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 # 233022

PIN # 4850-80-0573

APPLICANT/OWNER: Rick Odom

APPLICANT ADDRESS: 691 Blackwelder Rd. Statesville, NC 28625

SITE ADDRESS: 339 Rash Rd. Olin, NC 28660

PHONE: 704-902-5704 ALT. PHONE

SITE DIRECTIONS: I-77N → R on Tomlin Mill Rd → L on Rash Rd → site on left

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Warren + Esther Hilkert

SECTION: — LOT # 6 LOT AREA: 0.90 acres

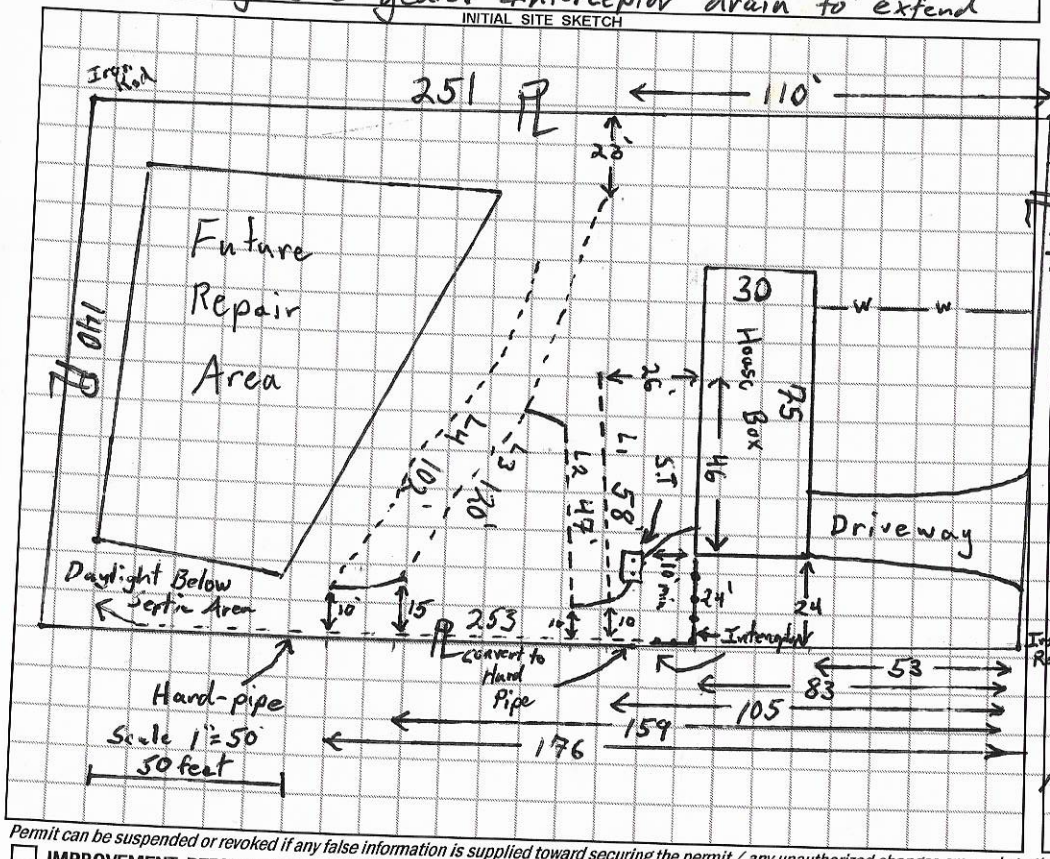
DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	851	Date	7-6-19	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—		Model	—	Serial #	—	System Description:	25% Reduction (serial distribution)	
# Nitrification Fields	1		# Lines	4	Linear Ft	300	Repair System Description:	25% Reduction	
Trench Width	36"		Trench Bottom Depth(Low side)		28-32"	Gravel Depth	—	Maintenance Agreement Required:	☐ YES ☒ NO
								☒ GRAVITY	☐ PRESSURE

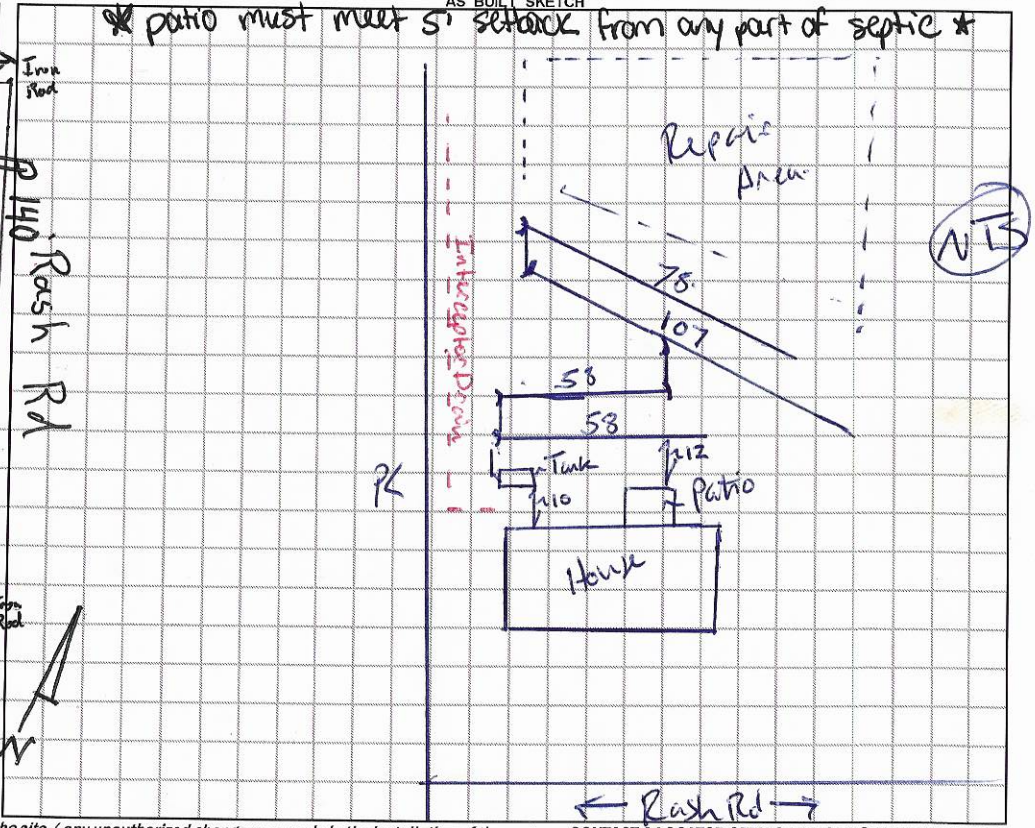
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Though 327 feet of line has been laid out only 300 l.f. need be installed. Recommend pumping septic tank every 3-5 years. Interceptor drain to extend approximately 36" deep and convert to hard pipe in location shown on sketch/drawing. Drain must maintain a 10' distance (minimum) from drainfield components.

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: [signature] Date:

IMPROVEMENT PERMIT by: Sam Shuler Date: 2/22/2018

AUTHORIZATION TO CONSTRUCT by: Carter C. Cauble Date: 7/9/19

Installed by: A-1 Backhoe

OPERATION PERMIT by: Benjamin D Battin Date: 9-11-19

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.

