ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-230357

PIN # 4635860946 1

APPLICANT/OWNER: Penny Matthews

APPLICANT ADDRESS: 902 2nd Ave NE Conover, NC

SITE ADDRESS: 304 Camino Real Rd. Mooresville, NC 28117

PHONE: 980-722-1118

ALT. PHONE

SITE DIRECTIONS: US 21 S → L on Alcove Rd → R on Templeton → L on Camino Real → lot on R

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lakeview Park

SECTION: — LOT # 1 LOT AREA: 1ac

DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	8-28-19
Pump Tank	1000 (gal)	PT	27	Date	9-4-19
Pump Make	Liberty	Model	290 3/4 hp	Serial #	
# Nitrification Fields	1	# Lines	2	Linear Ft	60'
Trench Width	24"	Trench Bottom Depth(Low side)	30"/33" high side	Gravel Depth	—

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

System Description: LP PPBPS

Repair System Description: LP PPBPS (offsite)

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

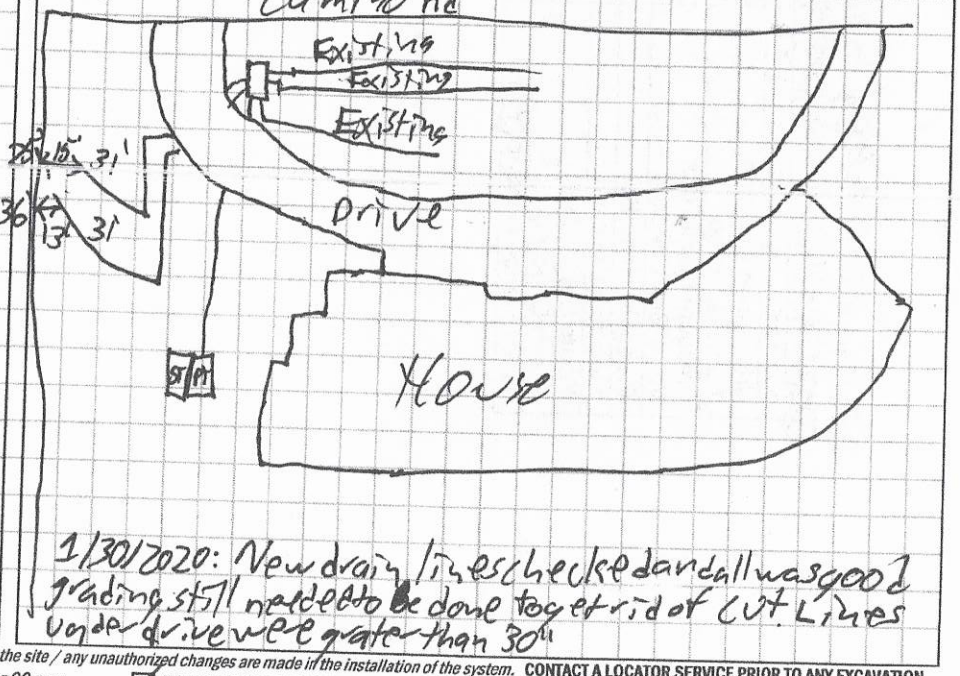
Comments / Conditions: The purpose of this permit is to add new drain lines to fix a damaged system. The lowest line was compromised when the drive was graded. * The 2' cut must be smoothed & corrected to no longer be considered cut. *This must be verified at time of inspection. Remove 14 panels from lowest line. Install 2 new drain lines as shown on site plan. Conveyance lines must be sleeved in ductile iron or buried > 30" under drive.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

Not to scale



1/30/2020: New drain lines checked and all was good grading still needed to be done to get rid of cut. Lines under drive were greater than 30"

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: MP Date:

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-15-20

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-15-20

Installed by: Randy

OPERATION PERMIT by: Date: 6-15-2020

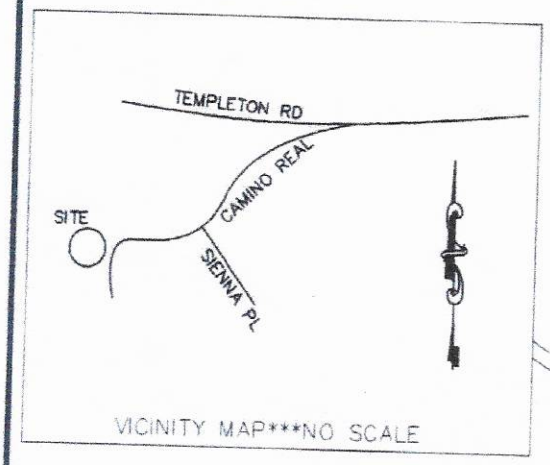
Existing System Inspected by: Date:

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.

plat book 67, page 28, 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 12, day of JAN.,
A.D. 20 18.

WILLIAM M. ALLEN, PLS



PB 7 PG 5

LAKE NORMAN

Y1 - 90' - 5.2' Ex
W2 - 90' - 5.7' Ex
B3 - 26' - 6.4' Ex
P4 - 30' - 8.0'
O5 - 31' - 8.8'

760 CONTOUR PER ACTUAL FIELD SURVEY

761 CONTOUR (FLOOD LINE)

50' BUFFER FROM ACTUAL 760 CONTOUR

50' BUFFER FROM ACTUAL 760 CONTOUR

35' REAR SETBACK

20.8'

CP

L2

EX. PINCHTOP

IPS

L3

CP

L4

CP

IPS@5.00'

House

LOT 2

Pool

PROPOSED HOUSE

25'

Well

50'

Tank Location

S46°33'10"E 199.36'

25'

15' SETBACK

38.4'

15' SETBACK

ST

PT 11.2'

HC 9.3'

LOT 1 0.72 AC.

Drive

Pit 1

O5

P4

B3

W2

Y1

N85°39'09"E 160.77 TOTAL

RONALD D. MITCHAM LIVING TRUST 2171\1737

35' SETBACK

241.73 TOTAL

S5°27'43"E 75.00'

41.97

51.6'

EIP

145.27

EX. 1/2" PIPE

W

BM 7.8'

L7 (TIE)

S01°13'26"W

127.94

285.40 TOTAL

L5

IPS

Anchor

Power pole

PK NAIL

APPROVED JAN 15 2020
KW

CAMINO REAL RD.
(60' PUBLIC R\W)

R\W

LEGEND
= P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND

0' 20' 40' 100'
SCALE IN FEET

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 71°12'18" E	39.80'
L2	N 30°30'55" E	57.63'
L3	N 30°21'39" E	40.48'
L4	S 00°32'45" W	59.80'
L5	S 01°13'26" W	12.19'
L6	S 20°31'18" E	20.63'
L7	N 85°39'31" E	34.44'

James checked tanks and original existing drain lines 10/9/19

	Date	Initials
Drain Lines Checked	1/30/2020	PSB
Tanks Checked	10/9/19	JB
Pressure Manifold or Valve Box Checked	1/30/2020	PSB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) / N		

PROPERTY ID #: 4635869461
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Penny Matthews
ADDRESS: 902 2nd Ave NE, Conover, NC 28613
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 304 Camino Real Rd, Lakeview Park Lot 1
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut

APPLICATION DATE 1/2020
DATE EVALUATED:
PROPERTY SIZE: 0.72 AC
PROPERTY RECORDED: 2018

TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

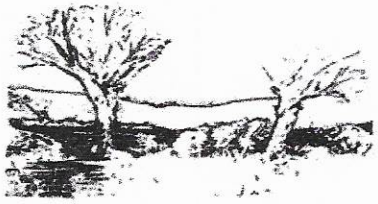
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-2	FILL		N/A	53"	N/A	N/A	PS 0.3
		2-6	Br SCL WSBK	FR SS SP SXP					
		6-29	R C SBK	FR SS SP SXP					
		29-53	R CL WSBK	FR SS SP SXP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	534 FT^2	572 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

APPROVED JAN 15 2020 KW

COMMENTS:



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

Reference: Data Sheet for 304 Camino Real Rd

House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS (Septic easement)
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 11'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 15'
Supply Line Length: 60' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30"
Proposed Trench Width: 24"



Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1 Ex	**90'**	**21**	**95'**	**5.2'**
White 2 Ex	**90'**	**21**	**99'**	**5.7'**
Blue 3 Ex	**26'**	**6**	**90'**	**6.4'**
Pink 4	**30**	**7**	**35'**	**8.0'**
Orange 5	**31**	**7**	**43'**	**8.8'**
Pink 4			68'	
White 5			100'	
Yellow 6			50'	
Blue 7			68'	

APPROVED JAN 15 2020
KW

Initial System: 270' **Repair System:** 286'
Pump Tank: 11.2' **House Corner:** 9.3' **Benchmark:** 7.8'

Comments:
MA&A are proposing a four bedroom residence with an offsite repair area on the adjacent lot (310 Camino Real). We have two pits in the initial system area. The soils on the adjacent lot were previously approved by ICHD. MA&A had previous pits (noted as 3, 4, and 5 on the soil sheet) on the lot indicating unsuitable fill. These pits were filled during subsequent tree removal by the builder. There is an existing well that must be abandoned.

****BE ADVISED****

- THE SEPTIC AREA ON THIS LOT IS EXTREMELY LIMITED.
- DO NOT CUT WITHIN 15' OF THE SEPTIC AREA.
- DO NOT INSTALL A FOUNDATION DRAIN WITHIN 25' DOWNSLOPE OF THE SEPTIC AREA.
- DO NOT CUT FOR THE HOUSE PAD.
- FENCE OFF THE SEPTIC AREA TO PREVENT ANY VEHICULAR TRAFFIC.
- FAILURE TO OBSERVE THIS WARNING COULD RESULT IN PERMIT REVOCATION AND AN INABILITY TO CORRECT THE SEPTIC SYSTEM ON SITE.

1/2020:
The builder has compromised the lowest installed line by grading for the driveway. MA&A are proposing to shorten the lowest line and add new line to correct the situation. The original repair area will remain the same.

APPROVED JAN 15 2020
KW

RECEIVED JAN 9 - 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $ 350.00 #230357

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 Comprehensive Relayout

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: Penny Matthews **Address:** 902 2nd Ave NE, Conover, NC **Zip:** 28613

Applicant Email: _____ **Phone:** Mike Shalvoy-980-722-1118 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 304 Camino Real Rd

Subdivision Name: Lakeview Park **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: _____

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

(✓) 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: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____ 1/8/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

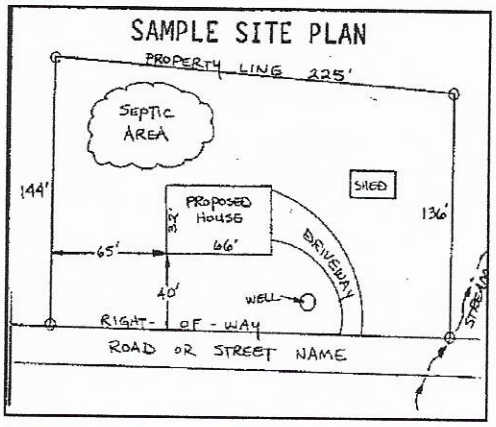
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____

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

1/8/2020

DATE

304

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

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.

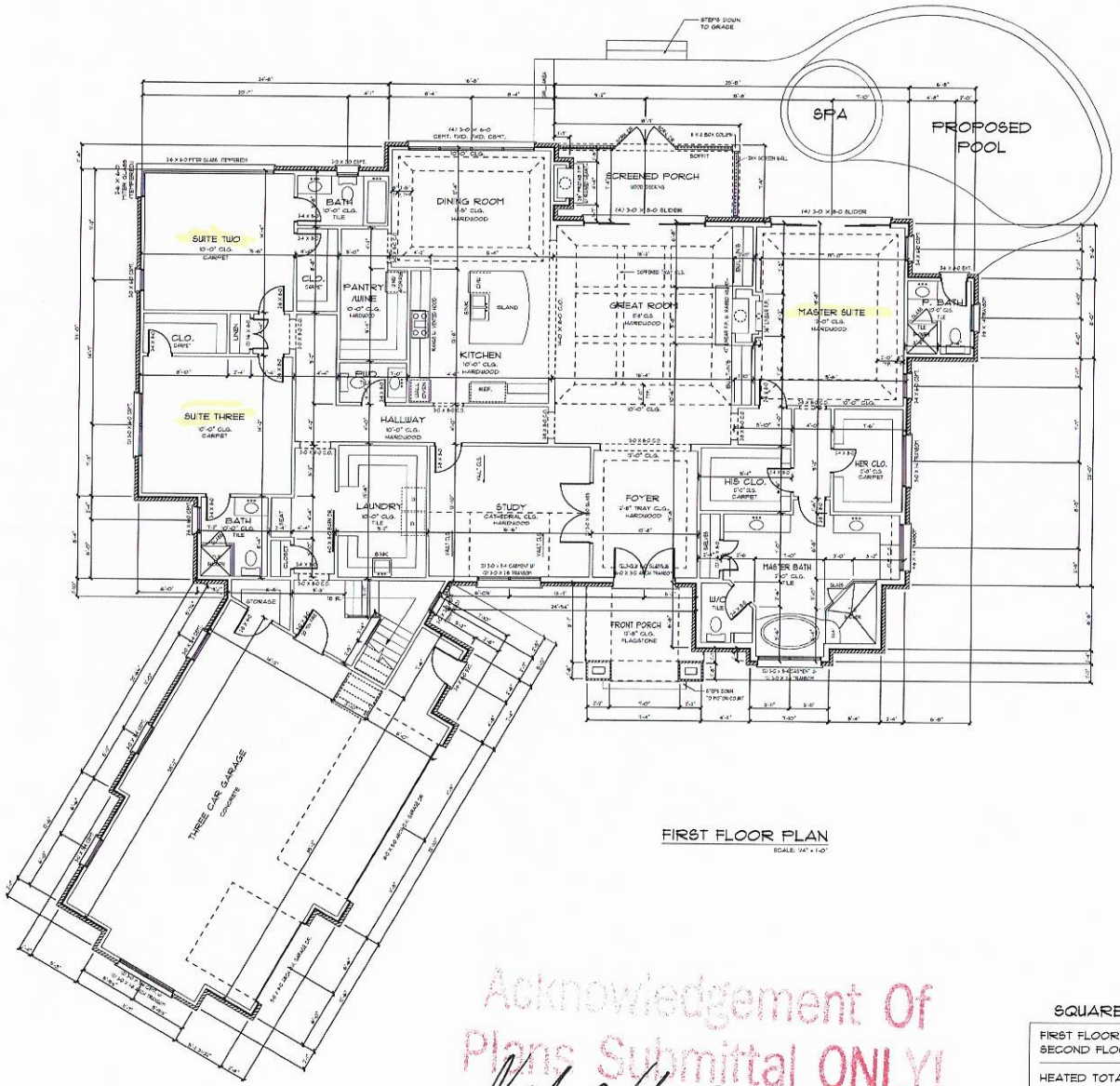
I, Michael Shaeway, am the legal owner(s) of the property located at 304 Camino Real Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635869464.000, located in Iredell County, North Carolina.

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]	1/9/2020	Allison Woods	1/9/2020
Signature of Owner(s) Date	Date	Signature of Witness	



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Kayla Watson Date 11-28-18

Allison Woody Date 12/4/18

SQUARE FOOTAGE

FIRST FLOOR	3,399
SECOND FLOOR	605
HEATED TOTAL	4,004
GARAGE	1,009
FRONT PORCH	103
REAR PORCH	122
TOTAL UNDER ROOF	5,238

ENGINEER BY:

PROJECT:

THE MATTHEWS RESIDENCE

304 CAMINO REAL ROAD, MOORESVILLE, NC 28117

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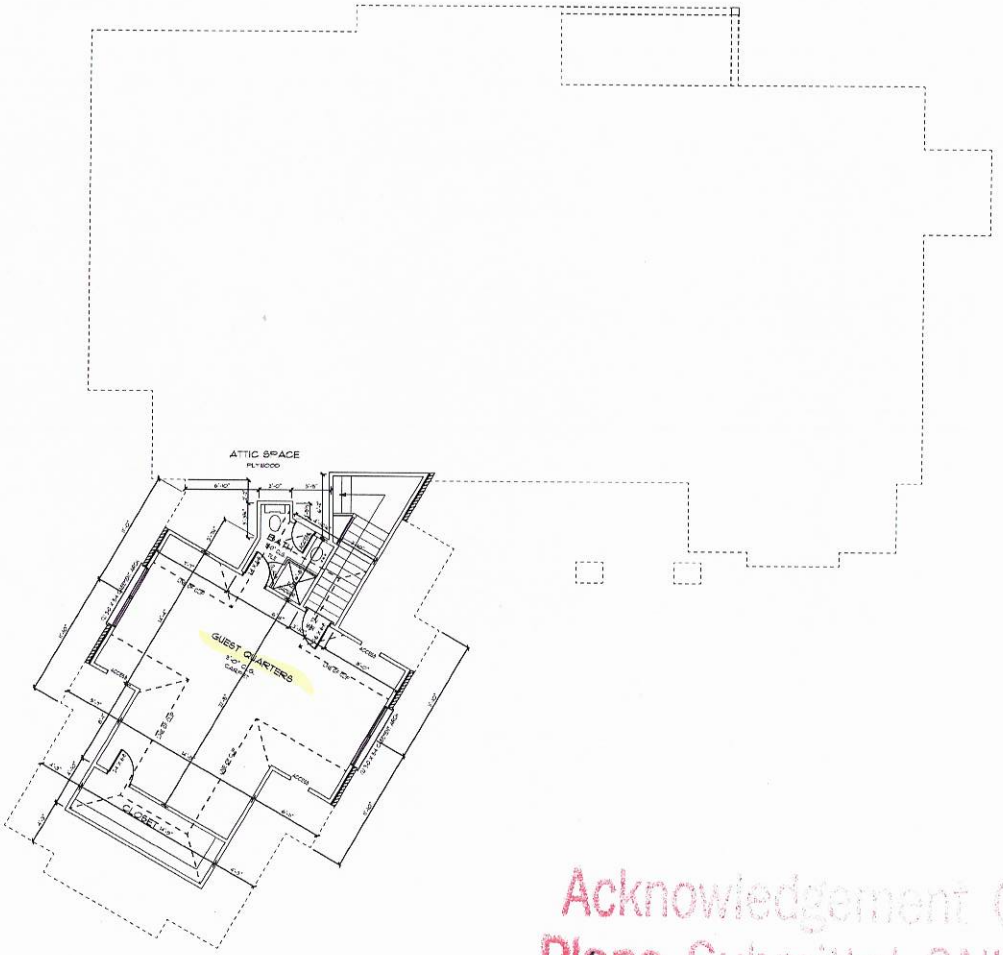
DATE:

08/19/2018

REVISED:

SHEET 4

OF 9



Acknowledgement Of
Plans Submittal ONLY!

Date 11-28-18

Date 12/4/18

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

ENGINEER BY:

PROJECT:

THE MATTHEWS RESIDENCE
304 CAMINO REAL ROAD, MOORESVILLE, NC 28117

© COPYRIGHT 2018

DATE:
08/19/2018

REVISED:

SHEET 5

OF 9