IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # [illegible]

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

PIN # 4627-30-1123

APPLICANT/OWNER: Amy Presson APPLICANT ADDRESS: 102 Farm Knoll Way Mooresville

SITE ADDRESS: 146 Ardmore Pl. Mooresville PHONE: 704-472-9231 ALT. PHONE

SITE DIRECTIONS: BSR, McKendree, Ardmore, on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CLET SECTION: 8 LOT # 352 LOT AREA: .87AC DESIGN FLOW: 600 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 ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravel Bed + Panel Block
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

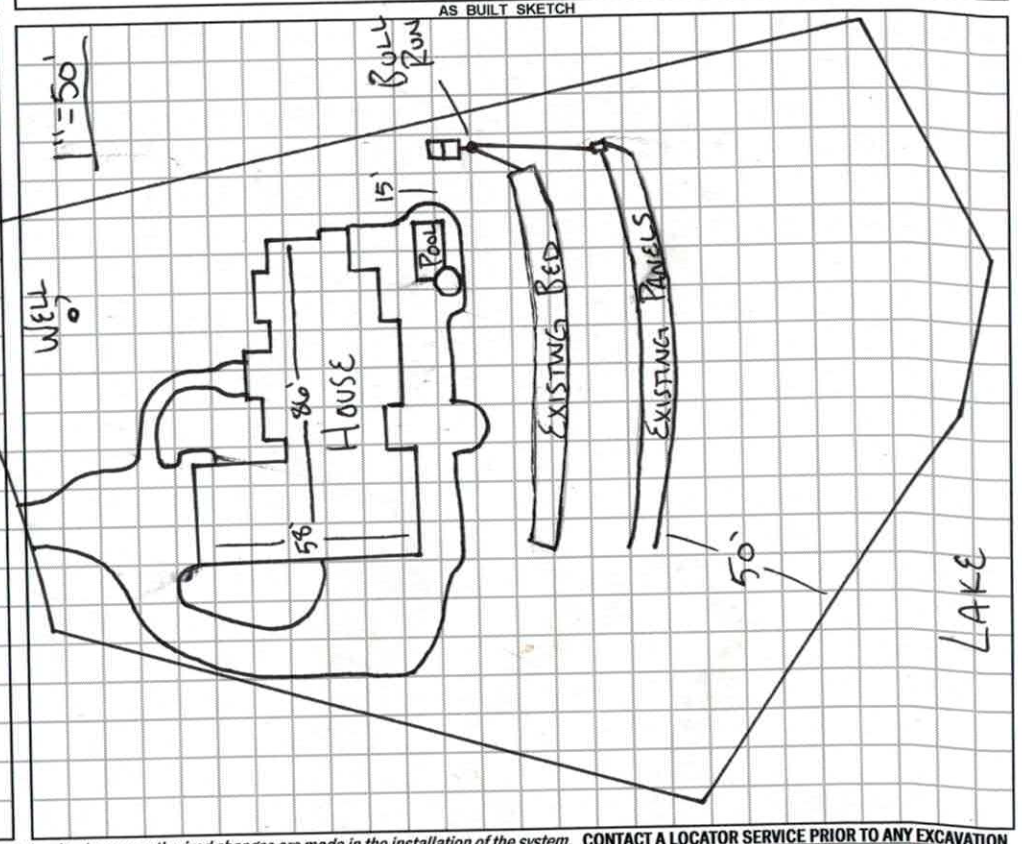
☒ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

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: [signature] Date: 11-5-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: APPROVED NOV 29 2017

RECEIVED SEP 12 2017

Paid $250.00

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)

#230048

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Amy Presson	102 Farm Knoll Way	704-472-9231	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Amy Presson	102 Farm Knoll Way	704-472-9231	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

146 Ardmore Pl	CLiT 58	Lot 352
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Exit 35 Brawley School Rd right on McKendree, right on Ardmore

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

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

Maximum Number of Bedrooms 5
Maximum Number of Occupants 5
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 ___

PAID Cash MT 9-12-17

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)* (X) EXISTING SYSTEM installed 1993 *Year*

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

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands? ( ) 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: Amy Presson 9-12-17
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, Amy Presson, am the legal owner(s) of the property located at 146 Ardmore Pl Mooresville NC 28117, 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.

Amy Presson 9-12-17

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

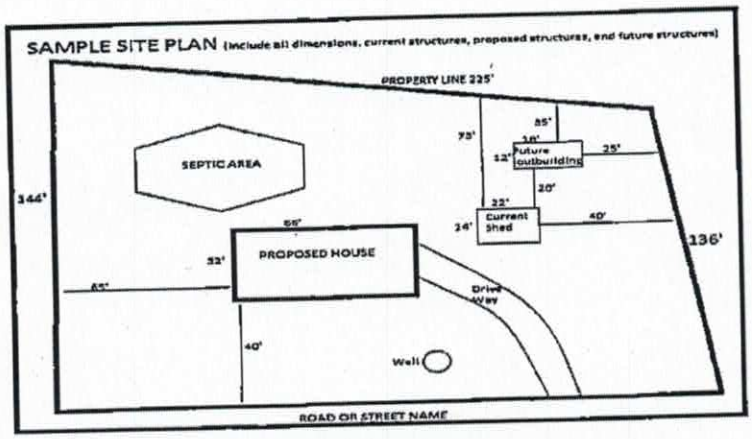
_____Front and side setbacks from property line... **_____Preferred driveway location and configuration, preferred well location...**

_____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:

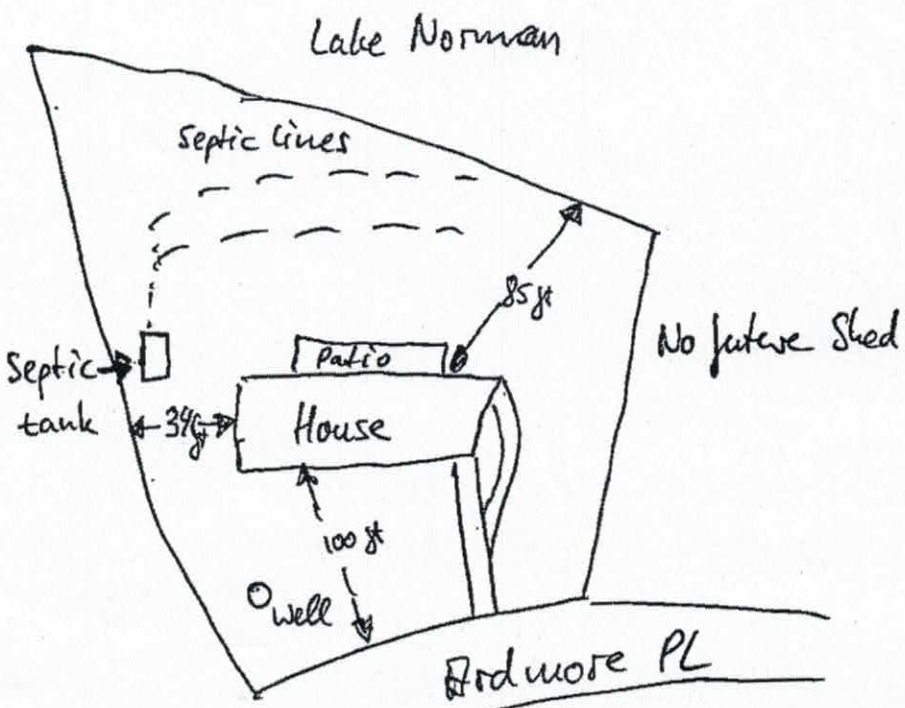
_____Location of septic systems and wells within 100' of your property... N/A

_____Location of easements and rights of ways on your property... N/A **_____Location of any designated wetlands on the property... N/A**



Presson Property

USE THIS SPACE TO DRAW YOUR SITE PLAN



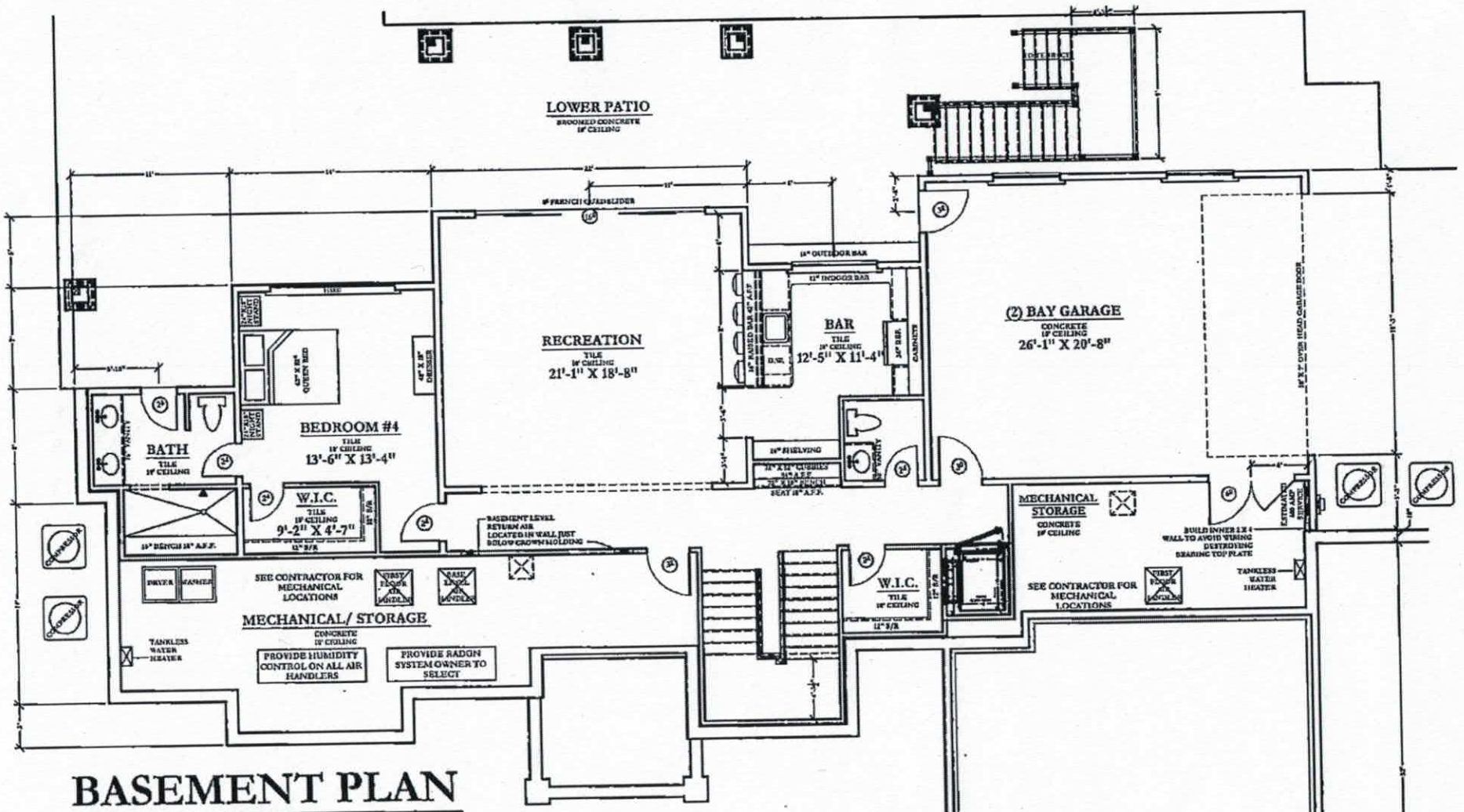
Signature: Amy Presson

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

9/12/17

DATE

"The Presson/Hahn Residence"
146 Ardmore Place, Mooresville,
Iredell County, NC 28117
Cfarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980.722-1726
www.mcfarlanddesign.com
Site Plan
C-2
LAKE NORMAN
ANY DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.
PIER
S 69°26'00"E
40.95'
N 71°40'00"E 69.92'
SEAWALL
0.870 AC.±
352
#6 PIN
26"
42"
30"
24"
36"
34"
18"
50' S/B
RED
ORANGE
BLUE
BASEMENT CUT @ ELEVATION 786
FIRE PIT AND SURROUND
LOWER PATIO
HOT TUB
TANK
REAR PORCH
FRONT PORCH
(2) STORY DWELLING OVER BASEMENT
(2) BAY GARAGE
GARAGE SLAB @ ELEVATION 791
30' TURN OUT PAD
30' DRIVE WAY
WELL @ 35' S/B
BENCHMARK 799.97' CONCRETE MONUMENT
FENCE
100 ft
C1
WOODED
S 46°52'26"E 122.63'
S 24°53'45"W
176.20'
N 02°55'00"W 275.11'
272.92'
PB 15-70
EP
Ardmore PL
Street
PAVED ROAD
R/W

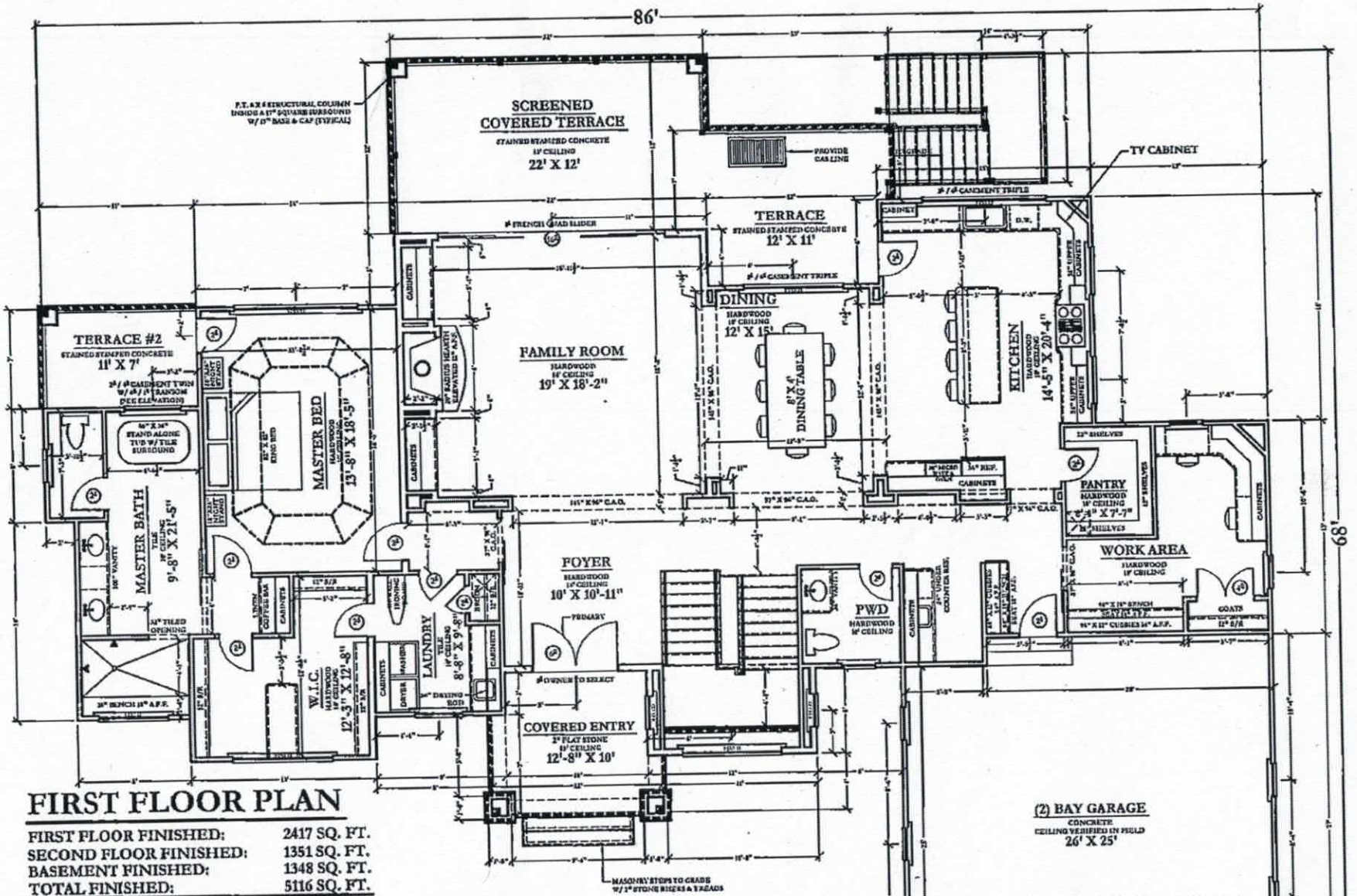


BASEMENT PLAN

BASEMENT FINISHED:	1348 SQ. FT.
LOWER GARAGE:	574 SQ. FT.
BASEMENT UNFINISHED:	687 SQ. FT.

Acknowledgement of
Plans Submittal ONLY!
Allen Prisco Date 9-12-18

Date



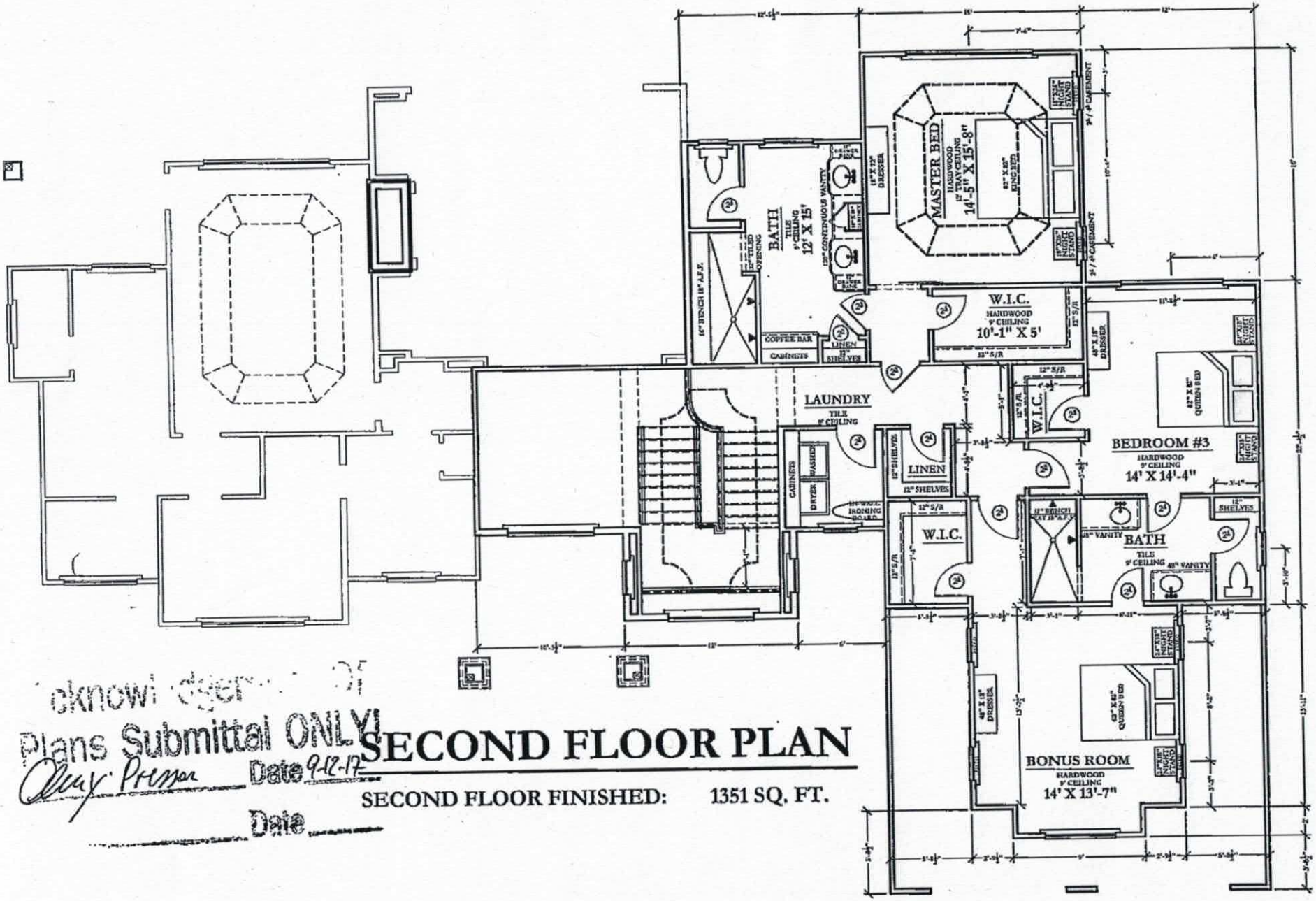
FIRST FLOOR PLAN

FIRST FLOOR FINISHED:	2417 SQ. FT.
SECOND FLOOR FINISHED:	1351 SQ. FT.
BASEMENT FINISHED:	1348 SQ. FT.
TOTAL FINISHED:	5116 SQ. FT.
GARAGE:	690 SQ. FT.
FRONT PORCH:	111 SQ. FT.
COVERED TERRACE:	264 SQ. FT.
TERRACE:	137 SQ. FT.
TERRACE #2:	77 SQ. FT.
UNFINISHED BASEMENT:	687 SQ. FT.
LOWER GARAGE:	574 SQ. FT.
TOTAL UNFINISHED:	2540 SQ. FT.
TOTAL HOUSE UNDER FOOTING / ROOF:	7656 SQ. FT.

Plans Submittal ONLY!

Amy Presson Date 9-12-17

Date



cknowledgement of Plans Submittal ONLY

Date 9-12-17

Date

SECOND FLOOR PLAN

SECOND FLOOR FINISHED: 1351 SQ. FT.

IREDELL COUNTY

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

APPLICATION NUMBER
230048
Issue Date: 09/12/2017

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4627301123.000	146 ARDMORE PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PRESSON TRUST	Applicant: PRESSON, AMY
Address: 5103 FERNWOOD DR SOUTHPORT, NC 28461	Address: 102 FARM KNOLL WAY MOORESVILLE, NC 28117
Phone:	Phone: 404-472-9231

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Credit
PAID
Mar 9/17

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.

See Attached

Applicant: _____ Date: _____

Permit Number	114718	TOTAL FEES:	$ 77.25