IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 230424

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

PIN # 4635-29-6458

APPLICANT/OWNER: Mark Hatley | APPLICANT ADDRESS: 115 Lake Pine Rd. Mooresville, NC 28117

SITE ADDRESS: 115 Lake Pine Rd. Mooresville, NC 28117 | PHONE: 704-664-3549 | ALT. PHONE 704-564-0521

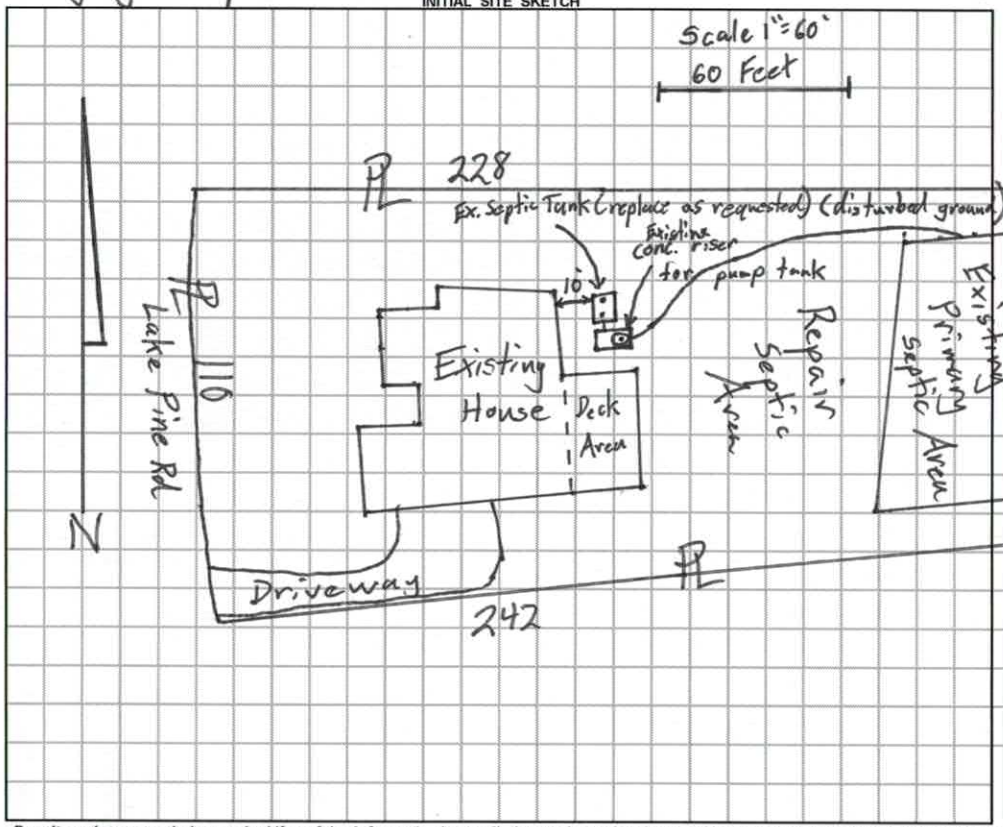
SITE DIRECTIONS: BSR towards Lake Norman → L on Isle of Pines → L on Waterford → L on Lake Pine Rd → on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pine Isle | SECTION: 2 | LOT # 78 | LOT AREA: 0.5572 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: —

Septic Tank	1500	(gal)	STB	LM 1530	Date		☐ New System ☒ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	Ex	(gal)	PT	Ex	Date	Ex	System Description:	LP-PPBPS (Existing) Replace Septic Tank	☐ Business	No. Persons	8	☐ Private
Pump Make	Ex	Model		Ex	Serial #	Ex	Repair System Description:	LP-PPBPS (Existing)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1-Ex	# Lines		4-Ex	Linear Ft	270 Ex	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	24" Ex	Trench Bottom Depth(Low side)		32" Ex	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Replace existing septic tank as requested. Existing tank shall be pumped and either 1) crushed in place or 2) Hauled away. Recommend uncovering pump tank to check integrity + replace if needed. Tank to be installed in same location/spot as previous tank. Used Infiltrator plastic 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: Mark Hatley | Date: 10/2/2017 | Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Tom Shuck | Date: 10/3/2017 | OPERATION PERMIT by: Maria Nelson | Date: 11/3/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 10/3/2017 | Existing System Inspected by: | Date:

9-26-17 @ 9:34 am "Verizon Wireless customer unavailable" No VM Available

Please CALL prior to inspection

Name: Mark

Number: 704-564-0521

Paid $150.00 10/2/17

RECEIVED SEP 21 2017

IY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

No Chg. Repair Evaluation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) 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 #230424

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: Mark Hatley Address: 115 Lake Pine Rd., Mooresville Zip: 28117

Applicant Email: mark@hatleysales.com Phone: 704-664-3549 work Alt. Phone: 704-564-0521 cell

Owner Name: Mark Hatley Address: same Zip: _____

Owner Email: same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 115 Lake Pine Road

Subdivision Name: Pine Isle Section/Phase: _____ Lot Number: 78

Driving Directions: Out Brawley School Rd. towards the end, left on Isle of Pines Rd., 1 3/4 miles left on to Waterford Dr., first left on Lake Pine Rd, 3rd house on left.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines

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

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

Describe Problem: Old tank, crumbling concrete

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: 1993
(X) 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: Mark Hatley 9-21-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Mark Hatley, am the legal owner(s) of the property located at 115 Lake Pine Road, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635296458.000, 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.

Mark Hatley 9-21-17

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

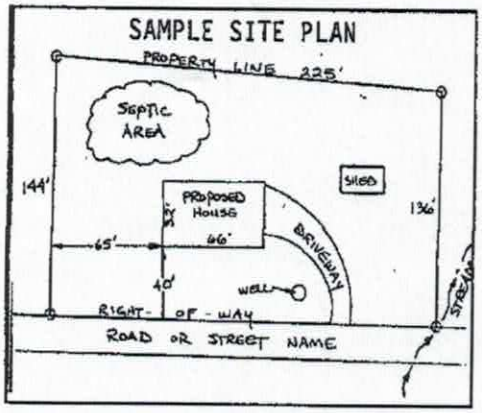
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Mat Hatley

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-21-17.

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4635 29 6458 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 16200 DATE Sept. 24, '93 TAX MAP NO. 2623A78

OWNER OR CONTRACTOR M. I. Homes PHONE: Business _____ Home _____

ADDRESS 1043 E. Morehead, Charlotte

LOCATION 1100 ft SR 1113 TR Waterford TL Highway ON left

SUBDIVISION Pine Isle BLOCK / SECTION 2 LOT 76 LOT AREA 25,000 ft² SITE CLASS 5 pr/1956 L.T.A.R. .3

Water Supply: ☐ Individual ☑ Community ☐ Public Goulds ½ HP WE0511 HH

Septic Tank: 1500 Gallons; STB 780 ACP Date 4-29-93

Pump Tank: 1500 Gallons; PT 104 ACP Date 4-29-93

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 4 Trench Width 24" Trench Depth 28-32" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees _____

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

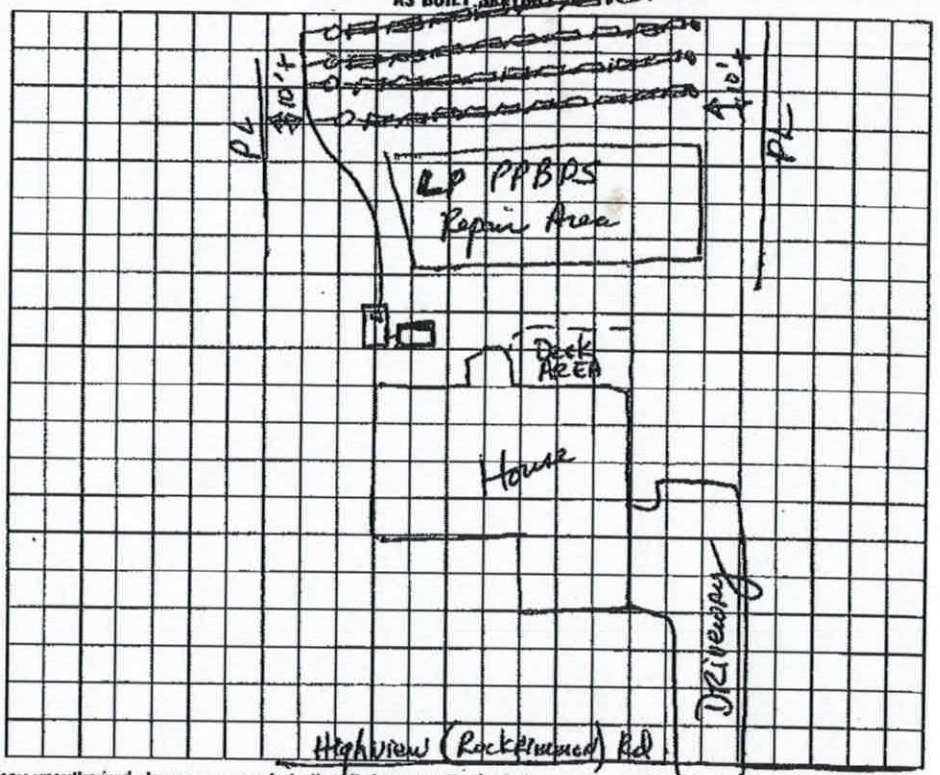
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Maintenance agreement received 9/24/93. System installed on 8/10/93. No deck constructed as of 9/24/93.

