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# 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 ___ Authorization To Construct ___ BOTH ___ 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:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Supercar Pools | 20316 Knox Rd, Cornelius | 704-896-2665 | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Jan Campos | 111 Sail High Ct Mooresville | 704-756-9707 | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 111 Sail High Ct | West View | Lot 13 |

Driving Directions: _____

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
(✓) Other Inground Pool 20x35

Maximum Number of Bedrooms ___
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 _____
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)*

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

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: _____ 12-4-14
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 comptete the site plan:

____ Property Line measurements are clearly identified...
____ 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*
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred 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

Signature: _____ 12-4-14
*REQUIRED* property owner or owner's legal representative signature. DATE

**USE THIS SPACE TO DRAW YOUR SITE PLAN**

SEE ATTACHED

Cont. Sail

# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 066501 DATE 7/8/97 TAX MAP NO. 4644481479 4644588484 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources/Thomas Lang PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte, NC. 28201

LOCATION Langtree Tr Mecklenburg TR Westbrooks TR Hook Sail Ct. SAIL HIGH CT.

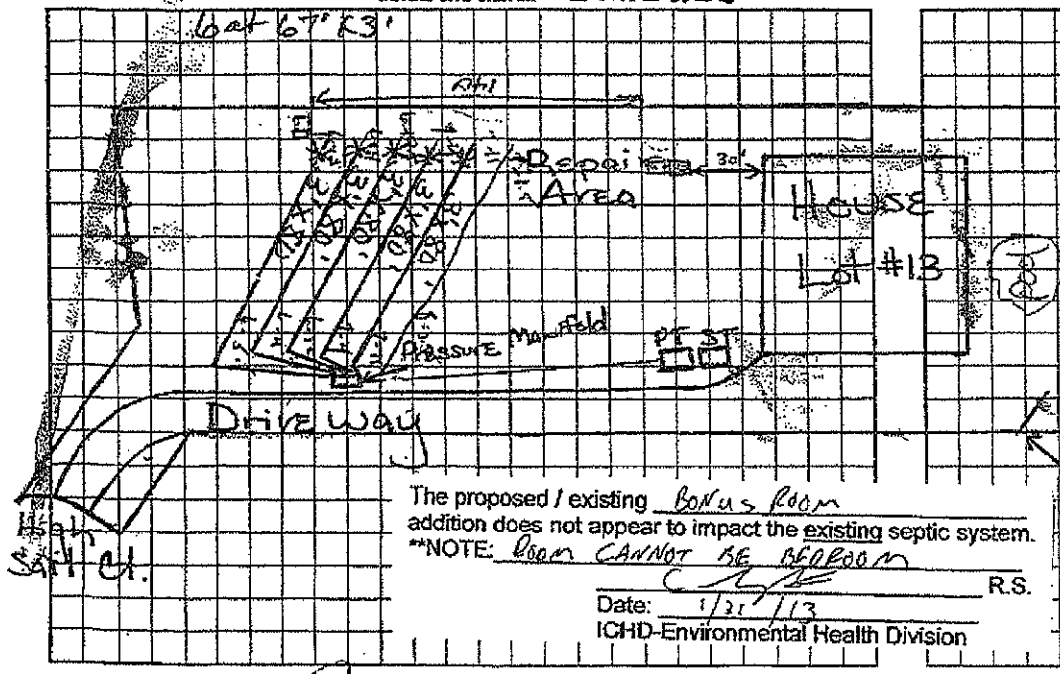
SUBDIVISION Westview BLOCK / SECTION LOT 13 LOT AREA 0.9 acres SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank: 1000 Gallons: STB 249 Date 2/3/99 | X New System ☐ Repair System Type: I, II, III, IV, V, VI | X House/Mod. Home | No. Bedrooms 3 4 | Water Supply: |
| Pump Tank: 1000 Gallons: PT 27 Date 11/21/98 | System Description: XP Pump - Plastic Chamber | ☐ Mobile Home | No. Bathrooms 3 | X Individual |
| Pump Make: HARDY MFG. Model SK50A1 Serial No. 11198 | Repair System Description: Sams Conventional | ☐ Business | No. Employees | ☐ Community |
| Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 | Maintenance Agreement Required: ☐ Yes X No | ☐ Other | | ☐ Public |
| No Lines ~~Feet~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A | ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing | | | |

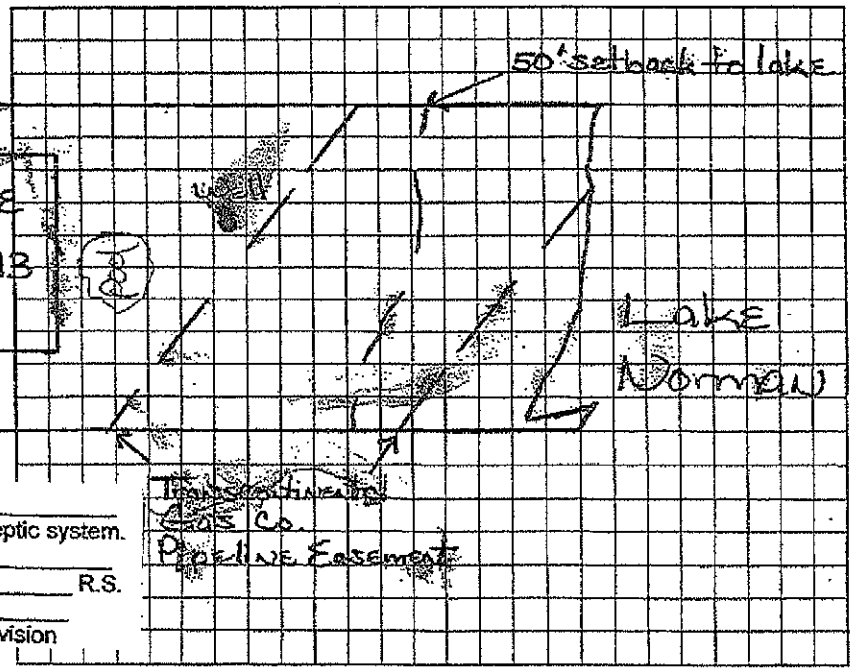
Comments: * Install inspection ports near end of each lateral
* 3 Bedroom = 400' Conventional System

Comments:
NEED FLOAT TREE IN PUMP TANK
GATE VALVE IN PUMP TANK

INITIAL SITE SKETCH Scale 1:50




AS BUILT SKETCH




The proposed / existing Bonus Room addition does not appear to impact the existing septic system.
**NOTE: Room CANNOT BE BEDROOM

R.S.

Date: 1/21/13

ICHD-Environmental Health Division

I understand that this 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 is valid for 60 months from date of issuance.

Signed: [signature] 8/5/97

Improvement Permit by: Maria H. Dotson date 7/8/97

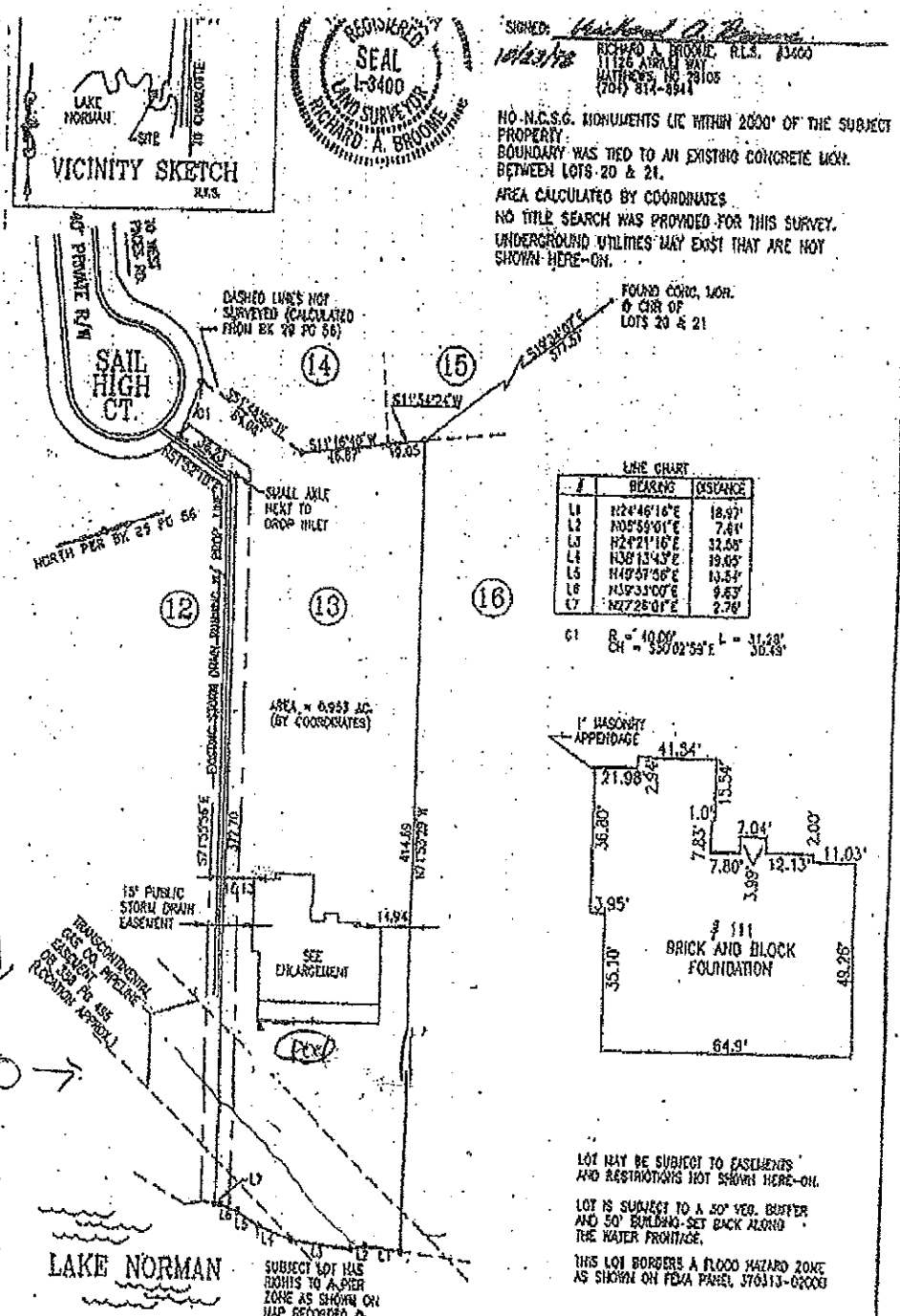
Existing System Inspection by: Maria H. Dotson date 8/4/98

Installed by: Claudius Morrison

Certificate of Completion by: date

Operation Permit by: date 5/6/99

PERMIT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD




FOUNDATION SURVEY
OF
LOT 13 OF THE WESTVIEW SUBDIVISION
RECORDED IN MAP BOOK 29 PAGES 55-57
FOR
THOMAS E. AND MAUREEN A. LONGO
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA
SCALE: 1" = 60'
SURVEY DATE: SEPTEMBER 30, 1998

FERENCE BK 29, PG 56

FOUND CONC. MON.
CALCULATED POINT
FOUND IRON PIN