IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240514

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

PIN # 4787635108 ✓

APPLICANT/OWNER: Donald Johnson APPLICANT ADDRESS: 3866 N Patterson Ave Winston NC

SITE ADDRESS: ✓133 Horizon Drive Statesville NC 28625 PHONE: 336 661-1888 ALT. PHONE

SITE DIRECTIONS: ✓Loggerhead Rd R on Horizon Drive Lot on L SAP CONTROLLED: ☐ YES ☐ NO

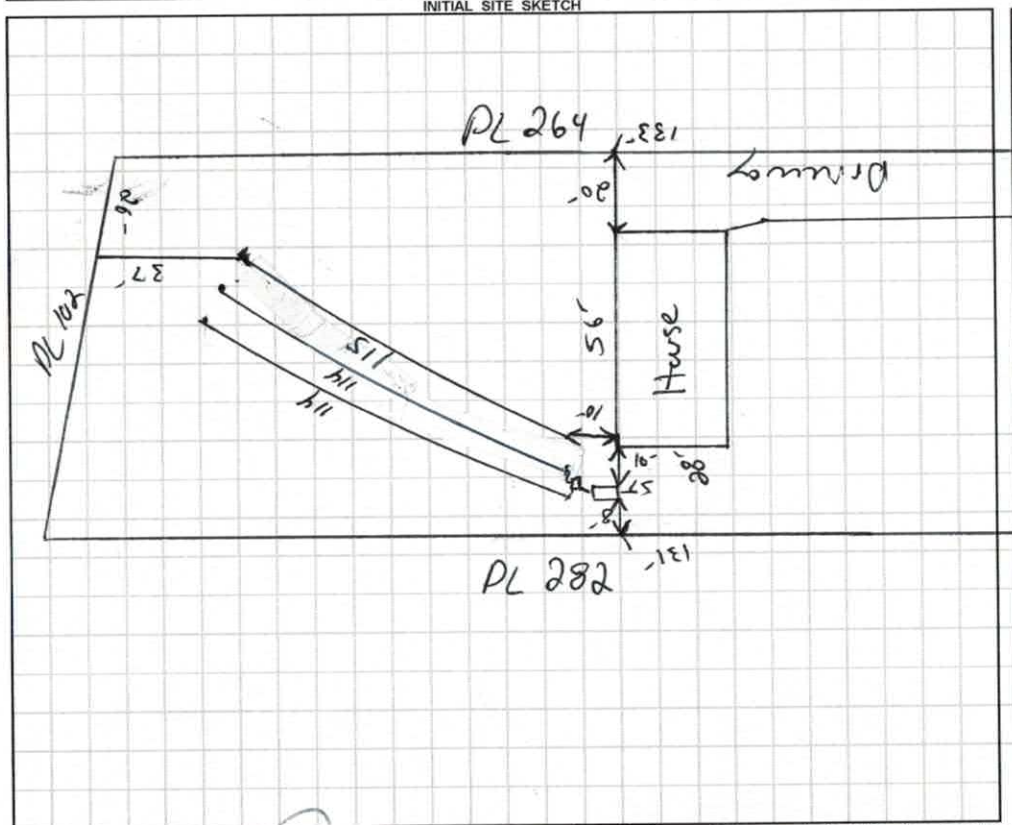
SUBDIVISION: ✓Sunset Village SECTION: — LOT # 16 LOT AREA: .63 Acre DESIGN FLOW: 360 L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields X 1		# Lines	Linear Ft	Maintenance Agreement Required:		☐ YES	☐ NO	☐ Slab	☒ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

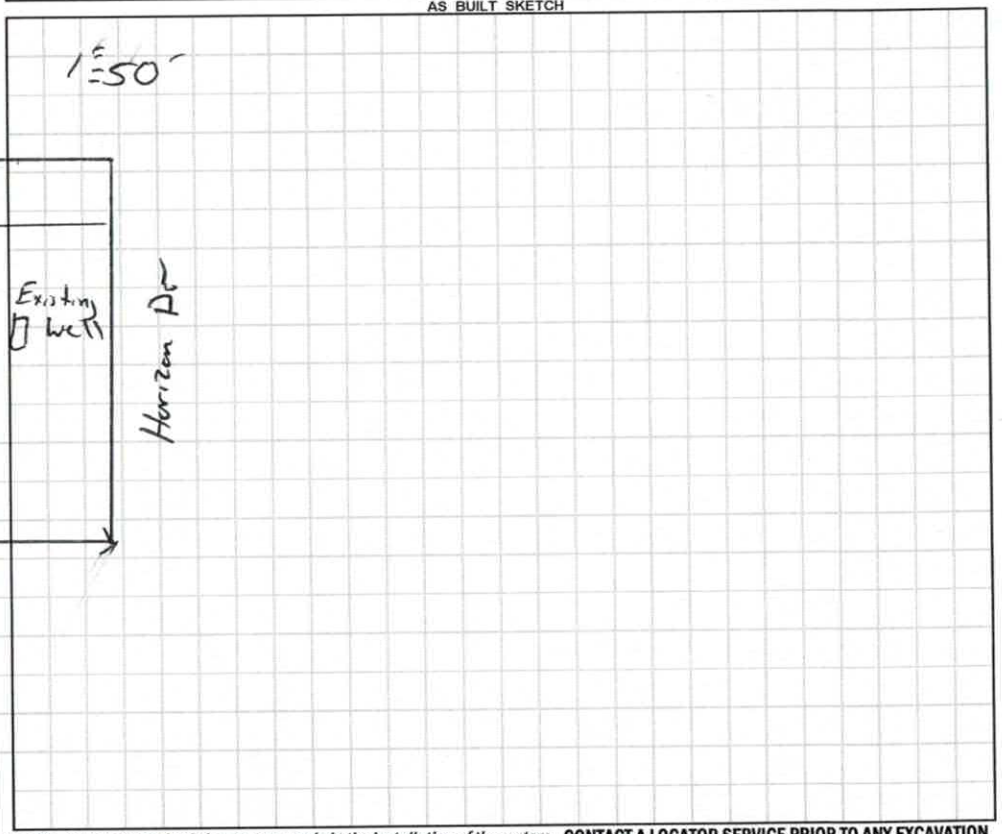
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System was functioning properly at the time of inspection.

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: Donald Johnson Date: 12-17-18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 12-5-18

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED NOV 2 6 2018

240514 Paid $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Donald R Johnson Address: 3866 N Patterson Ave Winston-Salem 27105
Applicant Email: donald.johnson@claytech.com Phone: 336-701-1999 Alt. Phone: 336-254-0261
Owner Name: Paul Mitchell Address: 133 Horizon Drive Statesville Zip: 28625
Owner Email: pmitchell10128@gmail.com Phone: 704 495 1191 Alt. Phone: 704 883 4853

Property Information:

Street Address: 133 Horizon Drive Statesville NC 28625

Subdivision Name: Sunset Village Section/Phase: _____ Lot Number: 16

Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 3
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

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: _____

( ) New Well (X) 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: _____ 11-29-18
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)* Paul A Mitchell

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, Paul A Mitchell, am the legal owner(s) of the property located at 133 Horizon Dr. Statesville, NC 28625, identified as

PIN (Parcel Identification Number) 4787 630108.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clayton Homes Scott Hicks Donald Johnson, 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.

Paul A Mitchell
Signature of Owner(s)

8/3/18
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

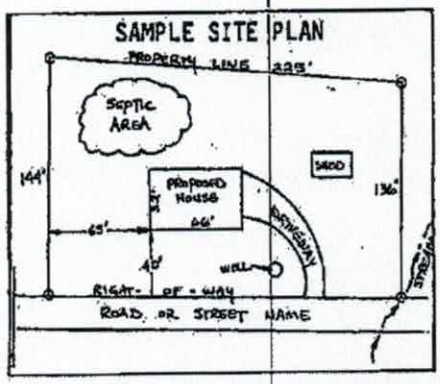
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

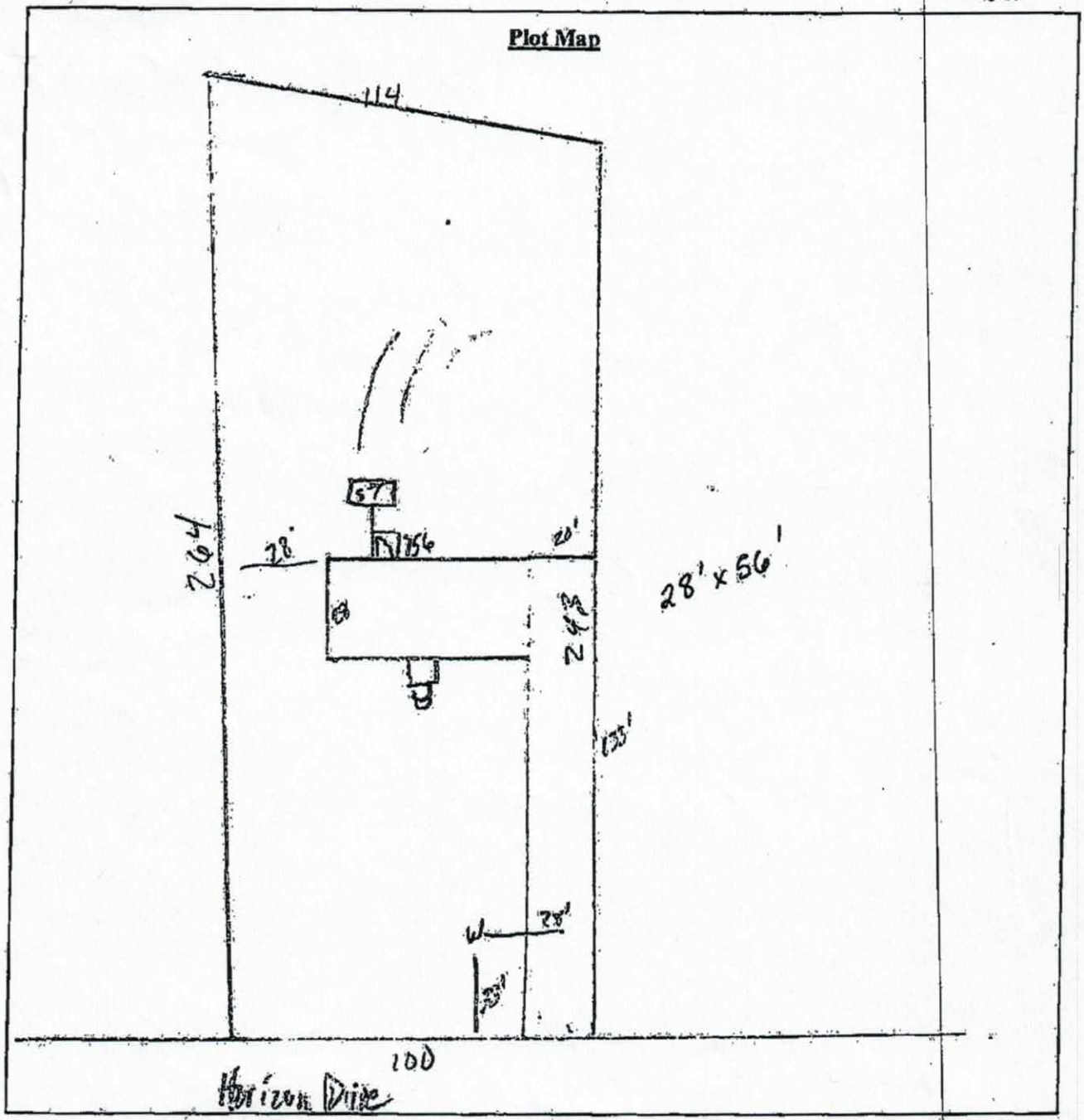
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-21-18
DATE

ADDENDUM TO THE SALES AGREEMENT

40

Plot Map



Initials_____ Initials_____

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 25403 DATE 11-6-96 TAX MAP NO. 11K 3A-16

OWNER OR CONTRACTOR Bil Pisher PHONE: Business Home 873 3130 Watershed: ☐ Yes ☒ No

ADDRESS 136 Horizon Dr Statesville NC

LOCATION 64E TL Cox Springs Rd TR Hoover Head Rd TR Horizon 700ft on Rft

SUBDIVISION Sunset Village BLOCK / SECTION LOT 160 LOT AREA SITE CLASS 4/5 DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 620 Date 7-8-97

Pump Tank: Gallons; PT Date 8-27-97

Pump Make: Model Serial No.

Utilization Field: No Fields 1 Square Feet 1038 Linear Feet 343

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Graves Conventional

Repair System Description: Graves Conventional

Maintenance Agreement Required: ☐ Yes ☒ No Chamber

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

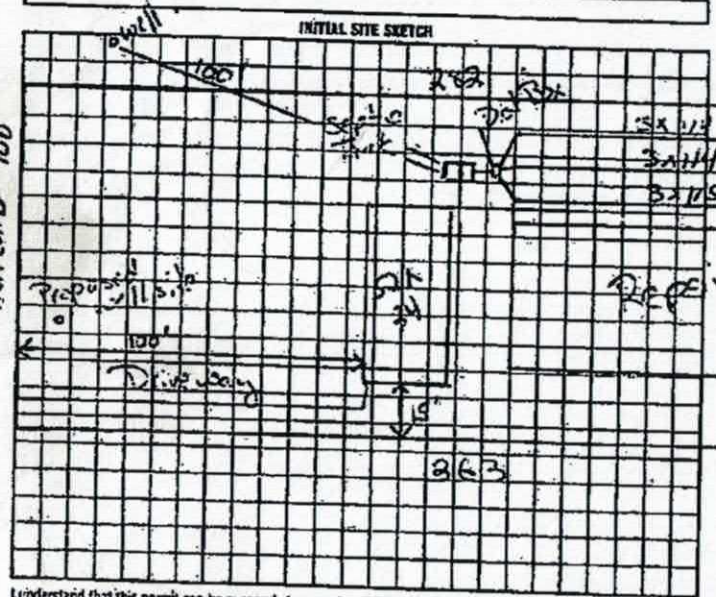
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

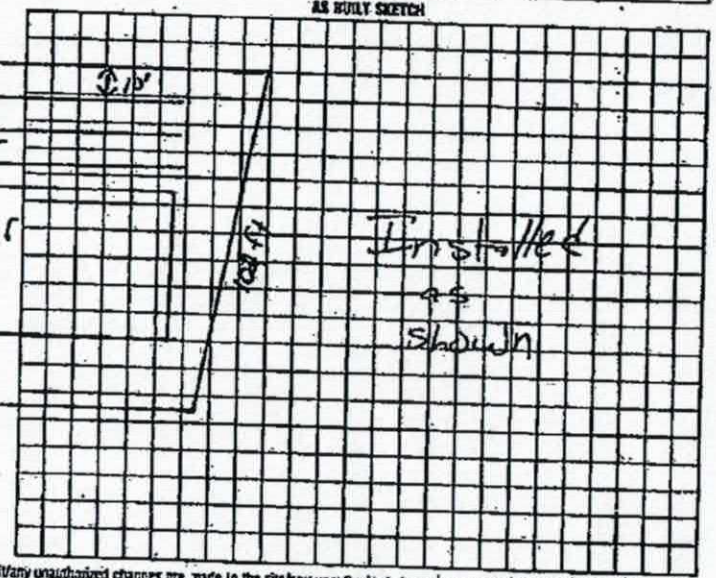
Comments: Keep lines on contour 9ft on center wells 150ft from systems

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understood 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.

Finalization to construct cuts 5+6 after issue date

Signed: Bil Fisher

Improvement Permit by: Mark Cox RS date 11-6-96

Authorization to Construct by: Mark Cox RS date 11-6-96

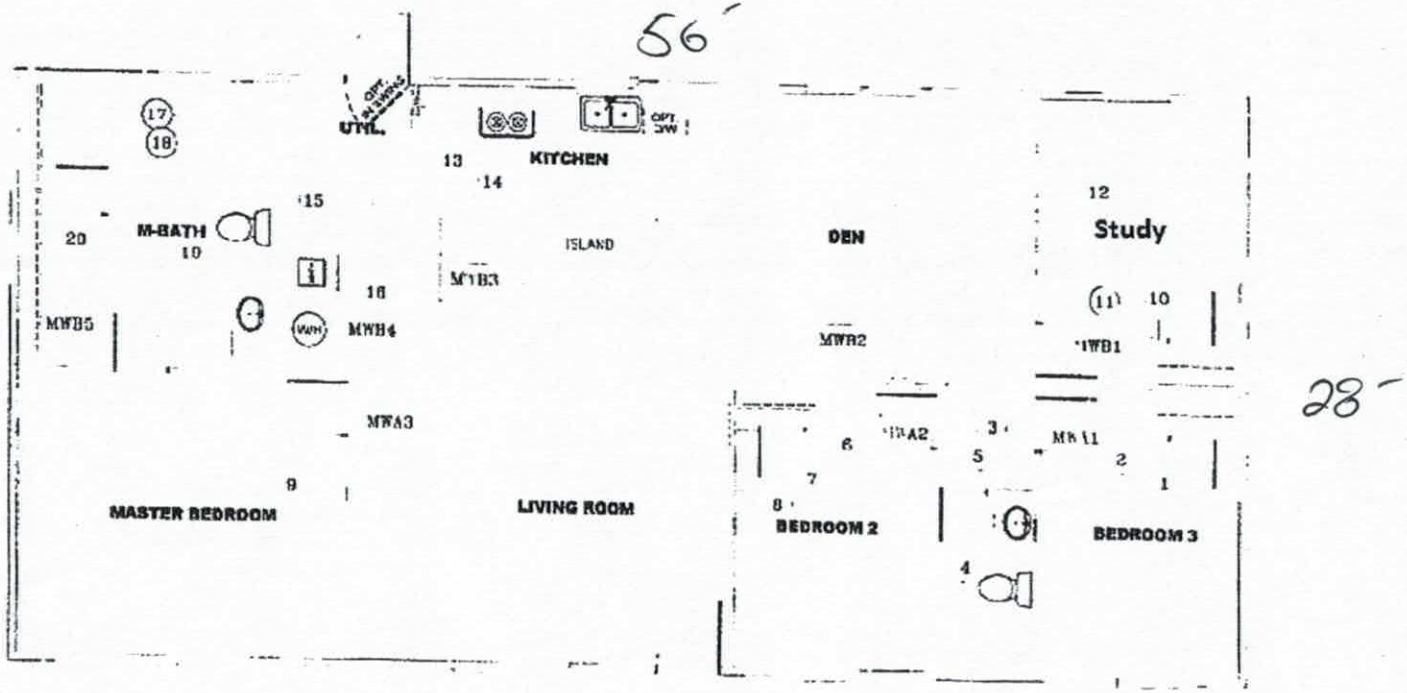
Existing System Inspected by:

Installed by: Sammy Reavis

Certificate of Completion by: date

Operation Permit by: Mark Cox RS date 8-28-97

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



N/A SQ.FT. 1,475 SQ.FT. (STD PLAN "CONDITIONED")
(W/OPT. PORCH/RECESS "CONDITIONED")

HOMES

wbase

Acknowledgement Of
Plans Submittal ONLY!

Date 12-5-18

Date 12-13-18

IREDELL COUNTY

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

APPLICATION NUMBER
240514
Issue Date: 11/26/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4787630108.000	133 HORIZON DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HITT JAMES W JR+SHIRLEY P	Applicant: CLAYTON HOMES WINSTON
Address: PO BOX 3252	Address: 3866 N PATTERSON AVE
BURLINGTON, NC 27217	WINSTON SALEM, NC 27105
Phone:	Phone:

Use Requested	Zone Code
MOBILE HOME REPLACEMENT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
.630	35.00	35.00	15.00	15.00	NOT		X

Remarks:

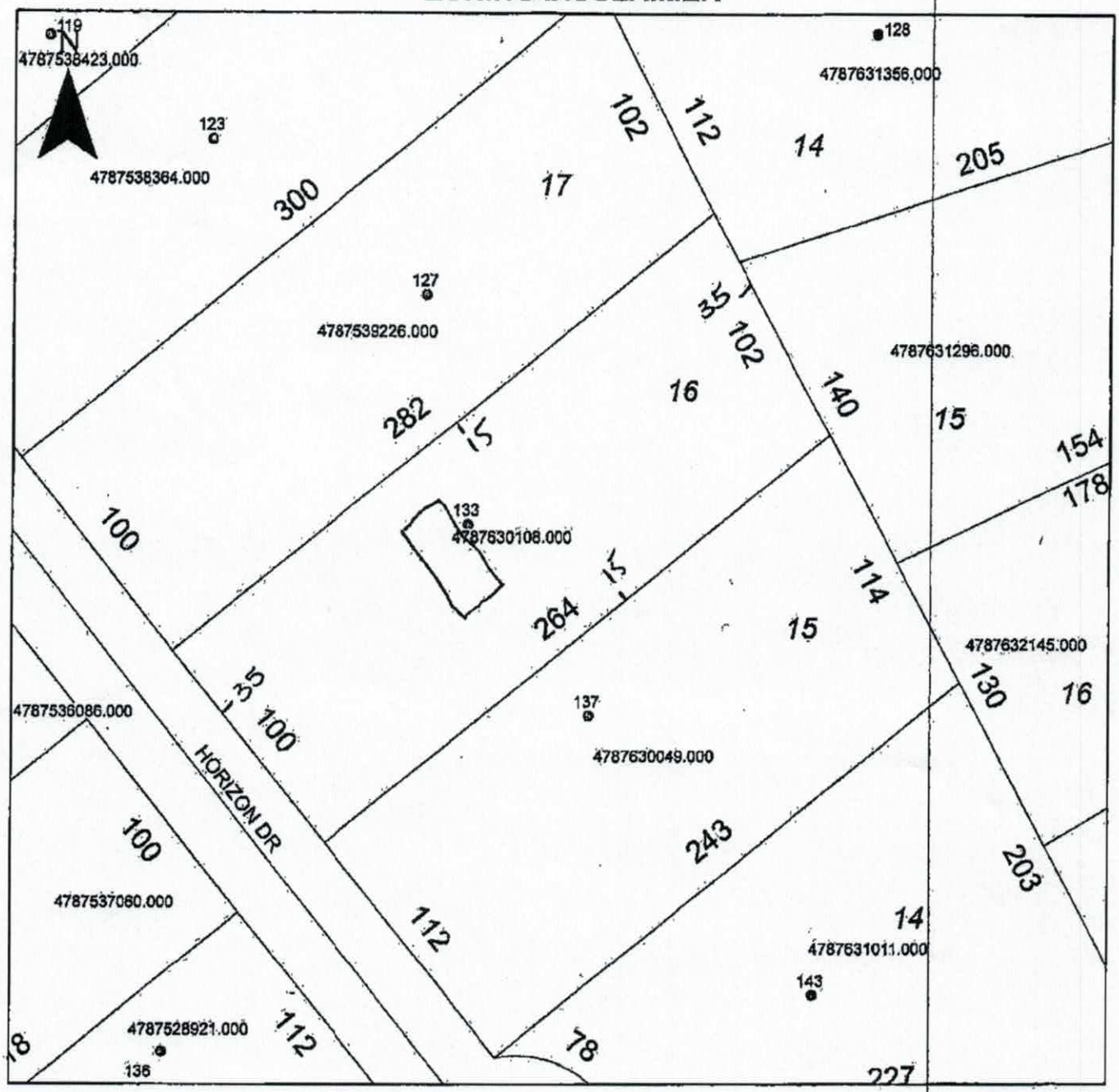
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

Applicant: _____ Date: _____

Permit Number	159893	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 133 Horizon

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 11-26-18

Date