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 _____

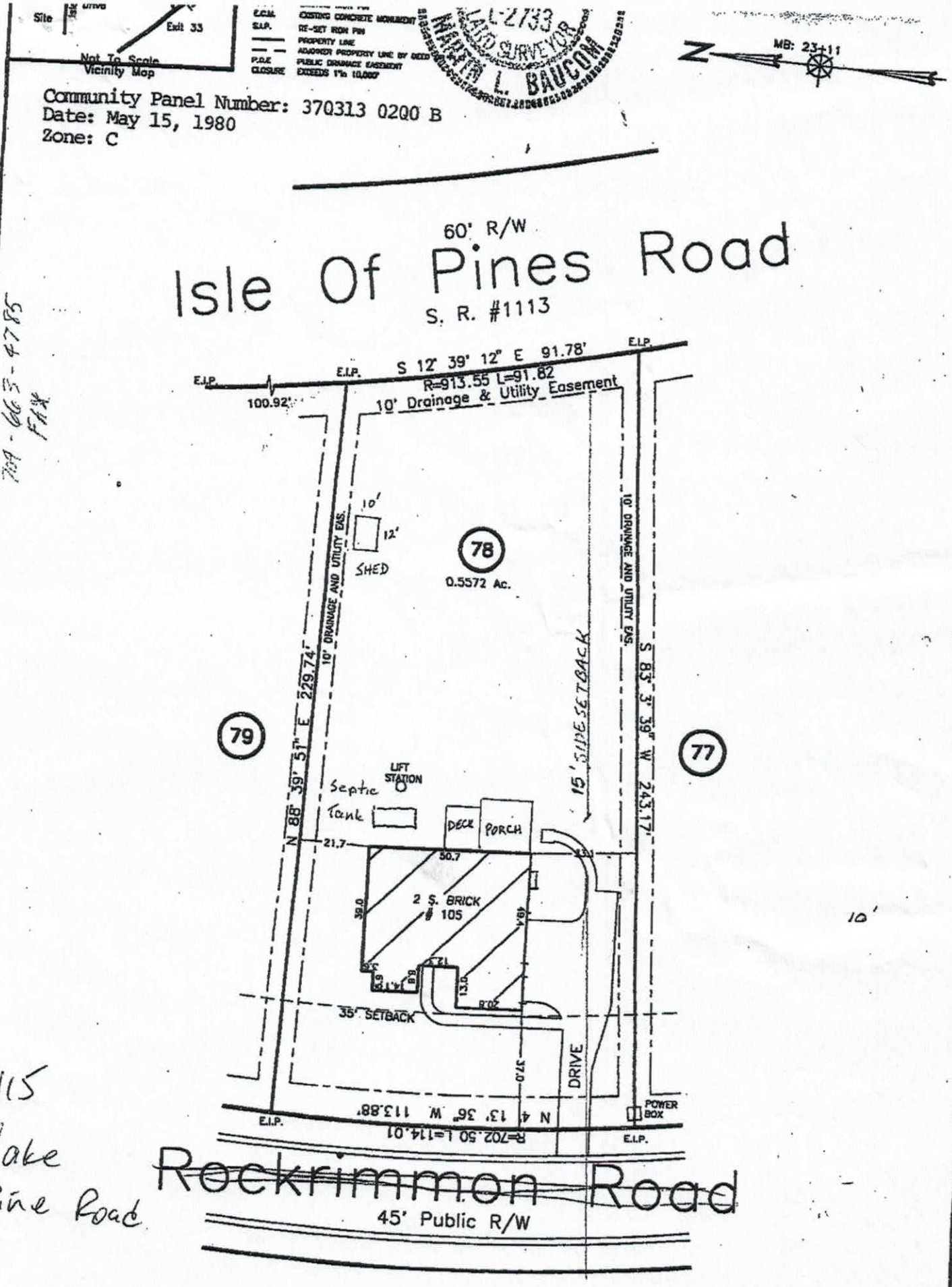
Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: Jack R. Hamm, RS date 9/24/93

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



169-66-5-4785
FH*

115
Lake
Pine Road