BLDR-2023-28101

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP-2023-28977

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / EXPANSION PIN # 4833 -- 00 -- 6845

APPLICANT/OWNER: ADAMS CONTRACTING AND REMODELING APPLICANT ADDRESS: 5749 NC HIGHWAY 127, TAYLORSVILLE, N.C. 28681

SITE ADDRESS: 363 MORGAN FORD ROAD, OLIN, NC, 28660 PHONE: 828-640-0113 ALT. PHONE 704-253-3311

SITE DIRECTIONS: (N) ON 115, (R) ON FRIENDSHIP, (L) ON MYERS MILL, (L) ON MORGAN FORD, LOT ON (L) SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 13.115 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	–	(gal)	PT	–	Date	–					
Pump Make	–	Model		–	Serial #	–					
# Nitrification Fields	1	# Lines	3		Linear Ft	342 ft					
Trench Width	36 IN	Trench Bottom Depth(Low side)		25 IN	Gravel Depth	–					

[ ] New System [ ] Repair [x] Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: [ ] YES [x] NO

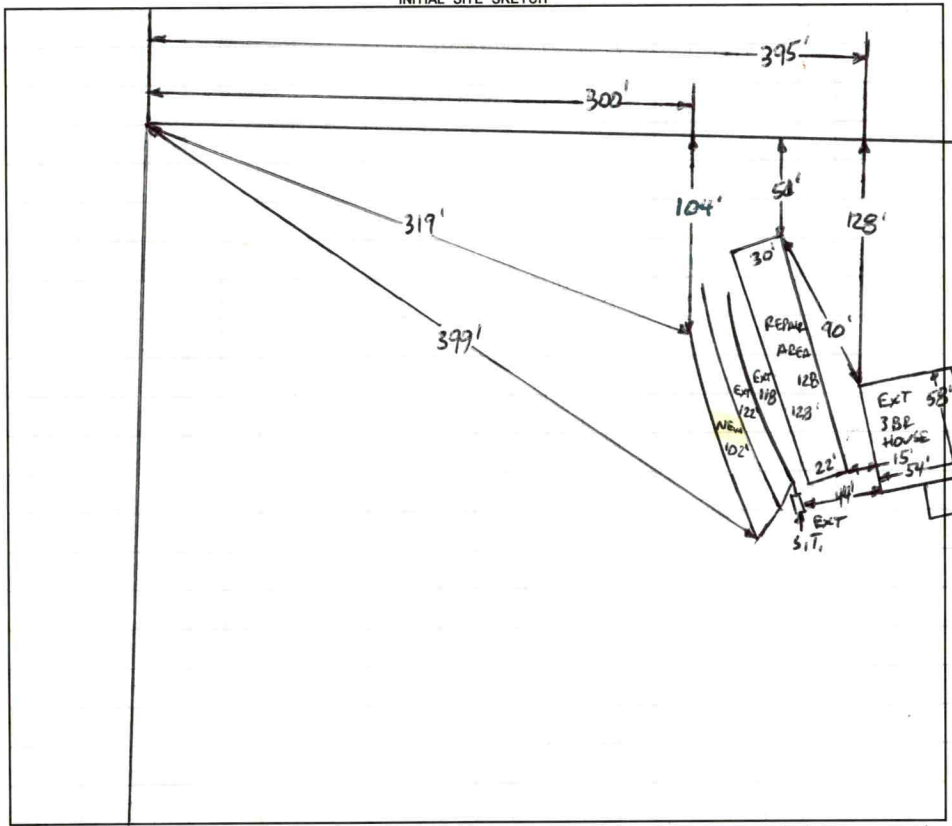
[x] GRAVITY [ ] PRESSURE

[x] Residence No. Bedrooms 3 [ ] Business No. Persons 6 [ ] Other No. Employees – [ ] Slab [ ] Crawl Space [x] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [x] Private EXT [ ] Public [ ] Community

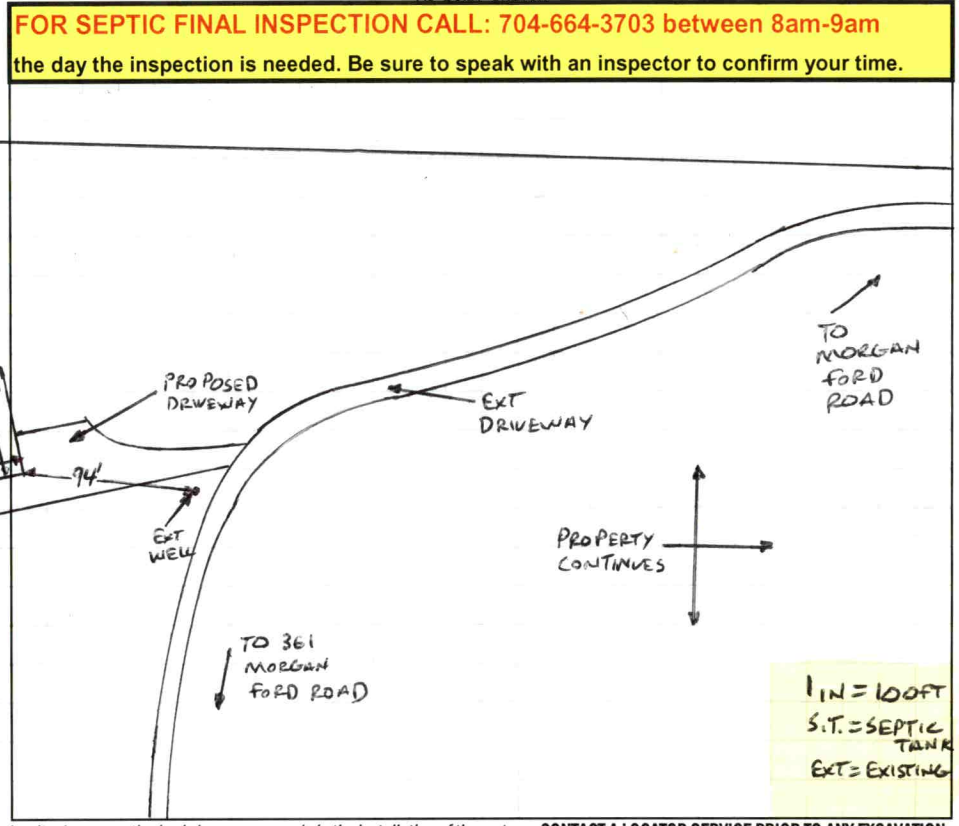
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 35IN MAX TRENCH DEPTH PRE-CONSTRUCTION MEETING REQUIRED

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.



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.* [x] **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Horing Around

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-25-2023 OPERATION PERMIT by: Sydney Howard Date: 5/13/24

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-25-2023 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4833-00-6345
COUNTY: IREDELL

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: ASHLEY MILLER — APPLICATION DATE: 6-22-2023
ADDRESS: 363 MORGAN FORD ROAD, OLIN, N.C. 28660 — DATE EVALUATED: 7-19-2023
PROPOSED FACILITY: 3BR EXP. — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 13.115 AC
LOCATION OF SITE: 363 MORGAN FORD ROAD, OLIN, N.C. 28660 — PROPERTY RECORDED: YES
WATER SUPPLY: ✓Private Public ✓Well Spring Other
EVALUATION METHOD: Auger Boring ✓Pit Cut — TYPE OF WASTEWATER: ✓Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 15%	0-9	FILL	MIXED	SAP INC THRU OUT F1B BANDS & HORIZON BREAKS	41"	PS II L	NA	PS .3
		9-33	C, SBK	FR, S, P, SEXP					
		33-41	CL, WSBK	FR SS, SP, SEXP					
		41-53	SAP, MAS	VFR, S, P, SEXP					
2	LINEAR SIDE 8%	0-11	FILL	MIXED	SAP INC THRU OUT	52"+	NA	NA	PS .3
		11-29	C, SBK	F1, S, P, SEXP					
		29-52	CL, WSBK	FRSS, SP, SEXP					
3	LINEAR SIDE 17%	0-14	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW F1	52"+	NA	NA	PS .3
		14-36	C, SBK	F1, S, P, SEXP					
		36-52	CL, WSBK	FR, SS, SP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

