ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 329390

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

PIN # 4616 -- 90 --9514

APPLICANT/OWNER: Gayle Todd | APPLICANT ADDRESS: 538 Barber Loop, Mooresville NC 28117

SITE ADDRESS: 538 Barber Loop, Mooresville NC 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School Rd → (R) Chuckwood → 2nd (R) Barber Loop → lot on (L) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Watertree Landing | SECTION: | LOT # 58 | LOT AREA: 0.73ac | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank	EXISTING (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction - relocation				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: LPP BRS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 1 + existing	Linear Ft: 40' + ex		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 36" max	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not exceed 36" max TB - remove top fill dirt where' neecssary. All irrigation lines & heads w/in 10' of Septic system must be removed

Purpose of permit is to relocate 40' of line for pool

INITIAL SITE SKETCH

See attached

Site plan by Michael

Athanas & Assoc.

approved 6/16/22

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as

drawn

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: Gayle Todd | Date: 6/17/22 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: D. Mebery | Date: 6/16/22 | OPERATION PERMIT by: D. Mebery | Date: 7/20/22

AUTHORIZATION TO CONSTRUCT by: D. Mebery | Date: 6/16/22 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PROPERTY ID #: 4616909514_
COUNTY: _Iredel_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gayle Todd_____ APPLICATION DATE_____
ADDRESS: 538 Barber Lp, Mooresville, NC 28117_____ DATE EVALUATED: __5/2022_____
PROPOSED FACILITY: ___4 BDRM_____PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: ___0.74 AC_____
LOCATION OF SITE: 538 Barber Lp, Watertree Landing Lot 58_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 4%	0-6	FILL		N/A	48"	N/A	N/A	PS 0.3+
		6-26	R C SBK	FR SS SP SXP					
		26-48	R CL WSBK	FR SS SP SXP					
PIT 1	LS 15%	0-8	FILL	—	minor litho 28"+				PS 0.3
		8-12	C- Comp	SSP FI SXP					
		12-28	C - SBK	SSSP FR SXP					
		28-54	CL WSBK	↓					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT^2+54 FT^2	568 FT^2
System Type(s)	25% + PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

Pull Irrigation

COMMENTS

original TB?

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
6/1/2022

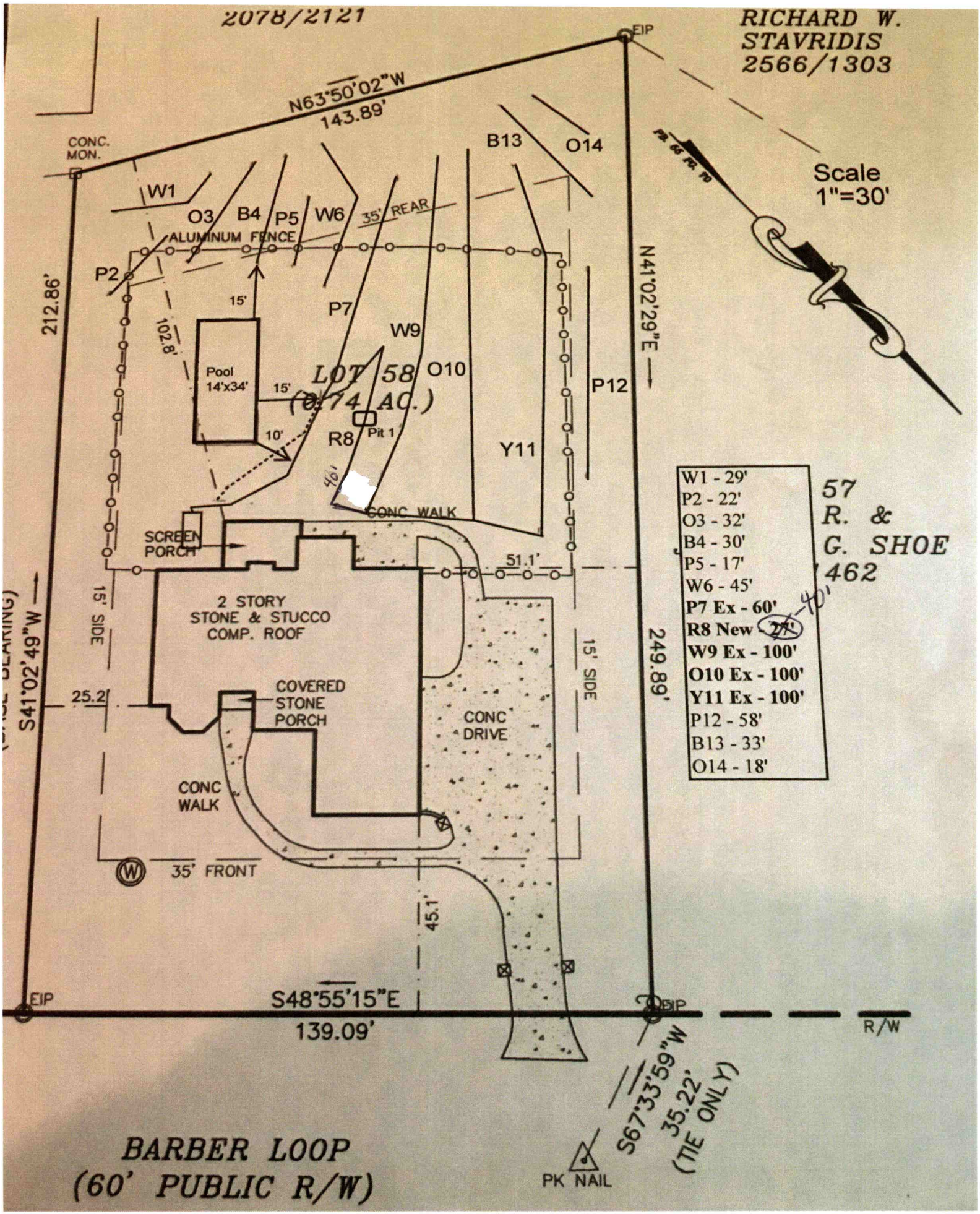


Reference: Data Sheet for 538 Barber Lp, Watertree Landing Lot 58
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity
Septic Tank Size: 1000 gallons (existing)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1		29'
Pink 2		22'
Orange 3		32'
Blue 4		30'
Pink 5		17'
White 6		45'
Pink 7 Ex	**60'**	**100'**
Red 8 New	**40'**	**40'**
White 9 Ex	**100'**	**100'**
Orange 10 Ex	**100'**	**100'**
Yellow 11 Ex	**100'**	**100'**
Pink 12		58'
Blue 13		33'
Orange 14		18'

Initial System: 360' Ex 25% + 40' 25% Reduction **Repair System:** 284'

Comments:
MA&A are proposing to modify the existing system to accommodate a pool. P1 (25%) will be shortened by 40' and 40' of 25% Reduction will be added to replace it.


2078/2121
RICHARD W. STAVRIDIS 2566/1303
EIP
N63°50'02"W
143.89'
CONC. MON.
B13
O14
Scale 1"=30'
W1
O3
B4
P5
W6
35' REAR
ALUMINUM FENCE
P2
212.86'
15'
102.8'
P7
W9
Pool 14'x34'
LOT 58 (0.74 AC.)
O10
P12
N41°02'29"E
15'
10'
R8
Pit 1
Y11
46'
CONC WALK
SCREEN PORCH
51.1'
W1 - 29'
P2 - 22'
O3 - 32'
B4 - 30'
P5 - 17'
W6 - 45'
P7 Ex - 60'
R8 New - 40'
W9 Ex - 100'
O10 Ex - 100'
Y11 Ex - 100'
P12 - 58'
B13 - 33'
O14 - 18'
57 R. & G. SHOE 462
2 STORY STONE & STUCCO COMP. ROOF
15' SIDE
15' SIDE
249.89'
S41°02'49"W
25.2'
COVERED STONE PORCH
CONC DRIVE
CONC WALK
35' FRONT
45.1'
EIP
S48°55'15"E
139.09'
EIP
R/W
S67°33'59"W
35.22'
(TIE ONLY)
PK NAIL
BARBER LOOP
(60' PUBLIC R/W)

PERMIT # 329390 PIN 4616-90-9514

Iredell County Existing Septic System Waiver Form

Owner: GAYLE TODD / ROBERT SCRANTON Phone: 831-596-6772
Site Address: 538 BARBER LOOP
Project Description: INGROUND POOL

It is the responsibility of the property owner to maintain all setbacks according to 15A NCAC 18A .1950 with the wastewater system and any part of a structure foundation including but not limited to porches, decks, accessory buildings and pools. If you are unsure of the exact location of the septic system please have a NC licensed installer or a NC septic inspector locate the septic system for you.
The issuance of a zoning and/or building permit in no way expresses that the wastewater disposal system serving the site is functioning properly at the time of the zoning and/or building permit is used nor does it guarantee the disposal system will continue to function for any period of time.

Website to 15A NCAC 18A .1900 rules:

http://ehs.ncpublichealth.com/oswp/docs/rules/RulesCompleteEff10012011.pdf

****Note: 15A NCAC 18A .1900 is attached.**

Website of available septic records:

https://www.co.iredell.nc.us/1034/View-Your-Septic-Record-Online

If the record is not found please contact the Iredell County Environmental Health Division for further investigation at 704-878-5305 ext. 3456 or 704-660-3625.

Owner Signature Gayle Todd Robert Scranton Date 8-1-22

I certify by my signature above that I am the current property owner, I have read and understand the information above and that I waive the existing septic system inspection by the Iredell County Environmental Health Division. Furthermore, I understand the requirements above that by waiving the existing system inspection I assume the responsibility of verifying and maintaining setback requirements according to 15A NCAC 18A .1950.

6/14 @ 1300
DW Ex Rev.

RECEIVED JUN 3 - 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP-329390

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: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Gayle Todd **Address:** 538 Barber Lp, Mooresville, NC **Zip:** 28117

Applicant Email: gayletodd@gmail.com **Phone:** 831-596-6772 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 538 Barber Lp

Subdivision Name: Watertree Landing **Section/Phase:** _____ **Lot Number:** 58

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(✓) 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: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: _____ 6/2/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

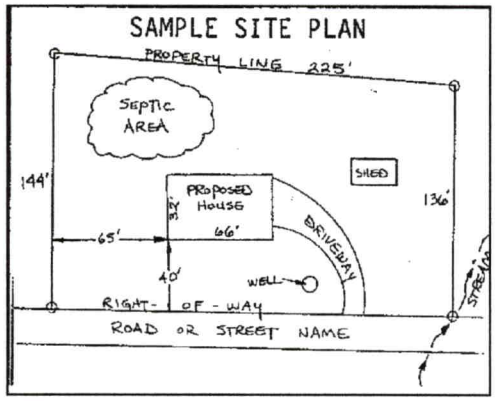
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: _____

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

6/2/2022

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, GAYLE TODD, am the legal owner(s) of the property located at 538 BARBER LOOP, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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.

Gayle Todd 5-23-22

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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 · NC

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

APPLICATION NUMBER
329390 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4616909514.000	538 BARBER LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: TODD GAYLE L+ROBERT R SCRANTON	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
SWIMMING POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

INGROUND POOL *need relocation

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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: 06/03/2022

Signature of Owner/Contractor

Permit Number	329390	TOTAL FEES:	$77.25