ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 326978

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

PIN # 4639--71--8818 ✓

APPLICANT/OWNER: Lori Hurley | APPLICANT ADDRESS: 143 Tea Olive Ln, Mooresville NC 28117

SITE ADDRESS: 143 Tea Olive Ln, Mooresville NC 28117 ✓ | PHONE: 540-353-2422 | ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Liva → (R) Bay Crossing → (R) Tea Olive → lot on (L) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing ✓ | SECTION: | LOT # 73 ✓ | LOT AREA: 0.96 | DESIGN FLOW: 480 gpd | L.T.A.R.: EXISTING

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

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Excessive grading, retaining walls, or any damage to areas designated as repair will render this permit invalid.

Purpose of this permit is to approve the pool area. If all conditions are maintained & Setbacks met, pool area will not impact septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **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: 3-4-2023 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: D. Mieberg | Date: 10/16/22

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

IREDELL COUNTY HEALTH DEPARTMENT

STATES'LE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 122182 PIN# 4639615556.073 4639718818 DATE 11/8/04

OWNER OR CONTRACTOR Hecht Properties/Schreiner Dev. PHONE: Business (704) 483-3651 Home

ADDRESS 885 North Highway 16 Denver, NC 28037

LOCATION Perth Rd south TR Liva Ln - TR Baycrossing TR Teaolive - at end on LT

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 73 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft2

Septic Tank ~~1000~~ 1500 Gallons; STB 338 Date 2-10-06
Pump Tank: 1000 Gallons; PT 283 Date 2-22-06
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 25% Reduction
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

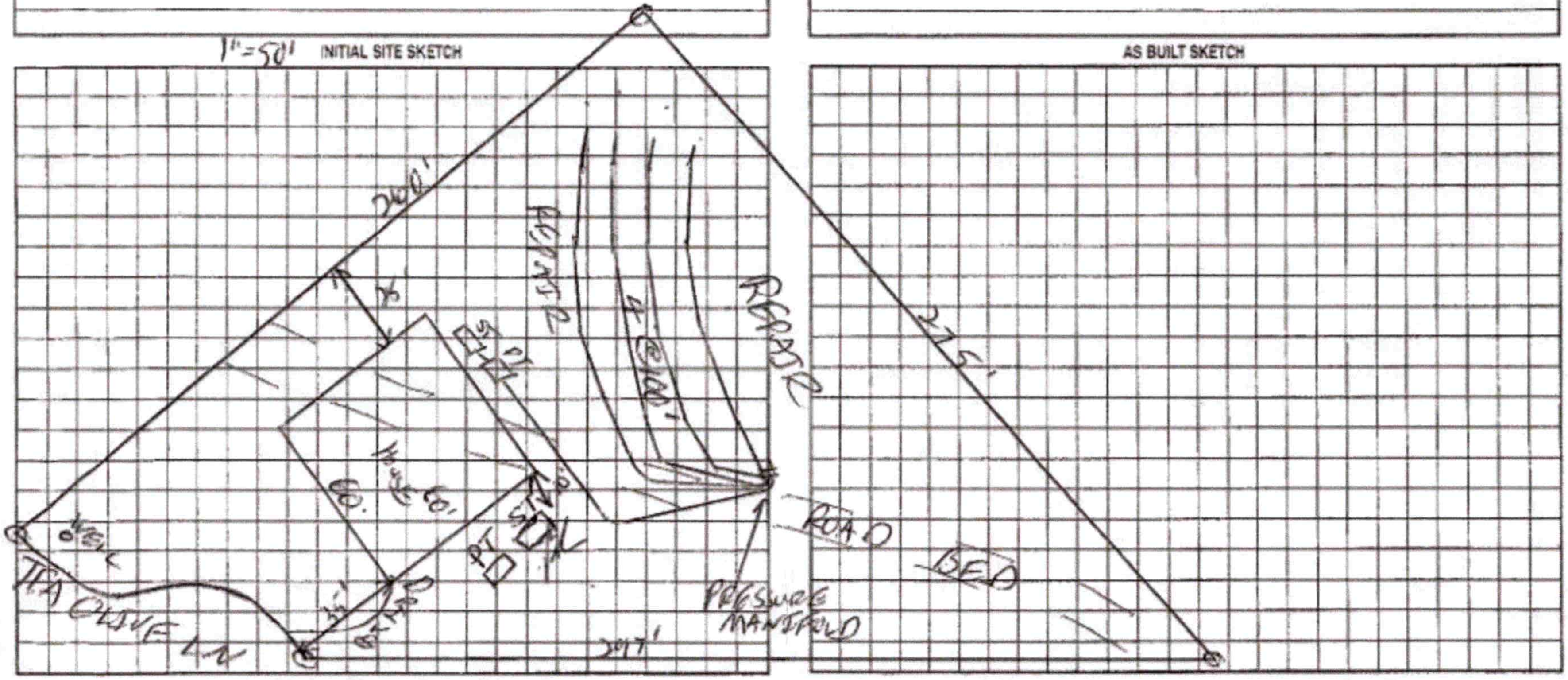
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Installed EZ Flow as drawn
Note: moved tanks due to powerline

1" = 50' INITIAL SITE SKETCH

AS BUILT SKETCH



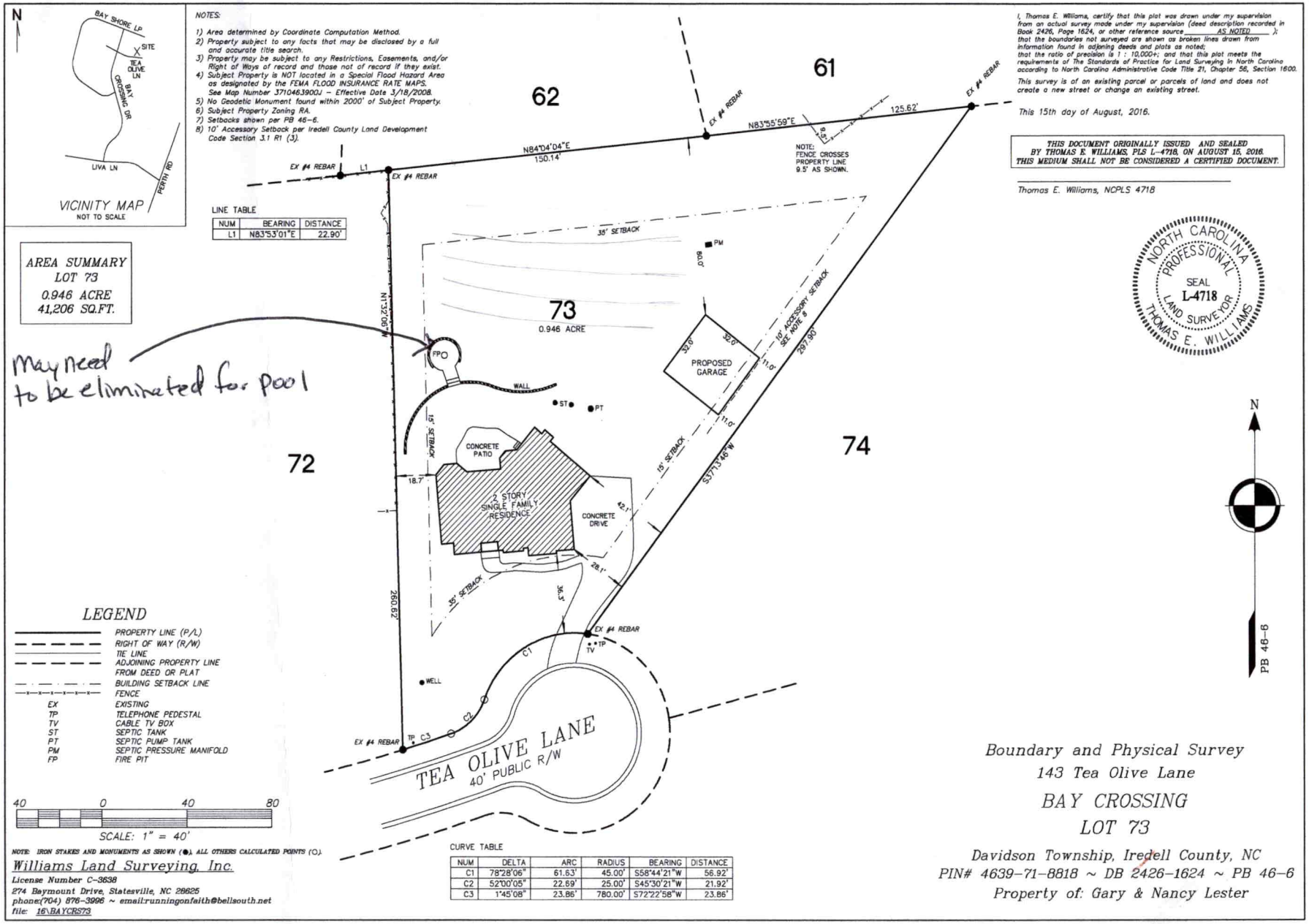
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

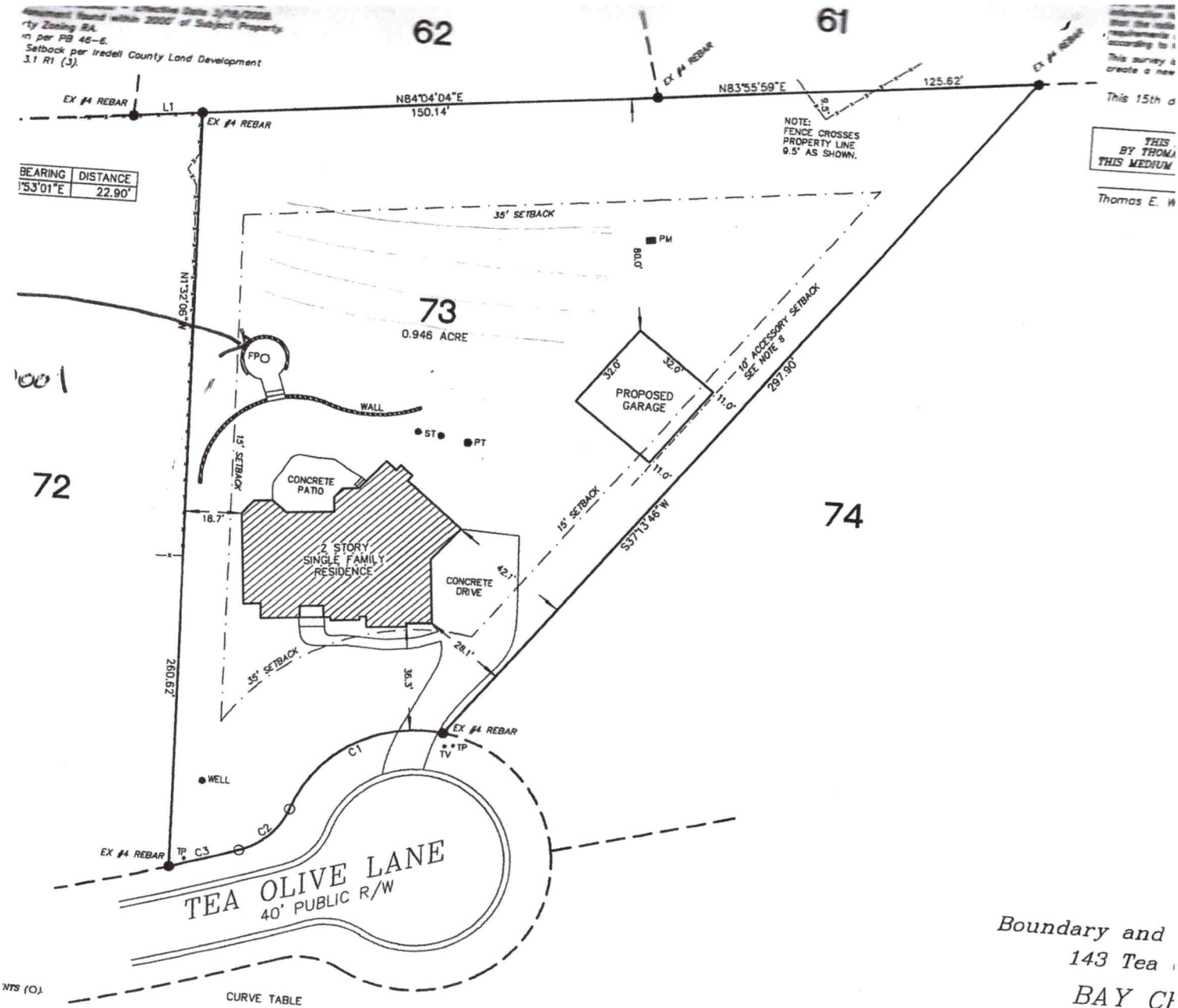
Signed: [signature] date 11-22-04 Installed by: R&H

Improvement Permit by: [signature] RS date 11/8/04 Operation Permit by: [signature] RS date 6/1/06

Authorization to Construct by: [signature] RS date 6/22/05 Existing System Inspection by: date

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


N
BAY SHORE LP
SITE
TEA OLIVE LN
BAY CROSSING DR
LIVA LN
PORTH RD
VICINITY MAP
NOT TO SCALE
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Restrictions, Easements, and/or Right of Ways of record and those not of record if they exist.
4) Subject Property is NOT located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710463900J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning RA.
7) Setbacks shown per PB 46-6.
8) 10' Accessory Setback per Iredell County Land Development Code Section 3.1 R1 (3).
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2426, Page 1624, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.
This 15th day of August, 2016.
THIS DOCUMENT ORIGINALLY ISSUED AND SEALED BY THOMAS E. WILLIAMS, PLS L-4718, ON AUGUST 15, 2016. THIS MEDIUM SHALL NOT BE CONSIDERED A CERTIFIED DOCUMENT.
Thomas E. Williams, NCPLS 4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
LINE TABLE
NUM | BEARING | DISTANCE
L1 | N83°53'01"E | 22.90'
AREA SUMMARY
LOT 73
0.946 ACRE
41,206 SQ.FT.
May need to be eliminated for pool
62
61
72
74
73
0.946 ACRE
EX #4 REBAR
N84°04'04"E
150.14'
N83°55'59"E
125.62'
9.5'
NOTE: FENCE CROSSES PROPERTY LINE 9.5' AS SHOWN.
35' SETBACK
PM
80.0'
PROPOSED GARAGE
32.0'
32.0'
10' ACCESSORY SETBACK SEE NOTE 8
11.0'
297.90'
N17°37'06"W
FPO
WALL
ST
PT
CONCRETE PATIO
15' SETBACK
18.7'
2 STORY SINGLE FAMILY RESIDENCE
CONCRETE DRIVE
42.1'
28.1'
15' SETBACK
S37°13'46"W
35' SETBACK
36.3'
2062'
EX #4 REBAR
TP
TV
WELL
C1
C2
C3
EX #4 REBAR
TEA OLIVE LANE
40' PUBLIC R/W
N
PB 46-6
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
TIE LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
BUILDING SETBACK LINE
FENCE
EX EXISTING
TP TELEPHONE PEDESTAL
TV CABLE TV BOX
ST SEPTIC TANK
PT SEPTIC PUMP TANK
PM SEPTIC PRESSURE MANIFOLD
FP FIRE PIT
40 0 40 80
SCALE: 1" = 40'
CURVE TABLE
NUM | DELTA | ARC | RADIUS | BEARING | DISTANCE
C1 | 78°28'06" | 61.63' | 45.00' | S58°44'21"W | 56.92'
C2 | 52°00'05" | 22.69' | 25.00' | S45°30'21"W | 21.92'
C3 | 1°45'08" | 23.86' | 780.00' | S72°22'58"W | 23.86'
NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○).
Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone:(704) 876-3996 ~ email:runningonfaith@bellsouth.net
file: 16\BAYCRS73
Boundary and Physical Survey
143 Tea Olive Lane
BAY CROSSING
LOT 73
Davidson Township, Iredell County, NC
PIN# 4639-71-8818 ~ DB 2426-1624 ~ PB 46-6
Property of: Gary & Nancy Lester



CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	78°28'06"	61.63'	45.00'	S58°44'21"W	56.92'
C2	52°00'05"	22.69'	25.00'	S45°30'21"W	21.92'
C3	1°45'08"	23.86'	780.00'	S72°22'58"W	23.86'

Boundary and
143 Tea
BAY CI
LOT
Davidson Township,
PIN# 4639-71-8818 ~ D
Property of: Gar

RECEIVED MAR 3 1 2022

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* AP-326978 $250.00

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: Lori Hurley **Address:** 143 Tea Olive Lane **Zip:** 28117
Applicant Email: loribranthurley@gmail.com **Phone:** 540-353-2422 **Alt. Phone:**
Owner Name: Lori Hurley **Address:** 143 Tea Olive Ln **Zip:** 28117
Owner Email: loribranthurley@gmail.com **Phone:** 540-353-2422 **Alt. Phone:**

Property Information:

Street Address: 143 Tea Olive Lane, Mooresville, NC 28117
Subdivision Name: Bay Crossing **Section/Phase:** **Lot Number:** 73
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: — ( ) 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:

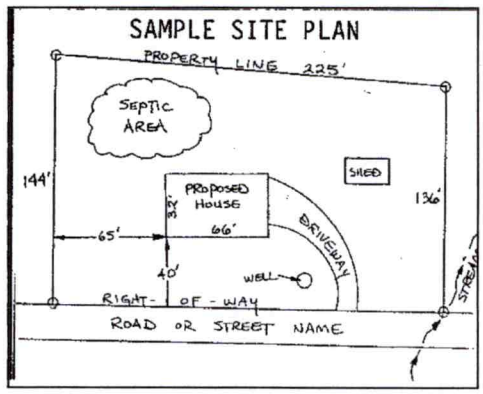
Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

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: Lori Hurley — 3-16-22
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: _____ 3-16-22

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

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. * (***Sign here***)** Lori Hurley

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, Lori Hurley, am the legal owner(s) of the property located at 143 Tea Olive LN, identified as PIN (Parcel Identification Number) 4639-71-8818, 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.

Lori Hurley _____ 3-16-22
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 *****

LLS **Complete all Environmental Health forms**:

- LLS Application
- LLS Site Plan including the dimensions of proposed structure, addition, pool etc.
- LLS Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A Copy of Zoning Permit when applicable
- LLS Sign this sheet after you have completed all items

LLS **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.**

LLS **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**.

LLS **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.

N/A **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 Jon Hurley **Date** 3-16-22

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