ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321454

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

PIN # 4628 -- 62 -- 8086

APPLICANT/OWNER: Jim Chiappetti | APPLICANT ADDRESS: 124 Sienna Lane, Mooresville

SITE ADDRESS: 125 Shelter Cove Ln, Mooresville 28117 | PHONE: 704-241-0687 | ALT. PHONE 704-252-4369

SITE DIRECTIONS: 150 West - Pinnacle Shores - Shelter Cove Ln | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pinnacle Shores | SECTION: - | LOT # 29 | LOT AREA: 0.66 | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	3/12/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction gravity			
Pump Make			Model		Serial #		Repair System Description:	LPPBPS			
# Nitrification Fields	1		# Lines	4	Linear Ft	400 FT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in		Trench Bottom Depth (~~Low side~~)	36 in (max)	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

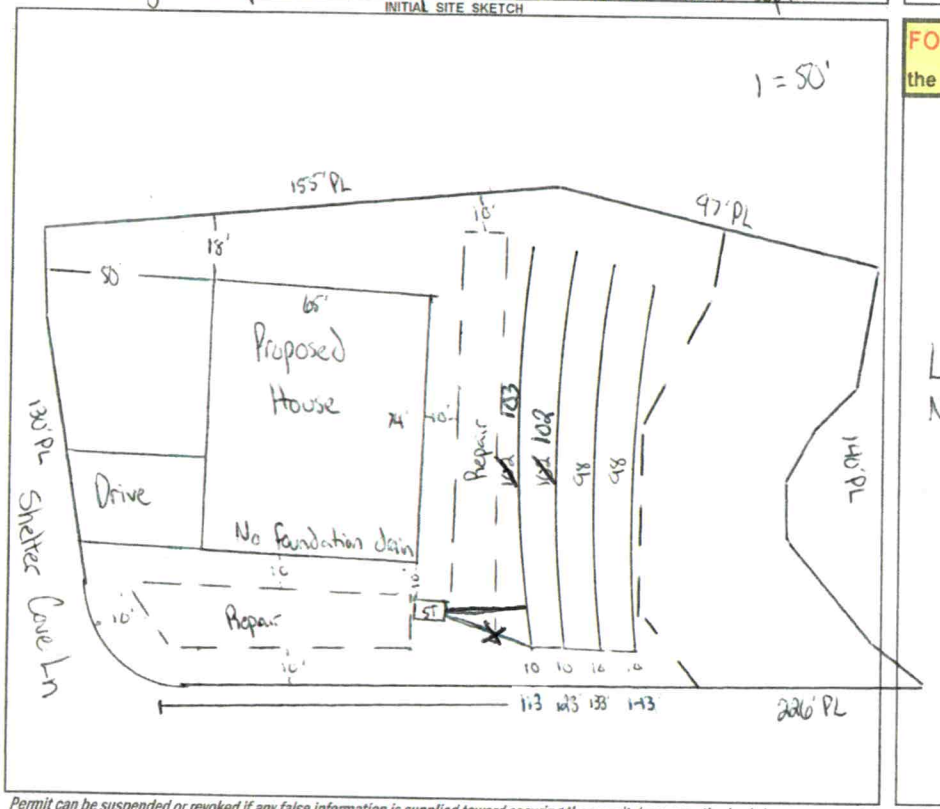
☒ Residence | No. Bedrooms 4 | ☐ Business | No. Persons 8 | ☐ Other | No. Employees | ☐ Slab | ☒ Crawl Space | ☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install drainlines on contour of land. Utilize serial distr. Button. 50' buffer must be marked during install. Do not park, drive, or grade septic area. Keep water line 10' feet from septic.

House must be Constructed inside house area on plan. Do not disturb repair.

INITIAL SITE SKETCH



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.

Installed as Drawn

Lake Norman

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: Chiappetti Date: 11/4/21 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Cary Whit Date: 11/3/21 OPERATION PERMIT by: Cary Whit Date: 4/20/23

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 5/23/22 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4628623086
COUNTY: Iredell

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

OWNER: Jim Chiappelli
ADDRESS: 124 Sienna Ln
APPLICATION DATE 8/17/21
DATE EVALUATED: 10/4/21
PROPOSED FACILITY: 4 bdr Home
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.66 acres
LOCATION OF SITE: 125 Shelter Cove Ln, Mooresville
PROPERTY RECORDED: Yes
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) .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
1	Side 9%	0 - 7	SCL SBK	SS SP FR SE	–	53	SAP inc in CL layer	–	.3 PS
		7 - 40	C SBK	SS SP FR SE					
		40 - 53	CL SBK	SS SP FR SE					
2	Side 11%	0 - 9	SCL SBK	SS SP FR SE	–	55	SAP inc in CL layer	–	.3 PS
		9 - 32	C SBK	SS SP FR SE					
		32 - 55	CL SBK	SS SP FR SE					
3	Side ~~20~~%	0 - 11	SCL SBK	SS SP FR SE	–	58	SAP inc in CL layer	–	.3 PS
		11 - 41	C SBK	SS SP FR SE					
		41 - 58	CL SBK	SS SP FR SE					
4	Side 11%	0 - 9	SCL SBK	SS SP FR SE	–	52	SAP in in CL layer	–	.3 PS
		9 - 32	C SBK	SS SP FR SE					
		32 - 52	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	50% red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wrucker
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED MAY 1 2 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Chad Holloway **Address:** 186 Carriage Rd Statesville **Zip:** 28677
Applicant Email: whitleycoast.chad@gmail.com **Phone:** 704-746-7094 **Alt. Phone:**
Owner Name: Tim Chiappelli **Address:** 124 Sienna Ln Mooresville NC **Zip:** 28115
Owner Email: **Phone:** 704-241-0687 **Alt. Phone:**

Property Information:

Street Address: 125 Shelter Cove Lane Mooresville NC 28117
Subdivision Name: Pinnacle Shores **Section/Phase:** — **Lot Number:** 29
Driving Directions: Hwy 150 west, TR onto Pinnacle Shores, TR onto Shelter Cove Lot on the left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

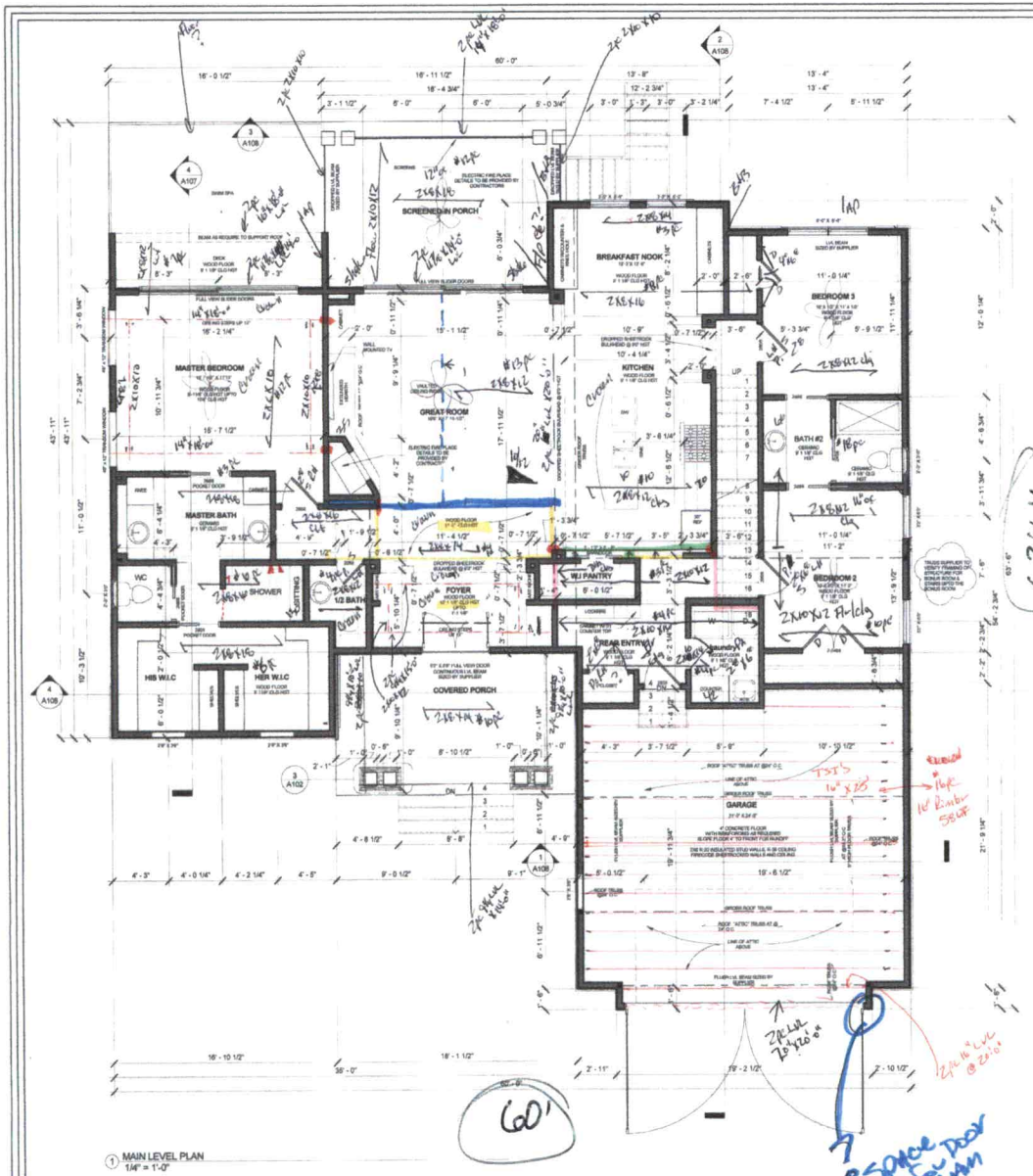
Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: Chad Holloway — 5/11/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



1 MAIN LEVEL PLAN
1/4" = 1'-0"

Home plans professionally modified by ISP INTERNATIONAL SCIENCE PARTNERS, LLC

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS.
- DIMENSIONS ARE FROM EXTERIOR FACE OF CONCRETE FOUNDATION WALLS AND CENTERLINE OF INTERIOR PARTITIONS.
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THIS PLANS ARE ACCURATE AND COMPLETE, THE OWNER/ BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY NOTATIONS OF SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SIZING, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES, ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND BIDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- ANDERSEN 400 WOODWRIGHT DOUBLE-HUNG SERIES
  -STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
-WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-11 3/8" (U.N.O.)
-BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHT

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIN L/480 DEFLECTION OF LESS
-TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCT WORK
-TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
-TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 9' 1 1/8" PLATE HEIGHT (U.N.O.)
-2X6 WALLS AT ALL POCKET DOORS
-PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES BEARING POINT LOAD
- PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

DOOR SCHEDULE SYMBOL

2468 REPRESENTS A 2'4" WIDE X 6'8" HIGH DOOR

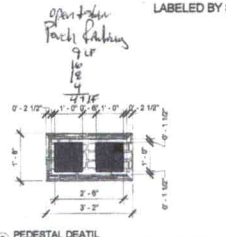
+++STRUCTURAL NOTICE+++

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1969.5 SQUARE FEET MAIN LEVEL
414 SQUARE FEET ATTIC

2383.5 SQUARE FEET TOTAL

MAIN FLOOR PLATE HGT	9'- 1 1/8"
GARAGE PLATE HGT	SEE SECTIONS
ROOF PITCH	SEE ROOF PLAN
MAIN FLOOR SYSTEM	18" FLOOR TRUSSES @19.2" O.C.
BONUS ROOM	IN ROOM ATTIC TRUSS @ 24" O.C.
FOUNDATION WALLS	POURED CONCRETE
WINDOWS	LABELED BY SIZE ONLY



3 PEDESTAL DEATIL
1/2" = 1'-0"

ORIGINAL AND DERIVATIVE COPYRIGHT CHANG EXCLUSIVELY BY ORIGINAL DESIGNER

1. PURCHASER IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL BUILDING CODES AND ORDINANCES.
2. ORIGINAL DESIGNER MAY NOT BE HELD RESPONSIBLE FOR SITE CONDITIONS, OR FOR THE USE OF THESE DRAWINGS DURING CONSTRUCTION.
3. PRIOR TO PROCEEDING WITH CONSTRUCTION, BUILDER IS RESPONSIBLE FOR VERIFYING ALL DIMENSIONS, AND ANY DISCREPANCIES ARE TO BE BROUGHT TO THE ATTENTION OF ORIGINAL DESIGNER.
4. DRAWINGS ARE NOT TO BE SCALED. ALL DIMENSIONS ARE TO BE VERIFIED IN THE FIELD.
5. VERIFY ALL STRUCTURAL ELEMENTS WITH LOCAL ENGINEER AND BUILDING OFFICIAL. STRUCTURAL SIZES FOR FRAMING, PIER MONITOR, RETAINING WALLS, ETC. ARE TO SERVE AS A GUIDE ONLY.

RESIDENCE OF JIM & LYNN CHIAPELLI

Acknowledgement Of A102

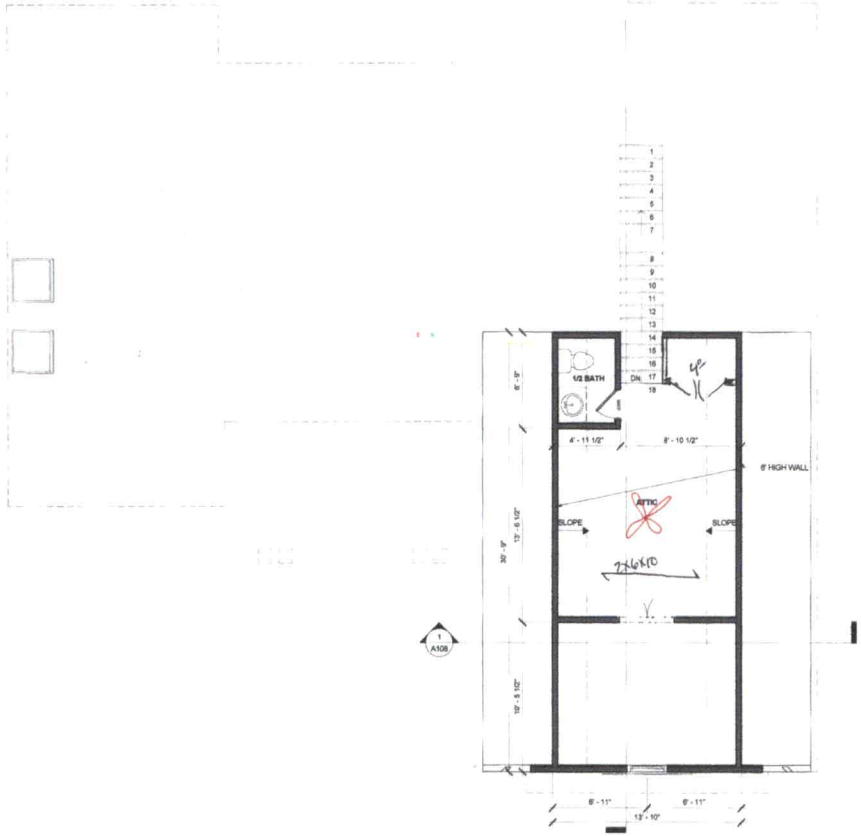
Plans Submittal ONLY!

Date 5/12/2022

Date 5/22/22

Acknowledgement Of
Plans Submittal ONLY!
Date 5/12/2022
Date 5/22/22

Home plans professionally modified by:
ISP
380 S Atlantic Ave #6, Ormond Beach, FL 32176



1 ATTIC LEVEL PLAN
1/4" = 1'-0"

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DOOR SCHEDULE SYMBOL

2468 REPRESENTS A 2'4" WIDE X 6'8" HIGH DOOR

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, HEEL HEIGHTS AND OTHER CONDITIONS CRITICAL TO PROPER TRUSS FABRICATION.

ANY STRUVTURAL COMPONENTS THAT MAY NOTED ON THESE PLANS ARE INTENDED FOR DESIGN/BID PURPOSE ONLY.
IT IS RECOMENDED THAT ALL STRUCTURAL DESIGN ELEMENTS BE REVIEWD BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AND LAYOUT TO BE PROVIDED BY YOUR LOCAL TRUSS SUPPLIER

+++STRUCTURAL NOTICE+++

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

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BONUS ROOM	IN ROOM ATTIC TRUSS @ 24" O.C.
FOUNDATION WALLS	POURED CONCRETE
WINDOWS	LABELED BY SIZE ONLY

0' 2' 4' 8' 16'

A103

ORIGINAL AND DERIVATIVE COPYRIGHT OWNED EXCLUSIVELY BY ORIGINAL DESIGNER

1. PURCHASER IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL BUILDING CODES AND ORDINANCES.
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4. PURCHASER IS RESPONSIBLE FOR HIRING PLANS REVIEWED BY A QUALIFIED BUILDING CONTRACTOR.
5. HIRING ALL STRUCTURAL ELEMENTS WITH LOCAL ENGINEER AND BUILDING OFFICIAL. STRUCTURAL NEED FOR FRAMING, FOUNDATION, RETAINING WALLS, ETC. ARE TO SERVE AS A GUIDE ONLY.

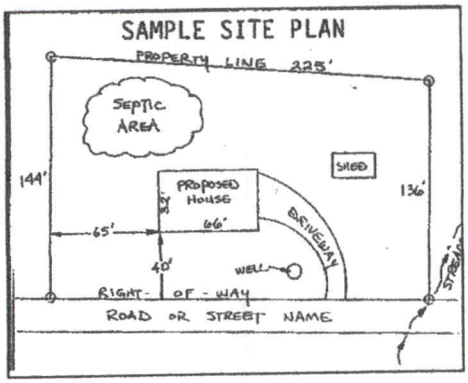
RESIDENCE OF JIM & LYNN CHIAPELLI

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 I/P

Signature: Chad Hale
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/11/2022
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

X 2. I, Jim Chiappelli, am the legal owner(s) of the property located at 125 Shelter Cove Lane, identified as PIN (Parcel Identification Number) 4628-62-8086, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Whitley Construction, Chad Holloway, 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.

Jim Chiappelli
Signature of Owner(s)

5-11-22
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

CamScanner

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

CH **Complete all Environmental Health forms:**

CH Application
CH Site Plan including the dimensions of proposed structure, addition, pool etc.
CH Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
CH Copy of Zoning Permit when applicable
CH Sign this sheet after you have completed all items

CH **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

CH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

CH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

CH **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Chad He **Date** 5/11/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

11/3/2021

Owner: Jim Chiappelli
Address: 124 Sienna Ln, Mooresville, NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 115 Foxglove Dr, Statesville, NC 28625 Permit 314574

I, _____, 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 _____ for a system:
(permit date)

Type III_ at Address : 115 Foxglove Dr, Statesville, NC 28625 Permit 314574

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

Jim Chiappelli
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 321454

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

PIN # 4628 -- 62 -- 8086

APPLICANT/OWNER: Jim Chiappetti APPLICANT ADDRESS: 124 Sienna Lane, Mooresville

SITE ADDRESS: 125 Shelter Cove Ln, Mooresville 28117 PHONE: 704-241-0687 ALT. PHONE 704-252-4369

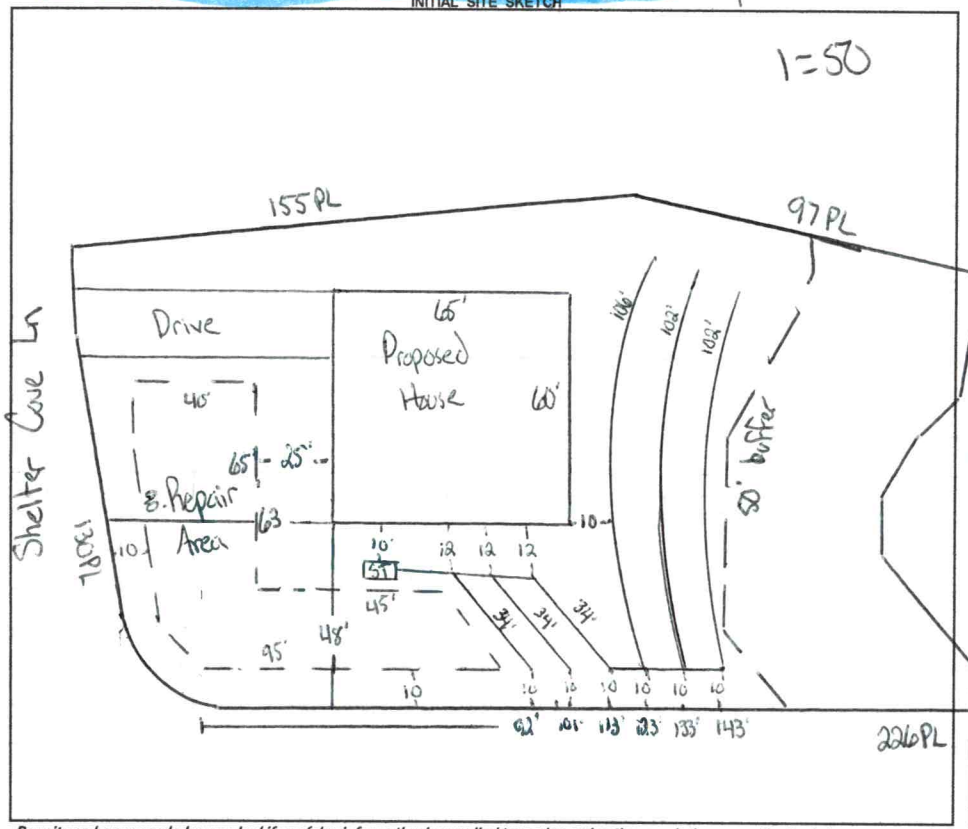
SITE DIRECTIONS: 150 West - Rt Pinnacle Shores - Rt Shelter Cove Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pinnacle Shores SECTION: – LOT # 29 LOT AREA: 0.66 DESIGN FLOW: 480 GPD L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	**Water Supply**				
Pump Tank		(gal)	PT		Date		System Description:	25% reduction gravity				☐ Business	No. Persons	8	☐ Private				
Pump Make		Model			Serial #		Repair System Description:	LPPBPS				☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	6		Linear Ft	400 Ft	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☒ Community				
Trench Width	36 in	Trench Bottom Depth(~~Low side~~)			36" (max)		Gravel Depth	–	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: Install drainlines on contour of land. Do not park, drive, or grade septic area. Utilize serial distribution. 50' buffer must be marked during install. Keep water line 10ft from septic.

INITIAL SITE SKETCH



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.

REVOKED

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: Jim R Chiappetti Date: 10/12/21 Installed by:

IMPROVEMENT PERMIT by: Cory Wink Date: 10/6/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

CW

RECEIVED OCT 18 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

limited ☒ septic redraw **APPLICATION FORM** AP-321454 $105.00

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

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)

Applicant Name: Jim + Lynn Chiappelli **Address:** 125 Shelter Cove Ln **Zip:** 28117

Applicant Email: chiappelli@aol.com **Phone:** 704-252-4369 **Alt. Phone:** 704-241-0687

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

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

Property Information:

Street Address: 125 Shelter Cove Lane

Subdivision Name: Pinnacle Shores **Section/Phase:** — **Lot Number:** 29

Driving Directions: 150 W to ® Pinnacle Shores Dr ® Shelter Cove Lane property on Left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2900 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 ( ) 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?

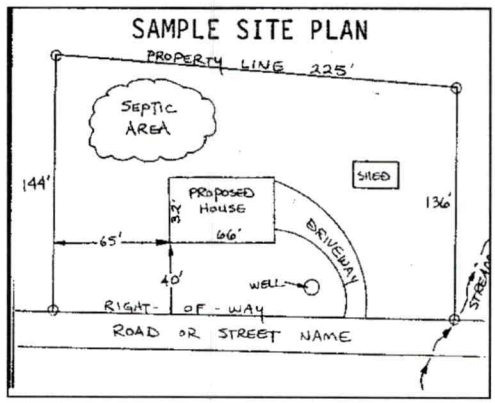
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Jim Chiappelli 10/16/21
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:

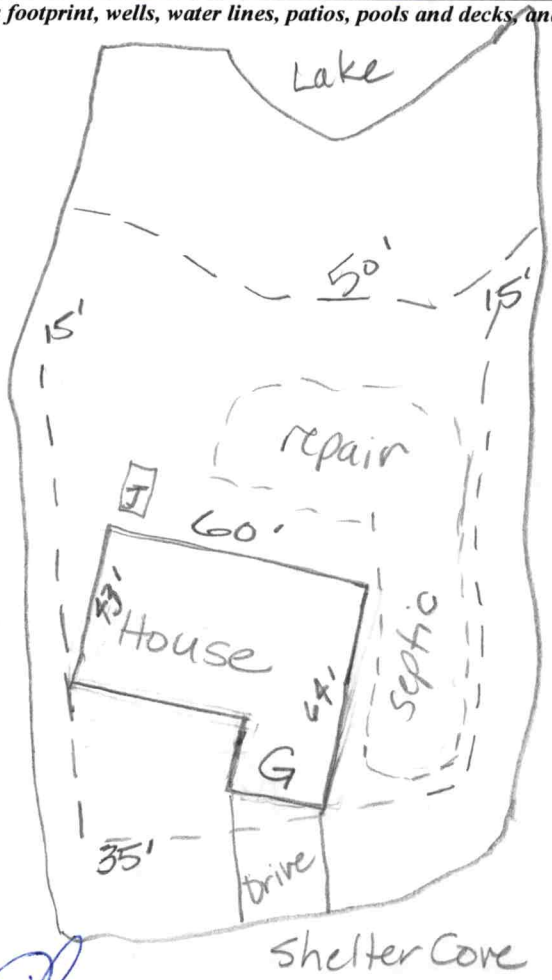
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient 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



★ garage needs to be on right side of house

★ allow for a 10-15° right tilt to house

Signature: J Thomas Luigpelli — 10/16/21

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

_____ **Complete all Environmental Health forms**:
- _____ Application
- _____ Site Plan with dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- _____ Copy of Zoning Permit when applicable
- _____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

____ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work**.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 10/16/24

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321454

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

PIN # 4628 -- 62 -- 8086

APPLICANT/OWNER: Jim Chiappetti APPLICANT ADDRESS: 124 Sienna Lane, Mooresville

SITE ADDRESS: 125 Shelter Cove Ln, Mooresville 28117 PHONE: 704-241-0687 ALT. PHONE 704-252-4369

SITE DIRECTIONS: 150 West - Rt Pinnacle Shores - Rt Shelter Cove Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pinnacle Shores SECTION: — LOT # 29 LOT AREA: 0.66 DESIGN FLOW: 480 GPD L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 400 Ft

Trench Width 36 in Trench Bottom Depth (Low side) 36" (max) Gravel Depth —

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

System Description: 25% reduction gravity

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

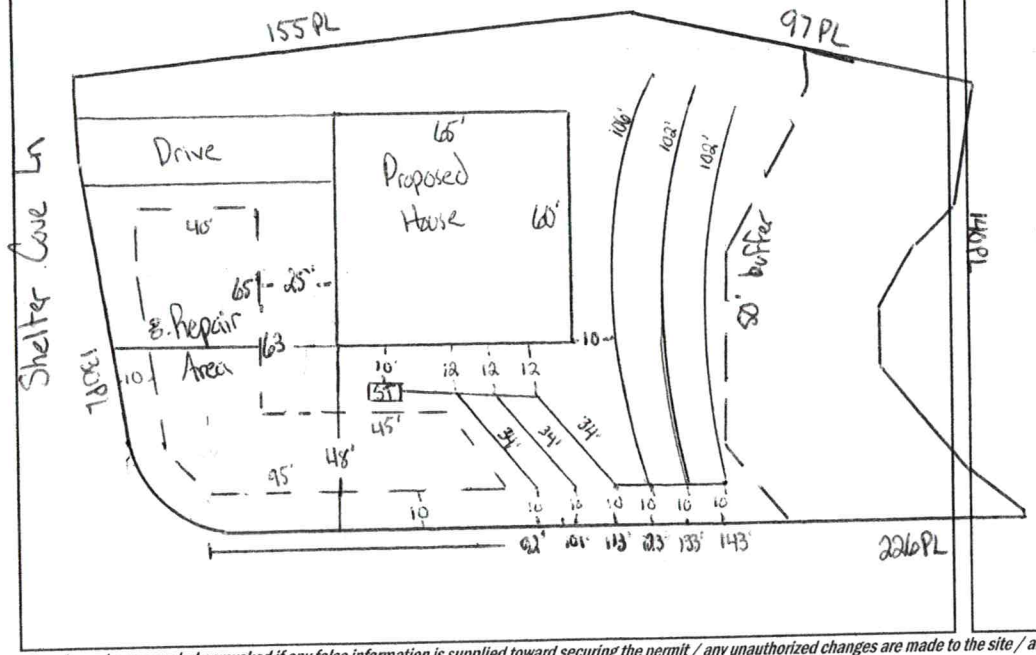
☒ Crawl Space ☐ Basement w/o plumbing

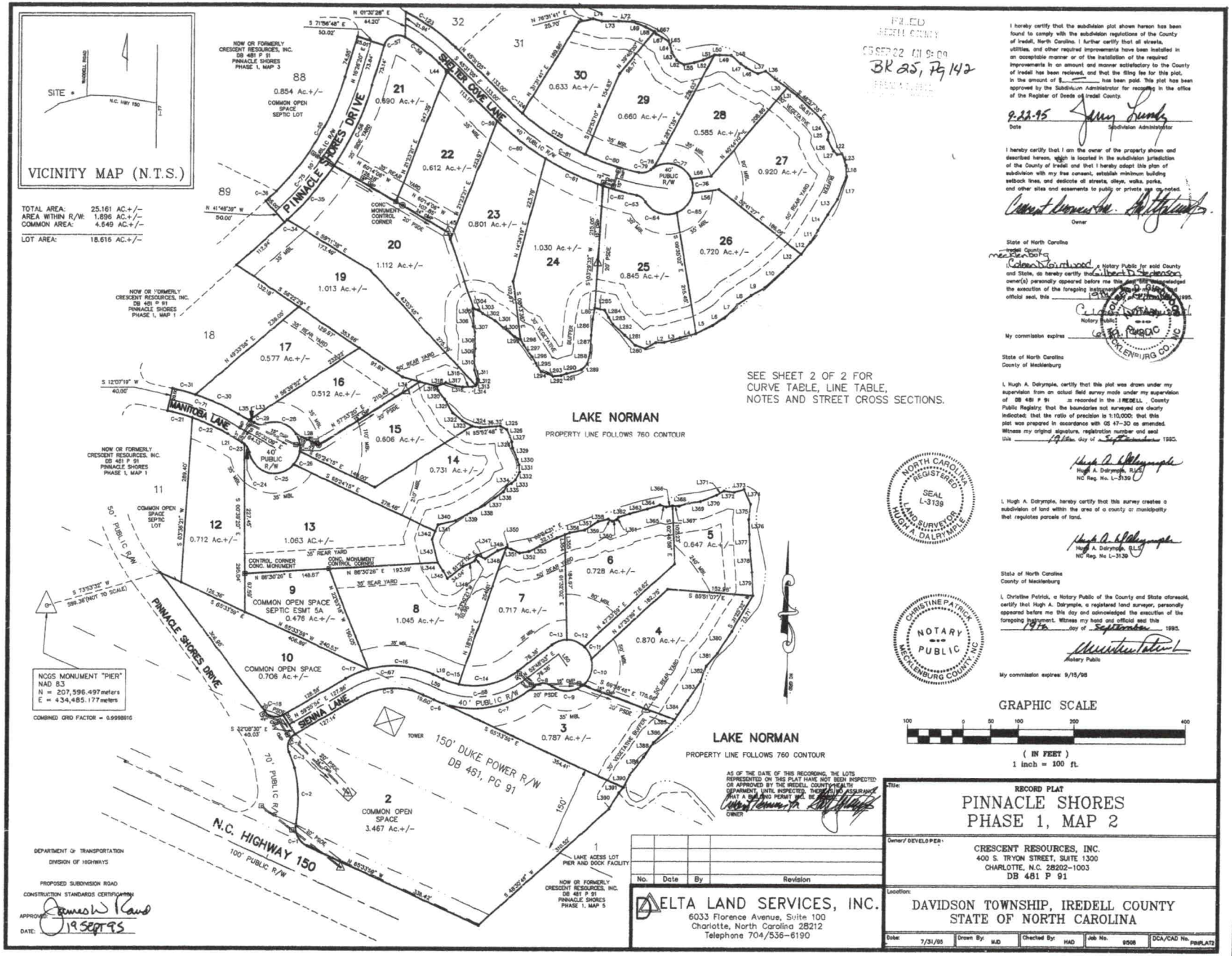
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install drainlines on contour of land. Do not park, drive, or grade septic area. Utilize serial distribution. 50' buffer must be marked during install. Keep water line 10ft from septic.

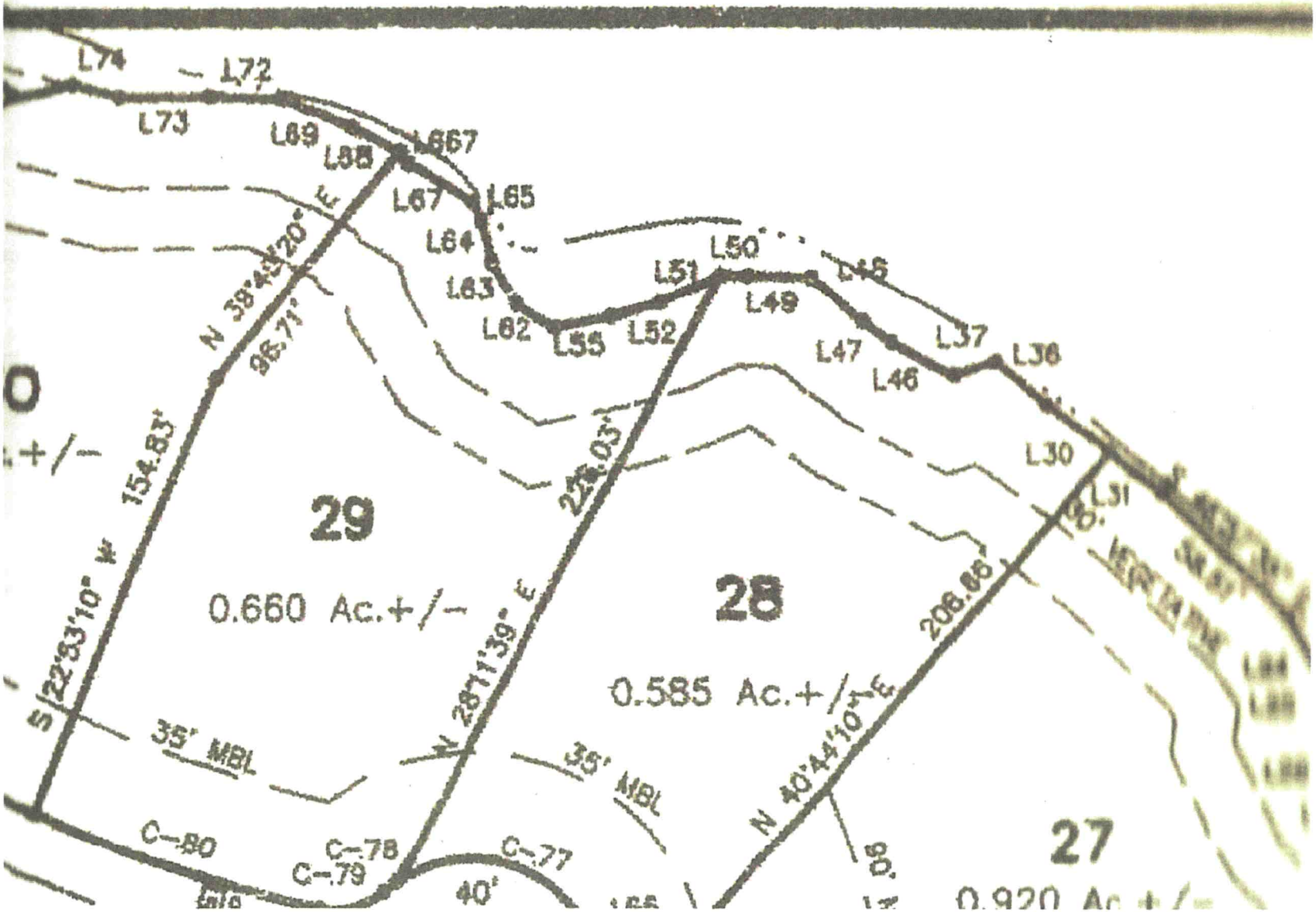
INITIAL SITE SKETCH

1=50


155PL
97PL
Drive
65'
Proposed House
60'
40'
65'-25'
8' Repair Area
163
10'
10'
12
12
12
45'
48'
95'
10
10
10


VICINITY MAP (N.T.S.)
SITE
N.C. HWY 150
RUSSELL ROAD
I-77
TOTAL AREA: 25.161 AC.+/-
AREA WITHIN R/W: 1.896 AC.+/-
COMMON AREA: 4.549 AC.+/-
LOT AREA: 18.616 AC.+/-
PINNACLE SHORES DRIVE
SHELTER COVE LANE
MANITOBA LANE
SIENNA LANE
N.C. HIGHWAY 150
100' PUBLIC R/W
70' PUBLIC R/W
50' PUBLIC R/W
40' PUBLIC R/W
150' DUKE POWER R/W
DB 481, PG 91
LAKE NORMAN
PROPERTY LINE FOLLOWS 760 CONTOUR
SEE SHEET 2 OF 2 FOR
CURVE TABLE, LINE TABLE,
NOTES AND STREET CROSS SECTIONS.
NOW OR FORMERLY CRESCENT RESOURCES, INC. DB 481 P 91 PINNACLE SHORES PHASE 1, MAP 3
NOW OR FORMERLY CRESCENT RESOURCES, INC. DB 481 P 91 PINNACLE SHORES PHASE 1, MAP 1
NOW OR FORMERLY CRESCENT RESOURCES, INC. DB 481 P 91 PINNACLE SHORES PHASE 1, MAP 5
1 LAKE ACCESS LOT PIER AND DOCK FACILITY
2 COMMON OPEN SPACE 3.467 Ac.+/-
3 0.787 Ac.+/-
4 0.870 Ac.+/-
5 0.647 Ac.+/-
6 0.728 Ac.+/-
7 0.717 Ac.+/-
8 1.045 Ac.+/-
9 COMMON OPEN SPACE SEPTIC ESMT 5A 0.478 Ac.+/-
10 COMMON OPEN SPACE 0.706 Ac.+/-
11
12 0.712 Ac.+/-
13 1.063 Ac.+/-
14 0.731 Ac.+/-
15 0.606 Ac.+/-
16 0.512 Ac.+/-
17 0.577 Ac.+/-
18
19 1.013 Ac.+/-
20 1.112 Ac.+/-
21 0.690 Ac.+/-
22 0.612 Ac.+/-
23 0.801 Ac.+/-
24 1.030 Ac.+/-
25 0.845 Ac.+/-
26 0.720 Ac.+/-
27 0.920 Ac.+/-
28 0.585 Ac.+/-
29 0.660 Ac.+/-
30 0.633 Ac.+/-
31
32
88 0.854 Ac.+/- COMMON OPEN SPACE SEPTIC LOT
89
COMMON OPEN SPACE SEPTIC LOT
NCGS MONUMENT "PIER"
NAD 83
N = 207,596.497 meters
E = 434,485.177 meters
COMBINED GRID FACTOR = 0.9998916
S 73°53'32" W 599.36'(NOT TO SCALE)
TOWER
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED
DATE: 19SEPT95
AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
OWNER
No. Date By Revision
DELTA LAND SERVICES, INC.
6033 Florence Avenue, Suite 100
Charlotte, North Carolina 28212
Telephone 704/536-6190
FILED
IREDELL COUNTY
95 SEP 22 AM 9:09
BK 25, Pg 142
I hereby certify that the subdivision plat shown hereon has been found to comply with the subdivision regulations of the County of Iredell, North Carolina. I further certify that all streets, utilities, and other required improvements have been installed in an acceptable manner or of the installation of the required improvements in an amount and manner satisfactory to the County of Iredell has been recieved, and that the filing fee for this plat, in the amount of $____ has been paid. This plat has been approved by the Subdivision Administrator for recording in the office of the Register of Deeds of Iredell County.
9-22-95
Date
Subdivision Administrator
I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all streets, alleys, walks, parks, and other sites and easements to public or private use as noted.
Owner
State of North Carolina
Iredell County
mecklenburg
I, Colleen D. Smallwood, a Notary Public for said County and State, do hereby certify that Gilbert D. Stephenson, owner(s) personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this 15th day of September, 1995.
Notary Public
My commission expires
NOTARY PUBLIC MECKLENBURG CO., NC
State of North Carolina
County of Mecklenburg
I, Hugh A. Dalrymple, certify that this plat was drawn under my supervision from an actual field survey made under my supervision of DB 481 P 91 as recorded in the IREDELL County Public Registry; that the boundaries not surveyed are clearly indicated; that the ratio of precision is 1:10,000; that this plat was prepared in accordance with GS 47-30 as amended. Witness my original signature, registration number and seal this 19th day of September 1995.
Hugh A. Dalrymple, R.L.S.
NC Reg. No. L-3139
NORTH CAROLINA REGISTERED SEAL L-3139 LAND SURVEYOR HUGH A. DALRYMPLE
I, Hugh A. Dalrymple, hereby certify that this survey creates a subdivision of land within the area of a county or municipality that regulates parcels of land.
Hugh A. Dalrymple, R.L.S.
NC Reg. No. L-3139
State of North Carolina
County of Mecklenburg
I, Christine Patrick, a Notary Public of the County and State aforesaid, certify that Hugh A. Dalrymple, a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this 19th day of September 1995.
Notary Public
My commission expires: 9/15/98
CHRISTINE PATRICK NOTARY PUBLIC MECKLENBURG COUNTY, NC
GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.
Title: RECORD PLAT
PINNACLE SHORES
PHASE 1, MAP 2
Owner/ DEVELOPER:
CRESCENT RESOURCES, INC.
400 S. TRYON STREET, SUITE 1300
CHARLOTTE, N.C. 28202-1003
DB 481 P 91
Location:
DAVIDSON TOWNSHIP, IREDELL COUNTY
STATE OF NORTH CAROLINA
Date: 7/31/95 Drawn By: MJD Checked By: HAD Job No. 9508 DCA/CAD No. PINPLAT2

SHEET 1 OF 2


L74
L72
L73
L69
L68
L67
L65
L67
L64
L63
L62
L55
L52
L51
L50
L49
L48
L47
L46
L37
L36
L30
L31
N 38°43'20" E
96.71'
S 22°53'10" W
154.83'
N 28°11'39" E
226.03'
N 40°44'10" E
208.66'
29
0.660 Ac.+/-
28
0.585 Ac.+/-
27
0.920 Ac.+/-
35' MBL
35' MBL
C-80
C-79
C-78
C-77
40'

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

CW

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

RECEIVED SEP 17 2021

AP-321454 $500.00

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jim Chiappelli	124 Sienna Lane 28117	704-241-0687	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Lynn Chiappelli	124 Sienna Lane	704-252-4369	

Chiappelli@aol.com

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
125 Shelter Cove Lane	Pinnacle Shores	29

Driving Directions: 150W to ® Pinnacle Shores Dr, 3rd ® Shelter Cove Ln, 4th "house" on (L) (only empty lot on street)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well X Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Jim Chiappelli / Lynn Chiappelli — 9/9/21

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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, Jim Chiappelli, future am the legal owner(s) of the property located at 125 Shelter Cove Lane, identified as PIN (Parcel Identification Number) Lot 30 PB 25 PG 143, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

Jim Chiappelli 9/9/21
Signature of Owner(s) Date

Jim Chiappelli 9/9/21
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

old perc test

IRE[illegible]L COUNTY HEALTH DEPARTMENT

S[illegible]ESVILLE 704-878-5305 MOORESVILLE 704-664-[illegible]

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

PERMIT# 083996 PIN 4629 62 9096 DATE 3/22/00

OWNER OR CONTRACTOR Tracy Bentley PHONE: Business 548-9760 Home

ADDRESS 9320 Unionville Indian Trail Rd 100 Charlotte, NC 28262

LOCATION 150' W. of Primrose Shoals Dr. Shelton Corolla to west lot on (L)

SUBDIVISION Hemby's Retreat BLOCK / SECTION 1 LOT 29 LOT AREA .66 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1020 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Ventilation Pipe: No Feet: 1 Square Feet: 630 Linear Feet: 210

No Lines: 3 Trench Width: 36" Max Trench Bottom Depth: 36" Gravel Depth: 36+10

New System Repair System Type: (LPP) (LPD) (T) (T)

System Description: Three - 16" PIPES

Repair System Description: Same

Maintenance Agreement Required: Yes No

Unspecified Home No. Bedrooms 4

Mobile Home No. Bathrooms 2.5

Business No. Employees

Other

Water Supply: Individual Public

Slab Crawl Space Basement w/Sump Basement w/plumbing

Comments/Conditions:

Comments/Conditions:

(1"=50') INITIAL SITE SKETCH

AS BUILT SKETCH

Permit can be suspended or revoked if any falsification is applied toward securing the permit or unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plot 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: * Tracy D. Bentley date 4-3-00 Installed by:

Improvement Permit by: Wesley Spikes date 3/22/00 Operation Permit by: date

Authorization to Construct by: Wesley Spikes date 3/22/00 Existing System Inspection by: date

02/27/2006 12:55 FAX 002

04/03/00 MON 14:43 FAX 1 704 848 9005 PRUDENTIAL-UNIV. 003/005

ALLENTATE RP PRODUCTS NA 012

Old approved Septic Plan