IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 239587

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

PIN # 4648-02-8542 ✓

APPLICANT/OWNER: Brad Tinlley ✓ APPLICANT ADDRESS: 429 Big Indian Loop Mooresville, NC

SITE ADDRESS: ✓ 429 Big Indian Loop Mooresville 28117 PHONE: 704-902-5422 ALT. PHONE

SITE DIRECTIONS: Bluefield Rd from Rt 150 → Lon Big Indian Loop → Keep Straight → Garage on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ CL+T SECTION: 12 LOT # 31 LOT AREA: 1.023 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ~~EXISTING~~ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft ____

Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

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

System Description: ____

Repair System Description: Existing

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☒ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☒ Private

☐ Public

☐ Community

Comments / Conditions: Garage already constructed and serving as residence. Will be renovated to only have 1 bedroom upon completion (4 total including existing garage + house)

See attached floorplan. See original operation permit (dated 8-10-17) for system specifications.

INITIAL SITE SKETCH

See attached 50-scale drawing w/ approval date of 11/8/2018

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**

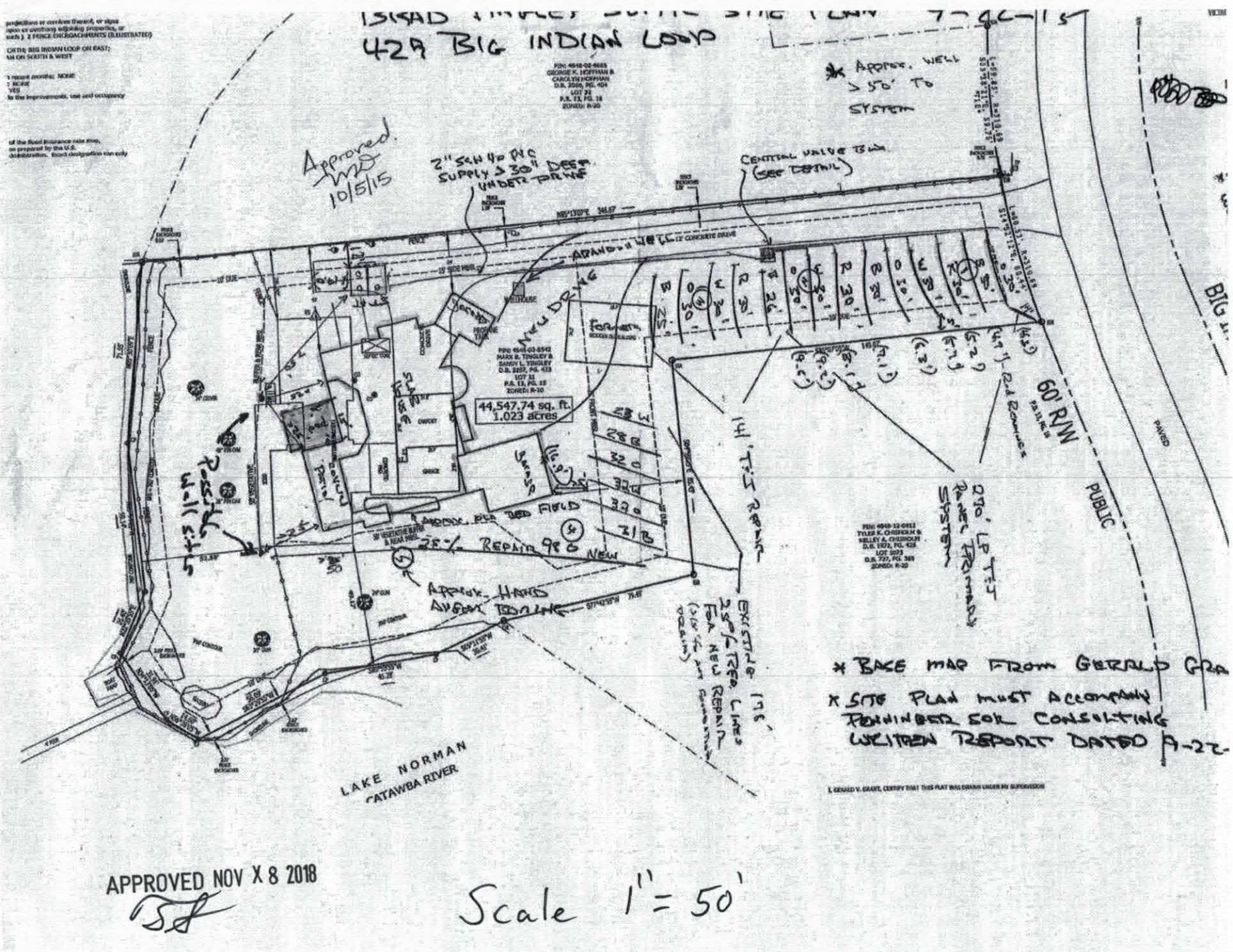
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: ____ Date: ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Tom Shuck Date: 11/8/18

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.



APPROVED NOV X 8 2018

Scale 1" = 50'

239587
24379

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: BRAD TINSLEY Address: 429 BIG INDIAN LOOP Zip: 28117
Applicant Email: REBNITT@HOTMAIL.COM Phone: 7049025422 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 429 BIG INDIAN LOOP
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77, HWY 150, BLOWERFIELD, BIG INDIAN LOOP

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

(X) 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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____ 10-15-18
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, BRAD TINGLEY, am the legal owner(s) of the property located at 429 BIG INDIAN LOOP, 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

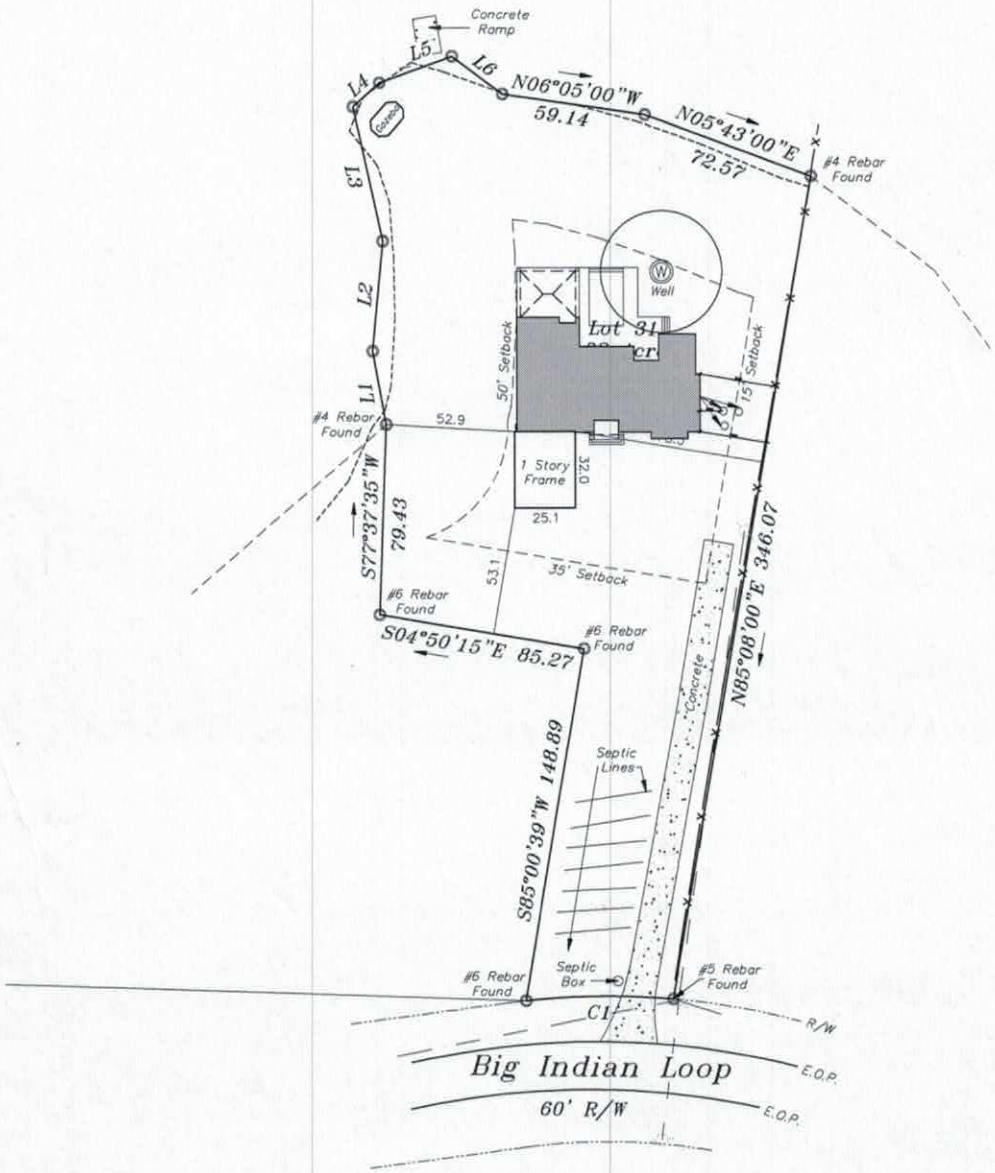
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 10-15-18

Signature of Owner(s) Date

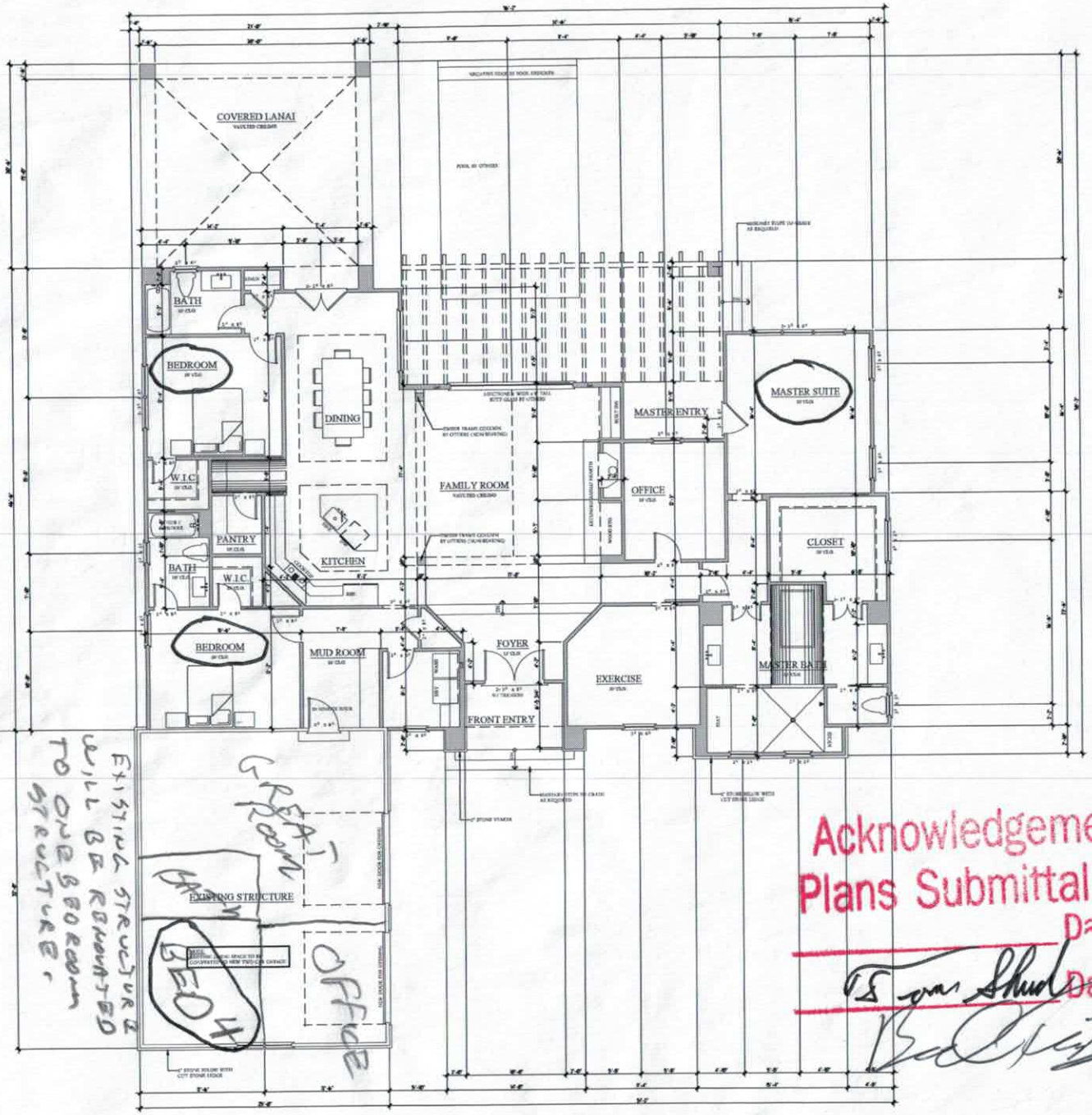
Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



02	DRAWING: August 17, 2018 DRAWING: SITE PLAN SCALE: 1"=20'-0" PAGE:	CONSULTANT SEAL:	A New Custom Residence For The Tingley Family Big Indian Loop Mooresville, NC

CONSULTANT HAS EXERCISED REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARING THESE DOCUMENTS BUT NO GUARANTEE OF "PERFECT" DOCUMENTS OR PLANS IS MADE. CONTRACTOR SHALL MEET CAREFULLY INSPECT ALL DIMENSIONS & DETAILS FOR ACCURACY AND SHALL ASSUME COMPLETE RESPONSIBILITY FOR THEIR. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF D.C. PRIOR TO CONSTRUCTION



MAIN LEVEL FLOOR PLAN

MAIN FLOOR NOTES

*ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

*ALL HANGER WALLS ARE 4½ FRAMED

*CONTRACTOR TO VERIFY ALL WINDOW SIZES MEET EGRESS PER SUPPLIER RECOMMENDATIONS.

*SEE ELEVATIONS FOR ALL EXTERIOR FINISHES

*STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

*ALL DIMENSIONS TO BE VERIFIED PRIOR TO CONSTRUCTION

*ALL DIMENSIONS TO CENTER OF EXTERIOR WALLS AND TO EXTERIOR WALL WHERE FRAMING ALIGNS WITH FOUNDATION

Acknowledgement Of
Plans Submittal ONLY!
Date
Date 11/8/18

SQUARE FOOTAGE

9.10.18

Main Level	2,891	Sq.Ft.
Total Heated	2,891	Sq.Ft.
Two Car Garage	868	Sq.Ft.
Front Entry	75	Sq.Ft.
Rear Lanai	492	Sq.Ft.
Rear Master Entry	58	Sq.Ft.
Total Under Roof	4,316	Sq.Ft.

A New Custom Residence For
The
Tingley Family
Big Indian Loop
Mooresville, NC

SEAL:

IMPORTANT NOTE ABOUT PLAN LIABILITY:
THERE HAS BEEN REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF "PERFECT" DOCUMENTS OR FLAWLESS JUDGEMENT. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS & DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR THEM. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF O.C. PRIOR TO CONSTRUCTION.

DRAWING:
August 17, 2018

DRAWING:

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

PAGE:
05

IREDELL COUNTY

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

APPLICATION NUMBER
239587
Issue Date: 10/16/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4648028542.000	429 BIG INDIAN LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TINGLEY MARK BRADFORD+SANDY L	Applicant: TINGLEY MARK BRAD
Address: 655 BIG INDIAN LOOP	Address: 429 BIG INDIAN LOOP
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ADDITION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ 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.

Applicant: _____ Date: _____

Permit Number	155825	TOTAL FEES:	$ 77.25