PJB

AP 3092 84

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 3092 84

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

PIN # 4654759704

APPLICANT/OWNER: Jonathan Wally | APPLICANT ADDRESS: 233 Sink Farm Rd Mooresville, NC 28115

SITE ADDRESS: 233 Sink Farm Rd Mooresville, NC 28115 | PHONE: 704 577-4963 | ALT. PHONE

SITE DIRECTIONS: Hwy 115 S TL Presbyterian Rd TR Sink Farm Rd on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Downs | SECTION: II | LOT # 131 | LOT AREA: .58 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

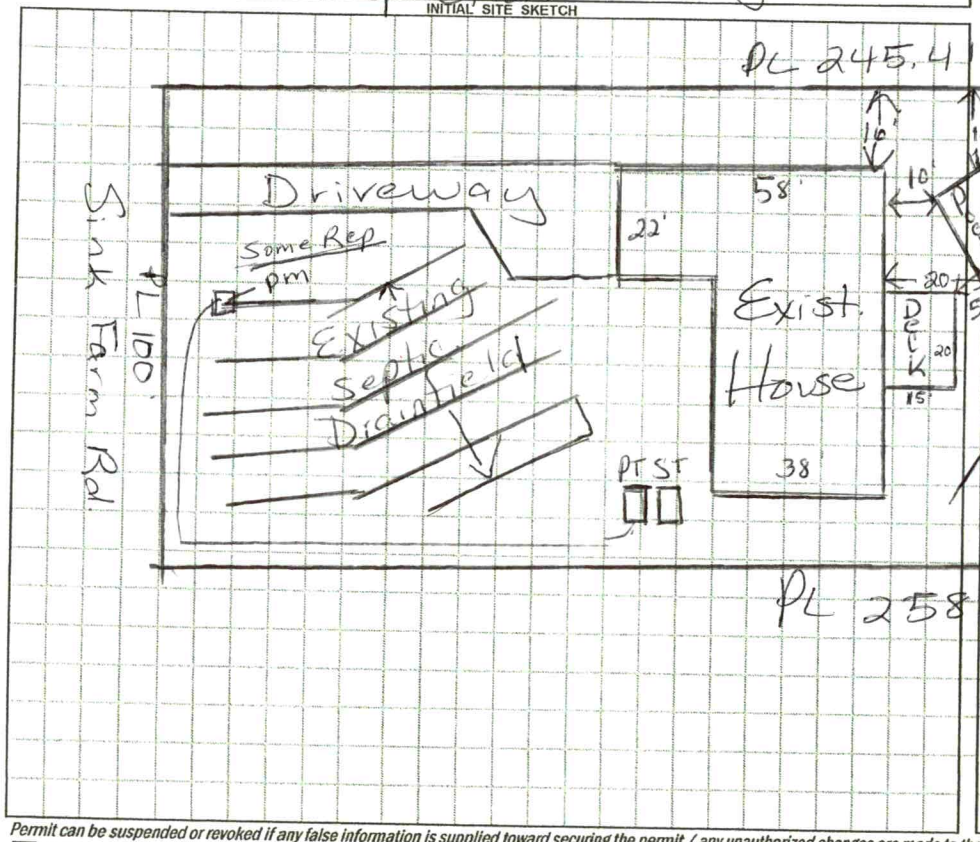
Septic Tank	1000 (gal)	STB Exist	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT Exist	Date	System Description: Exist. Pump - 25% Reduction		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: Horizontal PBBS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width		Trench Bottom Depth (Low side) Existing		Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

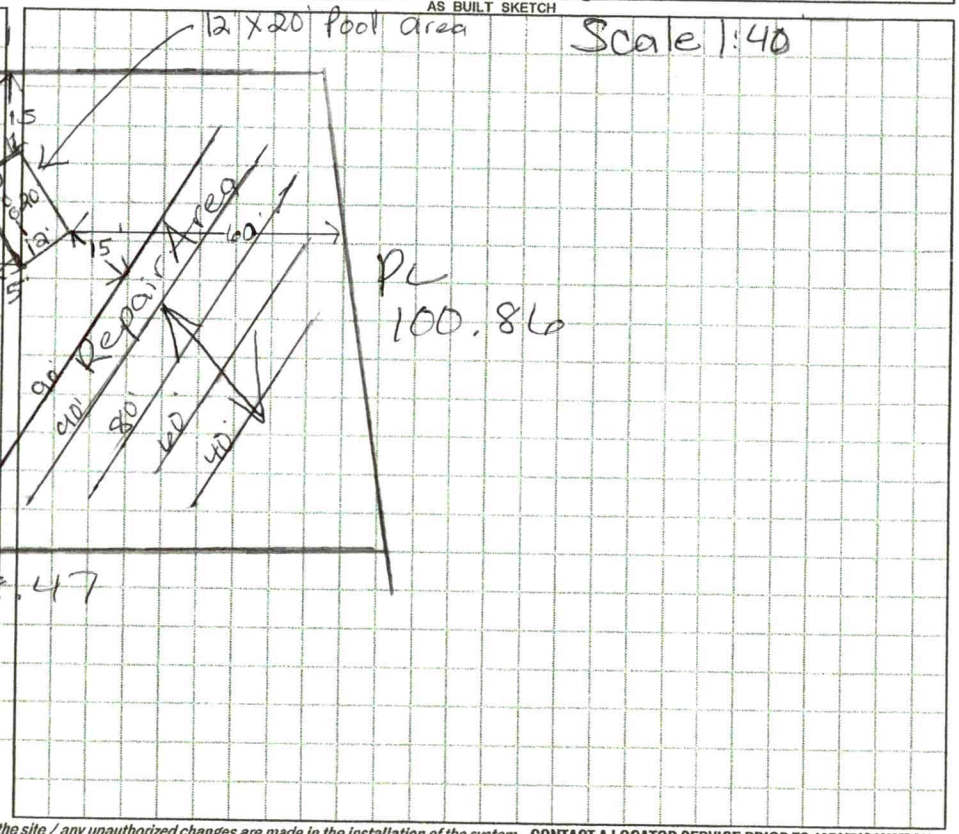
Comments / Conditions: Existing Septic System "appears" to be functioning ok at time of inspection.

★ Must keep pool "cut" a minimum of 15ft from Septic System and repair area.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 8-14-20 Installed by: Installed 3/16/18 by Stevens Septic

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 8/13/2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED JUL 23 2020

AP-309284
$250.00

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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
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: Jonathan Wally Address: 233 Sink Farm Rd Mooresville Zip: 28115

Applicant Email: bwall2285@yahoo.com Phone: 704-577-4963 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 233 Sink Farm Rd, Mooresville NC 28115

Subdivision Name: Davidson Downes Section/Phase: III Lot Number: 131

Driving Directions: Turn onto Sink Farm Rd from Presbyterian Rd. Follow Sink Farm Rd to 233 Sink Farm Rd on right

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

CHECK FOUNDATION TYPE

( ) 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: 4
Maximum Number of Occupants: 4
(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: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
(X) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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: 2018
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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.

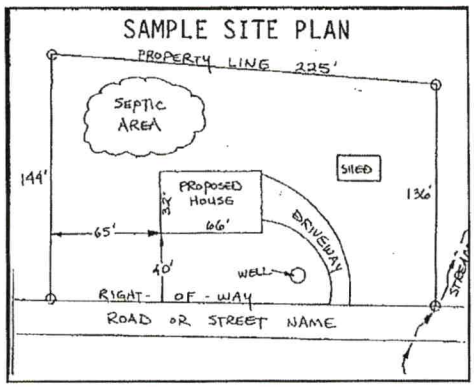
Signature: _____ 7/20/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

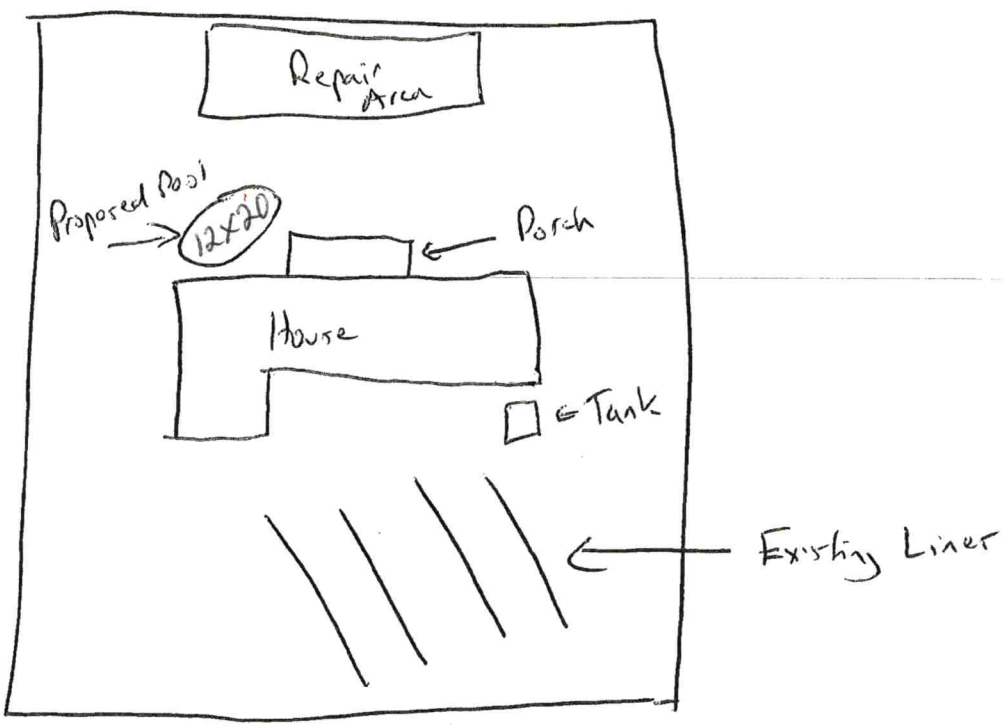
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Justin Wolf
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/20/20
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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*) Jonathan Wally

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, Jonathan Wally, am the legal owner(s) of the property located at 233 Sink Farm Rd Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4654754941, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223841

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

PIN # 4654754941

APPLICANT/OWNER: Jonathan Brent Wally APPLICANT ADDRESS: 5040 Avent Dr. Apt. 102 Concord, NC 28027

SITE ADDRESS: 233 Sink Farm Rd Mooresville NC PHONE: 980 297-2787 ALT. PHONE

SITE DIRECTIONS: Hwy 115 S T. Presbyterian TR Sink Farm towards end on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Downs SECTION: LOT # 131 LOT AREA: .58 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description: Pump-PM-25% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model	Serial #	Repair System Description: Drip irrigation	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6 Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24-36" Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions:

Note: ST & PT must be installed below foundation drain

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Abanas & Assoc. dated 7/25/17 a

AS BUILT SKETCH

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 8/10/17

IMPROVEMENT PERMIT by: Maura Dotson Date: 8/2/17

AUTHORIZATION TO CONSTRUCT by: Maura Dotson Date: 8/2/17

Installed by:

OPERATION PERMIT by: Date:

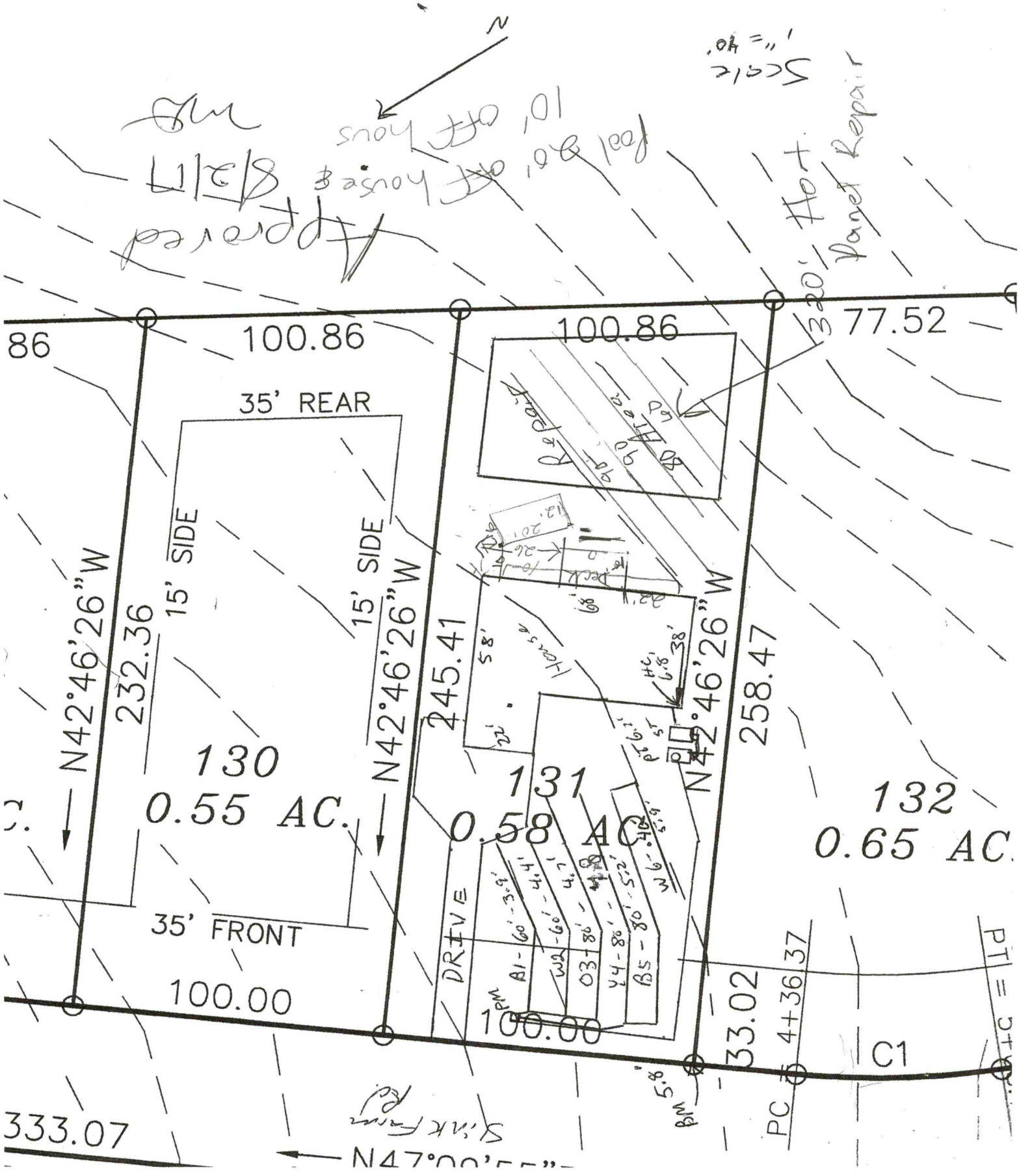
Existing System Inspected by: Date:

Approved
8/2/17
MD

Comments:

The purpose of this evaluation is to change the driveway to the opposite side and to allow for a front load garage. This system will use 2 taps that will each feed 200' of line. The first tap will feed lines 1, 2, and 3 with serial distribution. Tap 2 will feed lines 4, 5, and 6 with serial distribution.

The septic and pump tank need to be installed below the foundation drain elevation to keep the tanks 5FT from the house.

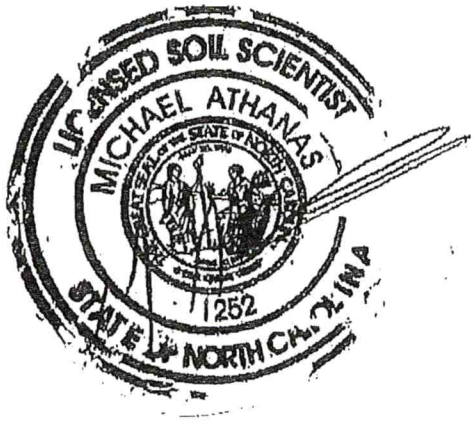

N
100.86
100.86
77.52
35' REAR
15' SIDE
15' SIDE
N42°46'26"W
232.36
245.41
258.47
130
0.55 AC.
131
0.58 AC
132
0.65 AC.
35' FRONT
100.00
100.00
DRIVE
33.02
333.07
C1
PC
PT
4+36.37
BM
5.8'



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

Approved
8/2/17
MD

Reference: Data Sheet for 233 Sink Farm Rd., Davidson Downs Lot 131
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip irrigation
Distribution: Pressure manifold
Flow per Tap: 10.1 GPM
Tap Size and Material: ¾" SCH 80 (2 Taps)
System Flow: 20.2 GPM
Dosing Volume: 175 gallons
Pump Run Time: 8.7 minutes
Elevation Head: 7.8'
Friction Head: 1.4'
Pressure Head: 2'
Total Dynamic Head: 11.2'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Blue 1	60'	60'	3.9'
White 2	60'	60'	4.4'
Orange 3	80'	80'	4.7'
Yellow 4	80'	80'	4.8'
Blue 5	80'	80'	5.2'
White 6	40'	40'	5.9'

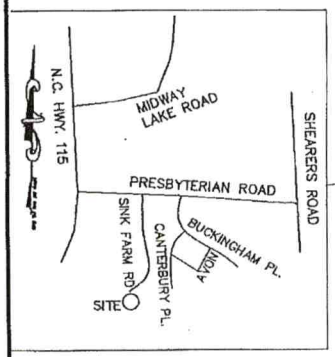
Initial System: 400' **Repair System:** 4000 FT2
Pump Tank: 6.7' **House Corner:** 6.8' **Benchmark:** 5.8'

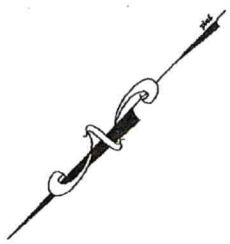
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2492, page 1195, and/or plat book 66, page 94, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 1, day of AUG. A.D. 20 17.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN





S40°30'15"W
100.85

35' REAR SETBACK

91.4

LOT 131
0.58 AC.

245.29

N42°02'06"W

17.0

N42°02'06"W

PROPOSED HOUSE

15' SIDE SETBACK

15' SIDE SETBACK

LOT 130

LOT 132

15.0

258.28

97.1

35' FRONT SETBACK

N47°54'15"E
100.00

SINK FARM RD.
(50' PUBLIC R\W)

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PLOT PLAN SURVEY

OF

LOT 131 DAVIDSON DOWNES PHASE 3

SCALE 1" = 40'

CODDLE CREEK TWSP., IREDELL CO., N.C.

ACQUIRED BY: JONATHAN B. & LINDSEY WALLY

FIELD BOOK:
FILE: DAVIDSON DOWNES 131
DC FILE:
TAX MAP NO: 4654759704

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309284 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4654759704.000	233 SINK FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: WALLY JONATHAN B+LINDSEY	Name: WALLY JONATHAN B+LINDSEY
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.58	150	10	10	10	N/A	NO

Remarks

POOL 12x20

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. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A 10 FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

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.

Date: 07/22/2020

Signature of Owner/Contractor

Permit Number	309284	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

309284

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool ✓

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
Stick built dwelling

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 12 x 20

Does the property have community water? (Yes) No If yes, please list who provides it: Envirolink

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Jonathon Wolly Phone # 704-577-4963

Owner's Current Address 233 Sink Farm Rd Mooresville NC 28115

Property Information

Property Address 233 Sink Farm Rd Mooresville NC 28115 Parcel # 4654 754941

Subdivision: Davidson Downer Lot: 131 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: ___

Directions to property (from a MAIN ROAD) Turn onto Prerbyterian Rd from 115. Turn right onto Sink Farm Rd, follow Sink Farm Rd to 233 Sink Farm Rd on right.

Application Information

Applicant's Name or Company Jonathon Wolly Applicant's Phone # 704-577-4963

Applicant's Address 233 Sink Farm Rd Mooresville NC 28115

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Jonathon Wolly DATE 7/22/20

56

RA

NW