IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 236834

PIN # 4800548120.000

APPLICANT/OWNER: Dennis Welborn

APPLICANT ADDRESS: 197 Suzanne Lane Statesville NC 28677

SITE ADDRESS: 733 Damascus Church Rd Hiddenite NC

PHONE: 704 437 0674 ALT. PHONE ~

SITE DIRECTIONS: Hwy 115 to on Damascus Church Rd Site on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 2.05 Acres

DESIGN FLOW: 360 L.T.A.R.: Ext

Septic Tank ~ (gal) STB ~ Date ~

Pump Tank ~ (gal) RT ~ Date ~

Pump Make ~ Model Existing Serial # ~

Nitrification Fields ~ # Lines ~ Linear Ft ~

Trench Width ~ Trench Bottom Depth(Low side) ~ Gravel Depth ~

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

System Description: ~

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ~

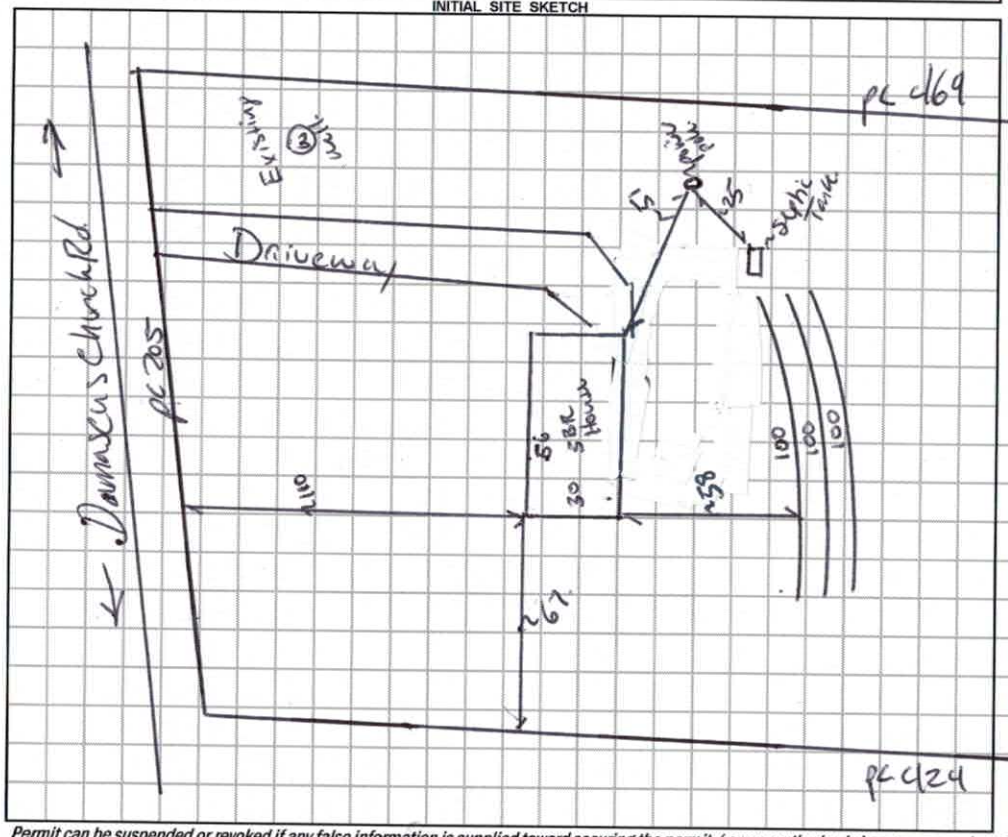
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

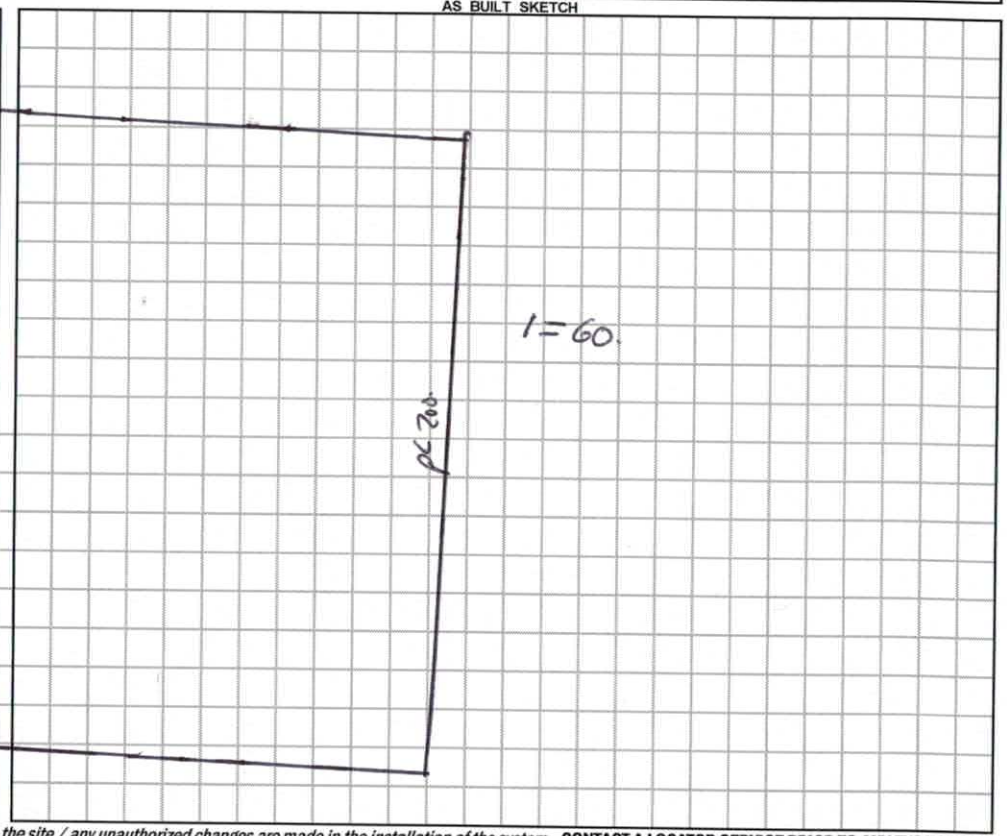
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Functioning at Time of Inspection.
Maintain 5ft away from any part of Septic System

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: Dennis Welborn Date: 7-16-18 Installed by: ~

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

AUTHORIZATION TO CONSTRUCT by: ~ Date: ~ Existing System Inspected by: Benjamin A Bott Date: 7/13/2018

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 29 2018

Paid $250.00
#236834

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Talk to Chris about doing to Pietro and list system

704-677-3170 Dennis

704- 791-6005

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: Dennis Neal Welborn Address: 197 Suzanne lane Statesville Zip: 28677

Applicant Email: _____ Phone: 704-437-0674 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

PAID 28677

Street Address: 733 Damascus church Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 115 North to Damascus church Rd 8.2 miles on left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — Blocks
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Crawl Space Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ — ( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: '87
( ) 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 hereln 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: Dennis Neal Welborn 6-27-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

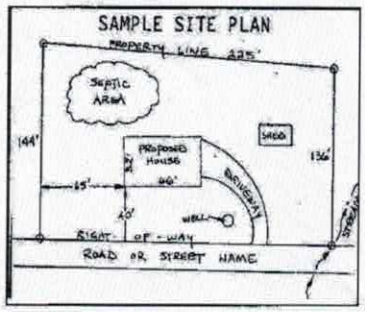
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

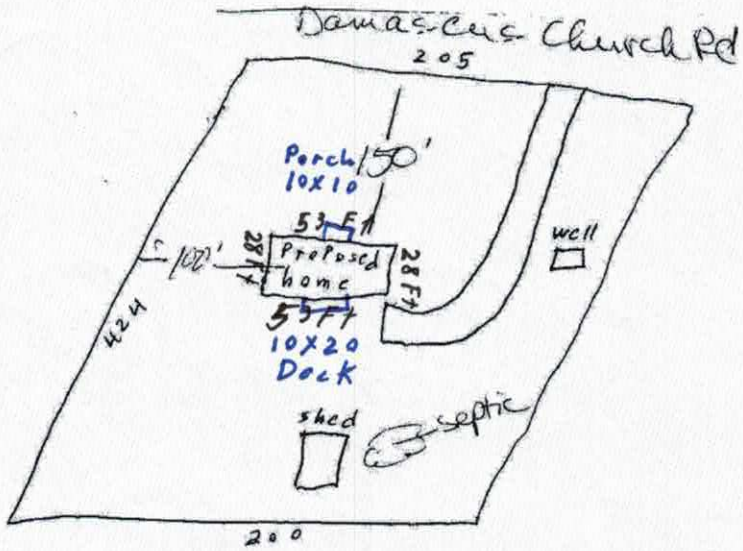


Circle N/A on the following if appropriate:

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: Donna Neal Wellons

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

6-27-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR 10603 David Bustle DATE 102789 PERMIT NO. 14K-A-72

PHONE: Business _____ Home _____

LOCATION: 115W L Damascus 1NH 2Mi on Left

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

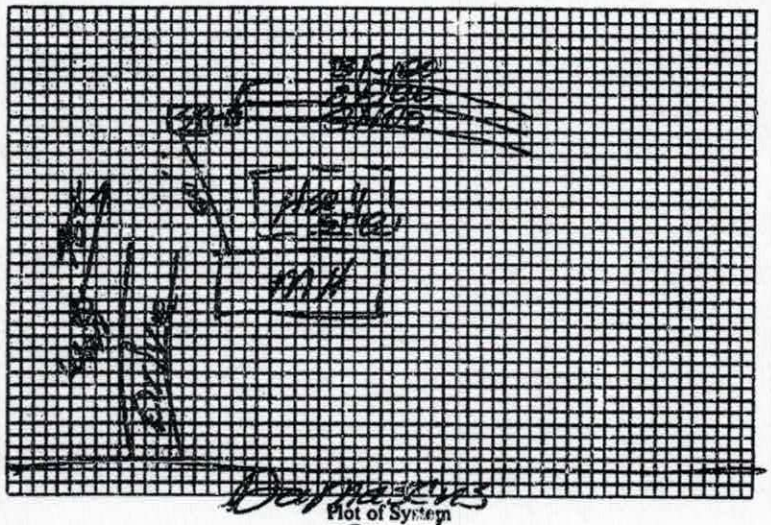
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 2.05AC

Character & Porosity of Soil gray suitable
Percolation Rate 4
Topography 2to8%
Depth to Water Table 16+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 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 Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY DBleaven

COMMENTS: Use clean outs every 50ft

CERTIFICATE OF COMPLETION BY DBleaven DATE 102789

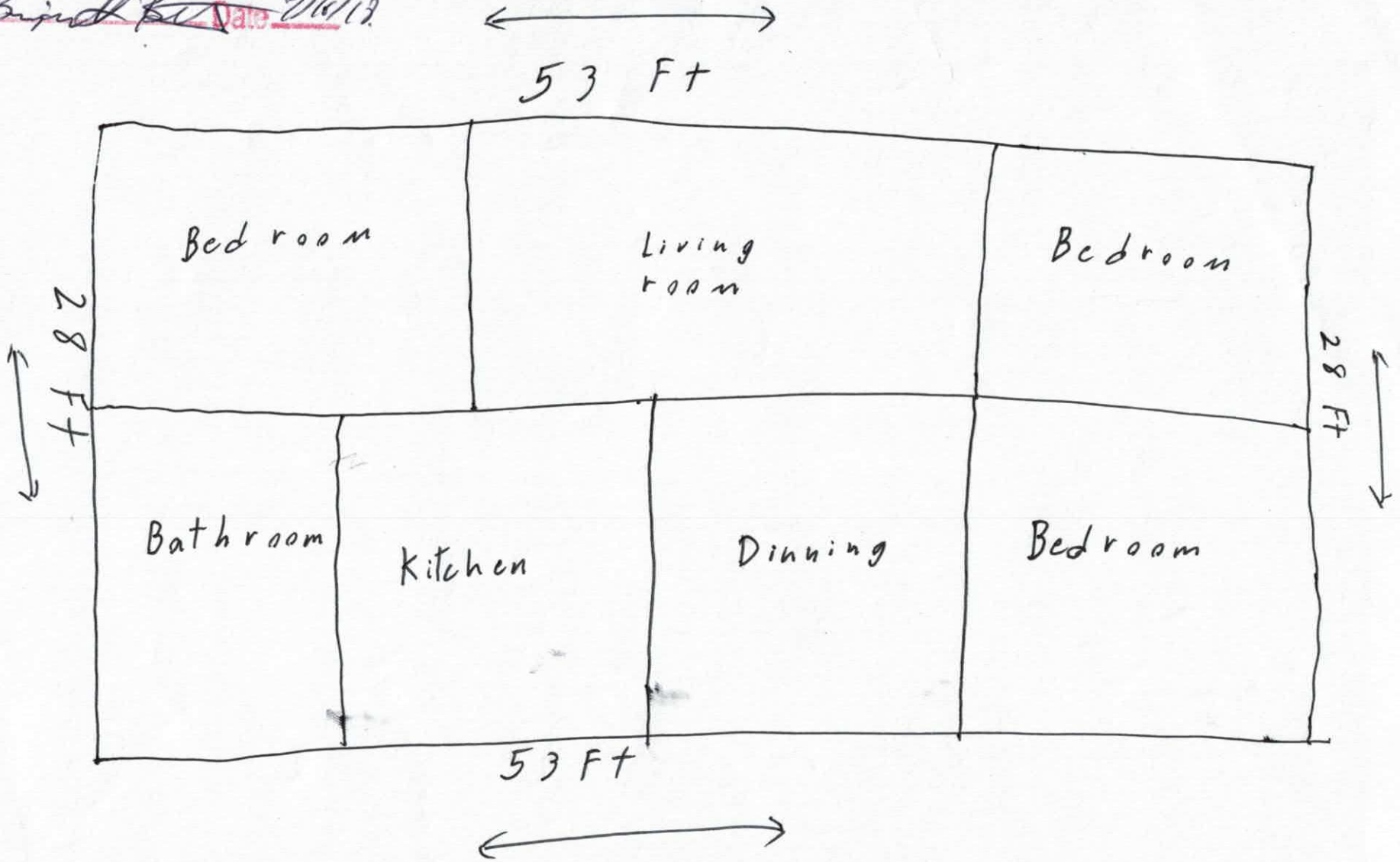
EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Acknowledgement Of
Plans Submittal ONLY!
Dennis Wellborn Date 7-2-18
~~Brian Bell~~ Date 7/6/18



IREDELL COUNTY

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

APPLICATION NUMBER
236834
Issue Date: 06/27/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4800548120.000	733 DAMASCUS CHURCH ROAD, HIDDENITE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WELBORN DENNIS	Applicant: WELBORN DENNIS
Address: 197 SUZANNE LANE	Address: 197 SUZANNE LANE
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
REPLACING SW WITH DW SAME NUMBER OF BEDROOMS	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.050	35.00	35.00	15.00	15.00	PASY	X

Remarks:

PAID
Debra Mott
6/27/18

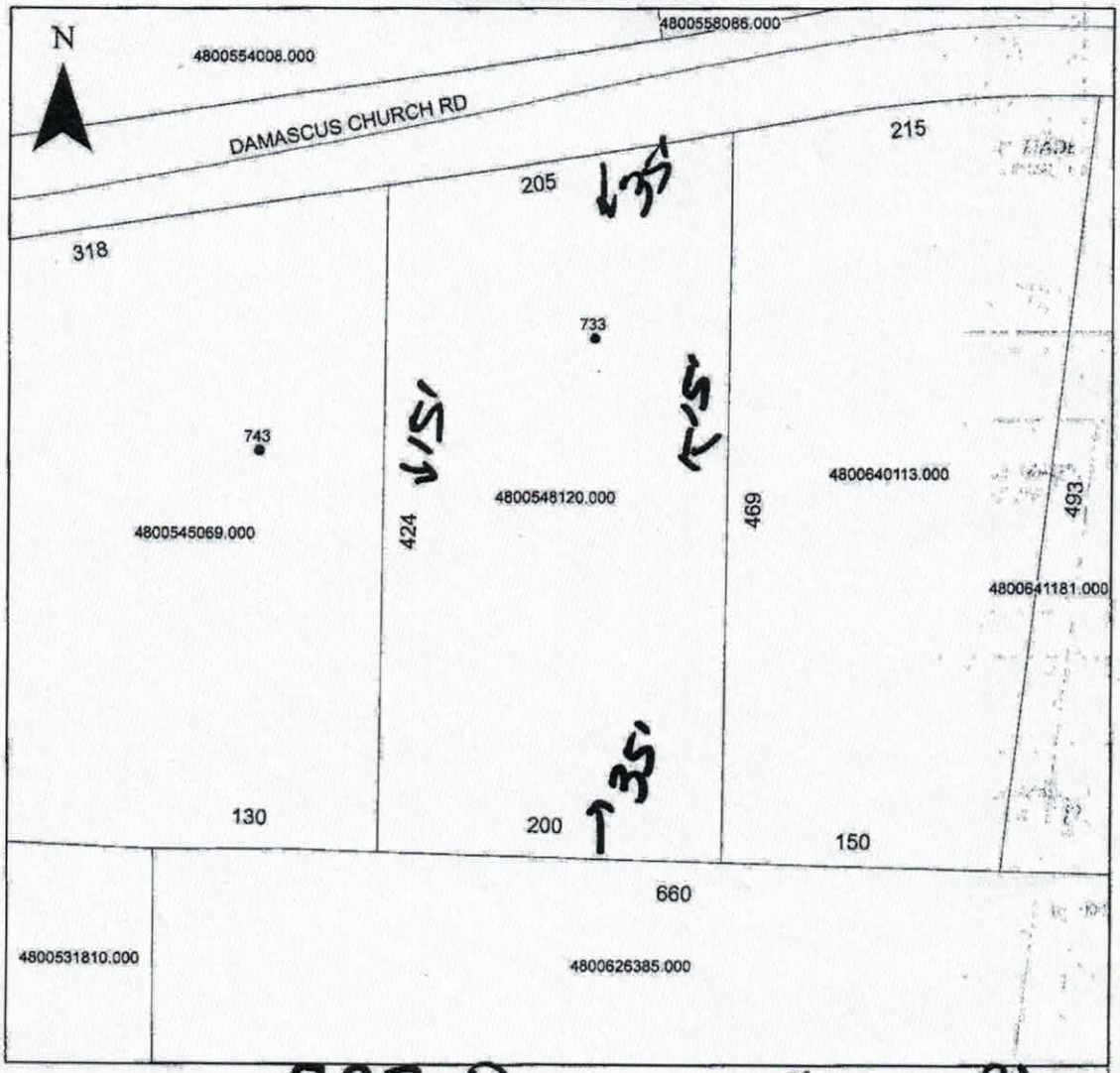
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections 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	143702	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 733 Damascus Church 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.

Dennis Neal Williams
Applicant

6-27-18
Date