IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224533

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

PIN # 4669121240.169

APPLICANT: David Clubb APPLICANT ADDRESS: 303 Cornelius Rd Mooresville, NC 28117

SITE ADDRESS: 169 Ginger Ln Mooresville, NC PHONE: 704 663-9441 ALT. PHONE:

SITE DIRECTIONS: US 21 N TR Shinnville Rd TL Ginger Ln MH on left

SUBDIVISION: SECTION: LOT # LOT AREA: 1.78 Ac DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing Gravity - Conventional
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Shared ☐ Public ☐ Community

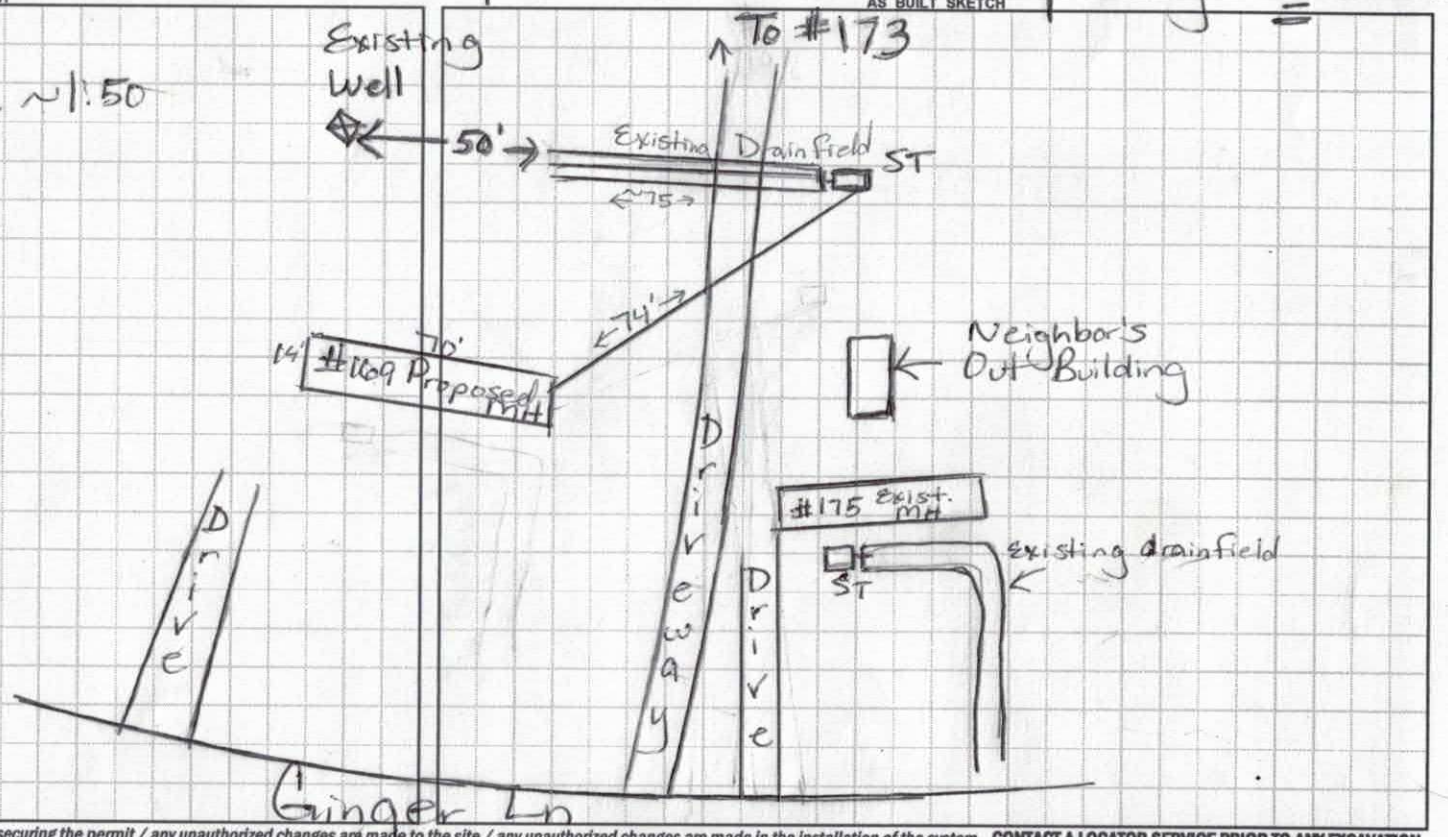
Comments / Conditions: Existing Septic System "appears" to be functioning OK at the time of the inspection. New MH must be at least 5ft from Septic & 25ft from Well.

☒ Note: Septic Systems shall not be located in areas subject to vehicular traffic.
☒ Original Septic permit (existing system) was permitted for 3 Bedrooms putting on 2 Bedrooms

INITIAL SITE SKETCH

Scale ~1:50

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: David Clubb Date: 2-17-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 2/15/17

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED JAN 2 5 2016

224533

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

224533

(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 $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ 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 #
DAVID W CLARK	303 CORNELIUS RD	704-663-9441	
SAME			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
169 GINGER LN		

Driving Directions: HWY 21 to SHINNVILLE RD TL ON GINGER TRAILER DOWN ON LEFT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* 3BR w/ theoretical replacing w/ 2BR

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — (✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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 ___ (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.

74' from exist Drainline 50ft to well
MH to ST

9. Signature: David W Clark 1-25-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Drainline 160' to 75' long drainfield

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

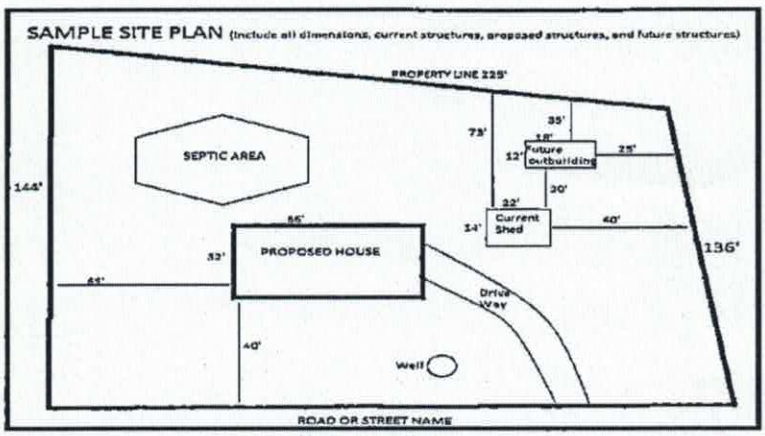
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

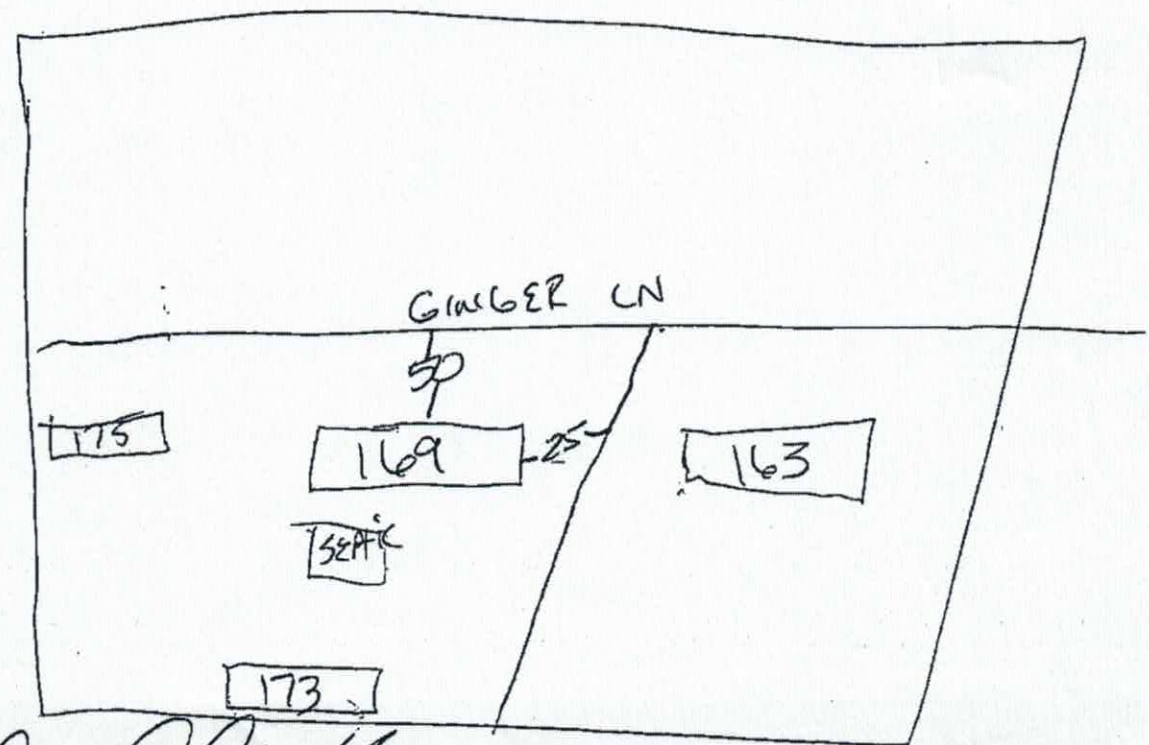
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



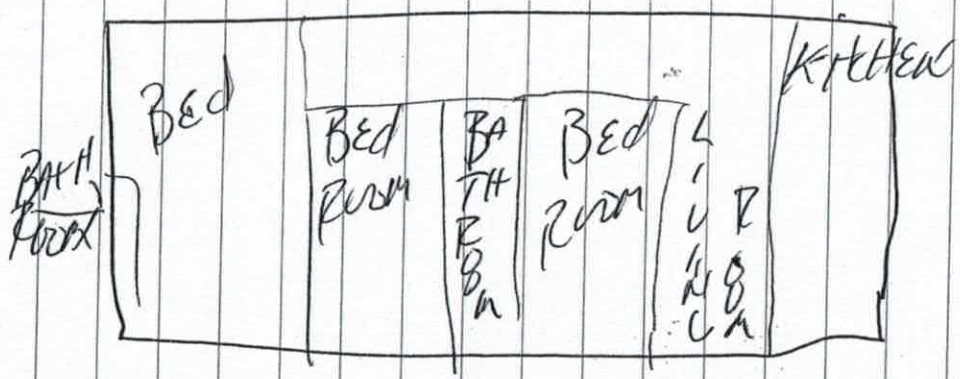
Signature: _____ 1-25-17

REQUIRED property owner or owner's legal representative signature. DATE

Acknowledgement of
Plans Submittal ONLY!

Date 2-7-17

Date 2/20/17



IREDELL COUNTY

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

APPLICATION NUMBER
224533
Issue Date: 01/25/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4669121240.000	169 GINGER, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BARNES GEO N SR	Applicant: CLUBB DAVID W
Address: 1711 BUFFALO SHOALS RD STATESVILLE, NC 28677	Address: 303 CORNELIUS RD MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
REPLACING 3 BR SW W/2BR SW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.780	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

Applicant: _____ Date: _____

Permit Number	91312	TOTAL FEES:	$ 77.25