ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 314571

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

PIN # 4636 -- 04 -- 7234

APPLICANT/OWNER: Jaydip Bhalodi | APPLICANT ADDRESS: 125 Leeward Shoals Ln Mooresville NC 28117

SITE ADDRESS: 125 Leeward Shoals Ln Mooresville NC 28117 | PHONE: 908-6106007 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to L on Isle of Pines Rd, R on Cove Creek Lp, R on Leeward Shoals Ln Lot at end.

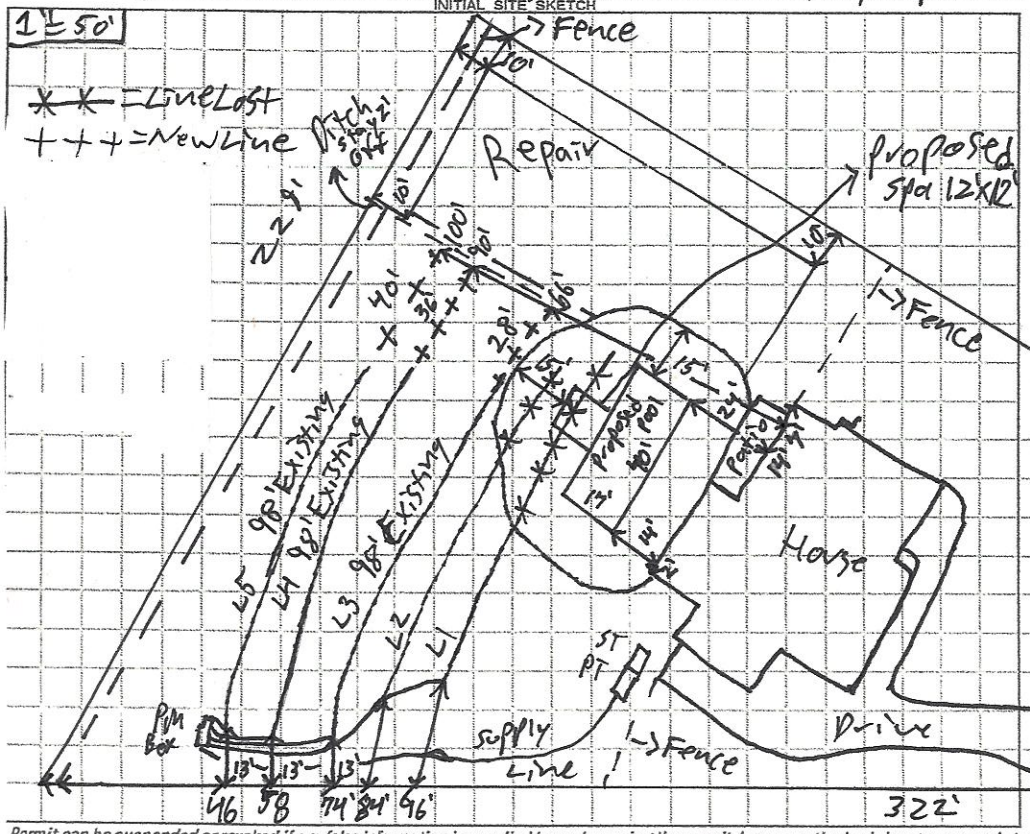
SUBDIVISION: Chesapeake Pointe | SECTION: P5 | LOT # 112 | LOT AREA: 1.592 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480 GPD | L.T.A.R.: .25

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank		PT		Date		System Description:	PM 25% Reduction	☐ Business	No. Persons 8
Pump Make	EXIST	Model	TANK	Serial #		Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	82'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth			☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install lines on contour. Do Not Drive on, Store material or manipulate drainfield in any way. The purpose of this permit is to relocate part of the existing septic system for the installation of a pool. All parts of septic must be 15' off of waters edge of pool. 104' of new line shown only need 82'. Install 28' on lines 3 through 5

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Line	ft gained	Ft lost	New total ft	Tap Size
L1 + L2	0	82'	114	1½" SCH40
L3	28'	0	126	1½" Sch 40
L4	28'	0	126	1½" Sch 40
L5	28'	0	126	1½" Sch 40

29' added to end of L5, L4, L3 (As Drawn)

2' Pressure head
Bos/rg volume = 223.9
Drawdown = 10.7
Flowrate = 28.44
Runtime = 7.9

Irrigation Removed w/ 10' of new & exposed lines.

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: J. Bhalodi | Date: 7/16/2021 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 6/16/2021 | OPERATION PERMIT by: D Morsey | Date: 9/24/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 6/16/2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 46360472
COUNTY: Iredell

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

OWNER: Jaydip Bhalodi
ADDRESS: 125 Leonard Shoals Ln
PROPOSED FACILITY: Existing SMSL dam PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 125 Leonard Shoals Ln

APPLICATION DATE 1/25/2021
DATE EVALUATED: 5/27/2021
PROPERTY SIZE: 1,592a(-cs
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community
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	SS	0-10	FSIL	—	Chroma 3's common throughout	52"	Litho inclusions common to Loamy sap at 52"	Stump hole on either side of pit	PS.25
		10-33	L BK	FrSSSP SoxP					
		33-52	CL SBK/ABK	FrSSSPSCxP					
		52-60	Loamy sap mass	VFr					
2	SS	0-7	SCL WSBK	FrSSSPSoP	few YBmottling	60"	Litho inclusions common throughout	Some manganese inclusions at bottom	PS.275
		7-30	CSL SBK/ABK	FrSSSPSoP					
		30-60	CL SBK	FrSSSPSoP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	82'	320
System Type(s)	Trad 25% Reduction	4 BPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216792

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

PIN # 4636-04-6291-7234

APPLICANT: CP II LLC/Mark Benitez APPLICANT ADDRESS: 3125 Residential Pkwy, Ste 200, Atlanta GA 30340

SITE ADDRESS: 125 Leeward Shoals-Mooresville PHONE: 704-928-9215 ALT. PHONE:

SITE DIRECTIONS: BSR, TL on Isle of Pine, TR Cove Creek, TR Leeward Shoals, Lot @ end

SUBDIVISION: Chesapeake Pointe SECTION: 5 LOT # 112 LOT AREA: 1.592 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	794	Date	10/14/16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	283	Date	10/12/16	System Description:	Pump PM 25% Reduction			☐ Business	No. Persons	8	☐ Private	
Pump Make			Model		Serial #		Repair System Description:	LPP PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	5	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☑ Community	
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: * Property must be recorded prior to issuing OP. A-C * Old existing supply lines installed through Repair area will need to be removed during install, and backfilled and tamped prior to issuing OP.

* Do Not cut down house pad. Per Mark Benitez, patio will only be 4" deep 12/2/16 Checked drainlines, installed Chuck 4

INITIAL SITE SKETCH

* New offsite septic fields supply line access must be on the new recorded plat.

See Proposal By Michael Athanas & Associates

(Approved 3-31-16) ALP

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	12/2/16	MD
Tanks Checked	1 2 3	MD
Pressure Manifold or Valve Box Checked		BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract Y (N)		
Comments		

Flo MT Dry LN

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: 9/13/16

IMPROVEMENT PERMIT by: Date: 3-31-16

AUTHORIZATION TO CONSTRUCT by: RS Date: 6/28/16

Installed by: (Abernathy) Date: 12-12-16

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED FEB 2 2 2021

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

Iredell County Health Department – Environmental Health Division

AP-314571 $250.00

PAGE 1: ***APPLICATION FORM***

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Jaydip Bhalodi **Address:** 125 Leeward Shoals Ln **Zip:** 28117
Applicant Email: jaydip.bhalodi@gmail.com **Phone:** 908-510-6007 **Alt. Phone:** _____
Owner Name: Jaydip Bhalodi **Address:** Same as Applicant **Zip:** _____
Owner Email: jaydip.bhalodi@gmail.com **Phone:** 908-510-6007 **Alt. Phone:** _____

Property Information:

Street Address: 125 Leeward Shoals Ln Mooresville NC 28117

Subdivision Name: Chesapeake Point **Section/Phase:** _____ **Lot Number:** 112

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply* Only permitted for 4

( ) 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: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) 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: _____

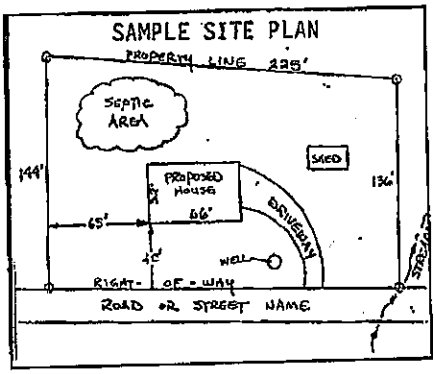
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: J. Bhalodi 1-25-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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 PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

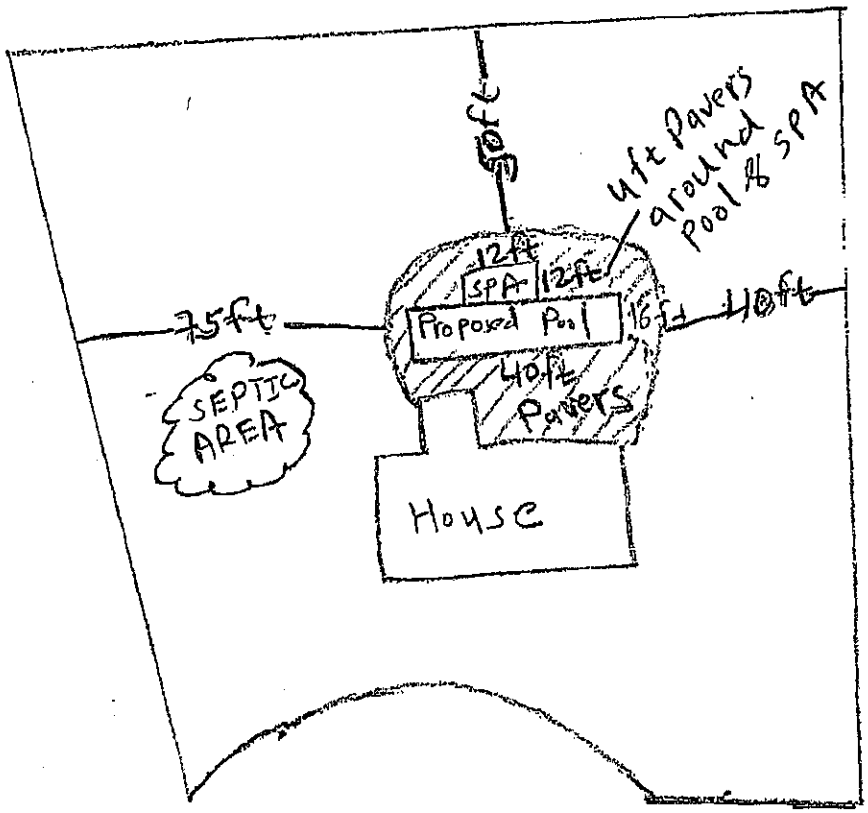
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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



Signature: E. G. Bhd. di
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-26-2021
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*) J. L. Bhalodi

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, Jaydip Bhalodi, am the legal owner(s) of the property located at 125 leeward Shoals Ln, Mooresville NC 28117 identified as PIN (Parcel Identification Number) 4636-04-7234, located in Iredell County, North Carolina.

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

J. L. Bhalodi
Signature of Owner(s)

1-26-2021
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
314571 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636047234.000	125 LEEWARD SHOALS LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: BHALODI JAYDIP+PUJA	Name: BHALODI JAYDIP+PUJA
Address: 125 LEEWARD SHOALS LN	Address: 125 LEEWARD SHOALS LN
MOORESVILLE , NC 28117	MOORESVILLE, NC 28117
Phone: (908)510-6007	Phone: (908)510-6007

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.592	150	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

POOL 16x40 with 12x12 spa area that will need separate permi

Swimming Pool: 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. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

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.

Date: 02/01/2021

Signature of Owner/Contractor

Permit Number	314571	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

3/9/22

314571

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool X

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 5 and stories? 3

If an addition, please describe project: Add Swimming Pool

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: Aqua

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Jaydip Bhalodi Phone # 908-510-6027

Owner's Current Address 125 Leeward Shoals Ln Mooresville NC 28117

Property Information

Property Address 125 Leeward Shoals Ln Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Jaydip Bhalodi Applicant's Phone # 908-510-6027

Applicant's Address 125 Leeward Shoals Ln Mooresville NC 28117

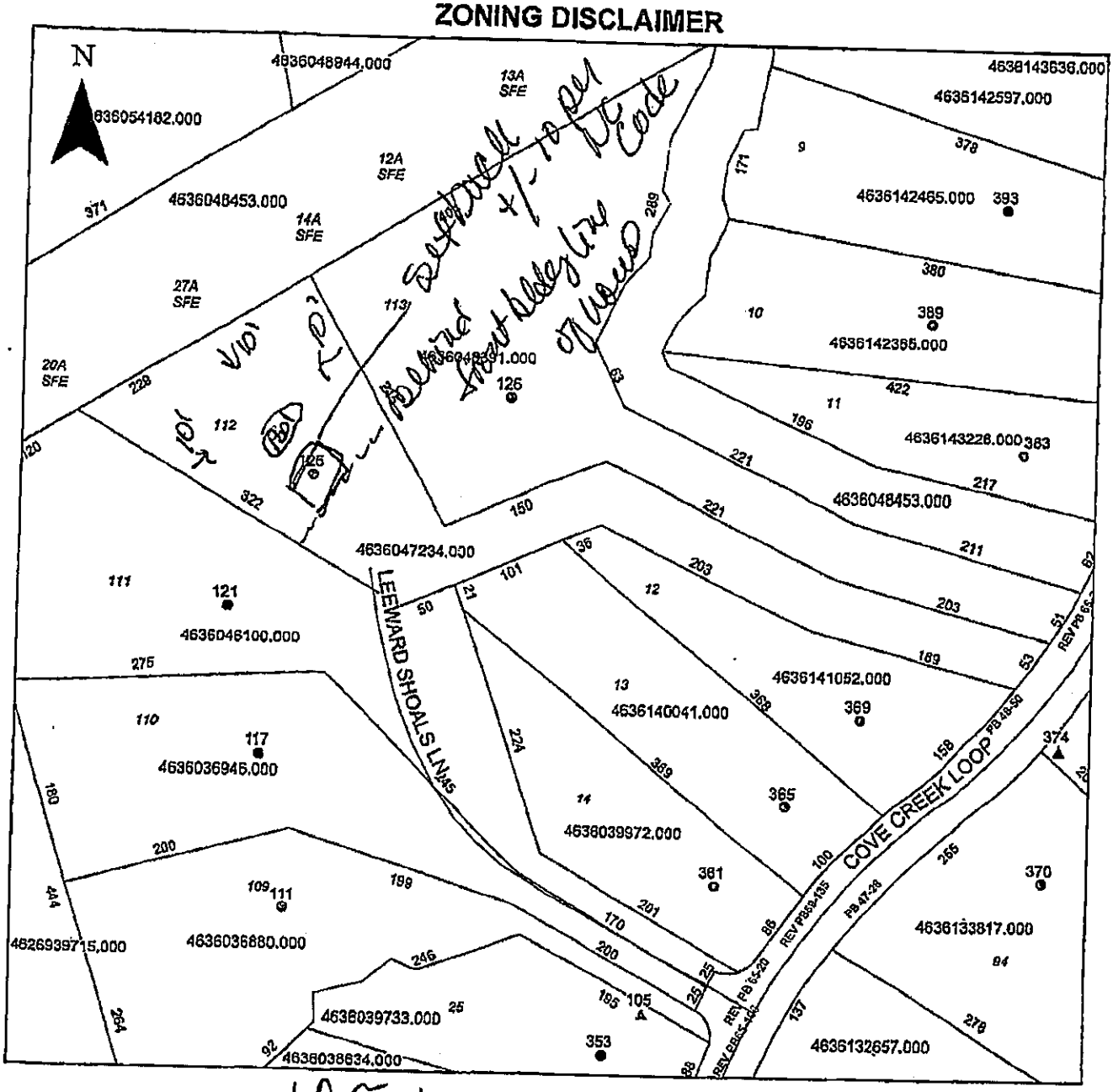
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT S. G. Bhalodi DATE 1/25/2021

R20 1.592
WCA Cat
N

ZONING DISCLAIMER



Property Address 125 Leewards

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. Applicant further acknowledges that the 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.

Jaydip Bhalodi

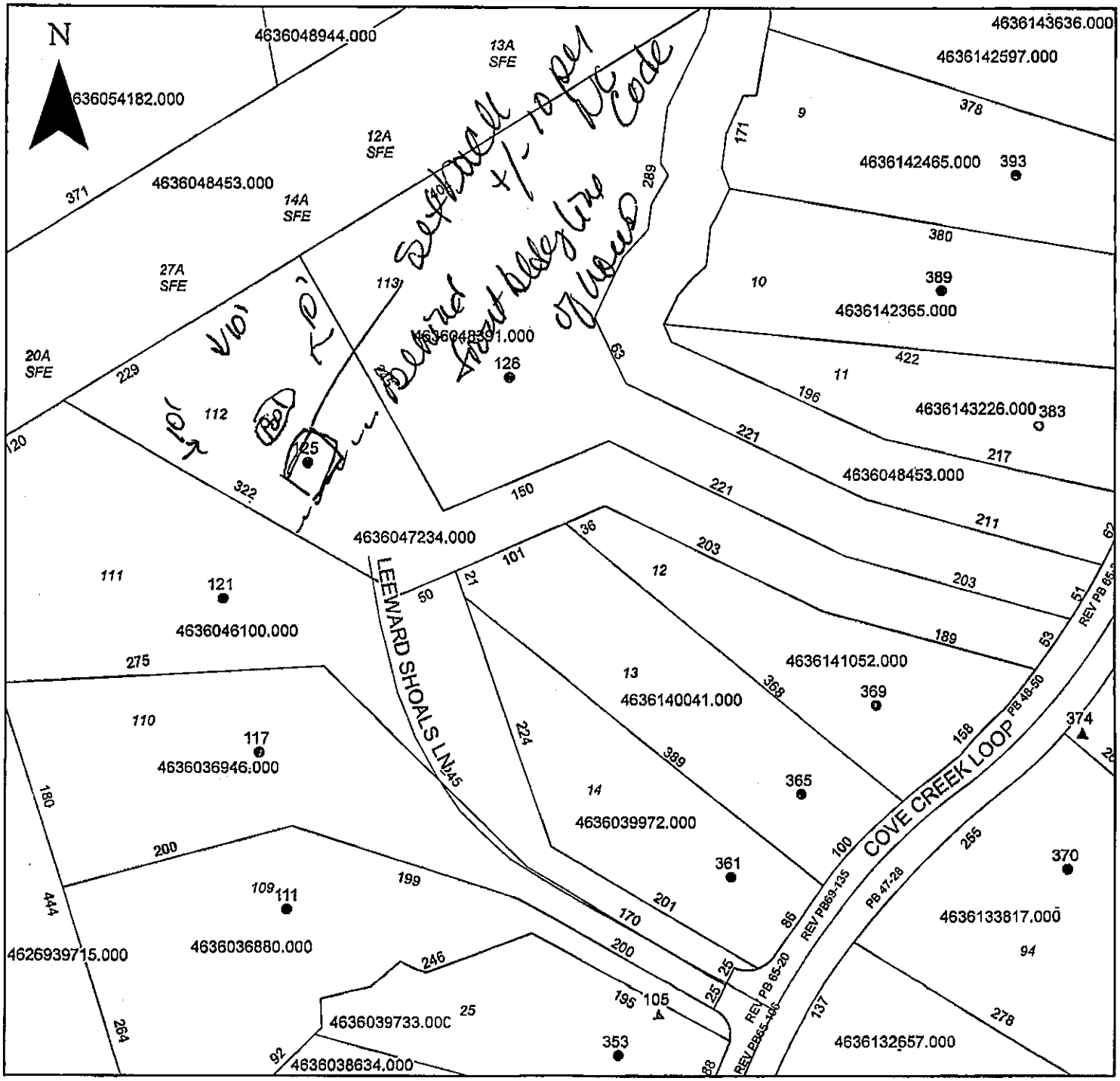
J.G.Bhalodi

Applicant

1-28-2021

Date

ZONING DISCLAIMER



Property Address 125 Leewards

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. Applicant further acknowledges that the 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.

Applicant

Date