210822
Pd $850
5/27/15

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
EXPAND EX. PERMIT TO 6 BR

*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:**

Applicant Name: JEFF BLAIR Address: 112 MARLOW COVE LN Phone: _____

Owner Name: SAME Address: _____ Phone: _____

**Property Information:**

Street Address: 116 SIENNA PASS CT.

Subdivision Name: Copper Ridge Section/Phase: _____ Lot Number: 2

Driving Directions: ALEXANDER, TEMPLETON, CAMINO REAL, SIENNA PASS, AT END

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 6
Maximum Number of Occupants: 12
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

**Non-Residential Site Development:**

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

**Water Supply:**

( ) 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: _____

( ) No Preference ( ) Alternative ( ) 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:** _____ 5-26-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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…**

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

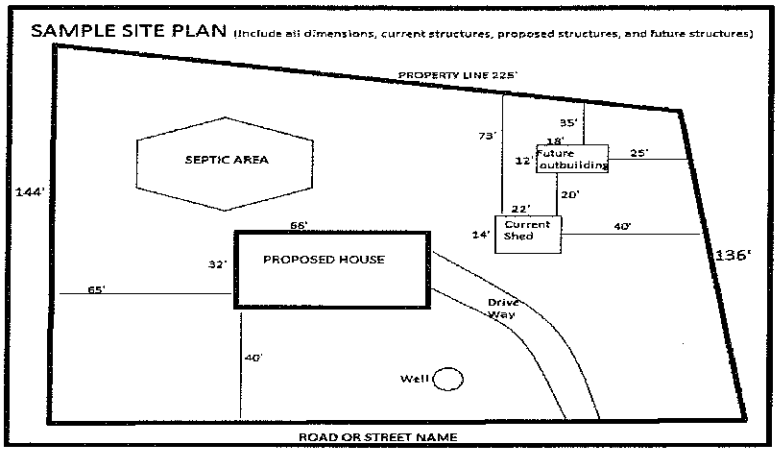
**____ Front and side setbacks from property line…** **____ Preferred driveway location and configuration, preferred well location…**

**____ 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**

SEE ATTACHED SITE PLAN

**Signature:** _____

***REQUIRED*** **property owner or owner's legal representative signature.**

5-26-15

**DATE**

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Jeffrey M Blair, am the legal owner of the property located at 116 Siena Pace Ct Mooresville, NC 28117 identified as PIN(Parcel Identification Number) 4635-95-3823.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Paul Penninger - SME Inc., _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Jeffrey M Blair — 5/20/15
Signature of Owner — Date

Stephanie Jergen — 5/20/15
Signature of Witness — Date

# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 13I 134552

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

PIN #

APPLICANT: JEFF BLAIR APPLICANT ADDRESS: 260 KNOX VIEW LN. 28117

SITE ADDRESS: 116 SIENA PLACE PHONE: 704-609-3137 ALT. PHONE:

SITE DIRECTIONS: ALCOVE, TR TEMPLETON, TL CAMINO REAL, TL SIENA PLACE

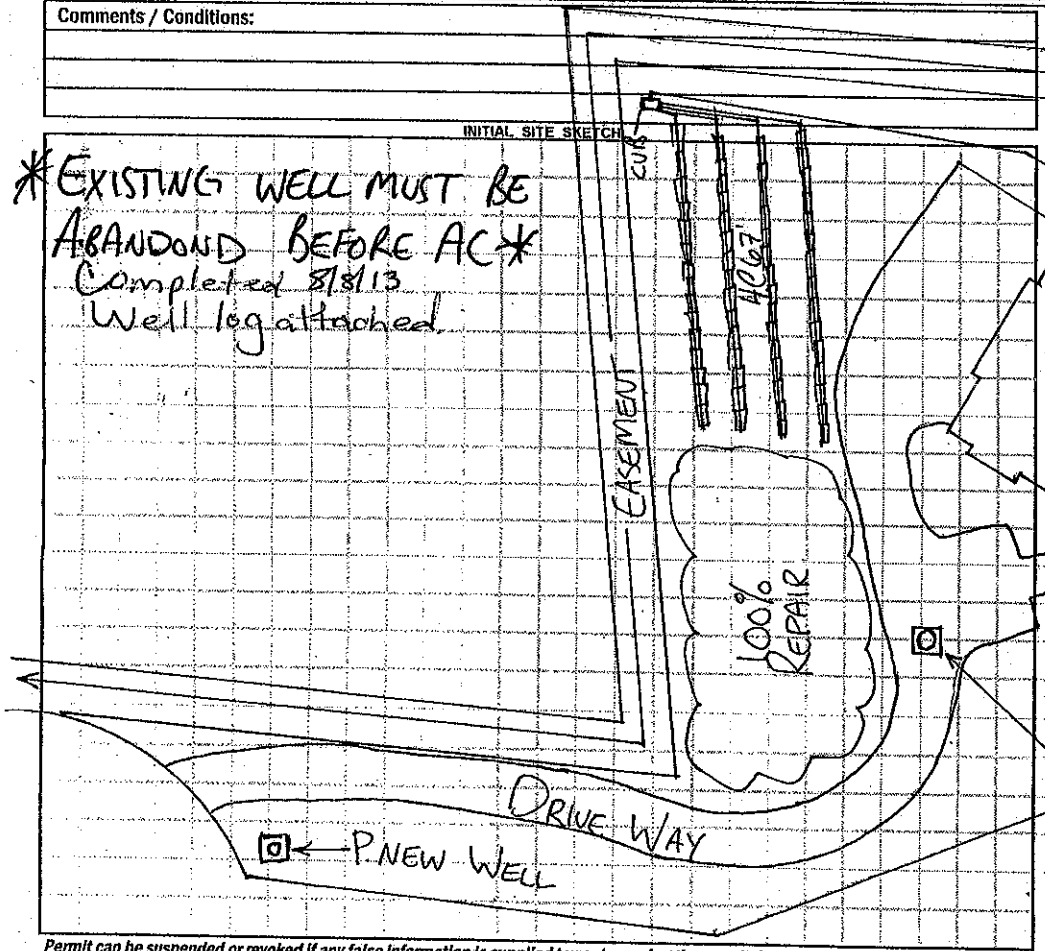
SUBDIVISION: COPPER RIDGE SECTION: LOT # 2 LOT AREA: .79 AC DESIGN FLOW: 480 L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | Date | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | ☒ Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | 1000 | (gal) | PT | Date | System Description: | LP- PANEL | | | ☐ Business | No. Persons | | ☒ Private |
| Pump Make | | Model | | Serial # | Repair System Description: | SAME | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4@67' | Linear Ft: | 268 | Maintenance Agreement Required: | ☒ YES | ☐ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 24-36" | Max. Trench Bottom Depth | 36" | Gravel Depth | — | | ☐ GRAVITY | ☒ PRESSURE | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

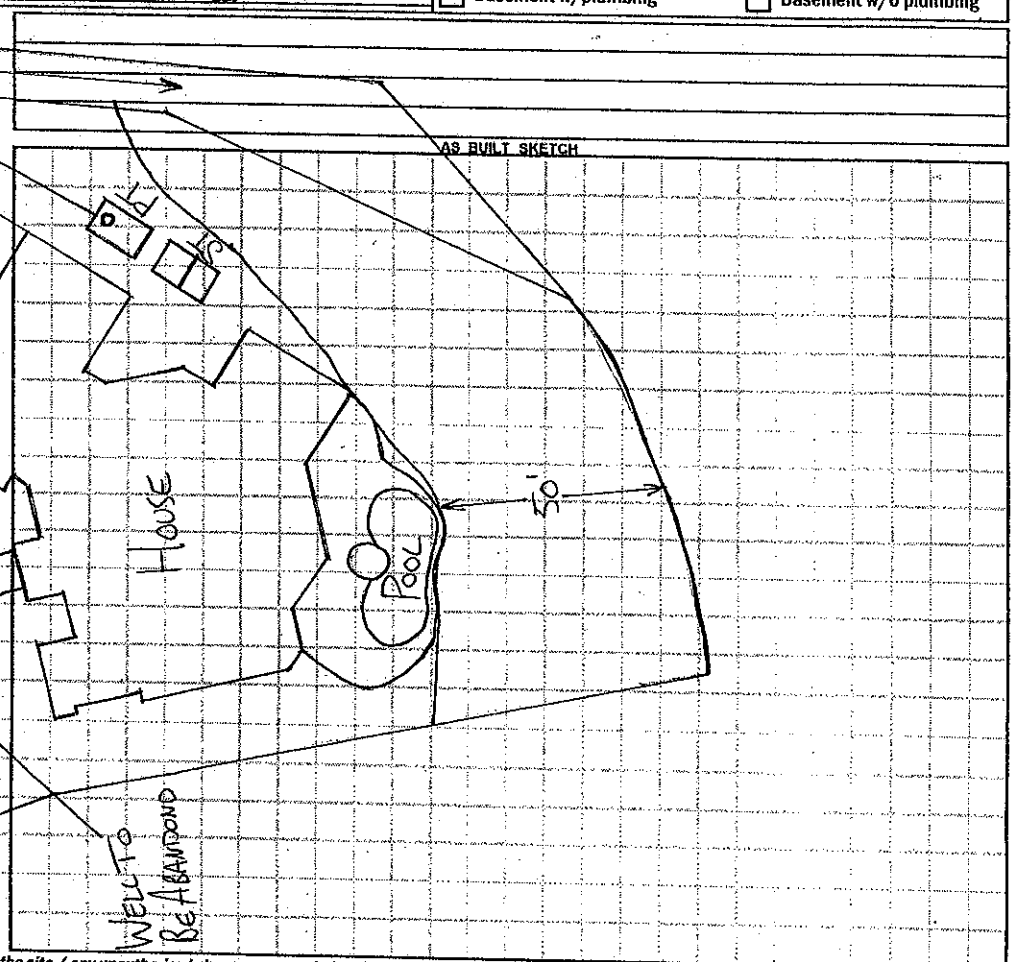
Comments / Conditions:

*EXISTING WELL MUST BE ABANDOND BEFORE AC*
Completed 8/8/13
Well log attached.

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: Date: 7/23/13 Installed by:

IMPROVEMENT PERMIT by: Date: 7-22-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 8-14-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Relax & Enjoy The Pleasure Of your own Paradise...

# CHARLOTTE POOLS & SPAS inc.

**704-799-7575**

*POOL SPECIFICATIONS*

POOL LENGTH 44 POOL WIDTH 11-15-16 VARIED
~~POOL AREA 650 SQ FT. POOL PERIMETER — LN FT.~~
DEPTH 3½ FT. TO 8 FT —
POOL SHAPE CUSTOM
POOL COPING TYPE FLAGSTONE COLOR TBD
WATERLINE TILE SELECTION 6X6
INTERIOR FINISH: TYPE PEBBLE TEC COLOR TBD
DECK AREA BY OTHER SQ FT.
DECK TYPE TRAVERTINE COLOR TBD
SKIMMERS 2 FLOOR DRAINS YES
PUMP JANDY H.P. AUX PUMP —
FILTER TYPE JANDY SIZE CV 460
SANITIZER SALT BASED
HEATER TYPE JANDY SIZE 400,000 BTU'S
POOL LIGHT (S) JANDY colored LED RETURNS MULTIPLE
POOL CLEANER PRESS LEAF CANISTER —
MANUAL MAINTENANCE PACKAGE INCLUDED
SPA YES SIZE 9' O.D. SHAPE ROUND
JETS 7
AUTO. CONTROL SYSTEM IAQUA TOUCH BLOWER 2 HP
LIGHT JANDY COLORED LED
SPILLWAY TO POOL PERIMETER SPILL
EXTERIOR OF SPA STONE VENEER
SPA RAISED 18"
WATER FEATURES:
RAISED BEAM — SQ FT. — BY —
DECK SQUIRTERS —
FROTH HEADS — SUNSHELF —
BEACH ENTRY NO BENCHES AS DESIRED
DECK STEP DOWN — SQ FT. —
AUTO FILL YES
GAS HOOKUPS AT EQUIP LOC. ELECTRIC AT EQUIP LOC.
FENCE TYPE BY OTHERS LNL FT. —
GATES —
NAME JEFF AND ALLISON BLAIR
ADDRESS 116 BIENNA PLACE
PHONE # 704.609.8157 ALT# —
SPECIAL NOTES 3147
GROTTO WATERFALL WITH BOULDER EXTERIOR
2 GAS FIRE FEATURES

X _____
CUSTOMER SIGNATURE

1/8 = 1 FT. SCALE
ALL DIMENSIONS ARE APPROXIMATE

