ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 320525

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

PIN # 4635 --23 --027

APPLICANT/OWNER: Ed & Anne Lowder APPLICANT ADDRESS: 103 Barnstable Ct, Mooresville 28117

SITE ADDRESS: 103 Barnstable Ct, Mooresville 28117 PHONE: 704-906-6414 ALT. PHONE –

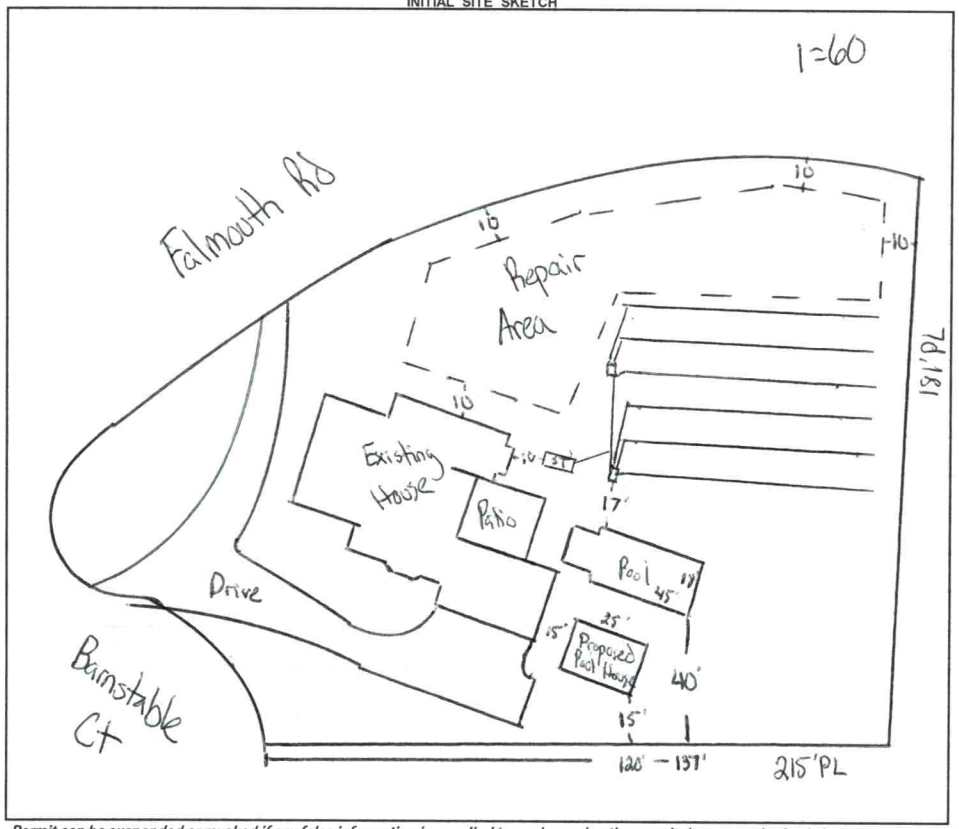
SITE DIRECTIONS: Brawley School - Point Rd - Meeting House - Easton - Old Post - Falmouth - Barnstable SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Point on Lake Norman SECTION: 1A LOT # 26 LOT AREA: 1 acre DESIGN FLOW: EXISTING

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	(gal)	PT	Date	System Description: EXISTING	☐ Business	No. Persons 10	☐ Private
Pump Make	Model		Serial #	Repair System Description: LPPPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines		Linear Ft: EXISTING	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 pool 15' from any septic component. Permit was for relocation of repair.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Relocation repair area only

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: 10-13-21 Installed by: Bob Mayhew

IMPROVEMENT PERMIT by: Cory Wirth Date: 10/11/21 OPERATION PERMIT by: Wesley Sparks Date: 11/4/99

AUTHORIZATION TO CONSTRUCT by: Cory Wirth Date: 10/11/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0721 27 PIN# 4625 94 1684 4635-13-5347 DATE 11/4/99

OWNER OR CONTRACTOR Potter Builders Inc. PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100 TL Pointe Dr. TL Meeting House TL Existing TR Old Post Rd. to corner of Falmouth and Barnstable ct.

SUBDIVISION POINTE BLOCK / SECTION 1A LOT 26 LOT AREA 1AC SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 797 Date 8/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1499 Linear Feet 499
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND

[X] New System [ ] Repair System Type: I. II. (III) IV. V. VI
System Description: CHPLAS OF NDS - GRAVITY
Repair System Description: Pressure
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

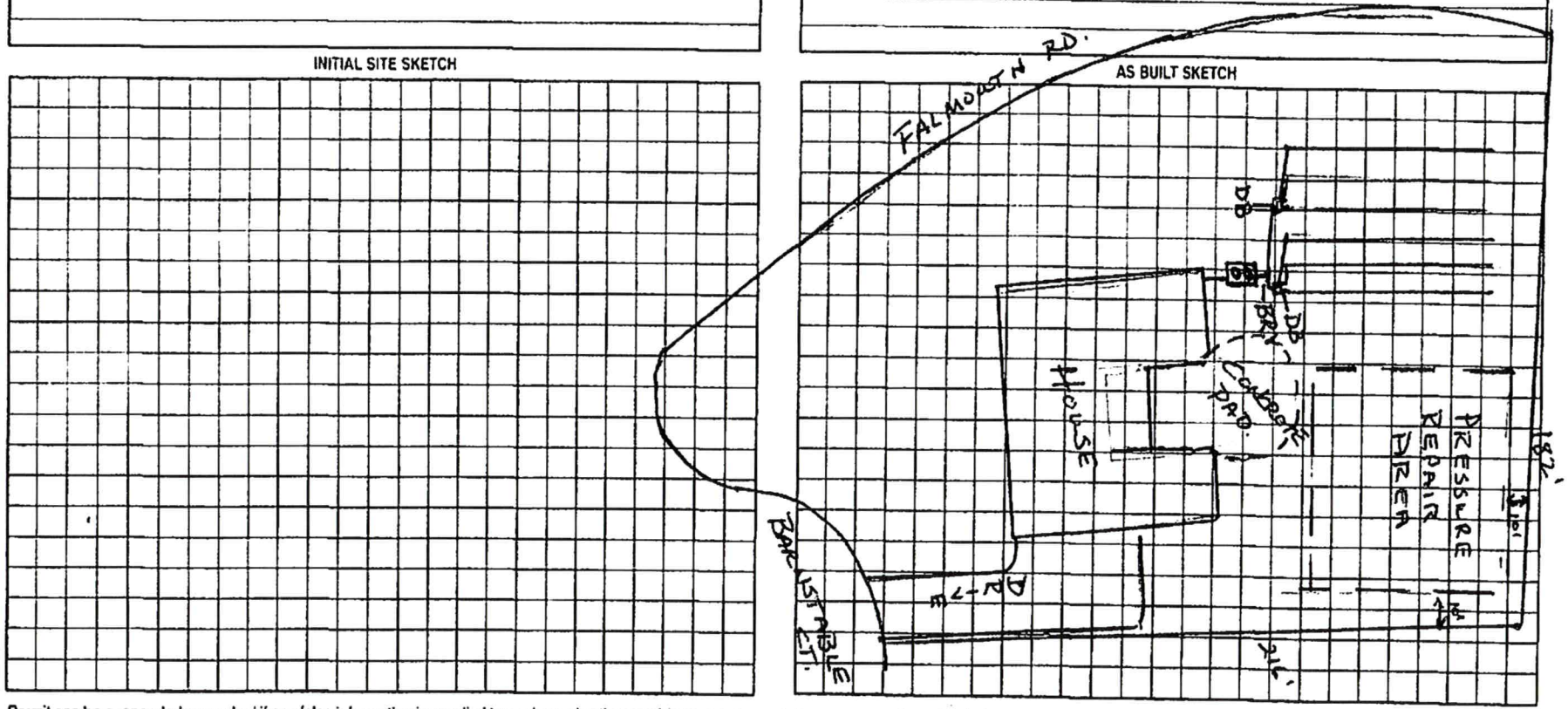
Water Supply:
[ ] Individual
[ ] Public
[X] Community

Comments/Conditions

Comments/Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH



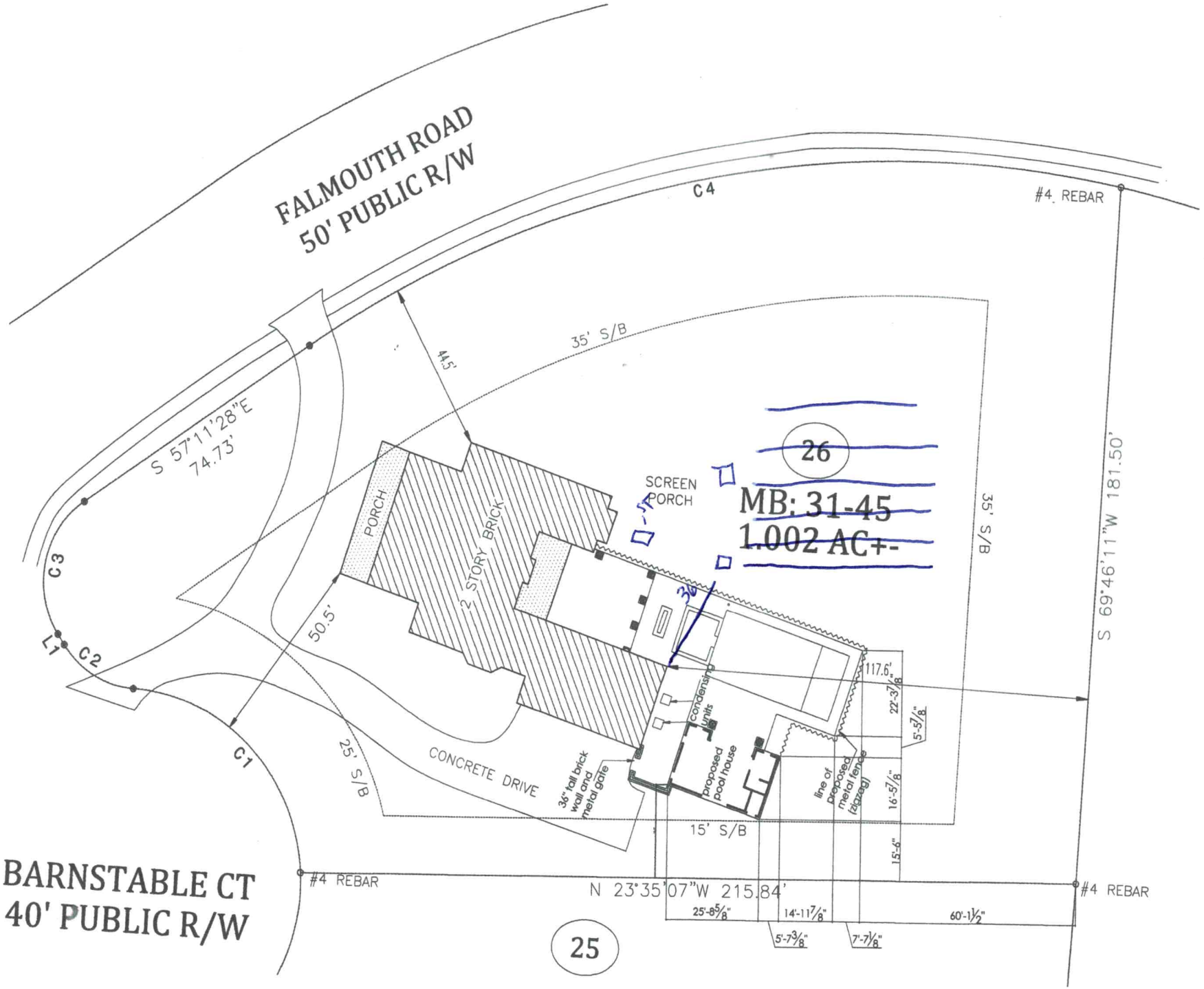
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan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

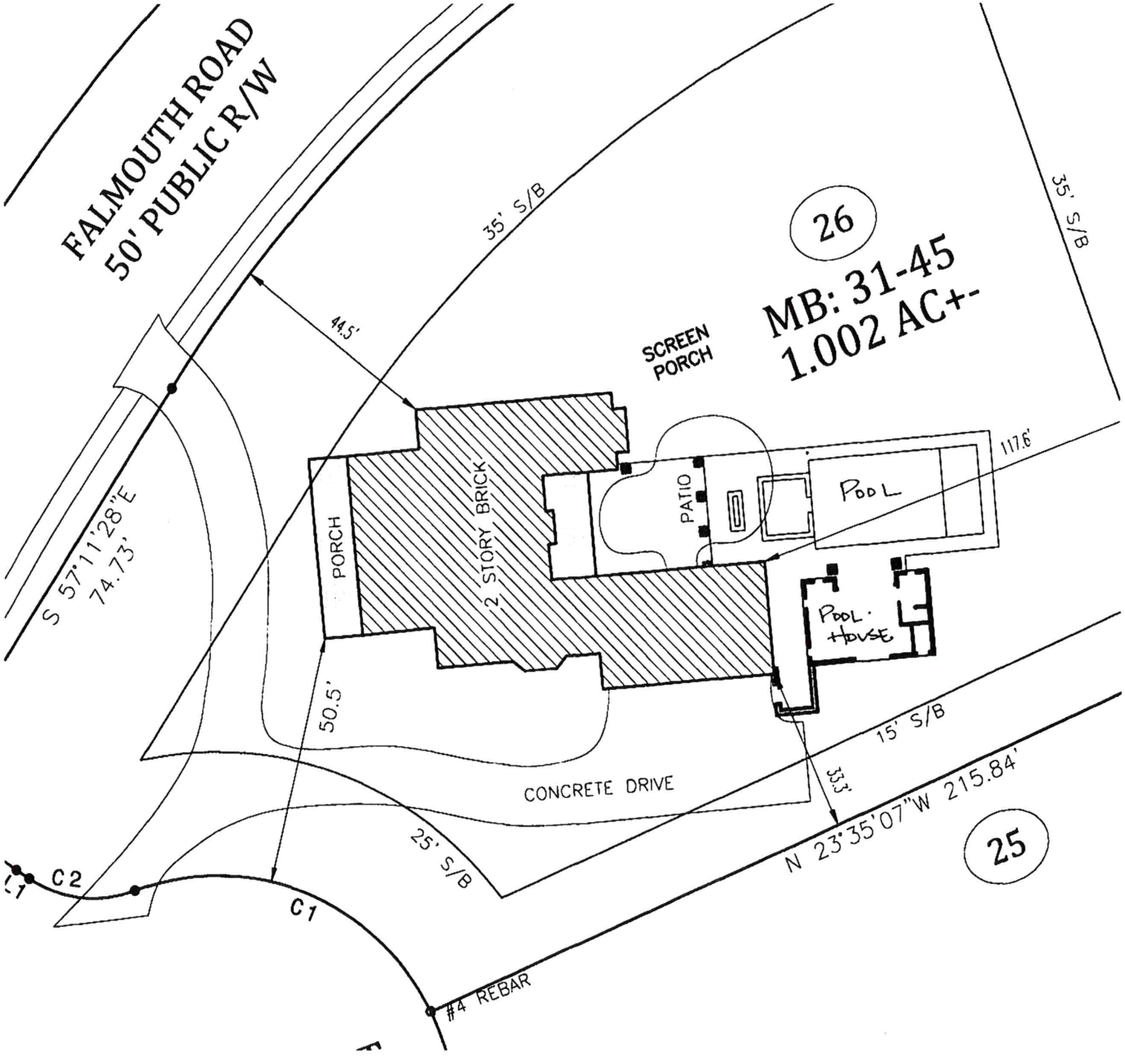
Signed: _____ date _____ Installed by: Bob Mayhew

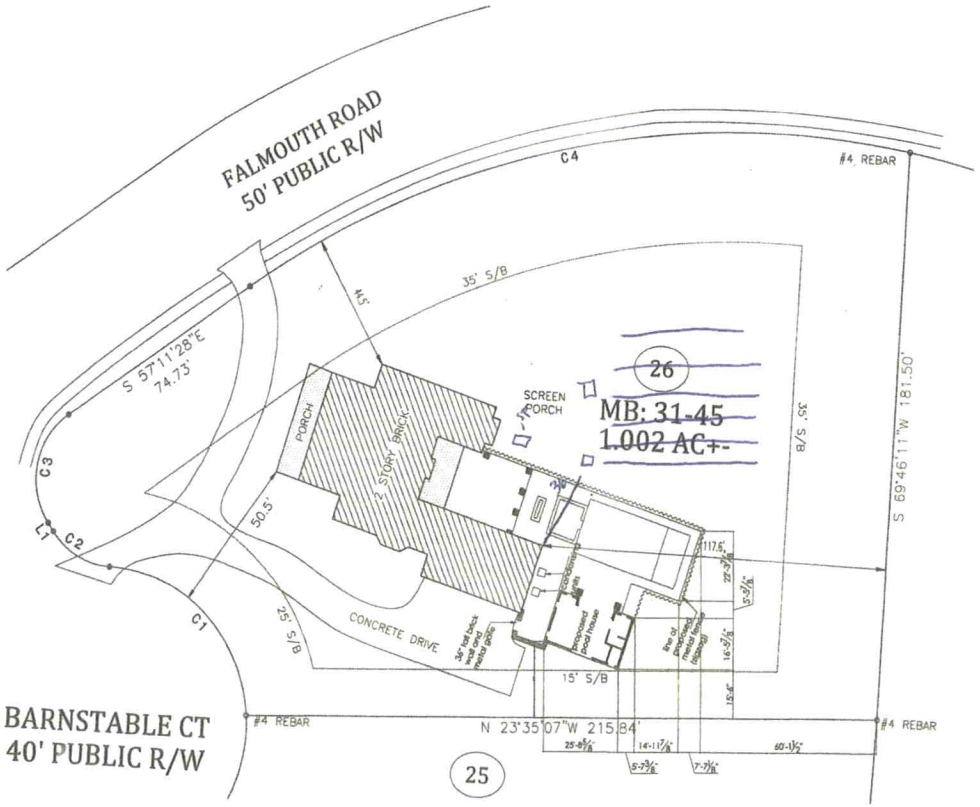
Improvement Permit by: _____ date _____ Operation Permit by: Wesley Sparks RS. date 11/4/99

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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


FALMOUTH ROAD
50' PUBLIC R/W
C4
#4 REBAR
35' S/B
44.5'
S 57°11'28"E
74.73'
C3
L1
C2
C1
50.5'
PORCH
2 STORY BRICK
SCREEN PORCH
26
MB: 31-45
1.002 AC+-
35' S/B
S 69°46'11"W 181.50'
condensing units
proposed pool house
117.6'
22'-3 1/8"
5'-5 7/8"
16'-3 7/8"
15'-6"
line of proposed metal fence (zigzag)
36" tall brick wall and metal gate
CONCRETE DRIVE
25' S/B
15' S/B
BARNSTABLE CT
40' PUBLIC R/W
#4 REBAR
N 23°35'07"W 215.84'
#4 REBAR
25'-8 5/8"
14'-11 7/8"
60'-1 1/2"
5'-7 3/8"
7'-7 1/8"
25


FALMOUTH ROAD
50' PUBLIC R/W
35' S/B
35' S/B
26
MB: 31-45
1.002 AC+-
44.5'
SCREEN PORCH
2 STORY BRICK
PORCH
PATIO
POOL
117.6'
POOL HOUSE
S 57°11'28"E
74.73'
50.5'
CONCRETE DRIVE
15' S/B
33.3'
N 23°35'07"W 215.84'
25' S/B
25
C1
C2
C1
#4 REBAR


FALMOUTH ROAD
50' PUBLIC R/W
C4
#4 REBAR
35' S/B
45'
S 57°11'28"E
74.73'
C3
L1
C2
C1
50.5'
PORCH
2 STORY BRICK
SCREEN PORCH
26
MB: 31-45
1.002 AC+-
35' S/B
S 69°46'11"W 181.50'
117.5'
CONCRETE DRIVE
25' S/B
15' S/B
#4 REBAR
N 23°35'07"W 215.84'
#4 REBAR
BARNSTABLE CT
40' PUBLIC R/W
25

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

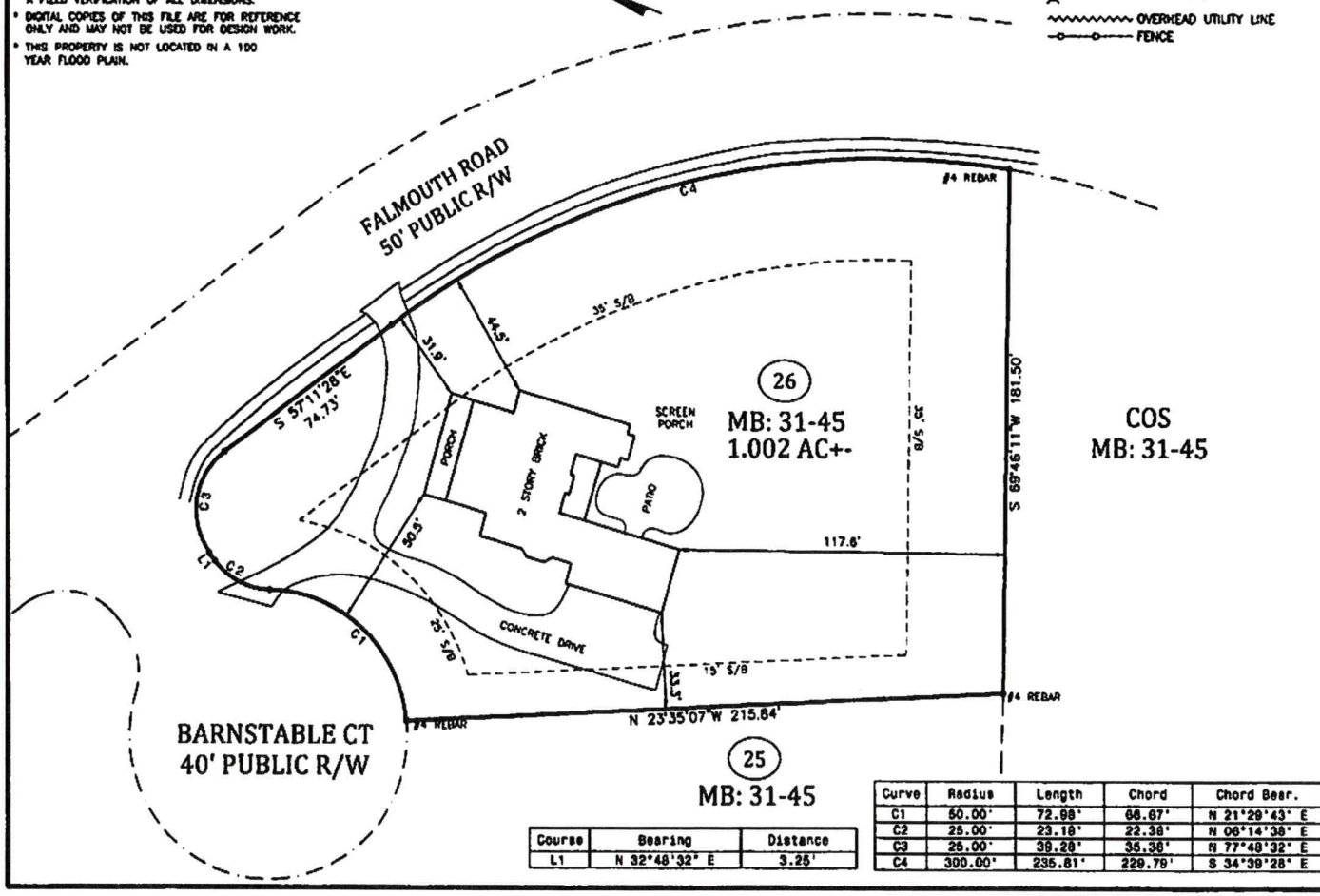
MB: 31-45

40 0 40 80 120

GRAPHIC SCALE - FEET

LEGEND

R\W	RIGHT-OF-WAY
E\P	EDGE OF PAVEMENT
C\L	CENTERLINE
PDE	PERMANENT DRAINAGE EASEMENT
	UTILITY POLE
	LIGHT POLE
	OVERHEAD UTILITY LINE
	FENCE



Course	Bearing	Distance
L1	N 32°48'32" E	3.25'

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	72.98'	66.67'	N 21°29'43" E
C2	25.00'	23.18'	22.38'	N 06°14'38" E
C3	25.00'	39.28'	35.36'	N 77°48'32" E
C4	300.00'	235.61'	229.79'	S 34°39'28" E

PHYSICAL SURVEY
FOR

EDWARD R. & ANNE T. LOWDER

103 BARNSTABLE CT, MOORESVILLE, NC
LOT #26, PHASE 1A, THE POINT

DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

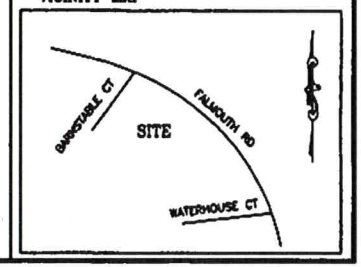
NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

I, ROBERT J. DEDMON, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 1134, PG 853)(PB 31, PG 45); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000'; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE. 4-21-2021.

Robert J Dedmon 3899
PROFESSIONAL LAND SURVEYOR LICENSE NO.

SURV. BY: MP	DRAWN: JR	JOB# MPBSC26

VICINITY MAP



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4635230127
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Ed & Anne Lawder
APPLICATION DATE 8/18/21
ADDRESS: 103 Barnstable Ct
DATE EVALUATED: 10/6/21
PROPOSED FACILITY: 5 bdr home
PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 1 acre
LOCATION OF SITE: 103 Barnstable Ct, Mooresville 28117
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	Linear 4%	0 - 7	SCL SBK	SS SP FR SE	–	55	SAP inc in CL layer		.3 PS
		7 - 26	C SBK	SS SP FR SE					
		26 - 55	CL SBK	SS SP FR SE					
2	Linear 4%	0 - 25	C SBK	SS SP FR SE	–	51	SAP inc in CL layer	–	.3 PS
		25 - 51	CL SBK	SS SP FR SE					
3	Linear 5%	0 - 5	SCL SBK	SS SP FR SE	–	50	SAP inc in CL layer	–	.3 PS
		5 - 24	C SBK	SS SP FR SE					
		24 50	CL SBK	SS SP FR SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Existing	50% red
Site LTAR	↓	↓ .3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

2

RECEIVED AUG 18 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Relocation of Repair Area PAGE 1: *APPLICATION FORM* AP-320525 $500.00

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: (X) 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: ED AND ANNE LOWDER Address: 103 BARNSTABLE CT. Zip: 28117

Applicant Email: NCLOWDERS@AOL.COM Phone: 704-906-6414 Alt. Phone: _____

Owner Name: ED AND ANNE LOWDER Address: 103 BARNSTABLE CT. Zip: 28117

Owner Email: NCLOWDERS@AOL.COM Phone: 704-906-6414 Alt. Phone: _____

Property Information:

Street Address: 103 BARNSTABLE CT.

Subdivision Name: POINT Section/Phase: 1A Lot Number: 26

Driving Directions: BRANLEY SCHOOL - POINT RD - HEERD HOUSE · EASTON · OLD POST · FALMOUTH AND CORNER OF BARNSTABLE

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: 5
Maximum Number of Occupants: 5
(X) Swimming Pool
(X) Other Addition/Structure: POOL HOUSE

(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: 1999
( ) 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.

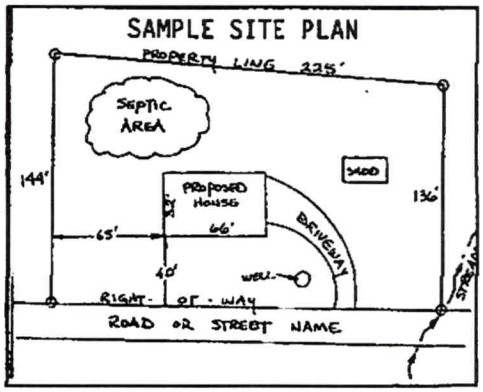
Signature: _____ 08.02.21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) **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

Signature: _____

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

8-16-21

DATE

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ 08·01·21
Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

_____ **Complete all Environmental Health forms:**

AEL Application
AEL Site Plan including the dimensions of proposed structure, addition, pool etc.
AEL Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
AEL Sign this sheet after you have completed all items

AEL **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AEL **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AEL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

AEL **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 8.16.21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625