# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217609

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

PIN # 4850669022

APPLICANT: Ira Carlisle APPLICANT ADDRESS: 585 Tatum Rd.

SITE ADDRESS: 585 Tatum Rd. - Olin 28660 PHONE: 704-876-2227 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd TR Tomlin Mill Rd TL Josey Rd TR Olin Lp TR Tatum Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 23 acres DESIGN FLOW: Existing L.T.A.R.: Existing

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

| | | | | |
|---|---|---|---|---|
| Residence | No. Bedrooms | Ex | Water Supply | |
| Business | No. Persons | Ex | Private | |
| Other | No. Employees | | Public | |
| Slab | Crawl Space | | Community | |
| Basement w/plumbing | | | Basement w/o plumbing | |

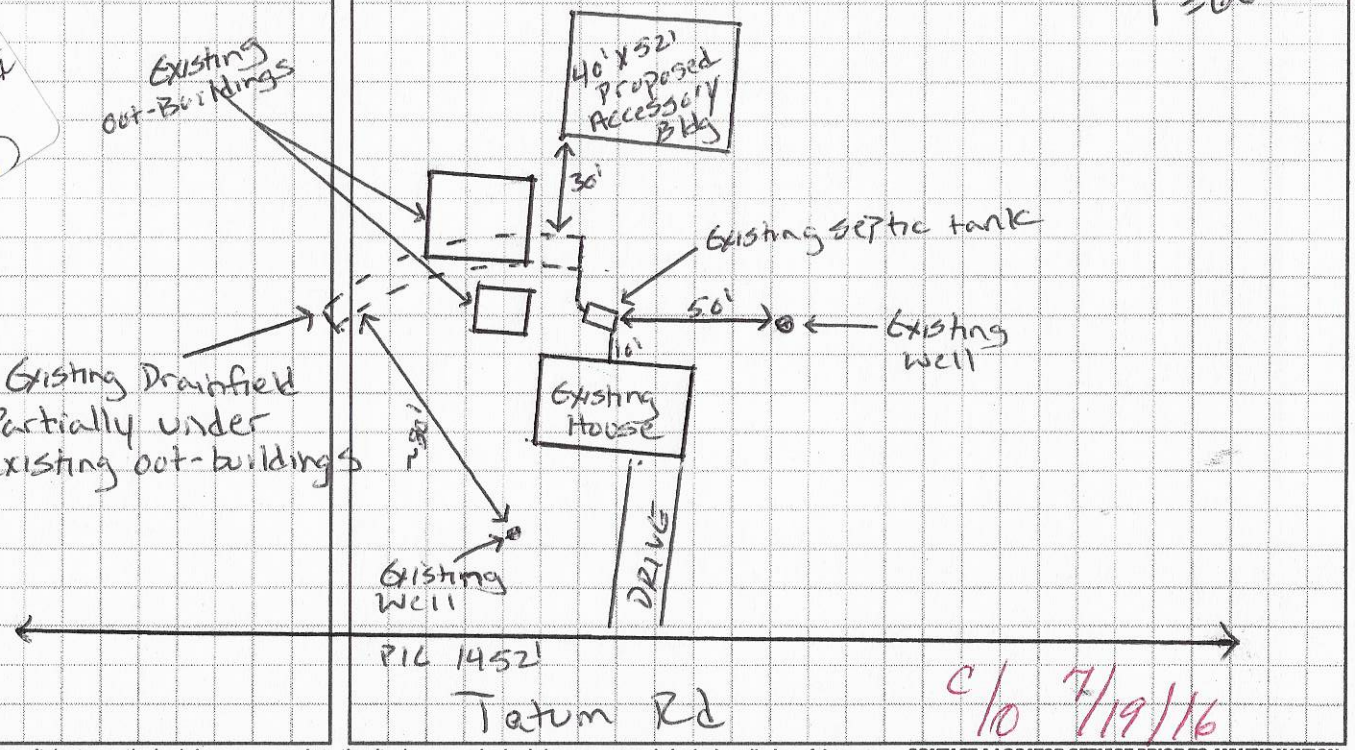
Comments / Conditions:

- Maintain a minimum of 5' between proposed building foundation + all components of septic tank system. Existing drainfield is located partially under existing out-buildings as shown below.

INITIAL SITE SKETCH

PERMIT NEVER PICKED UP OR CALLED FOR
3-21-18
Customer recalled - reminder disconnected
Message Left No By (ad)
Talked directly with customer Y (N)

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: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 4-29-16

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

21704

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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(0 FOR DETAILS)*

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ 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* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Ira W. Carlisle | 585 Tatum Rd. Olin NC 28660 | 704-876-2227 | 704-450-8574 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| | | | |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 585 Tatum Rd. | | |

Driving Directions: NI-77 to Exit 59 Tomlin Mill Rd Turn Rt 1st Left ON Josey Rd. turn Rt on Olin Loop Rd approx 1mi turn Rt. on Tatum Rd - 2nd house on right.

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

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

Maximum Number of Bedrooms 2
Maximum Number of Occupants 1
If Expansion, Current Number of Bedrooms ___

(✓) 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 (✓) 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 1973 *Year*

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

8. Please Answer The Following ( ) Yes (✓) 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 (✓) 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: Ira W. Carlisle — 3-22-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

6119

# 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:**

**_____ Property Line measurements are clearly identified...** **_____ All proposed structures are indicated...**

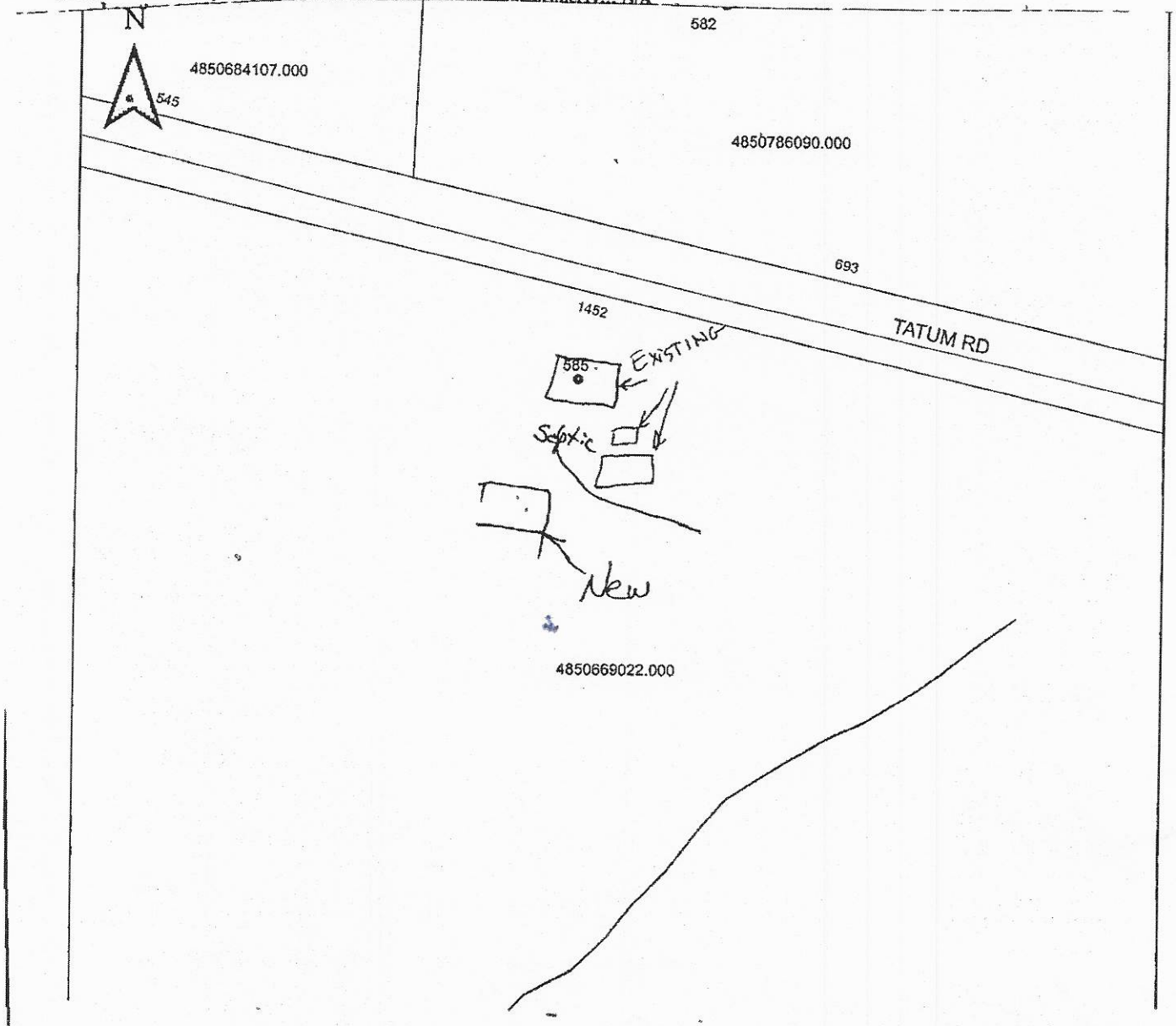
***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred 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**




