IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 233561

PIN # 4850-70-9987

APPLICANT/OWNER: Ronald Parsons APPLICANT ADDRESS: 271 N NC Highway 16 Wilkesboro NC 28697

SITE ADDRESS: 359 Rash Rd. Olin, NC 28660 PHONE: 248-250-2273 ALT. PHONE

SITE DIRECTIONS: I-77 N → Tomlin Mill Rd East → L on Rash Rd → Site on left

SUBDIVISION: Warren + Esther Hilkert SECTION: LOT # 9 LOT AREA: 1.01 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	7/7/18
Pump Tank	— (gal)	PT	—	Date	
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	300
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (Serial distribution)

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

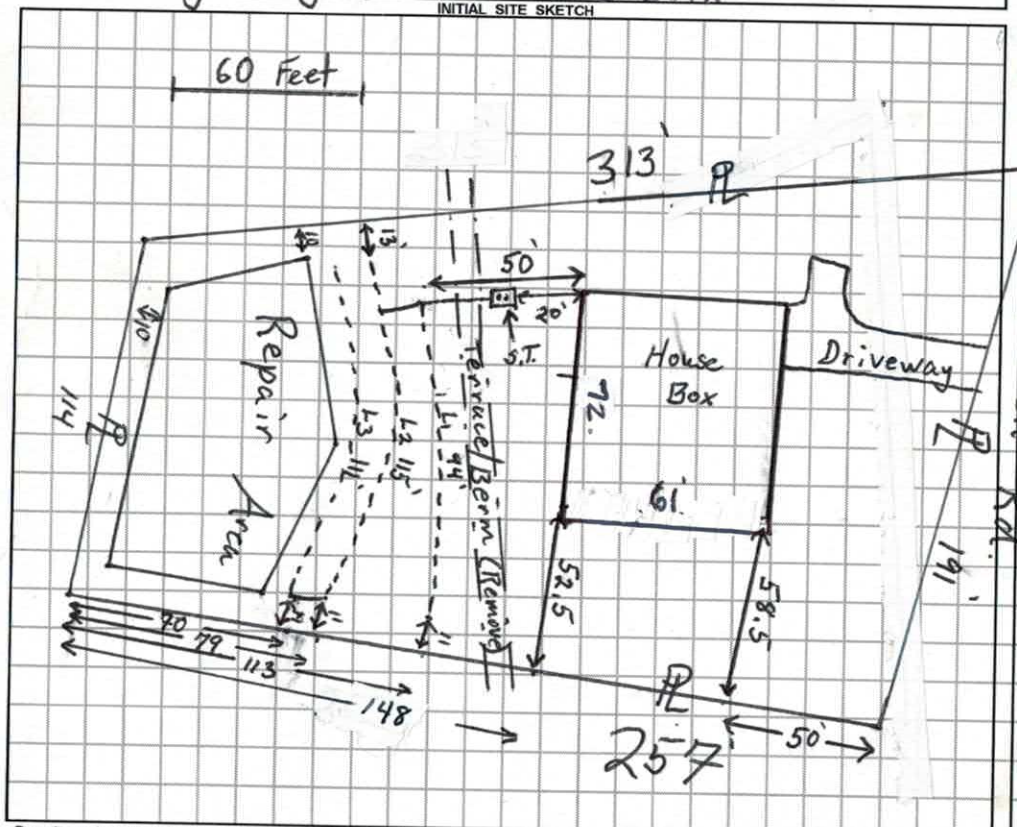
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

