IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245356

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

PIN # 4788156490.2314

APPLICANT/OWNER: John Gilbert III APPLICANT ADDRESS: 2314 Old Mocksville Rd Statesville 28625

SITE ADDRESS: 2314 Old Mocksville Rd Statesville NC 28625 PHONE: 704 902-0468 ALT. PHONE 704 902-4939

SITE DIRECTIONS: I-40 take Old Mocksville Rd North about 8.5 miles, Property have farm on R

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 34 Acre

SAP CONTROLLED: ☐ YES ☐ NO

DESIGN FLOW: 480 L.T.A.R.: .2

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	6	Linear Ft:	600'
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

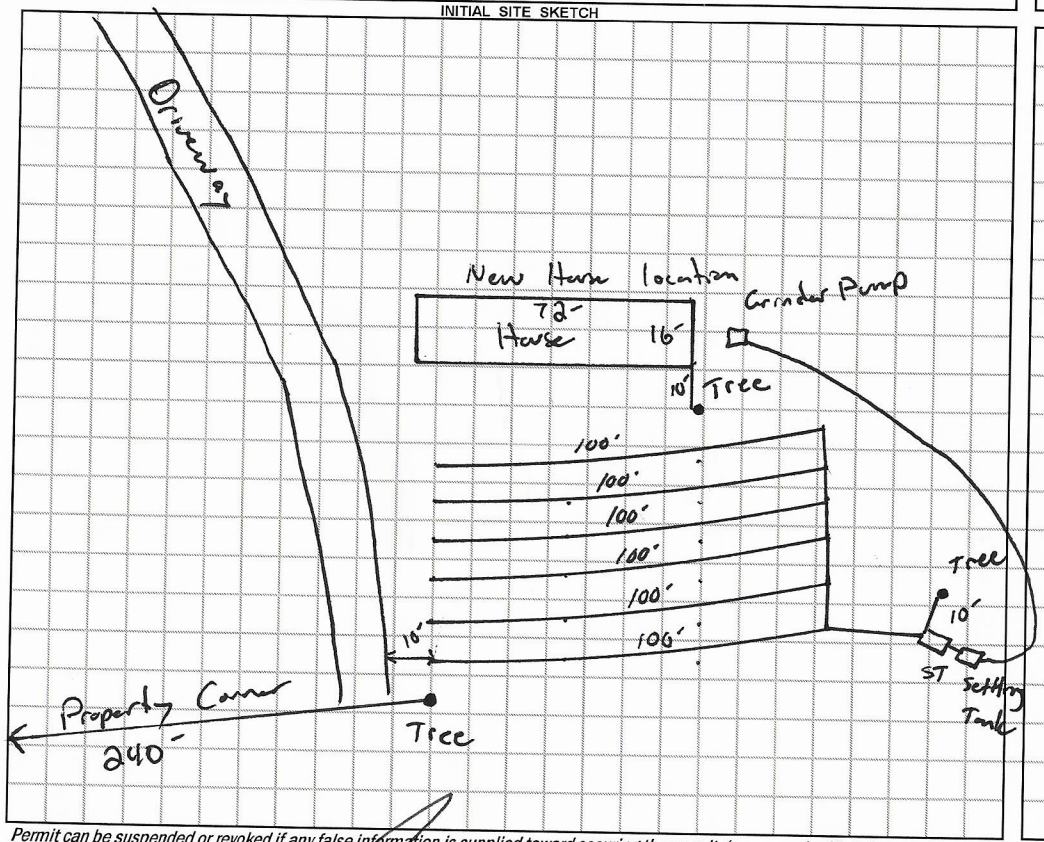
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private ☐ Public ☐ Community

Comments / Conditions: Existing System functioning Properly at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

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: 9/24/19 Installed by:

IMPROVEMENT PERMIT by: Date: 6-14-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 6-14-19 Existing System Inspected by: Date: 6-11-19

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 JUN 5 - 2019

2453576

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: (X) 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: John N. Gilbert III Address: 2314 Old Mocksville Rd, Statesville, NC Zip: 28625
Applicant Email: jngilbert3@gmail.com Phone: (704) 902-0468 Alt. Phone: (704) 902-4939
Owner Name: John N. Gilbert III Address: 2314 Old Mocksville Rd, Statesville, NC Zip: 28625
Owner Email: SAME Phone: SAME Alt. Phone: SAME

Property Information:

Street Address: 2314 Old Mocksville Rd, Statesville, NC 28625
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: From I-40, take Old Mocksville Rd North approx 8.5 miles. Property is a horse farm on right, just before bridge over Dutchman's Creek

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:
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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool (Possibly, Future)
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

PAID
$445.00 CK
6/11/19

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: 2008
( ) 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: John N. Gilbert III 19 FEB 19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

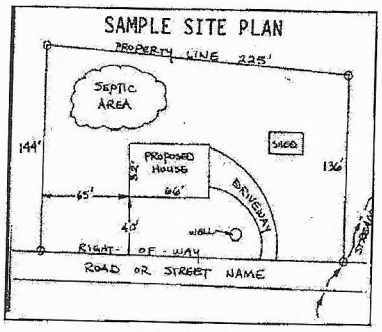
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

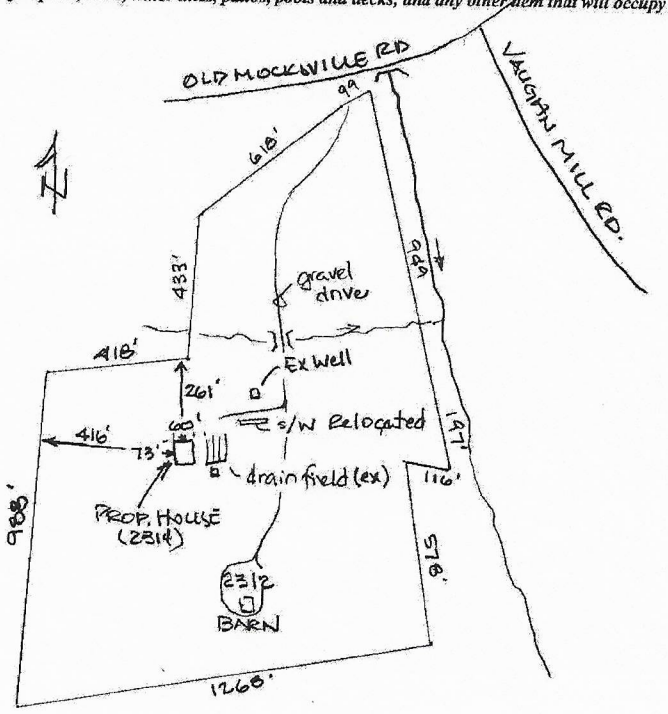


Circle N/A on the following if appropriate:

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

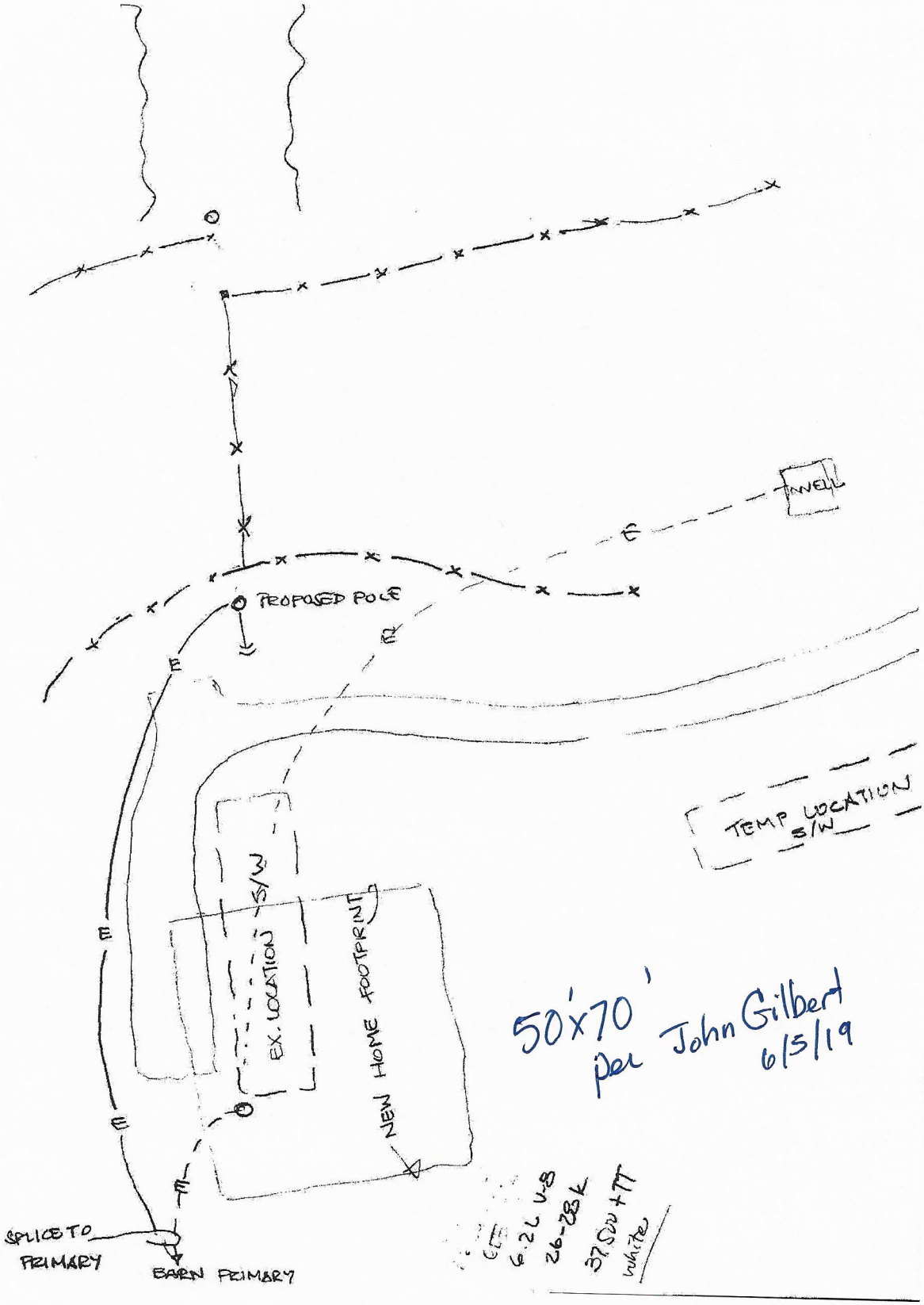


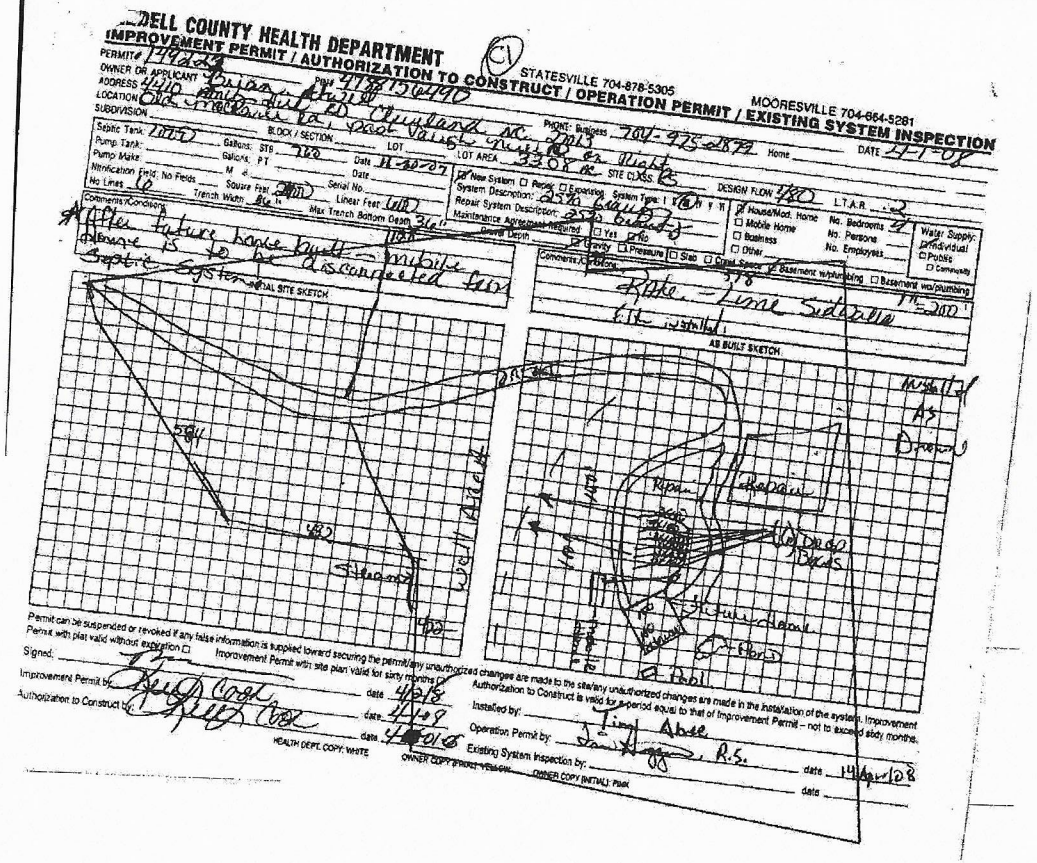
Signature: _____

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

19 FEB 19

DATE


WELL
PROPOSED POLE
TEMP LOCATION S/W
EX. LOCATION S/W
NEW HOME FOOTPRINT
50'x70'
per John Gilbert
6/5/19
SPLICE TO PRIMARY
BARN PRIMARY
6.2L V-8
26-28K
37 SCW +TT
w/ winter



DELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION
STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281
PERMIT # 19929 (CV)
OWNER OR APPLICANT Brian Hall PID 4738136490
ADDRESS 4410 Hall Rd Clayland NC 28613 PHONE: Business 704-975-2872 Home DATE 4-1-08
LOCATION Old Statesville Rd, past Valley Rd on Right
SUBDIVISION BLOCK / SECTION LOT LOT AREA 32.0K sq ft SITE CLASS. 2
Septic Tank 2000 Gallons: ST 750 Date 11-20-07 New System ☐ Repair ☐ Expansion System Type: I II III IV V DESIGN FLOW 480 L.T.A.R. 2
Pump Tank: Gallons: PT Date System Description: 250 Gallon
Pump Make: M Date Repair System Description: 250 Gallon
Nitrification Field: No Fields Square Feet 2000 Serial No. Maintenance Agreement Required ☐ Yes ☐ No
No Lines 16 Trench Width 36 in Linear Feet 448 Ground Slope ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/pumping ☐ Basement w/o plumbing
Max Trench Bottom Depth 36" Ground Depth
Comments/Conditions: ☐ House/Mod. Home No. Bedrooms 4 ☐ Mobile Home No. Persons ☐ Business No. Employees ☐ Other
Water Supply: ☐ Individual ☐ Public ☐ Community
After future home built - mobile home is to be disconnected from septic sys for initial SITE SKETCH
Rte - Line Sidewalk
AS BUILT SKETCH
Repair
Existing Home
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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.
Signed:
Improvement Permit by: date 4/2/8
Authorization to Construct by: date 4/2/8
Installed by: Tim Abee
Operation Permit by: date 4/2/8
Existing System Inspection by: Stan Higgs, R.S. date 4/2/08
date
HEALTH DEPT. COPY: WHITE OWNER COPY: PINK - YELLOW OTHER COPY (INITIAL): Pink

Existing System ok per Ronda $250 NW

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)* _____

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, JOHN N. GILBERT III, am the legal owner(s) of the property located at 2314 OLD MOCKSVILLE RD, STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4788156490, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** RYAN T. NOBLE, RYAN NOBLE CONSTRUCTION, 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.

_____ 28FEB19

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

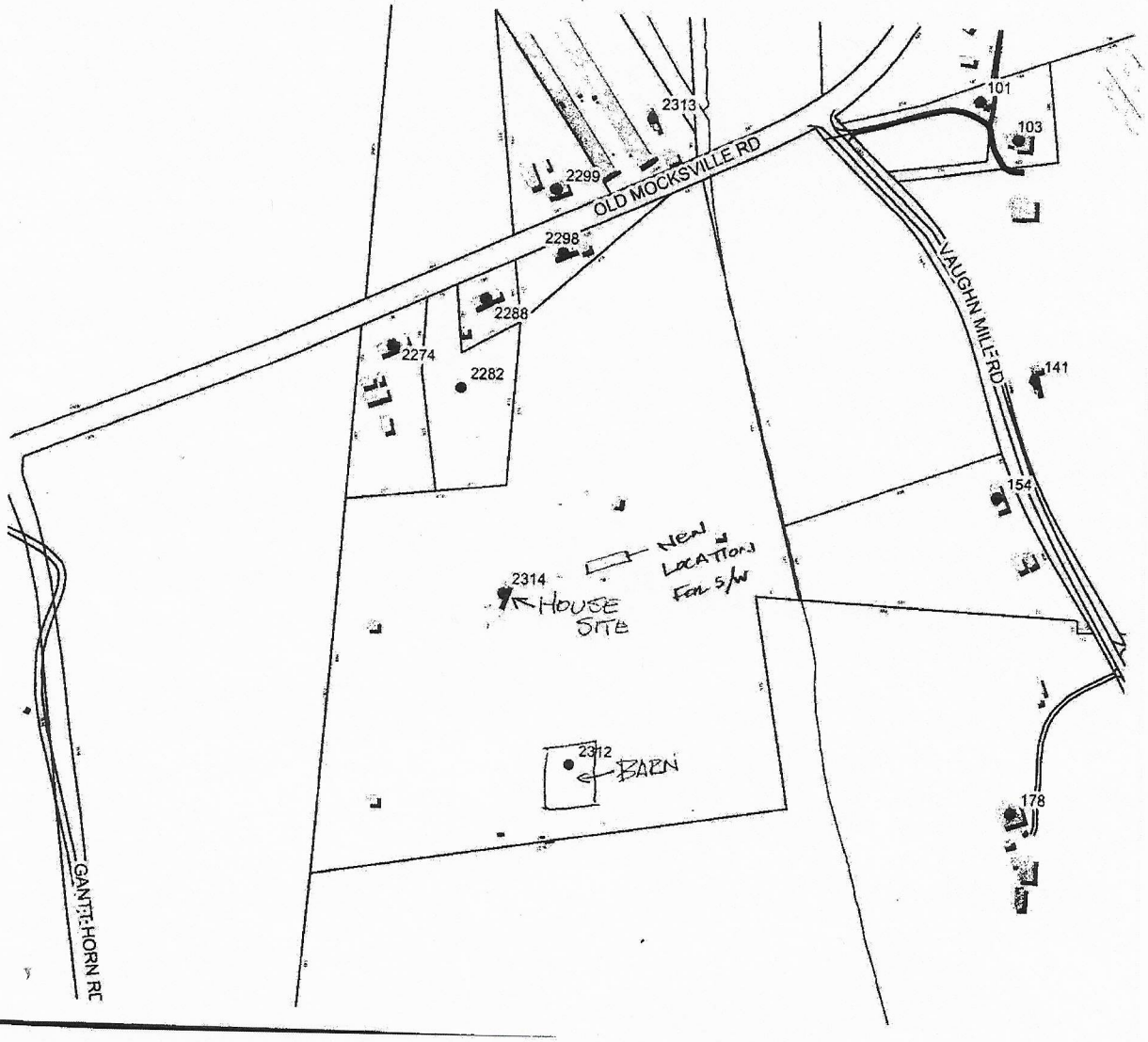
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Zoning Approval – Relocation of S/W Mobile Home (w/ existing septic system) and New Single family Dwelling (2413 Old Mocksville Road)

