IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2264/67

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

PIN # 4645077256

APPLICANT: Stephen M. McConnell APPLICANT ADDRESS: 214 Camino Real RD Mooresville NC

SITE ADDRESS: 214 Camino Real RD Mooresville NC PHONE: 704 664 4821 ALT. PHONE: —

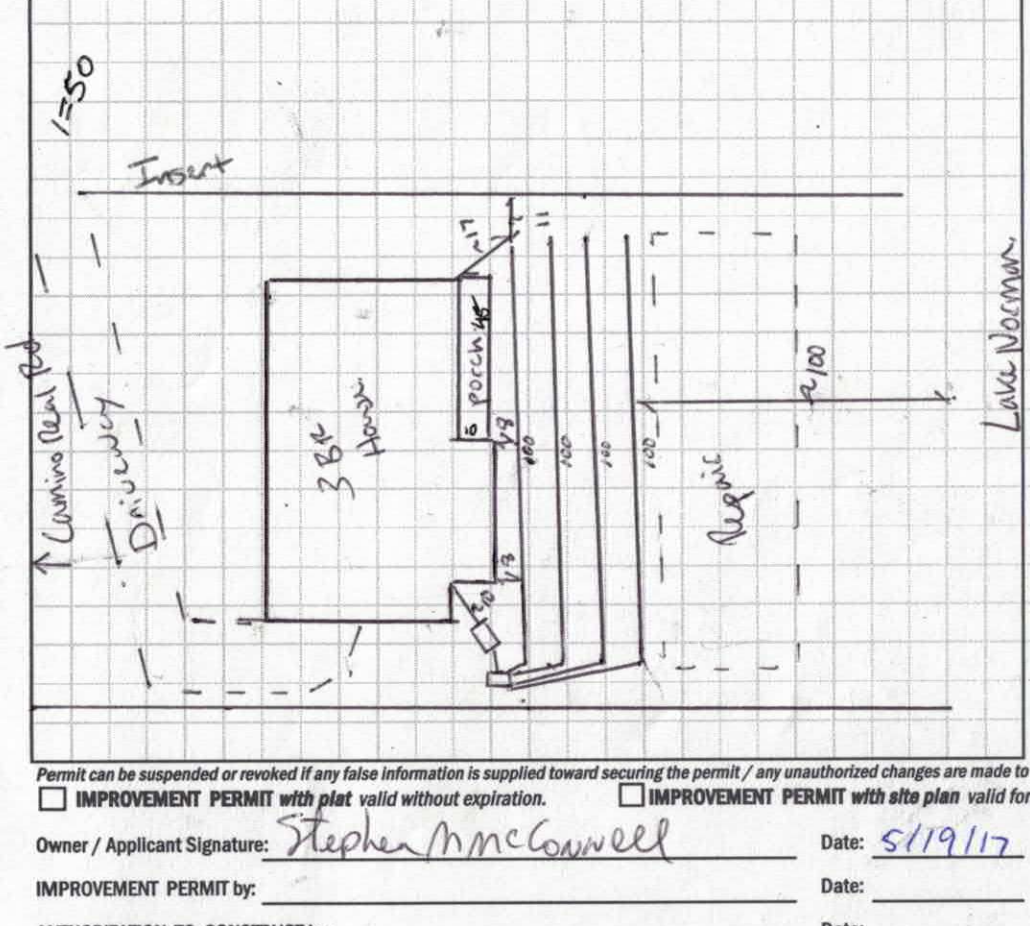
SITE DIRECTIONS: From SVC I77S → Exit 33 Straight on Alcove RD RT on Templeton veer Left on Camino Real RD on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2 Acres DESIGN FLOW: 360 gpd L.T.A.R.: EXT

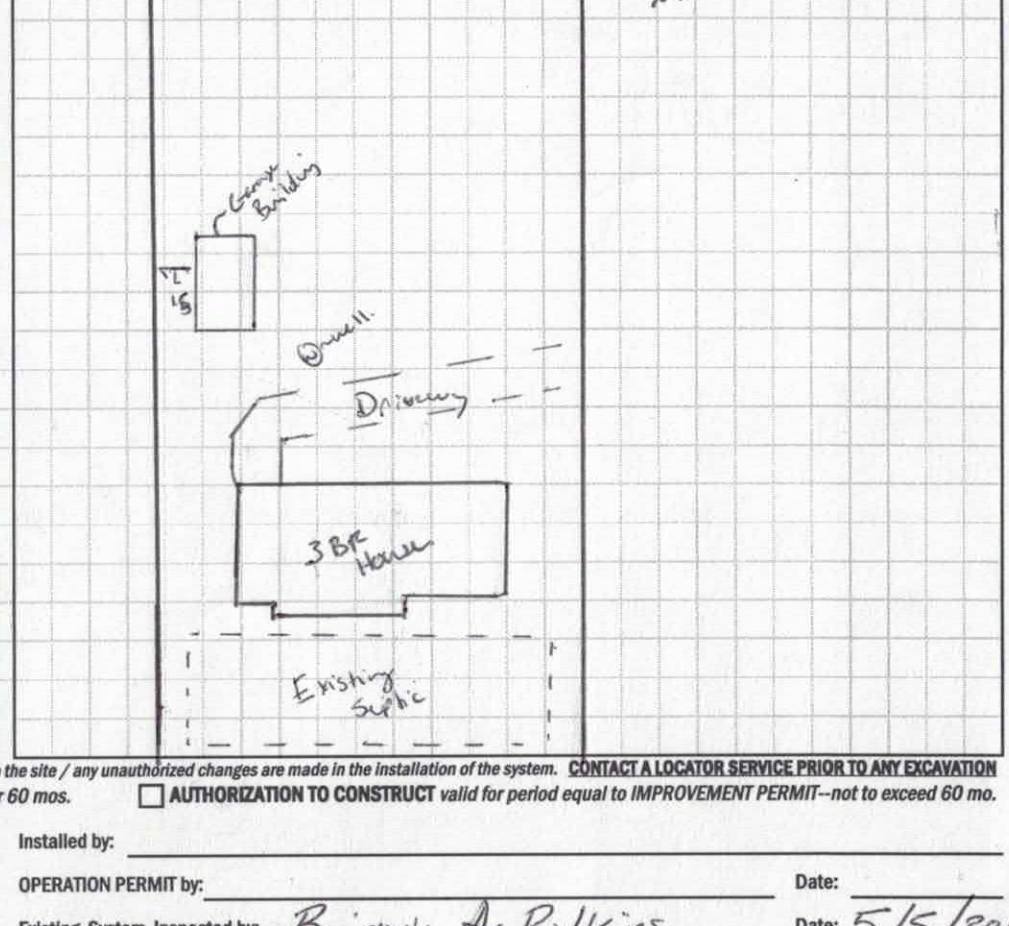
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply									
Pump Tank		(gal)	PT		Date		System Description:	EXT			☐ Business	No. Persons	6	☒ Private									
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☐ Public									
# Nitrification Fields	1	# Lines	4		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community									
Trench Width	36	Max. Trench Bottom Depth	EXT		Gravel Depth	12 inches		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing									

Comments / Conditions: Existing Septic System & Tank Suitable for a 3 Bedroom house

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: Stephen M McConnell Date: 5/19/17 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Benjamin A. Bottoms Date: 5/5/2017

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

RECEIVED APR 2 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

10:00

(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)

#226467

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Doesn't show in system
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: House already there

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Stephen M McConnell	214 Comino Real Rd Mooresville	7046644821	Paid $250.00
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Stephen M McConnell	214 Comino Real Rd Mooresville	7046644821	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
214 Comino Real Rd Mooresville	Queens Cove	

Driving Directions: From Statesville I77 S → Exit 33 → Straight on Alcove Rd → Rt on Templeton → veer left on Comino Real → 214 on Right

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 due to ___
- (✓) Other House started 20 yrs. ago - never received CO - not sure if septic hooked up

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

System installed in 1998.

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 (X) 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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Stephen M McConnell — 4/21/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

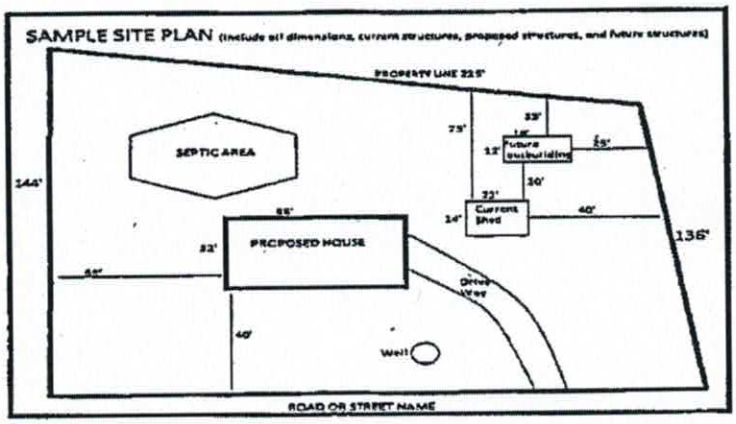
SITE PLAN WORKSHEET

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!!!*

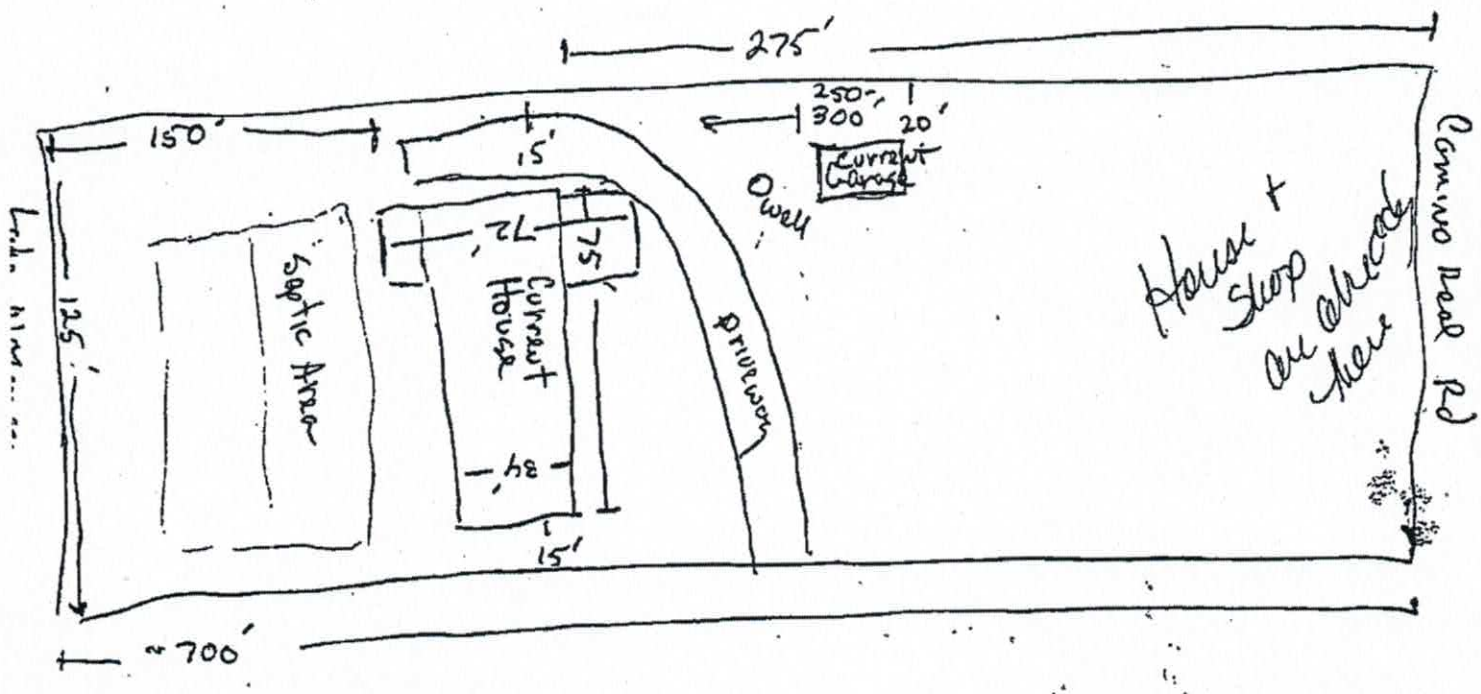
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Stephen M McConnell
REQUIRED property owner or owner's legal representative signature.

4/21/17
DATE

4645076234 4645077256 Authorization to Construct

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. 25308 DATE 1/6/97 TAX MAP NO. 2G A 56 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Calvin Murray McConnell PHONE: Business Home 892-8983

ADDRESS 1993 Oak Leaf Ct. Cornelius, NC. 28031

LOCATION Templeton Rd to Ceminole Rd. ± 2 miles on (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/20/98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAV - CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3.5
[ ] Business No. Employees
[ ] Other

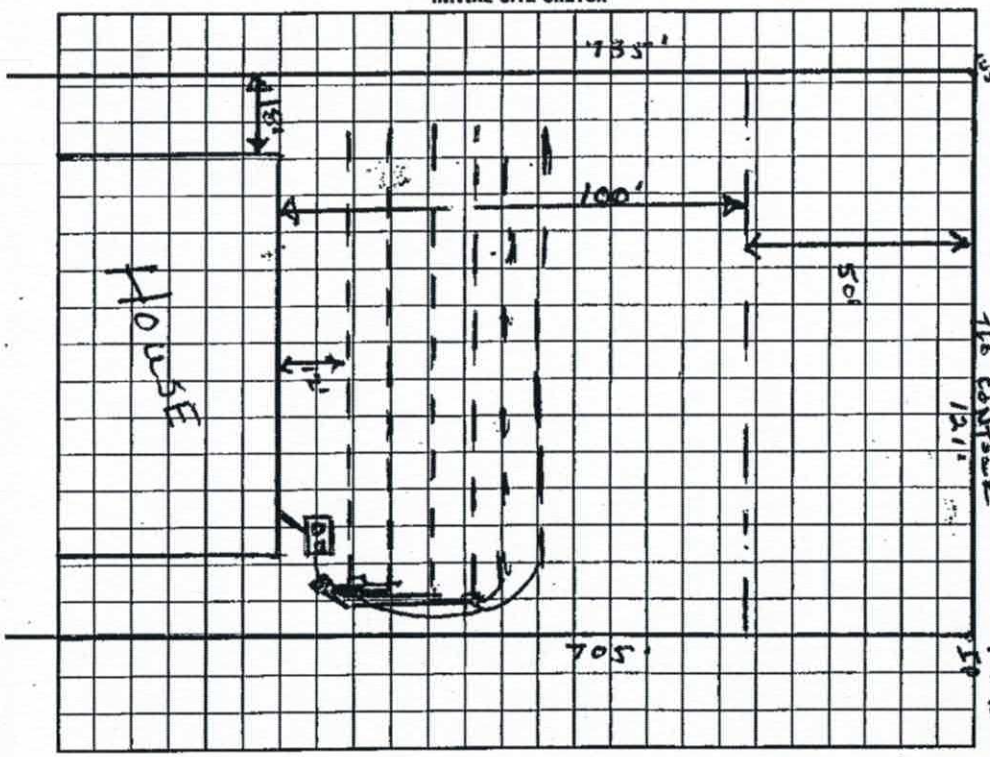
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

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.

Signed: Stephen M. McConnell

Improvement Permit by: Wesley Sparks RS. date 1/6/97

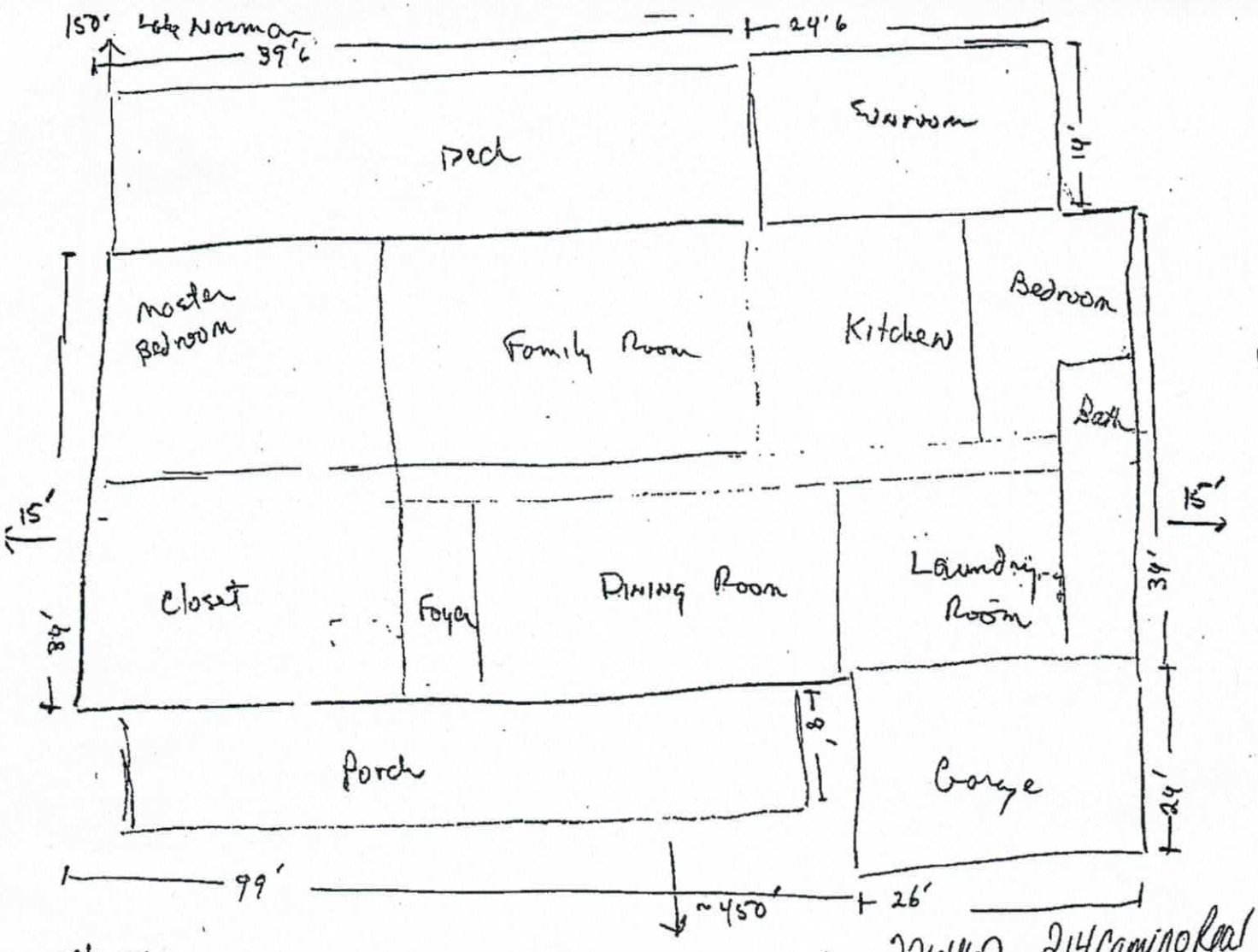
Existing System Inspection by: Wesley Sparks RS. date 1/6/97

Installed by: MATHEW

Certificate of Completion by: date

Operation Permit by: RS date 5/29/98

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

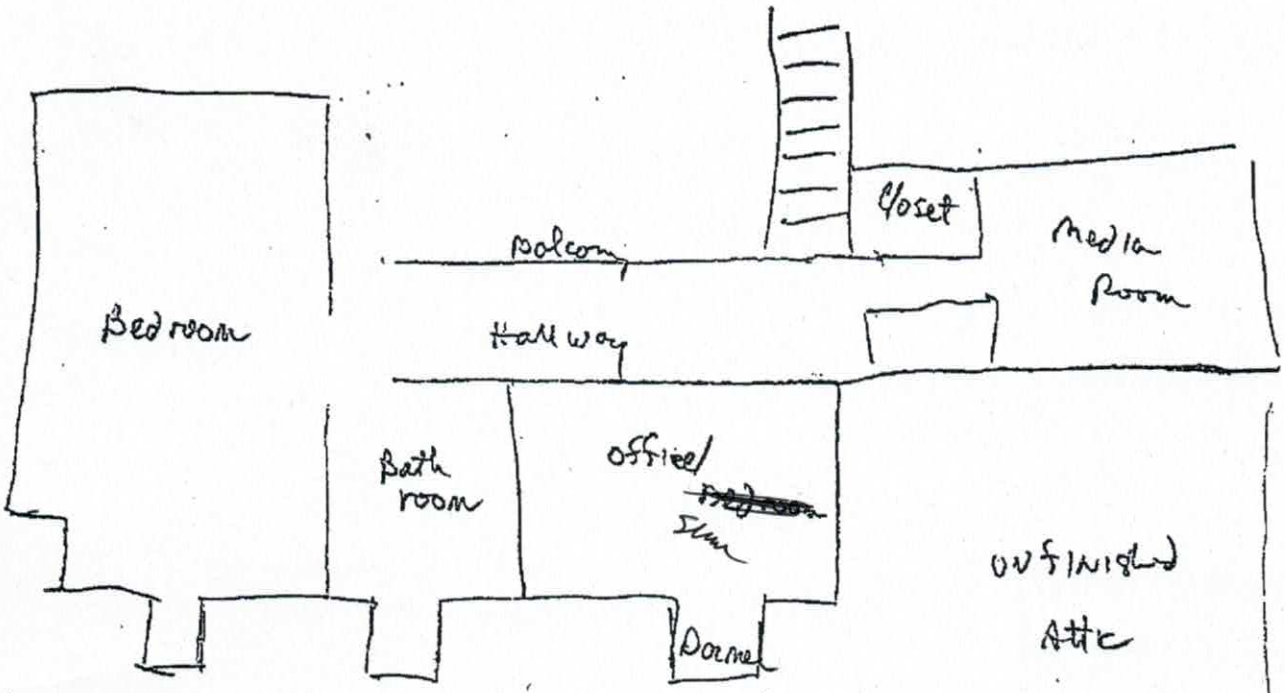


Acknowledgement of Plans Submittal ONLY!

Stephen M McConnell Date 5/3/17

Benjamin D. Botts Date 5/5/17

Lola Norman



Acknowledgement of Plans Submittal ONLY!

Stephen M McConnell Date 5/3/17

Benjamin D. Bates Date 5/5/17

IREDELL COUNTY

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

APPLICATION NUMBER
226467
Issue Date: 04/20/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4645077256.000	214 CAMINO REAL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCCONNEL STEPHEN MURRAY	Applicant: MCCONNELL STEPHEN MURR
Address: 214 CAMINO REEL RD MOORESVILLE, NC 28117	Address: 214 CAMINO RAIL RD MOORESVILLE, NC 28117
Phone:	Phone: 704-664-4821

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	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	100191	TOTAL FEES:	$ 77.25