ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-305946

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

PIN # 4635-37-8531 ✓

APPLICANT/OWNER: Edward Belanger APPLICANT ADDRESS: 541 Isle of Pines Mooresville, NC 28117

SITE ADDRESS: 541 Isle of Pines Mooresville, NC 28117 PHONE: 631-831-1461 ALT. PHONE

SITE DIRECTIONS: BSR → Isle of Pines → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # 31A LOT AREA: 1.04 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (Existing) (gal)	STB	Ex	Date	Ex	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing Gravel Bed + New PPBPS (D-Box)		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Drip + TS II Pretreatment		
# Nitrification Fields	1	# Lines	Ex Bed + 3 New	Linear Ft	135'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: 50' Lake buffer must be marked by surveyor prior to installation and stakes present at time of inspection. Contractor to evaluate/check elevations of tank/dbox prior to system installation. Recommend having septic tank pumped every 5 years. ☆ Keep new structure a minimum of 10ft from Existing Septic System. New house must meet all setbacks. Basement cut must be a minimum of 15ft from Septic.

INITIAL SITE SKETCH

See attached 40-scale drawing.

Approval Date 4/3/2020

- Supplemental design information from Michael Athanus + Associates. See specifications page for D-Box distribution.

AS BUILT SKETCH

As Built - see attached

- Drainlines & d-box from tank checked 4/23/21 DW

5/3/21 2nd d-box checked

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**

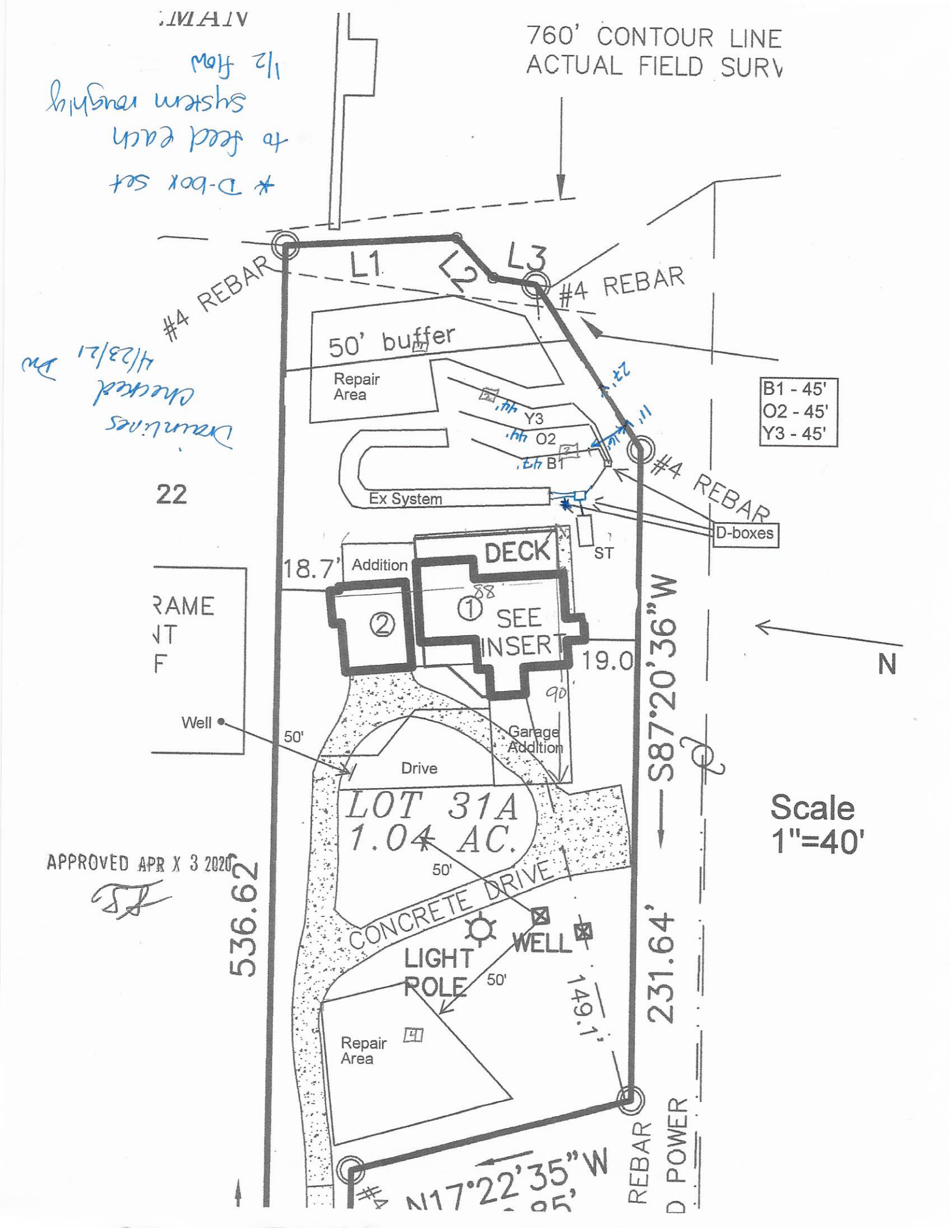
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

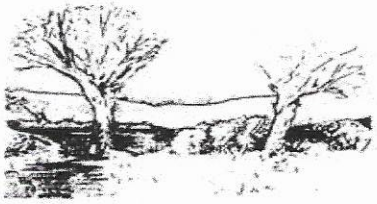
Owner / Applicant Signature: Date: 1/15/21 Installed by: Gunter's Grading

IMPROVEMENT PERMIT by: Date: 4/3/2020 OPERATION PERMIT by: Date: 5/3/21

AUTHORIZATION TO CONSTRUCT by: Date: 1/14/2021 Existing System Inspected by: Date:

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.


760' CONTOUR LINE
ACTUAL FIELD SURV
#4 REBAR
L1
L2
L3
#4 REBAR
50' buffer
Repair Area
Y3
O2
B1
Ex System
#4 REBAR
D-boxes
ST
B1 - 45'
O2 - 45'
Y3 - 45'
22
18.7'
Addition
DECK
SEE INSERT
19.0
N
S87°20'36"W
231.64'
Well
50'
Drive
Garage Addition
LOT 31A
1.04 AC.
50'
CONCRETE DRIVE
WELL
LIGHT POLE
50'
149.1'
Repair Area
536.62
N17°22'35"W
REBAR
Scale
1"=40'
APPROVED APR X 3 2020



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
3/16/2020

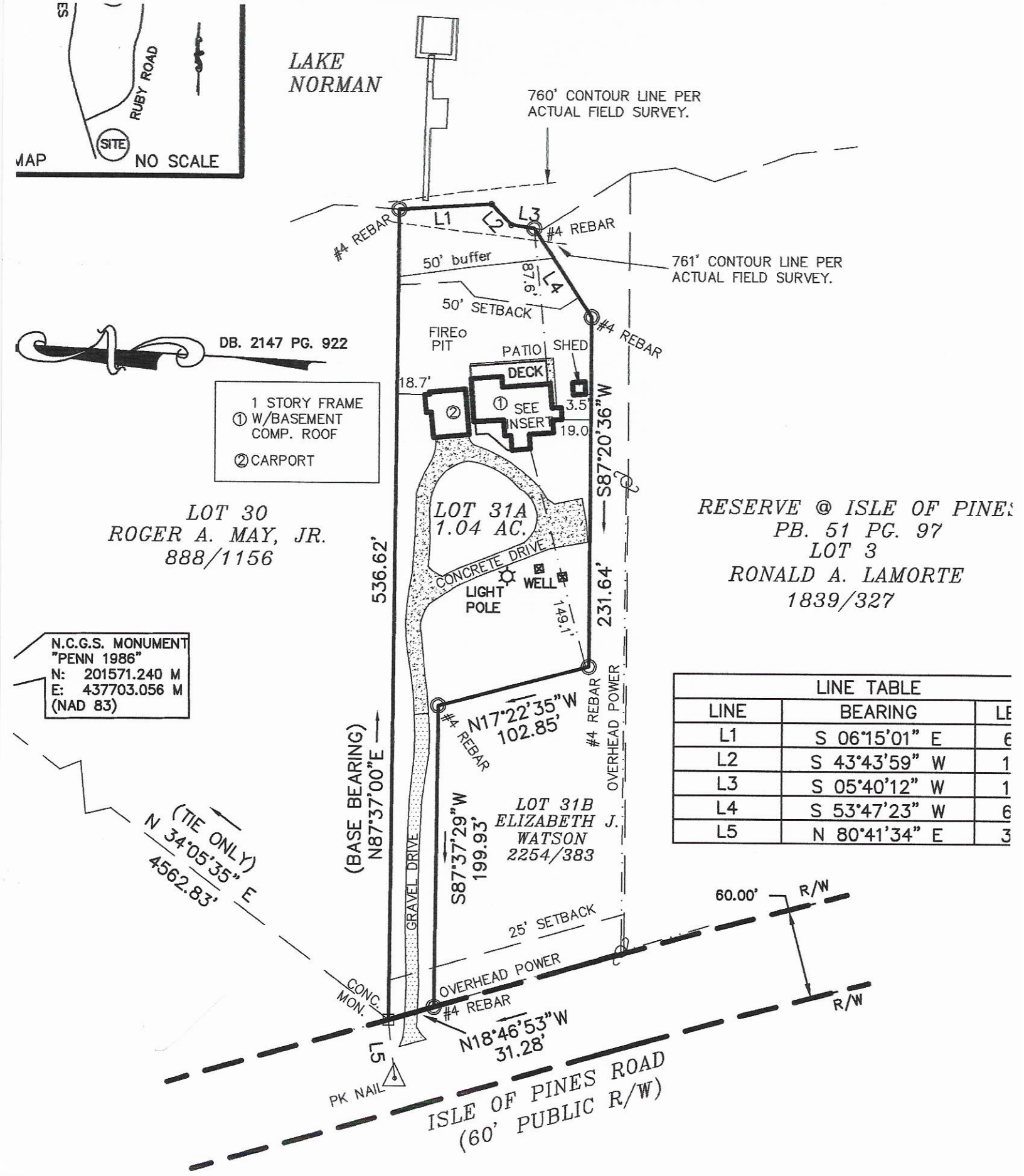
Reference: Data Sheet for 541 Isle of Pines Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well (existing)
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: Existing Conventional Bed + PPBPS
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
White	Ex. System	
Blue 1	45'	48'
Orange 2	45'	48'
Yellow 3	45'	48'

Initial System: Bed + 135' PPBPS **Repair System:** 4800 FT^2

Comments:
The flow will be split by a distribution box evenly between the bed and the PPBPS addition.

APPROVED APR X 3 2020



LINE TABLE		
LINE	BEARING	LE
L1	S 06°15'01" E	6
L2	S 43°43'59" W	1
L3	S 05°40'12" W	1
L4	S 53°47'23" W	6
L5	N 80°41'34" E	3

NOTES

PROPERTY MAY BE SUBJECT TO

0' 25' 50' 100'

LEGEND

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Edward Belanger
ADDRESS: 541 Isle of Pines Mooresville, NC
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): SFR
LOCATION OF SITE: 541 Isle of Pines Mooresville, NC

APPLICATION DATE 3/16/2020
DATE EVALUATED: 4/1/2020
PROPERTY SIZE: 1.04 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Buffer (mid) 2 from Side	0-3	SCL V.W SBK	Sl. Friable, SS, Sp, Sexp	—	56	—	—	0.30 PS
		3-27	Clay m. SBK common mica	Sl. Firm, Sticky, Sp, Sexp					
		27-50	Clay Loam W. SBK common mica + Some Saprolite	Sl. Friable, SS, Sp, Sexp					
2	Lower Primary	0-8	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	—	53	—	—	0.325 PS
		8-20	Clay m. SBK trace mica/sap	Sl. Firm, Sticky, Sp, Sexp					
		20-53	Clay Loam W. SBK + some mica/ Saprolite	Friable, SS, Sp, Sexp					
3	Upper Primary	0-7	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	—	52	—	—	0.30 PS
		7-24	Clay m. SBK trace mica	Sl. Firm, Sticky, Sp, Sexp					
		24-52	Clay Loam. W. SBK common SAP 39-52"	Sl. Friable, SS, Sp, Sexp					
4	Repair Front Yard	0-5	SCL V.V. SBK	Sl. Friable, SS, Sp, Sexp	—	51	—	—	0.325 PS
		5-21	Clay M. SBK	Sl. Firm, Sticky, Sp, Sexp					
		21-51	Clay Loam Common Saprolite	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex+ 135'	5000 sf+
System Type(s)	Ex+ PA3PS	II + Drip
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Gary McNeely

RECEIVED MAR 1 6 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-305946

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: Edward Belanger **Address:** 541 Isle of Pines Rd, Mooresville, NC **Zip:** 28117

Applicant Email: edbcbhomes@aol.com **Phone:** 631-831-1461 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 541 Isle of Pines Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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: 4 GM 4/1/2020
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: _____

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: _____ 3/16/2020
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

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, Edward Belanger, am the legal owner(s) of the property located at 541 Isle of Pines Rd, identified as PIN (Parcel Identification Number) 4635378531, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	3/10/2020		

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

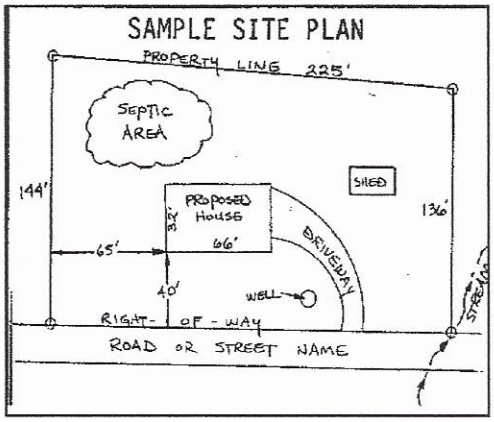
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

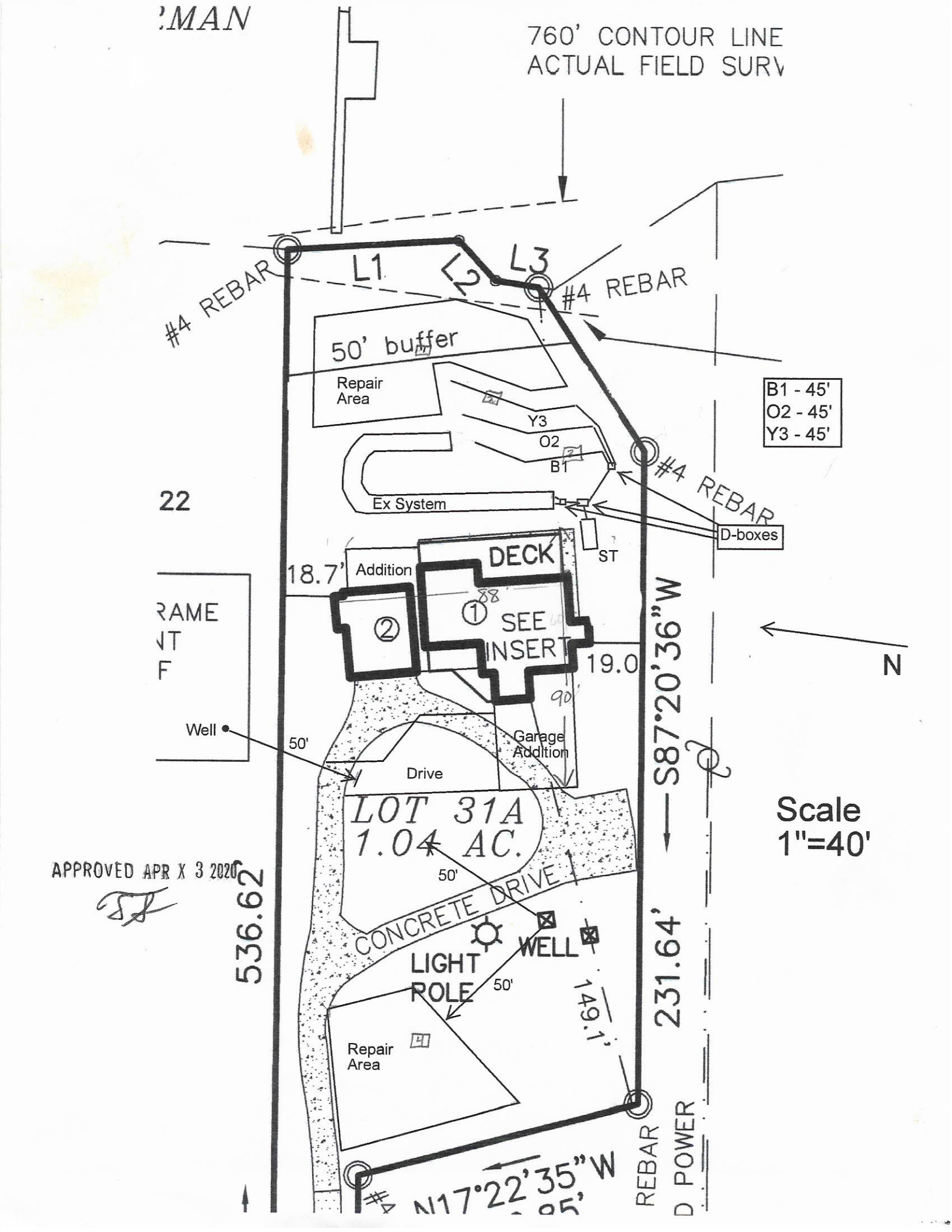
USE THIS SPACE TO DRAW YOUR SITE PLAN

