KJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-301744

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

PIN # 4635-16-2786

APPLICANT/OWNER: Stephen + Lisa McKnight | APPLICANT ADDRESS: 186 Mayfair Rd. Mooresville, NC 28117

SITE ADDRESS: 186 Mayfair Rd. Mooresville, NC 28117 | PHONE: 704-746-4393 | ALT. PHONE —

SITE DIRECTIONS: BSR towards Lake Norman → Chatham → Mayfair → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point ON NORMAN | SECTION: I-B | LOT # 27 | LOT AREA: 0.799 | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3 (Existing)

Septic Tank ____ (gal)	STB	Date	
Pump Tank ____ (gal)	PT	Date	
Pump Make	Model	Serial #	
# Nitrification Fields	# Lines	Linear Ft	
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth —	

EXISTING

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

System Description: Existing - 25% Reduction

Repair System Description: Existing - LP PP BPS (50% Reduction)

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: System appeared to be properly functioning at time of site visit.

INITIAL SITE SKETCH

See attached 30-scale drawing (dated 12-28-19) showing 20'x40' pool (+ existing patio area) (along with proven repair area)

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**

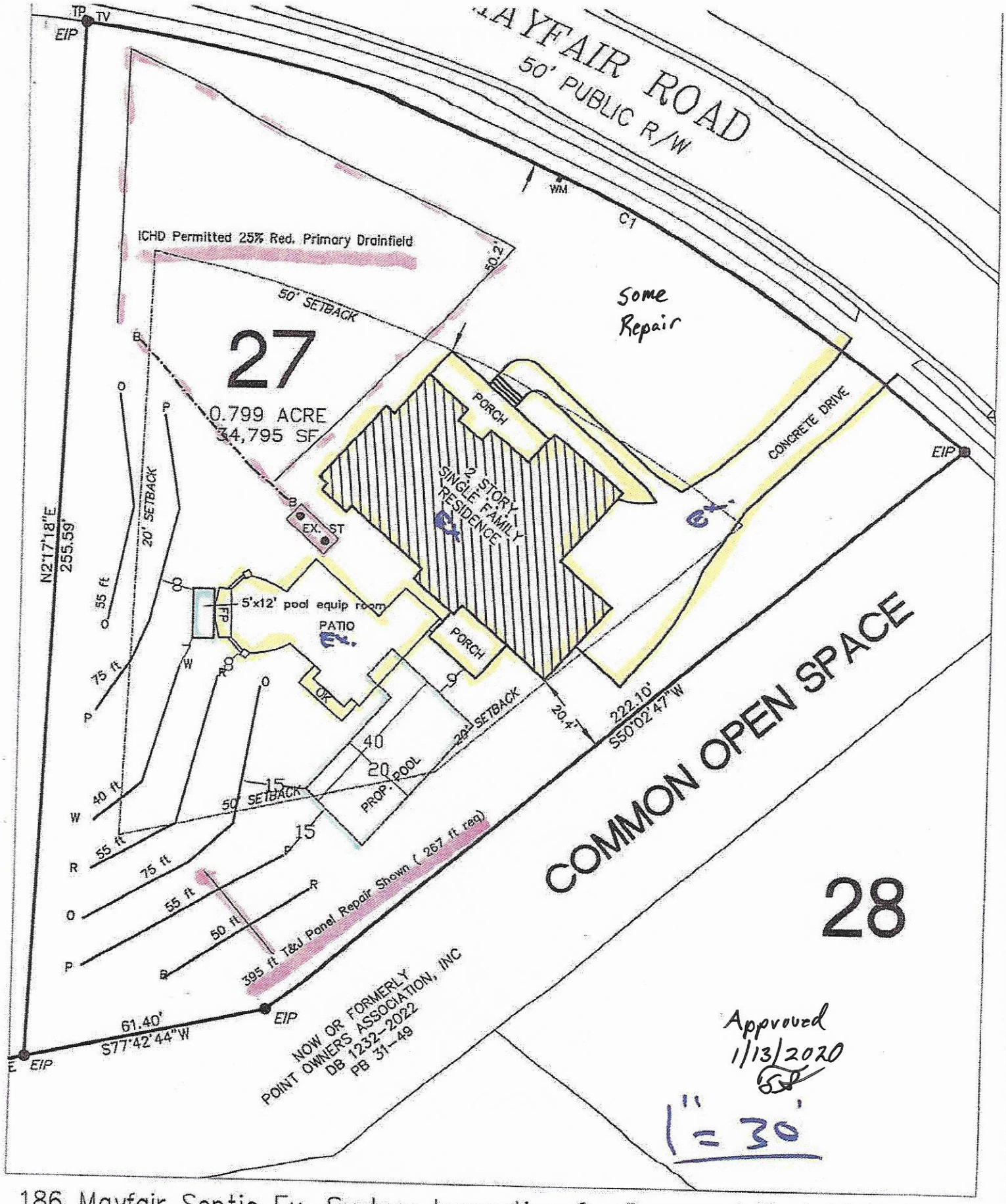
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Eileen McPhee | Date: 1/16/2020 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Thomas Shuck | Date: 1/13/2020

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.



186 Mayfair Septic Ex. System Inspection for Proposed Pool 12.28.19

site plan must be reviewed and approved by ICHD

Call Paul Pennington for site visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-301774

704.996.6330 1/2/20

$250.00

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Stephen and Lisa McKnight Address: 186 Mayfair Rd Zip: 28117

Applicant Email: rwpcubfan@gmail.com Phone: 704.746.4393 Alt. Phone: _____

Owner Name: SAME AS ABOVE Address: _____ Zip: _____

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

Property Information:

Street Address: 186 Mayfair Rd

Subdivision Name: The Point Section/Phase: 1B Lot Number: 27

Driving Directions: BRAWLEY SCH RD, TL CHATHAM, TL MAYFAIR, LOT ON RD

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

EK

(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: _____

CHECK FOUNDATION TYPE
(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: 2013

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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: _____ 12.30.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

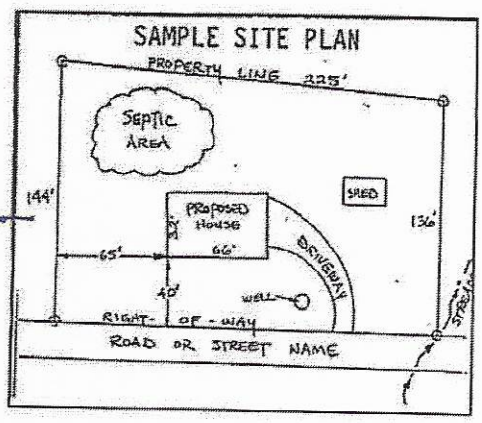
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
( ) Preferred driveway location Ex
( ) Preferred well location Ex
( ) Preferred septic system location Ex — Repair Sketch
(X) 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

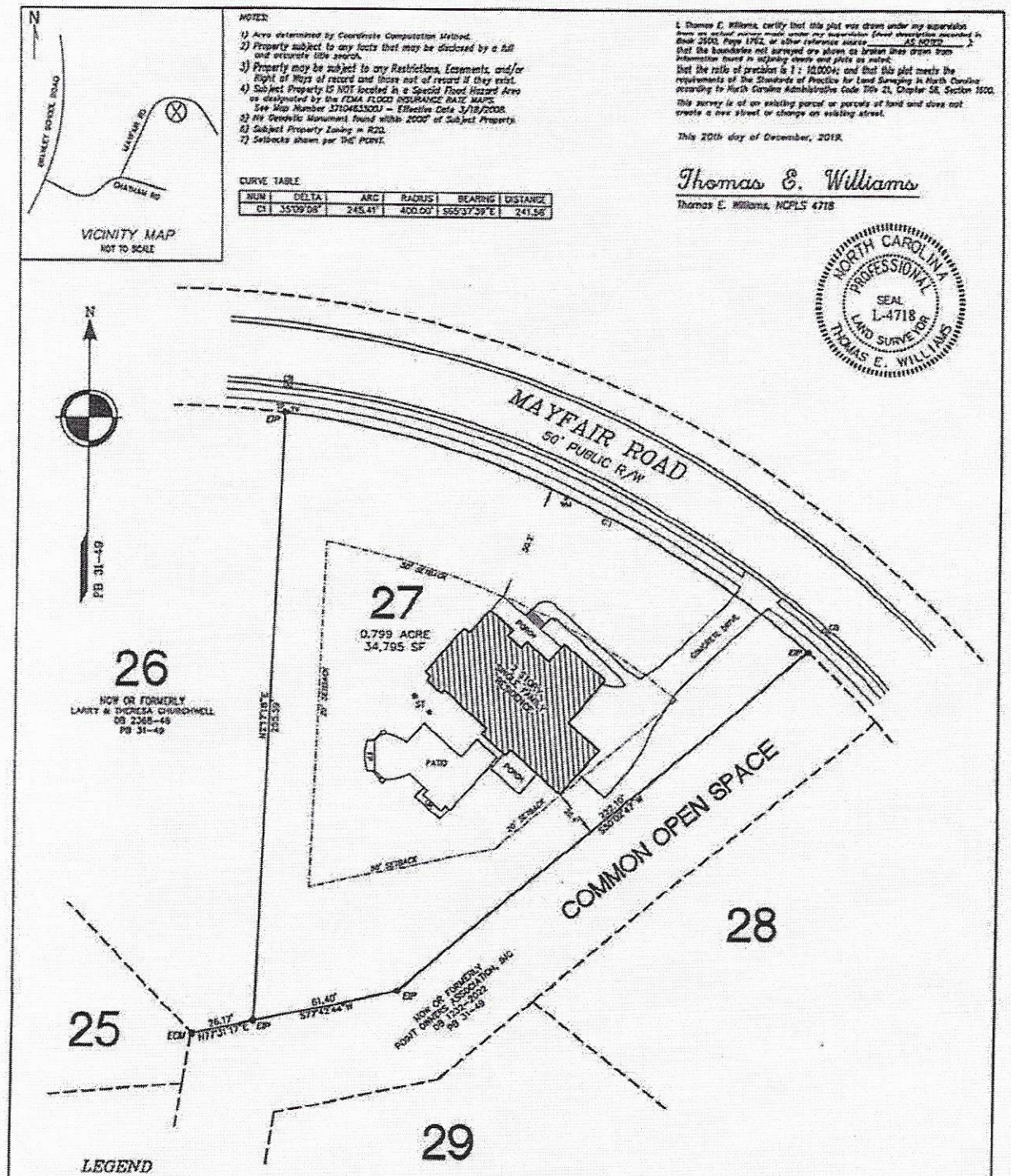
See attached site plan.

Signature: _____

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

12.30.19

DATE



NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Restrictions, Easements, and/or Right of Ways of record and those not of record if they exist.
4) Subject Property IS NOT located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS, 5th Map Number 3710463300J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning is R20.
7) Setbacks shown per 'PUD' PLAT.

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	35°09'08"	245.41'	400.00'	S65°37'39"E	241.58'

VICINITY MAP
NOT TO SCALE

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2600, Page 1762, or other reference source AS NOTED.); that the boundaries not surveyed are shown as broken lines drawn from information found in Instrument cited and plats as noted.

That the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 20th day of December, 2019.

Thomas E. Williams

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

LEGEND

	PROPERTY LINE
	RIGHT OF WAY
	TIE LINE
	ADJOINING PROPERTY LINE FROM DEED OR PLAT
	BUILDING SETBACK LINE
EIP	EXISTING ½ REBAR
ECM	EXISTING CONCRETE MONUMENT
WM	WATER METER
TV	CABLE TV BOX
TP	TELEPHONE PEDESTAL
CB	CATCH BASIN
ST	SEPTIC TANK
FP	OUTDOOR FIREPLACE
OK	OUTDOOR KITCHEN

40 0 40 60
SCALE: 1" = 40'

NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●) ALL OTHERS CALCULATED POINTS (○)

Williams Land Surveying, Inc.
License Number C-3638
274 Beaumont Drive, Statesville, NC 28625
phone:(704) 873-0896 ~ email:
file: 19-PHTLMAP2

Boundary and Physical Survey
186 Mayfair Road
THE POINT ON NORMAN
PHASE 1B MAP 2
LOT 27
Davidson Township, Iredell County, NC
PIN# 4635-16-2786 ~ DB 2600-1762 ~ PB 31-49
Property of: Stephen & Lisa McKnight

3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 175160 PIN # 4635162786

OWNER or APPLICANT ES Johnson Builders LLC DATE 11-6-2012

OWNER or APPLICANT ADDRESS P.O. Box 1402 Cornelius NC 28031 PHONE: Business 704 987-7950 Home Charlie McGarity 704 819 2193

LOCATION / DIRECTIONS Brawley School Rd TL Chatham TL Mayfair on right past Forestdale Ln (by Walkin Trail)

SUBDIVISION The Point BLOCK / SECTION 1-B LOT # 27 LOT AREA .794 DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank 1500 Gallons: STB 494 Date 3-2-13

Pump Tank ___ Gallons: PT ___ Date ___

Pump Make ___ Model ___ Serial # ___

Nitrification Field No Fields 1 No Lines 5 Linear Feet 335 500

Trench Width min 24" Max. Trench Bottom Depth 30-36" Gravel Depth N/A

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

System Description: Gravity Pressured Block LPP BS 25% Red.

Repair System Descrip

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

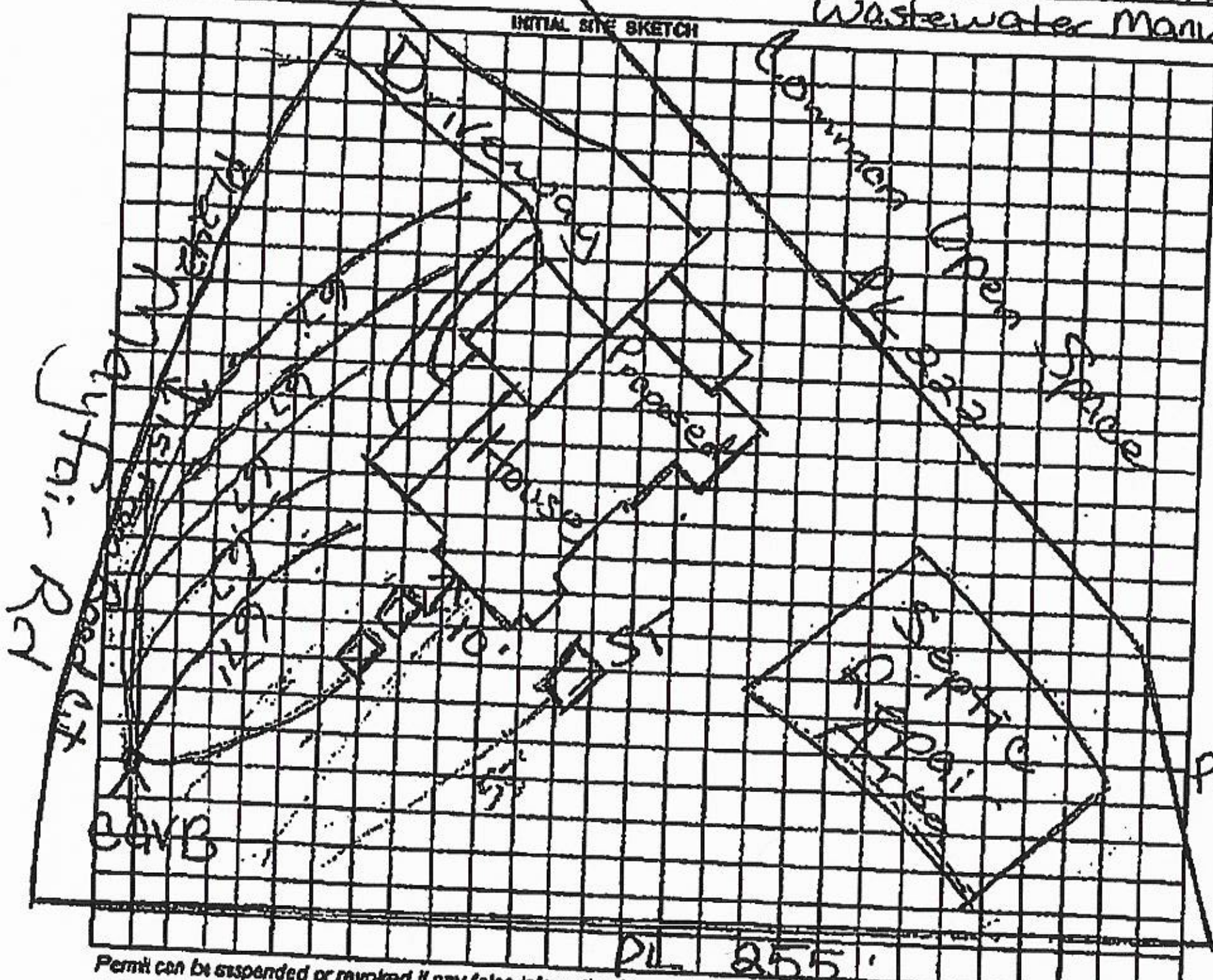
☒ Residence / No. Bedrooms 5
☐ Business No. Persons ___
☒ Other No. Employees ___
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☐ Private ☒ Public ☒ Community

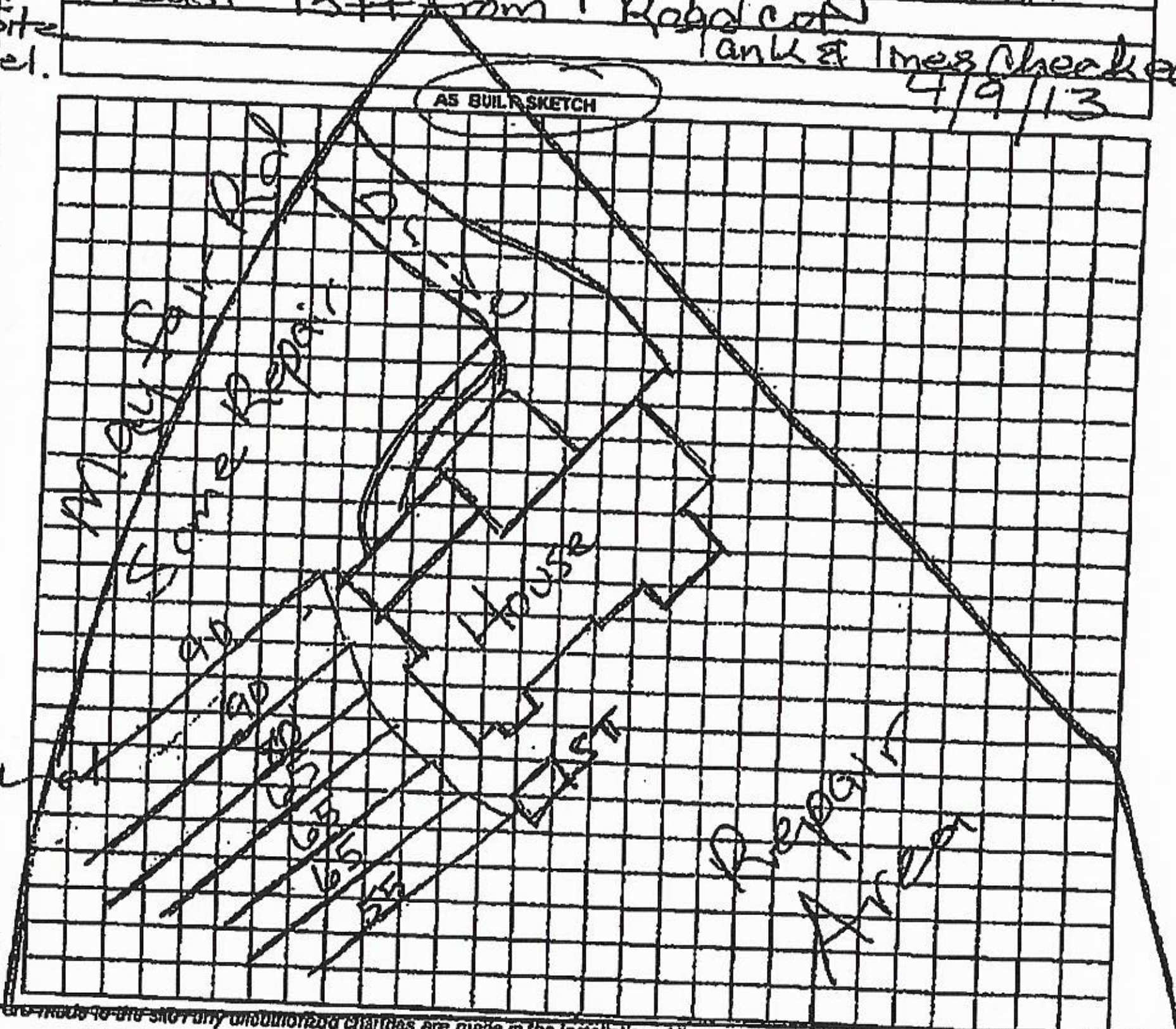
Comments / Conditions
★ Follow specs. Outlined in Crescent Communities OnSite Wastewater Manual.

Comments / Conditions
Note: Keep Septic System at least 15 ft from Road cut
Tank & lines Checked 4/9/13

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 w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / 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 11/7/12

Improvement Permit by: [signature] BS Date 11/6/12

Authorization to Construct by: [signature] BS Date 11/6/12

Installed by: Willie Christenbury & Lawing

Operation Permit by: [signature] BS Date: 5/13/13

Existing System Inspected by: ___ Date: ___

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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, Stephen and Lisa McKnight, am the legal owner(s) of the property located at 186 Mayfair Rd, identified as

PIN (Parcel Identification Number) 4635162786.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting Bob Pippin/Charlotte Pools, 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.

_____ 12/31/2019

Signature of Owner(s) Date

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