ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 305 407

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

PIN # 4626362540

APPLICANT/OWNER: Alan Simonini

APPLICANT ADDRESS: Po Box 1546 Cornelius NC 28031

SITE ADDRESS: 343 Kemp Rd Mooresville NC 28117

PHONE: 704-333-8999 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to R on McKendree Rd, L on Kemp Rd, Lot on L

SUBDIVISION: C Land T

SAP CONTROLLED: ☐ YES ☐ NO

SECTION: 58 LOT # 1637 LOT AREA: 1 acre

DESIGN FLOW: 480GPD L.T.A.R.:

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank 1000 (gal) PT Infiltrator Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 320'

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

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

System Description: LPPPBPS

Repair System Description: TS II Drip

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: Install Lines on Contour. Existing Tank must be properly Abandond. Do not drive on, store material or manipulate drainfield in any way.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Michael Athanas and Associates, Inc.

LSS # 252

AS BUILT SKETCH

Checked tanks 10-2-20

Check Drainlines 10/15/20 HS & Supply lines

2/15/2021: Pressure set, Alarm, Floats, cuB and brakes all checked and good. Still needs maintenance contract

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: Acceptance of Permit Recd Date: 5.8.2020 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick J Bglett III Date: 5/8/2020 OPERATION PERMIT by: Marian Dotson Date: 2/24/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bglett III Date: 5/8/2020 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	10/15/2020	HS
Tanks Checked	10/15/2020	BB
Pressure Manifold or Valve Box Checked	2/15/2021	PJB
Pressure Head Set	2/15/2021	PJB
Electrical Checked	2/15/2021	PJB
Floats Set	2/15/2021	PJB
Alarm Checked	2/15/2021	PJB
Maintenance Contract (Y) / N	2.24.21	BL
Comments:		

D BUILDING RESTRICTIONS
IITTING, OR

:RNING AGENCY FOR
LOPMENT AND ZONING
O DESIGN OR
' IMPROVEMENTS.

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)N GPS
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AND

2B
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LOOD INSURANCE
0462600J;
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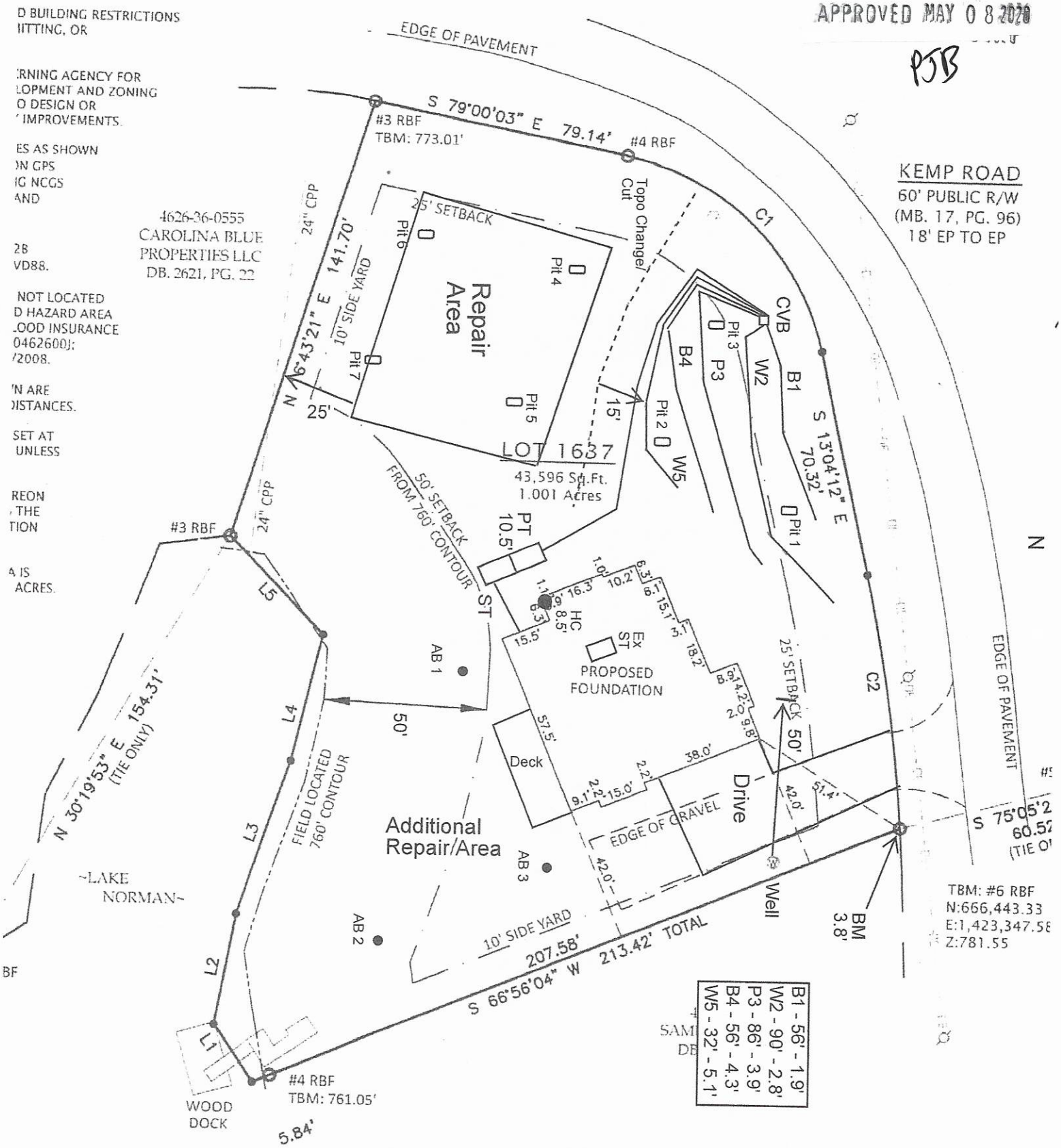
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APPROVED MAY 0 8 2020

