ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 316042

PIN # 4636 -- 20 -- 8644

APPLICANT/OWNER: Jim & Carol Hinson | APPLICANT ADDRESS: 114 High Sail Ct, Mooresville NC 28117

SITE ADDRESS: 114 High Sail Ct, Mooresville NC 28117 | PHONE: 704-236-3205 | ALT. PHONE 704-651-6596

SITE DIRECTIONS: (W) Brawley School Rd → (L) Isle of Pines → (R) Cove Creek Rd (2nd) → (R) High Sail

SUBDIVISION: Pine Isle | SECTION: -1- LOT # 3 | LOT AREA: 0.59 acres | SAP CONTROLLED: ☐ YES ☐ NO EX | DESIGN FLOW: EXISTING | L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB	Plastic	Date		☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	EXISTING
Pump Make		Model		Serial #		Repair System Description:	Tank Replacement
# Nitrification Fields	EX	# Lines	EXISTING	Linear Ft		Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	EX	Trench Bottom Depth (Low side)		Gravel Depth	Existing	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☒ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees

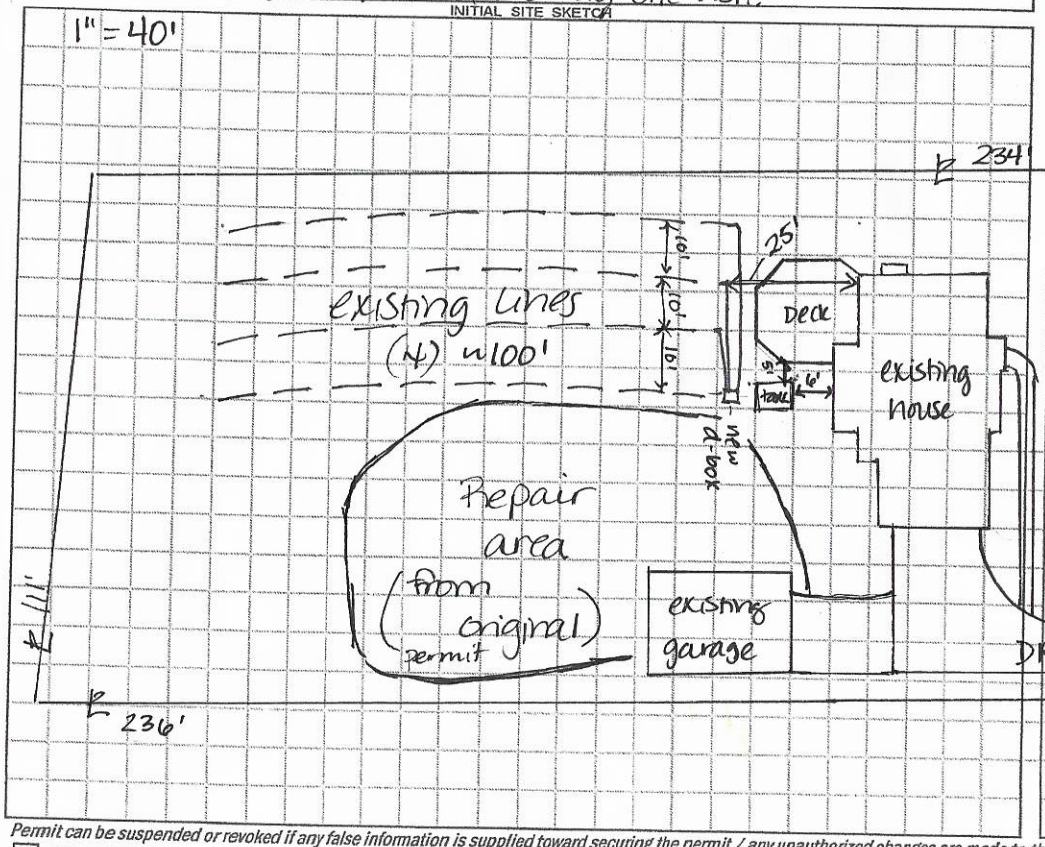
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Remove all irrigation lines within 10' of tank. Keep tank 5' from any porch support posts. No foundation drains located during site visit.

Pump & crush original tank. Filter installed, New Distro box w/ Speed levelers

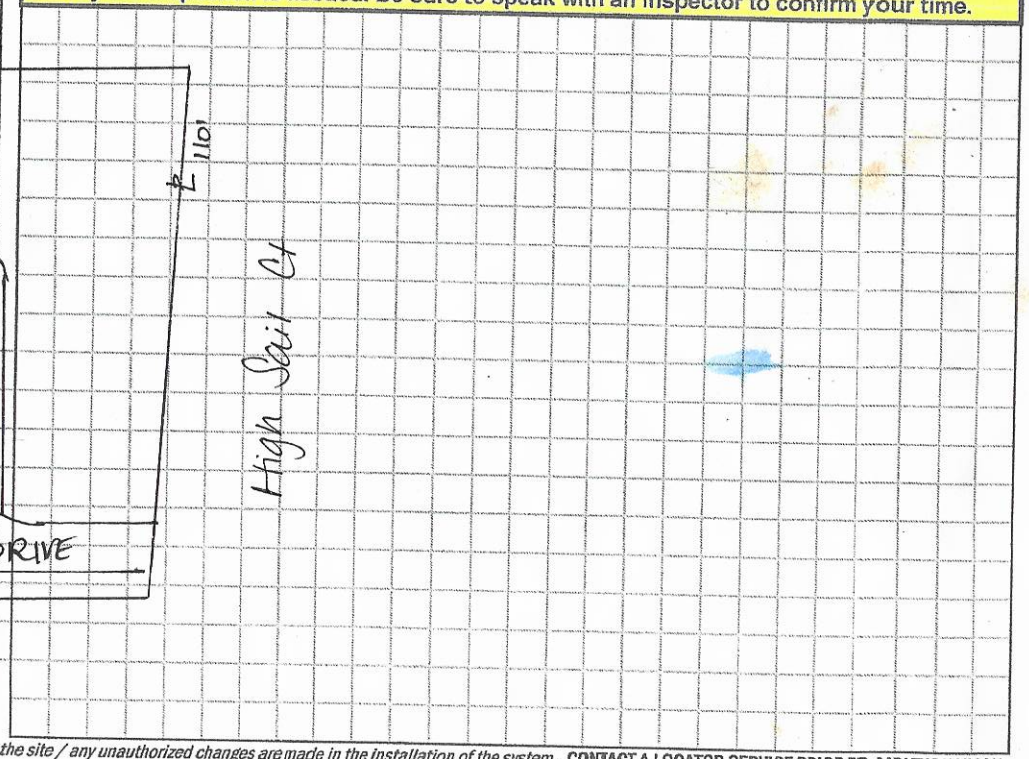
INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Carol S. Hinson Date: 3/24/21 Installed by: Lake Norman Septic

IMPROVEMENT PERMIT by: D. Wieberg Date: 3/24/21 OPERATION PERMIT by: Myra Dobson Date: 3/25/21

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 3/24/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED MAR 2 2 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-316042 Repair Eval

Application For: (NEW TANK) ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

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: James m & CAROL HINSON Address: 114 High Sail Ct. Mooresville NC Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: 704-651-6596
Owner Name: James m & Carol C Hinson Address: 114 High Sail Ct. Mooresville NC Zip: 28117
Owner Email: cme2read84@gmail.com Phone: [redacted] Alt. Phone: 704-236-3205

Property Information:

Street Address: 114 HIGH SAIL CT., MOORESVILLE NC 28117
Subdivision Name: ~~NORTH SHORE~~ Pine Isle Section/Phase: 1 Lot Number: 3
Driving Directions: BRAWLEY SCHOOL RD. W TO ISLE OF PINES RD. 1 mile TO COVE CREEK LOOP, IMMEDIATE RIGHT ON HIGH SAIL CT., 3RD HOME ON RT.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: TANK FAILED - D-Box Replaced needs to be
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2313 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: 3 BEDS

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1993
( ) 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.

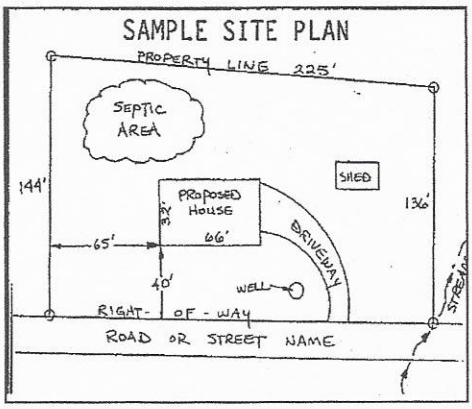
Signature: James m Hinson Carol C Hinson 3/9/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

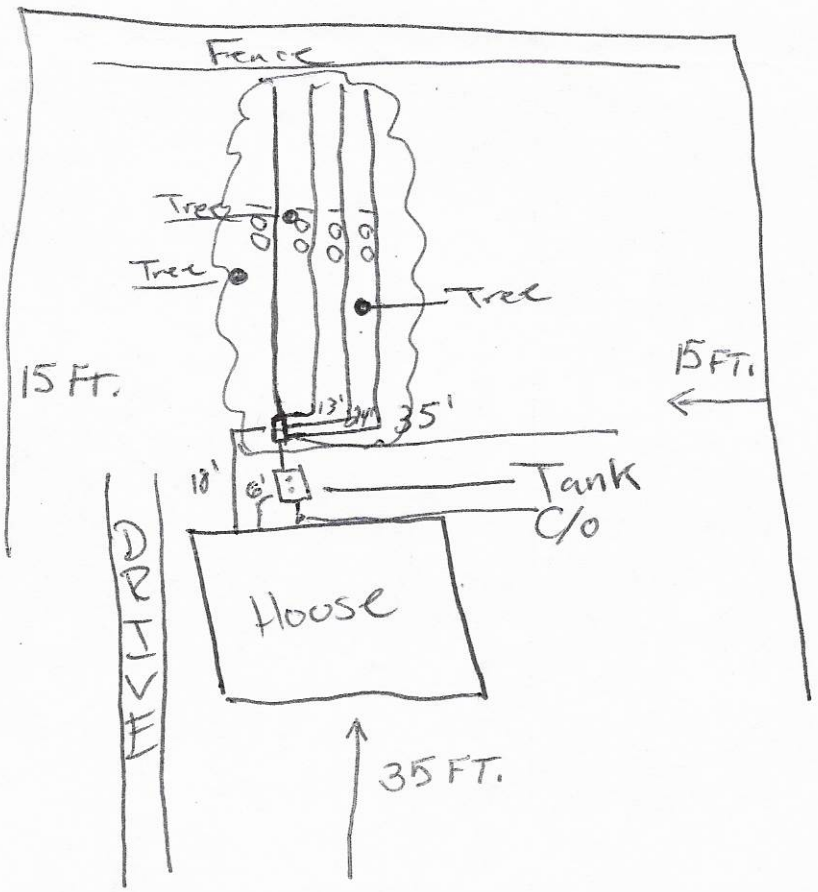
Circle N/A on the following if appropriate:

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

4 lines @ 100'



House to D-Box 18'
House to Tank 6'
C/o at House
Clean out

Lake Norman
Sewer & Septic

Signature: _____ _____

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

Site Address: 114 High Sail Ct.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 46632 DATE August 11, '93 TAX MAP NO. 2G23A3

OWNER OR CONTRACTOR Robert Clingerman Homes PHONE: Business 4636-10-6955 X 26-8644 Home

ADDRESS ~~110 Longview Dr~~

LOCATION 1100 TL 113 TR Cove Creek Rd. TR High Sail Ct. 3rd on Rt.

SUBDIVISION North Shore at Pine Lake BLOCK / SECTION H LOT 3 LOT AREA 1/2 A SITE CLASS B L.T.A.R. .13

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 8-13-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Trench Depth 30-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, IV, V, VI

System Description: gravity conventional

Repair System Description: pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☑ Yes ☐ No

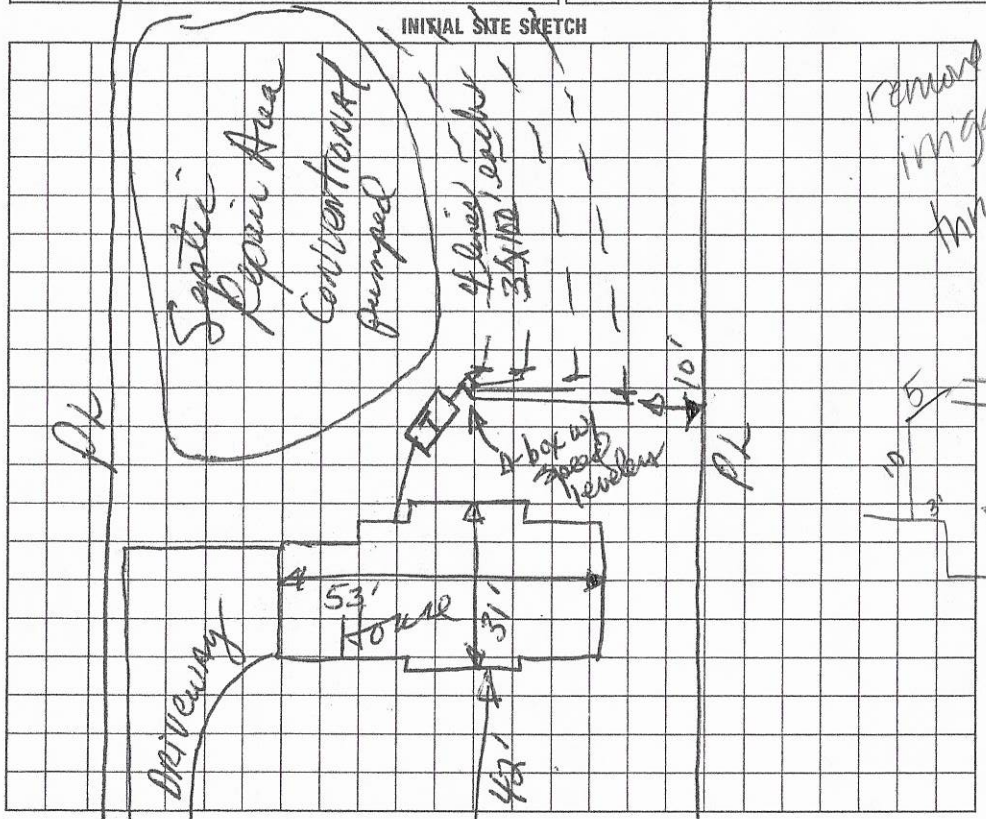
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

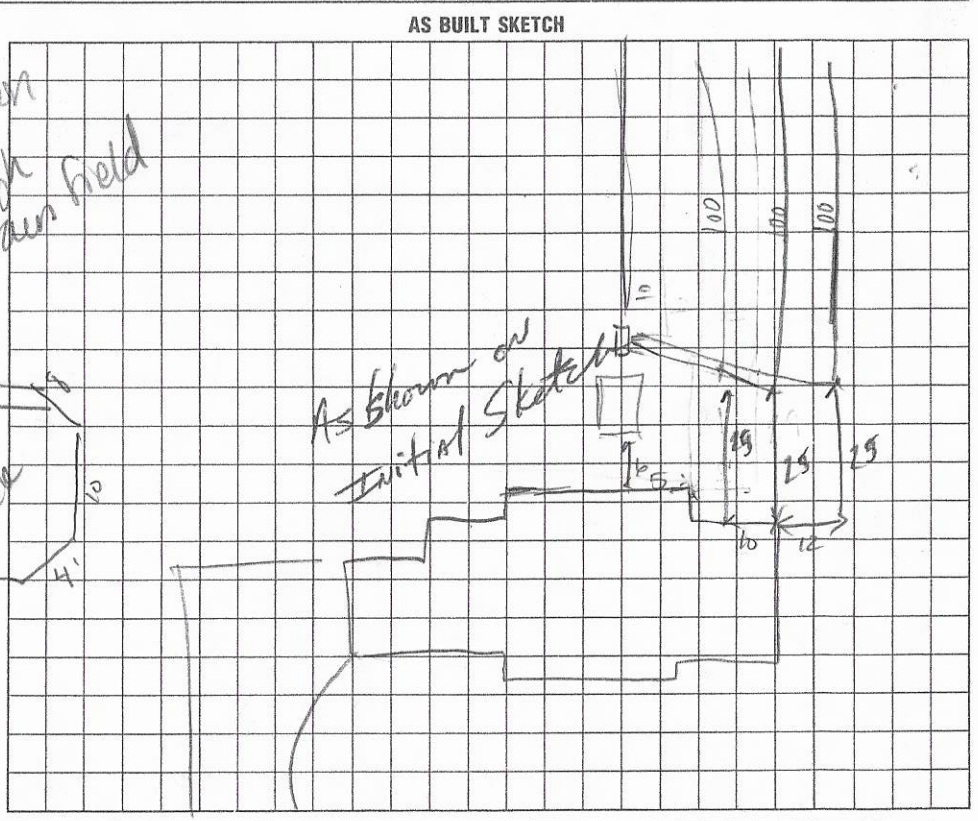
Other _____

Comments: Plumbing to exit house at a level to accomodate specified trench bottom depth.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: High Sail Court Rodd Jr

Improvement Permit by: David R. Hamrick IRS date 8/11/93

Existing System Inspection by: _____ date _____

Installed by: Ironhorse Grading

Certificate of Completion by: David R. Hamrick IRS date 10/29/93

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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*) James M Hinson III
Carol G. Hinson

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, James M & Carol G. Hinson am the legal owner(s) of the property located at 114 HIGH SAIL CT., MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4636208644.000 LOT 3, 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.

James M Hinson III & Carol G. Hinson — 3/9/2021
Signature of Owner(s) — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677