ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 306939

APPLICANT/OWNER: Elizabeth LoVullo

PIN # 4646429127

SITE ADDRESS: 192 Catalina Dr Mooresville NC 28117

APPLICANT ADDRESS: 192 Catalina Dr Mooresville NC 28117

SITE DIRECTIONS: EW Ilson Ave to L on US-21S, L on Alcove Rd, R on Catalina Dr, Lot on R

PHONE: 315-420-7770 ALT. PHONE 704-360-4458

SUBDIVISION: Catalina Ridge

SECTION: — LOT # 1 LOT AREA: 0.67acres

SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	(gal)	STR	Date
Pump Tank	(gal)	PT	Date
Pump Make	Model		Serial #
# Nitrification Fields	# Lines		Linear Ft
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth

EXISTING / N/A

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

EXISTING / N/A

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

No. Bedrooms Existing

No. Persons Existing

No. Employees

☒ Crawl Space

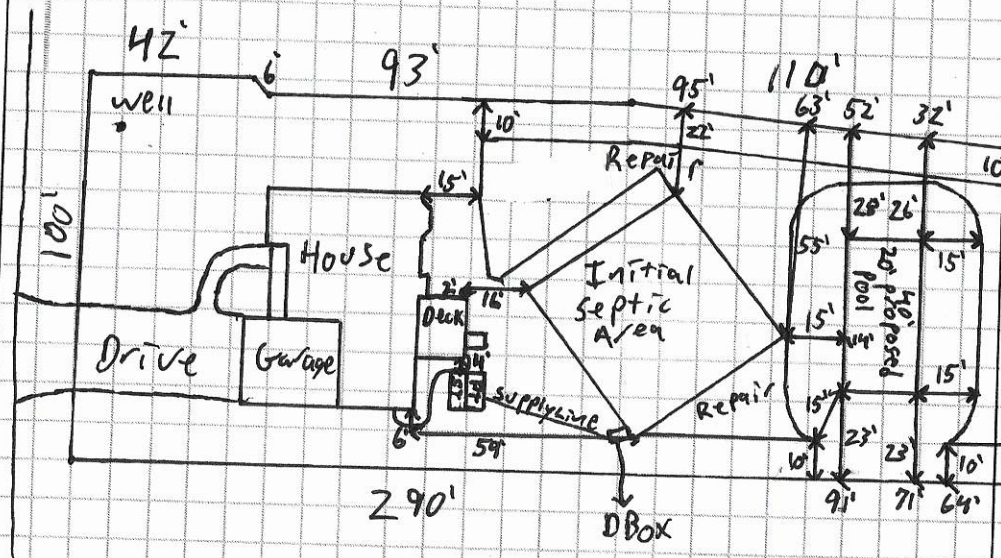
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All parts of septic system must be 15' off waters edge of pool

INITIAL SITE SKETCH

1" = 50'



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: Acceptance of Permit Recv'd Date: 6-12-2020 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Patrick Bagley III Date: 6/15/2020

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.

RECEIVED APR 2 8 2020

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

Paid $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-306939

Application For:

( ) Septic Improvement Permit (✓) Authorization to Construct ( ) New Well Permit ( ) 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

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: Elizabeth LoVullo **Address:** 192 Catalina Dr Mooresville **Zip:** 28117

Applicant Email: eelovullo@gmail.com **Phone:** 315-420-7770 **Alt. Phone:** 704-360-4458

Owner Name: S/A **Address:** S/A **Zip:** _____

Owner Email: S/A **Phone:** S/A **Alt. Phone:** S/A

Property Information:

Street Address: 192 Catalina Dr Mooresville NC 28117

Subdivision Name: Catalina Ridge **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: Turn onto Alcove Rd. make first Right onto Catalina. ½ mile 2nd house on Right 192.

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: 5
(✓) Swimming Pool
( ) Other Addition/Structure: _____

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:** 2008

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

4/13/2020
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*) Christina C. Fortune

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

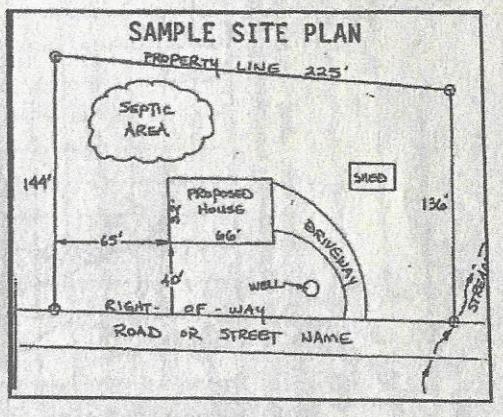
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

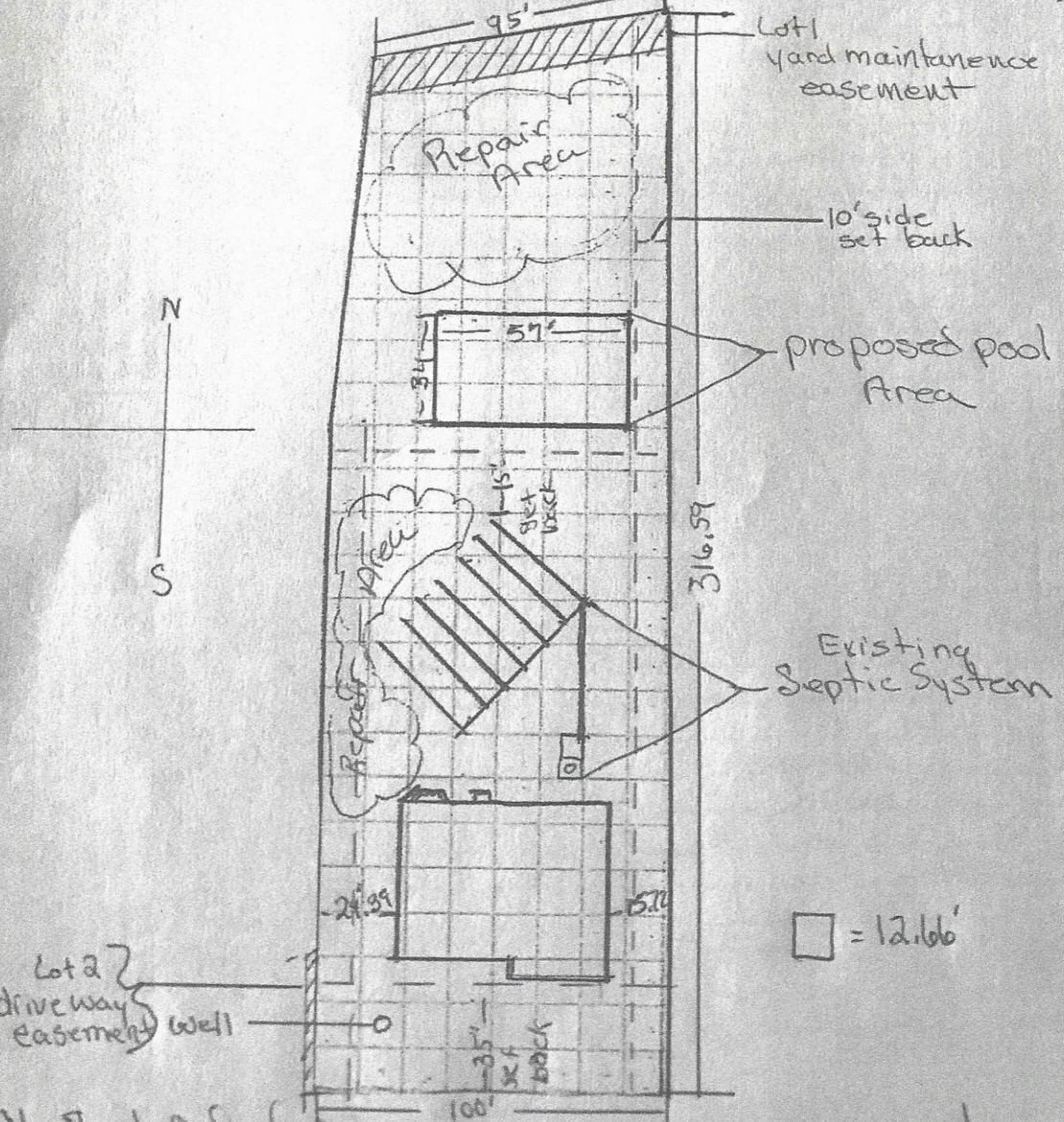
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location > existing
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient 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



Signature: Elizabeth Estevez

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

April 18, 2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143040 PIN# 4646-42-9135 DATE 6-16-2007

OWNER OR APPLICANT CORINTHIAN BUILDERS, LTD PHONE: Business 704-664-4822 Home 704-799-6955

ADDRESS 735 SOUTH BROAD STREET, MOORESVILLE, NC 28115

LOCATION WILLIAMSON ROAD TO ALCOVE RD, TR CATALINA ROAD, 3RD LOT ON RIGHT BEFORE CATALINA PLACE DRIVE

SUBDIVISION CATALINA RIDGE BLOCK / SECTION ____ LOT 1 LOT AREA 0.54 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 55 Date 6/12/07

Pump Tank: 1000 Gallons: PT 32 Date 6/6/07

Pump Make: BOULDS Model RE-5SM Serial No. 7/20/07

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 320

No Lines SERIES Trench Width 24" Max Trench Bottom Depth 36" Depth 24" ☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: 50% REDUCTION P.MAN.

Repair System Description: 50% REDUCTION LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ~~☐ Community~~ WELL

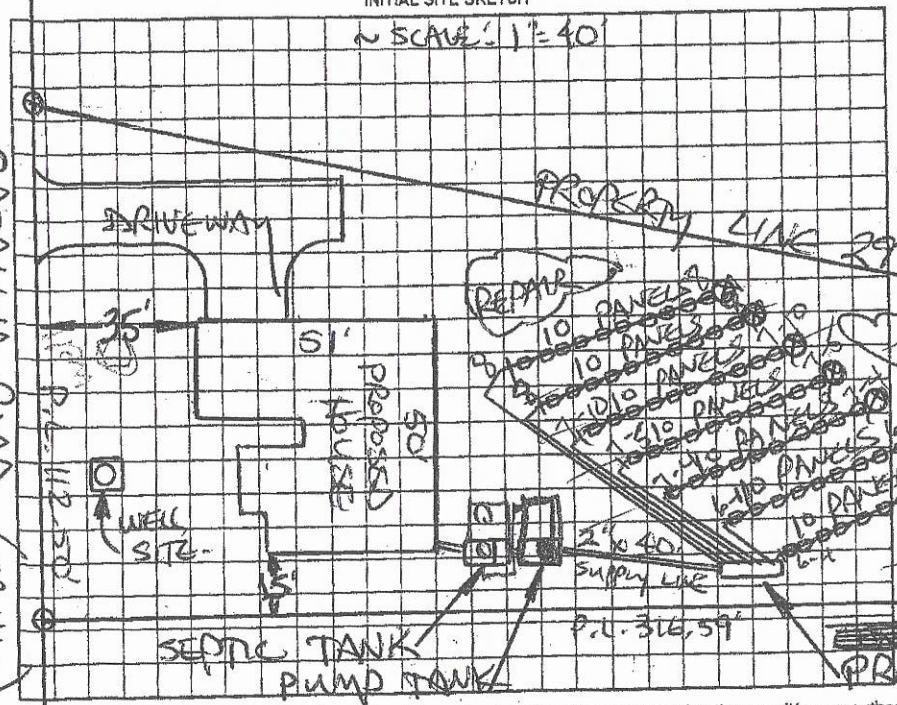
Comments:/Conditions ① REMOVE EXISTING FIELD TERRACES ② SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS & APPLY A LIGHT DUSTING of LIME PRIOR TO INSTALLING SAND ③ INSTALL 50% REDUCTION SYSTEM w/ 70 PANELS

Comments:/Conditions: ④ SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

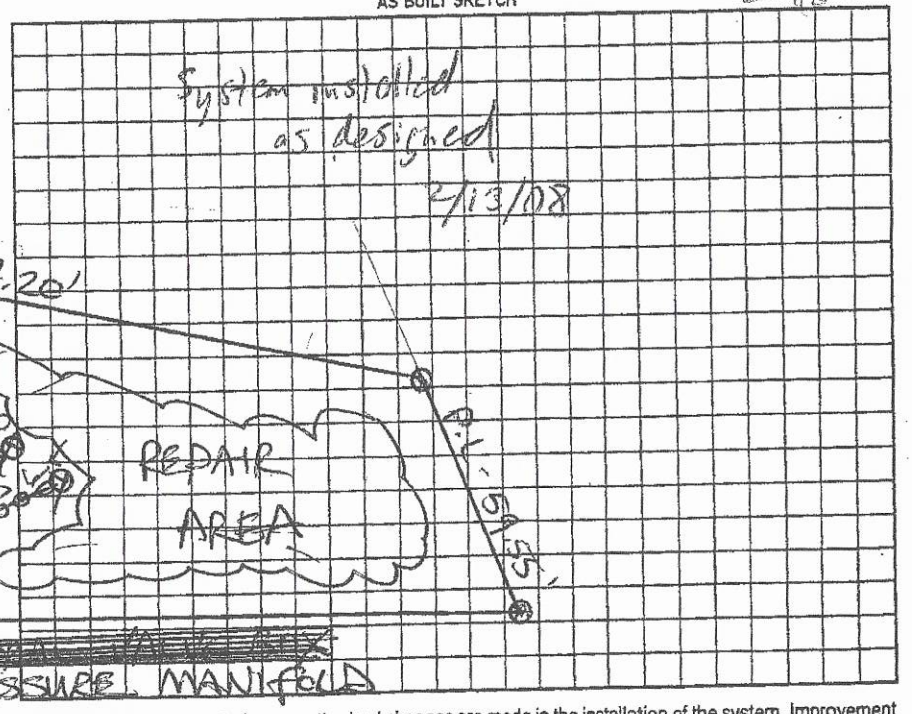
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7/320

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Melissa Neal date 6-19-07 Installed by: Corinthian Bldrs

Improvement Permit by: STEVE HEDRICK date 6-16-07 Operation Permit by: Anthony Colon II date 2/13/08

Authorization to Construct by: STEVE HEDRICK date 6-16-07 Existing System Inspection by: ____ date ____

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

Doc ID: 012126520001
Recorded: 11/07/2008 a
Fee Amt: $21.00 Page 1
Iredell County, NC
Brenda D. Bell Registe
BK 55 PG 94

