IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230863

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

PIN # 4626009754

APPLICANT/OWNER: Jason Wandersee APPLICANT ADDRESS: 582 Barber Lp Mooresville NC

SITE ADDRESS: 582 Barber Lp Mooresville NC 28117 PHONE: 541-408-1905 ALT. PHONE N/A

SITE DIRECTIONS: Brawley School Rd TR Chuckwood, to end T/L Barber Lp Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Waterlee Landing SECTION: 4 LOT # 66 LOT AREA: 0.69 DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank Ex (gal) STB Date

Pump Tank Ex (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft 408

Trench Width 36" Trench Bottom Depth(Low side) 34" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Relocation of line for pool

Repair System Description: LP PPBS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Follow plan by Michael Athanas & Associates. All irrigation lines must be routed 10' away from any part of SIS.

INITIAL SITE SKETCH

See plan by Michael Athanas & Associates

AS BUILT SKETCH

Installed as shown

KW 12-27-17 Reset pressure once everything connected. Set to 2"

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**

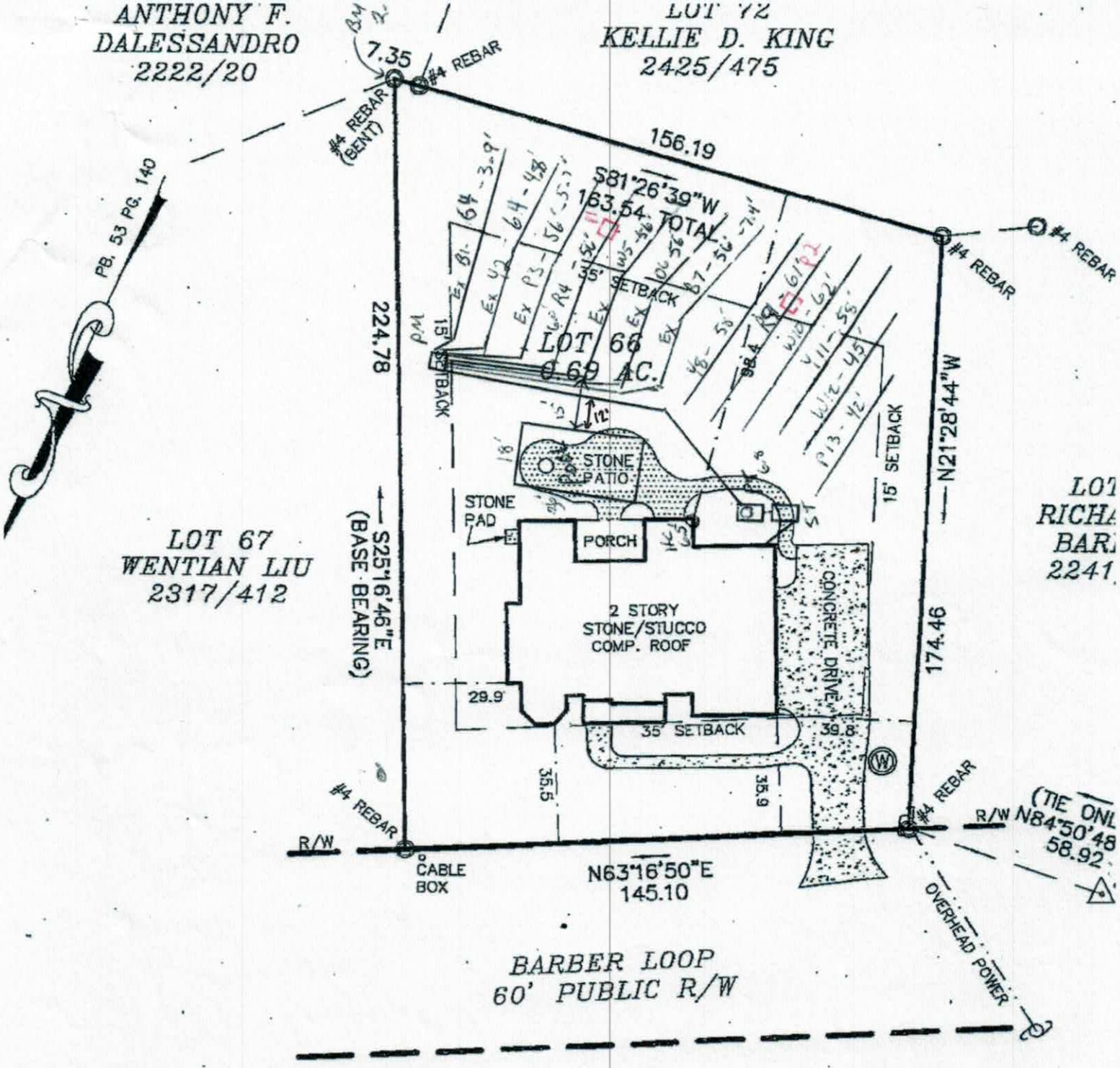
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/8/17 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Date: 11/8/17 OPERATION PERMIT by: Kayla Watson Date: 12-27-17

AUTHORIZATION TO CONSTRUCT by: Date: 11/8/17 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.



NOTES
THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
ACREAGE COMPUTED BY THE COORDINATE METHOD.
SERVICE LINES
NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PHYSICAL SURVEY

OF

582 BARBER LOOP

LOT 66 WATERTREE LANDING, PH. 4

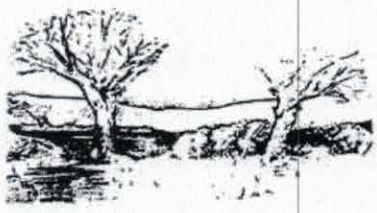
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: JASON WANDERSEE

LE
P.P. =
POWER
E.I.P. = EXISTING
L.P.S. = #4 REBA
R/W = RIGHT-O
W = WELL
PDE = PUBLIC I

FIELD BOOK:
FILE: WATER
DC FILE:
TAX MAP NO:



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

Reference: Data Sheet for 582 Barber Lp, Watertree Landing Lot 66
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Existing Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (initial), 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 1 @ 12.5 GPM, 5 @ 5.48 GPM
Tap Size and Material: 1 @ ¾" SCH 40, 5 @ ½" SCH 80
System Flow: 39.9 GPM
Dosing Volume: 179 gallons
Pump Run Time: 4.5 minutes
Elevation Head: 7.9'
Friction Head: 3.1'
Pressure Head: 2'
Total Dynamic Head: 13'
Supply Line Length: 100' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons (existing)
Proposed Trench Bottom: 18-36"

Line	Design Length	Actual Length	Elevation
Blue 1 (Ex)	**64'**	**68'**	**3.9'**
Yellow 2 (Ex)	**64'**	**68'**	**4.8'**
Pink 3 (Ex)	**56'**	**68'**	**5.7'**
Red 4 (New)	**56'**	**56'**	**6.0'**
White 5 (Ex)	**56'**	**68'**	**6.4'**
Orange 6 (Ex)	**56'**	**68'**	**7.0'**
Blue 7 (Ex)	**56'**	**68'**	**7.4'**
Yellow 8		58'	7.6'
Red 9		61'	
White 10		62'	
Yellow 11		58'	
White 12		45'	
Pink 13		42'	7.8'

Initial System: 408' **Repair System:** 320'
Pump Tank: 6.8' **House Corner:** 6.5' **Benchmark:** 2.6'

Comments:

The purpose of this evaluation is to adjust the existing system for a larger pool. The pool is marked in yellow and red flags. MA&A are proposing to remove 9-10' of line from the existing lines and add a new line. The trench bottom of the new line should be at a similar depth to the existing lines. The gap between the 3rd and 4th lines is wide enough to put a new line in between. The slope in the repair area is less than 2%.

Remove 1 Quick 4 Chambers from lines B1 and Y2. These two lines will be fed from one ¾" SCH 40 tap.

Remove 3 Quick 4 Chambers from lines P3, W5, O6, and B7. These lines will be fed with a ½" SCH 80 tap each along with R4.

RECEIVED OCT 2 7 2017

PROPERTY ID #: 4626009754
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jason Wandersee _____ APPLICATION DATE _____
ADDRESS: 582 Barber Lp, Mooresville NC 28117 _____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 bdrm _____ PROPOSED DESIGN FLOW (.1949): 480 GPD _____ PROPERTY SIZE: 0.69 AC _____
LOCATION OF SITE: 582 Barber Lp, Watertree Landing Lot 66 _____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-27	R C SBK	FR SS SP SEXP	N/A	52"	N/A	N/A	PS 0.3
		27-52	R CL WSBK	FR SS SP SEXP					
2	LS <2%	0-15	FILL		N/A	58"		N/A	PS 0.3
		15-30	R C SBK	FR SS SP SEXP			F-C SAP		
		30-58	R CL WSBK	FR SS SP SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	960 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.25

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

COMMENTS: _____

RECEIVED OCT 2 7 2017

RECEIVED OCT 1 3 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

230863 Pd. $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Paid $500.00 12-18-17

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: Jason Wandersee **Address:** 582 Barber Lp, Mooresville, NC **Zip:** 28117

Applicant Email: jtwandersee@gmail.com **Phone:** 541-408-1905 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 582 Barber Lp

Subdivision Name: Watertree Landing **Section/Phase:** _____ **Lot Number:** 66

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) 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: 4
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (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: Accepted

****

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: _____ 10/13/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, [signature], am the legal owner(s) of the property located at 582 BARBER LOOP MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas Assoc, _____, 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] 10/9/17
Signature of Owner(s) Date

[signature] 10/9/17
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 28677

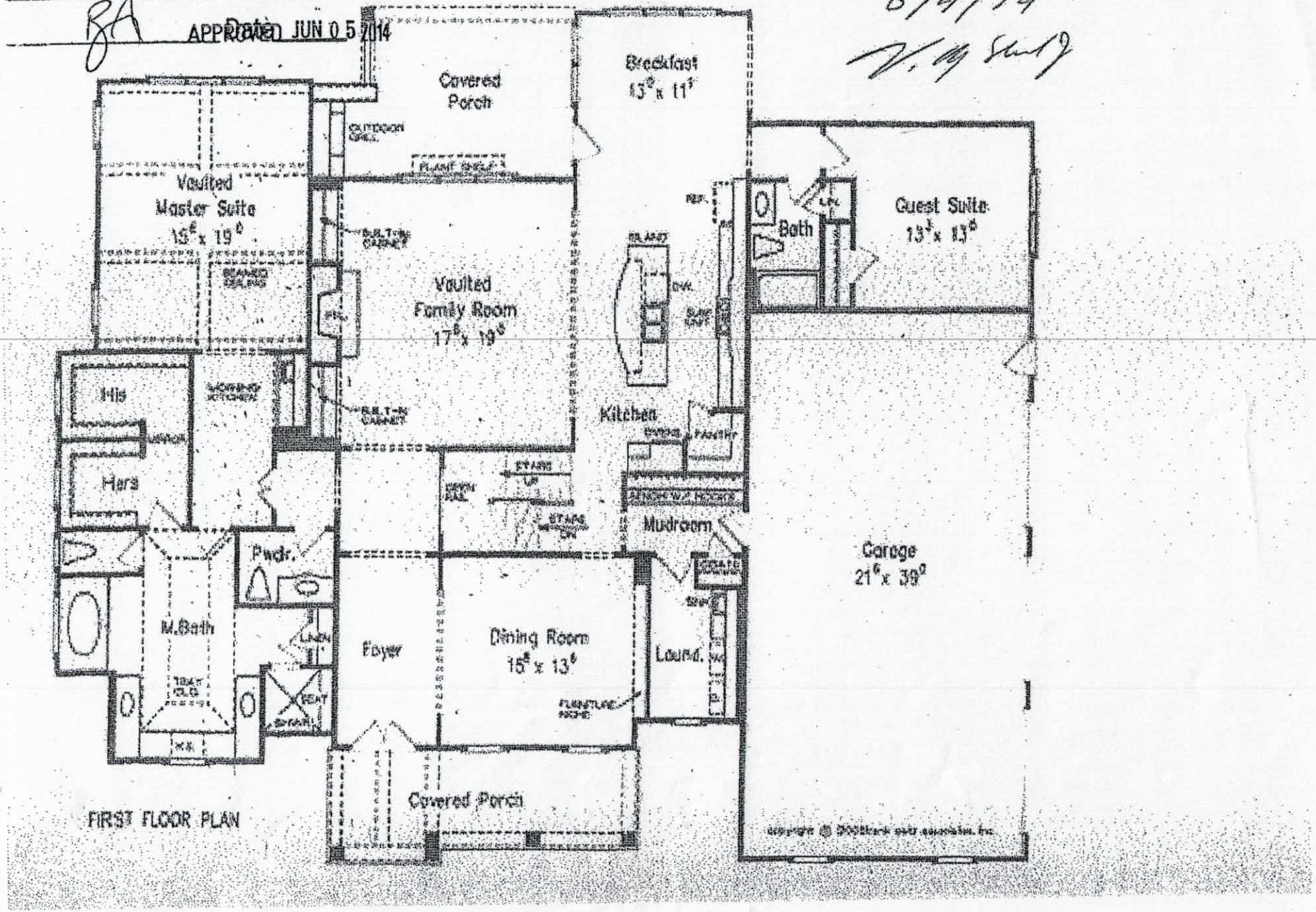
Acknowledgement Of
Plans Submittal ONLY!

