IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235778

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

PIN # 4820792254.000

APPLICANT/OWNER: Sandra LeCroone APPLICANT ADDRESS: 508 Tuckers Grove Rd Statesville NC 28625

SITE ADDRESS: 508 Tuckers Grove Rd Statesville NC 28625 PHONE: 704-682-3527 ALT. PHONE ~

SITE DIRECTIONS: Hwy 115N to Tuckers Grove Rd Lot on Right.

SAP CONTROLLED: ☐ YES ☒ NO

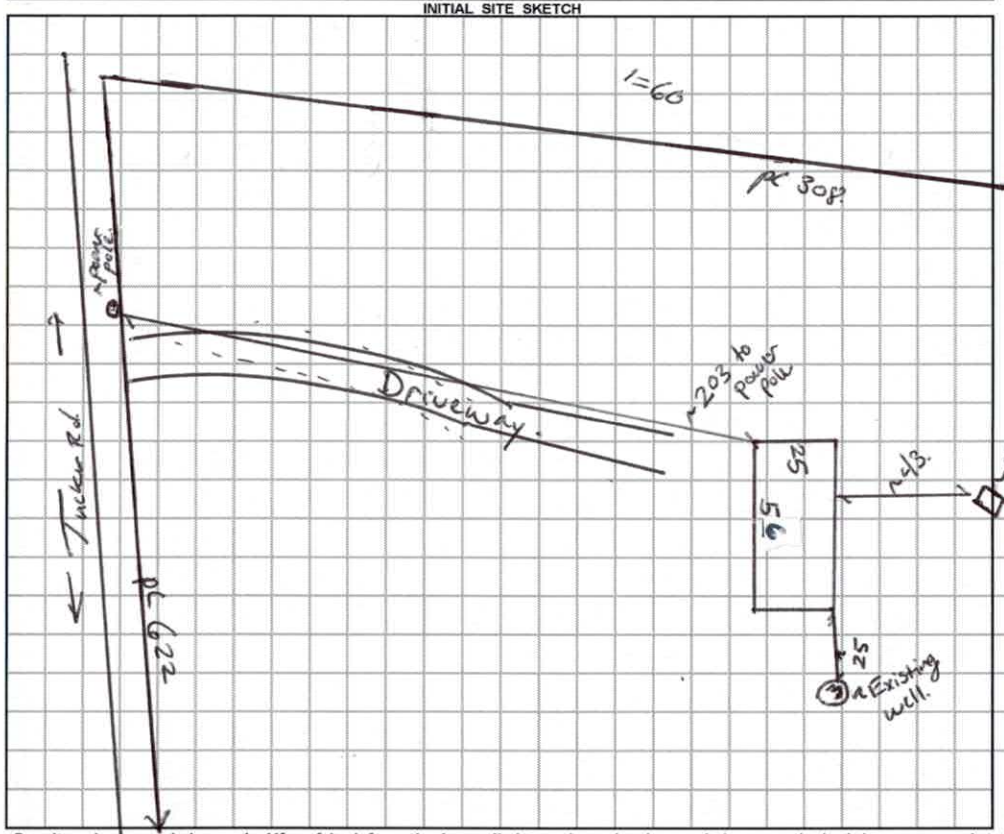
SUBDIVISION: N/A SECTION: ~ LOT # ~ LOT AREA: 5.24 Acres DESIGN FLOW: 360 gpd L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:				
Pump Make	~	Model	~		Serial #	~	Repair System Description:	Existing			
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☒ GRAVITY	☐ PRESSURE			

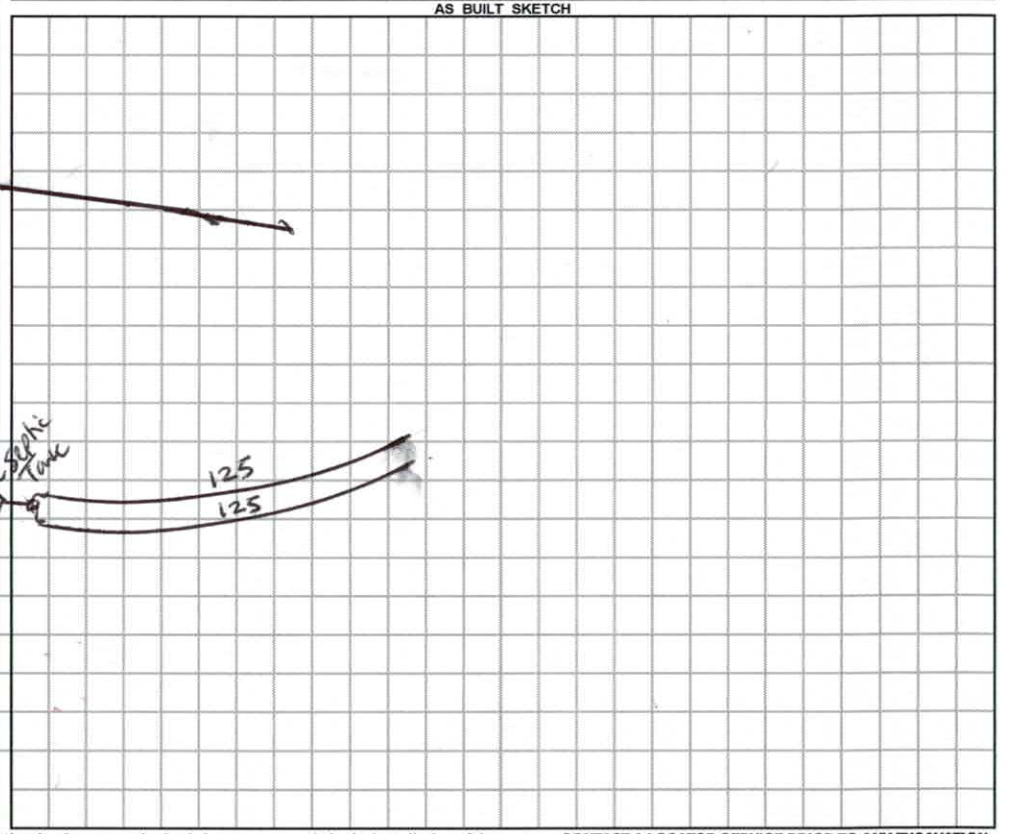
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/ plumbing	☐ Basement w/o plumbing			

Comments / Conditions: System properly functioning. Do not build within 5ft of septic Tank or system. House must be 25ft away from well.

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: Sandra LeCroone Date: 6-4-18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin H Robbins Date: 5/29/2018

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.

235778

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: Sandra LeCrone Address: 508 Tuckers Grove Rd, Statesville Zip: 28625

Applicant Email: Sandyleecrone@yahoo.com Phone: 704-682-3527 Alt. Phone: _____

Owner Name: Ruby Dell Green Address: 200 Carlson Ave, Washington IL Zip: 61571

Owner Email: _____ Phone: (309) 694-0084 Alt. Phone: 704-682-3527
my mom's mine

Property Information:

I am the one doing the work not my mom.

Street Address: 508 Tuckers Grove Rd, Statesville NC 28625

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

Driving Directions: Take R* 115 N to ~~Tuckers~~ Tuckers Grove Rd (behind Central Fire Dept).

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 5 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: _____

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: 1979 ?
( ) No Preference ( ) Alternative ( ) 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: Sandra LeCrone 4-1-18
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

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, Ruby Dell Green, am the legal owner(s) of the property located at 508 Tickers Grove Rd, Statesville, NC, identified as PIN (Parcel Identification Number) 4880792254.000, located in Iredell County, North Carolina.

Ruby Dell Green 5/4/18
Signature of Owner(s) Date

I do hereby authorize (**print legal representative/company name**) Sandra F. LeCrone, 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.

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

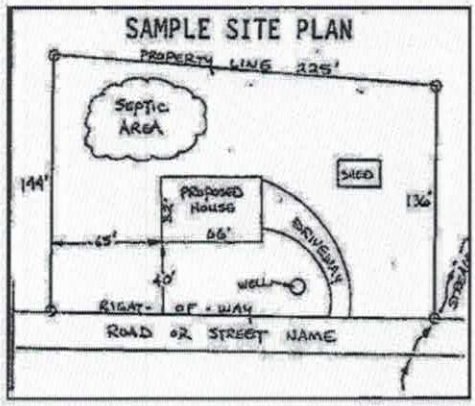
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

