# IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237899

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

PIN # 4639614766

APPLICANT/OWNER: Jon Bouslog APPLICANT ADDRESS: 122 Bay Shore Lp Mooresville, NC 28117

SITE ADDRESS: 122 Bay Shore Lp Mooresville, NC PHONE: 610 203 6808 ALT. PHONE 704 528 9281

SITE DIRECTIONS: Perth Rd N TL Livaln TR Bay Crossing TL Bay Shore Lp on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing SECTION: 1 LOT # 91 LOT AREA: .72AC DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank Exist 1500 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines Existing Linear Ft 270'

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: Existing LP PPBPS

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**

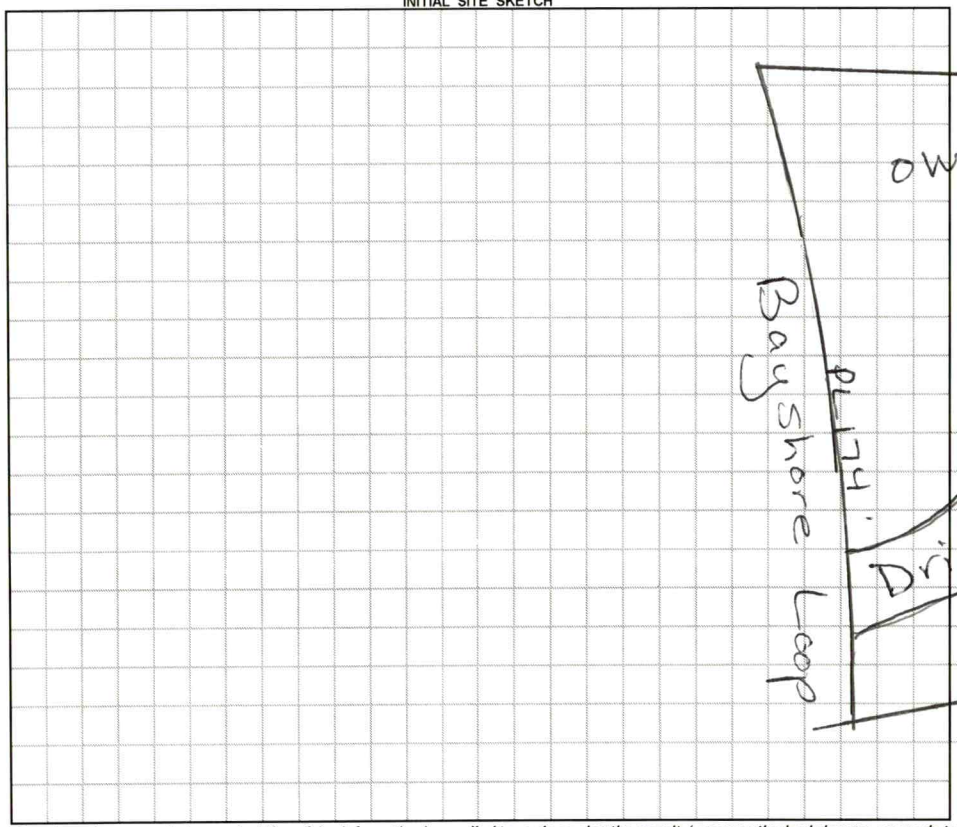
☒ Private

☐ Public

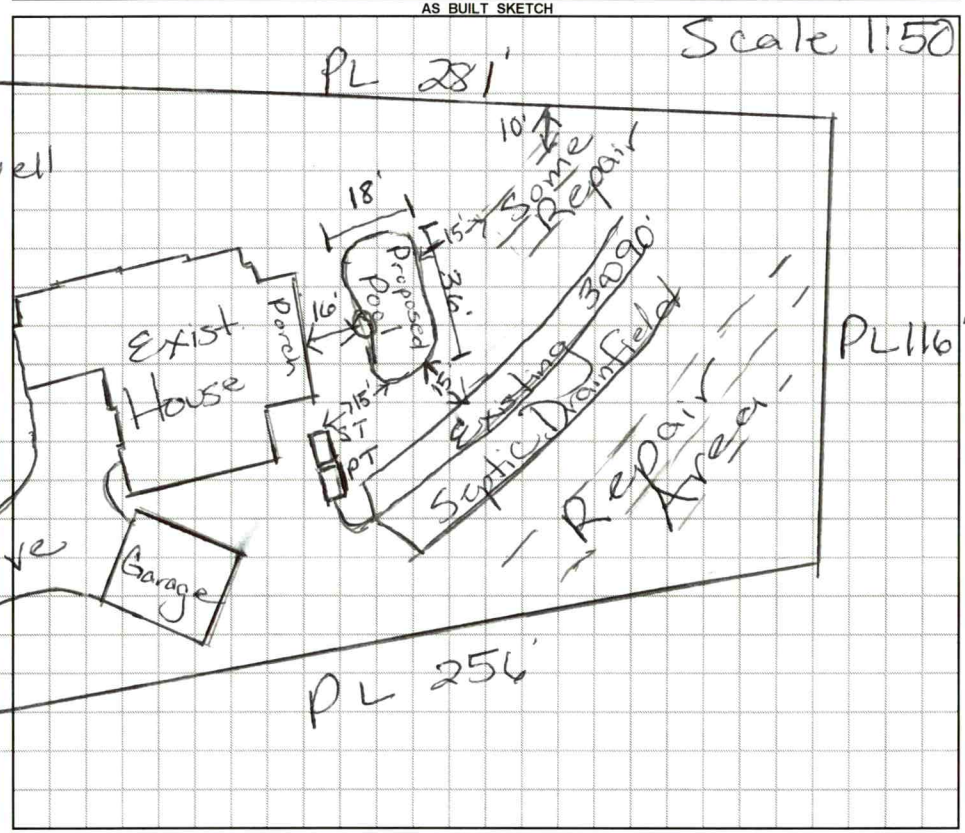
☐ Community

Comments / Conditions: * Must keep pool "cut" at least 15ft from Septic System

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: 3-11-19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 9/17/18

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

237899

Pd $250

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**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:** Jon Bouslog **Address:** 122 Bay Shore Loop, Mooresville **Zip:** 28117
**Applicant Email:** thebozzs@aol.com **Phone:** 6102036808 **Alt. Phone:** 704 528 9281
**Owner Name:** Jon Bouslog **Address:** 122 Bay Shore Loop, Mooresville **Zip:** 28117
**Owner Email:** thebozzs@aol.com **Phone:** 610 203 6808 **Alt. Phone:** 704 528 9281

**Property Information:**

**Street Address:** 122 Bay Shore Loop, Mooresville NC 28117
**Subdivision Name:** Bay Crossing **Section/Phase:** _____ **Lot Number:** 91
**Driving Directions:** 150 to North on Perth Rd, Left on to LMA, Right Bay Crossing Dr Left Bay Shore Loop. 1st house on Right

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — **Maximum Number of Bedrooms:** 4-2
( ) New Multi-Family Residence — **Maximum Number of Occupants:** 12
( ) Accessory Building — (X) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** _____
( ) 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:** _____ 7-30-18
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

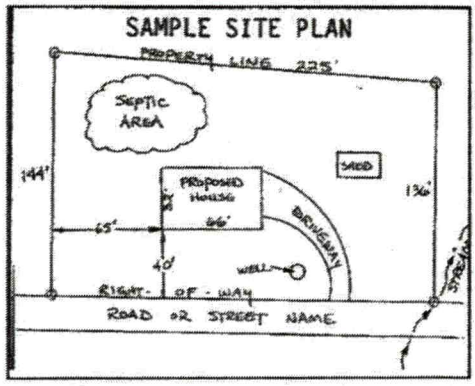
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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**

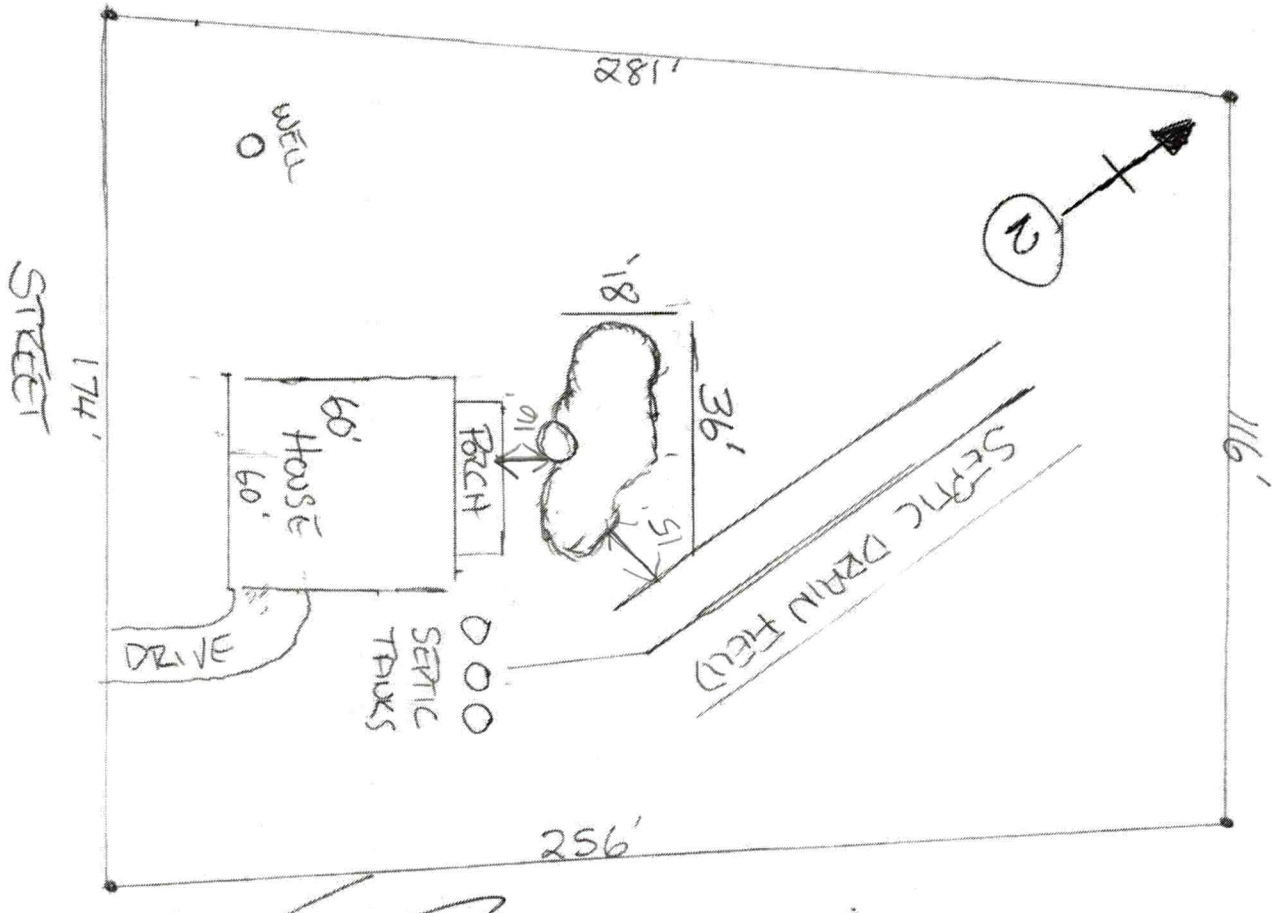



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| **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:** _____ **J-30-18**

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.**

2. I, Jon Bousios, am the legal owner(s) of the property located at 122 Bay Shore Lp., identified as

PIN (Parcel Identification Number) 4639 161 5556 091 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.

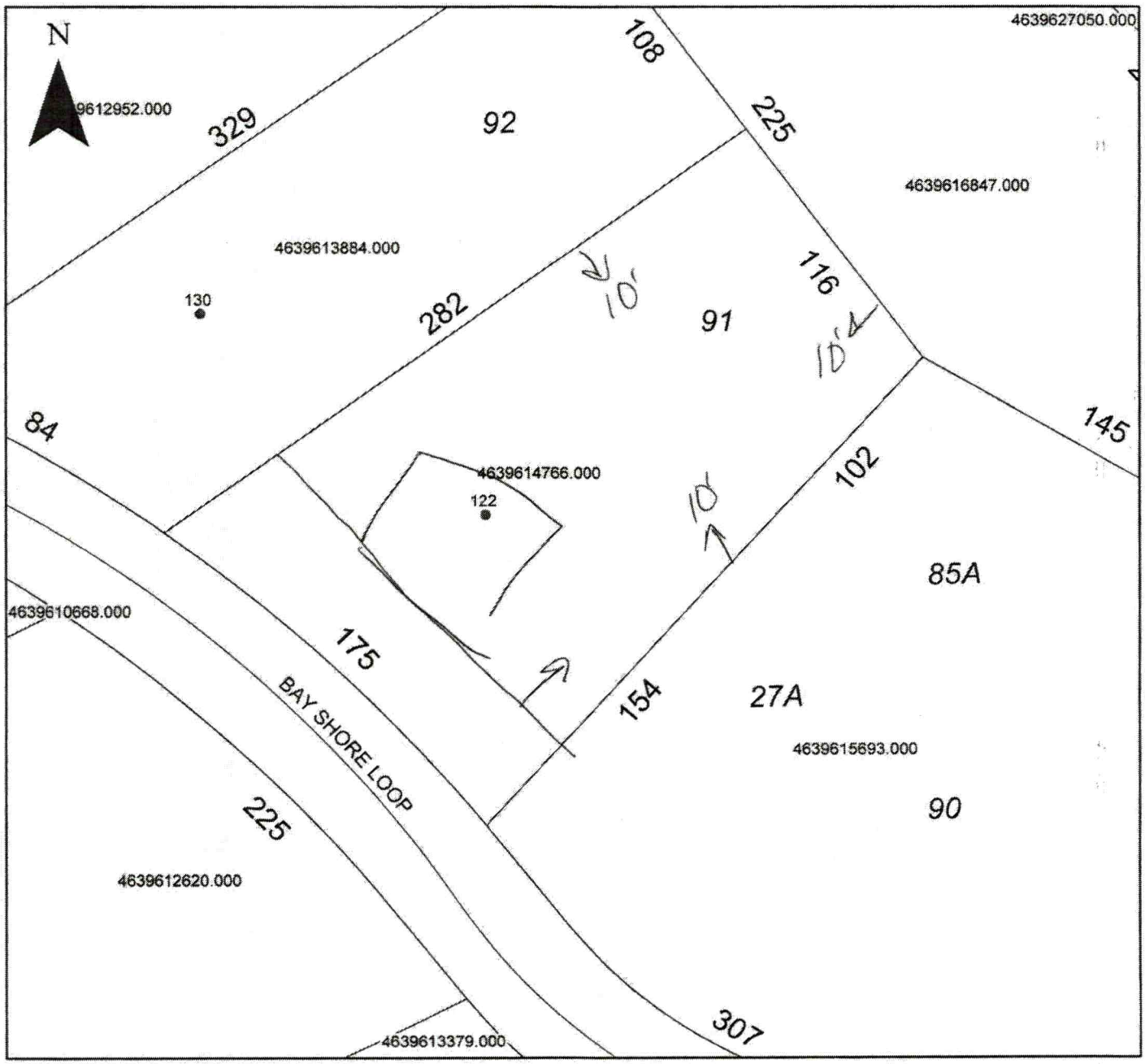
_____ 7-30-18

Signature of Owner(s) Date

**Mooresville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# ZONING DISCLAIMER




Property Address 122 Bay Shore Lp

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

7-30-18
Date