IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228820

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

PIN # 4646-32-4314

APPLICANT/OWNER: Jim Pinkham APPLICANT ADDRESS: 102 Malibu Road Mooresville, NC 28117

SITE ADDRESS: 102 Malibu Road Mooresville, NC 28117 PHONE: 704-200-4923 ALT. PHONE 828-265-9525

SITE DIRECTIONS: Williamson Rd South → R on N Cardigan Way → R on Catalina Dr. → R on Malibu Rd → House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Back Forty SECTION: ___ LOT # 4A LOT AREA: 0.66 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3 (Ex)

Septic Tank	1000 (Ex) (gal)	STB	1012 Ex	Date	5/16/14	☐ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (Ex) (gal)	PT	17 Ex	Date	3/11/14	System Description:	Existing (LP-PPBPS) offsite	☐ Business	No. Persons 6
Pump Make	Goulds	Model	WE1012H0 (Ex)	Serial #	EN449172	Repair System Description:	Existing (LP-PPBPS) offsite	☐ Other	No. Employees
# Nitrification Fields	1 Ex	# Lines	3 Ex	Linear Ft	210 Ex	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24 Ex	Trench Bottom Depth(Low side)	36 Ex	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

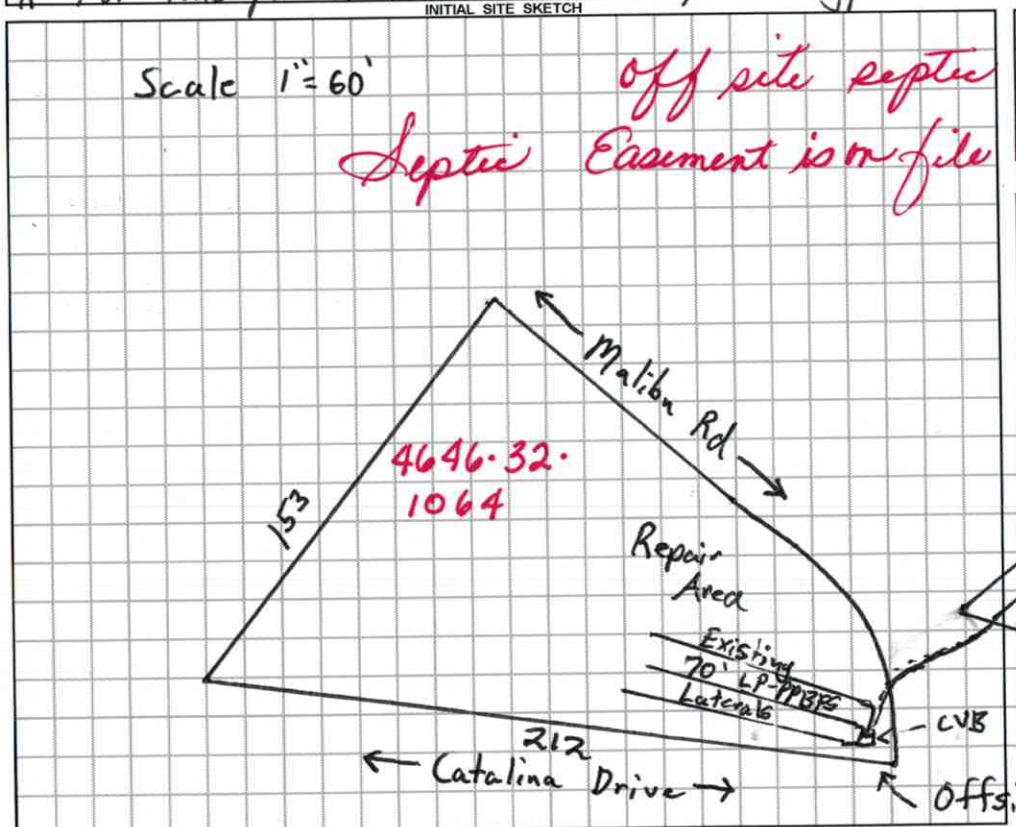
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Easement for crossing may be found in Deed Book 2290 Pages 2323-2327

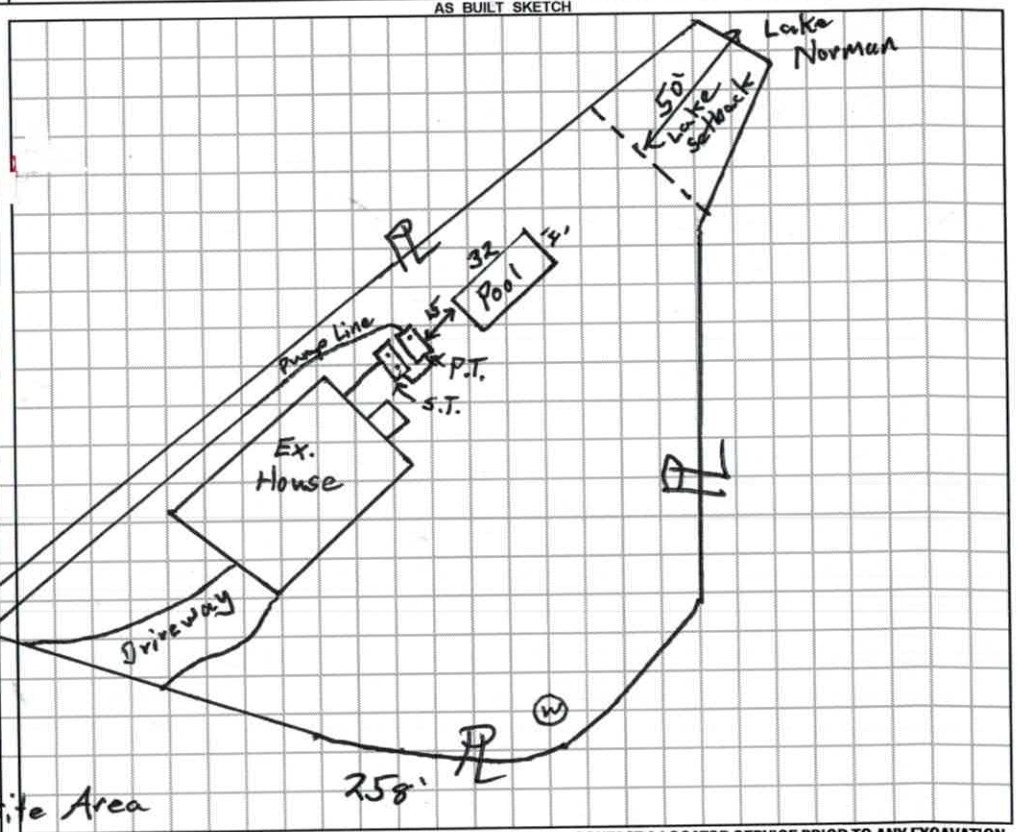
septic system MUST have an active maintenance agreement + adhere to the other provisions of 15NCAC 18A .1961. *

* For this permit to remain valid, this Type IV

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: [signature] Date: 8-7-17 Installed by: ___

IMPROVEMENT PERMIT by: ___ Date: ___ OPERATION PERMIT by: ___ Date: ___

AUTHORIZATION TO CONSTRUCT by: ___ Date: ___ Existing System Inspected by: Tom Shuck Date: 8/6/2017

RECEIVED JUL 25 2017

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)

Paid $250.00

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

228820

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:

Jim Pinkham	102 Malibu Rd Mooresville 28117	704-200-4923	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Wanda Howell	Same	828-265-9525	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

102 Malibu Rd Mooresville	Back Forty	Lot 4A
Street Address	Subdivision Name	Section/Phase and Lot Number

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 due to _____
(✓) Other Pool

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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 _____

PAID Cash/Ck/CC

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 2004 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: _____ 7-20-17
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, Wanda Howell, am the legal owner(s) of the property located at 102 Malibu Rd Mooresville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jay Parkins, 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.

Wanda C. Howell 7-20-17 — Brad Long 7/20/17

Signature of Owner(s) — Date — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronida.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

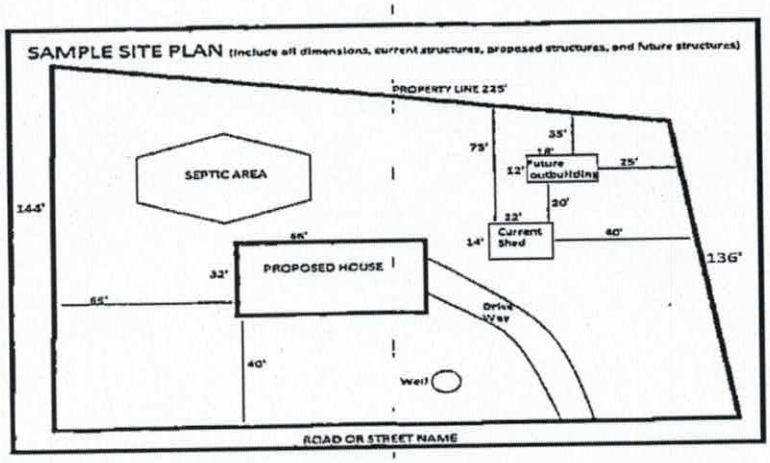
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

