IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224839

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

PIN # 4659829525

APPLICANT: Shaun Wheeler APPLICANT ADDRESS: 305 Brook Glen Dr. Mooresville, NC

SITE ADDRESS: 305 Brook Glen Dr. Mooresville, NC PHONE: ALT. PHONE: 980 722 4774

SITE DIRECTIONS: US21 N TR Shinnville Rd ~ 1/2 mile TL Brook Glen subdivision on left

SUBDIVISION: Brook Glen Crossing SECTION: — LOT # 75 LOT AREA: 1.210 Acre DESIGN FLOW: 360gpd L.T.A.R.: Exist

Septic Tank Exist 1000 (gal) STB Date

Pump Tank exist 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines 5 Linear Ft: Exist

Trench Width Exist Max. Trench Bottom Depth exist Gravel Depth —

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

System Description: Existing Pump - 25% Reduction

Repair System Description: —

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

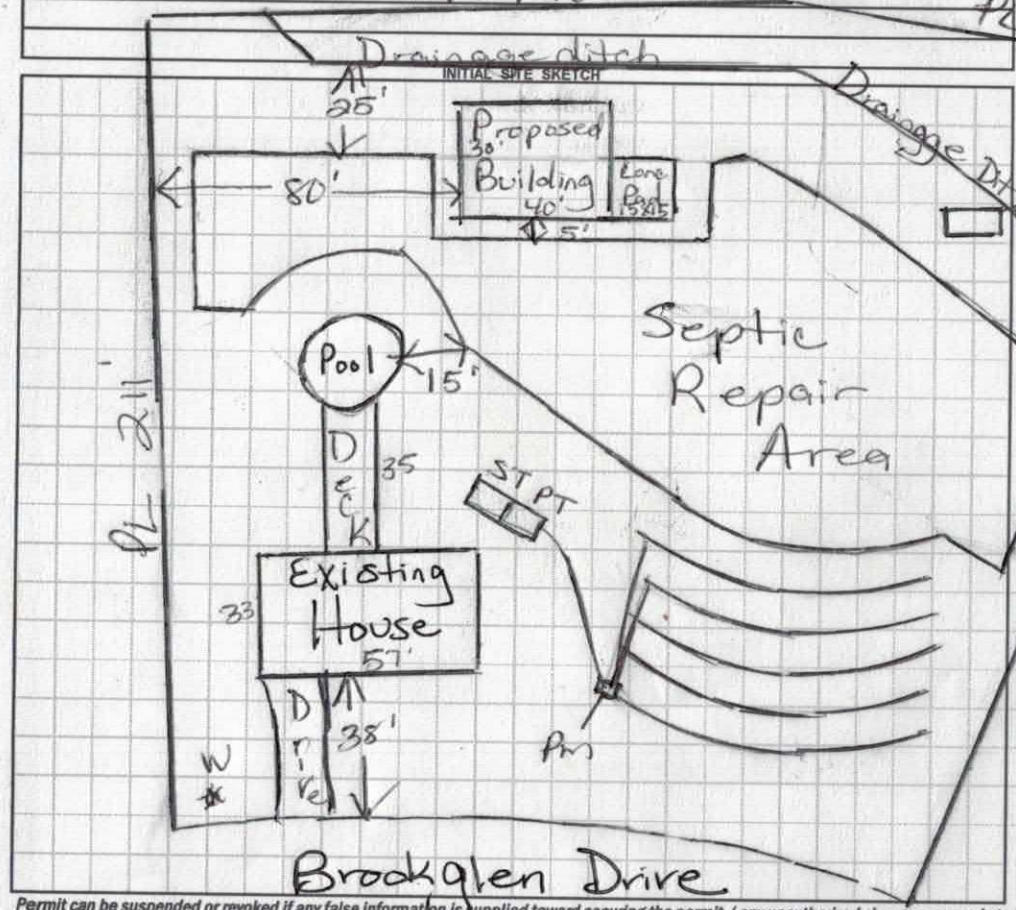
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

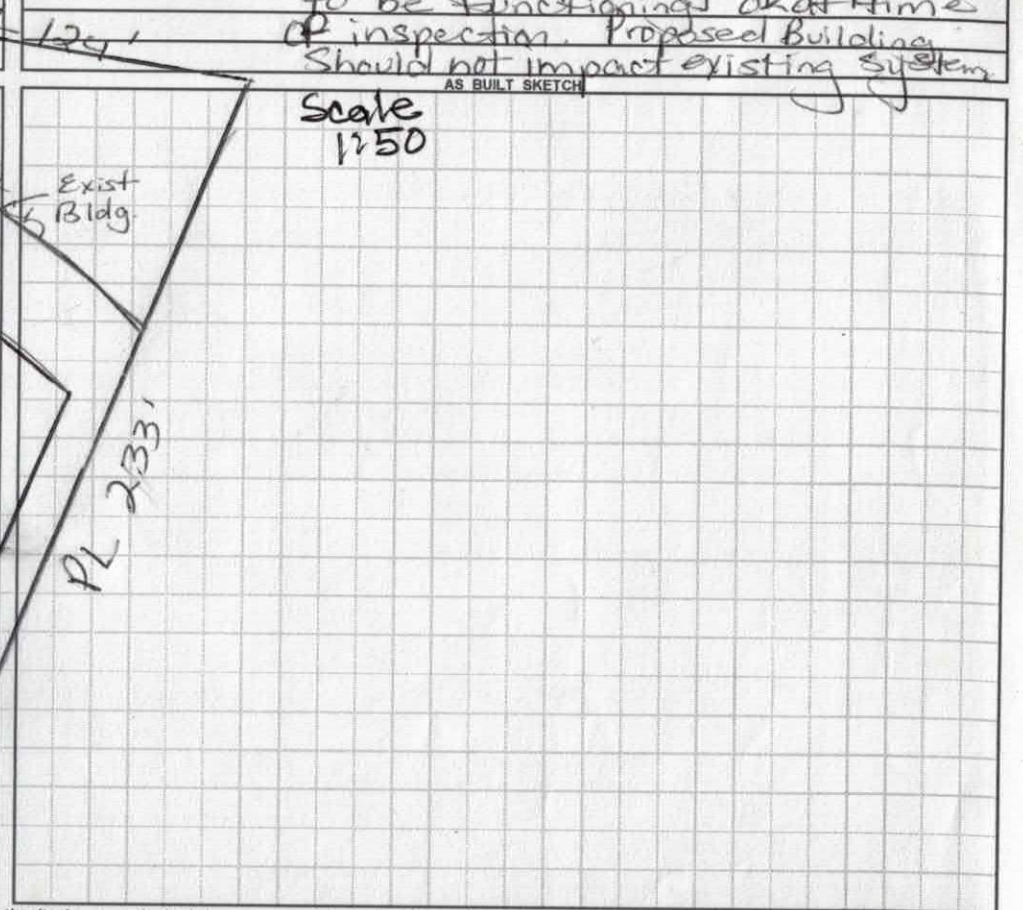
Existing Septic System appears to be functioning okat time of inspection. Proposed Building should not impact existing system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1"=50'



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: [signature] Date: 8-18-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 3/3/17

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

Paid $250 Kenna

IREDELL COUNTY HEALTH DEPARTMENT #224839

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

RECEIVED FEB 7 - 2017

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Shaun Wheeler **Address:** 305 Brook Glen Dr. Mooresville NC 28115 **Phone:** 980-722-4774

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 305 Brook Glen Dr. Mooresville NC 28115

Subdivision Name: Brook Glen **Section/Phase:** _____ **Lot Number:** 75

Driving Directions: Coming South on Hwy 21 from Exit 42, Turn left onto Shinnville Rd. in ½ mile Turn Left into Brook Glen Development

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) 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: _____ 2-7-17
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:

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

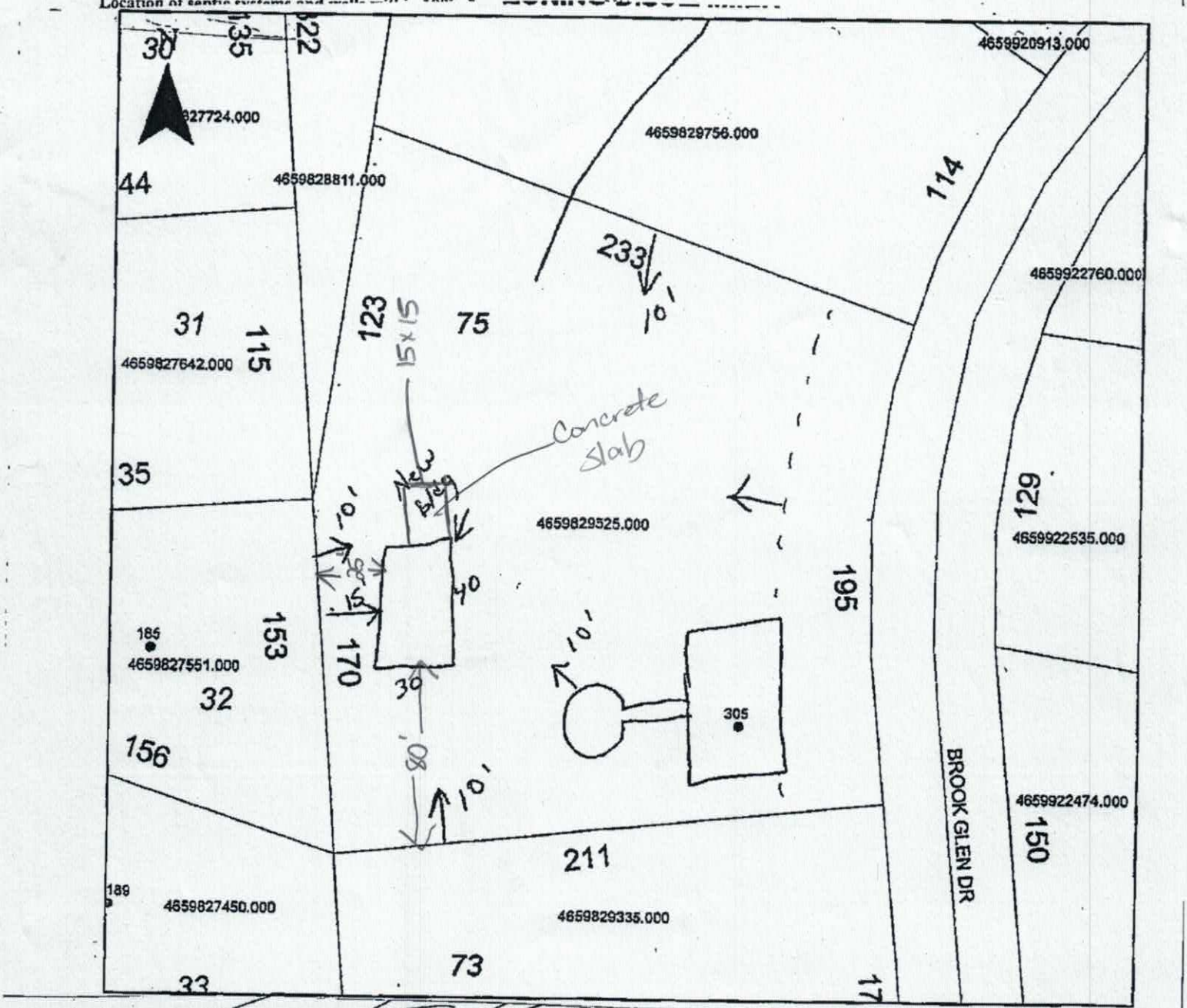
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

____ Front and side setbacks from property line... **____ 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' - [illegible]



Signature: _____

REQUIRED property owner or owner's legal representative signature.

2-7-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 172687 PIN # 4659829525 DATE 6/28/12

OWNER or APPLICANT SHAWN & HILARY WHEELER PHONE: Business Home: 704-660-9572

OWNER or APPLICANT ADDRESS 305 BROOKGLEN DR. MOORESVILLE, NC 28117

LOCATION / DIRECTIONS 21/115 N - TR SHINNVILLE - TL BROOKGLEN DRIVE - ON LT # 305

SUBDIVISION BROOK GLEN BLOCK / SECTION 2 LOT # 75 LOT AREA 1.21AC DESIGN FLOW 360 EXISTING T.A.R. EXISTING

Septic Tank 1000 EXISTING Gallons: STB ____ Date ____

Pump Tank 1000 EXISTING Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 450 EXISTING

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth —

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

System Description: EXISTING 25% REDUCTION

Repair System Description: LPP

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 4

☐ Other No. Employees ____

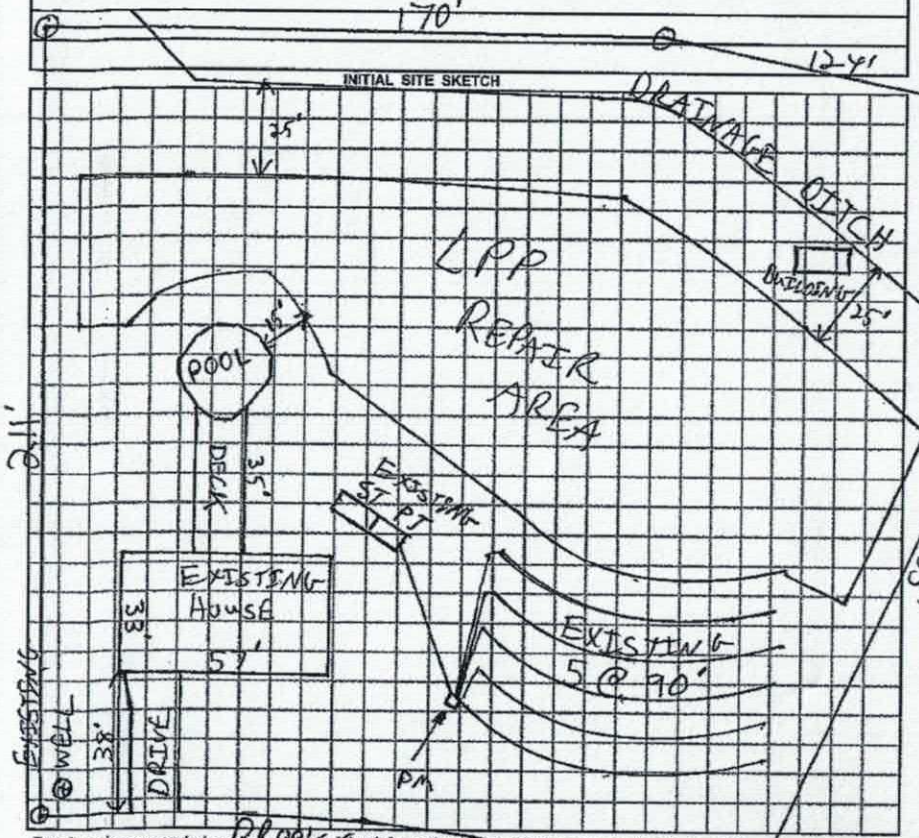
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

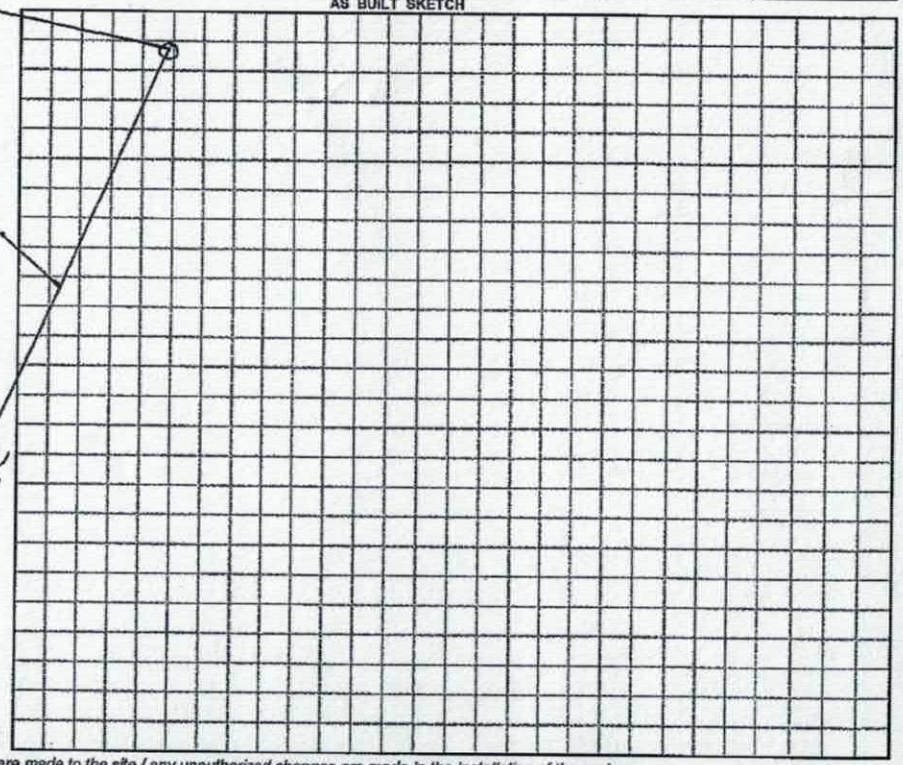
Comments / Conditions 1"=50'

INITIAL SITE SKETCH



Comments / Conditions POOL WAS ADDED BEFORE INSPECTION.

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.

☐ 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: [signature] Date 6-29-12

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: C. Brady Freeman Date: 6/28/12

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

IREDELL COUNTY

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

APPLICATION NUMBER
224839
Issue Date: 02/07/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659829525.000	305 BROOK GLEN DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WHEELER SHAUN	Applicant: WHEELER SHAUN
Address: 305 BROOK GLEN DR MOORESVILLE, NC 28115	Address: 305 BROOK GLEN DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
1200 SQ FOOT ACCESSORY BLDG	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.210		10.00	10.00	10.00	NOT	X

Remarks:

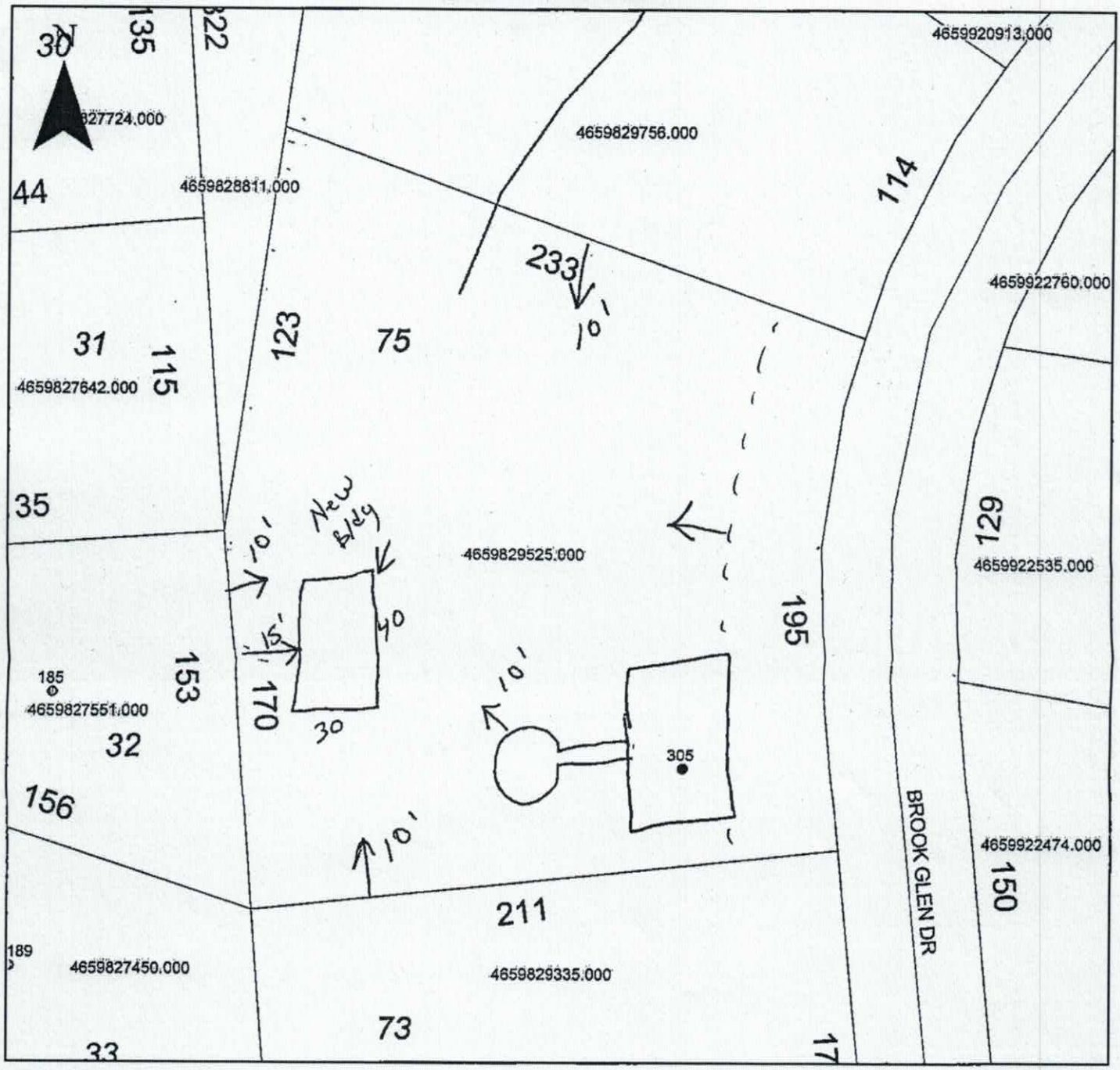
Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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	92708	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 305 Brook Glen - Access. Bldg 1200 or less

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

2-7-17
Date