ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP301586

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

PIN # 4626193008

APPLICANT/OWNER: Michael Athanas / Aaron Rylance | APPLICANT ADDRESS: 119 E Cold Hollow Farms Dr Mooresville NC 28117

SITE ADDRESS: 119 E Cold Hollow Farms Dr Mooresville NC 28117 | PHONE: 704-576-3887 | ALT. PHONE 704-310-4832

SITE DIRECTIONS: Brawley School Rd to R McKendree Rd, R on Bare Foot Ln, R on E Cold Hollow Farms Dr, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: 1 | LOT # 486 | LOT AREA: 0.765 acres | DESIGN FLOW: 480 GPM | L.T.A.R.: .125

Septic Tank	1500	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	320'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	36"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

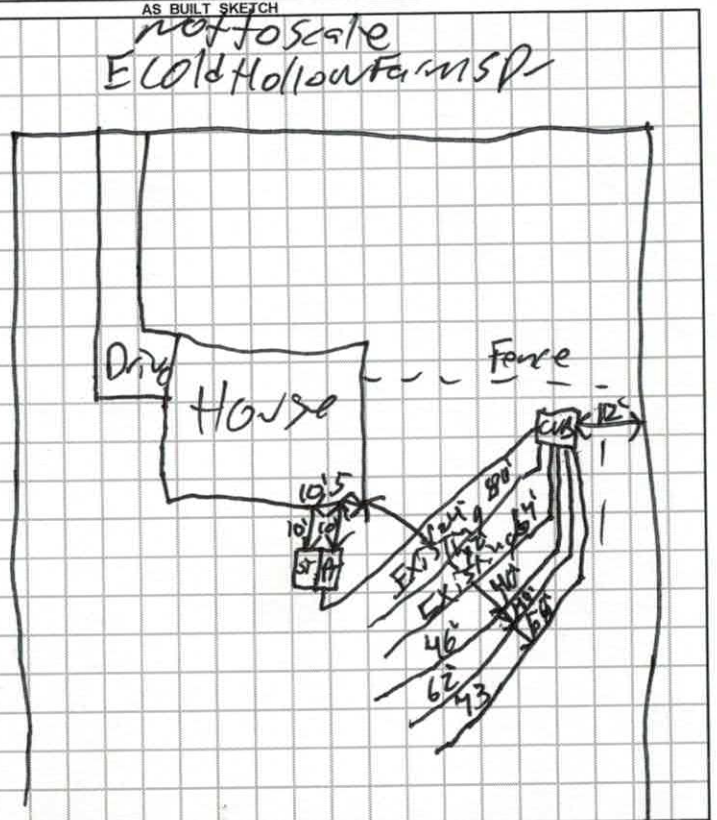
☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☒ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour. Any part of septic system must Remain 15' from the water's edge of pool and 10' off any pool water lines.

INITIAL SITE SKETCH

See Attached and Approved Site plan by Michael Athanas and Associates. 10/22/19 PJB

AS BUILT SKETCH



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: Danielle Rylance | Date: 10/23/19 | Installed by: Leytz

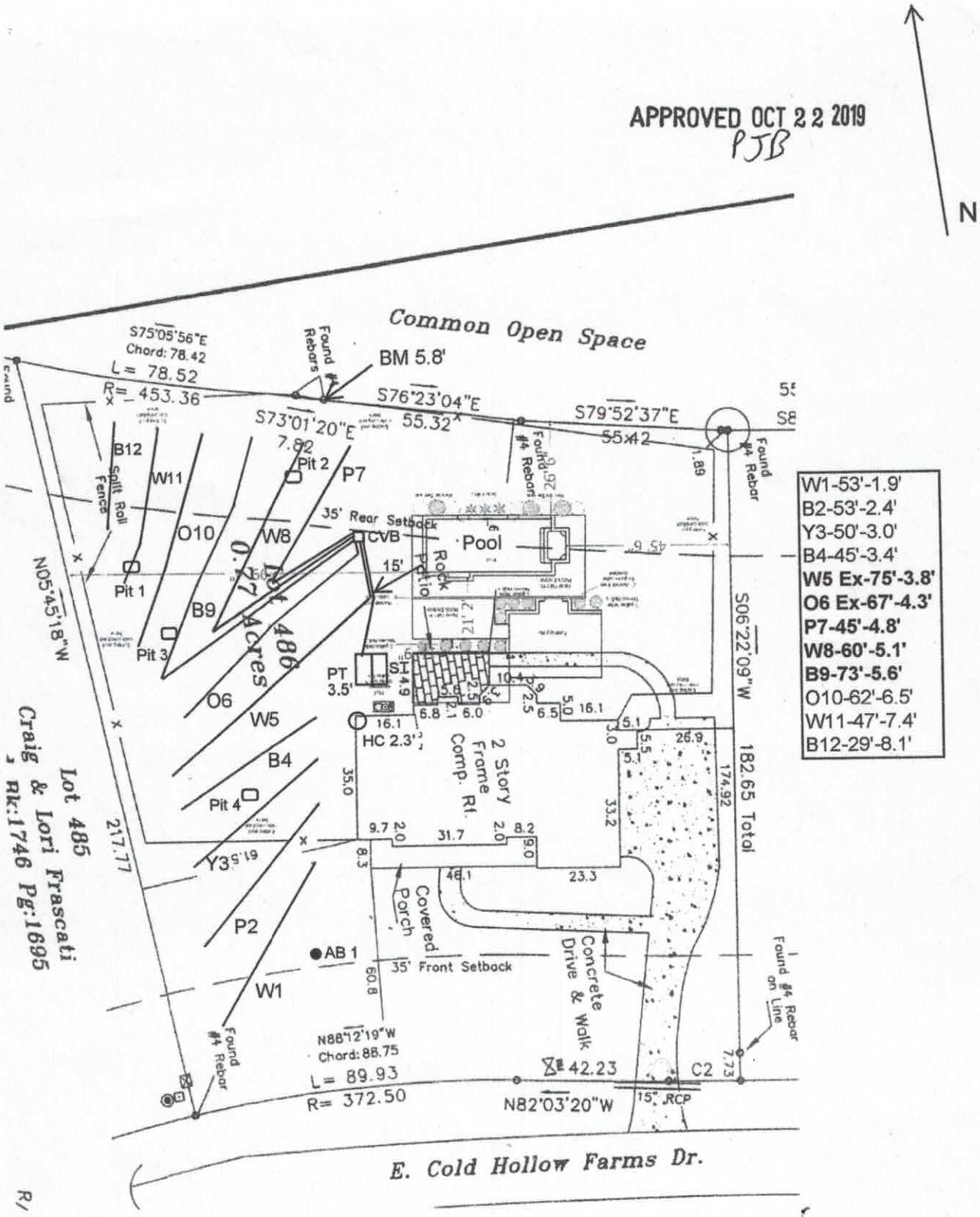
IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 10/22/19 | OPERATION PERMIT by: Patrick J Bagley III | Date: 12/3/19

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 10/22/19 | 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.

	Date	Initials
Drain Lines Checked	11/21/19	PJB
Tanks Checked	11/21/19	PJB
Pressure Manifold or Valve Box Checked	11/21/19	PJB
Pressure Head Set	11/21/19	PJB
Electrical Checked	11/21/19	PJB
Floats Set	11/21/19	PJB
Alarm Checked	11/21/19	PJB
Maintenance Contract (Y) N	12/3/19	PJB

APPROVED OCT 2 2 2019
PJB



W1-53'-1.9'
B2-53'-2.4'
Y3-50'-3.0'
B4-45'-3.4'
W5 Ex-75'-3.8'
O6 Ex-67'-4.3'
P7-45'-4.8'
W8-60'-5.1'
B9-73'-5.6'
O10-62'-6.5'
W11-47'-7.4'
B12-29'-8.1'

Scale
1"=40'



APPROVED OCT 22 2019

PTB

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
9/27/2019

Reference: Data Sheet for 119 E Cold Hollow Farm Dr, The Farms Lot 486

House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT^2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 43.1 GPM
Dosing Volume: 262.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 5'
Friction Head: 1.4'
Pressure Head: 2'
Total Dynamic Head: 8.4'
Supply Line Length: 35' of 2" PVC
Septic/Pump Tank Size: 1500/1000 gallons (existing)
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
White 1			53'	1.9'
Blue 2			53'	2.4'
Orange 3			50'	3.0'
Blue 2			45'	3.4'
White 3 EX	**75'**	**17**	**67'**	**3.8'**
Orange 4 EX	**67'**	**15**	**56'**	**4.3'**
Pink 5	**45'**	**10**	**46'**	**4.8'**
White 6	**60'**	**14**	**64'**	**5.1'**
Blue 7	**73'**	**17**	**80'**	**5.6'**
Orange 8			62'	6.5'
White 9			47'	7.4'
Blue 10			29'	8.1'

APPROVED OCT 2 2 2019

PJB

Initial System: 320' **Repair System:** 339'
Pump Tank: 3.3' **House Corner:** 2.3' **Benchmark:** 5.8'

Comments:
MA&A have evaluated this property for the addition of a pool. The majority of the existing system will have to be abandoned. A portion of W3 and O4 will remain and new lines will be added.

APPROVED OCT 22 2019
PJB

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Aaron Rylance
APPLICATION DATE
ADDRESS: 119 E Cold Hollow Farms Dr, Mooresville, NC 28115
DATE EVALUATED: 9/2019
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.765 AC
LOCATION OF SITE: 119 E Cold Hollow Dr, The Farms Lot 486
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 6%	0-33	R C SBK	FR SS SP SXP	N/A	48"	Few SAP	N/A	PS 0.3
		33-48	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-9	Br SCL WSBK	FR SS SP SXP	N/A	57"	N/A	N/A	PS 0.3
		9-34	R C SBK	FR SS SP SXP					
		34-57	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-14	FILL		N/A	54"	N/A	N/A	PS 0.3
		14-38	R C SBK	FR SS SP SXP					
		38-54	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-8	Br SCL WSBK	FR SS SP SXP	Few Mn	56"	N/A	N/A	PS 0.3-0.275
		8-46	R C SBK	FR SS SP SXP					
		46-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	960 FT^2	996 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.25 ICHD	

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED OCT 22 2019
PJB

PROPERTY ID #:4626193008
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	
AB 1	LS 5%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		3-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					

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

Sheet 1 of 1
PROPERTY ID #: 4626193008
COUNTY: Iredell

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

OWNER: Aaron Rylance — APPLICATION DATE 10/8/19
ADDRESS: 119 E Cold Hollow Dr Mooresville NC 28117 — DATE EVALUATED: 10/17/19
PROPOSED FACILITY: New single fam — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0.765 acres
LOCATION OF SITE: 119 E Cold Hollow Dr Mooresville NC 28117 — PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community
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	SS 6%	0-7	SCL SBK	FrSSSPSExP	YB mottles scattered through	48"	—	—	PS, .25
		7-45	C SBK/ABK	FrSSSPSExP					
		45-48	CL SBK	FrSSSPSExP					
2	SS 6%	0-15	Fill	—	YB mottles scattered throughout	48"	—	—	PS .25
		15-39	C ABK	FrSSSPSExP					
		39-48	CL ABK	FrSSSPSExP					
3	SS 6%	0-32	C SBK/ABK	FrSSSPSExP	—	48"	Litho inclusions scattered throughout	Rocks scattered throughout	PS, .275
		32-48	CL SBK	FrSSSPSExP					
4	SS 5%	0-9	Fill	—	YB mottles scattered throughout.	56"	Litho inclusions scattered throughout	few Rocks included	PS, .25
		9-36	L SBK/ABK	FrSSSPSExP					
		36-56	CL SBK	FrSSSPSExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	320'	320'
System Type(s)	50% Red	50% Red
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Guy

COMMENTS:

RECEIVED OCT 9, 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-301586 Paid $350.00

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 Relocation

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: Aaron Rylance **Address:** 119 E Cold Hollow Dr, Mooresville, NC **Zip:** 28117

Applicant Email: Aaron.Rylance@teampenske.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 119 E Cold Hollow Dr

Subdivision Name: The Farms **Section/Phase:** _____ **Lot Number:** 486

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

( ) 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: _____

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: _____ 10/8/2019
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

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, Aaron J. Rylance, am the legal owner(s) of the property located at 119 E Cold Hollow Farms Dr Mooresville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Michael Adkins and Assoc. 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

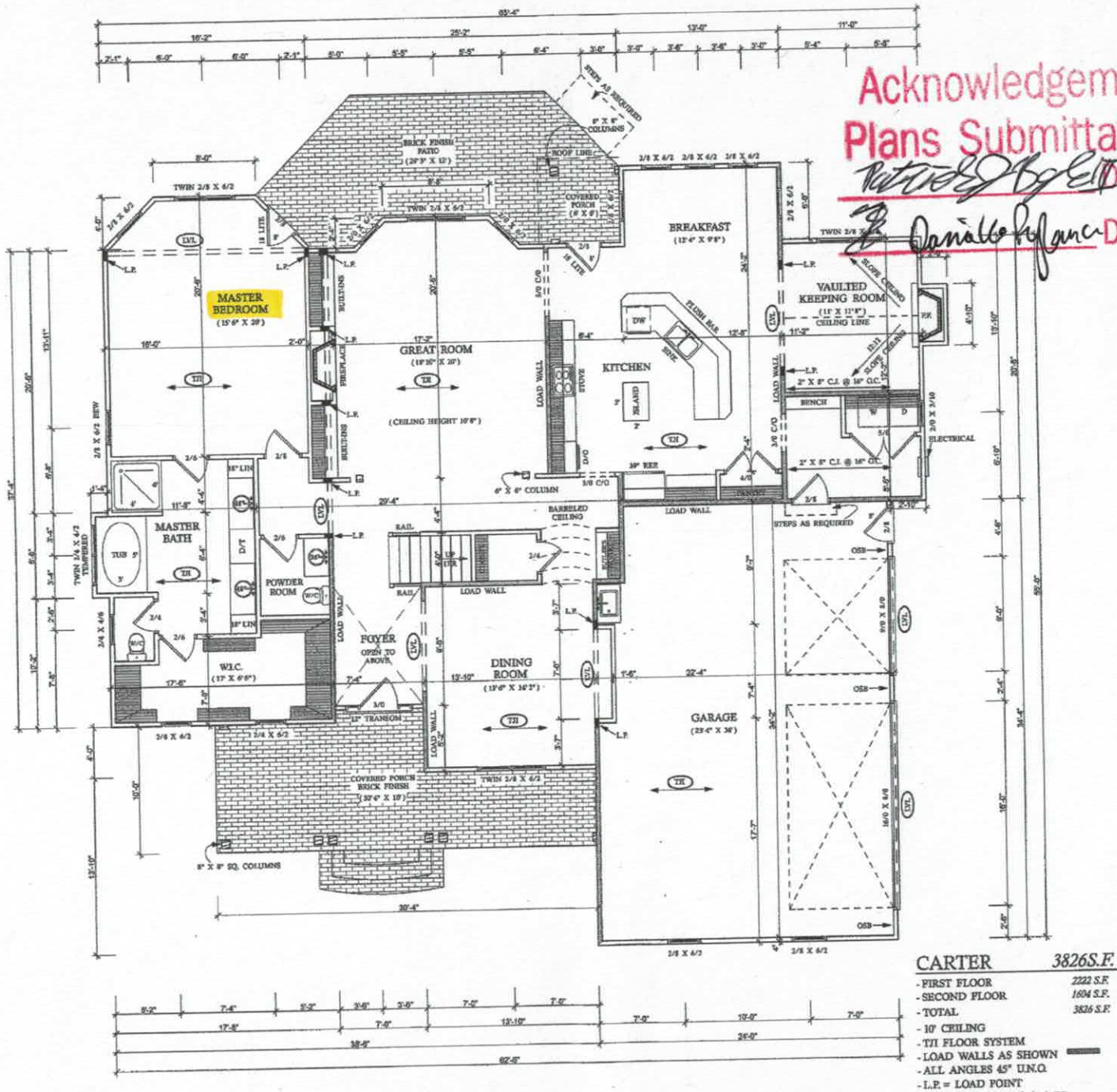
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	9-24-19	[signature]	9-24-19
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



Acknowledgement Of Plans Submittal ONLY!

Patricia Bryant Date

Danielle Fulgencio Date 10-23-1

CARTER 3826S.F.

- FIRST FLOOR	2222 S.F.
- SECOND FLOOR	1604 S.F.
- TOTAL	3826 S.F.

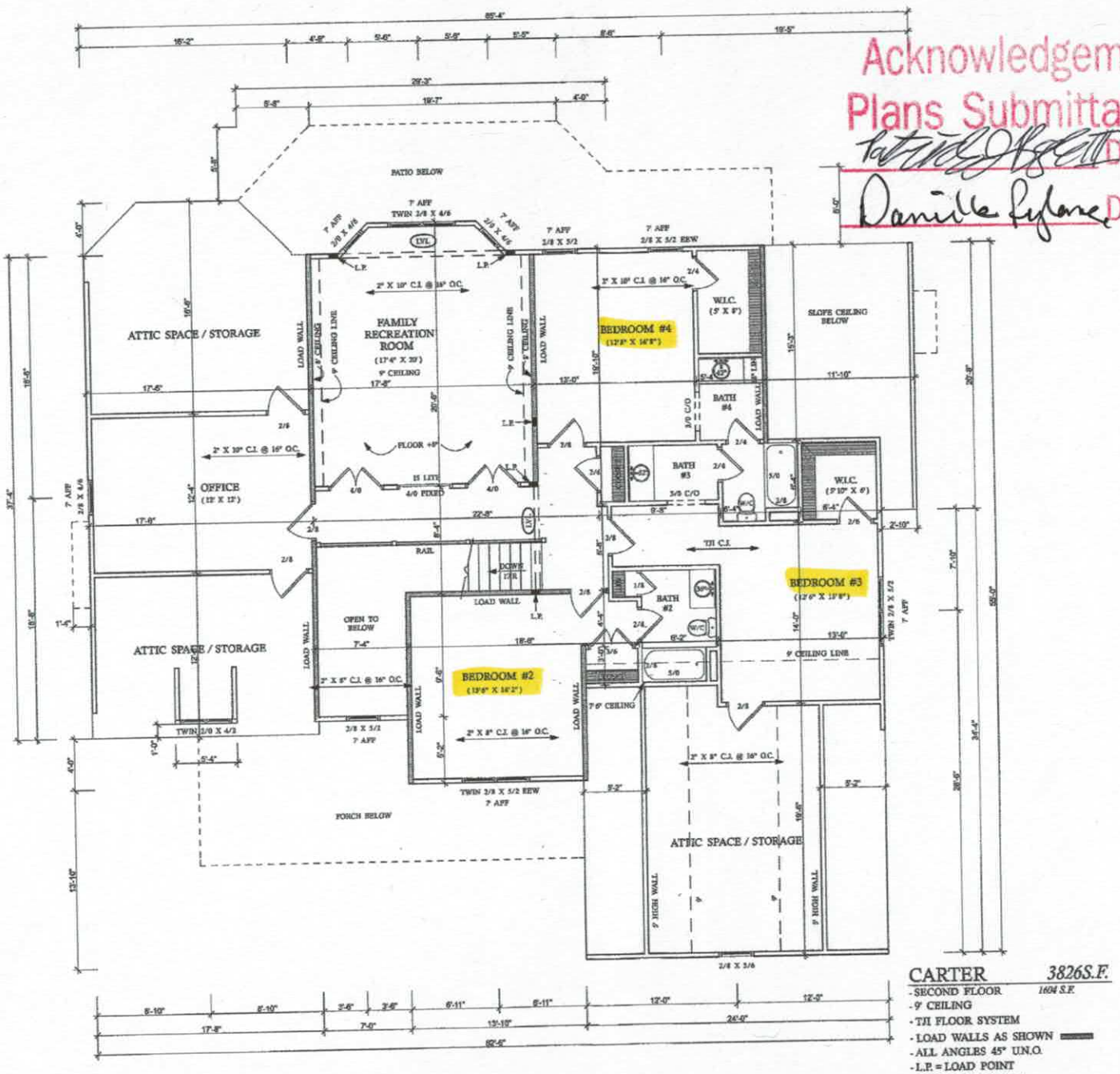
- 10' CEILING
- TJI FLOOR SYSTEM
- LOAD WALLS AS SHOWN
- ALL ANGLES 45° U.N.O.
- L.P. = LOAD POINT
- WINDOWS / DOORS 8' A.F.F.

