IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212302

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

PIN # 4636029154

APPLICANT/OWNER: Peachtree Residential APPLICANT ADDRESS: 9525 Birkdale Crossing Dr Ste 208 Huntersville NC 2807

SITE ADDRESS: 116 Chart house Ln Mooresville, NC 28117 PHONE: 704 928-9215 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR Cove Creek TL Charthouse SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Chesapeake Pt. SECTION: 4 LOT # 108 LOT AREA: .892 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	207-106	Date	Infiltrator	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	Plastic	Date	Tanks	System Description:			Pump-PM-25% Reduction	☐ Business	No. Persons 8	☐ Private
Pump Make	Liberty	Model	290	Serial #		Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: 3/29/18 Checked tanks & drainlines

Note: Tap 1 1½" Sch 40 Lines Q7, B8
Tap 2 1½" Sch 40 Line W9
Tap 3 3/4" Sch 80 Lines Q10, B11

INITIAL SITE SKETCH

See attached, approved plan by Michael A Thomas & Assoc. (dated 1/24/18)

AS BUILT SKETCH

Tanks & lines checked 3/29/18

	Date	Initials
Drain Lines Checked	3/29/18	MD
Tanks Checked	3/29/18	MD
Pressure Manifold or Valve Box Checked	5-8-18	KW
Pressure Head Set	5-8-18	KW
Electrical Checked	5-8-18	KW
Floats Set	5-8-18	KW
Alarm Checked	5-8-18	KW
Maintenance Contract Y / (N)		
Comments:	not Required	

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.*

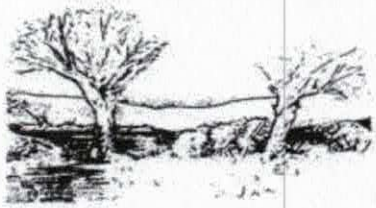
Owner / Applicant Signature: Date: 1-30-18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Marie Dotson Date: 1/27/18 OPERATION PERMIT by: Kayla Watson Date: 5-8-18

AUTHORIZATION TO CONSTRUCT by: Marie Dotson Date: 1/29/18 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 inpsector to confirm your inspection time.

LOT 65
LOT 64
S 81°53'03" W 86.10'
S 59°37'56" W 109.43'
S 43°54'08" W 120.17'
15' SSL ESMT
S44°34'55"W
59.45'
S 41°42'44" E 257.64' Total
161.84'
APPROVED AUG 2 1 2015
Scale
1"=40'
S.F.E. LOT 69-42A
(0.515 ACRES)
LOT 106
0.892 ACRES
38860.0 SQ.FT.
LOT 107
0.680 ACRES
29625.8 SQ.FT.
LOT 69
COS ACCESS
0.124 ACRES
5414.6 SQ.FT.
N 47°56'41" E 100.00'
N42°03'19"W
66.18'
N35°54'03"E
50.19'
N07°32'10"E
43.73'
N43°51'12"W
49.10'
S 46°13'48" W 212.37'
N46°16'47"E 85.99'
E 130.00'
S 88°06'05" E 136.00'
N 13°14" W 94.28'
W 81.98'
15' SIDEYARD
35' REARYARD
50' MBSL
35' MBSL
40' PUBLIC R/W
HOUSE LANE
IPS
BM
C3
C4
C5
C8
L3
L5
L6
Approved
1/27/15



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

Approved
1/27/18
MA

Reference: Data Sheet for 116 Charthouse Ln, Chesapeake Pt Lot 108
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 2 @ 7.11 GPM, 1 @ 10.1 GPM
Tap Size and Material: 2 @ ½" SCH 40, 1 @ ¾" SCH 80
System Flow: 24.32 GPM
Dosing Volume: 210 gallons
Pump Run Time: 8.6 minutes
Elevation Head: 6.1'
Friction Head: 0.3'
Pressure Head: 2'
Total Dynamic Head: 8.4'
Supply Line Length: 25' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18-20"

Line	Design Length	Actual Length	Elevations
Pink 1		80'	
Red 2		98'	
Yellow 3		100'	
White 4		95'	
Orange 5		70'	
Blue 6		60'	
Orange 7	**64'**	**66'**	**3.6'**
Blue 8	**72'**	**75'**	**4.0'**
White 9	**148'**	**150'**	**4.4'**
Orange 10	**112'**	**117'**	**5.5'**
Blue 11	**84'**	**87'**	**5.7'**

RECEIVED JAN 24 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $75.00 Ltd Redraw

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 # 21302

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: Peachtree Residential **Address:** 9525 Birkdale Crossing Dr, Suite 208, Huntersville, NC **Zip:** 28078

Applicant Email: _____ **Phone:** Mark 704-928-9215 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 116 Charthouse Ln

Subdivision Name: Chesapeake Pt **Section/Phase:** _____ **Lot Number:** 108

Driving Directions: _____

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: Accepted

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: _____ 1/24/2018
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

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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, MARK Benitez, am the legal owner(s) of the property located at 116 Chert house Ln Chesapeake PT 108, identified as PIN (Parcel Identification Number) 4636 02 9154, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc., 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

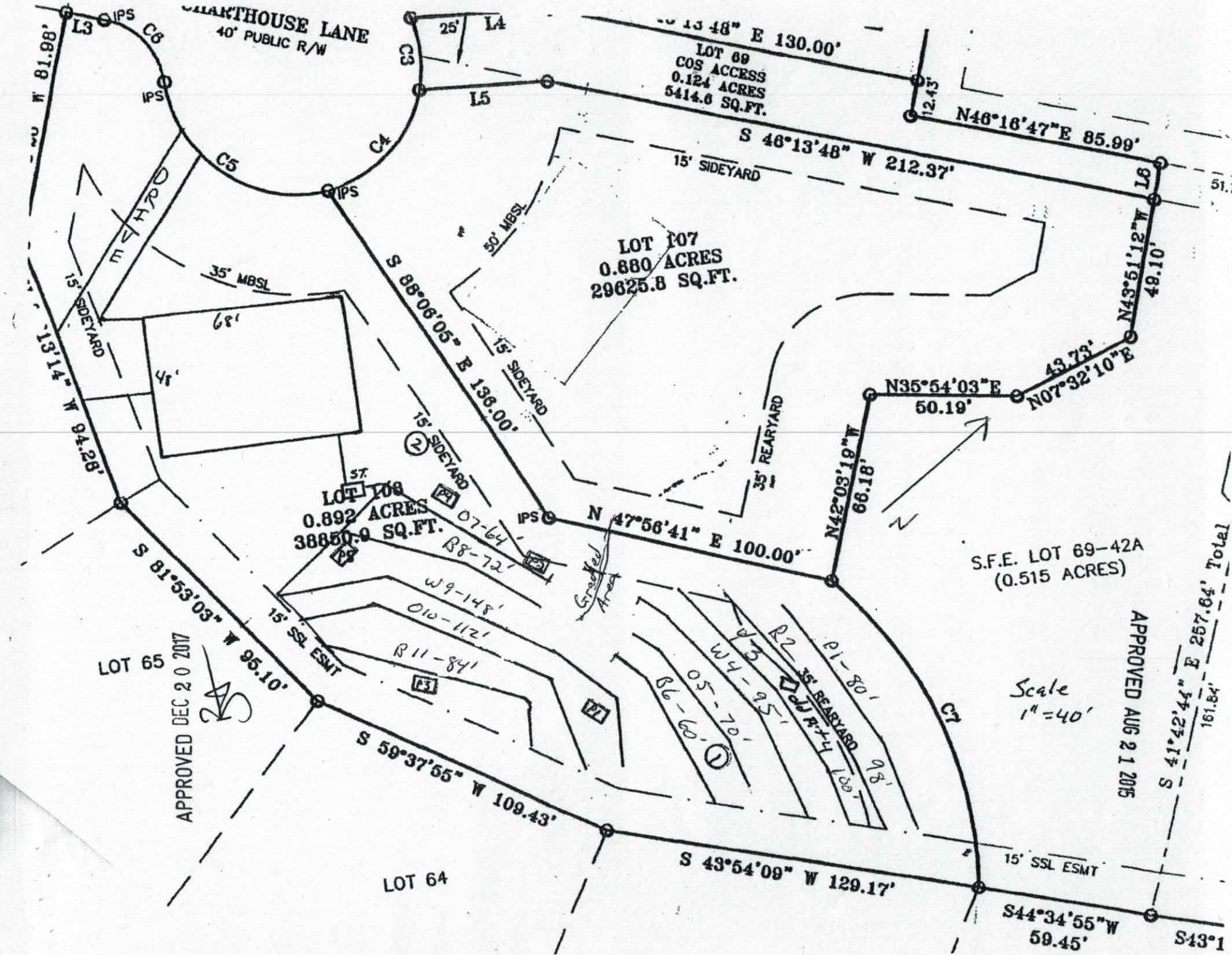
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	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


CHARTHOUSE LANE
40' PUBLIC R/W
LOT 69
COS ACCESS
0.124 ACRES
5414.6 SQ.FT.
N46°16'47"E 85.99'
S 46°13'48" W 212.37'
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LOT 64
APPROVED DEC 2 0 2017
APPROVED AUG 2 1 2015
Scale 1"=40'
35' MBSL
50' MBSL
15' SIDEYARD
35' REARYARD
15' SSL ESMT
Graded Area
C1
C2
C3
C4
C5
C6
L3
L4
L5

Initial System: 480' **Repair System:** 503'
Pump Tank: 4.7' **House Corner:** 4.0' **Benchmark:** 3.7'

Comments:
This septic design is being modified due to grading done on the neighboring lot that has compromised the original system design.

Tap 1- ½" SCH 40-O7, B8
Tap 2- ½" SCH 40-W9
Tap 3- ¾" SCH 80- O10, B11

The lines for taps 1 and 2 are within 10% difference.

Approved
1/27/18
MS

