IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2266656

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

PIN # 4624368148

APPLICANT/OWNER: Joseph Towner APPLICANT ADDRESS: 141 Hopkinton Dr. Mooresville, NC 28117

SITE ADDRESS: 141 Hopkinton Dr. Mooresville, NC 28117 PHONE: 7046630867 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd (past traffic circle) TL Hopkinton Dr on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point on Norman SECTION: 10 LOT # 1024 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Existing

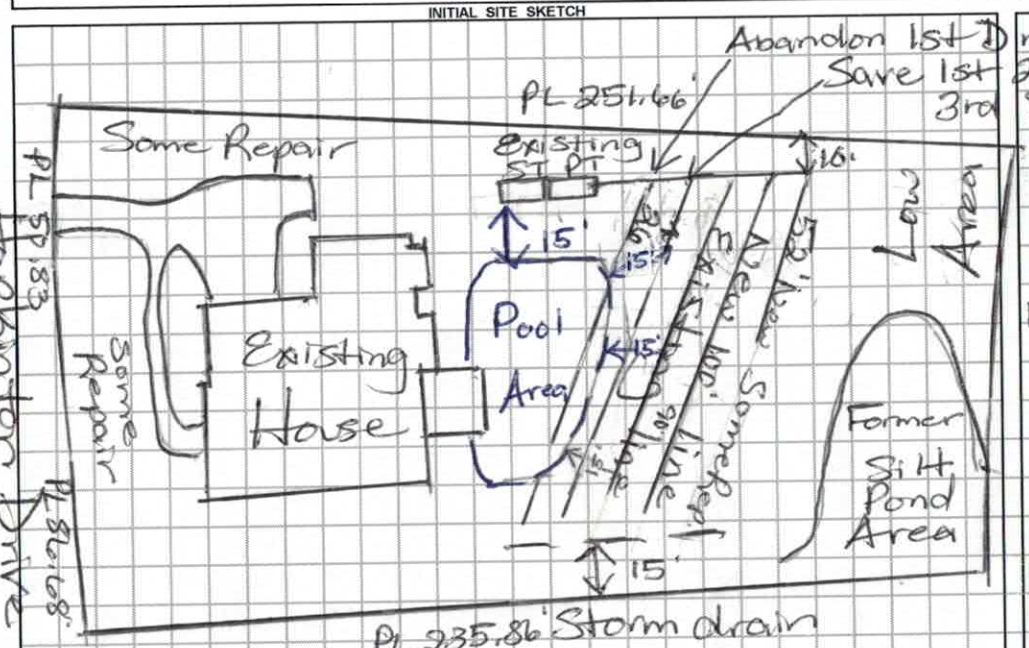
Septic Tank	1500 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description: Pump-LP-PPBPS				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: LPPPBPS				☒ OtherPool	No. Employees
# Nitrification Fields	1	# Lines 2	Linear Ft 152'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Must keep pool "Cut" at least 15ft from Septic System.

Keep Septic System at least 10ft from PL & 15ft from Storm drain. 10/18/17 Checked lines & set Pressure 5/32" hole drilled

INITIAL SITE SKETCH



AS BUILT SKETCH

26' off 2nd drainline, abandon the rest. Drainline stays as is.

PL 110'

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: Joseph Towner Date: 6/13/2017 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Maria Colson Date: 6/7/17 OPERATION PERMIT by: Maria Colson Date: 10/18/17

AUTHORIZATION TO CONSTRUCT by: Maria Colson Date: 6/7/17 Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Joseph Towner — APPLICATION DATE ____

ADDRESS: ____ — DATE EVALUATED: 5/17/17

PROPOSED FACILITY: ____ — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____

LOCATION OF SITE: 141 Hopkinton Dr / The Point #1024 — PROPERTY RECORDED: ____

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ 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
	4-6%	0-6"	Brw SCL	SS, SP, SExp, FR					PS .3
		6-26"	RC	SS, SP, SExp, FR					
		26-48"	RCL	SS, SP, SExp, FR					
	5%	0-7"	Brw SCL	SS, SP, SExp, FR					PS .3
		7-29"	RC	SS, SP, SExp, FR					
		29-48"	RCL	SS, SP, SExp, FR					
	4%	0-7"	BSCL	SS, SP, SExp, FR					PS .3
		7-24"	RCm SBK	SS, SP, SExp, FR					
		24-48"	RCL w SBK	SS, SP, SExp, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

PERMIT# 125098 PIN# 4624 36 2585. 024 4624-36-0170 DATE 1/[illegible]/05

OWNER OR CONTRACTOR POINT ON NORMAN / Simonini Bldrs PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL HOPKINTON - ON LT

SUBDIVISION POINT BLOCK / SECTION 10 LOT 1024 LOT AREA 30,109 sq ft SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .360/.432

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 5/14/07

Pump Tank: 1000 Installed Gallons; PT 283 Date 5/21/07

Pump Make: Goulds Model WE0312MU Serial No.

