RECEIVED DEC 30 2014

Pd $500.00 Expansion #207659

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $700.00 1-2715

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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: Westley Newsome Address: 142 Regency Rd Mooresville Phone: 704-763-9232

Owner Name: Westley Newsome Address: 142 Regency Rd Mooresville Phone: 704-763-9232

Property Information:

Street Address: 142 Regency Rd Mooresville NC 28117

Subdivision Name: Regency Lake Section/Phase: F Lot Number: 23-25

Driving Directions: West on Brawley School Left on Canvasback Rd Left on Regency Rd Drive down to bottom of hill House on Right

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Existing Bedroom

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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2002

( ) 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: _____ 12-30-14

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

IREDELL COUNTY HEALTH DEPARTMENT

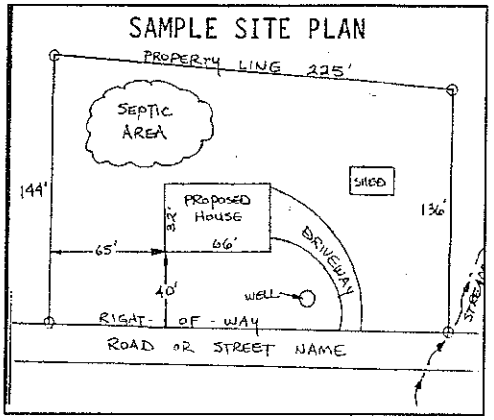
ENVIRONMENTAL HEALTH DIVISION

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

See Septic Layout

Signature: _____

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

12-30-14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878 [redacted] VILLE 704-664-5281

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

PERMIT# 09 3326 PIN# 4636993013 4636-99-2085 DATE 6/12/02

OWNER OR CONTRACTOR GOSMITH DEVELOPMENT PHONE: Business 892-0909 Home

ADDRESS PO Box 908 DAVIDSON NC 28031

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL REGENCY - ON RT

SUBDIVISION REGENCY LAKE BLOCK / SECTION F LOT ★25 LOT AREA .46 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .360/KT2

Septic Tank: 1000 Gallons; STB 794 Date 10-12-02
Pump Tank: 1000 Gallons; PT 283 Date 12-2-02
Pump Make: Myers Model Serial No.
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

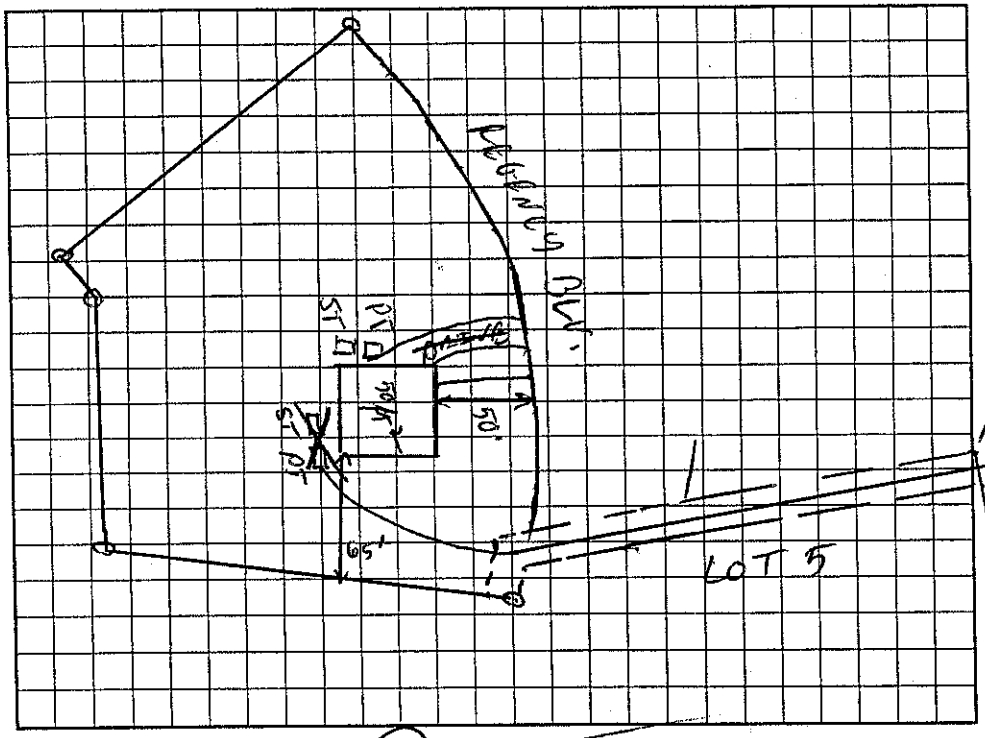
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

