ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315881

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

PIN # 4646261691

APPLICANT/OWNER: William O'Connell | APPLICANT ADDRESS: 19722 schooner Dr cornelius NC 28031

SITE ADDRESS: 360 Sundown Rd mooresville NC 28117 | PHONE: 248-790-9515 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Lon Williamson Rd, Ron Sundown Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mary Knox Atwell | SECTION: — | LOT # 4 | LOT AREA: 0.574 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .276

Septic Tank	1000 (gal)	STB	SHAF 740	Date	7/13/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPP BPS
# Nitrification Fields	1	# Lines	3	Linear Ft:	328'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth		☒ GRAVITY	☐ PRESSURE

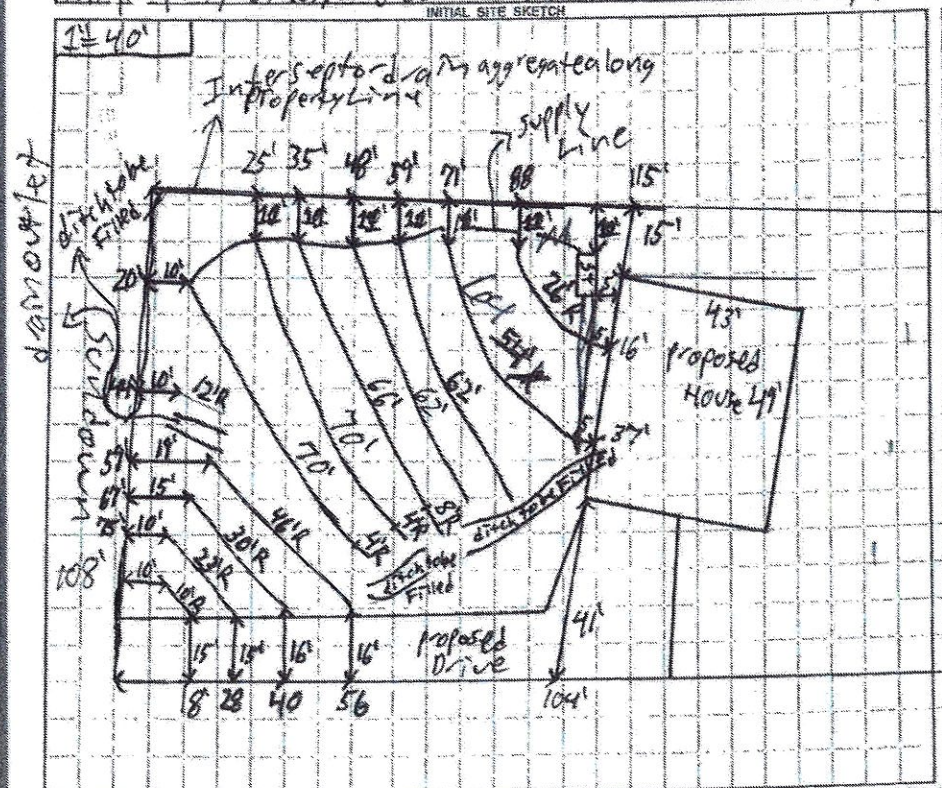
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

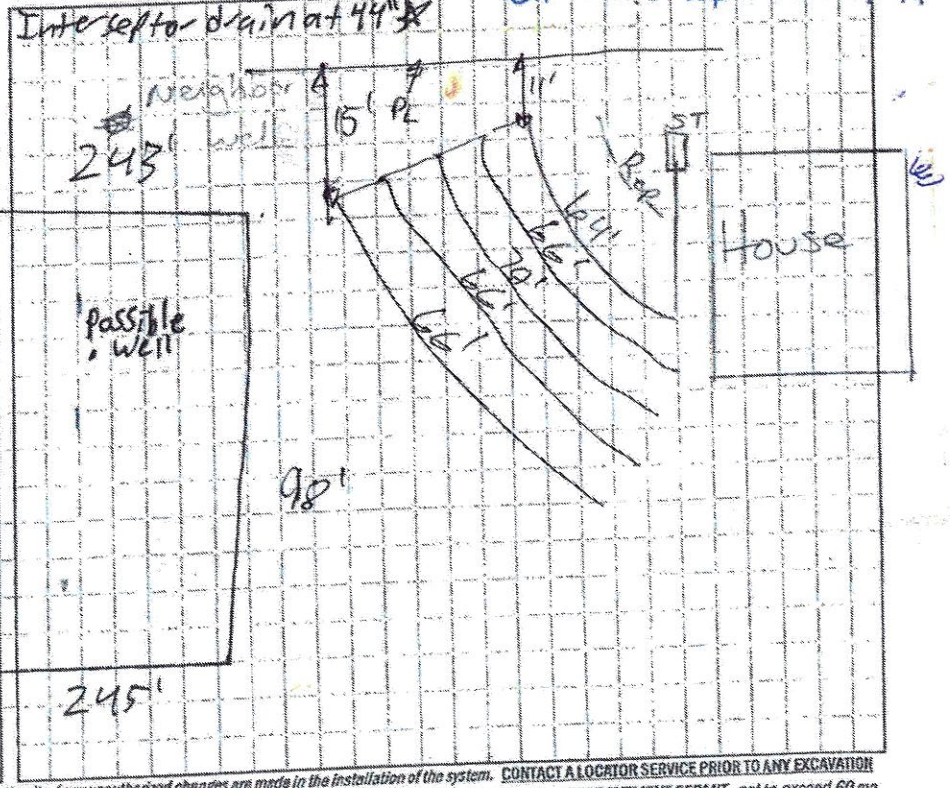
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT Drive on, Store material or manipulate drainfield in any way. All property lines, and corners MUST be marked during time of installation and inspection. NO Foundation drains can be installed on front or left side of house, if yes all surface and storm water must be run from system. Install Uncovered top drainline 8/23/21

INITIAL SITE SKETCH



AS BUILT SKETCH



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: William O'Connell | Date: 2/22/2021 | Installed by: Precision

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 2/17/2021 | OPERATION PERMIT by: Brent C. White | Date: 8-30-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 2/17/2021 | 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 inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked Check list line	8/27/21	MD
Tanks Checked no filter 8/23/21 PTF	8/23/21 8/27/21	DW MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		

tank located exactly as drawn

RTMENT OF HEALTH AND HUMAN SERVICES
ON OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
TE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4696266491
COUNTY: Iredell

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

ER: William O'connell — APPLICATION DATE: 1/5/2021
ESS: 19722 Schooner Dr Cornelius NC 28031 — DATE EVALUATED: 2/3/2021
OSED FACILITY: Newsingleham — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.5 Ac
TION OF SITE: 360 Sundown Rd — PROPERTY RECORDED: Yes

ER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
UATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

.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
SS 6%	0-27	SCL WSBK	Fr SS SP SexP	few YB mottles scattered throughout	60"	Litho inclusions at bottom	—	PS.275
	27-52	C SBK	Fr SS SP SexP					
	52-60	CL SBK	Fr SS SP SexP					
SS 2%	0-12	C ABK	Fr SS SP SexP	Chroma 3 salt & Lotton below 48"	60"	Litho inclusions common small sap vein between 2 and 3 ft	Manganese common throughout water seeping from multiple areas	PS.275
	12-80	CL WBK	Fr SS SP SexP					
3 SS 9%	0-13	C SBK ABK	Fr SS SP SexP	YB mottles scattered throughout	60"	Litho very common throughout	manganese common throughout	PS.275
	13-60	CL SBK	Fr SS SP SexP					
4 SS 11%	0-7	SCL WSBK	Fr SS SP SexP	few YB mottles	60"	Litho inclusions throughout more common	manganese inclusions throughout	PS.275
	7-20	C SBK/ABK	Fr SS SP SexP					
	20-60	CL SBK	Fr SS SP SexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327	218
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.475	.275

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

OMMENTS: Sunny Water would need to be diverted

RECEIVED JAN 1 1 2020

313881

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

Iredell County Health Department – Environmental Health Division $600.00

PAGE 1: *APPLICATION FORM*

Application For:
( ) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: William O'Connell Address: 19722 Schooner Dr. Cornelius Zip: 28031

Applicant Email: billyo53@gmail.com Phone: 248-790-9545 Alt. Phone: _____

Owner Name: Hybrid Homes NC, Inc. Address: _____ Zip: _____

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

Property Information:

Street Address: 360 Sundown Rd. Mooresville, NC. 28117

Subdivision Name: Mary Knox Atwell Section/Phase: _____ Lot Number: 4

Driving Directions: Williamson to Sundown Rd.

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

(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: ~~#3~~ 4
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2600 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: N/A
( ) No Preference ( ) Alternative (X) 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: William O'Connell 1-5-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

3138814

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)* William OC—e

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

William OC—e
Signature of Owner(s)

1-5-2021
Date

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

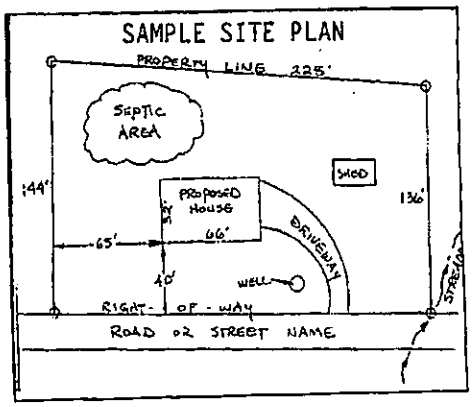
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

3138S1

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***



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

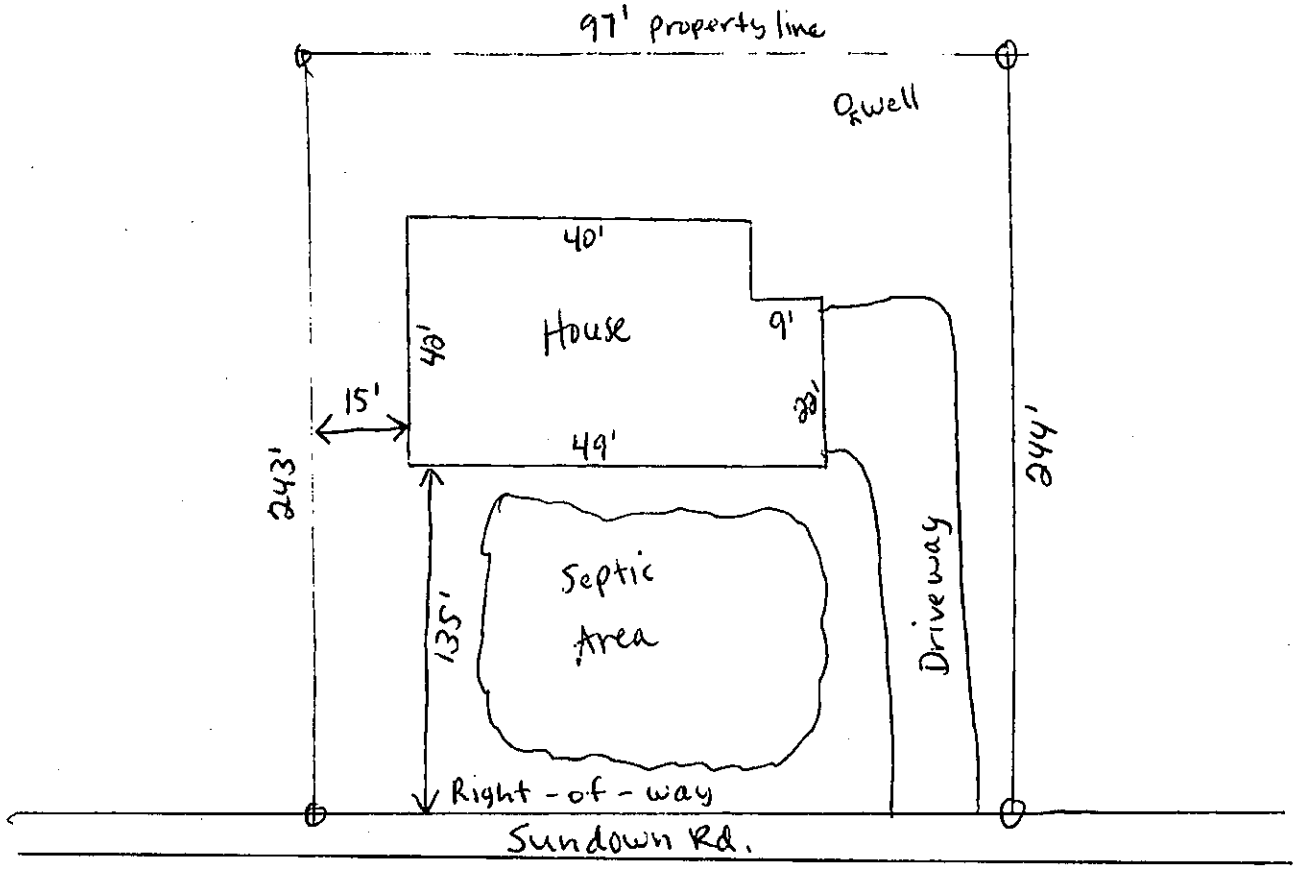
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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



Signature: William O'Connor — 1-5-2021

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER

313881
Issue Date:

ermit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4646261691.000	360 SUNDOWN RD	Iredell County

Owner Information	Applicant Information
lame: COLONY CONSTRUCTION INC	Name: WILLIAM O'CONNELL
ddress: 20210 RAINBOW CIR	Address: 19722 SCHOONER DR
CORNELIUS, NC 28031	CORNELIUS, NC 28031
Phone:	Phone: (248)790-9545

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.574	35	35	15	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: 01/05/2021

Signature of Owner/Contractor

Permit Number	313881	TOTAL FEES:	$77.25