IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22669

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

PIN # 4798020491

APPLICANT: Joseph Perrow APPLICANT ADDRESS: 217 Sunflower Rd Statesville, NC

SITE ADDRESS: 257 Sunflower Rd Statesville, NC PHONE: ALT. PHONE: Deanna 704239-3693

SITE DIRECTIONS: I-40 E exit 162 TL Hwy 64 E TL Society Church Rd TL Sunflower · On left

SUBDIVISION: SECTION: LOT # LOT AREA: part of 5.5 Ac DESIGN FLOW: 240 gpd L.T.A.R.:

Septic Tank 1000 (gal) STB 760 Date 7/15/17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Existing # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description:
Repair System Description: New ST
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

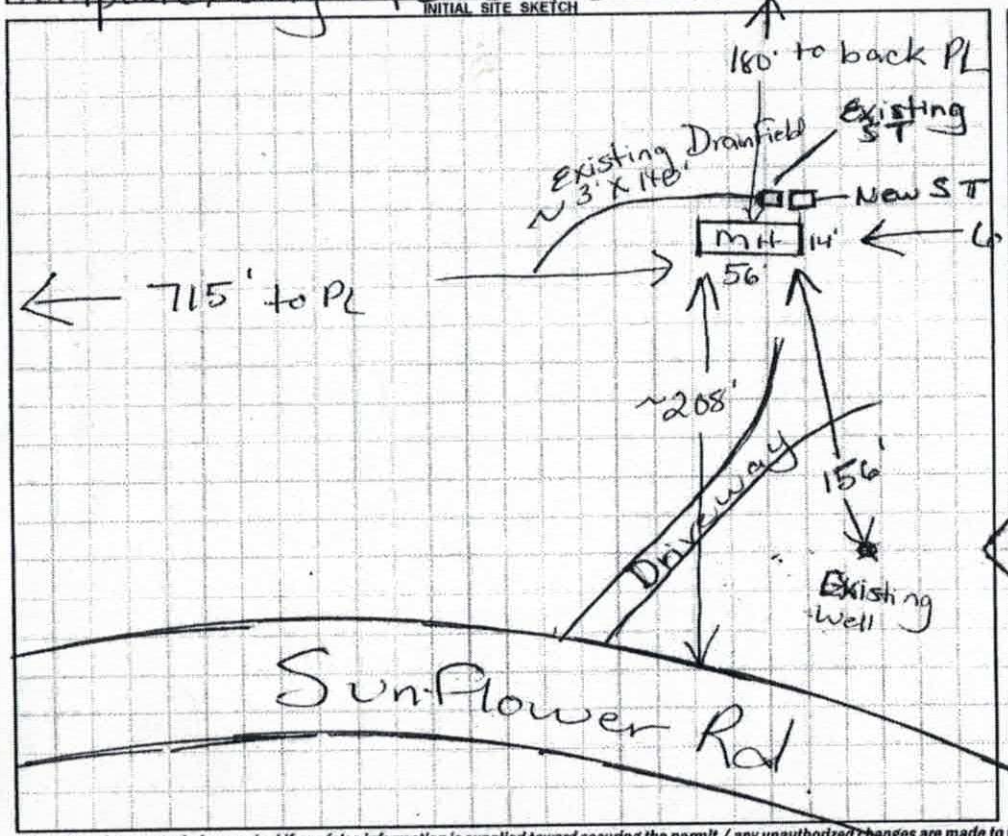
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 2 No. Persons 4 No. Employees
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:
Replace existing Septic tank with new ST & connect to existing drainfield
Pump & existing ST, crush & backfill.

Note: Could not find record of existing Septic System. Existing drainfield appears to be functioning ok.
Set new home at least 10ft from existing

INITIAL SITE SKETCH

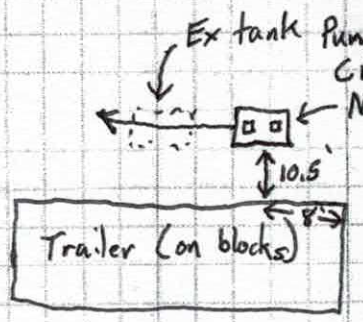


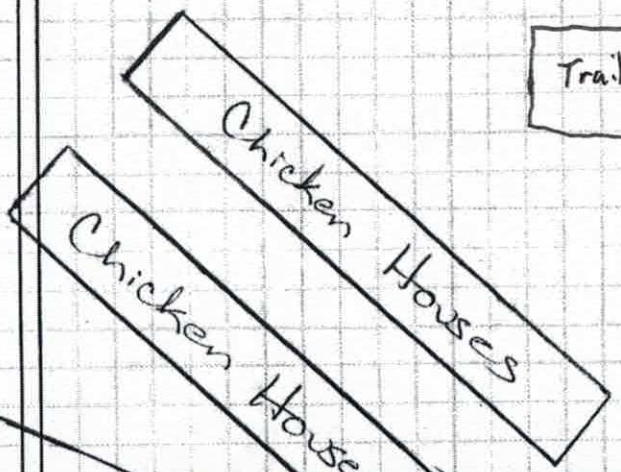
AS BUILT SKETCH

Scale 1:100

Septic System

8/31/17: Shoaf 1000-gal mid-seam conc. tank w/a Polylok PL-68 Effluent Filter installed





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: 5/12/17 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Date: 5/8/17 OPERATION PERMIT by: Tom Shuck Date: 8/31/17

AUTHORIZATION TO CONSTRUCT by: Date: 5/8/17 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226169

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

PIN # 4798020491

APPLICANT: Joseph Perrow APPLICANT ADDRESS: 217 Sunflower Rd Statesville, NC

SITE ADDRESS: 257 Sunflower Rd Statesville, NC PHONE: ALT. PHONE: Deanna 704239-3693

SITE DIRECTIONS: I-40 E exit 162 TL Hwy 64 E TL Society Church Rd TL Sunflower on left

SUBDIVISION: SECTION: LOT # LOT AREA: part of 15.5 Ac DESIGN FLOW: 240gpd L.T.A.R.:

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description: New ST				☐ Other	No. Employees
# Nitrification Fields	# Lines Existing		Linear Ft:	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Max. Trench Bottom Depth			Gravel Depth	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

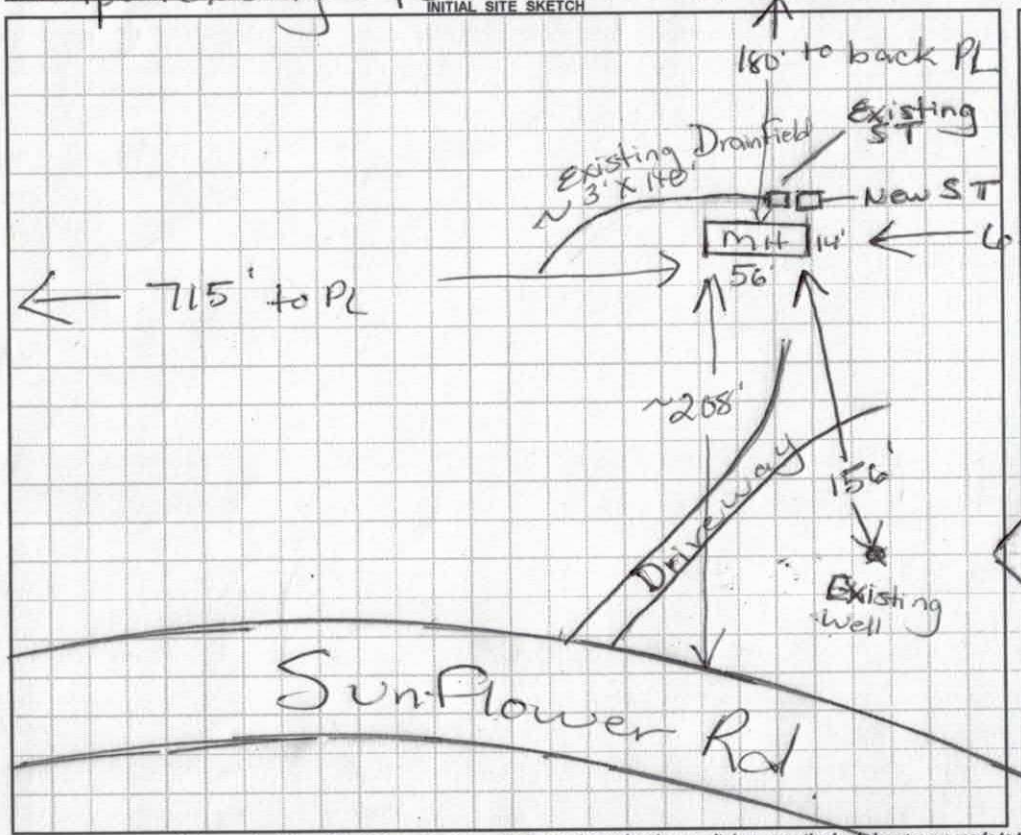
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

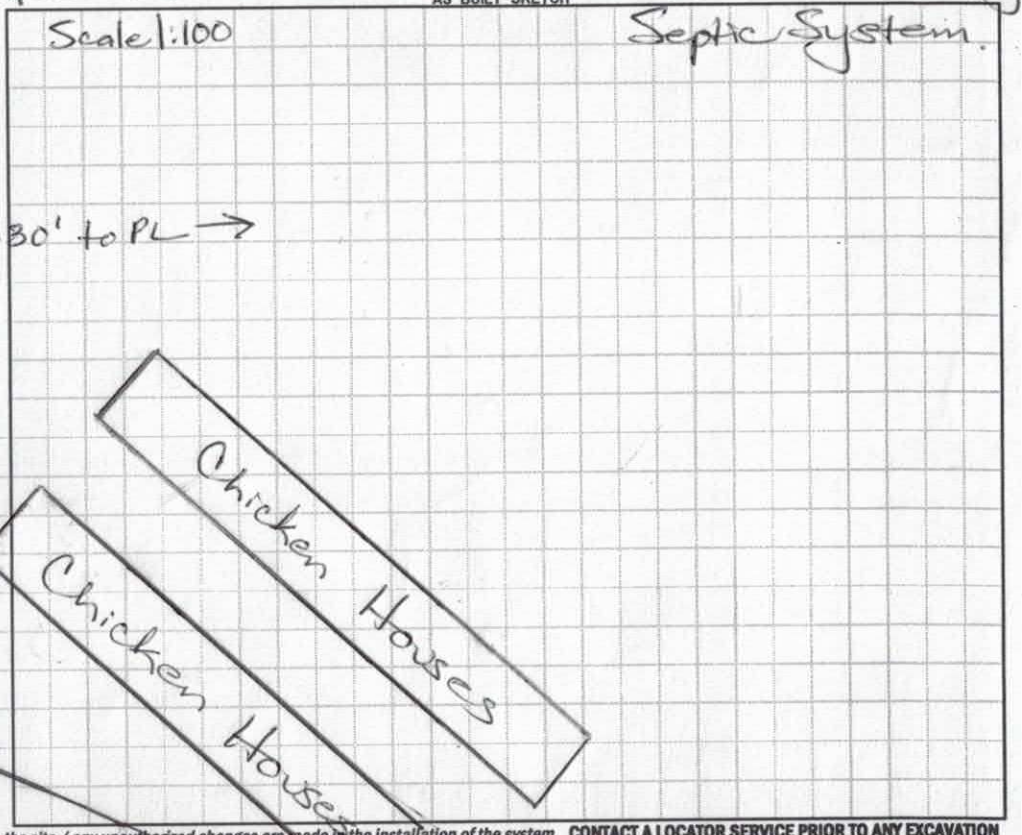
Replace existing Septic tank with new ST & connect to existing drainfield
Pump ex existing ST, crush & backfield.

Note: Could not find record of existing Septic System. Existing drainfield ("appears") to be functioning ok.
Set new home at least 10ft from existing

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: Deana Alvee Date: 5/12/17 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/8/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/8/17 Existing System Inspected by: Date:

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 #
Joseph Perrow	217 Sunflower Rd		Deena 704-239-3693
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

257 Sunflower Rd. (Farm Housing) _____ _____
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: 40E. exit 146 - R 64E - R Society Ch. Rd. - L Sunflower - property on left

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

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

Maximum Number of Bedrooms 2 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 (X) 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: Deena Perrow 4/5/17
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

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.

I, Joseph Perrow, am the legal owner(s) of the property located at 257 Sunflower Rd, identified as PIN (Parcel Identification Number) 4798020491, located in Iredell County, North Carolina.

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

Joseph Perrow 4-1-17 Alisha Perrow 4-1-17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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 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...

___ Area you prefer your septic system to be placed...

/ Preferred driveway location and configuration, preferred well location...

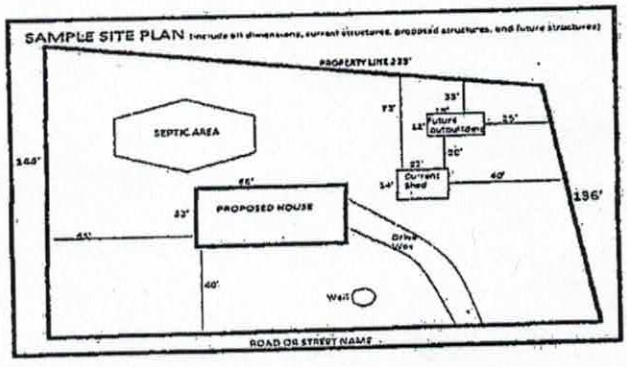
/ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

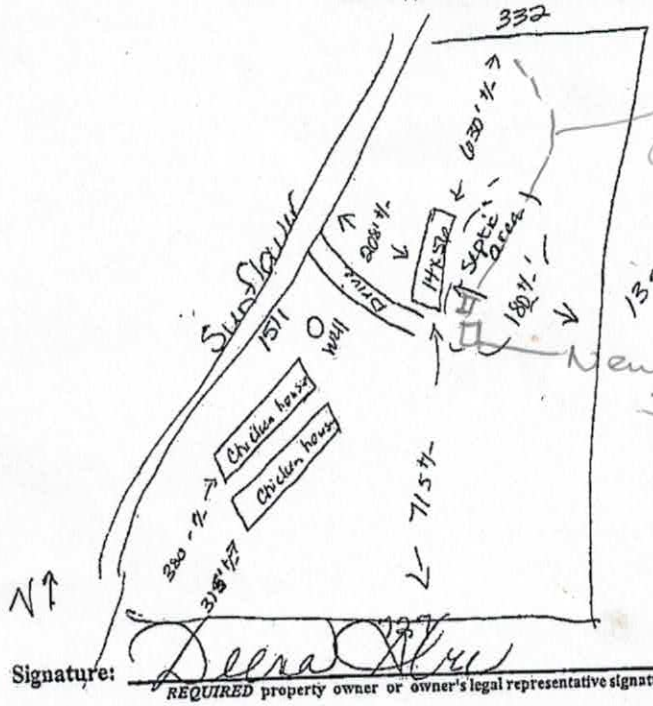
___ Location of septic systems and wells within 100' of your property... N/A

___ 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



156' from well to proposed MH

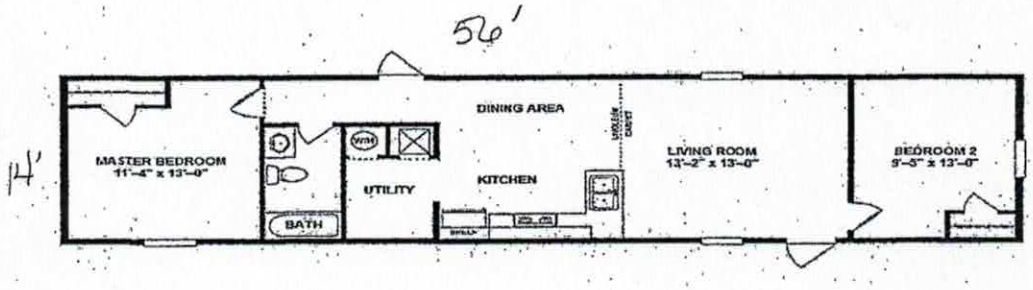
exist drainline 110' long

House to exist ST. 14' over 13' down

Signature: Deena Allen

REQUIRED property owner or owner's legal representative signature.

4/15/17
DATE



1984 single wide
will be used for Farm

Deena Abee
Maria Dolan 5/8/17

IREDELL COUNTY

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

APPLICATION NUMBER
226169
Issue Date: 04/06/2017

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4798020491.000	257 SUNFLOWER ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: BOGER BELLE D Address: 819 US HWY 64 W MOCKSVILLE, NC 27028 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

MOBILE HOME REPLACE - IREDELL

Scope of Work

DEMO HOUSE AND REPLACING WITH SINGLEWIDE

Permit Details:

EFT	EXISTING SYSTEM INSP REG SCHED	Amount:	250.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

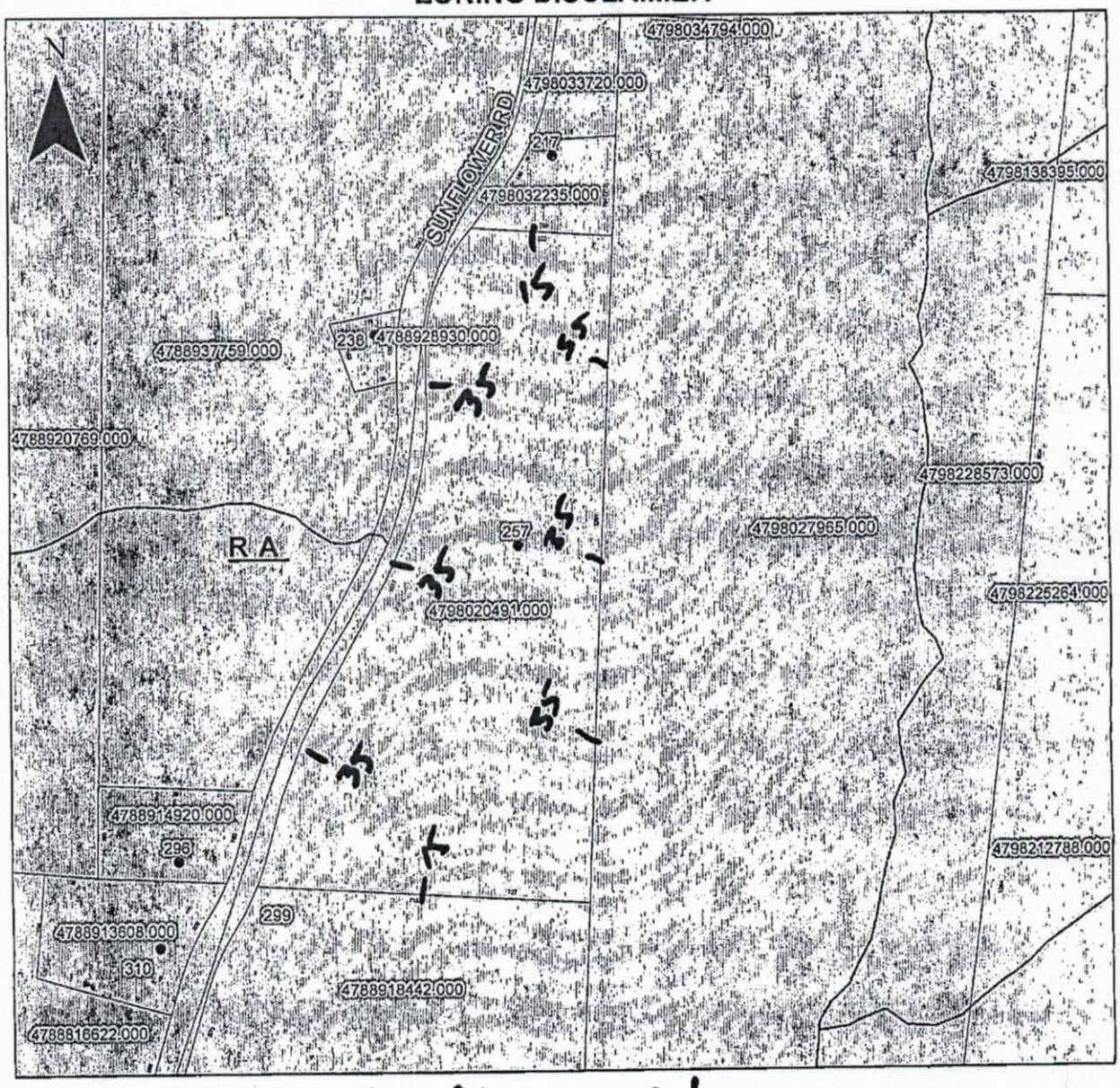
Date: 04/06/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	98819	TOTAL FEES:	$ 250.00

ZONING DISCLAIMER



Property Address 257 Sunflower Rd

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 _____ Date _____