ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 308809

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

PIN # 4638 --02 --2259

APPLICANT/OWNER: Mike Palmer Homes/Lynette Santamenna | APPLICANT ADDRESS: 6211 Denver Industrial Park Rd Denver, NC 28037

SITE ADDRESS: 248 Hermance Mooresville, NC 28117 | PHONE: 704488-7044 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Waddell TR Hermance on right across from Golden Pond | SAP CONTROLLED: N/A ☐ YES ☐ NO

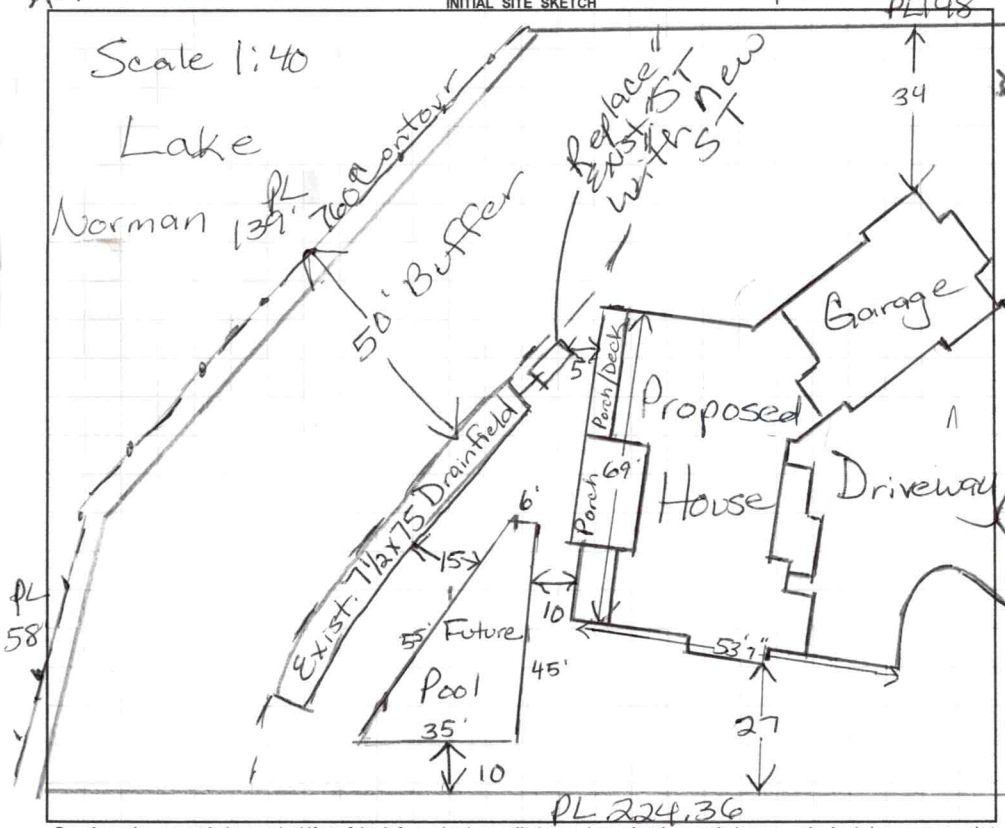
SUBDIVISION: C&T | SECTION: 11 | LOT # 241 | LOT AREA: .72Ac | DESIGN FLOW: 360gpd | L.T.A.R.: Exist

Septic Tank 1000 (gal)	STB Infiltrator	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: New ST Only to Exist Gravel Drainfield		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: Exempt		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines Existing	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth	☐ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Must keep pool "cut" at least 15ft from Septic
A Install New ST minimum of 5ft from porch.

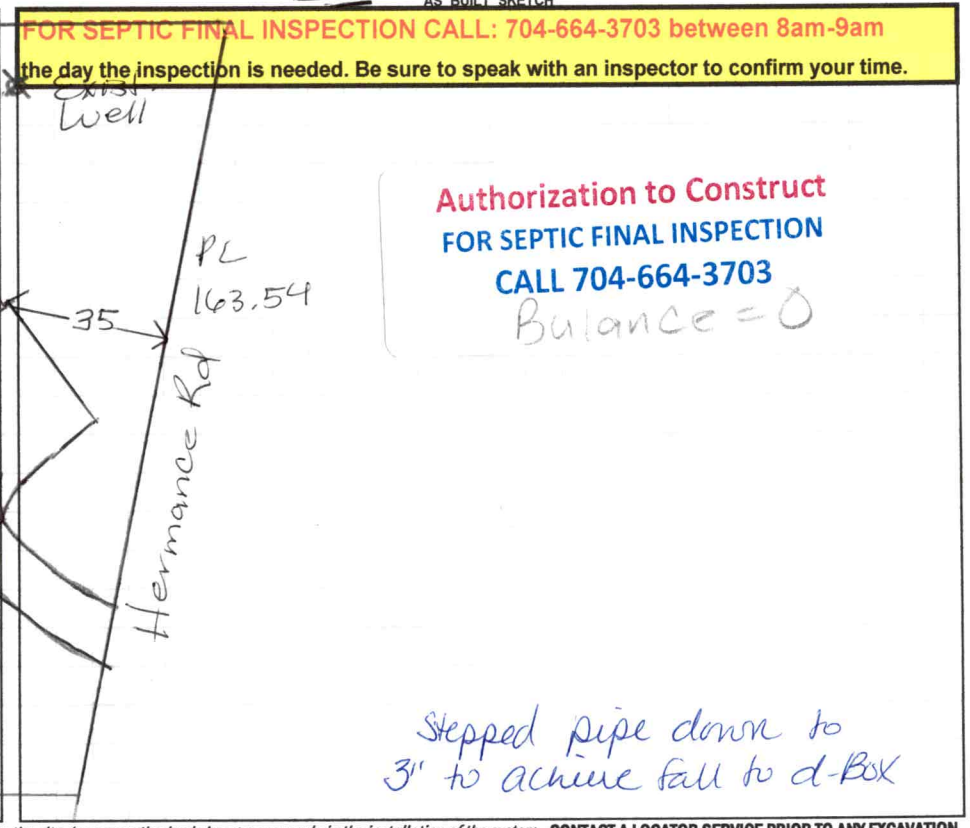
No cut > 2ft within 15ft of Septic System.
Install new ST minimum 50ft from 760' contour.
50ft buffer must be staked when new ST is installed.

INITIAL SITE SKETCH



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.



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

Stepped pipe down to 3" to achieve fall to d-Box

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: Matt Calhoun | Date: 9/23/21 | Installed by: Site

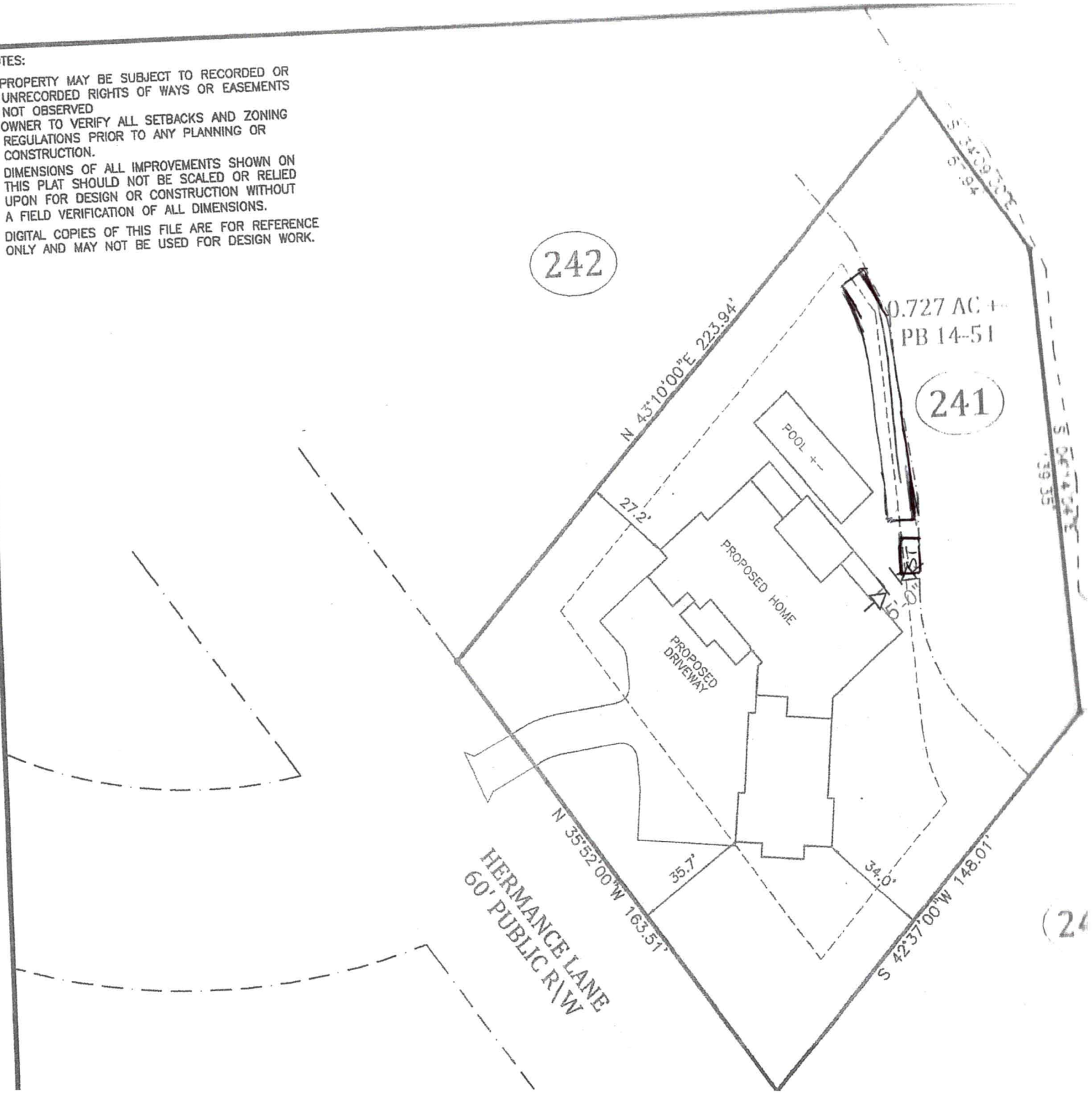
IMPROVEMENT PERMIT by: Maria Dotson | Date: 9/19/21 | OPERATION PERMIT by: D Wiebey | Date: 2/7/23