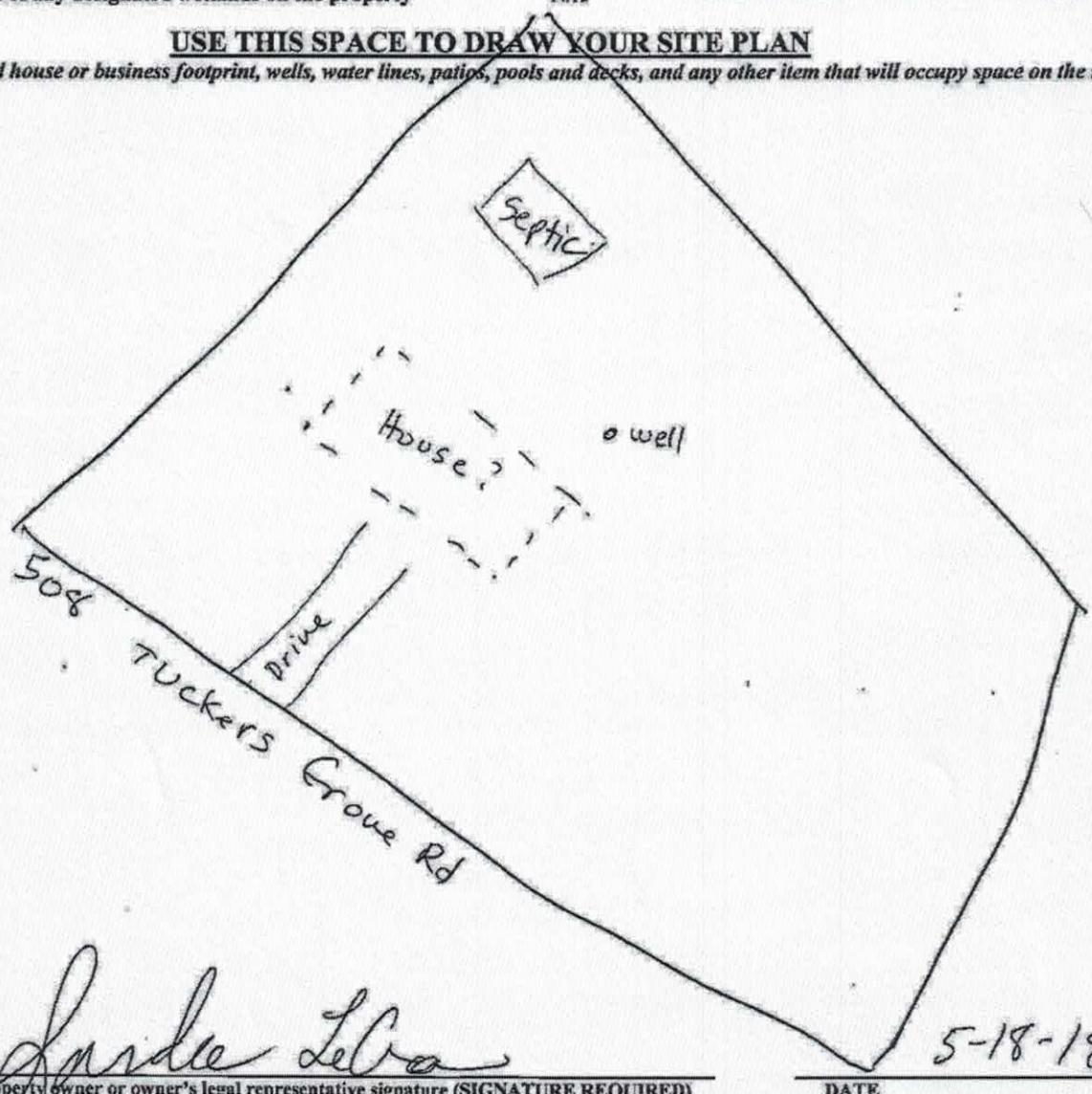


Circle N/A on the following if appropriate:

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: Lynda LeCroy — 5-18-18

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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 Jimmy Green DATE 8-13-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR on SR 1869 (Brown Rd) – TR on 5th Rd Colegrove 1 mile Mobile Home on left in wooded area R No. _____

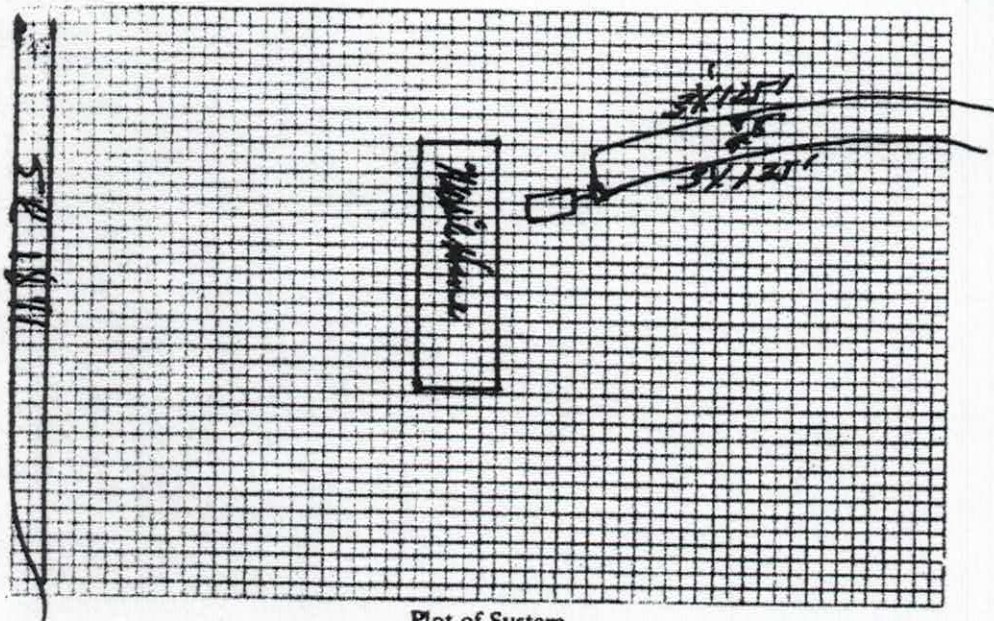
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Adequate			Rock or other impervious formations	none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Darrell Farley

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 8/13/81

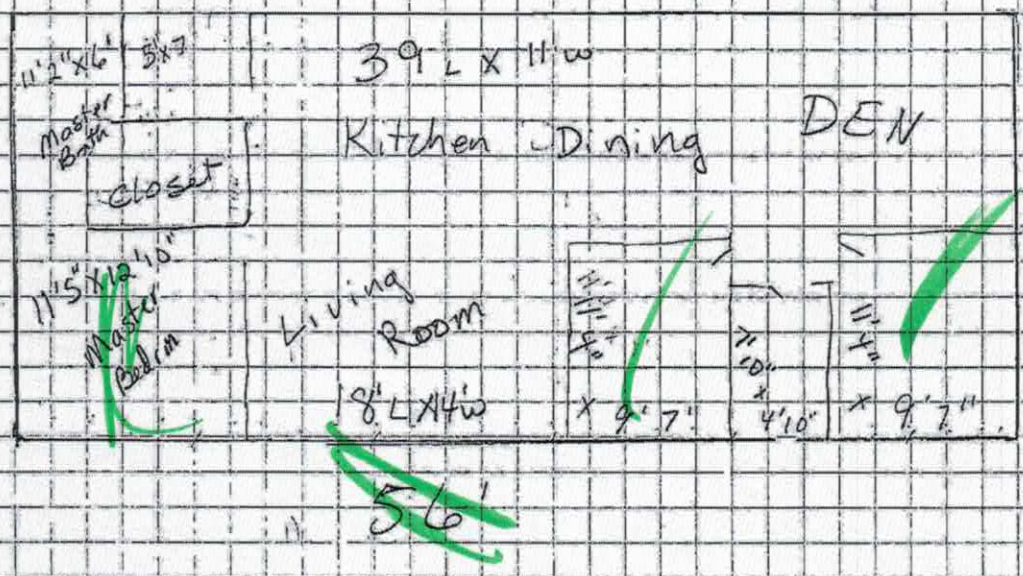
EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Scale 1' per Sq.



Sandra LeCrone
508 TUCKERS GROVE RD
ATHENS, GA

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Date 5/24/18
Sandra LeCrone Date 5-25-18

IREDELL COUNTY

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

APPLICATION NUMBER
235778
Issue Date: 05/18/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4820792254.000	508 TUCKERS GROVE ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GREEN JAMES R+RUBY	Applicant: LECRONE, SANDRA
Address: 200 CARLSON AVE APT-26F	Address: 508 TUCKERS GROVE
WASHINGTON, IL 61571	STATESVILLE, NC 28625
Phone:	Phone: 704-876-9039

Use Requested	Zone Code
REPLACING SINGLEWIDE (BURNT) WITH DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.240	35.00	35.00	15.00	15.00	NOT	X

Remarks:

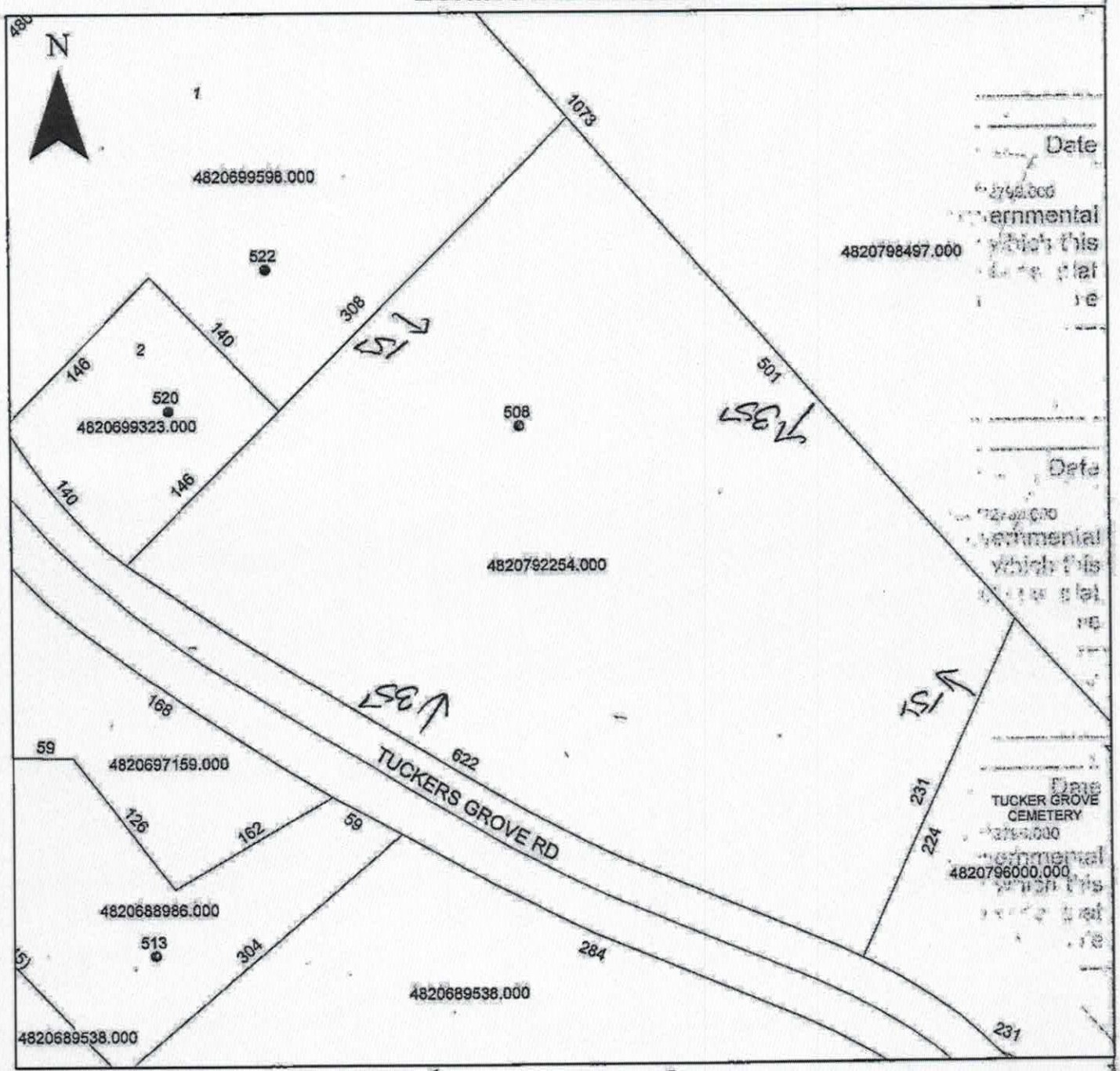
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck 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	139385	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 508 Tuckers Grove

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.

Sandra LeCrone
Applicant

5-14-18
Date