3:30

Please contact when coming 704-363-9154 Davis Mitchell for Lot #156

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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 #	Alternate Phone #
Davis Mitchell	PO Box 393 Troutman NC 28166		704-363-9154
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Danielle Campbell	12605k Kenerbuck Ln Hunterstville NC	704-641-7860	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
156 Sunset Bay Dr. Troutman NC	Sunset Bay	

Driving Directions: Left off State Park Rd. onto Morrison Farm Rd. Approx 2 miles turn Right onto Sunset Bay Dr. Last Lot on Right Before Power Line

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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
( ) Other

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)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

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: _____ 5-14-15
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, Danielle Campbell, am the legal owner(s) of the property located at 156 Sunset Bay Drive, identified as PIN (Parcel Identification Number) 4629-64-4469, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Davis C. Mitchell, Gates Construction, 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.

Danielle Campbell 5-14-15 — Signature of Owner(s) — Date

[signature] 5-14-15 — 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

Davis Mitchell; 156 Sunset Bay Dr., Irtn.

6/16/2015

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 94559 PIN# ~~4629417771 PT~~ 4629-64-4469 DATE 9/13/01

OWNER OR CONTRACTOR PROVIDENCE DEV. PHONE: Business _____ Home _____

ADDRESS 6707 FAIRVIEW RD CHARLOTTE NC 28210

LOCATION PERTH (5) - TR STATE PARK RD - TL MORRISON FARM - TR SUNSET BAY ON RT

SUBDIVISION SUNSET BAY BLOCK / SECTION _____ LOT 16 LOT AREA 37745 ft± SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 GPD/FT

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: ~~500~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

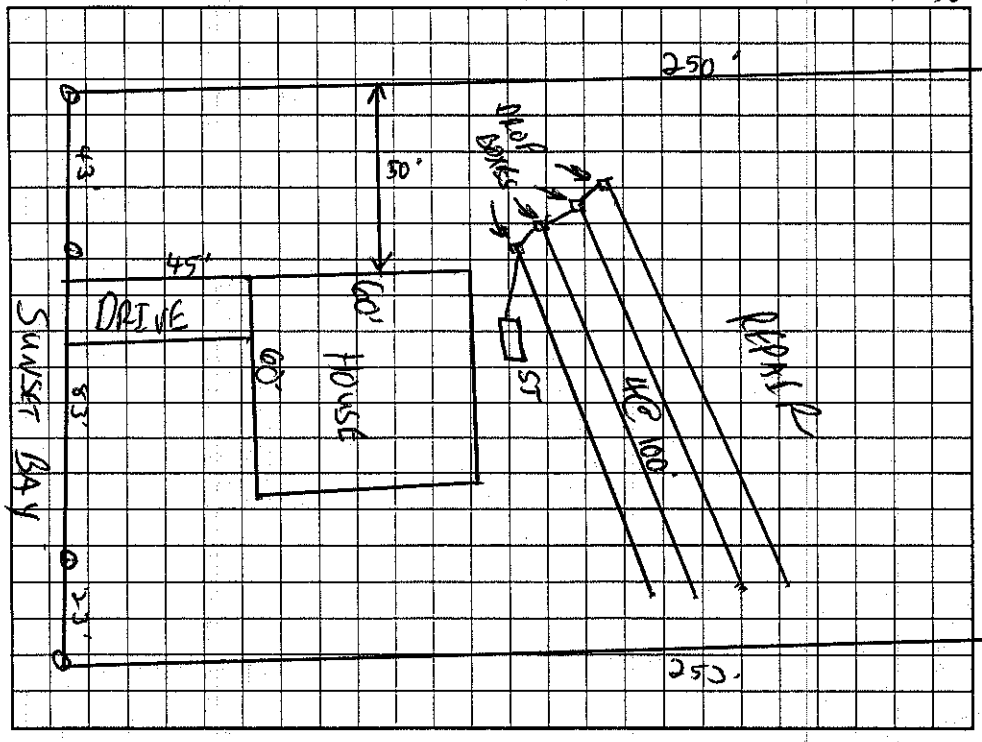
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community

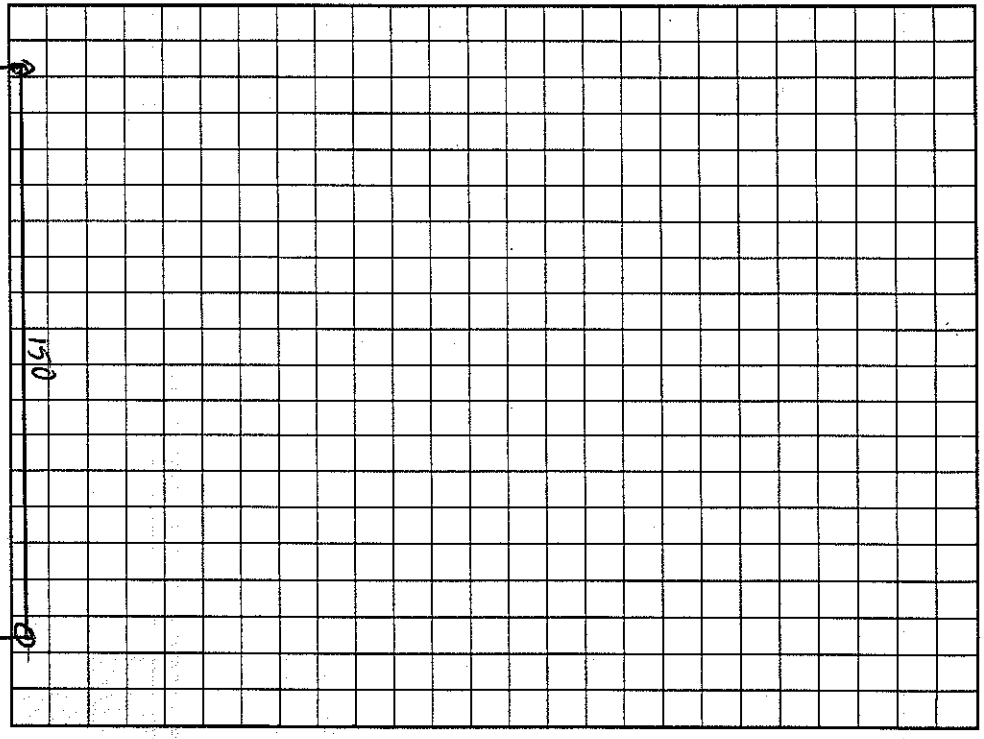
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



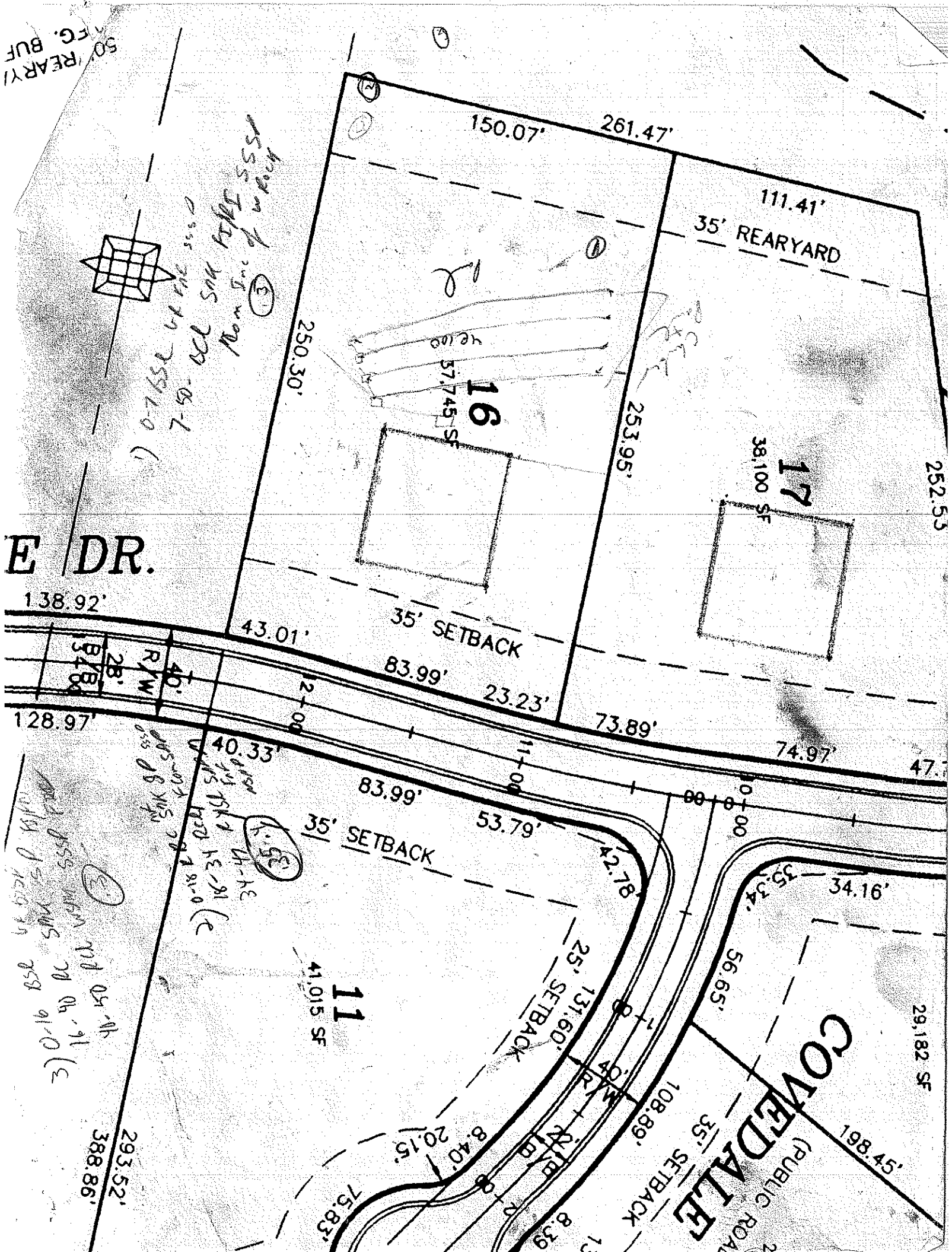
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 10-30-01 Installed by: _____

Improvement Permit by: _____ date 9/13/01 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


150.07'
261.47'
111.41'
35' REARYARD
250.30'
253.95'
252.53
16
57,745 SF
17
38,100 SF
E DR.
138.92'
43.01'
35' SETBACK
83.99'
23.23'
73.89'
74.97'
128.97'
40.33'
53.79'
42.78'
34.16'
11
41,015 SF
25' SETBACK
131.60'
56.65'
29,182 SF
108.89'
198.45'
35' SETBACK
COVEDALE
(PUBLIC ROAD)
293.52'
388.86'
75.83'
20.15'
8.40'