ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 27982

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

PIN # 4638 -- 42 -- 9587

APPLICANT/OWNER: Angelo Saake/Summer Shivers APPLICANT ADDRESS: 133 Orchard Farm Ln, Mooresville NC 28117

SITE ADDRESS: 492 Normandy Rd, Mooresville NC 28117 PHONE: 704-408-6968 ALT. PHONE

SITE DIRECTIONS: (W) NC150 → (R) Perth → (L) on Normandy → lot on (R)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 11 LOT # 1097 LOT AREA: 1.413 DESIGN FLOW: 480 gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal)	STB 760	Date 12/5/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 1/21/23	System Description: LP+PPBPS	☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: TS-I Pre-treatment PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 16	Linear Ft 291'	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 20"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave grade park, drive, or bury utilities in drainfield

INITIAL SITE SKETCH

See attached site plan & design by Michael Athanas & Associates approved 9/12/22

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.

Installed as Drawn

→ Still need maintenance Contract 5/2/23 DW

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: Date: Installed by: Abernathy

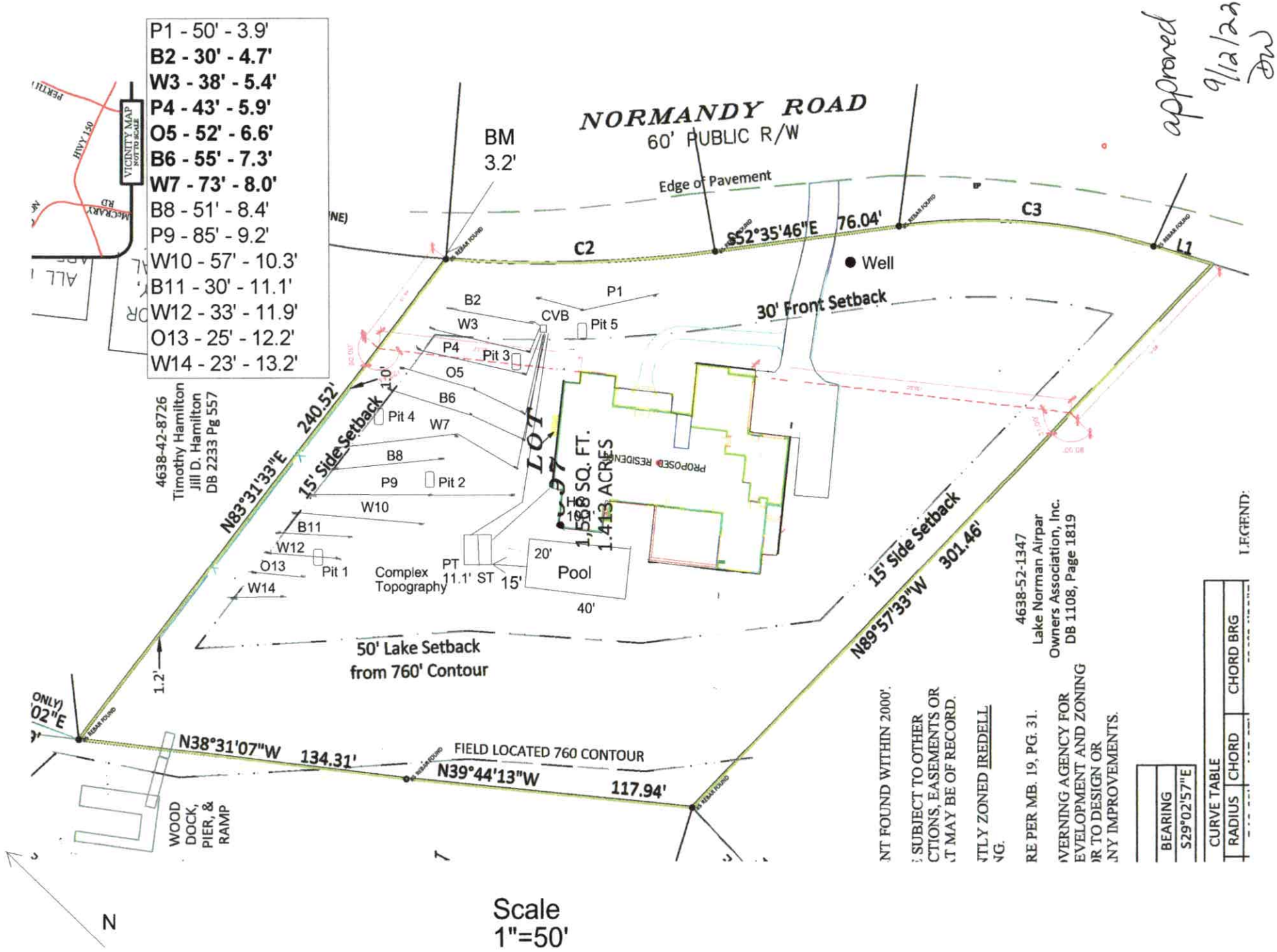
IMPROVEMENT PERMIT by: D. Mebane Date: 9/12/22 OPERATION PERMIT by: D. Mebane Date: 5/15/23

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 9/12/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	3/15/23	CW
Tanks Checked	3/15/23	CW
Pressure Manifold or Valve Box Checked	3/15/23	CW
Pressure Head Set	5/2/23	DW
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract Needed? (Y) / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


P1 - 50' - 3.9'
B2 - 30' - 4.7'
W3 - 38' - 5.4'
P4 - 43' - 5.9'
O5 - 52' - 6.6'
B6 - 55' - 7.3'
W7 - 73' - 8.0'
B8 - 51' - 8.4'
P9 - 85' - 9.2'
W10 - 57' - 10.3'
B11 - 30' - 11.1'
W12 - 33' - 11.9'
O13 - 25' - 12.2'
W14 - 23' - 13.2'
VICINITY MAP
NOT TO SCALE
HWY 150
McCRARY RD
NORMANDY ROAD
60' PUBLIC R/W
BM
3.2'
Edge of Pavement
C2
C3
L1
S52°35'46"E 76.04'
Well
30' Front Setback
B2
P1
W3
CVB
Pit 5
P4
Pit 3
O5
B6
Pit 4
W7
B8
P9
Pit 2
W10
B11
W12
O13
Pit 1
W14
Complex Topography
PT 11.1' ST 15'
20'
Pool
40'
LOT 97
1.413 ACRES
PROPOSED RESIDENCE
4638-42-8726
Timothy Hamilton
Jill D. Hamilton
DB 2233 Pg 557
N83°31'33"E 240.52'
15' Side Setback
1.0'
15' Side Setback
N89°57'33"W 301.46'
4638-52-1347
Lake Norman Airpar
Owners Association, Inc.
DB 1108, Page 1819
50' Lake Setback
from 760' Contour
1.2'
N38°31'07"W 134.31'
FIELD LOCATED 760 CONTOUR
N39°44'13"W 117.94'
WOOD DOCK, PIER, & RAMP
N
Scale
1"=50'
approved
9/12/22
NT FOUND WITHIN 2000'.
SUBJECT TO OTHER
CTIONS, EASEMENTS OR
T MAY BE OF RECORD.
TLY ZONED IREDELL
NG.
RE PER MB. 19, PG. 31.
VERNING AGENCY FOR
EVELOPMENT AND ZONING
R TO DESIGN OR
NY IMPROVEMENTS.
BEARING
S29°02'57"E
CURVE TABLE
RADIUS
CHORD
CHORD BRG
LEGEND:



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
8/17/2022

Reference: Data Sheet for 492 Normandy Rd, CL&T Sec 11 Lot 1097
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15'side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: TSII Pretreatment PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.9 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 11.4'
Friction Head: 1.7'
Pressure Head: 2'
Total Dynamic Head: 15.1'
Supply Line Length: 90' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20-24" (initial), 36" maximum (repair)



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			50'	3.9'
Blue 2	**30'**	**7**	**33'**	**4.7'**
White 3	**38'**	**9**	**39'**	**5.4'**
Pink 4	**43'**	**10**	**46'**	**5.9'**
Orange 5	**52'**	**12**	**53'**	**6.6'**
Blue 6	**55'**	**13**	**59'**	**7.3'**
White 7	**73'**	**17**	**77'**	**8.0'**
Blue 8			51'	8.4'
Pink 9			85'	9.2'
White 10			57'	10.3'
Blue 11			30'	11.1'
White 12			33'	11.9'
Orange 13			25'	12.2'
White 14			23'	13.2'

Initial System: 291'
Repair System: 354'
Pump Tank: 11.1'
House Corner: 10.1'
Benchmark: 3.2' top of iron

Comments:
The tanks will be adjusted due to the change in the pool location. No changes to the drainfield.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Angelo Saake_____ APPLICATION DATE_____
ADDRESS: 133 Orchard Farm Ln, Mooresville, NC 28117_____ DATE EVALUATED: _10/2020___
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.413 AC_____
LOCATION OF SITE: 492 Normandy Rd, CL&T Lot 1097_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 4%	0-20	FILL		Mn YB	60"	N/A	N/A	PS 0.25
		20-40	R C SBK	FR SS SP SXP					
		40-60	RY C SBK	FR SS SP SXP					
PIT 2	LS 4%	0-12	R CL WSBK	FR SS SP SXP	Mn YB	48"	N/A	N/A	PS 0.25
		12-21	Br CL WSBK	FR SS SP SXP					
		21-36	RBr CL WSBK	FR SS SP SXP					
		36-48	YR C SBK	FR SS SP SXP					
PIT 3	LS 4%	0-16	Br CL WSBK	FR SS SP SXP	Mn YB's @ 43"	64"	N/A	N/A	PS 0.275 TO 43"
		16-64	R C SBK	FR SS SP SXP					
PIT 4	LS 4%	0-12	Br SCL WSBK	FR SS SP SXP	Com Mn YB's @ 40"	50"	F-C SAP PS	N/A	PS 0.275 TO 40"
		12-40	RBr C SBK	FR SS SP SXP					
		40-50	R C SBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	873 FT^2	1062 FT^2
System Type(s)	Horz PPBPS	PPBPS
Site LTAR	0.275	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, 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)

08/17/2022 (Date)

Owner: Angelo Saake and Summer Shivers
Address: 492 Normandy Road
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
492 Normandy Rd PIN 4638429587 CL&T Lot 1097

I, Angelo Saake and Summer Shivers, 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 2020 for a system
(date)
LPPPBPS
(system name)

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

Angelo Saake Summer Shivers
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
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Angleo Saako & Summer Shivers Date: 9/12/22
Address: 133 Orchard Farm Ln, Mooresville, NC 28117

Subject: Notice of Intent to Revoke: 492 Normandy Rd, Mooresville NC 28117 #227982/312670 (Improvement Permit/Construction Authorization

Dear **Angleo Saako** & Summer Shivers :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 492 Normandy Rd, Mooresville NC 28117 #227982/312670 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type IV conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Suspend your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension will not go into effect. If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **9/12/22** . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Lisa Corbett.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

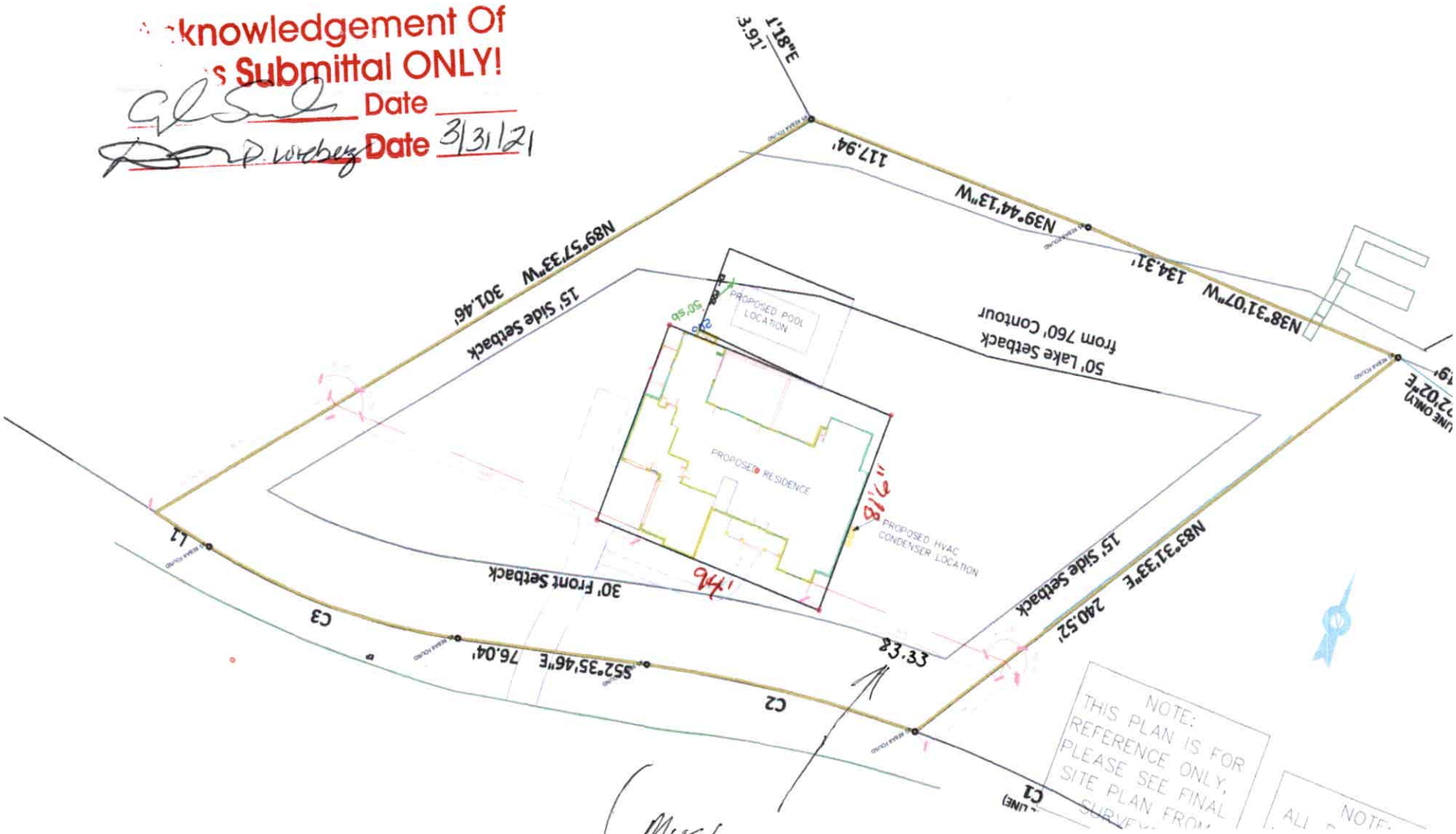
You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

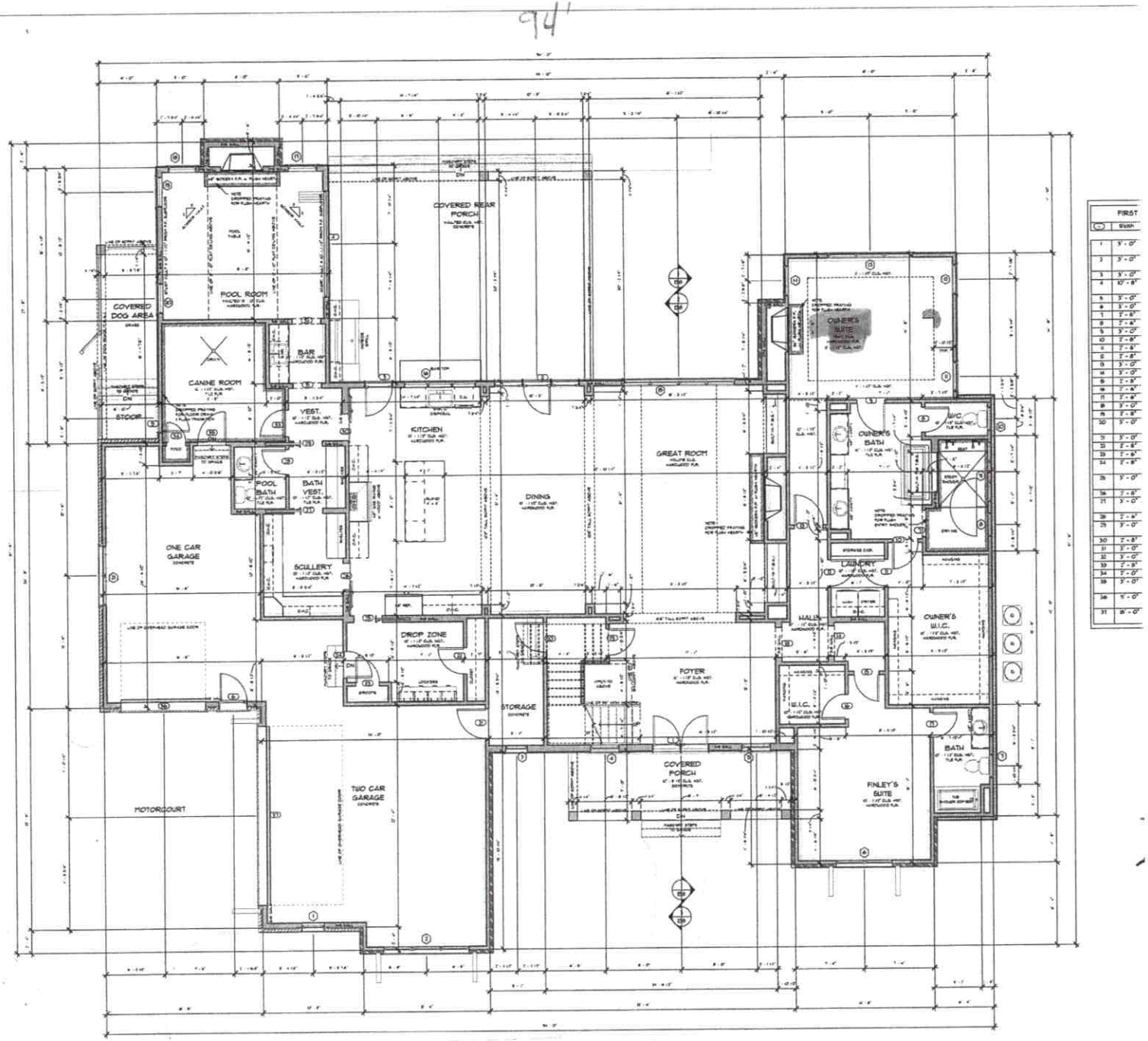
Sincerely,



Danielle Wieberg, MS, REHS

Signature of DHHS Authorized Agent


Acknowledgement Of
Is Submittal ONLY!
Date
Date 3/31/21
N89°57'33"W 301.46'
15' Side Setback
N39°44'13"W 117.94'
N38°31'07"W 134.31'
50' Lake Setback
from 760' Contour
PROPOSED POOL LOCATION
PROPOSED RESIDENCE
PROPOSED HVAC CONDENSER LOCATION
30' Front Setback
S52°35'46"E 76.04'
N83°31'33"E 240.52'
15' Side Setback
L1
C3
C2
C1
NOTE:
THIS PLAN IS FOR REFERENCE ONLY,
PLEASE SEE FINAL
SITE PLAN FROM
Must KEEP THIS
SET BACK
3/31/21



	FIRST
	Width
1	5' - 0"
2	3' - 0"
3	3' - 0"
4	10' - 8"
5	3' - 0"
6	3' - 0"
7	2' - 8"
8	2' - 6"
9	3' - 0"
10	2' - 8"
11	2' - 8"
12	2' - 8"
13	3' - 0"
14	3' - 0"
15	2' - 8"
16	2' - 8"
17	2' - 8"
18	3' - 0"
19	2' - 8"
20	3' - 0"
21	3' - 0"
22	2' - 8"
23	2' - 8"
24	2' - 8"
25	3' - 0"
26	2' - 8"
27	3' - 0"
28	2' - 8"
29	3' - 0"
30	2' - 8"
31	3' - 0"
32	3' - 0"
33	2' - 8"
34	2' - 8"
35	3' - 0"
36	5' - 0"
37	8' - 0"

1 B3 1ST FLOOR
1/4" = 1'-0"

ATTIC
HALL
BATH
BONUS
SUITE TWO
W.I.C.
OPEN TO BELOW
STUDY LOFT
BATH
ATTIC
W.I.C.
ATTIC

227982

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 312670

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

PIN # 4638 -42 -9587.

APPLICANT/OWNER: Summer Shivers & Angelo Sacks APPLICANT ADDRESS: 133 Orchard Farm Lane Mooresville NC 28117

SITE ADDRESS: 492 Normandy Rd Mooresville NC 28117 PHONE: 704-408-6968 ALT. PHONE —

SITE DIRECTIONS: Hwy 150 to Perth Rd L on Normandy Rd Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 11 LOT # 1097 LOT AREA: 1.413 Acres DESIGN FLOW: 480 L.T.A.R.: -275

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description: CP- Horizontal PPBPS -50% Reduct				☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description: TS-11 Pretreatment PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6		Linear Ft	291	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)		20	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See attached Site Plan
+ Proposal by Michael Athanas
+ Associates LSS

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.

Revoked

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**

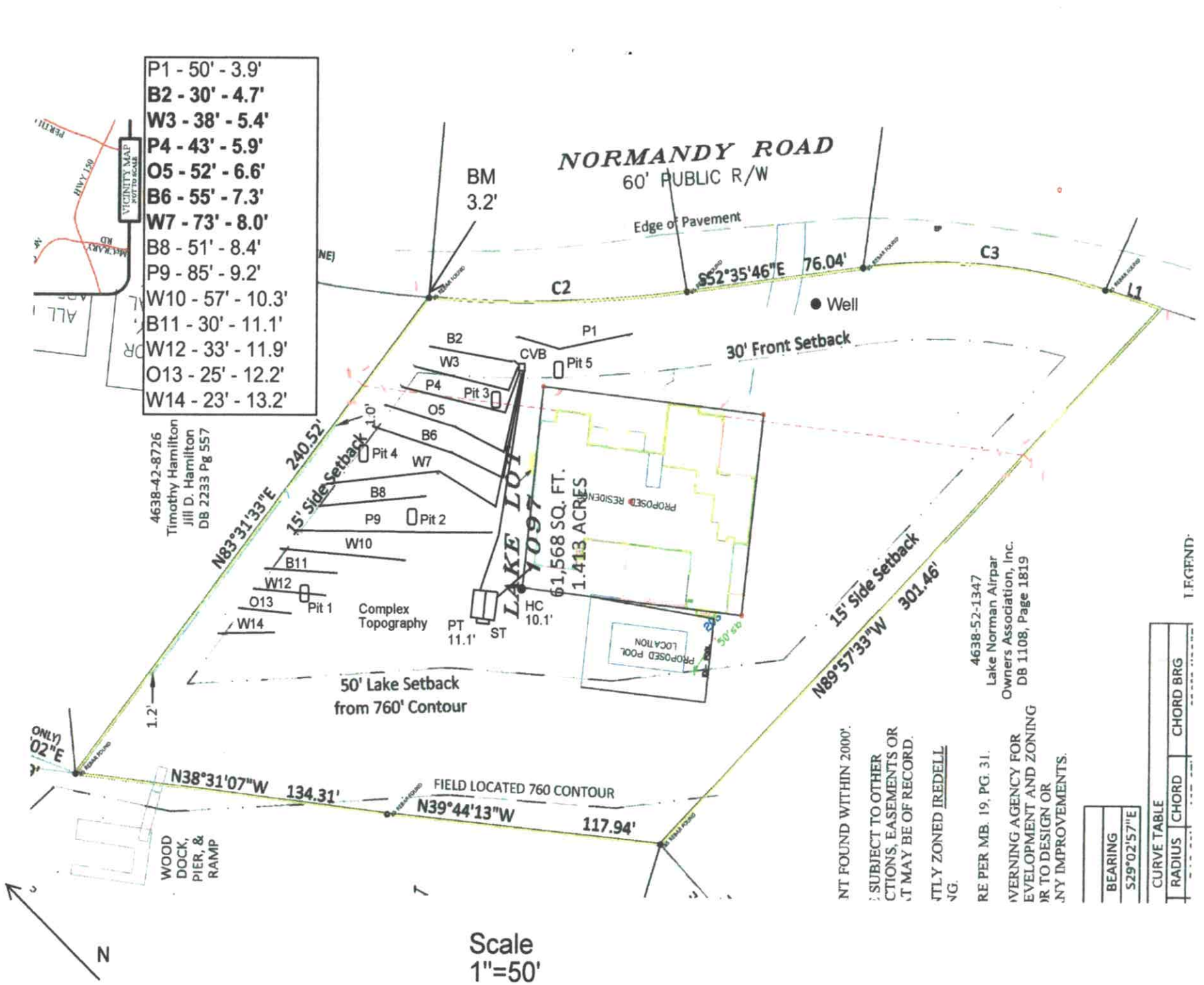
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin A Botkin Date: 12/14/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] D. Wiebers Date: 3/31/21 Existing System Inspected by: Date:

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


P1 - 50' - 3.9'
B2 - 30' - 4.7'
W3 - 38' - 5.4'
P4 - 43' - 5.9'
O5 - 52' - 6.6'
B6 - 55' - 7.3'
W7 - 73' - 8.0'
B8 - 51' - 8.4'
P9 - 85' - 9.2'
W10 - 57' - 10.3'
B11 - 30' - 11.1'
W12 - 33' - 11.9'
O13 - 25' - 12.2'
W14 - 23' - 13.2'
VICINITY MAP
NOT TO SCALE
NORMANDY ROAD
60' PUBLIC R/W
BM
3.2'
Edge of Pavement
C2
S52°35'46"E 76.04'
C3
L1
Well
30' Front Setback
B2
W3
P4
O5
B6
W7
B8
P9
W10
B11
W12
O13
W14
CVB
Pit 5
Pit 3
Pit 4
Pit 2
Pit 1
Complex Topography
PT 11.1'
ST
HC 10.1'
LAKE LOT 1097
61,568 SQ. FT.
1.413 ACRES
PROPOSED RESIDENCE
PROPOSED POOL LOCATION
4638-42-8726
Timothy Hamilton
Jill D. Hamilton
DB 2233 Pg 557
N83°31'33"E 240.52'
15' Side Setback
1.0'
15' Side Setback
N89°57'33"W 301.46'
4638-52-1347
Lake Norman Airpar
Owners Association, Inc.
DB 1108, Page 1819
50' Lake Setback
from 760' Contour
1.2'
N38°31'07"W 134.31'
FIELD LOCATED 760 CONTOUR
N39°44'13"W 117.94'
WOOD DOCK, PIER, & RAMP
N
Scale
1"=50'
NT FOUND WITHIN 2000'.
SUBJECT TO OTHER
CTIONS, EASEMENTS OR
T MAY BE OF RECORD.
RE PER MB. 19, PG. 31.
VERNING AGENCY FOR
EVELOPMENT AND ZONING
R TO DESIGN OR
NY IMPROVEMENTS.
BEARING
S29°02'57"E
CURVE TABLE
RADIUS
CHORD
CHORD BRG
LEGEND



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
11/6/2020

Reference: Data Sheet for 492 Normandy Rd, CL&T Sec 11 Lot 1097
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15'side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: TSII Pretreatment PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.9 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 11.4'
Friction Head: 1.7'
Pressure Head: 2'
Total Dynamic Head: 15.1'
Supply Line Length: 90' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20-24" (initial), 36" maximum (repair)



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			50'	3.9'
Blue 2	**30'**	**7**	**33'**	**4.7'**
White 3	**38'**	**9**	**39'**	**5.4'**
Pink 4	**43'**	**10**	**46'**	**5.9'**
Orange 5	**52'**	**12**	**53'**	**6.6'**
Blue 6	**55'**	**13**	**59'**	**7.3'**
White 7	**73'**	**17**	**77'**	**8.0'**
Blue 8			51'	8.4'
Pink 9			85'	9.2'
White 10			57'	10.3'
Blue 11			30'	11.1'
White 12			33'	11.9'
Orange 13			25'	12.2'
White 14			23'	13.2'

Initial System: 291'
Pump Tank: 11.1'
Repair System: 354'
House Corner: 10.1'
Benchmark: 3.2' top of iron

Comments:

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: WACcontracting Address: 127 E Promenade Dr. Mooresville Zip: 28117
Applicant Email: info@waccontracting.com Phone: 704.799.1752 Alt. Phone: 704.361.1085
Owner Name: Summer Shivers + Angelo Saake Address: 133 Orchard Farm Lane Mooresville NC Zip: 28117
Owner Email: dogdoctor78@yahoo.com Phone: 704.408.6968 Alt. Phone: _____

Property Information:

Street Address: 492 Normandy Rd. Mooresville NC 28117
Subdivision Name: CL&T Section/Phase: 11 Lot Number: 1097
Driving Directions: Hwy 150 to Perth Rd (L) on Normandy Lot on (R)

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

(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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (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.

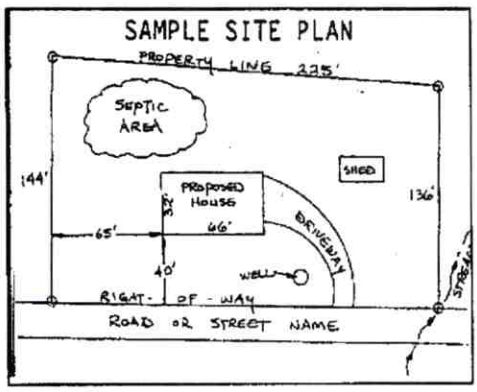
Signature: _____ 3/11/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

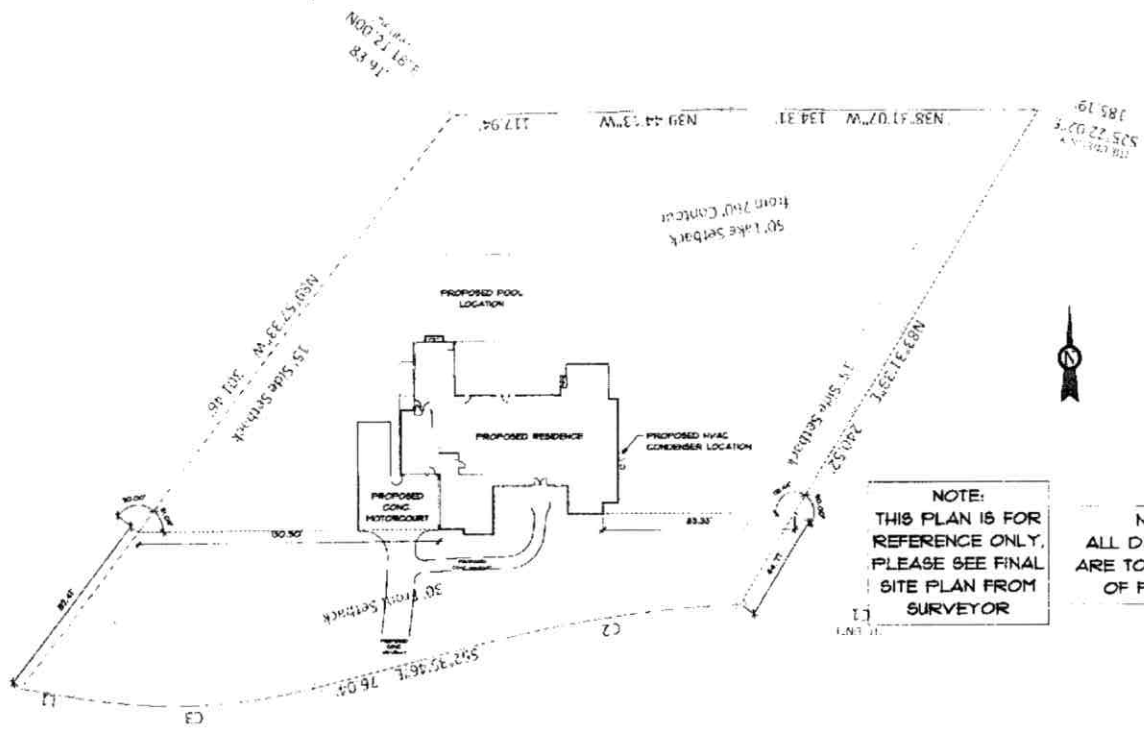
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

Signature: _____ _____

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



NOTE:
THIS PLAN IS FOR REFERENCE ONLY, PLEASE SEE FINAL SITE PLAN FROM SURVEYOR

NOTE:
ALL DIMENSIONS ARE TO EXTERIOR OF FRAMING

T/B2 SITE
1" = 20'-0"

SAAKE RESIDENCE

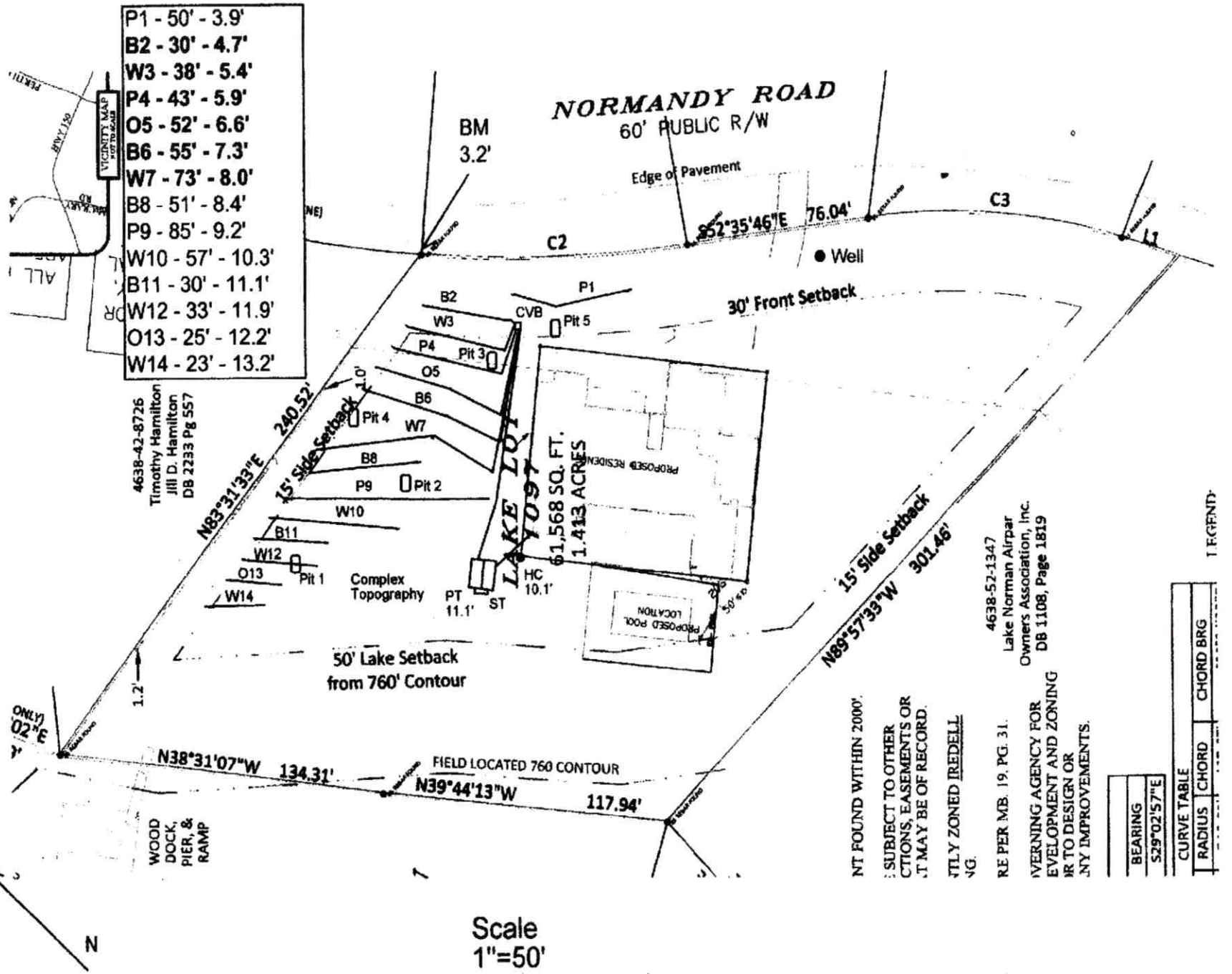
492 NORMANDY ROAD
IN
MOORESVILLE, NORTH CAROLINA

PROJECT:

SMITH | SLOVIK
residential design group

DATE: AUGUST 4, 2020
JOB NUMBER: 2018 - CLAY - SAAKE

B2


P1 - 50' - 3.9'
B2 - 30' - 4.7'
W3 - 38' - 5.4'
P4 - 43' - 5.9'
O5 - 52' - 6.6'
B6 - 55' - 7.3'
W7 - 73' - 8.0'
B8 - 51' - 8.4'
P9 - 85' - 9.2'
W10 - 57' - 10.3'
B11 - 30' - 11.1'
W12 - 33' - 11.9'
O13 - 25' - 12.2'
W14 - 23' - 13.2'
NORMANDY ROAD
60' PUBLIC R/W
BM
3.2'
Edge of Pavement
C2
C3
L1
S52°35'46"E 76.04'
Well
30' Front Setback
CVB
Pit 5
Pit 3
Pit 4
Pit 2
Pit 1
Complex Topography
PT
11.1'
ST
HC
10.1'
LAKE LOT
61,568 SQ. FT.
1.413 ACRES
15' Side Setback
N83°31'33"E 240.52'
15' Side Setback
N89°57'33"W 301.46'
50' Lake Setback
from 760' Contour
N38°31'07"W 134.31'
FIELD LOCATED 760 CONTOUR
N39°44'13"W 117.94'
4638-42-8726
Timothy Hamilton
Jill D. Hamilton
DB 2233 Pg 557
4638-52-1347
Lake Norman Airpar
Owners Association, Inc.
DB 1108, Page 1819
WOOD DOCK, PIER, & RAMP
PROPOSED RESIDENCE
PROPOSED POOL LOCATION
VICINITY MAP
NOT TO SCALE
NT FOUND WITHIN 2000'.
: SUBJECT TO OTHER
CTIONS, EASEMENTS OR
T MAY BE OF RECORD.
TLY ZONED IREDELL
G.
RE PER MB. 19, PG. 31.
VERNING AGENCY FOR
EVELOPMENT AND ZONING
R TO DESIGN OR
NY IMPROVEMENTS.
BEARING
S29°02'57"E
CURVE TABLE
RADIUS
CHORD
CHORD BRG
LEGEND
N
Scale
1"=50'

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Angela Sauls, am the legal owner(s) of the property located at 492 Normandy Road Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4638 42 9587, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WAC contracting 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.

_____ 3-12-21
Signature of Owner(s) 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

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 ****

_____ **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

____ **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.**

____ **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**.

____ **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 _____ **Date** 3/11/21

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

RECEIVED NOV 16 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

$350.00

APPLICATION FORM AP-227982 AP-312670 fees okay

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: Summer Shivers & Angelo Saake **Address:** 133 Orchard Farm Ln, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Angelo - 704-408-6968 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 492 Normandy Rd

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** 1097

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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: _____

(✓) 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: _____ 11/16/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

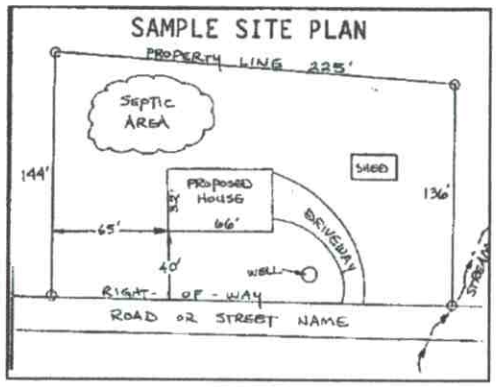
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

See attached plan

Signature: _____ 11/16/2020

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, 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)

11-12-2020 (Date)

Owner: Summer Shivers & Angelo Saake
Address: 133 Orchard Farm Ln
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
492 Normandy Road Mooresville, NC 28117
50% Reduction CLP - PPBPS)

Summer Shivers
I, Angelo Saake, 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 8/9/2018 (date) for a system

Pump 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 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, Summer Shivers & Angelo Swake, am the legal owner(s) of the property located at 492 Normandy Road Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-42-9587, 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.

11/13/2020 — Signature of Owner(s) — Date

11/13/2020 — 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

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 ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **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.**

✓ **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**.

✓ **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 non-refundable. 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 _____ **Date** 11/16/2020

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

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

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
12/14/2020

Owner: Summer Shaver and Angelo Saake
Address: 133 Orchard Farm Lane Mooresville

Subject: Notice of Intent to Revoke/Suspend _: 492 Normandy Rd Mooresville NC

Dear Summer Shaver and Angelo Saake :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 492 Normandy Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization IV determined the following violations:

Violation	Law or Rule Citation
Change in system design and flow	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General

RECEIVED NOV 1 6 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

$350.00

APPLICATION FORM AP-221982 AP-312670 Fee Only

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: Summer Shivers & Angelo Saake **Address:** 133 Orchard Farm Ln, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Angelo - 704-408-6968 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 492 Normandy Rd

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** 1097

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: _____ 11/16/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

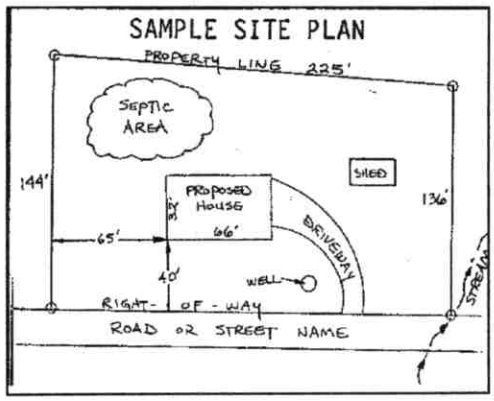
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) 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

See attached plan

Signature: _____ 11/16/2020

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



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
11/6/2020

Reference: Data Sheet for 492 Normandy Rd, CL&T Sec 11 Lot 1097
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15'side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 27.9 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 11.4'
Friction Head: 1.7'
Pressure Head: 2'
Total Dynamic Head: 15.1'
Supply Line Length: 90' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20-24" (initial), 36" maximum (repair)



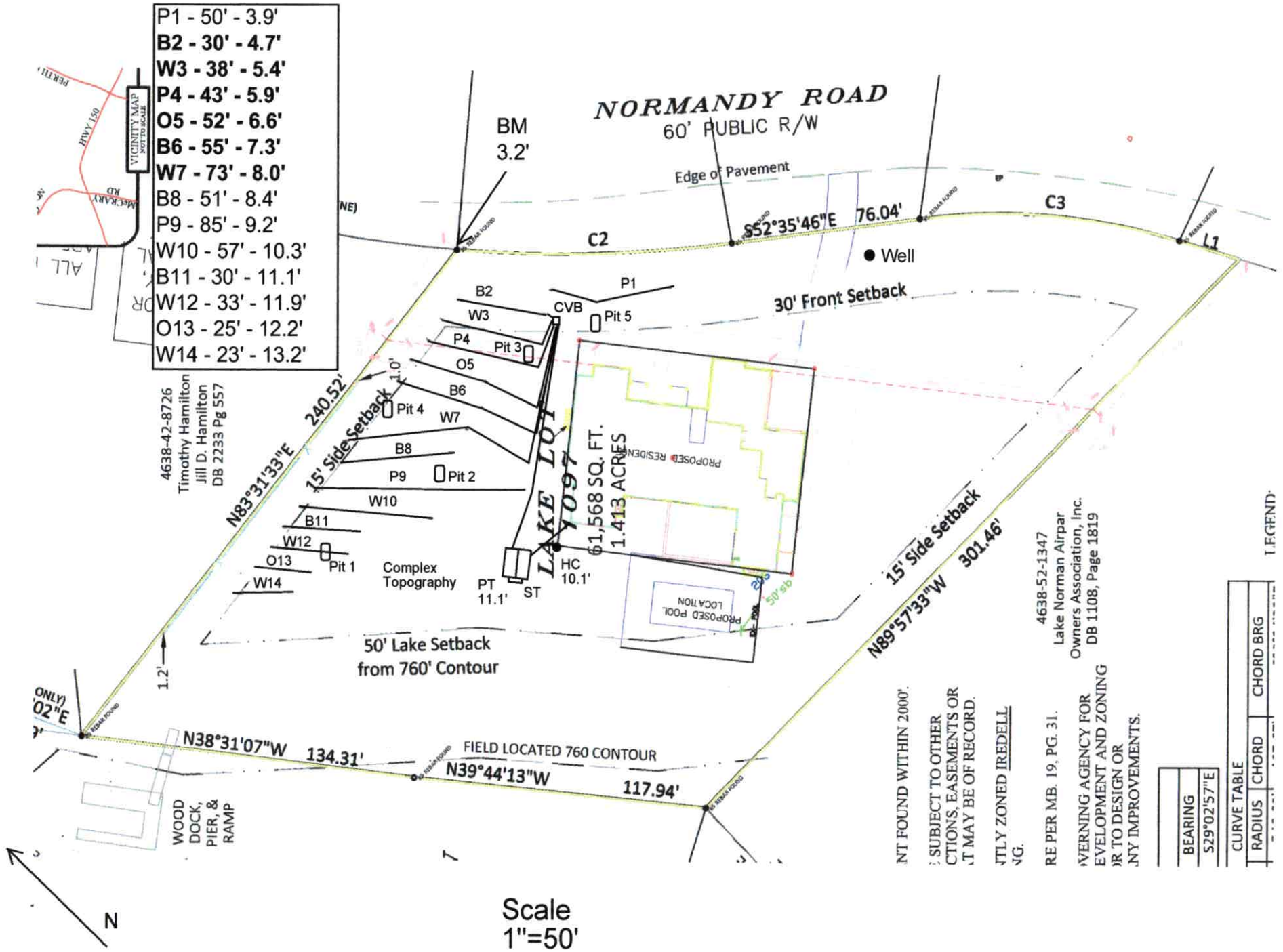
Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			50'	3.9'
Blue 2	**30'**	**7**	**33'**	**4.7'**
White 3	**38'**	**9**	**39'**	**5.4'**
Pink 4	**43'**	**10**	**46'**	**5.9'**
Orange 5	**52'**	**12**	**53'**	**6.6'**
Blue 6	**55'**	**13**	**59'**	**7.3'**
White 7	**73'**	**17**	**77'**	**8.0'**
Blue 8			51'	8.4'
Pink 9			85'	9.2'
White 10			57'	10.3'
Blue 11			30'	11.1'
White 12			33'	11.9'
Orange 13			25'	12.2'
White 14			23'	13.2'

Initial System: 291'
Pump Tank: 11.1'

Repair System: 354'
House Corner: 10.1'

Benchmark: 3.2' top of iron

Comments:


P1 - 50' - 3.9'
B2 - 30' - 4.7'
W3 - 38' - 5.4'
P4 - 43' - 5.9'
O5 - 52' - 6.6'
B6 - 55' - 7.3'
W7 - 73' - 8.0'
B8 - 51' - 8.4'
P9 - 85' - 9.2'
W10 - 57' - 10.3'
B11 - 30' - 11.1'
W12 - 33' - 11.9'
O13 - 25' - 12.2'
W14 - 23' - 13.2'
VICINITY MAP
NOT TO SCALE
NORMANDY ROAD
60' PUBLIC R/W
BM
3.2'
Edge of Pavement
C2
S52°35'46"E 76.04'
C3
L1
Well
30' Front Setback
B2
P1
W3
CVB
Pit 5
P4
Pit 3
O5
B6
Pit 4
W7
B8
P9
Pit 2
W10
B11
W12
O13
Pit 1
W14
Complex Topography
PT 11.1'
ST
HC 10.1'
LAKE LOT 1097
61,568 SQ. FT.
1.413 ACRES
PROPOSED RESIDENCE
PROPOSED POOL LOCATION
4638-42-8726
Timothy Hamilton
Jill D. Hamilton
DB 2233 Pg 557
N83°31'33"E 240.52'
15' Side Setback
1.0'
15' Side Setback
N89°57'33"W 301.46'
4638-52-1347
Lake Norman Airpar
Owners Association, Inc.
DB 1108, Page 1819
50' Lake Setback
from 760' Contour
1.2'
N38°31'07"W 134.31'
FIELD LOCATED 760 CONTOUR
N39°44'13"W 117.94'
WOOD DOCK, PIER, & RAMP
N
Scale
1"=50'
NT FOUND WITHIN 2000'.
SUBJECT TO OTHER
CTIONS, EASEMENTS OR
T MAY BE OF RECORD.
NTLY ZONED IREDELL
NG.
RE PER MB. 19, PG. 31.
VERNING AGENCY FOR
EVELOPMENT AND ZONING
R TO DESIGN OR
NY IMPROVEMENTS.
LEGEND
BEARING
S29°02'57"E
CURVE TABLE
RADIUS
CHORD
CHORD BRG

PROPERTY ID #: 4638429587_
COUNTY: __IREDELL_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Angelo Saake_____ APPLICATION DATE_____
ADDRESS: 133 Orchard Farm Ln, Mooresville, NC 28117_____ DATE EVALUATED: _10/2020___
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.413 AC_____
LOCATION OF SITE: 492 Normandy Rd, CL&T Lot 1097_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 4%	0-20	FILL		Mn YB	60"	N/A	N/A	PS 0.25
		20-40	R C SBK	FR SS SP SXP					
		40-60	RY C SBK	FR SS SP SXP					
PIT 2	LS 4%	0-12	R CL WSBK	FR SS SP SXP	Mn YB	48"	N/A	N/A	PS 0.25
		12-21	Br CL WSBK	FR SS SP SXP					
		21-36	RBr CL WSBK	FR SS SP SXP					
		36-48	YR C SBK	FR SS SP SXP					
PIT 3	LS 4%	0-16	Br CL WSBK	FR SS SP SXP	Mn YB's @ 43"	64"	N/A	N/A	PS 0.275 TO 43"
		16-64	R C SBK	FR SS SP SXP					
PIT 4	LS 4%	0-12	Br SCL WSBK	FR SS SP SXP	Com Mn YB's @ 40"	28"	F-C SAP PS	N/A	PS 0.275 TO 40"
		12-40	RBr C SBK	FR SS SP SXP					
		40-50	R C SBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	873 FT^2	1062 FT^2
System Type(s)	Horz PPBPS	PPBPS
Site LTAR	0.275	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4638429287____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 4%	0-31	RBr CL SBK	FR SS SP SXP	Few Mn	50"	N/A	N/A	PS 0.275
		31-50	R C SBK	FR SS SP SXP					

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, Summer Shivers & Angela Swake, am the legal owner(s) of the property located at 492 Normandy Road Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-42-9587, 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.

