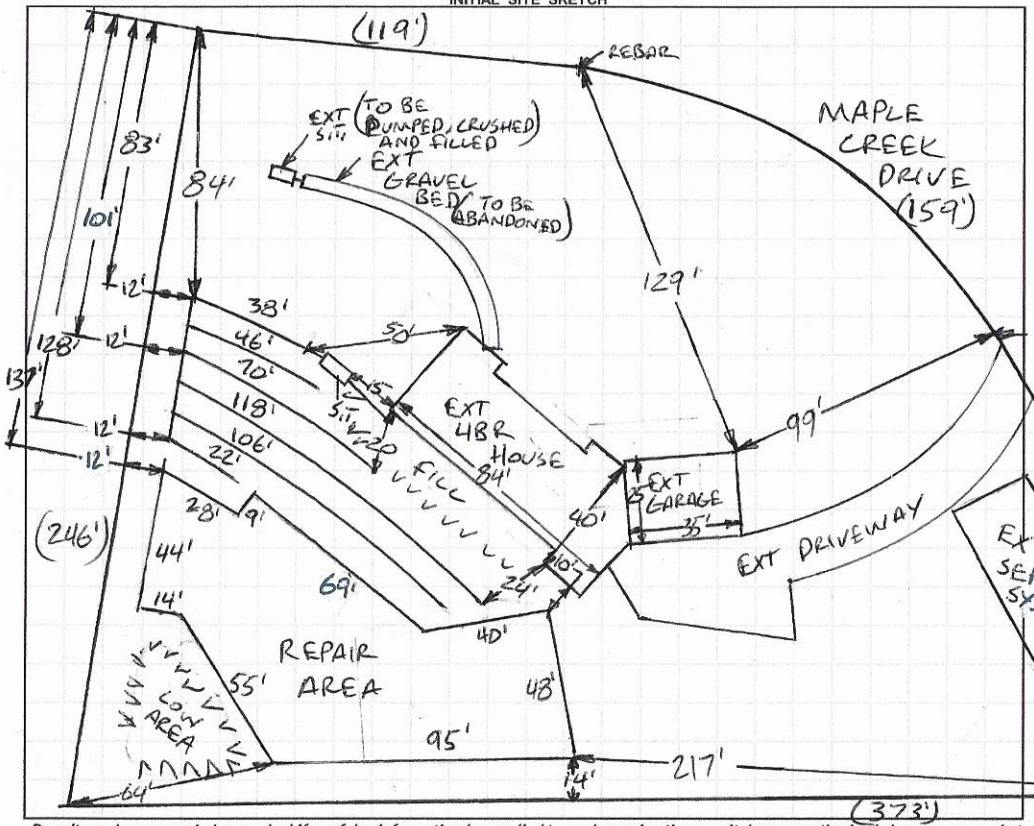
SUBDIVISION: MAPLE CREEK SECTION: — LOT # — LOT AREA: 1.50 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date	11-17-2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	—	(gal)	PT —	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons 8	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:			50% REDUCTION - PPBPS	☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	400FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9ft CENTERS, UTILIZE SERIAL DISTRIBUTION, TOP OF TANK NOT TO EXCEED 3FT DEPTH, UTILIZE RISERS TO BRING TANK TO WITHIN 6IN OF GRADE

PUMP, CRUSH, AND FILL EXISTING TANK.
SEE PERMIT DATED 7-23-2018 for SOIL NOTES AND FLOOR PLAN
APPROVED BY: TOM SHUCK

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.

Installed as Drawn

1IN=60FT
EXT=EXISTING
S.T.=SEPTIC TANK

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: 12-14-20 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: Bryant C. White Date: 10-28-2020 OPERATION PERMIT by: [signature] Date: 1-22-21

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 10-28-2020 Existing System Inspected by: Date:

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

RECEIVED AUG 2 7 2020

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

Int. Relayout Change Request to Existing

Paid $320.00 #236643

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Denali Home Builders Address: 1270 Northside Drive Zip: 28625

Applicant Email: denalihomebuilders@gmail.com Phone: 704 224 1440 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 196 Maple Creek Drive Statesville NC 28625

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

Driving Directions: Hwy 21 N from Statesville – L on Maple Creek Drive – Lot on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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.

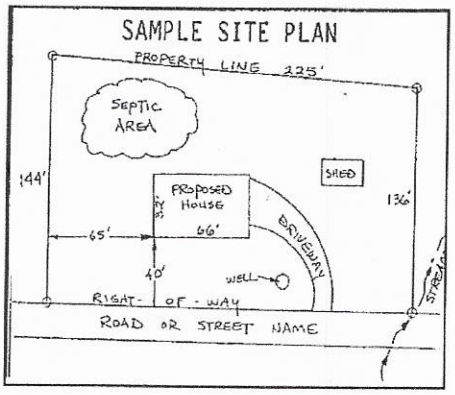
Signature: _____ 8/21/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (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

See change to Previous AL

Signature: _____

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

8/21/20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236643

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

PIN # 4759-56-1867

APPLICANT/OWNER: Randy Bridges APPLICANT ADDRESS: 991 Snow Creek Rd. Statesville, NC

SITE ADDRESS: 196 Maple Creek Drive Statesville, NC 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: US Rt 21 N from Statesville → L on Maple Creek Drive → Lot on Right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Maple Creek SECTION: LOT # 1 LOT AREA: 1.50 acres DESIGN FLOW: 480 GPD L.T.A.R.: 930

Septic Tank	1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction (Serial) Distribution	[ ] Business	No. Persons	8	[ ] Private
Pump Make	Model		Serial #	Repair System Description:	50% Reduction (PPBPS)	[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1 # Lines 5		Linear Ft: 400	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36" Trench Bottom Depth(Low side)	25"	Gravel Depth —	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/ plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Though 407 l.f. of line was laid out for the system, only 400 l.f. need be installed. Pump + crush existing septic tank on lot (see drawing). Recommend pumping septic tank every 3-5 years. Direct all house downspouts away from septic components.

NEEDS RE-DRAW 8-5-2020 BCW

INITIAL SITE SKETCH

See attached drawing dated 7-23-2018 by Tom Shuck

AS BUILT SKETCH

Needs ReDraw Fill on Drainfield

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

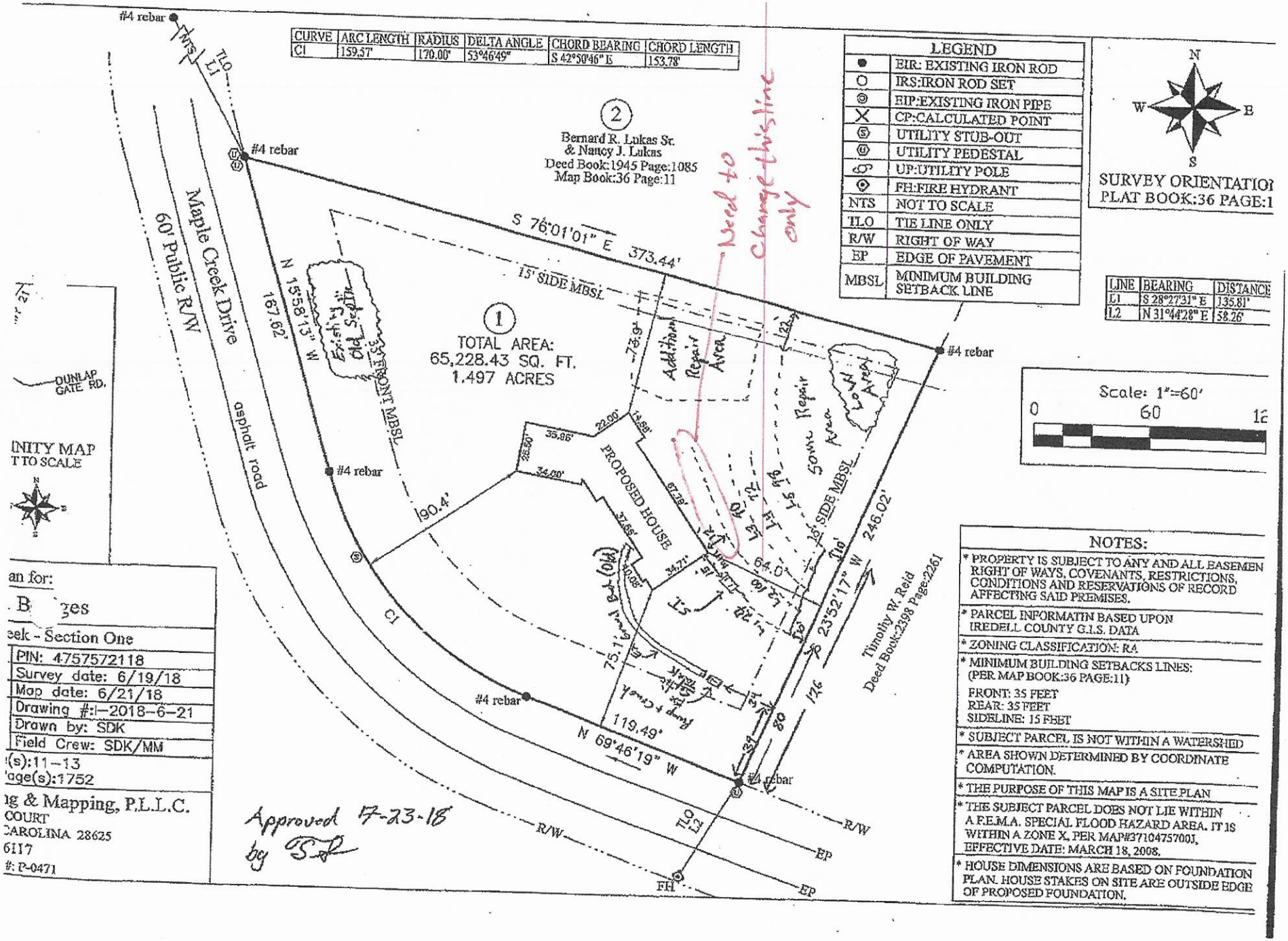
[ ] IMPROVEMENT PERMIT *with plat valid without expiration* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7-24-18 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/23/2018 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/23/2018 Existing System Inspected by: Date:

