✓ 423 Rocky River Rd, MVL 28115 4665-98-5032 ✓

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Dianne Davis DATE 5-5-75 PERMIT NO. 95

PHONE: Business _____ Home _____

LOCATION 423 Rocky River Rd. 446 Thru 1447 Thru 1217 at end

S. R. No. 1217

SUBDIVISION NAME The Tadaskan Property LOT NO. _____ SECTION OR BLOCK NO. _____

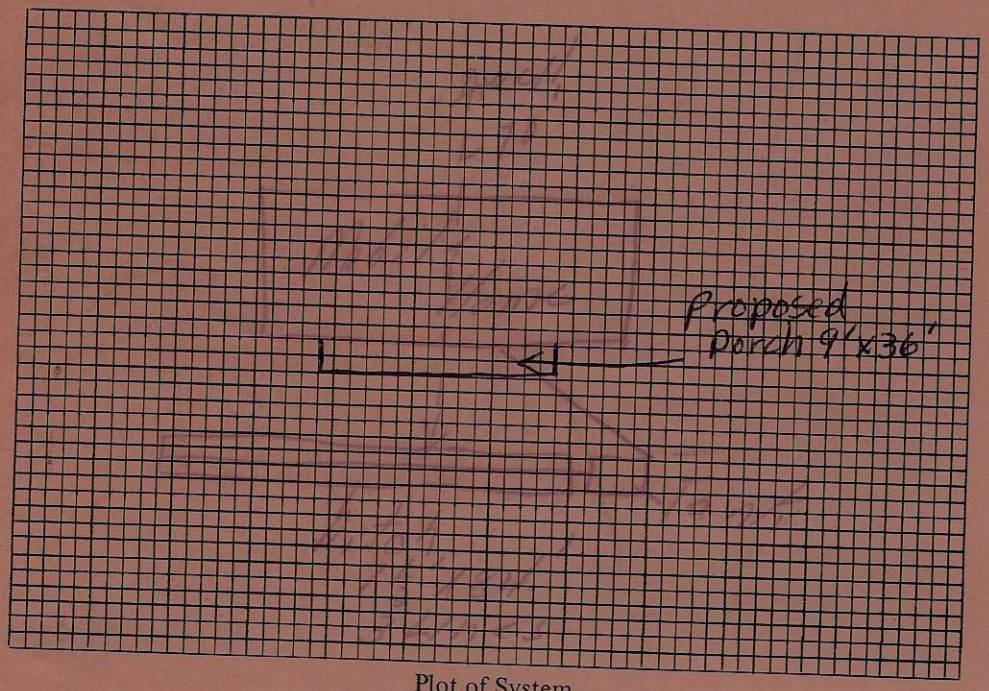
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area 20000 Sq Ft

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Not taken
Topography 2% to 5% Slope
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10
Water Supply: Individual ( )
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 5-5-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

4665 985 032 ✓

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Dionne Davis DATE 5-5-75 PERMIT NO. 95

PHONE: Business _____ Home _____ 423 Rocky River Rd.

LOCATION 1146 From 1147 From 1213 at end

SUBDIVISION NAME Via Johnston Property LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. 1213

Site Address: 423 Rocky River Rd. - MVL 28115

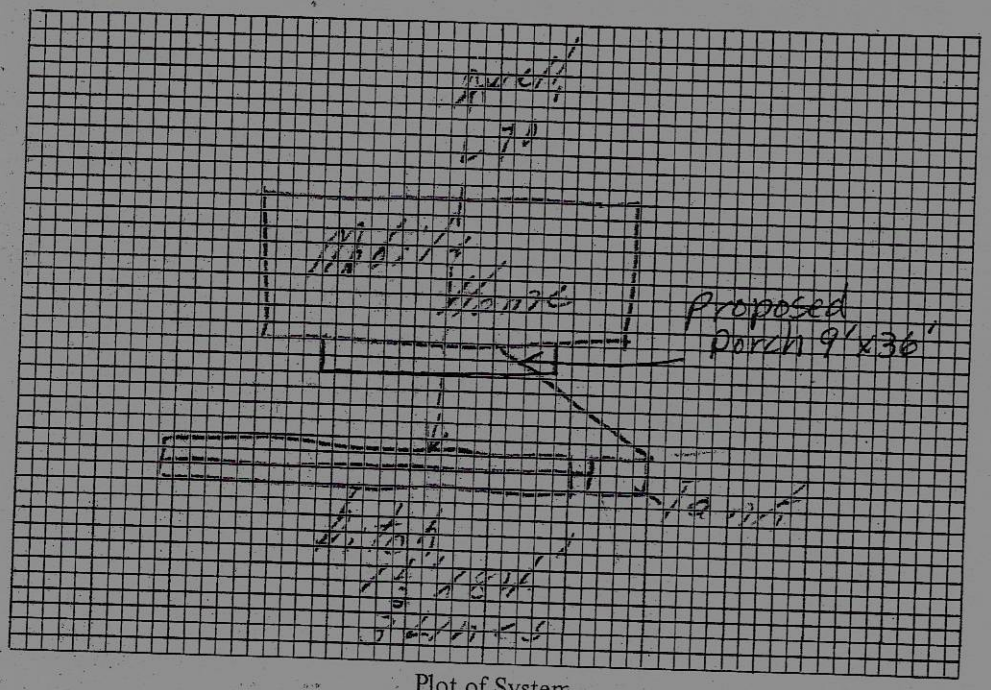
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20000 Sq Ft

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Not Taken
Topography 2% Slope
Depth to Water Table 10' +
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

The location of the proposed Porch addition does not appear to impact the existing septic system.
**NOTE: Shall be min. 5' from septic system
Cindy Melville REHS
Date: 10-7-11
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY John Pearson DATE 5-5-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

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

2. 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 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 #
Robert S. Davis Jr.	423 Rocky River Road	704 663-1310	704-488-6454
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mary C. Davis	423 Rocky River Road	704-663-1310	704-502-1345

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
423 Rocky River Road	Coddle Creek	

Driving Directions: Take # 3 east Turn Right on ~~Rocky~~ Rock River Road go about a mile Turn Right, beside a blue Doubble wide + I am at the end

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) 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 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ____

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

( ) 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 in _____ *YEAR*

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

8. Please Answer The Following To The Best of Your Ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) 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: Robert S. Davis Jr. — 9-30-2011

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

IREDELL COUNTY HEATLH 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:

- X — Property Line measurements are clearly identified...
- X — All proposed structures are indicated...
  SHOW: proposed house or business footprint, wells, water lines, patios, poo and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line...
- X — 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...

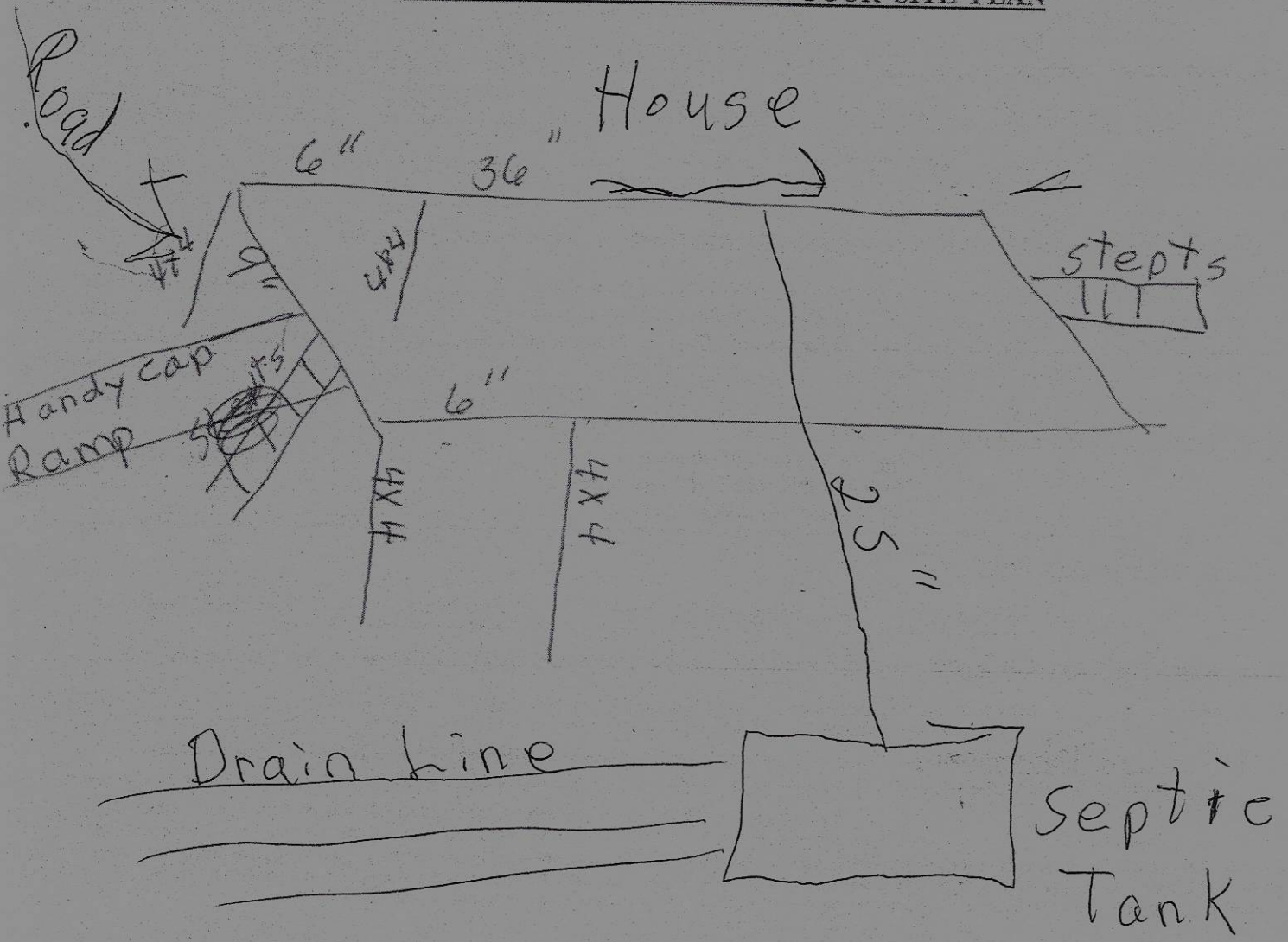
Circle N/A on the following if appropriate:

- ___ Location of septic systems and wells within 100' 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

Signature: Robert S. Davis Jr.
REQUIRED property owner or owner's legal representative signature.

9-30-2011
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 168807ZO

Printed: 9/30/2011

Master #: 168807

Associated Permits:
168807ZO Zoning

Applicant

Name: Robert Jr Davis
Address: 423 Rocky River Rd
Mooresville, NC 28117
Phone: 704-663-1310

Parcel

Parcel Number: 4665985032.000
Address: 423 Rocky River Rd.
Mooresville, NC 28117
Subdivision:
Directions to Parcel: Hwy 3 to Rocky River

Zoning: RA
Township: 0300
Area:
Lot(s):

Owners

Name: Robert Jr Davis
Address: 423 Rocky River Rd
Mooresville, NC 28117
Phone: 704-663-1310

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-238754-07	Zoning - Permit / Inspection	$75.00
FEE-238755-07	Technology and Administrative Fee	$2.25
FEE-238756-07	Environmental Health - In Office Plan Review	$25.00
	Total Fees:	**$102.25**
REC-128038-07		
REC-128039-07		$102.25
	Total Receipts:	**$102.25**

Conditions

Date: Status: Code:

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	None
Flood Zone:	No
Set Backs:	F35, R35, LS15, RS15
Minimum Lot Size:	
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	Existing System
Proposed Use:	Porch
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: PORCH 36X9 1/2