IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228642

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

PIN # 4626495921.000

APPLICANT/OWNER: Steven Prentice APPLICANT ADDRESS: 142 Digh Circle Mooresville, NC 28117

SITE ADDRESS: 142 Digh Circle Mooresville, NC 28117 PHONE: (774) 278-3006 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd. to McKendree Rd. to 142 Digh Circle. SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: Hawks Nest SECTION: — LOT # 3 LOT AREA: 0.7 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

EXISTING

Septic Tank (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width Trench Bottom Depth(Low side) Gravel Depth

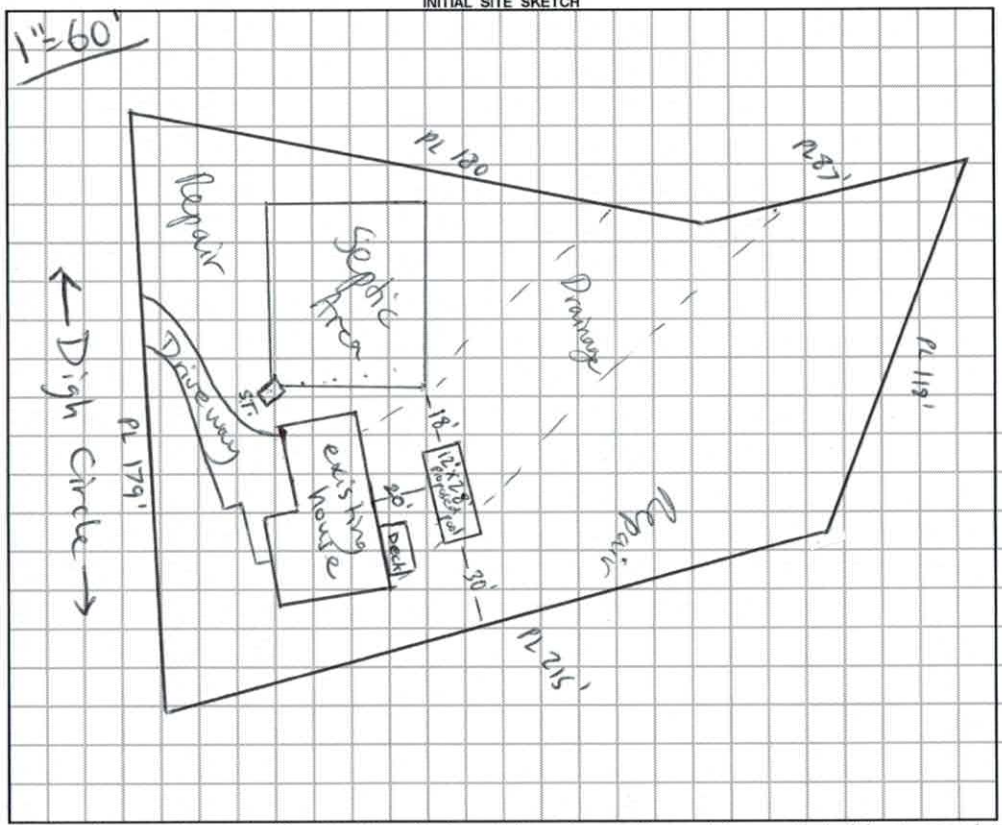
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing gravity chambers
Repair System Description: Pump panel
Maintenance Agreement Required: ☐ YES ☐ NO
☐ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms Existing House
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☐ Public
☒ Community

Comments / Conditions: Septic system was functioning properly upon inspection. Applicant wants pool installed in area shown on permit.

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: Steven Prentice Date: 7/18/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mohamed Dumanieh Date: 7/18/2017

RECEIVED JUL 13 2017 228642

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)

42 Digh

✓ Paid $250.00

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:**

STEVEN PRENTICE	142 DIGH CIR, MOORESVILLE		774-278-3006
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
STEVEN PRENTICE	142 DIGH CIR. MOORESVILLE		774-278-3006
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

142 DIGH CIRCLE, MOORESVILLE	HAWKS NEST	26-59 LOT 3
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY SCHOOL RD. TO McKENDREE RD TO R/142 DIGH CIRCLE

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 Repair area
(✓) Other CHECKING EXPANSION AREA FOR POOL INSTALLATION

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 1997 *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?

* ask if pool is flagged on field

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: Steven Prentice 7/13/17
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, STEVEN PREWTICE, am the legal owner(s) of the property located at 142 DICH CIRCLE, MOORESVILLE, 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.

Steven M Prewtice 7/13/17 _____ _____

Signature of Owner(s) Date Signature of Witness Date

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

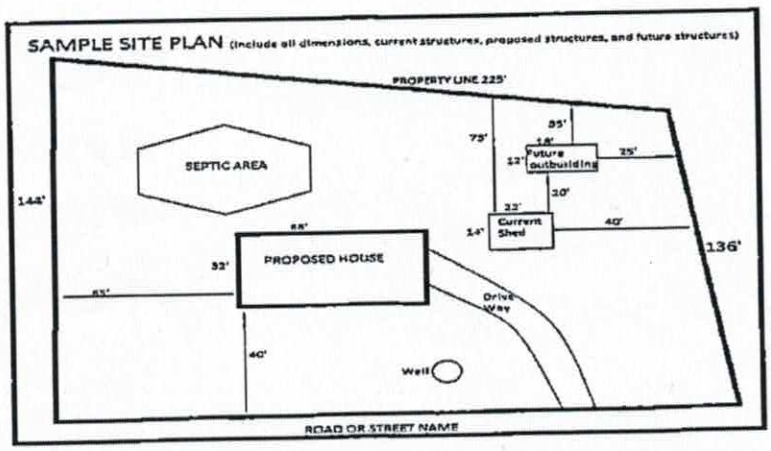
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**

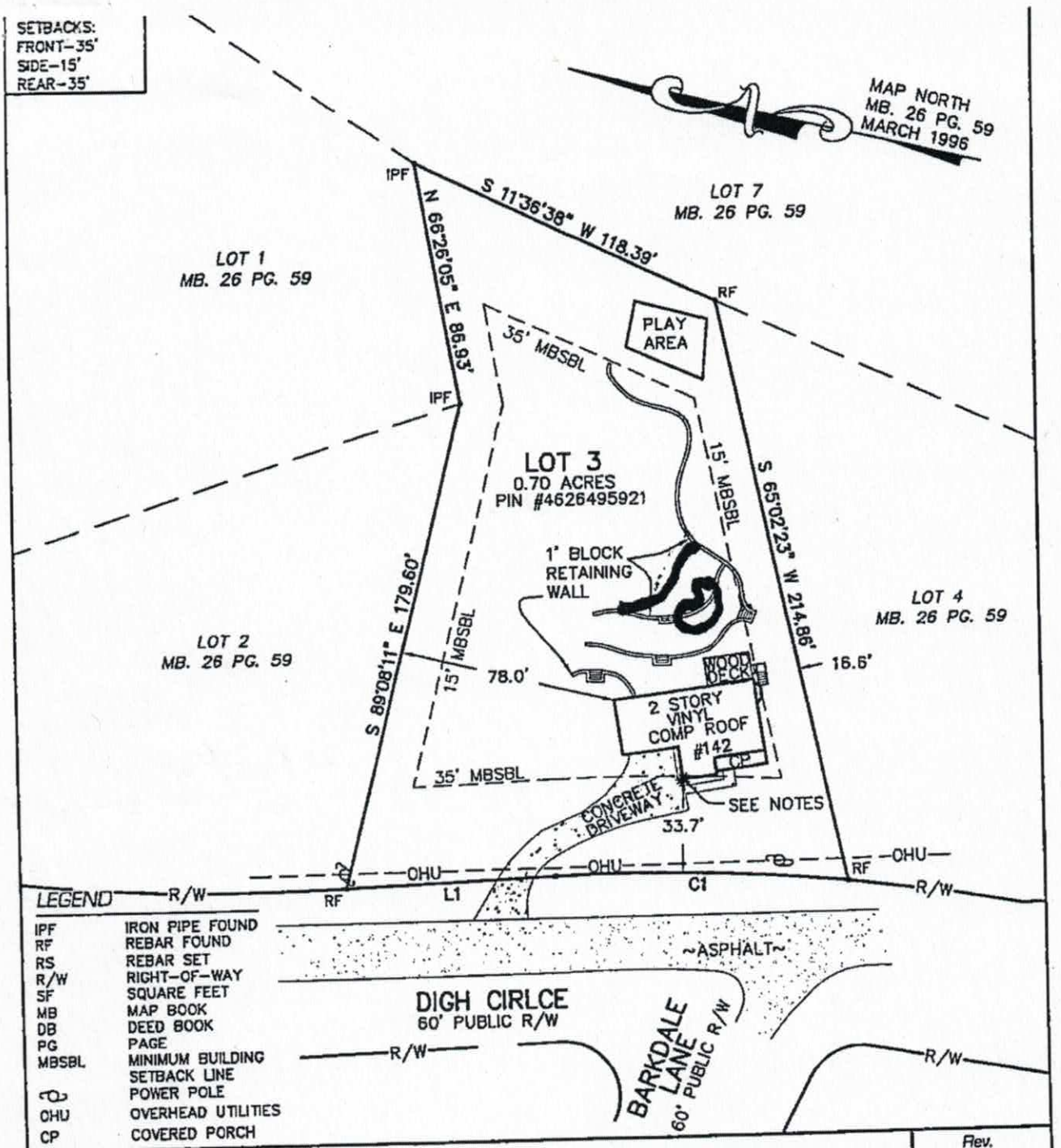


USE THIS SPACE TO DRAW YOUR SITE PLAN

POOL LOCATED 21' OFF OF SIDE BOUNDRY
10' OFF OF DECK (20' OFF OF HOUSE)
17' OFF OF D BOX OFF SEPTIC
APROX. 100' ± OFF OF REAR BOUNDRY LINE
APROX 100 ± OFF OTHER SIDE BOUNDRY LINE
SEE ATTACHED SITE PLAN

Signature: Steve Prentis
REQUIRED property owner or owner's legal representative signature.

7/13/17
DATE



PHYSICAL SURVEY FOR:

MARK PRENTICE

#142 DIGH CIRCLE
LOT 3, HAWKS NEST SUBDIVISION, MB. 26 PG. 59
CURRENT OWNER REF: DB. 10615, PG. 444
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA
Scale: 1" = 50' Date: 16th FEBRUARY 2012

Rev.

McAULEY Land Surveying
7332-1 LAKEFRONT DRIVE, CHARLOTTE NC 28278
Office: 704-309-3299
James@McAuleyLandSurveying.com PLS#4352

Dwg. File: Z:\SDSK\PROJ\6370101\DIGHCIRCLE142.DWG

Drawn By: JDF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 22499 DATE 11/13/97 TAX MAP NO. pt of 2LA11 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR EASTER DEVELOPMENT CORP PHONE: Business ~~Home~~ 4626-49-5921

ADDRESS 227 HIDEAWAY LN MOORESVILLE

LOCATION BRAWLEY SCHOOL RD - TR MCKENDREE - TR HIGH CIRCLE ON RT

SUBDIVISION HAWKS NEST BLOCK / SECTION ____ LOT 3 LOT AREA .7AC SITE CLASS B5 DESIGN FLOW 360 gpd L.T.A.R. .3 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-8-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 @ 50' 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 w/ HDS

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

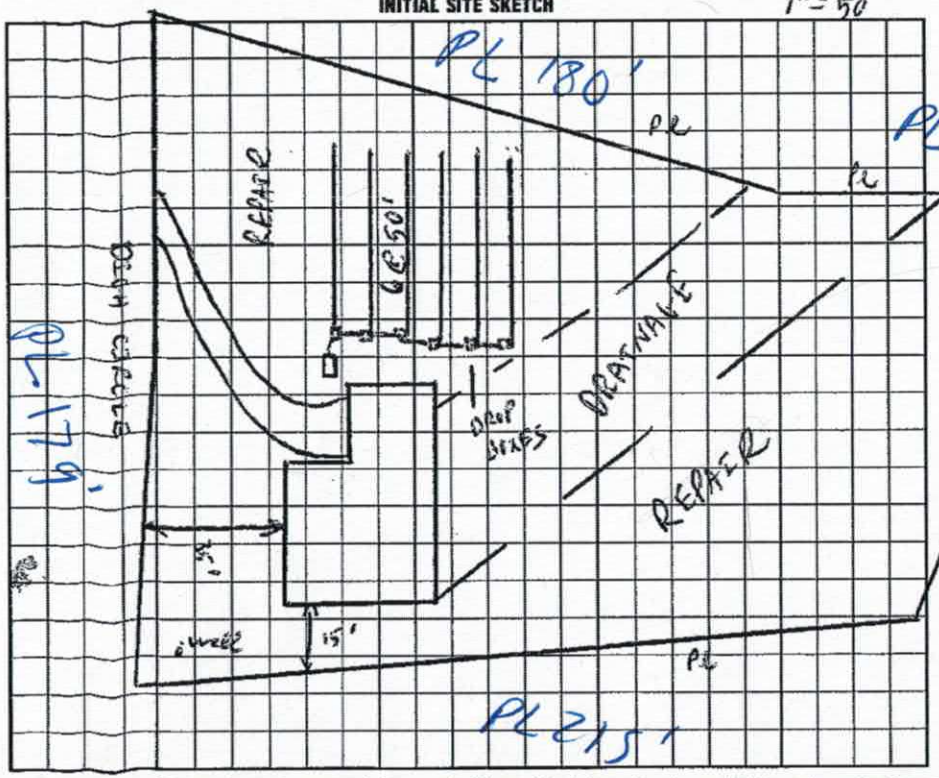
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

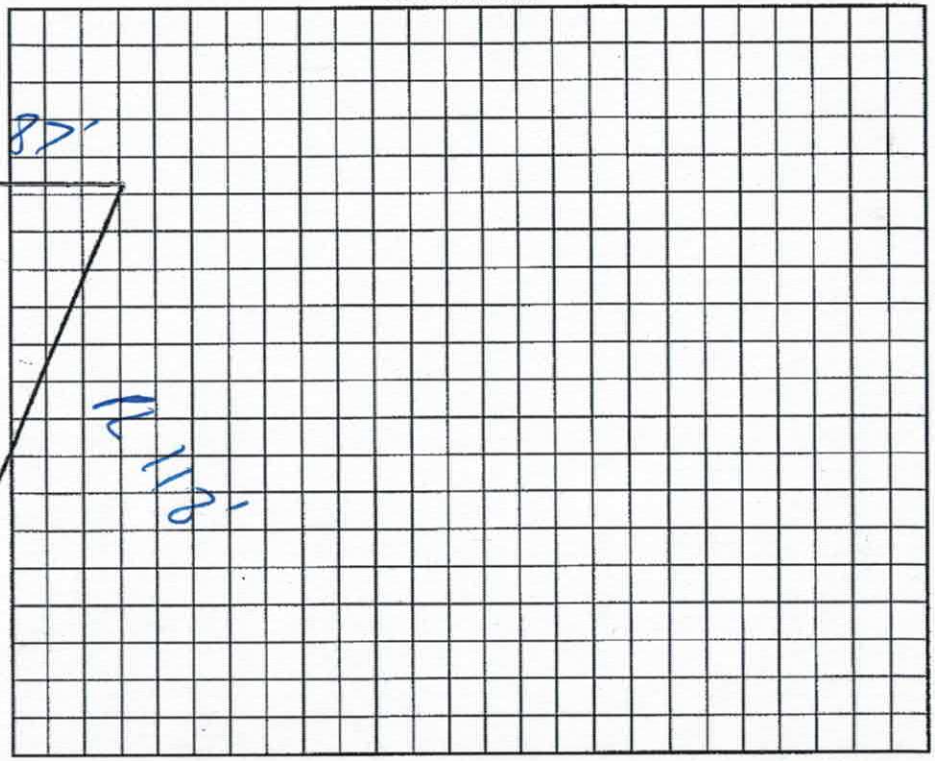
Comments: * REVISED

Comments: LINES LEFT OPEN IN RAIN - HIGH RATE OF SATURATION.

INITIAL SITE SKETCH



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. Rhyne date 11/13/97

Existing System Inspection by: C. Rhyne date 11/13/97

Installed by: ATLANTIC GRADING

Certificate of Completion by: ____ date ____

Operation Permit by: C. Rhyne date 1/28/98

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
228642
Issue Date: 07/13/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626495921.000	142 DIGH CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PRENTICE JAMIE L	Applicant: PRENTICE JAMIE L
Address: 27 LAKE ST WRENTHAM, MA 2093	Address: 27 LAKE ST WRENTHAM, MA 2093
Phone:	Phone:

Use Requested	Zone Code
POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700		10.00	10.00	10.00	CACL	X

Remarks:

Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. RIGHT, LEFT, FRONT, BACK] SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE

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	108931	TOTAL FEES:	$ 77.25