ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 222635

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

PIN # 4645051686

APPLICANT/OWNER: Surf the Lake LLC | APPLICANT ADDRESS: 821 Harvard Pl Charlotte, NC 28207

SITE ADDRESS: 151 Travis Pt Mooresville, NC 28117 | PHONE: 704 763-2201 | ALT. PHONE

SITE DIRECTIONS: Templeton Rd TL Camino Real TL Travis Pt, at end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Travis Pt | SECTION: | LOT # 2 | LOT AREA: 2.009 Ac | DESIGN FLOW: 720gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	390	Date	10/12/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 6
Pump Tank	1500 (gal)	PT	353	Date	11/7/22	System Description: Pump-LPPPBPS		☐ Business	No. Persons 12
Pump Make	Gould	Model	WE05J2HHU	Serial #		Repair System Description: Same		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	400'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab ☐ Crawl Space	
Trench Width	min 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: Divert Stormwater away from Septic

Use 5/32" tap
Flow = 37.72gpm
Dose 332g 12.3" Drawdown Runtime: 5.8

INITIAL SITE SKETCH

See attached, approved Septic Site Drawing by Paul Penninger (dated 10/4/19)

AS BUILT SKETCH

→ Remove irrigation along shrubs beside supply line OR move to 10' away 6/6/23 Disconnected

Top 3 Lines 6/1/23 MW
Lines 4 & 5 SB 6/12/23

	Date	Initials
Drain Lines Checked	6/15/23	DW
Tanks Checked	3/23/23	DW
Pressure Manifold or Valve Box Checked (Check plumbing to lines)	6/6/23	DW
Pressure Head Set	6/7/23	CW
Electrical Checked	6/6/23	DW
Floats Set	6/7/23	CW
Alarm Checked	6/6/23	DW
Maintenance Contract (Y) N	6/6/23	DW

Supply checked to front of bldg

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: 10/11/19 Installed by: Stanley Environmental

IMPROVEMENT PERMIT by: Maria Nelson Date: 10/10/19 OPERATION PERMIT by: Cory Hill Date: 6/7/23

AUTHORIZATION TO CONSTRUCT by: Maria Nelson Date: 10/10/19 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.

151 TRAVIS PT. SEPTIC SITE P

10-4-19 REVISION

1"=50'

Approved 10/10/19



Septic + Drain Field (150 gal)

Well

>50'

>15'

LOT 2
2.009 AC.

172.29

Supply Line

VS 10' off Property

VS 10' off Property

S10, T15 Panel Steel

400, CPP T15 Panel Primary

Check
DIAMONDBACK, LLC 139 Travis Pt
permit
well on opposite side
per Septic permit dated 3/6/18

* MUST BE REVIEWED + PERMITTED BY ICWN

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: SURF THE LAKE LLC
ADDRESS: 151 TRAVIS PT
PROPOSED FACILITY: 6 BDR
LOCATION OF SITE: LOT 2 TRAVIS PT
APPLICATION DATE
DATE EVALUATED: 10/7/19
PROPOSED DESIGN FLOW (.1949): 720
PROPERTY SIZE: 7 AC
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5	0-4	gr scl	fri ss/se	BR	PS			PC
		4-44	SBK/ABK	fri s/p	RED	58"	~~sap~~ INC	—	-3
		44-58	SBK c/d	fri ss/sc	ccl				
2	L ~5	0-2	gr scl	fri ss/sp	BR				PC
		2-38	SBK c	fri s/p	RED	f gvc	2 IN		
		38-58	SBK c/d	fri ss/sc	ccl	f SAP	IN		-3
						PS 58"	—	—	
3			PITS	FOR	RELAYOUT				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PC	PC
System Type(s)	T.J	T.J
Site LTAR	.3	-3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PGP → REVIEWED
OTHER(S) PRESENT: M. Dixon of ICHD

COMMENTS: REPAIR AREA APPROVED BY B. FREEMAN IN 2016

Updated February 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: SALLY BELK GAMBRELL
ADDRESS:
APPLICATION DATE 10-24-16
DATE EVALUATED: 10-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE:
LOCATION OF SITE: TRAVIS PL
PROPERTY RECORDED: YES
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 2-5	0-4	WSBK cl	fr SS/SP	br				-3
		4-20	ASK C	fi S/P	red				
		20-48	SBK/ARK C-cl	fi SS/SP	red	f	SAP,	C mica	flakes
					0	48	0	0	
2	C 2-5	0-4	WSBK cl	fr SS/SP	br				-3
		4-36	mSBK/ARK C	fi S/P	red				
		36-48	WSBK c/cl	fr SS/SP	red	f	SAP/	mica	flakes
					0	48	0	0	
3	L 2-5	0-4	WSBK cl	fr SS/SP	br				-3
		4-32	ASK/SBK C	fr SS/SP	red	f	SAP	mi	
		32-48	mSBK cl	fr SS/SP	red	C	SAP	(mica	flakes
					0	48	0	0	
4	L 2-5	0-7	WSBK cl	fr SS/SP	red br				PS
		7-24	mSBK C	fr SS/SP	red	f	SAP		-3
		24-48	WSBK cl	fr SS/SP	yellow	C	SAP		
					0	48	0	0	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2SC	T;S
Site LTAR	-3	-3

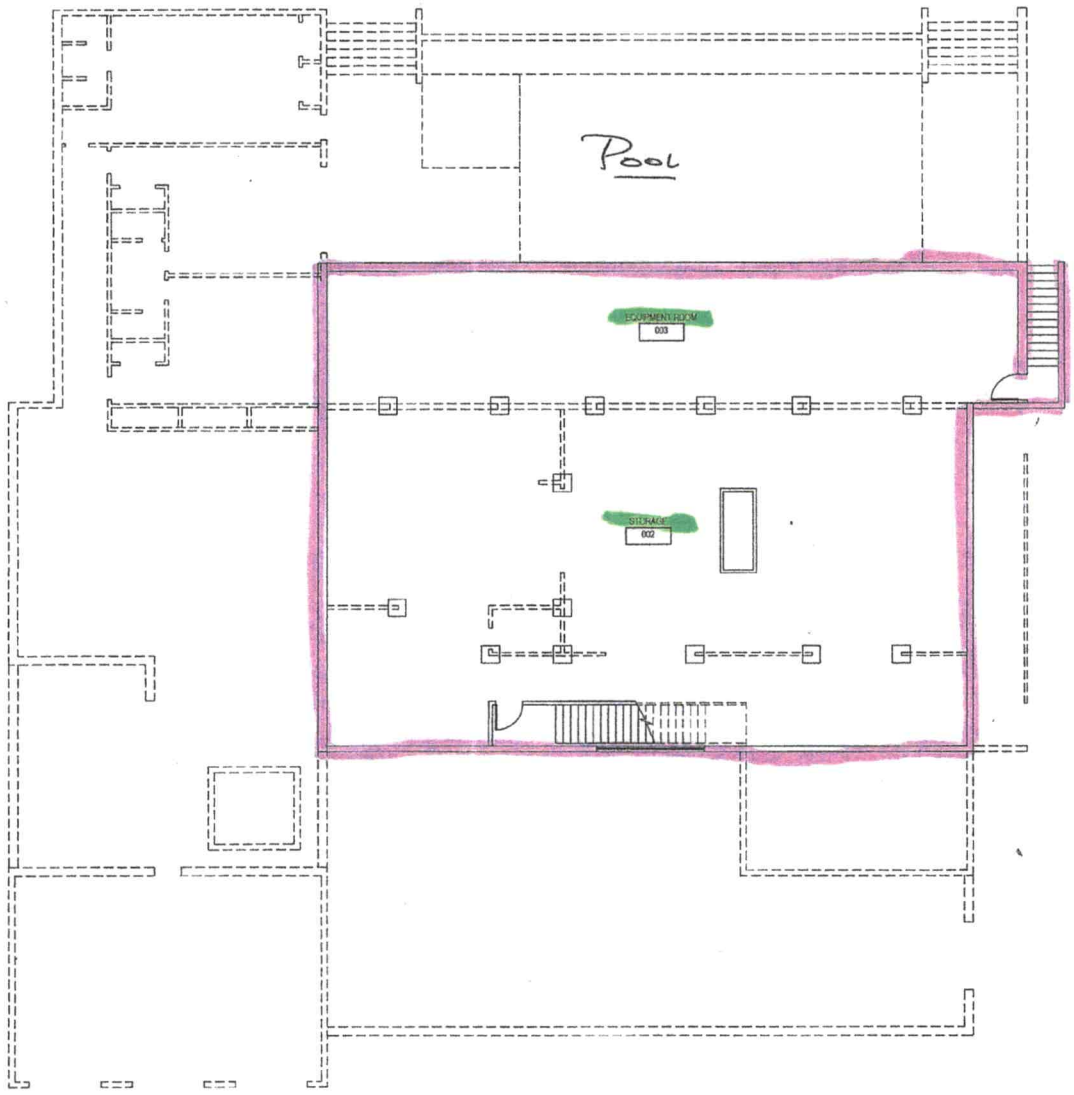
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: RGP
OTHER(S) PRESENT: marsh to be reviewed and approved by LHD

COMMENTS:

Acknowledgement of
Plans Submittal ONLY!

Date 10/10/19

Date 10/11/19



BASEMENT: 4,300 SF

BASEMENT PLAN
SCALE: 1/8" = 1'-0"

PROJECT SURF THE LAKE - LAKE HOUSE
LOCATION LAKE NORMAN

PROJECT NO. 02-1802
DATE 10-8-2019

BGE Belk Gambrell Enterprises

CALL PAUL BEFORE GOING AP301391 pd $1200

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#22635

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Surf the Lake, LLC **Address:** 821 HARVARD PL CHARLOTTE NC **Zip:** 28207

Applicant Email: aross@Belkgambrell.com **Phone:** 704.763.2201 **Alt. Phone:** _____

Owner Name: same as above **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 151 Travis Point

Subdivision Name: Travis Point **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: Templeton Road, left Camino Real, Left Travis Pt, lot at end

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 6 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 12 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — (X) Other Addition/Structure: MED. BLD — ( ) 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 (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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T&J Panel

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: _____ 9-30-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

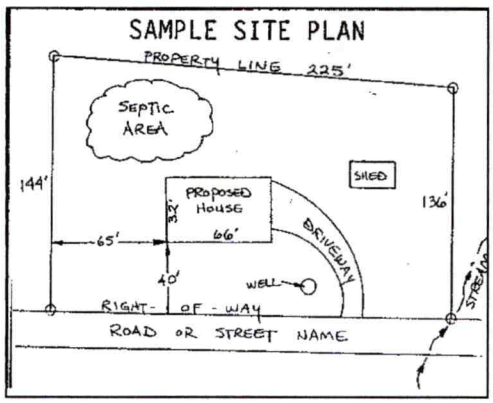
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location** Ex
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate: circle your choice

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 site plan.

Signature: _____ 9-30-19

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*) _____

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, Surf the Lake LLC / Sally Gambrell, am the legal owner(s) of the property located at 151 Travis Point Dr, identified as

PIN (Parcel Identification Number) 4645051686.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting _____, 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.

Sarah B Gambrell
Signature of Owner(s)

10/1/19
Date

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

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 ****

Complete all Environmental Health forms:

____ Application
____ Site Plan with dimensions of proposed structure, addition, pool etc.
____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
____ Copy of Zoning Permit when applicable
____ Sign this sheet after you have completed all items

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.**

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**.

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.

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 non-refundable. 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 _____ **Date** 9-30-19

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