Date_____

BA Date APPROVED JUN 05 2014

APPROVED JUN 05 2014

582 Barbenleap
Lot 66
6/4/14
W. Hy Stuff



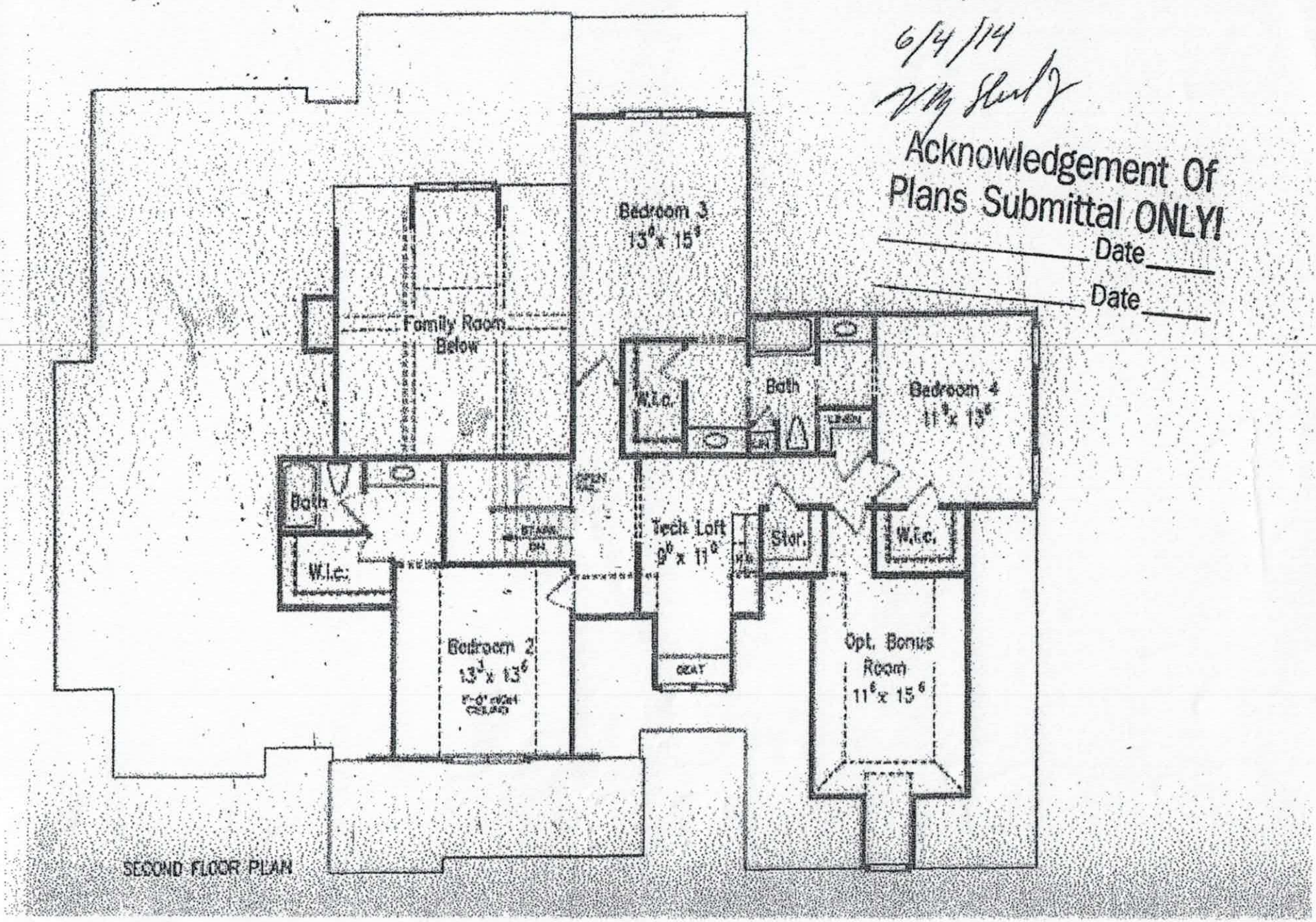
FIRST FLOOR PLAN

582 Barberloop
Lot 66
6/4/14
VM Shirley

Acknowledgement Of
Plans Submittal ONLY!

Date _____

Date _____



IREDELL COUNTY

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

APPLICATION NUMBER
230863
Issue Date: 10/12/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626009754.000	582 BARBER LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BURNS RICHARD+ALLYSON	Applicant: WANDERSEE JASON T+JACQ
Address: 582 BARBER LOOP MOORESVILLE, NC 28117	Address: 143 HUNTERS POINTE LANE MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
POOL NEEDING LINES MOVED--HAD ANOTHER POOL PERMIT THAT WAS EXP AND POOL IS GOING TO BE BIGGER NOW.	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690		10.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.] SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE

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	117740	TOTAL FEES:	$ 77.25