IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217675

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

PIN # 4636702332 2333

APPLICANT: Liza Christiansen APPLICANT ADDRESS: 168 Commodore Lp. Mooresville, NC 28117

SITE ADDRESS: 168 Commodore Lp Mooresville, NC PHONE: ALT. PHONE: 518 526-5268

SITE DIRECTIONS: Brawley School Rd TL Stutts TL Commodore Lp @ intersection of Commodore Lp & Ospre

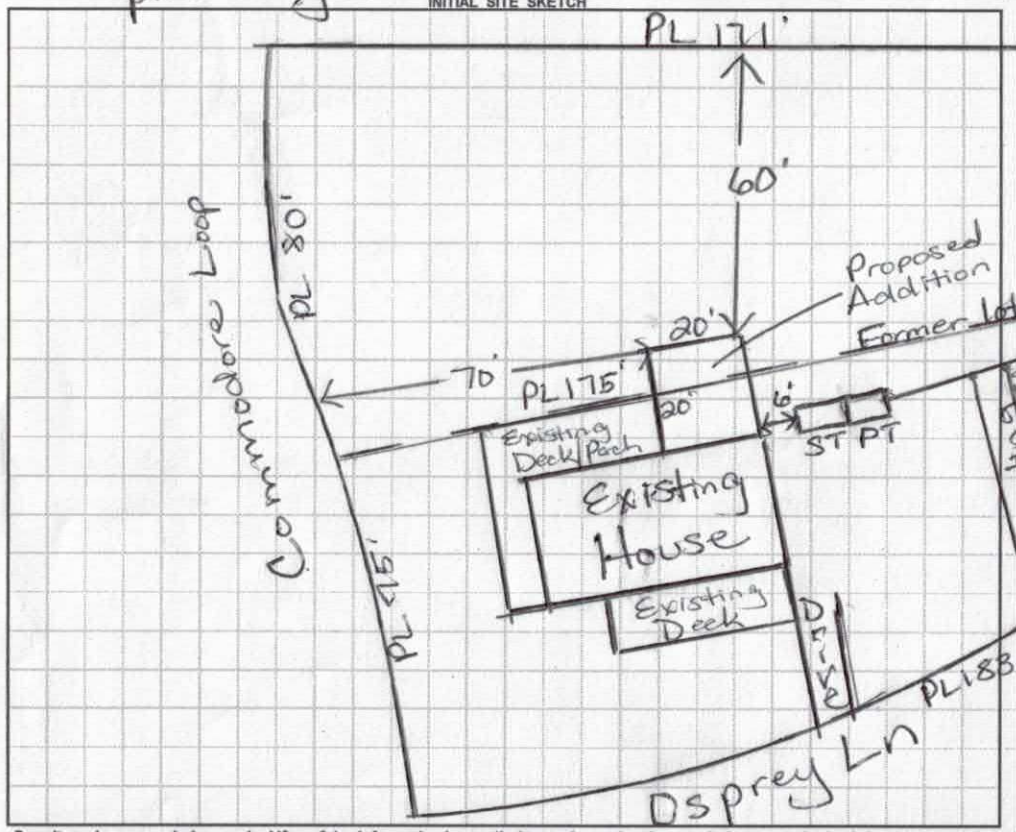
SUBDIVISION: Commodore Penninsula SECTION: LOT # 229 230 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3	Water Supply				
Pump Tank	1000 (gal)	PT	Date	System Description:	Existing LP PPBPS			☐ Business	No. Persons	6	☐ Private				
Pump Make		Model	Serial #	Repair System Description:	Same			☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	5	Linear Ft:	200'	Maintenance Agreement Required:	☐ YES	☒ NO Installed Prior to Reg	☐ Slab	☒ Crawl Space		☒ Community			
Trench Width	Exist	Max. Trench Bottom Depth	Exist	Gravel Depth			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing				

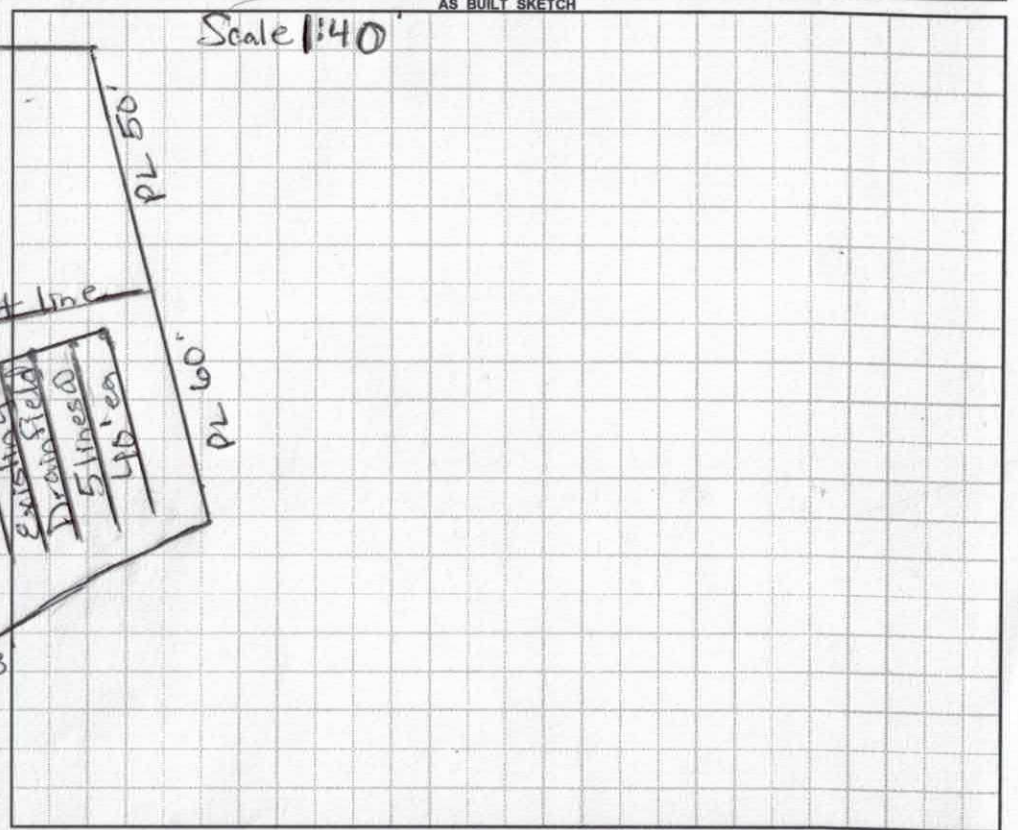
Comments / Conditions: Proposed Addition does not impact existing Septic System. Must keep addition at least 5ft from Septic System.

Note: Addition does not change Total number of bedrooms.

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: 5/6/16 Installed by: Rowan Septic 5/18/92

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5/4/16

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

RECEIVED MAR 3 1 2016 # 250 / #500

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

****

27675

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Liza Christiansen	168 Commodore Loop Mooresville, NC 28117	704-589-2343	518-526-5260
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Liza Christiansen	168 Commodore Loop Mooresville, NC 28117	704-589-2343	518-526-5260

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
168 Commodore Loop Mooresville, NC 28117	Commodore Peninsula	229+230

Driving Directions: Statts Rd, (L) on commodore Loop - house on corner of commodore + osprey.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
(✓) Other Still 3 bedrooms after addition

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1992 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3/30/16
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

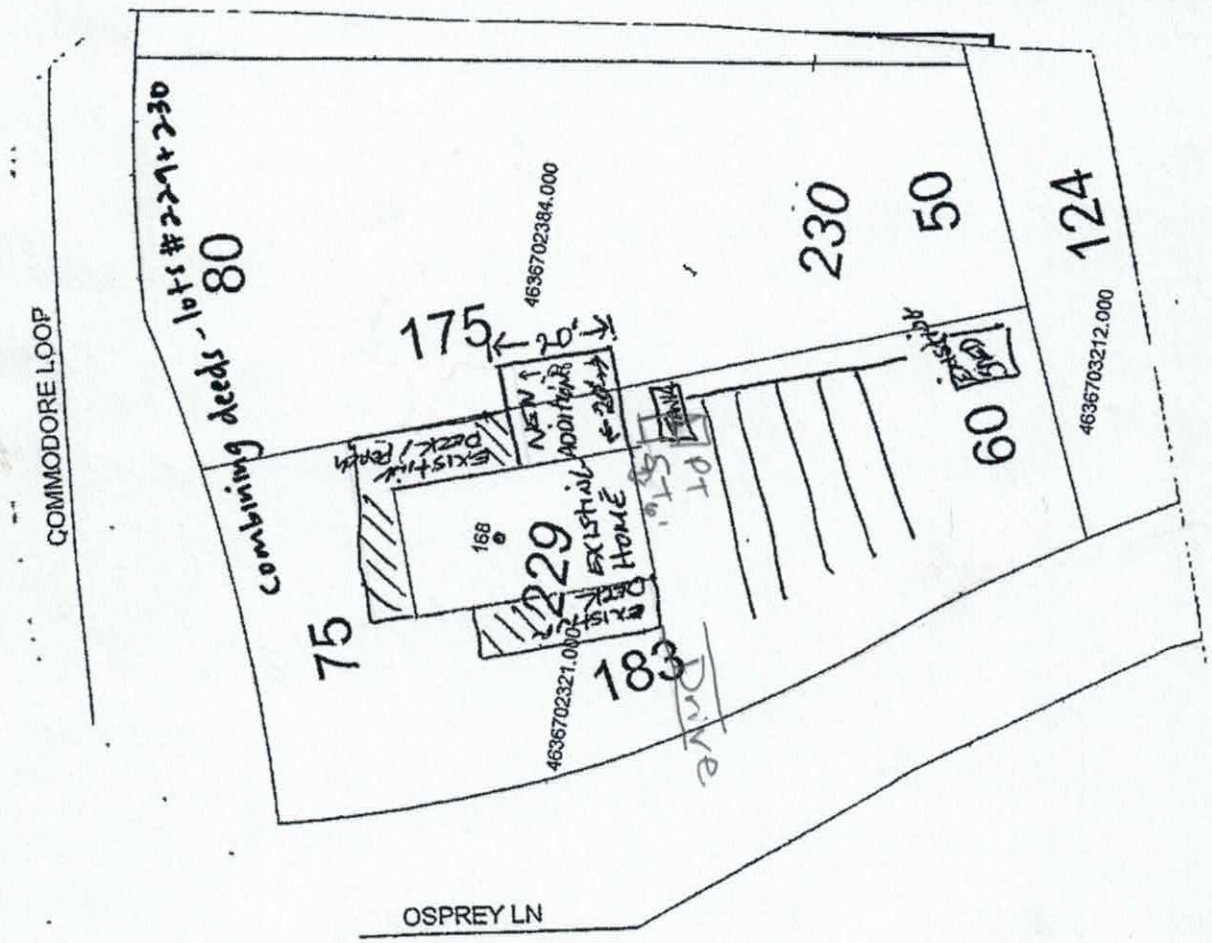
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**

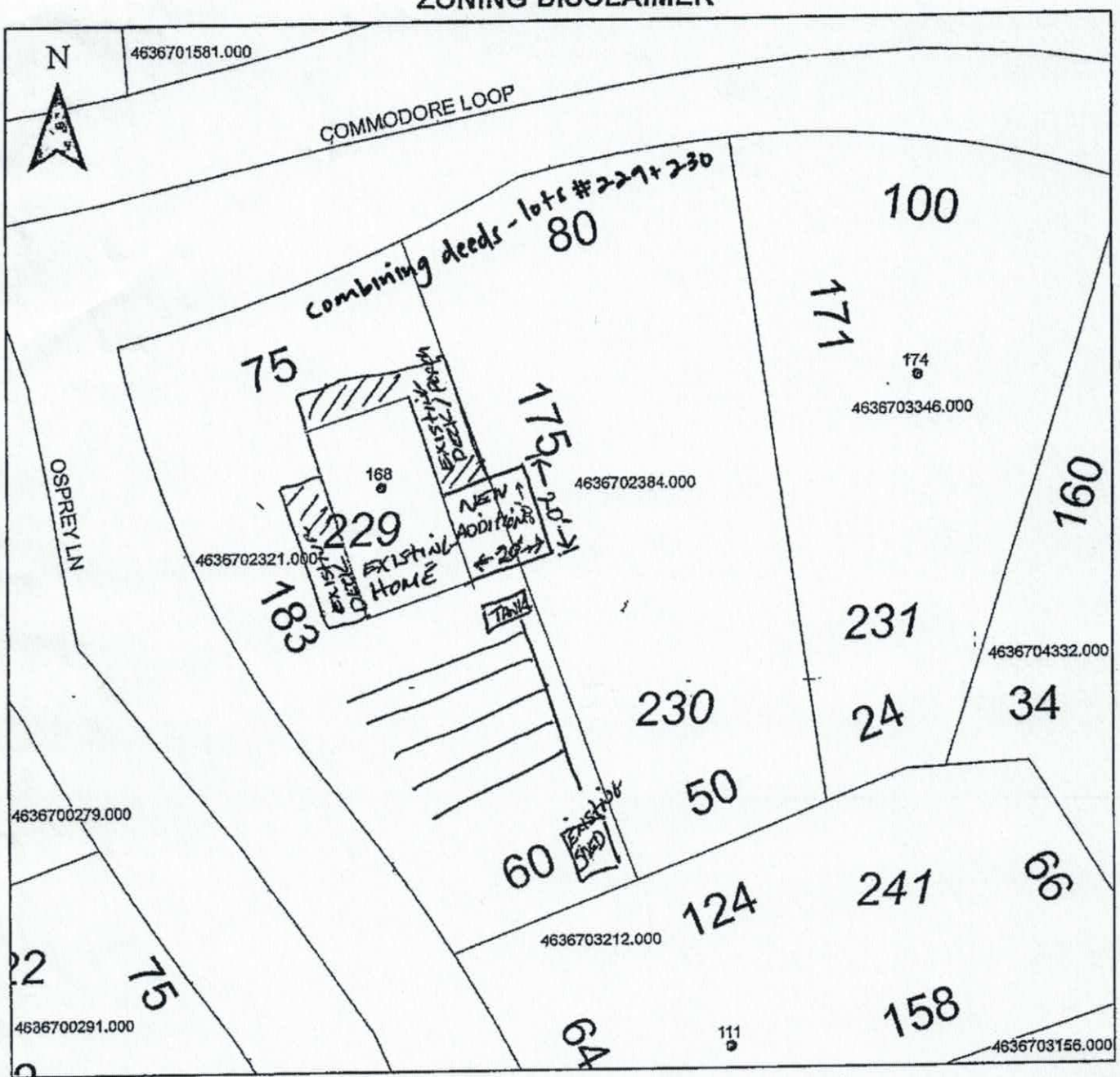


Signature: _____

REQUIRED property owner or owner's legal representative signature.

3/30/16
DATE

ZONING DISCLAIMER



Property Address 168 Commodore Loop (Addition)

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

3/30/16
Date

13925 **IREDELL COUNTY HEALTH DEPARTMENT** 4636702321

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jason Phillips DATE 5/14/92 PERMIT NO. 26-6-A-229

PHONE: Business _____ Home _____

LOCATION 1st Commodore off Stutts Rd, on R at corner of Osprey and _____ S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 229 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 20,000 FT2

Soil Characteristics P - C/C TRANS

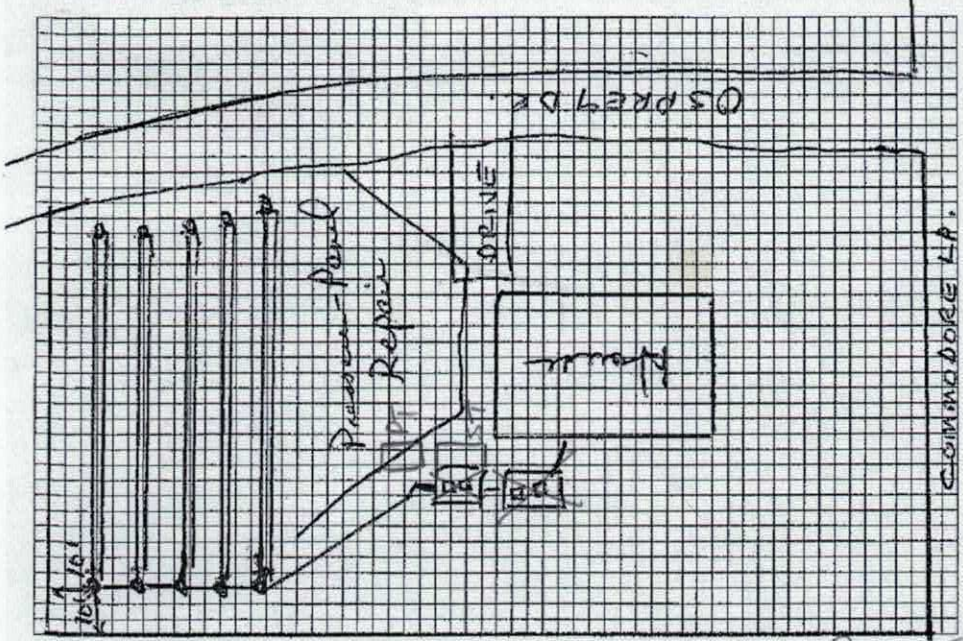
Application Rate P - .3 (55 - 5F)

Topography P - 3%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None Encountered

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



Plot of System (Not to Scale)

Size of Tank 1000/1000 Gals.

Nitrification Field:

No. of Lines 5@40' x 2'

Sq. Ft. _____ Linear Ft. 200+

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Comm System

Public ☑

Pressure dosed 16" Prefab. Permeable Panels

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 lines end 7' off fence ST 6ft off house lined up with edge

COMMENTS Drainlines 7ft over from house lowest Drainline 46 1/2 ft behind house highest line 32' from 1st line. 11ft off back PL

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/18/92

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

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
217675
Issue Date: 03/31/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636702321.000	168 COMMODORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CHRISTIANSEN MICHAEL J+LIZA J GIANNILLO	Applicant: CHRISTIANSEN MICHAEL J
Address: 168 COMMODORE LOOP MOORESVILLE, NC 28117	Address: 168 COMMODORE LOOP MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDITION -REPLACING A BEDROOM AMD BATH ADDING BONUS ROOM AND KITCHEN	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.260	35.00	35.00	15.00	25.00	CACL	X

Remarks:

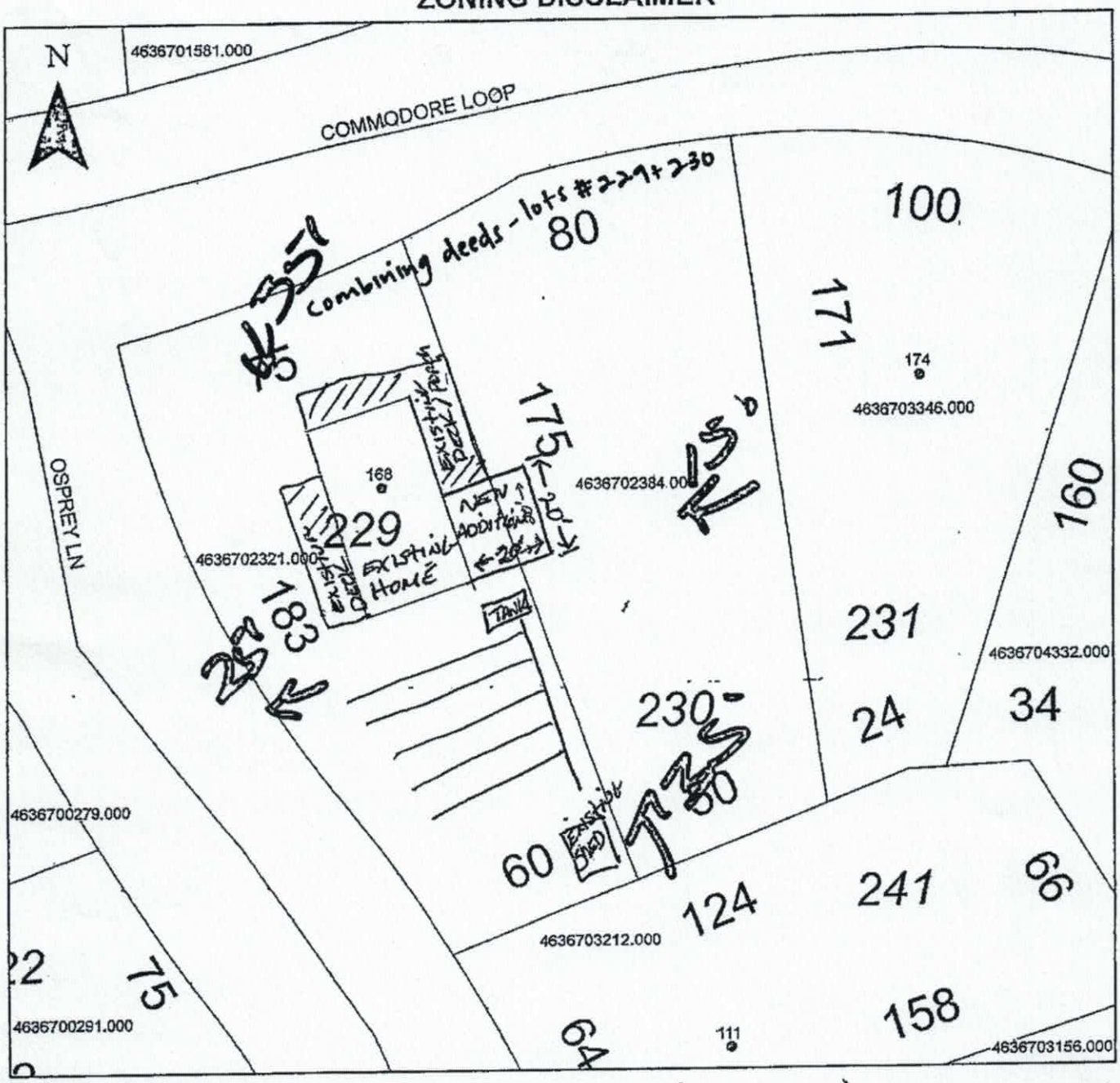
Bldg Permit in "To Be Paid"

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	64300	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



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Applicant

3/30/16
Date