IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 225483

PIN # 4636-13-8187 ✓

APPLICANT: Anthony + Sylvan Pools

APPLICANT ADDRESS: 9201 C Southern Pine Blvd. Charlotte, NC 28273

SITE ADDRESS: ✓124 Farm Knoll Way Mooresville, NC 28117

PHONE: 704-773-4426 ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → L on Isle of Pines → R into Rock Ridge Point Dr. → House is on corner lot w/ Farm Knoll Way

SUBDIVISION: ✓Rockridge Point SECTION: — LOT # 41 LOT AREA: 0.7 acres DESIGN FLOW: 480 GPD L.T.A.R.: Ex.

Septic Tank	Ex 1500 (gal)	STB	444	Date	10-18-13
Pump Tank	Ex 1500 (gal)	PT	474	Date	9-18-13
Pump Make	Ex Liberty	Model	FL51M	Serial #	1/2 HP
# Nitrification Fields	Ex 1	# Lines	Ex 6	Linear Ft:	Ex 480
Trench Width	Ex 36"	Max. Trench Bottom Depth	Ex 36	Gravel Depth	—

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

System Description: Existing - PM 25% Reduction

Repair System Description: Existing 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

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

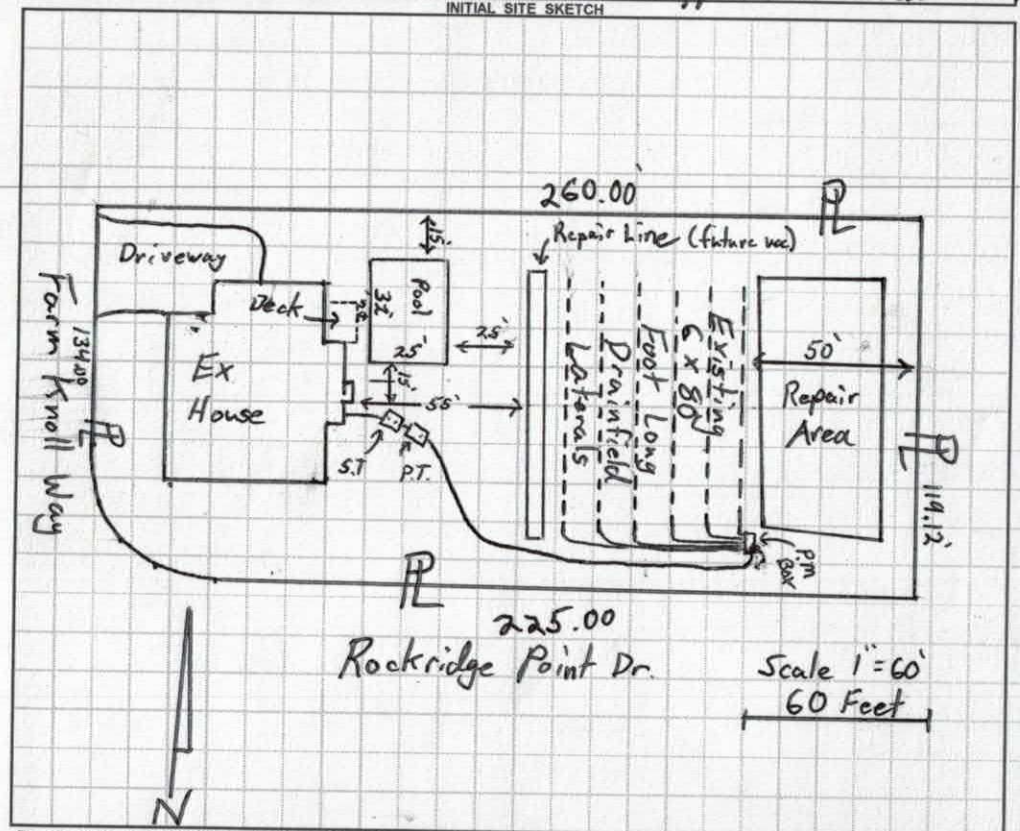
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: * Pool setback to repair line may be reduced from 25' to 15' provided that no foundation drains are installed (retainer wall) * Original operation permit never issued from 2013 construction. Likewise, permit is issued 3-30-17.

Recommend pumping septic tank every 3-5 years.

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

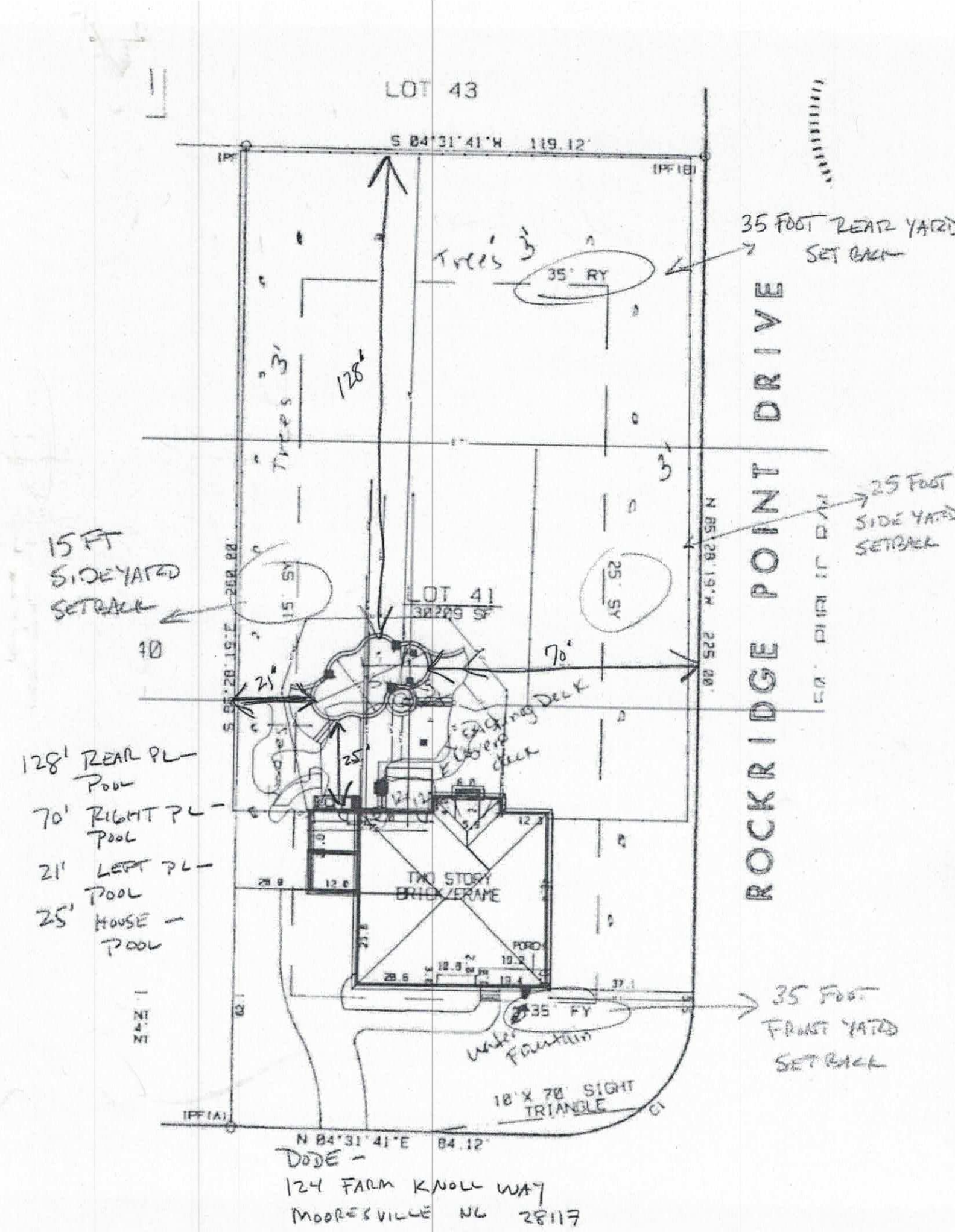
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 4/4/17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Thomas Shuck Date: 3/30/2017

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



DODE —
124 FARM KNOLL WAY
MOORESVILLE NC 28117

RECEIVED MAR 7 2017

Paid $250.00

225483

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit (✓) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Well Abandonment ( ) 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:

Applicant Name: Anthony + Sylvia Pools Address: 9201 C Southern Pine Blvd Phone: 704-773-4416

Owner Name: Julissa + Willard Dade Address: 124 Knoll Way Phone: 704-840-2001

Property Information: Farm

Street Address: 124 Knoll Way

Subdivision Name: Rockridge Point Section/Phase: _____ Lot Number: 41

Driving Directions: See Attached

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

( ) 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: _____ 3/1/17

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

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, Waheed Dode, am the legal owner(s) of the property located at 124 Farm Knoll Way, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636138187, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Leah Tellier, Anthony + Sylvan Pools, Inc, 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

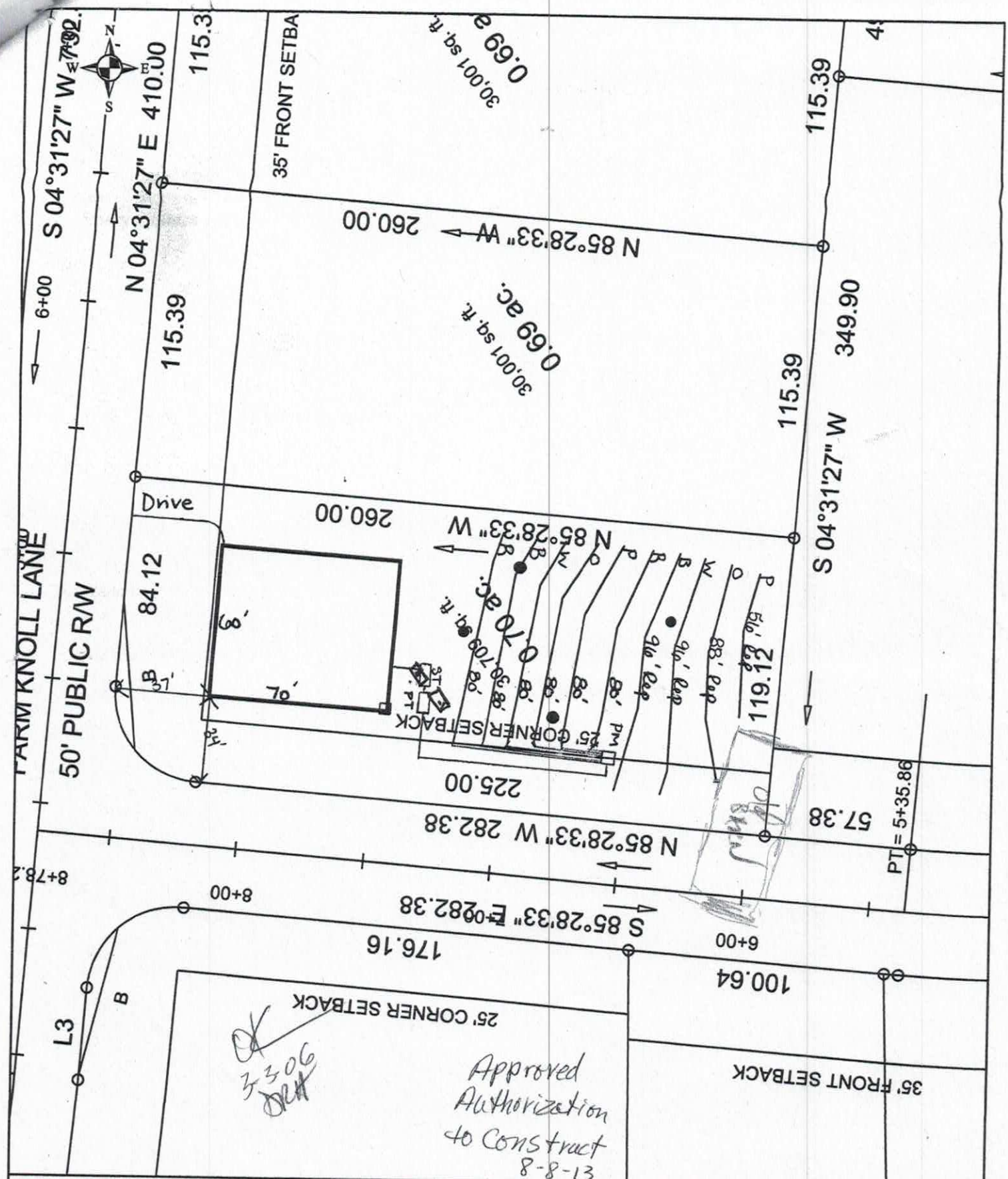
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	3-28-2017		3-28-2017

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



Scale: 1 inch equals 50 feet	S&ME	Rocky Ridge - Lot 41	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Scaled Detailed Site Plan	1
Reviewed by: PGP		Iredell County, NC	
Date: January, 2006		S&ME Project #1588-05-081	

IREDELL COUNTY

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

APPLICATION NUMBER
225483
Issue Date: 03/07/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636138187.000	124 FARM KNOLL WAY, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DODE WAHEED+JULISSA	Applicant: ANTHONY & SYLVAN POOLS
Address: 124 FARM KNOLL WAY MOORESVILLE, NC 28117	Address: 9201 C SOUTHERN PINE BLVD CHARLOTTE, NC 28273
Phone:	Phone: 704-773-4426

Use Requested	Zone Code
INGROUND POOL 17X32	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700		10.00	10.00	25.00	CACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	95502	TOTAL FEES:	$ 77.25