IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216899

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

PIN # 4627-21-7884

APPLICANT: Robin Lee Curci APPLICANT ADDRESS: 256 Lakeview Shores Loop - Mrsvl.

SITE ADDRESS: Same PHONE: 704-309-5484 ALT. PHONE:

SITE DIRECTIONS: BSR, TR McKendree, TR Lakeview Shores, on R

SUBDIVISION: CL&T SECTION: 8 LOT # 331 LOT AREA: .86 AC DESIGN FLOW: 600 L.T.A.R.: .35 (.125R)

Septic Tank	1500	(gal)	STB 338	Date 4-10-17	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms	5	Water Supply					
Pump Tank	1500	(gal)	PT 477	Date 3-22-17	System Description:	LP- Panel Block			☐ Business	No. Persons	10	☑ Private					
Pump Make	Liberty	Model	290 3/4 HP	Serial #	Repair System Description:	TS-II Drip			☐ Other	No. Employees		☐ Public					
# Nitrification Fields	1	# Lines	4	Linear Ft: 286'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community					
Trench Width	24"	Max. Trench Bottom Depth		34" Lowside	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☑ Basement w/plumbing			☐ Basement w/o plumbing					

Comments / Conditions: ✱ Saprolite System ✱

INITIAL SITE SKETCH

See Plan From

Michael Athanas

&

Associates

AS BUILT SKETCH

Tanks + drainlines checked 5-17-17 KW

9/19/17: - Head Pressure set w/ 2' of Pressure Head.
- Float dosing ≈ 120-140 gal/dose
- Alarm float ok. on/off ok.
- Alarm functional.
✱ - Pump + Alarm not on Separate breakers

	Date	Initials
Drain Lines Checked	5-17-17	KW
Tanks Checked	5-17-17	KW
Pressure Manifold or Valve Box Checked	9/19/17	SA
Pressure Head Set	9/19/17	SA
Electrical Checked Alarm OK Needs electrical panel	9-21-17	BA
Floats Set	9/19/17	SA
Alarm Checked	9/19/17	OK SA
Maintenance Contract (Y) / N	10-6-17	BA

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**

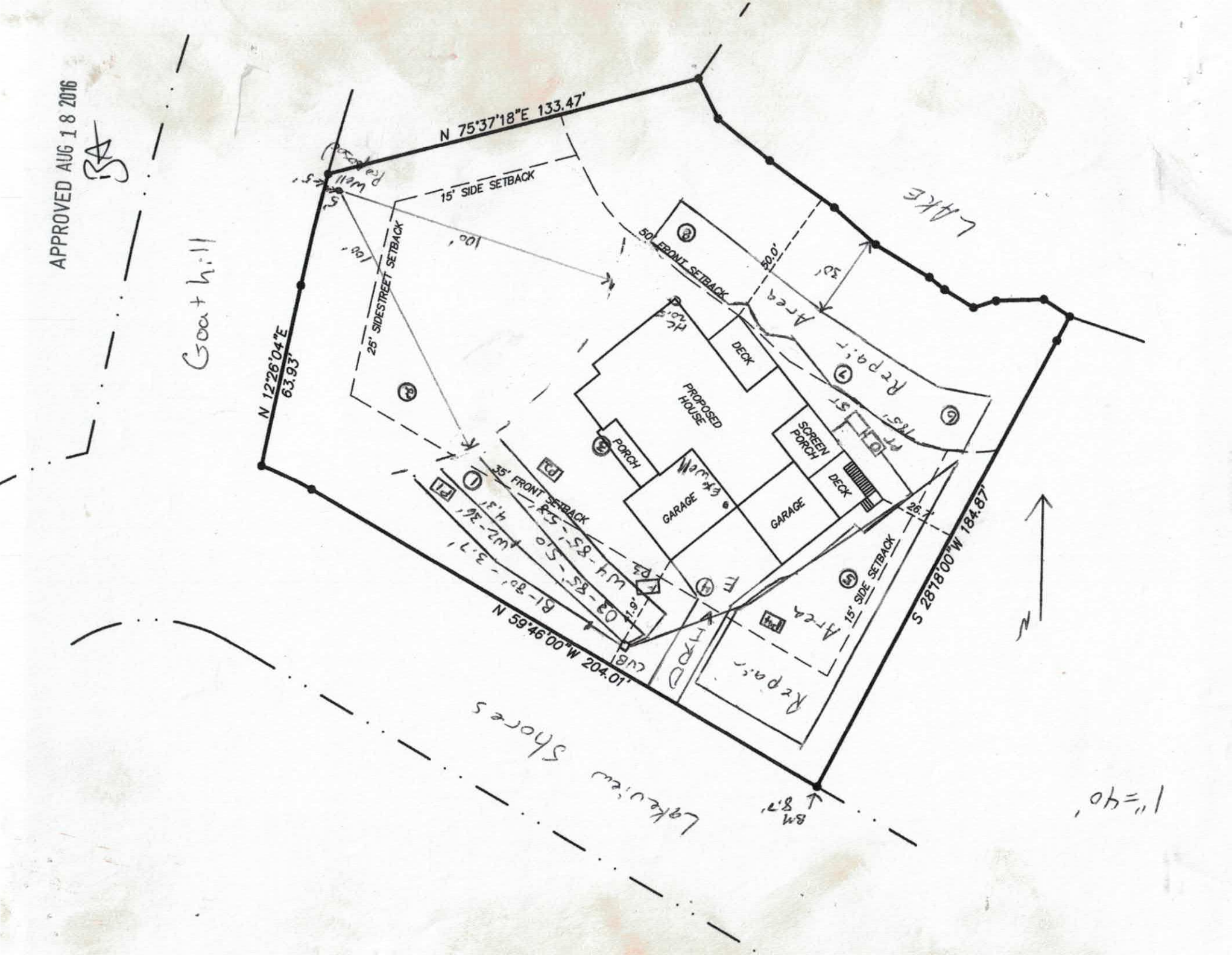
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

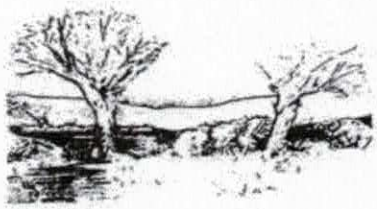
Owner / Applicant Signature: Date: 8/26/16 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: BA Date: APPROVED AUG 18 2016 OPERATION PERMIT by: BA Date: 10-6-17

AUTHORIZATION TO CONSTRUCT by: BA Date: APPROVED AUG 18 2016 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


APPROVED AUG 1 8 2016
N 75°37'18"E 133.47'
15' SIDE SETBACK
25' SIDESTREET SETBACK
50' FRONT SETBACK
N 12°26'04"E
63.93'
PROPOSED HOUSE
DECK
PORCH
SCREEN PORCH
DECK
GARAGE
GARAGE
35' FRONT SETBACK
15' SIDE SETBACK
N 59°46'00"W 204.01'
S 28°18'00"W 184.87'
LAKE
Lakeview Shores
1"=40'



APPROVED AUG 18 2016

BA

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

Reference: Data Sheet for 256 Lakeview Shores Lp, CL&T Sec. 8 Lot 331

House Footprint: 55' x 105'
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.35 GPD/FT2 (initial-ICHD), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip Irrigation
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.8 GPM (64 panels)
Dosing Volume: 230.4 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 19.8'
Friction Head: 4.2'
Pressure Head: 2'
Total Dynamic Head: 26'
Supply Line Length: 135' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: ~~36"~~ 34" (Lowside)
Proposed Trench Width: 24" (8' centers)

Line	Design Length	# Panels	Actual Length	Elevation
Blue 1	80'	18	80'	3.7'
White 2	36'	8	36'	4.3'
Orange 3	85'	19	85	5.0'
White 4	85'	19	85'	5.8'

Initial System: 286' **Repair System:** 5300 FT2
Pump Tank: 18.5' **House Corner:** 20.5' **Benchmark:** 8.7'

APPROVED AUG 18 2016

Comments:

MA&A previously evaluated this property for a 5 bedroom residence. Pits were dug due to the presence of saprolite. We have re-evaluated this property for a specific house plan and altered the layout accordingly. The soils in the initial system area were previously approved by ICHD and we have also evaluated new soil area for a new repair area. The current well must be abandoned and a new well installed. The septic system must be 100' from the new well. The tanks are marked in pink flags. The house is staked and marked in red flagging. Do not cut within 15' of the septic or repair areas. Do not fill over any part of the initial or repair areas. The garage slab must be constructed without a foundation drain. The 100' well radius is marked with red flags and labeled. The tanks will be downslope from the basement foundation. The supply line must cross 30" below the driveway.



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

PROPERTY ID #: 4627217884_
COUNTY: _Iredell_____

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

APPROVED AUG 18 2016
RA

OWNER: _John Johnson_____ APPLICATION DATE_____
ADDRESS: 116 Poplar Grove Rd., Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD____ PROPERTY SIZE: _0.92 AC____
LOCATION OF SITE: 256 Lakeview Shores LP, CL&T sec 8 lot 331_____ PROPERTY RECORDED: _10/1977_____
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)		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	
AB 1	LS 8%	0-24	R C SBK	FR SS SP SEXP	N/A	47"	F-C SAP	N/A	PS 0.35-0.4
		24-47	R CL WSBK	FR SS SP SEXP			PS		
		47-51	VER SL SAP M	VFR SS SP NEXP					
AB 2	LS 8%	0-18	FILL		N/A	48"	N/A	N/A	PS 0.3 NOT IN SYSTEM AREA
		18-30	Br CL WSBK	FR SS SP SEXP					
		30-48	R C SBK	FR SS SP SEXP					
AB 3	LS 8%	0-18	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.35-0.4
		18-36	R CL WSBK	FR SS SP SEXP			PS		
		36-48	VER SL SAP M	VFR SS SP NEXP					
AB 4	LS 8%	0-28	R C SBK	FR SS SP SEXP	N/A	45"	F-C SAP	N/A	PS 0.35-0.4
		28-45	R CL WSBK	FR SS SP SEXP			PS		
		45-48	VER SLSAP M	VFR SS SP NEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	858 FT2	963 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.35	0.35

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

COMMENTS: AB 5-8 WERE EVALUATED IN JULY 2016_____

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 AUG 18 2016 BA

PROPERTY ID #: _4627217884__
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
P 1	LS 8% ✓	0-18	R C SBK	FR SS SP SEXP	N/A	26”	F-C SAP	N/A	PS 0.5-0.6
		18-26	R CL WSBK	FR SS SP SEXP					
		26-60	VER SL SAP M	VFR SS SP NEXP			PS		
P 2	LS 8% ✓	0-24	R C SBK	FR SS SP SEXP	N/A	36”	F-C SAP	N/A	PS 0.35-0.4
		24-36	R CL WSBK	FR SS SP SEXP					
		36-65	VER SL SAP M	VFR SS SP NEXP			PS		
P 3	LS 8% ✓	0-21	R C SBK	FR SS SP SEXP	N/A	36”	F-C SAP	N/A	PS 0.35-0.4
		21-36	R CL WSBK	FR SS SP SEXP					
		36-60	VER SL SAP M	VFR SS SP NEXP			PS		
P 4	LS 8% ✓	0-9	R LS GR	VFR NS NP NEXP	N/A	46”		N/A	PS 0.35-0.4
		9-18	Br SCL WSBK	FR SS SP SEXP					
		18-30	R C SBK	FR SS SP SEXP					
		30-46	R CL WSBK	FR SS SP SEXP			F-C SAP		
		46-60	SL SAP M	VFR SS SP NEXP			PS		
AB 5	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	30”	N/A	N/A	PS 0.3
		3-30	R C SBK	FR SS SP SEXP					

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 AUG 18 2016
BA

PROPERTY ID #: 4627217884
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
AB 6	LS 18%	0-12	Br SL GR	FR SS SP SEXP	N/A	30"	N/A	N/A	PS 0.3
		12-21	Br SCL WSBK	FR SS SP SEXP					
		21-30	R C SBK	FR SS SP SEXP					
AB 7	LS 18%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	30"	N/A	N/A	PS 0.3
		8-30	R C SBK	FR SS SP SEXP					
AB 8	LS 18%	0-16	Br SCL WSBK	FR SS SP SEXP	N/A	30"	N/A	N/A	PS 0.3
		16-30	R C SBK	FR SS SP SEXP					

COMMENTS:

RECEIVED AUG 4 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#216899 Comp. Redraw

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
(X) 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(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application Paid $500.00 8-26-16

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable

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

Applicant Information:

Applicant Name: Robin LeCurci **Address:** 256 Lakeview Sh Lp, Mooresville NC 28117 Matt Johnson Bldr 704 309 5488 **Phone:**

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

Property Information:

Street Address: 256 Lakeview Sh Lp

Subdivision Name: CL+T **Section/Phase:** 8 **Lot Number:** 331

Driving Directions: BSR, TR McKendree, TR Lakeview Sh, 6th Rt @ Corner with Goat Hill

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: 5
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

(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 (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: _____ 8/4/2016

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

IREDELL COUNTY HEALTH DEPARTMENT

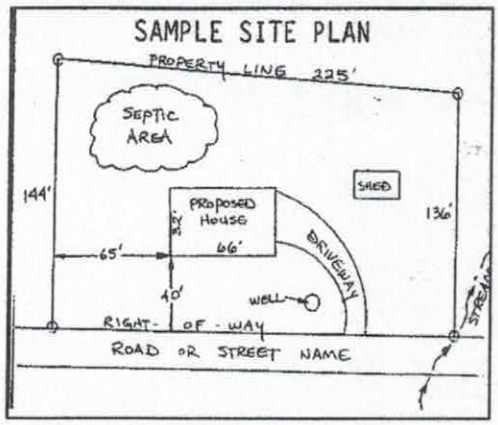
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____

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

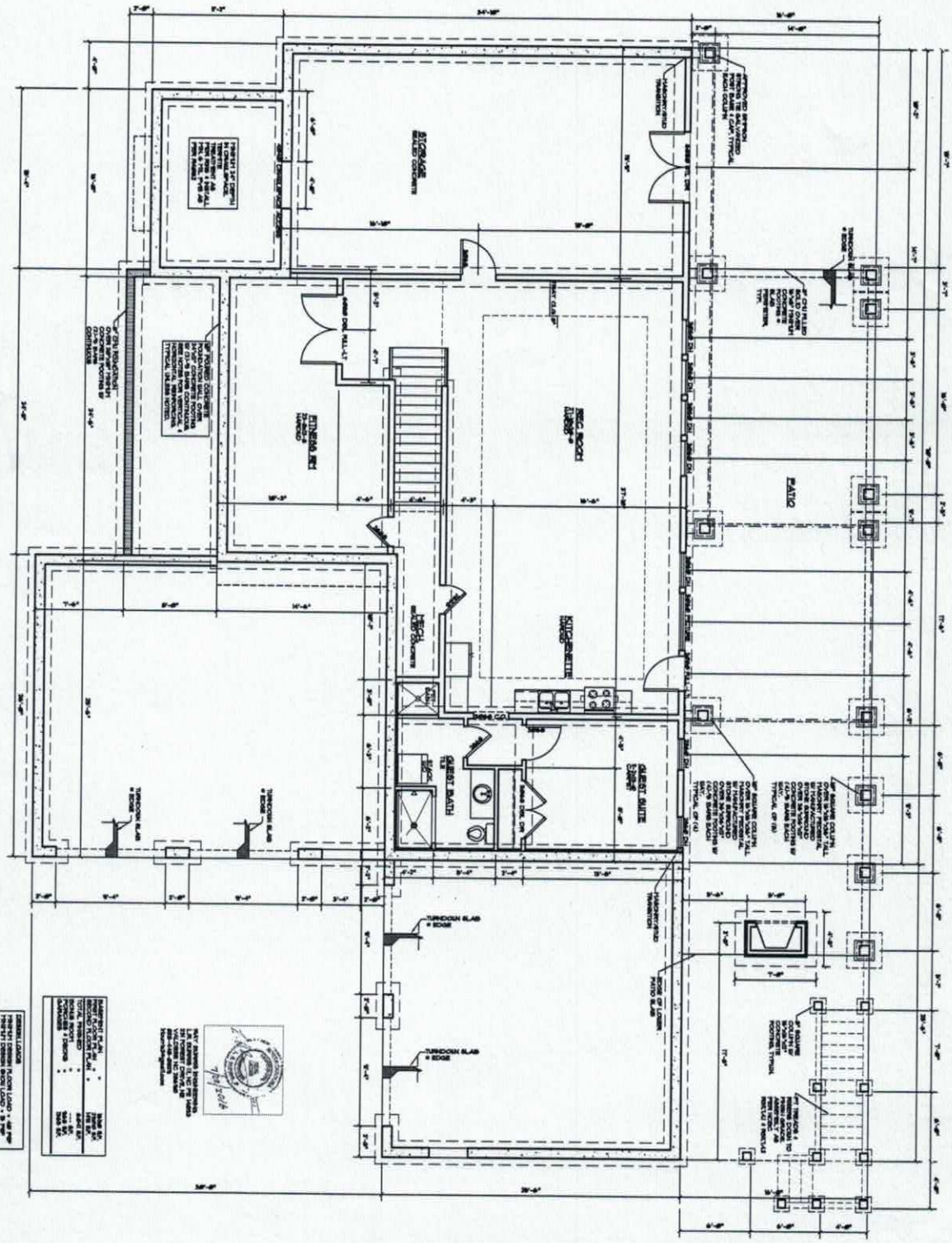
8/4/2016

DATE

Acknowledgement of
Plans Submittal ONLY!

Date 6-18-16

Date 6/16/16



BASEMENT PLAN/
FOUNDATION PLAN

PROJECT NAME:

CURCI RESIDENCE

256 LAKEVIEW SHORES LOOP

MOORESVILLE NORTH CAROLINA

SHEET NO.
A-1

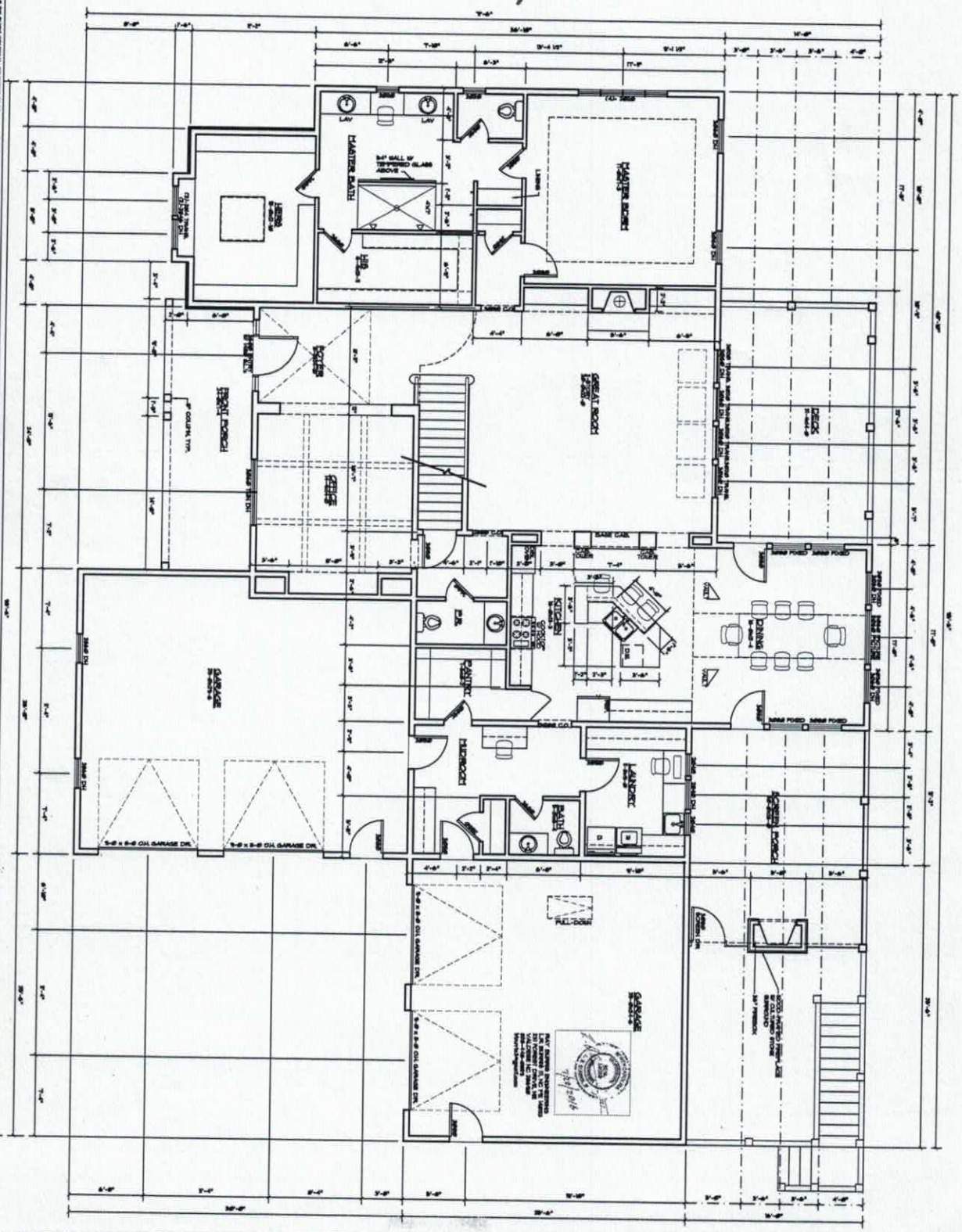
CORNERSTONE
HOME DESIGNS, LLC.

JOEL L. DAVIS- DESIGNER
PHONE: 828-638-2500
EMAIL: CHDLLC@GMAIL.COM
www.nchomedesign.com

Acknowledgement of
Plans Submittal ONLY!

Date 6-1876

Date 6/20/16



FIRST FLOOR PLAN

NOTE: RELEVIN TO VERIFY ALL DIMENSIONS

PROJECT NAME:

CURCI RESIDENCE

256 LAKEVIEW SHORES LOOP

MOORESVILLE NORTH CAROLINA

SHEET NO. A-3

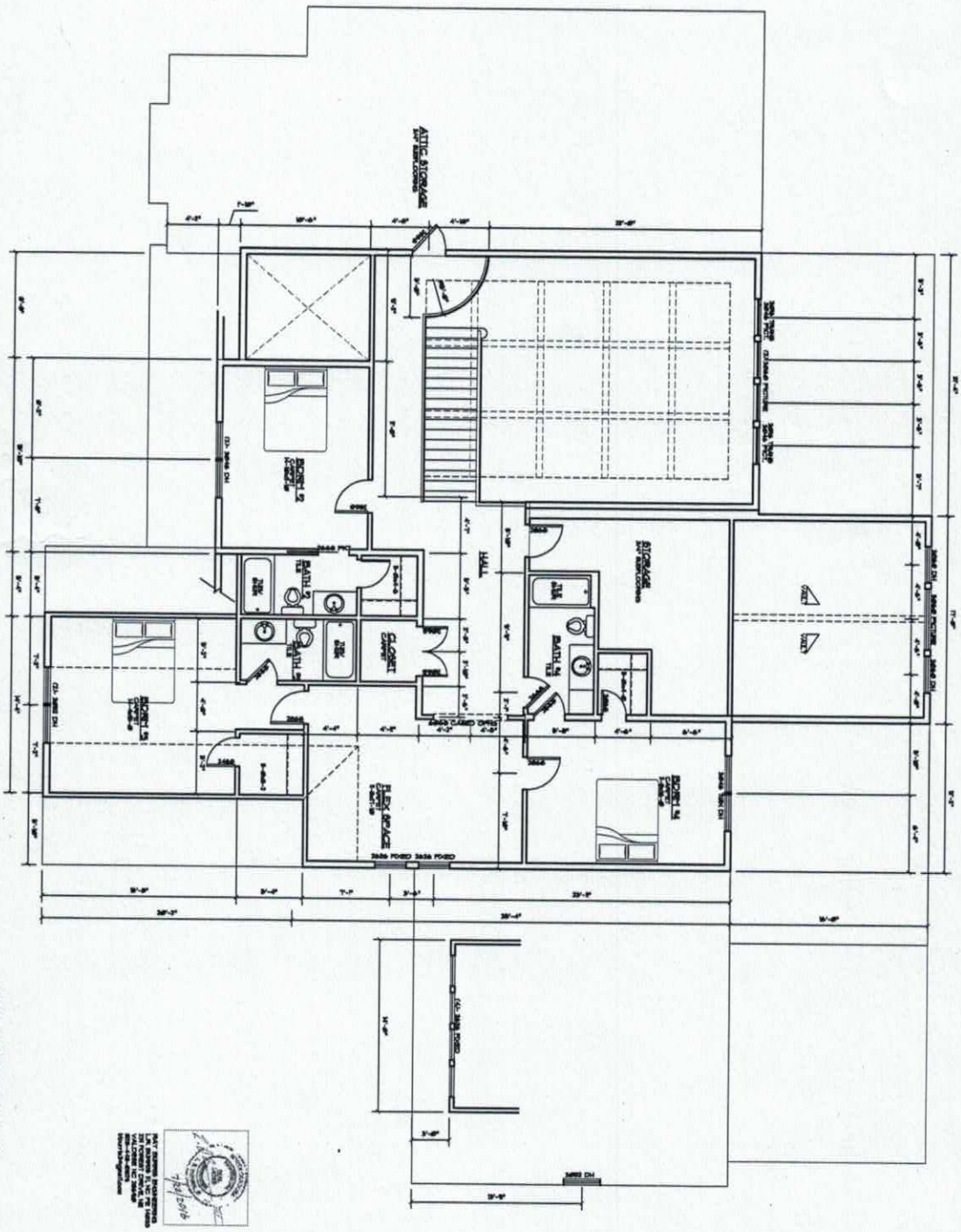
CORNERSTONE HOME DESIGNS, LLC.

JOEL L DAVIS- DESIGNER
PHONE: 828-638-2866
EMAIL: CHDLLC@GMAIL.COM
www.chomedesign.com

Acknowledgement of
Plans Submittal ONLY!

Date 6-18-16

Date 6/22/16



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

NOTE: REFER TO VERIFY ALL DIMENSIONS

SHEET NO.	REVISIONS	BY
A-5		

DRAWN BY: JLD

CONTRACTOR:

PROJECT NO: MAN CURCI

PROJECT NAME:

CURCI RESIDENCE

256 LAKEVIEW SHORES LOOP

MOORESVILLE NORTH CAROLINA

CORNERSTONE HOME DESIGNS, LLC.

JOEL L. DAVIS- DESIGNER

PHONE: 828-638-2500

EMAIL: CHDLLC@GMAIL.COM

www.nchomedesign.com