1:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 22593

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

PIN # 4635487438

APPLICANT: TIM PEGELOW/True Homes | APPLICANT ADDRESS: 166 SHORELINE LOOP MOORESVILLE

SITE ADDRESS: 166 SHORELINE LOOP - MOORESVILLE | PHONE: | ALT. PHONE:

SITE DIRECTIONS: BSR - TL STUB - TR SHORELINE - ON RT

SUBDIVISION: BAYVIEW ESTATES | SECTION: — | LOT # 11 | LOT AREA: .47 AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 6-13-18
Pump Tank 1000 (gal) PT 319 Date 4-5-18
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 7 Linear Ft: 273
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPPBPS
Repair System Description: DEEDED B-4 1983
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing ☐ Crawl Space
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☑ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: SUPPLY LINE SHALL BE DUCTILE IRON OR EQUIVALENT WHEN < 50' FROM WELL

10/17/17 Reviewed "New" floor plans in compliance with Septic plan bmg
★ 8/6/18: Well (in conflict) abandoned Carla Cave REHS

INITIAL SITE SKETCH

See Oaks
Group Design

AS BUILT SKETCH

8/8/18: Mid-seam 1000-gal Gamewell conc. septic tank w/ a Polylok PL-68 effluent filter. Top-seam 1000-gallon conc. pump tank. Installed as permitted

	Date	Initials
Drain Lines Checked	CN	
Tanks Checked	CN	
Pressure Manifold or Valve Box Checked	CN	
Pressure Head Set	CN	
Electrical Checked	CN	
Floats Set	CN	
Alarm Checked	CN	
Maintenance Contract Y / N	CN	
Comments: *checked 5/7 drain lines on 8-9-18 KW		

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: Kathleen Saunders Date: 11-16-16

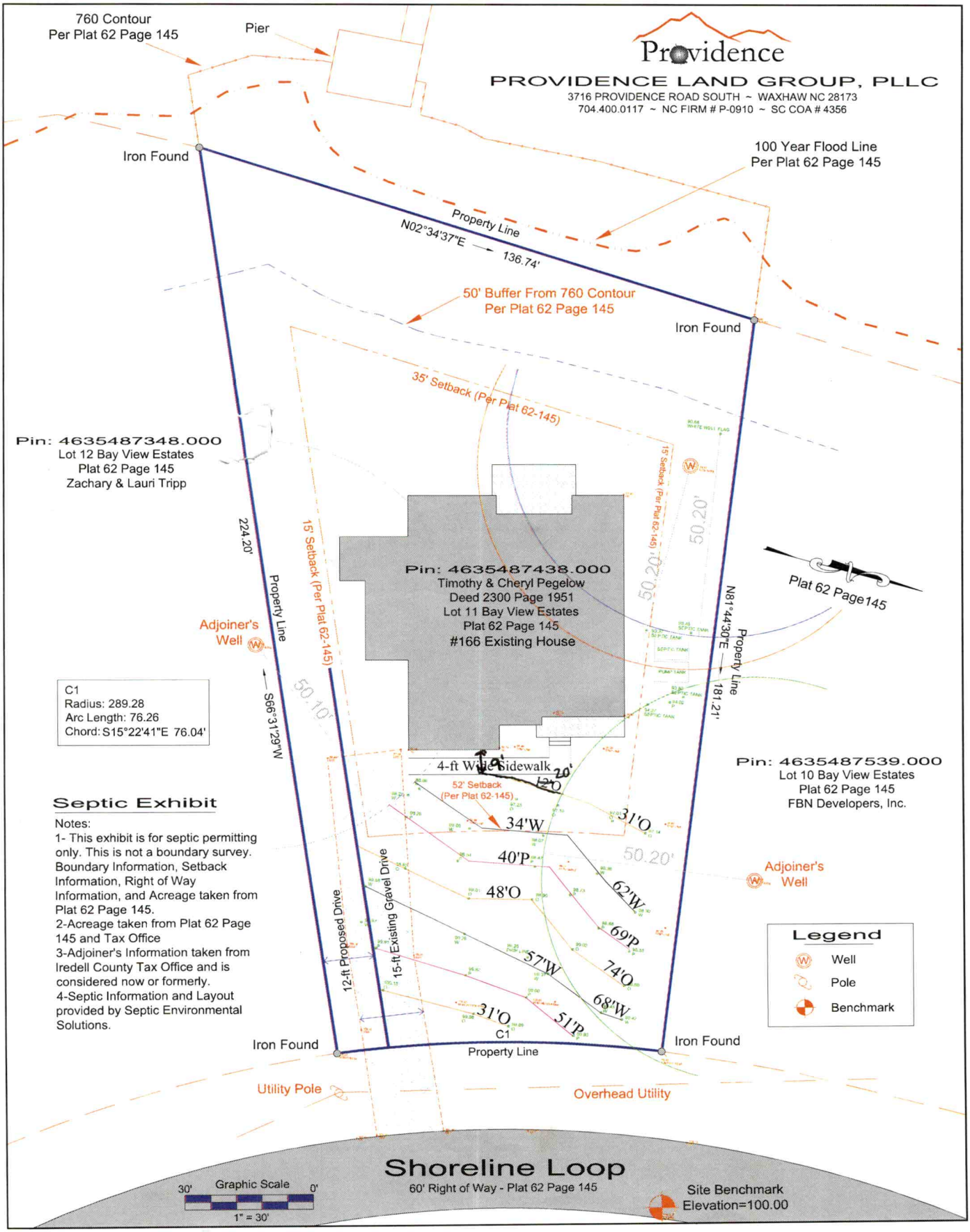
IMPROVEMENT PERMIT by: Date: 11/9/16

Date: 11/9/16

Installed by:

OPERATION PERMIT by: Carla Nicks Date: 9/11/18

Existing System Inspected by: Date:


760 Contour
Per Plat 62 Page 145
Pier
Providence
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356
Iron Found
100 Year Flood Line
Per Plat 62 Page 145
Property Line
N02°34'37"E
136.74'
50' Buffer From 760 Contour
Per Plat 62 Page 145
Iron Found
35' Setback (Per Plat 62-145)
Pin: 4635487348.000
Lot 12 Bay View Estates
Plat 62 Page 145
Zachary & Lauri Tripp
224.20'
Property Line
15' Setback (Per Plat 62-145)
Adjoiner's
Well
S66°31'29"W
50.10'
Pin: 4635487438.000
Timothy & Cheryl Pegelow
Deed 2300 Page 1951
Lot 11 Bay View Estates
Plat 62 Page 145
#166 Existing House
15' Setback (Per Plat 62-145)
50.20'
50.20'
Plat 62 Page145
N81°44'30"E
Property Line
181.21'
C1
Radius: 289.28
Arc Length: 76.26
Chord: S15°22'41"E 76.04'
4-ft Wide Sidewalk
20'
12'O
52' Setback
(Per Plat 62-145)
34'W
31'O
40'P
50.20'
48'O
62'W
69'P
74'O
68'W
57'W
51'P
31'O
C1
Property Line
Pin: 4635487539.000
Lot 10 Bay View Estates
Plat 62 Page 145
FBN Developers, Inc.
Adjoiner's
Well
12-ft Proposed Drive
15-ft Existing Gravel Drive
Septic Exhibit
Notes:
1- This exhibit is for septic permitting only. This is not a boundary survey. Boundary Information, Setback Information, Right of Way Information, and Acreage taken from Plat 62 Page 145.
2-Acreage taken from Plat 62 Page 145 and Tax Office
3-Adjoiner's Information taken from Iredell County Tax Office and is considered now or formerly.
4-Septic Information and Layout provided by Septic Environmental Solutions.
Legend
Well
Pole
Benchmark
Iron Found
Iron Found
Utility Pole
Overhead Utility
Shoreline Loop
60' Right of Way - Plat 62 Page 145
30'
Graphic Scale
0'
1" = 30'
Site Benchmark
Elevation=100.00

RECEIVED OCT 16 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Tim Pegelew	281 Corona Circle, Mooresville NC 28117	(704) 618-7775	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
166 Shoreline Loop	Bay View Estates	11

Driving Directions: Turn right on E Center Ave, turn left on S Church St, turn right on E Wilson Ave, Continue on Brawley School Road, turn left on Stutts Rd, turn right on Shoreline Loop. House on right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

8. 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. industry) 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.

9. Signature: ___ 10/16/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED OCT 2 5 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $75.00
#222593

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

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: contact Kathleen Saunders (704) 578-4951

Applicant Name: Tim Pegelow **Address:** 161c Shoreline Loop Mooresville **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 161c Shore line Loop Mooresville NC 28117

Subdivision Name: Bay View Estates **Section/Phase:** **Lot Number:** 11

Driving Directions: Brawley School Rd. L Stutts, R Shore line Loop, Lot on R after bend

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:

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

APPROVED NOV 09 2016

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

10/20/16
DATE

IREDELL COUNTY HEATLH 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…**
  ***SHOW:** proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

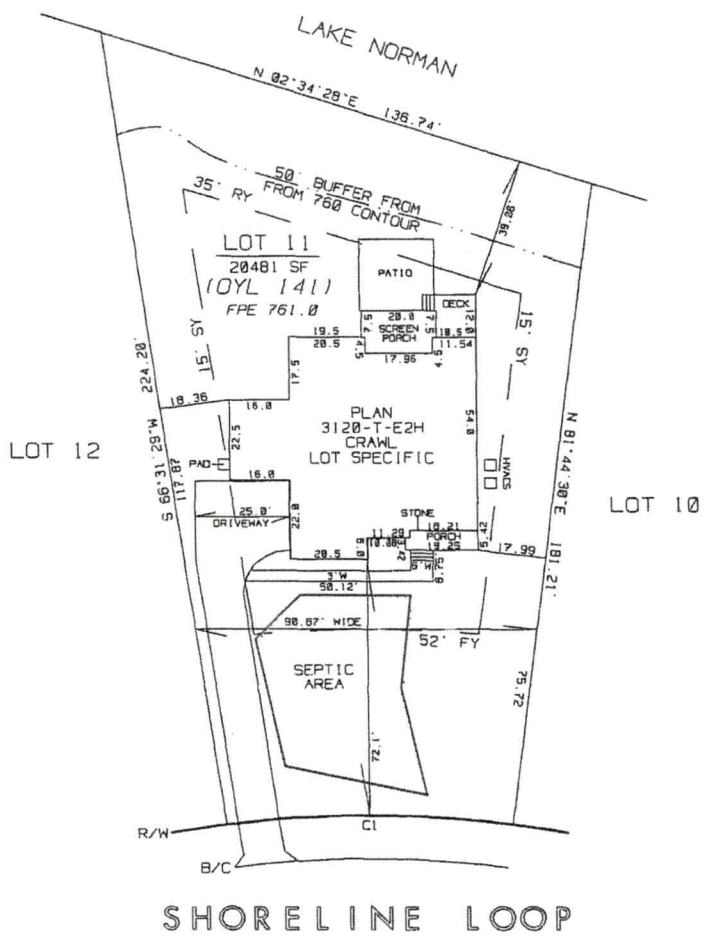
Circle N/A on the following if appropriate:

- ✓ **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)

Signature: _____ 10/16/17

REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant

C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For OSWP Permit (2).doc

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Tim Pegelow, am the legal owner(s) of the property located at 166 Shoreline Loop, Mooresville, identified as PIN (Parcel Identification Number) 4635487438.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jackie Dracup, True Homes, 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.

Timothy G. Pegelow 10/7/17
Signature of Owner(s) Date

Signature of Witness 10-9-17
Date

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Timothy Pegelow, am the legal owner of the property located at 1106 Shoreline Loop Mooresville identified as PIN(Parcel Identification Number) 4635-48-7438, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

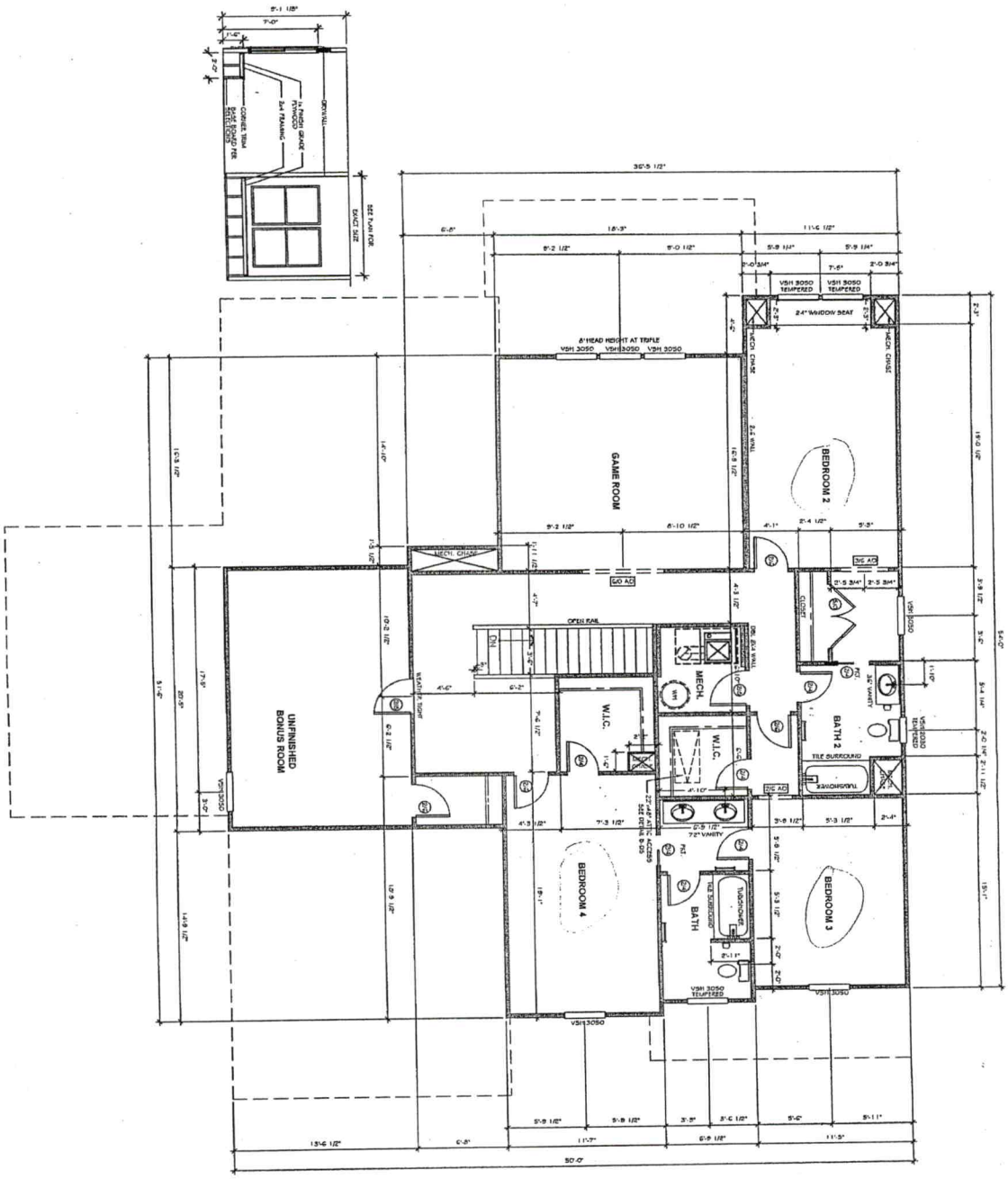
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

T Pegelow — 10/20/16

Signature of Owner — Date

_____ _____

Signature of Witness — Date



3120 - SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 10/17/17

Date 10/17/17

SHEET:	A2.2
DRAWN BY:	NFT
DATE:	09-28-17
SCALE:	1/8"=1'-0"
CHECKED BY:	SHC

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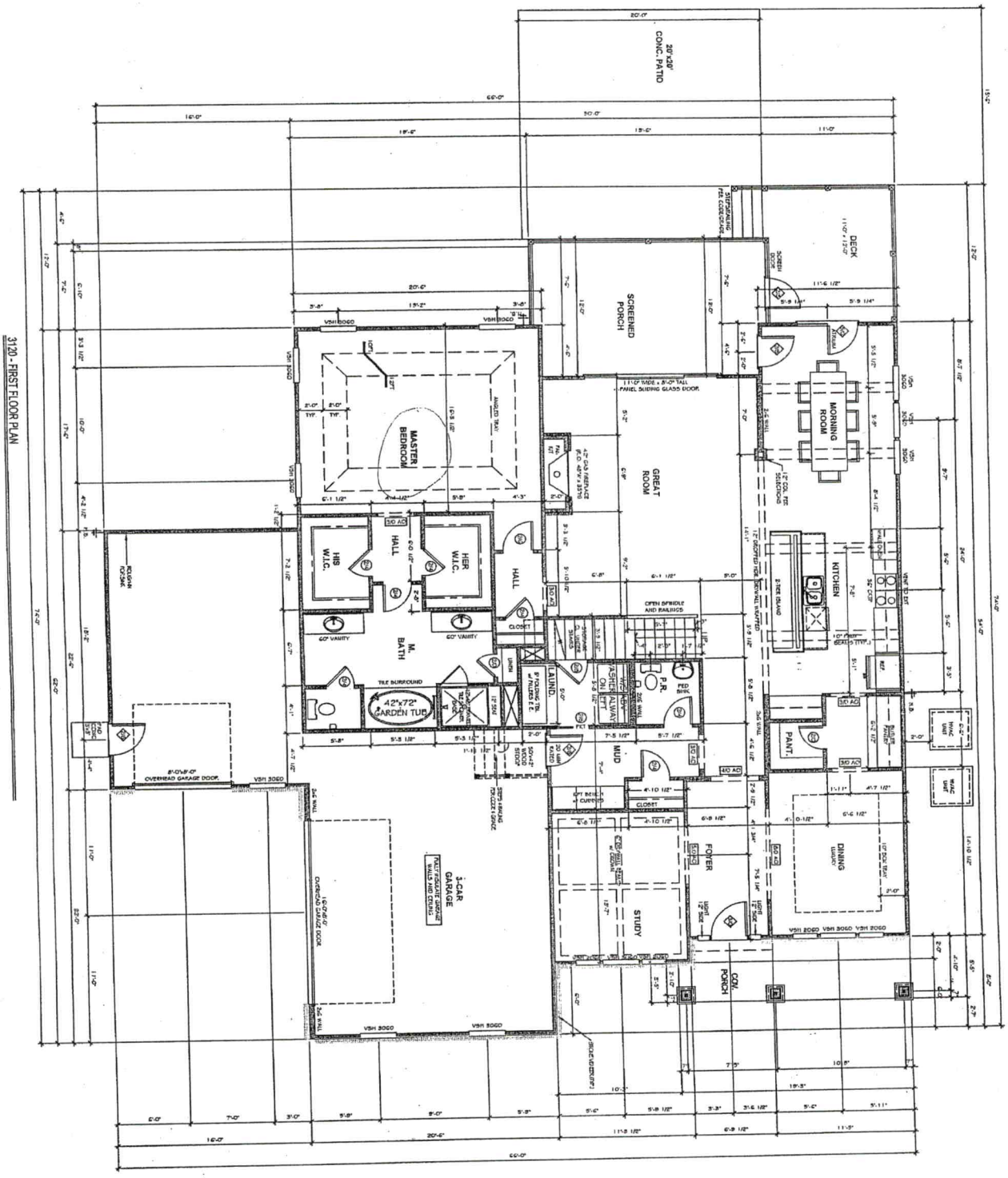
KENSINGTON
3120

IREDELL

TRUE CUSTOM
ON YOUR LOT
LOT # 141

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

3120 - FIRST FLOOR PLAN



Acknowledgement of
Plans Submittal ONLY!

Date 10/17/17

Date 10/17/17

SHEET:	A2.1
DRAWN BY:	NP
DATE:	09-26-17
SCALE:	1/8"= 1'-0"
CHECKED BY:	SHC

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KENSINGTON
3120

IREDELL

TRUE CUSTOM
ON YOUR LOT
LOT # 141

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

IREDELL COUNTY

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

APPLICATION NUMBER
222593
Issue Date: 10/18/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635487438.000	166 SHORELINE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PEGELOW TIMOTHY J+CHERYL L	Applicant: KATHLEEN SAUNDERS
Address: 281 CORONA CIRCLE MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.470	35.00	35.00	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	83491	TOTAL FEES:	$ 77.25