ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317279

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

PIN # 4645 -- 18 -- 1229

APPLICANT/OWNER: Edward & Cindy Mumpower APPLICANT ADDRESS: 1943 Riberia Dr Oxnard CA 93030

SITE ADDRESS: 398 Templeton Rd, Mooresville, NC 28117 PHONE: 704-310-1832 ALT. PHONE

SITE DIRECTIONS: (S) Williamson → (R) Alcove → (R) Templeton → lot on (R) (after Camino Real) SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: RA White Jr SECTION: N/A LOT # 35 LOT AREA: 1.06 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760 Date 1/27/23
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 270'
Trench Width 24" min Trench Bottom Depth(~~Low Side~~) 36" max Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI
System Description: 50% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Do not drive, pave, park, grade, or bury utilities in drainfield install on contour, divert all drainage from system

INITIAL SITE SKETCH

See attached site plan & design by Michael Athanas & Associates approved 5/5/22 Modified 4/3/23

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.

4/4/23 approved to slide 5' to the left → max 20-22' from right prop. line DW

Installed as shown

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**

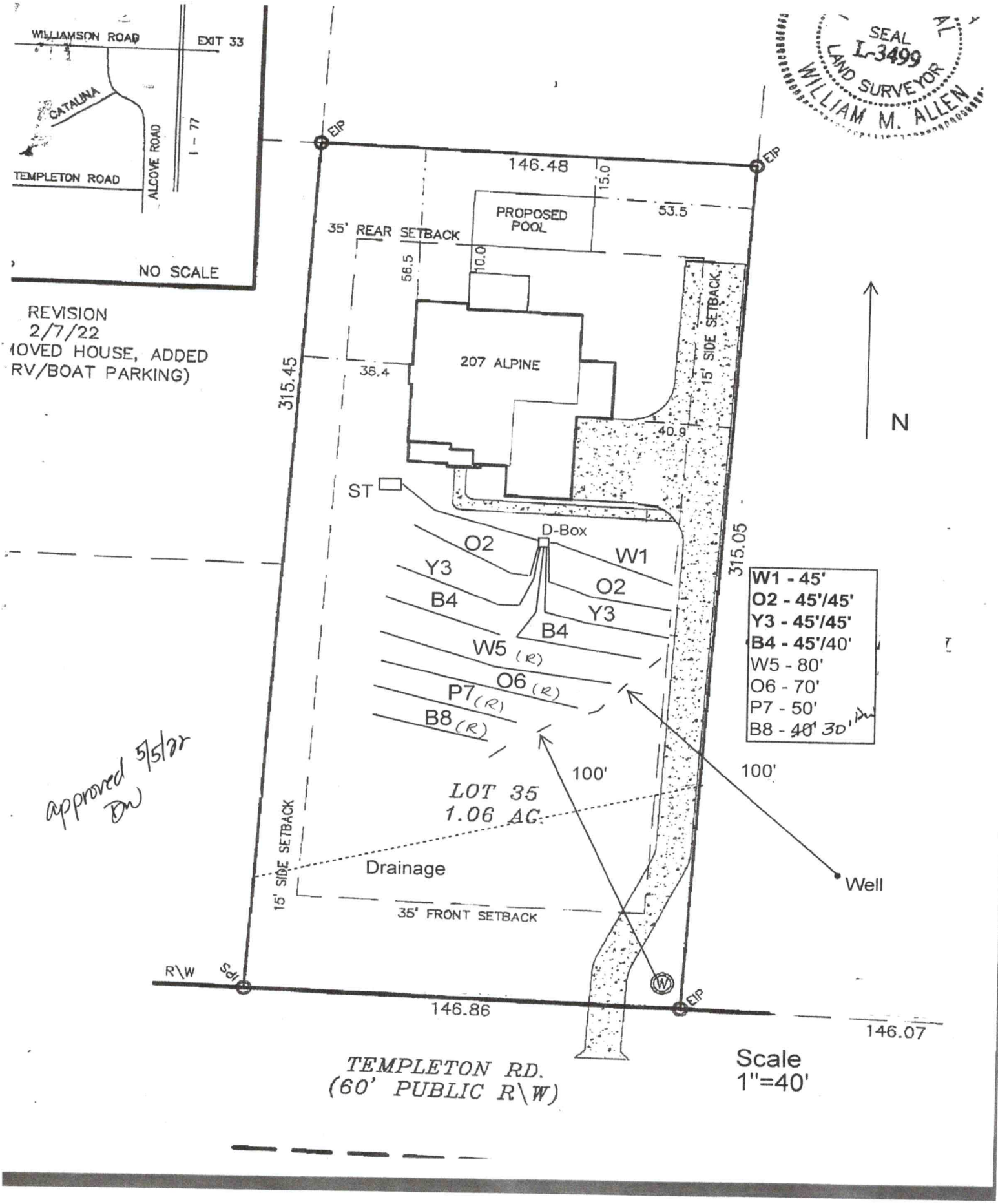
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

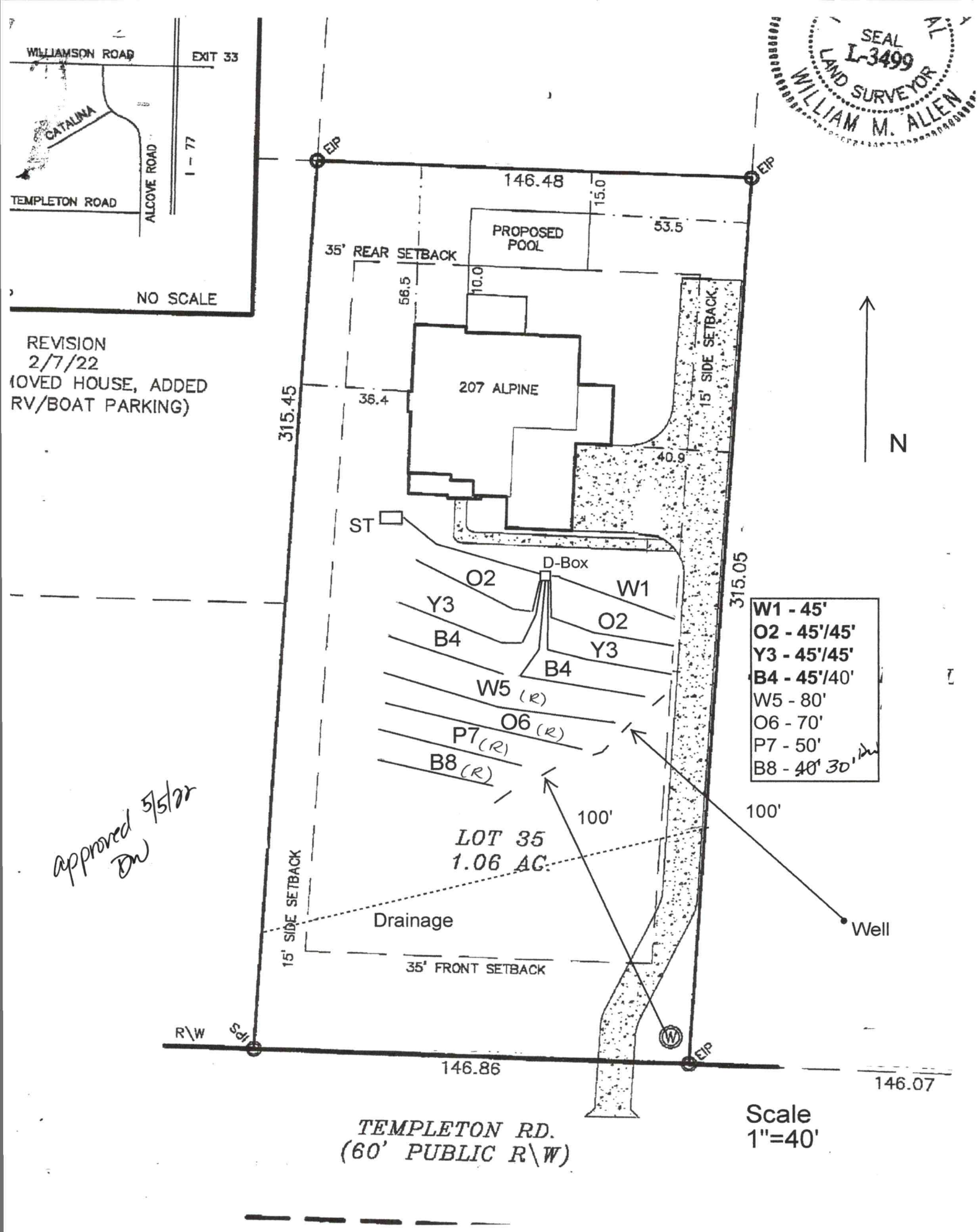
Owner / Applicant Signature: Date: 5/13/2022 Installed by: Specialty

IMPROVEMENT PERMIT by: D Wiebez Date: 5/5/22 OPERATION PERMIT by: Sarah Bracken Date: 4/6/23

AUTHORIZATION TO CONSTRUCT by: D Wiebez Date: 4/26/22 Existing System Inspected by: Date:

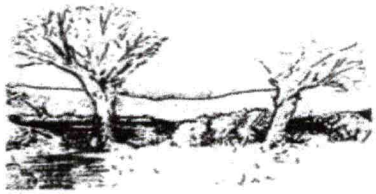
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


WILLIAMSON ROAD
EXIT 33
CATALINA
ALCOVE ROAD
I - 77
TEMPLETON ROAD
NO SCALE
SEAL
L-3499
LAND SURVEYOR
WILLIAM M. ALLEN
AL
REVISION
2/7/22
(MOVED HOUSE, ADDED
RV/BOAT PARKING)
EIP
146.48
15.0
53.5
PROPOSED
POOL
35' REAR SETBACK
56.5
10.0
207 ALPINE
36.4
315.45
15' SIDE SETBACK
40.9
315.05
N
ST
D-Box
O2
Y3
B4
W1
O2
Y3
B4
W5 (R)
O6 (R)
P7 (R)
B8 (R)
W1 - 45'
O2 - 45'/45'
Y3 - 45'/45'
B4 - 45'/40'
W5 - 80'
O6 - 70'
P7 - 50'
B8 - 40' 30'
100'
100'
Approved 5/5/22
DW
LOT 35
1.06 AC.
15' SIDE SETBACK
Drainage
Well
35' FRONT SETBACK
R\W
IPS
146.86
146.07
TEMPLETON RD.
(60' PUBLIC R\W)
Scale
1"=40'



REVISION
2/7/22
(OVED HOUSE, ADDED
RV/BOAT PARKING)

approved 5/5/22
DW



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
4/22/2022

Reference: Data Sheet for 398 Templeton Rd.
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1	**45'**	**60'**
Orange 2	**45'/45'**	**100'**
Yellow 3	**45'/45'**	**100'**
Blue 4	**45'**/40' rep	**90'**
White 5		**80'**
Orange 6		70'
Pink 7		50'
Blue 8		40'

Initial System: 270' **Repair System:** ~~280'~~ 270' DW

Comments:



Revised 5/11/21

PROPERTY ID #: 4645181229
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edward & Cindy Mumpower
ADDRESS: 1943 Riberia Dr, Oxnard, CA 93030
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 398 Templeton Rd

APPLICATION DATE
DATE EVALUATED: ?
PROPERTY SIZE: 1.06 AC
PROPERTY RECORDED:

WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	60"		N/A	PS 0.3
		6-32 /28	R C SBK	FR SS SP SXP					
		32-60	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 2	LS 8%	0-7	Br CL WSBK	FR SS SP SXP	N/A	56"		N/A	PS 0.3
		7-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
		56-70	VER L SAP M	VFR SS SP SXP			F-C SAP PS		
PIT 3	LS 8%	0-5	Br CL WSBK	FR SS SP SXP	N/A	56"		N/A	PS 0.3
		5-24	R C SBK	FR SS SP SXP					
		24-56	R CL WSBK	FR SS SP SXP					
		56-63 ✓	VER L SAP M	VFR SS SP SXP			F-C SAP PS		
PIT 4	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	30"		N/A	PS 0.4
		6-18	R C SBK	FR SS SP SXP					
		18-30 ✓	R CL WSBK	FR SS SP SXP			Com SAP PS		0.35/0.3
		30-66	VER L SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT^2	560 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4645181229____
DATE OF EVALUATION: _____
COUNTY: ___IREDELL___

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	
AB 1	LS 8%	0-37	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		37-48	R CL WSBK	FR SS SP SXP					
AB 2	FS 1%	0-23	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		23-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		6-40	R C SBK	FR SS SP SXP					
		40-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		4-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

Danielle Wieberg

From: gary michaelathanas.com <gary@michaelathanas.com>
Sent: Monday, April 3, 2023 9:24 AM
To: Danielle Wieberg
Cc: Carrie Adams
Subject: RE: 398 Templeton

No problem

Gary McNeely
Michael Athanas & Associates
(704) 310-1832

From: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>
Sent: Monday, April 3, 2023 9:19 AM
To: gary michaelathanas.com <gary@michaelathanas.com>
Cc: Carrie Adams <rowanwelldrilling@live.com>
Subject: 398 Templeton

Would you be ok with reducing the bottom line of repair on 398 Templeton to 30'? This will allow the well driller a tiny bit more room & get them out of the power lines. I can amend the drawing with your approval. Currently, there is 280' of line shown & only 270' needed.

Thanks -

Danielle Wieberg
Environmental Health Specialist – OSWW
Iredell County Health Department
610 E. Center Avenue
Mooresville , NC 28115
704-902-4482

Please tell us how we are doing:
Take Our Survey

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL
COUNTY NC

Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

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RECEIVED MAY 0 2 2022

DW
E.R Limited

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317279 $75.00

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: EHC Homes, LP **Address:** 8008 Corporate Center Dr. Suite 300 **Zip:** 28226
Applicant Email: shamer@empirecommunities.com **Phone:** _____ **Alt. Phone:** _____
Owner Name: Edward + Cindy Mumpower **Address:** 398 Templeton Rd. Mooresville NC **Zip:** _____
Owner Email: waverider4fun@msn.com **Phone:** 805-236-7813 **Alt. Phone:** _____

Property Information:

Street Address: 398 Templeton Rd. Mooresville NC
Subdivision Name: N/A R.A. White Jr. **Section/Phase:** _____ **Lot Number:** 35
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:** _____

X **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 (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.

DocuSigned by:
Signature: _____ 4/28/2022
5E4A6A05B4754CB...
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DocuSign Envelope ID: 2DB56585-3209-4050-BE53-2C766712AEB9

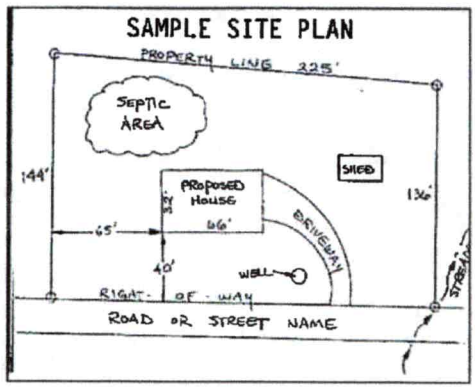
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

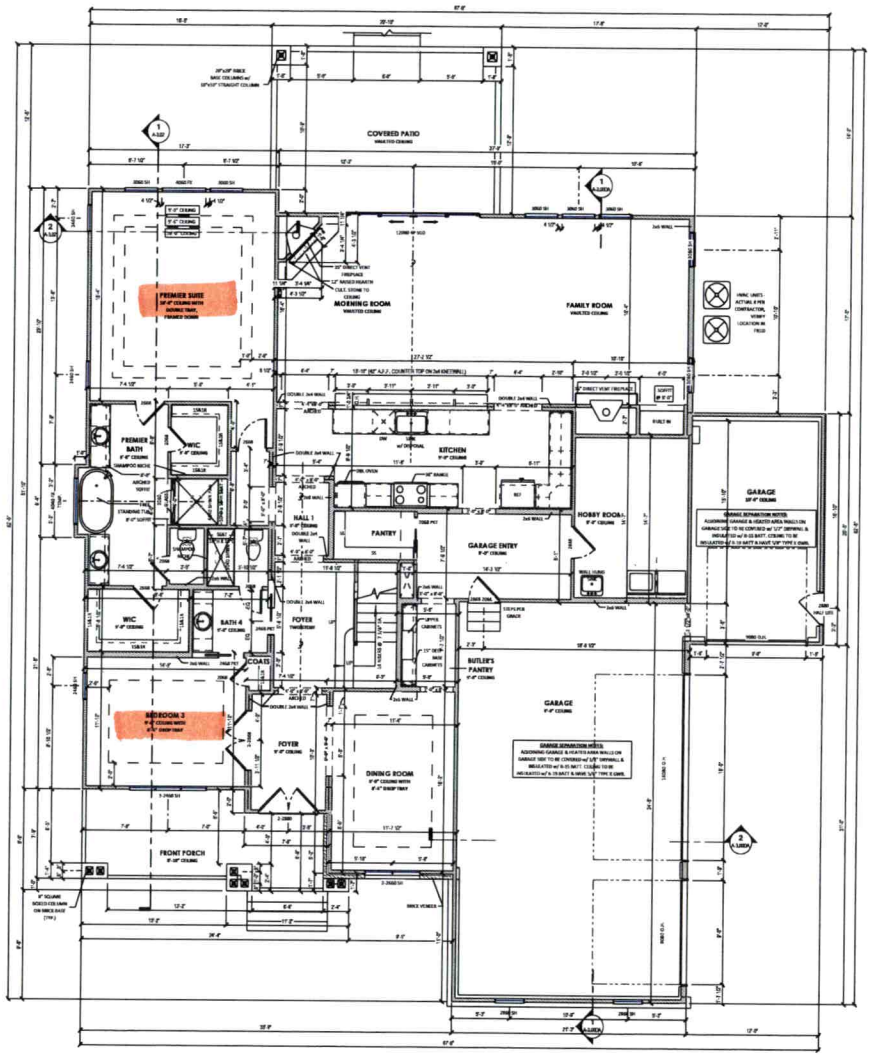
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Plan

Signature: DocuSigned by: [signature] 4/28/2022

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

67'



1 1ST FLOOR PLAN

1/8" = 1'-0" WHEN PRINTED ON 11"x17" / ANSI B PAPER SIZE

ROOF PLAN NOTES

PLAN	207 Alpine	CLIENT	MUMPOWER RESIDENCE
SERIES	200 Series	JOB NO.	CUS0336-207DA-RH
SUBDIVISION	Lot Specific Info.	ADDRESS	398 TEMPLETON RD. MOORESVILLE, NC
SHEET	FIRST FLOOR PLAN	LOT NO.	Lot Specific Info.

EMPIRE

A-2.10DA | BDW | 09/04/2015

#472

Acknowledgement Of Plans Submittal ONLY!
Date 7/7/22
Date 7/8/22

DocuSign Envelope ID: 2DB56585-3209-4050-BE53-2C766712AEB9

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Edward Mumpower, am the legal owner(s) of the property located at 398 Templeton Rd, Mooresville NC, identified as PIN (Parcel Identification Number) 4604 518 1229.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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.

DocuSigned by: E V 4/28/2022

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

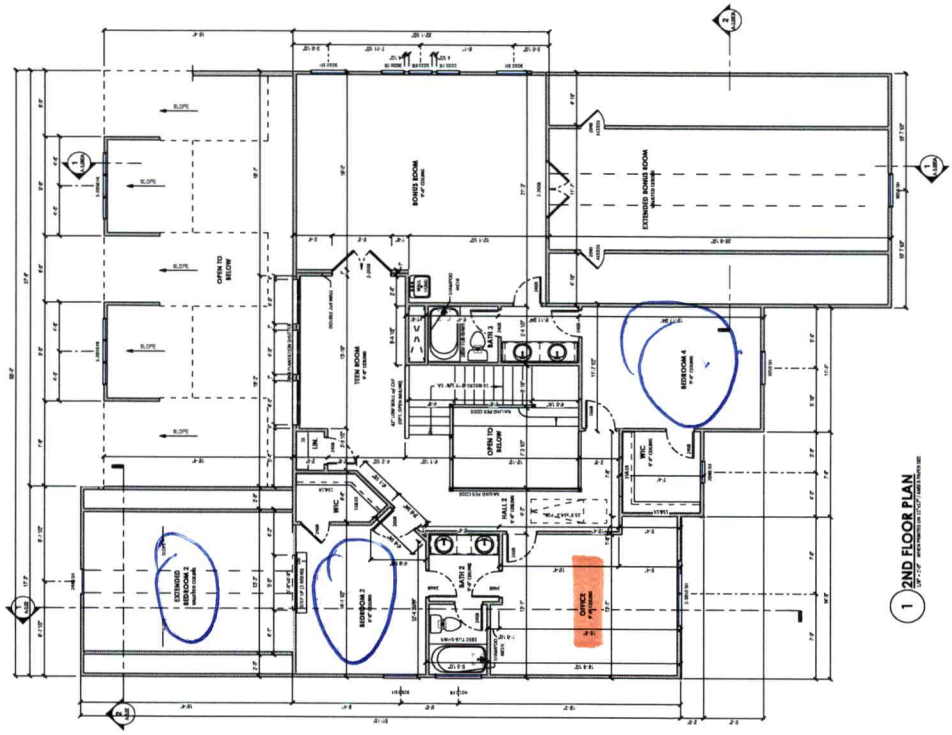
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of Plans Submittal ONLY!

Date 7/7/22

Date 6/26/22



1 2ND FLOOR PLAN

FLOOR PLAN NOTES

1. DESIGN LOADS: ARE ALL DEAD LOADS PLUS:
   A. FOOTINGS ARE BASED ON SOIL BEARING CAPACITY OF 2000 PSF
   B. MAIN LEVEL FLOOR LIVE LOAD = 40 PSF
   C. UPPER FLOOR LIVE LOAD = 30 PSF
   D. SLEEPY BEDROOMS= 30 PSF
   E. CEILING SIZED UNDER ATTIC w/ LESS THAN 6'-0" CLEAR HEIGHT = 10 PSF
   F. CEILING SIZED UNDER ATTIC w/ OVER 6'-0" CLEAR HEIGHT BUT with PERMANENT STAIR = 20 PSF
   G. ROOF LIVE LOAD (COMP. SHINGLE) = 20 PSF
   H. ROOF LIVE LOAD (TILE) = 20 PSF
   I. SNOW LOAD WHERE APPLICABLE = 20 PSF
   J. WIND SPEED IS = 115 MPH
2. DIMENSIONS ON FOUNDATION PLANS ARE FROM FACE OF MASONRY, UNLESS NOTED OTHERWISE
3. DIMENSIONS FROM 1ST FLOOR TO TOP OF GARAGE FLOOR SLAB MAY VARY ACCORDING TO FIELD GRADE CONDITIONS, CURLS.
4. DETAILS TAKE PRECEDENCE OVER PLANS AND ELEVATIONS; LARGER SCALED DRAWINGS TAKE PRECEDENCE OVER SMALLER SCALED DRAWINGS
5. WATER AND MOISTURE PROTECTION
   A. ALL FLASHING TO MEET THE REQUIREMENTS OF R703.8 OF THE 2018 IRC
   B. ALL BUILDING EXTERIOR SURFACE PENETRATIONS WITH POTENTIAL EXPOSURE TO WEATHER SHALL BE FLASHED AND/OR CAULKED AS PER CODE AND/OR INDUSTRY RECOMMENDED PROPER CONSTRUCTION TO ENSURE
   C. ALL FLASHING SHALL BE TURNED OUT AT A LOWER EDGE TO DIRECT WATER OUT OF STRUCTURE
   D. ALL FLASHING SHALL BE COPPER, ALUMINUM OR PVC, UNLESS NOTED OTHERWISE. ALUMINUM FLASHING SHALL NOT BE USED IN CONTACT WITH DISSIMILAR MATERIAL EXCEPT WHEN COATED FLASHING, AND SHALL NOT BE USED IN DECK CONSTRUCTION
   E. IF ANY TYPE OF LAP SIDING OTHER THAN VINYL IS USED, PROVIDE A SEALED WATERPROOF BARRIER BEHIND ANY VERTICAL OR SILL TRIM
   WITH BARRIER TURNED OUT AT FIRST SIDING COURSE BELOW TRIM
   F. IF ANY TYPE OF LAP SIDING OTHER THAN VINYL IS USED, WRAP ALL CORNERS w/ A SEALED WATERPROOF BARRIER EXTENDING 12" HORIZONTALLY BEYOND VERTICAL JOINTS AND TURNED OUT OVER CLADDING OR FLASHING AT BOTTOM OF JOINT
6. WINDOWS AND DOORS
   A. WINDOW SIZES SHOWN ARE NOMINAL FRAME SIZES, UNLESS NOTED OR SPECIFIED OTHERWISE, AND MAY VARY SLIGHTLY ACCORDING TO MANUFACTURER
   B. CONTRACTOR SHALL BE RESPONSIBLE FOR SELECTING WINDOWS THAT MEET EGRESS AND TEMPERED GLASS REQUIREMENTS
   C. ALL FRENCH DOORS, SLIDING GLASS DOORS AND SHOWER ENCLOSURES SHALL BE TEMPERED
   D. IF ANY PART OF THE CLEAR OPENING OF THE OPERABLE PORTION OF A WINDOW IS LOCATED MORE THAN 72" ABOVE THE EXTERIOR GRADE, THEN THE LOWEST PART OF THE CLEAR OPENING MUST BE AT LEAST 24" ABOVE THE FLOOR OF THE ROOM IN WHICH IT IS LOCATED OR BE EQUIPPED WITH A WINDOW FALL PROTECTION DEVICE MEETING ASTM F 2090
7. GARAGE SEPARATION
   A. WALL BETWEEN HOUSE AND GARAGE SHALL BE MINIMUM OF 1/2" GYPSUM BOARD. CEILING BETWEEN GARAGE AND ALL HABITABLE ROOMS ABOVE GARAGE SHALL BE NOT LESS THAN 5/8" TYPE 'X' GYPSUM BOARD AT CEILING AND 1/2" GYPSUM BOARD ON WALLS
   B. DOORS FROM HOUSE TO GARAGE SHALL BE 1-3/8" THICK SOLID WOOD OR 20-MIN. RATED
8. PLUMBING OPENING LIMITATIONS AND STEPS WITH OPEN RISERS
   A. REQUIRED GUARDRAILS BETWEEN ENTRY SETTING OPEN SIDES OF STAIRS, MAIN FLOOR AND ALL BALCONIES, DECKS AND PORCHES OVER 30" ABOVE GRADE SHALL HAVE INTERMEDIATE RAILS OR ORNAMENTAL FIGURES WHICH DO NOT ALLOW PASSAGE OF AN OBJECT 4" OR MORE IN DIAMETER. HORIZONTAL SPACING BETWEEN THE VERTICAL MEMBERS IN REQUIRED GUARDRAILS SHALL NOT ALLOW PASSAGE OF AN OBJECT 4" OR MORE IN DIAMETER
   EXCEPTION: THE TRIANGULAR OPENINGS FORMED BY THE RISER, TREAD AND BOTTOM RAIL OF A GUARD AT THE OPEN SIDE OF A STAIRWAY MAY BE OF SUCH SIZE THAT A 6" SPHERE CAN NOT PASS THROUGH
   B. STEPS WITH OPEN RISERS SHALL HAVE AN OPENING BETWEEN TREADS THAT DOES NOT ALLOW A 4" DIAMETER SPHERE TO PASS THROUGH

EMPIRE

MUMPOWER RESIDENCE

ADDRESS: 398 TEMPLETON RD. MOORESVILLE, NC

SUBDIVISION: Lot Specific Info.

LOT NO.: Lot Specific Info.

JOB NO.: CU50336-207DA-RH

PLAN: 207 Alpine

SERIES: 200 Series

SHEET: SECOND FLOOR PLAN

ISSUE DATE: 09/04/2019

DRAWN BY: BDW

SHEET NUMBER: A-2.20DA

PRINTED: 6/24/2022 10:07:48 AM

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IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4/28/2022 (Date)

Owner: Edward Mumpower
Address: 398 Templeton Rd.
Mooresville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
398 Templeton Rd 4645181229

I, Edward + Cindy Mumpower, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date) Gravity PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

DocuSigned by:
E D M
FE4F9A95B125485...
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

PJP

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625

PERMIT # AP 317279

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

PIN # 4645--18--1229

APPLICANT/OWNER: Edward & Cindy Mumpower

APPLICANT ADDRESS: 1943 Riberia Dr., Oxnard, CA 93030

SITE ADDRESS: 398 Templeton Rd, mooresville NC 28117

PHONE: 704-310-1832

ALT. PHONE

SITE DIRECTIONS: (S) Williamson → (R) Alcove → (R) Templeton → lot on (R) (after the fork)

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: RA White Jr

SECTION: N/A LOT # 35 LOT AREA: 1.06 ac

DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing
Pump Tank (gal)	PT	Date	System Description: 50% Red - V PPBPS		No. Bedrooms 4
Pump Make	Model	Serial #	Repair System Description: 50% Reduction		No. Persons 8
# Nitrification Fields 1	# Lines 6	Linear Ft 270'	Maintenance Agreement Required: [ ] YES [X] NO		No. Employees
Trench Width 24"	Trench Bottom Depth [redacted]	36" max	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[X] Crawl Space [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Follow attached site plan → Do not park, drive, grade, pave, or bury utilities in drainfield area. Install on contour, use d-box to provide equal flow. Divert all drainage from drainfield.

INITIAL SITE SKETCH

See attached site & design plan by Michael Athanas & Associates

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.

Revoked

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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

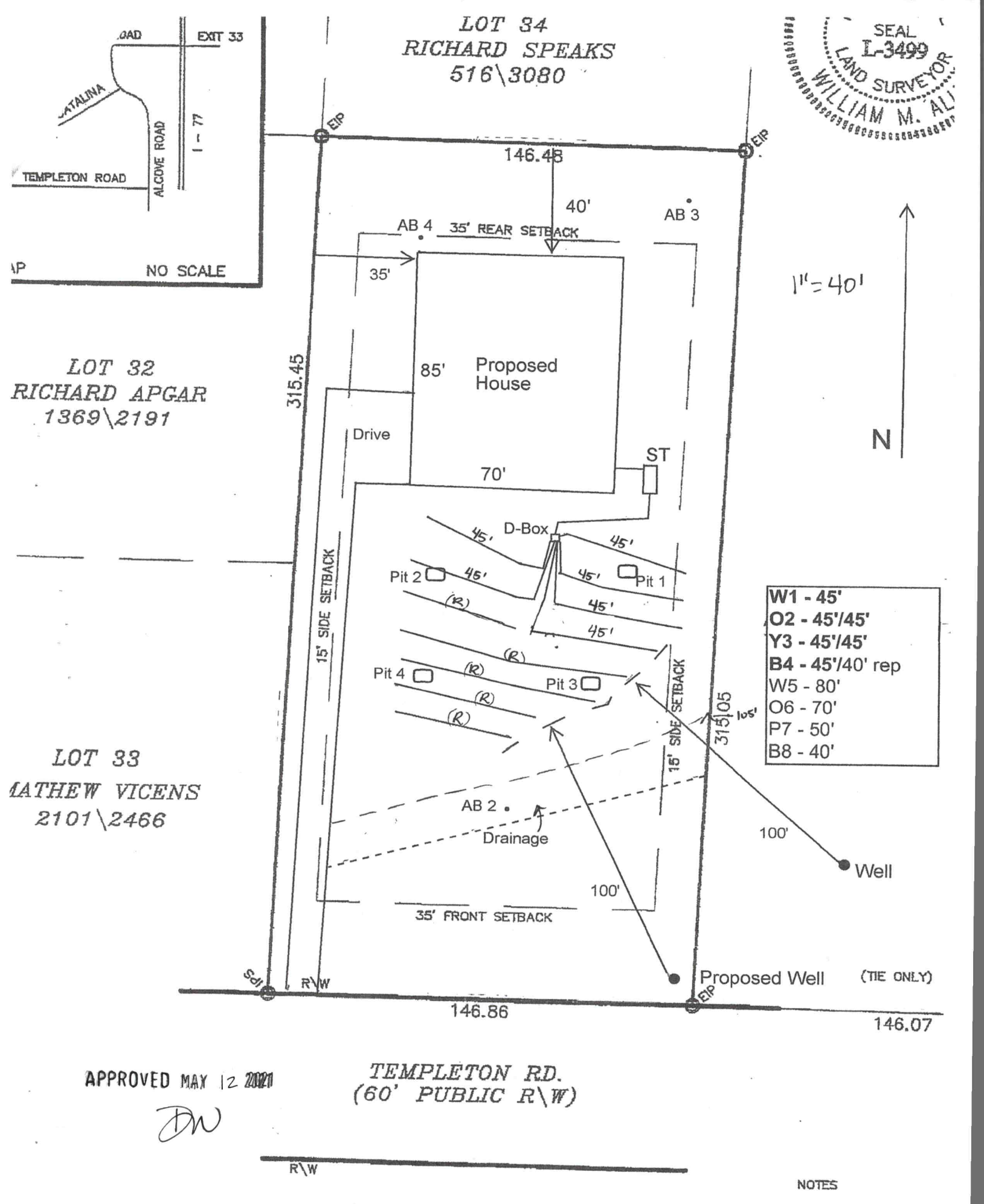
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [ ] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

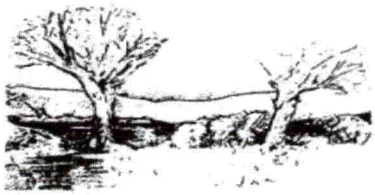
Owner / Applicant Signature: E. N. Mumpower Date: 4-12-22 Installed by:

IMPROVEMENT PERMIT by: D. Mickey Date: 5/12/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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


LOT 34
RICHARD SPEAKS
516\3080
SEAL
L-3499
LAND SURVEYOR
WILLIAM M. AL
EXIT 33
CATALINA
ALCOVE ROAD
I - 77
TEMPLETON ROAD
NO SCALE
EIP
146.48
40'
AB 4
35' REAR SETBACK
AB 3
35'
1" = 40'
LOT 32
RICHARD APGAR
1369\2191
315.45
85'
Proposed
House
Drive
ST
70'
N
D-Box
45'
Pit 2
Pit 1
(R)
Pit 4
Pit 3
15' SIDE SETBACK
315.05
105'
W1 - 45'
O2 - 45'/45'
Y3 - 45'/45'
B4 - 45'/40' rep
W5 - 80'
O6 - 70'
P7 - 50'
B8 - 40'
LOT 33
MATHEW VICENS
2101\2466
AB 2
Drainage
100'
Well
35' FRONT SETBACK
IPS
R\W
Proposed Well
(TIE ONLY)
146.86
146.07
APPROVED MAY 12 2021
TEMPLETON RD.
(60' PUBLIC R\W)
R\W
NOTES



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
4/26/2021

Reference: Data Sheet for 398 Templeton Rd.
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1	**45'**	**60'**
Orange 2	**45'/45'**	**100'**
Yellow 3	**45'/45'**	**100'**
Blue 4	**45'**/40' rep	**90'**
White 5		80'
Orange 6		70'
Pink 7		50'
Blue 8		40'

Initial System: 270' **Repair System:** 280'

Comments:



RECEIVED MAY C 3 2021

5/13 @1400

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317279 $350.00

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: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Edward & Cindy Mumpower **Address:** 1943 Riberia Dr, Oxnard, CA **Zip:** 93030

Applicant Email: waverider4fun@msn.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 398 Templton Rd - NVL 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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: _____

(X) 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 (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: _____ 4/28/2021
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

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.

I, Edward C. Mumpower + Cindy A. Mumpower, am the legal owner(s) of the property located at 398 Templeton Road, Mooresville, N.C. 28117, identified as PIN (Parcel Identification Number) 4645181229.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, Michael Athanas + Associates, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
Edward C. Mumpower	4-23-21		4/23/2021

Please return this signed form to the appropriate office:

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

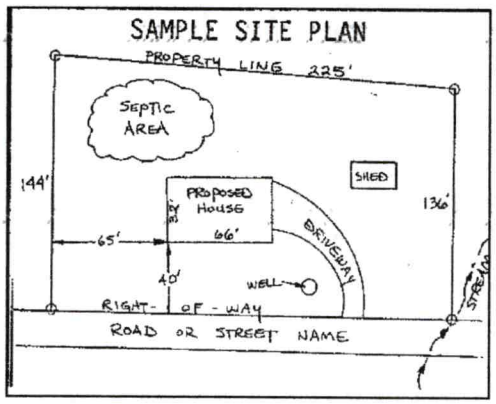
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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: _____ 4/28/2021

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