IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24/623

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

PIN # 4626396094

APPLICANT/OWNER: Lindsay & Jonathan Hartsell APPLICANT ADDRESS: 123 Ironwood Ct Mooresville, NC 28117

SITE ADDRESS: 123 Ironwood Ct. Mooresville, NC 28117 PHONE: 7045608150 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Bayberry TL Ironwood Ct. Prop

SUBDIVISION: The Farms SECTION: 3 LOT # 426 LOT AREA: .72 SAP CONTROLLED: N/A ☐ YES ☐ NO DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	Exist	Date					
Pump Tank	1500 (gal)	PT	Exist	Date					
Pump Make		Model		Serial #					
# Nitrification Fields	1	# Lines	5	Linear Ft	400				
Trench Width	36"	Trench Bottom Depth(Low side)	Existing	Gravel Depth					

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

System Description: Existing Pump PM 25% Red

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees

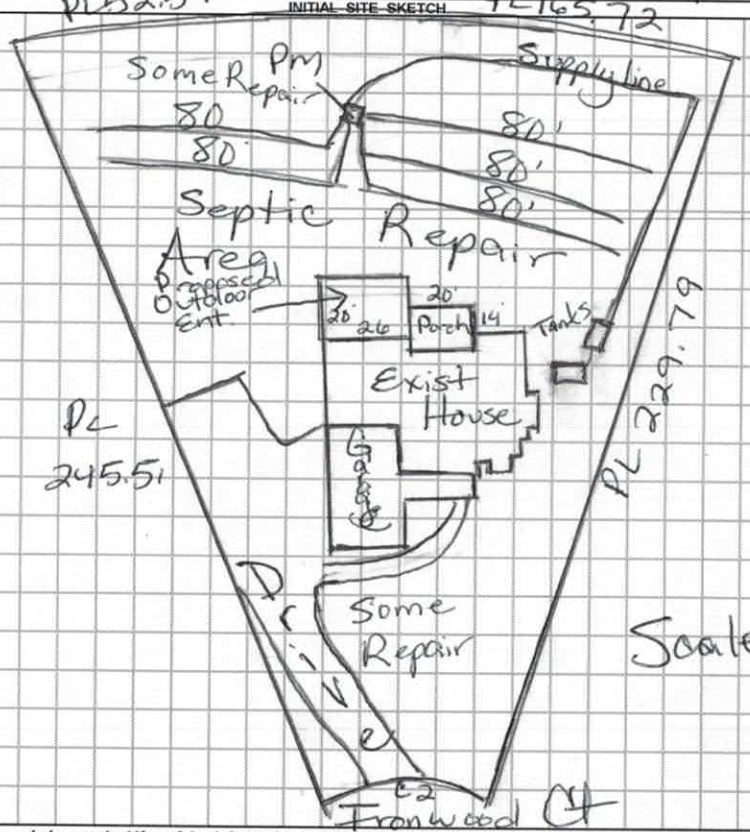
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

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

Existing Septic System Shall not be impacted by addition of Covered porch or Outdoor Entertainment area.

INITIAL SITE SKETCH



Scale 1:60

AS BUILT SKETCH

Must keep porch "footers" a minimum of 5ft from Septic

Do not extend out past proposed addition areas.

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: Lindsay McGlamery Hartsell Date: 2/5/19

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Maria Dotson Date: 2/5/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ction 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 (✓) 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: Lindsay McGlamery Hartsell Address: 123 Ironwood Ct Zip: 28117
Applicant Email: lindsayhartsell@gmail.com Phone: 704 560-8150 Alt. Phone:
Owner Name: Lindsay McGlamery Hartsell Address: 123 Ironwood Ct Zip: 28117
Owner Email: as above Phone: 704 560-8150 Alt. Phone:

Property Information:

Street Address: 123 Ironwood Ct Mooresville, NC 28117
Subdivision Name: The Farms Section/Phase: 3 Lot Number: 426
Driving Directions: 77 S Exit 35 Rt on Brawley Rt on McKendree (L) on Kemp, (R) on Agnew, (R) on Bayberry (R) on Ironwood

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition (X) Other Addition/Structure: Septic repair ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: re-draw
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons:
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2014
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Lindsay M Glamery Hartsell 1/22/19
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*) Lindsay McGlamery Hartsell

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, Lindsay McGlamery Hartsell, am the legal owner(s) of the property located at 123 Ironwood Ct Mooresville, NC, identified as

PIN (Parcel Identification Number) 4626396094, 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.

Lindsay McGlamery Hartsell
Signature of Owner(s)

1/22/19
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

Phil w/ Lakevision 7045068807

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # 119629

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

PIN # 4626396094

APPLICANT: Tom Palacr Homes Inc. APPLICANT ADDRESS: P.O. Box 2387 Davidson NC 28036

SITE ADDRESS: 123 Ironwood Ct Mooresville NC 28117 PHONE: 704-307-7475 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd; Rt on Mckendree, Lt on Rayberry, Lt on Ironwood Lt at end

SUBDIVISION: The Farms SECTION: 3 LOT # 426 LOT AREA: .72 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 gpd/sf

Septic Tank 1500 (gal) STB 2.3X Date 2-21-14
Pump Tank 1500 (gal) PT 4"? Date 2-27-14
Pump Make Goulds Model WFE05124111 Serial #
Nitrification Fields 1 # Lines 5@80' Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

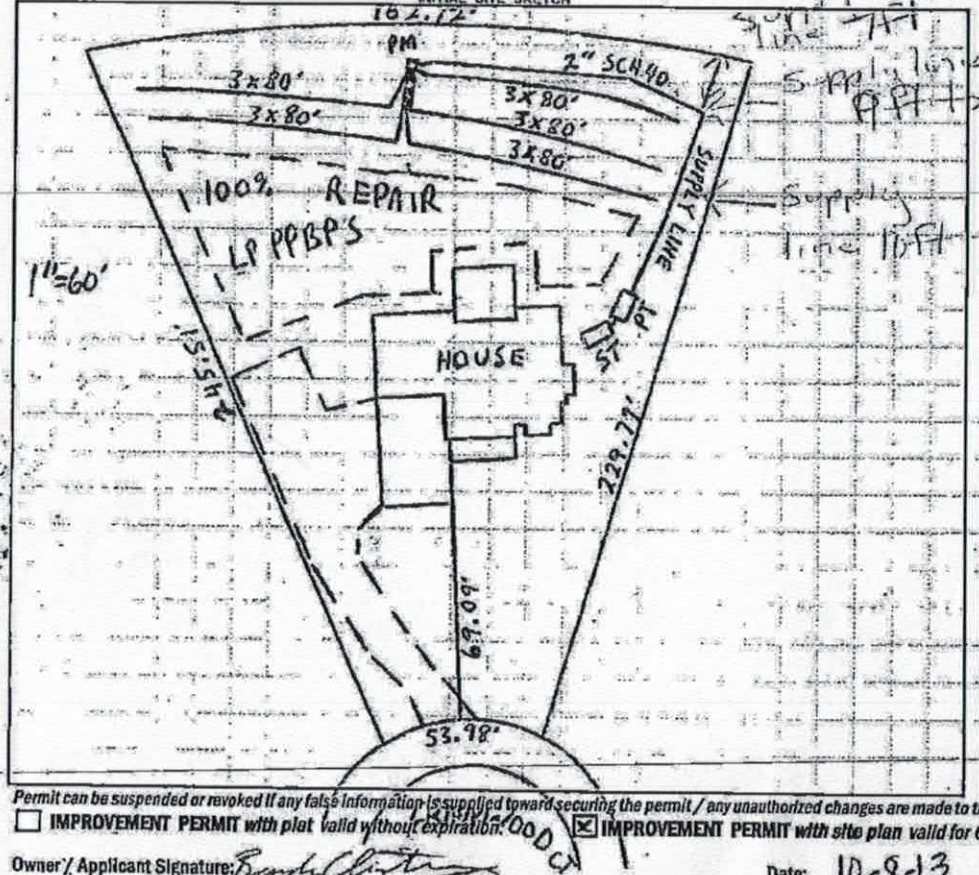
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space
Water Supply: ☐ Private ☐ Public ☒ Community
☐ Basement w/o plumbing

Comments / Conditions:

Lati Heater / Vent Installed (Wankel-make a loop 4/21/14 ME
4/8/14 4H - 3H pressure set

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.

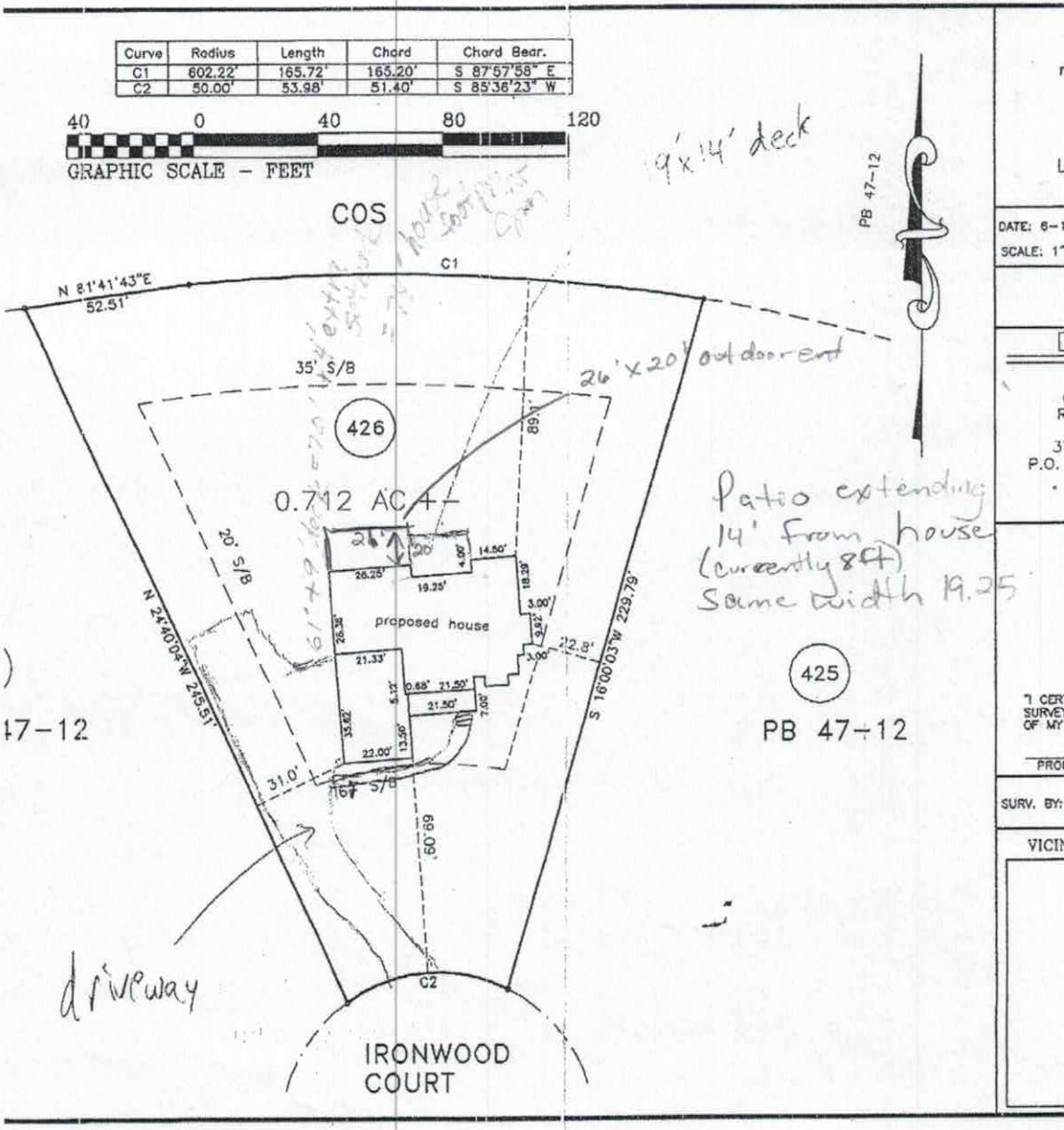
Owner / Applicant Signature: Date: 10-8-13 Installed by: Hallman Construction

IMPROVEMENT PERMIT by: Date: 9-30-13 OPERATION PERMIT by: Date: 4/8/14

AUTHORIZATION TO CONSTRUCT by: Date: 9-30-13 Existing System Inspected by: Date:

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

123 Ironwood Ct.
Mooresville NC



IREDELL COUNTY

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

APPLICATION NUMBER
241623
Issue Date: 01/22/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4626396094.000	123 IRONWOOD COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARTSELL JONATHAN+LINDSAY	Applicant: HARTSELL JONATHAN+LIND
Address: 123 IRONWOOD CT	Address: 123 IRONWOOD CT
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDING SQ FTG TO EXISTING PATIO. TURNING IT INTO COVERED PO RCH WITH BRICK PAVERS AND FIREPIT.	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
.712	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	165165	TOTAL FEES:	$ 77.25