ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-305708

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

PIN # 4759627329

APPLICANT/OWNER: ROBERT S. KRIDER APPLICANT ADDRESS: 131 CRITTER LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 147 CRITTER LANE, STATESVILLE, N.C. 28625 PHONE: 828-228-4257 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (R) ON TOMLIN MILL ROAD, (R) ON CRITTER, LOT AT END SAP CONTROLLED: ☐ YES ☐ NO EXT

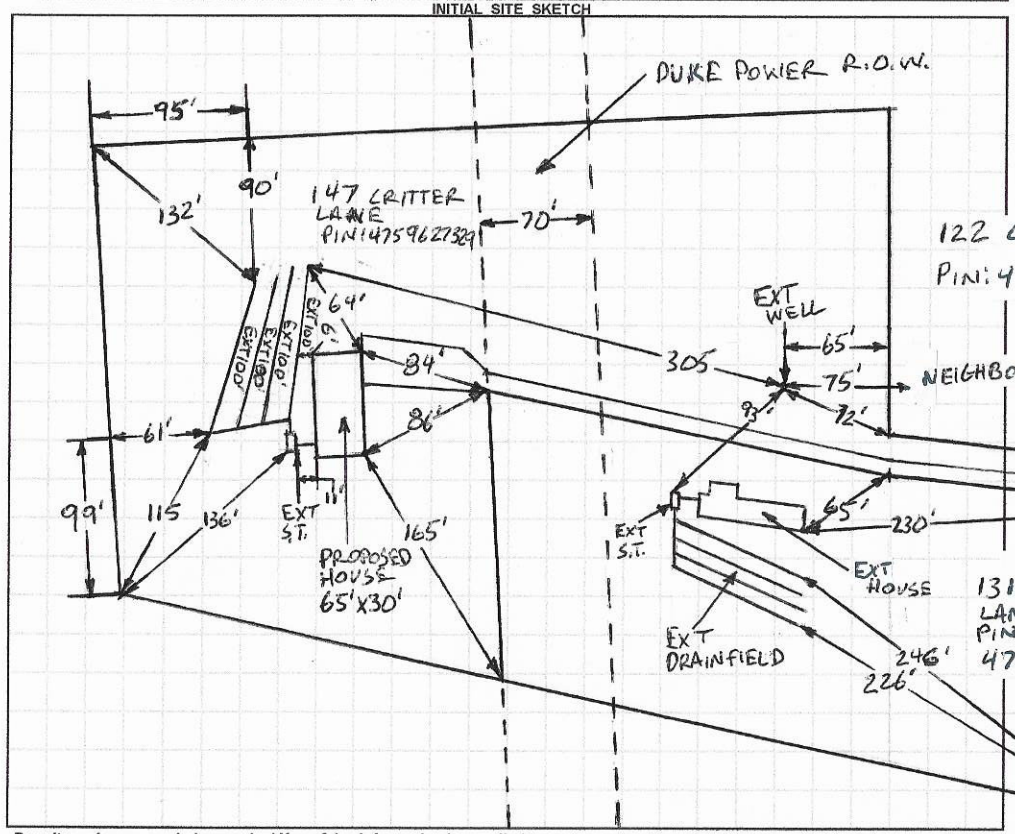
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.9176 AC DESIGN FLOW: EXT 360 L.T.A.R.: EXT 0.3

Septic Tank	EXT 100 (gal)	STB	EXT 821	Date	EXT 3-3-98	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT GRAVEL	☐ Business	No. Persons	6	☑ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	GRAVEL	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT 1	# Lines	EXT 4	Linear Ft	400 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EXT 36 IN	Trench Bottom Depth(Low side)	EXT 36 IN	Gravel Depth	EXT 12 IN	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: ALL FOUNDATIONS TO BE NO CLOSER THAN 5FT TO ANY PART OF SEPTIC, WELL VARIANCE REQUIRED FOR USE OF SHARED WELL.

SYSTEM DRY AND FUNCTIONING AT TIME OF INSPECTION

INITIAL SITE SKETCH



AS BUILT SKETCH

1 IN = 120 FT
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: 4/21/2020 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Bradford C. White Date: 4-16-2020

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.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Onsite Water Protection Branch
April 20, 2020

Robert Krider
131 Critter Lane
Statesville, NC 28625

Re: Approval No. JMB1974

Private Well Located Less Than 100' To A Septic System [Rule 15A NCAC 2C .0107(a)(2)(A)]

Property location:
147 Critter Lane
Statesville, NC 28625

Dear Mr. Krider:

On April 20, 2020 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for a variance concerns a water supply well on the referenced property currently serving one dwelling. Another connection is proposed to share the well. The closest part of the septic system will be more than fifty feet away from the well, but closer than the required one hundred feet.

Specifically, the variance request grants you permission to use an existing water supply well at a distance closer than the one hundred foot setback to a septic system. Achieving the one hundred foot setback would be difficult given the challenges of the property.

Based upon information provided by the Iredell County Health Department, and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: 4-8, 2020 **PERMIT NO.:** AP-305708 (to be completed by DWQ/DPH)

A. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

ROBERT S. KRIDER

Mailing Address: 131 CRITTER LANE

City: STATESVILLE State: N.C Zip Code: 28625 County: IREDELL

Day Tele No.: – Cell No.: 828-228-4257

EMAIL Address: KRIDER131@GMAIL.COM Fax No.: –

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4759627329

County: IREDELL

(2) Physical Address (if different than mailing address): 147 CRITTER LANE

City: STATESVILLE State: NC Zip Code: 28625

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: CHAMBERS AND SONS, INC.

NC Well Drilling Contractor Certification No.: –

Company Name: CHAMBERS & SONS, INC. Contact Person: –

City: STATESVILLE State: N.C. Zip Code: 28677 County: IREDELL

Day Tele No.: – Cell No.: –

EMAIL Address: – Fax No.: –

H. SUBMITTAL INSTRUCTIONS

(1) For the following types of water supply wells only:

(a) Private Drinking Water Wells under 15A NCAC 02C .0300
(b) Irrigation Wells under15A NCAC .02C .0107 with a designed capacity of less than 100,000 gallons per day and located on the same property as an on-site wastewater system permitted by a local health department.

Prior to submittal of the variance for these types of wells, please contact your regional environmental health specialist by visiting: http://ehs.ncpublichealth.com/contacts.htm

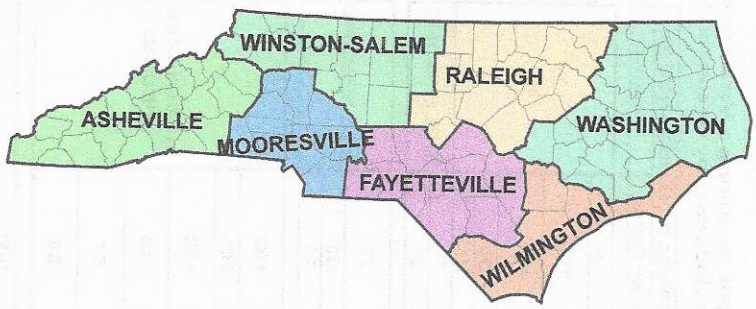
Submit one copy of the completed variance application to:

North Carolina Department of Health and Human Services
Division of Public Health – Environmental Health Section
On-Site Water Protection Branch
1632 Mail Service Center
Raleigh, North Carolina 27699-1632

(2) For the following types of wells only:

(a) All Water Supply Wells under 15A NCAC 02C .0107 other than the ones listed under (1) above
(b) Wells Other than Water Supply under 15A NCAC 02C .0108. If these wells are to be constructed on property not owned by the well owner or applicant, please also attach and submit a completed Application to Construct a Monitoring or Recovery Well System (GW-22MR) found on our website at: http://portal.ncdenr.org/web/wq/aps/gwpro/permit-applications

Submit one copy of the completed variance application to the Division of Water Quality Regional Office serving the area in which the well will be located:



Asheville Regional Office
2090 U.S. Highway 70
Swannanoa, NC 28778
Telephone: (828) 296-4500
Fax: (828) 299-7043

Fayetteville Regional Office
225 Green Street, Suite 714
Fayetteville, NC 28301-5043
Telephone: (910) 433-3300
Fax: (910) 486-0707

Mooresville Regional Office
610 East Center Avenue,
Suite 301
Mooresville, NC 28115
Telephone: (704) 663-1699
Fax: (704) 663-6040

Raleigh Regional Office
1628 Mail Service Center
Raleigh, NC 27699-1628
Telephone: (919) 791-4200
Fax: (919) 571-4718

Washington Regional Office
943 Washington Square Mall
Washington, NC 27889
Telephone: (252) 946-6481
Fax: (252) 975-3716

Wilmington Regional Office
127 Cardinal Drive Extension
Wilmington, NC 28405
Telephone: (910) 796-7215
Fax: (910) 350-2004

Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107-2241
Phone: (336) 771-5000
Fax: (336) 771-4631

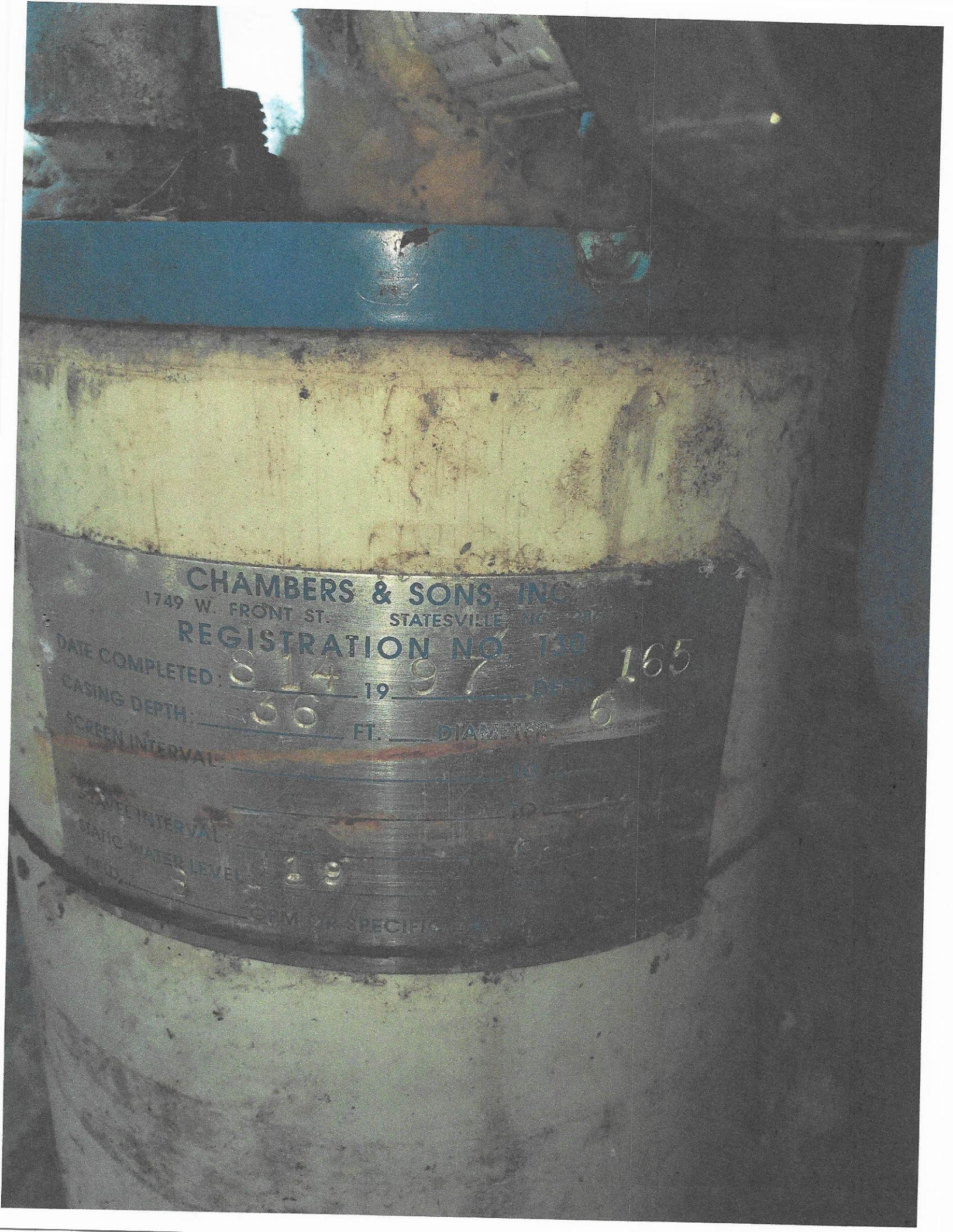
PIEDMONT AND MOUNTAINS

Minimum Additional Construction Requirements for Wells Requiring a Variance or a Permit to the Separation Distances in 15A NCAC 2C .0107(a)(2) and .0107(a)(3) - Applicable to areas that are Underlain by Crystalline Bedrock

POTENTIAL POLLUTION SOURCE	MINIMUM SEPARATION DISTANCE (ft)			MINIMUM ADDITIONAL REQUIREMENTS		
	Standard	Single Family	Variance	Casing Type	Casing Depth	Grout Depth
septic tank and drainfield	100	50	50	GALVANIZED STEEL	If Bedrock depth is <50 feet: the greater of 15 feet into bedrock or 40 feet below land surface If bedrock depth is 50-100 feet: 10 feet into bedrock If bedrock depth is >100 feet: 5 feet into bedrock	full length of casing[1]
other subsurface ground absorption waste disposal system	100	100				
other sewage and liquid-waste collection or transfer facility	100	100				
cesspools and privies	100	50				
animal feedlots or manure piles	100	100				
Surface water(GW recharge)...ponds, lake	50	50	SITE SPECIFIC			
other surface water bodies....creeks, river	25	25				
water tight sewage or liquid-waste collection or transfer facility	50	25	SITE SPECIFIC	PVC or GALVANIZED STEEL	The greater of 40 feet below land surface or 5 feet into bedrock	full length of casing[1]
animal barns	100	50				
building foundations(excluding well house)	25	25				
fertilizer, pesticide, herbicide or other chemical storage areas	100	100	SITE/SOURCE SPECIFIC	SITE/SOURCE SPECIFIC		
other non-hazardous solid waste landfill	100	100				
non-hazardous waste storage, treatment or disposal lagoons	100	100				
industrial/municipal sludge-spreading or wastewater-irrigation site	100	100				
aboveground or underground heating oil storage tanks	50	50				
all other potential sources of groundwater contamination	50	50				
sanitary landfills	500	500	DO NOT ISSUE			
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N with secondary containment	50	50				
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N w/o secondary containment	100	100				

[1] A drill bit with a diameter that is at least 1/3 greater than the diameter of the casing must be used to drill the cased portion of the well. Grout should be installed under pressure. Installation using a tremmie pipe is acceptable if the space to be grouted is free of obstruction

Attachment B (Form GW-22V)


CHAMBERS & SONS, INC.
1749 W. FRONT ST. STATESVILLE, NC
REGISTRATION NO. 130
DATE COMPLETED: 8 14 97
19
DEPTH 165
CASING DEPTH: 66 FT. DIAMETER 6
SCREEN INTERVAL:
STATIC WATER LEVEL 69


AO Smith

Analytical Results

STATESVILLE ANALYTICAL

Robert Krider
131 Critter Lane
Statesville, NC 28625

Receive Date: 04/09/2020
Reported: 04/13/2020
For:
Comments: Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L,
Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
200409-15-01	E. Coli	Well	Absent		9223B	04/09/2020	WC
200409-15-01	Total Coliforms	Well	Absent		9223B	04/09/2020	WC

Respectfully submitted,

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

RECEIVED MAR 10 2020

AP-300208
$250.00

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: Robert Scott Krider Address: 131 Critter Ln Statesville N.C. Zip: 28625
Applicant Email: Krider131@gmail.com Phone: 828-228-4257 Alt. Phone: _____
Owner Name: Robert Scott Krider Address: 131 Critter Ln. Statesville N.C Zip: 28625
Owner Email: Krider131@gmail.com Phone: 828-228-4257 Alt. Phone: _____

Property Information:

Street Address: 149 Critter Ln. Statesville N.C. 28625

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

Driving Directions: I-77 N to Tomlin Mill Rd exit turn Right go 1 mile and turn Right on to Critter Ln. site is at end of Drive.

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

(✓) 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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: 2 Number of Persons: 5

( ) 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: 1998?
( ) 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: Robert Scott Krider 3/4/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

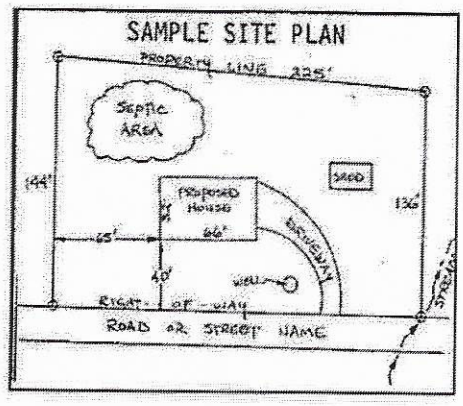
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

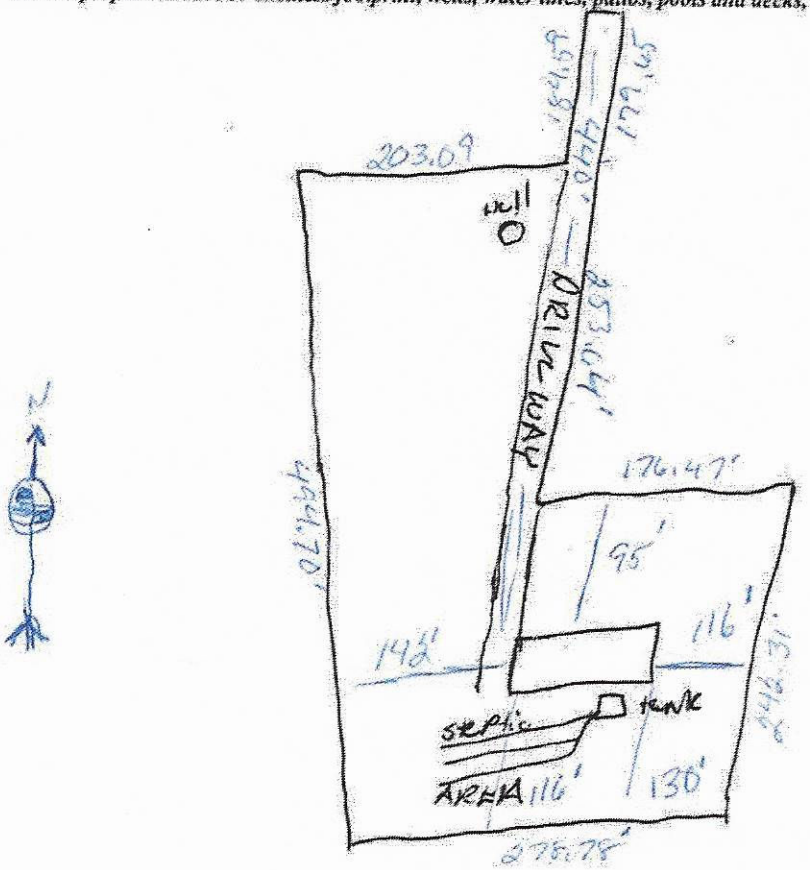


Circle N/A on the following if appropriate:

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



Signature: Rebekah Kirkman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/2/2020
DATE

122 CRITTER LANE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (A) MOORESVILLE 704-664-5281

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

PERMIT# 107553 PIN# 4759-62-5779

OWNER OR CONTRACTOR ANDREW S. KRIDER PHONE: Business _____ DATE 7-23-02

ADDRESS 122 CRITTER LANE STATESVILLE NC 28625 Home 704-876-1704

LOCATION I-77 N, TR TOMLIN MILL ROAD, TR CRITTER LANE 1ST MH ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.56 ACRES SITE CLASS 1 PS DESIGN FLOW 600 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 (2ND) Gallons: STB 1072 Date 4-28-02

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 2000 APPR Linear Feet 366

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 5

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

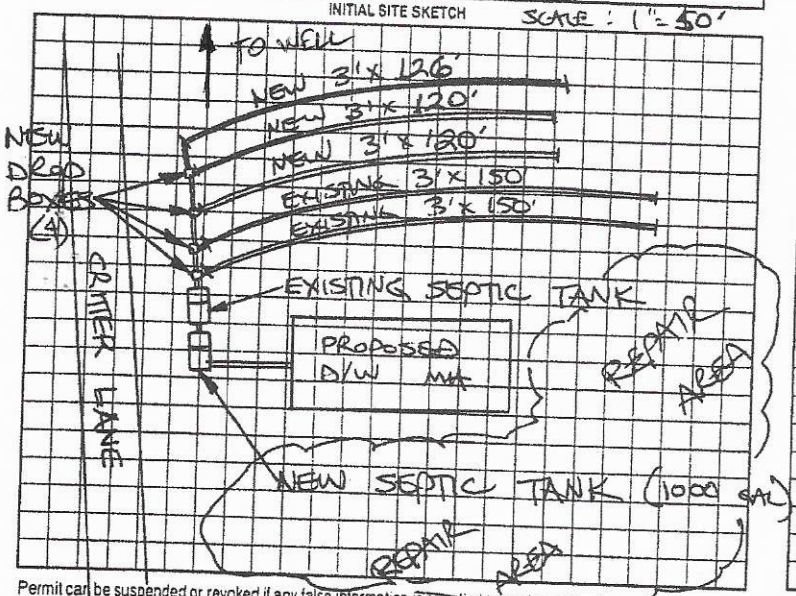
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: REPLACE EXISTING DISTRIBUTION BOX WITH NEW DROP BOX. FEED THREE NEW LINES SERIALLY AS SHOWN.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months

Signed: Janice H Graham date 7/24/02 installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 7-23-02 Operation Permit by STEVE HEDRICK date 9-6-02

Authorization to Construct by: STEVE HEDRICK date 7-23-02 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

147 CRITTER LANE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072226 PIN# 4759626648

OWNER OR CONTRACTOR PEGGY & WILLI KRIDER PHONE: Business Home 876-2505 DATE 3-13-98

ADDRESS 633 TOMLIN MILL ROAD, STATESVILLE, NC 28625

LOCATION I-77 N, TR TOMLIN MILL ROAD, TR CRITTER LANE, 1000' BACK ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.952 ACRES SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 821 Date 3-3-98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

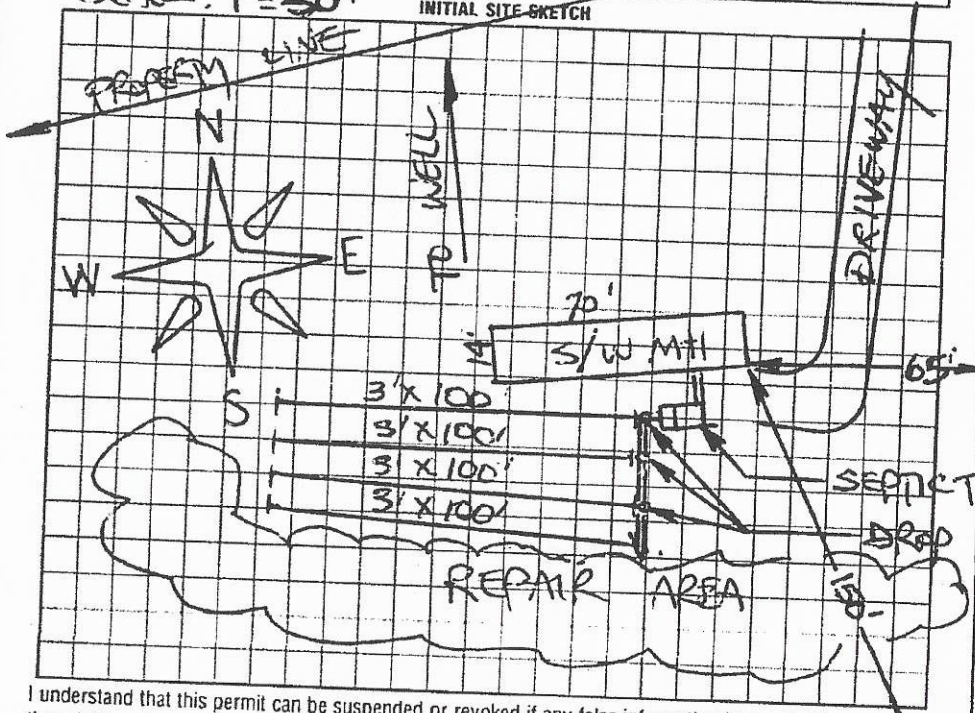
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

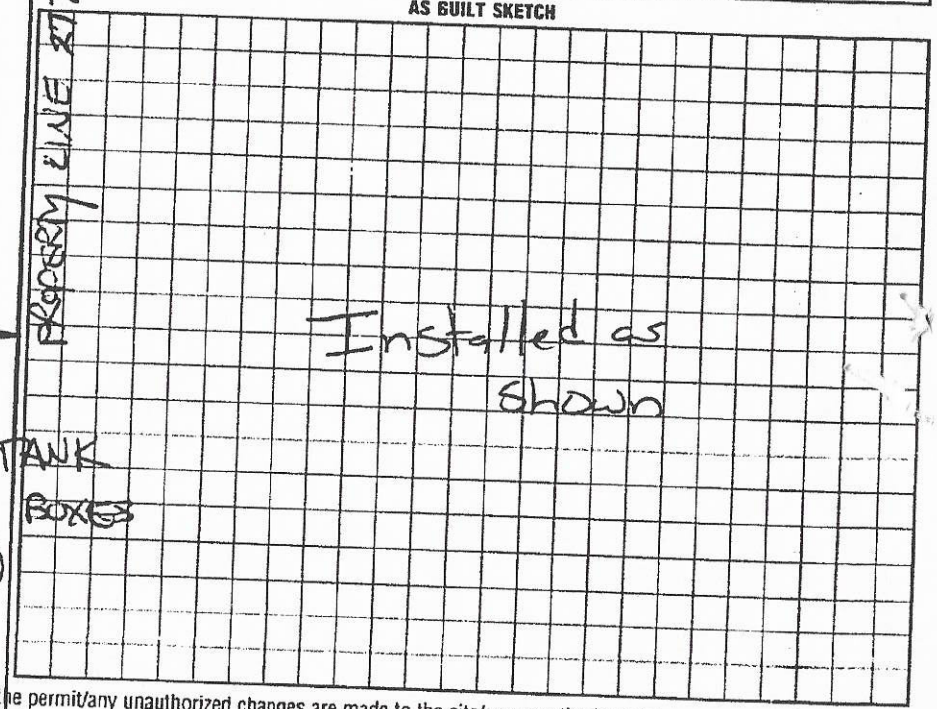
SCALE: 1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



I understand that this 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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: x

Improvement Permit by: STEVE HEDRICK date 3-13-98

Authorization to Construct by: STEVE HEDRICK date 3-13-98

Installed by G+M Enterprises

Operation Permit by: [signature] RS date 4-8-98

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT

131 CRITTER LANE

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067547 DATE 7-16-97 TAX MAP NO. 4759626648

OWNER OR CONTRACTOR ROBERT SCOTT PHONE: Business Watershed: ☐ Yes ☑ No

ADDRESS 701 TOMLIN MILL ROAD, STATESVILLE, NC 28677 Home 876-2690

LOCATION I-77N, TR TOMLIN MILL RD, TR CRITTER LANE, LPS, AT ENA 2650' BACK

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.8075 AC SITE CLASS. LPS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons: STB Date 5-30-97

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields I Square Feet 1080 Linear Feet 360

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL SYSTEM

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other FUTURE 3BR

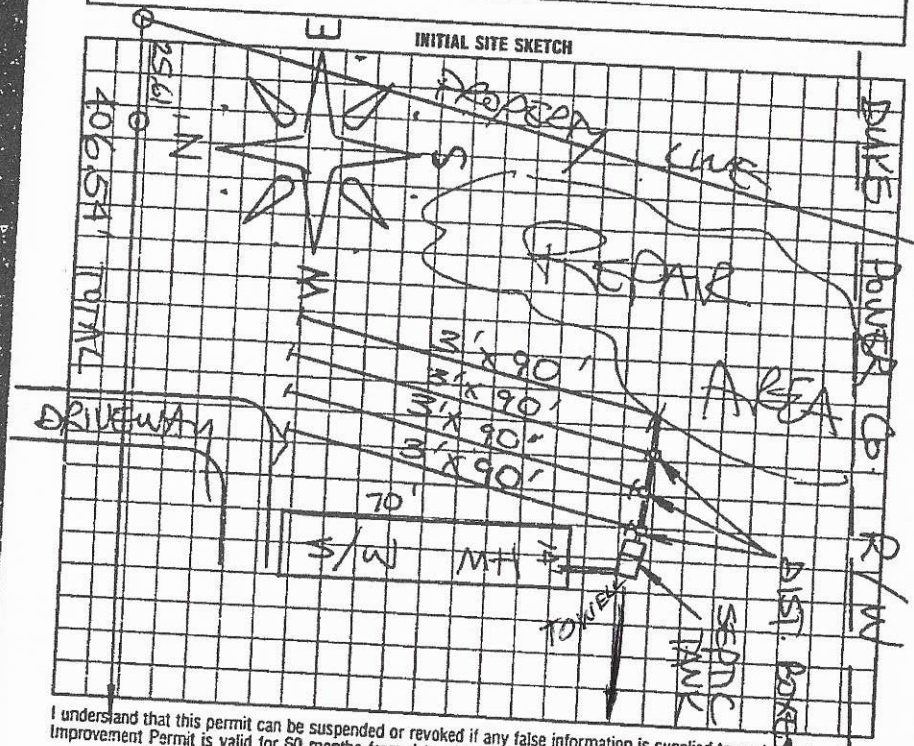
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

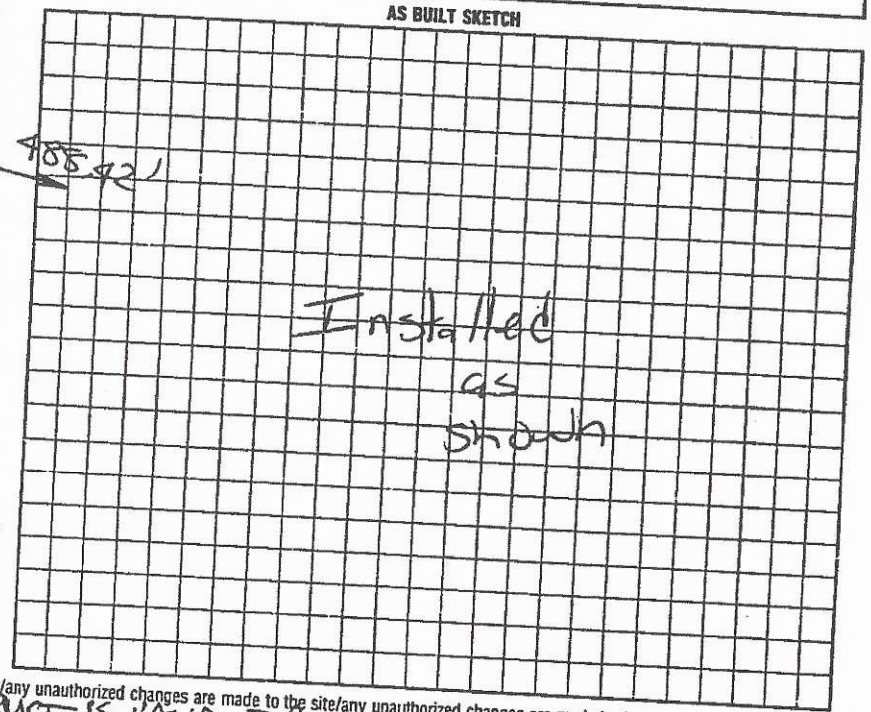
Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.

Signed: R Robert P. Kaiser

Improvement Permit by: STEVE FEDRICK date 7-16-97

AMD. TO CONST.

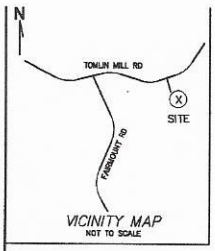
~~Existing System Inspection~~ by: STEVE FEDRICK date 7-16-97

Installed by: Kenny Madison

Certificate of Completion by: date

Operation Permit by: [signature] RS date 8-6-97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD



NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710475900J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning = RA
   Setbacks per Iredell County Land Development Code
   Front = 35', Rear = 35', & Side = 15'
7) See 25' Access Easement to Tomlin Mill Road DB 1833–2240.
8) All Lots shall have a 10' Drainage and Utility Easement along all sides.

CERTIFICATE OF APPROVAL FOR RECORDING

I hereby certify that this plat for recordation is an exemption to the Subdivision Ordinance of Iredell County, North Carolina

Subdivision Administrator _____ Date _____

REVIEW OFFICER CERTIFICATE

I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1833, Page 2240, or other reference source AS NOTED), that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of another category, such as the recombination of existing parcels, a court-ordered survey, or other exception to the definition of subdivision.

This 21st day of February, 2020.

PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.
FOR REVIEW ONLY

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

OWNER CERTIFICATE

Know all men by these presents, that I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby acknowledge this plat and allotment to be my (our) free act and deed.

SCOTT KRIDER _____ DATE _____

PEGGY ANN KRIDER _____ DATE _____

WILLIAM SCOTT KRIDER _____ DATE _____

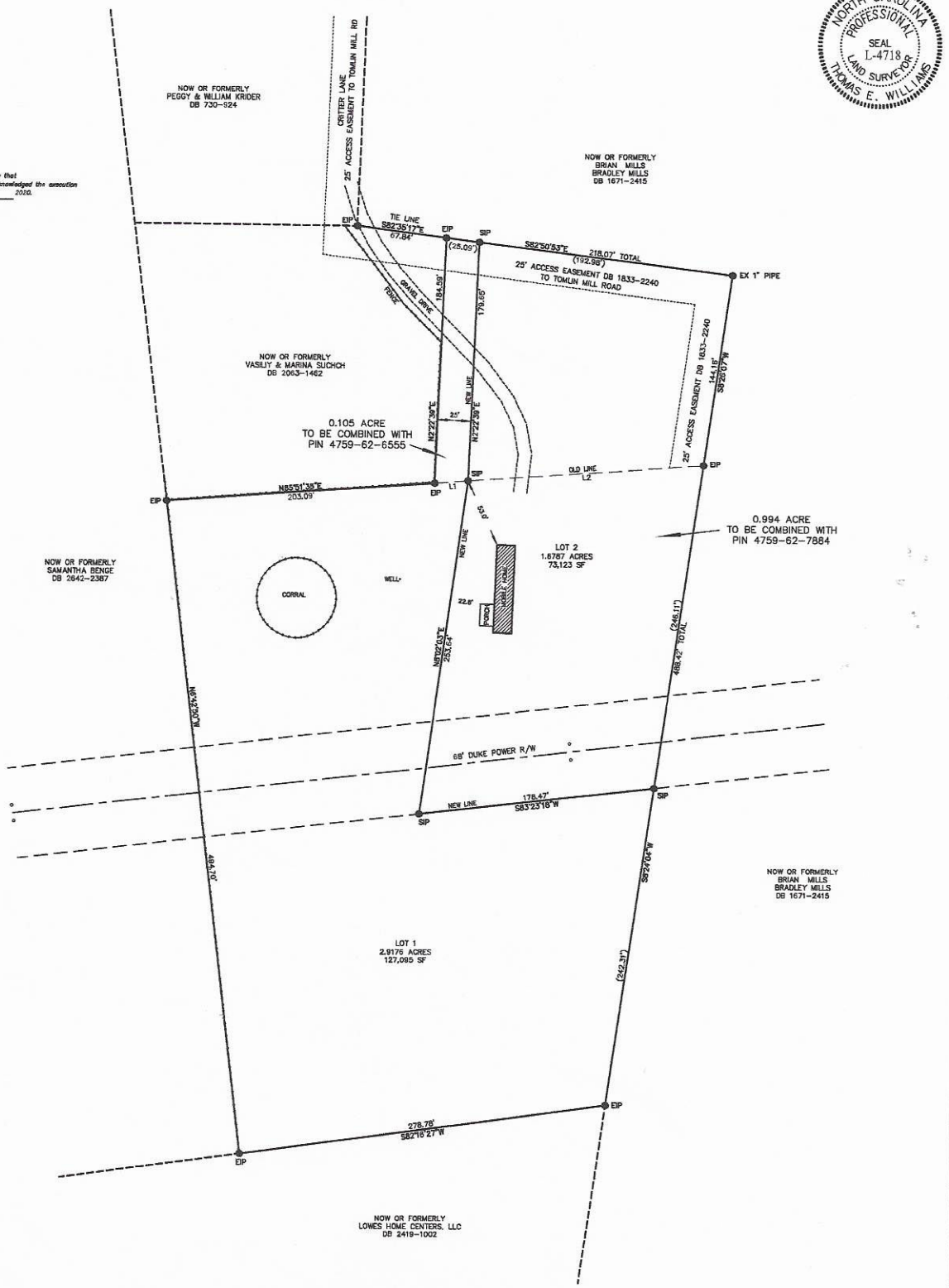
North Carolina

_____County

I, _____, a Notary Public for said County and State, do hereby certify that SCOTT KRIDER, PEGGY KRIDER, & WILLIAM KRIDER personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____, 2020.

Notary Public

My Commission Expires: _____



LINE TABLE

NUM	BEARING	DISTANCE
L1	S85°51'39"W	25.16'
L2	S85°51'39"W	178.25'

LEGEND

- PROPERTY LINE (P/L)
- RIGHT OF WAY (R/W)
- TIE LINE
- ADJOINING PROPERTY LINE FROM DEED OR PLAT
- BRANCH
- P — P — POWER LINE
- X — X — X — X — FENCE
- GRAVEL
- EX EXISTING
- EIP EX #4 REBAR
- SIP SET #4 REBAR

NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○).

Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone(704) 876-3666 ~ email:runningonfaith@bellsouth.net
file: 20\CRITTER

60 0 60 120
SCALE: 1" = 60'

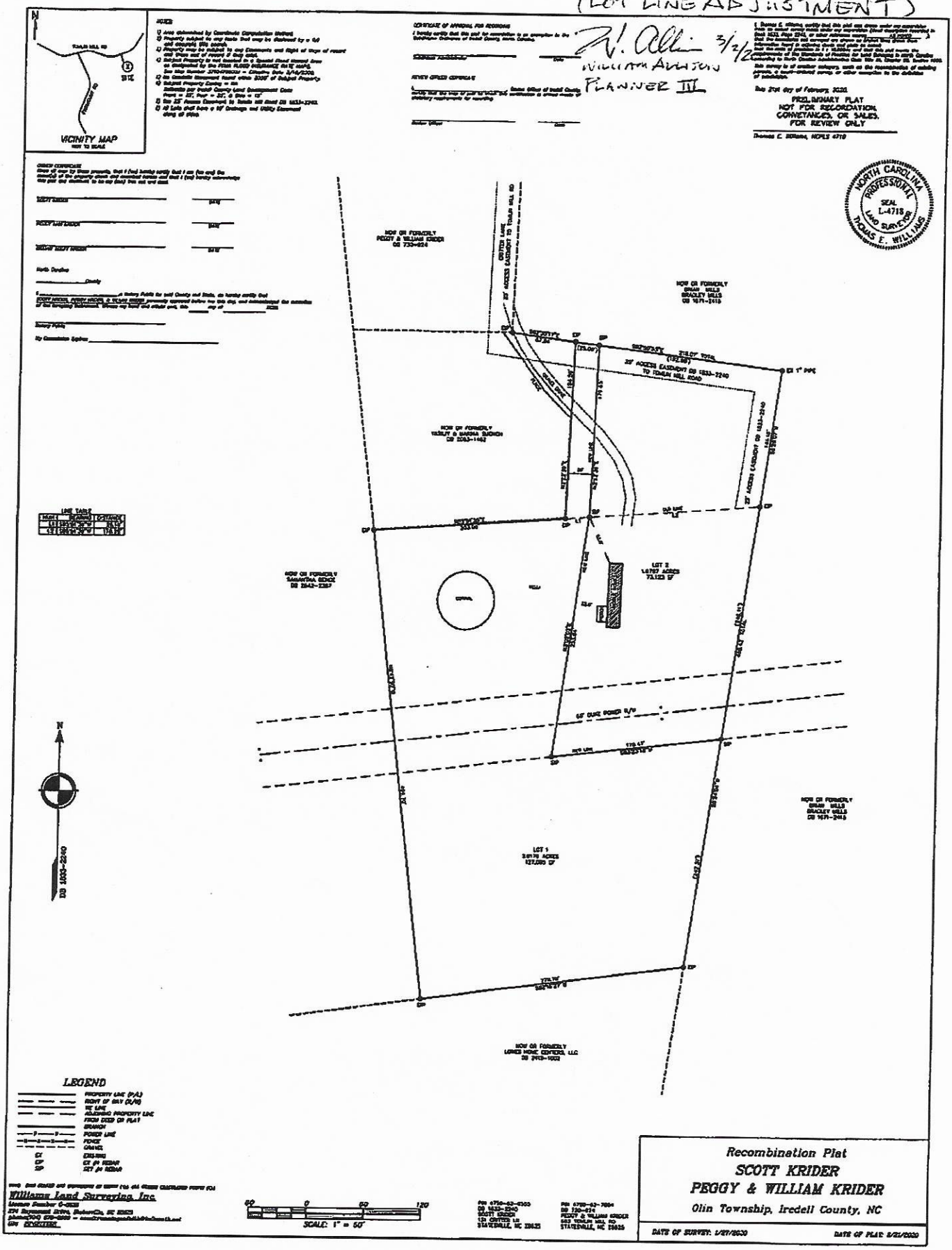
PIN 4759–62–6555
DB 1833–2240
SCOTT KRIDER
131 CRITTER LN
STATESVILLE, NC 28625

PIN 4759–62–7884
DB 730–924
PEGGY & WILLIAM KRIDER
683 TOMLIN MILL RD
STATESVILLE, NC 28625

Recombination Plat
SCOTT KRIDER
PEGGY & WILLIAM KRIDER
Olin Township, Iredell County, NC

DATE OF SURVEY: 1/27/2020 DATE OF PLAT: 2/21/2020

PRELIMINARY APPROVAL
(LOT LINE ADJUSTMENT)



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)* Robert Scott Krider

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, Robert Scott Krider, am the legal owner(s) of the property located at 147 Critter Ln, identified as PIN (Parcel Identification Number) 4759626555, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Robert Scott Krider, _____, 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.

Robert Scott Krider _____ 3/2/2020

Signature of Owner(s) Date

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

Dutch 3262-02 - Silver Birch

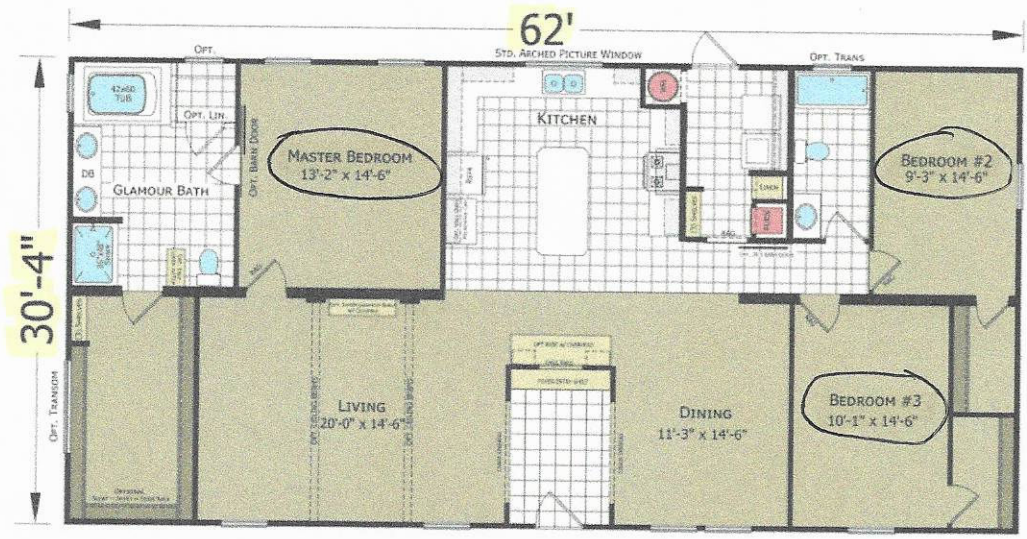
1875 Square Feet, 3 Bedrooms, 2 Bathrooms, Multi-Section

This manufactured home is built to the federal (HUD) building code for manufactured housing.

REQUEST INFO PRINT

Floor Plan

OPTIONS



Acknowledgement Of Plans Submittal ONLY!

Bryant C. White Date 4-21-2020

Robert A. Fish Date 4/21/2020

Go to websites

Virtual Tour

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305708 Issue Date: 03/09/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4759626555.000	147 CRITTER LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: KRIDER SCOTT	Name: KRIDER SCOTT
Address: 131 CRITTER LN	Address: 131 CRITTER LN
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.8075	35	35	15	15	N/A	NO

Remarks

NEW DOUBLEWIDE

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

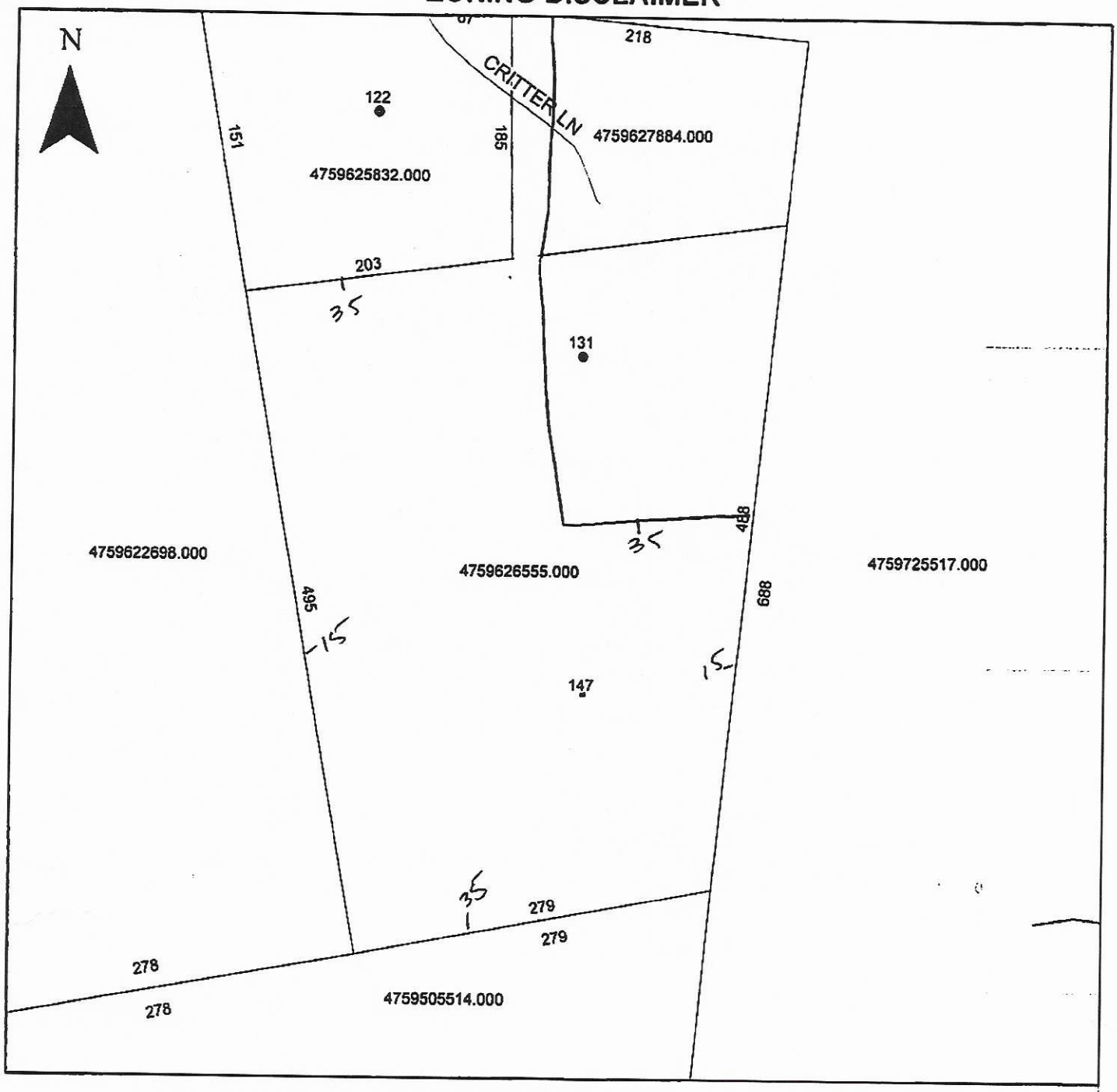
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 03/09/2020

Permit Number	305708	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 147 Critter

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.

Peggy C. Kinder
Applicant

Date