Paid $195.00 Statesville Inst. Relayout PH 12-18-13

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:

Applicant Name: Michael Athanasiu **Address:** 1999 Candlewick Dr Fort Mill SC 29715 **Phone:** 2093101852

Owner Name: Kevin Perpete **Address:** 139 Tea Olive Ln Mooresville NC 28117 **Phone:** _____

Property Information:

Street Address: 139 Tea Olive Ln

Subdivision Name: Bay crossing **Section/Phase:** _____ **Lot Number:** 72

Driving Directions: 150 W, TR Perth, TL Liva, TR Baycrossing, TR Tea Olive, on LT

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 12/18/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

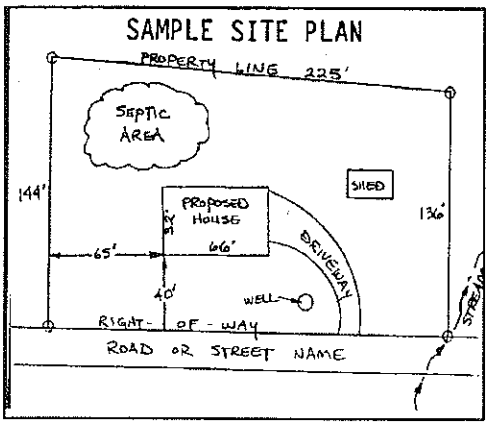
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____

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

12/18/2013

DATE



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Baycrossing SD, Lot 72, 139 Tea Olive Ln.
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 35.4 GPM
Dosing Volume: 216 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 10.5
Friction Head: 2.5'
Pressure Head: 2'
Total Dynamic Head: 15'
Supply Line Length: 100' 1500 GM
Septic/Pump Tank Size: ~~1000~~/1000
Proposed Trench Bottom: 36"

Line	Design Length	Panels	Actual Length	Elevation
White 1			26'	1.8'
Red 2			38'	2.3'
Pink 3	**56'**	**12**	**56'**	**2.8'**
Blue 4 (existing)	**70'**	**16**	**70'**	**3.2'**
Orange 5 (existing)	**70'**	**16**	**100'**	**4.4'**
White 6 (existing)	**72'**	**16**	**102'**	**4.9'**
Red 7			74'	5.3'
Pink 8			74'	5.9'
Orange 9			25'	6.3'
Blue 10			46'	7.0'

Initial System: 268' **Repair System:** 283'
Pump Tank: 8.3' **House Corner:** 8.7' **Benchmark:** 7.35'

Comments:

Two of the existing lines will have to be shortened in order to make room for the proposed pool and a new line added to complete the initial system. The existing tanks do not meet the setback from the foundation drain at the patio wall. These will need to be moved or replaced to the proposed location on the site plan. Do not build a retaining wall or cut more than 2' between the pool and the septic area. No orifice size was specified on the original permit. M A & Associates assumed the orifice size to be 3/16". Also, the number of panels per line was not specified. We used the guidelines in the design manual for T&J Panel to determine the number of panels per line. An accurate count of the panels in the existing lines would have to be determined at the time of installation in order to design properly.

IREDELL COUNTY

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

APPLICATION NUMBER
200822
Issue Date: 12/18/2013

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4639716898.000	139 TEA OLIVE LANE	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: PERPETE KEVIN+SHELLEY PORTEOUS	Applicant: MICHAEL ATHANAS & ASSO	Contractor: MICHAEL ATHANAS & ASSO
Address: 139 TEA OLIVE LANE MOORESVILLE, NC 28117	Address: 1999 CANDLEWICK DRIVE FORT MILL, SC 29715	Address: 1999 CANDLEWICK DRIVE FORT MILL, SC 29715
Phone:	Phone: 704-576-3887	Phone: License Type License Number

Project Description

RESIDENTIAL POOL/SPA - IREDELL

PAID 12-19-13 2039

Scope of Work

SWIMMING POOL

Permit Details:

	EXISTING SYSTEM FAST TRACK	Amount:	195.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

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: 12/18/2013

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	3398	TOTAL FEES:	$ 195.00

IREDELL COUNTY

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

APPLICATION NUMBER
200822
Issue Date: 12/18/2013

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639716898.000	139 TEA OLIVE LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: PERPETE KEVIN+SHELLEY PORTEOUS	Applicant: MICHAEL ATHANAS & ASSO
Address: 139 TEA OLIVE LANE MOORESVILLE, NC 28117	Address: 1999 CANDLEWICK DRIVE FORT MILL, SC 29715
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.630		10.00	10.00	10.00	CACL	X

Remarks:

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: _____ Date: 12/18/2013

Permit Number	3397	TOTAL FEES:	$ 77.25