IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226523

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

PIN # 4644379701

APPLICANT/OWNER: Tushar & Leena Patel APPLICANT ADDRESS: 194 West Paces Mooresville, NC 28117

SITE ADDRESS: 194 West Paces Mooresville, NC 28117 PHONE: 704 682 3962 ALT. PHONE 704 682-3960

SITE DIRECTIONS: Langtree Rd TL Mecklynn TR West Paces Rd @ end SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Westview SECTION: — LOT # 23 LOT AREA: 1.02 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Inf.	Date	or	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Plastic	Date	Tank	System Description:	Gravity – PBPS			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	TS to Drip Irrigation			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	145'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Exist. ☐ Public ☐ Community

Comments / Conditions:

Notes: Relocating part of Septic for Pool & Cabana 5' 5ft from house & 10ft to PL.

INITIAL SITE SKETCH

See attached, Approved Septic plan by Michael Athanas & Assoc. (rec. 1/24/18)

AS BUILT SKETCH

3/11/19 Checked ST, 3/12/19 Checked upper line 3/13/19 Checked lower 2 lines.

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**

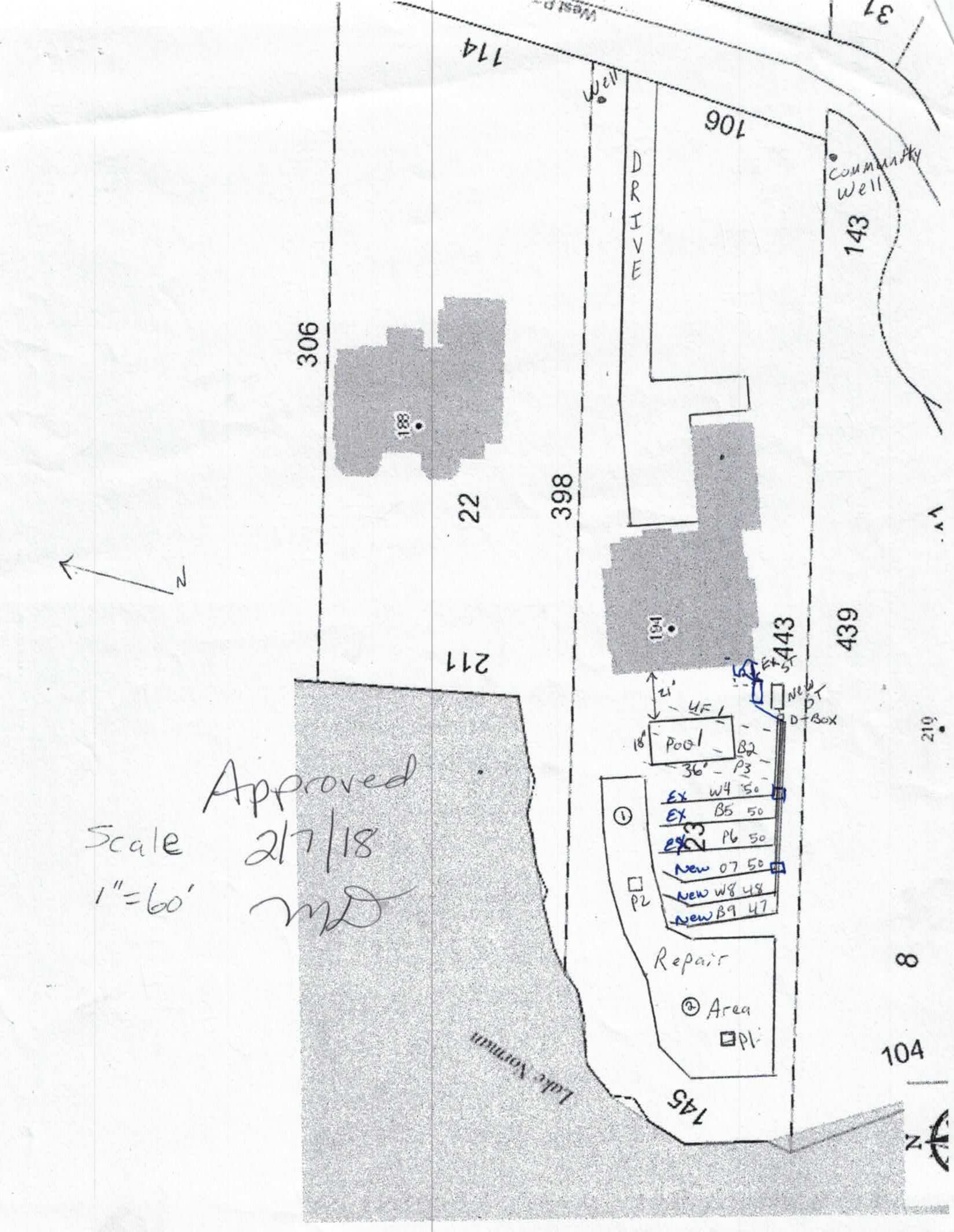
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1/15/19 Installed by: Precision Excavation

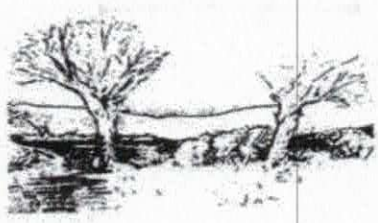
IMPROVEMENT PERMIT by: Maria Dotson Date: 2/7/18 OPERATION PERMIT by: Maria Dotson Date: 3/13/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/7/18 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.


Approved
2/7/18
Scale
1"=60'
N
306
22
188
398
211
DRIVE
Well
Community Well
114
106
143
439
443
194
21'
18'
Pool
36'
B2
P3
EX W4 50
EX B5 50
EX P6 50
New 07 50
New W8 48
New B9 47
23
P2
Repair
② Area
P1
New PT
D-Box
Lake Norman
145
104
8
219
31

RECEIVED JAN 24 2018



Approved
2/7/18
MD

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

Reference: Data Sheet for 194 West Paces Rd, Westview Lot 23

House Footprint: See attached
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (initial)
Proposed Repair LTAR: 0.125 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip irrigation
Distribution: Gravity-Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"

Line	Design Length	Actual Length
Unflagged 1	50'	50' (abandon)
Blue 2	50'	50' (abandon)
Pink 3	50'	50' (abandon)
White 4	**50'**	**50' existing**
Blue 5	**50'**	**50' existing**
Pink 6	**50'**	**50' existing**
Orange 7	**50'**	**50' new**
White 8	**48'**	**48' new**
Blue 9	**47'**	**47' new**

Initial System: 295' **Repair System:** 4400 FT2

Comments:
The owners want a pool. MA&A are proposing to abandon three existing lines and add new lines. Please note MA&A has previously met with Iredell County (Ben Aldridge) and approved the soils rating of .3, since Ben has left we ask that we can meet with Maria since she issued the original IP, AC & OP.

PROPERTY ID #: 4644379701_
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 2/7/18 MD

OWNER: Tushar Patel _____ APPLICATION DATE_____
ADDRESS: 194 West Paces Rd, Mooresville, NC 28117 _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.03 AC_____
LOCATION OF SITE: _194 West Paces Rd, Westview SD Lot 23_____ 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 3%	0-6	Br CL WSBK	FR SS SP SEXP	N/A	50"	N/A	N/A	PS 0.3
		6-50	R C SBK	FR SS SP SEXP					
PIT 2	LS 3%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	55"	N/A	N/A	PS 0.3
		4-55	R C SBK	FR SS SP SEXP					
AB 1	LS 3%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 3%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-48	R C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	590 FT2	4400 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

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

COMMENTS: _____

RECEIVED JAN 2 4 2018 RECEIVED APR 2 5 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 $500.00 Relocation

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

226523

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 #
Tushar Patel	194 West Paces Rd	704-682-3962	704 682 9160
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Tushar Patel	same	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
194 West Paces Rd	West Paces / Westview Westview Lot 23	4644379701.000

Driving Directions: Exit 31; South bound on Medyn Rd
gate code #6002

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 ___
(✓) Other Pool and Cabana and hot tub

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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 (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 91 *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 (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.

9. Signature: ___ 4/21/17.
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:

_____ 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***

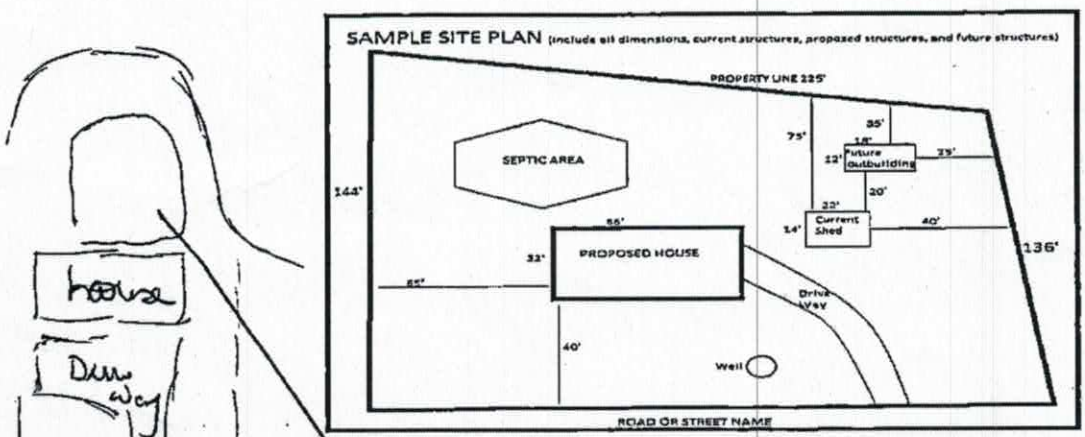
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

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

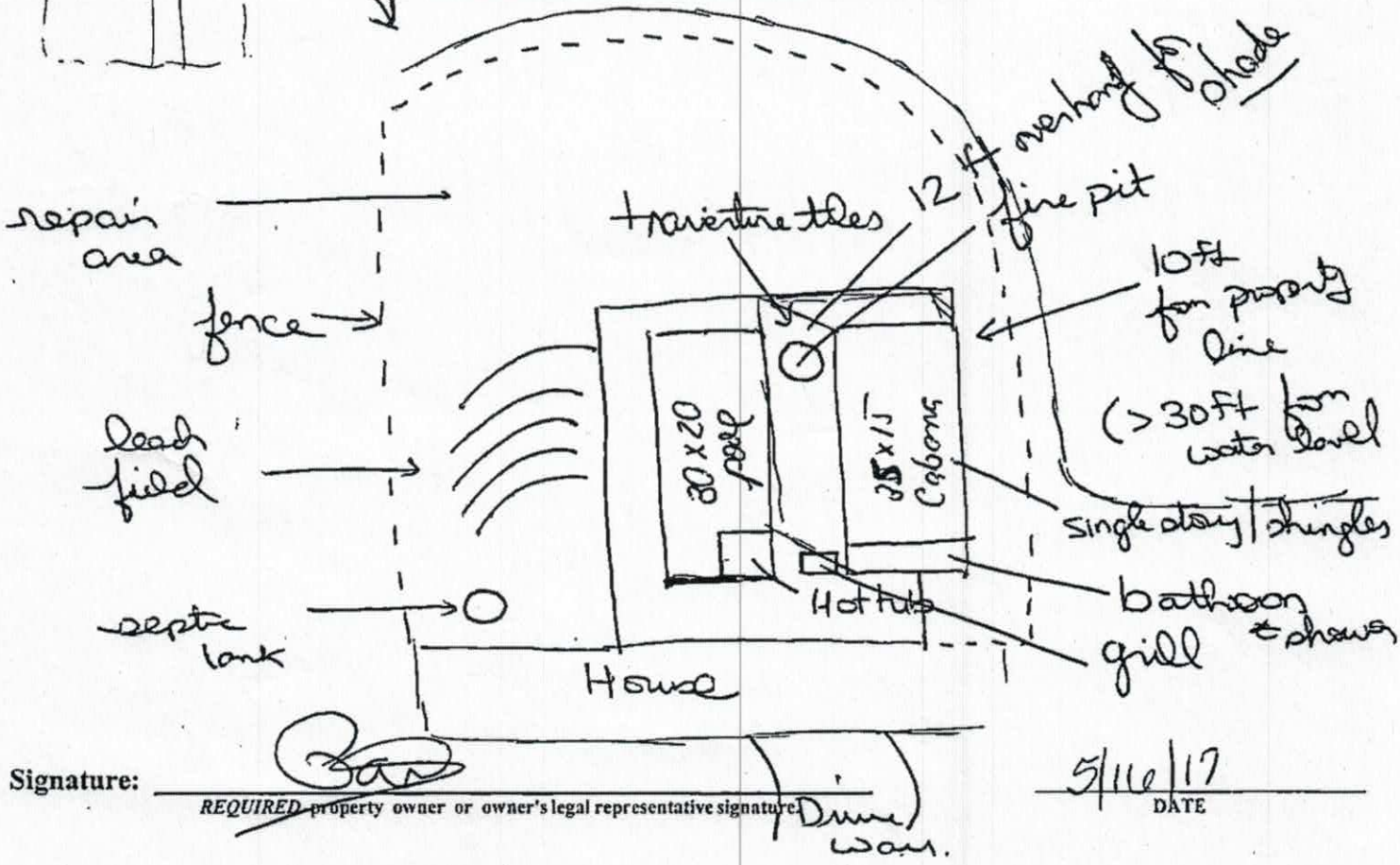
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature

5/11/17
DATE

IREDELL COUNTY

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

APPLICATION NUMBER
226523
Issue Date: 04/21/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4644379701.000	194 WEST PACES ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PATEL TUSHAR R+LEENA	Applicant: PATEL TUSHAR R+LEENA
Address: 194 WEST PACES RD MOORESVILLE, NC 28117	Address: 194 WEST PACES RD MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
-POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	50.00	10.00	10.00	CACL	AE

Remarks:

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: _____ Date: _____

Permit Number	100409	TOTAL FEES:	$ 77.25