ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 314349

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

PIN # 4625 -- 88 -- 2974

APPLICANT/OWNER: Joe Siragusa | APPLICANT ADDRESS: 129 Marstons Mill Dr Mooresville NC 28117

SITE ADDRESS: 129 Marstons Mill Dr Mooresville NC 28117 | PHONE: 704-497-2606 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to R on Marstons Mill Dr, Lot on L | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: The Point | SECTION: PHM | LOT # 485 | LOT AREA: 0.778 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	# Lines		Linear Ft		
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth		

[ ] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Existing PM 25% Reduction

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [X] NO [ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

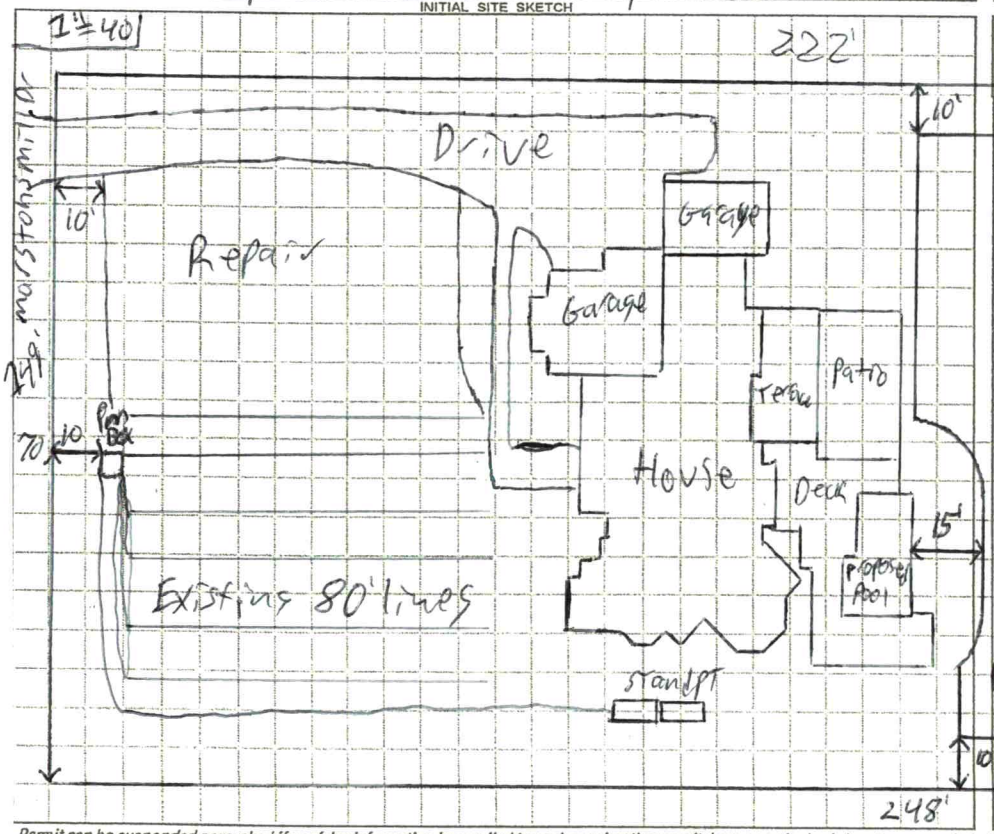
No. Bedrooms 4 | No. Persons 4 | No. Employees | [X] Crawl Space

Water Supply: [ ] Private [ ] Public [X] Community

[ ] Basement w/o plumbing

Comments / Conditions: The purpous of this permit is to show that the addition of a pool will not impact the septic systems initial and repair area. All parts of septic must be 15' off of water's edge of pool

INITIAL SITE SKETCH



AS BUILT SKETCH

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

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: 5/21/21 | Installed by:

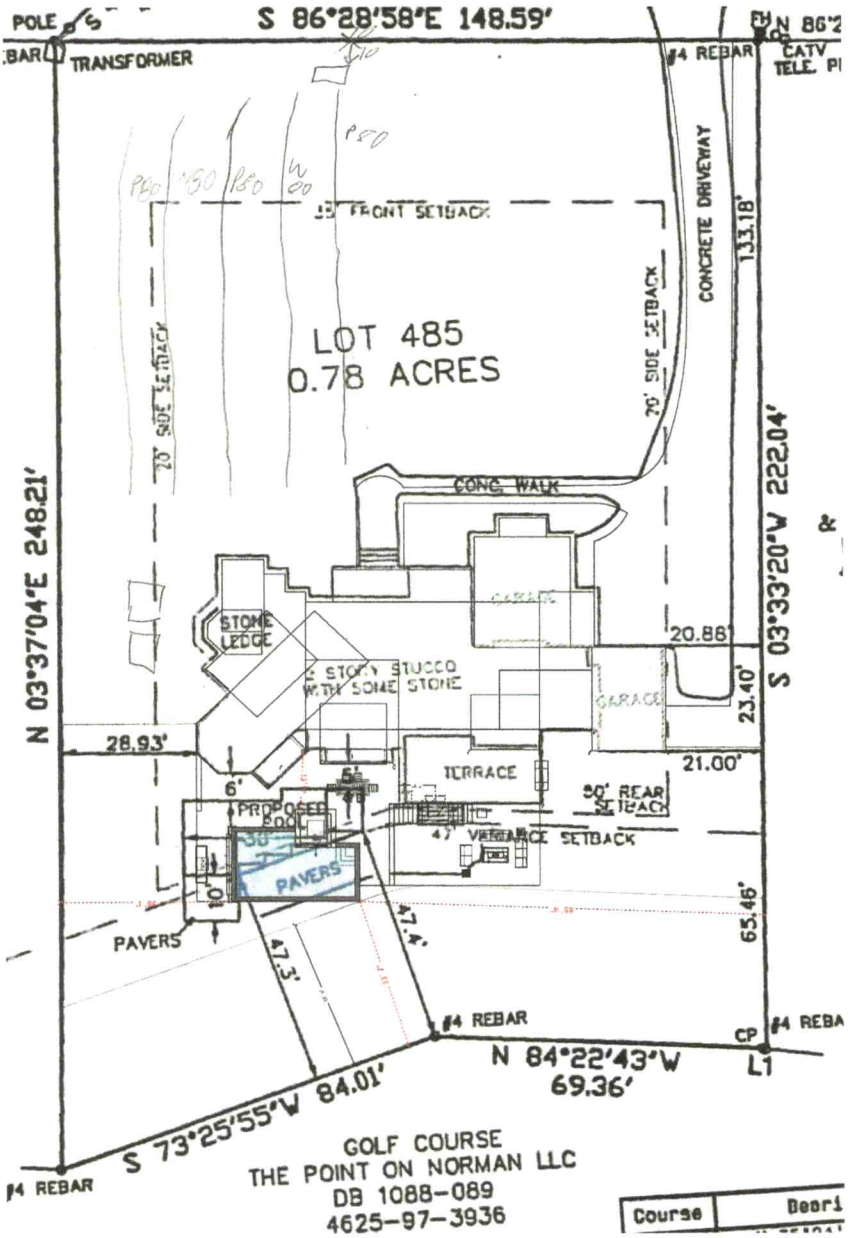
IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

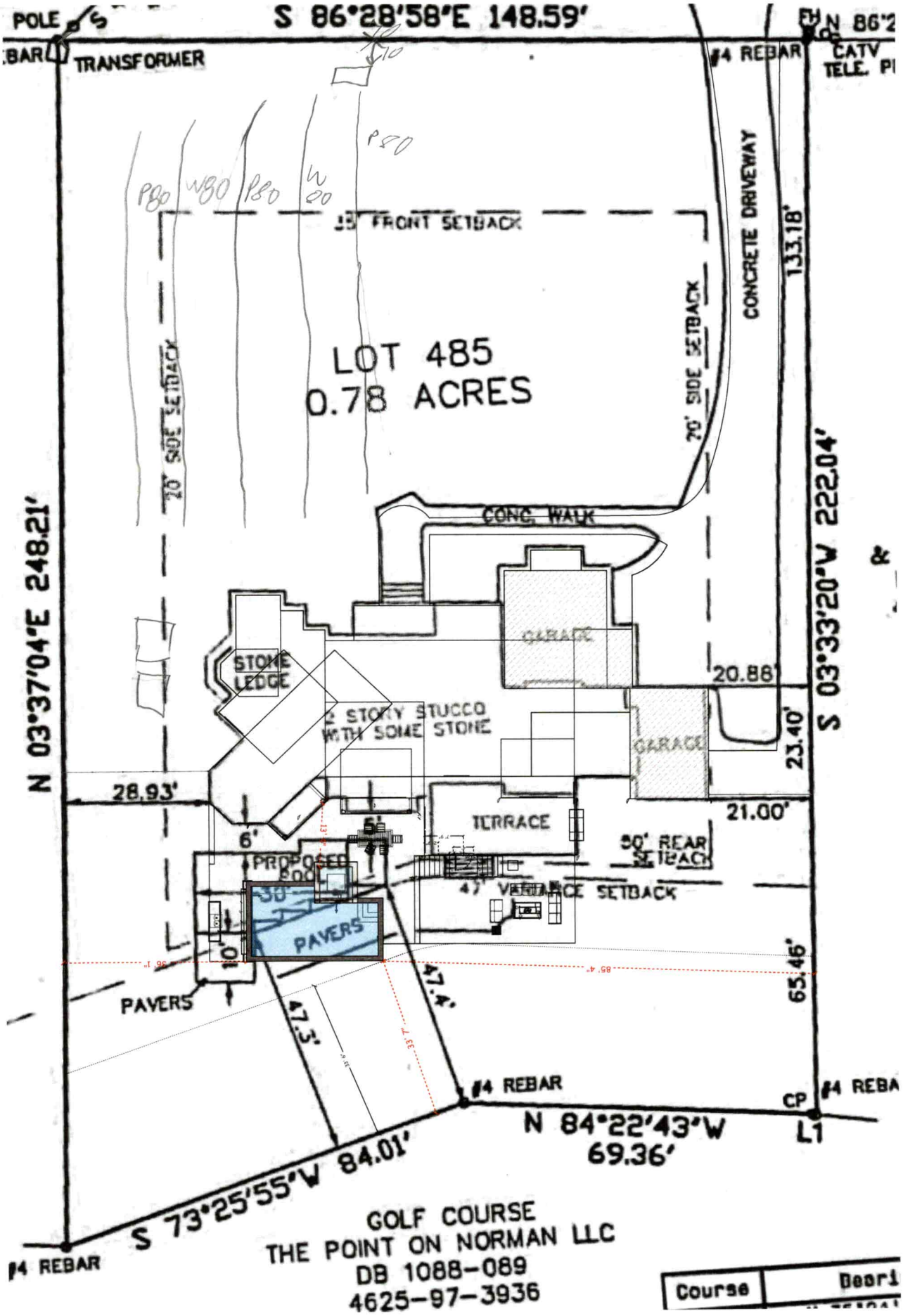
AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Byrd III | Date: 5/21/2021

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


POLE
S 86°28'58"E 148.59'
TRANSFORMER
#4 REBAR
CATV
TELE. PI
P80
P80
P80
N 80
35' FRONT SETBACK
LOT 485
0.78 ACRES
20' SIDE SETBACK
CONCRETE DRIVEWAY
133.18'
20' SIDE SETBACK
CONC. WALK
S 03°33'20"W 222.04'
N 03°37'04"E 248.21'
STONE LEDGE
1 STORY STUCCO WITH SOME STONE
GARAGE
20.86'
23.40'
28.93'
21.00'
TERRACE
50' REAR SETBACK
6'
5'
PROPOSED POOL
47' TERRACE SETBACK
PAVERS
10'
65.46'
PAVERS
47.4'
47.3'
#4 REBAR
CP
#4 REBA
N 84°22'43"W
69.36'
L1
S 73°25'55"W 84.01'
#4 REBAR
GOLF COURSE
THE POINT ON NORMAN LLC
DB 1088-089
4625-97-3936
Course
Beari


S 86°28'58"E 148.59'
POLE
TRANSFORMER
#4 REBAR
CATV
TELE. PI
P80
W80
P80
W20
P80
35' FRONT SETBACK
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0.78 ACRES
20' SIDE SETBACK
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TERRACE
21.00'
PROPOSED SPA
30
PAVERS
10'
47' VERANDA SETBACK
50' REAR SETBACK
65.46'
PAVERS
47.4'
47.3'
#4 REBAR
CP
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N 84°22'43"W
69.36'
L1
S 73°25'55"W 84.01'
#4 REBAR
GOLF COURSE
THE POINT ON NORMAN LLC
DB 1088-089
4625-97-3936
Course
Beari


VIP3D
Chairotte Landscape and Patio | Robert Parks
The Siragusa Family

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-

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

PERMIT# L19000/82469 PIN# 4625941684 PT 4625882974 DATE 1/5/

OWNER OR CONTRACTOR CRESCENT RESOURCES/AUGUSTA HOMES PHONE: Business 663 6905 JACOBS Home

ADDRESS PO BOX 1003 CHARLOTTE NC 28202

LOCATION BRAWLEY SCHOOL TR MARSONS MILL - ON LT

SUBDIVISION POINT BLOCK / SECTION 4 LOT 485 LOT AREA 33880 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3000/1.2

Septic Tank: 1000 + Gallons; STB 338 Date 8-17-04

Pump Tank: 1000 T Gallons; PT 283 Date 8-17-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP 25% REDUCTION

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

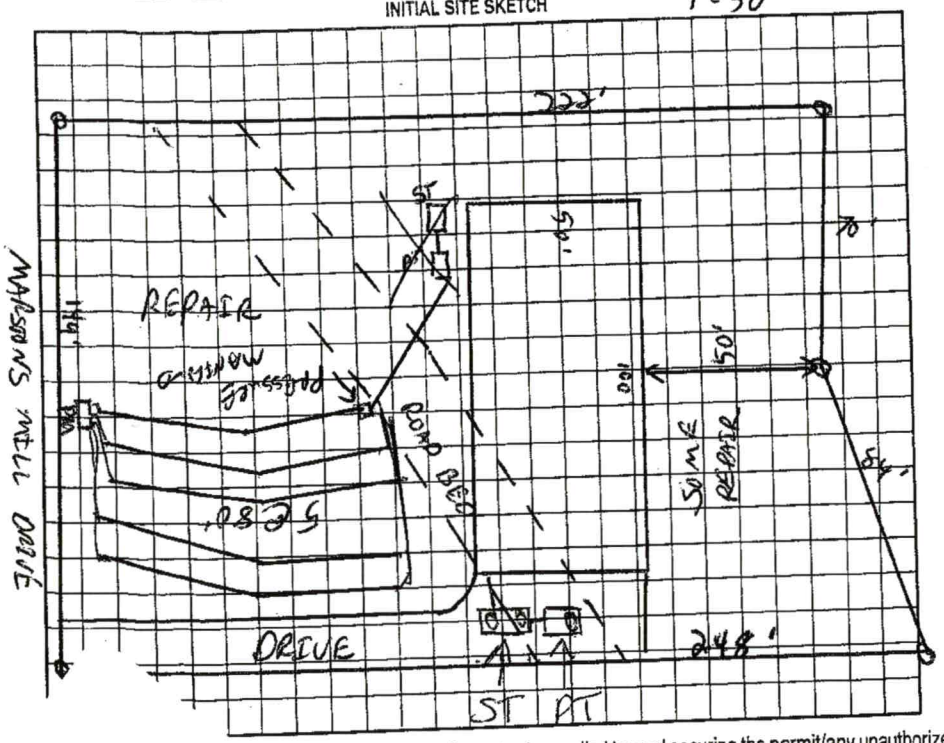
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: REMOVE ALL TERRACES AND BERMS

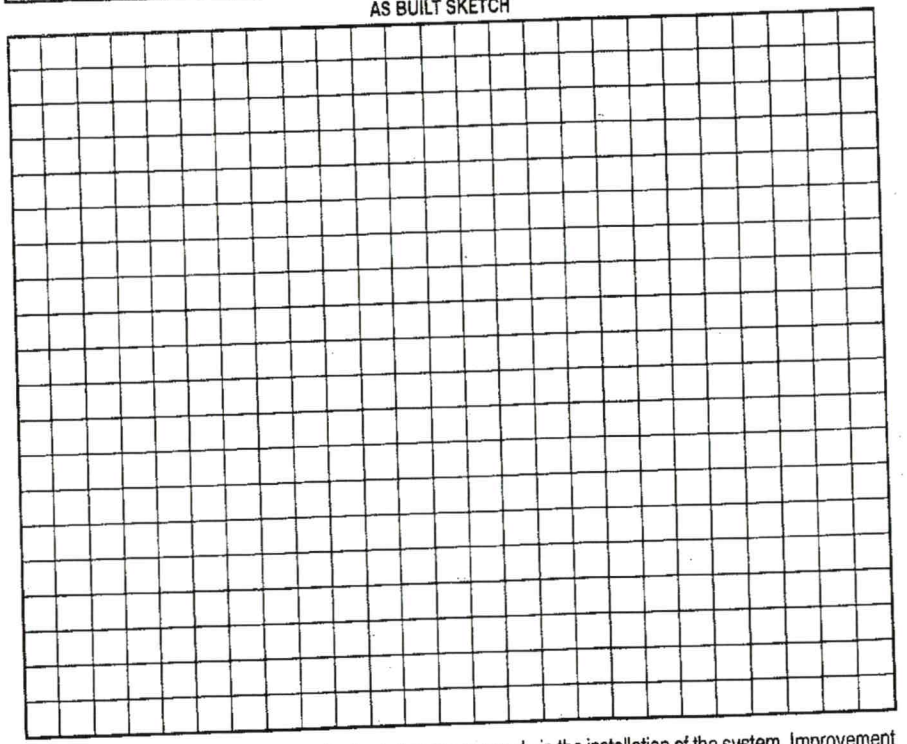
* Drive on other side.

Comments:/Conditions: Checked tanks & lines 9/21/04 MA

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



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. Improvement expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

_____ date 12-1-04

_____ date 1/5/05

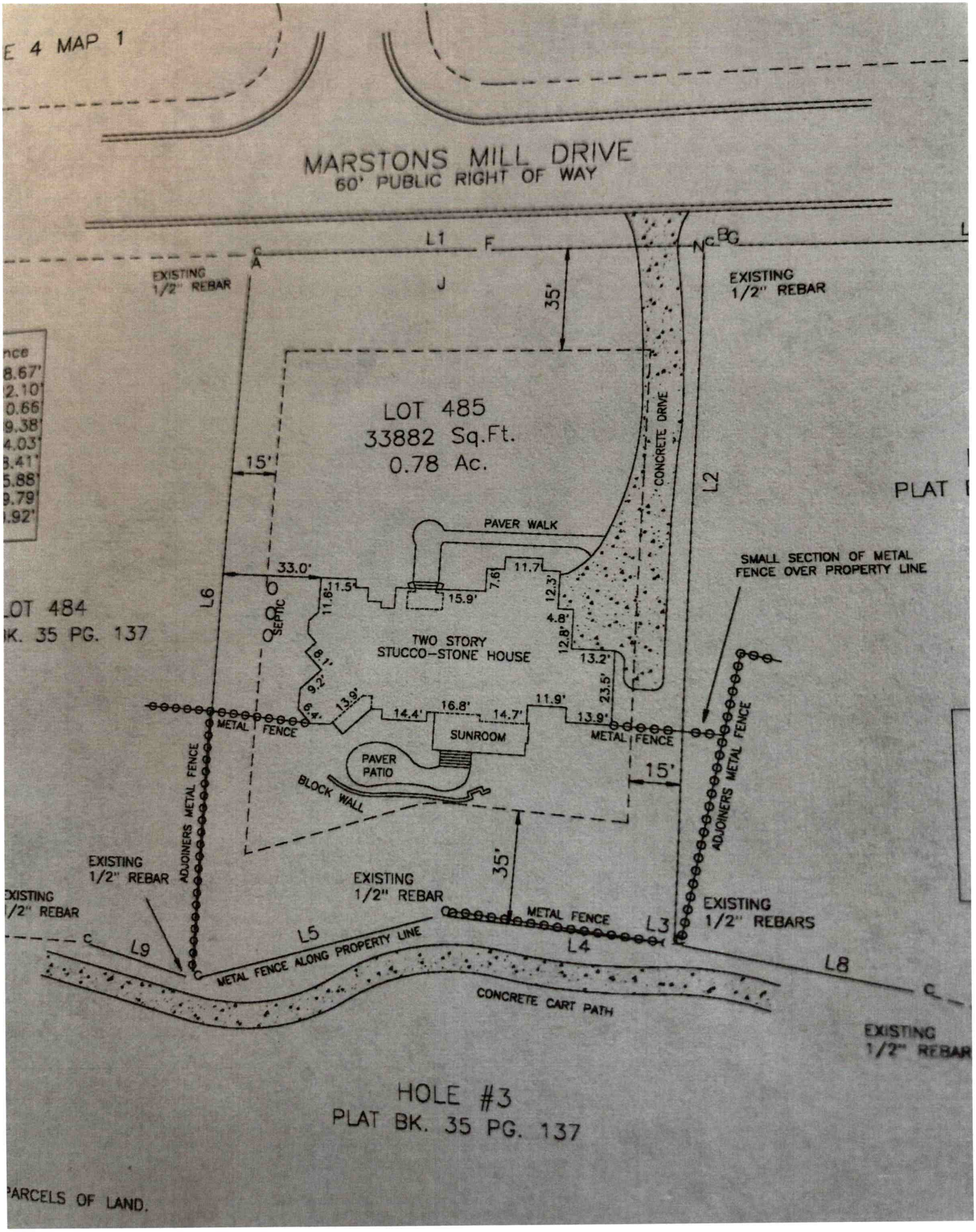
_____ date 1/5/04

Installed by: R & H Inc Wesley Sparks RS date 12/30/04

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


E 4 MAP 1
MARSTONS MILL DRIVE
60' PUBLIC RIGHT OF WAY
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
L1
F
BG
J
35'
LOT 485
33882 Sq.Ft.
0.78 Ac.
15'
CONCRETE DRIVE
L2
PLAT
PAVER WALK
SMALL SECTION OF METAL FENCE OVER PROPERTY LINE
33.0'
11.7'
11.5'
11.6'
15.9'
7.6'
12.3'
4.8'
12.8'
13.2'
23.5'
L6
SEPTIC
TWO STORY
STUCCO-STONE HOUSE
8.1'
9.2'
6.4'
13.9'
14.4'
16.8'
14.7'
11.9'
13.9'
METAL FENCE
METAL FENCE
SUNROOM
PAVER PATIO
BLOCK WALL
15'
ADJOINERS METAL FENCE
ADJOINERS METAL FENCE
LOT 484
BK. 35 PG. 137
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
35'
METAL FENCE
EXISTING 1/2" REBARS
L9
L5
L4
L3
L8
METAL FENCE ALONG PROPERTY LINE
CONCRETE CART PATH
EXISTING 1/2" REBAR
HOLE #3
PLAT BK. 35 PG. 137
PARCELS OF LAND.

RECEIVED MAR 1 9 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-314349 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: JOE SIRAGUSA **Address:** 129 MARSTONS MILL DR. **Zip:** 28117
Applicant Email: DOCGUSE@ME.COM **Phone:** 704-497-2606 **Alt. Phone:** _____
Owner Name: SAME AS ABOVE **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 129 MARSTONS MILL DR. MOORESVILLE, NC 28117
Subdivision Name: THE POINT **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: BRAWLEY TO MARSTONS MILL

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

( ) 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: _____
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____
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

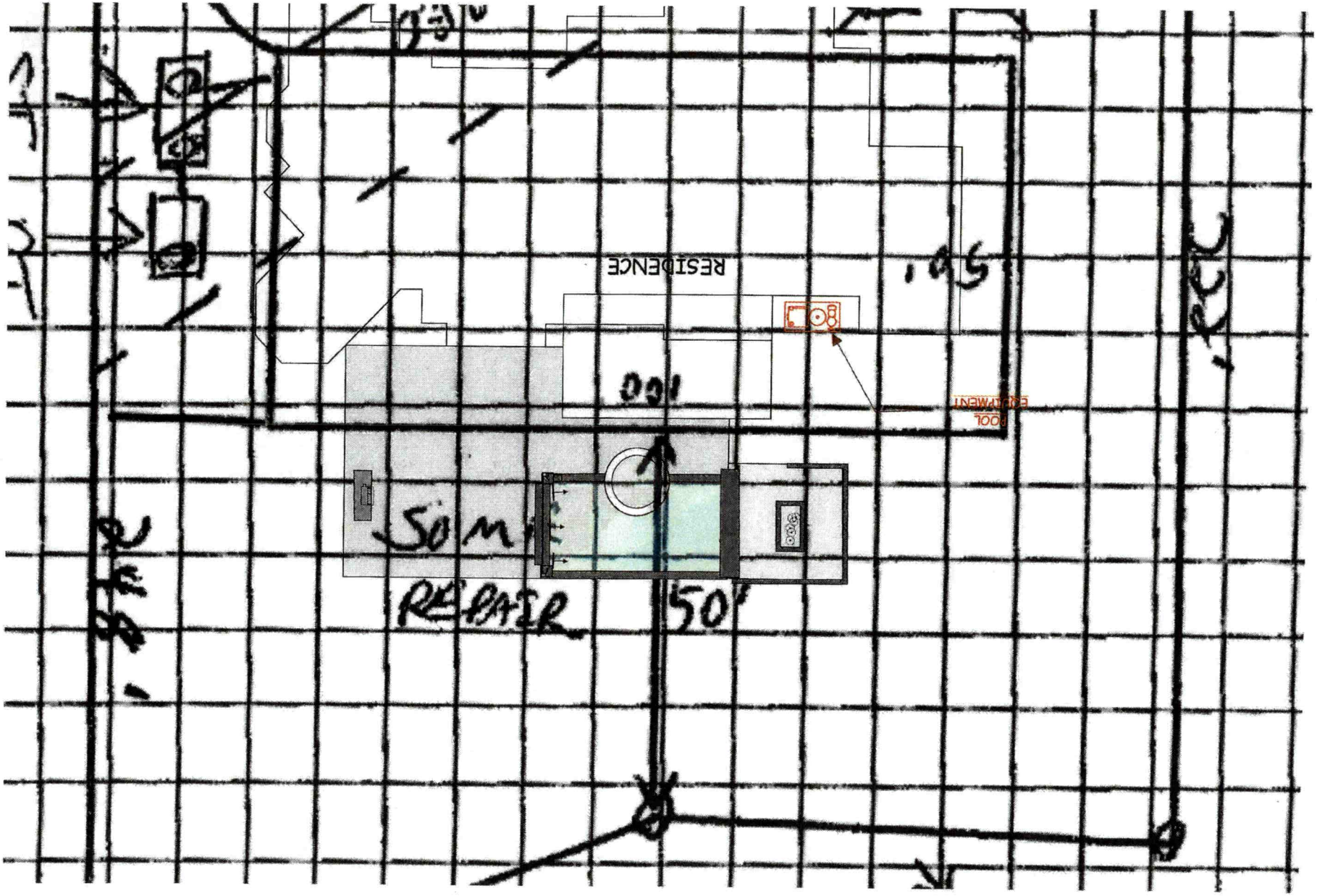
Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

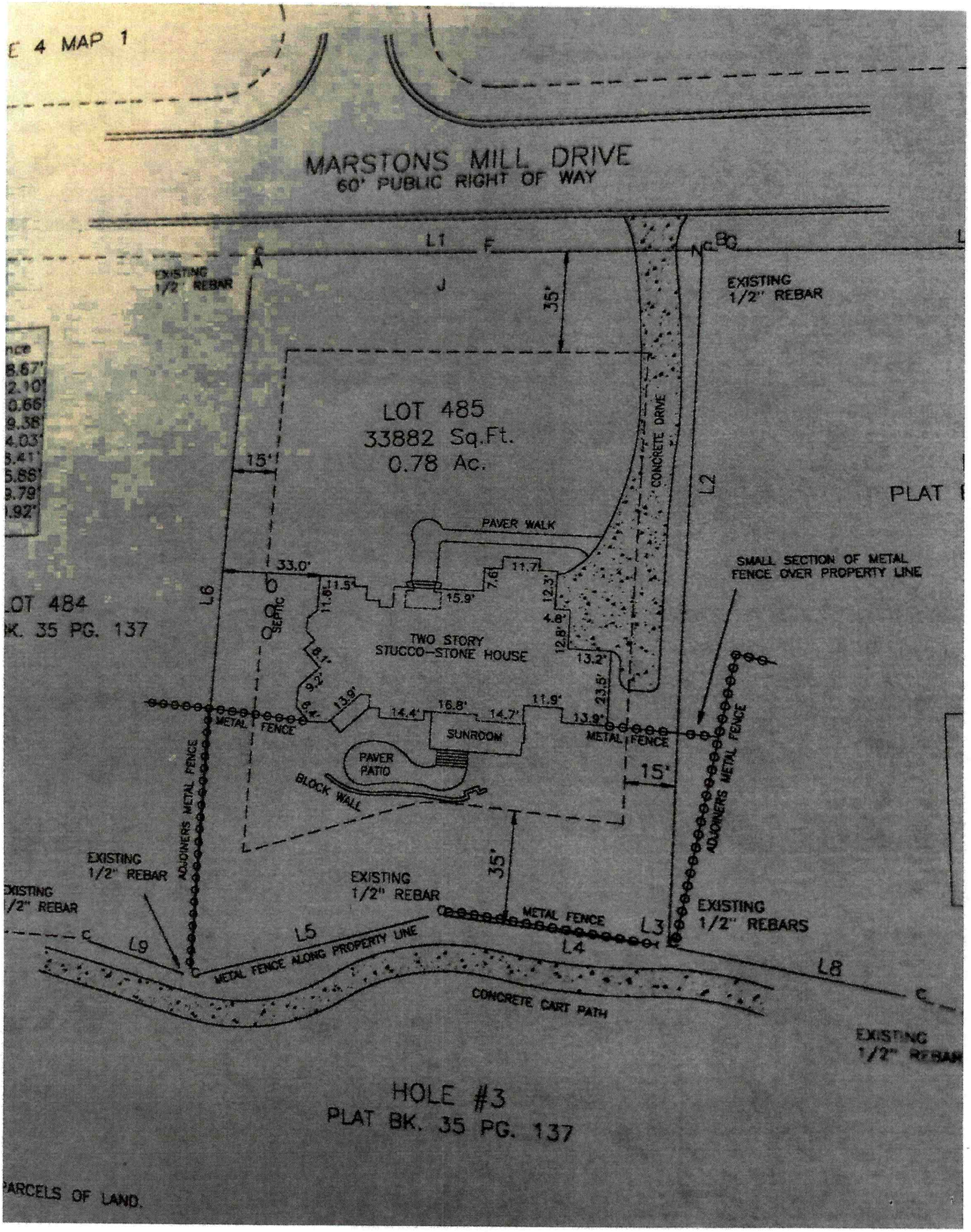
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2004
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 3/17/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


RESIDENCE
POOL EQUIPMENT
50'
REPAIR
50'

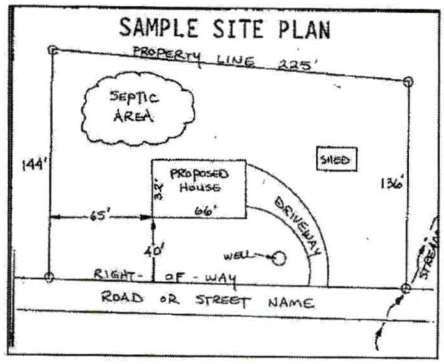

E 4 MAP 1
MARSTONS MILL DRIVE
60' PUBLIC RIGHT OF WAY
L1
EXISTING 1/2" REBAR
35'
EXISTING 1/2" REBAR
LOT 485
33882 Sq.Ft.
0.78 Ac.
15'
CONCRETE DRIVE
L2
PLAT
PAVER WALK
33.0'
11.7'
7.6'
12.3'
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SMALL SECTION OF METAL FENCE OVER PROPERTY LINE
L6
SEPTIC
TWO STORY
STUCCO-STONE HOUSE
8.1'
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SUNROOM
PAVER PATIO
BLOCK WALL
15'
ADJOINERS METAL FENCE
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
35'
METAL FENCE
EXISTING 1/2" REBARS
L9
L5
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L3
L8
METAL FENCE ALONG PROPERTY LINE
CONCRETE CART PATH
EXISTING 1/2" REBAR
HOLE #3
PLAT BK. 35 PG. 137
LOT 484
BK. 35 PG. 137
PARCELS OF LAND.

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

Signature: _____

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

3/17/2021

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.

- 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

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

iMessage
Today 1:25 PM

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-663-...

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

PERMIT# 19000 / 82469 PIN# 4625941684.000 Lot 4 8258829774 DATE 11/2/04

OWNER OR CONTRACTOR CRESCENT RESOURCES / RUSSELL HOMES PHONE: Business 663 6905 Home

ADDRESS PO BOX 1063 CHARLOTTE NC 28202

LOCATION BRAWLEY SUBDIV TR MADISONS MILL - OFF LT

SUBDIVISION PORT BLOCK / SECTION 4 LOT 485 LOT AREA 33880 SITE CLASS C5 DESIGN FLOW 450 GPD T.A.R. .3 GPD/Ft²

Septic Tank 1000 + Gallons: STB 338 Date 8-17-04 ☑ New System ☐ Repair System Type: I, II, III, IV, V ☐ ☐ House/Mod. Home No. Bedrooms 4 Water Supply: ☐ Individual ☐ Public Community

Pump Tank 750 + Gallons: PT 283 Date 8-17-04 System Description: PUMP TO A STONELESS PUMP PANEL ☐ Mobile Home No. Bathrooms 4

Pump Make: Model Serial No. Repair System Description: ☐ Business No. Employees

Notification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☐ No ☐ Other

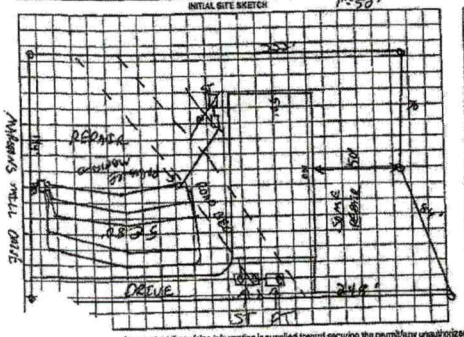
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions: REMOVE ALL TERRACES AND BERMS

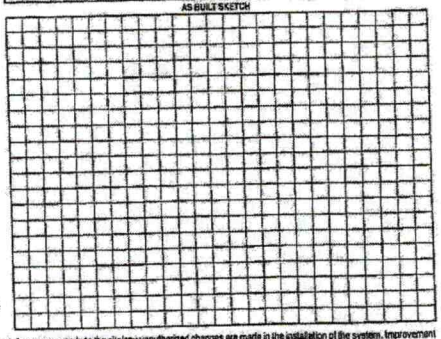
* Drive on other side

Comments/Conditions: Checked tanks & lines 9/21/04 MS

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



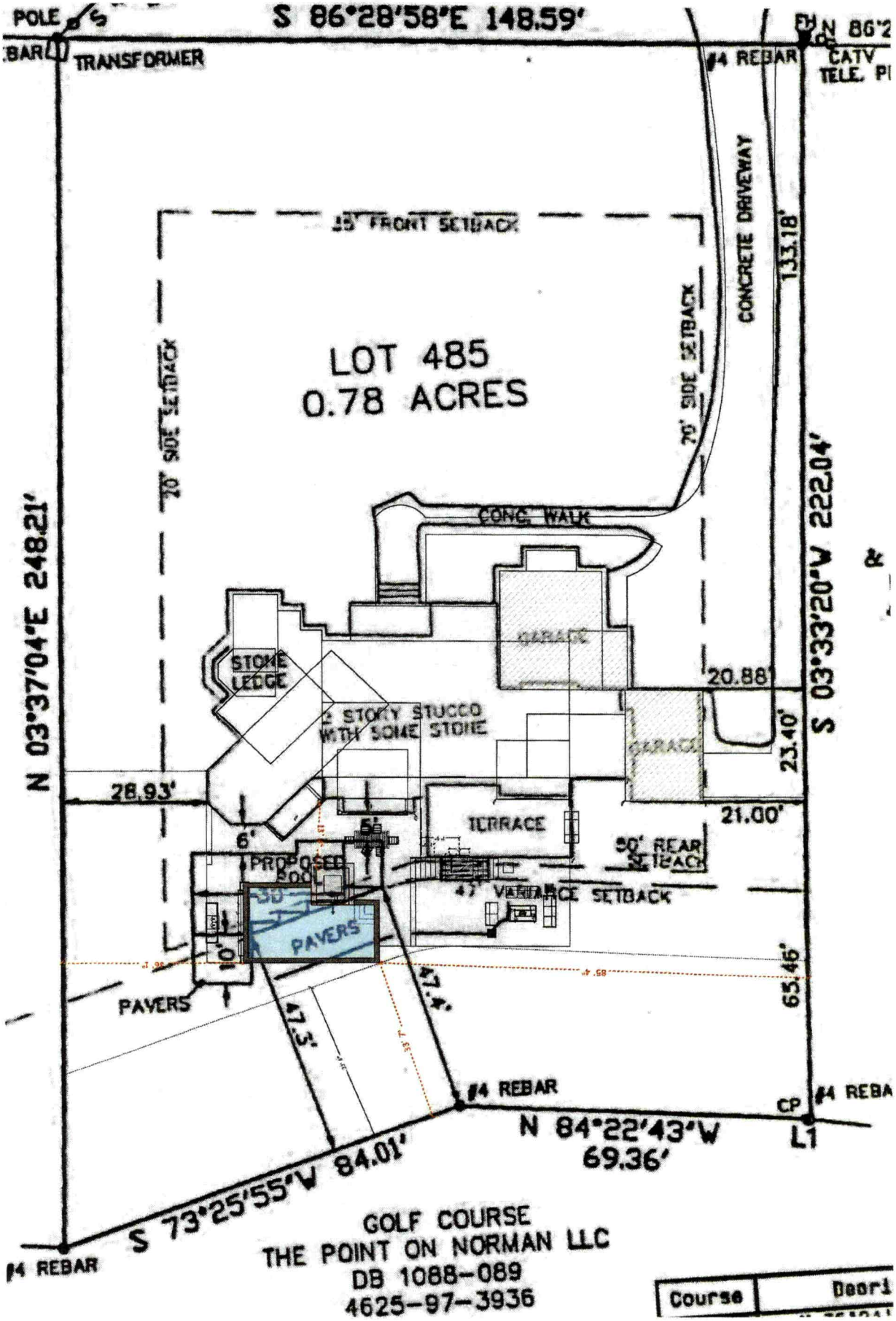
...r revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement ...xpiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

date 11-4-04 Installed by: R. Smith Sanitarian RS. date 12/30/04

date 11/5/04 Operation Permit by: date

date 11/5/04 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


POLE
S 86°28'58"E 148.59'
N 86°2
BAR
TRANSFORMER
#4 REBAR
CATV
TELE. PI
35' FRONT SETBACK
CONCRETE DRIVEWAY
133.18'
70' SIDE SETBACK
70' SIDE SETBACK
LOT 485
0.78 ACRES
CONC. WALK
N 03°37'04"E 248.21'
S 03°33'20"W 222.04'
GARAGE
STONE LEDGE
20.88'
2 STORY STUCCO WITH SOME STONE
GARAGE
23.40'
28.93'
21.00'
6'
TERRACE
PROPOSED POOL
50' REAR SETBACK
47' VARIANCE SETBACK
PAVERS
10'
65.46'
PAVERS
47.4'
47.3'
#4 REBAR
CP
#4 REBA
N 84°22'43"W
69.36'
L1
S 73°25'55"W 84.01'
#4 REBAR
GOLF COURSE
THE POINT ON NORMAN LLC
DB 1088-089
4625-97-3936
Course
Deari