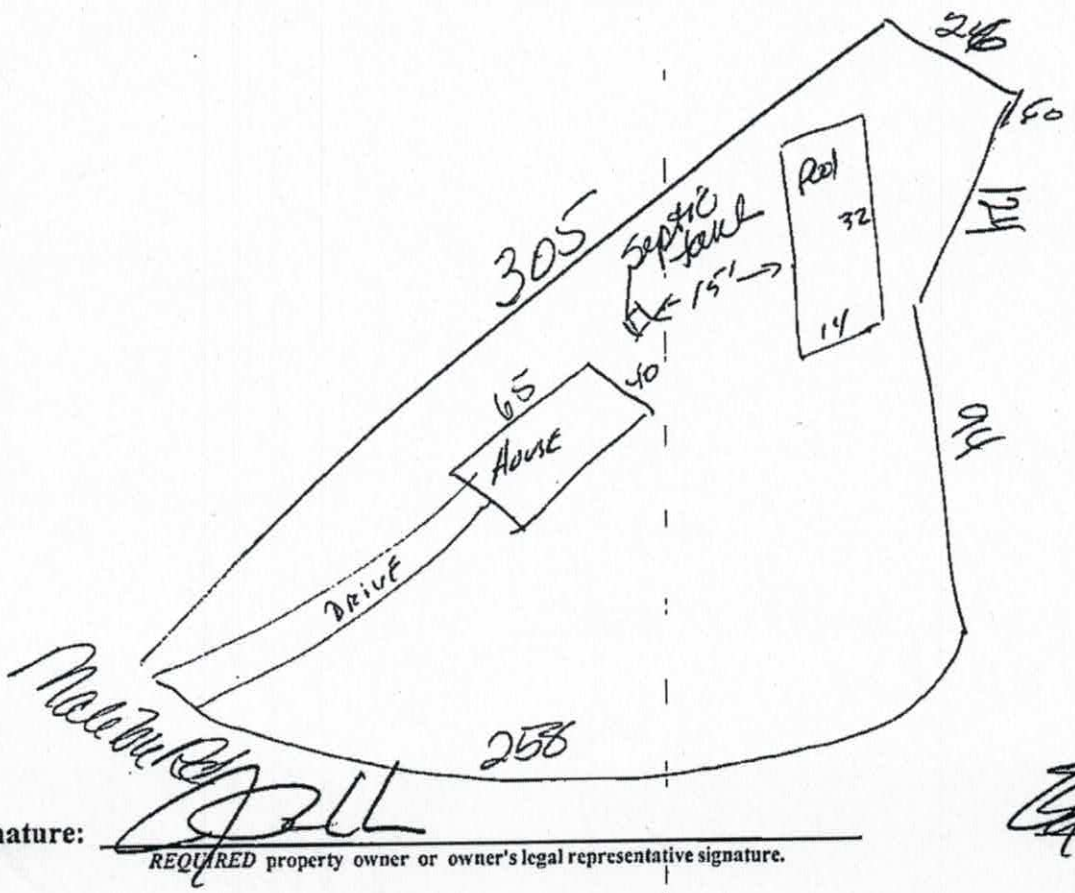
Circle N/A on the following if appropriate:

_____ **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



Signature: _____ 7-20-17

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

5:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180844

PIN # 4646 324 314

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

APPLICANT: SCOTT OLOENBURG APPLICANT ADDRESS: PO BOX 365 TERRELL, NC 28682

SITE ADDRESS: MALIBU RD PHONE: ALT. PHONE: 704 201 1095

SITE DIRECTIONS: ALOVE FROM WILLIAMSON - TR CATALINA - SEPTIC ON LT CORNER OF MALIBU - LOT ON RT

SUBDIVISION: BACK FORTY SECTION: LOT # 4A LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 1012 Date 3-16-14 ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank 1000 (gal) PT 17 System Description: LP PRODS OFFSITE

Pump Make Goulds Model WE1012HO Serial # F1449911 Repair System Description: LP PRODS OFFSITE

Nitrification Fields 1 # Lines 3 Linear Ft: 210 Maintenance Agreement Required: ☑ YES ☐ NO

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth NA ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

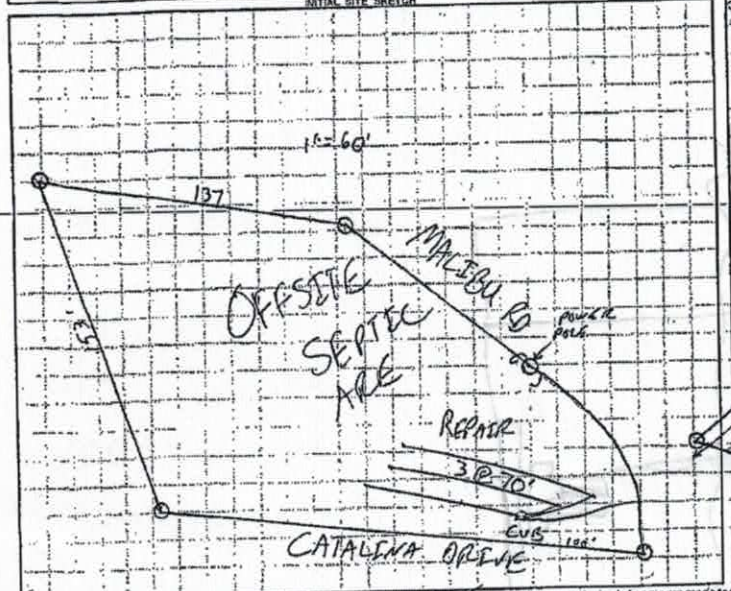
Comments / Conditions: DO NOT ISSUE A/C UNTIL R/W CROSSING PERMISSION(S) HAVE BEEN ESTABLISED. SITE IS LANDLOCKED.

3/10 hole drilled as LP panels per sketch

5/14/14 Checked trenches

7/8/14 Checked tanks, meets setbacks

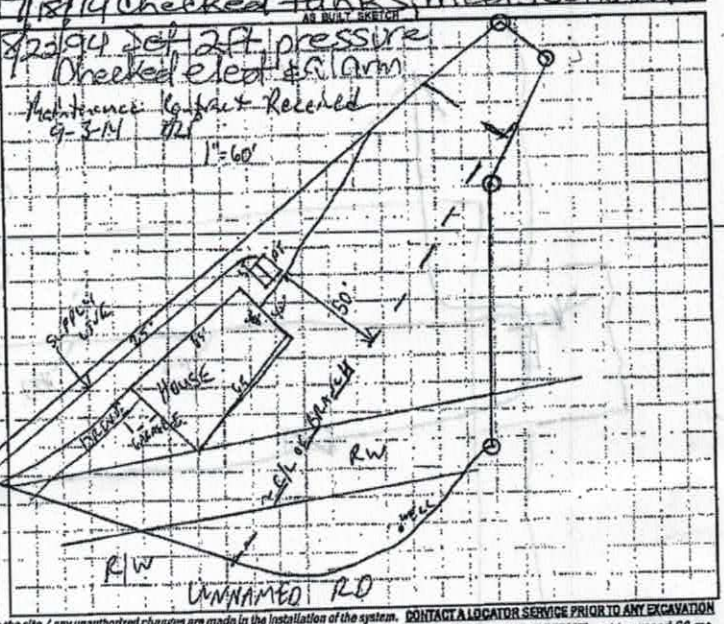
INITIAL SITE SKETCH



AS BUILT SKETCH

8/22/94 2@2ft pressure Checked elect & alarm

Maintenance Contract Received 9-3-14 MP



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☐ 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.

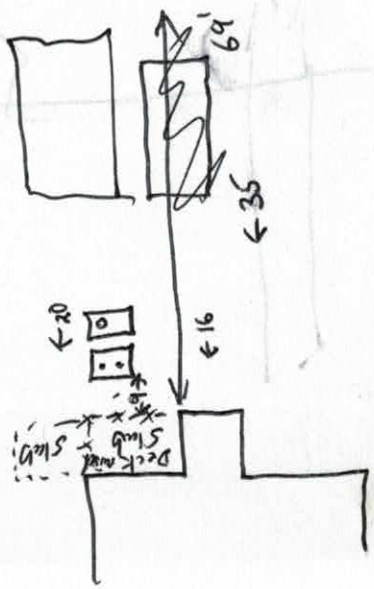
Owner / Applicant Signature: Date: 10-24-2013 Installed by: Steven Jordon Piedmont Backhoe

MENT PERMIT by: Date: 10/25/13 OPERATION PERMIT by: Date: 9-3-14

TION TO CONSTRUCT by: Date: 3/07/14 Existing System Inspected by: Date:

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

14 x 32



IREDELL COUNTY

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

APPLICATION NUMBER
228820
Issue Date: 07/20/2017

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4646324314.000	102 MALIBU ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DOUGLAS KRISTINA A	Applicant:
Address: 102 MALIBY RD MOORESVILLE, NC 28117	Address:
Phone:	Phone:

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	50.00	10.00	10.00	CACL	AE

Remarks:

PAID Credit Mt 1/20

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. SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE

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.

See Attached

Applicant: _____ Date: _____

Permit Number	109599	TOTAL FEES:	$ 77.25