Nitrification Field: No Fields 1 Square Feet 0540 Linear Feet 270

No Lines 3 @ 90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

Water Supp ☐ Individua ☐ Public ☑ Commur

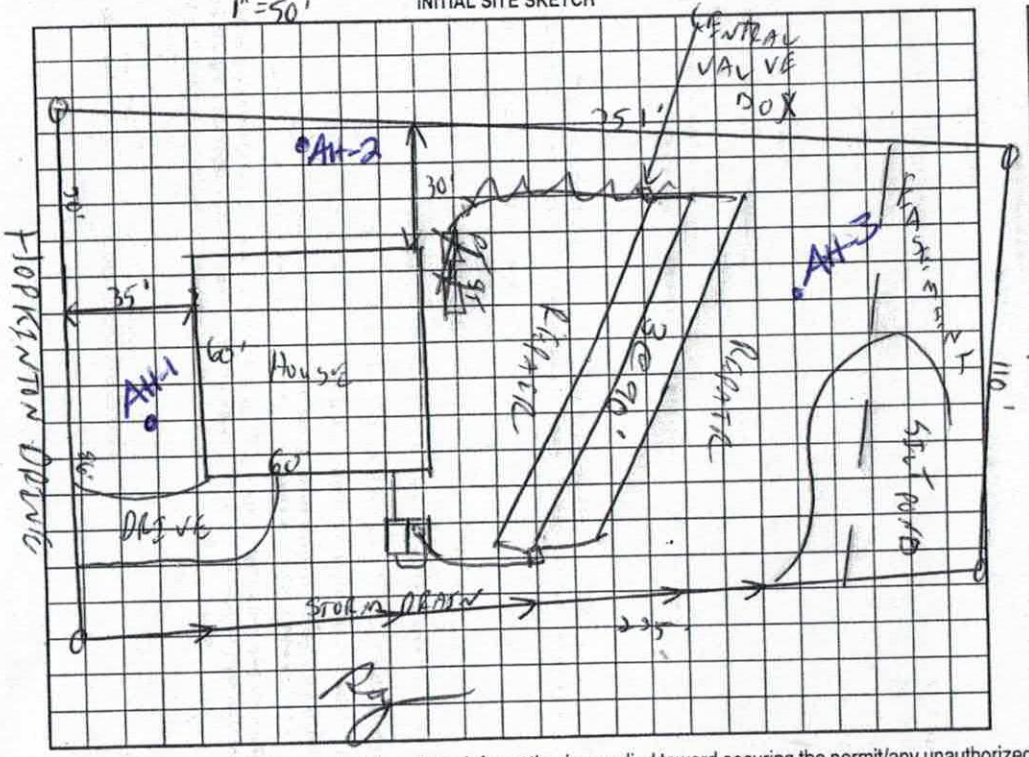
Comments:/Conditions:

Comments:/Conditions:

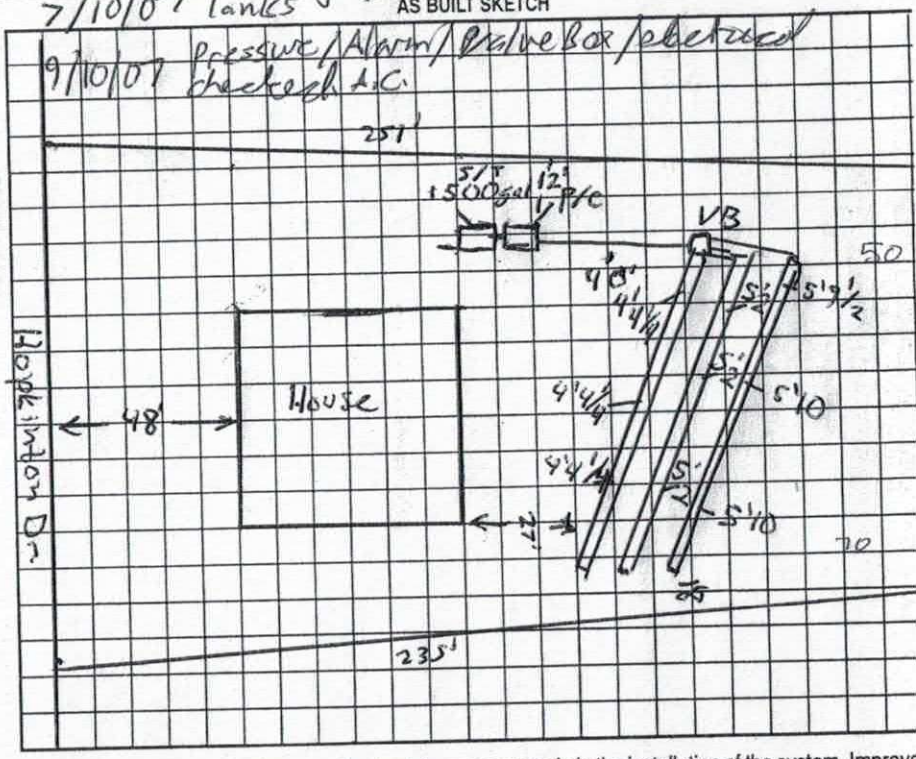
7/10/07 Tanks & Drainfield checked

9/10/07 Pressure/Alarm/Valve Box/electrical checked A.C.

1" = 50' 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. Improve

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: Kathleen Haver date 4/15/05 Installed by: RNH R+H

Improvement Permit by: RS date 4/12/05 Operation Permit by: Anthony Cohen date 9/10/07

Authorization to Construct by: RS date 8/16/06 Existing System Inspection by: date

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

226456

RECEIVED APR 2 7 2017

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Relocation # 226656

PAGE 1: *APPLICATION FORM*

Application For:
(✓) 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
( ) 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: JOSEPH TOWNER Address: 141 HOPKINTON DR, MOORESVILLE, NC, 28117 Phone: 704-663-0867

Owner Name: JOSEPH TOWNER Address: 141 HOPKINTON DR, MOORESVILLE NC 28117 Phone: 704663 0867

Property Information:

Street Address: 141 HOPKINTON DR, MOORESVILLE, NC 28117

Subdivision Name: THE POINT Section/Phase: 10 Lot Number: 1024

Driving Directions: EXIT 35 I77, HEAD WEST ON BRAWLEY SCHOOL ROAD FOR APROX 8 MILES, LEFT ON HOPKINTON DRIVE (SCONCETT VILLAGE), HOUSE IS ON THE LEFT (WE ARE APPROX 2 MILES PAST TRAFFIC CIRCLE)

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 4 Per Joseph 4-27-17
Maximum Number of Occupants: 2
(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:

( ) 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: 2008

( ) No Preference ( ) Alternative (X) 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: Joseph Towner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

April 24, 2017
DATE

IREDELL COUNTY HEALTH DEPARTMENT

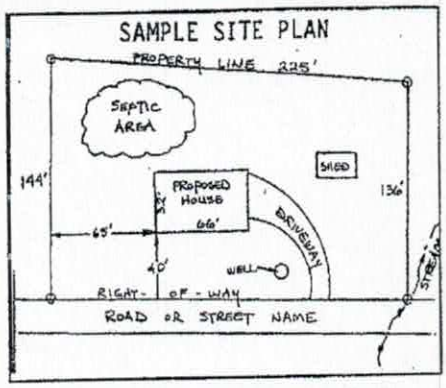
ENVIRONMENTAL HEALTH DIVISION

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

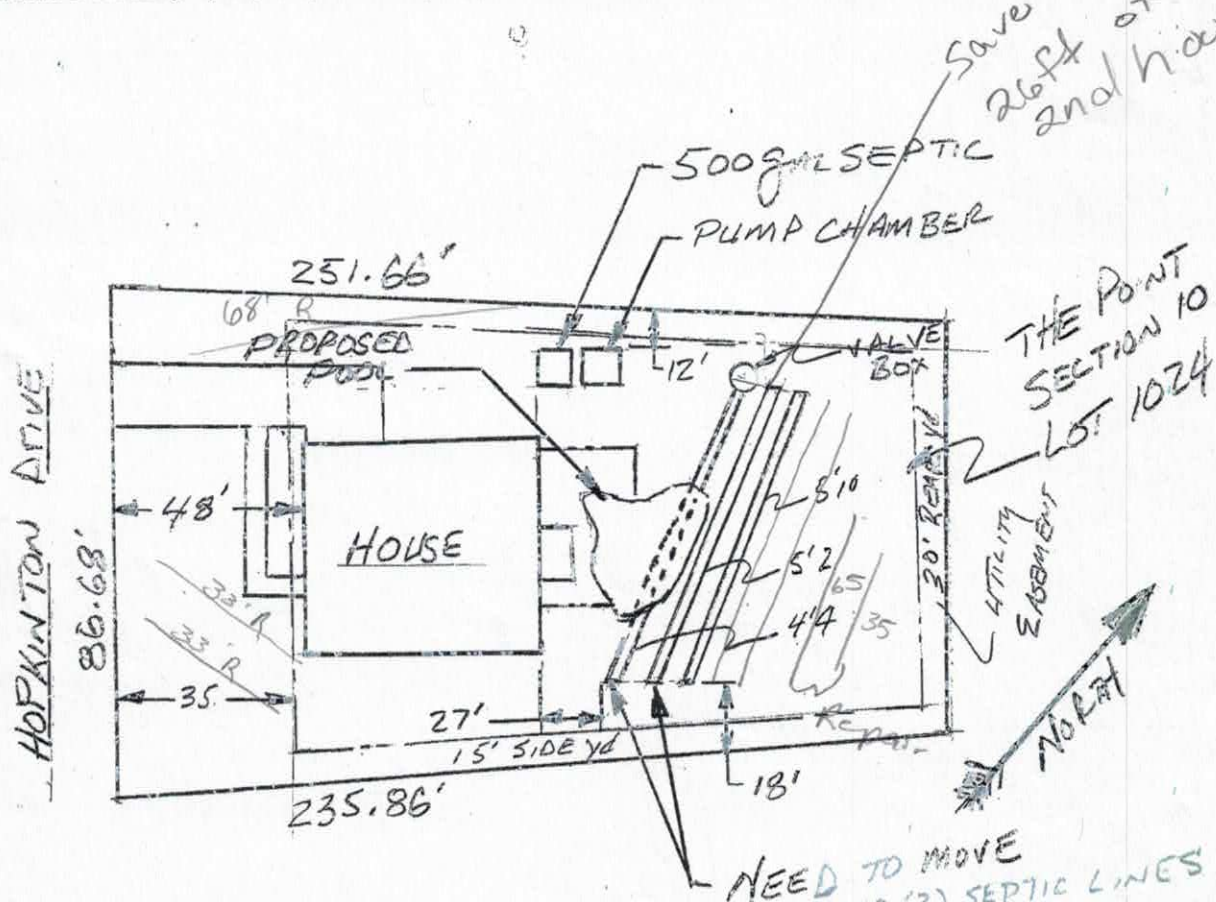


Circle N/A on the following if appropriate:

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



Signature: Angela Tolman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

April 24, 2017
DATE

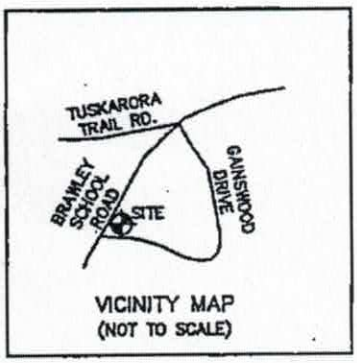
REVISED TO SHOW THAT TWO SEPTIC LINES MUST MOVE - NOT JUST 1 — Joseph Tolman

MAY 4, 2017

141 Hopkinton

THIS IS TO CERTIFY THAT ON THE 26th DAY OF SEPTEMBER, 2007 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

