ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 322353

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

PIN # 4646 -- 99 -- 5078

APPLICANT/OWNER: James Bost | APPLICANT ADDRESS: 406 S Salisbury, Spencer NC

SITE ADDRESS: 193 Sunfish Dr, Mooresville 28115 | PHONE: 704-637-1617 | ALT. PHONE 704-907-2072

SITE DIRECTIONS: Brawley School - Sunfish | SAP CONTROLLED: EXIST ☒ NEW ☐ NO

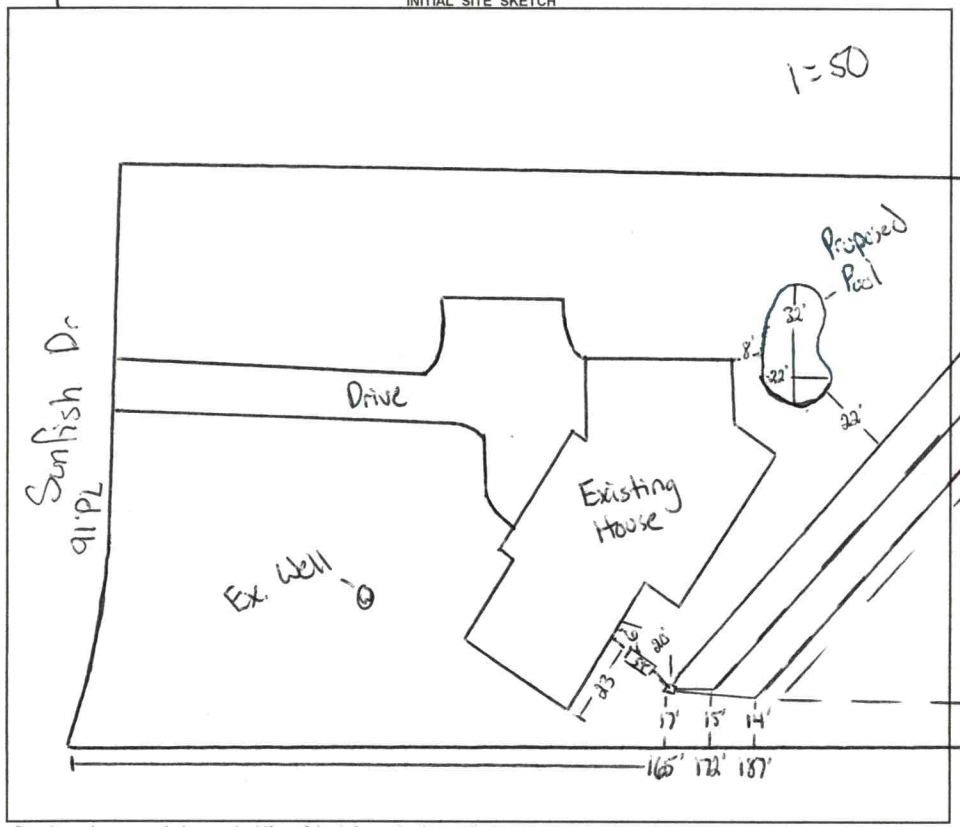
SUBDIVISION: Clippers Run | SECTION: - | LOT # 28 | LOT AREA: 2.18 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: EX

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep pool a minimum of 15' away from septic. During time of inspection proposed pool does not impact septic area.

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.* ☒ **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: James F Bost | Date: 12-21-21 | Installed by:

IMPROVEMENT PERMIT by: Cory Whitt | Date: 12/17/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Cory Whitt | Date: 12/15/21

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? _____	

PIN# 4646-99-5078

...DELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPE... ION

PROPERTY DESCRIPTION NO. 2537 DATE Dec 14, '93 TAX MAP NO. 2J11A 28A Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR William Mallen PHONE: Business _____ Home 663-5692 L.N.

ADDRESS 322 Mallard Head Pl, Mooresville

LOCATION 21 S., TR 1100 TL Sunfish on left just before jct w/ Clippers Lane

SUBDIVISION Clippers Run BLOCK / SECTION 1 LOT 28A LOT AREA 2.18 AC SITE CLASS. PB DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/3/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

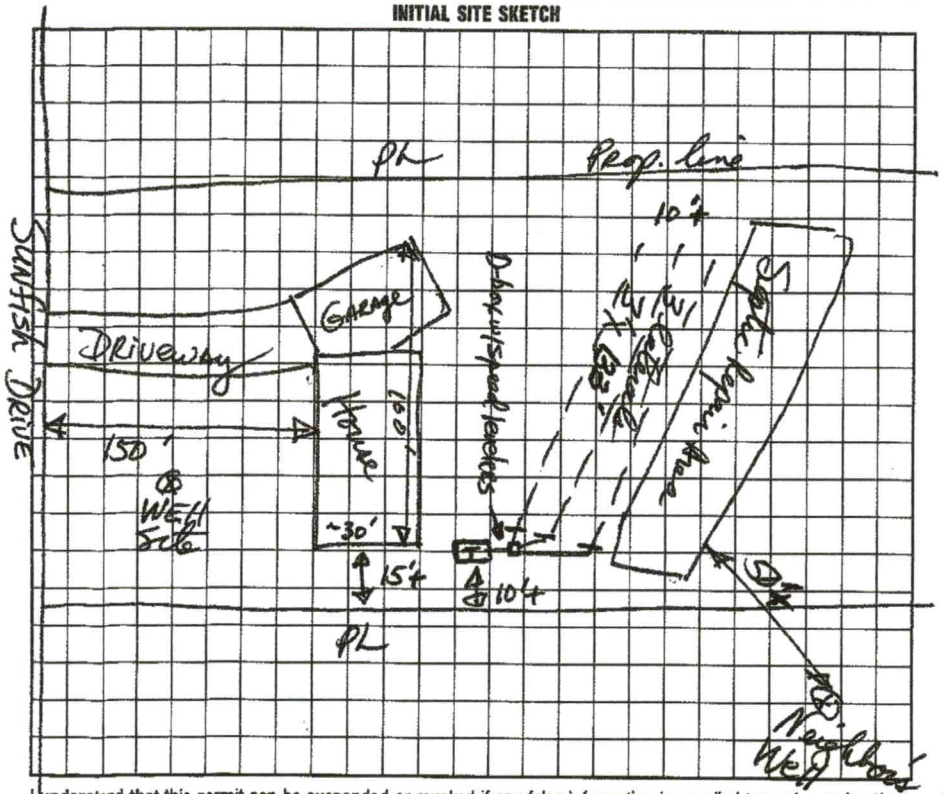
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: installed as drawn.

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: X William J. Mallen

Improvement Permit by: Mark R. Hmon, RS date 12/14/93

Existing System Inspection by: _____ date _____

Installed by: Denver Plumbing Co.

Certificate of Completion by: Wesley Sparks RS date 6/3/94

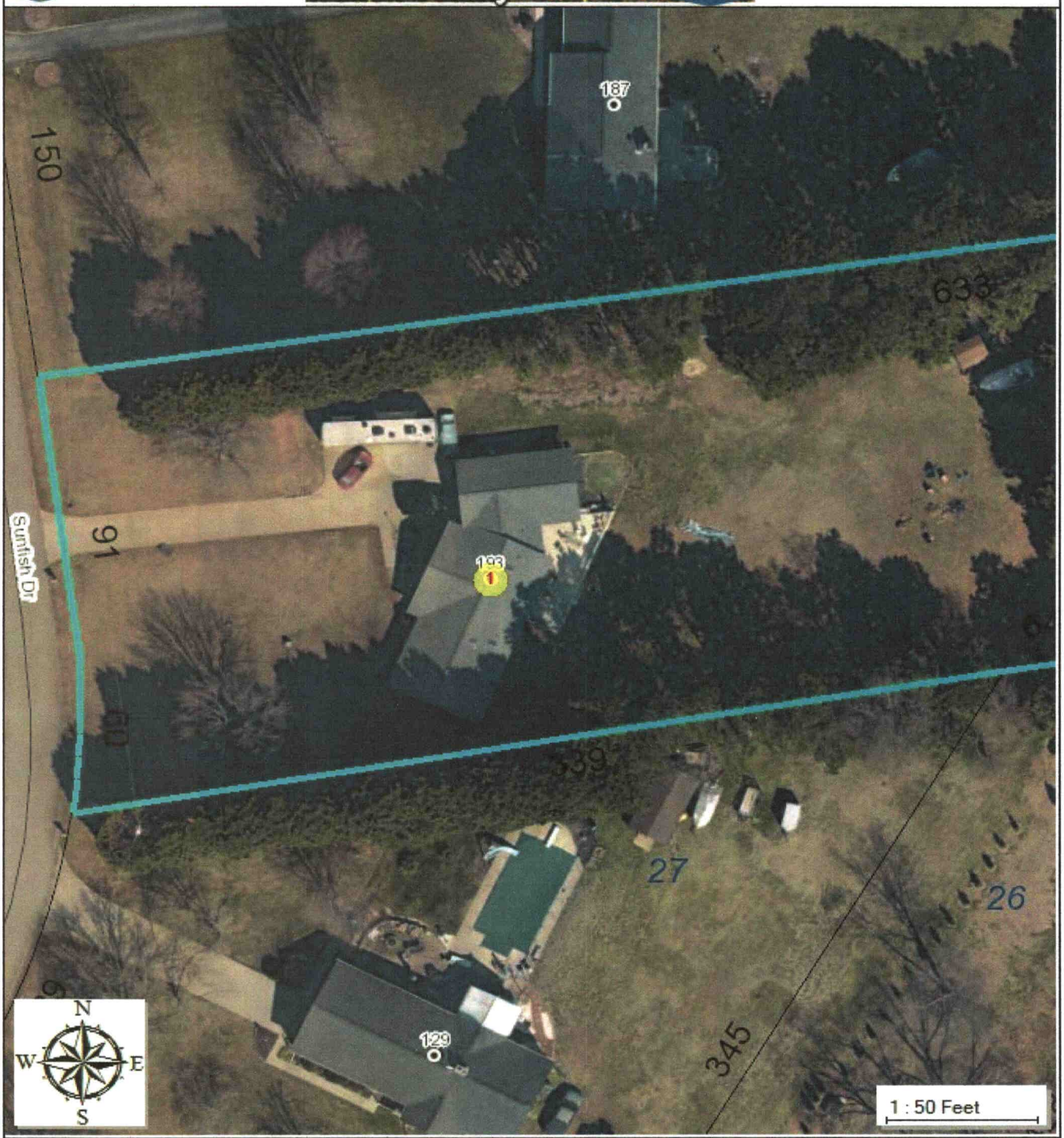
Operation Permit by: _____ date _____

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

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed December 15, 2021
See Below for Disclaimer



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RECEIVED OCT 2 6 2021

CW

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- 322353 $250.00

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: James Bost Address: 406 S. Salisbury Zip: ~~28115~~ 28159
Applicant Email: bostpools@carolina.rr.com Phone: 704-637-1617 Alt. Phone:
Owner Name: Daniel Bormann Address: 193 Sunfish Dr Mooresville Zip: 28117
Owner Email: allisonbormann@gmail.com Phone: 704-907-2072 Alt. Phone:

Property Information:

Street Address: 193 Sunfish Drive Mooresville

Subdivision Name: Section/Phase: Lot Number:

Driving Directions:

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: 3
Maximum Number of Occupants:
(✓) Swimming Pool 462 sf
( ) Other Addition/Structure:

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: 3 bedroom

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?
Zoning? ( ) 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.

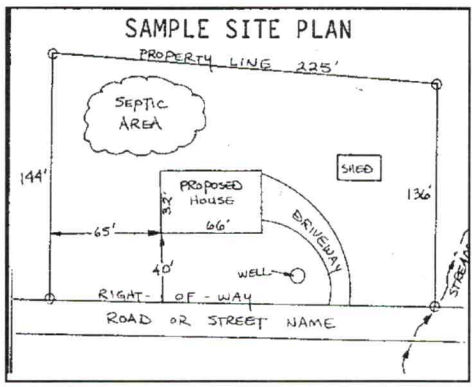
Signature: James Bost 10-7-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

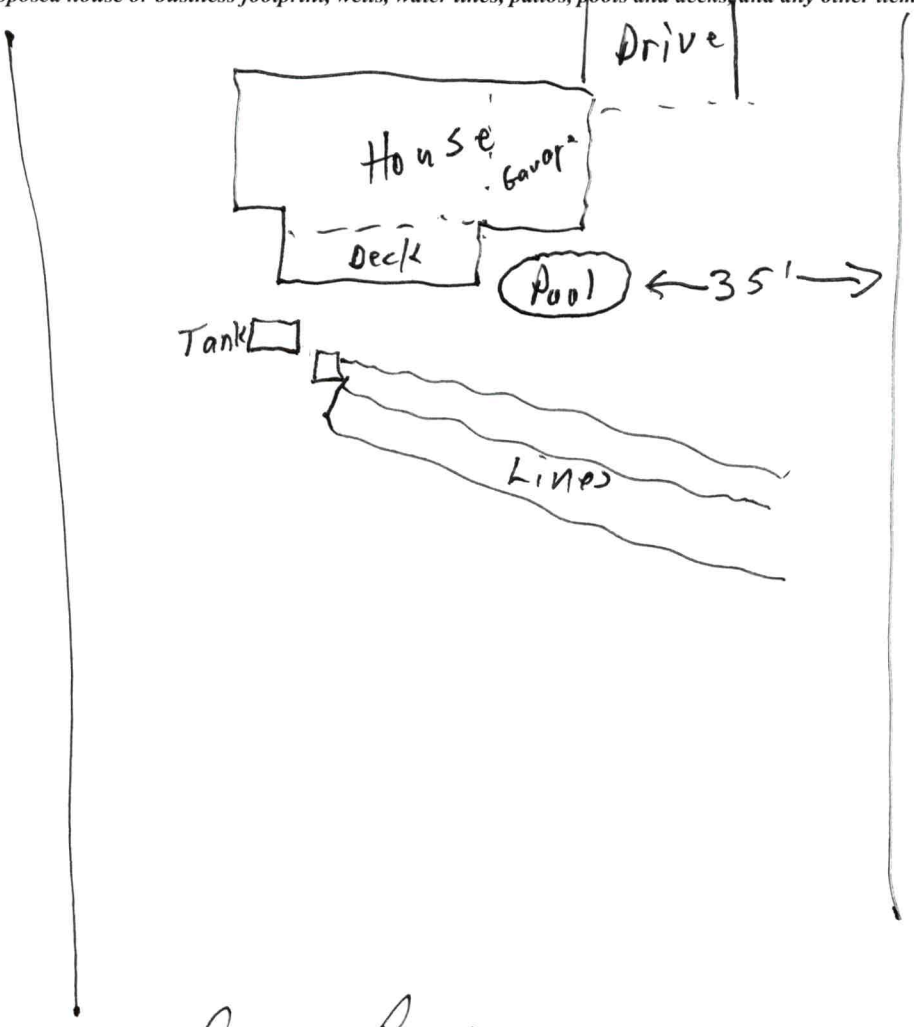
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: Jane Doe

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*) James Bost/for Daniel & Allison Bormann

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, Allison Bormann, am the legal owner(s) of the property located at 493 Sunfish Drive, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James Bost, _____, 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 10-7-21

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

Subdivision Name: Subdivisions

- 193 SUNFISH DR: ROMAN CATHOLIC DIOCESE OF CHARLOTTE

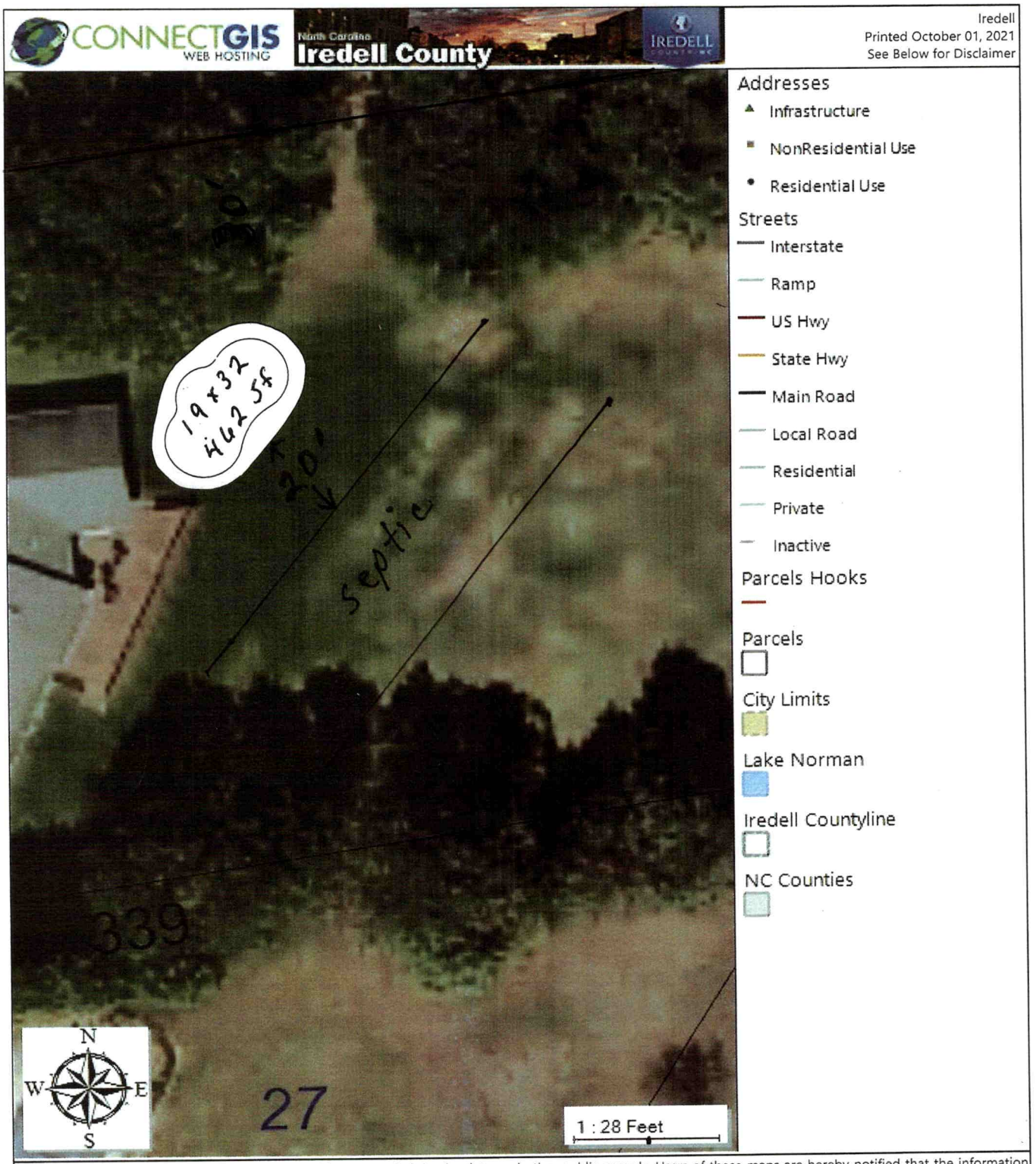
Subdivision Phase: Subdivisions

- 193 SUNFISH DR:

Flood Zone:

Watershed:

Strategic Corridor:



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193 Sunfish Dr.

Daniel & Allison Bormann

Planning and Community Development
413 North Main Street
Mooresville, North Carolina 28115
Phone: 704-662-7040

October 14, 2021

The purpose of this document is to provide Iredell County with the appropriate project information and proof of Mooresville preliminary approvals in order to begin the permitting process through the County. It does not constitute full project approval by the Town of Mooresville. Please refer to your project page for information regarding obtaining full project approval.

The following information is a summary of Project ID 638685, titled 193 Sunfish Dr. Mooresville NC 28117 as reviewed by the Town of Mooresville, NC in their online electronic plan review system. Full project information is included on subsequent pages.

Project Information

Project Address:	193 SUNFISH DR
Project Number:	638685
Submittal Accepted:	10/12/21
Project Approved:	Approved for Commencement of Iredell County Permitting Process

Site Information

Front Setback:	30
Side Setback(s):	15
Rear Setback:	40
Mooresville Zoning:	R2
Parcel ID:	4646995078
Acreage:	2.18
Subdivision Name:	
Lot Number:	
Watershed:	

List of Required Inspections

BACKFLOW **Pools**

Per, Town of Mooresville Code of Ordinances -Chapter 24 – Article IV. Backflow Prevention and Cross Connection Control. Your swimming pool/hot tub /Jacuzzi will be subject to inspection and may be subject to the requirements of backflow prevention on your water service connection.

You will need to contact Angie Boliek - Backflow Coordinator for the Town of Mooresville by phone at 704-799-8995 or by email at mboliek@mooresvillenc.gov.

Project Overview #638685

Project Title: 193 Sunfish Dr. Mooresville NC 28117
Application Type: Zoning Permit
Workflow: Staff Review
Jurisdiction: Town of Mooresville
State: NC
County: Iredell

Project Contacts

Contact Info: Applicant
Bost Pools
Bost Pools LLC
406 S. Salisbury Ave
Spencer, NC 28159
P:7046371617
bostpools@carolina.rr.com

Contact Info: Owner
Daniel Bormann

193 Sunfish Dr
Mooresville, NC 28117
P:7049072072
allisonbormann@gmail.com

Contact Info: Builder or Contractor
Bost Pools
Bost Pools LLC
406 S. Salisbury Ave
Spencer, NC 28159
P:7046371617
bostpools@carolina.rr.com

Please indicate which of the following contacts should be included in this project.: Builder or Contractor

Site Information

Project Address: 193 SUNFISH DR

Project Description

Project Description:
Install inground swimming pool

Zoning Request Type

Zoning Request Type: Zoning Permit
Proposed Use:
Existing Use:

GIS-Verified Data

Zoning District: Town Zoning
- 193 SUNFISH DR: R2

Small Area Plan: Small Area Plans
- 193 SUNFISH DR: Brawley School Road Small AreaPlan

Greenway Buffer: Greenways One Mooresville 1320ft Buffer
- 193 SUNFISH DR: 1

Nodes:
ETJ/Town Limits:
Zoning Overlay:
Stream Buffer:
FCLU Designation: FCLU
- 193 SUNFISH DR: NRES

Tiers:
Historic Preservation:

Planning and Community Development
413 North Main Street
Mooresville, North Carolina 28115
Phone: 704-662-7040

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Bost Pools LLC
406 S. Salisbury Ave
Spencer, NC 28159
P:7046371617
bostpools@carolina.rr.com

Contact Info: Owner
Daniel Bormann

193 Sunfish Dr
Mooresville, NC 28117
P:7049072072
allisonbormann@gmail.com

Contact Info: Builder or Contractor
Bost Pools
Bost Pools LLC
406 S. Salisbury Ave
Spencer, NC 28159
P:7046371617
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- 193 SUNFISH DR: NRES

Tiers:
Historic Preservation:

Subdivision Name: Subdivisions

- 193 SUNFISH DR: ROMAN CATHOLIC DIOCESE OF CHARLOTTE

Subdivision Phase: Subdivisions

- 193 SUNFISH DR:

Flood Zone:

Watershed:

Strategic Corridor: