IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 224544

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

PIN # 4813-88-8780-98-1406

APPLICANT: Scott Williams | APPLICANT ADDRESS: 200 Sandburg Rd Union Grove, NC 28689

SITE ADDRESS: 200 Sandburg Rd. Union Grove, NC 28689 | PHONE: 704-903-8452 | ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Statesville → L on Sandburg Rd → House @ corner of Sandburg Rd + Dottie Lane

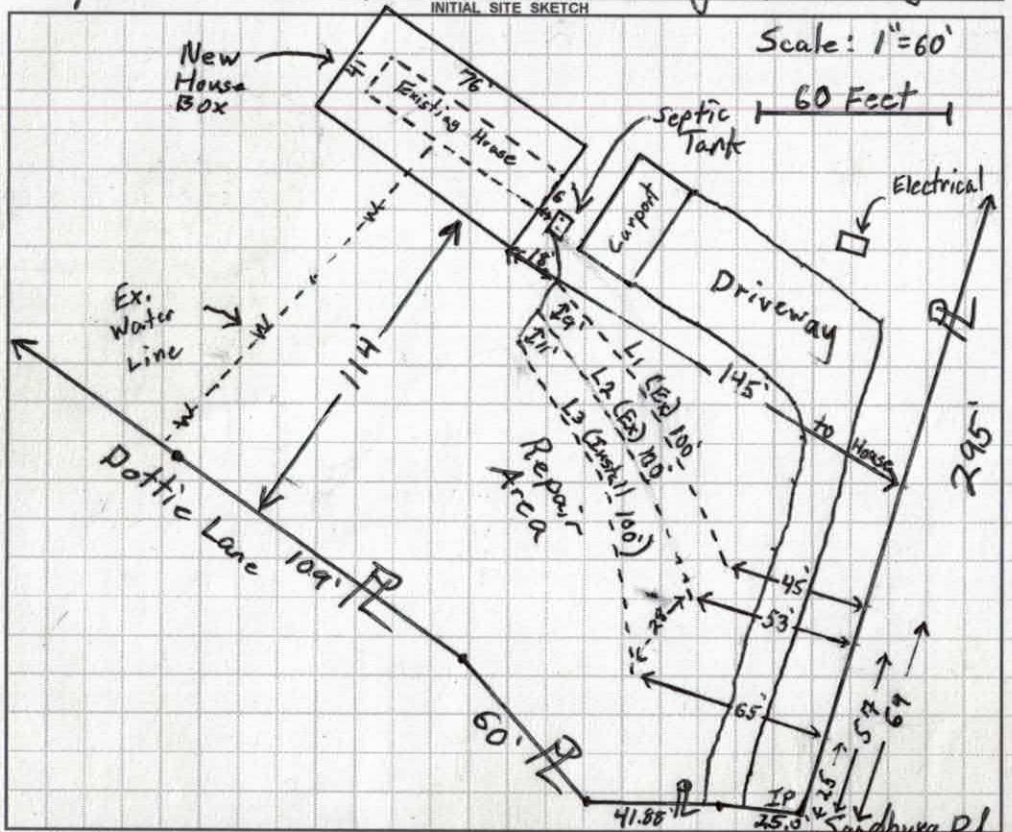
SUBDIVISION: Riley Scott Williams | SECTION: — | LOT # -1- | LOT AREA: 52.990 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 Ex (gal)	STB	Ex	Date	Ex	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	2+1 (New)	Linear Ft:	100'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	18"-24"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private offsite
☐ Other	No. Employees		☐ Public Existing
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Horse moving operations & removal of old / installation-building of new I should be completed as such to avoid traversing ALL sewage disposal system components to avoid damage.

INITIAL SITE SKETCH



AS BUILT SKETCH

3/23/17:
102' of Infiltrator Quick 4s Installed @ 24" Depth 25 Chambers 2 End Caps.
Installed Exactly where permitted.
New house not delivered / built yet

3', 80'

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: 2-27-17 Installed by: Chubs Gunter [Gunter Grading] #1081

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-23-17 OPERATION PERMIT by: Tom Shuck Date: 3/23/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-23-17 Existing System Inspected by: _____ Date: _____

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

Scott Williams

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet 2 of 2

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: 2/16/17
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS Primary Header	0-9	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	pale Y/B 38"-48"	48"	–	–	0.3 Ps
		9-36	Clay w. SBK mica 18-38" [some]	Sl. Firm, Sticky, Sp, Sexp					
		36-48	Clay Loam V.w SBK Some Saprolite	Friable, SS, Sp, Sexp					
2	LSS Primary Distbd	0-10	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	Red-Brown Good Color Throughout	48	–	–	0.3 PS
		10-41	Clay w. SBK	Sl. Firm, Sticky, Sp, Sexp					
		41-48	Heavy Clay Loam V.w SBK Trace Saprolite	Sl. Friable, SS, Sp, Sexp					
3	LSS Repair Middle	0-7	SCL V.W SBK	Sl Firm, Sticky, Sp, Sexp	Pale R/Y 38-48" [Tiger dirt]	48	–	–	0.3 PS Keep Shallow
		7-37	Clay W. SBK	Sl Firm, Sticky, Sp, Sexp					
		37-48	Clay Loam (Heavy) V.W SBK	Sl Friable, SS, Sp, Sexp					

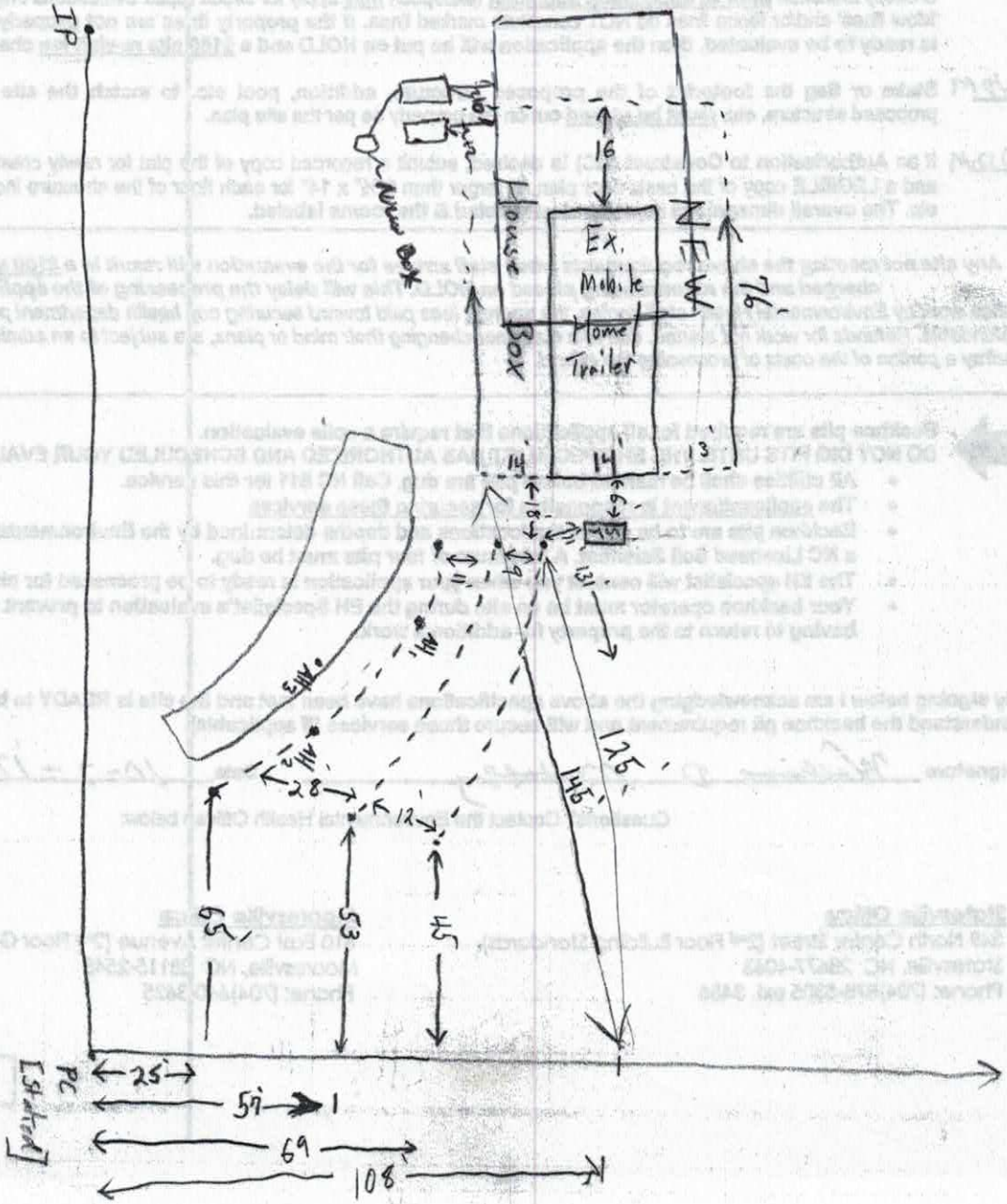
COMMENTS: _____

@ Tank [Ground Surface] 7.36'

L_1 = 17.88 = 100? [Pink]

L_2 = 8.88 = 100? [Blue]

3 10.55' = 100' [Red]



224544

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SCOTT WILLIAMS	200 SANDBERG RD UNION GROVE NC 28689	704-903-8452	
← SAME AS ABOVE →			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
200 SANDBERG RD UNION GROVE NC 28689	N/A	

Driving Directions: FROM 115 TAKE SANDBERG RD, 4 TENTHS TO INTERSECTION AT DOTTIE LANE + SANDBERG RD LOT CORNER DOTTIE LANE + SANDBERG RD

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 2

- X 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 2015 (Year)

( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

25%

EXISTING / ATTACHED

8. Please Answer The Following ( ) Yes X 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 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.

9. Signature: ___ 1/25/17
   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, Scott Williams, am the legal owner(s) of the property located at 200 Sandberg Road - Union Grove - NC - 28689, identified as PIN (Parcel Identification Number) 4813888780, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes Statesville And Employees, 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.

X _____ _____ X _____ _____

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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

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

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

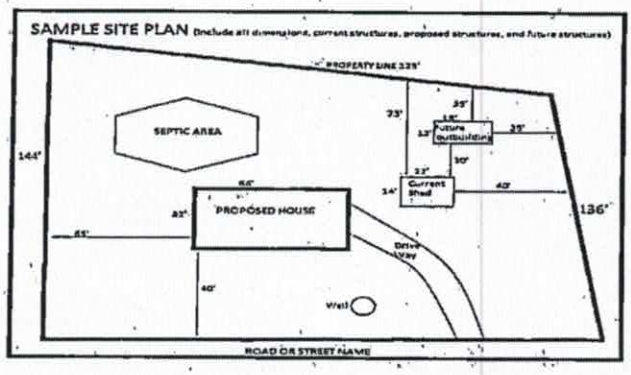
____ North arrow, or other sufficient indicator of direction...

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

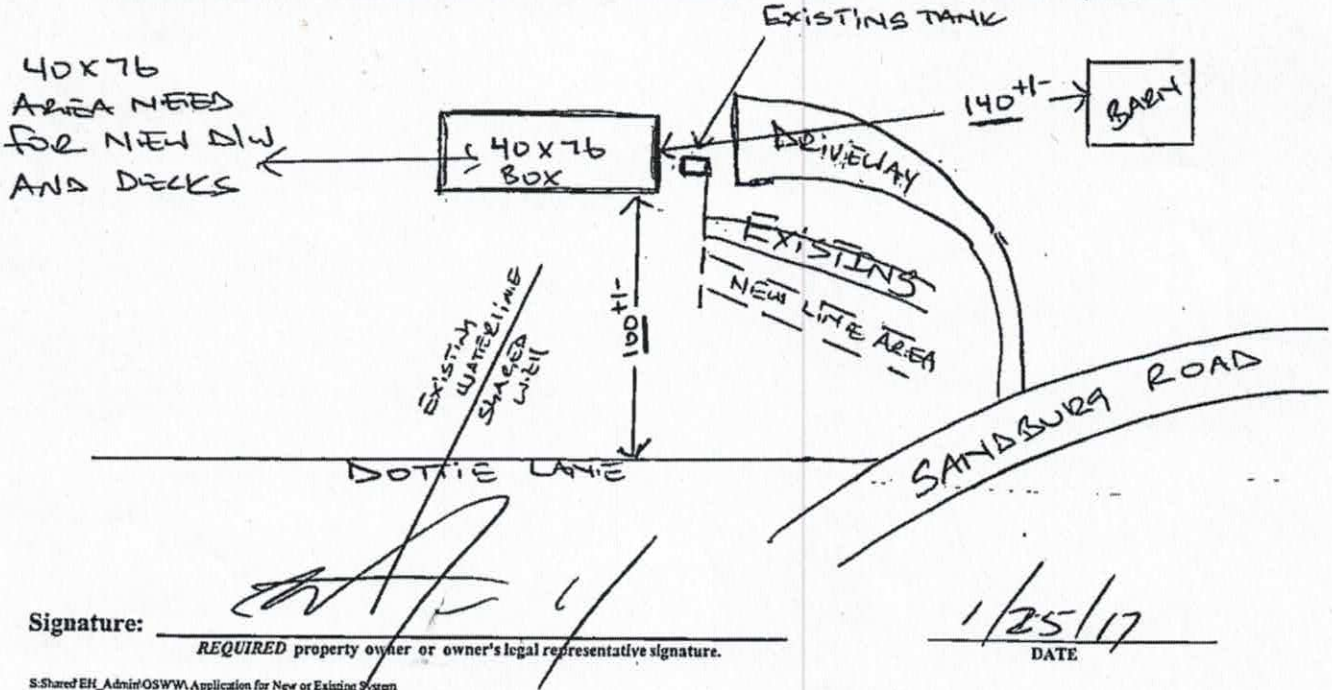
N/A Location of any designated wetlands on the property... N/A



NOTE
2+/- ACRES TO BE CUT OUT OF LARGER TRACK SURVEY TO MARK NEW TRACK WILL BE DONE BY 1/30/17

USE THIS SPACE TO DRAW YOUR SITE PLAN

SITE PLAN BASED ON 2 ACRE +/- SURVEY



Signature: _____

REQUIRED property owner or owner's legal representative signature.

1/25/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 206481

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

PIN # 4713888780

APPLICANT: Riley Scott Williams APPLICANT ADDRESS: 197 Sandbury Rd Union Grove NC 28689

SITE ADDRESS: 200 Sandbury Rd Union Grove NC 28689 PHONE: 704-903-8452 ALT. PHONE: N/A

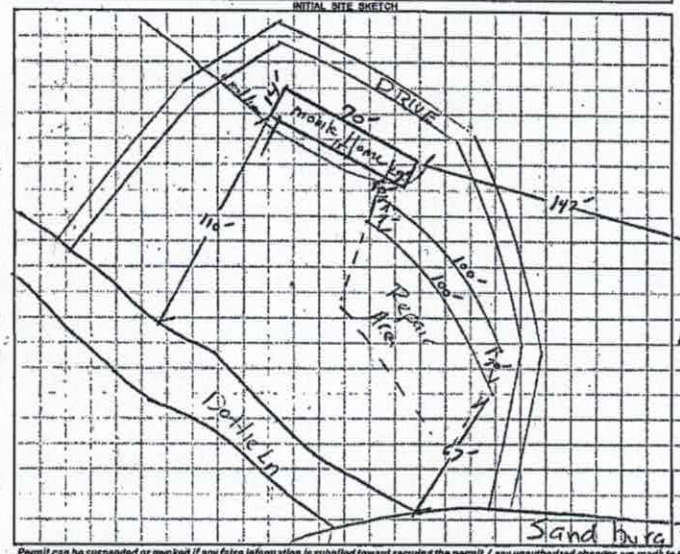
SITE DIRECTIONS: From 115 take Sandbury Rd 4 tenths to intersection of Dottie Ln + Sandbury Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.29 ac DESIGN FLOW: 240 L.T.A.R.: 0.3

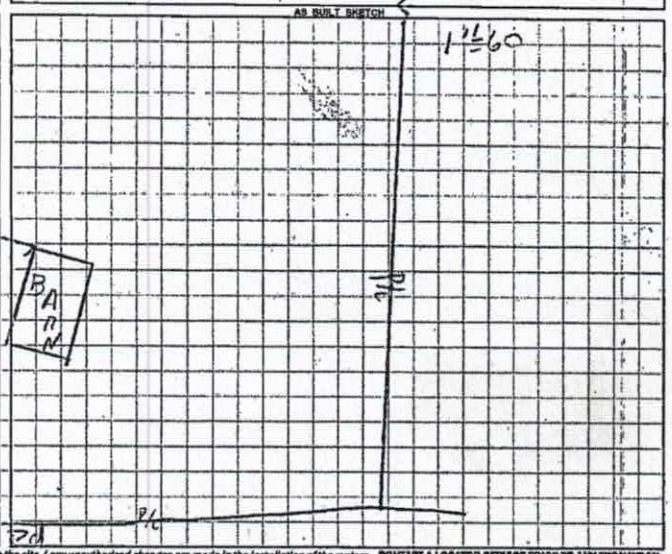
Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons	4	☑ Private	
Pump Make	Model		Serial #	Repair System Description: 25% reduction	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines	2	Linear Ft: 200	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install 25% on contour with Serial distribution

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 12/03/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 01/07/15 Existing System Inspected by: Date:

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

Owner Certificate

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all roads, alleys, walks, parks, and other sites and easements to public or private use as noted.
Furthermore, I hereby certify that no sanitary sewers, storm sewers, or water lines are to be installed in the subdivision
I further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

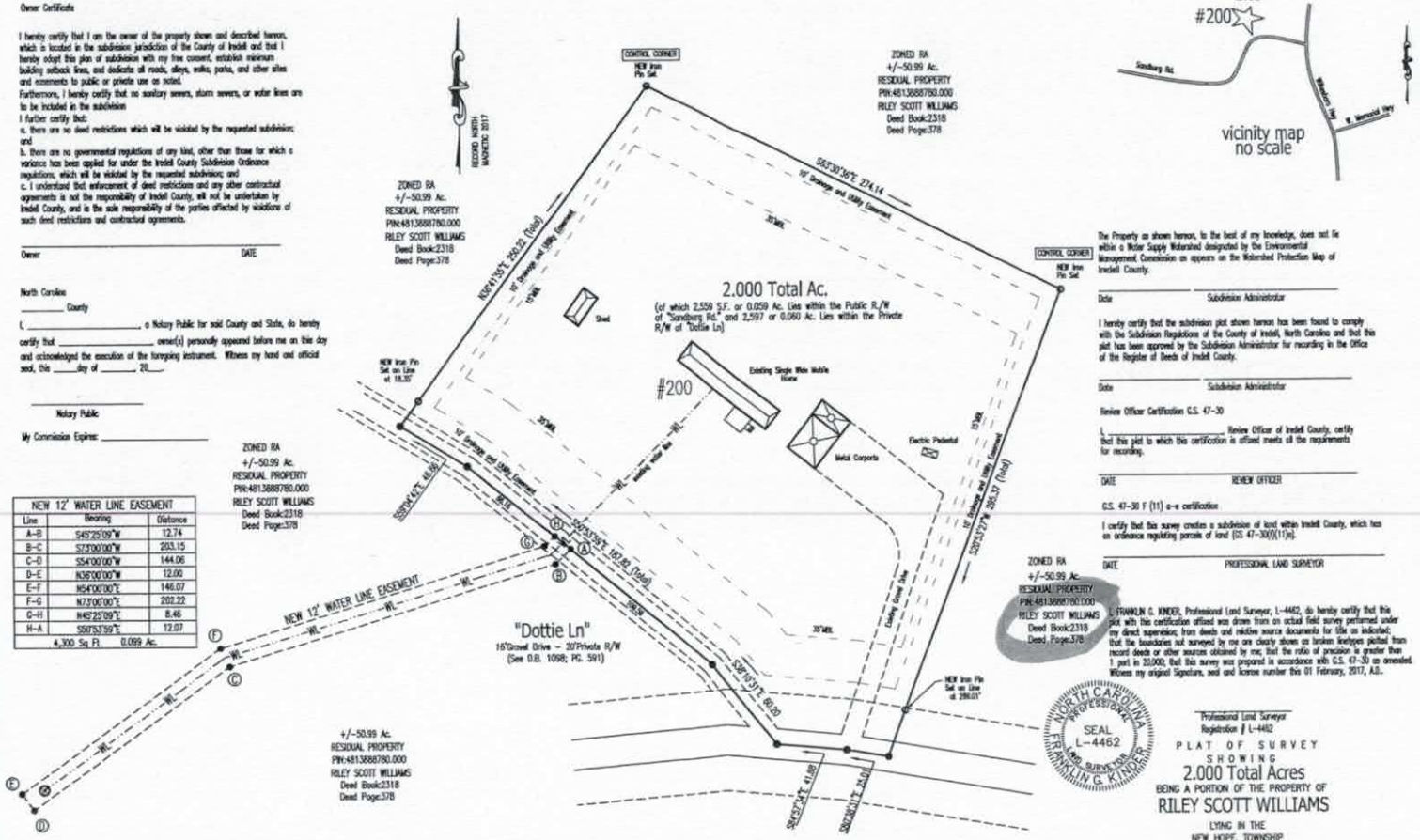
Owner DATE

North Carolina
_____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ owner(s) personally appeared before me on this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this _____day of _____, 20____.

