IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234360

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

PIN # 4658-70-6512 ✓

APPLICANT/OWNER: 1st Choice Home Centers / Thomas Miller APPLICANT ADDRESS: 119 Beechnut Lane, Statesville NC 28625

SITE ADDRESS ✓ 252 Rinehart Rd. Mooresville, NC 28115 PHONE: 704-883-8228 ALT. PHONE 704-902-7308

SITE DIRECTIONS: Rt 115 N from Rt 150 → L on Rinehart Rd → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

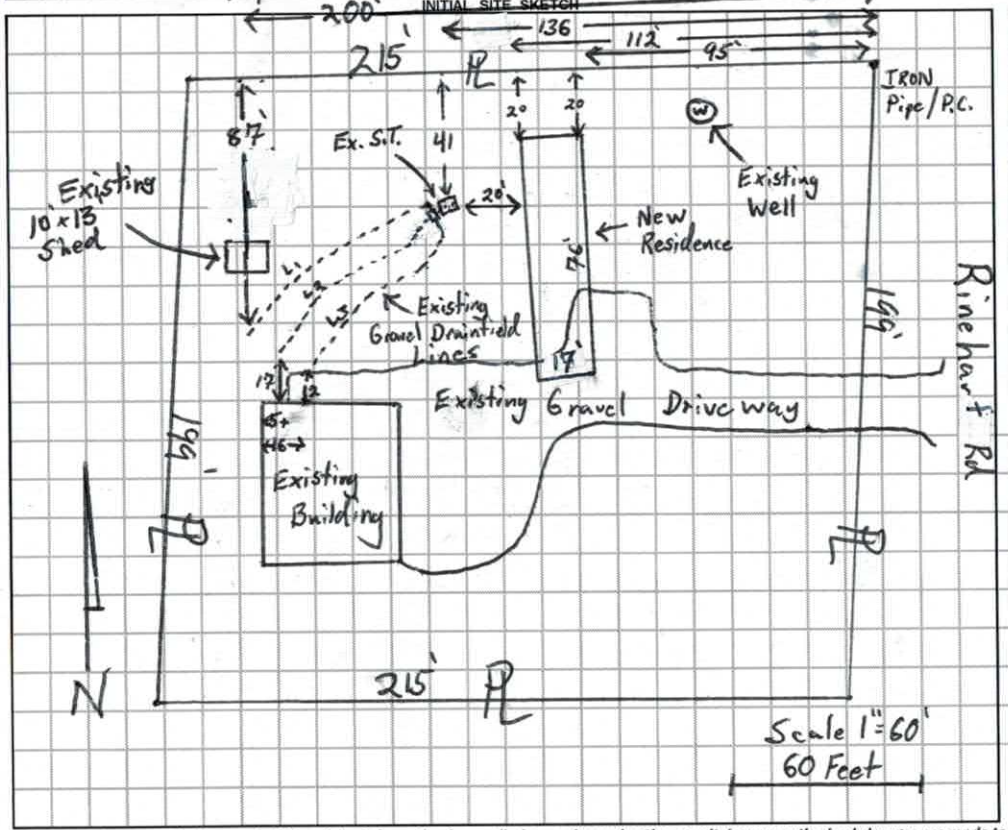
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.086 acres DESIGN FLOW: 360 GPP L.T.A.R.: Existing

Septic Tank	Ex (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:	EXISTING			☐ Business	No. Persons	6	☒ Private Existing		
Pump Make	—	Model	—	Serial #	—	Repair System Description:				☐ Other	No. Employees		☐ Public		
# Nitrification Fields	EXISTING	# Lines		Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community		
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Recommend pumping septic tank every 3-5 years. 10'x13' Shed was relocated off of top drainfield lateral (unknown what impact it has had on the drainfield.

Lowest line appears to extend into gravel parking area [Do Not park upon any septic components.] (unknown what impact that has had on the drainfield)

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

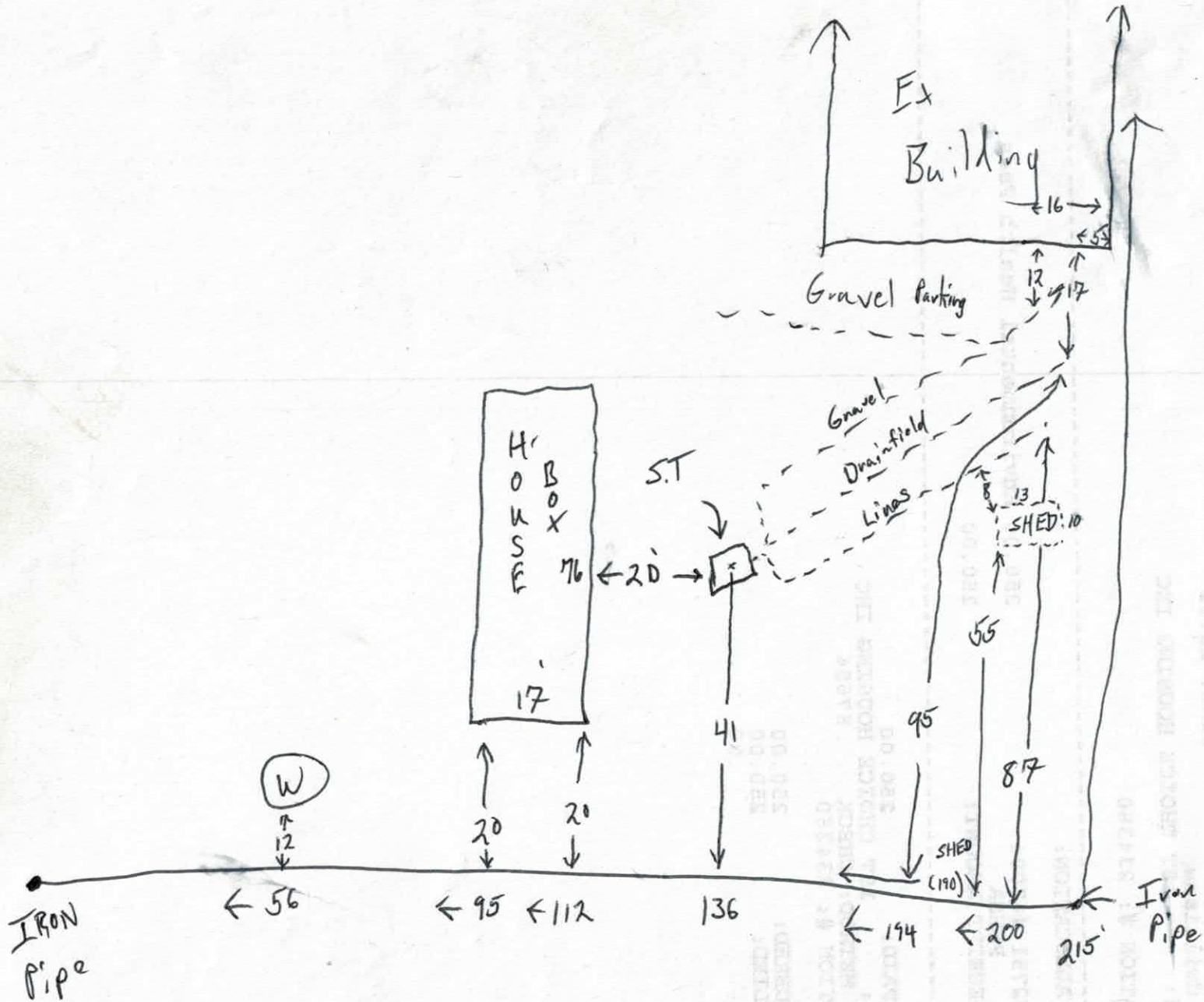
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Joyce Sidden Date: 4.23.18 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Tom Shuler Date: 4/18/2018

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.


Ex
Building
16
55
Gravel Parking
12
17
Gravel
Drainfield
Lines
HOUSE
BOX
76
17
20'
S.T
8
13
SHED
10
55
95
41
87
W
12
20
20
SHED
(190)
IRON
Pipe
56
95
112
136
194
200
215'
Iron
Pipe

RECEIVED MAR 2 3 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $250.00 #234360

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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) 704-902-7308 (Boyce)

Applicant Name: 1st Choice Home Centers Address: 119 Beechnut Lane, Statesville Zip: 28625
Applicant Email: info@1stChoiceStatesville.com Phone: 704-883-8228 Alt. Phone: _____
Owner Name: Thomas Miller Address: 174 Crystal Cr. Mooresville NC Zip: 28117
Owner Email: _____ Phone: 704-363-5891 Alt. Phone: _____

Property Information:

Street Address: 252 Rinehart Rd. Mooresville NC. 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21-115 - Slight Left onto Reinhardt Rd.

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

(X) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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: _____
( ) New Well (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 3-21-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Thomas Michael Miller am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4658-70-6517, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) 1st Choice Homes, Bayce Galliher, 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.

Thomas Michael Miller 3/21/2018
Signature of Owner(s) Date

Bayce Galliher 3-21-18
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

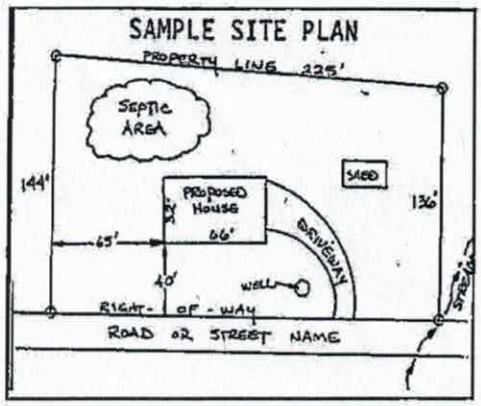
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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: Bryce Mahl 3-23-18

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

RINEHART Rd

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 155074/155073 PIN # 4658 70 6512 DATE 3/3/09

OWNER or APPLICANT THOMAS MILLER PHONE: Business 704 363 5891 Home:

OWNER or APPLICANT ADDRESS 252 RINEHARDT RD. MOORESVILLE, NC, 28117

LOCATION / DIRECTIONS 252 RINEHARDT RD.

SUBDIVISION NA BLOCK / SECTION LOT # NA LOT AREA 1.978 DESIGN FLOW 360 L.T.A.R.

Septic Tank 1000 (EXISTING) GALLONS STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 3 Linear Feet 360

Trench Width 3' Max. Trench Bottom Depth EXISTING SYSTEM Trench Depth

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

System Description: EXISTING SYSTEM

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

Comments / Conditions

AS BUILT SKETCH 9/95

INITIAL SITE SKETCH

RINEHARDT RD.

AS BUILT SKETCH

Comments / Conditions

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 / plat 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 Thomas M Miller Date 3/4/09

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: Wesley Sparks R.S. Date: 3/3/09

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

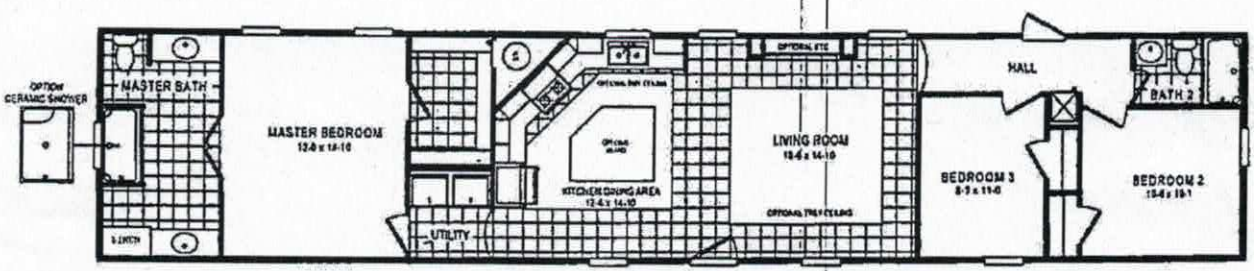
SCHULT

ROCKWELL

4054 ELITE PLUS 7616 - 57ELP16763MH

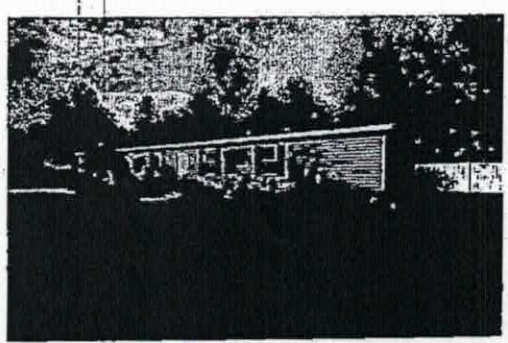
cknowl dgement Of
Plans Submittal ONLY!
Date 3-23-18
Date





Plan Details

Bedrooms	3
Bathrooms	2
Sq Feet	1178
Width	16
Depth	76



Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 234360 Subdivision:

Proposed Use: NEW MOBILE HOME

Location: 252 RINEHARDT ROAD

Tax PIN: 4658706512.000 Zoning: R2 Lot: Size: 1.086

Owner: MILLER THOMAS M III
Address: 174 CRYSTAL CIRCLE
MOORESVILLE NC 28115

Applicant: 1ST CHOICE HOUSING INC
Address: 119 BEECHNUT LANE
STATESVILLE NC 28625

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.

Signature of Owner or Authorized Agent

Date 3-23-18

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: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVED FOR REPLACEMENT OF MOBILE AND MOVING AWAY FROM PROPERTY LINE. MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP	03/23/2018	$50
Approved By:	Date	Application Fee