KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241902

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

PIN # 4635-04-9476

APPLICANT/OWNER: Anthony + Sylvan Pools APPLICANT ADDRESS: 9201 C Southern Dr. Blvd. Charlotte, NC

SITE ADDRESS: 170 Easton Drive Mooresville, NC 28117 PHONE: 704-773-4426 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → L @ Rotary into Trump Natl GC → L on Easton Dr. SAP CONTROLLED: ☐ YES ☒ NO

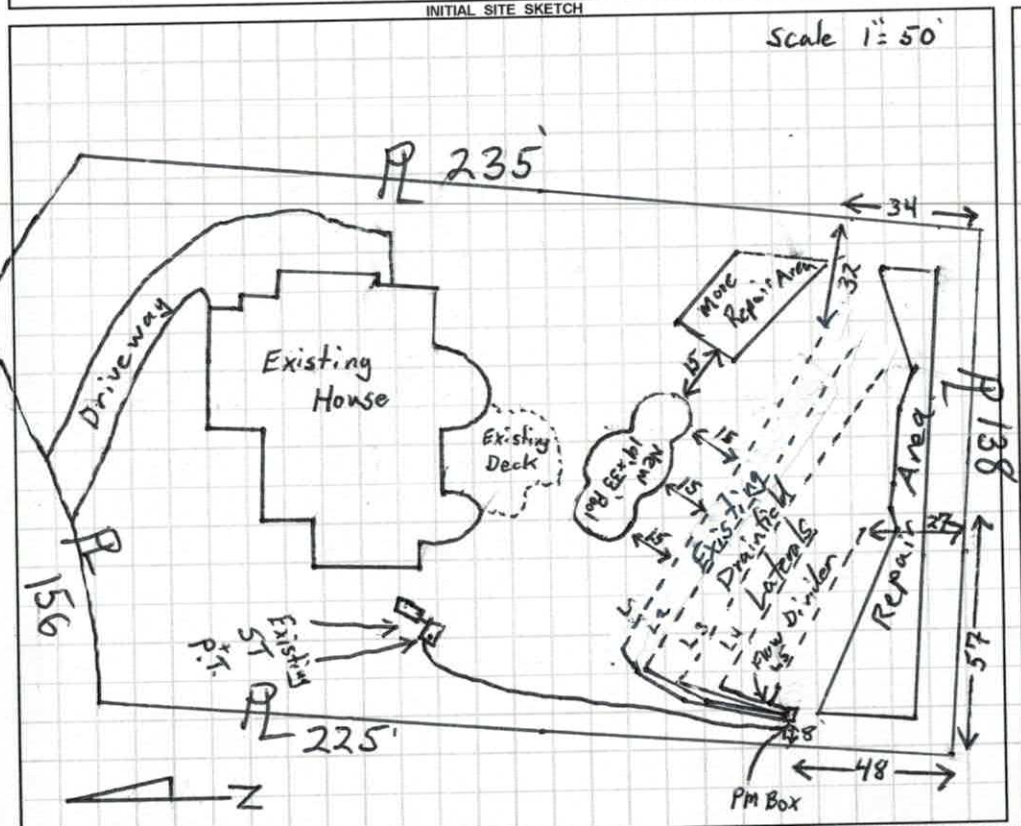
SUBDIVISION: The Point on Norman SECTION: 1A LOT # 10 LOT AREA: 0.74 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 Ex.

Septic Tank	Ex 1500 (gal)	STB	797	Date	8/21/99	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	Ex 1000 (gal)	PT	27	Date	4/27/99	System Description:		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXISTING	☐ Other	No. Employees
# Nitrification Fields	Ex 1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH



AS BUILT SKETCH

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: [signature] Date: 3/6/19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 3/4/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Repair manifold middle Distal

L_1 P 17 (split@mid) 1.58 5.15 6.10

L_2 B 68'

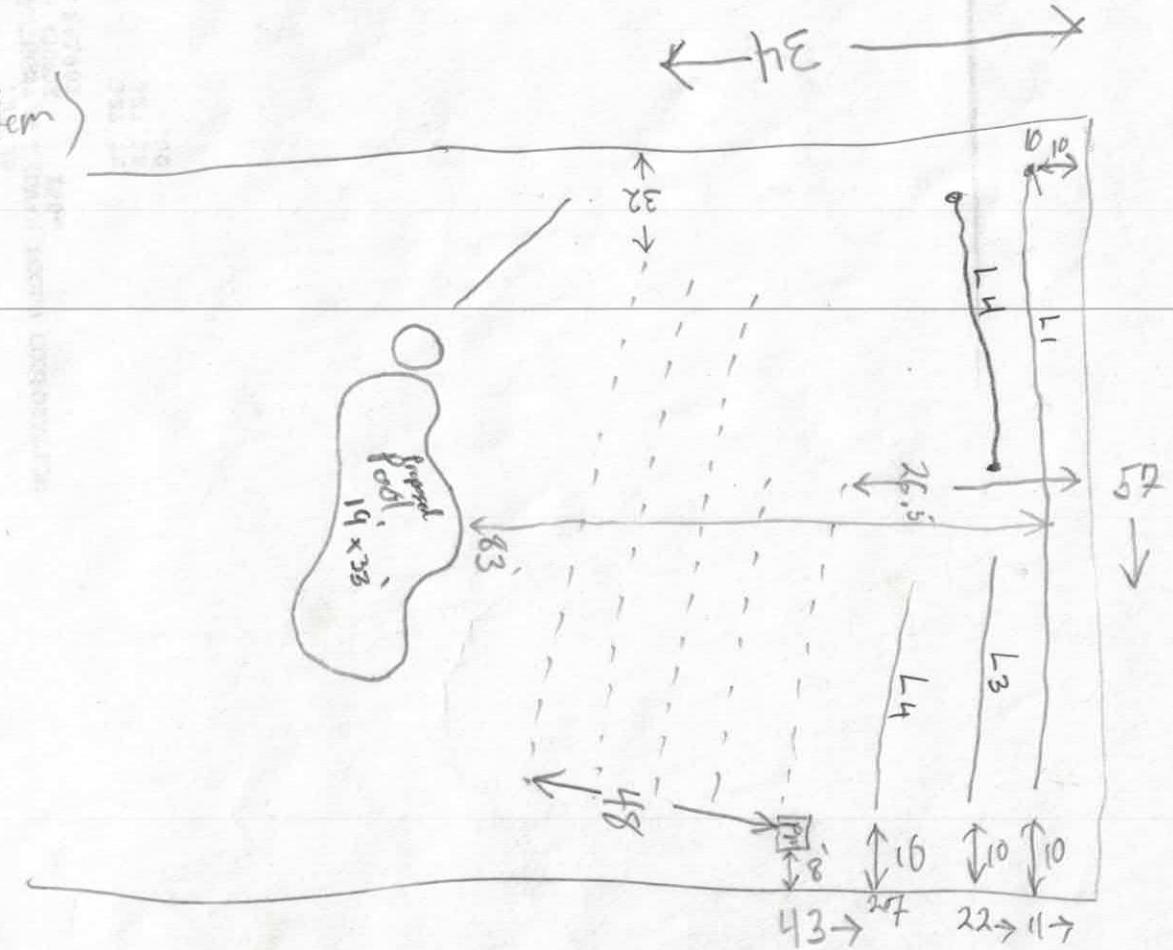
L_3 38

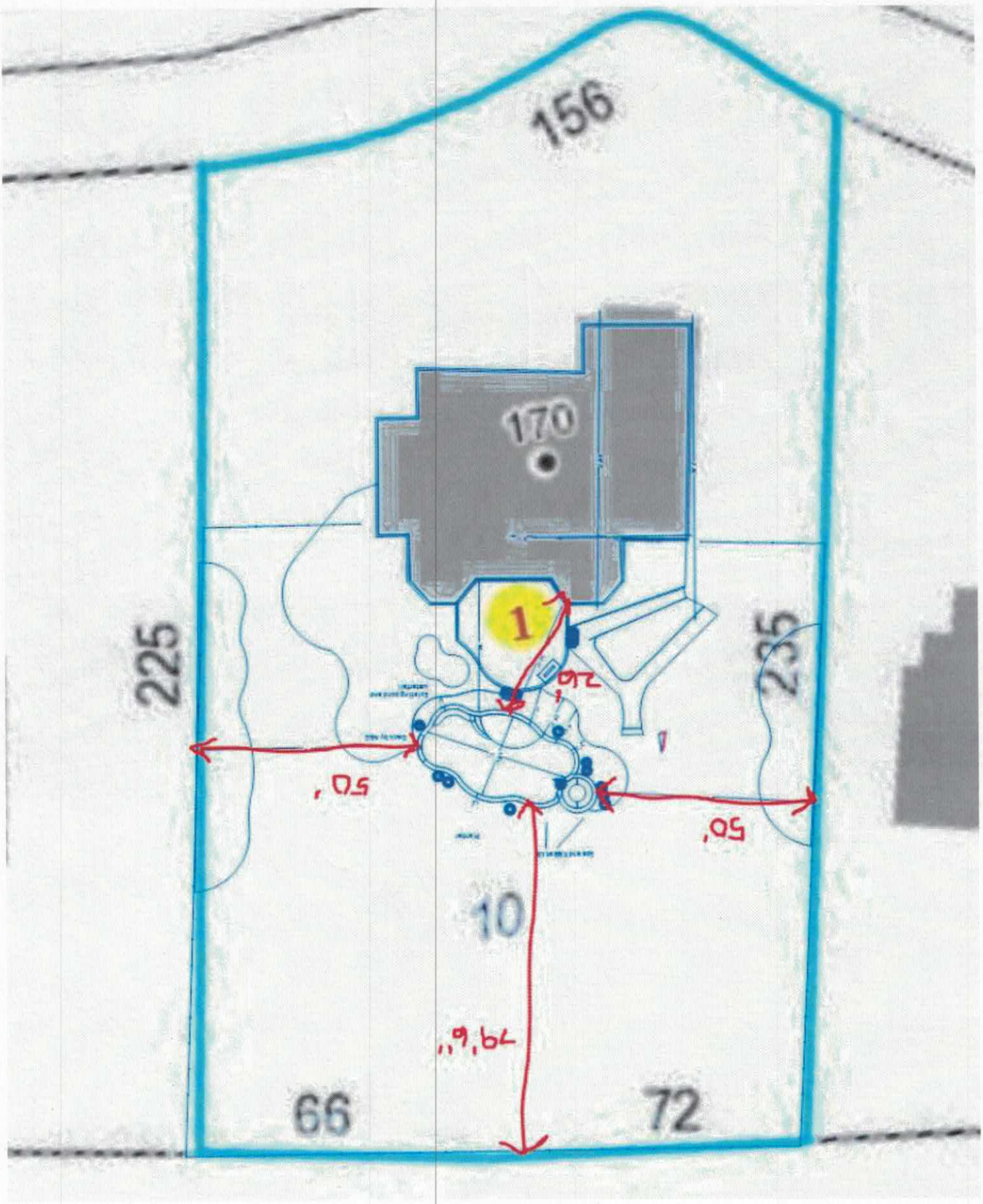
L_4 24

247

L_5 (below system) 35'

Bucks contour by 2+ feet. (But it is all they have to work with)




156
170
1
225
235
10
66
72

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

Application For:

( ) Septic Improvement Permit (✓) 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: Anthony + Sylvia Pauls Address: 9201 C Southern Pine Blvd Phone: 704-773-4426 4426

Owner Name: Mike and Susie Minter Address: 170 Easton Dr, Mooresville NC Phone: 515-838-1020

Property Information:

Street Address: 170 Easton Drive, Mooresville NC 28117

Subdivision Name: The Point Section/Phase: PIA M2 Lot Number: 10

Driving Directions: See Attached

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

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

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
(✓) Swimming Pool 32'x20
( ) Other Addition/Structure: _____

( ) 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: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____ Year existing system installed: _____

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

1/31/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5201

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

PERMIT# 07197 PIN# 4625944684 4635 04 9476 DATE July 25, 1998

OWNER OR CONTRACTOR Crescent Resources, Llc. PHONE: Business Home

ADDRESS PO Box 1003, Charlotte

LOCATION Beverly Sch Rd TL The Pointe DR. Queen Anne Circle to Easton DR. on Right at jct w/ Old Post Rd.

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 10 LOT AREA 33,896 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 797 Date 8/21/99

Pump Tank: 1000 Gallons; PT 27 Date 9/27/99

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI.

System Description: pumped-pm - 25% Reduction.

Repair System Description: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

No. Bedrooms 4/4 No. Bathrooms 4/4 No. Employees

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

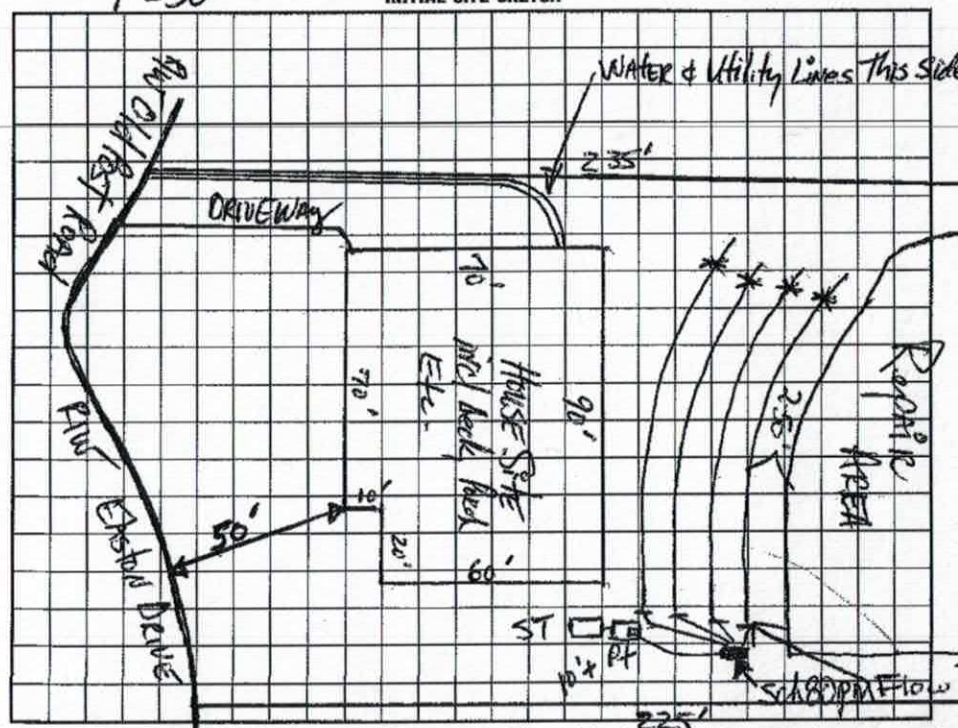
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: * ONE inspection/observation port per Lateral
Remove old Burms/TERRACES.
Septic System installer to follow material specifications in The Pointe Wastewater Disposal Manual.

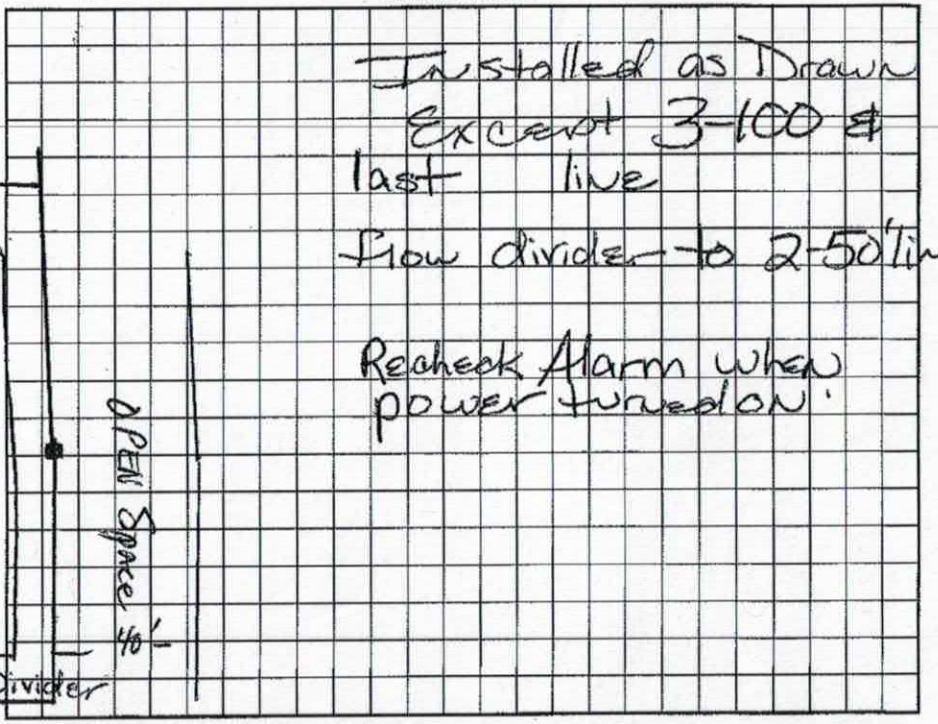
Comments:/Conditions:
4-30-99 Reviewed house pad site plan - appears in compliance w/ I.P.
Tanks & lines Checked 11/1/99

1"=50

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 8-2-98

Improvement Permit by: date 7-25-98

Authorization to Construct by: date 4-30-99

Installed by: Mayhew Septic R.S.

Operation Permit by: date 12/14/99

Existing System Inspection by: date

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

IREDELL COUNTY

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

APPLICATION NUMBER
241902
Issue Date: 02/01/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4635049476.000	170 EASTON DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCWILLIAMS BRETT N+KIM C	Applicant: ANTHONY & SYLVAN POOLS
Address: 170 EASTON DR	Address: 9201 C SOUTHERN PINE BLVD
MOORESVILLE, NC 28117	CHARLOTTE, NC 28273
Phone:	Phone: 704-773-4426

Use Requested	Zone Code
INGROUND POOL 32X20	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.770		10.00	10.00	10.00	CACL	X

Remarks:

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	166259	TOTAL FEES:	$ 77.25