IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209452

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

PIN # 4638-04-6647.000

APPLICANT: Connie Baird APPLICANT ADDRESS: 369 Robinson Rd. Mooresville NC

SITE ADDRESS: 369 Robinson Rd. Mooresville NC 28117 PHONE: 704-660-6592 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 to Robinson Rd (on R), 1.4 mile to Property on left

SUBDIVISION: CL&T SECTION: 11 LOT # 188 LOT AREA: .79 Acre DESIGN FLOW: Existing 360 gpd L.T.A.R.: Existing

Septic Tank Ex. 1250 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Existing 2 Linear Ft: 180' Ex.

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Existing Gravity PTDPS

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex. 3

☐ Business No. Persons Ex

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 5' seperation from Drainfield with New Addition.

INITIAL SITE SKETCH

1" = 40'

Robinson Rd.

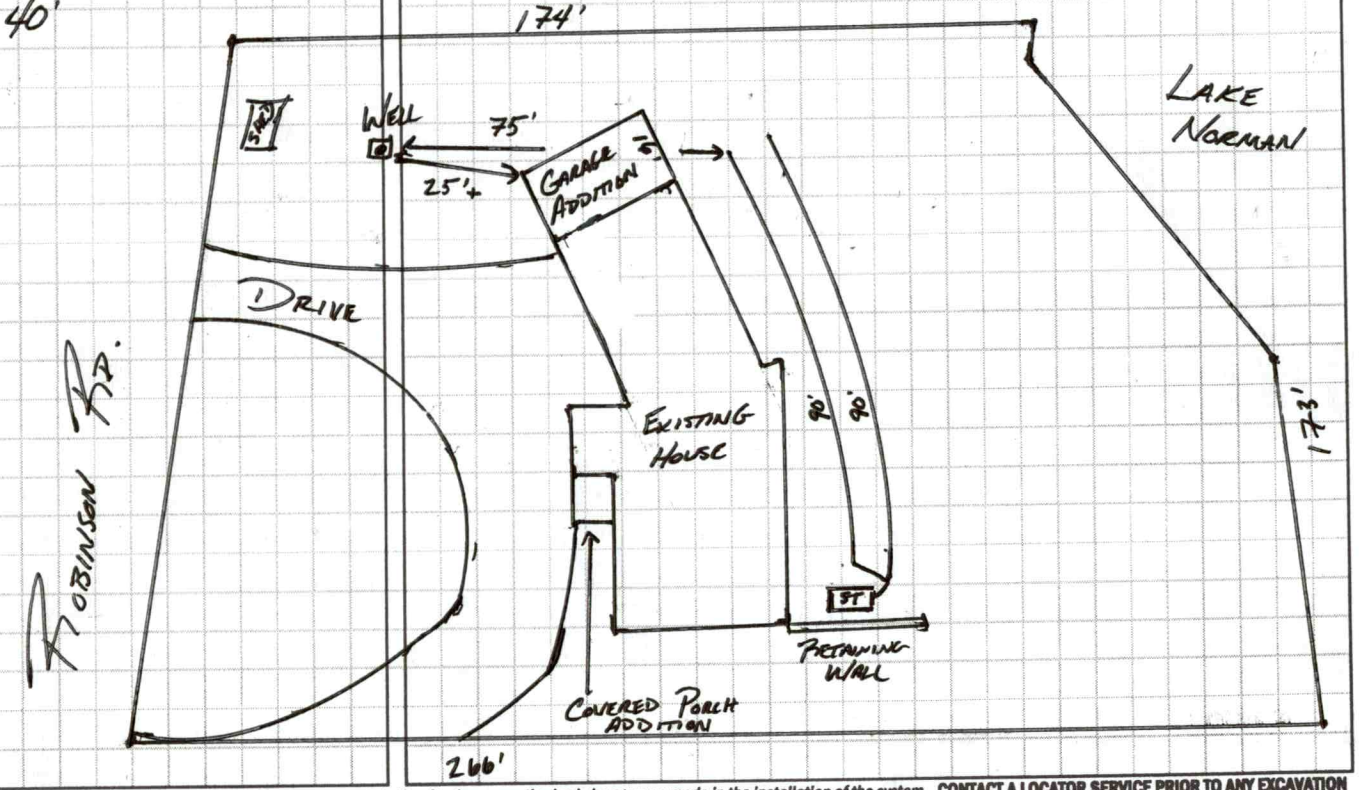
Drive

Owner/Applicant Baird

EHS SC

Amount Owed $ 0

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: MAY 04 2015

APPROVED

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209452

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

PIN # 4638-04-6647.000

APPLICANT: Connie Baird APPLICANT ADDRESS: 369 Robinson Rd. Mooresville NC

SITE ADDRESS: 369 Robinson Rd. Mooresville NC 28117 PHONE: 704-660-[illegible] ALT. PHONE:

SITE DIRECTIONS: Hwy 150 to Robinson Rd (on R). 1.4 mile to Property on left

SUBDIVISION: C.L.T. SECTION: 11 LOT # 188 LOT AREA: .79 Acre DESIGN FLOW: Existing 360 gpd L.T.A.R.: Existing

Septic Tank Ex. 1250 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Existing 2 Linear Ft: 180' Ex

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth N/A

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

System Description: Existing Gravity PPISPS

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms Ex. 3

☐ Business No. Persons Ex

☐ Other No. Employees

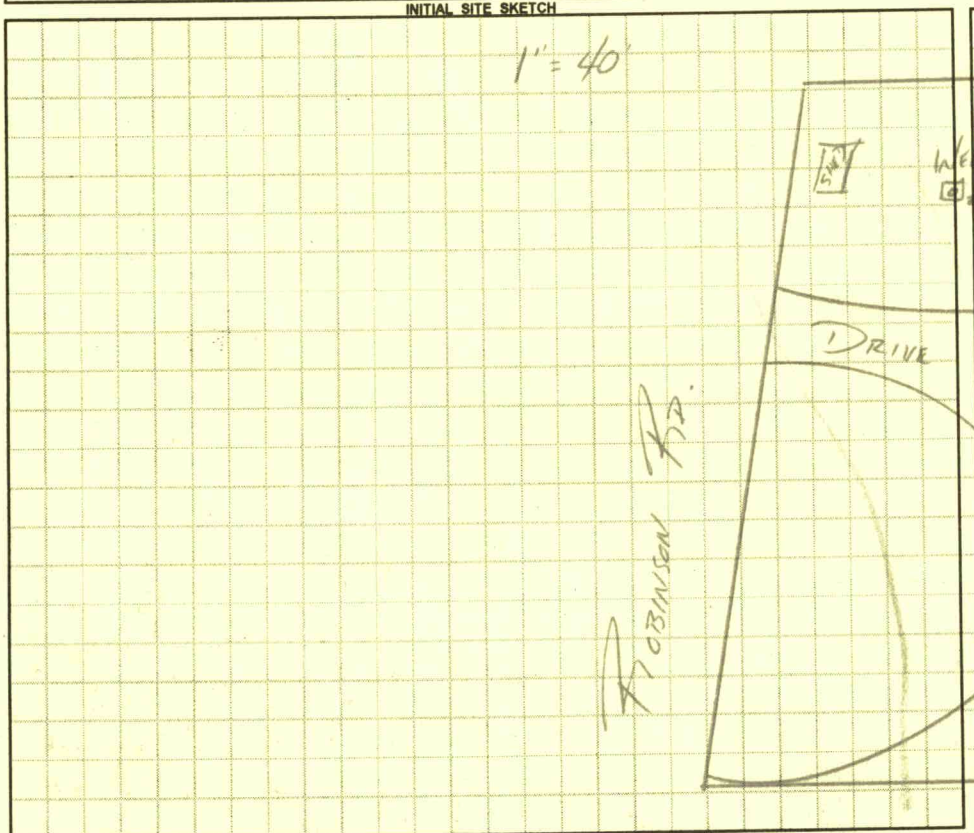
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

