IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234267

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

PIN # 4635682281

APPLICANT/OWNER: Kathleen Rose-Elliot Trust APPLICANT ADDRESS: 353 Shoreline Lp Mooresville NC 28117

SITE ADDRESS: 353 Shoreline Lp, Mooresville Nc 28117 PHONE: 704-668-3705 ALT. PHONE N/A

SITE DIRECTIONS: Tracel SW on Brawley T/L Stutts Rd to end T/R Shoreline Lp House First on right SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Imperial Point SECTION: N/A LOT # 38 LOT AREA: .536 ac DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank 1000 (gal) STB Infiltrator Date 1060 ☐ New System ■ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (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

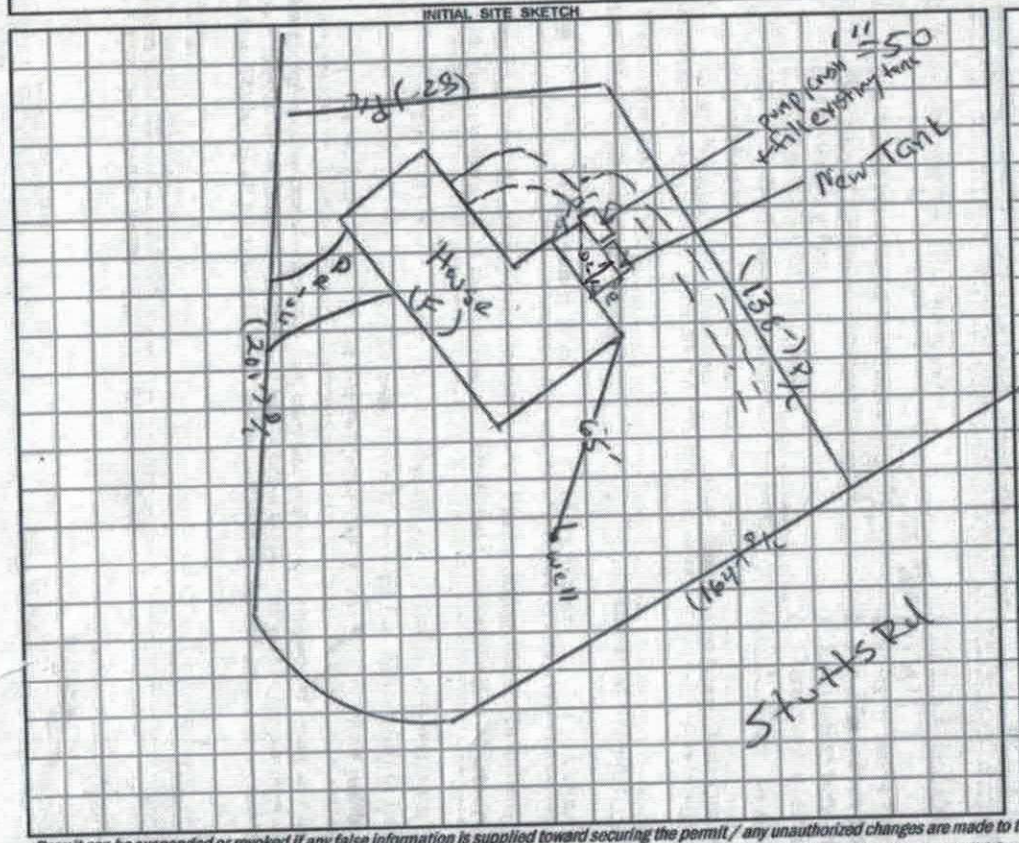
Trench Width EX Trench Bottom Depth(Low side) EX Gravel Depth EX ■ GRAVITY ☐ PRESSURE

■ Residence No. Bedrooms EX ☐ Business No. Persons EX ☐ Other No. Employees ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ■ Private ☐ Public ☐ Community

Comments / Conditions: Install new tank per NC 1900 rules.

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: Kevin K. Elliot Date: 3/26/18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 03/23/18 OPERATION PERMIT by: Benjamin A. Botkins Date: 4/13/18.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/23/18 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.

RECEIVED MAR 21 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#234267

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

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Page 2: *Site Plan Worksheet* form MUST accompany this application Repair Evaluation - Paid $150.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet (45')

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Applicant Information: (PRINT CLEARLY)

Applicant Name: KATHLEEN ROSE-BELLOT TRUST **Address:** 353 SHORELINE LOOP, MOORESVILLE, NC **Zip:** 28117

Applicant Email: kmr10nc@gmail.com **Phone:** 704-668-3705 **Alt. Phone:**

Owner Name: KATHLEEN ROSE-BELLOT TRUST **Address:** P.O. BOX 910, DAVIDSON, NC **Zip:** 28036

Owner Email: kmr10nc@gmail.com **Phone:** 704-668-3705 **Alt. Phone:**

****

Property Information:

Street Address: 353 SHORELINE LOOP, MOORESVILLE, NC 28117

Subdivision Name: IMPERIAL POINT **Section/Phase:** **Lot Number:** 38

Driving Directions: Travel southwest on Brawley School Rd. from I-77 to Stutts Rd. Turn left on Stutts Rd. to the end (2 mi.). Turn right on Shoreline Loop - first house on right

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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
(X) Repair to failing septic system ✓ Tank ___ Drain lines

Maximum Number of Bedrooms: 3-4 * See email
Maximum Number of Occupants: 3-4
( ) Swimming Pool
( ) Other Addition/Structure:

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

Describe Problem: Concrete tank is cracking/failing.

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

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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

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Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1982

( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Plastic preferred

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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: _____ 3/19/2018
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, Kathleen M. Rose-Bellot, am the legal owner(s) of the property located at 1353 Shoreline Loop, Mooresville, NC, identified as PIN (Parcel Identification Number) 4635-68-2281.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kathleen Rose-Bellot, or Kevin Bray, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	3/21/18	Kevin R. Bray	3/21/2018

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

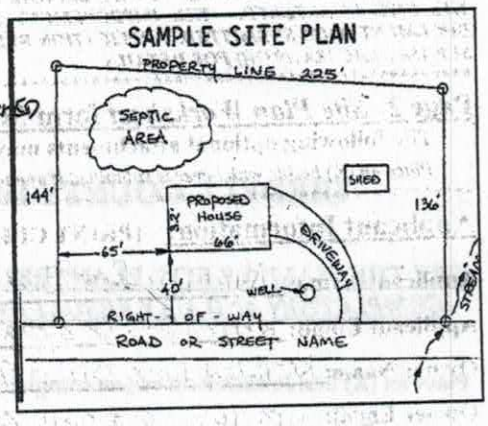
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line** – EXISTING NOT TO BE ENCROACHED
- (X) **Preferred driveway location** – EXISTING NOT TO BE MOVED
- (X) **Preferred well location** – EXISTING NOT TO BE MOVED
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

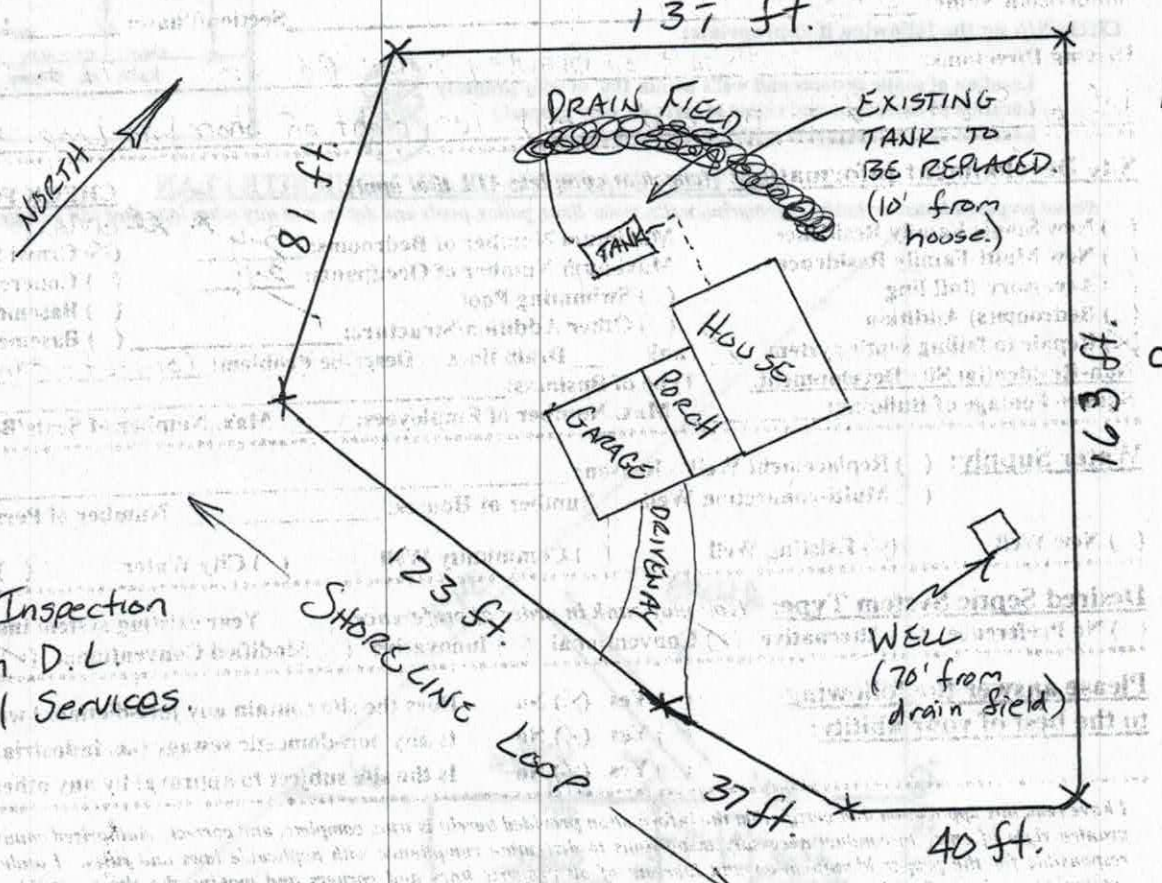


Circle N/A on the following if appropriate:

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



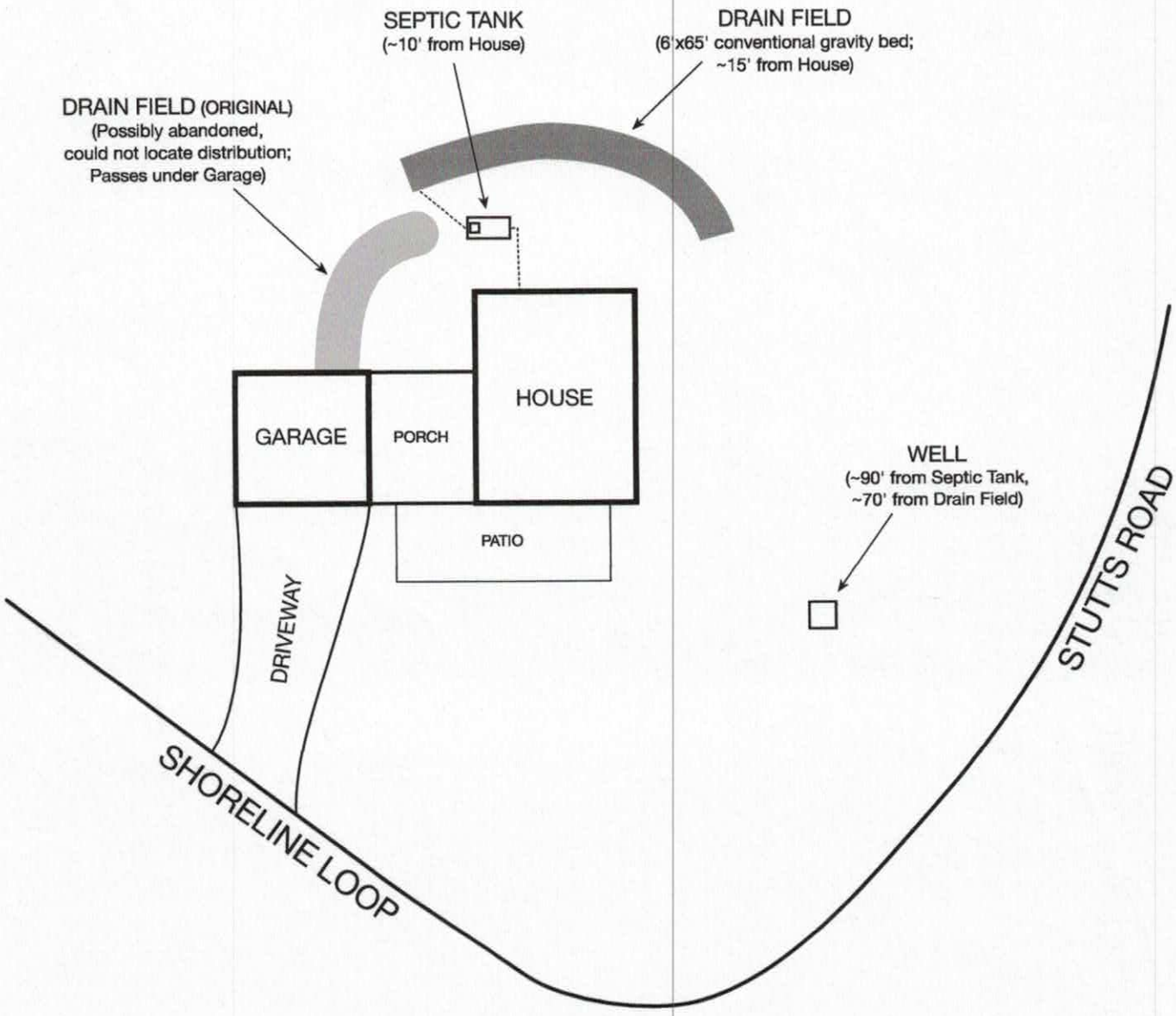
* See attached Inspection Report from D.L. Environmental Services.

