ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-305037

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

PIN # 4637324390

APPLICANT/OWNER: James Bartholomew | APPLICANT ADDRESS: 2449 Marcy Ave. Evenston, IL

SITE ADDRESS: 474 Oak Tree Rd. Mooresville, NC 28117 | PHONE: 704-746-4709 | ALT. PHONE

SITE DIRECTIONS: Brawley School → R on Oak Tree → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 9 | LOT # 218 | LOT AREA: .73 ac | DESIGN FLOW: 360gpd | L.T.A.R.: existing

Septic Tank existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width Trench Bottom Depth (Low side) Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing
Repair System Description: T511 drip
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

EXISTING

Comments / Conditions: Pool must maintain 15' from any part of septic. See attached comments by LSS.

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: Acceptance of Permit Recvd Date: 4-27-2020 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Kayla Whitaker Date: 4-13-20

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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, James R. Bartholomew, am the legal owner or the agent of the property located at 474 Oak Tree Rd, Mooresville, NC 28117, identified as PIN(Parcel Identification Number) 4685324390, located in Iredell County, North Carolina.
Permit # AP-305037.

I do hereby agree to the permit design and the conditions of this permit.

4/25/20
Signature of Owner/Authorized Agent Date

4/25/20
Signature of Witness Date

dsojames@gmail.com
email



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
3/26/2020

Reference: Data Sheet for 474 Oak Tree Rd, CL&T Sec 9 Lot 218
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well (existing)
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.125 GPD/FT^2 (repair)
Existing System Type: Conventional + 25% Reduction
Proposed Repair System Type: TSII Drip Distribution
Distribution: Gravity-Drop Boxes/End Cap
Septic Tank Size: 1000 gallons (existing)
Proposed Trench Bottom: N/A

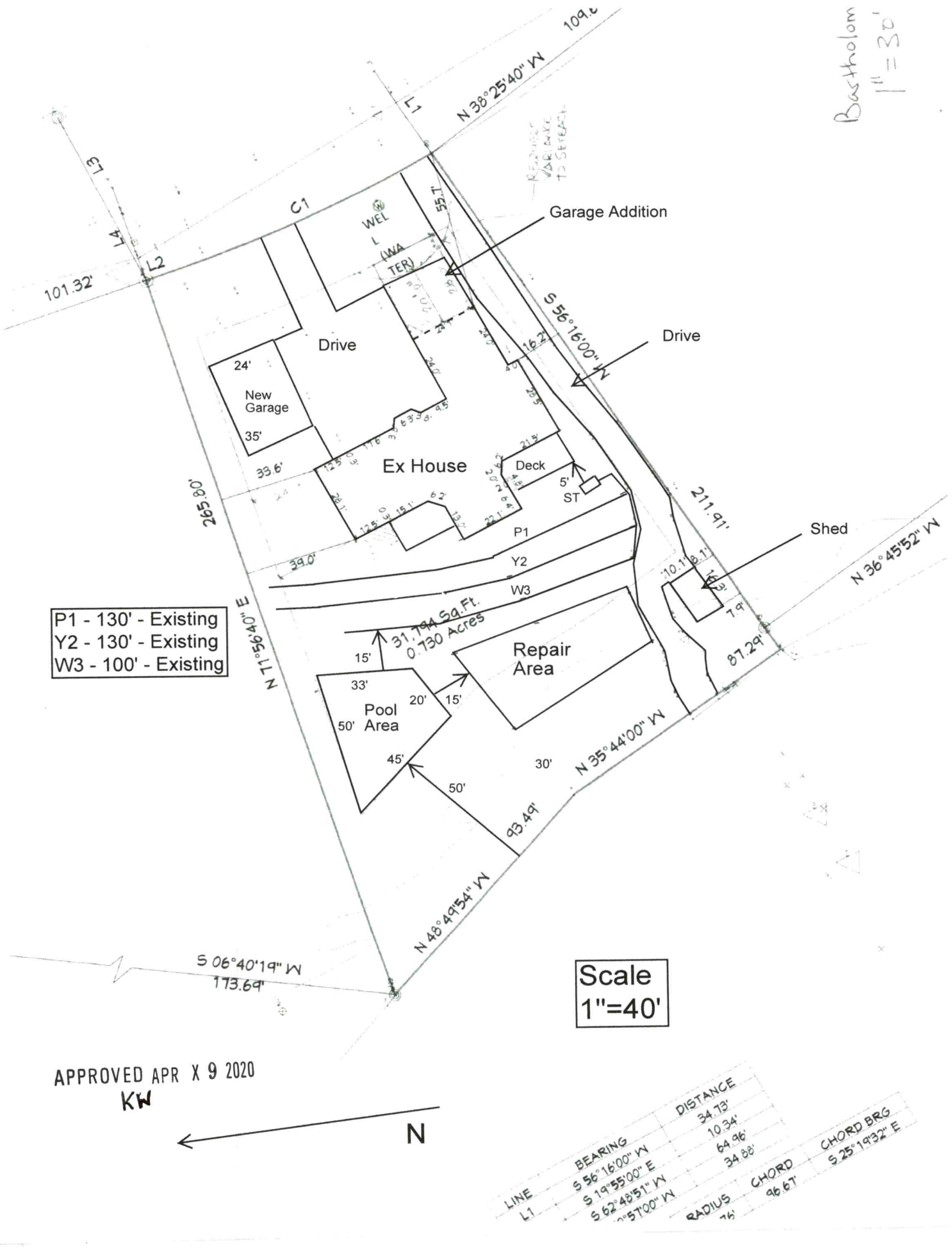
Line	Actual Length
Pink 1 (Ex. Conv)	**130'**
Yellow 2 (Ex. Conv)	**130'**
White 3 (Ex. 25%)	**100'**

Initial System: Existing **Repair System:** 1200 FT^2

Comments:
MA&A have located the existing septic lines, identified the appropriate repair area, and defined an area for a pool. All setbacks must be maintained. Do not cut within 15' for the septic area. Do not cut or pour concrete in the septic area. Any walkways across the septic area must be constructed of material that is removeable (pavers, flagstone, gravel, etc.).

The deck must be built to be 5' from the septic tank. If the garage addition encroaches on the 25' setback to the well, a variance will be needed.

APPROVED APR X 7 2020
KW


Bartholom
1" = 30'
109.2'
N 38°25'40" W
L1
C1
L2
L3
L4
101.32'
WEL
L
(WA
TER)
55.7'
Garage Addition
S 56°16'00" W
16.2'
Drive
24'
New
Garage
35'
Drive
24.0'
Ex House
33.6'
Deck
21.5'
5'
ST
265.80'
211.91'
Shed
N 36°45'52" W
P1
Y2
W3
39.0'
10.1'
8.1'
7.9'
87.29'
31,794 Sq.Ft.
0.730 Acres
15'
Repair
Area
33'
Pool
Area
50'
20'
15'
45'
50'
30'
N 35°44'00" W
93.49'
N 48°49'54" W
N 71°56'40" E
S 06°40'19" W
173.69'
P1 - 130' - Existing
Y2 - 130' - Existing
W3 - 100' - Existing
Scale
1"=40'
APPROVED APR X 9 2020
KW
N
LINE
L1
BEARING
S 56°16'00" W
S 19°55'00" E
S 62°45'51" W
DISTANCE
34.73'
10.34'
64.96'
34.88'
RADIUS
CHORD
96.67'
CHORD BRG
S 25°19'32" E

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

Sheet 1 of 1
PROPERTY ID #: 4637324390
COUNTY: Iredell

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

OWNER: James Bartholomew
ADDRESS: 474 Oak Tree Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: Brawley School → R on Oak Tree → L on Oak Tree → lot on R
APPLICATION DATE 2-13-20
DATE EVALUATED: 2-28-20
PROPERTY SIZE: .73ac
PROPERTY RECORDED: yes

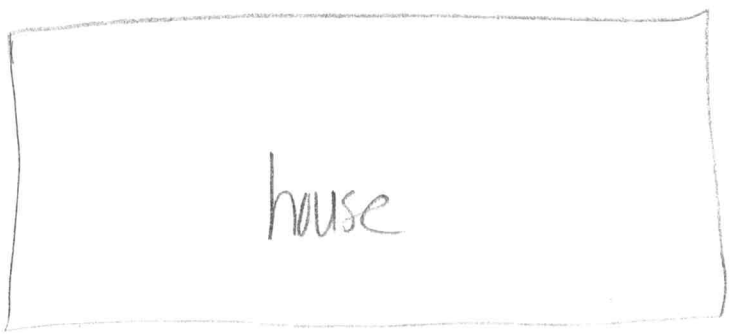
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

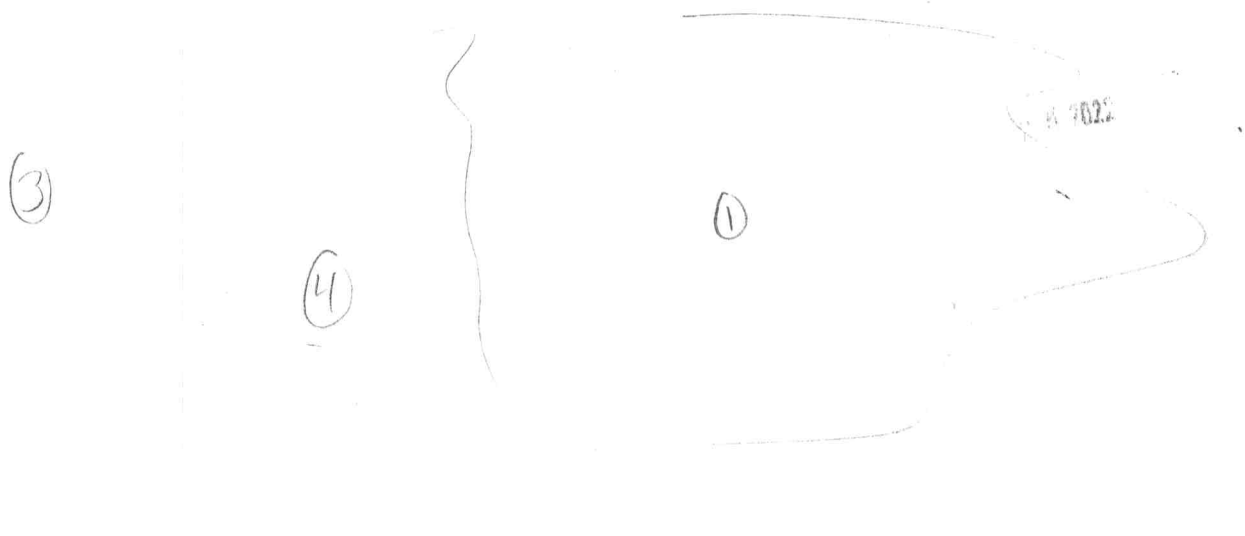
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% LS	0-11	fill	—	30" chroma 2		—		PS (drip)
		11-48	SABK C	Fr,S,P,SE					
2	5% LS/FS	0-6	fill	—			30-48 few com SHP		PS
		6-15	WSBK SCL	Fr,SS,SP,SE					
		15-30	ABK C	Fr,S,P,SE					
		30-48	WABK CL	Fr,SS,SP,SE					
3	7% LS	0-6	fill	—	30" chroma 2		—		PS (drip)
		6-14	WSBK SCL	Fr,SS,SP,SE					
		14-48	SABK C	Fr,S,P,SE					
4	6% LS	0-7	fill	—	22" chroma 2		—		U
		7-30	ABK C	Fr,S,P,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)	/	V
Site LTAR		.125

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: Gary McNeely

COMMENTS:


house


3
4
1
2

RECEIVED FEB 1 4 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-305037 Paid $500.00

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

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: James Bartholomew **Address:** 2449 Marcy Ave, Evenston, IL **Zip:** 60201

Applicant Email: _____ **Phone:** Brian-704-746-4709 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 474 Oak Tree Rd

Subdivision Name: CL&T **Section/Phase:** 9 **Lot Number:** 218

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: 3
Maximum Number of Occupants: 6
(✓) Swimming Pool
(✓) Other Addition/Structure: Garage

(✓) Crawl Space Foundation
( ) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2009
( ) 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: _____ 2/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
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Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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, Willis F Spivey, am the legal owner(s) of the property located at 474 Oak Tree Rd, CL&T Sec 9 Lot 218 _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & 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.

Willis F Spivey 2-10-20 — Signature of Owner(s) — Date

William R Johnson 2/10/20 — 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 · NC

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

APPLICATION NUMBER
305037
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637324390.000	474 OAK TREE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: BARTHOLOMEW JAMES R+MAUREEN G	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
SWIMMING POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	35	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

pool

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.Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any 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: 02/14/2020

Signature of Owner/Contractor