IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 208281 / 203792

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

PIN # 4624178529

APPLICANT: Ray Tomasco / Rick Howell | APPLICANT ADDRESS: 172 Williamson Rd #4236 Mooresville NC 28117

SITE ADDRESS: 105 Misty Cove Mooresville, NC | PHONE: 2035568093 | ALT. PHONE: 704 578-4951

SITE DIRECTIONS: Brawley School Rd TR Tuskarora TR Blarney TL Misty Cove On left

SUBDIVISION: Cowan's Ford (CLAT) | SECTION | LOT # 196 | LOT AREA: .73 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	7-28-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	17	Date	8-30-13	System Description: LPPPBPS				☐ Business	No. Persons 8
Pump Make	Myers	Model	ME50S21-5	Serial #	10062086	Repair System Description: LPPPBPS & LST Pretreatment				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	270	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

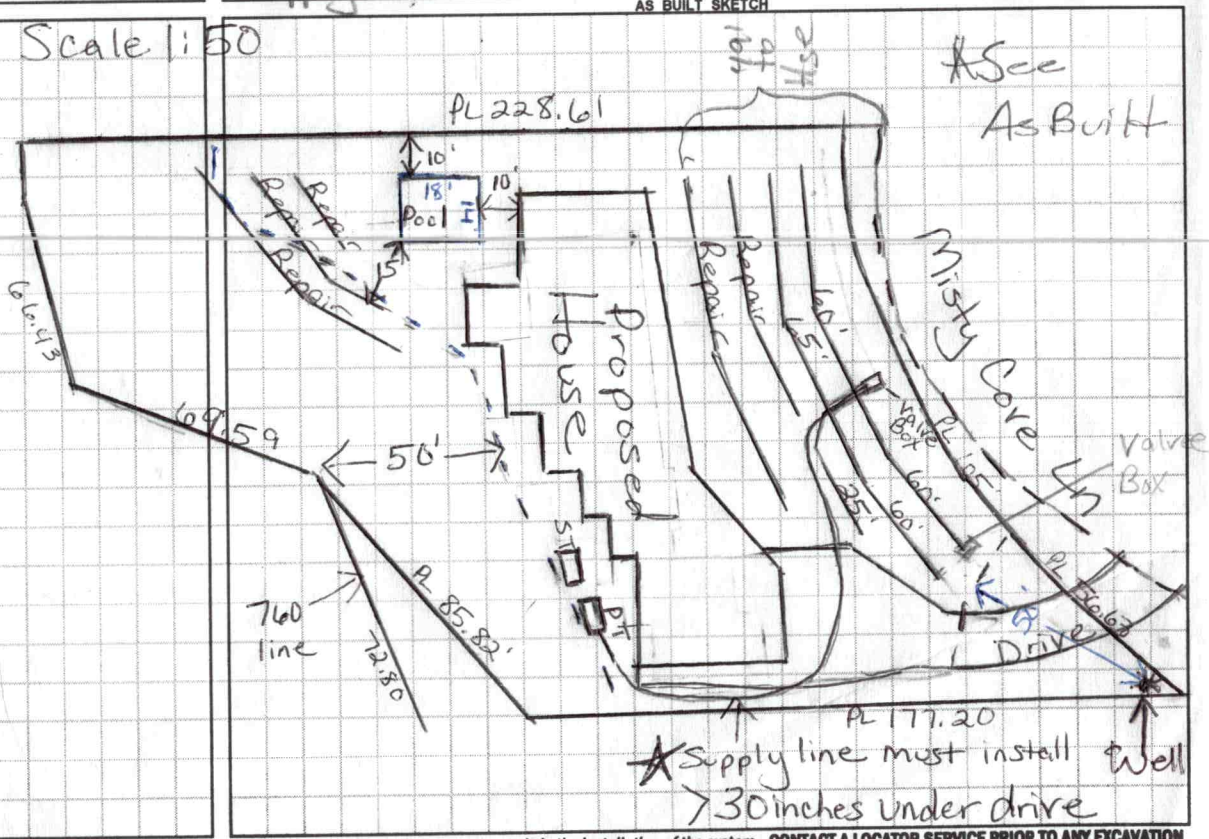
Comments / Conditions: * Supply line must be installed at least 30" under driveway & keep at least 50ft from well. If less than 50ft from well then must use Ductile iron for Supply line

* Septic tank & Pumptank have already been installed. Inspected 9-2-14 by ALP
5/32" hole drilled
Supply line 30" under drive 11/2ft off PL

INITIAL SITE SKETCH

6/24/15 Set 2ft pressure, checked
Elect & alarm

Scale 1:50



AS BUILT SKETCH

* See As Built

* Supply line must install >30 inches under drive

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: Rayd Tomasco Date: 3/24/15

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 3/24/15

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 3/24/15

Installed by: Steve Jordon

OPERATION PERMIT by: Maria Dotson RS Date: 7/6/15

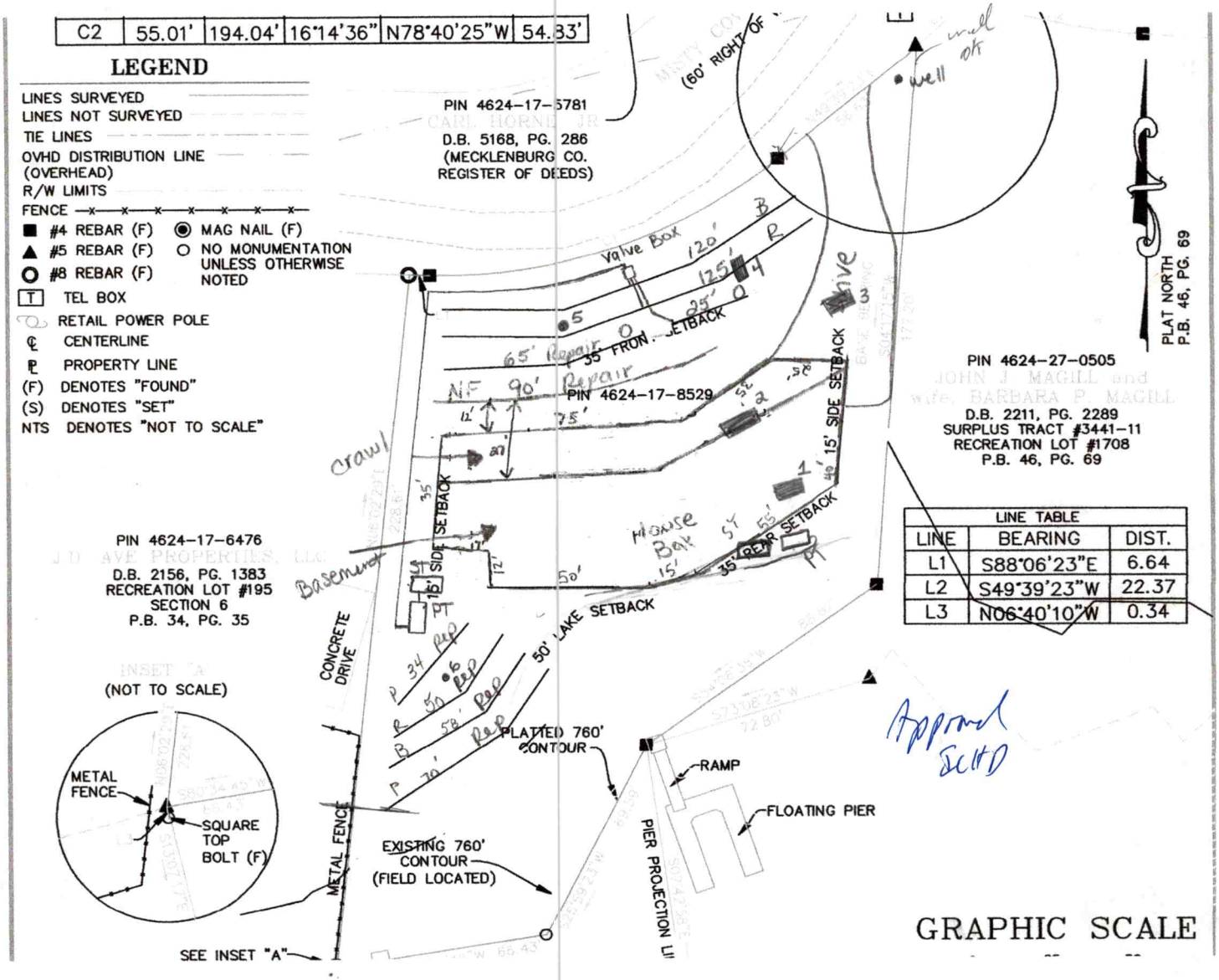
Existing System Inspected by: Date:

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

All septic lines located by a licensed surveyor except line marked "NF"

Check dead

C2	55.01'	194.04'	16°14'36"	N78°40'25"W	54.33'



Approved SCHD

1"=50'

partial Repair < 50' from 760' contour
(> 30' from 760' contour)
Repair will require TSII pretreatment if portion inside buffer used

08-02-13
pd $195.00 (Redraw)

THE OAKS GROUP, PA

Date: August 2, 2013

To: Iredell County Environmental Health Department

From: Kathleen Saunders, LSS #1313

RE: Lot 196 CL&T Fast Tract Septic Redraw Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a scaled site plan and system design criteria prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit.

This packet is a redraw of a previously issued permit that is unexpired at this time. The original LTAR's for the system and repair areas were used for this evaluation. Soil work was done only to verify saprolite depth in order to determine the well setback. The initial system is a LP PPBPS system with a LP PPBPS repair system. Part of the repair system is inside the 50 foot buffer; should those lines be needed, the repair will require TSII pretreatment.

Please call me at 704-578-4951 with any questions and to set up a site visit at your convenience.

CL&T Lot 196 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space/Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Min. Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 15.3'
Pressure head	3.0'
Friction head	2.8'
20% Contingency	4.2'
Total Head	25.3'
Pump Requirements	30 gpm @ 25.3' of head To be designed by installer.
Maximum Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	367
Repair LTAR	0.3

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Blue	LPPPBPS	120 centerfed	4.2	27	27	1 per panel	5/32"
2	System	Red	LPPPBPS	125 centerfed		28	28	1 per panel	5/32"
3	System	Orange	LPPPBPS	25 endfed		5	5	1 per panel	5/32"
4	Repair	Orange	LPPPBPS	65					
5	Repair	NF	LPPPBPS	90					
6	Repair	Pink	LPPPBPS	34					
7	Repair	Red	LPPPBPS	50					
8	Repair	Blue	LPPPBPS	58					
9	Repair	Pink	LPPPBPS	70					
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 367'					

Tank	Red	1500 gal (2 compartment)	13.5
Pump Tank	Red	1500 gal.	
House	Blue		

Note: **Part of the repair is between 30' and 50' from the 760' contour**
TSII Pretreatment will be needed if those lines are used for repair

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 7/3/13

Owner or Client: Ray Tomasco
Proposed Facility: SFR Design Flow: 480 Property Size: 0.7 AC
Location of Site: Misty Cove Rd #196
Soil Described By: KMS Others Present: Site LTAR: Int. 0.3 Rep. 0.3
Antecedent Moisture: Moist/wet Weather: Site Classification: PS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	Matrix Color	Mottles	Profile Notes (Restr Hortz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L 15%	0-24	MA/WK ABK C	FI/VFI S/P	C Sap	multi			0.3 below 24"
		24-60	MA SL Sap	FR/FI NS/NP		Br			
2	L	0-14	WK ABK C	FI S/P	F Sap	multi			0.2 to 14" 0.3 below 14"
		14-60	MA SL/SiL Sap	FR S/NP		Br			
3	L 15%	0-36	WK ABK C	FI S/P	C Sap	Red			0.2
		36-64	MA SL Sap	FR S/NP		Br		F Fi spots	
4	L	0-5	Mo GR SL	FR NS/NP		Br			0.3
		5-27	Mo SBK C	FR SS/SP		Red			
		27-60	WK SBK CL	FR SS/SP	C Sap	Red			
5	L	0-2	Mo GR SL	FR NS/NP		Br			0.3
		2-20	Mo SBK C	FR SS/SP		Red			
		20-50	WK SBK CL	FR SS/SP	F/C Sap	Red			
6	L	0-3	Mo GR SL	FR NS/NP		Br			0.3
		3-26	Mo SBK C	FR SS/SP		Red			
		26-48	WK SBK	FR SS/SP	F Sap	Red			

Approved EHP

COMMENTS:

Adrian Pruett

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Friday, September 5, 2014 9:46 AM
To: Adrian Pruett
Subject: Misty Cove

Adrian,

As we discussed, I'm ok with the tanks being relocated on the Misty Cove Lane property as long as the new location meets all applicable rules and allows for space for a pretreatment tank to be added in the future should the repair system be needed.

Thanks,

Kathleen Saunders

Sent from my iPhone

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: (X) 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Ray Tomasco	172 Williamson Rd # 4236 Mooresville 28117		
Owner Name	Mailing Address	Home Phone	Work Phone
same	contact Kathleen Saunders, LSS	704-578-4951	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	CL&T	Lot 196

Driving Directions: Brawley School Rd, R Tuskarora, R Blarney, L Misty Cove, lot on left

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

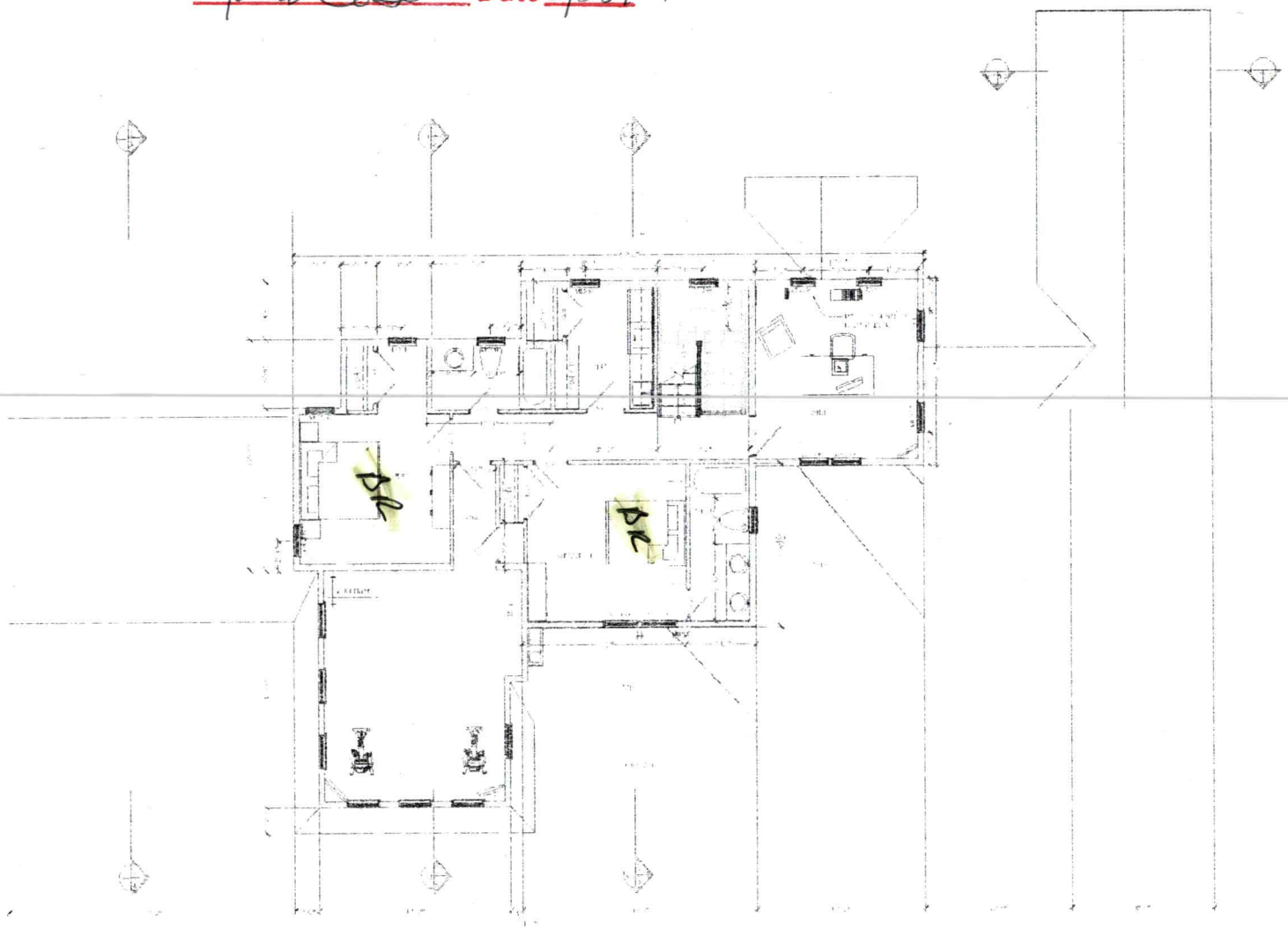
9. Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/2/13
DATE

Acknowledgement Of
Plans Submittal ONLY!

[signature] Date 5-27

[signature] Date 5/28/14



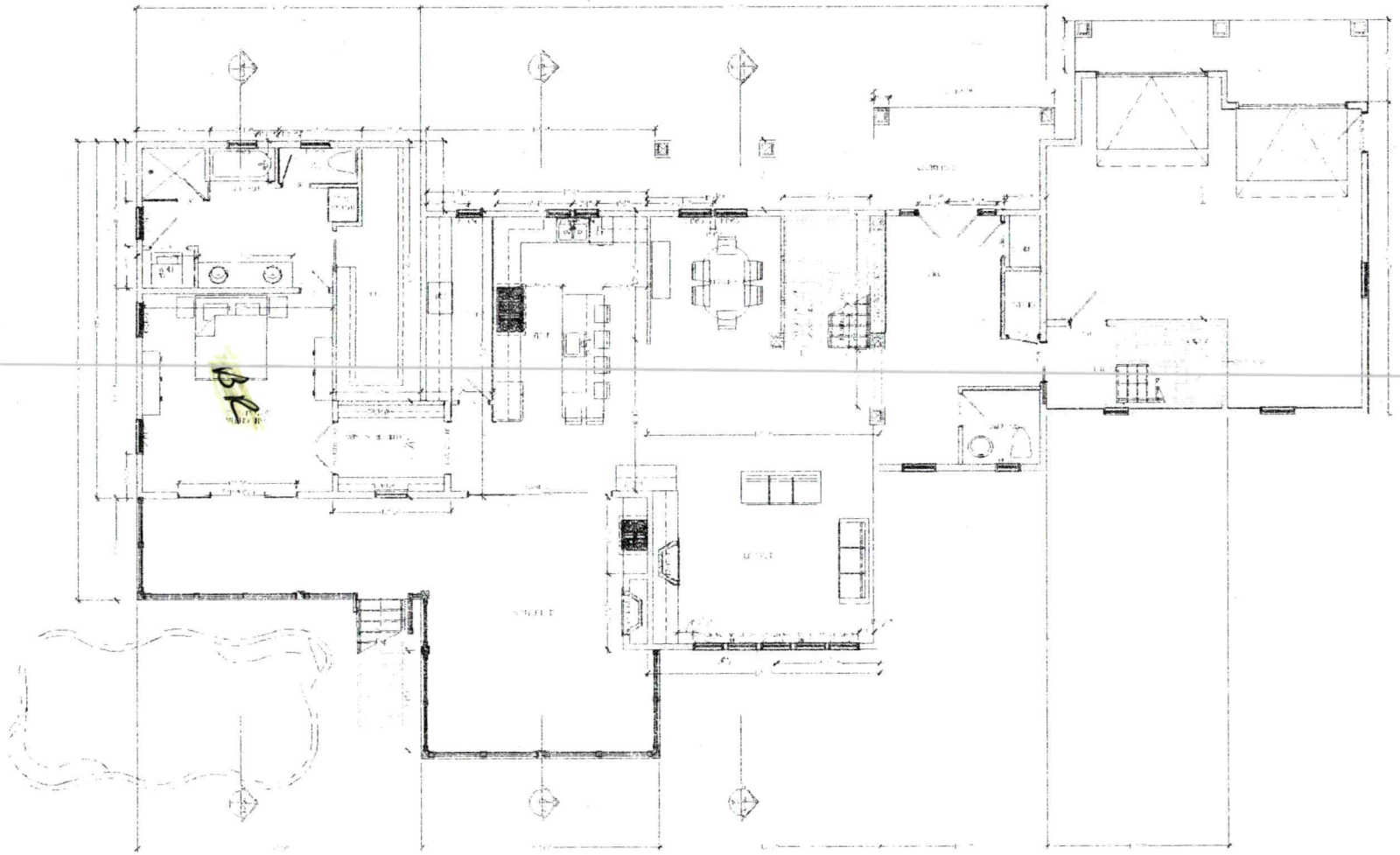
SECOND FLOOR PLAN

To: Rick Howell Page 4 of 4 2014-03-17 15:05:30 (GMT) 12035675010 From: Christine Tomasso

Acknowledgement Of
Plans Submittal ONLY!

Date 5-27

Date 5/28/14



To: Rick Howell Page 3 of 4 2014-03-17 16:05:30 (GMT) 12035676010 From: Christina Tomasco

IREDELL COUNTY

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

APPLICATION NUMBER
208281
Issue Date: 02/10/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624178529.000	105 MISTY COVE LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: TOMASCO RAYMOND+CHRISTINA	Applicant: DEO LLC
Address: 172 WILLIAMSON RD UNIT 4236 MOORESVILLE, NC 28117	Address: 4547 SAWGRASS CT DENVER, NC 28037
Phone:	Phone: 704-733-8831

Use Requested	Zone Code
INGROUND 288 SQ FT POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.705	35.00	50.00	10.00	10.00	CACL	AE

Remarks:

$ PAID V#1895 MB

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: See Attached Date: _____

Permit Number	31317	TOTAL FEES:	$ 77.25