ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 246826

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

PIN # 4635901566

APPLICANT/OWNER: Joseph Karpinski | APPLICANT ADDRESS: 6098 Langtree Rd Mooresville NC, 28117

SITE ADDRESS: 6098 Langtree Rd Mooresville, NC | PHONE: 704 658-6541 | ALT. PHONE 704 756 3531

SITE DIRECTIONS: Hwy 115 S TR Langtree Rd cross over I-77 on right across from Kings Landing | SAP CONTROLLED: ☐ YES ☒ NO

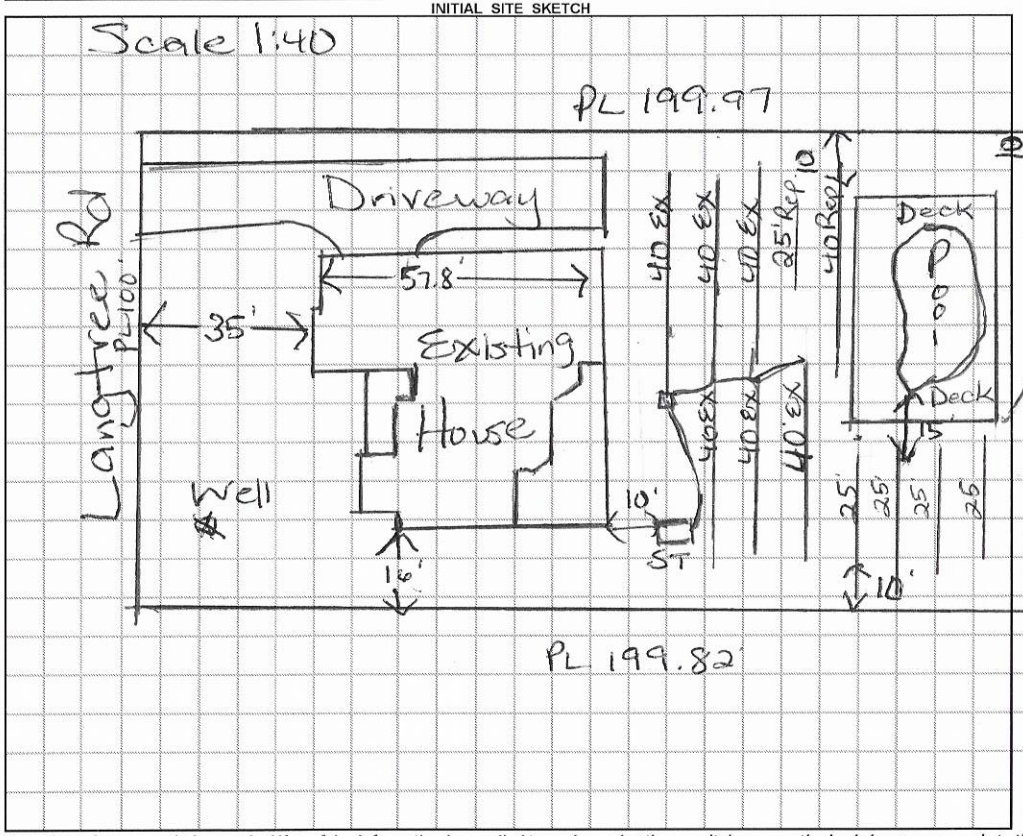
SUBDIVISION: Lakeview Shores | SECTION: 2 | LOT # 19 | LOT AREA: .46 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank	Exist 1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Ex Gravity - 50% Reduction			☐ Business	No. Persons 2	☒ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	Ex Lo	Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	Exist	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

This purpose of this permit was to redesignate Septic repair area due to a pool being built in the original Septic repair area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Septic repair area.

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: Rhonda Zayas | Date: 8/7/19 | Installed by: ??

IMPROVEMENT PERMIT by: Maria Dotson | Date: 8/6/19 | OPERATION PERMIT by: Maria Dotson | Date: 8/7/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 8/7/19 | 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4635901566
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Joseph Karpinski
ADDRESS: 698 Langtree Rd Mooresville NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: Lakeview Shores #15
APPLICATION DATE
DATE EVALUATED: 7/25/19
PROPERTY SIZE: .46 Ac
PROPERTY RECORDED: X

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-9	BrwSCL	wSBK SS,SP,SExP,FR					PS .25
		9-38	Rd/Brw C/C	wSBK SS,SP,SExP,FI-FR					
		w/some Mang staining			P,SExP,FI				
		38-48	Rd/Brw C	wSBK S	—	48"			
		W/Some Yel/Brw mottles							
2	3%	0-9	Brw SCL	wSBK SS,SP,SExP,FR					PS .25 to 48"
		9-25	Rd/Brw C/C	M-wSBK SS,SP,SExP,FR					
		25-46	Rd/Brw C	wSBK SS,SP,SExP,FI-FR					
		46-48	Rd/Brw to Yel/Brw	C/C wSBK SS,SP,SExP,FI		48"			
		w/ Mang staining							
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Joseph Karpinski, Randy Erwin

COMMENTS:

Rebo 246826 $500 pd

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: JOSEPH M. KARPINSKI Address: 698 LANGTREE Rd Zip: 28117
Applicant Email: RAREFISH@ROADRUNNER.COM Phone: 704-658-6541 Alt. Phone: RHONDA LAYAN 704-756-3531
Owner Name: JOSEPH M. KARPINSKI Address: 698 LANGTREE Rd Zip: 28117
Owner Email: RAREFISH@ROADRUNNER.COM Phone: 704-658-6541 Alt. Phone: _____

Property Information:

Street Address: 698 LANGTREE Rd

Subdivision Name: LAKEVIEW SHORES Section/Phase: _____ Lot Number: 15

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: 3
Maximum Number of Occupants: 2
(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: _____ 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1997
(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: Joseph M. Karpinski 7/19/19
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*) Joseph M. Karpinski

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, Joseph M. Karpinski, am the legal owner(s) of the property located at 698 LANGTREE Rd, , identified as

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

I do hereby authorize (**print legal representative/company name**) RHONDA LAYMAN, _____, 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.

Joseph M. Karpinski — Signature of Owner(s)

7/19/19 — Date

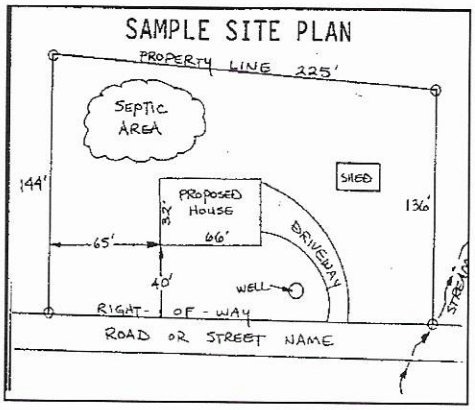
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) 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

Signature: Joseph M Kaygin

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

7/19/19

DATE

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25077 DATE 10/25/96 TAX MAP NO. 2B-1-6-15 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR DOUG WALDO ~~PHONE: Business~~ ~~4635-86-1686~~ 4635-90-15066 Home 364-1700

ADDRESS 6846 MORRISON BLVD. CHARLOTTE 28211

LOCATION LANDTREE RD - 1 MI ON RT - ACROSS FROM KINGS LANDING

SUBDIVISION LAKEVIEW SHORES BLOCK / SECTION ____ LOT 15 LOT AREA .46 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 3/26/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 6 @ 40' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

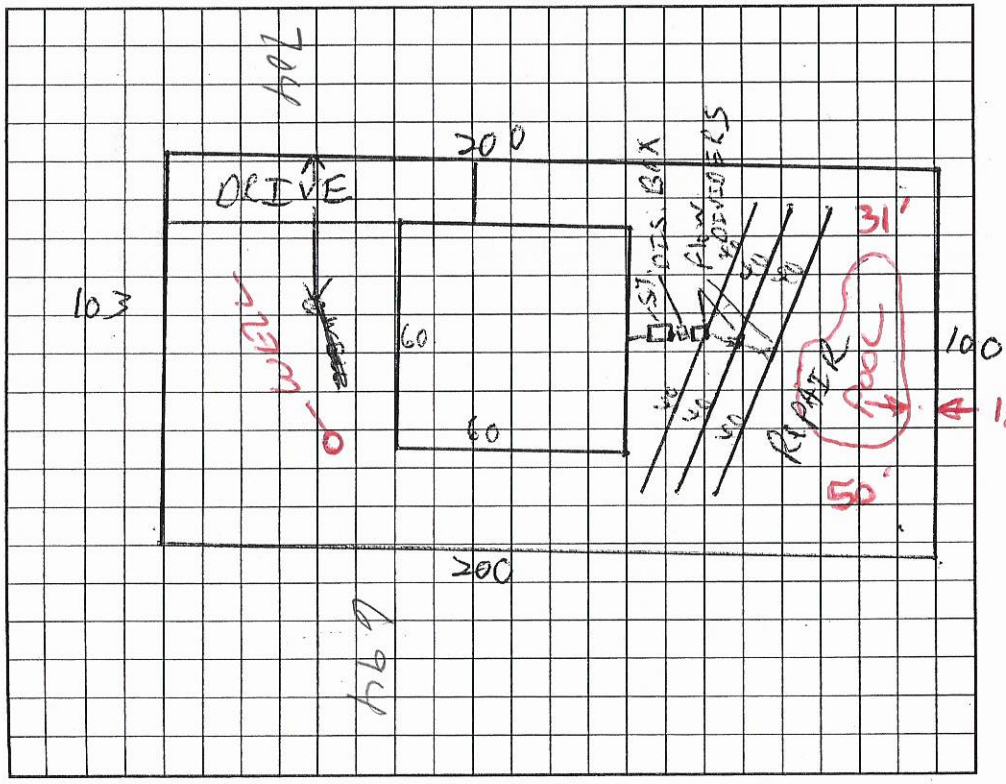
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: POOL 36x17

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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.

Signed: [signature]

Improvement Permit by: C. Bigham EHS date 10/25/96

~~Existing System Inspection~~ AUTHORIZATION TO CONSTRUCT by: C. Bigham EHS date 10/25/96

Installed by: Doug Waldo

Certificate of Completion by: Wesley Hicks R.S. date 6/26/97

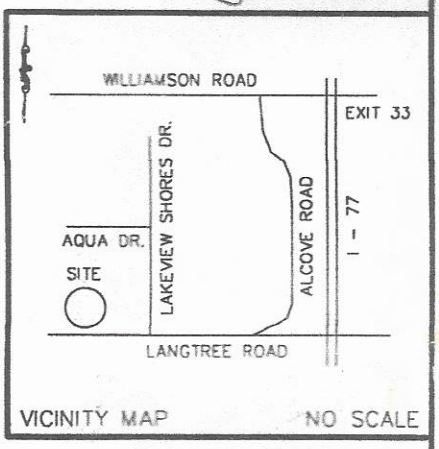
Operation Permit by: Wesley Hicks R.S. date 6/26/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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

WILLIAM M. ALLEN PLS

Joseph Karpinski
698 Langtree Rd.



LOT 21
JENNINGS N. HOKE
575/355

LOT 20
BETTY G. GRIER
954/443

PB. 7 PG. 47

#4 REBAR

5.58'

94.61'

#4 REBAR

N 60°54'52" E

100.19'

#4 REBAR

PRIVACY SCREEN

INGROUND POOL

P1

P2

30

35

10'

199.97'

LOT 15
0.46 AC.

(BASE BEARING)
S 29°10'00" E

199.82'

CONC. PATIO

PRIVACY GATE
24.8'

34.5'

6'

23.4'

5.5'

6.8'

WOOD DECK

10.9'

19.5'

12.6'

1 STORY BRICK
COMP ROOF

57.8'

23.8'

6.7'

11.0'

7.2'

4.2'

PORCH

20.0'

12.4'

7.2'

16.4'

10.4'

2.2'

13.2'

35.5'

CONC. DR

LOT 14
JENNINGS N. HOKE
658/242
361/157

N 29°13'15" W

LOT 16
VIRGLE RAY SHORT
1074/765

20' FEET RESERVED FOR
STREET WIDENING
POWER LINE

1" PIPE

R/W

#4 REBAR

S 60°50'00" W 100.00'

(TIE ONLY)
N 67°53'25" E
238.04'

EXISTING PK NAIL IN THE INTERSECTION OF LANGTREE ROAD AND LAKESHORE DRIVE

60.00'

LANGTREE ROAD
(PAVED)

R/W

0' 20' 40' 100'

SCALE IN FEET

PHYSICAL SURVEY

OF

698 LANGTREE ROAD

Lot #15
Lakeview Shores

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

LEGEND

P.P. = POWER POLE
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL