ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 313041

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

PIN # 4645 -26 -6460 ~~-6460~~ 6330

APPLICANT/OWNER: Scott + Kay Mattia APPLICANT ADDRESS: 170 Queens Cove Rde Mooresville NC 28117.

SITE ADDRESS: 170 Queens Cove Rde Mooresville NC 28117. ✓ PHONE: – ALT. PHONE –

SITE DIRECTIONS:

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Queens Cove ✓ SECTION: 3 ✓ LOT # 113 ✓ LOT AREA: .89 Ac DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Existing	Date	Existing	☐ 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:	Gravity - 50% Reduction + Existing	☐ Business	No. Persons	8	☒ Private
Pump Make	–	Model	–	Serial #	–	Repair System Description:	T3II Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	136	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth ~~(Lowest)~~	36 in max	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Michael Athmas + Associates Inc

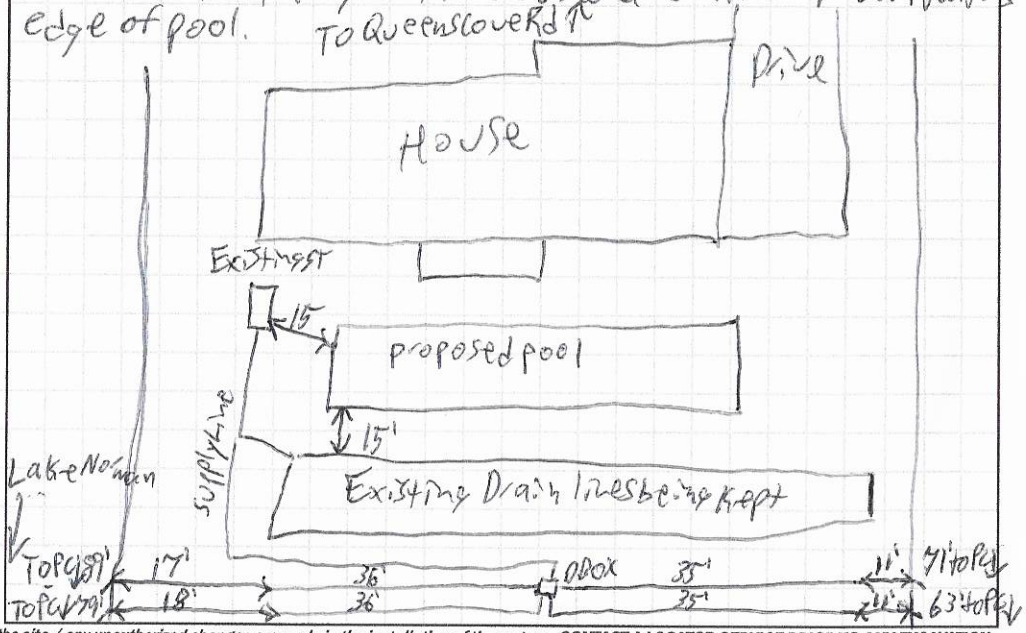
LSS # 1252.

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.

Not to Scale

4/13/2021: Drainlines all checked and good. Tank and drainlines that are going to be used are all 15' from water's edge of pool.



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**

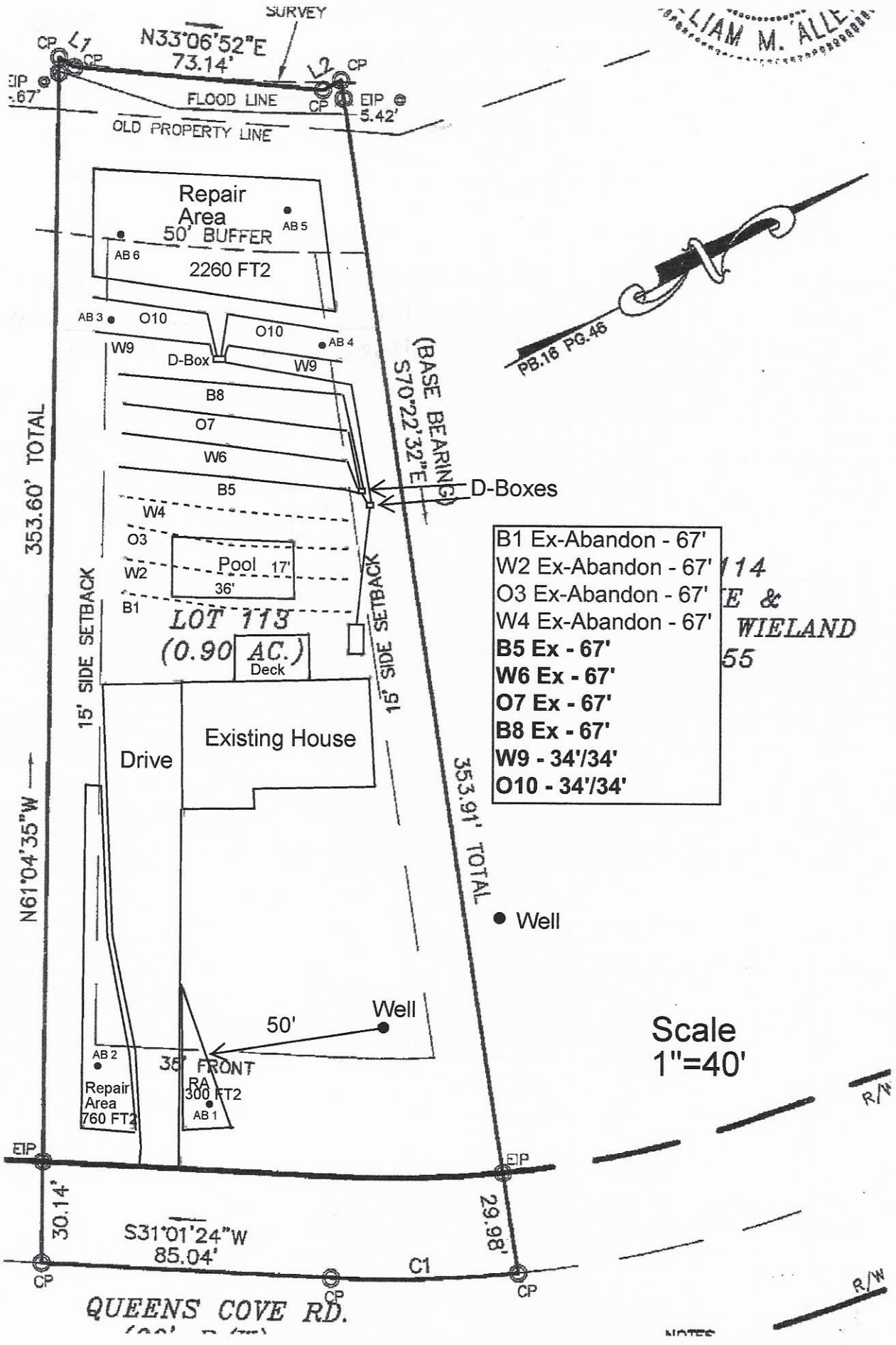
☐ **IMPROVEMENT PERMIT** *with ~~plat~~ valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

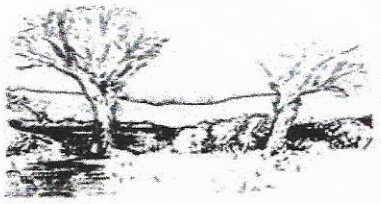
Owner / Applicant Signature: Date: 1/15/21 Installed by: (Scott) Greenway Waste Solutions

IMPROVEMENT PERMIT by: Iredell County Health Department Date: 12-11-2020 OPERATION PERMIT by: Patrick J Boyle III Date: 4/13/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin Date: 6/21/2021 Existing System Inspected by: Date:

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


SURVEY
N33°06'52"E
73.14'
L1
L2
CP
EIP
FLOOD LINE
OLD PROPERTY LINE
5.42'
Repair Area
50' BUFFER
2260 FT2
AB 5
AB 6
AB 3
AB 4
O10
O10
W9
D-Box
W9
B8
O7
W6
B5
W4
O3
W2
B1
Pool
17'
36'
LOT 113
(0.90 AC.)
Deck
Drive
Existing House
353.60' TOTAL
15' SIDE SETBACK
15' SIDE SETBACK
(BASE BEARING)
S70°22'32"E
D-Boxes
PB.16 PG.45
B1 Ex-Abandon - 67'
W2 Ex-Abandon - 67'
O3 Ex-Abandon - 67'
W4 Ex-Abandon - 67'
B5 Ex - 67'
W6 Ex - 67'
O7 Ex - 67'
B8 Ex - 67'
W9 - 34'/34'
O10 - 34'/34'
353.91' TOTAL
N61°04'35"W
Well
Well
50'
Scale
1"=40'
AB 2
35' FRONT
RA
300 FT2
AB 1
Repair Area
760 FT2
EIP
EIP
30.14'
29.98'
S31°01'24"W
85.04'
C1
CP
CP
CP
QUEENS' COVE RD.
R/W
R/W



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
11/25/2020

Reference: Data Sheet for 170 Queens Cove Rd, Queens Cove Lot 113
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.15 GPD/FT^2 (repair)
Proposed System Type: Existing Conventional + Vertical PPBPS (8' on Center)
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Gravity-Distribution Boxes
Septic Tank Size: Existing 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Blue 1 Ex-Abandon	67'	67'
White 2 Ex-Abandon	67'	67'
Orange 3 Ex-Abandon	67'	67'
White 4 Ex-Abandon	67'	67'
Blue 5 Ex	**67'**	**67'**
White 6 Ex	**67'**	**67'**
Orange 7 Ex	**67'**	**67'**
Blue 8 Ex	**67'**	**67'**
White 9 New	**34'/34'**	**73'**
Orange 10 New	**34'/34'**	**72'**



Initial System: 268' Existing Conventional + 136' PPBPS
Repair System: 3320 FT^2

Comments:
The existing system is installed as 8 lines at 67'. The first 4 lines must be abandoned to make room for a pool. According to the permit, the existing lines are fed by a distribution box. The new lines will be fed by a distribution box and the effluent should be split equally between the existing and new systems.
The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).



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

Session Law

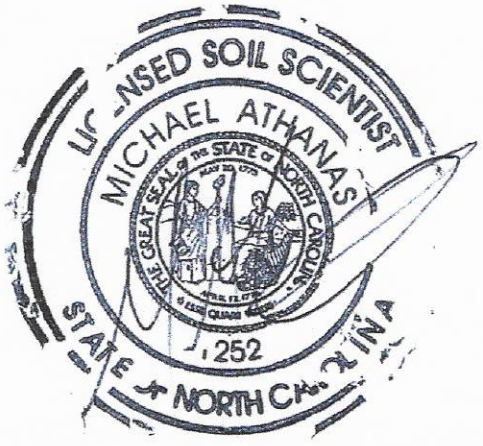
Property:

170 Queens Cove Rd
Mooresville, NC 28117
Queens Cove Lot 113
PIN 4645266330

Prepared for:

Scott & Kay Mattia

12/1/2020



PROPERTY ID #: 4645266330__
COUNTY: ___Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Scott & Kay Mattia_____ APPLICATION DATE_____
ADDRESS: 170 Queens Cove Rd, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 BDRM_____ PROPOSED DESIGN FLOW (.1949): ___450 GPD____ PROPERTY SIZE: ___0.90 AC_____
LOCATION OF SITE: 170 Queens Cove Rd, Queens Cove Lot 113_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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	
1	LS 5%	0-34	R C SBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3
		34-50	R CL WSBK	FR SS SP SXP					
2	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	24+"	N/A	N/A	Drip 0.15
		6-24	R C SBK	FR SS SP SXP					
3	LS 10%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		3-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP					
4	LS 10%	0-44	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		44-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	804 FT^2+272FT^2	3320 FT^2
System Type(s)	Ex Conv+Panel	TSII DRIP
Site LTAR	0.3	0.15

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

COMMENTS:_ *The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)*_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4645266330
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
5	LS 10%	0-4	Br CL WSBK	FR SS SP SXP	Few Litho	27+"	N/A	N/A	DRIP 0.15
		4-27	R C SBK	FR SS SP SXP					
6	LS 10%	0-10	R C SBK	FR SS SP SXP	N/A	36+"	N/A	N/A	PS 0.3
		10-36	R CL WSBK	FR SS SP SXP					

MICHAEL ATHANAS & ASSOCIATES

NC LICENSED SOIL SCIENTIST
SC PROFESSIONAL SOIL CLASSIFIER
561 Ennis Rd Weddington, NC 28173
MIKE@MICHAELATHANAS.COM
WWW.MICHAELATHANAS.COM
(704) 576-3887

Date: 11/25/2020
Project Name

SESSION LAW 218-114, SECTION 11. (C) /HOUSE BILL 374, SECTION 11. (C)
AUTHORIZATION FORM

Michael Athanas & Associates (MA&A) has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (County) on behalf of Scott Mattia. (Owner/Applicant for the property located at - 170 Queens Cove Rd, Mooresville, NC 28117 (address/PIN)

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 section 11 . (c)

By completing this form, sign and dating you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative Scott Mattia
Mailing address 170 Queens Cove Rd, Mooresville, NC 28117
Telephone Number (571) 268-0550
Email Address scott.mattia@gmail.com

Signature of Owner/ Owner Legal Rep.

11/25/2020
Date

RECEIVED DEC 2 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-313041

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Scott & Kay Mattia **Address:** 170 Queens Cove Rd, Mooresville, NC **Zip:** 28117

Applicant Email: scott.mattia@gmail.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 170 Queens Cove Rd

Subdivision Name: Queens Cove **Section/Phase:** _____ **Lot Number:** 113

Driving Directions: _____

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

( ) 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: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____

( ) 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 (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

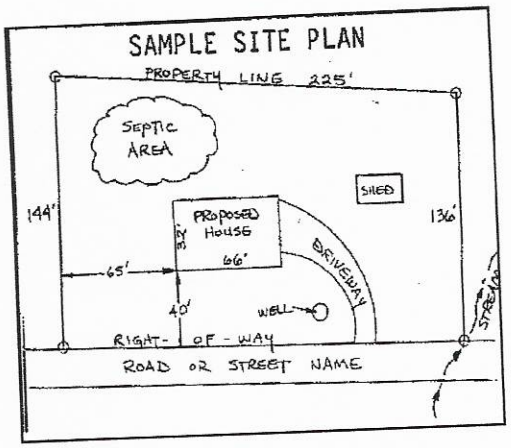
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 12/1/2020
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:

( ) 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: _____ 12/1/2020

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PROPERTY DESCRIPTION NO. 17B97 DATE Sept 22, '94 TAX MAP NO. 2H 11 C 113 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Lee Christcouch PHONE: Business Home EV 4645-26-6330

ADDRESS

LOCATION 1206 (Alcove) TR Templeton TR Camino Real TR Queens Circle ~.2 mile on Right

SUBDIVISION Queens Cove BLOCK / SECTION 3 LOT 113 LOT AREA ~38,000 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Bt Bellinger Date 2-28-95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet 1620 Linear Feet 540

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: Brevi PTBTS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

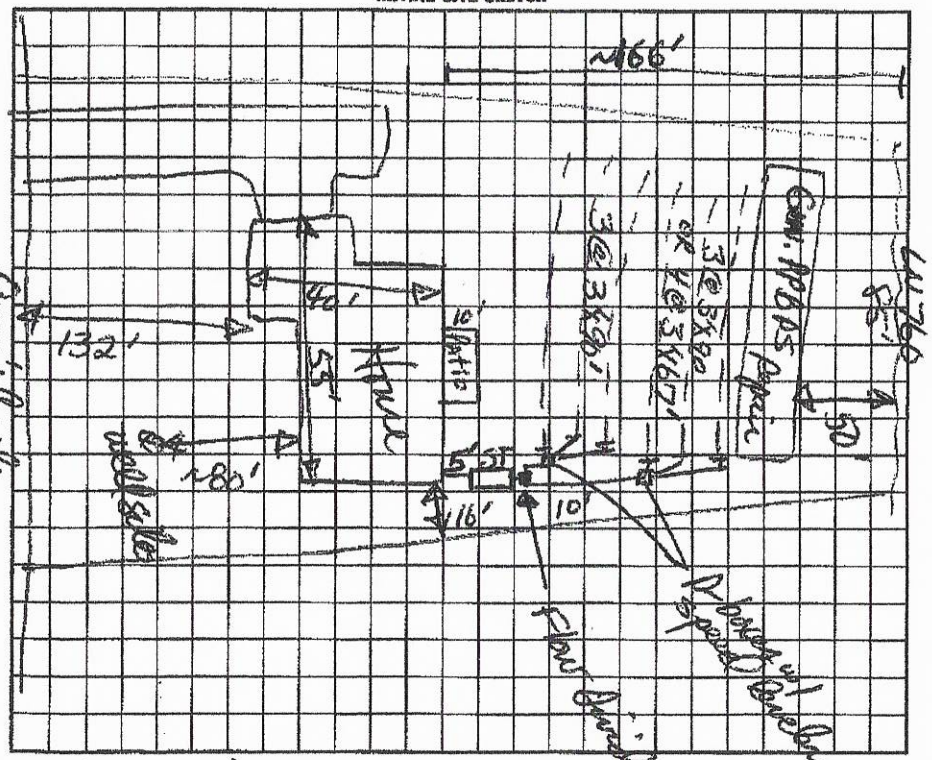
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

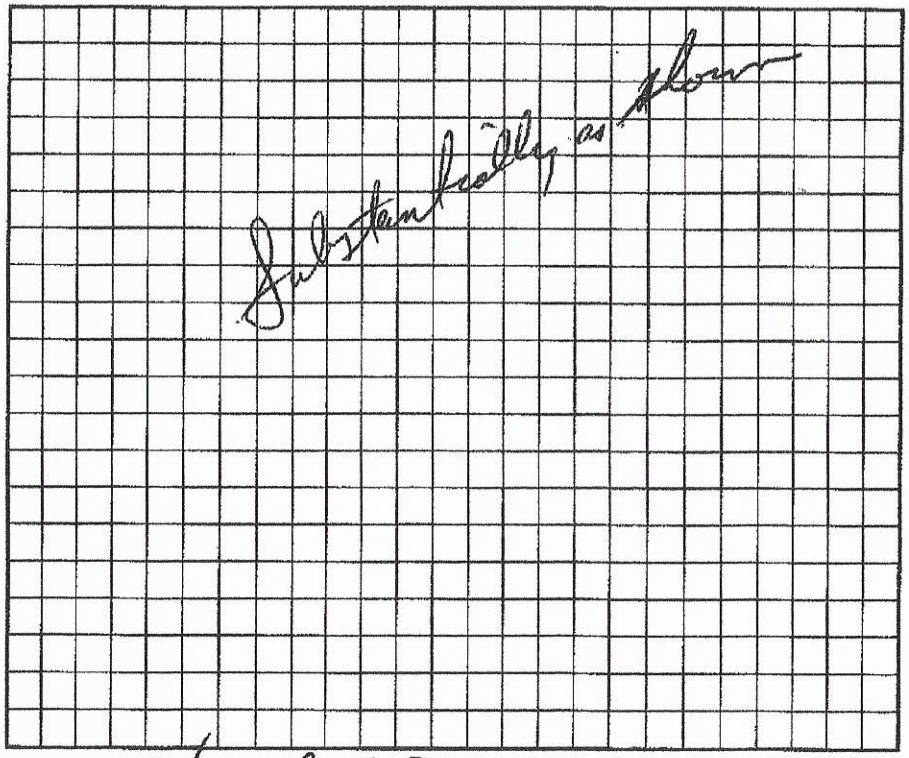
Comments: Manifold 270' for each subfield. Follow contour w/ laterals.

Comments: Upper fields on 4 laterals also.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: X

Improvement Permit by: Jack D Johnson, RS date 9-22-94

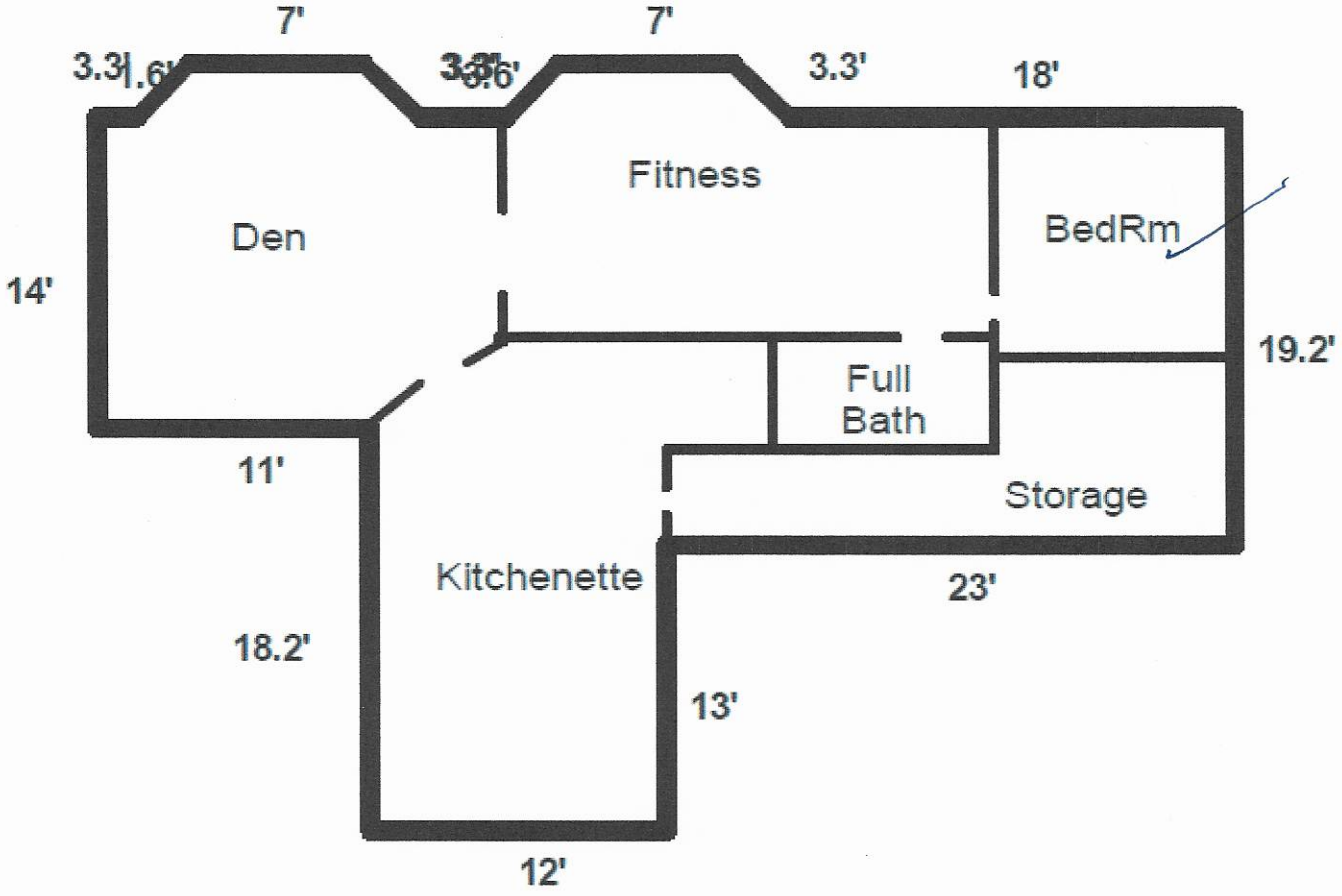
Existing System Inspection by: date

Installed by: Kenny Pellenger

Certificate of Completion by: DK Hinson, RS date 5/16/95

Operation Permit by: date

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



00 - BASEMENT (WALK OUT)