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.



CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	159.57'	170.00'	53°46'49"	S 42°50'46" E	153.78'

LEGEND	
●	EIR: EXISTING IRON ROD
○	IRS:IRON ROD SET
◎	EIP:EXISTING IRON PIPE
X	CP:CALCULATED POINT
Ⓢ	UTILITY STUB-OUT
Ⓤ	UTILITY PEDESTAL
	UP:UTILITY POLE
	FH:FIRE HYDRANT
NTS	NOT TO SCALE
TLO	TIE LINE ONLY
R/W	RIGHT OF WAY
EP	EDGE OF PAVEMENT
MBSL	MINIMUM BUILDING SETBACK LINE

LINE	BEARING	DISTANCE
L1	S 28°27'31" E	135.81'
L2	N 31°44'28" E	58.26'

SURVEY ORIENTATIOI
PLAT BOOK:36 PAGE:1

an for:
B ges
eek - Section One

PIN: 4757572118	
Survey date: 6/19/18	
Map date: 6/21/18	
Drawing #:I-2018-6-21	
Drawn by: SDK	
Field Crew: SDK/MM	
(s):11-13	
age(s):1752	

g & Mapping, P.L.L.C.
COURT
CAROLINA 28625
6117
#: P-0471

Approved 7-23-18
by SR

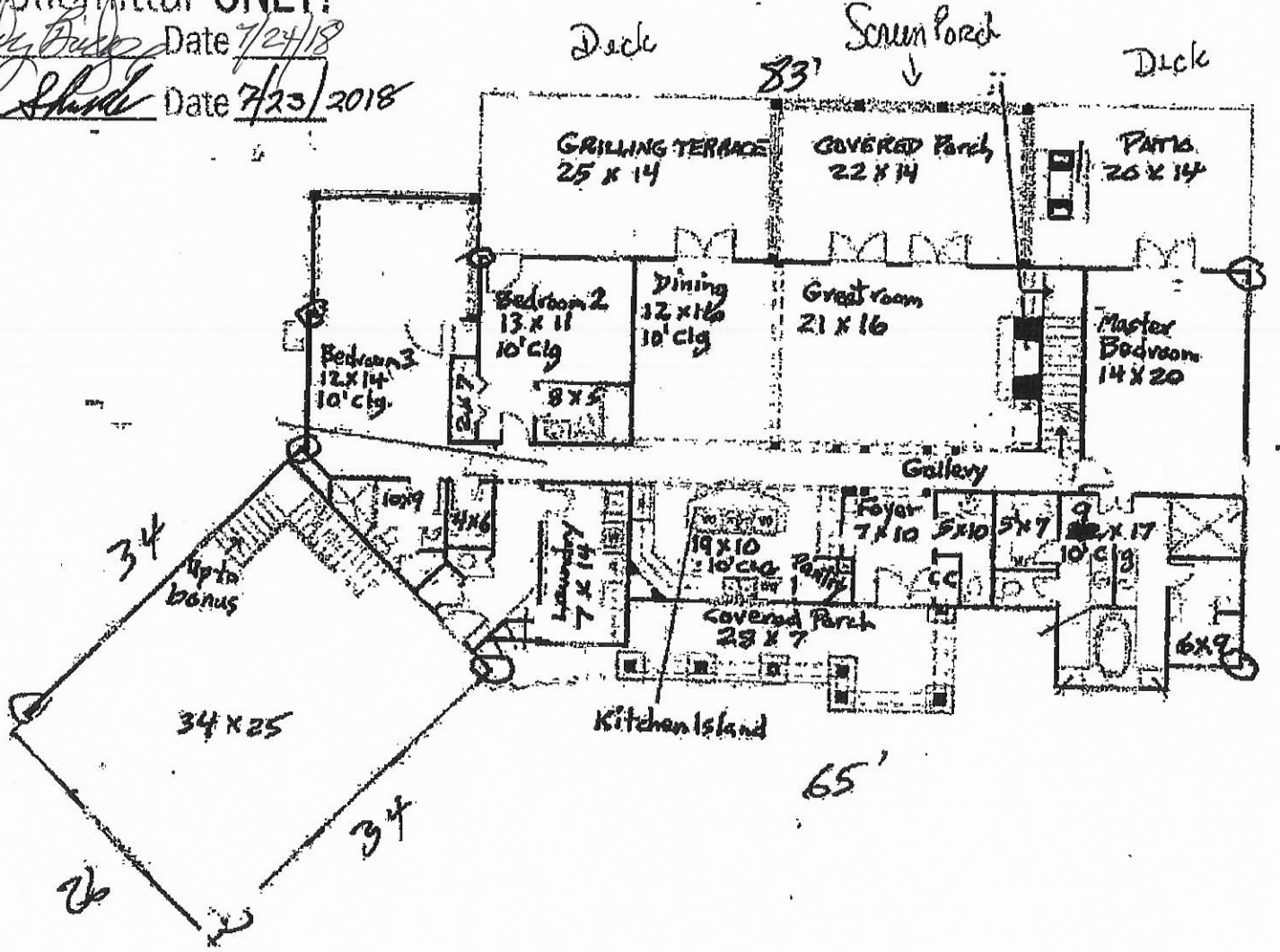
NOTES:

* PROPERTY IS SUBJECT TO ANY AND ALL EASEMEN RIGHT OF WAYS, COVENANTS, RESTRICTIONS, CONDITIONS AND RESERVATIONS OF RECORD AFFECTING SAID PREMISES.
* PARCEL INFORMATIN BASED UPON IREDELL COUNTY G.I.S. DATA
* ZONING CLASSIFICATION: R4
* MINIMUM BUILDING SETBACKS LINES: (PER MAP BOOK:36 PAGE:11)
  FRONT: 35 FEET
  REAR: 35 FEET
  SIDELINE: 15 FEET
* SUBJECT PARCEL IS NOT WITHIN A WATERSHED
* AREA SHOWN DETERMINED BY COORDINATE COMPUTATION.
* THE PURPOSE OF THIS MAP IS A SITE PLAN
* THE SUBJECT PARCEL DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA. IT IS WITHIN A ZONE X, PER MAP#3710475700J, EFFECTIVE DATE: MARCH 18, 2008.
* HOUSE DIMENSIONS ARE BASED ON FOUNDATION PLAN. HOUSE STAKES ON SITE ARE OUTSIDE EDGE OF PROPOSED FOUNDATION.

24984

Acknowledgement Of
Plans Submittal ONLY!
Kayla Burks Date 7/24/18
Sam Shade Date 7/23/2018

24984



98267