ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306171

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

PIN # 4659739914.000

APPLICANT/OWNER: Dale Hall | APPLICANT ADDRESS: 25 O'Connell Rd, CT

SITE ADDRESS: 116 Cottage Ct, Mooresville 28115 | PHONE: 980-235-3507 | ALT. PHONE: —

SITE DIRECTIONS: 115 N-ze on Shepherd → R on Cottage Ct → lot on R | SAP CONTROLLED: [x] YES [ ] NO

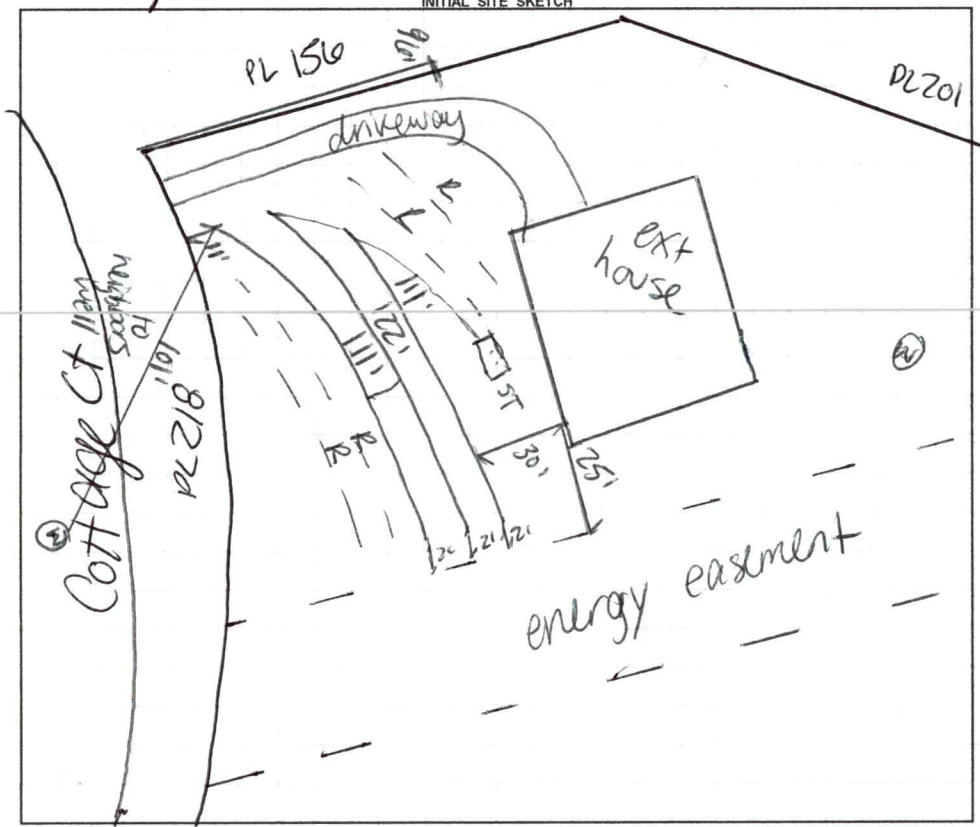
SUBDIVISION: The Glen | SECTION: — | LOT # 10 | LOT AREA: 1.73ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .35

Septic Tank	1000 (ext)	(gal)	STB	Date	[ ] New System [x] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	4
Pump Tank		(gal)	PT	Date	System Description: —		[ ] Business	No. Persons	8
Pump Make		Model		Serial #	Repair System Description:	25% reduction	[ ] Other	No. Employees	
# Nitrification Fields	1	# Lines	ext	Linear Ft	Maintenance Agreement Required: [ ] YES [x] NO		[ ] Slab	[x] Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	— [x] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

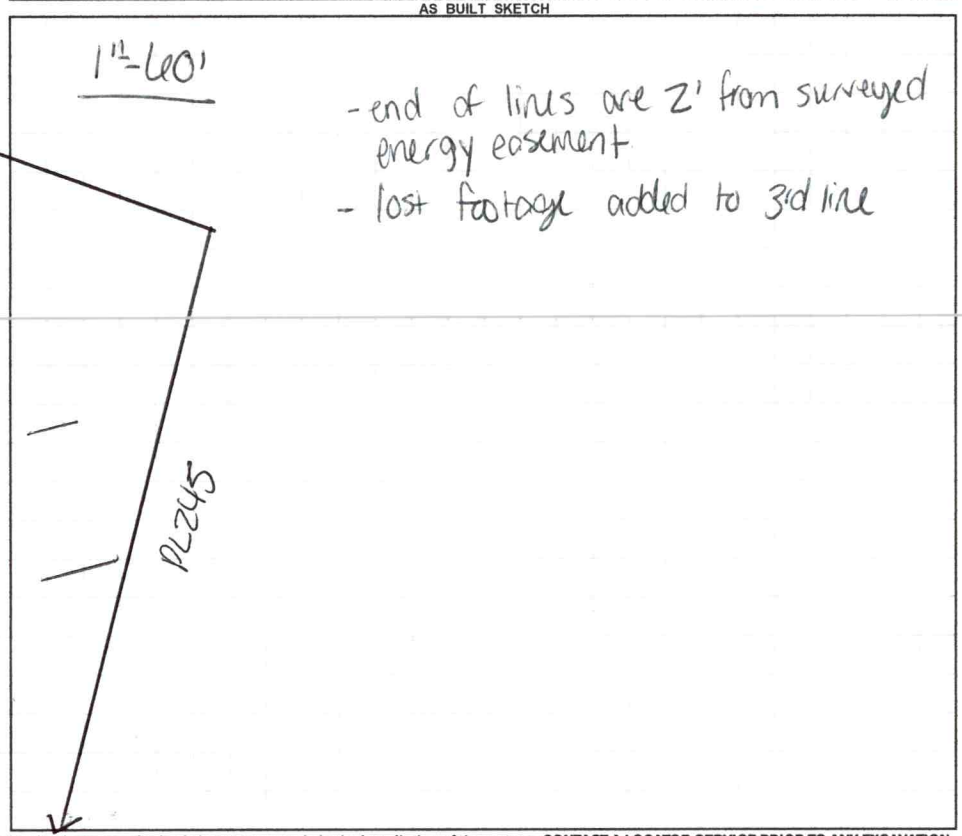
Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: Purpose of this repair is to replace chambers damaged by gas line. Replace damaged chambers as needed.

INITIAL SITE SKETCH



AS BUILT SKETCH



- end of lines are 2' from surveyed energy easement
- lost footage added to 3rd line

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Rec'd | Date: 4-6-20 | Installed by: Chris Allen (Ashe Co.)

IMPROVEMENT PERMIT by: Carla C. Nicks | Date: 4-3-20 | OPERATION PERMIT by: Carla C. Nicks | Date: 4-6-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks | Date: 4-3-20 | Existing System Inspected by: | Date:

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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent Promote Protect
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, DALE H HALL, am the legal owner or the agent of the property located at 116 COTTAGE CT MOORESVILLE, identified as PIN(Parcel Identification Number) 4659739941, located in Iredell County, North Carolina.
Permit # 306171.

I do hereby agree to the permit design and the conditions of this permit.

Dale H Hall 4-6-20
Signature of Owner Date

Signature of Witness Date

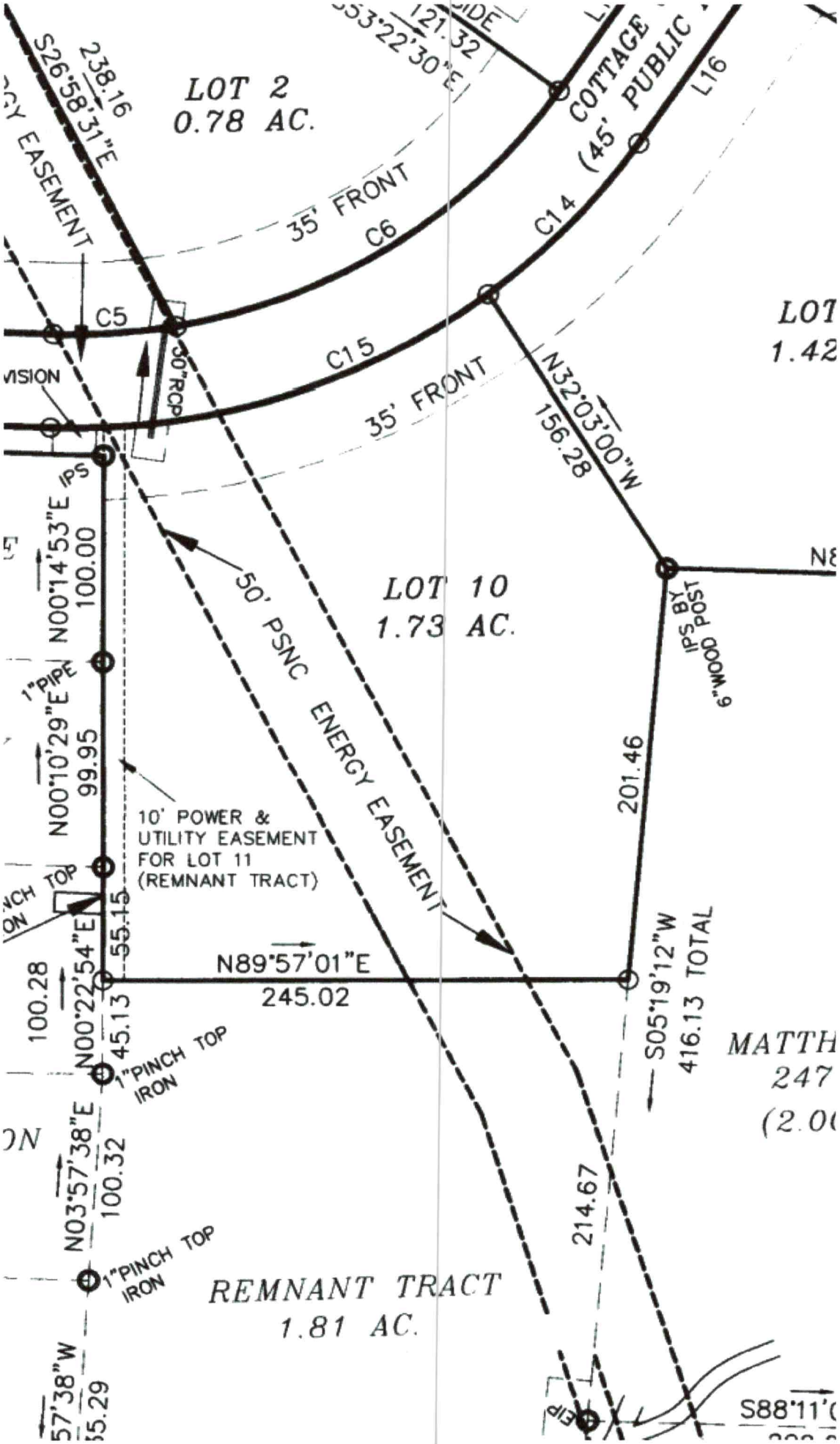
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 663-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/


LOT 2
0.78 AC.
238.16
S26°58'31"E
121.32
S53°22'30"E
COTTAGE
(45' PUBLIC
L16
35' FRONT
C6
C14
C5
C15
35' FRONT
N32°03'00"W
156.28
LOT
1.42
50' PSNC ENERGY EASEMENT
LOT 10
1.73 AC.
IPS BY
6" WOOD POST
N00°14'53"E
100.00
1" PIPE
N00°10'29"E
99.95
10' POWER &
UTILITY EASEMENT
FOR LOT 11
(REMNANT TRACT)
201.46
55.15
N89°57'01"E
245.02
S05°19'12"W
416.13 TOTAL
100.28
N00°22'54"E
45.13
1" PINCH TOP
IRON
MATTH
247
(2.0
N03°57'38"E
100.32
1" PINCH TOP
IRON
214.67
REMNANT TRACT
1.81 AC.
S88°11'

RECEIVED MAR 19 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-30617
Repair Evaluation

Iredell County Health Department -- Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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)

Applicant Name: DALE HALL **Address:** 25 O'CONNELL RD EXT COLCHESTER CT 0 **Zip:** 06415

Applicant Email: DALEHALL0430@HOTMAIL.COM **Phone:** 860-235-3507 **Alt. Phone:**

Owner Name: DALE HALL **Address:** SAME **Zip:**

Owner Email: SAME **Phone:** SAME **Alt. Phone:**

Property Information:

Street Address: 116 COTTAGE COURT MOORESVILLE NC 28115

Subdivision Name: THE GLEN **Section/Phase:** **Lot Number:** 10

Driving Directions: RT 21 TO SHEPHERD RD 1/2 MILE TO COTTAGE COURT. 1ST HOUSE ON RIGHT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

Describe Problem:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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: 2019
( ) 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: Dale H Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-19-2020
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***)** X _____

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, _____, am the legal owner(s) of the property located at _____, identified as

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

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

_____, 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.

X _____ _____

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