IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232410

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

PIN # 4766-35-2829

APPLICANT/OWNER: Eveadean Morrison Myers APPLICANT ADDRESS: 14702 Yellow Begonea Dr. Cypress Texas 77433

SITE ADDRESS: 708 Allen Creek Rd. Statesville, NC 28625 PHONE: 701-212-9877 ALT. PHONE Todd Elmore 704-682-1328

SITE DIRECTIONS: Old Mocksvill Rd → R on Chestnut Hill Rd → R on Allen Creek → on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.20 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.250

Septic Tank	1000	(gal)	STB	760	Date	2-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (Serial Distribution)			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	25% Reduction (Pump)			
# Nitrification Fields	1	# Lines	8	Linear Ft	360		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE			

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

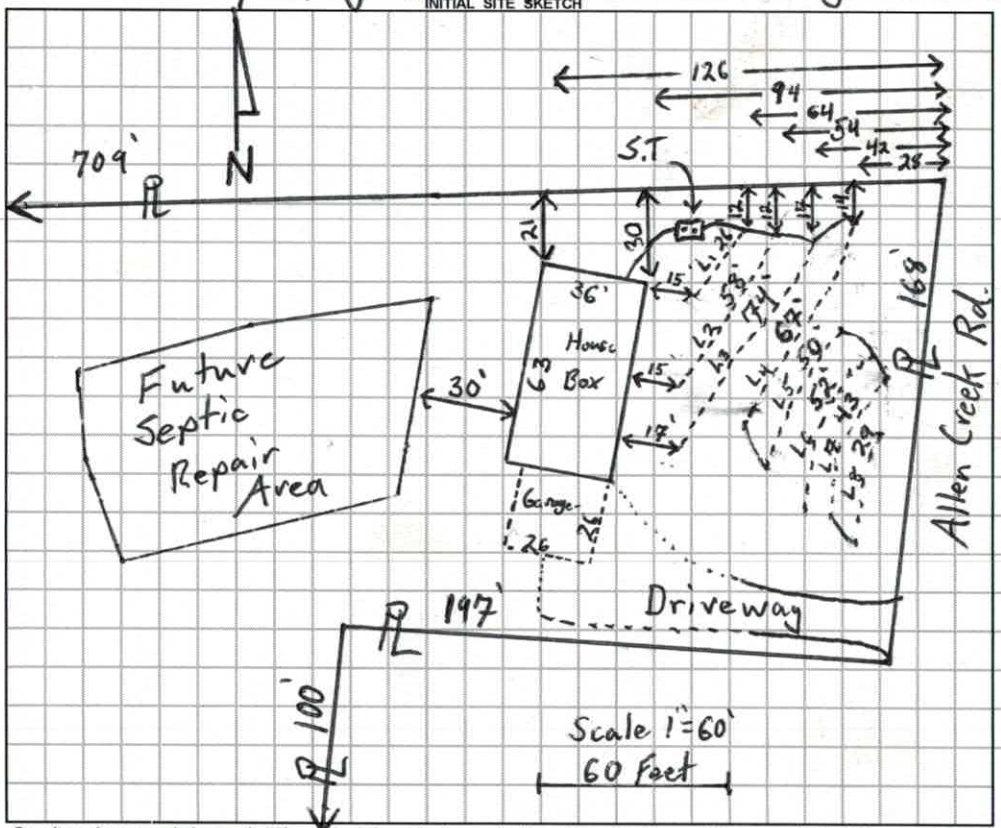
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Though 399 linear feet of line have been laid out, only 360 linear feet need be installed. Recommend pumping the septic tanks every 3-5 years. Porch + Decks Do not encroach on Septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

* Installed as permitted
Quicksand infiltrator Installed.

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: Eveadean M. Myers Date: 12/28/18 Installed by: Gary Thompson

IMPROVEMENT PERMIT by: Tom Shuler Date: 2/5/2018 OPERATION PERMIT by: Benjamin A Bell Date: 4/25/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 2/7/2019 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.

