IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226312

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

PIN # 4626112237.

APPLICANT/OWNER: James Rowland APPLICANT ADDRESS: 2231 Hwy 152 E China Grove NC.

SITE ADDRESS: 611 Barbee Loop Mooresville NC 28117 PHONE: 704-202 1676 ALT. PHONE 704 506 0556.

SITE DIRECTIONS: BSR Ron Churchwood (W) at Stop Sign on Barbee Loop 2nd House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 7 LOT # 63C LOT AREA: .52 Acres DESIGN FLOW: 360 L.T.A.R.: .30.

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

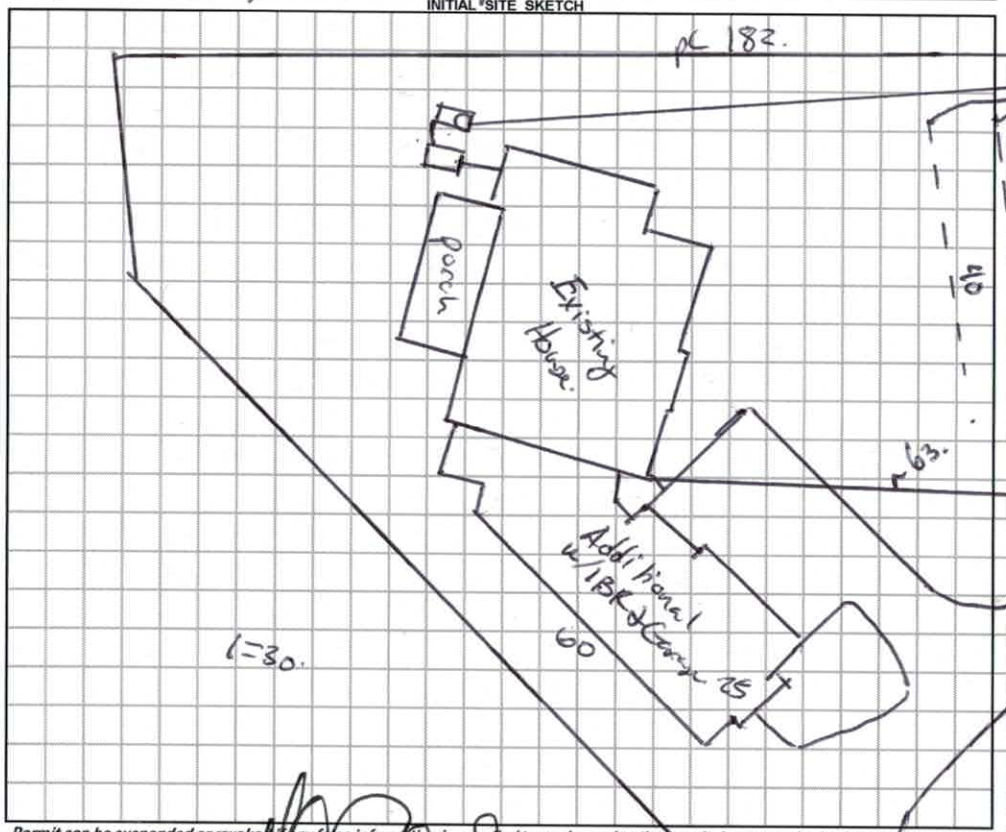
☐ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

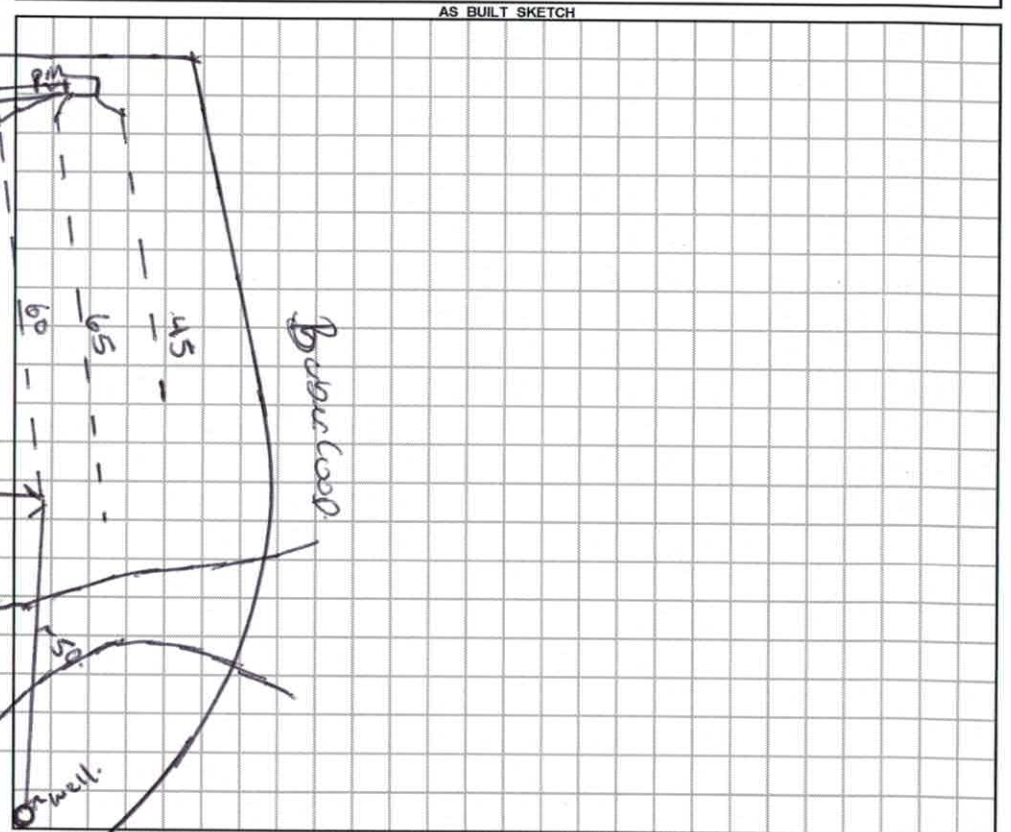
Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Existing system not effected by Addition. House being Remolded. New Garage to have one bedroom. Existing system working at time of inspection.

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: Date: 6/20/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bass Date: 6/18/2018

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.

1.00 4/25

RECEIVED APR 1 2 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $250.00

1. APPLICATION FOR: Y Improvement Permit ___Authorization To Construct ___ Existing System Inspection

#226312

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 Y Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
James Rowland	2331 Hwy 152 E China Grove	~~[illegible]~~ 7042021176	7040506-0556
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jeff Little	611 Barber Loop Mooresville		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
611 Barber Loop Mooresville NC 28117		

Driving Directions: I 77 W on Brawley school rd, R on Chockwood, L at Stop Sign on Barber Loop 2ND house on R

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(Y) Other Garage Master bedroom expansion No Additional Bedrooms Added

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) 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 2001 (Year)

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

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

9. Signature: _____ 4-12-17

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

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, Jeff Little, am the legal owner(s) of the property located at 611 Barber Loop Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626117287, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rowland Development, James Rowland, 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
	4-11-17		4-11-17

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 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:

_____ **Property Line measurements are clearly identified...** _____ **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

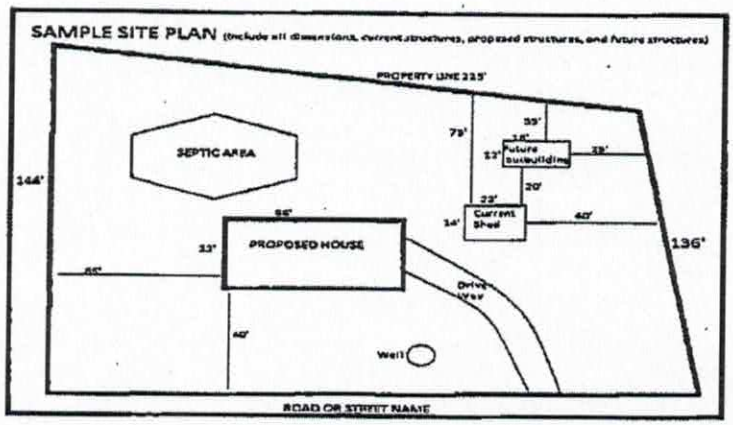
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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

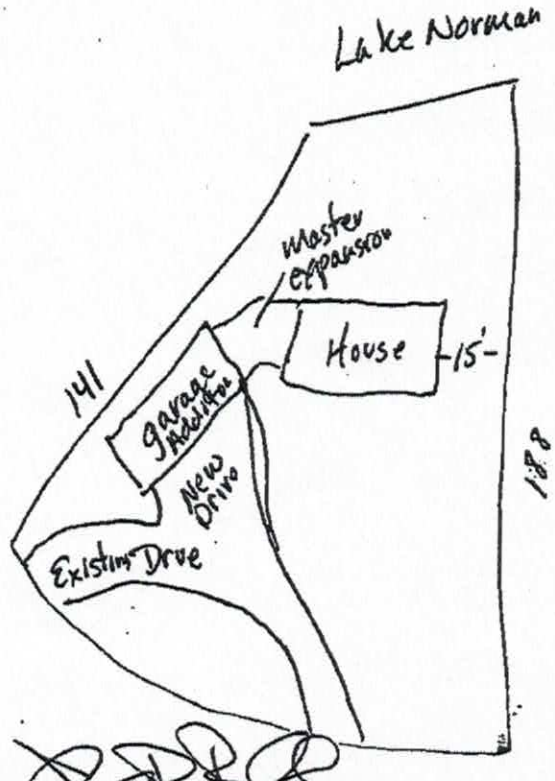
Circle N/A on the following if appropriate:

_____ **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

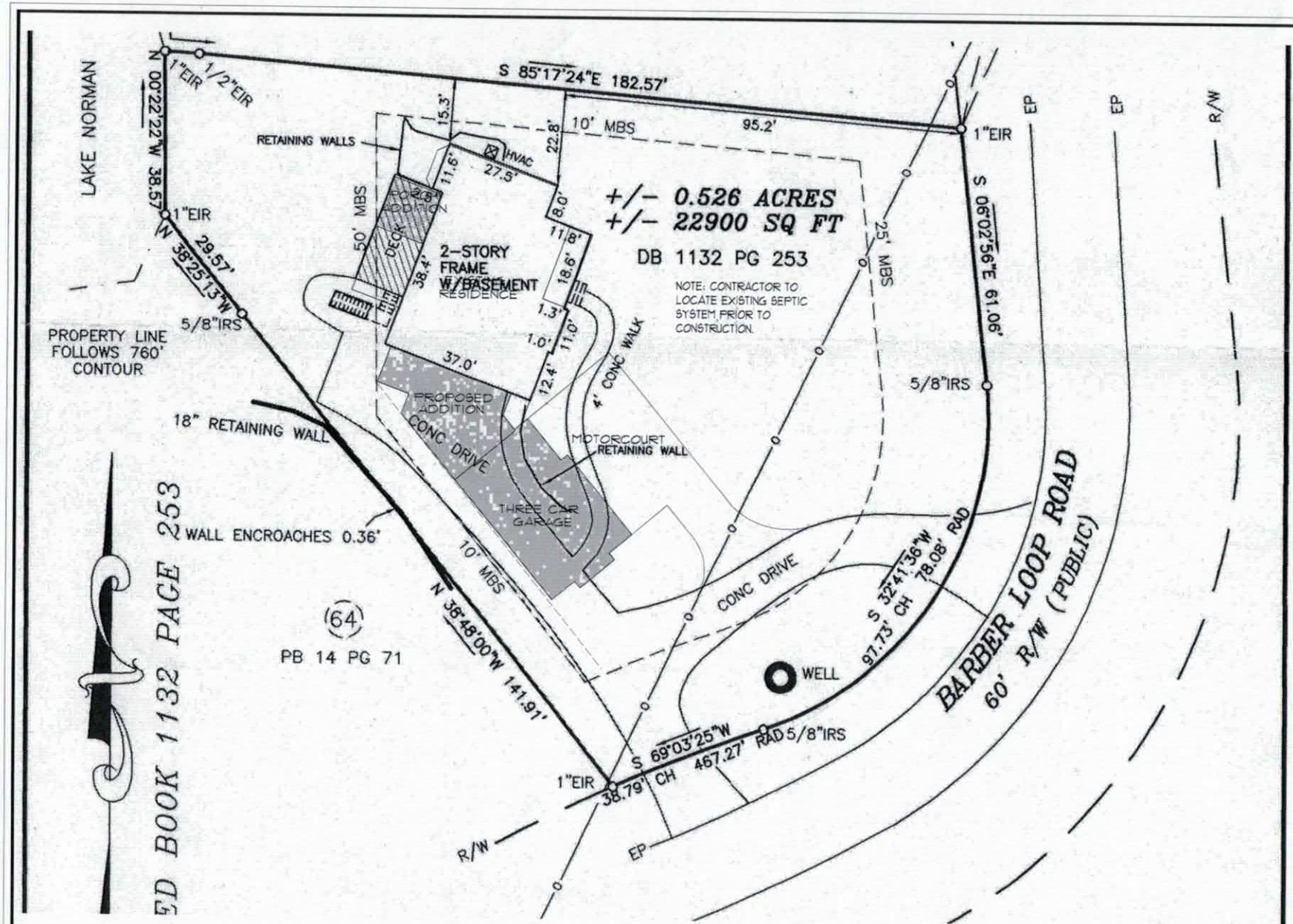


Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

4-12-17

DATE



ashley j design
custom homes and renovations
P.O. BOX 5423 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0631

RENOVATION DESIGN FOR
THE LITTLE FAMILY
611 Barber Loop, Mooresville NC

05/04/18	REVISED FINAL PLANS
DRAWING:	SITE PLAN
SCALE:	1" = 10'-0"
PAGE:	A1

IREDELL COUNTY HEALTH DEPARTMENT

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

309-8625 1:00

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

PERMIT# 067328 PIN# 4626-11-44 Scott Lee 4626112237 DATE 2/26/99

OWNER OR CONTRACTOR CRESCENT RESOURCES / Mammoth, LP PHONE: Business _____ Home _____

ADDRESS PO Box 1033 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR CHUCKWAGON - GO TO END - TL BARBER LOOP - 3RD AFTER INDIAN TRAIL

SUBDIVISION CLNT BLOCK / SECTION 2 LOT 62 (1677) LOT AREA 1.75 SITE CLASS. FS DESIGN FLOW 360GD L.T.A.R. 360/FF2

Septic Tank: 1000 Gallons; STB 1012 Date 8-2-00

Pump Tank: 1000 Gallons; PT 178 Date 7-10-00

Pump Make: Myers Model ME40 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 430 Linear Feet 215

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: PUMP PANEL

Repair System Description: REGRAD B-4 RB3

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

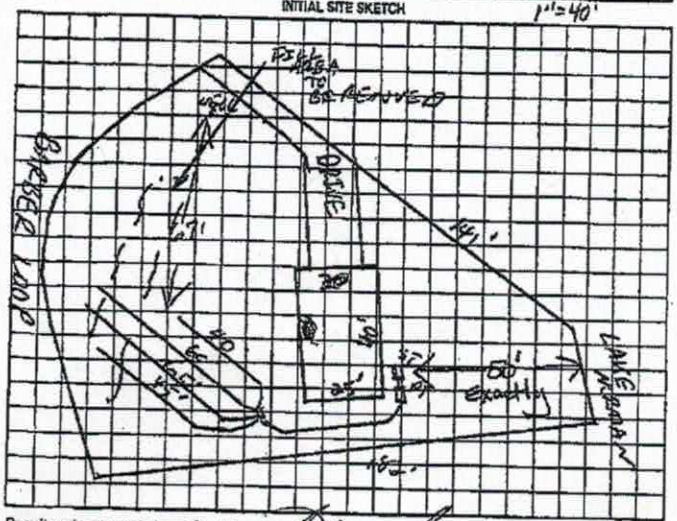
☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

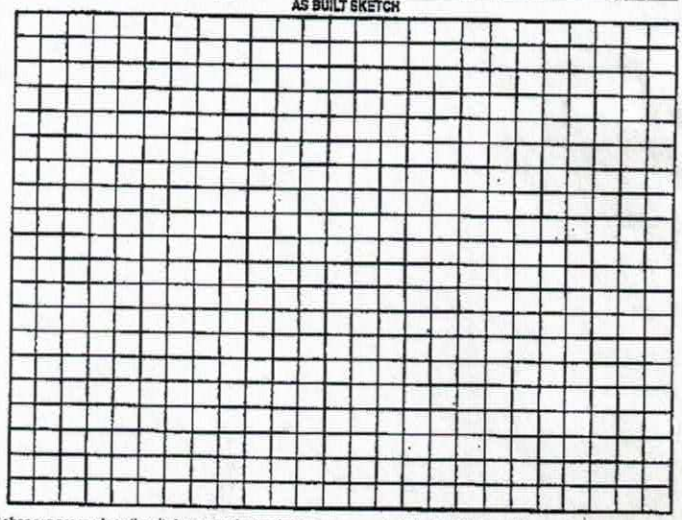
Comments/Conditions: 1) WHATEVER IS LEFT OVER THAT MEETS STATE & REQUIREMENTS IS REPAIR. 9/4/01 CBE

Comments/Conditions: Pressure checked 11/1/2000 Tanks & lines check Filter - Polylock installed MD

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



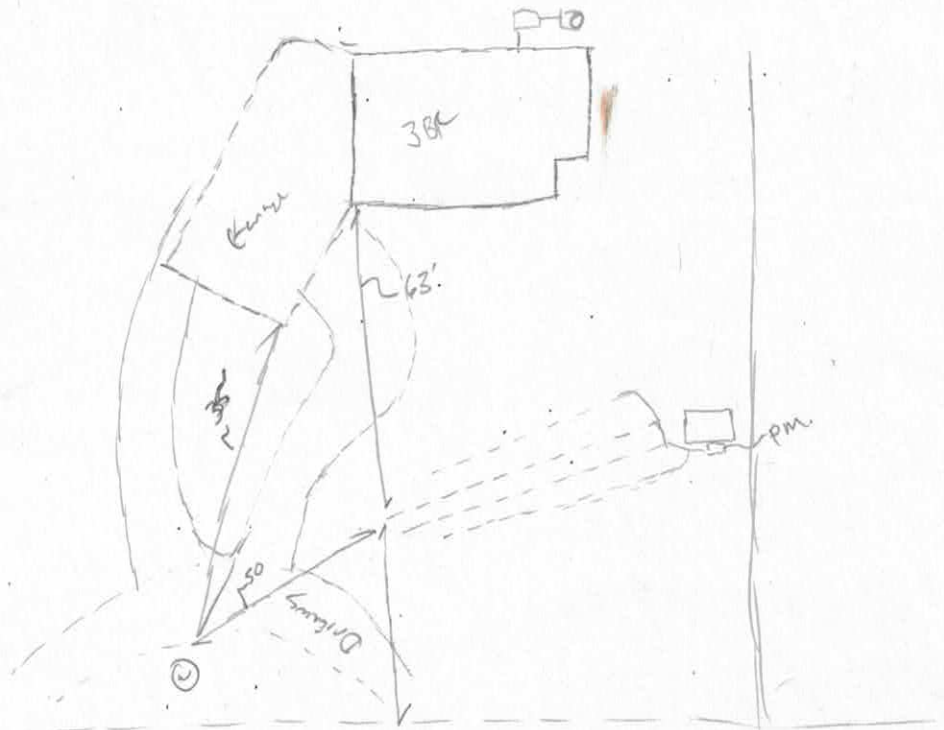
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

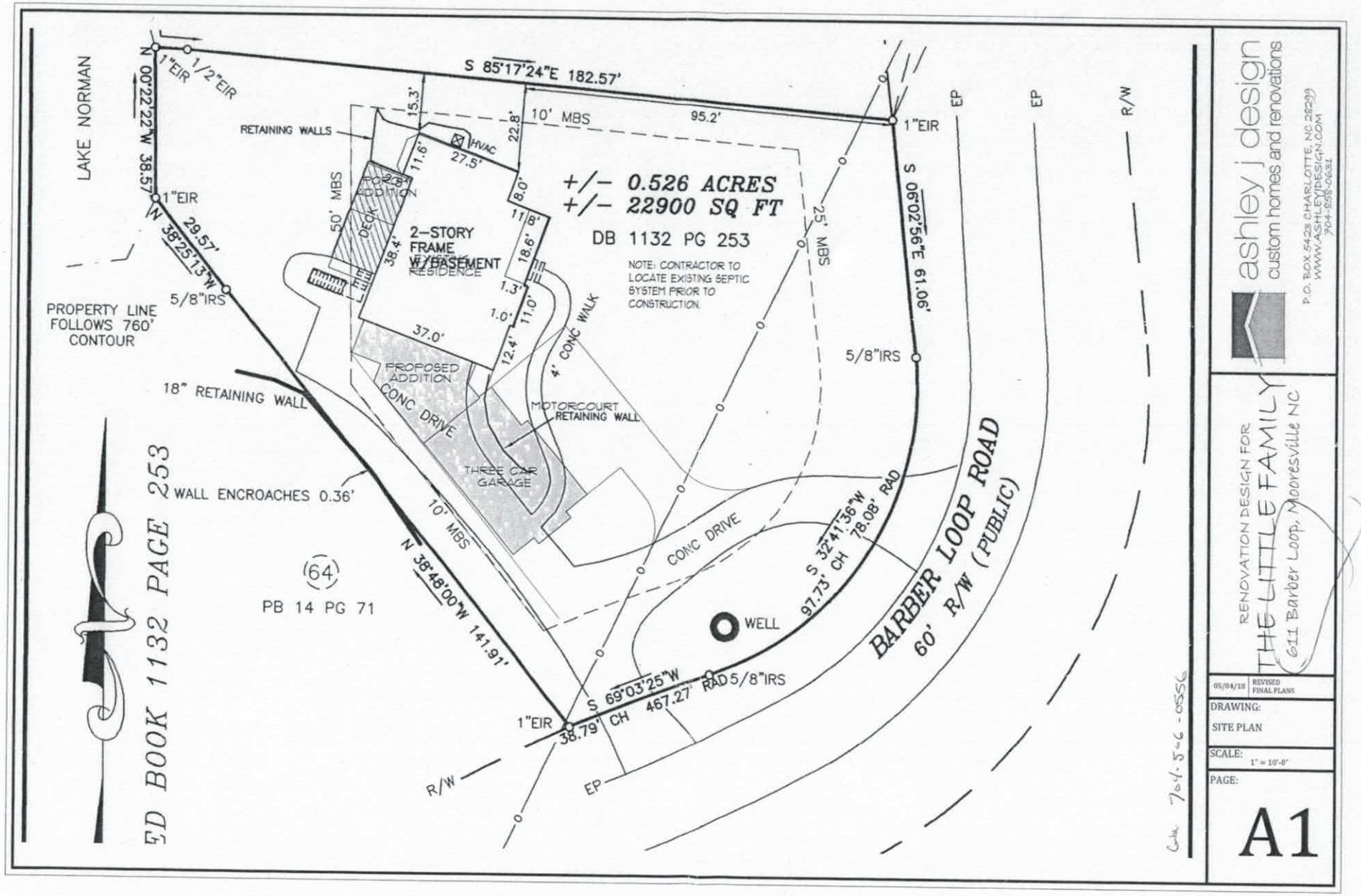
Signed: _____ date 3/8/99 Installed by: Richard Abernathy

Improvement Permit by: _____ date 3/26/99 Operation Permit by: _____ date 3/8/01

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

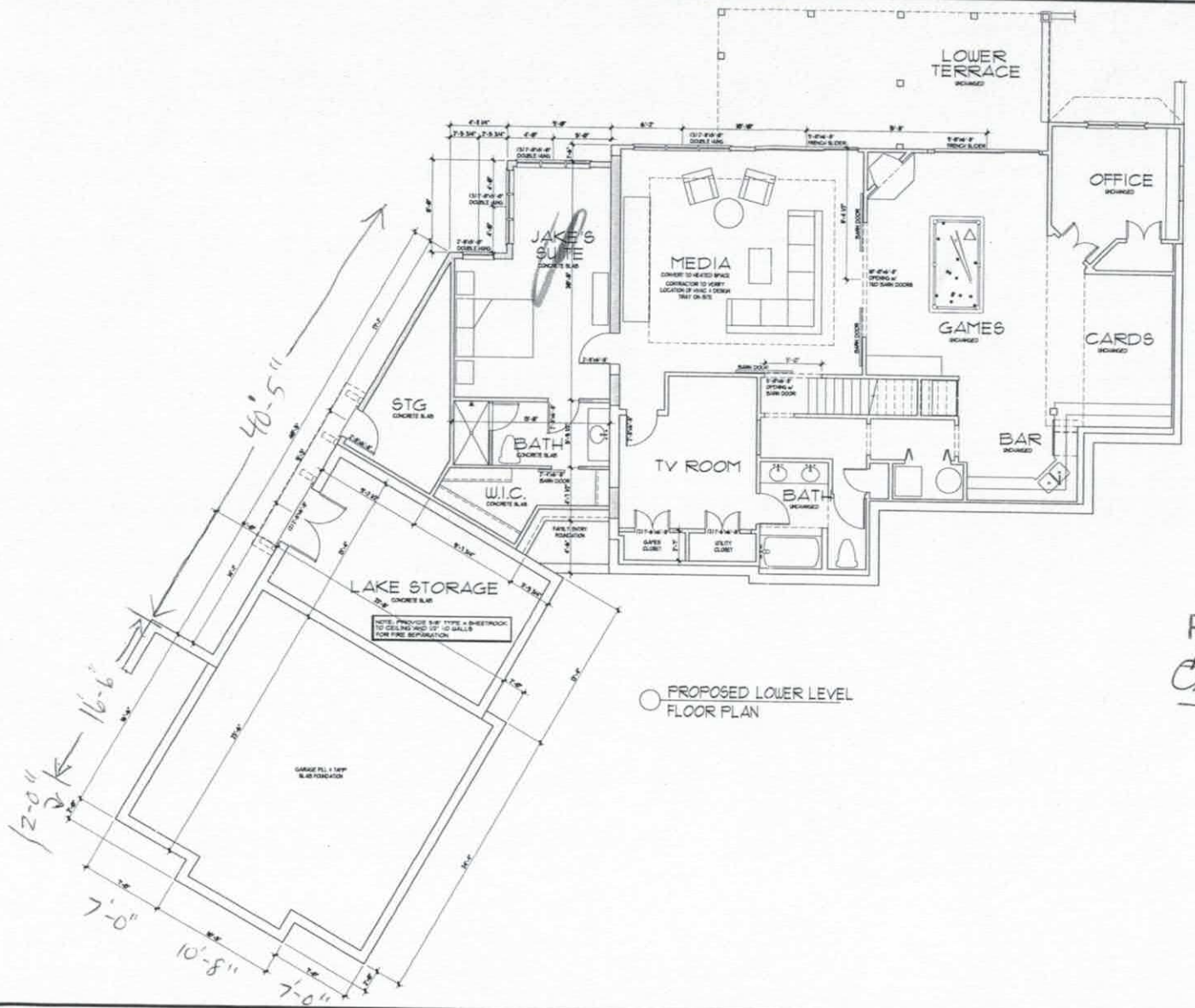




ashley j design
custom homes and renovations
P.O. BOX 5428 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0631

RENOVATION DESIGN FOR
THE LITTLE FAMILY
611 Barber Loop, Mooresville NC

05/04/18	REVISED FINAL PLANS
DRAWING:	SITE PLAN
SCALE:	1" = 10'-0"
PAGE:	A1



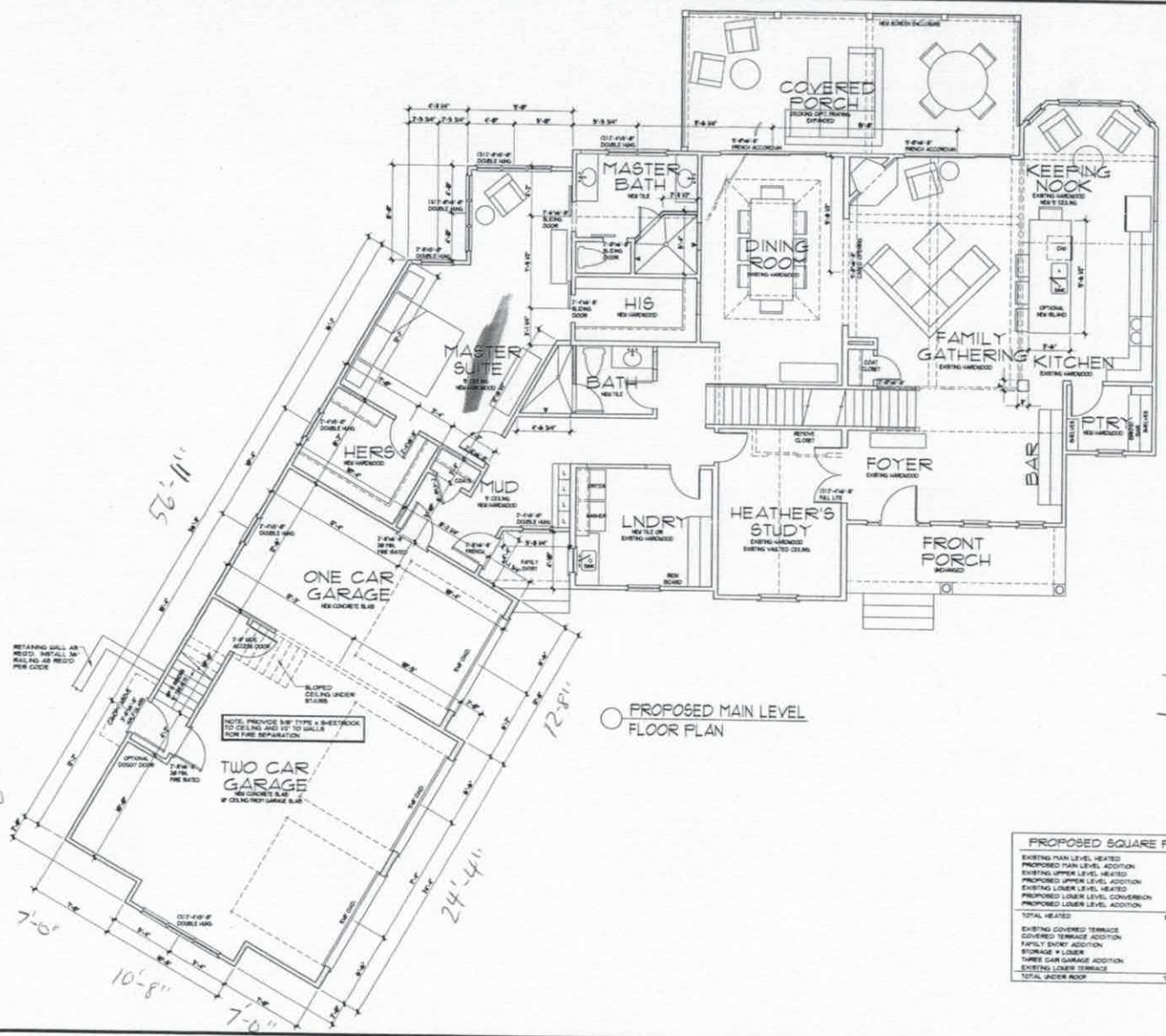
PROPOSED LOWER LEVEL FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY
Date 6/20/18
Benjamin Barbour Date 6/19/18

ashley j design
custom homes and renovations
P.O. BOX 5423 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0631

THE DESIGN FOR
THE [illegible] FAMILY
611 Barber Loop, Mooresville NC

05/04/18	REVISED FINAL PLANS
DRAWING:	PROPOSED LOWER LEVEL FLOOR PLAN
SCALE:	1/4" = 1'-0"
PAGE:	A5



PROPOSED MAIN LEVEL FLOOR PLAN

Acknowledgement of Plans Submittal
Date 6/20/18
Date 6/20/18

PROPOSED SQUARE FEET	
EXISTING MAIN LEVEL HEATED	1188 SQFT.
PROPOSED MAIN LEVEL ADDITION	304 SQFT.
EXISTING UPPER LEVEL HEATED	451 SQFT.
PROPOSED UPPER LEVEL ADDITION	844 SQFT.
EXISTING LOWER LEVEL HEATED	233 SQFT.
PROPOSED LOWER LEVEL CONVERSION	446 SQFT.
PROPOSED LOWER LEVEL ADDITION	356 SQFT.
TOTAL HEATED	3824 SQFT.
EXISTING COVERED TERRACE	153 SQFT.
COVERED TERRACE ADDITION	145 SQFT.
FAMILY ENTRY ADDITION	33 SQFT.
STORAGE + LOWER	436 SQFT.
THREE CAR GARAGE ADDITION	583 SQFT.
EXISTING LOWER TERRACE	341 SQFT.
TOTAL UNDER ROOF	5668 SQFT.

ashley j design
custom homes and renovations
P.O. BOX 5423 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0631

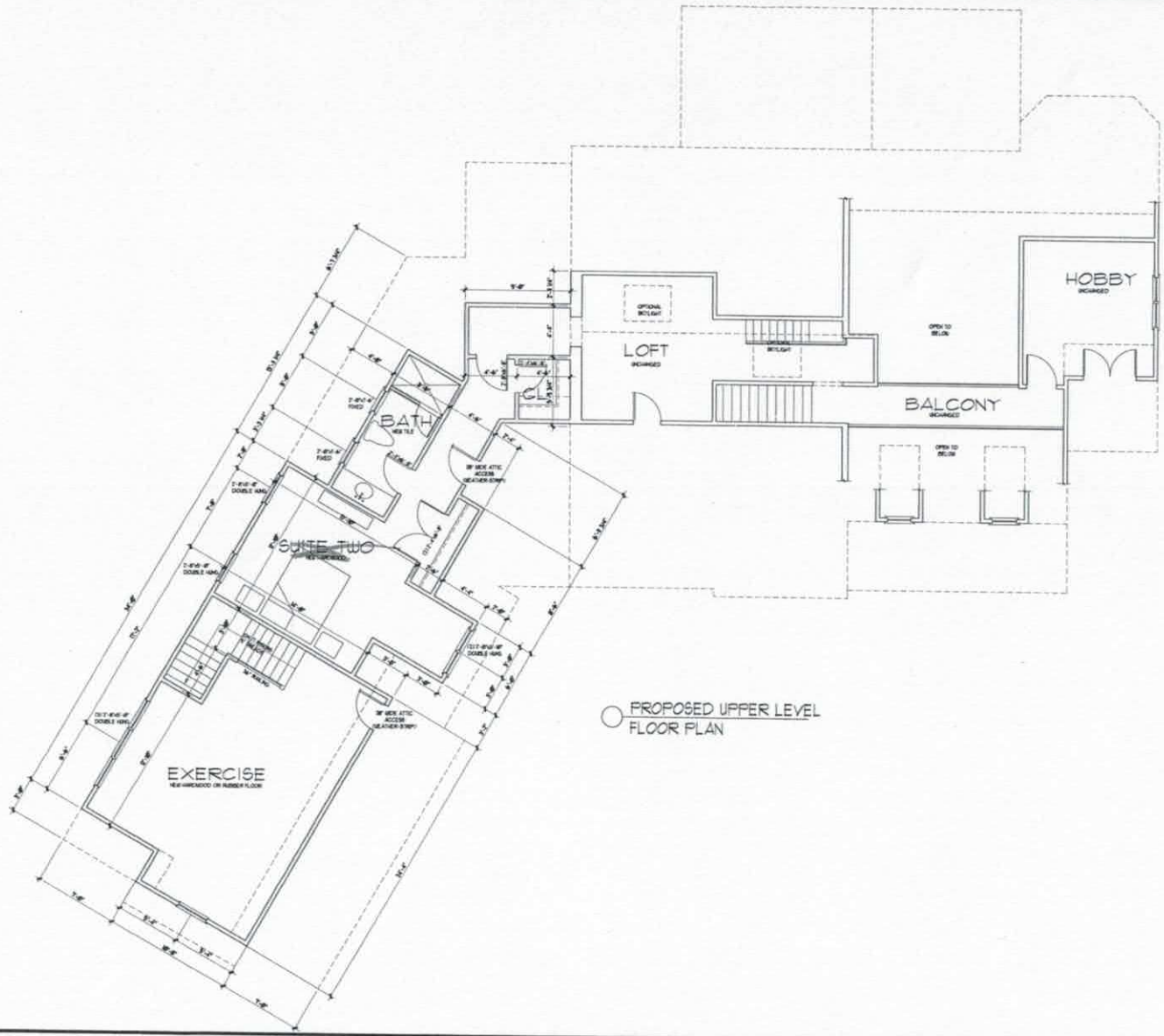
RENOVATION DESIGN FOR
THE FAMILY
611 Barber Loop, Mooresville NC

05/04/18	REVISED FINAL PLANS

DRAWING: PROPOSED MAIN LEVEL FLOOR PLAN

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

PAGE: A6



PROPOSED UPPER LEVEL
FLOOR PLAN

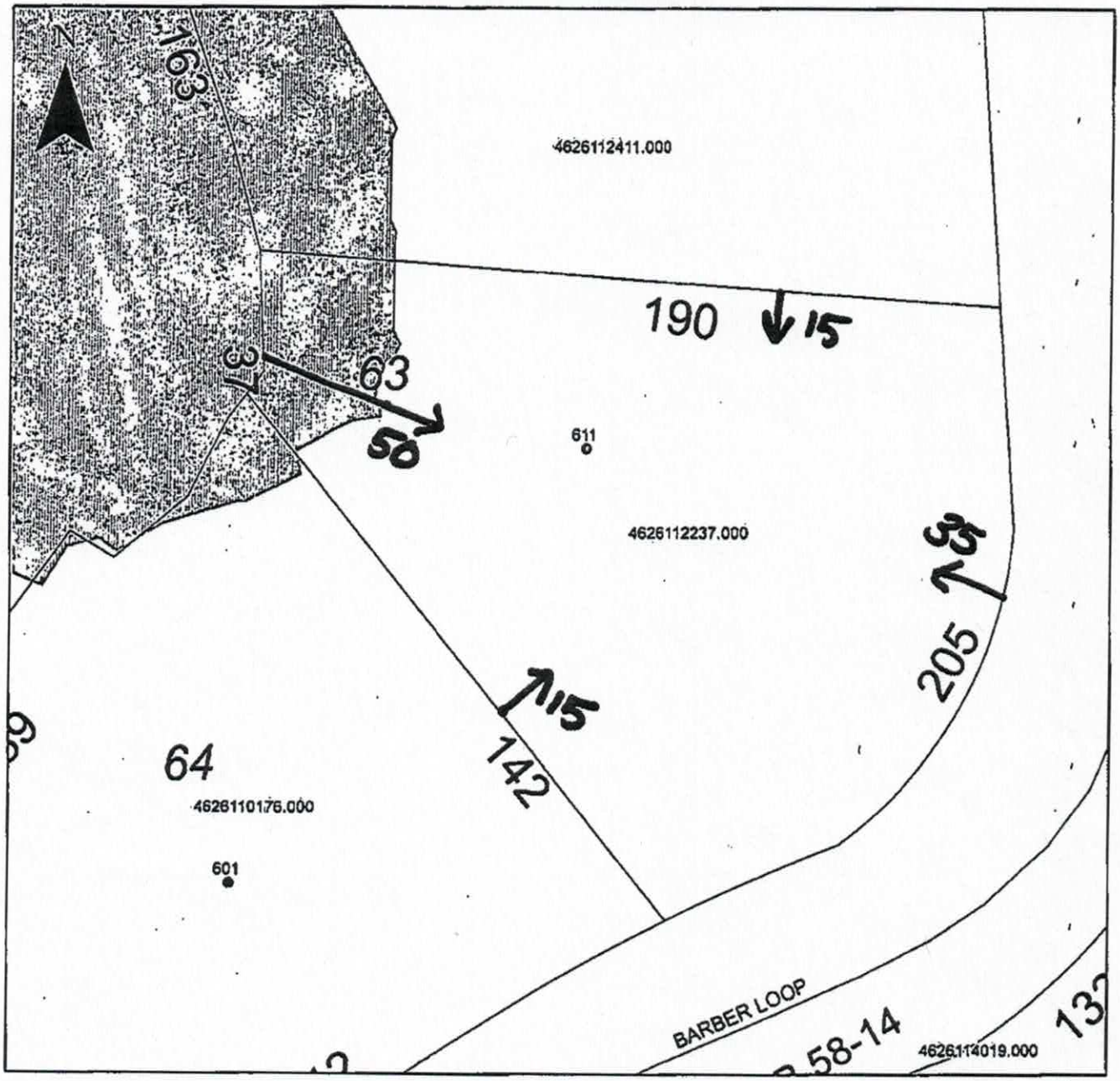
Acknowledgement Of
Plans Submitted ONLY!
Date 6/28/18
6/28/18

ashley j design
custom homes and renovations
P.O. BOX 5423 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0651

RENOVATION DESIGN FOR
THE LITTLE FAMILY
611 Barbert Loop, Mooresville NC

05/04/18	REVISED FINAL PLANS
DRAWING:	PROPOSED UPPER LEVEL FLOOR PLAN
SCALE:	1/4" = 1'-0"
PAGE:	A7

ZONING DISCLAIMER



Property Address 611 Barber Loop

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.

X _____
Applicant

X 4-12-17
Date