IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 225898

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

PIN # 4654299 1037

APPLICANT: Mark DiPietro | APPLICANT ADDRESS: P.O. Box 1703 Mooresville, NC 28115

SITE ADDRESS: 545 Midway Lake Rd. Mooresville, NC 28115 | PHONE: | ALT. PHONE: 704 202-5791 Adrian

SITE DIRECTIONS: Hwy 115 S to Midway Lake 2nd lot past Swan Lake on right (chain link fence & gate)

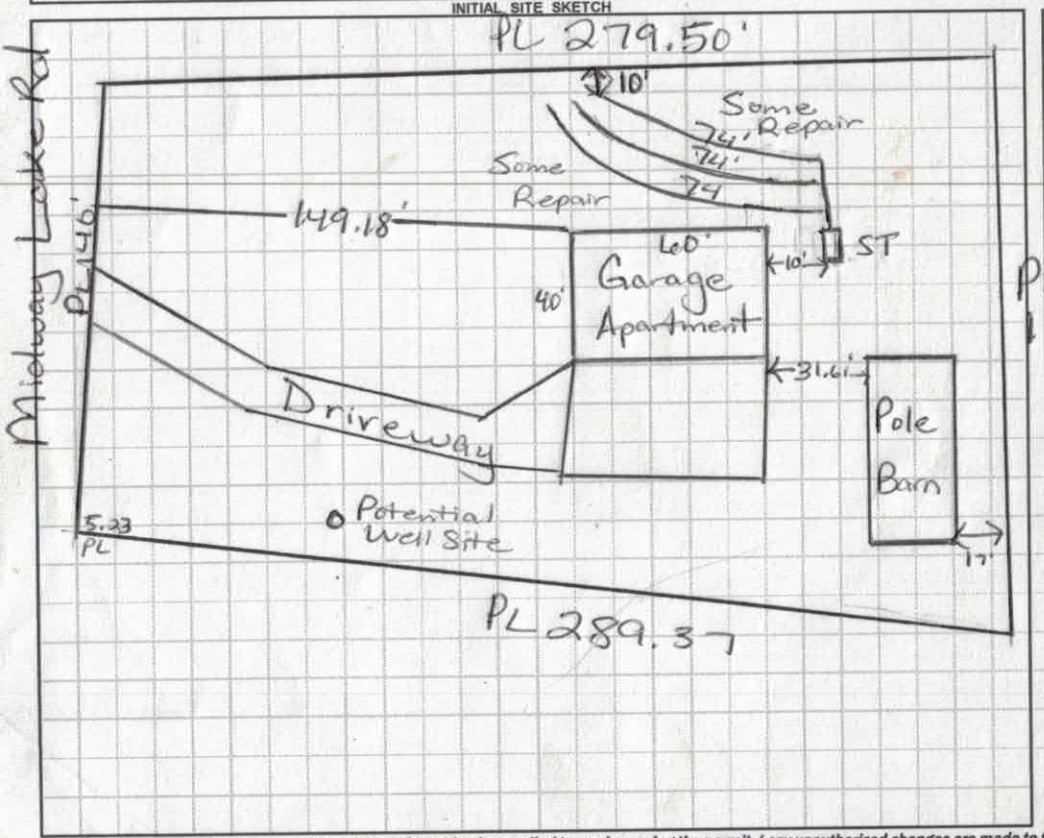
SUBDIVISION: Sherwood Hts. | SECTION: — | LOT # 32 & 33 | LOT AREA: 1.05 Acre | DESIGN FLOW: 240gpd | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB 760	Date 2.19.19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description:	Gravity- 25% Reduction	☐ Business	No. Persons
Pump Make		Model	Serial #	Repair System Description:	Grav/Pump 25% Reduction	☒ Other Garage	No. Employees
# Nitrification Fields	1	# Lines 3	Linear Ft: 222'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab Apt	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water away from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

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: 4/24/2017 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 4/24/17 OPERATION PERMIT by: James Boggs (ad) Date: 4-23-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/17/18 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

DHHS

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mark Dipietro APPLICATION DATE: ___
ADDRESS: ___ DATE EVALUATED: 4/17/17
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: ___ 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	
	6%	0-4"	Brw SCL	SS, SP, SExP, FR					PS
		4-20"	RCm-wSBK	SS, SP, SExP, FR					.3 to
		20-48"	RCL, SBK w/ some SS, SP, SExP, FR		Yel/Brn mottles				.25
	4%	0-24"	Brw SCL	SS, SP, SExP, FR					PS
		24-48	Brw C/CL	SS, SP, SExP, FI-FR					.25
	4%	0-4"	Brw SCL	wSBK SS, SP, SExP, FR					PS
		4-30"	Brw CL	wSBK SS, SP, SExP, FR					.25-
		30-48"	Rd/Brw C/CL	wSBK SS, SP, SExP, FR					.275
	6%	0-3"	Brw SCL	SS SP SExP, FR					PS
		3"-20"	RCm-wSBK	SS, SP SExP, FR					.3
		20"-48"	RCL	wSBK SS, SP, SExP, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.275	.25-.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dobson
OTHER(S) PRESENT: ___

COMMENTS: ___

Certificate of Survey and Accuracy

I, Carl S. Henline, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1881, page 1777) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book _____, page ____; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 22 day of February, A.D., 2017.

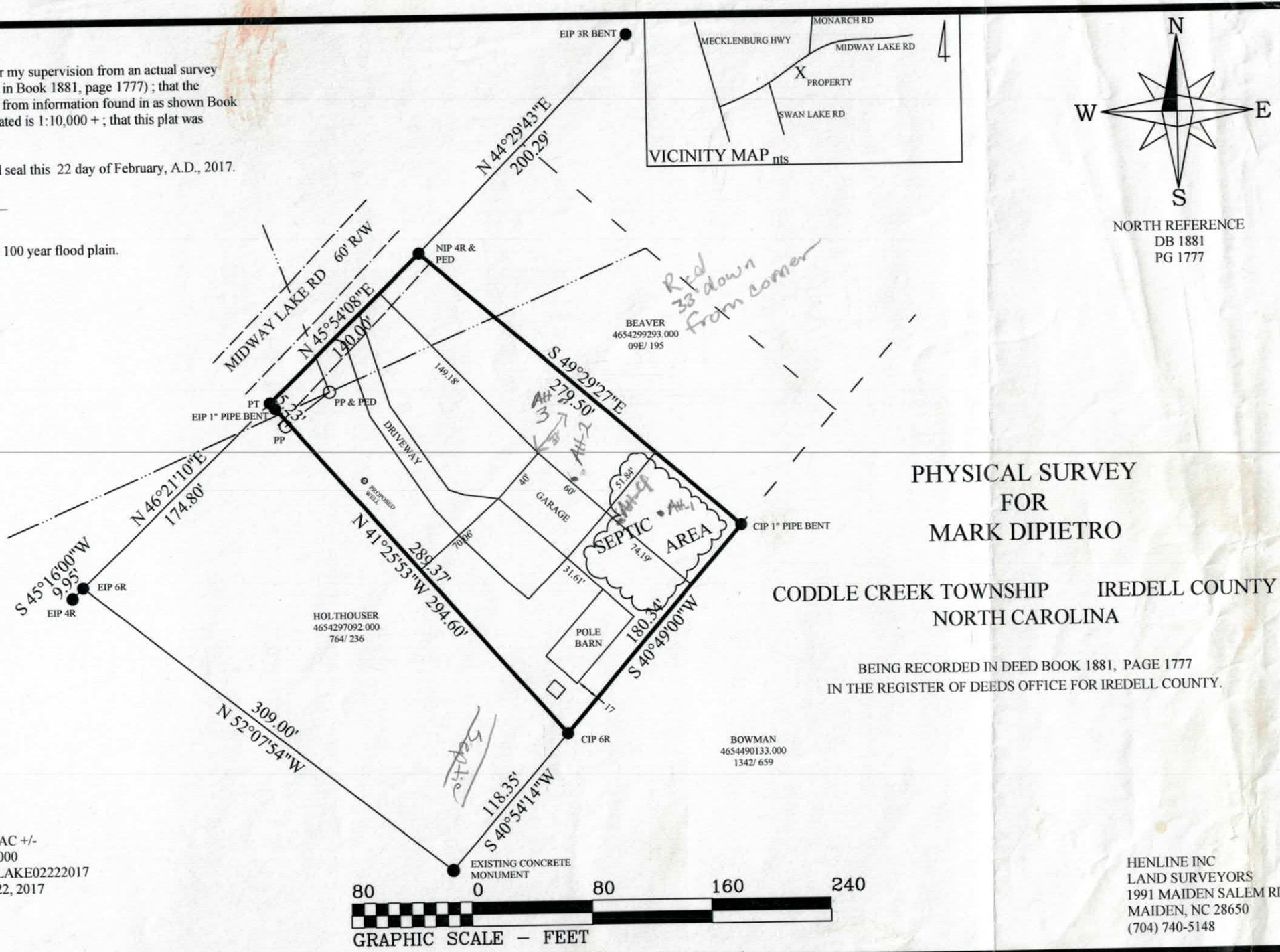
_____

Carl S. Henline P.L.S, L-2658

This is to certify that the property does not lie within a 100 year flood plain.

_____

Carl S. Henline PLS L-2658 02-22-2017



LEGEND:

NIP	New Iron Pin
EIP	Existing Iron Pin
CIP	Control Iron Pin
PT	Point
RW	Right-of-way
PP	Power Pole
PL	Power Line
OHU	Overhead Utility
PED	Utility Pedestal
CO	Clean Out
WV	Water Valve
LP	Light Pole
PKS	PK Nail Set
PKF	PK Nail Found
WM	Water Meter
YI	Yard Inlet
IV	Irragation Valve
MH	Manhole
PB	Power Box

DATA:
Total Acreage: 1.05 AC +/-
PID #: 4654299103.000
Job File: MIDWAYLAKE02222017
Date: FEBRUARY 22, 2017

PHYSICAL SURVEY FOR MARK DIPIETRO

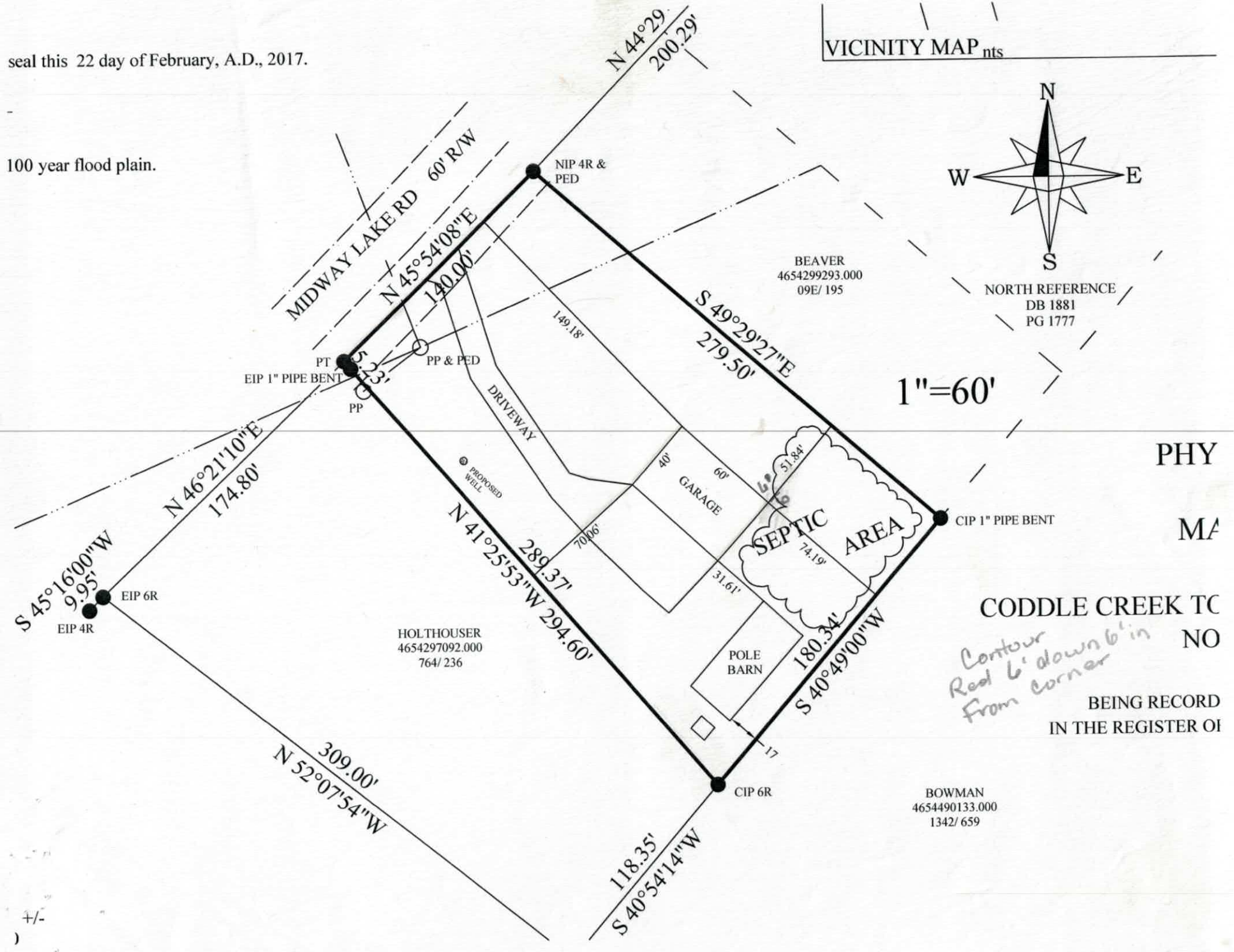
CODDLE CREEK TOWNSHIP IREDELL COUNTY
NORTH CAROLINA

BEING RECORDED IN DEED BOOK 1881, PAGE 1777
IN THE REGISTER OF DEEDS OFFICE FOR IREDELL COUNTY.

HENLINE INC
LAND SURVEYORS
1991 MAIDEN SALEM RD
MAIDEN, NC 28650
(704) 740-5148

seal this 22 day of February, A.D., 2017.

100 year flood plain.



+/-

)

RECEIVED MAY 14 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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 Call When Ready

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) Tim Whelan — 704 400-8932

Applicant Name: Mark A. DiPietro **Address:** 7375 Braelocke Ct. Cumming, GA **Zip:** 30041

Applicant Email: dpietro@mindspring.com **Phone:** 678-644-0708 **Alt. Phone:** 770-777-4679

Owner Name: Mark A. DiPietro **Address:** <See above, same> **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 545 Midway Lake Rd. Mooresville, NC

Subdivision Name: Sherwood Hts. **Section/Phase:** _____ **Lot Number:** 32+33

Driving Directions: Hwy 115S, L on Midway Lake Rd, 2nd lot past Swan Lake on R (chain link fence/gate)

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

Maximum Number of Bedrooms: 1
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

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: _____

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: _____ 5/14/2018
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*) _____

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, Mark A. Dipietro, am the legal owner(s) of the property located at 545 Midway Lake Road Mooresville , NC 28117, identified as

PIN (Parcel Identification Number) 4654299103, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tim Whelan/T.Whelan Homes Inc. _____, 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.

X _____ 05/15/18

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED MAR 2 8 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

****

225898

2. 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 check ( ) beside whichever is submitted if applicable ✓ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mark D'Pietro/CS&SC	PO Box 1703 Mooresville NC 28115		Adrian Pruet 704-202-5791
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Shawn Treadway	519 Midway Lake Rd Mooresville NC 28115		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
545 Midway Lake Rd	Sherwood Heights	Pt 32+33

Driving Directions: Hwy 115S, TL on Midway Lake, 2nd Lot past Swan Lake on R, Chain link fence and gate at front of lot

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
(✓) **Other** Garage Apartment

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) **Crawl Space Foundation?**
(✓) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

(✓) **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

(✓) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** _____

8. Please Answer The Following ( ) **Yes** (✓) **No Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) **Yes** (✓) **No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-27-17
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

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.

I, Shawn Treadaway, am the legal owner(s) of the property located at 545 Midway Lake Rd, identified as PIN (Parcel Identification Number) 4654299103, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mark D'pietro Adrian Pruett, Carolina Soil & Septic Consulting, 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.

Shawn Treadaway 3-22-17

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

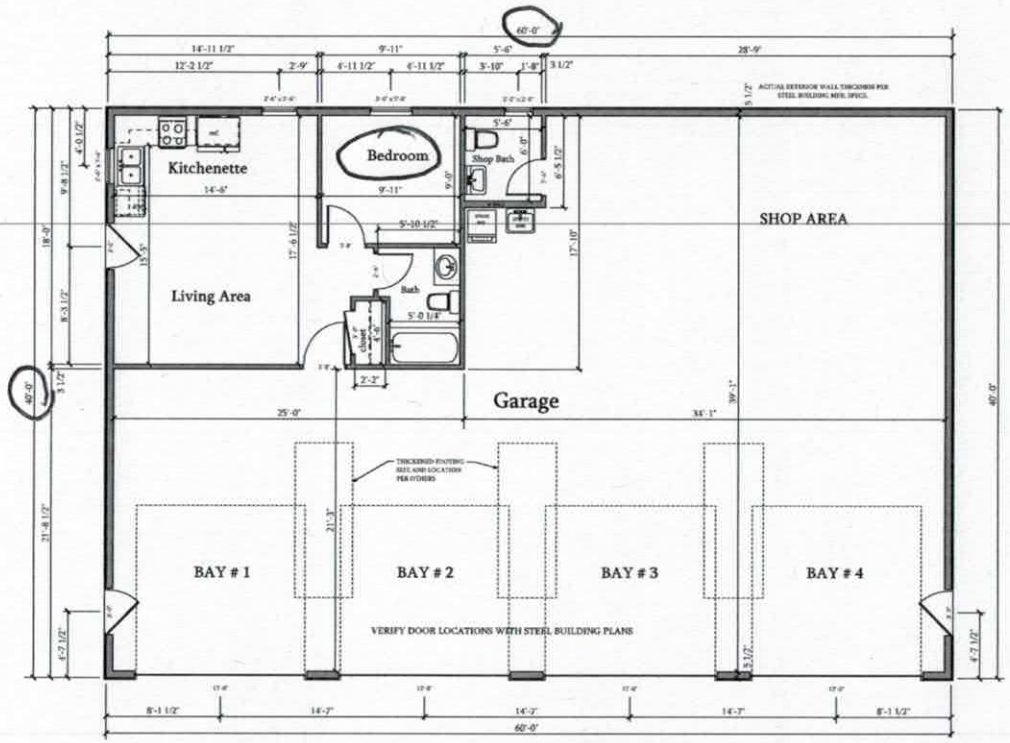
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 5-23-18

Date 5/17/2018

T. Whelan Homes, Inc.
704-662-6460 Office 704-400-8932 Mobile 704-662-6470 Fax
www.whelanhomes.net



1 A-1 FLOOR PLAN
SCALE: 1/4" = 1'-0"

STEEL BUILDING
UPFIT PLAN

Mr. Mark
DiPietro

5-15-18

SHEET No. A-1

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554 Midway Lake Rd.

IREDELL COUNTY

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

APPLICATION NUMBER
225898
Issue Date: 03/27/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4654299103.000	545 MIDWAY LAKE ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: TREADWAY SHAWN THOMAS Address: 519 MIDWAY LAKE RD MOORESVILLE, NC 28115 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 03/27/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	97787	TOTAL FEES:	$ 500.00