HJS

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP312788

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

PIN # 4624357497

APPLICANT/OWNER: Melissa Dumbrigue | APPLICANT ADDRESS: 257 Gainswood Dr Mooresville NC 28117

SITE ADDRESS: 257 Gainswood Dr Mooresville NC 28117 | PHONE: 704-277-7804 | ALT. PHONE 704-307-8760

SITE DIRECTIONS: Brawley School Rd to L on Gainswood Dr, Lot on R | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Clandt | SECTION: 6 | LOT # 494 | LOT AREA: 0.65 acres | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	[ ] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI
Pump Tank	(gal)	PT		Date		System Description:	LPPPBPS
Pump Make		Model		Serial #		Repair System Description:	LPPPBPS and Drip
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:	[X] YES [ ] NO
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth			[ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

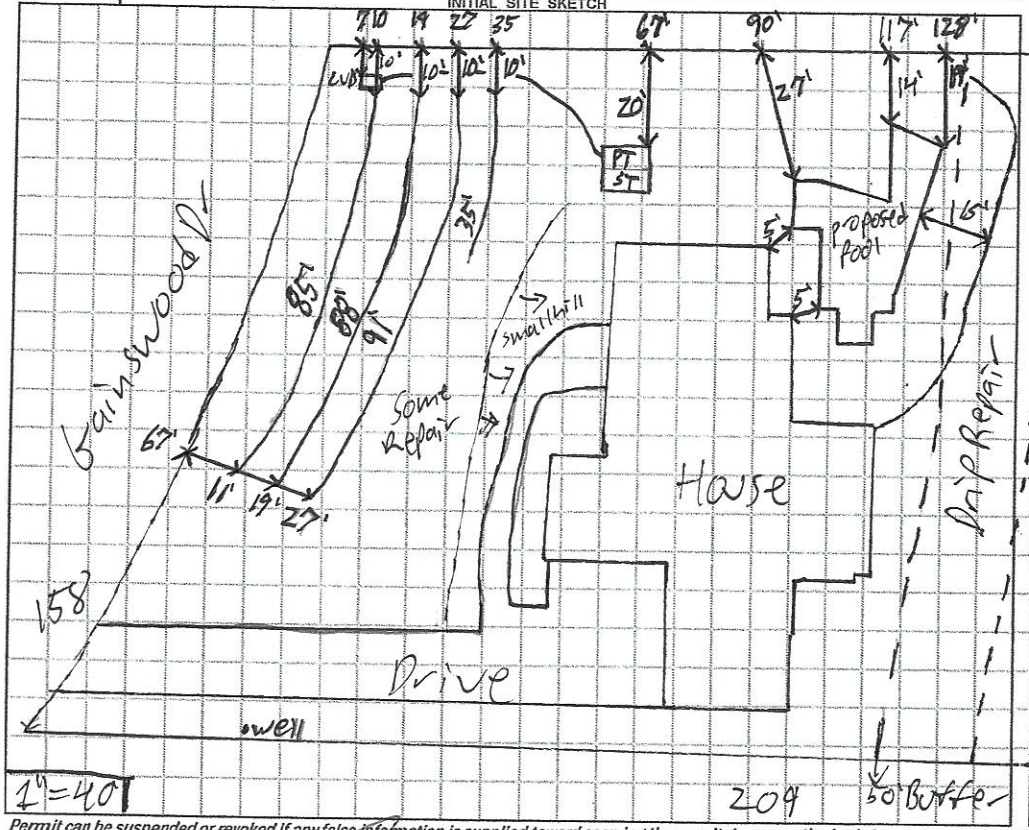
No. Bedrooms: Existing | No. Persons: Existing | No. Employees: | [X] Crawl Space

[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

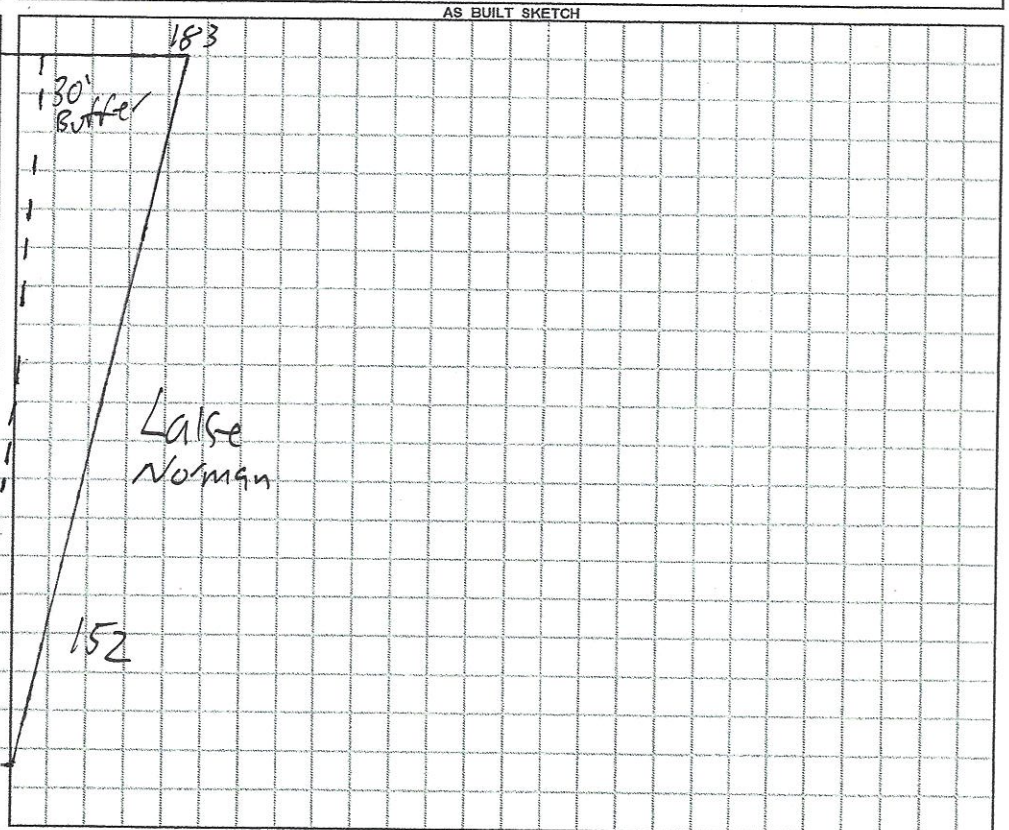
Comments / Conditions: Any part of septic must be 15' off waters edge of pool. The purpose of this permit is to show the new pool being installed

INITIAL SITE SKETCH



1" = 40'

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: 1/13/21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Patrick J Doyle III Date: 1/8/2021

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 inspection time.

RECEIVED NOV 2 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-312788

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $250.00

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: ( ) 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: Melissa Dumbrigue Address: 257 Gainswood Drive Zip: 28117
Applicant Email: melissadumbrigue@yahoo.com Phone: 704-277-7804 Alt. Phone: 704-307-8760
Owner Name: Jason & Melissa Dumbrigue Address: 257 Gainswood Drive Zip: 28117
Owner Email: same as above Phone: same as above Alt. Phone: _____

Property Information:

Street Address: 257 Gainswood Drive Mooresville, NC
Subdivision Name: Crescent Ls T Section/Phase: 6 Lot Number: 494
Driving Directions: Brawley School Rd, Left on second Gainswood, house on 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: 4
Maximum Number of Occupants: 5
(X) 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: [redacted] 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 (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: _____
( ) 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.

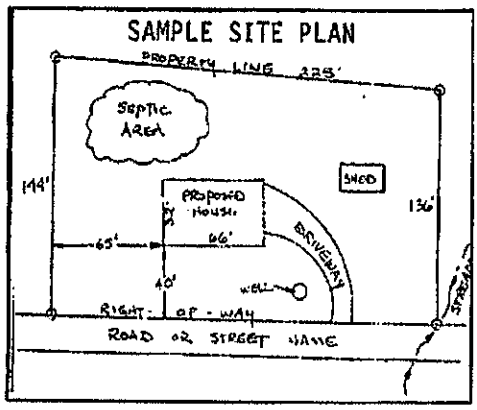
Signature: _____ 11/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) 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 attached 3 pages

Signature: _____

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

01/19/2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 2152-21

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

PIN # 4692135 7497

APPLICANT: Melissa & Jason Dunbrique APPLICANT ADDRESS: 257 Gainsboro Mooresville, NC 28117

SITE ADDRESS: 257 Gainsboro, Troutman 28117 PHONE: ALT. PHONE: 704 277 7804

SITE DIRECTIONS: Brawley School Rd TL 2nd Gainsboro on right

SUBDIVISION: Lisa SECTION: Lot LOT # 4904 LOT AREA: 3.65 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank 1000 (gal) STB 1012 Date 11-15-17
Pump Tank 1000 (gal) PT PT-17 Date 2-13-18
Pump Make Model Serial #
Rejection Fields 1 # Lines 4 Linear Ft: 240 ft
Trench Width min. 24" Max. Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (N) V VI
System Description: LPP PPBP3
Repair System Description: LPP PPBP3 & TS Drip
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☒ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

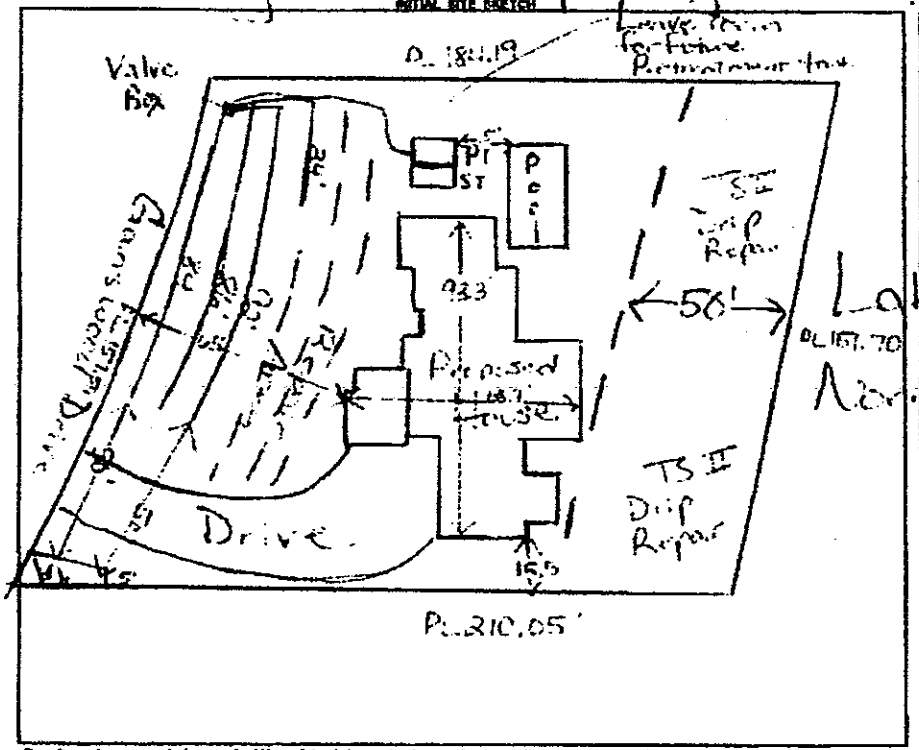
Comments / Conditions: 40" TB width 12" under pipe IS. (See Email from Tim Johnson 12-1-15)

Note: Existing ST should be "properly" Abandoned

* Must abandon existing well prior to issuance of Authorization to Construct

Well abandonment completed 5/31/2017 SRP

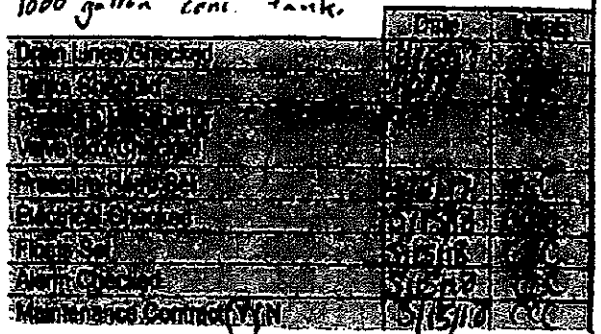
INITIAL SITE SKETCH

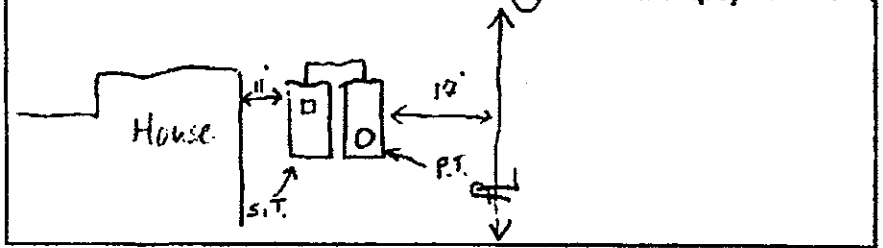


AS BUILT SKETCH

Scale 1.50

4/2/18: m.d. seam conc 1000-gal Taylorsville Precast w/a EF-4 Effluent F. Her
Top seam 1000 gallon conc. tank.





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 LICENSED ENGINEER PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plan 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 mos.

Owner / Applicant Signature: Date: 7/18/16 Installed by: Precision Excavation / Shane Cashion

IMPROVEMENT PERMIT by: RS Date: 7/9/16 OPERATION PERMIT by: Carla C. Cole Date: 5/15/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/1/2017 Existing System Inspected by: Date:

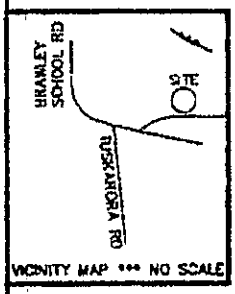
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

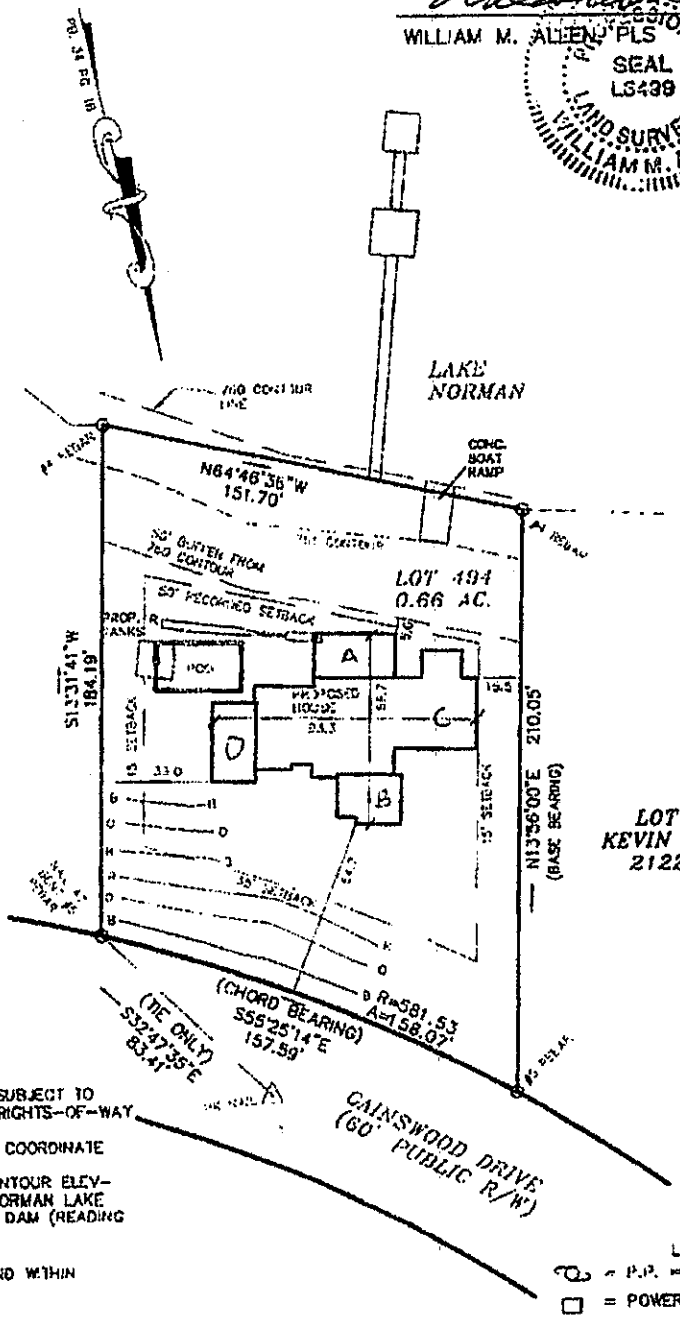
DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
131 Crosslake Park Drive – Suite 102 • Mooresville • NC • 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2398, page 1719, and/or plat book 34, page 18, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 1 day of JUNE, A.D. 20 16

WILLIAM M. ALLEN, PLS
SEAL
L-4439
PROFESSIONAL
LAND SURVEYOR
WILLIAM M. ALLEN





NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 780' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 11\16\2015.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

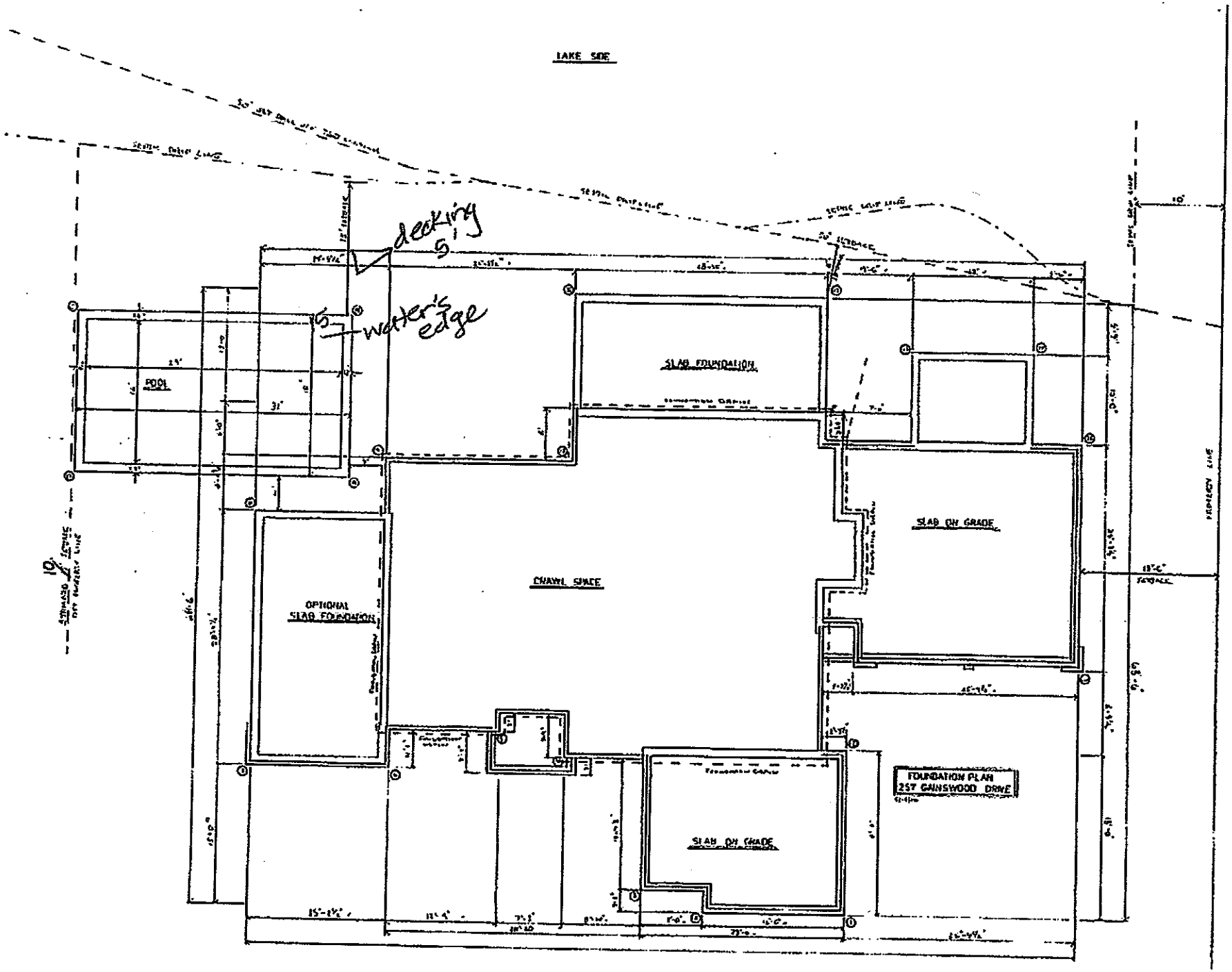
OF
257 GAINSWOOD DRIVE
LOT 494 CRESCENT LAND & TIMBER CORP., SECT. 6

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: MELISSA & JASON DUMBRIGUE

FIELD BOOK: 5001
FILE: CLT 494 SA
DC FILE:
TAX MAP NO: 4624357497

PLEASE NOTE:
- Rear screen porch, two garages will not have foundation drains b/c they are slabs (marked A, B, C to the left)
- Master wing also can have slab, thus no drain if needed. (marked D to the left


LAKE SIDE
decking
5'
water's edge
5'
SLAB FOUNDATION
POOL
SLAB ON GRADE
CRAWL SPACE
OPTIONAL SLAB FOUNDATION
SLAB ON GRADE
FOUNDATION PLAN
257 GAINSWOOD DRIVE

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*) _____

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.

_____ _____
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 · NC

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

APPLICATION NUMBER
312788
Issue Date: 11/19/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624357497.000	257 GAINSWOOD DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: DUMBRIGUE JASON A+MELISSA Q	Name: DUMBRIGUE JASON A+MELISSA Q
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.65	35	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

INGROUND CONCRETE POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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: 11/19/2020

Signature of Owner/Contractor

Permit Number	312788	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool X

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
dwelling

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 3

Please describe project (Details, Purpose, or Use): backyard pool and patio

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Melissa & Jason Dumbrigue Phone # 704-277-7804

Owner's Current Address 257 Gainswood Drive Mooresville, NC 28117

Property Information

Property Address 257 Gainswood Dr. Parcel # 4624357497 Lot 494 CLS T, Section 6

Subdivision: Crescent L&T Lot: 494 Zoning: ____ Watershed: Y / N Flood Plain: Y / (N) Township: ____

Directions to property (from a MAIN ROAD) Brawley School Rd, Turn L on second Gainswood. Property on right.

Application Information

Applicant's Name or Company Melissa Dumbrigue Applicant's Phone # ~~use property owner~~ 704-277-7804

Applicant's Address 257 Gainswood Drive Mooresville, NC 28117

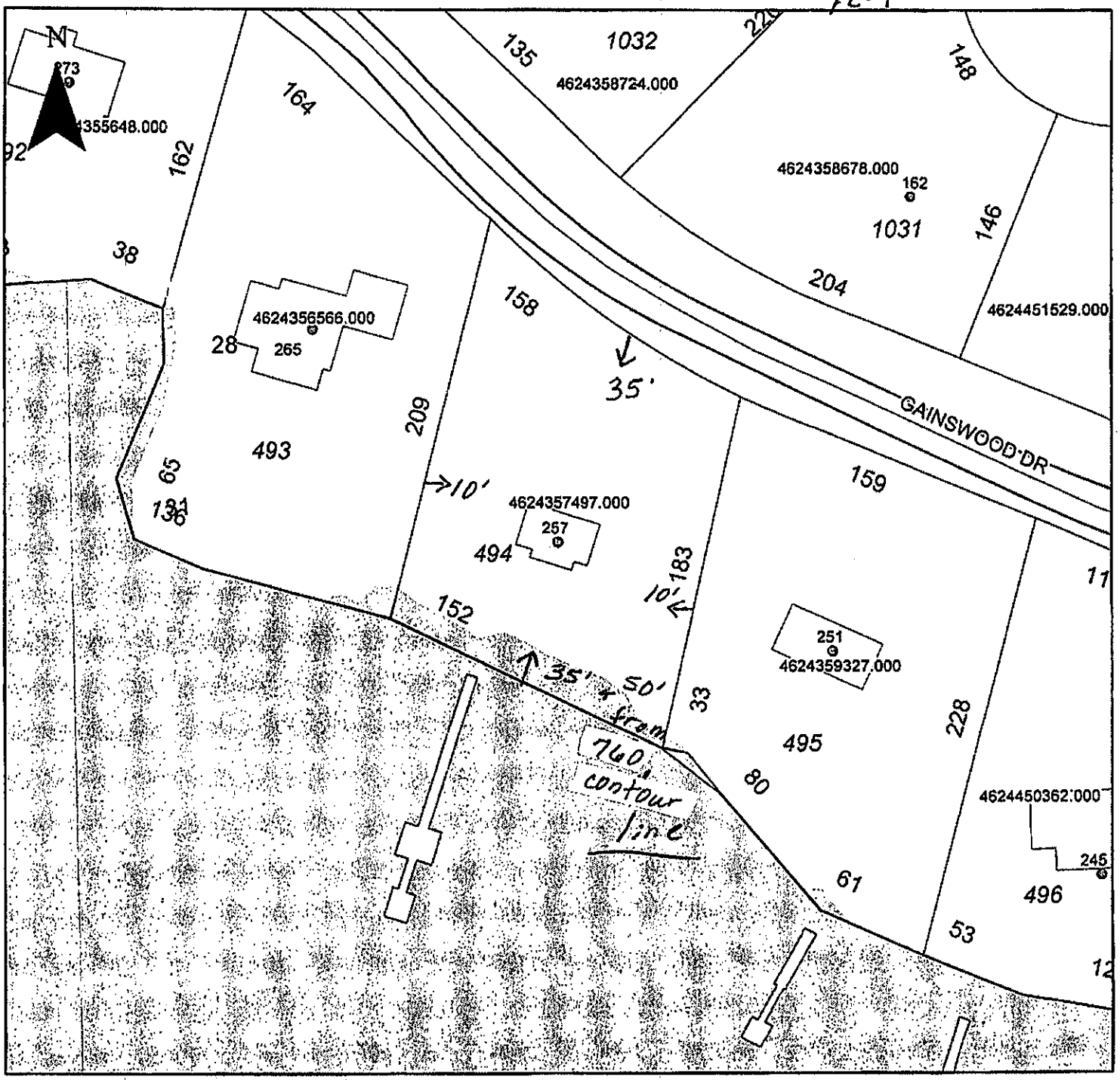
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 11/18/2020

R-20
WS IV CA C/LN
FL-Y

ZONING DISCLAIMER



Property Address 257 Gainswood Dr.

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

11/19/2020
Date