ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327085

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

PIN # 4767 -- 68 -- 6093

APPLICANT/OWNER: Ellis Building Company APPLICANT ADDRESS: 271 Cooper Farm Rd, Statesville

SITE ADDRESS: 115 Collier Rd, Statesville 28625 PHONE: 704-873-7373 ALT. PHONE 704-902-0119

SITE DIRECTIONS: Old Mocksville - Church Lake - Collier SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 31 acres DESIGN FLOW: 240 gpd L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	EX		# Lines	EX	Linear Ft	EX					
Trench Width	EX		Trench Bottom Depth(Low side)	EX	Gravel Depth	EX					

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

System Description: EXISTING

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

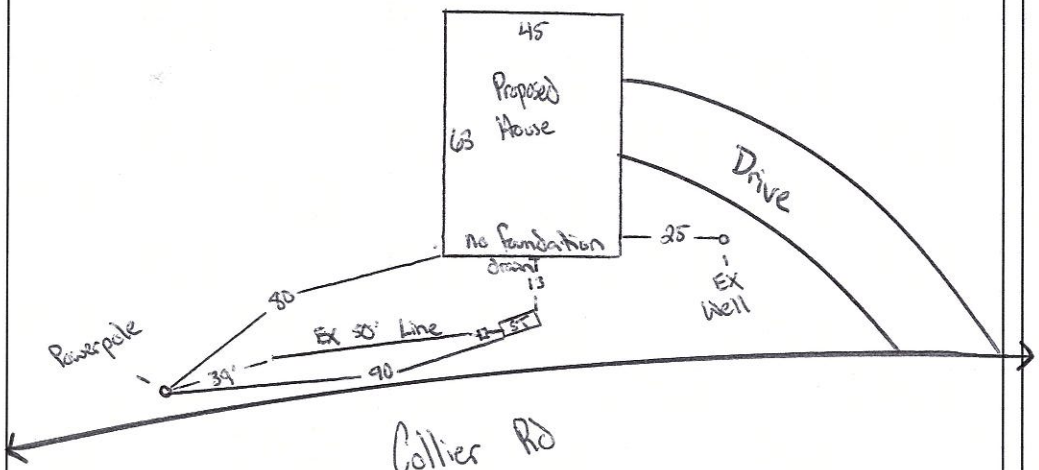
☒ Private

☐ Public

☐ Community

Comments / Conditions: System appears to be working. Keep House at least 10' from tank.

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: Dena Ellis Date: 5-5-22 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cary Whit Date: 5/3/22

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

Revised 5/5/22

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ellis Building Company, LLC	271 Cooper Farm Rd, Statesville, NC 28625	704-873-7373	704-902-0119
Linda Ellis	763 Church Lake Rd, Statesville,NC 28625	704-872-4801	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Collier Rd, Statesville, NC 28625	None	

Driving Directions: 1st house on left on Collier Rd off of Church Lake Rd

Note: Lot has existing system already on site from 4 BR house that was demolished

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(x) Other Existing system - adding a new house in same spot as old one torn down.

Maximum Number of Bedrooms ~~4~~ X 2 (Jane 5/5/22)
Maximum Number of Occupants ~~6~~ X 3
If Expansion, Current Number of Bedrooms ~~4~~ X

(X) 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 (x) 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 1960s (*Year*)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (x) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (x) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: J Todd Ellis 04/04/22

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

CW

RECEIVED APR 12 2022

AP-327085

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)

Paid $250.00

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Ellis Building Company, LLC	271 Cooper Farm Rd, Statesville, NC 28625	704-873-7373	704-902-0119
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Linda Ellis	763 Church Lake Rd, Statesville, NC 28625	704-872-4801	

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Driving Directions: 1st house on left on Collier Rd off of Church Lake Rd

Note: Lot has existing system already on site from 4 BR house that was demolished

****

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 5 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms 4 — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

(x) Other Existing system - adding a new house in same spot as old one torn down.

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 (x) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

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****

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: J Todd Ellis — 04/04/22

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

(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, Linda Ellis, am the legal owner(s) of the property located at 115 Collier Road, Statesville, NC 28625, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ellis Building Company, LLC, _____, 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.

Linda Ellis
Signature of Owner(s)

4-6-22
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

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

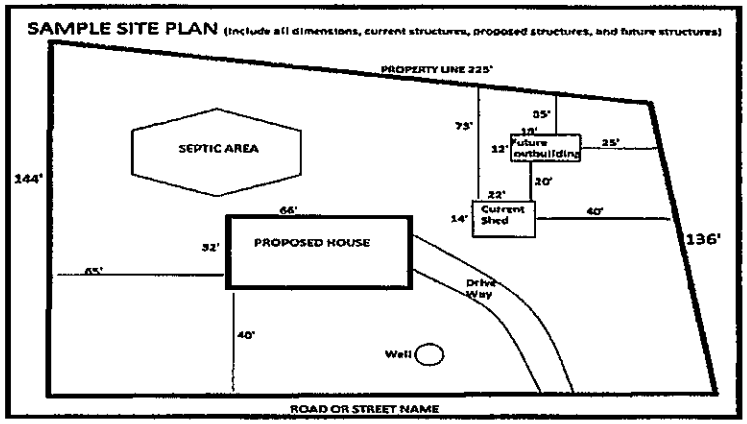
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

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

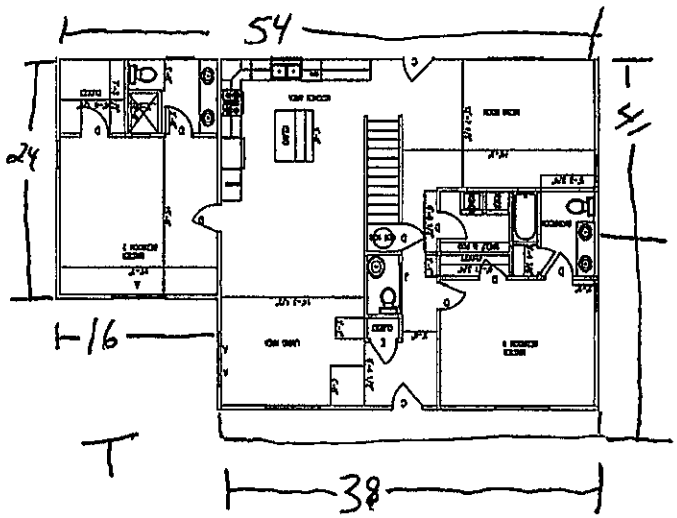
Circle N/A on the following if appropriate:

_____ 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



1023' side Property

Collier Rd

955' on Rd

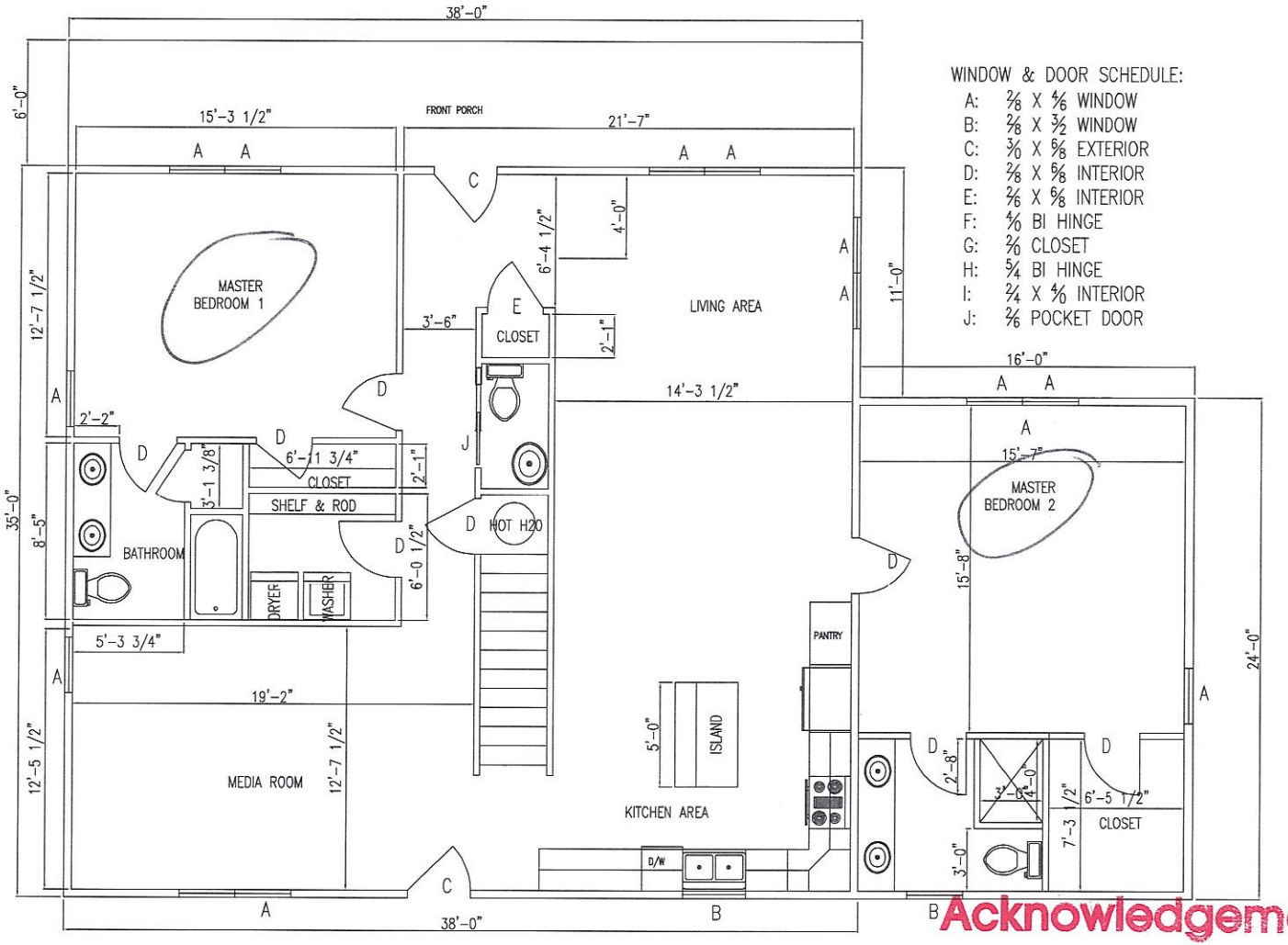
Church Lake Rd

Signature: _____ 4-4-22

REQUIRED property owner or owner's legal representative signature. **DATE**

54'

35'



WINDOW & DOOR SCHEDULE:

A:	2/8 X 4/6 WINDOW
B:	2/8 X 3/2 WINDOW
C:	3/0 X 6/8 EXTERIOR
D:	2/8 X 6/8 INTERIOR
E:	2/6 X 6/8 INTERIOR
F:	4/0 BI HINGE
G:	2/0 CLOSET
H:	5/4 BI HINGE
I:	2/4 X 4/0 INTERIOR
J:	2/6 POCKET DOOR

TOTAL HEATED – 2,432 NEW SQ. FT
TOTAL DOWN STAIRS: 1,712 SQ. FT

Acknowledgement Of Plans Submittal ONLY!

by [signature] 12/02 Date

[signature] Date 5.5

REV 8.1-7-22
NO SCALE

2020 by TODD ELLIS BUILDERS

SEE PROJECT SUPERVISOR:
TODD ELLIS
TODD ELLIS BUILDERS INC.
704-873-7373
PHONE(704) 873-7373
FAX 704-876-0643

Project: vic ellis
STATESVILLE, North Carolina

—IMPORTANT NOTE—
This document has important legal limitations and is not an architectural plan. No ideas/designs included herein are the property of Todd Ellis Builders and shall not be used, copied, or reproduced without written permission of Todd Ellis Builders and will be enforced to the fullest extent of the law.
ALL DIMENSIONS ARE SUBJECT TO JOB SITE VERIFICATIONS.

Drawing Name:
Date: 10/13/20
Drawn by:
Date Saved:

Revised: 10/13/20

Scale: Sht: D
SHEET OF:

TODD ELLIS BUILDERS INC. 704-873-7373

PLAN

Cory Whicker

From: Reita Gilleland <reita@toddellisinc.com>
Sent: Monday, May 2, 2022 9:06 AM
To: Cory Whicker; todd toddellisinc.com
Subject: 1stFLOOR 1-7-22_Revision8.pdf
Attachments: 1stFLOOR 1-7-22_Revision8.pdf

Here is the 1 st floor as the 2nd floor is future space

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

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

APPLICATION NUMBER
327085 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4767686693.000	115 COLLIER RD	Iredell County

Owner Information	Applicant Information
Name: ELLIS LINDA R	Name: Ellis Building Company, LLC
Address:	Address: 271 Cooper Farm Road Statesville, NC 28625
Phone:	Phone: (704)902-0119

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
31	35	35	25	0	N/A	NO

Remarks
sfd

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: 04/08/2022

Permit Number	327085

TOTAL FEES:	$77.25