IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240429

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

PIN # 4639-74-8437

APPLICANT/OWNER: Janet Brown APPLICANT ADDRESS: 228 Bells Crossing

SITE ADDRESS: 228 Bells Crossing Drive Mooresville NC 28117 PHONE: 516-799-0536 ALT. PHONE

SITE DIRECTIONS: Perth R South 2 on Bells Crossing House on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Bells Crossing SECTION: -1- LOT # 74 LOT AREA: .63 DESIGN FLOW: 480 L.T.A.R.: Existing

Septic Tank (gal) STB Date

Pump Tank (gal) PT Date

Pump Make X's Model Inq 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:

Repair System Description: Existing

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: Maintain 15' from Septic System.

INITIAL SITE SKETCH

Please See Attached Site Plan

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: Janet Brown Date: 11/15/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 11-30-18

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.

APPROVED NOV 3 0 2018

240429

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: JANET BROWN/CS&SC Address: 228 BELLS CROSSING DR. MOORESVILLE, NC Zip: 28117

Applicant Email: ONENTWINS5@GMAIL.COM Phone: 516-799-0536 Alt. Phone: _____

Owner Name: SAME Address: SAME Zip: SAME

Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 228 BELLS CROSSING DR. MOORESVILLE, NC 28117

Subdivision Name: BELLS CROSING Section/Phase: _____ Lot Number: 74

Driving Directions: 21N, TL CORNELIUS, TR JUDAS, TR PERTH, TL BELLS CROSSING, ON RIGHT

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

CHECK FOUNDATION TYPE

( ) 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: _____
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: 2015
( ) 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: _____ 11-19-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152515 20607A PIN# ~~4639-83-4015.074~~ 4639-74-8437 DATE 9-8-08

OWNER OR APPLICANT Bells Crossing LLC PHONE: Business 704-662-1600 Home

ADDRESS 127 B Promenade Dr Mooresville NC 28117

LOCATION Perth Tl Bells Crossing, onR

SUBDIVISION Bells Crossing BLOCK / SECTION I LOT 74 LOT AREA .63 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank X 1000 Gallons: STB 70143111 Date C31090

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1110' Linear Feet 370'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — X Gravity ☐ Pressure ☐ Slab

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

System Description: Gravity 25% Red

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other ____

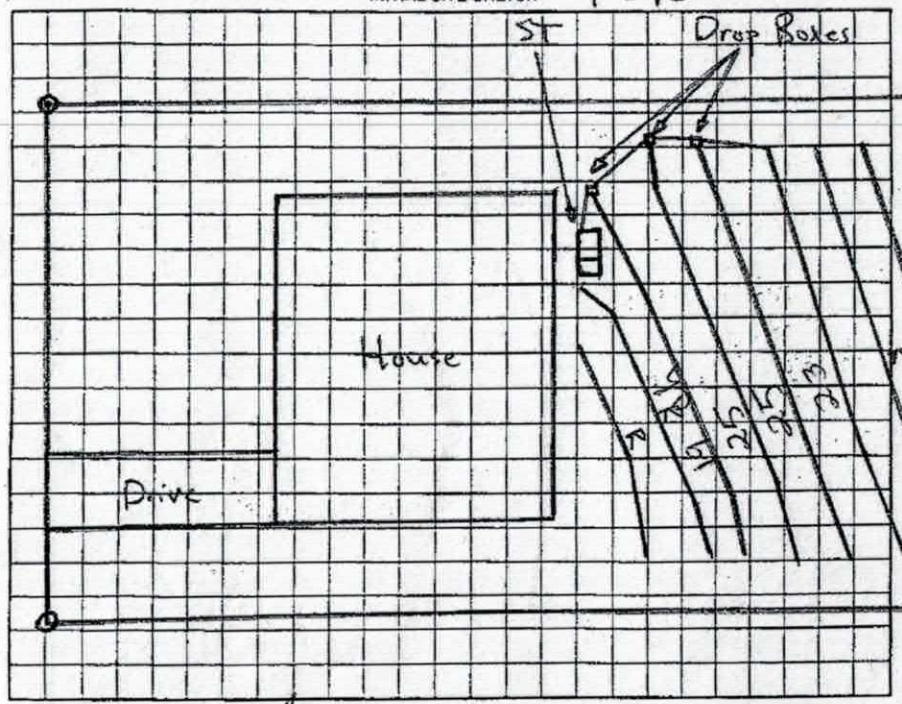
Water Supply: ☐ Individual ☐ Public ☒ Community

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

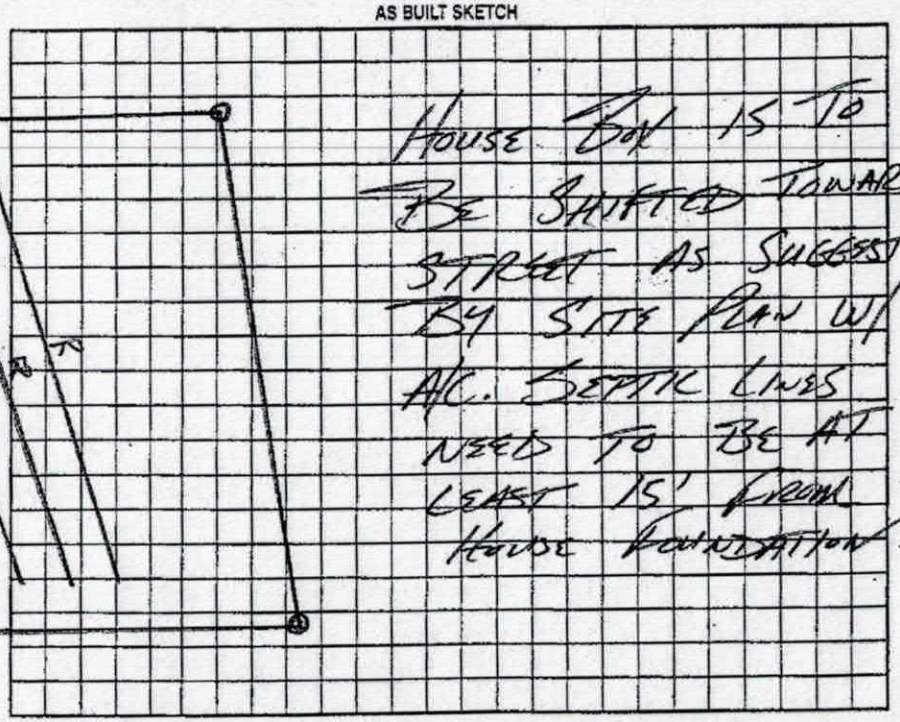
Comments/Conditions: 1) Install per plan specs Attached by Bullins Soil & Env. Services 2) Maintain Setbacks
X Plastic tank Used Infiltrator

Comments/Conditions: Installed Quick 4 for Drainfield

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH



House Got 15 To Be Shifted Toward Street As Suggested By Site Plan W/ A/C. Septic Lines Need To Be At Least 15' From House Foundation.

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plan valid without expiration ☒ Improvement Permit with site plan valid for sixty months ☐

Signed: ____ date 9/12/08

Improvement Permit by: ____ date 9-8-08

Authorization to Construct by: ____ APPROVED SEP 30 2014

Installed by: Caroline Pope

Operation Permit by: Maria Dotson RS date 3/9/15

Existing System Inspection by: ____ date ____

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