IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240904

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

PIN # 4624585421

APPLICANT/OWNER: James Hancock APPLICANT ADDRESS: 124 Cape Cod Way Mooresville, NC 28117

SITE ADDRESS: 124 Cape Cod Way Mooresville NC 28117 PHONE: Michael 704576-2551 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Torrence Chapel TL Shelborne TL Cape Cod Ln

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point ON NORMAN SECTION: II LOT # 1135 LOT AREA: 1.38 Acres DESIGN FLOW: 720gpd L.T.A.R.: .3

Septic Tank Ex. 1500 (gal) STB Date

Pump Tank 1500 (gal) PT Date

Pump Make Gorilla Model 1.5Hp Serial #

Nitrification Fields 1 # Lines 2 Linear Ft 120

Trench Width min 24" Trench Bottom Depth (Low side) 36" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 6

☐ Business No. Persons 12

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Check HOA Septic requirements

Compacted soils may need to be removed

Note: "Properly abandon" old PT, Existing pipe in the existing lines may need to be replaced if necessary for pump sizing.

INITIAL SITE SKETCH

When repair is installed.

See attached, Approved Septic plan by Michael Athanas & Assoc. (submitted 12/13/18)

AS BUILT SKETCH

* Inline pump filter + Pressure Head to be Reset.

	Date	Initials
Drain Lines Checked	2/8	BB
Tanks Checked	—	—
Pressure Manifold or Valve Box Checked	—	—
Pressure Head Set	2/18	KW
Electrical Checked	2/18	KW
Floats Set	2/18	KW
Alarm Checked	2/18	KW
Maintenance Contract (Y) N	2/18	KW
Comments: Inline Pump Filter & Pressure Head Reset		

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.

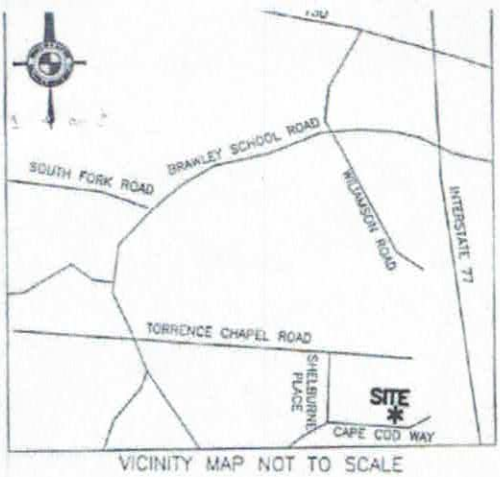
Owner / Applicant Signature: Date: 1/2/19 Installed by: Lago Vista Septic 5204

IMPROVEMENT PERMIT by: Maria Dolson Date: 12/28/18 OPERATION PERMIT by: Kayla Watson Date: 2-18-19

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 12/28/18 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.

TEL: 704-895-1730
FAX: 704-895-1954
EMAIL: PHARRNORTH@RPHARR.COM



VICINITY MAP NOT TO SCALE

LAKE NORMAN

REF: MAP 41, PAGE 69

S 40°02'14" E 40.00'
N 49°37'46" E 148.94'
S 49°57'46" W 116.55'
PIER ZONE

S 70°26'45" E 19.13'
S 81°25'30" E 46.04'
S 68°23'57" E 37.24'
S 58°31'16" E 56.13'
S 61°06'03" E 51.32'
CP
EIR

Approved
12/28/18

Y1 - 85' - 3.9'
W2 - 60'- 4.3'
B3 - 60'/57' - 5.0'
Y4 - 70' - Existing
P5 - 70' - Existing
W6 - 70' - Existing
R7 - 70' - Existing
P8 - 63' - 5.7'
W9 - 64' - 6.3'
Y10 - 66' - 7.2'
O11 - 67' - 7.9'

New PT 21.2'
ST
PT
Pool
50' SETBACK
20' SETBACK
0.8' CONCRETE WALL
HOUSE FOUNDATION
Drive
HC 11.4'
LOT 1134

N 47°02'04" E 283.83'
S 43°12'52" W 300.48'

LOT 1135
1.38 ACRES

AB 1
AB 2
AB 3

R7 Exist 70'
W6 70' Exist
P5 70' Exist
Y4 70' Exist
O11
Y10
W9
P8
B3 60'
60' W2
Y1
B3
P#B
P#A

136.0

OFF SITE TIE
N 49°45'38" W 160.94'

OFF SITE TIE
S 60°55'15" E 187.92'

N 90°00'00" W 217.34'

R/W
C1
BM 1.5'

"X" ON TOP OF POWER BOX

LEGEND
SQ.FT = SQUARE FEET
R/W = RIGHT OF WAY
BTL = BUILD TO LINE
EIR = EXISTING IRON ROD(#4 REBAR)
NIR = NEW IRON ROD(#4 REBAR)
CP = COMPUTED POINT

Scale
1" = 50'

CAPE COD WAY
50' PUBLIC R/W

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	425.00	3.10	S60°51'55"E	3.10

SURVEY OF:
LOT 1135 THE POINT ON NORMAN



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
12/28/18
MD

Reference: Data Sheet for 124 Cape Cod Way, The Point Lot 1135

House Footprint: See attached plan
Building Setbacks: 50' front, 20' side, 50' lake
Water Source: Community well
Number of Bedrooms/Daily Flow: 6/720 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM (0.41 GPM)
Orifice Size: 3/16" (5/32")
System Flow: 54.3 GPM (37.7 GPM)
Dosing Volume: 331.2 gallons
Pump Run Time: 6.1 minutes (8.8 minutes)
Elevation Head: 21.9'
Friction Head: 11.7' (4.1')
Pressure Head: 2'
Total Dynamic Head: 35.6' (28')
Supply Line Length: 245' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1			85'	3.9'
White 2	**60'**	**14**	**95'**	**4.3'**
Blue 3	**60'/57' (R)**	**14**	**123'**	**5.0'**
Yellow 4	**70' (Existing)**	**16**		
Pink 5	**70' (Existing)**	**16**		
White 6	**70' (Existing)**	**16**		
Red 7	**70' (Existing)**	**16**		
Pink 8			63'	5.7'
White 9			64'	6.3'
Yellow 10			66'	7.2'
Orange 11			67'	7.9'

Initial System: 400' **Repair System:** 402'
Pump Tank: 21.2' **House Corner:** 11.4' **Benchmark:** 1.5'

Comments:
MA&A are proposing to increase the system from 4 bedroom to 6 bedrooms. A new 1500 gallon pump tank must be installed. The existing pipe in the existing lines may need to be replaced if necessary for pump sizing.

Approved
12/28/18
MD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 96245854
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: James Hancock — APPLICATION DATE: 12/13/18
ADDRESS: 124 Cape Cod Way Mooresville, NC — DATE EVALUATED: 12/18/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 720 — PROPERTY SIZE: 1.38 Acres
LOCATION OF SITE: 124 Cape Cod Way The Point 1135 — PROPERTY RECORDED: Y
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
Pit A	5%	0-8"	Rd to Rd/Brn	SCL/CL	WSBK	SS, SP, SExp, FR			PS .3
		8-21	RCm	SBK SS, SP, SExp, FR					
		21-52	RCL/CL	WSBK	SS, SP, SExp, FR				
						52"			
Pit B	5%	0-10	Rd/Brn	SCL/CL	Compacted				PS .3
		10-21	RCm	SBK SS, SP, SExp, FR					
		21-46	RCL	W SBK SS, SP, SExp, FR					
		46-56	RCL	W, SBK SS, SP, SExp, FR					
			Lit. SAP Inclus			56"			
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: Gary McNeely David Beard

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 9-16-02
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 6T 1135 Phase II The 174. 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12	gr-wksbk qbrvsl, frsssp						o 3
		12-50	mfsbk rc/cl frsssp few g rdw mottles						
2	#1 TCJ	0-50	msbk rc/cl frsssp						o 3
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

240894

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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)

Applicant Name: James Hancock **Address:** 124 Cape Cod Way, Mooresville, NC **Zip:** 28117

Applicant Email: jhanc27133@aol.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 124 Cape Cod Way

Subdivision Name: The Point **Section/Phase:** 11 **Lot Number:** 1135

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: 6
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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 ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

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

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: _____ 12/13/2018
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

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, James Hancock, am the legal owner(s) of the property located at 124 Cape Cod Way The Point 1135, identified as PIN (Parcel Identification Number) 4624585421, 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.

12/11/18

Signature of Owner(s) Date 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

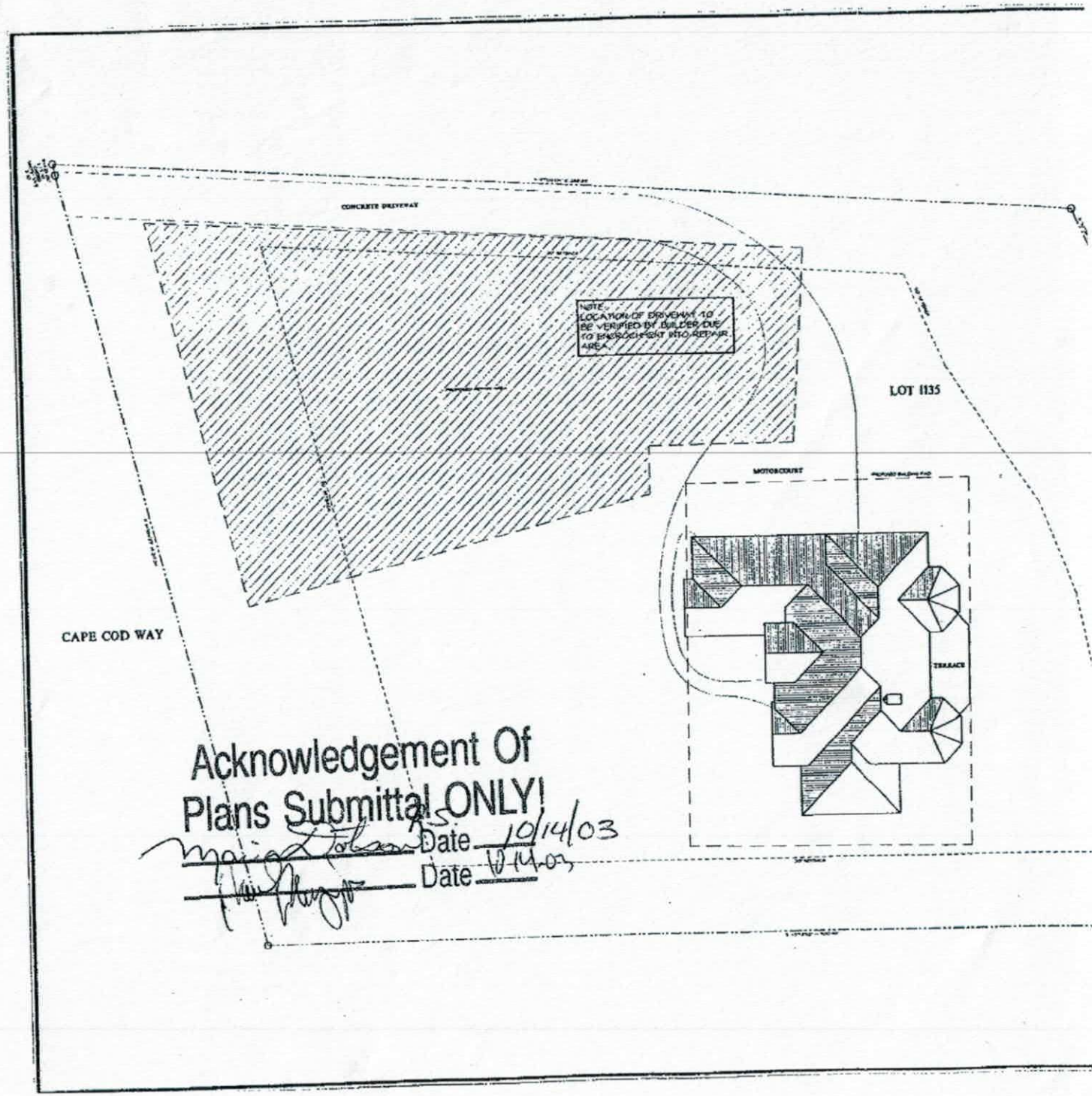
610 E. Center Avenue, Mooresville, NC 28115

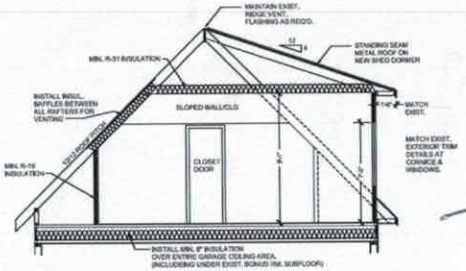
Statesville - Environmental Health

adrienne.shea@co.iredell.nc.us

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677


CONCRETE DRIVEWAY
NOTE:
LOCATION OF DRIVEWAY TO BE VERIFIED BY BUILDER DUE TO ENCROACHMENT INTO REPAIR AREA.
LOT 1135
MOTORCOURT
TERRACE
CAPE COD WAY
Acknowledgement Of
Plans Submittal ONLY!
Date 10/14/03
Date 10-14-03



3 / A-2 NEW BONUS AREA SECTION
1/4" = 1'-0" ABOVE GARAGE

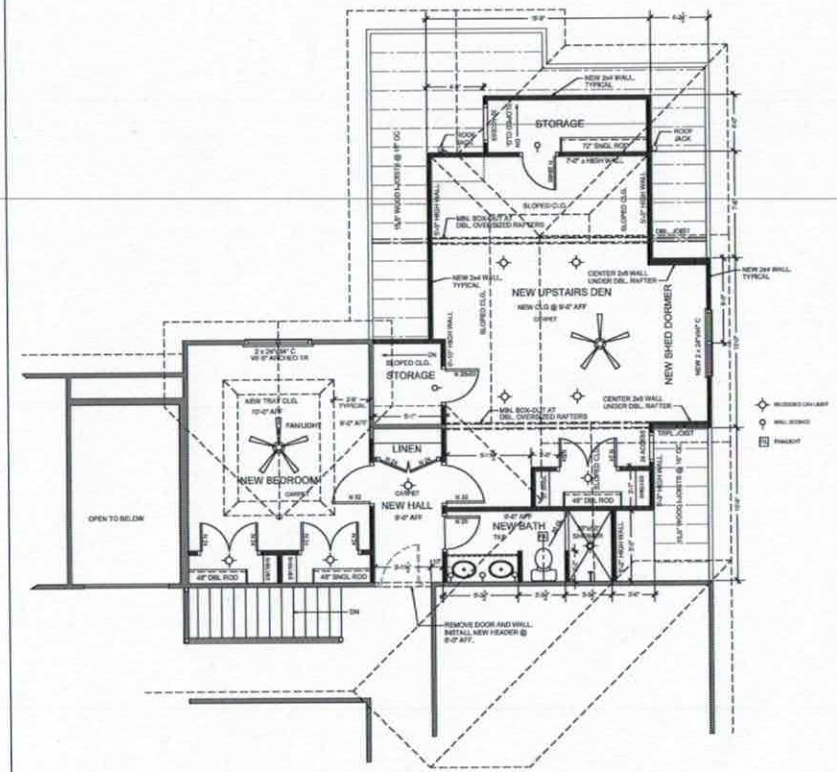
Acknowledgement of Plans Submittal ONLY!

Date 12/28/18

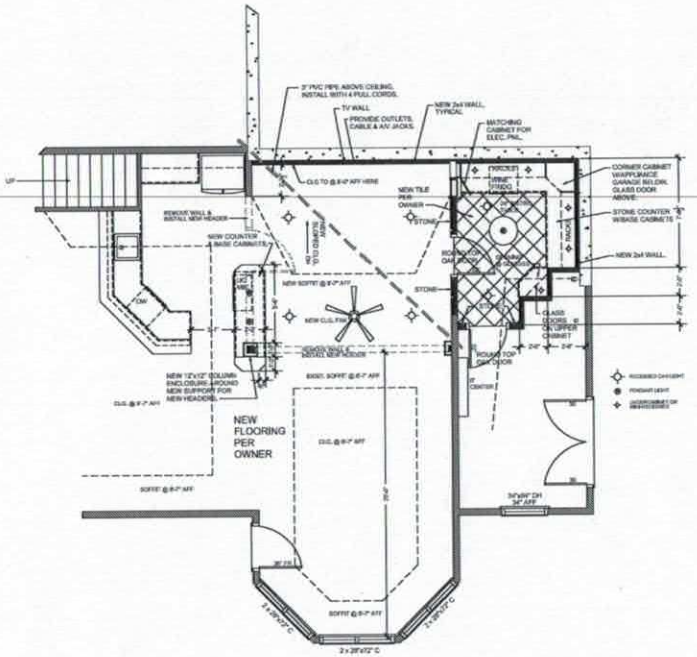
Date 1/2/19

GENERAL NOTES:

1. OWNER TO DETERMINE INTERIOR FLOOR FINISHES. OWNER & GC TO SET FLOORING ALLOWANCES.
2. ALL INTERIOR GWB TO BE PRIMED & PAINTED. OWNER TO SELECT COLORS. ANY WALLPAPER IS BY OWNER.
3. OWNER & G.C. TO SELECT WINDOWS, DOORS, BRICK, SIDING AND OTHER MISC. BUILDING PRODUCTS.
4. OWNER TO PROVIDE SPECIFICATIONS FOR SPECIAL - POWER AND A/V REQUIREMENTS.
5. OWNER TO SELECT ALL PLUMBING FIXTURES. OWNER & G.C. TO SET PLUMBING ALLOWANCE.
6. NEW INTERIOR DOORS NOTED WITH "N". SIZES AS NOTED.
7. DOOR & WINDOW INTERIOR CASING STYLE AND BASE & CROWN SHALL MATCH EXISTING HOUSE DETAILS.
8. CABINET SPECIFICATIONS PER OWNER.
9. ELECTRICAL CONTRACTOR TO VERIFY EXISTING SERVICE SIZE, AVAILABLE CIRCUITS & ADDITIONAL LOADS. OWNER & GC TO SET LIGHT FIXTURE ALLOWANCE. OUTLETS & SWITCHES SHALL BE LOCATED PER CODE AND OWNER'S REQUIREMENTS.
10. CONSTRUCTION CONSULTATION MAY BE SUPPLIED BY CJG DESIGNS AT OWNER'S REQUEST. THIS SERVICE TO BE PROVIDED AT STANDARD HOURLY RATE.



1 / A-2 NEW BONUS AREA FLOOR PLAN
1/4" = 1'-0" ADD 767 SF HEATED



2 / A-2 NEW PARTIAL BASEMENT FLOOR PLAN
1/4" = 1'-0" ADD 295 SF HEATED

1/2/19

CJG Designs
CARY J. GLUF
The CAMDEN Corporation
181 GLENDALE AVE SE CONCORD NC 28025
C 980.621.0037
cjgdesigns@earthlink.net
www.cjgdesigns.net

REMODEL PLANS FOR:
JAMES & CHRISTINE HANCOCK
124 CAPE COD WAY MOORESVILLE, NC 28117

NEW PLANS

DATE: 07.20.2018
DESIGN: 08.20.2018
REVS: 09.04.2018
Const. Contract:

REVISIONS:

DRAWING NUMBER TSAN: A-2
DRAWN BY: C. J. GLUF
CHECKED BY:

SHEET
A-2