IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 235174

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

PIN # 4636606252

APPLICANT/OWNER: Gary Galloway APPLICANT ADDRESS: 140 Commodore Loop

SITE ADDRESS: 140 Commodore Loop Mooresville, NC 28117 PHONE: 704-400-5740 ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → L on Stutts → L on Commodore → lot on R SAP CONTROLLED: ☐ YES ☐ NO

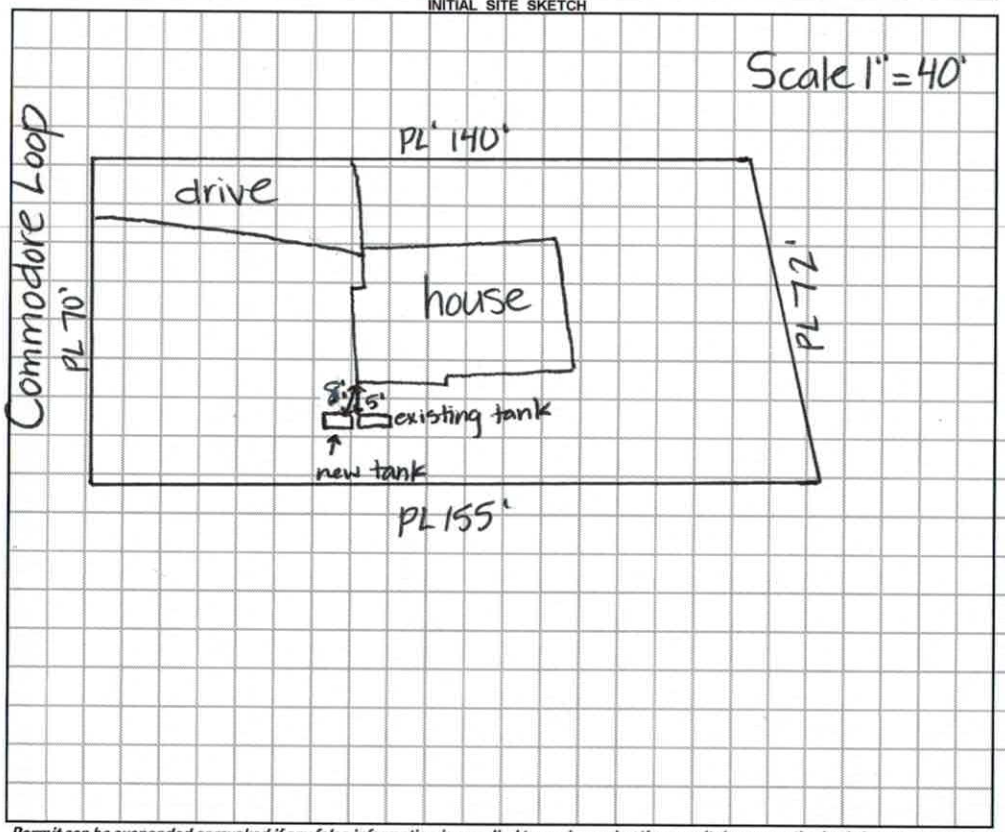
SUBDIVISION: Commodore Peninsula SECTION: 1 LOT # 206 LOT AREA: .24 ac DESIGN FLOW: 360gpd L.T.A.R.: —

Septic Tank	1000	(gal)	STB	760	Date	3-6-18	☐ New System	☑ Repair	☐ Expansion
Pump Tank		(gal)	PT		Date		System Type:	I	II III IV V VI
Pump Make			Model		Serial #		System Description:		
# Nitrification Fields	EXTENC		#Lines		Linear Ft		Repair System Description:	tank replacement	
Trench Width			Trench Bottom Depth(Low side)				Maintenance Agreement Required:	☐ YES	☑ NO
					Gravel Depth			☑ GRAVITY	☐ PRESSURE

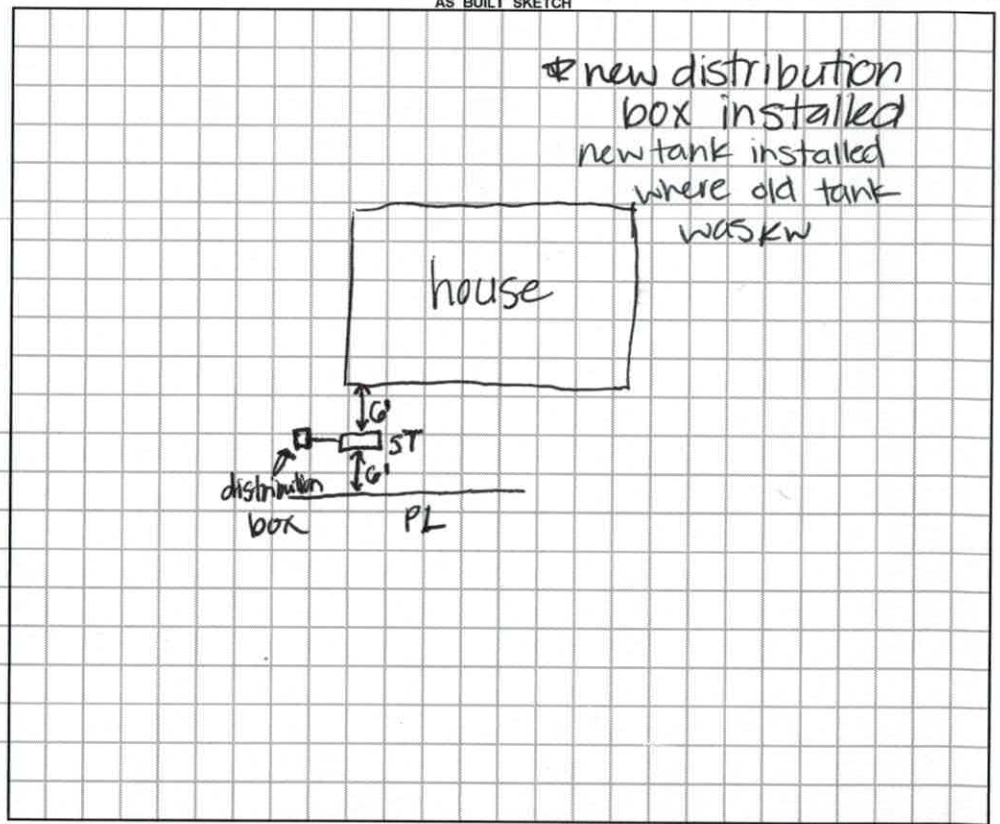
☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pump, crush, + fill existing septic tank.

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: Darlene H. Harwell Date: 5-4-18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Watson Date: 4-30-18 OPERATION PERMIT by: Kayla Watson Date: 6-27-18

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 4-30-18 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.

RECEIVED APR 25 2018

Rpr Evaluation - No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#235174

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: GARY GALLOWAY **Address:** 140 COMMODORE Loop MOORESVILLE **Zip:** 28117

Applicant Email: 9MGALLOWAY@MSN.COM **Phone:** 704 400 5740 **Alt. Phone:**

Owner Name: SAME **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 140 COMMODORE Loop

Subdivision Name: COMMODORE HEIGHTS **Section/Phase:** Sht 1 **Lot Number:** 206

Driving Directions: BRADLEY to SCOTTS to 1ST ENDEAVOR to COMMODORE Loop 9TH HOUSE ON Right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — ( ) 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:** TRENCHES PHONE LINE THRO tank

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 1995

( ) 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: Gary Galloway 4/25/18

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, GARY M GALLOWAY, am the legal owner(s) of the property located at 140 COMMODORE LOOP 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.

Signature of Owner(s) 4/25/18 Date

Signature of Witness 4/25/18 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

Apr 25 2018 02:01PM Hampton Inn & Suites 18436298907843629897 page 1
RECEIVED 03/02/2016 01:40PM

PATTERSON SURVEYING, P.A.

P.O. BOX 1387, MOORESVILLE, N.C. 28115 (704) 662-0100 •Fax (704) 662-0101

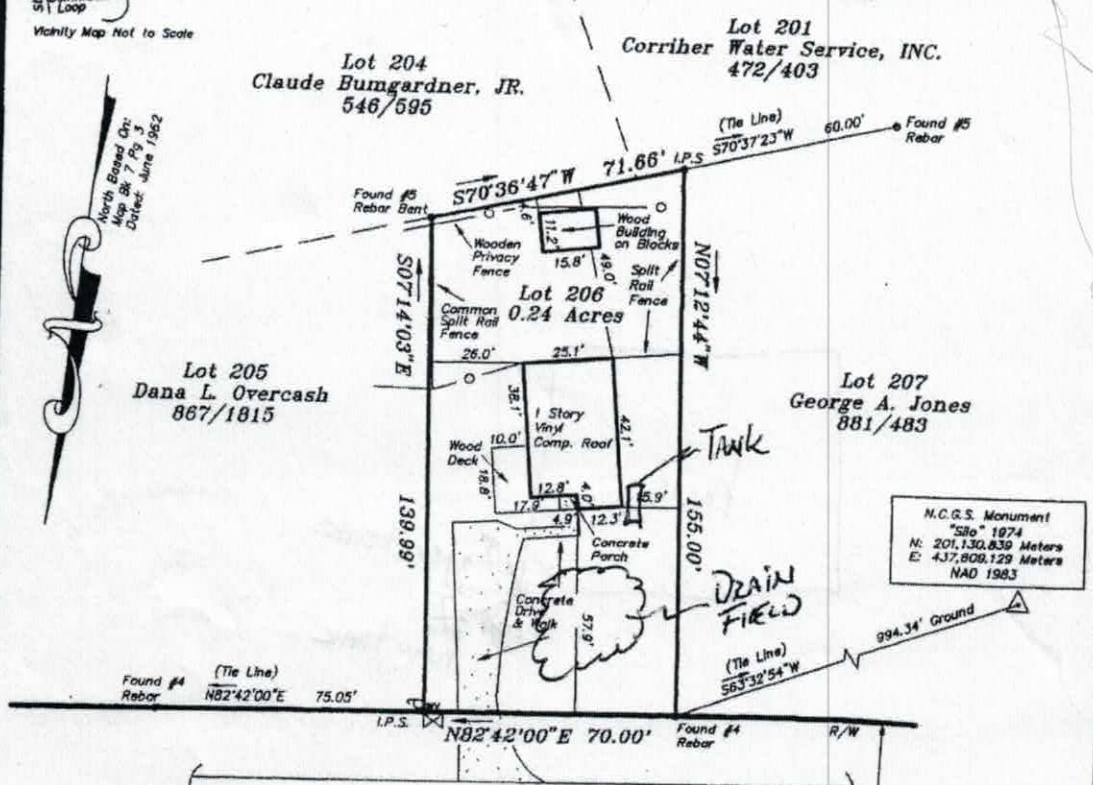
LAND SURVEYING • PLANNING • EROSION CONTROL

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 984, Page 165. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 18TH day of SEPTEMBER, A.D. 1997

JOEL H. PATTERSON III
REGISTRATION NUMBER: L-3717



Vicinity Map Not to Scale



LEGEND

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Water Meter
= Power Pole

1) This property may be subject to any easements and/or Rights-of-way of record.

2) Boundary information based on Deed Book 984 at Page 165 and being Lot 206 of "Commodore Peninsula" Map Book 7 Page 3 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) Area By Coodinate Method.

PHYSICAL SURVEY

OF

140 Commodore Loop

Lot 206 "COMMODORE PENINSULA"

Davidson Township, Iredell Co., NC

SCALE 1" = 40'

ACQUIRED BY: ROGER D. & TONYA A. JAMES

FIELD BOOK: 009
FILE: 69797
TAX MAP NO: 4636606252

4/25/18

4636-60-6252

15291

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE 12/30/92 PERMIT NO. 26-6-M-206

PHONE: Business _____ Home _____

LOCATION Commodore Lp 1100 TL 1112 TL 1212 ~ .2 mile on (R) across from Marlin Pl intersection S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 206 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 70' X 150'

Soil Characteristics P

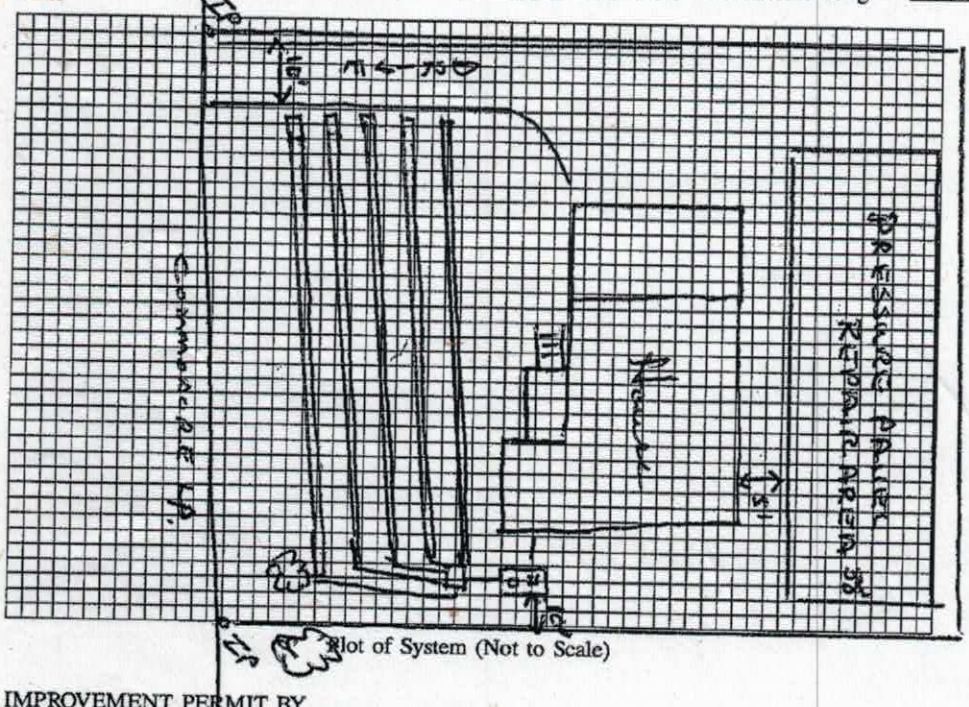
Application Rate P .25

Topography P 6%

Depth to Water Table S > 48"

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 50' X 2'

Sq. Ft. _____ Linear Ft. 250'

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ comm supply

Installed by Rowan Septic Tank

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/30/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold