IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229625

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

PIN # 4628-96-7762

APPLICANT/OWNER: Robert Reiner APPLICANT ADDRESS: 112-A Argus Lane #105 Mooresville, NC 28117

SITE ADDRESS: 110 Point of View Drive Mooresville, NC 28117 PHONE: 732-356-2402 ALT. PHONE 908-256-5051

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd (Becomes Point of View) Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Point of View SECTION: — LOT # 17 LOT AREA: 1.183 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

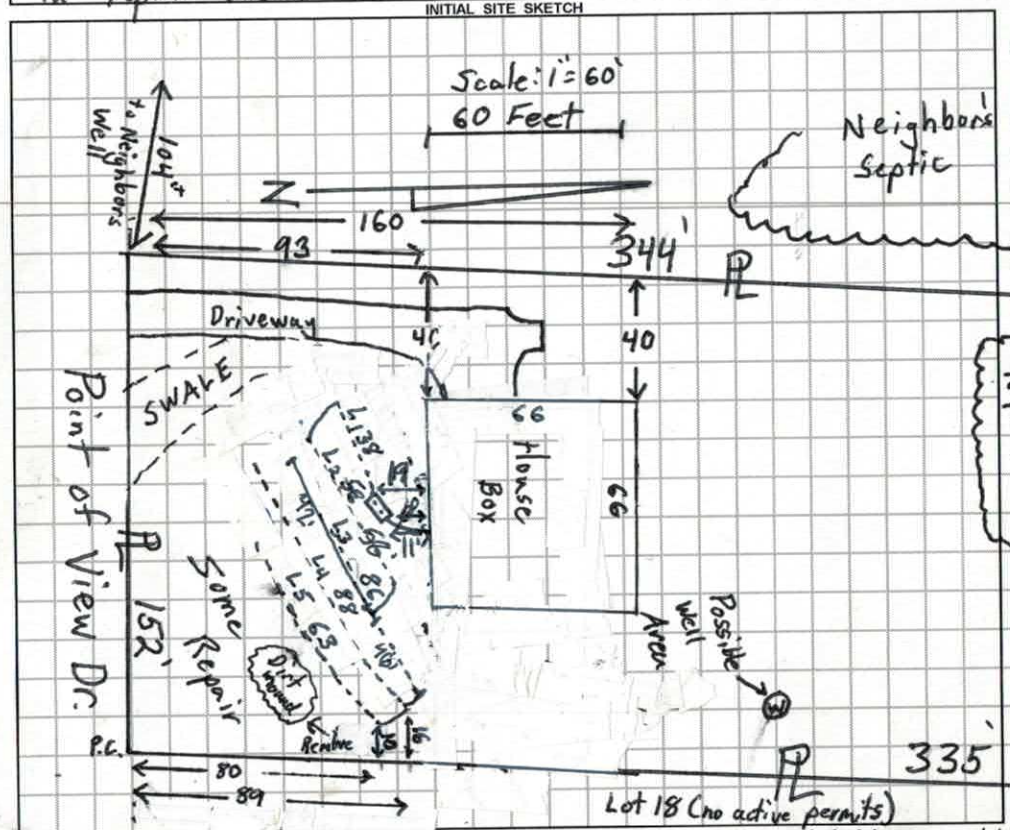
Septic Tank	1000	(gal)	STB	012	Date	8-21-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (Serial Distribution)			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% Reduction CLP-PPBPS)			
# Nitrification Fields	1	# Lines	5		Linear Ft	330	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	30"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