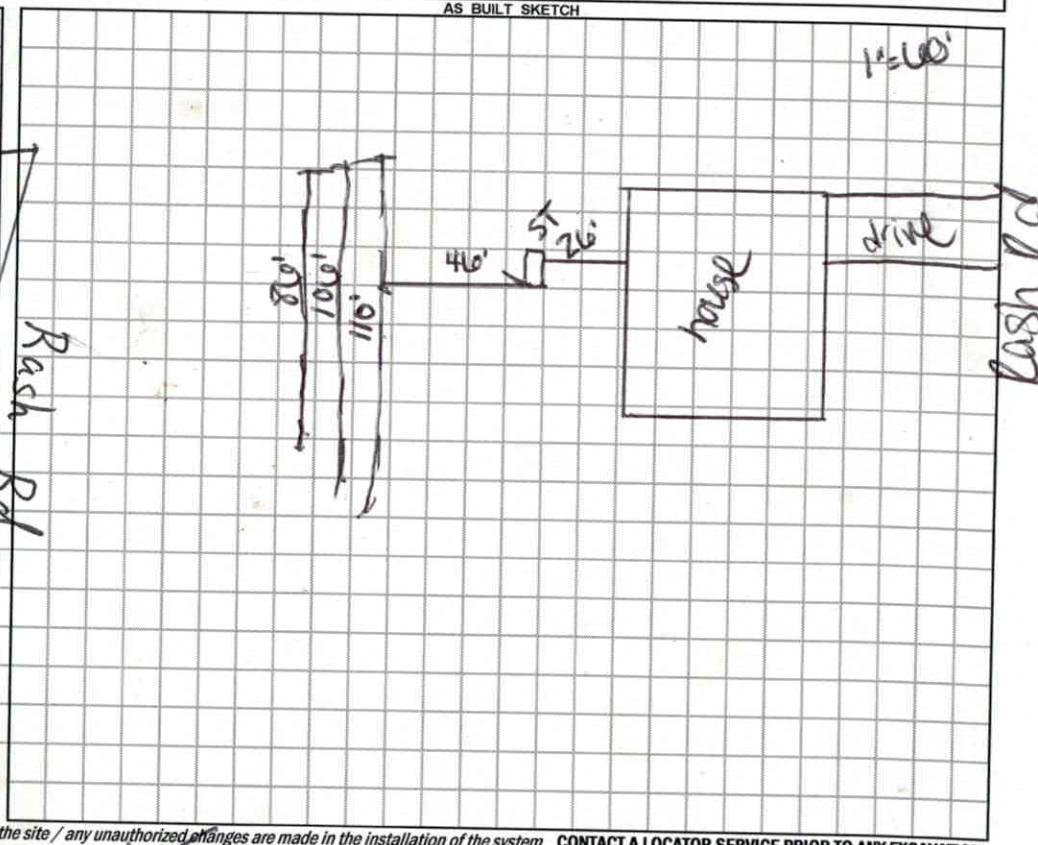
Comments / Conditions: Though 320 feet of line has been laid out, only 300 l.f. need be installed. Recommend pumping septic tank every 3-5 years — Remove Berm —

* House Plans turned in are 72x34 Original plan 68 Ft will not impact septic area. House Plans O.K. Ben Butler

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: Ronald D. Parsons Date: 3/29/18

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/27/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Butler Date: 8/2/18

Installed by: TB Grading

OPERATION PERMIT by: Carla C. Cave Date: 9/19/18

Existing System Inspected by: Date:

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.

