IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 214802

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

PIN # 4635 794896

APPLICANT/OWNER: David Denham | APPLICANT ADDRESS: 388 Cove Creek Lp Mooresville, NC 28117

SITE ADDRESS: 113 Mainview Dr Mooresville NC 28117 | PHONE: 704 400-9430 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Stutts TL 2nd Commodore Lp TL Mainview on Rt | SAP CONTROLLED: ☐ YES ☒ NO

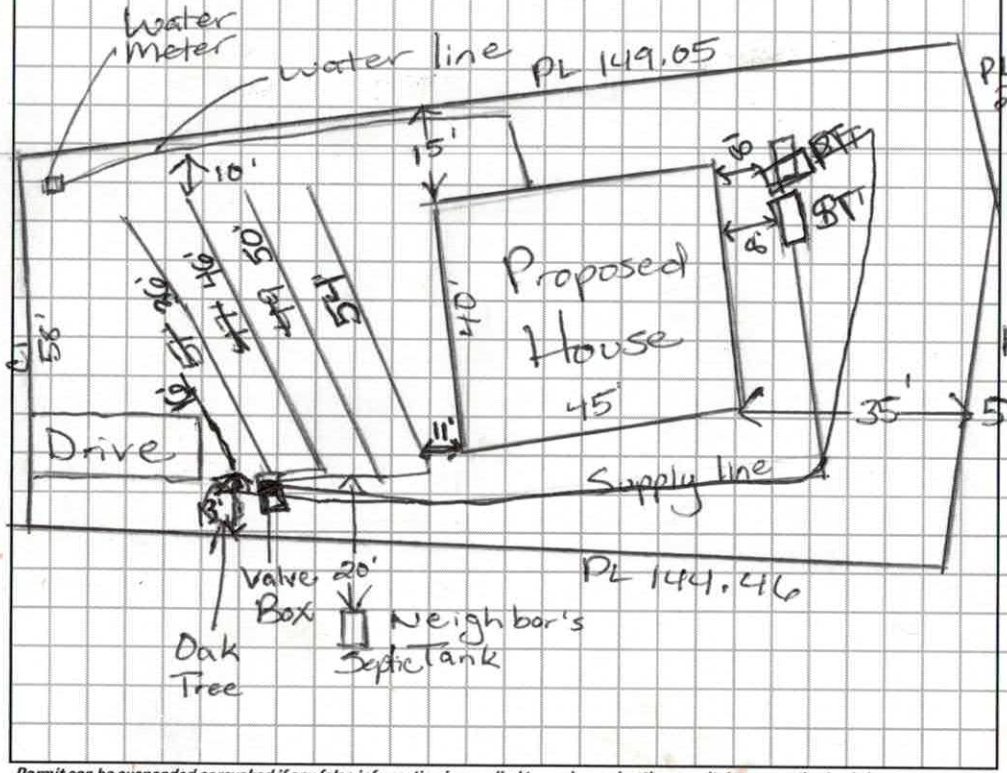
SUBDIVISION: Commodore Peninsula | SECTION: — | LOT # 185 | LOT AREA: .24 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	Infiltrator	Date	IM1060	System Description:			LP - Panel Block	☐ Business	No. Persons 6	☐ Private
Pump Make	Liberty	Model	290 3/4 HP	Serial #		Repair System Description:			Exempt lot recorded prior to 1983	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ☆ No vehicular traffic over Septic System. Driveway Must terminate Short of Drainfield.

Drill 5/32" hole in panel.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8-17	KW
Tanks Checked	8-17	KW
Pressure Manifold or Valve Box Checked	11-9	
Pressure Head Set	8-17	KW
Electrical Checked	11-7	
Floats Set	8-17	KW
Alarm Checked	8-17	KW
Maintenance Contract Y / N	10/24	
Comments: ☆ Septic Alarm Circuit Breaker not labeled 11/5/18 Told David Denham		

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: _____ Date: 7/13/18 Installed by: Carlos Rocha-Villa Lago Vista Septic Service

IMPROVEMENT PERMIT by: Marie Dolson Date: 5/22/18 OPERATION PERMIT by: _____ Date: 11-9-18

AUTHORIZATION TO CONSTRUCT by: Marie Dolson Date: 5/22/18 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 MAY 14 2018

Paid $105.00 Ltd Redraw #214802

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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: David Denham Address: 388 Cove Creek Loop Mooresville Zip: 28117

Applicant Email: davidusasoccer@gmail.com Phone: 704 400 9430 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 113 Mainview Dr Mooresville NC 28117

Subdivision Name: Commodore ~~Lgt~~ Peninsula Section/Phase: _____ Lot Number: 185

Driving Directions: Brawley School, Left on Stutts, 2nd entry on left to Commodore Loop, TL on Mainview, on right.

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

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) 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: _____

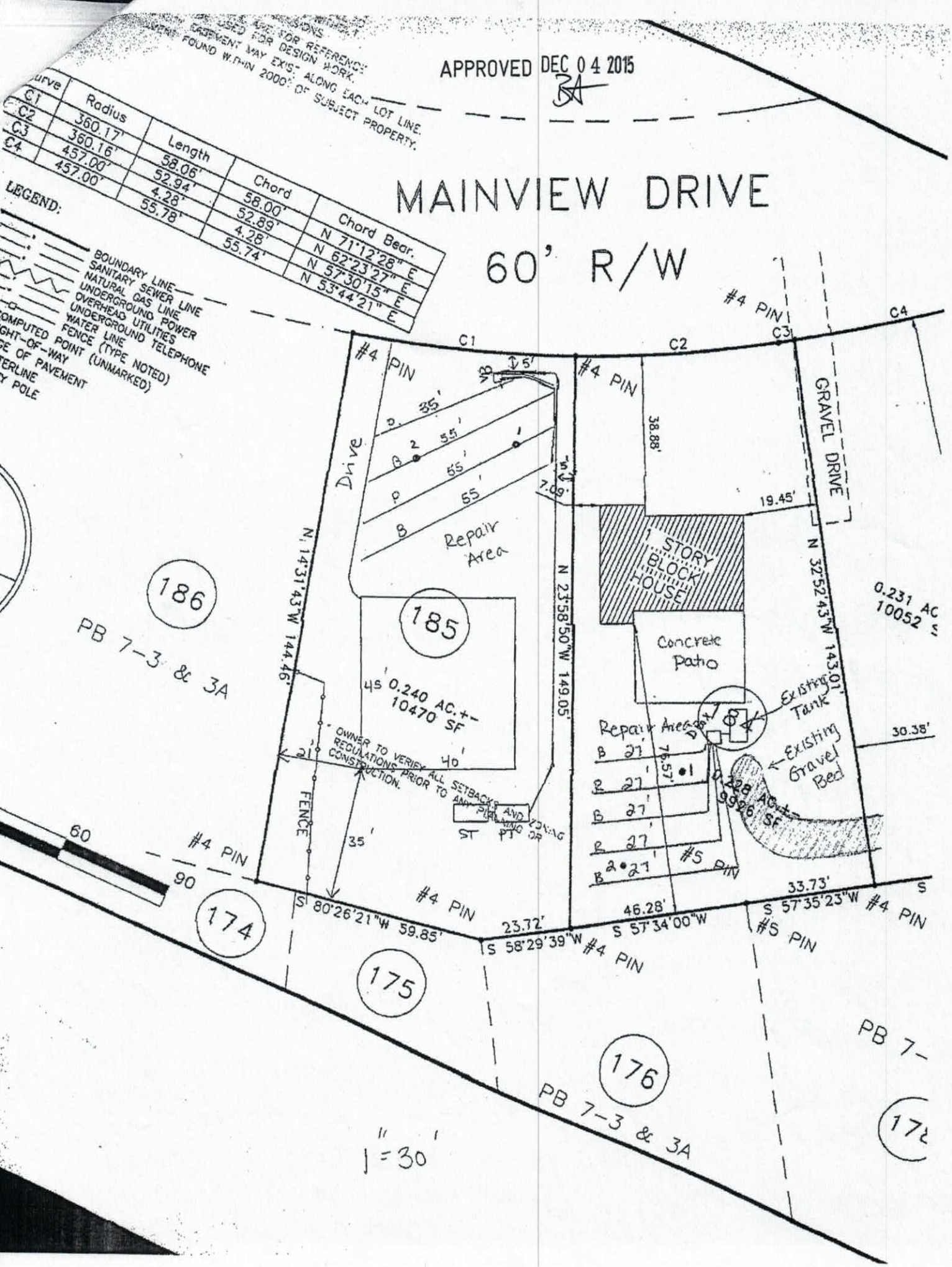
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: _____ 5-10-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


APPROVED DEC 04 2015
MAINVIEW DRIVE
60' R/W
LEGEND:
BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
FENCE (TYPE NOTED)
COMPUTED POINT (UNMARKED)
RIGHT-OF-WAY
EDGE OF PAVEMENT
WATERLINE
UTILITY POLE
Curve | Radius | Length | Chord | Chord Bear.
C1 | 360.17' | 58.06' | 58.00' | N 71°12'28" E
C2 | 360.16' | 52.94' | 52.89' | N 62°23'27" E
C3 | 457.00' | 4.28' | 4.28' | N 57°30'15" E
C4 | 457.00' | 55.78' | 55.74' | N 53°44'21" E
#4 PIN
#5 PIN
C1
C2
C3
C4
GRAVEL DRIVE
Drive
Repair Area
1 STORY BLOCK HOUSE
Concrete Patio
Existing Tank
Existing Gravel Bed
38.88'
19.45'
30.38'
33.73'
46.28'
23.72'
7.09'
N 14°31'43"W 144.46'
N 23°58'50"W 149.05'
N 32°52'43"W 143.01'
S 80°26'21"W 59.85'
S 58°29'39"W
S 57°34'00"W
S 57°35'23"W
0.240 AC.+-
10470 SF
0.228 AC.+-
9926 SF
0.231 AC
10052 S
186
185
174
175
176
PB 7-3 & 3A
PB 7-
OWNER TO VERIFY ALL SETBACKS AND REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
FENCE
60
90
35'
40'
1" = 30'

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, David Denman, am the legal owner(s) of the property located at 113 Manview Dr Mooresville NC 28117, 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.

_____ 5-10-18

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