IREDELL COUNTY HEALTH DEPARTMENT

Authorization Form to Construct 9:30

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22672 DATE 4/3/96 TAX MAP NO. 4J-1-A-11 pt of Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR George Raynes PHONE: Business PIN# 4952-85-4861 Home 528-0875

ADDRESS 1377 Shinnville Rd Cleveland NC 4970.18.0210

LOCATION Shinville Rd. ≈ ½ miles off of 21 on RT.

SUBDIVISION Chestnut Sub BLOCK / SECTION I LOT 14 LOT AREA 3.12 ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/sf

Septic Tank: 1000 Gallons; STB 825 Date 7/14/96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ⓘ III. IV. V. VI

System Description: Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

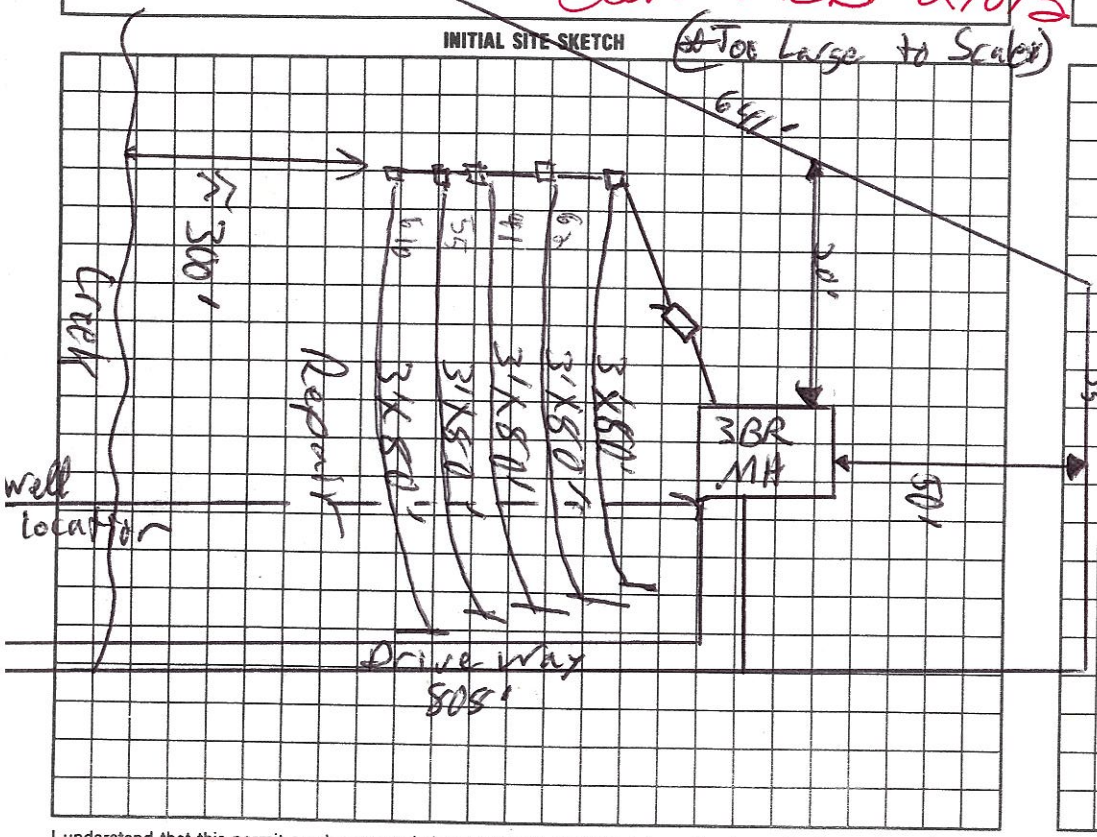
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Site Address: 118 Homeridge Drive Cleveland 27013

Comments:

INITIAL SITE SKETCH (Not Large to Scale)



AS BUILT SKETCH

I understand that this 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.

Signed: George A Raynes

Improvement Permit by: C. Ruby Thomas EHSI date 4/3/96

Existing System Inspection by: C. Ruby Thomas EHSI date 9/3/96

Installed by: [redacted] (SELF INSTALLED)

Certificate of Completion by: ____ date ____

Operation Permit by: C. Ruby Thomas EHSI date 9/25/96

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

Authorization to construct is Valid

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Stephanie Raynes	528 0875	1372 Shinnville Rd	Cleveland	NC	27013

Current Property Owner	Mailing Address	City	State	Zip Code
Stephanie Raynes	Same as above			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public (Private Well) **Preliminary Plat Approval Date** (DEVELOPERS ONLY) Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home X Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

