IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 22492

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

PIN # 4644-49-3200

APPLICANT/OWNER: DEBS PEDIGO

APPLICANT ADDRESS: 115 JADE SPRINGS CT. MOORESVILLE 28117

SITE ADDRESS: SAME

PHONE: 704-608-7649 ALT. PHONE

SITE DIRECTIONS: LANGTREE, MECKLYNN, WEST PACES, JADE SPRING

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: WESTVIEW

SECTION: — LOT # 4 LOT AREA: .75 AC

DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model EXISTING Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft ____

Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth —

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

System Description: PM - 25%

Repair System Description: 50%

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

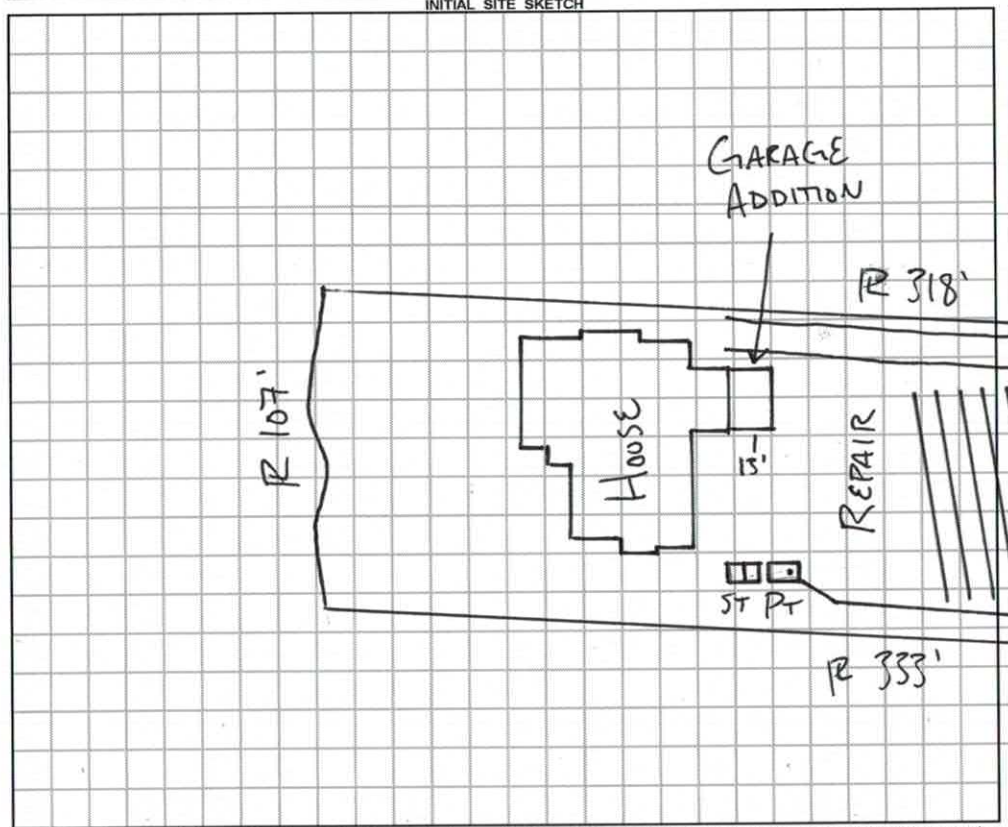
☐ Public

☐ Community

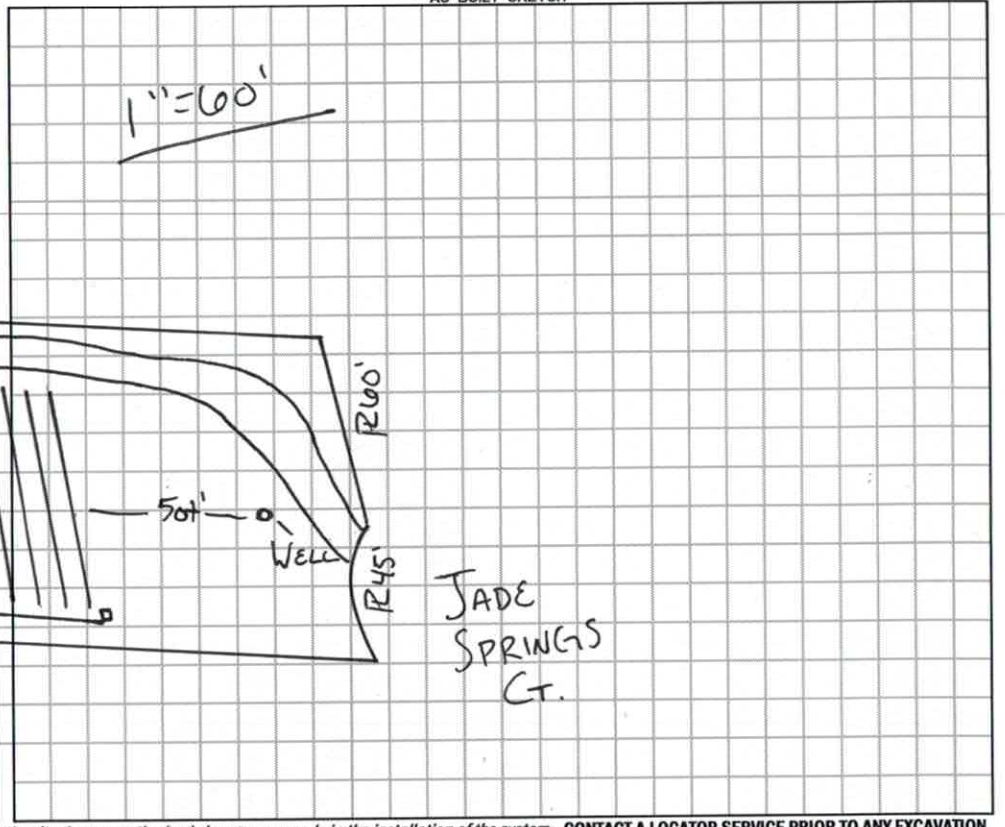
Comments / Conditions:

GARAGE EXPANSION

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: Debs Pedigo Date: 9/19/17 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: APPROVED SEP 19 2017

RECEIVED AUG 15 2017

229442

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $250.00

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) Call prior to going out

Applicant Name: Debs Pedigo Address: 115 Jade Sprins ct. Zip: 28117
Applicant Email: debsPedigo@Bellsouth.Net Phone: 704-608-7649 Alt. Phone: 704-895-2962
Owner Name: Debs & Kay Pedigo Address: Same Zip: _____
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

PAID
V1790 MM 8/15

Street Address: 115 Jade Spring ct.
Subdivision Name: Westview Section/Phase: _____ Lot Number: _____
Driving Directions: Just off Lanstree Exit, Down Mecklynn Rd
To gate Entrance (code #6002), 1st Culdesac on Rt, 3rd House on Rt

Site Development Information: *(check or complete ALL that apply* Septic area is for 4 BR CHECK FOUNDATION TYPE
We only have 3 BR now

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ (✓) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition (✓) Other Addition/Structure: Garage ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (✓) 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: Debs B. Pedigo 8/14/2017
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

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.

I, Debs Pedigo, am the legal owner(s) of the property located at 115 Jade Spring Ct., identified as PIN (Parcel Identification Number) _____, 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.

Debs B. Pedigo 8/15/2017

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

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

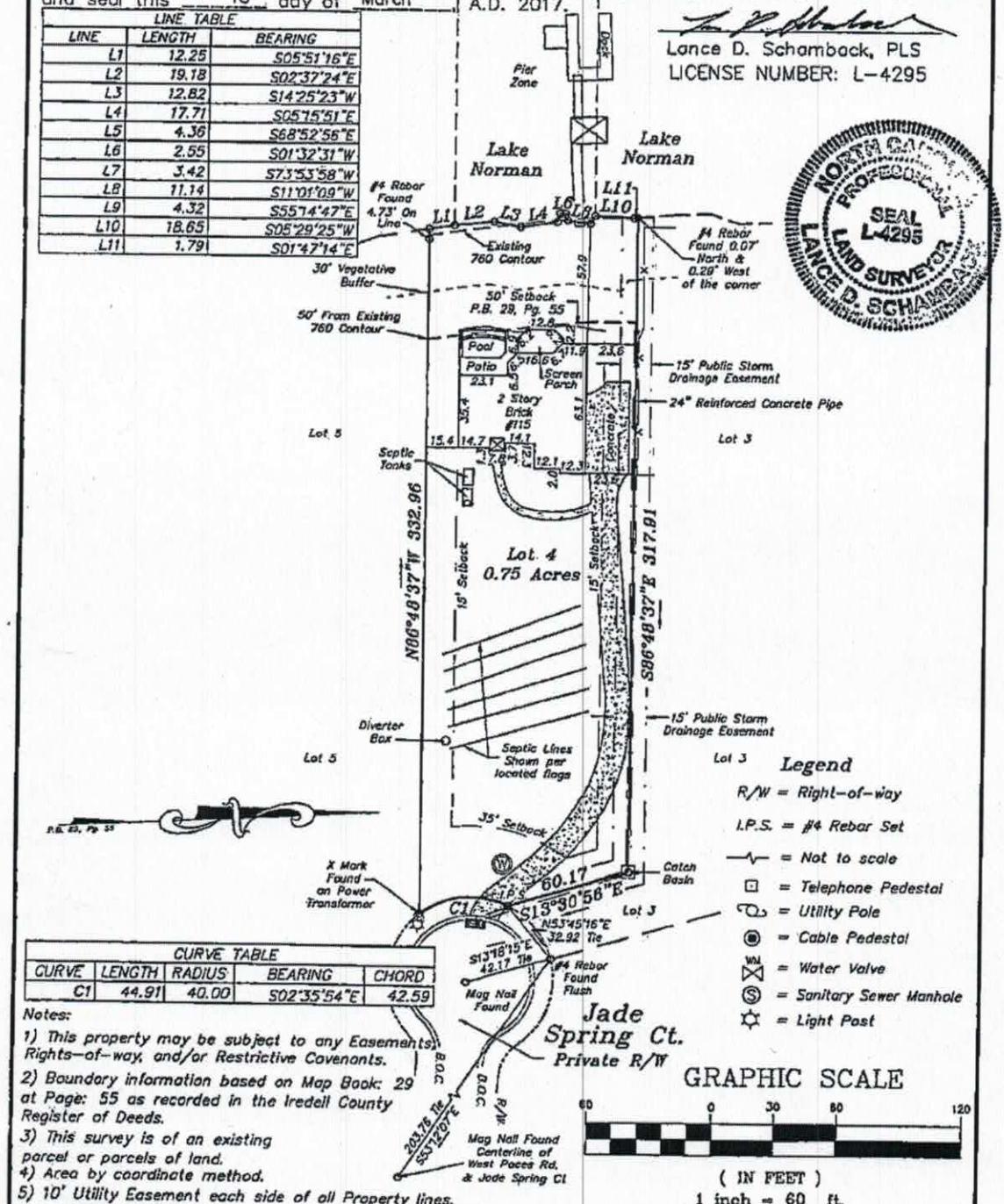
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 29, Page 55). That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1:-10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 18 day of March A.D. 2017.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

LINE TABLE		
LINE	LENGTH	BEARING
L1	12.25	S05°51'16"E
L2	19.18	S02°37'24"E
L3	12.82	S14°25'23"W
L4	17.71	S05°15'51"E
L5	4.36	S68°52'56"E
L6	2.55	S01°32'31"W
L7	3.42	S73°53'58"W
L8	11.14	S11°01'09"W
L9	4.32	S55°14'47"E
L10	18.65	S05°29'25"W
L11	1.79	S01°47'14"E



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	44.91	40.00	S02°35'54"E	42.59

Notes:
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 29 at Page: 55 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
5) 10' Utility Easement each side of all Property lines.

Legend
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Water Valve
= Sanitary Sewer Manhole
= Light Post

GRAPHIC SCALE
60 0 30 60 120
(IN FEET)
1 inch = 60 ft.

Vicinity Map



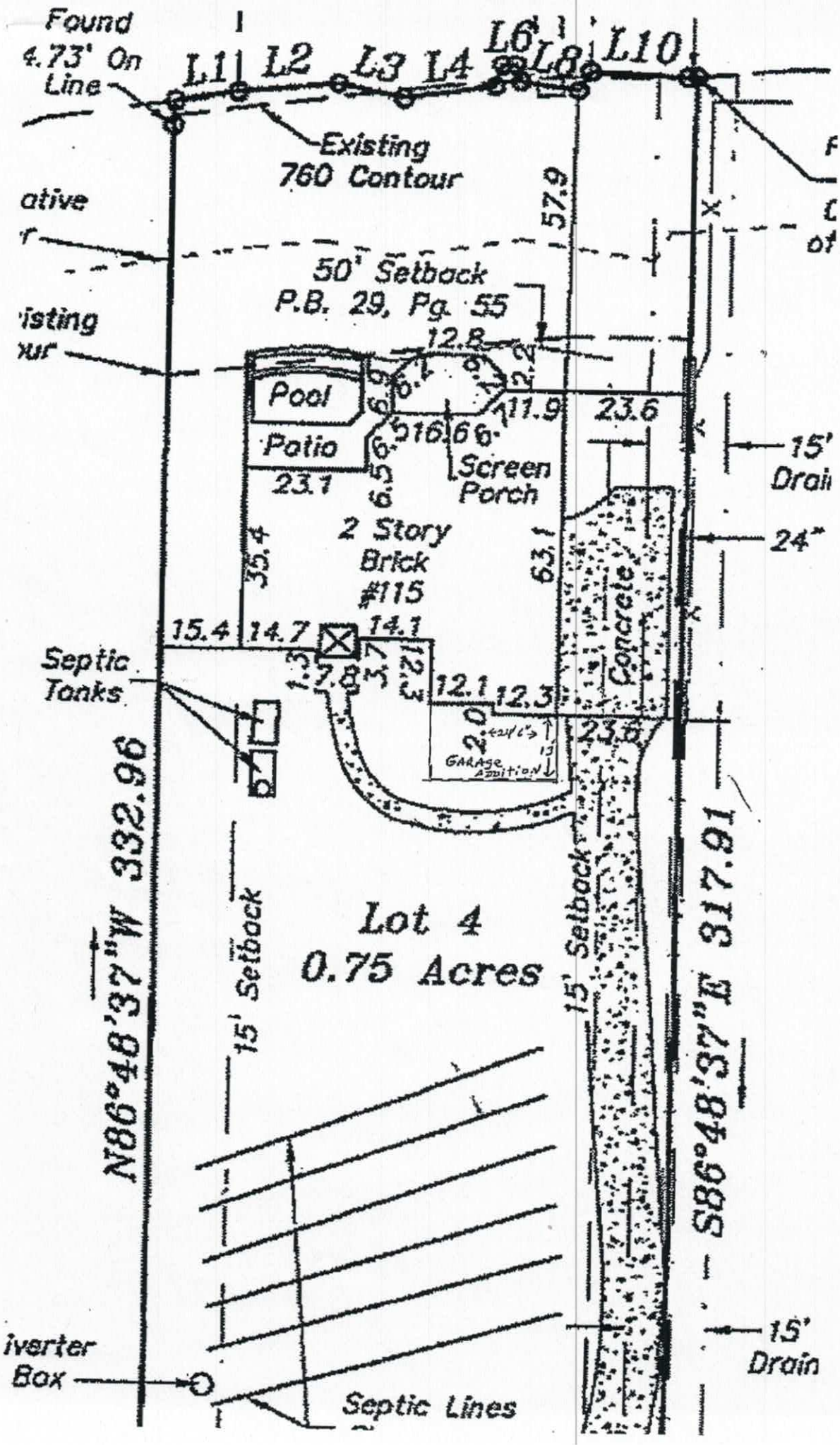
Not To Scale

Boundary Survey
FOR
Debs Pedigo & Kay Ellen Pedigo

PROPERTY DESCRIPTION
Lot 4
Westview Subdivision
Davidson Township
Iredell County, NC

SCALE: 1" = 60'
FIELD BOOK:
F.LE: 2017-89
TAX PIN NO: 4646571504

Lance D. Schamback
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915


Found
4.73' On
Line
L1
L2
L3
L4
L6
L8
L10
Existing
760 Contour
57.9
50' Setback
P.B. 29, Pg. 55
12.8
2.2
Pool
11.9
23.6
Patio
16.6
Screen
Porch
23.1
2 Story
Brick
#115
35.4
63.1
Concrete
15.4
14.7
14.1
Septic
Tanks
12.1
12.3
GARAGE
Addition
N86°48'37"W 332.96
S86°48'37"E 317.91
15' Setback
Lot 4
0.75 Acres
15' Drain
24"
Inverter
Box
Septic Lines

IREDELL COUNTY

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

APPLICATION NUMBER
229442
Issue Date: 08/15/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4644493200.000	115 JADE SPRING COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PEDIGO DEBS+KAY ELLEN	Applicant: PEDIGO DEBS+KAY ELLEN
Address: 115 JADE SPRING CT MOORESVILLE, NC 28117	Address: 115 JADE SPRING CT MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF ATTACHED GARAGE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

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	112086	TOTAL FEES:	$ 77.25