# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238967

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

PIN # 4853035455

APPLICANT/OWNER: Ronald N. Wyatt APPLICANT ADDRESS: 227 Elliott Drive Troutman NC 28166

SITE ADDRESS: 1403 Union Grove Rd Harmony NC 28634 PHONE: 704-557-5688 ALT. PHONE 704-872-7468.

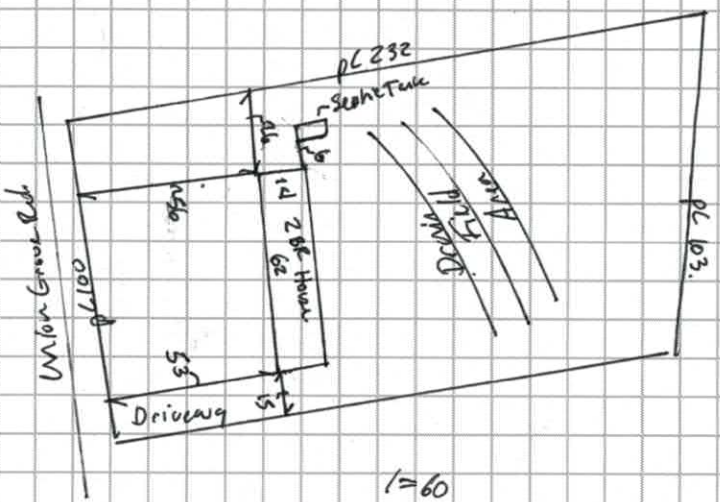
SITE DIRECTIONS: Hwy 901 @ on Union Grove Rd Lot on Right approx .6 miles. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Burlie P Myers SECTION: ~ LOT # 16 LOT AREA: .5 Acres DESIGN FLOW: 240gpd L.T.A.R.: EXT

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXT | (gal) | STB | EXT | Date | EXT | ☐ New System | ☐ Repair | ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence | No. Bedrooms | 2 | Water Supply | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | | | | ☐ Business | No. Persons | 4 | ☐ Private | |
| Pump Make | — | Model | — | | Serial # | — | Repair System Description: | Existing | | | ☐ Other | No. Employees | | ☐ Public | |
| # Nitrification Fields | EXT | # Lines | EXT | | Linear Ft | EXT | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | ☐ Community | |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | | Gravel Depth | EXT | ☒ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions:

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 N. Wyatt Date: 12-19-18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Potter Date: 10/4/18

**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.**

RECEIVED SEP 2 0 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

#238967 Paid $250.00

**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: Ronald N. Wyatt Address: 227 Elliott Dru Troutman Zip: 28166
Applicant Email: Ron.Wyatt@co.iredell.nc.us Phone: (704) 557-5688 Alt. Phone: (704) 872-7468
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 1403 Union Grove Rd. Harmony, N.C. 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 901 @ Union Grove Elementary approx .6 of mile on the right

**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: 2
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
( ) 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 (✓) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: unsure
( ) 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:** Ronald N. Wyatt _____
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*) Ronald N. Wyatt

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, _____, 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.

Ronald N. Wyatt
Signature of Owner(s)

9-20-18
Date

**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

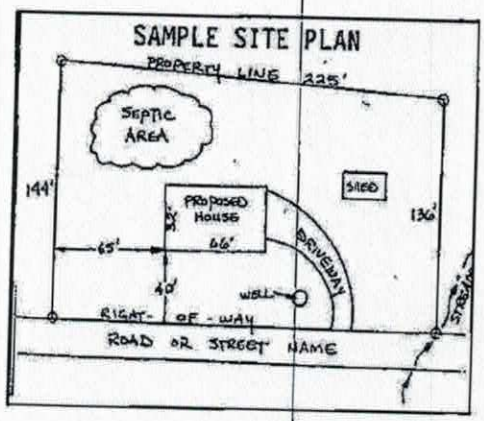
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

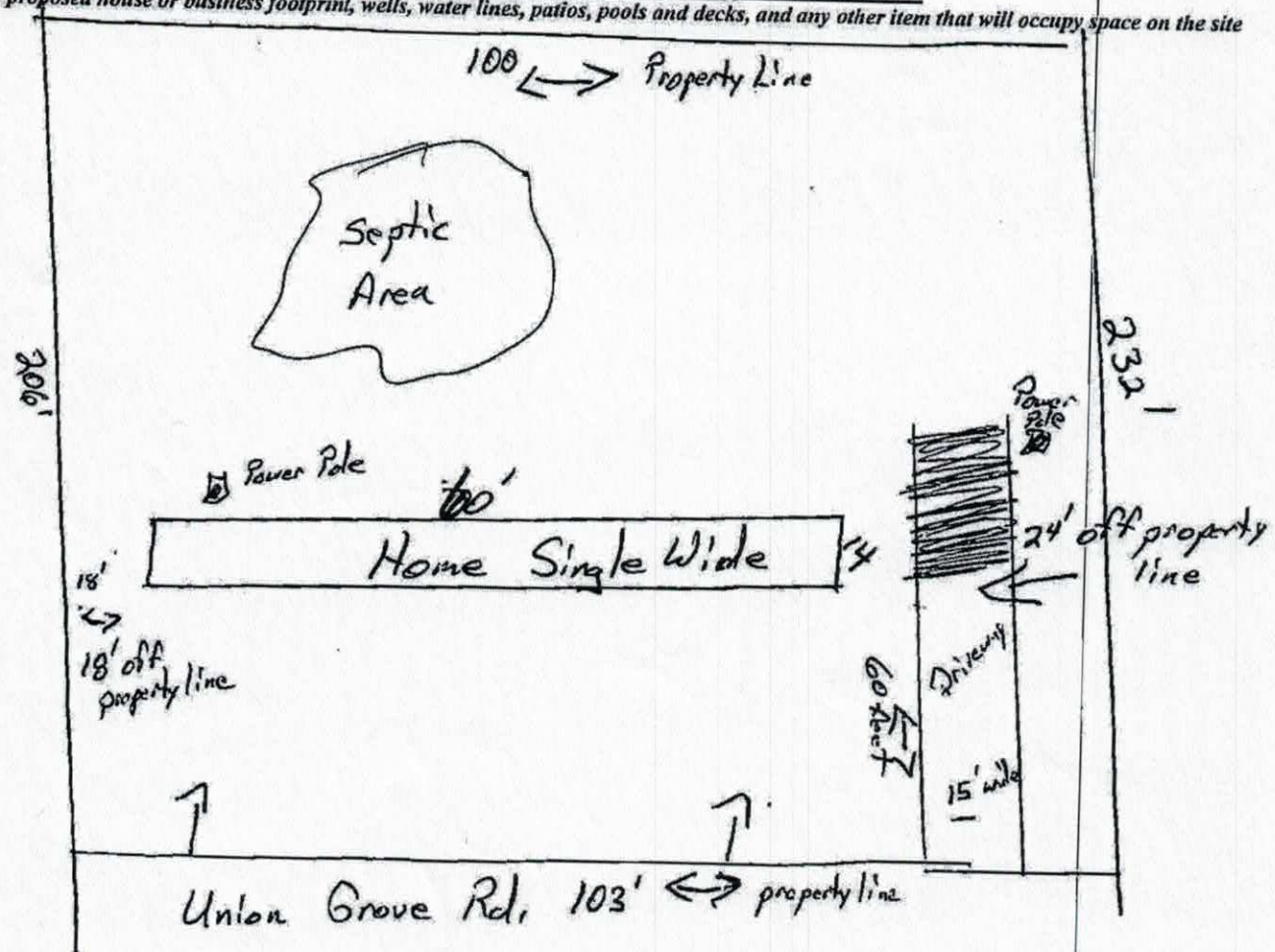



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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***




**Signature:** Ronald N. Wyatt

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

9-20-18
DATE

05966

1

# 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 C. A. CAMPBELL DATE 7-13-87 PERMIT NO.

PHONE: Business Home

LOCATION I-77 N-T.L. on Hwy 901-T.R. on this Shiloh Church Rd. across from Shiloh School-½ mile on R.

S. R. No.

SUBDIVISION NAME LOT NO. 16 SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 100'x200'

Character & Porosity of Soil Sandy - Suitable.

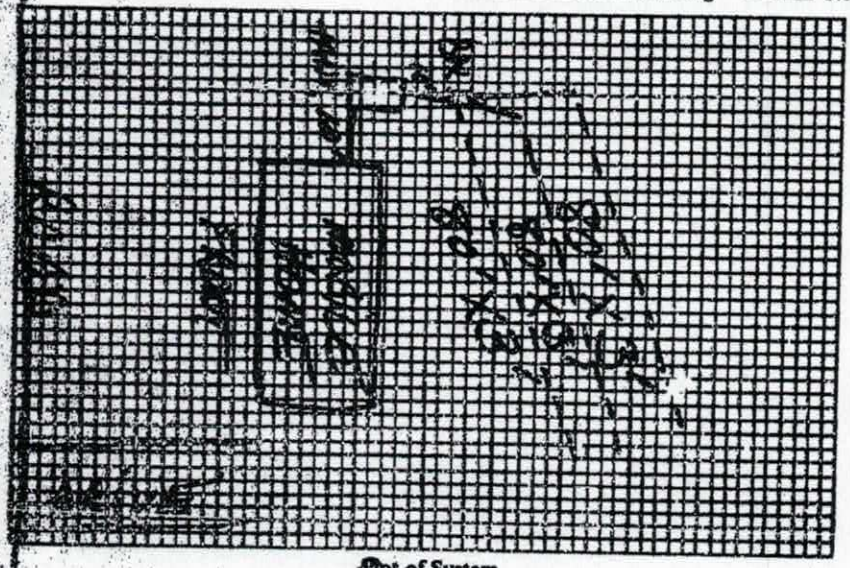
Percolation Rate 5 min/in.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 210 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by C. A. Campbell

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-13-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

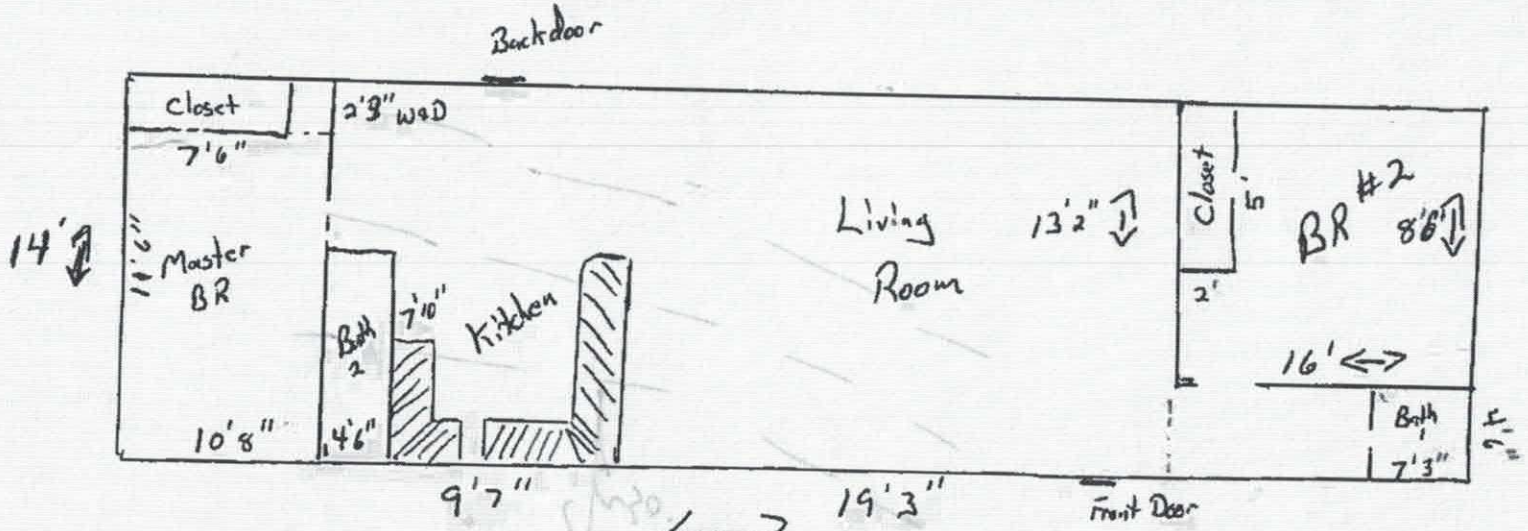
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

Acknowledgement Of
Plans Submittal ONLY!

Date 10/4/18

Date 12/19/18




Master BR · 11'6" x 10'8"
add closet 2'3" x 7'6"

BR #2 · 16' x 8'2"
with closet 2' x 5'2"

Living Room · 19'3" x 13'

Kitchen · 9'7" x 13'9"

Bath #1 4'6" x 7'3"

Bath #2 4'6" x 7'10"

1403 Union Grove Rd

Ron Wyatt

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 238967 |
| Issue Date: 09/20/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4853035455.000 | 1403 UNION GROVE, HARMONY, NC 28634 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: WYATT AMANDA MARIE LE | Applicant: WYATT RONALD N |
| Address: 1836 | Address: 227 ELLIOTT DR |
| IREDELL CO, NC 28625 | TROUTMAN, NC 28166 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| MOBILE HOME REPLACE | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .500 | 35.00 | 35.00 | 15.00 | 15.00 | | X |

**Remarks:**

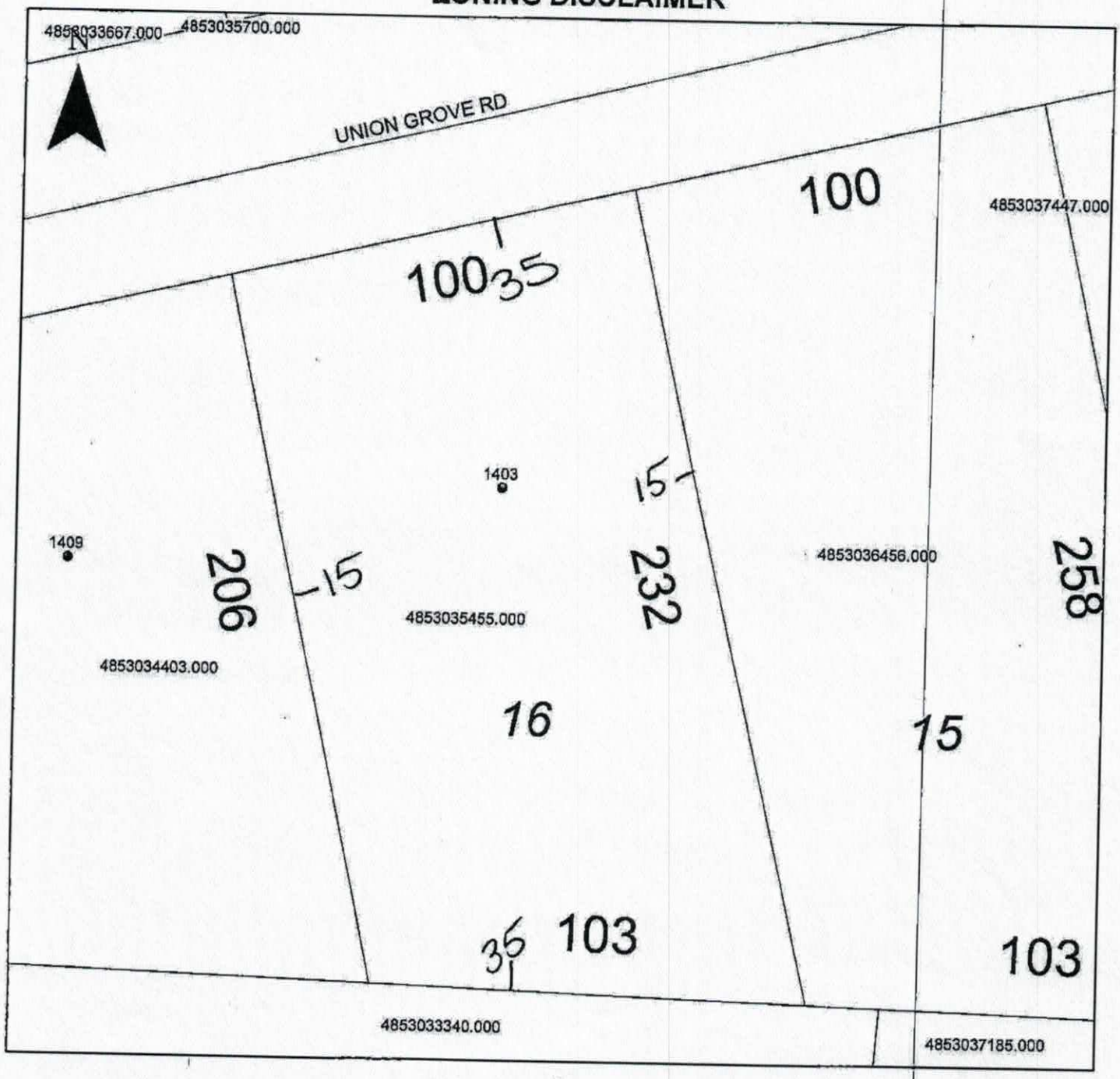
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances 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.

Applicant: _____ Date: _____

| Permit Number | 153127 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 1403 Union Grove

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 Rachel N. Wyatt
Applicant

X 9-20-18
Date