IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22[illegible]

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

M.A.D. PIN # 4637-34-9149

APPLICANT/OWNER: JAMES McAULIFFE APPLICANT ADDRESS: 217 WHIPPOORWILL RD. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-662-6253 ALT. PHONE

SITE DIRECTIONS: I50 W, TL DOOLIE, TR WHIPPOORWILL, ON L SAP CONTROLLED: ☐ YES ☐ NO

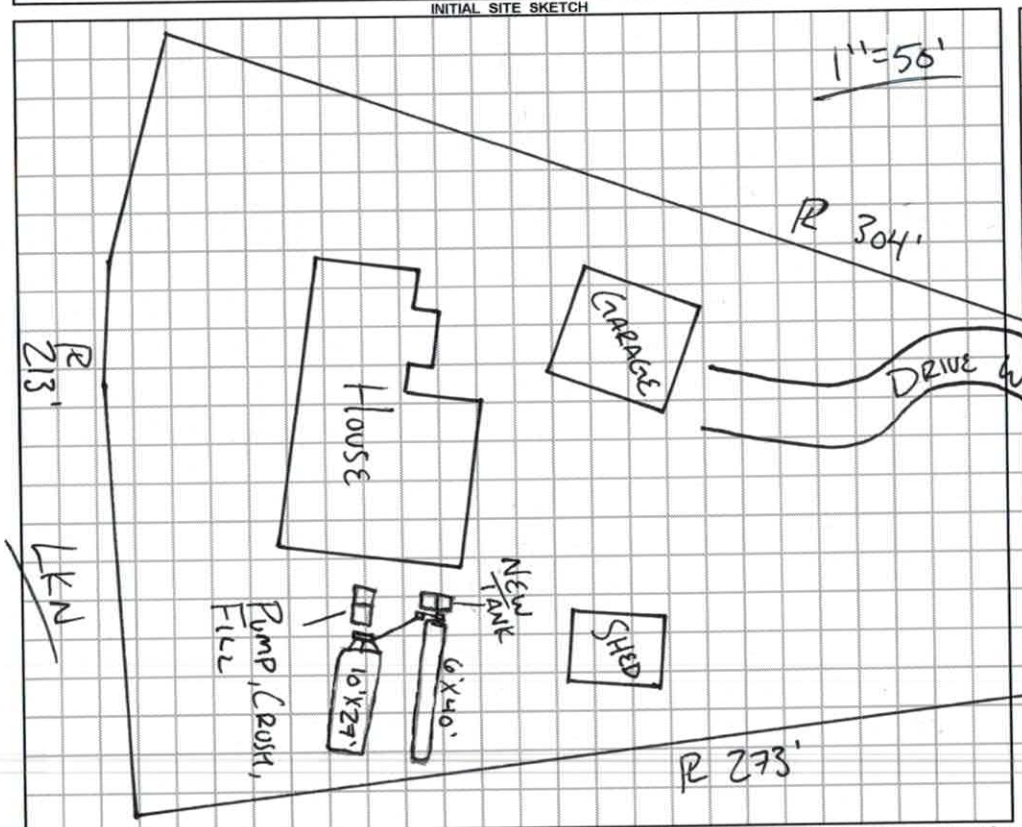
SUBDIVISION: CLET SECTION: 10 LOT # 22 LOT AREA: .95AC DESIGN FLOW: 360 L.T.A.R.:

Septic Tank	1000 (gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: TANK / ADDITIONAL BED				☐ Other	No. Employees
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

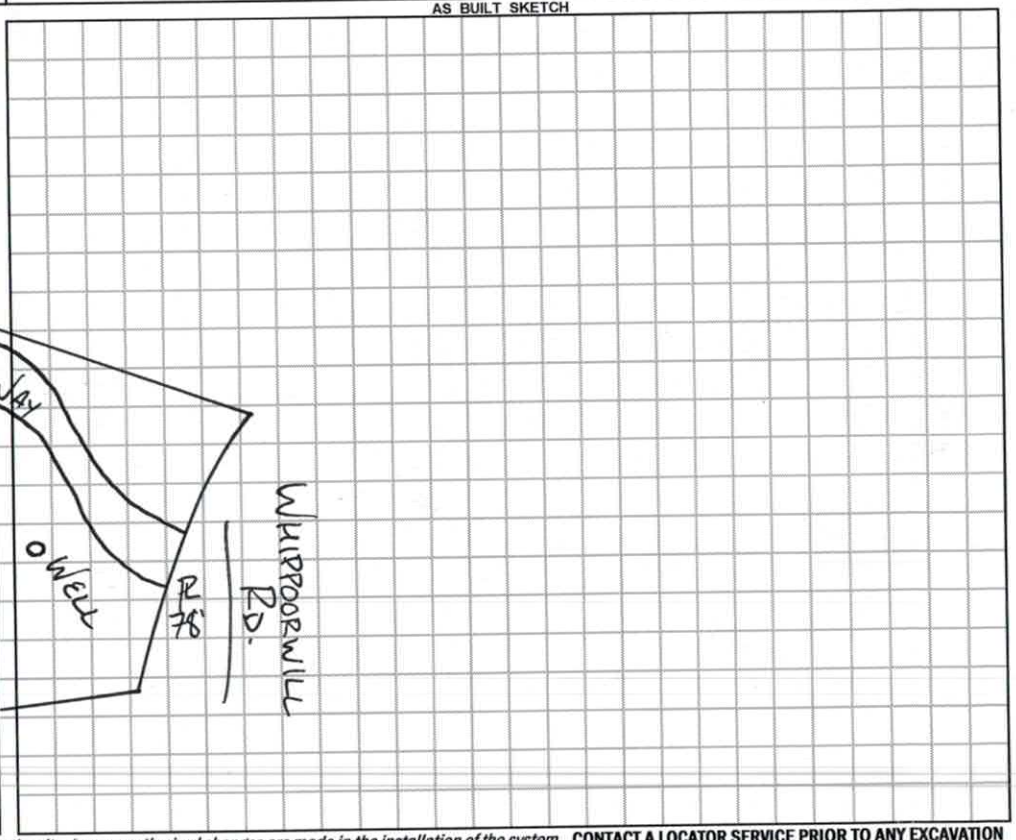
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SET NEW 1000 GAL TANK AS SHOWN. FEED UPPER BED WITH DIST. BOX. USE DROP BOX TO DROP DOWN TO LOWER BED.

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: James E McAuliffe Date: 9/01/2017 Installed by:

IMPROVEMENT PERMIT by: APPROVED Date: AUG 31 2017 OPERATION PERMIT by: APPROVED Date: SEP 18 2017

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: AUG 31 2017 Existing System Inspected by: Date:

DigiSign Verified: D190DC7F-B9F6-4792-A9D2-E1E84A7323B7

RECEIVED AUG 21 2017

Paid $150.00 9/1/17 Repair Evaluation No chg.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#229567

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: James McAuliffe JR Address: 217 Whippoorwill Rd Mooresville Zip: 28117
Applicant Email: jmcauliffe45@me.com Phone: 704 662 6253 Alt. Phone: 704 650 4588
Owner Name: James McAuliffe JR Address: 217 Whippoorwill Rd Mooresville Zip: 28117
Owner Email: jmcauliffe45@me.com Phone: 704 662 6253 Alt. Phone: 704 650 4588

Property Information:

Street Address: 217 Whippoorwill Rd Mooresville NC 28117
Subdivision Name: CL&T Section/Phase: 10 Lot Number: 22
Driving Directions: Past LKN High School, Right on Whippoorwill, home on the left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) 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 ___ Tank X Drain lines Describe Problem: saturation
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1970
(X) 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: James Mcauliffe Jr 08-21-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: D190DC7F-B9F6-4792-A9D2-E1E84A7323B7

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, James McAuliffe JR, am the legal owner(s) of the property located at 217 Whippoorwill Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637-34-9149.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Zach FRANCIS, Southern Homes of the Carolinas, 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.

James Mcauliffe Jr — Signature of Owner(s) — 08-21-2017 — Date

Christine Mcauliffe — Signature of Witness — 08-21-2017 — 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

DigiSign Verified: D190DC7F-B9F6-4792-A9D2-E1E84A7323B7

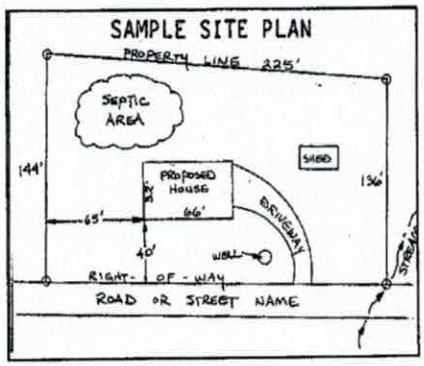
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

See attached 1981 L/O.

Signature: James Mcauliffe Jr

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

08-21-2017

DATE

DigiSign Verified: D190DC7F-B9F6-4792-A9D2-E1E84A7323B7

4637349149

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lloyd Morgan DATE 10-13-81 PERMIT NO. 316

PHONE: Business _____ Home _____

LOCATION 150 W. TL 1180 TR 1221 ½ mile on left

SUBDIVISION NAME Lake Norman LOT NO. 22 SECTION OR BLOCK NO. 10 S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other WASHER System

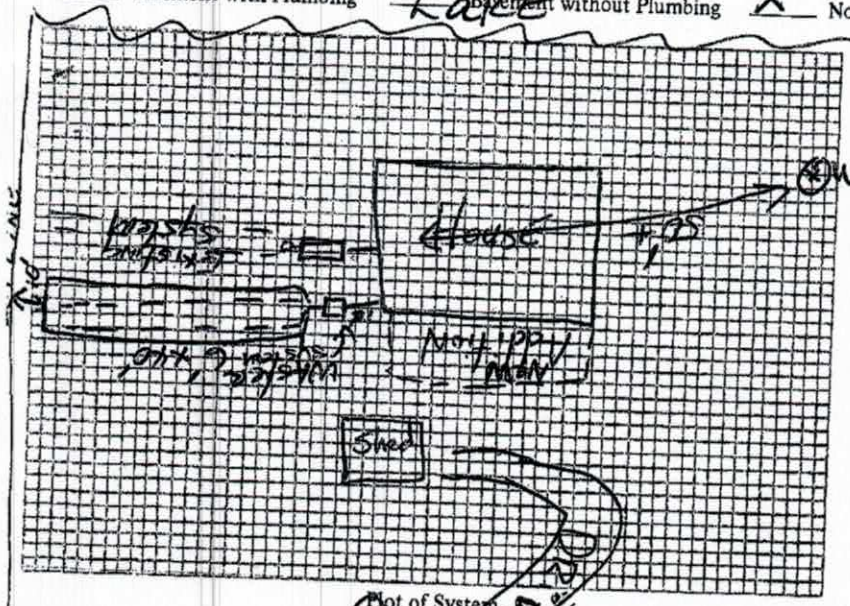
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area 2 3/4 ACRE

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table _____
Rock or other impervious formations System

_____ Basement with Plumbing Lake Basement without Plumbing X No Basement WASHER System



Plot of System

Size of Tank 75 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by J. J. ERVIN Co.
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY David M. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 10-13-81

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 false information is supplied in making Improvements Permit.

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