4651-11-10 D

IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPEC

PROPERTY DESCRIPTION NO. 21018 DATE March 21, 196 TAX MAP NO. part of 2KA41A Watershed: ☑ Yes

OWNER OR CONTRACTOR MT Investments / Larry Davis PHONE: Business Home 664-9407

ADDRESS 450 Oak Tree Rd, Mooresville

LOCATION Brawley Sch Rd. TR Oak Tree Rd TR Harborcrest on Right near end

SUBDIVISION Harborcrest BLOCK / SECTION LOT 14 LOT AREA 100'x 275' SITE CLASS Bpre 1952 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/17/96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4@ 75' Trench Width 36" Max Trench Bottom Depth ≈ 30" Gravel Depth NA

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

System Description: gravity chambered

Repair System Description: grav/pumped chambered

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

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

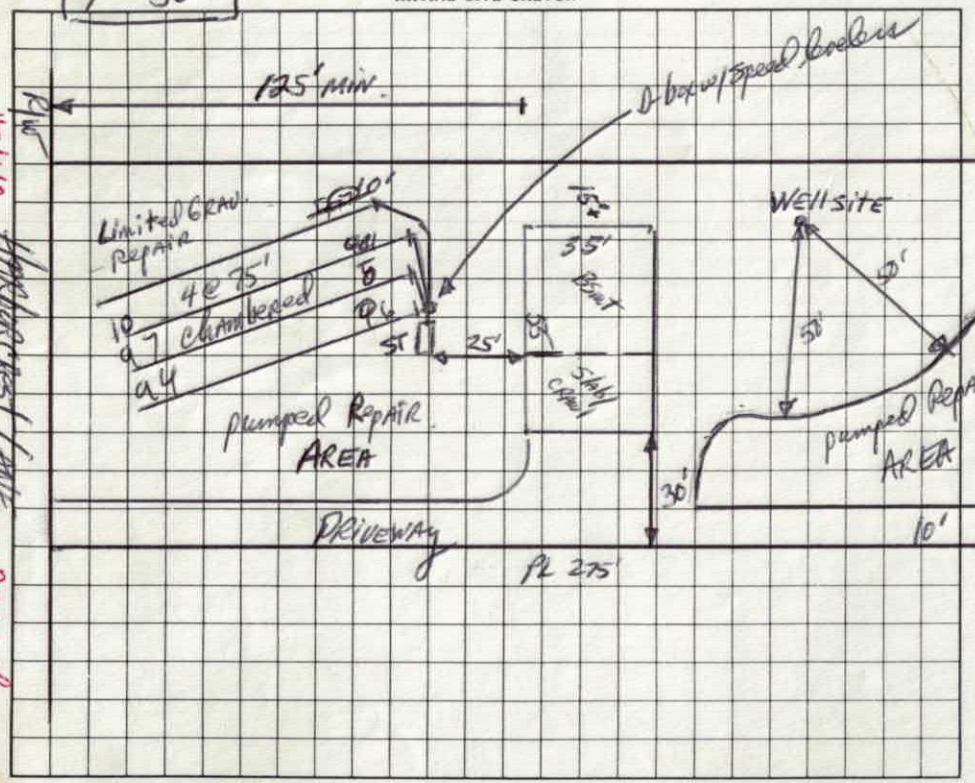
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

(NOTE: THIS IS LOT 15)

C. Robertson

#140 Harborcrest Lane - Mrnst.

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: Larry Rodgers

Installed by: Thompson Earth works

Improvement Permit by: [illegible] RS date 3-21-96

Construction Existing System Inspection by: [illegible] RS date 3-21-96

Certificate of Completion by: date

Operation Permit by: C. Robertson Effect date 5/24/96

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

DEPARTMENT OF ENVIRONMENT,
HEALTH, & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET ___ OF ___

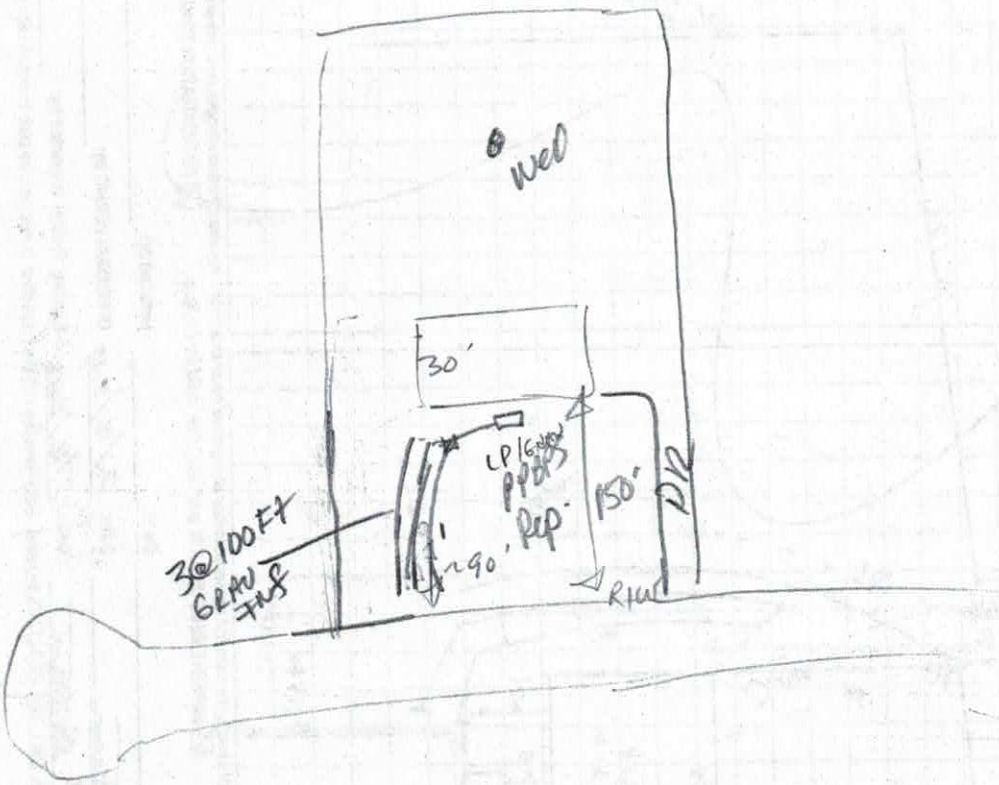
PROPERTY I.D.#: _____
PROPERTY RECORDED: _____
COUNTY: _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: Lauren Cooke OWNER: AGENT: PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/15/95
PROPOSED FACILITY: 360 gpd SFR
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 14 Harborcrest
WATER 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	L 8%	0-8	msl sl L						.3
		8-20	SAB-cL						
		20-48	w/c SAB-L						
2									
3									
4									
5									

AVAILABLE SPACE (.1945) _____ SITE CLASSIFICATION (.1948): _____ SITE LONG-TERM ACCEPTANCE RATE: _____
EVALUATED BY: _____ OTHER(S) PRESENT: _____
COMMENTS: _____


WELL
30'
LP/GAS PIPES
REP.
150'
30@100FT GRAVITY
~90'
RIVER

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

No 21018

PROPERTY DESCRIPTION

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

Proposed Use: S.F. House

Location: SR 1100, TR Oak Tree, Go ½ ML, TR Harborcrest Ln. 6th

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2K-A-41A Pt of	Davidson	Iredell	RA-40

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Harborcrest Sub.	14	100 x 274	( ) yes (X) no

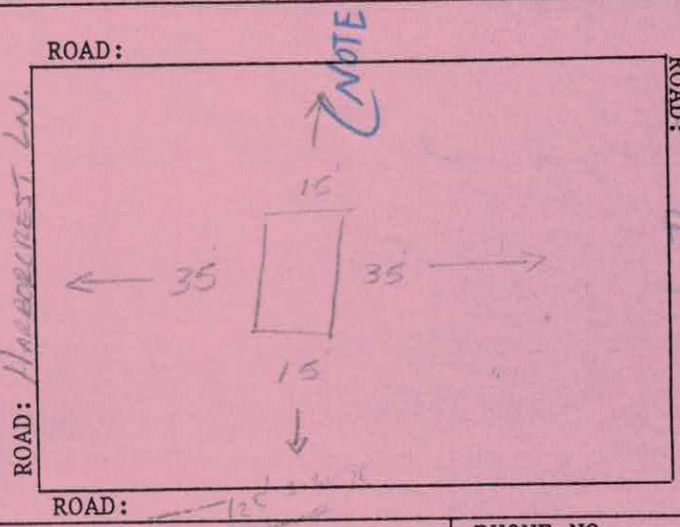
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS IV-CA

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 Laurin Cooke Property	POBox 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.