SIGNED _____
JOHN D. SKIDMORE III, NCPLS



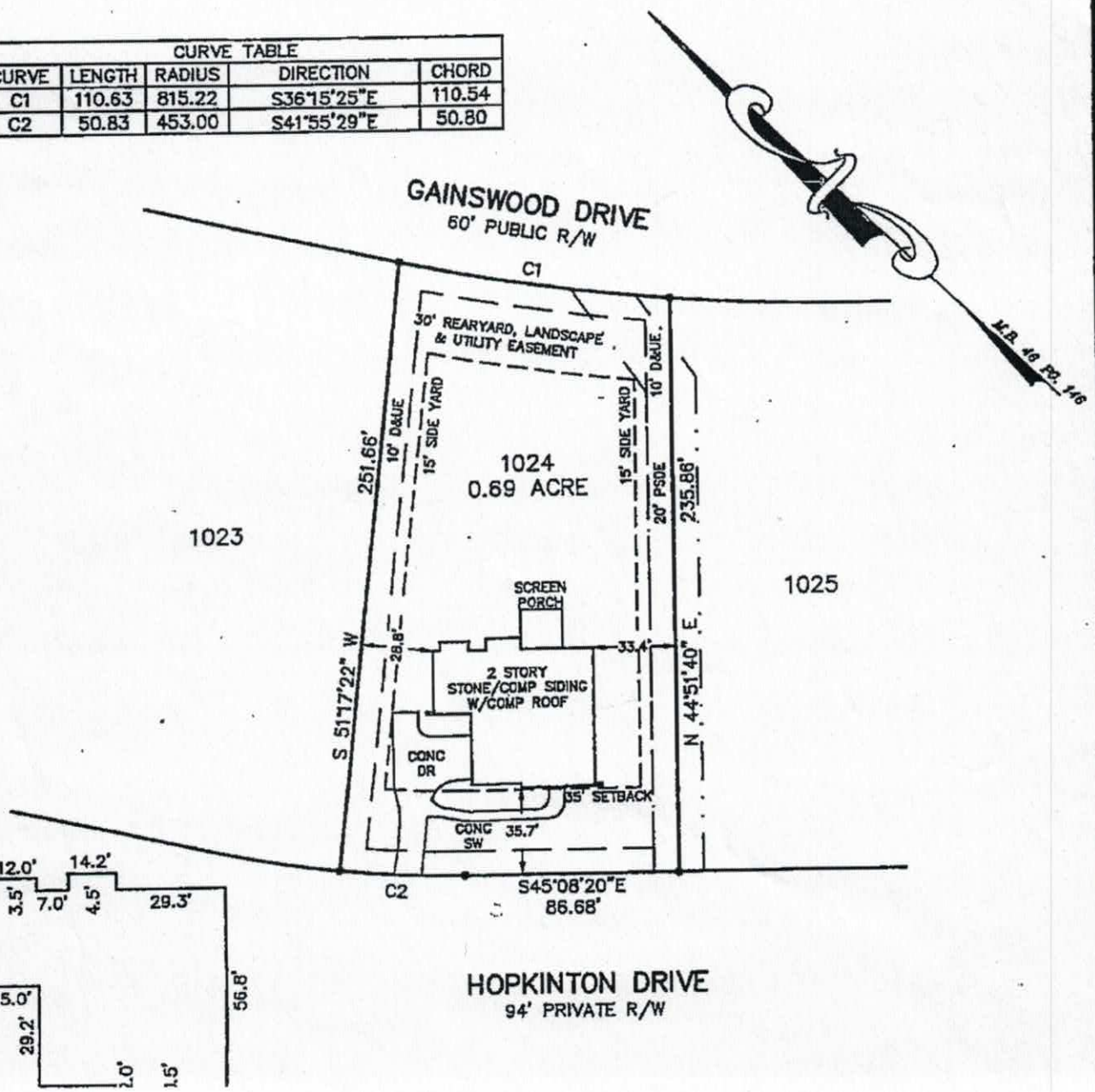
VICINITY MAP
(NOT TO SCALE)

NOTES:

- AREA BY COORDINATE METHOD
- ERROR OF CLOSURE 1:10,000
- THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT
- SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON
- IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED

NORTH CAROLINA PROFESSIONAL SEAL L-3837 LAND SURVEYOR JOHN D. SKIDMORE III

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	110.63	815.22	S36°15'25"E	110.54
C2	50.83	453.00	S41°55'29"E	50.80



IREDELL COUNTY

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

APPLICATION NUMBER
226656
Issue Date: 04/27/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624368148.000	141 HOPKINTON DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TOWNER JOSEPH+LORRAINE	Applicant: TOWNER JOSEPH+LORRAINE
Address: 141 HOPKINTON DR MOORESVILLE, NC 28117	Address: 141 HOPKINTON DR MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.691	35.00	35.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. Distance from other structures is dependent on NC building code.

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	100915	TOTAL FEES:	$ 77.25