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

43 + 15
32 + 15
120
102

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

OWNER: Rich Money
ADDRESS: Unknown (not on application)
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 339 Rush Rd Olin, NC
APPLICATION DATE 1/29/18
DATE EVALUATED: 2/14/18
PROPERTY SIZE: 0.9 acres
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) .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	LSS 5% Prim	0-3	SCL V.W. SBK	SI Friable, SS, S, Sap	H_2O Bleeding In from 13-18" (vacant 2" of rain)	56" Interceptor	—	—	0.30 PS
		3-18	Clay W-m SBK/ABK	SI Firm, Sticky, Sp, Sap					
		18-56	clay Loam Trace Saprolite W. SBK	SI Friable, SS, Sp, Sap					
		56-61	Loamy Saprolite MA	very Friable + well Drained					
2	LSS 5% Prim	0-3	SCL V.W. SBK	SI Friable, SS, Sp, Sap	16"-23" weeping	39"	—	—	0.30 PS
		3-10	Clay (some) W-m SBK/ABK common	SI Firm, Sticky, Sp, Sap					
		10-39	Clay Loam W. SBK	SI Friable, SS, Sp, Sap					
		39-62	Loamy Saprolite MA	very Friable, well Drained					
3	LSS 4% Rep	0-23	clay some W-m SBK/ABK	SI Firm, Sticky, Sp, Sap		45"	—	—	0.325 PS
		23-45	clay Loam W. SBK some Saprolite	Friable, SS, Sp, Sap					
		45-67	Loamy Saprolite MA	very Friable + well Drained					
4	LSS 4% Repair	0-21	Clay W-m SBK/ABK	SI Firm, Sticky, Sp, Sap	17"-24" weeping	43"	—	—	0.30 PS
		21-43	Clay Loam W. SBK some Saprolite	Friable, SS, Sp, Sap					
		43-62	MA Loamy Saprolite	very Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327	350+
System Type(s)	25%	25%
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

House Box
75
46
26
29
19
23
110
PC
53
43
42
42
PC
176
159
114
95
4
3
2
1
4
3
2
1

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Rick Odom Address: 691 Blackwelder Rd Zip: 28625
Applicant Email: _____ Phone: 704 902 5704 Alt. Phone: _____
Owner Name: Rick Money Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 339 Rash Road, Statesville, NC 28625
Subdivision Name: none Section/Phase: _____ Lot Number: _____
Driving Directions: I77 North to Tomlin Mill Rd go Rt about 3 miles cross bridge next Rd on Rt left Rash Rd approx 3/4 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
( ) 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: _____ 1/29/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

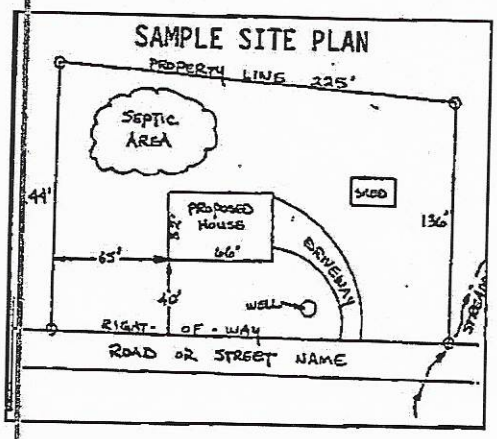
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) 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

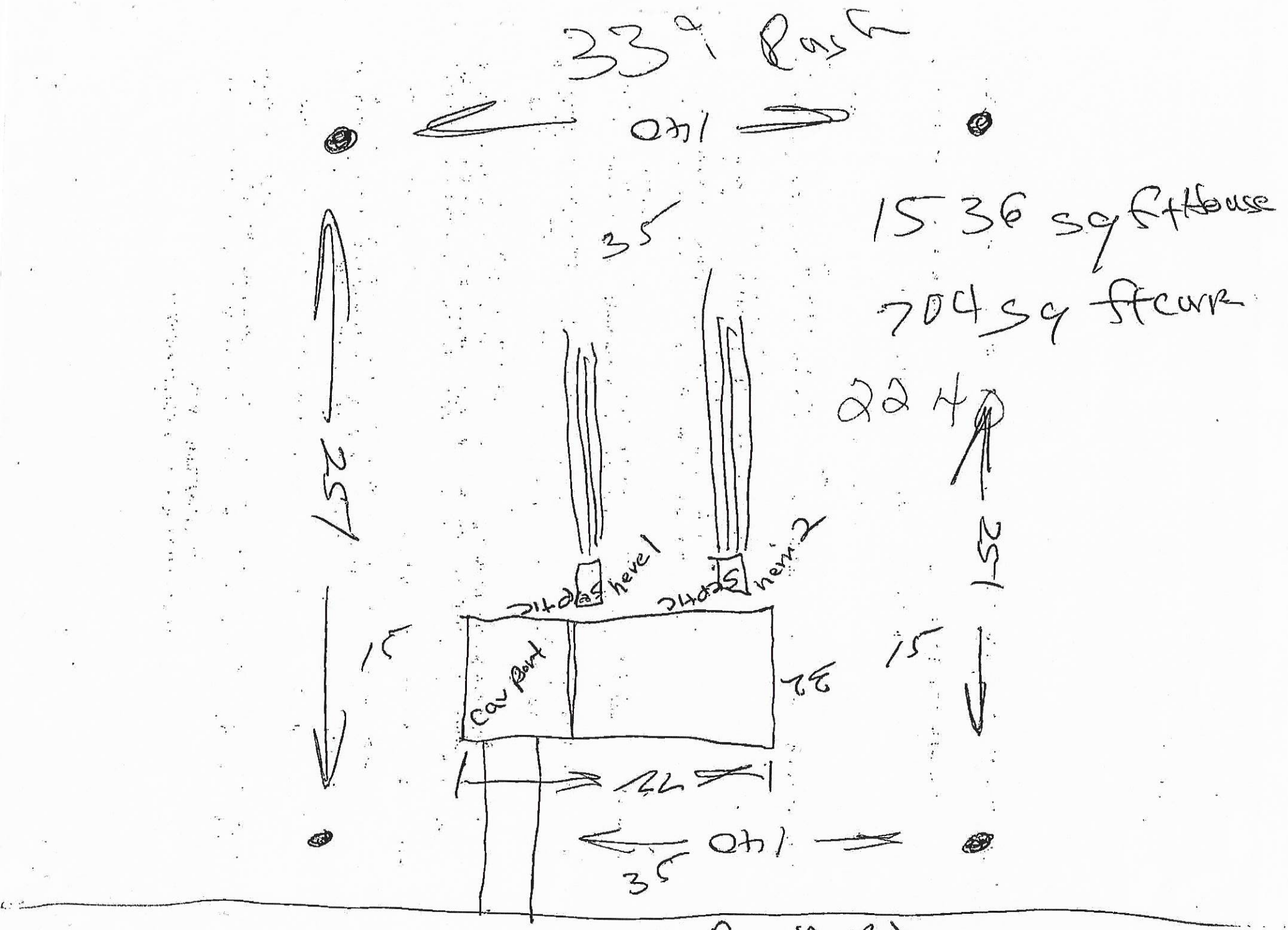
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see Next page

Signature: _____

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

DATE 1/29/18


33' Rasn
Qtl
1536 sq ft house
704 sq ft curr
22'
35
25'
15'
35'
15'
32'
Cov port
Septic
Septic
level
level
22'
35'
Qtl
Rasn Rd

DocuSign Envelope ID: 0BF37E07-30BE-4739-AB4E-D949E43DA509

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, Ricky E Money, am the legal owner(s) of the property located at 339 Rash Road, Olin NC 27028, identified as PIN (Parcel Identification Number) 4850-80-0573.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ricky Theodore Odom, Adawi Sogwili Revels, 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.

