ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307007

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

PIN # 4658-14-6300

APPLICANT/OWNER: YVONNE GOLDBAUGH | APPLICANT ADDRESS: 285 CORNELIUS ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 285 CORNELIUS ROAD, MOORESVILLE, N.C. 28117 | PHONE: 704-253-2061 | ALT. PHONE 704-677-0465

SITE DIRECTIONS: (S) ON 21, (R) ON CORNELIUS, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: — | SECTION: — LOT # — | LOT AREA: 1.00 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

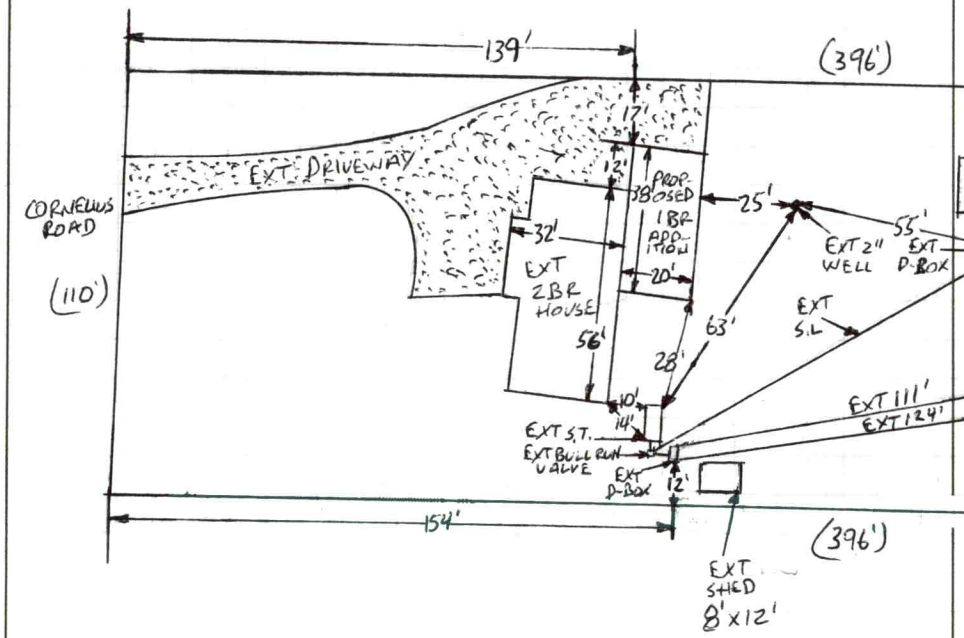
Septic Tank	EXT (gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXT CONVENTIONAL
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXT
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private EXT
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO DETERMINE IF THE PROPOSED ADDITION WOULD IMPACT THE EXISTING SYSTEM. SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

RECOMMEND TURNING BULL RUN VALVE PERIODICALLY

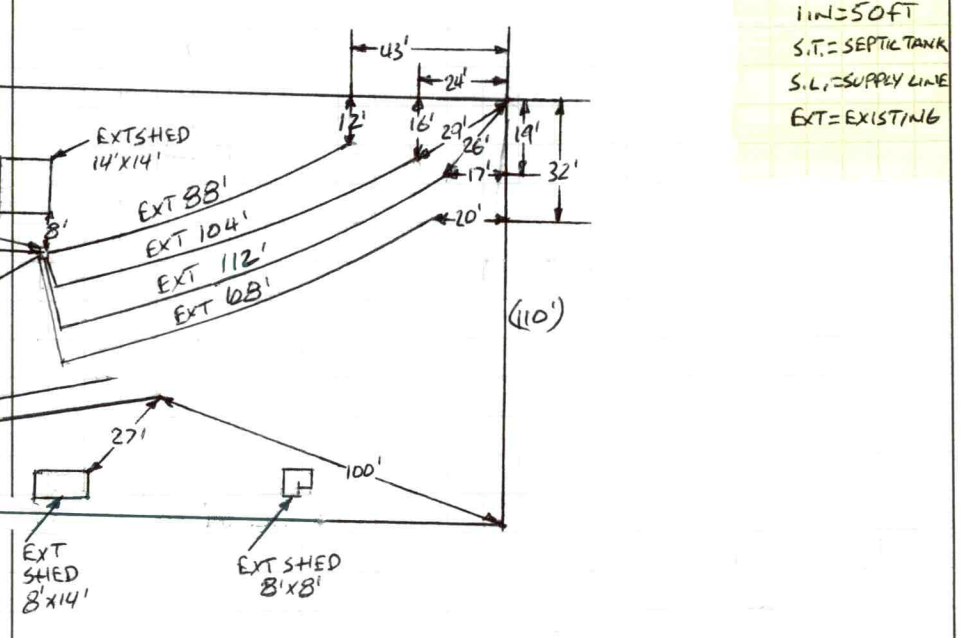
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 50 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
EXT = EXISTING



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: Yvonne Goldbaugh | Date: 4-7-2021 | Installed by: _____

IMPROVEMENT PERMIT by: _____ | Date: _____ | OPERATION PERMIT by: _____ | Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ | Date: _____ | Existing System Inspected by: Bryant C. White | Date: 4-6-2021

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

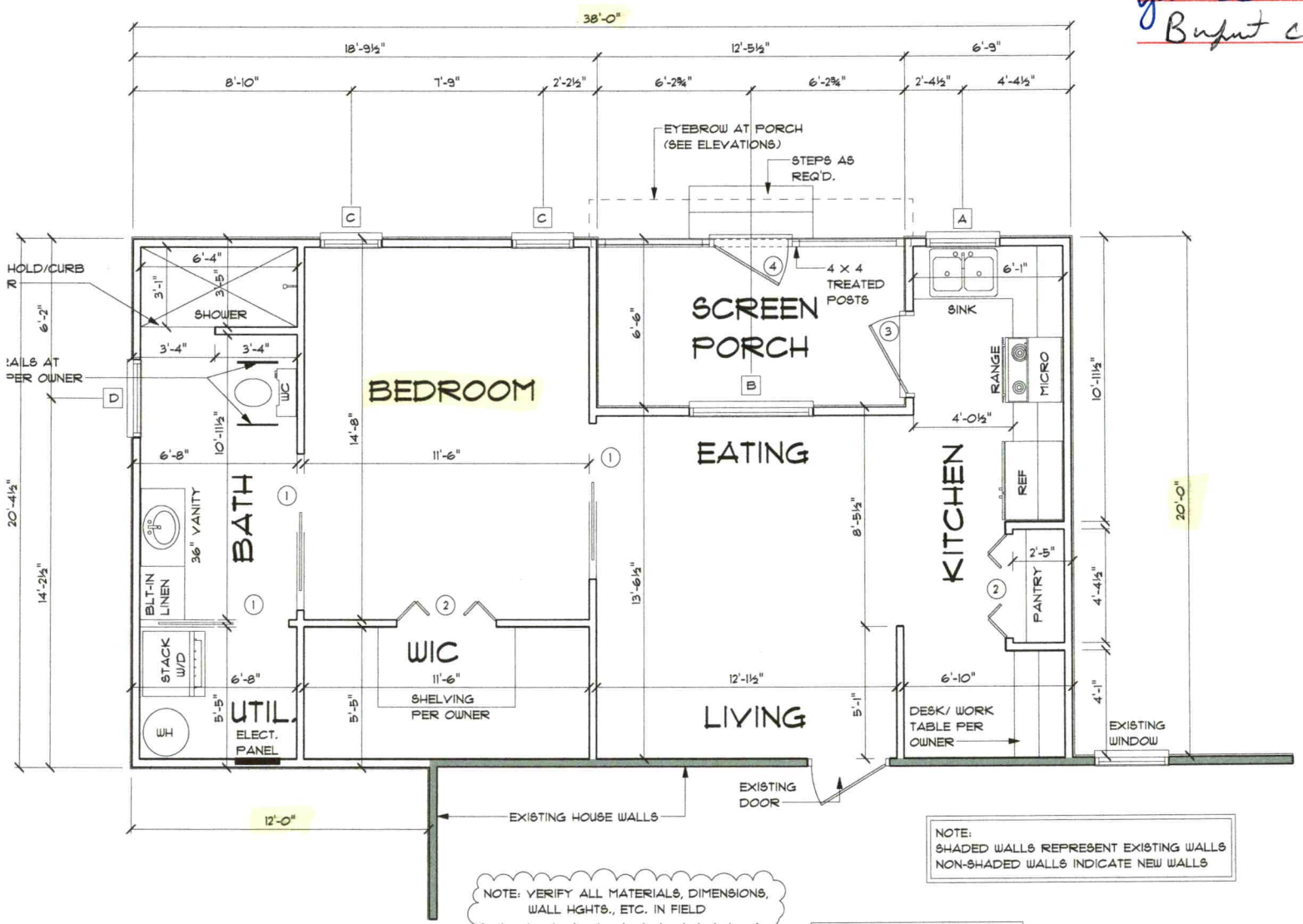
NOTE: BUILDER TO VERIFY ALL WINDOW/DOOR SIZES, ROUGH OPNG'S, ETC. W/ MANUFACTURER PRIOR TO CONSTRUCTION

1. ALL CLOSET SHELVING PER OWN

Acknowledgement Of Plans Submittal ONLY!

Yvonne Goldbaugh Date 4-7-2021

Bryant C. White Date 4-6-2021



NOTE:
SHADED WALLS REPRESENT EXISTING WALLS
NON-SHADED WALLS INDICATE NEW WALLS

NOTE: VERIFY ALL MATERIALS, DIMENSIONS, WALL HGHTS., ETC. IN FIELD

SQUARE FOOTAGES
689 SQ.FT. HEATED AREA
79 SQ.FT. SCREEN PORCH
769 SQ.FT. TOTAL UNDER ROOF

MAIN FLOOR PLAN

SCALE: 1/4"= 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Yvonne Goldbaugh Date 4-7-2021

Bryant Curtis Date 4-6-2021

Fay Shepherd Addition

Not to scale

See architect floor plan for details



Existing Floor Plan
Goldbaugh/Baity
285 Cornelius Road, Mooresville, NC 28117
Addition is on the Southern part of the house
1 square = 1 foot House is 25' X 52'

RECEIVED MAY 1 5 2020 307007

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Yvonne Goldbaugh Address: 285 Cornelius, Rd. Mooresville Zip: 28117
Applicant Email: wilkesrebandwife@gmail.com Phone: 704-253-2061 Alt. Phone: 704-677-0465
Owner Name: Yvonne Goldbaugh Address: 285 Cornelius Rd. Mooresville Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 285 Cornelius Road, Mooresville, NC 28117

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

Driving Directions: I-77 South to Exit 42- South on Hwy 21/115 to Mooresville- South on Hwy 21 – approx. 1 mile turn Right on Cornelius Rd- 3/4 mile on left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 600 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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: 1980
( ) 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.

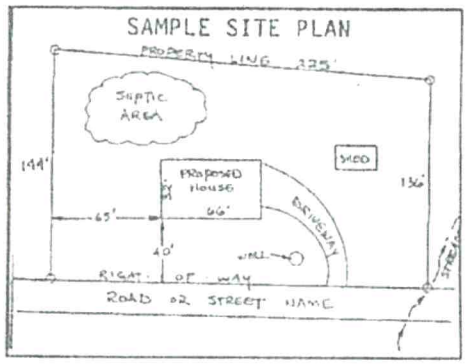
Signature: Yvonne Goldbaugh 24 April 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT 307007

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and 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:

- 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

Site plan attached.

Floor plan attached.

New site plan
and floor plan attached.

Signature: Yvonne Goldby

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

5/8/2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. Repair DATE 11/8/94 TAX MAP NO. _____ Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Yvonne Willden PHONE: Business _____ Home 663-1052

ADDRESS 285 Cornelius Rd Mooresville NC

LOCATION 21N TL on Cornelius Rd to #255 on Lt

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 4 Trench Width 5' 3" Max Trench Bottom Depth 34" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: Sony Drip Box

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees _____

☐ Other _____

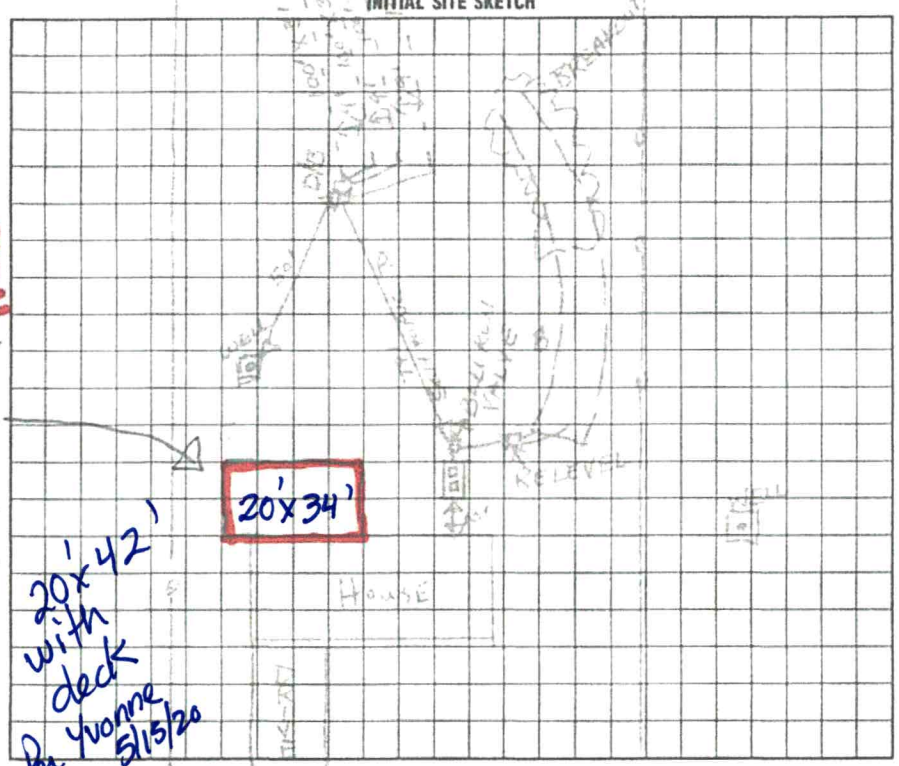
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments: Change Well location on drip Permit

INITIAL SITE SKETCH



ADDITION IN RED

20'x42' with deck per Yvonne 5/15/20

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: _____

Improvement Permit by: Darby Sparks RO date 11/8/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date 3/15/95

Operation Permit by: _____ date _____

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

301007

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Yvonne Caldwell

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.

Yvonne Caldwell
Signature of Owner(s)

24 April 2020
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS 30100

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

YG **Complete all Environmental Health forms**:

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

YG **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

YG **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). "Mow lines" and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

YG **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propose structure, etc. must be staked out on the property as per the site plan.

YG **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) an a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Yvonne Caldwell **Date** 24 April 2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307007 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4658146300.000	285 CORNELIUS RD	Iredell County

Owner Information	Applicant Information
Name: GOLDBAUGH YVONNE R+LARRY C BAITY	Name: GOLDBAUGH YVONNE R+LARRY C BAITY
Address: 285 CORNELIUS ROAD	Address: 285 CORNELIUS ROAD
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: (704)677-0465	Phone: (704)677-0465

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
ADDING MOTHER IN LAW SUITE W/CONNECTING WALL

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.

