33251

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317618

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

PIN # 4648424583

APPLICANT/OWNER: Blue Haven Pools | APPLICANT ADDRESS: 1522 Cross Beam Drive Charlotte NC 28217

SITE ADDRESS: 129 Hunts Landing Drive Mooresville NC 28117 | PHONE: 704-889-1300 | ALT. PHONE 631-796-7612

SITE DIRECTIONS: 77 exit 36 Catawba Hwy 150 Con Bluefield Rd | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hunts Landing | SECTION: NA | LOT # 5 | LOT AREA: .692 AC | DESIGN FLOW: 480 | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	STOAF 760	Date	5/4/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	STOAF 363	Date	5/10/21	System Description:	offsite - PM Horizontal PPBPS			☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	offsite PPBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth	36 in	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The purpose of this permit is to show pool + pool house location. System is offsite Septic. Tanks must remain 15ft from pool. See attached System Design by Michael Athanas + Associates

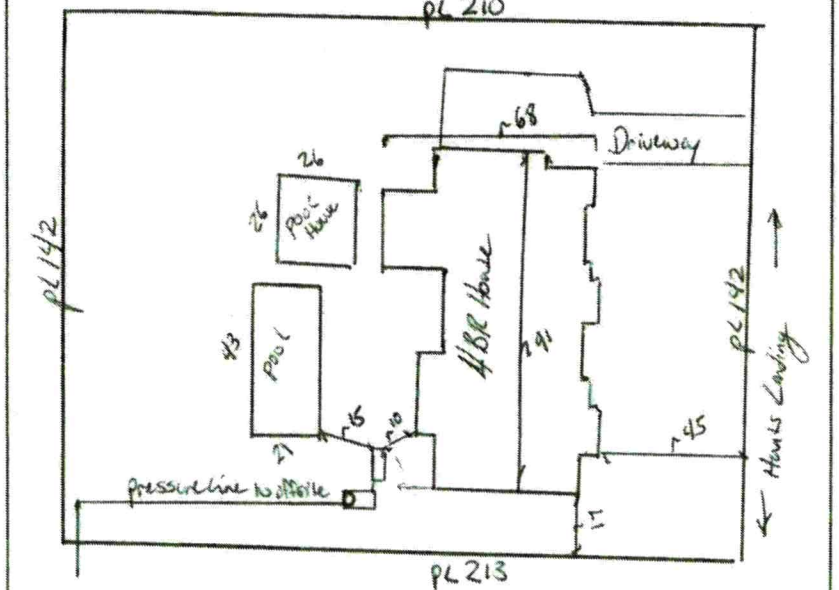
Pool must be marked to sign OP

INITIAL SITE SKETCH

A/C based on Floorplans from 11/11/21 - approval

1:50

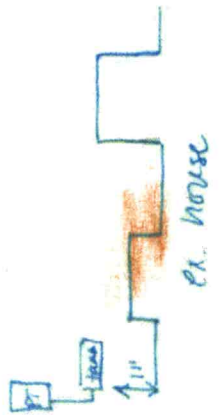
See attached offsite Design by Michael Athanas + Associates



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.

As Built for tanks



SUPPLY LINE 36 IN UNDER ROAD 11-4-2021 BAU

Supply Line ✓ 11/9/21 CW

Drainlines ✓ 11/9/21

PM ✓ 11/9/21

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: [signature] Date: 6/15/2021 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 5/25/2021 OPERATION PERMIT by: D. Wiebesiek Date: 11/16/21

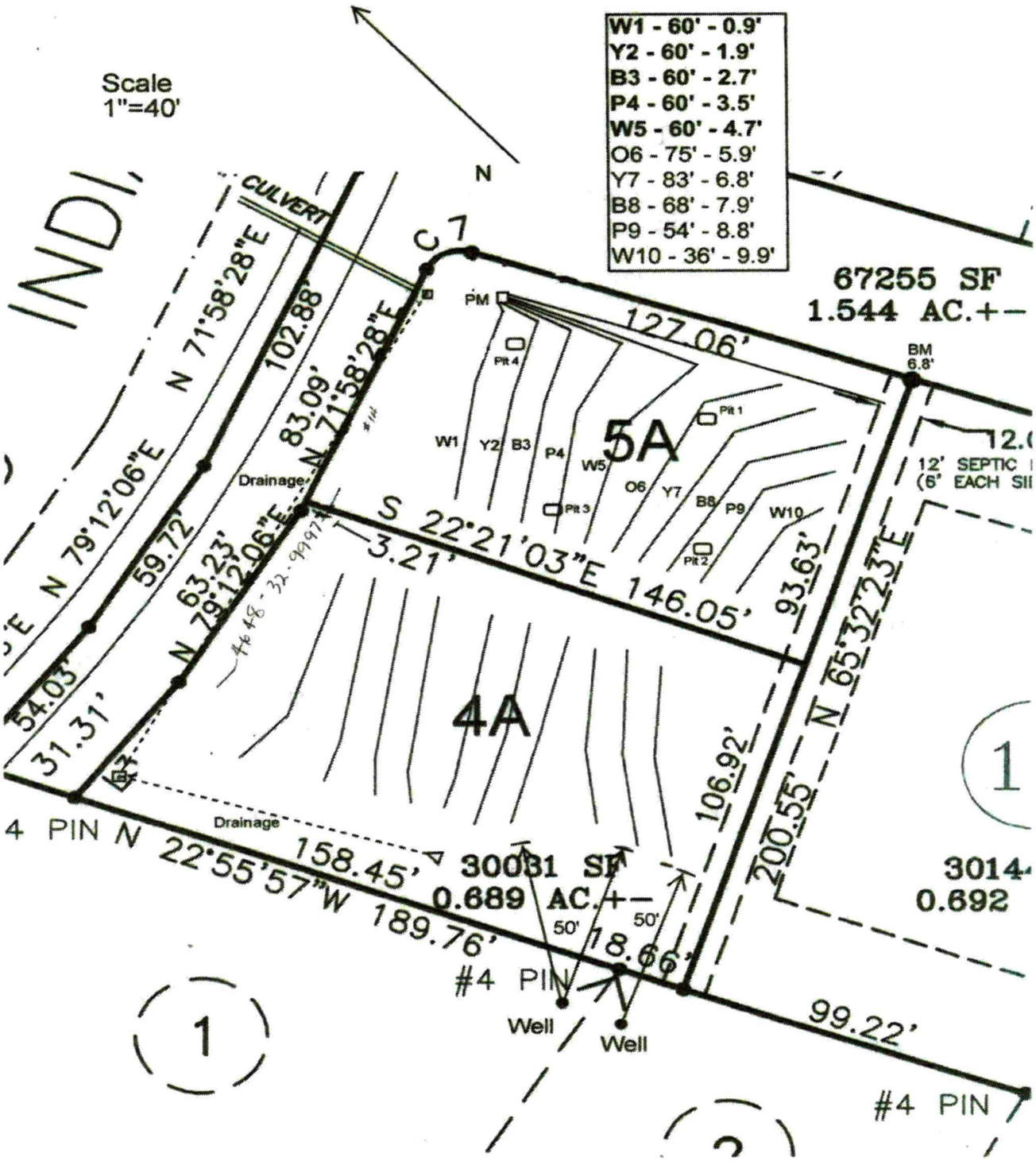
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/25/2021 Existing System Inspected by: Date:

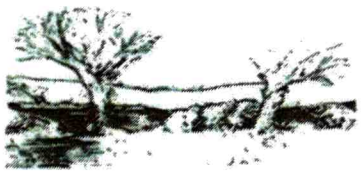
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	11/9/21	CW
Tanks Checked	6/17/21	DW
Pressure Manifold or Valve Box Checked	11/9/21	DCW
Pressure Head Set	11/10/21	DW
Electrical Checked	11/10/21	DW
Floats Set	11/10/21	DW
Alarm Checked	11/10/21	DW
Maintenance Contract Needed? Y (N)		
Comments:		
Supply line pressurization	11/10/21	DW

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? _____	

129 Hunts Landing


Scale
1"=40'
N
W1 - 60' - 0.9'
Y2 - 60' - 1.9'
B3 - 60' - 2.7'
P4 - 60' - 3.5'
W5 - 60' - 4.7'
O6 - 75' - 5.9'
Y7 - 83' - 6.8'
B8 - 68' - 7.9'
P9 - 54' - 8.8'
W10 - 36' - 9.9'
CULVERT
C7
PM
67255 SF
1.544 AC.+-
127.06'
BM
6.8'
Pit 4
Pit 1
Pit 3
Pit 2
W1
Y2
B3
P4
W5
O6
Y7
B8
P9
W10
5A
4A
12' SEPTIC
(6' EACH SI
N 71°58'28"E
102.88'
83.09'
N 71°58'28"E
Drainage
N 79°12'06"E
59.72'
63.23'
N 79°12'06"E
54.03'
31.31'
S 22°21'03"E 146.05'
3.21'
93.63'
N 65°32'23"E
106.92'
200.55'
Drainage
4 PIN N 22°55'57"W 189.76'
158.45'
30031 SF
0.689 AC.+-
50'
50'
18.66'
#4 PIN
Well
Well
99.22'
#4 PIN
3014
0.692
1
1



RECEIVED DEC 0 9 2020
#AP 313251
PD. $350.00
Eqp. Review
(Offsite septic)

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
11/25/2020

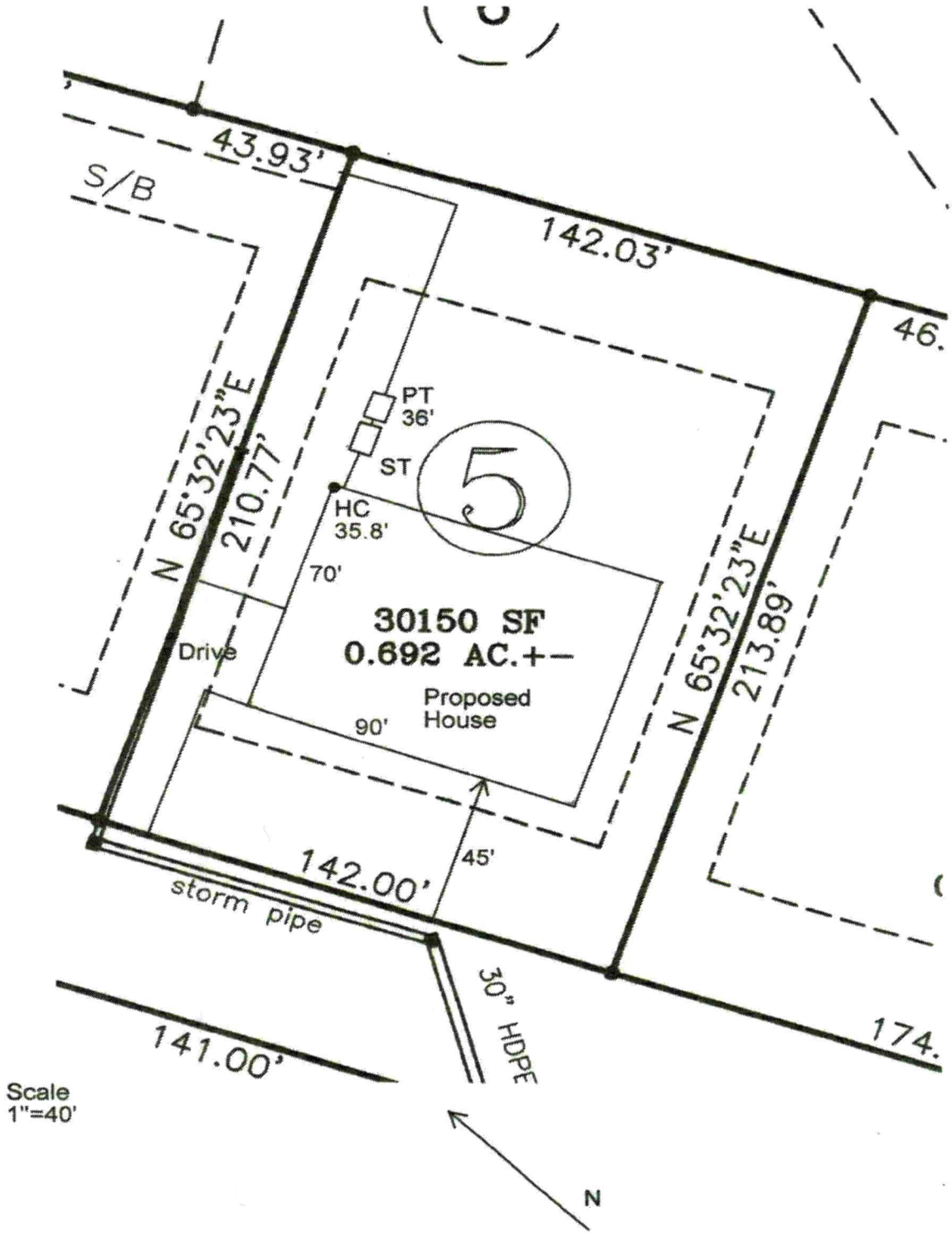
Reference: Data Sheet for 129 Hunts Landing Dr, Hunts Landing Lot 5
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2
Proposed System Type: Horizontal PPBPS (SFE)
Proposed Repair System Type: PPBPS (SFE)
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 252 gallons
Pump Run Time: 9.2 minutes
Elevation Head: 40.1'
Friction Head: 16.6'
Pressure Head: 2'
Total Dynamic Head: 58.7'
Supply Line Length: 900' of 2" PVC.
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	**60'**	**14**	**60'**	**0.9'**
Yellow 2	**60'**	**14**	**60'**	**1.9'**
Blue 3	**60'**	**14**	**61'**	**2.7'**
Pink 4	**60'**	**14**	**63'**	**3.5'**
White 5	**60'**	**14**	**66'**	**4.7'**
Orange 6			75'	5.9'
Yellow 7			83'	6.8'
Blue 8			68'	7.9'
Pink 9			54'	8.8'
White 10			36'	9.9'

Initial System: 300'
Repair System: 316'
Pump Tank: 36'
House Corner: 35.8'
Benchmark: 6.8'

Comments:


43.93'
S/B
142.03'
46.
PT
36'
ST
HC
35.8'
5
N 65°32'23"E
210.77'
70'
30150 SF
0.692 AC.+-
Drive
Proposed
House
90'
N 65°32'23"E
213.89'
45'
142.00'
storm pipe
30" HDPE
141.00'
174.
Scale
1"=40'
N

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RECEIVED MAY 10 2021

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

AP-317618 $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* + septic re-layout

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: Blue Haven Pools Address: 1522 Cross Beam Dr. Charlotte NC Zip: 28217
Applicant Email: mbonnema@bluehavennc.com Phone: 704-889-1300 Alt. Phone: _____
Owner Name: Allan Farber Address: 129 Hunts Landing Dr. Mooresville Zip: 28117
Owner Email: alfarb0984@aol.com Phone: 631-796-7612 Alt. Phone: _____

Property Information:

Street Address: 129 Hunts Landing Dr. Mooresville, NC 28117
Subdivision Name: Hunts Landing Section/Phase: _____ Lot Number: 5
Driving Directions: From Charlotte: 77N to Exit 36. Left onto Hwy 150 Right onto Bluefield Rd. Left onto Big Indian Loop. Left on Hunts Landing

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: _____
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: Re-layout

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.

DocuSigned by:
Signature: Allan Farber 5/5/2021
F5B0627D21F1448...
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

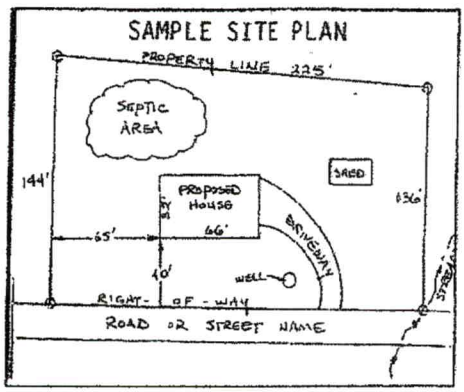
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IREDELL COUNTY HEALTH DEPARTMENT

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:

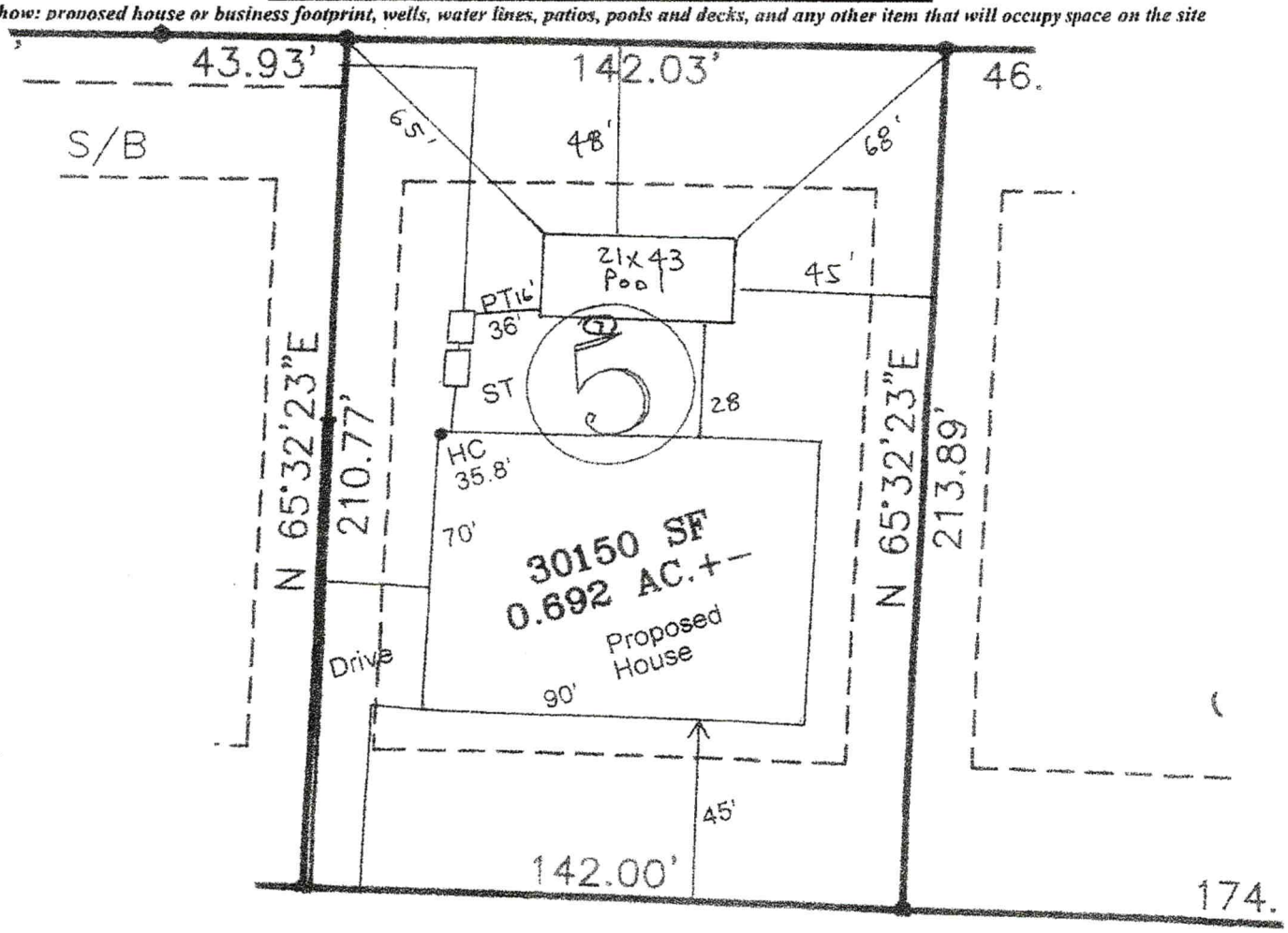
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: DocuSigned by: Allan Farber F5B0622D21F1448... 5/5/2021

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, DocuSigned by: Allan Farber F5B0622D21F1446... , am the legal owner(s) of the property located at 129 Hunts Landing Dr. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4604842458 3.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BH Charlotte, LLC, T/A Blue Haven Pools & Spas Charlotte, NC, 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

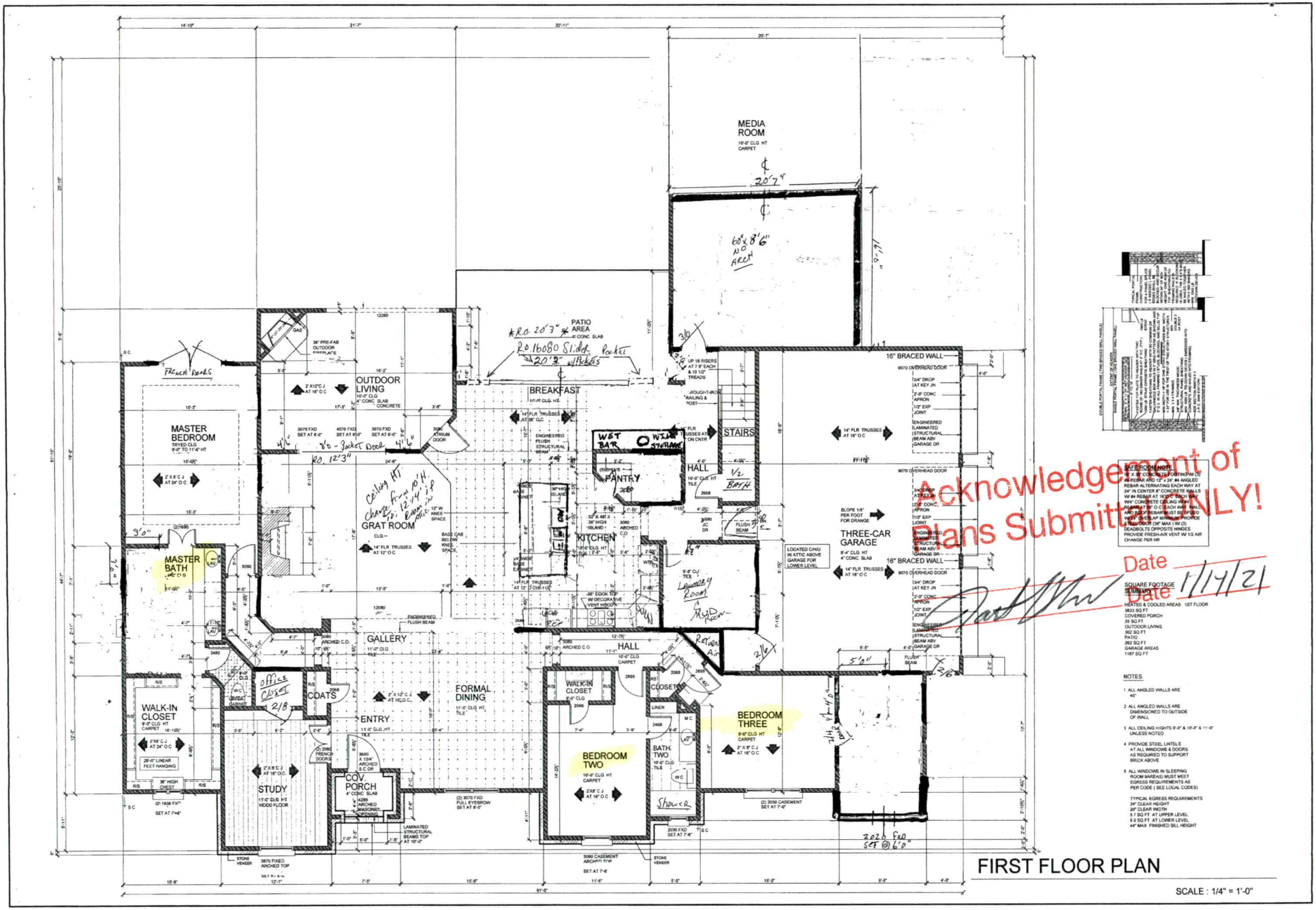
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by: Allan Farber F5B0622D21F1446... 5/5/2021

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



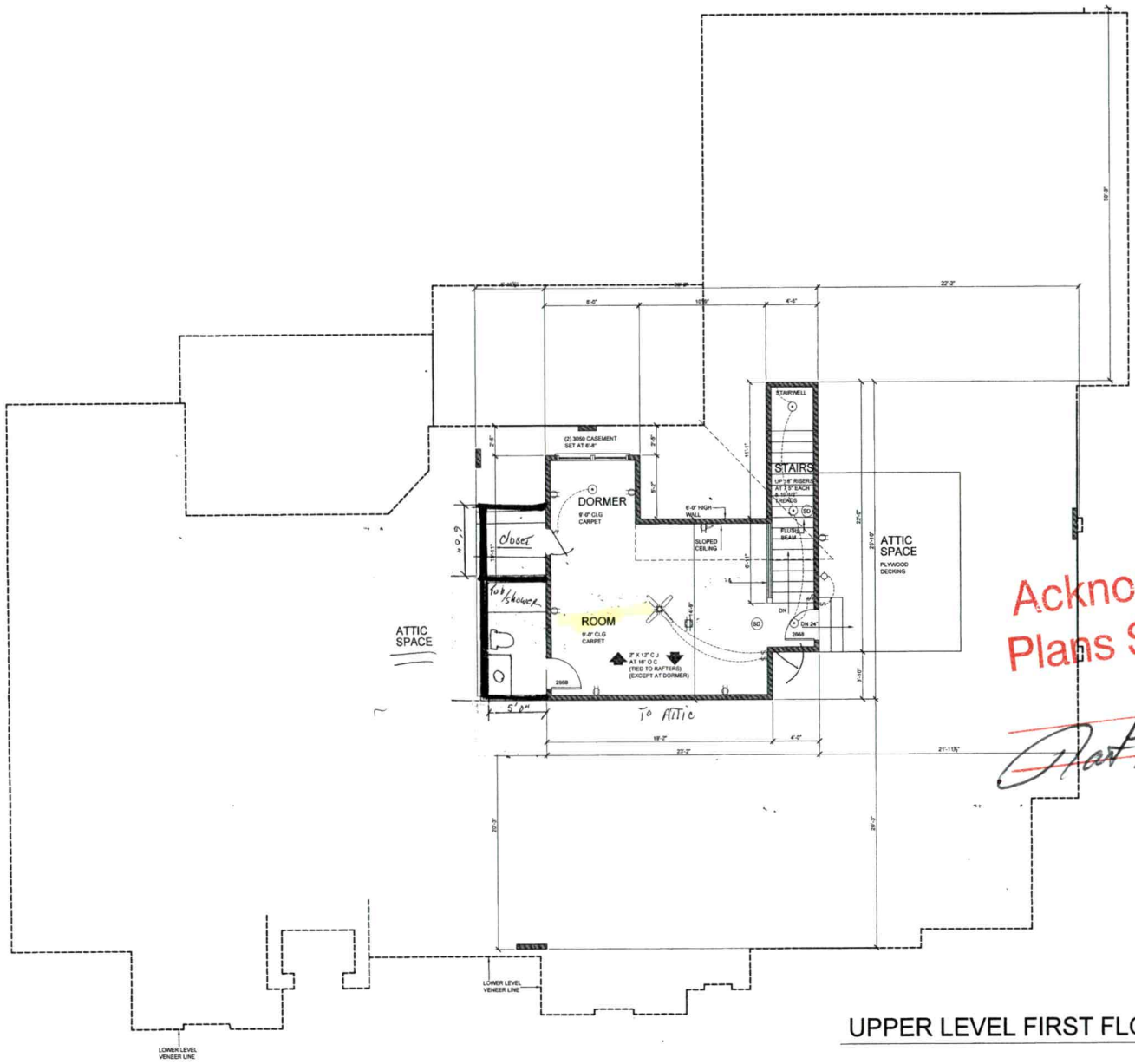
Acknowledgement of Plans Submitted ONLY!

Date 1/14/21

Date

FIRST FLOOR PLAN

SCALE : 1/4" = 1'-0"



Acknowledgement of Plans Submittal ONLY!

Date

Date 1/14/21

NOTES

1 ALL ANGLED WALLS ARE 45°

2 ALL ANGLED WALLS ARE DIMENSIONED TO OUTSIDE OF WALL

3 ALL CEILING HIGHTS 9'-0" & 10'-0" & 11'-0" UNLESS NOTED

4 PROVIDE STEEL LINTELS AT ALL WINDOWS & DOORS AS REQUIRED TO SUPPORT BRICK ABOVE

5 ALL WINDOWS IN SLEEPING ROOM (AREAS) MUST MEET EGRESS REQUIREMENTS AS PER CODE (SEE LOCAL CODES)

TYPICAL EGRESS REQUIREMENTS
24" CLEAR HEIGHT
20" CLEAR WIDTH
5.7 SQ FT AT UPPER LEVEL
5.9 SQ FT AT LOWER LEVEL
44" MAX FINISHED SILL HEIGHT

UPPER LEVEL FIRST FLOOR PLAN

SCALE : 1/4" = 1'-0"

22'-3½"

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
317618 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4648424583.000	129 HUNTS LANDING DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: FARBER ALLAN+SARI	Name: BLUE HAVEN POOLS OF NC
Address:	Address: 10020 INDUSTRIAL DRIVE PINEVILLE, NC 28134
Phone:	Phone: (704)889-1300

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.692	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

swimming pool

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

The applicant certifies that there are no deed restrictions, contractual agreements or govemmental 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: 05/07/2021

Signature of Owner/Contractor

Permit Number	317618	TOTAL FEES:	$77.25

WELL ABANDONMENT RECORD

Emailed 1/14/21

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr.

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc

Company Name

2. Well Construction Permit #: 313877

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☑ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☐ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 1/14/2021

5a. Well location:

JBR Custom Homes — Facility ID# (if applicable)

Facility/Owner Name

104 Hunts Landing

Physical Address, City, and Zip

Iredell — 4648829997

County — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(If well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 315 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: @ 40 (ft.)

6e. Outer casing length (if known): 128 (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: 1

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 16 Ounces

7e. Sealing materials used (check all that apply):

☑ Neat Cement Grout	☑ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

77 Bags Hole Plug
1 Bag Portland Cement

7g. Provide a brief description of the abandonment procedure:

poured + Hydrated

8. Certification:

Alfred Kiesling Jr. — 1-14-21

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.