ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-301590

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

PIN # 4646659338.130

APPLICANT/OWNER: Pat Davidson APPLICANT ADDRESS: 264 Bridgewater Ln. Mooresville, NC

SITE ADDRESS: 130 Bear Run Circle Mooresville, NC 28117 PHONE: 704-737-6633 ALT. PHONE —

SITE DIRECTIONS: US 215 → R on Bridgewater → R on Bear Run → first home on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Davidson SECTION: — LOT # 1 LOT AREA: 1.25ac DESIGN FLOW: existing L.T.A.R.: existing

Septic Tank	existing (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:			
Pump Make		Model	Serial #	Repair System Description:	EXISTING		
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXISTING	Trench Bottom Depth(Low side)		Gravel Depth existing	☑ GRAVITY	☐ PRESSURE	

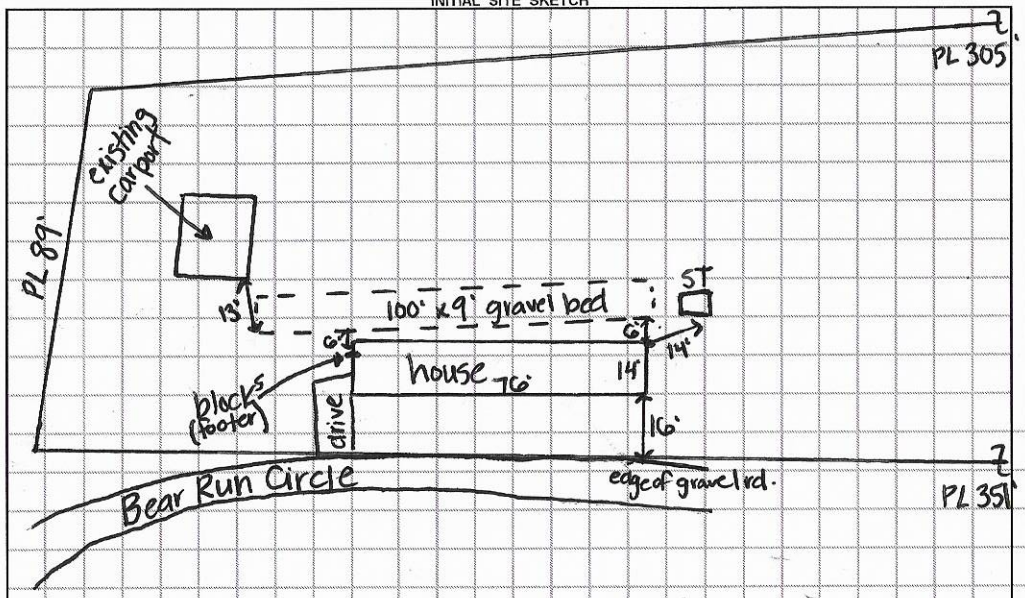
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms ex. No. Persons ex. No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: System appears to be functioning properly during time of inspection. Septic system is shared with mobile home next door.

INITIAL SITE SKETCH



Scale 1"=50'

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: Pat Davidson Date: 12-23-19 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Kayla Watson Date: 12-23-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

10·23·19
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-301590

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)

Applicant Name: Pat Davidson Address: 264 Bridgewater Lane Mooresville NC Zip: 28117
Applicant Email: patdavidson3@gmail Phone: 704-737-6633 Alt. Phone:
Owner Name: Pat Davidson Address: 264 Bridgewater Lane Zip: 28117
Owner Email: patdavidson3@gmail Phone: 704-737-6633 Alt. Phone:

Property Information:

Street Address: 130 Bear Run Circle Mooresville NC 28117
Subdivision Name: Hagger's Mobile Home Park Section/Phase: Lot Number: 3
Driving Directions: R off Bridgewater home is 1st on left side

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) 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: ( ) 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: 5 Number of Persons: 4

( ) 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: 1975 ?
( ) 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: Pat Davidson 10-23-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

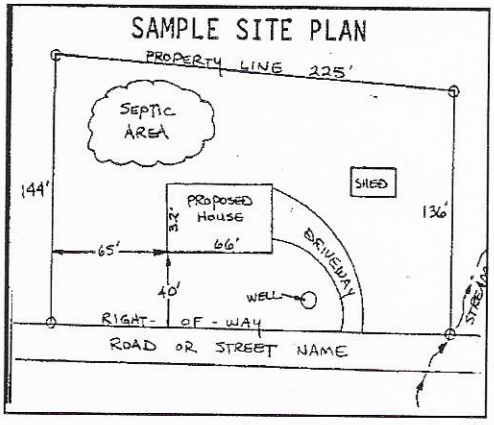
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction



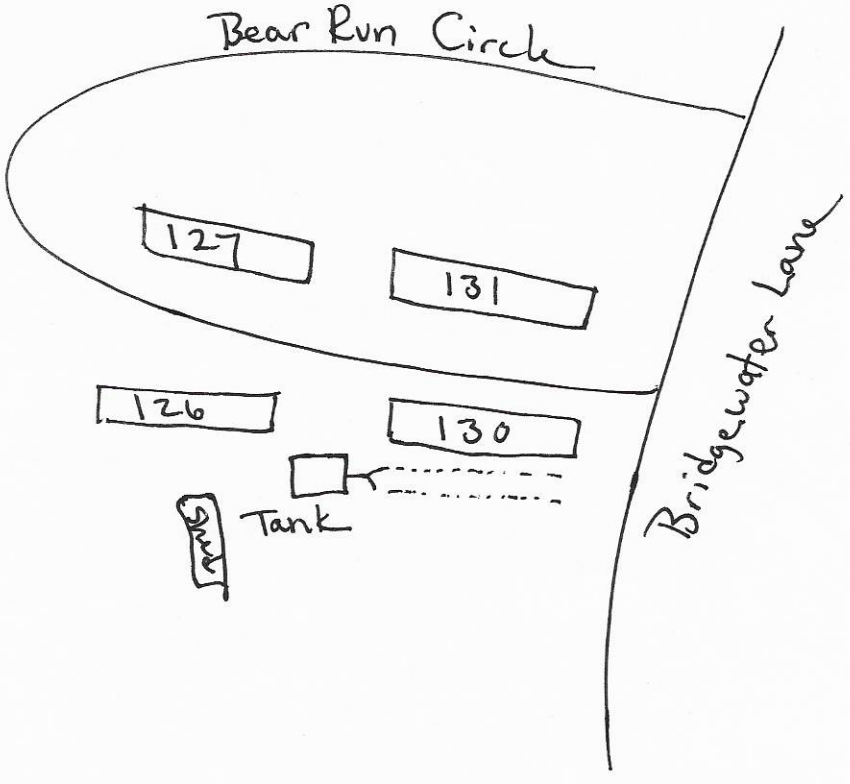
Circle N/A on the following if appropriate:

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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached.

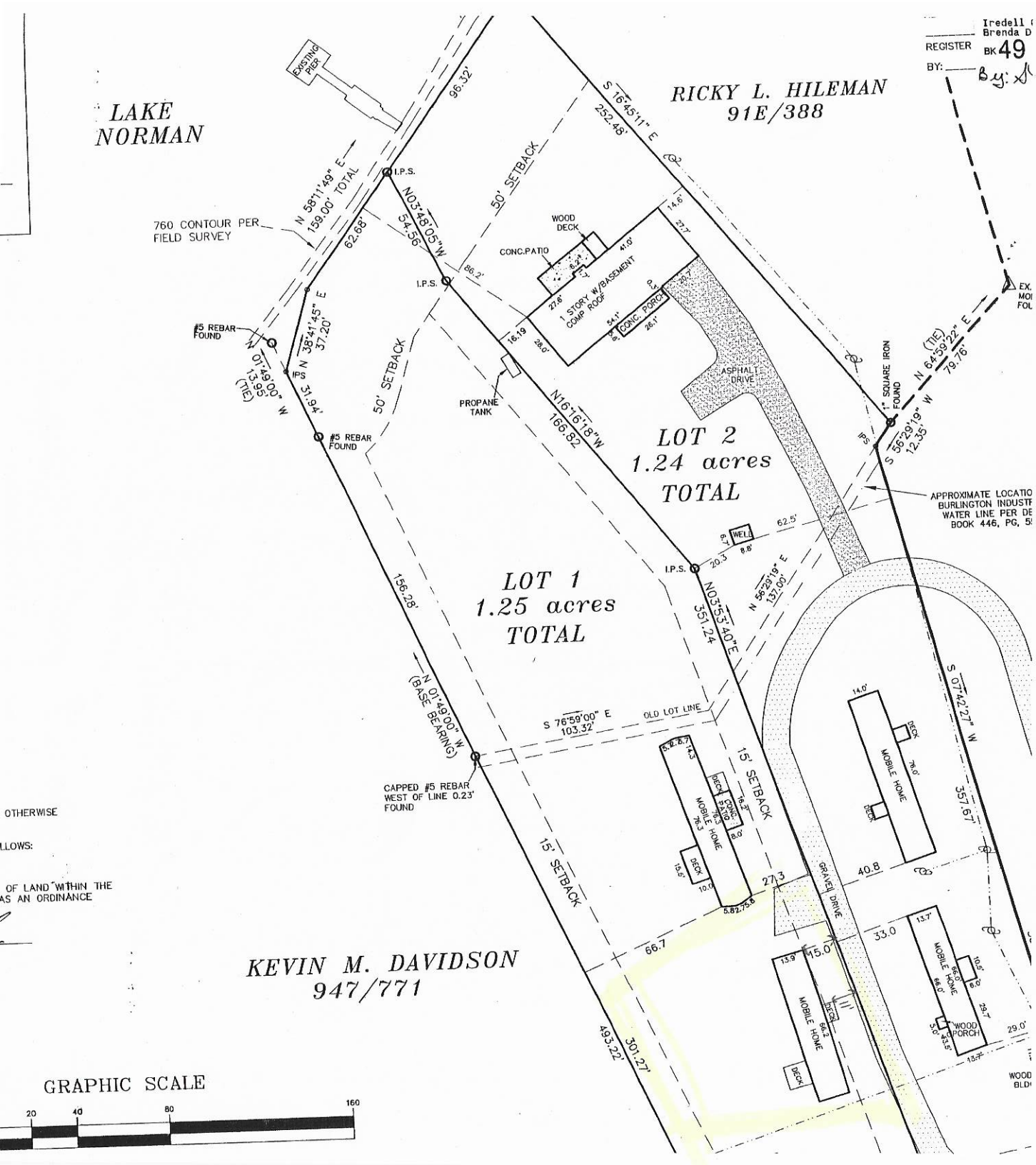


Signature: Pat Daniels

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-23-19

DATE



REGISTER BK 49
BY: By: JL

OTHERWISE
LLOWS:
OF LAND WITHIN THE
AS AN ORDINANCE

- shed + deck must be moved
- drain line 3' from house
- need longer probe to locate rest of drain field

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12289 PIN# 4646750226130 DATE 6-5-04

OWNER OR CONTRACTOR Pat Davidson PHONE: Business 737-6633 Home 663-0220

ADDRESS 714 Alcove Rd Mooresville, NC 28117

LOCATION

SUBDIVISION Hager's MH Pk BLOCK / SECTION LOT 3 LOT AREA SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R.

Septic Tank: Exist Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Exist Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Exist SFTS Gravity Convent.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

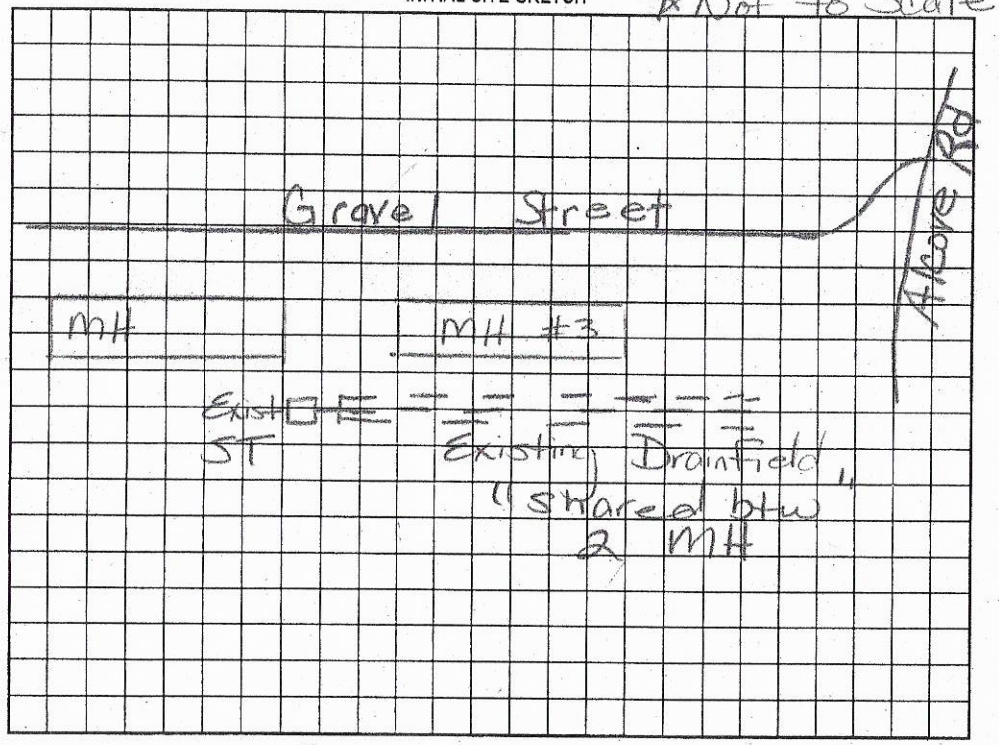
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at the time of inspection, no problems noticeable

Comments:/Conditions:

INITIAL SITE SKETCH *Not to Scale



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kevin Dawson date

Improvement Permit by: Maria H. Dolan R.S. date 6/8/04

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Maria H. Dolan R.S. date 6/8/04

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Pat Davida

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, 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.

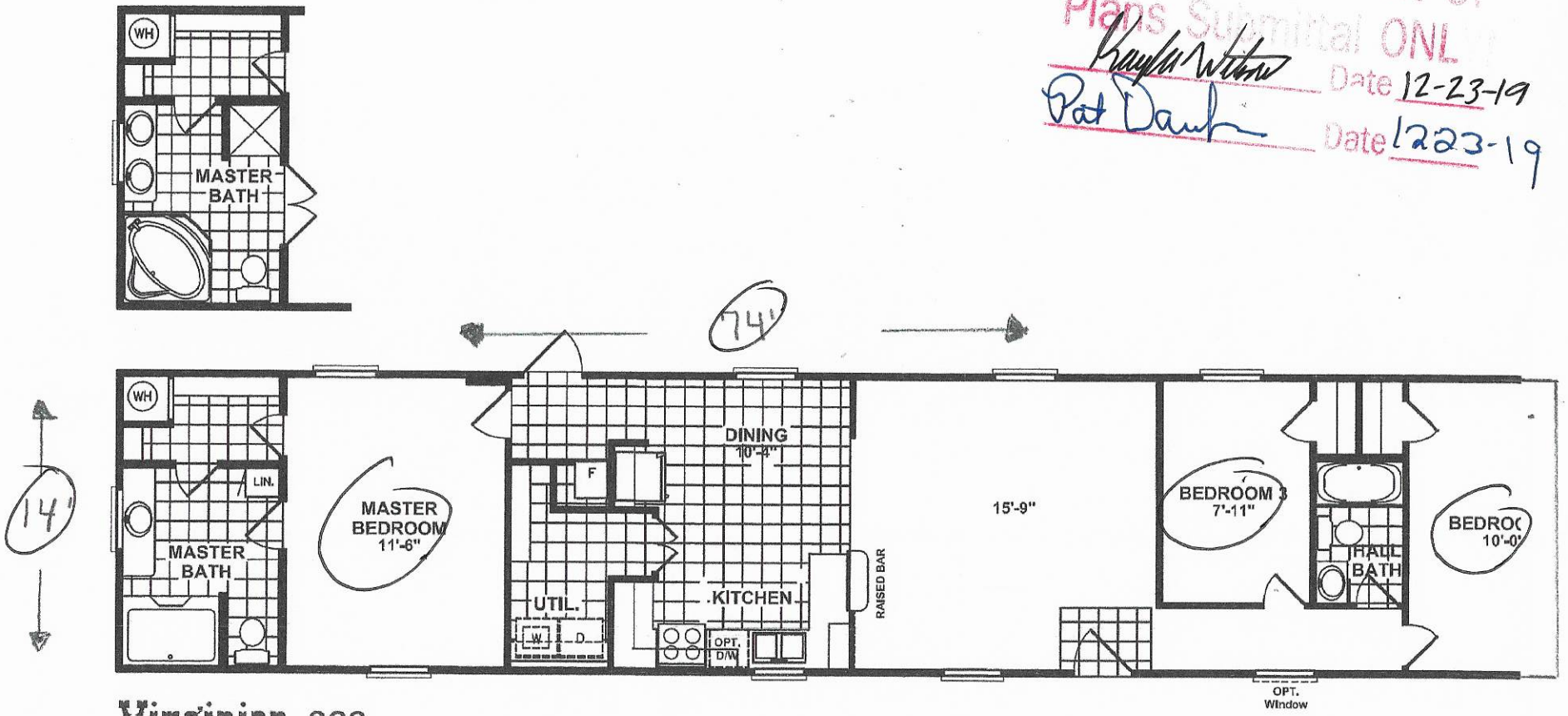
Pat Davida
_____
Signature of Owner(s)

10-23-19
Date

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

Acknowledgement Of
Plans Submittal ONL
Date 12-23-19
Date 1223-19



Virginian 323

3 Bedroom 2 Bath
Rev. 9-28-15

Town of Mooresville Jurisdiction
ZONING APPROVAL
For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

AP Number: 301590

Number: ZR-000509 Subdivision: DAVIDSON-

Proposed Use: REPLACE MOBILE HOME

Street Address: 130 BEAR RUN CIR

Tax PIN: 4646659338.000 Zoning: R2 Lot: 1 Size: 1.25

Owner: DAVIDSON KEVIN M+PATRICIA E
Address:

Applicant: DAVIDSON KEVIN M+PATRICIA E
Address: 264 BRIDGEWATER LANE
MOORESVILLE, NC 28117

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Pat Davidson 10-8-19

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 40 Side Yard Depth: 15

Rear Yard Depth: 50 Corner Yard Depth: 15

Remarks: APPROVAL FOR MOBILE HOME REPLACE
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

HHP	10/08/2019	$50
Approved By:	Date	Application Fee