ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316430

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

PIN # 4627-75-2601

APPLICANT/OWNER: Drew Lovette | APPLICANT ADDRESS: 915 River Hwy Unit A-1 Mooresville, NC 28117

SITE ADDRESS: 165 Hogan Ln Mooresville NC 28117 | PHONE: 704 287 8824 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TL Paradise Peninsula TL Green Bay TR Hogan Ln on right near end

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C & T | SECTION: 10 | LOT #: 139 | LOT AREA: 1.616 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3 / .125 Rep

Septic Tank	1000 (gal)	STB	760	Date	3/18/22	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	760	Date	3/18/22	System Description: Gravity PPBPS + Existing Conv. Bed				☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	136'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth (Low side) max	32"	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☒ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Note: Variance to allow house closer than 35ft to front PL is attached.

Existing well needs to be abandoned prior to Authorization to Construct. Well Abandoned 7/1/24

INITIAL SITE SKETCH

See attached approved Septic Plan by Michael Athanas & Assoc. (dated 6/3/21)

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.

As Built Attached

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: _____ Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/14/21 OPERATION PERMIT by: D. McBey Date: 5/12/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/6/21 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? _____	

PROPERTY ID #: 4627752601
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gary Miller APPLICATION DATE
ADDRESS: 603 Mazeppa Rd, Mooresville, NC 28115 DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.616 AC
LOCATION OF SITE: 165 Hogan Ln, CL&T Sec 10 Lot 139 PROPERTY RECORDED: 5/9/1977
WATER SUPPLY: X Private X Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X 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	
PIT 1	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	N/A	57"	F-C SAP @ 55"	N/A	PS 0.3
		4-16	R C SBK	FR SS SP SXP					
		16-57	R CL WSBK	FR SS SP SXP					
PIT 2	LS 12%	0-14	R C SBK	FR SS SP SXP	N/A	47"	PS	N/A	PS 0.3
		14-47	R CL WSBK	FR SS SP SXP					
		47-61	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 12%	0-12	FILL		N/A	36"	F-C SAP PS	N/A	PS 0.3 No Fill observed
		12-18	Br CL WSBK	FR SS SP SXP					
		18-36	R CL WSBK	FR SS SP SXP					
		36-45	VER SL SAP M	FR SS SP SXP					
PIT 4	LS 12%	0-14	R C SBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		14-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys + 272 FT^2	2600 FT^2
System Type(s)	Ex Sys + PPBPS	TSII DRIP
Site LTAR	0.3	0.125

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: _4627752601___
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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 12%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		3-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 8%	0-28	FILL		N/A	8"		N/A	NOT IN SYSTEM AREA
		28-36	R C SBK	FR SS SP SXP					
		36-55	VER SL SAP M	FR SS SP SXP			PS		

COMMENTS:_____

RECEIVED JUN C 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

$350.00 AP-316430

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Drew Lovette **Address:** 915 River Hwy, Unit A-1, Mooresville, NC **Zip:** 28117
Applicant Email: _____ **Phone:** 704-287-8824 **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 165 Hogan Ln
Subdivision Name: CL&T **Section/Phase:** 10 **Lot Number:** 139
Driving Directions: _____

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

(X) 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
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
(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: _____ 4/6/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

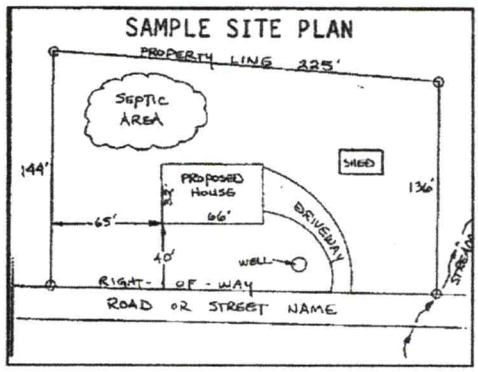
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 4/6/2021

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Richard Lovette, am the legal owner(s) of the property located at 165 Hyena Ln Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, Richard Athanas Lovette, 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.

	4-23-21		4.23.21
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

COUNTY OF IREDELL
STATE OF NORTH CAROLINA

ORDER GRANTING A VARIANCE

The Zoning Board of Adjustment for the County of Iredell, having held a public hearing on May 20, 2021 to consider application number BOA Case No. 210415-1 to use the property located at 165 Hogan Lane, Mooresville – PIN # 4627752601 in a matter not permissible under the literal terms of the ordinance, and having heard all of the evidence and arguments presented at the hearing, makes the following FINDINGS OF FACT:

1. The request is for relief of 9 feet from the 35-foot front setback per Section 2.7 of the Iredell County Land Development Code to allow a proposed new home to be located 20.71 feet from the front property line.
2. The property is .616 acres located at 165 Hogan Lane in Mooresville, NC; more specifically identified as PIN# 4627752601.
3. The property is currently zoned RR (Resort Residential).
4. The application was filed on 3/3/21.
5. The adjoining property owners were notified on 3/22/21.
6. The property was posted on 3/22/21.

The Board went over the **VARIANCE** check sheet and made additional Findings as follows:

1. There are special circumstances or conditions affecting the property such that the strict application of the provisions of the Ordinance would cause unnecessary hardship. The Board voted this to be **TRUE** by a margin of **7-0** based upon the following evidence submitted into the record:
   a. Shape of lot and setback when lot was recorded.
   b. Homeowner's willingness to work with the County.

2. The circumstances giving rise to the need for the variance are peculiar to the parcel and are not generally characteristic of other parcels in the County's jurisdiction. The Board voted this to be **TRUE** by a margin of **7-0** based upon the following evidence submitted into the record:
   a. Narrow building envelope and shape of lot.

3. The hardship suffered is NOT a result of the applicant's or property owner's own actions. The Board voted this to be **TRUE** by a margin of **7-0** based upon the following evidence submitted into the record:
   a. Applicant making it as conforming as possible.
   b. Different setbacks from when lot was recorded.

4. The granting of the variance will be consistent with the spirit, purpose, and intent of the Ordinance, such that the public safety is secured and substantial justice is achieved. The Board voted this to be **TRUE** by a margin of **7-0** based upon the following evidence submitted into the record:
   a. Justice is achieved by granting variance.
   b. Public safety would not be affected.

THEREFORE, based upon all the foregoing, it is ORDERED that the application for the VARIANCE is **GRANTED,** based on the Findings of Fact, and the evidence submitted.

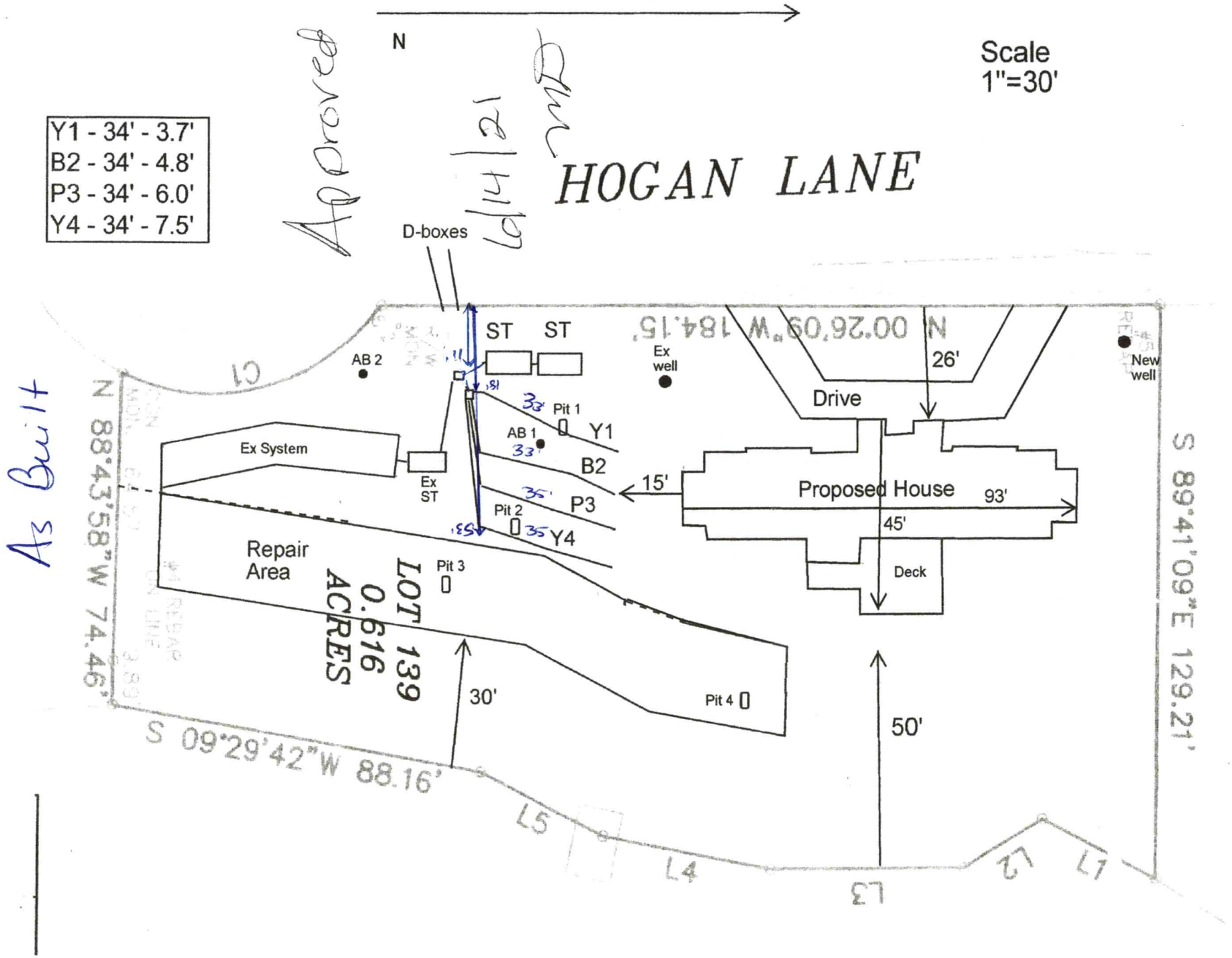
Rebecca Harper
Planner III

May 21, 2021
Date of Order

Roy West
Chairman

May 21, 2021
Date of Order

NOTE: If you are dissatisfied with the decision of this Board, an appeal may be taken to the Superior Court of Iredell County within thirty (30) days after the date of this order. See Section 12.2.6 of the Iredell County Land Development Code.


Approved
6/14/21
2nd
N
Scale
1"=30'
Y1 - 34' - 3.7'
B2 - 34' - 4.8'
P3 - 34' - 6.0'
Y4 - 34' - 7.5'
HOGAN LANE
D-boxes
As Built
ST
ST
AB 2
Ex well
New well
Drive
26'
Pit 1
Y1
AB 1
B2
Ex System
Ex ST
15'
Proposed House
93'
45'
Pit 2
P3
Y4
Repair Area
Pit 3
Deck
LOT 139
0.616
ACRES
30'
50'
Pit 4
N 88°43'58"W 74.46'
S 09°29'42"W 88.16'
S 89°41'09"E 129.21'
L5
L4
L3
L2
L1