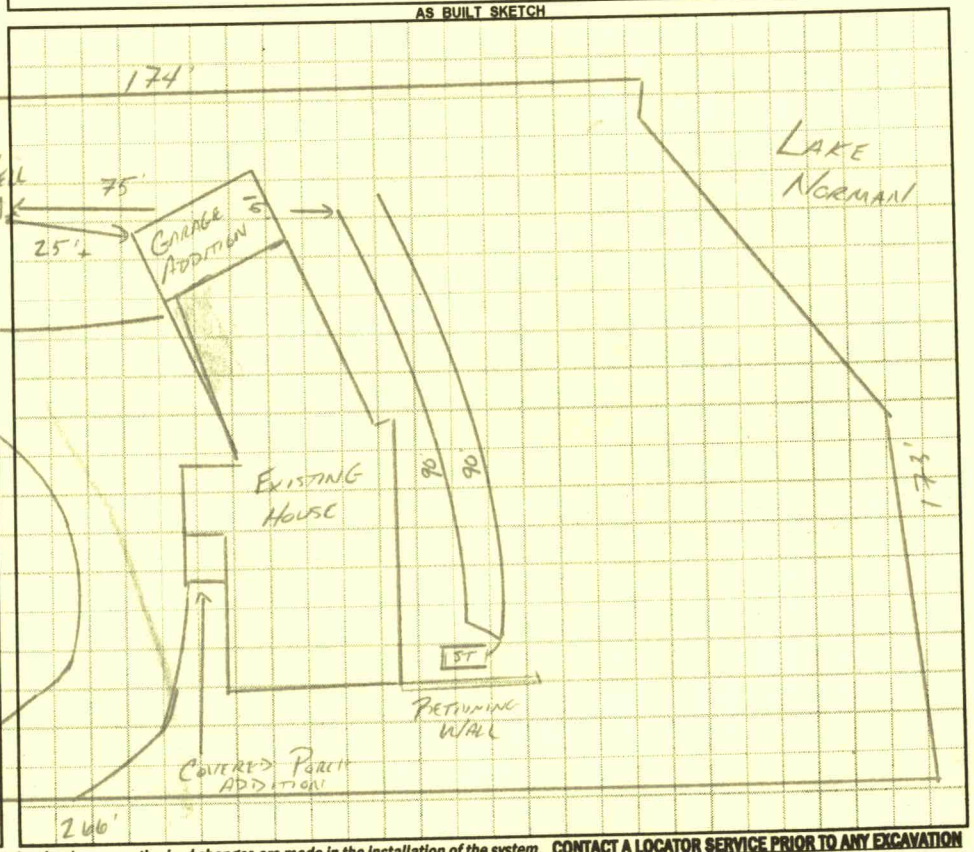
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 5' Seperation From Drainfield With New Addition.

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED MAY 04 2015

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209452

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

PIN # 4638-04-6047.000

APPLICANT: Connie Ward APPLICANT ADDRESS: 369 Robinson Rd Mooresville NC

SITE ADDRESS: 369 Robinson Rd. Mooresville NC 28117 PHONE: 704-660-6992 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 to Robinson Rd (on R). Lt will be Tailcut on left

SUBDIVISION: Cl of J SECTION: 11 LOT # 186 LOT AREA: .79 Acre DESIGN FLOW: Existing 360 gpd L.T.A.R.: Existing

Septic Tank Ex. 1250 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Existing 2 Linear Ft: 180' Ex

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth N/A

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

System Description: Existing Gravity TPTPS

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms Ex. 3

☐ Business No. Persons Ex.

☐ Other No. Employees

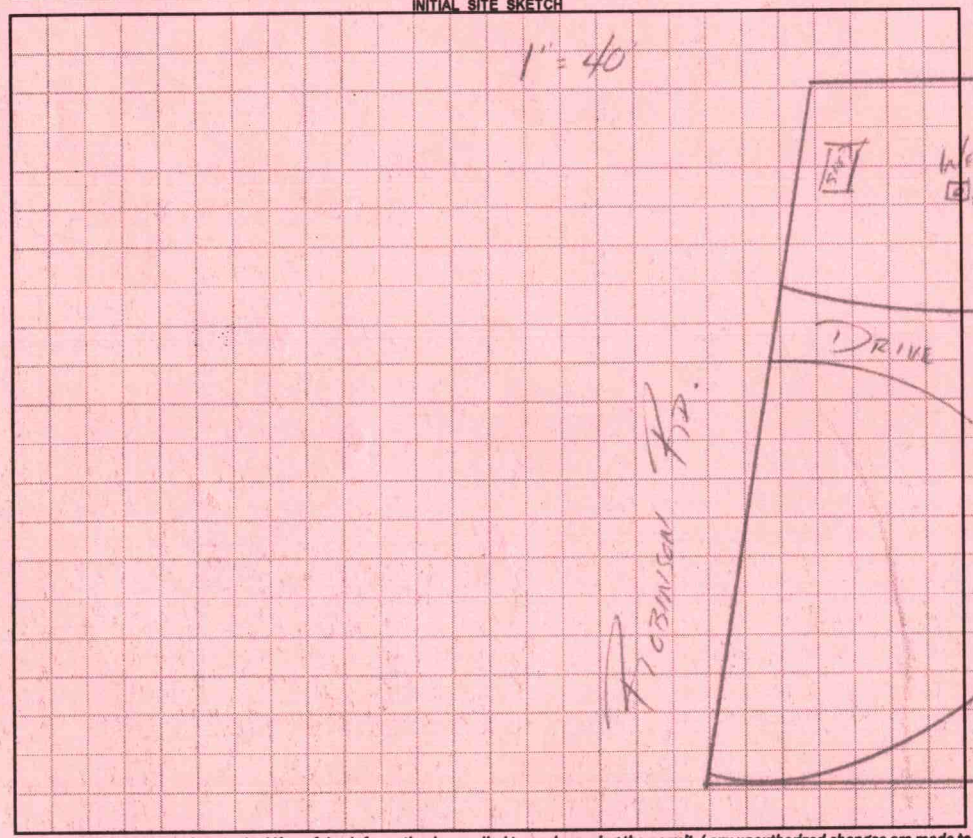
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

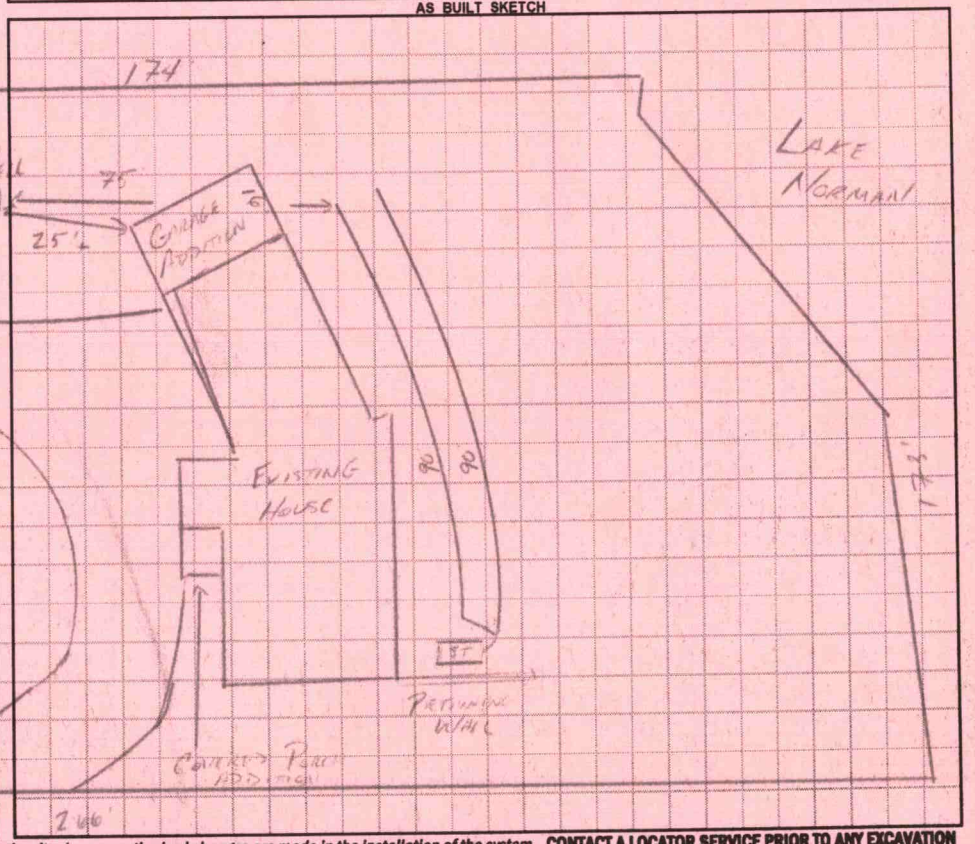
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Mulching & Seeding From Drawing to with New Addition.

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED MAY 04 2015

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED APR 2 2015

Paid $250.00 Statesville

209452

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Connie Baird Address: 369 Robinson Rd Mooresville 28117 Phone: 7046606592

Owner Name: _____ Address: _____ Phone: _____

Property Information:

Street Address: 369 Robinson Rd Mooresville, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 150 Hwy to Right on Robinson Rd - 1.4 mile to property on Left

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure Addition to garage
( ) 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: 1990
( ) 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: Connie R Baird
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/1/15
DATE

Gmail

COMPOSE

Inbox (482)
Starred
Important
Sent Mail
Drafts (3)
Trash
Circles
Personal
Travel
More

Search people

Jacquelyn Blankin...
Josh Shank
Ashley Hawkins
Bogdanel Cojita
connie matthews
jacob cole
Ryan Kaufman
Sam Caldwell
Alec Mecionis
Alexandra Kulikova

APPLICA

Debora
to me

Here is

From: A
Sent: W
To: Deb
Subject

Adrien
Environ
349 N. C
Statesvil

(704) 87
(704) 87

acc
18

4638041647

IREDELL COUNTY HEALTH DEPARTMENT

0997

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

OWNER OR CONTRACTOR Marilynn Baird DATE Jan. 23, '90 PERMIT NO. 2K-1-A-188

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 (Robinson Rd) 1/2 mile on Left S. R. No. _____

SUBDIVISION NAME Clint Cates Norman LOT NO. 188 SECTION OR BLOCK NO. 11

House (✓) Mobile Home ( ) Business ( ) Other _____

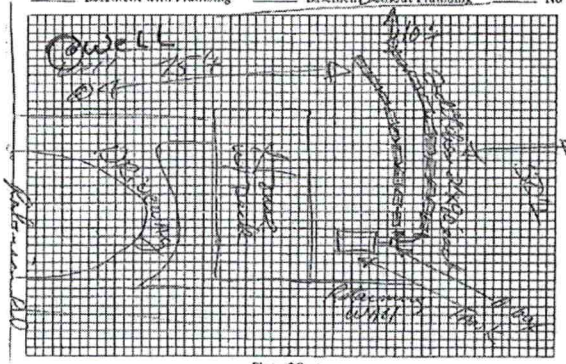
No. Bedrooms 3 No. Bathrooms 2½3

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

Character & Porosity of Soil PS clay
Percolation Rate 20 35 51
Topography 2-6%
Depth to Water Table 47
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 180 ea
Depth of Stone in Lines 16" to 24"
Water Supply: Individual (✓) Private Gravity Flow
Public ( )

Installed by D. Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], RS. DATE Jan 23, 90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

IREDELL COUNTY HEALTH DEPARTMENT

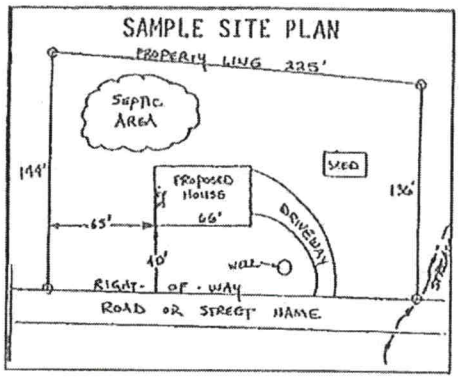
ENVIRONMENTAL HEALTH DIVISION

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

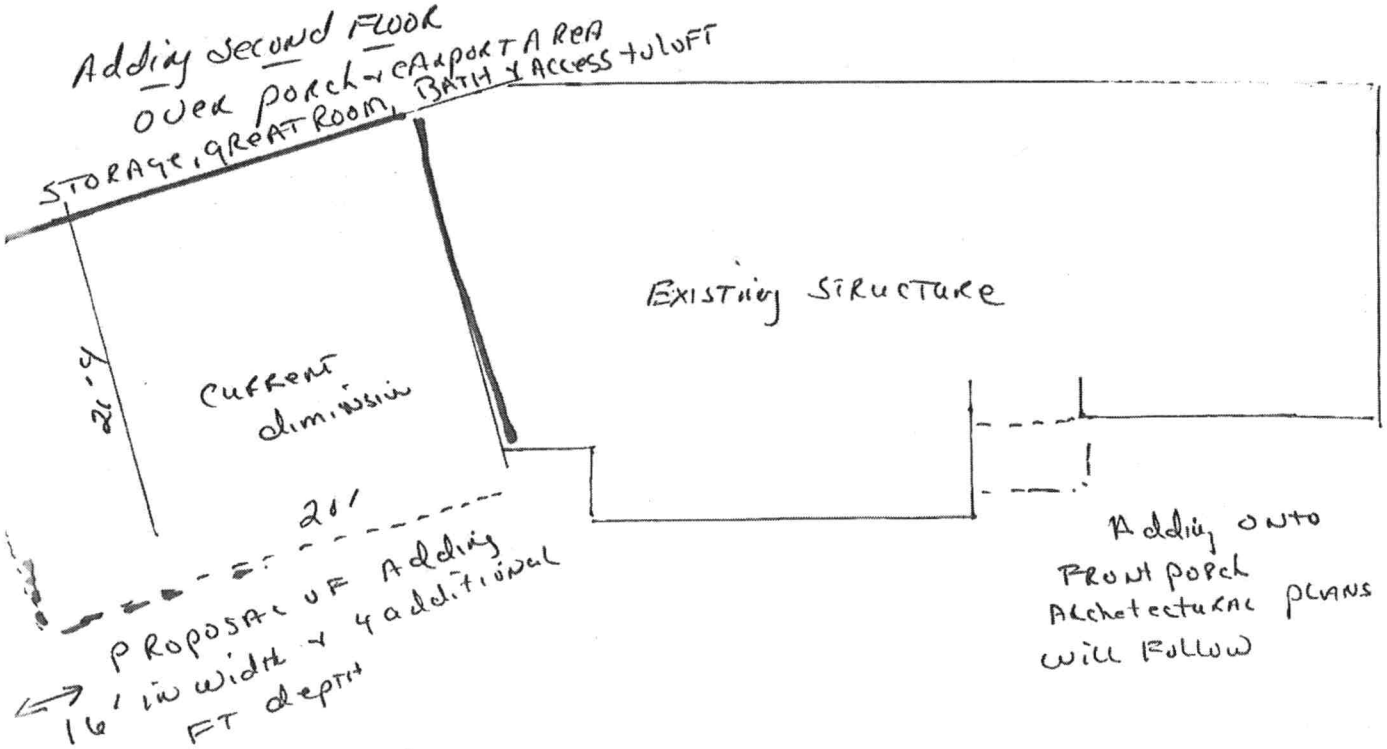


Circle N/A on the following if appropriate:

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



Signature: _____

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

DATE

4638041647

IREDELL COUNTY HEALTH DEPARTMENT

0997

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

OWNER OR CONTRACTOR Marilynn Baird DATE Jan 23, '90 PERMIT NO. 2N-1-A-188

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 (Robinson Rd.) 1/2 mile on left

S. R. No. _____

SUBDIVISION NAME Clay Cates Norman LOT NO. 188 SECTION OR BLOCK NO. 11

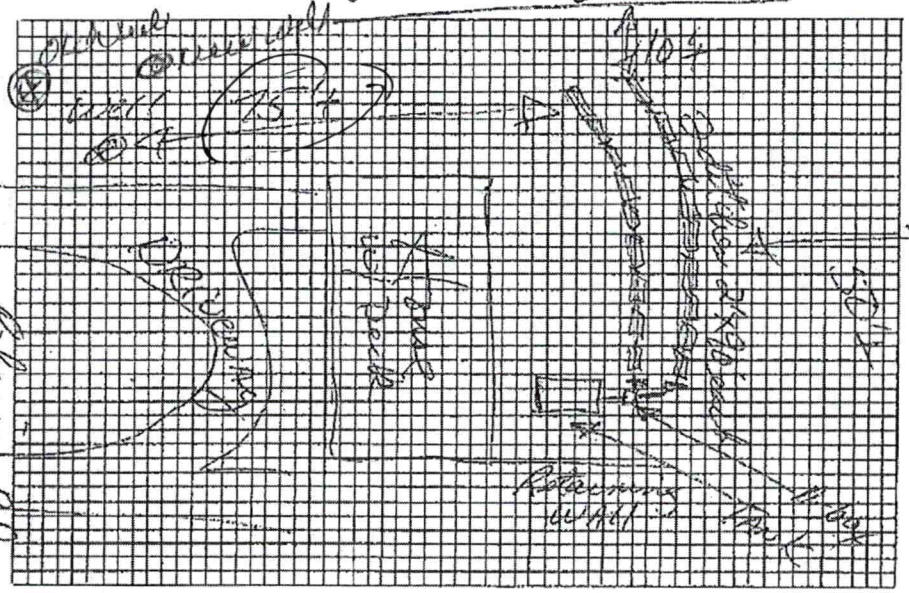
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	ps clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	20 35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4ft	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 180 ft
Depth of Stone in Lines 16" 12"

