IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Ronald & TERESA Wishon	210 Westmoreland Rd. Mooresville NC 28115	704-528-0131	704-896-1085 (TERESA)
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

210 Westmoreland Rd. Mooresville, NC. 28115 | | |
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. 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: Teresa Wishon — 6/8/06

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

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **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:

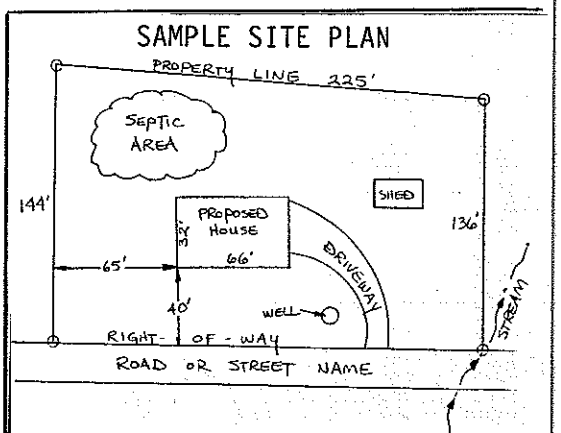
- ____ — **Location of septic systems and wells within 100' of your property… N/A**
- ____ — **Location of easements and rights of ways on your property… N/A**
- ____ — **Location of any designated wetlands on the property… N/A**

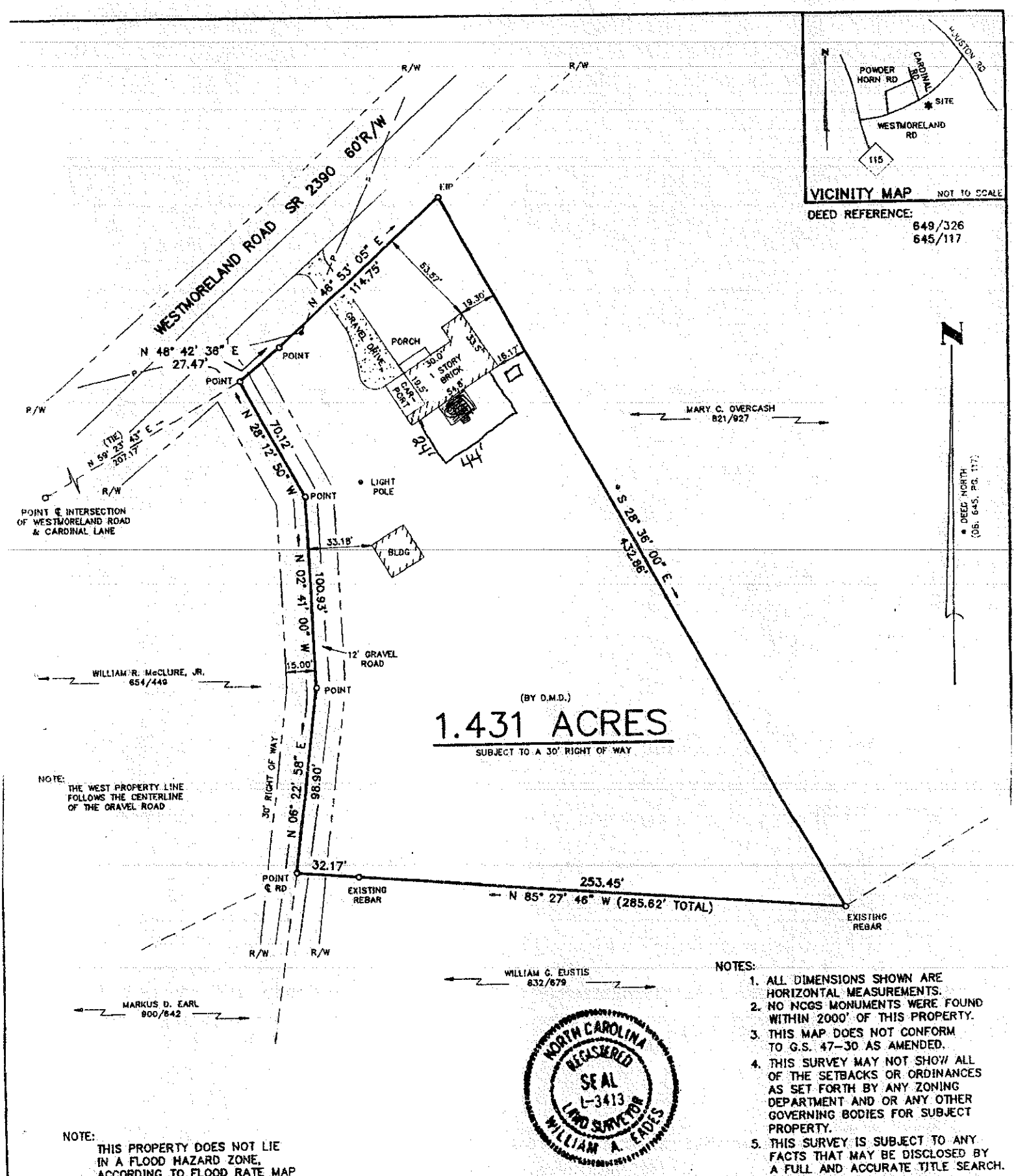
Signature: Teresa Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/8/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED PAPER





NOTES:

1. ALL DIMENSIONS SHOWN ARE HORIZONTAL MEASUREMENTS.
2. NO NCGS MONUMENTS WERE FOUND WITHIN 2000' OF THIS PROPERTY.
3. THIS MAP DOES NOT CONFORM TO G.S. 47-30 AS AMENDED.
4. THIS SURVEY MAY NOT SHOW ALL OF THE SETBACKS OR ORDINANCES AS SET FORTH BY ANY ZONING DEPARTMENT AND OR ANY OTHER GOVERNING BODIES FOR SUBJECT PROPERTY.
5. THIS SURVEY IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

NOTE:
THIS PROPERTY DOES NOT LIE IN A FLOOD HAZARD ZONE, ACCORDING TO FLOOD RATE MAP COMMUNITY PANEL 370313 0175 B

LEGEND:

- PROPERTY LINE
- CENTERLINE
- RIGHT OF WAY
- FENCE LINE
- —P—T—CTV— POWER/TELEPHONE/CABLE T.V.
- NIP / NIR NEW IRON PIPE / ROD
- EIP / EIR EXISTING IRON PIPE / ROD

NORTH CAROLINA

I, WILLIAM A. EADES, CERTIFY THAT THIS MAP IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND WAS DRAWN UNDER MY DIRECTION AND SUPERVISION FROM AN ACTUAL FIELD SURVEY BY MY SURVEY CREWS, THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10,000+, DEED DESCRIPTION RECORDED IN DEED BOOK 649, PAGE 326, AND DEED BOOK 645, PAGE 117 OF THE IREDELL COUNTY REGISTER OF DEEDS. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 21st DAY OF APRIL, 19 94

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 Mike Johnson DATE 6/2/89 PERMIT NO. 18B

PHONE: Business _____ Home _____

LOCATION 21 N. TR 2390 (Westmoreland Rd.) Last house on R before pavement ends S. R. No. _____

SUBDIVISION NAME Fox Run LOT NO. 24 SECTION OR BLOCK NO. _____

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

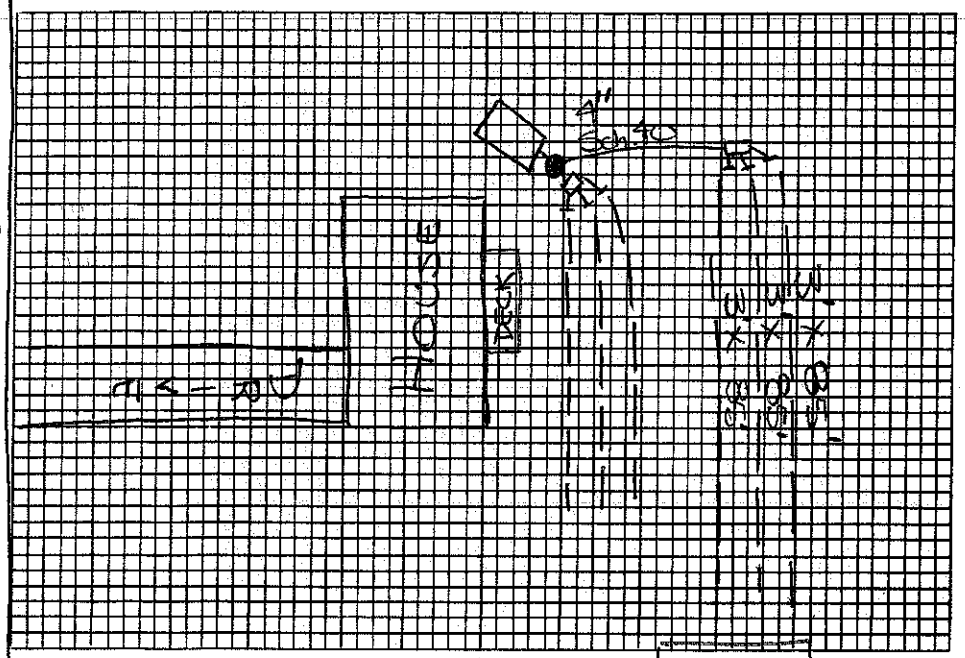
No. Bedrooms 3 No. Bathrooms ~2

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

Character & Porosity of Soil Clay
Percolation Rate .3 - .4 gpd/ft2
Topography 4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1/2 - 3/4 A

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 765 Linear Ft. 255
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (W.A.C.P.

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C.P.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 6/2/89

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

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 Mike Johnson DATE 4/27/89 PERMIT NO. 18B

PHONE: Business _____ Home _____

LOCATION 21 N. TR on ? 2390 (Westmoreland)
last house on R. (on pavement S. R. No. _____

SUBDIVISION NAME Fox Run LOT NO. 24 SECTION OR BLOCK NO. _____

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

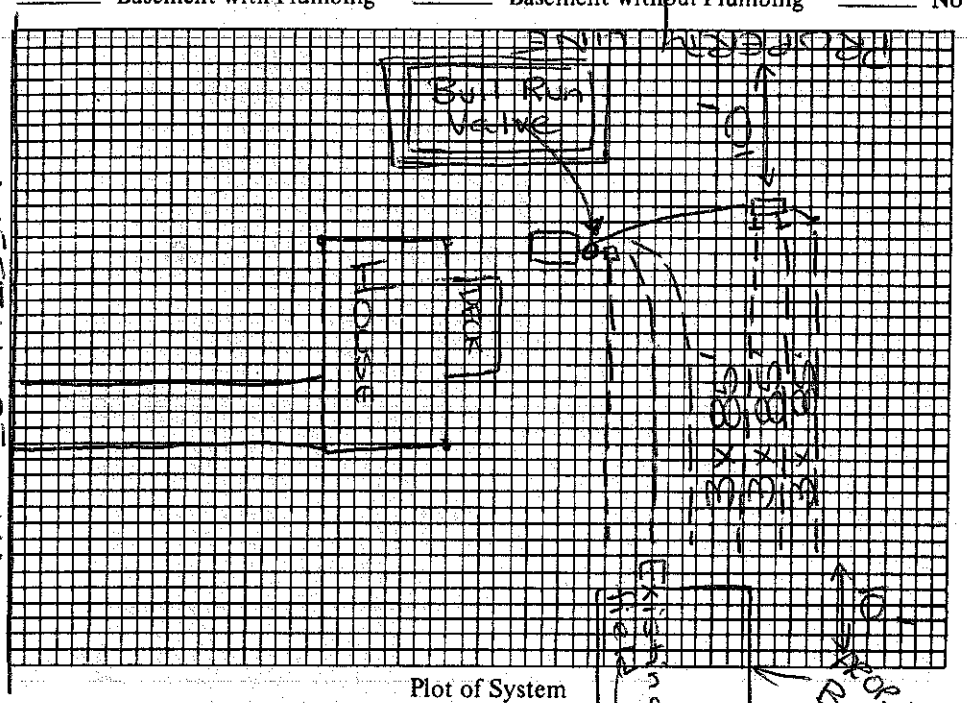
No. Bedrooms 3 No. Bathrooms ~2

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

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area ½ - ¾ ACRE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 765 Linear Ft. 255'
Depth of Stone in Lines 12"

Water Supply: Individual ~~(✓)~~ Acl
Public (✓)
Community

Installed by _____

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

Signed: ~~✓~~ *he signed and sent in copy. enclosed
*talked on telephone. will be at work during my visit.

IMPROVEMENTS PERMIT BY Andrew C. Pierce

(1) → PUMP TANK

COMMENTS: Install new lines 6' downhill from existing field. Keep lines shallow and on contour. Run ditches level. Max. cover = 18"
(*) Put extra cover over last ditch of old system. Change terrace in yard so water won't stand over new field.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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.

Replace "tee" in tank if defective.

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

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 Hope Bros. DATE 7-30-79 PERMIT NO. 261

PHONE: Business _____ Home _____

LOCATION 21N to R on 2390 2nd rd. into Fox Run 1st lot on left

S. R. No. _____

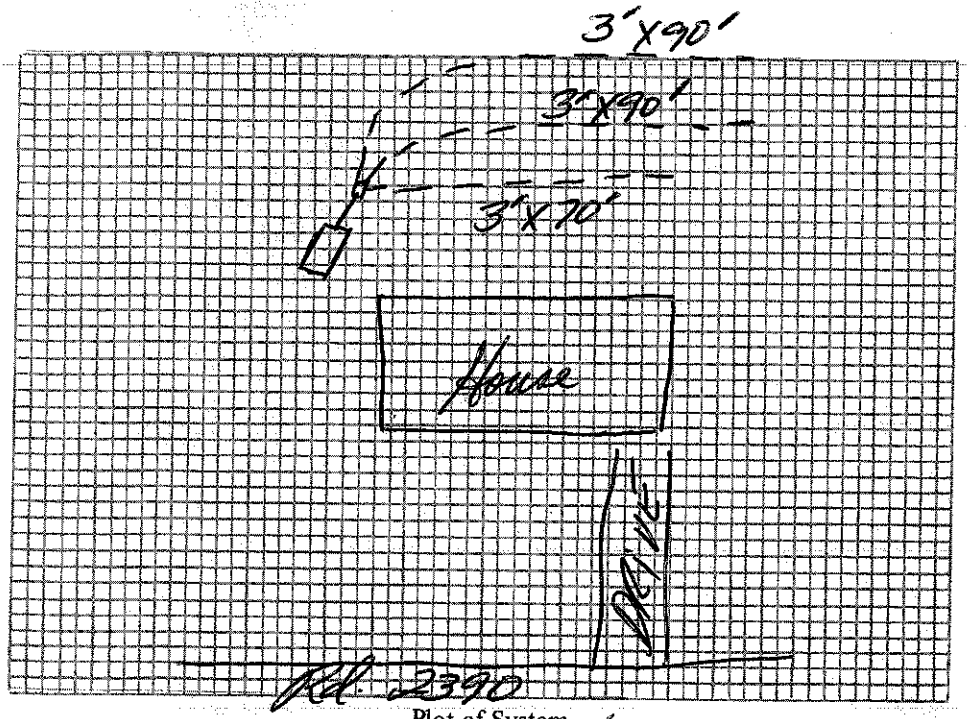
SUBDIVISION NAME Fox Run LOT NO. 24 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ½-¾ Ac.

Character & Porosity of Soil Clay loam
Percolation Rate 80 mpi
Topography 4-6%
Depth to Water Table sunk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)
Community Well

Installed by Ernie Dunson for Hope Bros.

IMPROVEMENTS PERMIT BY D. R. Johnson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Johnson DATE 7-30-79

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

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

11:00

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 Hope Bros. DATE April 10, '79 PERMIT NO. 95

PHONE: Business _____ Home _____

LOCATION 21 N T.R. on 2390 2nd rd. into Fox Run 1st lot on left. S. R. No. _____

SUBDIVISION NAME Fox Run LOT NO. 24 SECTION OR BLOCK NO. _____

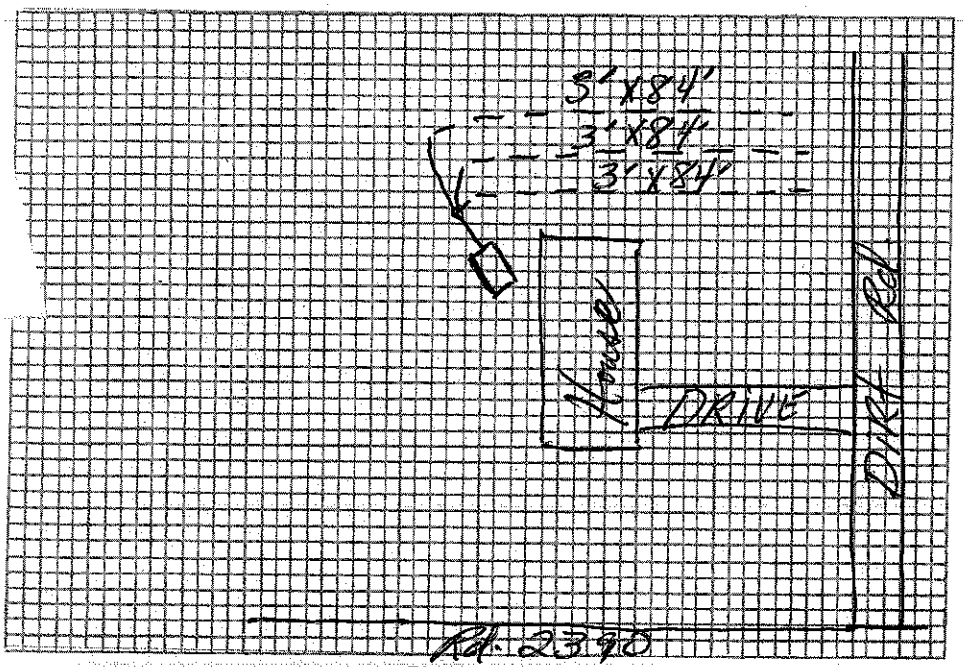
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area 3/4 A.

Character & Porosity of Soil clay loam
Percolation Rate 80 mpi
Topography 6%
Depth to Water Table sunk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )
Community Well for Cardinal Acres
Installed by _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	134976ZO	Subdivision:	
Proposed Use:	Addition	Township:	1600 Barringer
Location of Property:	210 WESTMORELAND RD Mooresville NC 28115		
Parcel #:	4659474604.000	Zoning:	Ra
Lot #:	0 Size: 1.452	Flood Plain:	No Watershed: None
Applicant:	RONALD D & TERESA H WISHON	Owner:	RONALD D & TERESA H WISHON
Address:	210 WESTMORELAND RD MOORESVILLE NC 281150000	Address:	210 WESTMORELAND RD MOORESVILLE, NC 281150000
Phone:		Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

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

Min. Lot Area: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 25 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

adding bedroom and bathroom and family room

Directions:

I77 south to exit 42, right Hwy 115, left Westmorland, house on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

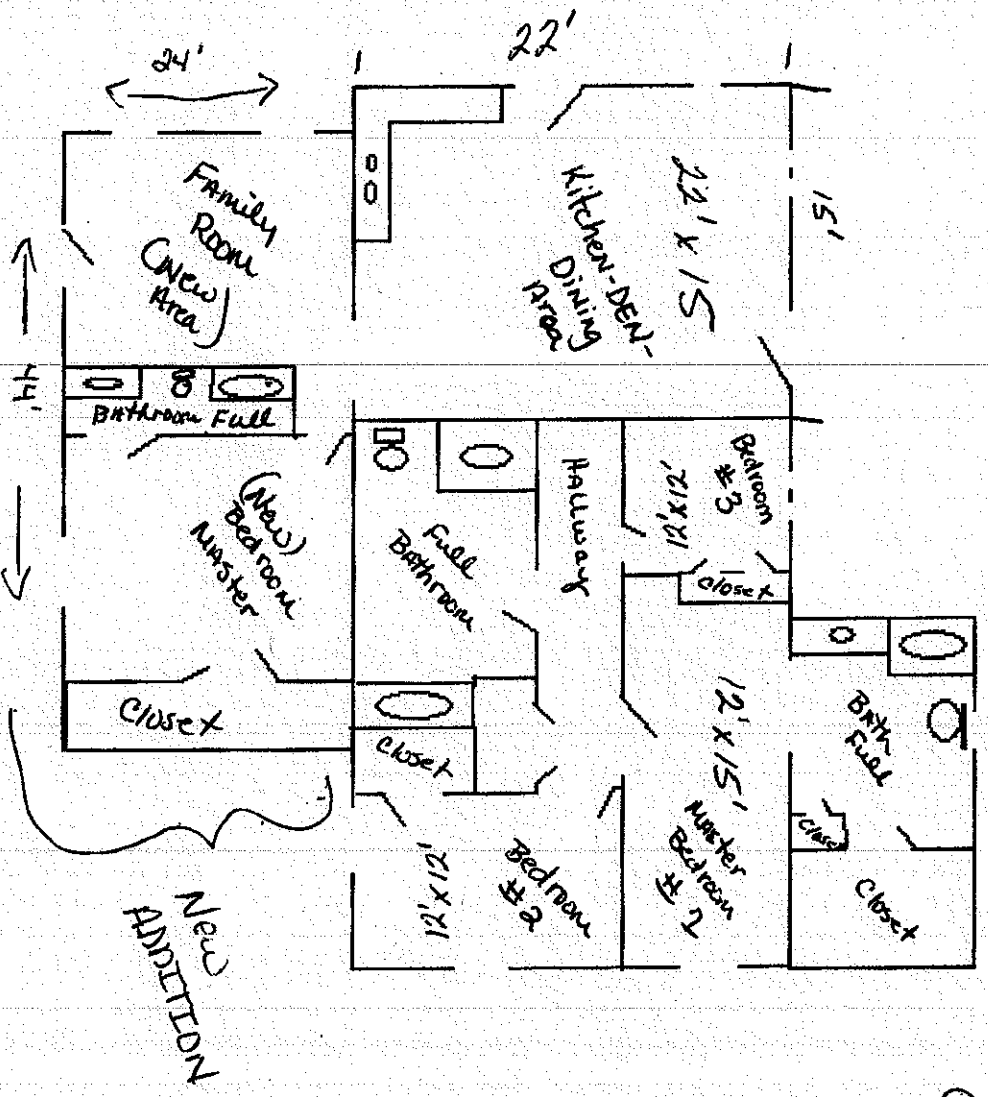
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning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

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 5/12/2006



Acknowledgement Of
Plans Submittal ONLY!

Date 6-23-06

Date 6-26-06

Wishon Resident
210 Westmoreland Rd
Mooresville, NC. 28115
(704) 528-0131 HOME