Signature: _____

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

3/19/2018

DATE



353 Shoreline Loop
Mooresville, NC 28117
2018 February 20
(Not to scale)

IREDELL COUNTY HEALTH DEPARTMENT 4635-68-2281

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank Phillips DATE 10-19-82 PERMIT NO. 329

PHONE: Business _____ Home _____

LOCATION 1100 TO 1112 At end Across from Stutts Marina

S. R. No. _____

SUBDIVISION NAME Imperial Point LOT NO. 38 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Repair

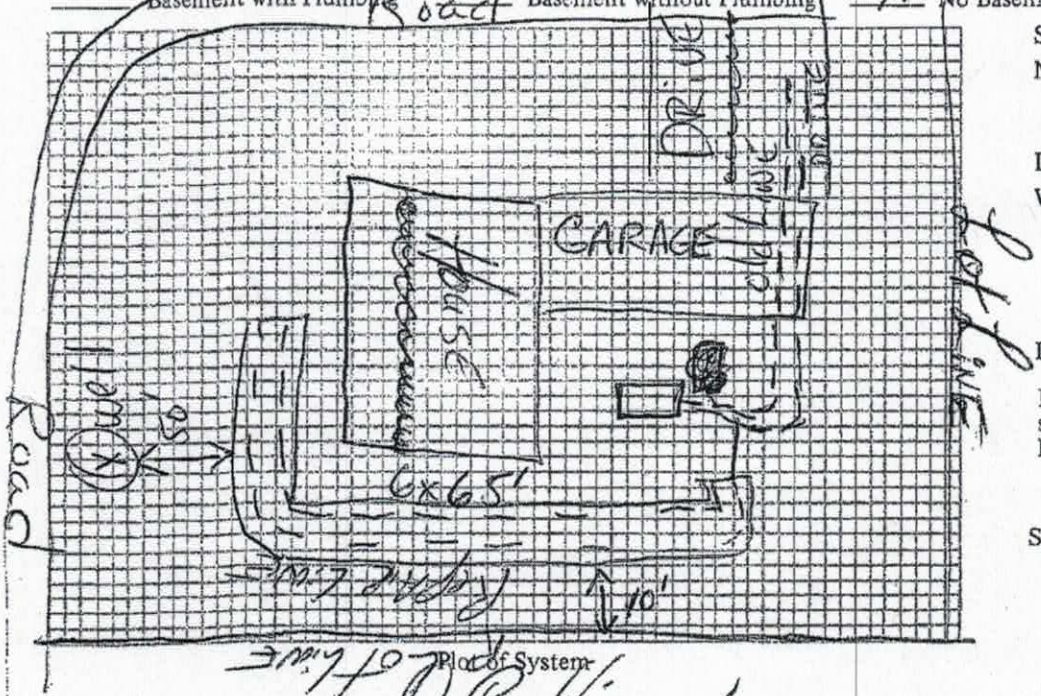
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Character & Porosity of Soil Clay loam to silty
Percolation Rate 2 - 60
Topography Unknown
Depth to Water Table NONE observed
Rock or other impervious formations

Lot Area ~½ ACRE

___ Basement with Plumbing Road ___ Basement without Plumbing X No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130'
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by J. R. Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY D. R. Kinsaul

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-19-82

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold