ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP301826

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

PIN # 4686076025

APPLICANT/OWNER: Jesse Bostian

APPLICANT ADDRESS: 3085 Deal Rd Mooresville NC 28115

SITE ADDRESS: 124 Crossmeadow Ln Mooresville NC 28115

PHONE: 704-904-2568

ALT. PHONE —

SITE DIRECTIONS: N mainstreet to straight on NC150E, Ron NC152E, Ron Shinn Farm Rd, Ron crossmeadow ln, Left on R

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: —

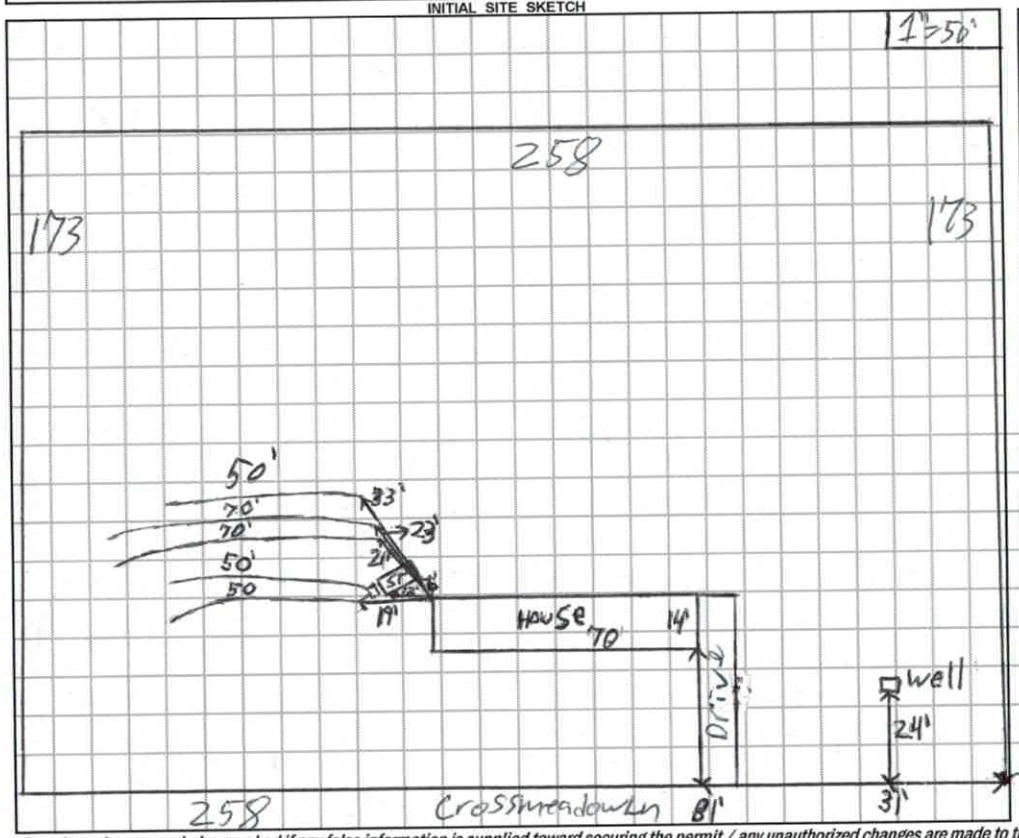
SECTION: — LOT # — LOT AREA: 0.8 acres

DESIGN FLOW: 360 GPD L.T.A.R.: —

Septic Tank	Existing	(gal)	STB	Existing	Date	Existing	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing			☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	Existing	# Lines	Existing		Linear Ft	Existing	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	—	Trench Bottom Depth(Low side)	—		Gravel Depth	Existing	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: During time of inspection system appeared to be functioning properly.

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: Jesse Bostian Date: 11/5/19

Installed by: —

IMPROVEMENT PERMIT by: — Date: —

OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: —

Existing System Inspected by: Patrick J Bagett Date: 11/5/19

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.

ask if she needs to see Rowan Zoning

AP-301826
10.16.19
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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(l) 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: Jesse Bostian Address: 3085 Deal Rd Mooresville NC Zip: 28115
Applicant Email: _____ Phone: 704-904-2568 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: ~~4647~~ 224 Crossmeadow Lane Mooresville NC 28115
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Jesse Bostian 10/16/19
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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

_____, _____, 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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

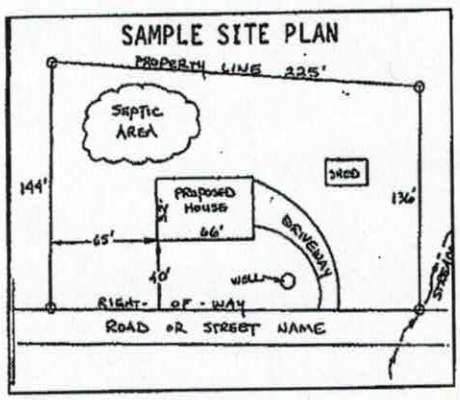
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

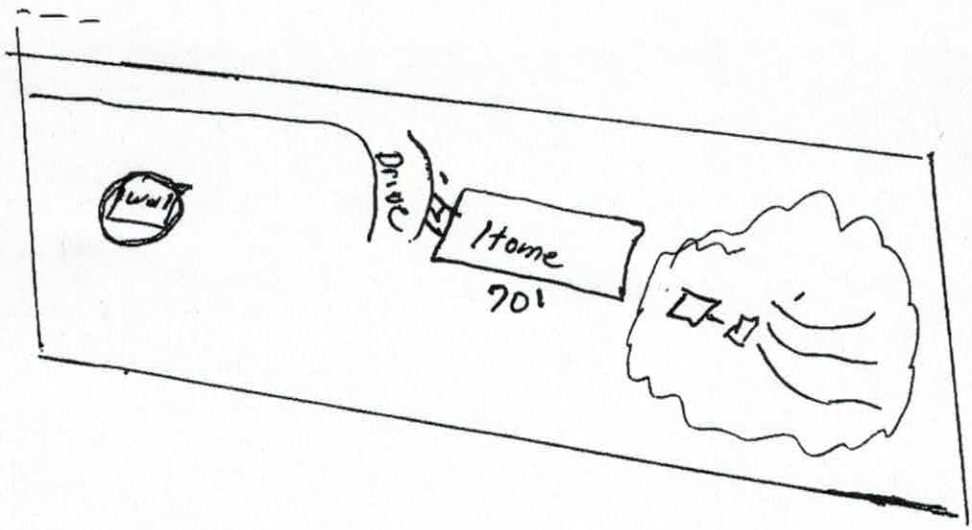


Circle N/A on the following if appropriate:

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

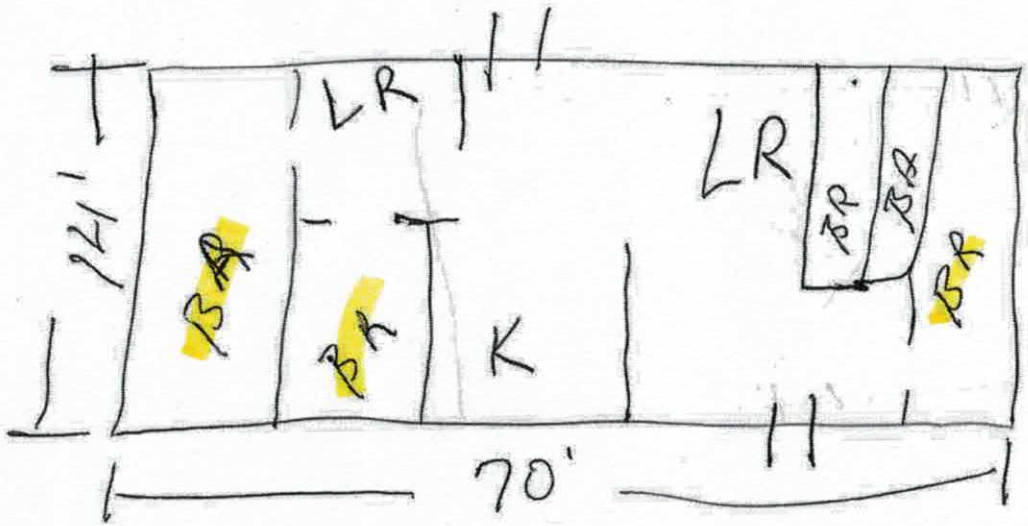
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Jessica Retive
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 10/16/18

Acknowledgement Of
Plans Submittal ONLY!
Jerry Bostwick Date 10/16/19
Patrick J Bartlett Date 11/5/19



ROWAN COUNTY HEALTH DEPARTMENT

12928

Environmental Health Section

2728 OLD CONCORD ROAD
SALISBURY, N. C. 28146 — TEL. (704) 633-0411

Permit # _____ is invalid.

IMPROVEMENTS PERMIT FOR:
New [✓] Repair [ ] Layout [ ]

OWNER Jesse Bostian App. # _____ TOWNSHIP Atwell

ADDRESS Rt. 3 Box 273 Mooresville N.C. MAP 231

LOCATION Hwy 152 W LF on Shinn Rd. go approx. 1 mile to DRIVEWAY ON Rt. just past gray M.H. Sub. _____ PARCEL p/o 15

Lot _____ H.D. # _____

Permit Fee Paid [✓] REC. # 11555

TYPE OF SYSTEM AND STRUCTURE

Conventional [✓] Pump [ ] LPP [ ] Other _____

House Future MH [✓] Other _____

Residents _____ Bedrooms 3 A. R. .4 EDF 360 gal.

Water Private Septic Tank w/Baffle 900 gal.

Pump Chamber _____ Nit. Lines 900 sq. ft.

SANITARIAN Scott Funk DATE 4/27/92

SYSTEM INSTALLER

1. Entire system must be installed as shown. Any change requires prior approval by the Rowan County Health Department.
2. System installer is required to provide a level-transit, set in place, for final inspection.

CERTIFICATE OF COMPLETION [✓] OPERATIONS PERMIT [ ]

Septic Tank 1000 gal. Mfg. S&P

Pump Chamber — gal. Mfg. —

Nitrification Lines 900

Distance from system to water supply no well on prop ft.

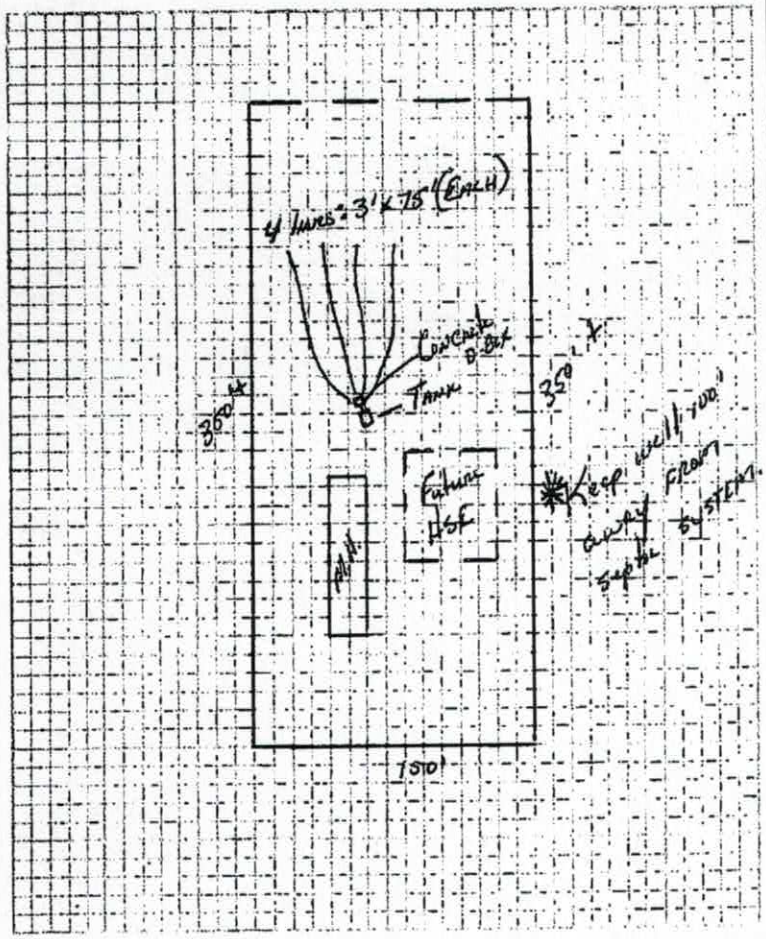
Engineer _____

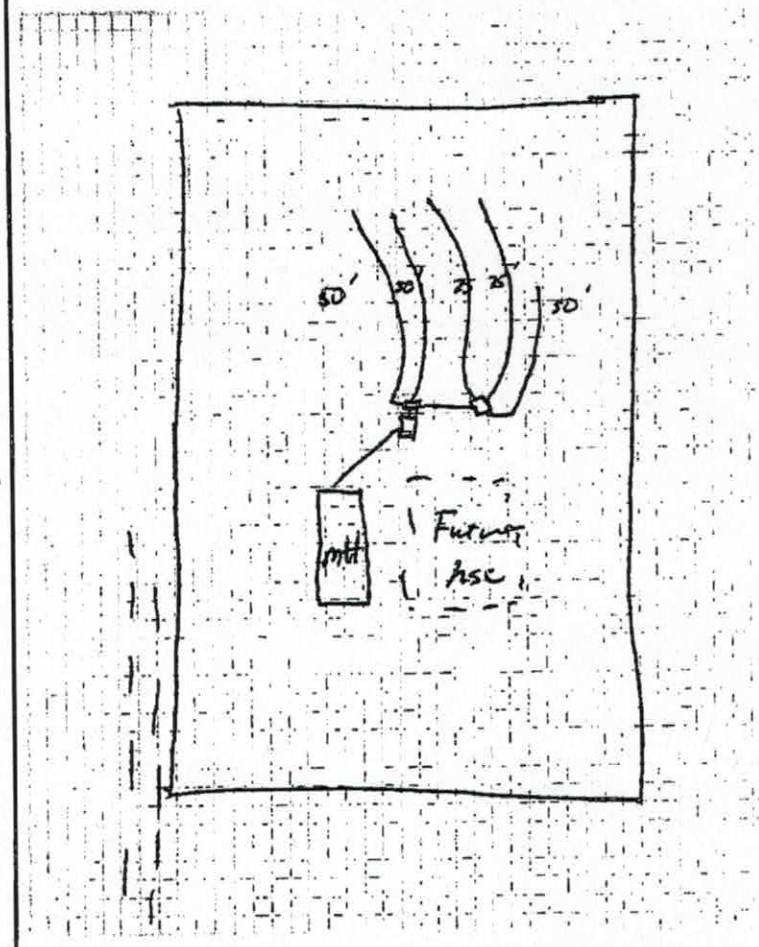
Installed by D. Bostian

SANITARIAN Steve Cmar DATE 4/15/92

OWNER

1. Sow grass over septic tank and all nitrification lines.
2. Divert all gutter and surface water away from system.





Actions of representatives of the Rowan County Health Department shall in no way be taken as a guarantee that this sewage treatment and disposal system will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of this system. This permit is not transferable and shall become invalid 60 months from the date of issue. If the installation has not been completed during that time period, the information submitted in the application is falsified or changed or the site is altered, this permit shall become invalid. When this permit becomes invalid, the installation shall not be commenced or completed until a new improvements permit has been obtained.

C. Hoke Bostian
OWNER/AUTHORIZED AGENT

4-29-92
DATE

RCHD Rev. 2/91

4686-07-6025.000

ROWAN COUNTY NORTH CAROLINA
Be an original.

Rowan County Building Inspections Department
PERMIT APPLICATION

402 North Main St. Suite 207, Salisbury • Phone: 704.216.8619 • Fax: 704.216.7986

☐ Single Family ☐ Two Family ☐ Commercial ☒ Mobile Home ☐ Modular

TAX ASSESSOR (Rm. 201) Must sign before Permit is issued

Permit No. _____

Map/Parcel 231 028

Issue _____ Enter _____

Company OR Applicant's Name: Jesse Bostain

Company OR Applicant's Phone: 704 907 2568

Date: 224

Job Site Address: 457 (No.) Cross Meadow (Street) Ln (City) Mooresville (Zip) 28115

Property Owner's Phone: 704 907 2568

Property Owner: Jesse Bostain

Property Owner's Email: bostaincin@gmail.co

Directions to Job Site (REQUIRED): (from 402 N Main St) NE on N. Main St/NC-152 toward E Moore Av
Turn onto Oak Ridge Farm Hwy/NC150/NC-152 Take 2nd Right onto Landsth
Continue NC152 Turn Right onto Shinn Farm Rd Turn Right onto Cross Meadow Lane

BUILDING PERMIT

Type of Work: ☐New ☐Addition ☐Renovation ☐Upfit ☐Accessory ☐Shell ☐Demolition ☐Other

Proposed Use Rental Property Type of Construction ☐IA ☐IB ☐IIA ☐IIB ☐IIIA ☐IIIB ☐IV ☐VA ☐VB

Description of Work: _____

Commercial:

Building Area (sq. ft.): _____

(includes heated, unheated, exterior covered spaces, etc.

Project Area (sq.ft.): _____

(if project is partial renovation or addition)

Number of Stories: _____

Sprinklers: ☐NFPA13 ☐NFPA13R / D

Multi-family No. Units: _____

Residential:

No. Bedrooms: _____ No. Fireplaces: _____

Basement (sq.ft.): _____

1st Floor (sq.ft.): _____

2nd Floor (sq.ft.): _____

Porch/Deck (sq.ft.): _____

Attached Garage/Carport (sq.ft.): _____

TOTAL ATTACHED sq ft.: _____

DETACHED Garage/Carport (sq.ft.): _____

Manufactured Home:

Make: SUMM Year: 1987

VIN: HS7030G

Park: PRIVATE

Other:

Signs (< 300 sq. ft.): ☐ No. _____

Signs (> 300 sq.ft.): ☐ No. _____

Piers/Decks (sq. ft.): _____

Pool (sq. ft.): _____ Value: _____

Total Project Cost $ _____ **Building Permit Fee $** _____

P. M. & E PERMITS

Plumbing: [Mark Number of Each Fixture/Connection]

New Water /Sewer Connection: ☐ Yes ☑ No

_____ Commodes
_____ Lavatories
_____ Bathtubs
_____ Showers
_____ Sinks
_____ Washing Machines
_____ Dishwashers
_____ Disposals
_____ Floor Drains
_____ Water Heater – Elec
_____ Water Heater – Gas
_____ Water/Sewer Service
✓ Water/Sewer Connections
_____ Bidets
_____ Urinals
_____ Other: _____

Description of Work: Water & Sewer Hook up

Plumbing Permit: _____ **Plumb Permit Fee $** _____

Mechanical: Gas: ☐ Yes ☑ No Gas Company:(REQUIRED) _____ # Gas Connects/Appliances: _____

BTUs: _____ Air Tons: _____ Number of Units: Split Units: _____ Package Units: _____ Gas Pac Units: _____

Description of Work: Reconnect A/C

Mechanical Permit: _____ **Cond. Gas Permit:** _____ **Mech Permit Fee $** _____

Electrical: Power Company: (REQUIRED) Duke

New Service: Amperage: 200 Voltage: 120/240 Phase: ☑ Single ☐ 3 Phase Is this a RECONNECT? ☐ Yes ☑ No

Change of Service: ☐ Yes ☑ No If Change of Service, Amperage from _____ to _____ Change of Phase: ☐ Yes ☑ No

Builder's Service: ☐ Yes ☑ No, ☐ Swimming Pool ☐ *Low Voltage* ***SOLAR PV KVA*** (REQUIRED) _____

Description of Work: Wiring Trailer

Elect: _____ **Bldr Srv:** _____ **Cond:** _____ **Elect Permit Fee $** _____

Total Permit Fee $ _____

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301826 Issue Date: 10/16/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4686076025.000	224 CROSS MEADOW LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: BOSTIAN JESSIE LEE	Name: BOSTIAN JESSIE LEE
Address: 3085 DEAL RD	Address: 3085 DEAL RD
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.8	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks

REPLACEMENT MOBILE HOME

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. 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; Must have 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.

Date: 10/16/2019

Signature of Owner/Contractor

Permit Number	000566	TOTAL FEES:	$77.25