IREDELL COUNTY HEALTH DEPARTMENT

BB

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

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

PERMIT # 240442

PIN # 4624244627

APPLICANT/OWNER: Donald Lismon APPLICANT ADDRESS: PO Box 78825 Charlotte NC

SITE ADDRESS: 160 Yellow Jacket Cir Mooresville NC 28117 PHONE: 704 906-8290 ALT. PHONE 704846-2478

SITE DIRECTIONS: Brawley School S to Second intersection of Yellow Jacket, Turn R

SUBDIVISION: CL&T SECTION: 6 LOT # 414 LOT AREA: 0.69 Acre

SAP CONTROLLED: Existing ☐ YES ☐ NO

DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	X's	# Lines		Linear Ft	
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth	

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

System Description: X's + 1 ea

Repair System Description:

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms Ex

☐ Business No. Persons Ex

☐ Other No. Employees

☒ Slab ☐ Crawl Space

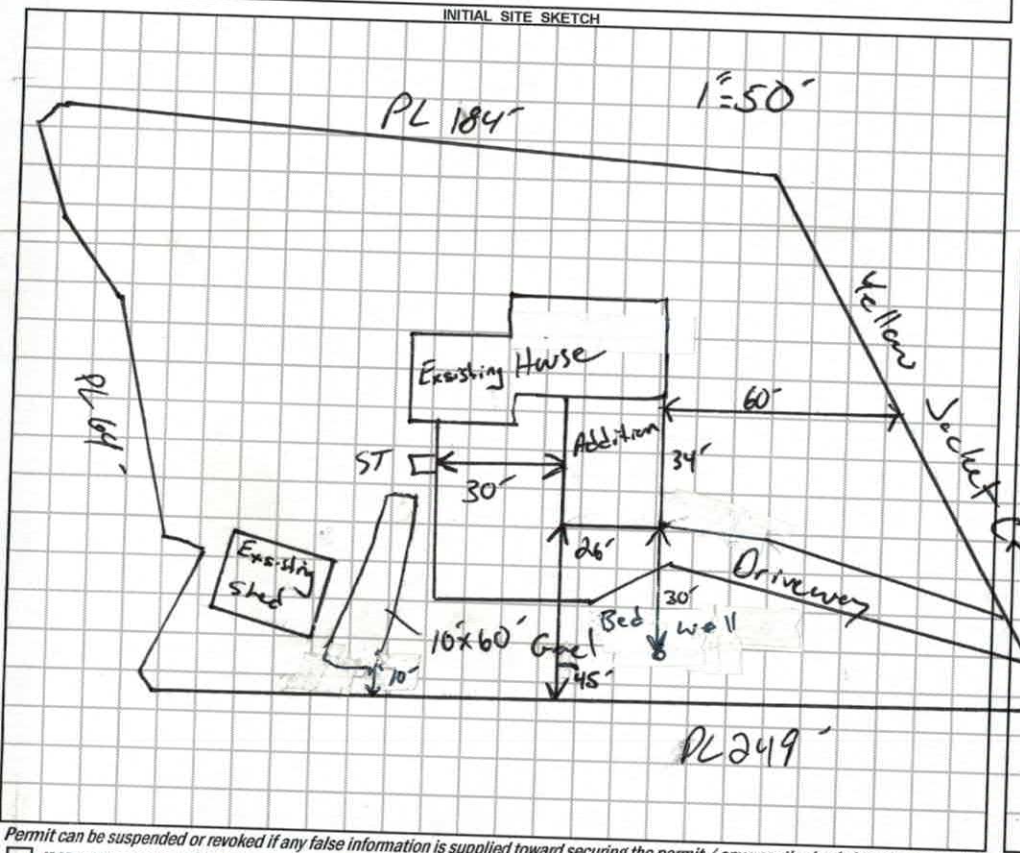
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System was functioning Properly at time of inspection

Well is 70' from Existing Septic

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: Donald Lismon Date: 1/16/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 1-7-19

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.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: (X) 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: DONALD L. LISMAN Address: PO BOX 78825, CHARLOTTE NC Zip: 28271
Applicant Email: donlisman1@gmail.com Phone: 704 906 8290 Alt. Phone: 704 846 2478
Owner Name: DONALD L & MARILYN LISMAN Address: PO BOX 78825 CHARLOTTE NC Zip: 28271
Owner Email: donlisman1@gmail.com Phone: 704 906 8290 Alt. Phone: 704 846 2478

Property Information:

Street Address: 160 YELLOW JACKET CIRCLE, MOORESVILLE NC 28117
Subdivision Name: CRESCENT LAND & TIMBER SECT 6 Section/Phase: _____ Lot Number: 414
Driving Directions: BRAWLEY SCHOOL ROAD SOUTH TO SECOND INTERSECTION OF YELLOW JACKET CIRCLE, TURN RIGHT, PROPERTY IS FIRST DRIVEWAY 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: 4
Maximum Number of Occupants: 7
( ) Swimming Pool
(X) Other Addition/Structure: ADDITION
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
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: NOT SURE
( ) 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 (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: _____ 4/19/18
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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Donald L Lemon

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.

Donald L Lemon
Signature of Owner(s)

11/20/18
Date

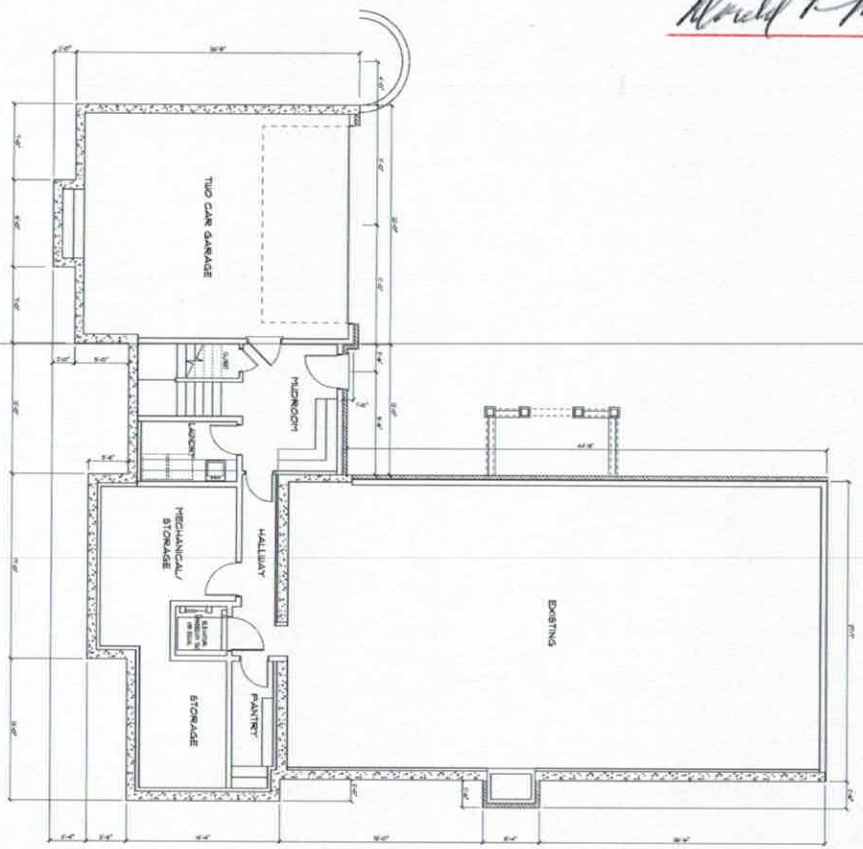
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Date 1-7-18

Date 1/16/19



FIRST FLOOR PLAN

PROJECT:
THE LISMAN RESIDENCE
160 YELLOW JACKET CIRCLE
MOORESVILLE, NC 28117

© COPYRIGHT 2018

DRAWN BY:
ELIAS LEACH
DATE:
12/30/2018
REVISED:

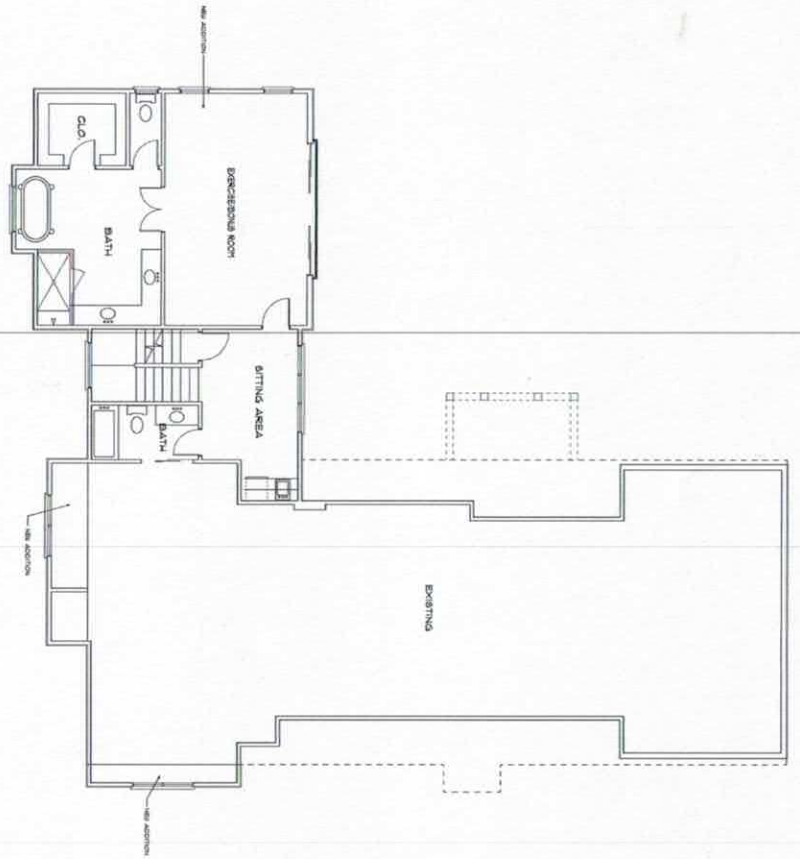
SHEET
____
OF
____

ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-1258

Acknowledgement Of
Plans Submittal ONLY!

Date 1-7-18

Date 1/16/19



SECOND FLOOR

SCALE: 1/4" = 1'-0"

SHEET	
OF	
DRAWN BY:	ELIAS LEACH
DATE:	12/30/2018
REVISED:	

PROJECT:

THE LISMAN RESIDENCE

160 YELLOW JACKET CIRCLE
MOORESVILLE, NC 28117

© COPYRIGHT 2018

ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-2098

IREDELL COUNTY

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

APPLICATION NUMBER
240442
Issue Date: 11/20/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4624244627.000	160 YELLOW JACKET CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LISMAN DONALD L+MARILYN M	Applicant: LISMAN DONALD L+MARILY
Address: 160 YELLOW JACKET CR	Address: 160 YELLOW JACKET CR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDITION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	15.00	15.00	CACL	AE

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	159549	TOTAL FEES:	$ 77.25