IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231439

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

PIN # 4636741413

APPLICANT/OWNER: Grove End LLC APPLICANT ADDRESS: 4368 S Tryon St.

SITE ADDRESS: 253 Pintail Run Ln Mooresville, NC PHONE: 704-310-1832 ALT. PHONE 704-576-3887

SITE DIRECTIONS: Brawley School Rd → L on Canvasback → R on Old Squaw Trail → L on Billy Jo → R on Pintail Run → 1st on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Neel Acres SECTION: - LOT # 5 LOT AREA: .756 ac DESIGN FLOW: 480gpd L.T.A.R.:

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

Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: Pool must maintain a minimum 15' from any part of septic system. System properly operating during time of inspection.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Owner/Applicant Grove End LLC

EHS Kayla Wilson

Amount Owed $ Ø

Existing System
Client to sign & receive copy of permit.

Amount Owed $ Ø

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: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Kayla Wilson Date: 11-15-17

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.

RECEIVED NOV 13 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #231439 Paid $200.00

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: (X) 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: Grove End LLC **Address:** 4368 S Tryon St, Charlotte, NC **Zip:** 28217

Applicant Email: aaron@grandebuilders.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 253 Pintail Run Ln

Subdivision Name: Neel Acres **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: _____

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: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (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: 2017
( ) 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: _____ 11/13/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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

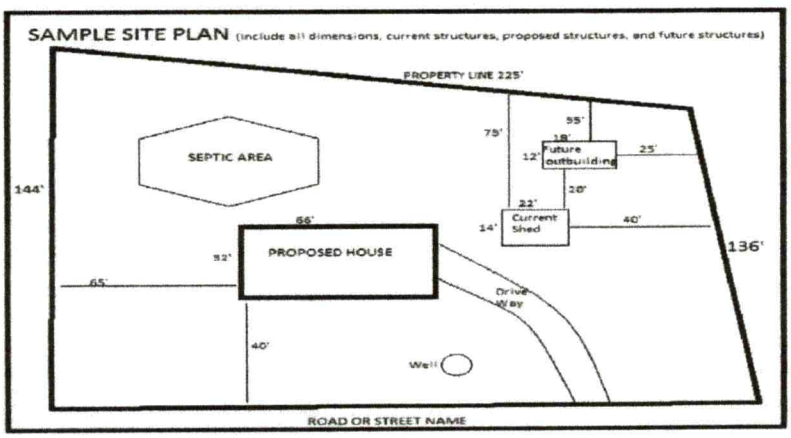
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

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

See Attached Site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

11/13/2017

DATE

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

APPROVED NOV 15 2017
KW

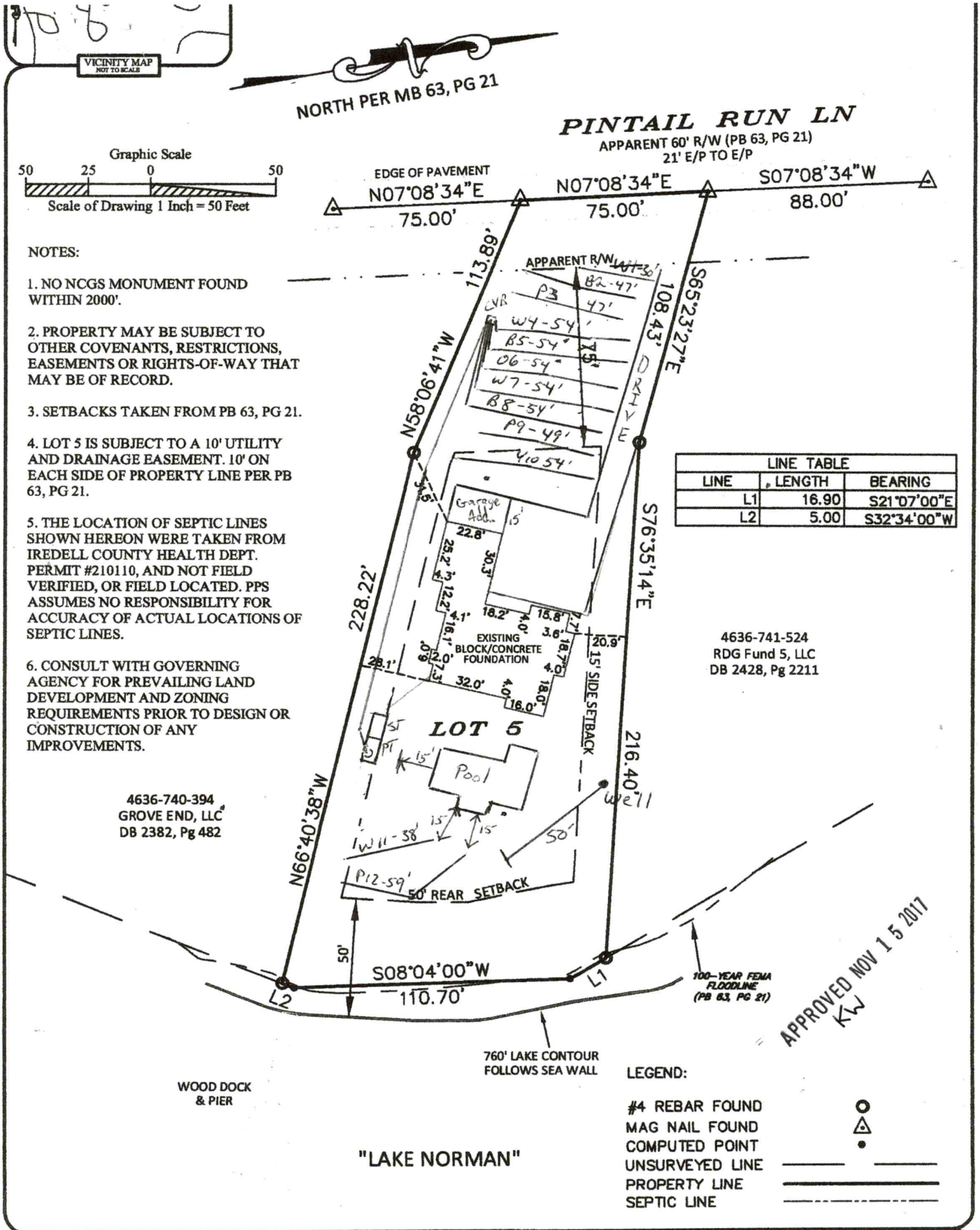
Reference: Data Sheet for Neel Acres, Lot 5
House Footprint: See attached plan
Building Setbacks: 103.5' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Existing System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Septic/Pump Tank Size: 1000/1000 gallons (existing)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1		30'
Blue 2		47'
Pink 3		47'
White 4	**54'**	**Existing**
Blue 5	**54'**	**Existing**
Orange 6	**54**	**Exisfing**
White 7	**54'**	**Existing**
Blue 8	**54'**	**Existing**
Pink 9		49'
Yellow 10		54'
White 11		38'
Pink 12		59'



Initial System: 270' **Repair System:** 324'
Pump Tank: 19.4' **House Corner:** 17.3' **Benchmark:** 1.4'

Comments:
The purpose of this evaluation is to show adequate repair area for an addition of a larger pool than previously permitted.
The garage addition has been applied for with a waiver.



Foundation Survey of Lot 5 of Re-Division Survey of Neel Acres, Lots 4-7

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21011O

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

PIN # 4636-74-1413

APPLICANT: GRANDE CUST. HOMES APPLICANT ADDRESS: PO Box 5309 CHARLOTTE

SITE ADDRESS: 253 PINTAIL RUN LN. PHONE: 704-469-0024 ALT. PHONE:

SITE DIRECTIONS: BSR TL CANVASBACK TR OLD SQUAW, TL BILLY JOE, TR PINTAIL 1 on L

SUBDIVISION: NEEL ACRES SECTION: LOT # 5 LOT AREA: .756AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 9/16/16

Pump Tank 1000 (gal) PT 283 Date 9/9/16

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5C54 Linear Ft: 270'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth

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

System Description: LP-PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Wells on lots 5 + 6 have been decomissioned by Neil Pardue of Air Drilling - 5/2

* House to shift 5' forward, garage on slab, no foundation drain within 25' of drainfield lines. AZP 5-2-16

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10/14	WS
Tanks Checked	10/14	WS
Pressure Manifold or Valve Box Checked	2-21	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract (Y) N		
Comments:		

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**

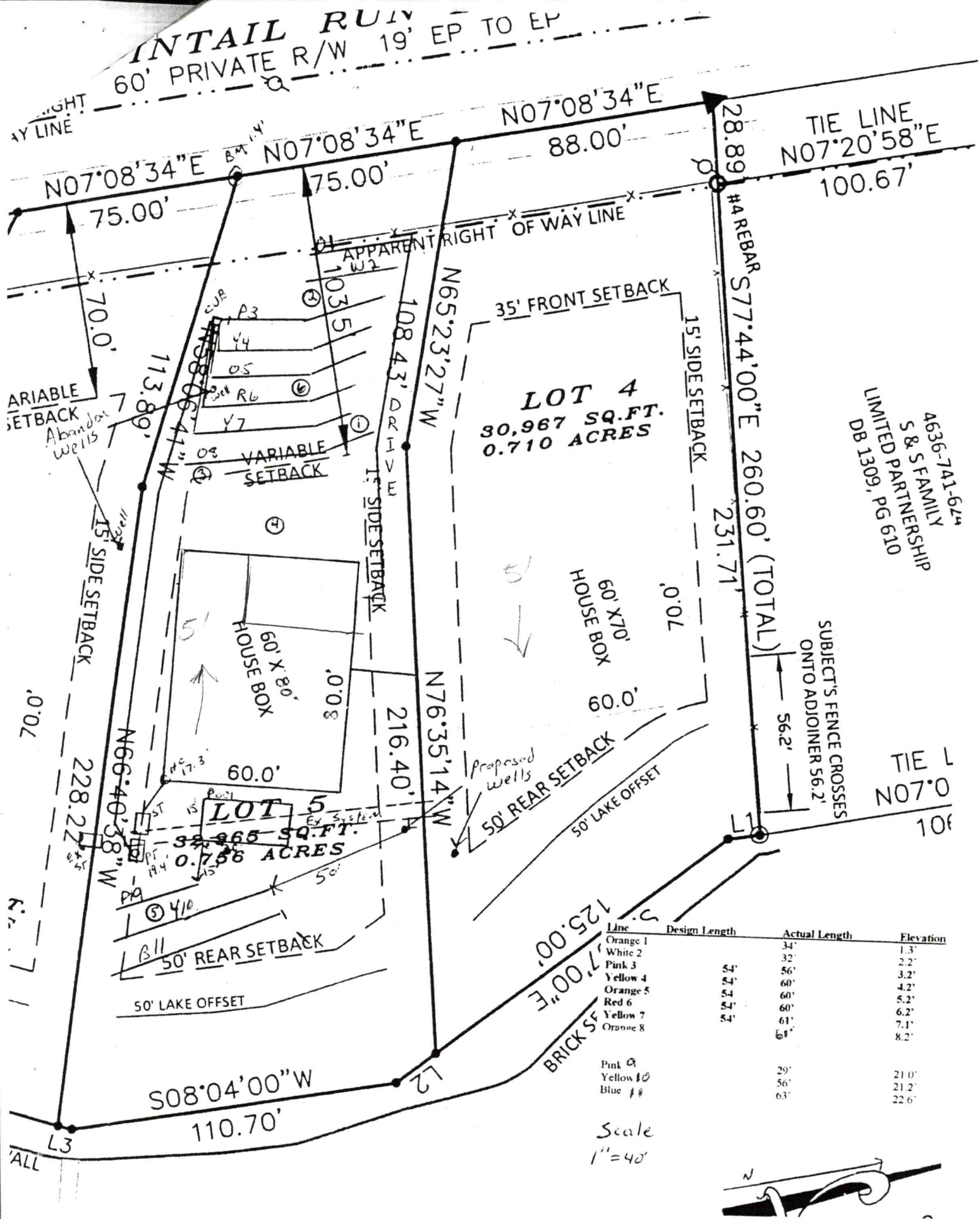
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/6/16 Installed by:

IMPROVEMENT PERMIT by: Date: 4/5/16 OPERATION PERMIT by: Maria Dotson Date: 2/28/17

AUTHORIZATION TO CONSTRUCT by: Date: 4/5/16 Existing System Inspected by: Date:

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


INTAIL RUN
60' PRIVATE R/W
19' EP TO EP
N07°08'34"E
88.00'
TIE LINE
N07°20'58"E
100.67'
28.89
#4 REBAR
S77°44'00"E 260.60' (TOTAL)
231.71'
70.0'
APPARENT RIGHT OF WAY LINE
35' FRONT SETBACK
15' SIDE SETBACK
LOT 4
30,967 SQ.FT.
0.710 ACRES
4636-741-674
S & S FAMILY
LIMITED PARTNERSHIP
DB 1309, PG 610
VARIABLE SETBACK
Abandon Wells
113.89'
N65°23'27"W
108.43'
DRIVE
15' SIDE SETBACK
60' X 80' HOUSE BOX
60' X70' HOUSE BOX
5'
70.0'
60.0'
SUBJECT'S FENCE CROSSES ONTO ADJOINER 56.2'
56.2'
N66°40'38"W
228.22'
N76°35'14"W
216.40'
Proposed Wells
50' REAR SETBACK
50' LAKE OFFSET
LOT 5
32,965 SQ.FT.
0.756 ACRES
125.00'
S17°00"E
BRICK
S08°04'00"W
110.70'
L1
L2
L3
Line | Design Length | Actual Length | Elevation
Orange 1 | | 34' | 1.3'
White 2 | | 32' | 2.2'
Pink 3 | 54' | 56' | 3.2'
Yellow 4 | 54' | 60' | 4.2'
Orange 5 | 54' | 60' | 5.2'
Red 6 | 54' | 60' | 6.2'
Yellow 7 | 54' | 61' | 7.1'
Orange 8 | | 63' | 8.2'
Pink | | 29' | 21.0'
Yellow | | 56' | 21.2'
Blue | | 63' | 22.6'
Scale
1"=40'
N

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

___ *A Copy of This Completed Checklist*

___ **Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)**

___ **Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant**

___ **A copy of the Iredell County *Zoning Permit* (if required)**

___ ***Documentation to Authorize an Owners Legal Representative* form**

___ ***Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts**

___ **Owner or Clients contact information, included on application or part of submitted design**

___ **NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all spil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth**

___ **Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:**

- ___ **Drainlines for initial and repair system**
- ___ **Septic Tank locations identified**
- ___ **Pump Tank location identified**
- ___ **Proposed distribution method must be clearly identified**
- ___ **All proposed and existing structures identified**
- ___ **Proposed setbacks must be noted**
- ___ **Proposed and existing driveway**
- ___ **Well locations (if applicable)**
- ___ **North arrow identified**

___ **Pump Systems must note the following elevations on a scaled site plan:**

- ___ **Pump Tank**
- ___ **Initial septic system and repair line elevations**
- ___ **Front or rear of house at point closest to drain field**
- ___ **Temporary Bench Mark**

___ **Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.**

___ **Septic design signed and sealed by LSS.**

___ **Site requirements completed by time of health department staff visit:**

- ___ **All under brushing, debris cleanup**
- ___ **Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot**
- ___ **Permanent corners must be identified in field, or located by a licensed surveyor as needed.**
- ___ **Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line**
- ___ **Septic and Pump Tank location marked as required**
- ___ **All proposed structures must be staked**

_____ 11/13/2017

Owner Signature **Date**

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

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, John Jackovich (Grove End, LLC), am the legal owner(s) of the property located at 257 Pintail Run Lane, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael A. Athanas and Associates, 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.

	10/30/17		10/30/17
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

IREDELL COUNTY

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

APPLICATION NUMBER
231439
Issue Date: 11/08/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636741413.000	253 PINTAIL RUN LANE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GROVE END LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 2529 SHENANDOAH AVE MOORESVILLE, NC 28205	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.756		50.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. Distance from other structures is dependent on NC building code. REAR SETBACK IS 50 FEET FROM THE 760 LINE OR 35 FEET FROM THE REAR

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	120120	TOTAL FEES:	$ 77.25

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3113 / FAX (704)878-3171

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? 4 and stories?___

If an addition, please describe project: _____

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: _____

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

Owner Information

Property Owner's Name Grove End LLC Phone #_____

Owner's Current Address 4368 S. Tryon St. Charlotte NC 28217

Property Information

Property Address 253 Pintail Run Parcel # 4636741413

Subdivision: Neal Acres Lot: 5 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) _____

VCS 11-8-17

Application Information

Applicant's Name or Company Michael Allen Smith Applicant's Phone #_____

Applicant's Address 561 Ennis Rd Wedington NC 28173

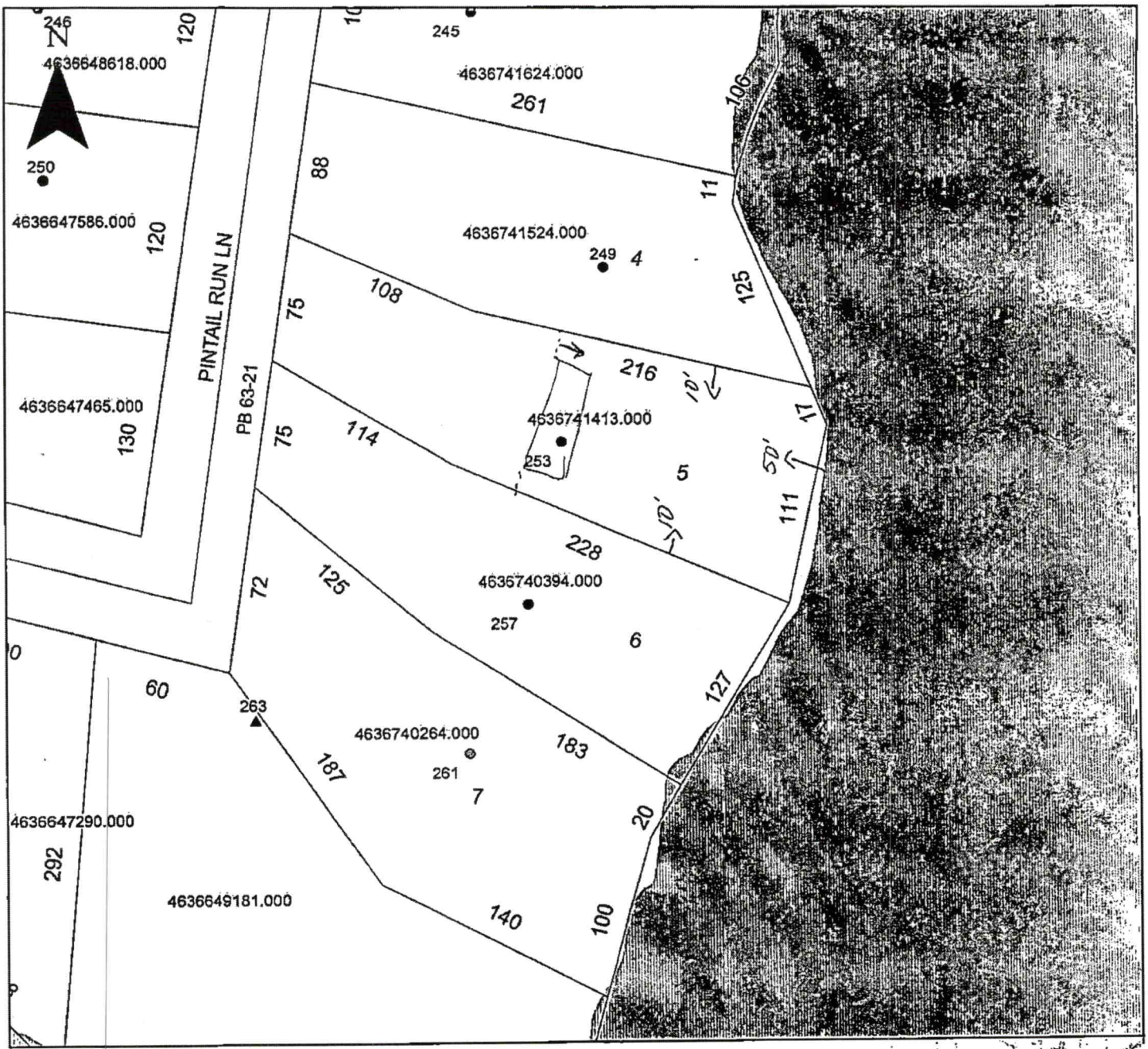
If Company, Representative's Name and Title _____

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 _____ DATE 11/8/2017

231439

ZONING DISCLAIMER



Property Address 253 Pintail Run Ln.

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

11/8/2017
Date