IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225200

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

PIN # 4649031352

APPLICANT: Lonnie Wilson APPLICANT ADDRESS: 105 Abbeville. Mooresville, NC

SITE ADDRESS: 105 Abbeville Ln, Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Perth Rd N TL Bells Crossing TL S. Avgustin TR Abbeville 1st on left

SUBDIVISION: Bells Crossing SECTION: 3 LOT # 123 LOT AREA: .71 Ac DESIGN FLOW: 360gpd L.T.A.R.: .275

Septic Tank	1000 exist (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Relocation Gravity 25% Red			☐ Business	No. Persons	16	☐ Private
Pump Make	Model		Serial #	Repair System Description:	1st Drip Irrigation			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	1	Linear Ft: 85+	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Note: Follow plan carefully, some drainlines will be shortened to meet 15ft setback to pool.
** Changes to Septic System must be Completed prior to excavating for pool.

* Owners are reducing bedrooms from 4 to 3 bedrooms to accomodate swimming pool.

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 2/28/17)

AS BUILT SKETCH

Installed new drainline & cut off others @ 15ft from pool.

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**

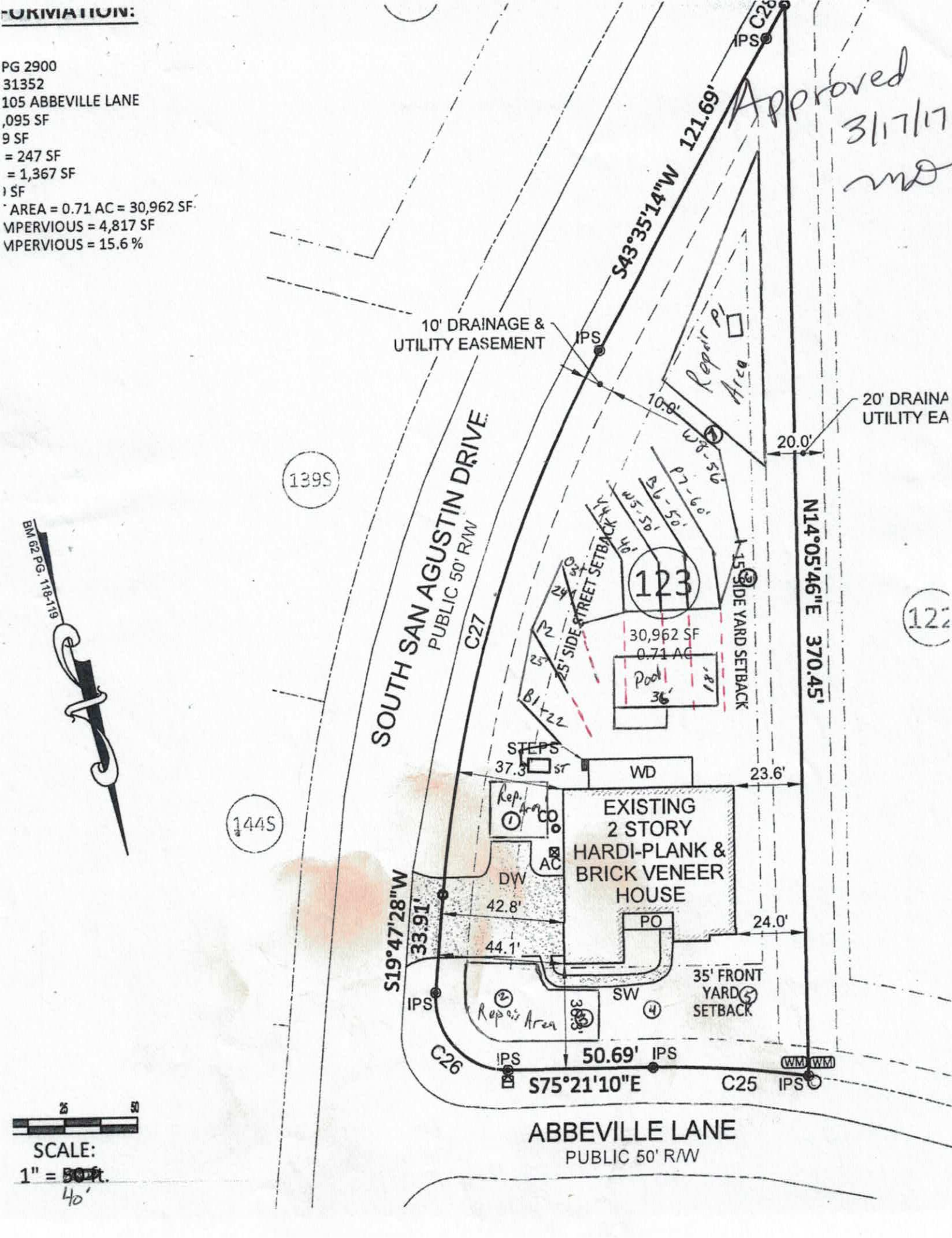
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/23/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 3/17/17 OPERATION PERMIT by: Maria Dotson Date: 4/17/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/17/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


FORMATION:
PG 2900
31352
105 ABBEVILLE LANE
,095 SF
9 SF
= 247 SF
= 1,367 SF
SF
AREA = 0.71 AC = 30,962 SF
MPERVIOUS = 4,817 SF
MPERVIOUS = 15.6 %
Approved
3/17/17
mo
S43°35'14"W 121.69'
IPS
C28
10' DRAINAGE &
UTILITY EASEMENT
IPS
Repair Pl
Area
10.0'
20' DRAINA
UTILITY EA
20.0'
W8-50'
P7-60'
B6-50'
W5-50'
139S
SOUTH SAN AGUSTIN DRIVE
PUBLIC 50' R/W
C27
25' SIDE STREET SETBACK
123
15' SIDE YARD SETBACK
N14°05'46"E 370.45'
30,962 SF
0.71 AC
Pool
36'
B1-22
STEPS
37.3'
ST
WD
23.6'
Rep. Area
EXISTING
2 STORY
HARDI-PLANK &
BRICK VENEER
HOUSE
AC
DW
42.8'
PO
24.0'
S19°47'28"W
33.91'
44.1'
35' FRONT
YARD
SETBACK
SW
Repair Area
IPS
C26
IPS
50.69'
IPS
WM
WM
S75°21'10"E
C25
IPS
ABBEVILLE LANE
PUBLIC 50' R/W
BM 62 PG. 118-119
144S
SCALE:
1" = 50ft.
40'



Approved
MD
3/17/17

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

Reference: Data Sheet for 105 Abbeville Ln, Bells Crossing Lot 123
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360 GPD
Predetermined LTAR: 0.275 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: TSI Drip irrigation
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons (existing)
Proposed Trench Bottom: 36" maximum



Line	Design Length	Actual Length
Blue 1	22'	22' (existing)
Pink 2	25'	42' (existing)
Orange 3	24'	42' (existing
Yellow 4	40'	70' (existing)
White 5	50'	86' (existing)
Blue 6	50'	86' (existing)
Pink 7	60'	90' (existing)
White 8	~~56'~~ 60	85' (new)

Initial System: 327' **Repair System:** 2880+ FT2

Comments:
MA&A are proposing changes to the existing system to make room for a pool. The existing lines will be shortened to the above lengths and one new line added to bring the system up to standard. The original permit was for a four bedroom residence. The owner is willing to reduce the system to a three bedroom residence to accommodate the pool. We are expanding the repair area to the front yard.

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

Approved
3/17/17

PROPERTY ID #: 4649031352
COUNTY: Iredell

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

OWNER: Lonnie Wilson
ADDRESS: 105 Abbeville Ln, Mooresville NC 28117
PROPOSED FACILITY: 3 bdrm
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 105 Abbeville Ln, Bells Crossing Lot 123
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.71 AC
PROPERTY RECORDED:

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 5%	0-7	FILL		N/A	36"	N/A	N/A	PS 0.3
		7-16	R C SBK	FR SS SP SEXP					
		16-36	R CL WSBK	FR SS SP SEXP					
AB 2	LS 2%	0-36	R CL WSBK	FR SS SP SEXP	N/A	48"	Com SAP	N/A	PS 0.4+
		36-48	YR L WSBK	FR SS SP SEXP					
AB 3	LS 3%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 2%	0-36	FILL						US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	981 FT2	2880+ FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.275 (ICHD)	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Approved 3/17/17 MS

PROPERTY ID #: 4649031352___
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	LS 2%	0-42	FILL						US
AB 6	LS 9%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3
		6-24	R C SBK	FR SS SP SEXP					
		24-48	R CL WSBK	FR SS SP SEXP			F-C WR @ 40"		
AB 7	LS 9%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-24	R C SBK	FR SS SP SEXP					
		24-48	R CL WSBK	FR SS SP SEXP					
PIT 1	LS 9%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	30"	Few SAP/WR	N/A	PS 0.3
		4-30	R C SBK	FR SS SP SEXP					
		30	WR						

COMMENTS: _____

#225200
pd $350
2/28/17

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Lonnie Wilson **Address:** 105 Abbeville Ln., Mooresville, NC 28117 **Phone:** (678) 525-8094

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 105 Abbeville Ln

Subdivision Name: Bells Crossing **Section/Phase:** _____ **Lot Number:** 123

Driving Directions: Perth, TL Bells Crossing, TL S. San Agustin, TR Abbeville, first on LT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 2016

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 2/28/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

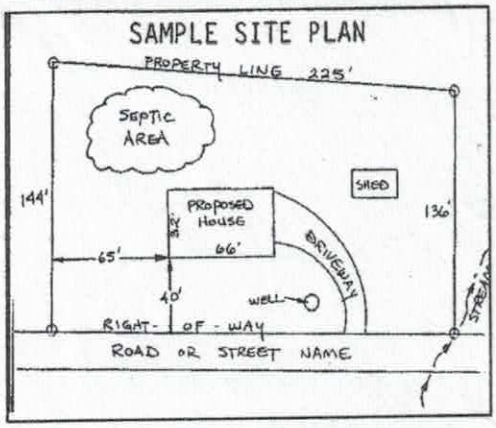
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____ 2/28/2017

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

IREDELL COUNTY

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

APPLICATION NUMBER
225200
Issue Date: 02/23/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4649031352.000	105 ABBEVILLE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERITAGE HOMES	Applicant: MICHAEL ATHANAS & ASSO
Address: 11605 N COMMUNITY HOUSE RD. #250 CHARLOTTE, NC 28277	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone: 704-944-8933	Phone: 704-576-3887

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710		10.00	25.00	10.00	PACL	X

Remarks:

: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which 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 requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is 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 governmental 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.

Applicant: _____ Date: _____

Permit Number	94337	TOTAL FEES:	$ 77.25