ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # **AP-313906**

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

PIN # 4634 - 79 - 8070

APPLICANT/OWNER: Planner Custom Builders | APPLICANT ADDRESS: PO Box 1138, Davidson NC 28036

SITE ADDRESS: 126 Clearwater Ln, Mooresville NC 28117 | PHONE: 704-363-6005 | ALT. PHONE N/A

SITE DIRECTIONS: 77 N Exit Langtree then turn right. T/L Clearwater lot on right. | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Annie Knox Honeycutt | SECTION: N/A | LOT # 5 | LOT AREA: 0.64ac | DESIGN FLOW: 480 | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	2-25-22	■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	■ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	17	Date	3-14-22	System Description: Horizontal LPPPBPS	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: TS II Drip	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	6	Linear Ft	300'	Maintenance Agreement Required: ■ YES ☐ NO	☐ Slab	■ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth	N/A	☐ GRAVITY ■ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per Plan by: Michael Athanas & Associates

PT 26ft to Porch corner 10ft to sideline
Yellow filter. Checked 4/21/22

INITIAL SITE SKETCH

See plan by: Michael Athanas & Associates

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.

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: Steve Jordan

IMPROVEMENT PERMIT by: _____ Date: 2/1/21 OPERATION PERMIT by: Bryant C. Witt Date: 9-12-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 7/21/2021 Existing System Inspected by: _____ Date: _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # **AP-313906**

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Septic Tank	1000 (gal)	STB	1012	Date	2-25-22	■ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	17	Date	3-14-22	System Description:	Horizontal LPPPBPS
Pump Make		Model		Serial #		Repair System Description:	TS II Drip
# Nitrification Fields	1	# Lines	6	Linear Ft	300'	Maintenance Agreement Required:	■ YES ☐ NO
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth	N/A	☐ GRAVITY	■ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per Plan by: Michael Athanas & Associates

PT 26ft to Porch Corner 10ft to sideline
Yellow Filter. Checked 4/21/22

INITIAL SITE SKETCH

See plan by: Michael Athanas & Associates

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.

	Date	Initials
Drain Lines Checked	8/4/22	BB
Tanks Checked	4/21/22	MA
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) / N	Attached	

Pool H2o to Close to Septic

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**

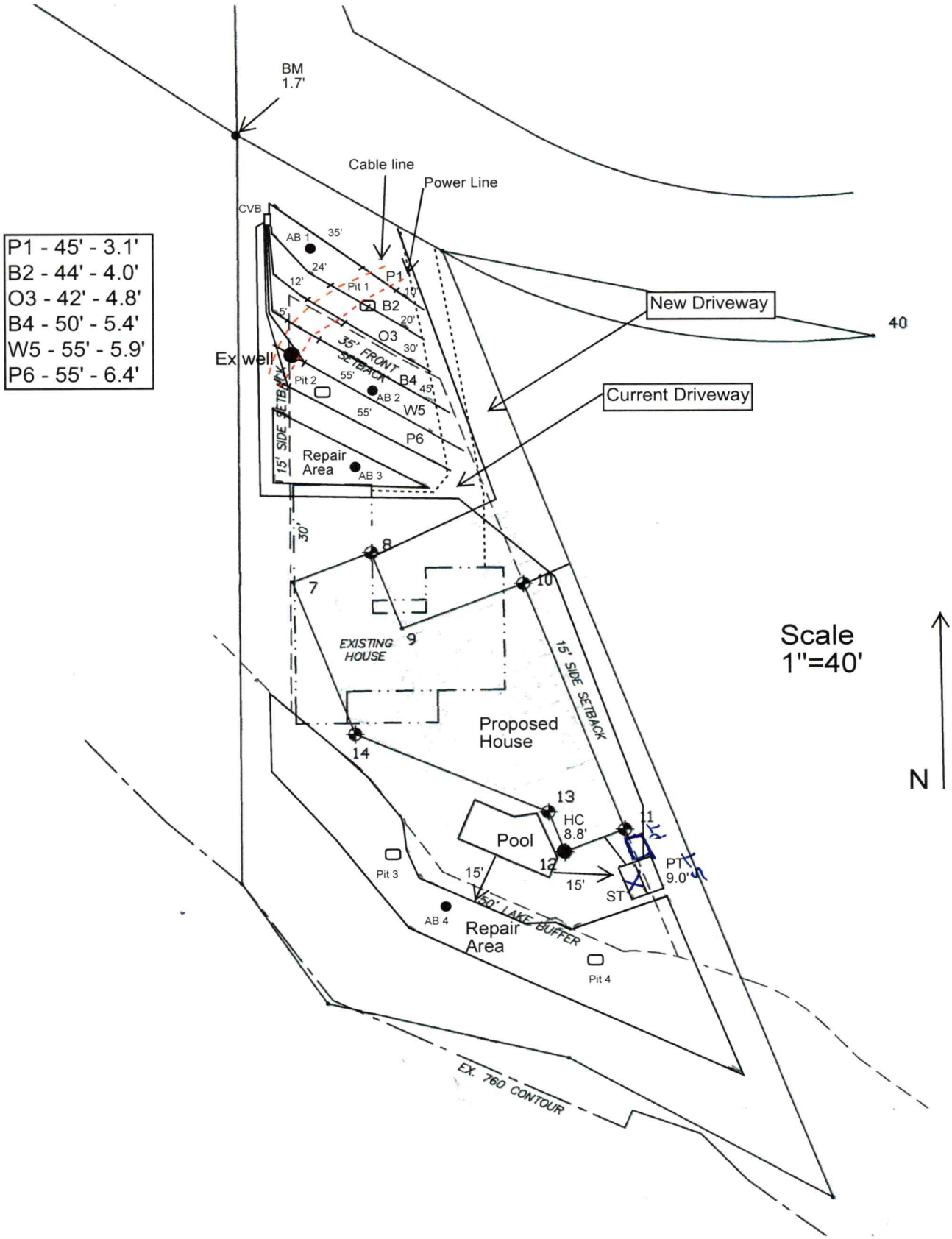
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: Steve Jordan

IMPROVEMENT PERMIT by: _____ Date: 2/1/21 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle II Date: 7/21/2021 Existing System Inspected by: _____ Date: _____

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


P1 - 45' - 3.1'
B2 - 44' - 4.0'
O3 - 42' - 4.8'
B4 - 50' - 5.4'
W5 - 55' - 5.9'
P6 - 55' - 6.4'
BM
1.7'
Cable line
Power Line
CVB
AB 1
35'
24'
12'
Pit 1
P1
10'
B2
20'
5'
O3
30'
35' FRONT SETBACK
Ex well
Pit 2
55'
B4
45'
AB 2
55'
W5
P6
15' SIDE SETBACK
Repair Area
AB 3
New Driveway
40
Current Driveway
30'
8
7
10
9
EXISTING HOUSE
15' SIDE SETBACK
Proposed House
14
13
HC 8.8'
11
Pool
12
PT 9.0'
ST
15'
15'
Pit 3
AB 4
50' LAKE BUFFER
Repair Area
Pit 4
EX. 760 CONTOUR
Scale 1"=40'
N



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
12/16/2020

Reference: Data Sheet for 126 Clearwater Ln.
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Community water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.15 GPD/FT^2 (repair)
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.9 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 10.9'
Friction Head: 5.2'
Pressure Head: 2'
Total Dynamic Head: 18.1'
Supply Line Length: 280' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20"



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	45'	10	51'	3.1'
Blue 2	44'	10	52'	4.0'
Orange 3	42'	10	54'	4.8'
Blue 4	50'	12	56'	5.4'
White 5	55'	13	56'	5.9'
Pink 6	55'	13	56'	6.4'

Initial System: 300' **Repair System:** 3900 FT^2
Pump Tank: 9.0' **House Corner:** 8.8' **Benchmark:** 1.7'

Comments:
The supply line must be 30" below the driveway. The existing well must be abandoned. There are power lines in the initial system area that need to be removed and the trenches fill to prevent cross connection between the new septic lines. The area where the power and cable lines are must be piped across with solid pipe.

PROPERTY ID #: 4634798070
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Aleck Kilgour
APPLICATION DATE
ADDRESS: 126 Clearwater Ln, Mooresville, NC 28117
DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE:
LOCATION OF SITE: 126 Clearwater Ln,
PROPERTY RECORDED: 9/27/1978
WATER SUPPLY: X Private ☐ Public X 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 5%	0-10	Br CL WSBK	FR SS SP SXP	Few Mn Com Mn @36"	56"	N/A	N/A	PS 0.275
		10-56	R C SBK	FR SS SP SXP					
PIT 2	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	Few Mn @ 20" Com Mn @ 34"	58"	N/A	N/A	PS 0.275
		8-58	R C SBK/ABK	FR SS SP SXP					
PIT 3	LS 2%	0-9	Br CL WSBK	FR SS SP SXP	Few YB @ 24" Com YB @ 30"	45"	N/A	N/A	DRIP 0.15 TO 24"
		9-45	R C SBK/ABK	FR SS SP SXP					
PIT 4	LS 2%	0-8	Br CL WSBK	FR SS SP SXP	YB @ 20"	48"	N/A	N/A	DRIP 0.15 TO 20"
		8-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT^2	3900 FT^2
System Type(s)	HORT PPBPS	DRIP
Site LTAR	0.275	0.15

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4634798070____
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 5%	0-6	RBr CL WSBK	FR SS SP SXP	Few Mn	48"	N/A	N/A	PS 0.275
		6-48	R C SBK	FR SS SP SXP					
AB 2	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	Few Mn Com Mn @ 36"	48"	N/A	N/A	PS 0.275
		8-48	R C SBK	FR SS SP SXP					
AB 3	LS 3%	0-10	Br CL WSBK	FR SS SP SXP	F-C Mn @ 20" YB @ 46"	48"	N/A	N/A	DRIP 0.15 T0 20"
		10-48	R C SBK	FR SS SP SXP					
AB 4	LS 2%	0-6	Br CL WSBK	FR SS SP SXP	YB @ 30"	48"	N/A	N/A	DRIP 0.15 TO 30"
		6-48	R C SBK	FR SS SP SXP					

COMMENTS: _____

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John W. Huneycutt

Well Contractor Name (or well owner personally abandoning well on his/her property)

2465-A

NC Well Contractor Certification Number

Derry's Well Drilling, Inc.

Company Name

2. Well Construction Permit #: AP-318413

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:

- ☐ Agricultural
- ☐ Municipal/Public
- ☐ Geothermal (Heating/Cooling Supply)
- ☑ Residential Water Supply (single)
- ☐ Industrial/Commercial
- ☐ Residential Water Supply (shared)
- ☐ Irrigation

Non-Water Supply Well:

- ☐ Monitoring
- ☐ Recovery

Injection Well:

- ☐ Aquifer Recharge
- ☐ Groundwater Remediation
- ☐ Aquifer Storage and Recovery
- ☐ Salinity Barrier
- ☐ Aquifer Test
- ☐ Stormwater Drainage
- ☐ Experimental Technology
- ☐ Subsidence Control
- ☐ Geothermal (Closed Loop)
- ☐ Tracer
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 6/30/21

5a. Well location:

Gina Kilgore

Facility/Owner Name

Facility ID# (if applicable)

126 Clearwater Ln, Mooresville 28117

Physical Address, City, and Zip

Iredell

County

4634-79-8070

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

*Attach well construction record(s) if available. For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

6a. Well ID#: _____

6b. Total well depth: 60 **(ft.)**

6c. Borehole diameter: 2 **(in.)**

6d. Water level below ground surface: 15 **(ft.)**

6e. Outer casing length (if known): _____ **(ft.)**

6f. Inner casing/tubing length (if known): _____ **(ft.)**

6g. Screen length (if known): _____ **(ft.)**

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

*For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

7b. Approximate volume of water remaining in well(s): 30 **(gal.)**

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Granular

7d. Amount of disinfectant used: 1/2 lb.

7e. Sealing materials used (check all that apply):

- ☑ Neat Cement Grout
- ☑ Bentonite Chips or Pellets
- ☐ Sand Cement Grout
- ☐ Dry Clay
- ☐ Concrete Grout
- ☐ Drill Cuttings
- ☐ Specialty Grout
- ☐ Gravel
- ☐ Bentonite Slurry
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

25 lbs - Bentontie Chips

50 lbs - Neat Cement

7g. Provide a brief description of the abandonment procedure:

Well was gravity filled with neat cement from bottom up to 3' below surface. Remaining 3' was gravity filled with bentonite chips.

8. Certification:

John W. Huneycutt — Signature of Certified Well Contractor or Well Owner

7/21/21 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617**

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-313996 $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Plattner Custom Builders **Address:** PO Box 1138, Davidson, NC **Zip:** 28036

Applicant Email: _____ **Phone:** Karl - 704-363-6005 **Alt. Phone:** _____

Owner Name: Aleck Kilgour **Address:** 126 Clearwater Ln, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 126 Clearwater Ln - MVL 28117

Subdivision Name: Annie Knox Honeycutt **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(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
(X) 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: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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 (✓) 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: _____ 1/4/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

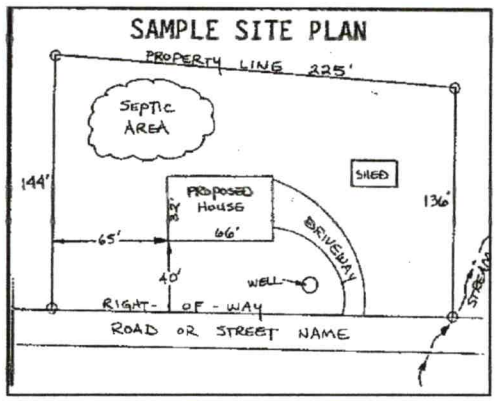
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 1/4/2021

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 126 Clearwater Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4634-79-8070, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Plattner Custom Builders, Andrea Tarleton, Karl Plattner, 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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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/WE X, ALECK & GINA KIRGOUR, am the legal owner(s) of the property located at 126 CLEARWATER LN, MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 463 479 8070, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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 1/3/21

Signature of Witness — Date 1/8/21

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313906
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4634798070.000	126 CLEARWATER LN	Iredell County

Owner Information	Applicant Information
Name: KILGOUR ALECK+GINA	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 01/06/2021

Signature of Owner/Contractor

Permit Number	313906	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Demo needs to be approved 313908

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes No If residence how many bedrooms? 2 and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Aleck Kilgour Phone # _____

Owner's Current Address 126 Clearwater Ln, Mooresville, NC 28117

Property Information

Property Address 126 Clearwater Ln Parcel # 4634798070

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Athanas & Associates Applicant's Phone #_____

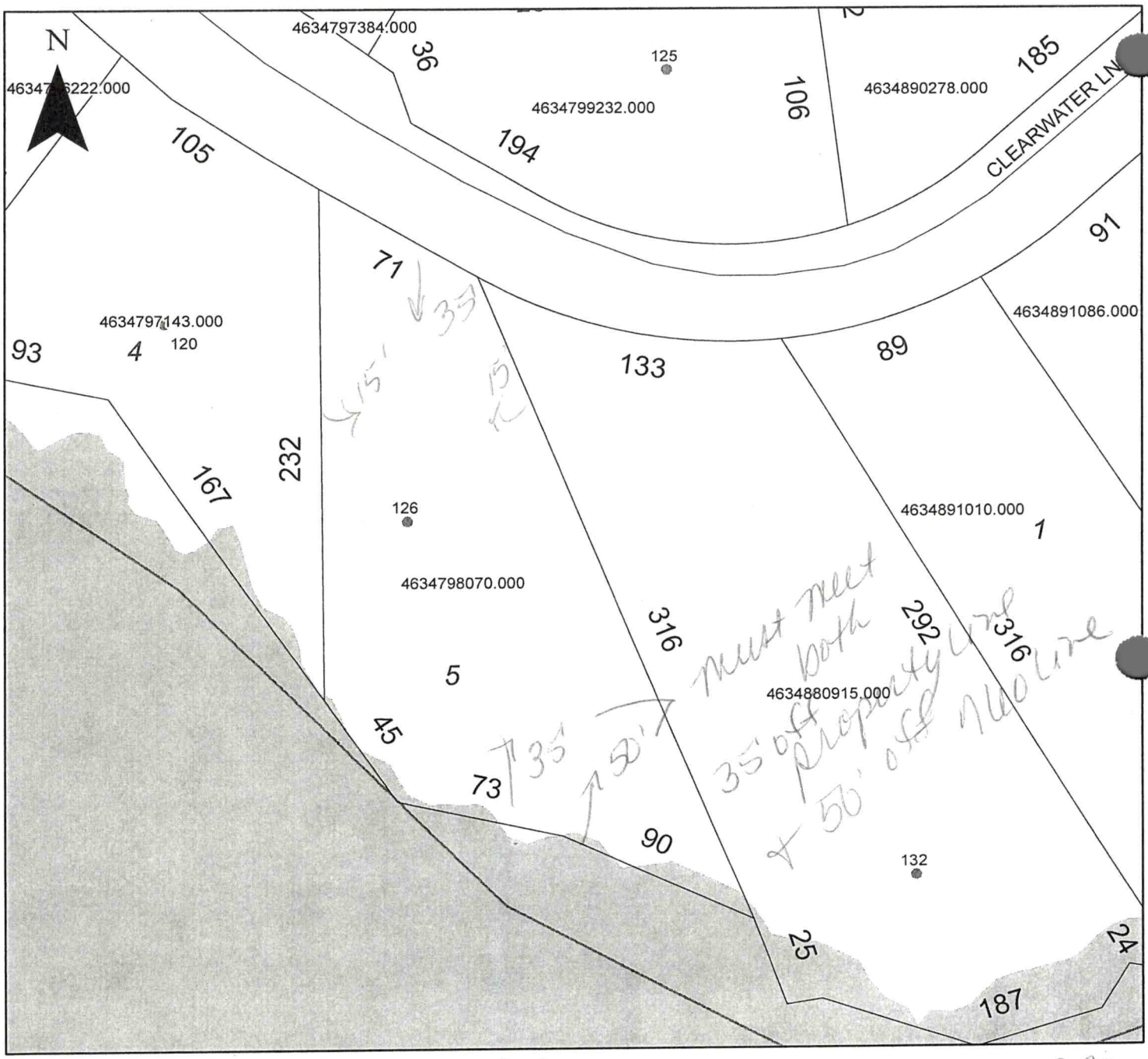
Applicant's Address 556 Walden Trail, Weddington, NC 28173

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Gary McNeely DATE 1/4/2021

ZONING DISCLAIMER



Property Address 126 Clearwater

R20
NCA County

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. Applicant further acknowledges that the 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

1/6/2021
Date

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-313906

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)

Applicant Name: Plattner Custom Builders **Address:** PO Box 1138, Davidson, NC **Zip:** 28036

Applicant Email: _____ **Phone:** Karl - 704-363-6005 **Alt. Phone:** _____

Owner Name: Aleck Kilgour **Address:** 126 Clearwater Ln, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 126 Clearwater Ln - MVL 28117

Subdivision Name: Annie Knox Honeycutt **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(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
(X) 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: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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 (✓) 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: _____ 1/4/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

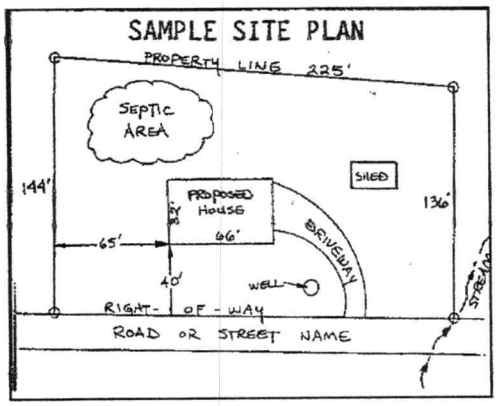
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

1/4/2021
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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/WE X, MICK & GINA KILGOUR, am the legal owner(s) of the property located at 126 E CLEARWATER LN, MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 463 479 8070, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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 1/8/21

Signature of Witness — Date 1/8/21

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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-313906

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

PIN # 4634 - 79 - 8070

APPLICANT/OWNER: PLANNER ~~Planner~~ Custom Builders | APPLICANT ADDRESS: PO Box 1138, Davidson NC 28036

SITE ADDRESS: 126 Clearwater Ln, Mooresville NC 28117 | PHONE: 704-363-6005 | ALT. PHONE N/A

SITE DIRECTIONS: 77 N Exit Langtree then turn right. T/L Clearwater lot on right. | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Annie Knox Honeycutt | SECTION: N/A | LOT # 5 | LOT AREA: 0.64ac | DESIGN FLOW: 480 | L.T.A.R.: 0.275

Septic Tank 1000 (gal) | STB | Date

Pump Tank 1000 (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields 1 | # Lines 6 | Linear Ft: 300'

Trench Width 36" | Trench Bottom Depth(Low side) 20" | Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI

System Description: Horizontal LPPPBPS

Repair System Description: TS II Drip

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: Per Plan by: Michael Athanas & Associates

INITIAL SITE SKETCH

See plan by: Michael Athanas & Associates

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.

Copy

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

- Abandon well

- FLOOR PLAN STILL NEEDED!

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: _____

IMPROVEMENT PERMIT by: _____ Date: 2/1/21 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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
12/16/2020

Reference: Data Sheet for 126 Clearwater Ln.

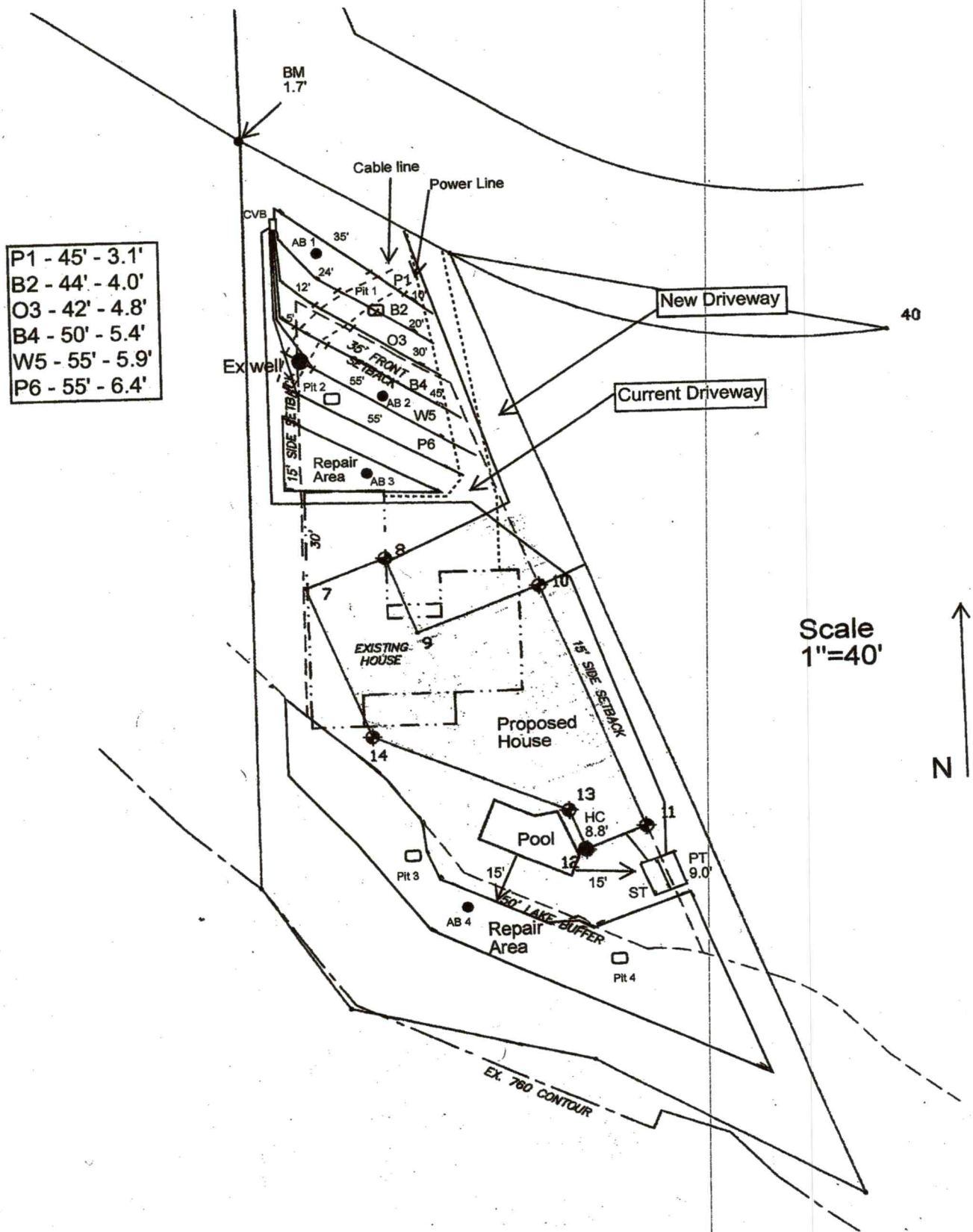
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Community water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.15 GPD/FT^2 (repair)
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.9 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 10.9'
Friction Head: 5.2'
Pressure Head: 2'
Total Dynamic Head: 18.1'
Supply Line Length: 280' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20"



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	45'	10	51'	3.1'
Blue 2	44'	10	52'	4.0'
Orange 3	42'	10	54'	4.8'
Blue 4	50'	12	56'	5.4'
White 5	55'	13	56'	5.9'
Pink 6	55'	13	56'	6.4'

Initial System: 300'
Pump Tank: 9.0'
Repair System: 3900 FT^2
House Corner: 8.8'
Benchmark: 1.7'

Comments:
The supply line must be 30" below the driveway. The existing well must be abandoned. There are power lines in the initial system area that need to be removed and the trenches fill to prevent cross connection between the new septic lines. The area where the power and cable lines are must be piped across with solid pipe.


P1 - 45' - 3.1'
B2 - 44' - 4.0'
O3 - 42' - 4.8'
B4 - 50' - 5.4'
W5 - 55' - 5.9'
P6 - 55' - 6.4'
BM
1.7'
Cable line
Power Line
CVB
AB 1
35'
24'
12'
Pit 1
P1
18'
B2
20'
O3
30'
5'
35' FRONT SETBACK
Ex well
Pit 2
55'
B4
45'
AB 2
W5
55'
P6
15' SIDE SETBACK
Repair Area
AB 3
New Driveway
40
Current Driveway
30'
8
7
10
9
EXISTING HOUSE
15' SIDE SETBACK
Proposed House
14
13
HC
8.8'
11
Pool
12
PT
9.0'
Pit 3
15'
15'
ST
50' LAKE BUFFER
AB 4
Repair Area
Pit 4
EX. 760 CONTOUR
Scale
1"=40'
N

PROPERTY ID #: 4634798070
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Aleck Kilgour
ADDRESS: 126 Clearwater Ln, Mooresville, NC 28117
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 126 Clearwater Ln,

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED: 9/27/1978

WATER SUPPLY: X Private ☐ Public X 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	Few Mn Com Mn @36"	56"	N/A	N/A	PS 0.275
		10-56	R C SBK	FR SS SP SXP					
PIT 2	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	Few Mn @ 20" Com Mn @ 34"	58"	N/A	N/A	PS 0.275
		8-58	R C SBK/ABK	FR SS SP SXP					
PIT 3	LS 2%	0-9	Br CL WSBK	FR SS SP SXP	Few YB @ 24" Com YB @ 30"	45"	N/A	N/A	DRIP 0.15 TO 24"
		9-45	R C SBK/ABK	FR SS SP SXP					
PIT 4	LS 2%	0-8	Br CL WSBK	FR SS SP SXP	YB @ 20"	48"	N/A	N/A	DRIP 0.15 TO 20"
		8-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT^2	3900 FT^2
System Type(s)	HORT PPBPS	DRIP
Site LTAR	0.275	0.15

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4634798070

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 5%	0-6	RBr CL WSBK	FR SS SP SXP	Few Mn	48"	N/A	N/A	PS 0.275
		6-48	R C SBK	FR SS SP SXP					
AB 2	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	Few Mn Com Mn @ 36"	48"	N/A	N/A	PS 0.275
		8-48	R C SBK	FR SS SP SXP					
AB 3	LS 3%	0-10	Br CL WSBK	FR SS SP SXP	F-C Mn @ 20" YB @ 46"	48"	N/A	N/A	DRIP 0.15 T0 20"
		10-48	R C SBK	FR SS SP SXP					
AB 4	LS 2%	0-6	Br CL WSBK	FR SS SP SXP	YB @ 30"	48"	N/A	N/A	DRIP 0.15 TO 30"
		6-48	R C SBK	FR SS SP SXP					

COMMENTS:

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