IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222004

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

PIN # 4646-77-6819 ✓ 2291023

APPLICANT: ROSLYN ELAINE MOORE | APPLICANT ADDRESS: 115 FOREST RIDGE RD.

SITE ADDRESS: ✓147 S. GIBBS RD. MOORESVILLE 28117 | PHONE: | ALT. PHONE:

SITE DIRECTIONS: BSR, TL SILVER HOOK, TR S. GIBBS, ON L

SUBDIVISION: ✓GIBBS COVE | SECTION: — | LOT # 9 | LOT AREA: .83 AC | DESIGN FLOW: 360 | L.T.A.R.: .3

Septic Tank 1000 (gal) | STB 825 | Date 2-15-18

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields 1 | # Lines ~~4~~ | Linear Ft: 200'

Trench Width 24" | Max. Trench Bottom Depth * 28" Lowside | Gravel Depth —

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

System Description: PANEL BLOCK

Repair System Description: LP- PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: *AC issued on 8-24-17. Floor plans submitted show 79'x56'. Permit shows 90'x55'. OK to go 1' outside of permitted house box → will not interfere w/ septic.

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

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: Roslyn Moore Date: 10-21-16

IMPROVEMENT PERMIT by: R. A. Ollis Date: 10-14-16

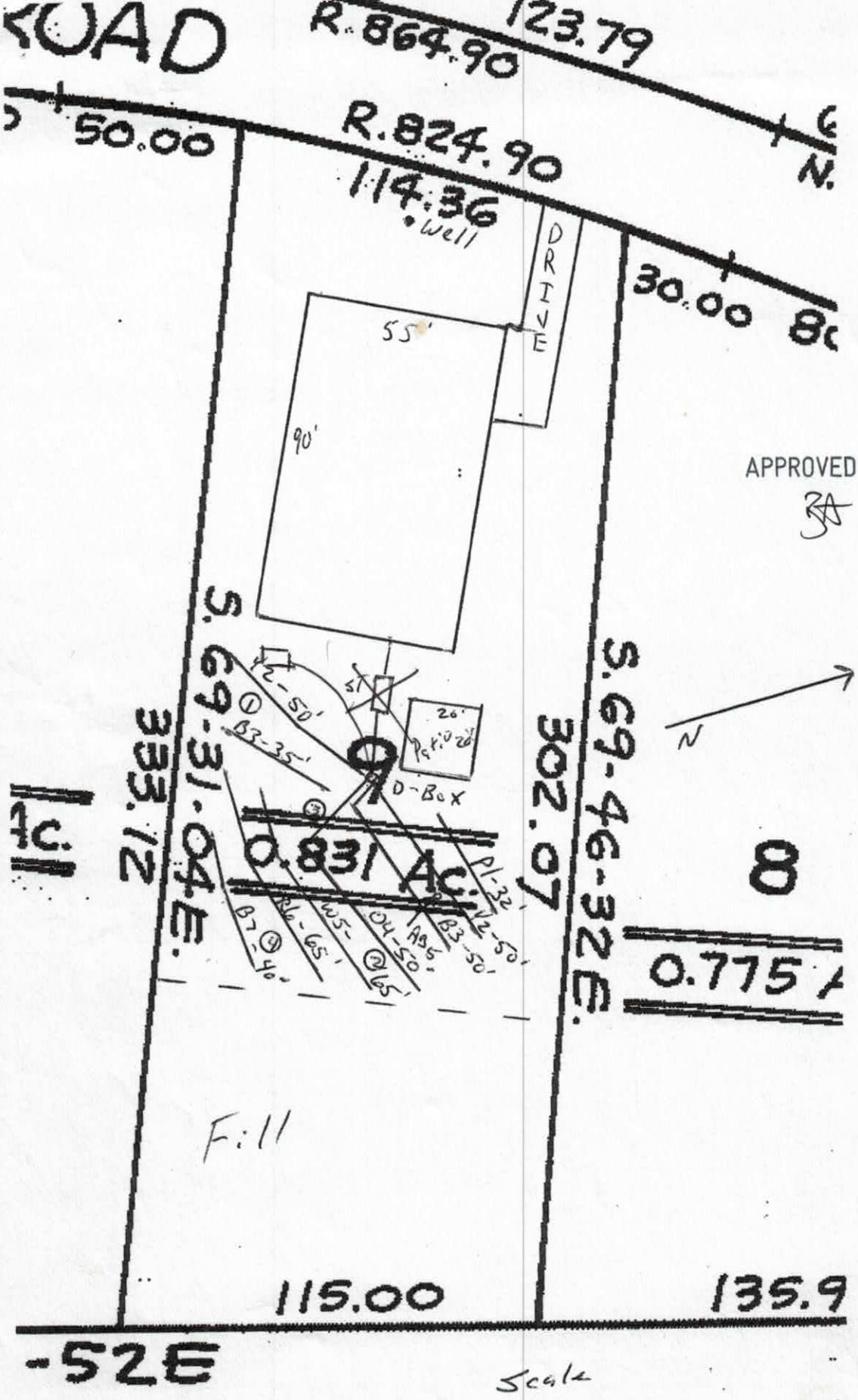
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-24-17

Installed by: Rowan Septic

OPERATION PERMIT by: Maria Dolan Date: 4/12/18

Existing System Inspected by: Date:

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


ROAD
R. 864.90
123.79
50.00
R. 824.90
114.36
Well
DRIVE
30.00
55'
90'
APPROVED OCT 14 2016
S. 69-31-04E.
333.12
S. 69-46-32E.
302.07
N
0.831 Ac.
8
0.775 A
F. 11
115.00
135.9
-52E
Scale
1" = 40'

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4646776819
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

APPROVED OCT 14 2016
BA

OWNER: Roslyn E. Moore APPLICATION DATE
ADDRESS: 115 Forest Ridge Rd., Mooresville, NC 28117 DATE EVALUATED:
PROPOSED FACILITY: 3bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.831 AC
LOCATION OF SITE: 147 S. Gibbs Rd, Gibbs Cove Lot 9 PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 9%	0-20	Br SCL WSBK	FR SS SP SEXP	N/A	60"	N/A	N/A	PS 0.3
		20-48	R C SBK	FR SS SP SEXP					
		48-60	R CL WSBK	FR SS SP SEXP					
2	LS 9%	0-16	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		16-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					
3	LS 9%	0-22	Br SCL WSBK	FR SS SP SEXP	N/A	60"	F-C SAP	N/A	PS 0.3
		22-44	R C SBK	FR SS SP SEXP					
		44-60	R CL WSBK	FR SS SP SEXP					
4	LS 9%	0-15	Br SCL WSBK	FR SS SP SEXP	N/A	44"	F-C SAP	N/A	PS 0.3
		15-38	R C SBK	FR SS SP SEXP					
		38-44	R CL WSBK	FR SS SP SEXP					
		44-48	SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 FT2	474 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED OCT 1 4 2016
BA

PROPERTY ID #: 4646776819____
DATE OF EVALUATION: ____________
COUNTY: _Iredell____________

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 9%	0-10	Br SCL WSBK	FR SS SP SEXP	N/A	44”		N/A	PS 0.3
		10-30	R C WSBK	FR SS SP SEXP					
		30-44	R CL WSBK	FR SS SP SEXP			F-C SAP		
		44-48	SL SAP M	VFR SS SP SEXP					

COMMENTS: ____

APPROVED OCT 14 2016

BA



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 147 S. Gibbs Rd, Gibbs Cove Lot 9
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 28"
Proposed Trench Width: 24" (8' on center)



Line	Design Length	Actual Length
Pink 1		32'
Yellow 2	**50'/50'**	**105'**
Blue 3	**50'(I)**/35' (R)	**90'**
Orange 4	**50'**	**58'**
White 5		65'
Red 6		65'
Blue 7		40'

Initial System: 200' **Repair System:** 237'

Comments:
All terraces will be removed from the lot. The patio is marked with white flags, and the septic tank with red flags.

RECEIVED AUG 2 4 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Wesley B Stokes Address: 1625 Miller Rd China Grove N.C. Zip: 28023
Applicant Email wesleybstokes@hotmail.com Phone: 704-202-4983 Alt. Phone: 704-857-6622
Owner Name: Wayne Moss Address: 115 Forrest Ridge Rd Mooresville N.C. Zip: 28117
Owner Email: Wmoss60374@gmail.com Phone: 704-798-1961 Alt. Phone: 704-798-1961

Property Information:

Street Address: 1947 S Gibbs Rd Mooresville N.C. 28117
Subdivision Name: Gibbs Cove Section/Phase: _____ Lot Number: 9
Driving Directions: Go Brawley School Rd T/L Just Past I77 T/L At Stop Light Go To End T/R Gibbs Rd Job Down On Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Wayne Moss 8-24-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 27 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 CK #222064

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

NC 2817

Applicant Name: Roslyn Elaine Moore **Address:** 115 Forest Ridge Rd. Mooresville **Phone:** _____

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 147 S. Gibbs Rd

Subdivision Name: Gibbs Cove **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Patio

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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 (X) Modified Conventional ( ) Other: _____

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. industrial) to be generated?**
( ) Yes (X) 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: _____ 9/21/2016

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, Roslyn Elaine Moore, am the legal owner(s) of the property located at 147 S. Gibbs Road (Lot #9), identified as PIN (Parcel Identification Number) 4646776819.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Thomas + Assoc., _____, 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.

Roslyn Elaine Moore 9/14/16 Teresa T. Perron 9-14-16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

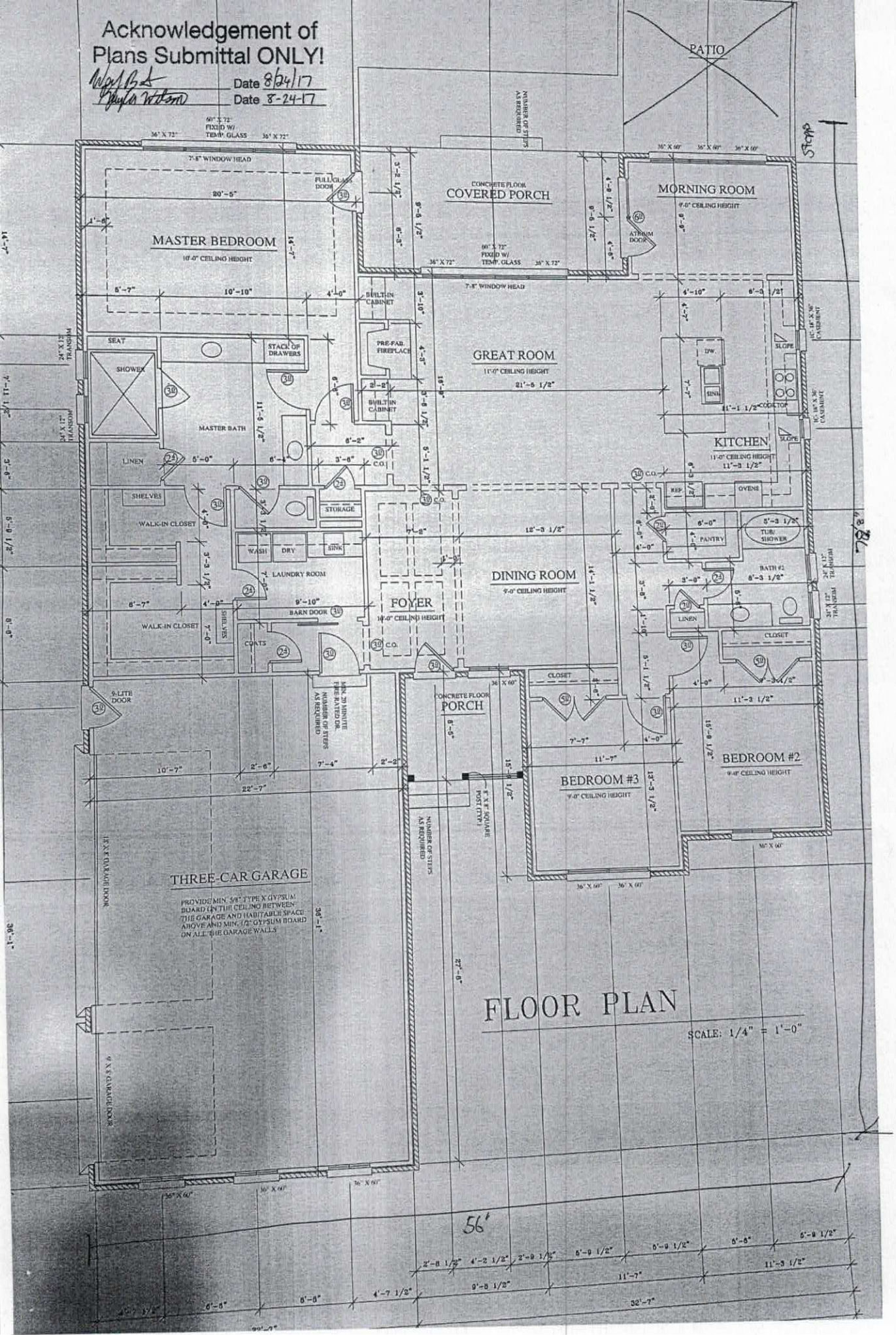
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of
Plans Submittal ONLY!

Date 8/24/17

Date 8-24-17



FLOOR PLAN

SCALE: 1/4" = 1'-0"

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 222064 Subdivision: GIBBS COVE

Proposed Use: SINGLE FAMILY HOME

Location: 147 SOUTH GIBBS ROAD

Tax PIN: 4646776819.000 Zoning: R2 Lot: 9 Size: 0.830

Owner:/Applicant: MOORE, ROSLYN
Address: 115 FOREST RIDGE
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 and 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.

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: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: MUST HAVE ONE (1) TREE PER LOT, MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP Approved By: 09/26/2016 Date $50 Application Fee