IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300641

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

PIN # 4629508714

APPLICANT/OWNER: Timothy Nooner APPLICANT ADDRESS: 209 Penicillin Point Troutman, NC

SITE ADDRESS: 209 Penicillin Point Troutman, NC PHONE: 704-202-7116 ALT. PHONE 704-202-7107

SITE DIRECTIONS: State Park Rd → L on Morrison Farm Rd → R on Penicillin Point → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Lakeview Acres SECTION: — LOT # 19-22 LOT AREA: .48ac DESIGN FLOW: 360gpd L.T.A.R.: existing

Septic Tank existing (gal) STB Date

Pump Tank existing (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width EXISTING Trench Bottom Depth (Low side) Gravel Depth —

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

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private

☐ Public

☐ Community

Comments / Conditions: System functioning properly during time of inspection. Garage addition must maintain 5' from repair area and cannot have foundation drain.

INITIAL SITE SKETCH

See attached site plan

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: Timothy Nooner Date: 9-6-19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Kayla Whitaker Date: 8-27-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Penicillin Point
N 24°43'41"E 6.93'
L= 6.93 R= 725.98
N 42°21'47"E
(tie only)
95.32'
unmarked point
rebar found
N 23°11'22"E 89.18'
rebar found
concrete pad & well
rebar found old lot corner
S 80°26'46"E
56.07'
(tie only)
N 69°00'30"W
98.65'
brick pavers
nail found by bent rebar
N 51°29'50"W
100.92'
brick pavers
frame dwelling
GARAGE ADD'
ACCESS THROUGH
EX. WALL
S 62°33'48"E 210.12'
deck
pipe found
S 06°16'59"W
67.17'
adjoiner's pier & deck
wooden deck
pier
pipe found
S 37°47'45"W
35.93'
rebar found
N 77°02'58"W
24.68'
nail found
Ynez Olshausen
D.B. 2093, Pg. 156
D.B. 900,
APPROVED JAN 17 2019
KW
1"=30'
PLACE IN FILE
REVISED 12-7-18
ICHD
Im Noonen
SKETCH FOR ICHD.

238340

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Repair Area Relocation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Timothy Nooner Address: 209 Penicillin Pt, Troutman Zip: 28166
Applicant Email: timnooner@gmail.com Phone: 704-202-7116 Alt. Phone: 704-202-7107
Owner Name: Timothy & Cynthia Nooner Address: same Zip: ____
Owner Email: noon4477@bellsouth.net Phone: 704-202-7116 Alt. Phone: 704-202-7107

Property Information:

Street Address: 209 Penicillin Pt., Troutman, NC 28166
Subdivision Name: ____ Section/Phase: ____ Lot Number: ____
Driving Directions: From Center St. : Continue onto S. Center St, Take slight right turn on Shelton A Take right turn on Wagner St, Take right turn on State Park Rd, Turn Left on Morrison Farm Rd, then turn right on Penicillin Point.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 5
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition (X) Other Addition/Structure: ____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ____
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: ____ 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: ____
( ) 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: T. Nooner 8-07-18
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)* _____

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, _____, am the legal owner(s) of the property located at _____, 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

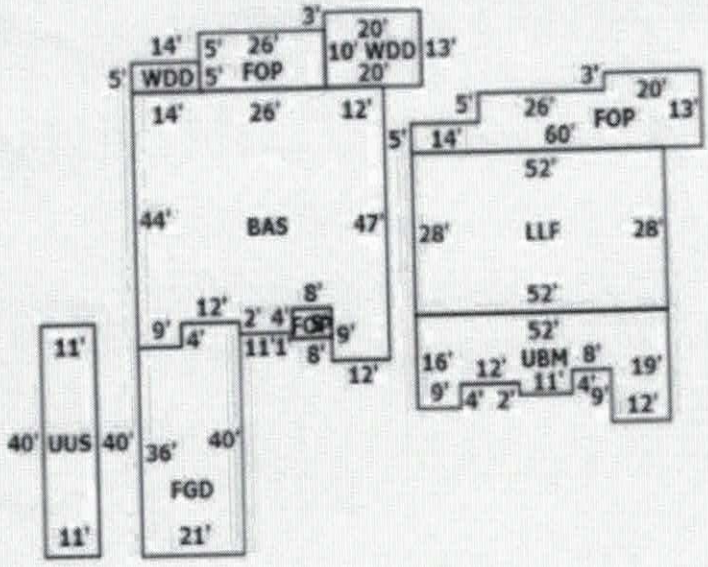
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

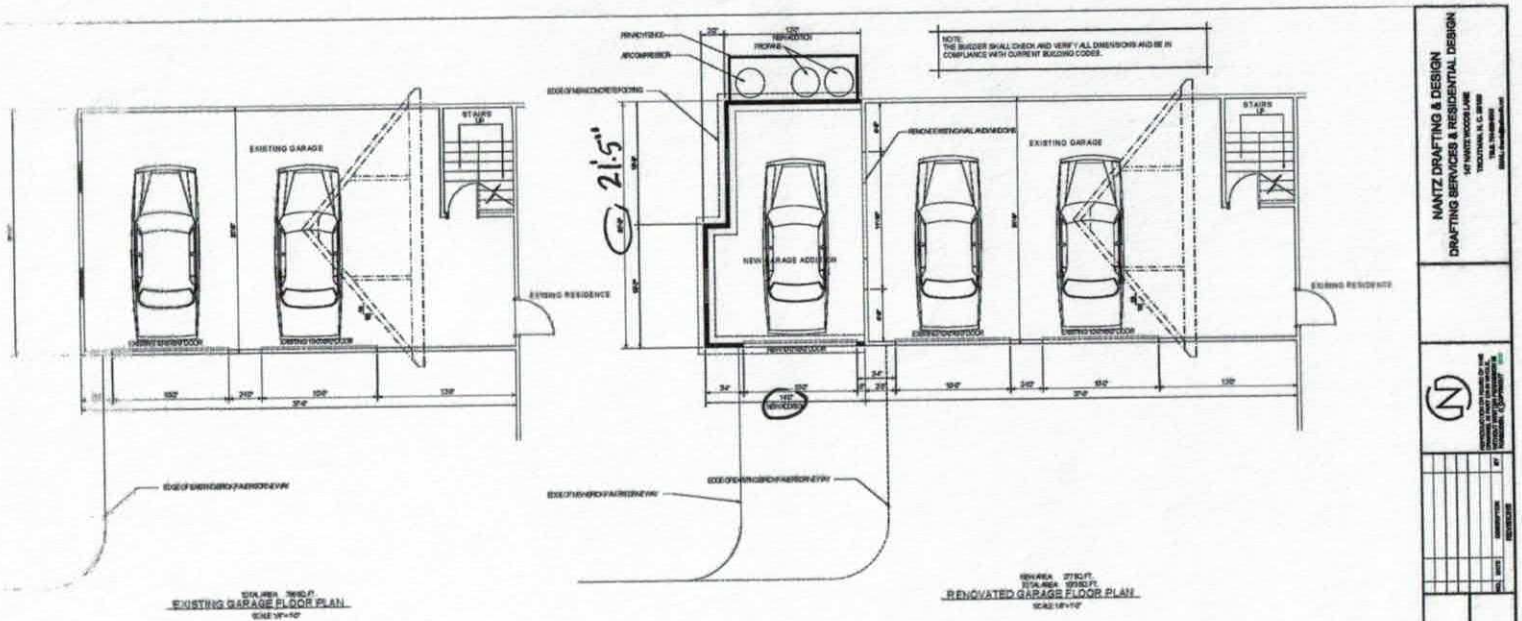
Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Click on image to enlarge

CODE	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE
67	PIERS		0	0	342	18.00
95	BOATSP/COV		18	30	540	25.00



NOTE:
THE BUILDER SHALL CHECK AND VERIFY ALL DIMENSIONS AND BE IN COMPLIANCE WITH CURRENT BUILDING CODES.

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN

SHEET NO. 1
A NEW GARAGE ADDITION FOR:
TIM and CYNTHIA NOONER & FAMILY
EXISTING GARAGE FLOOR PLAN
RENOVATED GARAGE FLOOR PLAN
DRAWN: WAYNE
DATE: 8-26-19
SCALE: 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Tim Noonan Date 8-27-19

Thayla Wilson Date 8-27-19