IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 245240

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

PIN # 4659-53-2014

APPLICANT/OWNER: Finney Builders / Michael Grieger | APPLICANT ADDRESS: 1188 Gateway Dr Mooresville NC

SITE ADDRESS: 160 Di Dio Circle Mooresville NC 28115 | PHONE: 704-791-5728 | ALT. PHONE 704-787-0123

SITE DIRECTIONS: Exit 42 off I77 R toward Mooresville L on Didio Circle House on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - | SECTION: - | LOT #: - | LOT AREA: 1.64 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: Existing

Septic Tank	1250	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make	-		Model	-	Serial #						
# Nitrification Fields	X	+	# Lines		Linear Ft						
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth						

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms 3

☐ Business | No. Persons 6

☐ Other | No. Employees

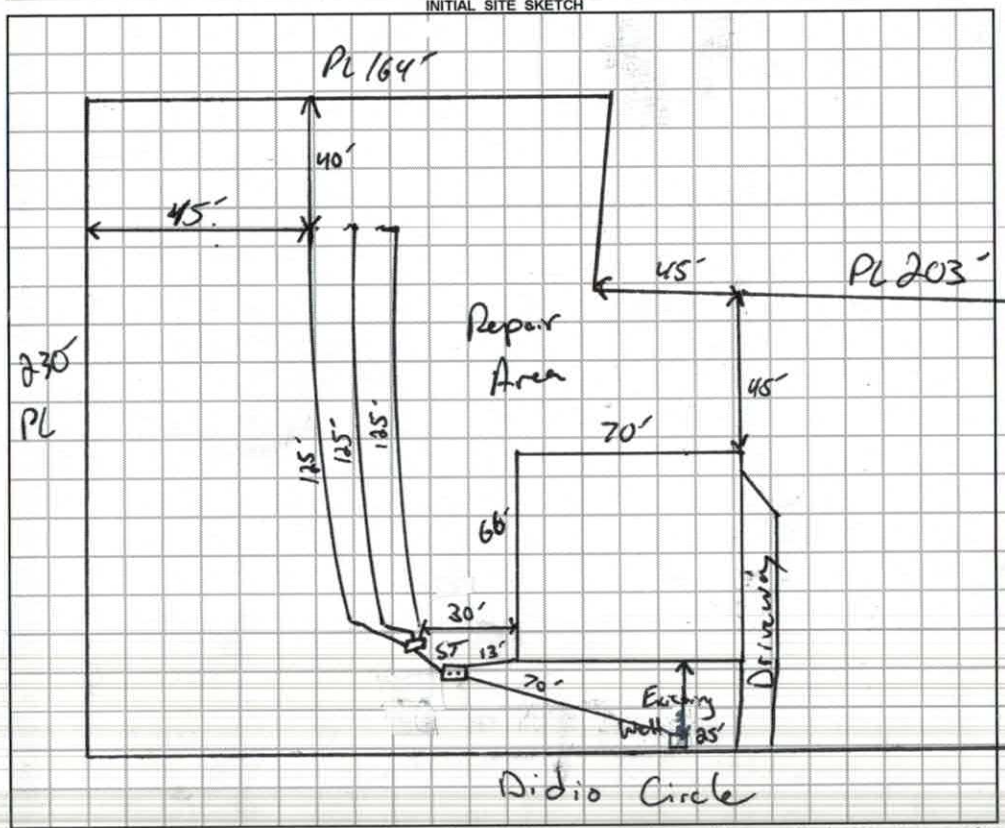
☐ Slab | ☒ Crawl Space

☐ Basement w/plumbing | ☐ Basement w/o plumbing

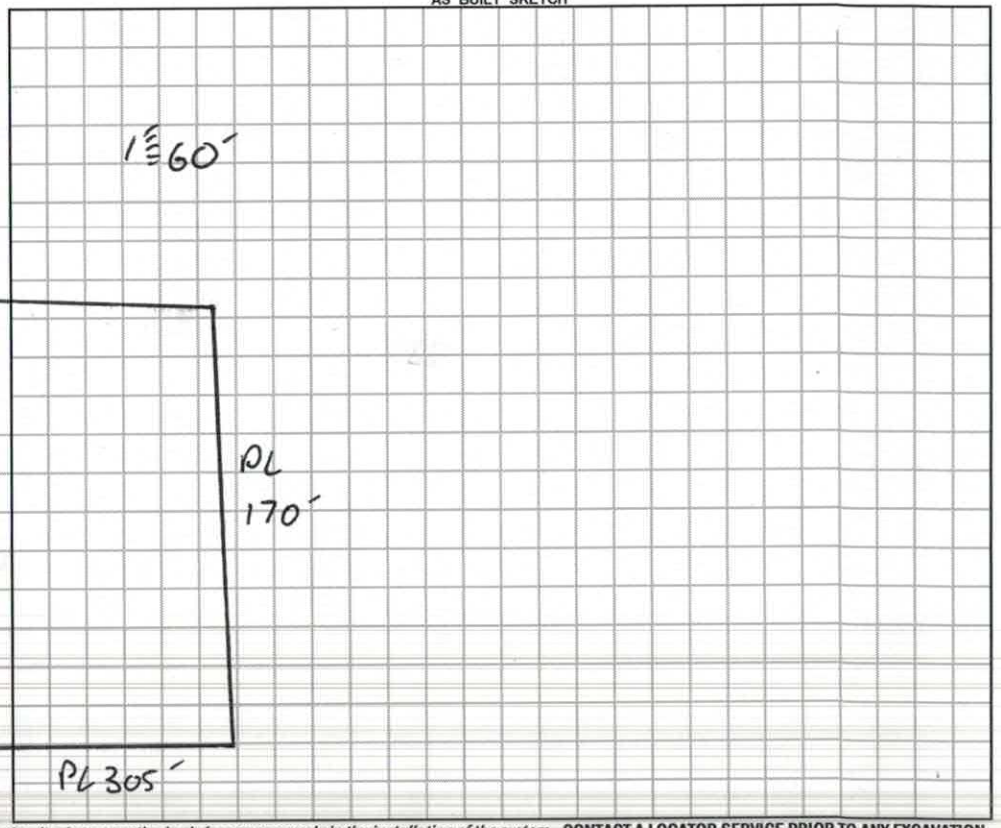
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System was functioning properly at time of inspection.

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 plan 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: [signature] Date: 6-18-19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 6-17-19

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.

#245240
$250.00
5-31-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Finney Builders Address: 1198 Gateway Drive Mooresville Zip: 28115
Applicant Email: Drew@finneybuilders.com Phone: 704-791-5728 Alt. Phone: 704-787-0123
Owner Name: Michael Gieger Address: 171 Black oak Court New Jersey Zip: 08753
Owner Email: Selvan@comcast.net Phone: 732-832-3864 Alt. Phone: _____

Property Information:

Street Address: 160 Di Dio Circle Mooresville NC
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: Take exit 42 off I77 right towards Mooresville, Turn left into di dio circle. House/lot on right.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) 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: _____ 5-31-19
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, Michael Geiger, am the legal owner(s) of the property located at 160 Di Dio Circle Mooresville, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Finney Builders, _____, 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.

Michael Geiger _____ 5-31-19

Signature of Owner(s) Date

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

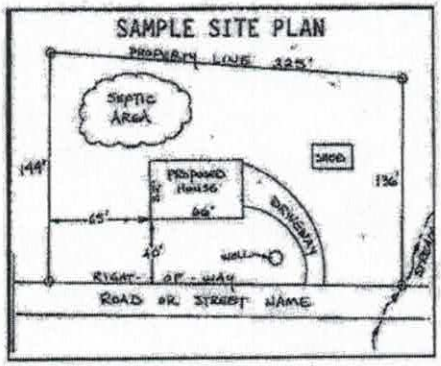
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

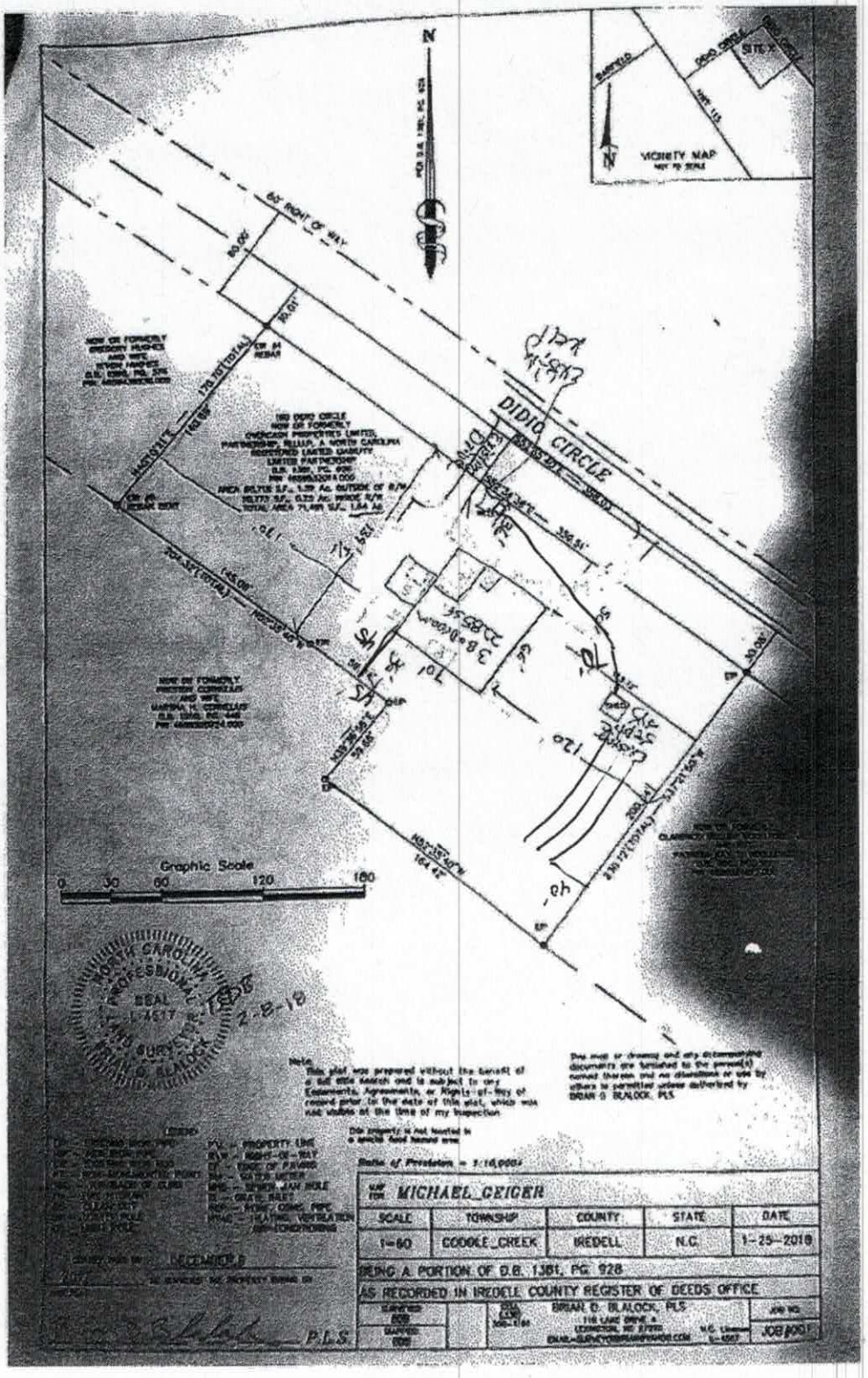
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 5-31-19

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


N
VICINITY MAP
DIDIO CIRCLE
65' RIGHT OF WAY
Graphic Scale
0 30 60 120 180
NORTH CAROLINA
PROFESSIONAL
SEAL
L-4617
SURVEYOR
BRIAN D. BLALOCK
2-8-18
Note
This plat was prepared without the benefit of a full title search and is subject to any Easements, Agreements, or Rights-of-Way of record prior to the date of this plat, which was not visible at the time of my inspection
This property is not located in a special flood hazard area
State of Procedure = 1:10,000+
LEGEND
P.L. = PROPERTY LINE
R/W = RIGHT-OF-WAY
T.O. = TOP OF BANK
W.M. = WATER METER
S.M.H. = SEWER MAN HOLE
G.I. = GRATE INLET
R.C.P. = REINF. CONC. PIPE
H.V.A.C. = HEATING VENTILATION AIR CONDITIONING
SURVEY MAP BY: RECORDED
P.L.S.
MAP FOR MICHAEL GEIGER
SCALE 1=60
TOWNSHIP CODDLE CREEK
COUNTY IREDELL
STATE N.C.
DATE 1-25-2018
BEING A PORTION OF D.B. 1381, PG. 928
AS RECORDED IN IREDELL COUNTY REGISTER OF DEEDS OFFICE
SURVEYED BDB
DRAWN TDB
CHK'D BDB
BRIAN D. BLALOCK, PLS
116 LAKE DRIVE
LEXINGTON, NC 27292
N.C. LIC. L-4617
JOB NO. JOB 1001

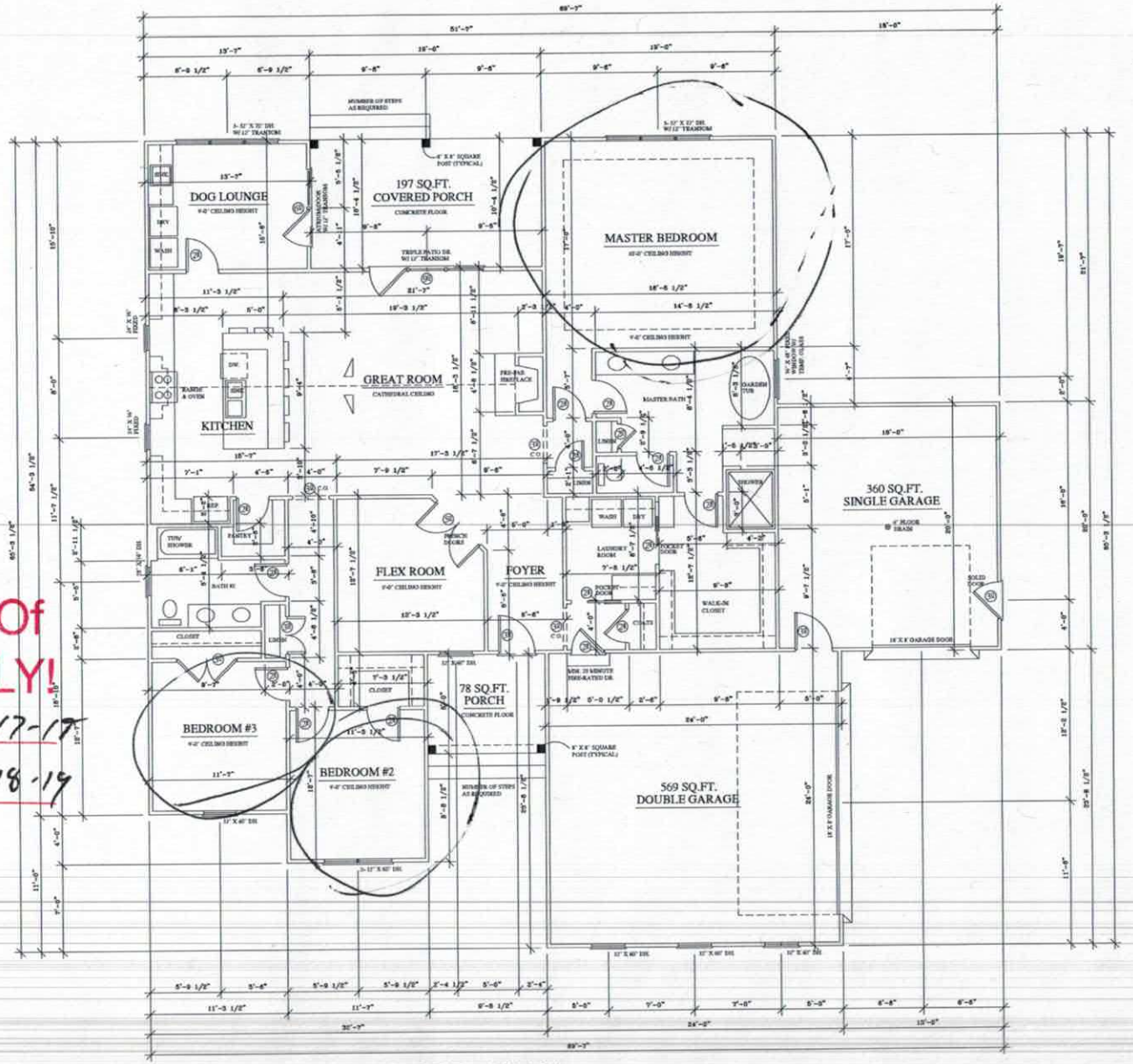
PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   RECOMMENDED LOCATIONS ARE AS FOLLOWS:
   THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE.
   H.V.A.C. UNIT(S) MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC FOR ON STORY HOUSES, IN THE CRAWL SPACE FOR THE FIRST FLOOR AND IN ATTIC FOR THE SECOND FLOOR IN TWO STORY HOUSES.
   H.V.A.C. EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND IN NO CASE LESS THAN 22"X36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2X4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

Acknowledgement Of
Plans Submittal ONLY!

Date 6-17-19

Date 6-18-19



FLOOR PLAN

2285 SQ.FT.

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

Gray Design

CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. ROBERT D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS.

PROJECT:
Finney Builders

DATE: FEB. 26, 2019

REVISION:

FILE NUMBER

SHEET:
4 OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
245240
Issue Date: 05/31/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659532014.000	160 DIDIO CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OVERCASH JACK	Applicant: FINNEY BUILDERS INC.
Address: P O BOX 539	Address: UNKNOWN
MOORESVILLE, NC 28115	UNKNOWN
Phone:	IREDELL CO, NC 28625
	Phone:

Use Requested	Zone Code
NEW SFD REPLACING SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.660	35.00	35.00	15.00	15.00	NOT	X

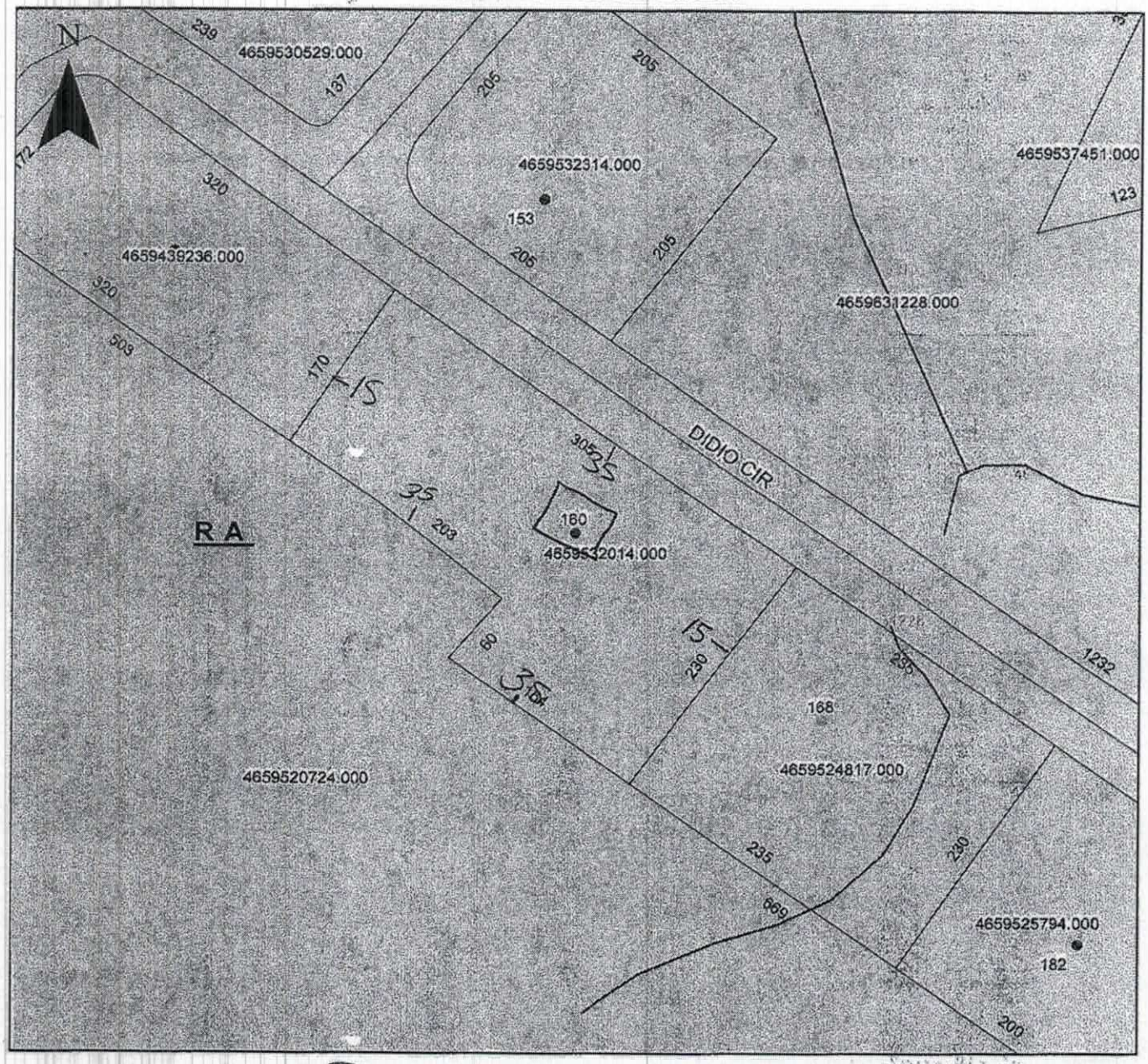
Remarks:

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	179345	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 160 Didio Circle

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.

Applicant

5-31-19
Date