IREDELL COUNTY HEALTH DEPARTMENT

PJB

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

2.00

PERMIT # AP-205054

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

PIN # 4625790286

APPLICANT/OWNER: Ken Nagamatsu / Sergio Kielmanowicz APPLICANT ADDRESS: 6428 Bannington Rd Ste A Charlotte, NC

SITE ADDRESS: 101 Wellfleet Ln. Mooresville, NC PHONE: 704-401-4084 ALT. PHONE 704-412-4130

SITE DIRECTIONS: Brawley School → R on Marstons Mill → R on White Horse → R on Tuckernuck → L on Wellfleet → lot at end SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Point SECTION: 4 LOT # 404 LOT AREA: 1.111 ac DESIGN FLOW: 600gpd L.T.A.R.: .3

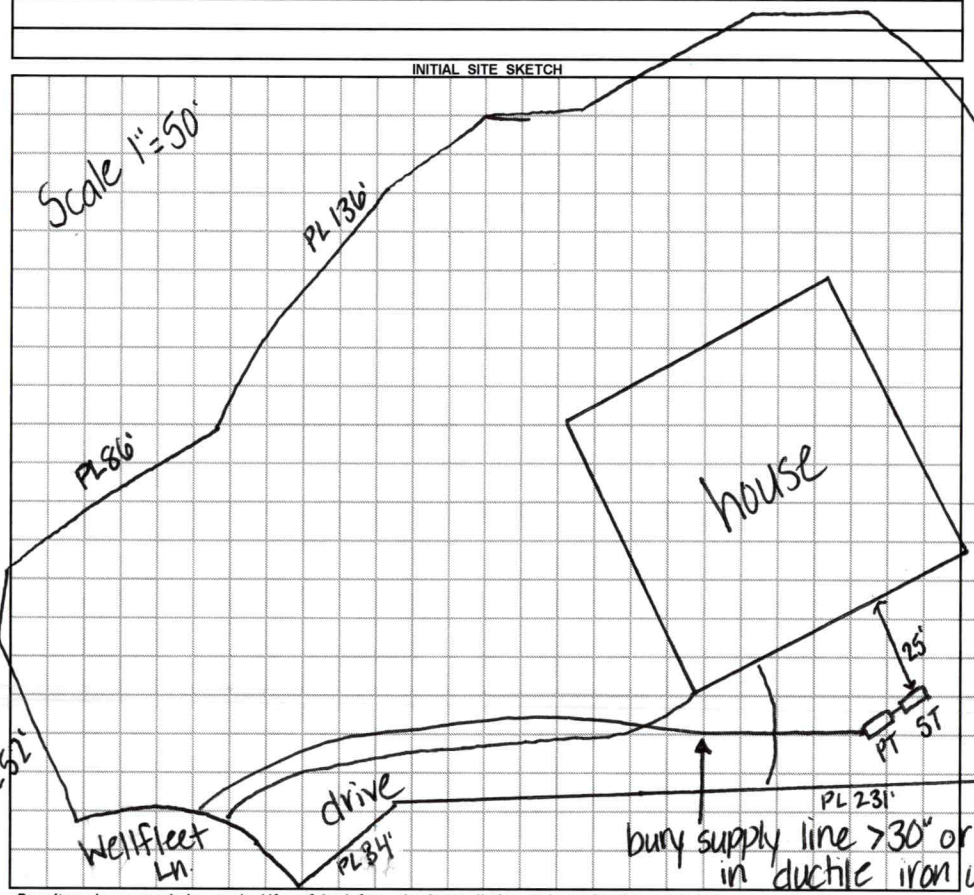
Septic Tank	1500	(gal)	STB 444	Date	9-26-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5
Pump Tank	1500	(gal)	PT 477	Date	9-31-19	System Description: PM 25% reduction (off site)				☐ Business	No. Persons 10
Pump Make	Orenco	Model	PF300712	Serial #		Repair System Description: LP PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	100'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~ MAX)	24"	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

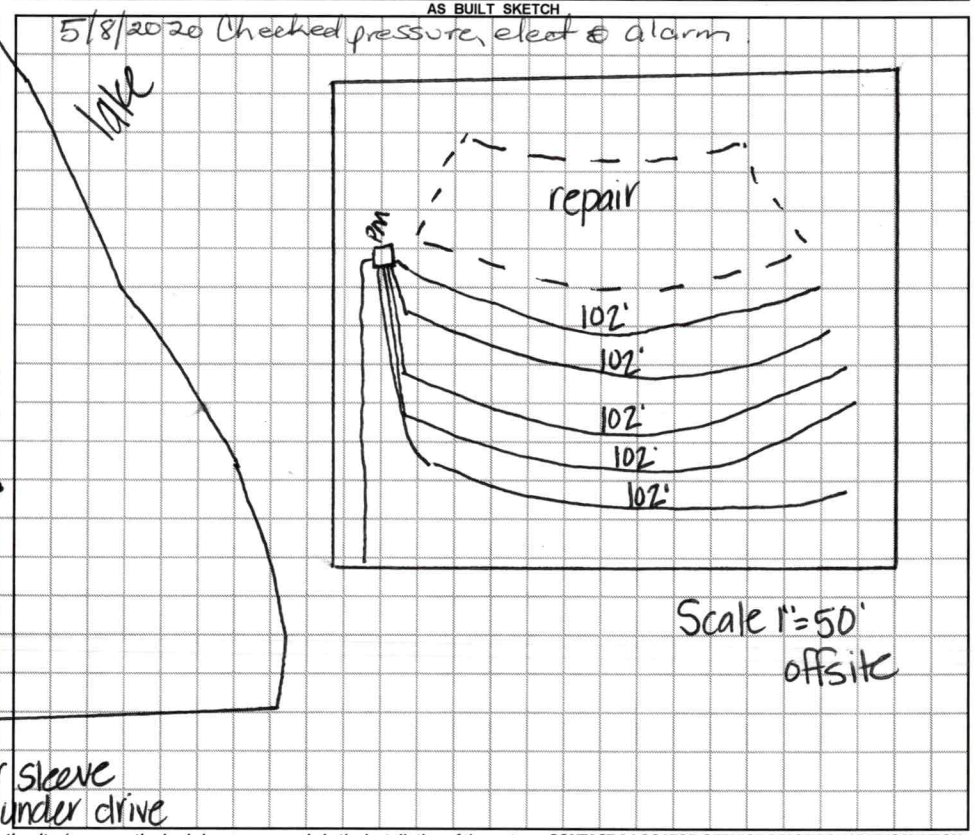
The purpose of this permit is to replace a previous permit that has expired. The tanks and drain lines have already been installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

5/8/2020 Checked pressure, elect & alarm.



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: 3-3-20 Installed by: R+H

IMPROVEMENT PERMIT by: Kayla Watson Date: 3-2-20 OPERATION PERMIT by: [signature] Date: 5/8/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-2-20 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.

On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #: 404/404A
File #:
AppID: 4625790286

Owner: Zerbe Family Trust
Address: 11237 McClure Manor Dr Charlotte 28277
Proposed Facility: SFR
Design Flow (.1949) 600
Location of Site: Lot 404/404A

Applicant: Dons Nash
Date Evaluated: 8/2/14
Property Size: 1.111 Ac
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 0-5%	0-37	Mo SBK C	FR SS/SP	Red				0.3
		37-51	WK SBK C	FR SS/SP	Red; F/C sap				
2	L 0-5%	0-3	Mo GR SL	FR ns/np	Br				0.3
		3-42	Mo SBK C	FR SS/SP	Red; F Mica				
		42-48	WK SBK CL	FR SS/SP	Red; F sap				
3	L 0-5%	0-6	Mo GR SL	FR ns/np	Br				0.3
		6-37	Mo SBK C	FR SS/SP	Red; F Mica				
		37-49	WK SBK CL	FR SS/SP	Red; C sap				
4	L 0-5%	0-30	Mo SBK C	FR SS/SP	Red				0.3
		30-48	Mo SBK C	FR SS/SP	Red; F sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: kms
Others Present: RH
Site Classification (.1948): PS
Site Evaluation By: OK - 8-11-14
Others Present:

Lot 404/404A The Point Subdivision Fast Track

Number of Bedrooms	**5**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	500
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	1,555' of 3" SCH 40 PVC
Flow Rate through the system	27.5
Elevation head	Approx. 58'
Pressure head	2.0'
Friction head	358'
20% Contingency	84'
Total Head	502'
Pump Requirements	27.5 gpm @ 502' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx.8.7 min.
Repair System	**LP PPBPS**
Total Linear Feet	382
Repair Loading Rate	0.3

of 8-1-14

No changes To Original Permit!

Application to renew expired/existing Residential Septic Permit

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-205054 $320.00

Iredell County Health Department – Environmental Health Division

RECEIVED FEB 2 6 2020

PAGE 1: *APPLICATION FORM*

(✓) Renew expired permit - system nearly completed

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 - Original on file! No changes!

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: Ken Nagamotsu **Address:** Arcadia Homes, Inc, 6428 Bannington Rd-St. A, Charlotte, NC **Zip:** 28226
Applicant Email: Knagamotsu@arcadiahomesinc.com **Phone:** 704-401-4084 **Alt. Phone:** 704-412-4130
Owner Name: Sergio Kielmanowicz **Address:** Bayberry Creek Circle **Zip:** 28117
Owner Email: srgwcz@gmail.com **Phone:** 704-699-6994 **Alt. Phone:** Mooresville

Property Information:

Street Address: 101 Wellfleet Lane, Mooresville, NC 28117
Subdivision Name: The Point **Section/Phase:** _____ **Lot Number:** 404
Driving Directions: Nearest cross roads: Brawley School Rd & Marston's Mill Drive

Site Development Information: *(check or complete ALL that apply* Existing/Expired Permit Renewal - No changes to original

CHECK FOUNDATION TYPE For:

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 10 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) 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: 2019
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Type III

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: _____ 02/21/2020
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, Sergio Kielmanowicz, am the legal owner(s) of the property located at 101 Wellfleet Lane, Mooresville, NC, identified as

PIN (Parcel Identification Number) Lot 404 - The Point, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ken Nagamatsu, Arcadia Homes, Inc., 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.

_____ 02/21/2020
Signature of Owner(s) 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

IREDELL COUNTY

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

APPLICATION NUMBER
205054
Issue Date: 08/04/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4625790286.000	101 WELLFLEET LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information		Applicant Information	
Owner:	ZERBE FAMILY TRUST	Applicant:	KATHLEEN SAUNDERS
Address:	11237 MCCLURE MANOR DR CHARLOTTE, NC 28277	Address:	227 GRAYLAND RD MOORESVILLE, NC 28115
Phone:		Phone:	704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.111	50.00	35.00	50.00	15.00	CACL	AE

Remarks:

50 FOOT LEFT S/B IS THE WATER

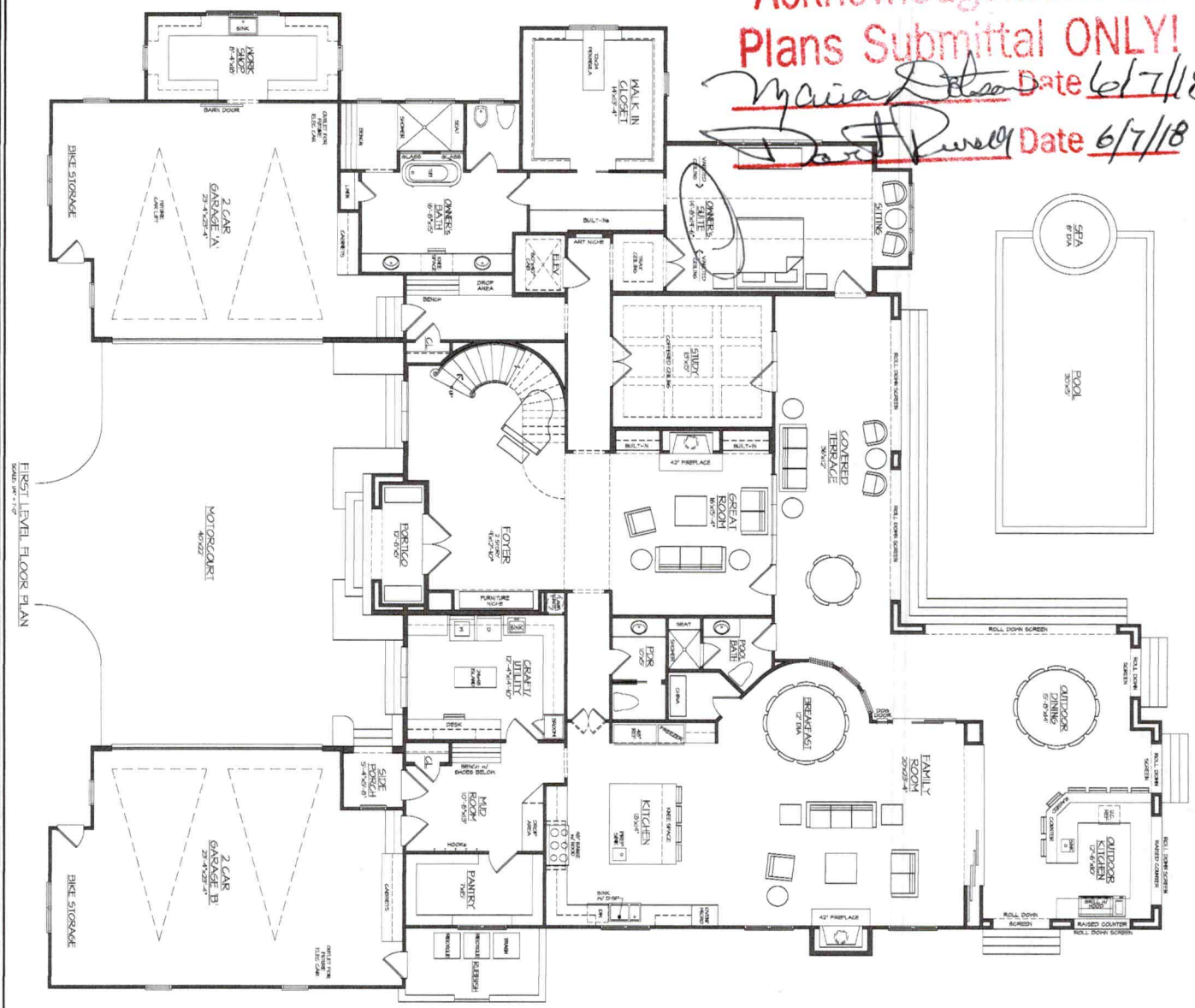
$ PAID

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	18557	TOTAL FEES:	$ 77.25

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 6/7/18
Don Purcell Date 6/7/18

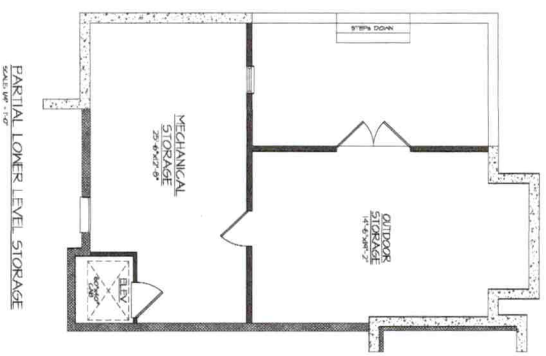


NOT FOR CONSTRUCTION

Date

Date

Acknowledgement Of
Plans Submittal ONLY!



KIELMANOWICZ RESIDENCE
APPROX. SQUARE FOOTAGE
(ROUND ONLY)

MAIN LVL	=	3,580	SQ FT
SECOND LVL	=	2,296	SQ FT
TOTAL HEATED	=	5,876	SQ FT
2 CAR GARAGE 'A'	=	671	SQ FT
2 CAR GARAGE 'B'	=	544	SQ FT
PORCHES	=	81	SQ FT
PORTICO	=	81	SQ FT
COVERED TERRACE	=	1,008	SQ FT
MECHANICAL STORAGE	=	304	SQ FT
OUTDOOR STORAGE	=	128	SQ FT
TOTAL UNDER ROOF	=	8,693	SQ FT
SCREENED TERRACE	=	342	SQ FT
STAIRS COUNTED ONCE	=	1,626	SQ FT

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DD

DATE:
SHEET NO. OF 12

STRUCTURE BY	FB
JOB NO.	17-0004
DRAWN BY	RLV
CHECKED BY	

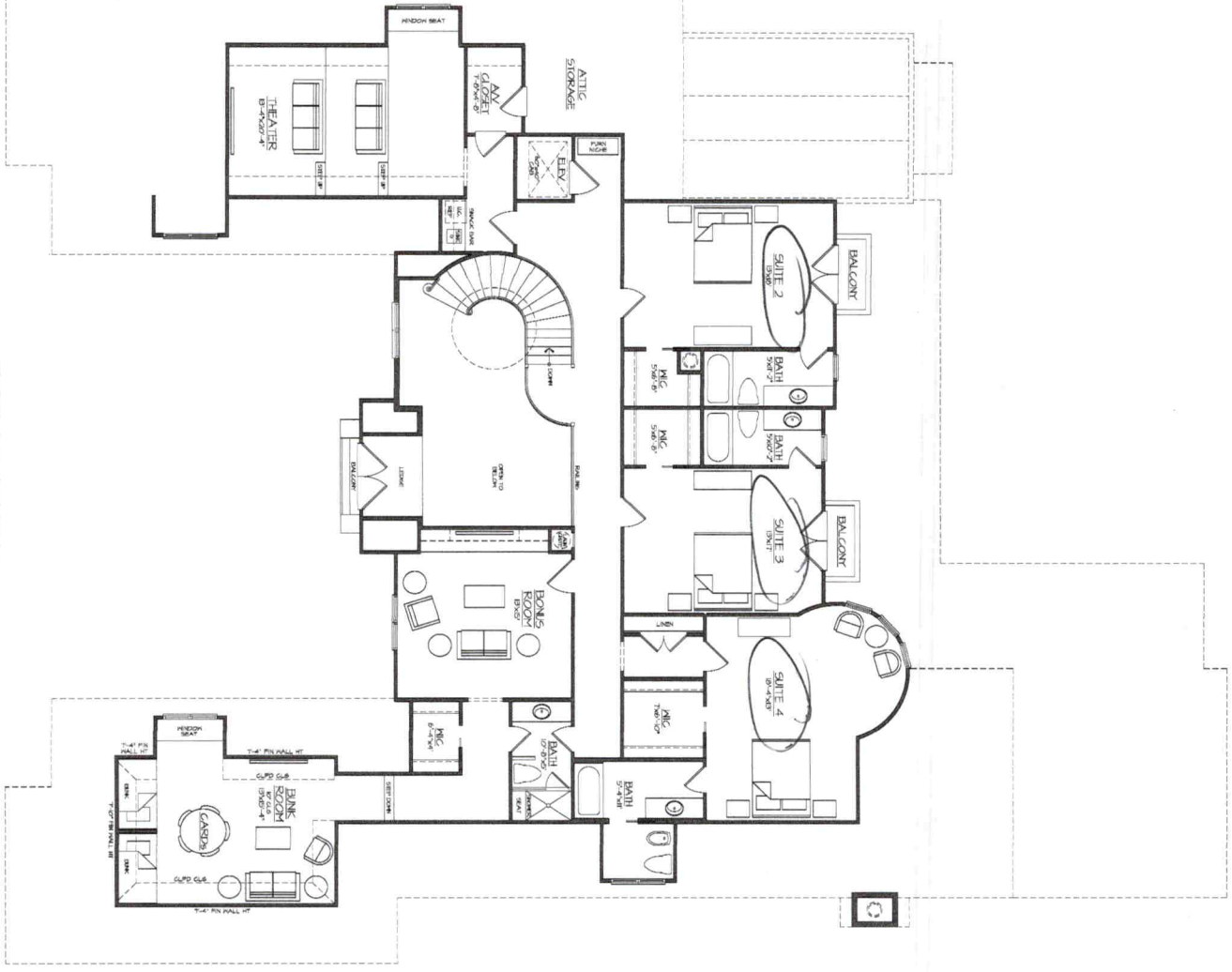
REVISIONS BY

Kielmanowicz Residence

LOT 404 - THE POINT
MOORESVILLE, NC

BUILDING GRAPHICS
ARCHITECTURE
7400 CARMEL EXECUTIVE PARK SUITE 150 CHARLOTTE, N.C. 28226
704 / 542-1499 (FAX) 704 / 542-1499

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 6/7/18
Bart Kersey Date 6/7/18



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

NOT FOR CONSTRUCTION

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DD

DATE: 6/07/2018
SHEET NO. 12 OF 12

STRUCTURE BY: FS
JOB NO. 17-0041
DRAWN BY: RLV
CHECKED BY:

Kielmanowicz Residence
LOT 404 · THE POINT
MOORESVILLE, NC

BUILDING GRAPHICS
ARCHITECTURE
7400 CARMEL EXECUTIVE PARK SUITE 150 CHARLOTTE, N.C. 28226
704 / 542-1498 (FAX) 704 / 542-1499