ICHD - ENVIRONMENTAL HEALTH DIVISION

BCW

~~Statesville Office~~ (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322309

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

PIN # 4766 -- 25 -- 6711

APPLICANT/OWNER: Ronald Skinner APPLICANT ADDRESS: 329 Niton Road Statesville

SITE ADDRESS: 118 Pepperidge LN Statesville 28625 PHONE: 704-929-9805 ALT. PHONE -

SITE DIRECTIONS: Old Mocksville R on Chestnut Grove R on pepperidge a Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 7.07 Acre DESIGN FLOW: 360 gpd L.T.A.R.: 0.5

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 Ex

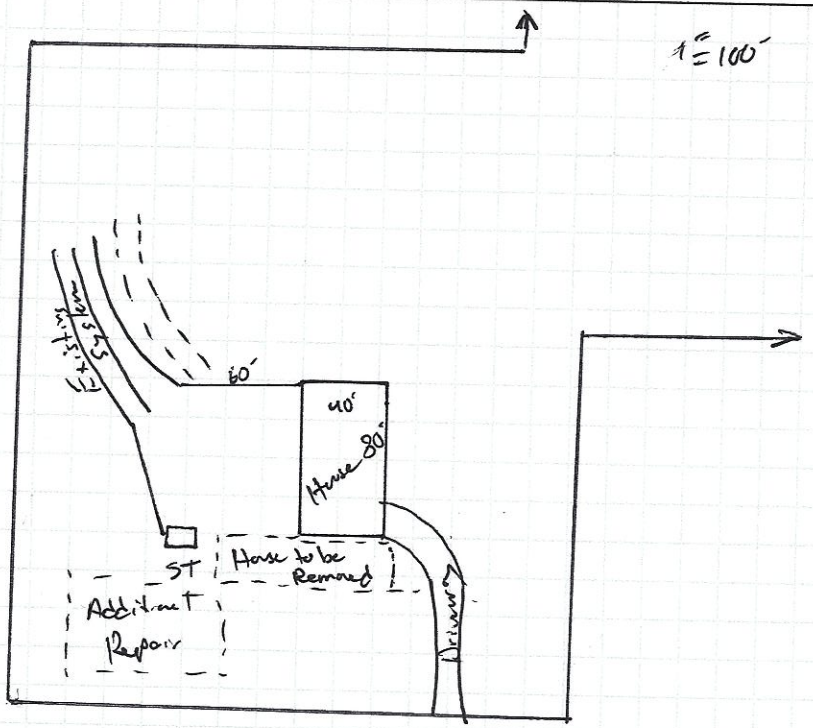
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 356 Reduction
Repair System Description: 30 % Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ____ ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply
☐ Private ☒ Public ☐ Community

Comments / Conditions: Existing System functioning properly at time of Inspection. Meets Setbacks for new House

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: [signature] Date: 11/29/21 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 11-16-2021

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

RECEIVED OCT 1 3 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322309 $250.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) (✓) Authorization to Construct (Floorplan submitted with App.) (✓) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ronald Skinner Address: 329 Nixon Rd Statesville NC Zip: 28625
Applicant Email: R.Skinner.Maintenance LLC@Gmail.com Phone: 704-929-9805 Alt. Phone: 704-929-8518
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 119 Pepperidge Ln. Statesville NC. 28625.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: North on old mocksville Rd., Right on Chestnut gate Lane, Right on Pepperidge Lane, Tan Singlewide on left.

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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
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: 1 Number of Persons: 2
( ) 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: Ronald Skinner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/13/21
DATE

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*) _____

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, Ronald Skinner, am the legal owner(s) of the property located at 119 Pepperidge Ln Statesville NC. 28625, identified as PIN (Parcel Identification Number) 4766-25-6677-000, 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.

Ronald Skinner
Signature of Owner(s)

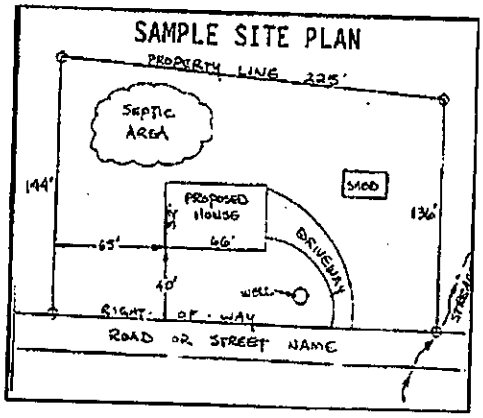
10/13/21
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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:

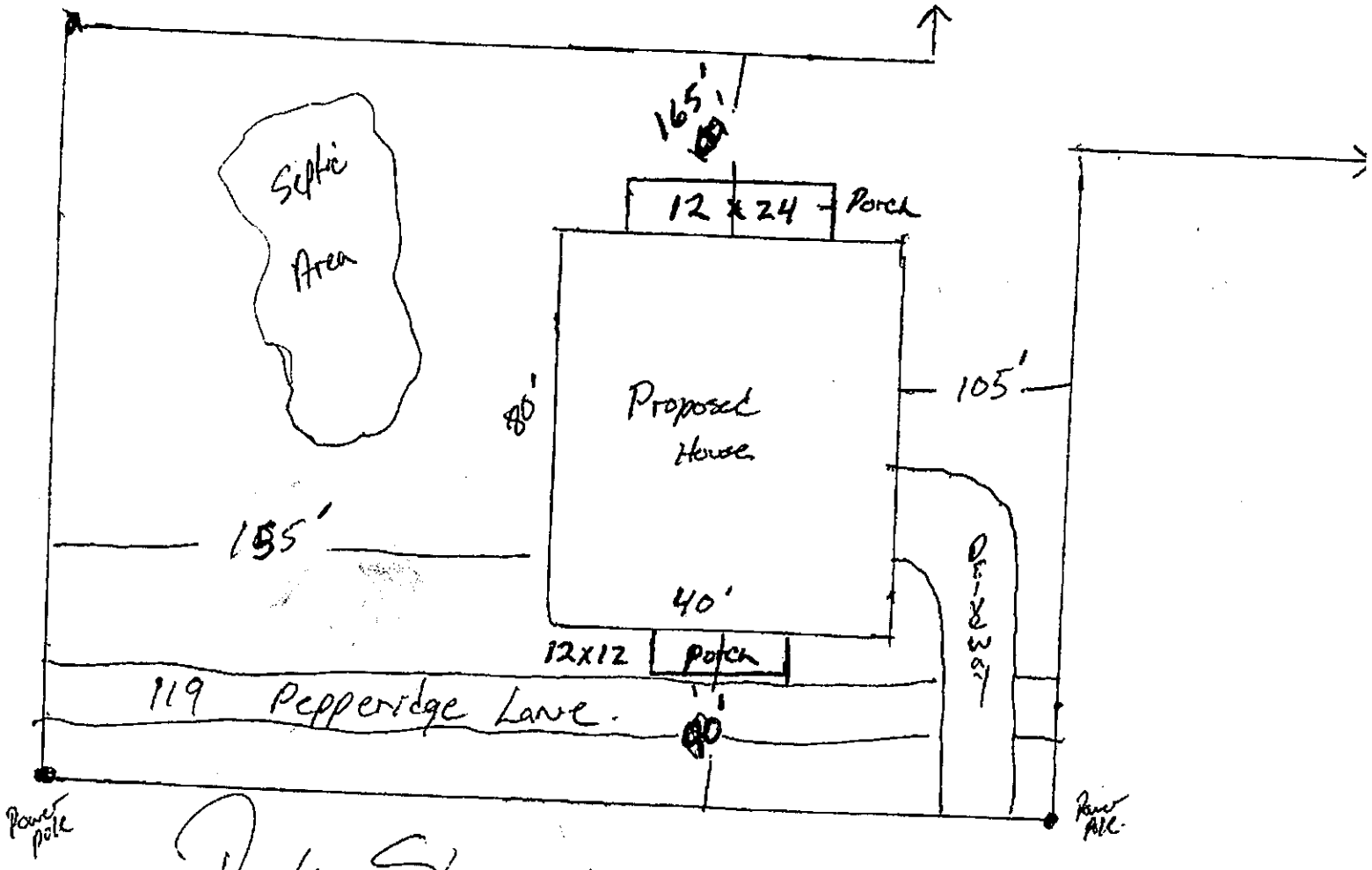
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



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

10/13/21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625

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

PERMIT # 231040

APPLICANT/OWNER: Ronald Skinner — APPLICANT ADDRESS: 329 Nixon Rd, Statesville — PIN # 4710025 6711

SITE ADDRESS: 119 Pepperidge Ln, Statesville 28625 — PHONE: 704-929-9805 — ALT. PHONE —

SITE DIRECTIONS: Old Mocksville Rd → R on Chestnut Grove → R on Pepperidge → on left

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.07 ac

SAP CONTROLLED: [X] YES [ ] NO

Septic Tank	1000 (gal)	STB	760	Date	7-15-19	DESIGN FLOW:	300 gpd L.T.A.R.: .3
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'		
Trench Width	30"	Trench Bottom Depth (Low side)	32"	Gravel Depth	—		

[X] New System [ ] Repair [ ] Expansion — System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: 50% (LEPPERS)

Maintenance Agreement Required: [ ] YES [X] NO — [X] GRAVITY [ ] PRESSURE

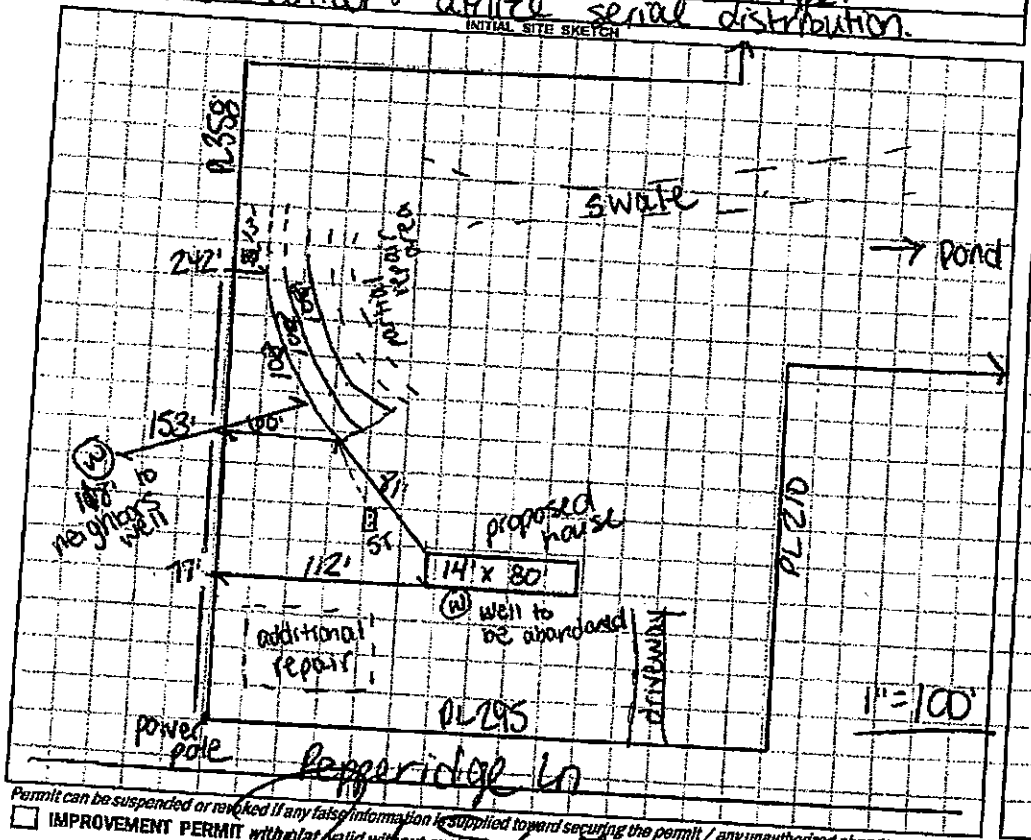
[X] Residence — No. Bedrooms: 3
[ ] Business — No. Persons: 6
[ ] Other — No. Employees: —
[ ] Slab — [X] Crawl Space
[ ] Basement w/plumbing — [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

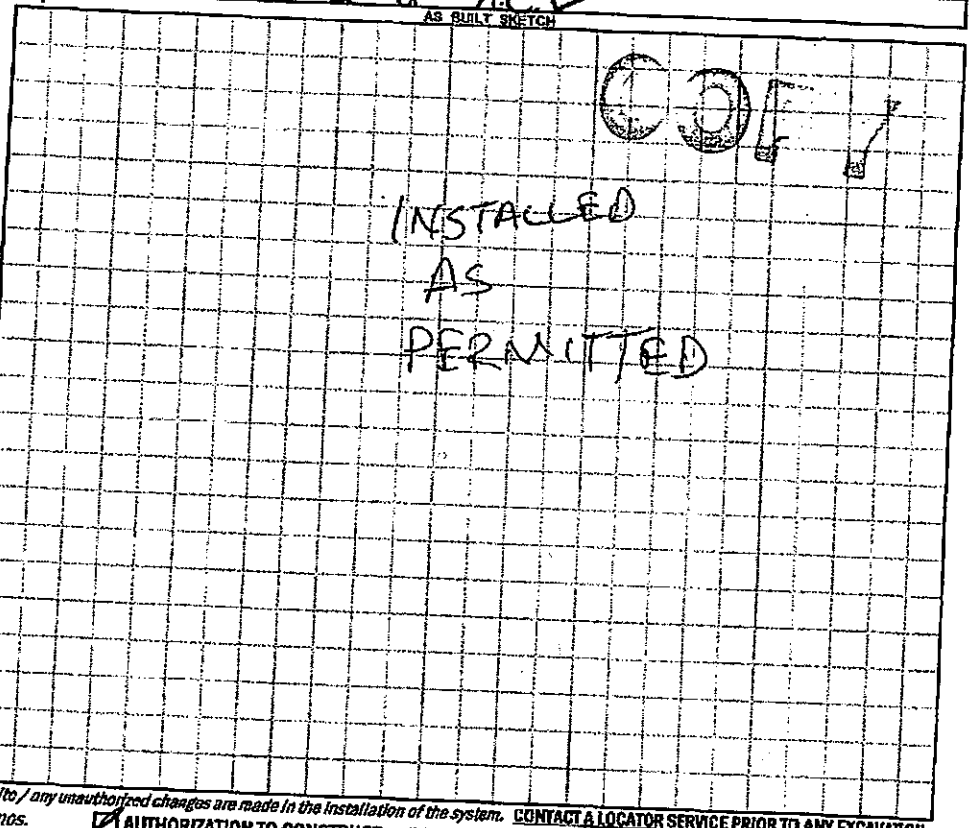
Comments / Conditions: Purpose of this permit is a redraw to change house location and foundation type. Install on contour utilize serial distribution.

Must be 100' from neighbors well with any part of septic. Old well MUST BE ABANDONED prior to issuance of A.C.

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.

[ ] IMPROVEMENT PERMIT with plat valid without expiration

[X] IMPROVEMENT PERMIT with site plan valid for 60 mos.

[X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: Ronald Skinner

IMPROVEMENT PERMIT by: Carla C. Cave — Date: 5/29/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave — Date: 6/18/19

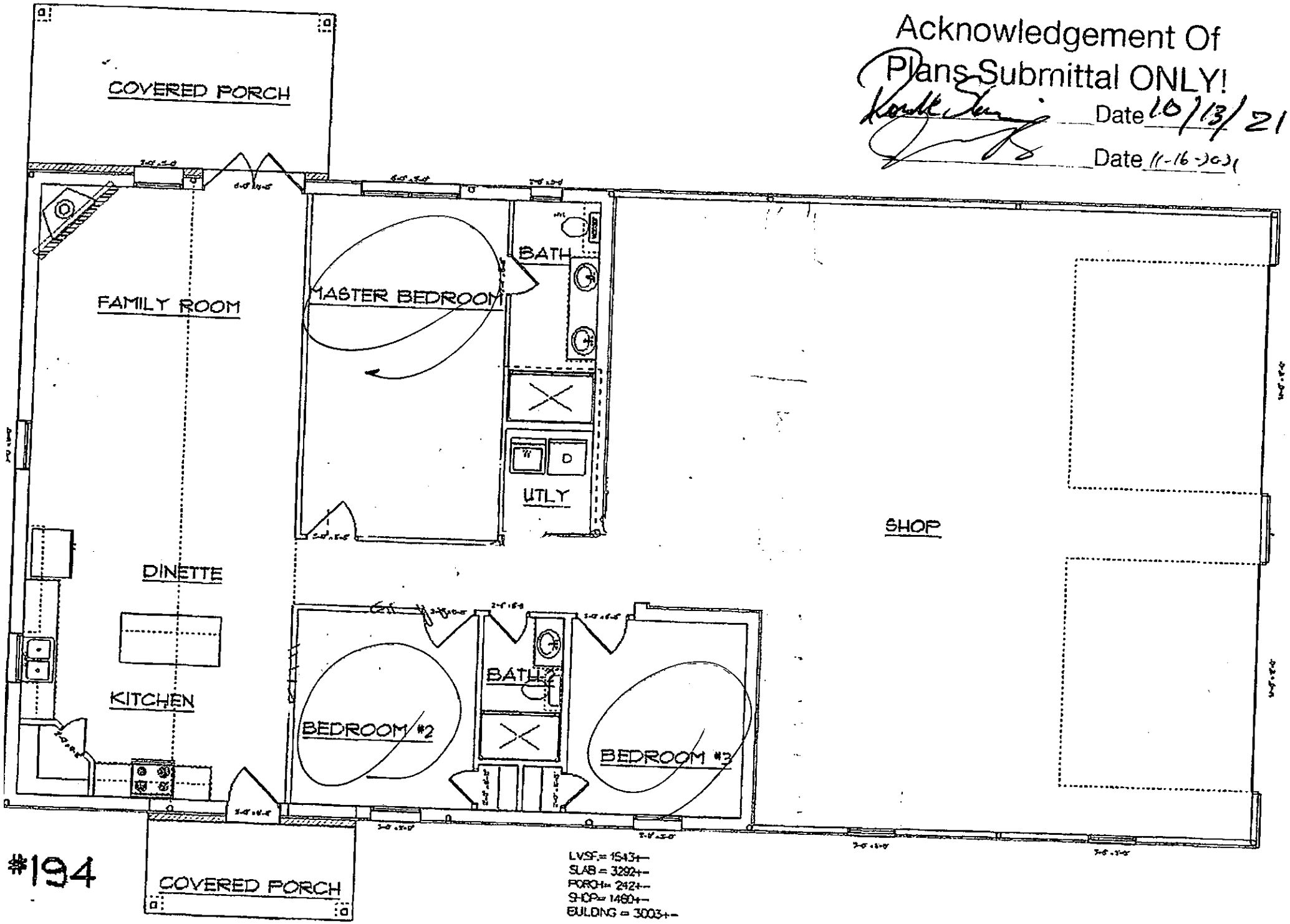
Installed by: CRAIG THOMPSON

OPERATION PERMIT by: Bryant L. White — Date: 9-20-19

Existing System Inspected by: — Date: 5-29-19

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.

Acknowledgement Of
Plans Submittal ONLY!
Date 10/13/21
Date 11-16-2021



#194

LVSF = 1543+-
SLAB = 3292+-
PORCH = 242+-
SHOP = 1480+-
BUILDING = 3003+-

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322309 Issue Date: 10/13/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766256711.000	119 PEPPERIDGE LN	Iredell County

Owner Information	Applicant Information
Name: SKINNER RONALD+MARGARET	Name: RONALDD SKINNER
Address:	Address: 329 NIXON RD
	STATESVILLE, NC 28625
Phone:	Phone: (704)929-9805

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD MOBILE HOME MUST BE REMOVED BEFORE CO ISSUED FOR HSE
MOBILE HOME MUST BE REMOVED BEFORE THE CO FOR THE HOUSE CAN BE ISSUED.

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

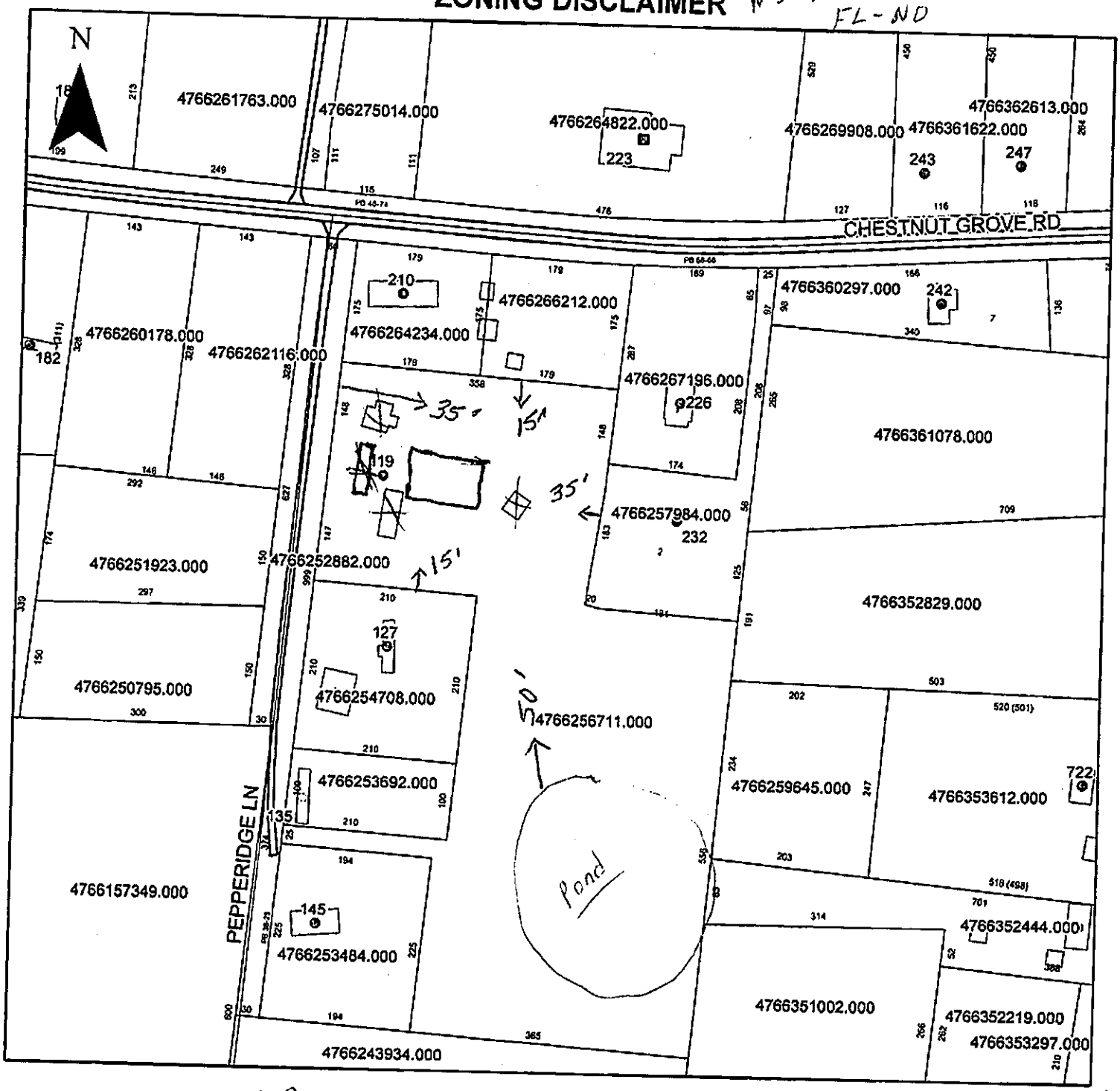
Date: 10/13/2021

Permit Number	322309

TOTAL FEES:	$77.25

RA 7.07 AC

ZONING DISCLAIMER WS-ND FL-ND



Property Address 119 Pepperidge LN.

SW must be removed before CO can be issued for house.

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.

Applicant

10/13/21
Date