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

Sheet ___ of ___
PROPERTY ID #: 4766-35-2829
COUNTY: Iredell

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

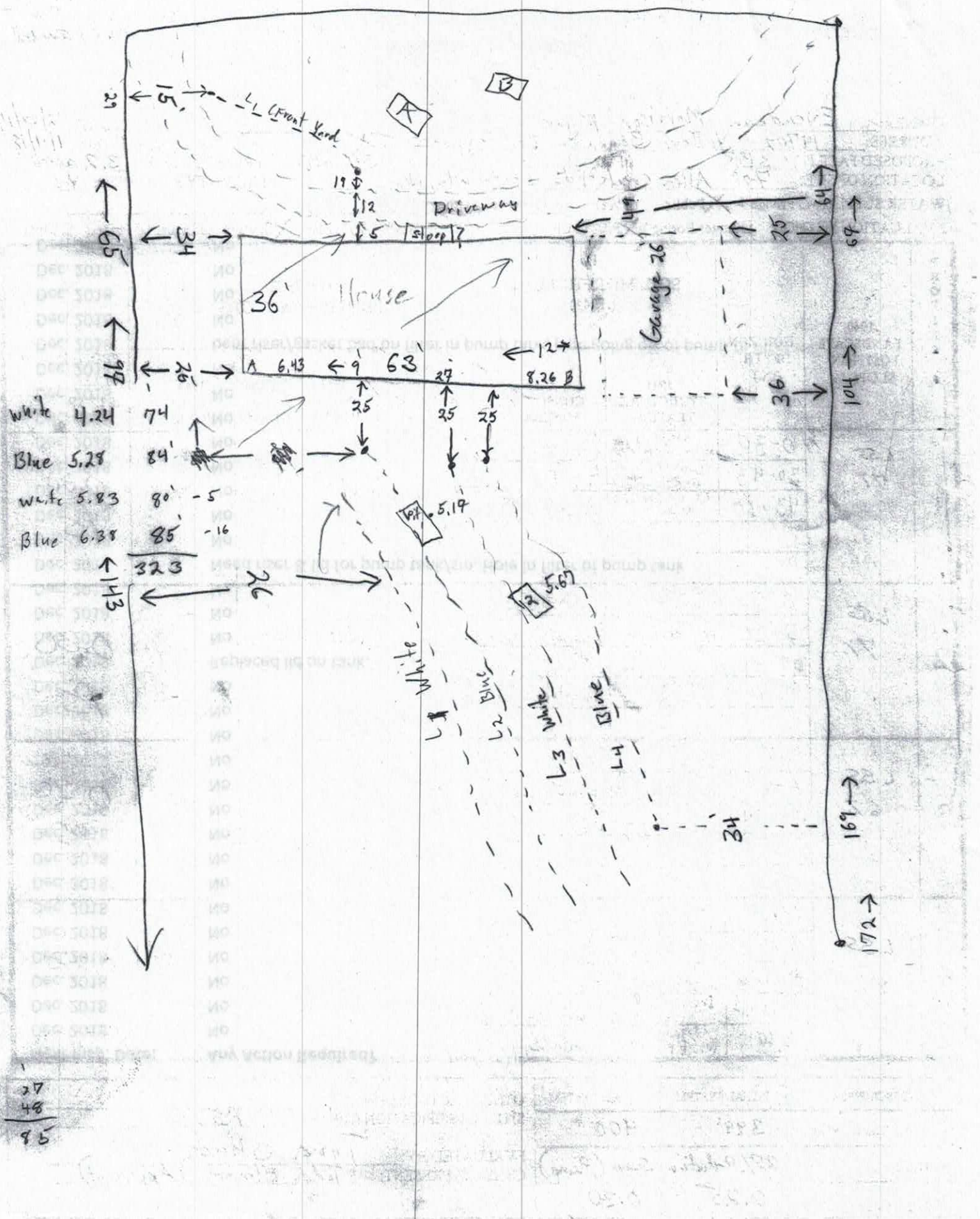
OWNER: Eveadean Morrison Myers — APPLICATION DATE: 12/29/17
ADDRESS: 14702 Yellow Begonia Dr. Cypress, TX — DATE EVALUATED: 1/4/18
PROPOSED FACILITY: 3 BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 3.2 acres
LOCATION OF SITE: 708 Allen Creek Rd. Statesville, NC — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 7%	0-30	clay w-m SBK/ABK	Sl. Firm, Stk/Sty, Sp/Sop	—	43	—	—	0.30 PS
		30-43	Clay Loam w. SBK some mica	Sl. Friable, SS, Sp/Sop					
		43-60	Loamy Saprolite MA	Friable + well drained					
2	LSS 7%	0-7	SCL v.w. SBK	Sl. Friable, SS, Sp, Sop	—	44	—	—	0.30 PS
		7-29	clay m. ABK/SBK	Sl. Firm, Stk/Sty, Sp/Sop					
		29-44	Clay Loam w. SBK some Saprolite	Sl. Friable, SS, Sp, Sop					
		44-61	Loamy Saprolite MA	Friable + moderately Drained					
3	LSS 6%	0-8	SCL V.W. SBK	Sl. Friable, SS, Sp, Sop	—	60"	—	—	0.30 PS
		8-31	clay some W ABK/SBK mica	Sl. Firm, Stk/Sty, Sp/Sop					
		31-60	Clay Loam w. SBK common mica	Sl. Friable, SS, Sp, Sop					
4	LSS 8%	0-8	SCL V.W. SBK	Sl. Friable, SS, Sp/Sop	—	41"	—	41-53"	0.275
		8-30	clay w-m ABK/SBK some mica	Sl. Firm, Stk/Sty, Sp/Sop					
		30-41	clay Loam w. SBK common mica	Sl. Friable, SS, Sp, Sop					
		41-53	Decomposed in place Rock (Quartz)	Angular Gravels/cobble					
		53-60	clay Loam w. SBK some Sap	Sl. Friable, SS, Sp, Sop					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	399'	400 +
System Type(s)	25% Reduction	Same (Pump)
Site LTAR	0.25	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Todd Elmore (Applicant)

COMMENTS:


A
B
15'
LL Front Yard
19
12
Driveway
5
Slope
House
36'
63'
Garage 26
6.43
9
27
8.26
25
25
25
5.19
5.65
L1 White
L2 Blue
L3 White
L4 Blue
34
65
34
49
25
36
99
94
26
124
101
169
172
26
143
White 4.24 74
Blue 5.28 84'
White 5.83 80' -5
Blue 6.38 85' -16
323
27
48
85

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

360 or 240
5+48

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 1/4/18
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

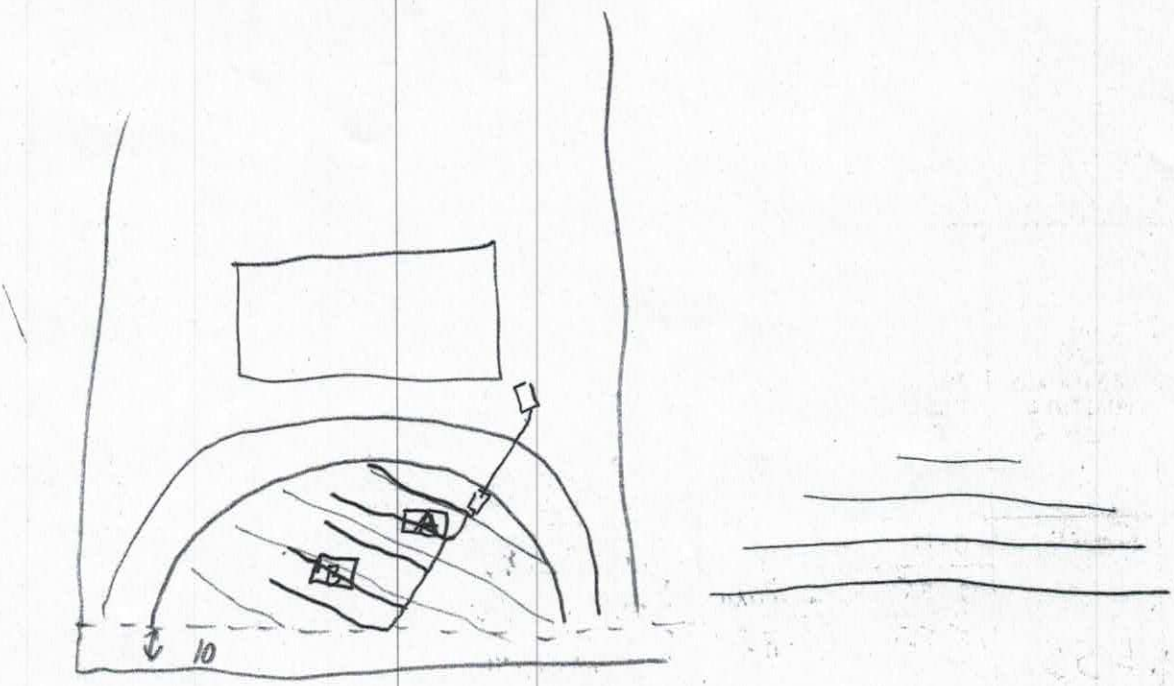
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Front LSS 5%	0-12	SCL v,w,SBK	sl. Friable, SS, Sp, Sap	–	55"	–	–	0.275 PS
		12-35	clay w-m SBK/ASK	sl. Firm, Sticky, Sp, Sap					
		35-55	Clay Loam w-m SBK	sl Friable, SS, Sp, Sap					
2	Front Linear Foot Slope 5%	0-15	SCL v,w,SBK	sl Friable, SS, Sp, Sap	–	52"	–	–	0,25 PS
		15-36	Clay m SBK	Firm, stichy, Sp, Sap					
		36-52	Clay Loam w. SBK	sl. Firm, SS, Sp, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____



Front Yard

2/2/18

[7.96] [+35']

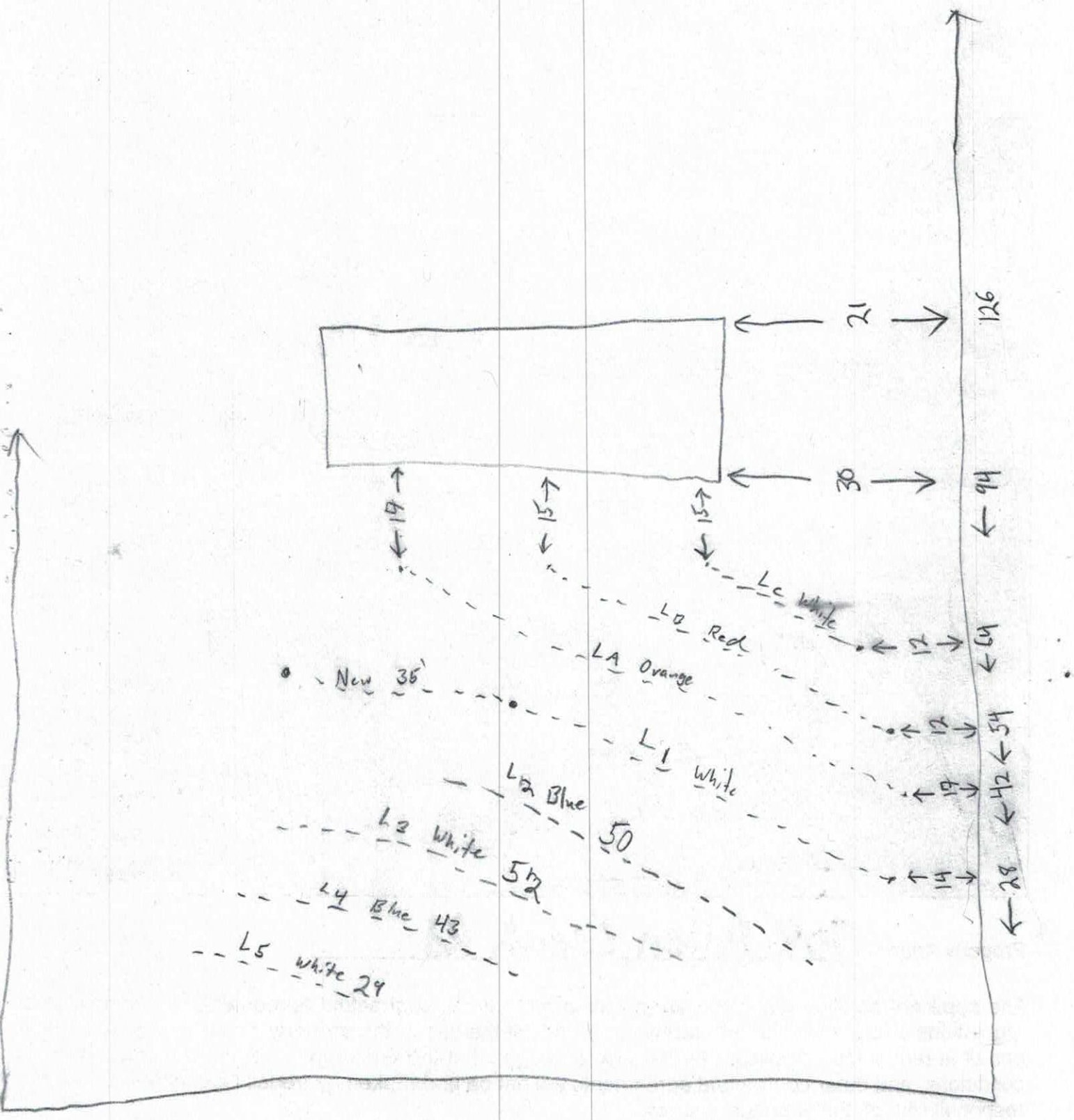
L1	white	9.56'	32'
L2	Blue	10.07'	50'
L3	White	10.52'	52'
L4	Blue	11.00'	43'
L5	White	11.65'	29
			206

2/2/18

			35
LA	ORange	7.494	74'
LB	Red	6.70	58'
LC	white	6.11	26'
			193

Elmore Gardens ⑤ 2021.com

$L_1 \rightarrow L_8$



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Everdean Myers Address: 14702 Yellow Begonia Dr Cypress TX Zip: 77433
Owner Email: _____ Phone: 701-540-7745 Alt. Phone: _____

Property Information:

Street Address: 708 Allen Creek Rd Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 Toward Mocksville, Exit 154, (L) onto old Mocksville Rd, (R) onto Chestnut Grove Rd, (R) onto Allen Creek rd, 708 is on Right.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

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

CHECK FOUNDATION TYPE

(X) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Kimberly Sneed 2/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Everdean Morrison Myers, am the legal owner(s) of the property located at 708 Allen Creek Rd. Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4766-35-2829, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, Kimberly Snead, 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.

Everdean Morrison Myers 12/28/18 Kimberly Snead 12/28/18

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

Lisa Contact: Todd Elmore 704-682-1328

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Elmore

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Eveadean Morrison Myers Address: 14702 Yellow Begonia Drive Cypress TX Zip: 77433
Applicant Email: evie.myers@gmail.com Phone: 701-212-9877 Alt. Phone: 701-540-7745
Owner Name: same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 708 Allen Creek Rd.
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Eveadean M. Myers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/29/17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, EVEADEAN MORRISON MYERS, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 1211E00000A186, located in Iredell County, North Carolina.

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

Evadean Morrison Myers 12/29/17 _____ _____

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

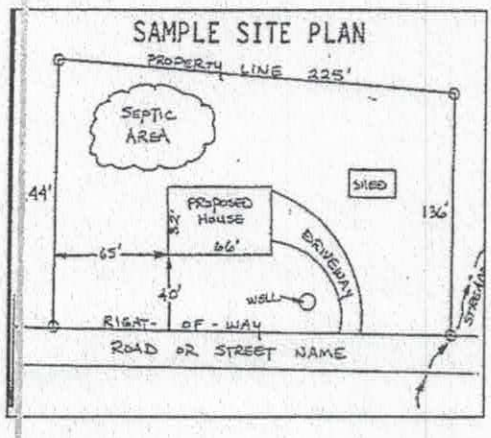
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Attached

Signature: Kimberly Sneed

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

2/7/19

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5308 [redacted] Fax (704) 660-3625

PERMIT # 232410

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

PIN # 4766-35-2829

APPLICANT/OWNER: Eveadean Morrison Myers APPLICANT ADDRESS: 14702 Yellow Begonea Dr. Cypress Texas 77433

SITE ADDRESS: 708 Allen Creek Rd. Statesville, NC 28625 PHONE: 701-212-9877 ALT. PHONE Todd Elmore 704-682-1328

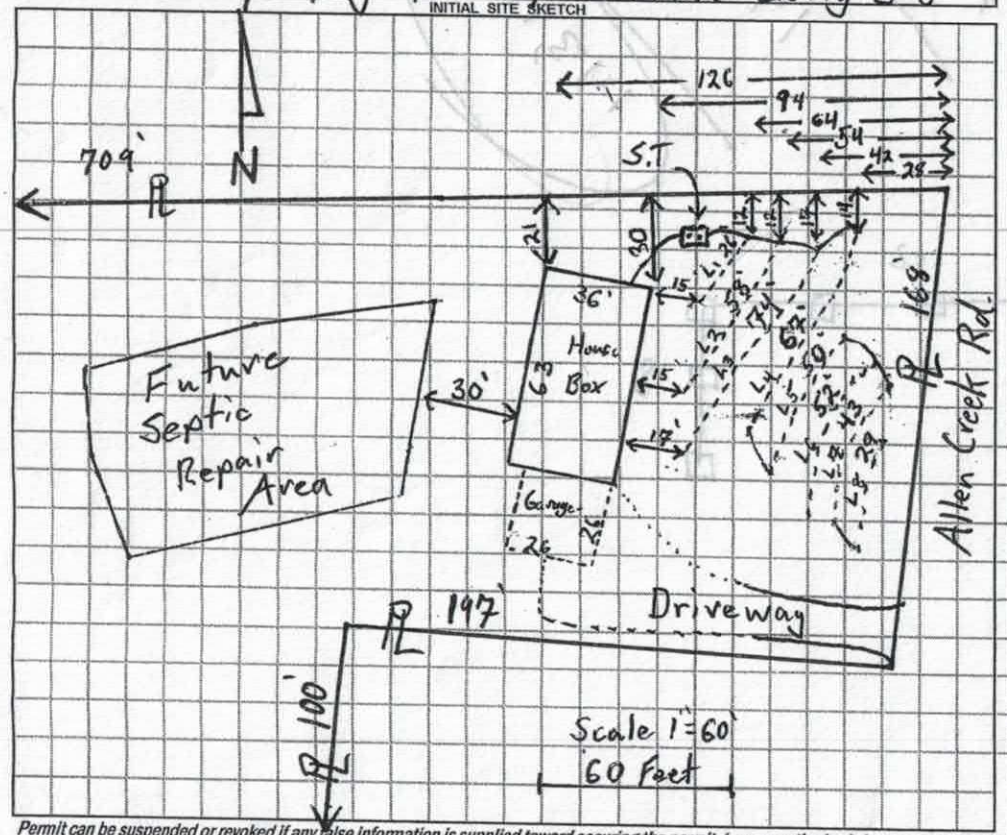
SITE DIRECTIONS: Old Mocksvill Rd → R on Chestnut Hill Rd → R on Allen Creek → on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.20 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.250

Septic Tank	1000	(gal)	STB		Date		☒ 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: 25% Reduction (Serial Distribution)	☐ Business	No. Persons	6	☐ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description: 25% Reduction (Pump)	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	8		Linear Ft	360	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)			30"		Gravel Depth — ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Though 399 linear feet of line have been laid out, only 360 linear feet need be installed. Recommend pumping the septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN with Dimensions STILL NEEDED!

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/5/2018 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ 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.

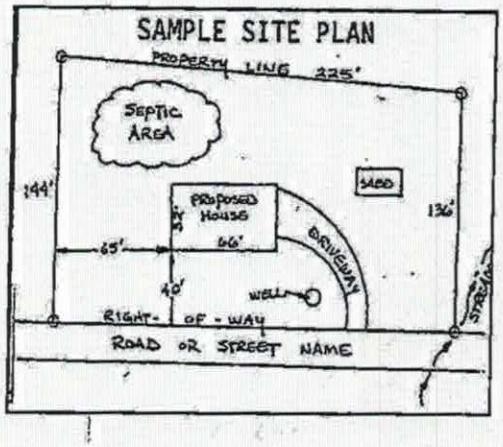
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

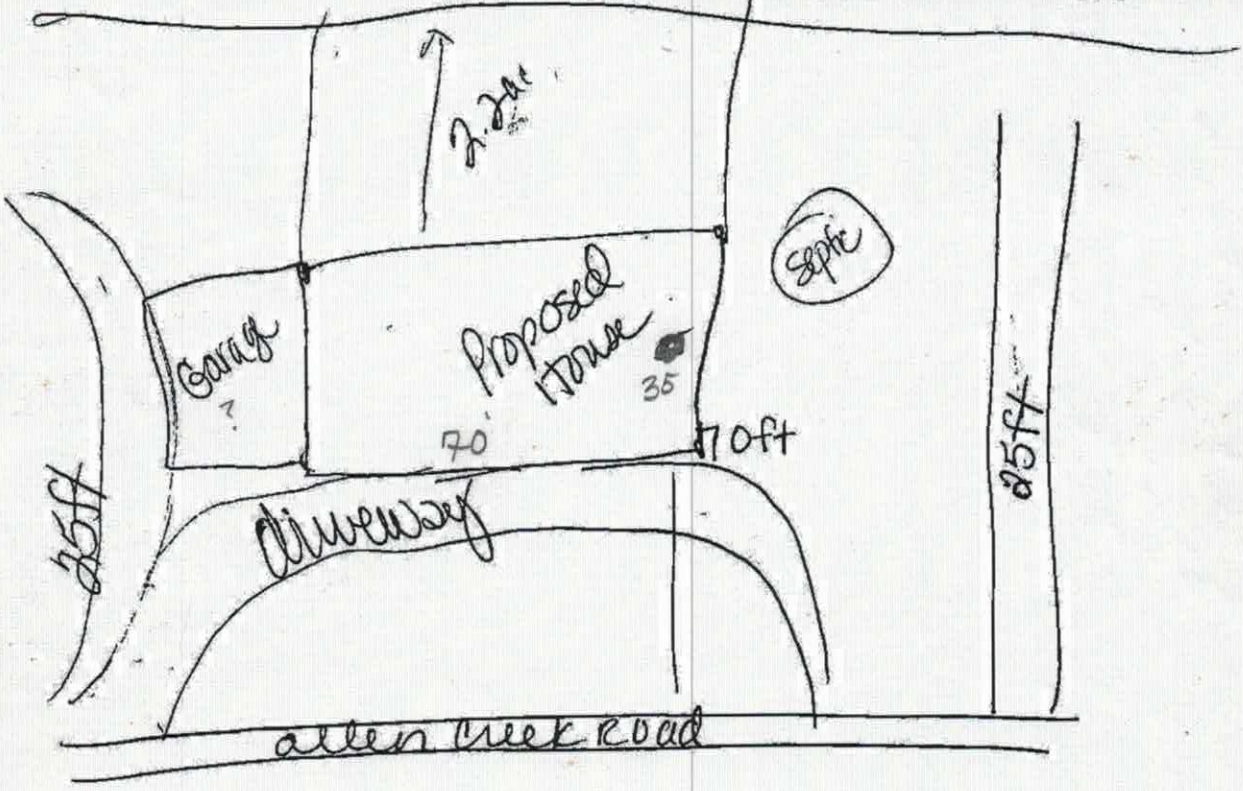


Circle N/A on the following if appropriate:

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

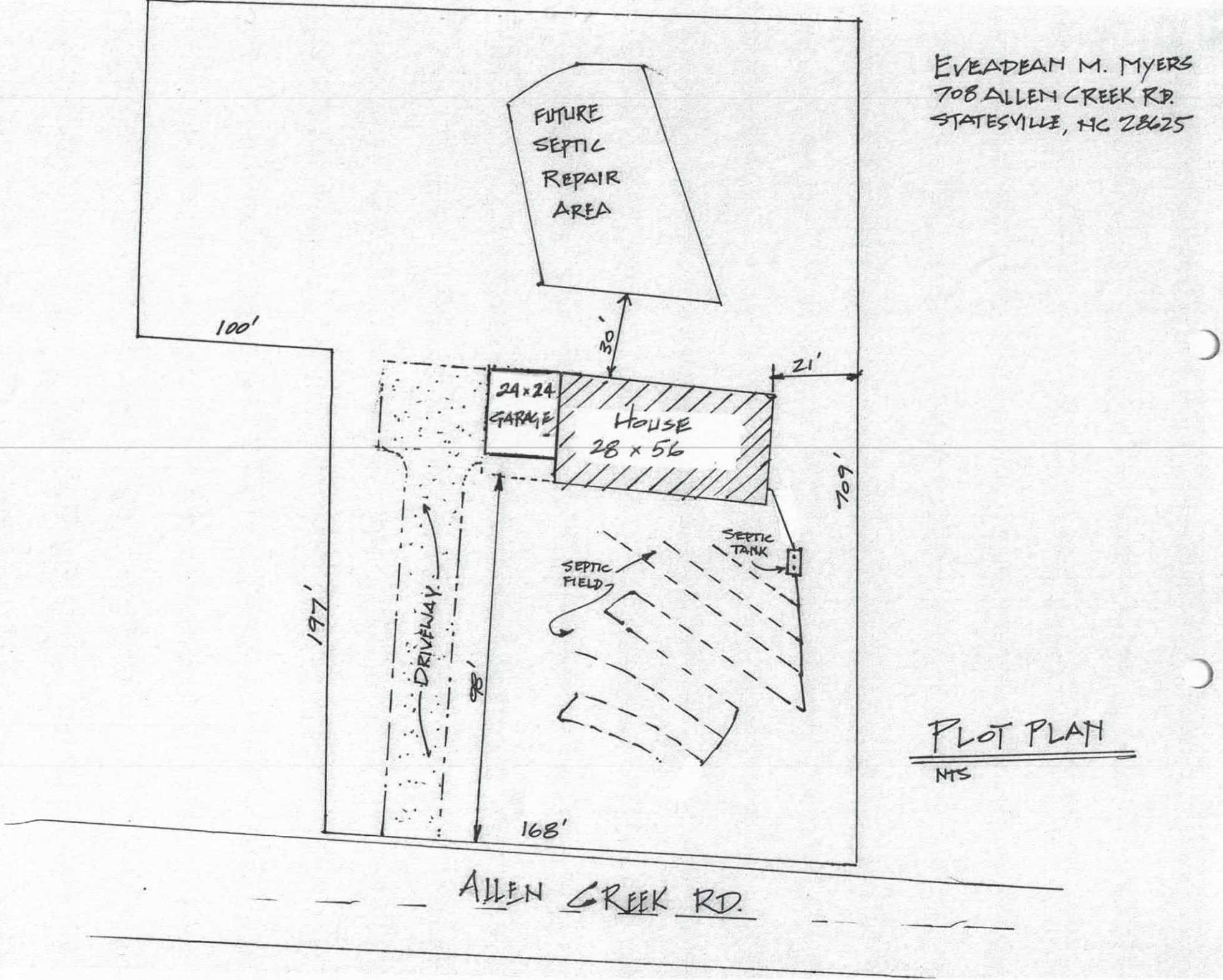
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Brendan Morrison Thrush
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/29/17
DATE



EVEADEAN M. MYERS
708 ALLEN CREEK RD.
STATESVILLE, NC 28625

PLOT PLAN
NTS

The Charleston

Construction Placement

28x56

APPROVED

SIGNATURE:

DATE: 12/21/18

APPROVED

SIGNATURE:

DATE: 12/29/18

CITATION HOME BUILDING GROUP

8038

SCHULTZ

1-22

8039

6819

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomesoutreach.com

Office: 704.528.4545 Ext: 7

ASK ABOUT THE ENERGY SMART HOME

FLOOR PLAN

BEDROOM 3

BEDROOM 2

HALL

DESK AREA

BATH 2

UTILITY

DINING ROOM

KITCHEN

LIVING ROOM

MASTER BEDROOM

MASTER BATH

SHELVES

Electrical Box

Heat pump

Steps wood

8x6 wood deck

8x 26 wood gable porch w/ vinyl rails

IREDELL COUNTY

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

APPLICATION NUMBER
232410
Issue Date: 12/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4766352829.000	708 ALLEN CREEK ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MYERS EVEADEAN MORRISON	Applicant: MYERS EVEADEAN MORRISO
Address: 3820 IREDELL CO, NC 28625	Address: 3820 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.200	35.00	35.00	15.00	15.00	NO	X

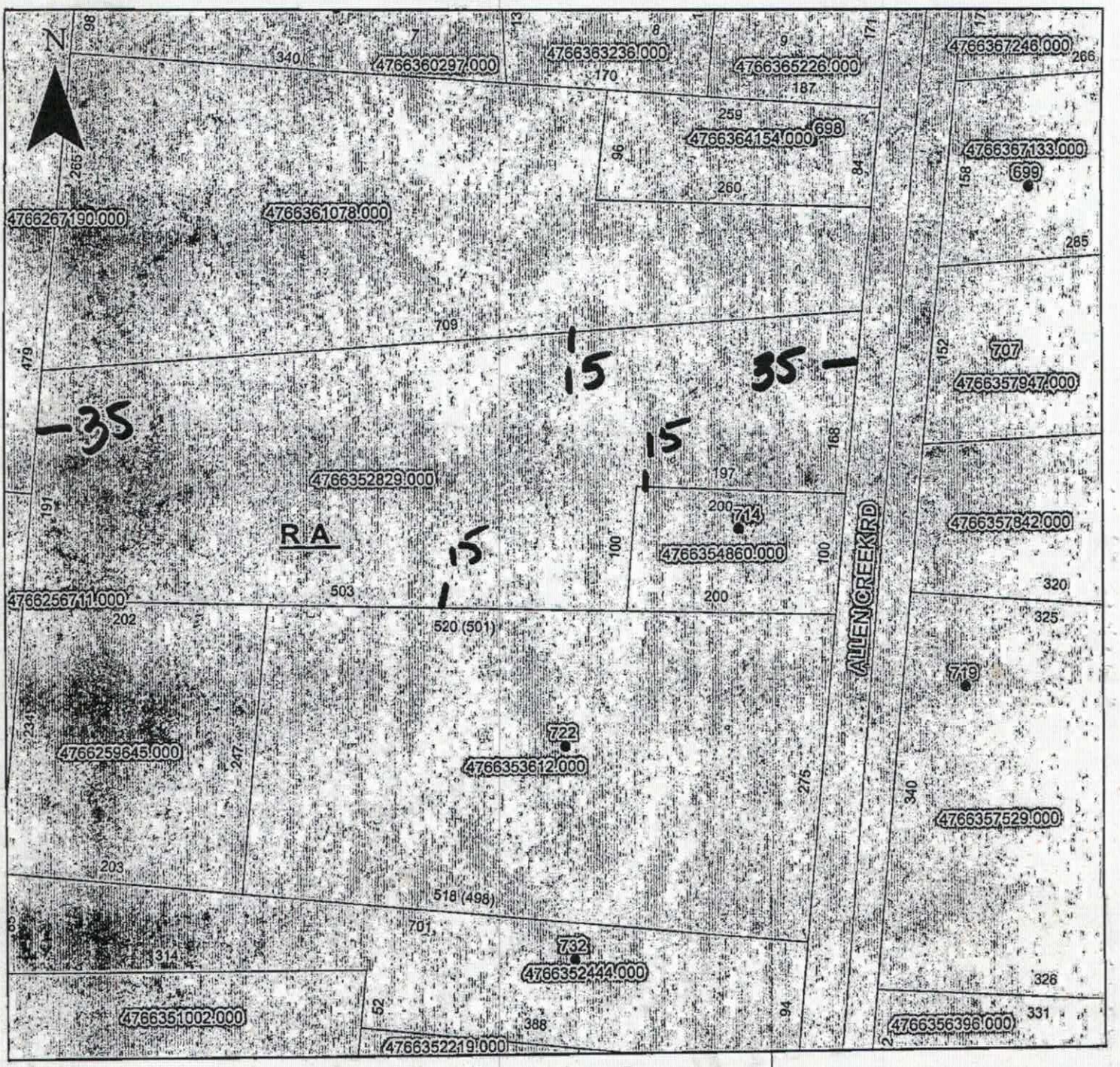
Remarks:

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	124596	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 708 Allen Creek Rd

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.

Gretchen Morrison Myers

Applicant

12/29/17

Date