RECEIVED DEC 17 2014

Paid $150.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Existing #207503

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:

Applicant Name: Elizabeth Marklin Address: 165 Sweet Martha Dr Mooresville NC Phone: 7046585817

Owner Name: Johnny Wright Address: Fred Ln Mooresville Phone: 704 309 7504

Property Information: Sb 115

Street Address: Lot Fred Ln Mooresville NC

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Mooresville → Hwy 115 South → Lt on Faith Rd → Midway Lake → Lt Tammy Ln Rt Fred Ln 2nd lot on Lt.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Single Wide

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

12/16/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

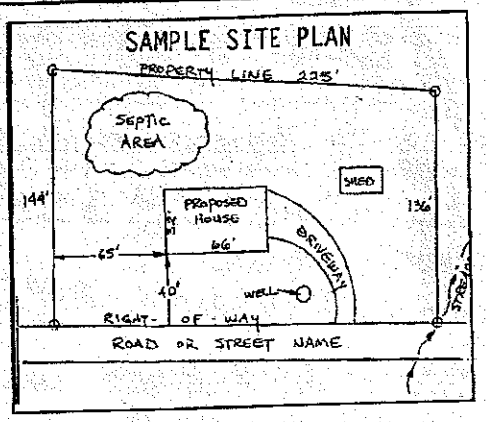
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

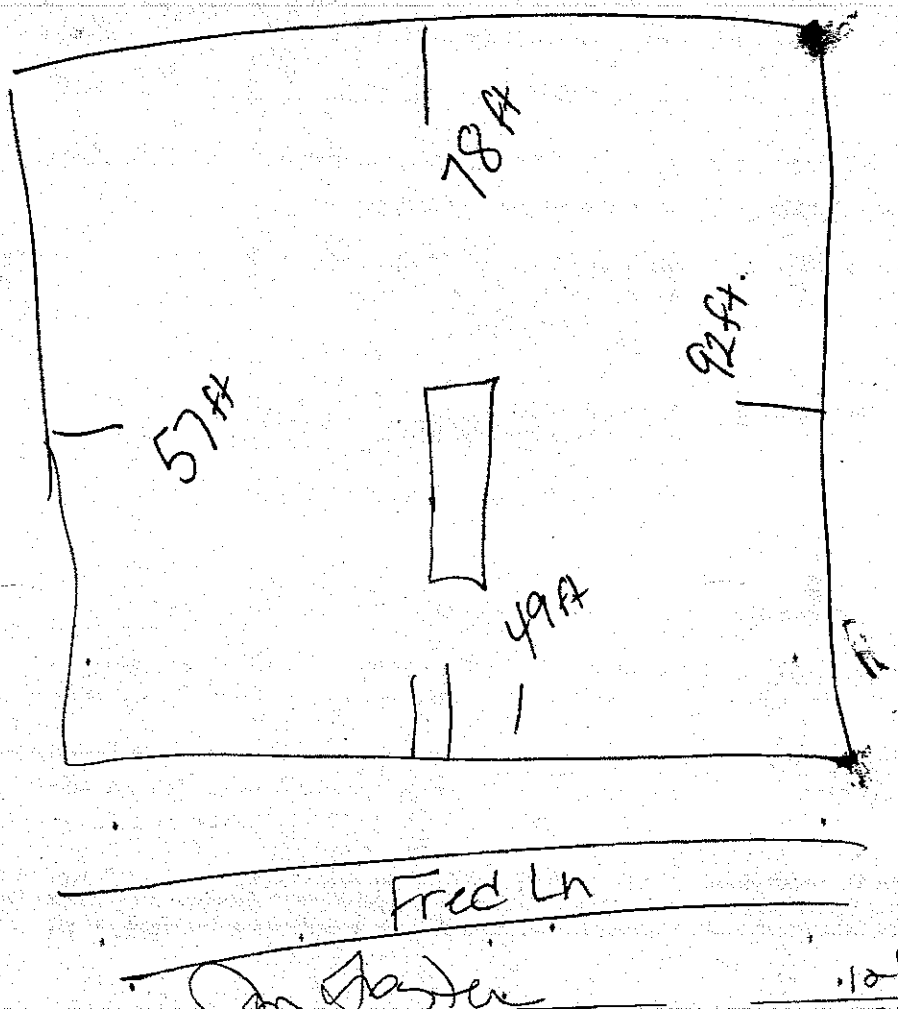


Circle N/A on the following if appropriate:

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

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: _____ 10/16/14

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 176050 PIN # 4655803602 DATE 12/5/12

OWNER or APPLICANT DEANNA RAMOS PHONE: Business Home: 704-380-7455

OWNER or APPLICANT ADDRESS 100 SOULE LN MOORESVILLE NC 28115

LOCATION / DIRECTIONS 115 - TL MIDWAY LAKE - TR TAMMY LN - TR FREO LANE - 2ND ON LEFT - # 115

SUBDIVISION WRIGHT ESTATES BLOCK / SECTION LOT # 2 LOT AREA .78AC DESIGN FLOW 360GD L.T.A.R. EXISTING

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300 - EXISTING

Trench Width 36 Max. Trench Bottom Depth EXISTING Gravel Depth EXISTING

☑ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: GRAVITY CONVENTIONAL - EXISTING

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

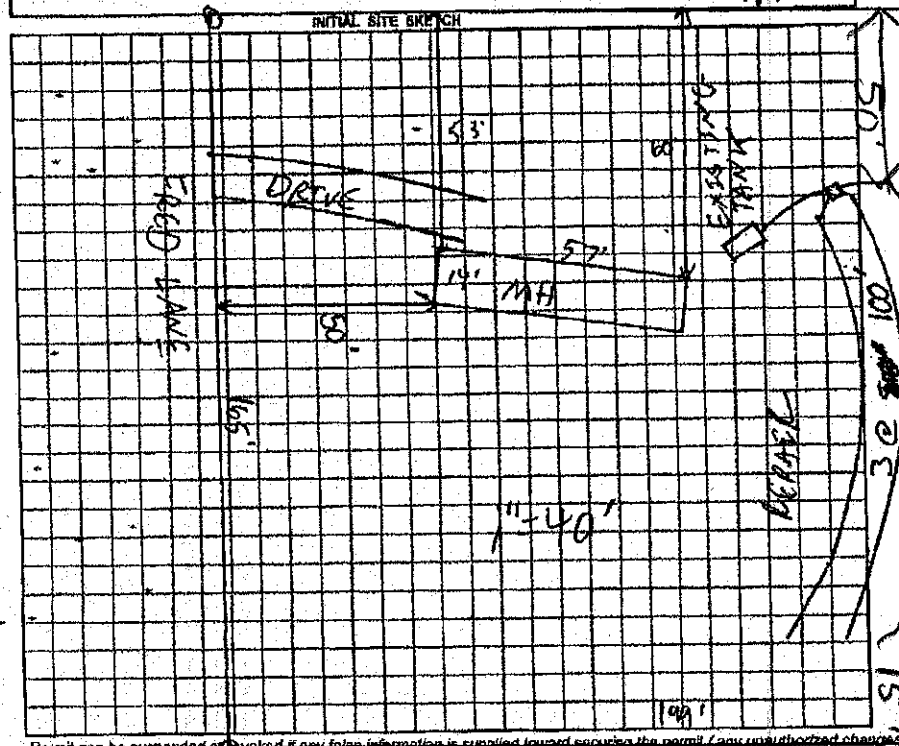
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private Shared off Property ☐ Public ☐ Community

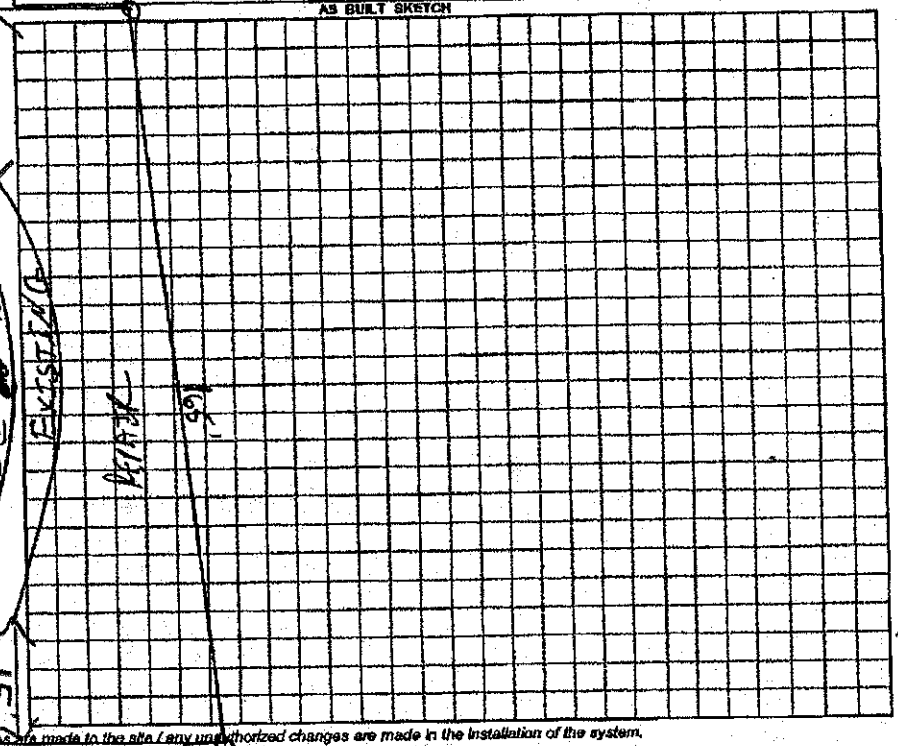
Comments / Conditions: KEEP NEW HOME 5' FROM SEPTIC SYSTEM. SEPTIC SYSTEM FUNCTIONED PROPERLY AT TIME OF INSPECTION.

Comments / Conditions: ~120FT - From Rd to ST 10FT btw ST & ST Drainage Fence over top

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.

☐ IMPROVEMENT PERMIT w/plot valid without expiration. ☐ IMPROVEMENT PERMIT w/site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Deanna Ramos Date 12-31-12

Improvement Permit by: Date

Authorization to Construct by: Date

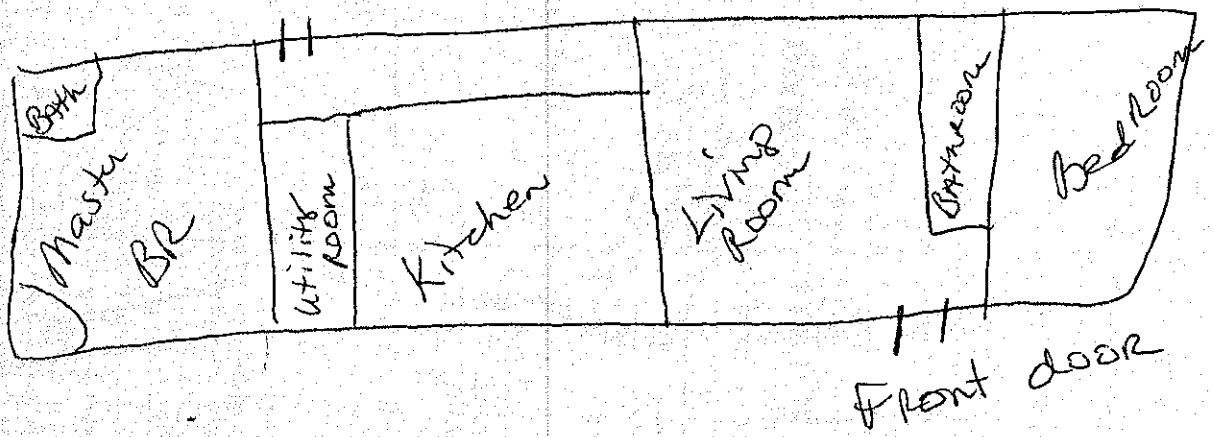
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: C. Brady Teer HHS Date: 12/5/12

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant



Acknowledgement
Plans Submittal ONLY!

Date 12/16/14

Date

Ronda Hart

From: Deborah Williams
Sent: Tuesday, December 16, 2014 2:32 PM
To: Ronda Hart; Adrian Pruett; Brady Freeman; Faye Wagoner
Subject: OneTouch Dec 16, 2014 (6).PDF
Attachments: OneTouch Dec 16, 2014 (6).PDF

This is an existing system. It was signed off in 2012 but nothing was put on the lot. The renters backed out. The mobile home is going back in the same place it was before. Thanks Debbie

Debbie Williams
Central Permitting Technician
349 North Center Street
Statesville, NC 28677
Phone: 704-878-3113 EXT 3115
Fax: 704-878-3171

Maria -
App for
Mobile Home pending - needs permit.
Jan Foster called to say lot
is marked off for application
for Elizabeth Marklin - Fred Lane.
Property owner = Johnny Wright
704-309-7504
Can answer questions about lot.
Elizabeth's # 704-658-5817
Jan's # 704-524-7451
11/4/15 am

Ronda Hart

From: Deborah Williams
Sent: Tuesday, December 16, 2014 3:4
To: Ronda Hart; Adrian Pruett
Subject: FW: OneTouch Dec 16, 2014 (6).
Attachments: OneTouch Dec 16, 2014 (6).PDF

The address on this one is incorrect. It is actually 115 Fred Ln. Moc

-----Original Message-----
From: Deborah Williams
Sent: Tuesday, December 16, 2014 2:30 PM
To: Ronda Hart; Adrian Pruett; Brady Freeman; Faye Wagoner
Subject: OneTouch Dec 16, 2014 (6).PDF

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