IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235189

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

PIN # 4759159402

APPLICANT/OWNER: Stacy Smith APPLICANT ADDRESS: 142 Sandra Dr, Statesville

SITE ADDRESS: 142 Sandra Dr Statesville PHONE: 704-437-5824 ALT. PHONE —

SITE DIRECTIONS: I-77N to exit 59 Tomin Mill R TR → L on Josey Rd → R on Sandra Dr → at end SAP CONTROLLED: ☐ YES ☒ NO

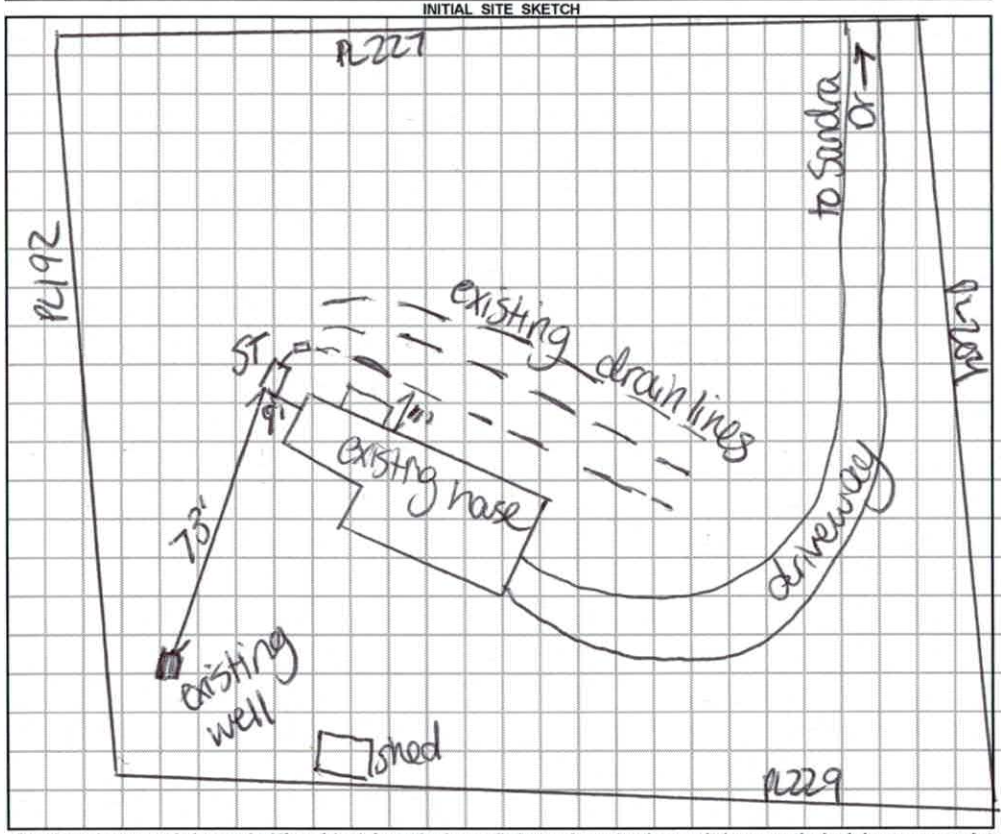
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.03ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	1000	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank		(gal)	PT	existing	Date	System Description: existing				☐ Business	No. Persons 4
Pump Make			Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1		# Lines	3	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width			Trench Bottom Depth(Low side)			Gravel Depth 12"	☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Replacing old SW with new. Maintain 5' minimum setback from system.

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: Stacy Smith Date: 5/8/18 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Carla C. Cave Date: 5/7/18

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.

existing

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Stacy ~~Lewis~~ Smith Address: 142 Sandra Dr. Statesville Zip: 28625
Applicant Email: Stacysmith5586@gmail.com Phone: 704-437-5824 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 142 Sandra Dr.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: off Jobey Rd. turn down Sandra Dr. go Straight down til First Curve & house is on Hill

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

(✓) New Single Family Residence Replace SW Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) 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

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: Stacy Smith 4/26/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Stacy Smith, am the legal owner(s) of the property located at 142 Sandra Dr. Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Stacy Smith 4/26/18 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

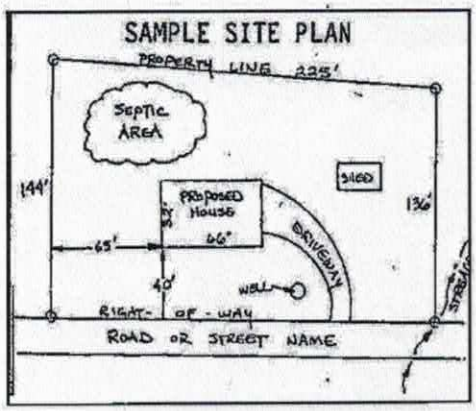
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

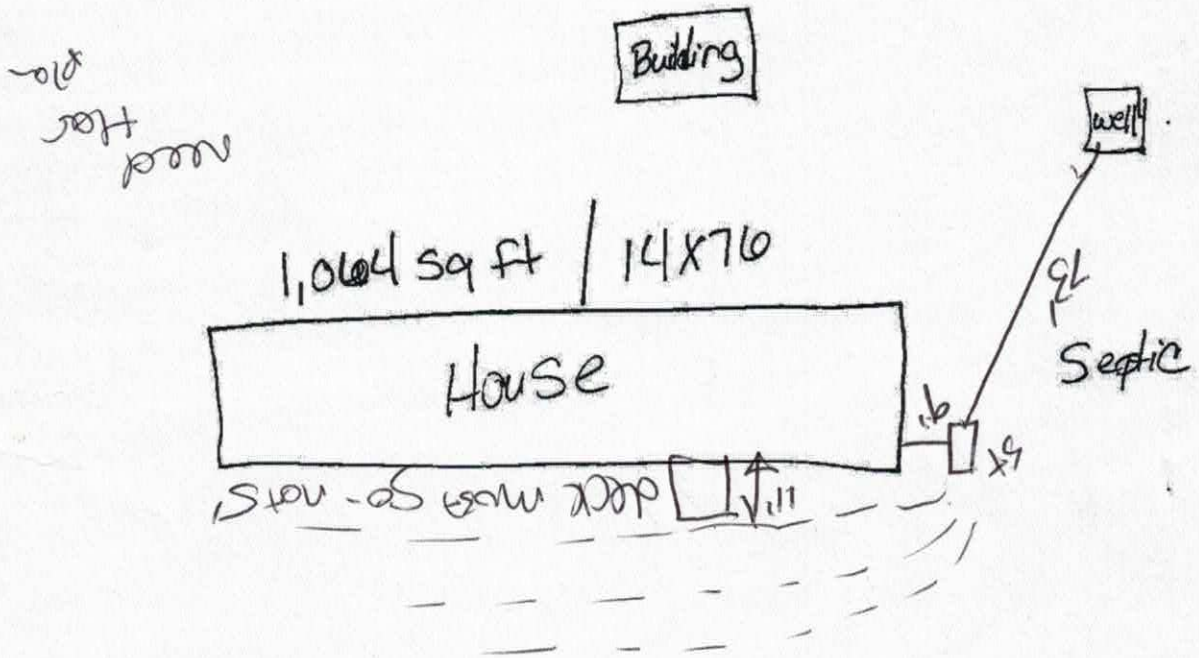


Circle N/A on the following if appropriate:

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: Stacy Smith

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

DATE 4/26/18

00518

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 Lonnie Paul Sprinkle DATE 10-4-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77N - Tr on SR 1890 (Loplin Mine Rd) Tr on SR 1886 Jerry Dr go .5 mile - Tr into Private dr. 2nd Mobile Home on Rt

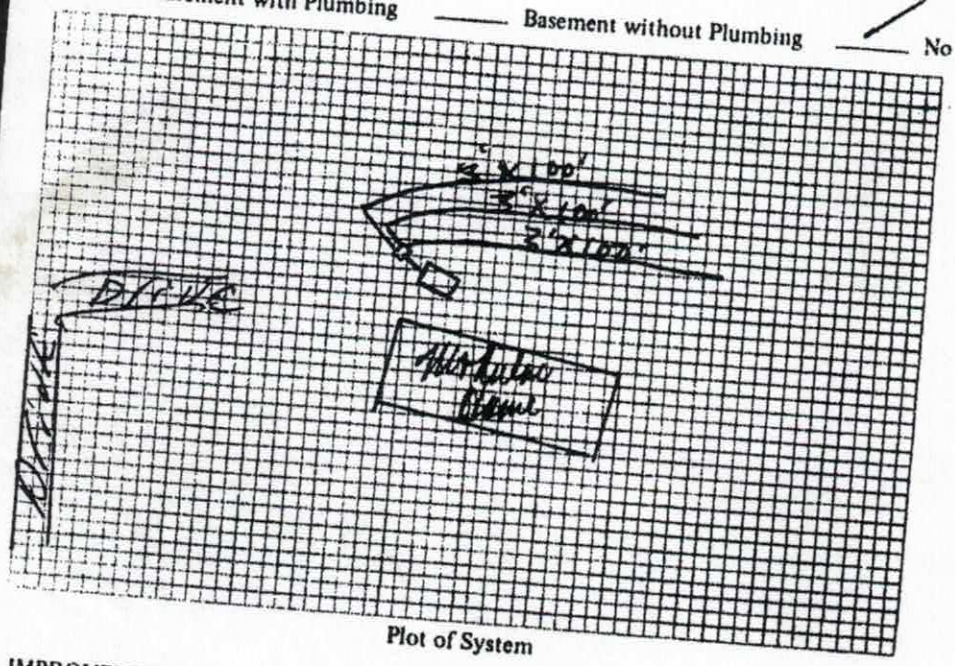
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House ( ) Mobile Home (X) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil Sandy Red Suitable
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate 4 min/in
Auto. Wash. Machine	Yes (X)	No ( )	Topography Gently Sloping
Site Suitable	Yes (X)	No ( )	Depth to Water Table 6-10 ft Deep
Lot Area _____			Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Elliott Sanitation

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 10/4/83

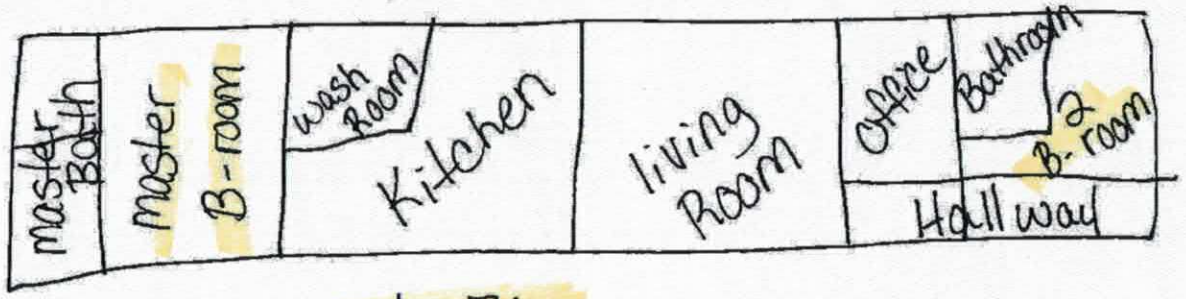
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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

Acknowledgement Of
Plans Submittal **ONLY!**
Carlos C Cons Date 5/7/18
Stacy Smith Date 4/26/18

1,064 sq ft.



14 x 76

IREDELL COUNTY

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

APPLICATION NUMBER
235189
Issue Date: 04/26/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4759159402.000	142 SANDRA DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LEWIS STACY KOKOTKIEWICZ	Applicant: SMITH, STACY
Address: 142 SANDRA DRIVE	Address: 142 SANDRA DR.
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 704-437-5824

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	35.00	15.00	15.00	NOT	X

Remarks:

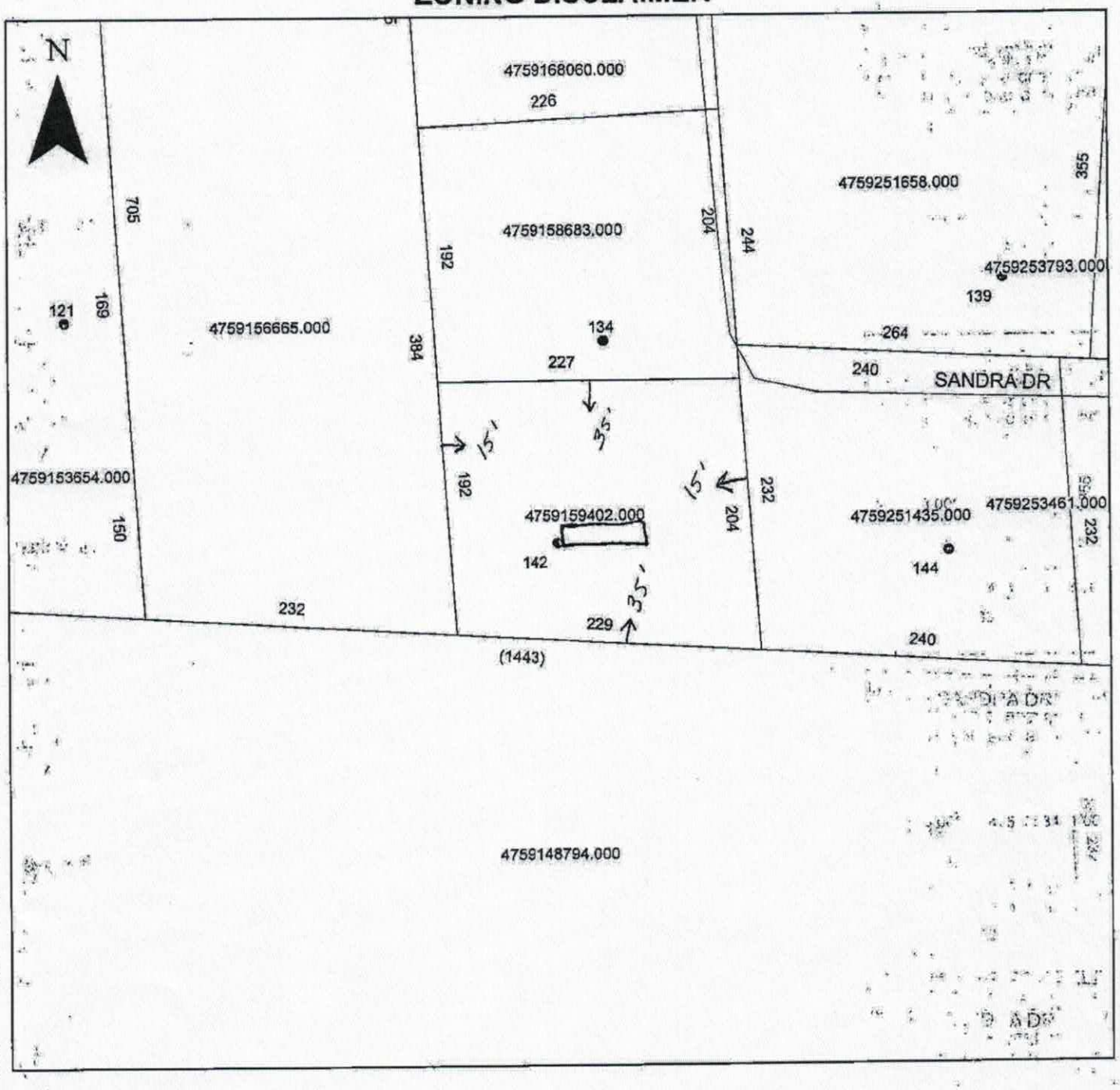
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have 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 front 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 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	136971	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 142 Sandra Dr.

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Stacy Smith
Applicant

4/26/18
Date