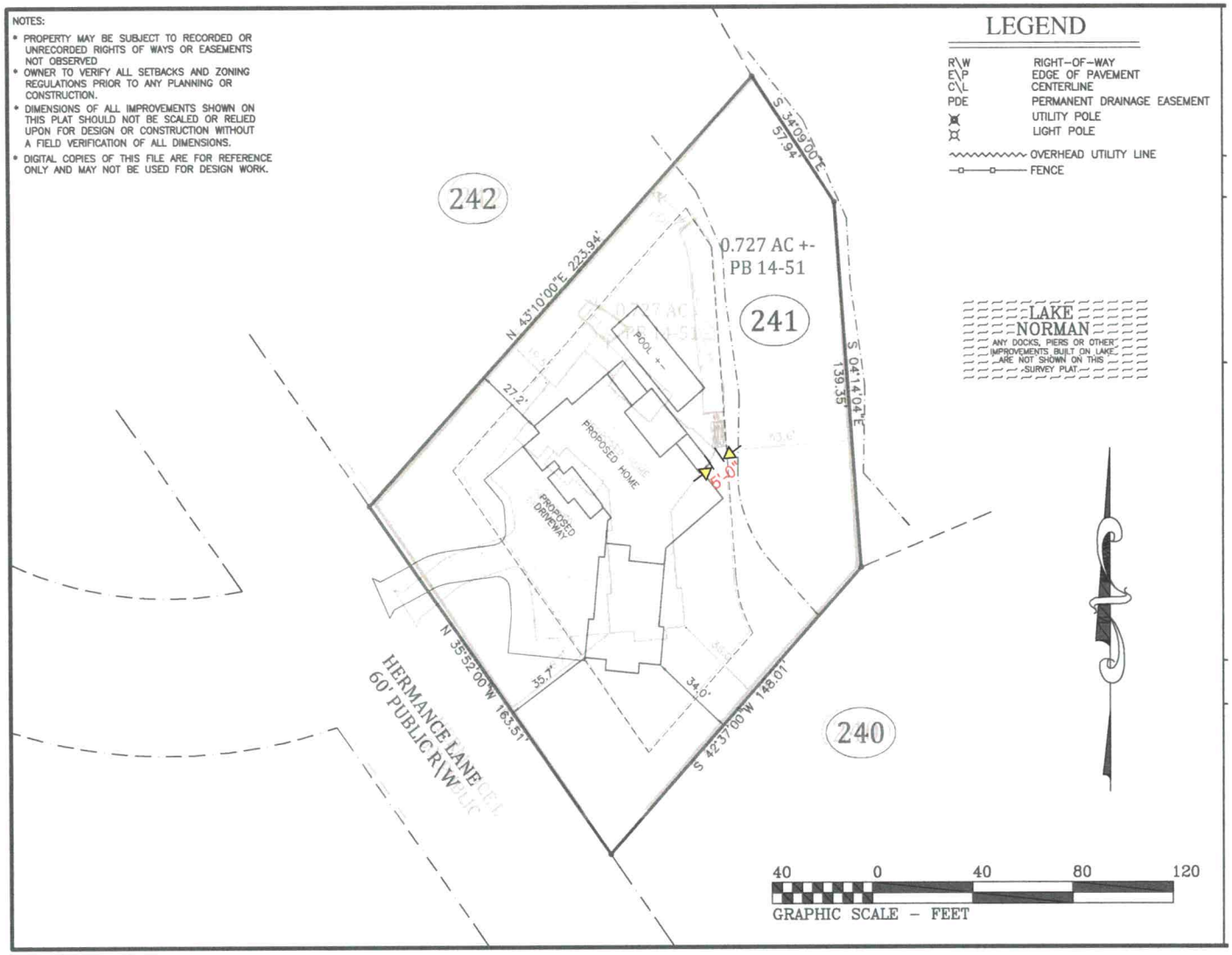
AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 9/19/21 | Existing System Inspected by: | Date:

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

NOTES:

* PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
* OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
* DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
* DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.



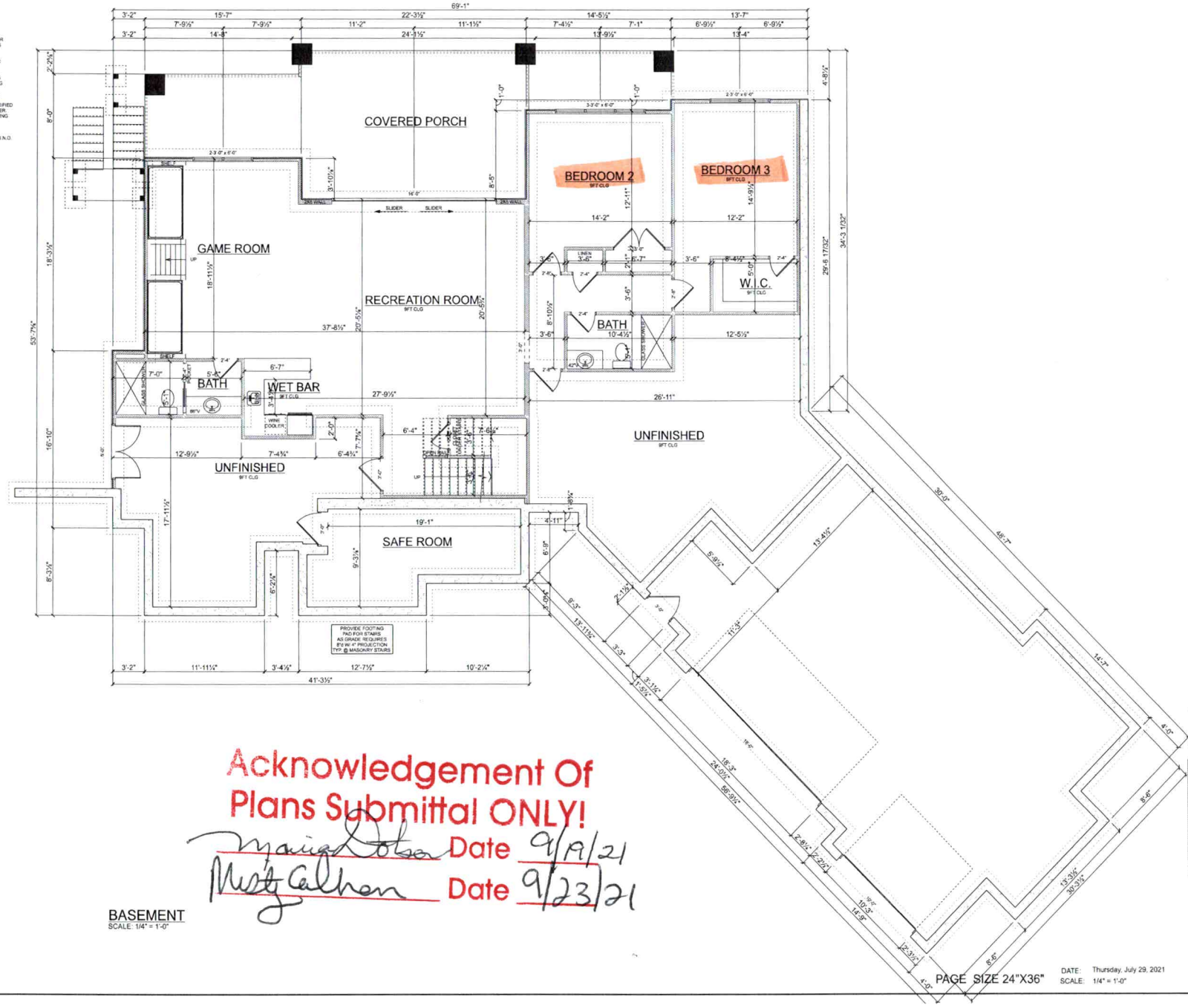

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LEGEND
R\W RIGHT-OF-WAY
E\P EDGE OF PAVEMENT
C\L CENTERLINE
PDE PERMANENT DRAINAGE EASEMENT
UTILITY POLE
LIGHT POLE
OVERHEAD UTILITY LINE
FENCE
242
241
240
0.727 AC +-
PB 14-51
N 43°10'00"E 223.94'
S 34°09'00"E
57.94'
S 04°14'04"E
139.35'
N 35°52'00"W 183.51'
S 42°37'00"W 148.01'
27.2'
35.7'
34.0'
POOL +-
PROPOSED HOME
PROPOSED DRIVEWAY
P.O.B.
HERMANCE LANE
60' PUBLIC R\W
LAKE NORMAN
ANY DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.
40 0 40 80 120
GRAPHIC SCALE - FEET

69'-1"

53'-7"

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND PHILIN MFE.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION ANY DISCREPANCIES SHALL BE REPORTED FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSION SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODE) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLEING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS
6. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY LOCAL STATE CERTIFIED STRUCTURAL ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE CONSTRUCTION
7. ALL ANGLED WALLS ARE 45 DEGREES, U.N.O
8. ALL OPENINGS ARE CENTERED IN WALL OR 4" FROM CORNER, U.N.O.
9. FRAME WALLS ARE DRAWN AT 5-1/2" WIDE, U.N.O.



Acknowledgement Of
Plans Submittal ONLY!

Maria Dolsa Date 9/A/21

Mark Calhoun Date 9/23/21

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

MEMBER
AIBD
AMERICAN INSTITUTE of BUILDING DESIGN

SANTOMENNA RESIDENCE

8 TWENTY ONE HOME DESIGN, LLC
THESE BLUEPRINTS ARE COPYRIGHTED. THE COPYRIGHT ON WHICH IS RETAINED BY 8 TWENTY ONE HOME DESIGN, LLC
THESE BLUEPRINTS ARE TO BE USED FOR THE CONSTRUCTION OF ONE (1) HOME AND MAY NOT BE COPIED OR SHARED.
ALL RIGHTS RESERVED

8-TWENTYONE
PHONE:704-401-6159
kenneth@8-twentyone.com

PAGE: 2

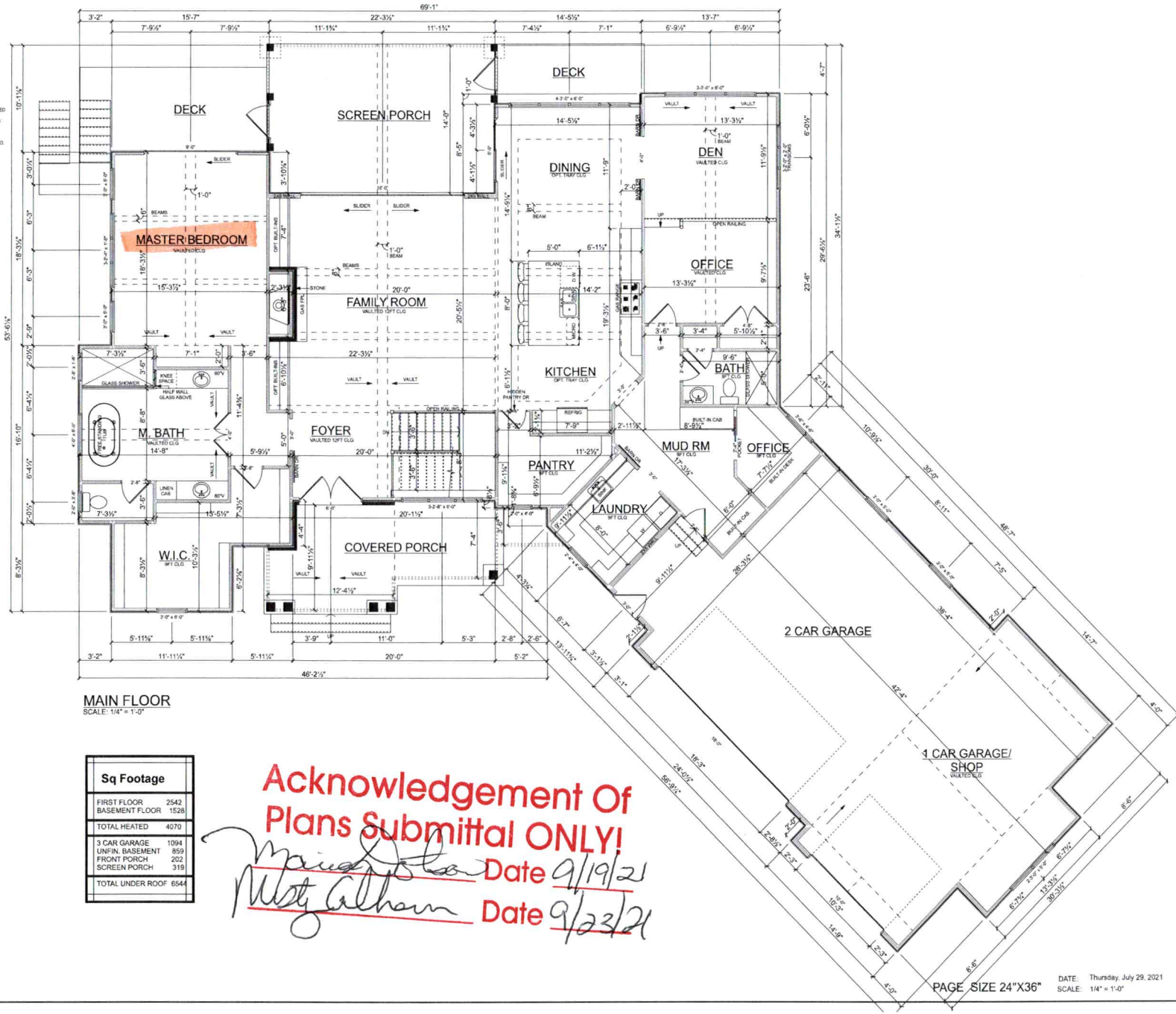
PAGE SIZE 24"X36"

DATE: Thursday, July 29, 2021
SCALE: 1/4" = 1'-0"

BASEMENT

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND FHA/VA MFG.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION ANY DISCREPANCIES SHALL BE REPORTED FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
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9. FRAME WALLS ARE DRAWN AT 3-1/2" WIDE, U.N.O.



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

Sq Footage	
FIRST FLOOR	2542
BASEMENT FLOOR	1528
TOTAL HEATED	4070
3 CAR GARAGE	1094
UNFIN. BASEMENT	859
FRONT PORCH	202
SCREEN PORCH	319
TOTAL UNDER ROOF	6544

Acknowledgement Of Plans Submittal ONLY!

Date 9/19/21

Date 9/23/21

MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

SANTOMENNA RESIDENCE

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8-TWENTYONE HOME DESIGN
PHONE:704-401-6159
kenneth@8-twentyone.com

PAGE: 3

PAGE SIZE 24"X36"

DATE: Thursday, July 29, 2021
SCALE: 1/4" = 1'-0"

FIRST

RECEIVED JUL 10 2020

AP- 308809
$300.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Expansion

Application For:
- (X) Septic Improvement Permit
- (X) New Well Permit
- ( ) Authorization to Construct
- (X) Well Repair Permit EVALUATION
- (X) Existing System Inspection
- ( ) Well Abandonment
- ( ) 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
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lynette Santomenna Address: 112 Pine Lane Mooresville Zip: 28117

Applicant Email: _____ Phone: 704-488-7044 Alt. Phone: _____

Owner Name: Jo Ann M. Oaddy Address: 229 OAK VILLAGE MOORESVILLE Zip: 28117

Owner Email: VAGADDY@yahoo.com Phone: 704.799 5267 Alt. Phone: _____

Property Information:

Street Address: 248 HERMANCE LANE MOORESVILLE, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: 241

Driving Directions: RIVER Hwy WEST PAST BIG DADDY'S RESTAURANT; MAKE RIGHT ON WADDELL, RIGHT ON HERMANCE LANE.

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

existing system for 3 + we want 4

- (X) 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: 3-4

Maximum Number of Occupants: _____

- ( ) 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: _____
- (X) 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 (X) 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: X Lynette Santomenna
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

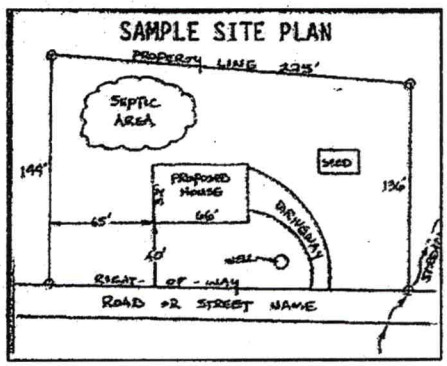
X 7-6-20
DATE

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:

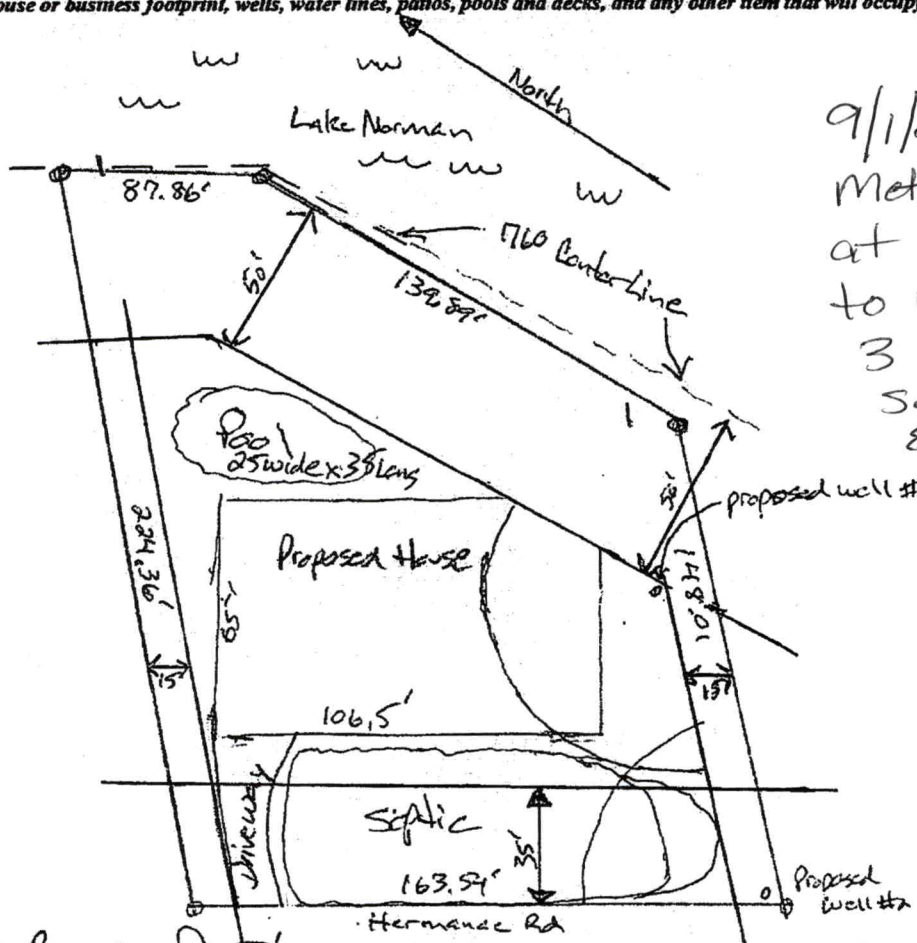
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other 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



9/1/2020
Met Owners/Applicant at site decided to use existing 3 Bedroom Septic drainfield & just replace ST. mo

Signature: Lynette S Carter — 7-8-20

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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☑ 2. I, JO ANN M. GADDY, am the legal owner(s) of the property located at 248 HERMANCE LN MOORESVILLE NC 28117, identified as

PIN (Parcel Identification Number) L24 5-11 CLT PB 14-50-5b located in Iredell County, North Carolina. # 4638-02-2259.00

I do hereby authorize (**print legal representative/company name**) _____ Lynette Santomenna, 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.

X Jo Ann M Gaddy
Signature of Owner(s)

X July 2, 2020
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PARCEL
4638-02-2259

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

LCL **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

LCL **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

LCL **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

LCL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature X Ignacio Santamaria **Date** X 7-8-20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625