IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 233072

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

PIN # 4872189110

APPLICANT/OWNER: Gregg Stevenson. APPLICANT ADDRESS: 363 Troy Mill RD Hamptonville NC 27020

SITE ADDRESS: 363 Troy Mill RD Hamptonville NC 27020 PHONE: ALT. PHONE

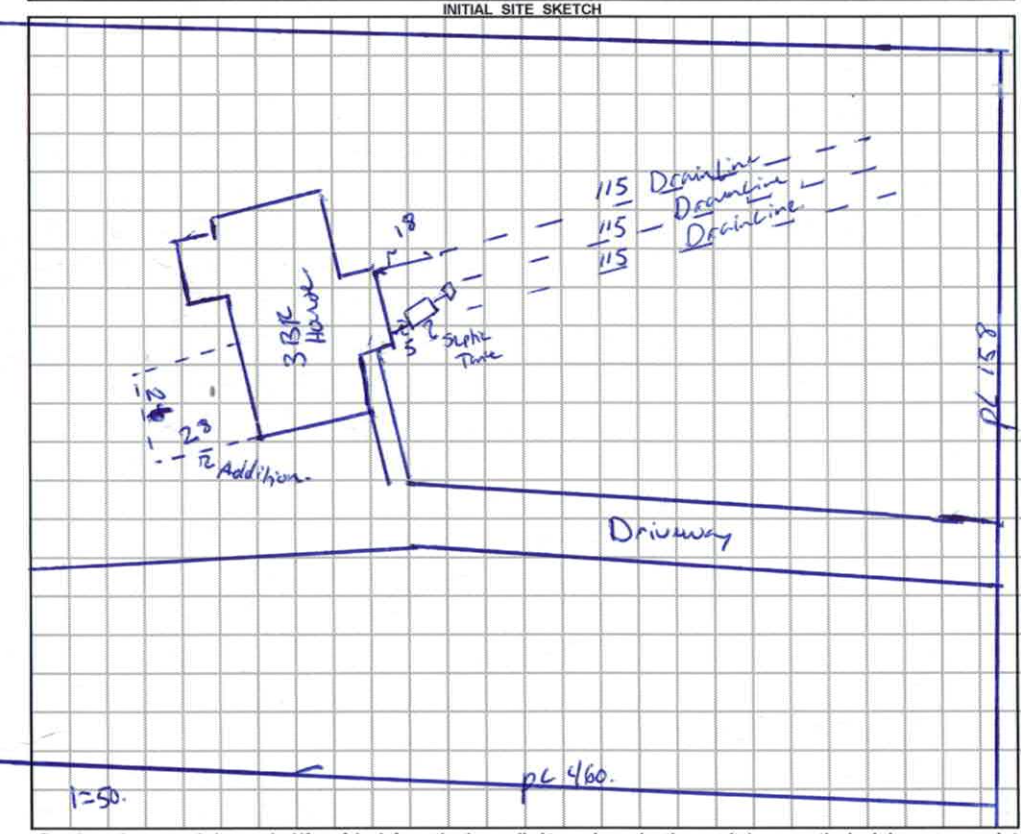
SITE DIRECTIONS: Exit 65 to 901 Left on Eagle Mill RD Right Hastings Mill RD Left on Troy Mill RD Sixth on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.: EXT

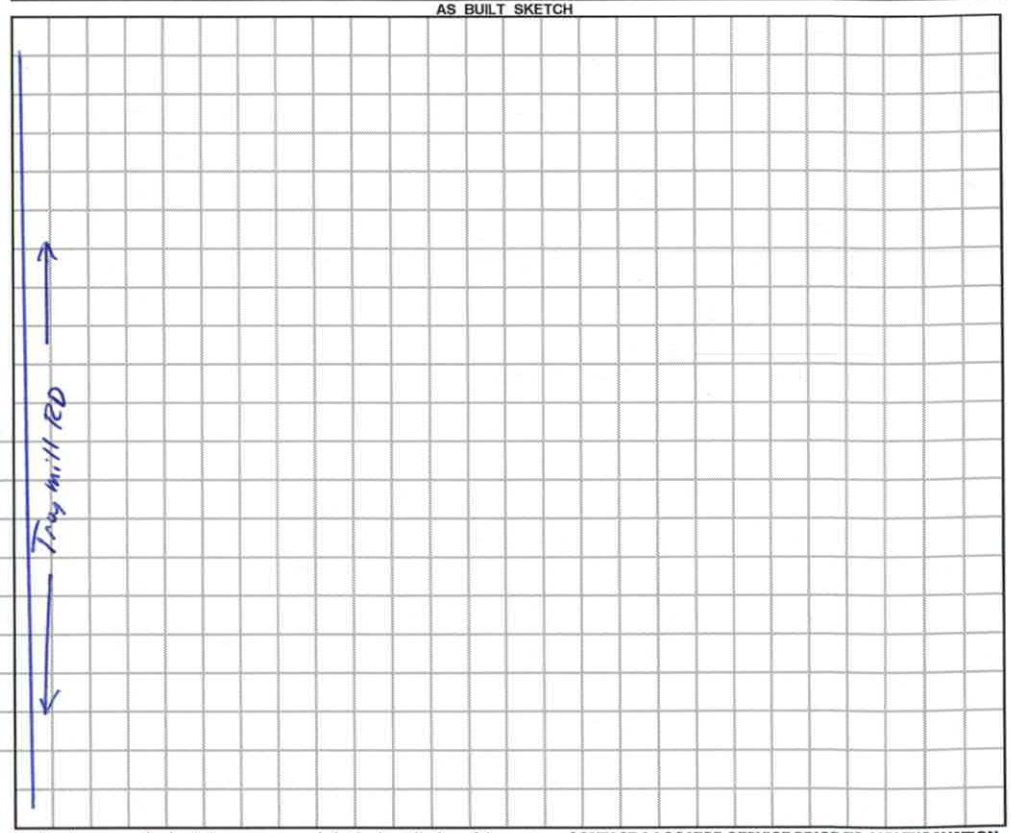
Septic Tank	EXT 1000	(gal)	STB ~	Date ~	☐ New System	☐ Repair	☐ Expansion	System Type: I ☒ II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	~	(gal)	PT ~	Date ~	System Description: Existing				☐ Business	No. Persons 6	☒ Private
Pump Make	~	Model ~		Serial # ~	Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 345	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: 28 x 24 Addition to back of home not effecting Septic or Design Flow.

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: Gregg Stevenson Date: 3/12/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bolton Date: 5/26/2018

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.

2330?2

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: Cragg Stevenson Address: 363 Troy Mill Rd Hamptonville NC Zip: 27020
Applicant Email: _____ Phone: 704-~~539~~-902-2434 Alt. Phone: 704-539-4372
Owner Name: Cragg Stevenson Address: 363 Troy Mill Rd Hamptonville NC Zip: 27020
Owner Email: _____ Phone: 704-902-2434 Alt. Phone: 704-539-4372

Property Information:

Street Address: 363 Troy Mill Rd Hamptonville NC 27020
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply* GS

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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

(X) 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: 6
( ) 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 (X) 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: Cragg Stevenson 1-19-30
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Cosgrove Stevenson, am the legal owner(s) of the property located at 363 Troutmill Rd Hamptonville NC 27020, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	1-30-18		

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

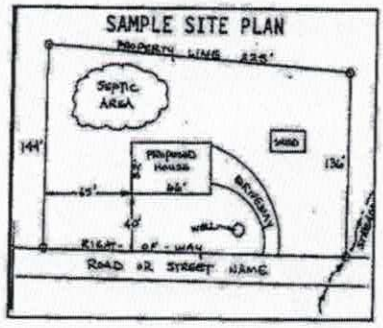
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

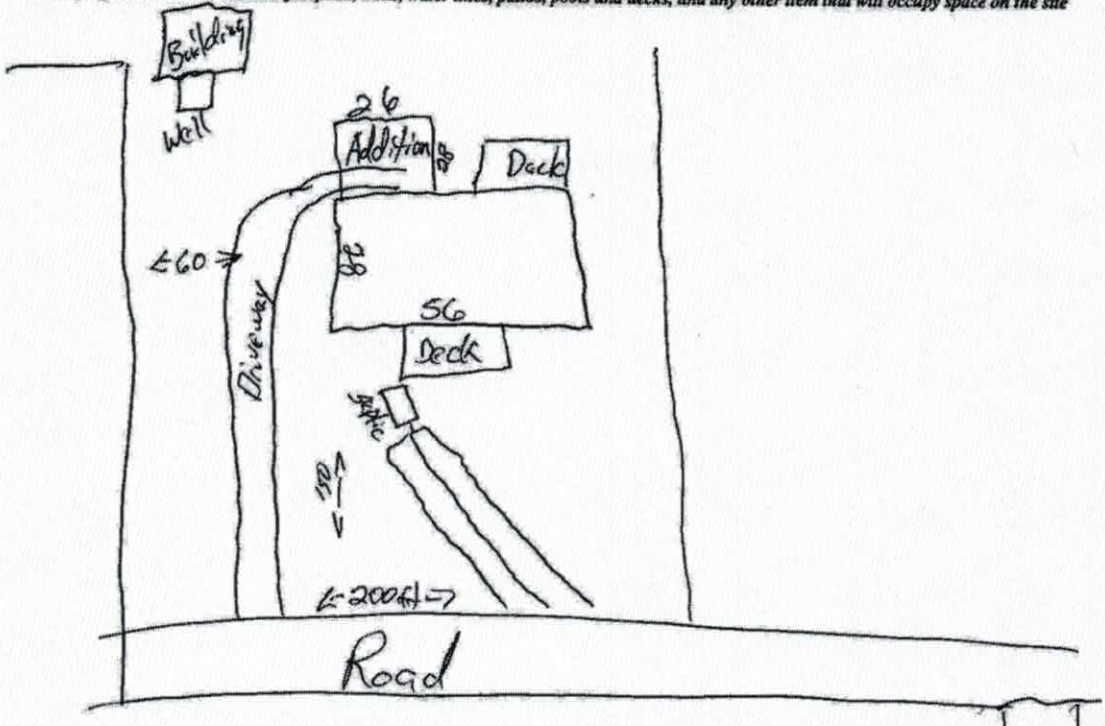


Circle N/A on the following if appropriate:

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



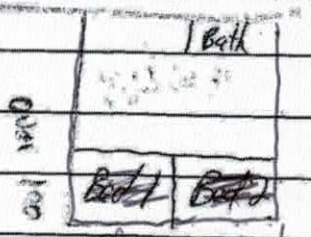
Signature: Gregg Stinson

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

1-30-18

DATE

NOTES



Office Study

Acknowledgement Of
Plans Submittal ONLY!

Date 3/12/2018

Date 3/12/2018.

16/18

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR GREGG A. STEVENSON DATE 5/3/93 PERMIT NO. 17K-A-15

PHONE: Business _____ Home _____

LOCATION I-77 N, TR NC 901 E, TL EAGLE MILL ROAD, TR HOUSTONVILLE ROAD, TL TROY MILL ROAD, ON (L) JUST BEFORE DARE ROAD S.R. No. 1831

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

House ☐ Mobile Home ☑ S/W Business ☐ Other PLANNED FOR FUTURE 3BR

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~10 ACRES

Soil Characteristics PS

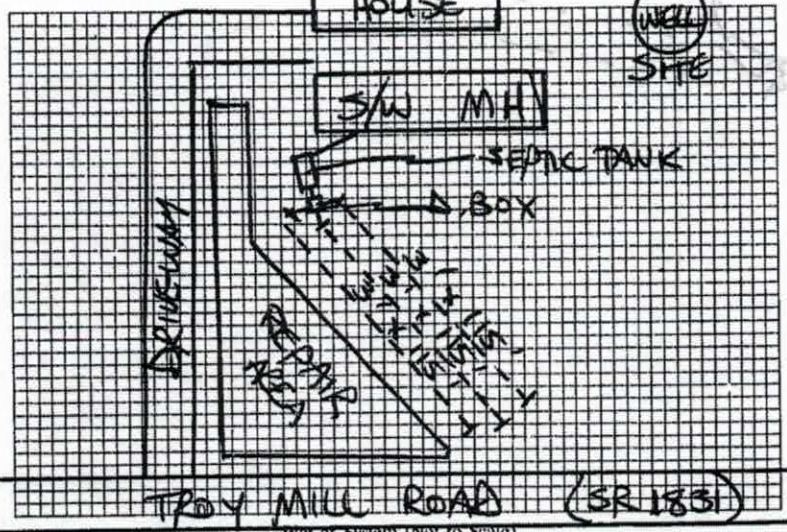
Application Rate 0.35 GPD/FT²

Topography 4-6%

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing FUTURE HOUSE _____ Basement without Plumbing POTENTIAL _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

TP

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by TOMMY FRYE

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR IS 100% CONV. GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/3/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

DARE ROAD

IREDELL COUNTY

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

APPLICATION NUMBER
233072
Issue Date: 01/30/2018

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4872189110.000	363 TROY MILL ROAD, HAMPTONVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STEVENSON GREGORY ALAN	Applicant: STEVENSON GREGORY ALAN
Address: P O BOX 1 HARMONY, NC 28634	Address: P O BOX 1 HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
ADDING 2 BEDROOMS 1 BATH PLAYROOM	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

PAID
500 cash
77.25 debit
MH 1/30

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.

See Attached

Applicant: _____ Date: _____

Permit Number	127122	TOTAL FEES:	$ 77.25