IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227899

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

PIN # 4665294495

APPLICANT/OWNER: Molly Daniel-Springs ✓ APPLICANT ADDRESS: 1087 Shearers Rd Mooresville NC 28115

SITE ADDRESS: 1087 Shearers Rd Mooresville, NC PHONE: 704754-6577 ALT. PHONE

SITE DIRECTIONS: Shearers Rd South on left just past Wood crest SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.06 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

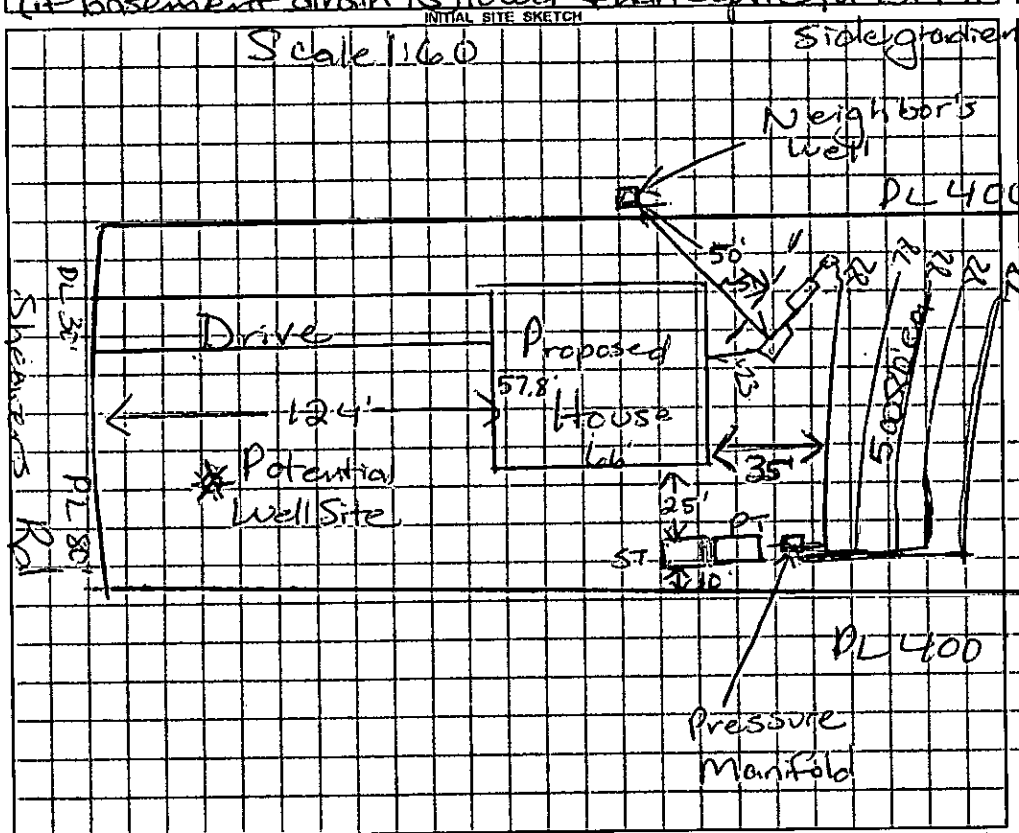
Septic Tank 1000 (gal)	STB 760	Date 9-13-	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 10-21-17	System Description: Pump-PM - 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make Zoeller 152	Model	Serial #	Repair System Description: Same	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 30'	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ✱ Must keep Septic at least 50ft from any well, Stay 25ft from basement (if basement drain is lower than Septic) or 15ft if

Divert Storm/surface water away from Septic

Float set 8 inch drawdown 182 gallon dosing volume.

INITIAL SITE SKETCH



AS BUILT SKETCH

Use 1/2" sch 80 taps

Septic tanks moved Setback ment

Septic tank: 23 Ft from house

51 Ft from Neighbor

PL 120'

Floats Set P.M. Tanks & Lines - 12/7/2017 B.B.

Drain Lines Checked		BB
Tanks Checked		BB
Pressure Manifold or Valve Box Checked		BB
Pressure Head Set	2-15-18	KW
Electrical Checked	2-15-18	KW
Floats Set		BB
Alarm Checked	2-13-18	KW
Maintenance Contract Y/(N)		—
Comments: 12-13-18: Breakers need to be labeled pump/alarm		

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

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO

Owner / Applicant Signature: M. A. D. Date: 11/22/17 Installed by: Randy-Piedmont Septic tank

IMPROVEMENT PERMIT by: Maria D. Dotson Date: 11/21/17 OPERATION PERMIT by: Kayla Watson Date: 2-15-18

AUTHORIZATION TO CONSTRUCT by: Maria D. Dotson Date: 11/21/17 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.

RECEIVED NOV 17 2017

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 $105.00

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Ltd Relayout #227899

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 #
Molly Daniel-Springs	1097 Shearers Rd, Mooresville, NC 28115	704-754-6577	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1097 Shearers Rd, Mooresville, NC 28115	N/A	N/A

Driving Directions: _____

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 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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

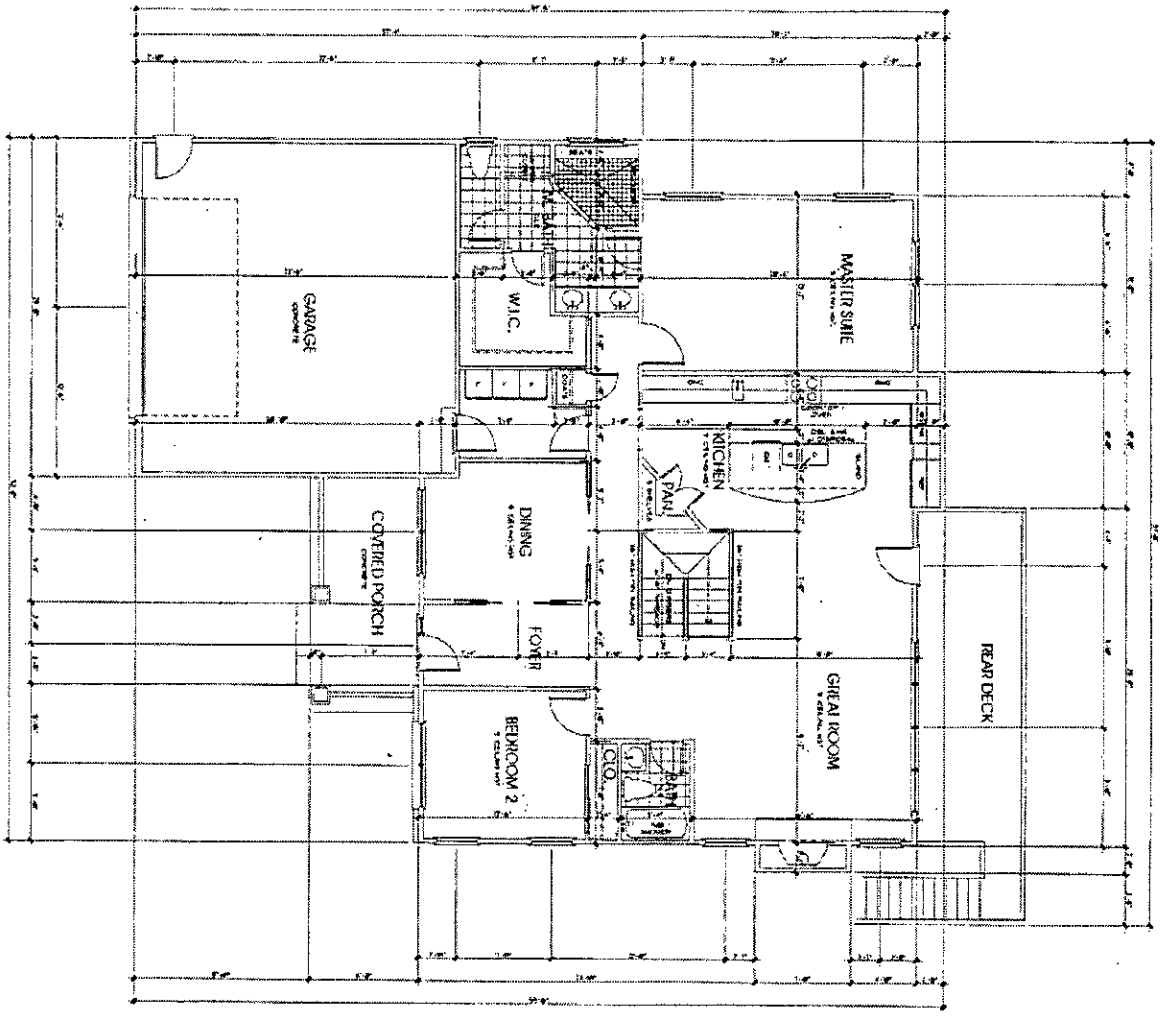
7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) 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: _____ 11/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



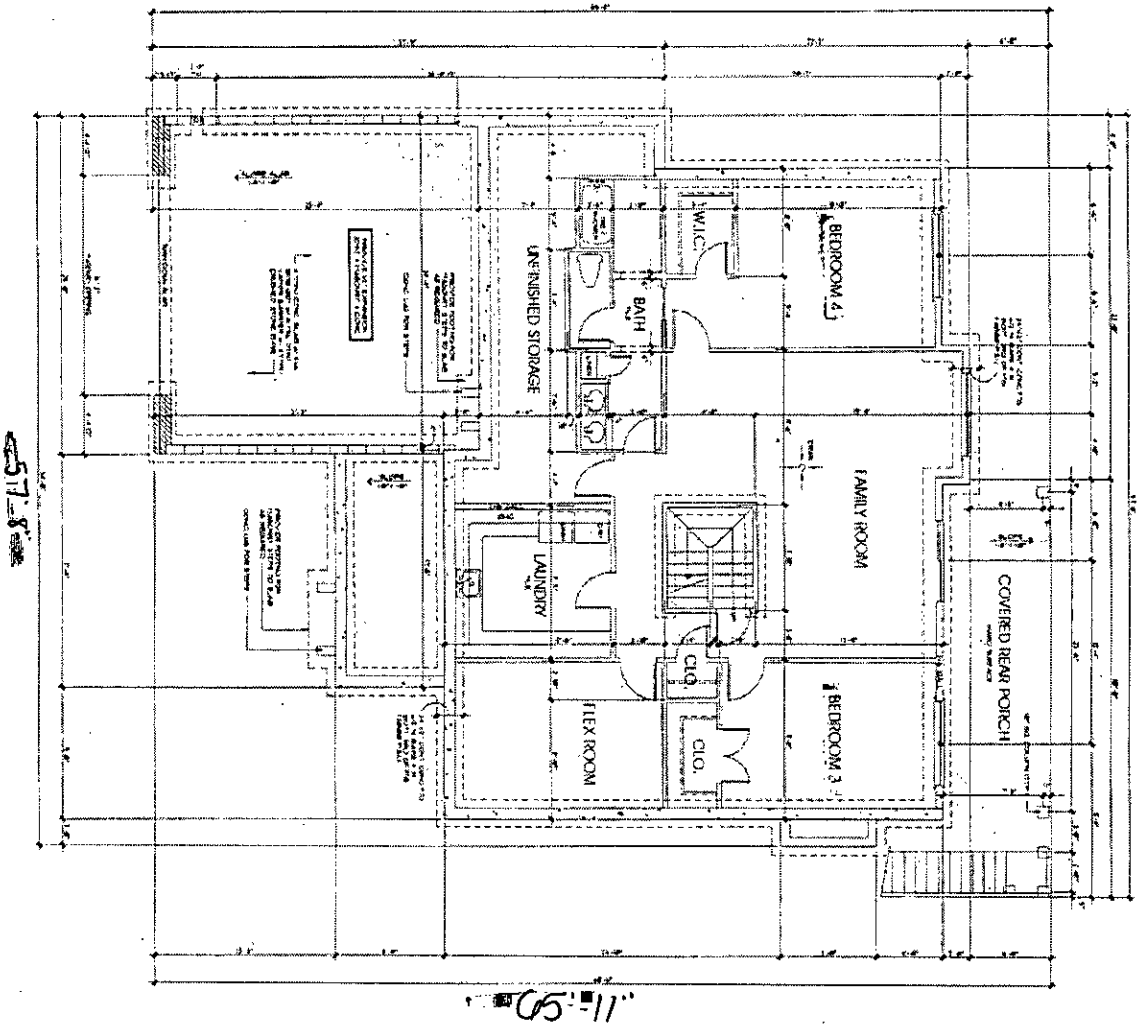
SQUARE FOOTAGE	
LOWER LEVEL	146 SQFT
MAIN LEVEL	1351 SQFT.
TOTAL HEATED	1571 SQFT
UNFINISHED LOWER LEVEL	1369 SQFT
GARAGE	361 SQFT
UNFINISHED STORAGE	245 SQFT
COVERED PORCH	75 SQFT
COVERED REAR PORCH	151 SQFT
TOTAL UNDER ROOF	4468 SQFT

Acknowledgement Of Plans Submitted ONLY!

Date 8-14-17

Date 8/21/17

DRAWING TITLE: MAIN LEVEL PLAN	DATE	SCALE: 1/4"	PLAN NO.	PLAN INFO.	Faith Walk Designs 704.651.6031 www.faithwalkdesigns.com
SHEET NO. 1	DRAWN BY: PERMIT NO.	SEAL	REVISIONS	A New Release for: Bobbi Thomas Builders	Bobbi Thomas



Acknowledgement of Plans Submittal ONLY!

Date

8/11/2017 Date 8-14-17

SQUARE FOOTAGE	
LOWER LEVEL	148 SQFT
MAIN LEVEL	1381 SQFT
TOTAL HEATED	1371 SQFT
UNFINISHED LOWER LEVEL	1349 SQFT
GARAGE	521 SQFT
UNFINISHED STORAGE	148 SQFT
COVERED PORCH	115 SQFT
COVERED REAR PORCH	191 SQFT
TOTAL UNDER ROOF	4.4681 SQFT

DRAWING TITLE: BASEMENT PLAN

PLAN NO

REVISIONS

PLAN INFO

Bobbi Thomas Builders

Bobbi Thomas

Ratliff DESIGNS
704.631.6031
www.ratliffdesignsandsigns.com

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

11/17/17 (Date)

Owner: Molly Daniel-Springs
Address: 1087 Shearers Rd.
Mooresville, NC 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
22789 PIN 4665294495
1087 Shearers Road, Mooresville

I, Molly Daniel-Springs, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 9-13-17 (date) for a system

Pump 25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

M. A. D.
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

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