IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234519

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

PIN # 4635-29-5058 ✓

APPLICANT/OWNER: Charles M. Wollbrinck APPLICANT ADDRESS: 105 Harbor Shore Ct. Mooresville, NC 28117

SITE ADDRESS: ✓105 Harbor Shore Ct. Mooresville, NC 28117 PHONE: 704-660-7947 ALT. PHONE 540-974-6869

SITE DIRECTIONS: BSR → L on Isle of Pines → R on Waterford → L on Lake Pine → House is on Corner of Lake Pine & Harbor Shore SAP CONTROLLED: ☐ YES ☒ NO

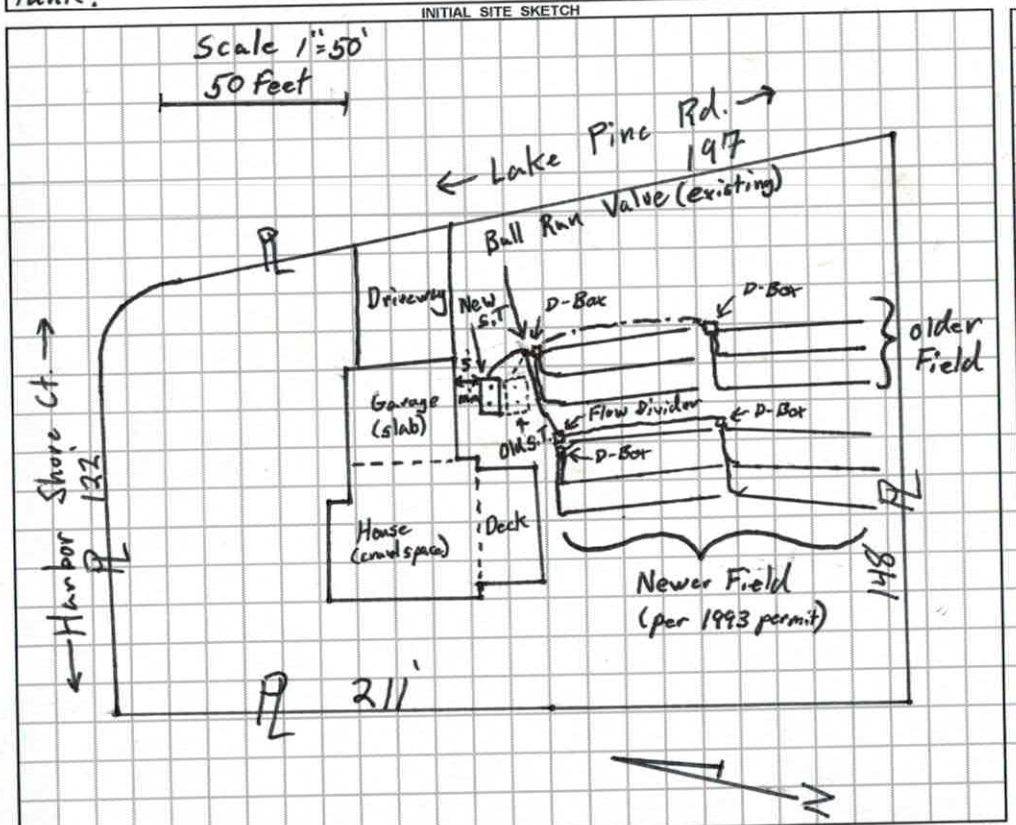
SUBDIVISION: ✓ Pine Isle SECTION: 2 LOT # 57 LOT AREA: 0.62 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	794	Date	4/9/18	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date		System Description:	Replace Septic Tank		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	AS Requested/Needed		
# Nitrification Fields	2-Ex	# Lines	6 (Per Field) Ex	Linear Ft	270 (per field)	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

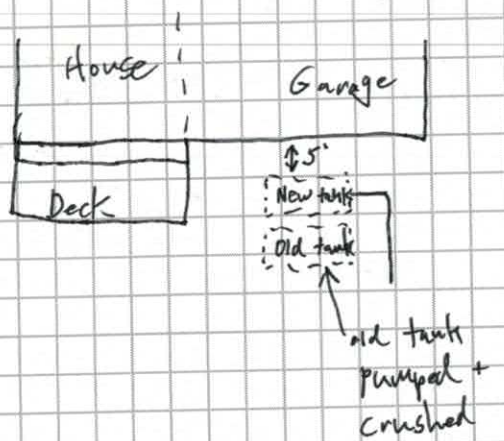
Comments / Conditions: Replace Septic Tank (crumbling) as requested. Pump + Crush old tank or haul away. New tank to be installed adjacent old tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

7/9/18: Mid-seam 1000-gal Dellinger concrete tank w/ a Polylok PL-65 Filter



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: Charles M Wollbrinck Date: 4/6/18

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/5/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/5/2018

Installed by: Stanley Environmental

OPERATION PERMIT by: Tom Shuck Date: 7/9/18

Existing System Inspected by: Date:

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.

Permit - 234519 Repair

RECEIVED APR 2 - 2018

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)

234519

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Repair Evaluation - No Charge

The following optional attachments may also be submitted: X 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: Paid $150.00 4/6/18

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Charles M. Wollbrinck	105 Harbor Shore Ct., Mooresville NC 28117	704-660-7947	540-974-6869
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
105 Harbor Shore Ct	Pine Isle	Lot 57

Driving Directions: From Brawley School Rd Turn left on Isle of Pine, then right onto Waterford and left on Lake Pine - Property is on the corner of Lake Pine & Harbor Shore, 105 Harbor Shore Ct.

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 12
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) 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 ____ *Year*

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

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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: Charles M Wollbrinck 4/2/18

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

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, Charles M. Wollbrinck, am the legal owner(s) of the property located at 105 Harbor Shore Ct., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Charles M. Wollbrinck _____, 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.

Charles M Wollbrinck 4/2/17 _____ _____

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

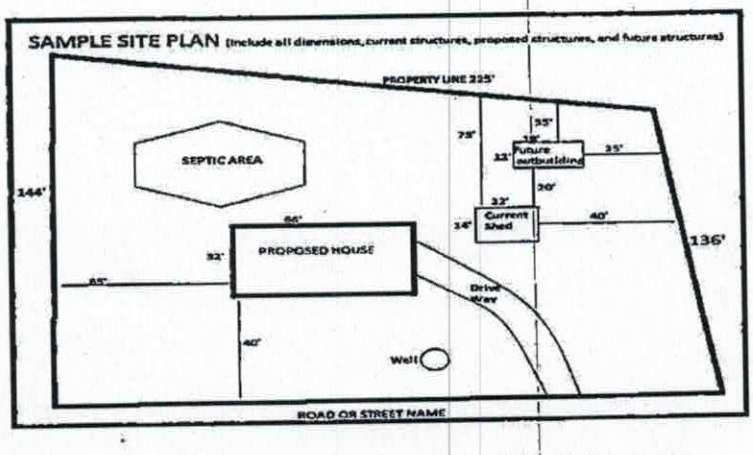
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

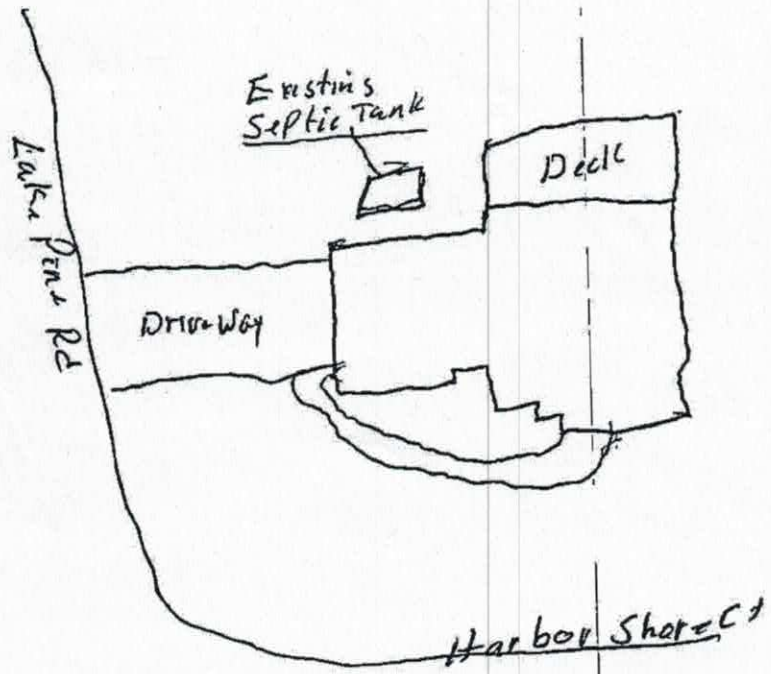
Circle N/A on the following if appropriate:

____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Charles M Wallace

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

4/2/18

DATE

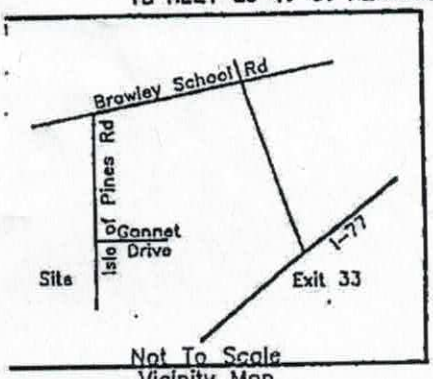
THIS IS TO CERTIFY THAT ON THE 10 DAY OF February 19 93 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Martin L. Baucom

BABCOCK-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5104-13 N. I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088

NORTH CAROLINA REGISTERED SEAL L-2733 LAND SURVEYOR MARTIN L. BAUCOM

MB. 23 PG. 11



Not To Scale
Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
- - -	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E	PUBLIC DRAINAGE EASEMENT

Community Panel Number: 370313 0200 B
Date: May 15, 1980
Zone: C

S 72° 12' 8" W 148.10'

5' Drainage & Utility Easm't along each side of the property

E.I.P.

E.I.P. 178.68'

E.I.P.

HIGH VIEW RD.

S 27° 38' 41" E 160.29'

25' SETBACK

57

56

0.6225 Ac.

N 17° 6' 1" W 210.66'

Septic Tank

DECK

CONC. DRIVE

2 S. FRAME STUCCO FRONT #101

26.0

22.0

19.6

6.4

9.0

31.9

21.0

30.0

35' SETBACK

54.1

S 25° 14' 58" E 36.71'
R=752.50
L=36.71

L=29.25
R=20.00

L=9.68

R=260.00 N 71° 22' 50" E 82.92'

E.I.P.

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. _____ DATE June 29, '93 TAX MAP NO. 2623 A57

OWNER OR CONTRACTOR M.T. Homes PHONE: Business 4635-29-5058 Home _____

ADDRESS 1043 E. Morehead St, Charlotte

LOCATION Hwy TL 1113 TR Waterford TL Highview on Right corner lot w/ Horseshoe

SUBDIVISION Pine Isle BLOCK / SECTION _____ LOT 57 LOT AREA _____ SITE CLASS. _____ L.T.A.R. n/a

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 (Ex + New) Square Feet _____ Linear Feet 270

No Lines 6 Trench Width 24" Trench Depth 36" Gravel Depth NA

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

System Description: grav. PVC PS

Repair System Description: gravity PVC PS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☑ Yes ☐ No

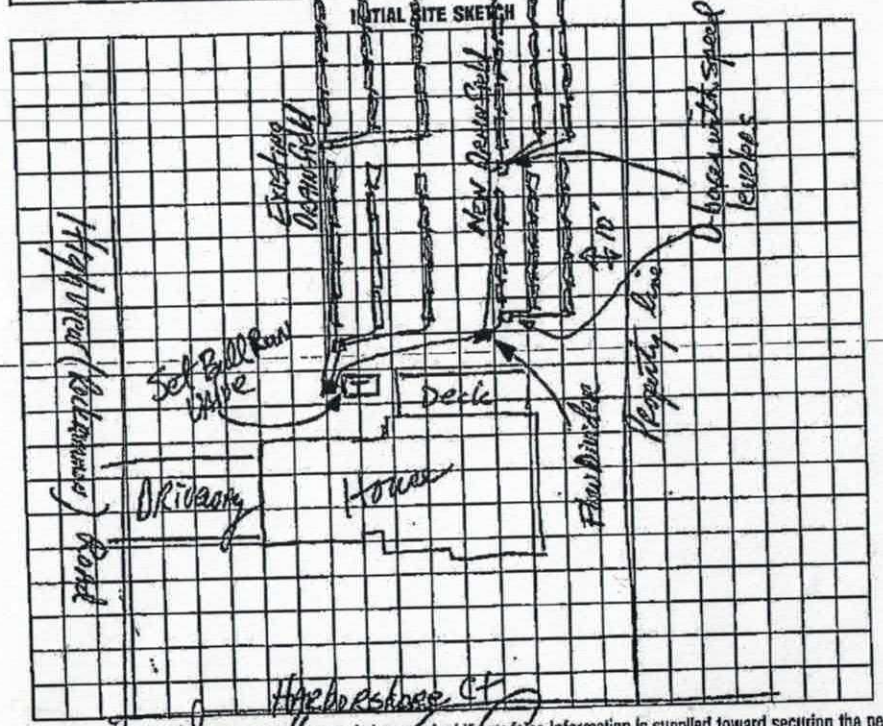
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

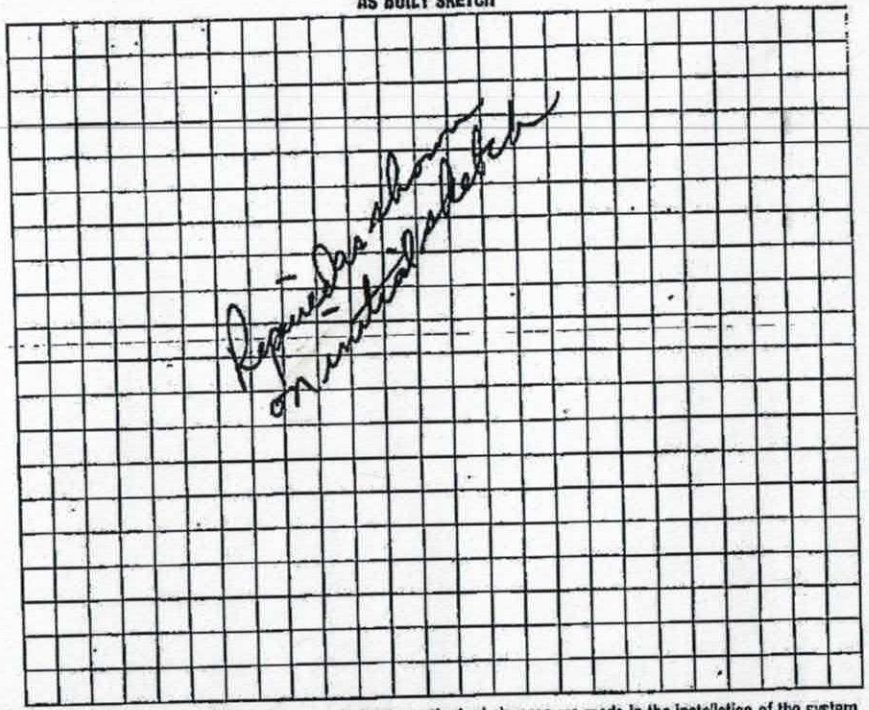
Other _____

Comments 480 gpd maximum design flow. Install repair under dry condition

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date 6/29/93

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 7/14/93

Operation Permit by: _____ date _____

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