IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230644

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

PIN # 4637-40-2020

APPLICANT/OWNER: SHAUN HOLMES APPLICANT ADDRESS: 102 EGRETS WALK PL. MOORESVILLE

SITE ADDRESS: SAME PHONE: 917-837-9214 ALT. PHONE 9178378084

SITE DIRECTIONS: BLUME, TR HERONS GATE, TL EGRETS WALK SAP CONTROLLED: ☐ YES ☐ NO

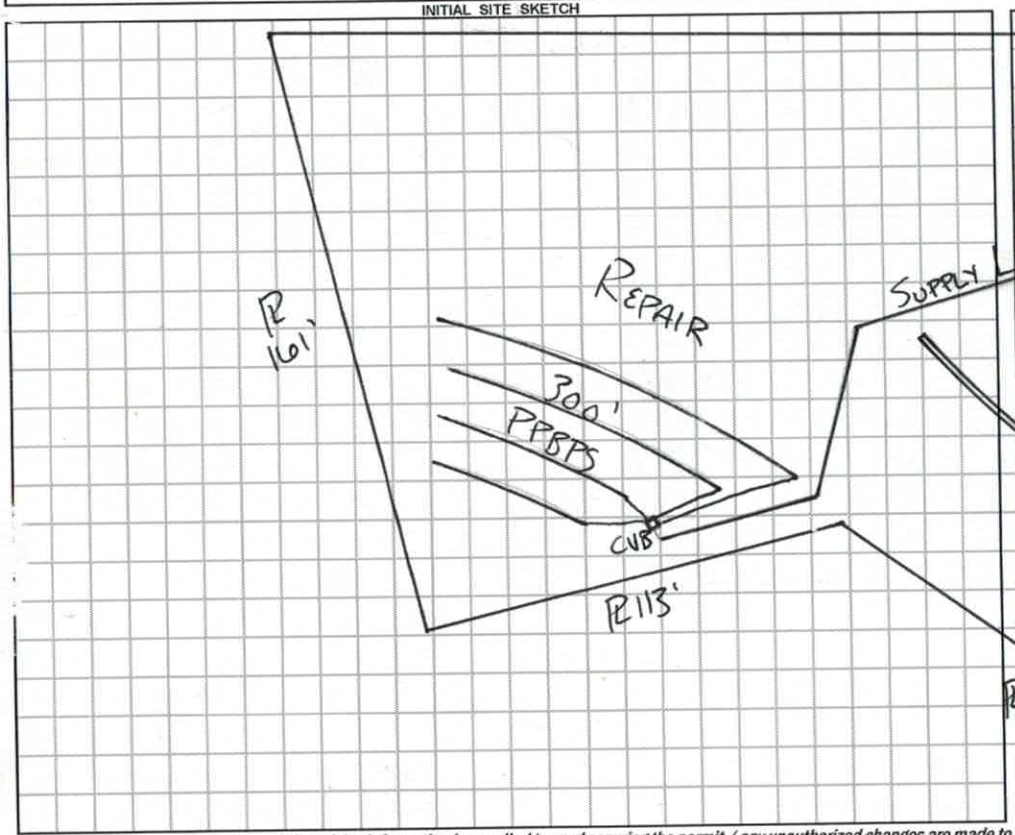
SUBDIVISION: EDGEWATER PARK SECTION: 3 LOT # 42 LOT AREA: 1.19AC DESIGN FLOW: 480 L.T.A.R.:

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☐ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: MOVE SUPPLY LINE	☐ Business	No. Persons 8	☑ Private
Pump Make	Model	EXISTING	Serial #	Repair System Description:	☑ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required: ☑ YES ☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing

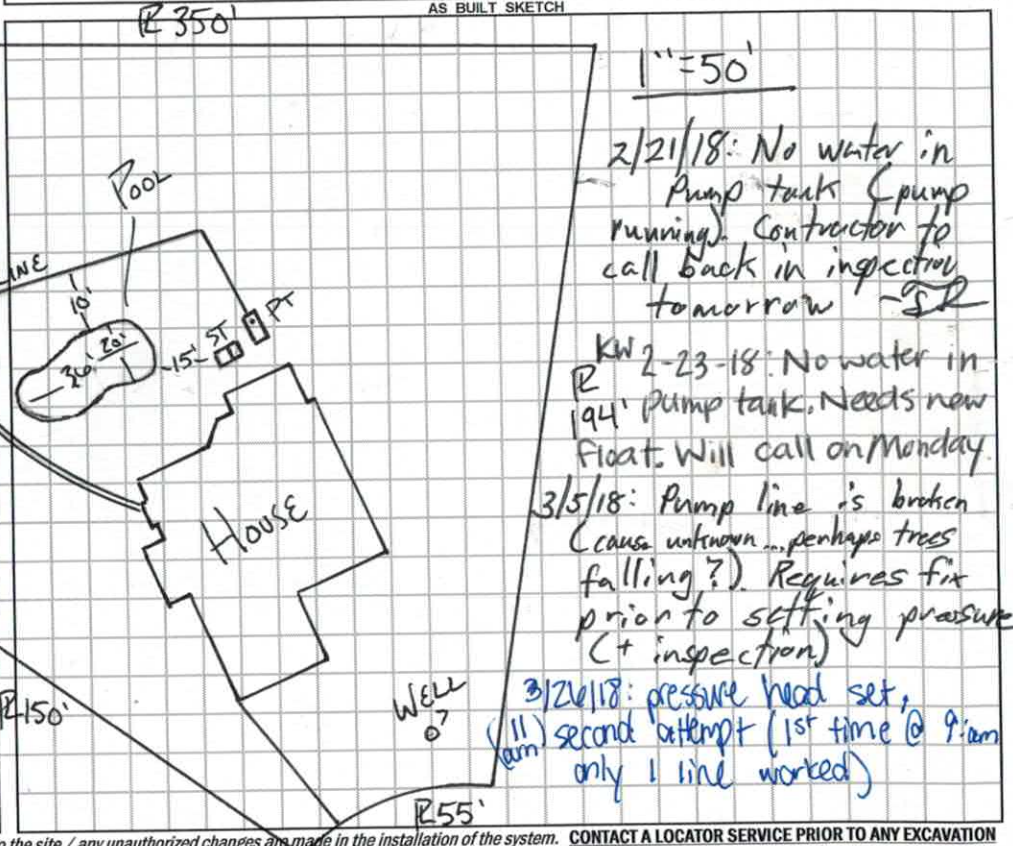
Comments / Conditions: MOVE SUPPLY LINE AS SHOWN. POOL MUST BE 10' FROM SUPPLY LINE & 15' FROM TANKS

2/6/18 Checked relocated Supply line

INITIAL SITE SKETCH



POOL AS BUILT SKETCH



1"=50'

2/21/18: No water in pump tank (pump running). Contractor to call back in inspector tomorrow -SR

KW 2-23-18: No water in R 194' pump tank. Needs new float. Will call on Monday.

3/5/18: Pump line is broken (cause unknown ... perhaps trees falling?). Requires fix prior to setting pressure (+ inspection)

3/26/18: pressure head set, (11 am) second attempt (1st time @ 9 am only 1 line worked)

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: 12-12-17 Installed by: Neil Lake Norman Sewer + Septic

IMPROVEMENT PERMIT by: APPROVED Date: DEC 06 2017 OPERATION PERMIT by: Carla C. Cave Date: 3/26/18

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: DEC 06 2017 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.

	Date	Initials
Drain Lines Checked		
Tanks Checked Supply line	2/6/18	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set	3/26/18	CCC
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N ✓	3/26/18	CCC
Comments:		

* Needs pressure head Set & Maint. Contract
Lake Norman Sewer + Septic (maintance provider) Jan Long

RECEIVED OCT -3 2017

#230644 | Paid $500.00 Relocation

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

(move septic tank & lines To Insta pool)

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: Shawn Holmes Address: 102 Egrets Walk PL Zip: 28117
bounced Applicant Email: Shawnholmes1117@gmail Phone: 917 837 9214 Alt. Phone: 917 837 8084
Owner Name: Shawn & Jean Holmes Address: 102 Egrets Walk PL Zip: 28117
bounced Owner Email: Jeanie morenz@Hotmail Phone: 917 837 9214 Alt. Phone: 917 837 8084

Property Information:

Street Address: 102 Egrets Walk PL Mooresville N.C. 28117
Subdivision Name: Edgewater Park Section/Phase: ____ Lot Number: 42
Driving Directions: 77 exit 35 make Right on Brawley School Road make Right on Blume Rd make a Right on Herons Gate Rd till the end

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

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

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: 1 Number of Persons: 4

( ) 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: 2005
( ) 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: _____ 10-3-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

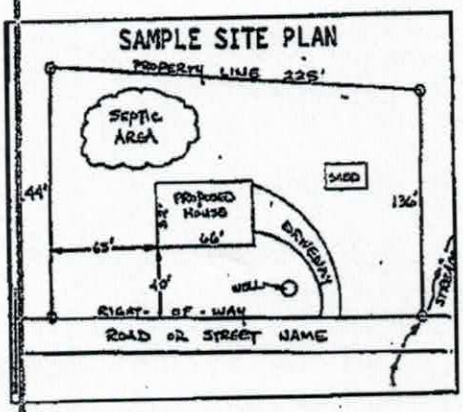
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified.
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

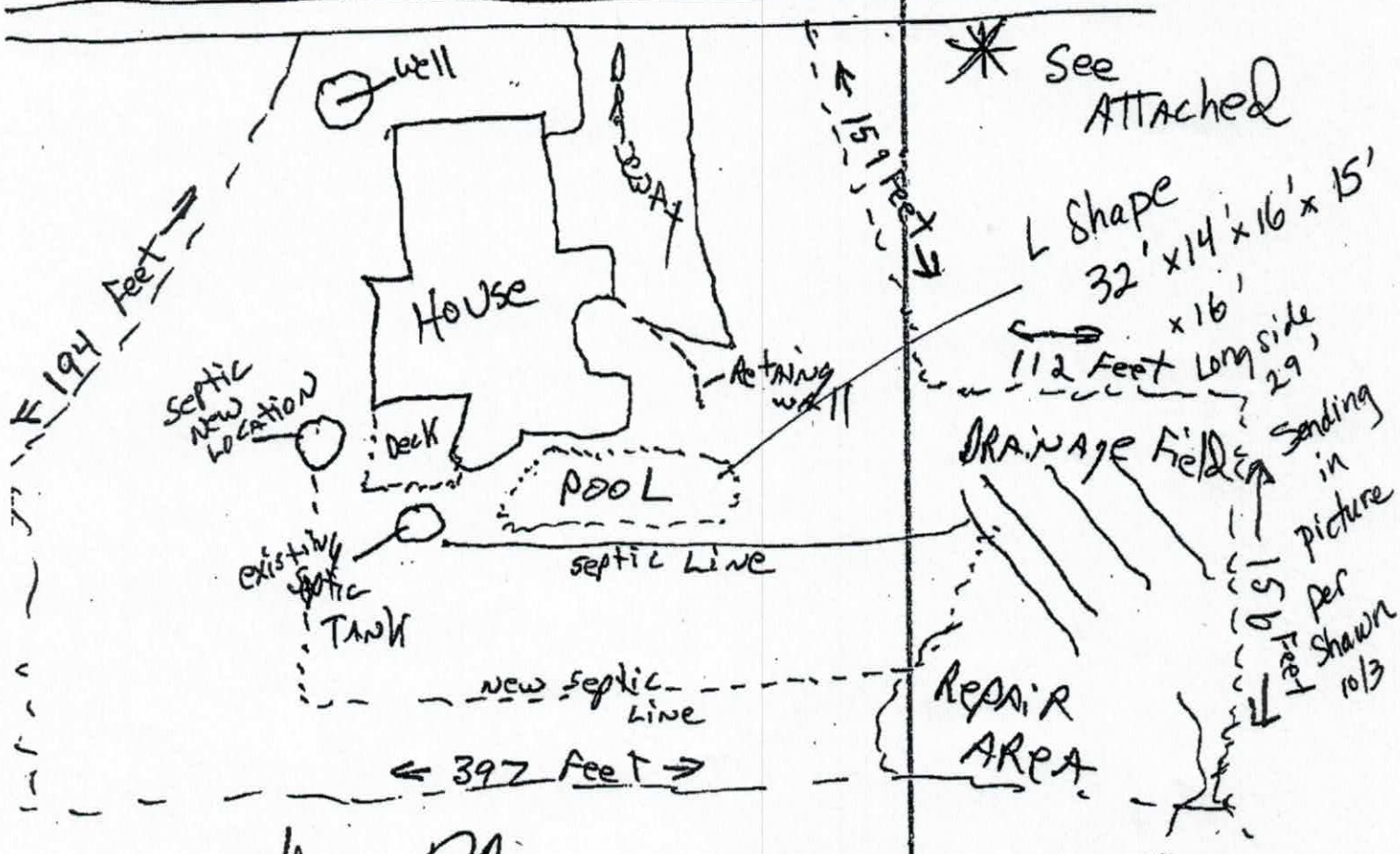


Circle N/A on the following if appropriate:

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

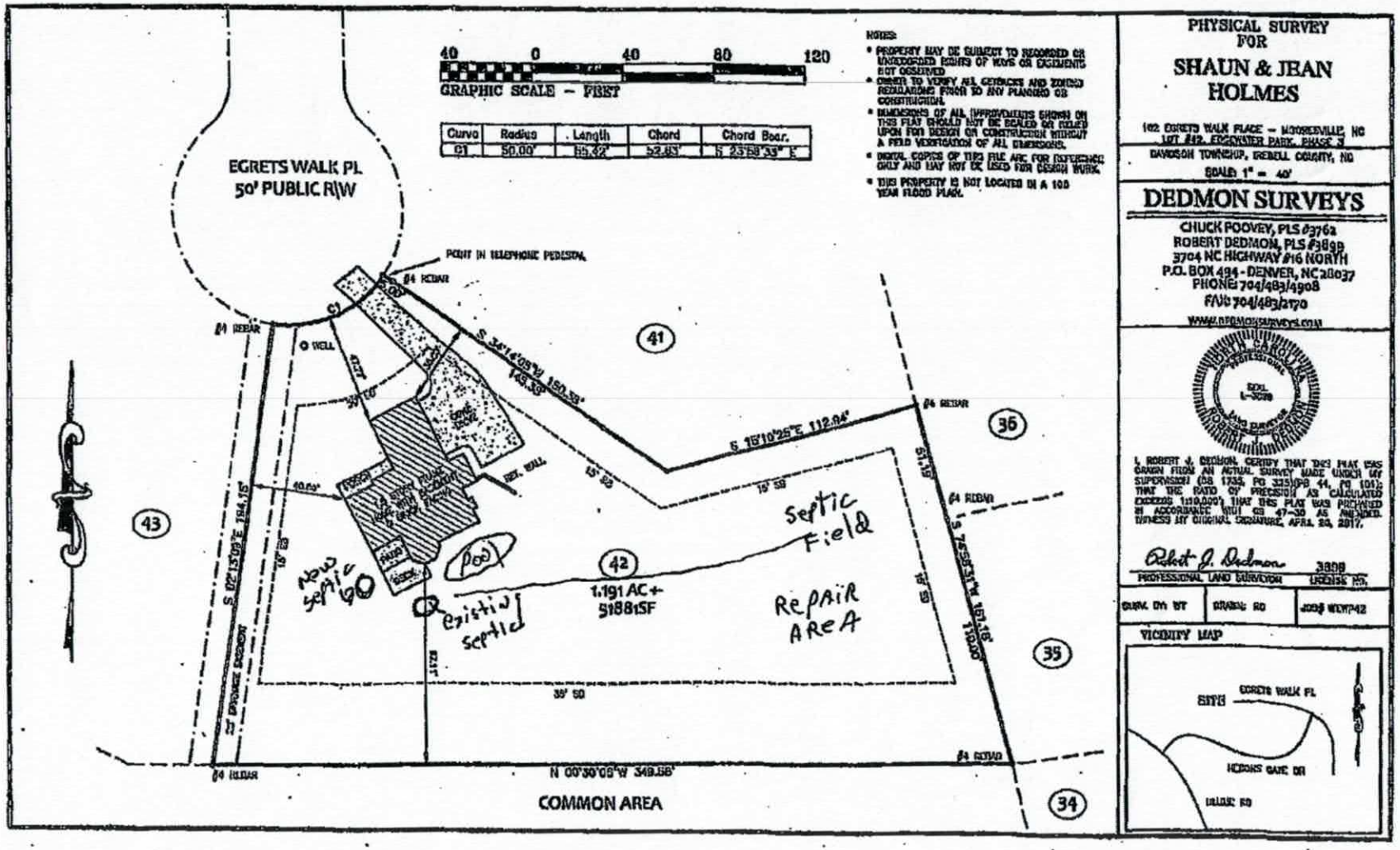
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 10-3-17

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


40 0 40 80 120
GRAPHIC SCALE – FEET
EGRETS WALK PL
50' PUBLIC R/W
POINT IN TELEPHONE PEDESTAL
#4 REBAR
#4 REBAR
O WELL
S 34°14'09"W 150.39'
149.39
S 15°10'25"E 112.94'
#4 REBAR
#4 REBAR
S 02°13'09"E 194.15'
40.00'
15' SB
15' SB
51.15'
S 75°55'34"W 151.18'
151.00'
Septic Field
Pool
New septic
Existing septic
1.191 AC+
51881SF
Repair AREA
35' SB
#4 REBAR
#4 REBAR
N 00°30'09"W 349.58'
COMMON AREA
41
43
42
36
35
34
Curve | Radius | Length | Chord | Chord Bear.
C1 | 50.00' | 85.42' | 52.65' | S 23°58'33" E
NOTES:
PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED.
OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.
PHYSICAL SURVEY FOR
SHAUN & JEAN HOLMES
102 EGRETS WALK PLACE – MOORESVILLE, NC
LOT #42, EGGEMOOR PARK, PHASE 3
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
SCALE 1" = 40'
DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3808
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
www.dedmonsurveys.com
NORTH CAROLINA PROFESSIONAL L-3808 LAND SURVEYOR ROBERT J. DEDMON
I, ROBERT J. DEDMON, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 1735, PG 325)(PB 44, PG 101); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, APRIL 28, 2017.
Robert J. Dedmon 3808
PROFESSIONAL LAND SURVEYOR LICENSE NO.
DRAWN BY: RT | DRAWING NO: | JOB # WDM742
VICINITY MAP
SITE
EGRETS WALK PL
HIDDEN GATE DR
DAVIDSON

IREDELL COUNTY

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

APPLICATION NUMBER
230644
Issue Date: 10/03/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4637402020.000	102 EGRETS WALK PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WHITEHEAD E SLOANE III+JENNIFE R	Applicant: HOLMES, SHAUN
Address: 102 EGRETS WALK PLACE MOORESVILLE, NC 28117	Address: 102 EGRETS WALK* MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.190		10.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. Distance from other structures is dependent on NC building code.

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	116766	TOTAL FEES:	$ 77.25