IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230465

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

PIN # 4654877657

APPLICANT/OWNER: Andrew & Jodi Morgan APPLICANT ADDRESS: 210 Buckingham Pl. Mooresville, NC 28115

SITE ADDRESS: 210 Buckingham Pl Mooresville, NC PHONE: 419-410-7162 ALT. PHONE 704 290-4069

SITE DIRECTIONS: Hwy 115 S. Pt Presbyterian TR Sinkfam TL Buckingham PL on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Davidson Downs SECTION: – LOT # 68 LOT AREA: .556 Ac. DESIGN FLOW: 480gpd L.T.A.R.: .3I/.25R

Septic Tank	Ex 1000	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4
Pump Tank	Ex 1000	(gal)	PT		Date		System Description: LPPPBPS Exist		☐ Business	No. Persons	
Pump Make	Zoeller	Model	N152		Serial #		Repair System Description: LPPPBPS		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	Ex 3		Linear Ft	270	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space	
Trench Width	24"	Trench Bottom Depth(Low side)		36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: ☒ Septic Supply line must be re-routed to accommodate ingraind Swimming pool. (See attached drawing) Supply line must be at least 10ft from pool "cut". ☒ ICHD must inspect new supply line & reset pressure head.

INITIAL SITE SKETCH

See attached Site plan, Submitted by BOSS

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: 10/25/17 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 10/25/17 OPERATION PERMIT by: Benjamin A Bolton Date: 1/10/2018

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 10/25/17 Existing System Inspected by: Date:

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	0.9	17
2	PINK	1.5	35
3	GREEN	2.3	55
4	ORANGE	2.8	77
5	RED	3.4	118
6	PINK	3.8	26
EXISTING	PINK	4.7	90
EXISTING	BLUE	5.2	90
EXISTING	ORANGE	6.2	90
			TOTAL
			598

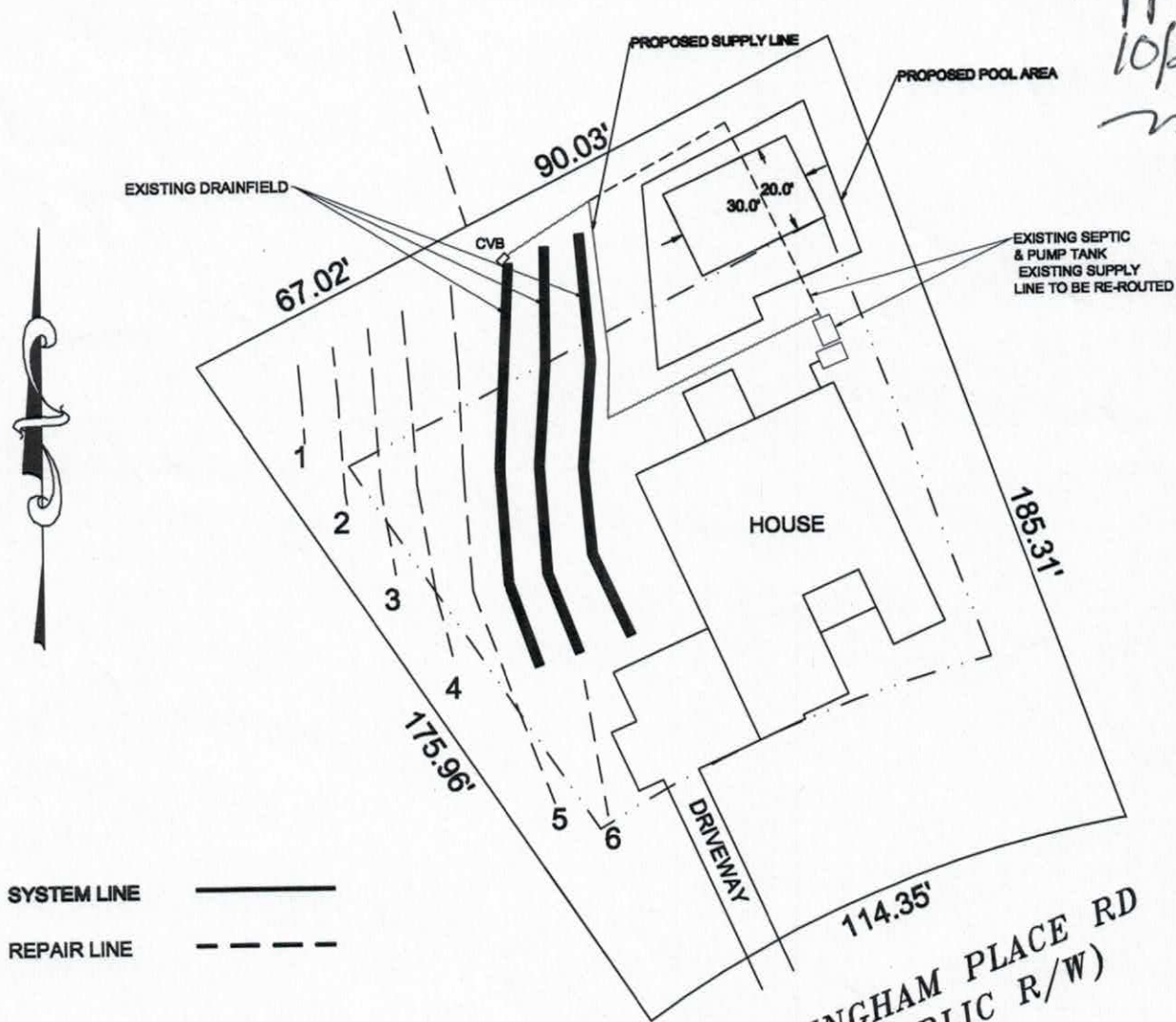
210 BUCKINGHAM PLACE ROAD. LOT 68

4-BEDROOM EXISTING PPBPS/ LPP DIST. SYSTEM
SEE COUNTY PERMIT
LINES 7-9 TOTAL 270 LINEAR FEET
LTAR 0.3
50% REDUCTION
36" TRENCH BOTTOM

4-BEDROOM ACCEPTED REPAIR SYSTEM
LINES 1-6 TOTAL 328 LINEAR FEET
LTAR 0.25
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Approved
10/25/17
MD



SYSTEM LINE ——————

REPAIR LINE — — — —

0 20 40

SCALE:
1" = 40 ft.

BOSS	Benfield Outdoor Services & Solutions 127 Misty Arbor Ln, Mooresville, NC 28117 Ph:704-929-6916 BOSSM666@yahoo.com	ANDREW MORGAN	LOT 68 210 BUCKINGHAM PLACE MOORESVILLE, NC IREDELL COUNTY DATE:10/20/17 DRAWN BY:MDB CHECKED BY:MDB

Called 4M 10/

RECEIVED OCT 16 2017

230465

Please CALL prior to inspection

ASAP

Name: Jodi Morgan

Number: 419-410-7162

ALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR . THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION. MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED THOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $ 500.00 9-25-17

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

X Move Repair Lines

Call to Meet

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ANDREW MORGAN	210 Buckingham Place Rd Mooresville NC 28115	(704-290-4009)	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ANDREW & JODI MORGAN	"	"	(419-410-7162)

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
210 BUCKINGHAM PLACE RD	DAVIDSON DOWNES	Lot 68

Driving Directions: 115 (HWY) east on Presbyterian Rd - right into Davidson Downes

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 _____
(X) Other Mark Septic Repair lines for pool

Maximum Number of Bedrooms 4
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

(X) 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

PAID

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 2015 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 10-29-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

White Flags - Initial

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, ANDREW MORGAN, JODI MORGAN am the legal owner(s) of the property located at 210 Buckingham Place Rd Mooresville NC 28115, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Benfield, _____, 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 6.19.17

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

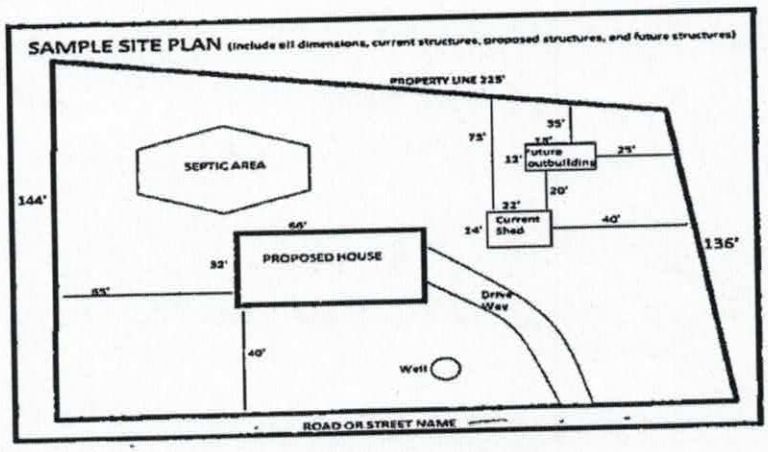
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

See attached

Signature: _____

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

6-29-17

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
230465
Issue Date: 09/25/2017

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654877657.000	210 BUCKINGHAM PLACE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MORGAN ANDREW+JODI	Applicant: MORGAN ANDREW+JODI
Address: 210 BUCKINGHAM PLACE RD MOORESVILLE, NC 28115	Address: 210 BUCKINGHAM PLACE RD MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.556		10.00	10.00	10.00	NOT	X

Remarks:

PAID Cash 9/25

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE

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: See Attached Date: _____

Permit Number	116080	TOTAL FEES:	$ 77.25