IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 663-3626 | PERMIT #

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

PIN # 4648105732

APPLICANT/OWNER: Beth Randall | APPLICANT ADDRESS: 934 Cornelius Rd. | PHONE: 704-667-4302 | ALT. PHONE —

SITE ADDRESS: 123 Lynnbrook Rd. Mooresville, NC | SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: NC 150 W → R on Ervin Rd → R on Lynnbrook → lot on L | DESIGN FLOW: 240gpd | L.T.A.R.: —

SUBDIVISION: Lynn Brook Acres | SECTION: — | LOT # 9 | LOT AREA: —

Septic Tank 1000 (gal) STB 160 Date 3-6-18
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields #Lines Linear Ft.
Trench Width EXISTING Trench Bottom Depth(Low side) Gravel Depth

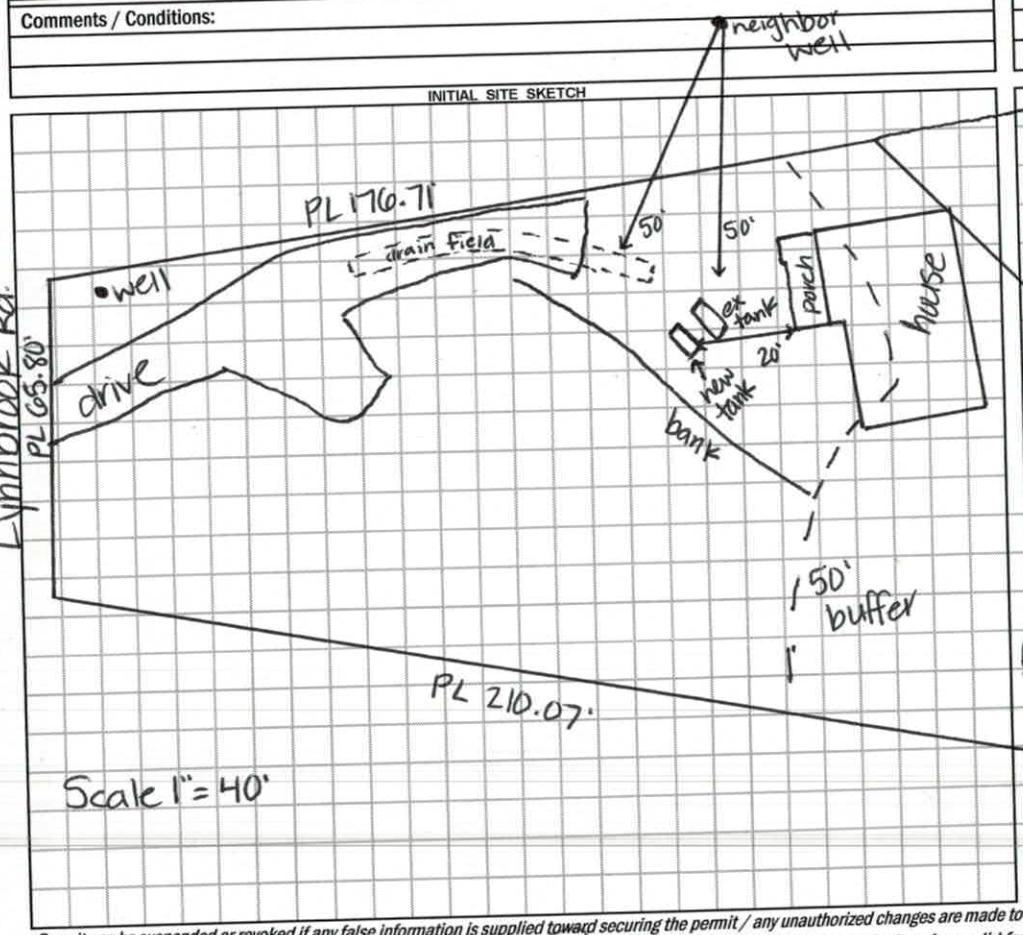
☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing
No. Bedrooms 2 | No. Persons 4 | No. Employees | ☐ Crawl Space
Water Supply: ☑ Private ☐ Public ☐ Community
☑ Basement w/o plumbing

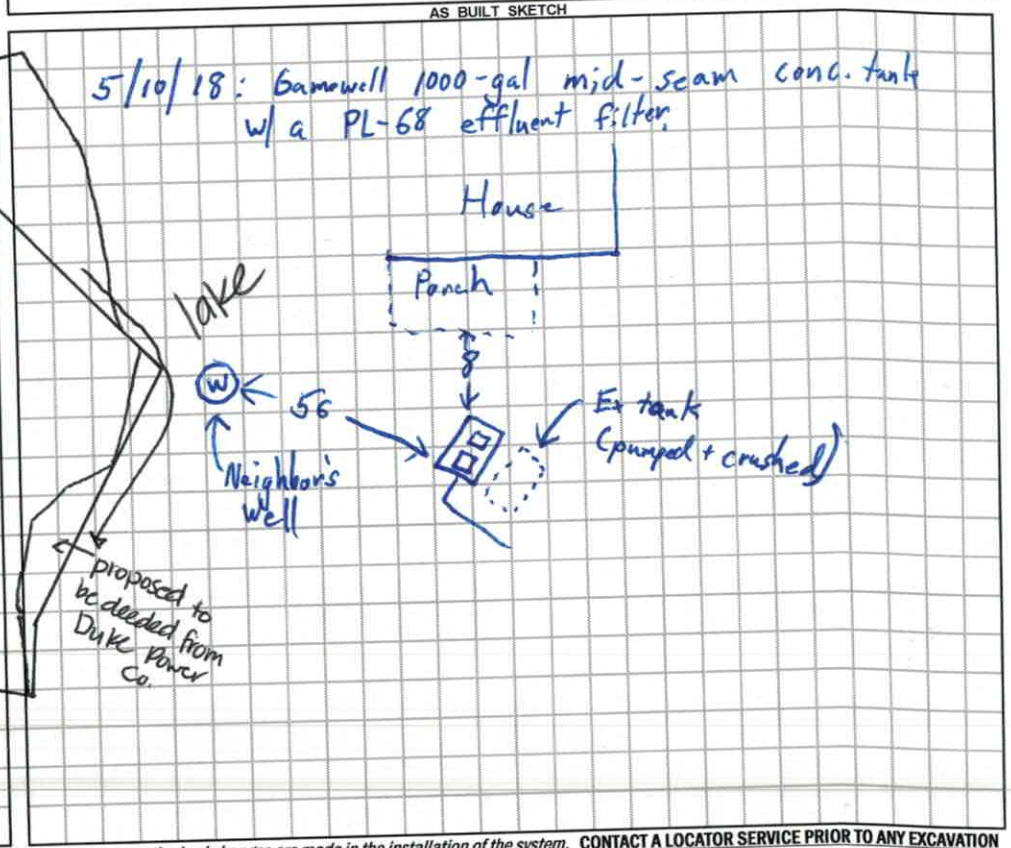
Comments / Conditions:

Pump, crush, + fill existing tank. Maintain 50' from neighbor's well when installing new tank.

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: Elizabeth Randall | Date: 4-20-18 | Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Kayla Wilson | Date: 4-17-18 | OPERATION PERMIT by: Tom Shuck | Date: 5/10/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson | Date: 4-17-18 | Existing System Inspected by: | Date:

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.

RECEIVED APR 13 2018

Call Park Permission w/ directions

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Repair Evaluation - No Chg

APPLICATION FORM or when Ready 704-996-6330 Paid $150.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 # 234867

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

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: BETA RANDALL Address: 934 CORBINS RD MOORESVILLE Zip: 28117

Applicant Email: brandallwilliams@gmail.com Phone: _____ Alt. Phone: _____

Owner Name: SAME Address: 704-667-4302 Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 123 Lynnbrook

Subdivision Name: Lynn Brook Acres Section/Phase: _____ Lot Number: 9

Driving Directions: I-40 W, TR ERWIN, TR Lynnbrook
Lot on Left

****

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
(X) Tank ___ Drain lines Describe Problem: Cracked Lid + Tank

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) 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 (X) 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 (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.

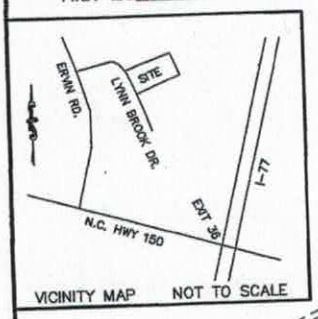
Signature: _____ 4-12-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossiake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 503, page 268, and/or plat book 7, page 31, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 9, day of MARCH A.D. 20 18.

WILLIAM M. ALLEN, PLS

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



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 86°20'00" E	46.20'
L2	S 88°03'00" E	38.60'
L3	S 14°00'00" E	59.40'
L4	S 37°59'13" E	15.56'

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 2\27\2018.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL
CP = COMPUTED POINT

PHYSICAL & SEPTIC SURVEY
OF
123 LYNNBROOK LN
LOT 9 LYNN-BROOK ACRES
DAVIDSON TWSP., IREDELL CO., N.C.
FRANCES E. RANDALL ETAL

SCALE 1" = 40'
ACQUIRED BY:

FIELD BOOK: 501-B
FILE: LYNN BROOK ACRES 9
DC FILE:
TAX MAP NO: 4648105734

4-12-18

123 LYNNBROOK SITE PLAN FOR SEPTIC SYSTEM REPAIR / NEW TANK

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, BETH RANDALL, am the legal owner(s) of the property located at 123 LYNN BROOK RD, identified as PIN (Parcel Identification Number) 4648105734.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAUL PENNINGTON, to act as an agent on my behalf in applying for/signing/obtaining any of the NANCY HUCKS 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.

F. Beth Randall 3/1/18 — Signature of Owner(s) — Date

Eleanor de Guzman 3/2/18 — 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