IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 MOORESVILLE 704-664-3284

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

PERMIT # 12003 PIN # 4626676331 DATE 6-14-2010

OWNER or APPLICANT Thomas & Virginia Darcy PHONE: Business Cell 657-5217 Home: 704 660-5028

OWNER or APPLICANT ADDRESS 188 Cove Creek Rd Mooresville, NC 28117

LOCATION / DIRECTIONS Brawley School Rd TR Mckenzie TR Millhouse to end TR Wickford at end #100

SUBDIVISION Cove T BLOCK / SECTION 8 LOT # 485 LOT AREA .70Ac DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 5-10-2010

Pump Tank 1000 Gallons: PT 283 Date 4-28-10

Pump Make Zoeller Model PE51 Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 267'-270'

Trench Width 24" min. Max. Trench Bottom Depth 33" Gravel Depth N/A

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

System Description: Pump-LP-Panel Blk

Repair System Description: Same

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private Exist well ☐ Public ☐ Community

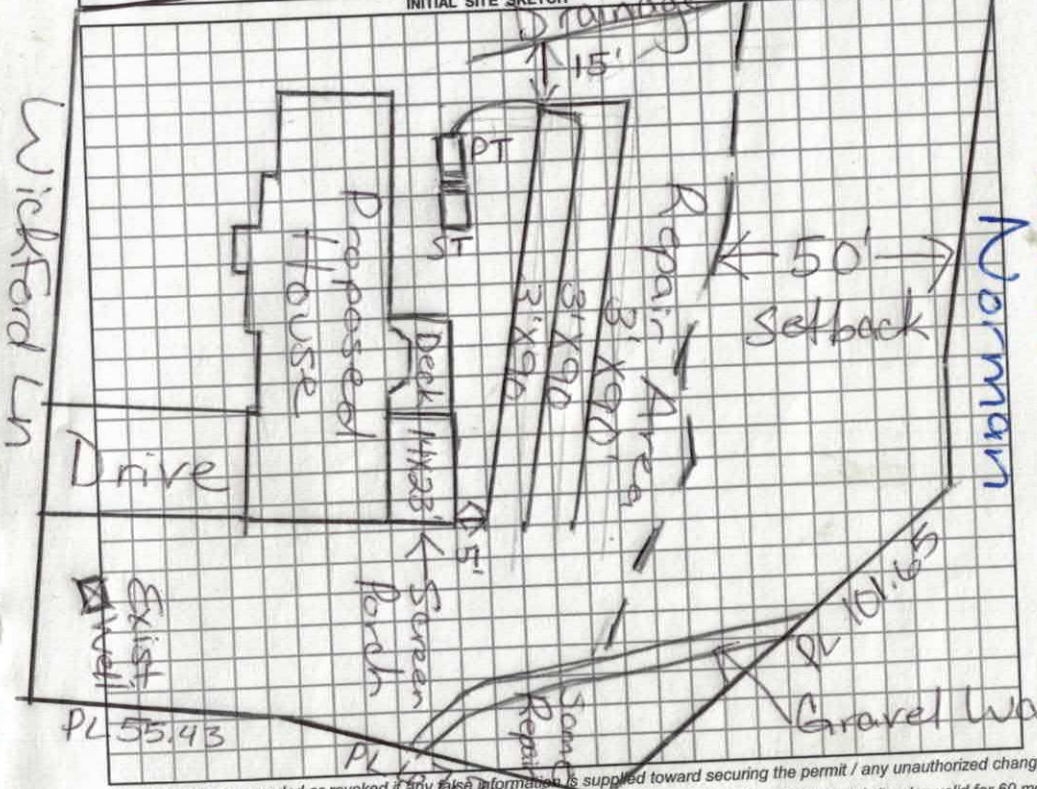
1/2HP

Comments / Conditions: * This permit replaces previous permit from 5/29/09.

Scale 1:40

PL 99.17

INITIAL SITE SKETCH



Comments / Conditions: Divert surface/stormwater away from Drainfield to PL. Keep Septic System at least 15Ft from Drainage Ditch. *Use In line filter in PT

AS BUILT SKETCH

(Note multiple filled gullies onsite, Keep Drainfield as drawn.)
Checked upper 2 lines & tanks 6/29/10
6/30/10 Checked last line
12/9/10 Set pressure @ Contract
12/10/10 Elect & alarm

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 w/ plat valid without expiration. ☐ IMPROVEMENT PERMIT w / 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 06/15/10

Improvement Permit by: Maria H. Dotson RS Date 6/14/2010

Authorzation to Construct by: Maria H. Dotson RS Date 6/14/2010

Installed by: Richard Abernathy Date: 12/10/20

Operation Permit by: Maria H. Dotson RS Date:

Existing System Inspected by:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ginny Darcy APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/26/09
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Cla T See 8 Lot 485 PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3"	Brw SCL						PS .3
		3"-26	R C. m-w	SBK SS, SP, SE, F-FR					
		26-45"	Rd to Wet	Rd Com/SBK w/ few to many SAP Inclus					
		45-48	Brw L/SL	SAP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

ISION OF ENVIRONMENTAL HEALTH
-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

ER: Brian Sisson APPLICANT: _____

DRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/15/04

OPOSED FACILITY: 100 PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

CATION OF SITE: 100 Wickford PROPERTY RECORDED: _____

ATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

ALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

PE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	0-34"	Rd/Brw C/CL m-wSBK		SS,SP,SE w/SAP Inclus				PS
	34"-42"	Rd/Brw CL w/many F-FR		SAP Inclus SS,SP,SE				.3
	42"	L/SL SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

Ledraw 305.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___ BOTH ___ 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Thomas + Virginia Darcey	188 Cove Creek Rd	704-660-5028	
Owner Name	Mailing Address	Home Phone	Work Phone
Thomas + Virginia Darcey	" " "	" "	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
100 Wickford		

Driving Directions: Brawley School road (toward Point) turn right on McKendree. Turn right on Millhouse, at end turn rt. on Wickford. Property at end on left.

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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)* Not sure -

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

Pump down ?

****

8. **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. 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:** Virginia C Darcey — 4/27/09
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

D. Schamback, certify that this plat was drawn under my supervision from an actual ade under my supervision (deed description and/or Map Book: 42, Page 79. boundaries not surveyed are clearly indicated as drawn from information as shown hat the ratio of precision as calculated is 1: 10,000+ that this plat was prepared dance with G.S. 89-C as amended. Witness my original signature, registration number this 19 day of January, A.D. 2010.

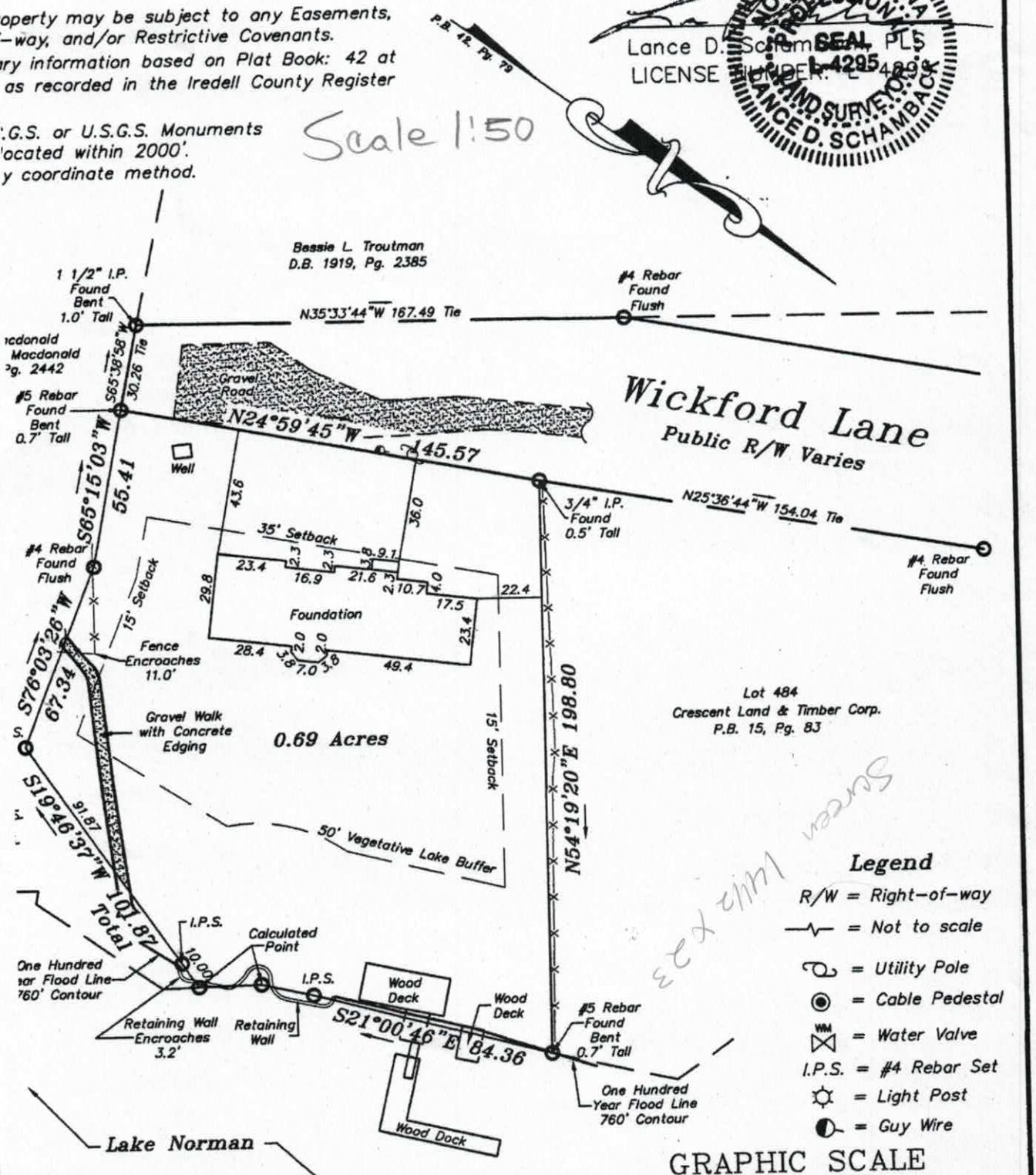
Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

operty may be subject to any Easements, -way, and/or Restrictive Covenants.
ry information based on Plat Book: 42 at as recorded in the Iredell County Register

.G.S. or U.S.G.S. Monuments ocated within 2000'.
y coordinate method.

Scale 1:50



Survey Limits

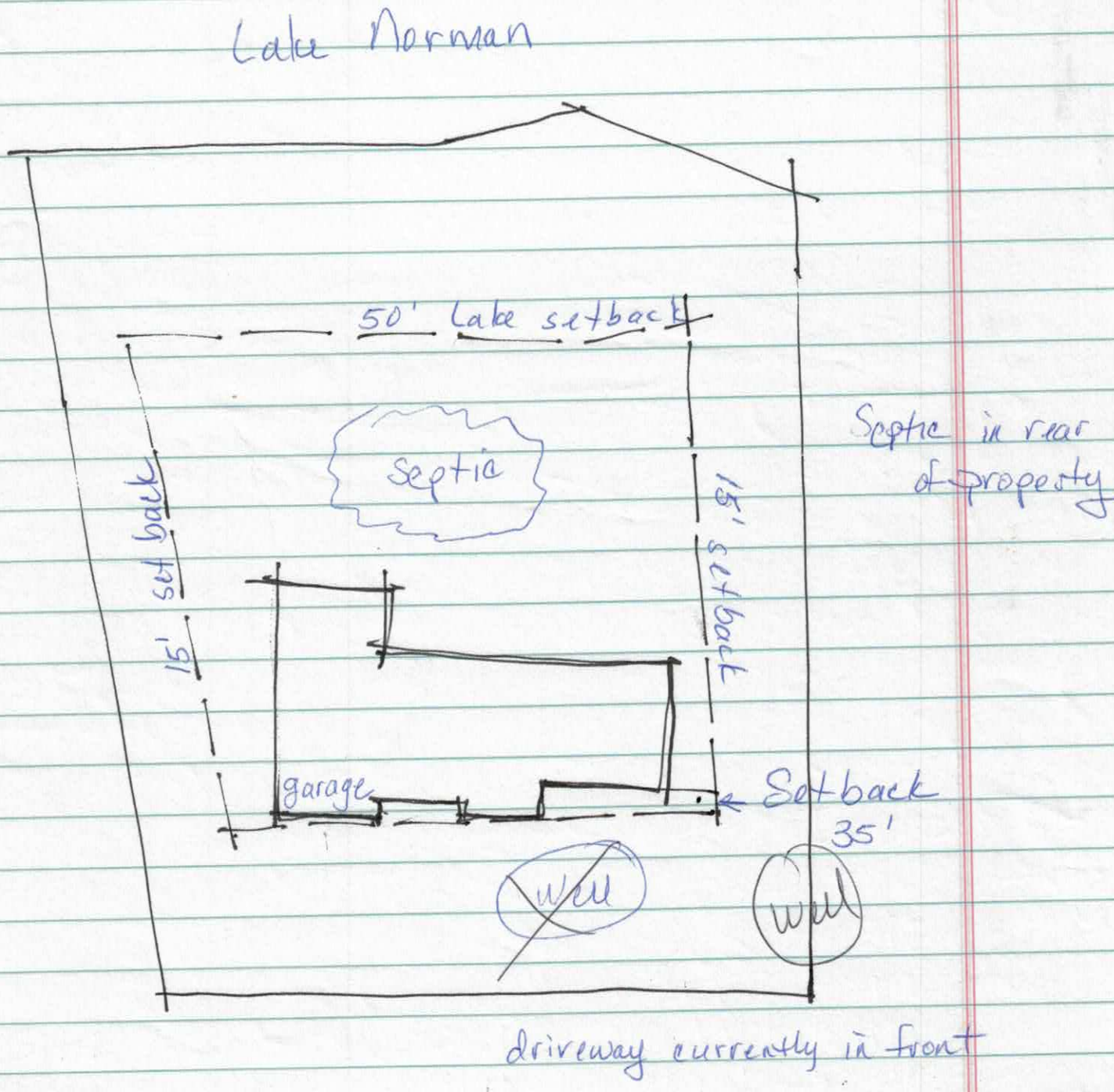
Legend

R/W = Right-of-way
= Not to scale
= Utility Pole
= Cable Pedestal
= Water Valve
I.P.S. = #4 Rebar Set
= Light Post
= Guy Wire

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.


Lake Norman
50' Lake setback
Septic
Septic in rear of property
15' set back
15' setback
garage
Setback 35'
well
well
driveway currently in front

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	121003ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	100 Wickford lane Mooresville NC 28117		
Parcel #:	4626-67-6331	Zoning:	RA
Lot #:	485 Size:	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Brian Sisson	Owner:	Todd Abernathy
Address:	17210 Cambridge Grove Dr. Huntersville NC 28078	Address:	136 Hagerty Ln Mooresville, NC 28117
Phone:	704-895-3632	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30,000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

Brawley School Road to McKendre. Take right. Go 1 mile to Mill House turn right. Go to the end and turn right onto Wickford. Property is at the end of road by tree in road.

FEES

Zoning Permit/Inspection Fee	☑	$ 15.00
Site Plan Review Fee	☐	30.00
Environmental Health New System	☐	30.00
Environmental Health Existing System	☑	$ 50.00
Total Fees:		$ 95.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 5/4/04

A non-refundable fee of $45.00 is charged on all permit applications.

WHITNEY HODGES

Printed: 5/4/2004