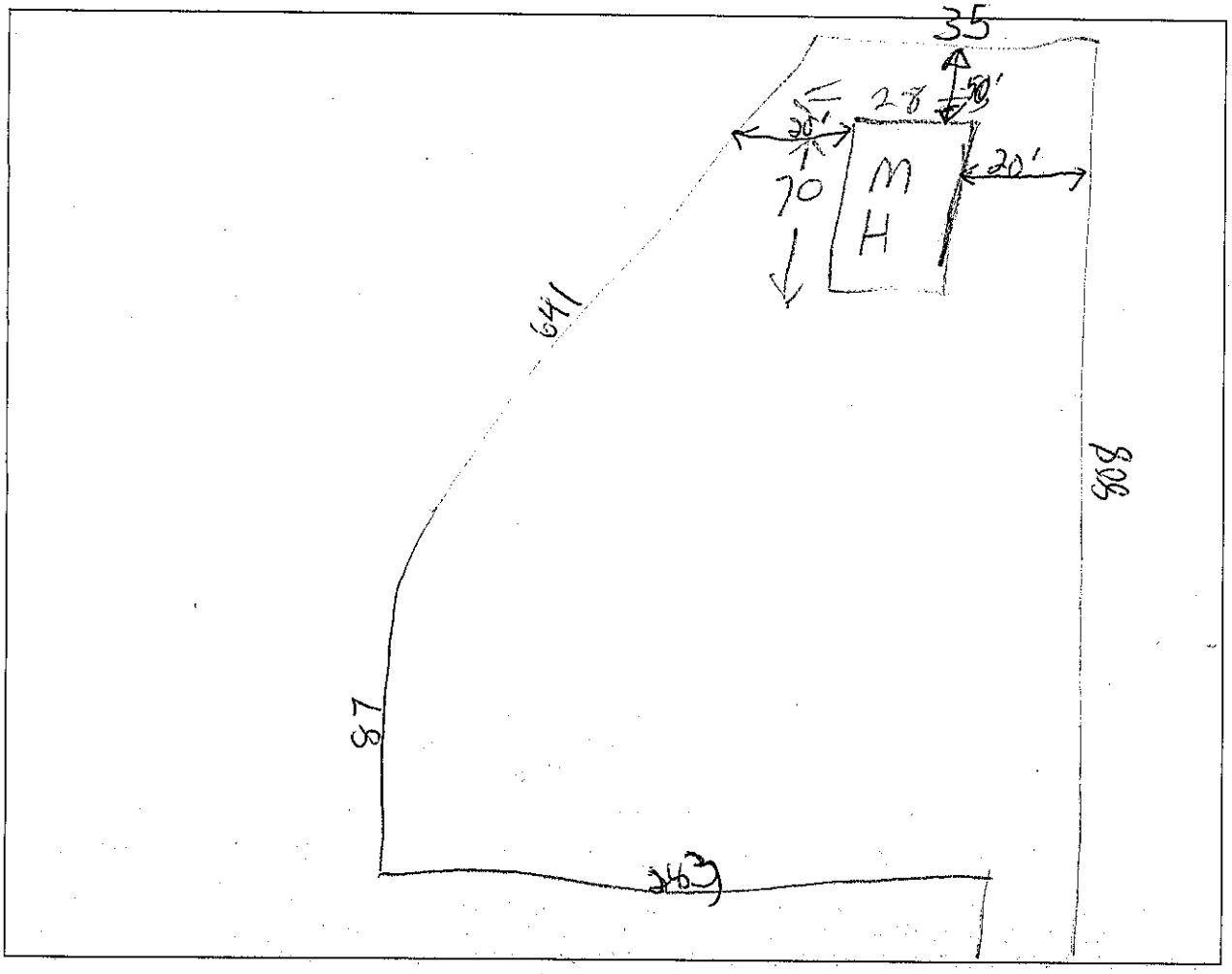
3-28-96 DATE Stephanie Raynes SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

4-2-96 Date George A Rogers SIGNATURE OF OWNER/AUTHORIZED AGENT

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

22672

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: To construct a single family residence

Location: Shiloh Church Rd N. to 21 turn left

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
4J-1-A-11 Pt	Barnhardt	Iredell	R-A

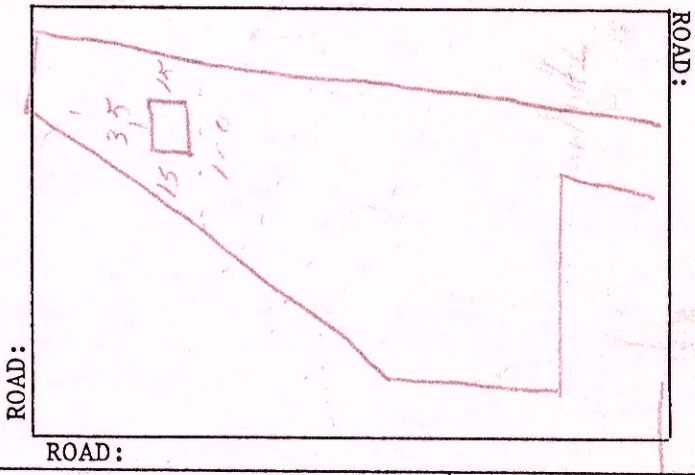
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Creekview Sub. Ph I	14	3.12 Ac	(X) yes ( ) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			N/A

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



Σ 15.00
HD 50.00 03-12-1996 096840
$1 65.00

OWNER	ADDRESS	PHONE NO.
Lonnie A Rawls	1222 Shinnville Rd Cleveland NC	704-278-5275

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Lonnie A Rawls — Signature of Owner or Authorized Agent

3-12-96 — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 35 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Do Not Issue Bldg Permit Until Plat is Recorded

ZONING ADMINISTRATION DIVISION

DRC — Approved by

3-12-96 — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner