IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216737

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

PIN # 4625-87-5568 (4625-87-3769)

APPLICANT: DARLENE AMUNDSON APPLICANT ADDRESS: PO Box 1661 CORNELIUS, NC off site Repair?

SITE ADDRESS: 150 BROWNSTONE DR. - Mrsvl PHONE: 617-221-2215 ALT. PHONE:

SITE DIRECTIONS: BSR, TR MARSTONS MILL, TL WHITE HORSE, TL RALSTON, @ END (INTERSECTION)

SUBDIVISION: ✓ THE POINT ON NORMAN SECTION: 4 LOT # 454 LOT AREA: 1AC (.28A EAS) DESIGN FLOW: 480 L.T.A.R.: .25 (.125R

Septic Tank	1500	(gal)	STB	4414	Date	2-24-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1500	(gal)	PT	4477	Date	3-9-17	System Description:		LP- PANEL BLOCK Off Site		
Pump Make	Orenco		Model		Serial #		Repair System Description:		DRIP		
# Nitrification Fields	1		# Lines	8	Linear Ft:	320'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Max. Trench Bottom Depth	28"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence No. Bedrooms 4 — Water Supply: ☐ Private ☐ Public ☒ Community

☐ Business No. Persons — ☒ Other No. Employees — ☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: 4/13/17 Checked drainlines highest line 11ft from PL, checked tanks.

Pool

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

5/5/17: No weep hole drilled in line (ok per Tri-County wastewater due to air-locking provisions taken care of by the setup/design of force-main within the pump tank) Pump randomly turning on/off => installer can't determine why. Told them to call it in another day when ready. -SS

	Date	Initials
Drain Lines Checked	4/13/17	MD
Tanks Checked	4/13/17	MD
Pressure Manifold or Valve Box Checked & Supply Line	4/13/17	MD
Pressure Head Set	5-12-17	BA
Electrical Checked	↓	BA
Floats Set	6-15-17	BA
Alarm Checked	↓	↓
Maintenance Contract Y / N	↓	↓

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.*

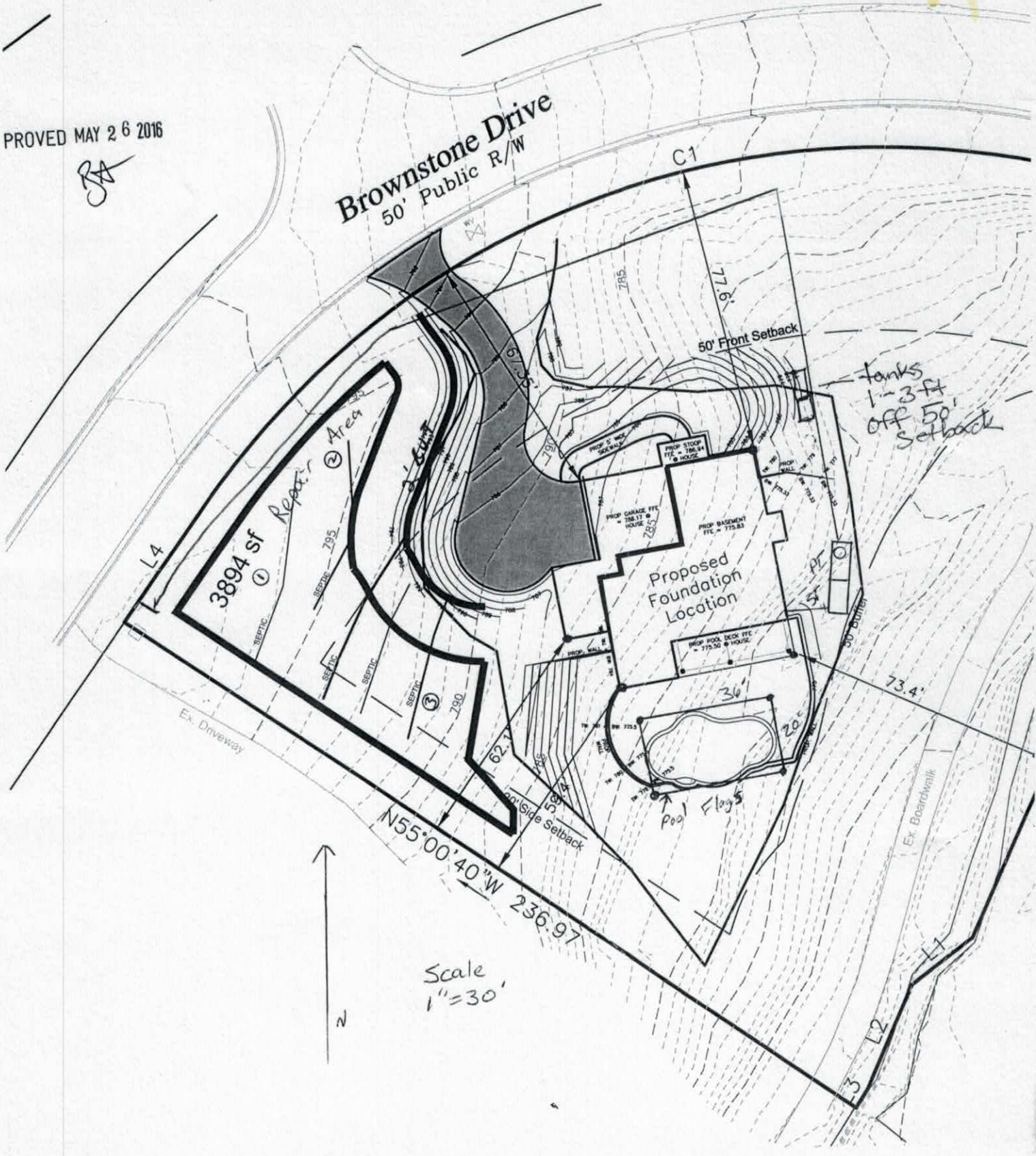
Owner / Applicant Signature: Date: 6/3/16 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: APPROVED MAY 26 2016 OPERATION PERMIT by: Date: 6-14-17

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED MAY 26 2016 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

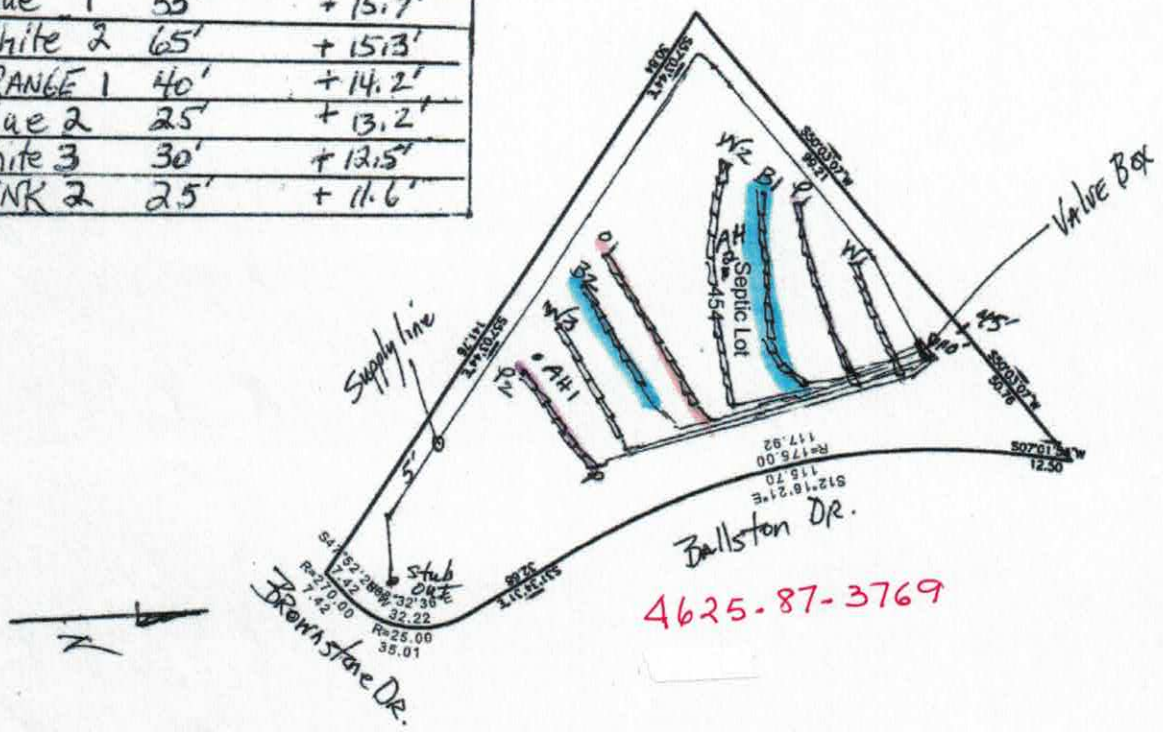
PROVED MAY 2 6 2016



APPROVED MAY 2 6 2016

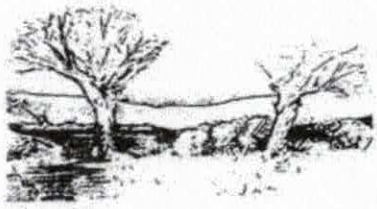
JA

	Length	Elevation
VALVE BOX		+ 18.2'
White 1	30'	+ 17.6'
PINK 1	50'	+ 16.4'
Blue 1	55'	+ 15.7'
White 2	65'	+ 15.3'
ORANGE 1	40'	+ 14.2'
Blue 2	25'	+ 13.2'
White 3	30'	+ 12.5'
PINK 2	25'	+ 11.6'



4625-87-3769

1" = 50'



APPROVED MAY 2 6 2016

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

Data Sheet for lot 454/454A The Point
House Footprint: See attached plan
Water Source: Community water
Number of Bedrooms: 4/480 GPD
Predetermined LTAR (initial): 0.25 GPD/FT2
Proposed LTAR (repair): 0.125 GPD/FT2
Proposed System Type: 50% Reduction/PPBPS
Proposed Repair System Type: American Perc-Rite Drip Irrigation
Distribution: Low Pressure
 # Panels: 75
Orifice Size: 5/32"
System Flow: 30.75 GPM (73 x .41)
Dosing Volume: 270 gallons
Pump Run Time: 8.78 minutes
Elevation Head: 44'
Friction Head: 14'
Pressure Head: 2'
Total Dynamic Head: 66 (44' EH +2' PH + 14'FL +10% contingency)
Supply Line Length: 720'
Supply line Size: 2" minimum
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 28"
Benchmark Elevation = 0' @ Metal Valve Cover w/ concrete collar near street

Septic Field Easement- Initial System

Line	Design Length	Actual Length	Elevation
Valve box			18.2
White	30'	33'	17.6
Pink	50'	50	16.4'
Blue	55'	62'	15.7'
White	65'	74'	15.3'
Orange	40'	47'	14.2'
Blue	25'	28'	13.2'
White	30'	38'	12.5'
Pink	25	28'	11.6'

Totals (initial) **320** **360**

APPROVED MAY 2 6 2016

Repair: 3894 FT2

Elevation of house corner nearest driveway and laterals -2.7'
Pump tank ground level elevation -18.8'

Comments:
Owner desires initial system be installed on easement. The area of the driveway will be graded down and a slope will be created. The attached plan by Piedmont Design shows the proposed grading plan, where the 2' cut location and the proposed drip irrigation repair area. The owners also desire a pool.
MA&A performed three new soil observations to determine at what depth the YB mottles entered the profile. We determined the mottles did not come in until approximately 24"; therefore, we believe a LTAR for the drip system of 0.15 GPD/FT2 would be appropriate, but we have design the area at 0.125 GPD/FT2.
The supply line must cross 30" under the driveway.

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

Sheet _1_ *of* _1_
PROPERTY ID #: 4625875568
COUNTY: Iredell

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

APPROVED MAY 26 2016

OWNER: Darlene Amundson
ADDRESS: PO Box 1661 Cornelius, NC 28031
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 150 Brownstone Dr., The Point Lot 454
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1.085 AC
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) .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	LS 8%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	36"	Few SAP	N/A	PS 0.15 DRIP
		6-30	R C SBK	FR SS SP SEXP					
		30-36	R CL WSBK	FR SS SP SEXP			Com SAP		
2	LS 12%	0-9	Br SCL WSBK	FR SS SP SEXP	YB/Litho @ 24"	30"	N/A	N/A	PS 0.15 DRIP
		9-30	R C SBK	FR SS SP SEXP					
3	LS 12%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	30"	N/A	N/A	PS 0.15 DRIP
		7-30	R C SBK	FR SS SP SEXP					
4									

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		3894 FT2
System Type(s)		Amer. Perc-Rite
Site LTAR		0.15

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

ON-SITE WATER PROTECTION BRANCH

COUNTY: Iredell

PIN 4625 87 5563

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

APPROVED MAR 22 2016

3A

OWNER: Darlene Amundson
ADDRESS: PO Box 1661 Cornelius NC 28031
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 454, phs 4 The Point 150 Brownstone Dr.
APPLICATION DATE
DATE EVALUATED: 2-2-16
PROPERTY SIZE: 1.08Ac + 12348 ft² SF
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) .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
1	6% L on SFE454A	0-8"	wk sbk scl/cl	fr sss sp sexp	NONE	48"	NA	NONE	.25
		8-27	sbk/mod c	fi-fr sss sp sexp					
		27-48	sbk cl	fr sss sp sexp					
			few	yellow red mottles					
2	5% S on SFE454A	0-8	gr scl	fr sss sp sexp	NONE	48"	NA	NONE	.3
		8-30	sbk c	fr sss sp sexp					
		30-48	sbk cl	fr sss sp sexp					
3	8% S on Lot 454	0-14	gr sl/scl	fr sss sp	NONE obs Few Brn Mottles	48"	NA	NONE	.25
		14-41	sbk/mod c	fr sss sp sexp					
		41-48	wk sbk cl	fr sss sp sexp					
4	15% L on Lot 454	0-12	gr sl/scl	fr sss sp	NONE obs Few Brn Mottles	48"	NA	NONE	.25
		12-48	sbk c	fr sss sp sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	5	5
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D Johnson + Mike Athanas
OTHER(S) PRESENT:

COMMENTS: Owner desires initial system to be in septic field easement.

Updated February 2014

RECEIVED MAY 16 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00
#216737

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- (X) Septic Improvement Permit
- (X) Authorization to Construct
- ( ) New Well Permit
- ( ) Well Repair Permit
- ( ) Well Abandonment
- ( ) 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:
Place an (X) beside whichever is submitted if applicable

- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Darlene Amundson **Address:** PO Box 1661 Cornelius NC 28031 **Phone:** Dustin-Bldr 612-221 2215

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 150 Brownstone

Subdivision Name: The Point **Section/Phase:** _____ **Lot Number:** 454

Driving Directions: BSR, TR Marston's Mill, TL White Horse, TL Ballston, Lot is across From intersection @ Brownstone

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

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____

- (X) Swimming Pool
- ( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/16/2016
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, Scott J. Amundson/Brenda R. Amundson/Darlene M. Amundson, am the legal owner(s) of the property located at 150 Brownstone Drive, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4625875568, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dustin Endres, Endres Custom Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. Michael Athanas & Assoc

- 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 of Owner(s) _____ Date 5-13-2016

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 2867x`

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

IREDELL COUNTY HEALTH DEPARTMENT

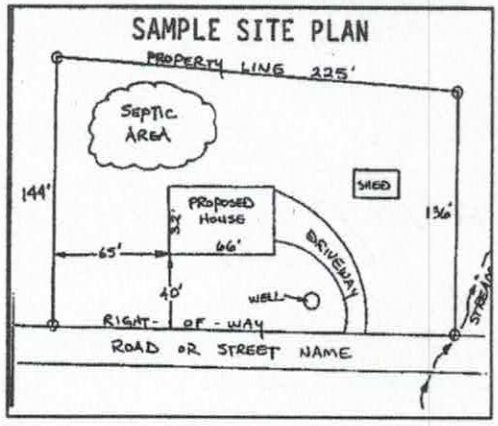
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Plan

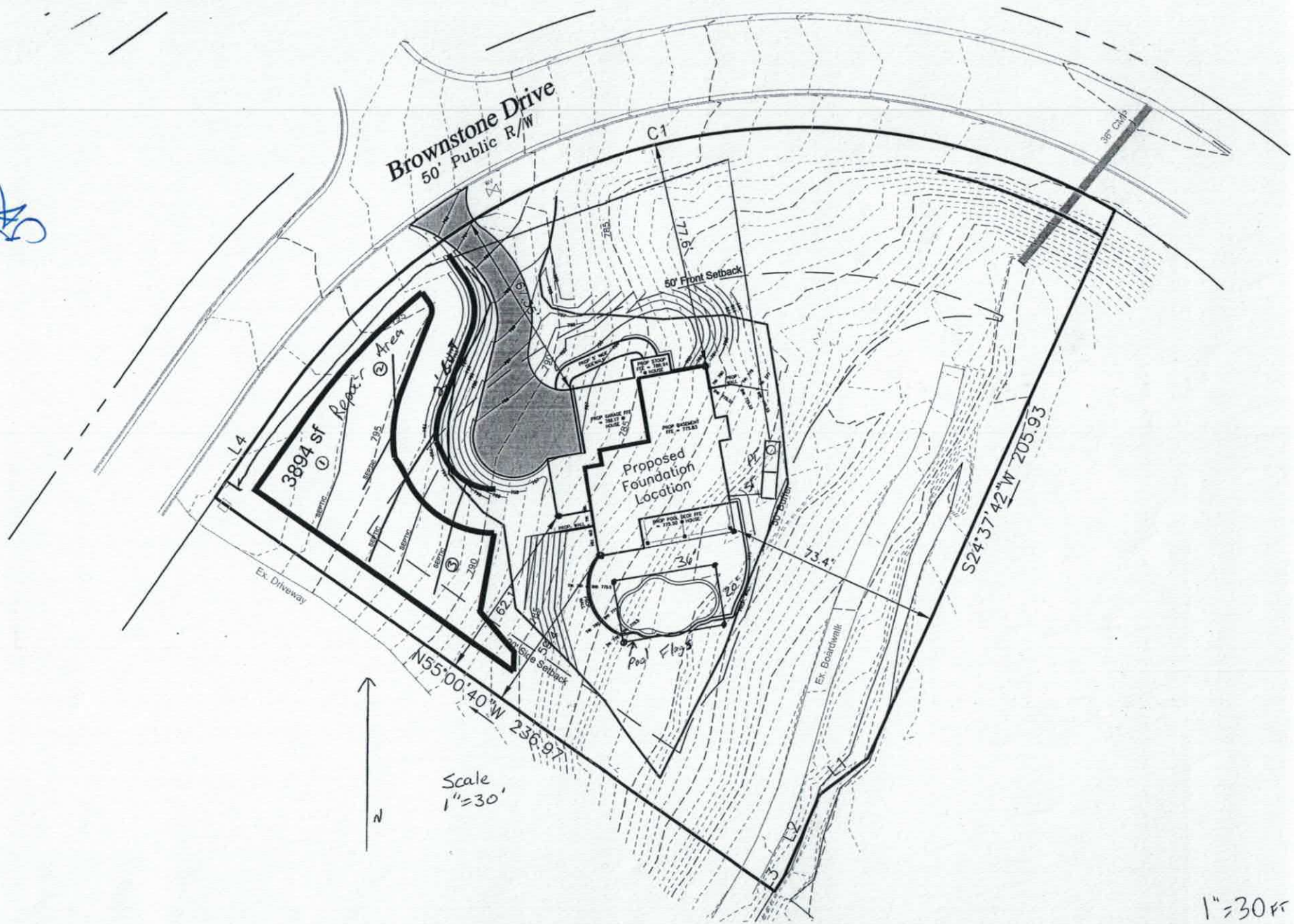
Signature: _____

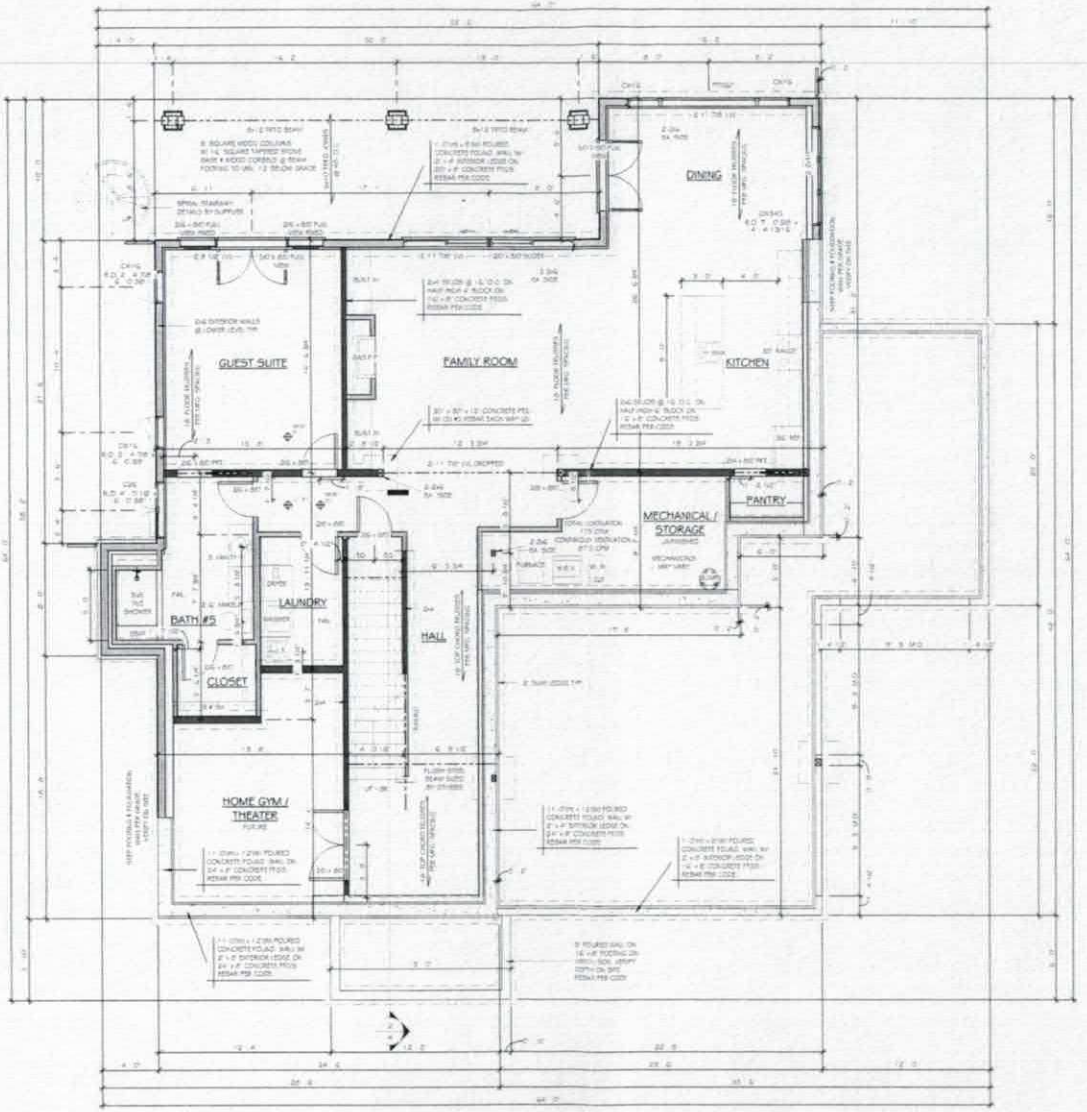
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/16/2014

DATE

APPROVED MAY 26 2016





1 LOWER FLOOR PLAN
2 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 4-1-16

Date 4-1-16

NORTH HOUSE RESIDENTIAL DESIGN
1132 MILLER LANE
LAKE SHORE, MN 56468
PH (612) 327-7582
NORTHHOUSE-RD.COM

JOB INFORMATION

THE AMUNDSON RESIDENCE

MOORSEVILLE, NC

DRAWING DATE
3.5.15

REVISION RECORD	
9	6.3.15
10	7.22.15
11	7.27.15
12	1.7.16
13	1.25.16
14	
15	
16	

FINISHED SQ FT	
UPPER:	1097
MAIN:	1945
LOWER:	
BONUS:	253
TOTAL:	3295

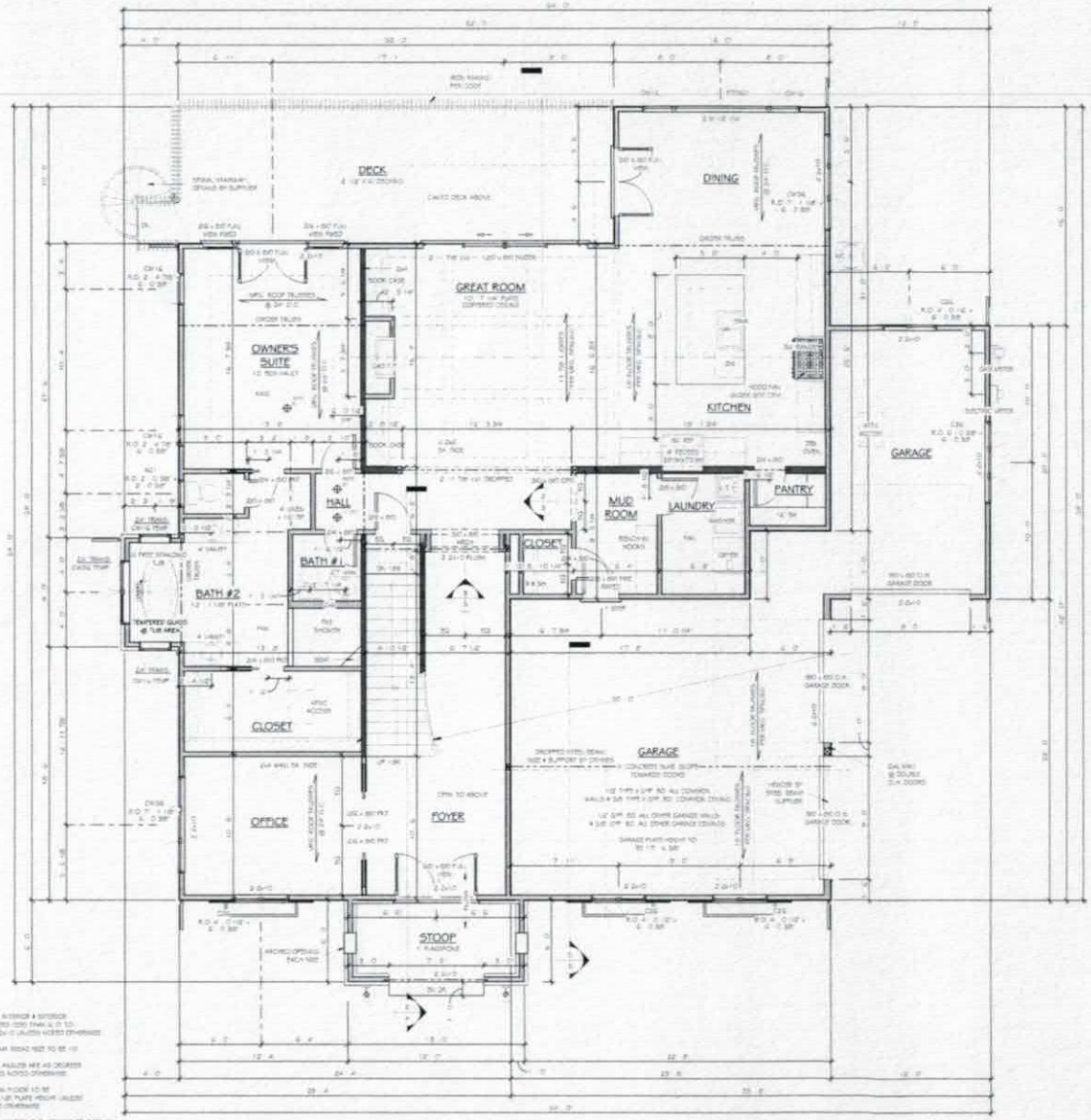
PROJECT NUMBER
ECH004

SHEET
2 OF 5

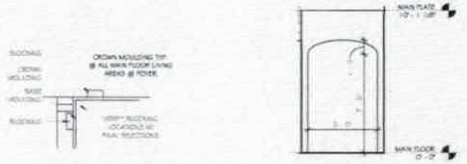
Acknowledgement of Plans Submittal ONLY!

Date 4-1-16

Date 4-1-16

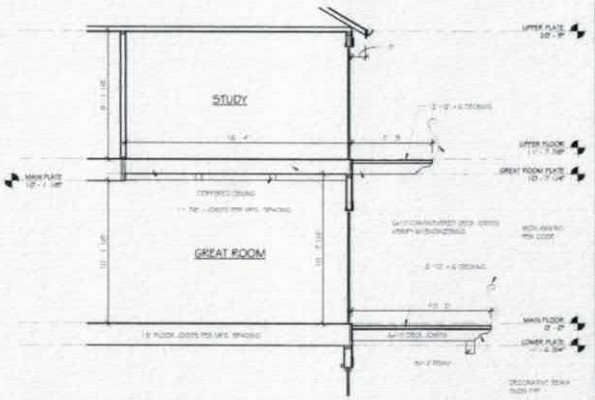


1 MAIN FLOOR PLAN
3/4" = 1'-0"



4 CROWN MOULDING DETAIL
3/4" = 1'-0"

3 FOYER ARCH
3/4" = 1'-0"



2 GREAT ROOM / DECK
3/4" = 1'-0"

North House
RESIDENTIAL DESIGN
1132 MILLER LANE
LAKE SHORE, MN 56468
PH (612) 327-7582
NORTHHOUSE-RD.COM

JOB INFORMATION

THE AMUNDSON RESIDENCE

MOORSEVILLE, NC

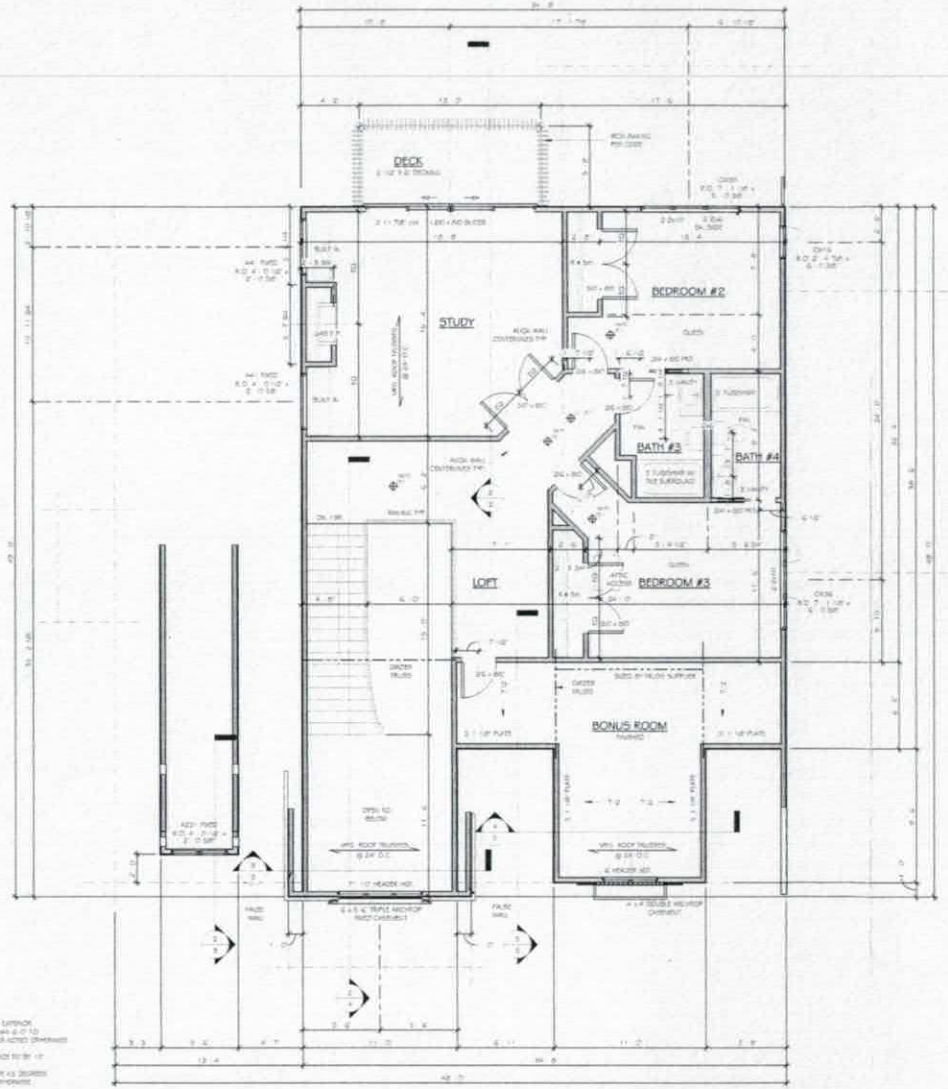
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REVISION RECORD	
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16	

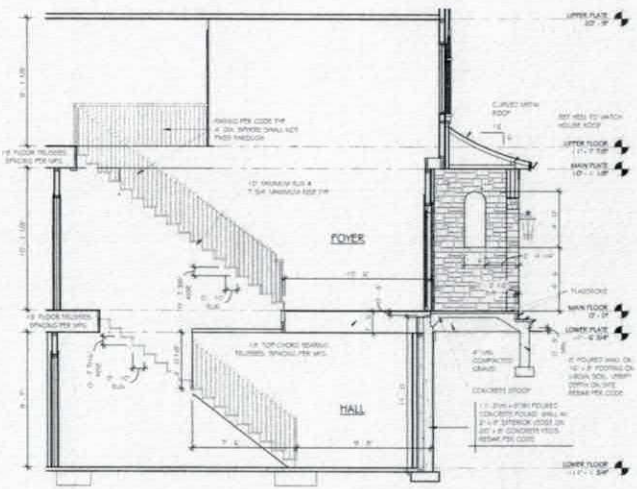
FINISHED SQ FT	
UPPER:	1097
MAIN:	1945
LOWER:	
BONUS:	253
TOTAL:	3295

PROJECT NUMBER
ECH004

SHEET
3 OF 5



1 UPPER FLOOR PLAN
4 1/4" = 1'-0"



2 STAIR / FOYER
4 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 4-1-16

Date 4-1-16

NORTH HOUSE RESIDENTIAL DESIGN
1132 MILLER LANE
LAKE SHORE, MN 56468
PH (612) 327-7582
NORTHHOUSE-RD.COM

JOB INFORMATION

THE AMUNDSON RESIDENCE

MOORSEVILLE, NC

DRAWING DATE
3.3.15

REVISION RECORD	
9	6.3.15
10	7.22.15
11	7.27.15
12	1.7.16
13	1.25.16
14	
15	
16	

FINISHED SQ FT	
UPPER:	1097
MAIN:	1945
LOWER:	
BONUS:	253
TOTAL:	3295

PROJECT NUMBER
ECH004

SHEET
4 OF 5

IREDELL COUNTY

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

APPLICATION NUMBER
216737
Issue Date: 02/19/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4625875568.000	150 BROWNSTONE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: AMUNDSON DARLENE M ETAL	Applicant: MICHAEL ATHANAS & ASSO
Address: 14006 PROMENADE DR MOORESVILLE, NC 28078	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD- FAST TRACK	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.085	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	60764	TOTAL FEES:	$ 77.25