ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (SB) Mooresville Office (704) 660-3625 PERMIT # AP-327086

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

PIN # 4852 -- 03 -- 7285

APPLICANT/OWNER: 1ST CHOICE HOUSING APPLICANT ADDRESS: 119 BEECHNUT LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 134 BULL RUN LANE, OLIN, N.C. 28660 PHONE: 704-881-2326 ALT. PHONE 704-929-2902

SITE DIRECTIONS: (N) ON 77, (L) ON 901 (L) ON PIONEER, (R) ON SLOANSMILL, (L) ON DUNWICK, (L) ON BULLRUN, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

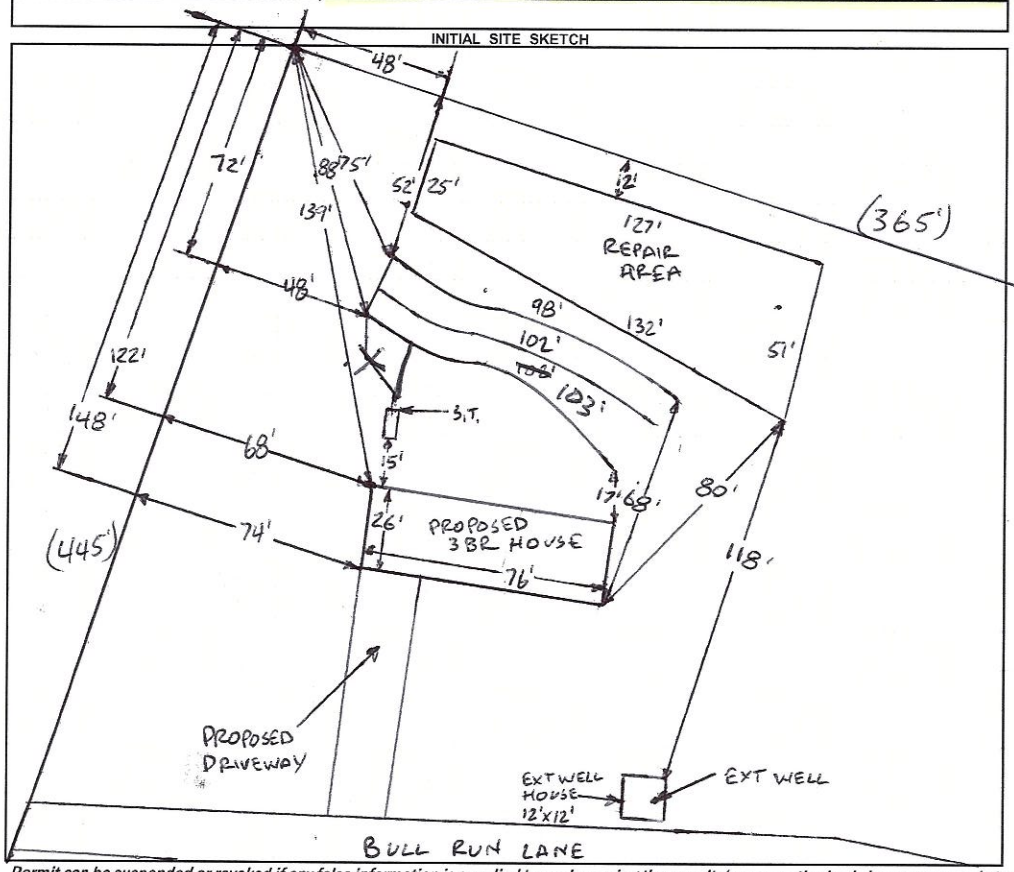
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 32.42 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	854	Date	2-28-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1		# Lines	3	Linear Ft	302FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ 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: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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.

P.IN = 60 FT
S.T. = SEPTIC TANK
EXT = EXISTING

INSTALLED AS SHOWN!

HOUSE FOOTERS POURED AT TIME OF INSPECTION - NO HOUSE

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**

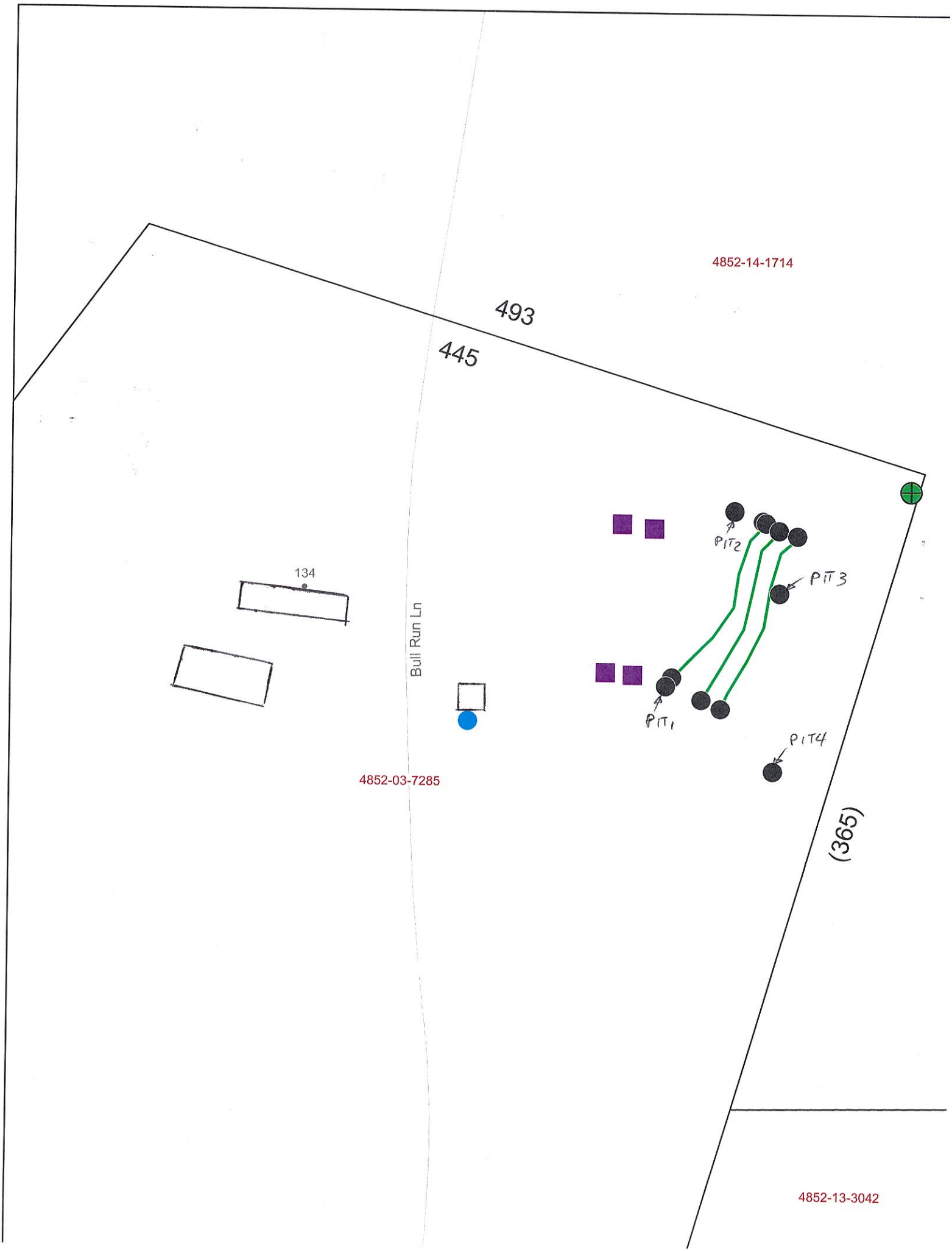
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Long Date: 5-5-22 Installed by: A1 BACKHOE

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-4-2022 OPERATION PERMIT by: Bryant C. White Date: 5-6-2022

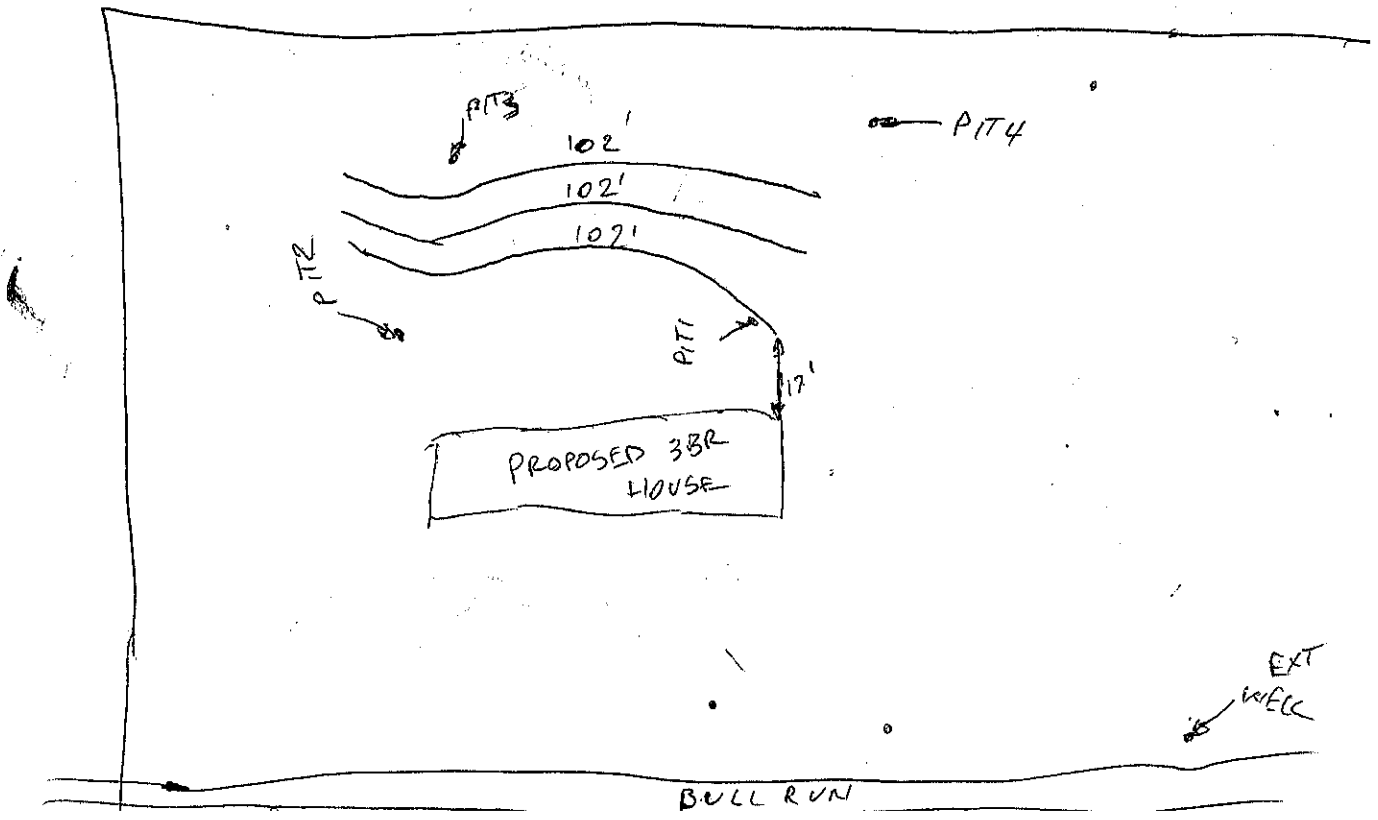
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-4-2022 Existing System Inspected by: Date:

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


4852-14-1714
493
445
134
Bull Run Ln
PIT 2
PIT 3
PIT 1
PIT 4
4852-03-7285
(365)
4852-13-3042

134 BULL RUN

1	LINEAR SIDE 4%	0-24 24-53	C, SBK CL, WSBK	fr, S, P, SExP fr, SS, SP, SExP	SAP INC THRU OUT	53'±	NA	NA	PS .3
2	HEAD LINEAR SIDE 5%	0-27 27-53	C, SBK CL, WSBK	fr, S, P, SExP fr, SS, SP, SExP	SAP INC THRU OUT	53'±	NA	NA	PS .3
3	LINEAR SIDE 3%	0-22 22-55	C, SBK CL, WSBK	fr, S, P, SExP fr, SS, SP, SExP	SAP INC THRU OUT	55'±	NA	NA	PS .3
4	LINEAR SIDE 2%	0-8 8-30 30-54	SCL, SBK C, SBK CL, WSBK	fr, S, SP, SExP fr, SP, SExP fr, SS, SP, SExP	SAP INC THRU OUT	54'±	NA	NA	PS .3



BW

RECEIVED MAR 2 9 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-327086 $500.00

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

Call Kick may for Pits

Applicant Information: (PRINT CLEARLY)
Applicant Name: 1st Choice Housing / Rickmay Address: 119 Beechnut LN Statesville Zip: 28625
Applicant Email: Albackhoe Inc.com Phone: 704-902-4010 Alt. Phone: _____
Owner Name Vicky Thewlis Address: 134 Bull Rd LN Olin NC Zip: 28660
Owner Email: _____ Phone: 704-929-2902 Alt. Phone: _____
If permitting questions please contact Kimberly 704-881-2328

Property Information:
Street Address: 134 Bull Run Lane Olin NC 28660 Parcel # 4852037285
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 Exit 152 B Toward Elkin, Take NC 901 Exit Exit 65. (L) West Memorial Hwy. (L) Pioneer Rd. (R) onto Sloans Mill Rd (L) Dunwick LN, (L) Bull Run 134 is on right.

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 ___ 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 ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: Kimberly Mayo / Rick May 3-29-2022
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*) Vicky Thewlis

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, Vicky Thewlis, am the legal owner(s) of the property located at 134 Bull Run Lane Olin, N.C. 28660, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 1st Choice Housing INC William R. Mayo Kimberly Faye, 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.

Vicky Thewlis, Trustee of The James & Vicky Thewlis Families Trust — 2-15-2022

Signature of Owner(s) — Date

Mooresville - Environmental Health

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

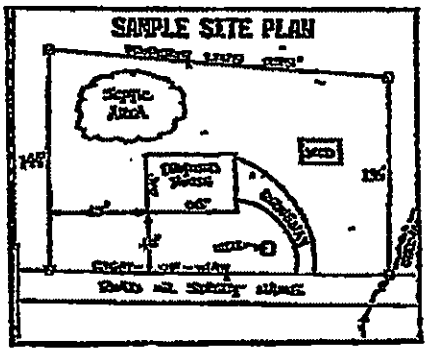
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 plans:

- (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 and 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

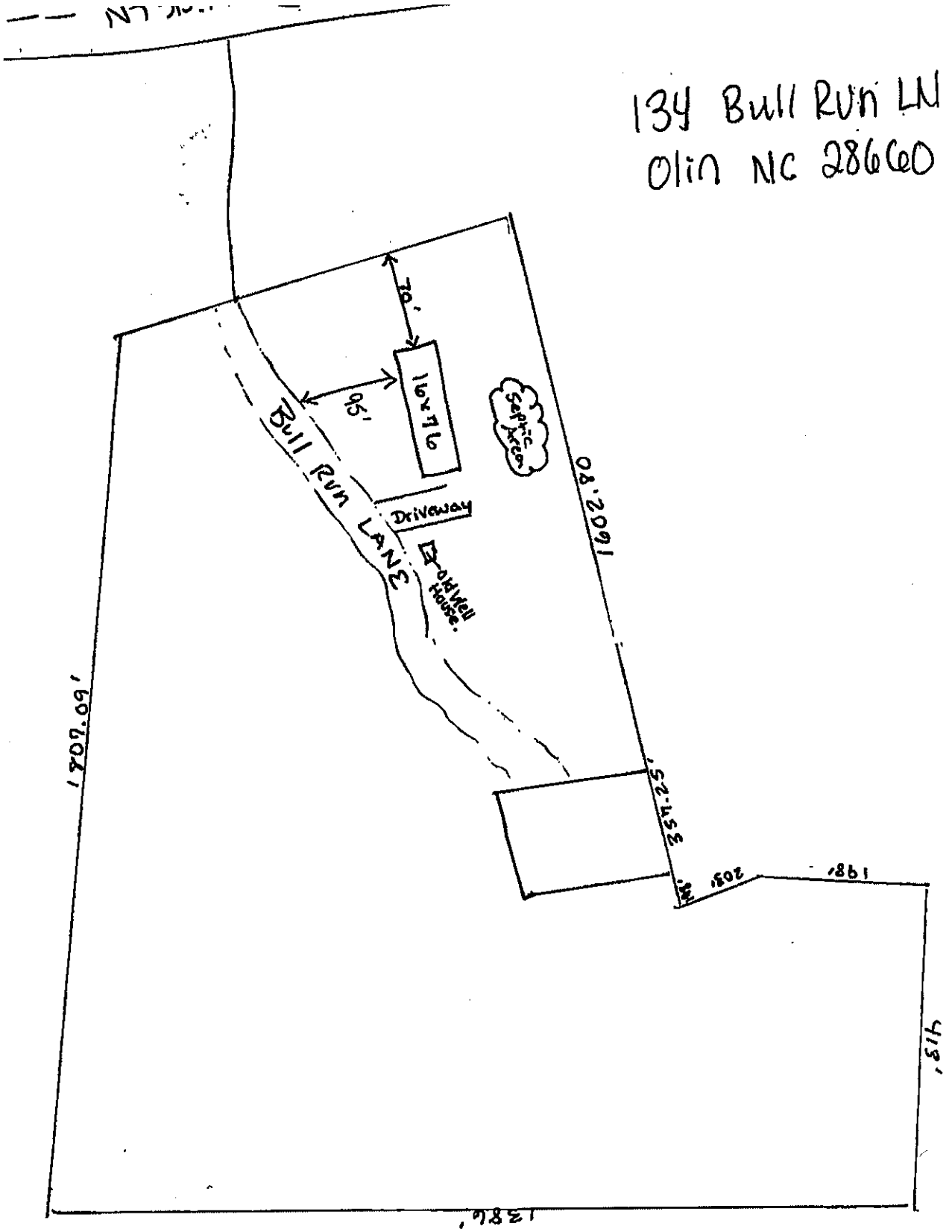
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

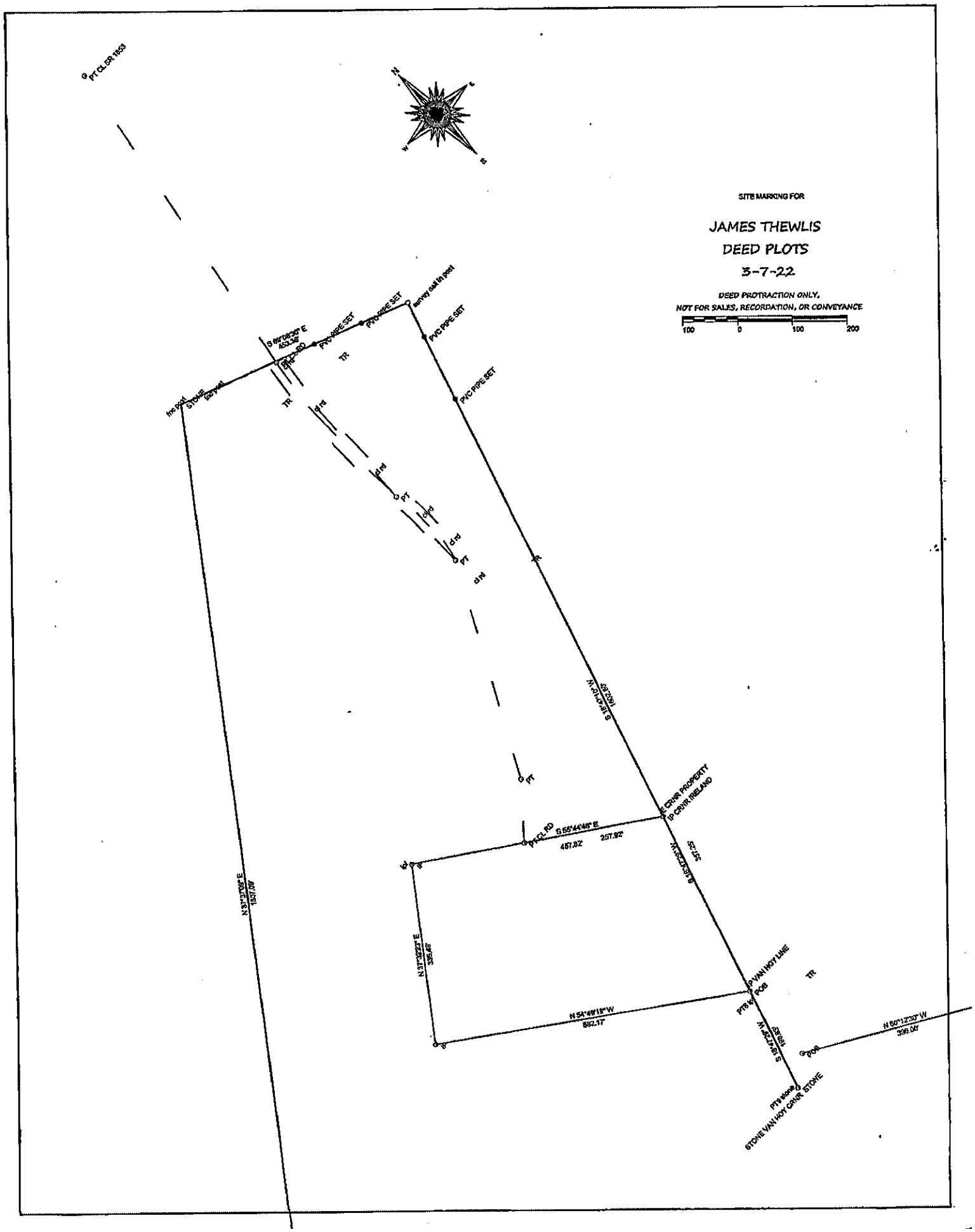
Attached

Signatures: Rivers Mary
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-29-2022
DATE

134 Bull Run LN
Olin NC 28660

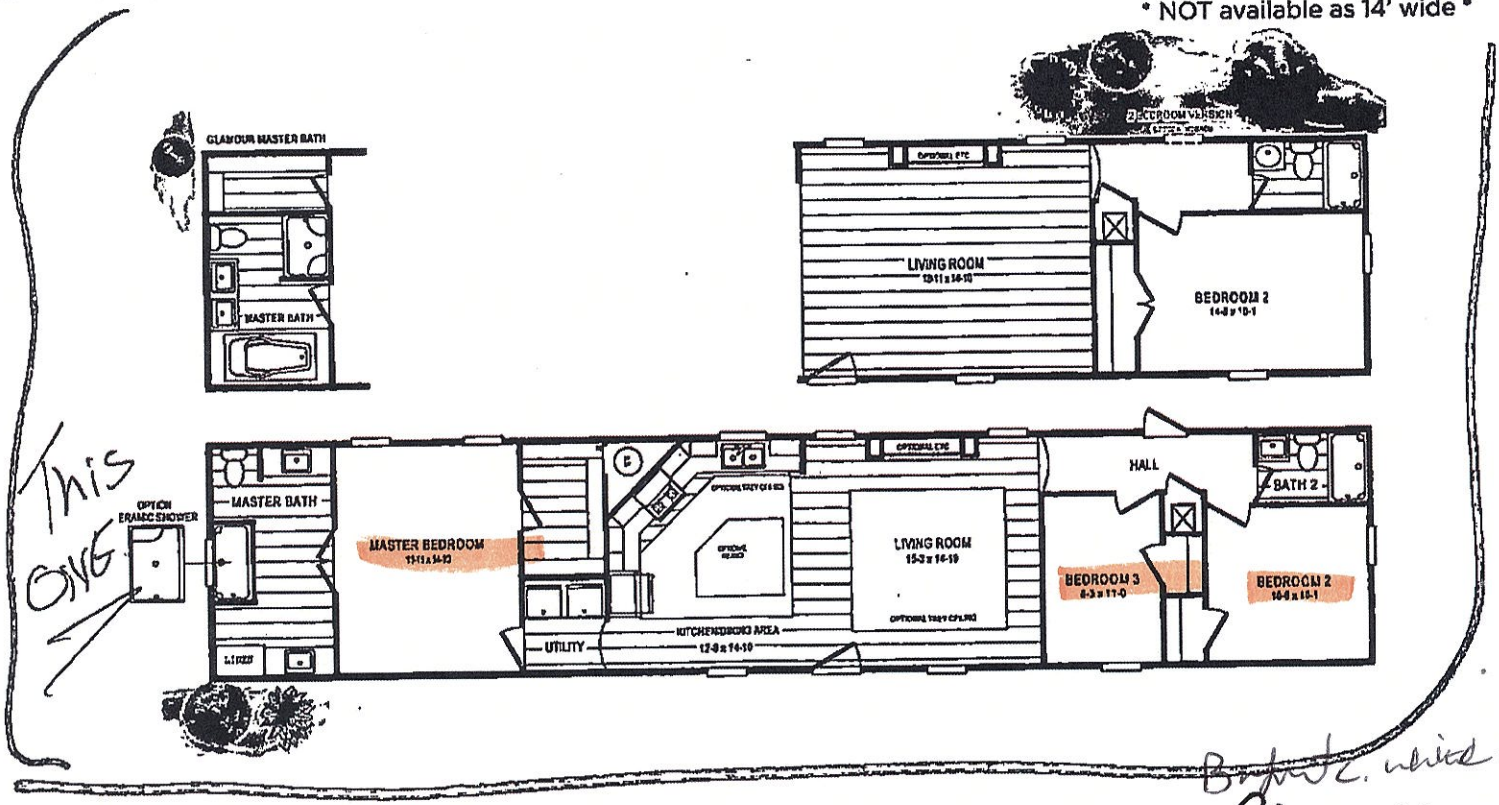



SITE MARKING FOR
JAMES THEWLIS
DEED PLOTS
3-7-22
DEED PROTRACTION ONLY,
NOT FOR SALES, RECORDATION, OR CONVEYANCE
100
0
100
200
PVC PIPE SET
PVC PIPE SET
PVC PIPE SET
survey nail in post
TR
PT
PT
PT
PT
E CRNR PROPERTY
IP CRNR IRELAND
PT CL RD
S 65°44'46" E
457.82
257.92
S 31°32'23" E
1822.69
N 31°32'23" W
1822.69
N 31°32'23" E
1821.89
N 31°32'23" E
395.48
N 54°48'18" W
592.17
PT & IP VAN HOY LINE
PT & POB
TR
N 31°32'23" W
1822.69
POB
N 60°12'30" W
396.00
PT & stone
STONE VAN HOY CRNR STONE

ELITE PLUS

MODEL# : 4054 | 1,178 SQ. FT.
DESCRIPTION : 16x76 | 3 BED 2 BATH

* NOT available as 14' wide *

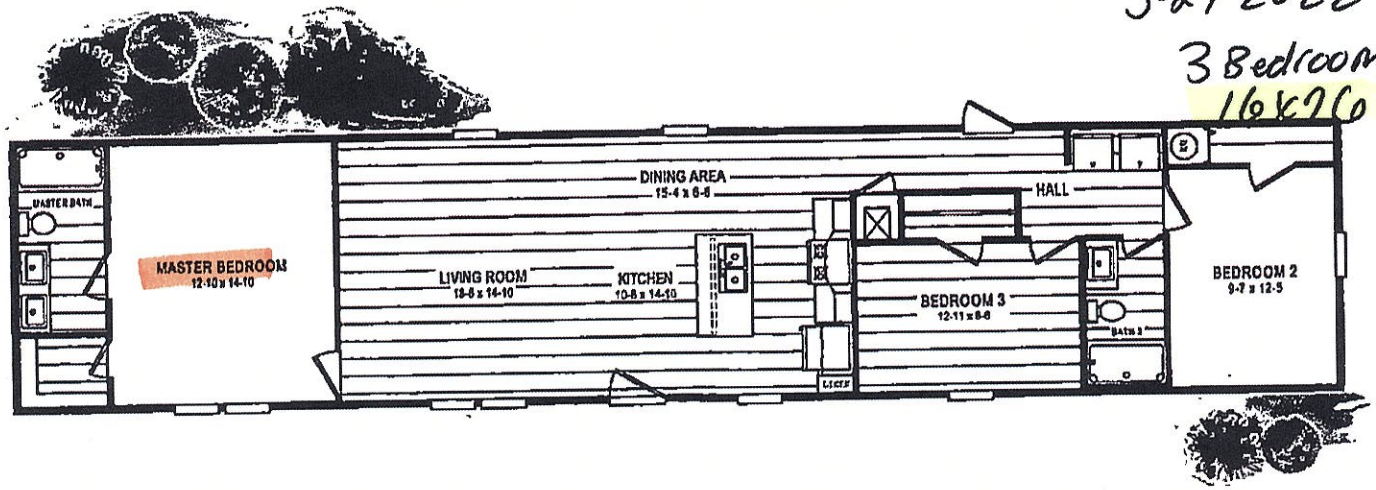


This one

THE CHARLOTTE

Rick Mary 3-29-2022

3 Bedroom 16x76



MODEL# : 4060 | 1,178 SQ. FT. DESCRIPTION : 16x76 | 3 BED 2 BATH

* Also available as 14' wide *

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327086 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4852037285.000	134 BULL RUN LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: THEWLIS JAMES+VICKY FAMILY TR	Name: 1ST CHOICE HOUSING INC
Address:	Address: 119 BEECHNUT LN STATESVILLE, NC 28625
Phone:	Phone: (704)682-3848

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
32.42	35	35	15	15	N/A	NO

Remarks

SW MOBILE HOME

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.

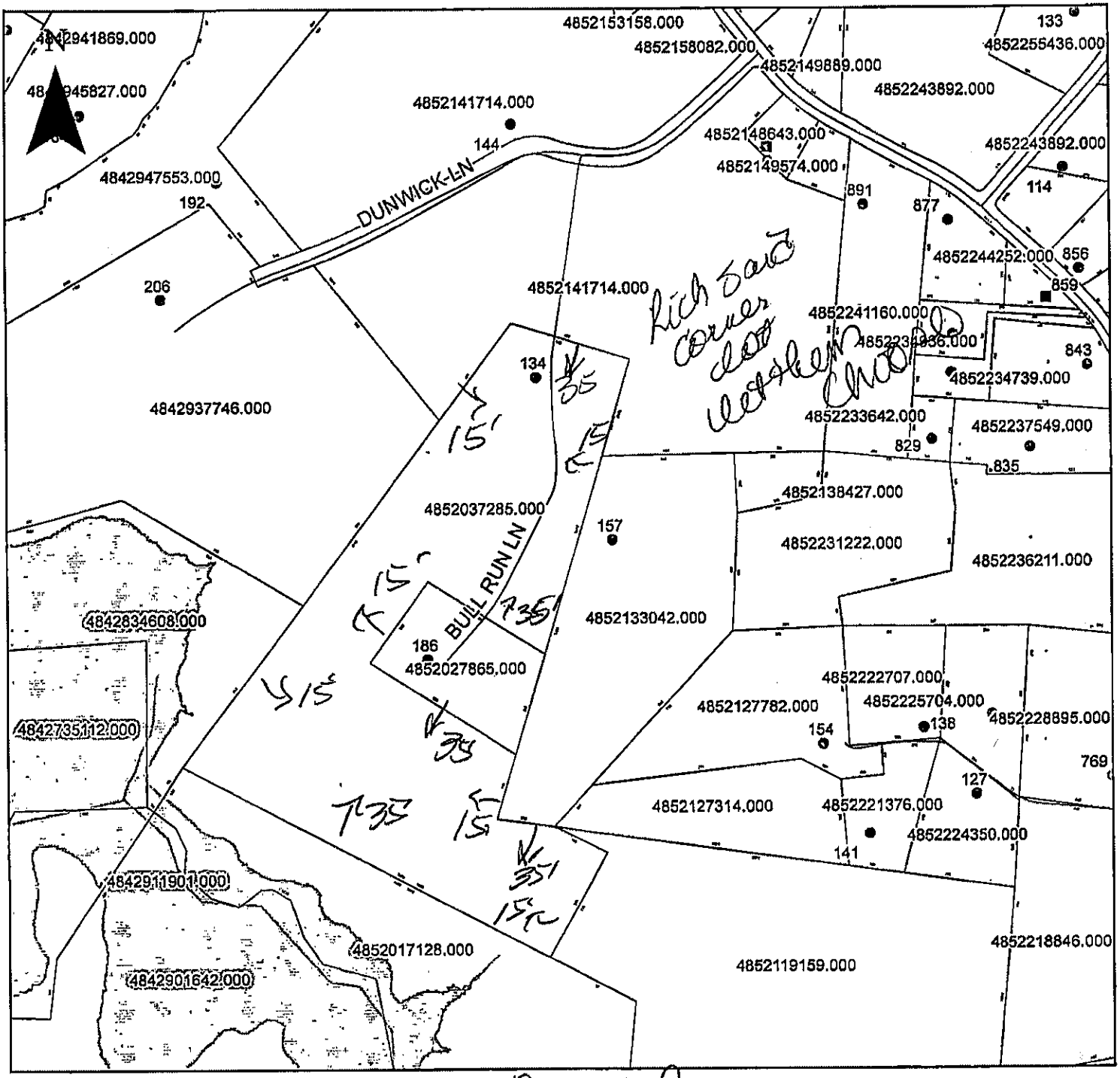
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 03/29/2022

Signature of Owner/Contractor

Permit Number	327086	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 134 Bull Run

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.

Applicant

3-29-22
Date