# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

## IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 070133 DATE 11/17/97 TAX MAP NO. 4658049471 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Otis White Jr. PHONE: Business _____ Home 663-7034

ADDRESS 121 Silverlining Rd. Mooresville, NC. 28115

LOCATION Cornelius Rd to Silverlining Rd to 2nd lot on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1.75 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 11/11/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: GRAV - CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

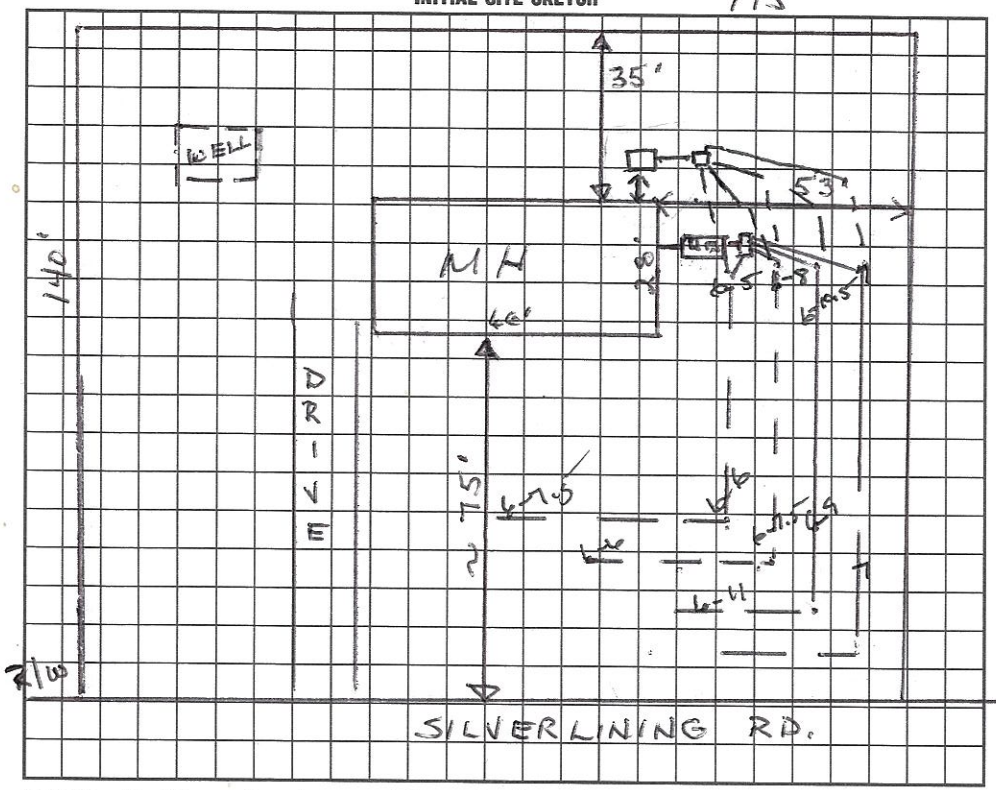
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

**INITIAL SITE SKETCH** 175'




**AS BUILT SKETCH**

I understand that this 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 is valid for 60 months from date of issuance.

Signed: * Otis S White Jr.

Improvement Permit by: Wesley Sparks RS. date 11/17/97

Existing System Inspection by: Wesley Sparks RS. date 11/17/97

Accepted

Installed by: Andy Daniels

Certificate of Completion by: Wesley Sparks RS. date 12/18/97

Operation Permit by: Wesley Sparks RS. date 12/18/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

**IREDELL COUNTY**
**PROPERTY DESCRIPTION FORM**
**P.O. BOX 788 277 S. CENTER ST.**
**STATESVILLE, NC 28687**
**Call Sanitarian Between**
**8 a.m. and 9 a.m.**
**664-5281 / 878-5305**

Permit No: 070133 Zoning Permit: X Improvements Permit: 1

Name: WHITE OTIS JR Address: 121 SILVERLINING RD

City: MOORESVILLE State: NC Zip: 281150000

Phone: 0006637034

Proposed Use: 04

PIN #: 4658049471 (924-3815-PG.) Zoning: RA Township: 1700

Street Address: SILVERLINING RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: .75

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S 25C

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? N Reason:

Location: 21S TR CORNELIUS CORNER OF SILVERLINING

Staff: RRS Date: 10/23/97

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent:

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| Applicant | Phone # | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|---|
| Otis S. White Jr. | 663-7034 | | Mooresville | NC | 28115 |
| Current Property Owner | | Mailing Address | City | State | Zip Code |
| Hazel McHenry | | 320 Brookfield Dr. | Statesville | NC | 28625 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| | | | |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| Private well | | |

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home X Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11/13/97 DATE Otis S White Jr. SIGNATURE OF OWNER/AUTHORIZED AGENT