ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # HY 500555

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

PIN # 4637 - 82 - 4989

APPLICANT/OWNER: Patrick Joseph Homes | APPLICANT ADDRESS: 20600 N Main St Cornelius NC 28031

SITE ADDRESS: 442 Oak Tree Rd Mooresville NC 28117 | PHONE: 980-722-1178 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Ron Oak Tree Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL and T | SECTION: 9 | LOT # 223 | LOT AREA: 0.686 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Infiltrator	Date	Infiltrator	System Description:	LPP8PS	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	TS 2 Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	292'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield. Divert surface/stormwater away from septic area. All property lines, corners and 50' buffer must be marked by a licensed surveyor during time of installation and inspection. Pool and Hot tub must be marked during time of installation and inspection

INITIAL SITE SKETCH

See attached and approved site plan by Michael Athanas and Associates Dated 11/23/2020
- PJB

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

12/11/2020: Checked 4 first drain lines and all was good. All were 15' off of pool. As built meas on site sketch not to scale

- LAST 2 ~~TANKS~~ LINES INSTALLED AS PERMITTED 12-23-2020 BCW

12/29/2020: Tanks and connections checked and good. Filter was in st but pump was not in ft.

1/6/21 Set pressure head 115

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: 12-2-20

IMPROVEMENT PERMIT by: Patrick J Bgee III Date: 11/23/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bgee III Date: 11/23/2020

Installed by: Lake Norman Sewer & Septic (See attached)

OPERATION PERMIT by: Patrick J Bgee III Date: 1/19/2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	12/23/20	BW
Tanks Checked	12/29/2020	PJB
Pressure Manifold or Valve Box Checked	12/29/2020	PJB
Pressure Head Set	1/6/21	HS
Electrical Checked	1/6/21	HS
Floats Set	1/6/2021	PJB
Alarm Checked	1/6/21	HS
Maintenance Contract (Y) / N	1/15/2021	PJB
Comments: Need contractor w/ active license - Larry Henkle deceased license expired. Heath discussed 1/6/21		

LAKE NORMAN SEWER & SEPTIC®

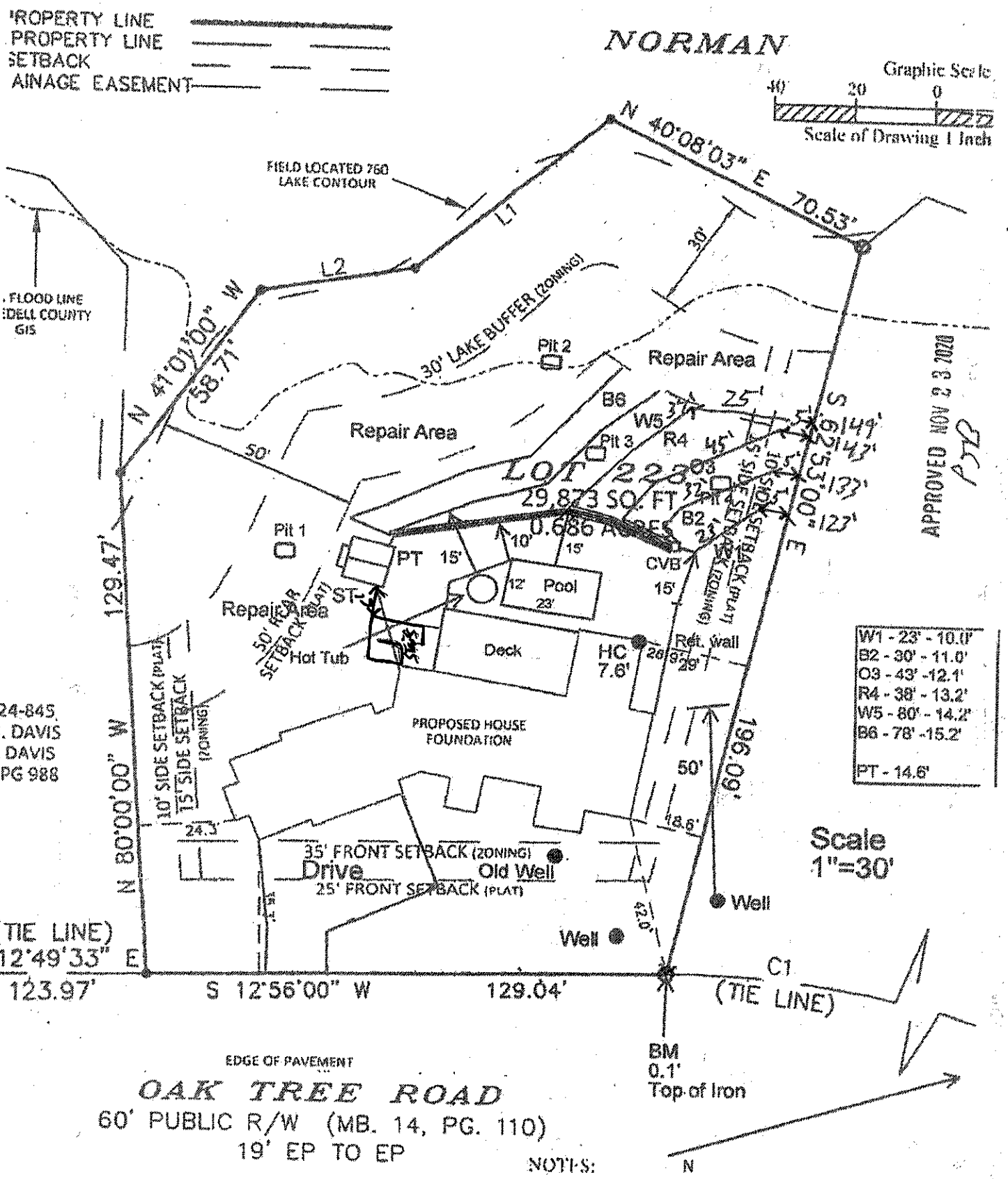
To whom it may concern,

Lake Norman Sewer and Septic will take responsibility for the installation of the septic system located at 442 Oaktree Rd. in Mooresville.

Thank you,

David Currier

PO box 889 Denver, NC 28037 Office: 704-483-5125 Fax: 704-483-5933
info@LakeNormanSeptic.com www.LakeNormanSeptic.com

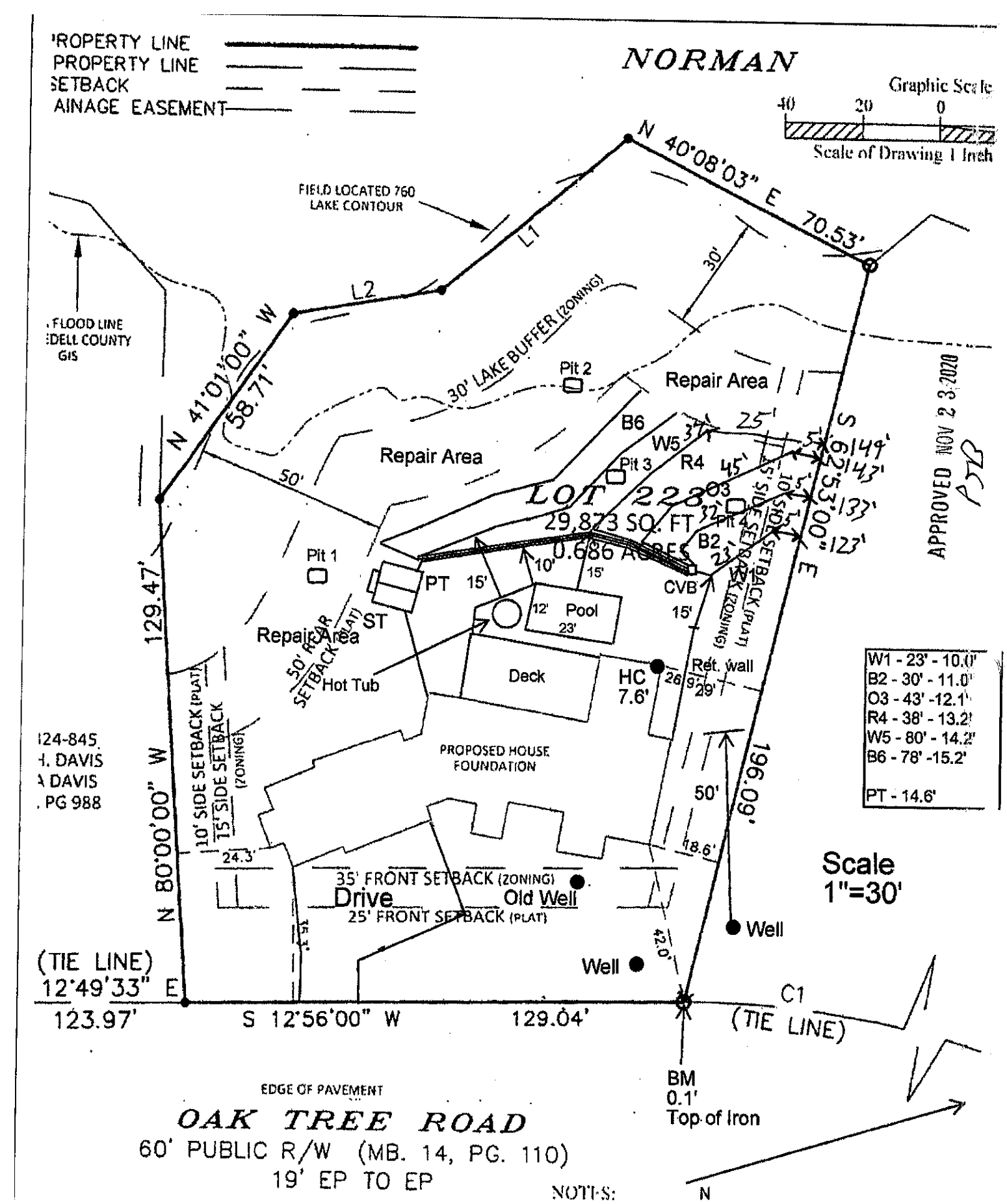


NOTES:

MONUMENT LOCATED WITHIN 2000'.

Y MAY BE SUBJECT TO OTHER COVENANTS.
ONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY

5. BASE FLOOD LINE DEPICTED HEREIN PROVIDED
COUNTY FLOODZONE MAPPING USING FEMA PAN
3710463700J; DATED 3/18/2008.



124-845
H. DAVIS
A DAVIS
. PG 988

NOTES:

MONUMENT LOCATED WITHIN 2000'.

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5. BASE FLOOD LINE DEPICTED HEREIN PROVIDED
COUNTY FLOODZONE MAPPING USING FEMA PANE
3710463700J: DATED 3/18/2008.



APPROVED NOV 2 3 2020
PJB

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

~~9/14/2020~~
11/12/2020

Reference: Data Sheet for 442 Oak Tree Rd, CL&T Sec 9, Lot 223
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TS II Drip irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.1 GPM
Dosing Volume: 237.6 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 9.6'
Friction Head: 1.4'
Pressure Head: 2'
Total Dynamic Head: 13'
Supply Line Length: 75' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30"
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	23'	5	23'	10.0'
Blue 2	30'	7	30'	11.0'
Orange 3	43'	10	43'	12.1'
Red 4	38'	9	38'	13.2'
White 5	80'	18	80'	14.2'
Blue 6	78'	18	78'	15.2'

Initial System: 292'
Pump Tank: 14.6'
Repair System: 3840 FT^2
House Corner: 7.6'
Benchmark: 0.1' (top of iron)

Comments:
Site deeded 5/9/1977 (BK/PG 14/110). The current well will need to be abandoned and a new well installed.

9/2020:
The drain field is being adjusted to fit a small pool.
11/2020:
Expanding the pool area for a hot tub.

RECEIVED NOV 1 3 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $75.00 AP-30055

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

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: Patrick Joseph Homes **Address:** 20600 N Main St, Cornelius, NC **Zip:** 28031

Applicant Email: _____ **Phone:** Mike Shalvoy-980-722-1118 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 442 Oak Tree Rd

Subdivision Name: CL&T **Section/Phase:** 9 **Lot Number:** 223

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: 4
Maximum Number of Occupants: 8
(✓) 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: _____ **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:** _____
( ) 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: _____ 11/12/2020
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, MICHAEL SHALLOW (PSOH), am the legal owner(s) of the property located at 442 Oak Tree Rd, CL&T Sec 9 Lot 223, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MICHAEL ATHANAS, 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.

_____ 11/12/2020 _____

Signature of Owner(s) Date | Date | Signature of Witness

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

ronda.hart@co.iredell.nc.us

Fax: 704-662-3239

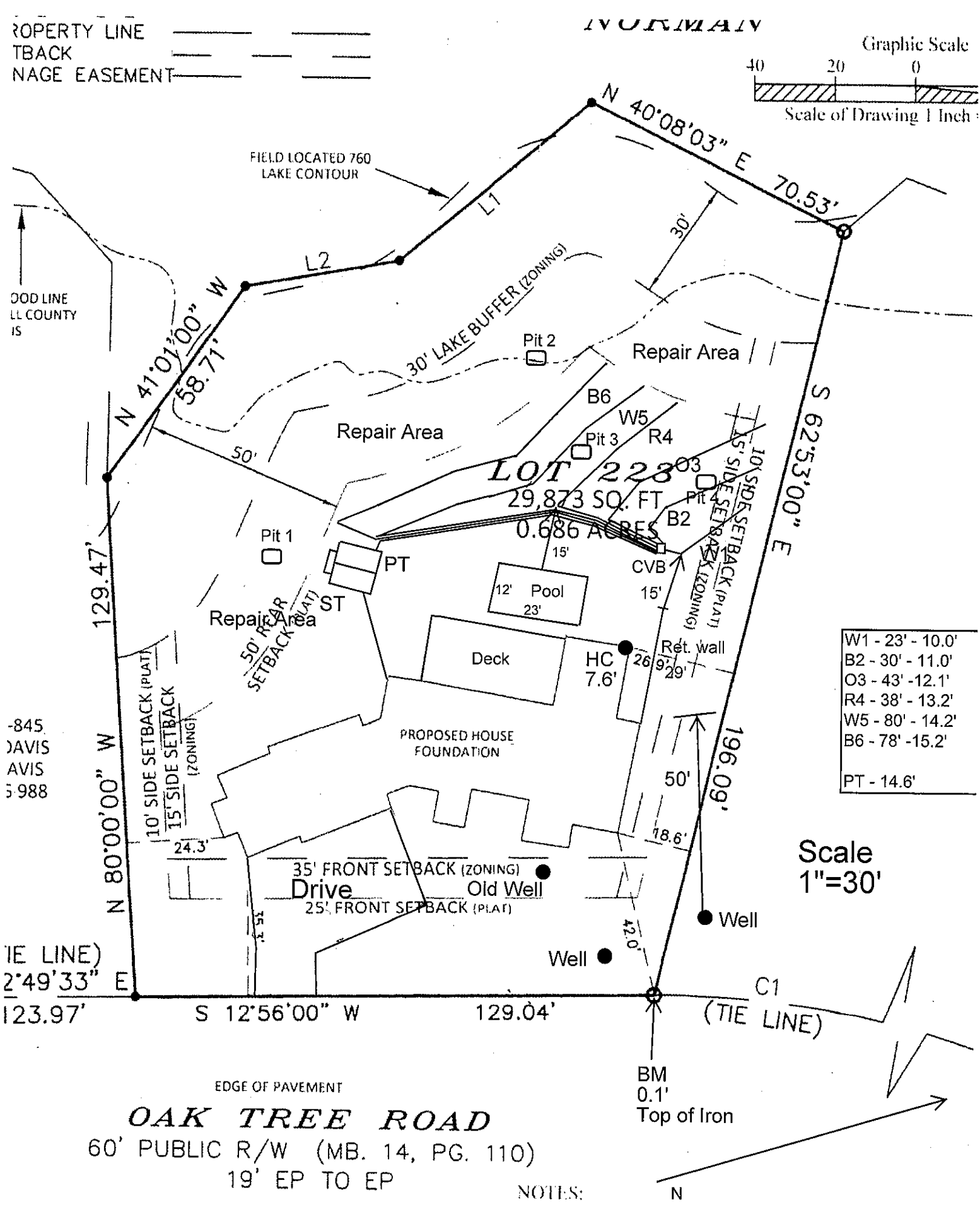
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

adrienne.shea@co.iredell.nc.us

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677



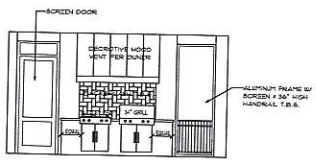
ONUMENT LOCATED WITHIN 2000'.

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NOTES:

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COUNTY FLOODZONE MAPPING USING FEMA PANI
3710463700J; DATED 3/18/2008.

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928



1 / A-2 OUTDOOR GRILL ELEVATION
SCALE: 1/4" = 1'-0"

SQUARE FOOTAGE

FIRST FLOOR HEATED	2214
SECOND FLOOR HEATED	1078
LOWER LEVEL HEATED	1428
TOTAL HEATED AREA	4,720
THREE CAR GARAGE	1,670
OUTDOOR LIVING / DINING	588
COVERED ENTRY	84
MECHANICAL / STORAGE	200
LAKE STORAGE	260
LANAI	898
ATTIC	38
TOTAL UNDER ROOF	7,858

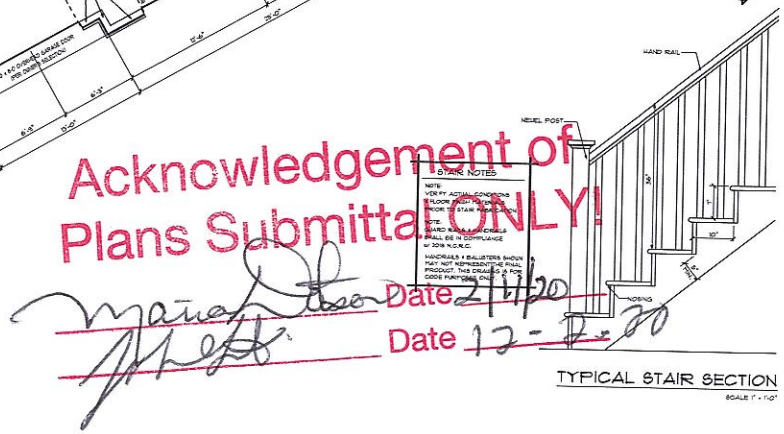
DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL SIZES + NON-GRIDS CONDITIONS. FALL PROTECTION CODE + GLAZING REQUIREMENTS PER CODE W/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS + WINDOWS TO COMPLY W/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE UNLESS SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"



TYPICAL STAIR SECTION
SCALE 1" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 2/11/20

Date 12-2-20

ELITE DESIGN GROUP
CUSTOM HOME DESIGN
EST. 2003
EXCLUSIVE PLAN COLLECTION

PROJECT:

THE MICHAEL RESIDENCE
442 Oaktree Road,
Mooresville, NC 28117

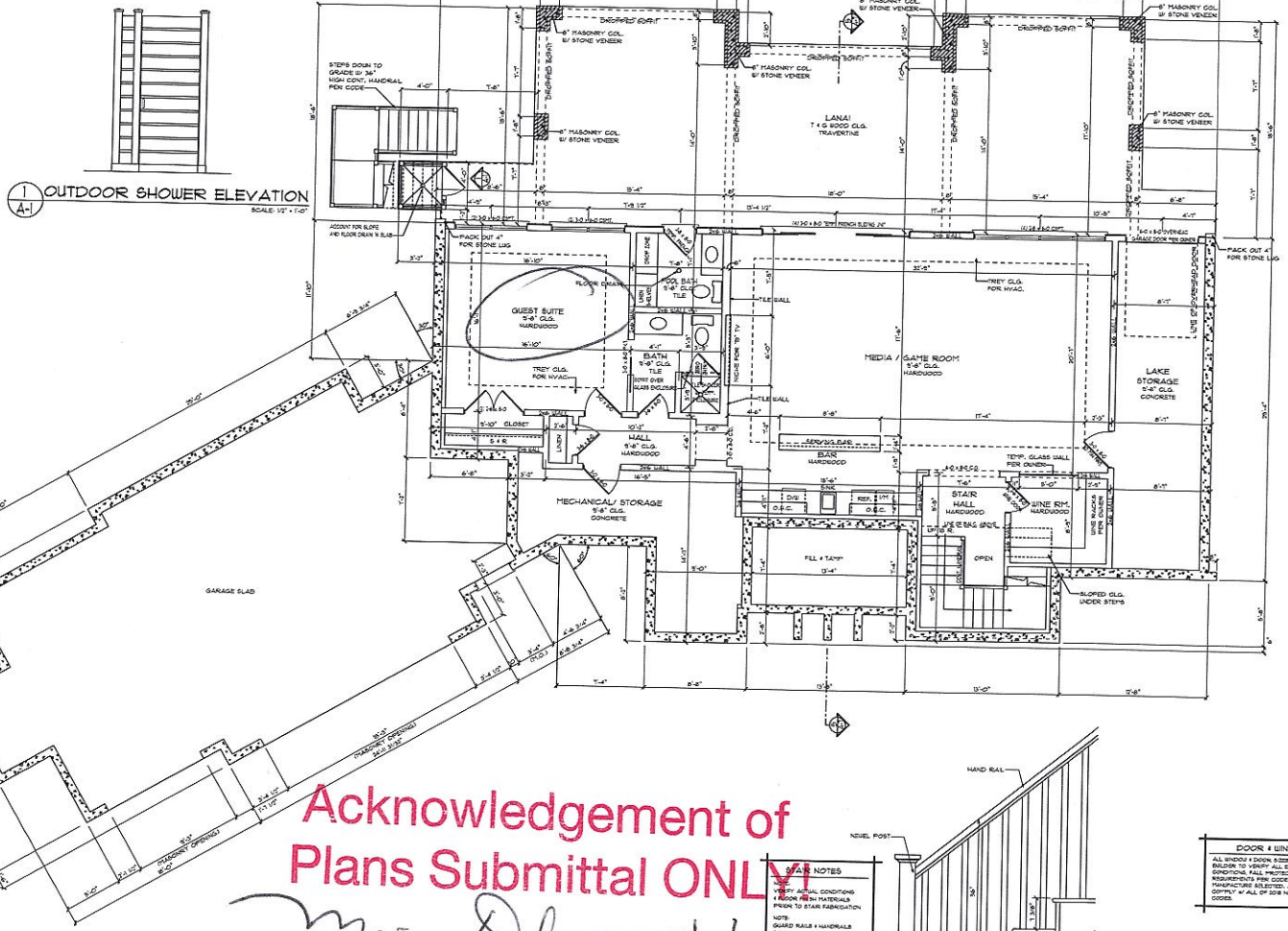
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DRAWN BY:
JOHN STEFANIK / DANIEL PERO

DATE:
January 8th 2020

REVISED:

SHEET A-2
OF 18



1 / A-1 OUTDOOR SHOWER ELEVATION

SCALE: 1/2" = 1'-0"

TYPICAL STAIR SECTION

SCALE 1" = 1'-0"

STAIR NOTES

- VERIFY ACTUAL CONDITIONS & FIELD FIT ALL MATERIALS PRIOR TO STAIR FABRICATION

NOTE: GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE W/ 2018 N.C.R.C.

HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL DESIGN. THIS DRAWING IS FOR CODE PURPOSES ONLY.

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY. ALL EGRESS & NON-EGRESS CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE W/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY W/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

LOWER LEVEL NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE)
- ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE)
- ALL LOAD BEARING WALLS TO BE 2x6 FRAMED @ 16" ON CENTER UNLESS NOTED OTHERWISE)
- ALL RETAINING WALL HEIGHTS & LOCATIONS TO BE DETERMINED ON SITE PER GRADE.

LOWER LEVEL PLAN

SCALE 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY

Maria Dotson Date 2/11/20

John Stefanik Date 12-2-20

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE MICHAEL RESIDENCE

442 Oaktree Road,
Mooresville, NC 28117

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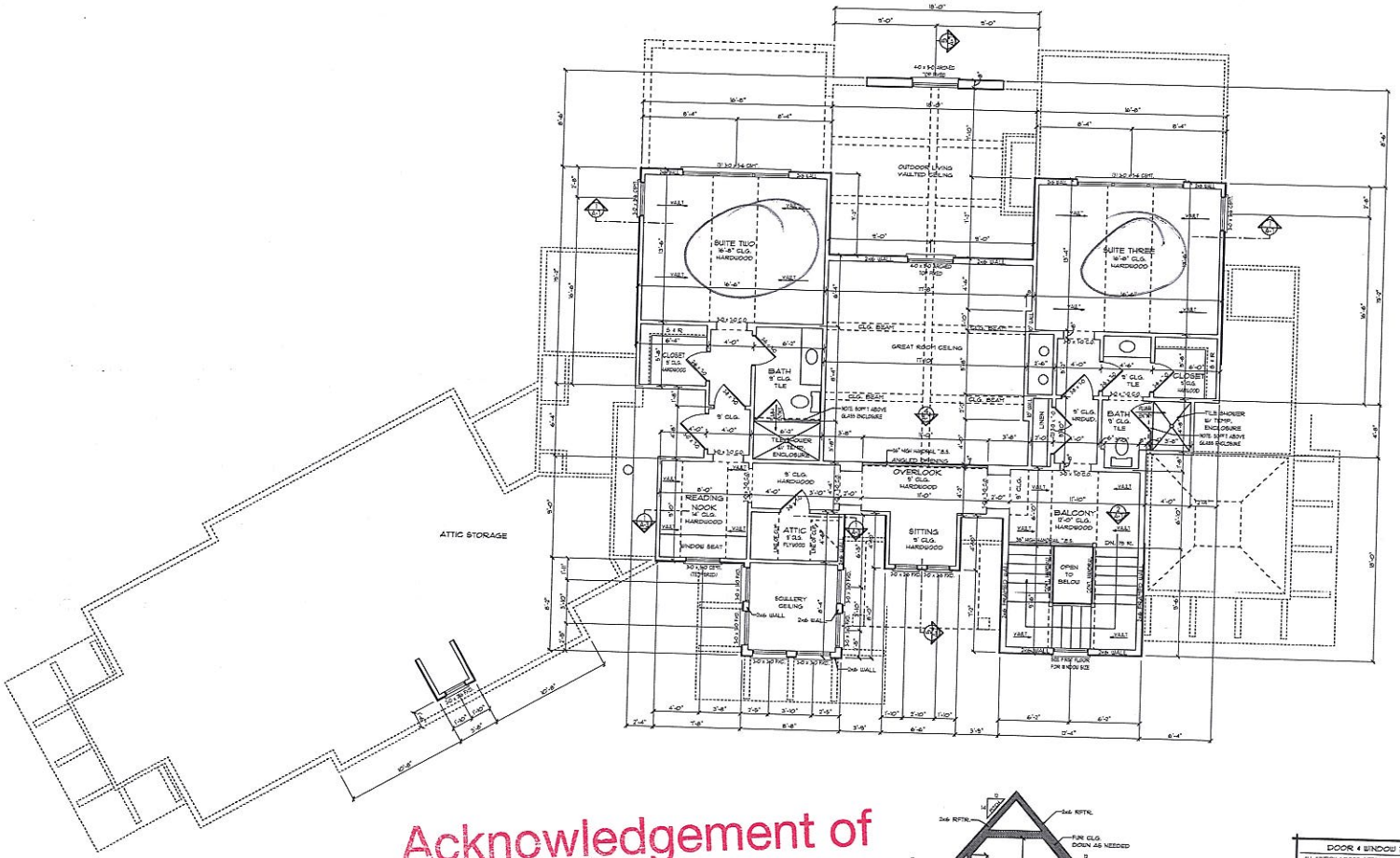
ELITE DESIGN GROUP
EST. 2003

DRAWN BY:
JOHN STEFANIK / DANIEL PERO

DATE:
January 8th 2020

REVISED:

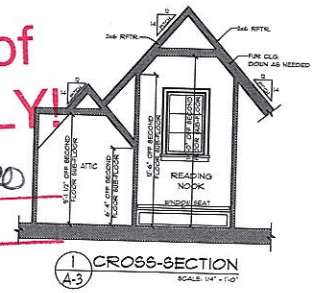
SHEET A-1
OF 18



Acknowledgement of Plans Submittal ONLY!

Date 2/11/20

Date



1 / A-3 CROSS-SECTION

SCALE: 1/4" = 1'-0"

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY. ALL EGRESS & NON-EGRESS CONDITIONAL FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOW TO COMPLY w/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 7'-0" DOOR AND 8'-0" WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL SECOND CLG. BEAM & SECOND FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED & WINDOWS SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE MICHAEL RESIDENCE
442 Oaktree Road,
Mooresville, NC 28117

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CUSTOM HOME DESIGN
EST. 2003
EXCLUSIVE PLAN COLLECTION

DRAWN BY:
JOHN STEFANIK / DANIEL PERO

DATE:
January 8th 2020

REVISED:

SHEET A-3

OF 18

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300555
Issue Date: 09/04/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4637324989.000	442 OAK TREE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MICHAEL JEFFREY N+TERESA T	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.788	35	50	15	15	WSIV-CA Catawba/Lake Norman	NO

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.

Signature of Owner/Contractor

Date: 09/04/2019

Permit Number	000161

TOTAL FEES:	$77.25