HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP314395

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

PIN # 4646379126

APPLICANT/OWNER: William O'Connell | APPLICANT ADDRESS: 20210 Rainbow Cir. Cornelius NC 28031

SITE ADDRESS: 229 Elysian Dr Mooresville NC 28117 | PHONE: 704-904-5612 | ALT. PHONE

SITE DIRECTIONS: Brawley school Rd to L on Williamson Rd, R on Sundown Rd L on Brockway Dr R on Elysian Dr L to an R | SAP CONTROLLED: ☐ YES ☒ NO

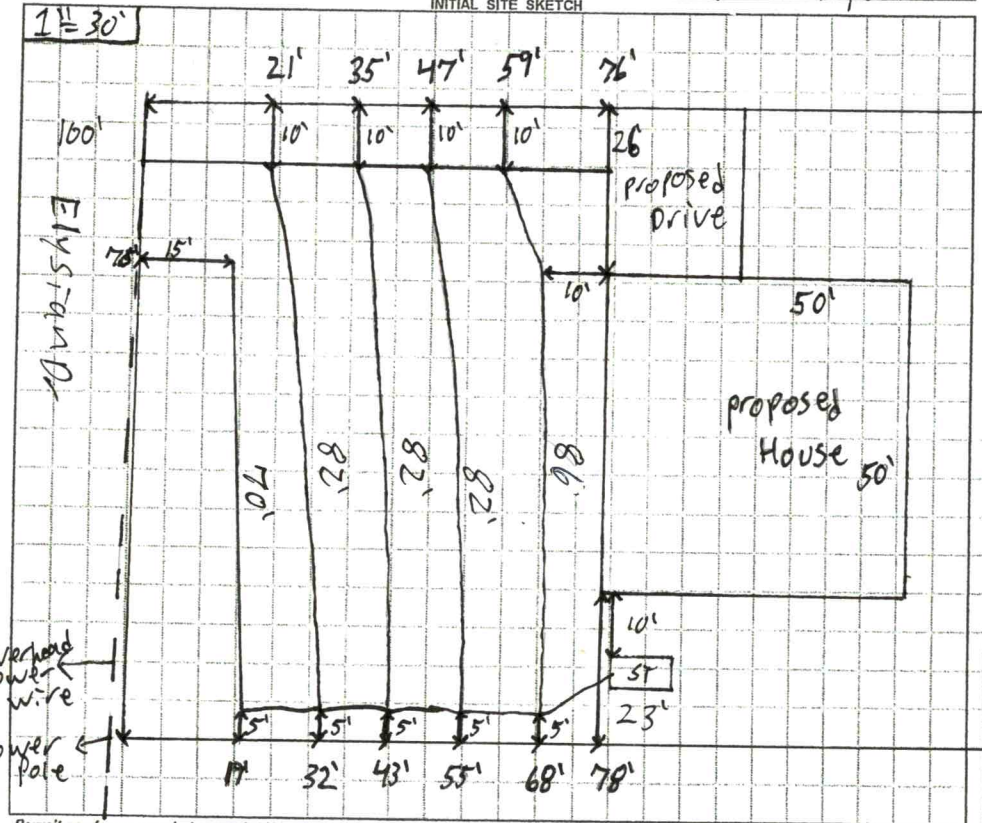
SUBDIVISION: Mooreland Estates | SECTION: – | LOT # 44 | LOT AREA: ~~1 acre~~ 0.46 | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB SHOAF 760	Date 3/2/22	☒ 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 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	–	Model –	Serial # –	Repair System Description: Repair exempt		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 5'	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

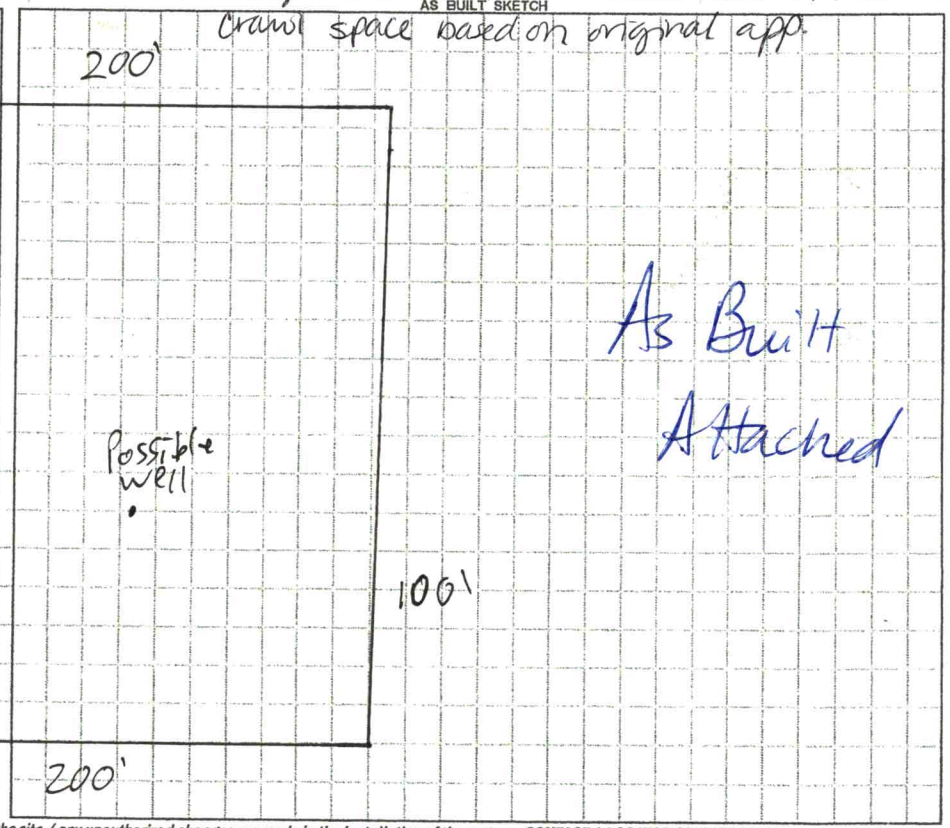
Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in anyway. Any Part of septic must be 15' out from center of overhead power line. Berm should be removed to promote positive drainage

Foundation changed to slab 10/20/21 - should not have been Crawl space based on original app.

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: 3-4-21 | Installed by: Jake Williams Excavation

IMPROVEMENT PERMIT by: Patrick J Ogle III | Date: 3/2/2021 | OPERATION PERMIT by: D. Wiebery | Date: 4/8/22

AUTHORIZATION TO CONSTRUCT by: D Wiebery | Date: 10/20/21 | 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.

HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

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SAP CONTROLLED: ☐ YES ☒ NO

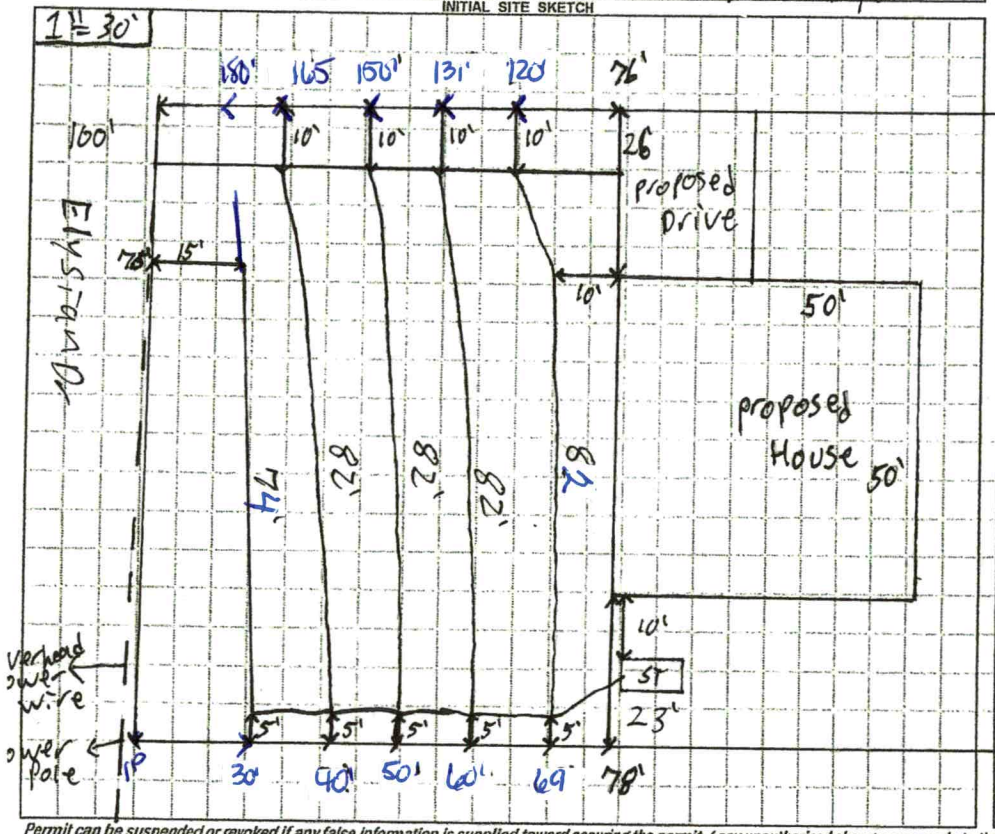
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Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Repair exempt	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5'	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

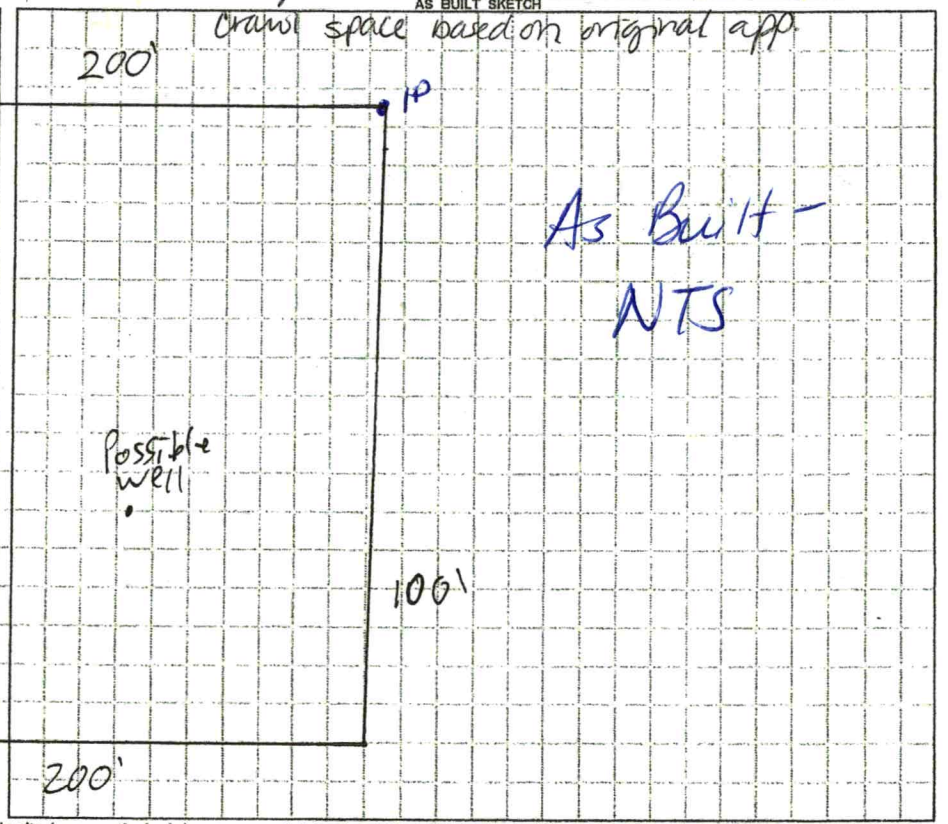
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4696379126
COUNTY: Iredell

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

OWNER: William oconnell
ADDRESS: 2021 Rainbow cir
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 229 Elysian Dr

APPLICATION DATE 1/25/2021
DATE EVALUATED: 2/24/2021
PROPERTY SIZE: 1 acre
PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

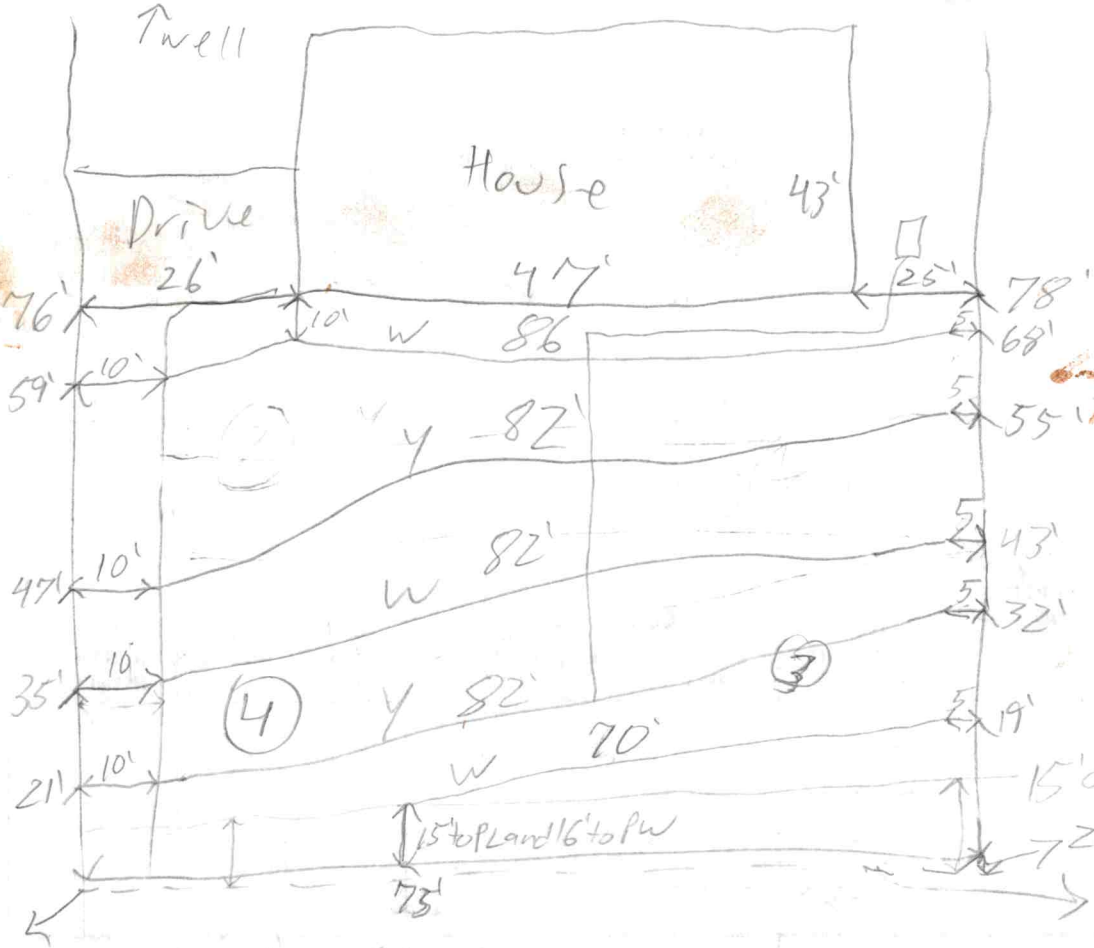
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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 11%	0-10	Fill	—	—	60"	Litho inclusions scattered throughout	Some manganese inclusions at bottom	PS.3
		10-23	sCL WSBK	Fr SSSP SexP					
		23-33	C SBK	Fr SSSP SeXP					
		33-60	CL SBK	Fr SSSP SeXP					
2	SS 10%	0-10	Fill	—	few YB Mottles	60"	Litho inclusions scattered throughout common at bottom	few manganese inclusions at bottom	PS,3
		10-30	C SBK	Fr SSSP SeXP					
		30-60	CL SBK	Fr SSSP SeXP					
3	SS 10%	0-10	Fill	—	few YB mottles	60"	Litho inclusions common at bottom	—	PS,3
		10-26	sCL WSBK	Fr SSSP SeXP					
		26-36	C SBK	Fr SSSP SeXP					
		36-60	CL WSBK	Fr SSSP SeXP					
4	SS 11%	0-10	Fill	—	few YB mottles	60"	Litho inclusions common at bottom	Water seeping in from multiple points	PS.3
		10-27	SCL WSBK	Fr SSSP SeXP					
		27-34	C SBK	Fr SSSP SeXP					
		34-60	CL WSBK	Fr SSSP SeXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	
System Type(s)	Gravity 25%	
Site LTAR	.3	Repair exempt

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

COMMENTS: Repair exempt Sunny, Lot needs to be cleared


well
House
43'
Drive
26'
47'
25'
76'
78'
10'
W
86
68'
59'
10'
55'
Y
82'
47'
10'
W
82'
43'
35'
10'
4
Y
82'
3
32'
70'
W
19'
21'
10'
15' off power Line
15 to L and 16 to W
2' down from
overhead power Line
73'
Power Line directly over PC on this side
Elysian
Leave 332' need 68 have enough for pannel
No foundation drains
480 ÷ 3
1600 ÷ 3
533 x .75
400
480 ÷ 3
1600 ÷ 3
533 x .5
267
plated 1964
5' off and Repair exempt

RECEIVED OCT 18 2021

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-314395

Application For: ( ) 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: ( ) 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: WILLIAM OCONNELL **Address:** 20210 RAINBOW CIRCLE, CORNELIUS **Zip:** 28031
PRES. COLONY CONST. INC
Applicant Email: WOCONN1953@GMAIL.COM **Phone:** 704-904-5612 **Alt. Phone:**
Owner Name: COLONY CONST INC **Address:** 20210 RAINBOW CIRCLE CORNELIUS **Zip:** 28031
Owner Email: WOCONN1953@GMAIL.COM **Phone:** 704-914-5612 **Alt. Phone:**

Property Information:

Street Address: 229 ELYSIAN MOORESVILLE 28117

Subdivision Name: MOORELAND ESTATES **Section/Phase:** **Lot Number:** 44

Driving Directions: WILLIAMSON TO SUNDOWN TO ELYSIAN

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: — (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: 2599 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 (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.

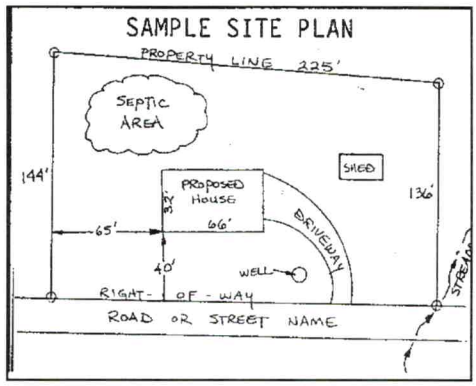
Signature: William OConnell 10-18-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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: William O'Connell

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

10-18-21

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*) William O'Connell

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.

_____ _____
Signature of Owner(s) 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

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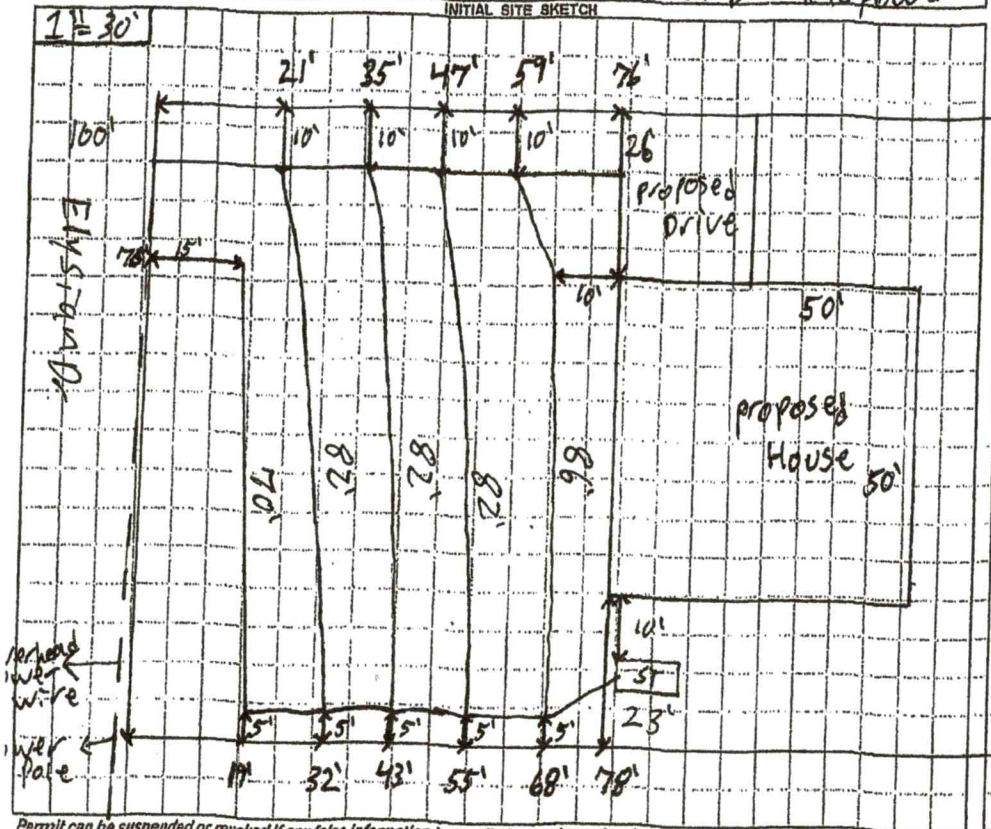
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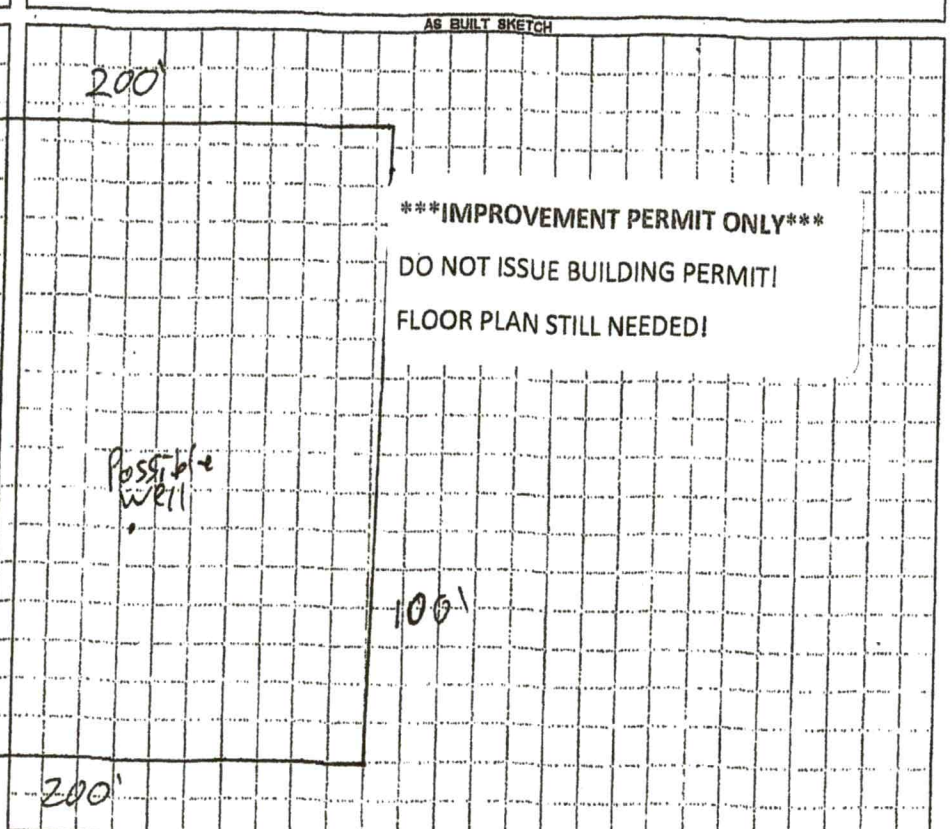
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Water Supply: ☒ Private ☐ Public ☐ Community
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AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:
OPERATION PERMIT by: Date:
Existing System Inspected by: Date:

RECEIVED JAN 2 7 2020

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Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314395 $580.00

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Applicant Email: WOCONN1953@GMAIL.COM Phone: 704-904-5612 Alt. Phone: _____
Owner Name: EDWARD AZARI Address: 138 SCHOONER Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 239

Street Address: Lot 44 ELYSIAN DR. MOORESVILLE, NC 28117
Subdivision Name: MOORELAND ESTATES Section/Phase: _____ Lot Number: 44
Driving Directions: WILLIAMSON to SUNDOWN to ELYSIAN

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

CHECK FOUNDATION TYPE

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( ) 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 (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?

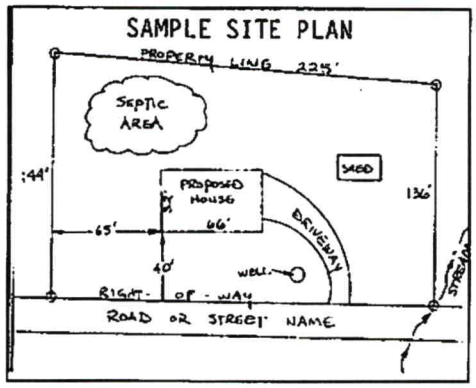
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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'Conner 1-25-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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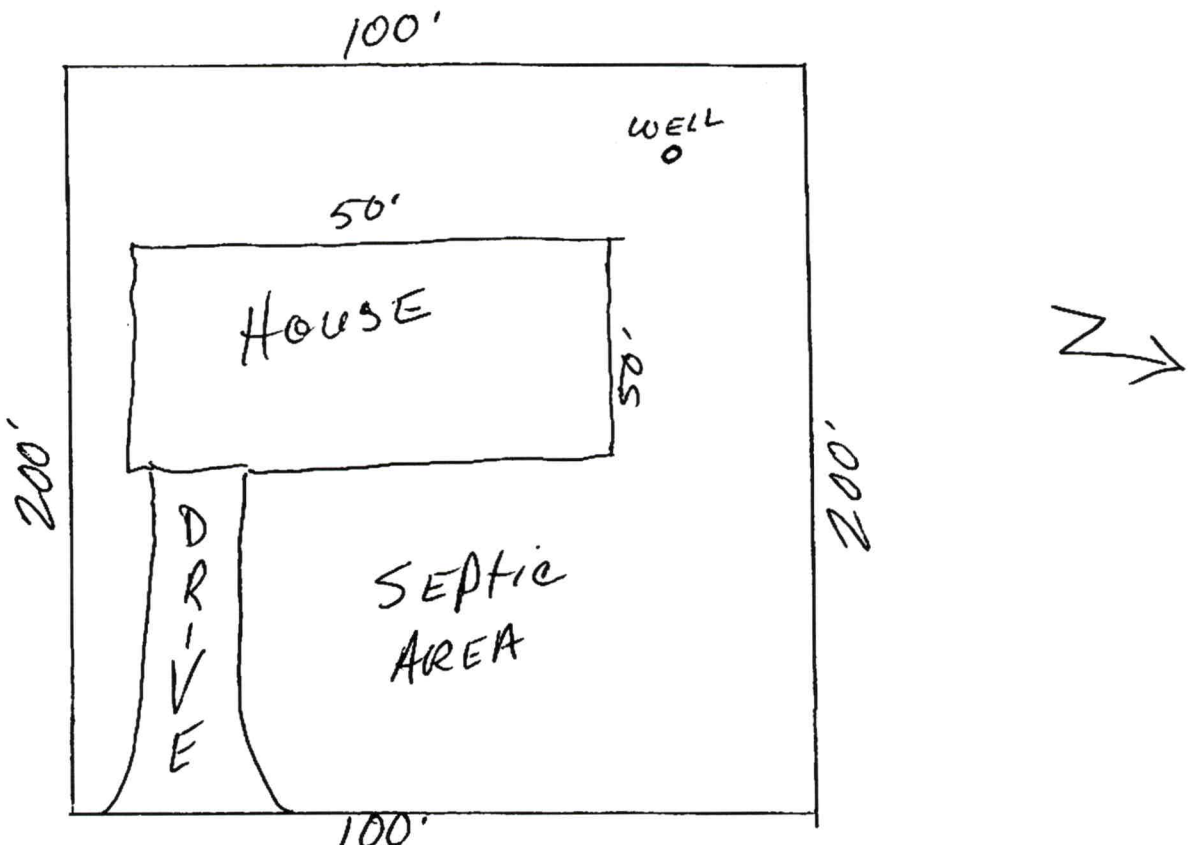
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- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

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



229-Lot 44 ELYSIAN

Signature: William O'Connell 1-25-21

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)* X _____.

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, Edward M Ozari, am the legal owner(s) of the property located at Lot 44 Elysian Drive, identified as PIN (Parcel Identification Number) 1702J05008006, located in Iredell County, North Carolina.

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

X Edward M Oz _____ Jan 25, 2021

Signature of Owner(s) 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

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 X 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)
NO

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

If an addition, please describe project: NEW HOME

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 EDWARD AZARI Phone # _____

Owner's Current Address 135 SCHOONER MOORESVILLE, NC 28117

Property Information

Property Address 229 Elysian DR. Parcel # 4646 379126

Subdivision: MOORELAND ESTATES Lot: 44 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) WILLIAMSON to SUNDOWN to ELYSIAN

Application Information

Applicant's Name or Company William O'CONNELL Applicant's Phone # 704-904-5612

Applicant's Address 20210 RAINBOW CIRCLE, CORNELIUS, NC 28031

If Company, Representative's Name and Title _____

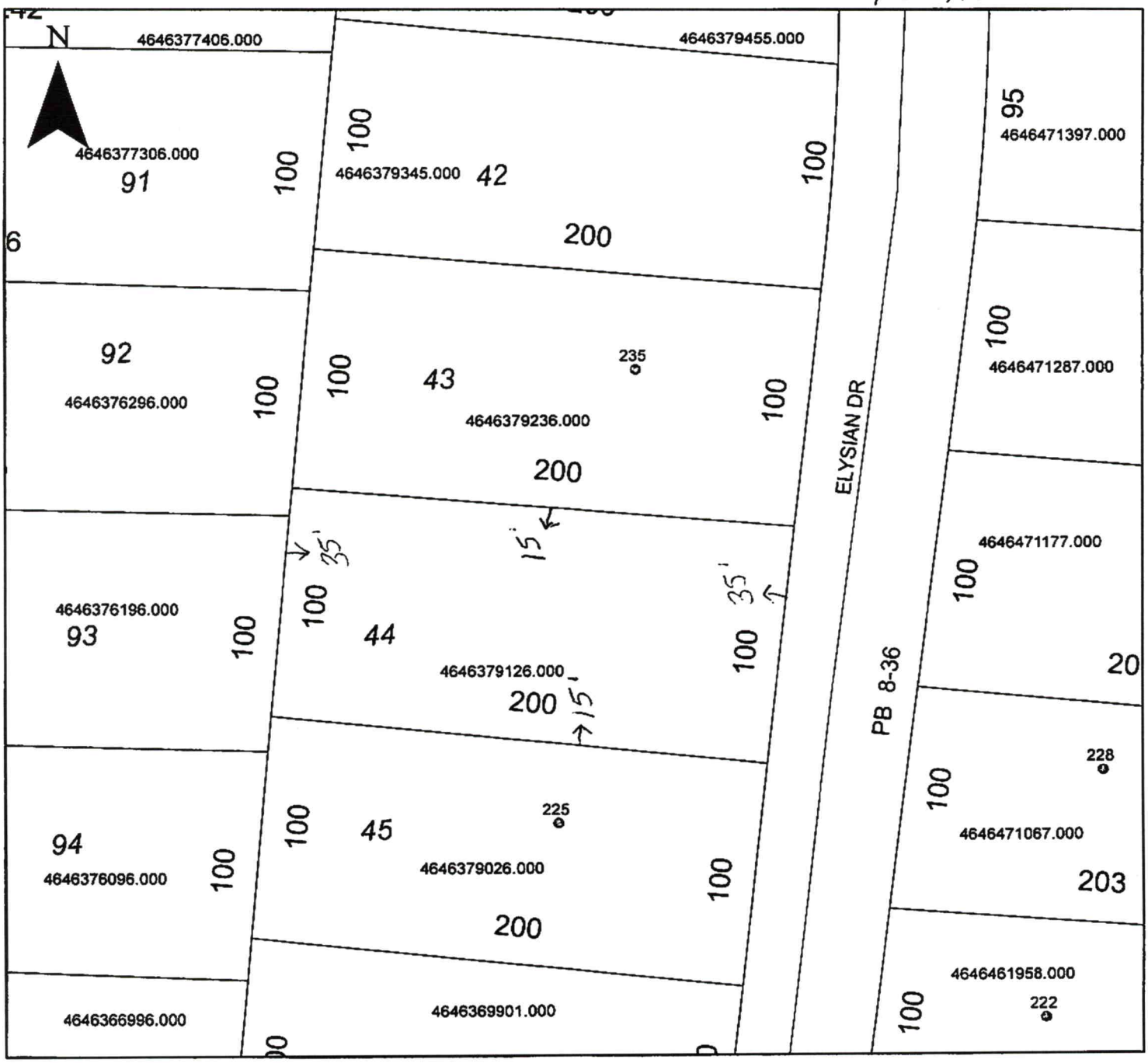
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION 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 William O'Connell DATE 1-26-21

3143.95

R-20
WS IV CA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 229 Elysian Dr.

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

1-26-21
Date