ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325647

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

PIN # 4624-38-7658

APPLICANT/OWNER: Margreet & Erwin Bette | APPLICANT ADDRESS: 110 Fitchburg Ct. Mooresville, NC

SITE ADDRESS: 110 Fitchburg Ct. M'ville, NC 28117 | PHONE: 980 248 8140 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Mansfield TR Fitchburg Ct. on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: The Point | SECTION: 9 | LOT # 951 | LOT AREA: 1.88 AC | DESIGN FLOW: 480 gpd | L.T.A.R.: .2

Septic Tank	1500	(gal)	STB		Date				
Pump Tank	1500	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	5 @ 120	Linear Ft	600			
Trench Width	36"		Trench Bottom Depth(Low side)	—	Gravel Depth	N/A			

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

System Description: Exist. Pump - 25% Reduction

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other Pool No. Employees

☐ Slab ☒ Crawl Space

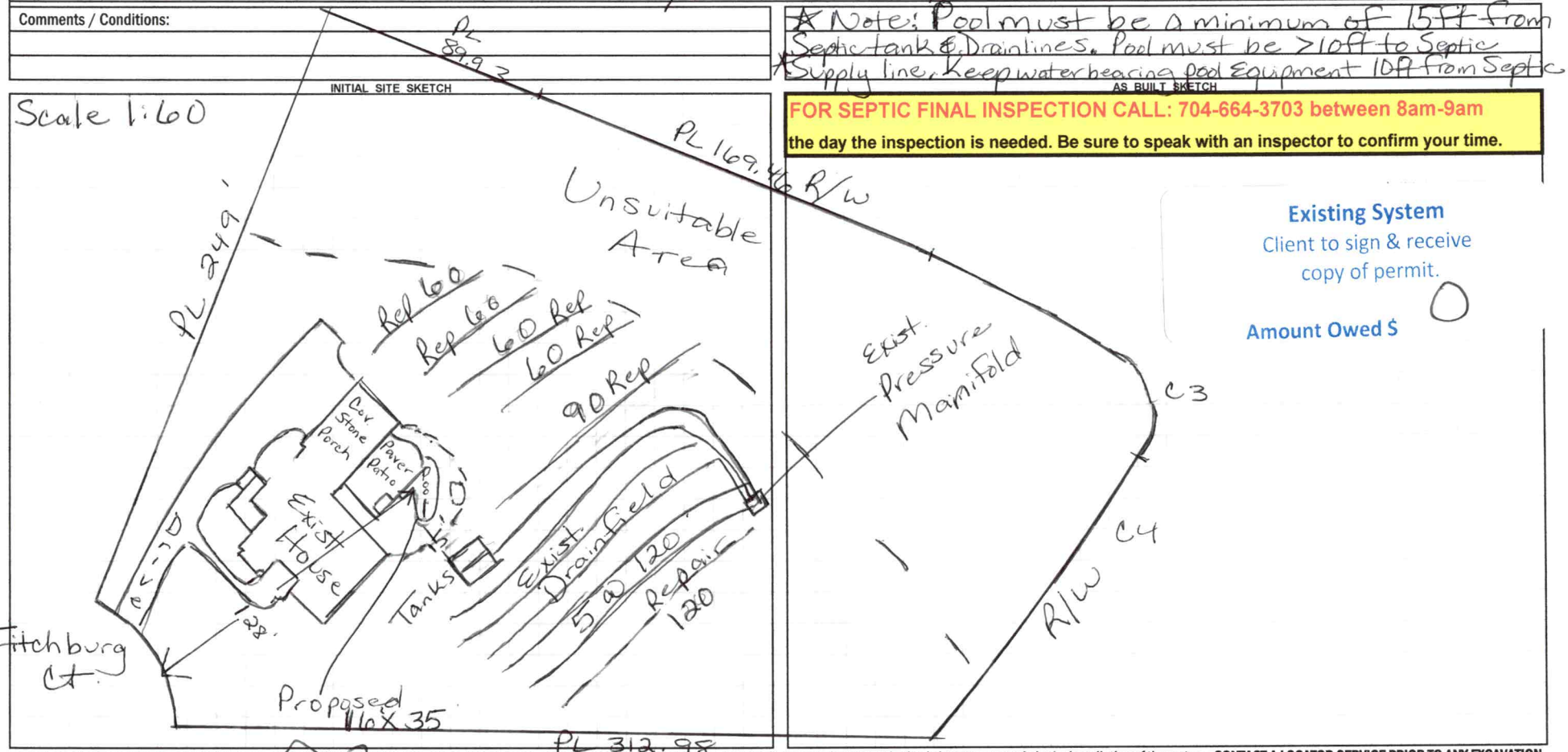
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

* Note: Pool must be a minimum of 15ft from Septic tank & Drainlines. Pool must be >10ft to Septic Supply line, Keep water bearing pool equipment 10ft from Septic

INITIAL SITE SKETCH



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.

Existing System
Client to sign & receive copy of permit.

Amount Owed $ 0

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**

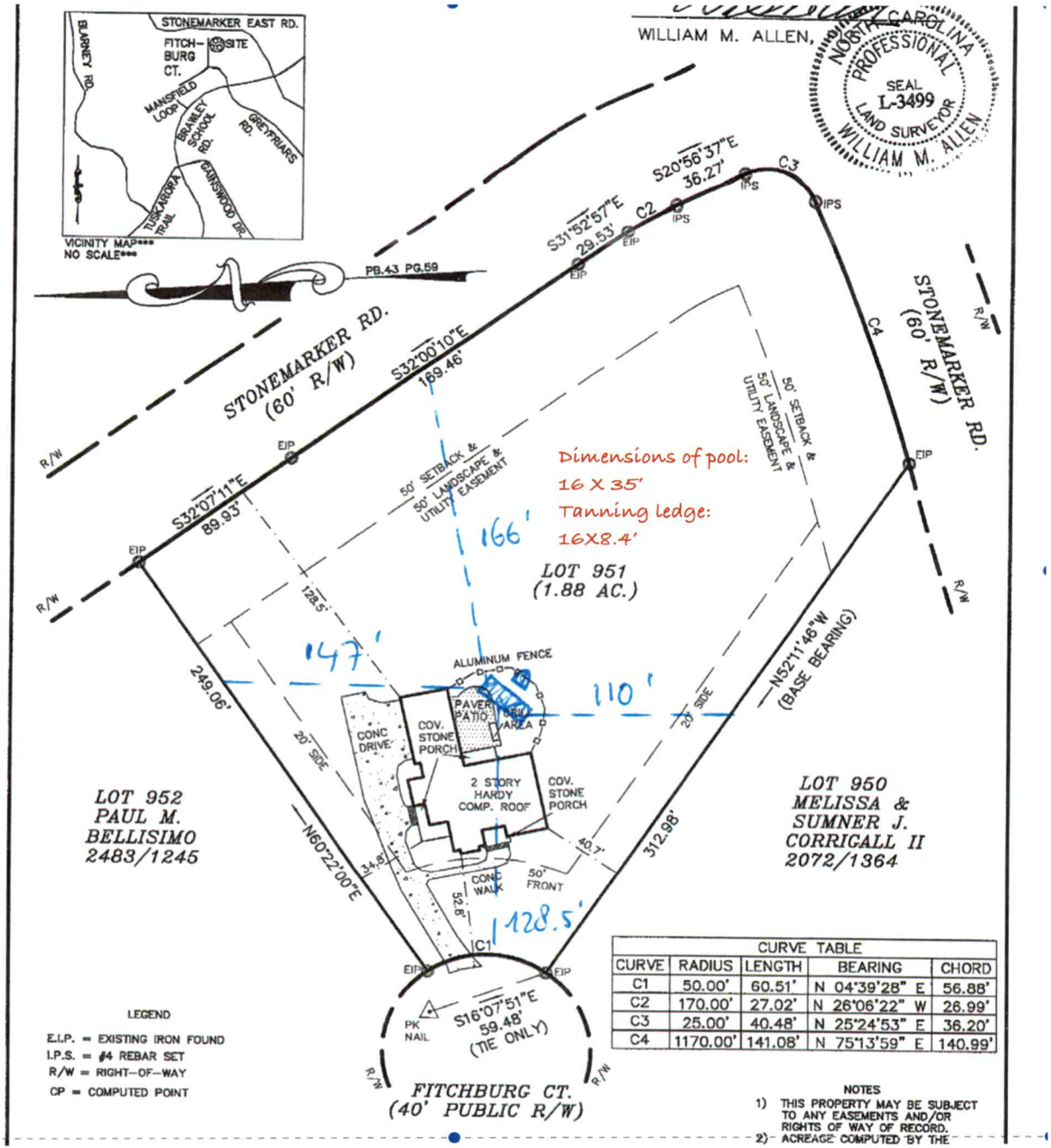
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/17/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/3/22 Existing System Inspected by: Maria Dotson Date: 6/3/22

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


VICINITY MAP***
NO SCALE***
STONEMARKER EAST RD.
FITCH-BURG CT.
SITE
BARNEY RD.
MANSFIELD LOOP
BRAMLEY SCHOOL RD.
GREYFRIARS RD.
TUSKARORA TRAIL
DAIRYWOOD DR.
WILLIAM M. ALLEN,
NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN
PB.43 PG.59
STONEMARKER RD. (60' R/W)
S31°52'57"E 29.53'
S20°56'37"E 36.27'
C2
C3
C4
IPS
EIP
R/W
S32°00'10"E 169.46'
S32°07'11"E 89.93'
50' SETBACK & 50' LANDSCAPE & UTILITY EASEMENT
Dimensions of pool:
16 X 35'
Tanning ledge:
16X8.4'
166'
LOT 951
(1.88 AC.)
125.5'
147'
110'
ALUMINUM FENCE
PAVER PATIO
GRILL AREA
CONC DRIVE
COV. STONE PORCH
2 STORY HARDY COMP. ROOF
COV. STONE PORCH
249.06'
20' SIDE
N52°11'46"W (BASE BEARING)
312.98'
N60°22'00"E
34.8'
CONC WALK
52.8'
50' FRONT
45.7'
128.5'
C1
PK NAIL
S16°07'51"E 59.48' (TIE ONLY)
FITCHBURG CT. (40' PUBLIC R/W)
LOT 952
PAUL M. BELLISIMO
2483/1245
LOT 950
MELISSA & SUMNER J. CORRIGALL II
2072/1364
LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 50.00' | 60.51' | N 04°39'28" E | 56.88'
C2 | 170.00' | 27.02' | N 26°06'22" W | 26.99'
C3 | 25.00' | 40.48' | N 25°24'53" E | 36.20'
C4 | 1170.00' | 141.08' | N 75°13'59" E | 140.99'
NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE

02/09/2022

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 105421 PIN# ~~4624 27 5905 451~~ 4624 38 7658 DATE 5/3/02

OWNER OR CONTRACTOR ~~THE POINT BY NORMAN~~ LK NORMAN SIGNATURE PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MANSFIELD - TR FINCHBURG CT - ON RT #110 Fitchburg

SUBDIVISION THE POINT BLOCK / SECTION 9 LOT 951 LOT AREA 1.884C SITE CLASS. BS DESIGN FLOW 480GPD L.T.A.R. .2/400/A

Septic Tank: 1000+ Gallons: STB 338 Date 12-19-06 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI ☐ House/Mod. Home No. Bedrooms 4 Water Supply: ☐ Individual

Pump Tank: 1000+ Gallons: PT 338 Date System Description: PUMP INNOVATIVE ☐ Mobile Home No. Bathrooms 4 ☐ Public

Pump Make Gould Model WE0512M Serial No. D06D7452 Repair System Description: LP PANEL ☐ Business No. Employees ☐ Community

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600 Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other

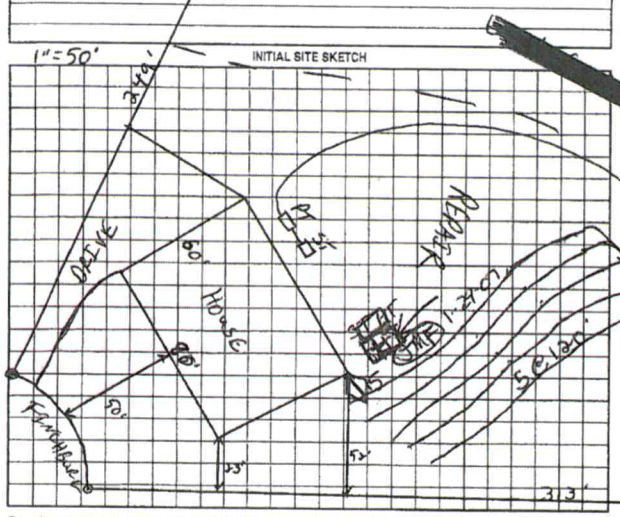
No Lines 5@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

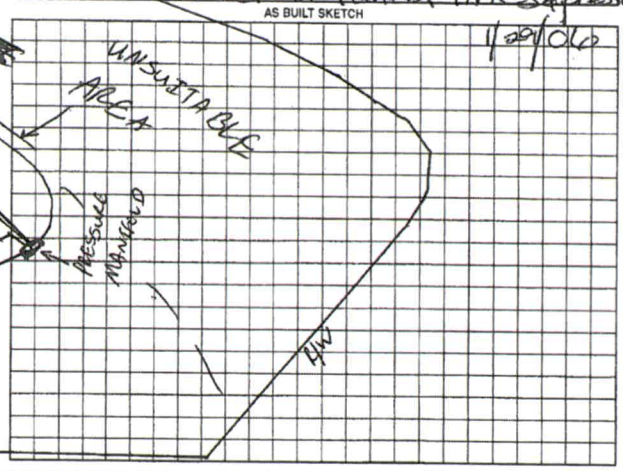
Comments/Conditions: Installed EZ Flow as Drawn

Checked Tanks, lines & pressure 1/29/07

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. 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 5-23-02 Installed by: Hallman Construction

Improvement Permit by: _____ RS date 5/3/02 Operation Permit by: Wesley Sparks RS date 3/8/07

Authorization to Construct by: Wesley Sparks RS date 3/21/06 Existing System Inspection by: _____ date _____

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

02/09/2022

"Called Ready"

RECEIVED FEB 1 1 2022

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

AP- 325647

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (x) 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: (X) 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: Margreet & Erwin Bette **Address:** 110 Fitchburg Ct, Mooresville, NC **Zip:** 28117

Applicant Email: margreet.sb@gmail.com **Phone:** (980)248-8140 **Alt. Phone:**

Owner Name: Margreet & Erwin Bette **Address:** 110 Fitchburg Ct, Mooresville, NC **Zip:** 28117

Owner Email: margreet.sb@gmail.com **Phone:** (980)248-8140 **Alt. Phone:**

Property Information:

Street Address: 110 Fitchburg Ct, Mooresville, NC, 28117

Subdivision Name: The Point **Section/Phase:** 9 **Lot Number:** 951

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: 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: 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 (x) 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.

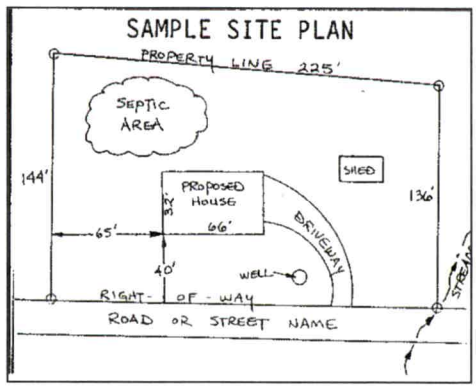
Signature: _____ 02/09/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

Please find the septic permit and the proposed pool plan attached.
We are not looking to apply for the pool permit just yet, but what we are trying to do is to determine that we are able to put a pool in due to the fact that most of the backyard is marked as a repair area. So we are trying to get an Existing System Inspection.
Locate has been called in, pool is marked in the yard and plans are attached.
Please don't hesitate to let us know if you require further information.

Signature: _____ 02/09/2022

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)

☒ **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.

_____ 02/09/2022

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

X **Complete all Environmental Health forms**:

- X Application
- X Site Plan including the dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

X **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

X **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

X **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

N/A **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 02/09/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625