11/13/2020 — Signature of Owner(s) — Date

11/13/2020 — 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 HEALTH DEPARTMENT
JANE MURRAY, 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)

11-12-2020 (Date)

Owner: Summer Shivers & Angelo Sauke
Address: [redacted]133 Orchard Farm Ln
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
492 Normandy Road Mooresville, NC 28117
50% Reduction) CLP - PPBPS)

Summer Shivers
I, Angelo Sauke, 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 8/9/2018 (date) for a system

Pump 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/

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 *****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **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.**

✓ **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**.

✓ **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 non-refundable. 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 _____ **Date** 11/16/2020

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


NOTE:
THIS PLAN IS FOR
REFERENCE ONLY,
PLEASE SEE FINAL
SITE PLAN FROM
SURVEY
C1
C2
C3
L1
S52°35'46"E 76.04'
N83°31'33"E 240.52'
15' Side Setback
30' Front Setback
PROPOSED HVAC
CONDENSER LOCATION
PROPOSED RESIDENCE
PROPOSED POOL
LOCATION
50' Lake Setback
from 760' Contour
N38°31'07"W 134.31'
N39°44'13"W 117.94'
15' Side Setback
N89°57'33"W 301.46'
N 1.18°E
3.91'
REBAR FOUND

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227982

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

PIN # 4638-42-9587

APPLICANT/OWNER: Angelo Saake APPLICANT ADDRESS: 133 Orchard Farm Lane Mooresville, NC

SITE ADDRESS: 492 Normandy Rd. Mooresville, NC PHONE: 704-408-6968 ALT. PHONE

SITE DIRECTIONS: Perth Rd North from Rt 150 → L on Normandy Rd → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 11 LOT # 1097 LOT AREA: 1.410 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 290

Trench Width 24" Trench Bottom Depth(Low side) 34" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: 50% Reduction (LP-PPBPS)

Repair System Description: Drip (TS II Treatment)

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend setting control floats to dose the system 170 gallons per pumping event. Lake Buffer survey stakes must be present at time of final inspection for tank installation.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

LSS # 1252 (Michael Athanas)

Approved 8/9/2018

AS BUILT SKETCH

EVOKED

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: C L S. Sig Date: 8/21/2018 Installed by:

IMPROVEMENT PERMIT by: Tom Shuch Date: 8/9/2018 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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.

RECEIVED JUN 2 1 2017

Paid $500.00 online

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)

#227982

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 #
Angelo Saale	133 Orchard Farm LN Mooresville, NC 28117	704-408-6968	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Dunn	128 Wolf Hill Rd Mooresville, NC 28117	631-827-4776	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
492 Normandy Road Mooresville, NC	CL:T S11 Lot	1097

Driving Directions: Normandy Road is located off of Perth Road in Mooresville, NC near the UCN airport.

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: _____ 6-14-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

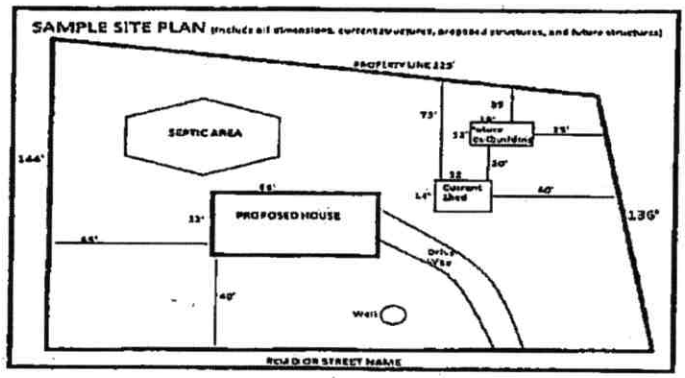
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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

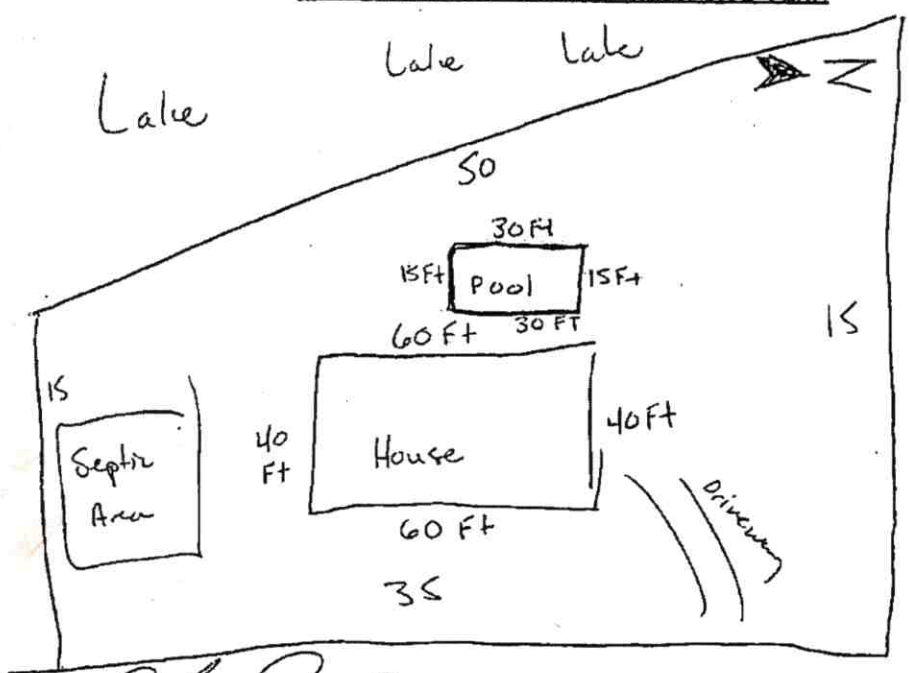
- X Front and side setbacks from property line...
- X Preferred driveway location and configuration, preferred well location...
- X Area you prefer your septic system to be placed...
- X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- X Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- X Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

REQUIRED property owner or owner's legal representative signature.

6-14-2017

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

A.S. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and **sign this green sheet** after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.

A.S. **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.

A.S. Clearly **mark all property corners**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

A.S. **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

A.S. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

A.S. In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

*Any site not meeting the above requirements when staff arrives for the evaluation will result in a **$100 site revisit fee** and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.*

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ Date 6-14-17

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

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, Boyd + Elaine Dunn, am the legal owner(s) of the property located at 492 Norman Rd Mooresville NC, identified as PIN (Parcel Identification Number) 1097, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Angelo Saulke, 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)	Date	Signature of Witness	Date
	6/13/17		6-13-17
Elaine Dunn	6/13/17		

Please return this signed form to the appropriate office:

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

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



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

Reference: Data Sheet for 492 Normandy Rd, CL&T Lot 1097
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: TSII Drip irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 39.53 GPM
Dosing Volume: 241.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 13.9'
Friction Head: 4.1'
Pressure Head: 2'
Total Dynamic Head: 20'
Supply Line Length: 130' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (initial), 6" (repair)

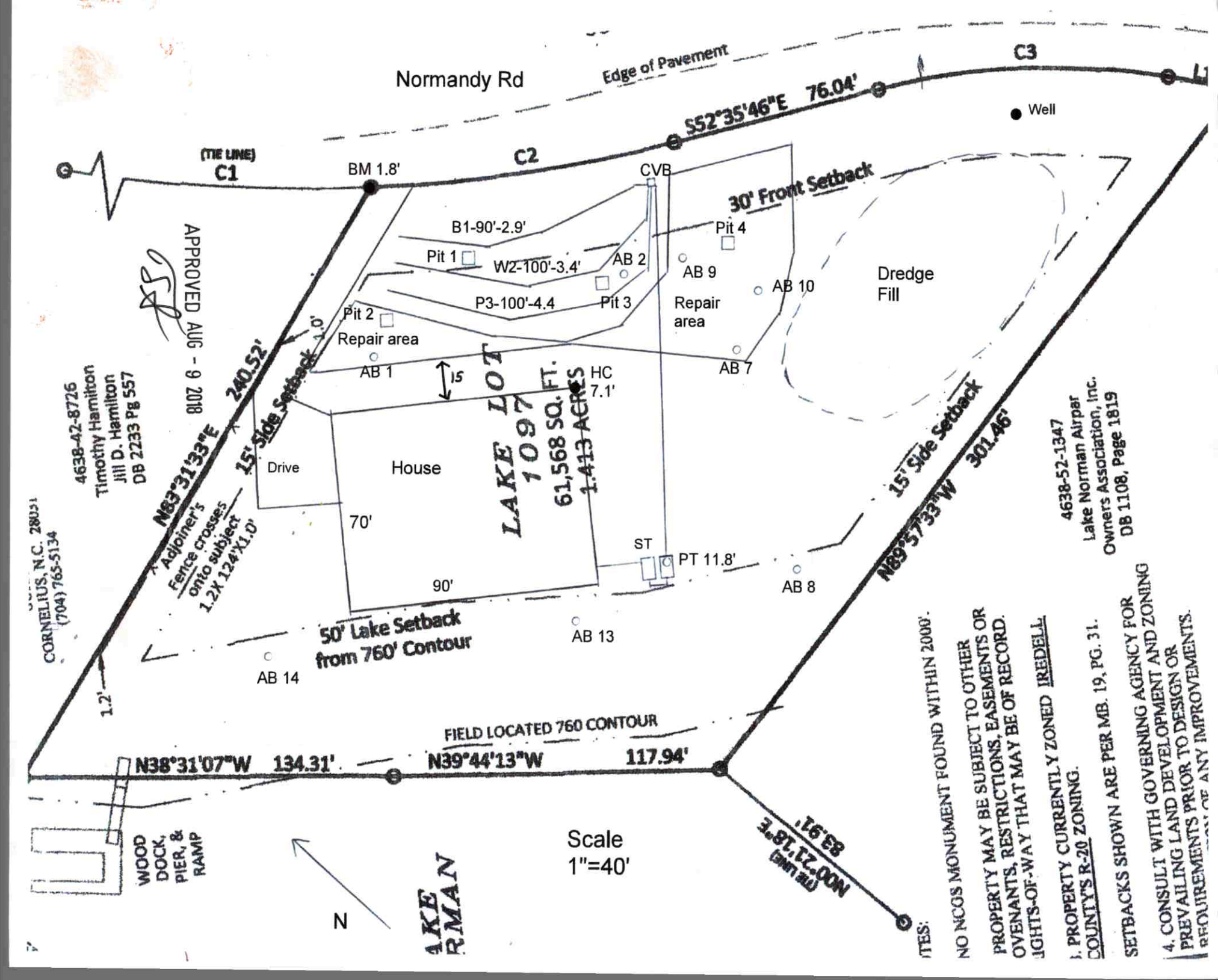


Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	90'	21	90'	2.9'
White 2	100'	23	100'	3.4'
Pink 3	100'	23	100'	4.4'

Initial System: 290' **Repair System:** 3840 FT^2
Pump Tank: 11.8' **House Corner:** 7.1' **Benchmark:** 1.8'

Comments:
MA&A designed the system at 0.275 GPD/FT^2. The repair is pretreated and is 15' from the house.

APPROVED AUG - 9 2018


Normandy Rd
Edge of Pavement
C3
S52°35'46"E 76.04'
Well
(TIE LINE)
C1
BM 1.8'
C2
CVB
30' Front Setback
B1-90'-2.9'
Pit 4
Pit 1
W2-100'-3.4'
AB 2
AB 9
AB 10
Dredge Fill
P3-100'-4.4
Pit 3
Repair area
Pit 2
Repair area
AB 1
AB 7
HC 7.1'
15'
LAKE LOT 1097
61,568 SQ. FT.
1.413 ACRES
APPROVED AUG - 9 2018
4638-42-8726
Timothy Hamilton
Jill D. Hamilton
DB 2233 Pg 557
N83°31'33"E 240.52'
15' Side Setback
Drive
House
70'
Adjoiner's Fence crosses onto subject 1.2'X 124'X1.0'
90'
ST
PT 11.8'
AB 8
15' Side Setback
N89°57'33"W 301.46'
4638-52-1347
Lake Norman Airpar Owners Association, Inc.
DB 1108, Page 1819
CORNELIUS, N.C. 28031
(704) 765-5134
50' Lake Setback from 760' Contour
AB 13
AB 14
1.2'
FIELD LOCATED 760 CONTOUR
N38°31'07"W 134.31'
N39°44'13"W 117.94'
N00°21'18"E 83.91'
(TIE LINE)
WOOD DOCK, PIER, & RAMP
Scale 1"=40'
N
AKE RMAN
NO NCGS MONUMENT FOUND WITHIN 2000'.
PROPERTY MAY BE SUBJECT TO OTHER OVENANTS, RESTRICTIONS, EASEMENTS OR IGHTS-OF-WAY THAT MAY BE OF RECORD.
1. PROPERTY CURRENTLY ZONED IREDELL COUNTY'S R-20 ZONING.
SETBACKS SHOWN ARE PER MB. 19, PG. 31.
4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR

PROPERTY ID #: 4638429587_
COUNTY: __IREDELL_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Angelo Saake_____ APPLICATION DATE_____
ADDRESS: 133 Orchard Farm Ln, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.413 AC_____
LOCATION OF SITE: 492 Normandy Rd, CL&T Lot 1097_____ 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 4%	0-12	RBr CL WSBK	FR SS SP SXP	Mn	59"	N/A	N/A	PS 0.3
		12-44	R C SBK	FR SS SP SXP					
		44-59	R CL WSBK	FR SS SP SXP					
PIT 2	LS 4%	0-12	RBr CL WSBK	FR SS SP SXP	Mn	58"	N/A	N/A	PS 0.3
		12-43	R C SBK	FR SS SP SXP					
		43-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 4%	0-8	RBr CL WSBK	FR SS SP SXP	Mn	54"	N/A	N/A	PS 0.3
		8-54	R C SBK	FR SS SP SXP					
PIT 4	LS 4%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	28"	F-C SAP PS	N/A	PS 0.3
		3-28	R C SBK	FR SS SP SXP					
		28-55	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	870 FT^2	3840+ FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.275	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck 8/2/18
APPROVED AUG - 9 2018

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4638429287____
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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	
AB 1	LS 4%	0-8	BrR CL WSBK	FR SS SP SXP	Few Mn	48"	N/A	N/A	PS 0.3
		8-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 4%	0-12	RBr CL WSBK	FR SS SP SXP	N/A	48"	Few SAP	N/A	PS 0.3
		12-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP					
AB 7	LS 4%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-37	R C SBK	FR SS SP SXP					
		37-48	R CL WSBK	FR SS SP SXP					
AB 8	LS 6%	0-20	YR C SBK	FR SS SP SXP	F-C YB CHR 2 @ 20"	20"	N/A	N/A	DRIP 0.1-0.125
AB 9	LS 5%	0-24	RY C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		24-48	RY CL WSBK	FR SS SP SXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4638429587
DATE OF EVALUATION: _____
COUNTY: IREDELL

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	
AB 10	LS 5%	0-27	RY CL WSBK	FR SS SP SXP	CHR 2 @ 27"	27"	N/A	N/A	PS 0.3
AB 13	LS 5%	0-25	RY C SBK	FR SS SP SXP	F-C YB CHR 2 @ 25"	25"	N/A	N/A	DRIP 0.1-0.125
AB 14	LS 5%	0-20	RY C SBK	FR SS SP SXP	F-C YB CHR 2 @ 20"	20"	N/A	N/A	DRIP 0.1-0.125

COMMENTS: _____