MW

File/Permit #: OSWP2024 61630

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Craft + Trade Renovations
Mailing Address: 548 Williamson Rd STE 4
City: Mooresville
State: NC Zip: 28117
Phone #: 704 534 9145
Email: N/A

Owner: Scott + Dina Klein
Mailing Address: 123 Kapp Place Rd
City: Mooresville
State: NC Zip: 28117
Phone #: N/A
Email: N/A

PIN/Lot Identifier: 4626-63-7875
Property Location/Address: 123 Kapp Place Rd Mooresville NC 28117 (The Farms Lot # 3)
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 111156 Design Daily Flow: 480 GPD
Number of Bedrooms: 4 Max # Occupants: 8 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☒ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: 18'x19' Screened porch addition.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☒ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System functioning properly at inspection. Keep 5' from all parts of septic.

Inspector's Printed Name: Sarah Williams Inspector Certification #: 3208
Inspector's Signature: Sarah Williams Date: 10/22/2024

See attached site sketch

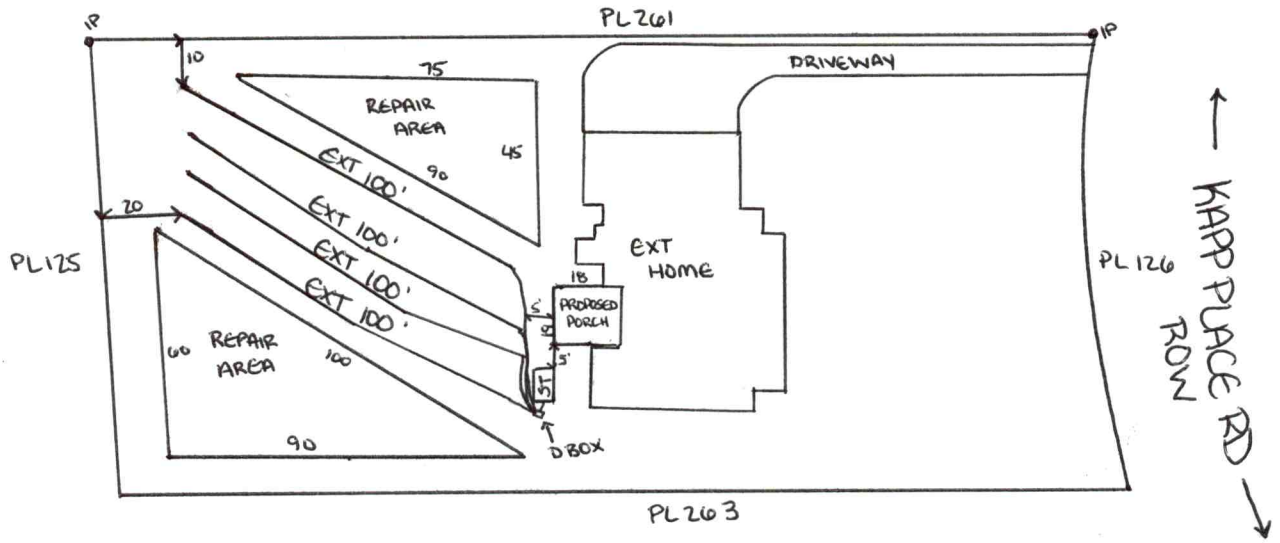
EXISTING SYSTEM APPROVAL

SITE SKETCH

Operation Permit/ATO #: 111156 (OSWP 2024 61630) PIN/Lot Identifier: 4626-63-7875

Owner: Scott & Dina Klein Property Location/Address: 123 Kapp Place Rd Mooresville NC 28117

SCALE 1"=50'



Existing drainlines are EZ Flow

Include the existing and proposed structures and applicable setbacks.

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

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

PERMIT SNAPSHOT REPORT OSWP-2024-61630 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/11/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	
Description:	Building addition. Need septic marked				

Parcel: 4626637875.000 Main	**Address:** 123 Kapp Place Rd Mooresville, NC 28117 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent
CRAFT AND TRADE RENOVATIONS LLC
548 WILLIAMSON RD STE 4
MOORESVILLE, NC 28117
Business: (704) 534-9145

Property Owner
SCOTT+DINA KLEIN

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	18'.5" deep by 17'5" wide Screened Porch
What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	0	If other Addition/Structure, please explain	Screened Porch Addition
Number of Occupants	0	Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential
Water Supply	Community Well	Desired Septic System Type	Other	If other septic system type, please explain	Authorization to Construct Only
Pump Make		# of Nitrification Fields		Model	
Serial #		System Description		Repair System Description	
Comments/Conditions		Permit type(s)	Authorization to Construct	Has this project been approved by TRC	No
Lot Acreage	0.74	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Additional Unique Setbacks Apply	No
Watershed	WSIV CA CATAWBA/LAKE NORMAN				

Type of Hold	Created By	Date Created	Hold Origin	Comments	Active
Awaiting Additional Documents	Barbara Nebel	09/12/2024 7:33	OSWP-2024-61630	NEEDS SITE PLAN SHOWING WEHRE ADDITION WILL BE ADDED TO HOME; EMAILED APPLICANT	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Laura_Anderson_9/11/2024.jpg	09/11/2024 15:30	Anderson, Laura		Uploaded via CSS
Klein - Executed Document to Authorize an Owner's Legal Representative for Iredell County_v1.pdf	09/11/2024 16:17	Anderson, Laura	Available Online	
123 Kapp Place Site Plan.pdf	09/13/2024 15:40	Nebel, Barbara		Site Plan

4626637815 150

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 111156 PIN# 4626-63-7315.3 DATE June 13, 03

OWNER OR CONTRACTOR Crescent Resources Inc / Lake Forest Estate / KINGSLAND PHONE: Business _____ Home _____

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley School Rd TR / South Fork TR Kapp Place 3rd lot on left

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 3 LOT AREA .74 Ac SITE CLASS. 5 DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 328 Date 2/19/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY 25% Reduction & PPPBFS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No Initially

Gravel Depth NA

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

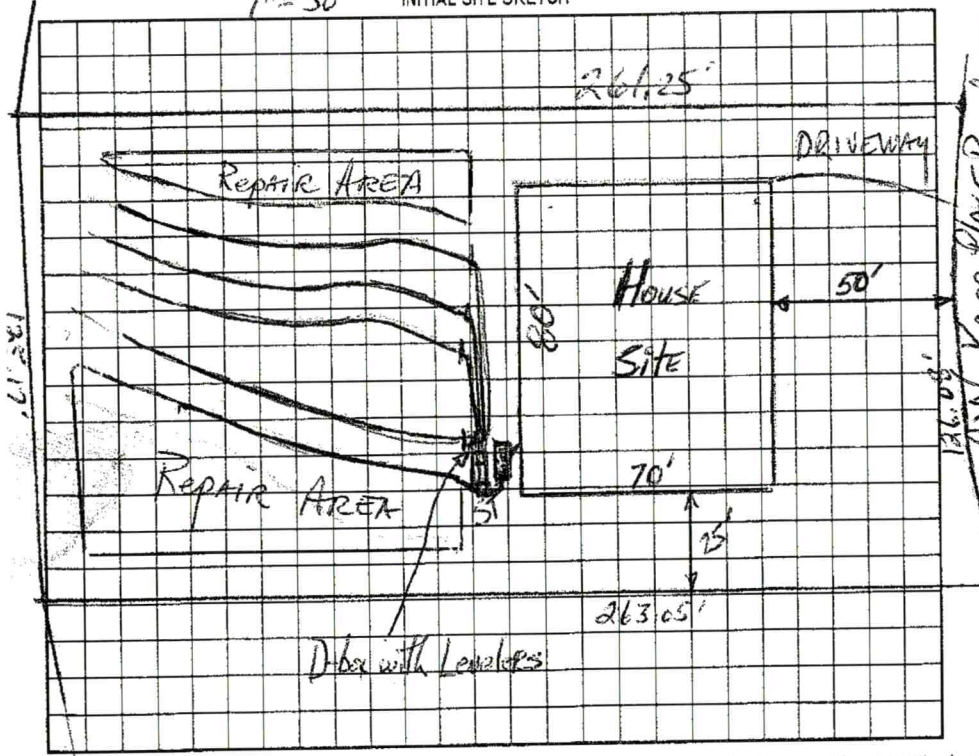
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: 5 @ 80'x3' LINES INSTALLED.

Comments:/Conditions: EZ FLOW INSTALLED. 3/25/04

1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-27-03 Installed by: H+H Landscaping

Improvement Permit by: Mark R. Thomas RS date 6/13/03 Operation Permit by: Wesley Sparks RS date 3/30/04

Authorization to Construct by: Wesley Sparks R.S. date 9/16/03 Existing System Inspection by: _____ date _____

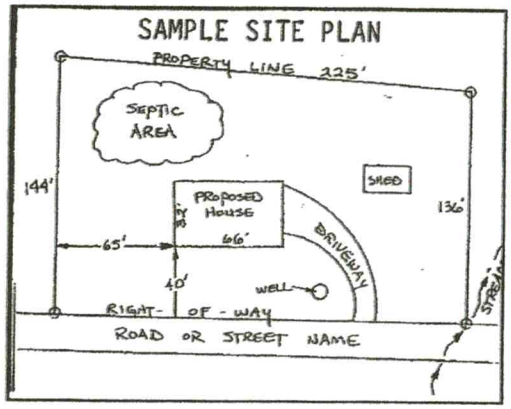
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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:

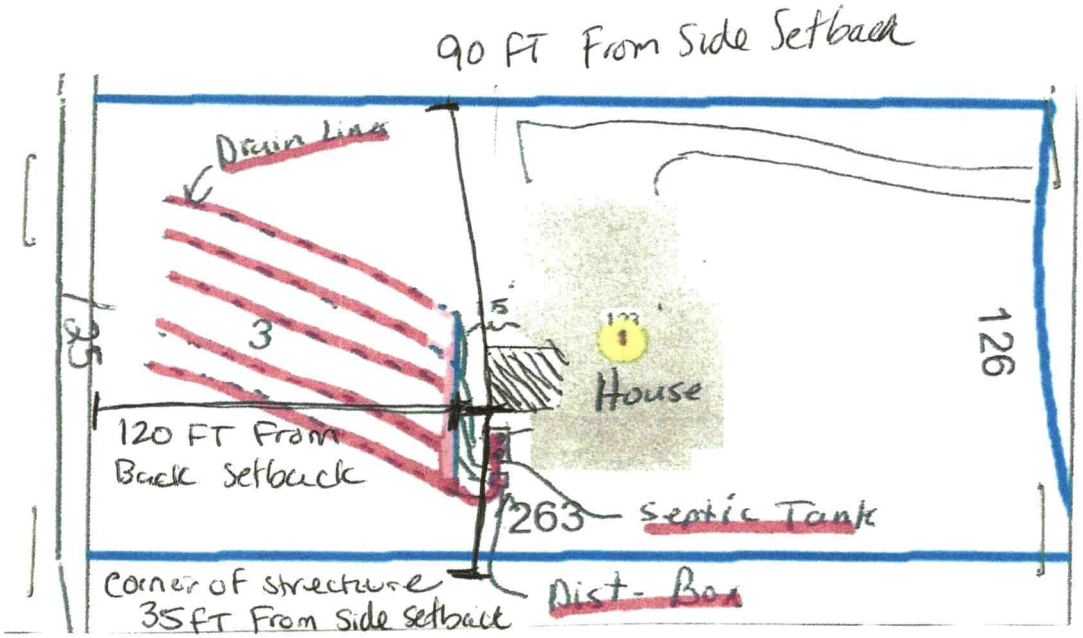
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



 ← Addition marked as hashes abo

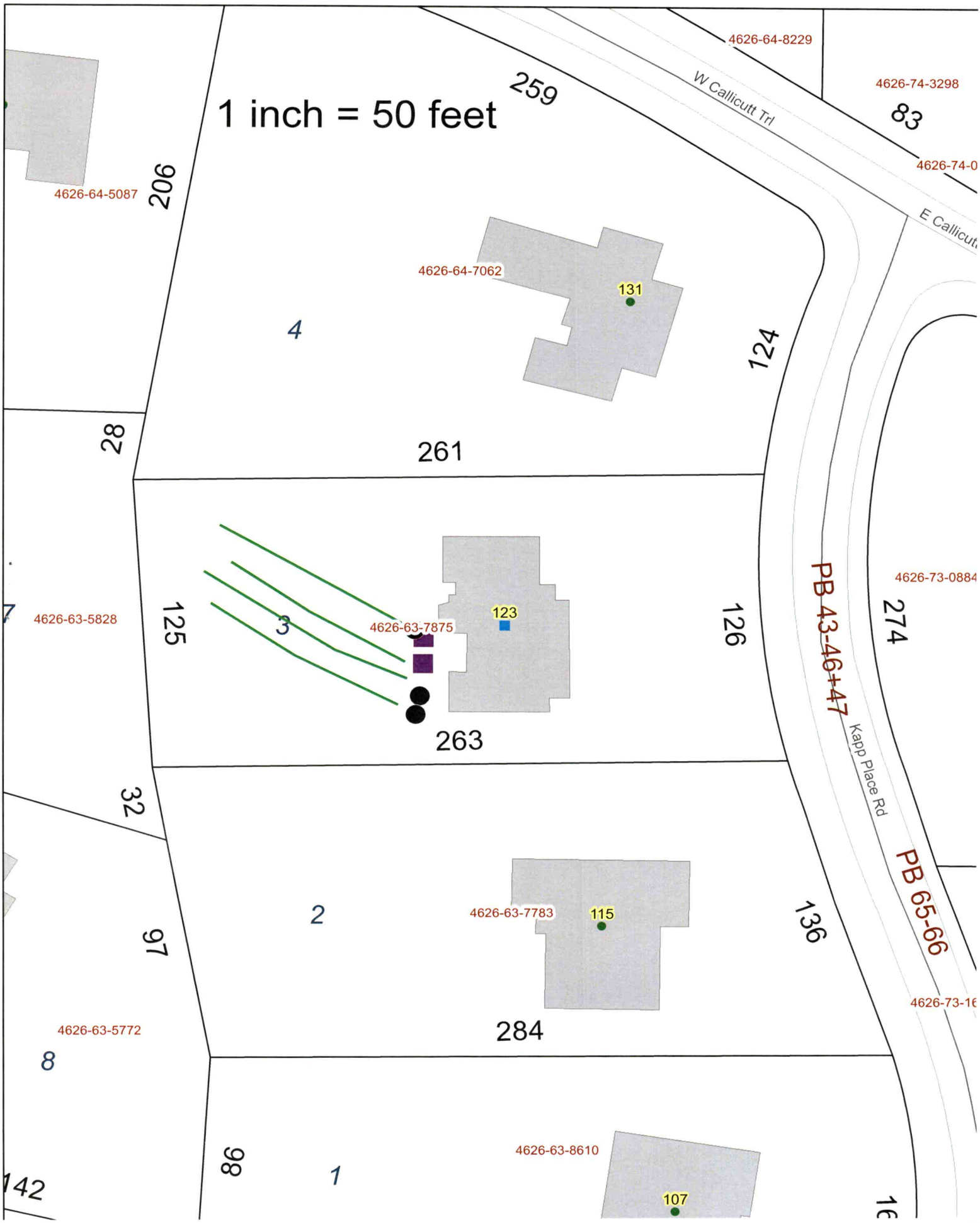
• Addition will be 5ft back on all sides from Septic.

Signature: _____

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

9/13/24

DATE


1 inch = 50 feet
4626-64-8229
4626-74-3298
W Callicutt Trl
259
83
4626-74-0
E Callicut
4626-64-5087
206
4626-64-7062
131
4
124
28
261
4626-73-0884
PB 43-46+47
Kapp Place Rd
PB 65-66
274
4626-63-5828
125
3
4626-63-7875
123
126
263
32
2
4626-63-7783
115
136
97
4626-73-16
4626-63-5772
284
8
98
1
4626-63-8610
142
107