IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230605

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

PIN # 4638-49-8696

APPLICANT/OWNER: CHARLES ROWE APPLICANT ADDRESS: 240 BROADMOOR DR. ADVANCE, NC

SITE ADDRESS: 119 DEARBORN LN. MOORESVILLE, NC 28117 PHONE: 336-414-0682 ALT. PHONE

SITE DIRECTIONS: PERTH, LIVA, STUMPY CREEK, DEARBORN SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL&T SECTION: 14 LOT # 112 LOT AREA: .81 AC DESIGN FLOW: 480 L.T.A.R.:

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

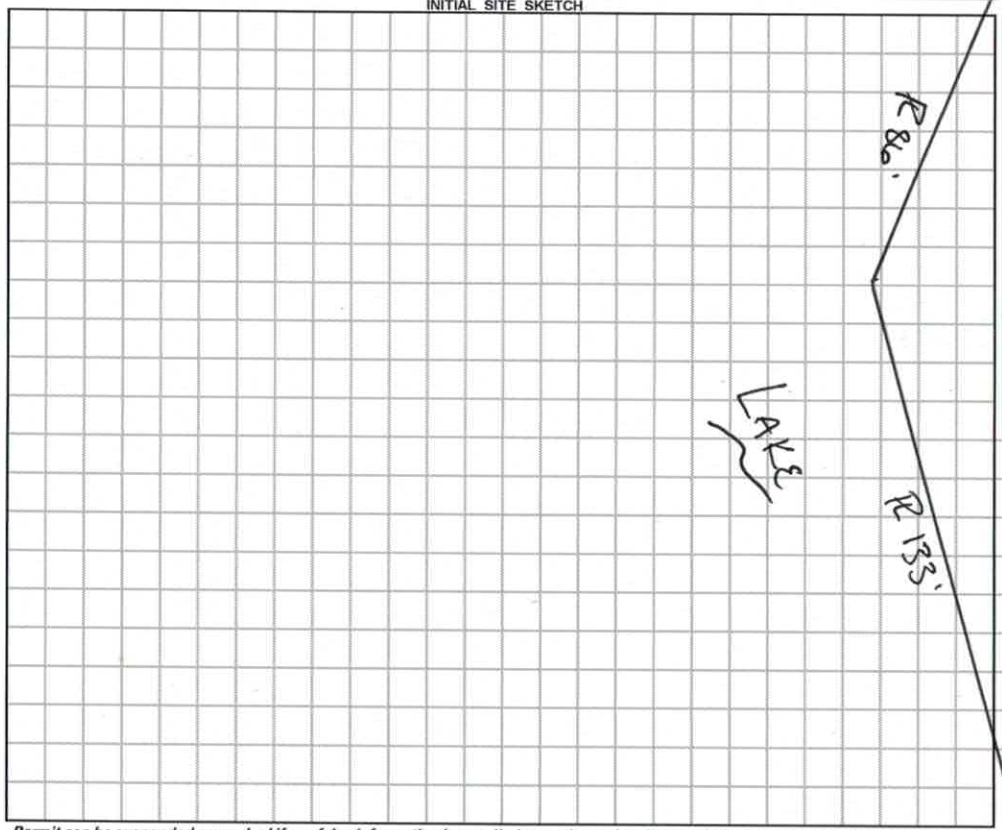
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP-50%
Repair System Description: SAME
Maintenance Agreement Required: ☑ YES ☐ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☑ Slab ☑ Crawl Space
☐ Basement w/plumbing ☑ Basement w/o plumbing

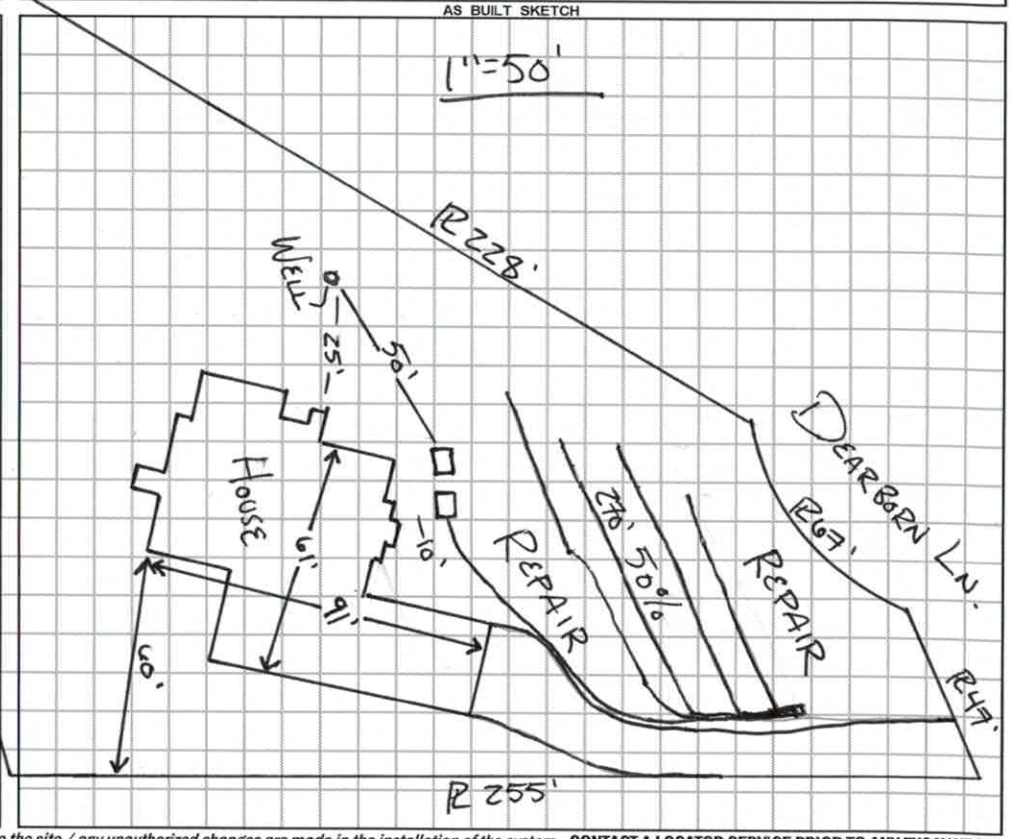
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: NO FOUNDATION DRAIN AROUND FRONT OF HOUSE.

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: 12-4-17 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: APPROVED NOV 21 2017

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ 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 inspector to confirm your inspection time.

RECEIVED OCT - 2 2017

230605

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Charles Rowe **Address:** 240 Broadmoor Dr, Advance NC **Zip:** 27006

Applicant Email: charlierowe944@gmail.com **Phone:** 336-414-0682 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 119 Dearborn Lane

Subdivision Name: CLST **Section/Phase:** 14 **Lot Number:** 112

Driving Directions: Perth Rd to Liva Lane. Left onto Stumpy Creek. Right onto Dearborn Lane. 2nd house on left.

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

(X) 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:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) 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: 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: 2007
(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: _____ 10-1-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Charles J. Rowe, am the legal owner(s) of the property located at 119 Dearborn Lane, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	10-1-17		

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

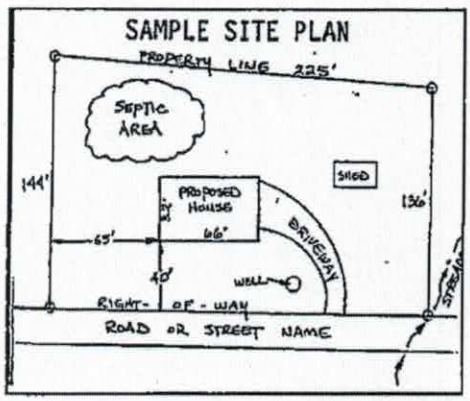
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

