ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-325495

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

PIN # 4850 -- 45 --6153

APPLICANT/OWNER: STEVEN MEYER APPLICANT ADDRESS: 574 OLIN LOOP, OLIN, N.C. 28660

SITE ADDRESS: 574 OLIN LOOP, OLIN, N.C. 28660 PHONE: 704-902-0706 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (R) ON TOMLIN MILL, (L) ON JOSEY, (R) ON OLIN, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

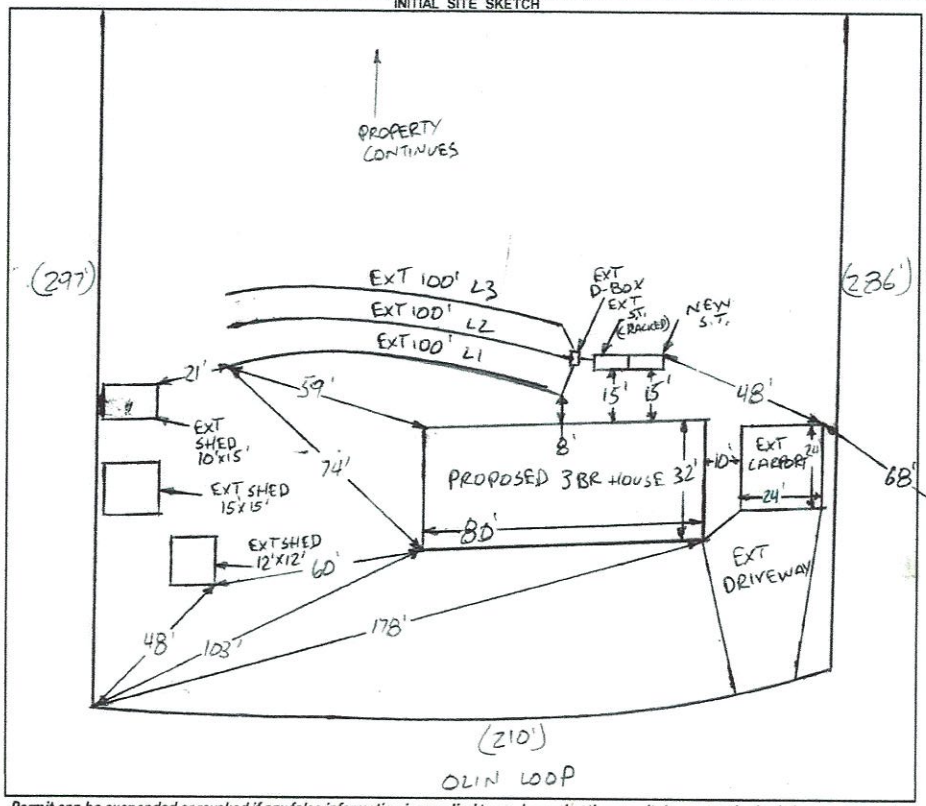
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.48 AC DESIGN FLOW: EXT 360GPD L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	760	Date	2/7/22	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT- CONVENTIONAL		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	EXT(1)	# Lines	EXT (3)	Linear Ft	EXT(300 Ft)	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT			Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

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

Comments / Conditions: PUMP, CRUSH, FILL EXISTING TANK, INSPECT AND REPLACE EXISTING D-BOX AS NEEDED, SYSTEM WAS OVER SATURATED AT TIME OF INSPECT - TANK LEFT OPEN TO WEATHER AND POST HOLE LEFT OPEN OVER LINE 1

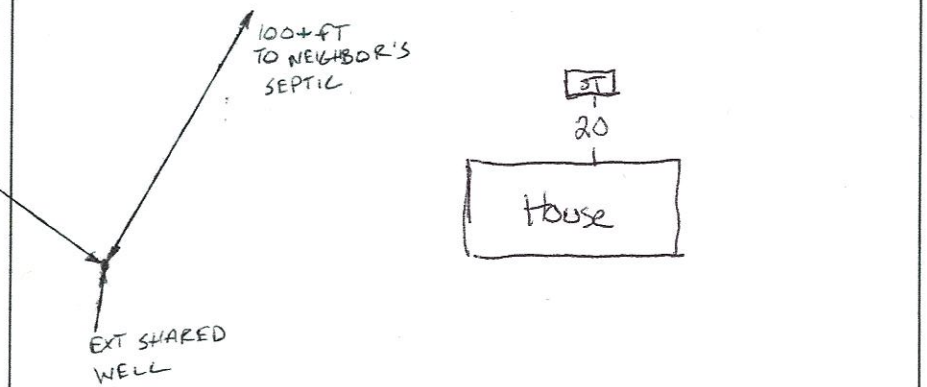
INITIAL SITE SKETCH



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.

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING



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**

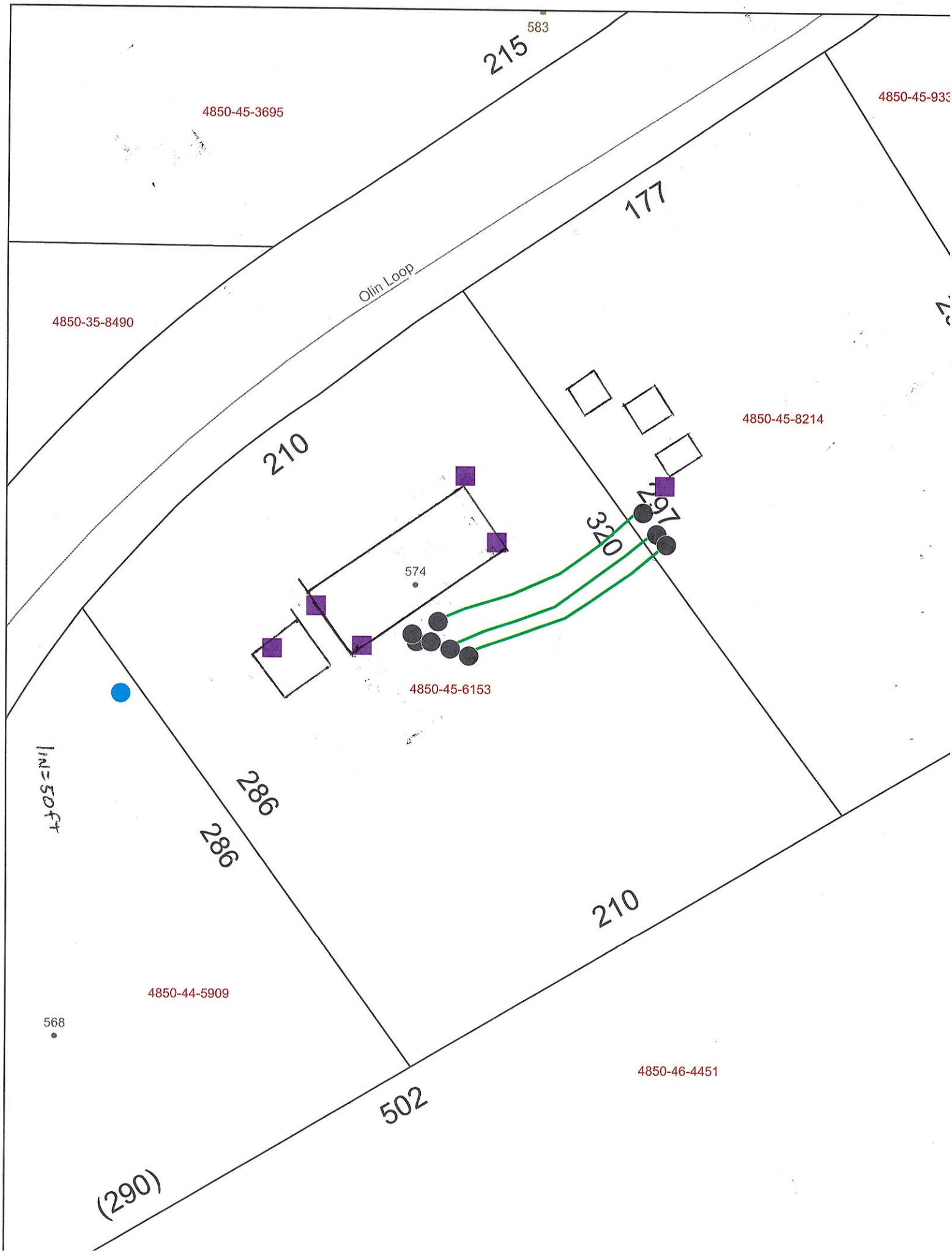
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Donna Meyer Date: 3-11-2022 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Robert C. White Date: 3-10-2022 OPERATION PERMIT by: Cory Whitt Date: 3/15/22

AUTHORIZATION TO CONSTRUCT by: Robert C. White Date: 3-10-2022 Existing System Inspected by: Date:

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


583
215
4850-45-3695
4850-45-933
177
Olin Loop
4850-35-8490
4850-45-8214
210
574
320
4850-45-6153
N=504'
286
286
210
4850-44-5909
568
4850-46-4451
502
(290)

4

BW

RECEIVED FEB 2 4 2022

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* AP-320495

Repair Eval

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steven Meyer Address: 574 Olin loop Rd Olin NC Zip: 28660
Applicant Email: stevemeyer31@gmail.com Phone: 704 902 0706 Alt. Phone:
Owner Name: Steven Meyer Address: 574 Olin loop Rd Olin NC Zip: 28660
Owner Email: stevemeyer31@gmail.com Phone: 704 902 0706 Alt. Phone:

Property Information:

Street Address: 574 Olin loop Rd Olin NC 28660
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: I77N, TR Tomlin Mill, TL Josey, TR Olin, ON (R) across from Post Office

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system X Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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 (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: 1991
( ) 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: Steven Meyer 2-7-22
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

(Check and sign only ONE of the options below)

☑ 1. * **APPLICANT AND OWNER ARE THE SAME.** * (*Sign here*) Steven Mayo

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, Steven Mayo, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____
Signature of Owner(s) Date

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

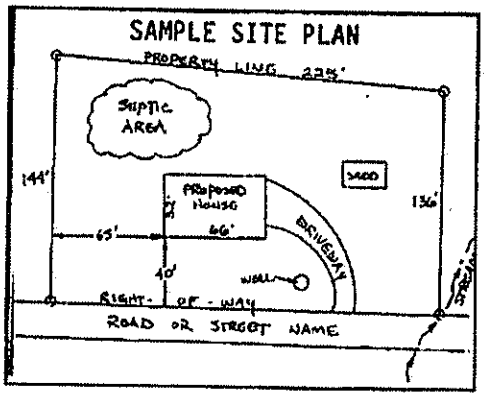
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

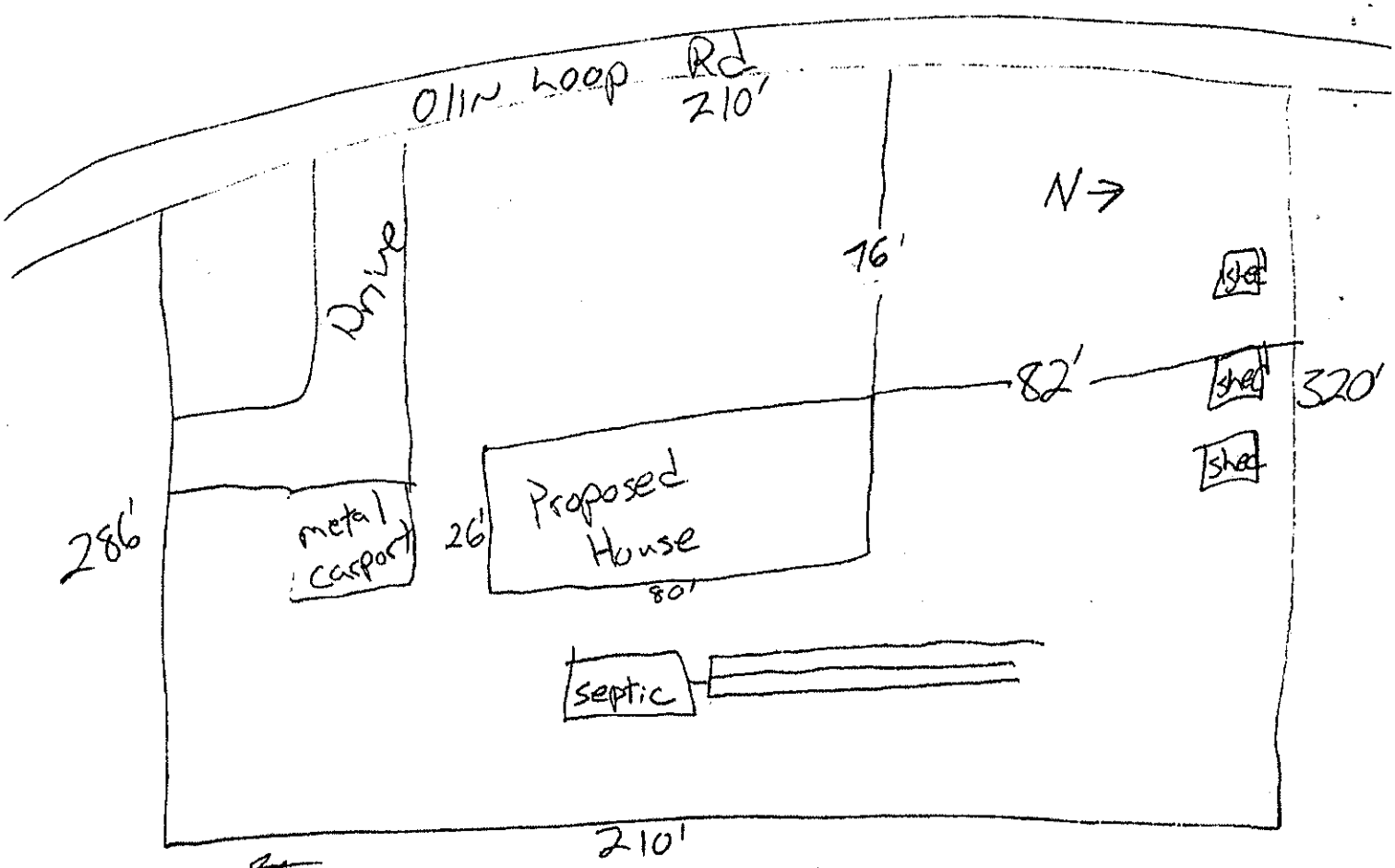
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

2-7-22

DATE

Shaw, David H

IREDELL COUNTY HEALTH DEPARTMENT

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

13610

OWNER OR CONTRACTOR J. H. MADISON DATE 10/20/91 PERMIT NO. 13L-A-31

PHONE: Business _____ Home _____

LOCATION I-77 N, TR TOMLIN MILL, TL JOSEY, TR OLIN, ON (R) ACROSS FROM OLIN POST OFFICE 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 ( )	

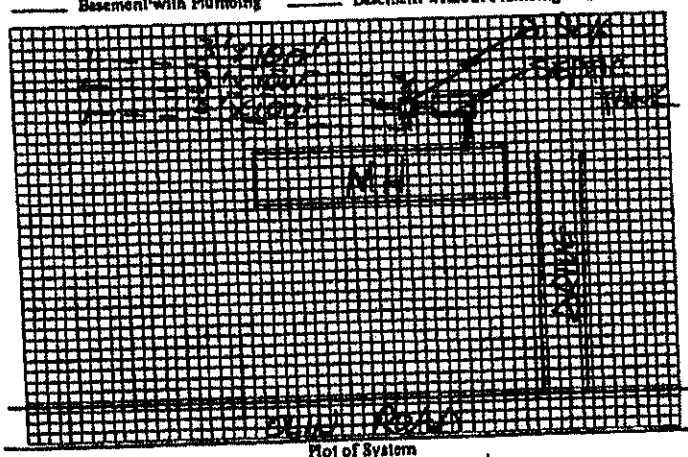
Character & Porosity of Soil .4 PS
Percolation Rate 8-10" GDB / FT2o HS
Topography _____
Depth to Water Table 24" NONE
Rock or other impervious formations _____

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 8/20/91

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )



Plot of System

Installed by JOHN MENSLER

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

(X) WELL

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/30/91

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.

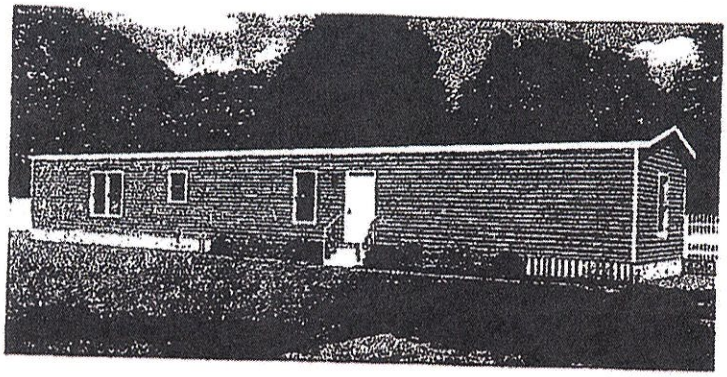
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

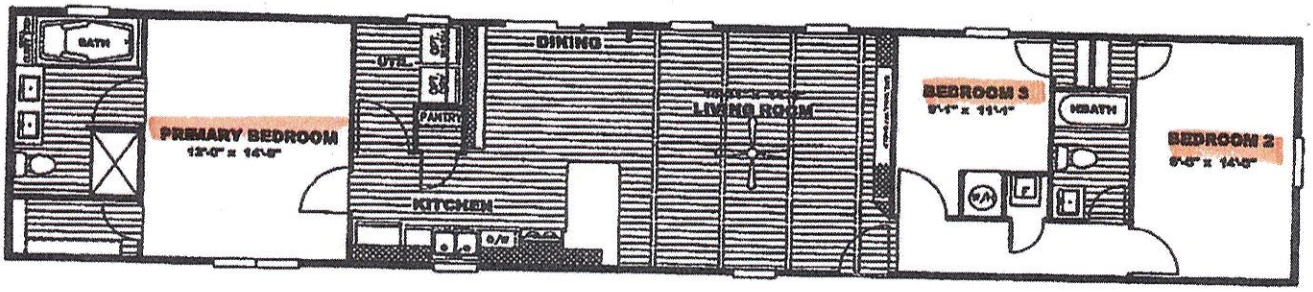
Maynardville

THE ANNIVERSARY 76

22ANV16763AH

1,190 Square Feet
3 Beds / 2 Baths
16 x 76





Acknowledgement Of
Plans Submittal ONLY!

Donna Meyer Date 2-9-2022

_____ Date_____

WHY MAYNARDVILLE? AWARD-WINNING QUALITY

We exceed the HUD standard in many areas. Integrity in our product without sacrificing quality is a top priority. This is why we've chosen to add structural strength along with higher grades of countertops and flooring to provide our customers with a home that will last a lifetime.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325495
Issue Date: 02/09/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4850456153.000	574 OLIN LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: MEYER STEVEN R+DONNA R	Name: STEVEN MEYER
Address:	Address: 574 OLIN LOOP
	OLIN, NC 28660
Phone: (704)902-0706	Phone: (704)902-0706

Use Requested	Zone Code
Single-Wide Mobile Home	RA

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

Remarks

SWMH

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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.

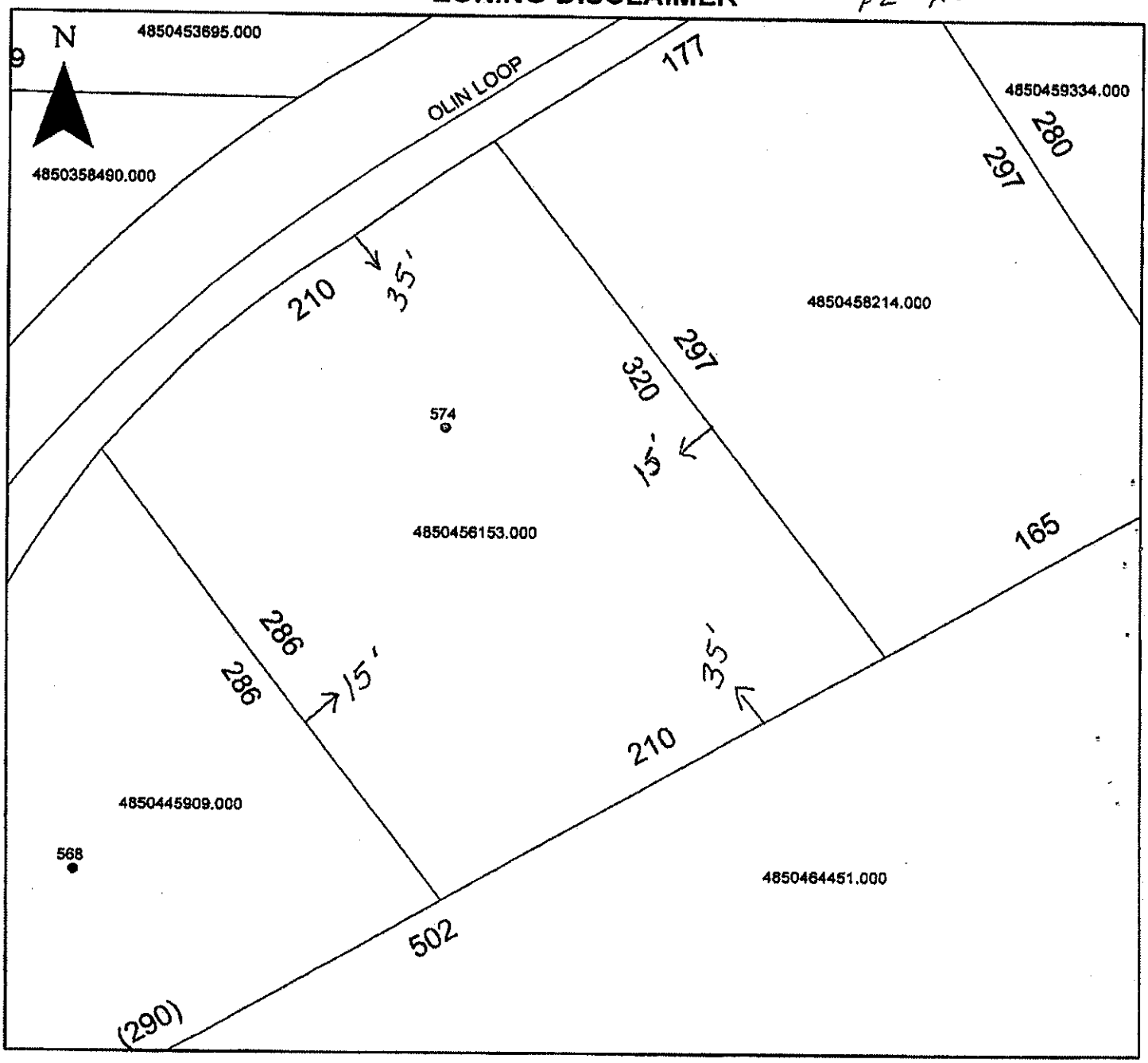
Signature of Owner/Contractor

Date: 02/09/2022

Permit Number	325495	TOTAL FEES:	$77.25

NR
WS - NO
FL - NO
325495

ZONING DISCLAIMER



Property Address 574 Olin Loop

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.

Donna Meyer
Applicant

2-9-2022
Date