PJB



LINE	BEARING	DIS
L1	N 35°01'39" W	2
L2	N 09°39'01" E	3
L3	N 18°01'21" E	5
L4	N 12°33'58" E	4
L5	N 44°30'39" W	4

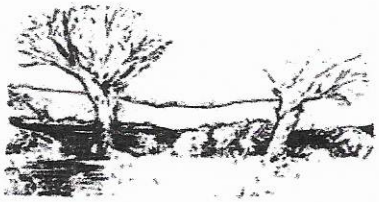
CURVE	LENGTH	RADIUS	CHORD	CHORD
C1	89.65'	77.68'	84.76'	S 46°05
C2	79.38'	528.85'	79.31'	S 08°46

PIPE
NE
LINE

CPP

CONTOUR

Graphic Scale
40 20 0 40
Scale of Drawing 1 Inch = 40 Feet



PJB

APPROVED MAY 0 8 2020

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
4/30/2020

Reference: Data Sheet for 343 Kemp Rd, CL&T Lot 1637

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
Proposed LTAR: 0.25 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Dispersal
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 30.3 GPM
Dosing Volume: 266.4 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 13.6'
Friction Head: 2.4'
Pressure Head: 2'
Total Dynamic Head: 18'
Supply Line Length: 130' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	56'	13	56'	1.9'
White 2	90'	21	90'	2.8'
Pink 3	86'	20	86'	3.9'
Blue 4	56'	13	56'	4.3'
White 5	32'	7	32'	5.1'

Initial System: 320'
Pump Tank: 10.5'
Repair System: 4800 FT^2
House Corner: 8.5'
Benchmark: 3.8'

Comments:
"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."
The existing septic tank in the house area must be pumped out, crushed and filled.



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST

561 Ennis Road
Weddington, NC 28173
704-576-3887 (Mobile)

Session Law

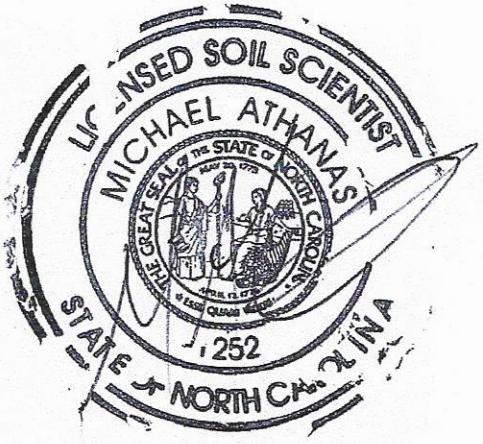
Property:

343 Kemp Rd
Mooresville, NC 28117
PIN 4626362540

Prepared for:

Domenic Verni

May 5, 2020



PROPERTY ID #: 4626362540
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kelly McMillan
ADDRESS: 1510 Foxbury Rd, Maple Glen, PA 19002
APPLICATION DATE
PROPOSED FACILITY: 4 BDRM
PROPOSED DESIGN FLOW (.1949): 480 GPD
DATE EVALUATED: 4/2020
PROPERTY SIZE: 1.001 AC
LOCATION OF SITE: 343 Kemp Rd, CL&T Lot 1637
PROPERTY RECORDED: 8/9/1985
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: X 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	
PIT 1	LS 5%	0-32	R C SBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3+
		32-50	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-26	R C SBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3+
		26-50	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-23	R C SBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3+
		23-52	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-25	R C SBK	FR SS SP SXP	N/A	25"	N/A	N/A	DRIP 0.125
		25	CHR 2						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	640 FT^2	4800 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.25	0.125

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

COMMENTS: *"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."*

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4626362540
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%	0-32	R C SBK	FR SS SP SXP	CHR 2 @ 55"	55"	N/A	N/A	PS 0.25-0.3
		32-55	R CL WSBK	FR SS SP SXP					
PIT 6	LS 5%	0-10	RBr C WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		10-21	RBr CL WSBK	FR SS SP SXP					
		21-48	R C SBK	FR SS SP SXP					
PIT 7	LS 5%	0-10	R C SBK	FR SS SP SXP	N/A	36"	N/A	N/A	PS 0.3
		10-36	R CL WSBK	FR SS SP SXP					
AB 1	LS 6%	0-28	R C SBK	FR SS SP SXP	N/A	28"	N/A	N/A	PS 0.3
		28	AR (root)						
AB 2	LS 6%	0-10	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		10-48	R C SBK	FR SS SP SXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4626362540
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 3	LS 6%	0-30	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SXP					



MICHAEL ATHANAS & ASSOCIATES
NC LICENSED SOIL SCIENTIST
SC PROFESSIONAL SOIL CLASSIFIER
561 Ennis Rd Weddington, NC 28173
MIKE@MICHAELATHANAS.COM
WWW.MICHAELATHANAS.COM
(704) 576-3887

Date: 5/1/2020

Project Name

SESSION LAW 218-114, SECTION 11. (C) /HOUSE BILL 374, SECTION 11. (C)
AUTHORIZATION FORM

Michael Athanas & Associates (MA&A) has been contracted to evaluate soil, design and submit a septic system proposal to _____ (County) on behalf of _____ (Owner/Applicant for the property located at - 343 Kemp Rd ~~182 West Pines Rd~~ DV 5/4/2020 _____(address/PIN)

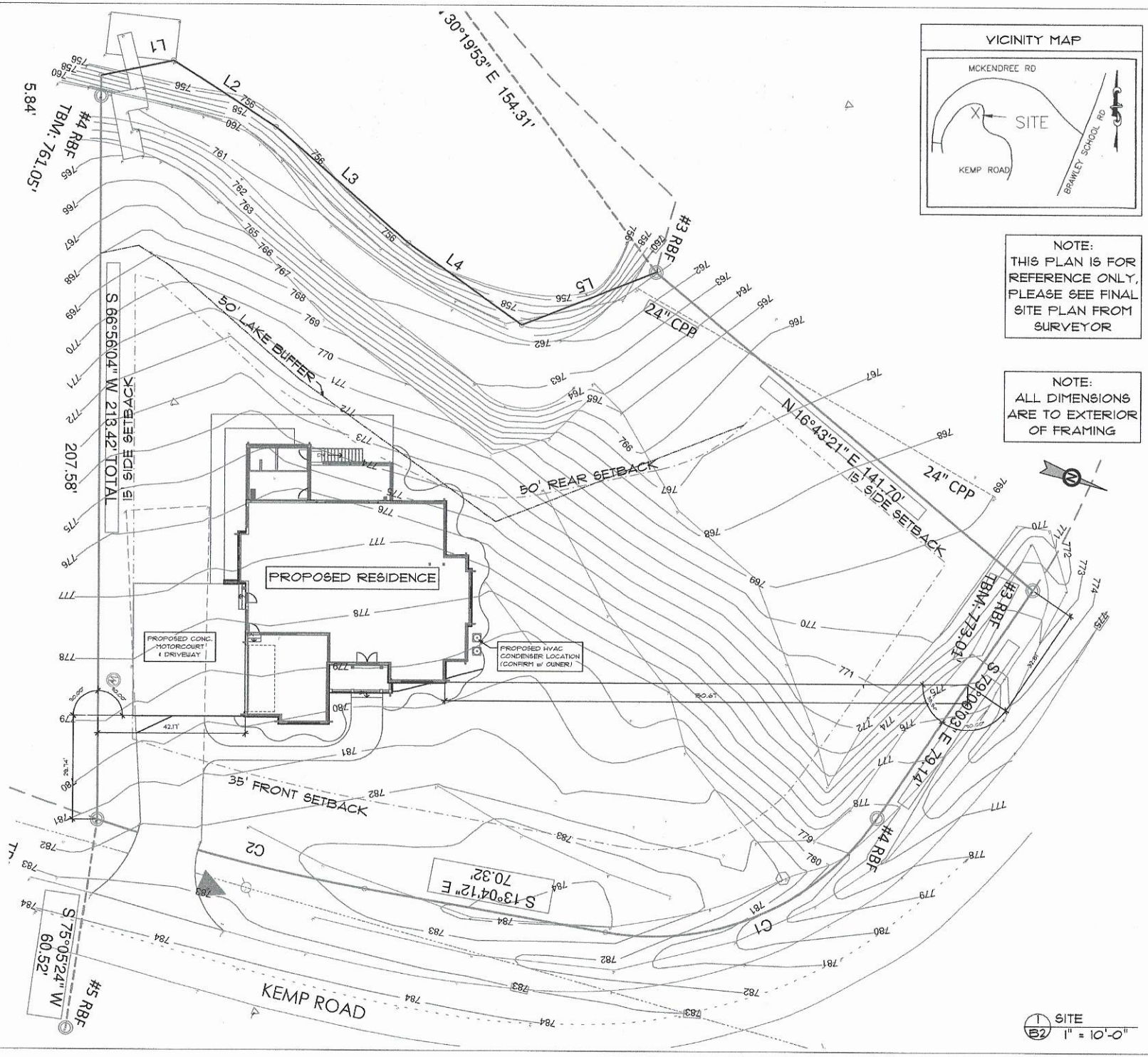
The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 section 11 . (c)

By completing this form, sign and dating you agree that the permit issued by IREDELL (county) will fall under the above referenced law.

Owner/Owners Legal Representative DOMENIC VERNI
Mailing address 501 EAST MOREHEAD CHARLOTTE NC
Telephone Number 704-363-7545
Email Address DOMENIC@SIMONINI.COM

Signature of Owner/ Owner Legal Rep.

5/1/2020
Date



SIMONINI

MCMILLAN/JENSEN RESIDENCE

343 KEMP RD.
IN
MOORESVILLE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO GRADE ALL DRIVEWAYS TO MEET EXISTING ROADWAYS

SMITH | SLOVIK
residential design group

Troy S. Smith
704-560-2919
Dave Slovik
704-560-2919
1307 W Morehead St. Suite 105
Charlotte, NC 28208
www.SmithSlovik.com

DATE: MARCH 16, 2020
JOB NUMBER: 1014 - SMS - NEW
REVISIONS:
SHEET: B2
OF:

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

Sheet 1 of 2
PROPERTY ID #: 4626362540
COUNTY: Iredell

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

OWNER: Alan Simonini Homes
ADDRESS: POBox 1546 Cornelius NC 28031
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 343 Kemp Rd Mooresville NC 28117

APPLICATION DATE 2/14/2020
DATE EVALUATED: 4/1/2020
PROPERTY SIZE: 1 acre
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2%	0-6	organic	—	few YBmottles	50"	Litho inclusions	some parent Rx inclusions	PS.3
		6-16	SCL WSBK	Fr ss sp Sap					
		16-30	C SBK	Fr SS SP exp					
		30-50	CL SBK	Fr SS SP exp					
2	SS 2%	0-12	SCL WSBK	Fr SS SP Sap	—	50'	Litho inclusions	some Parent Rock inclusions	PS.3
		12-38	C SBK	Fr SS SP exp					
		38-50	CL SBK	Fr SS SP exp					
3	SS 8%	0-6	SCL WSBK	Fr SS SP Sap	YBmottles	50"	Litho inclusions	Parent Rx inclusions manganese common bottom 10" wet & soft	PS.2/3
		6-29	C SBK/APBK	Fr SS SP Sap					
		29-40	CL SBK/APBK	Fr SS SP Sap					
		40-50	CL SBK	Fr S P exp					
4	SS 4%	0-15"	Fill	—	YB mottles to tiger dirt at 15"	15"	—	Tiger dirt at 15" Fill on top	( )
		15-50	Tiger dirt	—					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Heath S

COMMENTS: Partly cloudy and cool

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

Sheet 2 of 2
PROPERTY ID #: 4626362540
COUNTY: Iredell

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

OWNER: Allen Smonini Homes
ADDRESS: PoBox 1546 Cornelius NC 28031
PROPOSED FACILITY: Newsingle family PROPOSED DESIGN FLOW (.1949): 450GPD
LOCATION OF SITE: 243 Kemp Rd Mooresville NC 28117
APPLICATION DATE 2/19/2020
DATE EVALUATED: 4/22/2020
PROPERTY SIZE: 1 acre
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
5 1	Ts 5%	0-50	Fill		chroma 2's at 50" Probably not using	after Fill 26"	Litho inclusions	Fill Then chroma 2's Water Basin Bottom Pit	U
		50-76	CL WSBK	Fr SPexp					
6 2	Ts 1%	0-36	Fill	Fr SPSor	YB Mottles Chroma 2's at 61" not using	60"	—	Possibly 36" of fill to Remove Possibly more	.1 D.R. Would need to dig deep
		36-60	C SBK ABK	Fr SPSor					
		60-84	CL SBK	Fr SPexp					
7 3	SS 20%	0-12	Fill	—	YB mottles throughout Chroma 3's at bottom	84"	Litho inclusions	Top 12" work needed to be removed Margins common	PS.25
		12-36	C ABK/SBK	Fr SSSP SPexp					
		36-60	CL SBK/ABK	Fr SSSP SPexp					
		60-84	CL SBK	Fr SSSP SPexp					
8 4	SS 19%	0-36	C strong ABK	Fr SSSP SPexp	Chroma 2's at 23" gets more common on the wall down to Trigger dirt	62" at 62"	Few Litho inclusions	Chroma 2's at 23"	.1 PRP to Vat 23
		36-62	CL SBK/ABK	Fr SP SPexp					
		62-84	Trigger dirt	Fr SP SPexp					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: patric B
OTHER(S) PRESENT: Heaths

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

Slope 3 between L3-L5 & between L1 and L3

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

180÷.25 → 720÷3 → 240×.75 → 180

480÷.25 → 1920÷3 → 640×.5 → 320'

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

291 need

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

480÷.275 → 1746÷3 → 582×.5 → 291

480÷.275 → 1746÷3 → 582×.5 → 291'

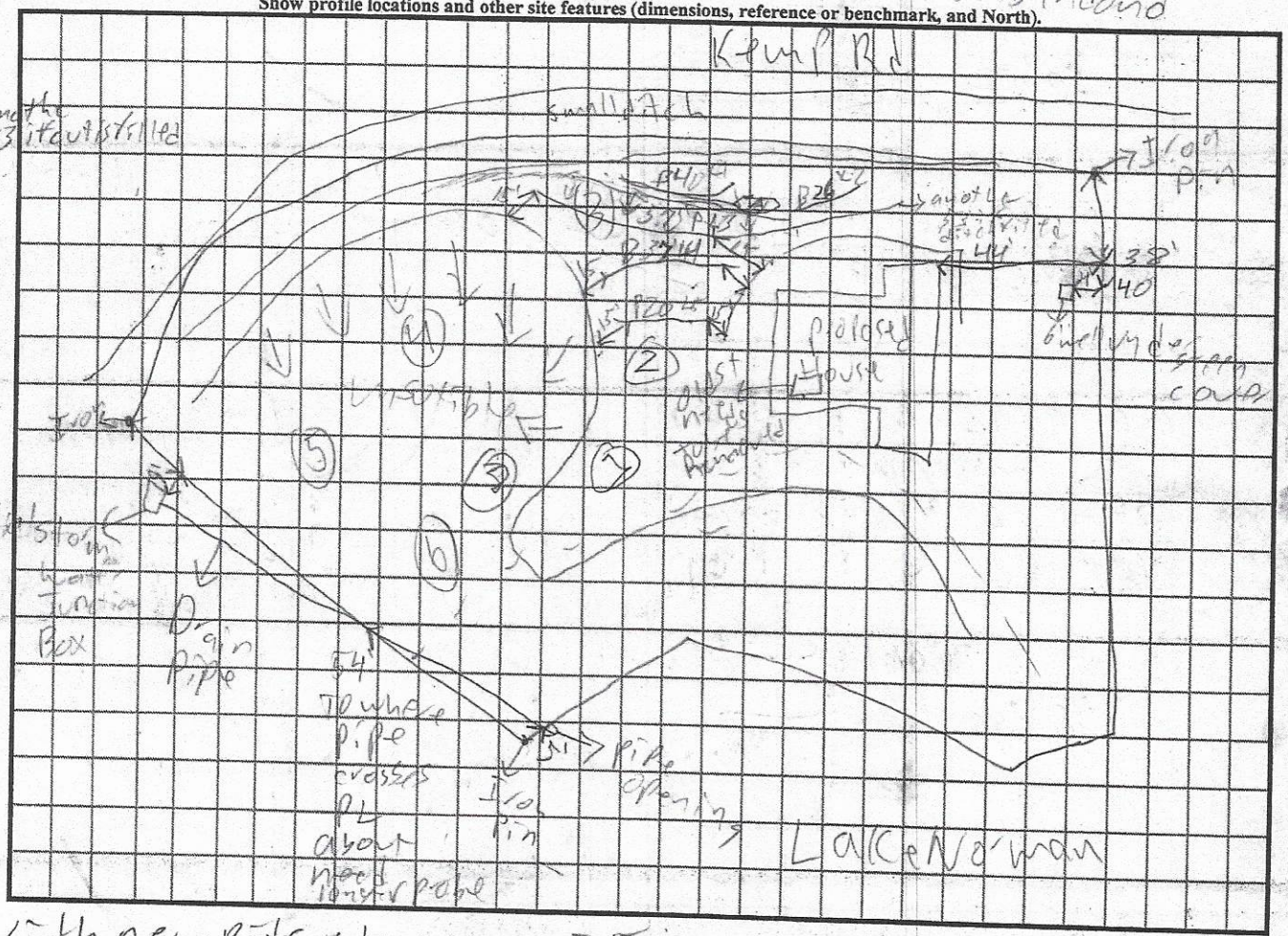
have 180' + 2 ft fill

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Tank need to be Abandoned

Show profile locations and other site features (dimensions, reference or benchmark, and North).



L1=40'
L2=26'
L3=57'+ another 53' if unsatisfied
L4=37'
L5=20'
total=180 +53' if unsatisfied = 233

need 87 more for initial then run Repair

with new pits Ltar now .25
now need 320'

best bet is to either move the house and try to use what is in the ground would need to do to mitigate how much was

RECEIVED MAR 0 6 2020

AP-305402
$500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

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

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Alan Simonini Homes LLC Address: PO Box 1546 Cornelius NC Zip: 28031

Applicant Email: adam@simonini.com Phone: 704.333.8999 Alt. Phone: 704-363-7545 domenico@simonini.com

Owner Name: Marla McMillan & Kelly Jensen Address: 1510 Foxbury Road Maple Glen PA Zip: 19002

Owner Email: marla.mcmillangraham@gmail.com Phone: 215.514.8764 Alt. Phone: _____

Property Information:

Street Address: 343 Kemp Road Mooresville NC 28117

Subdivision Name: Crescent Section/Phase: _____ Lot Number: 1637

Driving Directions: Brawley School Road, TR on McKendree, TL first Kemp, Lot approx 1 mile on Left

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: _____

( ) 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 (X) 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: _____ 02.19.2020

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

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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Adam J Bailey

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* in the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Marla McMillan, am the legal owner(s) of the property located at 343 Kemp Road Mooresville NC 28117, identified as PIN (Parcel Identification Number) TAX Acct # 80065844 PIN # 4626362540, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adam Bailey or Alan Simonini Homes LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

DocuSigned by:
Marla McMillan
03B052582FE84EF...
Signature of Owner(s)

2/21/2020 | 2:51 PM CET
Date

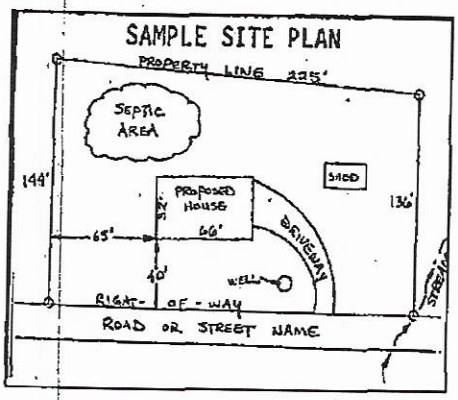
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY 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 SHEET

Signature: _____ 02.19.2020

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 179816

PIN # 4626-36-2540

APPLICANT: Lance Fox

APPLICANT ADDRESS: 371 Camino Real Rd Mooresville NC 28117

SITE ADDRESS: 343 Kemp Rd Mooresville NC 28117

PHONE: 704-905-9688 ALT. PHONE: 704-662-3575

SITE DIRECTIONS: Brawley School Rd, TR on McKendree, TL first Kemp, Lot approx. 1 mile on Lt

SUBDIVISION: CL&T

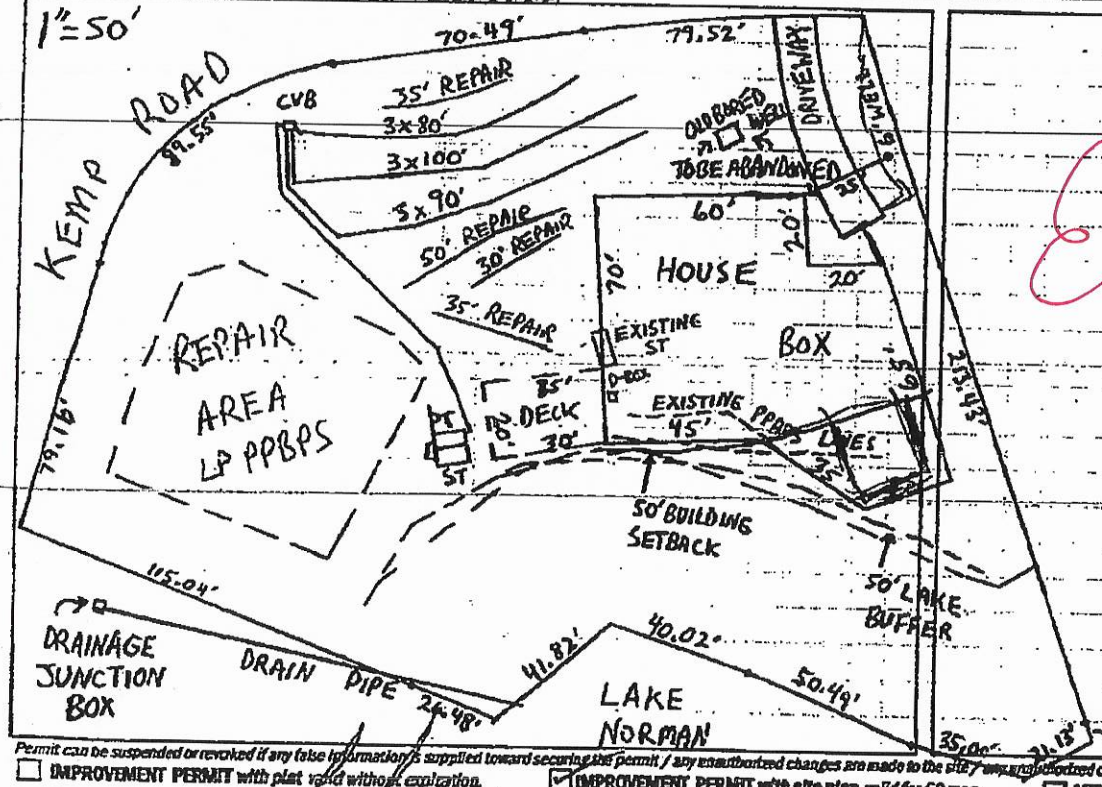
SECTION: 8 LOT # 1637 LOT AREA: 1.00 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB		Date		☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT		Date		System Description: LP PPBPS	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: LP PPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft:	270'	Maintenance Agreement Required: ☐ YES ☐ NO	☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: ✱ Closed well must be abandoned before AC is issued ✱ Existing septic and PPBPS will need to be removed ✱ Notify this department before ANY grading is done ✱

INITIAL SITE SKETCH



AS BUILT SKETCH

Expired Permit

—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.

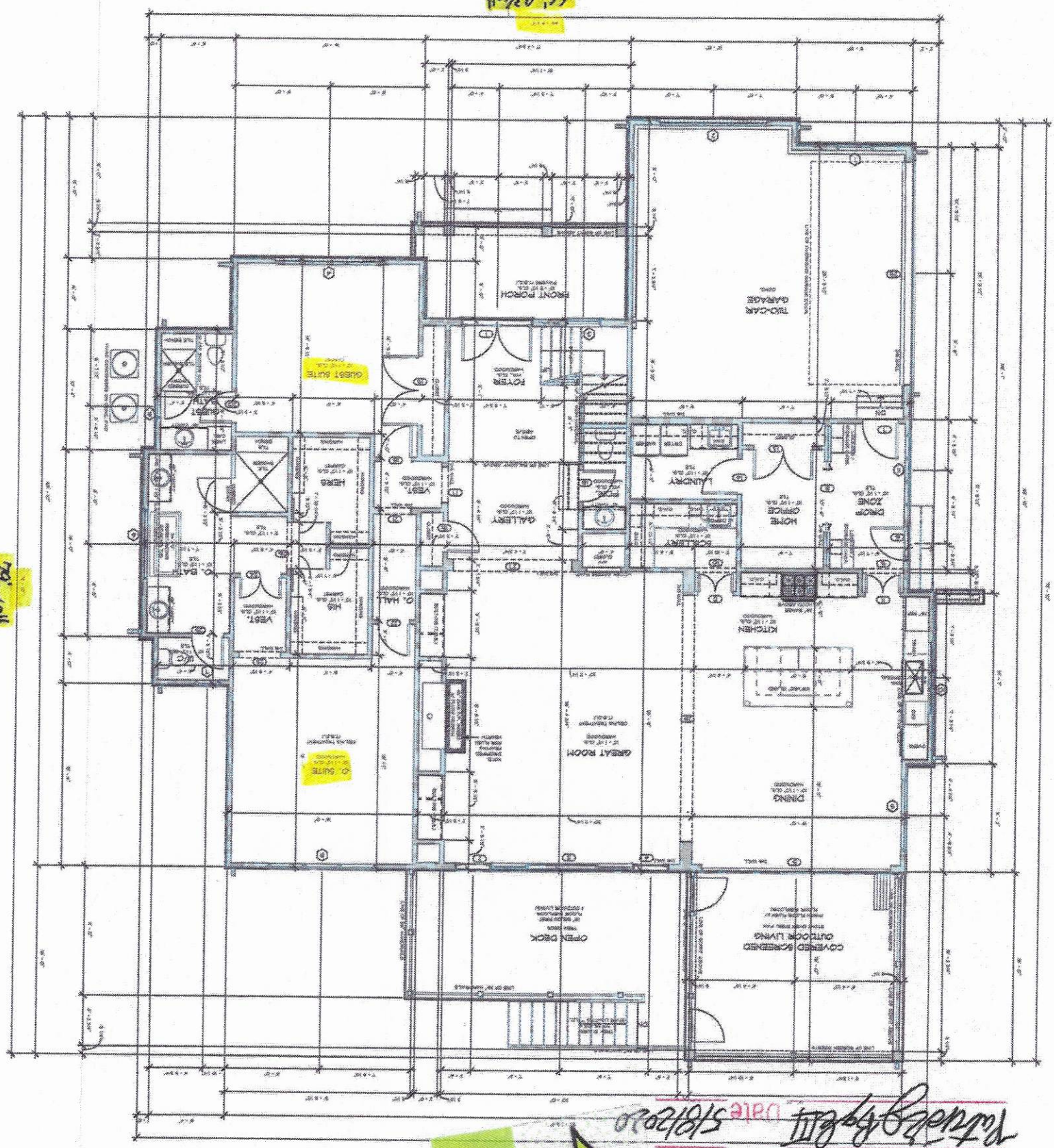
Owner / Applicant Signature: Lance Fox Date: 11-1-13 Installed by:

IMPROVEMENT PERMIT by: Date: 10-28-13 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

DocuSign Envelope ID: 264104CC-9F22-4F0A-936F-90FF15667565



Acknowledgement of Plans Submittal - ONE

Richard Appell Date 5/8/2020

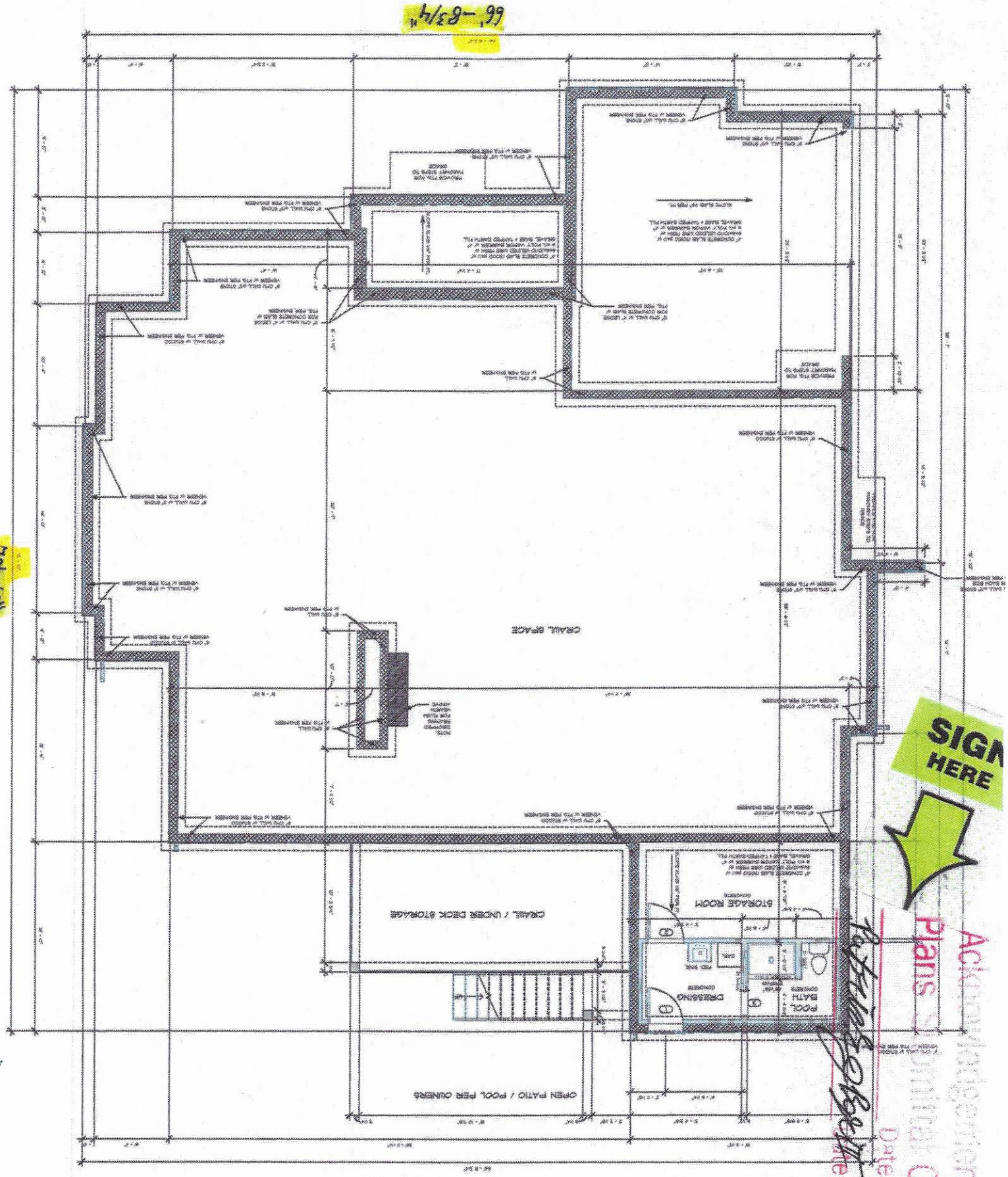
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Plans

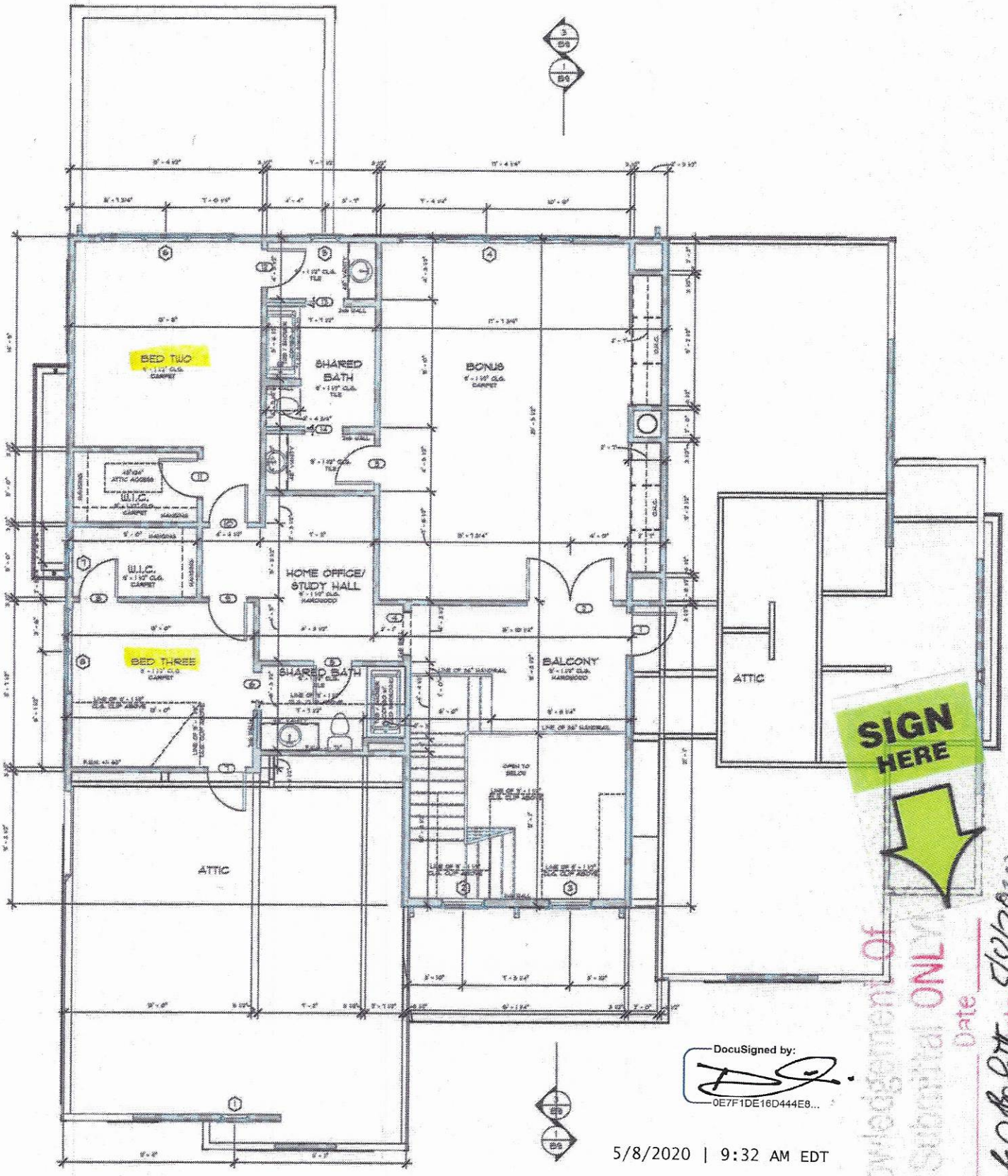
Approved

Date 5/8/2020

5/8/2020 | 9:32 AM EDT

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DocuSign Envelope ID: 264104CC-9F22-4F0A-936F-90FF15667565



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5/8/2020 | 9:32 AM EDT

Acknowledgement Of Plans Submittal ONLY

Date 5/8/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305407 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4626362540.000	343 KEMP RD	Iredell County

Owner Information	Applicant Information
Name: MCMILLAN MARLA K+KELLY A JENSEN	Name: ALAN SIMONINI HOMES LLC
Address:	Address: PO BOX 1546
	CORNELIUS, NC 28031
Phone:	Phone: (704)333-8999

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

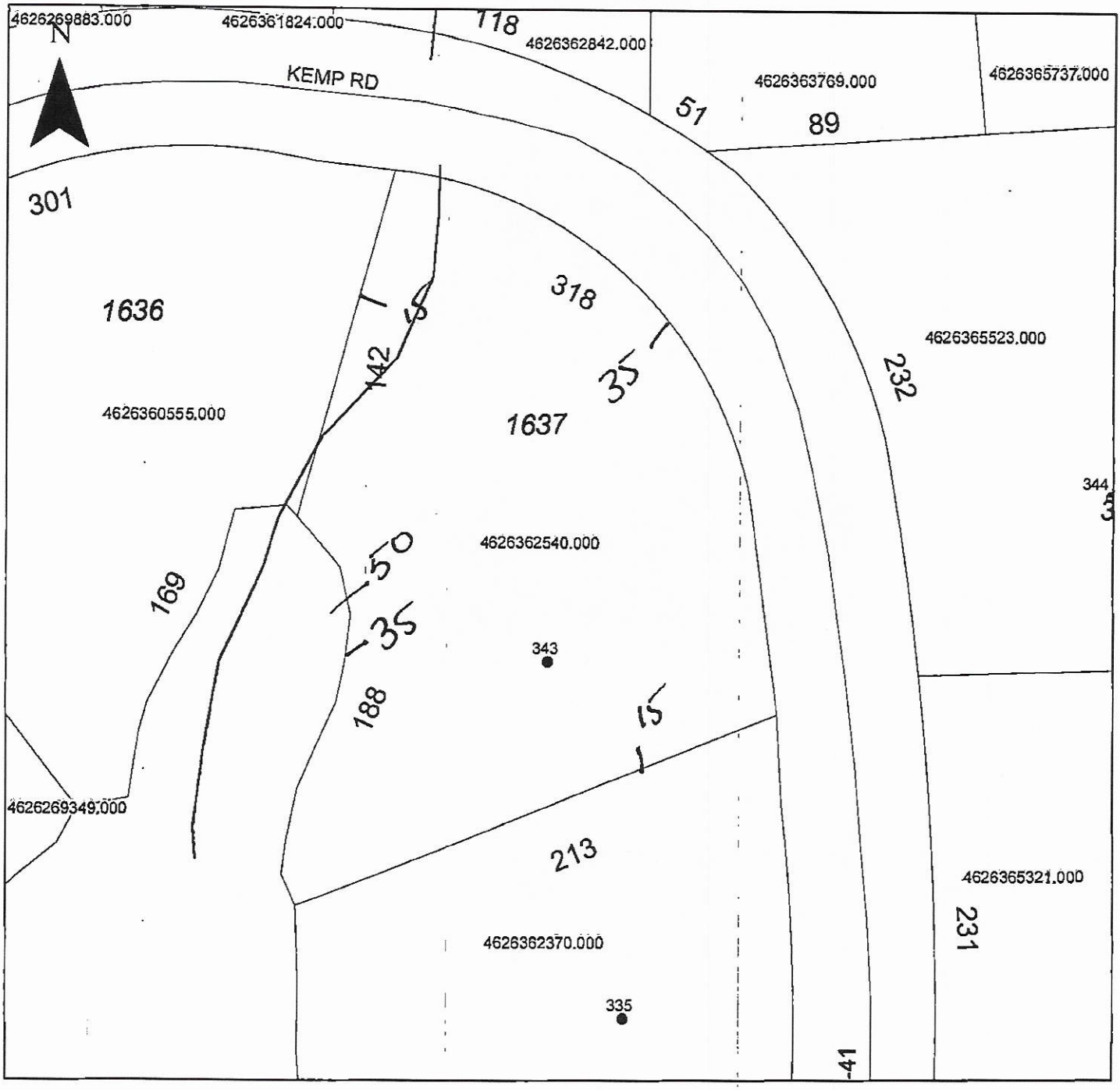
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 02/27/2020

Signature of Owner/Contractor

Permit Number	305407	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 343 Kemp Rd

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. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

Date