Exis. System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147178 PIN# 4686107708.000 DATE 12/12/07

OWNER OR APPLICANT David & Megan Tilley PHONE: Business 704 806-9661 Home

ADDRESS 1032 Patterson Farm Rd. Mooresville, NC 28115

LOCATION Hwy 150 TR Hwy 152 3 miles to Patterson Farm House on Left 1032 Patterson Farm Rd.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA ≈ 1/2 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Existing System

Septic Tank: 1000 Exis Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No. Existing

Nitrification Field: No Fields 1 Square Feet 720 Ex. Linear Feet 240

No Lines 3@80 Trench Width 36" Max Trench Bottom Depth Exis Gravel Depth ☐ Gravity ☐ Pressure

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other 1 Bedroom addition

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

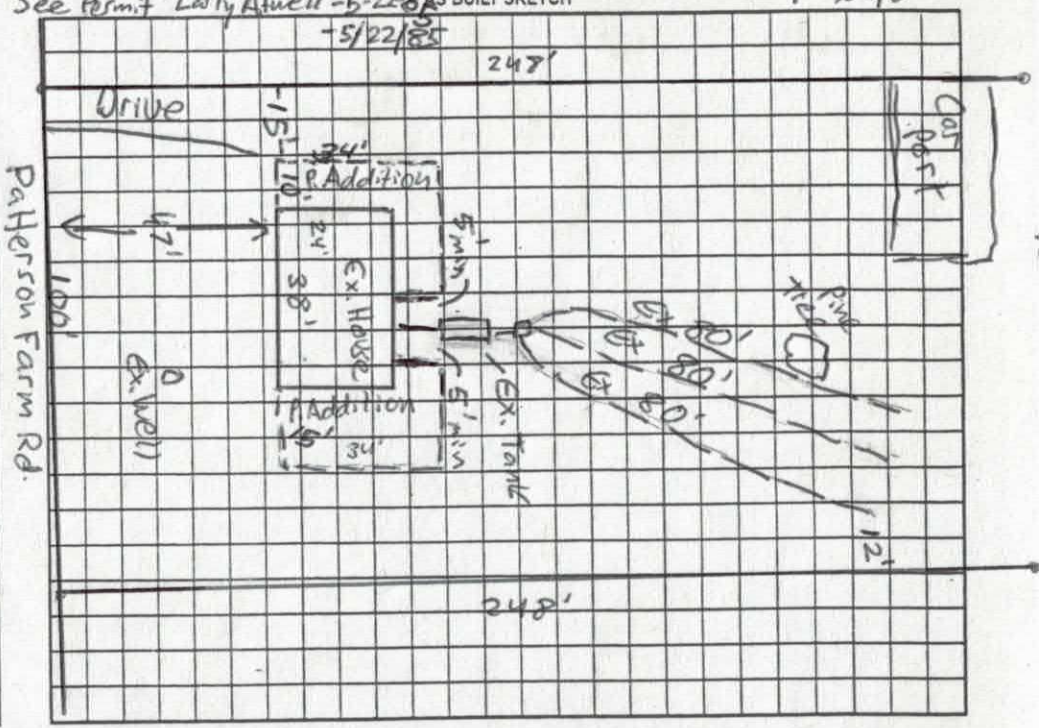
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Existing System permit is for 3 Bedrooms, Existing house has 2 Bedrooms & propose addition of 1 Bedroom for total of 3 Bedrooms. min 5' Exis. System from addition. System OK at time of inspection.

INITIAL SITE SKETCH

See Permit "Larry Atwell - 5-22-85 AS BUILT SKETCH 1" ≈ 40'



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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Ken Jones date 12/13/07

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Anthony Coker date 12/12/07

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

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** ___ 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:**

David & Megan Tilley	1032 Patterson Farm Rd Mooresville NC		704-806-9661
Owner ~~Applicant~~ Name	Mailing Address	Home Phone	Work Phone
Jones Family Builders	1020 Jones Rd McLelland NC 28125	704663-7181	M-704-400-7485
Applicant ~~Owner~~ Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

1032 Patterson Farm Rd Mooresville NC	N/A	Parcel # 4686107108
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Main st left Sunwood Rd 5 to 5 miles Left on Patterson Rd
1 + 2 miles on ~~Rt~~ 8 just before county line

****

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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~~
~~Maximum Number of Seats~~

Built with 3 bedroom but only has 2 Bedroom will be adding 3rd bedroom + Bath

****

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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

8. **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. 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.

9. **Signature:** Ken Jones Jones Family Builders 12/5/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- X — **Property Line measurements are clearly identified…**
- X — **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*
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

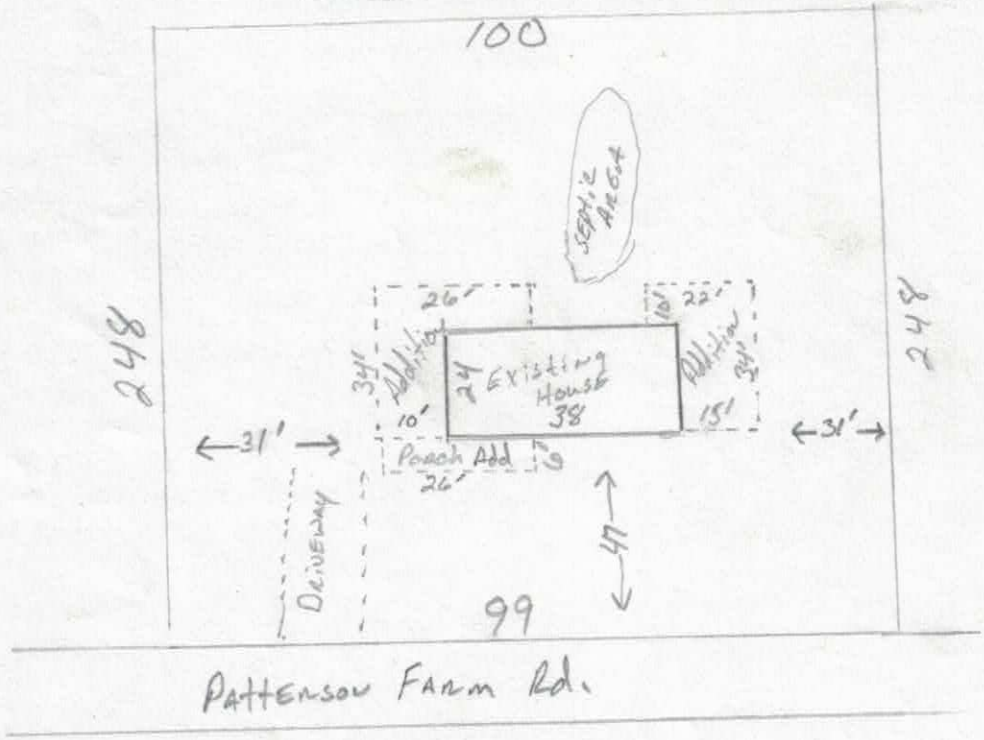
Circle N/A on the following if appropriate:

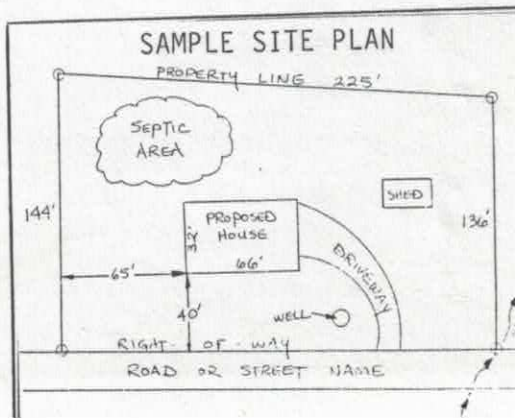
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

Signature: Ken Jones Jones Family Builders — 12/6/07

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

USE THIS SPACE TO DRAW YOUR SITE PLAN





IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Atwell DATE 5-22-95 PERMIT NO. 228

PHONE: Business _____ Home _____

LOCATION 1.5 E TR 2nd Rd in Rowan Cty (N. Wilkinson 1.5 mile on left

S. R. No. _____

SUBDIVISION NAME Larry Atwell Prop. LOT NO. 2 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area 20,000 ft²

Character & Porosity of Soil Clay

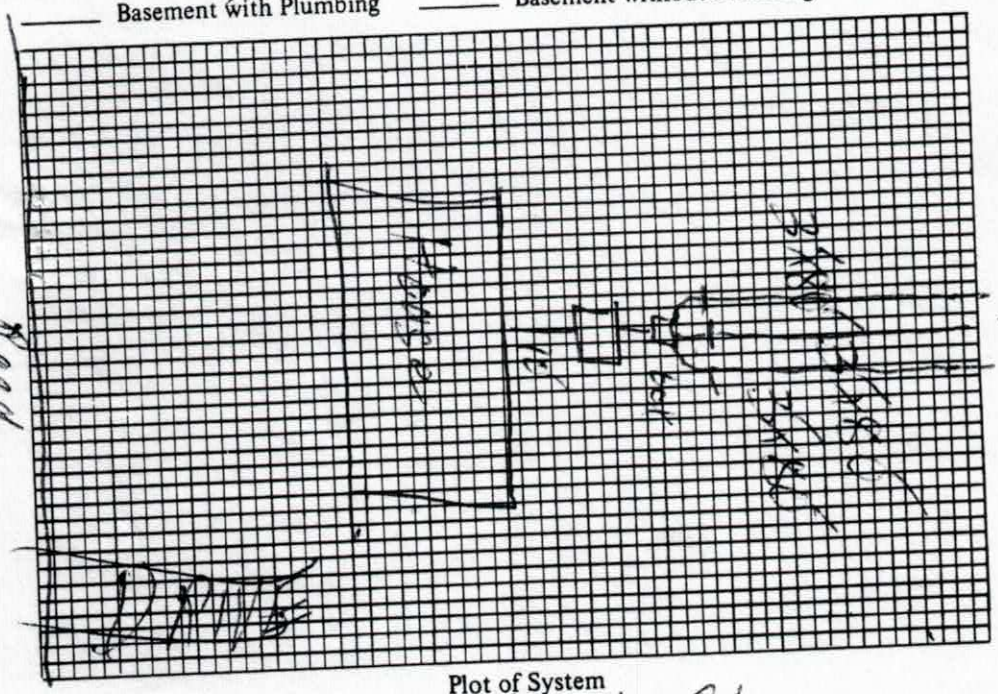
Percolation Rate .5 gal/ft²/day

Topography 2% - 4%

Depth to Water Table 4'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Bostain

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 5-22-95

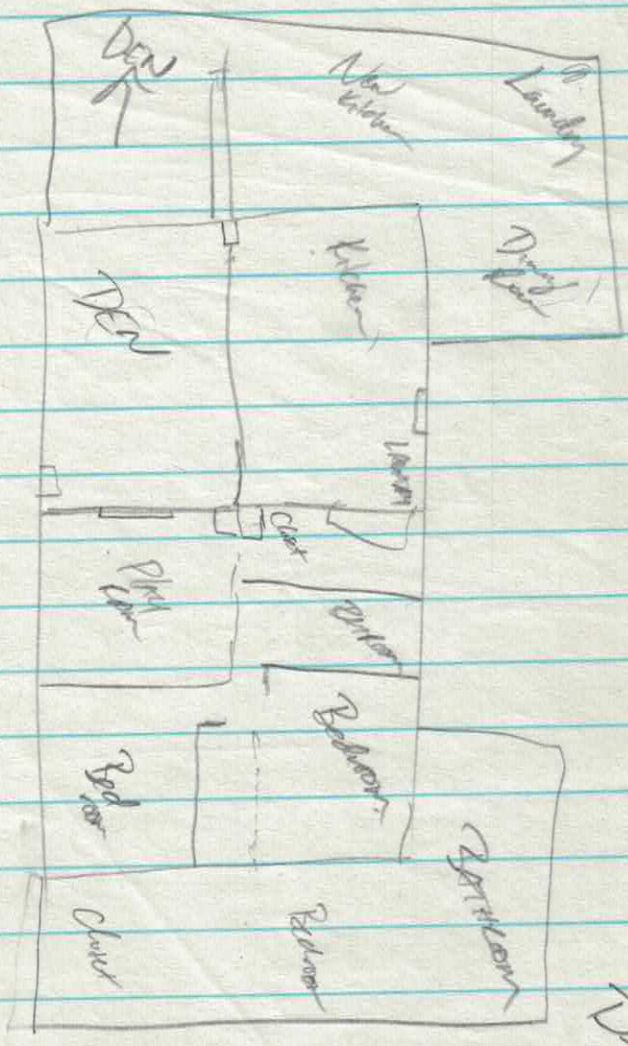
EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Floorplan



DST
12/12/07
A.C

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	147178ZO	Subdivision:	
Proposed Use:	Addition/renovation	Township:	
Location of Property:	1032 PATTERSON FARM RD MOORESVILLE NC 28115		
Parcel #:	4686107108.000	Zoning:	RA
Lot #:	Size:	Flood Plain:	No Watershed: WSII BA
Applicant:	Jones Family Builders	Owner:	DAVID & MEGAN TILLEY
Address:	665 Jones Road Mt Ulla NC 28125	Address:	1032 PATTERSON FARM RD. MOORESVILLE, NC 28115
Phone:	704-663-7181	Phone:	704-806-9661
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

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

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOME ADDITION - CHECK CURRENT SEPTIC SYSTEM DUE TO ADDITION OF BEDROOM

Directions:

I77S, EXIT 136 - TURN RT ONTO HWY150, RT ON HWY152, 3MILES TO PATTERSON FARM, HOUSE ON LFT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

I certify that all 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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Ken Jones Date: 12/5/07

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 11/30/2007