PJB

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 309583

APPLICANT/OWNER: Kent & Nancy Cooper | APPLICANT ADDRESS: 292 Ervin Rd Mooresville, NC 28117

PIN # 4648-00-6729

SITE ADDRESS: 292 Ervin Rd. Mooresville, NC 28117 | PHONE: 7046600-9035 | ALT. PHONE 704-808-1064

SITE DIRECTIONS: Hwy 150 W TR Ervin Rd ~.7 miles on right

SUBDIVISION: LynnBrook Acres | SECTION: | LOT # 2 | LOT AREA: .55 Acres | SAP CONTROLLED: N/A ☐ YES ☐ NO

DESIGN FLOW: 360 gpd | L.T.A.R.:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 5-9-20 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI |
| Pump Tank | (gal) | PT | | Date | | System Description: New ST + Existing Drainfield | |
| Pump Make | | Model | | Serial # | | Repair System Description: Exempt | |
| # Nitrification Fields | | # Lines | Existing | Linear Ft | | Maintenance Agreement Required: ☐ YES ☒ NO | |
| Trench Width | | Trench Bottom Depth(Low side) | | Gravel Depth | | ☒ GRAVITY ☐ PRESSURE | |

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

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

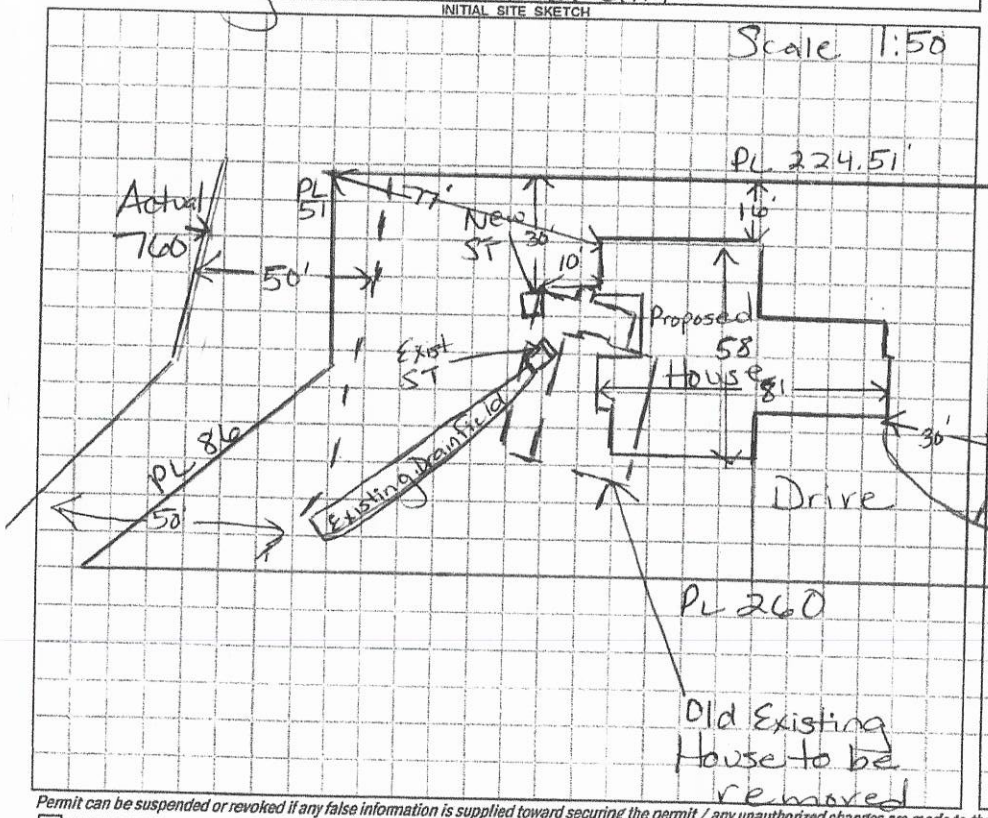
Water Supply: ☒ Private Exist. ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Properly abandon existing ST & install new ST. Must be 10ft (downslope) from any foundation drain.

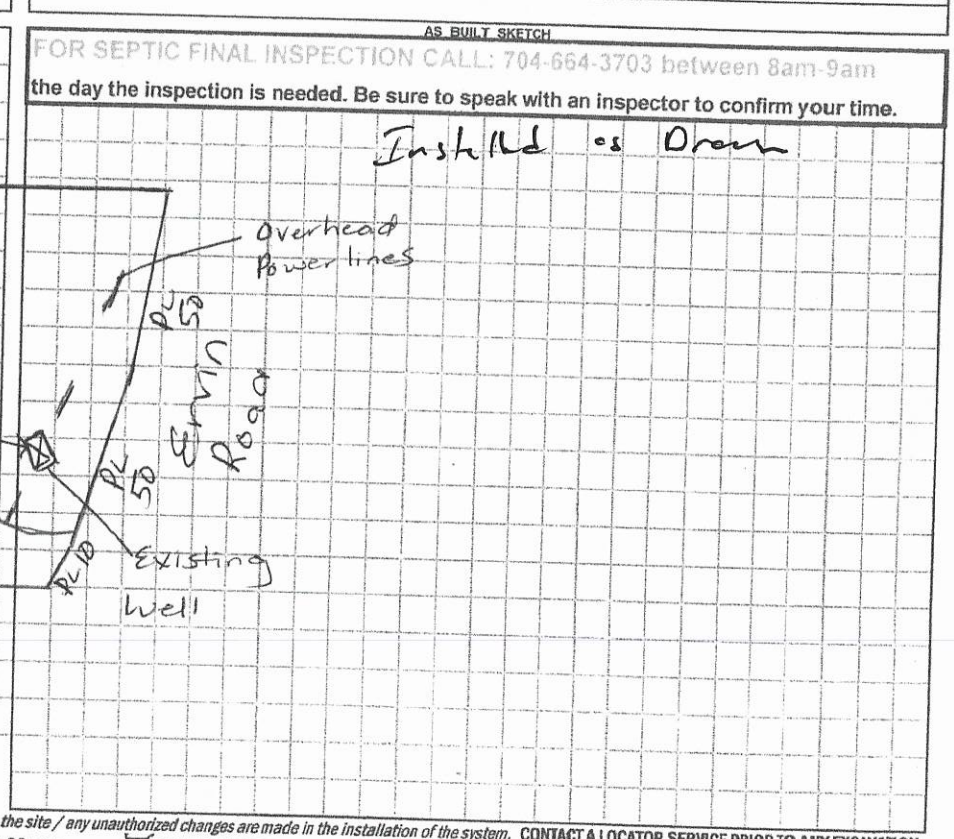
Connect new ST to existing drainfield

INITIAL SITE SKETCH




AS BUILT SKETCH

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




*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: 3/18/21 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Marian Dotson Date: 3/16/21 OPERATION PERMIT by: Date: 6-15-2021

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 3/16/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

4

L/M 8/12/20 RECEIVED AUG 0 1 2020 AP-309583 $500.00

# 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)*

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

**********

**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:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| KENT & NANCY COOPER | 292 ERVIN ROAD MOORESVILLE NC. 28117 | 704-660-9035 | 704-808-1064 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**********

**4. Property Information:**

292 ERVIN Road — Street Address

Lynbrook Acres — 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 _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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 _____

**********

**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 ? *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:** _____ 7/15/20

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

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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, KENT B. COOPER and NANCY J. COOPER, am the legal owner(s) of the property located at 292 ERVIN ROAD, 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.

_____ 7/15/20 _____ _____
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

# 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***

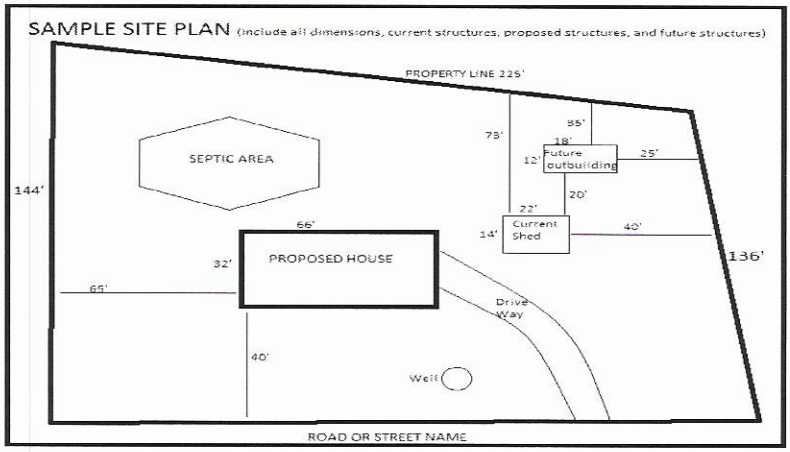
**_____ Front and side setbacks from property line…** **_____ Preferred driveway location and configuration, preferred well location…**

**_____ 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**



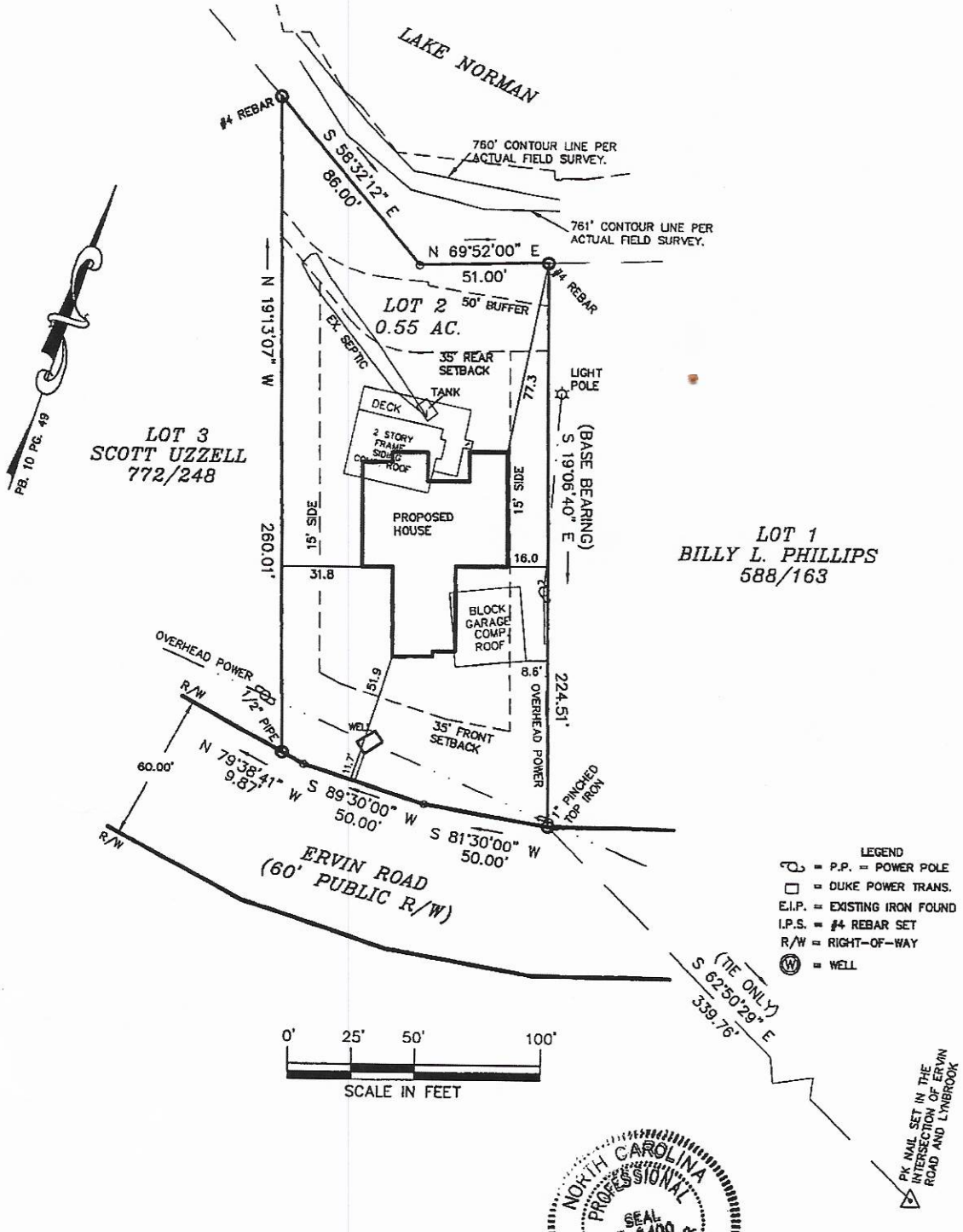

**USE THIS SPACE TO DRAW YOUR SITE PLAN**

**Signature:** _____

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

7/15/20

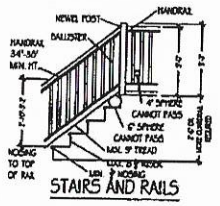
**DATE**




NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

7/27/2020

STAIRWAYS SHOULD BE NO LESS THAN 36" IN WIDTH
THE LENGTH OF RUN AND HEIGHT OF RISER SHALL NOT VARY MORE
THAN ¾" IN ENTIRE RUN OF STAIRS
STAIRS ARE REQUIRED TO BE ILLUMINATED
OPEN RISERS PERMITTED IF OPENING IS LESS THAN 4"
GUARDRAIL REQUIRED ON DECKS AND STAIRWAYS MORE THAN 30"
ABOVE GRADE OR FLOOR BELOW
HANDRAILS WITH A CIRCULAR CROSS SECTION SHALL HAVE AN
OUTSIDE DIAMETER OF NOT LESS THAN 1 ¼" AND NOT GREATER THAN 2".
THE HANDRAIL IS NOT CIRCULAR, IT SHALL HAVE A PERIMETER OF NOT
LESS THAN 4" AND NOT GREATER THAN 6 ¼" WITH A CROSS SECTION
F DIMENSION OF NOT MORE THAN 2 ¼". EDGES SHALL HAVE A RADIUS
F NOT LESS THAN 0.01"

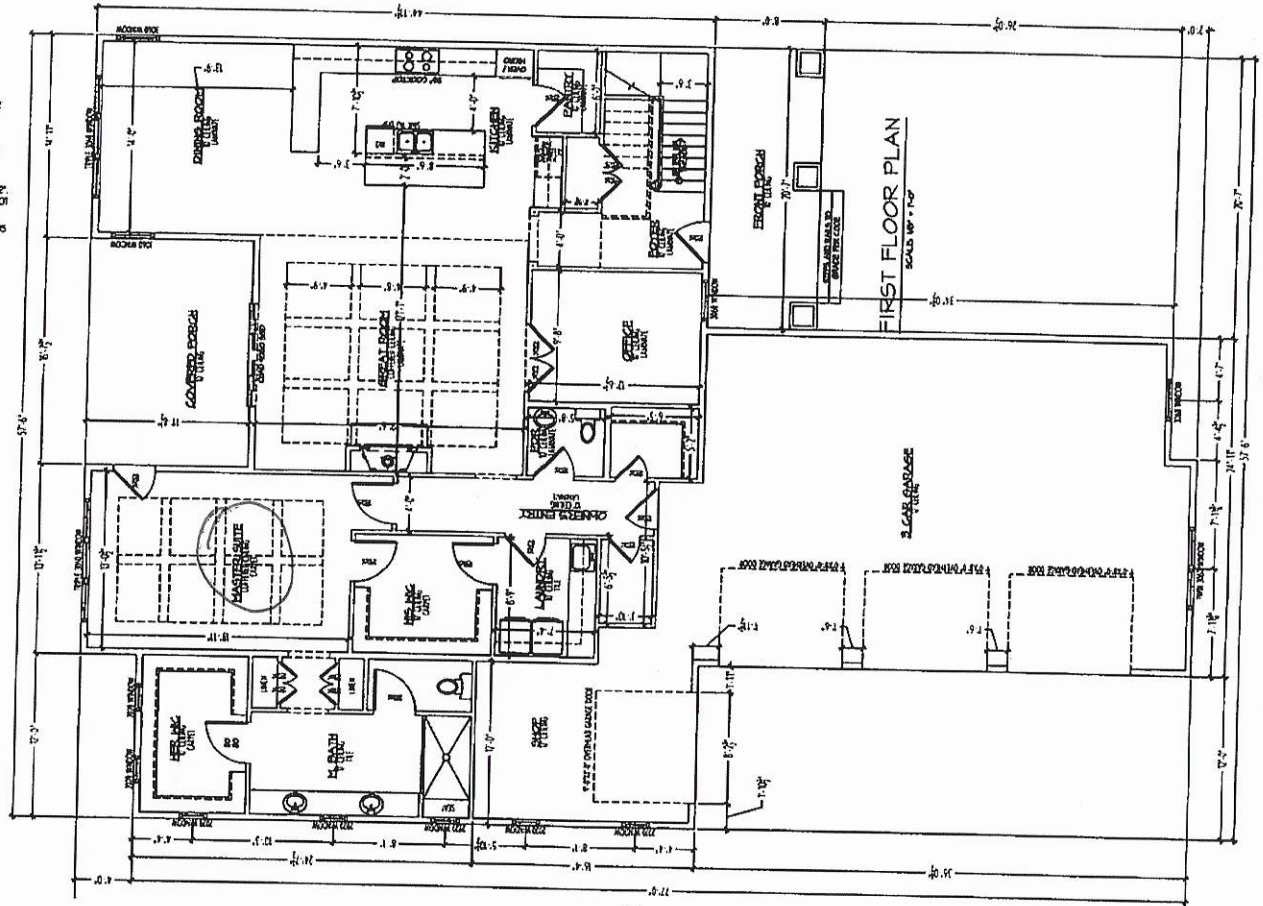



STAIRS AND RAILS


...esidential Designer will not be responsible for
...errors after construction begins and assumes no liability
...or any modifications made to these plans by others
These plans are not to be reproduced without the written consent
...the Residential Designer.


THE CONTRACTOR SHALL HAVE FULL RESPONSIBILITY FOR THE CORRECT INSTALLATION OF ALL EXTERIOR FINISHES AND WEATHERPROOFING

| SQUARE FOOTAGE BLOCK | | | |
|---|---|---|---|
| FIRST FLOOR | 1178 | SQ FT | |
| SECOND FLOOR | 1396 | SQ FT | |
| TOTAL HEATED | 1574 | SQ FT | |
| GARAGE | 473 | SQ FT | |
| FRONT PORCH | 164 | SQ FT | |
| REAR PORCH | 264 | SQ FT | |
| SHOP | 216 | SQ FT | |
| TOTAL UNDER ROOF | 1446 | SQ FT | |
| BRICK SKIRT | 80 | SQ FT | |




MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-9440
www.designtimeplans.com

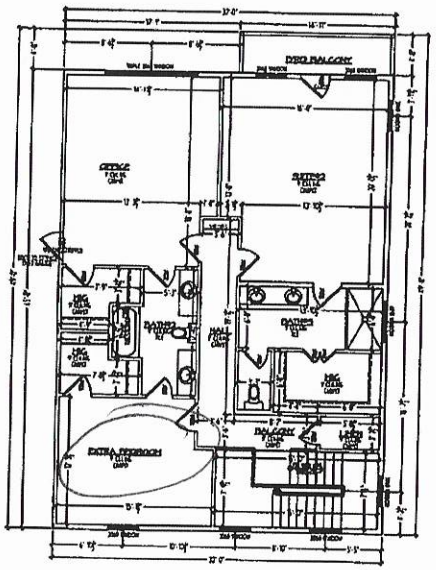
Cooper Residence
Mooresville NC

| CHECKED: | JOB NO. 2020-32 | DRAWN BY: MMH | DESIGNED: CAD |
|---|---|---|---|
| REVISIONS | | | |
| DATE 5.1.20 | | | |

SHEET NO. 2.0

Michael W. Harmon
Copyright Designtime Residential, LLC 2020

Acknowledgement Of
Plans Submittal ONLY!
Date 3/16/21
Date 3/18/21



SECOND FLOOR PLAN

MEMBER AIBD AMERICAN INSTITUTE OF BUILDING DESIGN

DESIGNTIME RESIDENTIAL

CHARLOTTE - NORTH CAROLINA 704-877-9461 www.dthomeplans.com

# Cooper Residence
Mooresville NC

| | |
|---|---|
| DRAWING: | |
| JOB NO. | 2020-32 |
| DRAWN BY: | MWH |
| CHECKED BY: | CAD |
| EDITIONS | |
| DATE | 5.1.20 |

SHEET NO.
3.0

Michael W. Herman
Copyright Designtime Residential, LLC

Acknowledgement Of
Plans Submittal ONLY!

Date 3/16/21

Date 3/18/21

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **309583**<br>Issue Date: 07/31/2020 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4648006729.000 | 292 ERVIN RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: COOPER KENT+NANCY | Name: COOPER KENT+NANCY |
| Address: | Address: |
| , | , |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 50 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

**Remarks**

SFD DEMO MUST BE COMPLETED BEFORE NEW HSE PERMIT CANBEISSUED

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

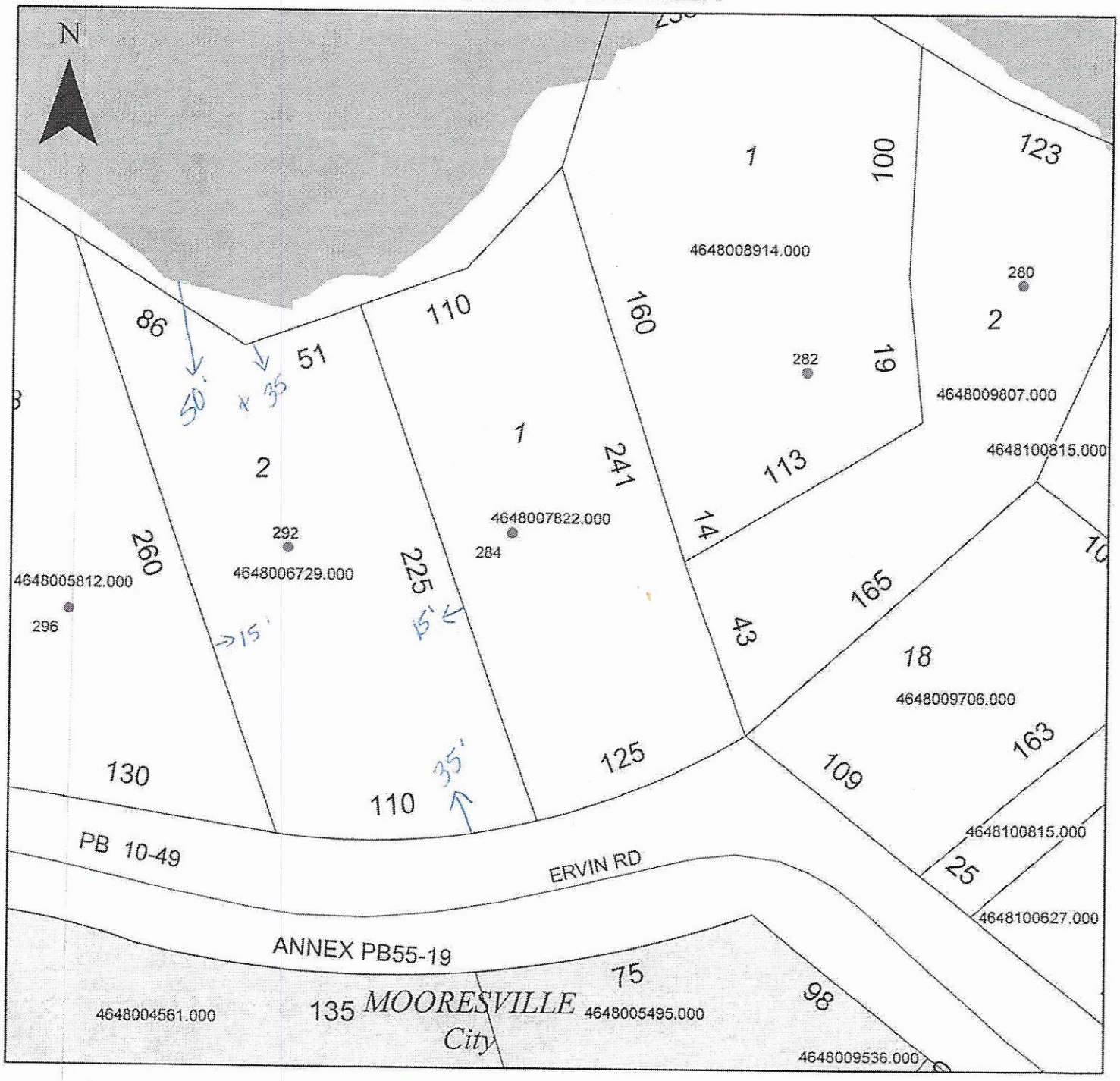
Signature of Owner/Contractor

**Date:** 07/31/2020

| Permit Number | 309583 | TOTAL FEES: | $77.25 |
|---|---|---|---|

AP - 309583 KH WS IV CH C/LN FL - NO

# ZONING DISCLAIMER




Property Address 292 Ervin Rd.

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. Applicant further acknowledges that the 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

7/31/20
Date