ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 327960

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

PIN # 4646 -- 48 -- 0031

APPLICANT/OWNER: Vaishon LLC

APPLICANT ADDRESS: 377 Reynolds Dr, Eatonton GA 31024

SITE ADDRESS: 272 Elysian Drive, Mooresville, NC 28117

PHONE: 864-671-9235

ALT. PHONE 678-592-5738

SITE DIRECTIONS: (S) Williamson → (R) Sundown → (L) Brockway → (R) Elysian → lot on (L)

SAP CONTROLLED: [X] YES [X] NO

SUBDIVISION: Idlewood Harbor

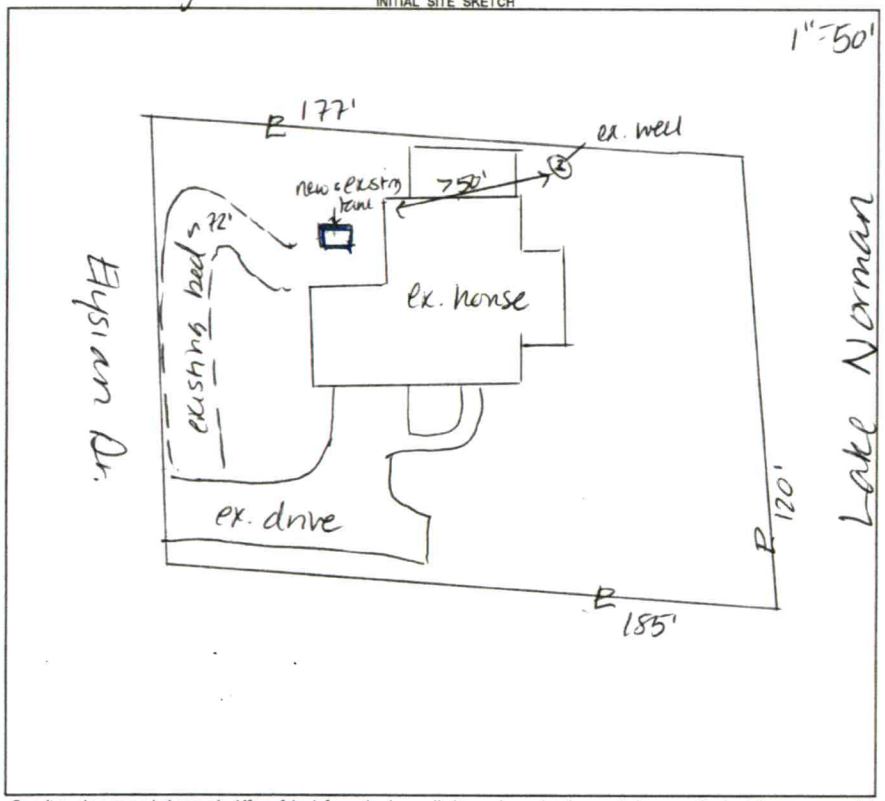
SECTION: 2 LOT # 73 LOT AREA: ± 0.5 ac

DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	1000	(gal)	STB 760	Date 4/13/22	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	EXISTING			[ ] Business	No. Persons 6	[X] Private
Pump Make		Model		Serial #	Repair System Description:	New Tank			[ ] Other	No. Employees	[ ] Public
# Nitrification Fields		# Lines		Linear Ft	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width	EXISTING	Trench Bottom Depth (low side)			Gravel Depth	[X] GRAVITY	[ ] PRESSURE		[X] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Pump & extract existing tank. Set new tank in same hole. Replace distribution devices if necessary.

INITIAL SITE SKETCH



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.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/24/22 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D Mebery Date: 5/19/22 OPERATION PERMIT by: [signature] Date: 6/10/22

AUTHORIZATION TO CONSTRUCT by: D. Mebery Date: 5/19/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 327960

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

PIN # 4646 -- 48 -- 0031

APPLICANT/OWNER: Valston LLC

APPLICANT ADDRESS: 377 Reynolds Dr, Eatonton GA 31024

SITE ADDRESS: 272 Elysian Drive, Mooresville, NC 28117

PHONE: 864-671-9235

ALT. PHONE 678-592-5738

SITE DIRECTIONS: (S) Williamson → (R) Sundown → (L) Broadway → (R) Elysian → lot on (L)

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Idlewood Harbor

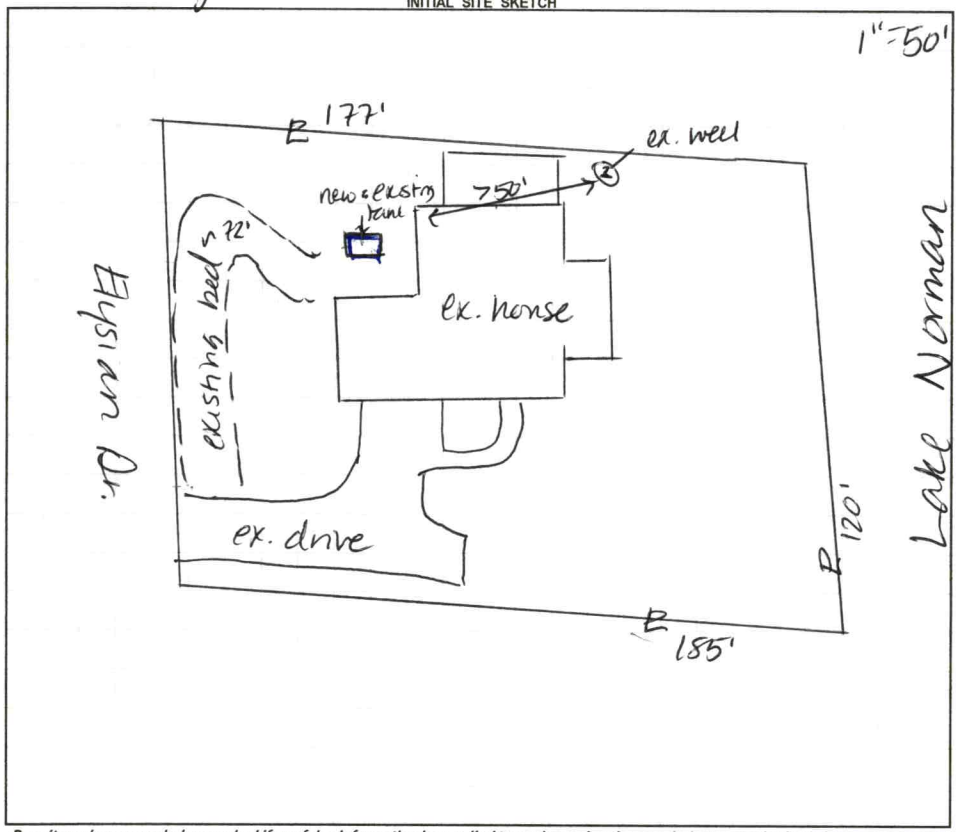
SECTION: 2 LOT # 73 LOT AREA: ≈ 0.5 ac

DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	1000	(gal)	STB		Date		[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms	3	**Water Supply**	
Pump Tank		(gal)	PT		Date		System Description:	EXISTING			[ ] Business	No. Persons	6	[X] Private	
Pump Make		Model			Serial #		Repair System Description:	New Tank			[ ] Other	No. Employees		[ ] Public	
# Nitrification Fields		# Lines			Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space		[ ] Community	
Trench Width	EXISTING	Trench Bottom Depth(Low side)			Gravel Depth		[X] GRAVITY	[ ] PRESSURE			[X] Basement w/plumbing	[ ] Basement w/o plumbing			

Comments / Conditions: Pump & extract existing tank, set new tank in same hole. Replace distribution devices if necessary.

INITIAL SITE SKETCH



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.

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

Owner / Applicant Signature: [signature] Date: 5/24/22 Installed by:

IMPROVEMENT PERMIT by: D. Weber Date: 5/19/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Weber Date: 5/19/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

CONNECTGIS WEB HOSTING

North Carolina Iredell County

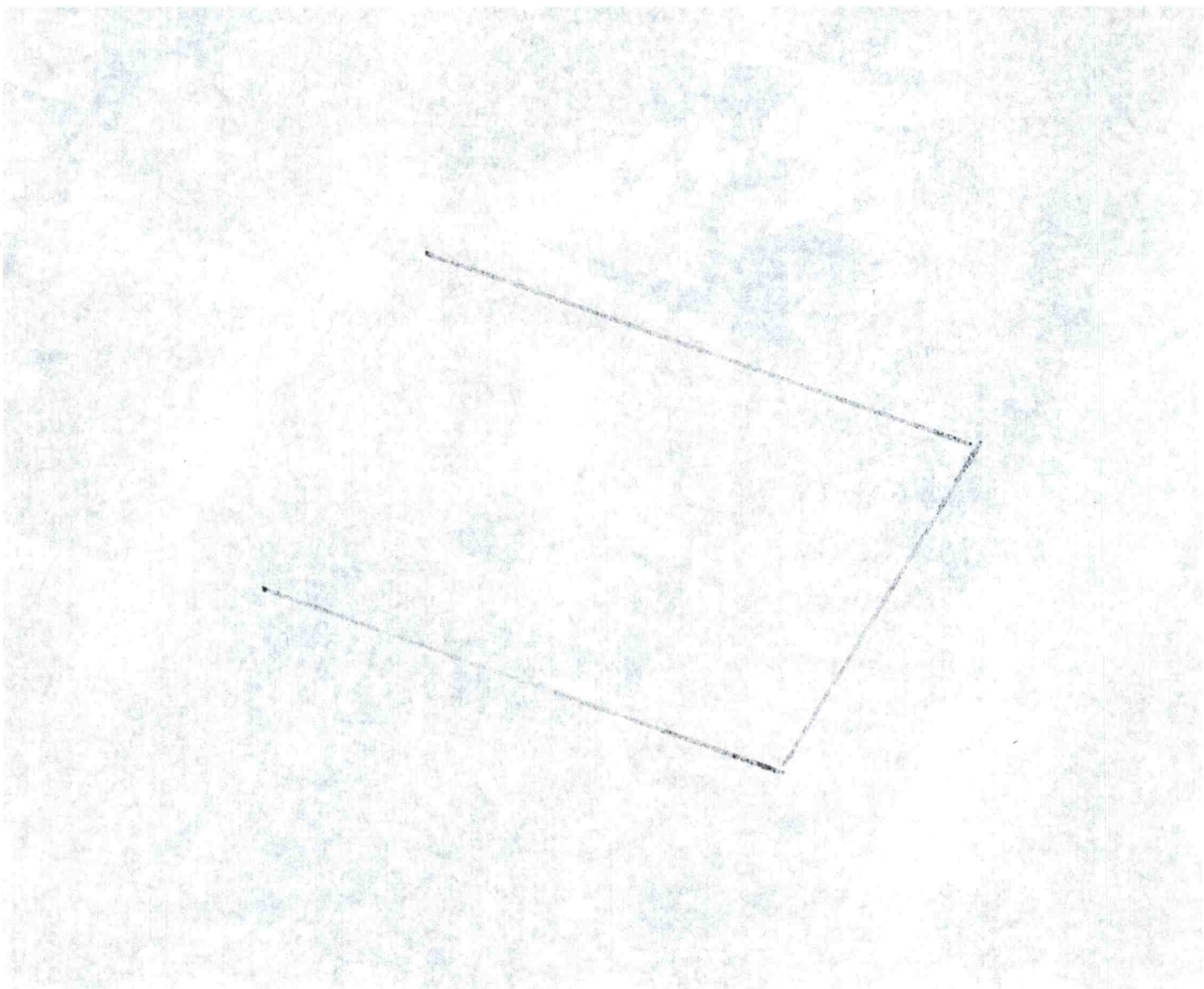
1:50

Search



Excel 2000/2003

		Address	City	State	Zip	Street Name
1		272 ELYSIAN DR	MOORESVILLE	NC	28117	ELYSIAN



4 Left VM 4/25

DW

RECEIVED APR 2 2 2022

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

Repair Final

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-329960

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: Valston LLC **Address:** 377 Reynolds Dr Eatonton GA **Zip:** 31024
Applicant Email: Kevin@valston.com **Phone:** 864-671-9235 **Alt. Phone:**
Owner Name: MMIT Group **Address:** Po Box 1613, Hampton GA, **Zip:** 30228
Owner Email: richard.mergmonte@mmitgroup.com **Phone:** 678-592-5738 **Alt. Phone:**

Property Information:

Street Address: 272 Elysian Dr Mooresville NC 28117
Subdivision Name: Idlewood Harbor **Section/Phase:** **Lot Number:** 23
Driving Directions: Brawley School Rd - Left on Williamson Rd, Right on Sundown Rd Left on Brockway Dr, Right on Elysian, 272 on the left.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) 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: Cracked tank cover
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: _____ 4/19/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

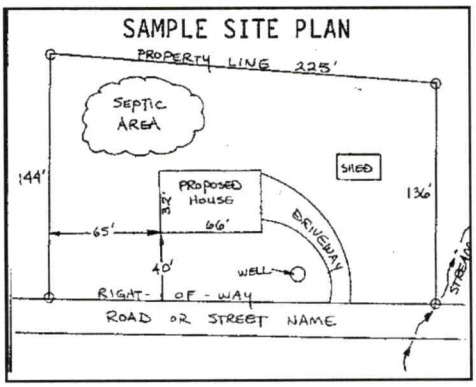
- Lid is damage around baffle opening.

- tenant indicated owner may not choose to replace tank if it can be repaired. - will contact me with final decision

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:

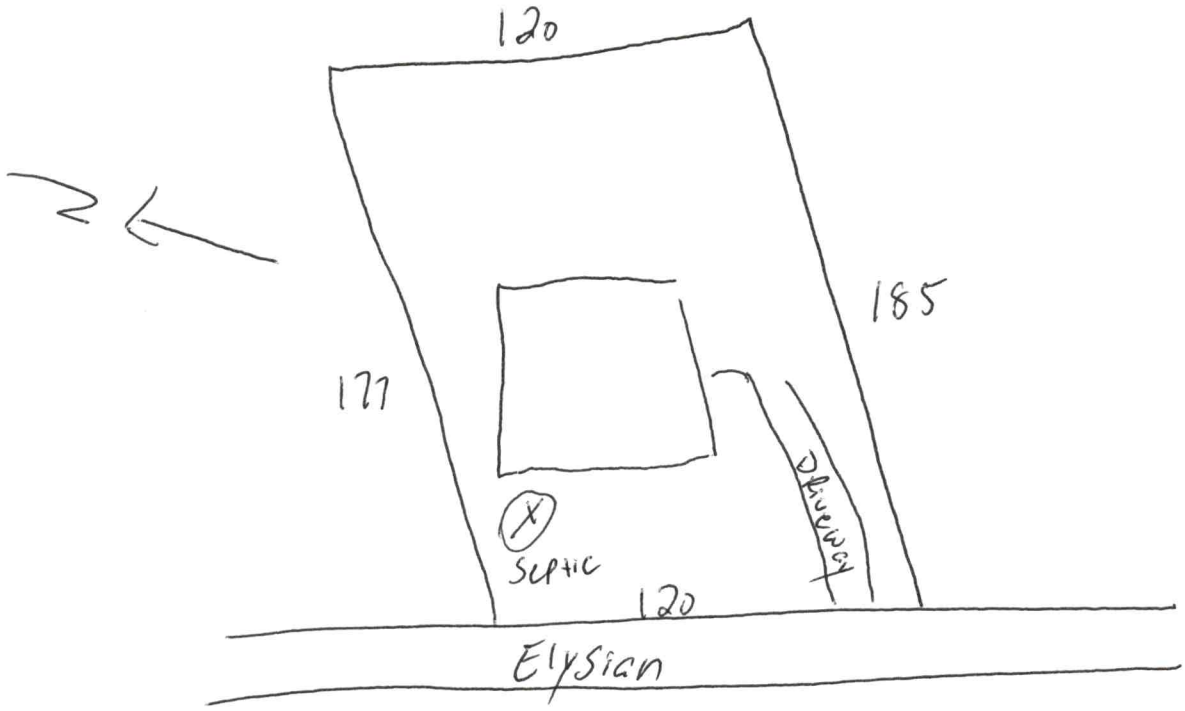
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other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

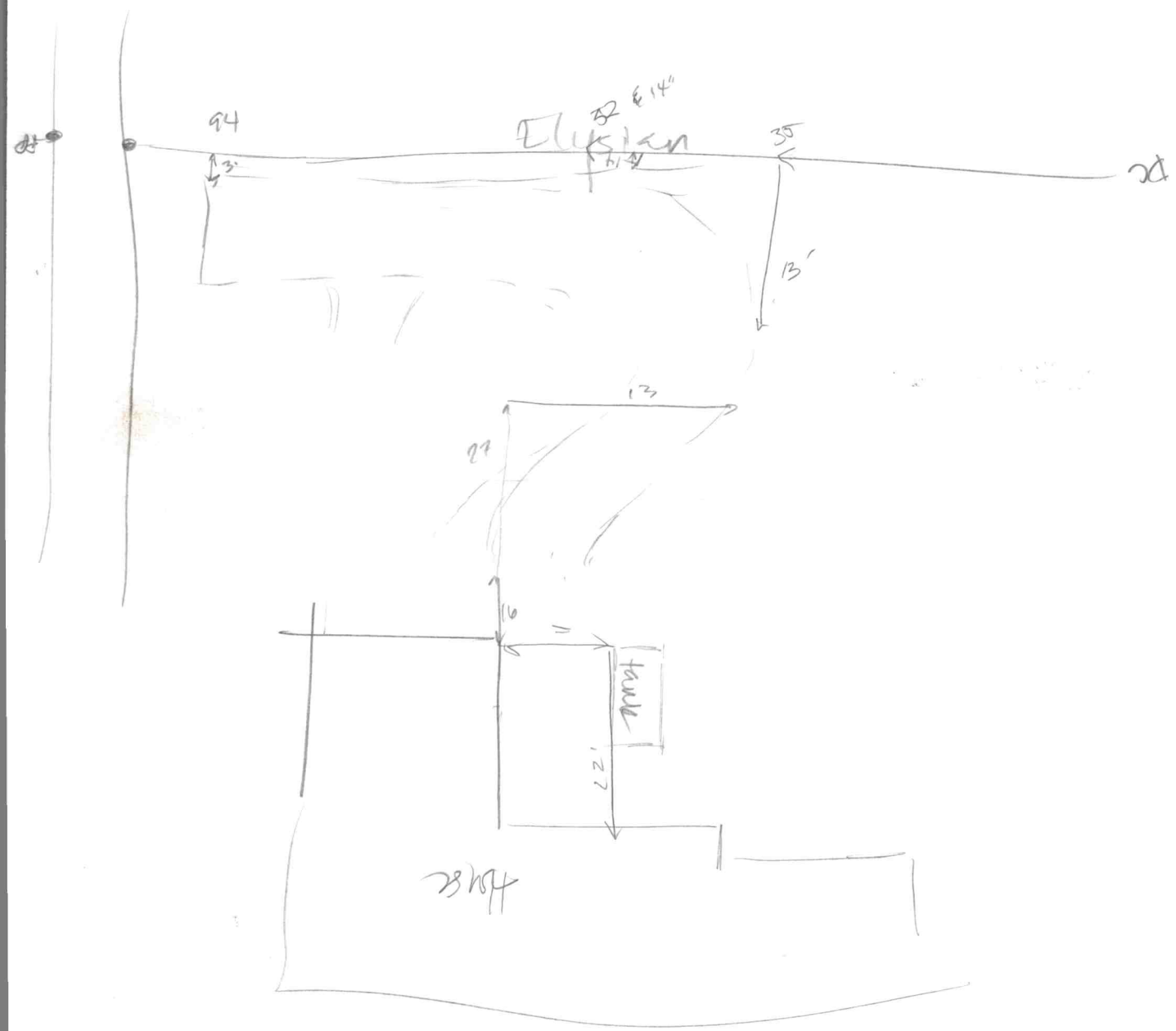
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Ken Bell 4/19/22

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


94
3'
35
13'
13
21
16
=
fault
27'

IREDELL COUNTY HEALTH DEPARTMENT 4646480 031

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Phyllis Brewer DATE 11-10-82 PERMIT NO. 363

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 TR 1290 TR Elysian Dr.

S. R. No. _____

SUBDIVISION NAME Idlewood Harbor LOT NO. 73 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

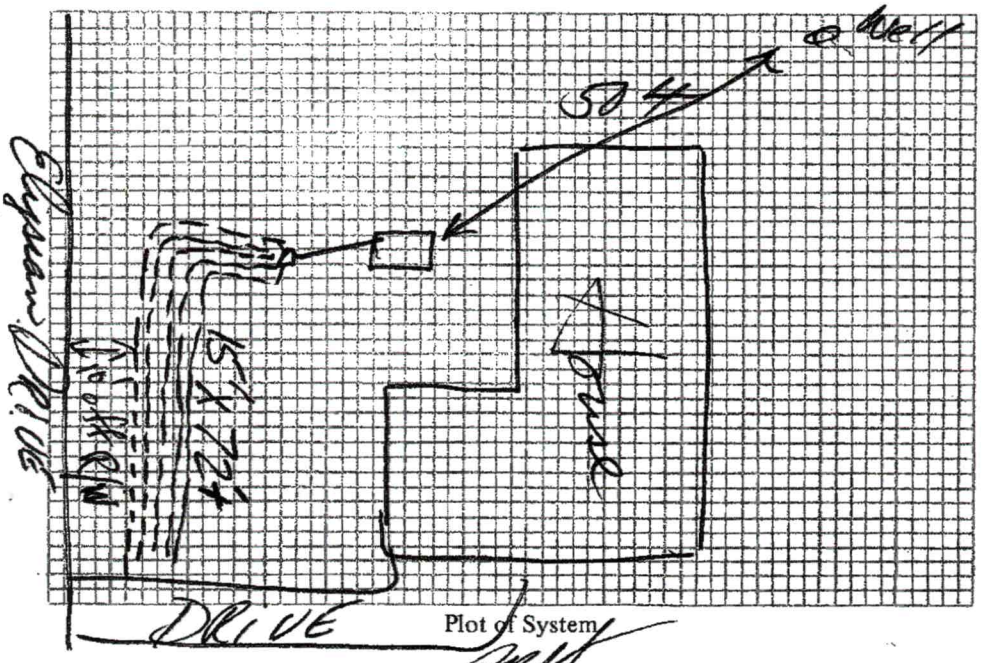
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam
Percolation Rate 15 approx
Topography 15-25%
Depth to Water Table 4'+
Rock or other impervious formations None obs

Lot Area 20000 ft²

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080+ Linear Ft. 360+
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by Bill Woodlief
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

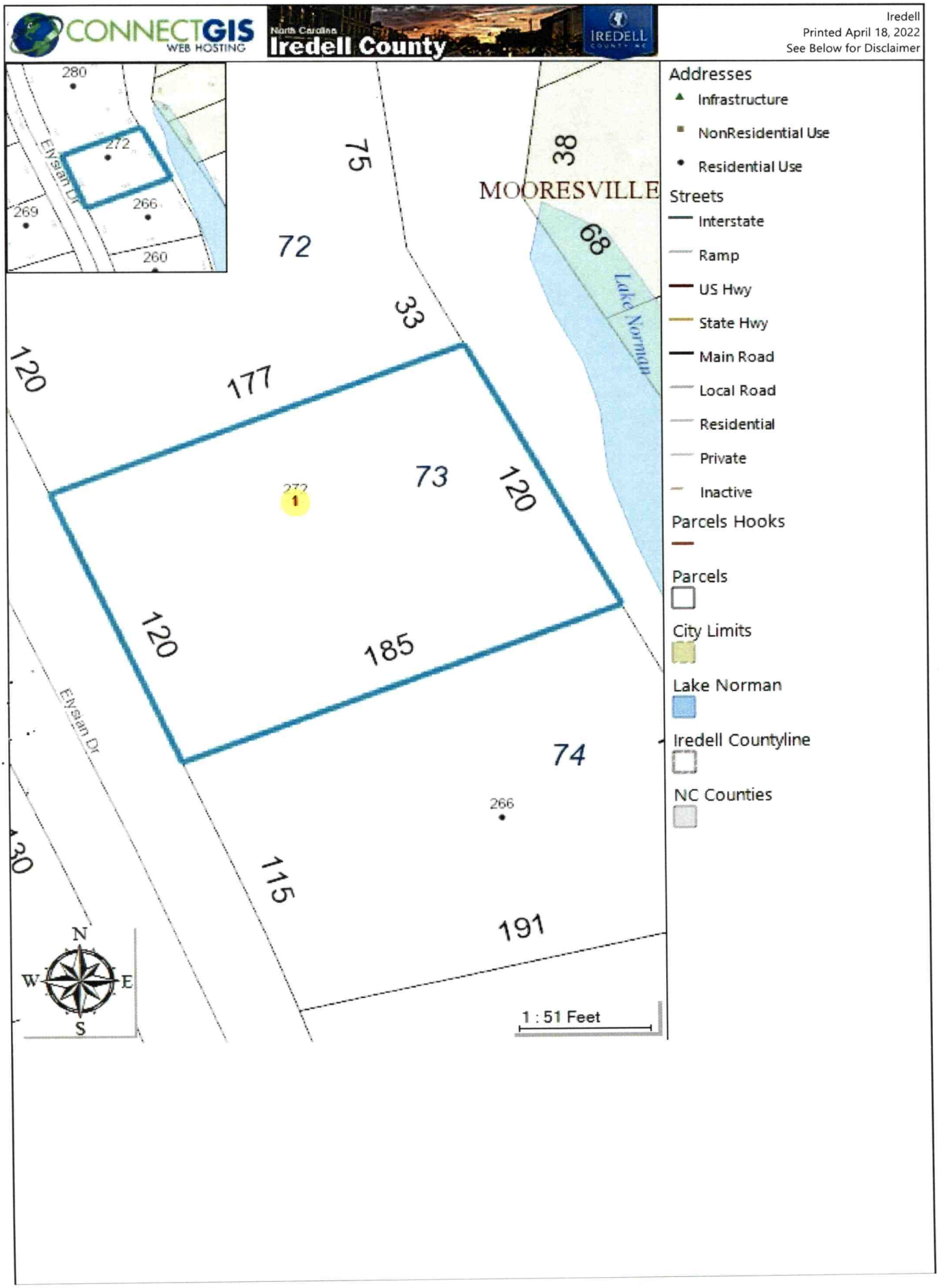
IMPROVEMENTS PERMIT BY _____

COMMENTS: Plumbing stubbed out high enough not to require pumping.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 11-10-82
EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


CONNECTGIS
WEB HOSTING
North Carolina
Iredell County
IREDELL
Iredell
Printed April 18, 2022
See Below for Disclaimer
280
272
269
266
260
Elysian Dr
75
38
MOORESVILLE
72
68
Lake Norman
33
120
177
73
120
272
1
120
185
Elysian Dr
74
266
30
115
191
N
W
E
S
1 : 51 Feet
Addresses
Infrastructure
NonResidential Use
Residential Use
Streets
Interstate
Ramp
US Hwy
State Hwy
Main Road
Local Road
Residential
Private
Inactive
Parcels Hooks
Parcels
City Limits
Lake Norman
Iredell Countyline
NC Counties

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, Richard Mercmonte, am the legal owner(s) of the property located at 272 Elysian Dr, identified as PIN (Parcel Identification Number) 4646480031.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Valston Kevin Baker, 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 4/19/22

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