RECEIVED JUN 1 2015

Paid $250.00 Statesville

6/17/15 Site Visit
Sewage surfacing from turn up

6/18/15
Hole in turn up. Jack Moore replaced pipe.

210922

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Frank DeFelice Address: 232 Paradise Peninsula Rd Phone: 704 664 2316

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 232 Paradise Peninsula Rd

Subdivision Name: CL&T Section/Phase: 10 Lot Number: 199

Driving Directions: West on NC 150 @ Exit 36 I77 4 miles
P.P. on left 232 ½ mi in on RT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) 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: _____

PAID Credit Card 6/1

Water Supply:

( ) 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: 2010
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: LPP

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: J. DeFelice, Ph.D
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

June 1, 2015
DATE

IREDELL COUNTY HEALTH DEPARTMENT

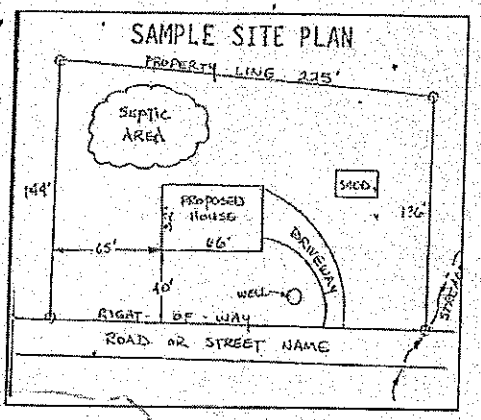
ENVIRONMENTAL HEALTH DIVISION

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

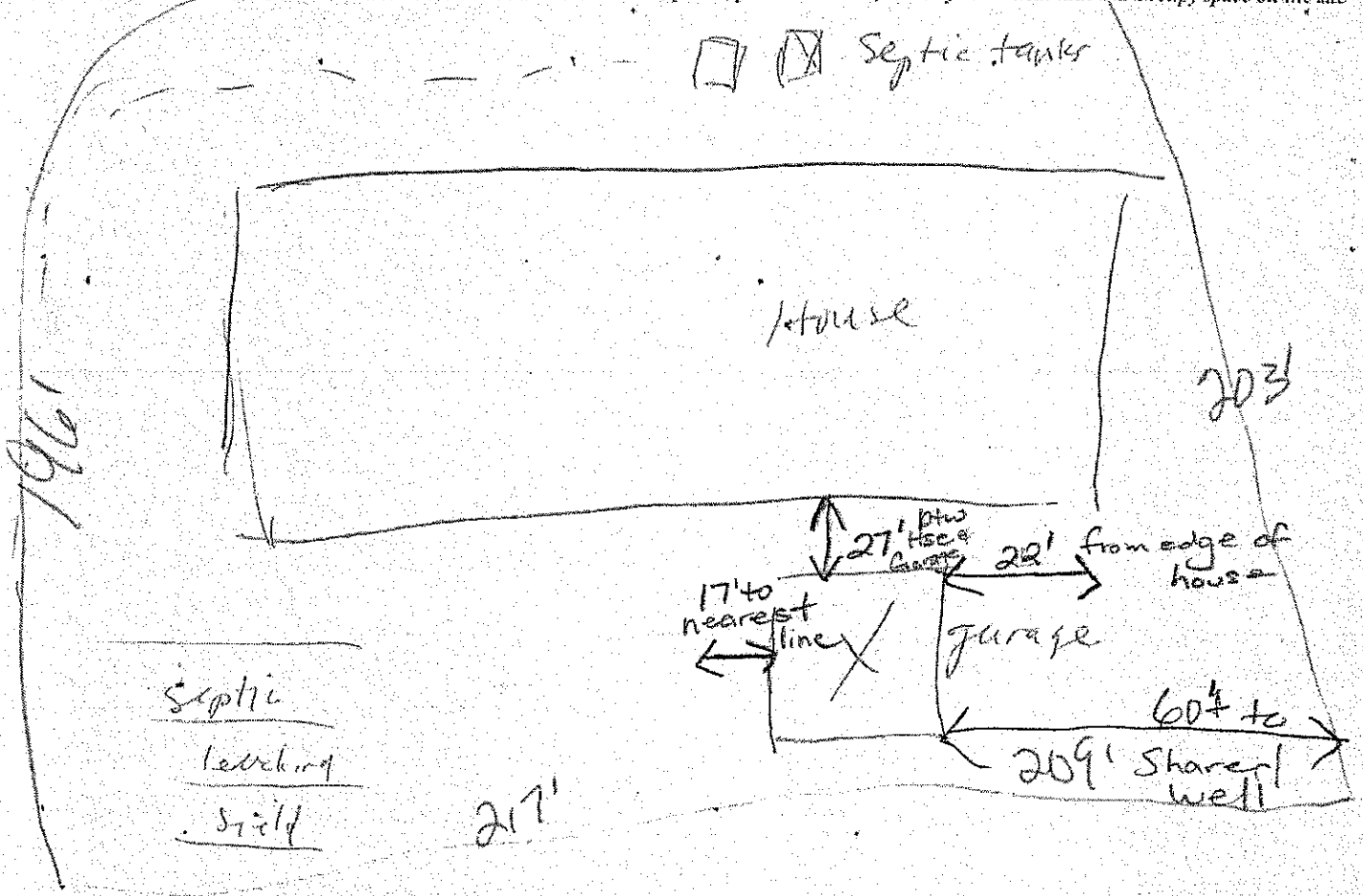


Circle N/A on the following if appropriate:

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



Signature: A. DeFelice MD - P.P. Rd. Jan 7, 2015

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

10-00

PERMIT# 120527 PIN# 4627683105

OWNER OR APPLICANT Frank DeFelice

ADDRESS 222 Paradise Pnsl PHONE: Business 704.664.2316 Home same

LOCATION 150 w. TL Paradise Peninsula, at end on st. DATE 8/20/08

SUBDIVISION CL&T BLOCK / SECTION 10 LOT 199 LOT AREA 0.83 acres SITE CLASS. P.S. DESIGN FLOW 480 gpd R. 0.3

Septic Tank: 1500 Gallons; STB 6-18-08 Date 6338

Pump Tank: 1500 Gallons; PT 477 Date 5-19-08

Pump Make: Liberty Model LEA7183 Serial No. 3/4 HP

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 270

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth — ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement

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

Water Supply: ☒ Individual/Shared ☐ Public ☐ Community

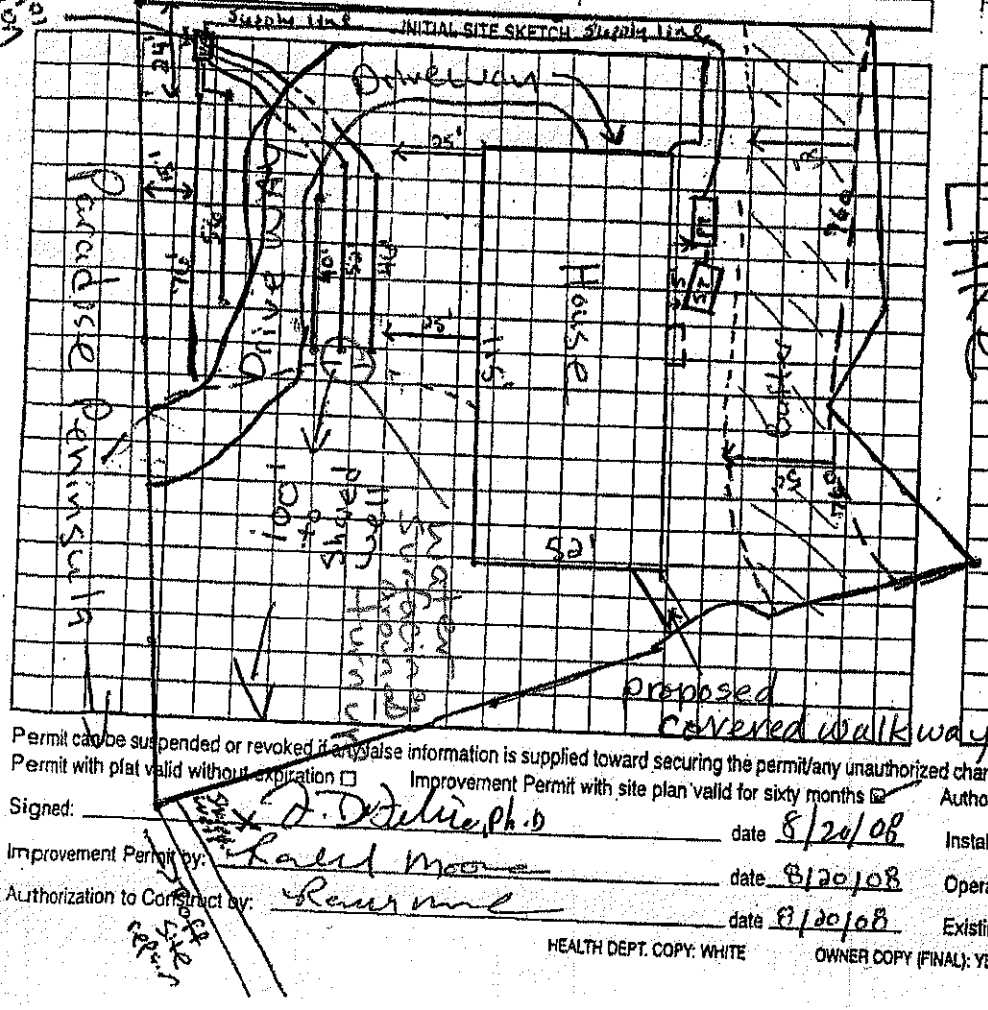
Comments/Conditions: * maintain all setbacks. Install on contour

Comments/Conditions: * Top line 15' from property line

* Value box, 10' from site protector

* Sleeve over lines under drive

INITIAL SITE SKETCH



AS BUILT SKETCH

Final System Line Lengths

Top line – 76'

2nd line – 56'

3rd line – 40'

4th line – 52'

bottom line – 46'

Symtek Filter

The proposed / existing covered walkway addition does not appear to impact the existing septic system.

**NOTE:

Andy Melville R.S.

Date: 2-26-13

ICHD-Environmental Health Division

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: * D. DeFelice, Ph.D date 8/24/08

Improvement Permit by: Randi Moore date 8/20/08

Authorization to Construct by: Randi Moore date 8/20/08

Installed by: A-1

Operation Permit by: Randi Moore date 3/5/09

Existing System Inspection by: date

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

* BUILT COVERED WALKWAY IN 2013, BUT FAILED TO PULL BLDG PERMIT FOR IT. APPLIED FOR BLDG PERMIT ON 2/09/22-IA 2015

Adrian

VIA FACSIMILE 704 662 3239 1 OF 3

TO: ADRIENNE @ ENVIRONMENTAL HEALTH DEPARTMENT

FROM : FRANK DE FELICE

DATE : JUNE 9, 2015

INRE : PERMIT TO RE-BUILD GARAGE @ 232 PARADISE PENINSULA RD.

The next page is a drawing of lot 199 done by your permitting department that shows the garage right out front of the house.

The following page is an aerial photo taken by your zoning department. It also shows the garage connected by the walkway to the house.

Why the man who drew the plan you have on file did not include it we can not explain.

Jack Moore who is the operator of our septic system said he will call Adrian Pruett today to certify that this garage that was on that exact same spot for 20 years does not impinge on any of the septic system area.

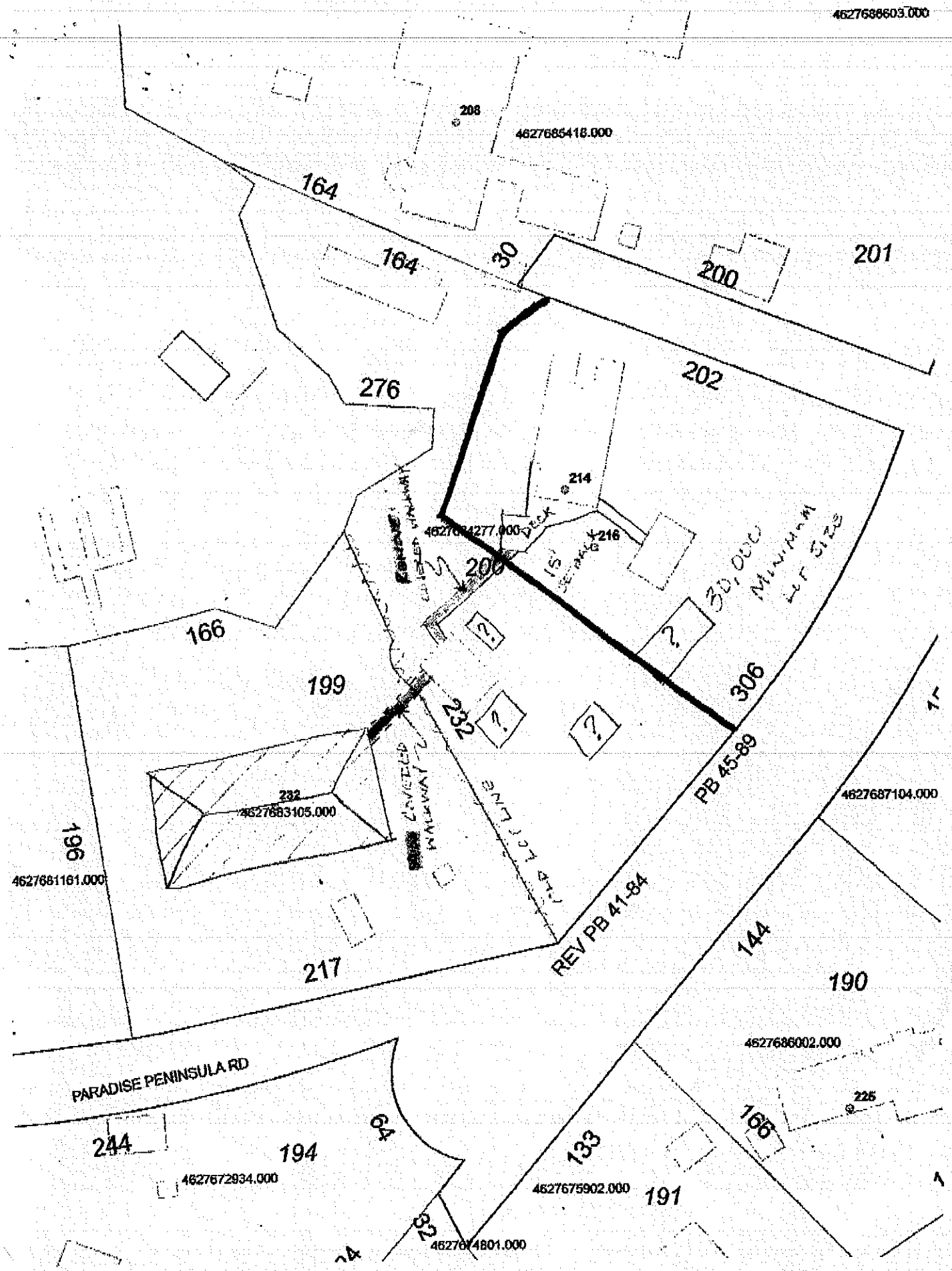
Please show Mr. Pruett this data, and if Mr. Pruett agrees with what they show, ask him to call the permitting department so that they will issue us a permit.

No permit

PLEASE AND THANK YOU.

Jack Moore is supposed to call you about this.
Homeowner doesn't understand why we have to inspect. He spoke to Adrienne & me. No record in database, not sure about file.

001 06/09/2015 14:18 FAX


4627686603.000
208
4627685418.000
164
164
30
200
201
276
202
214
4627684277.000
216
200
15' SETBACK
30,000 MINIMUM LOT SIZE
166
199
232
306
232
4627683105.000
PB 45-89
4627687104.000
196
4627681161.000
REV PB 41-84
144
217
190
4627686002.000
PARADISE PENINSULA RD
225
244
194
64
133
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191
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