PJB

# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 240892

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

PIN # 4624790302

APPLICANT/OWNER: Moonlight Karaoke Prop. Trust APPLICANT ADDRESS: 209 Wild Harbor Rd. Mooresville, NC

SITE ADDRESS: 149 S. Longfellow Ln. Mooresville, NC PHONE: 704-889-1600 ALT. PHONE —

SITE DIRECTIONS: Brawley School → L on New Haven → R on S. Longfellow → lot at end on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: The Point SECTION: 12 LOT # 1213 LOT AREA: 1.167ac DESIGN FLOW: 600gpd L.T.A.R.: .3 (.3 repair)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 | (gal) | STB | IM 1530 | Date | — | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | ☑ Residence | No. Bedrooms | 5 | Water Supply |
| Pump Tank | 1500 | (gal) | PT | IM 1530 PT | Date | — | System Description: LP PPBPS | | | | ☐ Business | No. Persons | 10 | ☐ Private |
| Pump Make | Orenco | Model | PF500511 | | Serial # | | Repair System Description: LP PPBPS | | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | | | Linear Ft | | Maintenance Agreement Required: | ☑ YES | ☐ NO | | ☐ Slab | ☑ Crawl Space | | ☑ Community |
| Trench Width | 24" (min) | Trench Bottom Depth (Low side) | 34" | 36" high side | Gravel Depth | — | | ☐ GRAVITY | ☑ PRESSURE | | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: Pool must be marked during time of install + inspection. 50' buffer must be marked before setting tanks. Water line must follow right property line (facing from road)

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

4/29/2020 A polylok PL 68 effluent filter was installed

| | | | |
|---|---|---|---|
| L1 | 84 | 19 | verified ok by laser. 36" TB 3/16" orifice. Force main OK (2") |
| L2 | 84 | 19 | |
| L3 | 84 | 19 | |
| L4 | 84 | 19 | |

installed substantially as permitted.

* See permit for true tank/PT location measurements.

7/24/2020: CVB, Electrical, Alarm checked and pressure set.

*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.

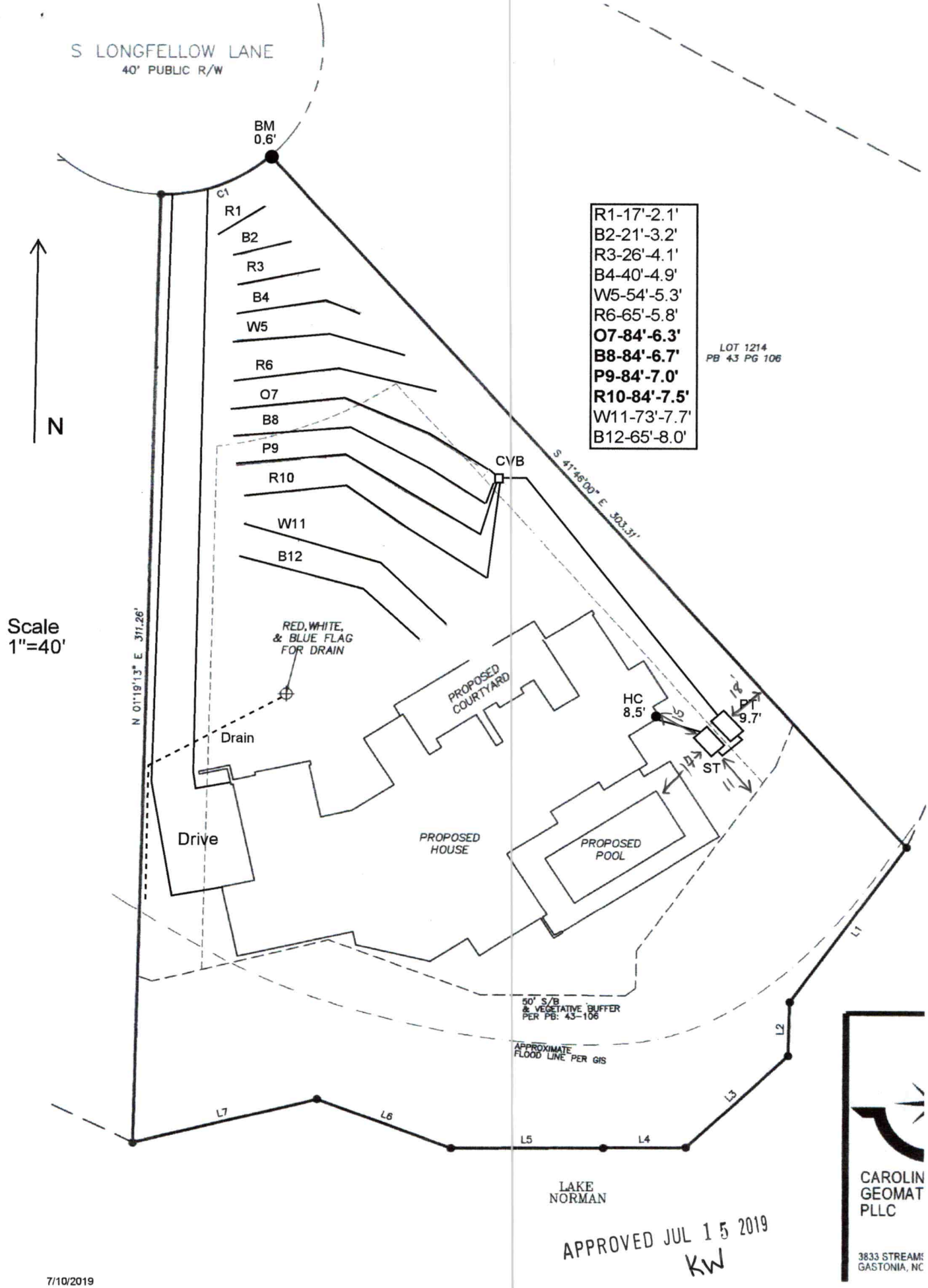
Owner / Applicant Signature: Keith Lowe Date: Installed by: Specialty Septic - Jamie O Daniel

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-15-19 OPERATION PERMIT by: Patrick J Byrd III Date: 7/28/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-15-19 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.**

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 4/29/2020 | JF |
| Tanks Checked | 4/29/2020 | JF |
| Pressure Manifold or Valve Box Checked | 7/24/2020 | PJB |
| Pressure Head Set | 7/24/2020 | PJB |
| Electrical Checked | 7/24/2020 | PJB |
| Floats Set | 7/24/2020 | PJB |
| Alarm Checked | 7/24/2020 | PJB |
| Maintenance Contract (Y) N | 7/28/2020 | PJB |

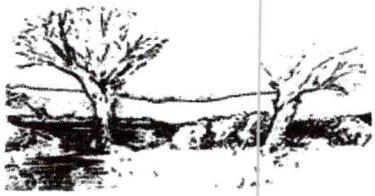



APPROVED JUL 15 2019
KW

CAROLIN
GEOMAT
PLLC

3833 STREAM
GASTONIA, NC

7/10/2019



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
**7/10/19**

**Reference: Data Sheet 149 S. Longfellow Ln, The Point Lot 1213**
**House Footprint:** See attached plan
**Building Setbacks:** 84' front, 20' side, 50' lake
**Water Source:** Community well
**Number of Bedrooms/Daily Flow:** 5/600 GPD
**Predetermined LTAR:** 0.3 GPD/FT$^2$ (ICHD)
**Proposed System Type:** PPBPS
**Proposed Repair System Type:** PPBPS
**Distribution:** Low pressure-CVB
**Flow per Orifice:** 0.59 GPM
**Orifice Size:** 3/16"
**System Flow:** 44.8 GPM
**Dosing Volume:** 273.6 gallons
**Pump Run Time:** 6.1 minutes
**Elevation Head:** 8.4'
**Friction Head:** 4.1'
**Pressure Head:** 2'
**Total Dynamic Head:** 14.5'
**Supply Line Length:** 105' of 2" PVC
**Septic/Pump Tank Size:** 1500/1500 gallons
**Proposed Trench Bottom:** 36" maximum (ICHD)




| Line | Design Length | # of Panels | Actual Length | Elevation |
|---|---|---|---|---|
| Red 1 | | | 17' | 2.1' |
| Blue 2 | | | 21' | 3.2' |
| Red 3 | | | 26' | 4.1' |
| Blue 4 | | | 40' | 4.9' |
| White 5 | | | 54' | 5.3' |
| Red 6 | | | 65' | 5.8' |
| **Orange 7** | **84'** | **19** | **112'** | **6.3'** |
| **Blue 8** | **84'** | **19** | **121'** | **6.7'** |
| **Pink 9** | **84'** | **19** | **108'** | **7.0'** |
| **Red 10** | **84'** | **19** | **95'** | **7.5'** |
| White 11 | | | 73' | 7.7' |
| Blue 12 | | | 65' | 8.0' |

**Initial System:** 336'
**Pump Tank:** 9.7'
**Repair System:** 361'
**House Corner:** 8.5'
**Benchmark:** 0.6'

APPROVED JUL 15 2019
KW

**Initial System:** 334' **Repair System:** 372'
**Pump Tank:** 12.0' **House Corner:** 11.3' **Benchmark:** 2.5'

**Comments:**
MA&A are upgrading the system from 4 bedrooms to 5 bedrooms. The system is in the same approved soil area.

PROPERTY ID #: 4624790302_
COUNTY: _Iredell____

APPROVED DEC 2 1 2018
KW

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: __5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD____ PROPERTY SIZE: _1.166 AC_____
LOCATION OF SITE: 149 S. Longfellow Ln, The Point 1213_____ 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) | | 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 5% | 0-3 | Br CL WSBK | FR SS SP SXP | N/A | 41" | F-C SAP PS | N/A | PS 0.3+ |
| | | 3-17 | R C SBK | FR SS SP SXP | | | | | |
| | | 17-41 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 41-61 | VER L SAP M | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| 2 | LS 5% | 0-5 | FILL | | N/A | 49" | F-C SAP PS | N/A | PS 0.3 |
| | | 5-12 | Br CL WSBK | FR SS SP SXP | | | | | |
| | | 12-36 | R C SBK | FR SS SP SXP | | | | | |
| | | 36-49 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 49-60 | VER L SAP M | FR SS SP SXP | | | | | |
| 3 | LS 5% | 0-6 | FILL | | N/A | 49" | F-C SAP PS | N/A | PS 0.3 |
| | | 6-15 | Br CL WSBK | FR SS SP SXP | | | | | |
| | | 15-34 | R C SBK | FR SS SP SXP | | | | | |
| | | 34-49 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 49-62 | VER SL SAP M | FR SS SP SXP | | | | | |
| 4 | LS 5% | 0-8 | Br CL WSBK | FR SS SP SXP | N/A | 60" | F-C SAP | N/A | PS 0.3 |
| | | 8-22 | R C SBK | FR SS SP SXP | | | | | |
| | | 22-60 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 1002 FT$^2$ | 1116 FT$^2$ |
| System Type(s) | PPBPS | PPBPS |
| Site LTAR | 0.3 | 0.3 |

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

COMMENTS:_____

APPROVED DEC 2 1 2018
KW

# SOIL/SITE EVALUATION

*(Continuation Sheet)*



PROPERTY ID #: 4624790302
DATE OF EVALUATION: _____
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 5% | 0-8 | Br CL WSBK | FR SS SP SXP | N/A | 45" | | N/A | PS 0.3 |
| | | 8-27 | R C SBK | FR SS SP SXP | | | | | |
| | | 27-45 | R CL WSBK | FR SS SP SXP | | | F-C SAP PS | | |
| | | 45-60 | VER SL SAP M | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | |

#240892
7-12-19
$75.00

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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:** Moonlight Karaoke Prop. Trust **Address:** 209 Wild Harbor Rd, Mooresville, NC **Zip:** 28117

**Applicant Email:** _____ **Phone:** Brian-Kingswood-704-889-1600 **Alt. Phone:** _____

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

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

**Property Information:**

**Street Address:** 149 S Longfellow Ln

**Subdivision Name:** The Point **Section/Phase:** _____ **Lot Number:** 1213

**Driving Directions:** _____

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 5 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

**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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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:** _____ 7/12/2019
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, Moonlight Karaoke Property Trust, am the legal owner(s) of the property located at 149 S. Longfellow, Mooresville, NC, identified as PIN (Parcel Identification Number) 4624790302.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gary McNeely, 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.

[signature] 12/11/2018
Signature of Owner(s) Date

[signature], Kingswood Custom Homes 12.11.2018
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




| SQUARE FOOTAGE (TO OUTSIDE OF STUD WALL) | sq. ft. |
|---|---|
| FIRST FLOOR HEATED | 3,343 |
| SECOND FLOOR HEATED | 2,926 |
| TOTAL HEATED SQ. FT. | 6,269 |
| ENTRY PORCH | 125 |
| TWO-CAR GARAGE | 540 |
| ONE-CAR GARAGE | 276 |
| LARGEROS PAVILION | 1,181 |
| TOTAL UNHEATED SQ. FT. | 2,256 |
| TOTAL UNDER ROOF SQ. FT. | 10,625 |

SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 12-21-18

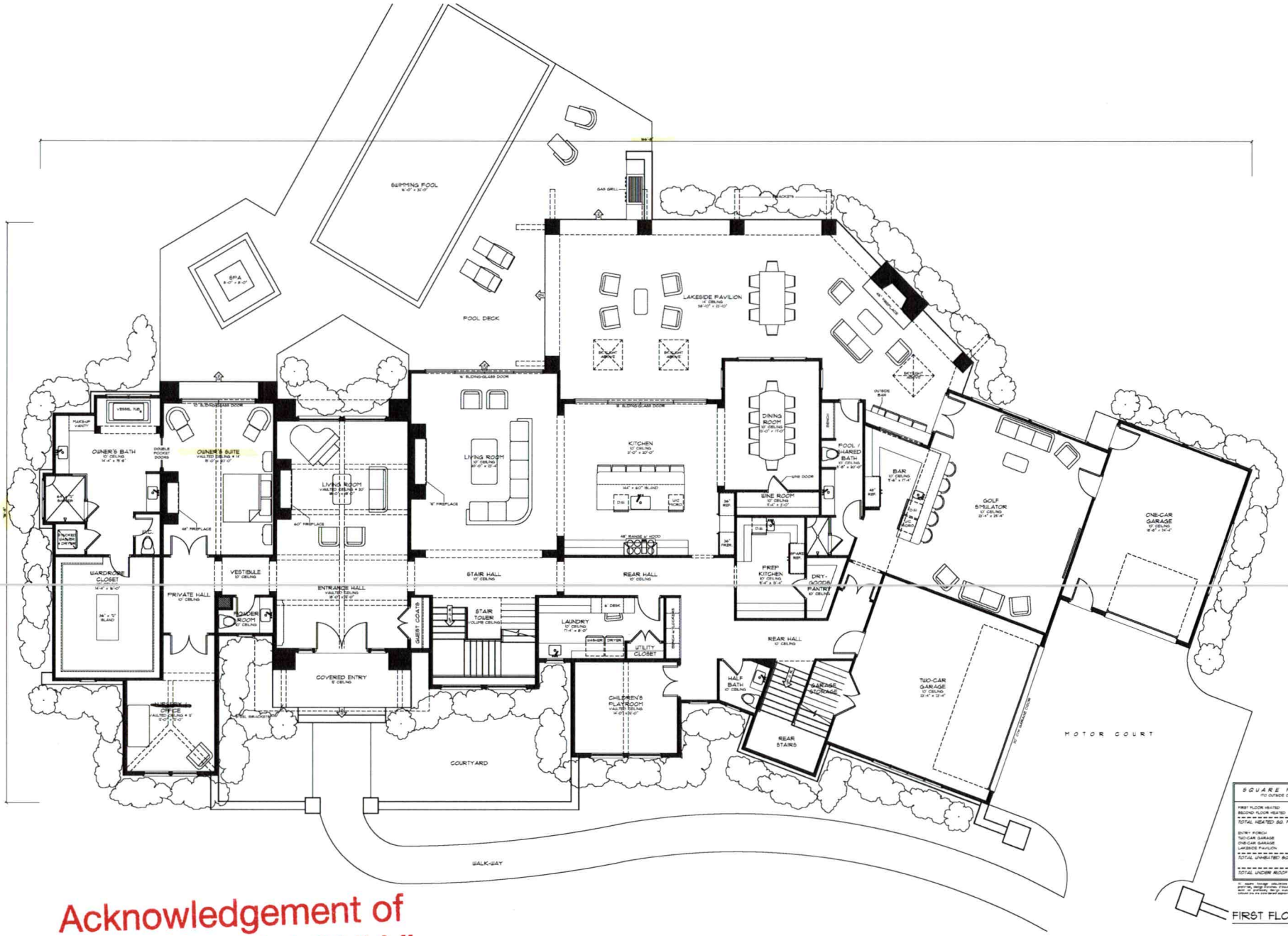
Date 1-23-19

THE LARSON RESIDENCE
149 SOUTH LONGFELLOW LANE
MOORESVILLE NORTH CAROLINA

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DECEMBER 6, 2018 RDW

Christopher PHELPS
Inspiring Homes for Life
1230 West Morehead St., Suite 202, Charlotte, NC 28208
Tel. 704.377.5569, Fax. 704.377.6909
2018-036 LARSON RESIDENCE




| SQUARE FOOTAGE (TO OUTSIDE OF STUD WALL) | |
|---|---|
| FIRST FLOOR HEATED | 9,342 |
| SECOND FLOOR HEATED | 2,926 |
| TOTAL HEATED SQ. FT. | 12,268 |
| ENTRY PORCH | 126 |
| TWO-CAR GARAGE | 960 |
| ONE-CAR GARAGE | 478 |
| LAKESIDE PAVILION | 1,181 |
| TOTAL UNHEATED SQ. FT. | 2,894 |
| TOTAL UNDER ROOF SQ. FT. | 15,162 |

All square footage calculations have been carried out geometrically, design features, affixed walls, chimneys and as such are subject to variation. Square footage figures should not be used for appraisal purposes.

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 12-21-18

Date 1-23-19

# THE LARSON RESIDENCE

149 SOUTH LONGFELLOW LANE
MOORESVILLE NORTH CAROLINA

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DECEMBER 6, 2018 RDW

Christopher PHELPS
Inspiring Homes for Life
1230 West Morehead St., Suite 202, Charlotte, NC 28208
Tel. 704.377.5669, Fax. 704.377.6909
2018-036 LARSON RESIDENCE

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 240892 |
| Issue Date: 12/12/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4624790302.000 | 149 SOUTH LONGFELLOW LANE, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | | Applicant Information | |
|---|---|---|---|
| Owner: | ARLEDGE FAMILY 2012 GIFTING TR | Applicant: | MICHAEL ATHANAS & ASSO |
| Address: | 61 HOLLY LANE | Address: | 561 ENNIS RD |
| | DARIEN, CT 6820 | | WEDDINGTON, NC 28173 |
| Phone: | | Phone: | 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| | 20CU |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.167 | 35.00 | 50.00 | 15.00 | 15.00 | CACL | AE |

**Remarks:**

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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 | 161759 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|