ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244895

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

PIN # 4645293118

APPLICANT/OWNER: John Venable | APPLICANT ADDRESS: 10476 US Hwy 11 Rd Clemmons NC 27012

SITE ADDRESS: 151 Lynn Cove Ln Mooresville NC 28117 | PHONE: 336-462-1583 | ALT. PHONE 704-654-1592

SITE DIRECTIONS: US 21 S to L on Williamson Rd, L on Alcove Rd, R on Templeton Rd, R on Lynn Cove Ln, Lot at end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Morgan Landing | SECTION: — | LOT # 10 | LOT AREA: 0.552 acres | DESIGN FLOW: 360GPD | L.T.A.R.: 3

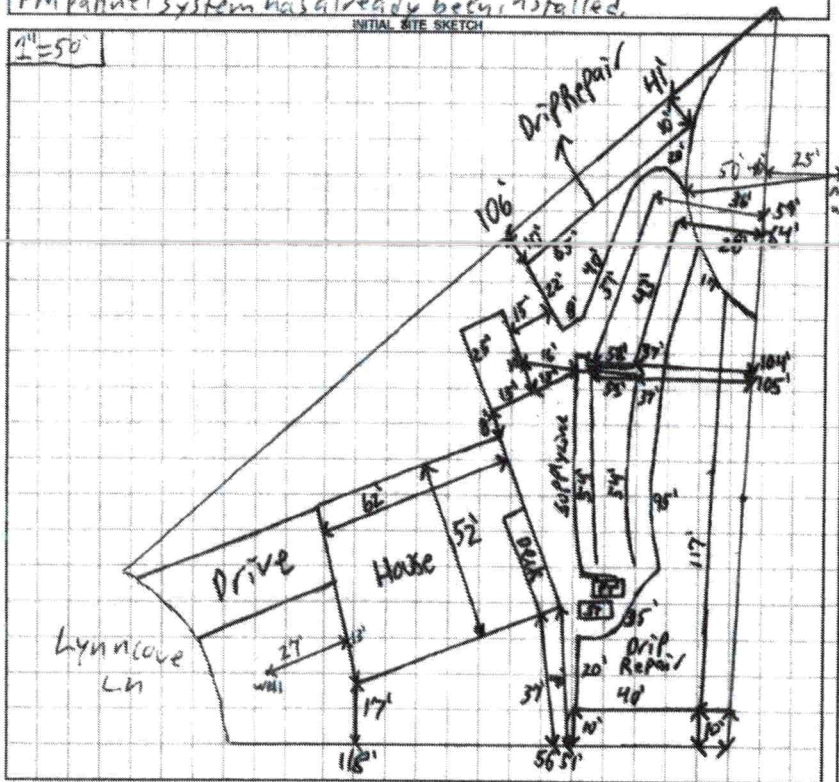
Septic Tank	1000 (gal)	STB	760	Date	11/26/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	12/10/19	System Description:	PM Horizontal Pannel
Pump Make	Zoeller	Model	RX53 BN152	Serial #		Repair System Description:	TSE Drip
# Nitrification Fields	1	# Lines	4	Linear Ft	200'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	

☒ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees:
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: This permit is to replace the original due to the wrong type of system being installed, the horizontal PM Pannel system has already been installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

4/20/2020: system has been Installed as drawn in Initial Site sKetch. Drainlines and Tanks were checked and good. 5/12/2020: Tried to set pressure but pump was not big enough so it needed to be replaced. PM Box was checked and good. heard the alarm in the house but did not check alarm Float

5/14/2020

3.5" tether for on/off float
PM leaking (failed)

12
12
12
10

Alarm float not functional (failed)
Piggy-Back control box antiquated setup but allowed.

46 x 3.6 = 165.6
or
45 (installer can't remember)

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: Acceptance of Permit Card | Date: 5.7.2020 | Installed by: Dewey's Septic and Grading

IMPROVEMENT PERMIT by: Patrick G Bagley III | Date: 4/20/2020 | OPERATION PERMIT by: [signature] | Date: 5-15-2020.

AUTHORIZATION TO CONSTRUCT by: Patrick G Bagley III | Date: 4/20/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, John Venable, am the legal owner or the agent of the property located at 151 Lynn Cove Ln Mooresville NC, identified as PIN(Parcel Identification Number) 4645293118, located in Iredell County, North Carolina.
Permit # 244895.

I do hereby agree to the permit design and the conditions of this permit.

John Venable 4-25-20
Signature of Owner/Authorized Agent Date

4-25-20
Signature of Witness Date

JVenable1010@Att.Net
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

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

	Date	Initials
Drain Lines Checked	4/1/2020	PJB
Tanks Checked	4/3/2020	MD
Pressure Manifold or Valve Box Checked	5/12/2020	PJB
Pressure Head Set		
Electrical Checked	5/12/2020	PJB
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)	4/7/2020	PJB
Comments:		

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: John Venable
ADDRESS: 1047 Gus Hill Rd Clemmons NC 27012
PROPOSED FACILITY: NEW single fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 151 Lynn Cove Ln Mooresville NC 28117
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE 5-21-19
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-10	SCL WSBK	Fr SSSP Sexp	—	48"	some litho inclusions starting at 22"	—	PS, 3
		10-24	C SBK	Fr SSSP Sexp					
		24-48	CL WSBK	Fr SS SP Sexp					
2	SS	0-9	SCL WSBK	Fr SS SP Sexp	—	48"	Some Litho inclusions start at 25"	—	PS, 3
		9-30	C SBK	Fr SS SP Sexp					
		30-48	CL SBK	Fr SS SP Sexp					
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

COMMENTS: Cloudy day

RECEIVED APR 0 6 2020

AP-244895
$320.00

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*

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)

Applicant Name: John Venable Address: 1047 Gus Hill Rd. Clemmons NC Zip: 27012
Applicant Email: JVenable1010@ATT.Net Phone: 336-462-1583 Alt. Phone: _____
Owner Name: Jim DelRay Address: 151 Lynn Cove Lane Mooresville NC Zip: 28117
Owner Email: _____ Phone: 704-654-1572 Alt. Phone: _____

Property Information:

Street Address: 151 Lynn Cove Ln Mooresville NC 28117
Subdivision Name: I77 Toward Charlotte, Exit on Section/Phase: _____ Lot Number: _____
Driving Directions: Williamson Rd. Exit, Straight Across on Alcove Rd., Right on Templeton Rd., Right on Lynn Cove Ln Lot on Left At The End.

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
(✓) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

CHECK FOUNDATION TYPE
(✓) 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: _____

(✓) 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 (✓) 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: John Venable 4-6-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Jim Delray, am the legal owner(s) of the property located at 151 Lynn Cove Lane Mooresville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) John Venable, _____, 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.

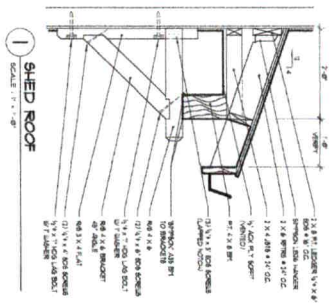
Jim Delray
Signature of Owner(s)

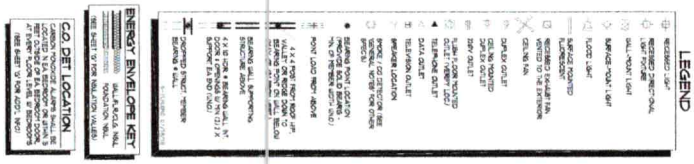
4-6-20
Date

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

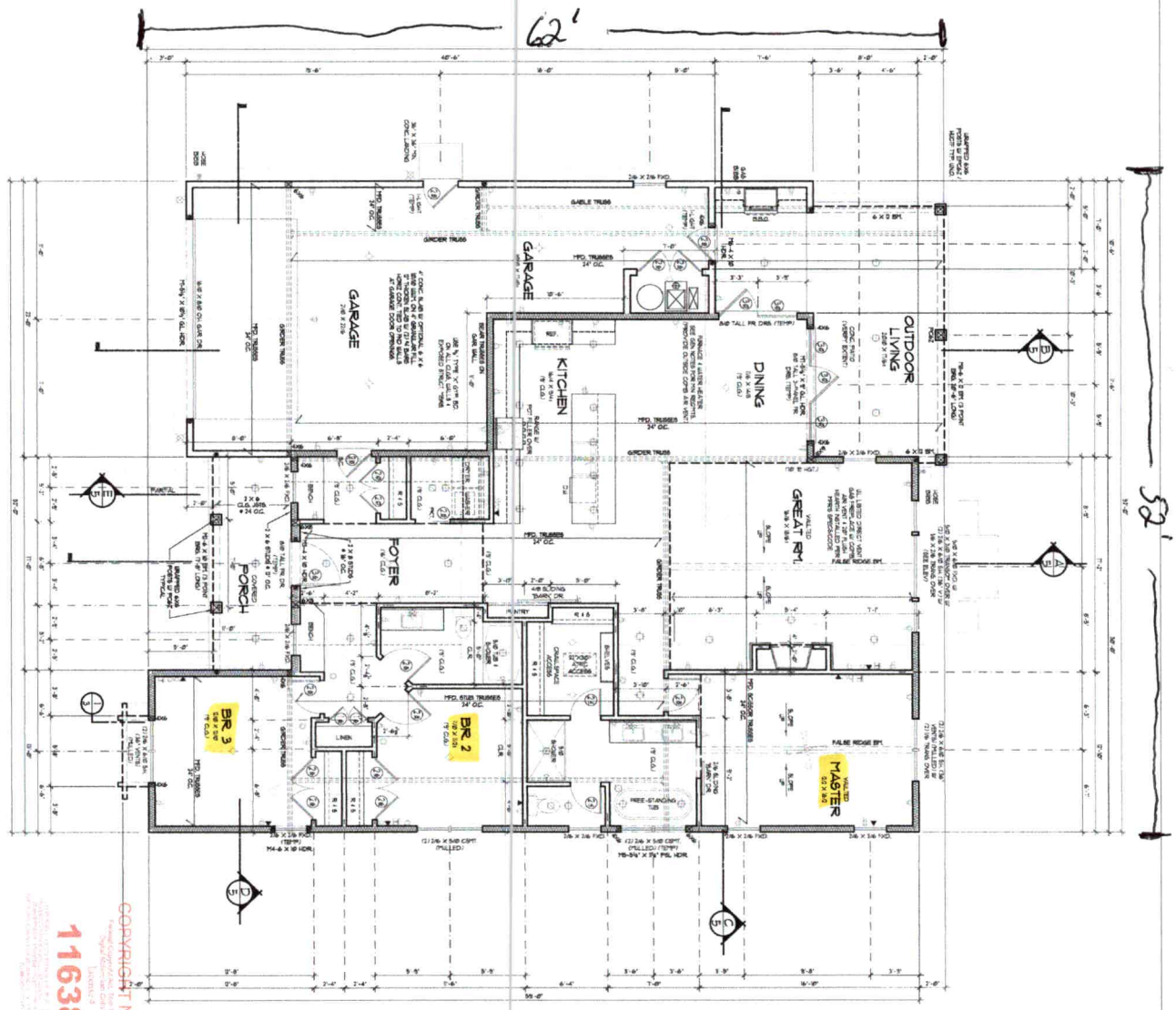
Acknowledgement Of
Plans Submittal ONLY!
Date 5-21-19
Date 06/13/19





62'

52'



MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

SEE LATERAL ENGINEERING AS RECORDED. REFER TO ENGINEERING SHEETS FOR ATTACHMENTS

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116387

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3	1152C
MAIN FLOOR	1878 SQ. FT.
TOTAL AREA	1878 SQ. FT.
GARAGE AREA	682 SQ. FT.

30# SNOW LOAD

ALAN MASCORD DESIGN ASSOCIATES, INC.
http://www.mascord.com

Mascord COLLECTION

IREDELL COUNTY

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

APPLICATION NUMBER
244895
Issue Date: 05/21/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4645293118.000	151 LYNN COVE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOBBS WADE T+LORI G	Applicant: VENABLE, JOHN W.
Address: 108 PATTON COURT	Address: 1047 GUS HILL RD
MOORESVILLE, NC 28117	CLEMMONS, NC 27012
Phone:	Phone: 336-462-1583

Use Requested	Zone Code
NEW SFD - REPLACING PERMIT#101797	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.552	35.00	35.00	15.00	15.00	CACL	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	178299	TOTAL FEES:	$ 79.50