LL COUNTY HEALTH DEPARTMENT KW

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

IPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PERMIT # 238320

PIN # 4635143398

OWNER: John Mark Norman APPLICANT ADDRESS: 126 Old Post Rd Mooresville, NC

SITE ADDRESS: 126 Old Post Rd Mooresville, NC PHONE: 704 576-3887 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to traffic circle to Point Dr TL Easton TR Old Post

SUBDIVISION: The Point SECTION: A LOT # 13 LOT AREA: .86 Acre SAP CONTROLLED: ☐ YES ☒ NO

Septic Tank Min 1000 (gal) STB 390 Date 7/18/19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 400

Trench Width 36" Trench Bottom Depth (Low side) 24-36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction LPD PPBP3

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

DESIGN FLOW: 480gpd L.T.A.R.: 1.3

☒ 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:

2/27/19 Reviewed Floor plans, house slightly wider than house on septic plan. *Must build house at minimum 15'4 side setback.

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 8/27/18)

AS BUILT SKETCH

11/18/19 ST 10'1/2"4 from house

11/15/19: Shoaf top-seam Conc. tank (1500gal) w/ a Polylok PL-68 effluent filter

L1	3 3 55'	IQ4W chambers installed @ 32"-36" TB w/ Laser. Elevations OK.
L2	66	
L3	74	
L4	86	
L5	119	
	460	

...an 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 ...

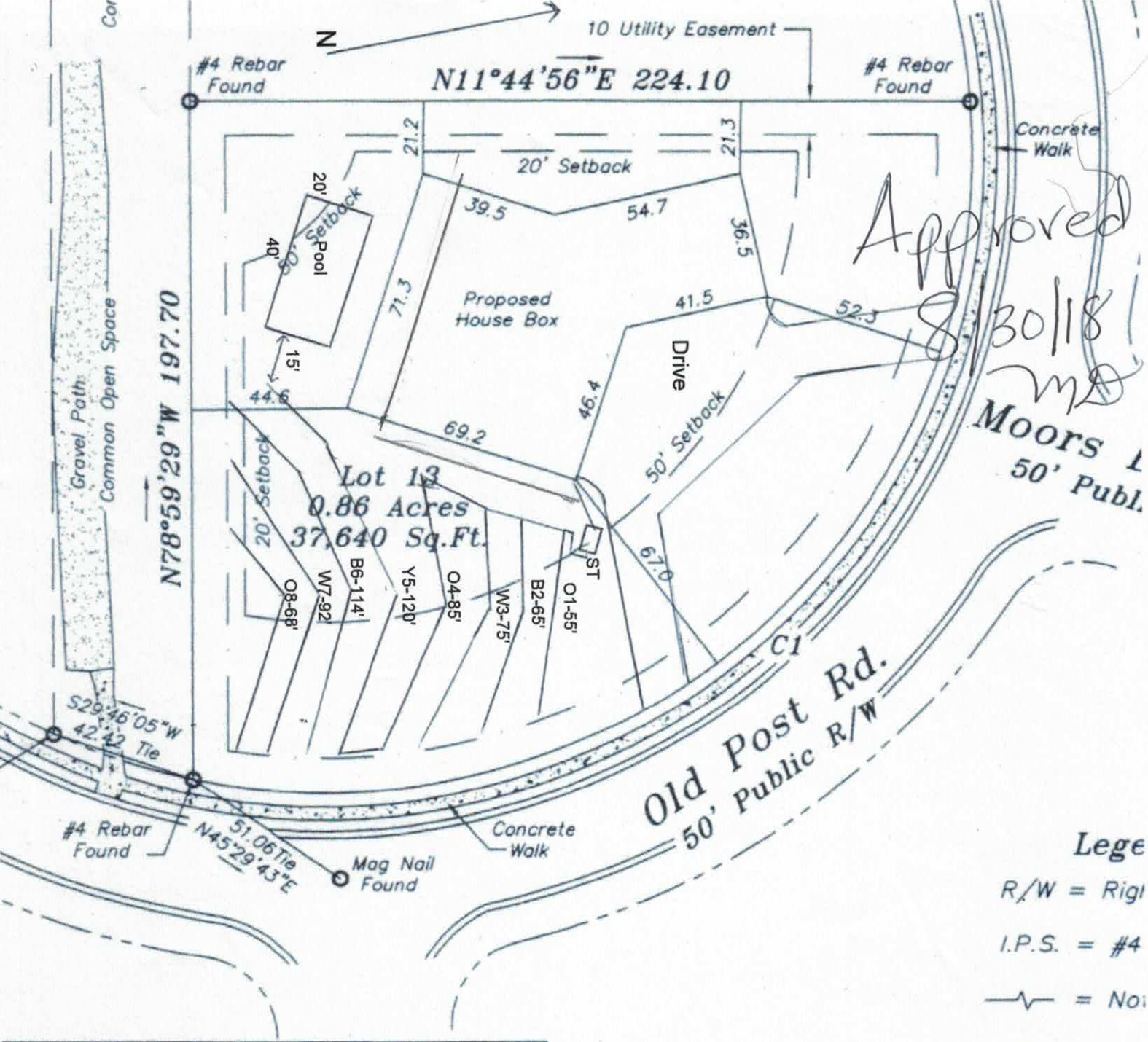
...PROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT

Applicant Signature: K Smith Date: 9/4/18 Installed by: Rick

...EMENT PERMIT by: Maria Dolan Date: 8/30/18 OPERATION P...

...ZATION TO CONSTRUCT by: Maria Dolan Date: 2/27/19

FOR SEPTIC FINAL INSPECTION: CALL 704-...



CURVE TABLE		
RADIUS	Chord Distance	Chrod Bearing
185.00	296.92	N29°59'33"W

Lege
R/W = Rig
I.P.S. = #4
= No
= Cab
WV = Wat
= Uti
= Wat

ay be subject to any Easements,
d/or Restrictive Covenants.
ation based on Plat Book: 31 at
led in the Iredell County Register

an existing
f land.

1"=40'

GRAPHIC SCAI

60 0 30 60



Approved
MD
8/30/18

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

Reference: Data Sheet for 126 Old Post Rd, The Point 1A Lot 13
House Footprint: See attached plan
Building Setbacks: 50' front/rear, 20' side
Water Source: Community Well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length
Orange 1	**55'**	**59'**
Blue 2	**65'**	**68'**
White 3	**75'**	**79'**
Orange 4	**85'**	**86'**
Yellow 5	**120'**	**134'**
Blue 6		114'
White 7		92'
Orange 8		68'

Initial System: 400' **Repair System:** 274'

Comments:
This lot has an existing permit. MA&A has laid out a system according to the specific house. The system is in the previously approved soil area.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CPI APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3-10-98

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Lot 11 The Pointe formerly 110 PROPERTY RECORDED: _____

Now Lot 13

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	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	NEW PIT	0-16	MI sa/b-fbk)	a/cl fr ss sp sspsep					PS -3
		16-51	wf sab	sbk/cl fi ss sp sep					
			fine sand fine silty,	common mica flakes					
2	EXPT TCJ #6	0-5	loam, sal	fr					PS ,3
		5-24	mi sab rce	fr ss sp sp sap					
		24-48	sdc	wet	fine sand silty				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

28320

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: John Mark Norman **Address:** 126 Old Post Rd, Mooresville, NC **Zip:** 28117

Applicant Email: john.norman@greerwalker.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 126 Old Post Rd

Subdivision Name: The Point **Section/Phase:** 1A **Lot Number:** 13

Driving Directions: _____

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

(✓) 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: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 (✓) 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: Accepted

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: _____ 8/27/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) *beside whichever is submitted if applicable*

Applicant Information: (PRINT CLEARLY)

Applicant Name: WARREN / SMITH Address: 178 TORRENCE CHAPEL RD Zip: 28117
Applicant Email: WSMITH@COURTLANDHOMEBUILDER.COM Phone: 704-363-1627 Alt. Phone: _____
Owner Name: MARK & LINDSAY MIKITA Address: 2508 PINE WOODS DR NAPERVILLE Zip: 60565
Owner Email: LMPSAYMIKITA@GMAIL.COM Phone: 630-864-7197 Alt. Phone: _____

Property Information:

Street Address: 176 OLD POST RD MOORESVILLE NC 28117
Subdivision Name: THE POINT Section/Phase: 1A Lot Number: 13
Driving Directions: BRAWLEY SCH TO THE POINT DR LF ON MEETINGS LF ON EASTON TO OLD POST ON RT

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

(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
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( ) Other Addition/Structure: _____

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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: _____ 2/14/19
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, John M and Melissa C Norman, am the legal owner(s) of the property located at 126 Old Post Rd, identified as PIN (Parcel Identification Number) 4635143398, 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.

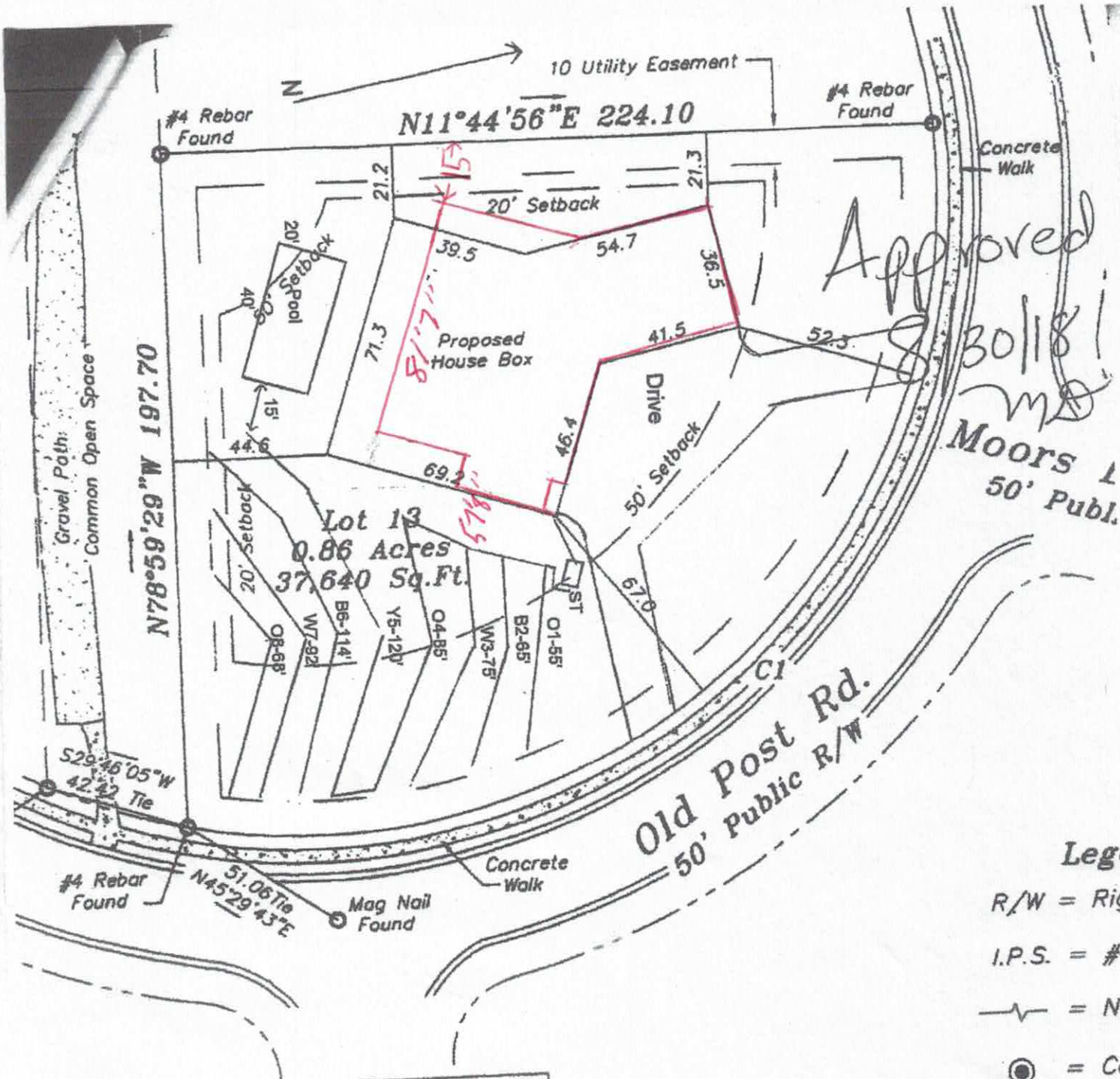
John M. Norman 8/21/18
Melissa C. Norman 8/21/18
Signature of Owner(s) Date

Jennifer Noel Faucett 8/21/18
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



CURVE TABLE		
RADIUS	Chord Distance	Chrod Bearing
185.00	296.92	N29°59'33"W

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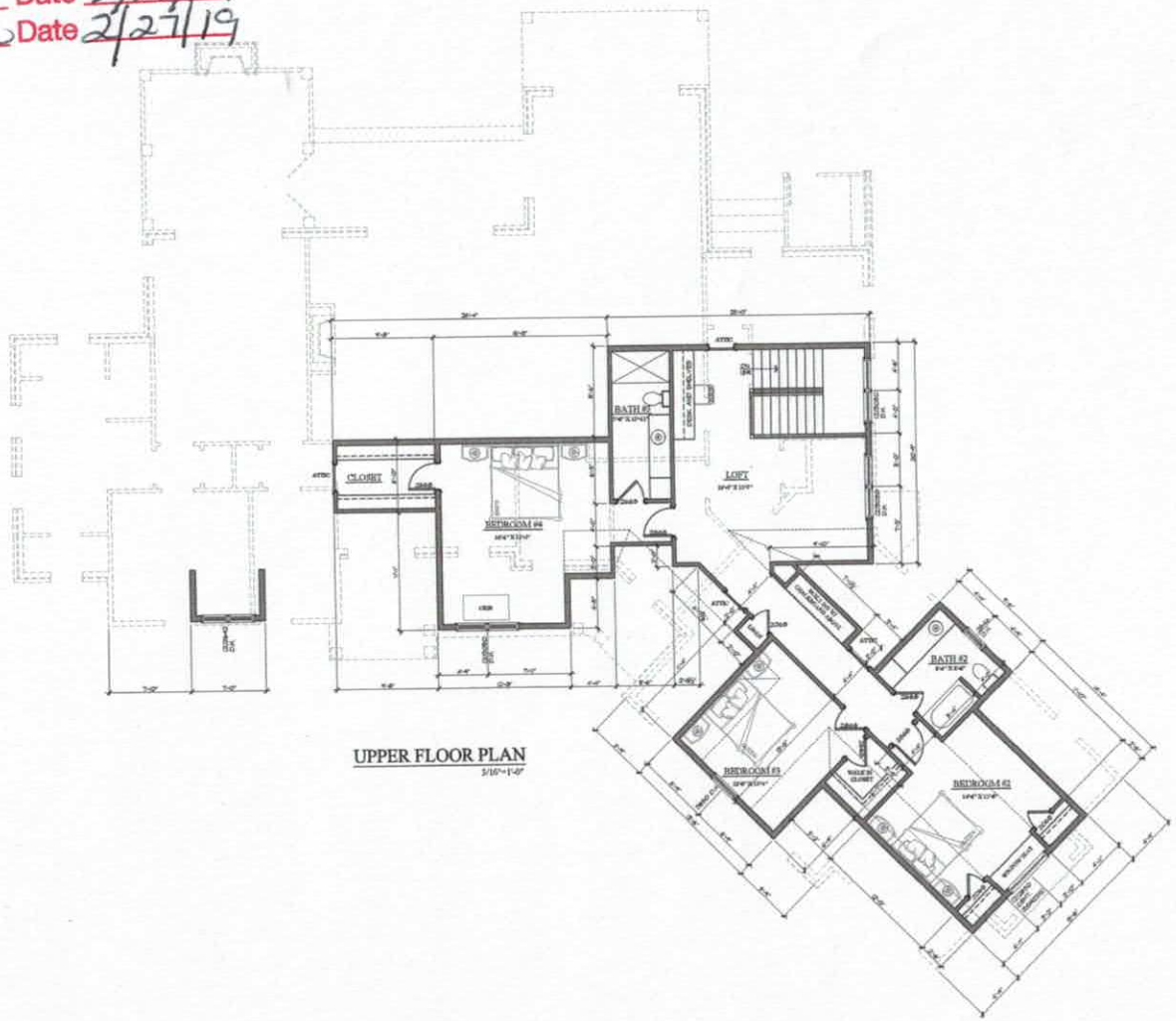
GRAPHIC SCA

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Acknowledgement of
Plans Submittal ONLY!

Date 2/14/19

Date 2/27/19



UPPER FLOOR PLAN

SOUTHGATE RESIDENTIAL LLC

THE MIKITA RESIDENCE
126 OLD POST ROAD
MOORESVILLE, NC

01-21-19

Acknowledgement of
Plans Submittal ONLY!

Date 2/14/19

Date 2/25/19

81'7"

57'8"



MAIN FLOOR PLAN

SOUTHGATE RESIDENTIAL LLC

THE MIKITA RESIDENCE
126 OLD POST ROAD
MOORESVILLE, NC

01-21-19