Paid $110.00 6/20/14 * 05-28-04 MS

ENVIRONMENTAL HEALTH DIVISION

203703

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Nicholas Cauthren Address: 176 Herons Gate Dr. - 28117 Phone: 704-608-9839

Owner Name: Nicholas Cauthren Address: 176 Herons Gate Dr - Mooresville 28117 Phone: 704-608-9839

Property Information:

Street Address: 176 Herons Gate Dr, Mooresville NC 28117

Subdivision Name: Edgewater Park Section/Phase: _____ Lot Number: _____

Driving Directions: Brawley School Road west to Blume Road. Right turn on Herons Gate Drive. 1st House on right.

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

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

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

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Year existing system installed: 8

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: N. Cauthren 5-19-14

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

IREDELL COUNTY HEALTH DEPARTMENT

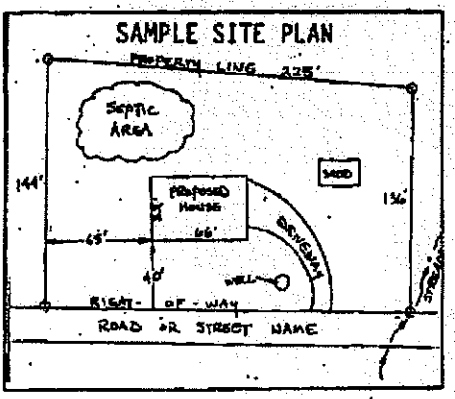
ENVIRONMENTAL HEALTH DIVISION

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**

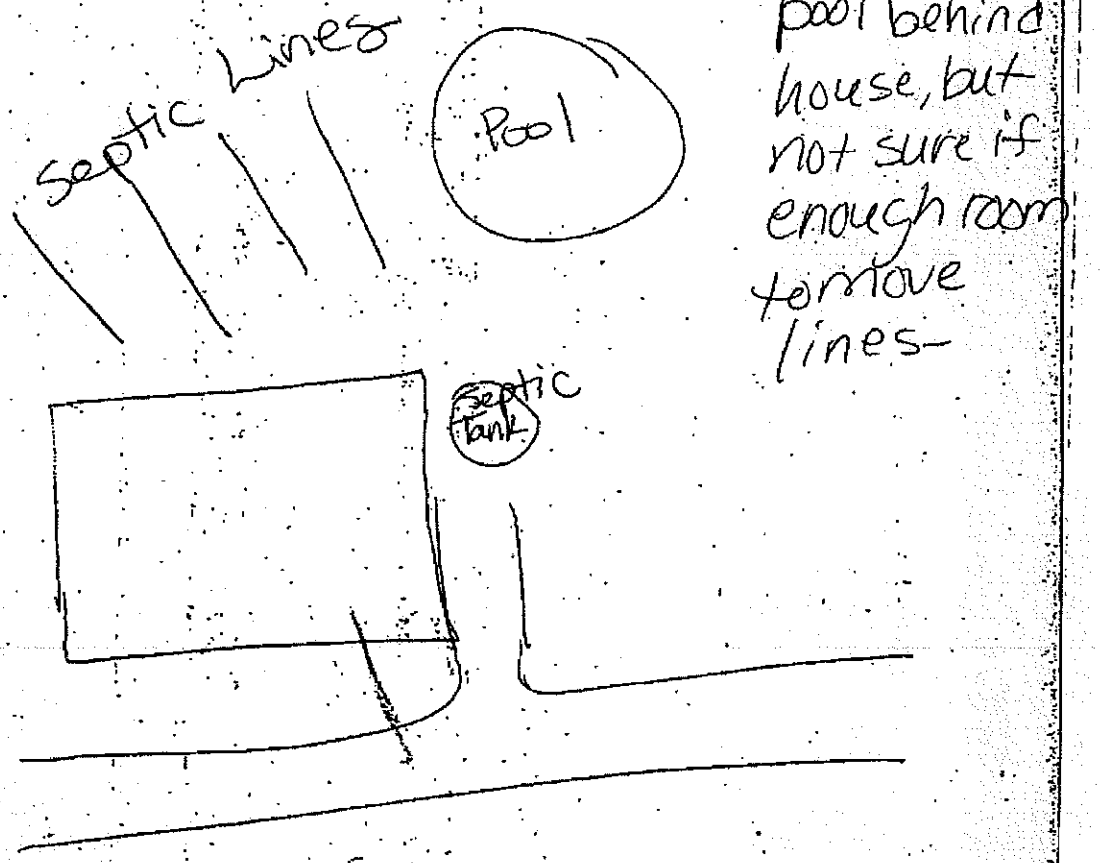


Circle N/A on the following if appropriate:

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



Signature: Amanda Carothers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-28-2014
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122852 PIN# ~~4636-34-9719.000~~ 4636497754.000 DATE ~~Jan 13, 05~~

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

ADDRESS 309 McGill Ave NW Concord, N.C. 28027

LOCATION Brawley Sch Rd. TR Blume TR Heron's Gate Dr. on Right

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 58 LOT AREA .204 ac SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. .225-.25 within 5yrs of 3 Repair Area

Septic Tank: 1000 Gallons; STB 794 Date 5-1-06
Pump Tank: 1000 Gallons; PT 283 Date 5-22-06
Pump Make Goulds Model WE07121 Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1500 Linear Feet 500
No Lines 5+5 Trench Width 36" 9'oc Max Trench Bottom Depth 24" ~~initial~~ system Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: (2) PM's to 25% Reduction
Repair System Description: LPP BPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

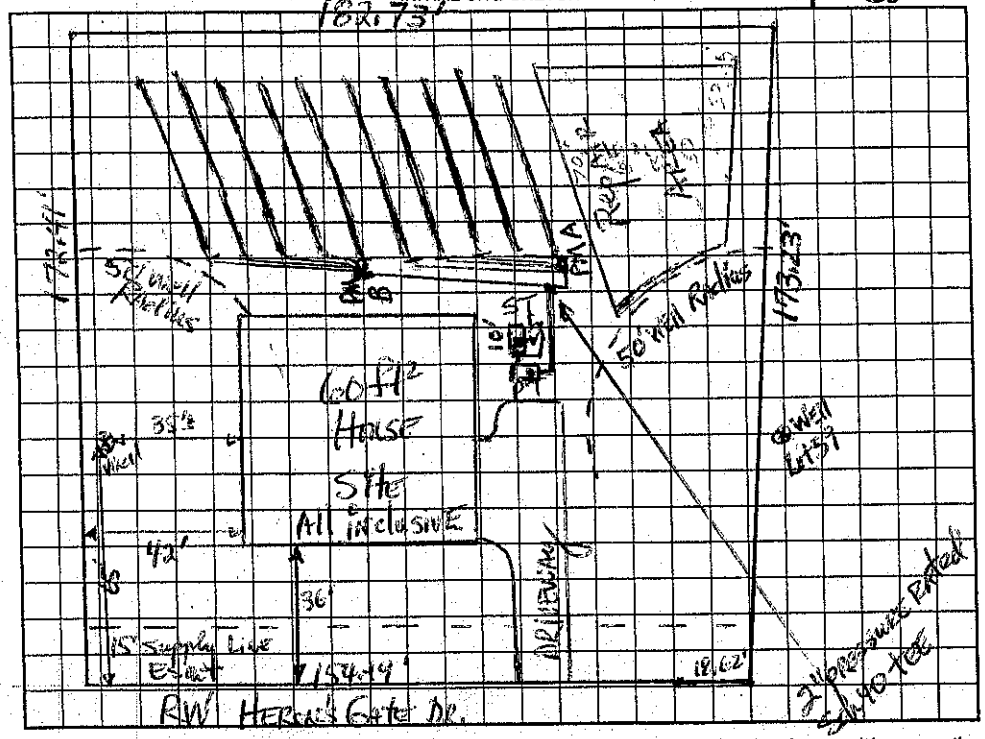
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

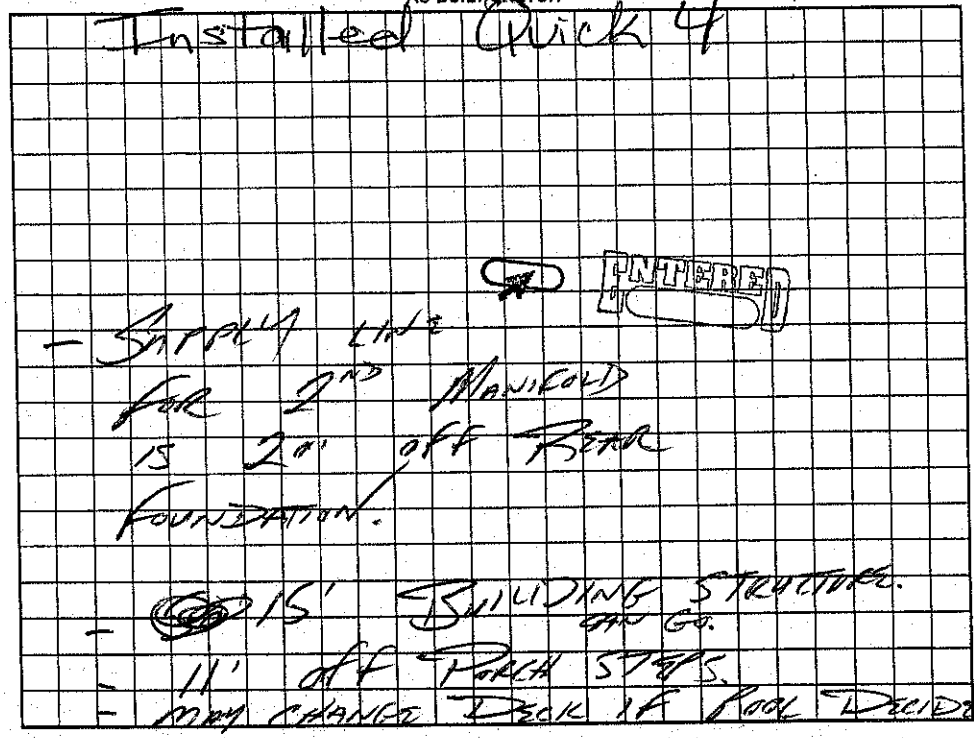
Comments:/Conditions:
Keep initial system shallow (24" max th).
5 (½") taps off Each Pressure Manifold (A & B)

Comments:/Conditions: Checked tanks & lines 7/7/06
Keep NEMA 4X box 12 inches above grade.
Press. checked 7/19/06

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Pat Carpenter date 2-1-05
Improvement Permit by: _____ date Jan 13 05
Authorization to Construct by: Judy Merrill date 3-21-06

Installed by: Larry Hinkle RS
Operation Permit by: Mandy Johnson date 7/27/06
Existing System Inspection by: _____ date _____

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