IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 135506 PIN # 4765378221 DATE 3-19-09

OWNER or APPLICANT Mar-Cis Construction Vernon Tomlin PHONE: Business Home: 704-880-6648

OWNER or APPLICANT ADDRESS 111 Sparrow Lane Statesville NC 28625

LOCATION / DIRECTIONS I-40 E (L) Rurehill RD (L) Partridge Hill (R) Sparrow lane

SUBDIVISION Quail Ridge BLOCK / SECTION I LOT # 3 LOT AREA .5 AC. DESIGN FLOW 360 L.T.A.R. EXST

Septic Tank 1000/exist Gallons: STB Date

Pump Tank 500/exist Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 2 Linear Feet 300

Trench Width exist Max. Trench Bottom Depth exist Gravel Depth exist

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

System Description: Pump

Repair System Description: 50% Low Pres

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

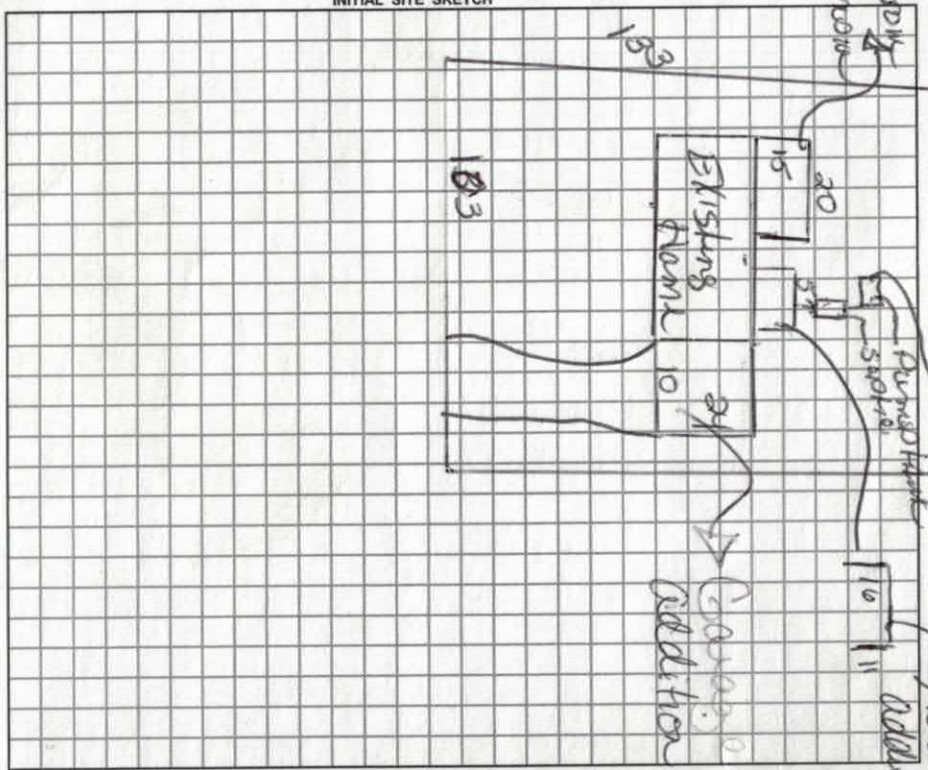
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Maintain 5' off of septic tank

INITIAL SITE SKETCH



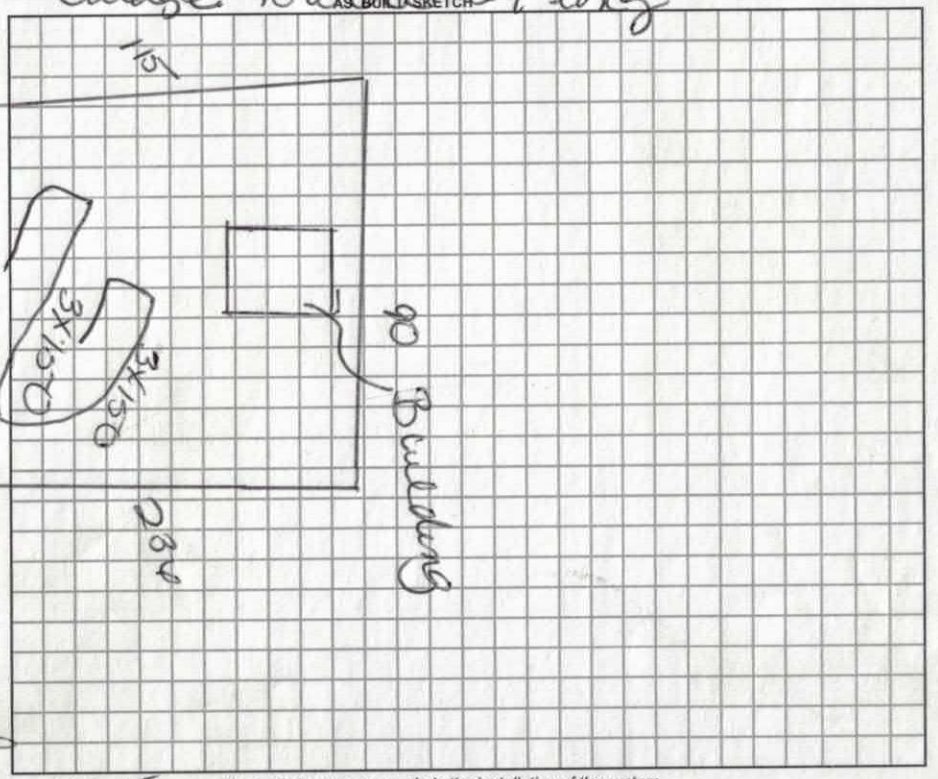
Comments / Conditions

New 16' long 11' out from house

Bedroom 20' long 15 wide

Garage 10 wide 24 long

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.

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

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 3-19-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Mar Cris Construction		704-872-3028	704-880-6648
Owner Name	Mailing Address	Home Phone	Work Phone
Vernon Tomlin	111 Sparrow Lane	704-873-5034	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Sparrow Lane	Partridge Hill	4765378221.000

Driving Directions: Hwy 64, left on Rivers Hill Rd., left Partridge Hill Right on Sparrow Lane, house on the left.

****

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

Addition

( ) 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 2
If Expansion, Current Number of Bedrooms ___

Addition

X) 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 ___

****

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:** Willie M. Williams — 3-16-09

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:

- ✓ **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:

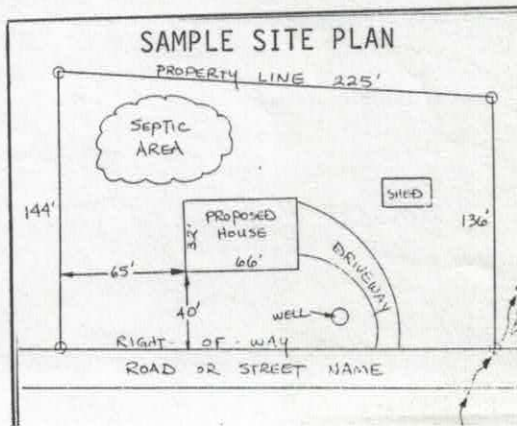
- ____ **Location of septic systems and wells within 100' of your property… N/A**
- ____ **Location of easements and rights of ways on your property… N/A**
- ____ **Location of any designated wetlands on the property… N/A**

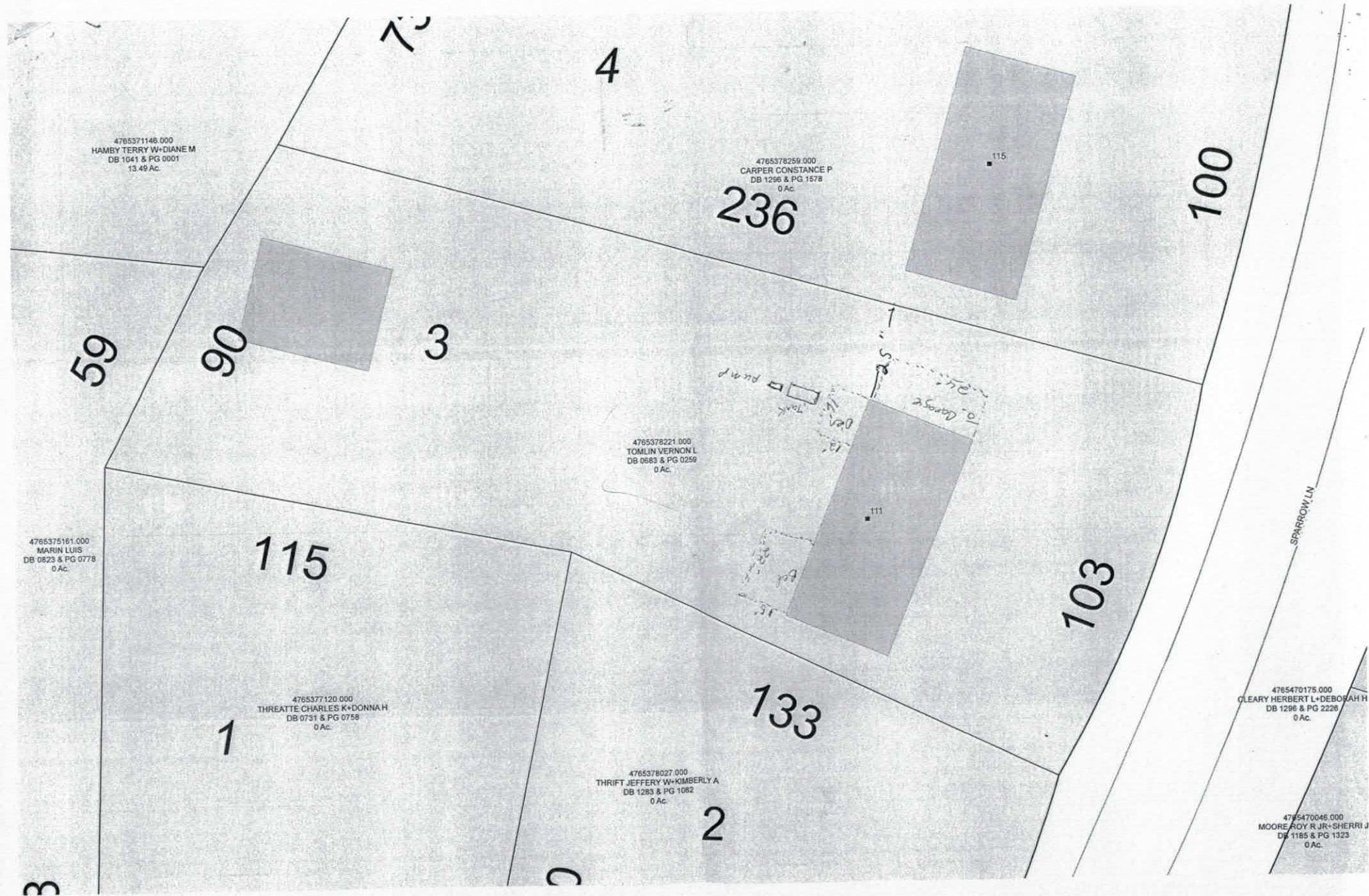
Signature: Mike M. Miller
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-16-09
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Drawing Attached




4765371146.000
HAMBY TERRY W+DIANE M
DB 1041 & PG 0001
13.49 Ac.
4765378259.000
CARPER CONSTANCE P
DB 1296 & PG 1578
0 Ac.
4765378221.000
TOMLIN VERNON L
DB 0683 & PG 0259
0 Ac.
4765375161.000
MARIN LUIS
DB 0823 & PG 0778
0 Ac.
4765377120.000
THREATTE CHARLES K+DONNA H
DB 0731 & PG 0758
0 Ac.
4765378027.000
THRIFT JEFFERY W+KIMBERLY A
DB 1283 & PG 1082
0 Ac.
4765470175.000
CLEARY HERBERT L+DEBORAH H
DB 1296 & PG 2226
0 Ac.
4765470046.000
MOORE ROY R JR+SHERRI J
DB 1185 & PG 1323
0 Ac.
SPARROW LN
4
236
100
59
90
3
115
103
133
1
2
115
111
Pump
Tank
To Garage

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Printed: 3/13/2009

Permit Number: 155506ZO

Master #: 155506

Associated Permits:
155506ZO Zoning

Applicant

Name: Mar-Cris Construction
Address: 1730 Jones St
Statesville, NC 28625
Phone: 704-872-3028

Parcel

Parcel Number: 4765378221.000
Address: 111 SPARROW LN
Statesville, NC 28625
Subdivision:
Zoning: R20
Township: 1200
Area: 0.5
Lot(s): 0
Directions to Parcel: Hwy 64, Left on River HIll Road,Left Partridge Hill, Right Sparrow Lane, House on the left

Owners

Name: VERNON L TOMLIN
Address: 111 SPARROW LANE
STATESVILLE, NC 286258538

Contractors

Contractor Type: Building
Name: Mar-Cris Construction
Address: 1730 Jones St
Statesville, NC 28625
Phone: 704-872-3028

Fees and Receipts:

Number	Description	Amount
FEE-186931-07	Zoning - Permit / Inspection	$55.00
	Total Fees:	**$55.00**
REC-106135-07		$55.00

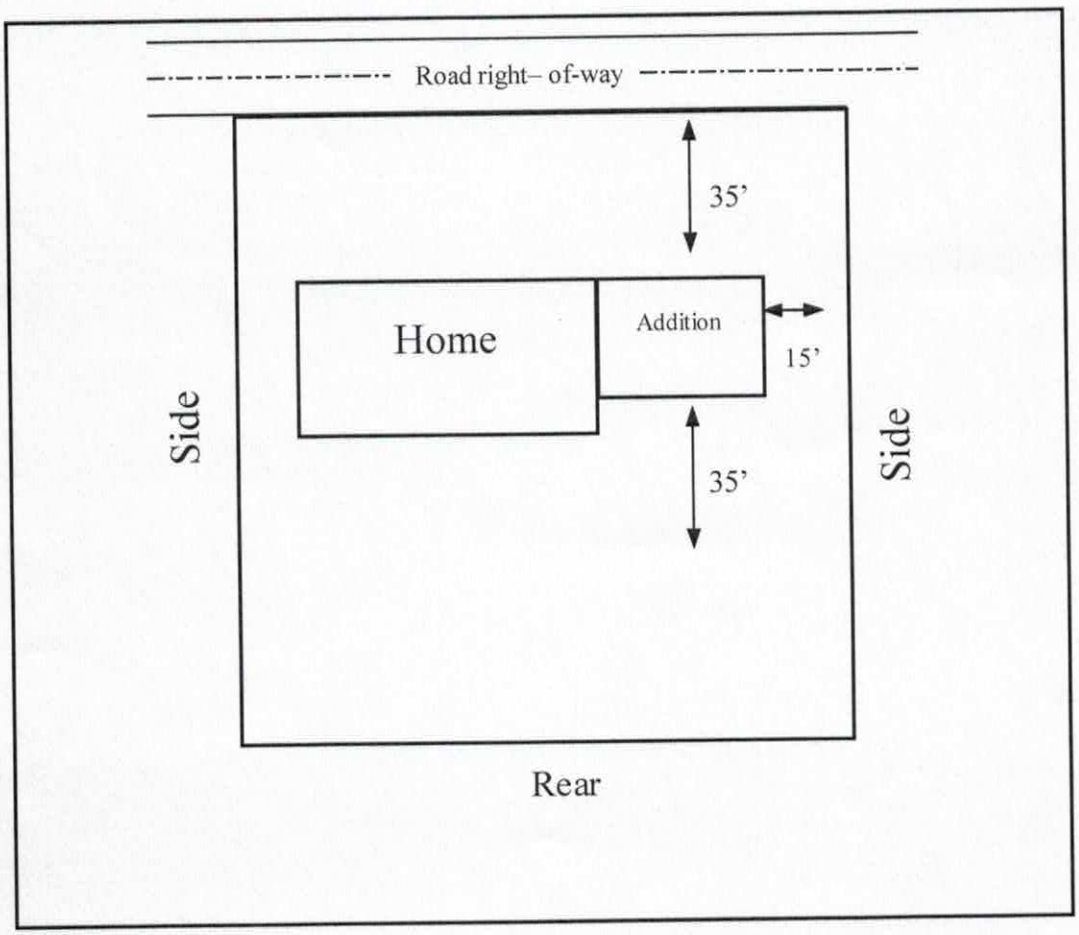
PAID MAR 16 2009
$120.00 @

ZONING DISCLAIMER

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.

Applicant Date

STREET NAME: 110 Sparrow Lane



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

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 Fortis Corp DATE 11-21-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL on 2166 1mi on L

S. R. No. _____

SUBDIVISION NAME Quail Ridge LOT NO. 3 SECTION OR BLOCK NO. _____

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

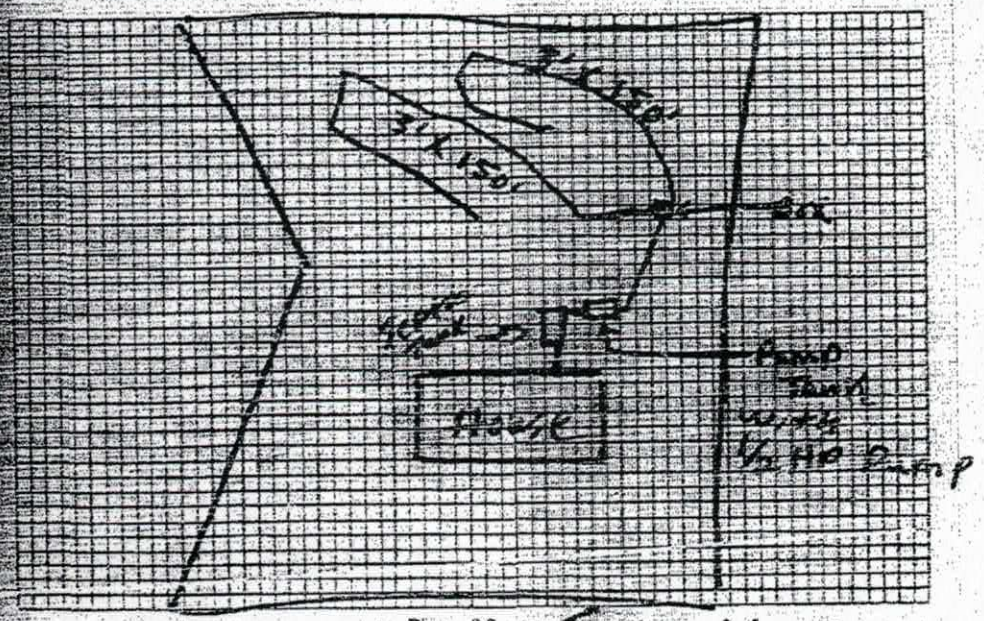
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Clay + gravelly clay
Percolation Rate .5 gal/sq ft/day
Topography 2 to 10%
Depth to Water Table 10'+
Rock or other impervious formations heavy rock formations

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Sparrow Lane

Size of Tank 1000 + 800 Dump Tank Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Pfaff Sale

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE _____

JAN. 13, 1989 16:23