IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225751

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

PIN # 4639711578

APPLICANT: John Domino APPLICANT ADDRESS: 116 Tea Olive Ln Mooresville, NC 28117

SITE ADDRESS: 116 Tea Olive Ln Mooresville, NC PHONE: 704 508-2044 ALT. PHONE: 813 494-4954

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Lorain Ln TR Baycrossing TR Tea Olive on right

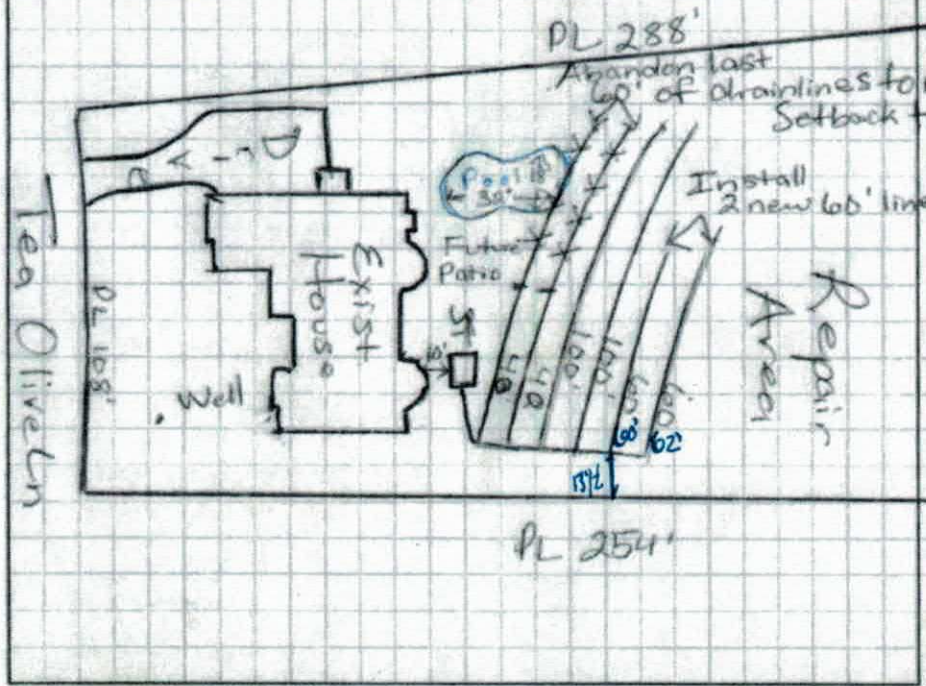
SUBDIVISION: Bay Crossing SECTION: 1 LOT # 82 LOT AREA: .41 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	Exist 1500	(gal)	STB	ext	Date	ext	☒ 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:	Gravity - 25% Reduction				☐ Business	No. Persons		☒ Private						
Pump Make		Model			Serial #		Repair System Description:	25% - 50% Reduction				☒ Other Pool	No. Employees		☐ Public						
# Nitrification Fields	1	# Lines	2		Linear Ft:	120'	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community						
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing								

Comments / Conditions: Note: Properly abandon drainlines within 15ft of pool "cut" and fill from patio. Install 2 new drainlines "Serial distribution" to make up difference

INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH

** Must Relocate drainlines prior to excavating for swimming pool

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: John Domino Date: 4/19/17 Installed by: R+H of Lake Norman Chris Hedrick

IMPROVEMENT PERMIT by: Myra Dotson RS Date: 4/17/17 OPERATION PERMIT by: Carla C. Cave Date: 3/9/18

AUTHORIZATION TO CONSTRUCT by: Myra Dotson RS Date: 4/17/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Relocation

(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)

RECEIVED MAR 2 0 2017

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00 #225751
   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

Call before going out

3. Applicant Information:

John P Domino	116 Tea Olive Lane, 28117	7045082044	813 494 4959
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

116 Tea Olive Lane, Mooresville NC 28117	Bay Crossing	Lot 82
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 to 150 West, North on Perth, Left on Live, Right on Bay Crossing, Right on Tea Olive, 2nd house on right #116

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(X) Other Probable relocation of drainlines for a pool

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 04 (Year)

( ) Alternative ( ) 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: John P Domino
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-20-2017
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:

_____ 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

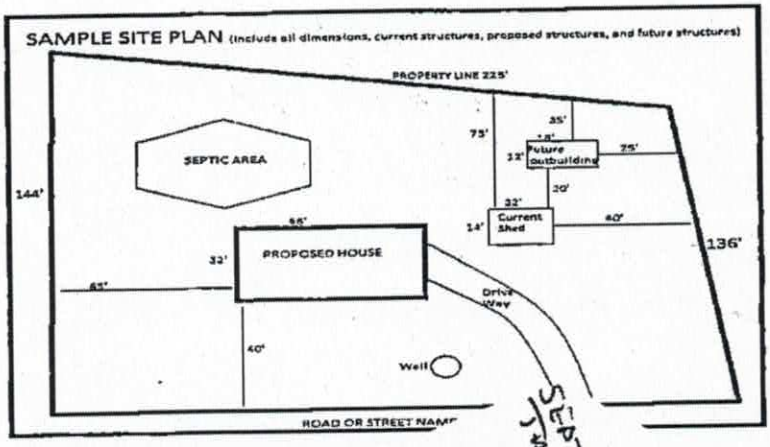
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

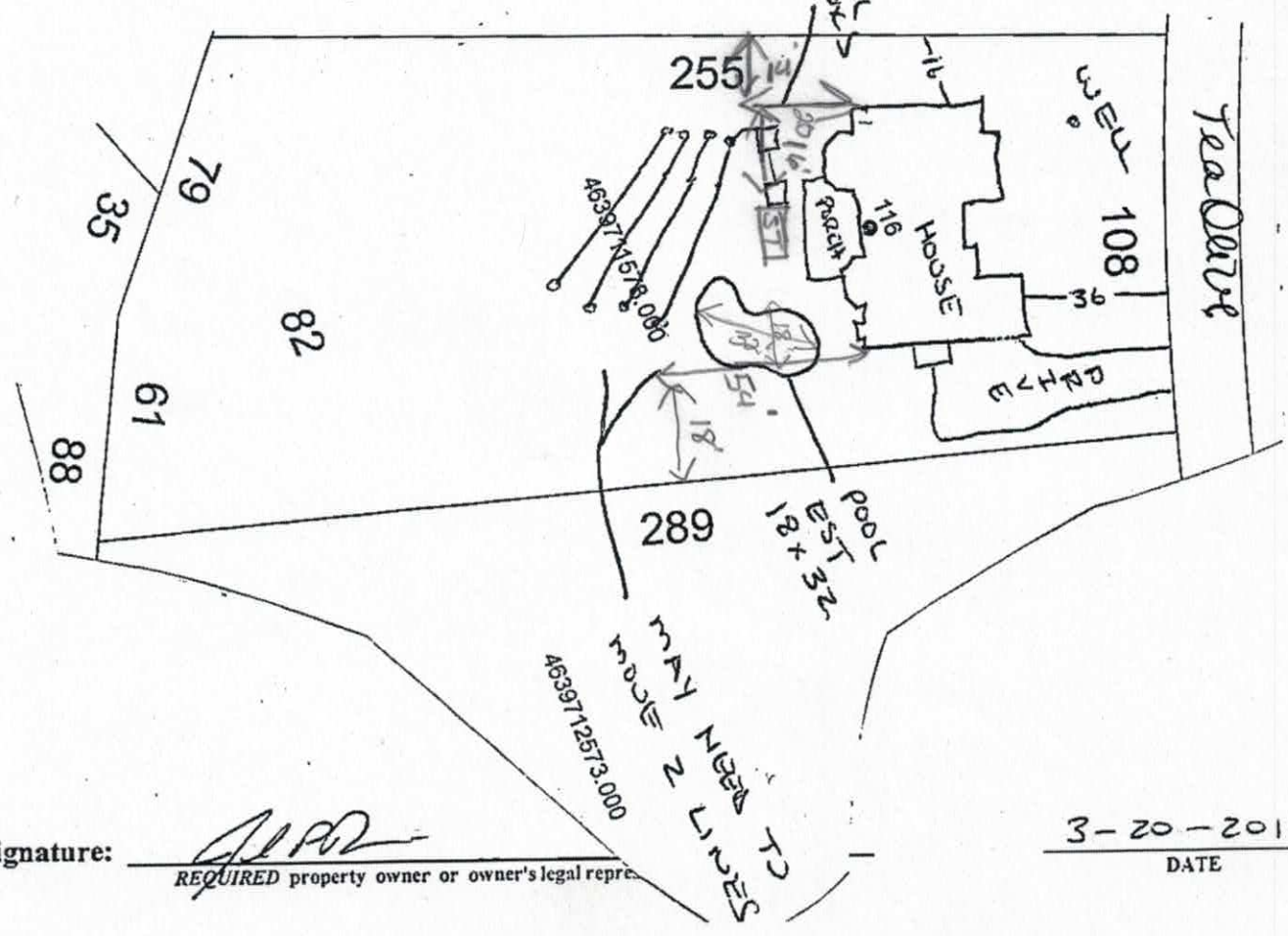
Circle N/A on the following if appropriate:

_____ 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**

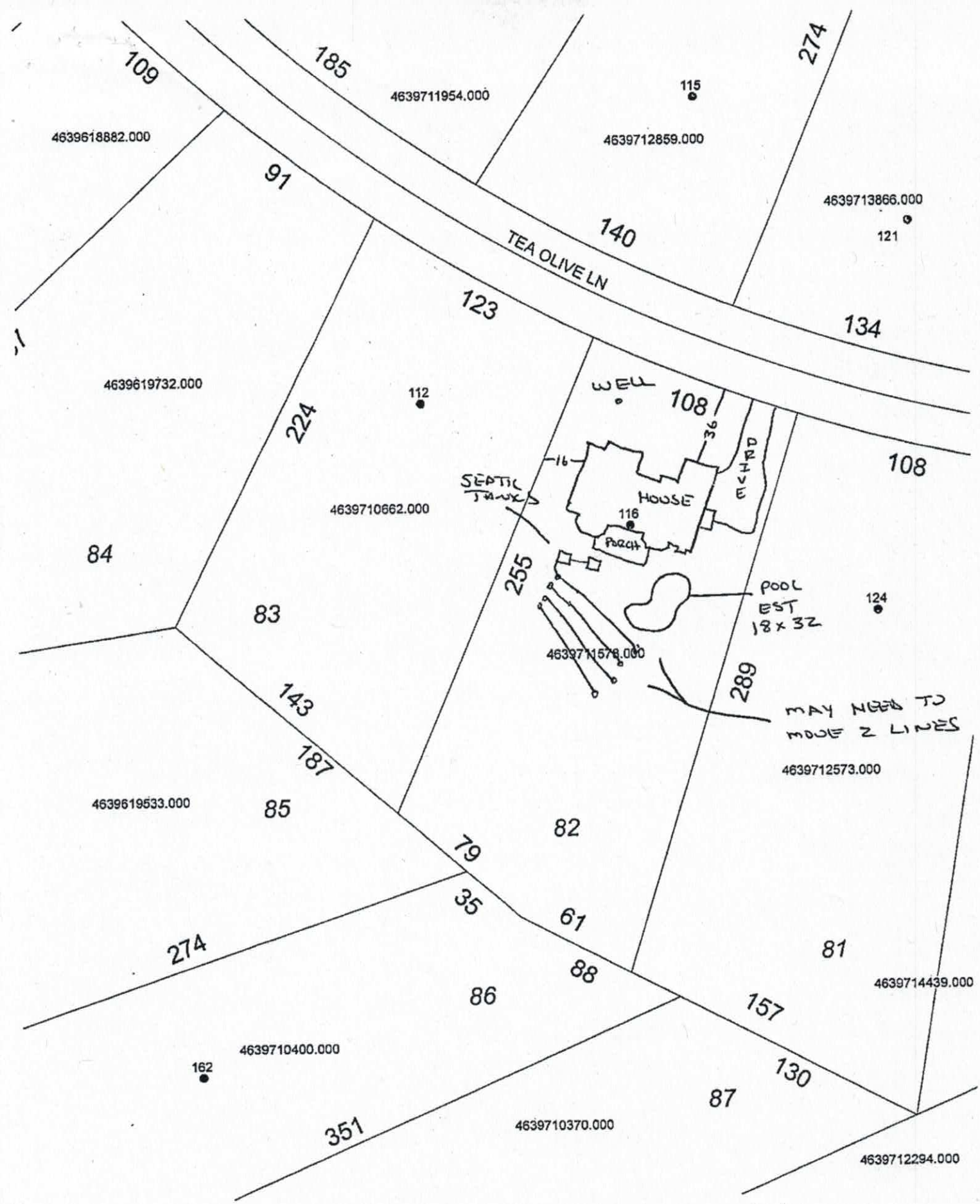


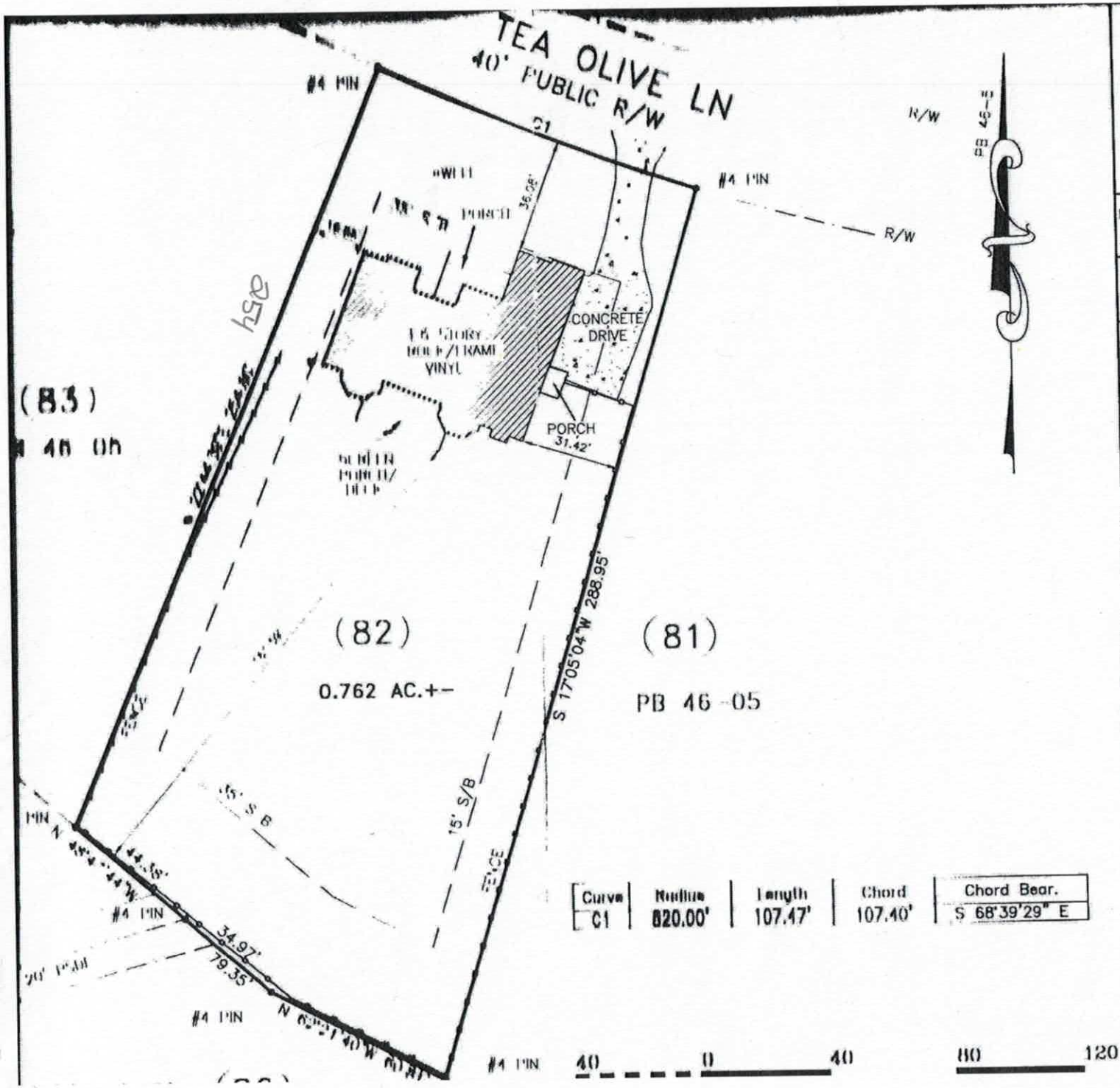
Keep +
43' on 1st line
42' on 2nd



Signature: _____ 3-20-2014

REQUIRED property owner or owner's legal repre… **DATE**


109
185
4639711954.000
115
274
4639618882.000
4639712859.000
91
4639713866.000
121
TEA OLIVE LN
140
123
134
4639619732.000
112
WELL
108
224
36
16
SEPTIC TANK
HOUSE
ECHRD
108
4639710662.000
116
Porch
84
255
POOL
EST
18x32
124
83
4639711578.000
289
143
MAY NEED TO MOVE 2 LINES
187
4639712573.000
4639619533.000
85
82
79
35
61
274
81
88
4639714439.000
86
157
4639710400.000
162
130
87
351
4639710370.000
4639712294.000



FOR

JOHN & JACKIE DOMINO

LOT #82 OF BAY CROSSING SUBD.
@ 116 TEA OLIVE LN, MOORESVILLE NC

DATE: 9-15-13	DB: 2094	PG: 1533
SCALE: 1" = 40'	DB:	PG:
	PB: 46	PG: 05

DAVIDSON TOWNSHIP
IREDELL COUNTY, NC

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 – DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

PROFESSIONAL LAND SURVEYOR — 3762 LICENSE NO.

SURV. BY: BL	DRAWN: CP	JOB# BL82TEA

VICINITY MAP



IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 12220 PIN# 4639 [illegible] 91-1578 DATE 11/9/07

OWNER OR CONTRACTOR HECHT PROPERTIES - Adam Stockman PHONE: Business 857-2651 Home

ADDRESS 585 (N) Hwy 16 DENVER NC 28037

LOCATION DEPOT ST - TR LEVER LN - TR LAKECROSSING - TR. IRON CREEK LN ON R.T.

SUBDIVISION LAKECROSSING BLOCK / SECTION 1 LOT 52 LOT AREA .71Ac SITE CLASS IB DESIGN FLOW 600gpd L.T.A.R. 360/480

Septic Tank: 1000 Gallons STB 528 Date 5-2-07

Pump Tank: 1500 Gallons PT Date

Pump Make: Model Serial No

Sterilization: Req.: No Reds 1 Square Feet 1605 Linear Feet 535

No Lines 5 6 10 7' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (Gravity) II, III, IV

System Description: CLASS V CONVENTIONAL

Repair System Description: CLASS V CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bedrooms 4

☐ Bluegrass No. Employees

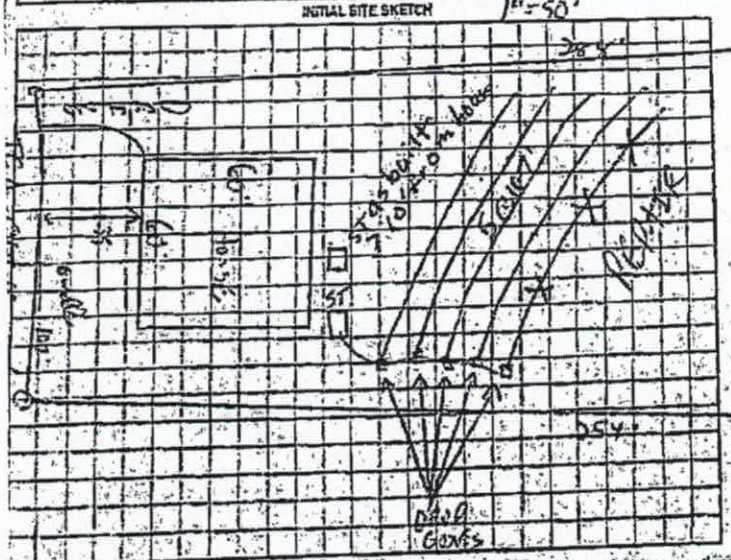
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

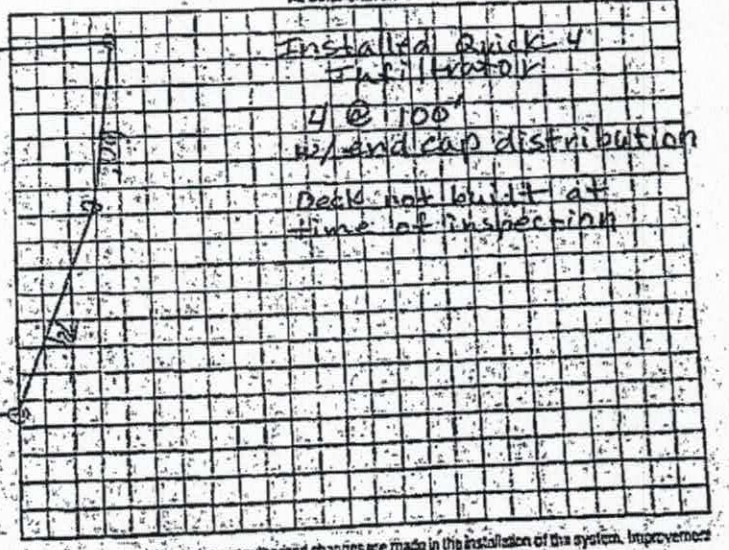
Comments/Conditions:

Comments/Corrections: yellow tuf-tite filter ST w/ green plastic risers

INITIAL SITE SKETCH 1"=50'



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. Improvement Permit is valid for one (1) year. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 11-22-06 Installed by: A-1 Backhoe date 9-21-07

Improvement Permit by: [signature] date 11/9/06 Operation Permit by: Cindy Melville date

Authorization to Construct by: [signature] date 5/23/06 Existing System Inspection by:

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY

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

APPLICATION NUMBER
225751
Issue Date: 03/20/2017

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4639711578.000	116 TEA OLIVE LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: DOMINO JOHN PAUL+JACLYN S Address: 116 TEA OLIVE LANE MOORESVILLE, NC 28117 Phone:	Applicant: DOMINO JOHN PAUL+JACLY Address: 116 TEA OLIVE LANE MOORESVILLE, NC 28117 Phone:	Contractor: DOMINO JOHN PAUL+JACLY Address: 116 TEA OLIVE LANE MOORESVILLE, NC 28117 Phone: License Type License Number

Project Description

RESIDENTIAL POOL/SPA - IREDELL

Scope of Work

POOL

Permit Details:

TECHNOLOGY FEE - PLANNING	Amount:	2.25
IREDELL COUNTY ZONING	Amount:	75.00
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

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. BACK SETBACK TO POOL COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE PROPERTY LINES.

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

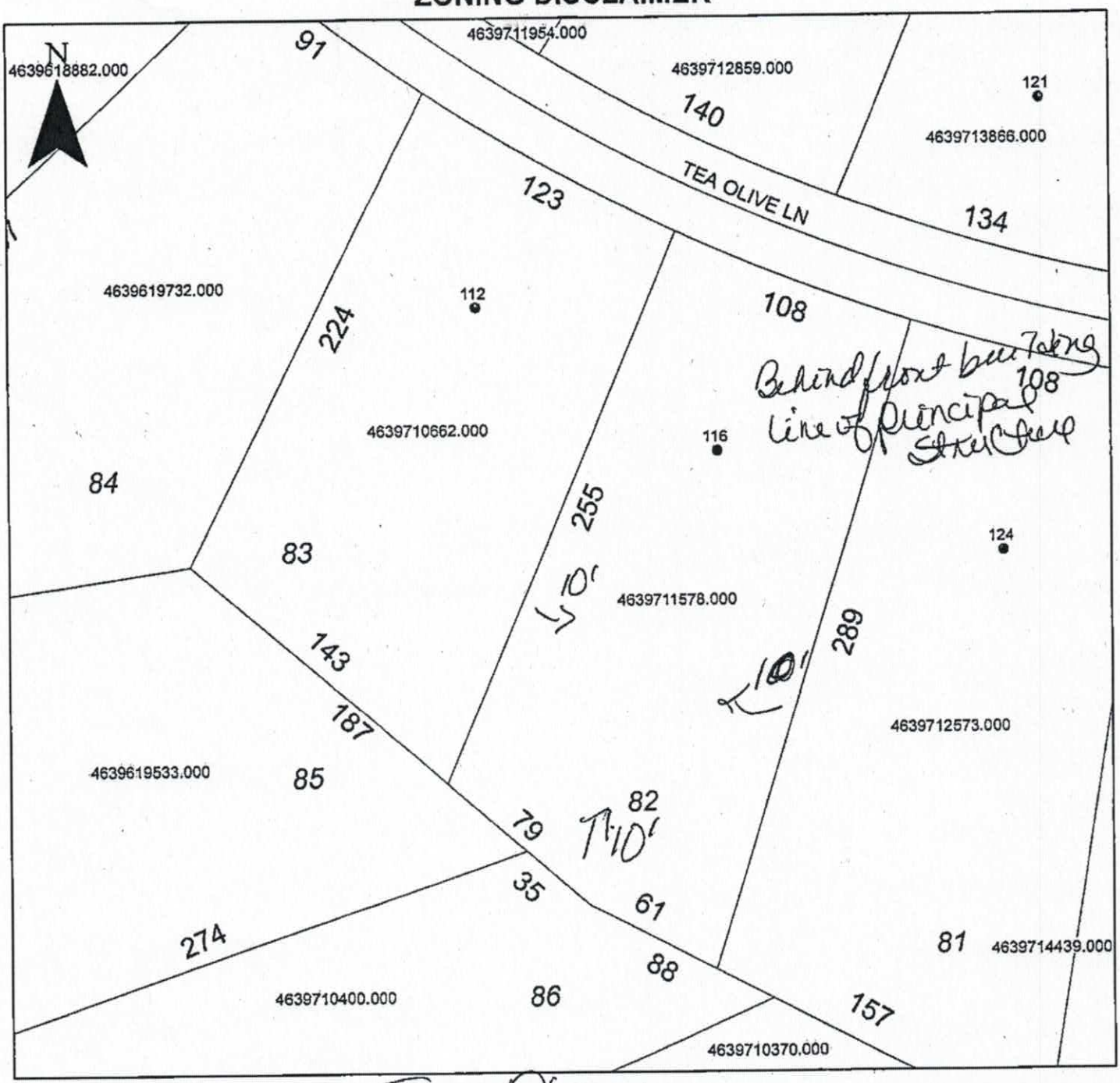
Date: 03/20/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	96982	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1116 Tea Olive

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. Applicant further acknowledges that the 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

3-20-2017
Date