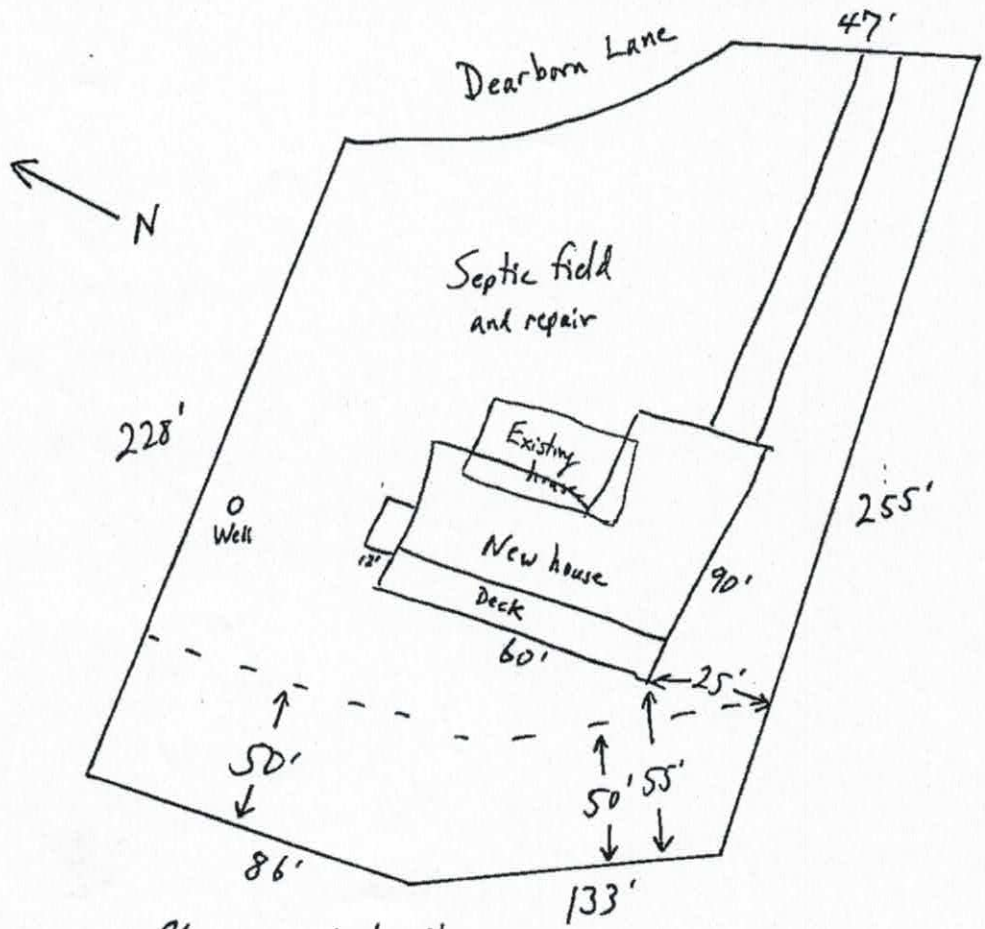


Circle N/A on the following if appropriate:

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

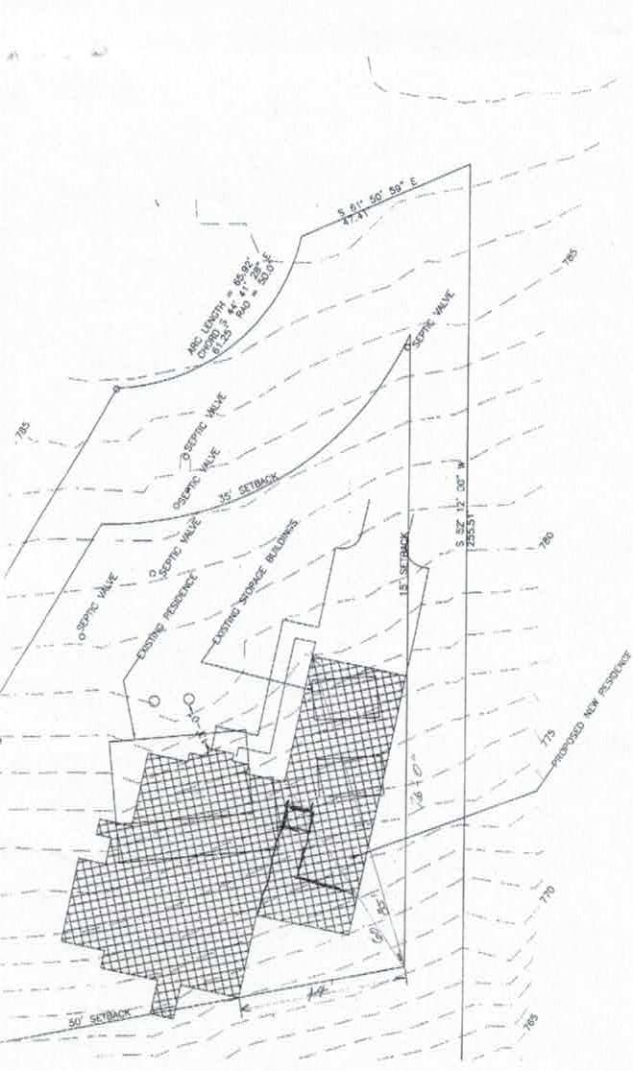
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ _____

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


S 61° 56' 59" E
47.41'
ARC LENGTH = 65.92'
CHORD = 61.25'
Δ = 75° 28' 44"
RAD = 50.0'
SEPTIC VALVE
35' SETBACK
EXISTING RESIDENCE
EXISTING STORAGE BUILDINGS
15' SETBACK
S 52° 12' 08" W
255.51'
PROPOSED NEW RESIDENCE
50' SETBACK
785
780
775
770
765

10

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139008 PIN# 4638498696 DATE 12-6-06

OWNER OR APPLICANT E.F. Muise / Charlie Rowe PHONE: Business 704-663-7779 Home

ADDRESS 136 Stutts Rd Mooresville Address: 123 Dearborn Ln.

LOCATION 21 N Th Cornelius Rd cross Perth to Liva Ln TL Stumpy Creek TR Dearborn on right

SUBDIVISION C L & T BLOCK / SECTION 14 LOT 112 LOT AREA .81 Ac. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 3-20-07
Pump Tank: 1000 Gallons; PT 274 Date 2-15-07
Pump Make: Zoeller Model N 152 Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 270
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP Panel
Repair System Description: LP Panel
Maintenance Agreement Required: ☒ Yes ☐ No

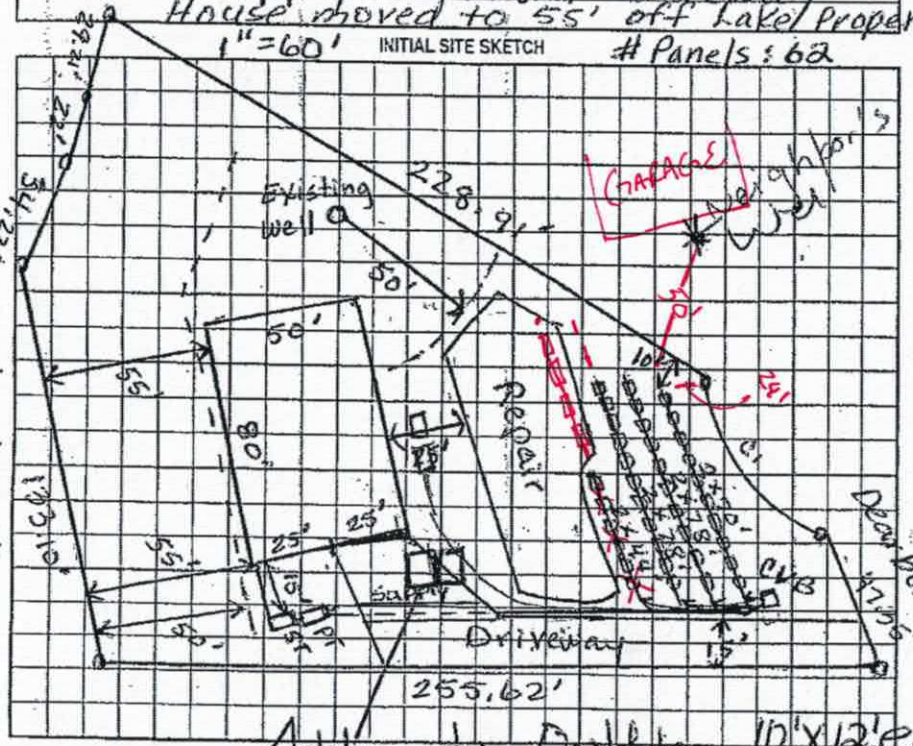
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Plumbing from basement to be pumped to first floor
Sleeve supply line under driveway
House moved to 55' off Lake Property Line

1"=60' INITIAL SITE SKETCH # Panels: 62



Comments:/Conditions: Checked ST & PT & uppermost line (Drilled 3/16" hole) Note: Tanks installed in front of Exist. house, Will probably need to move Tanks for future Construction.

AS BUILT SKETCH

5/29/07 Checked other drain 58 62
Checked Supply line. Set pressure @ 25#

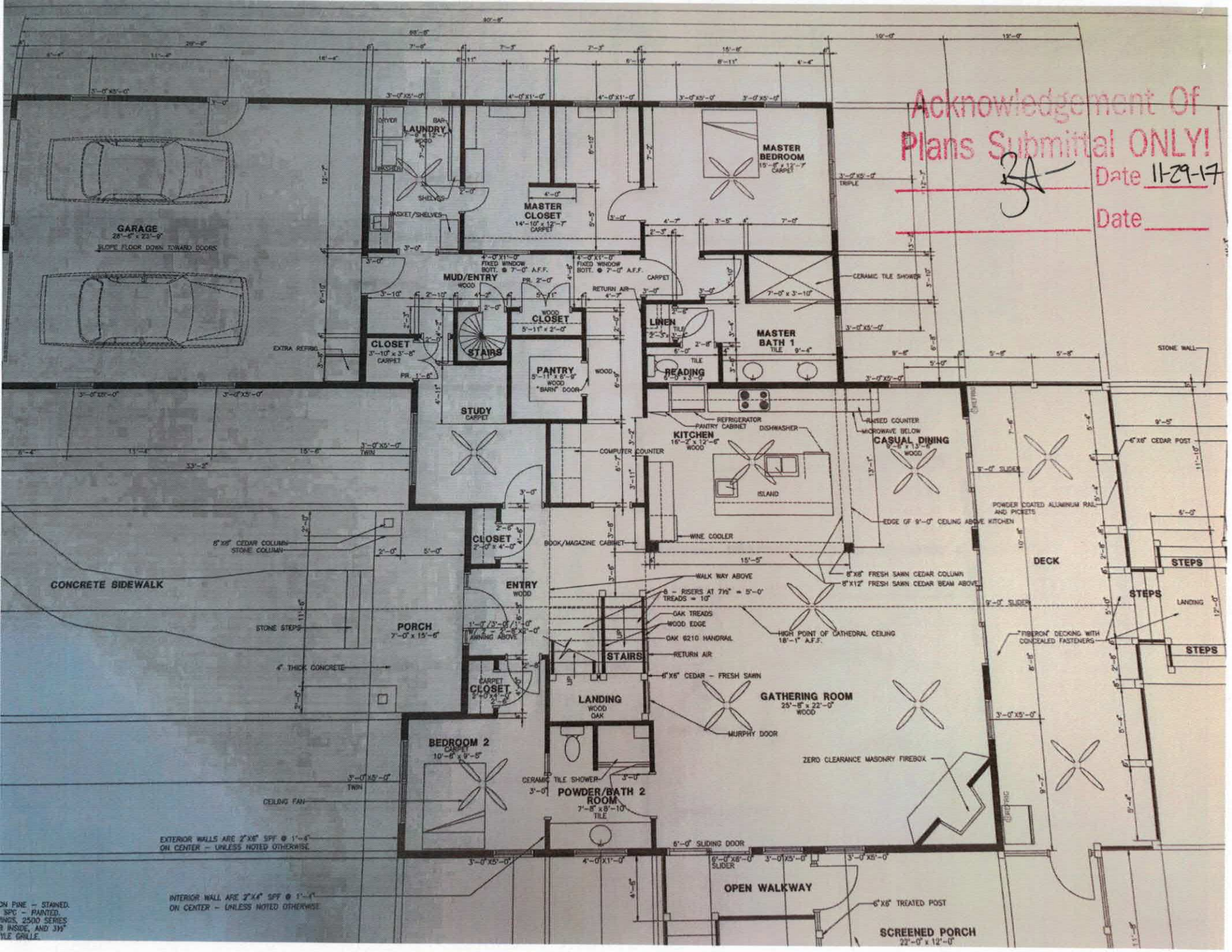
The proposed / existing Outbuildings/Sheds addition does not appear to impact the existing septic system
**NOTE: Keep Buildings at least 5ft from Septic
Maria H. Dotson REHS
Date: 5/27/2011
ICHD-Environmental Health Division

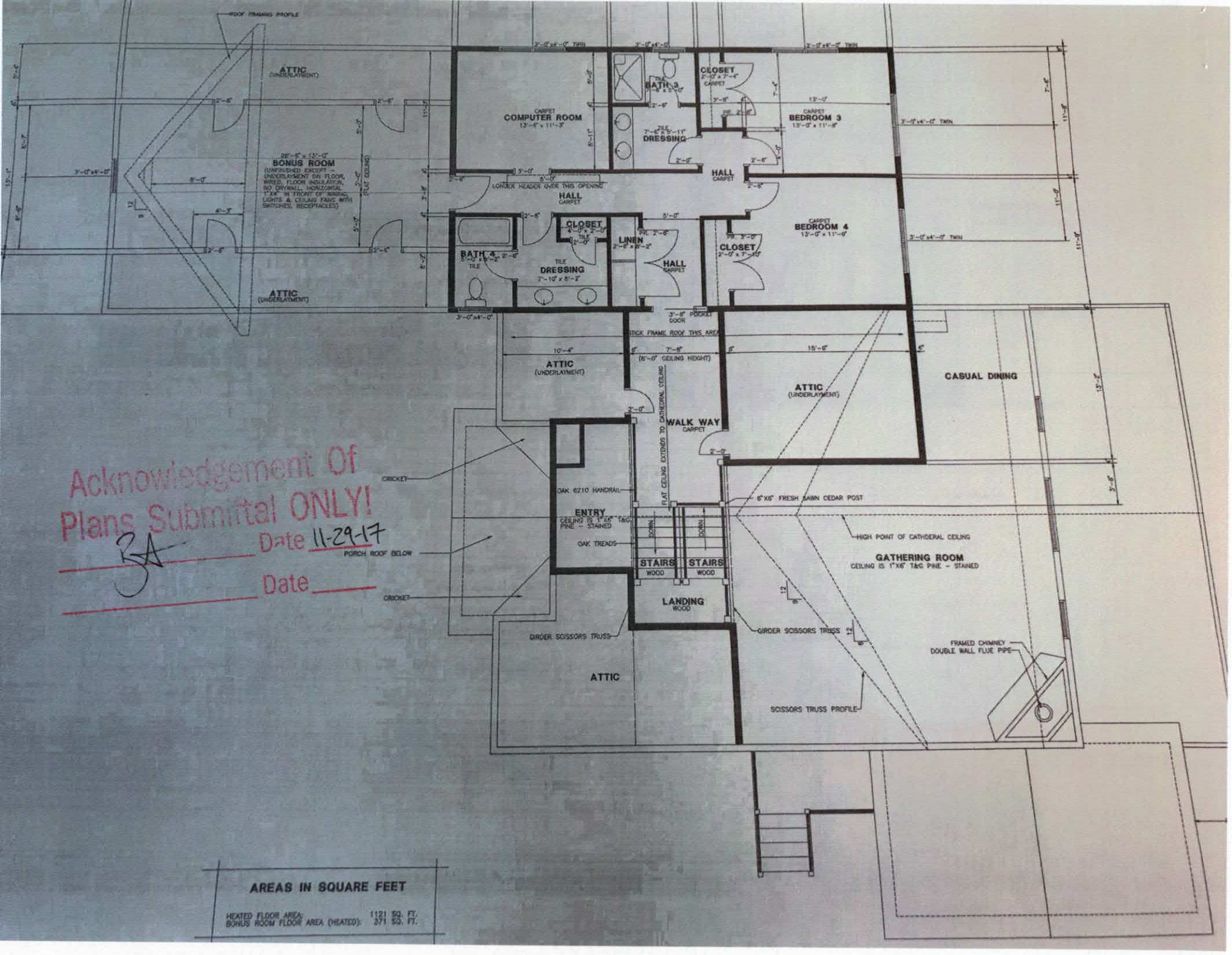
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: E.F. Muise date 12-19-06
Improvement Permit by: Judy McAuliffe date 12-6-06
Authorization to Construct by: Maria H. Dotson RS date 5/22/06

Installed by: Wayne Plontz RS date 6/7/07
Operation Permit by: Maria H. Dotson RS
Existing System Inspection by: date

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


Acknowledgement Of
Plans Submittal ONLY!
3A
Date 11-29-17
Date
GARAGE
28'-6" x 23'-9"
SLOPE FLOOR DOWN TOWARD DOORS
LAUNDRY
7'-6" x 12'-7"
WOOD
MASTER CLOSET
14'-10" x 12'-7"
CARPET
MASTER BEDROOM
15'-8" x 12'-7"
CARPET
MUD/ENTRY
WOOD
CLOSET
3'-10" x 3'-8"
CARPET
STAIRS
WOOD CLOSET
5'-11" x 2'-0"
PANTRY
5'-11" x 8'-8"
WOOD
"BARN" DOOR
LINEN
TILE
MASTER BATH 1
TILE 9'-4"
CERAMIC TILE SHOWER
7'-0" x 3'-10"
READING
6'-0" x 3'-0"
STUDY
CARPET
KITCHEN
16'-2" x 12'-6"
WOOD
REFRIGERATOR
PANTRY CABINET
DISHWASHER
COMPUTER COUNTER
ISLAND
RAISED COUNTER
MICROWAVE BELOW
CASUAL DINING
9'-8" x 13'-6"
WOOD
EDGE OF 9'-0" CEILING ABOVE KITCHEN
WINE COOLER
BOOK/MAGAZINE CABINET
CLOSET
2'-0" x 4'-0"
ENTRY
WOOD
CONCRETE SIDEWALK
8"X8" CEDAR COLUMN
STONE COLUMN
PORCH
7'-0" x 15'-6"
STONE STEPS
4" THICK CONCRETE
WALK WAY ABOVE
8 - RISERS AT 7½" = 5'-0"
TREADS = 10"
OAK TREADS
WOOD EDGE
OAK 6210 HANDRAIL
RETURN AIR
STAIRS
8"X8" FRESH SAWN CEDAR COLUMN
8"X12" FRESH SAWN CEDAR BEAM ABOVE
HIGH POINT OF CATHEDRAL CEILING
18'-1" A.F.F.
6"X6" CEDAR - FRESH SAWN
CARPET
CLOSET
2'-10" x 2'-6"
LANDING
WOOD
OAK
GATHERING ROOM
25'-5" x 22'-0"
WOOD
MURPHY DOOR
ZERO CLEARANCE MASONRY FIREBOX
BEDROOM 2
CARPET
10'-6" x 9'-5"
CERAMIC TILE SHOWER
3'-0"
POWDER/BATH 2 ROOM
7'-8" x 8'-10"
TILE
CEILING FAN
EXTERIOR WALLS ARE 2"X6" SPF @ 1'-6"
ON CENTER - UNLESS NOTED OTHERWISE
INTERIOR WALL ARE 2"X4" SPF @ 1'-6"
ON CENTER - UNLESS NOTED OTHERWISE
6'-0" SLIDING DOOR
6'-0"X6'-0"
SLIDER
OPEN WALKWAY
6"X6" TREATED POST
SCREENED PORCH
22'-0" x 12'-0"
DECK
POWDER COATED ALUMINUM RAIL
AND PICKETS
6"X6" CEDAR POST
STEPS
LANDING
"FIBERON" DECKING WITH
CONCEALED FASTENERS
STONE WALL
EXTRA REFRIG.
RETURN AIR
FIXED WINDOW
BOTT. @ 7'-0" A.F.F.
TRIPLE
TWIN



Acknowledgement Of
Plans Submittal ONLY!
Date 11-29-17
Date

AREAS IN SQUARE FEET

HEATED FLOOR AREA:	1121 SQ. FT.
BONUS ROOM FLOOR AREA (HEATED):	371 SQ. FT.

IREDELL COUNTY

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

APPLICATION NUMBER
230605
Issue Date: 10/02/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638498696.000	119 DEARBORN LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROWE CHARLES J+COURTNEY C	Applicant: ROWE CHARLES J+COURTNE
Address: 240 BROADMOOR DRIVE ADVANCE, NC 27006	Address: 240 BROADMOOR DRIVE ADVANCE, NC 27006
Phone:	Phone:

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.810	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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	116626	TOTAL FEES:	$ 77.25