IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229239

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

PIN # 4638-66-9274

APPLICANT/OWNER: LEE EASTER APPLICANT ADDRESS: 227 HIDEAWAY LN. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-310-1832 ALT. PHONE → GARY MCNEELY

SITE DIRECTIONS: PERTH, TL HIDEAWAY, ON L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLT SECTION: 14 LOT # 1056 LOT AREA: .94AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	PUMP TO CONVENTIONAL +25%	☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	PPISPS	☒ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

EXISTING

Comments / Conditions:	
	POOL

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

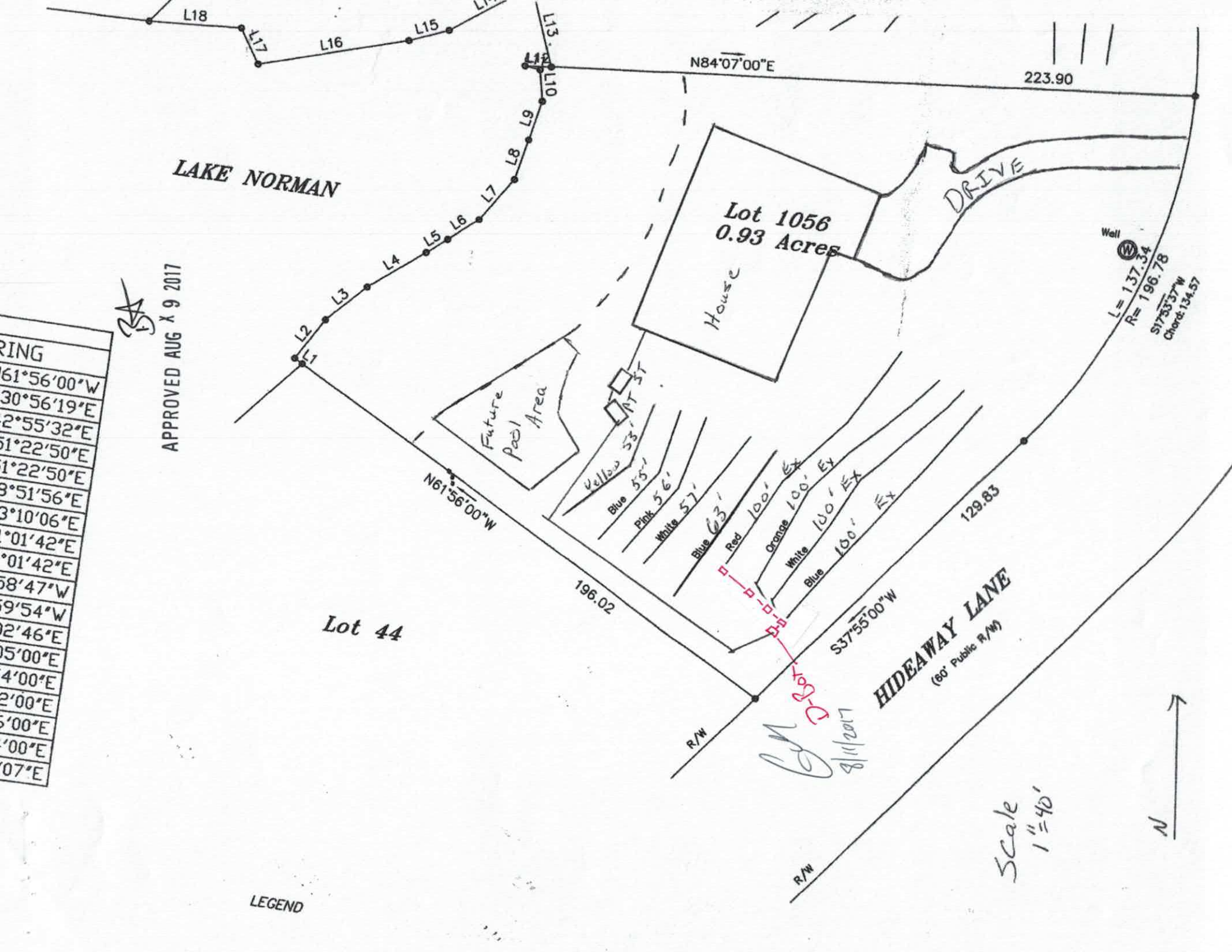
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 8/11/2017 Installed by:

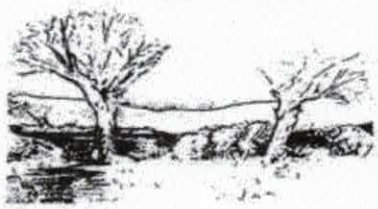
IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED AUG 09 2017



RING
61°56'00"W
30°56'19"E
2°55'32"E
51°22'50"E
1°22'50"E
8°51'56"E
3°10'06"E
°01'42"E
°01'42"E
58'47"W
59'54"W
92'46"E
05'00"E
4'00"E
2'00"E
5'00"E
'00"E
07"E

BA
APPROVED AUG X 9 2017



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

Reference: Data Sheet for 227 Hideaway Ln.
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Existing well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Existing System Type: Conventional/25% reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: Existing
Tap Size and Material: Existing
System Flow: Existing
Dosing Volume: Existing
Pump Run Time: Existing
Elevation Head: Existing
Friction Head: Existing
Pressure Head: Existing
Total Dynamic Head: Existing
Supply Line Length: Existing
Septic/Pump Tank Size: 1000/1000 gallons (existing)
Proposed Trench Bottom: Existing (initial), 36" (repair)

Line	Length
Blue 1 (ex)	**100'**
White 2 (ex)	**100'**
Orange 3 (ex)	**100'**
Red 4 (ex)	**100'**
Blue 5	63'
White 6	57'
Pink 7	56'
Blue 8	55'
Yellow 9	53'

Initial System: 400' (existing) **Repair System:** 284'

Comments:
The purpose of this evaluation is to alter the repair area to make room for a future pool. In 2013, ICHD approved an expansion from a three bedroom conventional system to a four bedroom system by adding 100' of 25% Reduction. The initial system will not be changed to accommodate the future pool.

RECEIVED AUG 4 - 2017

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)

Paid $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X Existing System Inspection

#229239

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X 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:

Lee Easter	227 Hideaway Ln Mooresville NC 28117		Gary 704 310-1852
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SAME			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

227 HideAway Ln	CLT	Sec/4 Lot 1056
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Perth N, TL Hideaway, on Lt

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

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

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

( ) 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:

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

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) 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: _____ 8/4/2017

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, IRVIN Lee EASTER, am the legal owner(s) of the property located at 227 Hideaway Lane, Mooresville NC, identified as PIN (Parcel Identification Number) 4638-65-9491, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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
I. Lee Easter	8-3-17		
Mary M Easter	8-3-17		

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

Authorize

Z:Shared/EH_Admin/Forms/OSWP/Document to

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:

_____ Property Line measurements are clearly identified… **_____ 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

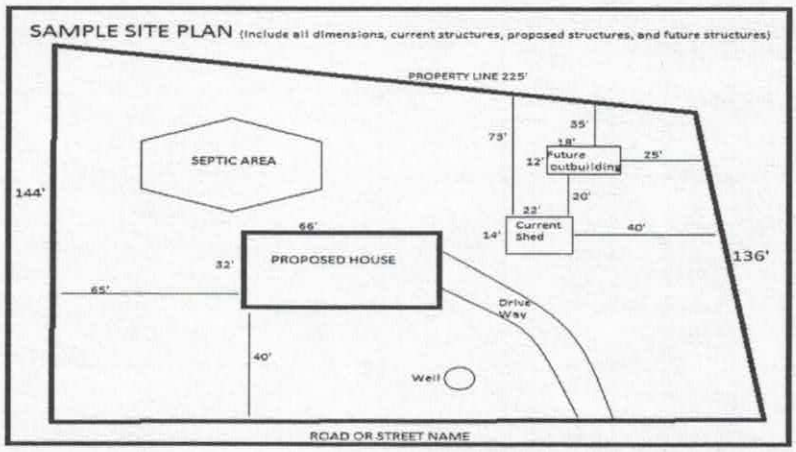
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

8/4/2017

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
229239
Issue Date: 08/04/2017

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638669274.000	227 HIDEAWAY LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EASTER IRVIN LEE+MARY M	Applicant: MICHAEL ATHANAS & ASSO
Address: 227 HIDEAWAY LANE MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.940	35.00	50.00	10.00	10.00	CACL	AE

Remarks:

PAID 8/4

Swimming Pool Zoning Permit: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: See Attached Date: _____

Permit Number	111276	TOTAL FEES:	$ 77.25