ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307627

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

PIN # 4932928562 ✓

APPLICANT/OWNER: BOBBY ANDERSON / CRISTY DYSON | APPLICANT ADDRESS: 239 KINDER ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 405 TRUMPET BRANCH ROAD, OLIN, N.C. 28660 ✓ | PHONE: 704-880-3924 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON JENNINGS (R) ON TRUMPET BRANCH, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.122 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

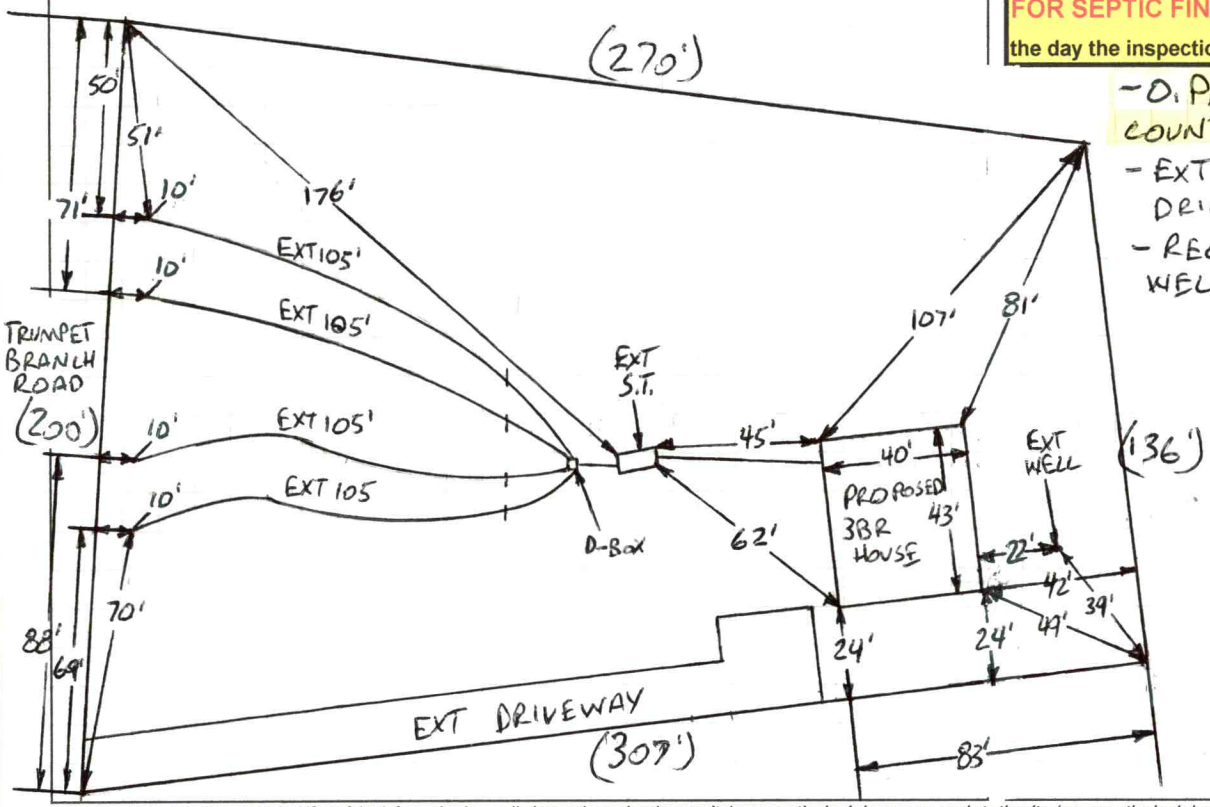
Septic Tank	EXT (gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	CONVENTIONAL - EXT		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXT		
# Nitrification Fields	EXT (1)	# Lines	EXT (4)	Linear Ft	EXT (420')	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: THE PURPOSE of THIS PERMIT IS TO REPLACE HOUSE THAT BURNED, 5BR PERMIT ON FILE FROM 1981, NEW HOUSE TO BE 3BR,

SYSTEM FUNCTIONING AT TIME OF INSPECTION, SEVERAL LARGE TREES GROW IN DRAIN FIELD, TANK AND START OF LINES HAVE BEEN DRIVEN OVER FOR A LONG TIME,

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

- O.P. TO VERIFY CONNECTION TO COUNTY WATER
- EXT WELL NOT TO BE USED FOR DRINKING WATER WITHOUT VARIANCE
- RECOMMEND ABANDONING EXT WELL

1 IN = 50 FT
EXT = EXISTING
S.T. = SEPTIC TANK
D-BOX = DISTRIBUTION BOX

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**

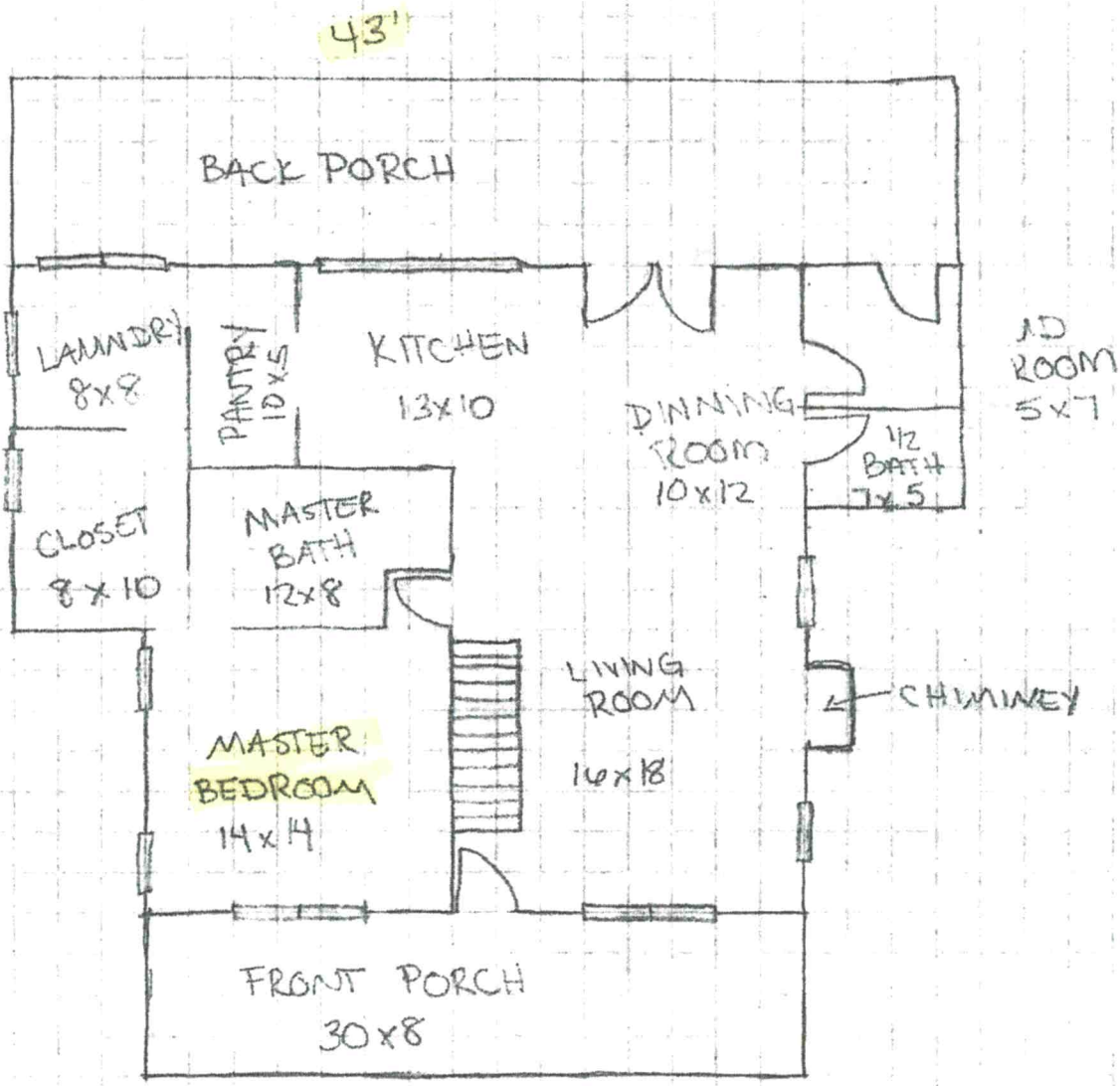
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bobby Anderson | Date: | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Bryant C. White | Date: 6-12-2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



Acknowledgement Of
Plans Submitted ONLY!

Date

Date 6-12-2020

43'



32'

30'

Acknowledgement Of
Plans Submitted ONLY!

Date

Date

Burdett C. White

6-12-2020

RECEIVED JUN 0 3 2020

AP-307627
$250.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: ( ) 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: Bobby Anderson Address: 239 Kinder Rd Harmony Zip: 28634
Applicant Email: _____ Phone: 704-880-3924 Alt. Phone: _____
Owner Name: Cristy Dyson Address: 405 Trumpet Branch RR Zip: 28660
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 405 Trumpet Branch Rd Olin
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 21 N. to Jennings Rd past NI middle sch. turn left on Trumpet Branch Rd. 1 mile on Left.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 ( ) 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 ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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.

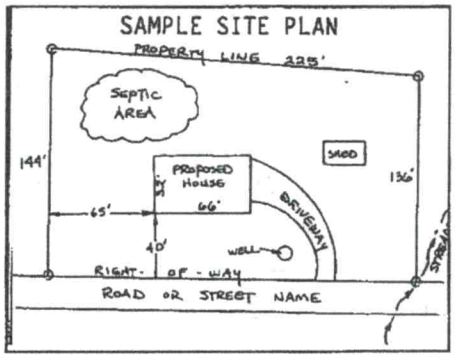
Signature: Bobby Anderson 5/19/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

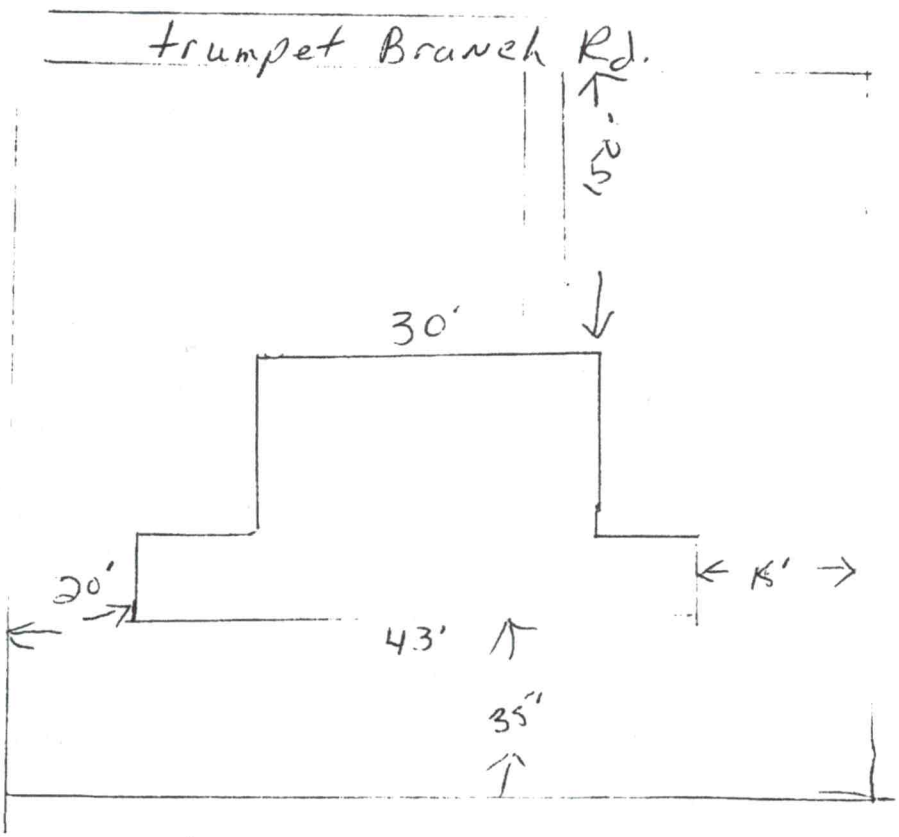
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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
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: Bobby Anderson

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

5-19-20

DATE

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*) Cristy Dyson

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, Cristy Dyson, am the legal owner(s) of the property located at 405 Trumpet Branch Rd Olin NC 28660 identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bobby Anderson, Bobby Anderson Builders, 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.

Cristy Dyson
Signature of Owner(s)

5/19/20
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

BA **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

BA **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BA **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

BA **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Both Anderson **Date** 5-19-20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307627 Issue Date: 05/22/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4832928562.000	405 TRUMPET BRANCH RD	Iredell County

Owner Information	Applicant Information
Name: DYSON CRISTY	Name: BOBBY ANDERSON
Address: 405 TRUMPET BRANCH ROAD	Address: 239 KINDER ROAD
OLIN, NC 28660	HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
REPLACE HOME FIRE DAMAGED HOME STICK BUILT

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.

Date: 05/22/2020

Signature of Owner/Contractor

Permit Number	307627	TOTAL FEES:	$77.25

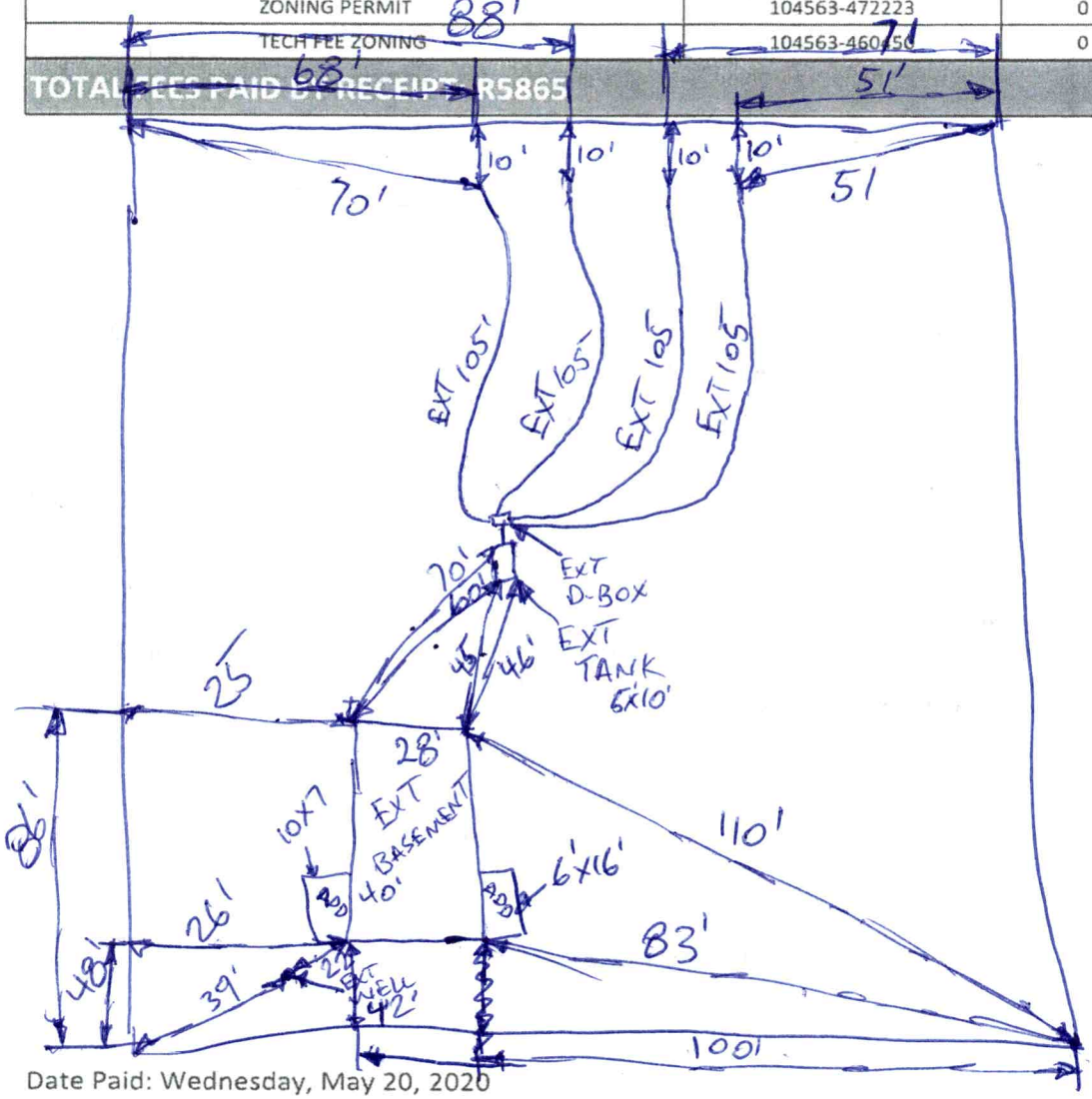
IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R5865

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$327.25**
AP-307627 Address: 405 TRUMPET BRANCH RD APN: 4832928562.000			**$327.25**
EH EXISTING SYSTEMS			$250.00
EXISTING SYSTEM INSPECTION	10492751-447004	0	$250.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT: R5865			**$327.25**



Date Paid: Wednesday, May 20, 2020

Paid By: BOBBY ANDERSON

Cashier: CCS

Pay Method: CHECK 4175

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 17?)

OWNER OR CONTRACTOR Jon Staley Jr. DATE 9-3-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N - TL on SR 1892 (Jennings Rd) - TL on SR 1861 - Lc
Approx 1/4 Mile - House on left S. R. No. 1861

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

House (✓) Mobile Home ( ) Business ( ) Other _____ Prev. Installed

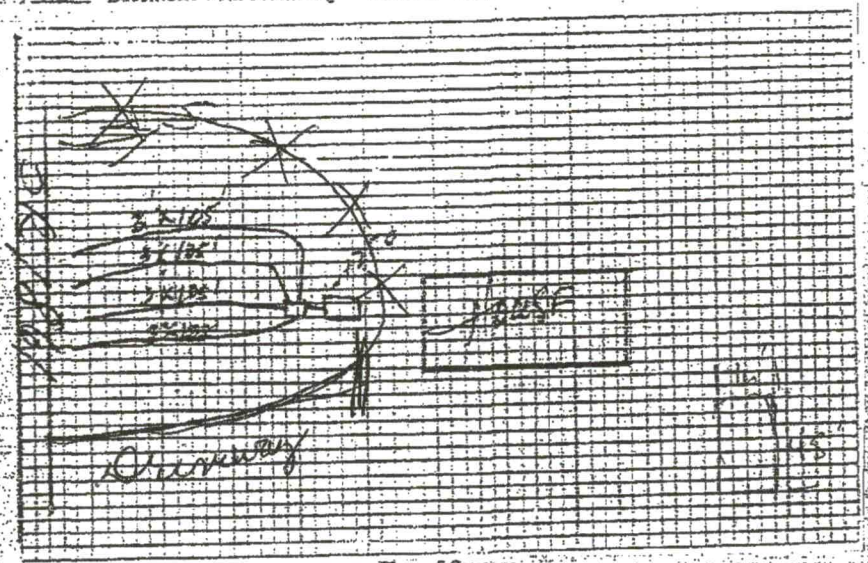
No. Bedrooms 5 No. Bathrooms 2

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

Character & Porosity of Soil ASB
Percolation Rate 5
Topography 2 - 6% slope in fill
Depth to Water Table _____
Rock or other impervious formations None

Lot Area 11 Acres

____ Basement with Plumbing ✓ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1260 Linear Ft. 420
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

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 Todd DATE 9/3/81

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

The proposed SWIMMING POOL addition does not appear to impact the existing septic system.

**NOTE: _____

R. STEVE HEDRICK REHS

Date: APRIL 6, 2010

ICHD-Environmental Health Division

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 Jim Staley Jr. DATE 9-3-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N - TL on SR 1892 (Jennings Rd) - TL on SR 1861 - Go Appx 1/4 Miles - House on left S. R. No. 1861

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

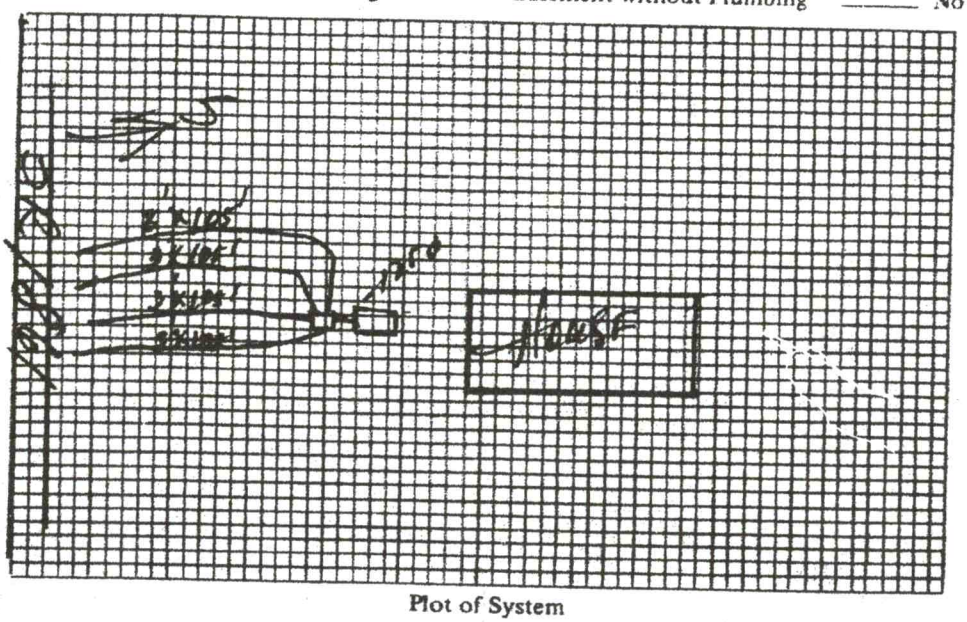
House (✓) Mobile Home ( ) Business ( ) Other _____ Prev. Installed

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ASB 2
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	1
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	in ft
			Rock or other impervious formations	None

Lot Area 11 Acres

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement


N
4" PVC
4" PVC
4" PVC