IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227282

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

PIN # 4765 670 220. 113

APPLICANT/OWNER: Joshua Ellis APPLICANT ADDRESS: 330 Rwerhill Rd Statesville NC

SITE ADDRESS: 113 Post Ln Statesville NC PHONE: 704-873-5483 ALT. PHONE 704-657-2436

SITE DIRECTIONS: From Rwer Hill T/R onto Ellis Rd Follow to end SAP CONTROLLED: ☐ YES ☐ NO

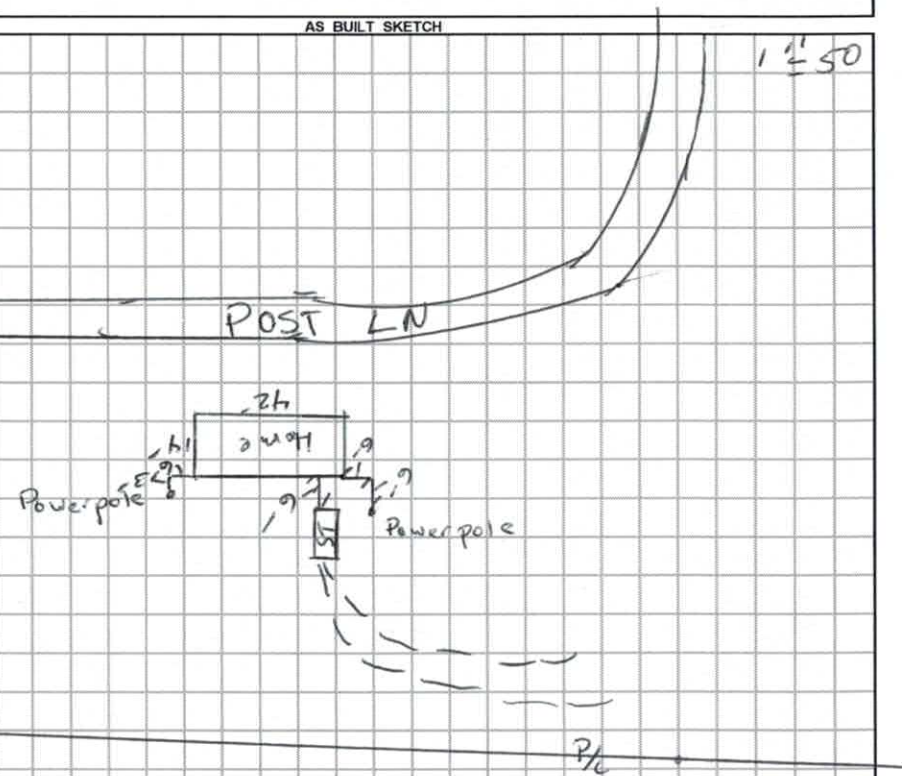
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 17.7 ac DESIGN FLOW: 240 L.T.A.R.: Ex

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

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be ≥5' from any part of STS

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: [signature] Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 07/13/17

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓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:

Joshua Ellis	330 River Hill Rd Statesville NC	704-873-5983	704-657-2436
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kathleen Ellis	330 River Hill Rd Statesville NC	704-873-5983	704 682 1262
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

113 Post Ln Statesville NC		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: from River Hill turn onto Ellis Rd. Follow Rd down to bottom which will run into Post Ln.

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

✓ New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 1
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) 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 _____
Maximum Number of Seats _____

6. Proposed 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_____

8. 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. industry) 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.

9. Signature: _____ 5-18-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

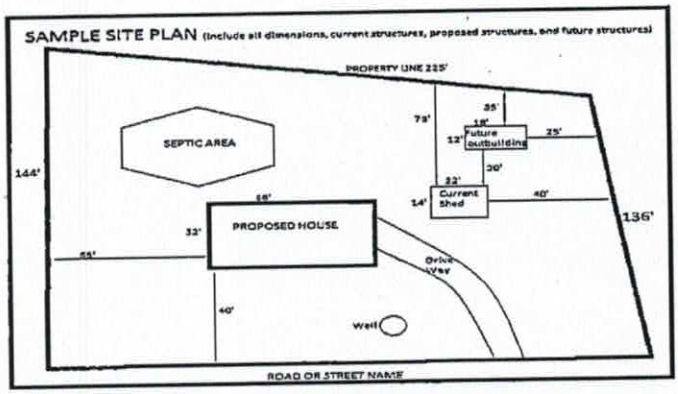
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

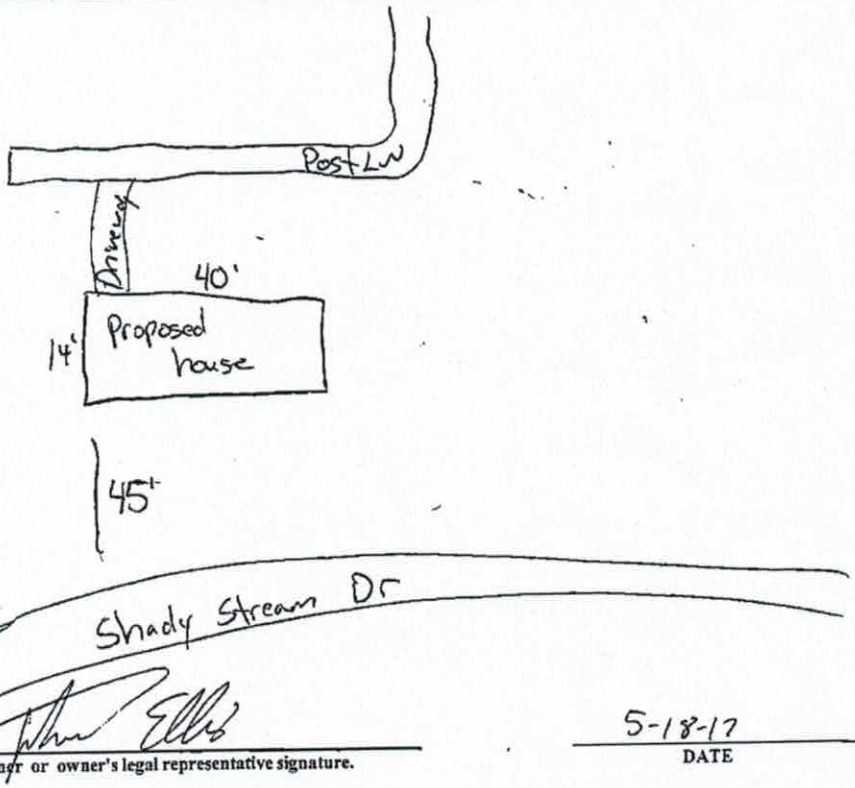
Circle N/A on the following if appropriate:

_____ 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

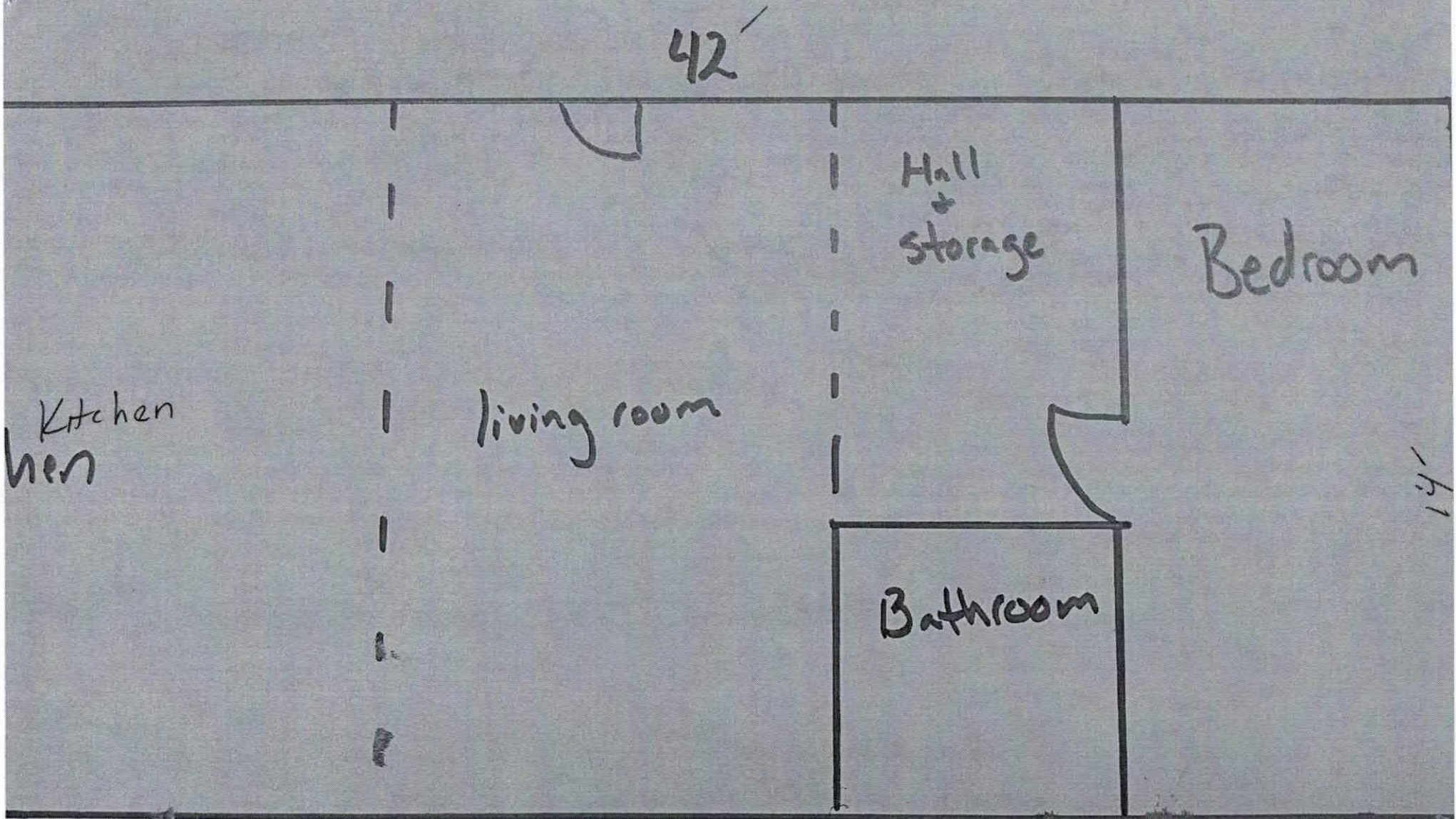


Signature: John Ellis

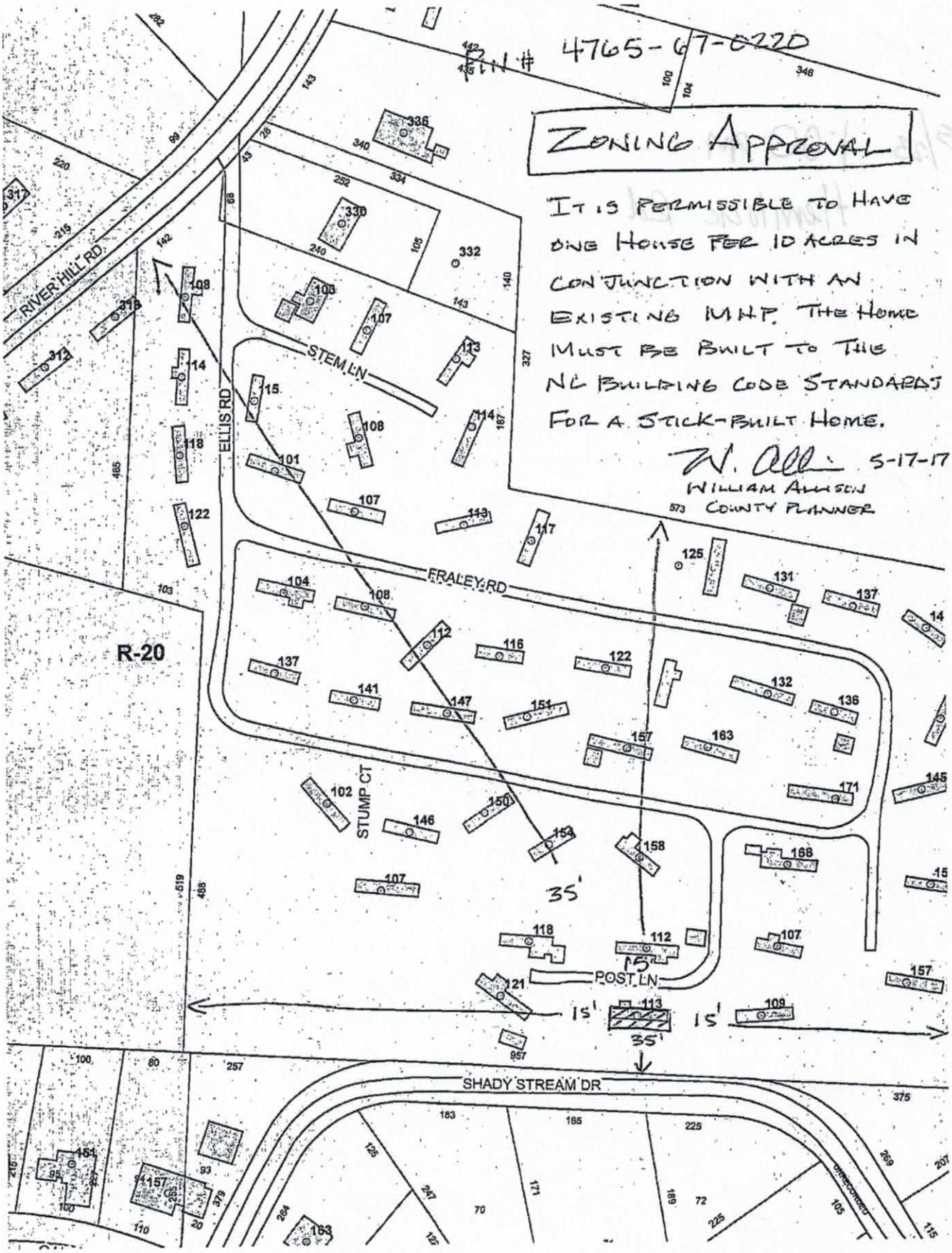
REQUIRED ~~property owner~~ or owner's legal representative signature.

5-18-17

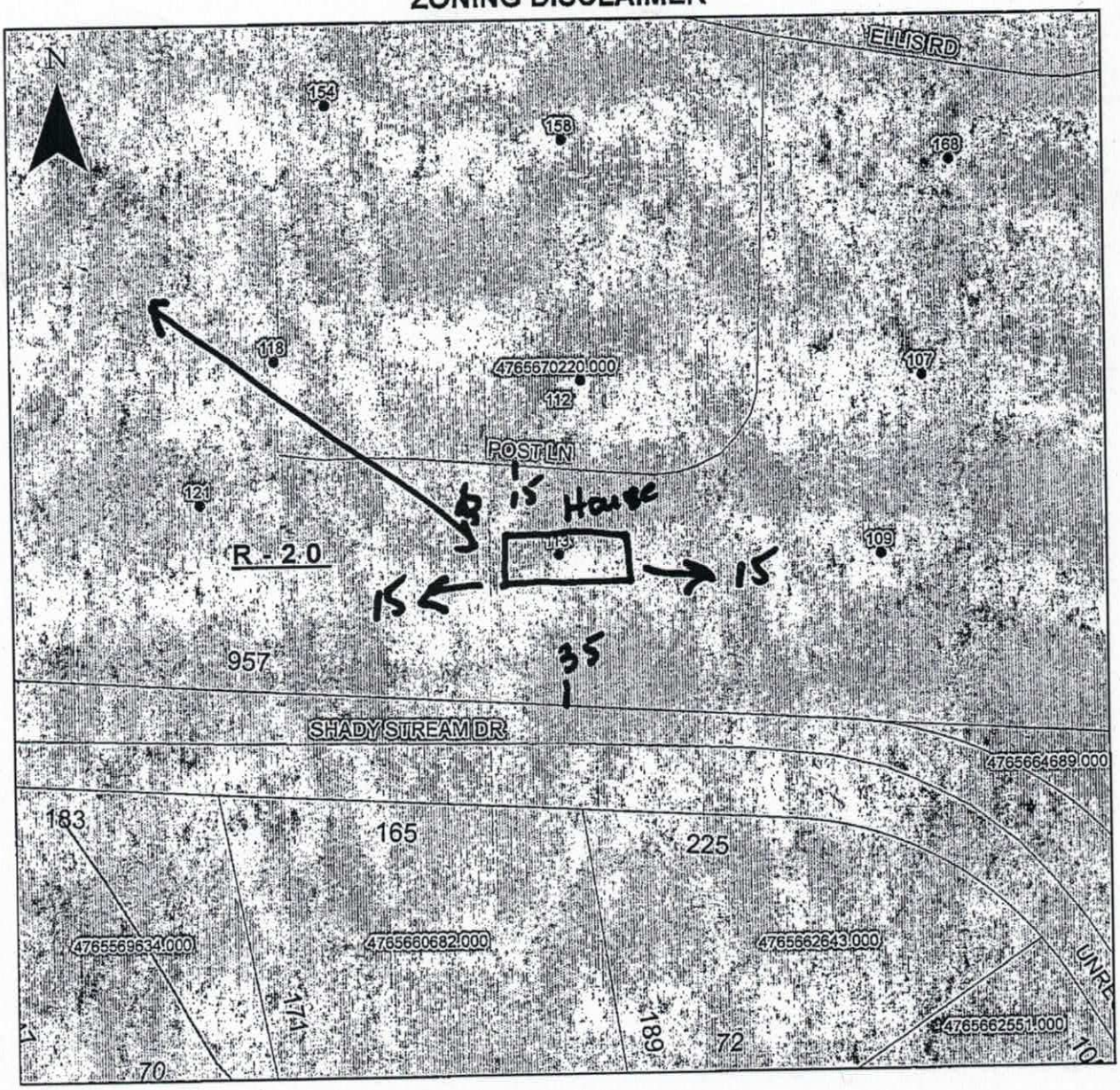
DATE



Acknowledgement Of
Plans Submitted ONLY!
Date 07/13/17


PIN # 4765-67-022D
ZONING APPROVAL
IT IS PERMISSIBLE TO HAVE ONE HOUSE PER 10 ACRES IN CONJUNCTION WITH AN EXISTING MHP. THE HOME MUST BE BUILT TO THE NC BUILDING CODE STANDARDS FOR A STICK-BUILT HOME.
W. Allison 5-17-17
WILLIAM ALLISON
COUNTY PLANNER
RIVER HILL RD.
ELLIS RD
STEM LN
FRALEY RD
STUMP CT
POST LN
SHADY STREAM DR
R-20
35'
15'
15'
35'

ZONING DISCLAIMER



Property Address 113 Post

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 _____
Applicant

X 5-18-17
Date