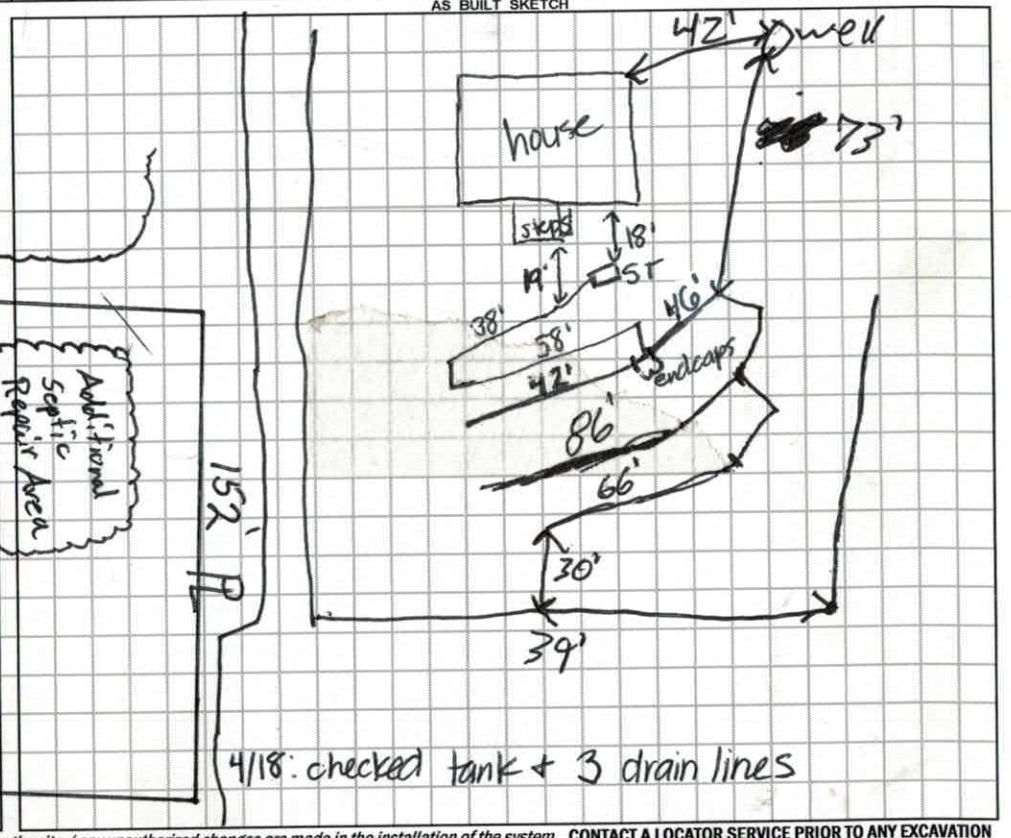
Comments / Conditions:

Shave down terrace/berm 6"-8" to promote surface water runoff. Remove dirt mound in repair area.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards 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: Robert Reiner Date: 11/28/17 Installed by: Charles Beatty

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/4/2017 OPERATION PERMIT by: Patrick O Bge III Date: 04/24/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/22/2017 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

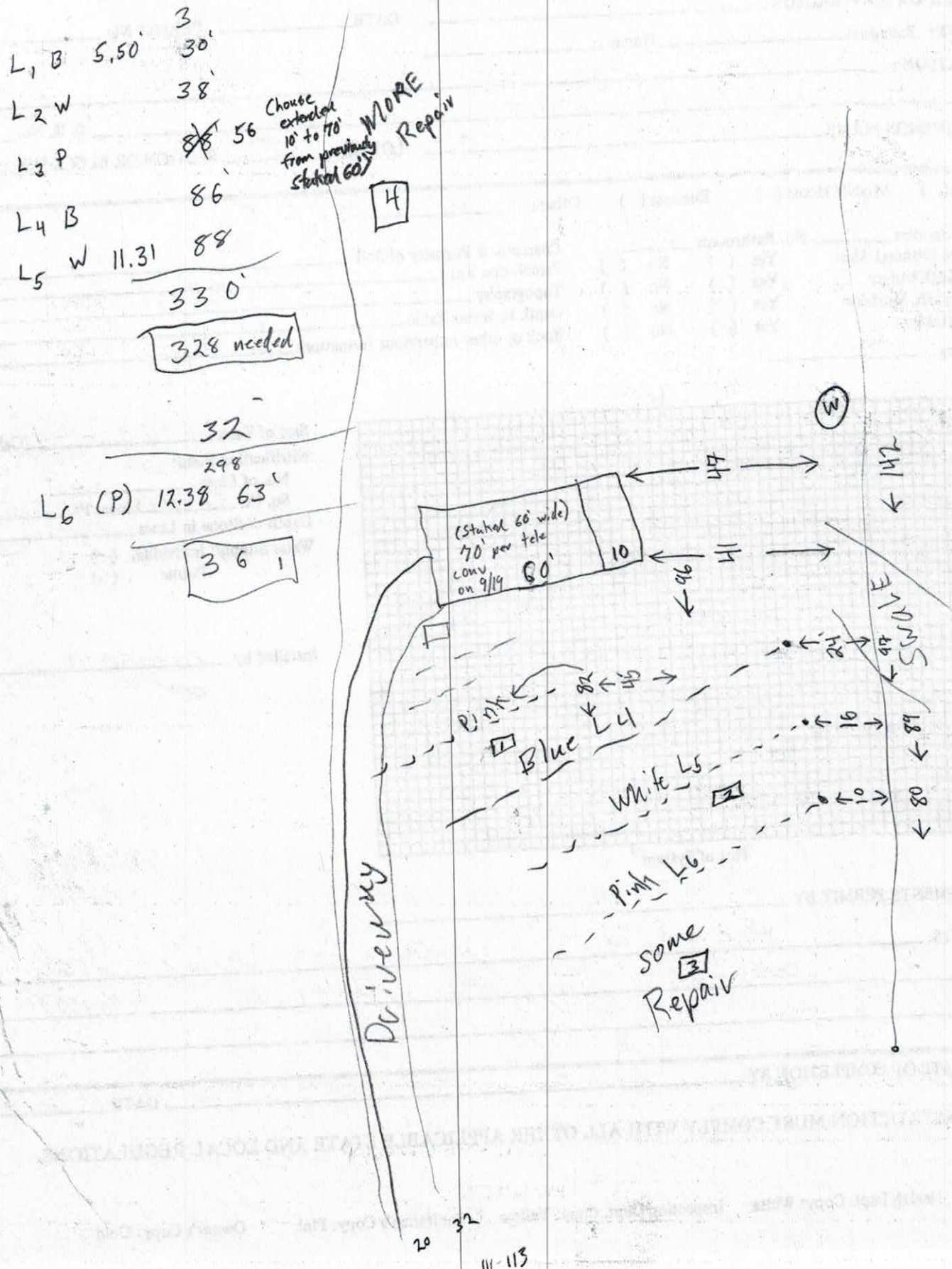
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Bob Reiner — APPLICATION DATE: 4/10/17
ADDRESS: 112 A Angus Lane #105 Mooresville, NC — DATE EVALUATED: 9/15/15
PROPOSED FACILITY: 3 BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.183 acre
LOCATION OF SITE: 110 Point of View Lane Mooresville, NC — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 12% Pr.m	0-6	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	62	—	—	0.275 PS
		6-54	Clay W-m SBK/ABK	Firm, Sticky, Sp, Sexp					
		54-62	Clay Loam W.SBK some mica	Sl. Firm, SS, Sp, Sexp					
2	LSS 12% Pr.m	0-12	SCL W.SBK	Sl. Firm, SS, Sp, SExp	—	51	—	—	0.275 PS
		12-47	Clay W-m SBK	Sl. Firm, Sticky, Sp, Sexp					
		47-56	Clay Loam W.SBK some mica	Sl. Friable, SS, Sp, Sexp					
3	LSS Low Repair	0-19	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	67	—	—	0.275 PS
		19-53	Clay W-m SBK	Sl. Firm, Sticky, Sp, Sexp					
		53-67	Clay Loam W.SBK some mica	Fi. Firm, SS, Sp, Sexp					
4	LSS 12% upper repair behind house	0-12	SCL V.W.SBK	Sl. Firm, Sticky, Sp, Sexp	—	48	~~—~~	—	0.30 PS
		12-31	Clay W.SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		31-48	CL W.SBK Trace micaSAP	Sl. Friable, SS, Sp, Sexp					
		48-54	Loamy Saprolite MA	Friable + moderately Dmnd					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	361'	250+
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): Remove/Shave down Berm
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___


3
L1 B 5.50' 30'
L2 W 38'
L3 P 56
Choose exterior 10' to 70' from previously stated 60'
MORE Repair
4
L4 B 86'
L5 W 11.31 88
330'
328 needed
32
298
L6 (P) 12.38 63'
361
(stated 60' wide) 70' per tele conv on 9/19 60'
10
Driveway
Pink
1
Blue L4
White L5
2
Pink L6
some
3
Repair
20
32

RECEIVED AUG 23 2017

Paid $500.00 # 229625

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit ( ) Authorization to Construct
( ) Well Repair Permit ( ) Existing System Inspection
( ) 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

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) 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: Robert Reiser Address: 112-A Argus Lane #105 Mooresville NC 28117 1st Phone: cell-908-256-5051 2nd. 732-356-7402

Owner Name: Robert Reiser Address: 112-A Argus Lane #105 Mooresville NC 28117 Phone: 732-356-7402

Property Information:

Street Address: 110 Point of View Drive Mooresville, N.C. 28117

Subdivision Name: Point of View Section/Phase: _____ Lot Number: 17

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

828-320-0744 charles

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 (X) 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 ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) 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: Robert Reiser
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

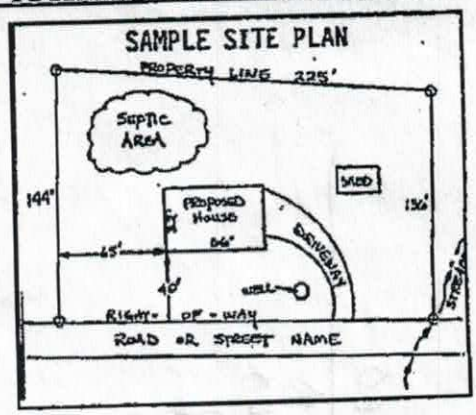
4/10/17
DATE

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:

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

152 FT

Back of house

Well

40

40

80 FT

344 FT

335 FT

House will be in the middle of property

House

GR Door

Front of house

Driveway

110 FT

Septic

Signature: Robert W Reiner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

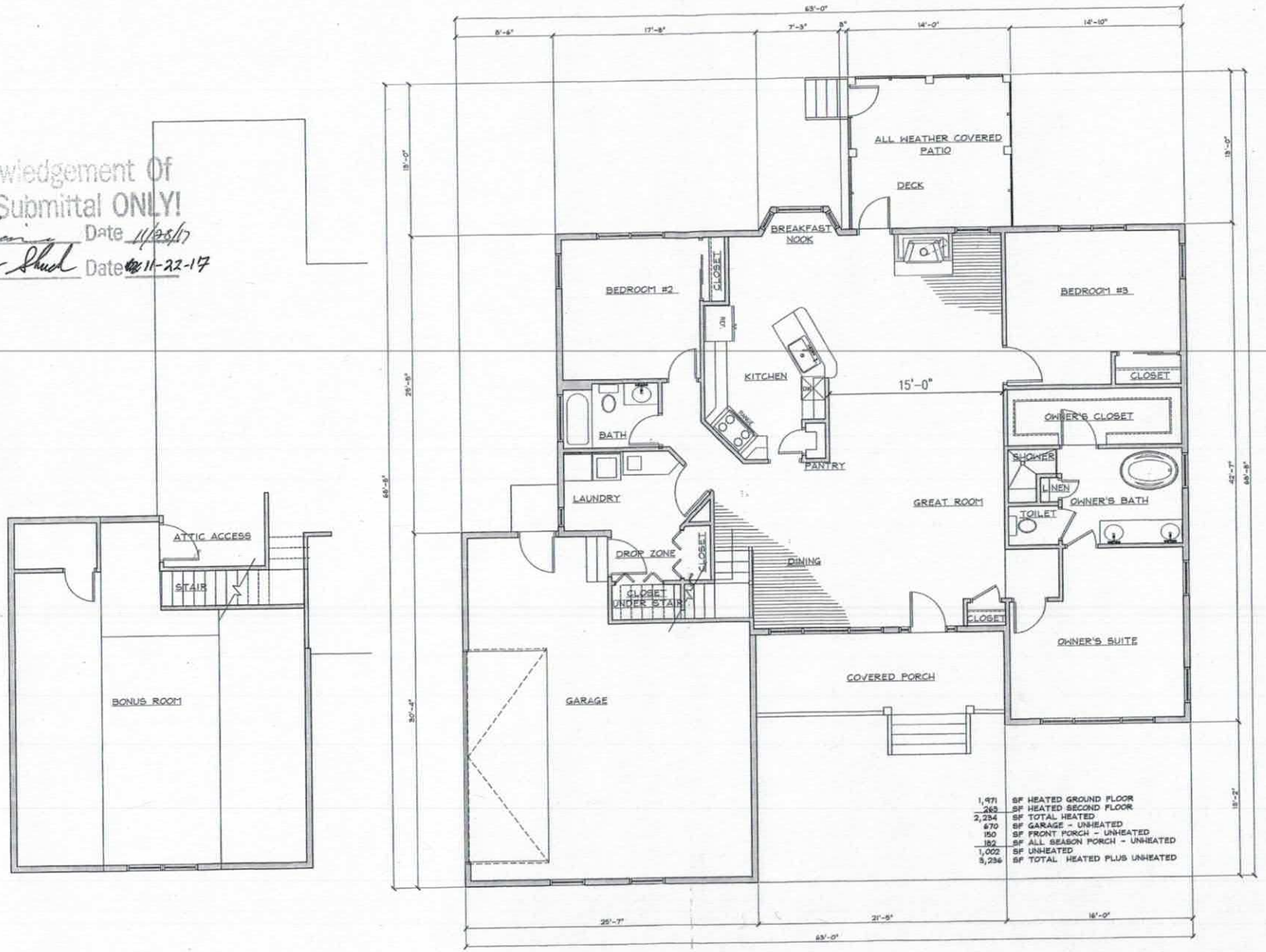
4/10/17
DATE

162 FT

Street

COPYRIGHT 2017

Acknowledgement Of
Plans Submittal ONLY!
Date 11/28/17
Date 11-22-17



1,971	SF HEATED GROUND FLOOR
263	SF HEATED SECOND FLOOR
2,234	SF TOTAL HEATED
670	SF GARAGE - UNHEATED
150	SF FRONT PORCH - UNHEATED
182	SF ALL SEASON PORCH - UNHEATED
1,002	SF UNHEATED
3,236	SF TOTAL HEATED PLUS UNHEATED

2 UPPER FLOOR PLAN
1/4" = 1'-0"

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

MARK SIEMIENIEC
REGISTERED ARCHITECT
12767
NORTH CAROLINA
MOORESVILLE, NC

Project Number: 012017

RESIDENCE FOR
BOB REINER
101 POINT OF VIEW DRIVE
MOORESVILLE, NC 28117

MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
P 704.896.9949
ms@ms-arch.com

NO.		
	CAD BY	
	CHECK BY	
	ISSUE / REVISION	DATE
01	REVIEW	10/04/2017
02	REVIEW	10/24/2017
03	REVIEW	10/30/2017

SHEET NAME & NUMBER
MAIN LEVEL FLOOR PLAN
A2.0

(C) 2017 MS-ARCHITECTURE

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
229625
Issue Date: 08/23/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4628967762.000	110 POINT OF VIEW DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: REINER ROBERT W	Applicant: REINER ROBERT W
Address: P O BOX 380 MOORESVILLE, NJ 8880	Address: P O BOX 380 MOORESVILLE, NJ 8880
Phone:	Phone:

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.183	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	112958	TOTAL FEES:	$ 77.25