IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228847

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

PIN # 4677-89-0442

APPLICANT/OWNER: KELLI TREMBLAY APPLICANT ADDRESS: 3838 LANDMARK DR. SHERRILLS FORD

SITE ADDRESS: 1507 OAK RIDGE FARM HWY. MOORESVILLE PHONE: 704-490-3632 ALT. PHONE

SITE DIRECTIONS: 150 E, ON L CLOSE TO COUNTY LINE SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: POWERS ESTATES SECTION: — LOT # — LOT AREA: 1.14 AC DESIGN FLOW: 240 L.T.A.R.:

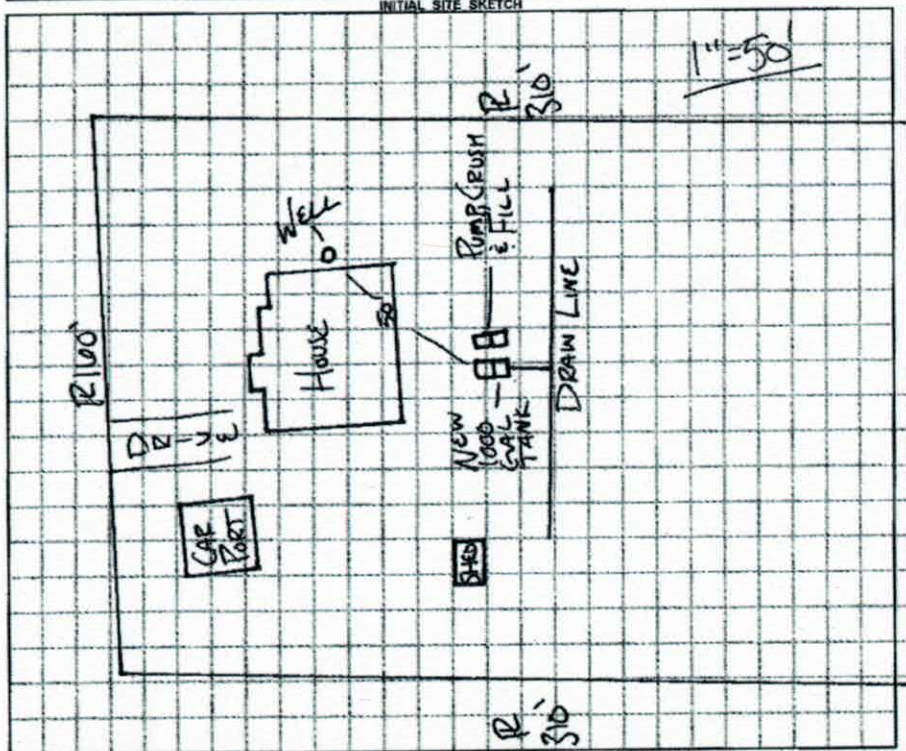
Septic Tank	1000 (gal)	STB 760	Date 5/29/17	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description:	TANK			☐ Other	No. Employees
# Nitrification 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

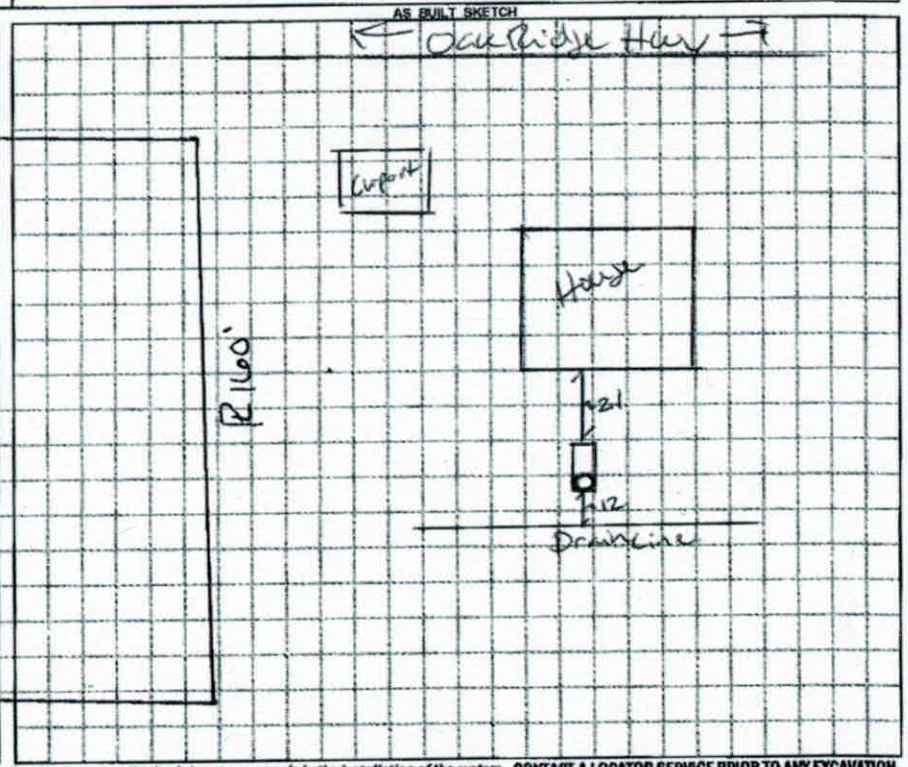
Comments / Conditions:

8/3 Tank Replaced - 21 Ft from house. Drainage 12 Ft from Septic tank, Replaced Pipe going to drain field 4 Lines 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: Kelli Tremblay Date: 7/31/17

IMPROVEMENT PERMIT by: APPROVED Date: JUL 28 2017

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUL 28 2017

Installed by: Jared Lutz Wastewater

OPERATION PERMIT by: Benjamin A. Bost Date: 8/3/2017

Existing System Inspected by: Date:

RECEIVED JUL 2 0 2017

Rpr Evaluation - No chg

#228847

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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 $150.00

1. APPLICATION FOR: X **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 #
Kelli Tremblay	3838 Landmark Dr, Sherrills Ford, NC 28673	704-490-3632	828-400-744
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Kelli Tremblay	3838 Landmark Dr. Sherrills Ford, NC 28673	704-490-3632	(828) 400-744

4. Property Information:

1507 Oakridge Farm Hwy, Mooresville, NC 28115

Street Address **Subdivision Name** Powers Estates **Section/Phase and Lot Number** PB16-24

Driving Directions: _____

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

( ) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
(X) **Repair To Failing Septic System due to** age - crack at lid of tank
( ) **Other** _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
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 _____ **Ma**

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** _____

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: Kelli Jo Tremblay

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

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

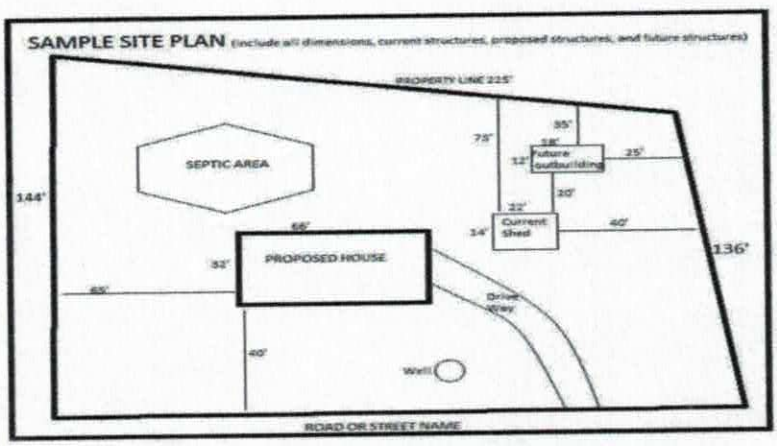
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See attached

Signature: Kelly Gantt

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

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

40 0 40 80 120
GRAPHIC SCALE - FEET

LEGEND:
BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
FENCE (TYPE NOTED)
CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ϕ = UTILITY POLE

NORTH BASED ON DB 2492-866

PRESTON GREEN
COLLETTE GREEN
DB 2282-415

#5 REBAR

S 81°36'20"E 310.00'
279.79'

#5 REBAR

30.21'

R/W

C/L

R/W

EUFEMIO GRANADOS
AGDA GRANADOS
DB 893-445

N 06°16'53"E 159.83'

20.30'

FRAME BUILDING

PROPANE TANK

21.21'

CARPORT

20.86'

GRAVEL DRIVE

1.137 AC+-

1 STORY FRAME HOME

PORCH

PORCH

45.05'

197.76'

BLOCK WELL HOUSE

52.04'

NAIL AT BENT #4 REBAR

CHAIN LINK FENCE

280.00'
N 81°36'20"W 310.00'

#4 REBAR

30.00'

S 06°16'53"W 159.83'

OAKRIDGE FARM HWY 60' R/W

R/W

C/L

R/W

DEDMON SURVEYS

PHYSICAL SURVEY
FOR
KELLI TREMBLAY
& JOHN LEWIS

PARCEL ID: 4677-89-0442
1507 OAKRIDGE FARM HWY, MOORESVILLE, NC

CODDLE CREEK TOWNSHIP - IREDELL COUNTY, NC
SCALE: 1" = 40'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3762 SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2490, PG 866)(PB , PG); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 28TH DAY OF JUNE, AD 2017.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: KPJ	DRAWN: KPJ	JOB# OAKARM

VICINITY MAP

