BCW

BLDR-2024-60423

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328099

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

PIN # 4776 -- 80 -- 6706

APPLICANT/OWNER: Red Head Land Development APPLICANT ADDRESS: 301 Watkins Farm Rd

SITE ADDRESS: 178 Swann Rd, Statesville 28625 PHONE: 704-245-3089 ALT. PHONE -

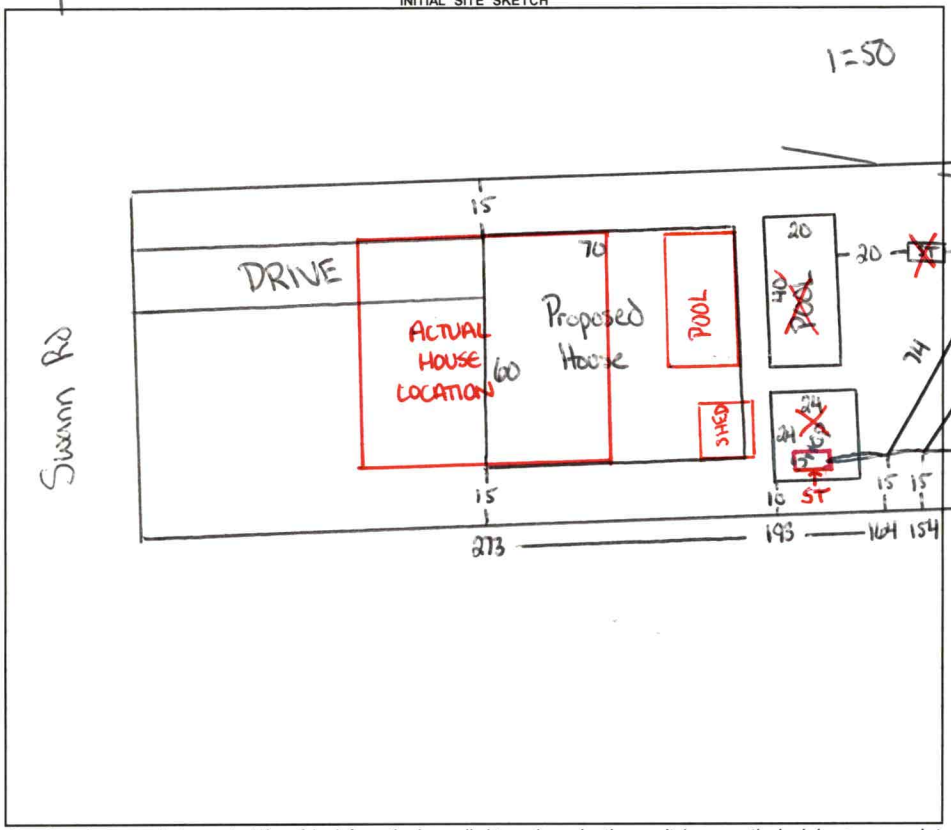
SITE DIRECTIONS: Hwy 64 E - Swann SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Swan Hills SECTION: - LOT # 2 LOT AREA: 0.938 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 7600	Date 11/12/24	☒ 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				☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair System Description: 50% reduction				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 360'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)		18 in Gravel Depth -		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

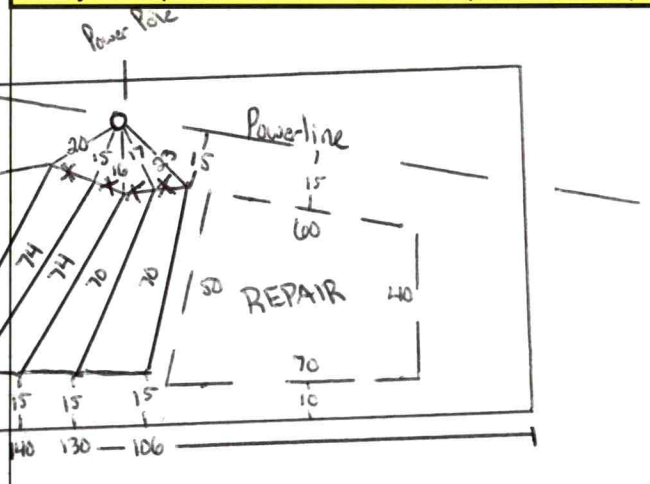
Comments / Conditions: Do not exceed 22 inch trench bottom. Keep 15' off of powerline. Do not grade, park, or drive on septic area.

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.



TANK INSPECTED - SHOP + POOL TO BE MARKED BEFORE OP SW 1/2/25
* see above for actual location. House moved towards.
Lines OW
Installed as Drawn 1/3/25

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: Madeline Grissell Date: 7/6/22 Installed by: GALLE EXCAVATION

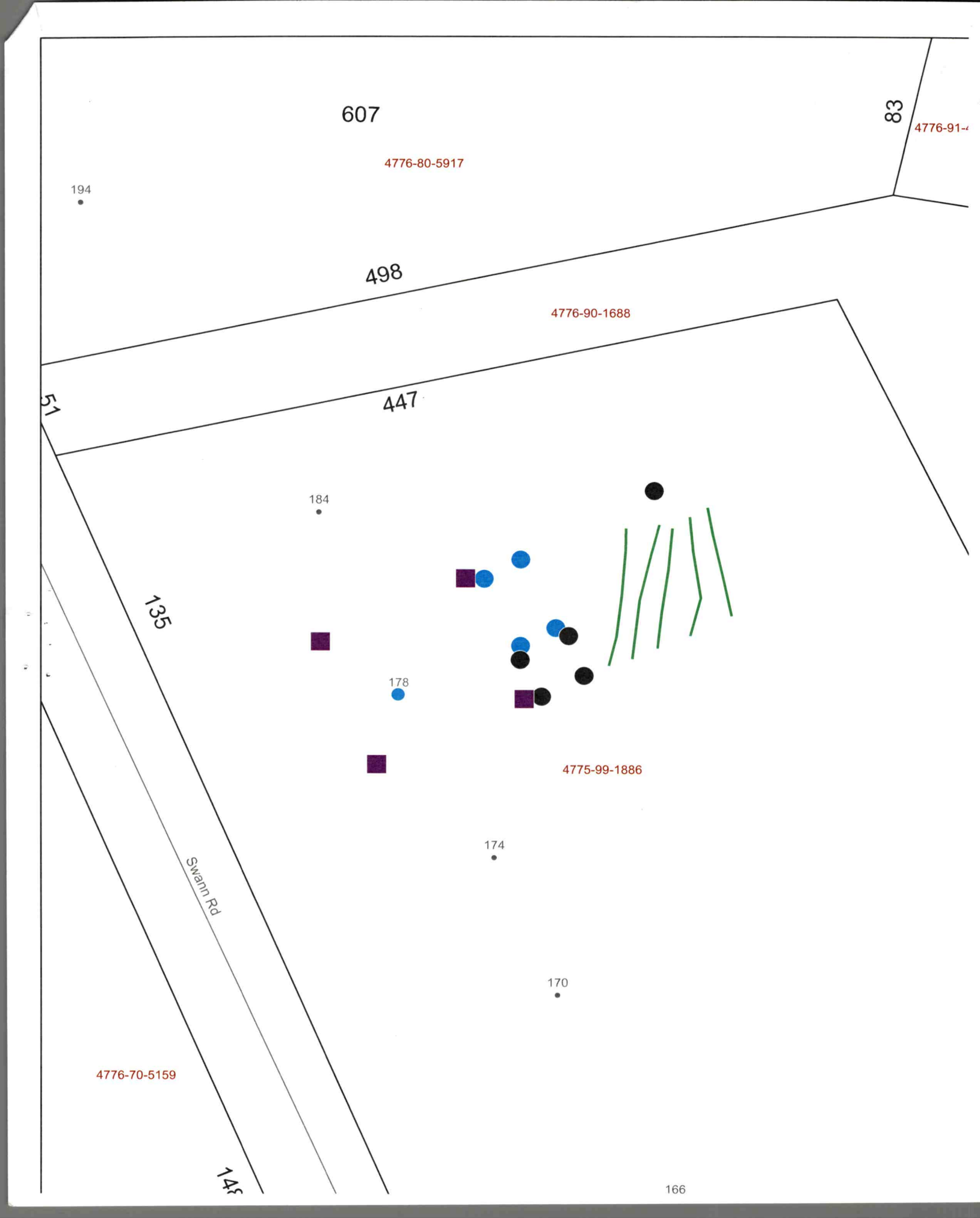
IMPROVEMENT PERMIT by: Cary Wit Date: 6/23/22 OPERATION PERMIT by: Cary Wit Date: 2/26/25

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/17/24 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


607
83
4776-91-
4776-80-5917
194
498
4776-90-1688
51
447
184
135
178
4775-99-1886
174
Swann Rd
170
4776-70-5159
166

"Called Ready" RECEIVED MAY 11 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

AP- 328099

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: RedHead Land and Development Address: _____ d Zip: _____
Applicant Email: IQcustomaddie@gmail Phone: 704 245 3089 Alt. Phone: _____
Owner Name: Red Head Land & Development Address: 301 Watkins Farm Rd Zip: 27054
Owner Email: IQcustomconstructing@gmail Phone: 704-400-6472 Alt. Phone: _____

Property Information:

Street Address: 178 Suann Road Statesville, NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2
Driving Directions: I-40 East, Exit 154, right on old Mocksville Hwy, 4.7 miles on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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 (✓) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Madeline Briscoe 4/26/22
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*) Madeline Russell

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

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

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

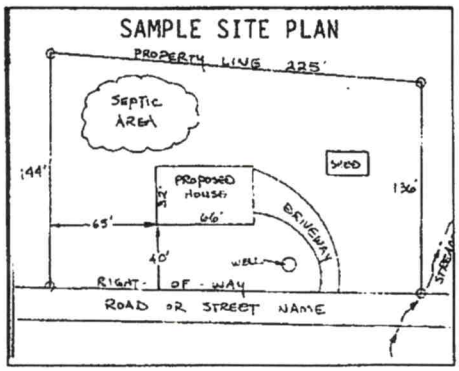
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

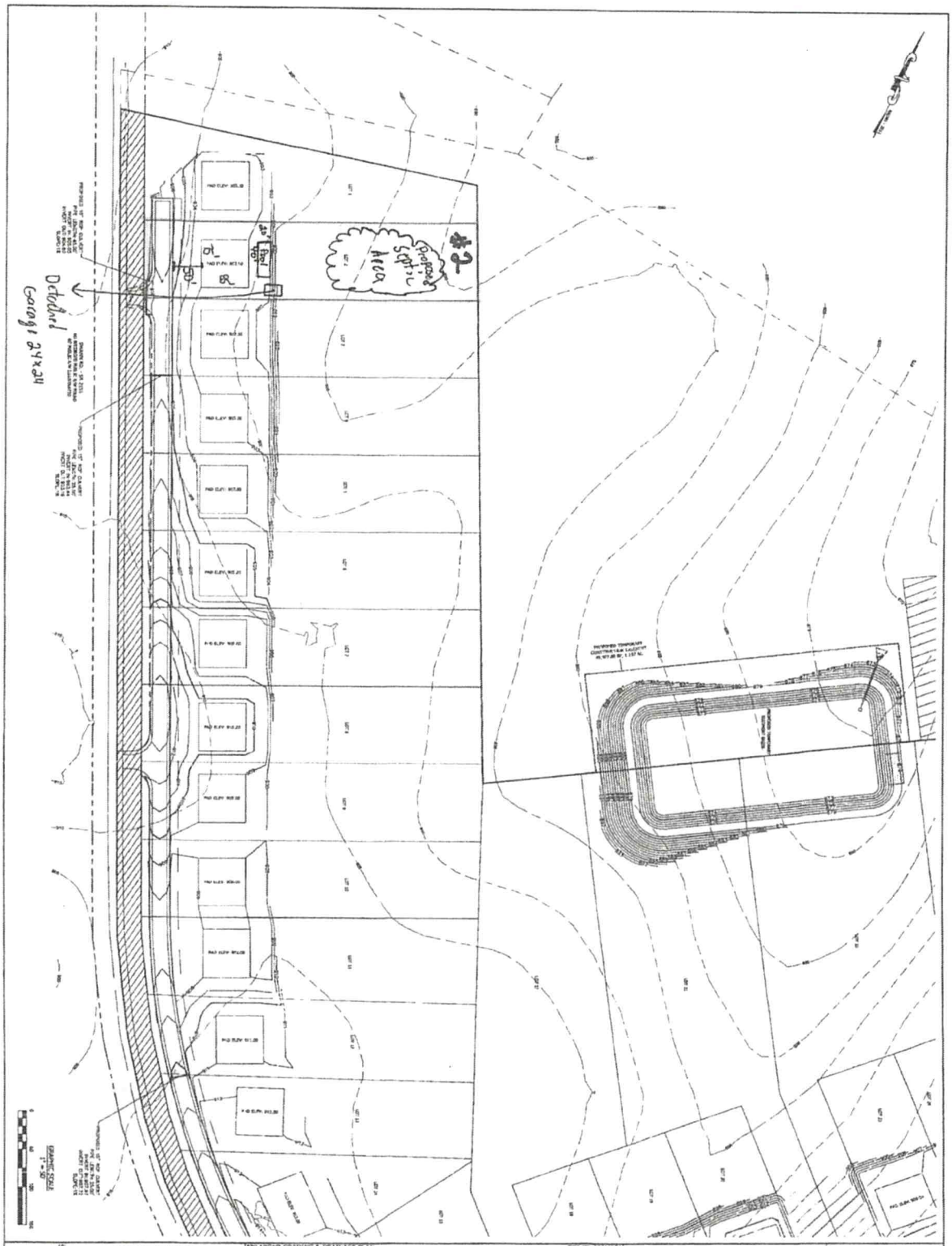
See attached

Signature: Mallin Russell

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

4/26/22

DATE



C301

MAP REVISIONS:

NO.	DATE	DESCRIPTION	BY

ENLARGED GRADING & DRAINAGE PLAN

SWAN HILLS

LOCATION ADDRESS:
SWANN RD.
STATESVILLE, NC 28625

OWNER:
REDHEAD LAND & DEVELOPMENT LLC

DRAWN BY: JWE | CHECKED BY: MTG
PIN NO: 4775-99-1886
DEED REF: 2841 - 995
SCALE: 1" = 50'
DATE OF SURVEY: 07-05-21 | DATE OF MAP: 01-21-22
COEK SPRINGS TWSP - IREDELL COUNTY - NORTH CAROLINA

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
2351 SIMONTON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-928-7919
FIRM # P-1227

NOT FOR CONSTRUCTION

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328099 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	178 SWANN RD	Iredell County

Owner Information	Applicant Information
Name: UNKNOWN	Name: REDHEAD LAND+DEV LLC
Address:	Address: 301 Watkins Farm Rd
,	Woodleaf, NC 27054
Phone:	Phone: (980)297-2329

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		NO

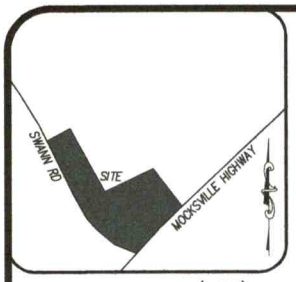
Remarks
SFD*need zd

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.

Date: 04/28/2022

Signature of Owner/Contractor

Permit Number	328099	TOTAL FEES:	$77.25



VICINITY MAP (NTS)

LEGEND:

EIP – EXISTING IRON PIPE
EIB – EXISTING IRON BAR
BEIP – BENT IRON PIPE
BEIB – BENT IRON BAR
CM – CONCRETE MONUMENT
NIP – NEW IRON PIPE SET
CATV – CABLE TV BOX
EB – ELECTRIC BOX
TEL – TELEPHONE PEDESTAL
PP – POWER POLE
OHL – OVERHEAD LINE
LP – LIGHT POLE
WM – WATER METER
WV – WATER VALVE
CO – SEWER CLEAN-OUT
SW – SIDEWALK
PO – PORCH
N/F – NOW OR FORMERLY
CVRD – COVERED
CB – CATCH BASIN
EOP – EDGE OF PAVEMENT
BOC – BACK OF CURB

NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.
2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.
3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS PLAT.
4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP. WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.
5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.
6. THIS PARCEL IS NOT LOCATED WITHIN A FLOOD HAZARD ZONE AS INDICATED ON CID NO. 370313 PANEL 4775, SUFFIX J IREDELL COUNTY WITH AN EFFECTIVE DATE OF 03/18/2008.

THIS EXHIBIT MAP IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

PRELIMINARY

NICHOLAS M. FRENCH, PLS L-4817 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

NORTH CAROLINA PROFESSIONAL SEAL L-4817 LAND SURVEYOR NICHOLAS M. FRENCH

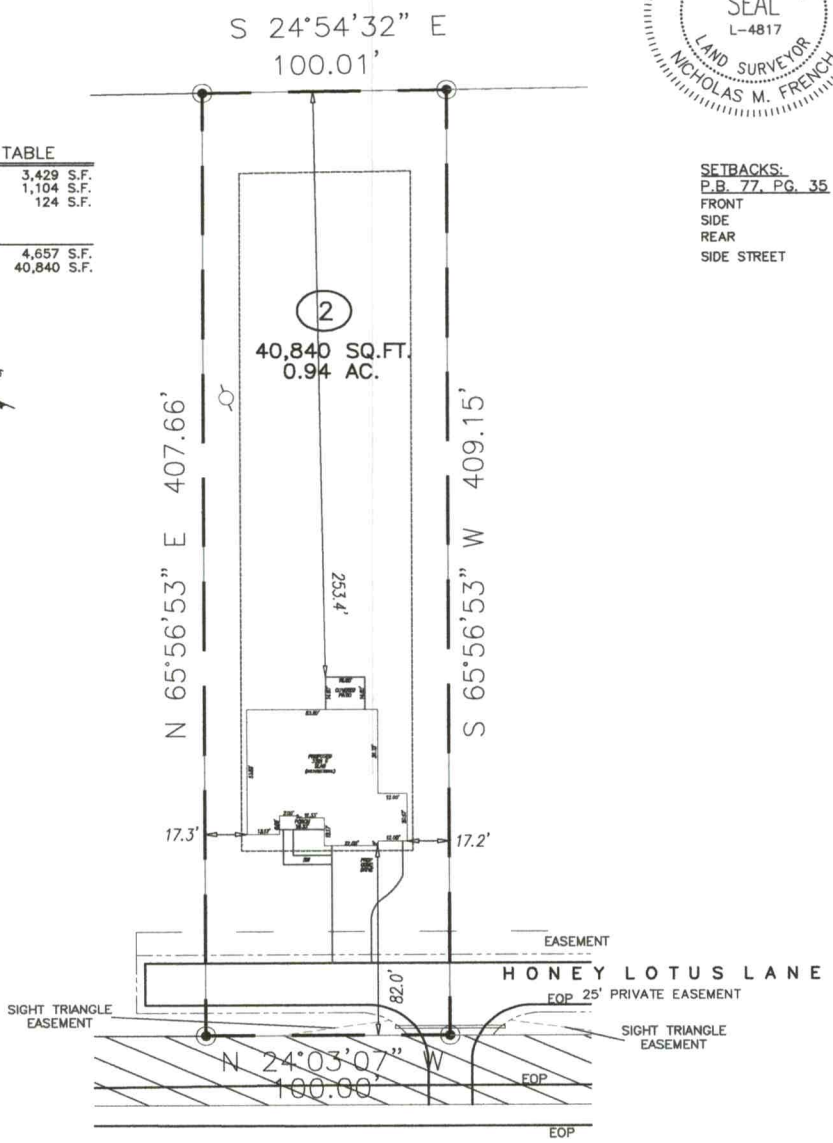
IMPERVIOUS SURFACE TABLE

HOUSE	3,429 S.F.
DRIVEWAY	1,104 S.F.
SIDEWALK	124 S.F.
TOTAL IMPERVIOUS AREA	4,657 S.F.
TOTAL LOT AREA	40,840 S.F.

SETBACKS:
P.B. 77, PG. 35

FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'





GRAPHIC SCALE

40 0 20

1 inch = 40 ft.

SWANN ROAD
60' PUBLIC R/W

PRELIMINARY

PROJECT:	SWANN HILLS
DRAWN BY:	SEER
SURVEYED BY:	N/A
FIELD WORK:	N/A
DWG DATE:	08-20-2024

ECLS

PLOT PLAN
FOR
ADAMS HOMES
178 SWANN RD
LOT 2 SWANN HILLS SUBDIVISION
COOL SPRINGS TWP., IREDELL CO., NC
P.B. 77, PG. 35

ECLS GLOBAL INC
U.S. VETERAN-OWNED
19 N MCKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) COA#C-4175