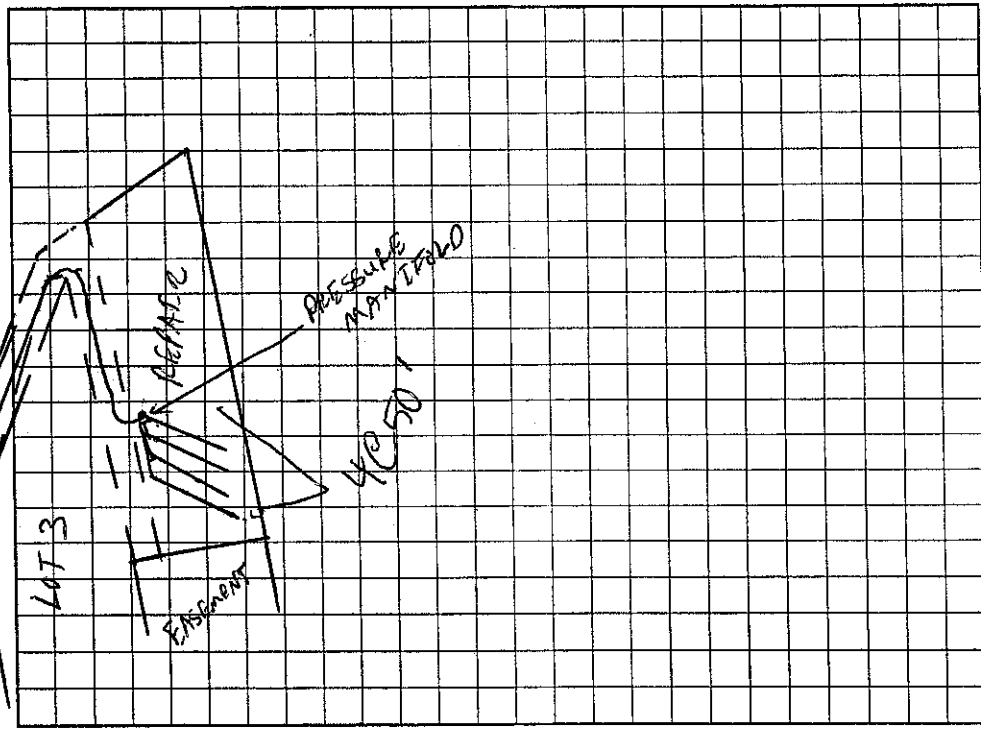
Comments:/Conditions: 1) SLEEVE UNDER ROAD IF SUPPLY LINE IS NOT 36" DEEP OR MORE.
2) 24, 25 & 23 combination 3) SEE PLAT FOR MORE DETAILS ON SUPPLY LINE & IDENTIFIED EASEMENT

Comments:/Conditions: Tanks & lines checked 11/25/02
★Lots 23, 24 & 25 were combined.

INITIAL SITE SKETCH



AS BUILT SKETCH



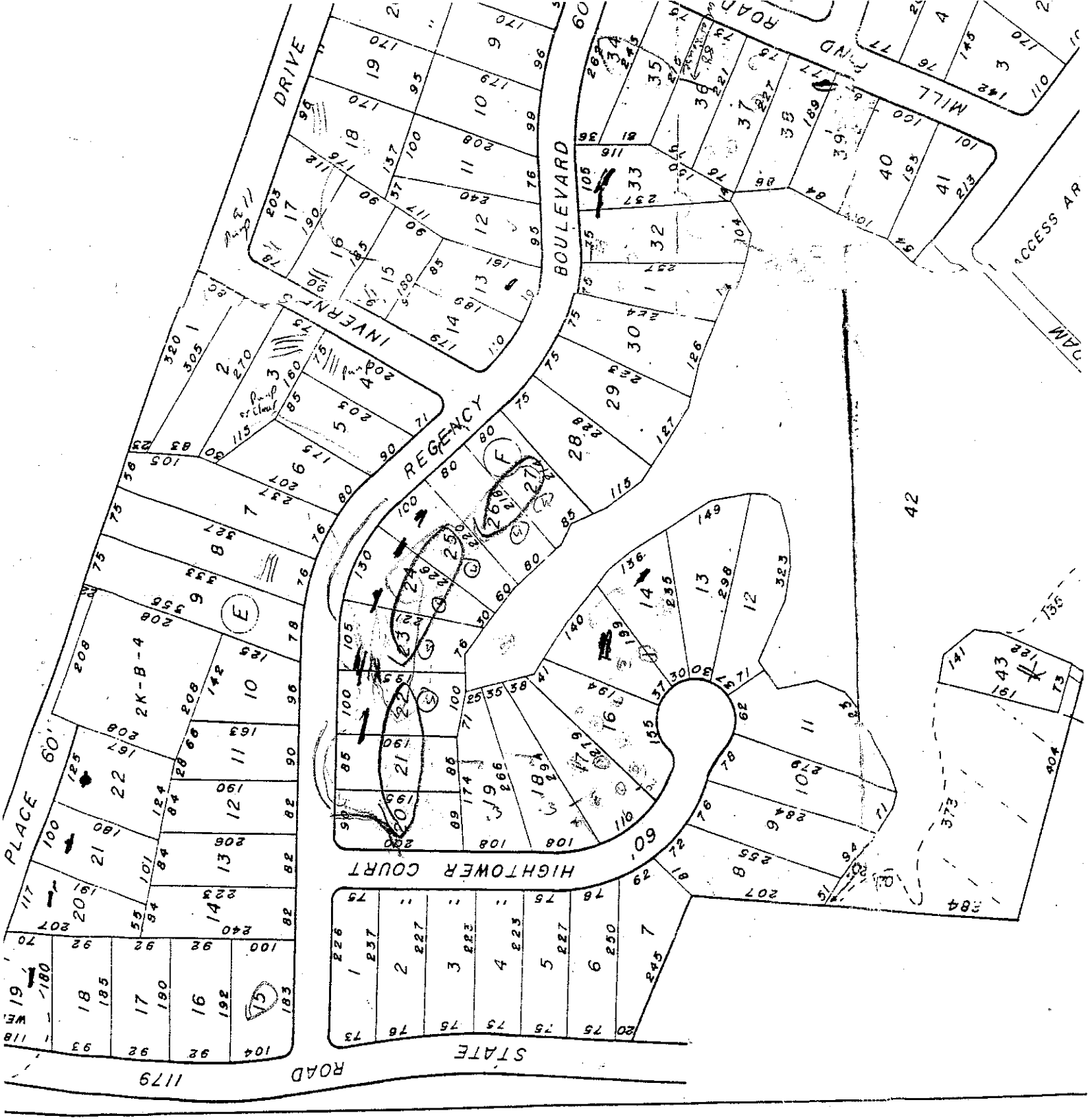
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 6/12/02 Installed by: R & H Inc

Improvement Permit by: [signature] RS date 6/13/02 Operation Permit by: [signature] RS date 2/25

Authorization to Construct by: [signature] RS date 6/13/02 Existing System Inspection by: date

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


DRIVE
BOULEVARD
REGENCY
ROAD
MILL
ACCESS AR
PLACE
HIGHTOWER COURT
STATE
ROAD
1179
2K-B-4
42