IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 232259

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

PIN # 4625-00-4215 ✓

APPLICANT/OWNER: Christopher + Laura Gottlieb | APPLICANT ADDRESS: 332 Stonemarker, Rd Mooresville, NC

SITE ADDRESS: 332 Stonemarker Rd. Mooresville, NC ✓ | PHONE: — | ALT. PHONE Gary McNealy - 704-576-3887

SITE DIRECTIONS: BSR towards Lake Norman → R on Stonemarker Rd → Site on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T ✓ | SECTION: 6 ✓ LOT # 91 / 1698A LOT AREA: 0.739 / 0.339 acres | DESIGN FLOW: 480GPD | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	Plastic	Date	Infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP-PPBPS (50% Reduction)	
Pump Make			Model		Serial #		Repair System Description:	Same	
# Nitrification Fields	1	# Lines	3		Linear Ft	270	Maintenance Agreement Required:	☒ YES ☐ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	34"		Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab garages ☐ Crawl Space			☐ Community
☒ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Existing well must be abandoned prior to AC issuance (separate permit required). Lots 91 + 1698A convey together per DB 2532 Pg 1289. Reccommend that well is drilled prior to House construction. Shed to be relocated off of existing system for boat house. No septic/wastewater from boathouse (existing) to be conveyed/plumbed into new system.

INITIAL SITE SKETCH

See attached septic design plans from Michael Athanas + Associates

Michael Athanas LSS # 1252

Dated: 3/5/2019

* Received GW-30 for well abandonment 3/20/19 Complete -BF

Warren Smith (Builder)
704-363-1627

AS BUILT SKETCH

50' Lake Buffer to be staked by licensed surveyor prior to S.T./P.T. installation and visible at time of inspection. Slumping area adjacent repair area must be filled. No foundation drains around garage(s) adjacent septic components (slab construction)

ST 5ft from house Checked 2/4/2020

3/9/2020:

L1 (Top)	86	20	34" TB verified ok by laser. 25' upslope from foundation drain 5/32 holes drilled. -BF Installed substantially as permitted.
L2	90	21	
L3 (Bottom)	94	22	
		63	

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: 3-27-19 Installed by: Richard Abernathy

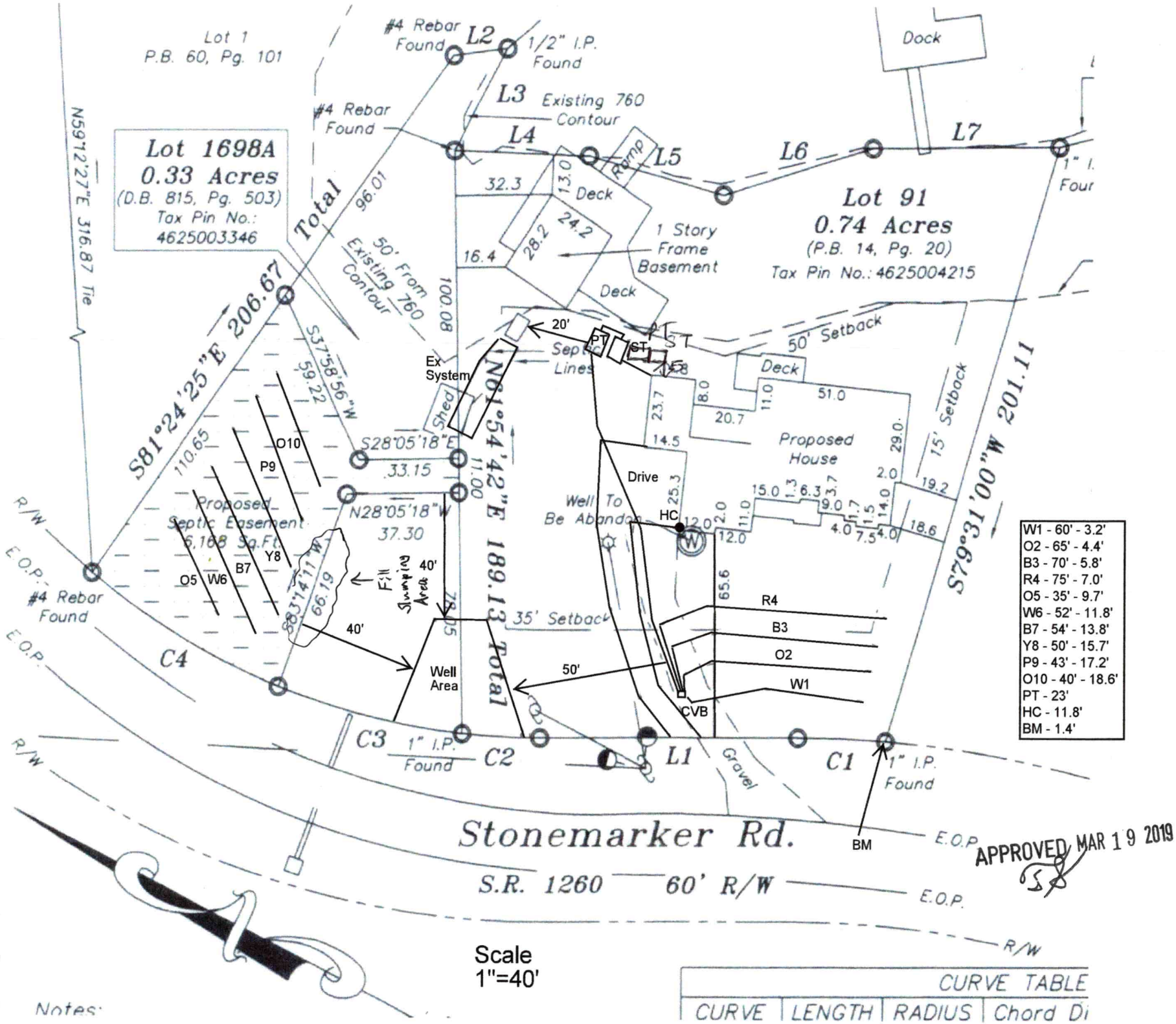
IMPROVEMENT PERMIT by: Tom Shuck Date: 3/19/19 OPERATION PERMIT by: Patrick J Boyle III Date: 4/9/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/21/19 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	3/9/2020	[illegible]
Tanks Checked	2/4/20	MD
Pressure Manifold or Valve Box Checked	4/9/2020	BJB
Pressure Head Set	4/9/2020	BJB
Electrical Checked	4/9/2020	BJB
Floats Set	4/9/2020	BJB
Alarm Checked	4/9/2020	BJB
Maintenance Contract (Y) / N	4/9/2020	BJB

3:30 - 4pm (Jordan) [Abernathy]

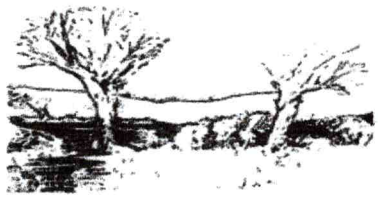


APPROVED MAR 19 2019

Scale
1"=40'

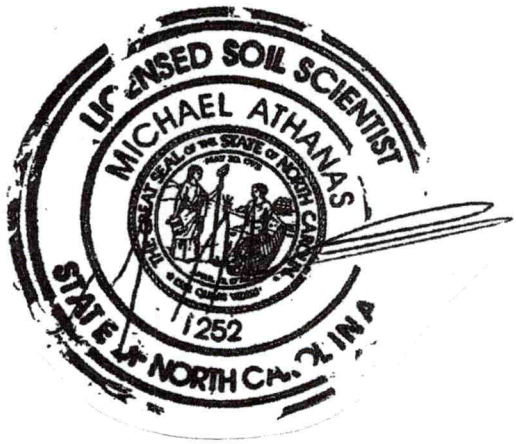
CURVE TABLE			
CURVE	LENGTH	RADIUS	Chord Di

Notes:



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

Reference: Data Sheet for 332 Stonemarker Rd, CL&T Sec 6, Lot 91
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS (8' on center)
Proposed Repair System Type: Horizontal PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 24.7'
Friction Head: 4.1'
Pressure Head: 2'
Total Dynamic Head: 30.8'
Supply Line Length: 130' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" max (initial), 20" max (repair)
Proposed Trench Width: 24" (initial), 36" (repair)



APPROVED MAR 19 2019
TA

Line	Design Length	# of Panels	Actual Length	Elevation
White 1	**60'**	**14**	**70'**	**3.2'**
Orange 2	**65'**	**15**	**90'**	**4.4'**
Blue 3	**70'**	**16**	**110'**	**5.8'**
Red 4	**75'**	**17**	**112'**	**7.0'**
Orange 5			35'	9.7'
White 6			52'	11.8'
Blue 7			54'	13.8'
Yellow 8			50'	15.7'
Pink 9			43'	17.2'
Orange 10			40'	18.6'

Initial System: 270' **Repair System:** 274'
Pump Tank: 23' **House Corner:** 11.8' **Benchmark:** 1.4'

Comments:
This property has an existing system servicing a small structure. MA&A are proposing a new septic system and repair for a new residence. The existing structure will remain. The new tanks must be placed 20' from the existing system. The supply line must be placed 30" below the driveway.
The repair area will require additional cover at the time of installation for a minimum of 6" of cover.

Well area marked in blue flags.

APPROVED MAR 19 2019

PROPERTY ID #: 4625004215
COUNTY: _IREDELL__

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Little General LLC_____ APPLICATION DATE_____
ADDRESS:_332 Stonemarker Rd, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.078 AC_____
LOCATION OF SITE: 332 Stonemarker Rd, CL&T Sec 6 Lot 91/1698A_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 8% ✓	0-10	Br SCL WSBK	FR SS SP SEXP	N/A	58"		N/A	PS 0.3
		10-40	R C SBK	FR SS SP SEXP					
		40-58	R CL WSBK	FR SS SP SEXP			F-C SAP		
PIT 2	LS 8% ✓	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	52"		N/A	PS 0.3
		8-32	R C SBK	FR SS SP SEXP					
		32-52	R CL WSBK	FR SS SP SEXP			F-C SAP		
PIT 3	LS 15%	0-16	R C SBK	FR SS SP SEXP	N/A	39"		N/A	PS 0.3-0.4
		16-39	R CL WSBK	FR SS SP SEXP					
		36-68	VER SL SAP M	VFR SS SP SEXP			F-C SAP PS		
PIT 4	LS 15% ✓	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	38"		N/A	PS 0.3-0.4
		4-18	R C SBK	FR SS SP SEXP					
		18-38	R CL WSBK	FR SS SP SEXP			F-C SAP PS		
		38-62	VER SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	608 FT2
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: Tom Shuck 12/21/2017

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4625004215_____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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	
AB 1	LS 15%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 15%	0-20	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		20-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 8%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-35	R C SBK	FR SS SP SEXP					
		35-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 10%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					

COMMENTS:_____

#232259
$225.00

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: Christopher & Laura Gottlieb **Address:** 332 Stonemarker Rd, Mooresville, NC **Zip:** 28117

Applicant Email: lauragottlieb1@gmail.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 332 Stonemarker Rd

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 91

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: _____
( ) 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: _____
( ) 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: _____ 3/5/2019
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, Laura Gottlieb, am the legal owner(s) of the property located at 332 Stonemarker Road Mooresville, NC 28117, 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.

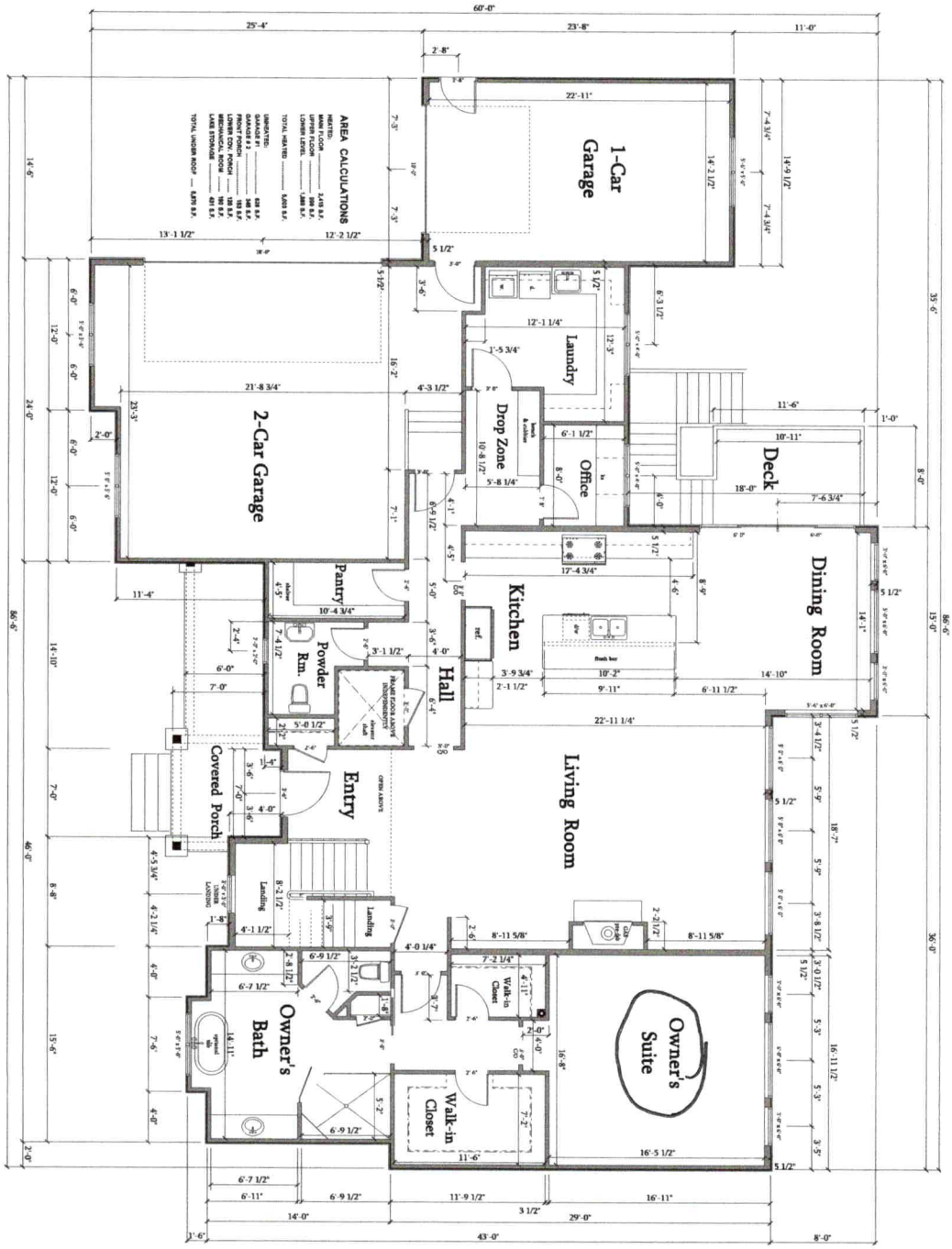
Laura Gottlieb 2/11/19 _____

Signature of Owner(s) Date Signature of Witness

Date

Please return this signed form to the appropriate office:

Acknowledgement
Plans Submittal ON
Date 3/22/19
Date 3/21/2019



1 / A-1

MAIN FLOOR PLAN

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

10' - 1 1/2" CEILING HEIGHT THIS LEVEL

9-27-18

SHEET No. A-1

MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

PLANS FOR: The Gottliebs
332 Stonemarker Rd.,
Mooresville, NC

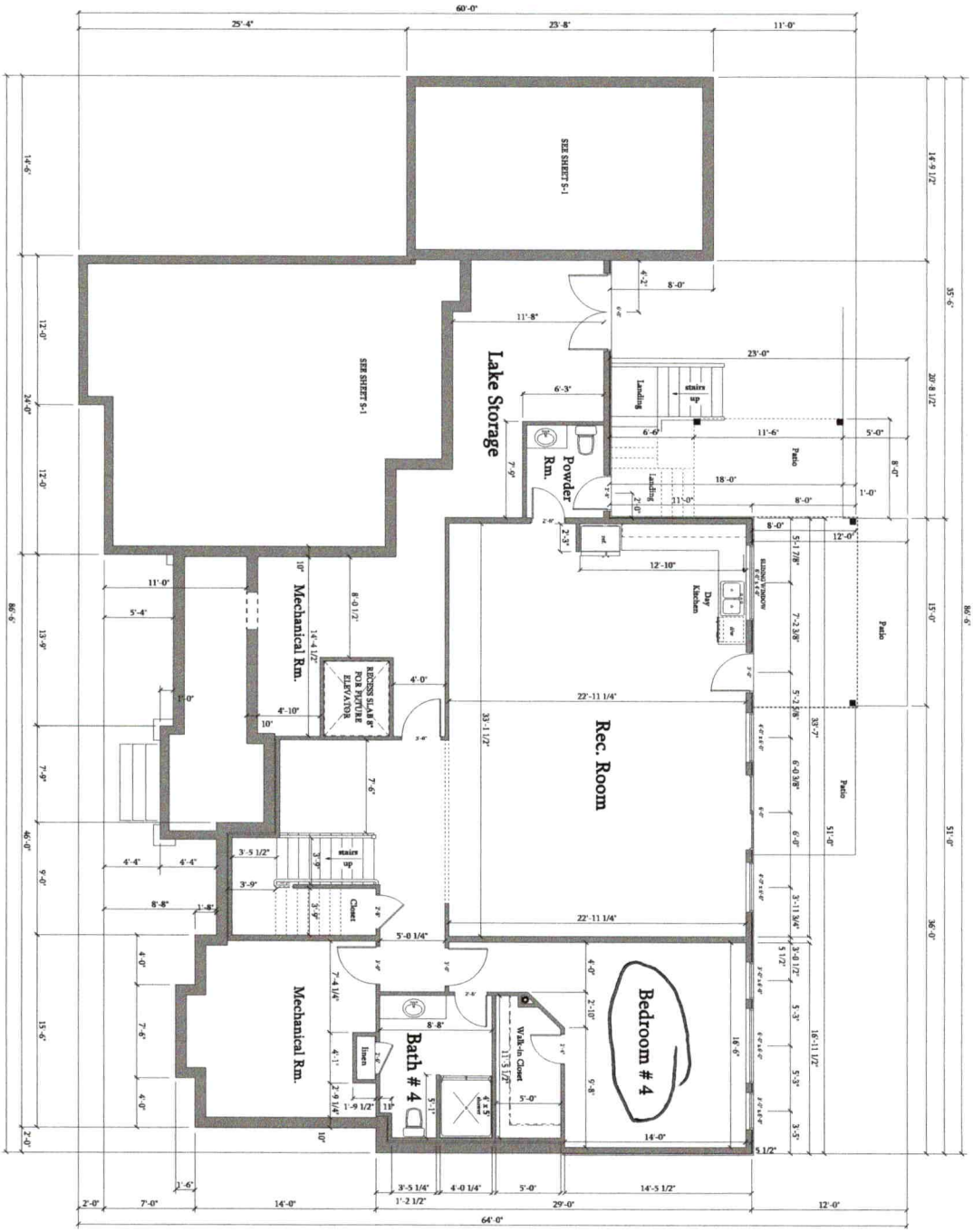
Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www. CourtlandHomeBuilders.com

U.S. HOME DESIGNS, INC.
P.O. Box 3933, Mooresville, NC 28117 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

Acknowledgement of
Plans Submittal ONLY

Date 3/21/2019

Date 3/22/19



1 / A-3

LOWER FLOOR PLAN

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

10' - 1 1/2" CEILING HEIGHT THIS LEVEL

SHEET No. A-3 LOWER FLOOR PLAN

PLANS FOR: The Gottliebs
332 Stonemarker Rd.,
Mooresville, NC

Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www. CourtlandHomeBuilders.com

U.S. HOME DESIGNS, INC.
P.O. Box 3933, Mooresville, NC 28117 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

IREDELL COUNTY

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

APPLICATION NUMBER
232259
Issue Date: 12/19/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4625004215.000	332 STONEMARKER ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LITTLE GENERAL LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: c/o JERRY M PIERCE SR 332 STONEMARKER RD MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
HOLD CO ON NEW HOME UNTIL KITCHEN AND BEDROOM HAVE BEEN RE MOVED FROM EXISTING HOME AT 332 STONEMARKER	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: must meet both the 50-foot setback from the 760 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	123889	TOTAL FEES:	$ 77.25