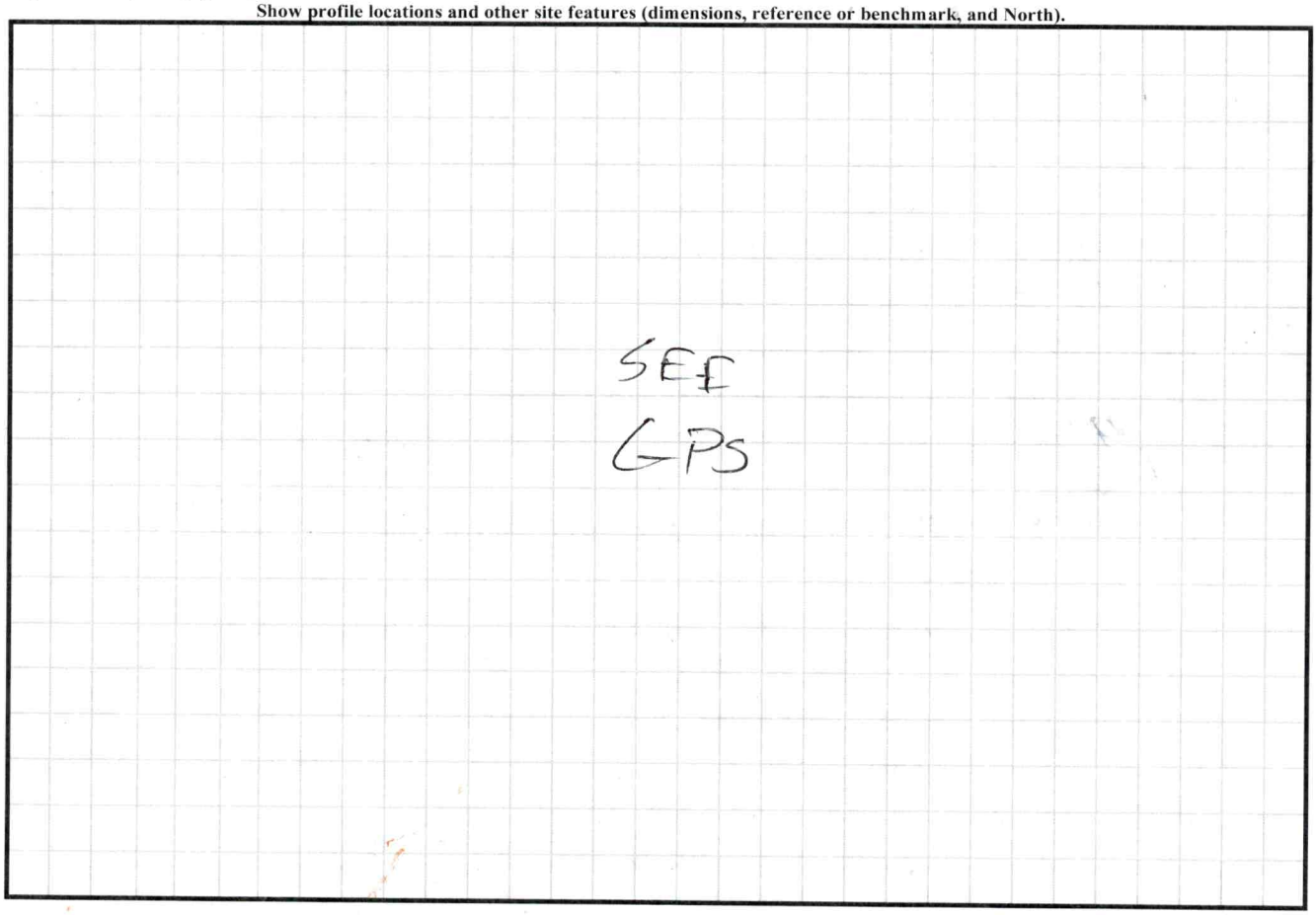
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4833-11-0
4833-01-3422
914
1023
4823-90-8805
Pit3
Pit1
363
361
Ext st outlet
Ext st inlet
4833-00-6845
1287
4823-90-7500
4833-00-8247
4823-90-6293
1 in = 100 ft

PERMIT SNAPSHOT REPORT OSWP-2023-28977 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	06/22/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Need to expand septic to 3 bedroom so we can add a bedroom

Parcel: 4833006845.000 Main	**Address:** 363 Morgan Ford Rd Olin, NC 28660 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent	Property Owner	Project Contact	Property Owner
Adams Contracting and Remodeling Brayden Adams 5749 NC highway 127 Taylorsville, NC 28681 Business: (828) 640-0113	MICHAEL ADAMS Mobile: (828) 308-7468	MICHAEL ADAMS Mobile: (828) 308-7468	Ashley Miller 363 Morgan Ford Road Olin, NC 28660 Mobile: (704) 253-3311

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Expand septic to add bedrooms	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	3000sq ft house
What are the proposed structures	Bedroom(s) Addition, New Single Family Residence	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain	adding a bedroom onto an existing house	Number of Occupants	3	Foundation Type	Basement with Plumbing
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Has this project been approved by TRC	No	Lot Acreage	13.115	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	replacing permit 208455....log home was never completed. per Ronda they will not have to go back through EH. Per Bradley we can issue the permit without the plans and they will deal with that issue in the field. inspections completed in munis are footing, foundation, slab, saw service, plumbing slab.	Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Brayden_Adams_6/22/2023.jpg	06/22/2023 15:41	Adams, Brayden		Uploaded via CSS

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-111598	Passed -	OSWP Septic/Well Preliminary Site	07/07/2023	07/07/2023 0:00	07/07/2023 0:00	07/07/2023 14:55	07/07/2023 14:55

PERMIT SNAPSHOT REPORT (OSWP-2023-28977)

Permit Visit

Inspectors: Holland, Sydney (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Linked Record Relationship	Module	Record Number	Linked Record Type	Linked Record Work Class
Parent	Permit	BLDR-2023-28101	Residential Building	New Single-Family Dwelling

Note	Created By	Date and Time Created
1. 6/28/23- Mailbox was full. Texted contact.	Sydney Holland	06/28/2023 7:22

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00016439	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00016439	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		06/23/2023 9:20	06/23/2023 9:21
Confirm application complete v.1	Generic Action		06/23/2023 9:21
Environment Health Inspections v.1			
Operation Permit Inspection v.1	Inspection		
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
Fees v.1		06/23/2023 9:21	06/27/2023 12:36
Issue Invoice v.1	Generic Action		06/23/2023 9:21
Fees Paid v.1	Generic Action		06/27/2023 12:36
Lot Readiness Verification v.1		07/07/2023 14:55	
OSWP Septic Preliminary Site Visit v.1	Inspection	07/07/2023 14:55	07/07/2023 14:55
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			
~~Floodplain Admin Overview v.1~~	Task		06/23/2023 9:21
Iredell County Zoning Approval v.1	Task	06/26/2023 15:27	06/23/2023 9:21
Issue Invoice v.1	Generic Action		06/23/2023 9:21
Fees Paid v.1	Generic Action		06/23/2023 9:21
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

WALL MOUNTED LIGHT

RECESSED LIGHT

EXHAUST FAN

MILLER RESIDENCE



BASEMENT

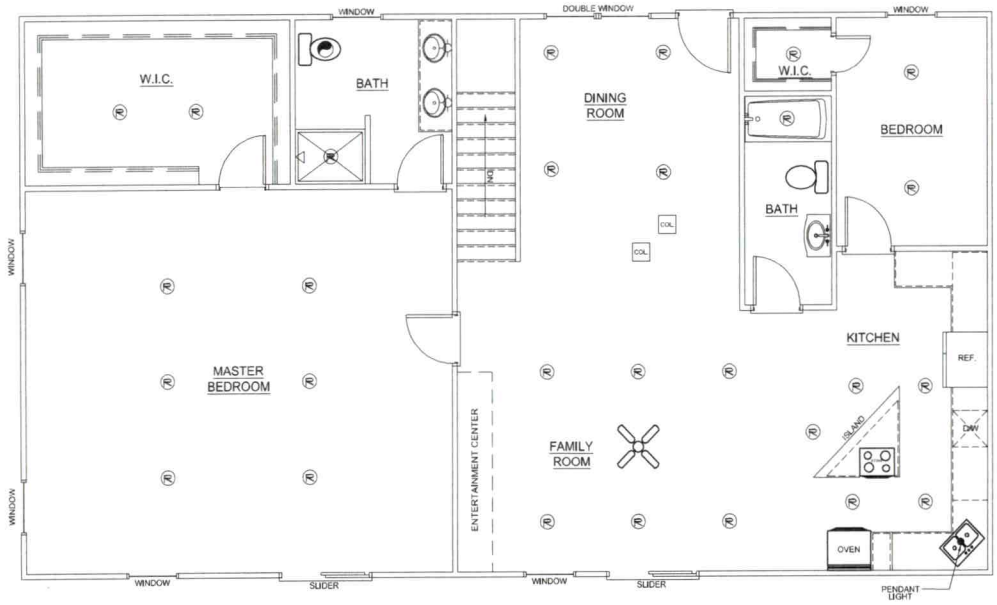
03.13.23

WALL MOUNTED LIGHT

RECESSED LIGHT

EXHAUST FAN

MILLER RESIDENCE



MAIN LEVEL

03.13.23

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208455

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

PIN # 4833006845.363

APPLICANT: Linda Neff APPLICANT ADDRESS: 363 Morgan Ford Rd Olin NC

SITE ADDRESS: 363 Morgan Ford Rd Olin NC PHONE: 704-267-3595 ALT. PHONE: 336-391-0678

SITE DIRECTIONS: 115 N to 90 W/A T/R Myers Mill T/R Morgan Ford About 1 mile on left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 13.115ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012 Date 6-18-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 240

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 2

[ ] Business No. Persons 4

[ ] Other No. Employees

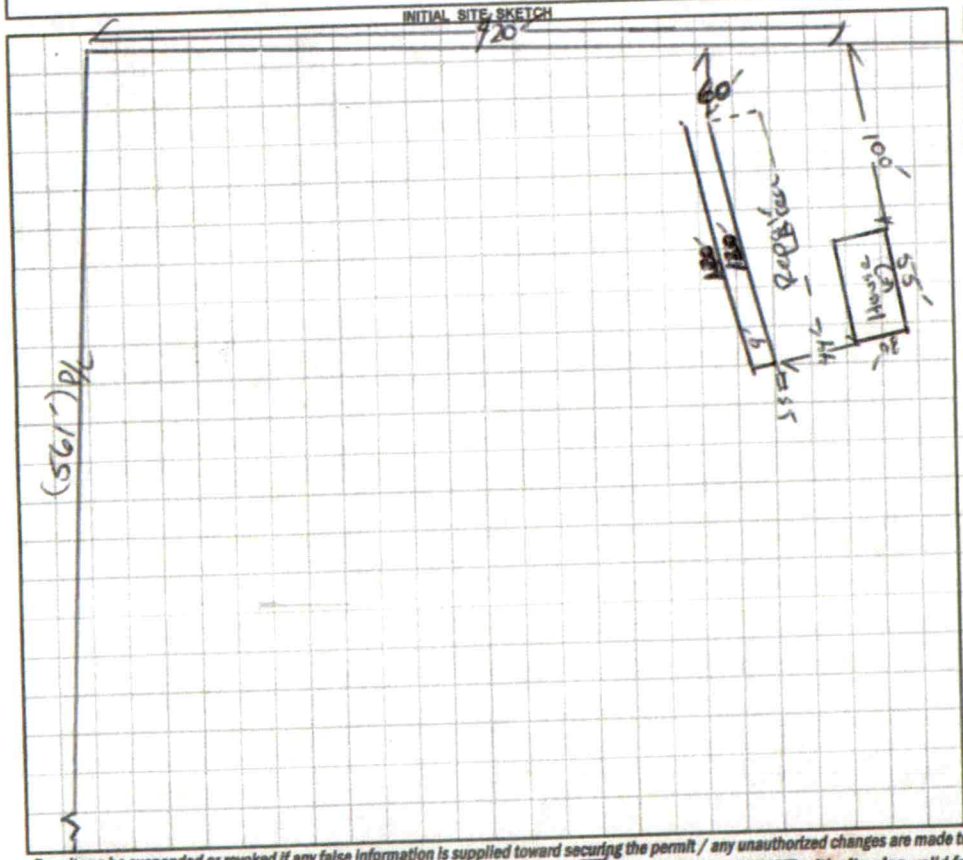
[ ] Slab [ ] Crawl Space

[X] Basement w/plumbing [ ] Basement w/o plumbing

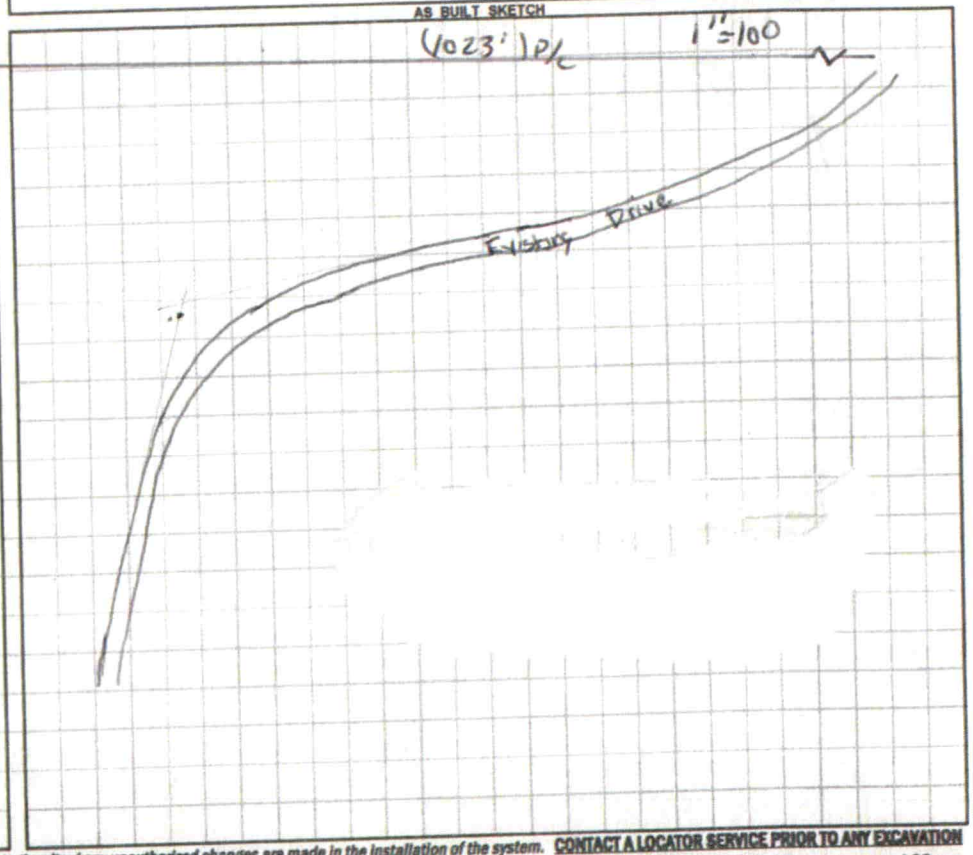
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on distribution 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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Linda Neff Date: 05-20-15

IMPROVEMENT PERMIT by: Dent H. Long Date: 05/14/15

AUTHORIZATION TO CONSTRUCT by: Dent H. Long Date: 05/19/15

Installed by: Steve Jordan - Piedmont Backhoe Date: 8/21/17

OPERATION PERMIT by: Benjamin D. Bateson Date:

Existing System Inspected by: Date:

Applicant (Conditional Approval) - PINK

.RTMENT OF HEALTH AND HUMAN SERVICES
:ION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 48330068405
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

IER: Linda Neff — APPLICATION DATE: 2-12-15
RESS: 363 Morgan Ford Rd — DATE EVALUATED: 05/13/15
POSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 240 — PROPERTY SIZE: 13.115ac
ATION OF SITE: 115 to 901 to Myers Mill to Morgan Ford — PROPERTY RECORDED: Yes
TER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
LUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

.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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
L 17%	0-6	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
	6-32	SBK C	fi SE					
	32-48	WSBK BC	FI fr SE					
L 23%	0-5	Gr SCL	Fr SE	PS	PS	N/A	N/A	PS .25
	5-26	SBK C	fi SE					
	26-48	WSBK BC	FI fr SE					
L 17%	0-6	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .25
	6-33	SBK C	Fi SE					
	33-48	WABK BC	FI / fr SE					
L 20%	0-4	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .25
	4-30	SBK C	Fi SE					
	30-48	WABK BC	FI fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

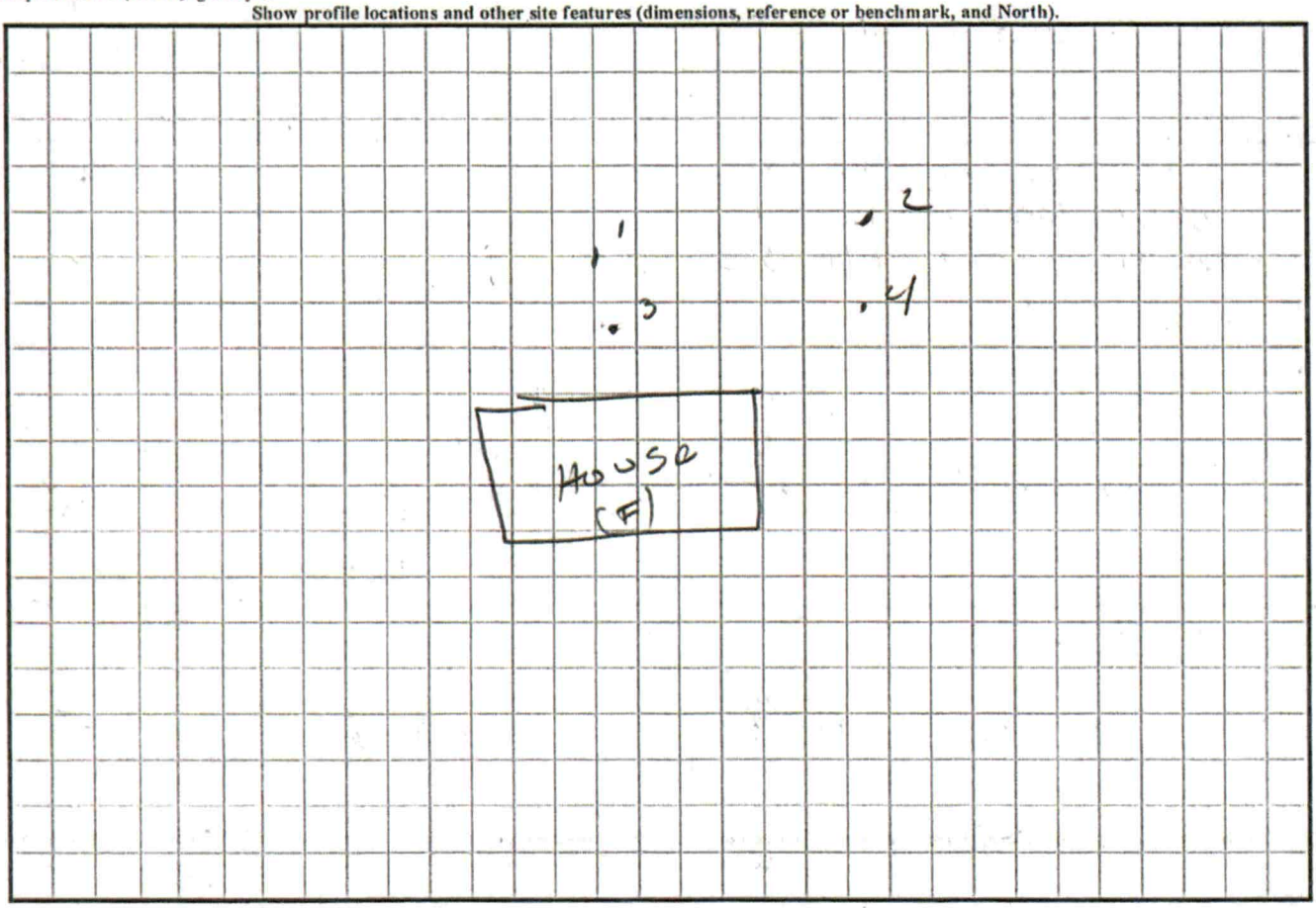
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Wait at least 2 weeks before going back

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Bring in plans later 2/12

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:

Applicant Name: Linda Nesbit **Address:** 363 Morgan Ford Rd **Phone:** 704 267 3595

Owner Name: Shorty Helland **Address:** 363 Morgan Ford Rd **Phone:** 336 371-0628

Property Information:

Street Address: 363 - Morgan Ford Olin N.C. 28660

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

Driving Directions: 115 To 901 Right myers mill Right Morgan Ford Rd Right About 1 mile on Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: Shorty Helland
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-12-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

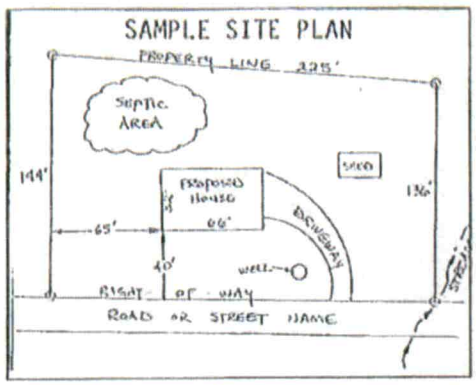
ENVIRONMENTAL HEALTH DIVISION

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

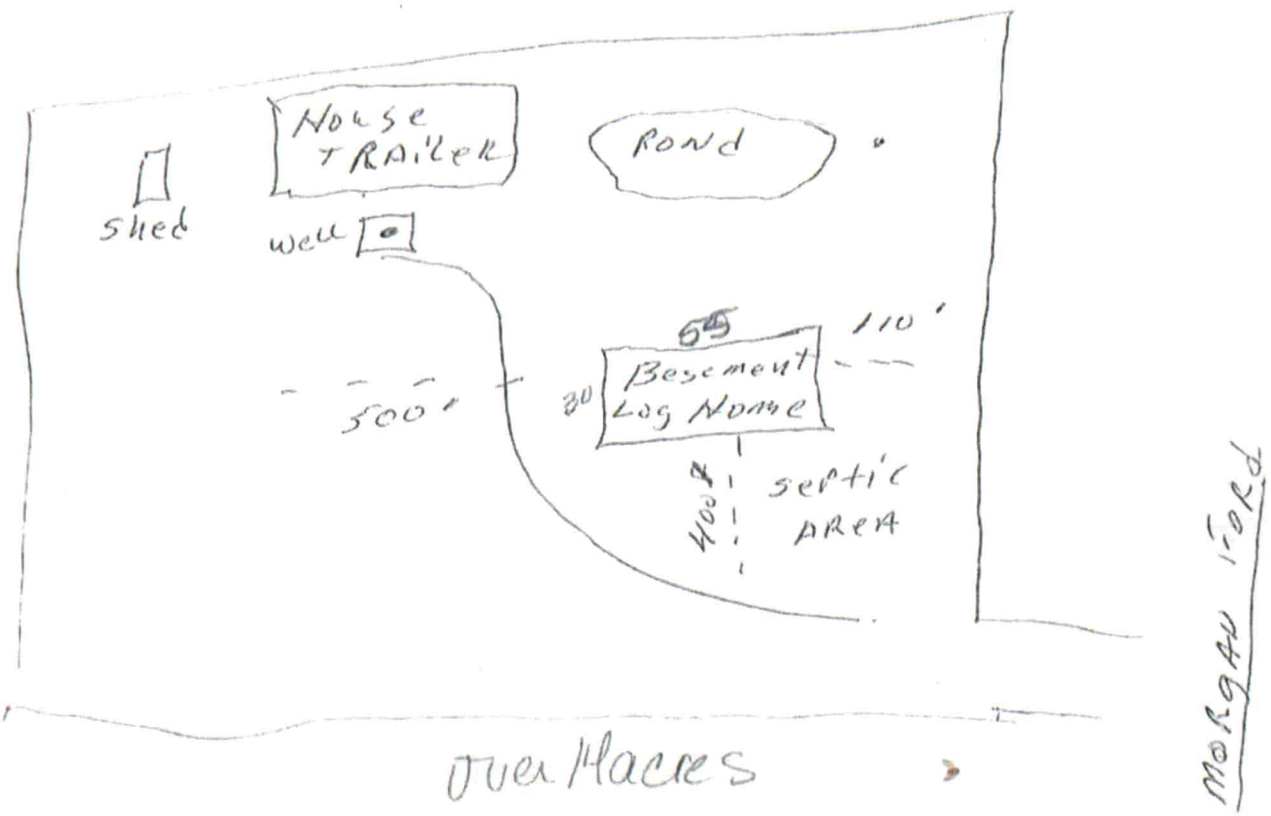


Circle N/A on the following if appropriate:

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

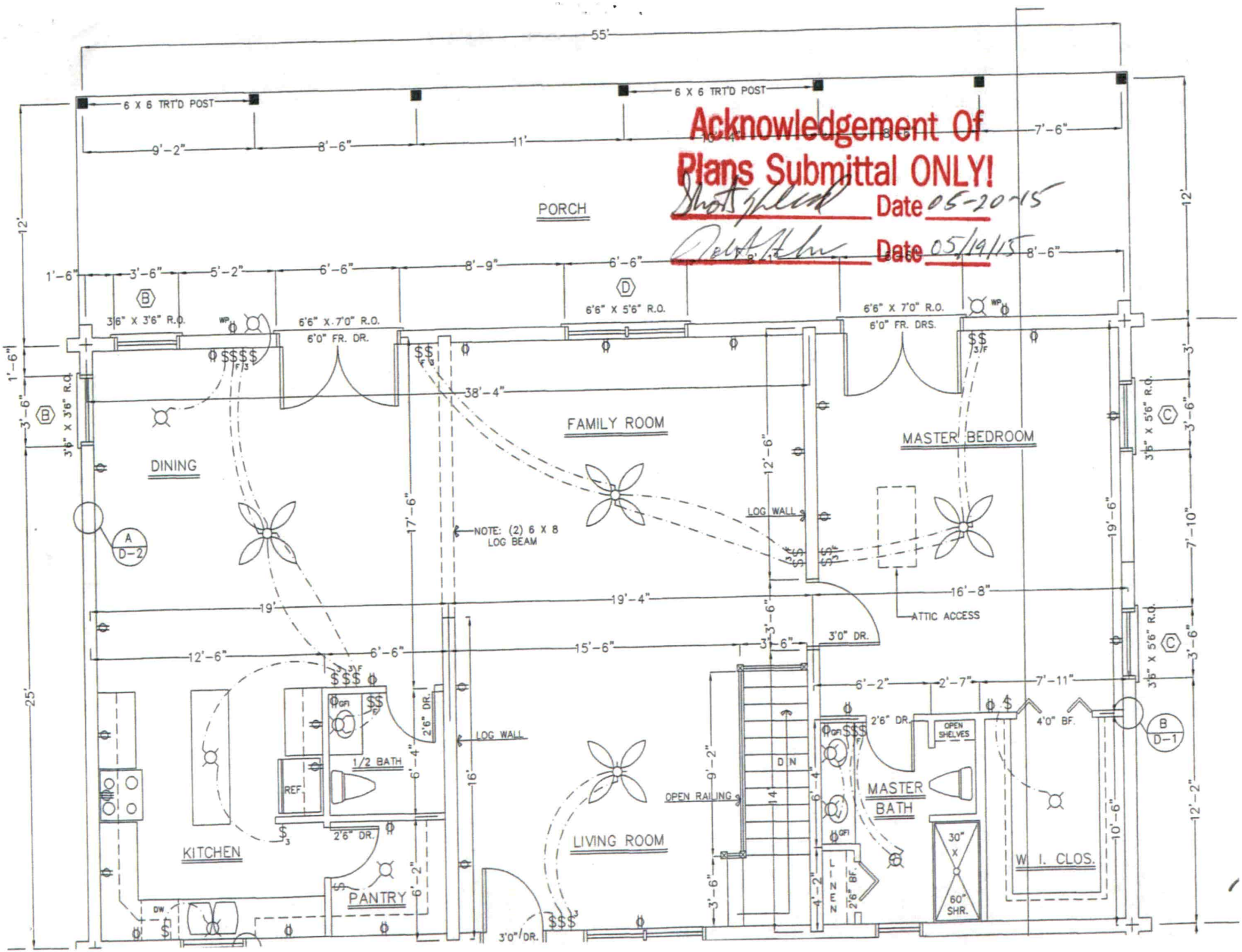


Signature: Sherry Allred

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

2-12-15

DATE


Acknowledgement Of
Plans Submittal ONLY!
Date 05-20-15
Date 05/19/15
55'
6 X 6 TRT'D POST
6 X 6 TRT'D POST
9'-2"
8'-6"
11'
7'-6"
PORCH
1'-6"
3'-6"
5'-2"
6'-6"
8'-9"
6'-6"
8'-6"
3'6" X 3'6" R.O.
6'6" X 7'0" R.O.
6'0" FR. DR.
6'6" X 5'6" R.O.
6'6" X 7'0" R.O.
6'0" FR. DRS.
38'-4"
FAMILY ROOM
MASTER BEDROOM
DINING
LOG WALL
NOTE: (2) 6 X 8
LOG BEAM
12'-6"
17'-6"
19'-6"
3'6" X 5'6" R.O.
7'-10"
19'
19'-4"
16'-8"
ATTIC ACCESS
3'-6"
3'0" DR.
12'-6"
6'-6"
15'-6"
6'-2"
2'-7"
7'-11"
2'6" DR.
OPEN SHELVES
4'0" BF.
LOG WALL
1/2 BATH
REF.
KITCHEN
PANTRY
LIVING ROOM
OPEN RAILING
D N
MASTER BATH
30" X 60" SHR.
W. I. CLOS.
DW
3'0" DR.
25'
12'-2"
10'-6"
6'-2"
6'-4"
9'-2"
14'
16'
4'-2"
2'6" BF.
3'-6"

IREDELL COUNTY

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

APPLICATION NUMBER
208455
Issue Date: 02/12/2015

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4833006845.000	363 MORGAN FORD ROAD, OLIN, NC 28660	OLIN

Owner Information	Applicant Information
Owner: MOORE RONALD K+MARTHA SUE	Applicant: NEFF, LINDA
Address: 539 MORGAN FORD RD STATESVILLE, NC 28625	Address: 363 MORGAN FORD RD OLIN, NC 28660
Phone:	Phone: 704-267-3595

Use Requested	Zone Code
LOG HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.115	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	31519	TOTAL FEES:	$ 77.25