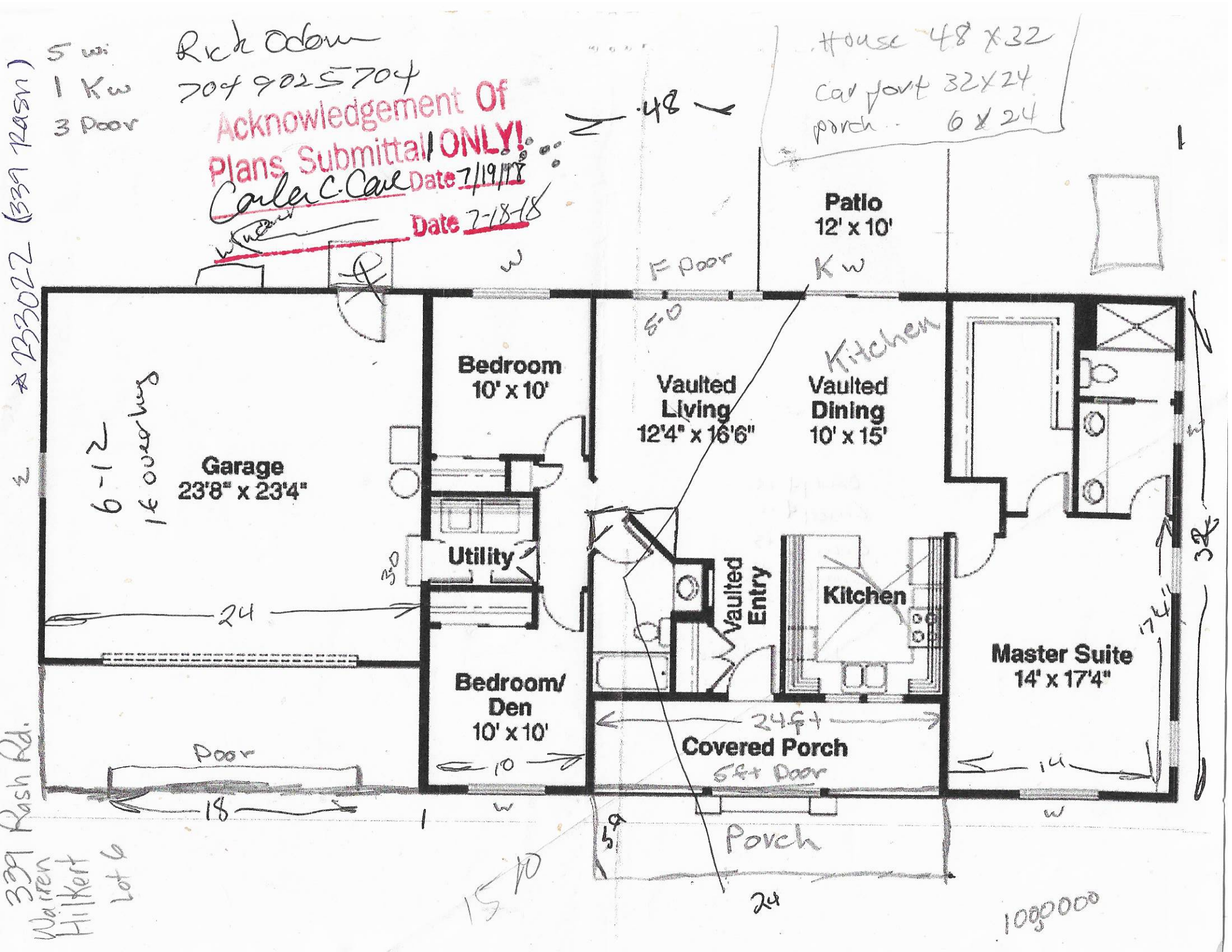
DocuSigned by:
Rick Money
1C0F9E1E1A1F4C8...

1/12/2018		
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


Rick Odom
704 902 5704
Acknowledgement Of
Plans Submittal ONLY!
Carter C. Cave Date 7/19/18
Date 2-18-18
House 48 x 32
Car port 32x24
porch 6 x 24
Patio
12' x 10'
Bedroom
10' x 10'
Vaulted
Living
12'4" x 16'6"
Vaulted
Dining
10' x 15'
Kitchen
Garage
23'8" x 23'4"
Utility
Vaulted
Entry
Kitchen
Master Suite
14' x 17'4"
Bedroom/
Den
10' x 10'
Covered Porch
Porch
339 Rush Rd.
Warren
Hilkert
Lot 6

IREDELL COUNTY

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

APPLICATION NUMBER
233022
Issue Date: 01/29/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4850800573.000	339 RASH ROAD, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MONEY RICKY E	Applicant: ODOM RICKY T
Address: P O BOX 51 MOCKSVILLE, NC 27028	Address: 691 BLACKWELDER RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.900	35.00	35.00	15.00	15.00	NOT	X

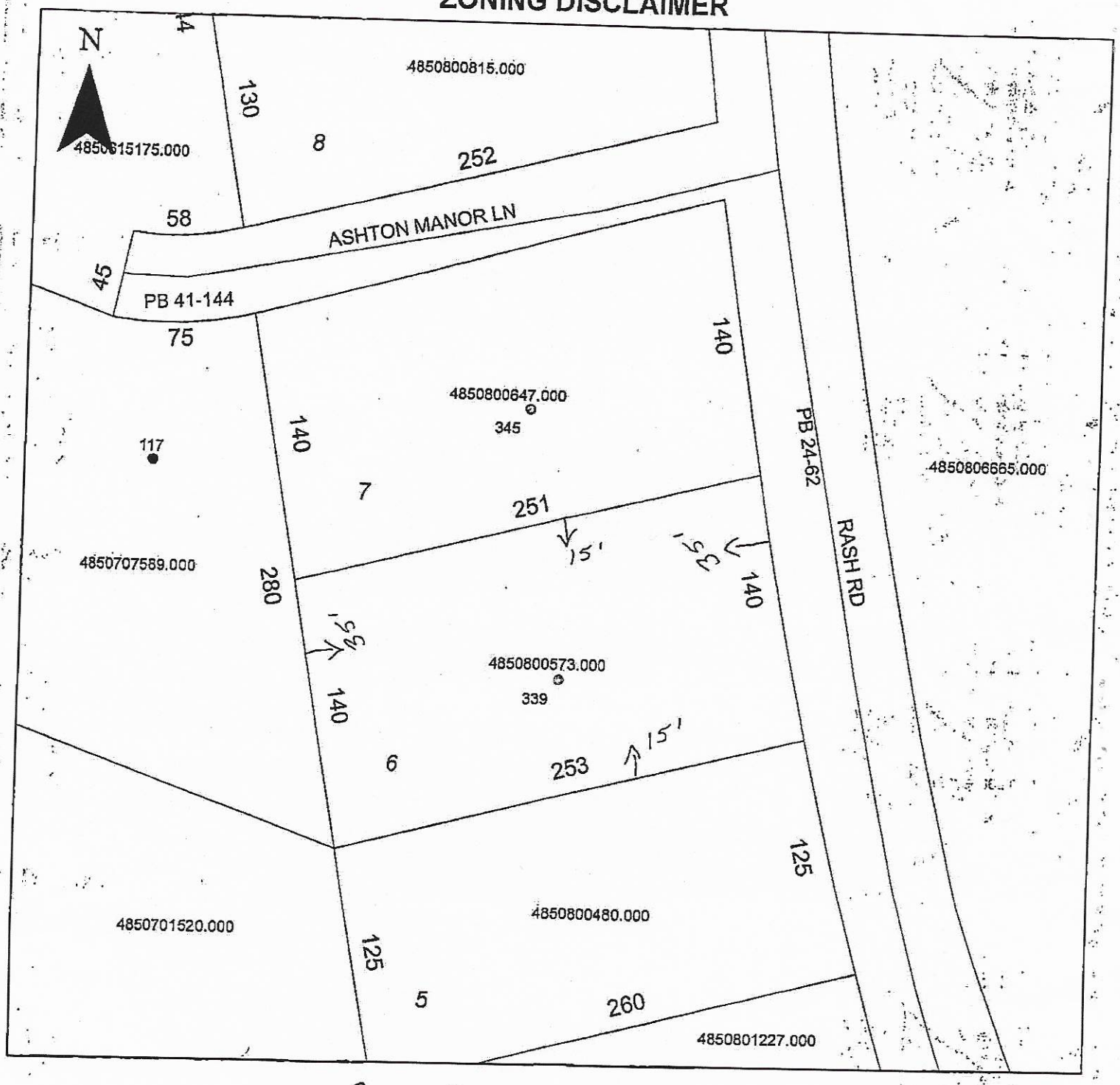
Remarks:

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	126944	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 339 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.

Rick Olon
Applicant

1/29/18
Date