SOIL/SITE EVALUATION

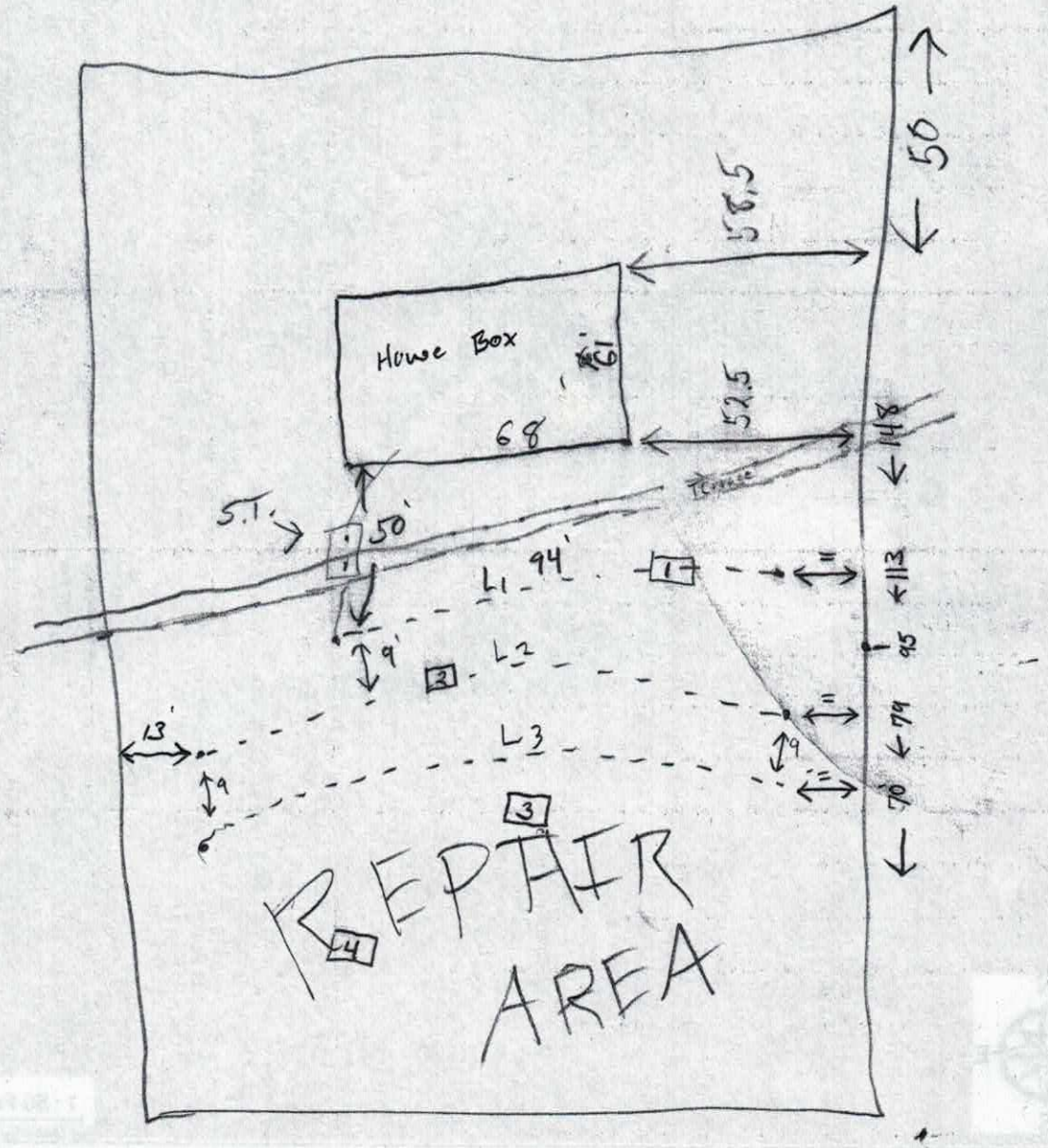
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH 357 Rash Rd 3/15/18

PROPERTY ID #: 4850-70-9984
DATE OF EVALUATION: 3/15/18
COUNTY: Iredell

PROFILE #	.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
1	Prim Header [upper] LSS 11%	0-13	SCL V.W. SBK	SI. Friable, SS, SP, SOP	–	48"	–	–	0.30 PS
		13-30	clay w-m SBK/ABK	SI. Firm, Sticky, SP, SOP					
		30-48	Clay Loam w. SBK some Saprolite 36-42"	SI. Friable, SS SP, SOP					
		48-57	Saprolite Clayey/MA Dense	Friable + Poorly Drained (Dont use)					
2	Prim Distal [mid] LSS 10%	0-12	SCL V.W. SBK	SI. Friable, SS, SP, SOP	–	63	–	–	0.325 PS
		12-30	Clay M SBK W. ABK	SI. Firm, Sticky, SP, SOP					
		30-63	clay Loam W. SBK some Saprolite	Friable, SS, SP, SOP					
3	Repair Lower-Dist 11% LSS	0-18	SCL V.W. SBK	SI. Friable, SS, SP, SOP	common Saprolite 40"-92"	72	–	–	0.30 PS
		18-40	clay M SBK W. ABK	SI. Firm, Sticky, SP, SOP					
		40-72	clay Loam W. SBK	Friable, SS, SP, SOP					
4	Repair mid-mid 7% LSS	0-17	SCL V.W SBK	SI. Friable, SS, SP, SOP		65	–	–	0.30 PS
		17-34	clay W. SBK/ABK	SI. Firm, Sticky, SP, SOP					
		34-65	clay Loam W. SBK	Friable, SS, SP, SOP					
	Lines	WL1	94' 3.53'		SKETCH on Back				
		B L2	115 4.46'						
		WL3	111 4.95'						

COMMENTS:


50
58.5
House Box
20'
68
52.5
148
House
5.1'
50'
1
L1 94'
1
113
9'
3
L2
95
13'
L3
9
79
9
70
3
REPAIR
4
AREA

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(f) 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 #
Ronald Parsons	271 N NC Hwy 16 Wilkesboro NC 28697	248 250 2273	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Stanley Forman			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 9 359 Rash Road	Olin NC	#9

Driving Directions: _____

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 N/A
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water (County) ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ (Year)
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. 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:** Ronald D. Parsons — 2/20/18
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, Stanley Forman, am the legal owner(s) of the property located at Lot 9 Rash Road Olin NC, identified as PIN (Parcel Identification Number) 0813401000 4009, located in Iredell County, North Carolina.

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

Stanley R Forman 2-20-18 Ronald D. Parsons 2/20/18

Signature of Owner(s) Date 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 *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:

X **Property Line measurements are clearly identified…** X **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

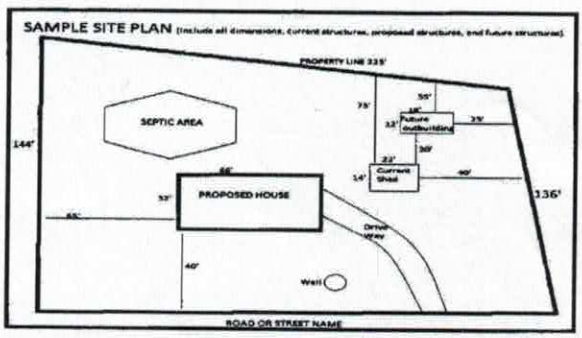
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** X **North arrow, or other sufficient indicator of direction…**

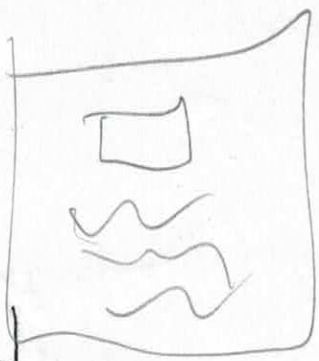
Circle N/A on the following if appropriate:

____ **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



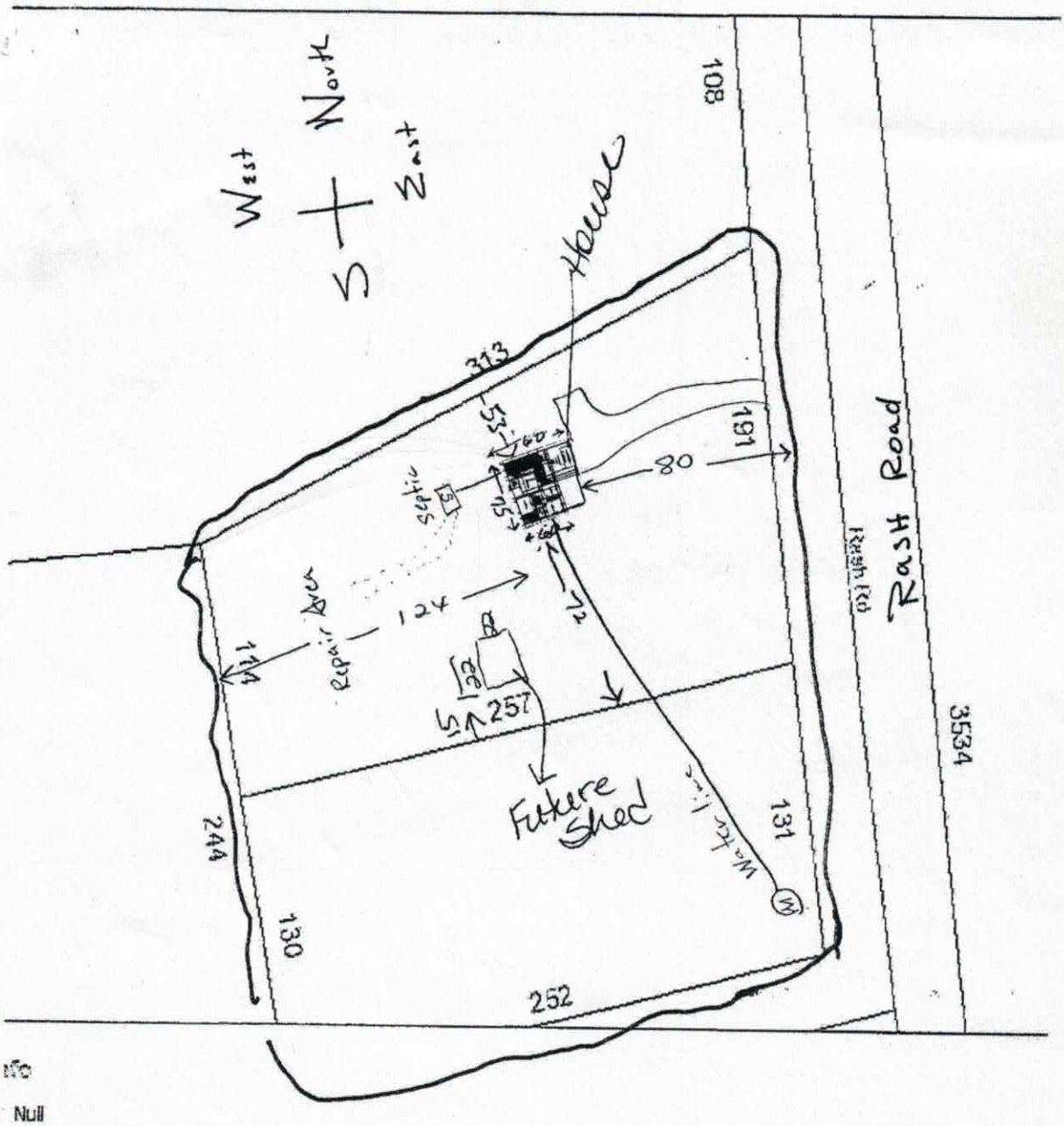
See attached

Signature: Ronald D Parsons

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

2/21/18

DATE



MG

Null

0813L01000A009

FORMAN STANLEY R+JOYCE

205 DUNLAP LOOP STATESVILLE NC 28625

RASH RD

9

WARREN R HILKERT+ESTHER M HILKERT PB24-62-63

CONSTRUCTION PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

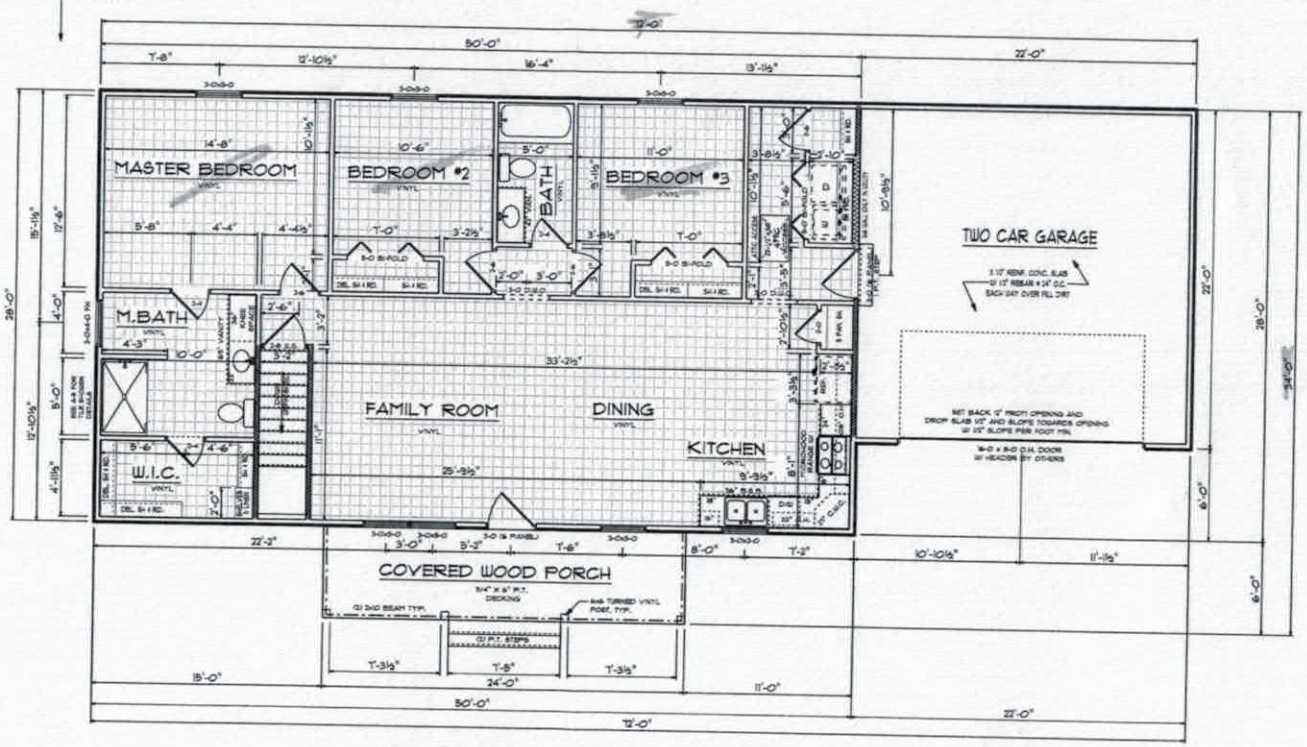
CUSTOMER SIGNATURE DATE

Acknowledgement Of Plans Submittal ONLY!

Date 8-2-18

Date 8/2/18

LAYOUT FROM THIS CORNER



1/A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: MARK MULL

PLAN SETS	
SALES: HANNAH S.	5.31.18
CONSTRUCTION: MATT MORRISON	6.29.18
REVISED: ??	7-1-???
??	
??	
??	

SQUARE FOOTAGES:	
HEATED:	1400
BASEMENT:	1400
FRONT PORCH:	144
REAR STOOP:	16
TOTAL SQFT:	2960

SEDGEWICK HOMES PROUDLY PRESENTS THE: BROOKSIDE, SPRUCE, SERIES TO:

RONALD D. PARSONS

JOB #: 0518031

359 RASH ROAD

SHEET NUMBER A-3 OF FOUR

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REVISED: 7.1.2014

CONSTRUCTION PLANS

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE

CONTACT INFORMATION
PHONE: (877)358-9189
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

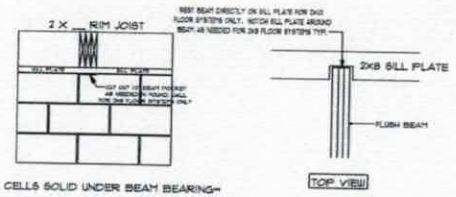
GENERAL NOTES:

1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

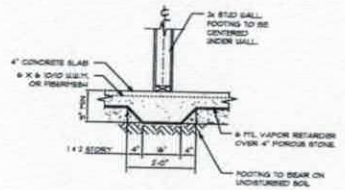
DIAGONAL	DIMENSIONS
A to C	51'-3 11/16"
B to D	71'-3 1/32"
C TO E	78'-3 7/16"

SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	10
SP2	16'-0" CUT TO (A) 9'-4" (B) 6'-8"	2	8	1
SP3	8'-0" CUT TO T-4"	2	8	1
SP4	14'-0" CUT TO (A) T-4" (B) 3'-0" (C) 3'-8"	2	8	1
SP5	10'-0" CUT TO (A) 3'-1" (B) 5'-8"	2	8	1
SP6	12'-0" CUT TO 11'-0"	2	8	1

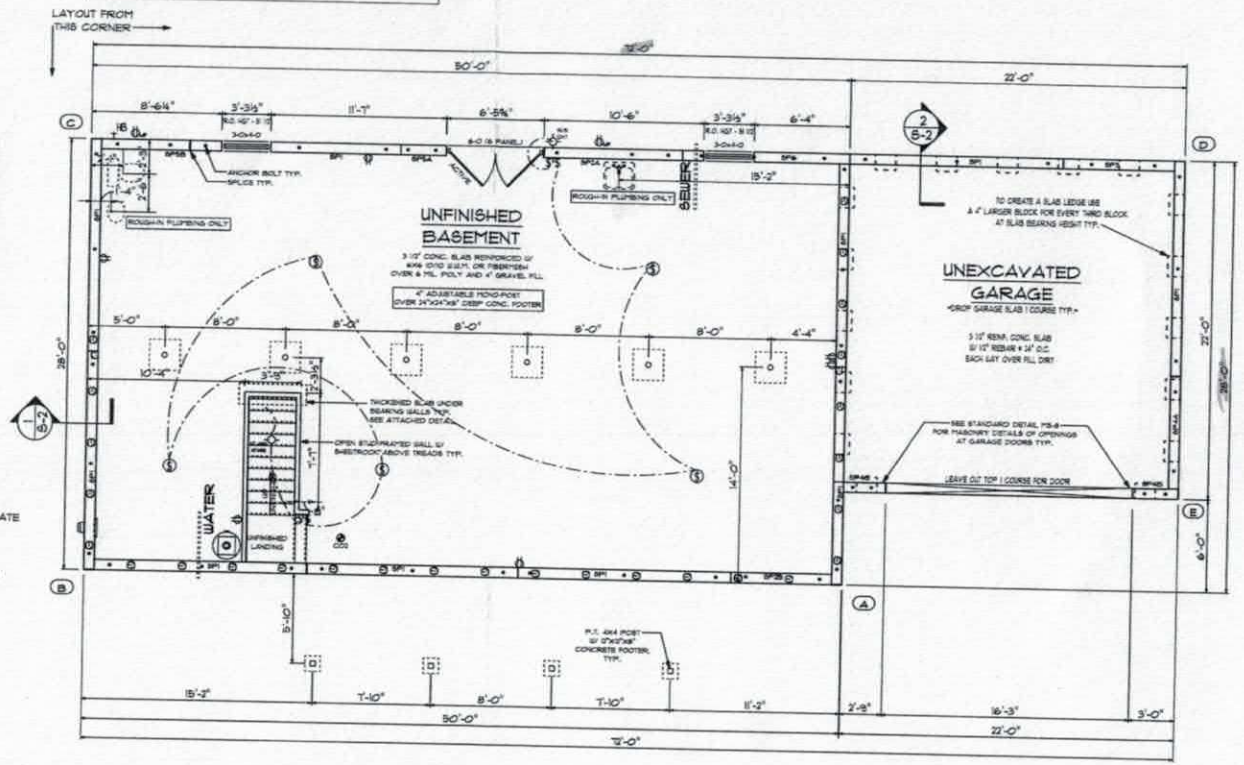


2 / A-4 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"



3 / A-4 THICKENED SLAB DETAIL
SCALE 3/8"=1'-0"

CORE FILL TO BE #6 AT 40" O.C.



1 / A-4 FOUNDATION PLAN
SCALE 1/8"=1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 8-2-18
Date 9/2/18.

SALES
SOLD BY: MARK MULL

PLAN SETS	
SALES: HANNAH S.	5.31.18
CONSTRUCTION: MATT MORRISON	6.29.18
REVISED: ??	7-7-??
??	
??	
??	

SQUARE FOOTAGES:	
HEATED:	1400
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RONALD D. PARSONS

JOB #: 0518031

359 RASH ROAD

SHEET NUMBER A-4 OF FOUR

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REVISED: 1.1.2014

IREDELL COUNTY

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

APPLICATION NUMBER
233561
Issue Date: 02/21/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4850709987.000	359 RASH ROAD, OLIN, NC 28660	

Owner Information	Applicant Information
Owner: FORMAN STANLEY R+JOYCE	Applicant: FORMAN STANLEY R+JOYCE
Address: 185	Address: 205 DUNLAP LOOP
IREDELL CO, NC 28625	OLIN, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.010	35.00	35.00	15.00	15.00	NO	X

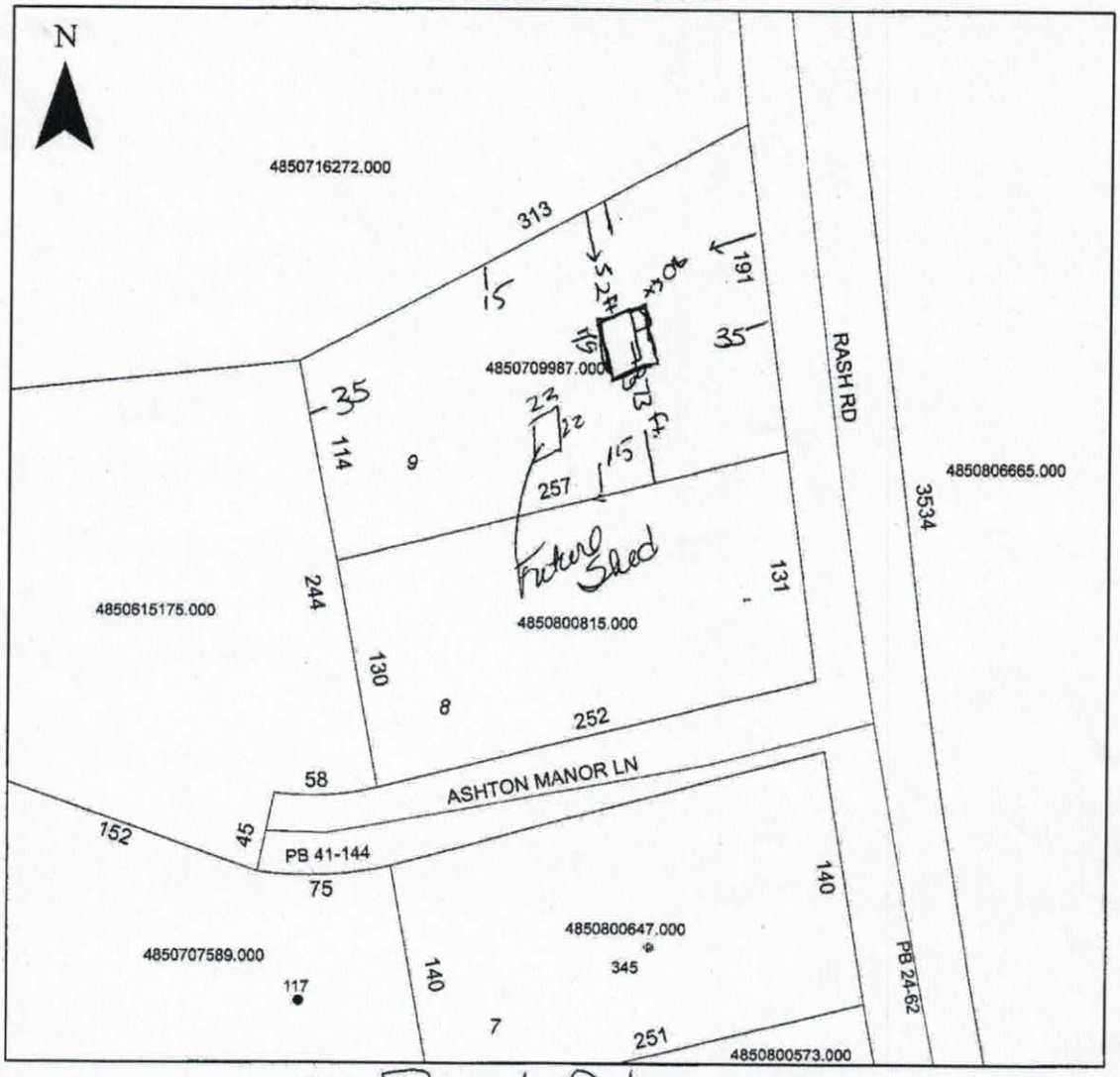
Remarks:

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	129411	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 359 Rash Rd

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.

x Ronald D. Parsons
Applicant

x 2/21/18
Date