RECEIVED OCT 1 3 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Int. Relayout

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment (X) Septic System ~~Repair~~ Change

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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: David White **Address:** P.O. Box 4301 Mooresville 28117 **Phone:** 704-309-4301

Owner Name: Jim Dickson **Address:** 115 Dearborn Lane Mooresville 28117 **Phone:**

Property Information:

Street Address: 115 Dearborn Lane Mooresville N.C. 28117

Subdivision Name: CLT Sect 14 Lot 111 **Section/Phase:** **Lot Number:**

Driving Directions: Hwy 150 W. TR Perth Rd TL on Stumpy Creek TR Dearborn 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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) 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:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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:**

(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: D White

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

10/13/14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

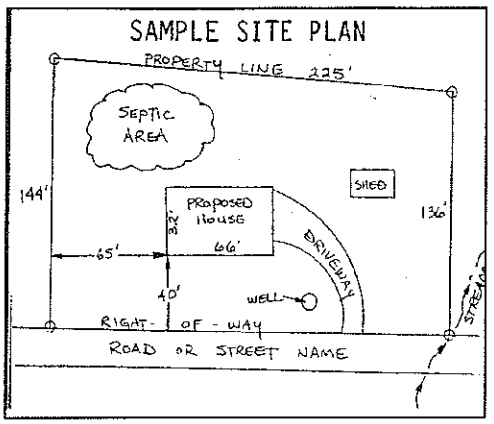
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) 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

See current Septic Permit.
Still want to remove the 8' to allow
for proper Drive but want to add to
allow for 4 Bedroom although home is only 3.

Signature: _____ 10/13/14

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

Old

Pd. $500
5-16-13 cm

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___ BOTH X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WHB Inc.	P.O. Box 4301 Mooresville NC 28117	704-309-4301	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jim + Lauren Dickson	115 Dearborn Lane Mooresville 28117	704-533-0918	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Dearborn Lane.	CLT	CLT 14, 111

Driving Directions: North on Perth, Left on Stumpy Creek, Left on Dearborn

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(X) Other Addition of home to Cottage - Total 3 Bedroom

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ____

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) Existing system--installed in 2008 *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. 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. industry) 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.

9. Signature: _____ 5/15/13

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

IREDELL COUNTY HEATLH 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:

- X — Property Line measurements are clearly identified...
- X — All proposed structures are indicated...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred well location...
- X — Area you prefer your septic system to be placed...
- 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)

Signature: _____ 5/15/13

REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

The Existing system is for a 4 bedroom, the total will be 3 on home + Cottage Connected. Currently the lines are too close to the drive, would like to remove 2 chambers on each line to make drive proper width. IF we have to we can add at the other end but if we can just drop the capacity to 3 bedroom that would be best.

The Survey, Septic permit, and home drawings are attached.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180429 ✓

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

PIN # 4638590548

APPLICANT: WHB Inc. / Jim & Karen Dickson APPLICANT ADDRESS: P.O. Box 4301 Mooresville, NC 28117

SITE ADDRESS: 115 Dearborn Ln. Mooresville, NC 28117 PHONE: 704 533-0918 ALT. PHONE: 704 309-4301 Dave White

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Liva Ln TL Stumpy Creek TR Dearborn Ln near end #115

SUBDIVISION: C L & T SECTION: 14 LOT # 111 LOT AREA: .959 Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .3

Exist

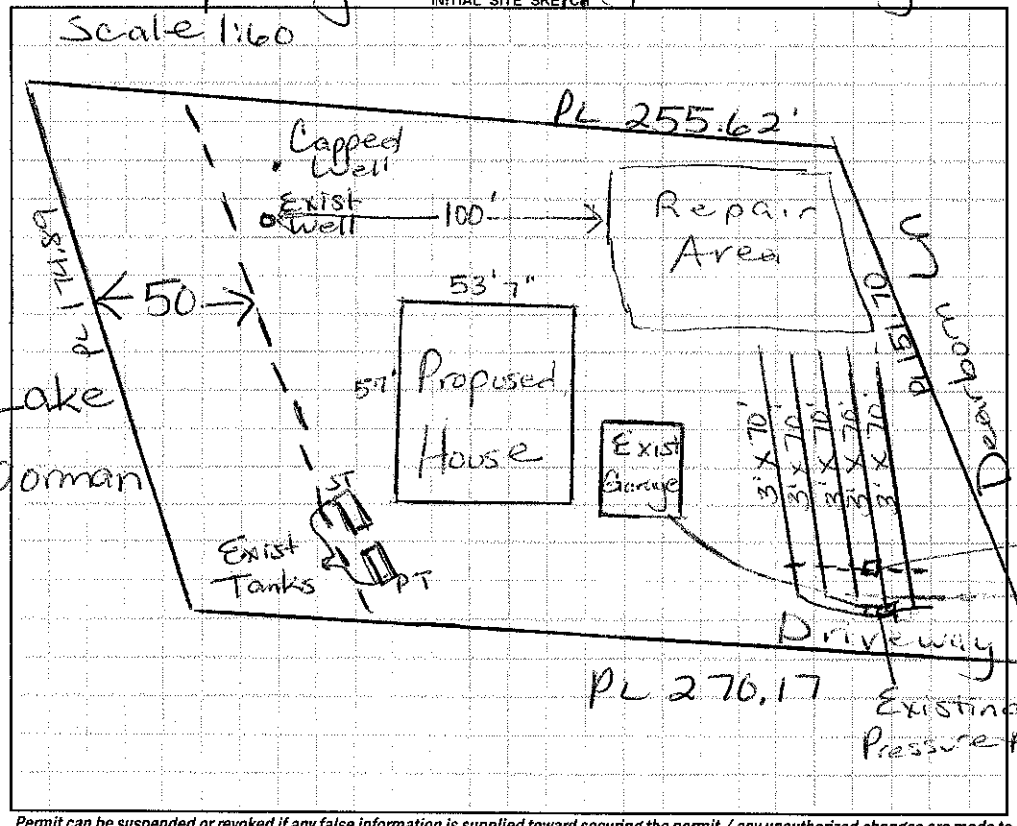
Septic Tank	1000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3*
Pump Tank	1000 (gal)	PT		Date		System Description: Pump-PM-25% Reduction		☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description: Pump-LP-Panel Blk		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft: ~350*		Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Exist Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * Remove ~8 Ft from each drainline to accomodate driveway. Also move pressure manifold out of driveway) No Vehicular traffic over Septic System. Supply line must stay at least

* Drainfield has more Linear footage than required because it was originally sized for 4 Bedrooms but now is 3 Bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

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: [signature] Date: 9/6/13 Installed by: _____

IMPROVEMENT PERMIT by: [signature] RS Date: 8/2/13 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 8/28/13 Existing System Inspected by: _____ Date: _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139007 PIN# 4638590548 DATE 1-31-08

OWNER OR APPLICANT Mike McKee PHONE: Business 704-660-3008 Home 704-696-0047 202-4358 cell

ADDRESS 130 Autry Ave

LOCATION 21 N TL Cornelius cross Perth to Liva Ln TL Stumpy Creek RR Dearborn on right (US Dearborn

SUBDIVISION C.L.&T. BLOCK / SECTION 14 LOT 111 LOT AREA .959Ac. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .39gpd/ft² .25 R

Septic Tank 1000 Gallons: STB 794 Date 1-21-08

Pump Tank 1000 Gallons: PT 283 Date 1-12-08

Pump Make Goulds Model PE5HM Serial No

Nitrification Field No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction pm

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

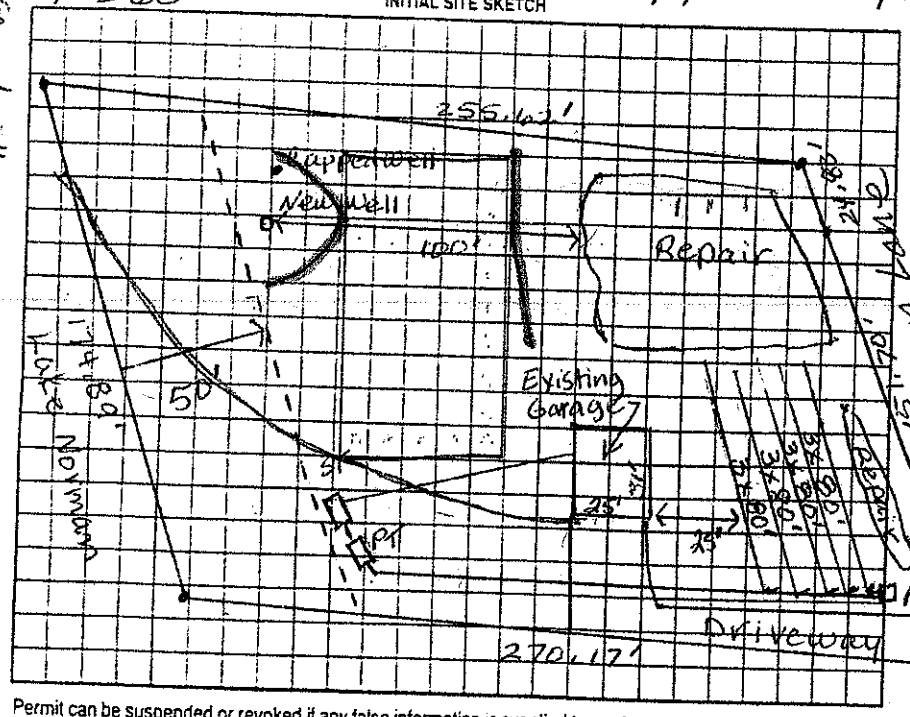
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 30" compacted cover over supply line under drive required or use ductile iron. Capped well has no official documentation of abandonment. Wells must be 100' + from any part of septic system or repair

Comments/Conditions: Remove surface fill from repair area before installing Repair. Rich & Installed as Drawn

1" = 60'

INITIAL SITE SKETCH



AS BUILT SKETCH

3/10/08 48" Supply line under drive

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: date 1-31-08

Improvement Permit by: Judy Melville date 1-31-08

Authorization to Construct by: Judy Melville date 1-31-08

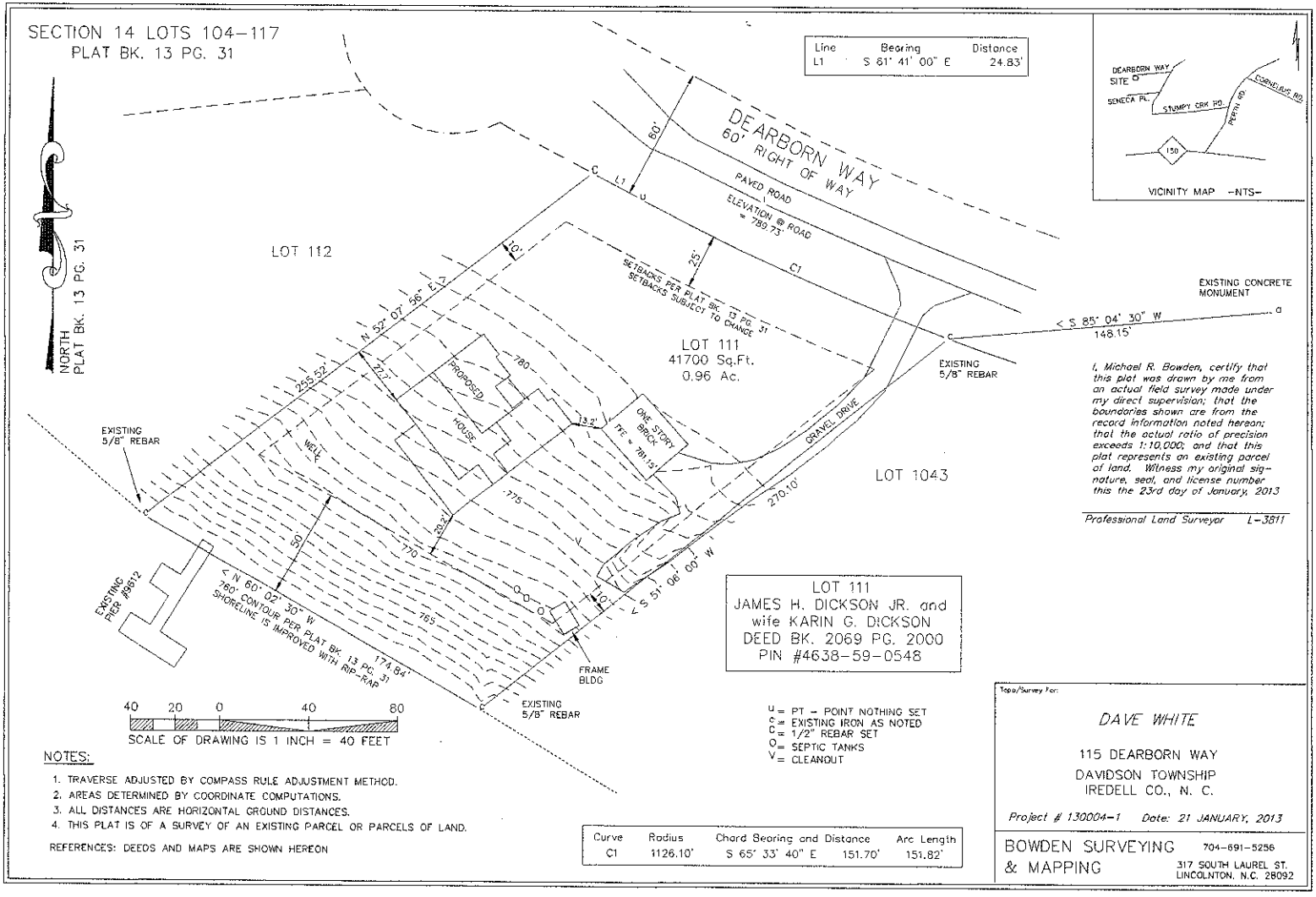
Installed by: Richard Abernathy

Operation Permit by: date

Existing System Inspection by: date

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

Duke Electric 25' from Repair Area 25' from well 50 x 90 Footprint



NOTES:

1. TRAVERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
4. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND.

REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON

DO NOT MOVE PICK POINTS