IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 218495

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

PIN # 4635-79-3854

APPLICANT/OWNER: Marc Baker | APPLICANT ADDRESS: 378 Chuckwood Rd Mooresville NC

SITE ADDRESS: 119 Mainview Dr Mooresville NC 28117 | PHONE: 704-201-3783 | ALT. PHONE N/A

SITE DIRECTIONS: Stutts T/L Commodore Lp, T/L Mainview, on Left | SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: Commodore Penninsula | SECTION: - | LOT # 187 | LOT AREA: 0.23ac | DESIGN FLOW: 360 | L.T.A.R.: 0.35

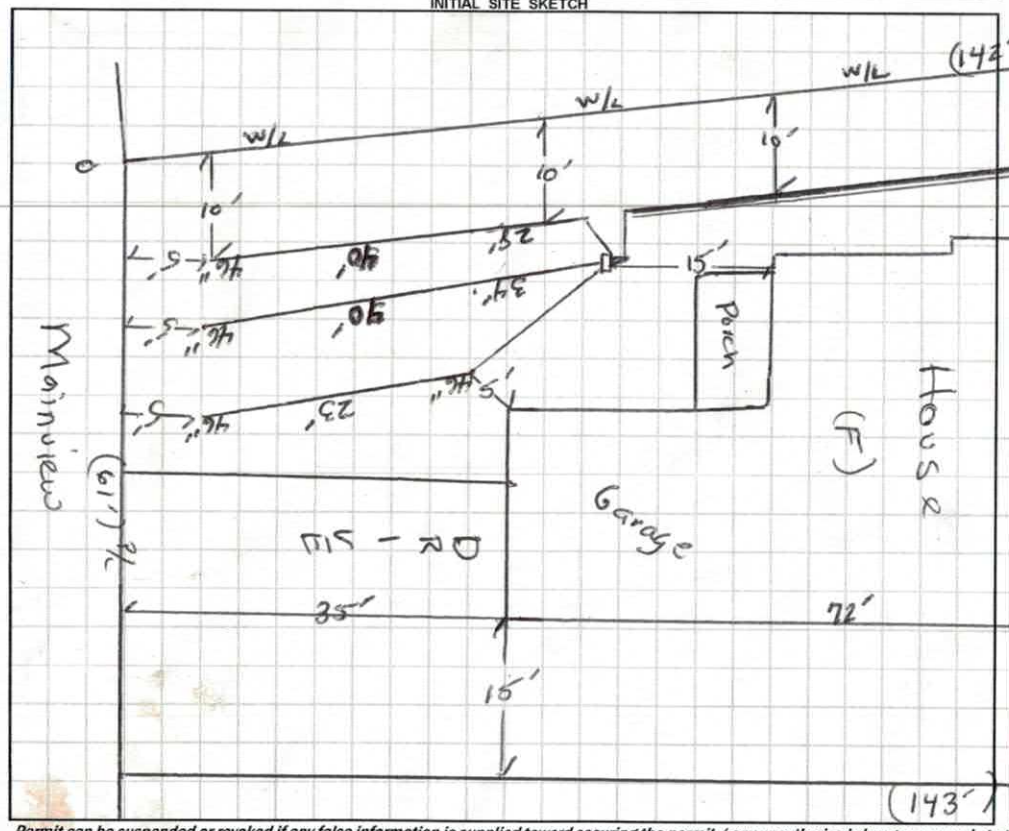
Septic Tank	1000	(gal)	STB	794	Date	10-6-18	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	283	Date	10-17-18	System Description:	50% reduction			
Pump Make			Model		Serial #		Repair System Description:	Platted 1962			
# Nitrification Fields	1		# Lines	7	Linear Ft	183'	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	24"		Trench Bottom Depth (Low side)	max 46"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		

[X] Residence | No. Bedrooms 3 | Water Supply
[ ] Business | No. Persons 6 | [ ] Private
[ ] Other | No. Employees | [ ] Public
[ ] Slab | [ ] Crawl Space | [X] Community
[X] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: Install 50% reduction on contour with pressure distribution

