ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 244711

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

PIN # 4626 -- 16 -- 7054

APPLICANT/OWNER: Craig & Jennifer Knebel APPLICANT ADDRESS: 7 Red Mill Ln Darien CT 06820

SITE ADDRESS: 439 Kemp Rd, Mooresville NC 28117 PHONE: 704 310-1832 ALT. PHONE 203-858-8719

SITE DIRECTIONS: (W) Brawley School Rd → (R) McKendree → (L) Kemp → Lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL & T SECTION: 5 LOT # 135 LOT AREA: 0.86 ac DESIGN FLOW: 600 gpd L.T.A.R.:

Septic Tank	1500	(gal)	STB	964	Date	11/8/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1500	(gal)	PT	363	Date	11/9/22	System Description:	LP-PPBPS Vertical			
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS Pre-Treated			
# Nitrification Fields	1		# Lines	3	Linear Ft	333'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24" min		Trench Bottom Depth (~~Fall Rise~~)	36" max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 8' on center, on contour. Do not pave, grade, drive, park, or bury utilities in drainfield.

Pool area must be marked at time of system install.

Ensure fall from basement to tank & tank to lines

INITIAL SITE SKETCH

See attached plan & design by Michael Athanas & Assoc.

approved 10/19/21

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.

tanks 2/7/23 DU
DRAINLINES 2-16-2023
CVB BCW
FLOATS
ALARM
PRESSURE HEAD
PUMP TANK NEEDS RISER

Alarm } SH 4/11/23
Riser }
Electrical SH 4/11/23

* Need Maintenance agreement * → SH 4/11/23

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: 10/22/21 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: D. Meberg Date: 10/19/21 OPERATION PERMIT by: Sydney Holland Date: 4/11/23

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 10/21/21 Existing System Inspected by: Date:

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

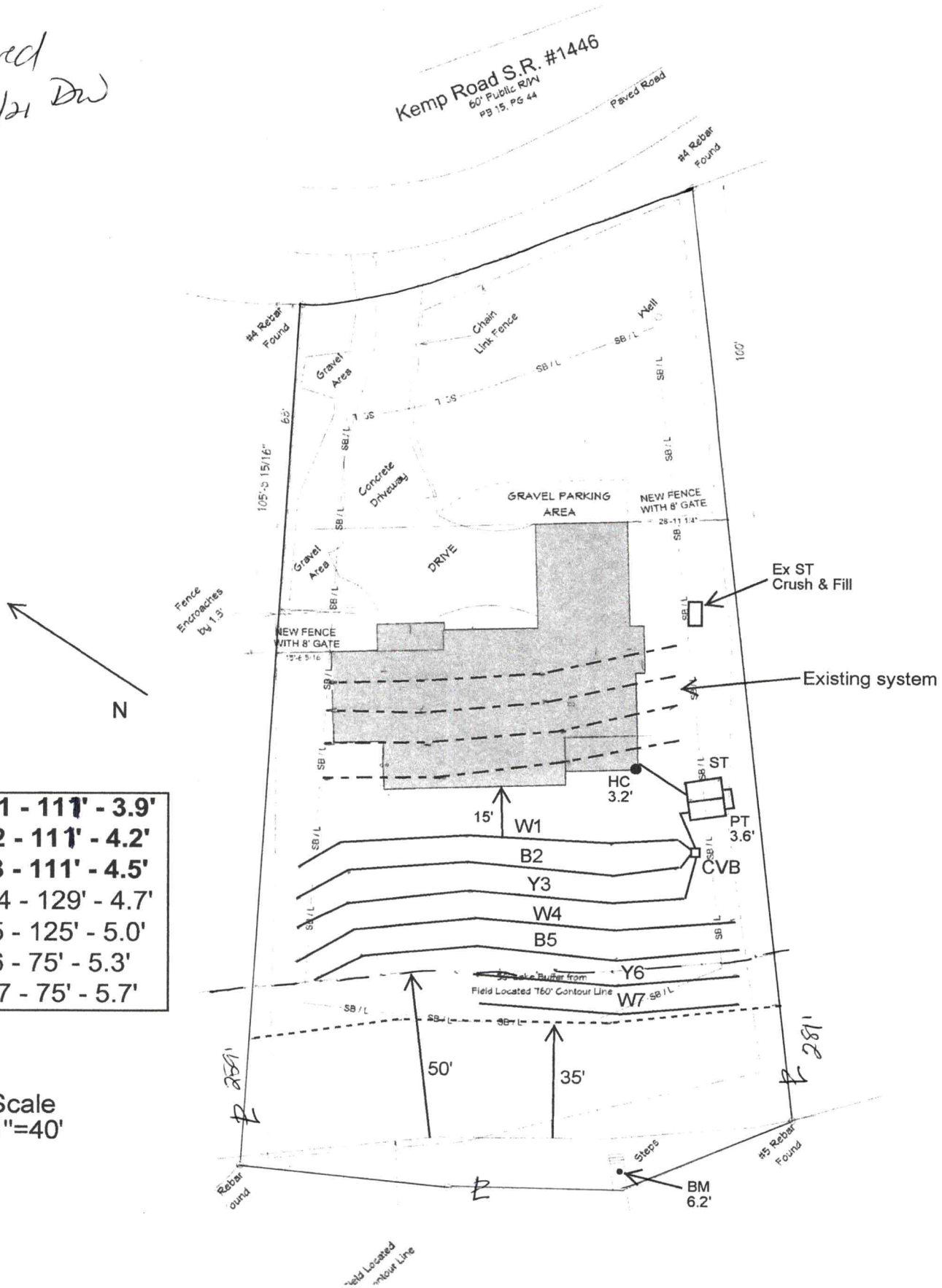
Item	Date	Initials
Drain Lines Checked		
Tanks Checked	2/7/23	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

439 Kemp Rd
Mooresville NC 28117

4626-16-7054

Approved
10/19/21 DW



W1 - 111' - 3.9'	
B2 - 111' - 4.2'	
Y3 - 111' - 4.5'	
W4 - 129' - 4.7'	
B5 - 125' - 5.0'	
Y6 - 75' - 5.3'	
W7 - 75' - 5.7'	

Scale
1"=40'

approved (w/ change in tank size & lines 10/19/21

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
10/6/2021

Reference: Data Sheet for 439 Kemp Rd, CL&T Sec 8 Lot 135
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Predetermined LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS (8' on center)
Proposed Repair System Type: PPBPS (8' on center)
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 44.8 GPM
Dosing Volume: 273.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 5'
Friction Head: 0.4'
Pressure Head: 2'
Total Dynamic Head: 7.4'
Supply Line Length: 10' of 2" PVC
Septic/Pump Tank Size: ~~1000/1000~~ gallons 1500/1500
Proposed Trench Bottom: 36" maximum



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	~~**110'**~~ 111'	**25**	**121'**	**3.9'**
Blue 2	~~**110'**~~ 111'	**25'**	**126'**	**4.2'**
Yellow 3	**111'**	**26'**	**126'**	**4.5'**
White 4			129'	4.7'
Blue 5			125'	5.0'
Yellow 6			75' (25%)	5.3'
White 7			75' (25%)	5.7'

Initial System: 334' **Repair System:** 404'
Pump Tank: 3.6' **House Corner:** 3.2'
Benchmark: 6.2' (top of walkway)

Comments:
The pipe used in the lines should 1 ½" PVC.

