RECEIVED DEC 7 - 2015

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Paid $250. #21531

(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 ___Authorization To Construct ✓ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Nicholas Speed (Applicant Name)	Old Hickory Construction (Mailing Address)	704-775-0851 (Home Phone #)	(Alternate Phone #)
Priscilla Cardige (Owner Name)	117 Abbeville Ln Mooresville, NC 28117 (Mailing Address)	704-201-2365 (Home Phone #)	(Alternate Phone #)

4. **Property Information:**

117 Abbeville Ln Mooresville NC 28117 (Street Address) | Bell Crossing (Subdivision Name) | Ph 3 Lot 124 (Section/Phase and Lot Number)

Driving Directions: Perth Rd N, TL Bells Crossing, TR San Agustin, TR Abbeville, 3rd lot on LT

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
(X) Other 16x25 covered Deck

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

IF Non-Residential Site Development: Type of Business
Square Footage of Building 13x26'
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____

8. 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. industry) 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.

9. Signature: [signature] 12-7-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207298

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

PIN #

APPLICANT: Heritage Homes APPLICANT ADDRESS: 11605 N. Community Hse. St. 250 Charlotte NC 28216

SITE ADDRESS: 117 Asheville Ct Mooresville NC PHONE: 704-309-0572 ALT. PHONE:

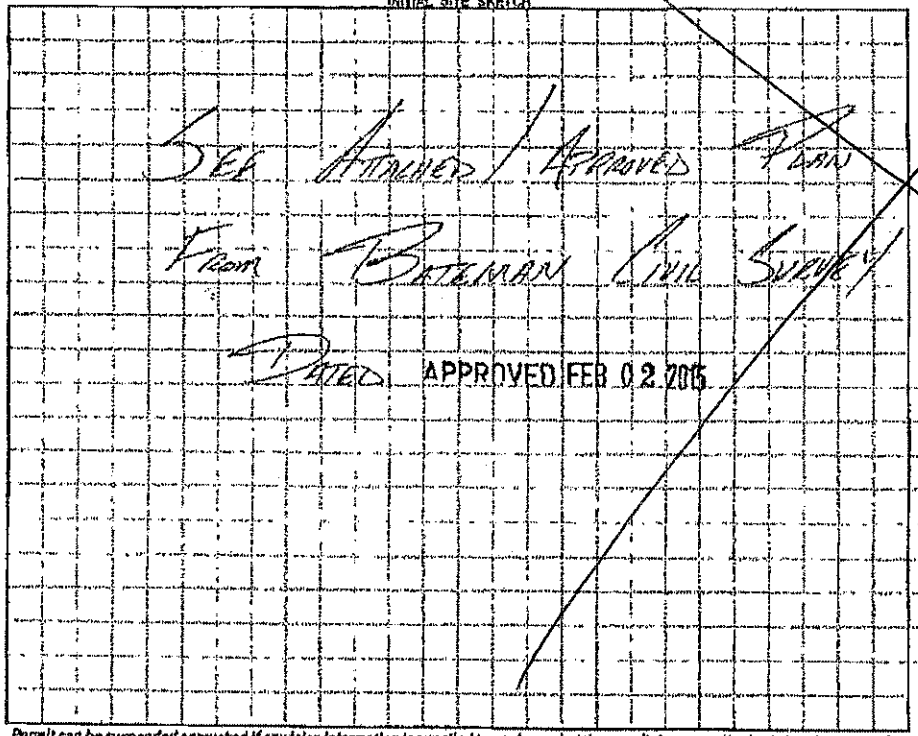
SITE DIRECTIONS: Perth Rd. N. TL Bells Crossing L TL San Agustin, TR Asheville, 3rd LOT on R.

SUBDIVISION: Bells Crossing SECTION: 3 LOT # 121 LOT AREA: DESIGN FLOW: 600 GPD L.T.A.R.: .3

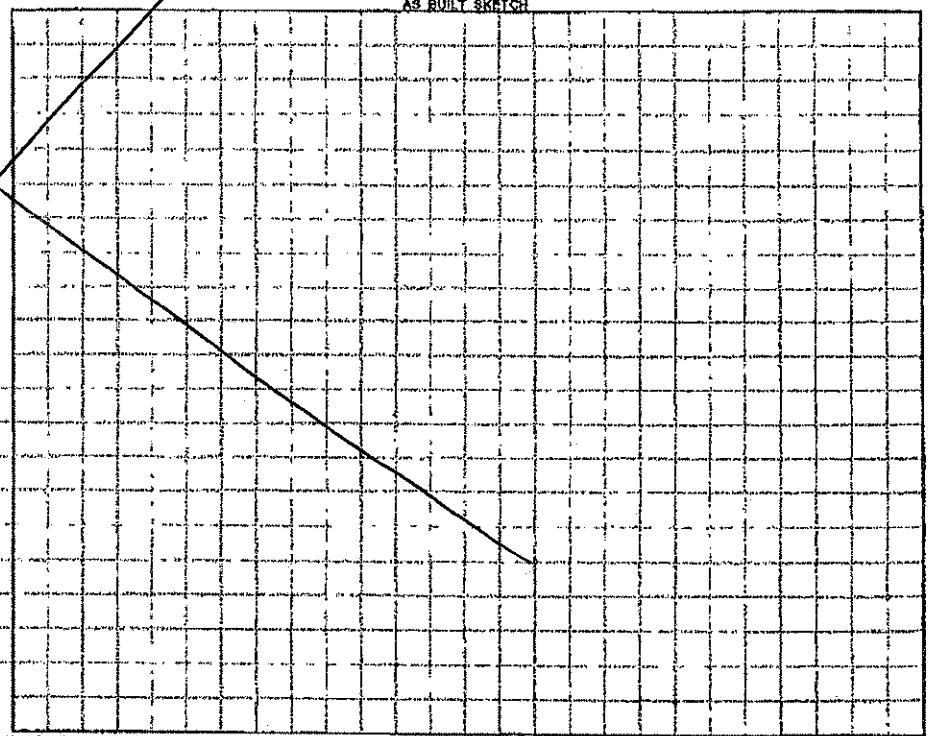
Septic Tank	1250	(gal)	STB	299	Date	7-31	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction - Gravity	☐ Business	No. Persons	10	☐ Private
Pump Make		Model			Serial #		Repair System Description:	Drip Irrigation	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6		Linear Ft:	500'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☒ Community
Trench Width	36"	Max. Trench Bottom Depth*	26" Low Side		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

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: 2-4-15 Installed by:

IMPROVEMENT PERMIT by: APPROVED FEB 02 2015 OPERATION PERMIT by: CPC Date: APPROVED OCT 08 2015

AUTHORIZATION TO CONSTRUCT by: Date: 4-9-15 Existing System Inspected by: Date:

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