# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228625

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

PIN # 4766794612 2.000 198

APPLICANT/OWNER: Elizabeth Bruce APPLICANT ADDRESS: 130 Eight Point Dr. Statesville, NC 28625

SITE ADDRESS: ~~190~~ Eight Point Dr. Statesville, NC 28625 PHONE: (704) 437-3046 ALT. PHONE

SITE DIRECTIONS: US21 N, TR onto 2191/Dunlap Gate Rd, TL onto Old Mocksville, TR onto Cool Springs, TR onto 8 point Dr.

SUBDIVISION: SECTION: — LOT # — LOT AREA: 17.11 acres

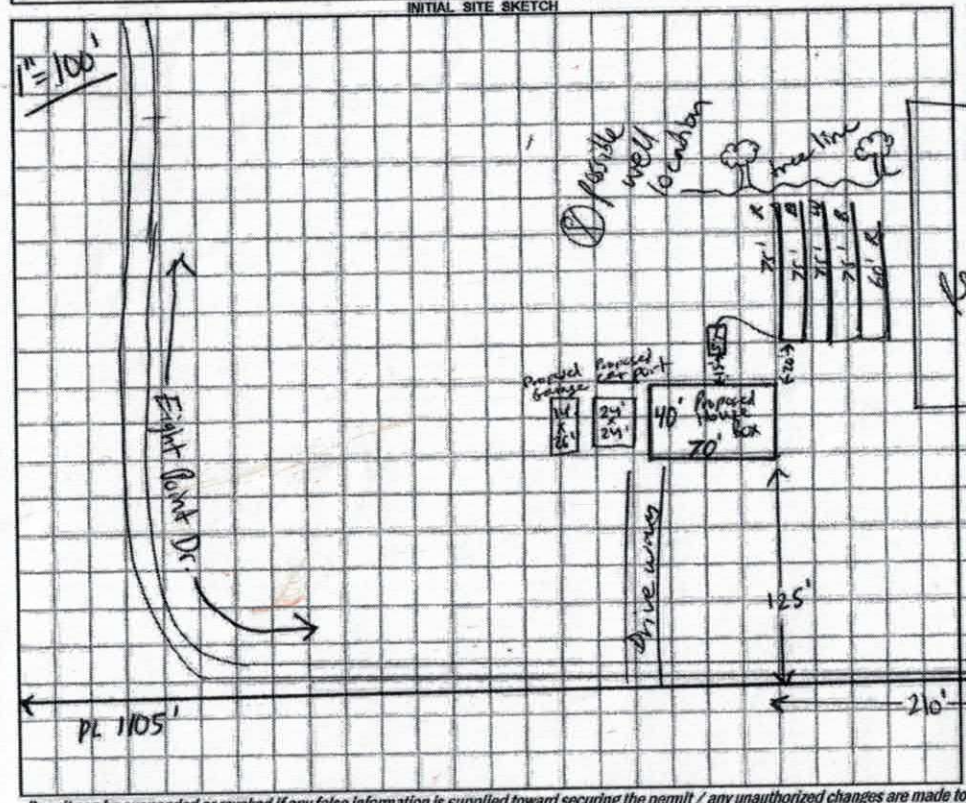
SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 9-19-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 25% reduction | | | |
| Pump Make | — | | Model | — | Serial # | — | Repair System Description: | 25% reduction | | | |
| # Nitrification Fields | 1 | # Lines | 5 | | Linear Ft | 360 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 33" | | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE | | | |

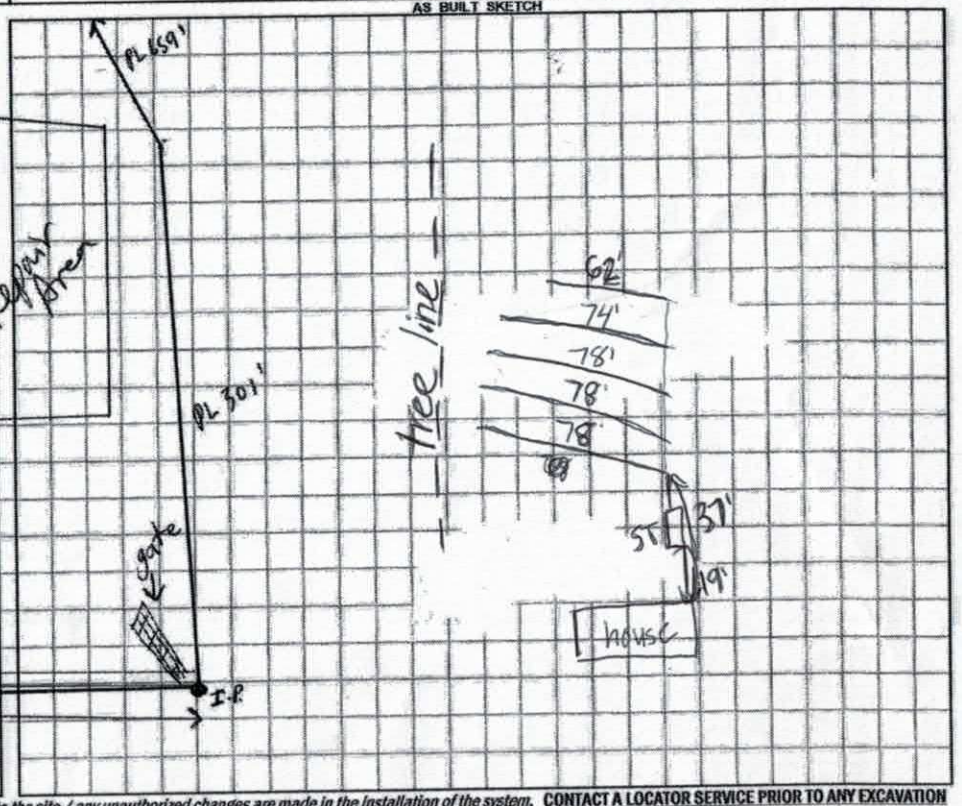
| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply |
| ☐ Business | No. Persons | 6 | ☒ Private |
| ☐ Other | No. Employees | — | ☐ Public |
| ☐ Slab | ☒ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: Install on contour of the land.

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: Elizabeth Bruce Date: 8/29/17 Installed by: McDaniel Grading

IMPROVEMENT PERMIT by: Mohamed Dumanier Date: 7/24/2017 OPERATION PERMIT by: Kayla Watson Date: 11-29-17

AUTHORIZATION TO CONSTRUCT by: Mohamed Dumanier Date: 7/24/2017 Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4767946122,000
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Leslie Price — APPLICATION DATE 7/11/2017
ADDRESS: — DATE EVALUATED: 7/24/2017
PROPOSED FACILITY: 3BR House — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 17.11 acres
LOCATION OF SITE: 190 Eight Point Dr. — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 7% L Repair | 0-10 | WSBk SCL | FR SS SP Serp | — | 50+ | — | — | 0.25 PS |
| | | 10-40 | MSBk C | FI SS SP Serp | | | | | |
| | | 40-50 | WSBk CL | FR SS SP Serp | | | | | |
| 2 | 7% L Repair | 0-23 | MSBk C | FR SS SP Serp | — | 45 | Lsap. 45"-50" | — | 0.3 PS |
| | | 23-45 | WSBk CL | FR SS SP Serp | | | | | |
| | | 45-50 | L sap. | FR Serp | | | | | |
| 3 | 7% L Primary | 0-10 | WSBk SCL | FR SS SP Serp | — | 50 | — | — | 0.3 PS |
| | | 10-43 | MSBk C | FR SS SP Serp | | | | | |
| | | 43-50 | WSBk CL | FR SS SP Serp | | | | | |
| 4 | 7% L Primary | 0-9 | WSBk SCL | FR SS SP Serp | — | 48 | — | — | 0.25 PS |
| | | 9-48 | MSBk C | FI SS SP Serp | | | | | |

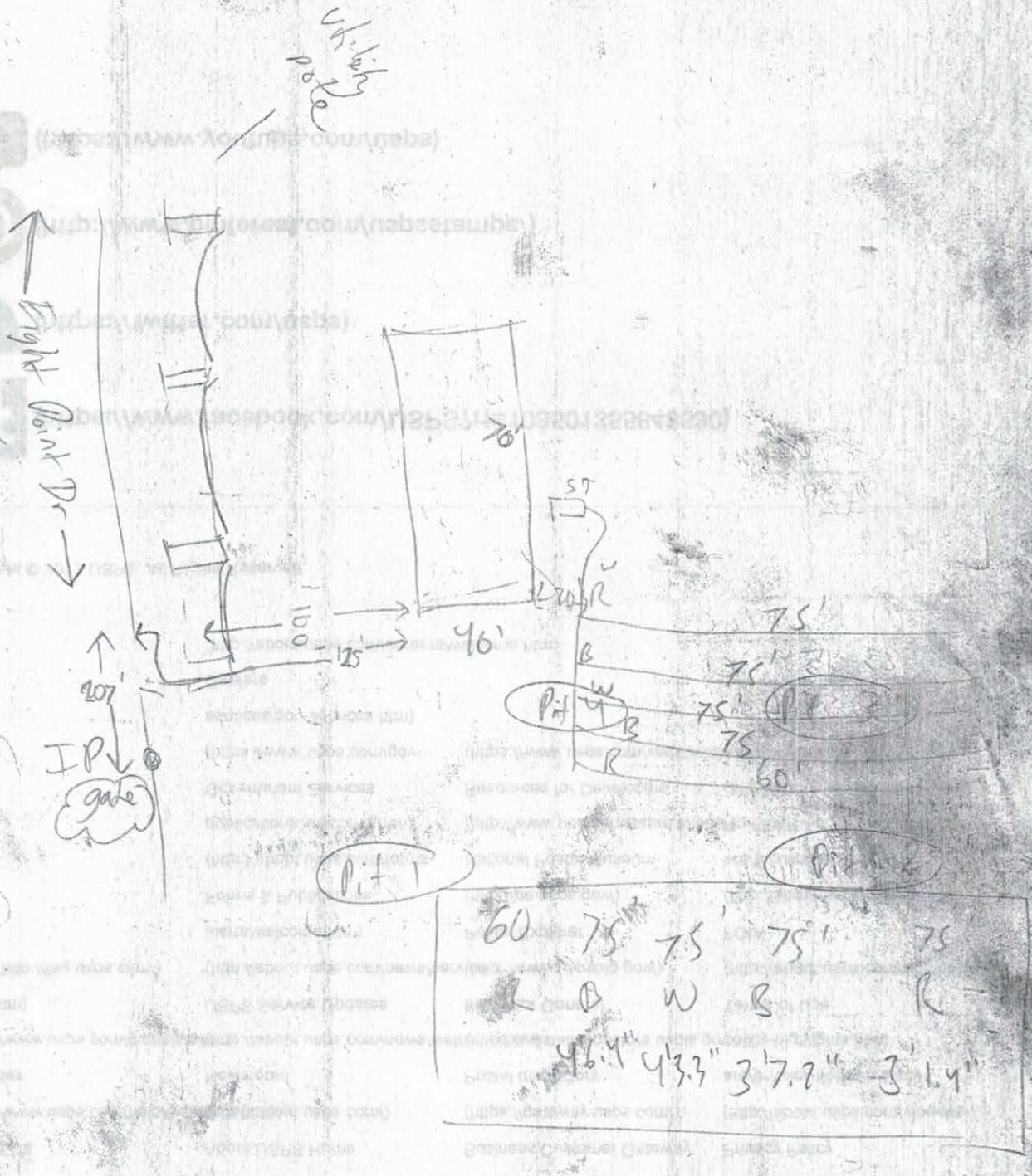
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 360 ln feet | 360+ ln feet |
| System Type(s) | 25% reduction | 25% reduction |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Mohamed Ramadan
OTHER(S) PRESENT:

COMMENTS:

3 BDR

360 linear feet



# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *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:** Elizabeth Bruce **Address:** 130 Eight Point Dr. Statesville NC **Zip:** 28625
**Applicant Email:** elizabethpickett3c4l@yahoo **Phone:** (704) 437-3046 **Alt. Phone:** _____
**Owner Name:** Peggy Price Jolly **Address:** 3596 Blankenship Rd. Taylorsville NC **Zip:** 28681
**Owner Email:** _____ **Phone:** 828-632 6520 **Alt. Phone:** 828-244-1431

**Property Information:**

**Street Address:** Eight Point Dr. Statesville NC 28625
**Subdivision Name:** N/A **Section/Phase:** N/A **Lot Number:** N/A
**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: 4
( ) 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: _____
(X) 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 (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:** Elizabeth Bruce **DATE** 7-11-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

228625 / 123269

# 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, Peggy Price Jolly, am the legal owner(s) of the property located at 198 Eight Point DR. Statesville NC 28625, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Peggy Price Jolly 7-11-17 — Signature of Owner(s) — Date

Elizabeth Bruce 7-11-17 — 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 HEALTH DEPARTMENT

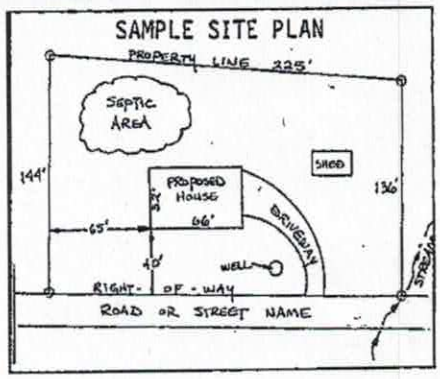
## *ENVIRONMENTAL HEALTH DIVISION*

**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**

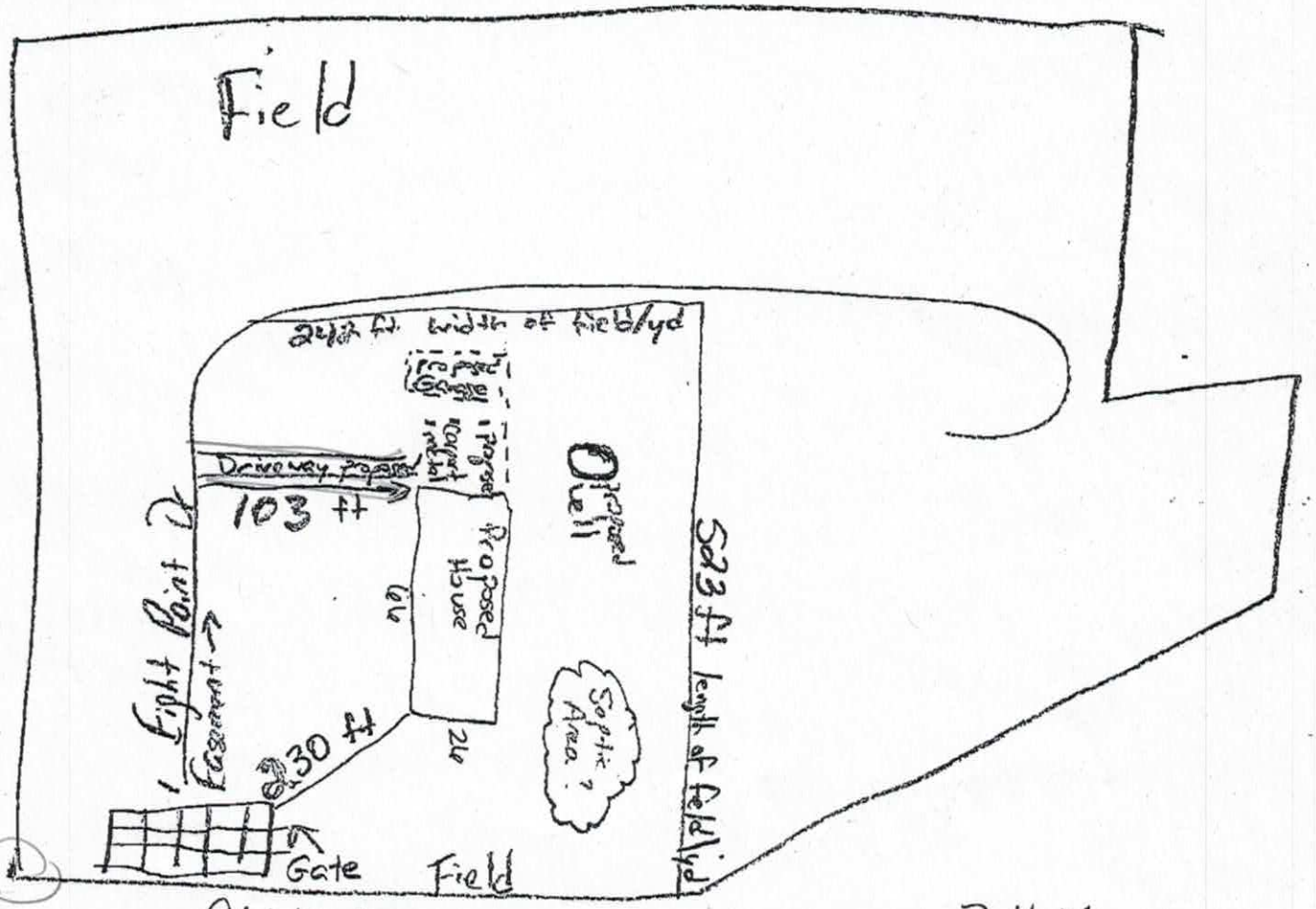



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| **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:** Elizabeth Bruce
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

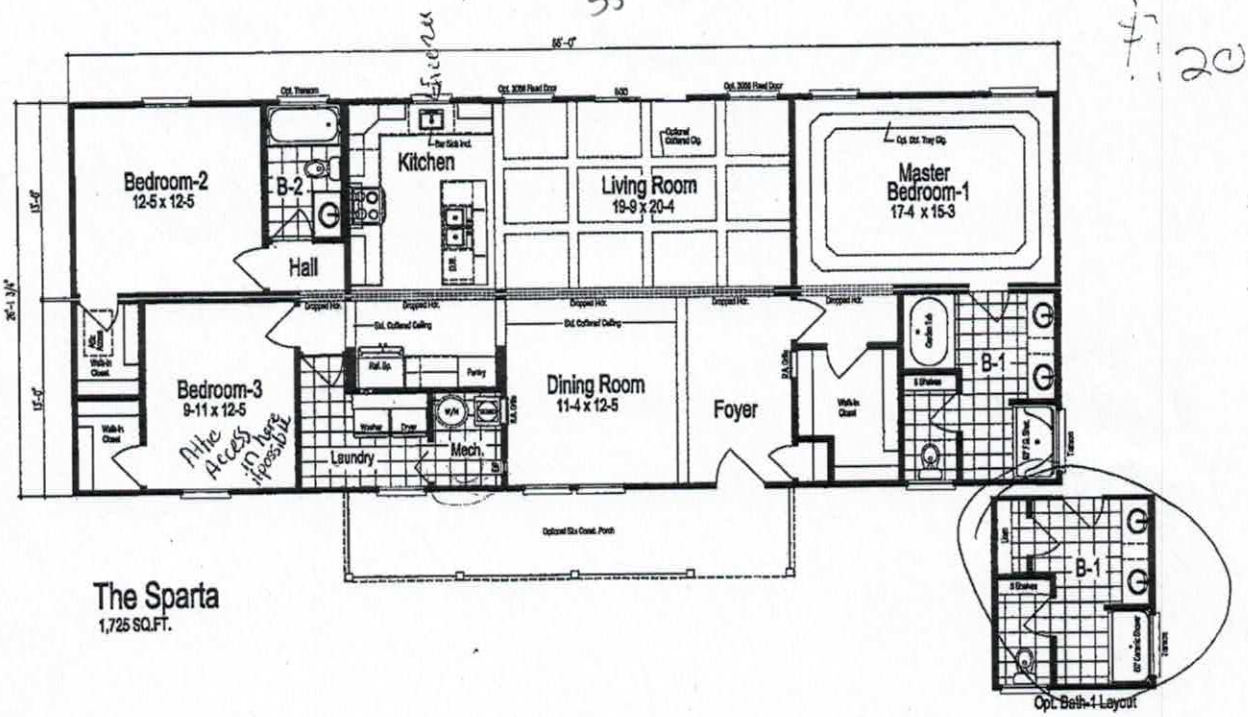
7-11-17
**DATE**

White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\wwarren.PNC\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\UOK0PAI5\New Application July 2017.docx

# THE SPARTA

These are artist renditions for sales purposes only. Refer to working drawings for actual dimensions.
©2015 Nationwide Homes 03-15-15

55'



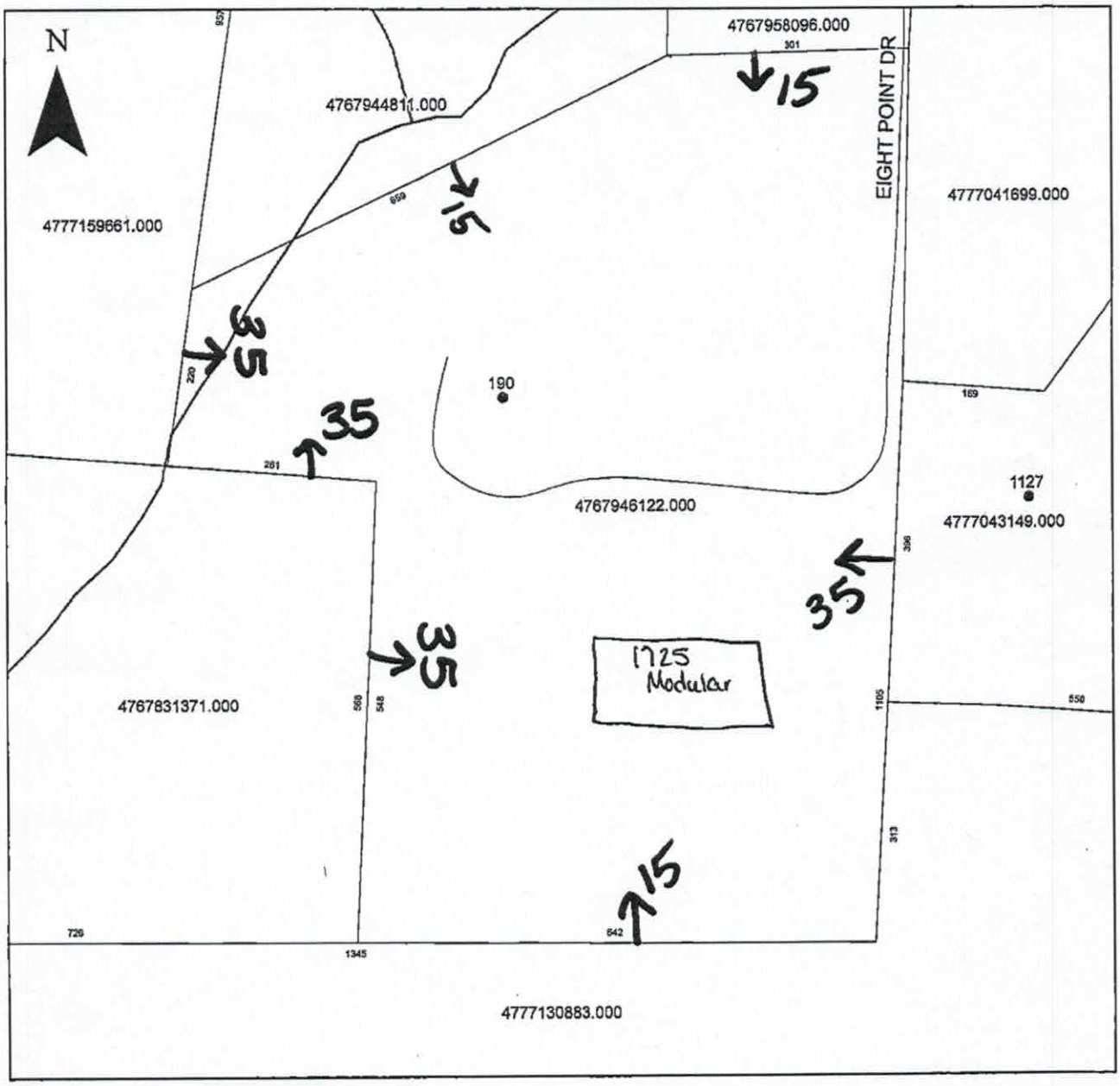

The Sparta
1,725 SQ.FT.

ENCORE
BY PALM HARBOR HOMES

Palm Harbor Homes

Acknowledgement Of
Plans Submittal ONLY!
Elizabeth Bures Date 8/29/17
Mohamed Qumsieh Date 7/24/2017

## ZONING DISCLAIMER




Property Address 190 Eight Point

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 Elizabeth Bice
Applicant

X 7-12-17
Date