IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218580 Pool

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

PIN # 4624342731

APPLICANT: Daniel Saitta / Superior Pools APPLICANT ADDRESS: 112 Tuscany Trail Mooresville, NC

SITE ADDRESS: 124 Washam Rd Mooresville NC 28117 PHONE: ALT. PHONE:

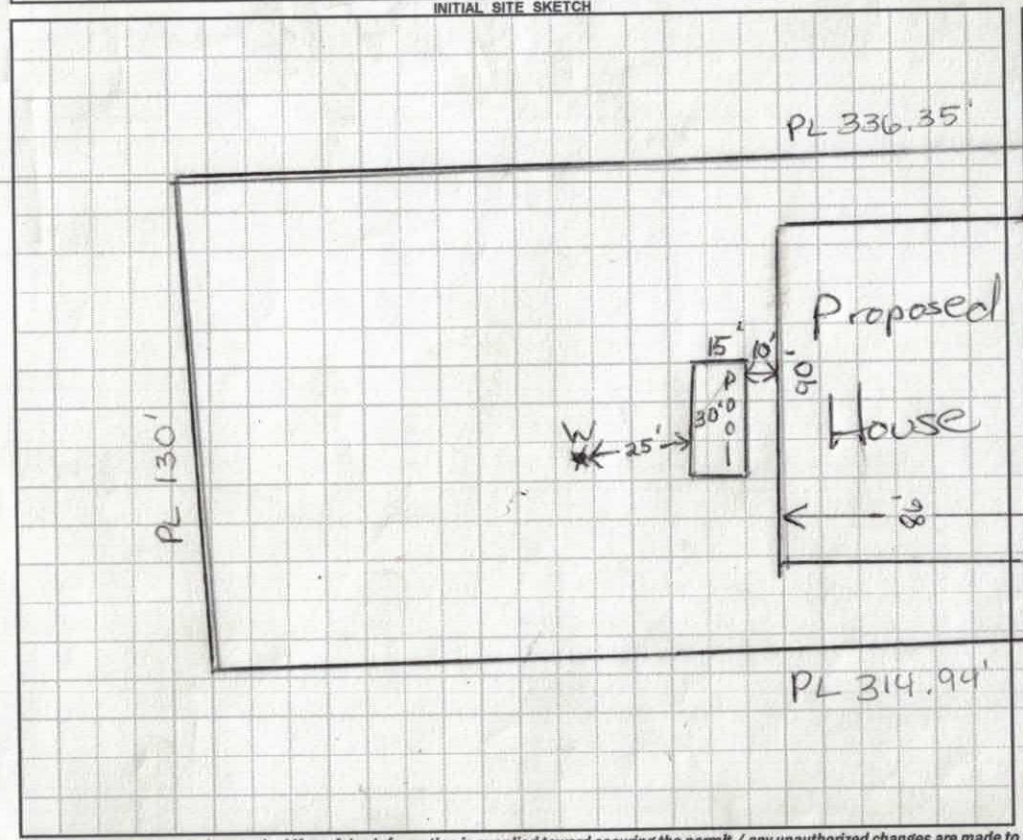
SITE DIRECTIONS: Brawley School Rd TL Washam Rd (1st Washam) on right

SUBDIVISION: Washam Pt. SECTION: — LOT # 3 LOT AREA: .972 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB Infiltrator	Date IM-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 8	☒ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS				☒ Other Pool	No. Employees	☐ Public
# Nitrification Fields 1		# Lines 4 @ 100'	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"		Max. Trench Bottom Depth 36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



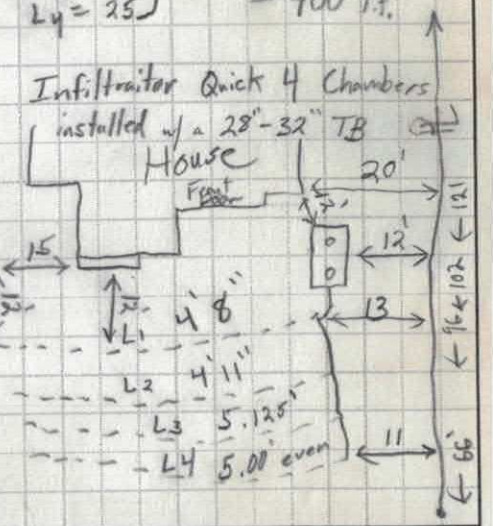
AS BUILT SKETCH

Scale 1:50

2-1-2017 Infiltrator IM-1060 Plastic Tank w/a Polylok PL-68 Effluent Filter

Tank: @ Filter 4' 7.125"

L_1 = 24
L_2 = 24
L_3 = 25
L_4 = 25
} 98' + 8 end caps (8') = 400 l.f.



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: Date: 7/1/17 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 6/20/16 OPERATION PERMIT by: Tom Shuck Date: 2-1-2017

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 6/20/16 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 3; Washam Point
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Joseph Allison
APPLICATION DATE: _____
ADDRESS: 11010 NW 24th Ct, Sunrise, FL 33322
DATE EVALUATED: 6/24/2015
PROPOSED FACILITY: 4-Bedroom Residence
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.97 Acres
LOCATION OF SITE: Lot 3; Washam Point; Washam Road
PROPERTY RECORDED: 11/13/2007

WATER SUPPLY: ☐ Private ☐ Public * Well ☐ Spring ☐ Other _____

EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 0-1%	0"-26"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 26"-48"	None	PS 0.3
		26"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	LS 0-1%	0"-32"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 32"-48"	None	PS 0.3
		32"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	LS 0-1%	0"-27"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 27"-48"	None	PS 0.3 OK ICHD SC
		27"-48"	R CL WSBK	SS SP FR SEXP					
AB 4	LS 0-1%	0"-16"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 15"-48"	None	PS 0.3
		15"-48"	R CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 ft2	900 ft2
System Type(s)	25% Reduction	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

COMMENTS: Some ABK IN RC 7/6/15 SC

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: Lot 3 Washam Point
DATE OF EVALUATION: 6/24/2015
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	LS 0-1%	0"-30"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 30"-48"	None	PS 0.3 ok SE
		30"-48"	R CL WSBK	SS SP FR SEXP					
AB 6	LS 0-1%	0"-24"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 24"-48"	None	PS 0.3
		24"-48"	R CL WSBK	SS SP FR SEXP					
AB 7	LS 0-1%	0"-32"	R C SBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 32"-48"	None	PS 0.3
		32"-48"	R CL WSBK	SS SP FR SEXP					

COMMENTS:

RECEIVED MAR 1 5 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ✓ **Authorization To Construct** ___ **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:

NICK MILLER	152 MISTY COVE LN 28117	704-622-6340	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Daniel Sa Ha	112 TUSCANY TRL 28117		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information:

124 WASHAM RD 28117	WASHAM POINT	Lot #3
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley school Rd, turn Lft on Washam Rd., Lot on right

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

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

(✓) 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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 3/15/2014

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, LAURA SAITTA, am the legal owner(s) of the property located at 124 WASHAM RD. MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4624-34-7731, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NICK MILLER, N.A. MILLER HOMES, 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.

Laura Saitta — 3/15/16
Signature of Owner(s) — Date

[signature] — 3/15/2016
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

RECEIVED JUN 3 0 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#211710

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

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

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Daniel Smith **Address:** 112 Tuscany Ter Mooresville NC **Phone:** _____

Owner Name: Joseph Allison **Address:** 11010 NW 24th Ct FL **Phone:** _____

Property Information:

Street Address: 124 Washam

Subdivision Name: Washam Pt **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: BSR, TL Washam (1st), on Rt

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

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

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

(X) 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:

(X) 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: _____

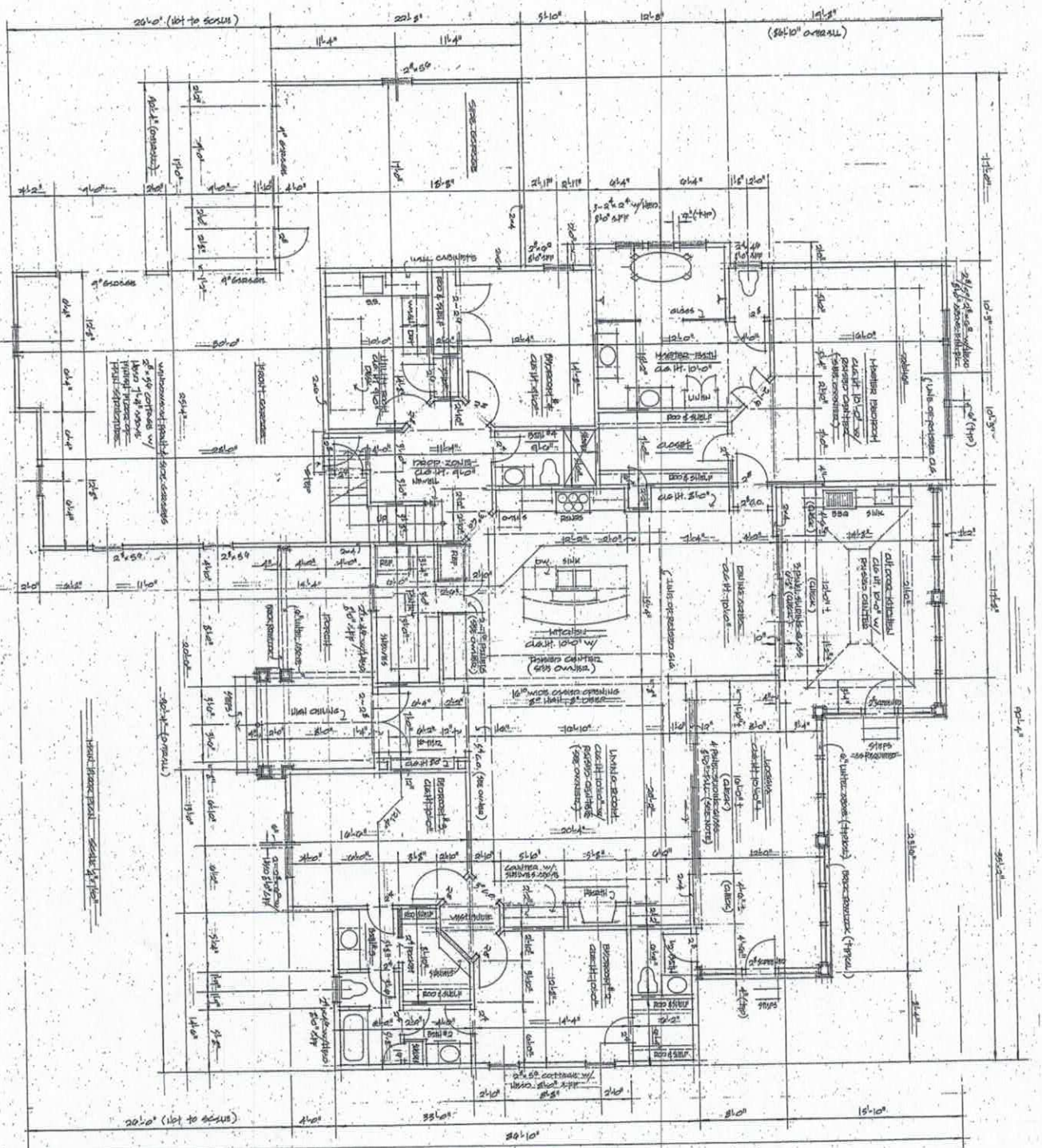
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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.

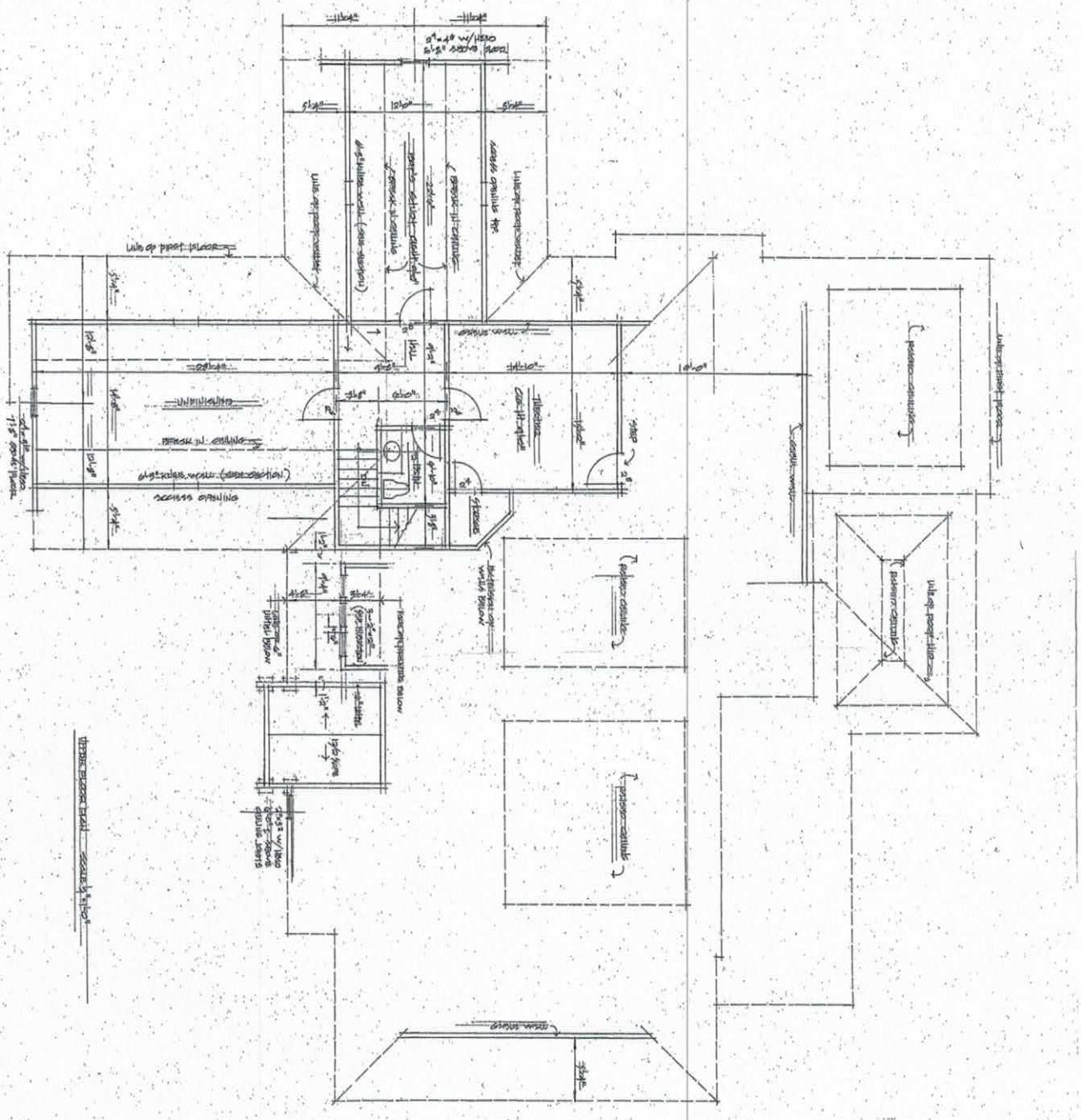
Signature: _____ 6/30/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



Acknowledgement of
Plans Submittal ONLY!

Date 7/6/2024

Date



Acknowledgement of
Plans Submittal ONLY!

Date 3/5/2014

Date