IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224564

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

PIN # 4645-29-1061

APPLICANT: BENJAMIN MILES APPLICANT ADDRESS: 141 LYNN COVE LN. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-497-6062 ALT. PHONE:

SITE DIRECTIONS: TEMPLETON, TR MORGAN LANDING, ON L

SUBDIVISION: MORGAN LANDING SECTION: — LOT # 8 LOT AREA: .693 AC DESIGN FLOW: 480 L.T.A.R.: .13

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines ADDING 3 Linear Ft: 300'
Trench Width 36" (Max) Trench Bottom Depth 36" Gravel Depth —

☐ New System ☐ Repair ☑ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☑ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☑ Private ☐ Public ☐ Community

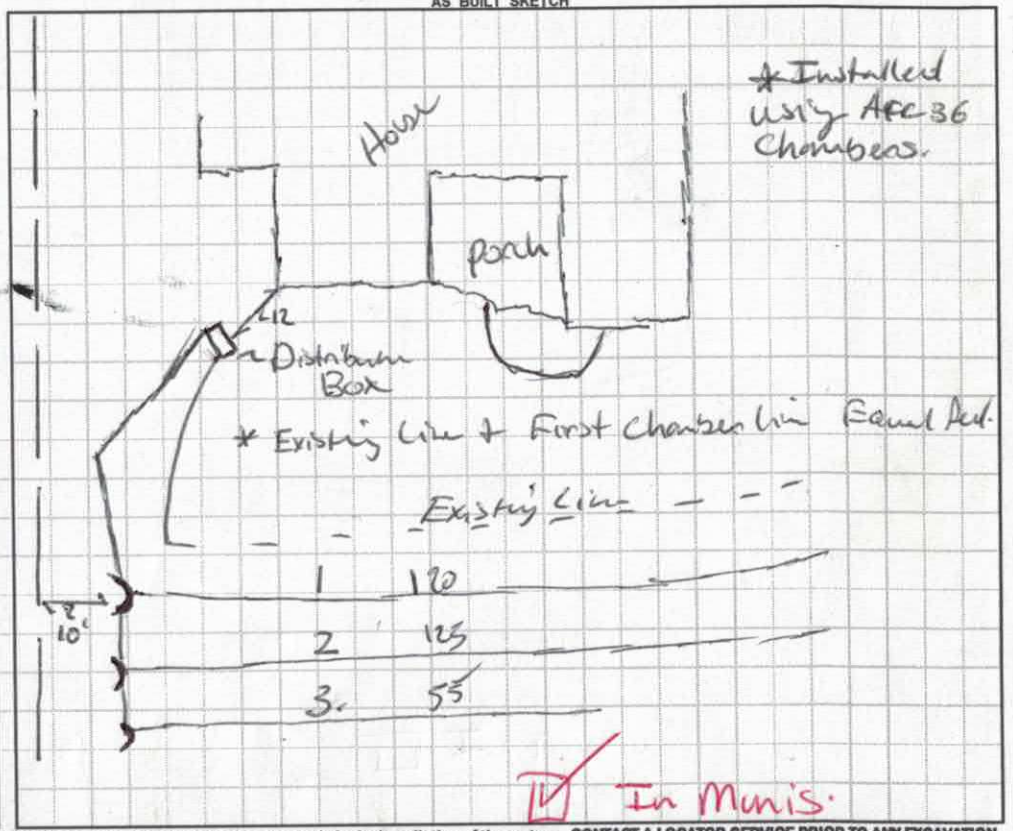
Comments / Conditions: ABANDON TOP 3 LINES OF SYSTEM. ADD 300' OF 25% REDUCTION AS SHOWN.

POOL

INITIAL SITE SKETCH

SEE ATTACHED SURVEY

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

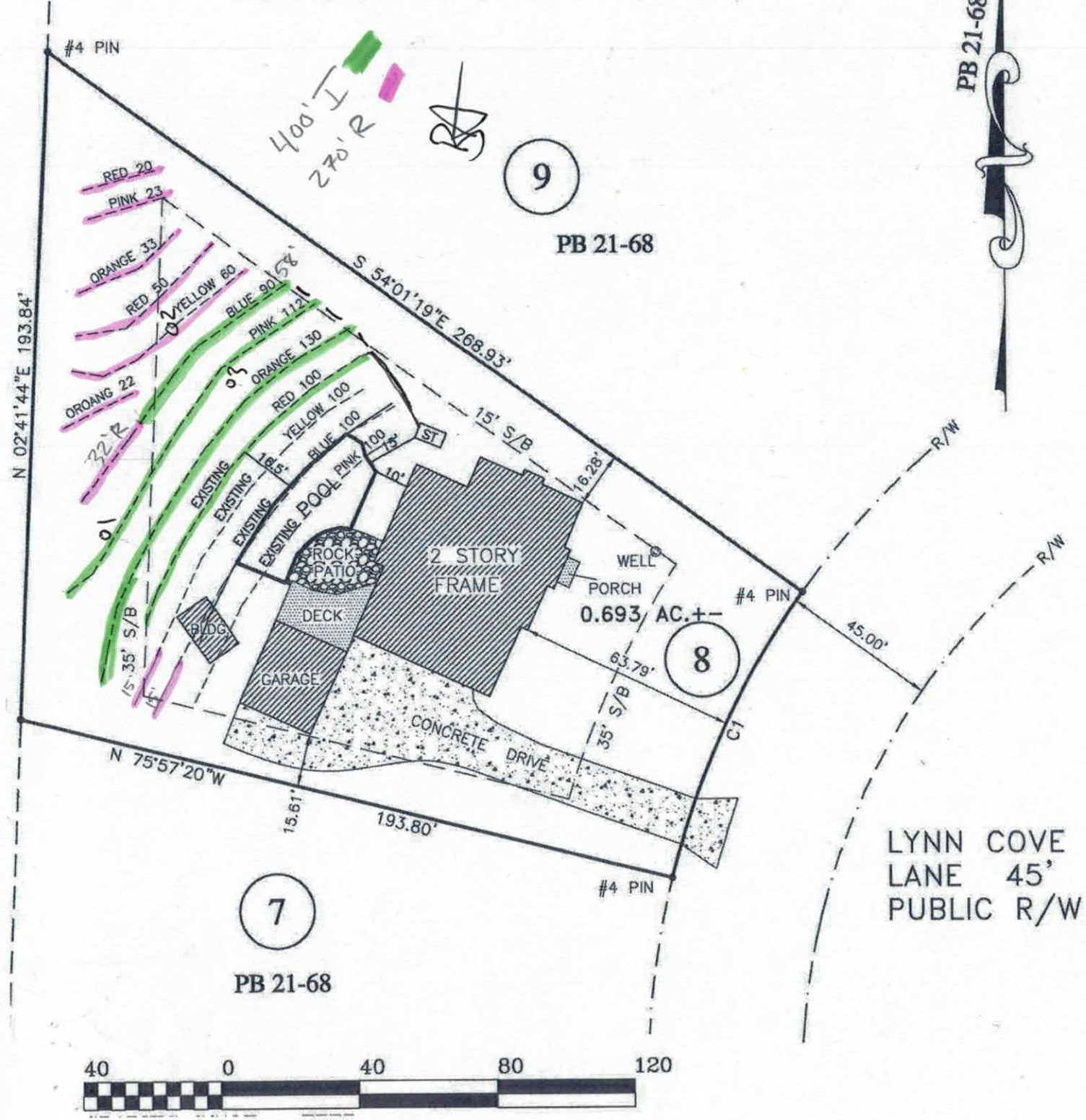
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3-17-17 Installed by: Denzy Grant 2607 Maida Septic

IMPROVEMENT PERMIT by: RA Date: 3-16-17 OPERATION PERMIT by: B. Bottkins. Date: 3/21/2017

AUTHORIZATION TO CONSTRUCT by: RA Date: 3-16-17 Existing System Inspected by: Date:

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



MILES

LOT #8 OF MORGAN LANDING
141 LYNN COVE LN, MOORESVILLE,

DAVIDSON TOWNSHIP – IREDELL COUN
SCALE: 1" = 40'

DEDMON SURVEY

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 2803
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

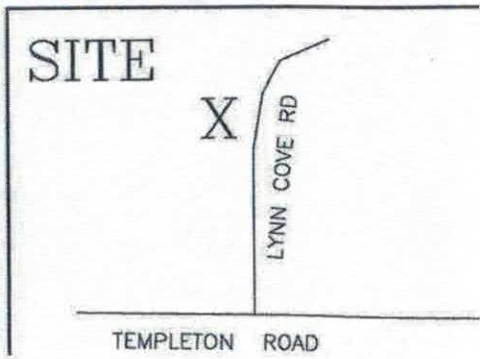
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT DRAWN FROM AN ACTUAL SURVEY MADE UNDE SUPERVISION (DB 2243, PG 1303)(PB 21, PG THAT THE RATIO OF PRECISION AS CALCULATE EXCEEDS 1:10000; THAT THIS PLAT WAS PREP IN ACCORDANCE WITH GS 47-30 AS AMENDED WITNESS MY ORIGINAL SIGNATURE, REGISTRATIO NUMBER AND SEAL THIS 27 DAY OF FEB., AD 2017.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE

SURV. BY: HL	DRAWN: CP	JOB# MYHC

VICINITY MAP



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4645-29-1061
Lot #: MORGAN LANDING LOT 8
Permit #: 22456
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: BEN MILES
Address: 141 LYNN COVE LN.
Proposed Facility: POOL
Location of Site: SAME
Water Supply: [ ] Public ~~[A] Individual~~ ~~[A] Well~~ [ ] Spring [ ] Other
Evaluation Method: ~~[A] Auger Boring~~ [ ] Pit [ ] Cut
Type of Wastewater: ~~[A] Sewage~~ [ ] Industrial Process [ ] Mixed

Design Flow (.1949): 480

Applicant: SAME
Date Evaluated: ~~10/4/2016~~
Property Size: .693 AC
Property Recorded: YES

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	L 8%	0-7	BRCL WSBK	FR SS	—	48"	—	48+	.3
		7-48	RCM SBK	FR SS					
AB 2	L 8%	0-7	BRCL MSBK	FR SS	—	48"	FEW HC @ 45-48	48+	.3
		7-45	BRC MSBK	FR SS					
		45-48	RBR CL W SBK	FR SS					
AB 3	L 8%	0-6	CL WSBK	FR SS	—	48"	—	48+	.3
		6-36	RC MSBK	FR SS					
		36-48	CL MSBK	FR SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25%	PANEL
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BA, AR
Others Present:
Site Classification (.1948): PS
Site Evaluation By: BA, AR
Others Present:

RECEIVED JAN 2 6 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#224564

1. APPLICATION FOR: X **Improvement Permit** ___**Authorization To Construct** ___**Existing System Inspection**

****

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** Relocation Pd. $500.00

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:

Benjamin T. Miles	141 Lynn Cove Ln	btmiles@msn.com 704-360-4336	704-497-6062
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Benjamin T. Miles	141 Lynn Cove Ln	704-360-4336	704-497-6062
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

141 Lynn Cove Ln	Morgan Landing	1/1 Lot #8
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: 215 x I77 TL 1206(Alcove) TR1108(Templeton) Stay Right @ Templeton. Turn Right onto Morgan Landing. 8th #8 on left

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- (X) Other System Modification for pool installation

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

- (X) 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 (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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: _____ _____
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, Benjamin T. Miles, am the legal owner(s) of the property located at 141 Lynn Cove Ln Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4645291061.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans, Rollans Soil, 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.

Signature of Owner(s) — Date: 1/26/2017

Signature of Witness — Date: 1-26-17

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

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

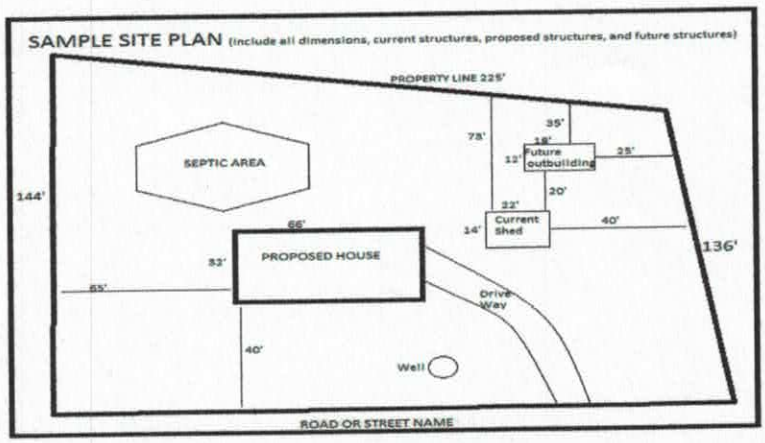
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

*See Attached

Signature: Brian Hicks

***REQUIRED* property owner or owner's legal representative signature.**

1/26/2017

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
224564
Issue Date: 01/26/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4645291061.000	141 LYNN COVE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MILES BENJAMIN	Applicant: MILES BENJAMIN
Address: 141 LYNN COVE LANE MOORSVILLE, NC 28117	Address: 141 LYNN COVE LANE MOORSVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.693		10.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above POOL SETBACKS FROM OTHER STRUCTUERS MUST BE IN COMPLIANCE WITH THE NC BUILDING CODE.

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	91458	TOTAL FEES:	$ 77.25