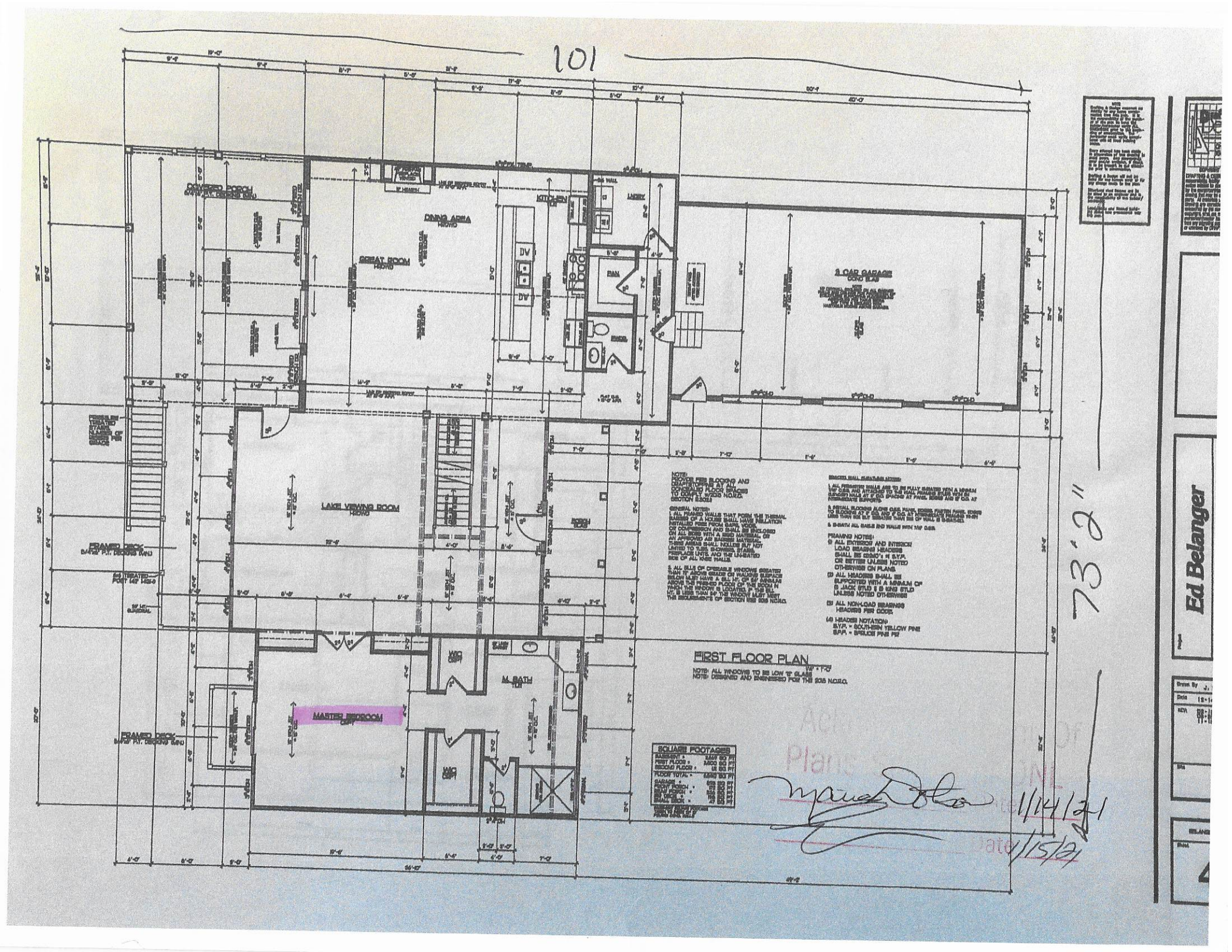
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

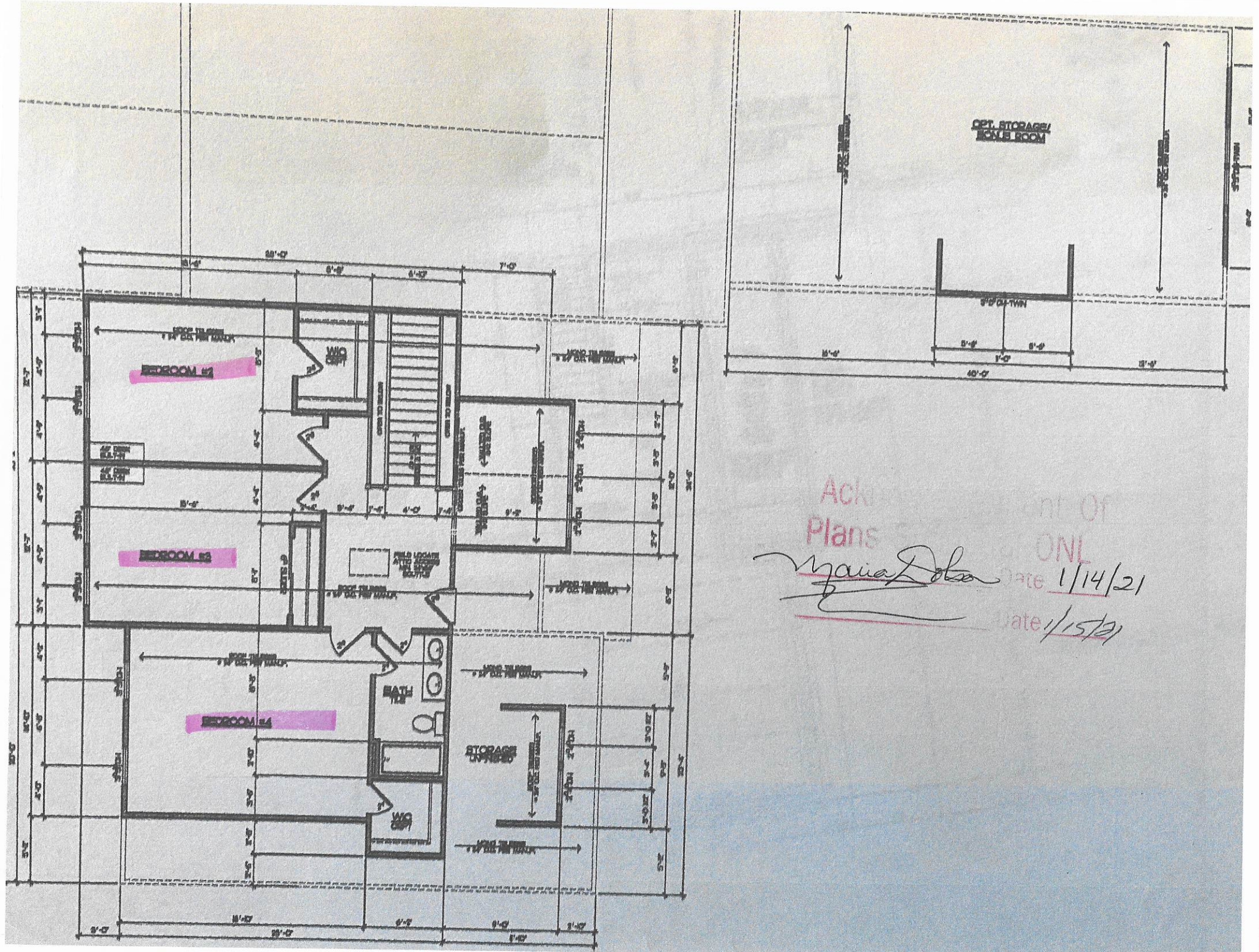
See attached plan

Signature: _____ 3/16/2020

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


'MAN
760' CONTOUR LINE
ACTUAL FIELD SURV
#4 REBAR
L1
L2
L3
#4 REBAR
50' buffer
Repair Area
Y3
O2
B1
B1 - 45'
O2 - 45'
Y3 - 45'
#4 REBAR
22
Ex System
D-boxes
ST
DECK
18.7'
Addition
SEE INSERT
19.0
N
RAME
NT
F
Well
50'
Garage Addition
Drive
LOT 31A
1.04 AC.
S87°20'36"W
231.64'
Scale
1"=40'
APPROVED APR X 3 2020
50'
CONCRETE DRIVE
536.62
LIGHT POLE
WELL
50'
149.1'
Repair Area
REBAR
D POWER
N17°22'35"W


101
COVERED PORCH
DINING AREA
GREAT ROOM
KITCHEN
LAUNDRY
BATH
2 CAR GARAGE
LAKE VIEWING ROOM
FRAMED DECK
M. BATH
MASTER BEDROOM
FIRST FLOOR PLAN
SQUARE FOOTAGES
73'-2"
Ed Belanger
1/14/21
1/15/21



Ack[illegible]ent of
Plans [illegible] ONL

Maria Dolan Date 1/14/21

Date 1/15/21

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
305946 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4635378531.000	541 ISLE OF PINES RD	Iredell County

Owner Information	Applicant Information
Name: HEERLEIN KERRY+EDWARD A BELANGER Address: , Phone:	Name: HEERLEIN KERRY+EDWARD A BELANGER Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.04	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
ZONING

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 03/16/2020

Permit Number	305946

TOTAL FEES:	$77.25