IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233193

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / Repair PIN # 4765589748

APPLICANT/OWNER: Jennifer and Steven Fox APPLICANT ADDRESS: 377 River Hill Road Statesville NC 28625

SITE ADDRESS: 377 River Hill RD Statesville NC 28625 PHONE: 704-902-1678 ALT. PHONE 828 312-3001

SITE DIRECTIONS: Hwy 64 Turn Left onto River Hill Rd Approx 2 miles on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 0.97 Acres. DESIGN FLOW: 240 gpd L.T.A.R.: .30

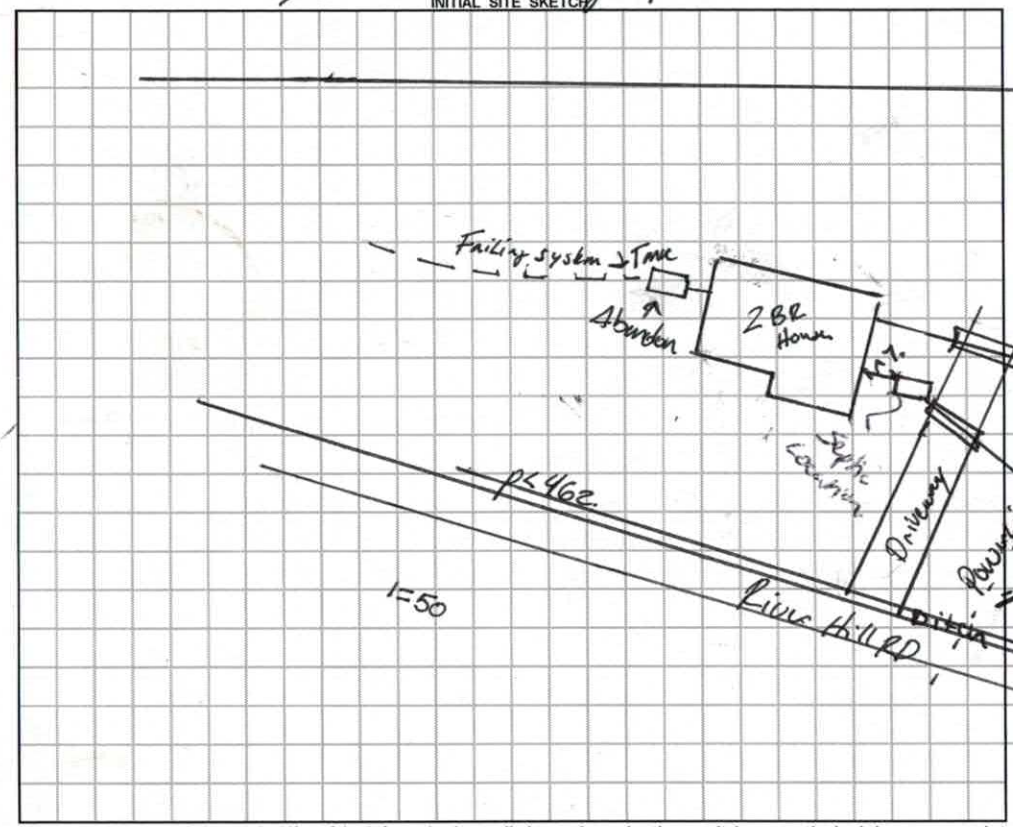
Septic Tank	1000	(gal)	STB	#2 854	Date	12/8/17.	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:				
Pump Make	~		Model	~	Serial #	~	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)			30	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE		

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

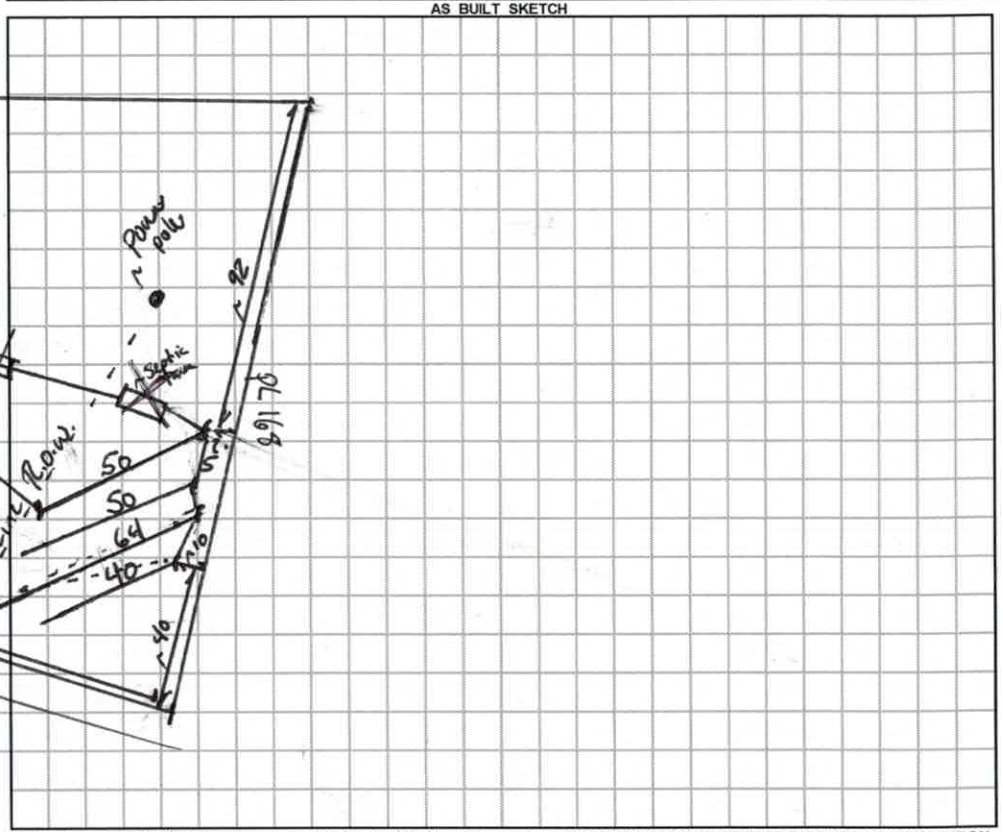
Comments / Conditions: Install septic drainlines on the contour of the land. Keep drainfield and septic tanks out of Energy United Powerline. Sleeve Line that is under driveway. Abandon old existing Septic Tank.

Septic tank may be located in either location

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

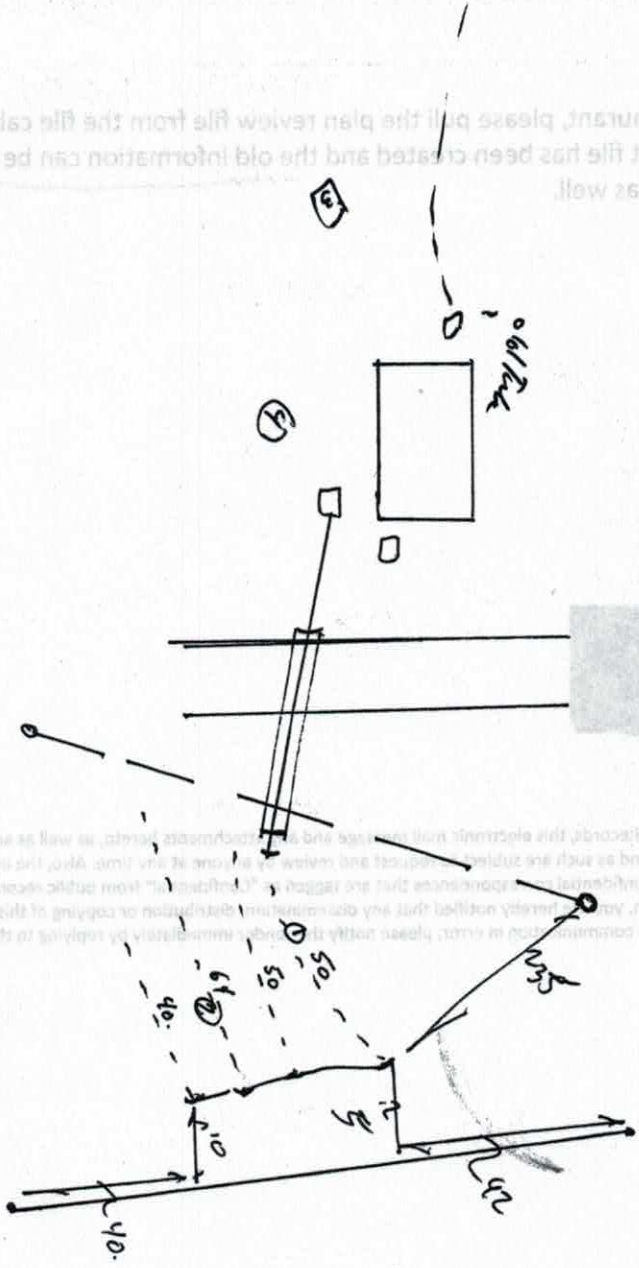
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Jennifer Fox Date: 2/13/2018 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 2/7/2018 OPERATION PERMIT by: Benjamin A. Bolkins Date: 2/14/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkins Date: 2/7/2018. 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.


105
40'
105
40'

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4765599794
COUNTY: Randolph

Repair

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Fox
ADDRESS: 377 Riverhill Drive
PROPOSED FACILITY: 2 BR Home
PROPOSED DESIGN FLOW (.1949): 240.
LOCATION OF SITE: 377 Riverhill Drive
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: —
DATE EVALUATED: ✓
PROPERTY SIZE:
PROPERTY RECORDED:

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-30	C SBk	SS SP FM SFAP		~~36~~ 48			PS .3
		30-48	CL WSBk	SS SP FR					
2		0-30	C SBk	SS SP FM SFAP		48.			PS .3
		30-48	CL WSBk	SS SP FR					
3		0-36	C WSBk	S P SFAP.	water entering hole @ 20 inches				PS .2
4		0-20.	C WSBk	S P SFAP	water filling hole @ 17 inches				PS .2.

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		200
System Type(s)		III 25%
Site LTAR		.3

OTHER FACTORS (.1946): Repair / P.O. R.O.W
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS:

Rpair

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

12427 233193

(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)

Professional Septic Installer has checked system & said needed new system

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ BOTH /Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Steven Fox & Jeff Hall *Contact Contractor	377 River Hill Road	(704)902-1678	828-312-3001.
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dawn + Tony Fox *828-312-3001	490 River Hill Road	(704)-798-5196	(704)380-4031
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

377 River Hill Road
Street Address **Subdivision Name** **Section/Phase and Lot Number**

Driving Directions: Hwy 64, turn Left onto River Hill Road appox 2 miles on the Left. Tan house w/ Black trim.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms 2
( ) New, Multi-Family Residence — Maximum Number of Occupants 4
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to age?
( ) Other ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees ___

6. Proposed Water Supply: existing County Water Supply

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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.

9. Signature: Dawn S. Fox
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

February 9, 2018

Mr. Tony Fox
377 River Hill Rd,
Statesville,N.C.

Dear Mr. Fox,

EnergyUnited has been contacted to grant permission to install a septic system within the limits of a right-of-way corridor maintained by the cooperative at 377 River Hill Rd, Statesville N.C.
EnergyUnited does not have jurisdiction over land usage on privately owned property other than restrictions pertaining to structures erected in close proximity of energized lines. Our definition of structures is a physical building or other construction that will limit accessibility to the facilities within the 30 foot right-of-way or restricts the safe operation of the facilities.

There may be cases in which the cooperative may request the placement of drain lines to be adjusted where underground facilities exist. It is the responsibility of the landowner (or landowner's contractor) to make the necessary notifications for marking and / or locating of any buried facilities prior to excavating.

EnergyUnited would also want it understood by the landowner that we would not be liable for damage to drain fields / and or septic systems installed within the limits of the easement as a result of our access into the right-of-way to inspect or maintain facilities.

Sincerely,

EnergyUnited Electric Membership Corporation

Tony Gray

Tony Gray

Accepted by:

