ICHD - ENVIRONMENTAL HEALTH DIVISION

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

#13

POOL- 2022-6555

PERMIT # AP222980/316522

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

PIN # 4626 --10 -3949

APPLICANT/OWNER: JS Testa LLC/Cielo Cardona APPLICANT ADDRESS: 19905 W. Catawba Ave Cornelius NC 28031

SITE ADDRESS: 218 Barber Lp Mooresville NC 28117 PHONE: 704 892-2995 ALT. PHONE 704 201-0947

SITE DIRECTIONS: Brawley School Rd TR Chuckwood TL Barber Lp on right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Water tree Landing SECTION: ___ LOT # 83 LOT AREA: .92Ac DESIGN FLOW: 480gpd L.T.A.R.: .3I

Septic Tank	1000 (gal)	STB	7160	Date	4/1/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	303	Date	4/1/22	System Description: Pump-Up Panel Black, Drip Dispersal		☐ Business	No. Persons	8	☒ Private
Pump Make	Zoeller	Model		Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	270	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

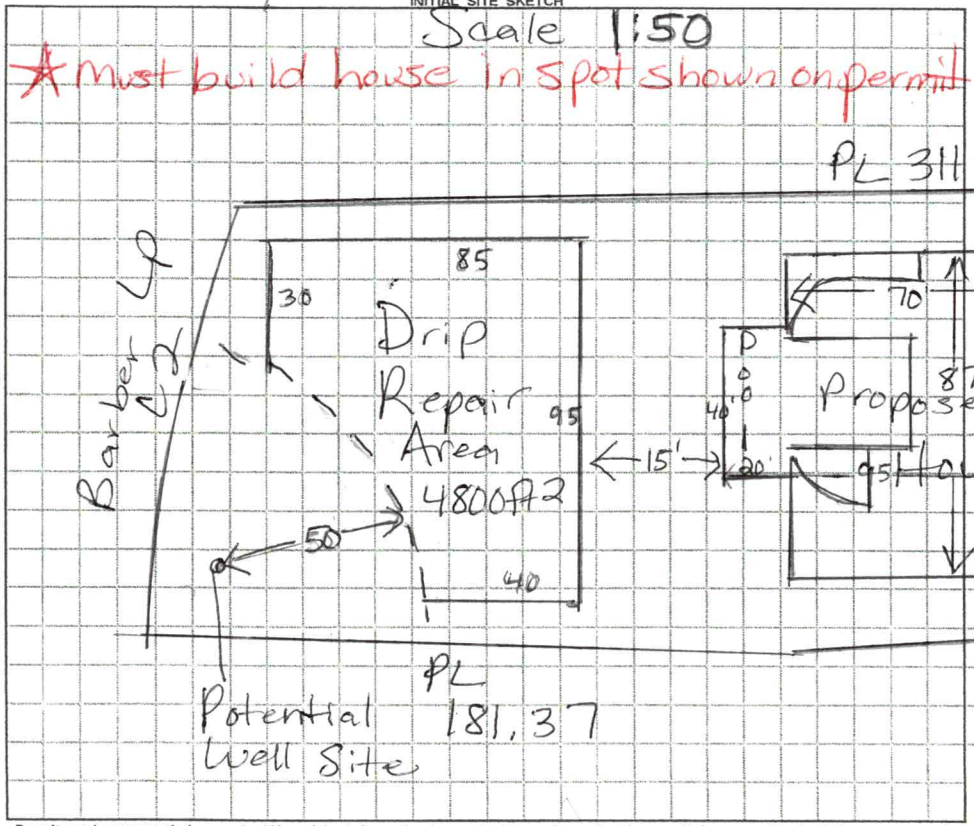
Comments / Conditions: No max Vehicular traffic over Septic System
* Drill 5/32" hole

2ft pressure head 62 panels = 223gal dose
Flow rate 25.42gpm
8.7 min pump run

INITIAL SITE SKETCH

Scale 1:50

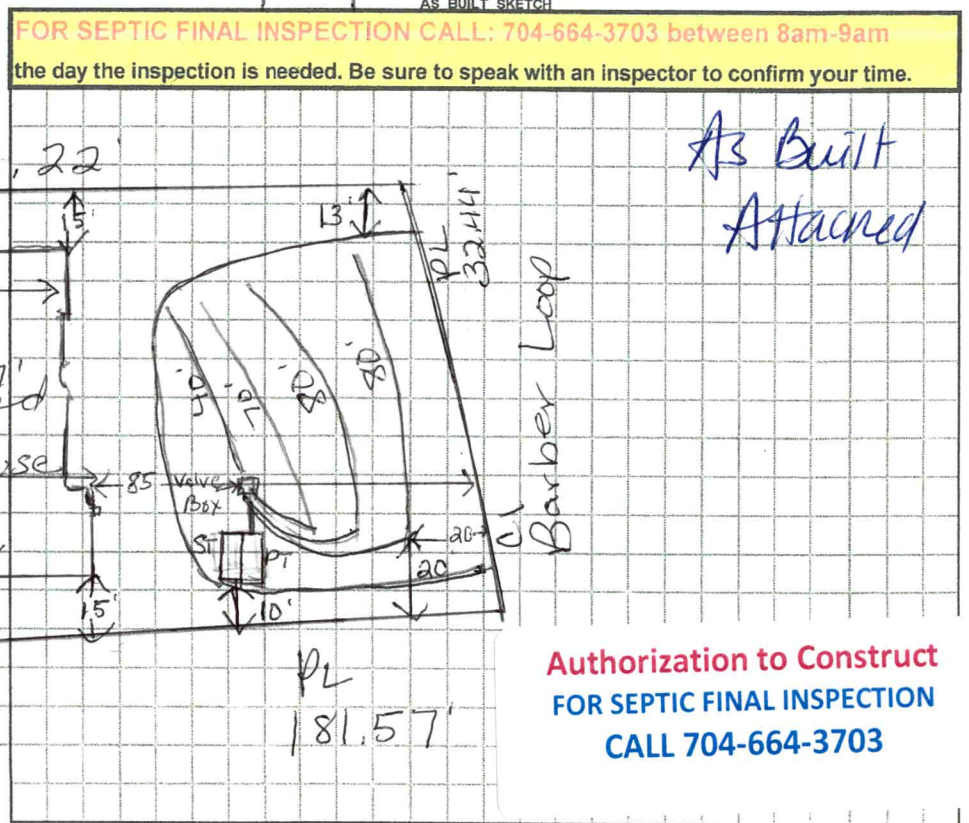
* Must build house in spot shown on permit



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.

As Built Attached



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Michael Testa Date: 4/22/21 Installed by: Craig Thompson

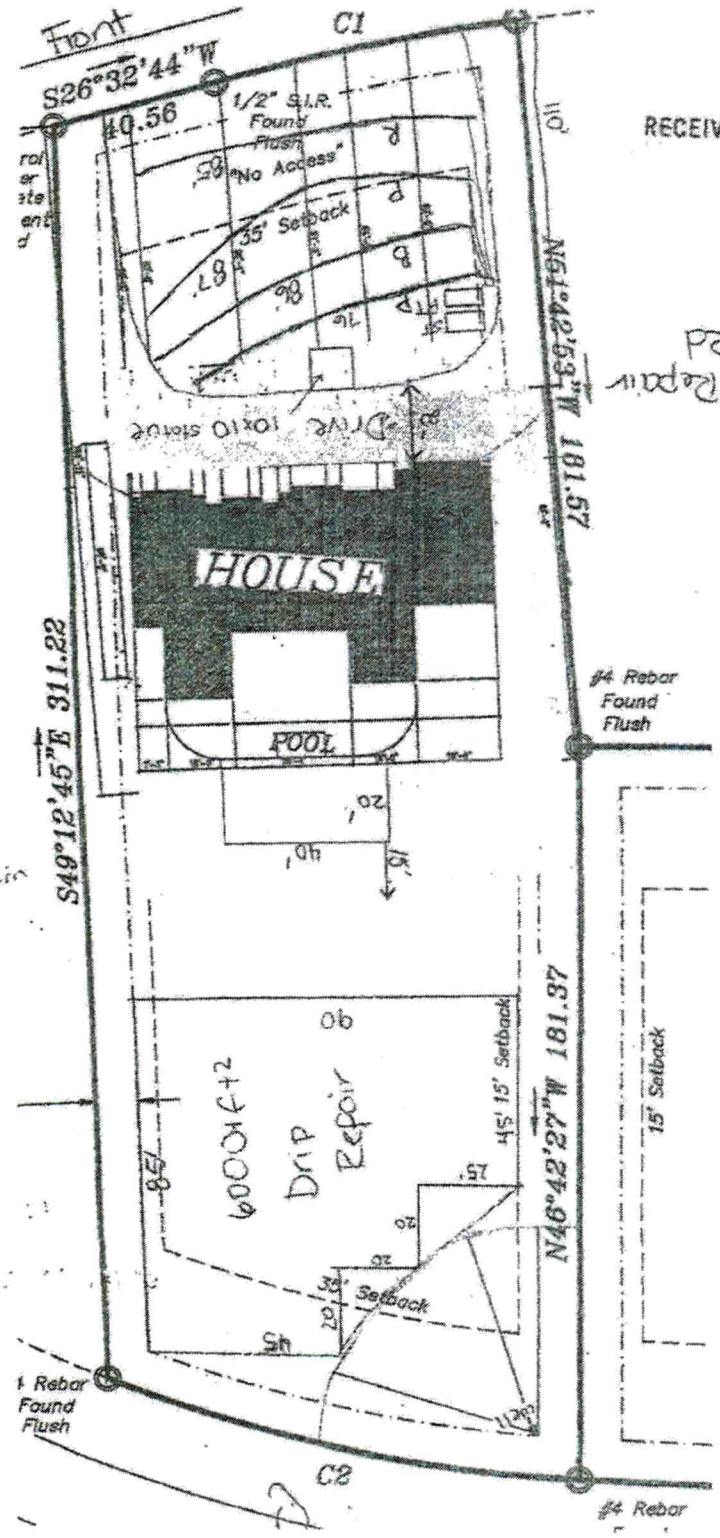
IMPROVEMENT PERMIT by: Marian Dotson Date: 4/9/21 OPERATION PERMIT by: D. Meberg Date: 5/1/23

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 4/12/21 Existing System Inspected by: ___ Date: ___

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

	Date	Initials
Drain Lines Checked	7/18/22	DW
Tanks Checked	7/18/22	DW
Pressure Manifold or Valve Box Checked	7/18/22	DW
Pressure Head Set	4/24/23	DW
Electrical Checked	4/24/23	DW
Floats Set	7/18/22	DW
Alarm Checked	4/24/23	DW
Maintenance Contract Y / N	5/1/23	DW

(DW) Remove irrigation box, cut lines > in front & back yard 4/24/23

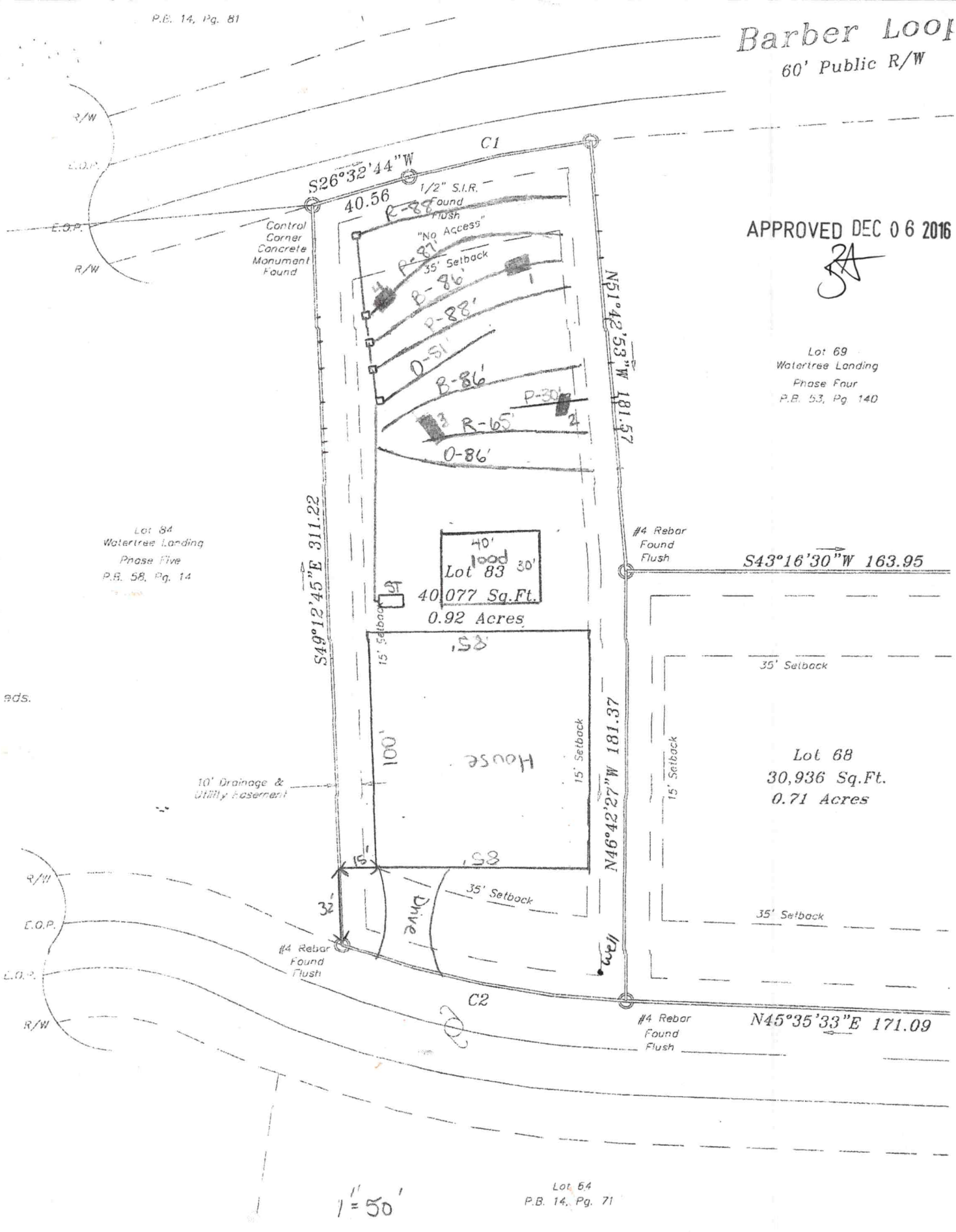


RECEIVED APR 4 - 2017

5 BDR
LP PFBPS system
Subsurface drip Repair
House ~ 110' from road

1" = 40'

10x10 fountain
Circle drive
if possible


P.B. 14, Pg. 81
Barber Loop
60' Public R/W
R/W
E.O.P.
E.O.P.
R/W
C1
S26°32'44"W
40.56
1/2" S.I.R. Found Flush
"No Access"
Control Corner Concrete Monument Found
35' Setback
R-87'
B-86'
P-88'
O-51'
B-86'
P-30'
R-65'
O-86'
N51°42'53"W 181.57
APPROVED DEC 06 2016
Lot 69
Watertree Landing
Phase Four
P.B. 53, Pg. 140
Lot 84
Watertree Landing
Phase Five
P.B. 58, Pg. 14
S49°12'45"E 311.22
#4 Rebar Found Flush
S43°16'30"W 163.95
40' Road 30'
Lot 83
40,077 Sq.Ft.
0.92 Acres
15' Setback
158'
35' Setback
100'
House
15' Setback
15' Setback
N46°42'27"W 181.37
Lot 68
30,936 Sq.Ft.
0.71 Acres
10' Drainage & Utility Easement
15'
158'
35' Setback
35' Setback
32'
Drive
R/W
E.O.P.
E.O.P.
R/W
#4 Rebar Found Flush
C2
#4 Rebar Found Flush
N45°35'33"E 171.09
1" = 50'
Lot 64
P.B. 14, Pg. 71

APPROVED DEC 06 2016

Lot 83 Watertree Landing Subdivision Fast Track - The Oaks Group,

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	267
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	86
2	Repair	Red	LP PPBPS	65
3	Repair	Pink	LP PPBPS	30
4	Repair	Blue	LP PPBPS	86
5	System	Orange	25% Reduction	51 endfed
6	System	Pink	25% Reduction	88 endfed
7	System	Blue	25% Reduction	86 endfed
8	System	Pink	25% Reduction	87 endfed
9	System	Red	25% Reduction	88 endfed
				Total System: 400'
				Total Repair: 267'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Install repair with 44 inch trench bottom

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cielo Cardona — APPLICATION DATE 3/16/2017
ADDRESS: 2206 Joe Rd. Statesville, NC 28625 — DATE EVALUATED: 5/15/2017
PROPOSED FACILITY: 4BR House — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0-92 acres
LOCATION OF SITE: 218 Barber Loop — PROPERTY RECORDED: Yes
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 Noe		0-8	wsbk scl	FR SS SP Seap	—	24	sap @ 24"	25" rock	0.2 Pits needed
		8-24	WSBK C abundant sap	FR SS SP Seap					
		24-25	loamy sap						
2 Maria		0-12	Granular Loam	FR SS SP Seap	—	31	sap increasing 12"-31"	31"	0.25 Pits needed
		12-31	ABK/SBK C	Fi SS SP Seap					
3 Noe		0-10	WSBK SCL	FR SS SP Seap	—	27	loamy sap @ 27"	27" rock	0.2 Pits needed
		10-27	SBK w/ abundant sap C	Fi SS SP Seap					
		27	loamy sap						
4 Maria		0-12	granular Loam	FR SS SP Seap	—	48	—	> 26" trench bottom	> 26" 0.3 < 26" 0.2
		12-20	WSBK C	Fi SS SP Seap					
		20-26	Hard weathered rock	Fi					
		26-48	WSBK CL w/ few mineralogy of sap	FR SS SP Seap					

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Mohamed D. & Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

BA
APPROVED DEC 06 2016

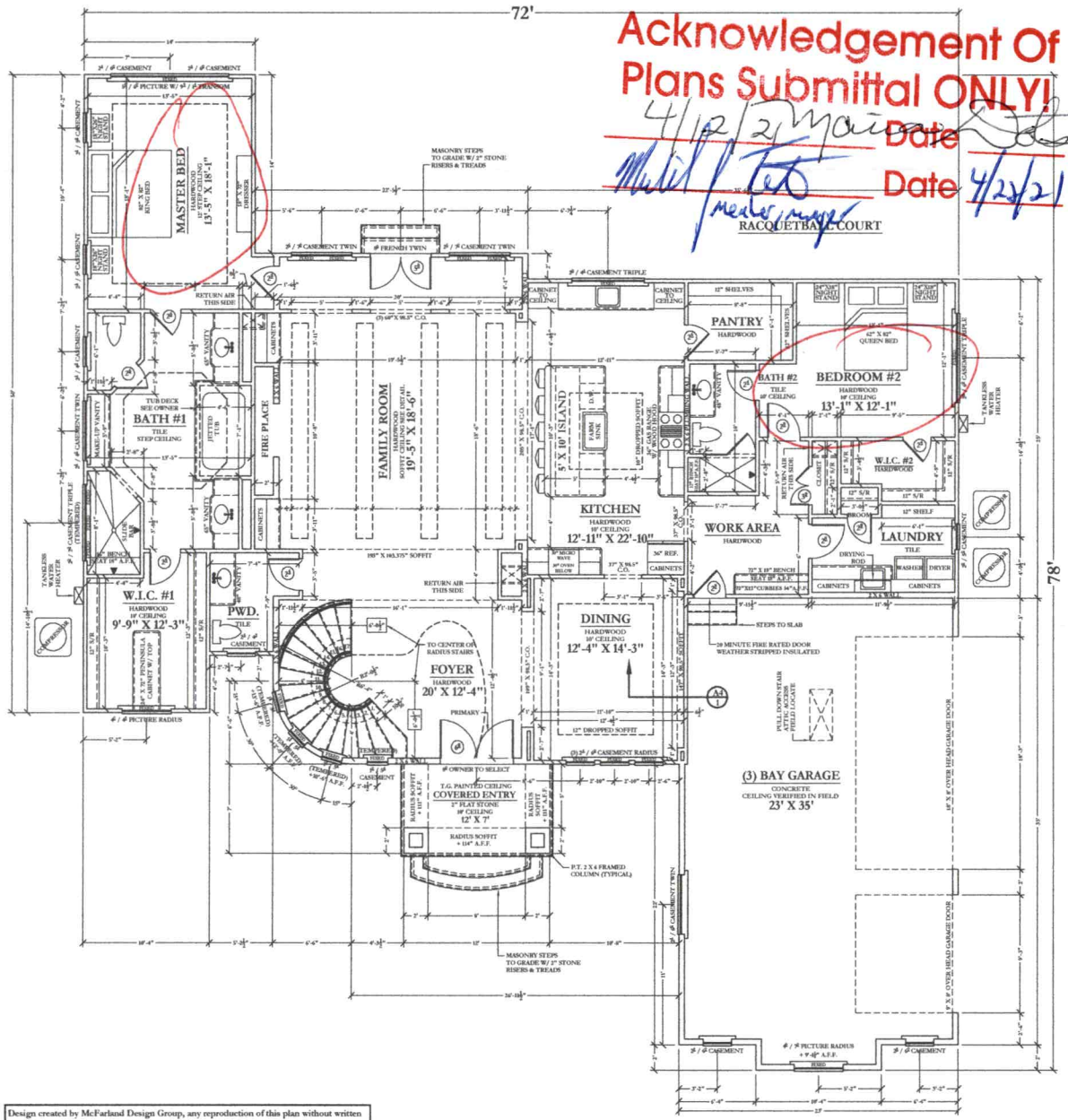
OWNER: Lake Luxury Homes
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 10/15/16
PROPOSED FACILITY: SFR *PROPOSED DESIGN FLOW (.1949):* 480
PROPERTY SIZE:
LOCATION OF SITE: Lot 83 Watertree
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ 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	L ~5-10%	0-22	MO SBK C	FR SS/P	R; F Sap	49+	N/A	N/A	0.3
		22-49	WK SBK CL	↓					
2	L ~5%	0-22	Mo ABK C	FR SS/P	R; C/M yel Br/Pale Br R	56+	N/A	N/A	0.3 below 22"
		22-56	WK SBK CL	↓					
3	L ~5%	0-20	MO SBK C	FR SS/P	R; F Sap	56+	N/A	N/A	0.3
		20-56	WK SBK CL	↓					
4	L 5-10%	0-22	MO SBK SC	FR SS/P	R; F Sap	52+	N/A	N/A	0.3
		22-52	WK SBK SCL	↓					
			*inclusions look like drainage but break out like soil						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red.	UP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Install Repair w/ 44" TB
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

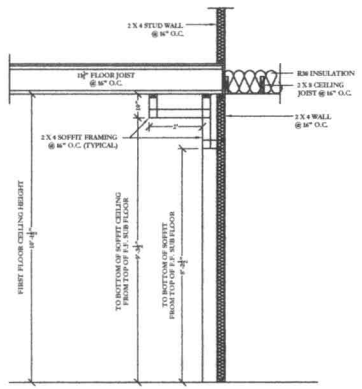
COMMENTS:



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

FIRST FLOOR FINISHED:	2620 SQ. FT.
SECOND FLOOR FINISHED:	1172 SQ. FT.
TOTAL FINISHED:	3792 SQ. FT.
GARAGE:	817 SQ. FT.
COVERED ENTRY:	84 SQ. FT.
BALCONY:	84 SQ. FT.
REAR BALCONY:	90 SQ. FT.
TOTAL UNFINISHED:	1075 SQ. FT.
TOTAL HOUSE UNDER FOOTING / ROOF:	4867 SQ. FT.



DINING ROOM CEILING DETAIL

A4/1

SCALE: 1/2" = 1'-0"

TABLE R302.6 DWELLING / GARAGE SEPARATION	
SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTICS	NOT LESS THAN 1/2" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN 5/8" TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN 1/2" GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN 1/2" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

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General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any deviation from these plans. Release of these plans contemplates further cooperation among the owner and his agents in the review of working drawings that have been prepared by McFarland Design Group. Written dimensions on these drawings shall have precedence over scaled dimensions. Contractor shall verify and be responsible for all dimensions and conditions on the job.

No.	Revisions/Issues	Date

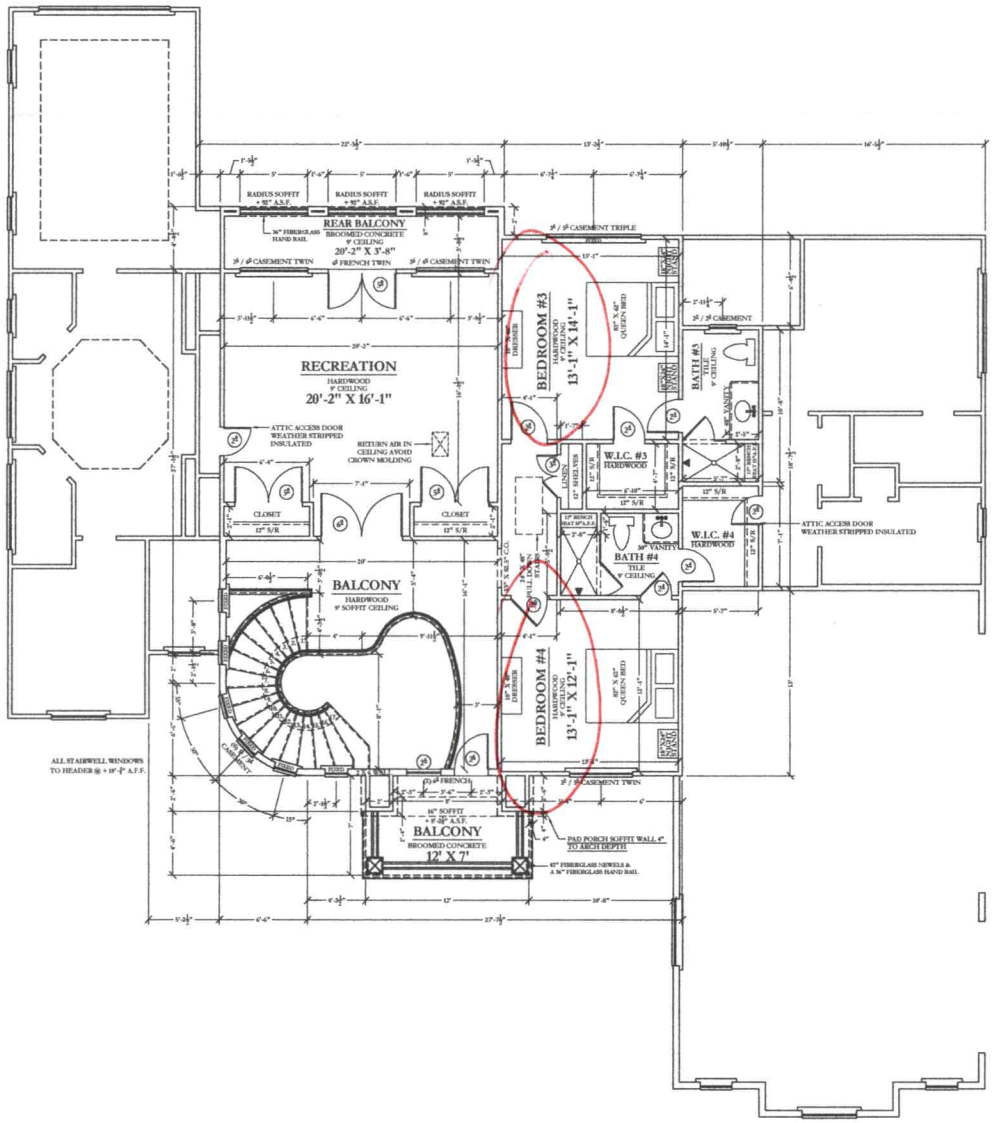
"The Luna Residence"
218 Barber Loop, Mooresville
Iredell County, NC 28117

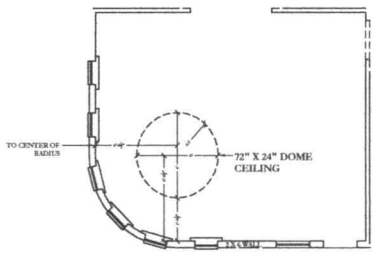
McFarland Design Group Inc.
342 N NC 16 Business Hwy, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

First Floor Plan

Date 3-2-2020
Scale 1/4" = 1'-0"
Drawn By: Rob M.

Sheet A-4





FOYER COFFER
CEILING DETAIL

Acknowledgement Of
Plans Submittal ONLY!

Date 4/2/21

Date 4/22/21

SECOND FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

SECOND FINISHED:	1172 SQ. FT.
BALCONY:	84 SQ. FT.
REAR BALCONY:	90 SQ. FT.

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General Notes

McFarland Design Group or Robert S. McFarland assumes no responsibility for any construction from these plans unless these plans contemplates further cooperation among the owner and his contractor. Changes made from these plans without consent of the designer will relieve designer from responsibility for same. The designer of responsibility for all consequences arising out of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions. Contractor shall verify and be responsible for all dimensions and conditions on the job.

"The Luna Residence"
218 Barber Loop, Mooresville
Iredell County, NC 28117

McFarland Design Group Inc.
342 N NC 16 Business Hwy. Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

Second Floor Plan

Date 3-2-2020
Scale 1/4" = 1'-0"
Drawn By: Rob M.
Sheet A-5

RECEIVED APR C 7 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED $100.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-222980/AP-316522

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 See Maria

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: J.S. Testa LLC Address: 19905 W. Catawba Ave, Cornelius Zip: 28031
Applicant Email: Mike.testa@jstesta.com Phone: 704-892-2995 Alt. Phone: Mike C# 704-201-0947
Owner Name: Cielo Cardona Address: 38-15 MARIETA PL. Denver NC Zip: 28037
Owner Email: Cielo.74@hotmail Phone: 704-6577445 Alt. Phone: 704-483142

Property Information:

Street Address: 218 Barber Loop, Mooresville, NC, 28625
Subdivision Name: Waterstree Landing Section/Phase: _____ Lot Number: 83
Driving Directions: Brawley School Rd, TR on Chuckwood, TL on Barber Loop Lot on Rt

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

(X) 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: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) 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: 1 Number of Persons: _____

(X) 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 (X) 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.

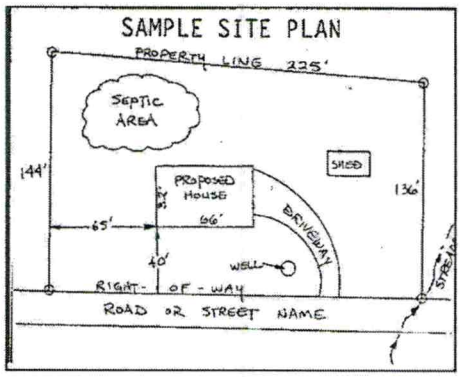
Signature: Michael J. Testa / J.S. Testa LLC 4/6/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 Maria

Signature: Mitchell J Testa / J.S. Testa LLC — 4/6/20

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 218 Barber Loop, Mooresville, NC, 28625, identified as PIN (Parcel Identification Number) 4626-10-2978, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Testa, J.S. Testa LLC, 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.

_____ 4/6/2021

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

** *Initial all lines below to indicate you have submitted each form and completed every site requirement* **

✓ **Complete all Environmental Health forms:**

MF Application
MF Site Plan including the dimensions of proposed structure, addition, pool etc. SEE MARIA
MF Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
Copy of Zoning Permit when applicable SEE MARIA
MF Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.** SEE MARIA

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.** SEE MARIA

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan. SEE MARIA

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Michael J. Testa / J.S.Testa **Date** 4/6/20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Maria 704-902-4492

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22980

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

Barbera PIN # 4626-10-2978

APPLICANT/OWNER: Cielo Cardona APPLICANT ADDRESS: 2206 Joe Rd Statesville, NC 28625

SITE ADDRESS: 218 Barber Lp Mooresville, NC 28625 PHONE: 704 249-4459 ALT. PHONE 704 657-7445

SITE DIRECTIONS: Brawley School Rd TR Chickwood TL Barber Lp on rt.

SUBDIVISION: Waterfire Landing SECTION: LOT # 83 LOT AREA: .92Ac SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 600gpd L.T.A.R.: .31

Septic Tank	500 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	500 (gal)	PT	Date	System Description: Pump-LP PPBPS				☐ Business	No. Persons	☒ Private
Pump Make		Model	Serial #	Repair System Description: Subsurface Drip				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 334'				☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Bas		☐ Basement w/o plumbing
							☐ GRAVITY ☒ PRESSURE			

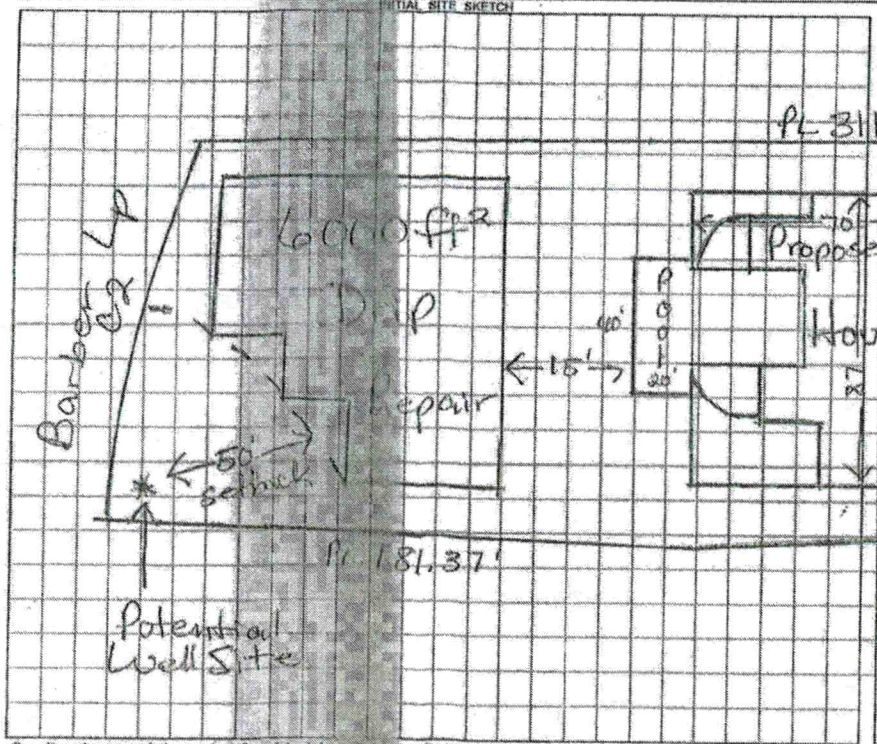
Comments / Conditions: No vehicular traffic over Septic System

---IMPROVEMENT PERMIT ONLY----

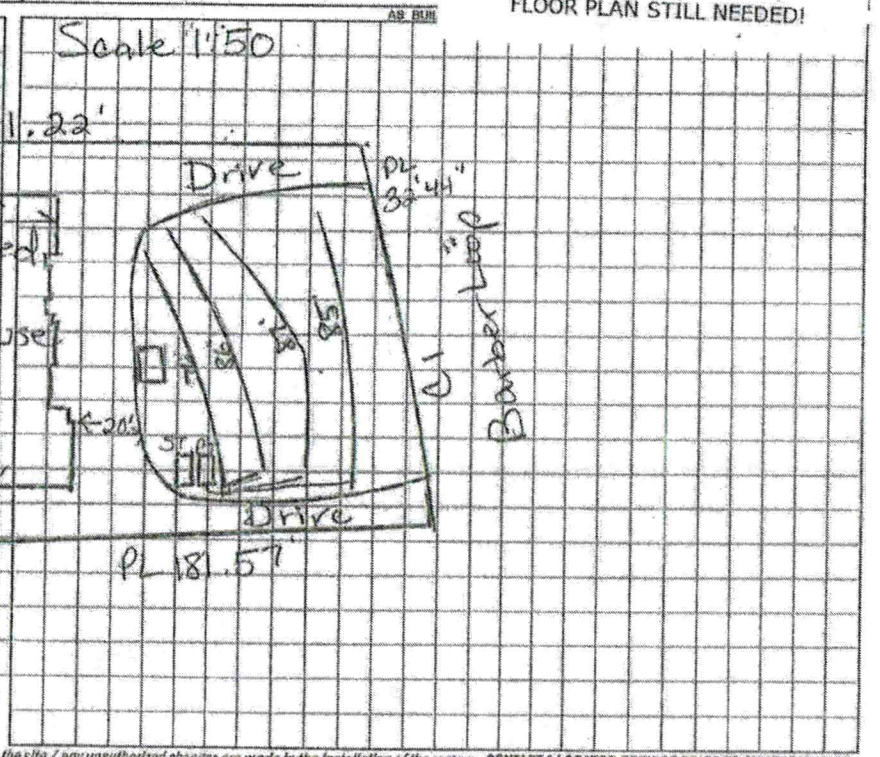
DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

INITIAL SITE SKETCH



AS BUILT



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: 8-21-17 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 10/5/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

4/9/21 **(Date)**

Owner: JS Testa
Address: 19905 W. Catawba Ave
Cornelius, NC 28031

Subject: Notice of Intent to Revoke/Suspend Watertree Landing #83
(**specify name/location**) Improvement Permit/Construction Authorization

Dear JS Testa:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 218 Barber Loop (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 4 LPPPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 4/9/21. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 BA Mooresville Office (704) 660-3625 PERMIT # 22980

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

PIN # 4626-10-2978

APPLICANT/OWNER: Cielo Cardona APPLICANT ADDRESS: 2206 Joe Rd Statesville, NC 28625

SITE ADDRESS: 218 Barber Lp Mooresville, NC 28625 PHONE: 704 249-4459 ALT. PHONE 704 657-7445

SITE DIRECTIONS: Brawley School Rd TR Chickwood TL Barber Lp on rt. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Watertree Landing SECTION: ___ LOT # 83 LOT AREA: .92Ac DESIGN FLOW: 600gpd L.T.A.R.: .3I

Septic Tank	1500	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	1500	(gal)	PT		Date	System Description: Pump-LP PPBPS				☐ Business	No. Persons	☒ Private
Pump Make		Model			Serial #	Repair System Description: Subsurface Drip				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft 334'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)		36"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Bas		☐ Basement w/o plumbing

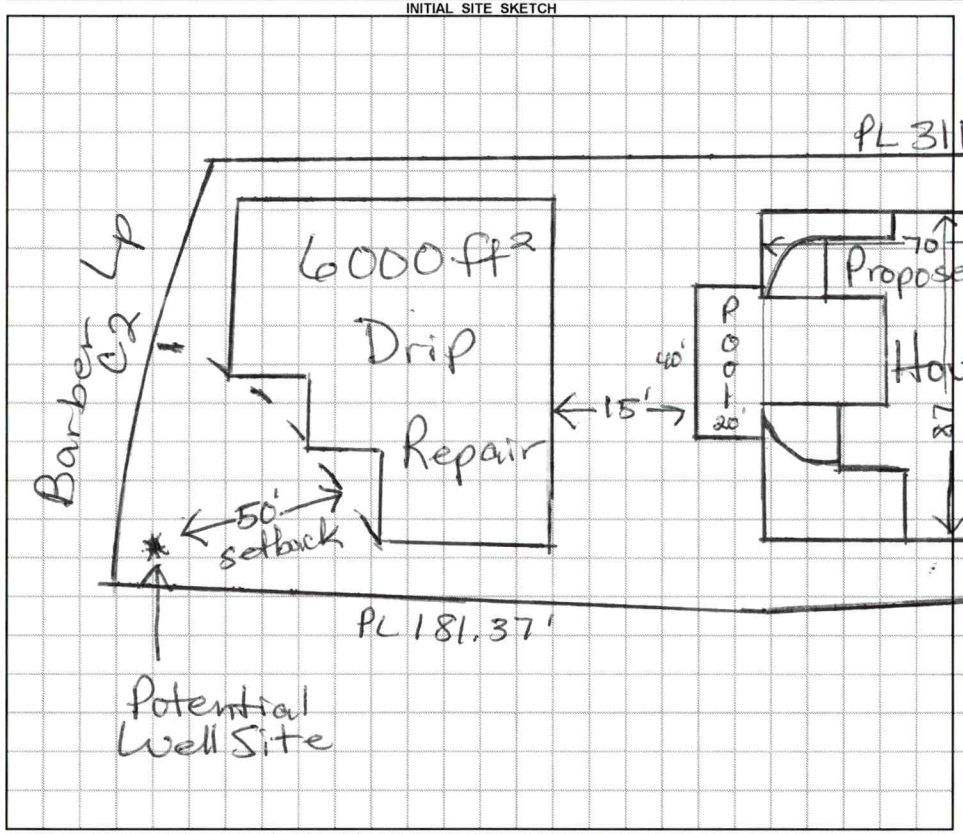
Comments / Conditions: No vehicular traffic over Septic System.

---IMPROVEMENT PERMIT ONLY---

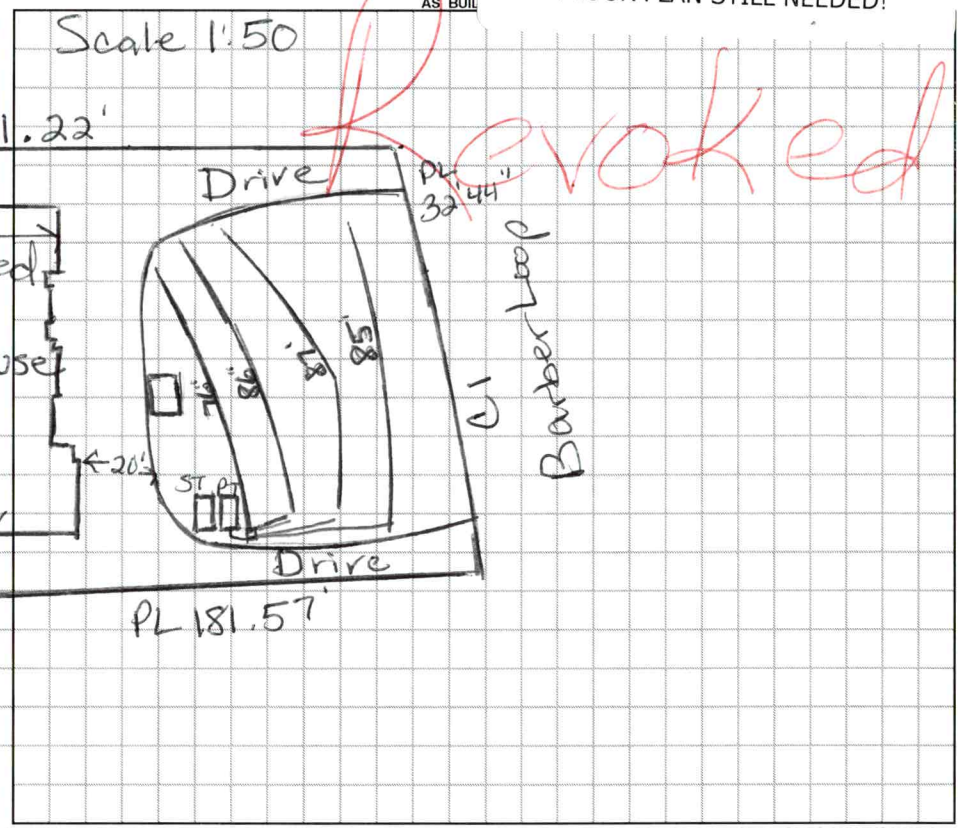
DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

INITIAL SITE SKETCH



AS BUIL



Revoked

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: 8-21-17 Installed by: ___

IMPROVEMENT PERMIT by: Myra Olson Date: 10/5/17 OPERATION PERMIT by: ___ Date: ___

AUTHORIZATION TO CONSTRUCT by: ___ Date: ___ Existing System Inspected by: ___ Date: ___

Please CALL prior to inspection

Name: Cielo Cardona

Number: 704-657-7445

RECEIVED MAR 1 6 2017

#500 Comprehensive Relayout 222980 4/19/17 No house location Staked

HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

VILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR ED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION MENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(0 FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

Paid $700.00 +100.00 Site Revisit 8/21/17

2. 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

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Cielo Cardona	2206 Joe Rd Statesville NC 28625	704-249-4459	704-657-7445
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Cielo Cardona	2206 Joe Rd Statesville	"	"

4. Property Information:

218 Barber Loop. Mooresville #28117 | Water Tree Landing. | Lot 83

Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: 77 South To exit 33 Take Right on Brawley school Rd. Turn Right on. chuckwood and Right on Barber Loop.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

Per Cielo Cardona 4-4-17

~~IF Non-Residential Site Development:~~ Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

550 500 88

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-16-2017

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

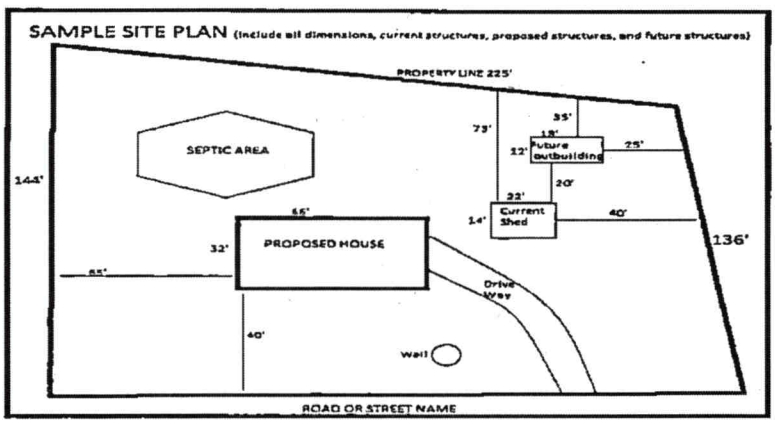
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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:

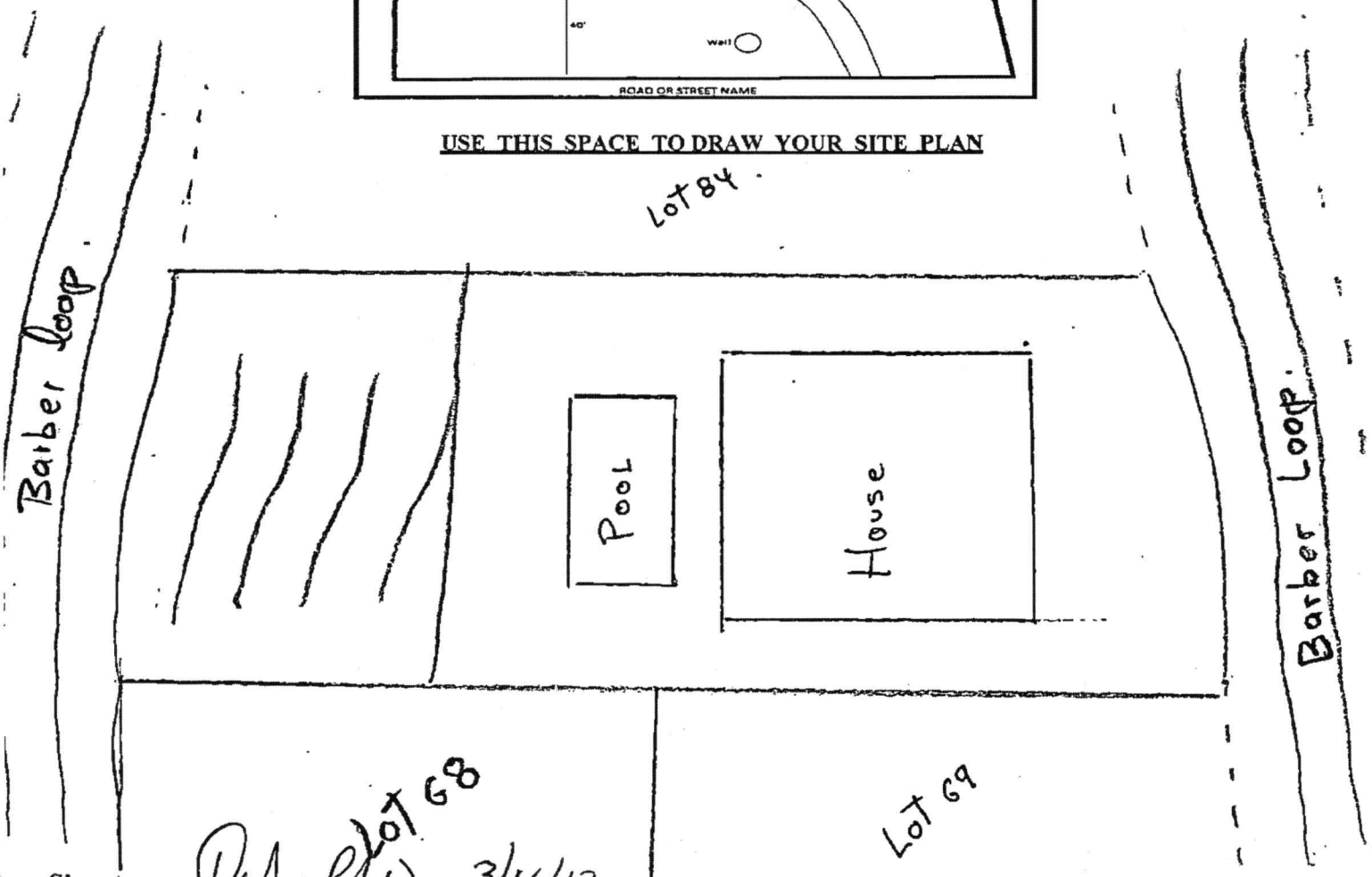
_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



See attached

USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 3/16/17

REQUIRED property owner or owner's legal representative signature. **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222980

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

PIN # 4676-10-2978

APPLICANT: LAKE LUXURY HOMES APPLICANT ADDRESS: 7271 LONG ISLAND RD. CATAWBA

SITE ADDRESS: 602 BARBER LOOP 28117 PHONE: 704-578-4951 ALT. PHONE: → KATHLEEN SAUNDERS

SITE DIRECTIONS: BSR, TR CHUCKWOOD, TL BARBER LOOP, ON R

SUBDIVISION: WATERTREE LANDING SECTION: LOT # 83 LOT AREA: .92 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth ~~X~~ 24" ~~X~~ Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

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:

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 12/9/16 Installed by:

IMPROVEMENT PERMIT by: Date: 12-6-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ****

CC **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and **sign this green sheet after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

CC **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

CC Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

CC **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

CC Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

CC In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 3-16-2017.

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

_____ (Date)

Owner: _____
Address: _____
_____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#222980 PIN 4626 10 2978 602 Barber Loop
Watertree Landing Lot 83

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12-6-16 (date) for a system
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-4-2017 (Date)

Owner: C/O Cardona
Address: ~~~

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#22980 PIN 4626 10 2978 602 Barber Loop
Waterfree Landing Lot 83

I, C/O Cardona voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12-6-16 (date) for a system 25% Reduction (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
6/15/17 (Date)

Owner: Cielo Carolona
Address: 2206 Joe Rd
Statesville, NC 28625

Subject: Notice of Intent to Revoke/Suspend Watertree Landing #83
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Cielo Cardona:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 218 Barber Loop (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3 25% Reduction (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
House location change	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 6/15/17. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) [redacted]305 Mooresville Office (704) 660-3625 PERMIT # 222980

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

PIN # 4676-10-2978

APPLICANT: LAKE LUXURY HOMES APPLICANT ADDRESS: 7271 LONG ISLAND RD. CATAWBA

SITE ADDR 218 ~~602~~ BARBER LOOP 28117 PHONE: 704-578-4951 ALT. PHONE: → KATHLEEN SAUNDERS

SITE DIRECTIONS: BSR, TR CHUCKWOOD, TL BARBER LOOP, ON R

SUBDIVISION: WATERTREE LANDING SECTION: LOT # 83 LOT AREA: .92 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:			25% REDUCTION	☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description:			PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1 # Lines	5	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	~~24"~~	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Revoked

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: 12/9/16 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 12-6-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: Existing System Inspected by: Date:

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

RECEIVED NOV 16 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#222980

Application For:

(X) *Septic Improvement Permit* ( ) New Well Permit ( ) *Authorization to Construct* ( ) Well Repair Permit ( ) *Existing System Inspection* ( ) Well Abandonmer ( ) *Septic System Rep*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAI

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

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

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes **Address:** 7271 Long Island Rd Catawba **Phone:**

Owner Name: Richard Pacella **Address:** 594 Barber Loop 28117 **Phone:**

Property Information:

Street Address: 602 Barber Loop 28117

Subdivision Name: Watertree Landing **Section/Phase:** **Lot Number:** 83

Driving Directions: BSR to R Chuckwood to 2nd Barber Loop (L) onto Barber Loop, on L

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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

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

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed:

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: Emma Helt

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

11-16-16
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

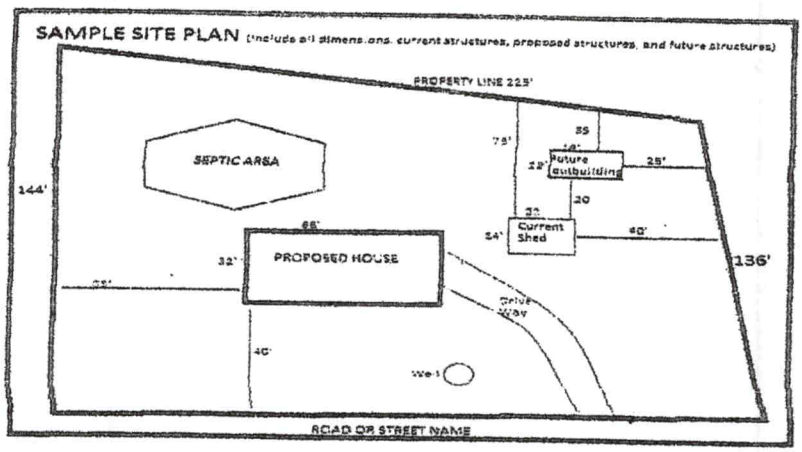
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

REQUIRED **property owner or owner's legal representative signature.**

11-15-16

DATE

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 602 Barber Loop

Date: November 15, 2016

Attached is the septic specification information required to permit the 602 Barber Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 602 Barber Loop, identified as PIN(Parcel Identification Number) 4626 10 2978, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed *before the individual's specified above will be recognized as the authorized agent.*

_____ 11-15-16
Signature of Owner Date

_____ _____
Signature of Witness Date

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

EAH **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

EAH **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

EAH Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet *if adjacent corners are not visible when standing on any given corner. Property lines* must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

EAH **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

EAH Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

EAH In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Emma Helton _____ **Date** _____

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.