IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229441

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

PIN # 4635-06-9689

APPLICANT/OWNER: Curtis Groppe APPLICANT ADDRESS: 158 Mayfair Road Mooresville, NC 28117

SITE ADDRESS: 158 Mayfair Road Mooresville, NC 28117 PHONE: 201-916-2015 ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → L on Chatham Rd → L on Mayfair → House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point SECTION: 18 LOT # 25 LOT AREA: 1.02 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	Ex	(gal)	STB	Ex	Date	Ex	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing Lines/Tank + New 25% Reduction line			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	1		Linear Ft	164'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Replace distribution box with drop boxes as shown on plan to ensure forward flow of effluent. Recommend pumping septic tank every 3-5 years. Pool to be constructed in area shown on attached plan. Any deviation in pool size or location may void this approval.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 8/18/2017 Michael Athanas LSS #1252

AS-BUILT SKETCH

Installed Quick 4 as shown 2/9/18

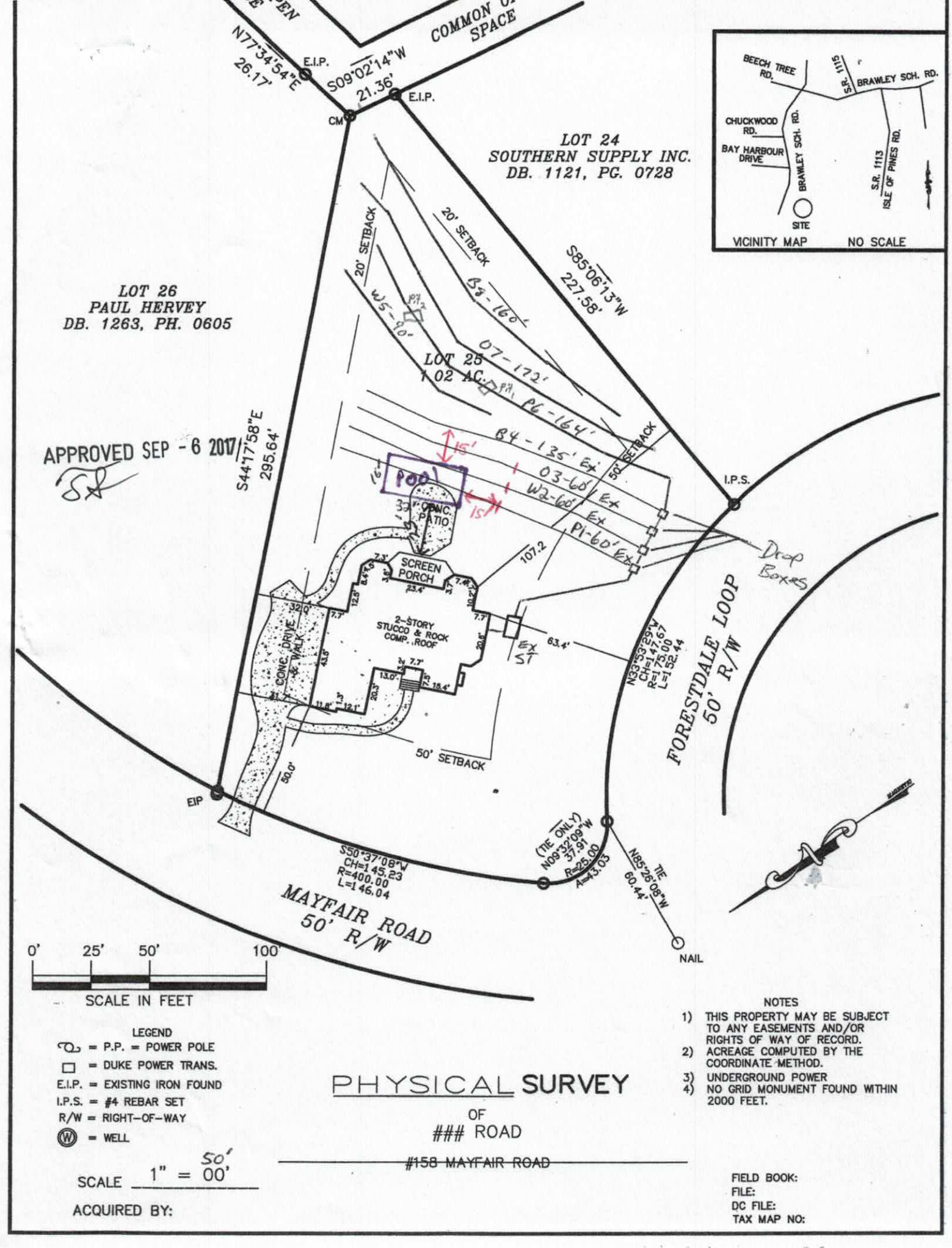
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: 12/15/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/6/2017 OPERATION PERMIT by: Date: 2/10/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/6/2017 Existing System Inspected by: Date:



LEGEND

- P.P. = POWER POLE
- DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- (W) = WELL

SCALE 1" = 50'

ACQUIRED BY:

PHYSICAL SURVEY

OF

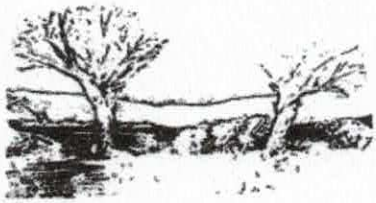
ROAD

~~#158 MAYFAIR ROAD~~

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

FIELD BOOK:
FILE:
DC FILE:
TAX MAP NO:



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 158 Mayfair Rd, The Point 1B, Lot 51
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Proposed System Type: Existing Conventional + 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-Drop Boxes
Septic Tank Size: 1500 gallons (existing)
Proposed Trench Bottom: 36" maximum



Line	Design Length	Actual Length
Pink 1 (existing)	**60'**	**135'**
White 2 (existing)	**60'**	**135'**
Orange 3 (existing)	**60'**	**135'**
Blue 4 (existing)	**135'**	**135'**
White 5		90'
Pink 6	**164'**	**173'** *
Orange 7		172'
Blue 8		160'

APPROVED SEP - 6 2017

Initial System: Ex. Sys + 164' 25% Reduction **Repair System:** 422'

Comments:
The purpose of this evaluation is to adjust the existing conventional system to make room for the addition of a pool. This residence needs 533' of conventional system. After removing existing system for the pool, there is 315' of conventional system left. This leaves 218' of conventional or 164' of 25% Reduction system to be replaced. The existing system is on a distribution box. This will need to be changed to drop boxes. The system and repair area occupy the current approved soil area, so no new soil observations are necessary.

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: Curtis Groppe — APPLICATION DATE 8/18/17
ADDRESS: Same as below — DATE EVALUATED: 8/31/17
PROPOSED FACILITY: 4 SFR-4BR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 1.02
LOCATION OF SITE: 158 May fair Road Mooresv. lle, 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 5% new line Mid	0-6	SCL V.W. SBK		—	50"	—	—	0.3 PS
		6-25	clay m SBK/ABK	Firm, Sticky, Sp, Sap					
		25-50	Clay Loam W. SBK Some mica + Saprolite	Friable, SS, Sp, Sap					
2	LSS 5% new line End	0-12	SCL V.W. SBK		—	50	—	—	0.3 PS
		12-40	clay m SBK/ABK	Firm, Sticky, Sp, Sap					
		40-50	Heavy Clay Loam W. SBK some SAP + rock	Sl. Friable, SS, Sp, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	170+	EX
System Type(s)	25% reduction	
Site LTAR	0.30	

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Gary McNealy

COMMENTS: ___

RECEIVED AUG 1 8 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

229441

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 Relocation-Paid $350.00

The following optional attachments may also be submitted: (X) 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: Curtis Groppe **Address:** 158 Mayfair Rd, Mooresville, NC **Zip:** 28117

Applicant Email: curtisgroppe@yahoo.com **Phone:** 201-916-2015 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 158 Mayfair Rd

Subdivision Name: The Point **Section/Phase:** 1B **Lot Number:** 25

Driving Directions: BSR, TL Chatham, TL Mayfair, on Lt

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

CHECK FOUNDATION TYPE

( ) 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: _____
(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:** _____

( ) 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:** 2000
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) 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: _____ 8/18/2017
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

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, Curtis Gropper, am the legal owner(s) of the property located at 158 Mayfair Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635-06-9689, 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.

	8/10/17		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY

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

APPLICATION NUMBER
229441
Issue Date: 08/15/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4635069689.000	158 MAYFAIR ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GROPPE CURTIS+STACEY	Applicant: MICHAEL ATHANAS & ASSO
Address: 158 MAYFAIR RD MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SWIMMING POOL	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.010		10.00	10.00	25.00	CACL	X

Remarks:

Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is 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	112083	TOTAL FEES:	$ 77.25