IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237243

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

PIN # 4655-61-2929

APPLICANT/OWNER: Myrna Mowrey | APPLICANT ADDRESS: 108 Virginia Ave. Huntersville, NC 28078

SITE ADDRESS: 318 Midway Lake Rd. Mooresville, NC | PHONE: 704-622-4538 | ALT. PHONE

SITE DIRECTIONS: Shearers Rd South from Mooresville → R on Faith Rd → L on Midway Lake → Lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

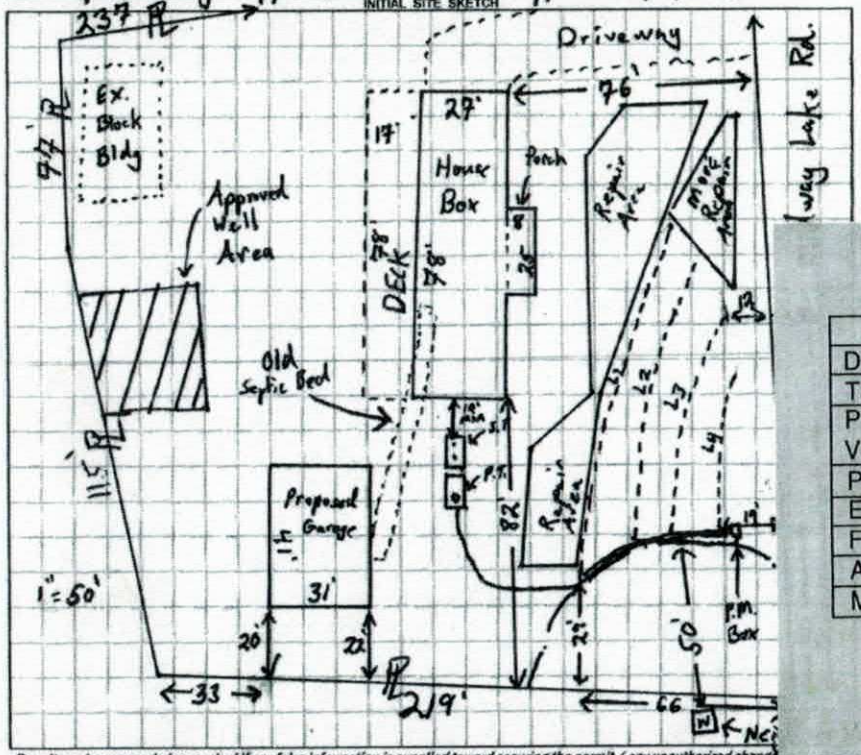
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.12 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	6-21-18 / 2-11-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT	3531	Date		System Description: PM - 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make	ZOELLER	Model	BNIS2-B		Serial #	ZK 18 LL	Repair System Description: 50% Reduction (PPBPS)		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft	302	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	32"		Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing block building shall have all sewer disconnected. New garage may have bathroom ONLY (No kitchen or bedroom) See previously approved floorplans (approved 9/10/2018)

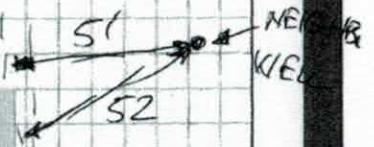
4-10-19 BW TANKS & SUPPLY LINE CHECKED
4-11-19 -CC everything except electrical checked!

INITIAL SITE SKETCH



AS BUILT SKETCH

Line	Length	TAP size
L1	104	3/4" SCH 40
L2	92	3/4" SCH 80
L3	64	1/2" SCH 40
L4	42	1/2" SCH 80



	Date	Initials
Drain Lines Checked	4/11	CC
Tanks Checked	4/10	BW
Pressure Manifold or Valve Box Checked	4/11	CC
Pressure Head Set	4/11	CC
Electrical Checked	05/29	PJB
Floats Set	4/11	CC
Alarm Checked	4/11	CC
Maintenance Contract Y / (N)		

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: Myrna Mowrey | Date: 10/17/18 | Installed by: SHANE CASHION

IMPROVEMENT PERMIT by: Tom Shuchs | Date: 10/17/18 | OPERATION PERMIT by: Patrick J Boyle III | Date: 05/29/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuchs | Date: 10/17/18 | 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237243

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

PIN # 4655-61-2729

APPLICANT/OWNER: Myrna Mowrey | APPLICANT ADDRESS: 108 Virginia Ave. Huntersville, NC 28078

SITE ADDRESS: 318 Midway Lake Rd. Mooresville, NC | PHONE: 704-622-4538 | ALT. PHONE

SITE DIRECTIONS: Shearers Rd South from Mooresville → R on Faith Rd → L on Midway Lake → Lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

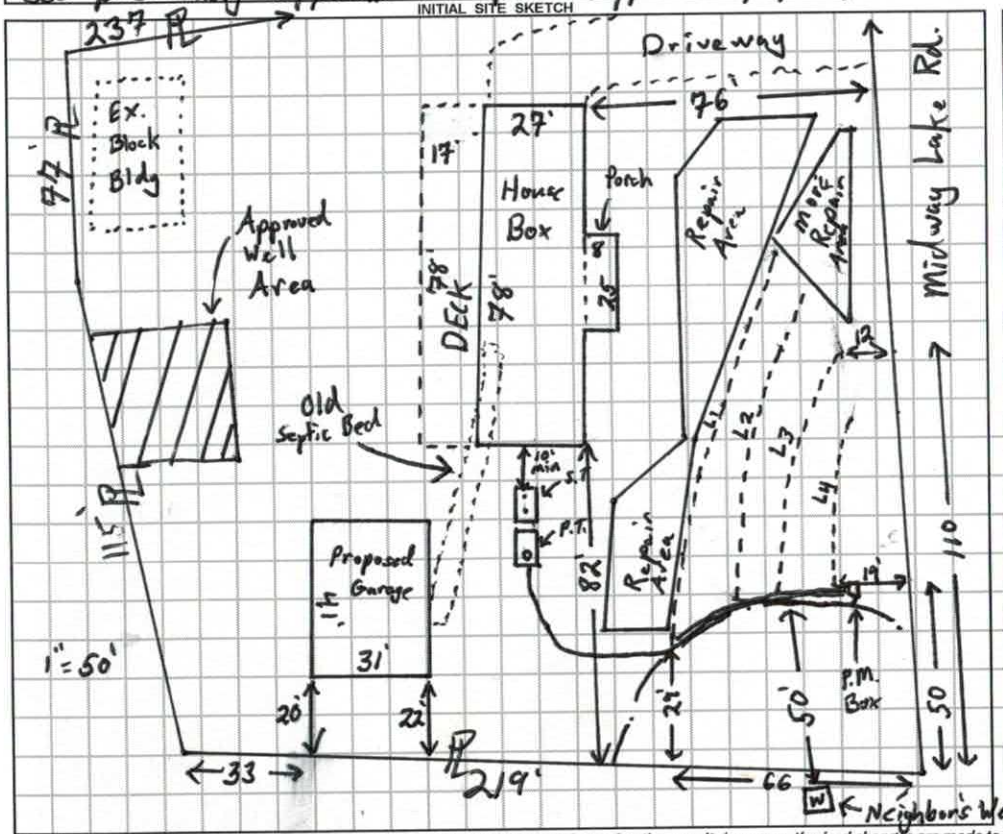
SUBDIVISION: — | SECTION: — | LOT #: — | LOT AREA: 1.12 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description: PM - 25% Reduction				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: 50% Reduction (PPBPS)				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 302	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth —	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing block building shall have all sewer disconnected.
New garage may have bathroom ONLY (No kitchen or bedroom)
See previously approved floorplans (approved 9/10/2018)

INITIAL SITE SKETCH



AS BUILT SKETCH

Line	Length	TAP size
L1	104	3/4" SCH 40
L2	92	3/4" SCH 80
L3	64	1/2" SCH 40
L4	42	1/2" SCH 80

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: Myrna Mowrey Date: 10/17/18 Installed by:

IMPROVEMENT PERMIT by: Tom Shade Date: 10/17/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shade Date: 10/17/18 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4655-61-27
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Myrna Mowry
ADDRESS: 108 Virginia Ave Huntersville
PROPOSED FACILITY: 4 BESFR
PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 3191 Hwy Lake Rd

APPLICATION DATE: 6/26/18
DATE EVALUATED: 8/7/18
PROPERTY SIZE: 1.12 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 6%	0-8	V.F. SBK	SI. Friable, SS, Sp, Sap		56			0.30 PS
		8-33	M. SBK/ABK	SI. Firm, Sticky, Sp, Sap					
		33-56	Clay Loam w. SBK	SI. Friable, SS, Sp, Sap					
2	Foot Slope 6%	0-7	V.F. SBK	SI. Friable, SS, Sp, Sap	Lithochromic Yellow/Brown from SAP	56			0.3 PS
		7-15	M. SBK/ABK Clay	SI. Firm, Sticky, Sp, Sap					
		15-56	Clay Loam w. SBK/ABK some Saprolite	SI. Friable, SS, Sp, Sap					
3	LSS 8%	0-7	SCL V.F. SBK	SI. Friable, SS, Sp, Sap		57			0.30 PS
		7-25	Clay M. SBK w. ABK	SI. Firm, Sticky, Sp, Sap					
		25-57	Clay Loam w. SBK Some Saprolite (Yellow-Brown)	SI. Friable, SS, Sp, Sap					
4	LSS 6% Drive	0-9	SCL V.F. SBK			57			0.30 PS
		9-30	M. SBK w. ABK						
		30-57	Clay Loam V.F.SBK Common Saprolite (Yellow)						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	PPBPS	PPBPS
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: _____

COMMENTS: _____

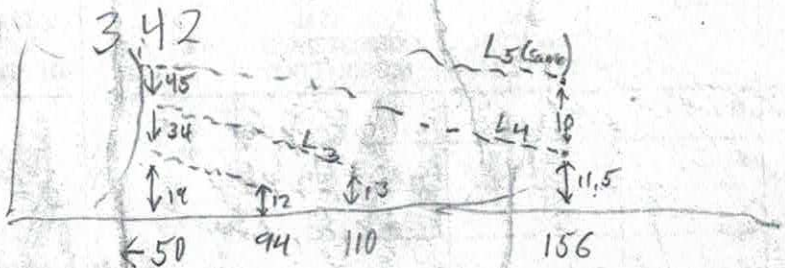
10/12/18

L5 W: 124' (same) 5.91

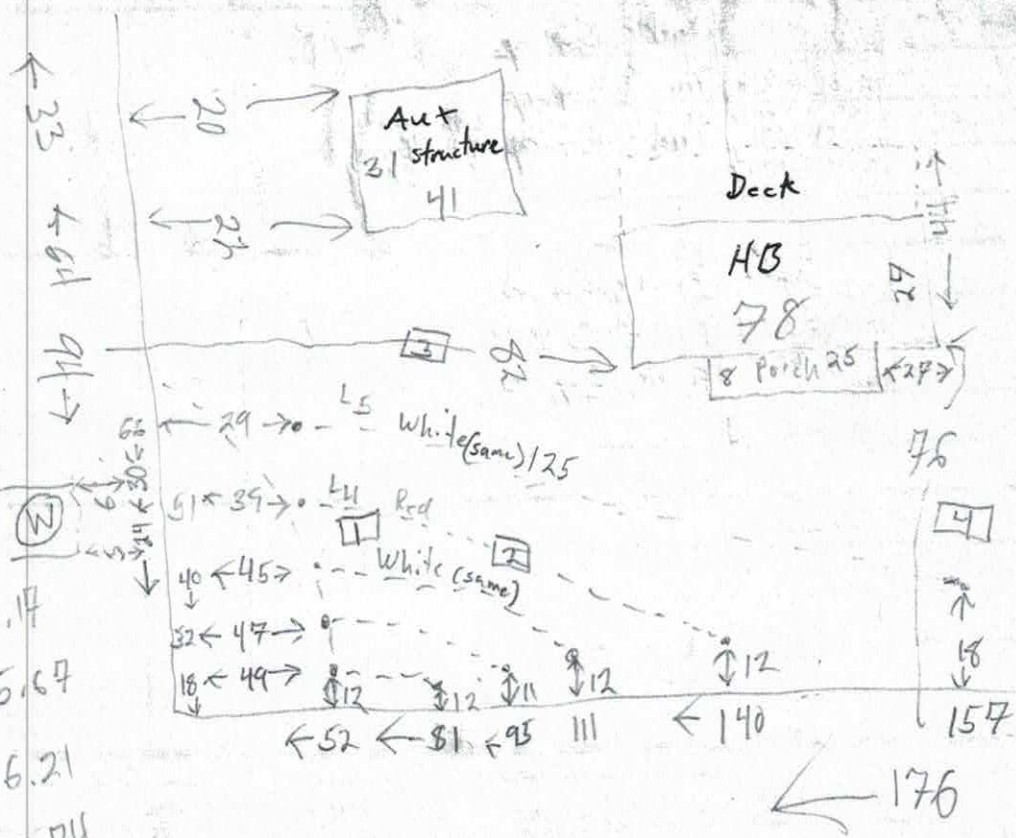
L4 R: 112' 5.48

L3 W: 64' 5.01

L2 R: 42' 4.34



2 2
46
65
98
125
334



L1 W 29' 5.14

L2 R 46' 5.67

L3 W 65' 6.21

L4 R 98' 6.94

L5 W 125' 7.11

363

RECEIVED JUL 1 3 2018

Kevin 704-634-0441

Submit w/ Floor Plan W/ Dimensions All Rooms Labled

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#237243 Paid $500.00

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: Myrna Mowrey Address: 108 Virginia Ave Huntersville NC Zip: 28078
Applicant Email: myrnamowrey@kw.com Phone: 704 622 4538 Alt. Phone: 704 7838626
Owner Name: Same Address: Same Zip: ____
Owner Email: Same Phone: Same Alt. Phone: ____

Property Information:

Street Address: 318 Midway Lake Road Mooresville NC 28115
Subdivision Name: — none — Section/Phase: — Lot Number: —
Driving Directions: 115 South From Mooresville, Pass Faith Rd, turn left on Midway Lake Rd, Follow around - Property on Left

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: ____
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: ____

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: ____
No Well Here
( ) 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: Myrna L Mowrey 6/26/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Owners: Robert A. Duke SR, Myrna L. Mowrey

→

RECEIVED JUL 13 2018

Submit w/ Floor Plan w/ Dimensions All Rooms Labled

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $550.00 # 237243

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

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Applicant Email: myrnamowrey@kw.com Phone: 704 622 4538 Alt. Phone: 704 7838626
Owner Name: Same Address: Same Zip: ____
Owner Email: Same Phone: Same Alt. Phone: ____

Property Information:

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( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ____
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: ____

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: ____
No Preference
( ) 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:
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( ) 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: ____ 6/26/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Owners: Robert A. Duke SR, Myrna L. Mowrey

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

sign #1 thats all

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, _____, 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.

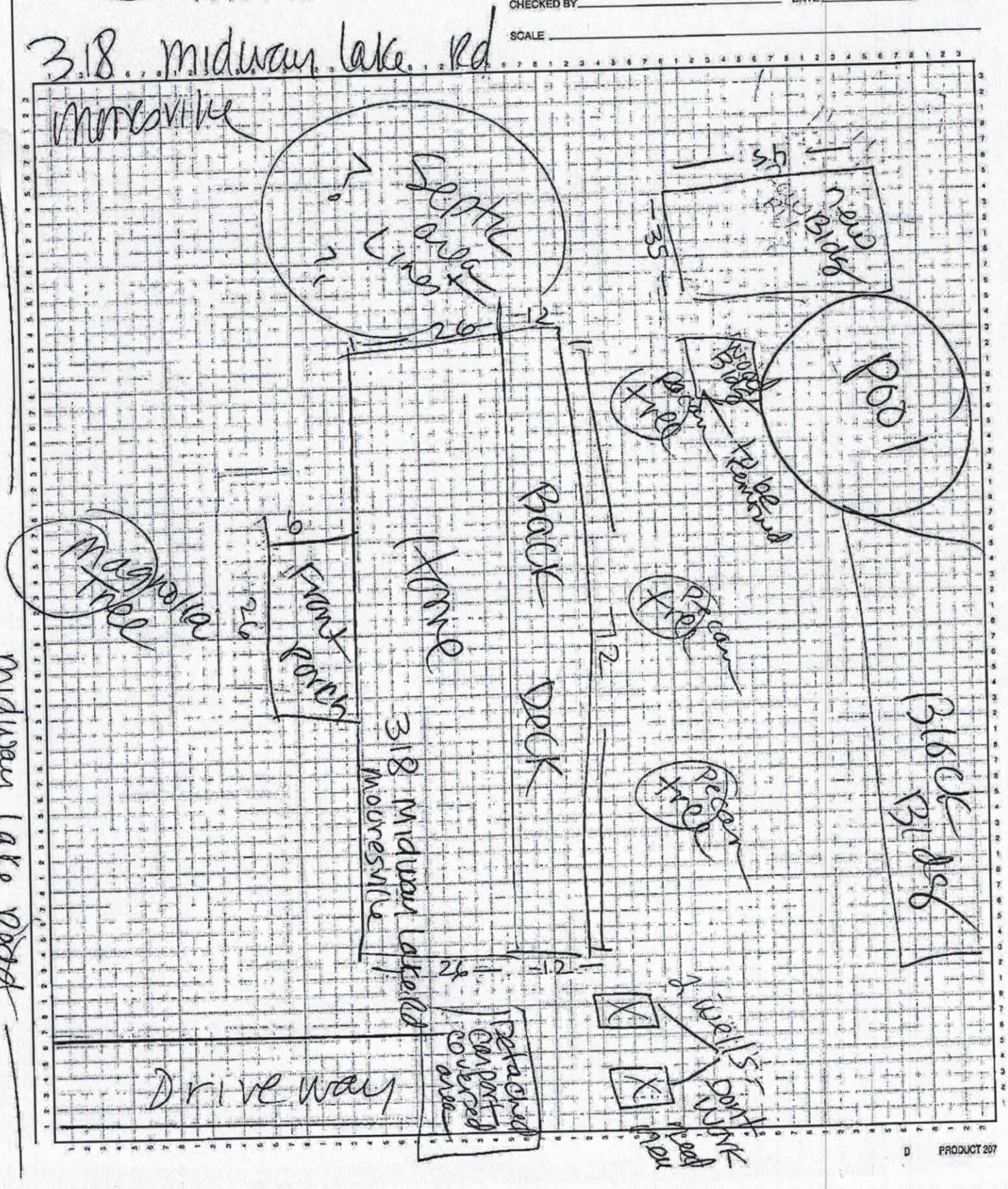
_____ _____
Signature of Owner(s) Date

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

JAMES E. HARRIS
CONSTRUCTION CO. INC.
Post Office Box 693
HUNTERSVILLE, NC 28070
(704) 948-4033 FAX 948-4027

JOB
SHEET NO. OF
CALCULATED BY DATE
CHECKED BY DATE
SCALE



PRODUCT 207

Mowrey/Duke 72 318 Midway Lake Rd Mooresville



Acknowledgement Of
Plans Submittal **ONLY!**

Sean Stuck Date 8/14/18

Miguel Mrs Date 7/3/18

JAMES E. HARRIS
CONSTRUCTION CO. INC.
Post Office Box 693
HUNTERSVILLE, NC 28070
(704) 948-4033 FAX 948-4027

JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE 1/4" = 1'

Murna Duke
Robert Mowrey

30

40

Toilet

Sink

New Garage with Living space

1 story

to be used

Acknowledgement Of Plans Submittal ONLY!

Date _____

Sam Hall Date 9/6/2018

We will NOT ANY one PERMIT TO Live in the Building

For (1) 1965 Truck
(2) motorcycles
(1) tractor

318 Midway Lake Rd

IREDELL COUNTY

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

APPLICATION NUMBER
237243
Issue Date: 07/13/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4655612729.000	318 MIDWAY LAKE ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOWREY MYRNA L+ROBERT A DUKE S R	Applicant: MOWREY MYRNA L+ROBERT S
Address: 108 VIRGINIA AVE	Address: 108 VIRGINIA AVE
MOORESVILLE, NC 28078	MOORESVILLE, NC 28078
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.120	35.00	35.00	15.00	15.00	NOT	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: _____ Date: _____

Permit Number	145494	TOTAL FEES:	$ 79.50