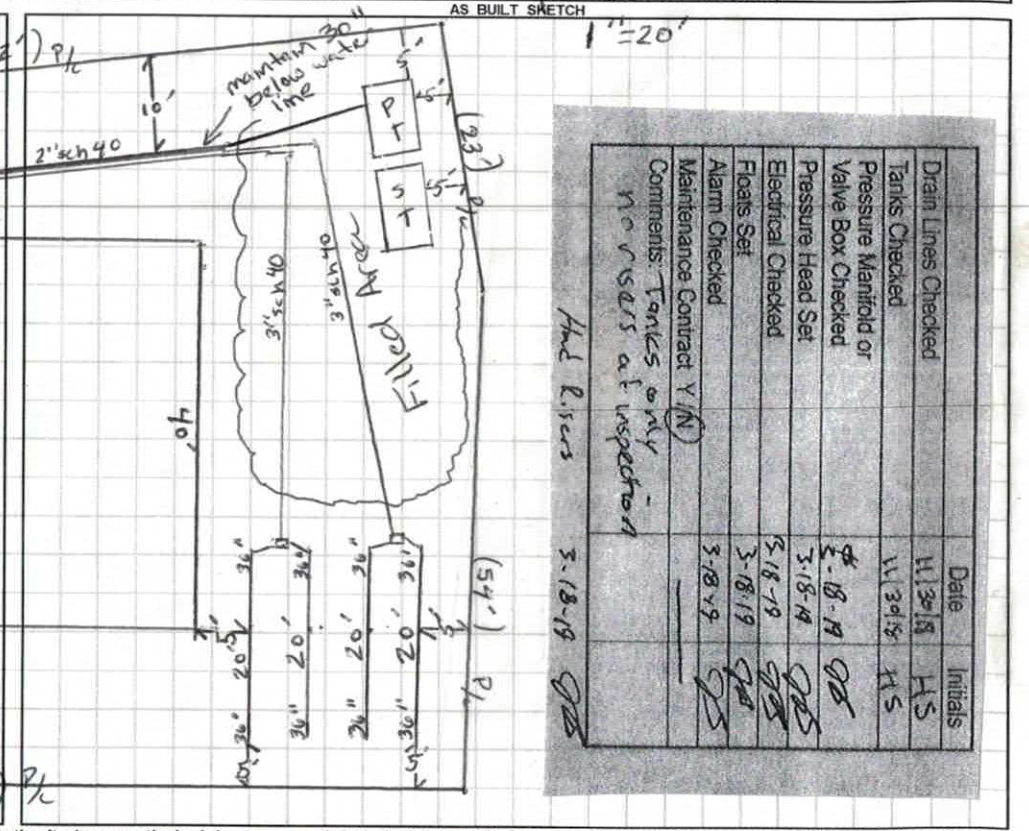
Use (4) 3/4" sch 80 for 40' lines Use (1) 1/2" sch 80 for 23' line. Use Flow dividers or D-boxes with speed levels for 20' lines. 2' Pressure head

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 20'



	Date	Initials
Drain Lines Checked	11-30-18	HS
Tanks Checked	11-30-18	HS
Pressure Manifold or Valve Box Checked	3-18-19	QS
Pressure Head Set	3-18-19	QS
Electrical Checked	3-18-19	QS
Floats Set	3-18-19	QS
Alarm Checked	3-18-19	QS
Maintenance Contract Y (N)	—	—
Comments: Tanks only - risers at inspection		
Had risers 3-18-19 QS		

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 10/30/18 OPERATION PERMIT by: James Boggs (at) Date: 3-18-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/30/18 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.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4635-79-3854
Lot #: 187
Permit #: 218495
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: ELVA CHRISTENBURY
Applicant: MARC BAKER
Address: PO BOX 13586 DURHAM, NC
Date Evaluated: 6/13/2016
Proposed Facility: SFR
Design Flow (.1949) 360
Property Size:
Location of Site: COMMODORE PENNINSULA LOT 187
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 4%	0-38	CL,M,SBK	SS	NA	48"	NA	48"+	.35
		38-48	C,M,SBK	SS					
AB 2	LINEAR 4%	0-30	C,M,SBK	SS	NA	48"	NA	48"+	.35
		30-48	CL,M,SBK	SS					
Pit 1	L 4%	0-4	Fill	—	10/1A	60"	N/A	60"+	.35
		4-46	SBK C	fi SE					
		46-61	WSBK BC	fi/fr SE					

Description	Initial System	Repair System
Available Space (.1945)	PS	EXEMPT
System Type(s)	G-PANEL	EXEMPT
Site LTAR	.35	EXEMPT

Other Factors (.1946): REPAIR EXEMPT
Soil Evaluation By: BEN ALDRIDGE
Others Present: MARC BAKER
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: MARC BAKER

RECEIVED MAY 5 - 2017 RECEIVED APR 5 - 2017

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)

Paid $105.00 Ltd Redraw

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

#218495

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Marc Baker	378 Chuckwood Rd Mooresville NC 28117	704 201 3783	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
119 Mainview Dr.	Commodore	Lot 187

Driving Directions: Stutts Rd L on Commodore R on Mainview

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) 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 (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) 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: Marc Baker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-5-17
DATE

pd $500 comp recpaw 218495

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)

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

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Marc C. Baker	378 Chestwood Rd. Mooresville, NC	704-201-3783	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Elva Christenbury	PO Box 13586 Durham NC		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

119 Mainview	Commodore	187
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: from Brawley School Rd turn left on stutts, turn left on first commodore loop, left on mainview dr, lot is on left before osprey

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) 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 (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) 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: Marc C Baker 10-24-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 5-2-16 DATE

MARCBAKER0650@GMAIL.COM

RECEIVED MAY 2 2016

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)

Paid $500.00

1. APPLICATION FOR: X Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Marc C Baker Applicant Name	378 Chuckwood Rd. Mooresville, NC Mailing Address	704-201-3783 Home Phone #	# 218495 Alternate Phone #
Elva Christenbury Owner Name	PO Box 13586 Durham NC Mailing Address	___ Home Phone #	___ Alternate Phone #

4. Property Information:

119 Mainview Street Address	Commodore Subdivision Name	187 Section/Phase and Lot Number

Driving Directions: from Brawley School Rd turn left on stutts, turn left on first commodore loop, left on mainview dr, lot is on left before osprey

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) 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 (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) 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: Marc C Baker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-2-16
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, Terry H. Horn, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4635793854 0000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Melanie Moran, Heart Realty, 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.

Terry H. Horn 5/5/16 — Signature of Owner(s) — Date

Kristen Hinds 5/5/16 — 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

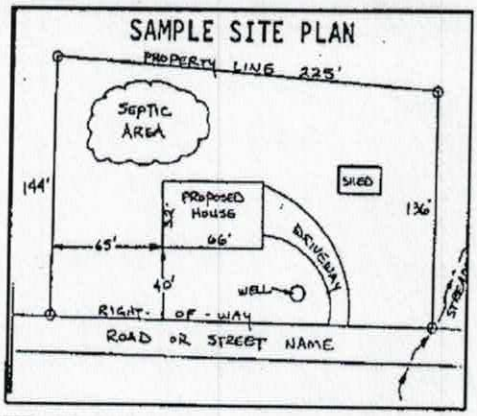
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

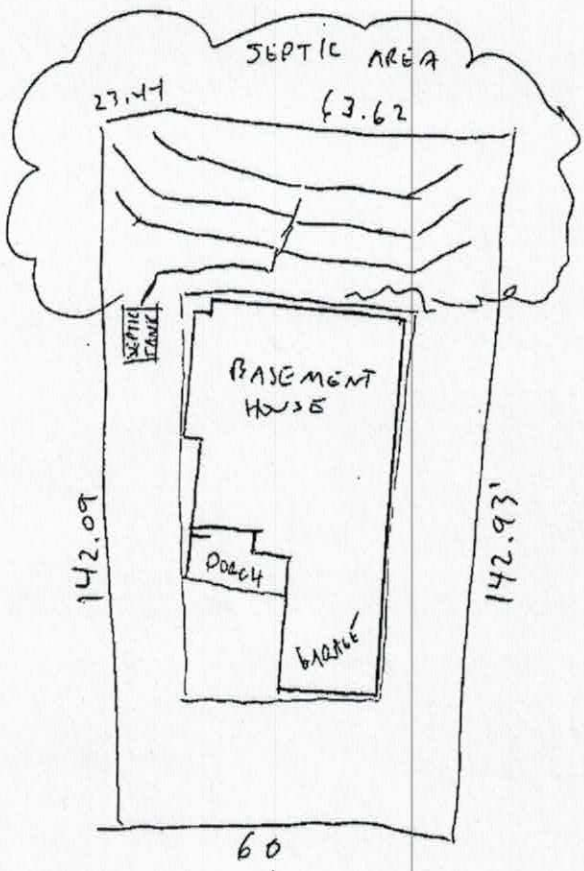


Circle N/A on the following if appropriate:

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

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



35' FRONT & REAR SETBACKS
15' SIDE SETBACKS
COMMUNITY WATER

Signature: Mary C Baker

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

10-24-18

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ _____

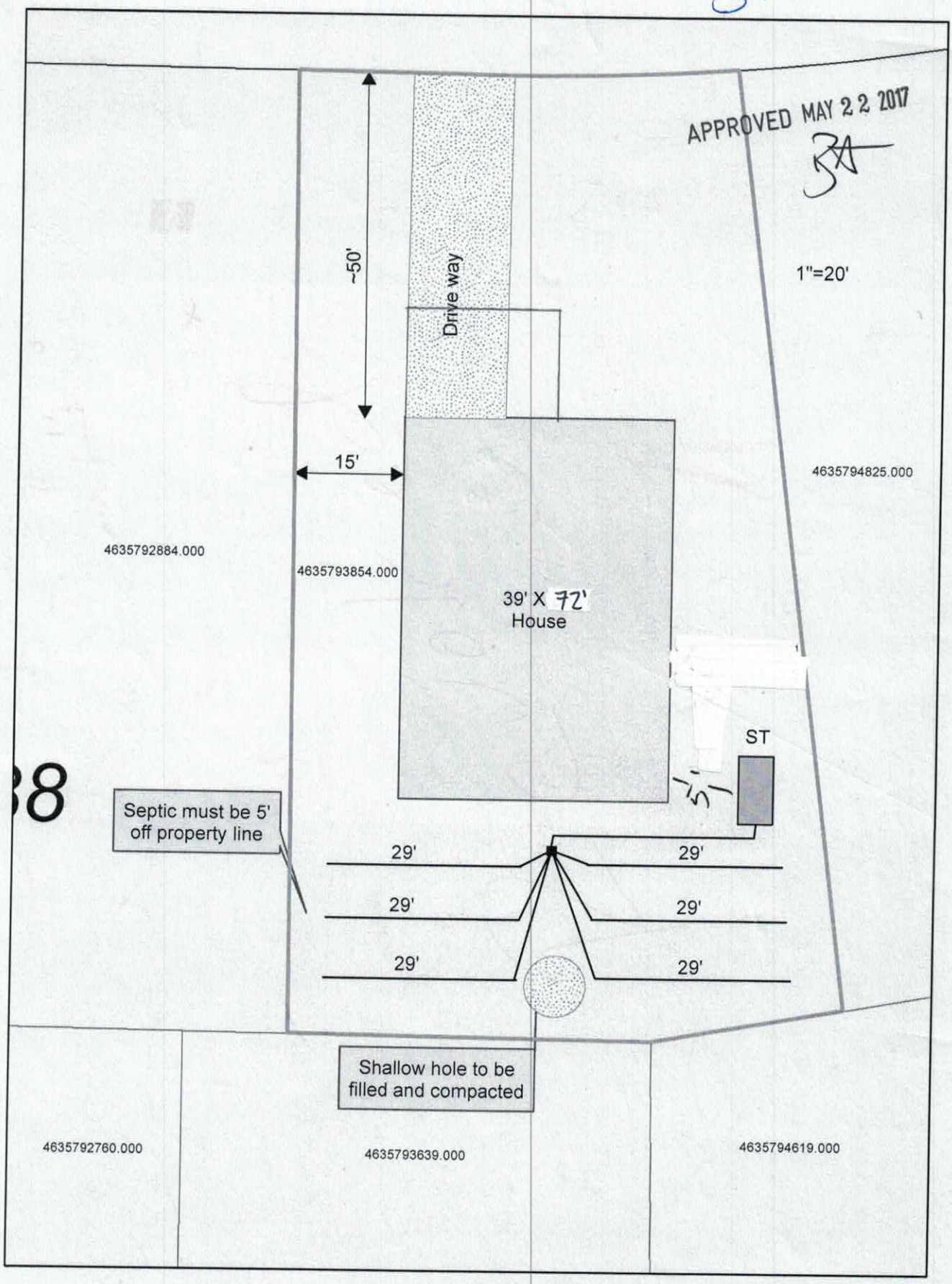
Signature of Owner(s) Date

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

APPROVED JUN 15 2016

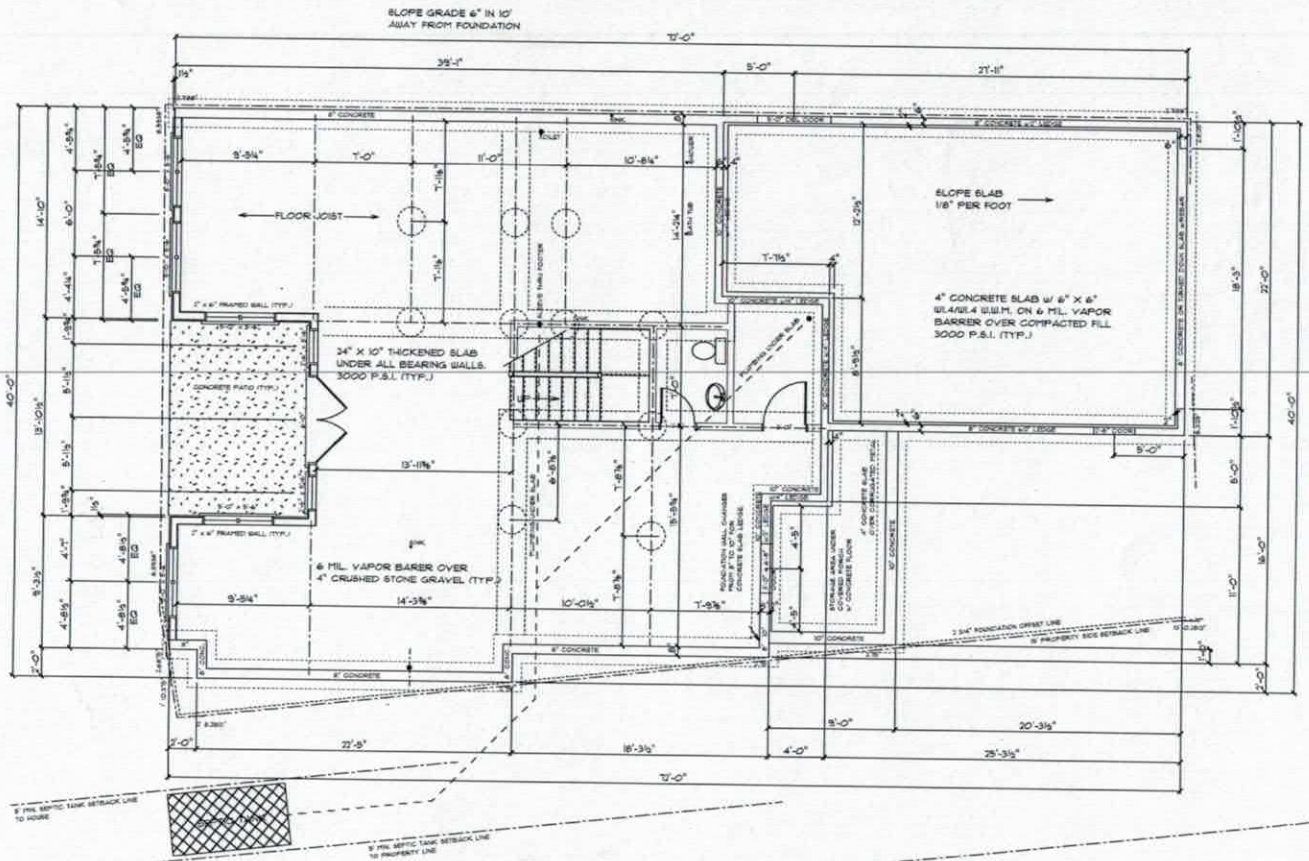
APPROVED MAY 22 2017



Acknowledgement of
Plans Submittal ONLY!

Date 5-5-17

Date 5-22-17



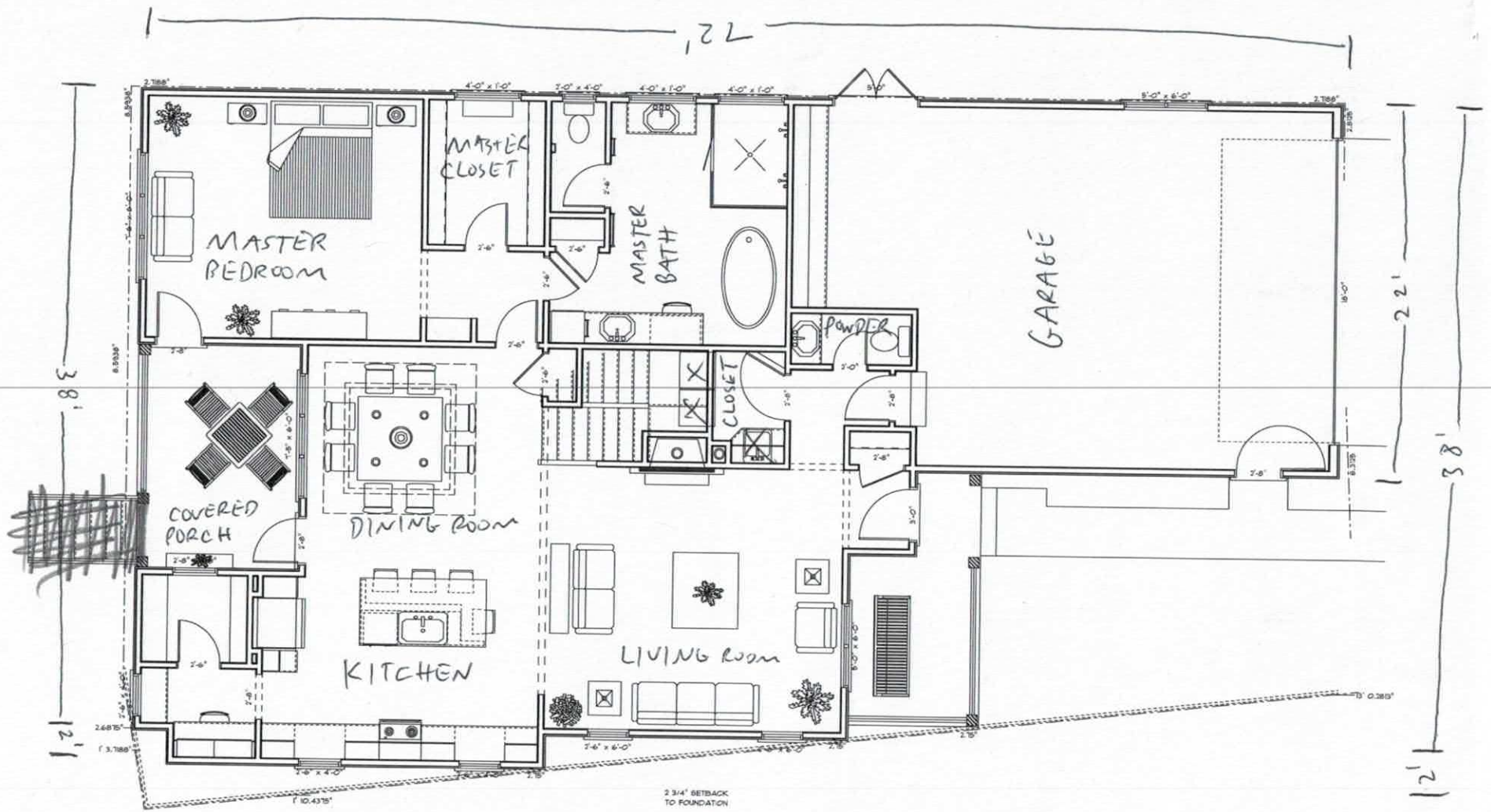
BASIC FOUNDATION PLAN.
SCALE 1/4" = 1'-0"
DRAFT NOT COMPLETE.

ALL DIMENSIONS ARE TO FACE OF FOUNDATION AND FACE OF WALL FRAMING. NOT FACE OF SHEATHING. (TYP.)

SURVEYOR TO VERIFY ALL FOUNDATION POINTS TO PROPERTY SETBACK LINE.

FOUNDATION CONTRACTOR TO DETERMINE ALL SIZING.

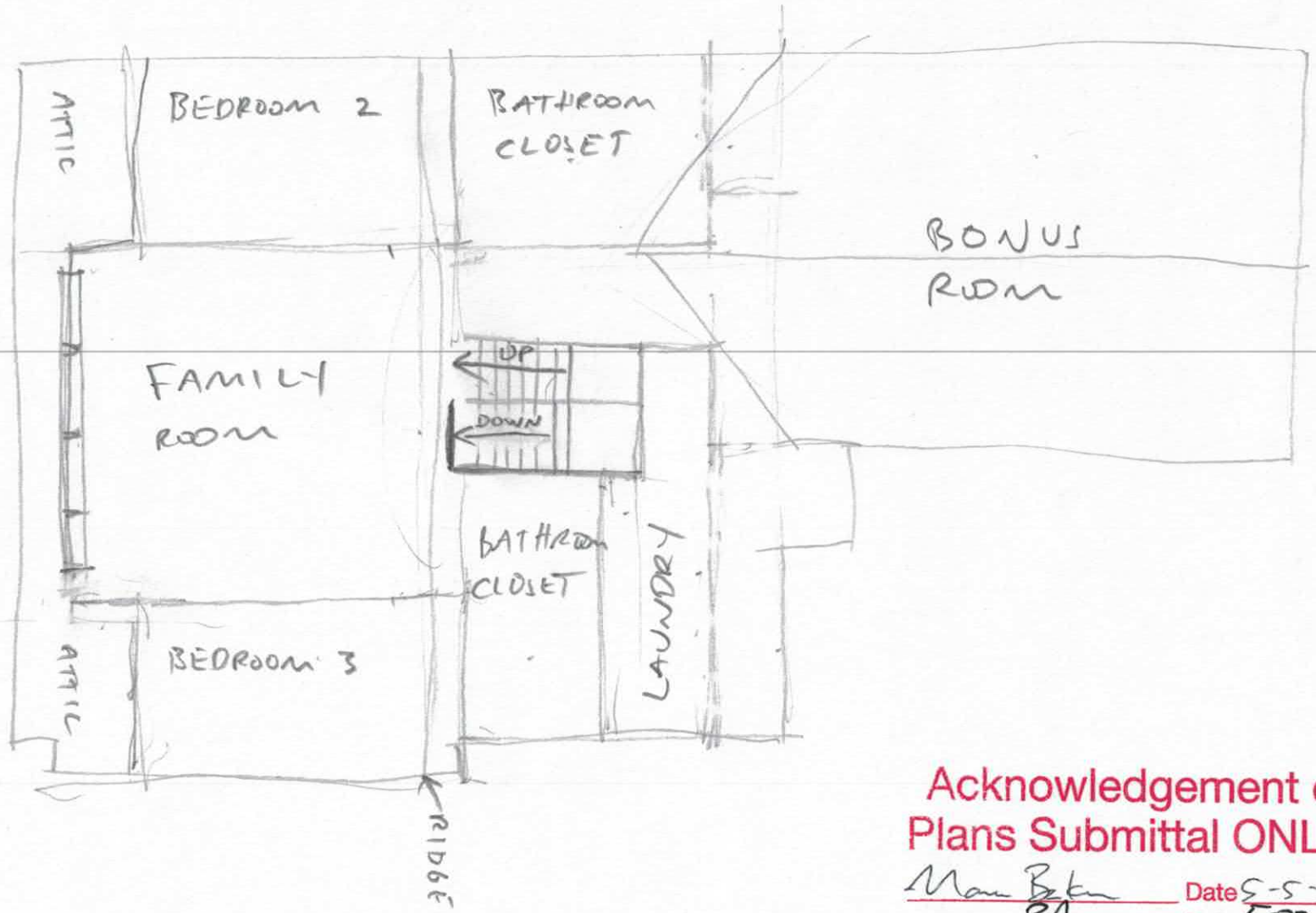
MARC BAKER
119 MAINVIEW DRIVE
COMMODORE PENINSULA
LOT 187
PIN 4635-79-3854
MOORESVILLE NC 28117



Acknowledgement of Plans Submittal ONLY!

Date 5-5-17

Date 5-22-17



Acknowledgement of Plans Submittal ONLY!

Date 5-5-17

Date 5-22-17

IREDELL COUNTY

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

APPLICATION NUMBER
218495
Issue Date: 05/02/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635793854.000	119 MAINVIEW DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CHRISTENBURY ELVA EST	Applicant: BAKER, MARC
Address: 249 IREDELL CO, NC 28625	Address: 378 CHUCKWOOD ROAD MOORESVILLE, NC 28117
Phone:	Phone: 704-201-3783

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CA	X

Remarks:

$ PAID

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: See Attached Date: _____

Permit Number	67494	TOTAL FEES:	$ 77.25