1) While every effort has b
preparing this plan, Phil's
cannot guarantee against
The contractor must checl
and other details and be r
the same.
2)Contractor shall confirm
footings w/ local inspector
3)All structural members
sealed by mfgr.
4)All exterior walls shall b
wall panel.
5)All conc. slabs shall be
pour 4" reinf. conc. slab w
& 6 mil. poly.
6)All crawl spaces shall be
cleaned, backfilled w/ sand
area w/ 6 mil. poly.
7)All decks & screen porc
connected w/ 5/8" dia. ga
16" o/c.
8)All garages sheetrock o
walls & 20 min. t/c door to
9)Accuracy of square foot
determined by contractor.

PHIL'S DESIGN INC. (3
CORPORATE SEAL
NORTH CAROL

DRAFTING • BLUEPRINTS
PHIL'S DESIGN, INC.

JOB #	
026-07	
CRAIG CARTER	
CONESTEE MANOR	
SCALE	
1/4"=1'-0"	
SHEET #	
4 OF 5	



CARTER 3826S.F.
1604 S.F.

- SECOND FLOOR
- 9' CEILING
- TJI FLOOR SYSTEM
- LOAD WALLS AS SHOWN
- ALL ANGLES 45° U.N.O.
- L.P. = LOAD POINT
- 2 X 8 & 2 X 10 C.J. / 2 X 10 RAFTERS

Acknowledgement Of Plans Submittal ONLY!

for Date 10/22/19

Danielle Lefaive Date 10/22/19

1) While every effort has b
preparing this plan. Phil's
cannot guarantee against
The contractor must check
and other details and be r
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8)All garages sheetrock c
walls & 20 min. t/c door to
9)Accuracy of square foot
determined by contractor.

STAMP MUST APPEAR IN RE
NOTWITHSTANDING ANY LI
REPORT NO. 6,5
PHIL'S DESIGN INC. (3

PHILS DESIGN INC. CORPORATE SEAL NORTH CARO

DRAFTING • BLUEPRINTS PHILS DESIGN, INC.

JOB #
026-07

CRAIG CARTER
CONESTEE MANOR

SCALE
1/4"=1'-0"
SHEET #
5 OF 5

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301586 Issue Date: 10/08/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4626193008.000	119 E COLD HOLLOW FARMS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: RYLANCE AARON J+DANIELLE R Address: Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 Phone: (704)576-3887

Use Requested	Zone Code
Swimming Pool	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.765	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/08/2019

Signature of Owner/Contractor

Permit Number	000507	TOTAL FEES:	$77.25