Paid $60.00 6-6-14
Rpr Evaluation
Paid $75.00 7-18-14

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 (X) 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: Michelle Gioletti Address: 124 Stover Rd Mooresville NC 28117 Phone: (704) 787-2990

Owner Name: Michelle & Steve Gioletti Address: 124 Stover Rd Mooresville NC 28117 Phone: (704) 787-2990

Property Information:

Street Address: 124 Stover Rd. Mooresville, NC 28117

Subdivision Name: Norman Shores Section/Phase: _____ Lot Number: 24

Driving Directions: Brawley School to left on Stutts to left on Peninsula to left on Hiram to Rt on Stover

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: 4
Maximum Number of Occupants: _____
( ) 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: _____
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: Michelle Gioletti 6/6/2014

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

IREDELL COUNTY HEALTH DEPARTMENT

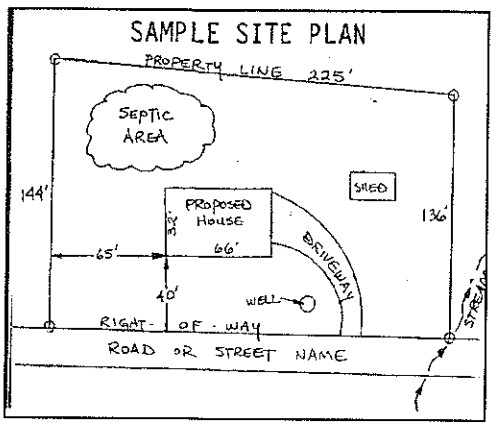
ENVIRONMENTAL HEALTH DIVISION

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

Repair

Signature: _____ _____

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4636-71-1665
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michelle Giolette APPLICATION DATE 6-6-14
ADDRESS: 124 Stover Rd Mooresville NC 28117 DATE EVALUATED: 7-11-14
PROPOSED FACILITY: EXISTING 3 BRM PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 0.5 ac
LOCATION OF SITE: 124 Stover Rd PROPERTY RECORDED: yes
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	SS 7%	0-16	B SCL WFSBk	Fr SS SP SE+P	common	48"	—	—	PS .275 .25
		16-32	BR C WFSBk	Fr S SP SE+P	common				
		32-42	R C WFSBk	Fr SS SP SE+P	Common few sap				
		42-48	R C/CL WFSBk	Fr SS SP SE+P	Com sap				
B 2	SS 6%	0-2	Gravel			48"	—	—	PS .25
		2-34	BR SC WFSBk	Fr SS SP SE+P	Com Mon				
		34-48	YR C WFSBk	Fr SS SP SE+P	Com Mon, few RB				
B 3	SS 2%	0-18	RB SCL Gr	Fr SS SP SE+P	common	48"	—	—	PS .25
		18-33	R C WFSBk	Fr SS SP SE+P	common				
		33-48	R C WFSBk	Fr SS SP SE+P	Com sap				
B 4	SS 4%	0-13	B SCL Gr	Fr SS SP SE+P		48"	—	—	PS .3
		13-25	R C MFSBk	Fr SS SP SE+P					
		25-29	R C WFSBk	Fr SS SP SE+P	few sap				
		29-48	R C WFSBk	Fr SS SP SE+P	Com sap				

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

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AP
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4636-71-1665
DATE OF EVALUATION: 7-11-14
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B S	LSS 2%	0-12	B SCL Gr	Fr SS SP SE P					
		12-25	BRC WFSBk	Fr SS SP SE P	few Mn	48"	-	-	P S
		25-38	RC WFSBk	Fr SS SP SE P					.275
		38-48	RC WFSBk	Fr SS SP SE P	com Sap				

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121689 PIN# 4636-71-1665 DATE 8/30/05

OWNER OR CONTRACTOR Donald Winterhalter PHONE: Business _____ Home 704-664-4834

ADDRESS 124 Stover Rd Mooresville NC 28117

LOCATION BSR, TL Stutts, TL Peninsula, TL Hirem, TR Stover, At End

SUBDIVISION Norman Shores BLOCK / SECTION _____ LOT 24 LOT AREA 0.52 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Exist. 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 54'

No Lines _____ Trench Width 7½' Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Conventional Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other Adding office

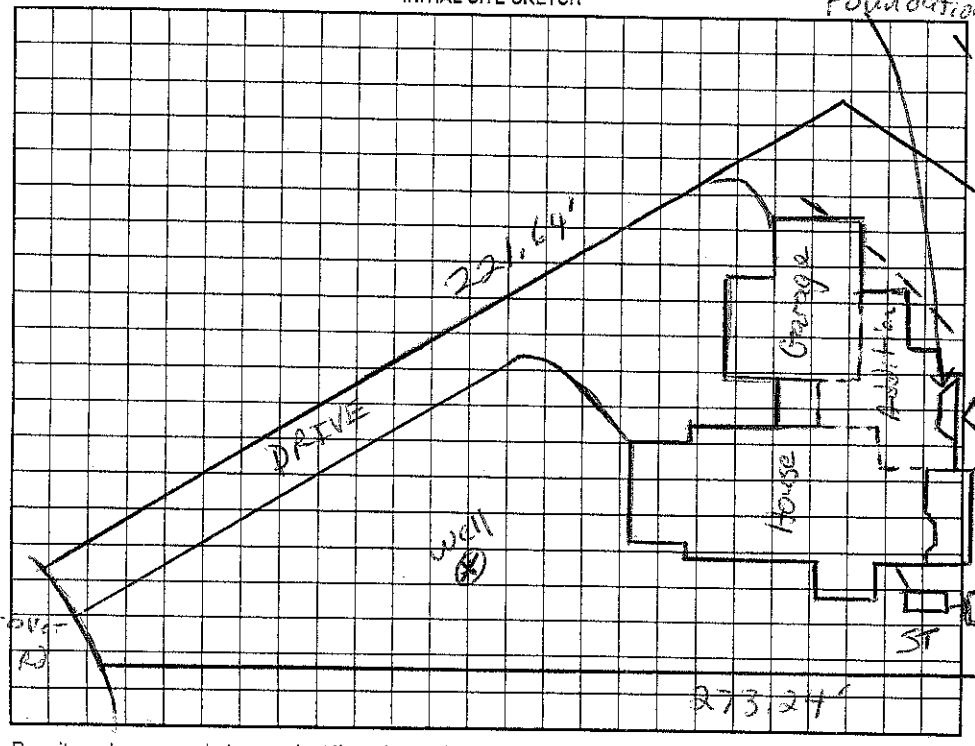
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

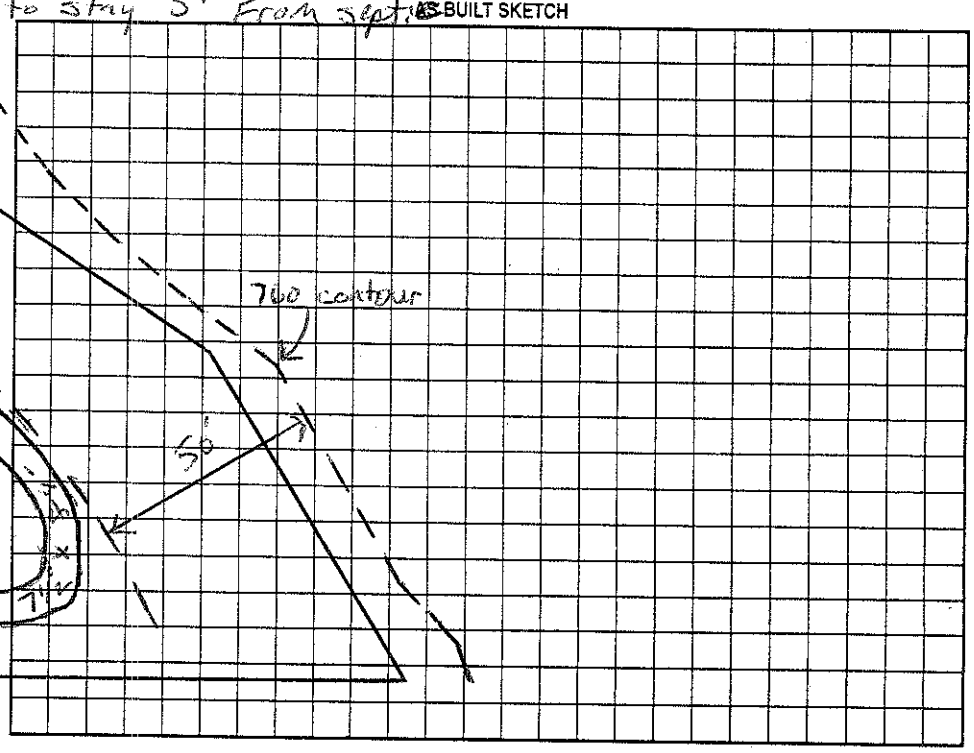
Comments:/Conditions:

Comments:/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: D Winterhalter date 9/1/05 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: RS date 8/30/05

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

602 3239 – Zoning Permit

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ___BOTH ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
DON WINTERHALTER	124 STOVER LN	704 664 4834	SAME
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Don Winterhalter	124 Stover Ln	704 664 4834	Same

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Stover Ln	New	

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: Donald Winterhalter
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/29/06
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred well location...
____ Area you prefer your septic system to be placed...
____ North arrow, or other sufficient indicator of direction...

attached

Circle N/A on the following if appropriate:

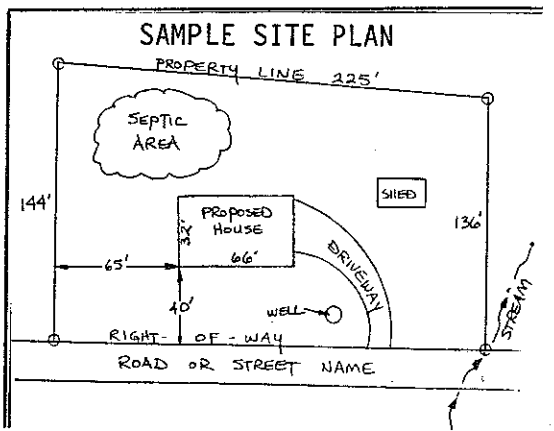
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: Donald Wesley Gaither

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

8/26/05
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



Greg McNeely

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 121689zo
Proposed Use: Addition
Location of Property: 124 Stover Ln Mooresville NC 28117
Parcel #: 4636-71-1665
Lot #: 24 Size: R-20
Applicant: Donald Winterhalter
Address: 124 Stover Rd
Mooresville NC 28117
Phone: 704-664-4834
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Norman Shore
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WS1V-CA
Owner: Donald Winterhalter
Address: 124 Stover Rd
Mooresville, NC 28117
Phone: 704-664-4834
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 90 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:
living addition and garage addition (all attached)

Directions:
1100,l Stutts,l Penninsula,l Hirem,r Stover,at End

FEES

Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System		$0.00
Environmental Health Existing System	✓	$50.00
Total Fees:		$95.00

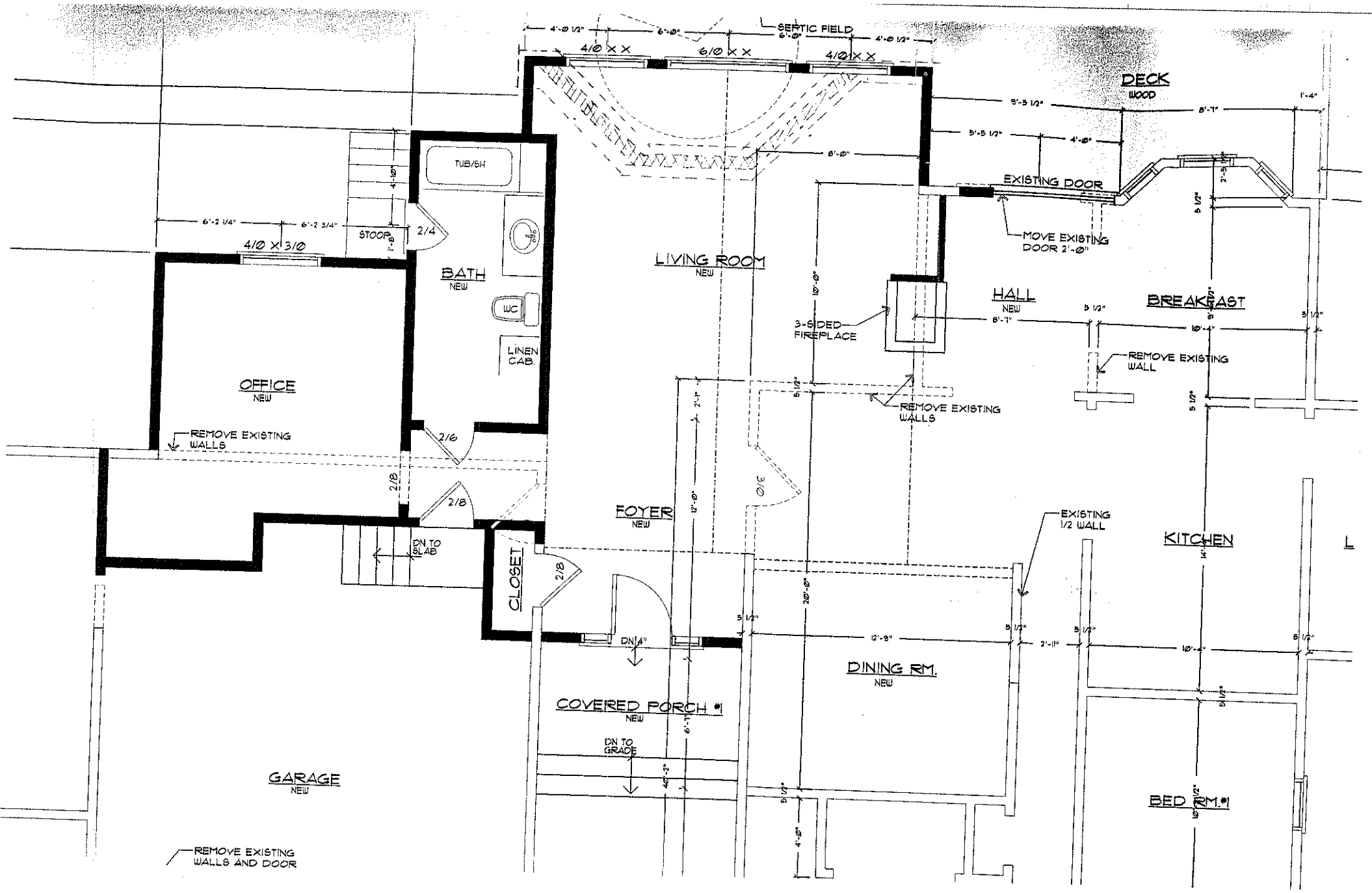
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

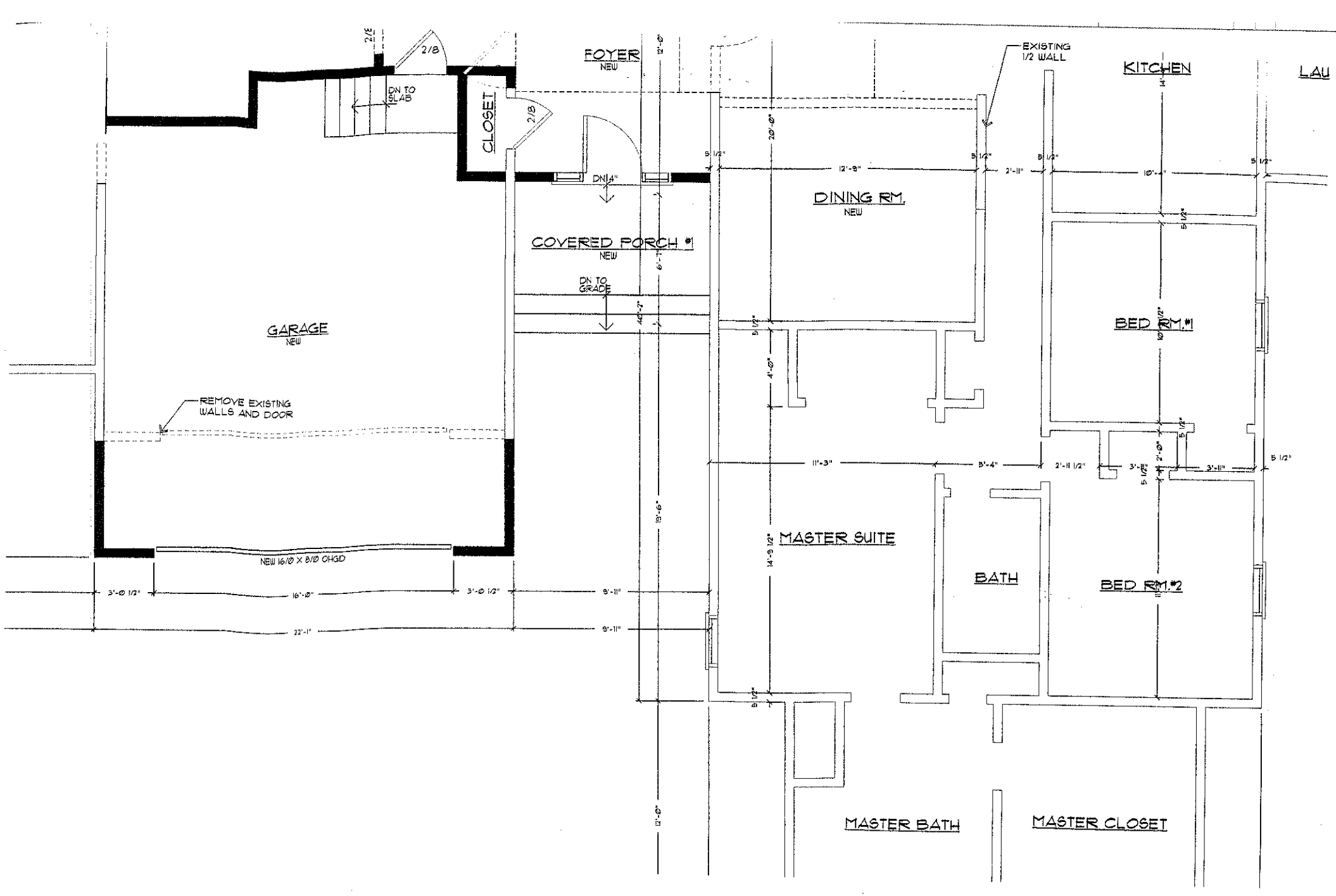
Applicant: Donald Winterhalter Date: 6/3/04

STEPHANIE WHITLOCK

A non-refundable fee of $45.00 is charged on all permit applications.

Printed: 6/3/2004


SEPTIC FIELD
4'-0 1/2"
6'-0"
6'-0"
4'-0 1/2"
4/0 X X
6/0 X X
4/0 X X
DECK
WOOD
9'-5 1/2"
8'-7"
1'-4"
5'-5 1/2"
4'-0"
8'-0"
EXISTING DOOR
MOVE EXISTING DOOR 2'-0"
TUB/SH
6'-2 1/4"
6'-2 3/4"
4'-0"
STOOP
2/4
4/0 X 3/0
BATH
NEW
WC
LINEN CAB.
LIVING ROOM
NEW
10'-0"
HALL
NEW
3-SIDED FIREPLACE
8'-7"
5 1/2"
BREAKFAST
10'-4"
REMOVE EXISTING WALL
OFFICE
NEW
REMOVE EXISTING WALLS
2'-1"
10'-0"
REMOVE EXISTING WALLS
2/6
2/8
2/8
3/0
FOYER
NEW
EXISTING 1/2 WALL
KITCHEN
DN TO SLAB
CLOSET
2/8
DN 4"
20'-0"
12'-9"
2'-11"
10'-4"
DINING RM.
NEW
COVERED PORCH #1
NEW
6'-7"
DN TO GRADE
40'-2"
GARAGE
NEW
4'-0"
BED RM.#1
REMOVE EXISTING WALLS AND DOOR


GARAGE
NEW
REMOVE EXISTING WALLS AND DOOR
NEW 16'-0" X 8'-0" OHGD
DN TO SLAB
CLOSET
2/8
FOYER
NEW
DN 4"
COVERED PORCH #1
NEW
DN TO GRADE
DINING RM.
NEW
EXISTING 1/2 WALL
KITCHEN
LAU
BED RM.#1
MASTER SUITE
BATH
BED RM.#2
MASTER BATH
MASTER CLOSET
3'-0 1/2"
16'-0"
3'-0 1/2"
22'-1"
9'-11"
12'-9"
2'-11"
10'-1"
11'-3"
3'-4"
2'-11 1/2"
3'-11"
5 1/2"
20'-0"
12'-0"
6'-7"
40'-2"
19'-6"
14'-9 1/2"
4'-0"
2'-0"

