KW

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 213327

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

PIN # 4625087917

APPLICANT/OWNER: JS Testa LLC | APPLICANT ADDRESS: 19905 W. Catawba Ave Ste 202 Cornelius NC 28031

SITE ADDRESS: 143 Old Arborway Rd Mooresville, NC | PHONE: 7048922995 | ALT. PHONE 7042010947

SITE DIRECTIONS: Brawley School Rd TL Barber Lp TL Old Arborway TL @ Fork on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: L & T | SECTION: 7 | LOT # 138 | LOT AREA: .77Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Infiltrator | Date | | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | 1000 (gal) | PT | Plastic | Date | Tanks | System Description: | LP PPBPS | | | ☐ Business | No. Persons 8 |
| Pump Make | Liberty | Model | 390 | Serial # | | Repair System Description: | LP PPBPS | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 270' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 24" | Trench Bottom Depth(Low side) | 36" | Gravel Depth | N/A | | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

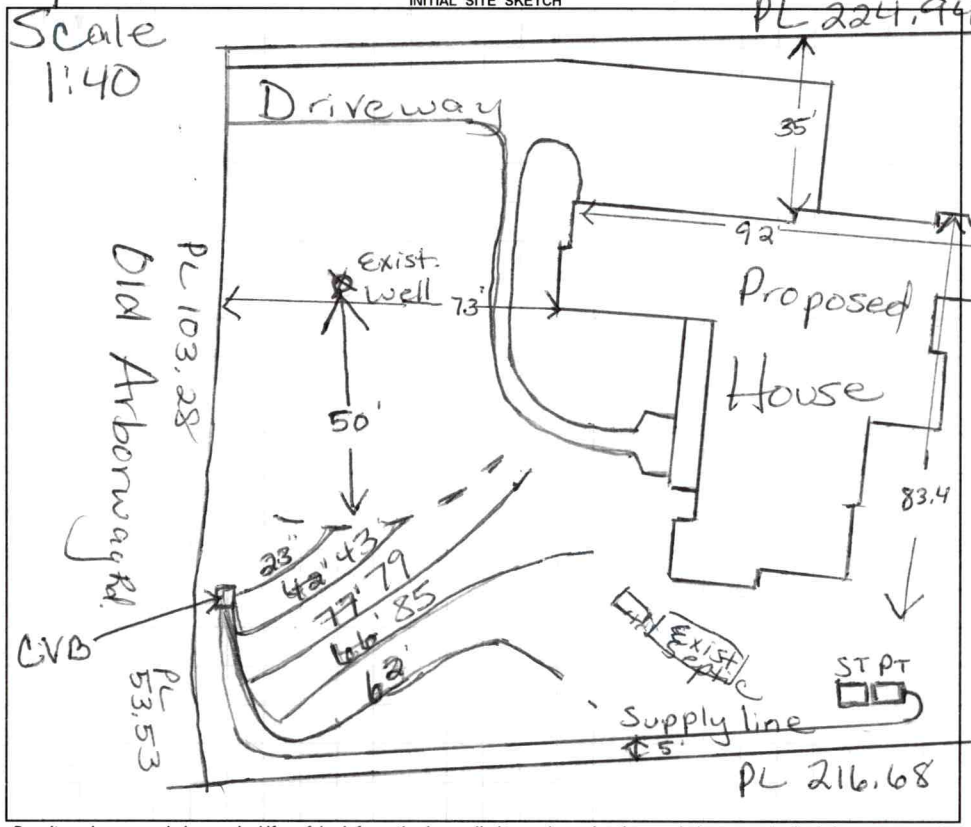
Water Supply: ☒ Private Exist ☐ Public ☐ Community

Comments / Conditions:

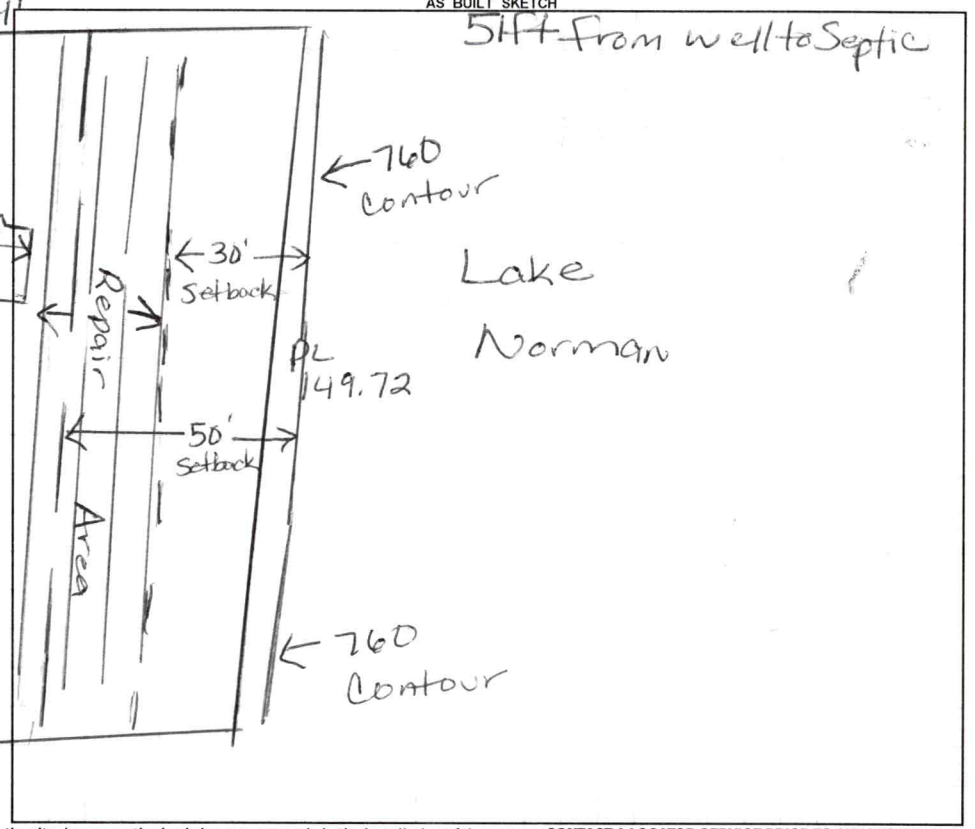
Drill 5/32" holes in Panels max
1/23/2020 Checked tanks & lines

"Properly" abandon old ST.
22ft from house to tanks
12ft from PL to tanks

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.* **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: 3/4/19 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria L Olson Date: 2/22/19 OPERATION PERMIT by: Patrick J Boyle III Date: 4/7/2020

AUTHORIZATION TO CONSTRUCT by: Maria L Olson Date: 2/22/19 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.

2-2:30

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 1/23/20 | MD |
| Tanks Checked | 1/23/20 | MD |
| Pressure Manifold or Valve Box Checked | 3/24/20 | MD |
| Pressure Head Set | 3/24/20 | MD |
| Electrical Checked | 3/24/20 | MD |
| Floats Set | 3/24/20 | MD |
| Alarm Checked | 3/27/20 | KW |
| Maintenance Contract (Y) / N | 4/7 | BB |

3/24/20 Top drainline has irrigation line on top of panel. Alarm wasn't working ✓ checked 3/27

epartment of Environment, Health, and Natural Resources
ivision of Environmental Health
n-site Wastewater Section

Sheet: 3A
Property ID:
Lot #: 138
File #:
AppID:

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

wner:
ddress:
roposed Facility: SFR  Design Flow (.1949) 4BDR
ocation of Site: Old Arboriway Rd Lot 138

Applicant:
Date Evaluated: 9-11-15
Property Size: 0.77 AC
Property Recorded:

/ater Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
valuation Method: [X] Auger Boring [ ] Pit [ ] Cut
ype of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

| | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L ~3% | 0-24 | Mo SBK C | FR SS/SP | DK R | | | | 0.3 |
| | | 24-60 | WK SBK CL | ↓ | R | | | | |
| 2 | L ~3% | 0-28 | Mo SBK C | FR SS/SP | DK R | | | | 0.3 |
| | | 28-53 | WK SBK CL | ↓ | R | | | | |
| | | 53' | Saprolite | | | | | | |
| 3 | L 2% | 0-26 | Mo SBK C | FR SS/SP | R | | | | 0.35 |
| | | 26-36 | Mo SBK CL | ↓ | R | | | | |
| | | 36-60 | WK SBK CL | ↓ | R; C sap | | | | |
| 4 | L 2% | 0-29 | Mo SBK C | FR SS/SP | R | | | | 0.35 |
| | | 29-44 | Mo SBK CL | ↓ | R | | | | |
| | | 44-61 | WK SBK CL | ↓ | R; F sap | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| vailable Space (.1945) | | |
| ystem Type(s) | LPPPBPS | LPPPBPS |
| ite LTAR | 0.3 | 0.3 |

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

AC 2/13/19

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (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: J.S. Testa LLC Address: 19905 W. Catawba Ave, suite 202 Cornelius, NC Zip: 28031
Applicant Email: Miketesta@jstesta.com Phone: 704-892-2995 Alt. Phone: C# 704-201-0947
Owner Name: Jonathan Fogle Address: 118 Cades Cove Lane, Mooresville Zip: 28117
Owner Email: craigfoglead@yahoo.com Phone: 704-281-6902 Alt. Phone: _____

**Property Information:**

Street Address: 143 Old Arborway Rd, Mooresville, NC 28117
Subdivision Name: Crescent Land + Timber Section/Phase: 7 Lot Number: 138
Driving Directions: Brawley School Rd - RT on Chuckwood Rd - LT on Barber Loop - LT on Old Arborway Rd

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

**CHECK FOUNDATION TYPE**

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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 (X) Other: See Attached

**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:** Michael J Testa member manager 2-12-19
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*) Michael Testa J.S.Testa LLC

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, Jonathan Craig Fogle, am the legal owner(s) of the property located at 143 Old Arbor Way, identified as

PIN (Parcel Identification Number) 4625087917.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) J.S.Testa LLC, Michael Testa, 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.

Jonathan Craig Fogle
Signature of Owner(s)

2/7/19
Date

**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

PLAN FROM THE OAKS GROUP . .


DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossiake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax


I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1847, page 631, and/or plat book 14, page 79, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.
my hand and seal on the 11, day of AUG.
A.D. 20 15.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

0' 20' 40' 100'
SCALE IN FEET

VICINITY MAP***NO SCALE
CHUCKWOOD
BRANLEY SCHOOL
BARBER LP
OLD ARBORWAY
SITE

LAKE NORMAN
PIER
760 CONTOUR FOLLOWS SEA-WALL
781 CONTOUR (FLOOD LINE)
S03°50'28"W 149.72
60' BUFFER FROM ACTUAL 760 CONTOUR
DECK
2 STORY FRAME COMP. RF.
15' SIDE SETBACK
224.94
20.8
CONC. DR.
(BASE BEARING) N86°54'00"E
S84°49'43"W
216.68
House Box
Existing Shed
15' SIDE SETBACK
FRAME BLDG.
LOT 138
0.77 AC
GRAVEL DR.
35' FRONT SETBACK
EX. WELL
CONC. MON.
(THE ONLY)
N08°32'28"W 477.59
L=103.31'
R=1241.05
N01°35'21"E
OVERHEAD
L=53.62'
R=266.30
EIP

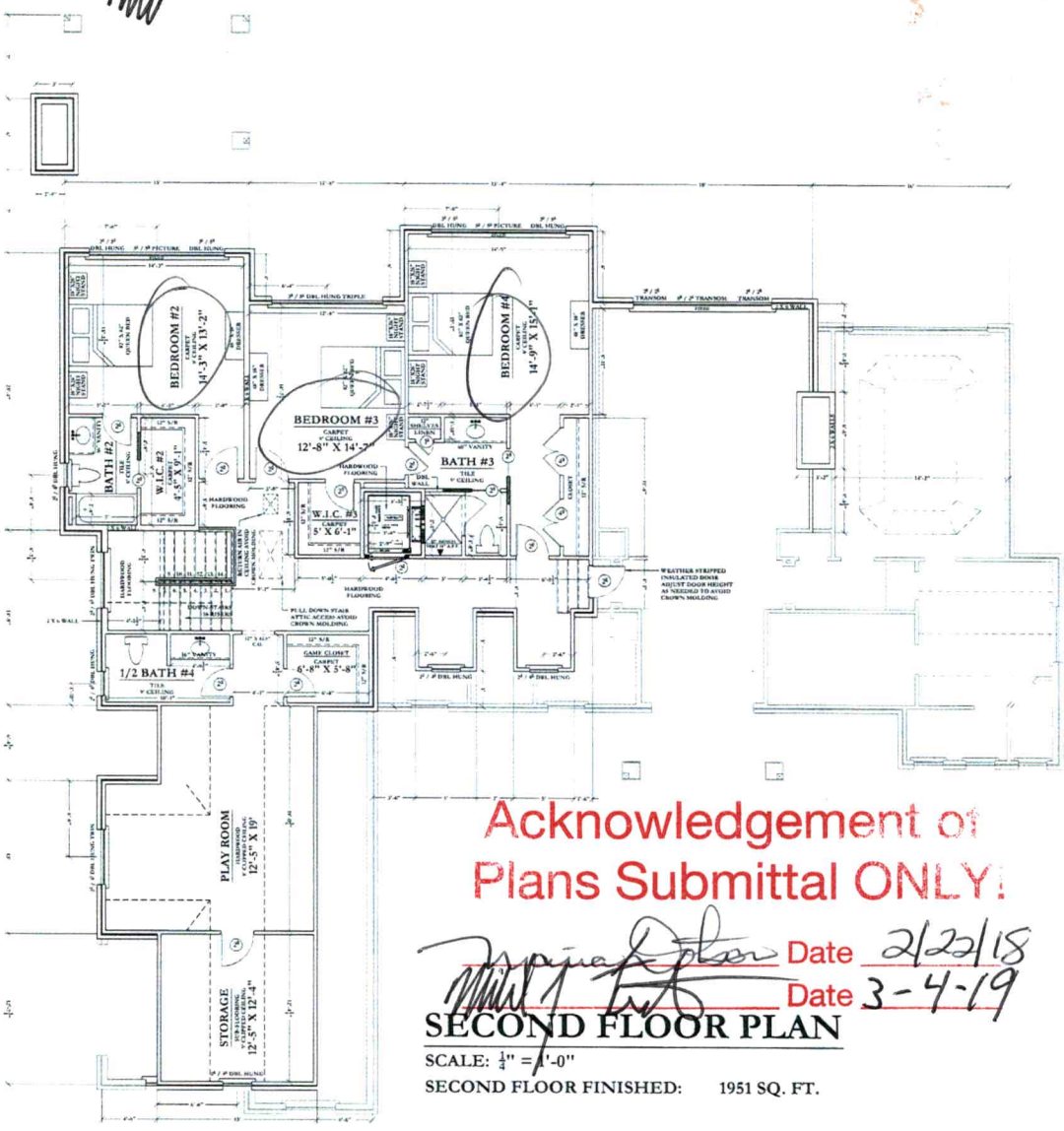
LOT 139
DOUGLAS L. WYRICK
1687\2826

LOT 137
JOHN B. HOOD
789\522

* Tank location may be moved based on actual house layout.

Sleeve supply line under drive keep it 60' from well.

Approved
(4-15)




Acknowledgement of Plans Submittal ONLY:

Date 2/22/18

Date 3-4-19

## SECOND FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

SECOND FLOOR FINISHED: 1951 SQ. FT.

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Second Floor Plan

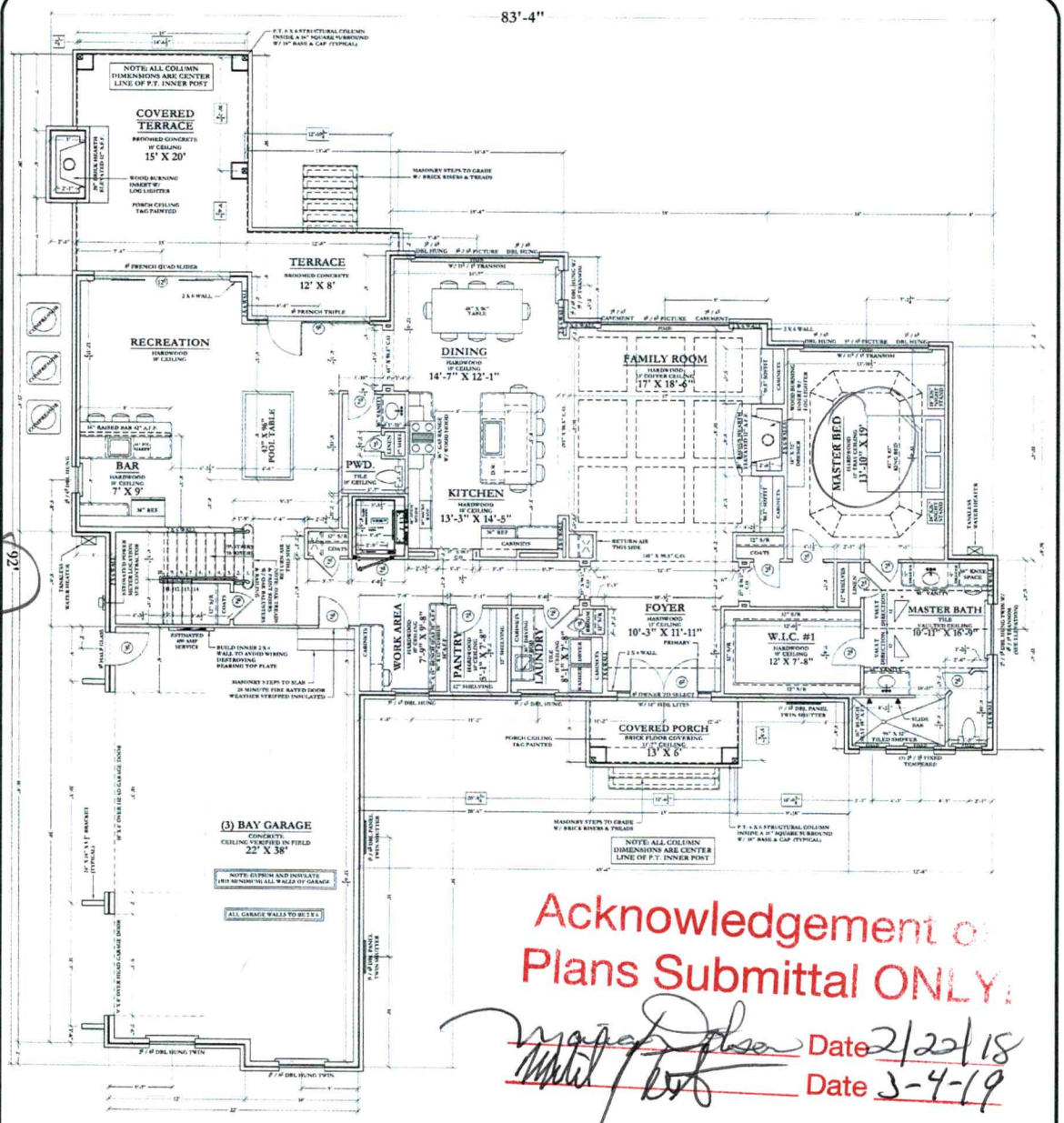
A-5

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

"The Fogle Residence"
143 Old Arborway Rd., Mooresville,
Iredell County, NC 28117

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan. Release of these plans contemplates further cooperation among the owner and his contractor. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the designer of responsibility for all consequences arising out of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

General Notes




Approved Septic Plan 7511 Will put Septic supply line to close to well.

Acknowledgement of Plans Submittal ONLY:

Date 2/22/18

Date 3-4-19

# FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$"= 1'-0"

| | |
|---|---|
| FIRST FLOOR FINISHED: | 2675 SQ. FT. |
| SECOND FLOOR FINISHED: | 1951 SQ. FT. |
| TOTAL FINISHED AREA: | 4626 SQ. FT. |
| GARAGE: | 853 SQ. FT. |
| FRONT PORCH: | 78 SQ. FT. |
| COVERED PORCH: | 314 SQ. FT. |
| TERRACE: | 103 SQ. FT. |
| TOTAL UN-FINISHED AREA: | 1348 SQ. FT. |
| TOTAL HOUSE UNDER FOOTING / ROOF: | 5974 SQ. FT. |

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| TABLE R302.6 DWELLING / GARAGE SEPARATION | |
|---|---|
| SEPARATION | MATERIAL |
| FROM THE RESIDENCE AND ATTICS | NOT LESS THAN $\frac{5}{8}$" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE |
| FROM ALL HABITABLE ROOMS ABOVE THE GARAGE | NOT LESS THAN $\frac{5}{8}$" TYPE X GYPSUM BOARD OR EQUIVALENT |
| STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION | NOT LESS THAN $\frac{5}{8}$" GYPSUM BOARD OR EQUIVALENT |
| GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT | NOT LESS THAN $\frac{5}{8}$" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA |

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First Floor Plan
A-4

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 213327 |
| Issue Date: 09/03/2015 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4625087917.000 | 143 OLD ARBORWAY ROAD, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: BRYANT DARRYL RAY | Applicant: THE OAKS GROUP |
| Address: 133 SHAGBARK LN<br>MOORESVILLE, NC 28115 | Address: 121 HOLT LN<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 704-578-4951 |

| Use Requested | Zone Code |
|---|---|
| SFD | R20 |

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

| Remarks: |
|---|
| |

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 | 48389 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|