ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325123

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

PIN # 4635 -- 29 -- 4227

APPLICANT/OWNER: Marteau Jean-Charles | APPLICANT ADDRESS: 122 Lake Pine Rd, Mooresville

SITE ADDRESS: 122 Lake Pine Rd, Mooresville 28117 | PHONE: 704-680-2923 | ALT. PHONE –

SITE DIRECTIONS: Brawley School - Isle of Pines - Waterford - Lake Pine | SAP CONTROLLED: [X] YES [ ] NO

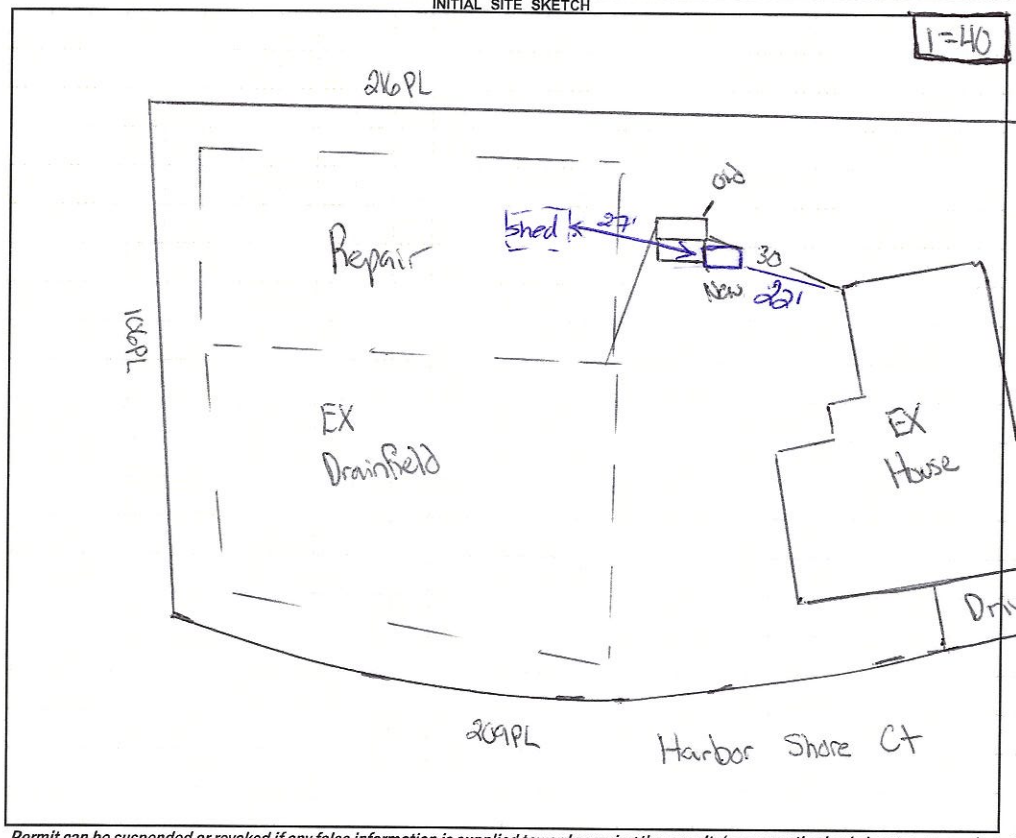
SUBDIVISION: Pine Isle | SECTION: 02 | LOT # 48 | LOT AREA: 0.57 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: EX

Septic Tank	1000 (gal)	STB	Infiltrator	Date		[ ] New System	[X] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Tank replacement		
Pump Make		Model		Serial #		Repair System Description:	EXISTING		
# Nitrification Fields	EX	# Lines	EXISTING	Linear Ft	–	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	–		[X] GRAVITY	[ ] PRESSURE	

[X] Residence | No. Bedrooms 4 | **Water Supply**
[ ] Business | No. Persons 8 | [ ] Private
[ ] Other | No. Employees | [ ] Public
[ ] Slab | [X] Crawl Space | [X] Community
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: Pump, crush, & fill old septic tank. Replace distribution if necessary. Set tank to active fall to drainlines.

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.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/4/22

IMPROVEMENT PERMIT by: Cary Whitt Date: 2/3/22

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 2/3/22

Installed by: TW Ammons

OPERATION PERMIT by: D. Mieberg Date: 2/18/22

Existing System Inspected by: Date:

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

RECEIVED JAN 3 1 2022

CW

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*** AP-325123 Repair Eval

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: MARTEAU Jean-Charles Address: 122 Lake Pine Road Zip: 28117
Applicant Email: saamarteau@gmail.com Phone: 704-680-2923 Alt. Phone: _____
Owner Name: Doug Neal Address: 143 Backsdale lane Zip: 28117
Owner Email: doug@aircalliancejets.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: (122) 122 Lake Pine Road
Subdivision Name: Pine Isle Section/Phase: _____ Lot Number: 48
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Tank need to be replaced
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: 1992
(X) 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: _____ 1/26/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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, STEWART D. NEAL / DEANNA K. NEAL, am the legal owner(s) of the property located at 122 LAKE PINE ROAD MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4635294227, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sandrine Parkeu _____, 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.

S. D. Neal / Deanna K. Neal
Signature of Owner(s)

1/26/2022
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

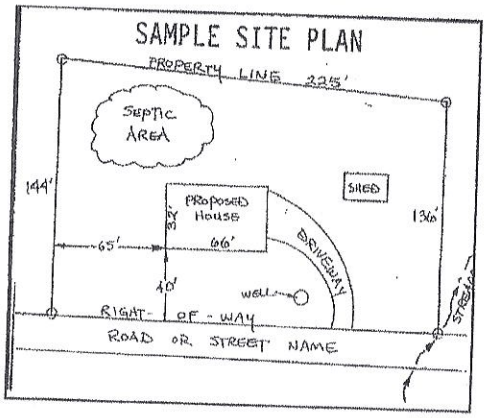
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 document

Signature: _____

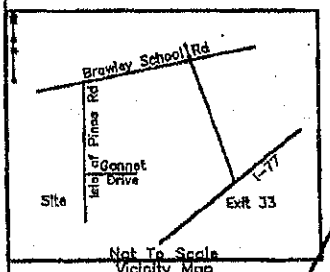
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/26/2022
DATE

THIS IS TO CERTIFY THAT ON THE 14 DAY OF July 19 92 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BALCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5554-13 N. I-85 SERVICE ROAD
CHARLOTTE, N.C. 28206
PHONE (704) 596-6189



MB. 23 PG. 71

N

49

N 10° 31' 16" W 105.62'

HARBOR SHORE COURT
40' PUBLIC R/W

38' SETBACK

48

47

R=220.00
L=130.83
S 85° 22' 12" W 128.71'

N 83° 11' 33" E 214.97'

25' SETBACK

Deck or Patio
16.0
Optional Screen Porch
13.0
29.7
Radcliffe
2 Car/LF
Crawl/Slab
28.0
36.3
Drive
14.1
14.5
8.3
0.9
16.3
21.7
20.7
27.4
35' SETBACK
S 71° 22' 50" W 78.43'
30.2'
R=20.00
L=31.50
S 26° 18' 2" E 28.34'
R=747.50
L=78.26
S 18° 50' 49" E 78.22'

HIGH VIEW RD.
45' PUBLIC R/W

Plot Plan OF SURVEY

Lot 48, Pine Isle, Phase 2, Map 1
Davidson Township, Iredell County, N. C.

SCALE 1"=30'

THE PROPERTY OF M/I Homes, Inc.

MAP RECORDED IN BOOK 22 AT PAGE 127 DEED RECORDED IN BOOK _____ PAGE _____

5554

4635-29-4227

14958

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I Homes DATE Nov. 20, '92 PERMIT NO. 2623A48

PHONE: Business ______ Home ______

LOCATION 1100 TL 1113 TR into Pineclale TL 1st Street on right at jct. of Highview & Harborshore S.R. No. ______

SUBDIVISION NAME Pineclale LOT NO. 48 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft²

Soil Characteristics Pselby

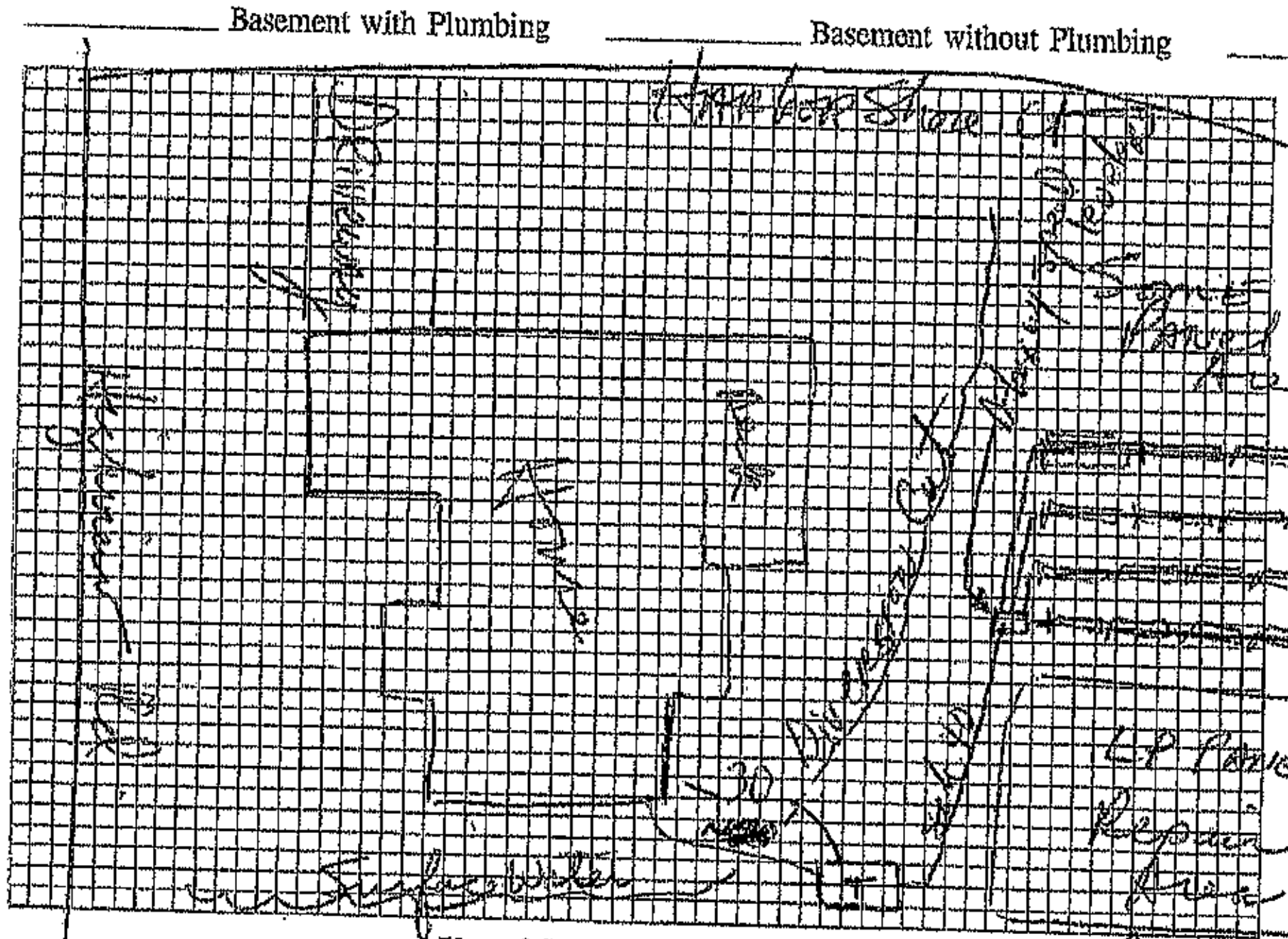
Application Rate .3

Topography <4%

Depth to Water Table >4'

Rock or other impervious formations NONE obs

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ______ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ CW

Installed by Orbison

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS Majority of repair area to be pumped (LP) panel

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 11/20/92

EXISTING SYSTEM CHECKED BY ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold