RECEIVED JUL 2 1 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $250.00 #212167

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Burt Harrington Address: 1603 Shearers Rd Mooresville Phone: 704 990 5270

Owner Name: Burt and Mary Harrington Address: 1603 Shearers Rd Mooresville Phone: 704 990 5270

Property Information:

Street Address: 1603 Shearers Road Mooresville, NC 28115

Subdivision Name: None Section/Phase: _____ Lot Number: _____

Driving Directions: Rt. 115 to Presbyrian Rd to Shearers.

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) 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 (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: 2000

( ) 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: Burt Harrington July 21 2015

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

IREDELL COUNTY HEALTH DEPARTMENT

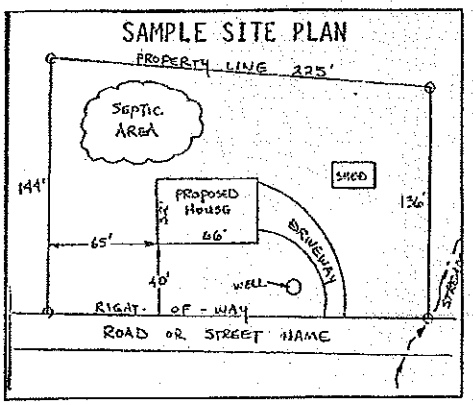
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

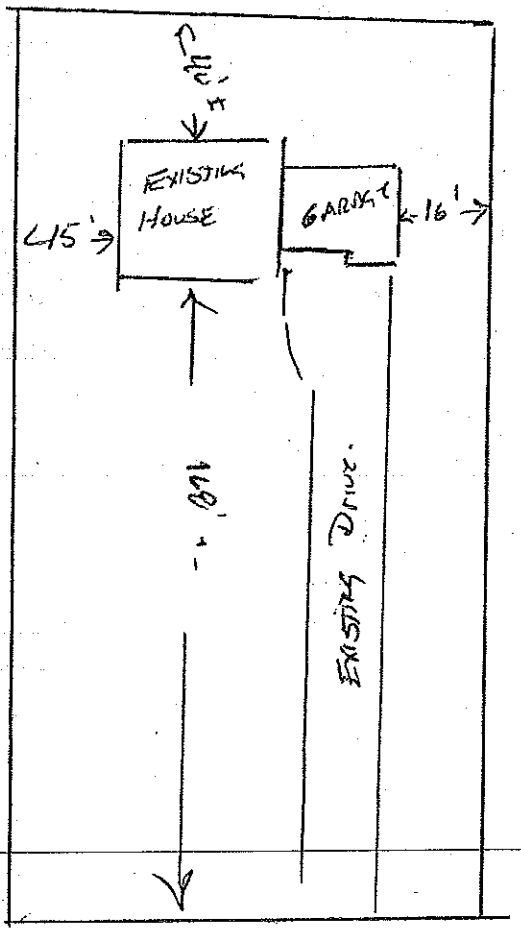


Circle N/A on the following if appropriate:

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

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



Signature: Bud Hyatt

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

July 21 2015

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 2/22/99

PERMIT# 079184 PIN# 4664 49 9462

OWNER OR CONTRACTOR Dan Wheeler PHONE: Business Home 616-349-4850

ADDRESS 7456 Douglas Ave. Kalamazoo, Mich. 49004

LOCATION Shepherds Rd, on (L) just before Presbyterian Rd, on (L) of lot 22 Bull Shoals

SUBDIVISION No BLOCK / SECTION LOT No LOT AREA .43 SITE CLASS AS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 425 Date 3/7/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900± Linear Feet 300±

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

(X) New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Ch. Plastic - Incumbent

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

(X) House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

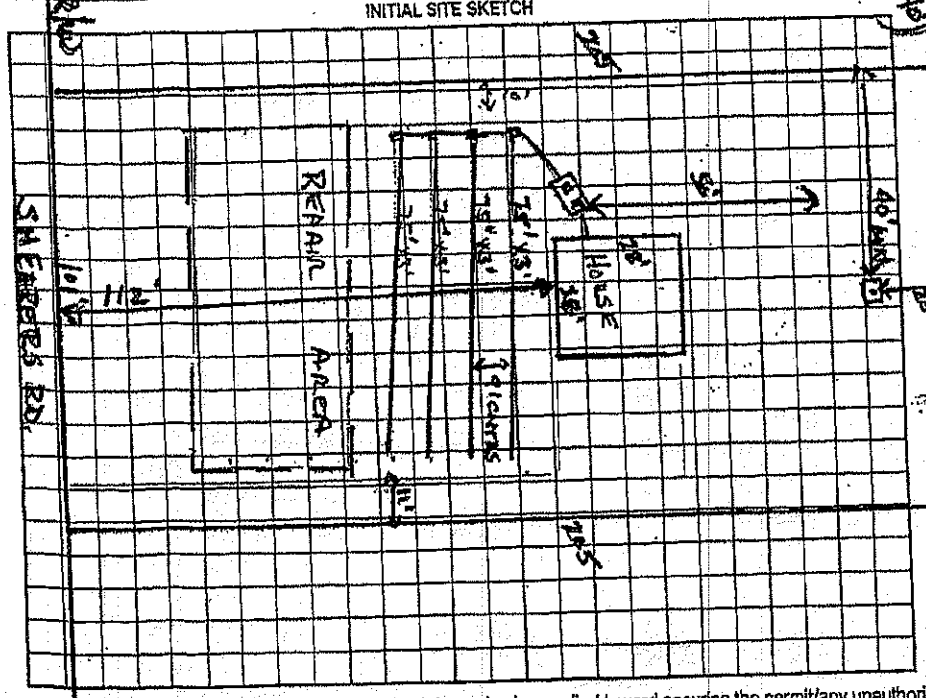
Water Supply: (X) Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

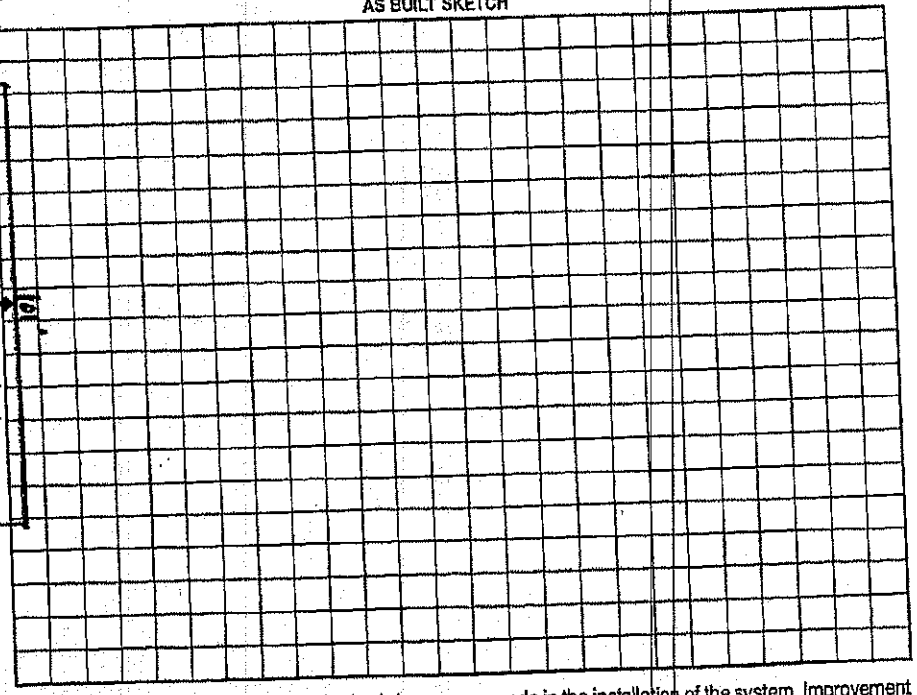
Comments/Conditions: ± 25% Reduction Calculated - installed what is shown on this permit.

Comments/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

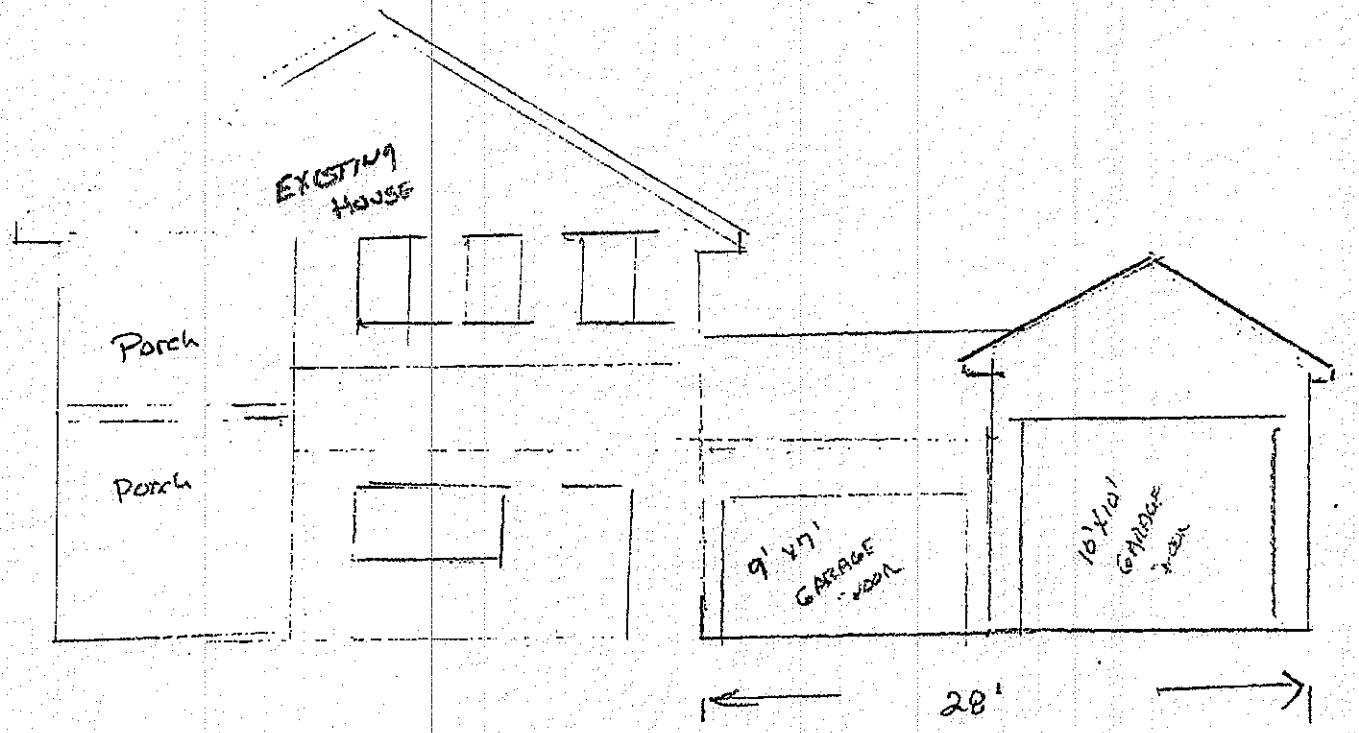
Signed: [signature] as agent date 2-25-99 Installed by: Delbert Bostian

Improvement Permit by: Wesley Sparks RS. date 2/22/99 Operation Permit by: Wesley Sparks RS. date 4/28/00

Existing System Inspection by: date

BURT AND MARY HARRINGTON
1603 SHARERS Rd
MOORESVILLE, NC

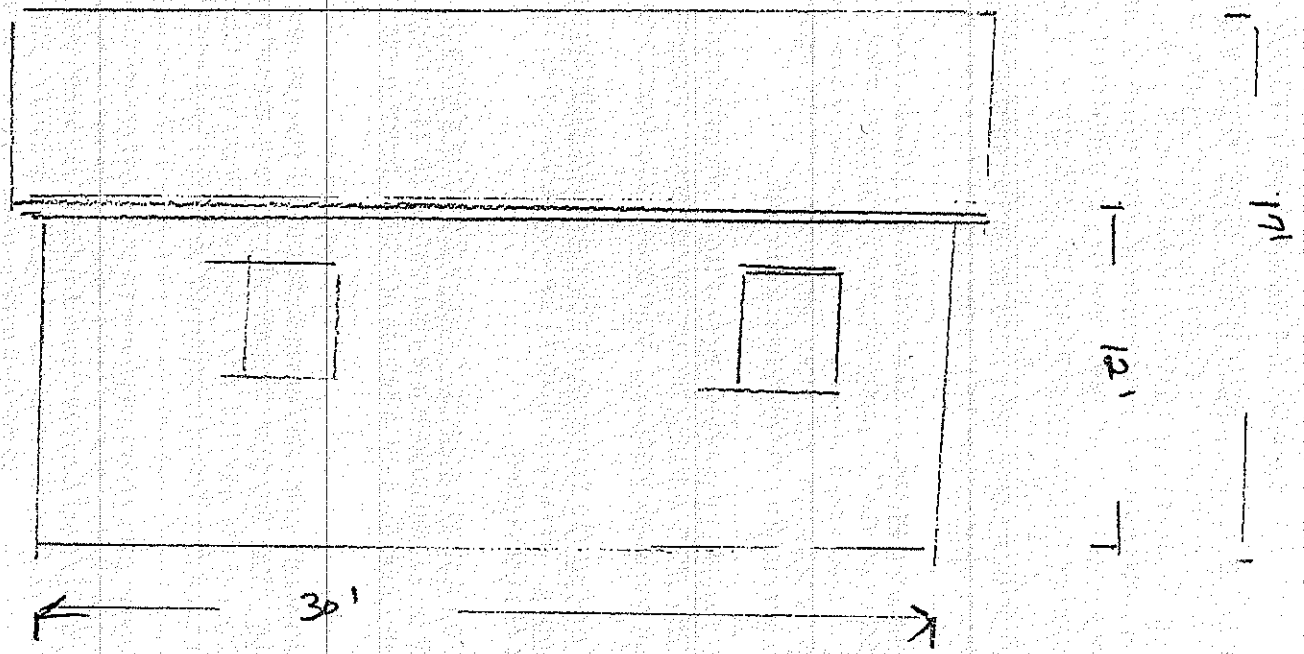
GARAGE ADDITION



FRONT VIEW

Burt and Mary Harrington
1603 Shearers Rd
Mooresville, NC

GARAGE ADDITION



RIGHT SIDE VIEW

IREDELL COUNTY

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

APPLICATION NUMBER
212167
Issue Date: 07/21/2015

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664499462.000	1603 SHEARERS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARRINGTON BURTON C JR+MARY R	Applicant: HARRINGTON BURTON C JR
Address: P O BOX 25279 RALEIGH, NC 27611	Address: P O BOX 25279 RALEIGH, NC 27611
Phone:	Phone:

Use Requested	Zone Code
ATTACHED GARAGE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.430	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
#2073
7-21-15

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.

See Attached

Applicant: _____ Date: _____

Permit Number	44138	TOTAL FEES:	$ 77.25