Regarding parcel #: 4788156490, a permit may be issued to relocate the existing mobile home to a new location on the property (utilizing the existing septic system). Additionally, a permit may be issued for a single family dwelling at the same site where the mobile home was previously located. However, prior to the issuance of the C/O for the house, the mobile home must be disconnected from the septic system and removed from the property or application must be made to install a new septic for it.

William Allison – Planner III

2-7-19
Date



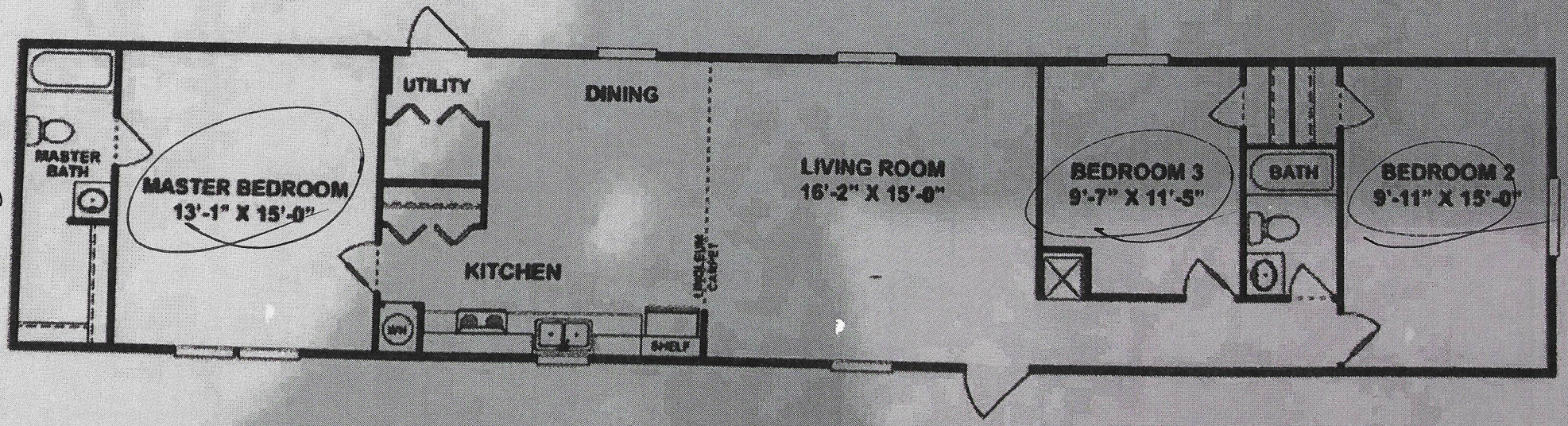
Acknowledgement Of
Plans Submittal ONLY!

Date 6-14-19

Date 9/24/19

72'

16'



IREDELL COUNTY

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

APPLICATION NUMBER
245356
Issue Date: 06/04/2019

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4788156490.000	2314 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GILBERT JOHN N III+ANNA R	Applicant: GILBERT JOHN N+ANNA R
Address: 631 ST CLOUD DR	Address: 707
STATESVILLE, NC 28625	IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
34.119	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

PAID 6/4/19 #16546

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

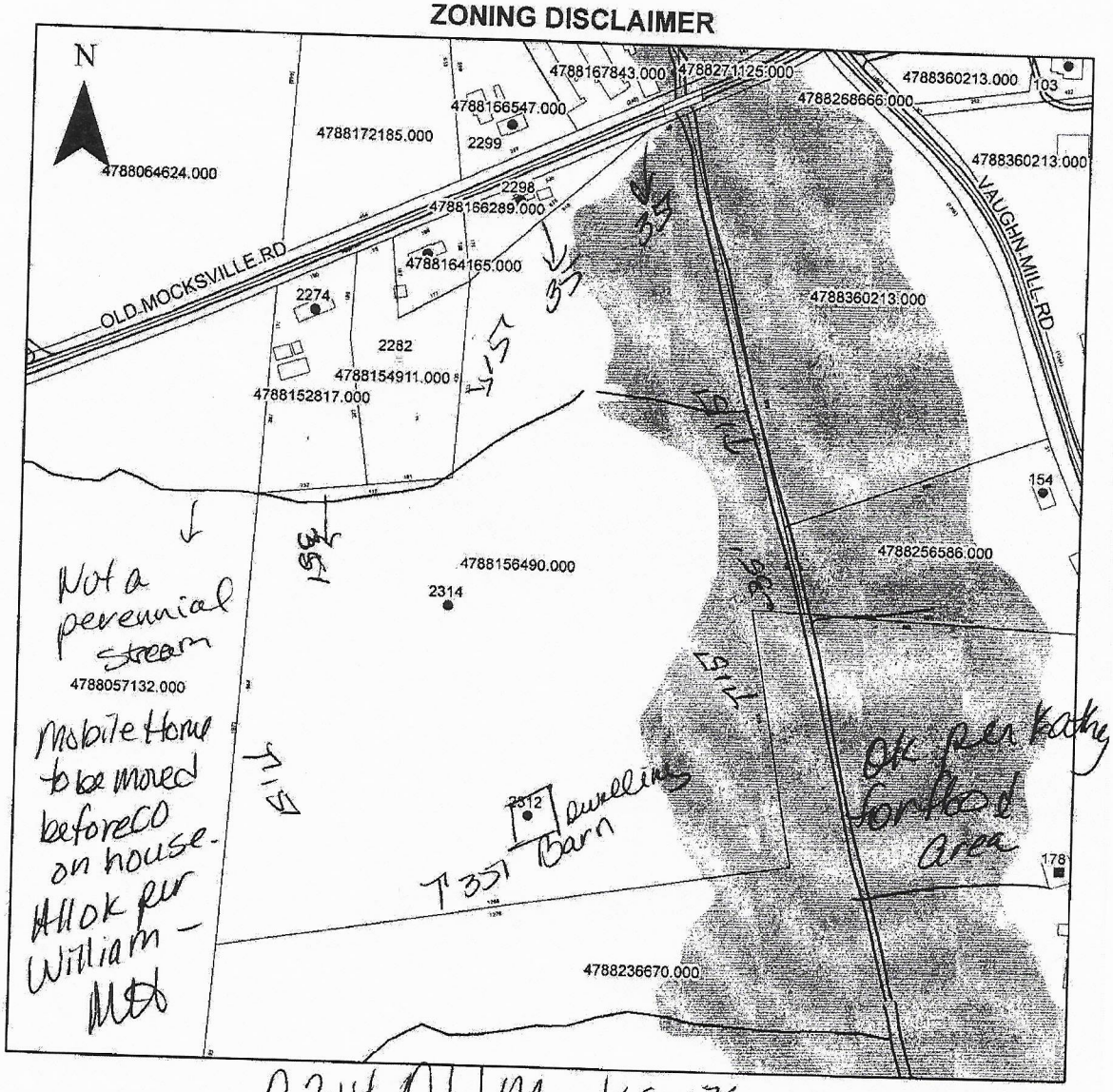
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	179860	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 2314 Old Mocksville

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.

Applicant

6/4/19
Date