IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 227485

PIN # 4776158536

APPLICANT: Ronald Skinner

APPLICANT ADDRESS: 329 Nixon RD Statesville

SITE ADDRESS: 876 River Hill RD - Statesville

PHONE: 704 876 2364 ALT. PHONE: 704 929 9805

SITE DIRECTIONS: Hwy 64 Left on River Hill RD 5 mibs on Right

SUBDIVISION: Clover Downs SECTION: - LOT # 14+15 LOT AREA: 200 x 200 DESIGN FLOW: 360 gpd L.T.A.R.: Ext

Septic Tank	Ext	(gal)	STB	Ext	Date	Ext
Pump Tank		(gal)	PT		Date	
Pump Make		Model			Serial #	
# Nitrification Fields	1	# Lines	3		Linear Ft:	300
Trench Width	Ext	Max. Trench Bottom Depth		Ext	Gravel Depth	Ext

☐ 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 3

☐ Business No. Persons 6

☐ Other No. Employees

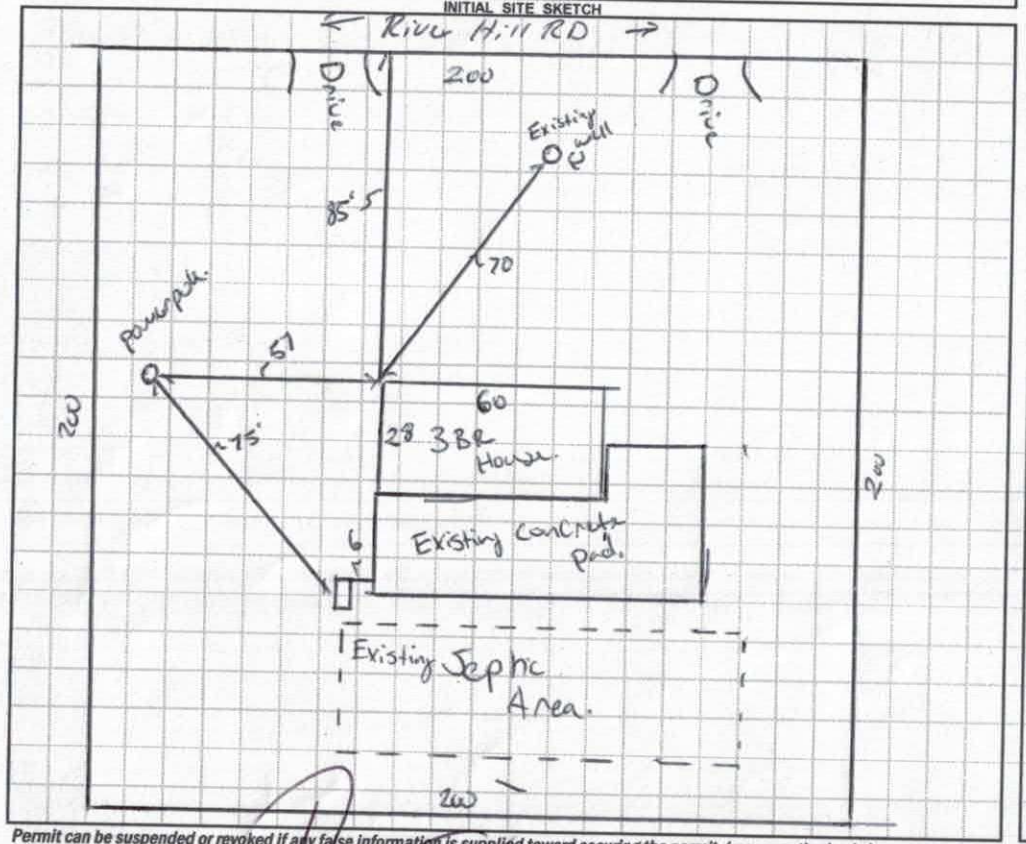
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 5ft offset from any part of the Septic System. Recommend combining Lots 14+15 together to avoid problems in the future

INITIAL SITE SKETCH



AS BUILT SKETCH

Note: House sits on 2 separate (14+15) lots - PIN # used is for lot 14. OK'd by Zoning due to the time the original house was placed (1987).

Alice Davidson
6/21/17

per Mark Baker & Tim Allison

Maps are attached to lot # 14 so that is the PIN # used.

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: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Benjamin A. Bolton Date: 6/5/2017

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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 #
Ronald Skinner	329 Nixon Rd. Statesville	704-876-2364	704-929-9805
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ronald Skinner	"	"	"

4. Property Information:

876 River Hill Rd. (Street Address) | Clover Downs (Subdivision Name) | Lot 14 & 15 (Section/Phase and Lot Number)

Driving Directions: Hwy 64 Left on River Hill Rd. 5 miles on Right.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) 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 (✓) 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 ____ *Year*

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

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

9. Signature: Ronald Skinner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/25/17
DATE

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

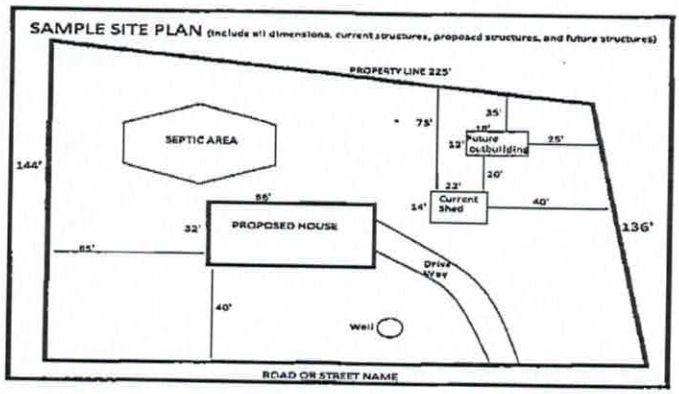
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

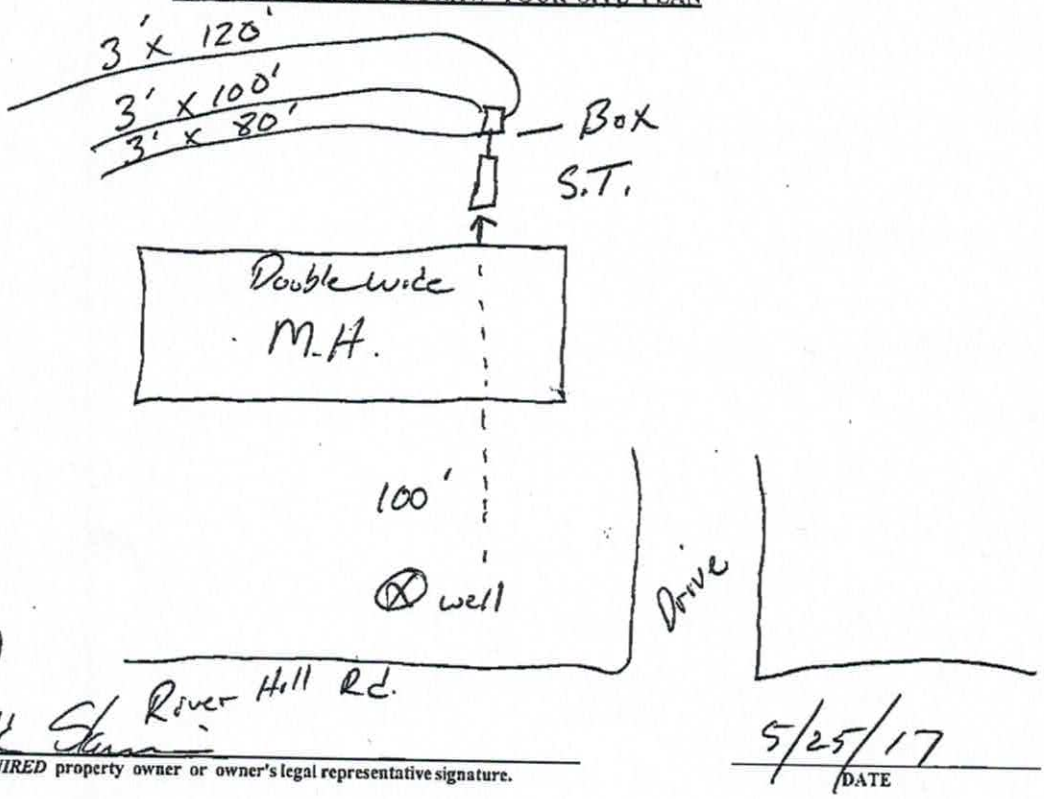
Circle N/A on the following if appropriate:

_____ 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



Signature: Paul Shuman

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

5/25/17

DATE

13506

IREDELL COUNTY HEALTH DEPARTMENT

41345

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Vernon Jones DATE 10-15-91 PERMIT NO. IIE3A14415

PHONE: Business _____ Home _____

LOCATION Riverhill Rd across from Darty Lane

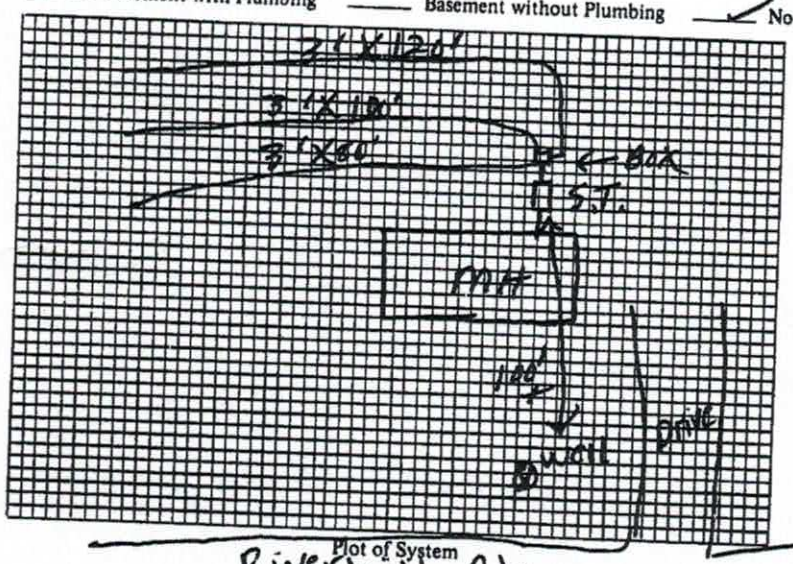
SUBDIVISION NAME Clover Downs LOT NO. 14+15 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	14
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
Lot Area 200' X 200'			Rock or other impervious formations	none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Riverhill Rd

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Keith's Groundsworks

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 10-15-91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Ronald Skinner. 876 Riverhill Rd. 704-929-9805

3 bedroom 2 Full Bath

28'X 60'

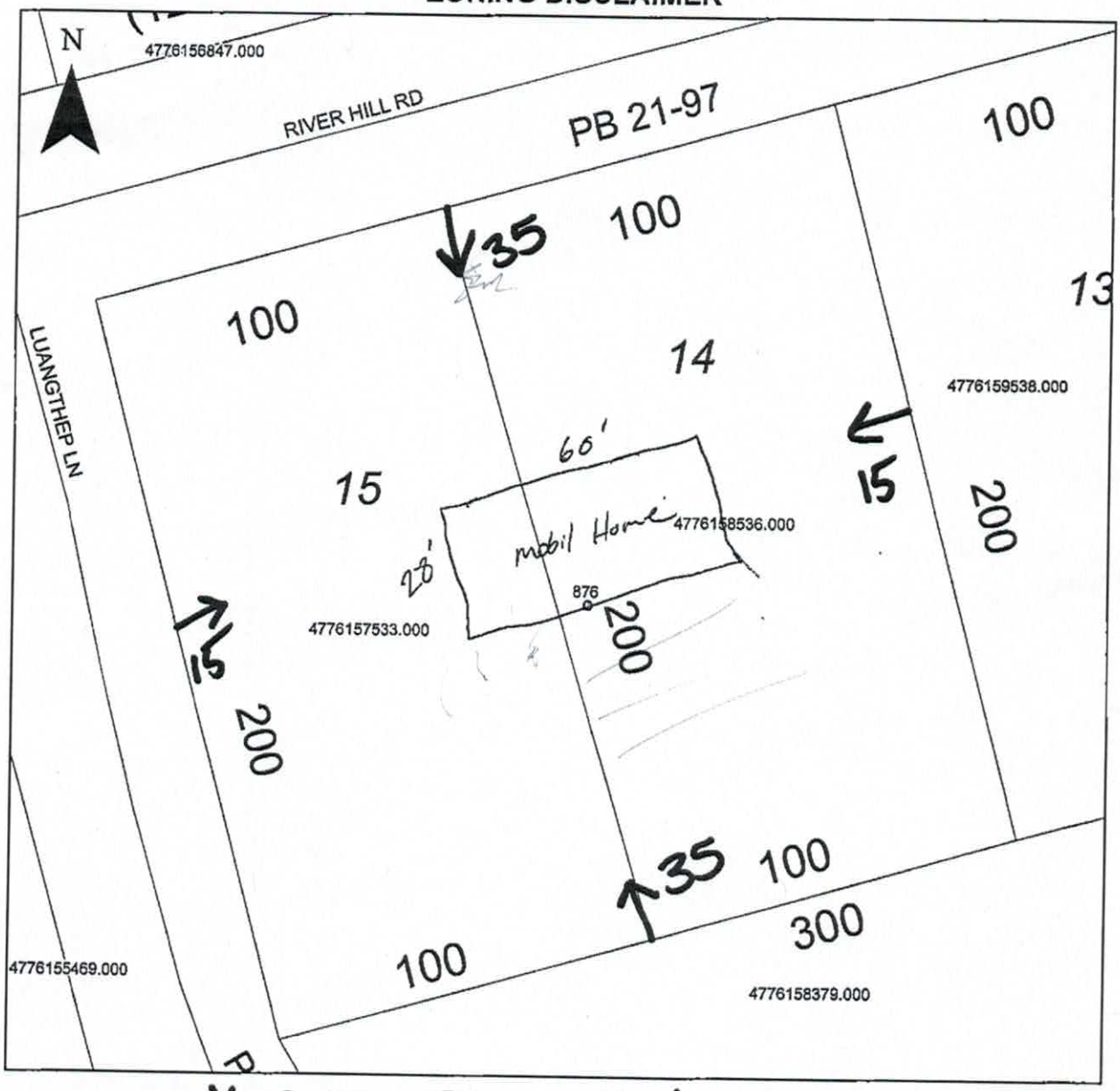


Acknowledgement Of
Plans Submittal ONLY!

Date 6/6/2017.

Date

ZONING DISCLAIMER



Property Address X 876 River Hill

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 _____
Applicant

X 5/25/17
Date