IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 224963

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

PIN # 4635291073

APPLICANT: Don Peel

APPLICANT ADDRESS: 117 Harbor Shore Ct Mooresville NC

SITE ADDRESS: 117 Harbor Shore Ct Mooresville NC PHONE: 704-660-1501 ALT. PHONE: 845-642-0331

SITE DIRECTIONS: Brawley School Rd to Isle of Pines Rd T/R Waterford T/L Lake Pine T/R Harbor Shore

SUBDIVISION: Pine Isle SECTION: 2nd LOT # 54 LOT AREA: 0.73ac DESIGN FLOW: 480 L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	700	Date	2-23	☐ New System	☒ Repair ☐ Expansion System Type: I II III ☒ IV V VI
Pump Tank	Ex (gal)	PT		Date		System Description:	Tank
Pump Make		Model		Serial #		Repair System Description:	
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth		☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms Ex

No. Persons 5

No. Employees

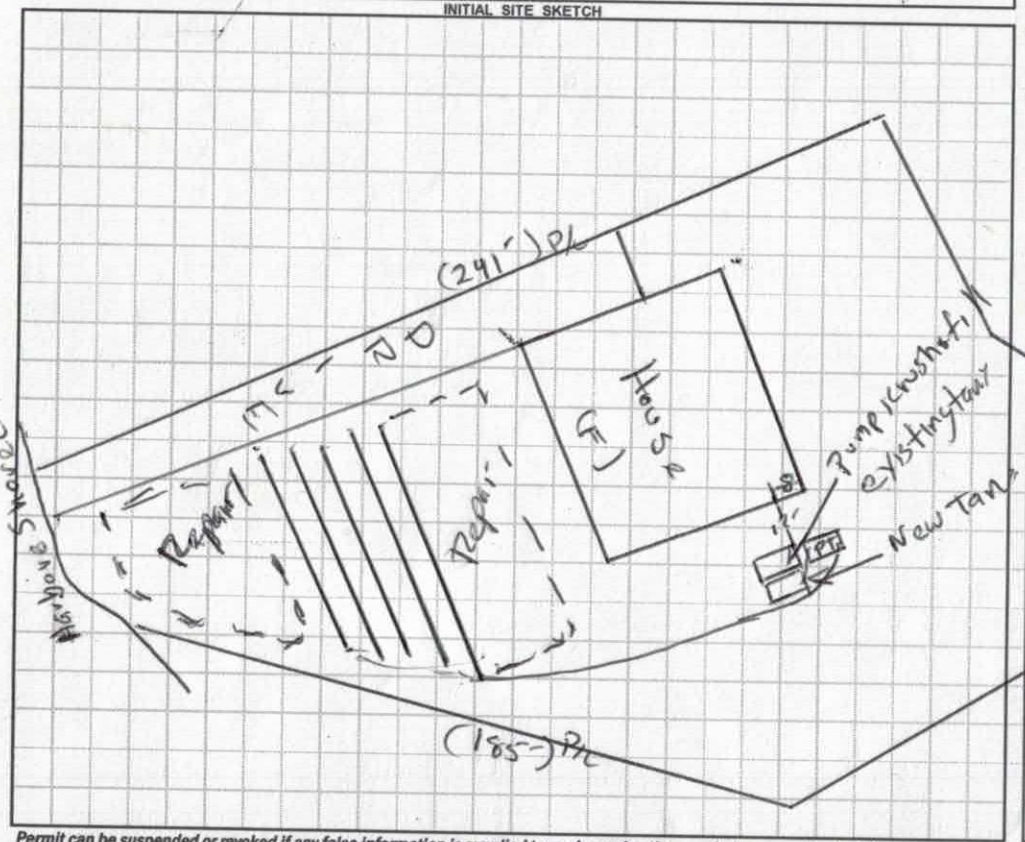
☒ Crawl Space

☐ Basement w/o plumbing

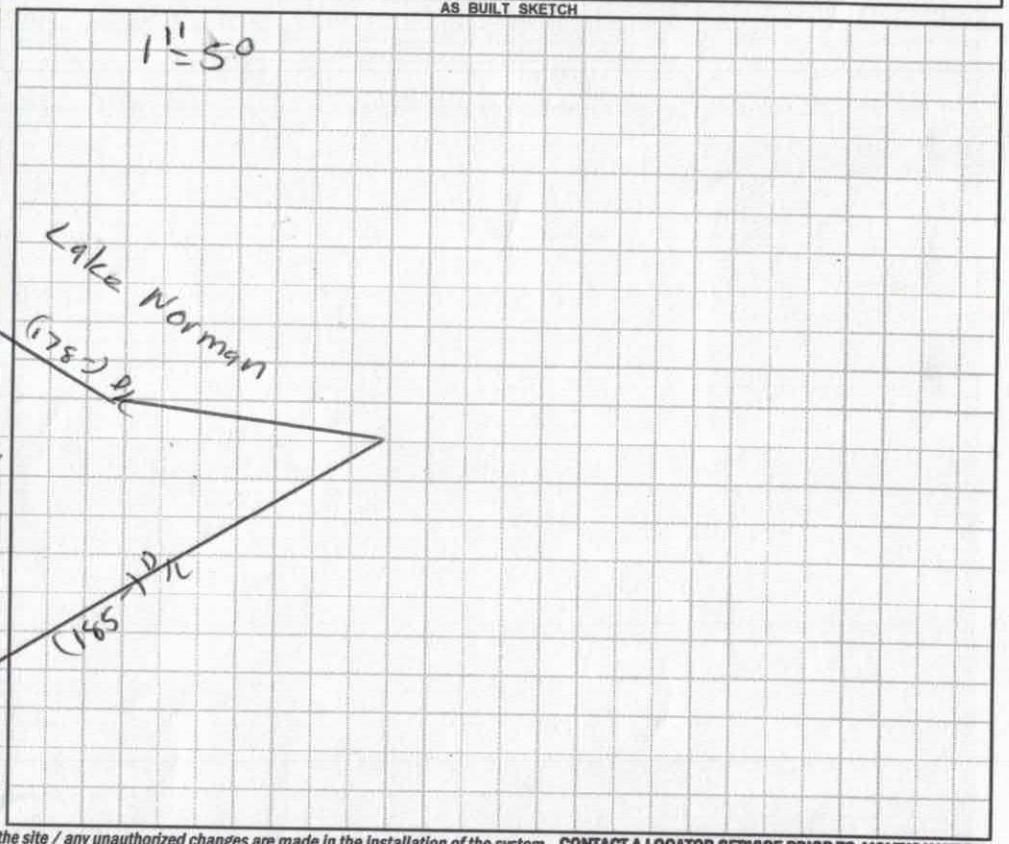
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Pump, crush + fill existing tank

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: Date: 3/2/17 Installed by:

IMPROVEMENT PERMIT by: Date: 03/09/17 OPERATION PERMIT by: LENTZ RATLEDGE Date: 4-17-17

AUTHORIZATION TO CONSTRUCT by: Date: 03/09/17 Existing System Inspected by: Date:

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

Please CALL prior to inspection
IF We need him to dig it back up.
Name: Tank re-covered.
Don Pfeil 845-642-0331

RECEIVED FEB 14 2017

...LL COUNTY HEALTH DEPARTMENT
...ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Repair Evaluation N/Chg
224963 Paid $150.00 3-2017

Number: ____

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection (X) 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: (X) 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:

Applicant Name: DON PFEIL **Address:** 112 HARBOR SHORE CT MOORESVILLE NC **Phone:** 704 660 1501 845 642-0331

Owner Name: SAME **Address:** SAME **Phone:** ____

Property Information:

Street Address: 112 HARBOR SHORE COURT MOORESVILLE NC 28117

Subdivision Name: PINE ISLE **Section/Phase:** ____ **Lot Number:** 54

Driving Directions: ____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: ____

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

Non-Residential Site Development:
Type of Business: ____
Square Footage of Building: ____
Maximum Number of Employee: ____
Maximum Number of Seats/Beds/Other: ____

Top of tank Cracked around lids - Concrete deteriorating between ST's PT

Water Supply: Per Jack Moore (David)

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 1994

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

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. industrial) 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.

Signature: ____ 2/14/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

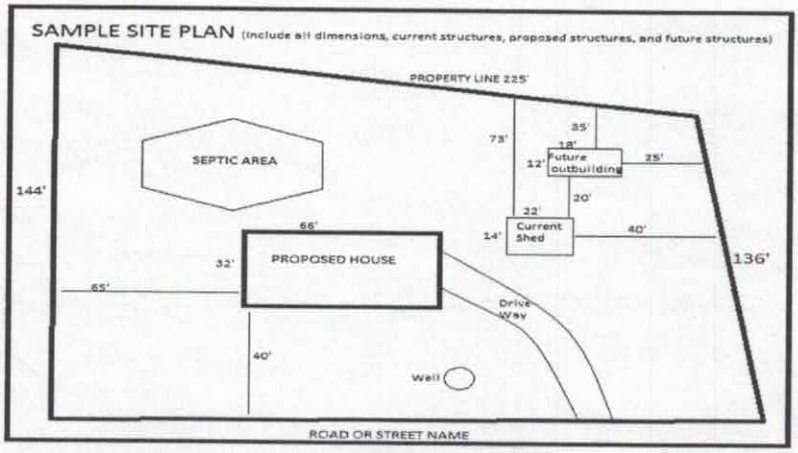
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Permit

Signature: _____

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

2/14/17

DATE