IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237812

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

PIN # 4635570792

APPLICANT/OWNER: Robert Kea APPLICANT ADDRESS: 14-46 156th Whitestone NY 11355

SITE ADDRESS: 204 Shoreline Lp Mooresville NC 28117 PHONE: 7043641047 ALT. PHONE 718 614-5884

SITE DIRECTIONS: Brawley School Rd TL Stotts Rd TR Shoreline Lp on right SAP CONTROLLED: ☐ YES ☒ NO

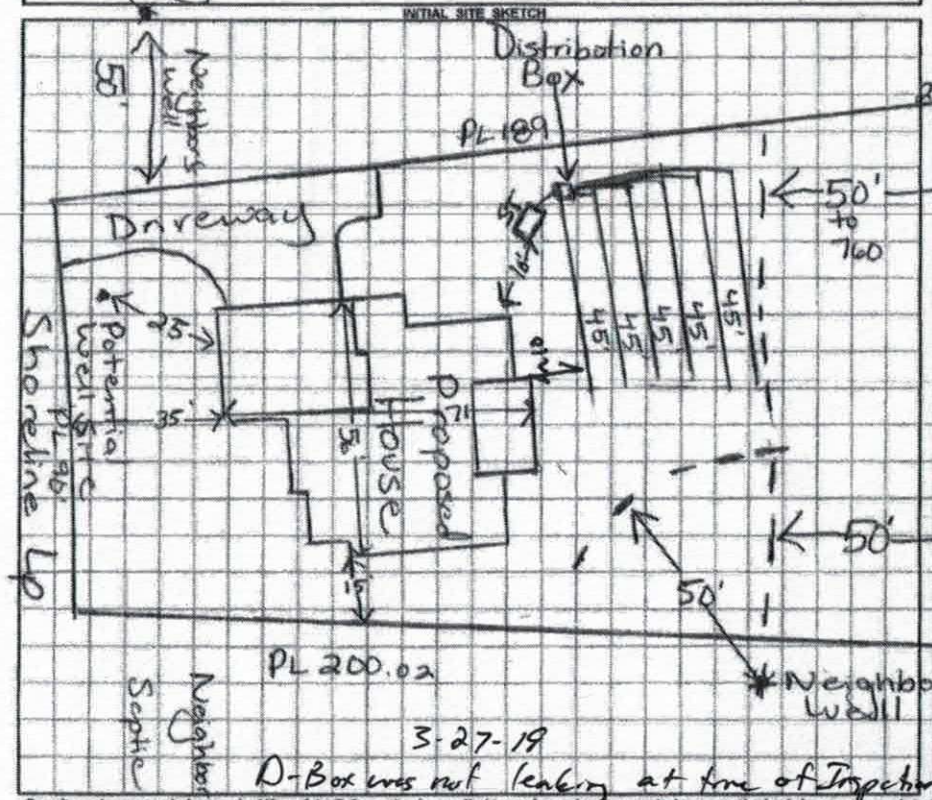
SUBDIVISION: Bayview Estates SECTION: - LOT # 20 LOT AREA: .46 DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 760	Date 9/31	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank — (gal)	PT	Date	System Description: Gravity - Panel Block		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: Exempt Not recorded 1965		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 6 @ 45'	Linear Ft 270'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width min 24"	Trench Bottom Depth(Low side) 30"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ☒ Divert storm/surface water away from Septic.

Must keep Septic a minimum of 50FT from any well & (5FT) from PL
☒ Do not grade down house pad lower than

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40 Septic Area

	Date	Initials
Drain Lines Checked	3/19	BB
Tanks Checked	3/19	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

↓ Need set D-Box & levelers & Check filter
- Drawn is a back

3-27-19
D-Box was not leaking at time of Inspection

3/26/19: • Effluent filter ok (Polylok PL-68)
• D-Box not holding water. Pipe wrong size 1955 (c)
3/27/19 - Changed pipe to 3" JS

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: 9/24/18 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/21/18 OPERATION PERMIT by: Date: 3-27-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/24/18 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 inspector to confirm your inspection time.

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

Sheet ___ of
PROPERTY ID #: 763557079
COUNTY: Iredell

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

OWNER: Robert Keane
ADDRESS: 14-46 156th Whitestone, NY 11355
APPLICATION DATE 8/2/18
DATE EVALUATED: 9/14/18
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .46 Acre
LOCATION OF SITE: Bayview East #20
PROPERTY RECORDED: Y
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	4%	0-6	Brw SCL	SS,SP,SExp,FR					.3
		6-25	RC,mSBK	SS,SP,SExp,FR					
		25-48	RCL,wSBK	SS,SP,SExp,FR					
		48-54	w/Inclus of	SAP		48"			
		48-58	L/SCL	SAP	massive	FR			
2	4%	0-7	Brw SCL	SS,SP,SExp,FR					.3
		7-32	RC,mSBK	SS,SP,SExp,FR					
		32-54	RCL,wSBK	SS,SP,SExp,FR					
			Few SAP Inclus			54"			
3	5%	0-6	Brw SCL (Compacted)						.3
		6-10	RC,mSBK	SS,SP,SExp,FR					
		10-29	Rd/Rd/Brw CL,mSBK	SS,SP,SExp,FR					
		29-54	yel/Rd CL,wSBK	SS,SP,SExp,FR					
						54"			
4	5%	0-8	RCL,m/wSBK	SS,SP,SExp,FR					.3
		8-40	RCL,wSBK	SS,SP,SExp,FR					
		40-56	w/SAP Inclus			FR			
		40-56	L SAP	massive		40"			

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS:

plat book_____, page_____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

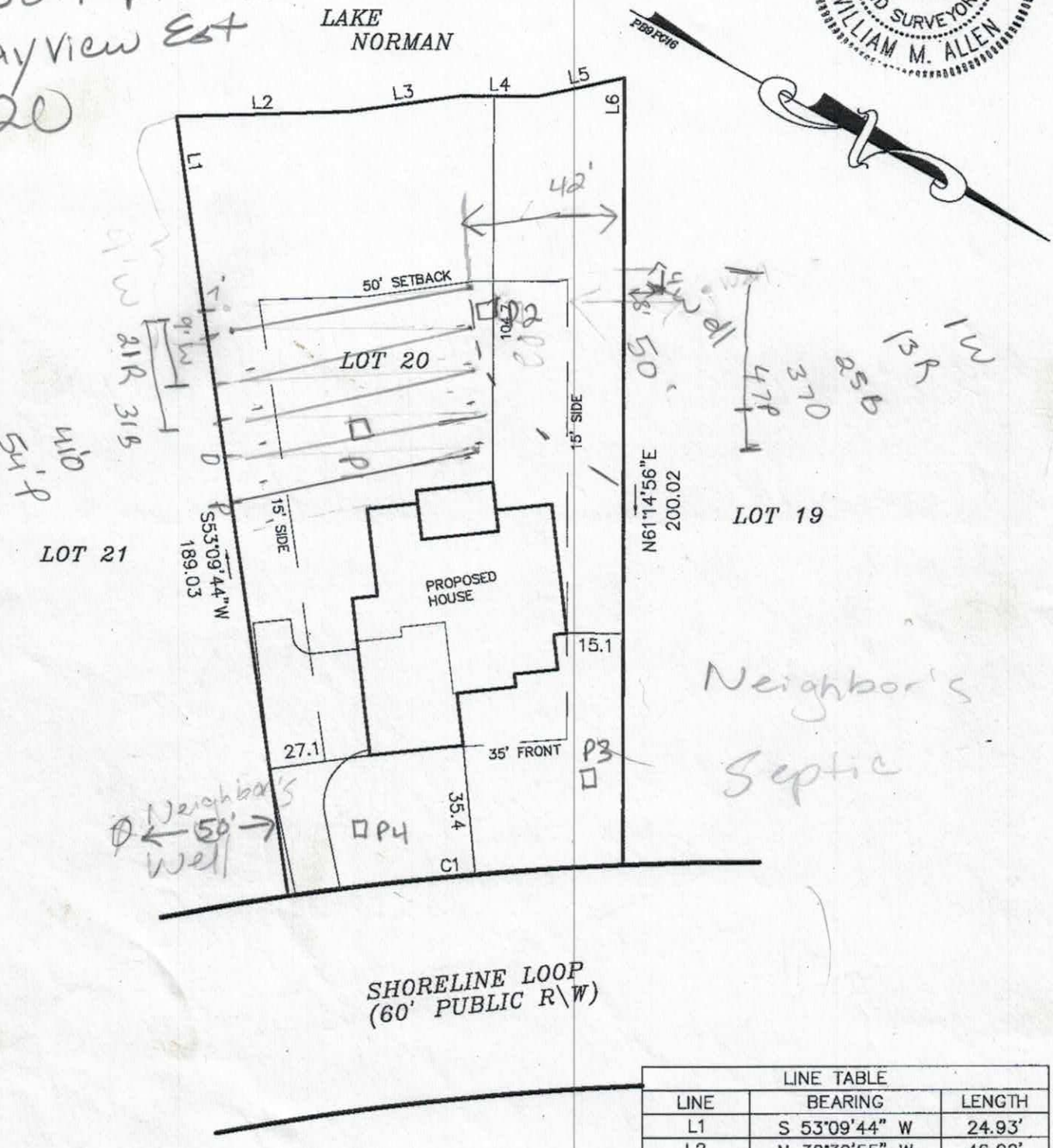
my hand and seal on the 30, day of AUG.,
A.D. 20 18.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	854.43'	90.02'	S 34°18'40" E	89.98'

Soil Pit locations
Bayview Est
#20



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 53°09'44" W	24.93'
L2	N 30°39'55" W	46.02'
L3	N 37°23'54" W	30.34'
L4	N 28°42'03" W	20.76'
L5	N 41°13'11" W	23.46'
L6	N 61°14'56" E	14.24'

0' 20' 40' 100'

SCALE IN FEET

237812

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

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

704 361 0047

Applicant Name: Robert Keane Address: 14-46 156th Whitestone NY 11357 Zip: 11357 Pat
Applicant Email: Robert.Keane@Yahoo.com Phone: (718)614-5884 Alt. Phone:
Owner Name: Robert Keane Address: 14-46 156th Whitestone NY 11357 Zip: 11357
Owner Email: Robert.Keane@Yahoo.com Phone: (718)614-5884 Alt. Phone:

Property Information: 206 4635-57-0592

Street Address: Lot 20 Shoreline Loop, Mooresville NC 28117
Subdivision Name: Bay View Estates Section/Phase: Lot Number: 20
Driving Directions: Brawley School Rd, Lt on Stutts Rd, Rt on Shoreline Loop.

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

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

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:
(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 (X) 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: _____ 8/2/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Robert Kease, am the legal owner(s) of the property located at Lot 20 Shoreline Loop (Bay View Estates, identified as

PIN (Parcel Identification Number) 4635570792.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Burke Developer, _____, 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

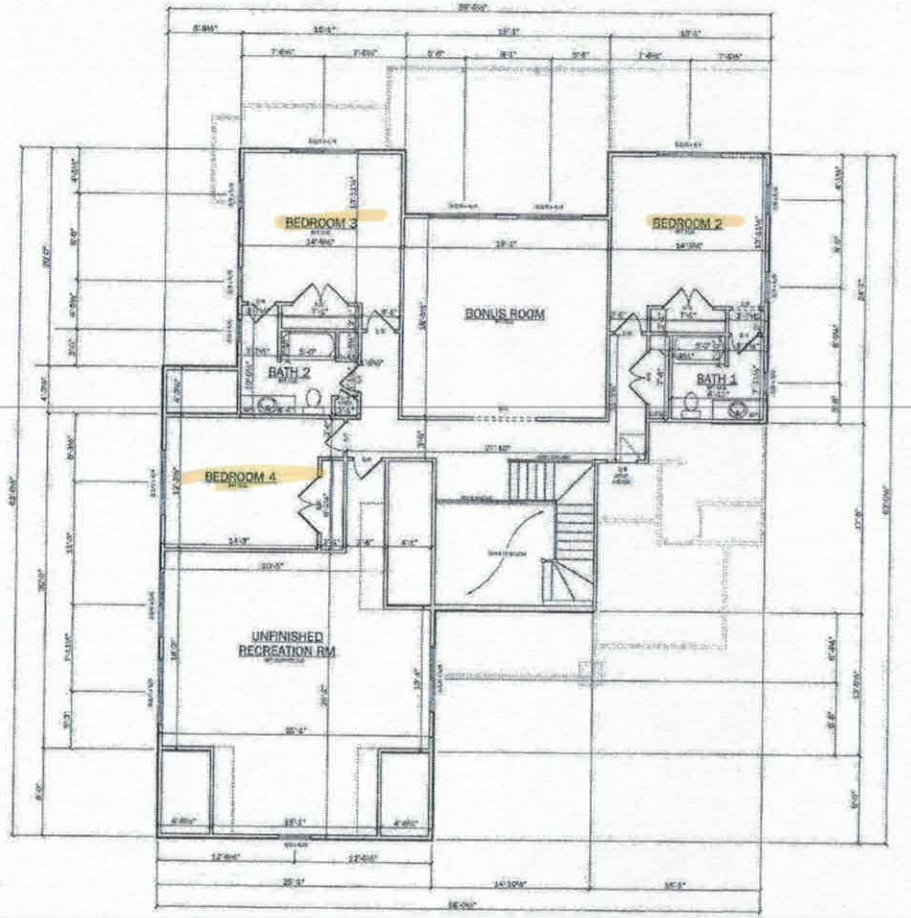
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 8/2/18

Signature of Owner(s) Date

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



SECOND FLOOR

MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

TWENTY ONE HOME DESIGN

KEANE RESIDENCE 206 Shoreline Dr

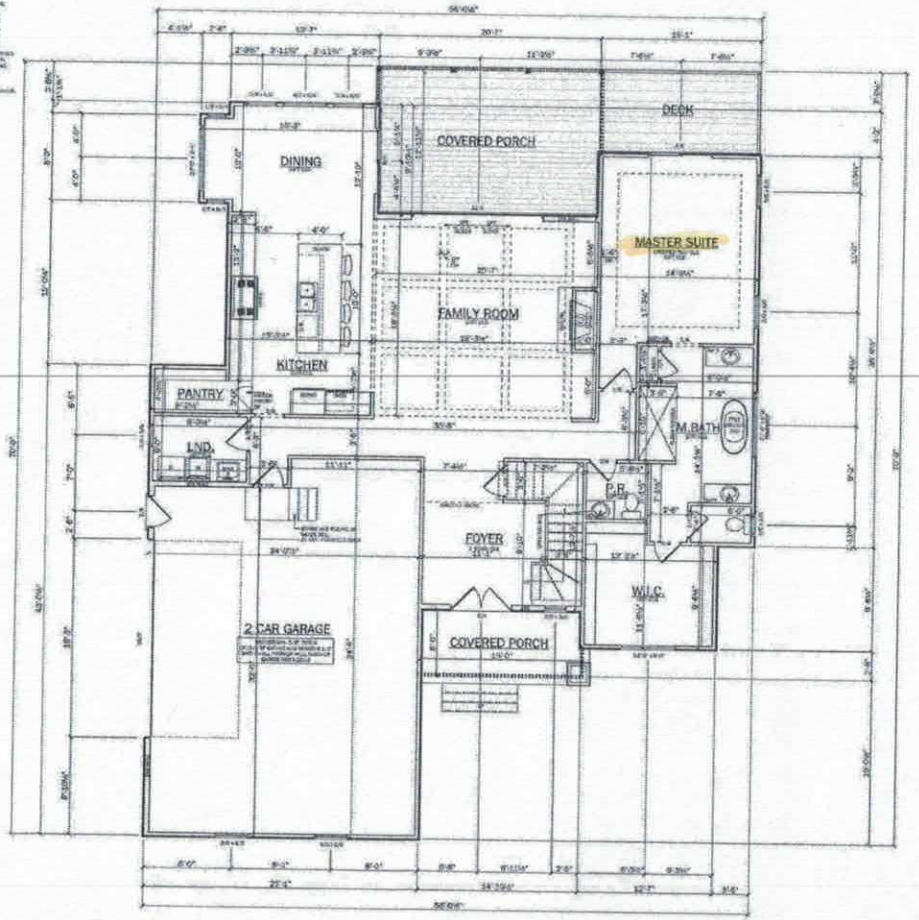
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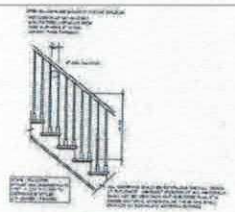
Acknowledgement of Plans Submittal ONLY!

Date 9/24/18

Date 9/24/18



FIRST FLOOR



STAIR RAILING DETAIL/NOTES

Sq Footage	
FIRST FLOOR	1892
SECOND FLOOR	1475
TOTAL HEATED	3367
UNFINISHED REC RM	650
2 CAR GARAGE	651
FRONT PORCH	42
COVERED PORCH	221
TOTAL UNDER ROOF	3151

MEMBER AIBD

TWENTY ONE HOME DESIGN

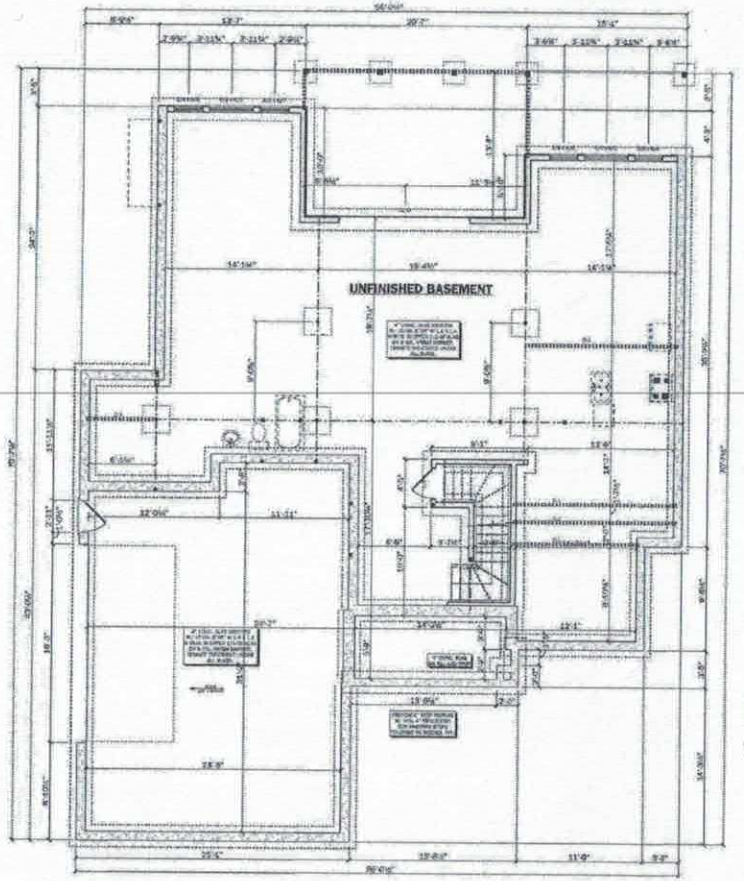
KEANE RESIDENCE
206 Shoreline Dr

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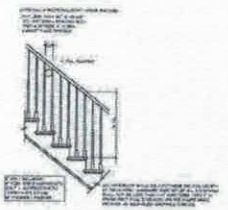
Acknowledgement of Plans Submittal ONLY!

Date 9/24/18

Date 9/24/18



BASEMENT



STAIR RAILING DETAIL/NOTES

MEMBER AIBD

TWENTY ONE HOME DESIGN

KEANE RESIDENCE

206 Shoreline Lp

PAGE 01 BASEMENT

PAGE SIZE 24"X36"

Acknowledgement of Plans Submittal ONLY!

Date 9/24/18

Date 9/24/18