Signature of Owner or Authorized Agent — Application Date: 5-1-95

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 25 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

Approved by: William Allen — Date: 5-1-95

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 Oakfree 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) | 14 (Proposed Lot #) | Bl A (Proposed Block/Section #) | N/A (State Road #)

well (Proposed Water Supply: Public, Private Well) | 3-15-95 (**Preliminary Plat Approval Date** (DEVELOPERS ONLY)) | 2KA 41A (Tax Map #)

Specific Directions to Property: Brawley School Rd, Rt to Oakfree 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 2½

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

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.

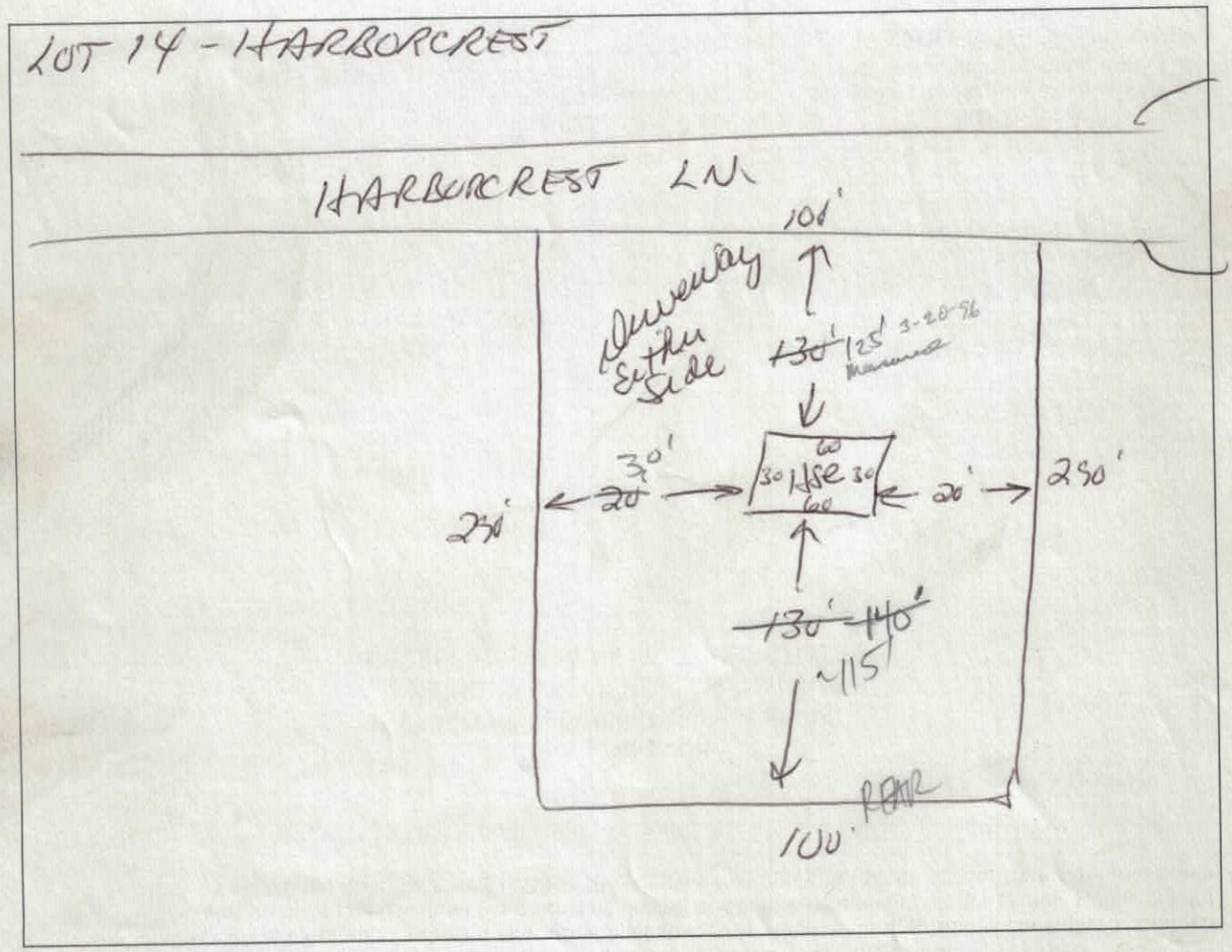
5-1-95 DATE Larry H. Davis SIGNATURE OF OWNER/AUTHORIZED AGENT

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.

5-1-95 Date Larry H Adams SIGNATURE OF OWNER/AUTHORIZED AGENT