Name:_____

Date:_____

IREDELL COUNTY HEALTH DEPARTMENT

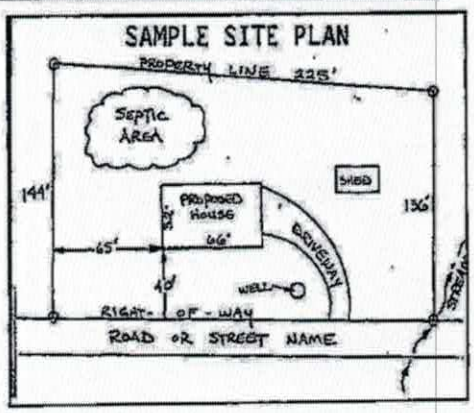
ENVIRONMENTAL HEALTH DIVISION

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

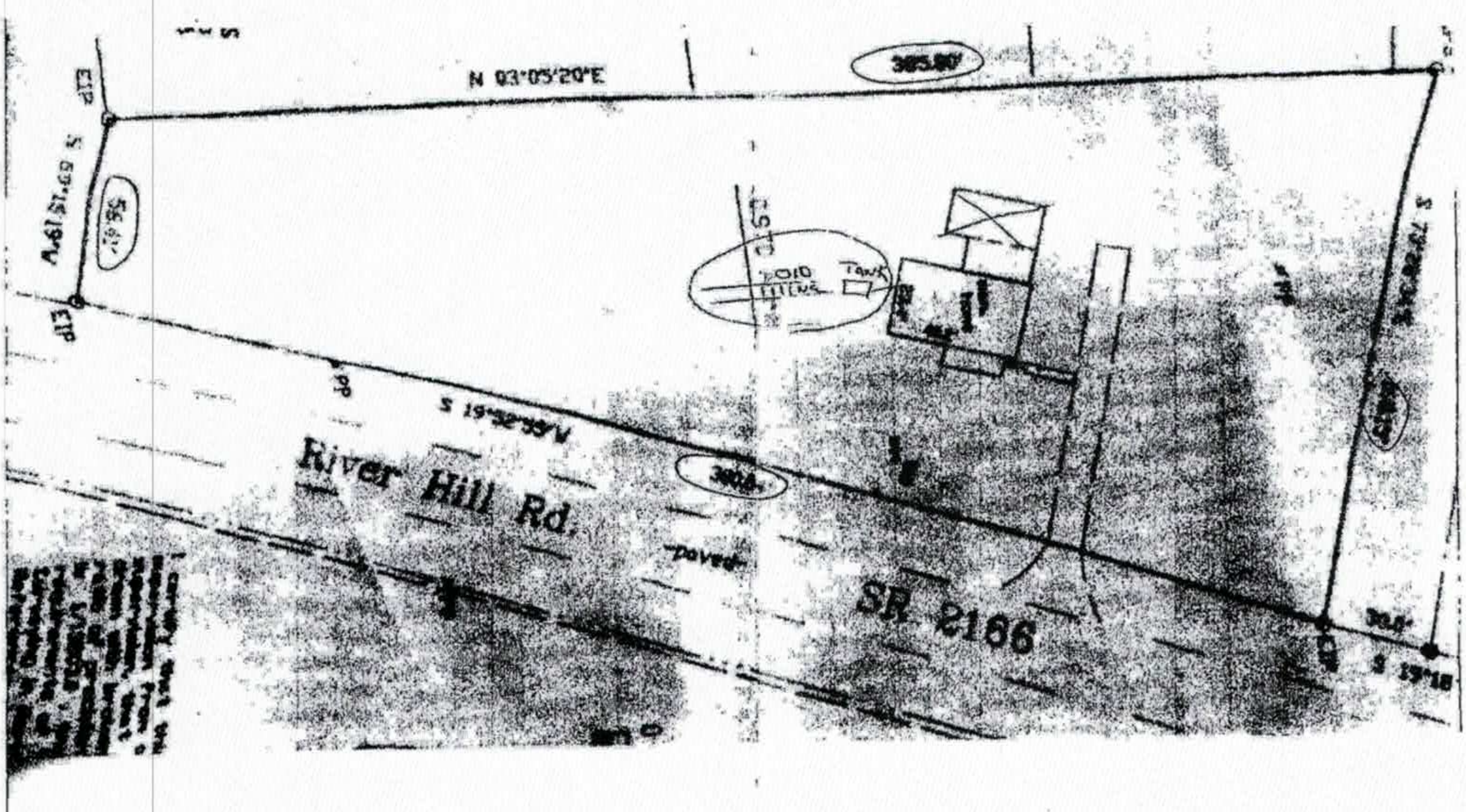
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See site plan

Signature: _____ 2/5/18

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



N 03°05'20"E
385.80'
EIP
56.61'
S 19°52'35"W
380.0'
River Hill Rd.
paved
SR 2166
30.0'
PP

IREDELL COUNTY

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

APPLICATION NUMBER
233190
Issue Date: 02/05/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4721081041.000	1634 EUFOLA ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: VANDYKE CHRISTINA L	Applicant: MORROW RODNEY H+DARHLA
Address: C/O CHRISTINA V CARRIGAN 5641 BOLICK RD CLAREMONT, NC 28610	Address: 186 HOSACK RD JACKSON CENTER, PA 16133
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	X

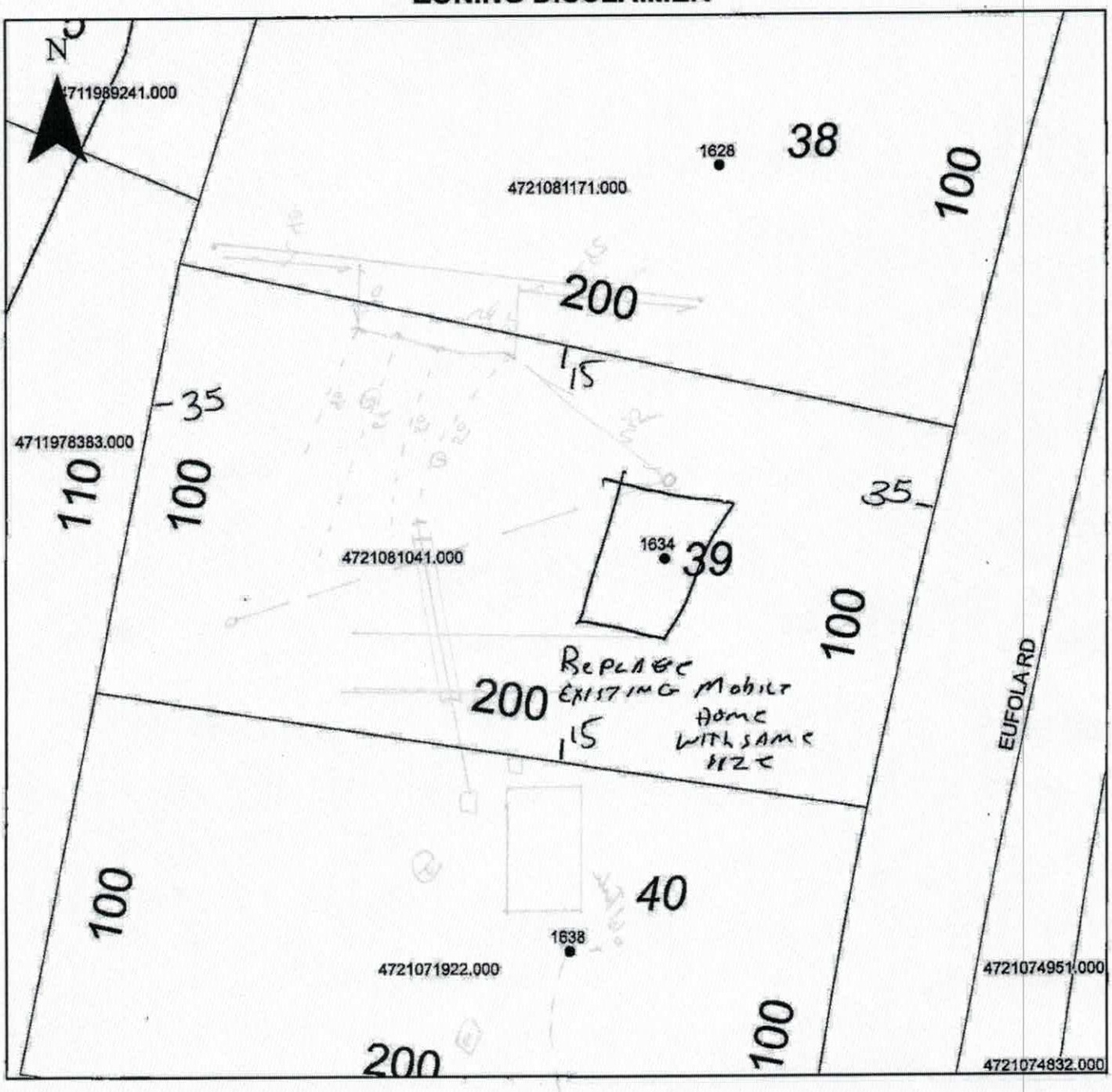
Remarks:

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	127697	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1634 Eufola

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.

X Robert H. Moore
Applicant

X 5 Feb 18
Date