Part of the repair system will go into the 50' setback. These lines are calculated at 25% reduction.

334' – 254' @ 50% = 80' @ 50% = 160' conventional = 120' @ 25%

PROPERTY ID #: 4626167054
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Craig Knebel APPLICATION DATE
ADDRESS: 7 Red Mill LN, Darien, CT 06820 DATE EVALUATED: 8/2019
PROPOSED FACILITY: 5 BDRM PROPOSED DESIGN FLOW (.1949): 600 GPD PROPERTY SIZE: 0.862 AC
LOCATION OF SITE: 439 Kemp Rd, CL&T Sec 8 Lot 135 PROPERTY RECORDED: 1977
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	
PIT 1	LS 5%	0-20	R C SBK	FR SS SP SXP	N/A	51"	Few SAP	N/A	PS 0.3
		20-51	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-24	FILL		CHR 2 @ 36"	36"	N/A	N/A	US
		24-36	R C SBK	FR SS SP SXP					
PIT 4	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3
		6-40	R C SBK	FR SS SP SXP					
		40-52	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1008 FT^2	1224 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:
APPROVED SEP 13 2019 KW

COMMENTS:

SOIL/SITE EVALUATION

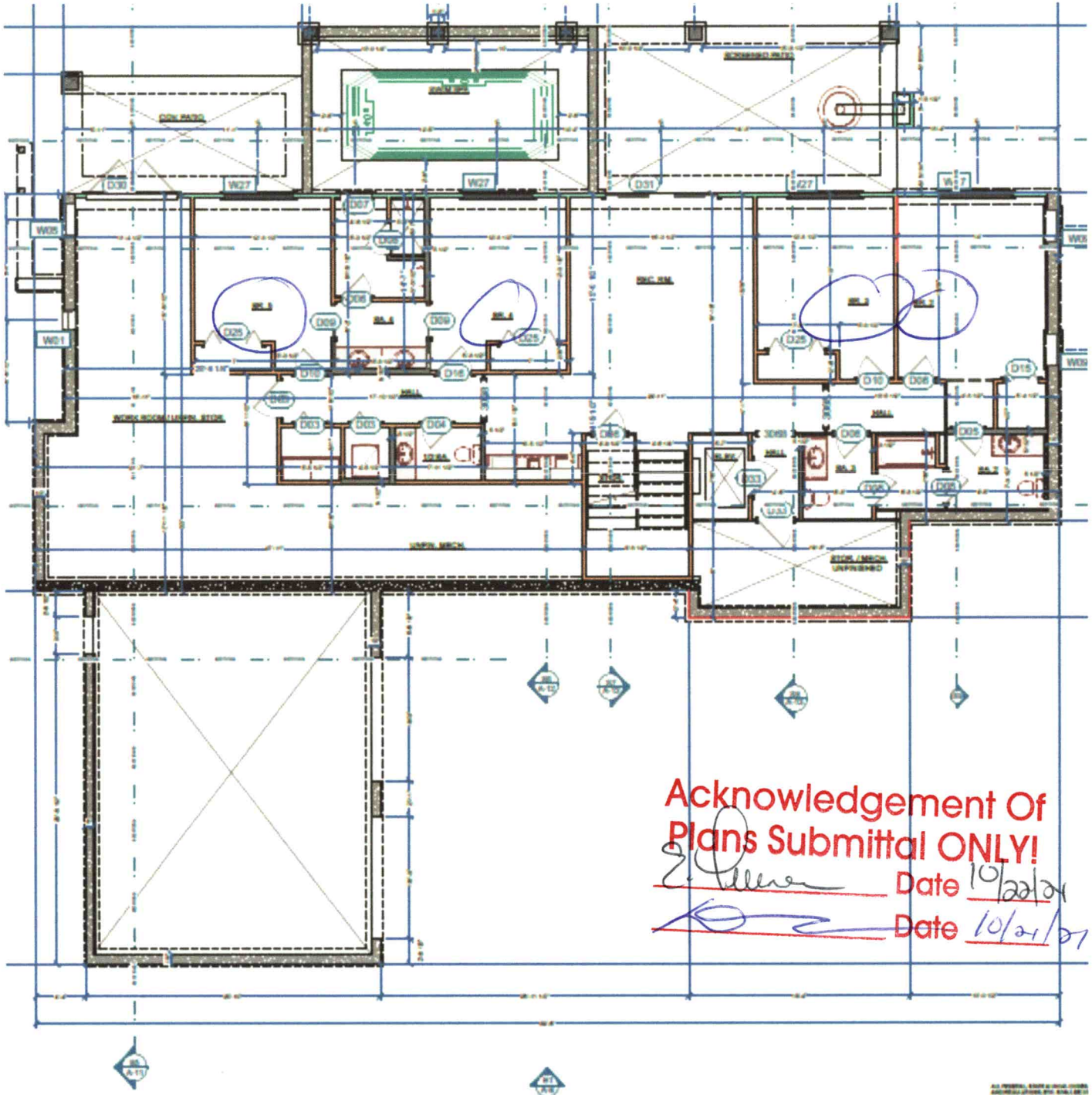
(Continuation Sheet)

PROPERTY ID #: 4626167054____
DATE OF EVALUATION: _____
COUNTY: __Iredell_____

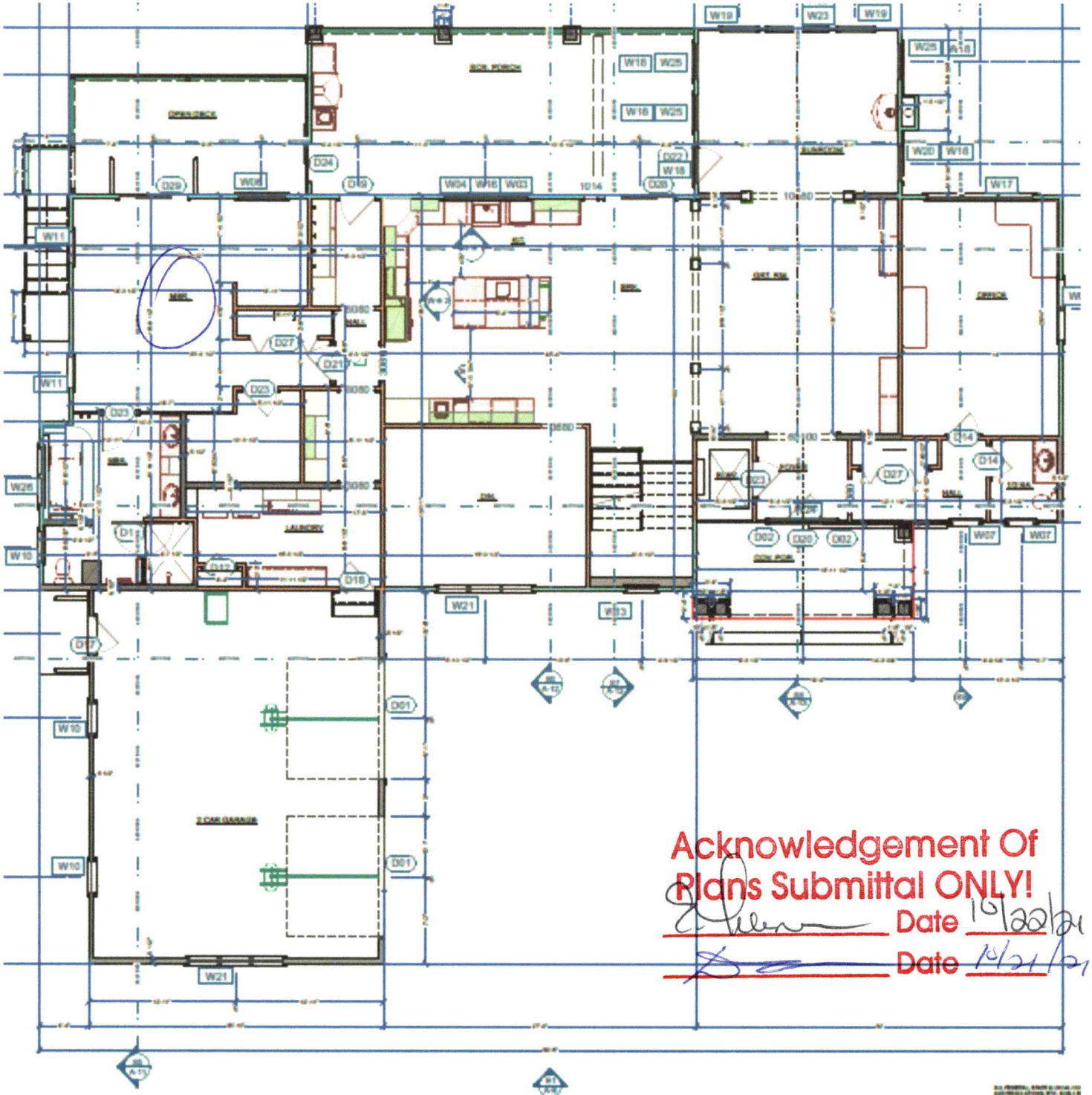
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 5% New Pit	0-7	Br CL WSBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		7-19	RBr C COMP	FR SS SP SXP					
		19-43	R C SBK	FR SS SP SXP					
		43-63	R CL WSBK	FR SS SP SXP					
PIT 6	LS 5% New Pit	0-7	Br CL WSBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		7-34	R C SBK	FR SS SP SXP					
		34-63	R CL WSBK	FR SS SP SXP					
PIT 7	LS 5% New Pit	0-6	Br CL WSBK	FR SS SP SXP	N/A	64"	N/A	N/A	PS 0.3
		6-39	R C SBK	FR SS SP SXP					
		39-64	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

APPROVED SEP 1 3 2019 KW



BASEMENT / LOWER LEVEL DIMENSIONED



FIRST FLOOR PLAN DIMENSIONED

RECEIVED OCT 1 4 2021

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-244711 $225.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: ~~Mcneely Alliance + Associates~~ Same As Owner **Address:** _____ **Zip:** 28117

Applicant Email: _____ **Phone:** 704-310-1832 **Alt. Phone:** _____

Owner Name: Craig and Jennifer Knebel **Address:** 7 Red Mill Ln. Darien, CT **Zip:** 06820

Owner Email: jaknebel@optonline.net **Phone:** 203-856-8719 **Alt. Phone:** _____

Property Information:

Street Address: 439 Hemp Rd. Mooresville, NC 28117

Subdivision Name: Section 8 **Section/Phase:** _____ **Lot Number:** 135

Driving Directions: Hwy 115 to Brawley School Rd → (R) on McKendree Rd → (L) on Hemp Rd. follow for 1-2 miles Lot on left.

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: 5
Maximum Number of Occupants: 10
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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: _____ Number of Persons: _____

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

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

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: _____ 10/7/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

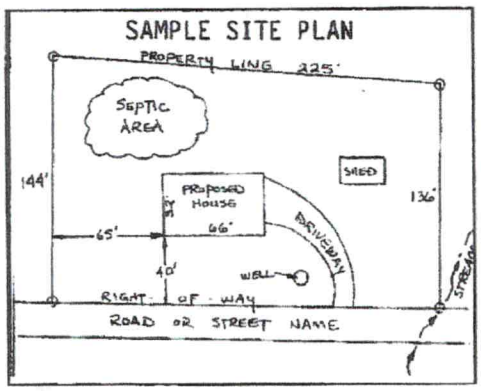
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Plan

Signature: _____ 10/7/21

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

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, Jennifer Knedel, am the legal owner(s) of the property located at 439 Hemp Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4626-116-7054.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas & Associates, 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	Signature of Witness	Date
[signature]	10/7/21		

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

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:**
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ 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.**

✓ **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.**

✓ **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.

✓ 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 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.

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 _____ **Date** 10/7/21

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

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)

10/7/2021 (Date)

Owner: Jennifer Knebel
Address: 439 Hemp Rd.
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID, owner's name property location/site legal description):
Permit # HP244711

I, Jenifer Knebel 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 9-13-2019 for a system
(date)

(system name)

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

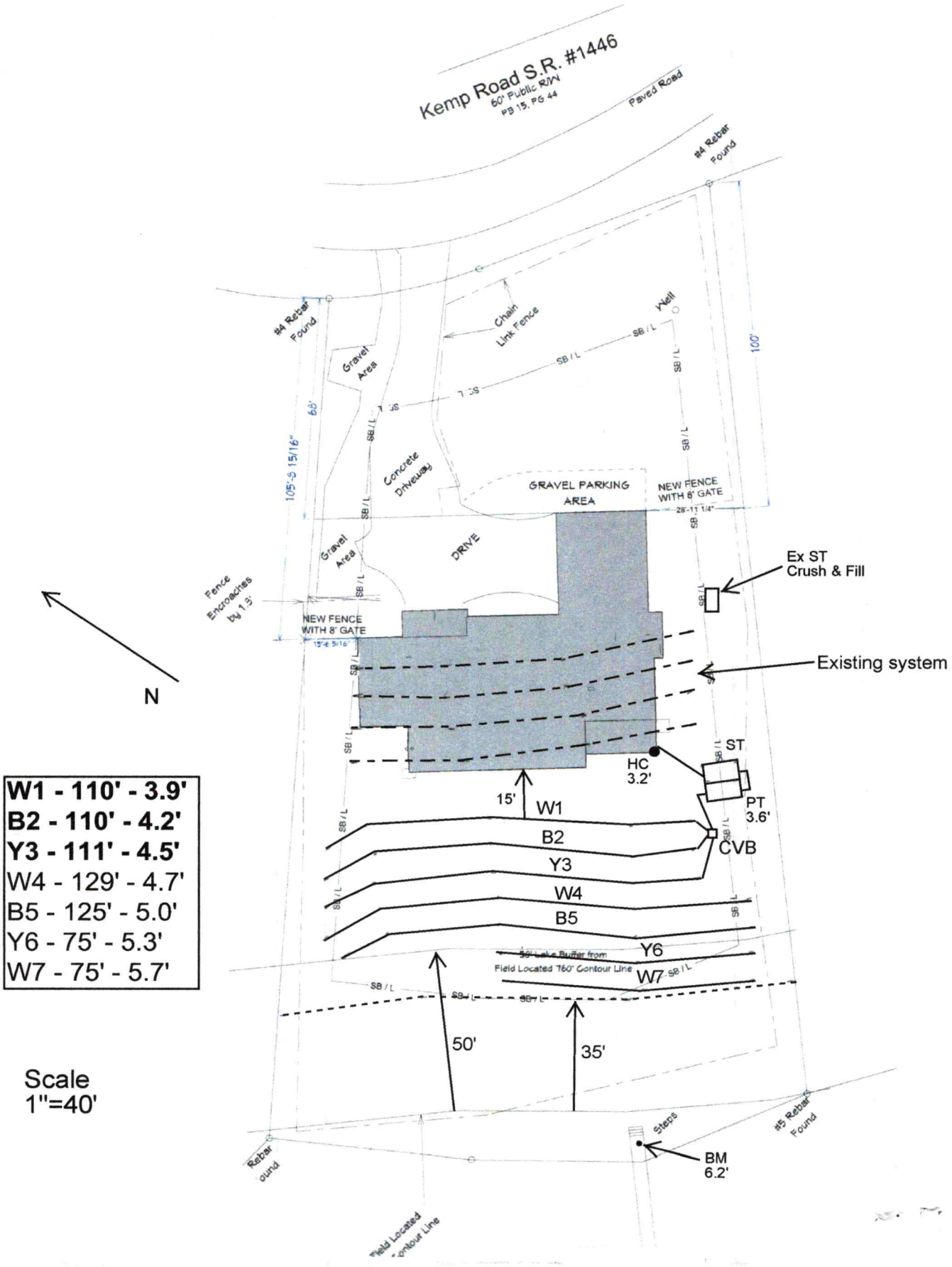
Signature of Property Owner

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/


Kemp Road S.R. #1446
60' Public R/W
PB 15, PG 44
Paved Road
#4 Rebar Found
#4 Rebar Found
Chain Link Fence
Well
Gravel Area
Concrete Driveway
GRAVEL PARKING AREA
NEW FENCE WITH 8' GATE
28'-11 1/4"
105'-5 15/16"
68'
100'
Gravel Area
DRIVE
Fence Encroaches by 1.5'
NEW FENCE WITH 8' GATE
15'-4 5/16"
Ex ST
Crush & Fill
Existing system
N
ST
HC
3.2'
PT
3.6'
CVB
15'
W1
B2
Y3
W4
B5
Y6
W7
50' Lake Buffer from Field Located 760' Contour Line
50'
35'
Steps
#5 Rebar Found
BM
6.2'
Rebar Found
Field Located Contour Line
W1 - 110' - 3.9'
B2 - 110' - 4.2'
Y3 - 111' - 4.5'
W4 - 129' - 4.7'
B5 - 125' - 5.0'
Y6 - 75' - 5.3'
W7 - 75' - 5.7'
Scale
1"=40'

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Craig & Jennifer Knebel
Address: 7 Red Mill Ln, Darien, CT 06820

Date: 10/19/21

Subject: Notice of Intent to Revoke: 439 Kemp Rd, Mooresville, NC 28117 : Permit: 244711 (Improvement Permit/Construction Authorization

Dear **Craig &** Jennifer Knebel :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 439 Kemp Rd, Mooresville, NC 28117 : Permit: 244711 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 IV_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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.

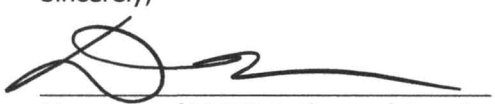
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **10/**19/21 . Meeting the 30-day deadline is critical to your formal appeal.

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,



Signature of DHHS Authorized Agent

ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 244711

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

PIN # 4626167054

APPLICANT/OWNER: Craig Knebel | APPLICANT ADDRESS: 7 Red Mill Ln. Darien, CT

SITE ADDRESS: 439 Kemp Rd. Mooresville, NC | PHONE: 704-310-1882 (Gary) | ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → Ron McKendre → L on Kemp → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T | SECTION: 8 | LOT # 135 | LOT AREA: .86ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3

Septic Tank	1500	(gal)	STB		Date					
Pump Tank	1500	(gal)	PT		Date					
Pump Make			Model		Serial #					
# Nitrification Fields	1		# Lines	6@ 56'	Linear Ft	336'				
Trench Width	24" (min)		Trench Bottom Depth(Low side)	34"/36" high side	Gravel Depth	—				

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

System Description: LP PPBPS

Repair System Description: TS II pretreatment PPBPS

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 5 | No. Persons 10 | No. Employees | ☑ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 50' from neighbor well. Anti siphon hole is required for this pump system.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Revised

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED
Only give client attached photo copy

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: 10/2/2019 Installed by: —

IMPROVEMENT PERMIT by: [signature] Date: 9-13-19 OPERATION PERMIT by: — Date: —

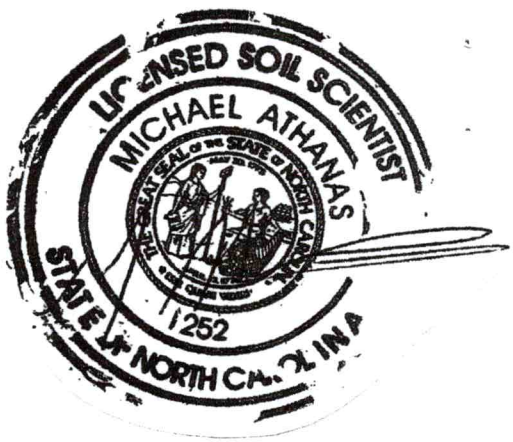
AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: — Date: —

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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
9/2/19

Reference: Data Sheet for 439 Kemp Rd, CL&T Sec 8, Lot 135
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Existing well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Pretreatment PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 46 GPM
Dosing Volume: 280.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 4.8'
Friction Head: 2.6'
Pressure Head: 2'
Total Dynamic Head: 9.4'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36" maximum



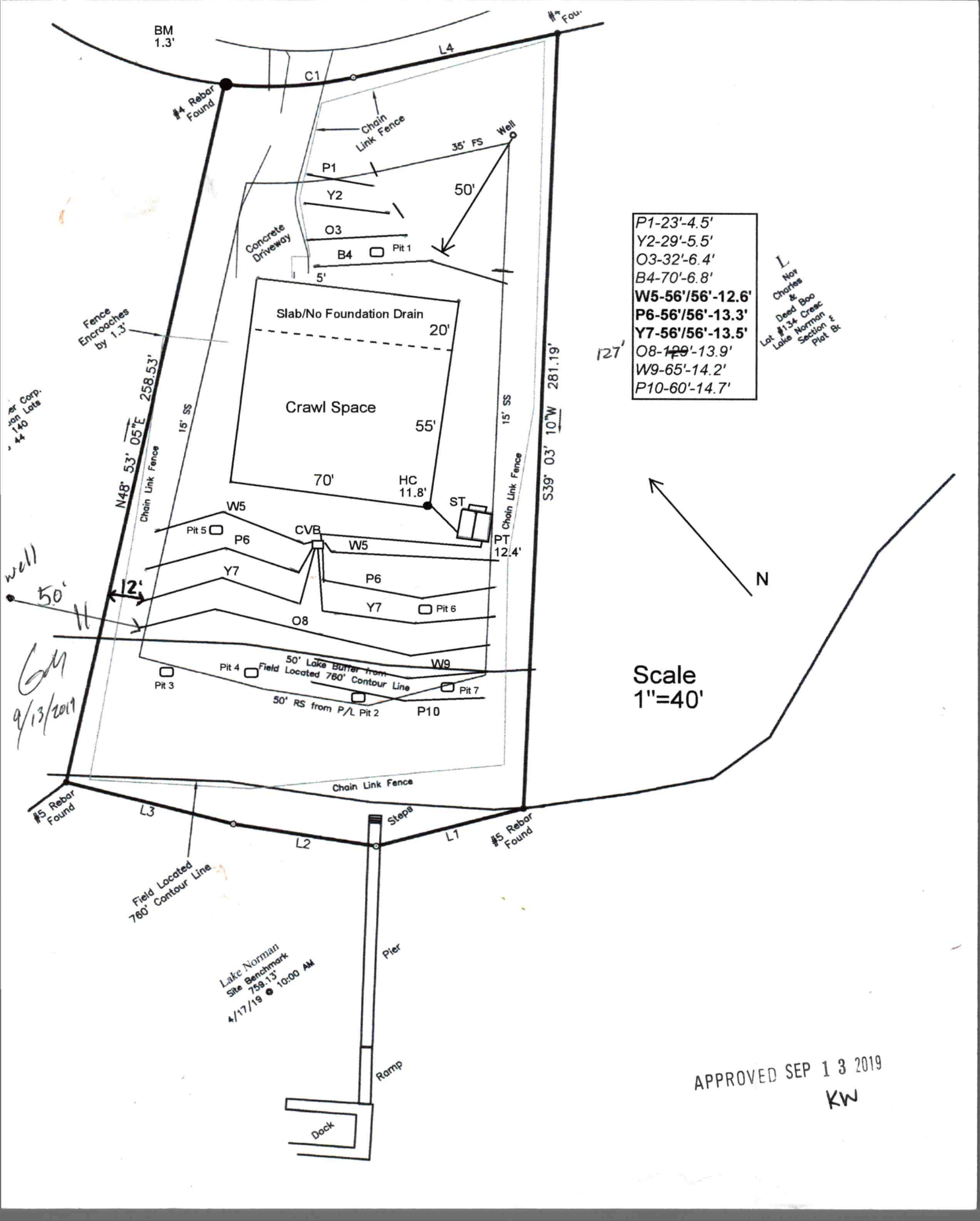
Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			23'	4.5'
Yellow 2			29'	5.5'
Orange 3			32'	6.4'
Blue 4			70'	6.8'
White 5	**56'/56'**	**13/13**	**124'**	**12.6'**
Pink 6	**56'/56'**	**13/13**	**128'**	**13.3'**
Yellow 7	**56'/56'**	**13/13**	**128'**	**13.5'**
Orange 8			~~129'~~ 127'	13.9'
White 9 (@ 25%)			65'	14.2'
Pink 10 (@ 25%)			60'	14.7'

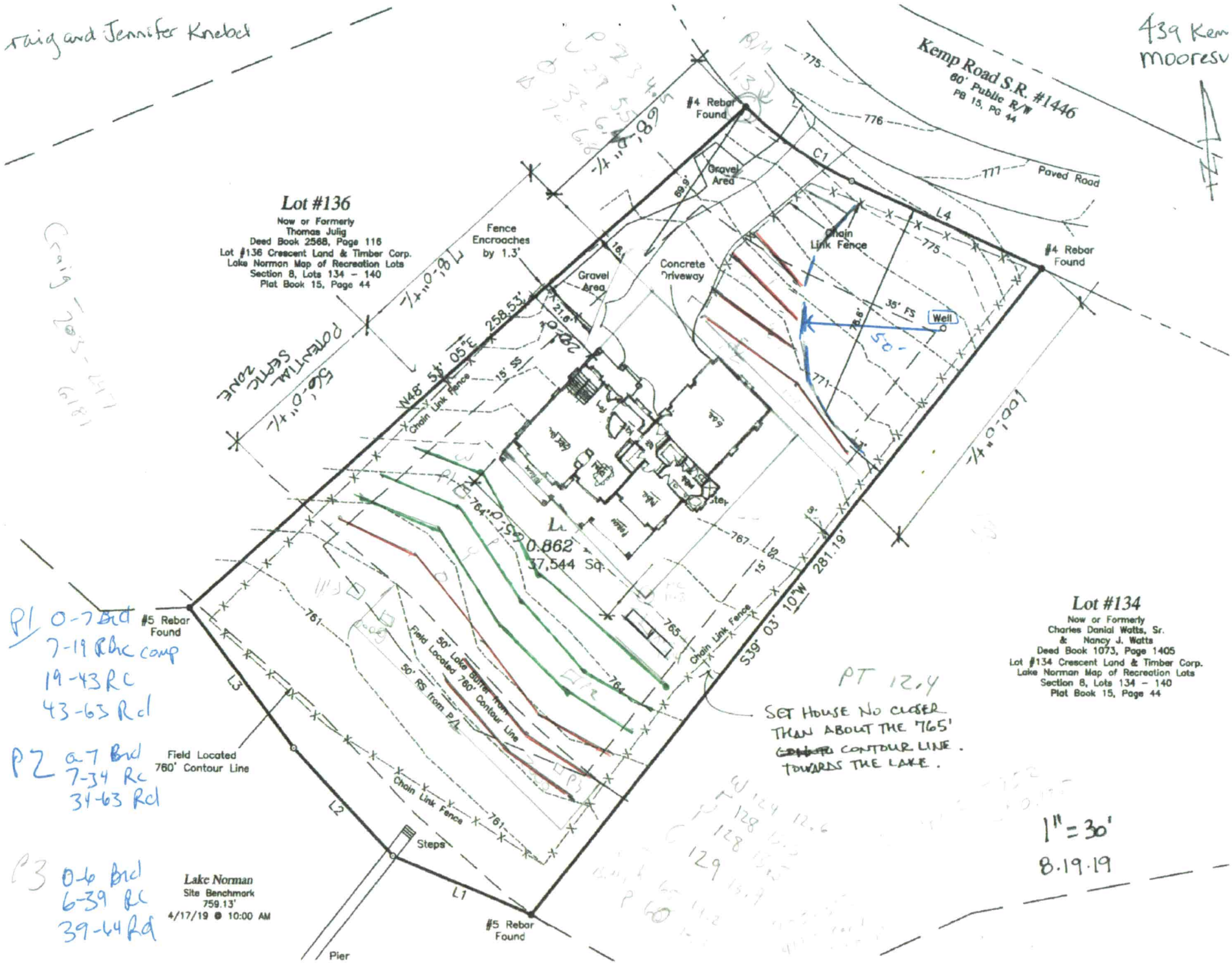
APPROVED SEP 13 2019
KW

Initial System: 336' **Repair System:** 408'
Pump Tank: 12.4' **House Corner:** 11.8' **Benchmark:** 1.3'

Comments:
MA&A previously permitted this lot. We are altering the design. The existing system will be abandoned. We dug new pits in the area that was not evaluated (pits 5, 6, &7). Two of the PPBPS repair lines are within the 50' lake setback and therefore only receive 25% reduction credit.

