IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ✓223931

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

PIN # 4126997637*

APPLICANT: LEONARD SULLIVAN APPLICANT ADDRESS: 1143 ELECTIVE CIR. CARY, NC 27511

SITE ADDRESS: 146-164 PALMER MARSH PL. MOORESVILLE PHONE: 919-422-7826 ALT. PHONE:

SITE DIRECTIONS: BSR, TR BLUME, TL BEATEN PATH, TL CICERO, TL SHAVENDER, TL PALMER MARSH,

SUBDIVISION: SHAVENDERS BLUFF SECTION: LOT # 307-311 LOT AREA: DESIGN FLOW: L.T.A.R.:

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

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: SUPPLY LINES
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

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

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE ATTACHED PLAN FOR SUPPLY LINE LOCATIONS

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: 5/17/17 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: Date: 2-17-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 2-17-17 Existing System Inspected by: Date:

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

RECEIVED DEC 20 2016

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)

223931

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

Pine Bundle

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Paid $ 500.00

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

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Leonard Sullivan	1143 Executive Cir Cary NC 27511	919 427 7836	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"		"

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
146-164 Palmer Marsh Pl	Shearwaters Bluff	3B 307-311

Driving Directions: SW Broadway School, TR Blume Rd, TL Boston Loth, TL Cicero Ln, TL Shearwater Dr, TL Palmer Marsh L+R

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* Pipes for off-site

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

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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 _____

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6. **Proposed Water Supply:** NA

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

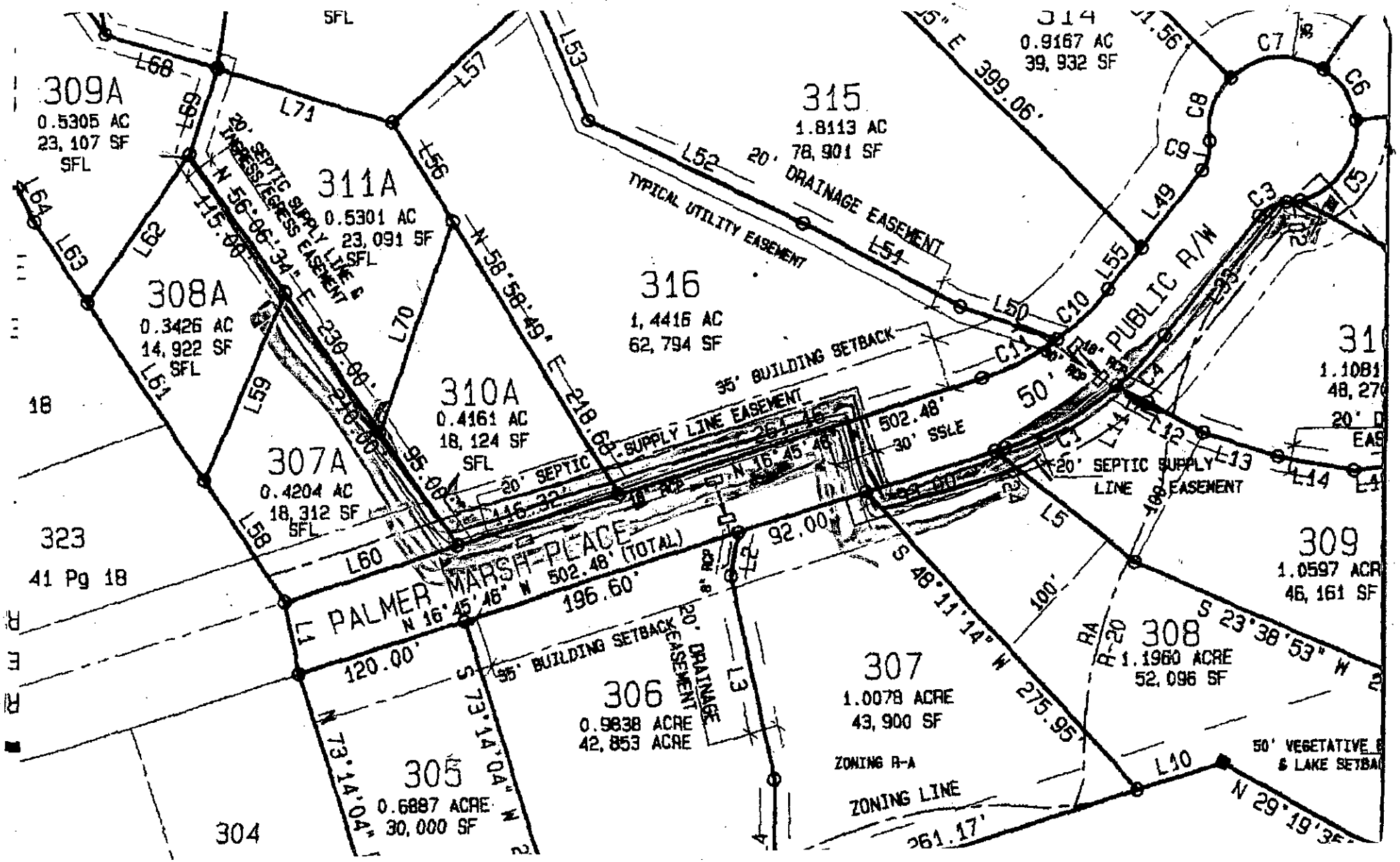
8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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: _____ 12/20/16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



See Color coded DIAGRAM

JACOBS ON-SITE DEVELOPMENT, INC.

Toney C. Jacobs, MS, LSS, CPSS

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by South Carolina Dept. of Natural Resources as a Soil Classifier
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
(704) 662-9845 (704) 582-9219 cell
toneycjacobs@gmail.com

January 31, 2017



To: Leonard Sullivan
Sullivan Surveying
1143 Executive Circle
Cary, NC 27155

Ben Aldridge, R.S.
Iredell County Health Department
Mooresville, NC 28115

Bart Abernathy
Abernathy Grading
Mt. Ulla, NC

From: Toney Jacobs, LSS

Ref: Pipe inspection of 5 group bundle on Palmer Marsh Place
Shavender's Bluff (lots 307-311) Mooresville, NC

On January 17, 2017 a site meeting was held with Ben Aldridge (ICHD) and Cory Knox (Abernathy Grading). All pipes were as specified. All pipes had pressure at slightly above 50 psi.

On January 18 all pipes were rechecked and all had zero leakage in 24 hours. Pressure was released to check that lots and off-sites matched and all corresponded. On January 31 the area was rechecked and all grading was completed and stabilized.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Leonard A. Sullivan, Jr, am the legal owner of the property located at 152 - 166 Palmer Marsh Engineering identified as PIN(Parcel Identification Number) 4671697441 4671698307 4671668189 4671669932, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Tonya Jacobs, LSS, JDS Inc, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 19 Dec 2016 — Date

Signature of Witness — Dec 19, 2016 — Date