IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

4679.52-8926 <4677260900 400

PROPERTY DESCRIPTION NO. 2505 DATE NOV. 5, 1993 TAX MAP NO. 1NA181 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR JOEL MILLER PHONE: Business Home 663-7206

ADDRESS RT 10 Box 333 MOORESVILLE 28115/ 2355 SLOOP ROAD MT. ULLA NC 28125

LOCATION ON SOUTHSIDE OF Hwy 152 - E OF MOORESVILLE - ½ MILE W OF PICKWICK PLACE

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 14.165 ACRES SITE CLASS: PS per .1956 DESIGN FLOW 360 L.T.A.R. 0.3

ENTERED

Septic Tank: 1000 ✓ Gallons; STB 794 Date 6-8-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480 (E)

No Lines 4 Trench Width — Max Trench Bottom Depth 16" Gravel Depth NONE

☒ New System ☐ Repair, System Type: I, II, III, IV, V, VI

System Description: gravity large diameter pipe

Repair System Description: gravity LDP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees —

☐ Other —

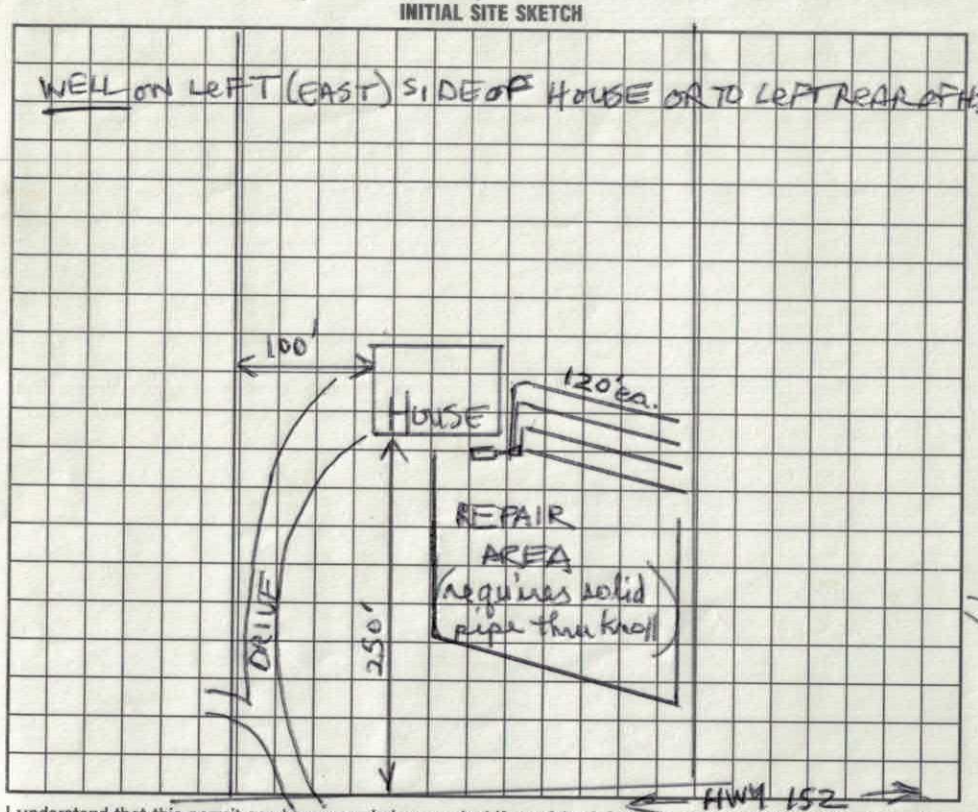
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

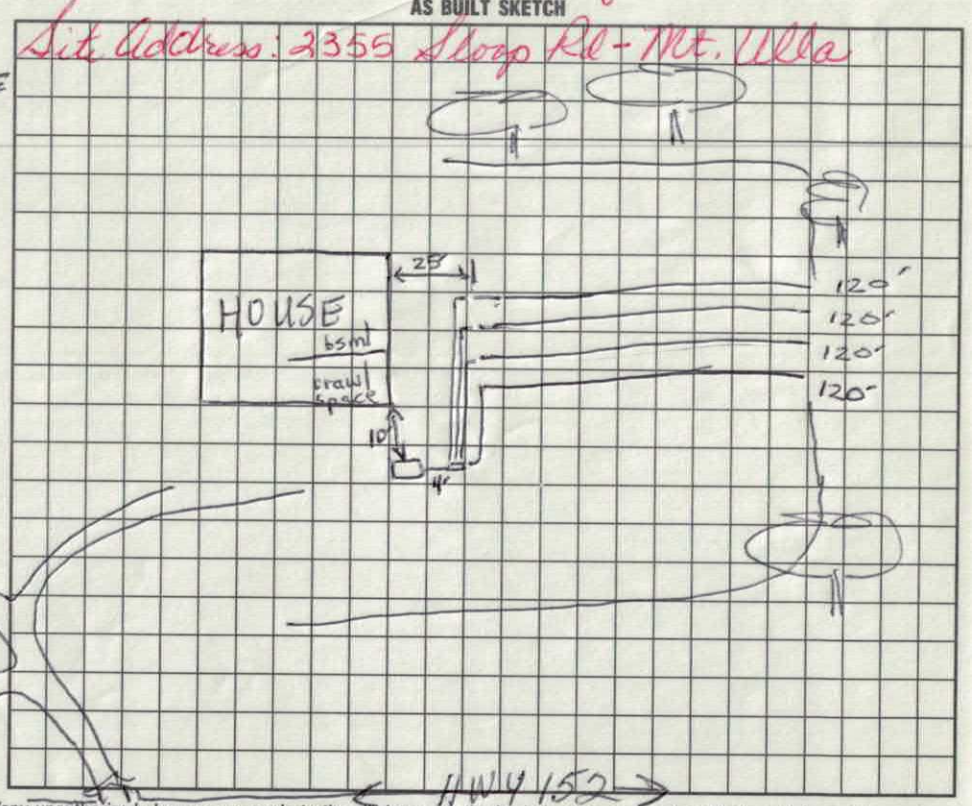
Comments: 10" diameter pipe requires 480 linear feet, Contact dept for change in layout if necessary. DONOT install during damp or wet soil conditions. Install per .1956 (3)(a) and manufacturer's Spec.s

Comments: Tank seal-outlet seal-box seals-O.K. Laterals run to edge of clearing. Specs met. House is in Rowan County now!

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Lisa Miller

Improvement Permit by: Andrea Lemon date 11-5-93

Existing System Inspection by: — date —

Installed by: Larry Beam

Certificate of Completion by: Andrea Lemon date 8-2-94

Operation Permit by: Andrea Lemon date 8-2-94

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Joel Miller	663-7206	Rt. 10 Box 333	Mooresville	NC	28115
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private well		

Specific Directions to Property Hwy 152 (N MAIN St.) Beside old House on Right Before Picwyck Village.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

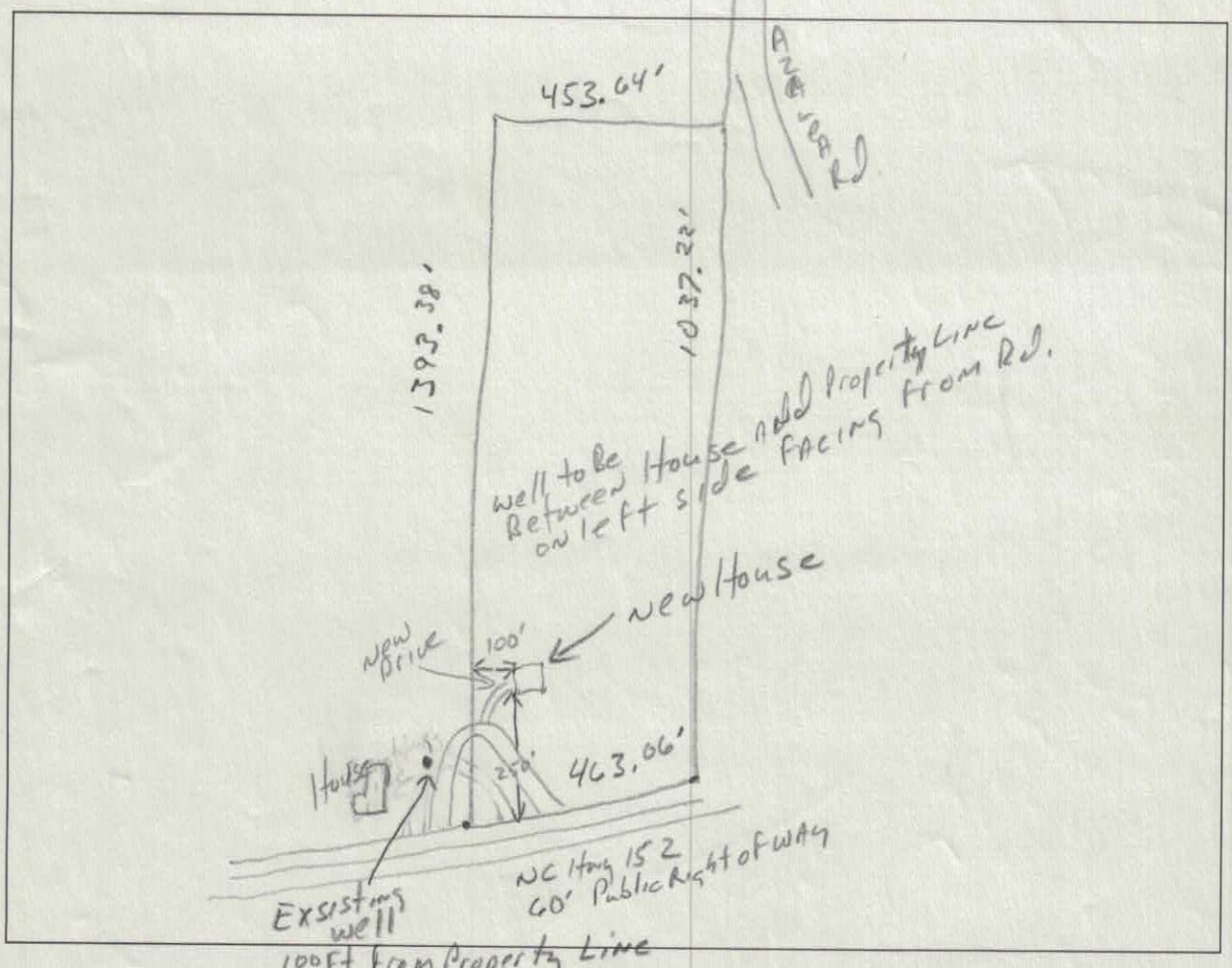
11-4-93 DATE Joel Miller SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

11-4-93 Date Joel E. Miller SIGNATURE OF OWNER/AUTHORIZED AGENT

2505

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: single ~~mobile~~ family residential

Location: NC 152 EAST (W. MAIN STREET)

TAX MAP NO. 1NA181

Tax Map No.	Township	Jurisdiction	Zoning
1NA181	Cobble Creek	Outside	R20/R20A

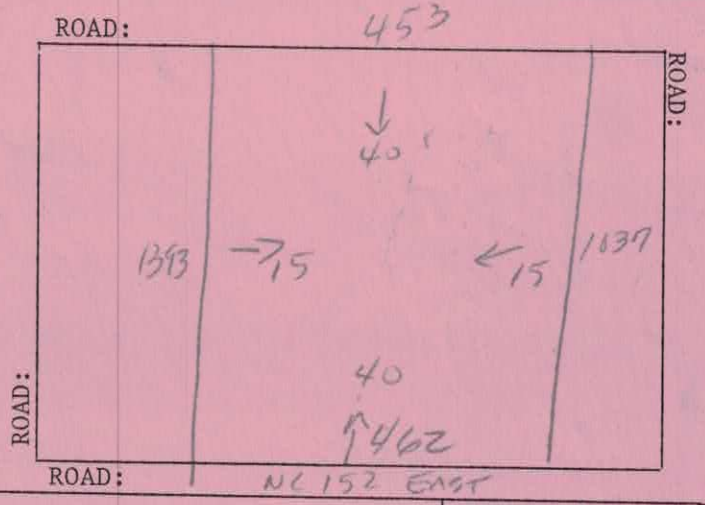
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	TRACT 1	14.165 ACRES	( ) yes (✓) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



OWNER	ADDRESS	PHONE NO.
JOEL E MILLER	2355 SLOOP ROAD MH VILLA NC 28125	

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Joel Miller
Signature of Owner or Authorized Agent

10/27/93
Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. * 40,000SF WATERSHED AREA Front yard depth 40 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 40 ft.

* WSII BACK CREEK WATERSHED

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS: well & Septic

ZONING ADMINISTRATION DIVISION

N. Eston Lentz Jr 10-27-93
Approved by Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner