HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 307744

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

PIN # 4627283589

APPLICANT/OWNER: Christopher Mann | APPLICANT ADDRESS: 125 Dedham Lp Mooresville NC 28117

SITE ADDRESS: 125 Dedham Lp mooresville NC 28117 | PHONE: 704-746-2715 | ALT. PHONE 704-728-9450

SITE DIRECTIONS: Brawley School Rd to R on Mansfield Lp, L on Brockton Lp, R on Dedham Lp, L on Lp | SAP CONTROLLED: [X] YES [ ] NO

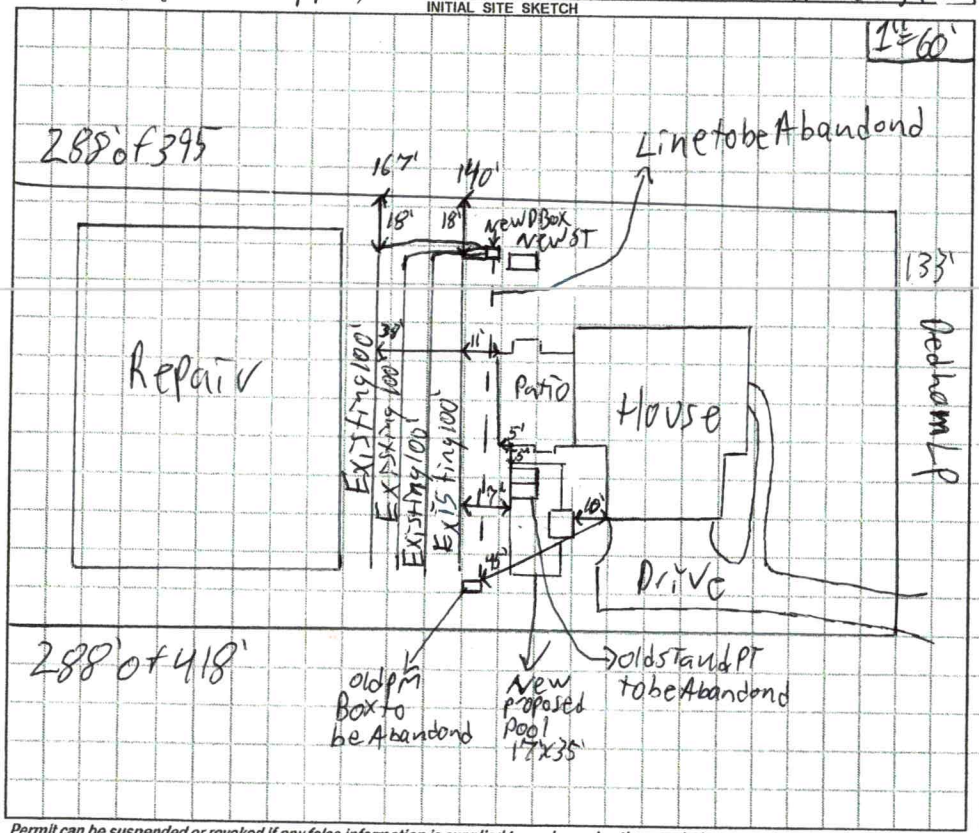
SUBDIVISION: The Point | SECTION: PM1 | LOT # 985 | LOT AREA: 1.255 acres | DESIGN FLOW: 480GPD | L.T.A.R.: Existing

Septic Tank	~~1000~~ 1500 (gal)	STB	338	Date	8/6	[ ] New System [ ] Repair [X] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply: [ ] Private
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity EZflow	[ ] Business	No. Persons 8	[ ] Public
Pump Make	—	Model	—	Serial #	—	Repair System Description:	PM 25% Reduction	[ ] Other	No. Employees	[X] Community
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: The purpose of this permit is to show the addition of the new pool, relocate tank and Abandon the first line of the Existing system dropping the # of bedrooms from 5 to 4, old ST, PT and PM Box must be properly abandond. New tank can be installed above grade to achieve fall for gravity system but approved cover MUST be brought in. If fall cannot be achieved then a pump must be installed

- Tank Installed / New D-Box
  OLD Line capped
  16Ft From proposed pool corner

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/18/20

IMPROVEMENT PERMIT by: Patrick Boyette III Date: 9/17/2020

AUTHORIZATION TO CONSTRUCT by: Patrick Boyette III Date: 9/17/20

Installed by: Greenwise Waste Solutions

OPERATION PERMIT by: Benjamin A. Bottoms Date: 9/23/2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED AUG 3 1 2020 AP-307734

$320.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

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 (X) 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)**

Applicant Name: Christopher Mann **Address:** 125 Dedham Loop, Mooresville NC **Zip:** 28117

Applicant Email: chrismann219@gmail.com **Phone:** (704)746-2715 **Alt. Phone:** (704)728-9450

Owner Name: Gina Mann **Address:** 125 Dedham Loop, Mooresville NC **Zip:** 28117

Owner Email: ginamann@icloud.com **Phone:** (704) 728-9450 **Alt. Phone:** (704) 746-2715

****

Property Information:

Street Address: 125 Dedham Loop, Mooresville, NC 28117

Subdivision Name: The Point **Section/Phase:** 9 **Lot Number:** 985

Driving Directions: Brawley School Road just past Stonemarker Loop in Chatham Village of The Point

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: 2004
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

No — Does the site contain any jurisdictional wetlands?
No — Is any non-domestic sewage (i.e. industrial) to be generated?
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: Gina M. Mann — 8/28/2020

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

[X] **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

[ ] **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Gina M. Mann _____ 8/28/2020_____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

5/11/20, 3:12 PM

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-871 ... 100.00 Paid MOORESVILLE 704-664-5281 2:00

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

PERMIT# 105 497 PIN# 4624-27-5905.985 4624283589 DATE 4/26/04

OWNER OR CONTRACTOR Simons Builders PHONE: Business 704-358-9940 Home

ADDRESS 817 E. Morehead St Suite 100 Charlotte NC 28202-2705

LOCATION BSR, TR 2nd Mansfield TL Brockton, TR Bethlehem, 3rd on Lt.

SUBDIVISION Point BLOCK / SECTION 9 LOT 985 LOT AREA 1.244c SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.5

Septic Tank: 1500 Gallons: STB 338 Date 4-9-04
Sump Tank: 1500 Gallons: PT 323 Date 7-12-04
Pump Make Gould's Model WE-D3M2 Serial No.
Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 500
No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Some
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 5 No. Employees

Water Supply: ☐ Individual ☐ Public ☒ Community

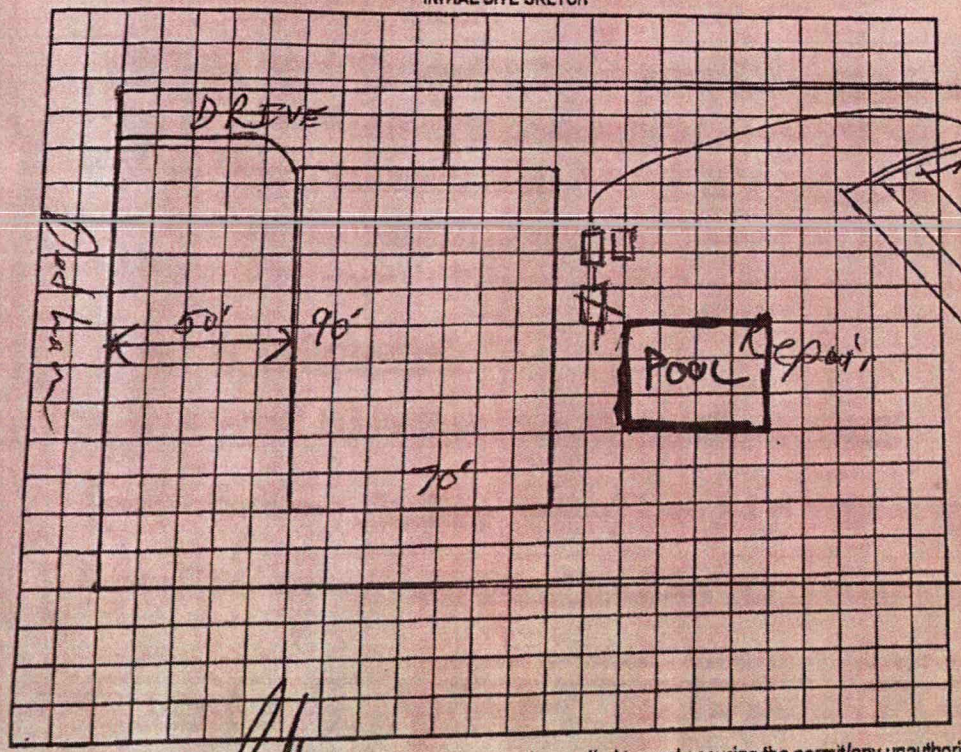
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Gravel Depth

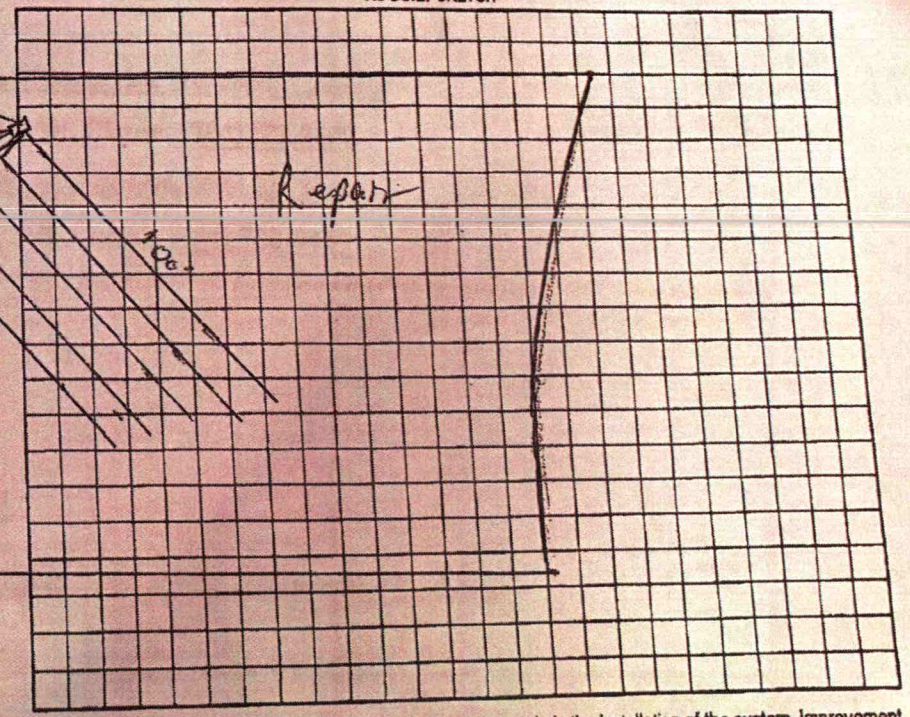
Comments/Conditions:

Comments/Conditions: Checked lines & ST 7/13/04
Pres, elect & alarm 10/21/04

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: date 5/11/04 Installed by: R&T

Improvement Permit by: date 4/26/04 Operation Permit by: Maria H. Dobson RS date 10/21/04

Authorization to Construct by: date 4/26/04 Existing System Inspection by: date

OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

CHARLOTTE POOLS & SPAS

704-799-7575

Client: CHRIS + GINA MANN
Job Site Address: 125 DEDHAM Loop MOORESVILLE
Phone: 704-728-9450
Email: GinaMann@ICLOUD.COM

Specifications

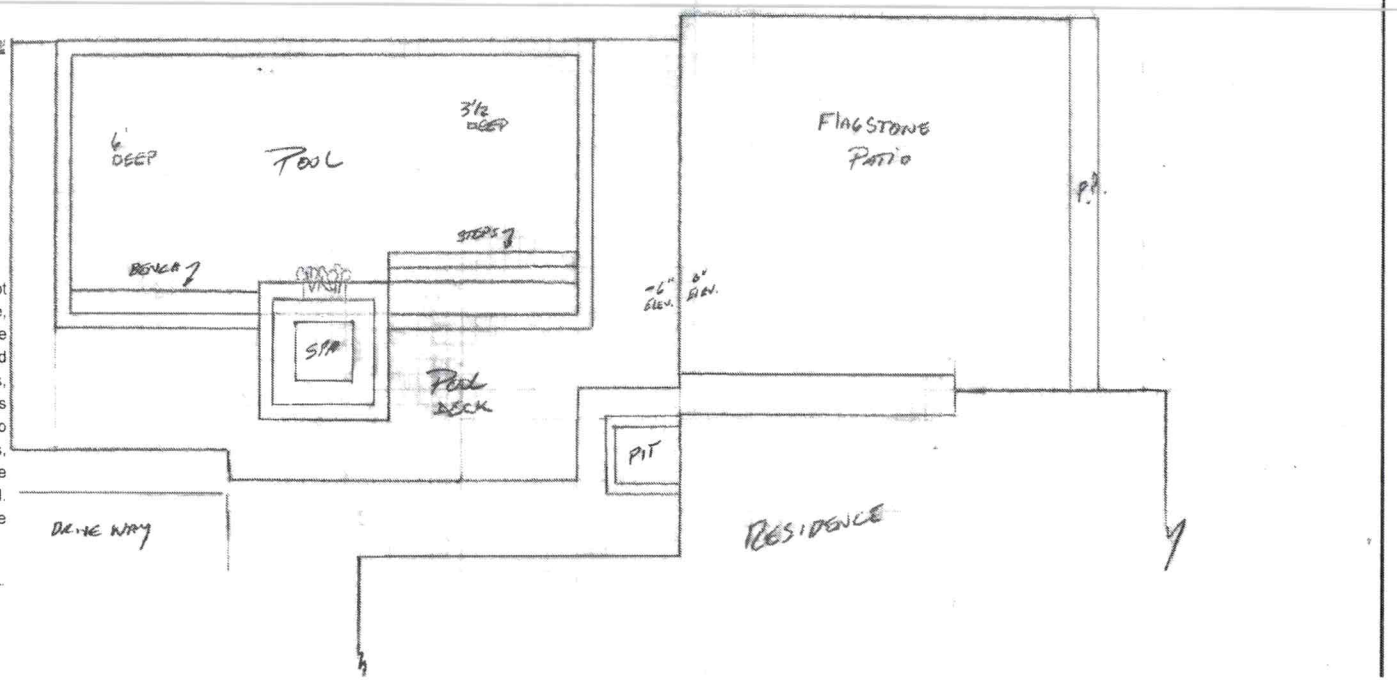
Pool:		Spa: (if applicable)	
Design/Shape:	RECTANGLE	Design/Shape:	SQUARE
Sq ft:	595	Dimensions:	9X9 OD.
Dimensions:	17X35	Jets:	8
Depth(s):	3'1/2 TO 6' FEET DEEP	Elevations:	+18"
Pump Type:	JANDY VARIABLE SPEED	Forced Induction:	2HP
Filter Type:	JANDY Size CV580	Spillway:	YES
Heater:	Nat. or Prop. Size 400,000	Lights:	1 JANDY MULTI COLORED SPA LIGHT
Control System:	1 AQUA LINK	Finishes:	
Sanitizer:	SALT BASED	Waterline Tile:	6"
Light(s):	1 JANDY MULTI COLORED POOL LIGHT	Coping:	FLAGSTONE
Pool Cleaner:	POLARIS ALPHA FG PLUS	Veneers:	STONE
Autofill/Overflow:	YES	Interior Finish:	PEBBLE TEC
Skimmer(s):	2		
Returns:	MULTIPLE		

Options:
Design Details: —
Water features: —
Decking: Size 500 ☐ Type: SAND SET FLAGSTONE
G,W, E, Supplies: INCLUDED Excess Dirt: HAUL AS NEEDED

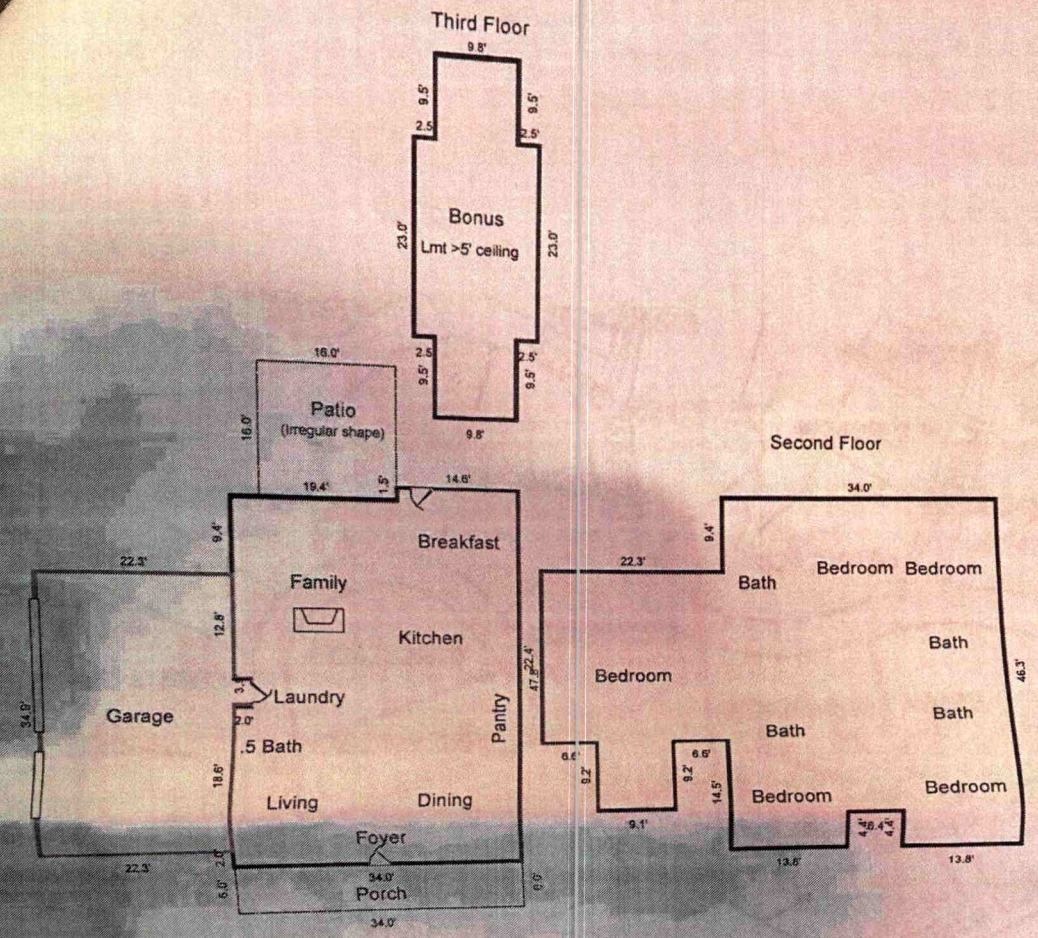
NOTES:

The use of this design without the consent of Charlotte Pools and Spas Inc. is Prohibited. Variations in dimension and elevation are normal and shall not affect the validity of the contract. The client shall check the location, size, shape and elevations prior to excavation and assume full responsibility. The location and elevation of the pool, any accessory structures and any related pool equipment or accessories in relation to building setbacks, utilities, buffers, septic system and HOA requirements are the clients full responsibility. It is recommended that the client supply an accurate onsite survey prior to commencement of excavation. Decks, sidewalks, plants, retaining walls, features or any other element of this design not specifically mentioned in the specifications is not included unless a change order has been executed. Failure to sign off on approval of final elevations and location does not release the owner or agents responsibility of final placement.

