# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-30915

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

PIN # 4668-83-7262

APPLICANT/OWNER: RANSFORD CANNON / CHARLES GAMBINO | APPLICANT ADDRESS: 756 NORTH HIGHWAY 16 BUSINESS, DENVER, N.C. 28037

SITE ADDRESS: 1030 MOUNT ULLA HIGHWAY, MOORESVILLE, N.C. 28115 | PHONE: 704-600-5352 | ALT. PHONE 704-641-4969

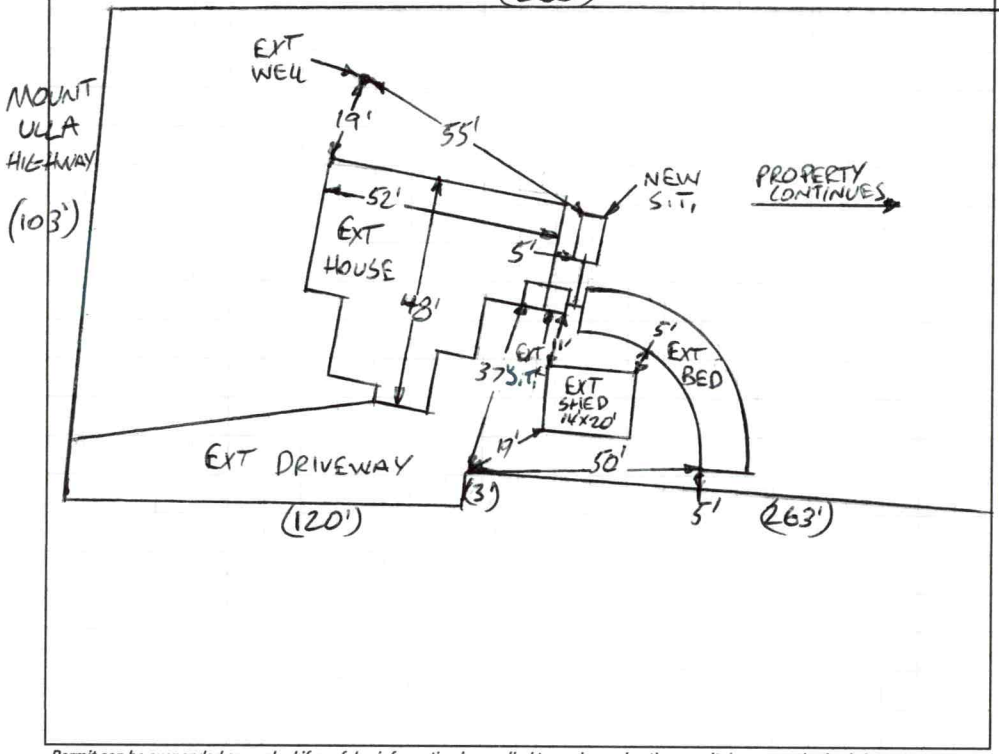
SITE DIRECTIONS: (S) ON 77, (L) ON 150, L ON 801/MOUNT ULLA, LOT ON (R) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.78 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 583 | Date 10/16/2020 | ☐ New System ☑ Repair ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms EXT | Water Supply |
| Pump Tank | — (gal) | PT — | Date — | System Description: EXISTING | | ☐ Business | No. Persons EXT | ☑ Private |
| Pump Make | — | Model — | Serial # — | Repair System Description: TANK REPLACEMENT | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | EXT | # Lines EXT | Linear Ft: EXT | Maintenance Agreement Required: | ☐ YES ☑ NO | ☐ Slab | ☐ Crawl Space | ☐ Community |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | Gravel Depth EXT | ☑ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | | ☑ Basement w/o plumbing |

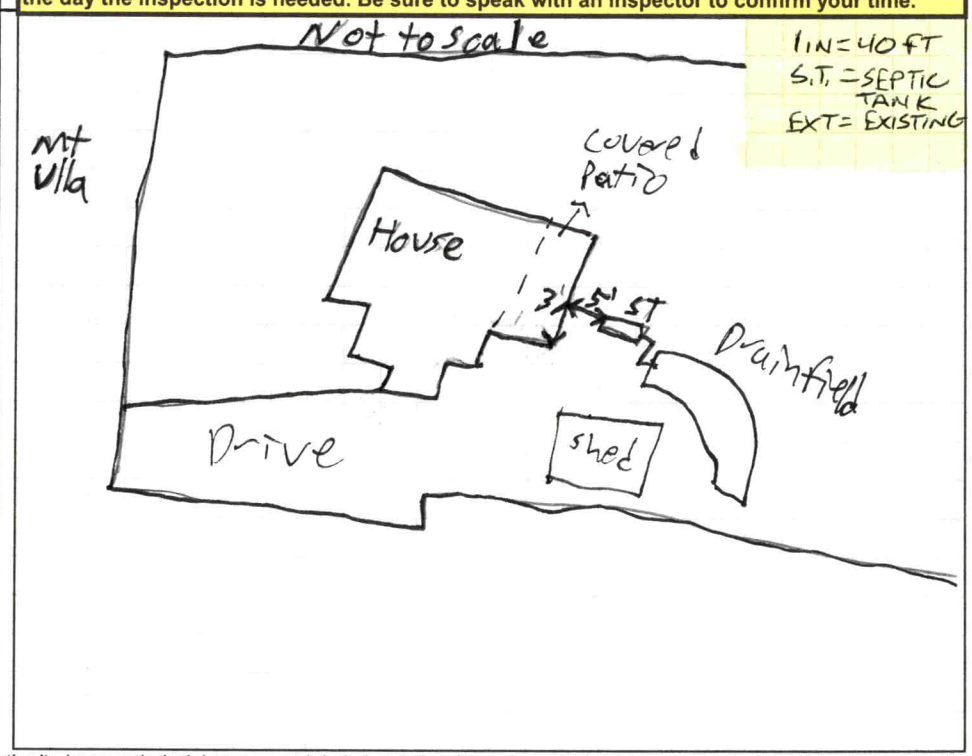
Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE D-BOX AS NEEDED, TANK UNDER COVERED PATIO, IF TANK HAS LOAD BARRING FOOT ON TOP IT WILL NEED TO BE FILLED WITH CONCRETE

INITIAL SITE SKETCH




AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.




*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: Ransford Cannon | Date: | Installed by: Rays

IMPROVEMENT PERMIT by: Burgent C. Ulibarri | Date: 11-6-2020 | OPERATION PERMIT by: Patrick J Boyle III | Date: 11/23/2020

AUTHORIZATION TO CONSTRUCT by: Burgent C. Ulibarri | Date: 11-6-2020 | Existing System Inspected by: | Date:

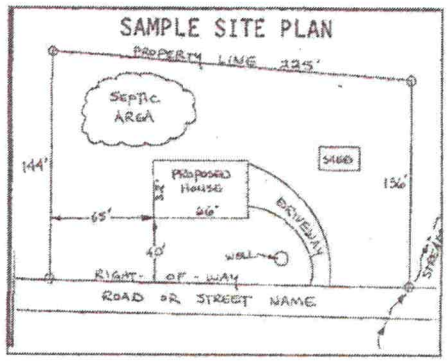
**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am** the day the inspection is needed.

# 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:**

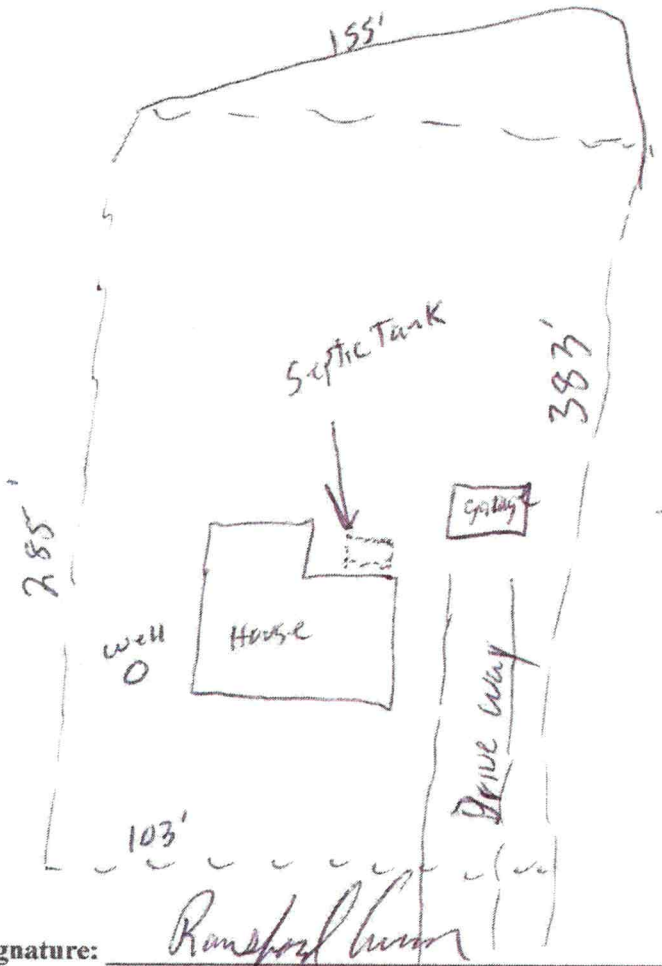
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

**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***




Replace Tank in Same location or just next To Existing Tank

RC

Tank 56' From well

**Signature:** Ronald Cuson

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

9/14/20

DATE

RECEIVED SEP 14 2020 AP-310915 Repair Eval

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED**

# 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 (X) 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:** (PRINT CLEARLY)

Applicant Name: Ransford Cannon Address: 756 N Hwy 16 Bus Zip: 28037
Applicant Email: ransford.brokerpgmail.com Phone: 704-600-5352 Alt. Phone:
Owner Name: Roger Cordoe Address: 1030 Mt Ulla Hwy Zip: 28115
Owner Email: rogercordoe@gmail.com Phone: 704-641-4969 Alt. Phone:

**Property Information:**

Street Address: 1030 Mt Ulla Hwy, Mooresville NC 28115
Subdivision Name: None Section/Phase: Lot Number: Null
Driving Directions:

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence Maximum Number of Bedrooms: ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Replace Septic Tank
Non-Residential Site Development: Type of Business:
Square Footage of Building: 2063 Max. Number of Employees: Max. Number of Seats/Beds/Other:

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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:** Ransford Cannon 9/14/20
Property owner/or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

☑ **2.** I, Roge Cardoe, am the legal owner(s) of the property located at 1030 Mt Ulla Hwy, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4668-83-7262.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ransford Cannon, West Norman Real Estate, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Roger Cardoe
Signature of Owner(s)

9-14-20
Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677