IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 2005958

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

PIN # 4776-74-1942

APPLICANT: Phillip Moorefield APPLICANT ADDRESS: 429 Fifth Creek Rd Statesville NC 28625

SITE ADDRESS: 429 Fifth Creek Rd Statesville NC 28625 PHONE: 704-682-4450 ALT. PHONE: N/A

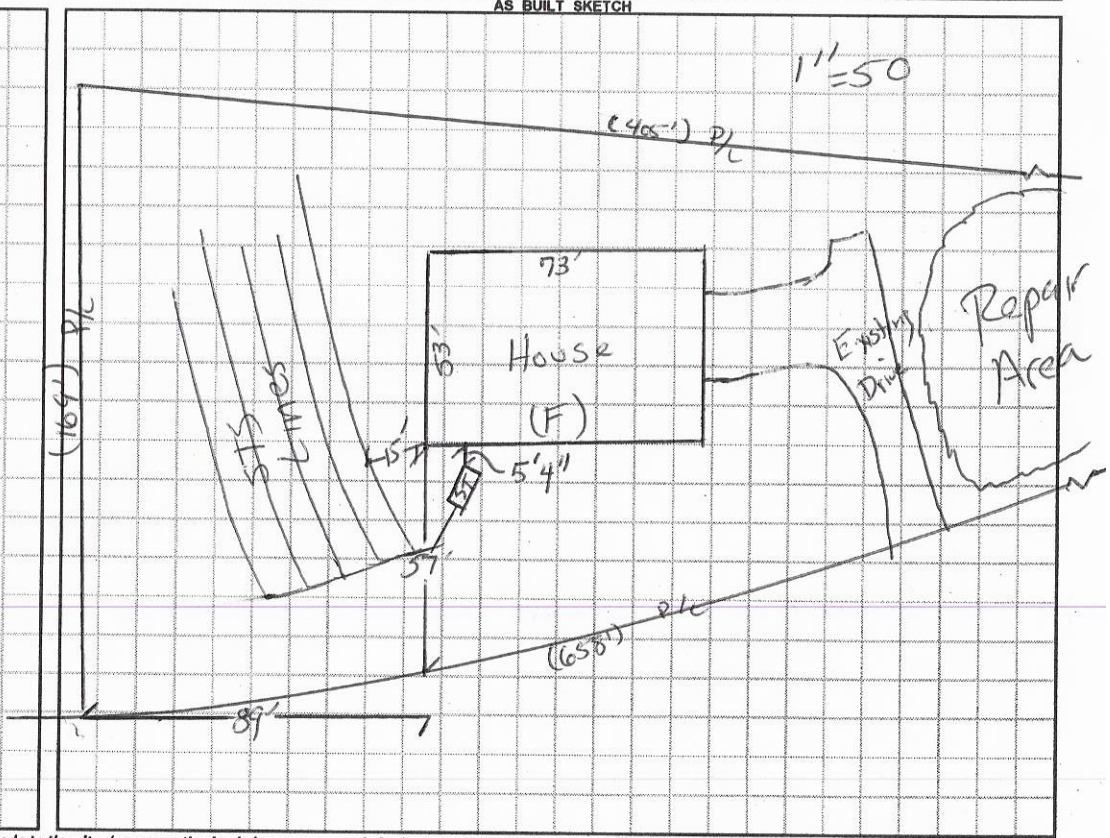
SITE DIRECTIONS: US 64E T/L Swann Rd T/R Fifth Creek Rd 1st lot on rgnt

SUBDIVISION: Fifth Creek Manor SECTION: N/A LOT # 1 LOT AREA: 0.968ac DESIGN FLOW: 360 L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I	☒ II	III 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	EX	# Lines	EX	Linear Ft:	EX		Maintenance Agreement Required:	☐ YES	☒ NO				☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	EX	Max. Trench Bottom Depth	EX	Gravel Depth	EX		☒ GRAVITY	☐ PRESSURE					☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: All building foundations must be 55' from any part of STS.

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: Phillip Moorefield Date: 10-18-14 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10/06/14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *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(f) 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:

Applicant Name: PHILIP MOOREFIELD Address: 424 FIFTH CREEK RD. Phone: 7046824450

Owner Name: PHILIP MOOREFIELD Address: 429 FIFTH CREEK RD. Phone: 7046824450

Property Information:

Street Address: 429 FIFTH CREEK RD. STATESVILLE. NC. 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: HWY. 64 EAST TURN LEFT ON FIFTH CREEK RD. LAST LOT ON LEFT AT END OF ROAD

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: 2006
( ) 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.

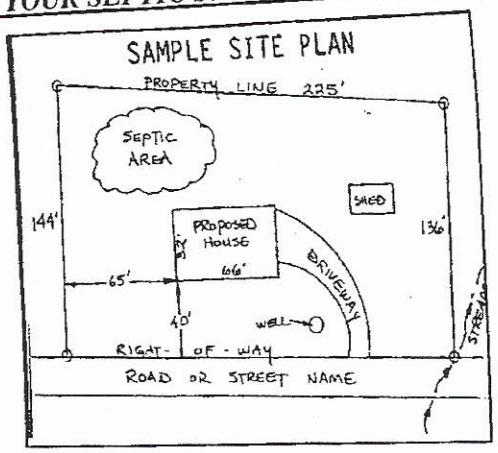
Signature: Philip Moorefield 9-23-2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

ATTACHED

Signature: _____ 9-23-14

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

WAN ROAD
111.71
Rocks
Rocks
30
30
40
56
50'
22
88
74
131
168'91
405.20'
Rocks

IREDELL COUNTY

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

APPLICATION NUMBER
205958
Issue Date: 09/23/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4776741942.000	429 FIFTH CREEK ROAD, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: MOOREFIELD PHILIP	Applicant: MOOREFIELD, PHILLIP
Address: 429 5TH CREEK RD STATESVILLE, NC 28625	Address: 429 FIFTH CREEK ROAD STATESVILLE, NC 28625
Phone:	Phone: 704-682-4450

Use Requested	Zone Code
SFD- REBUILD BURNED HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.968	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	22397	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

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

PERMIT# 124447 PIN# 4776-74-1942 DATE 11-2-04

OWNER OR CONTRACTOR JOHN MOORE FIELD PHONE: Business 704-880-6603 Home 704-873-7885

ADDRESS 1516 MOCKSVILLE HWY, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL SWANN ROAD, TR FIFTH CREEK ROAD, 1ST LOT ON RIGHT

SUBDIVISION FIFTH CREEK MANOR BLOCK / SECTION ____ LOT 1 LOT AREA 0.968 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-9-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

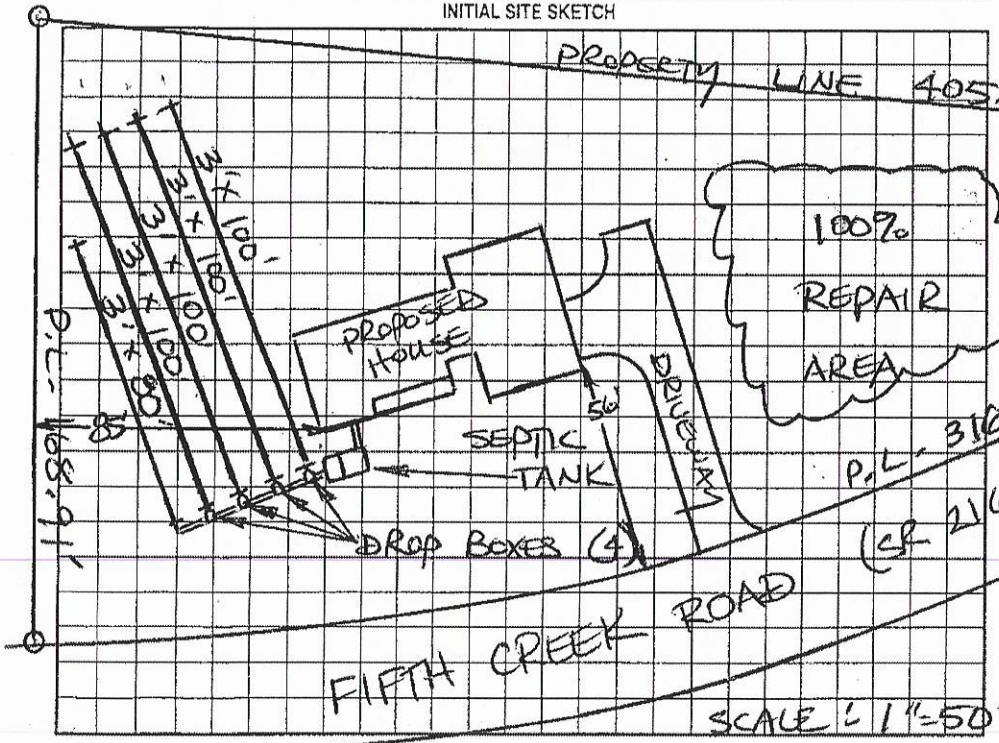
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

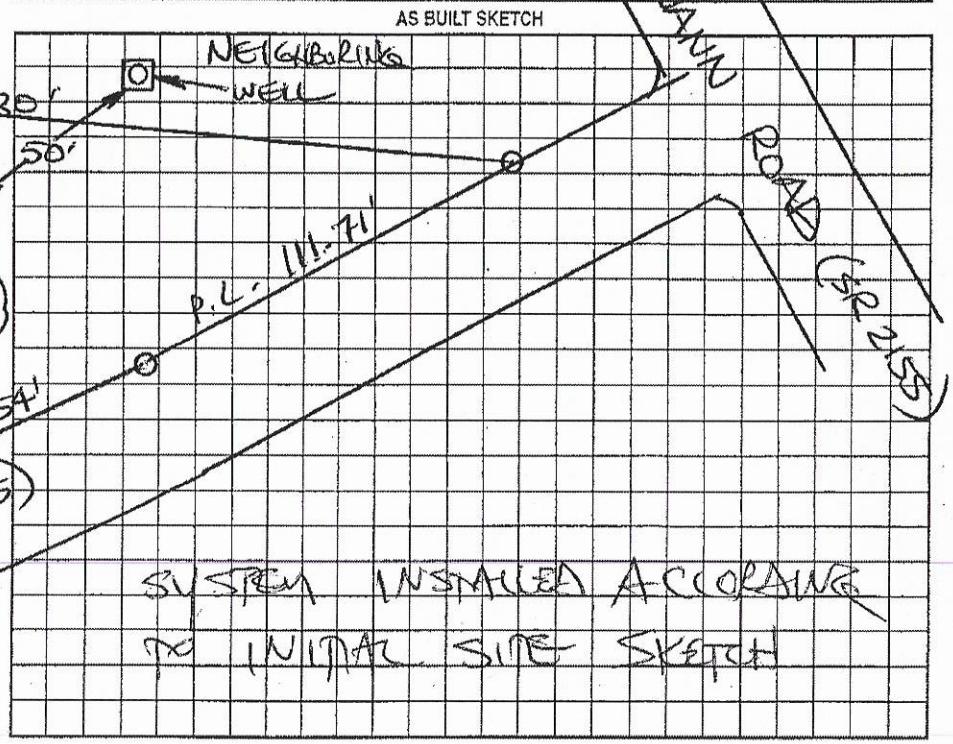
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH RISER INSTALLED USING "TUFFTITE" FILTER

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. 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: Matthew L Moorefield date 11-18-04
Improvement Permit by: STEVE HEDRICK date 11-2-04
Authorization to Construct by: STEVE HEDRICK date 11-2-04

Installed by: PIEDMONT RACKING
Operation Permit by: STEVE HEDRICK date 8-3-05
Existing System Inspection by: ____ date ____

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