**Signature:** Lora W. Carlisle

*REQUIRED* **property owner or owner's legal representative signature.**

3-27-16

**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, Wilma R. Carlisle, am the legal owner(s) of the property located at 585 Tatum 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**) N/A _____, 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.

Wilma R Carlisle 3-28-2016 — Signature of Owner(s) — Date

Ina W. Carlisle 3-28-16 — 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

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

~~OWNER OR~~ CONTRACTOR Frank Holland DATE 11-2-'11 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Olin - Turn Rt. on Rd # 1887 - 2nd House on Rt.

S. R. No. 1887

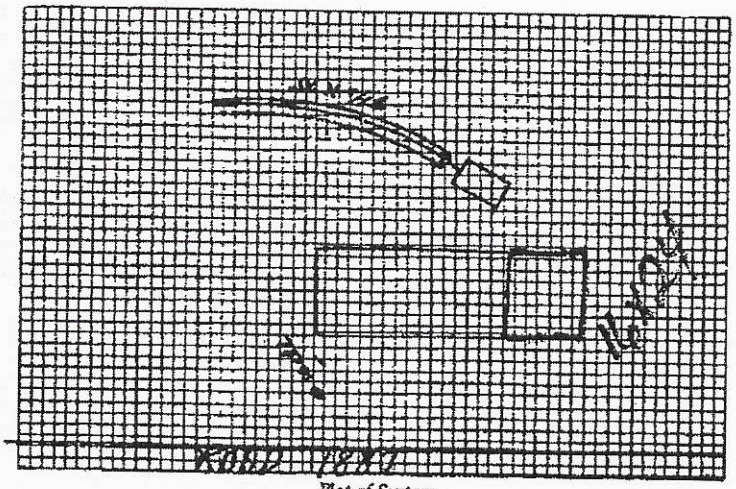
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Good |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | Good |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Slight slope to back |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | Good |
| | | | Rock or other impervious formations | |

Lot Area Average




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams
Hildale, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Location of the proposed ATTACHED GARAGE addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 5' FROM SYSTEM
R. STEVE HENDRICK REHS
Date: JUNE 1 2012
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steven Stoffle DATE 11-2-'11

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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

well
22'
12'
DRIVE
Existing House
12'
15'
Deck
36'
25'
Steps
Steps
12'
well
12'
52' x 40'
Proposed Bldg Pad
77'
ISLE
ROAD

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 217609 |
| Issue Date: 03/29/2016 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4850669022.000 | 585 TATUM ROAD, OLIN, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: CARLISLE WILMA R | Applicant: CARLISLE, IRA |
| Address: 2119 SHARON AVE<br>OLIN, NC 28211 | Address: 585 TATUM ROAD<br>LOLIN, NC 28660 |
| Phone: | Phone: 704-876-2227 |

| Use Requested | Zone Code |
|---|---|
| NEW 40X50 ACCESSORY STRUCTURES | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 23.000 | 50.00 | 50.00 | 50.00 | 50.00 | NOT | X |

**Remarks:**

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line

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: Ira W. Carlisle Date: 3-29-16

| Permit Number | 64048 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|