IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216994

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

PIN # 4654-87-2684

APPLICANT: LARRY CORRELL APPLICANT ADDRESS: 127 CANTERBURY LN.

SITE ADDRESS: 111 YORKSHIRE LN. - Mrsul PHONE: 704-577-8228 ALT. PHONE:

SITE DIRECTIONS: PRESBYTERIAN, TR CANTERBURY, TL YORKSHIRE, C END

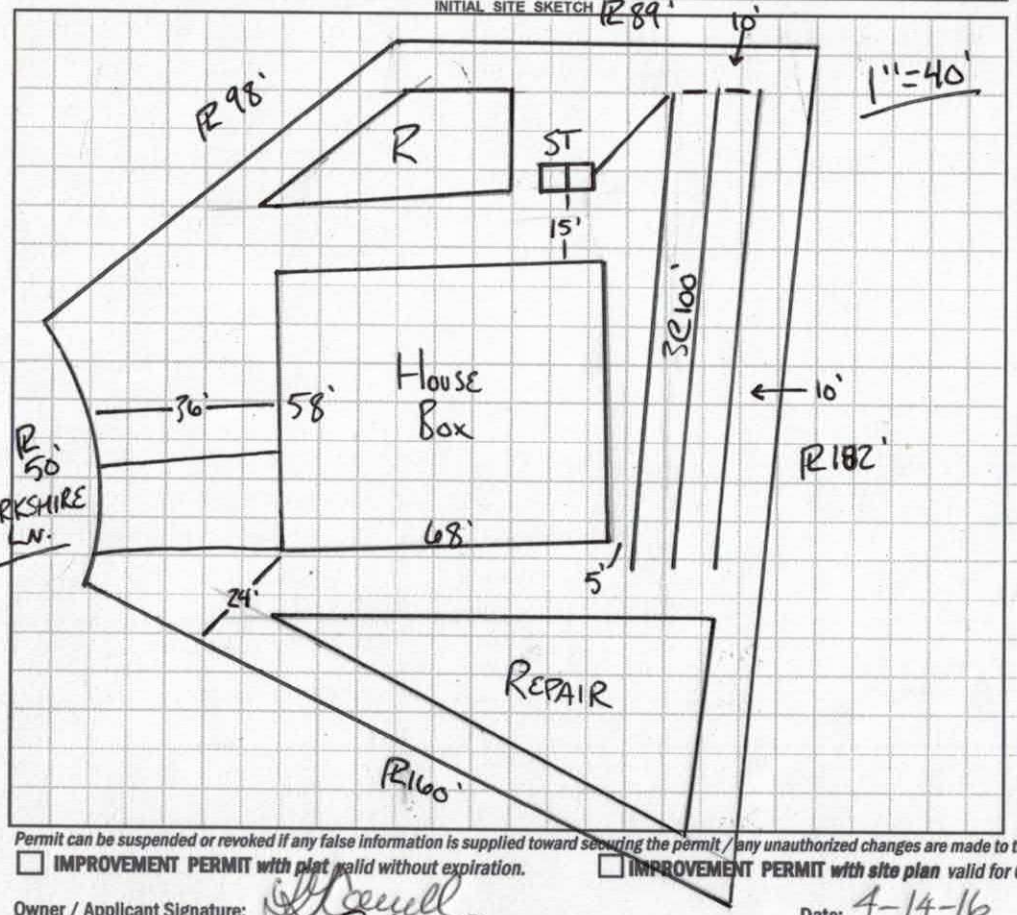
SUBDIVISION: DAVIDSON DOWNS SECTION: — LOT # 77 LOT AREA: .462 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	4-6-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION		
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK		
# Nitrification Fields	1	# Lines	3C100'	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons		☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

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**

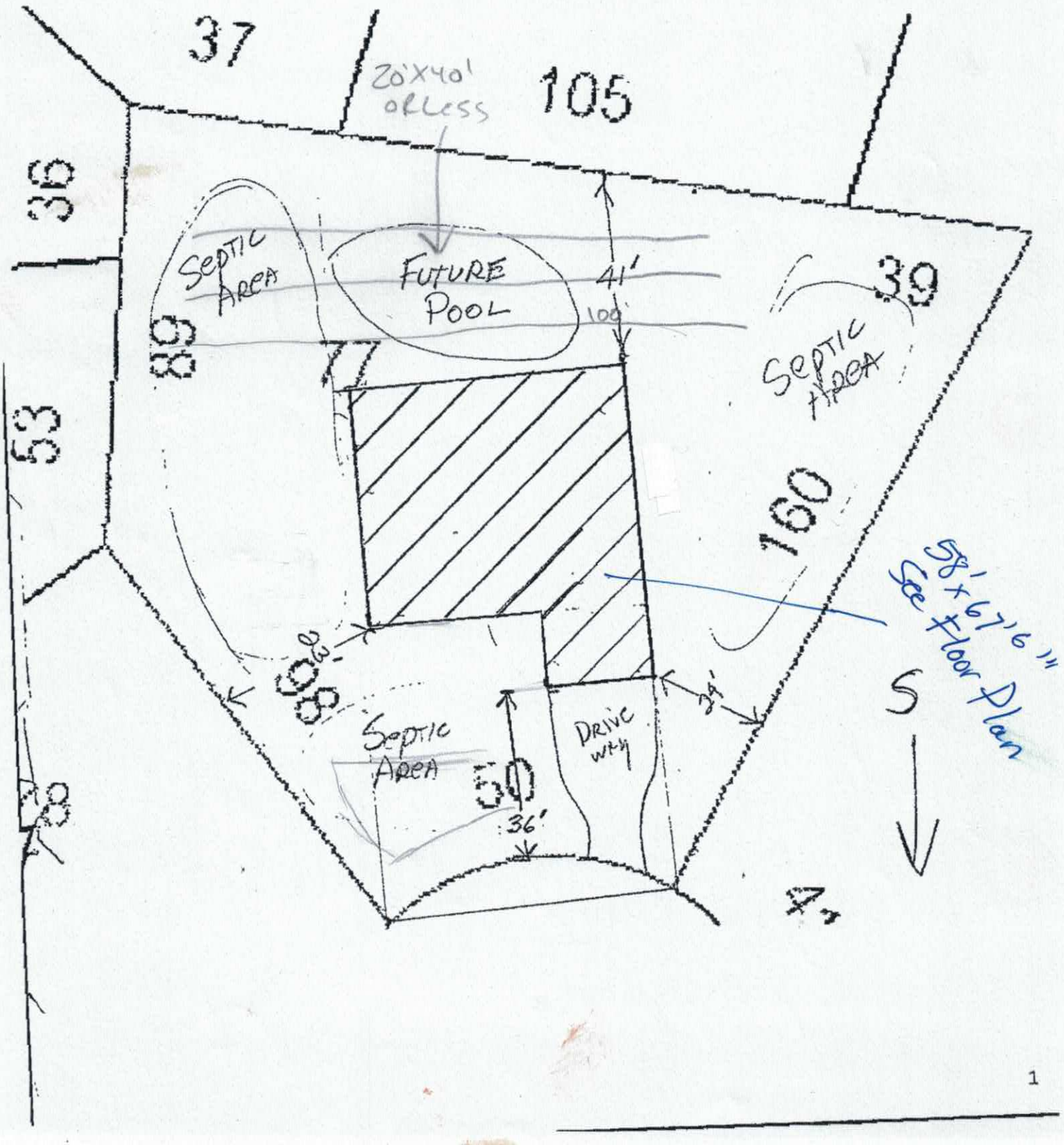
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☐ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Larry Correll Date: 4-14-16 Installed by: LARRY HINKLE

IMPROVEMENT PERMIT by: RA Collins Date: 4-12-16 OPERATION PERMIT by: RA Collins Date: 5-11-17

AUTHORIZATION TO CONSTRUCT by: RA Collins Date: 4-12-16 Existing System Inspected by: Date:

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


37
20'x40' ORLESS
105
38
SEPTIC AREA
FUTURE POOL
41'
100'
39
SEPTIC AREA
89
53
160
58' x 67'6" See Floor Plan
S
98'
34'
SEPTIC AREA
DRIVE WAY
50
36'
28
A.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4654-87-2684
Lot #: 77
Permit #: 216994
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: LARRY CORRELL
Applicant: SAME
Address: 127 CANTERBURY PLACE RD.
Date Evaluated: 5/4/2016
Proposed Facility: SFR
Design Flow (.1949) 360
Property Size: .46 AC
Location of Site: DAVIDSON DOWNS 77
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 8%	0-12	SCL,W,SBK	SS	NA	52"	MANY SAP @ 34-52"	52"+	.35
		12-34	C,M,SBK	SS					
		34-52	CL,W,SBK	SS					
AB 2	LINEAR 8%	0-6	SCL,W,SBK	SS	NA	50"	MANY SAP @ 30-50"	50"+	.35
		6-30	C,M,SBK	SS					
		30-50	CL,W,SBK	SS					
AB 3	LINEAR 8%	0-12	SCL,W,SBK	SS	NA	50"		50"+	.3
		12-50	C,M,SBK	SS					
AB 4	LINEAR 8%	0-6	SCL,W,SBK	SS	NA	50"	MANY SAP @ 40-50"	50"+	.3
		6-40	C,M,SBK	SS					
		40-50	CL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	PANEL BLOCK
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: LARRY CORRELL
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: LARRY CORRELL

AB#1 0-12 SCLWSBK SS
12-34 CMSBK SS (.35)
34-52 CLWSBK SS
MANY SAP

AB#2 0-6 SCL WSBK SS
6-30 CMSBK SS (.35)
30-50 CL WSBK SS
MANY SAP

AB#3 0-12 SCL WSBK SS (.3)
12-50 CMSBK SS

AB#4 0-6 SCLWSBK SS (.3)
6-40 CMSBK
40-50 CLWSBK
MANY SAP

RECEIVED MAR 1 – 2016

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)

Paid $500.00

#216994

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 ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

LAWRENCE G. CORRELL (Applicant Name)	127 CANTERBURY PL RD, MOORESVILLE NC 28115 (Mailing Address)	704-892-5927 (Home Phone #)	704-577-8228 (Alternate Phone #)
CHRISTIANA E CORRELL (Owner Name)	127 CANTERBURY PL RD, MOORESVILLE NC 28115 (Mailing Address)	704 892-5927 (Home Phone #)	704 576 0951 (Alternate Phone #)

4. **Property Information:**

YORKSHIRE LN (Street Address) — DAVIDSON DOWNES (Subdivision Name) — LOT 77 (Section/Phase and Lot Number)

Driving Directions: TAKE BUCKINGHAM PLACE OFF OF PRESBYTERIAN RD, GO TO BOTTOM OF THE HILL, TURN RIGHT ON CANTERBURY, GO TO TOP OF HILL & TAKE A LEFT ON YORKSHIRE LN. LOT IS AT THE BACK OF CUL DE SAC ON THE LEFT.

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 3
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 To The Best of Your Ability:** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: Lawrence G. Correll (Property owner or owner's legal representative signature (SIGNATURE REQUIRED)) — 3/1/16 (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, Christiana E. Correll, am the legal owner(s) of the property located at Davidson Downes, Coddle Creek Lot 77, identified as PIN (Parcel Identification Number) 4654872684, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lawrence G. Correll, 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.

Christiana E Correll — 3/1/16 — Signature of Owner(s) — Date

Joyce C Comer — 3/1/16 — 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:

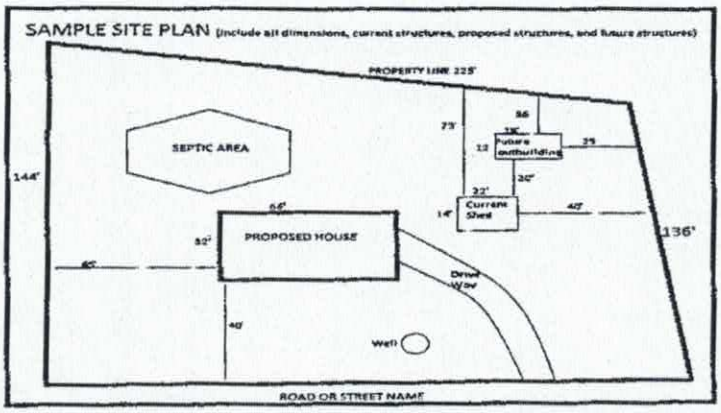
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

- X **Front and side setbacks from property line...**
- X **Preferred driveway location and configuration, preferred well location...**
- X **Area you prefer your septic system to be placed...**
- X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

- X **Location of septic systems and wells within 100' of your property..** (N/A)
- X **Location of easements and rights of ways on your property..** (N/A)
- X **Location of any designated wetlands on the property..** (N/A)

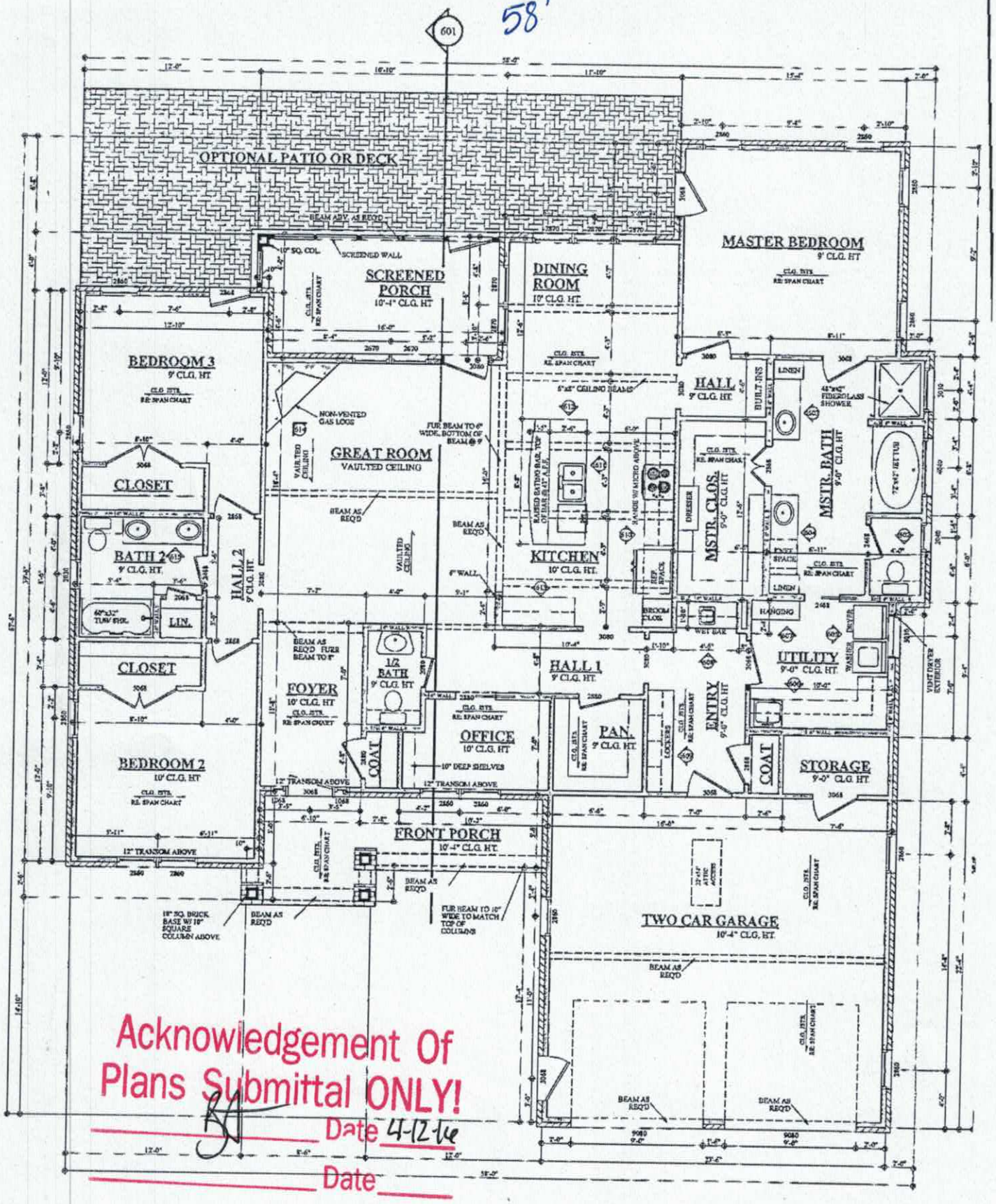


USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: Laurence G. Powell
REQUIRED property owner or owner's legal representative signature.

3/1/16
DATE


601
58'
67'6"
OPTIONAL PATIO OR DECK
SCREENED PORCH
10'-4" CLG. HT.
DINING ROOM
10' CLG. HT.
MASTER BEDROOM
9' CLG. HT.
BEDROOM 3
9' CLG. HT.
GREAT ROOM
VAULTED CEILING
HALL
9' CLG. HT.
MSTR. BATH
9'-0" CLG. HT.
CLOSET
BATH 2
9' CLG. HT.
HALL 2
9' CLG. HT.
KITCHEN
10' CLG. HT.
MSTR. CLOS.
9'-0" CLG. HT.
CLOSET
FOYER
10' CLG. HT.
1/2 BATH
9' CLG. HT.
HALL 1
9' CLG. HT.
UTILITY
9'-0" CLG. HT.
OFFICE
10' CLG. HT.
PAN.
9' CLG. HT.
ENTRY
9'-0" CLG. HT.
BEDROOM 2
10' CLG. HT.
STORAGE
9'-0" CLG. HT.
FRONT PORCH
10'-4" CLG. HT.
TWO CAR GARAGE
10'-4" CLG. HT.
Acknowledgement Of
Plans Submittal ONLY!
Date 4-12-16
Date

IREDELL COUNTY

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

APPLICATION NUMBER
216994
Issue Date: 03/01/2016

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4654872684.000	111 YORKSHIRE DRIVE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: CORRELL, CHRISTIANA	Applicant: CORRELL, LAWRENCE
Address: 111 YORKSHIRE LANE MOORESVILLE, NC 28115	Address: 127 CANTERBURY PLACE ROAD MOORESVILLE, NC 28115
Phone: 704-576-0951	Phone: 704-892-5927

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	35.00	35.00	15.00	15.00	NO	X

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: L Correll Date: 3/1/16

Permit Number	61619	TOTAL FEES:	$ 77.25