IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215167

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

PIN # 4624-89-6486

APPLICANT: Brooks Henderson APPLICANT ADDRESS: P.O. Box 1409 Cornelius, NC 28031

SITE ADDRESS: 260 Yacht Rd. - Mooresville, NC 28115 PHONE: 704-201-1429 ALT. PHONE:

SITE DIRECTIONS: I-77 toward Lake Norman → Left on Yacht Rd → House on Right

SUBDIVISION: Yacht Harbour SECTION: — LOT # 2 LOT AREA: 0.477 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.3 (existing)

Septic Tank 1000 (gal) STB 794 Date 4/16/97

Pump Tank EXISTING (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 4 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: Existing - Gravity to chambers

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

☐ Slab ☒ Crawl Space

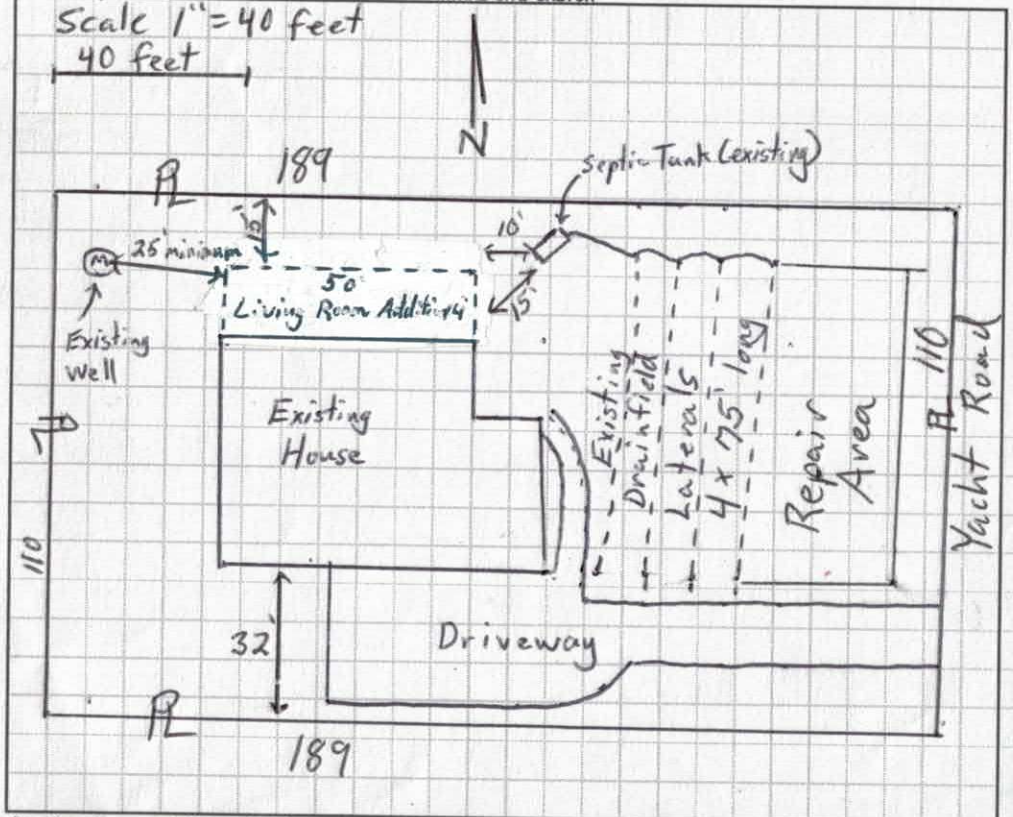
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: At time of inspection, it was noted that at least 4 house downspout drains were directed toward the sevage disposal system. It is strongly recommended that these be re-directed away from the septic system to avoid malfunction.

Recommend pumping septic tank every 3-5 years.

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: [signature] Date: 4/12/16 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: [signature] Date: 12-31-15

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

RECEIVED NOV 3 0 2015

Paid $250.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

#215167

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Brooks Henderson	P.O. Box 1409 Cornelius, NC 28031	704-201-1429	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mike Robinson	260 Yacht Rd. Mooresville		828-226-0623
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

260 Yacht Rd.	Yacht Harbor	2
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77S, Rt on Brawley School Rd., Left on Yacht Rd. house on Right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(✓) Other Family Room addition

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ 11/30/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified... **X All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

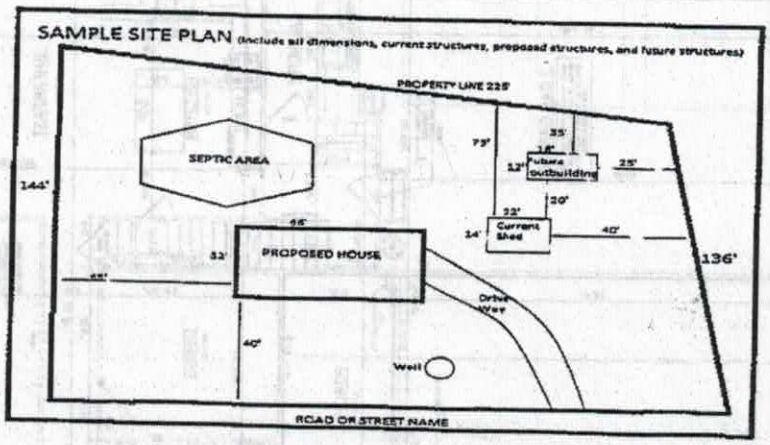
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

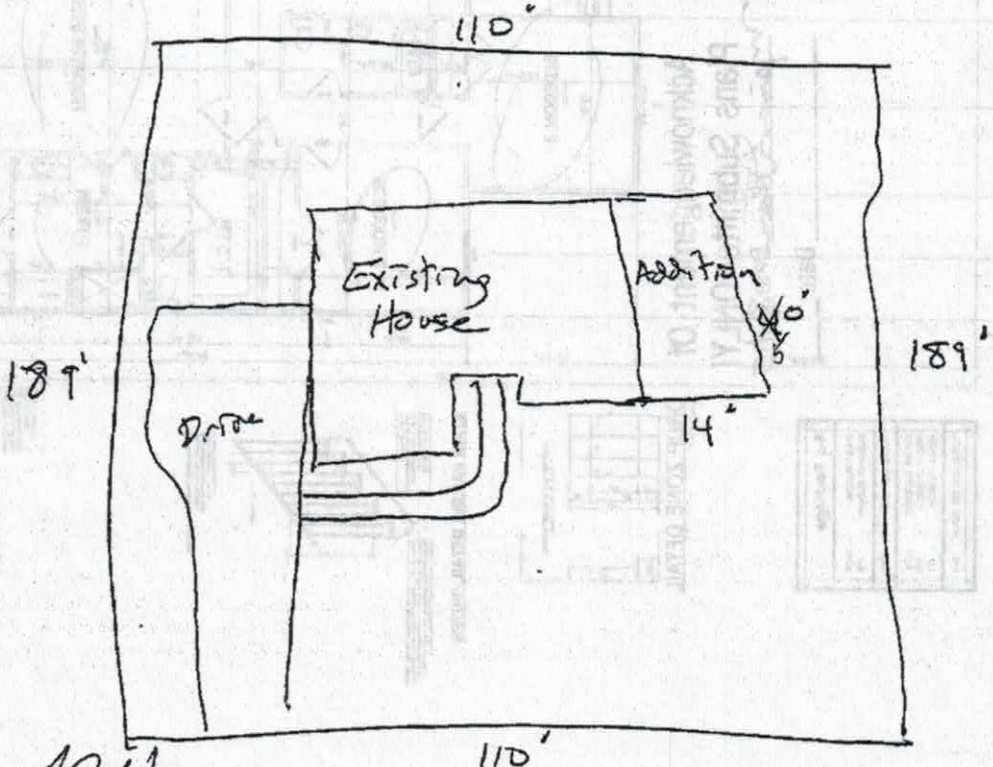
Circle N/A on the following if appropriate:

____ 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



Signature: [signature] *REQUIRED* property owner or owner's legal representative signature.

11/30/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT (2:00)

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25829 DATE 1/17/97 TAX MAP NO. 4624896486

OWNER OR CONTRACTOR DONALDSON & ASSOCIATES PHONE: Business 525-1155 Home

ADDRESS 2931 FOREST DR CHARLOTTE NC 28211 Watershed: ☑ Yes ☐ No

LOCATION BRAWLEY SCHOOL RD - TL YACHT HARBOR TR 4TH ON RT BEFORE YACHT HARBOR DR.

SUBDIVISION YACHT HARBOUR BLOCK / SECTION LOT 2 LOT AREA .477 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 4/16/97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 360

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

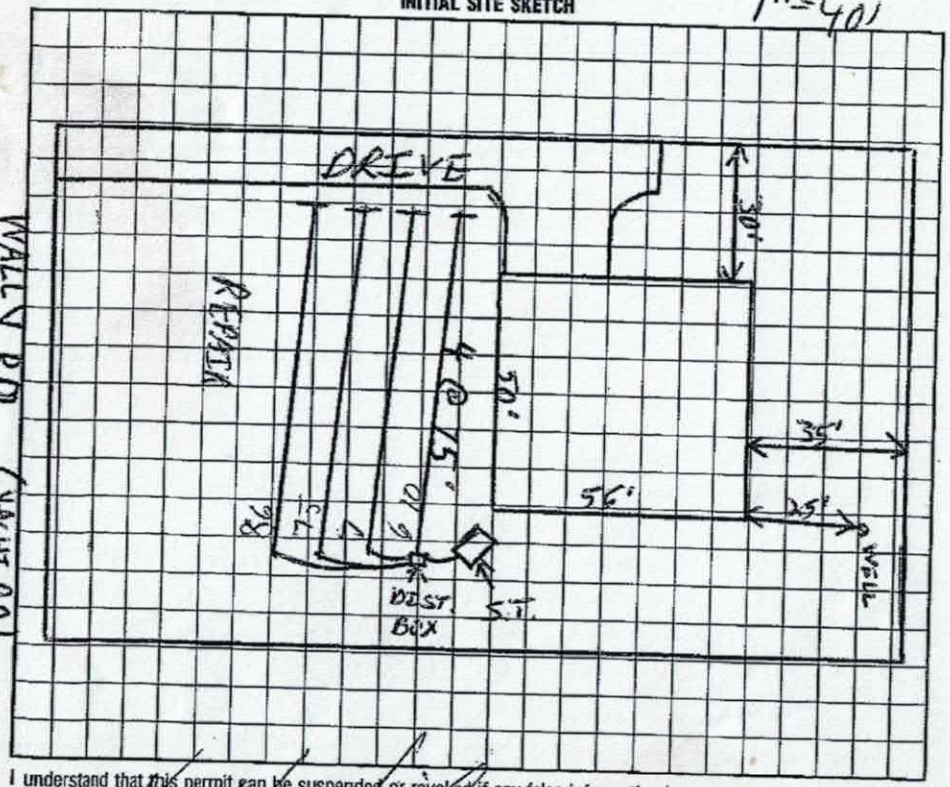
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

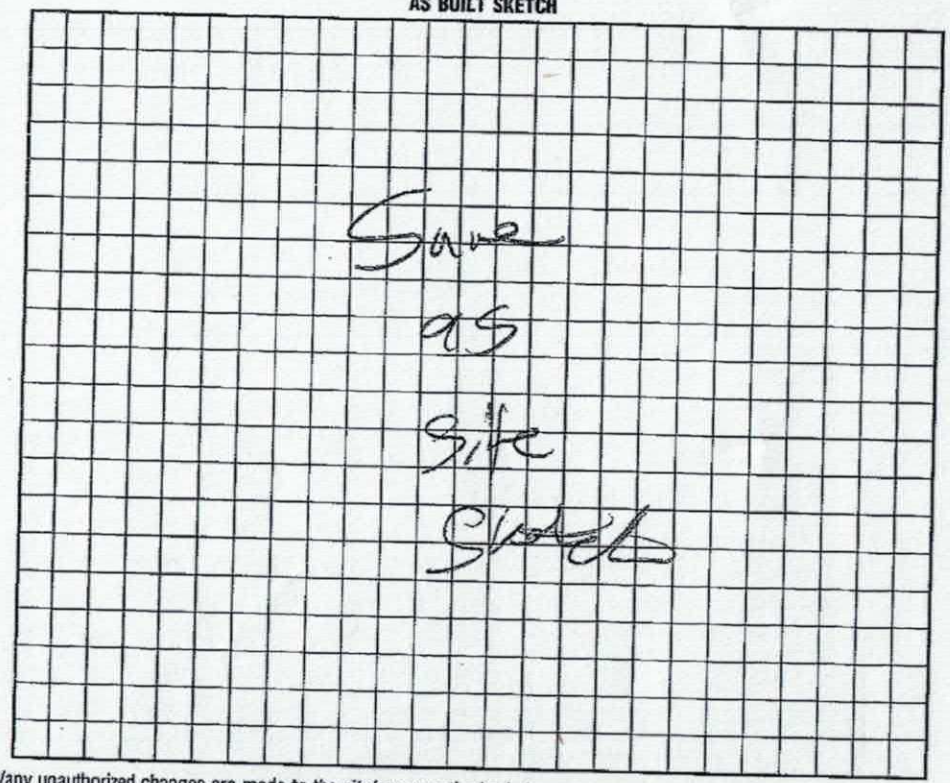
Comments:

Comments:

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: C. Bligh Tew EHSE date 1/17/97

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: C. Bligh Tew EHSE date 1/17/97

Installed by: DENVER PLUMBING

Certificate of Completion by: date

Operation Permit by: C. Bligh Tew date 7/21/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY

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

APPLICATION NUMBER
215167
Issue Date: 11/30/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624896486.000	260 YACHT ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBINSON MICHAEL+NANCY	Applicant: HENDERSON BUILDING GRO
Address: 260 YACHT RD MOORESVILLE, NC 28117	Address: PO BOX 1409 CORNELIUS, NC 28031
Phone:	Phone: 704-201-1429

Use Requested	Zone Code
FAMILY ROOM ADDITION	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.477	35.00	35.00	15.00	15.00	CACL	X

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	54964	TOTAL FEES:	$ 77.25