ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315396

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

PIN # 4626-61-9895

APPLICANT/OWNER: Katie Bonfiglio | APPLICANT ADDRESS: 173 Freshwater Ln Mooresville, NC 28117

SITE ADDRESS: 173 Freshwater Ln Mooresville, NC | PHONE: 3104357888 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR South Fork TL Freshwater on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: | LOT # 259 | LOT AREA: ± 88 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: ± 3,125 Rep

Septic Tank	1500 (gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	Plastic (gal)	PT	Infiltrator	Date:	System Description:	25% Reduction + Exist EZ-Flow			☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:	Drip Dispersal			☒ Other Pool	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft ~~100~~ 140	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Fill on upper septic line from pool excavation must be removed

☆ No "living quarters" in Garage.
ST set to waste
1/4" fall on ST Orange filter installed

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 11/17/21)

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.

Use Chm36 for New lines. Serial distribution for 2 new lines
Abandoned 20ft of exist line & upper line abandoned.
Tapped & Compacted dirt around ST & btw ST & drainlines

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: 3/2/22 | Installed by: Revels Construction

IMPROVEMENT PERMIT by: Maria Dotson Date: 12/16/21 | OPERATION PERMIT by: Maria Dotson Date: 6/7/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 12/16/21 | Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
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? _____	

RECEIVED NOV 2 9 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Exp. New 40 Pd. $350.00

PLD

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 AP-315396

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: Katie Bonfiglio **Address:** 173 Freshwater Ln, Mooresville, NC **Zip:** 28117

Applicant Email: katiesheetz@me.com **Phone:** _____ **Alt. Phone:** _____

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

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

****

Property Information:

Street Address: 173 Freshwater Ln

Subdivision Name: The Farms **Section/Phase:** _____ **Lot Number:** 259

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) 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: _____ **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 (X) 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 (X) Other: Accepted

****

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: _____ 11/23/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

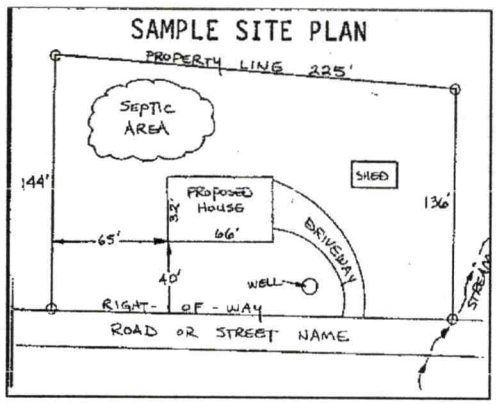
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 11/23/2021

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
11/17/2021

Approved
12/16/21
MD

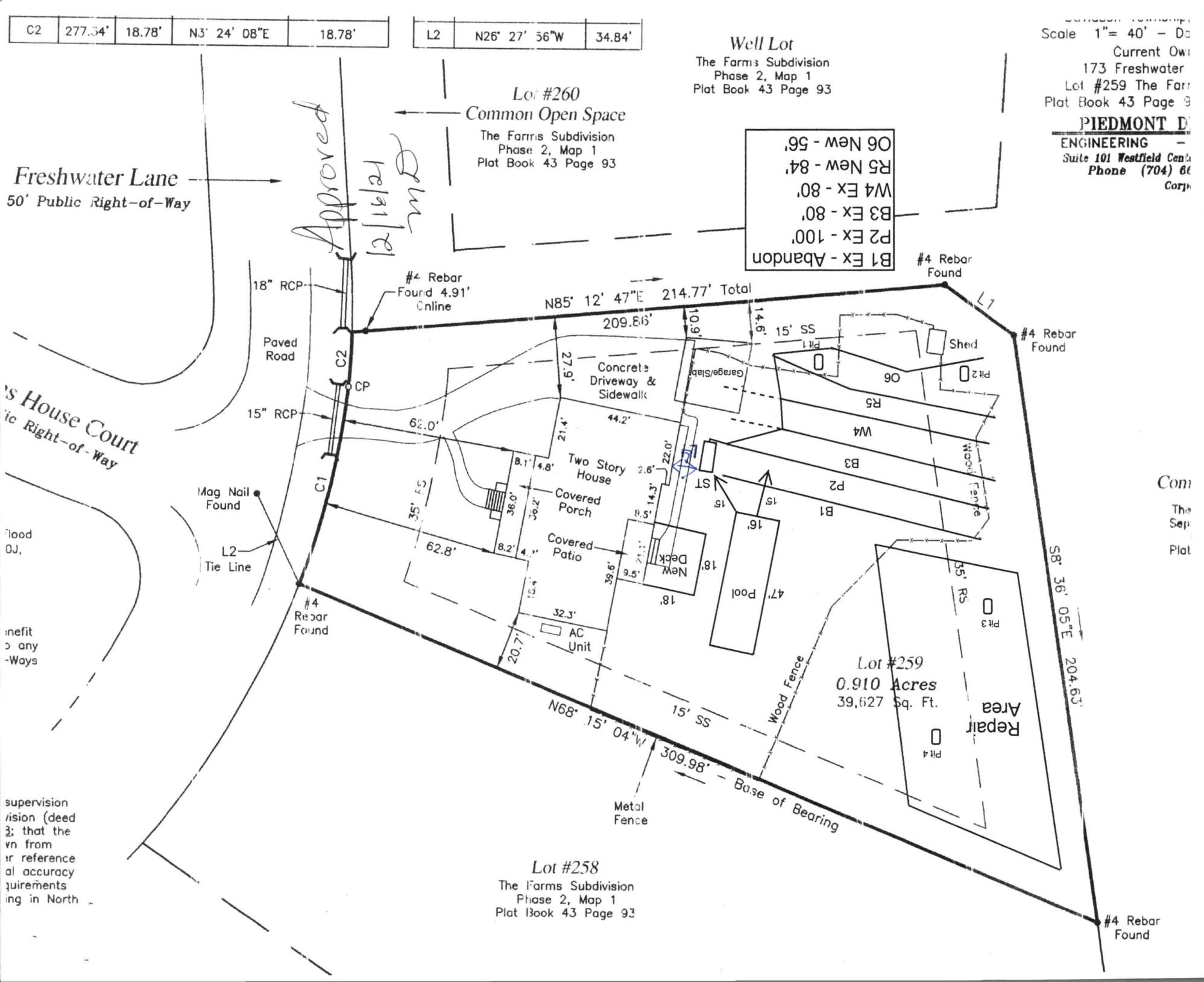
Reference: Data Sheet for 173 Freshwater Ln, The Farms Lot 259
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Existing System Type: EZ Flow (Existing) + New 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Drop Boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length
Blue 1 Ex	100'	
Pink 2 Ex	**100'**	**100'**
Blue 3 Ex	**80'**	**100'**
White 4 Ex	**80'**	**100'**
Red 5	**84'**	**84'**
Orange 6	**56'**	**56'**

Initial System: 300' Existing + 100' New 25% Reduction
Repair System: 4800 FT^2

Comments:
The purpose of this evaluation is to make adjustments to the initial system and repair area for the addition of a pool, porch addition and garage addition. The first initial line (B1) must be abandon and B3, W4 must be shortened to allow space for the garage. The existing septic tank will be replaced/relocated. The fence is to be moved to the property line. Currently, there is fill on the upper septic lines from the pool excavation. This fill must be removed from the septic area.


C2 | 277.34' | 18.78' | N3° 24' 08"E | 18.78'
L2 | N26° 27' 56"W | 34.84'
Well Lot
The Farms Subdivision
Phase 2, Map 1
Plat Book 43 Page 93
Lot #260
Common Open Space
The Farms Subdivision
Phase 2, Map 1
Plat Book 43 Page 93
Freshwater Lane
50' Public Right-of-Way
Approved
12/18/21
B1 Ex - Abandon
P2 Ex - 100'
B3 Ex - 80'
W4 Ex - 80'
R5 New - 84'
O6 New - 56'
#4 Rebar Found
18" RCP
#4 Rebar Found 4.91' Online
N85° 12' 47"E 214.77' Total
209.86'
10.9'
14.6'
15' SS
L1
Paved Road
C2
CP
15" RCP
27.9'
Concrete Driveway & Sidewalk
Garage/Slab
Shed
Pit 1
Pit 2
O6
R5
W4
B3
P2
B1
62.0'
44.2'
21.4'
Two Story House
22.0'
2.6'
8.1'
4.8'
Covered Porch
14.3'
8.5'
ST
15'
16'
C1
35' BS
36.0'
36.2'
Mag Nail Found
L2 Tie Line
62.8'
8.2'
Covered Patio
New Deck
18'
39.6'
9.5'
Pool
47'
Wood Fence
35' RS
Pit 3
S8° 36' 05"E 204.63'
#4 Rebar Found
32.3'
AC Unit
20.7'
Lot #259
0.910 Acres
39,627 Sq. Ft.
Repair Area
Pit 4
N68° 15' 04"W 309.98'
15' SS
Base of Bearing
Metal Fence
Lot #258
The Farms Subdivision
Phase 2, Map 1
Plat Book 43 Page 93
#4 Rebar Found
Scale 1"= 40' – Do
Current Own
173 Freshwater
Lot #259 The Farr
Plat Book 43 Page 9
PIEDMONT D
ENGINEERING –
Suite 101 Westfield Cent
Phone (704) 6
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PROPERTY ID #: 4626619895
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
12/16/21 MD

OWNER: Kathryn Bonfiglio
ADDRESS: 173 Freshwater Ln, Mooresville, NC 28117
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 173 Freshwater Ln, The Farms Lot 259

APPLICATION DATE
DATE EVALUATED: 9/2021
PROPERTY SIZE: 0.88 AC
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private X 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 8%	0-5	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3
		5-23	R C SBK	FR SS SP SXP					
		23-55	R CL WSBK	FR SS SP SXP					
2	LS 8%	0-5	Br CL WSBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		5-26	R C SBK	FR SS SP SXP					
		26-55	R CL WSBK	FR SS SP SXP					
3	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		6-29	R C SBK	FR SS SP SXP					
		29-54	R CL WSBK	FR SS SP SXP					
4	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	56"	Com SAP @ 48"	N/A	PS 0.3
		4-24	R C SBK	FR SS SP SXP					
		24-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	420 FT^2 New	4800 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

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

COMMENTS:

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)

11.18.21 (Date)

Owner: Kathryn Sheetz Bonfiglio
Address: 173 Freshwater Lane
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Permit#AP:315396, Kathryn Sheetz Bonfiglio, 173 Freshwater Lane Mooresville, NC 28117, PIN# 259

I, Kathryn Sheetz Bonfiglio, 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 5.28.21 for a system
(date)
Septic Improvement Permit/Auth. to Construct/Operation Permit/ Existing System
(system name)

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

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY 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, Kathryn Sheetz Bonfiglio, am the legal owner(s) of the property located at 173 Freshwater Lane, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 2599, 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.

11.18.21

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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize