ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319072

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

PIN # 4669 -- 12 -- 1615.180

APPLICANT/OWNER: Tess Clubb APPLICANT ADDRESS: 303 Cornelius Rd, Mooresville, NC 28117

SITE ADDRESS: 180 Ginger Lane, Mooresville NC 28115 PHONE: 704-677-5278 ALT. PHONE

SITE DIRECTIONS: (N) NC 115 → (R) Shinnville → (L) Ginger → lot on (R) SAP CONTROLLED: ☒ YES / ☒ NO

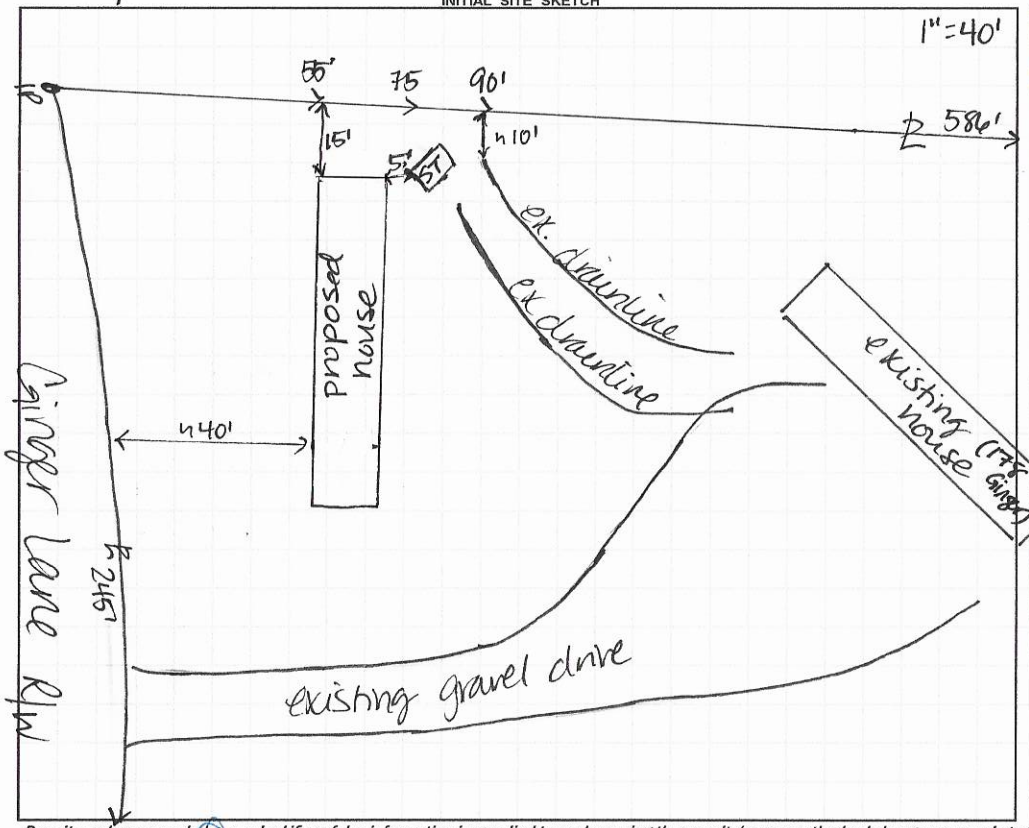
SUBDIVISION: Meadows Property MHP SECTION: LOT #: LOT AREA: 3.46 ac DESIGN FLOW: 240 gpd L.T.A.R.: EXISTING

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:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXISTING # Lines		Linear Ft.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☒ Community
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Keep mobile home 15' from property line
Recommend disuse of drive in area where drainlines are present.

Obtain variance for well - too close to tank @ 172 Ginger Lane (160') - see attached

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**

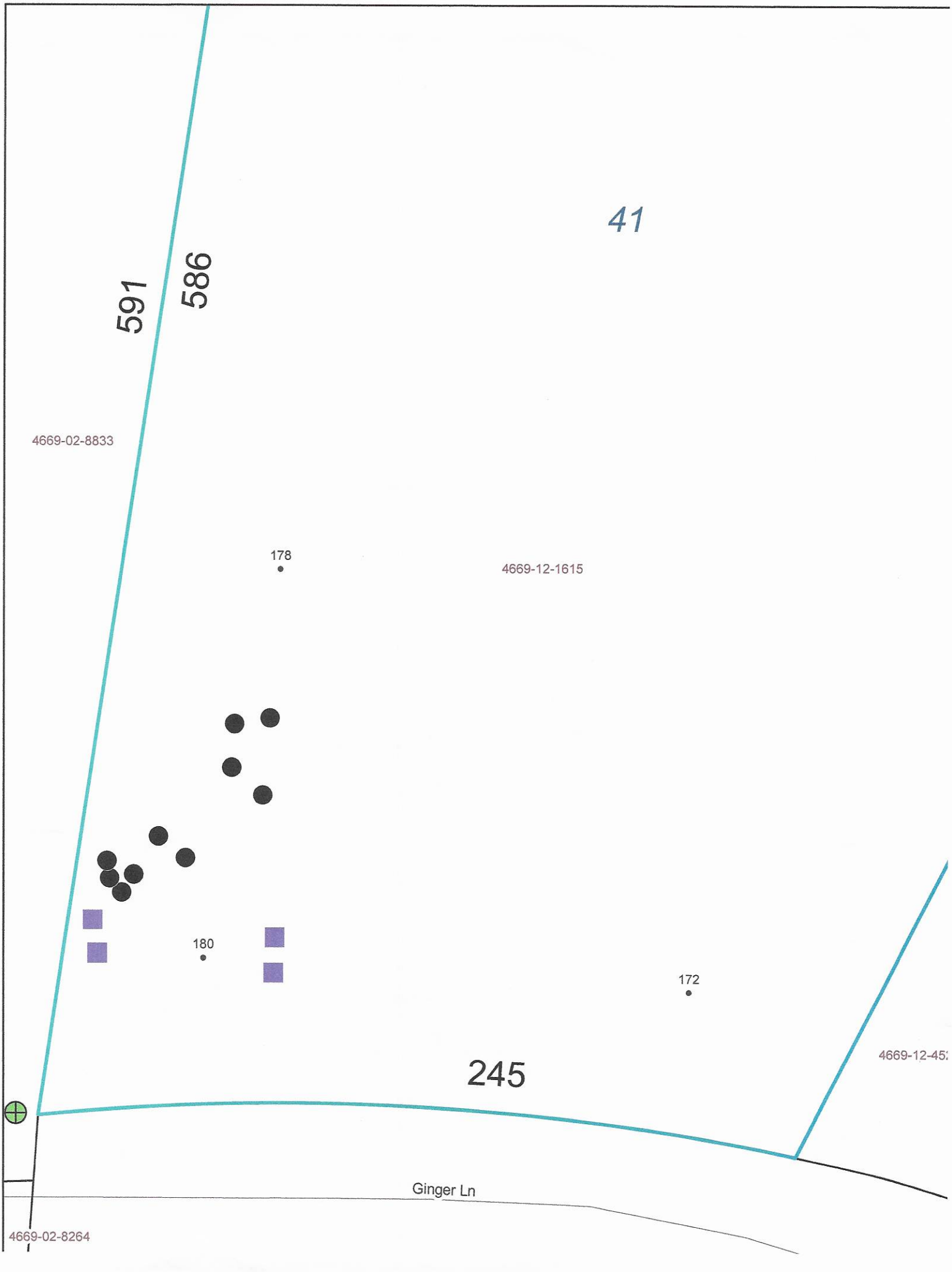
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

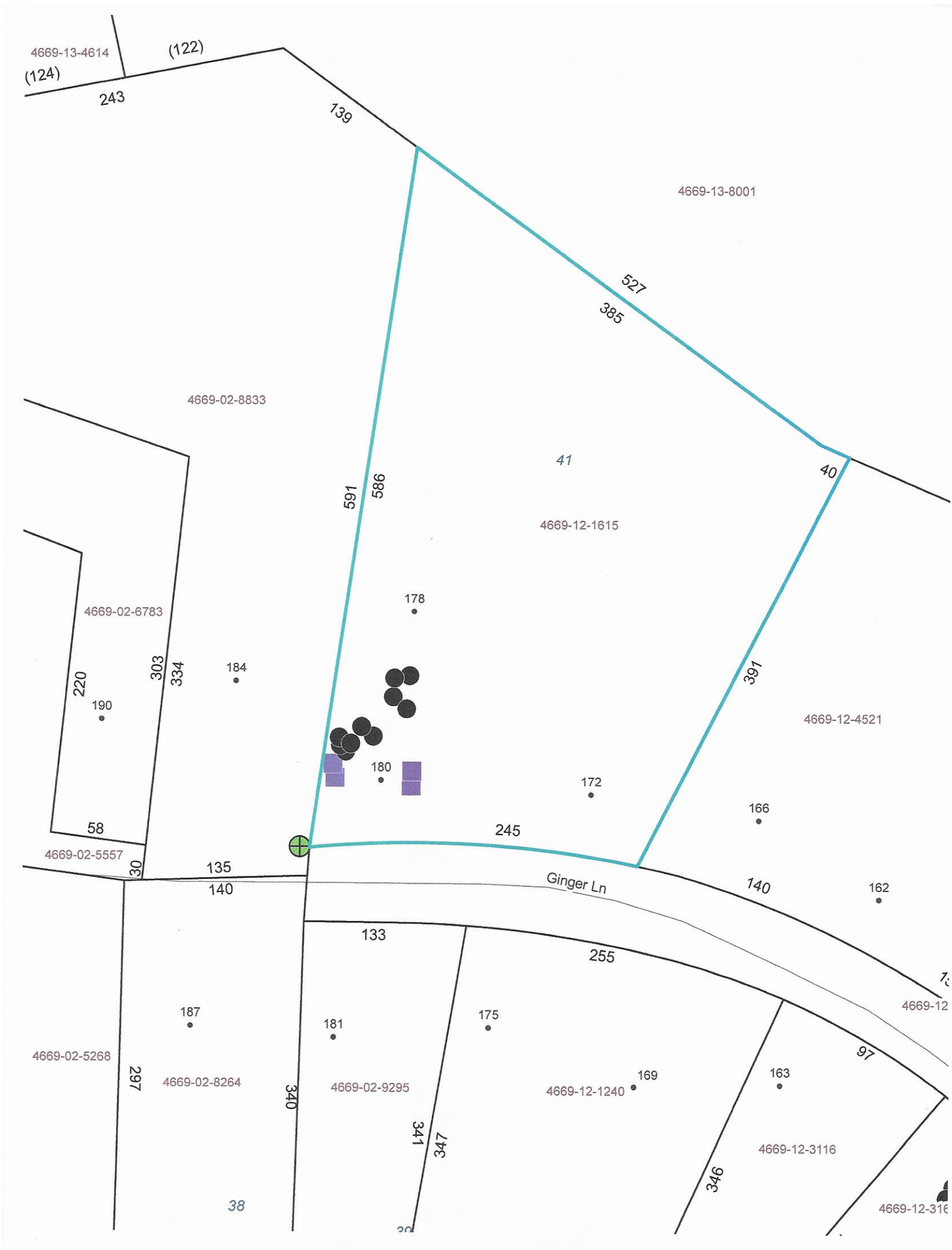
Owner / Applicant Signature: Tess Clubb Date: 8/4/21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Mieberg Date: 8/3/21

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


41
591
586
4669-02-8833
178
4669-12-1615
180
172
245
4669-12-45
Ginger Ln
4669-02-8264


4669-13-4614
(122)
(124)
243
139
4669-13-8001
527
385
4669-02-8833
41
591
586
40
4669-12-1615
178
4669-02-6783
220
303
334
184
190
391
4669-12-4521
180
172
166
58
245
4669-02-5557
30
135
140
Ginger Ln
140
162
133
255
187
181
175
4669-02-5268
297
4669-02-8264
340
4669-02-9295
341
347
4669-12-1240
169
163
97
4669-12-3116
346
38

Partially located 7/20/21

RECEIVED JUN 2 4 2021

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* AP-319072 $250.00

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: (PRINT CLEARLY)

Applicant Name: Tess Clubb Address: 303 Cornelius Rd Mooresville NC Zip: 28117

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 2C

Street Address: (180) 180 Ginger Lane Mooresville NC

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
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) 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: Tess Clubb 6/23/21
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*) Tess Clubb

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, Tess Clubb, am the legal owner(s) of the property located at 180 Ginger lane, Mooresville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clubb Realty, 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.

Tess Clubb
Signature of Owner(s)

6/23/21
Date

Mooresville - Environmental Health

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

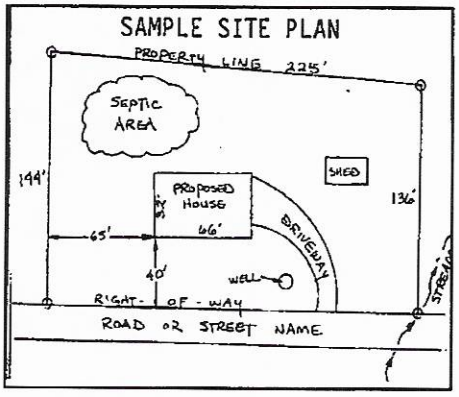
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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



Signature: Jess Clark

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

6/23/21

DATE

CHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # [illegible]

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

PIN # 4669121615 - 172

APPLICANT/OWNER: Clubb Realty | APPLICANT ADDRESS: 303 Cornelius Rd. Mooresville, NC

SITE ADDRESS: 172 Ginger Ln. Mooresville, NC | PHONE: 704-677-5278 | ALT. PHONE —

SITE DIRECTIONS: NC115 N → R on Shinnville → L on Ginger Ln → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Meadows Property MHP | SECTION: — | LOT #: — | LOT AREA: 3.46ac | DESIGN FLOW: existing | L.T.A.R.: —

Septic Tank	existing (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:			
Pump Make		Model	Serial #	Repair System Description:			
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☑ GRAVITY	☐ PRESSURE	

EXISTING

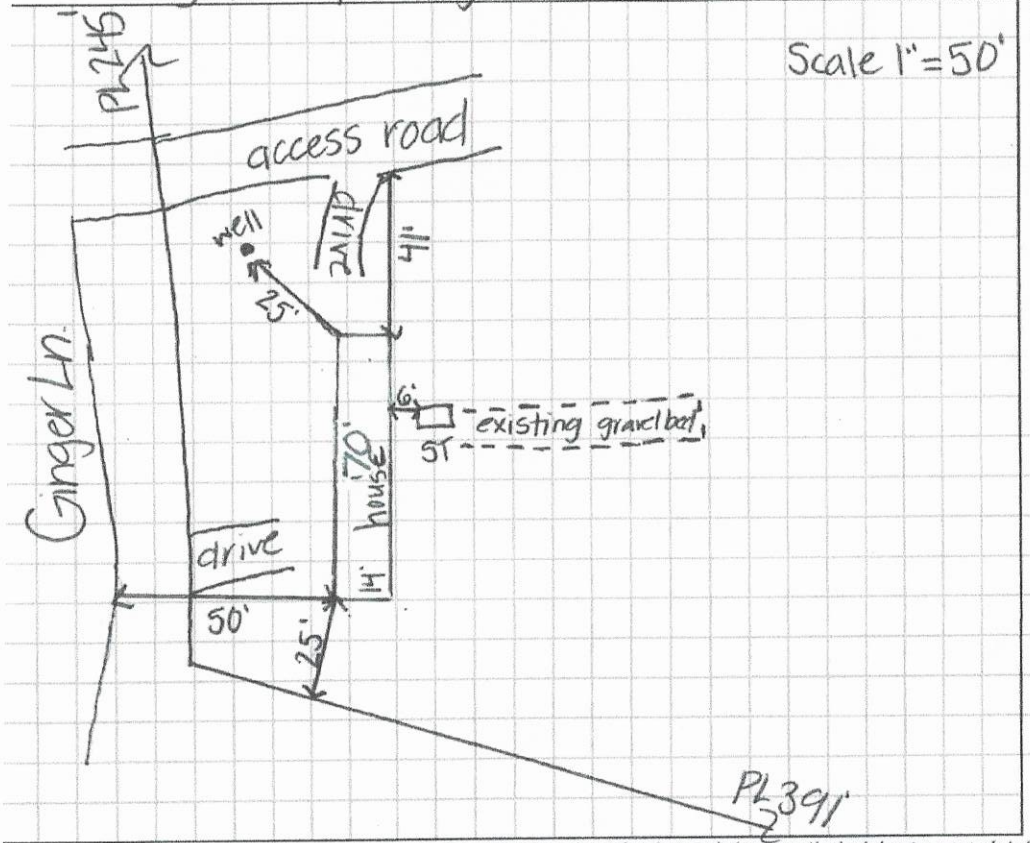
EXISTING

EXISTING

☑ Residence	No. Bedrooms	ex.	Water Supply
☐ Business	No. Persons	ex.	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: *Mobile home must maintain a minimum of 25' from well & 5' from septic tank. System functioning properly during time of inspection.

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: Jess Clubb | Date: 6/27/19 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Kayla Wilson | Date: 6-27-19

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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246456

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

PIN # 4669-12-1615-178

APPLICANT/OWNER: Tess Clubb APPLICANT ADDRESS: 303 Cornelius Rd. Mooresville, NC

SITE ADDRESS: 178 Ginger Lane Mooresville, NC PHONE: 704-677-5278 ALT. PHONE —

SITE DIRECTIONS: Rt 21 N from Mooresville → R on Shinnville Rd → L on Ginger → End on Right SAP CONTROLLED: ☐ YES ☒ NO

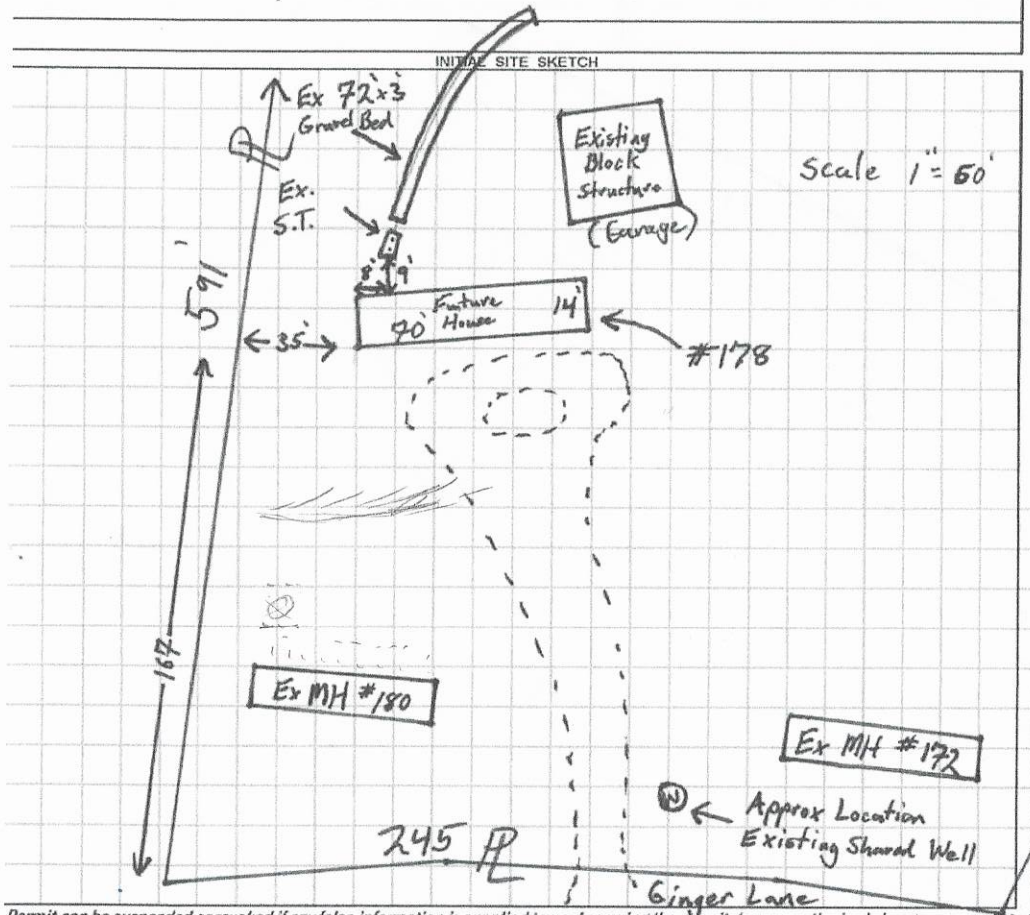
SUBDIVISION: Meadows Property MHP SECTION: — LOT # — LOT AREA: 3.46 acres DESIGN FLOW: 240 GPD L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description: Existing		☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

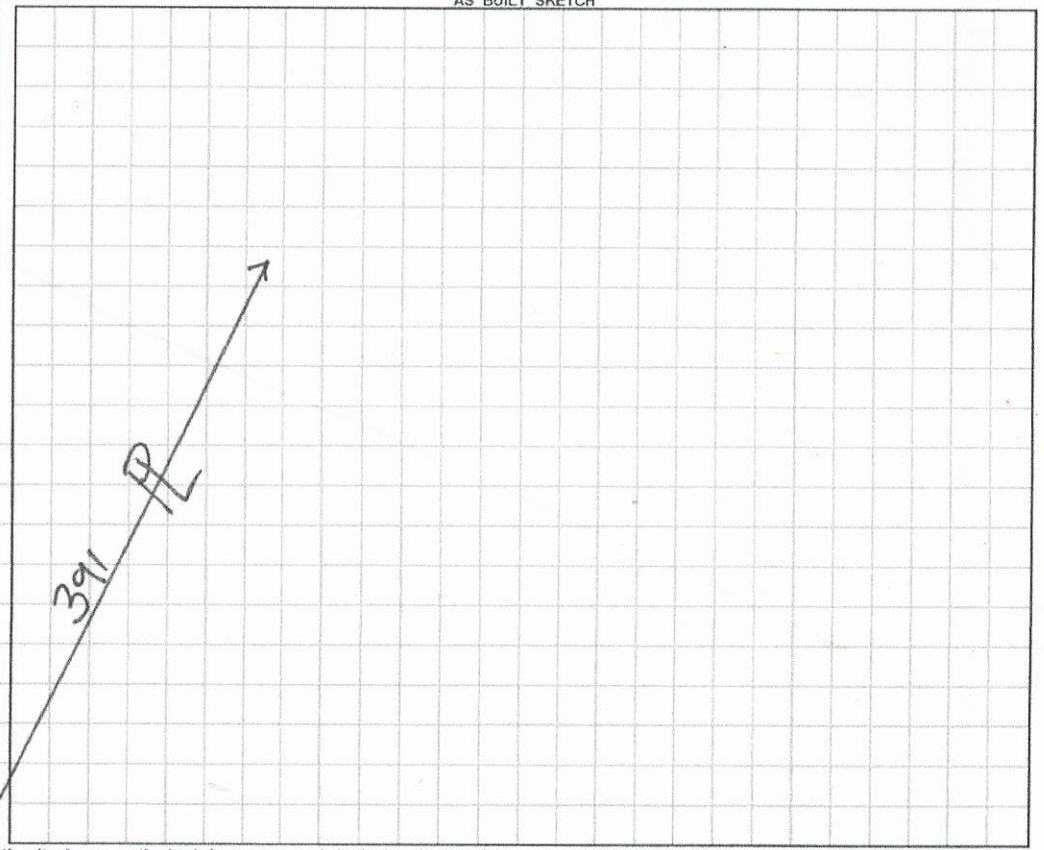
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Proposed mobile home to NOT have foundation drain. Recommend having septic tank pumped every 3-5 years. *At time of site visit, system appeared functional. Recommend conservative water use.*

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ **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: Tess Clubb Date: Installed by:

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

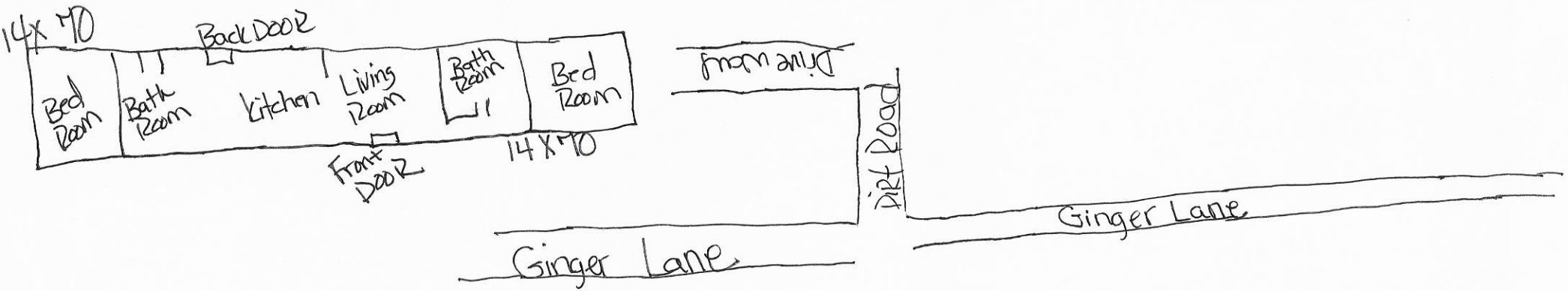
AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 8/9/2019

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

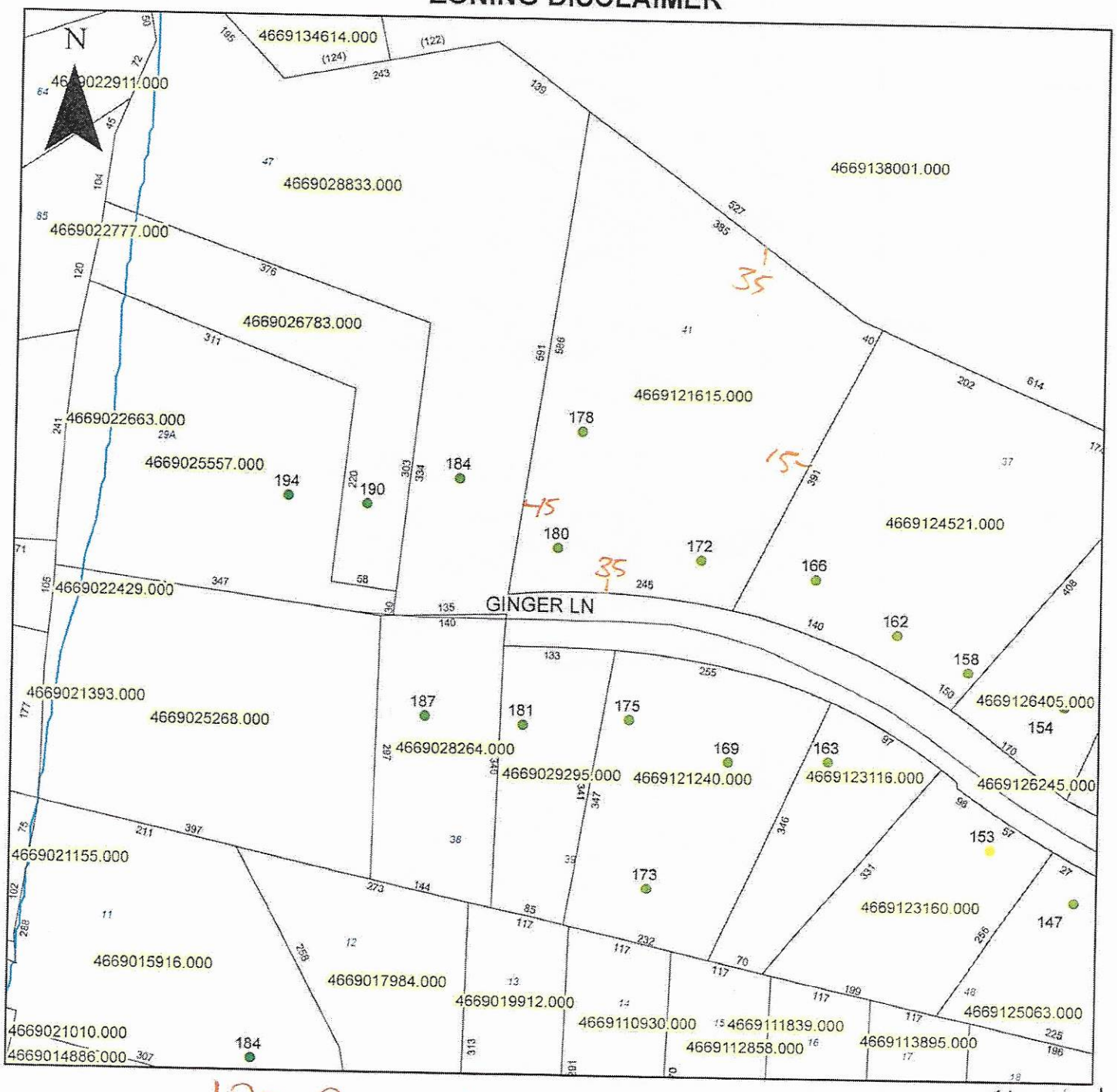
178 ginger

180 Ginger

172 ginger



ZONING DISCLAIMER



Property Address 180 Ginger Lane

Setbacks OK per Randy June 6-23-21 rsk.

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. Applicant further acknowledges that the 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.

Jess Cluff

Applicant

6/23/21

Date