IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 228174

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

PIN # 4665-35-4514 8449

APPLICANT/OWNER: Dan S. Newton APPLICANT ADDRESS: 1287 Shearers Rd. Mooresville, NC 28115

SITE ADDRESS: 1287 Shearers Rd. Mooresville, NC 28115 PHONE: 704-617-4477 ALT. PHONE

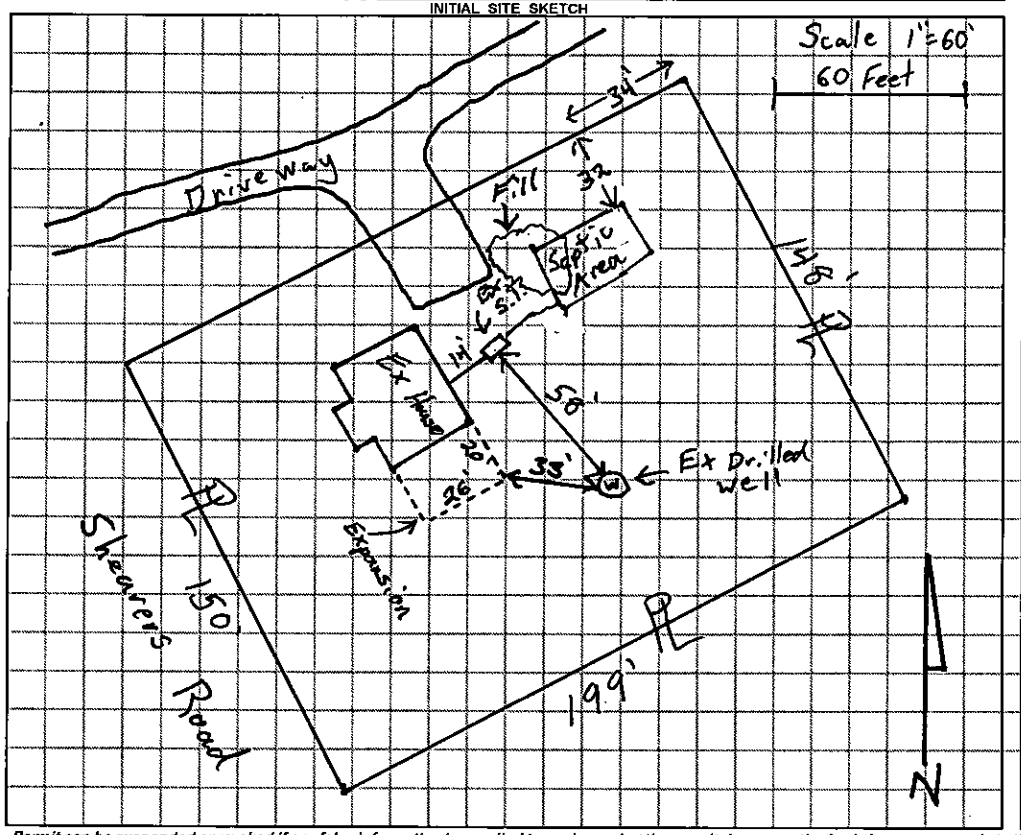
SITE DIRECTIONS: Shearer's Rd South from Mooresville → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.678 DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank	Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	— (gal)	PT —	Date —	System Description: Existing	☐ Business	No. Persons	4	☒ Private
Pump Make	—	Model —	Serial # —	Repair System Description: Existing	☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex	# Lines Ex Bed (Gravel)	Linear Ft —	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth Ex ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Also recommend removing fill material atop drainfield area/bed.

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 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: Annette Newton Date: 7-11-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 6/30/17

RECEIVED JUN 23 2017

Paid $250.00

228174

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 ( ) 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: DAN S NEWTON Address: 1287 SHEARERS RD Phone: 704-617-4427

Owner Name: SAME Address: SAME Phone: SAME

Property Information:

Street Address: 1287 SHEARERS RD MOORESVILLE NC 28115

Subdivision Name: — Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

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

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

(X) 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 (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: 1963

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

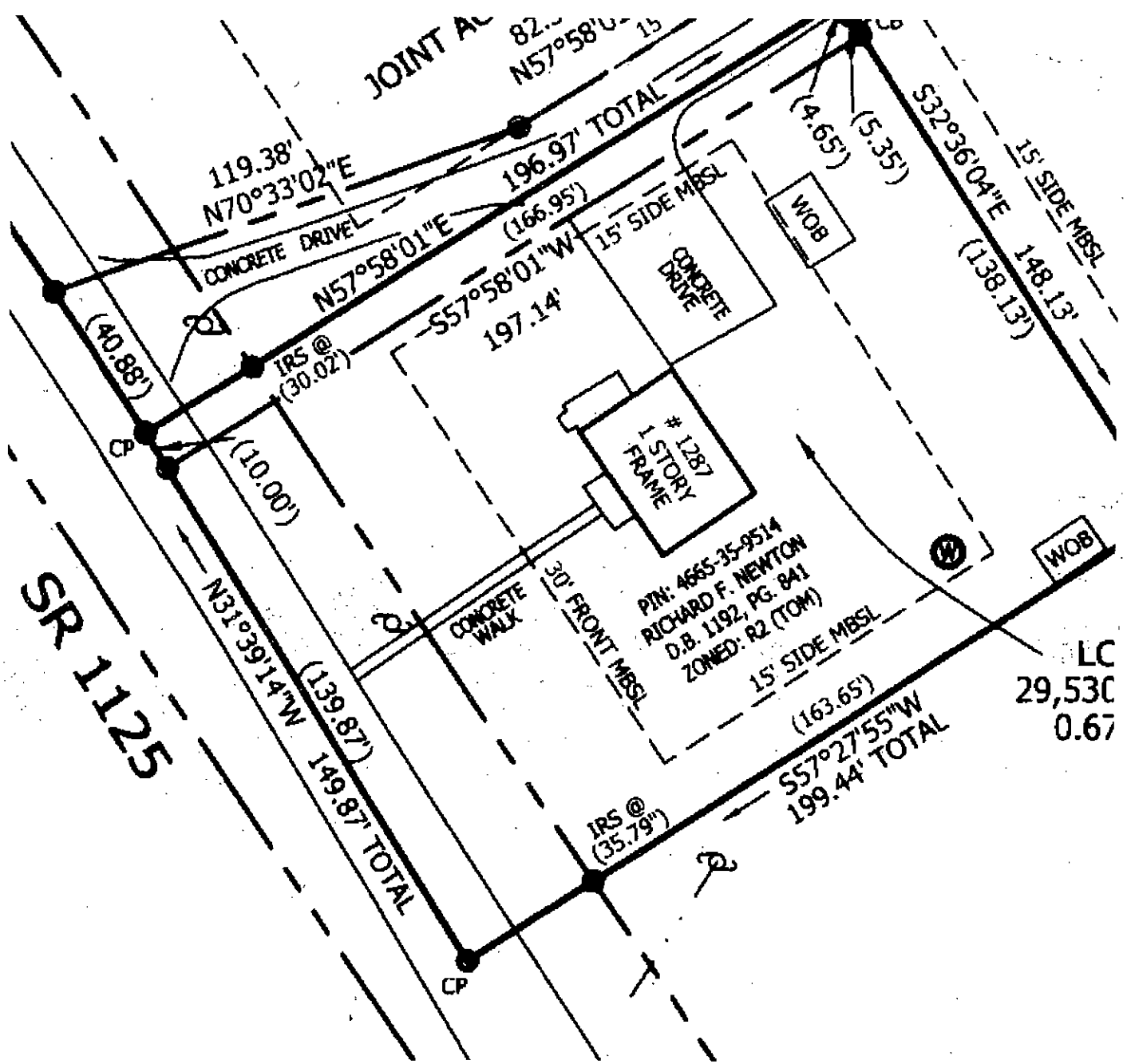
Please answer the following to the best of your ability:

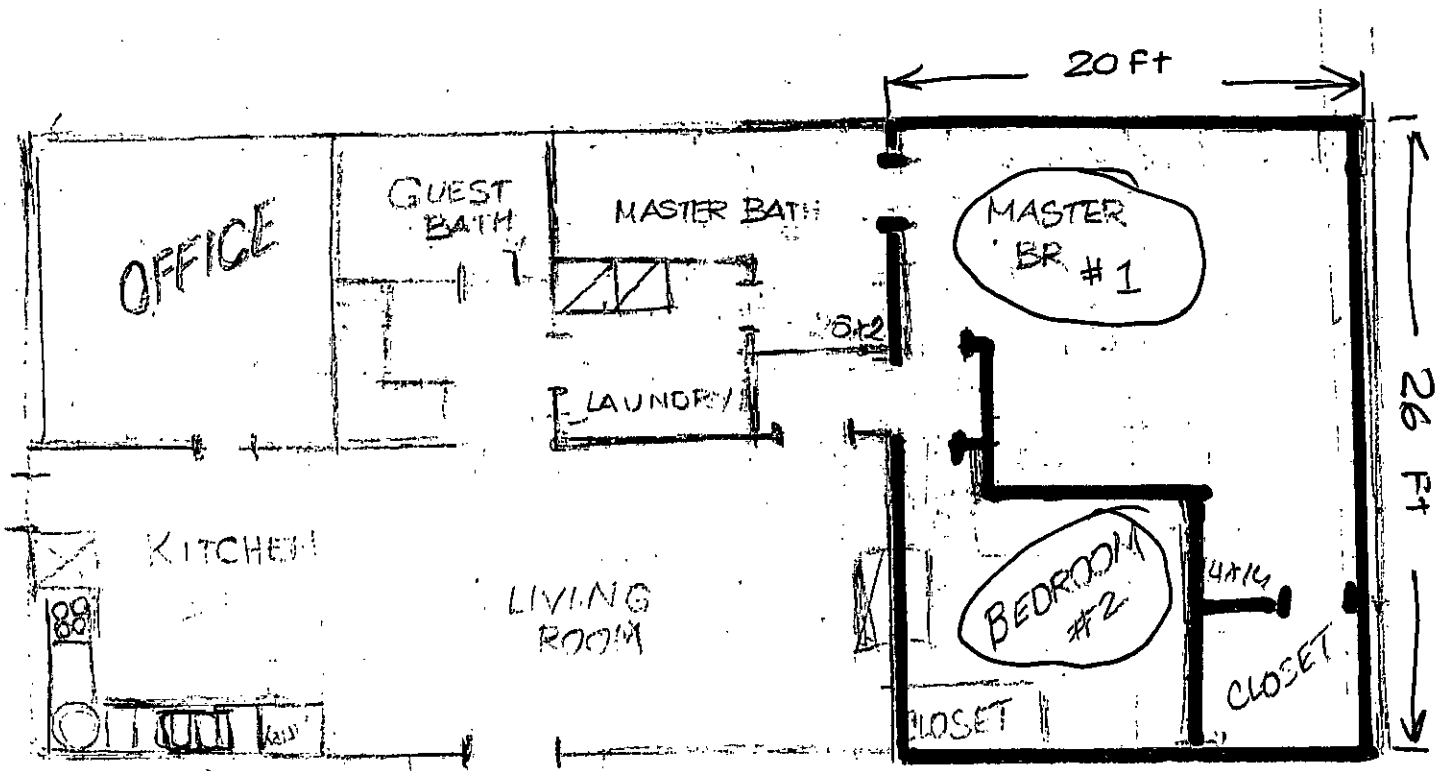
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

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: _____ 6-23-17

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


JOINT AC
82.
N57°58'0
15
119.38'
N70°33'02"E
196.97' TOTAL
(166.95')
CONCRETE DRIVE
N57°58'01"E
S57°58'01"W
197.14'
15' SIDE MBSL
CONCRETE DRIVE
WOB
(4.65')
(5.35')
S32°36'04"E
(138.13')
15' SIDE MBSL
148.13'
(40.88')
IRS @
(30.02')
CP
(10.00')
* 1287
1 STORY
FRAME
SR 1125
N31°39'14"W
(139.87')
149.87' TOTAL
CONCRETE WALK
30' FRONT MBSL
PIN: 4665-35-9514
RICHARD F. NEWTON
D.B. 1192, PG. 841
ZONED: R2 (TOM)
15' SIDE MBSL
WOB
LC
29,530
0.67
(163.65')
S57°27'55"W
199.44' TOTAL
IRS @
(35.79')
CP



Acknowledgement of
Plans Submittal ONLY!

Date 6-23-17

Date 6/-30-17

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 228174 Subdivision:

Proposed Use: ADDITION OF 520 SF - BEDRM - BATHRM

Location: 1287 SHEARERS ROAD

Tax PIN: 4665358449.000 Zoning: R2 Lot: 3 Size: 0.678

Owner/ Applicant: NEWTON DAN S+ANNETTE
Address: 1271 SHEARERS RD
MOORESVILLE, NC 28115

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 6-23-17

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR ADDITON AND INTERIOR RENOVATION FOR BEDROOM AND BATHROOM-520 SF
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

HP	06/22/2017	$50
Approved By:	Date	Application Fee