ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

AP 308415

PERMIT #

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

PIN # 4635130987

APPLICANT/OWNER: Jane De Bartolo | APPLICANT ADDRESS: 156 Old Post Rd Mooresville, NC 28117

SITE ADDRESS: 156 Old Post Mooresville, NC | PHONE: 704740-6078 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Meeting Circle TL Easton to Old Post

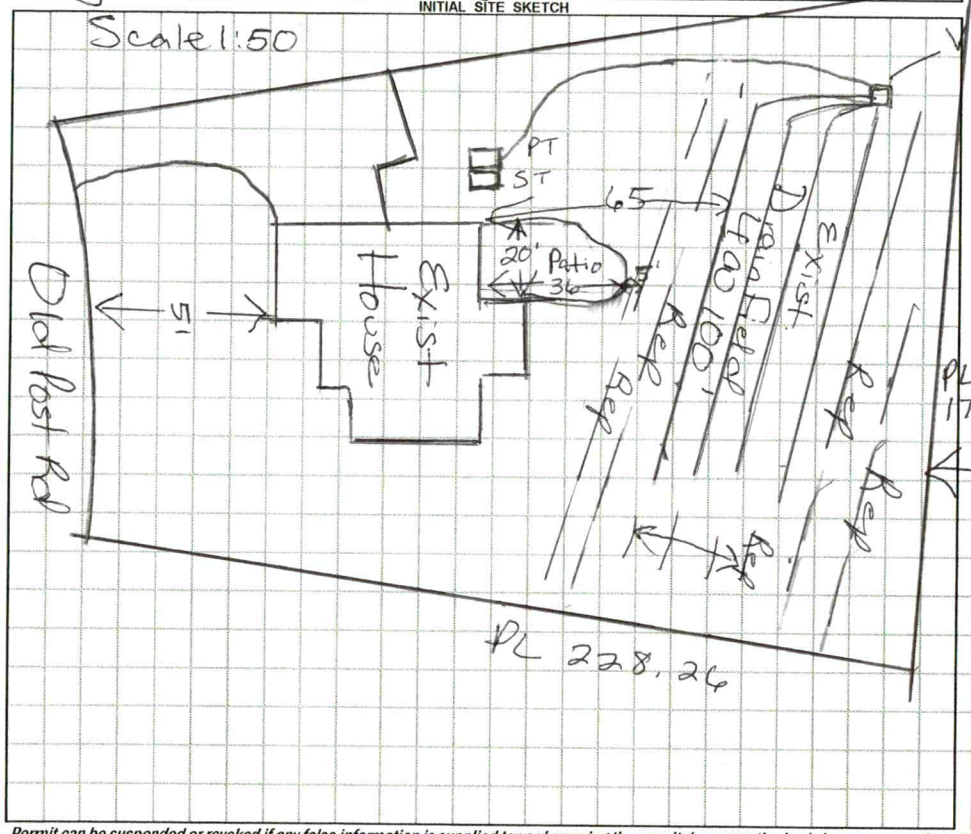
SUBDIVISION: The Point | SECTION: 1A | LOT#: 16 | LOT AREA: .76 Acre | SAP CONTROLLED: N/A ☐ YES ☐ NO | DESIGN FLOW: | L.T.A.R.:

Septic Tank 1500 Exist (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank 1500 Exist (gal)	PT	Date	System Description: Exist LPPBPS		☐ Business	No. Persons 10	☐ Private
Pump Make	Model	Serial #	Repair System Description: Same		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines Exist	Linear Ft	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

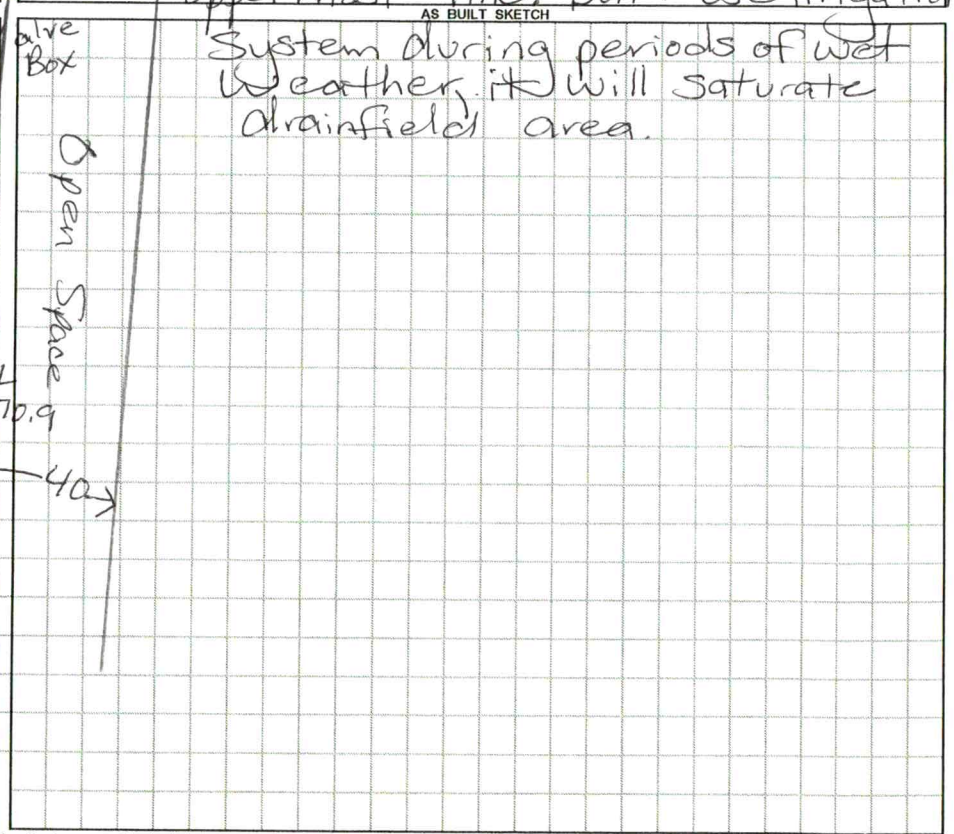
Comments / Conditions: * Keep Patio 5FT From Septic System, including repair

* Existing Septic System needs lid replaced on distal end box of uppermost line. Don't use irrigation System during periods of wet weather, it will saturate drainfield area.

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: Jane DeBartolo | Date: 9/22/20 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maria Dotson | Date: 9/9/2020

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.

RECEIVED JUN 22 2020

AP-308415
$250.00

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 ( ) 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: Jane DeBartolo **Address:** 156 Old Post Rd **Zip:** 28117

Applicant Email: connsailor@gmail.com **Phone:** 704.740.6078 **Alt. Phone:** _____

Owner Name: Jane E DeBartolo **Address:** 156 Old Post Rd **Zip:** 28117

Owner Email: connsailor@gmail.com **Phone:** 704.740.6078 **Alt. Phone:** _____

****

Property Information:

Street Address: 156 Old Post Rd

Subdivision Name: The Point **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 5 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — (✓) Other Addition/Structure: paver patio — ( ) 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 (✓) 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 (✓) 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.

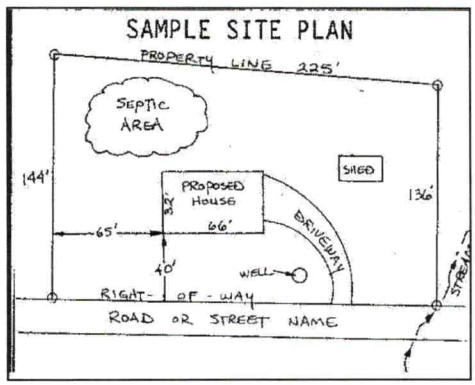
Signature: Jane Ellen DeBartolo 6/19/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **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

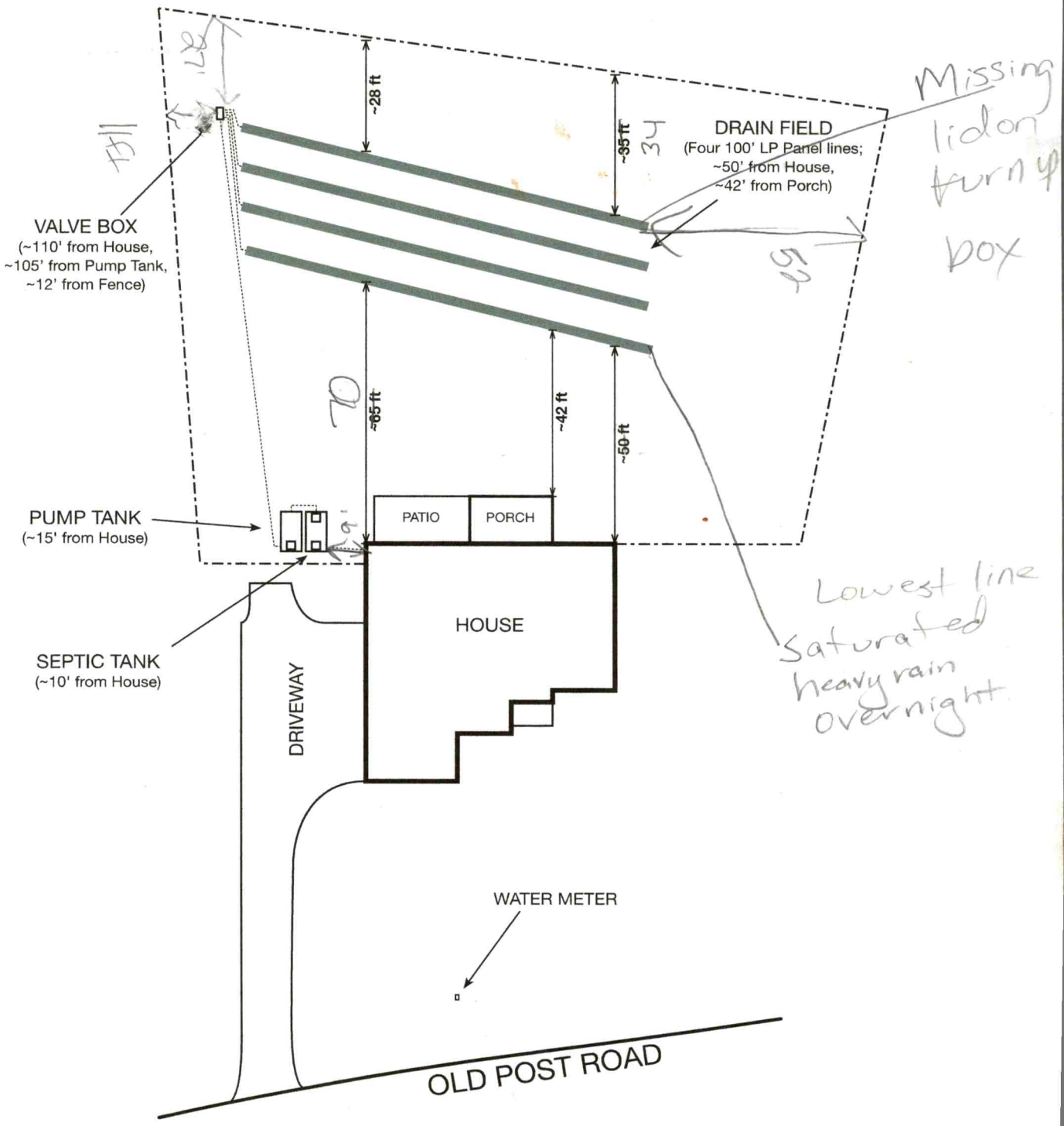
See attached

Signature: Jane Ellen Debartolo

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

06/19/20

DATE



156 Old Post Rd
Mooresville, NC 28117
2020 June 18
(Not to scale)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

3500 paid 3500

PERMIT# 072831 PIN# 4625941684 4635-13-0987 Brian DATE 7/19/2002

OWNER OR CONTRACTOR Simonini Builders PHONE: Business (704) 309-3253 Home

ADDRESS 817 E. Morehead St. Ste. 100 Charlotte NC 28202

LOCATION Brawley School Rd T. the Pointe Dr. T. Meeting House T. Easton Dr to Old Post Rd Rt

SUBDIVISION The Pointe BLOCK / SECTION A LOT 16 LOT AREA .76 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 9/18/02

Pump Tank: 1500 Gallons; PT 539 Date 8/30/02

Pump Make: Model Serial No.

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

No Lines 4@100' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: pump-PM-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

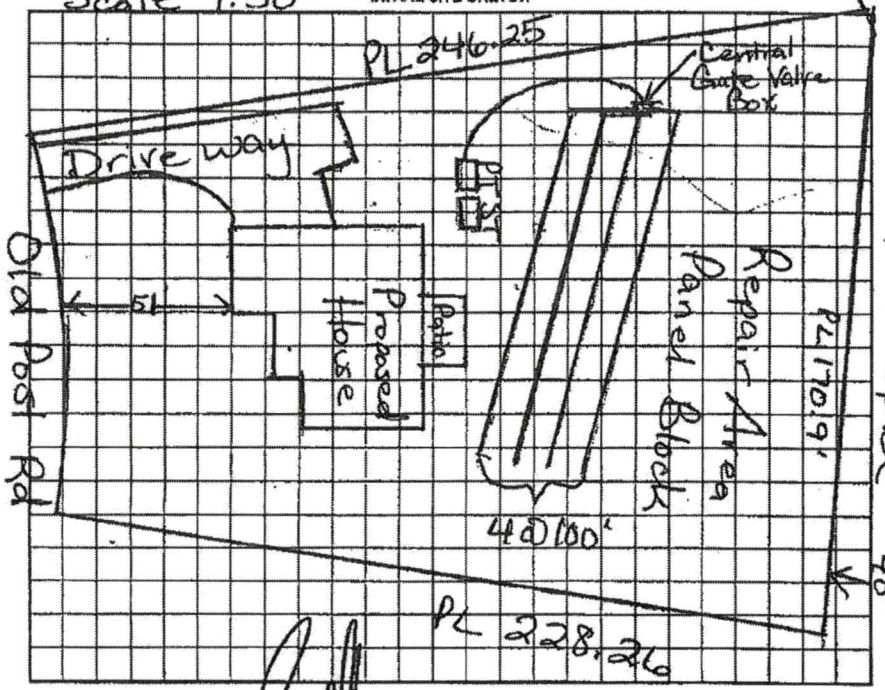
☐ Other

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

Water Supply: ☐ Individual ☒ Public ☒ Community

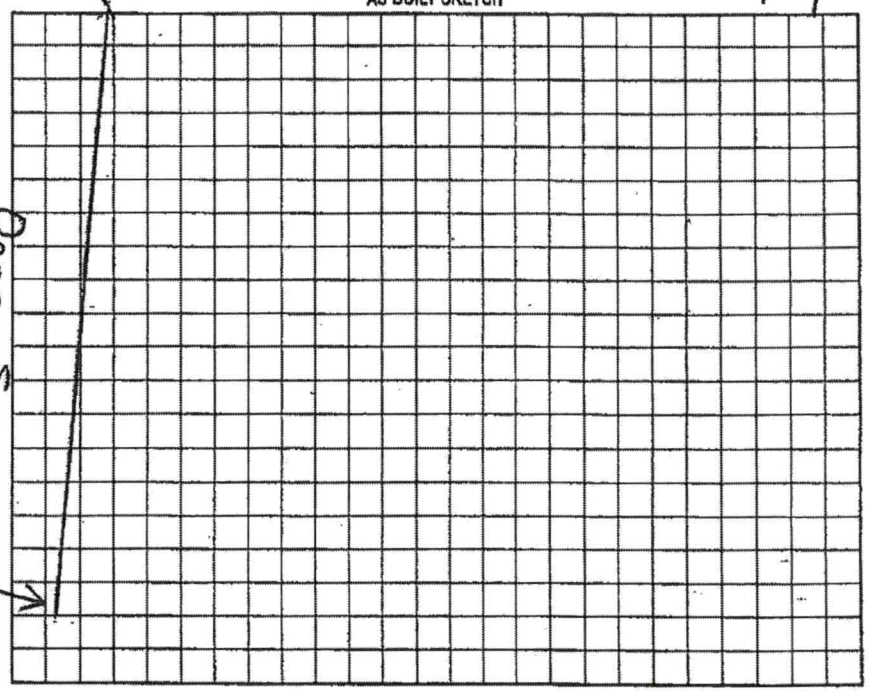
Comments/Conditions: Remove old berms & terraces. Keep Septic System at least 10' from PL. Do Not exceed 100' with drainlines

Scale 1:50 INITIAL SITE SKETCH



Comments/Conditions: Hole drilled = 3/16" Checked lines 11/21/2002 Pressure, Electrical & alarm 1/22/2003

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. 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 7/24/02 Installed by: R & H

Improvement Permit by: Maria H. Dobson RS date 7/22/2002 Operation Permit by: Maria H. Dobson RS date 1/22/03

Authorization to Construct by: Maria H. Dobson RS date 7/22/2002 Existing System Inspection by: date

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

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*) Jane Ellen Debartolo

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, Jane E DeBartolo, am the legal owner(s) of the property located at 156 Old Post Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635-13-0987.000, located in Iredell County, North Carolina.

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

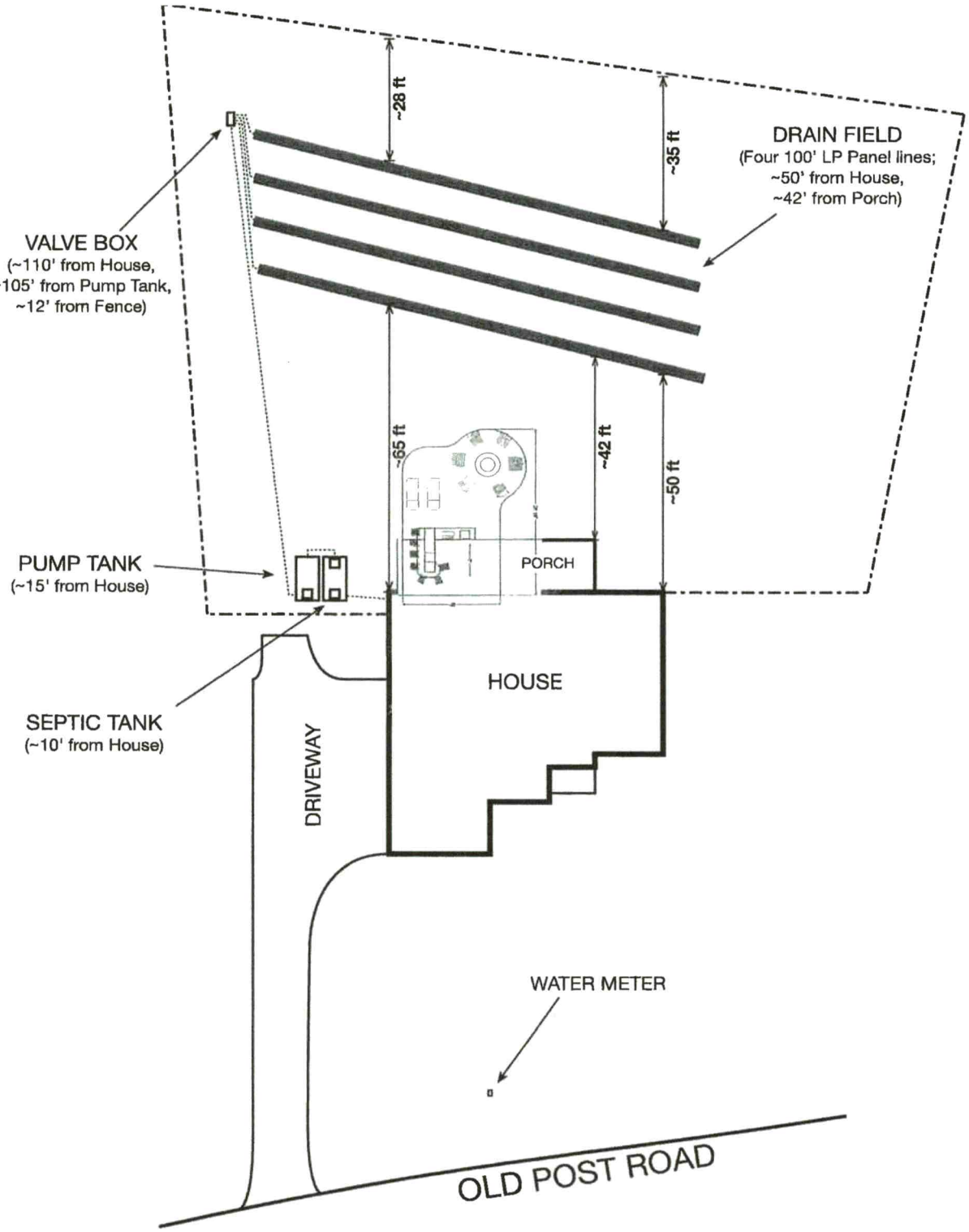
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Jane Ellen Debartolo
Signature of Owner(s)

6/19/20
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



156 Old Post Rd
Mooresville, NC 28117
2020 June 18
(Not to scale)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 3150 paid 3:00 MOORESVILLE 704-664-5281

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

PERMIT# 072831 PIN# 4625941684 4635-13-0987 Brian DATE 7/19/2002

OWNER OR CONTRACTOR Simonini Builders PHONE: Business (704) 309-3253 Home

ADDRESS 817 E. Morehead St. Ste. 100 Charlotte, NC 28202 156 Old Post Rd

LOCATION Brawley School Rd T. the Pointe Dr. T. Meeting House T. Easton Dr to Old Post Rd (Rig

SUBDIVISION The Pointe BLOCK / SECTION A LOT 16 LOT AREA .76 Acre SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 9/18/02

Pump Tank: 1500 Gallons; PT 538 Date 8/30/02

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: pump-PM-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

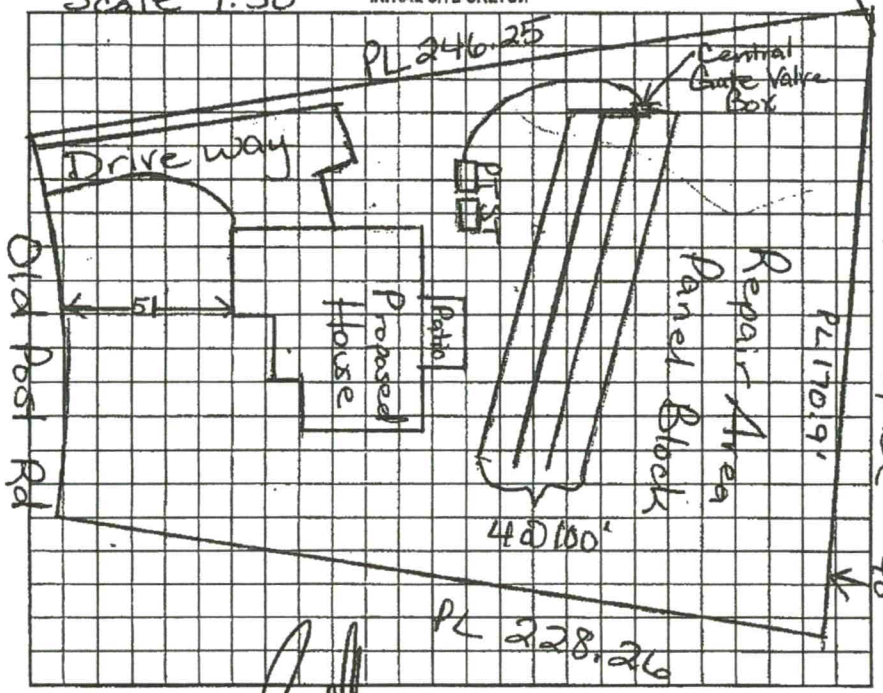
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

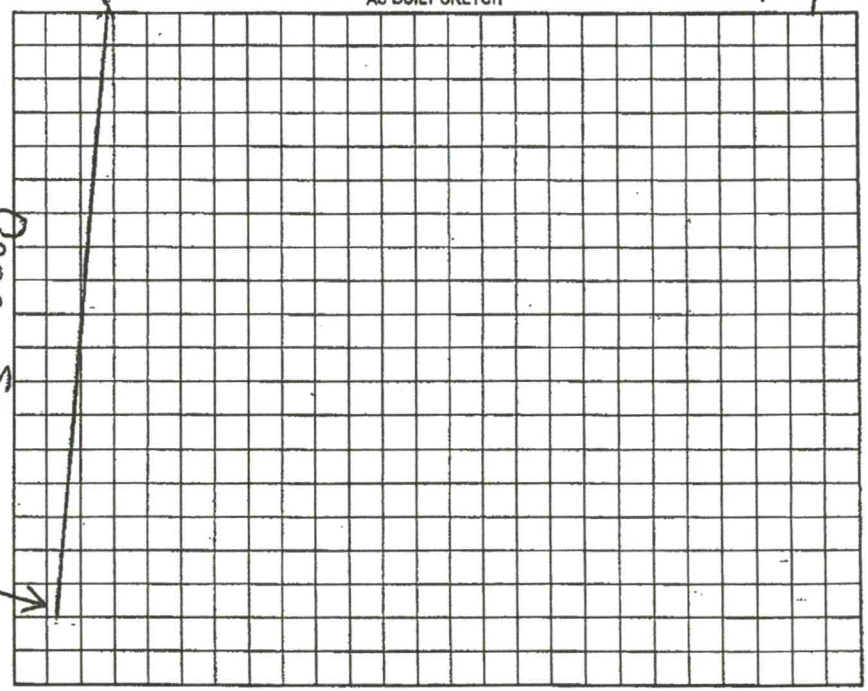
Comments:/Conditions: Remove old berms & terraces. Keep Septic System at least 10' from PL. Do Not exceed 100' with drainlines

Comments:/Conditions: Hole drilled = 3/16" Checked lines 11/21/2002 Pressure, electrical & alarm 1/22/2003

Scale 1:50 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. 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 7/24/02 Installed by: R & H

Improvement Permit by: Maria H. Dobson RS date 7/22/2002 Operation Permit by: Maria H. Dobson RS date 1/22/03

Authorization to Construct by: Maria H. Dobson RS date 7/22/2002 Existing System Inspection by: _____ date _____

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

DeBartolo Project
1 box = 1'

