IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5306 Mooresville Office (704) 660-3625 PERMIT # 221849

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

PIN # 4659505764

APPLICANT: Susan Ervin APPLICANT ADDRESS: 138 Gray Barn Drive Troutman, NC 28166

SITE ADDRESS: 1437 Milo Lane Mooresville, NC 28115 PHONE: ALT. PHONE: 704'6059515

SITE DIRECTIONS: US21/Hwy 115 N TL Milo Ln (just past Shepherd School) last drive on left at end.

SUBDIVISION: Peter Milosavljevic Prop SECTION: 3 LOT # 7 LOT AREA: .61 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	Same			
# Nitrification Fields	1	# Lines	4		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth			Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			

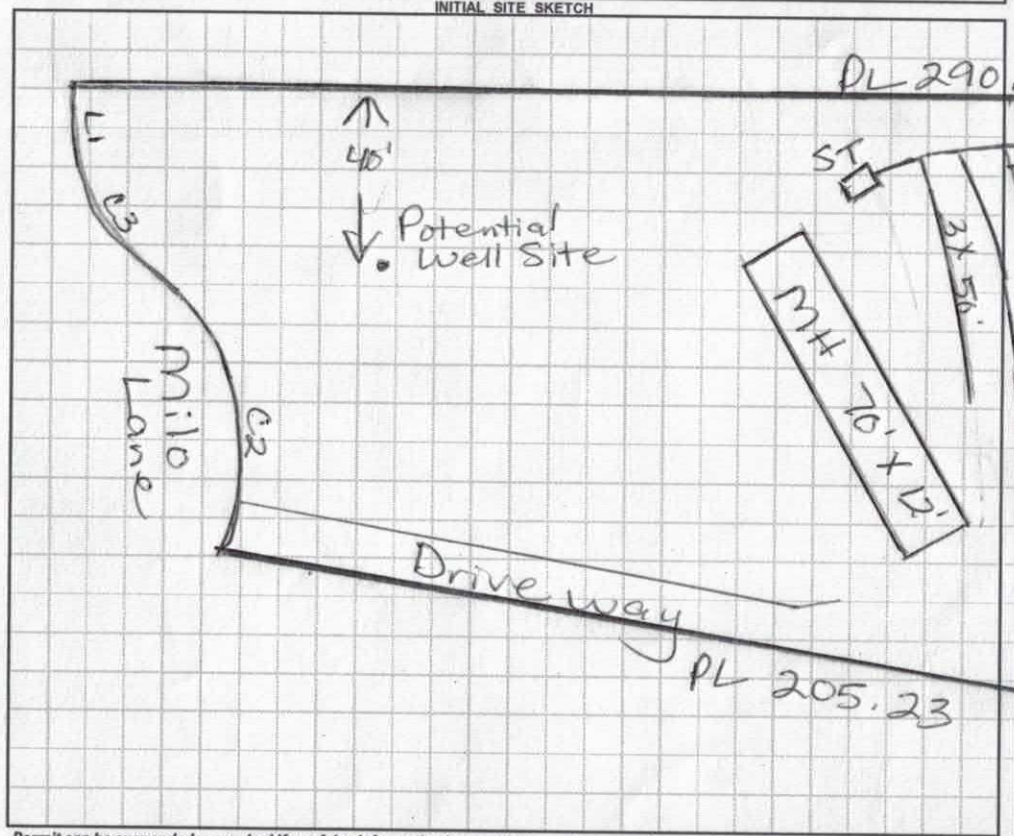
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

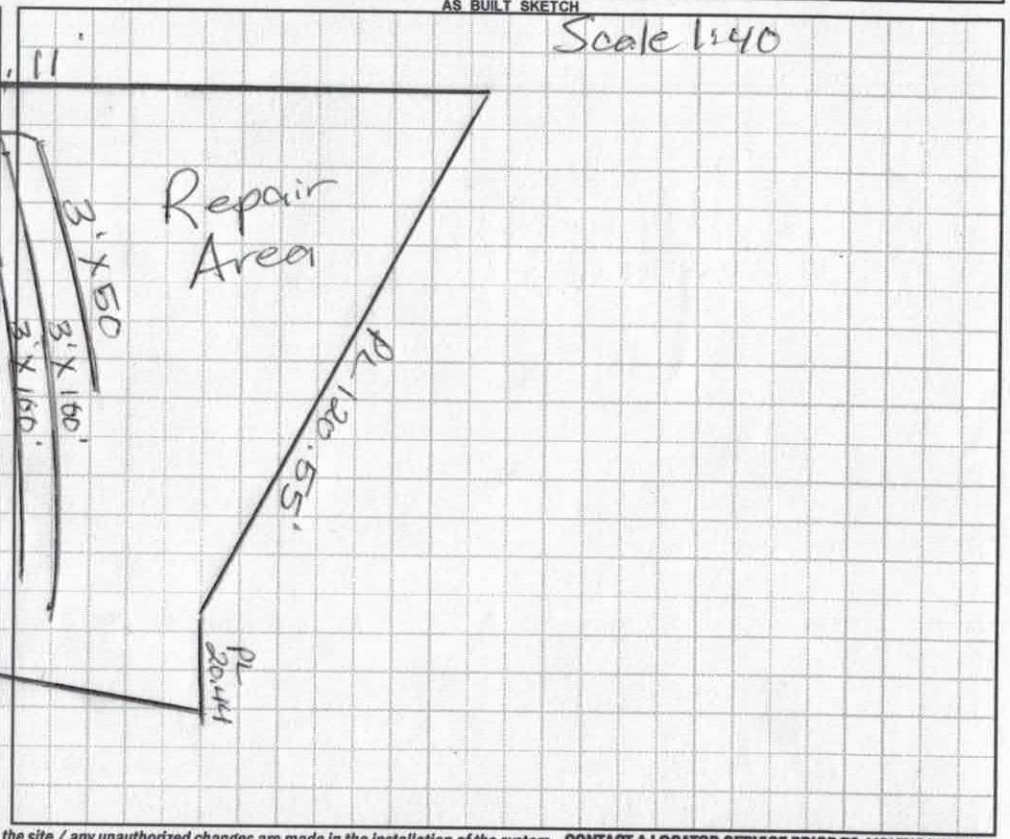
Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40



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: Susan Ervin Date: 10-24-16 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Mona Colson RS Date: 10/22/16 OPERATION PERMIT by: W. Parker Date: 11/18/16

AUTHORIZATION TO CONSTRUCT by: Mona Colson RS Date: 10/22/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Susan Ervin
ADDRESS: ___
APPLICATION DATE ___
DATE EVALUATED: 10/21/14
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: 1437 Milo Ln
PROPERTY RECORDED: ___
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-10"	Rd/Brn	SCL wSBK	SS, SP, SEXP, FR				PS .3
		10"-48"	Rd/Brn	C/CL m-wSBK	SS, SP, SEXP, FR				
2	5%	0-8"	Rd/Brn	SCL GR, FR					PS .3
		8"-36"	Rd	C/CL m-wSBK					
		36-48"	Rd	CL wSBK	SS, SP, SEXP, FR w/ Inclus of SAP				
3	4%	0-4"	Brn	SCL GR	FR				PS .3
		4-34"	R	C/CL w-m SBK	SS, SP, SEXP, FR				
		34"-48"	R	CL wSBK	SS, SP, SEXP, FR				
4	4%	0-7"	Brn	SCL GR	FR				PS .3
		7"-48"	R	C/CL m-wSBK	SS, SP, SEXP, FR w/ Common Mica flakes				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

COMMENTS: ___

stakes new pink orange flags trailer

RECEIVED SEP 16 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

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

****

#221849

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 #	Alternate Phone #
Susan M. Ervin	138 Gray Barn Drive	704-605-9515	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Susan M. Ervin	138 Gray Barn Drive	704-605-9515	

4. Property Information:

Street Address		Subdivision Name	Section/Phase and Lot Number
143 (147) Milo Lane,	Mooresville NC 28115	Peter Milovanljevic Property	Phase Three, Lot 7

Driving Directions: 77 S to exit 42, turn R, last road on right before Shepherd School, turn R Milo Lane, last driveway on left in the cul-de-sac

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

(X) 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 ___
If Expansion, Current Number of Bedrooms ___

(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:

(X) 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 (X) 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: Susan M. Ervin — 9-14-16

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

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:

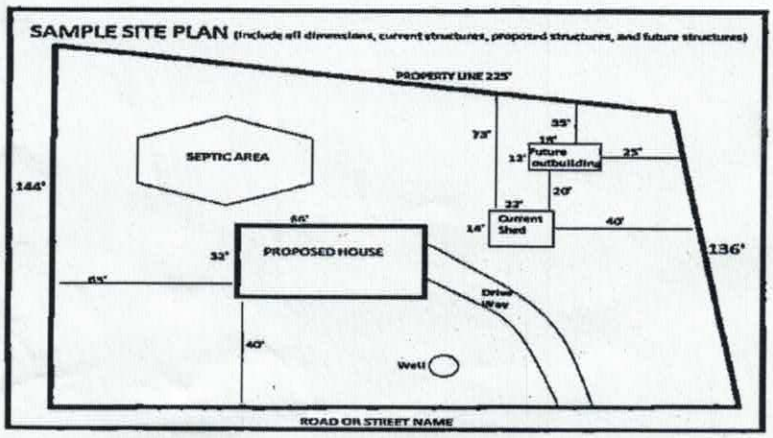
- **Y** **Property Line measurements are clearly identified...**
- **Y** **All proposed structures are indicated...**

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...**
- **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:

- **X** **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: Susan M. Ellis

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

9-16-16

DATE

ALE

X Susan S. — Soil borings

APPLICANT

DATE — 10 Cations

PROFESSIONAL LAND

OFFICIAL SEAL NORTH CAROLINA L-349 REGISTRATION NUMBER

SEAL L-349 PROFESSIONAL LAND SURVEYOR WILLIAM M ALLEN

DLE

LOT 7 (PIN # 4659-50-4655)

UND

PETER MILOSAVLJEVIC PROPERTY, PH. 3

CHARLES M. DAVIDSON
2126\126

VE TABLE		
TH	BEARING	CHORD
2'	N 78°03'47" E	36.64'
2'	N 18°06'44" E	62.19'
5'	S 03°29'31" W	28.31'

	LENGTH
	10.42'

EIP

S61°21'27"W
120.55

191'

35' REAR SETBACK

AH-2

61.46 TOTAL
S31°10'26"W

EIP — 20.44 — IPS — 41.02 — EIP

20°

35' REAR

10°

AH-4

AH-1

PROPOSED M/H

(BASE BEARING)
S56°35'51"E
290.11

15' SIDE SETBACK

LOT 7
0.61 AC.

PARALLEL LINE

S47°37'16"E
205.23

15' SIDE SETBACK

LOT 8
0.67 AC.

35' REAR SETBACK

EX. TRAILER

35' FRONT SETBACK

PARALLEL LINE

GRAVEL DR.

1" = 40'

4659 50 4655

C2

IPS

CP

C3

L1

CP

EIP

C1

45' FRONT SETBACK

15' SIDE SETBA

(TIE ONLY)
8.94' GROUND
128°34'25"W

(TIE ONLY)
N19°38'17"E
52.69

PK NAIL

EIP

N26°53'43"E
192.98

MILO LN.
(45' PUBLIC R\W)

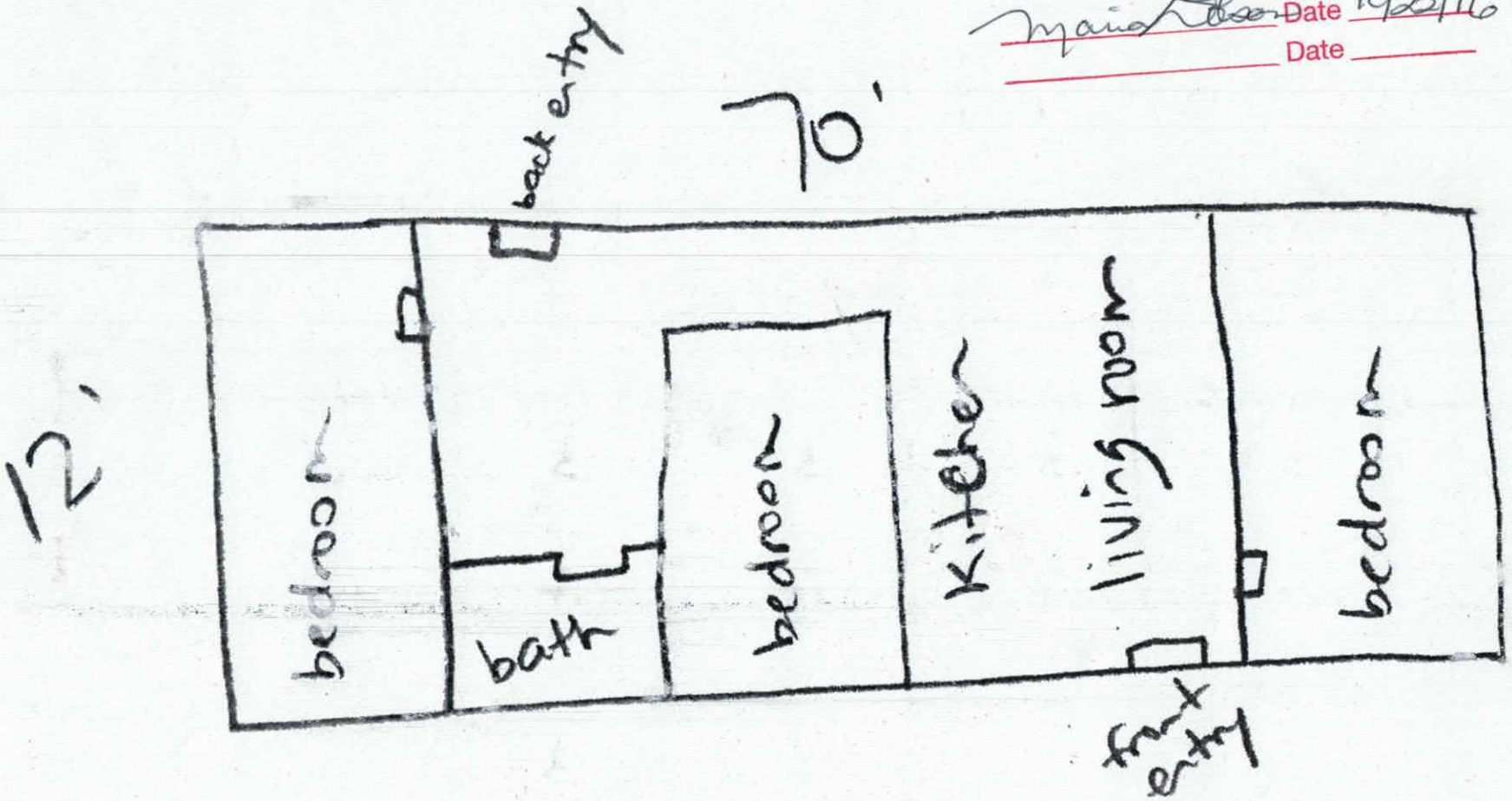
(TOWN OF MOORES
SUSAN N. MCC

Susan Ervin - Milo Lane

Acknowledgement of
Plans Submittal ONLY!

Date 10/20/16

Date



IREDELL COUNTY

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

APPLICATION NUMBER
221849
Issue Date: 09/16/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659505764.000	143 MILO LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: ERVIN SUSAN MARIE	Applicant: ERVIN SUSAN MARIE
Address: 149 MILO LANE MOORESVILLE, NC 28115	Address: 149 MILO LANE MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	X

Remarks:

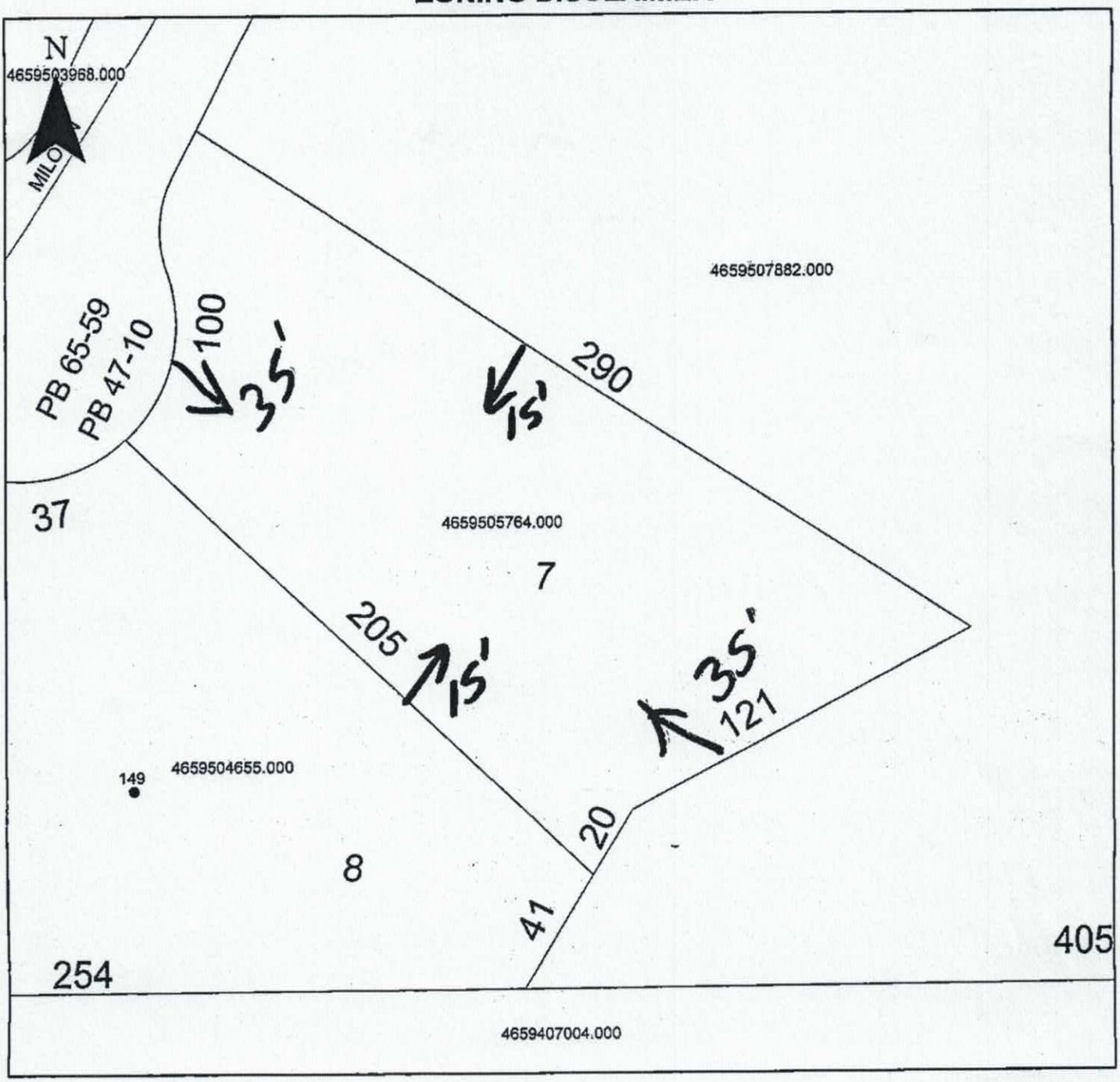
Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

Applicant: _____ Date: _____

Permit Number	80671	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 143 Milo Lane, Mooresville, NC 28115

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.

Susan M Ennis — 9-14-16

Applicant — Date