PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307260

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

PIN # 4636-01-7589

APPLICANT/OWNER: Steve Saye | APPLICANT ADDRESS: 243 Cove Creek Loop Mooresville, NC

SITE ADDRESS: 243 Cove Creek Loop Mooresville, NC 28117 | PHONE: 704-516-9487 | ALT. PHONE —

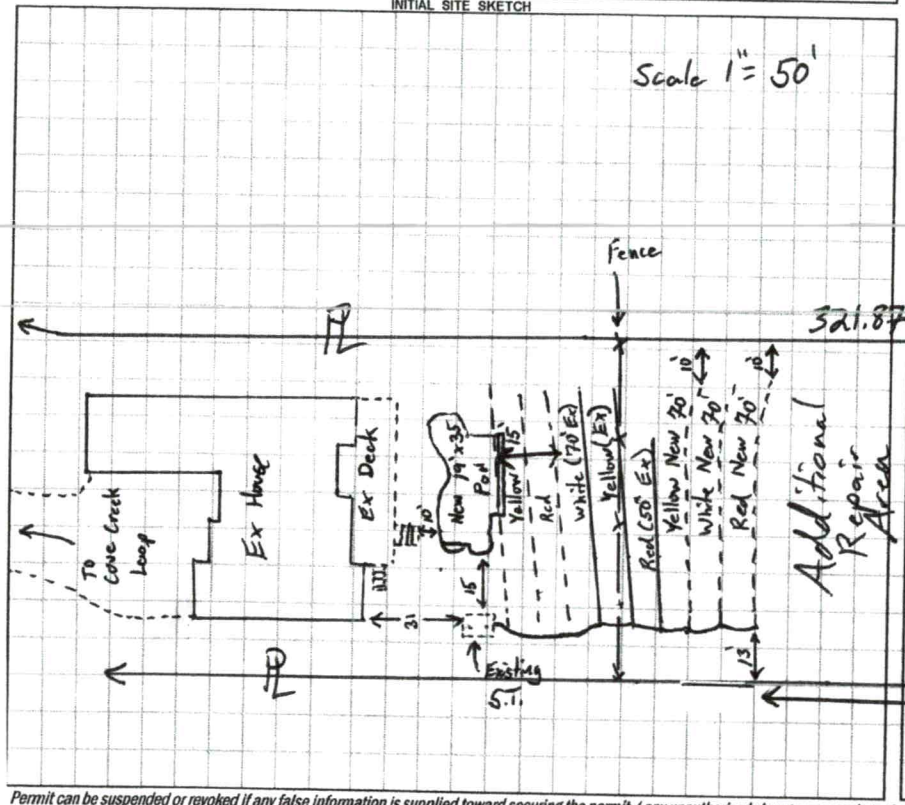
SITE DIRECTIONS: BSR → Isle of Pines → Cove Creek Loop → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Chesepeake Point | SECTION: 3 | LOT # 48 | LOT AREA: 1.057 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.325

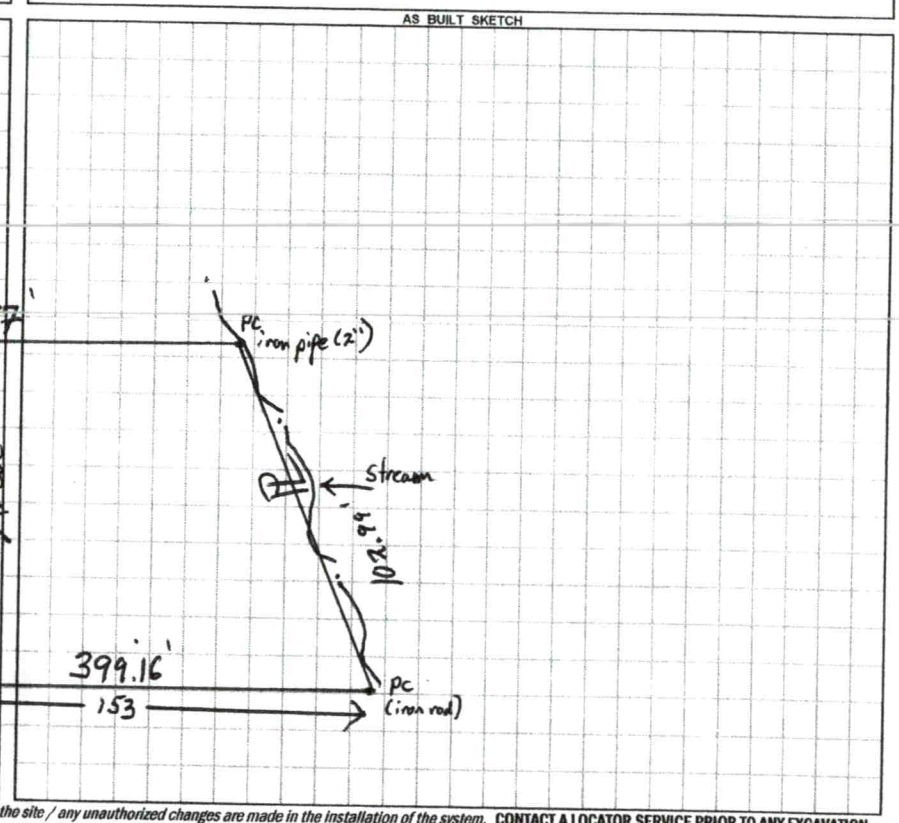
Septic Tank	1000 (Ex) (gal)	STB	Ex	Date	Ex	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply: ☐ Private
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Disconnect from top 3 drainfield lines and			☐ Business	No. Persons 8	☐ Public
Pump Make	—	Model	—	Serial #	—	Repair System Description:	install new lines as shown below			☐ Other	No. Employees —	☒ Community
# Nitrification Fields	1	# Lines	3	Linear Ft	210'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Disconnect from existing top 3 drainfield lines as shown on drawing. Connect @ existing line #4.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Erin K. Saye | Date: 6/29/2020 | Installed by: Richard Abernethy

IMPROVEMENT PERMIT by: Tom Shuck | Date: 6/26/2020 | OPERATION PERMIT by: [signature] | Date: 8-13-2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 6/26/2020 | 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.

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

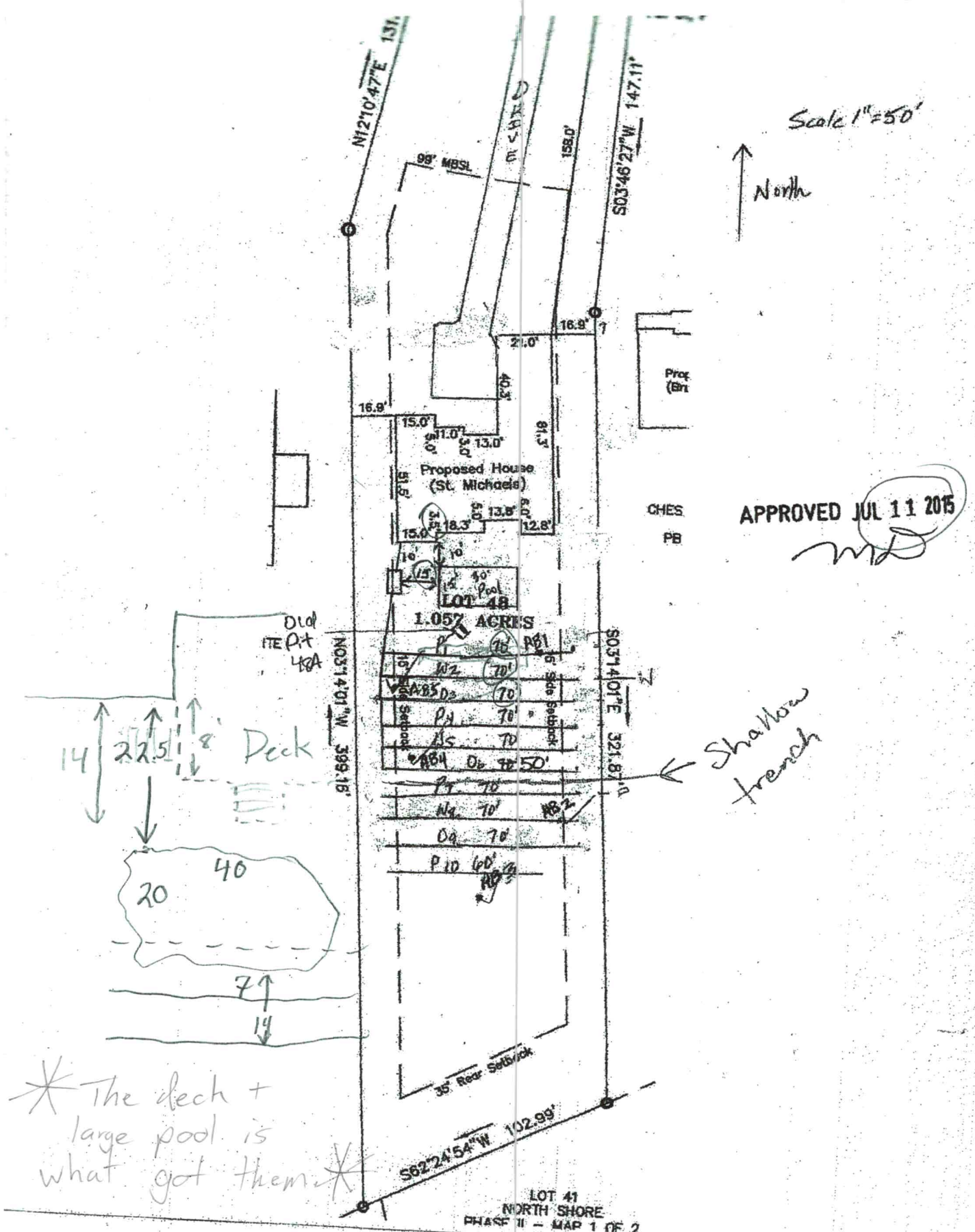
OWNER: Steve Saye
ADDRESS: 243 Cove creek loop
PROPOSED FACILITY: 4BR - SFR
LOCATION OF SITE: 243 Cove Creek Loop Mooresville, NC
APPLICATION DATE: 6/12/2020
DATE EVALUATED: 6/25/2020
PROPERTY SIZE: 1.05 ±
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480 GPD
WATER SUPPLY: ☐ Private ☒ Public ☐ 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
1	LSS Header Upper Repair 16%	0-7	scl V.W. SBK	sl. Firm, SS, Sp, Sexp					
		7-24	clay W. SBK common mica	sl. Firm, Sticky Sp, Sexp	–	48	–	–	0.325 PS
		24-48	clay Loam W. SBK Abundant Mica Mixed	Friable, SS, Sp, Sexp					
			Abundant Saprolite 35"-48"						
2	LSS Distal Lower Repair 16%	0-6	scl V.W. SBK	sl. Firm, SS, Sp, Sexp					
		6-20	Clay M. SBK some mica	sl. Firm, sticky Sp, Sexp					
		20-48	Clay Loam W. SBK	Friable, SS, Sp, Sexp	–	48	–	–	0.325 PS
3									
4		L_6 (Ex)	R 5.23	50'					
		L_7	Y 6.73	71					
		L_8	W 8.17	72					
		L_9	R 9.74	70					

Relocate 210' of System

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		210-213 ±
System Type(s)		25% Reduction
Site LTAR		0.325

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____



ANTY HEALTH DEPARTMENT
Statesville Office (704) 878-5305 Mooresville Office (704) 660-3626

App #1382533 DEH Permit #

RECEIVED JUN 2 2 2020

AP-307260
Repair
Evalr

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steve Saye Address: 243 Cove Creek Lp Zip: 28117
Applicant Email: Steve-w-saye@yahoo.com Phone: 7045169487 Alt. Phone: —
Owner Name: Steve Saye Address: 243 Cove Creek Lp Zip: 28117
Owner Email: Steve_w_saye@yahoo.com Phone: 7045169487 Alt. Phone: —

Property Information:

Street Address: 243 Cove Creek Lp Mooresville NC 28117
Subdivision Name: Chesapeake Point Section/Phase: _____ Lot Number: 41
Driving Directions: Brawley School Rd – Isle of Pines – Cove Creek Loop

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: 4
(✓) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Steve Saye Elisa Saye 6/12/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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*) Steve Saye

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, Steve Saye, am the legal owner(s) of the property located at 243 Cove Creek Loop, identified as PIN (Parcel Identification Number) 4636017589.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Charlotte Pools + Spas Inc/ Bobby Pippin, 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.

Steve Saye Erin Saye — Signature of Owner(s)

6/12/20 — Date

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

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307260 Issue Date: 05/06/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636017589.000	243 COVE CREEK LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: SAYE STEVEN+ERIN	Name: CHARLOTTE POOLS & SPAS INC
Address:	Address: 1458 BRAWLEY SCHOOL RD MOORESVILLE, NC 28117
Phone:	Phone: (704)799-7575

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.057	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

525 SQ FT INGROUND POOL - $98,860

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Signature of Owner/Contractor

Date: 05/06/2020

Permit Number	307260	TOTAL FEES:	$77.25