ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 305643

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

PIN # 4624-56-8888

APPLICANT/OWNER: A... APPLICANT ADDRESS: ...

SITE ADDRESS: 117 Saybors Watch Lane Mooresville 28115 PHONE: ALT PHONE:

SITE DIRECTIONS: ...

SUBDIVISION: Saybors Watch SECTION: LOT # 6 LOT AREA: 1.18 AC SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: ... LTAR: ...

Septic Tank	1500 gal	STB 967	Date 9/24/22	☒ New System ☐ Repair ☐ Expansion	System Type: I	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	500 gal	PT 393	Date 9/24/22	System Description: 1		☐ Business	No. Persons 4	☐ Private
Pump Make: Liberty	Model: 250 HV	Serial # 13H0		Repair System Description:		☐ Other	No. Employees	☐ Public
# Notification Fields: 1	# Lines: 10	Linear Ft: 200		Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width: 36	Trench Bottom Depth(Low side): 36		Gravel Depth: N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments - Conditions: Must follow Zoning requirements for Set backs.

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.

Authorization to Construct

FOR SEPTIC FINAL INSPECTION

CALL 704-664-3703

See attached for line lengths 6-28-2023

FLOATS

ALARM

ELECTRICAL

PRESSURE HEAD

Checked:

Tanks MW 11/16/22

Lines

Manifold aw 12/2/22

NEEDS PUMP TANK RISER

IRRIGATION REMOVE ✓ 6/29/23

Permit can be suspended or revoked if any false information is supplied toward acquiring 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

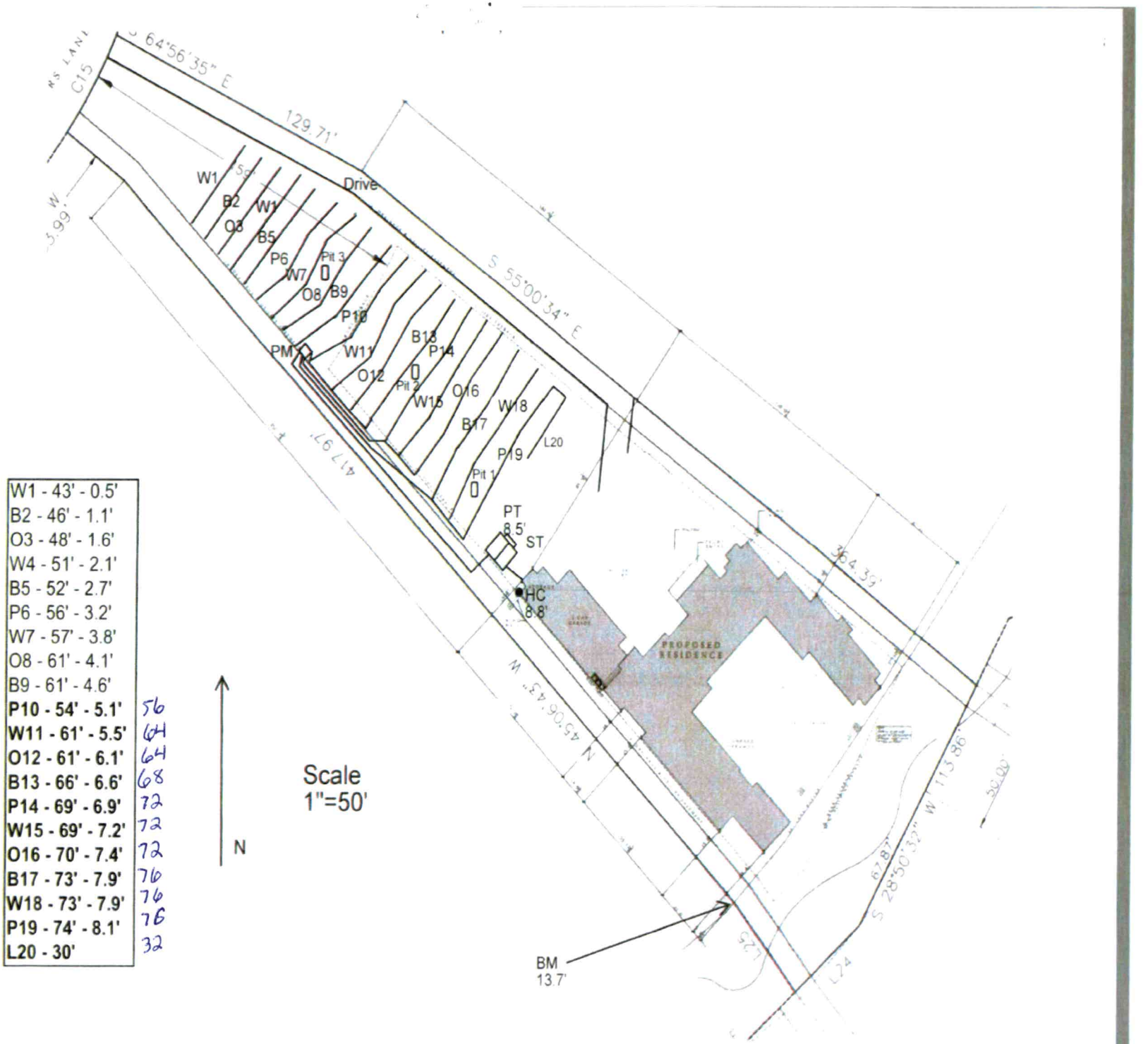
☐ IMPROVEMENT PERMIT with plat, valid without expiration ☐ IMPROVEMENT PERMIT with site plan, valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT, not to exceed 60 mo.

Owner/Applicant Signature: ... Date: 12/1/22 Installed by: Chris Hedrick

IMPROVEMENT PERMIT by: ... Date: 12-1-22 OPERATION PERMIT by: Bryant C White Date: 6/29/23

AUTHORIZATION TO CONSTRUCT by: ... Date: 8/5/24 Existing System inspected by: ... Date: ...

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


S 64°56'35" E
129.71'
Drive
S 55°00'34" E
W1
B2
W1
O3
B5
P6
W7
Pit 3
O8
B9
P10
PM
W11
O12
Pit 2
B13
P14
W15
O16
W18
B17
P19
L20
Pit 1
PT
8.5'
ST
HC
8.8'
PROPOSED RESIDENCE
N 45°06'43" W
364.39'
S 28°50'32" W 113.86'
67.87'
BM
13.7'
L25
L24
Scale
1"=50'
N
W1 - 43' - 0.5'
B2 - 46' - 1.1'
O3 - 48' - 1.6'
W4 - 51' - 2.1'
B5 - 52' - 2.7'
P6 - 56' - 3.2'
W7 - 57' - 3.8'
O8 - 61' - 4.1'
B9 - 61' - 4.6'
P10 - 54' - 5.1' 56
W11 - 61' - 5.5' 64
O12 - 61' - 6.1' 64
B13 - 66' - 6.6' 68
P14 - 69' - 6.9' 72
W15 - 69' - 7.2' 72
O16 - 70' - 7.4' 72
B17 - 73' - 7.9' 76
W18 - 73' - 7.9' 76
P19 - 74' - 8.1' 76
L20 - 30' 32

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/8/2021

Approved
7/26/21
MD

Reference: Data Sheet for 117 Saylors Watch Ln, Saylors Watch Lot 6
House Footprint: See attach plan
Building Setbacks: 159' front, 15' side, 50' lake
Water Source: Community water
Number of Bedrooms/Daily Flow: 7/840 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 12.5 GPM, 2 @ 10.1 GPM (see comments)
Tap Size & Material: 1 @ ¾" SCH 40, 2 @ ¾" SCH 80
System Flow: 32.7 GPM
Dosing Volume: 306.3 gallons
Pump Run Time: 9.4 minutes
Elevation Head: 8.4'
Friction Head: 3.5'
Pressure Head: 2'
Total Dynamic Head: 13.9'
Supply Line Length: 140' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

LICENSED SOIL SCIENTIST
MICHAEL
STATE OF NORTH CAROLINA

Line	Design Length	Actual Length	Elevation
White 1		43'	0.5'
Blue 2		46'	1.1'
Orange 3		48'	1.6'
White 4		51'	2.1'
Blue 5		52'	2.7'
Pink 6		56'	3.2'
White 7		57'	3.8'
Orange 8		61'	4.1'
Blue 9		61'	4.6'

Line	Design Length	Actual Length	Elevation
Pink 10	**60'**	**63'**	**5.1'**
White 11	**65'**	**67'**	**5.5'**
Orange 12	**65'**	**68'**	**6.1'**
Blue 13	**70'**	**70'**	**6.6'**
Pink 14	**73'**	**73'**	**6.9'**
White 15	**73'**	**74'**	**7.2'**
Orange 16	**74'**	**75'**	**7.4'**
Blue 17	**73'**	**78'**	**7.9'**
White 18	**73'**	**81'**	**7.9'**
Pink 19	**74'**	**85'**	**8.1'**

Approved
7/26/21
MD

Initial System: 700' **Repair System:** 475'
Pump Tank: 8.5' **House Corner:** 8.8'
Benchmark: 13.7' (top of iron)

Comments:
MA&A evaluated three soil pits to confirm the LTAR.
If gravity flow from the house to the septic tank cannot be achieved, a grinder pump may be necessary.

¾" SCH 40 Tap – P10, W11, O12, B13
¾" SCH 80 Tap – P14, W15, O16
¾" SCH 80 Tap – B17, W18, P19

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bi Part Dev LLC
ADDRESS: 18611 Starcreek Dr. Cornelius, NC 28031 APPLICATION DATE
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 120 gpd DATE EVALUATED: 3/27/20
LOCATION OF SITE: Lot #6 Saylors Watch PROPERTY SIZE: 1.18 Ac
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: N
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6%	0-10	Brw SCL	w SBK	SS, SP, SEXP, FR				PS
		10-31	RC M	w SBK	SS, SP, SEXP, FR				
		31-62	Yel/Rd CL	w SBK	SS, SP, SEXP, FR				
			w/ SAP & Incls			62"	—	—	.3
2	5%	0-8	Brw SCL	w SBK	SS, SP, SEXP, FR				PS
		8-26	RC m	w SBK	SS, SP, SEXP, FR				
		26-58	Rd/Yel CL	w SBK	SS, SP, SEXP, FR				
			w/ few to many SAP Incls		—	58"	—	—	.3
3	4%	0-10	Brw CL	w SBK	FR, SS, SP				PS
		10-34	RC m-f	SBK	FR, SS, SP	SEXP			
		34-53	Yel/Rd CL	w-f SBK	SS, SP, SEXP				
			w/ common SAP		—	53"	PS	—	.3
		53-63	SAP massive, FR						
4	4%	0-10	Brw SCL	w SBK	SS, SP, SEXP, FR				PS
		10-30	RC m	w SBK	SS, SP, SEXP, FR				
		30-62	Yel/Rd CL	w SBK	SS, SP, SEXP, FR				
			w/ many SAP Incls		—	63	—	—	.3

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Paul Penninger, David Bean

COMMENTS:

ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

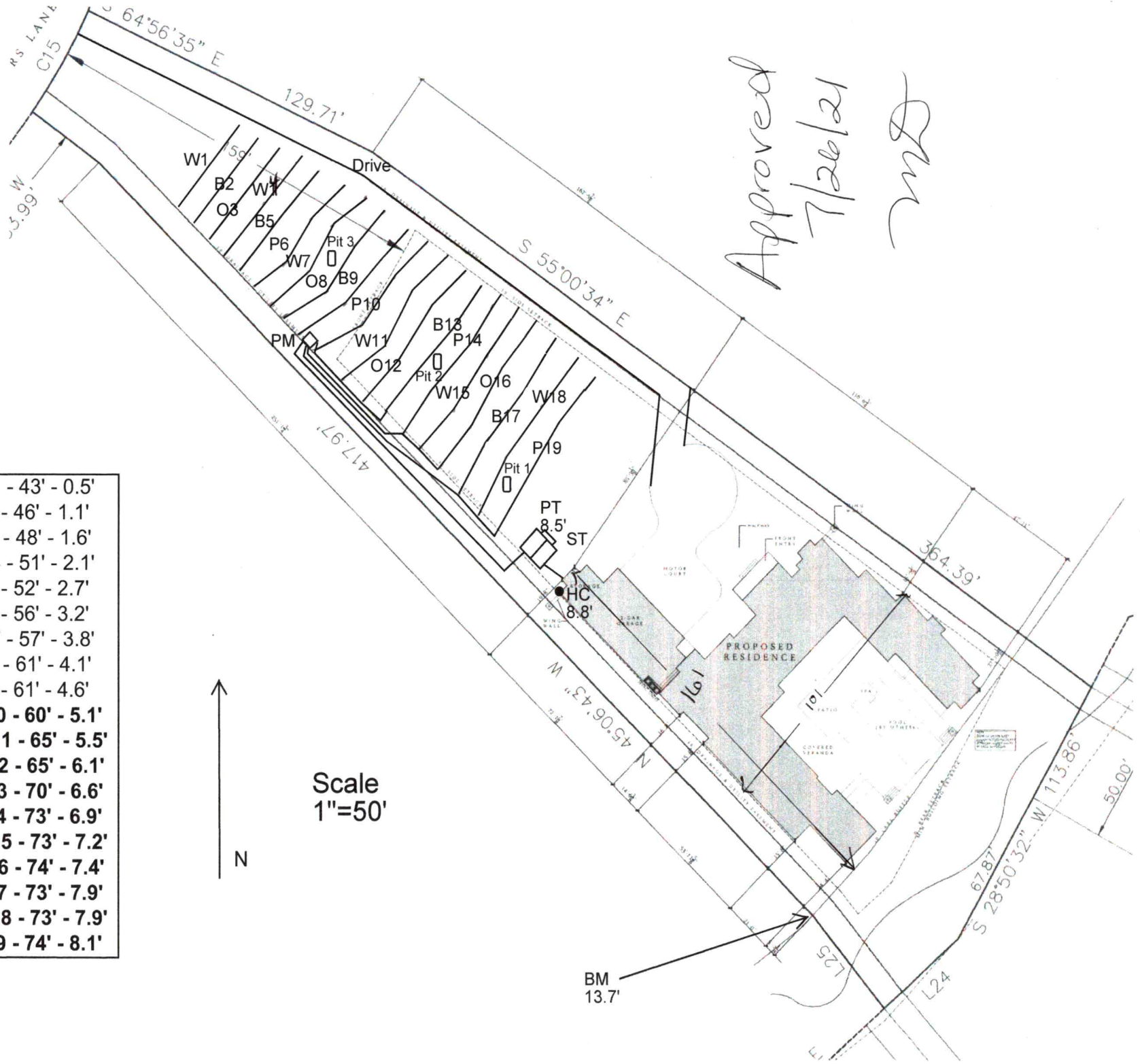
OWNER: Bi Part Dev LLC
ADDRESS: 18611 Starcreek Dr Cornelius NC 28031 — APPLICATION DATE ____
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): ____ — DATE EVALUATED: 3/27/20
LOCATION OF SITE: Lottie Saylors Watch — PROPERTY SIZE: 1.18Ac
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____ — PROPERTY RECORDED: N
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 ~~5~~	4%0	0-5	Brw CLw	SBK, SS, SP, Seep, FR					PS, .3
		5-27	R Cm-w	SBK/ABK, SS, SP, Seep, FR					
		27-60	Yel/Rd	C-w SBK SS, SP, Seep, FR					
2									
3									
4									

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: Paul Pennger, David Beam

COMMENTS: ____



Approved
7/26/21
MD

PROPERTY ID #: 4624568888_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 7/26/21

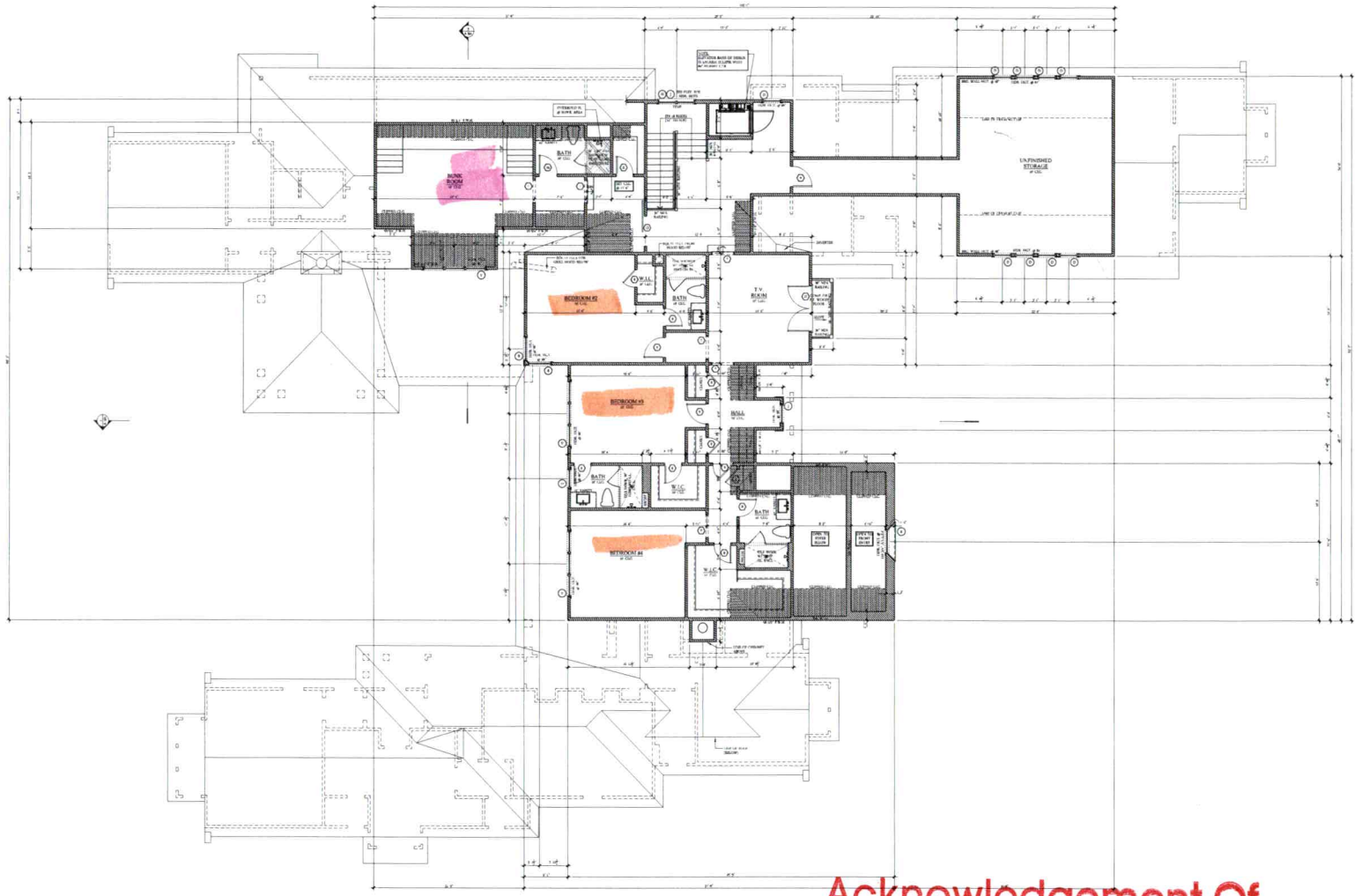
OWNER: Thomas Grifferty_____ APPLICATION DATE_____
ADDRESS: 28704 LA Caille Dr, Naples Fl 34119_____ DATE EVALUATED: __6/2021_____
PROPOSED FACILITY: __7 BDRM_____PROPOSED DESIGN FLOW (.1949): ___840 GPD___ PROPERTY SIZE: ___1.18 AC_____
LOCATION OF SITE: 117 Saylors Watch Ln, Saylors Watch Lot 6_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	
1	LS 3%	0-8	Br CL WSBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		8-34	R C SBK	FR SS SP SXP					
		34-56	R CL WSBK	FR SS SP SXP					
2	LS 5%	0-7	Br CL WSBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		7-36	R C SBK	FR SS SP SXP					
		36-55	R CL WSBK	FR SS SP SXP					
			litho.	> 39"					
3	LS 5%	0-9	Br CL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		9-38	R C SBK	FR SS SP SXP					
		38-58	R CL WSBK	FR SS SP SXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	2100 FT^2	950 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3 ICHD	0.3 ICHD

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____



UPPER LEVEL FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 8/5/21
Date 8/5/21

UPPER FLOOR NOTES

ABBREVIATIONS

LEGEND

WINDOW SCHEDULE

DOOR SCHEDULE

SQUARE FOOTAGE

LaBella
Powered by partnership.
455 South Main Street, Suite 220
Davidson, NC 28036
704-439-2931
labellapc.com

A New Residence For
The Third Act...
Lot 6, Saylor's Watch
Moorsville, NC

BUILT BY:
AUGUSTA HOMES

PROJECT NO: 220796?

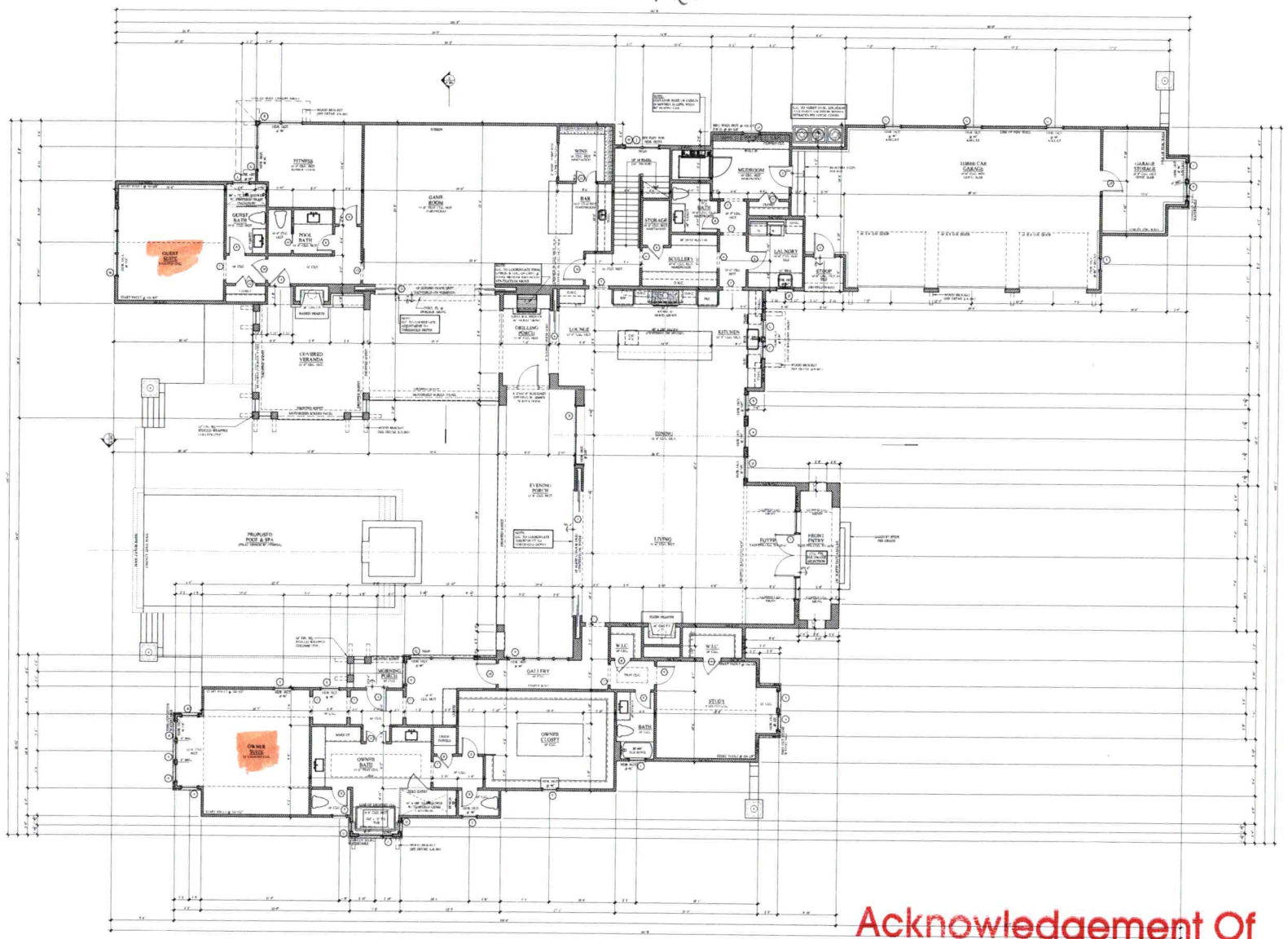
NO.	DATE	DESCRIPTION

DRAWN BY: R.CAIN, L.HUBBARD, K.JACK
APPROVED BY: D. O'BRYAN, D. STRANGE
ISSUED FOR: PERMIT
ISSUE DATE: 06/14/2021
DRAWING NAME:

UPPER LEVEL FLOOR PLAN

DRAWING NO: A-103

161'-8"



103-1

MAIN LEVEL FLOOR PLAN

MAIN FLOOR NOTES

ABBREVIATIONS

LEGEND

WINDOW SCHEDULE

SIZE	DESCRIPTION

DOOR SCHEDULE

SIZE	DESCRIPTION

SQUARE FOOTAGE

Acknowledgement Of
Plans Submittal ONLY!

Date 8/5/21

Date 8/5/21

LaBella
Powered by partnership.
455 South Main Street, Suite 220
Davidson, NC 28036
704-439-2931
labellapc.com

A New Residence For

The Third Act...

Lot 6, Saylor's Watch
Mooresville, NC

BUILT BY:
AUGUSTA HOMES

PROJECT NO. 2307967

NO	DATE	DESCRIPTION

DRAWN BY: R.CAIN, L. HUELSOT, K. HACK
APPROVED BY: D. O'BRYAN, D. STRAMLE
PRINTED FOR: PERMIT
DATE: 06.14.2021

DRAWING NAME:
MAIN LEVEL FLOOR PLAN

DRAWING NO.
A-102

RECEIVED JUL 2 9 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-305643

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: ( ) 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) Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Megan Cranford-Augusta Homes Address: 17830 N. Statesville Rd. Suite 225 Zip: 28031
Applicant Email: megancranford@augustahomes.com Phone: 704-892-7795 Alt. Phone: _____
Owner Name: Tom + Carmen Gafferty Address: 28704 La Calle Dr. Naples, FL Zip: 34119
Owner Email: tgafferty@me.com Phone: 239-293-9560 Alt. Phone: 239-293-9570
cgafff2@gmail.com

Property Information:

Street Address: 117 Saylors Watch Ln. Mooresville, NC 28117
Subdivision Name: Saylors Watch Section/Phase: _____ Lot Number: 6
Driving Directions: BSR → Torrence Chapel → Straight on to Saylors Watch → Lot on Lt.

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

(✓) 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: 7
Maximum Number of Occupants: 2
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

(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 ( ) 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: Megan Cranford
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-13-21
DATE

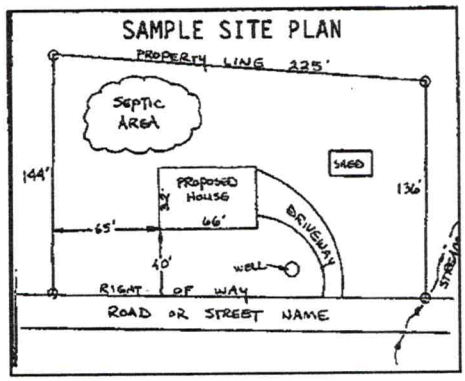
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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

See Attached Plan

Signature: Megan Crisp
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-13-21
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Carmen Grifferty Tom Grifferty, am the legal owner(s) of the property located at 117 Saylors Watch Ln Mooresville, NC, identified as PIN (Parcel Identification Number) 4602456888, located in Iredell County, North Carolina.

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

DocuSigned by: Tom Grifferty 7-13-21 — Signature of Owner(s) — Date

Signature of Witness — 7-13-21 — Date

DocuSigned by: Carmen Grifferty

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

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 ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **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.**

✓ **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.**

✓ **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.

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- **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 Megan Uyl **Date** 7-13-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd 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

RECEIVED JUL 1 6 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Intermediate AP-305643 Paid: $225.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: ( ) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Megan Cranford-Argyle Homes **Address:** 17830 N. Statesville Rd. Suite 225 **Zip:** 28031
Applicant Email: megancranford@argylehomes.com **Phone:** 704-892-7795 **Alt. Phone:**
Owner Name: Tom + Carmen Gafferty **Address:** 2870 4 LaCalle Dr. Naples, FL **Zip:** 34119
Owner Email: tgafferty@me.com **Phone:** 239-293-9560 **Alt. Phone:** 239-293-9570
cgaff21@gmail.com

Property Information:

Street Address: 117 Saylors Watch Ln. Mooresville, NC 28117

Subdivision Name: Saylors Watch **Section/Phase:** **Lot Number:** 6

Driving Directions: BSR → Torrence Chapel → Straight on to Saylors Watch → Turn in Lt.

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

(✓) 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: 7
Maximum Number of Occupants: 2
(✓) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) 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:**

(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 ( ) 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: Megan Cranford-Argyle **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** 7-13-21 **DATE**

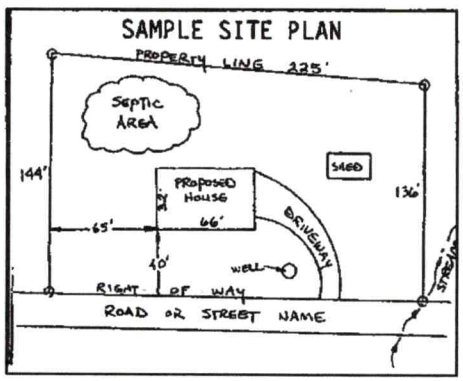
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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

See Attached Plan

Signature: Megan Crisp
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-13-21
DATE

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.

ırmen Grifferty Tom Grifferty

I, _____, am the legal owner(s) of the property located at 117 Sayers Watch Ln Mooresville, NC _____, identified as PIN (Parcel Identification Number) 4624568888, located in Iredell County, North Carolina.

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

DocuSigned by:
Tom Grifferty
0F88A0343CD547D...
Signature of Owner(s) — 7-13-21 Date

Signature of Witness — 7-13-21 Date

DocuSigned by:
Carmen Grifferty
3348B187B0E144F...

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

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 *****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **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.**

✓ **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).
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