Water Supply: Individual (✓) Public ( ) Gravity Flow

Installed by D. Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

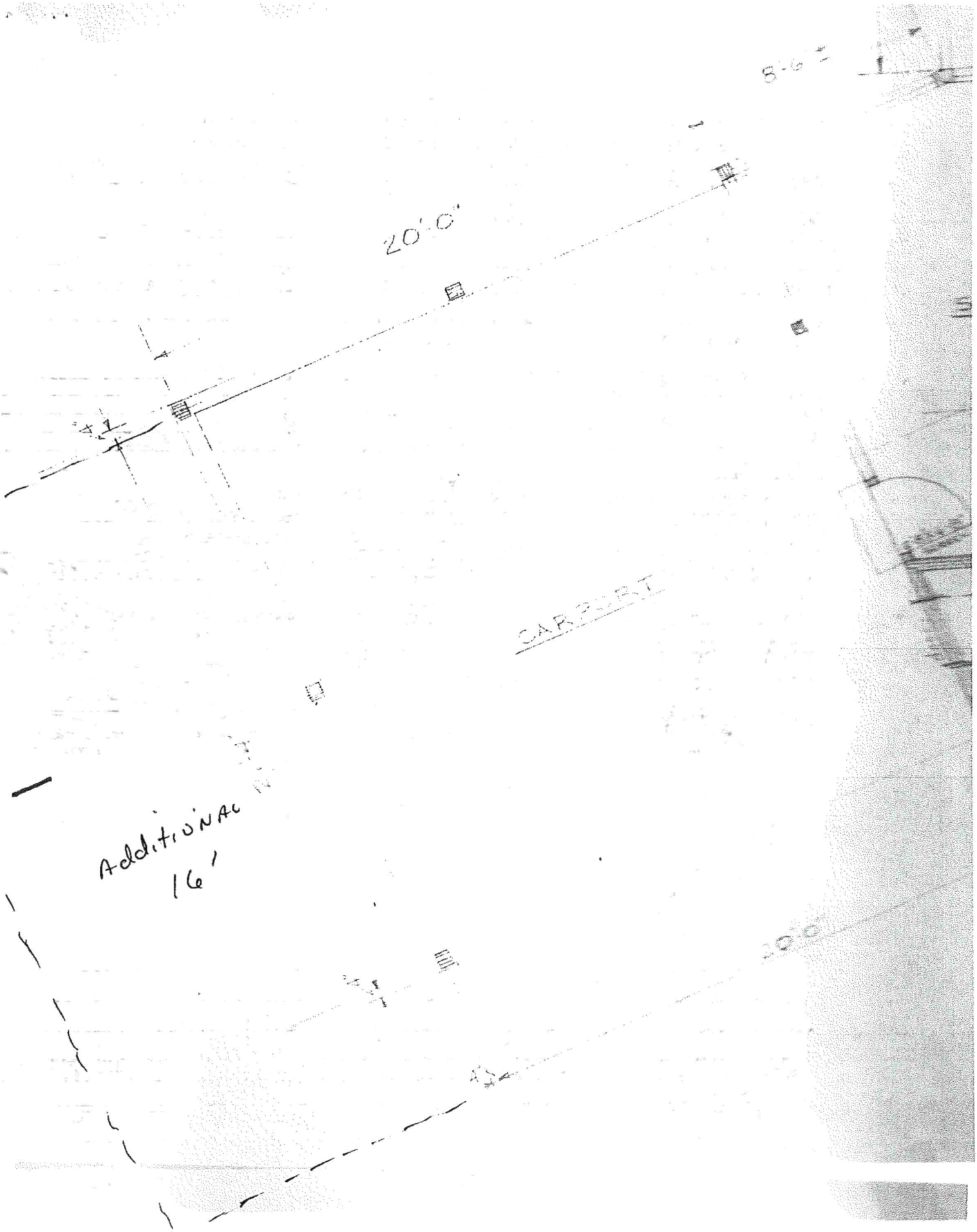
CERTIFICATE OF COMPLETION BY _____ DATE Jan 23, '90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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


20'-0"
CARPORT
Additional
16'

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)878-5305 Mooresville Office (704)664-5281 option 3

1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature Anna R Baucom Date 4/1/15

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
209452
Issue Date: 04/02/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638046647.000	369 ROBINSON ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: BAIRD BROCKFORD GRAY+CONNIE L	Applicant: BAIRD BROCKFORD GRAY+C
Address: PO BOX 610 BLOWING ROCK, NC 28605	Address: PO BOX 610 BLOWING ROCK, NC 28605
Phone:	Phone:

Use Requested	Zone Code
ADDING BATHROOM , GREAT ROOM STORAGE AND UNFINSIHSED STORAGE UNDER, ADDING ONTO GARAGE	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.790	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

PAID
Check
4-2-15

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	34965	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 369 Robinson Rd.

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. Applicant further acknowledges that the 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

2 x 90'

4/21/15
Date



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.