Client Signature: _____ Client Signature: Gina M Mann



Zip: 28117



Sketch by Apex IV™

Comments:

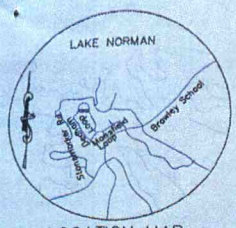
AREA CALCULATIONS SUMMARY

Code	Description	Size	Net Totals
GLA1	First Floor	1589.10	1589.10
GLA2	Second Floor	2129.28	2129.28
GLA3	Third Floor	526.60	526.60
P/P	Patio	256.00	
	Porch	204.00	460.00
GAR	Garage	785.27	785.27
TOTAL LIVABLE	(rounded)		4245

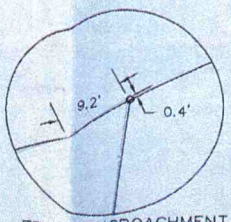
LIVING AREA BREAKDOWN

Breakdown			Subtotals
First Floor			
9.4	x	34.0	319.60
1.5	x	14.6	21.90
32.0	x	34.9	1116.80
2.0	x	18.6	37.20
2.0	x	12.8	25.60
2.0	x	34.0	68.00
Second Floor			
9.1	x	9.2	83.72
22.3	x	22.4	499.52
34.0	x	41.9	1424.60
4.4	x	13.8	60.72
4.4	x	13.8	60.72
Third Floor			
9.5	x	9.8	93.10
14.8	x	23.0	340.40
9.5	x	9.8	93.10
14 Calculations Total (rounded)			4245

15831 Burlingame Drive, Huntersville, NC 28078 Phone: 704-895-8339 Fax: 704-895-8352



LOCATION MAP
NOT TO SCALE



FENCE ENCROACHMENT
SCALE 1"=20'

LEGEND

#4 REBAR FOUND
#4 REBAR SET
CATCH BASIN
CONCRETE MONUMENT

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'
2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.
3. EACH LOT HAS A 10' STORM DRAINAGE AND UTILITY EASEMENT WHICH RUNS THE PERIMETER OF THE LOT.

NORTH PER PLAT BOOK 40, PAGE 65

N68°10'02"E
397.12'

S25°18'10"E
134.50'

DEDHAM LOOP
50' PUBLIC R/W 28' BC TO BC

4624-28-3731
MICHAEL HEREDIA
JANE HEREDIA
DB 1611 PG 1196

L=40.51'
R=175.00'
S20°45'05"E
CH=40.42'

N27°28'33"W
109.00'

S27°28'33"E

N63°02'48"E
395.58'

15' SIDE SETBACK

S25°17'43"E
132.83'

35' FRONT SETBACK

2.0 VALLEY CURB

CONCRETE PATIO

BRICK PATIO

4' STEPS
GOING DOWN

CONC. DRIVE

10' SANITARY SEWER LATERAL EASEMENT

LOT 985
54,754 SQ. FT.
1.257 ACRE

36' MINIMUM BLDG LINE

418.42' TOTAL

198.00'

15' SIDE SETBACK

4' ALUMINUM FENCE ENCROACHES SEE DETAIL

S 65°03'21" W
220.42'

4' ALUMINUM FENCE

S07°10'45"W
139.22'

4624-28-5437
FRANK MENTO
HEATHER MENTO
DB 1390 PG 1751

DEDHAM LOOP
50' PUBLIC R/W 28' BC TO BC

2.0 VALLEY CURB

L=166.59'
R=325.00'
N11°10'43"E
CH=164.77'

L=136.40'
R=325.00'
N15°26'27"W
CH=135.40'

50' BUFFER

4624-28-3327
JOSEPH ROBERT WILSON
DB 1428 PG 1915

N25°53'46"E
60.00'

CRAIG L. LONG P.L.S.
121 KELLY COVE COURT
MOORESVILLE, N.C. 28117
(704) 799-2292

NORTH CAROLINA PROFESSIONAL L-2993 LAND SURVEYOR CRAIG L. LONG

GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.

PHYSICAL SURVEY OF

LOT 985 of THE POINT, PHASE 9, MAP 1

PROPERTY OF CHRIS MANN

SCALE: 1"=40' MOORESVILLE, IREDELL COUNTY, NC

AS RECORDED IN: PLAT BOOK 40, PAGE 65

125 DEDHAM LOOP

DATE: 5/10/2006
PIN: 4624283589
EOC >=1:10,000

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

___9/17/2020___ (Date)

Owner: _Christopher Mann_____
Address: _125 Dedham Lp Mooresville NC 28117_____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): ___AP-307744/ Christopher Mann /125 Dedham Lp Mooresville NC 28117/4624283589_____

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____8/19/2020_ for a system
(date)

_____Existing PM 25% Reduction_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
9/17/2020 (**Date**)

Owner: Christopher Mann
Address: 125 Dedham Lp Mooresville NC 28117

Subject: Notice of Intent to Revoke/Suspend The Point P9M1 Lot 985/ 125 Dedham Lp Mooresville NC 28117 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Christopher Mann:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 125 Dedham Lp Mooresville NC 28117 (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization AP307744 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
~Cannot have 2 permits on the same lot.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal

review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 9/17/2020. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

_____

Signature of DHHS Authorized Agent

175

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP307744

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

PIN # 4624283589

APPLICANT/OWNER: Christopher Mann | APPLICANT ADDRESS: 125 Dedham Lp Mooresville NC 28117

SITE ADDRESS: 125 Dedham Lp Mooresville NC 28117 | PHONE: 704-746-2715 | ALT. PHONE 704-728-9450

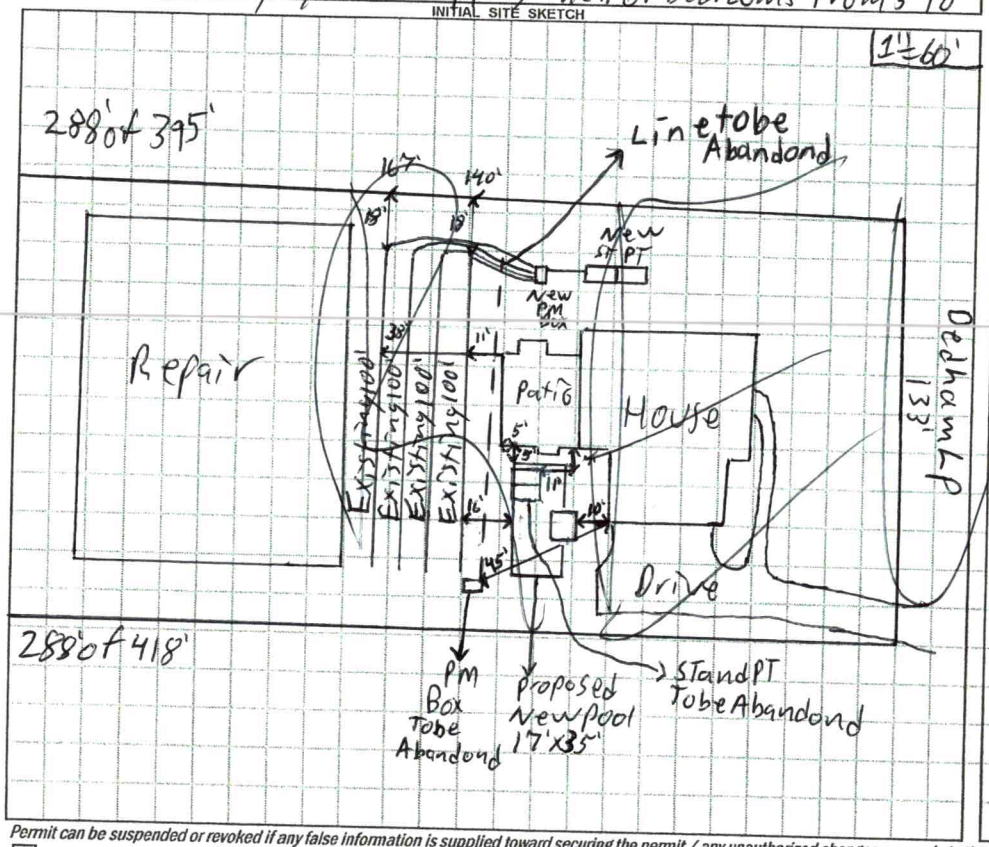
SITE DIRECTIONS: Brawley school Rd to R on Mansfield Lp L on Brockton Ln, R on Dedham Lp, Lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: The Point | SECTION: PM1 | LOT # 985 | LOT AREA: 1.255 acres | DESIGN FLOW: 480GPD | L.T.A.R.: Existing

Septic Tank 1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: Existing PM 25% Reduction	☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: PM 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width 36"	Trench Bottom Depth(Low side) 36"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The Purpose of this permit is to show the addition of the new pool, relocate the tanks and abandon the First Line of the Existing system dropping the # of bedrooms from 5 to 4. Stand PT Must be properly abandond. Any Irrigation system must be removed.

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. **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: [signature] Date: 8/20/20 Installed by:

IMPROVEMENT PERMIT by: Patrick J Bole III Date: 8/19/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Bole III Date: 8/19/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

CONNECTGIS WEB HOSTING

Iredell County

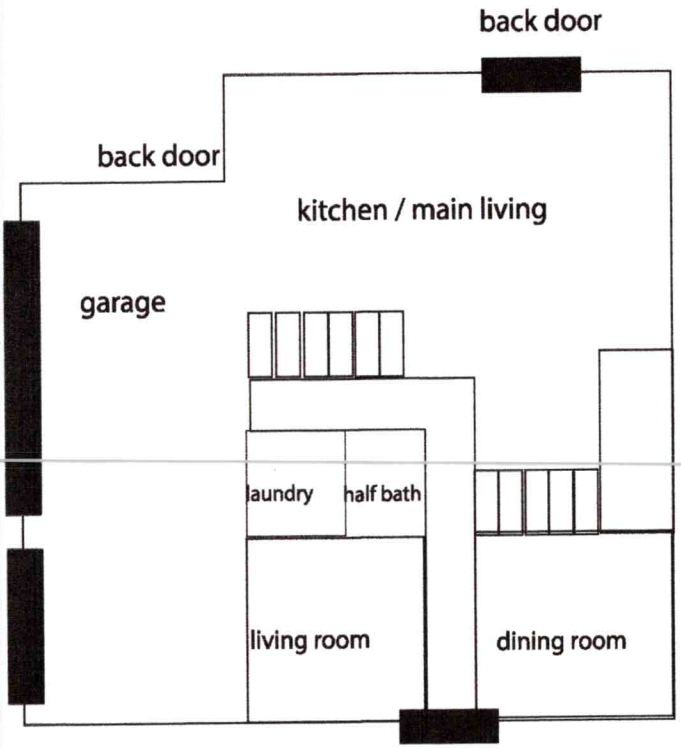
1:69



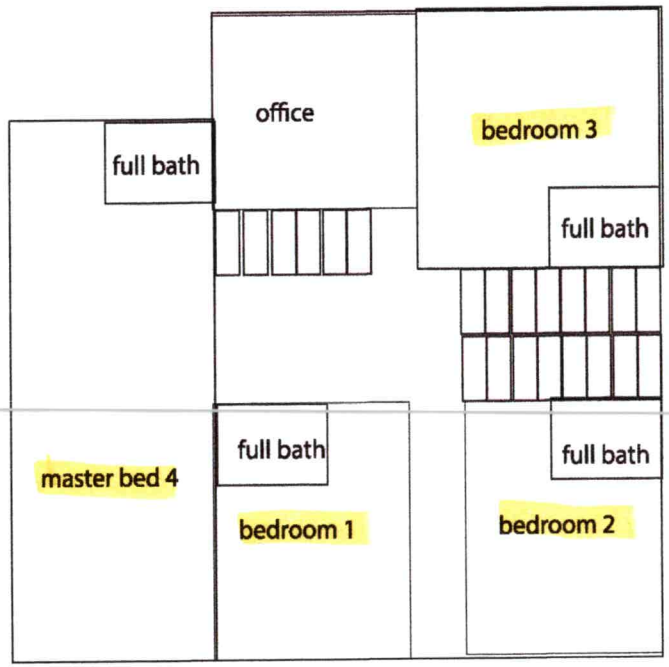
Excel 2000/2003 **Results**

1"=60'

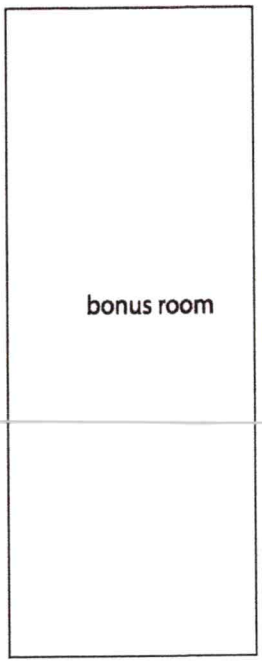
©2009-2020 Dude Solutions. All Rights Reserved.



Floor 1



Floor 2



Floor 3

Mann Residence
125 Dedham Loop
Mooreville Nc 28117

Acknowledgement Of
Plans Submittal ONLY!
Date 8/20/20
Patrick J Byrd III Date 8/19/2020

RECEIVED JUN 04 2020

RECEIVED MAY 28 2020 AP-307744 $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Relocation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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)

Applicant Name: Christopher Mann **Address:** 125 Dedham Loop, Mooresville NC **Zip:** 28117

Applicant Email: chrismann219@gmail.com **Phone:** (704)746-2715 **Alt. Phone:** (704)728-9450

Owner Name: Gina Mann **Address:** 125 Dedham Loop, Mooresville NC **Zip:** 28117

Owner Email: ginamann@icloud.com **Phone:** (704) 728-9450 **Alt. Phone:** (704) 746-2715

Property Information:

51
8460
1049

Street Address: 125 Dedham Loop, Mooresville, NC 28117

Subdivision Name: The Point **Section/Phase:** 9 **Lot Number:** 985

Driving Directions: Brawley School Road just past Stonemarker Loop in Chatham Village of The Point

Waiting to hear back

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: ____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ____

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: ____

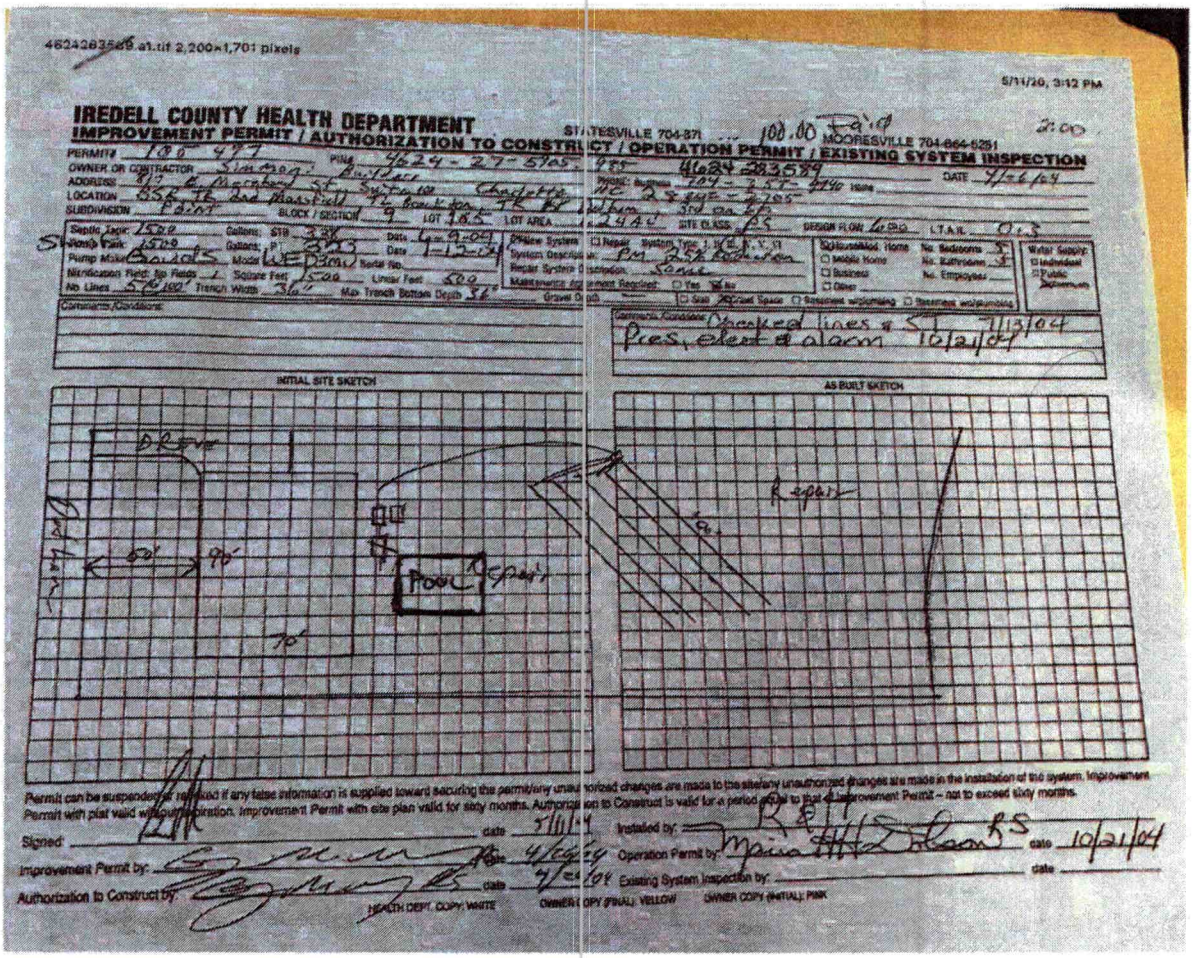
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2004
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

Please answer the following to the best of your ability:		
	No	Does the site contain any jurisdictional wetlands?
	No	Is any non-domestic sewage (i.e. industrial) to be generated?
	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: Gina M. Mann 5/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



4624283589.a1.tif 2,200×1,701 pixels

5/11/20, 3:12 PM

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-871 ... 100.00 Paid 2.00 MOORESVILLE 704-664-5251

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

PERMIT# 100 497 PIN# 4624-27-5705 PIN# 4684 28 3589 DATE 7/26/04

OWNER OR CONTACT Simon Builders PHONE: Business 704-255-5740 Home

ADDRESS 89 E Mecklenburg St Statesville NC 28677 MAIL 2 Stage 4705 Wilson St Mooresville NC 28115

LOCATION 85B Tk 2nd Mountain Top Rd Tk Rt SUBDIVISION Point BLOCK / SECTION 9 LOT 185 LOT AREA 2.44 ± ac SITE CLASS 55 DESIGN FLOW 450 GPD LTAR 0.3

Septic Tank 1500 Gallons: STB 338 Date 4-9-04 Water Supply: ☐ Individual ☐ Public

Second Tank 1500 Gallons: P 339 Date 4-12-04

Pump Make Barnes Model WE 33M1 Pedal No.

Distribution Field: No. Rows 1 Square Feet 500 Linear Feet 500

No. Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: Conv. ☐ Other

System Description: PM 250 gal pump

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Gas ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☐ Single Family Residence ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 3 No. Employees

Comments/Conditions:

Comments/Revisions: Checked lines & SP 7/13/04

Pres, elect & alarm 10/21/04

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: date 5/11/04 Installed by: RS date 10/21/04

Improvement Permit by: date 4/26/04 Operation Permit by: date

Authorization to Construct by: date 5/11/04 Existing System Inspection by: date

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

only listed 4 bedroom for taxes
willing to drop to a four bedroom
on septic
have a 5 bedroom install
call back common

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

[X] **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

[ ] **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Gina M. Mann _____ 5/21/2020

Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677