# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5309 Mooresville Office (704) 663-3626 PERMIT # 17-0661

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

PIN # 4635446396

APPLICANT/OWNER: Dan Munson APPLICANT ADDRESS: 703 Isle of Pines Mooresville, NC 28117

SITE ADDRESS: 703 Isle of Pines Mooresville PHONE: 8185778556 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pine on left across from Sunset SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Isle of Pines II SECTION: 2 LOT # 24 LOT AREA: .56 Acre DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank Exist. (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines Exist. (3) Linear Ft 330

Trench Width 9" Trench Bottom Depth(Low side) Gravel Depth 10"

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

System Description: Existing Gravity - Gravel Bed

Repair System Description: Recorded prior to 1983

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

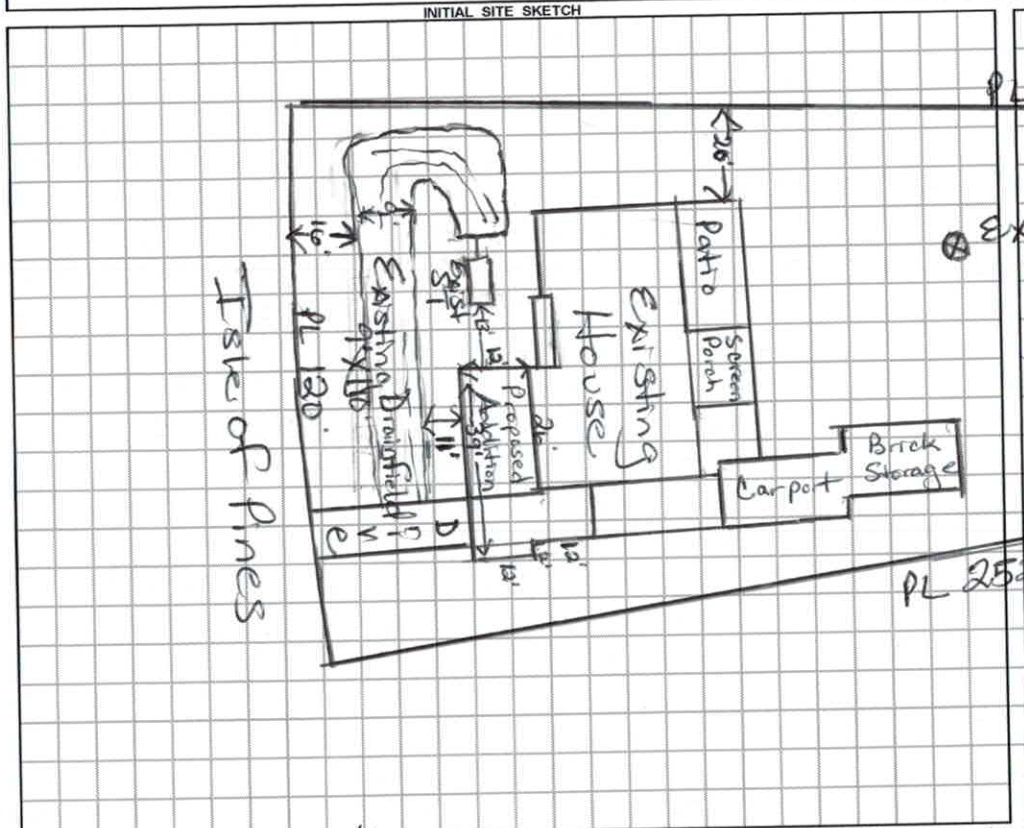
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

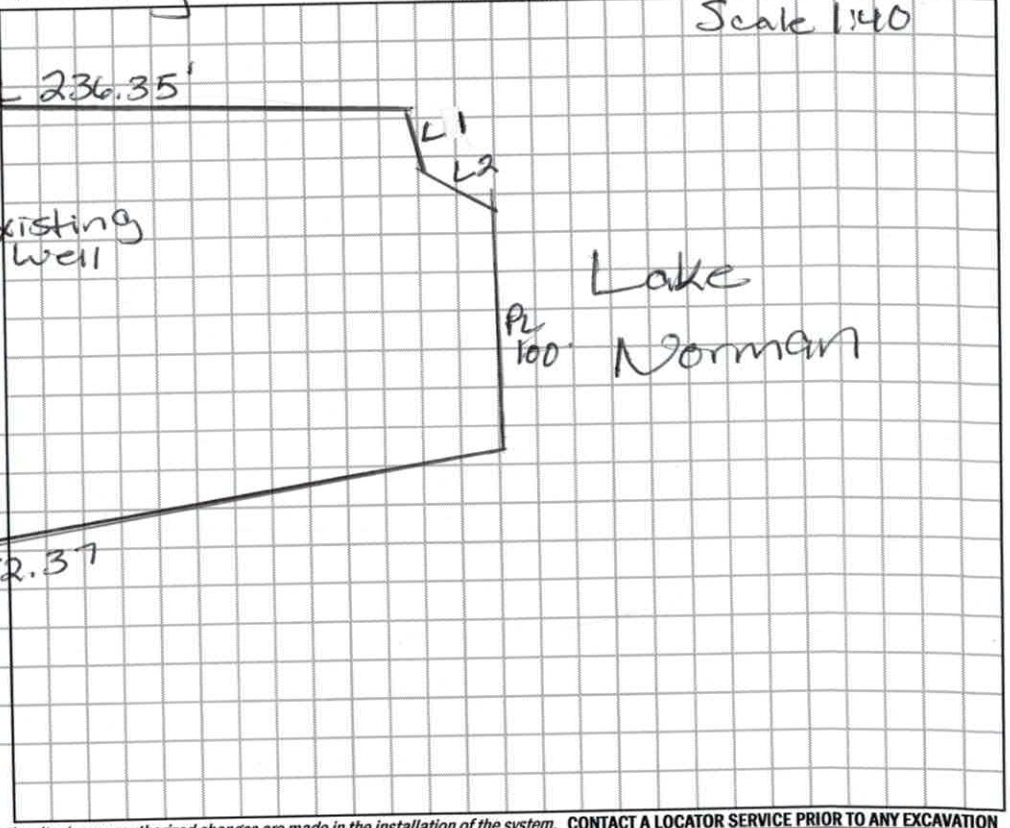
Comments / Conditions: Must keep have addition at least 5ft from existing septic system. The proposed addition does not appear to impact the existing on-site septic or well. Adding an office & bath, no additional bedroom

INITIAL SITE SKETCH




AS BUILT SKETCH

Scale 1:40




*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 and 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: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 9/6/17

Please CALL prior to inspection
Name: Dan Munson
Number: 818-802-0376

RECEIVED AUG 24 2017
Paid $250.00

# TY DEPARTMENT of ENVIRONMENTAL HEALTH
## *APPLICATION FORM*

# 229661

**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: DAN MUNSON Address: 703 ISLE OF PINES Zip: 28117
Applicant Email: HARLEY-7@MSN.COM Phone: 818-577-8556 Alt. Phone: 818-8020376
Owner Name: DAN MUNSON Address: 703 ISLE OF PINES Zip: 28117
Owner Email: SAME Phone: 818-577-8556 Alt. Phone: 818-8020376

**Property Information:**

Street Address: 703 ISLE OF PINES MOORESVILLE NC.
Subdivision Name: Isle of Pines Section/Phase: II Lot Number: 24
Driving Directions: BRAWLEY RD W OFF HWY 77 APROX 7 MILES L ON ISLE OF PINES

**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 Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: _____
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1975
( ) No Preference ( ) Alternative (X) 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?

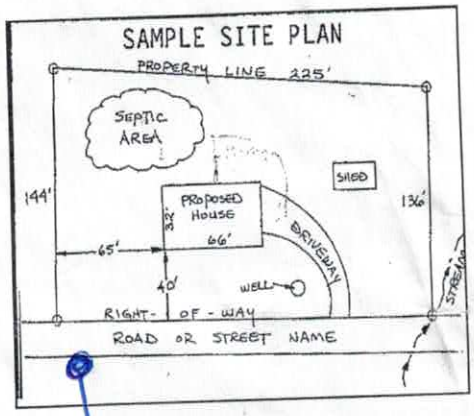
*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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:** _____ 8-24-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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** |

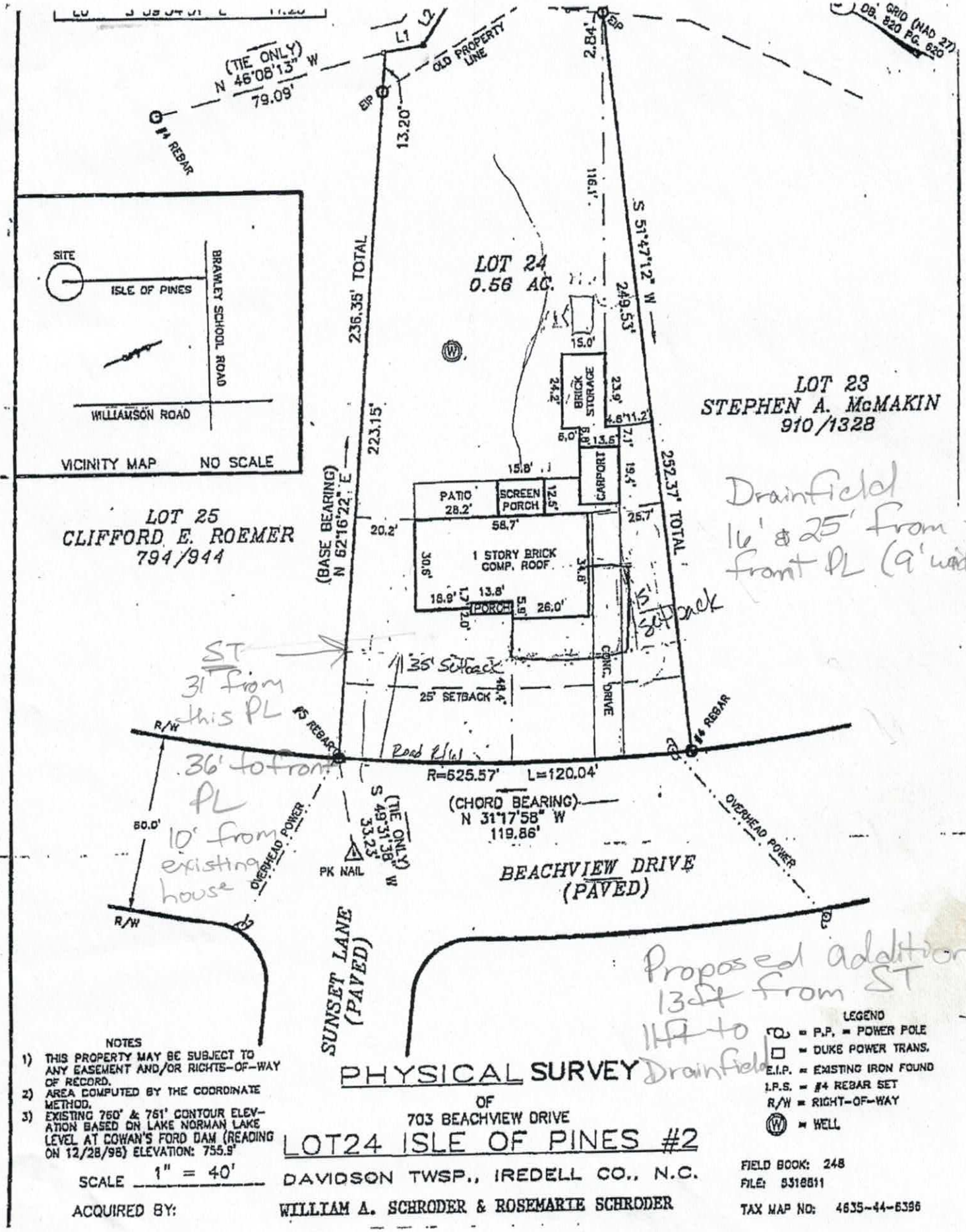
## USE THIS SPACE TO DRAW YOUR SITE PLAN

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




**Signature:** _____ 8-24-17

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




NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 12/28/98) ELEVATION: 755.9'

LEGEND

- P.P. = POWER POLE
- DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL

# PHYSICAL SURVEY

OF

703 BEACHVIEW DRIVE

## LOT24 ISLE OF PINES #2

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: WILLIAM A. SCHRODER & ROSEMARIE SCHRODER

FIELD BOOK: 248

FILE: 9316811

TAX MAP NO: 4635-44-6396

# 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, DAN HUNSON, am the legal owner(s) of the property located at 703 ISLE OF PINES RD MOORESVILLE, 28117, identified as PIN (Parcel Identification Number) 4635-44-6396, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NONE, _____, 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.

Dan Hunson 8/24/17

Signature of Owner(s) Date

_____ _____

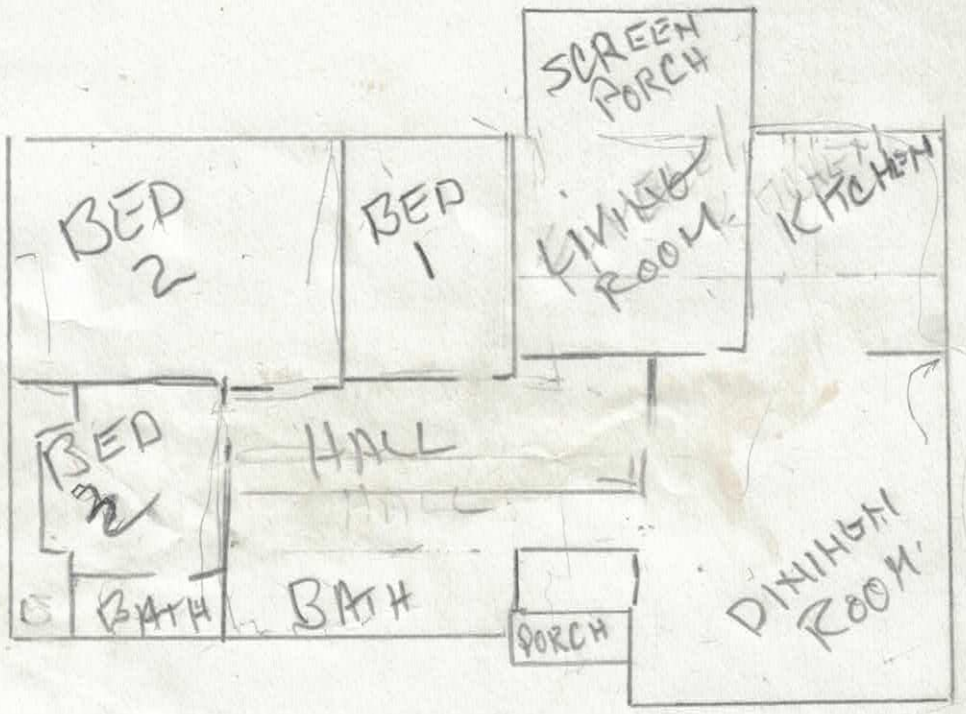
Signature of Witness Date

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

DAN MUNSOM
703 ISLE OF PINES
MOORESVILL NC.
28117
1-818 8020376.



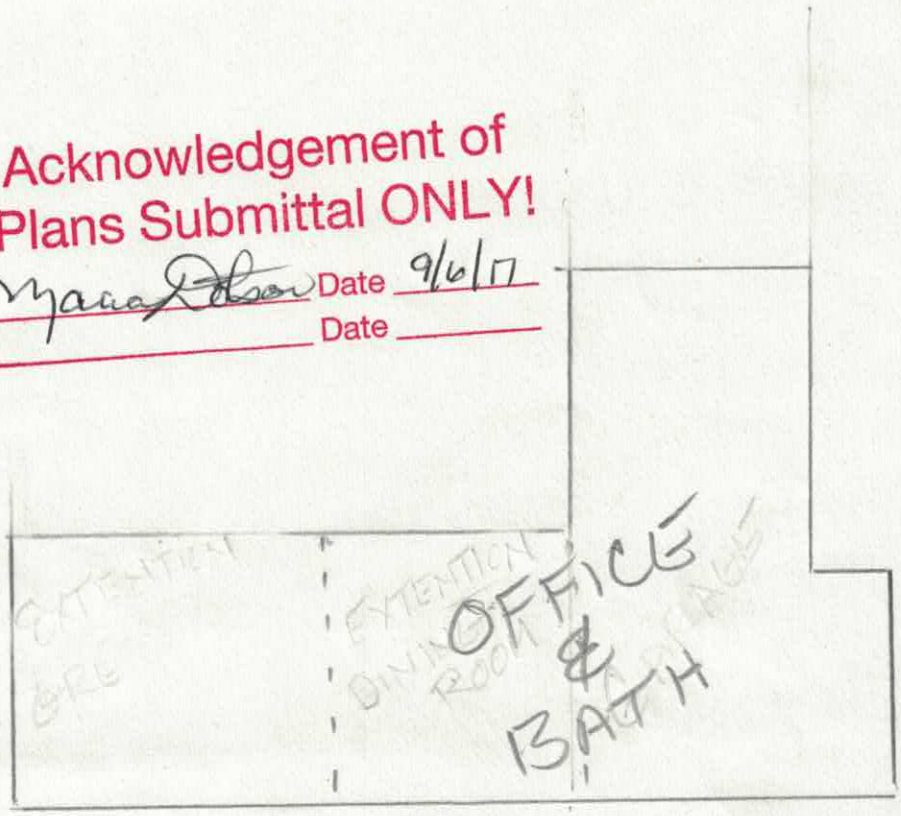

Acknowledgement of
Plans Submittal ONLY!

Date 9/6/17

Date

DAN MUNSON
703 ISLE OF PINES
MOORESVILLE NC
28117.
1-8188020376

Acknowledgement of
Plans Submittal ONLY!
Date 9/6/17
Date




SECOND FLOOR
ADDING OFFICE & BATH.

# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
| --- |
| 229661 |
| Issue Date: 08/24/2017 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4635446396.000 | 703 ISLE OF PINES ROAD, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: KAPROTH JEROME J+CATHERINE A | Applicant: MUNSON, DAN |
| Address: 703 ISLE OF PINES RD<br>MOORESVILLE, NC 28117 | Address: 703 ISLE OF PINES<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 818-802-0376 |

| Use Requested | Zone Code |
| --- | --- |
| ATTACHED GAR | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| | 35.00 | 50.00 | 15.00 | 15.00 | CACL | AE |

**Remarks:**

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

| Permit Number | 113121 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |