IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22461 3

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

PIN # 4658534591

APPLICANT: Billy Mann APPLICANT ADDRESS: 175 Carriage Club Dr 3-204 Mooresville, NC 28117

SITE ADDRESS: 112 Laura Rd Mooresville, NC PHONE: 704 507-4019 ALT. PHONE:

SITE DIRECTIONS: US 21 N. TR Laura Rd on right

SUBDIVISION: N/A SECTION: LOT# LOT AREA: 1.51 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction				☐ Business	No. Persons	6	☒ Private	
Pump Make		Model			Serial #		Repair System Description:	LP PPBPS				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	1		Linear Ft.	Plan 132'	Maintenance Agreement Required:	☐ YES	☐ NO			☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Max. Trench Bottom Depth	32" low side		Gravel Depth	N/A		☐ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Note: Upper most existing gravel drainline needs to be Shorten by 16ft to maintain setback to property line.

* Adding 1 Bedroom @ 120gpd

3/27/17 ~~off~~ of PL upper most drainline was abandoned. Installed new Quick 4 drainline

INITIAL SITE SKETCH

See attached, approved Septic Plan by Carolina Soil & Septic Consulting, PLLC dated Aug. 17, 2016.

AS BUILT SKETCH

Used existing ST.

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**

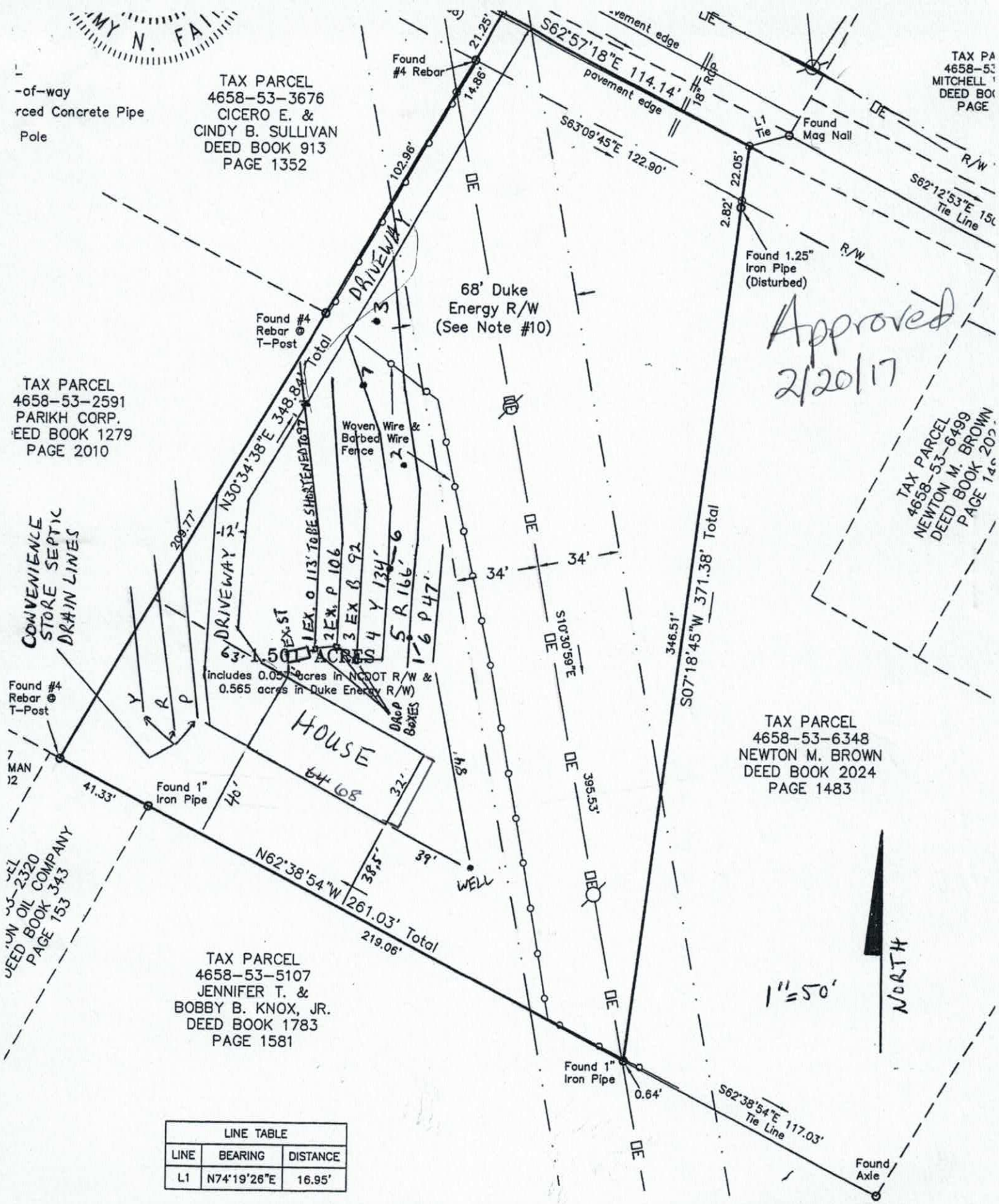
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Billy Mann Date: 2-27-17 Installed by: J.W Ammons

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/20/17 OPERATION PERMIT by: Maria Dotson Date: 3/27/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/20/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N74°19'26"E	16.95'

; SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL
S UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.

; BASED ON DEED BOOK 2299 PAGE 354 AS RECORDED AT THE IREDELL COUNTY
S.

BOUNDARY SURVEY

GREEN STREET IV, LLC PRO

DEED BOOK 2299 PAGE

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for an Expansion of an Existing Septic System using Gravity distribution from a 2 to 3 bedroom single family residence located on the Green Street IV, LLC Property, on Laura Rd, in Mooresville, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Soil Profile Descriptions	6-7
Existing Septic Permits on File	8-9

August 17, 2016
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as PPBPS Low Pressure installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**
- **Existing distribution box should be removed and replaced with drop boxes or step downs from existing tank to each line. If step downs are used they should be installed in a manner to allow trench to completely fill up before water drops to next trench.**

Approved
MD
2/20/17

OWNER INFORMATION

Owner: GREEN STREET IV, LLC

Address: P.O. Box 888
Elkin, NC 28621
Applicant: Billy Mann
Phone: 704-507-4019
County: Iredell
Location: GREEN STREET IV, LLC PROPERTY ON LAURA RD

Source of Wastewater Flow: 1 Bedroom Expansion, Total of 3 Bedrooms
Estimated Gallons Per Day Flow: 120
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 134
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 134
Total Lateral Length Required: 132
Trench Depth: 32 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 402

Trench Spacing on Center: 9 ft.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 2
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 0.72
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

Approved 2/20/17

GREEN STREET IV, LLC PROPERTY ON LAURA RD
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR A 1 BEDROOM EXPANSION OF A 2 BEDROOM RESIDENCE (3 TOTAL August 17, 2016

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*EXISTING*	*NA*	*NA*	*113*	*97*
2	*EXISTING*	*NA*	*NA*	*106*	*106*
3	*EXISTING*	*NA*	*NA*	*92*	*92*
4	*YELLOW*	*NA*	*NA*	*134*	*134*
5	RED	NA	NA	166	166
6	PINK	NA	NA	47	47
			Total	**658**	**642**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*134*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	213	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Upper most existing septic line to be shorten by 16 ft to maintain 12 ft setback from property line. Existing system is a Gravity Conventional Gravel system.**
Line to be added for expansion and replacement of lost 16 ft to be Gravity 25% Reduction.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location GREEN STREET IV, LLC
LAURA RD, MOORESVILLE
PIN: 4658-53-4591.000

No. of Bedrooms	1 EXPANSION
Design Flow	120 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	2 ft.
Supply Line Volume	0.72 gal.
Required Feet of 25% RED. Line	132 ft.
Amount of Line from Layout	134 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	87.502 gal.

Approved
2/20/17
MD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4658534
COUNTY: Iredell

Approved 2/20/17

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Green Street IV LLC
ADDRESS: PO Box 888, Elkin NC 28621
APPLICATION DATE 8-18-16
DATE EVALUATED: 8-12-16
PROPOSED FACILITY: 1 Bedroom Expansion PROPOSED DESIGN FLOW (.1949): 120 Expansion, 360 Total PROPERTY SIZE: 1.51 ac
LOCATION OF SITE: Laura Rd, Mooresville 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	LSS 12%	0-6	Fill		N/A	48"	N/A	N/A	PS
		6-12	B SCL Gr	Fr SS SP SExP					0.3 gpd/sq ft
		12-33	RC MFSBk	Fr SS SP SExP					
		33-48	YR CL WFSBk	Fr SS SP SExP	com sap				
B 2	LSS 10%	0-12	Fill		N/A	48"	N/A	N/A	PS
		12-16	B SCL Gr	Fr SS SP SExP					0.3 gpd/sq ft
		16-34	RC WFSBk	Fr SS SP SExP					
		34-48	R CL WFSBk	Fr SS SP SExP	com sap				
B 3	LSS 8%	0-6	B SCL Gr	Fr SS SP SExP	N/A	48"	N/A	N/A	PS
		6-18	RC WFSBk	Fr SS SP SExP	few YB				0.25 x 18"
		18-39	R CL WFSBk	Fr SS SP SExP					0.3 gpd/sq ft > 18"
		39-48	YR CL WFSBk	Fr SS SP SExP	com sap				
B 6	LSS 10%	0-19	Fill		N/A	49"	N/A	N/A	PS
		19-24	B SCL Gr	Fr SS SP SExP					0.25 gpd/sq ft 19-49"
		24-36	YR CL WFSBk	Fr SS SP SExP	few YB				
		36-49	YR CL WFSBk	Fr SS SP SExP	few sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Adrian Pruett
OTHER(S) PRESENT: Billy Mann

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Approved 2/20/17

PROPERTY ID #: 4658534591
DATE OF EVALUATION: 8-12-16
COUNTY: Iredell

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
B7	LSS 8%	0-10	F'll		N/A	48"	N/A	N/A	PS
		10-13	B SCL Gr	Fr SS SP SExP					
		13-24	RC wFSBk	Fr SS SP SExP	few YB				0.25 gpd/sqft
		24-40	RC wFSBk	Fr SS SP SExP	few sap				
		40-48	RCL wFSBk	Fr SS SP SExP	com sap				

COMMENTS: _____

RECEIVED FEB 01 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED FEB 01 2017

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection — Expansion

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Paid $350.00

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Billy Mann	175 Carriage Club dr. 3-204 Mooresville 28117	704-507-4019	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

112 Laura Rd. Mooresville		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 21 behind store

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 _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) 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

6. Proposed Water Supply:

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

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

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

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

9. Signature: Billy Mann — 2-1-17

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Billy Mann, am the legal owner(s) of the property located at 112 Laura Rd. Mooresville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Carolina C.S.S.C., _____, 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.

Billy Mann 2-1-17 — Ronda Hart 2/1/17

Signature of Owner(s) Date 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

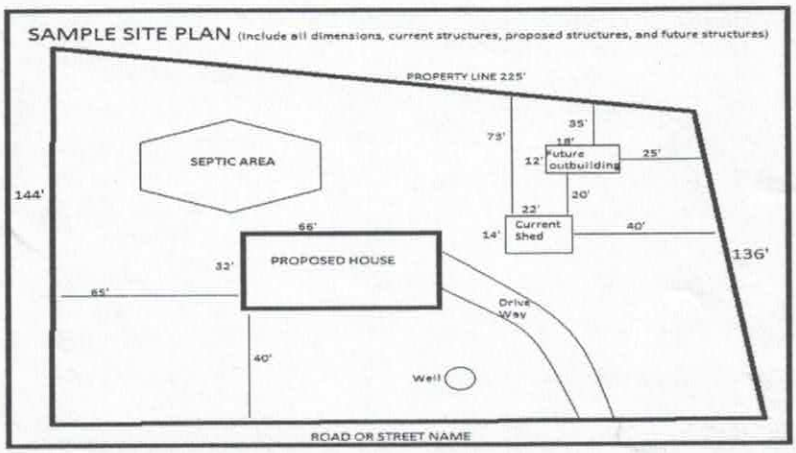
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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: Billy Mann

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

2-1-17

DATE

Convenience Store

4058532591

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Davco Country Market DATE 7/7/86 PERMIT NO. 402

PHONE: Business _____ Home _____

LOCATION 150W, Rt on 21 N, 1mile on Rt

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (X) Other _____

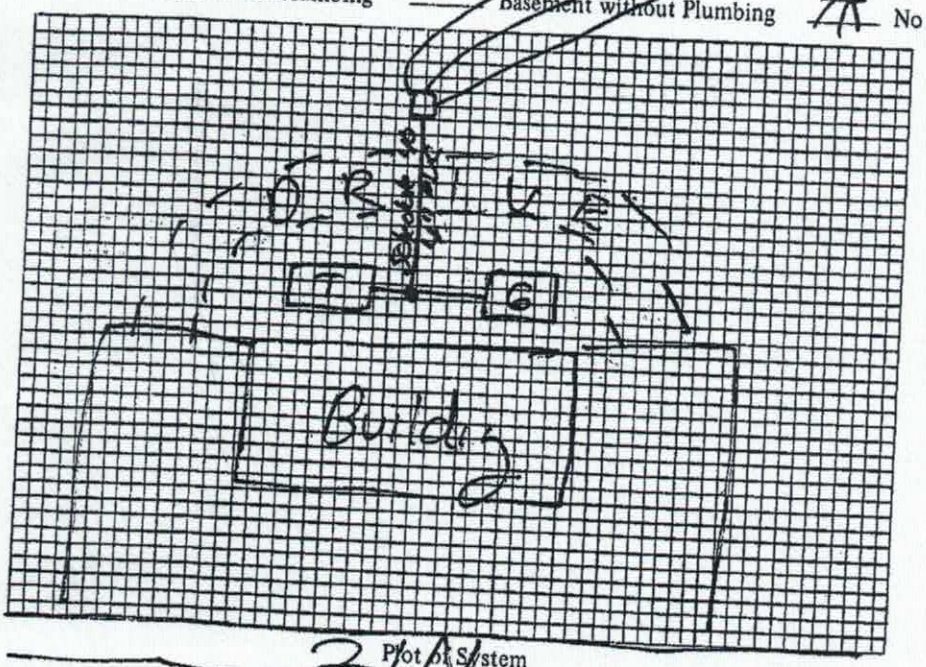
No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay loam - clay
Percolation Rate 2-5 gpd/ft²
Topography 2-6%
Depth to Water Table 4ft
Rock or other impervious formations None Noted

Lot Area 1acre+

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1500+1500 Gals. grease trap
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

2 Plot Plan of System

IMPROVEMENTS PERMIT BY Fred A. Clemmer RS

COMMENTS: System is sized for convenience store w/o food prep. Additional tank must be added to system to accomodate food prep. System OK for deli/hotdog operation w/ No Seats FAC 7/11/86

CERTIFICATE OF COMPLETION BY _____ DATE 7/7/86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Laura Rd

15013

IREDELL COUNTY HEALTH DEPARTMENT 4658534591

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike + Dale Davis DATE 9/24/92 PERMIT NO M-9-A-15

PHONE: Business _____ Home 664-3175

LOCATION 21N - Behind Market Basket

S.R. No. _____

SUBDIVISION NAME No LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ ACREAGE

Soil Characteristics P - C TRANS - 5, C

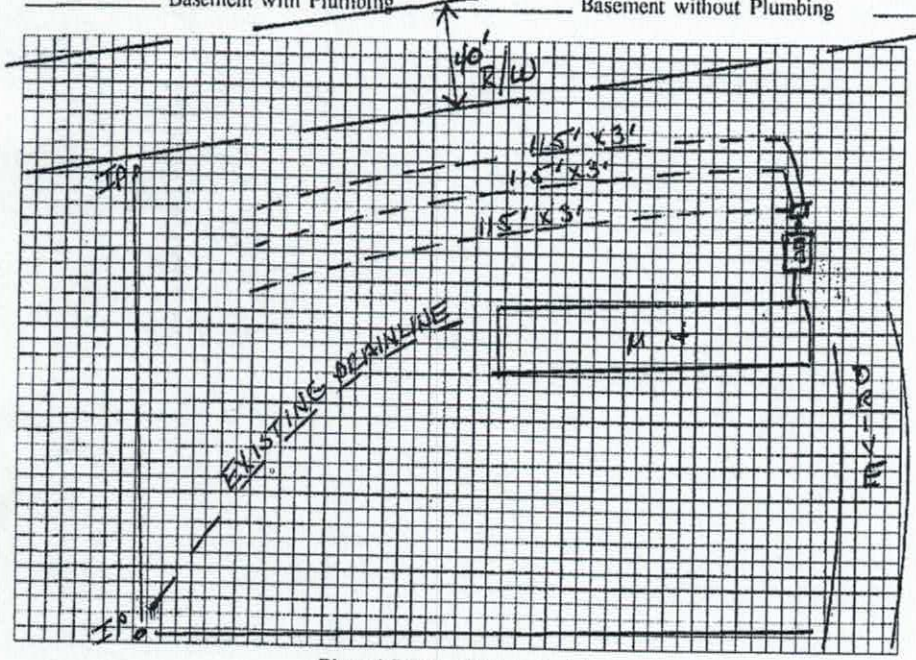
Application Rate P - .25 (F, SP, wk s.bk)

Topography P - 3-40%

Depth to Water Table 5 > 48"

Rock or other impervious formations P - 36-40" TO TRANS ZONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@ 112-115' x 3'

Sq. Ft. 990-1000 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ FROM STORE

Public ☐

Installed by Rowan Septic Tank

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/24/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

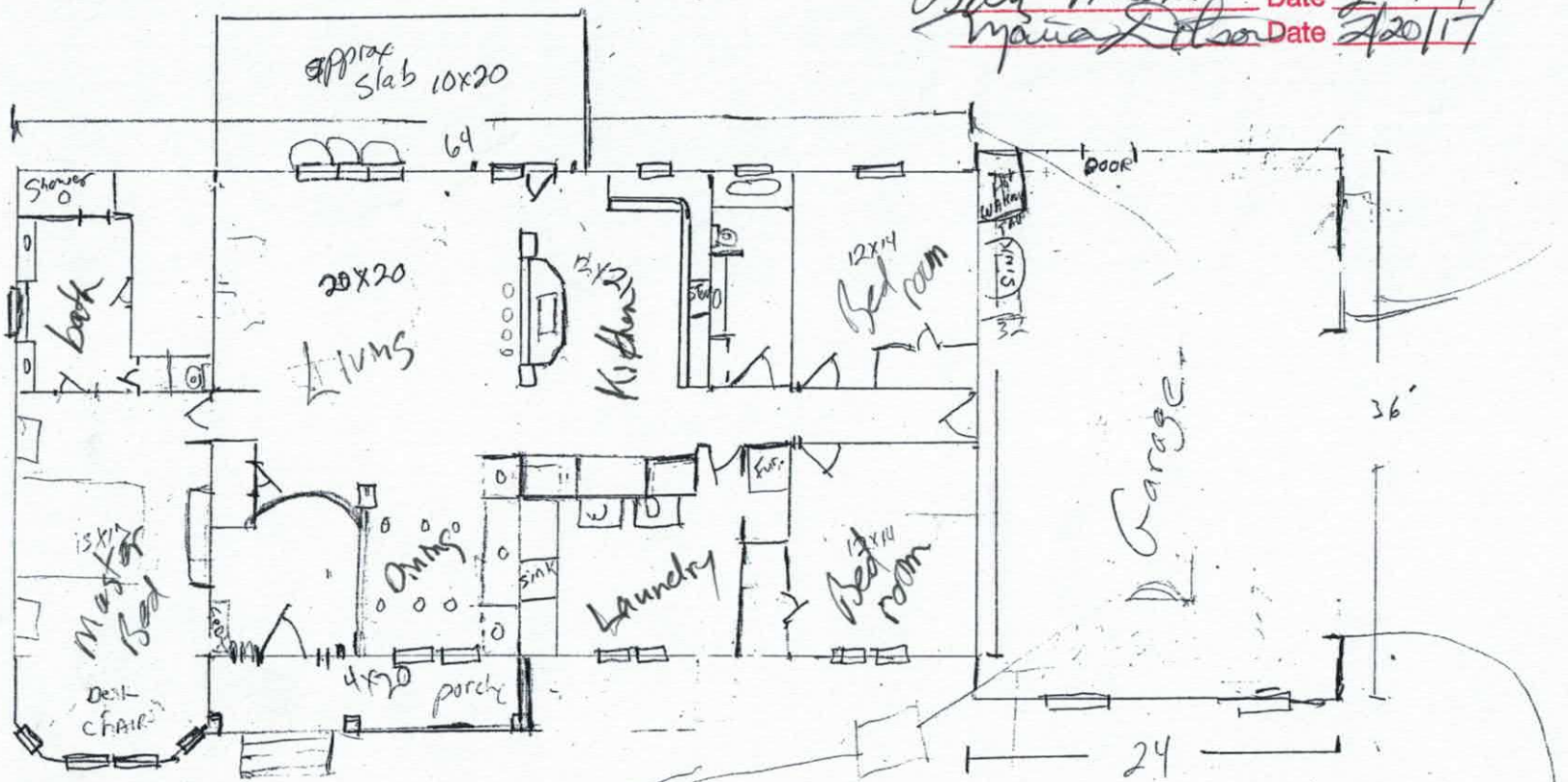
Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement of
Plans Submittal ONLY!

Bill Mann Date 2-1-17

Maria Olson Date 2/20/17



Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 224613 Subdivision:

Proposed Use: SINGLE FAMILY HOME

Location: 112 LAURA ROAD

Tax PIN: 4658534591.000 Zoning: NMX Lot: Size: 1.510

Owner/Applicant: MANN, BILLY
Address: 175 CARRIAGE CLUB DR 3-204
MOORESVILLE, NC 28117

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Billy Mann
Signature of Owner or Authorized Agent

Date Jan 31st 2017

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 5.00 Side Yard Depth: 5.00
Rear Yard Depth: 25.00 Corner Yard Depth:

Remarks: APPROVAL FOR SINGLE FAMILY HOME- 88' X 36'
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP	01/30/2017	$50
Approved By:	Date	Application Fee