2100

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 231984

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

PIN # 4637240564

APPLICANT: Salvatore Catalano / Chad Goodin | APPLICANT ADDRESS: 2853 Valerie Ct.

SITE ADDRESS: 189 Riverwood Rd. Mooresville, NC | PHONE: 704-576-3887 (Michael Athanas) | ALT. PHONE:

SITE DIRECTIONS: NC 150 W → L on McCrary Rd → L on Riverwood Rd → lot on R

SUBDIVISION: CL+T | SECTION: 10 | LOT # 59 | LOT AREA: 1.1 ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3 (.125 repair)

Septic Tank 1500 (gal) STB 157 Date 12-1-19
Pump Tank 1500 (gal) PT 35 Date 12-4-19
Pump Make Liberty Model 2.40 Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 500'
Trench Width 36" Max. Trench Bottom Depth 36"/34" (low side) Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PM 25% reduction
Repair System Description: TS II pretreatment drip
Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 5 | No. Persons 10 | No. Employees | ☑ Crawl Space
Water Supply: ☑ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

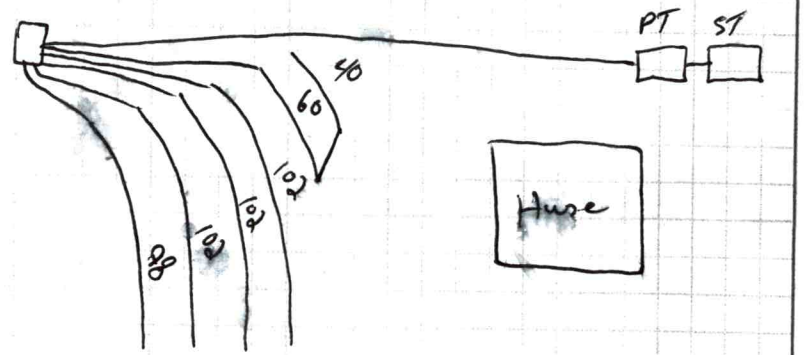
Comments / Conditions: Pump, crush, & fill existing septic tank. Abandon existing septic system. Install supply line at least 30" under drive.

7/17/18 Reviewed Floor plans

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

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.

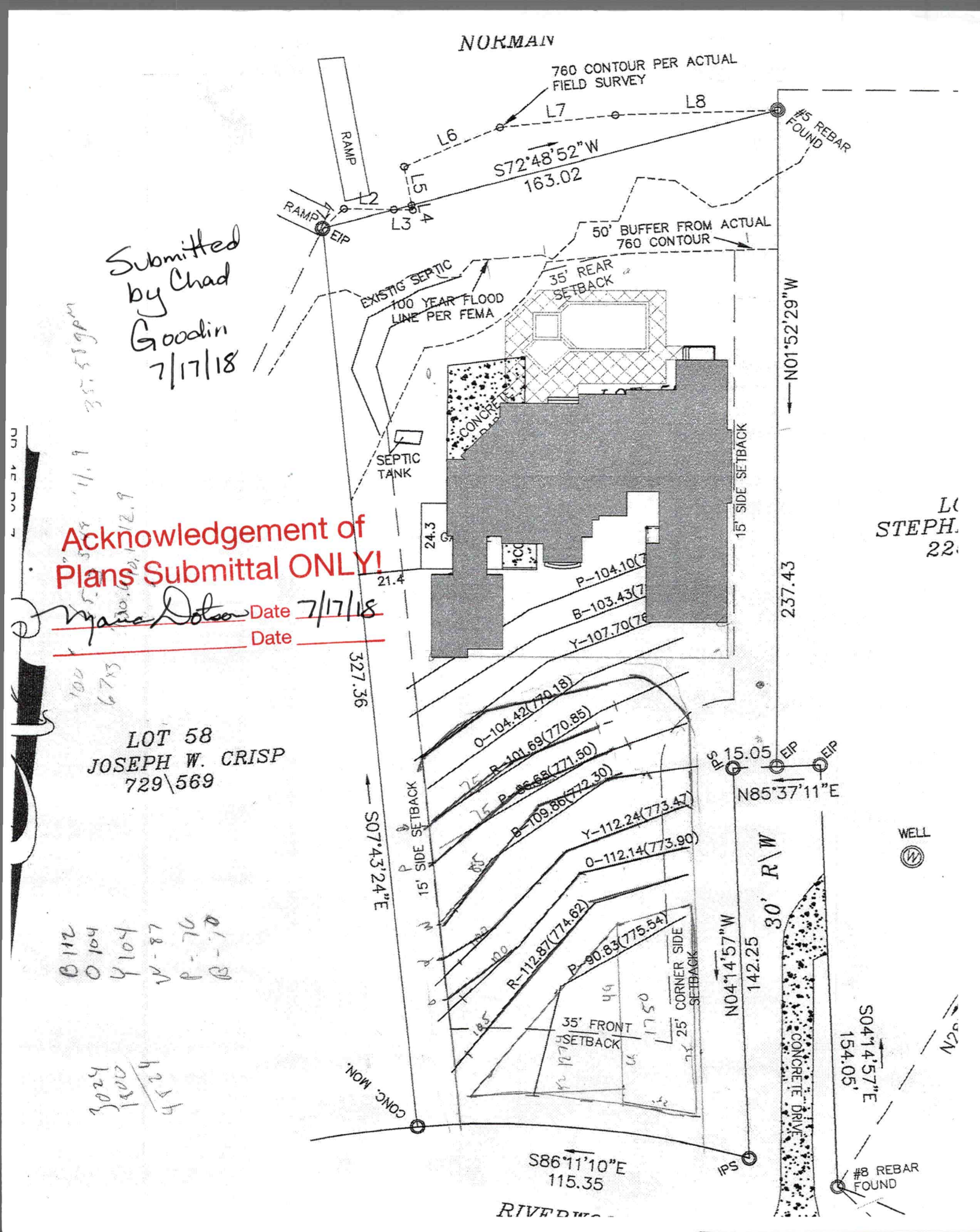
Owner / Applicant Signature: [signature] Date: 1/25/18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 12-19-17 OPERATION PERMIT by: [signature] Date: 3/24/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/17/18 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	1-30-20	[illegible]
Tanks Checked	1-30-20	[illegible]
Pressure Manifold or Valve Box Checked	3/24/20	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: No filter in st	1-30-20	[illegible]



Submitted by Chad Goodin 7/17/18

Acknowledgement of Plans Submittal ONLY!

Myra Dotson Date 7/17/18

Date



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

Reference: Data Sheet for 189 Riverwood Rd, CL&T Sec 10 Lot 59
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: TSII Pretreatment Drip Irrigation
Distribution: Pressure Manifold
Flow per Tap: 3 @ 5.48 GPM, 1 @ 12.5 GPM
Tap Size and Material: 3 @ ½" SCH 80, 1 @ ¾" SCH 40
System Flow: 28.9' GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 7.6 minutes
Elevation Head: 16.9'
Friction Head: 4.3'
Pressure Head: 2'
Total Dynamic Head: 23.2'
Supply Line Length: 230' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Blue 1	**96'**	**112'**	**2.3'**
Orange 2	**96'**	**104'**	**3.3'**
Yellow 3	**96'**	**104'**	**3.5'**
White 4	**77'**	**87'**	**4.9'**
Pink 5	**70'**	**76'**	**5.6'**
Blue 6	**65'**	**70'**	**6.0'**

APPROVED DEC 19 2017
KW

Initial System: 500' **Repair System:** 4800+ FT2
Pump Tank: 14.2' **House Corner:** 9.5' **Benchmark:** 4.8'

Comments:
Tap 1 – ½" SCH 80 – B1
Tap 2 – ½" SCH 80 – O2
Tap 3 – ½" SCH 80 – Y3
Tap 4 – ¾" SCH 40 – W4, P5, B6 (serial distribution)

The house is staked as the red box on the site plan. The supply line must be installed 30" below the driveway. The well must be install 25' from the actual house corner.

APPROVED DEC 19 2017
KW

APPROVED DEC 19 2017

PROPERTY ID #: 4637240564__
COUNTY: Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED DEC 19 2017 KW

OWNER: Salvatore Catalano_____ APPLICATION DATE_____
ADDRESS:_2853 Valerie Ct, Merrick, NY 11566_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD_____ PROPERTY SIZE: _1.1 AC_____
LOCATION OF SITE: 189 Riverwood Rd, CL&T Sec 10, Lot 59_____ PROPERTY RECORDED: _____
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)		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	
PIT 1	LS 5%	0-30	R C SBK	FR SS SP SEXP	N/A	60"	Few SAP	N/A	PS 0.3
		30-60	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 5%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	56"	Few SAP	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SEXP					
		34-56	R CL WSBK	FR SS SP SEXP					
PIT 3	LS 5%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	56"	N/A	N/A	PS 0.3
		6-38	R C SBK	FR SS SP SEXP					
		38-56	R CL WSBK	FR SS SP SEXP					
PIT 4	LS 5%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	56"	N/A	N/A	PS 0.3
		5-32	R C SBK	FR SS SP SEXP					
		32-56	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT2	4800+FT2
System Type(s)	25% Reduction	DRIP

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____

Site LTAR	0.3	0.125	OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED DEC 19 2017
KW

PROPERTY ID #: 4637240564
DATE OF EVALUATION:
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 3%	0-8	FILL		N/A	54"	N/A	N/A	PS 0.3
		8-14	Br SCL WSBK	FR SS SP SEXP					
		14-54	R C SBK	FR SS SP SEXP					
AB 1	LS 5%	0-27	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		27-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 5%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		5-27	R C SBK	FR SS SP SEXP					
		27-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 3%	0-8	FILL		N/A	48"	N/A	N/A	PS 0.3
		8-12	Br SCL WSBK	FR SS SP SEXP					
		12-48	R C SBK	FR SS SP SEXP					

*pit 5
S+P Clay
30"-54"
KW

231984 12/8/17

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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

Paid $500.00 1-25-18

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: Salvatore Catalano **Address:** 2853 Valeria Ct. Merrick, NY **Zip:** 11566

Applicant Email: salcat00@yahoo.com **Phone:** _____ **Alt. Phone:** _____

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

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

****

Property Information:

Street Address: 189 River Wood Rd

Subdivision Name: CL+J **Section/Phase:** 10 **Lot Number:** 59

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 5 — (X) 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: _____

(X) 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 (X) Other: Accepted

****

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: _____ 12/8/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
Chad Goodin	915 River Hwy Mooresville	704-363-7302	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Catalano	2853 Valerie Ct. Merrick NY 11566	917-416-6616	

4. **Property Information:**

189 Riverwood Rd. Mooresville CL+T — 10 / 59
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: NC 150 W → L on McCrary Rd. → L Riverwood Rd.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 5 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 10 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other PM 25% Reduction

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 7/11/18
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, Salvatore Catalano, am the legal owner(s) of the property located at 189 Riverwood Rd Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael A Thomas & Associates or Chad Gordon, Signature Homes, 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) 11/15/17 Date

_____ Signature of Witness _____ Date

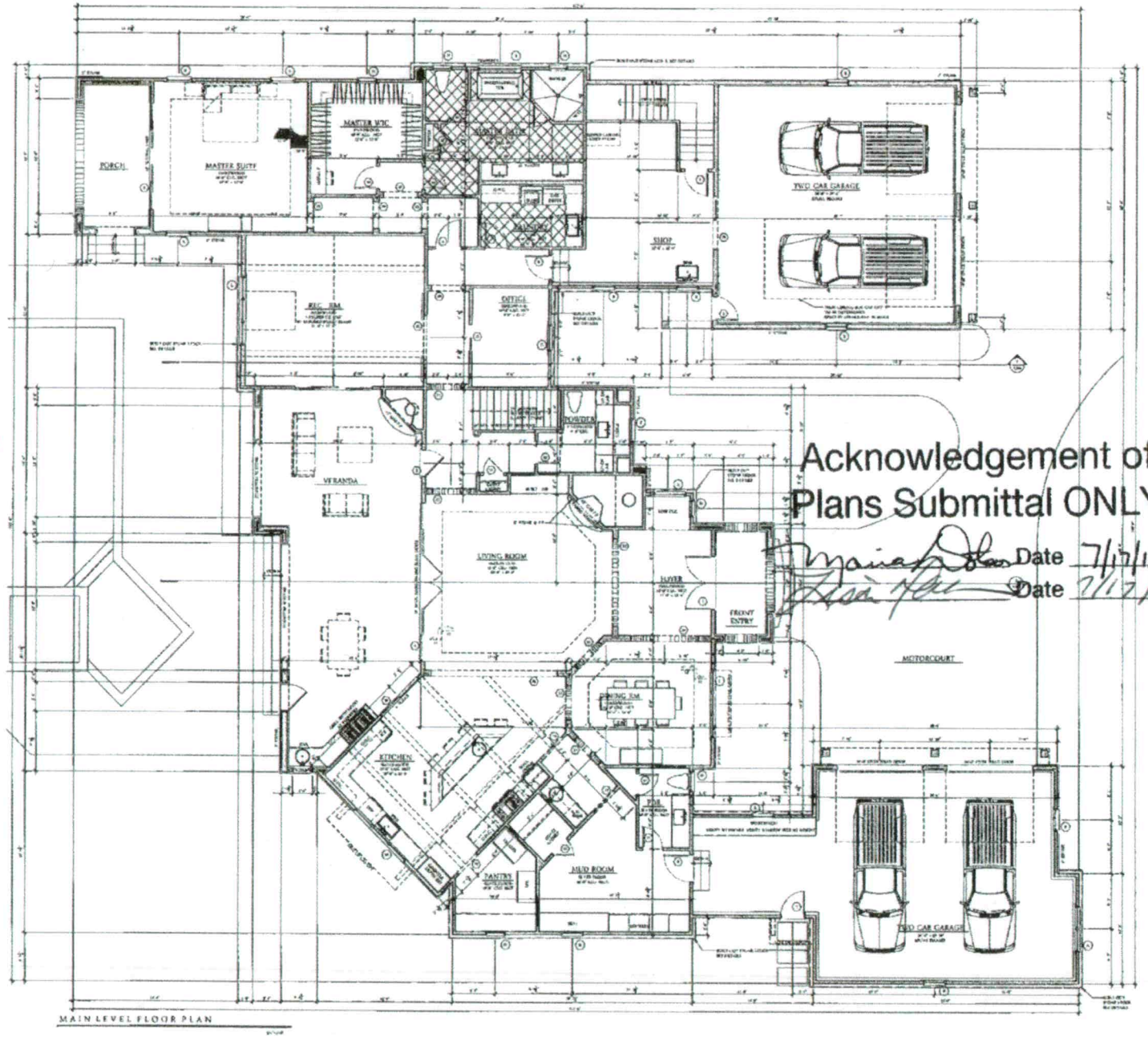
Please return this signed form to the appropriate office:

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

117.8'

103.8'



MAIN LEVEL FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 7/17/18

Date 7/17/18

MAIN FLOOR NOTES

ABBREVIATIONS

LEGEND

BID NOTES

WINDOW SCHEDULE

DOOR SCHEDULE

SQUARE FOOTAGE

LaBella
Powered by partnership
455 South Main Street, Suite 320
Davidson, NC 28036
704-439-2931
labellapa.com

NOT FOR CONSTRUCTION

A NEW RESIDENCE FOR THE

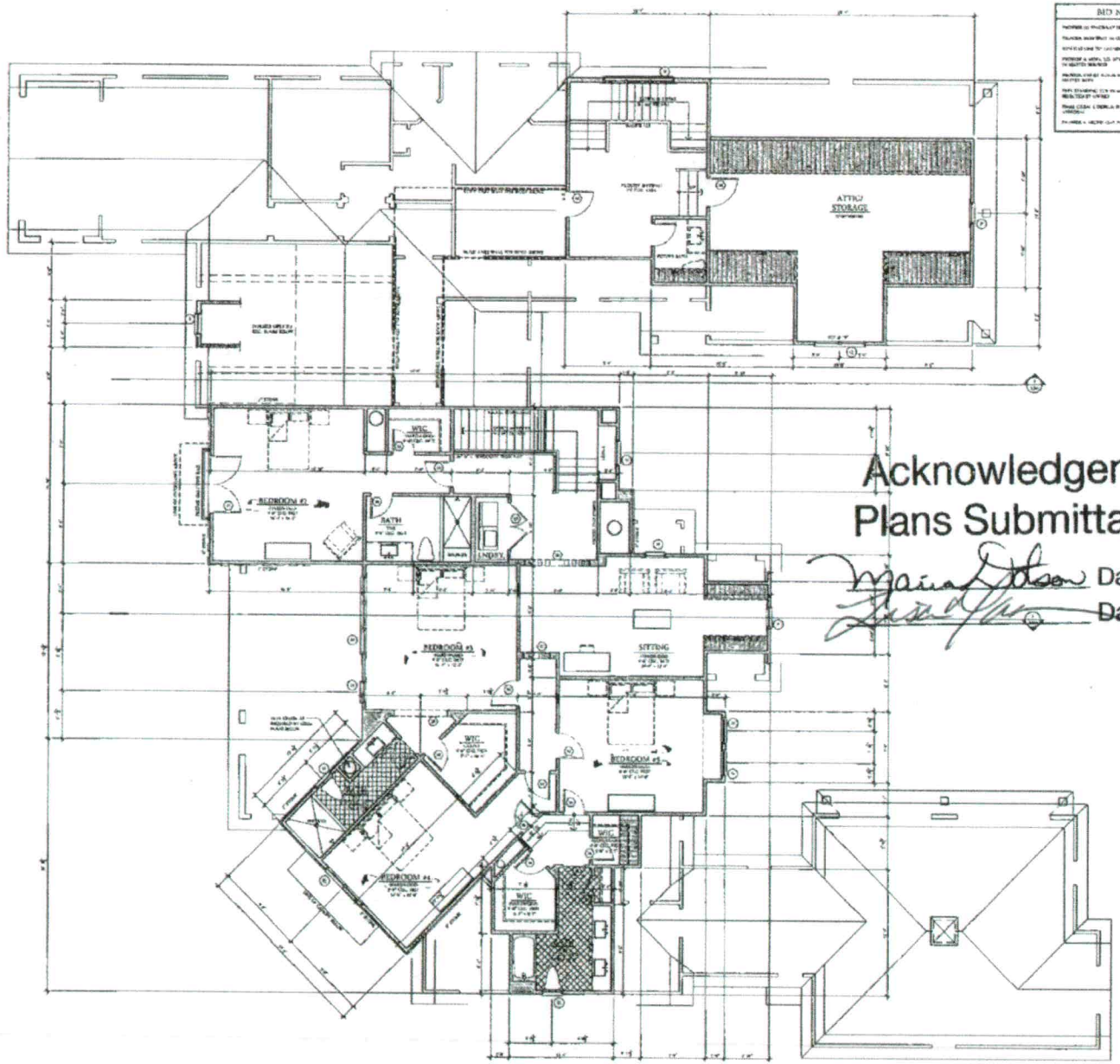
CATALANO FAMILY

189 RIVERWOOD ROAD
MOORESVILLE, NC

PROJECT NO.	2171117
DEVELOPED BY	D. STRANGE
APPROVED BY	D. O'BRYAN
ISSUED FOR	PRICING
DATE	3/08/18

MAIN LEVEL FLOOR PLAN

A-102



UPPER LEVEL FLOOR PLAN

BID NOTES

UPPER FLOOR NOTES

ABBREVIATIONS

LEGEND

WINDOW SCHEDULE

DOOR SCHEDULE

SQUARE FOOTAGE

Acknowledgement of Plans Submittal ONLY!

Date 7/7/18

Date

LaBella
Powered by partnership.
455 South Main Street, Suite 220
Davidson, NC 28036
704-439-0931
labellapc.com

NOT FOR CONSTRUCTION

A NEW RESIDENCE FOR THE

CATALANO FAMILY

189 RIVERWOOD ROAD
MOORESVILLE, NC

UPPER LEVEL FLOOR PLAN

A-103

IREDELL COUNTY

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

APPLICATION NUMBER
231984
Issue Date: 12/06/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4637240564.000	189 RIVERWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CATALANO SALVATORE+KAREN F	Applicant: MICHAEL ATHANAS & ASSO
Address: 2853 VALERIE CT MOORESVILLE, NY 11566	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.100	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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.

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	122544	TOTAL FEES:	$ 77.25