ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 308435

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

PIN # 4758901609. 120

APPLICANT/OWNER: Lillian Hayman APPLICANT ADDRESS: 120 Freddie Ln

SITE ADDRESS: 120 Freddie Ln, Statesville 28625 PHONE: 704-330-9976 ALT. PHONE —

SITE DIRECTIONS: 21 N ⇒ L Blackwelder → R Freddie → @ end SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.05 ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

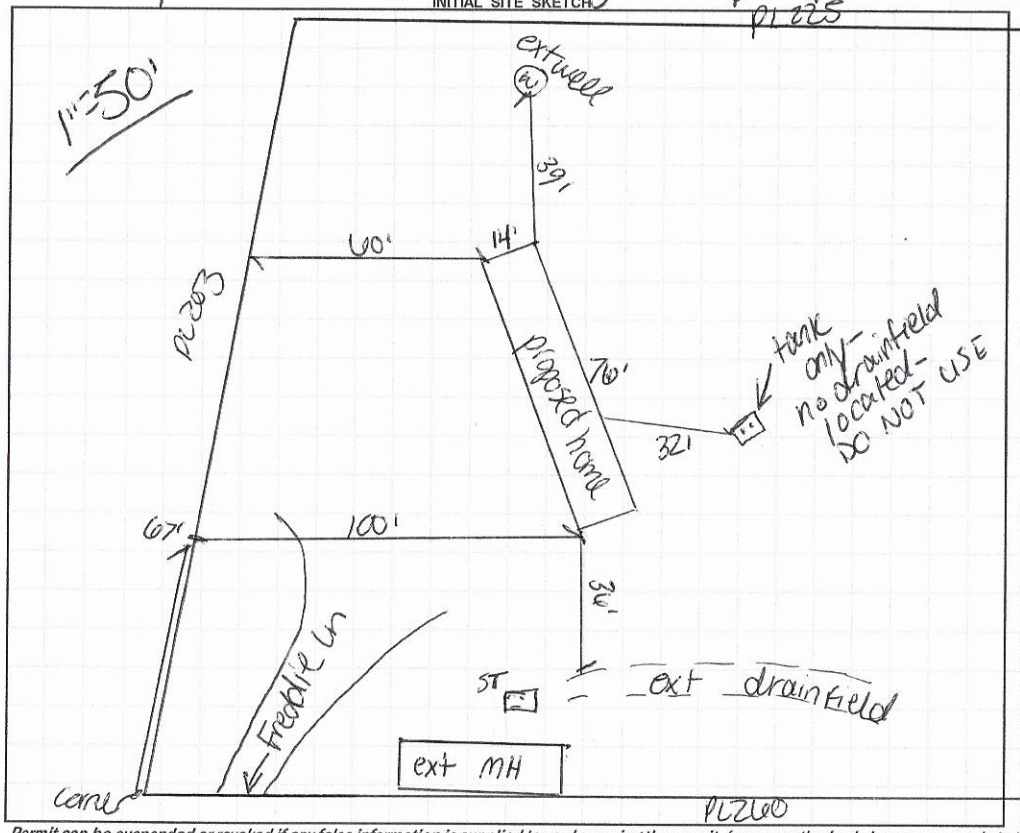
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

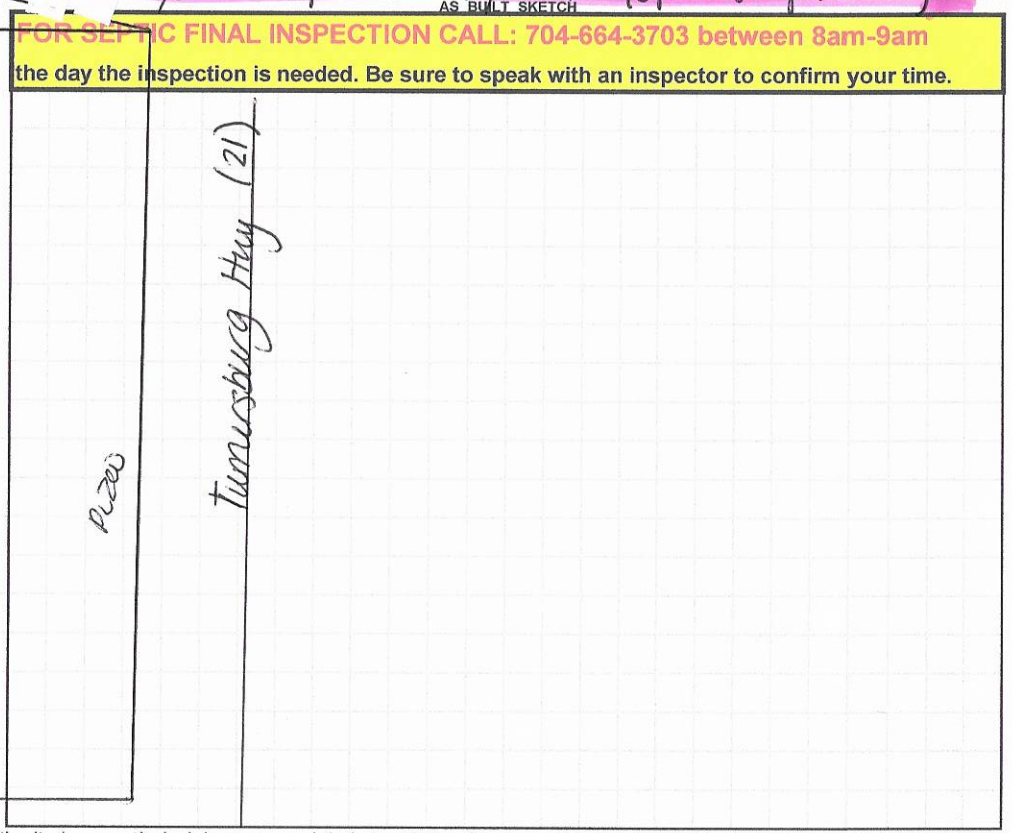
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System blw proposed house is only a tank - may not be used. System behind existing MH may be utilized, but a grinder pump will be needed. Existing mobile home must be disconnected, cannot have 2 houses on 1 system. Will require inspection by ICHD. (operation permit)

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.

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: Lillian A. Hayman Date: 7-6-20 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Carla C. Nicks Date: 7-2-20

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

RECEIVED JUN 23 2020

AP-308435
$250.00

Please CALL prior to inspection

Name: Lilly Hayman
704-330-9976

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
R IT WILL NOT BE PROCESSED

ealth 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: Lillian Hayman Address: 120 Freddie Lane (Dr.) Zip: 28625
Applicant Email: Lilyhayman1@gmail.com Phone: 704-330-9976 Alt. Phone: 276-206-9937
Owner Name: Lillian Hayman Address: 120 Freddie Lane (Dr.) Zip: 28625
Owner Email: Lilyhayman1@gmail.com Phone: 704-330-9976 Alt. Phone: 276-206-9937

Property Information:

Street Address: 120 Freddie Lane (Drive)

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

Driving Directions: 77N to Exit 54 - Take a right. Follow to Blackwelder Rd. Turn left. Make first right onto Freddie Dr. At end of drive.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) 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: 4

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ? 1974
( ) 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: Lillian A. Hayman 6-17-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SYL

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*) Lillian A. Hayman

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, _____, am the legal owner(s) of the property located at _____, 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.

Lillian A. Hayman
Signature of Owner(s)

6-8-2020
Date

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

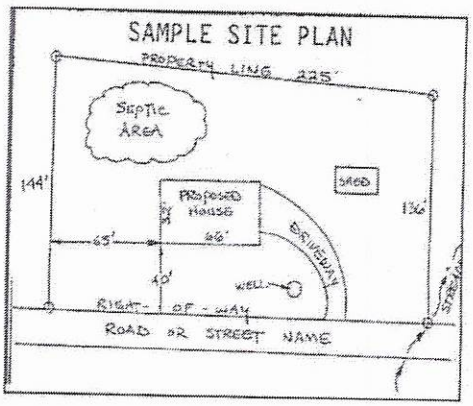
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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

N

E

US 21

X

X

concrete (garage)

Existing SEPTIC

Electric Meter

A

Laundry

BR #2

Kitchen

(120)

BR #3

40'

70'

well

PROPOSED DRIVEWAY

mH

Neighbor

Neighbor

shed

X

X

BLACKWELDER RD.

W

S

Signature: Lillian A. Hayman

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

6-8-2020

DATE

10977

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lloyd N. Holland DATE 2-1-90 PERMIT NO. 10T-0-33

PHONE: Business _____ Home _____

LOCATION 21 N TL Blackwelder Rd 1/4mi TR

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

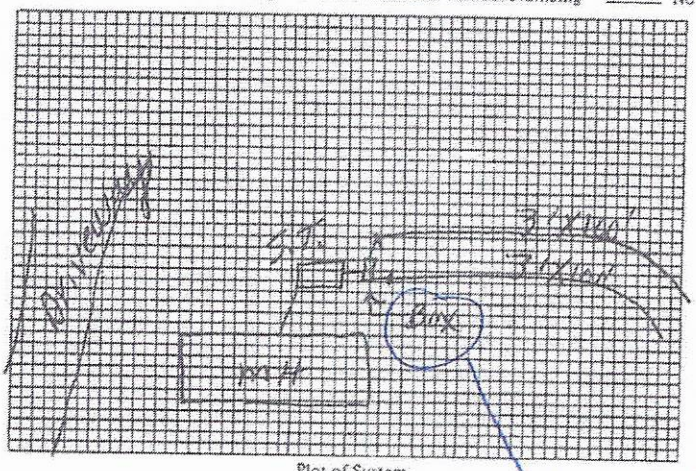
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
			Rock or other impervious formations EX SYSTEM

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

Copper Sulfate

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. C. Moore DATE 2-1-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PERMIT TO INSTALL SEPTIC TANK

Permit No. 112 Permit Date 8-30 1972

Owner ELAKE HENDERSON Address STATESVILLE, N.C.

Installed By HENRY NORMAN Address STATESVILLE, N.C.

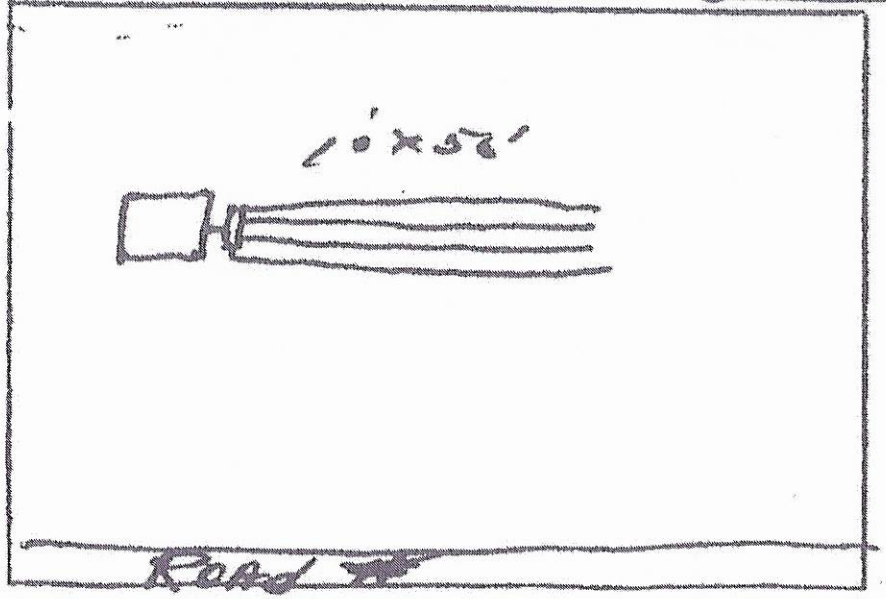
Location of Property 21 N. TURN LEFT ON RD #1914 BEFORE ROCKIN RIVER. ON LEFT.

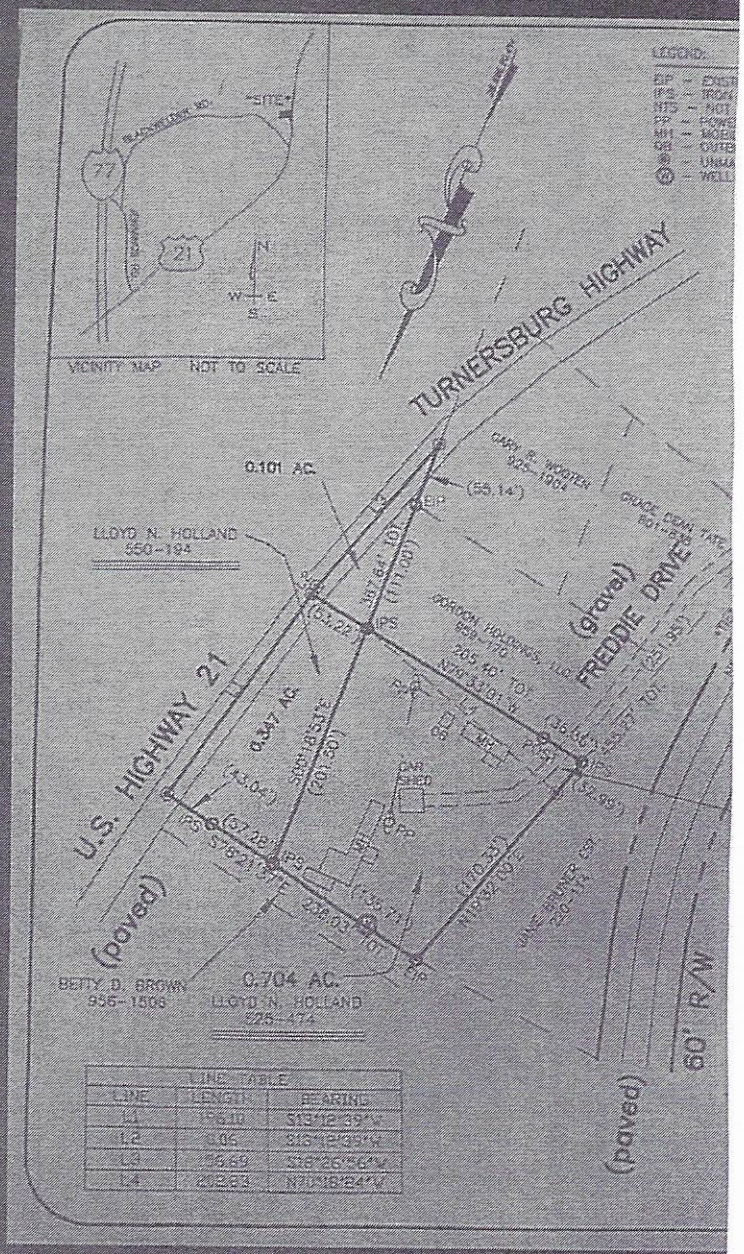
Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(✓)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 8-30 1972 Approved (✓) Disapproved ( )

Remarks NO WATER ON SITE AT TIME OF INSPECTION




VICINITY MAP NOT TO SCALE
TURNERSBURG HIGHWAY
U.S. HIGHWAY 21
(paved)
FREDDIE DRIVE
(gravel)
60' R/W
(paved)
0.101 AC.
0.347 AC.
0.704 AC.
LLOYD N. HOLLAND
550-194
BETTY D. BROWN
956-1508
LLOYD N. HOLLAND
226-474
GARY E. WOOTEN
925-1904
GORDON HOLDINGS, LLC
LINE TABLE
LINE | LENGTH | BEARING
L1 | 196.10 | S13°12'39"W
L2 | 4.06 | S15°18'39"W
L3 | 56.89 | S16°26'56"W
L4 | 202.84 | N71°18'24"W


201.59'
North
East
Acknowledgement Of
Plans Submittal ONLY!
Lillian A. Haynes Date 6-23-2020
Date 7-2-20
Septic
PIT
Septic Line
Water
Well
Power
Power Pole
135.71'
205.40'
Steps
Office
Bathroom
Bedroom
14'
Laundry
Trailer
Kitchen
LR
70'
8'
Front Porch
12'
Master Bedroom
Master Bath
40'
Driveway
76'
Shed
West
170.33'
South

IREDELL COUNTY · NC

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

APPLICATION NUMBE
308435 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4758901609.000	120 FREDDIE LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: HAYMAN LILLIAN A+DERIK A KURLEY Address: Phone:	Name: HAYMAN LILLIAN A+DERIK A KURLEY Address: Phone:

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.051	35	35	15	15		NO

Remarks

SINGLE WIDE

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remov the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must hav 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the fro property line. Original home must be removed before Certificate of Occupancy can be approved.

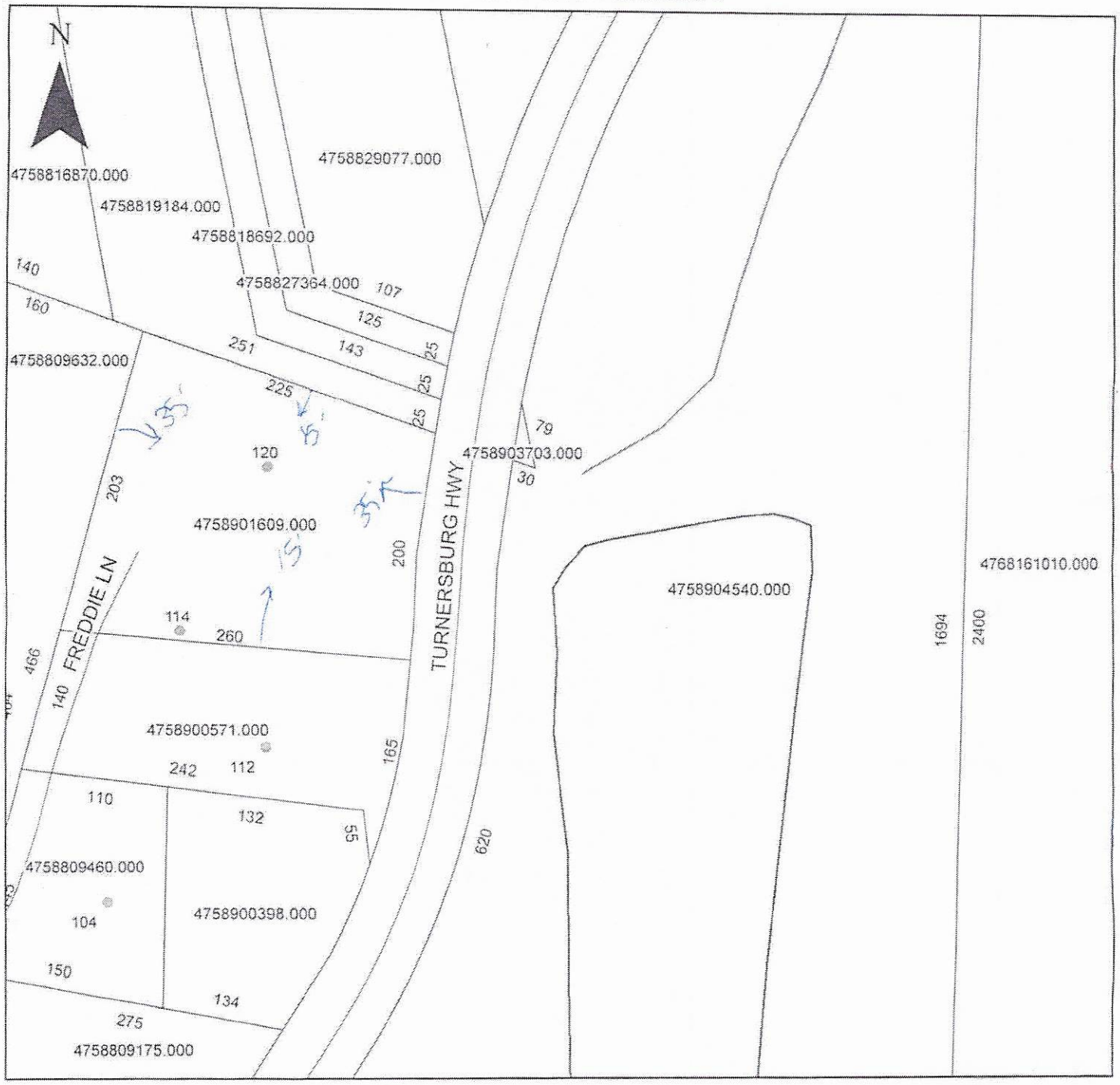
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of a kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicar further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will n be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 06/23/2020

Signature of Owner/Contractor

Permit Number	308435	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 120 Freddie Lane

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.

Lillian A. Hayman
Applicant

6-23-2020
Date