ICHD - ENVIRONMENTAL HEALTH DIVISION

DW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321714

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

PIN # 4624 -24 -5260

APPLICANT/OWNER: Bluefield Builders | APPLICANT ADDRESS: 127 Promenade Dr. Mooresville, NC 28117

SITE ADDRESS: 163 Cooley Rd Mooresville, NC 28117 | PHONE: 704 746-3536 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kistler Kemp TL Cooley house on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLOT | SECTION: 8 | LOT # 100 | LOT AREA: .78 Acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 1.3/.15 Rep

Septic Tank	1000 (gal)	STB	760	Date	12-17-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	12-12-2022	System Description: Pump-prn-PPBPS		☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description: TS II Drip		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft	272	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"/42" Rep	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Divert Storm/Surface Water away from Septic

Lot very tight; protect Septic areas during construction or permit will be revoked

INITIAL SITE SKETCH

See attached approved Septic plan by Michael Athanas & Assoc (dated 9/17/21)

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.

2-16-2023 BCW TANKS DRAINLINES SUPPLY LINES P.M.

floats, alarm, pressure, electrical

5/2/23 DW

✓ 6/6/23 DW

Finish grade to have NEMA 4x box 12" above grade

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:

IMPROVEMENT PERMIT by: Mandy Dotson Date: 10/9/21

AUTHORIZATION TO CONSTRUCT by: by Whit Date: 1/5/22

Installed by: RICHARD ABERNATHY

OPERATION PERMIT by: D Wiebenz Date: 6/7/23

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		
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? _____	

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
10/9/21
MH

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
9/17/2021

Reference: Data Sheet for 163 Cooley Rd, CL&T Sec 8 Lot 100
House Footprint: See attached plan
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), 0.15 GPD/FT^2 (repair)
Proposed System Type: PPBPS (8' on center – 24" Trench width)
Proposed Repair System Type: TSII American Perc-Rite
Distribution: Pressure Manifold – Distribution boxes
Flow per Tap: 2 @ 16.8 GPM
Tap Size and Material: 1" SCH 80
System Flow: 33.6 GPM
Dosing Volume: 230.4 gallons (64 panels)
Pump Run Time: 7 minutes
Elevation Head: 10.3'
Friction Head: 2.6'
Pressure Head: 2'
Total Dynamic Head: 14.9'
Supply Line Length: 105' of 2" PVC
Septic/Pump Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 12" (repair)

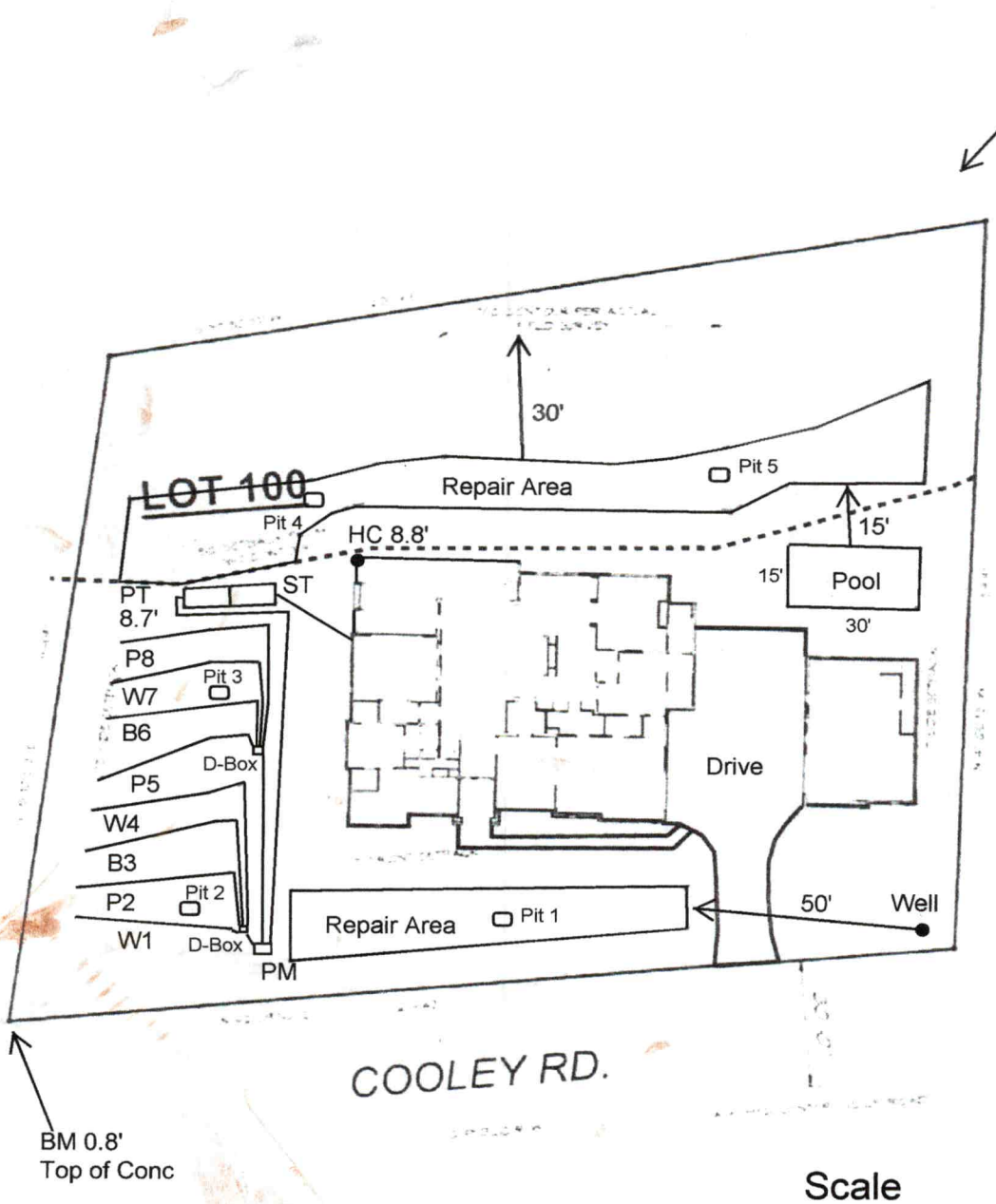


Line	Design Length	Actual Length	Elevation
White 1	34'	42'	3.4'
Pink 2	34'	45'	4.0'
Blue 3	34'	42'	4.6'
White 4	34'	42'	5.3'
Pink 5	34'	40'	5.7'
Blue 6	34'	39'	6.5'
White 7	34'	39'	7.4'
Pink 8	34'	38'	8.2'

Initial System: 272'
Pump Tank: 8.7'
Benchmark: 0.8'

Repair System: 3687 FT^2
House Corner: 8.8'

Comments:
Each tap will feed four lines equally distributed with a distribution box.



Approved
10/9/21
MD

W1 - 34' - 3.4'
P2 - 34' - 4.0'
B3 - 34' - 4.6'
W4 - 34' - 5.3'
P5 - 34' - 5.7'
B6 - 34' - 6.5'
W7 - 34' - 7.4'
P8 - 34' - 8.2'

Scale
1"=40'

PROPERTY ID #: 4626245260
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
10/21/21 mw

OWNER: Rose Vogel
ADDRESS: 1530 W River Rd, Niles, MI 49120
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 163 Cooley Rd, CL&T Sec 8 Lot 100
APPLICATION DATE
DATE EVALUATED: 8/2021
PROPERTY SIZE: 0.78 AC
PROPERTY RECORDED:

WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 4%	0-24	R C SBK	FR SS SP SXP	N/A	53"	Few SAP	N/A	PS 0.3
		24-53	R CL WSBK	FR SS SP SXP					
2	LS 4%	0-3	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3
		3-29	R C SBK	FR SS SP SXP					
		29-55	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-29	R C SBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		29-60	R CL WSBK	FR SS SP SXP					
4	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		10-48	R C SBK	FR SS SP SXP					
		48-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	544 FT^2	3687 FT^2
System Type(s)	PPBPS	TSII Amer. PR
Site LTAR	0.3	0.15

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4626245260_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL___

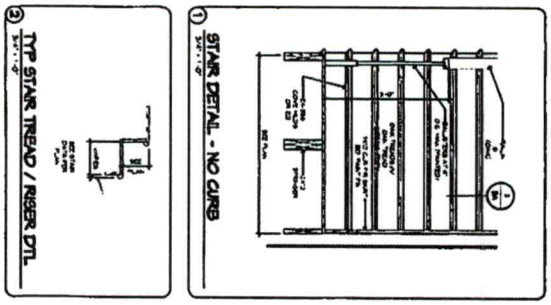
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 4%	0-7	FILL		N/A	63”	N/A	N/A	PS 0.3
		7-35	R C SBK	FR SS SP SXP					
		35-63	R CL WSBK	FR SS SP SXP					

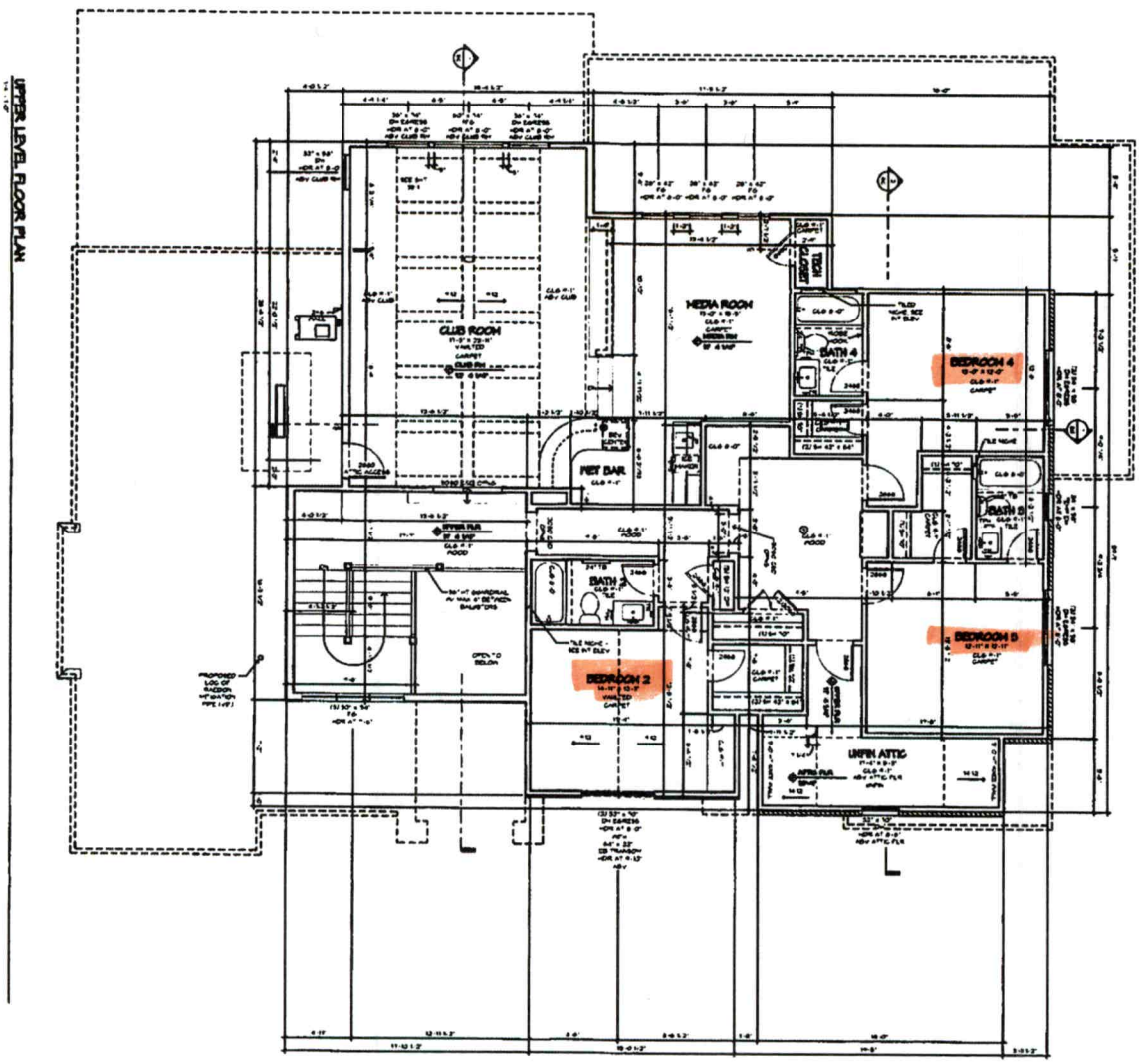
COMMENTS: _____

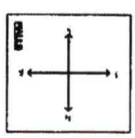
Acknowledgement of Plans Submittal ONLY!

Cory Whit Date 1/5/22

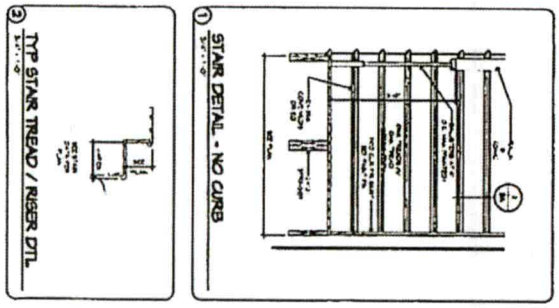
Date

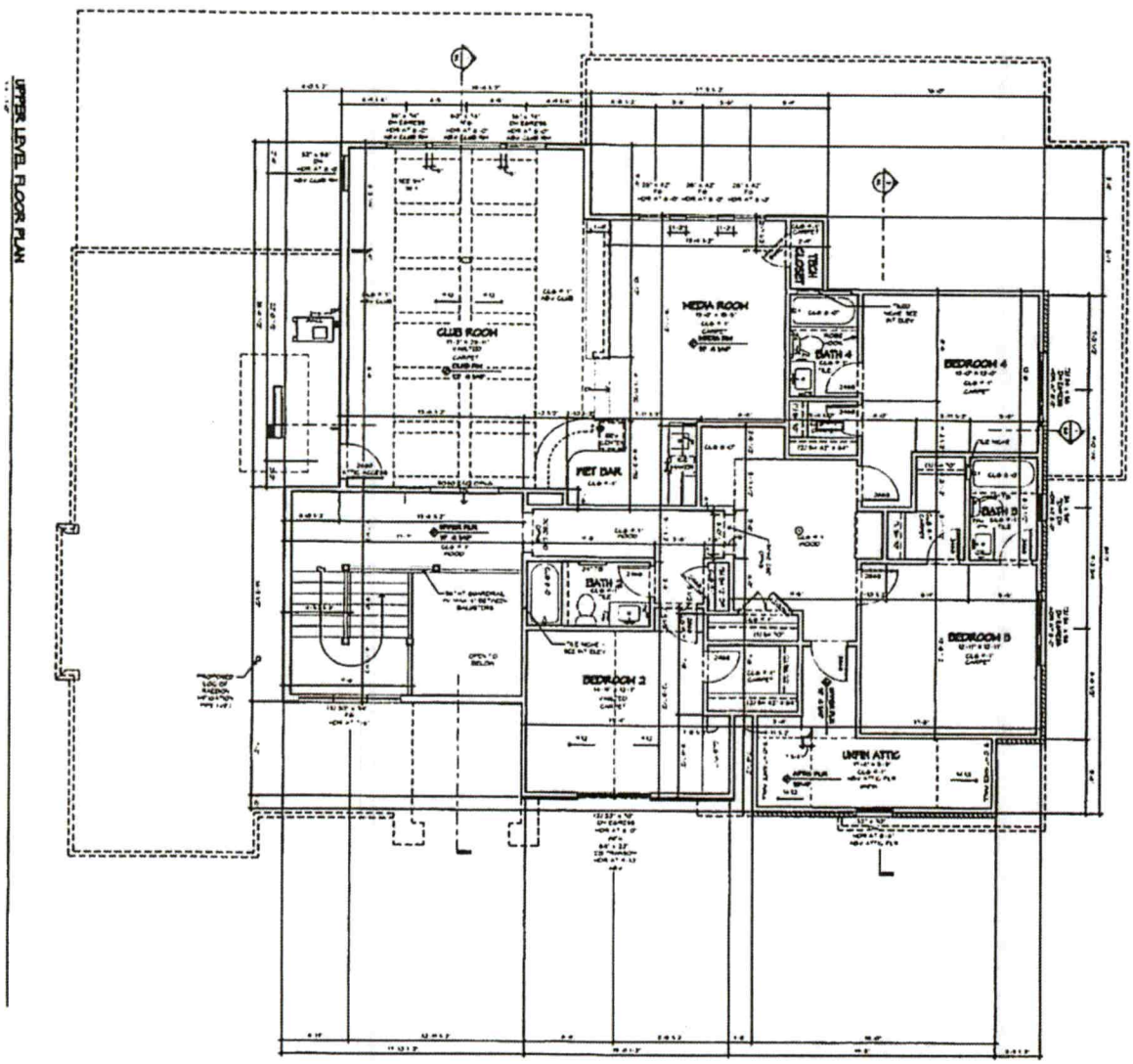






5/5	UPPER LEVEL FLOOR PLAN	A Custom Plan for the Vogel Residence			ARHOMES
		Bluefield Builders, Inc.			


1 STAIR DETAIL - NO CURB
2 TYP STAIR TREAD / RISER DTL


UPPER LEVEL FLOOR PLAN
CLUB ROOM
MEDIA ROOM
CLOSET
TECH
BATH 4
BEDROOM 4
WET BAR
BATH 3
BATH
BEDROOM 2
BEDROOM 3
UNFIN ATTIC

DHardy 1-5-22

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)

9-21-21 (Date)

Owner: Rose Vogel
Address: 265 Kemp Rd.
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 216184 / Property Owner: Rose Vogel (Name on Permit - John Tesh) Address: 163 Cooley Rd, Mooresville, NC. 28117
Pin # 4626275260
Lot 100, Section 8 of Crescent Land & Timber Corp.

I, Rose Vogel, 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 10-23-18 (date) for a system

_____
(system name)

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

Rose Vogel
Signature of Property Owner

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM EXP Comp. Redraw - Paid $350.00

Application For:
(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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 AP-321714

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: Bluefield Builders Address: 127 Promenade Dr Zip: 28117
Applicant Email: dhardy@carrms.com Phone: 704-746-3536 Alt. Phone: _____
Owner Name: rosevogels@gmail.com Address: 2165 Kemp Rd Mooresville Zip: 28117
Owner Email: Savastanos@msn.com Phone: 574-286-1255 Alt. Phone: _____

Property Information:

Street Address: 163 Cooley Rd Mooresville NC 28117
Subdivision Name: Crescent Land + Timber Section/Phase: _____ Lot Number: 100
Driving Directions: _____

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: 8
( ) 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: _____ 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 ( ) 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: _____ 9/20/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

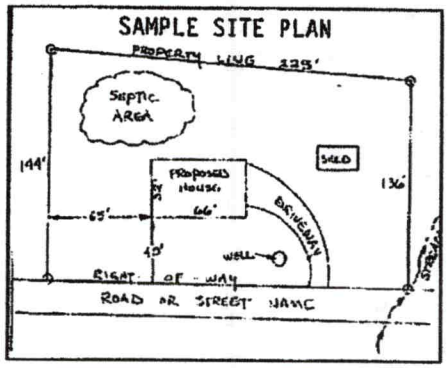
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____

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

9/20/21

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, Rose Vogel, am the legal owner(s) of the property located at 163 Cook Rd, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4624245260, 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.

Rose Vogel 9-21-21
Signature of Owner(s) Date

9-21-21
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 ***

✓ **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** 9/20/21

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

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216184

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

PIN # 4626245260

APPLICANT/OWNER: John Tesh APPLICANT ADDRESS: P.O. Box 12367 Winston-Salem, NC 27117

SITE ADDRESS: 163 Cooley Rd Mooresville NC PHONE: 336 817 7300 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp (1st) TL Cooley house on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C&T SECTION: 8 LOT # 100 LOT AREA: 1.78 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 267

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: LPP PBPS

Repair System Description: TSIL Drip Irrigation

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: Divert storm/surface water away from Septic!

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 10/12/18)

AS BUILT SKETCH

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

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**

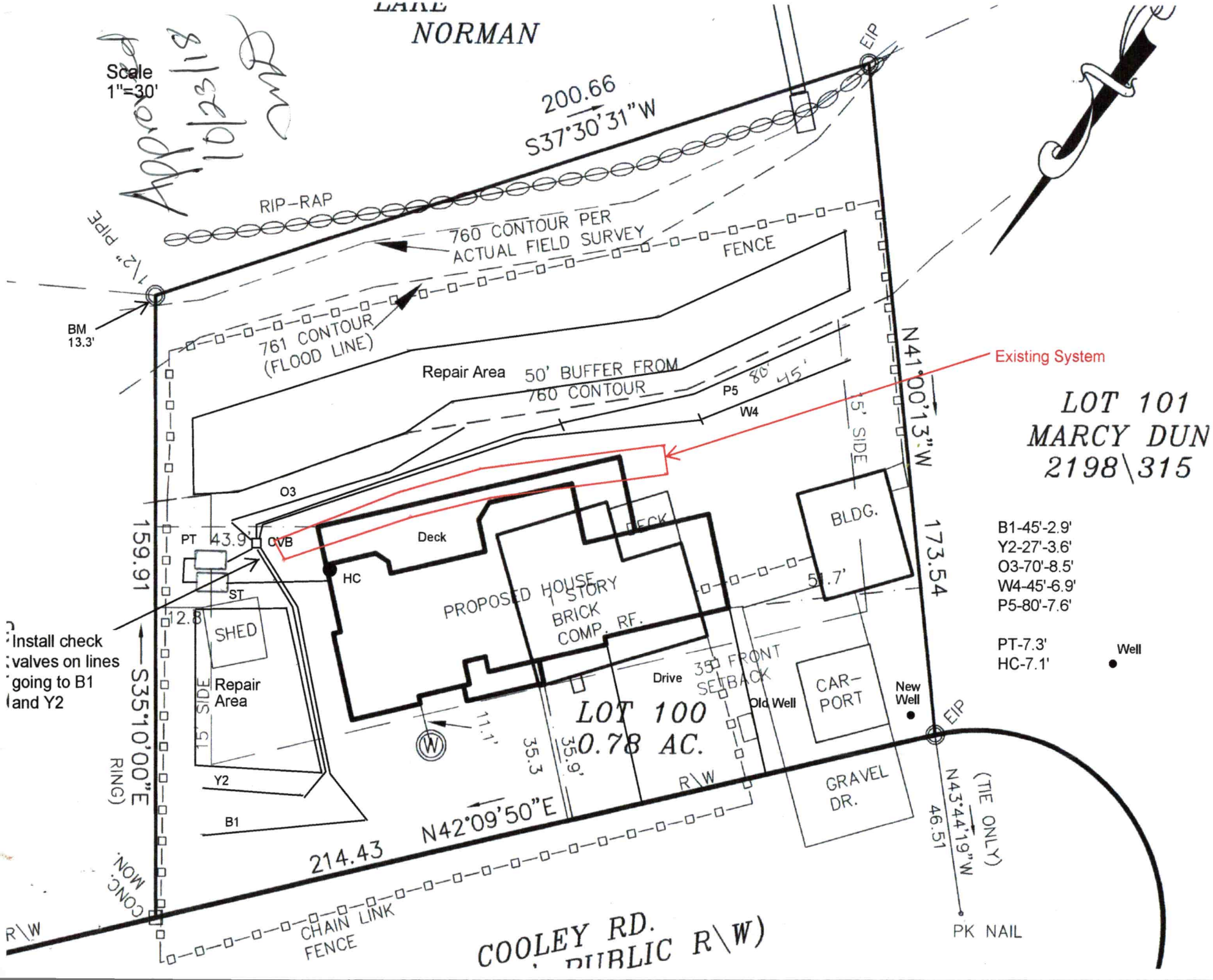
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 10/23/18 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.


LAKE NORMAN
Approved 10/23/18
Scale 1"=30'
200.66
S37°30'31"W
EIP
RIP-RAP
1/2" PIPE
760 CONTOUR PER ACTUAL FIELD SURVEY
FENCE
BM 13.3'
761 CONTOUR (FLOOD LINE)
Repair Area
50' BUFFER FROM 760 CONTOUR
P5
W4
80'
45'
Existing System
N41°00'13"W
5' SIDE
LOT 101
MARCY DUN
2198\315
O3
PT
43.9'
CVB
Deck
DECK
BLDG.
HC
PROPOSED HOUSE
1 STORY
BRICK
COMP. RF.
51.7'
159.91
173.54
ST
12.8'
SHED
Repair Area
15' SIDE
Install check valves on lines going to B1 and Y2
B1-45'-2.9'
Y2-27'-3.6'
O3-70'-8.5'
W4-45'-6.9'
P5-80'-7.6'
PT-7.3'
HC-7.1'
Well
Drive
35' FRONT SETBACK
Old Well
CAR-PORT
New Well
LOT 100
0.78 AC.
11.1'
35.3'
35.9'
R\W
GRAVEL DR.
S35°10'00"E
RING)
Y2
B1
N42°09'50"E
214.43
(TIE ONLY)
N43°44'19"W
46.51
PK NAIL
CONC. MON.
CHAIN LINK FENCE
R\W
COOLEY RD.
PUBLIC R\W)

216184

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(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: John Tesh **Address:** PO Box 12367, Winston Salem, NC **Zip:** 27117

Applicant Email: jtesh1978@yahoo.com **Phone:** 336-817-7300 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 163 Cooley Rd

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 100

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: _____ — ( ) 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: _____ 10/12/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

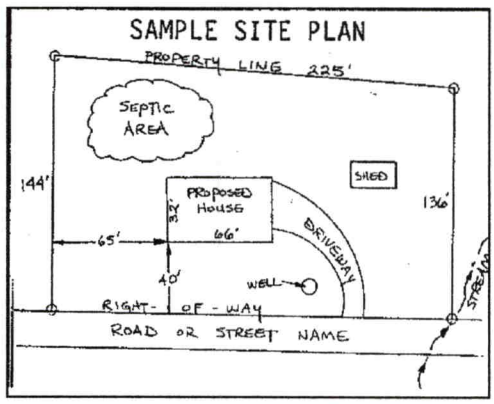
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 10/12/2018

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



Approved
MD
10/23/18

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

Reference: Data Sheet for 163 Cooley Rd, CL&T Sec 8 Lot 100
House Footprint: See Attached Plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TS II Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 35.4 GPM
Dosing Volume: 216 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 9.4'
Friction Head: 1.5'
Pressure Head: 2'
Total Dynamic Head: 12.9'
Supply Line Length: see comments
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	45'	10	46'	2.9'
Yellow 2	27'	6	32'	3.6'
Orange 3	70'	16	70'	8.5'
White 4	45'	10	47'	7.6'
Pink 5	80'	18	86'	6.9'

Initial System: 267' **Repair System:** 4200 FT^2
Pump Tank: 7.3' **House Corner:** 7.1' **Benchmark:** 13.3'

Approved
10/23/18
MO

Comments:

This lot was previously approved as a three bedroom in February of 2016. MA&A are proposing to change the system from a three bedroom to a four bedroom residence. No new soil observations were made because the soils were previously approved. Please note the previously permitted house size has now decreased in size, allowing additional space for an increase in the proposed septic system. The current well will need to be abandoned and a new well installed. The existing system is flagged in red and the tanks in pink. The system type will be a low pressure panel block system with a check valve installed on the pipe going to B1 and Y2. Any questions or concerns, please feel free to contact us at 704-576-3887.

The friction loss was calculated for each line going to the individual drain lines. Use 2" PVC from the pump tank to the CVB. Use 1 ½" PVC from the CVB through each drain line.

10' of 2" PVC @ 35.4 GPM=0.205' friction loss
B1-77' of 1 ½" PVC @ 6 GPM=0.2' friction loss
Y2-70' of 1 ½" PVC @ 3.5 GPM=0.1' friction loss
O3-7' of 1 ½" PVC @ 9.4 GPM=0.05' friction loss
W4-125' of 1 ½" PVC @ 6 GPM=0.04' friction loss
P5-90' of 1 ½" PVC @ 10.6 GPM=0.63' friction loss

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** 10/12/2018

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)

10-12-18 (Date)

Owner: John J. Tesh for Tesh Holding at Lake Norman L.L.C.
Address: 7599 Ribier Dr.
Kernersville NC 27284

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 216184, 163 Cooley Rd, CL&T Sec 8 Lot 100, PIN 4626245260

I, John J. Tesh, 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 2/3/2016 (date) for a system

PPBPS
(system name)

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

John J Tesh
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 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, John J. Tesh for Tesh Holding at Lake Norman, am the legal owner(s) of the property located at 163 Cooley Rd. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626245260.000, 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.

John J. Tesh	10/12/18	Renee Snider	10/12/18
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

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

10/23/18 **(Date)**

Owner: John Tesh
Address: P.O. Box 12367
Winston Salem, NC 27117

Subject: Notice of Intent to Revoke/Suspend C&T Sec 8 Lot 100
(**specify name/location**) Improvement Permit/Construction Authorization

Dear John Tesh:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 163 Cooley Rd (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 Gravity 50% Reduct (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 for 1 site	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 10/23/18. 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) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216184

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

PIN # 4626-24-5260

APPLICANT: John Benskin APPLICANT ADDRESS: 163 Cooley Rd. Mooresville, NC

SITE ADDRESS: 163 Cooley Rd. Mooresville, NC PHONE: 321-751-4414 ALT. PHONE: —

SITE DIRECTIONS: BSR toward Lake Norman → TR on McKendree, TL onto Kemp → TL onto Cooley → Site/House on Left towards end

SUBDIVISION: CL+T SECTION: 8 LOT # 100 LOT AREA: 0.78 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.30

Septic Tank 1000 (gal) STB — Date —
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 4 Linear Ft: 200'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 50% Reduction
Repair System Description: TS II Drip Irrigation
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years + Diverting all house downspout drains away from all sewage disposal system components.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated / Applied: 1-25-16

AS BUILT SKETCH

Revoked

---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**

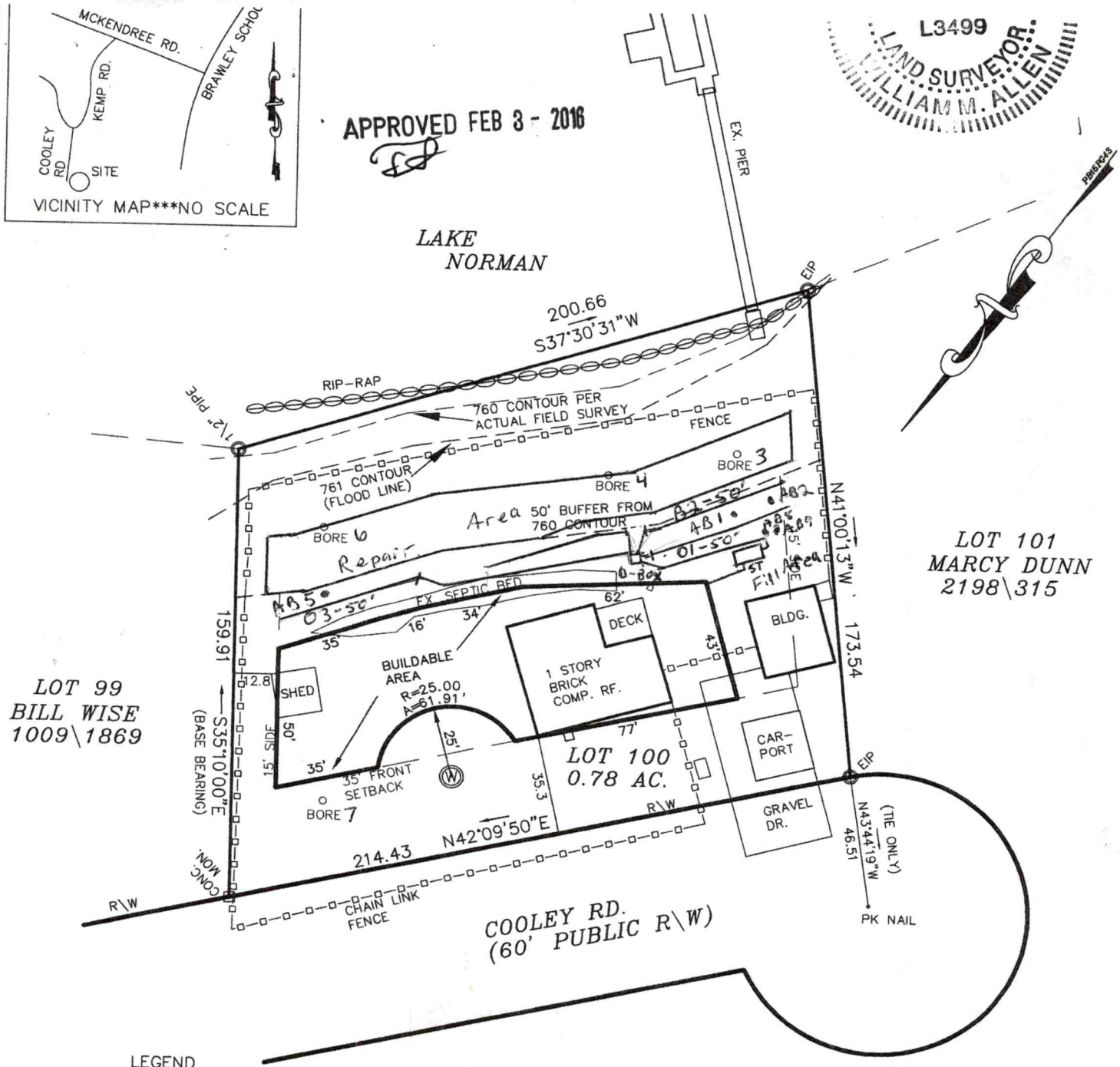
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration, ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: J B Benskin Date: 2-10-16 Installed by: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-3-16 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



LEGEND

- = P.P. = POWER POLE
- □ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- Ⓦ = WELL

0' 25' 50' 100'

SCALE IN FEET

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON) ELEVATION:
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PHYSICAL & SEPTIC SURVEY

OF

163 COOLEY RD.

LOT 100 CRESCENT LAND & TIMBER CORP. SECT.8

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

SCALE 1" = 50'

ACQUIRED BY: THE SHORELINE REVOCABLE LIVING TRUST

FIELD BOOK: 500-I
FILE: CLT 100 S8
DC FILE:
TAX MAP NO: 4626245260

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

Sketch on back

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

OWNER: John Benskim — APPLICATION DATE 1-25-16
ADDRESS: 163 Cooley Rd. Mooresville, NC — DATE EVALUATED: 1-30-16
PROPOSED FACILITY: 3 BR House — PROPOSED DESIGN FLOW (.1949): 360 gal/day — PROPERTY SIZE: 0.78
LOCATION OF SITE: 163 Cooley Rd. — 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 (Soil Boring #1+2 Lines)	Shoulder Primary	0-30" 30-48 some SAPROLITE inclus. from 41→45"	Clay weak SBK Clay Loam weak SBK	Firm [slightly], SS, Sp, Scxp Slightly Friable, SS, Sp, Scxp	—	—	—	—	0.3 PS
2 (Adjacent LCS #4)	Shoulder Repair	0-45 45-48	Clay weak SBK Clay Loam weak SBK	slightly Firm, SS, Sp, Scxp slightly Friable, SS, Sp, Scxp	—	—	—	—	0.3 PS
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes - 200 L.F.	≈ 3400 S.F.
System Type(s)	50% Reduction	TSII [in Lake Buffer]
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Owners

COMMENTS:

RECEIVED JAN 25 2016

Paid $350.00
216184

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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

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

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: John Bernstein **Address:** 163 Cooley Rd Mocksville NC **Phone:** 704 664 1760 (321-257-4414)

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 163 Cooley

Subdivision Name: CL+T **Section/Phase:** 8 **Lot Number:** 100

Driving Directions: BSR, TR McKendroe, TL Kemp, TL Cooley, on LT

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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 1/25/2016
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

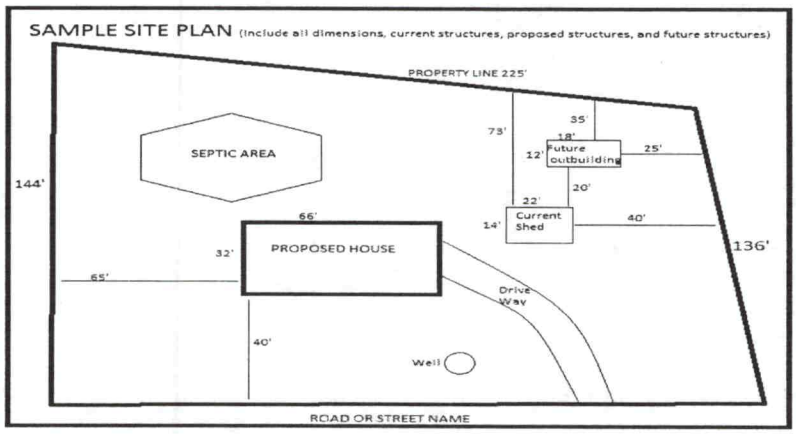
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan

Signature: _____

REQUIRED property owner or owner's legal representative signature.

1/25/2016

DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, John Benskin, am the legal owner(s) of the property located at 163 Cooley Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4626 24 5260, located in Iredell County, North Carolina.

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

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

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

John B Benskin — Signature of Owner(s) — Date

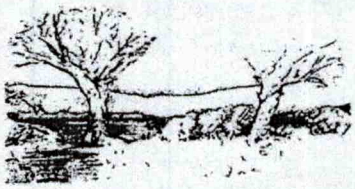
Signature of Witness — 1/18/2016 — Date

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

APPROVED FEB 3 - 2016



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

LICENSED SOIL SCIEN
MICHAEL AT
THE GREAT SEAL
1252
STATE OF NORTH CAROL

Reference: Data Sheet for 163 Cooley Rd, CL&T Sec 8 Lot 100
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private Well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip Irrigation
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"

Line	Design Length	Actual Length
Orange 1	50'	50'
Blue 2	50'/50'	105'
Orange 3	50'	73'

Initial System: 200' **Repair System:** 3400 FT2

Comments:
The system is laid out on 8' centers.

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

PROPERTY ID #: _4626245260__
COUNTY: Iredell____

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

APPROVED FEB 3 - 2016

OWNER: John Benskin_____ APPLICATION DATE_____
ADDRESS: 163 Cooley Rd, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: __0.78 AC_____
LOCATION OF SITE: _163 Cooley Rd, CL&T Sec 8 Lot 100_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ 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	
1	LS 5%	0-36	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		36-48	R CL WSBK	FR SS SP SEXP					
2	LS 5%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
3	LS 7%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-45	R C SBK	FR SS SP SEXP					
		45-48	R CL WSBK	FR SS SP SEXP					
4	LS 7%	0-44	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		44-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 FT2	3400 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED FEB 3 - 2016

PROPERTY ID #: _4626245260___
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 7%	0-36	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		36- 48	R CL WSBK	FR SS SP SEXP					
6	LS 7%	0-30	R C SBK	FR SS SP SEXP	N/A	45"		N/A	PS 0.3
		30-45	R CL WSBK	FR SS SP SEXP					
		45-48	VER SL SAP M	FR SS SP NEXP			PS		
7	LS 7%	0-40	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3 Not in system area
		40-48	R CL WSBK	FR SS SP SEXP					
8	LS 5%		FILL						US
9	LS 5%		FILL						US

COMMENTS: _____