2:30

UW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP3195016

PIN # 4626 -- 44 -- 10670

APPLICANT/OWNER: Lake Vision Development

APPLICANT ADDRESS: 2242 Long Cove Ct Sherrills Ford NC

SITE ADDRESS: 117 Chatfield Cove Dr. Mooresville NC 28117

PHONE: 704-412-0463 ALT. PHONE 704-506-0807

SITE DIRECTIONS: (N) Brawley School (R) McKendree - (L) Kemp - (L) Agnew - (R) Chatfield

SAP CONTROLLED: EX [X] TEST [ ] GW [ ]

SUBDIVISION: CLT

SECTION: 8 LOT # 55 LOT AREA: 0.8068

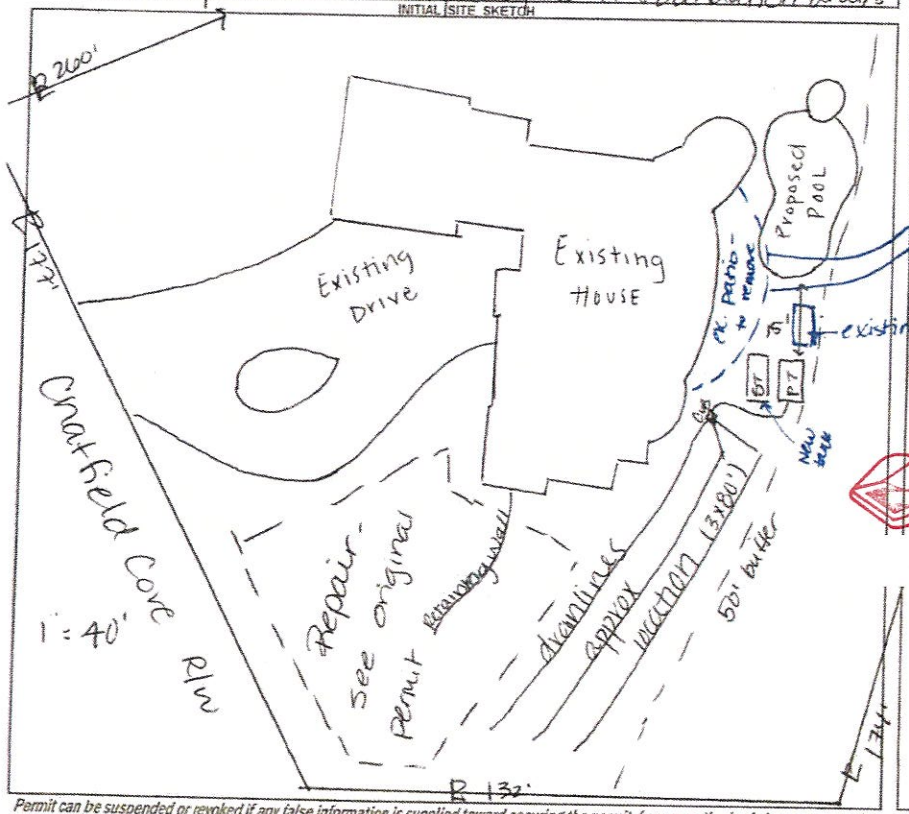
DESIGN FLOW: 360gpd L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB	2071	Date	Existing	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI
Pump Tank	EXISTING (gal)	PT		Date		System Description:	New Tank - Relocation		
Pump Make		Model		Serial #		Repair System Description:	EXISTING - LPPBPS + Bed		
# Nitrification Fields	EXISTING	# Lines		~~Linear Ft~~		Maintenance Agreement Required:	[X] YES	[ ] NO	
Trench Width		Trench Bottom Depth(Low Side)				Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE

[X] Residence	No. Bedrooms	3	Water Supply
[ ] Business	No. Persons	6	[ ] Private
[ ] Other	No. Employees		[X] Public
[ ] Slab	[ ] Crawl Space		[ ] Community
[X] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: Existing tank must be pumped, crushed & filled. Existing patio must be removed to set tank as shown. Keep tank 5' from patio, 10' if foundation drains used. Pool area must be staked at time of install, keep tank 15' from pool

INITIAL SITE SKETCH



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.

Assess drainfield - large area of overly green grass observed at tank ends of all lines. TCW scheduled to visit prior to install.

(Keep this note attached!)

SCANNED pgs. 8/19/22 @ 8:21

3-11-22. Tanks checked / Electrical checked

*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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 2/7/22 Installed by: Lute Wastewater

IMPROVEMENT PERMIT by: D. Mieberg Date: 2/4/22 OPERATION PERMIT by: Benjamin A. Betts Date: 3-11-22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 2/4/22 Existing System Inspected by: _____ Date: _____

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

RECEIVED JAN 2 4 2022

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* AP-319506 $200.00

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

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

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

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: Lake Vision Development, INC **Address:** 2242 Longcove Court, Sherrills Ford **Zip:** 28673
Applicant Email: office@lakevisiondevelopment.com **Phone:** 704-506-0807 **Alt. Phone:** 704-402-0463
Owner Name: Tom & Robbie Carnaggio **Address:** 117 Chatfield Cove Mooresville **Zip:** 28117
Owner Email: robbiepcarnaggio@gmail.com **Phone:** 832-971-2183 **Alt. Phone:** 832-971-2183

Property Information:

Street Address: 117 Chatfield Cove, Mooresville NC 28117

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 55

Driving Directions: Brawley School Rd Turn (R) South Fork, Bear Right on Agnew Turn (L) onto Chatfield Cove

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

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

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

( ) New Well (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 ( ) Modified Conventional ( ) Other: _____

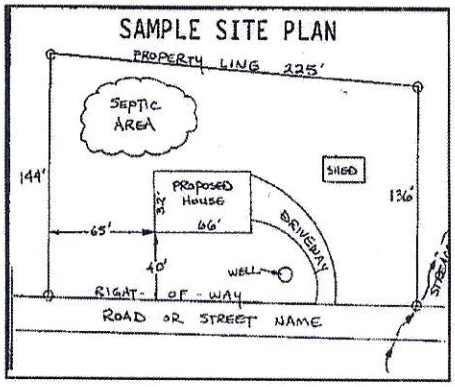
Please answer the following to the best of your ability:
( ) Yes (√) No Does the site contain any jurisdictional wetlands?
( ) Yes (√) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (√) No Is the site subject to approval by any other public agency?

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: _____ 1.21.2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Septic Layout & Site Plan Showing Pool Location. H/O Decided To Move Forward w/ Pool & Not Patio.

Signature: Kim Kotz
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1.21.2022
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 3195U6

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

PIN # 4626 -- 44 -- 6670

APPLICANT/OWNER: Lake Vision Development APPLICANT ADDRESS: 2242 Long Cove Ct

SITE ADDRESS: 117 Chatfield Cove Dr. Mooresville NC 28117 PHONE: 704-402-0463 ALT. PHONE 704-506-0807

SITE DIRECTIONS: (W) Brawley School → (R) McKendree → (L) Kemp → (L) Agnew → (R) Chatfield SAP CONTROLLED: [X] YES [ ] NO

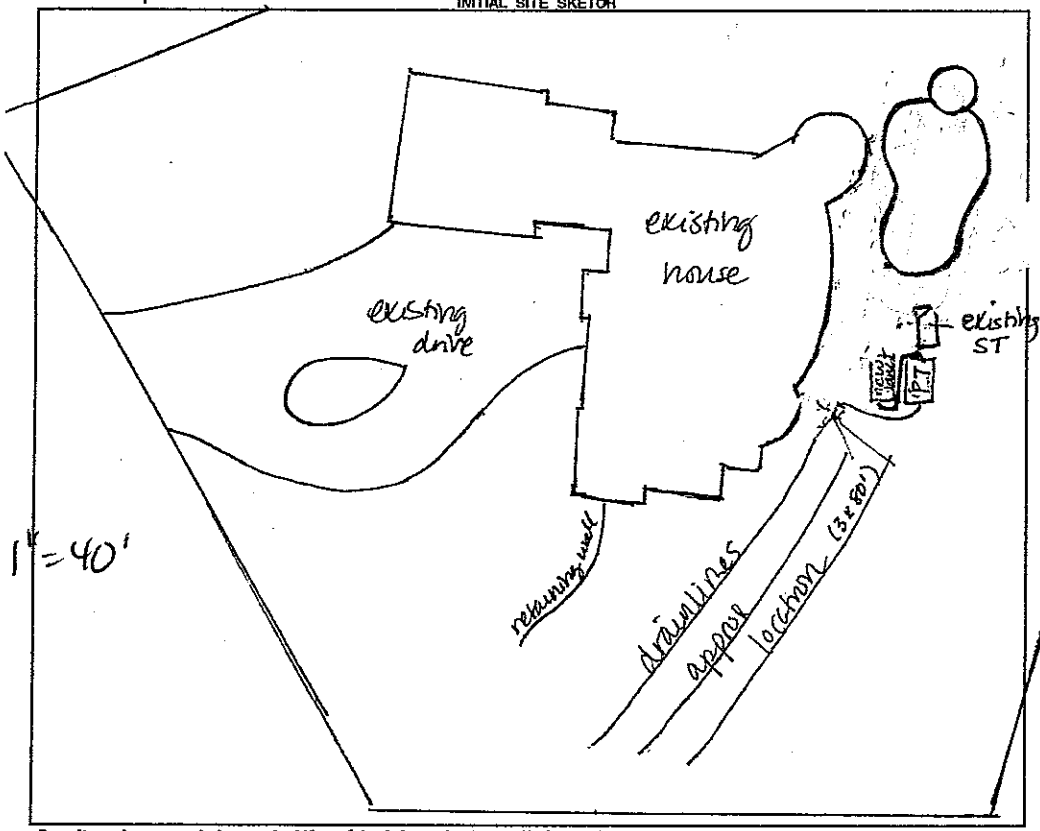
SUBDIVISION: CLET SECTION: 8 LOT # 55 LOT AREA: 0.8068 DESIGN FLOW: 360gpd L.T.A.R.: EXISTING

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI		[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank EXISTING (gal)	PT	Date	System Description: New Tank - Relocation		[ ] Business	No. Persons 6	[X] Private
Pump Make	Model	Serial #	Repair System Description: EXISTING - LPP BPS + Bed		[ ] Other	No. Employees	[X] Public
# Nitrification Fields	#Lines/ STANC	Linear Ft	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width EX	Trench Bottom Depth (Low side)	Gravel Depth	[ ] GRAVITY [X] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing	

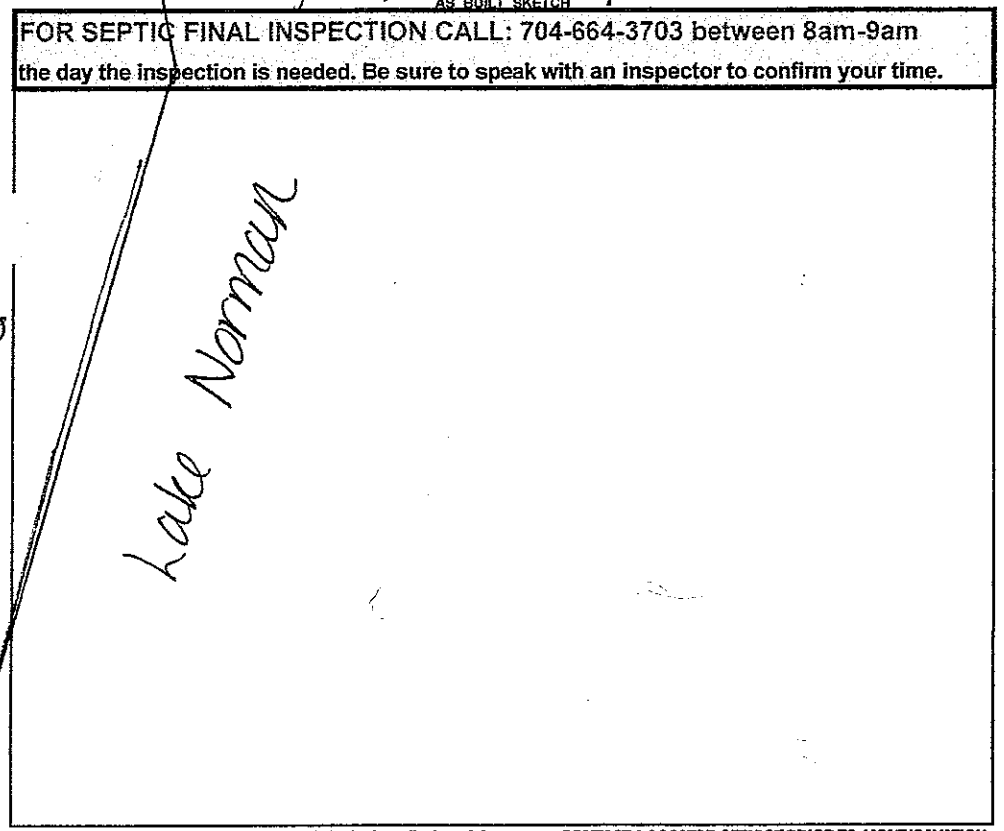
Comments / Conditions: MUST have maintenance agreement to issue OP.
Pump crush & fill old tank. Keep new tank 5' off new patio

If any foundation drains are used, keep new tank 10' from drains
See original permit for repair area.

INITIAL SITE SKETCH



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.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

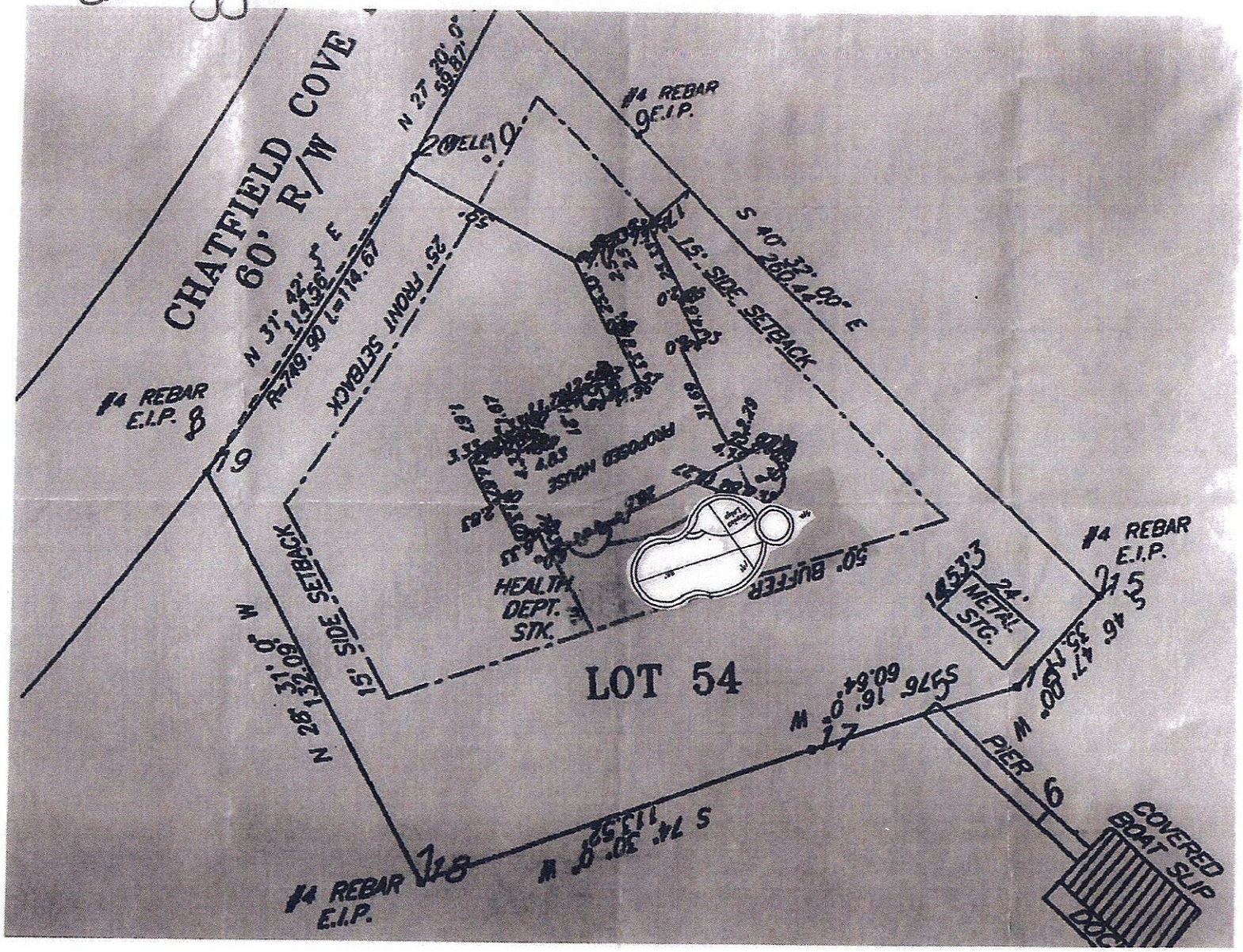
Owner / Applicant Signature: _____ Date: 9/23/21 Installed by: _____

IMPROVEMENT PERMIT by: D. Wiebers Date: 9/1/21 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 9/1/21 Existing System Inspected by: _____ Date: _____

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

Carnaggio Survey 117 Chatfield Cove



File

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

APPLICATION NUMBER
319506 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4626446670.000	117 CHATFIELD COVE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: CARNAGGIO THOMAS V+ROBBIE P	Name: CARNAGGIO THOMAS V+ROBBIE P
Address:	Address: 117 Chatfield Cove Mooresville, NC 28117
Phone:	Phone: (832)971-2183

Use Requested	Zone Code
SWIMMING POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.8068	0	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

swimming pool/need disclaimer

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

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

Date: 07/08/2021

Signature of Owner/Contractor

Permit Number	319506	TOTAL FEES:	$77.25