IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21019 DATE June 3, '96 TAX MAP NO. part of 2KA4A Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR LARRY DAVIS PHONE: Business _____ Home _____

ADDRESS 450 Oak Tree Rd. Mrsvl.

LOCATION Bramley School Road TR OAK TREE Rd. TR Harborcrest Ln. on Right

SUBDIVISION Harborcrest BLOCK / SECTION _____ LOT ~~15~~ 15 LOT AREA 25,000 sq ft+ SITE CLASS PS per 1st DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity chambered

Repair System Description: gravel pumped chambered

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☑ Other _____

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

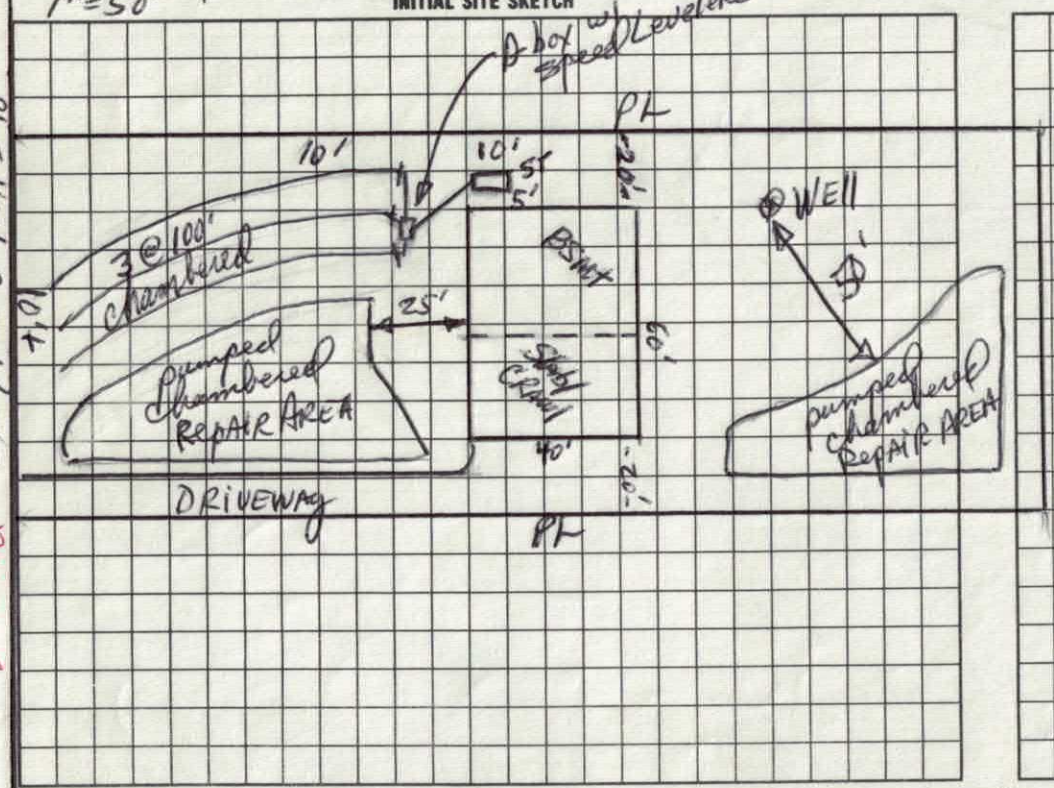
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Redrawn & permit issued 11-13-95 due to basement - Plumbing must exit on top of footing As discussed on site w/ tank kept shallow and minimum fall used to D-box OR A pump will be Required

Comments:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as Site Sketch

(NOTE: THIS IS LOT 14)

C. Bly Thompson

I understand that this 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.

Signed: _____

Improvement Permit by: _____ date 6-3-96

Construction/Existing System Inspection by: _____ date 6-3-96

Installed by: BARRY THOMPSON

Certificate of Completion by: _____ date _____

Operation Permit by: C. Bly Thompson EHSI date 1/9/96

AUTHORIZATION HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

RW Harborcrest Lane - Mrsvl

SHEET ____ OF ____

EPARTMENT OF ENVIRONMENT,
EALTH, & NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH

PROPERTY I.D.#: _____
PROPERTY RECORDED: _____
COUNTY: _____

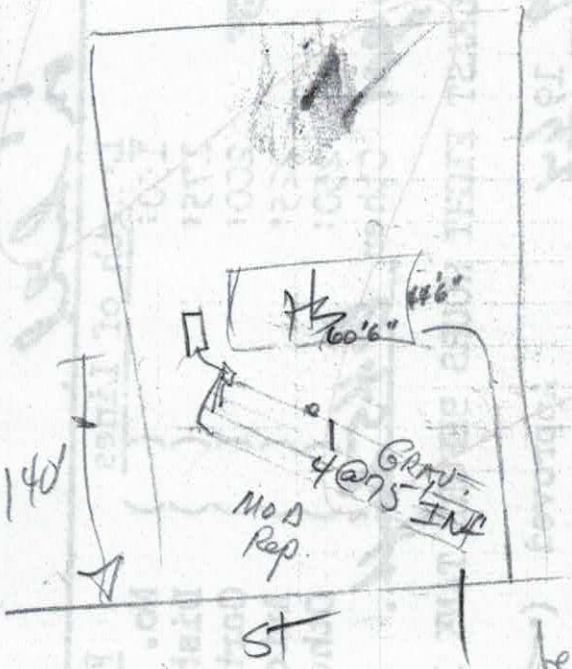
SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

PPLICANT: Lauren Cooke, Larry Davis OWNER: __ AGENT: __ PHONE: _____
DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/11/95
PROPOSED FACILITY: 360gpd SFR
PROPERTY SIZE: _____

OCATION OF SITE: Lot 15, Hartsaret
ATER SUPPLY: On-Site Well ____ Comm. Well ___ Public ___ Other _____ EVAL. METHOD: Auger Boring ✓ Pit ___ Cut ___

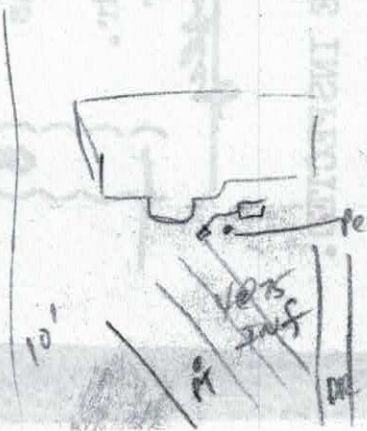
PROFILE	.1940 LANDSCP POS. (%)	HORIZON DEPTH (IN.)	.1941 STRUCTURE/TEXTURE	.1941 MINERALOGY/ CONSISTENCE	.1942 WETNESS COND.	.1944 RESTRICT HORIZONS	.1948 CLASS OF HORIZ	1943/ 1956 SAPRLT CLASS.	HORIZON LTAR
1		0-20	MSAB - CL	fr					.3
		20-38	SSAB-C	fi					
		38-46	MSAB CL	m-fi					
2									
3									
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____
EVALUATED BY: _____ OTHER(S) PRESENT: _____
COMMENTS: Heavy Vegetation made sys. layout difficult



maybe 30@100'
impossible to determine at this time.

Now 120'
11-13-95



Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

No 21019

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: J.F. House

Location: SR 1100, TR Oak Tree, Go ½ ML, TR Harborcrest Ln., 7th on Rt

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
Prof 2K-A-41A	Davidson	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Harborcrest Subd.	15	100 x 274	( ) yes (X) no

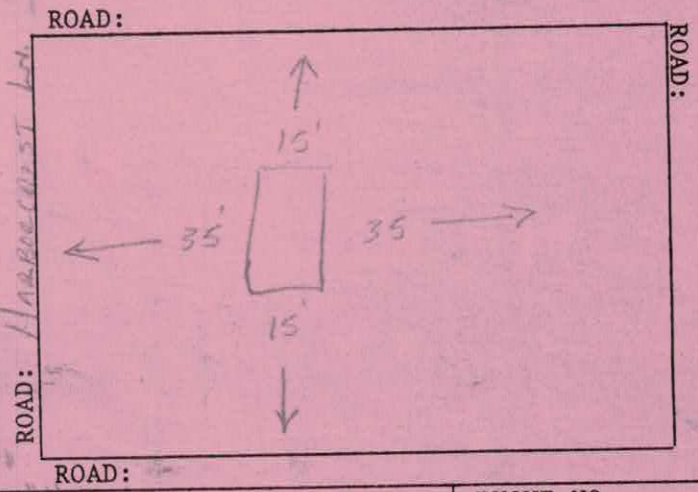
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS IV-CA

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

15.00
25.00
$40.00



OWNER	ADDRESS	PHONE NO.
M.T. Investments Lauren Cooke Property	P.O. Box 726 Mooresville, NC 28115	664-6556

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Lauren H Cooke — 5/1/95

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 21,780 sq. ft. Front yard depth 35 ft. Corner yard depth 35 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Do Not Issue Building Permit until Plat is Recorded

ZONING ADMINISTRATION DIVISION

William Allison — 5-1-95

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

LARRY DAVIS (Applicant) | 664-9407 (Phone #) | 450 Oakdale Rd (Mailing Address) | Mooresville (City) | NC (State) | 28115 (Zip Code)

