ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318702

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

PIN # 4638-22-3553

APPLICANT/OWNER: Anthony and Sylvan Pools | APPLICANT ADDRESS: 9201 Southern Pine Blvd #C Charlotte NC 28273

SITE ADDRESS: 115 Hillside Cove Ct. Mooresville NC 28117 | PHONE: 704-773-4426 | ALT. PHONE

SITE DIRECTIONS: NC150W to Ron Robinson Rd, Ron Robinson Ridge Rd, Ron Hillside Cove | SAP CONTROLLED: [X] YES [ ] NO

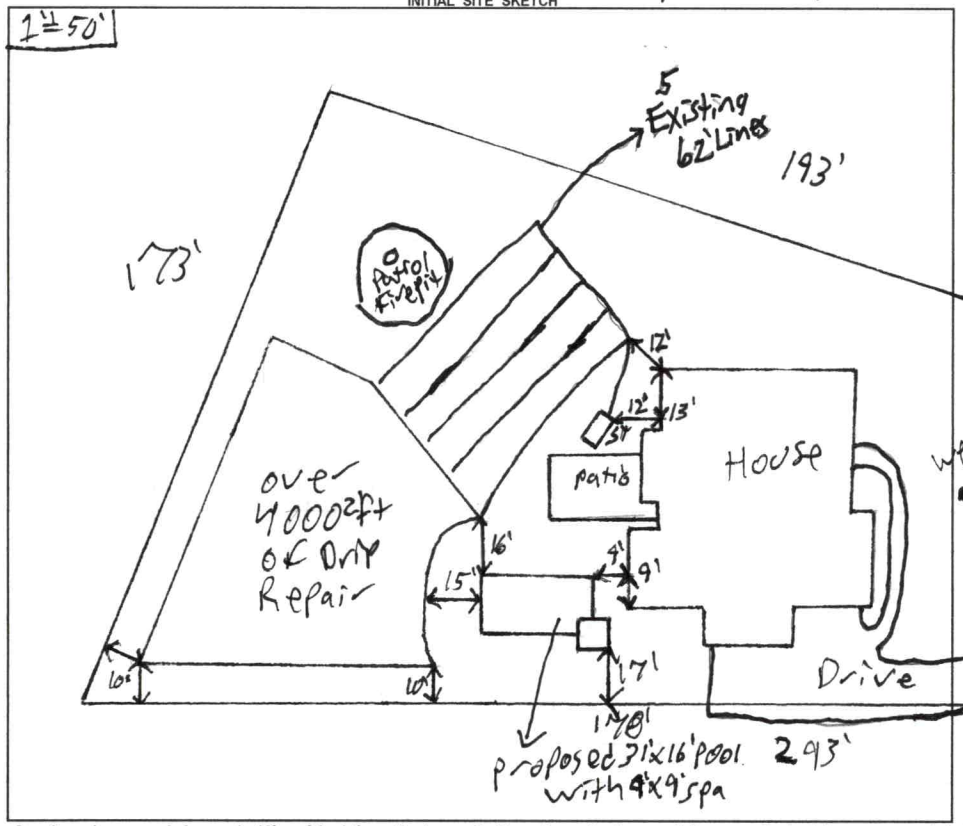
SUBDIVISION: Robinson Ridge | SECTION: 1 | LOT # 14 | LOT AREA: 0.705 acres Lot on L | DESIGN FLOW: 360GPD | L.T.A.R.: Existing

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	[ ] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 2590		
Pump Make		Model		Serial #		Repair System Description:	Drip		
# Nitrification Fields	EXISTING	# Lines		Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth			[X] GRAVITY	[ ] PRESSURE	

[X] Residence | No. Bedrooms 3 | Water Supply: [X] Private
[ ] Business | No. Persons 6 | [ ] Public
[ ] Other | No. Employees | [ ] Community
[ ] Slab | [X] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: The purpose of this permit is to show the new pool still allows for a full initial and repair system. The initial system is not impacted. All parts of septic must be 15' off waters edge of pool

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.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8/19/21 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Bryant | Date: 8/11/2021

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

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/11/2021 (Date)

Owner: Anthony and Sylvan Pools
Address: 9201 Southern Pine Blvd #C Charlotte, NC 28273

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): AP-232589 / Anthony and Sylvan Pools / 115 Hillside Cove Ct Mooresville, NC 28117 / 4638223553

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 04/30/2019 for a system
(date)

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

TVD

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

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

PERMIT # 232

PIN # 4638223553

APPLICANT/OWNER: Mark Niblock

APPLICANT ADDRESS: 759 Concord Pkwy N Ste 20, Concord, NC

SITE ADDRESS: 115 Hillside Cove Ct. Mooresville, NC

PHONE: 704-201-6701 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 150 W → R on Robinson → R on Robinson Ridge → R on Hillside Cove → lot on L

SUBDIVISION: Robinson Ridge

SECTION: 1 LOT # 14 LOT AREA: .705 ac

SAP CONTROLLED: ☑ YES

DESIGN FLOW: 360gpd L.T.A.R.:

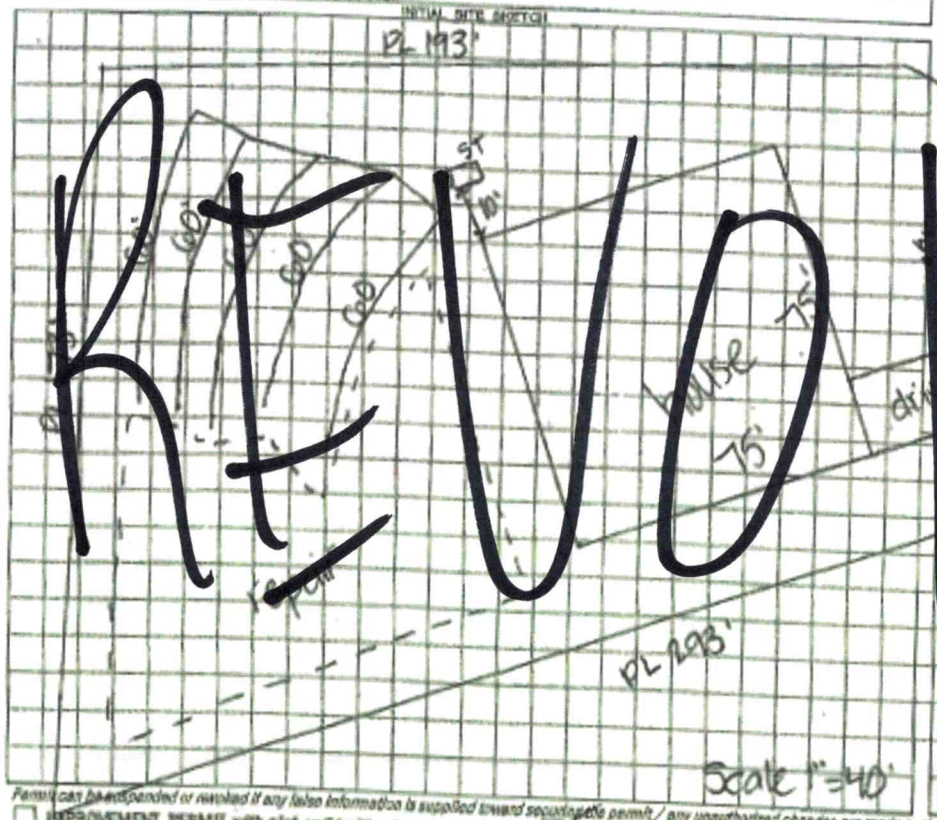
Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	25% reduction
Pump Make	Model		Serial #	Repair System Description:	drip
# Nitrification Fields	# Lines	5 @ 60'	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width 36"	Trench Bottom Depth (Shallowest)	MAX 36"	Gravel Depth	☑ GRAVITY	☐ PRESSURE

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

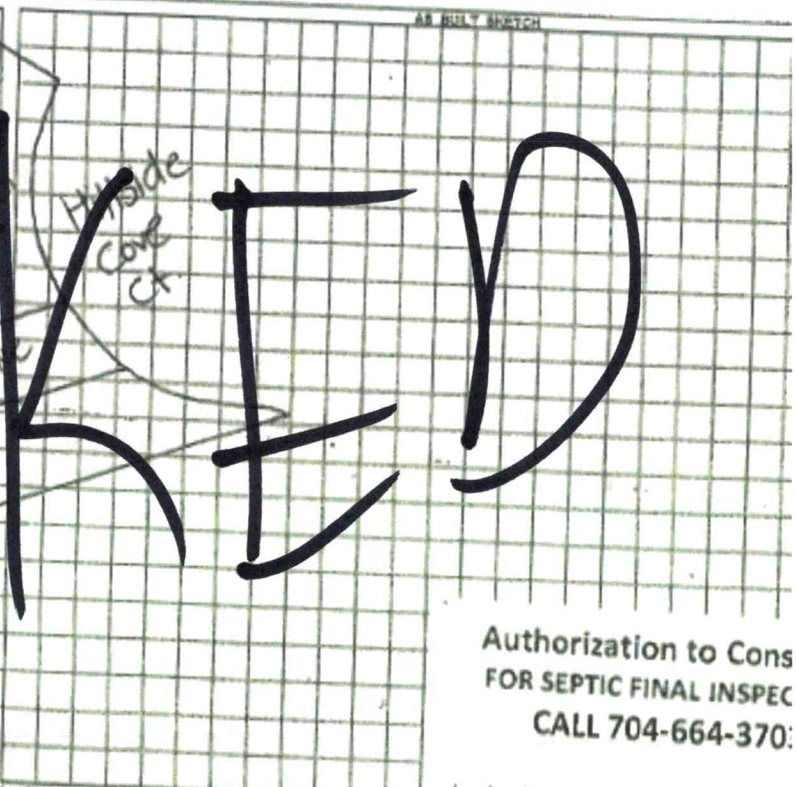
Comments / Conditions:

* Maintain 100' from any well. Install 25% reduction with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH



REVOKED

Authorization to Cons
FOR SEPTIC FINAL INSPEC
CALL 704-664-370

Permit can be suspended or revoked if any false information is supplied toward secure septic 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

☐ 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

Owner / Applicant Signature: [signature]

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-2-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 4-30-19

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-5pm the day Date: 4-30-19 ...spection is needed. Be sure to speak with an inspector to confirm your inspection time.

RECEIVED JUN 17 2021

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

AP-318702 $250.00

Application For:

( ) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Anthony + Sylvan Pools Address: 9201 C Southern Pine Blvd Phone: 704-773-4436

Owner Name: Diane LIPP Address: 115 Hillside Cove, Mooresville Phone: 740-816-4859

Property Information:

Street Address: 115 Hillside Cove, Mooresville NC 28117

Subdivision Name: Robinson Ridge Section/Phase: 1 Lot Number: 14

Driving Directions: See Attached

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
(✓) 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:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Year existing system installed:

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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

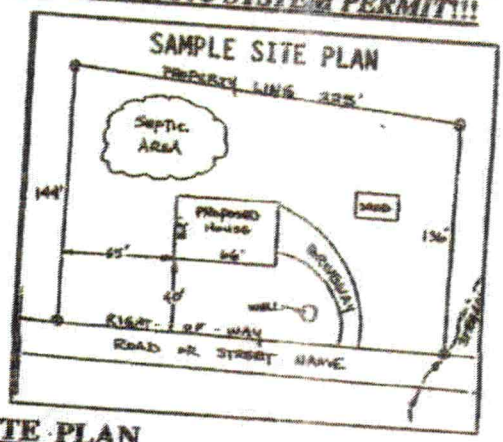
6/8/21
DATE

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

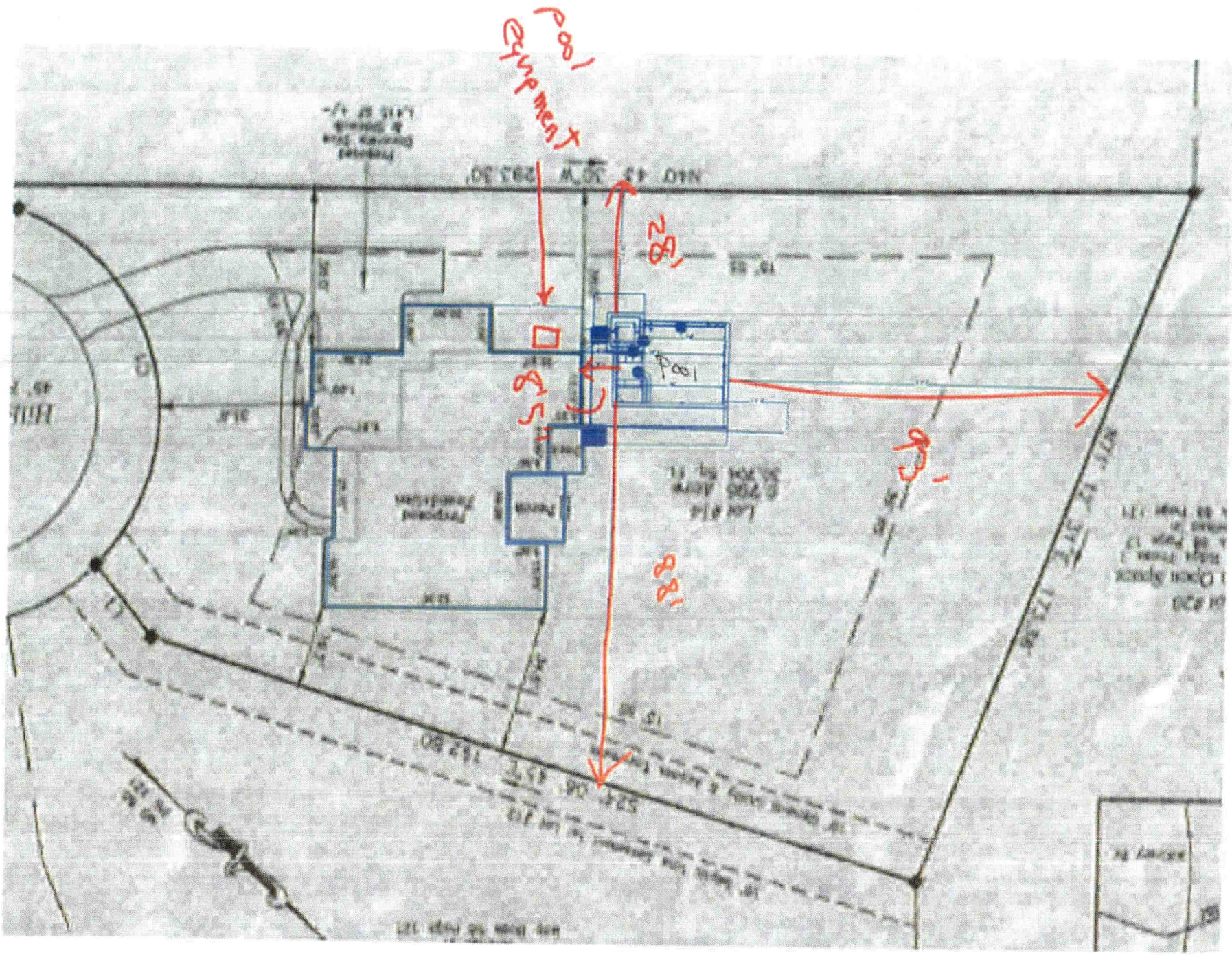
X See Attached drawing

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/8/21

DATE


pool equipment
28'
35'
38'
3'
pool

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, Corporate officer, 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 can also hold responsibility to meet all permit conditions specified by the local health department.

I, Diane Lipp, am the legal owner(s) of the property located at 115 Hillside Cove, identified as PIN (Parcel Identification Number) 9638333573, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name): Leah Teller - Archtech Sylvan Inc. NC, 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.

Diane Lipp 6/17/21

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
Fax: 704-663-3259
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-871-3402
349 S. Center Street, Statesville, NC 28677