RECEIVED MAY 5 - 2015 #210256

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION Paid $250 11380 Statesville

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: ( ) 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:

Applicant Name: Al Mac Minn / owner Address: 326 winding Shore Troutman NC Phone: 704 363-3959

Owner Name: Shan Lar Prop LLC Address: 326 Winding Shore Troutman NC Phone: 704 3633959

Property Information:

Street Address: 147 Regency Rd Mooresville NC 28117

Subdivision Name: Regency Lake Section/Phase: E Lot Number: 4/5

Driving Directions: Rowley School Rd to ① Iron Mass Back, to ② onto Regency to ② onto Inverness Loop white cape cod corner of Regency and Inverness Lp

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: 3
Maximum Number of Occupants: 4
( ) 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)* Year existing system installed: 2000

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

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: Al Mac Minn
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/5/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

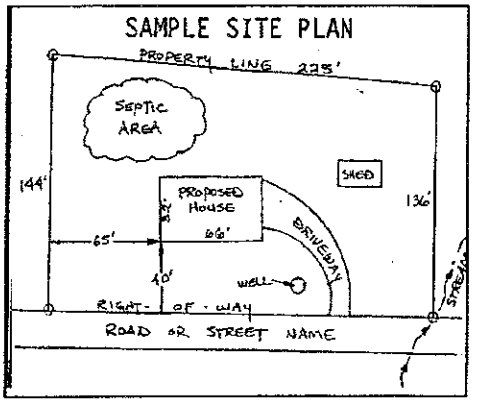
ENVIRONMENTAL HEALTH DIVISION

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 ATTACHED

Signature: _____ _____

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

5/5/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093241 PIN# 4636995232 DATE 4/8/02

OWNER OR CONTRACTOR GA SMITH / WILLIAM POINDEXTER PHONE: Business 892-0909/236-9966 Home

ADDRESS 20904 SAN MATEO PLACE CORNELIUS NC 28031

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

SUBDIVISION REGENCY LAKE VILLAGE BLOCK / SECTION E LOT 4+5 LOT AREA SITE CLASS CS DESIGN FLOW 360 GPD L.T.A.R. .360/Ft²

Septic Tank: 1000 Gallons; STB 160 Date 5-26-01
Pump Tank: 1000 Gallons; PT 363 Date 3-22-02
Pump Make: Barnes Model EHV412A Serial No. 103542
Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 250
No Lines 5@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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

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

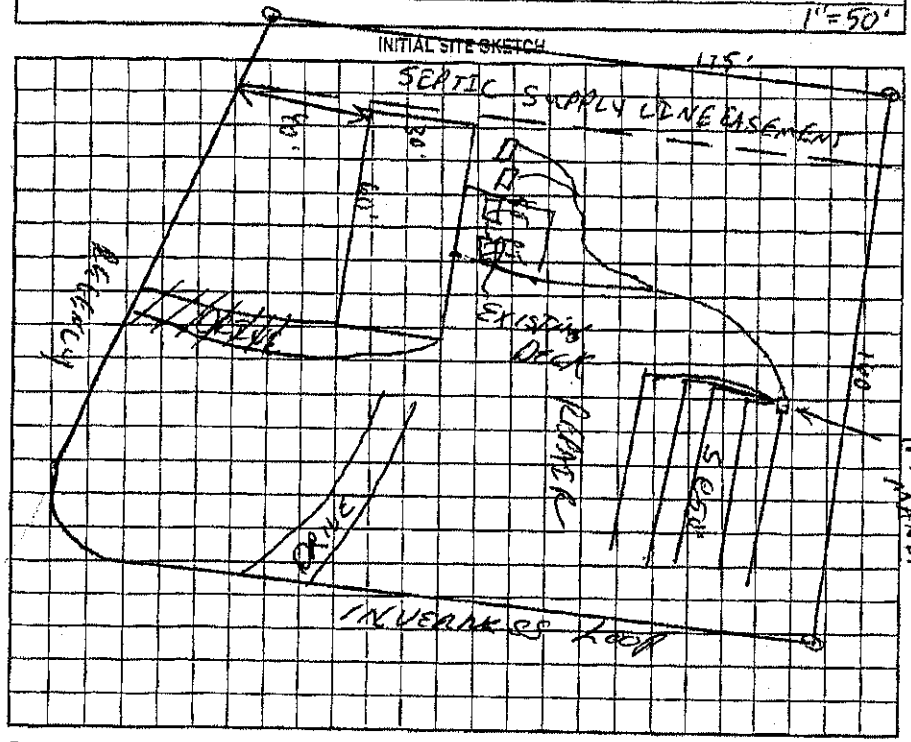
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: Tanks & lines Checked 5/9/2002
Pressure Checked 5/10/2002

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Panel lines as Drawn

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: Marian M Poole date 4/9/02 Installed by: D.S. Myers

Improvement Permit by: C. Gray REHS date 4/18/02 Operation Permit by: C. Gray REHS date 6/26/02

Authorization to Construct by: C. Gray REHS date 4/8/02 Existing System Inspection by: date

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

IREDELL COUNTY

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

APPLICATION NUMBER
210256
Issue Date: 05/05/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636995232.000	147 REGENCY ROAD, MOORESVILLE, NC	MOORESVILLE

Owner Information	Applicant Information
Owner: SHAN LAR PROPERTIES LLC	Applicant: MACMINN, AJ
Address: PO BOX 731 MOORESVILLE, NC 28166	Address: 326 WINDING SHORE TROUTMAN, NC 28166
Phone:	Phone: 704-363-3959

Use Requested	Zone Code
ROOF ADDITION OVER EXISTING DECK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.360	35.00	35.00	15.00	25.00	CACL	X

Remarks:

25 FOOT S/B IS OFF THE SIDE ROAD

$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: *See Attached* Date: _____

Permit Number	37458	TOTAL FEES:	$ 77.25