IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 217885

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

PIN # 4648-34-7998

APPLICANT/OWNER: Dan E. Preiss | APPLICANT ADDRESS: P.O. Box 3053 Mooresville, NC 28117

SITE ADDRESS: 678 Big Indian Loop Mooresville, NC | PHONE: 704-906-8117 | ALT. PHONE 704-607-5105

SITE DIRECTIONS: Rt 150W → R on Bluefield Rd → L on Big Indian Loop → Bear Right → House on left | SAP CONTROLLED: ☐ YES ☒ NO

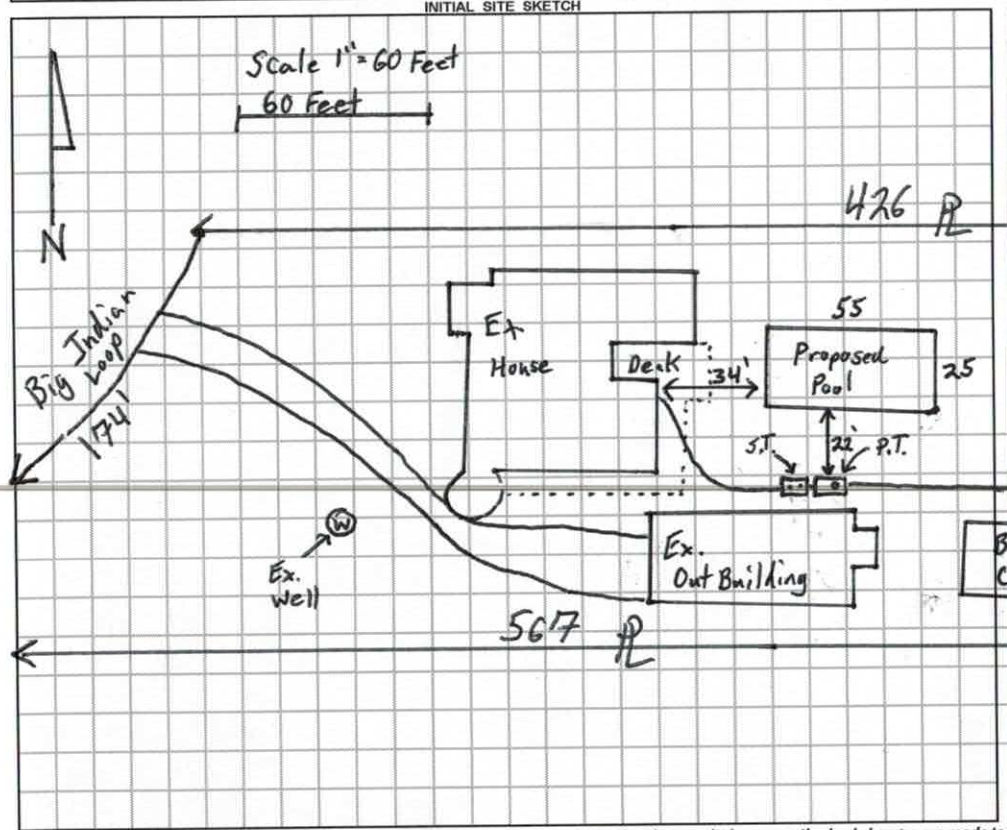
SUBDIVISION: Indian Hill | SECTION: III | LOT # 41 | LOT AREA: 1.50 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: Existing

Septic Tank ____ (gal) STB ____ Date ____	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence No. Bedrooms 4	Water Supply
Pump Tank ____ (gal) PT ____ Date ____	System Description:	☐ Business No. Persons 8	☒ Private
Pump Make ____ Model ____ Serial # ____	Repair System Description: Existing	☐ Other No. Employees ____	☐ Public
# Nitrification Fields ____ #Lines ____ Linear Ft ____	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab ☐ Crawl Space	☐ Community
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing ☐ Basement w/o plumbing	

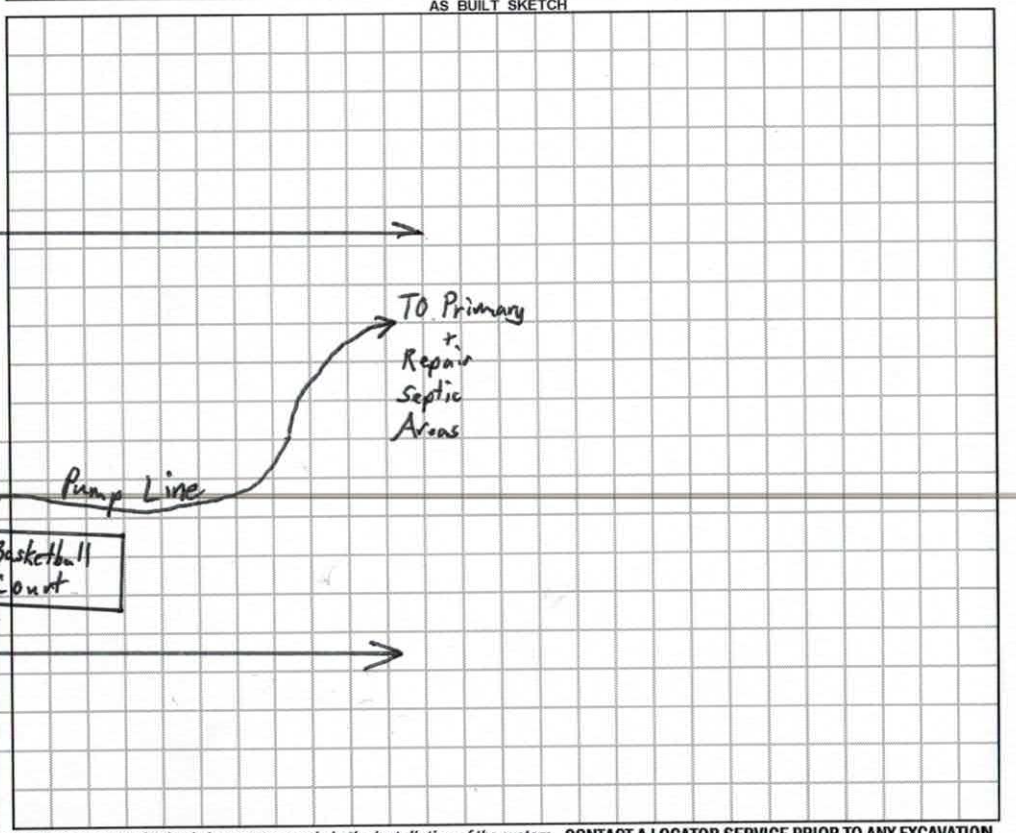
EXISTING

Comments / Conditions: Approval is for proposed pool. Recommend pumping septic tank every 3-5 years.

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: Dan Preiss | Date: 5-24-19 | Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — | Date: | Existing System Inspected by: Tom Shuck | Date: 5/17/2019

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

#21603
5-10-19
$250.00

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: Dan E. Preiss Address: P.O. Box 3053 Mooresville NC Zip: 28117
Applicant Email: Dpreiss1@msn.com Phone: 704-906-8117 Alt. Phone: 704 607 5705
Owner Name: Same as Above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 678 Big Indian Loop Mooresville NC 28117
Subdivision Name: Indian Hill Section/Phase: Ph 3 Lot Number: 41
Driving Directions: River Hwy to Bloefield Rd. Left on Big Indian Loop
to 678 Big Indian Loop

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: 4
Maximum Number of Occupants: 5
(✓) 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

( ) 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: Daniel E. Preiss 5-10-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

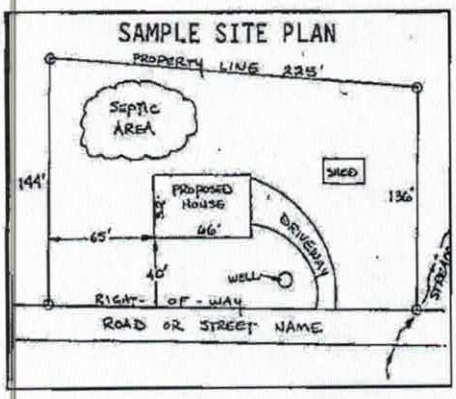
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location EXISTING
- ( ) Preferred septic system location existing
- ( ) North arrow, or other sufficient indicator of direction

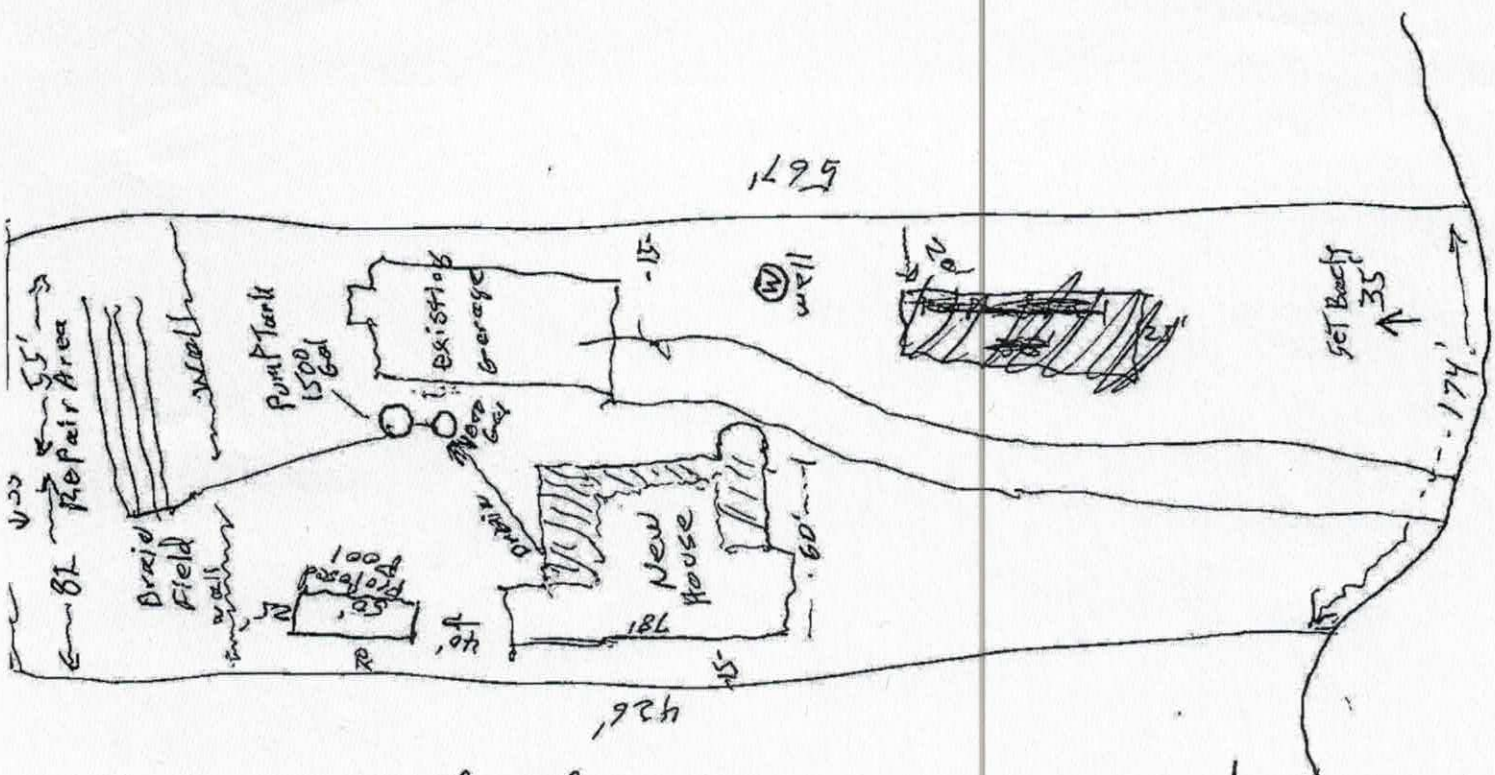


Circle N/A on the following if appropriate:

- 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



Signature: Daniel E Powers

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

N

DATE 5-10-19

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*) Daniel E. Preiss

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, Daniel E. Preiss, 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.

_____ _____

Signature of Owner(s) Date

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

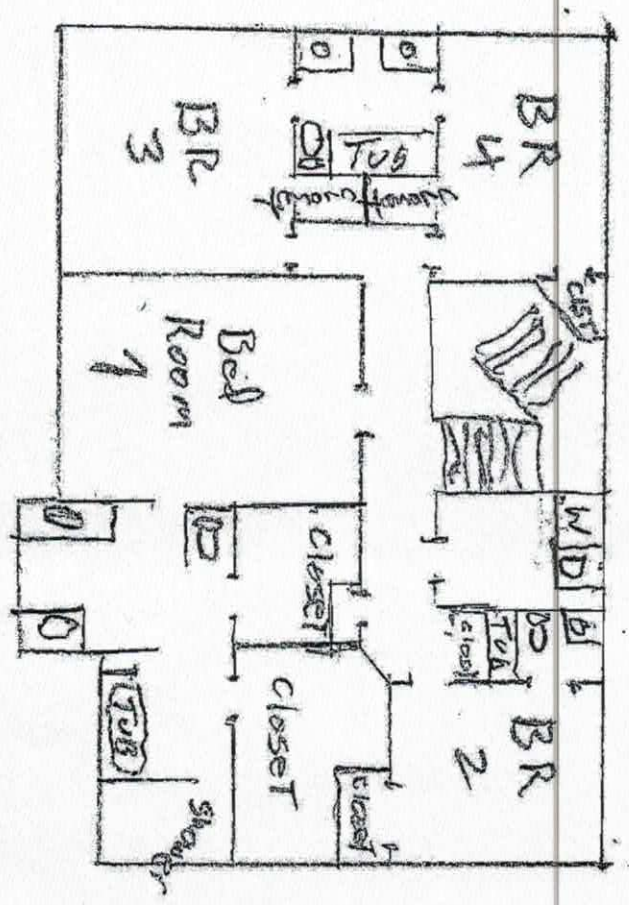
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Date
David E. Flores Date 5-10-19

Acknowledgement Of
Plans Submittal ONLY!

_____ Date_____

Dan Ehrein Date 5-10-19



2nd Floor

Acknowledgement Of
Plans Submittal ONLY!

_____ Date_____

_____ Date 5-10-19

Basement

IREDELL COUNTY

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

APPLICATION NUMBER
217885
Issue Date: 05/10/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4648347978.000	678 BIG INDIAN LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PREISS, DANIEL & RITA	Applicant: PREISS, DANIEL & RITA
Address: P. O. BOX 3053	Address: P. O. BOX 3053
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: 704-906-8117	Phone: 704-906-8117

Use Requested	Zone Code
SFD HOUSE WAS STARTED IN 2011 WAS NOT COMPLETED HE WILL BE P ICKING UP WHERE IT WAS LEFT OFF(NEW EXISTING SYS AP5-10-19	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.500	35.00	35.00	15.00	15.00	CACL	

Remarks:

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	176949	TOTAL FEES:	$ 77.25