ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # AP207491

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

PIN # 4635460479

APPLICANT/OWNER: Marin Development Co. LLC APPLICANT ADDRESS: 129 Williamson Rd. Mooresville, NC

SITE ADDRESS: 591 Isle of Pines Rd. Mooresville, NC PHONE: 704-634-4057 ALT. PHONE ———

SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → lot on L near end SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Isle of Pines SECTION— LOT # 5 LOT AREA: .487ac DESIGN FLOW: 480gpd L.T.A.R.: .325

Septic Tank	1000	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank		(gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons	8
Pump Make		Model		Serial #	Repair System Description:	exempt			☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	5	Linear Ft	370'	Maintenance Agreement Required:	☐ YES	☑ NO	☐ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	MAX	36"	Gravel Depth	———	☑ GRAVITY	☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Install at max trench depth of 36". 375' of drain lines on site plan, only 370' is required.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

DRAINFIELD USED AS PARKING LOT FOR CONSTRUCTION TRAFFIC PRIOR TO INSTALLATION

GARY W/ MICHAEL ATHANAS & ASSOCIATES OK'D INSTALL

SEE ATTACHED INSTALLED AS PERMITTED

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 9-17-19 Installed by: LENT 2

IMPROVEMENT PERMIT by: Kayla Watson Date: 9-13-19 OPERATION PERMIT by: Bryant L. White Date: 9-20-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-13-19 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

RJB

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

PERMIT # AP207491

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

PIN # 4635460479

APPLICANT/OWNER: Marin Development Co. LLC

APPLICANT ADDRESS: 129 Williamson Rd. Mooresville, NC

SITE ADDRESS: 591 Isle of Pines Rd. Mooresville, NC

PHONE: 704-634-4057

ALT. PHONE ——

SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → lot on L near end

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Isle of Pines

SECTION: —

LOT # 5

LOT AREA: .487ac

DESIGN FLOW: 480gpd

L.T.A.R.: .325

Septic Tank 1000 (gal) STB — Date —

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 5 Linear Ft 370'

Trench Width 36" Trench Bottom Depth(~~Low side~~) MAX 36" Gravel Depth —

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

System Description: 25% reduction

Repair System Description: exempt

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Install at max trench depth of 36". 375' of drain lines on site plan, only 370' is required.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

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☐ **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: Kayla Watson Date: 9-17-19

IMPROVEMENT PERMIT by: Kayla Watson Date: 9-13-19

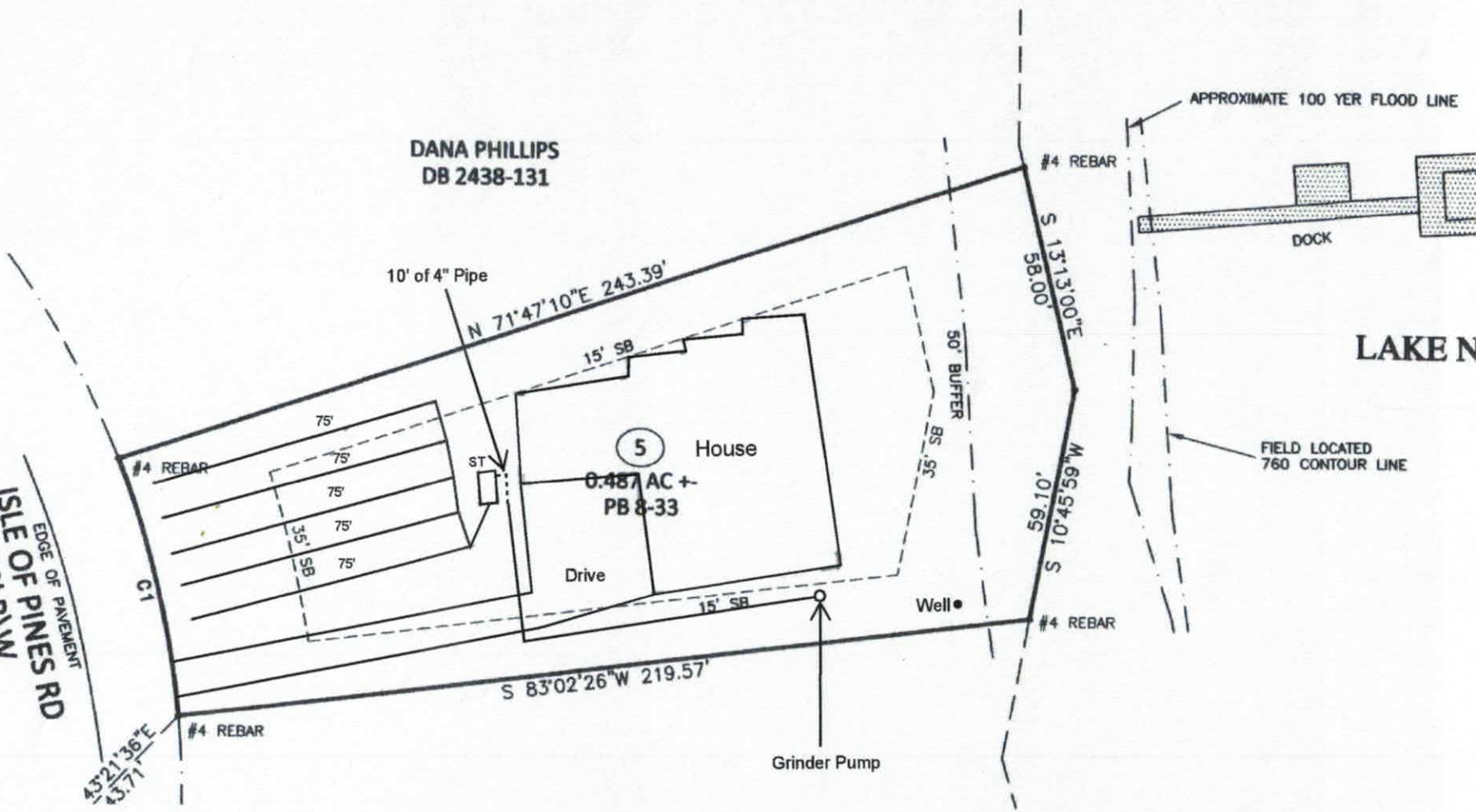
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-13-19

Installed by: —

OPERATION PERMIT by: — Date: —

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.



Scale
1"=40'

APPROVED SEP 13 2019
KW

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.

40 0 40 80 120

GRAPHIC SCALE - FEET

Curve	Radius	Length	Chord	Chord Bear.
C1	235.95'	67.09'	66.86'	N 13°22'13" W

N

APPROVED FEB 13 2018 KW

APPROXIMATE 100

#4 REBAR

Foundation drain

N 71°47'10" E 243.39'

S 13°13'00" E 58.32'

15' ZONING

75' 1.13

75' 1.16

75' 1.97

75' 35' ZONING 2.01

75' 2.56

#4 REBAR

BEACHVIEW DR 60' R/W

C1

0.487 AC +-

PB 8-33

15' ZONING SETBACK

BLDG. SB PER PB 8-33

50' BUFFER

PROPOSED WELL

S 10°45'59" W 58.10'

#4 REBAR

S 83°02'26" W 219.37'

#4 REBAR

4

5

6

591 Isle of Pines Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.325 Per Existing**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	375
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36" Per Existing
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	75' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 7.7'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.1'
Total Head	12.8'
Pump Requirements	27.5 gpm @ 12.8' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.7
Repair System	**Repair Exempt**
Total Linear Feet	xxx
Repair Loading Rate	xxx

APPROVED FEB 13 20
KW

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Blue	25% Reduction	75 endfed	1.3
2	System	White	25% Reduction	75 endfed	1.6
3	System	Red	25% Reduction	75 endfed	1.97
4	System	green	25% Reduction	75 endfed	2.2
5	System	Blue	25% Reduction	75 endfed	2.56
				Total System: 375'	
				Total Repair: xxx'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	3.01
House	blue		2.15

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
settling tank may be needed if grinder pump added to basement
Site plan uses lines laid by ICHD for original permit

APPROVED FEB 13 2018
KW

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3

PROPERTY ID #: 4635-46-0479

COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: PJDH

APPLICATION DATE

ADDRESS: 104 Bridgeport Dr. Mooresville NC

DATE EVALUATED: 1/9/15

PROPOSED FACILITY: SFR

PROPOSED DESIGN FLOW (.1949): 480 GPD

PROPERTY SIZE: —

LOCATION OF SITE: 591 Isle of Pines Dr Mooresville NC

PROPERTY RECORDED: 1964

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
A1	LL 3%	0-48	RCL, SBK/WSBK	FR, SS, SP	F-C SAP INCL. 27"-48"	48"	N/A	N/A	.325-.35 PS
A2	LL 5%	0-48	RCL SBK/WSBK	FR, SS, SP	F-C SAP INCL. 30"-44" MANY SAP INCL 44"-48"	48"	N/A	N/A	.325-.35 PS
A3	LL 5%	0-12	RCL, SBK	FR, SS, SP	F-C SAP INCL. 30"-45" C SAP INCL 45"-48"	48"	N/A	N/A	.325 PS
		12-48	RCL, SBK/WSBK	FR, SS, SP					
A4	LL 5%	0-18	RC, SBK	FR, SS, SP	FEW SAP INCL 40"-48"	48"	N/A	N/A	.3-.325 PS
		18-48	RCL, SBK/WSBK	FR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved
Site LTAR	.325	.3

OTHER FACTORS (.1946): —

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Shane Cashion

OTHER(S) PRESENT: —

COMMENTS:

$105 pd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP207491

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: Marin Development Co, LLC **Address:** 129 Williamson Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 704-634-4057 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 591 Isle of Pines

Subdivision Name: Isle of Pines **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool 9-17-19 JJ — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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: _____ 9/4/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 7 - 2018

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $75.00 Ltd Redraw #207491

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repa*

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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
( ) [illegible]

Applicant Information:

Contact Kathleen Saunders (704) 578-4951

Applicant Name: Marin Agency **Address:** 107 Knox Haven Dr 28117 **Phone:**

Owner Name: Darla Sane **Address:** PO Box 422767 FL 34742 **Phone:**

Property Information:

Street Address: 591 Isle of Pines Dr

Subdivision Name: Isle of Pines **Section/Phase:** **Lot Number:** 5

Driving Directions: BSR, ↓ Isle of Pines, on L near end

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

4/17/19 JD

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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 (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 grante right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for th 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: Emma Helt / Kathleen Saunders 2/6/18

Property owner or owner's legal representative signature (DIGITAL SIGNATURES) DATE

RECEIVED DEC 16 2014

Paid $500.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

207491

#207491

Application For:

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Applicant Information: PSDH Patrick Joseph Distinctive Homes 28117

Applicant Name: DARLA SANE Address: 104 BRIDGE PORT DR MOORESVILLE, N Phone: 407 846 3560

Owner Name: _____ Address: _____ Phone: _____

Property Information:

Street Address: 591 ISLE OF PINES

Subdivision Name: _____ Section/Phase: _____ Lot Number: 5

Driving Directions: BRAWLEY SCHOOL RD LEFT ON ISLE OF PINES

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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: _____

(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: My (PSDH) For DARLA SANE 12-15-14

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

PAID Credit Card Pmt

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, FRANK M. BALDASARE, am the legal owner(s) of the property located at 591 ISLE OF PINES ROAD, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) PARCEL ID: 4635460479.000, located in Iredell County, North Carolina. DESCRIPTION: ISLE OF PINES PB-33 REV LOT 5

PIN# 4635-46-0479.000

I do hereby authorize **(print legal representative/company name)** Michael Athanas, Michael Athanas & Assoc., 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.

9/6/19

Signature of Owner(s) Date

Date

Signature of Witness

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

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 Frank Belda and ____ am the legal owner(s) of the property located at 591 circle of Pines Dr, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4635-46-0479, ____ located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) The Oaks Group I Main Development Company 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.

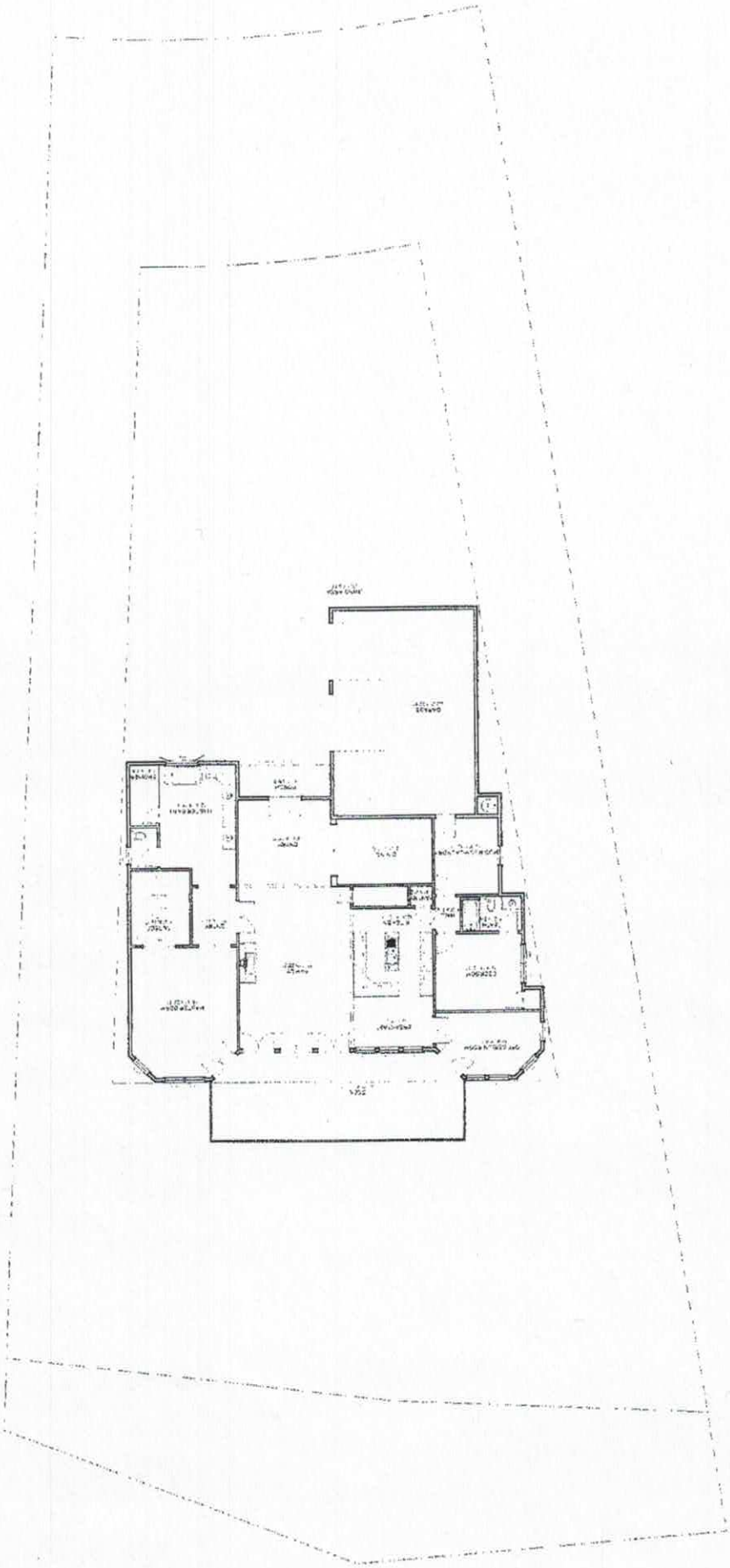
Signature of Owner(s) — Date: 10/17/2017 — Signature of Witness: Kathryn Mabell — Date: 10/17/2017

Please return this signed form to the appropriate office.

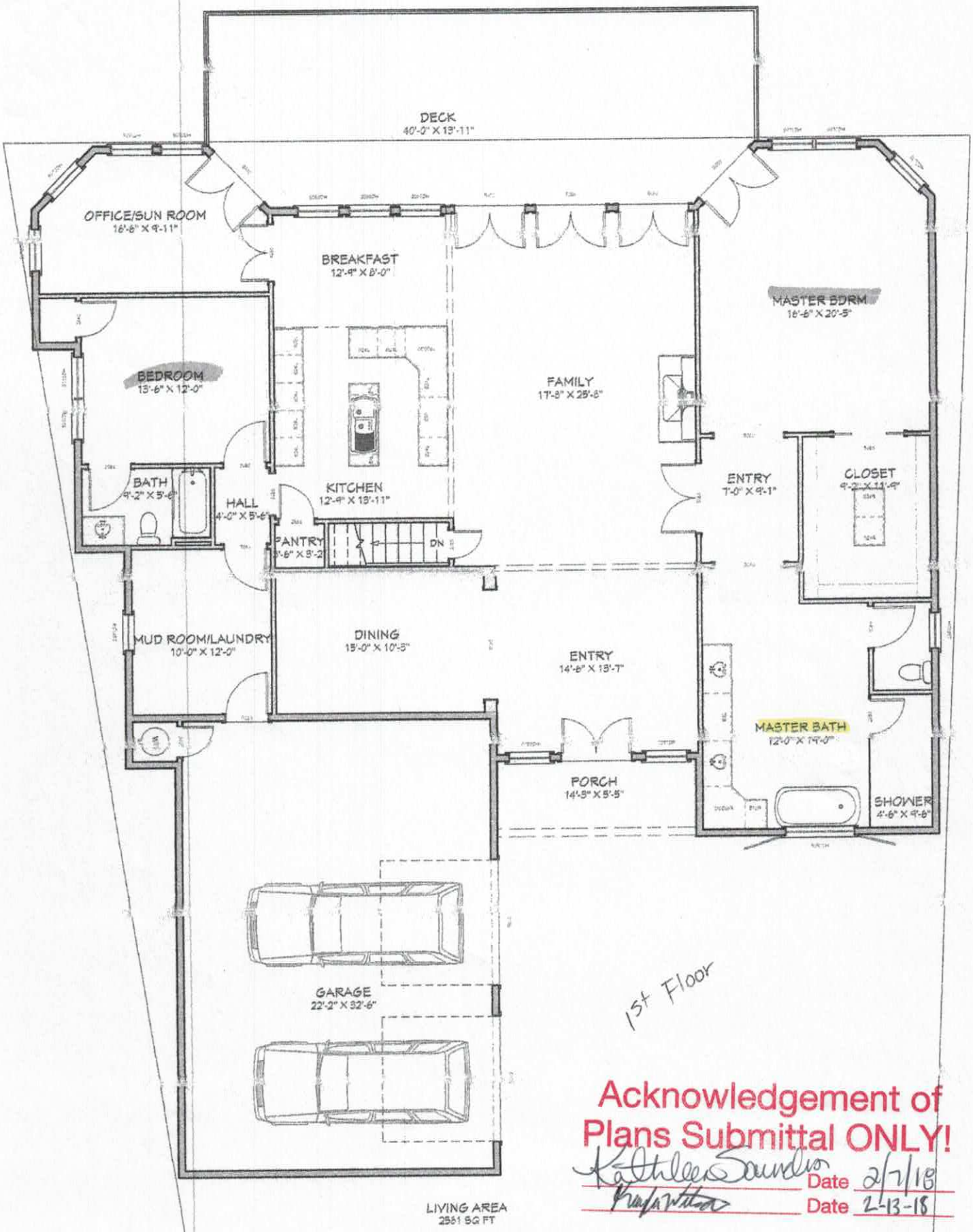
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-878-3463
349 N. Center Street, Statesville, NC 28677

Page 3 of 3



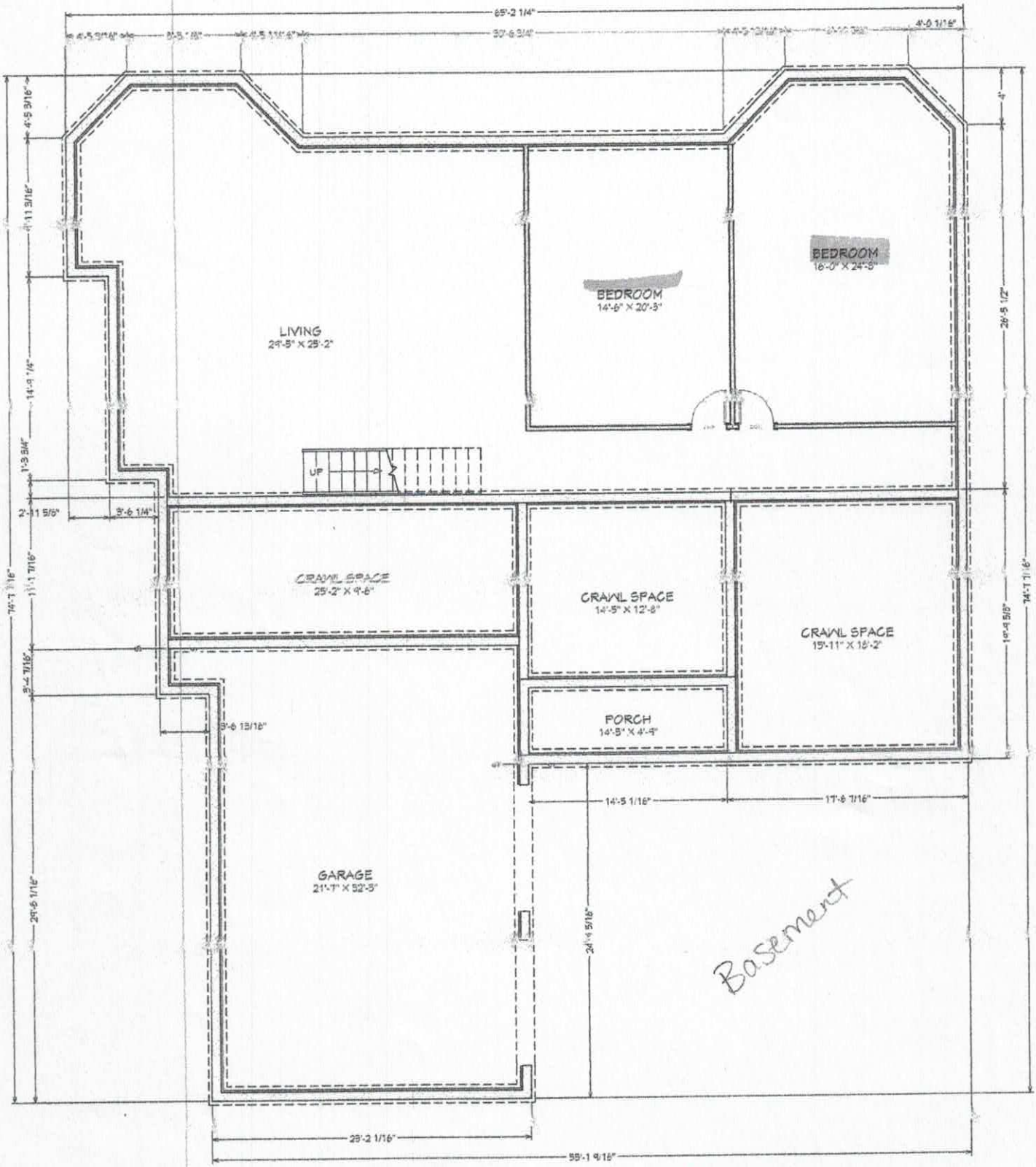
APPROVED FEB 13
KW



Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders Date 2/7/18

Date 2-13-18



LIVING AREA
1795 SQ FT

Acknowledgement of Plans Submittal ONLY!

Kathleen Saundo Date 2/7/18

Date 2-13-18

IREDELL COUNTY

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

APPLICATION NUMBER
231055
Issue Date: 10/24/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635460479.000	591 ISLE OF PINES ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SANE DARLA D	Applicant: THE OAKS GROUP
Address: PO BOX 422767 MOORESVILLE, FL 34742	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00	CACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	118552	TOTAL FEES:	$ 77.25

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TANKS

Subject: FW: Guidance on Tank Requirements for Use of Grinder Pumps
From: Adrian Pruett <adrian.pruett@co.iredell.nc.us>
Date: Wed, Mar 04, 2015 9:17 am
To: "mike@michaelathanas.com" <mike@michaelathanas.com>

From: Angoli, Trish [mailto:trish.angoli@dhhs.nc.gov]
Sent: Wednesday, November 5, 2014 11:35 AM
To: Adrian Pruett
Subject: RE: Guidance on Tank Requirements for Use of Grinder Pumps

Adrian,

Nope, at this moment we cannot require two tanks in series. The 10 feet of 4 inch (at a very minor slope) was what Steinbeck was able to get into the plumbing code. You can try for two tanks, but we cannot back it up.

Thanks
Trish

Patricia M. Angoli, PE
NC Department of Health and Human Services
Environmental Engineer, On-Site Water Protection Branch, Division of Public Health
5605 Six Forks Rd
1642 Mail Service Center
Raleigh, NC 27699-1642
919-707-5878 (Office)
919-845-3973 (Fax)
trish.angoli@dhhs.nc.gov
http://publichealth.nc.gov/

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From: Adrian Pruett [mailto:adrian.pruett@co.iredell.nc.us]
Sent: Wednesday, November 05, 2014 11:26 AM
To: Angoli, Trish
Subject: Guidance on Tank Requirements for Use of Grinder Pumps

Trish,
Is there any guidance from the state that requires 2 septic tanks in tandem when the whole house is pumped to it using a grinder pump. I know plumbing code requires 10 ft of 4 inch pipe in advance of the septic tank to allow settling when pumping from a grinder into a septic tank, but is there in any way we can require a 2 septic tanks, one acting as a settling tank?

Sincerely,

Adrian L. Pruett, REHS, LSS
Environmental Health Supervisor I