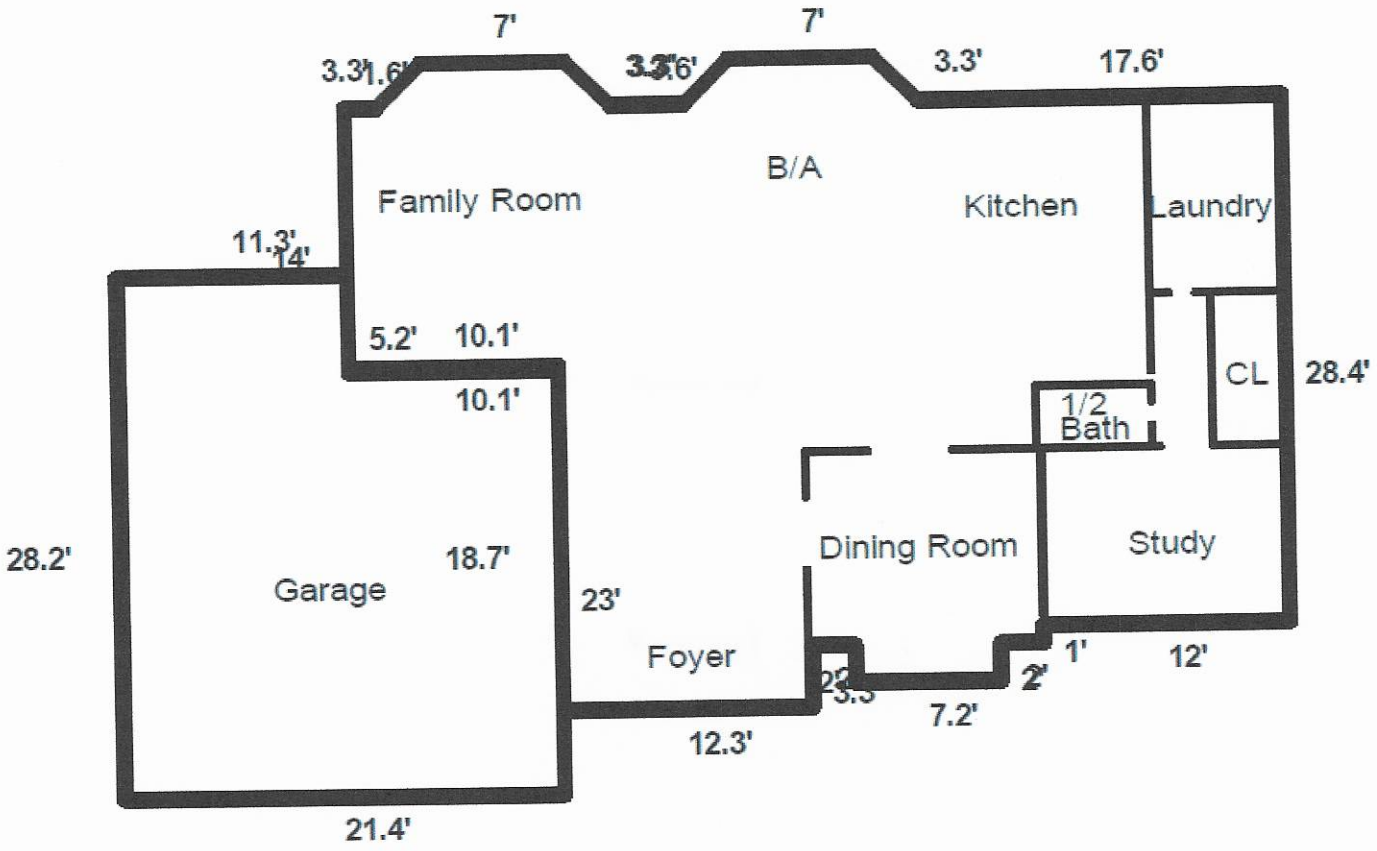
Acknowledgement Of
Plans Submittal ONLY!

Date _____

Date _____

Scott Mattia
170 Queens Cove Rd
Mooresville, NC 28117

6/21/2021



01 - FIRST FLOOR

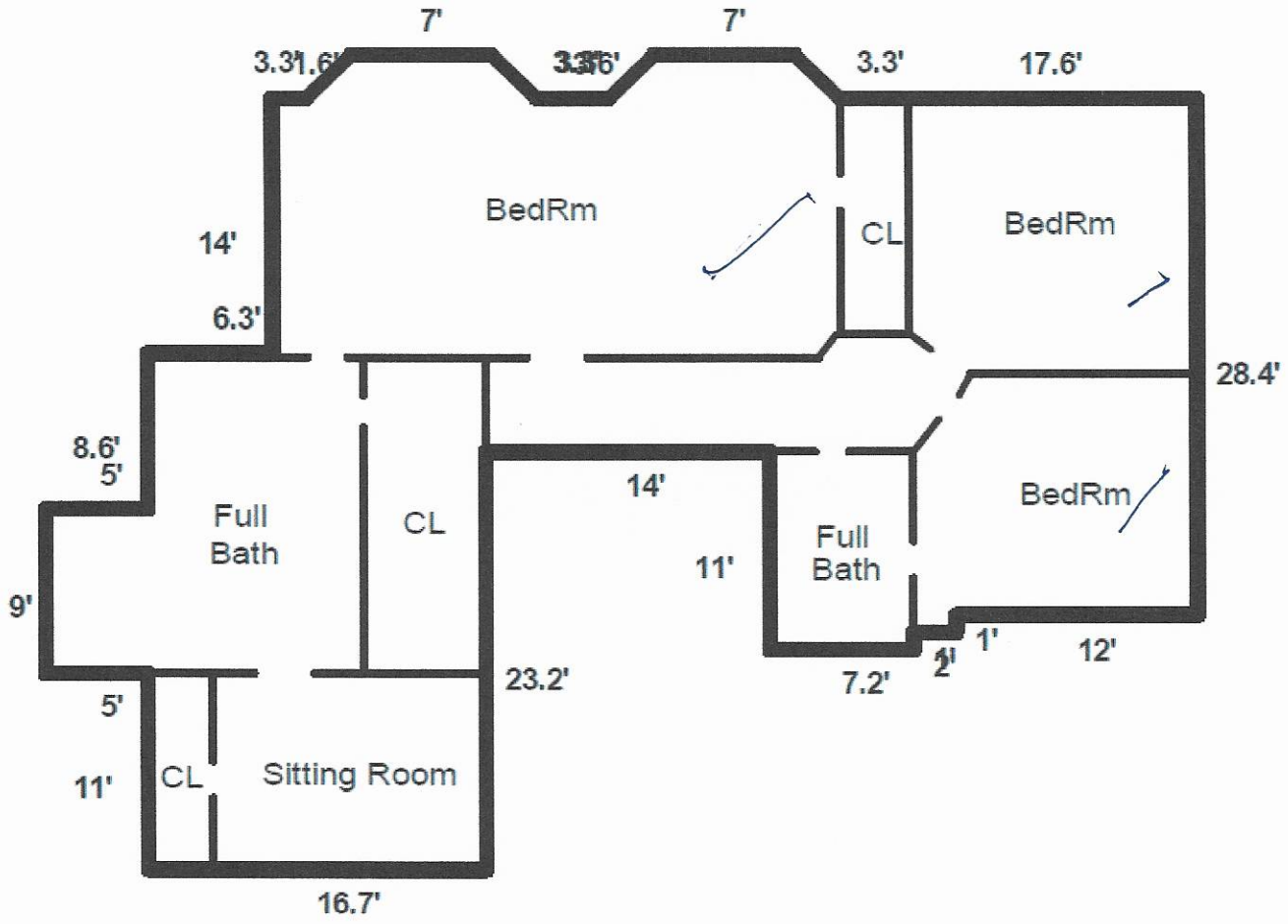
Acknowledgement Of
Plans Submittal ONLY!

Date _____

Date _____

6/21/2021

Scott Mattia
170 Queens Cove Rd
Mooresville, NC 28117



SECOND FLOOR

Acknowledgement Of
Plans Submittal ONLY!

Date _____

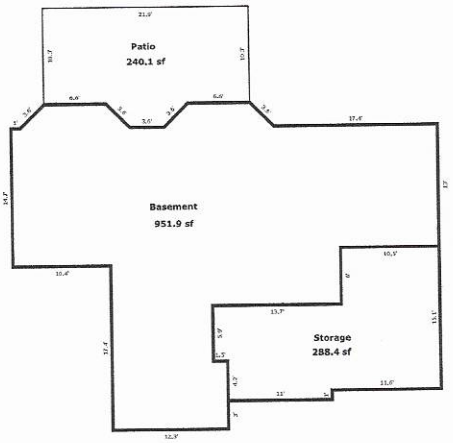
Date _____

6/21/2021

Scott Mattia
170 Queens Cove Rd
Mooresville, NC 28117

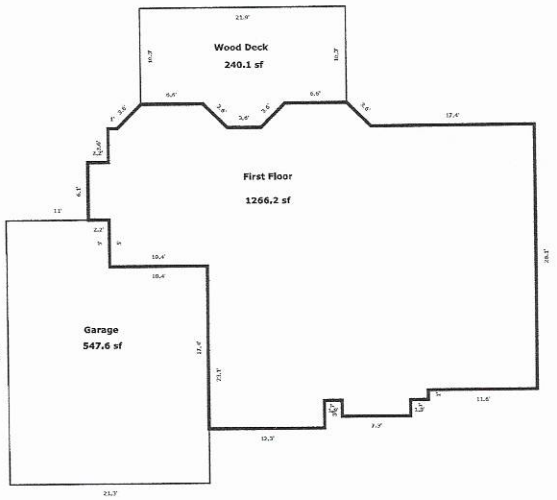
170 Queens Cove Road, Mooresville NC 28117

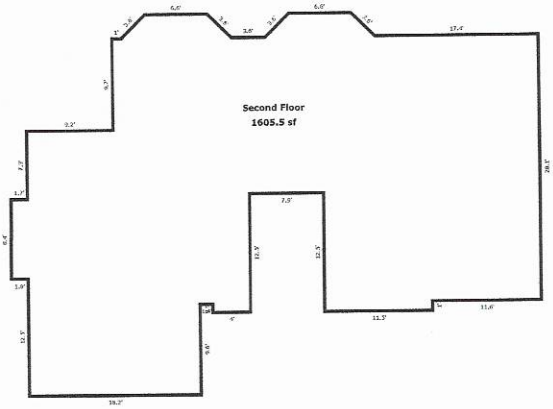
Property Address	**170 Queens Cove Road**		
City **Mooresville**	County **Iredell**	State **NC**	Zip **28117**
Borrower			
Lender/Client **Lawrie Lawrence Real Estate**		L/C Address	**702-A Brawley School Road · Mooresville, NC**
Appraiser Name **R H E Inc**		Appr Address	**PO Box 4103 Mooresville NC**





6/16/2021





Scale: 1" = 10'

AREA CALCULATIONS SUMMARY

Code	Description	Net Size	Net Totals
GLA1	First Floor	1266.21	1266.21
GLA2	Second Floor	1605.49	1605.49
GLA3	Basement	951.86	951.86
BSMT	Basement	288.43	288.43
GAR	Garage	547.63	547.63
P/P	Wood Deck	240.13	
	Patio	240.13	480.26
Net LIVABLE Area		(rounded)	3824

LIVING AREA BREAKDOWN

	Breakdown			Subtotals
First Floor				
	2.5	x	6.6	16.80
0.5 x	2.5	x	2.5	3.24
0.5 x	2.5	x	2.5	3.24
	45.4	x	3.6	161.95
0.5 x	2.5	x	2.5	3.17
	29.0	x	0.0	0.82
	47.5	x	6.1	290.02
	6.6	x	2.5	16.64
	5.0	x	45.4	226.82
0.5 x	2.5	x	2.5	3.17
	13.4	x	35.0	466.99
	3.0	x	12.3	36.90
	1.7	x	7.3	12.63
	1.0	x	23.3	23.82
Second Floor				
	29.0	x	0.0	0.82
0.5 x	2.5	x	2.5	3.17
	45.4	x	9.7	438.67
	6.6	x	2.5	16.64
0.5 x	2.5	x	2.5	3.24
2				2094.81
43 Items			(rounded)	3824

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313041 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4645266330.000	170 QUEENS COVE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MATTIA SCOTT A+KAY E Address: , Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 Phone: (704)576-3887

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.89	35	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

SWIMMING POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

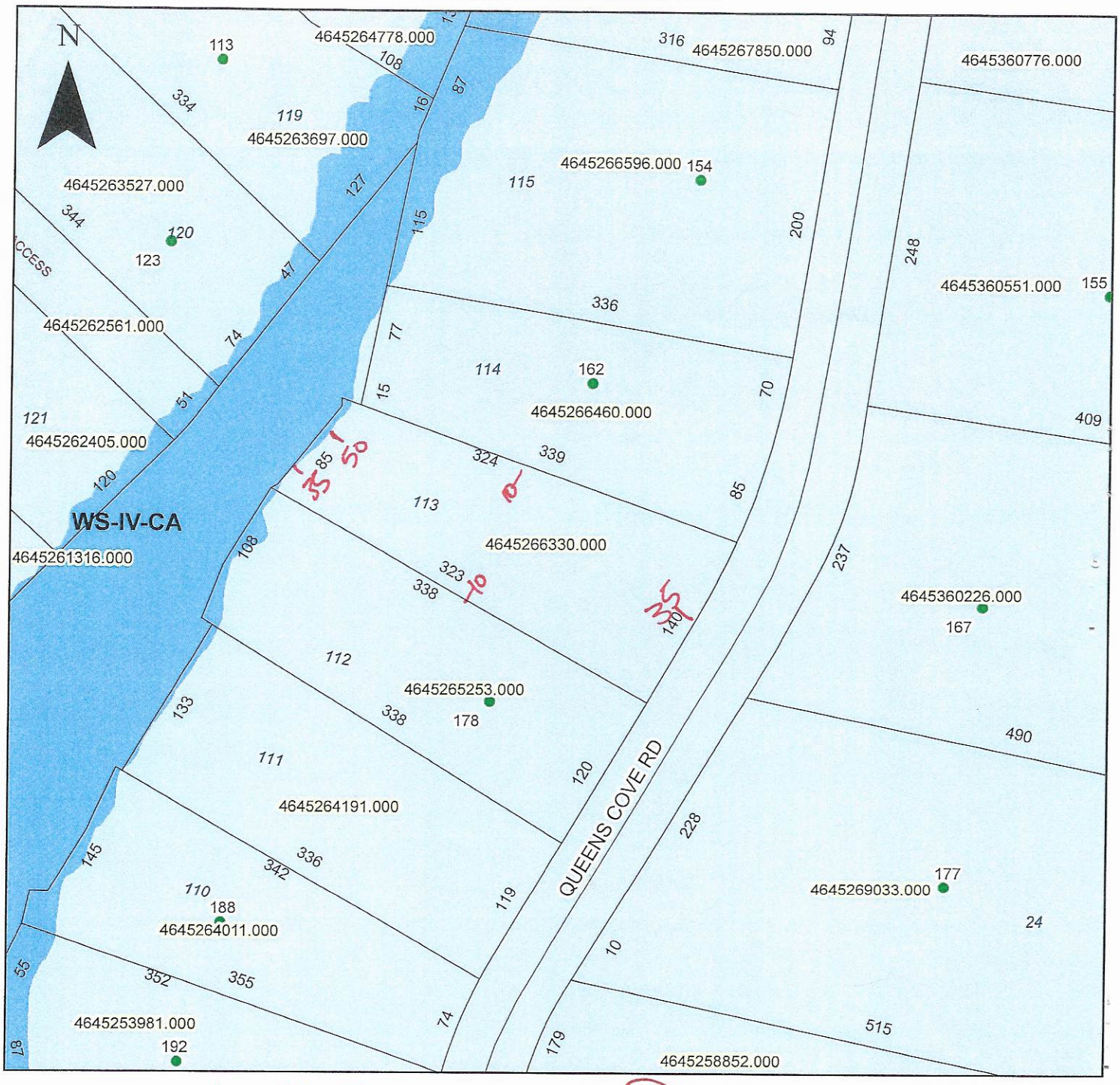
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 12/02/2020

Permit Number	313041	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 170 Queens Cove Rd.

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.

Applicant

12/2/2020
Date