APPROVED SEP 13 2019
KW


BM
1.3'
L4
C1
#4 Rebar Found
Chain Link Fence
35' FS
Well
P1
Y2
50'
O3
Concrete Driveway
B4
Pit 1
5'
Slab/No Foundation Drain
20'
Fence Encroaches by 1.3'
Crawl Space
55'
70'
HC
11.8'
ST
W5
Pit 5
P6
CVB
W5
PT
12.4'
Y7
P6
12'
Y7
Pit 6
O8
W9
Pit 4
Pit 3
50' Lake Buffer from Field Located 760' Contour Line
Pit 7
50' RS from P/L Pit 2
P10
Chain Link Fence
15' SS
Chain Link Fence
N48° 53' 05"E 258.53'
S39° 03' 10"W 281.19'
127'
P1-23'-4.5'
Y2-29'-5.5'
O3-32'-6.4'
B4-70'-6.8'
W5-56'/56'-12.6'
P6-56'/56'-13.3'
Y7-56'/56'-13.5'
O8-129'-13.9'
W9-65'-14.2'
P10-60'-14.7'
Lot #134 Creac
Lake Norman
Section 5
Plat Bk
N
Scale
1"=40'
well
50'
#5 Rebar Found
L3
L2
Steps
L1
#5 Rebar Found
Field Located 760' Contour Line
Lake Norman
Site Benchmark
758.13'
4/17/19 @ 10:00 AM
Pier
Ramp
Dock
APPROVED SEP 13 2019
KW
9/13/2019


Craig and Jennifer Knebel
439 Kem
Mooresv
Kemp Road S.R. #1446
60' Public R/W
PB 15, PG 44
#4 Rebar Found
Gravel Area
Paved Road
Lot #136
Now or Formerly
Thomas Julig
Deed Book 2568, Page 116
Lot #136 Crescent Land & Timber Corp.
Lake Norman Map of Recreation Lots
Section 8, Lots 134 – 140
Plat Book 15, Page 44
Fence Encroaches by 1.3'
Concrete Driveway
Chain Link Fence
Well
POTENTIAL SEPTIC ZONE
N48° 54' 05"E 258.53'
S39° 03' 10"W 281.19'
0.862 Ac.
37,544 Sq.
50' Lake Buffer from 760' Contour Line
50' RS from P/L
Field Located 760' Contour Line
#5 Rebar Found
Steps
Pier
Lake Norman
Site Benchmark
759.13'
4/17/19 @ 10:00 AM
Lot #134
Now or Formerly
Charles Danial Watts, Sr.
& Nancy J. Watts
Deed Book 1073, Page 1405
Lot #134 Crescent Land & Timber Corp.
Lake Norman Map of Recreation Lots
Section 8, Lots 134 – 140
Plat Book 15, Page 44
P1 0-7 Brd
7-19 Rhc comp
19-43 RC
43-63 Rcl
P2 0-7 Brd
7-34 Rc
34-63 Rcl
P3 0-6 Brd
6-39 Rc
39-64 Rd
PT 12.4
SET HOUSE NO CLOSER THEN ABOUT THE 765' CONTOUR LINE. TOWARDS THE LAKE.
1" = 30'
8.19.19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP 244711

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair $350

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: (✓) 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: Craig Knebel **Address:** 7 Red Mill Ln, Darien, CT **Zip:** 06820

Applicant Email: clknebel@optonline.net **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 439 Kemp Rd

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 135

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 9/10/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

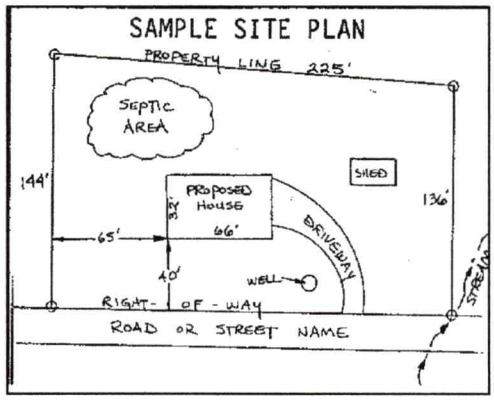
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

Signature: _____

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

9/10/2019

DATE

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, CRAIG KNEBEL + JENNIFER A KNEBEL, am the legal owner(s) of the property located at 439 KEMP ROAD MOORESVILLE NC, identified as PIN (Parcel Identification Number) 4626-16-7054.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MICHAEL ATHANES, 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	Signature of Witness	Date
	8/29/19		8/29/19

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

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)

8-29-19 (Date)

Owner: CRAIG KNEBEL & JENNIFER TRUST
Address: 439 KEMP ROAD
MOORESVILLE NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
439 Kemp Rd CL&T Sec 8 Lot 135 PIN 4626167054

I, CRAIG KNEBEL & JENNIFER KNEBEL, 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 _____ for a system
(date)

Existing Conventional & PPBPS
(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 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
9-13-19 (Date)

Owner: Craig Knebel
Address: 939 Kemp Rd.
Mooresville, NC

Subject: Notice of Intent to Revoke/Suspend revoke 439 Kemp Rd (specify name/location) Improvement Permit/Construction Authorization

Dear Craig Knebel:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 439 Kemp Rd Mooresville, NC (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 permit 244711 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
~Cannot have 2 permits on the same lot.	

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 September 13, 2019. 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

PJB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244711

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

PIN # 4626167054

APPLICANT/OWNER: Craig Knebel / Robert Saltzman APPLICANT ADDRESS: 7 Red Mill Ln. Darien, CT

SITE ADDRESS: 439 Kemp Rd. Mooresville, NC PHONE: 704-310-1832 (Gary) ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → R on McKendree → L on Kemp → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T SECTION: 8 LOT # 135 LOT AREA: .86 ac DESIGN FLOW: 480gpd 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	Water Supply
Pump Tank	1000	(gal)	PT	Date		System Description: PM PPBPS + existing conventional		☐ Business	No. Persons	8	☑ Private
Pump Make		Model		Serial #		Repair System Description: drip		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2@35'	Linear Ft	70	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space		☐ Community
Trench Width	24" (min)	Trench Bottom Depth (Low side)	34"/36" high side	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

REVOKED 9-13-19

AS BUILT SKETCH

Owner/Applicant Craig Knebel

EHS Kayla Wilson

Amount Owed $ 700

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED
Only give client attached photo copy

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: Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-22-19 OPERATION PERMIT by: Date:

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

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

#244711
pd. $500.00
5-16-19

Contact Gary McNeely - 704-310-1832

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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 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: Craig Knebel **Address:** 7 Red Mill Ln, Darien, CT **Zip:** 06820

Applicant Email: clknebel@optonline.net **Phone:** _____ **Alt. Phone:** _____

Owner Name: Robert Saltzman **Address:** 915 Sherwood Ln, Statesville, NC **Zip:** 28677

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

Property Information:

Street Address: 439 Kemp Rd

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 135

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5/16/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

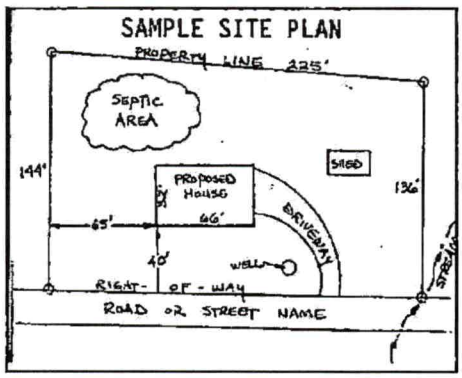
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

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

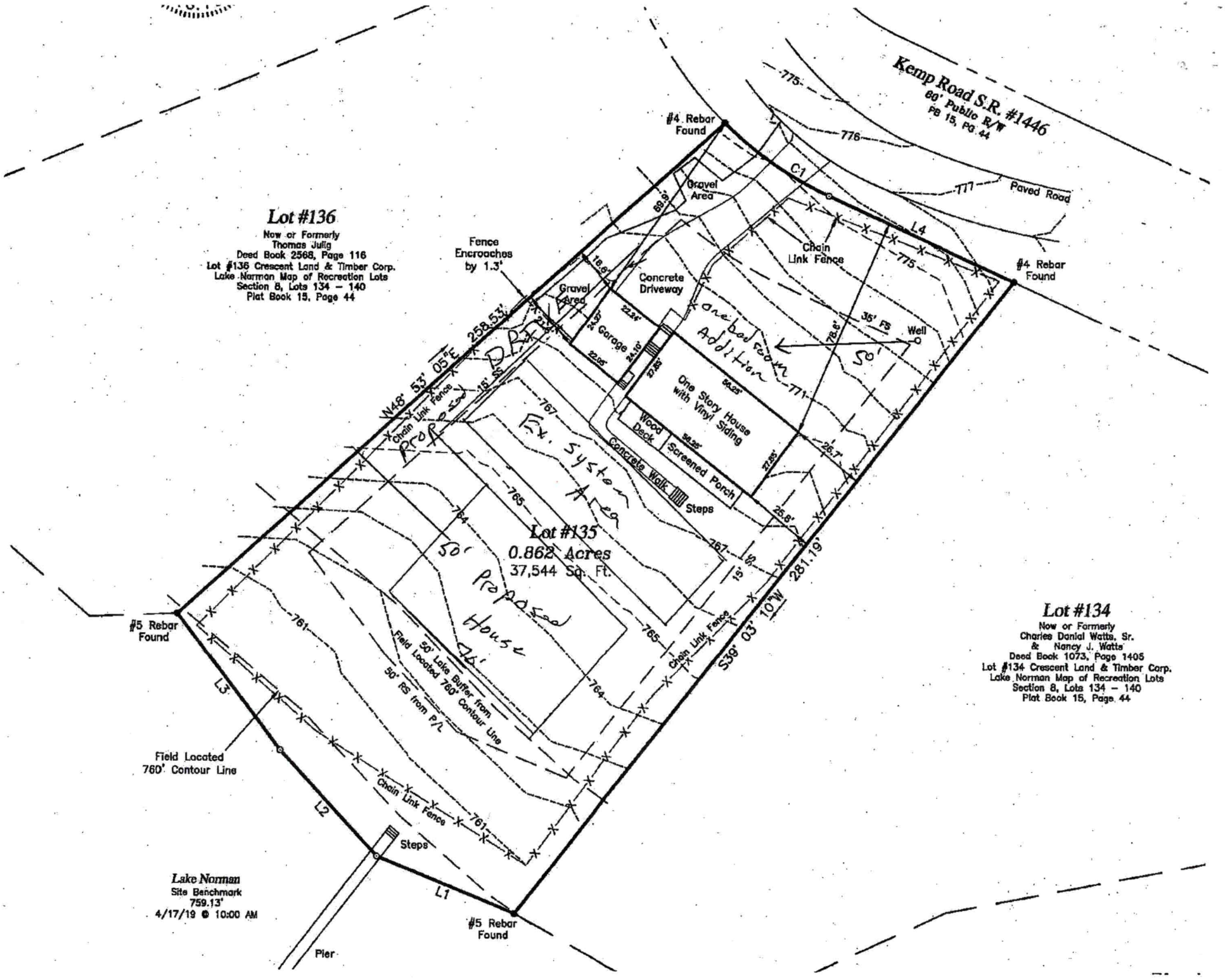
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

Signature: _____ 5/14/2019

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


Kemp Road S.R. #1446
60' Public R/W
PB 15, PG 44
Paved Road
#4 Rebar Found
#4 Rebar Found
#5 Rebar Found
#5 Rebar Found
Lot #136
Now or Formerly
Thomas Julig
Deed Book 2568, Page 116
Lot #136 Crescent Land & Timber Corp.
Lake Norman Map of Recreation Lots
Section 8, Lots 134 – 140
Plat Book 15, Page 44
Lot #135
0.862 Acres
37,544 Sq. Ft.
Lot #134
Now or Formerly
Charles Daniel Watts, Sr.
& Nancy J. Watts
Deed Book 1073, Page 1405
Lot #134 Crescent Land & Timber Corp.
Lake Norman Map of Recreation Lots
Section 8, Lots 134 – 140
Plat Book 15, Page 44
Fence Encroaches by 1.3'
Gravel Area
Concrete Driveway
Chain Link Fence
Gravel Area
Garage
One Story House with Vinyl Siding
one bed room Addition
Wood Deck
Screened Porch
Concrete Walk
Steps
Well
35' FS
50'
Prop. 50' Ex. System Area
50' Proposed House
50' Lake Buffer from 760' Contour Line
50' RS from P/L
Field Located 760' Contour Line
Chain Link Fence
Chain Link Fence
Steps
Pier
Lake Norman
Site Benchmark
759.13'
4/17/19 @ 10:00 AM
N48° 53' 05"E 258.53'
S39° 03' 10"W 281.19'
C1
L1
L2
L3
L4

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Robert & Kathleen Saltzman, are the legal owner(s) of the property located at 439 Kemp Rd. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626-16-7054, located in Iredell County, North Carolina.

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

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Kathleen R Saltzman 5/15/19
Signature of Owner(s) Date

Robert Saltzman 5/15/19

Jennifer Lenk 5/15/19
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

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 ****

GM ✓ **Complete all Environmental Health forms:**
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- GM ✓ 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.**

GM ✓ **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 <u>prior to application submittal</u> (exception <u>may</u> 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 <u>$100 site re-visit fee</u> charged.**

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

GM ✓ 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 <u>$100 site revisit fee</u> 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 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.

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 <u>applicant/agent is responsible for securing these services</u>**
- **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 _____ **Date** 5/16/2019

Questions? Contact the Environmental Health Offices below:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4626167054

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22141 DATE 10/10/95 TAX MAP NO. 2F 3A 135 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Don Weinbrich PHONE: Business _____ Home 664-7727

ADDRESS 119 Pittland Ct. Mooresville, NC 28115

LOCATION Kemp Rd. off McKendree ~ 1.5 miles on (L)

SUBDIVISION C.L.T.S. BLOCK / SECTION 8 LOT 135 LOT AREA 2.04ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9-6-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House (Mod. Home) No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

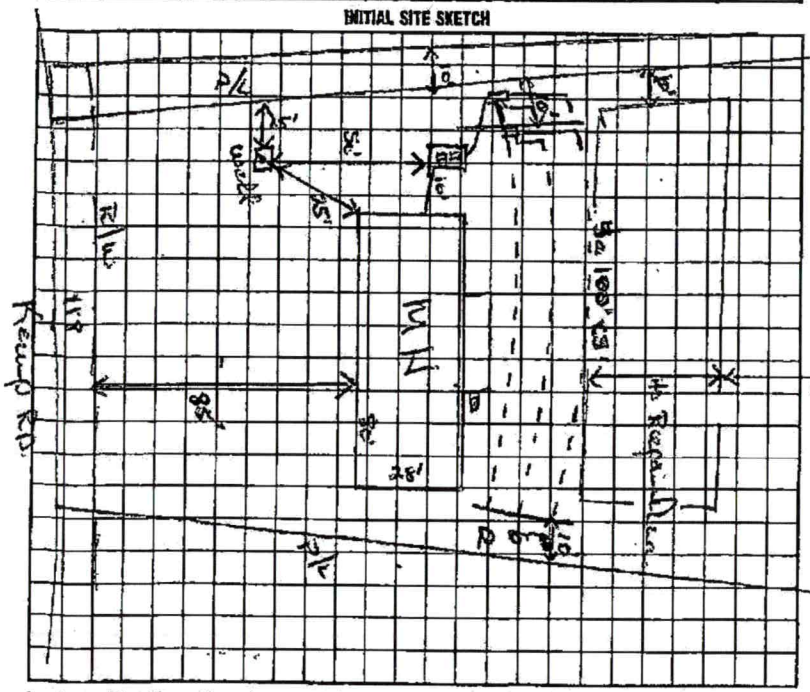
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

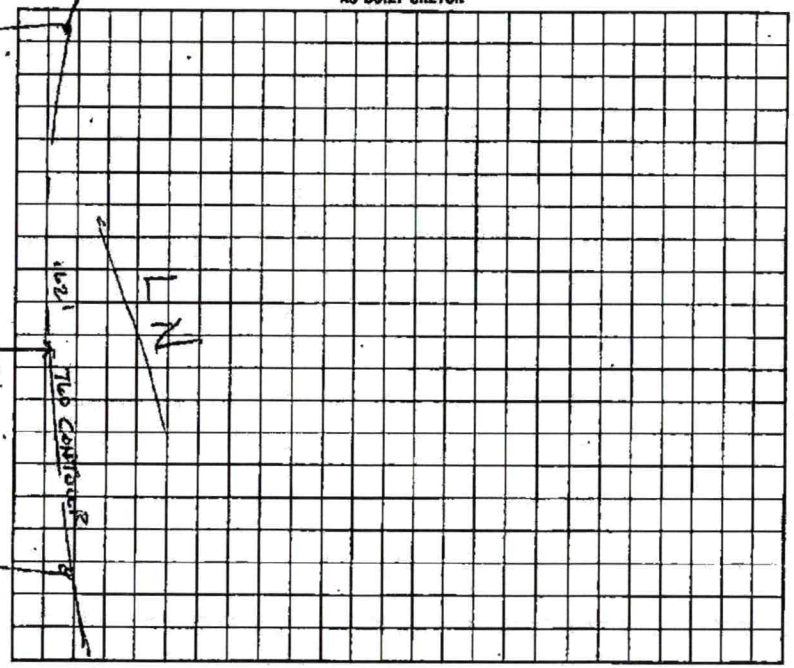
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: ☒ _____

Improvement Permit by: Wesley Sparks R.S. date 10/10/95

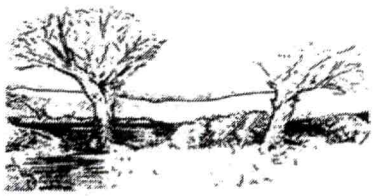
~~Authorized State Inspector~~: Wesley Sparks R.S. date 10/10/95

Installed by: Richard Abernathy

Certificate of Completion by: Wesley Sparks R.S. date 11/20/95

Operation Permit by: Wesley Sparks R.S. date 11/20/95

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



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

Reference: Data Sheet for 439 Kemp Rd, CL&T Sec 8, Lot 135
House Footprint: 70' x 50'
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: Existing Conventional + PPBPS
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Pressure manifold
Flow per Tap: 1 @ 5.48 GPM, 1 @ 16.8 GPM
Tap Size and Material: 1 @ ½" SCH 80, 1 @ 1" SCH 80
System Flow: 22.3 GPM
Dosing Volume: 232.6 gallons
Pump Run Time: 10.4 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Orange 1	**35' (8 Panels)**	**35'**	
Blue 2	**35' (8 Panels)**	**35'**	
Pink 3	**100' (Existing)**		
Orange 4	**100' (Existing)**		
White 5	**100' (Existing)**		
Blue 6	**100' (Existing)**		

Initial System: 400' Ex. Conventional + 70' PPBPS
Repair System: 2000 FT^2
Pump Tank: TBD **House Corner:** TBD **Benchmark:** TBD

APPROVED MAY 22 2019
KW

Comments:

MA&A are proposing to use the existing 3 bedroom, conventional system and add 1 bedroom of PPBPS. The lot was deeded in 1977. We have shown the one bedroom of required repair area in the 50' lake setback. The existing structure will be removed after the purchase of the property. The proposed house is a slab foundation with not foundation drain requiring a 5' setback.

APPROVED MAY 22 2019

KW

PROPERTY ID #: 4626167054
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Saltzman APPLICATION DATE
ADDRESS: 915 Sherwood Ln, Statesville, NC 28677 DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.862 AC
LOCATION OF SITE: 439 Kemp Rd, CL&T Sec 8 Lot 135 PROPERTY RECORDED: 1977
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 5%	0-20	R C SBK	FR SS SP SXP	N/A	51"	Few SAP	N/A	PS 0.3
		20-51	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-24	FILL		CHR 2 @ 36"	36"	N/A	N/A	US
		24-36	R C SBK	FR SS SP SXP					
PIT 4	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3
		6-40	R C SBK	FR SS SP SXP					
		40-52	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	210FT^2 Addition	2000 FT^2
System Type(s)	PPBPS Addition	DRIP
Site LTAR	0.3	0.125

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

APPROVED MAY 22 2019
KW

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4626167054
DATE OF EVALUATION: _____
COUNTY: Iredell

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
AB 1	LS 5%	0-12	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		12-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 5%	0-27	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		27-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 5%	0-5	Br CL WSBK	FR SS SP SXP	N/A	25"	N/A	N/A	DRIP 0.125
		5-25	R C SBK	FR SS SP SXP					
		25	AR						
AB 4	LS 5%	0-24	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

APPROVED MAY 22 2019
KW