ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

AP

PERMIT # 304413

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

PIN # 4624462264

APPLICANT/OWNER: John Wolff

APPLICANT ADDRESS: 193 Gainswood Drive Mooresville, NC 28117

SITE ADDRESS: 193 Gainswood Mooresville, NC 28117

PHONE: 925997-2454

ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Gainswood on left (lakeside)

SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: CL&TJ

SECTION: 6 LOT # 505 LOT AREA: 1.04 Acre

DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank	Exist (gal)	STB	Date		
Pump Tank	Exist (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields		# Lines	Existing	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: Existing 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

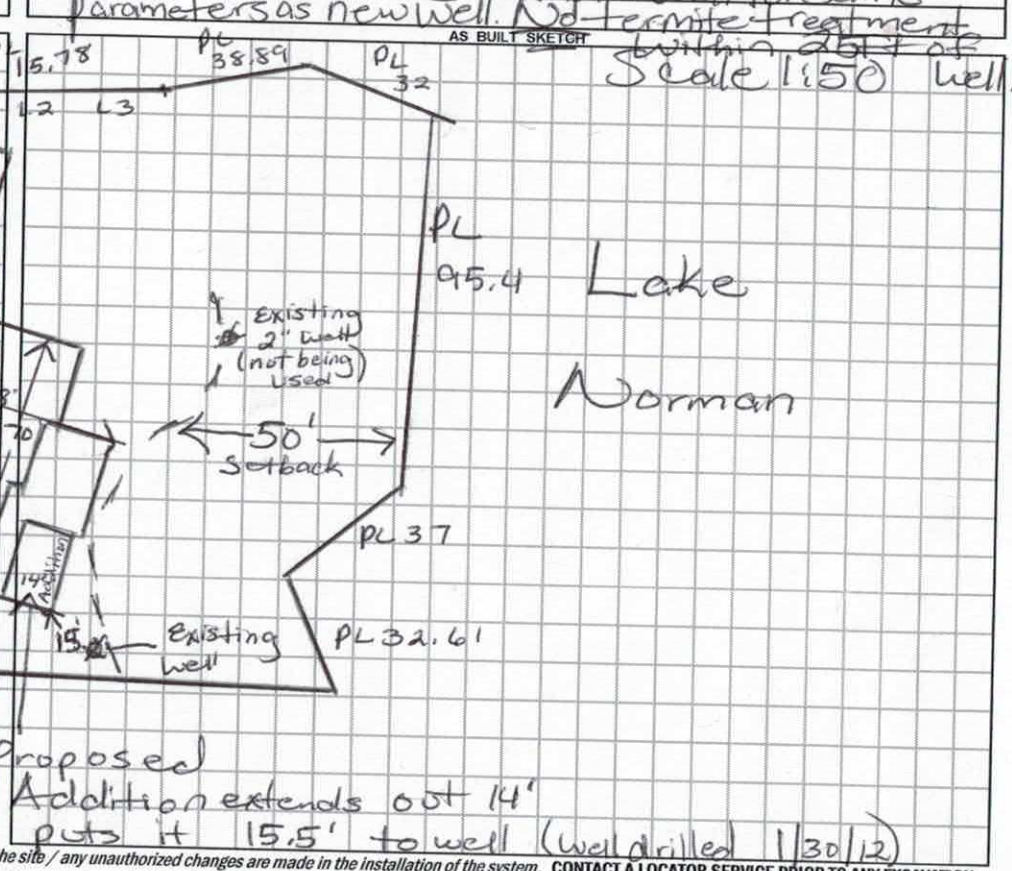
Comments / Conditions: Existing Septic System appears to be functioning ok at time of inspection.

★ Must follow requirements of well variance, Sample well for same parameters as new well. No termite treatment within 25' of well.

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: John Wolff Date: 2/17/20

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Maria Olson Date: 2/17/2020

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 JAN 2 4 2020

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

Paid $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#304413

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

For Well Variance

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: Nancy & John Wolff **Address:** 193 Gainswood Drive Mooresville, NC **Zip:** 28117
Applicant Email: jdwolff81@gmail.com **Phone:** 925-997-2454 **Alt. Phone:**
Owner Name: Nancy & John Wolff **Address:** ~ Same as above ~ **Zip:**
Owner Email: jdwolff81@gmail.com **Phone:** **Alt. Phone:**

Property Information:

Street Address: 193 Gainswood Drive Mooresville, NC 28117
Subdivision Name: **Section/Phase:** 6 **Lot Number:** 505
Driving Directions: Brawley School Rd, then left on Gainswood

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition * upgrading Master BR
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) 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: 2981 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: John Wolff 1-23-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

jdwolff81@gmail.com

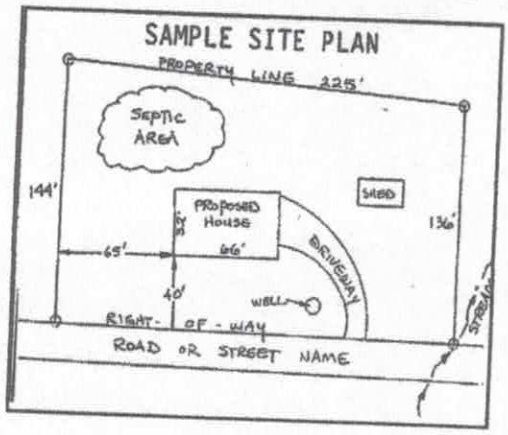
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



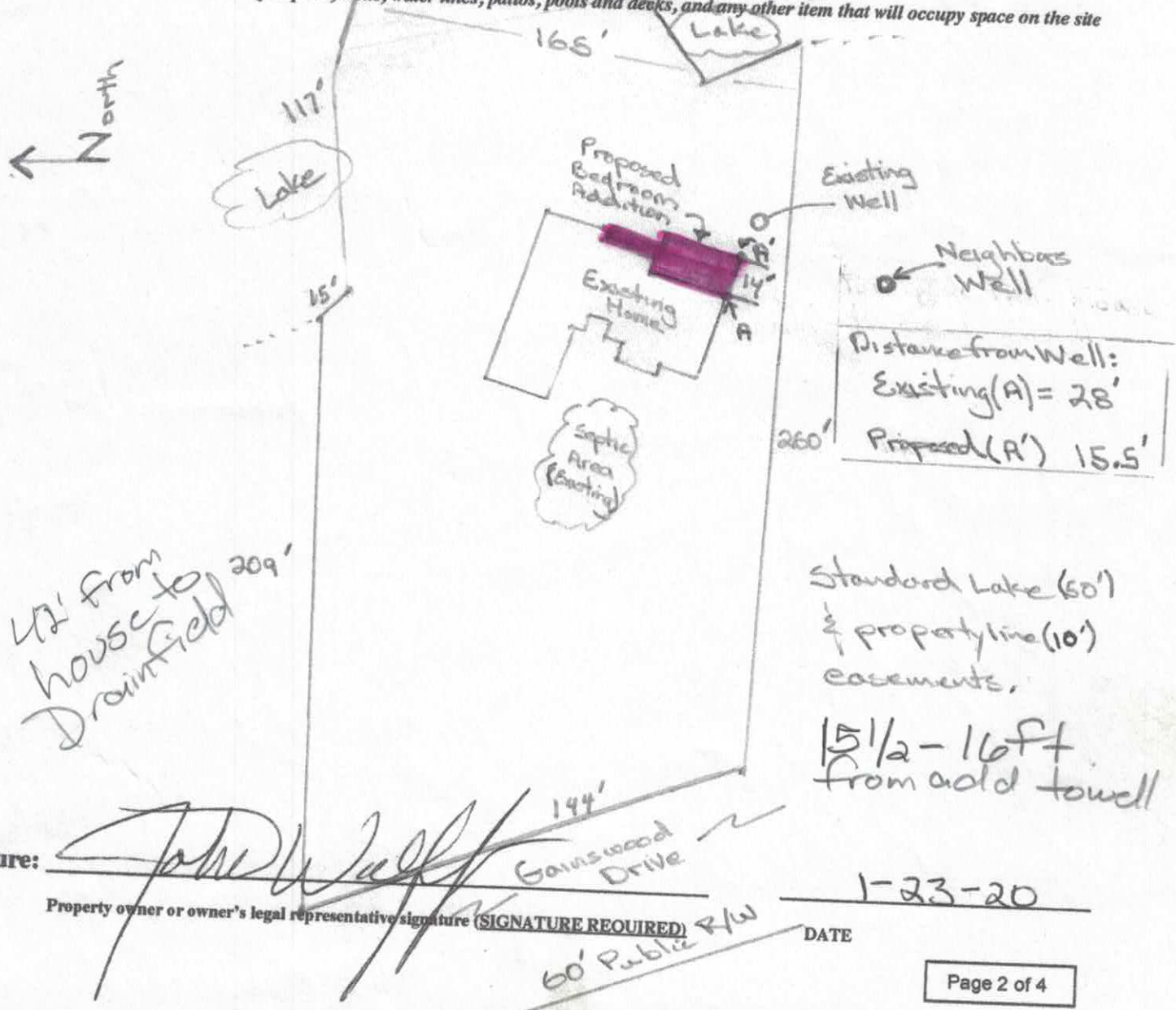
Circle N/A on the following if appropriate:

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

See neighbors well location

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: John W Wolff

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

1-23-20

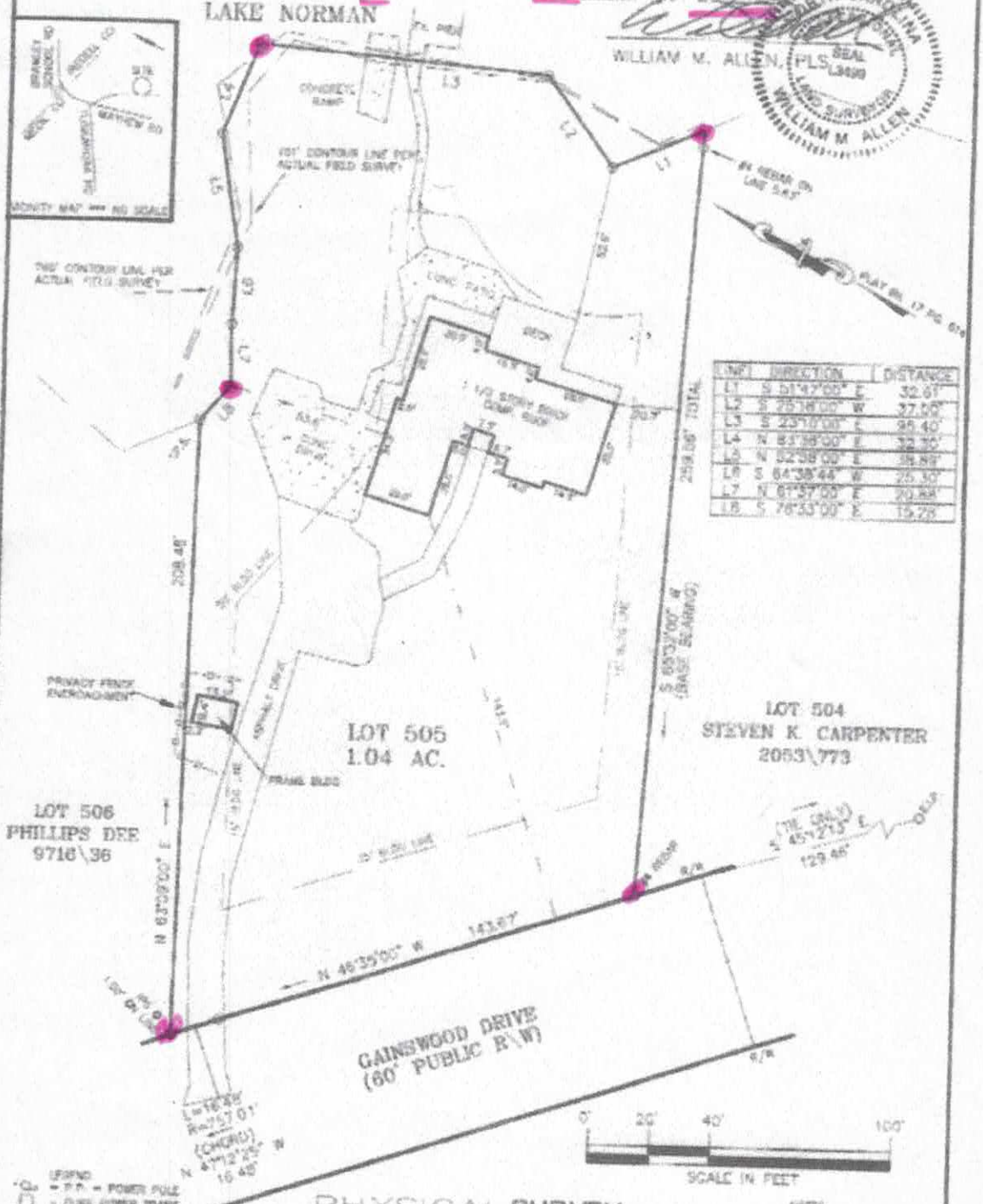
DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
111-D Raceway Drive • 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 2103, page 967, and/or plat book 34, page 16, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47-30, my hand and seal on the 3RD day of MAY, A.D. 20 17.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA SEAL L3699 LAND SURVEYOR WILLIAM M ALLEN



LINE	DIRECTION	DISTANCE
L1	S 51°42'00" E	32.61'
L2	S 25°36'00" W	37.00'
L3	S 23°10'00" E	38.40'
L4	N 83°38'00" E	32.70'
L5	N 52°58'00" E	38.89'
L6	S 64°38'44" W	25.30'
L7	N 61°57'00" E	20.88'
L8	S 76°33'00" E	15.28'

LEGEND
"PP" = POWER POLE
= DUKE POWER TRANS.
= EXISTING #4 REBAR
(#4) = #4 REBAR SET
R/W = RIGHT-OF-WAY
= WELL

SCALE 1" = 40'

ACQUIRED BY: GRADY JEFFREY & GAIL GRIFFITH SHOE

PHYSICAL SURVEY

OF

193 GAINSWOOD DR.

LOT 505 CRESCENT LAND & TIMBER CORP., SEC. 6

DAVIDSON TWSP., IREDELL CO., N.C.

NOTES:
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

FIELD BOOK: 909A
REF: DLT 1651 525
DC FILE:
TAX MAP NO: 4624462264

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304413 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624462264.000	193 GAINSWOOD DR	Iredell County

Owner Information	Applicant Information
Name: WOLFF NANCY D+JOHN D Address: Phone:	Name: WOLFF NANCY D+JOHN D Address: Phone:

Use Requested	Zone Code
Addition	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
ADDING ON TO MASTER BEDROOM

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.

Signature of Owner/Contractor

Date: 01/24/2020

Permit Number	304413

TOTAL FEES:	$77.25