# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 31074 (3 new)

PIN # 4645-185-888

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

APPLICANT/OWNER: Brian Montgomery/Carter Custer Bld | APPLICANT ADDRESS: 553 Beaty St, Davidson

SITE ADDRESS: 120 Henry Ln Mooresville | PHONE: 980-254-4112 | ALT. PHONE: -

SITE DIRECTIONS: Exit 33 to Alcove Rd → R Templeton → R Henry → 1st corner of Henry + Bob White Ln

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kelly Cove | SECTION: 1 | LOT # 5 | LOT AREA: .1677 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3 (.125R)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 6-23-2022 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | (gal) | PT | | Date | | System Description: | horizontal PBDS | ☐ Business | No. Persons | 8 | ☒ Private |
| Pump Make | | Model | | Serial # | | Repair System Description: | drip | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 280' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth | 22" | Gravel Depth | - | | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/ plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: ★ Do Not Cut down for slab.
No cut 2ft or greater within 15ft of Septic.

11/10/21 Foundation changed to slab

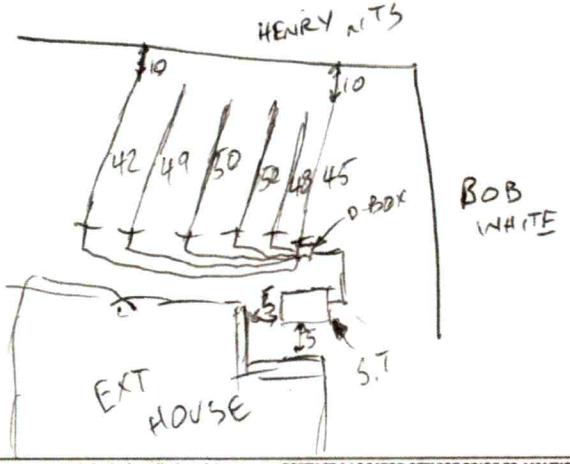
INITIAL SITE SKETCH

See attached design from 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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0




*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: Sandra Montgomery Date: 9-14-20

IMPROVEMENT PERMIT by: Carla Nash Date: 9-10-20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/10/21

Installed by: ROWAN SEPTIC

OPERATION PERMIT by: Bryant C. White Date: 8-5-2022

Existing System Inspected by: Date:

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

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 31074 (BCW)

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

PIN # 4645 - 185 - 888

APPLICANT/OWNER: Brian Montgomery/Carter Custard APPLICANT ADDRESS: 553 Beaty St, Davidson

SITE ADDRESS: 120 Henry Ln, Mooresville Bd. PHONE: 980-254-4112 ALT. PHONE -

SITE DIRECTIONS: Exit 33 to Alcove Rd → R Templeton → R Henry → lot corner of Henry + Bobwhite Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kelly Cove SECTION: 1 LOT # 5 LOT AREA: 1.677 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.125R)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | | ☒ Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | | (gal) | PT | | Date | | System Description: | | horizontal PPBPS | | | ☐ Business | No. Persons | 8 | ☒ Private |
| Pump Make | | Model | | | Serial # | | Repair System Description: | | drip | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 6 | | Linear Ft: | 280' | Maintenance Agreement Required: | | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth (Deepest) | | | | 22" | Gravel Depth | - | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: ~~X~~ Do Not Cut down for Slab.
No cut 2ft or greater within 15ft of Septic.

11/10/21 Foundation changed to slab.

INITIAL SITE SKETCH

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AS BUILT SKETCH

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FOR SEPTIC FINAL INSPECTION
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Owner / Applicant Signature: Sandra Montgomery Date: 9.14.20 Installed by:

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 9-10-20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/10/21 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

Henry Lane; Lot 5 Kelly Cove; PID#4645185888
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Stephen Strachan APPLICATION DATE: _____
ADDRESS: 113 E Vista View Place Mooresville, NC DATE EVALUATED: 8/2020
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.68 Acres
LOCATION OF SITE: Henry Lane Mooresville, NC PROPERTY RECORDED: 09/27/1991
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 | |
| AB 1 | L 2-3% | 0"-5" | Br CL WSBK | SS SP FR SEXP | | 48" | | | 0.3 |
| | | 5"-48" | R C SBK | SS SP FR SEXP | | | | | |
| AB 2 | L 2-3% | 0"-38" | R C SBK | SS SP FR SEXP | | 48" | Few to common saprolite inclusions 38"-48". | | 0.3 |
| | | 38"-48" | R CL WSBK | SS SP FR SEXP | | | | | |
| AB 3 | L 2-3% | 0"-5" | Br CL WSBK | SS SP MFi SEXP | | 48" | Few to common saprolite inclusions 38"-48". | | 0.3<br>0.1+ Drip |
| | | 5"-38" | R C SBK | SS SP FR SEXP | | | | | |
| | | 38"-48" | R CL WSBK | SS SP FR SEXP | | | | | |
| AB 4 | L 2-3% | 0"-6" | R CL WSBK | SS SP FR SEXP | | 48" | Few to common saprolite inclusions 30"-48". | | 0.3<br>0.1+ Drip |
| | | 6"-30" | R C SBK | SS SP FR SEXP | | | | | |
| | | 30"-48" | R CL WSBK | SS SP FR SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 840 Ft2 | 5265 ft2 |
| System Type(s) | Horz PPBPS | Drip |
| Site LTAR | 0.3 | 0.125 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

**Comments:**

# SOIL/SITE EVALUATION

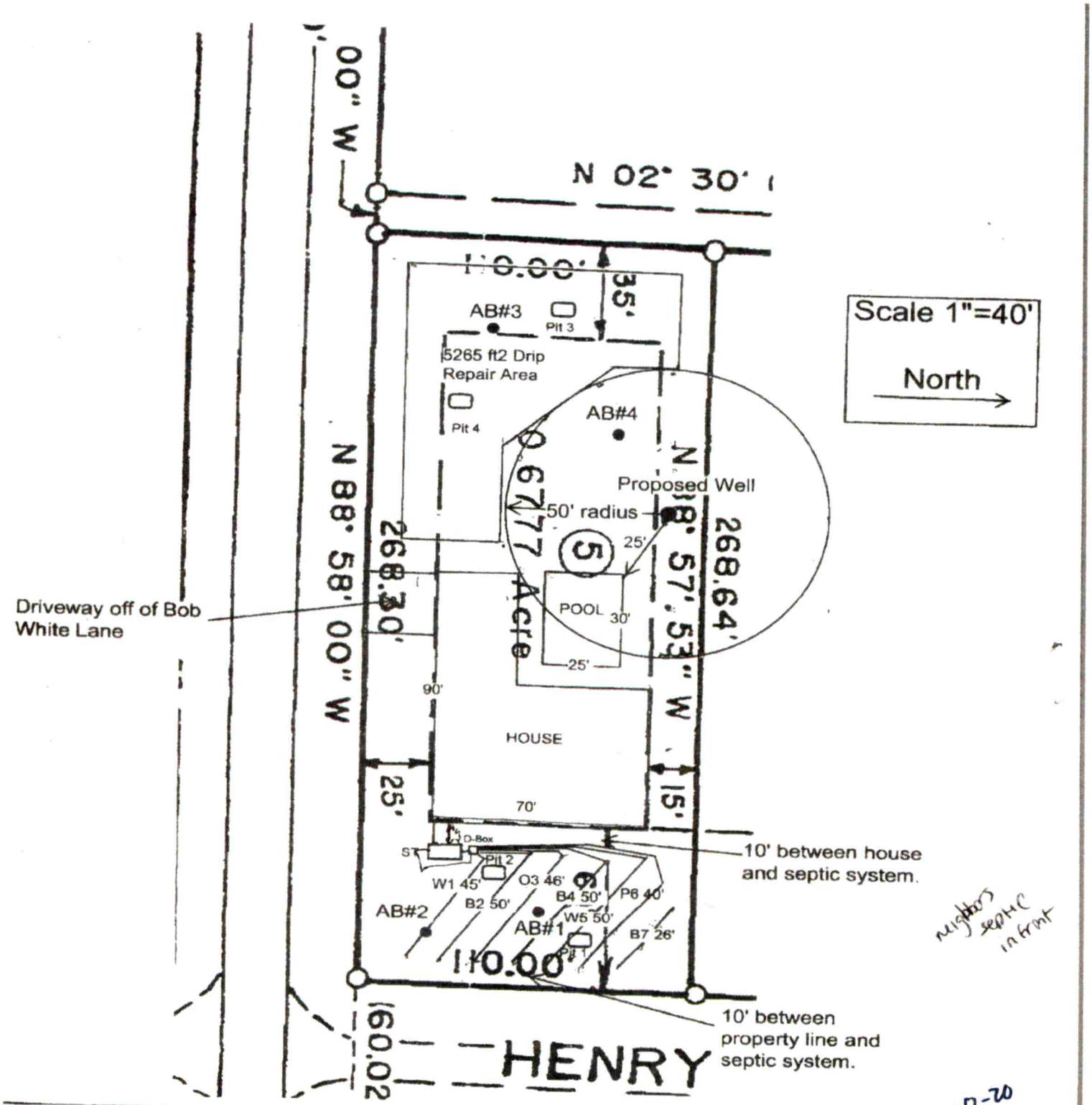
*(Continuation Sheet)*



PROPERTY ID #: 464518588_____
DATE OF EVALUATION: _____
COUNTY: __Iredell_____

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| PIT 1 | LS 4% | 0-6 | Br CL WSBK | FR SS SP SXP | Few YB @ 38" Mn | 55" | N/A | N/A | PS 0.3 TO 38" |
| | | 6-26 | R C SBK | FR SS SP SXP | | | | | |
| | | 26-50 | R C SBK/ABK | FR SS SP SXP | | | | | |
| | | 50-55 | R C WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| PIT 2 | LS 4% | 0-8 | Br CL WSBK | FR SS SP SXP | Few YB @ 40" Mn | 56" | N/A | N/A | PS 0.3 TO 40" |
| | | 8-27 | R C SBK | FR SS SP SXP | | | | | |
| | | 27-40 | R C ABK | FR SS SP SXP | | | | | |
| | | 40-56 | R C WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| PIT 3 | LS 4% | 0-4 | Br CL WSBK | FR SS SP SXP | N/A | 57" | Few SAP | N/A | PS 0.3 |
| | | 4-36 | R C SBK | FR SS SP SXP | | | | | |
| | | 36-57 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PIT 4 | LS 4% | 0-6 | Br CL WSBK | FR SS SP SXP | N/A | 65" | F-C SAP | N/A | PS 0.3 |
| | | 6-39 | R C SBK | FR SS SP SXP | | | | | |
| | | 39-65 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | approved 9-10-20 CCN | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

COMMENTS: _____


N 02° 30' W
N 02° 30'
110.00'
35'
AB#3
Pit 3
5265 ft2 Drip
Repair Area
Pit 4
AB#4
Scale 1"=40'
North
Proposed Well
50' radius
25'
0.677 Acre
N 88° 58' 00" W
268.30'
N 88° 57' 53" W
268.64'
Driveway off of Bob
White Lane
POOL
30'
25'
90'
HOUSE
25'
70'
15'
D-Box
ST
Pit 2
W1 45'
O3 46'
B4 50'
P6 40'
B2 50'
W5 50'
AB#2
AB#1
B7 26'
Pit 1
110.00
10' between house
and septic system.
10' between
property line and
septic system.
160.02
HENRY
neighbors septic in front
approved 9-10-20
CCN



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
9/7/2020

**Reference: Data Sheet for Henry Lane; Lot 5 Kelly Cove; PID# 4645185888.000; Iredell County, NC**

**House Footprint:** See attached plan
**Building Setback:** 60' Front 35' Rear, 25'&15' Side
**Water Source:** Private Well
**Number of Bedrooms:** 4/480 GPD
**Proposed LTAR:** 0.3 gpd/ft2
**Suggested Initial System Type:** Horizontal PPBPS; Gravity
**Repair System LTAR:** 0.125 gpd/ft2
**Repair System Type:** Drip Dispersal
**Distribution:** Gravity – Distribution Box
**Septic/ Pump tank size:** 1000 gallon septic tank
**Proposed Trench Bottom:** 22"




| Line | Design Length | Actual Length | Number of Panels |
|---|---|---|---|
| **White 1** | **45'** | **45'** | **10** |
| **Blue 2** | **50'** | **50'** | **12** |
| **Orange 3** | **45'** | **46'** | **10** |
| **Blue 4** | **50'** | **50'** | **12** |
| **White 5** | **50'** | **50'** | **12** |
| **Pink 6** | **40'** | **40'** | **9** |
| Blue 7 | | 26' | |

**Initial System:** 280' PPBPS; Gravity
**Repair System:** 5265 ft2 Drip Repair

**Comments:** The purpose of the evaluation is to permit this site for a 4-bedroom residence.

- No cuts of 2' or greater within 15' of any part of the system.
- The tank location has been marked using a red pin flag.
- The pool has been marked with blue pin flags and is located within the area surveyed as the house box.
- The well has been located using a red pin flag.

approved 9-10-20
CCN

# 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-310741

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:** (X) 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:** CARTER Custom Bldrs, Inc **Address:** 9149 BARNETT RD Concord **Zip:** 28027
**Applicant Email:** Carterbuilders1234@gmail.com **Phone:** 704-201-6704 **Alt. Phone:** Trent
**Owner Name:** Brian Montgomery **Address:** 553 Beaty St. Davidson **Zip:** 28036
**Owner Email:** BMontgomery@AnthonySylvan.com **Phone:** 980-254-4112 **Alt. Phone:**

**Property Information:**

**Street Address:** 126 Henry Lane Mooresville
**Subdivision Name:** Kelly Cove **Section/Phase:** **Lot Number:** 5
**Driving Directions:** Alcove Rd turn onto Templeton Rd, Turn R onto Henry

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

**CHECK FOUNDATION TYPE**

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

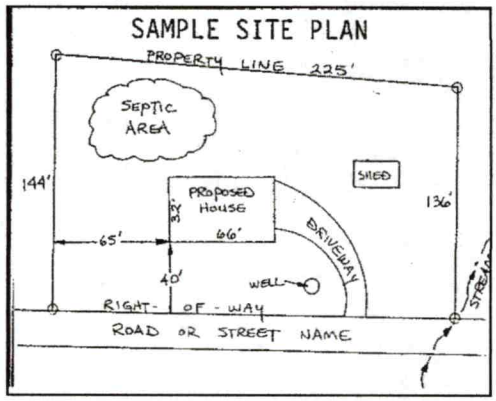
**Signature:** _____ 10/22/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

- (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 and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other sufficient indicator of direction**

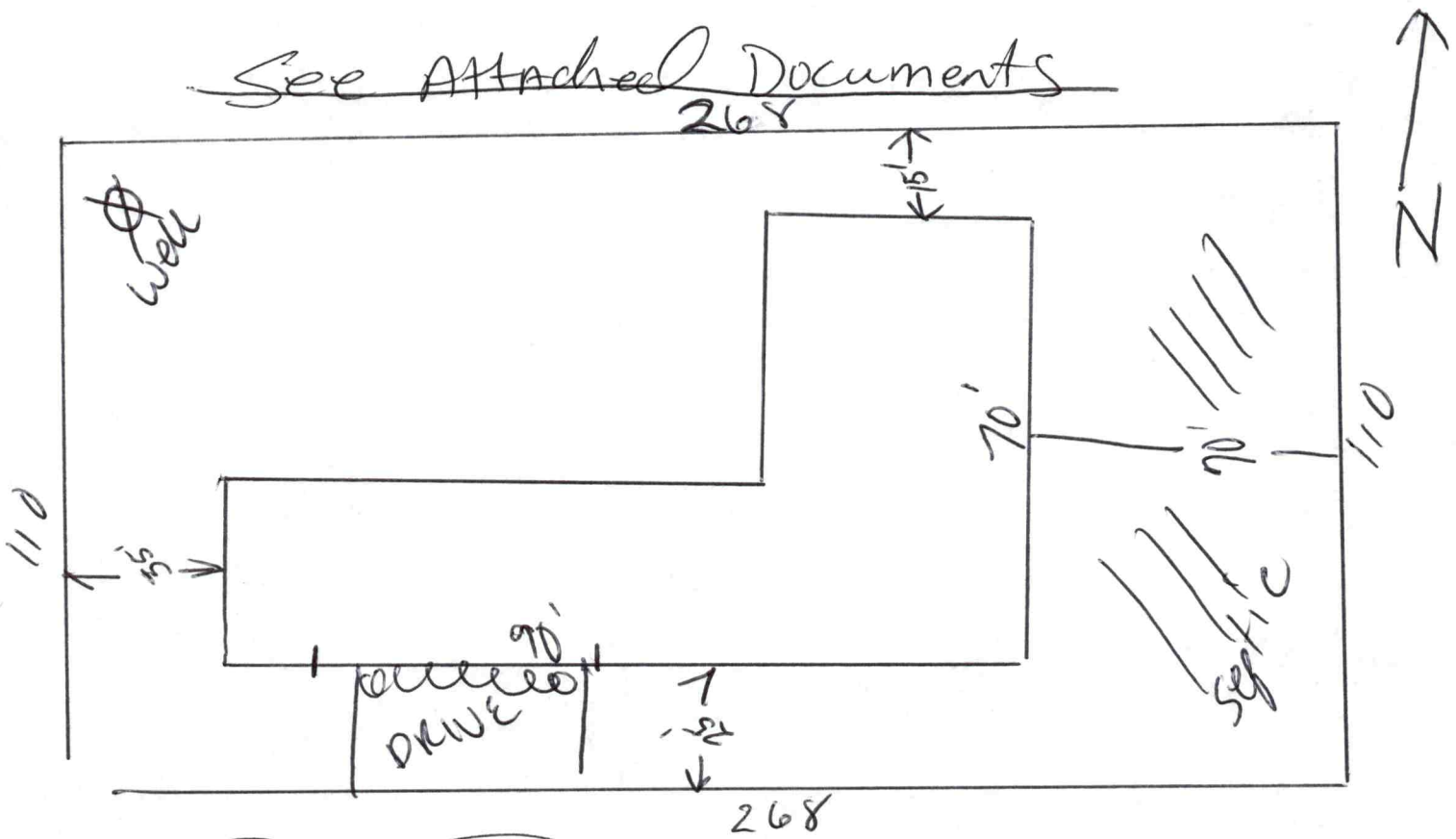
**Circle N/A on the following if appropriate:**

| | |
|---|---|
| **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 Documents




**Signature:** _____

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

10/22/21

**DATE**

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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, Brian Montgomery, am the legal owner(s) of the property located at 176 Henry Lane Mooresville, identified as PIN (Parcel Identification Number) 4645185888, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CARTER Custom Bldrs, Inc. TRENT CARTER, 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.

BMont
_____
Signature of Owner(s)

10-23-21
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

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

3 cw

PERMIT # 31074

PIN # 4645 - 185 - 888

APPLICANT/OWNER: Brian Montgomery

APPLICANT ADDRESS: 553 Beaty St, Davidson

SITE ADDRESS: 120 Henry Ln, Mooresville

PHONE: 980-254-4112 ALT. PHONE -

SITE DIRECTIONS: Exit 33 to Alcove Rd → R Templeton → R Henry → lot corner of Henry + Bobwhite Ln

SUBDIVISION: Kelly Cove SECTION: 1 LOT # 5 LOT AREA: 1.677 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: .3 (.125R)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | |
| Pump Make | | | Model | | Serial # | | | | |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 280' | | | | |
| Trench Width | 36" | Trench Bottom Depth (Deepest) | 22" | Gravel Depth | - | | | | |

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: horizontal PPBOS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO drip

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached design from 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.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

COPY

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Owner / Applicant Signature: Sondra J Montgomery Date: 9-14-20 Installed by:

IMPROVEMENT PERMIT by: Carla C. Nixon Date: 9-10-20 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.



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
9/7/2020

**Reference: Data Sheet for Henry Lane; Lot 5 Kelly Cove; PID# 4645185888.000; Iredell County, NC**

**House Footprint:** See attached plan
**Building Setback:** 60' Front 35' Rear; 25'&15' Side
**Water Source:** Private Well
**Number of Bedrooms:** 4/480 GPD
**Proposed LTAR:** 0.3 gpd/ft2
**Suggested Initial System Type:** Horizontal PPBPS; Gravity
**Repair System LTAR:** 0.125 gpd/ft2
**Repair System Type:** Drip Dispersal
**Distribution:** Gravity – Distribution Box
**Septic/ Pump tank size:** 1000 gallon septic tank
**Proposed Trench Bottom:** 22"




| Line | Design Length | Actual Length | Number of Panels |
|---|---|---|---|
| White 1 | 45' | 45' | 10 |
| Blue 2 | 50' | 50' | 12 |
| Orange 3 | 45' | 46' | 10 |
| Blue 4 | 50' | 50' | 12 |
| White 5 | 50' | 50' | 12 |
| Pink 6 | 40' | 40' | 9 |
| Blue 7 | | 26' | |

**Initial System:** 280' PPBPS; Gravity
**Repair System:** 5265 ft2 Drip Repair

**Comments:** The purpose of the evaluation is to permit this site for a 4-bedroom residence.

- No cuts of 2' or greater within 15' of any part of the system.
- The tank location has been marked using a red pin flag.
- The pool has been marked with blue pin flags and is located within the area surveyed as the house box.
- The well has been located using a red pin flag.

approved 9-10-20
CCN

RECEIVED SEP 9 - 2020

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $350.00

## Iredell County Health Department – Environmental Health Division

AP- 310741

**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:** (PRINT CLEARLY) Gary - Michael Athanas

**Applicant Name:** Brian Montgomery **Address:** 553 Beaty Street Davidson, NC **Zip:** 28036

**Applicant Email:** BMontgomery@AnthonySylvan.com **Phone:** 980-254-4112 **Alt. Phone:** _____

**Owner Name:** STRACHAN STEPHEN M+DEBORA F **Address:** 113 E VISTA VIEW PL MOORESVILLE NC **Zip:** 28117

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

**Property Information:**

**Street Address:** 126[illegible] Henry Lane Mooresville, NC

**Subdivision Name:** Kelly Cove **Section/Phase:** 1 **Lot Number:** 5

**Driving Directions:** Templeton Road to Right on Henry Lane. Lot on the corner of Henry Lane and Bobwhite Lane.

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(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: _____ 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: _____
(X) 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.***

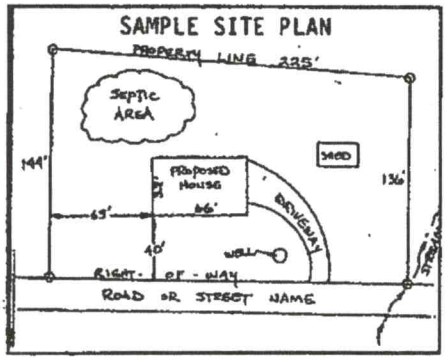
**Signature:** Brian Montgomery 8-28-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

- (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 and well location
- (X) Area you prefer your septic system to be placed
- ( X ) 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:** Brian MacPherson

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

5-25-20

DATE

## gary michaelathanas.com

**From:** scott michaelathanas.com
**Sent:** [redacted]
**To:** [redacted]
**Subject:** FW: Iredell County Proposal
**Attachments:** Henry Lane Data Sheet.doc

Updated Data sheet for Henry Lane along with Brad's response.

Scott Kennedy
Michael Athanas and Associates
Cell: 803-493-1425



**From:** [redacted]
**Sent:** Friday, September 4, 2020 11:35 AM
**To:** scott michaelathanas.com <scott@michaelathanas.com>
**Subject:** Re: Iredell County Proposal

Scott,

Yes I think this system should installed with a standard d box and gravity flow distribution. The only thing is see that will need an adjustment was line 6 does need 9 panels. This is a Very straight forward and solid design. Thank you four all you do,

Brad Johnson
T & J Panel Inc.
(704)880-7697

> On Sep 4, 2020, at 9:29 AM, scott michaelathanas.com <scott@michaelathanas.com> wrote:
>
> Brad,
> Attached is the design that you spoke to Michael about this morning. Let me know if you have any questions or comments. Thanks.
>
> Scott Kennedy
> Michael Athanas and Associates

DocuSign Envelope ID: 5494B119-F12A-4E29-9001-58F54FB9D892

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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, Stephen Strachan Debora Strachan, am the legal owner(s) of the property located at Lot 5 120 Henry Ln, identified as PIN (Parcel Identification Number) 4645-18-5888.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Brian Montgomery, Sondra Montgomery, 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: Stephen M. Strachan 3B44AB6F6E4C4B0...
DocuSigned by: Debora E. Strachan 8237848E94413...
Signature of Owner(s)

8/12/2020
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

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 310741<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4645185888.000 | | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: STRACHAN STEPHEN M+DEBORA F | Name: MICHAEL ATHANAS & ASSOCIATES |
| Address: | Address: 561 ENNIS RD<br>WEDDINGTON, NC 28173 |
| Phone: | Phone: (704)576-3887 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R-20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.677 | 35 | 35 | 25 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| SFD |

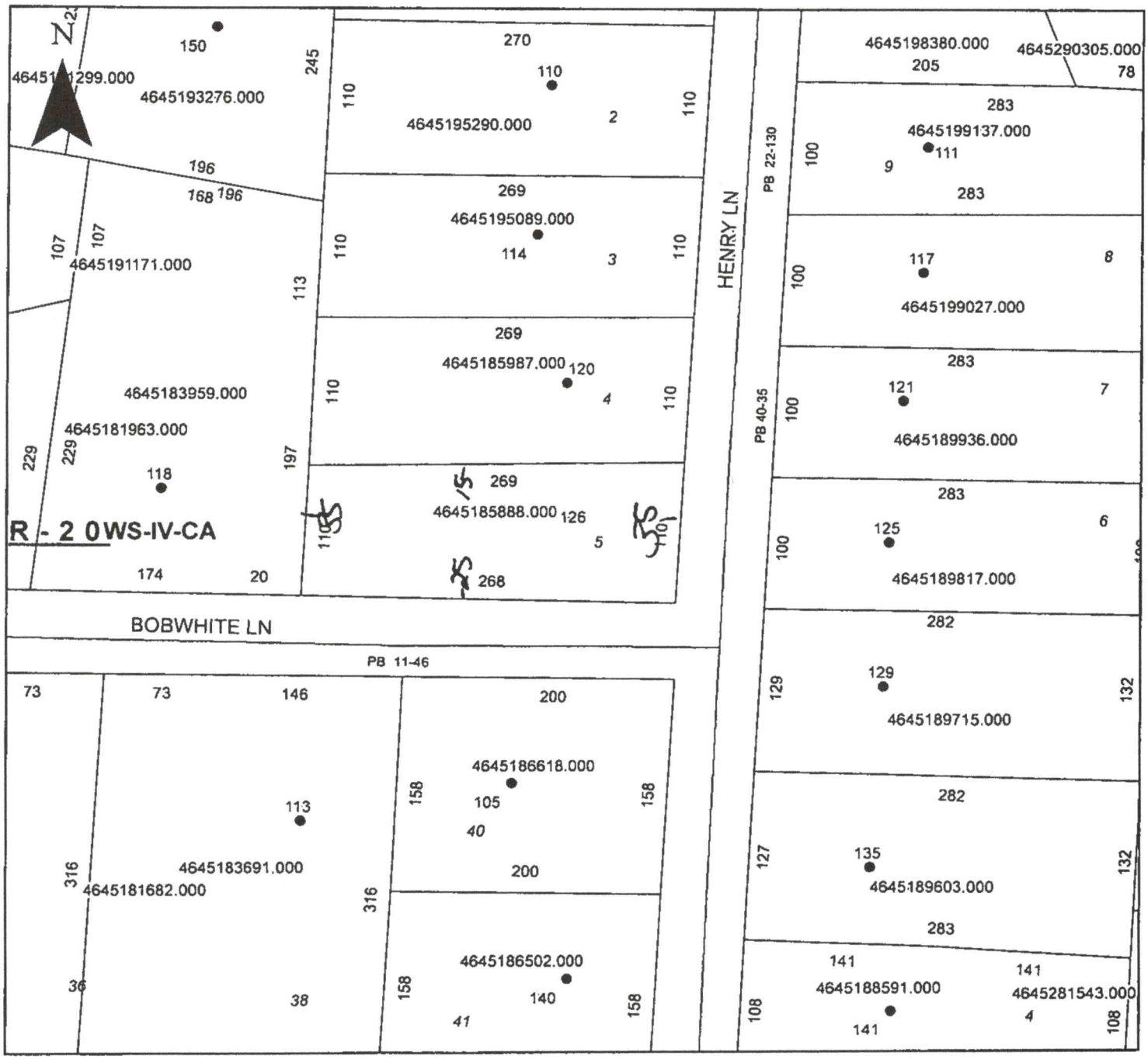
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

**Date:** 09/09/2020

Signature of Owner/Contractor

| Permit Number | 310741 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 126 Henrey Lane

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. Applicant further acknowledges that the 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.

9/9/2020

**DEPARTMENT OF PLANNING & DEVELOPMENT**
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

# Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes No If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

**Owner Information**

Property Owner's Name Stephen Strachan Phone # _____

Owner's Current Address 113 E Vista View Pl, Mooresville, NC 28117

**Property Information**

Property Address 126 Henry Ln Parcel # 4645185888

Subdivision: Kelly Cove Lot: 5 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

**Application Information**

Applicant's Name or Company Michael Athanas & Associates Applicant's Phone # _____

Applicant's Address 561 Ennis Rd, Weddington, NC 28173

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 9/9/2020

0.677
R-20
WS-IV-CA
NO

126 Henry Ln