LAURIN COOKE (Current Property Owner) | 122 Little Creek Rd (Mailing Address) | Mooresville (City) | NC (State) | 28115 (Zip Code)

PROPERTY INFORMATION:

HARBORCREST (Proposed Subdivision Name) | 15 (Proposed Lot #) | BL A (Proposed Block/Section #) | N/A (State Road #)

well (Proposed Water Supply: Public, Private Well) | 3-15-55 (**Preliminary Plat Approval Date** (DEVELOPERS ONLY)) | 2KA41A (Tax Map #)

Specific Directions to Property Brawley School Rd, Rt on Oakdale Rd, 1/4 mi on Rt,

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

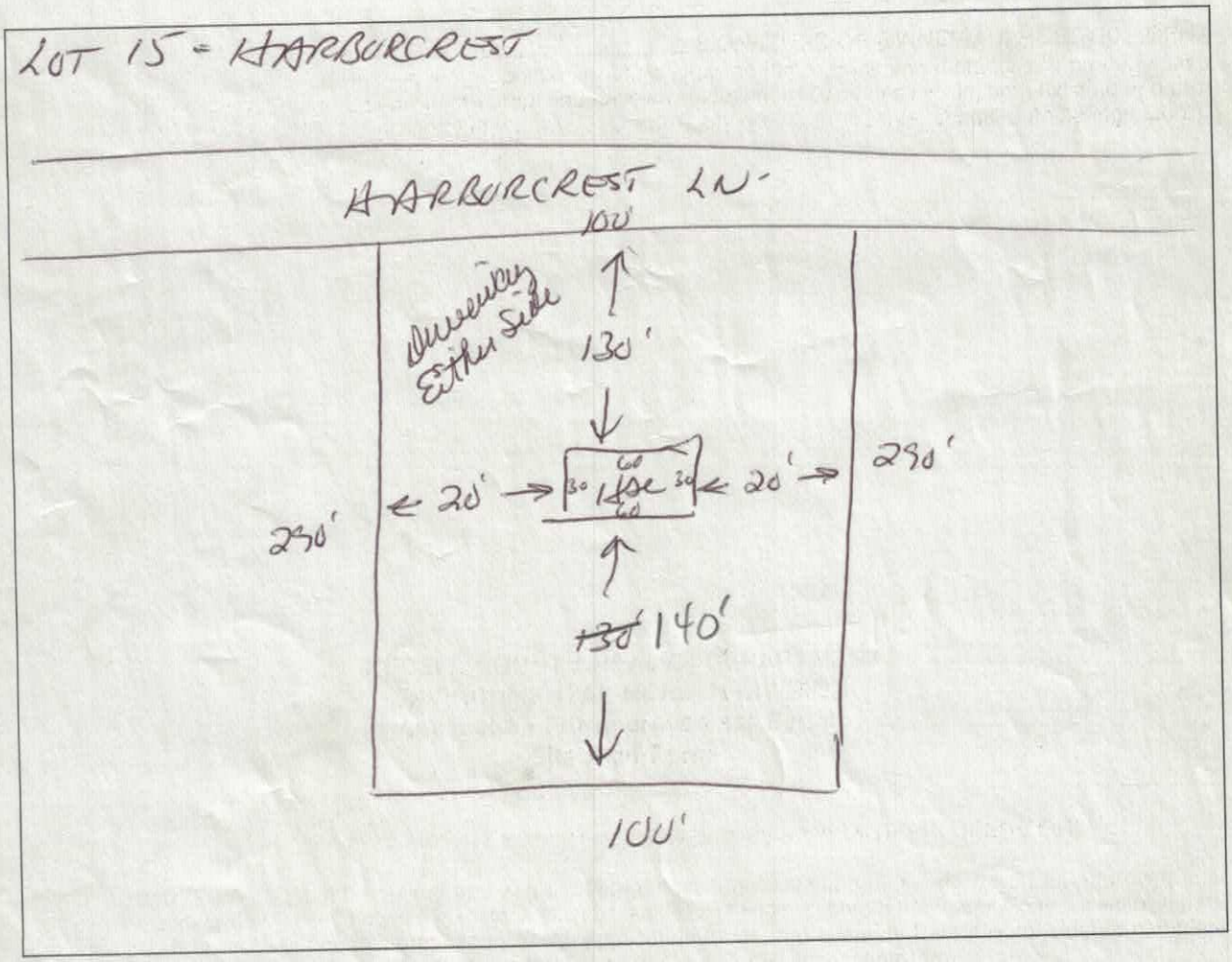
5-1-55 DATE Larry A Davis SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

5-1-25 Date Larry H Davis SIGNATURE OF OWNER/AUTHORIZED AGENT