IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 | Relocation Mooresville Office (704) 660-3625 | PERMIT # 243056

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

PIN # 4625611564

APPLICANT/OWNER: Mandy Massey | APPLICANT ADDRESS: 109 Deacons Pond Ct Mooresville, NC 28117

SITE ADDRESS: 109 Deacon's Pond Ct Mooresville, NC | PHONE: 704 905-9588 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Heathland TR Deacon's Pond 1st lot on left | SAP CONTROLLED: [X] YES [ ] NO

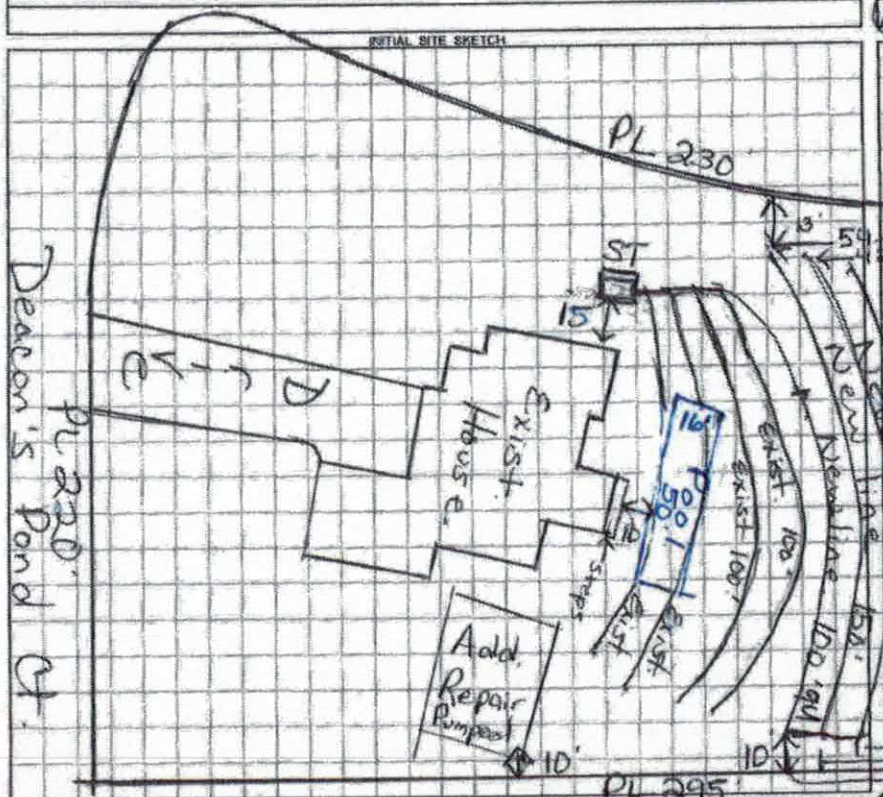
SUBDIVISION: The Point | SECTION: 8 | LOT # 80 | LOT AREA: 1.158Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank: Exist 1500 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction		[ ] Business	No. Persons 8	[ ] Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		[X] Other Pool	No. Employees	[X] Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400 ft	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space	[X] Community
Trench Width 36"	Trench Bottom Depth(Low side) 36"	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Keep Supply line >10ft from pool

Must abandon any part of drainfield within 15ft of pool "cut". Any part of existing drainfield that's greater than 15ft from pool cut can be used for future repair)

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

6-4-19 - 1st line checked 94' -CC

6/5/19 2nd line 156'
3rd line 150'

Used Quick

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 4-22-19 | Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/18/19 | OPERATION PERMIT by: Maria Dotson Date: 6/5/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/18/19 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day [illegible] ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243056

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

PIN # 4625611564

APPLICANT/OWNER: Mandy Massey APPLICANT ADDRESS: 109 Deacons Pond Ct. Mooresville, NC 28117

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SITE DIRECTIONS: Brawley School Rd TR Heathland TR Deacon's Pond 1st lot on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: The Point SECTION: 8 LOT # 804 LOT AREA: 1.158Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .3

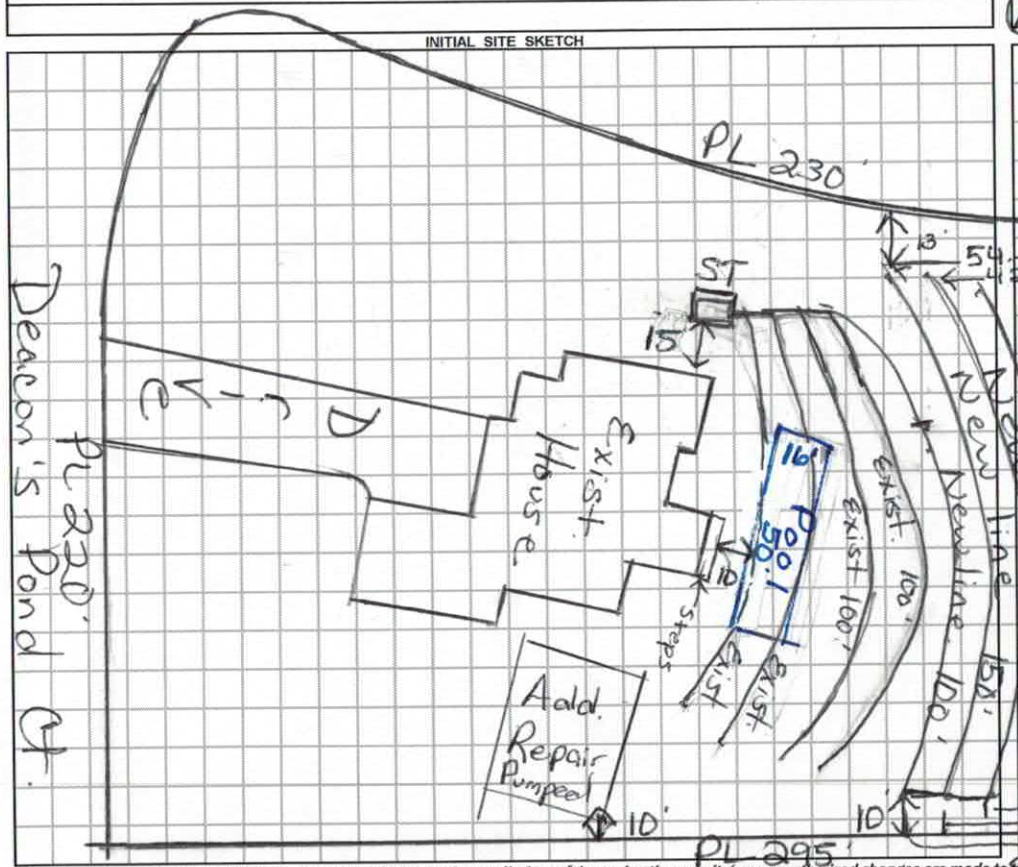
Septic Tank	Exist 1500 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			[ ] Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	25% Reduction			[X] Other Pool	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	400 Ft	Maintenance Agreement Required:	[ ] YES	[X] NO	[ ] Slab
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE		[X] Crawl Space
									[ ] Basement w/ plumbing

[X] Water Supply [ ] Private [X] Public [X] Community [ ] Basement w/o plumbing

Comments / Conditions: Keep Supply line >10ft from pool.

Must abandon any part of drainfield within 15ft of pool "cut". Any part of existing drainfield that's greater than 15ft from pool cut can be used for future repair)

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4-22-19 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/18/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/18/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet ___ of ___
PROPERTY ID #: 96256156
COUNTY: Iredell

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

OWNER: Mandy Massey — APPLICATION DATE: 3/10/19
ADDRESS: 109 Deepsong Pond Ct Mooresville NC — DATE EVALUATED: 4/11/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 1.158Ac
LOCATION OF SITE: The Point #804 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	A 4%	0-6	Brw SCL	ss, sp, sexp, FR					PS
		6-24	RCm-wSBK	ss, sp, sexp, FR					.35
		24-42	RC wSBK	ss, sp, sexp, FR		45"			
			w/few SAP Inclus						
		42-56	SL/L SAP massive	FR					.35
2	B 5%	0-9	Brw SCL	ss, sp, sexp, FR					PS
		9-20	RCm-wSBK	ss, sp, sexp, FR					.3
		20-52	RC wSBK	ss, sp, sexp, FR w/SAP Inclus					
		52-58	SL/L SAP massive	FR		52"			
3	C 7%	0-10	Brw SCL	ss, sp, sexp, FR					PS
		10-30	RCm-wSBK	ss, sp, sexp, FR					.3
		30-56	RC wSBK	ss, sp, sexp, FR					
			Few to many SAP Inclus			56"			
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS:

Pool Size?

243056
$pd 500

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mandy Massey Address: 109 Deacons Pond Ct Zip: 28117
Applicant Email: emmylives@yahoo.com Phone: 704.905.9588 Alt. Phone: _____
Owner Name: Mandy Massey Address: 109 Deacons Pond Ct Zip: 28117
Owner Email: emmylives@yahoo.com Phone: 704.905.9588 Alt. Phone: _____

Pool
16'x50'
10ft off
12 off Steps

Property Information:

Street Address: 109 Deacons Pond Court
Subdivision Name: The Point Section/Phase: Phase 8 - Weston Village Lot Number: 804
Driving Directions: I-77 to Brawley School Road, West on Brawley School Rd to Right on Heathland. Property on Right at corner of Heathland and Deacons Pond

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

TYPE

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

_____

4

Signature: ______________________ 3-10-19

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

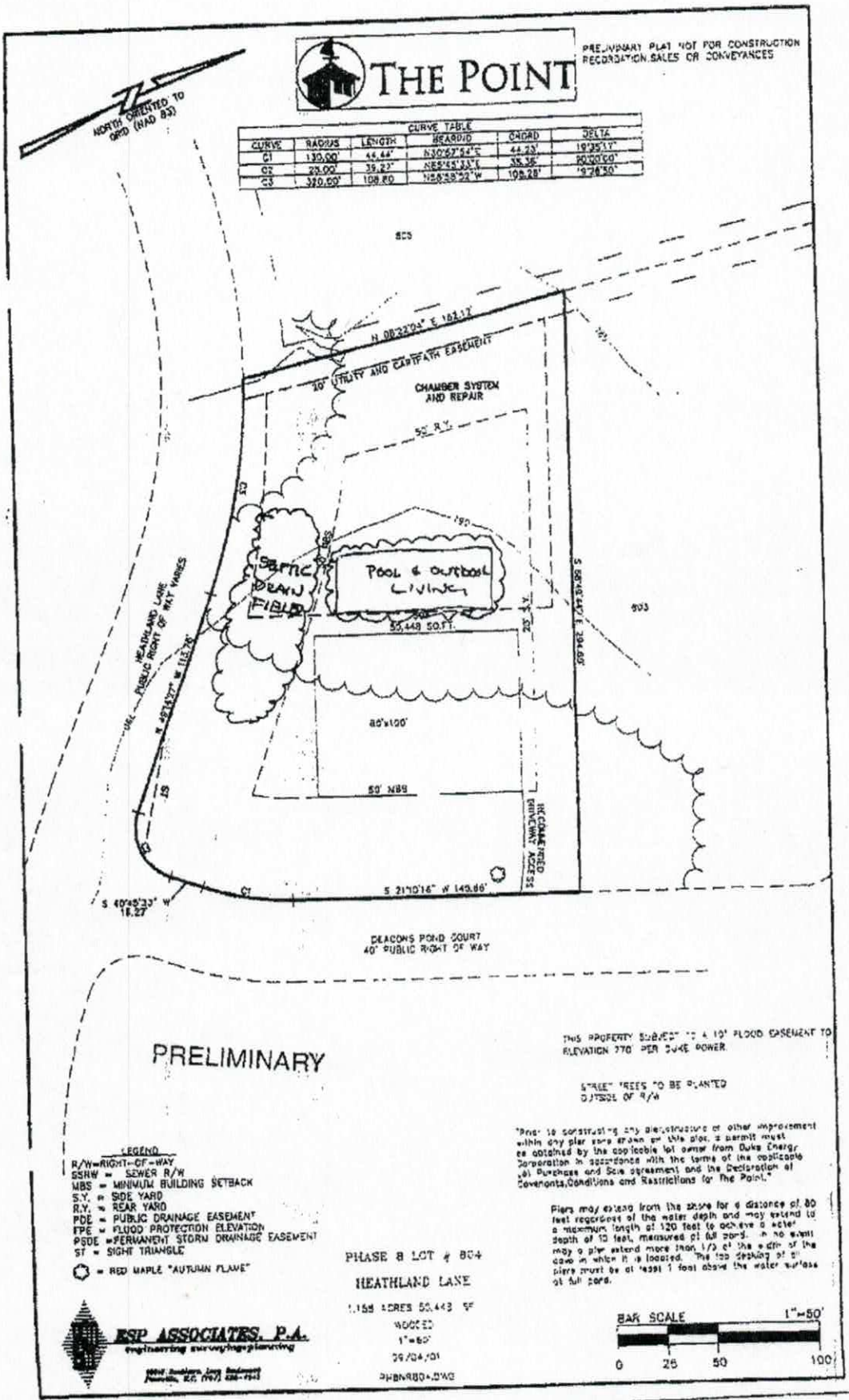
(Check and sign only ONE of the options below)

1. • APPLICANT AND OWNER ARE THE SAME. • *(Sign here)* ______________________

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, ______________________, am the legal owner(s) of the property located at ______________________, 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.

____


THE POINT
PRELIMINARY PLAT NOT FOR CONSTRUCTION RECORDATION, SALES OR CONVEYANCES
NORTH ORIENTED TO GRID (NAD 83)
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD | DELTA
C1 | 130.00' | 44.44' | N30°07'54"E | 44.23' | 19°35'17"
C2 | 23.00' | 39.27' | N55°45'33"E | 35.35' | 90°00'00"
C3 | 320.00' | 108.80 | N58°38'52"W | 108.28' | 19°28'50"
N 08°32'04" E 182.17'
20' UTILITY AND CARTPATH EASEMENT
CHAMBER SYSTEM AND REPAIR
55' R.Y.
SEPTIC DRAIN FIELD
POOL & OUTDOOR LIVING
55,448 SQ.FT.
S 66°36'45" E 304.60'
HEATHLAND LANE
PUBLIC RIGHT OF WAY VARIES
S 49°43'27" W 115.76'
80'x100'
50' NBS
INCOMBINED DRIVEWAY ACCESS
S 21°10'16" W 149.86'
S 40°45'33" W 18.27
DEACONS POND COURT
40' PUBLIC RIGHT OF WAY
PRELIMINARY
THIS PROPERTY SUBJECT TO A 10' FLOOD EASEMENT TO ELEVATION 770' PER DUKE POWER.
STREET TREES TO BE PLANTED OUTSIDE OF R/W
"Prior to constructing any pier, structure or other improvement within any pier zone shown on this plat, a permit must be obtained by the applicable lot owner from Duke Energy Corporation in accordance with the terms of the applicable (a) Purchase and Sale agreement and the Declaration of Covenants, Conditions and Restrictions for The Point."
Piers may extend from the shore for a distance of 80 feet regardless of the water depth and may extend to a maximum length of 120 feet to achieve a water depth of 10 feet, measured at full pond. In no event may a pier extend more than 1/3 of the width of the cove in which it is located. The top decking of all piers must be at elev. 1 foot above the water surface at full pond.
LEGEND
R/W=RIGHT-OF-WAY
SSRW = SEWER R/W
MBS = MINIMUM BUILDING SETBACK
S.Y. = SIDE YARD
R.Y. = REAR YARD
PDE = PUBLIC DRAINAGE EASEMENT
FPE = FLOOD PROTECTION ELEVATION
PSDE = PERMANENT STORM DRAINAGE EASEMENT
ST = SIGHT TRIANGLE
= RED MAPLE "AUTUMN FLAME"
PHASE 8 LOT # 804
HEATHLAND LANE
1.158 ACRES 50,448 SF
WOODED
1"=50'
09/04/01
PHBNR804.DWG
ESP ASSOCIATES, P.A.
engineering surveying planning
BAR SCALE 1"=50'
0 25 50 100

IREDELL COUNTY

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

APPLICATION NUMBER
243056
Issue Date: 03/20/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4625611564.000	109 DEACONS POND COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COWLEY ROBERT G JR+DEBRA A	Applicant: MASSEY, LANDON & MANDY
Address: 109 DEACONS POND CT	Address: 109 DEACONS POND COURT
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-905-9588

Use Requested	Zone Code
SWIMMING POOL	RACU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.158		10.00	25.00	10.00	CACL	X

Remarks:

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	171211	TOTAL FEES:	$ 77.25