Notary Public

My Commission Expires: _____



NEW 12' WATER LINE EASEMENT		
Line	Bearing	Distance
A–B	S45°25'09"W	12.74
B–C	S73°00'00"W	203.15
C–D	S54°00'00"W	144.06
D–E	N36°00'00"W	12.00
E–F	N54°00'00"E	146.07
F–G	N73°00'00"E	202.22
G–H	N45°25'09"E	8.46
H–A	S50°53'59"E	12.07
4,300 Sq Ft 0.099 Ac.		

Site #200

vicinity map
no scale

The Property as shown hereon, to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.

Date Subdivision Administrator

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Date Subdivision Administrator

Review Officer Certification G.S. 47-30

I, _____, Review Officer of Iredell County, certify that this plat to which this certification is affixed meets all the requirements for recording.

DATE REVIEW OFFICER

G.S. 47-30 F (11) a-e certification

I certify that this survey creates a subdivision of land within Iredell County, which has an ordinance regulating parcels of land (GS 47-30(f)(11)a).

DATE PROFESSIONAL LAND SURVEYOR

I, FRANKLIN G. KINDER, Professional Land Surveyor, L-4462, do hereby certify that this plat with this certification affixed was drawn from an actual field survey performed under my direct supervision; from deeds and relative source documents for title as indicated; that the boundaries not surveyed by me are clearly shown as broken lines/types plotted from record deeds or other sources obtained by me; that the ratio of precision is greater than 1 part in 20,000; that this survey was prepared in accordance with G.S. 47-30 as amended. Witness my original Signature, seal and license number this 01 February, 2017, A.D..

NORTH CAROLINA PROFESSIONAL SEAL L-4462 LAND SURVEYOR FRANKLIN G. KINDER

Professional Land Surveyor
Registration # L-4462

PLAT OF SURVEY
SHOWING
2.000 Total Acres
BEING A PORTION OF THE PROPERTY OF
RILEY SCOTT WILLIAMS
LYING IN THE
NEW HOPE, TOWNSHIP
OF
IREDELL COUNTY, NORTH CAROLINA
PIN:4813888780.000 (Portion)
Deed Book: 2318; Page 378 (Portion)

Scale: 1"=40' —— Date: FEBRUARY 01, 2017

40 0 20 40 80
1 inch = 40 ft.

kinder
LAND SURVEYING
203 W. Lebanon St., Mount Airy N.C. 27030 (336)783-4200

JOB 01251702

Onsite Water and Sewer:

All lots as shown on the plat have an existing approved on-site water and sewer systems. The lots as shown meet the minimum size prescribed by the Iredell County Health Department for such systems.

NOTES:

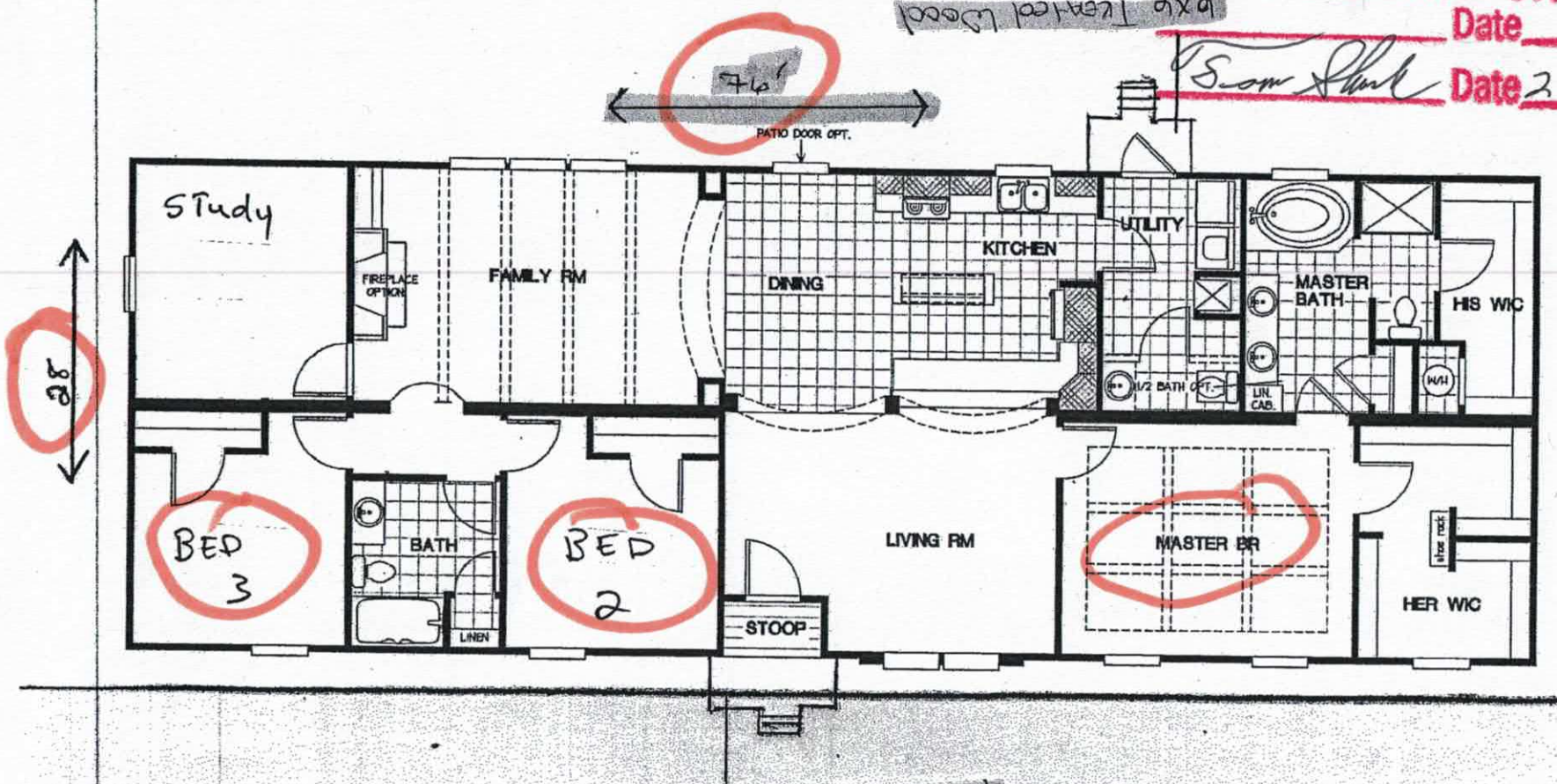
1. Property as shown does not fall within the limits of a designated flood hazard zone. (Map #3710481300J; effective date; 3/16/08)
2. This survey was performed without the benefit of a title report and may not reflect all easements or encumbrances hereon.
3. Features such as springs, streams, buildings, roads, etc.... unless otherwise dimensioned are approximate locations.
4. All lots shall have a 10'Drainage and Utility Easement along all sides.

LEGEND:
OHE – OVERHEAD ELECTRIC LINES
OHT – OVERHEAD TELEPHONE LINES
EIP – EXISTING IRON PIN
● – DENOTES POINTS LOCATED; No Marker Set
mbl – Minimum Building Setback Line
– Utility Pole

SITE DATA:
Zoning = RA
SETBACKS:
FRONT – 35'
SIDE – 15'
REAR – 35'

Owner:
RILEY SCOTT WILLIAMS
200 SANDBURG RD.
UNION GROVE, N.C.

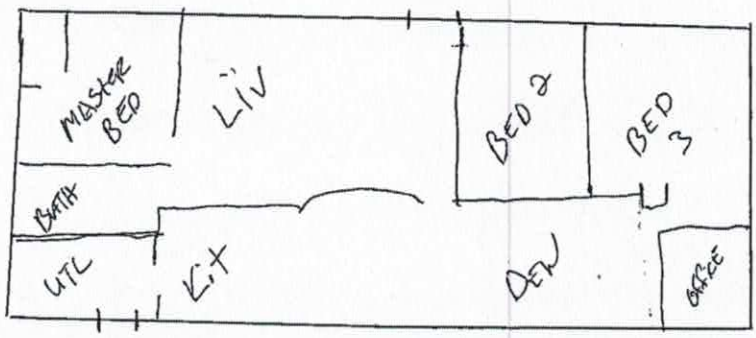
Acknowledgement Of
Plans Submittal ONLY!
Date
Sam Stark Date 2-23-17



3 Acre Lot 2,128 +/- Sq FT

Floor Plan

Acknowledgement
Plans Submittal ONLY!
_____ Date 1-26-17
_____ Date _____



IREDELL COUNTY

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

APPLICATION NUMBER
224544
Issue Date: 01/26/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4813888780.000	200 SANDBURG ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILLIAMS RILEY SCOTT	Applicant: WILLIAMS RILEY SCOTT
Address: 197 SANDBURG RD UNION GROVE, NC 28689	Address: 197 SANDBURG RD UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
52.990	35.00	35.00	15.00	15.00	NOT	X

Remarks:

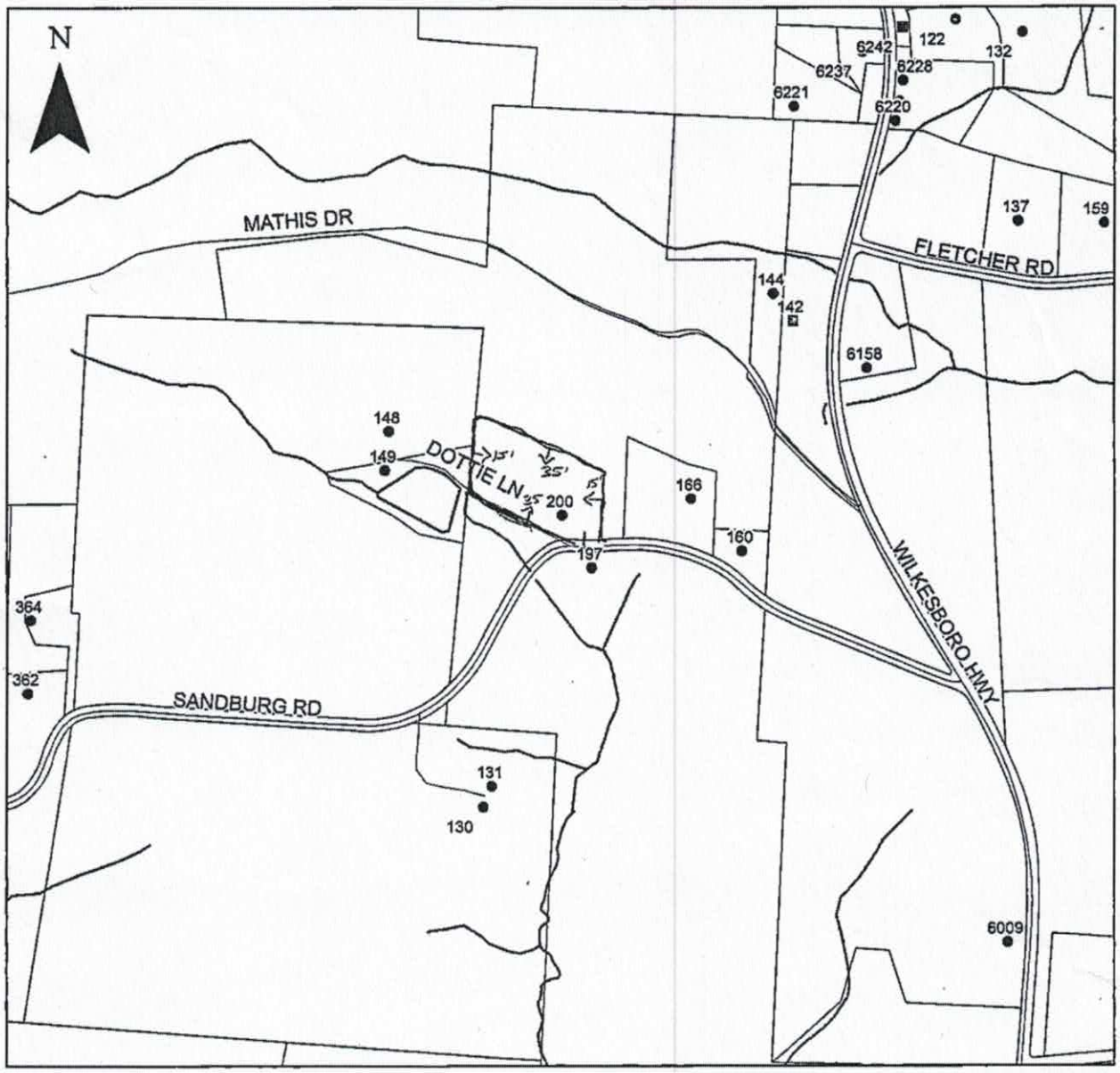
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear 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. SINGLEWIDE MUST BE REMOVED.

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	91408	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 200 Sandburg 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

1-26-17
Date