Date: 04/27/2020

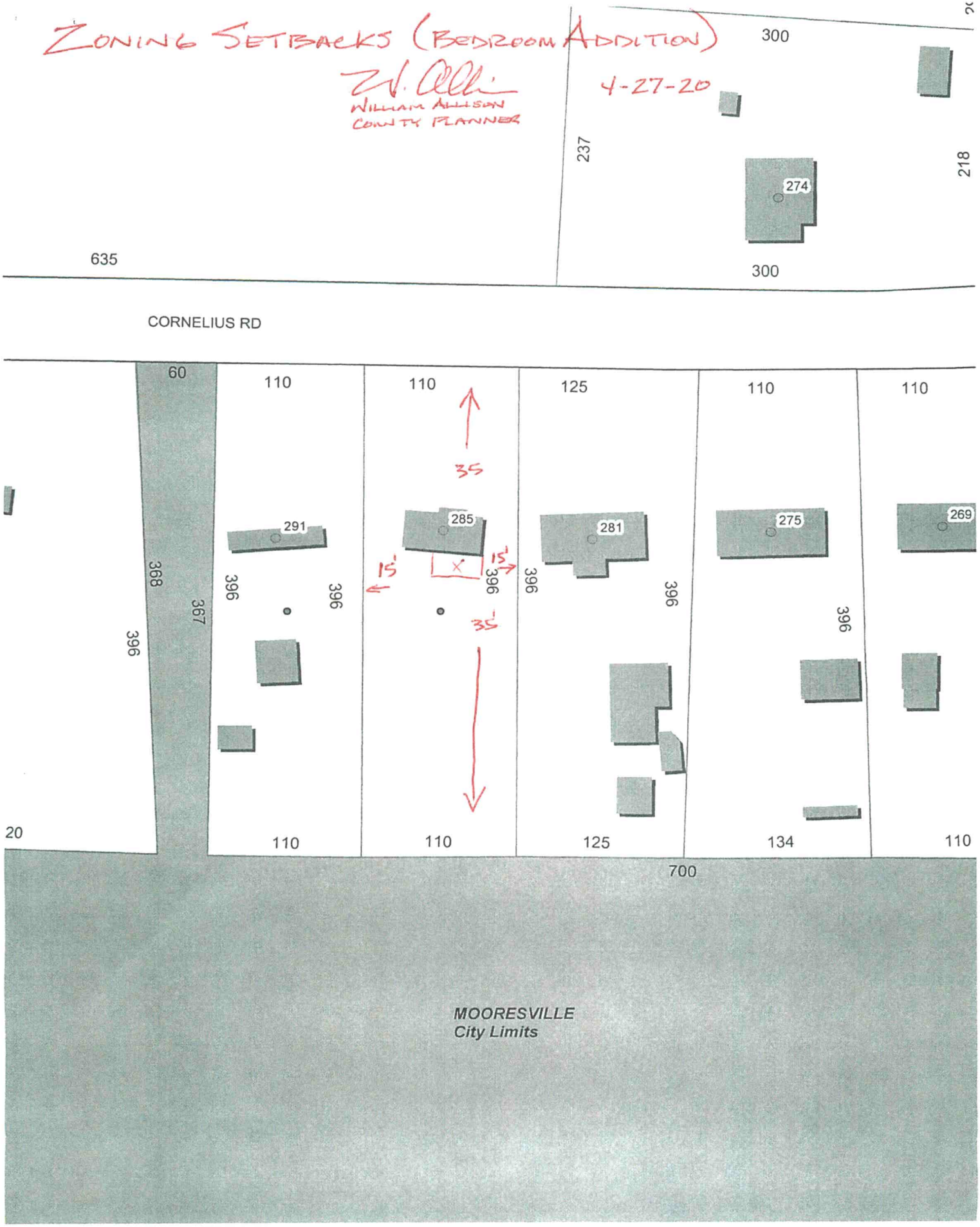
Signature of Owner/Contractor

Permit Number	307007	TOTAL FEES:	$77.25

ZONING SETBACKS (BEDROOM ADDITION)

W. Allison
WILLIAM ALLISON
COUNTY PLANNER

4-27-20



DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

307007

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition ✓

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
stick built home and three outside sheds

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 2 and stories? 1

If an addition, please describe project: adding a mother-in-law suite with connecting wall

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 600

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Yvonne Goldbaugh & Larry Baity Phone # 704-677-0465 (Larry Baity)

Owner's Current Address 285 Cornelius Road, Mooresville, NC 28117

Property Information

Property Address 285 Cornelius Rd, Mooresville Parcel # 4658146300 0

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Coddle Creek

Directions to property (from a MAIN ROAD) I-77 South to Exit 42 - South of Hwy 21/115 to Mooresville - Right on Hwy 21 - Go ± 1 mile - Right on Cornelius Road - Site is 3/4 mile on left.

Application Information

Applicant's Name or Company Yvonne Goldbaugh Applicant's Phone # 704-677-0465

Applicant's Address 285 Cornelius Road, Mooresville, NC

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

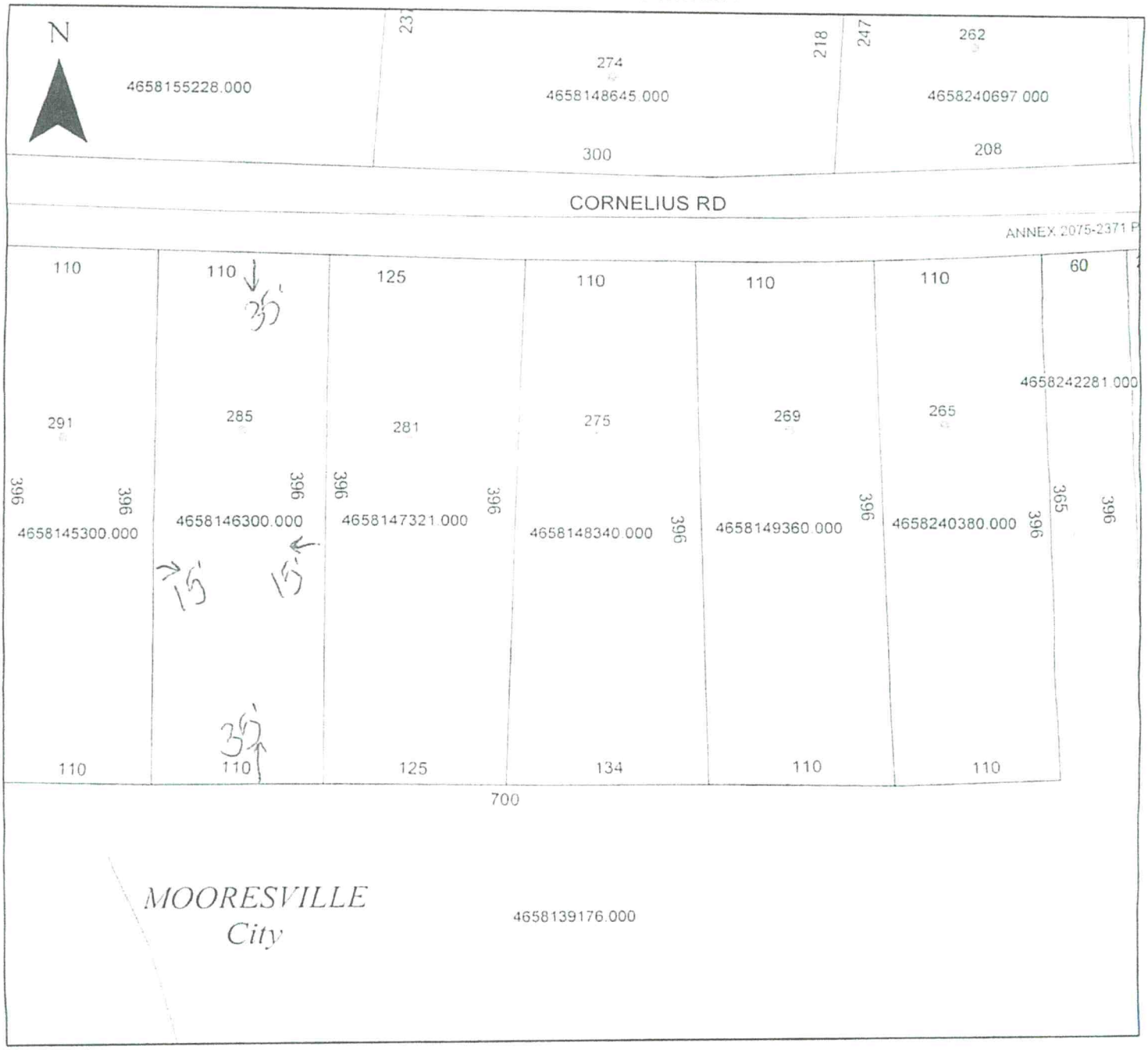
SIGNATURE OF APPLICANT Yvonne Goldbaugh DATE 24 April 2020

1 acre Catawba/LKN
Iredell WS-IV-PA
RA Flood-no

Nikesrebard with@gmail.com

307007

ZONING DISCLAIMER



Property Address 285 Cornelius Rd, Mooresville

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. Applicant further acknowledges that the 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.

✓ Yvonne Coldwell
Applicant

5/1/2020
Date