IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 221285

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

PIN # 4639725542

APPLICANT: Tim & Tracy Carr
APPLICANT ADDRESS: 243 Bay Shore Lp Mooresville, NC 28117
SITE ADDRESS: 237 Bay Shore Lp Mooresville, NC
PHONE:
ALT. PHONE: 704 402 8594
SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Liva Ln TR Bay Crossing Dr to end TR Bayshore Lp on lef
SUBDIVISION: Bay Crossing
SECTION: 2 LOT # 56 LOT AREA: .87 Ac
DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 338 Date 8-22-17
Pump Tank 1000 (gal) PT 444 Date 8-31-17
Pump Make Goulds Model WE0312MU Serial #
Nitrification Fields 1 # Lines 4.5 Linear Ft: 270'
Trench Width min. 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: [X] YES [ ] NO
[ ] GRAVITY [X] PRESSURE

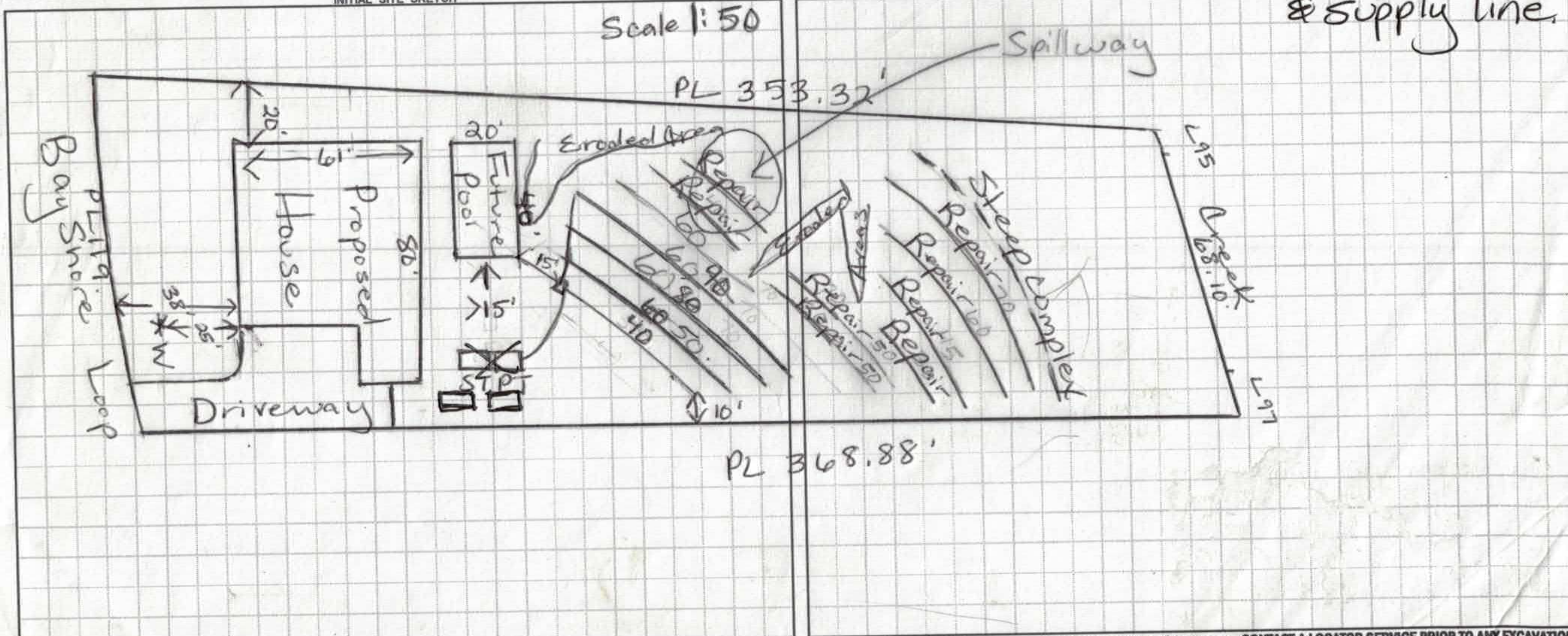
[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply
[X] Private
[ ] Public
[ ] Community

Comments / Conditions: * Properly fill eroded areas

Must keep future pool at least 15 ft from Septic
10/4/17 Checked 3 drainlines
10/6/17 Checked last 2 drainlines & tanks & supply line.

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.
[X] **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Timothy Carr Date:
IMPROVEMENT PERMIT by: Maria H. Dolson RS Date: 10/4/16
AUTHORIZATION TO CONSTRUCT by: Maria Dolson RS Date: 10/4/16
Installed by: R&H
OPERATION PERMIT by: Maria Dolson Date: 12/1/17
Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Fredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tim Carr
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 9-30-16
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .87 Ac
LOCATION OF SITE: Bay Crossing #56
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-10"	Brw SCL GR						PS .3
		10-45"	R CL m-w SBK SS, SP, SExp, FR						
		45-48"	R CL w SBK SS, SP, SExp, FR						
2	13%	0-8"	Brw SCL GR						PS .3
		8-38"	R CL m-w SBK SS, SP, SExp, FR						
		38"-48"	R CL w SBK SS, SP, SExp, FR w/ Inclus of W. Rock						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Frede

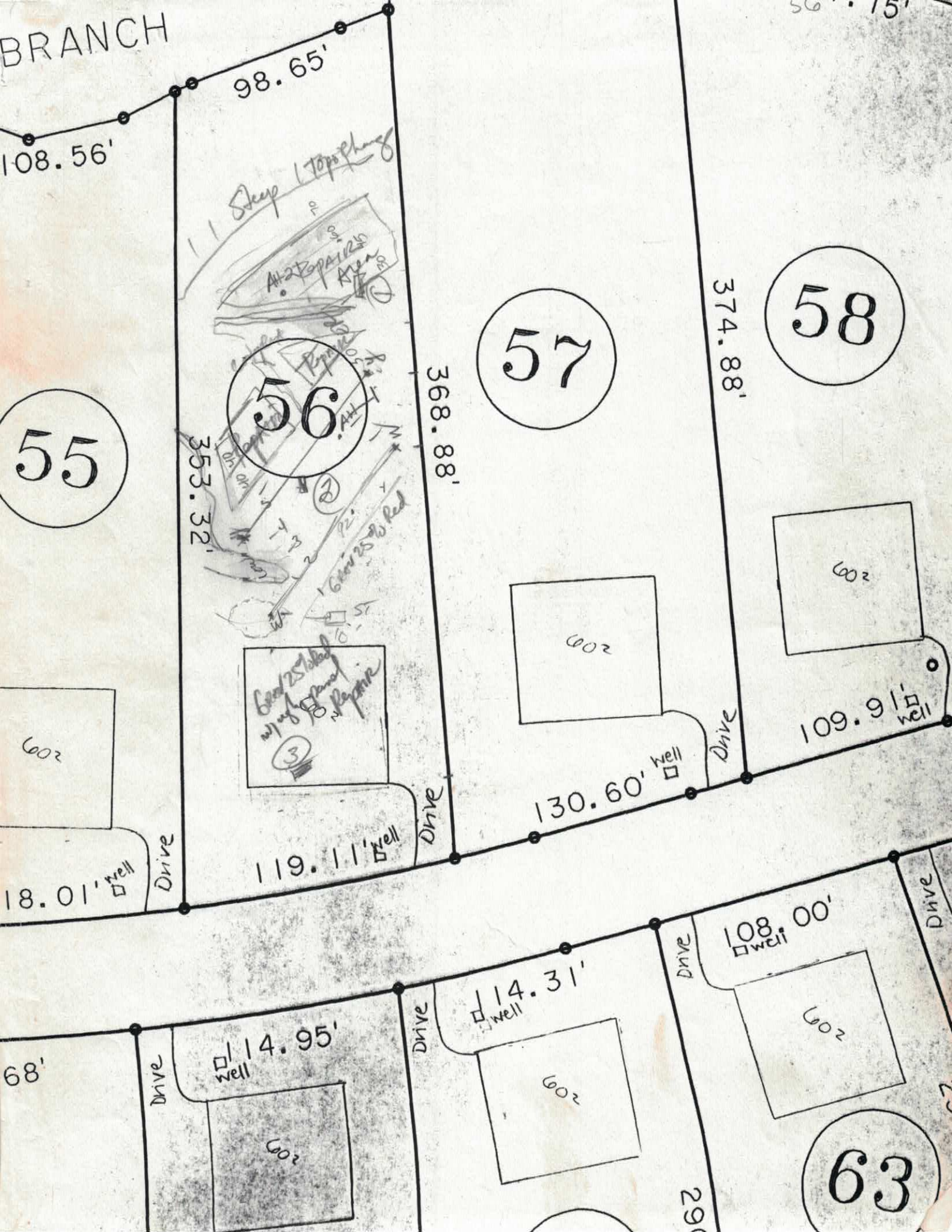
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Hall Properties APPLICANT: ____
ADDRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: 2-16-05
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 687 AC
LOCATION OF SITE: US 56 Bay Corners PROPERTY RECORDED: ____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8	mgr fsl	fr sss p					e3
		8-16	mk scl sbk	fr sss p					
		16-46	mbk RC	fr sss p sep					
		46-60	mbk cl	fr sss p few mod w. rock					
2	3% SL	0-8	gr fsl scl	fr sss p					e3
		8-44	mbk RC	fr sp sss p sep					
		44-56	wk bk RCl	fr sss p few common wet sp					
3		0-8	gr fsl scl sbk	fr sss p					e3
		8-39	mt sbk RC	fr sss p sep					
		39-52	wk sbk rcl	fr sss p few common wet sp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	RS	RS
System Type(s)	Conv 2 Std	LPP BBS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: DM Hyman, PE
OTHER(S) PRESENT: Phil Pennington


BRANCH
98.65'
108.56'
55
56
57
58
353.32'
368.88'
374.88'
130.60'
119.11'
109.91'
18.01'
114.95'
114.31'
108.00'
68'
Drive
well
60'z
63

RECEIVED AUG 2 4 2016

Paid $500.00
221285

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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:
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: Tim Carr Address: 243 Bay Shore Loop, Mooresville Phone: 704-402-8594

Owner Name: Tim Carr Address: 11 Phone: 11

Property Information:

Street Address: 237 Bay Shore Loop Mooresville, NC 28117

Subdivision Name: Bay Crossing Section/Phase: _____ Lot Number: 56

Driving Directions: 150 to right on Perth Rd. Left on Lira Lane. Right on Bay Crossing Dr. Right on Bay Shore Loop. Lot up hill 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: _____
(X) Swimming Pool FUTURE
( ) Other Addition/Structure: _____

(X) 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:

(X) 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 (X) 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: Tim Carr
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

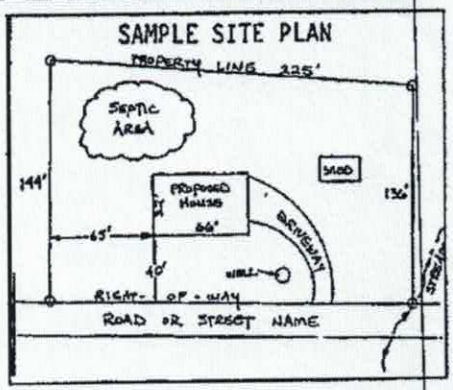
8-23-16
DATE

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:

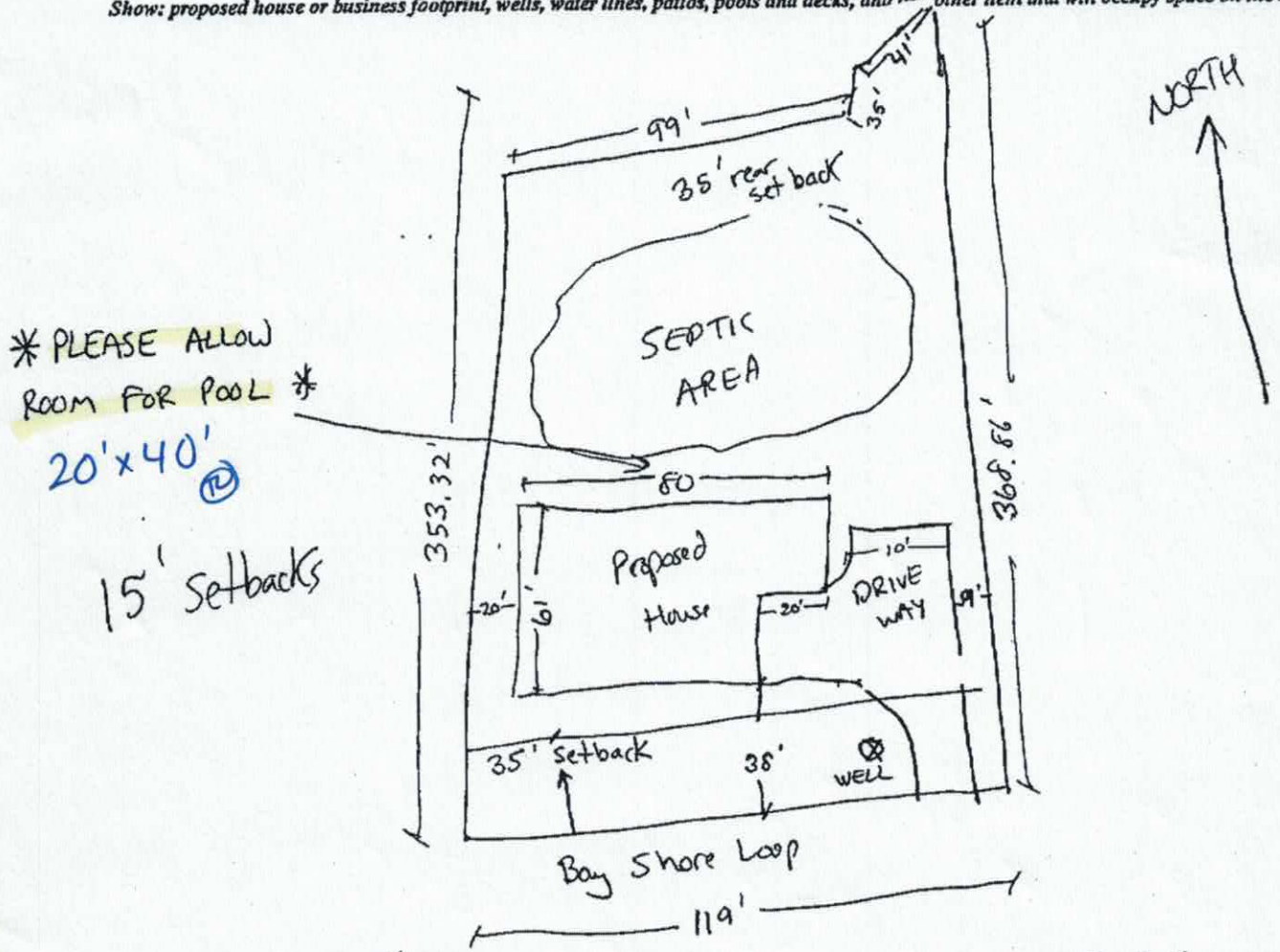
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

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



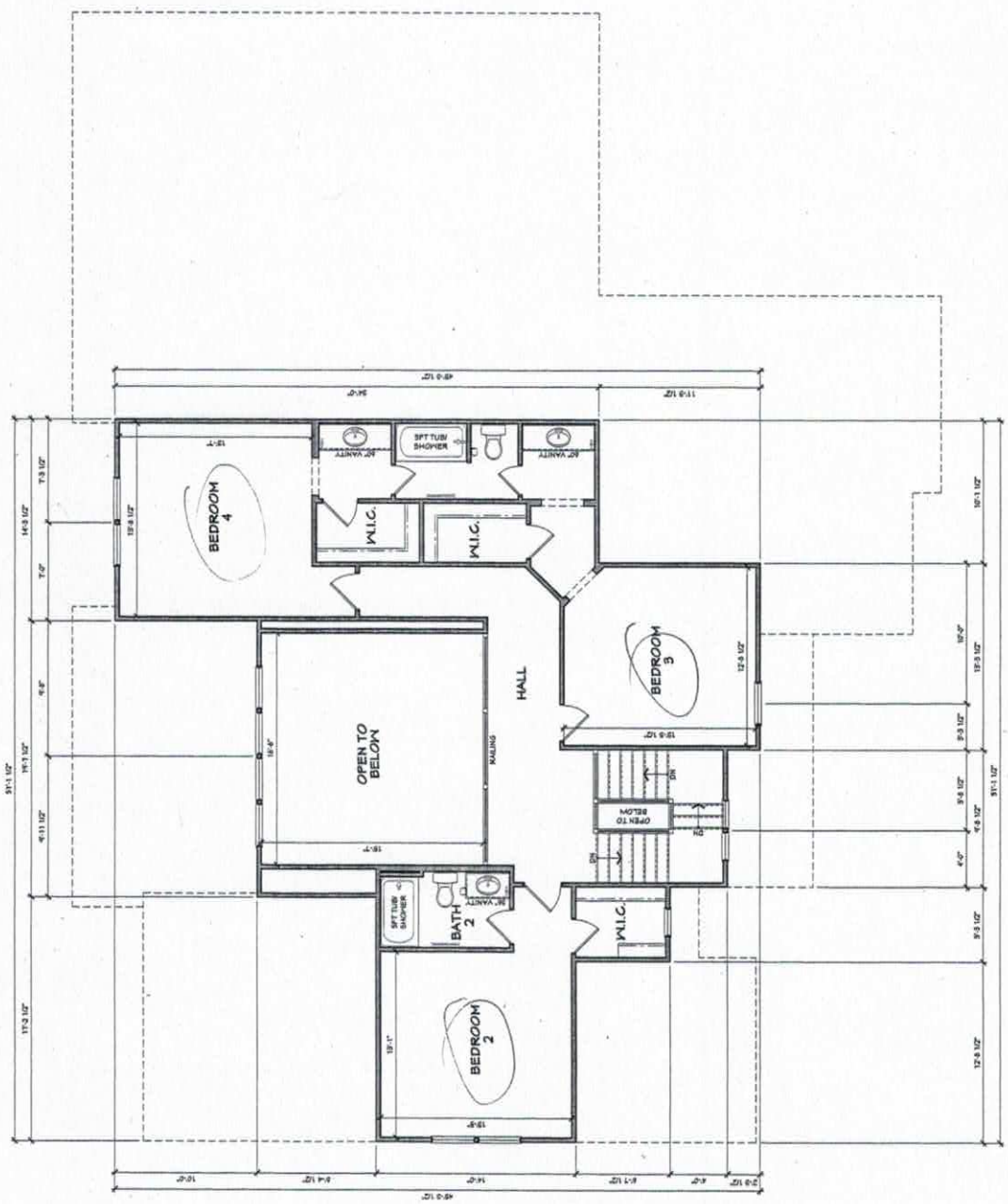
Signature: Tim Carr
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-23-16
DATE

Acknowledgement of
Plans Submittal ONLY!

Tim Carr Date 8-29-16

Maria Robson Date 10/7/16



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 7'-0" A.F.F.

IREDELL COUNTY

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

APPLICATION NUMBER
221285
Issue Date: 08/24/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639725542.000	237 BAY SHORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CARR TIMOTHY P+TRACY S	Applicant: CARR TIMOTHY P+TRACY S
Address: 243 BAY SHORE LOOP MOORESVILLE, NC 28117	Address: 243 BAY SHORE LOOP MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	35.00	15.00	15.00	CACL	X

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	78493	TOTAL FEES:	$ 77.25