ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322778

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

PIN # 4658 -- 31 -- 7810

APPLICANT/OWNER: Robert Aquilina APPLICANT ADDRESS: 3294 Charlotte Hwy, Mooresville NC 28117

SITE ADDRESS: 3294 Charlotte Hwy, Mooresville NC 28117 PHONE: 704-806-1831 ALT. PHONE

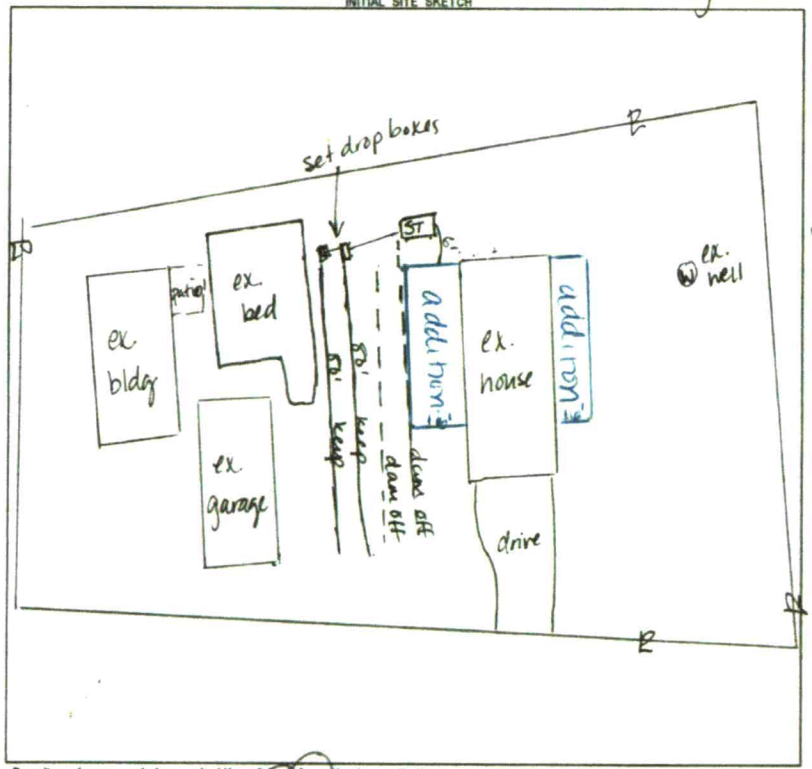
SITE DIRECTIONS: (N) NC 21 → lot on (L) just past Valleyview SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Countryside Estates SECTION: — LOT # 10 LOT AREA: 0.84 ac DESIGN FLOW: 360gpd L.T.A.R.: EXISTING

Septic Tank	EXISTING (gal)	STB	Date	[ ] New System [X] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	EXISTING	[ ] Business	No. Persons	6	[X] Private
Pump Make		Model	Serial #	Repair System Description:	Dam 2 lines, set drop boxes	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	# Lines EXISTING		Linear Ft	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Purpose of this permit is to dam off the upper two lines of the original permit that are either under or too close to the addition. The remaining two lines will need to be fed serially using drop boxes that feed the bed last. Install drop boxes as needed, either end of lines if necessary.

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.

- ~~upper dropbox not set~~ need deck moved off septic
- DROP BOX INSTALLED 10-7-2022 BCW

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Safari Septic

IMPROVEMENT PERMIT by: D. Mieberg Date: 4/19/22 OPERATION PERMIT by: D. Mieberg Date: 11/14/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 4/19/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322778

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

PIN # 4658 -- 31 -- 7810

APPLICANT/OWNER: Robert Aquilina APPLICANT ADDRESS: 2294 Charlotte Hwy, Mooresville NC 28117

SITE ADDRESS: 2294 Charlotte Hwy, Mooresville NC 28117 PHONE: 704-806-1831 ALT. PHONE

SITE DIRECTIONS: (N) NC 21 → lot on (L) just past Valleyview SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Countryside Estates SECTION: — LOT # 10 LOT AREA: 0.84 ac DESIGN FLOW: 360gpd L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines EXISTING Linear Ft

Trench Width Trench Bottom Depth(Low side) 9 Gravel Depth

[ ] New System [X] Repair [ ] Expansion System Type: I II III IV V VI

System Description: EXISTING

Repair System Description: Dam 2 lines, set drop boxes

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

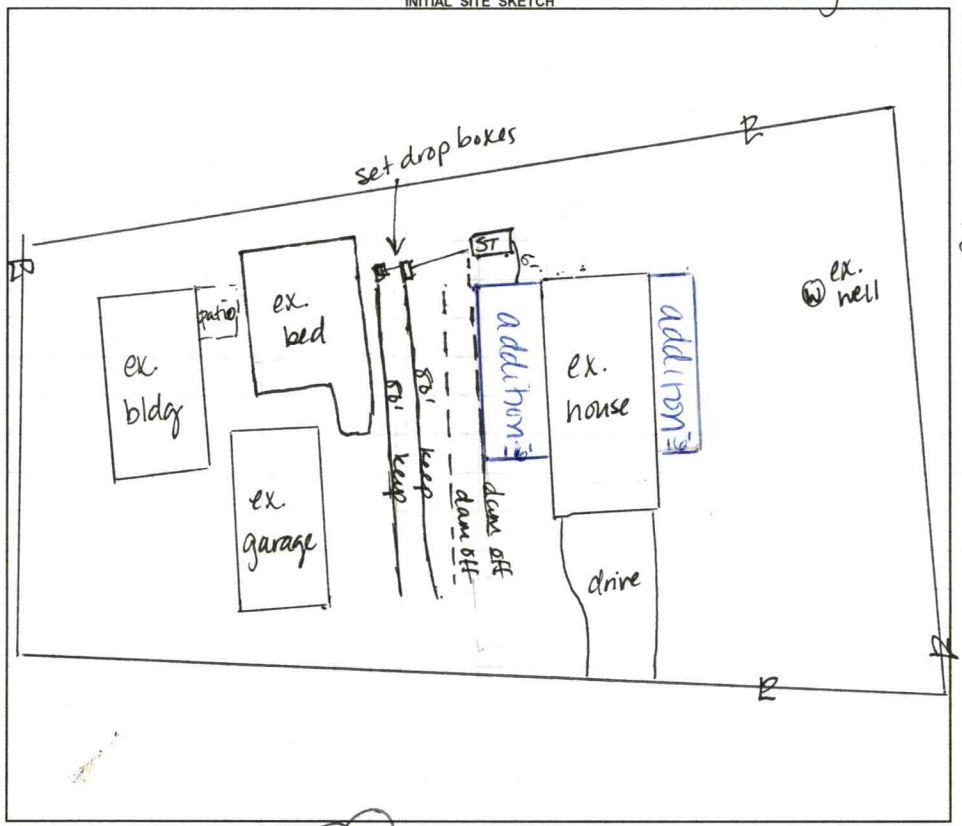
[ ] Slab [X] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Purpose of this permit is to dam off the upper two lines of the original permit that are either under or too close to the addition. The remaining two lines will need to be fed serially using drop boxes that feed the bed last. Install drop boxes as needed, either end of lines if necessary.

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.

- upper dropbox not set
- need deck moved off septic

Charlotte Hwy R/W

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Safari Septic

IMPROVEMENT PERMIT by: D. Mieberg Date: 4/19/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 4/19/22 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		
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? _____	

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:50

Search



Excel 2000/2003

	Address	City	State	Zip	Street Name
1	2294 CHARLOTTE HWY	MOORESVILLE	NC	28117	CHARLOTTE

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 236253

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

PIN # 4658-31-7810

APPLICANT/OWNER: Steven Abernathy / Paul Williams | APPLICANT ADDRESS: 1637 Kelly Rd. Mt. Holly, NC 28120

SITE ADDRESS: 2294 Charlotte Highway, Mooresville, NC 28117 | PHONE: 704-654-0003 | ALT. PHONE 704-747-5366

SITE DIRECTIONS: Take Rt 21 N from Rt 150 intersection → house 1.5 miles ahead on left. | SAP CONTROLLED: [X] YES [ ] NO

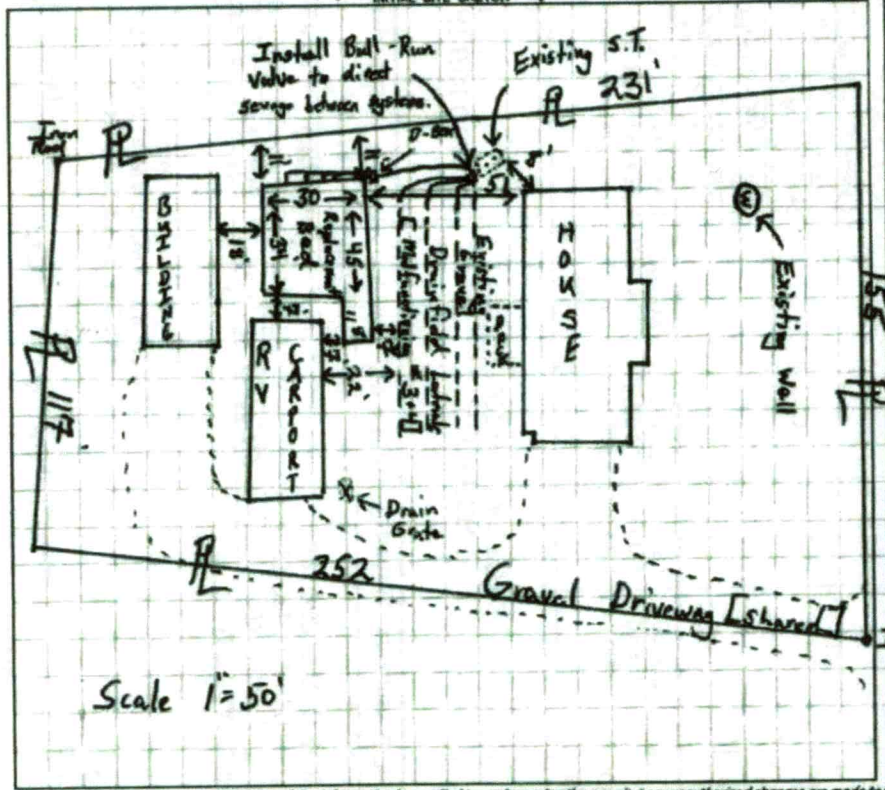
SUBDIVISION: Country Side Estates | SECTION: — | LOT # 10 | LOT AREA: 0.84 acres | DESIGN FLOW: 360 | L.T.A.R.: 0.30

Septic Tank	1000 (Existing) (gal)	STB	Existing	Date	Existing	[ ] New System [X] Repair [ ] Expansion System Type: I II III IV V VI	[X] Residence No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date		System Description:	[ ] Business No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description: Gravel Bed (1040 ft²)	[ ] Other No. Employees
# Nitrification Fields	1	# Lines	Bed	Linear Ft.	1040 sq FT	Maintenance Agreement Required: [ ] YES [X] NO	[ ] Slab [X] Crawl Space
Trench Width	See below	Trench Bottom Depth(Low side)	34"	Gravel Depth	12"	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: See dimensions on drawing below for replacement bed size. Space out percolation pipe every 4 feet. Recommend replacement of septic tank and pumping tank every 3-5 years. Also recommend a Zable A-300 or larger effluent filter be installed in outlet sanitary tee.

INITIAL SITE SKETCH



AS BUILT SKETCH

bed dimensions exactly as permitted -CC

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

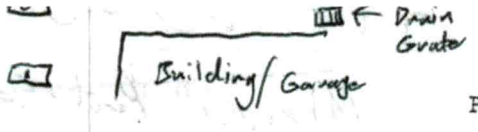
Owner / Applicant Signature: [signature] Date: 8-13-2018 Installed by: Piedmont Portable Services

IMPROVEMENT PERMIT by: [signature] Date: 8/7/2018 OPERATION PERMIT by: Carla C Cawl Date: 9/14/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/7/2018 Existing System Inspected by: Date:

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 inspection time

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



Sheet 1 of 2
PROPERTY ID #: 4658-31-7810
COUNTY: Iredell

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

OWNER: Paul Williams
ADDRESS: 1637 Kelly Rd. Mt. Holly, NC 28120
PROPOSED FACILITY: 3 BR SFR
LOCATION OF SITE: Charlotte Highway (Repair)
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 5/25/18
DATE EVALUATED: 7/11/18
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: 0.84 acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Below Ex. System 7%	0-7	SCL/ Loam/ Clay V.W.SBK	SI. Firm, SS, Sp, Sexp		35			0.3 36" TB
		7-25	Clay W-M SBK/ABK	Firm, Sticky, Sp, Sexp					
		25-35	W. SBK Clay Loam common SAP	Friable, SS, Sp, Sexp					
		35-72	MA Loamy Saprolite	very Friable + well Drained					
2	25' from drain	0-6	SCL V.W.SBK	SI. Firm	Tigerdirt 16"-67" (Yikes!)	—			U
		6-16	clay W.SBK/ABK	Firm, Sticky, Sp Sexp					
		16-67	clay MA Tigerdirt	SI Firm, SS, Sp, Sexp					
			Platy						
3	Above #1 (20') 6%	0-7	SCL V.W.SBK	SI. Firm, SS, Sp, Sexp		32			0.3 36" TB
		7-24	clay W-M SBK/ABK	Firm, Sticky, Sp, Sexp					
		24-32	clay Loam W.SBK Loamy sand Saprolite	SI. Friable, SS, Sp, Sexp					
		32-68"	MA Loamy Saprolite	very Friable + well Drained					
			Sandy Saprolite 62"-68"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	X	1040 ft²
System Type(s)	X	Bed
Site LTAR	X	0.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: _____

COMMENTS: _____

236253

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(I) 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: Steven Abernathy Address: 1437 Kelly Rd Mt Holly Zip: 28120
Applicant Email: Piedmontportableservice@gmail.com Phone: 704-654-0003 Alt. Phone: 704-747-5566
Owner Name: Paul Williams Address: 183 April Rd Zip: 28166
Owner Email: uptomy nail@gmail.com Phone: 704-929-4435 Alt. Phone: _____

Property Information:

Street Address: 2294 Charlotte Hwy Mooresville NC
Subdivision Name: Country side Estates Section/Phase: _____ Lot Number: 10
Driving Directions: Hwy 21 between Plaza Dr and Connector Rd

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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: Septic Line leaking in yard
(✓) 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: N/A
( ) 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: 1989
( ) 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: Steven Abernathy 5-25-18
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, Paul Williams, am the legal owner(s) of the property located at 2294 Charlotte Hwy Mooresville NC, identified as PIN (Parcel Identification Number) 4658317810.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Steven Abernathy Piedmont Portable Services 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) 5/25/18 Date

Signature of Witness May 25/18 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.han@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

9391 4658 31 7810

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Morrow DATE 4/19/89 PERMIT NO. 18D

PHONE: Business ______ Home 664-3206

LOCATION 21 N. ~1½ mi. [redacted] on Left.

______ S. R. No. ______

SUBDIVISION NAME Countryside Estates LOT NO. 10 SECTION OR BLOCK NO. ______

1L-4-A-10

House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000

Character & Porosity of Soil Clayey

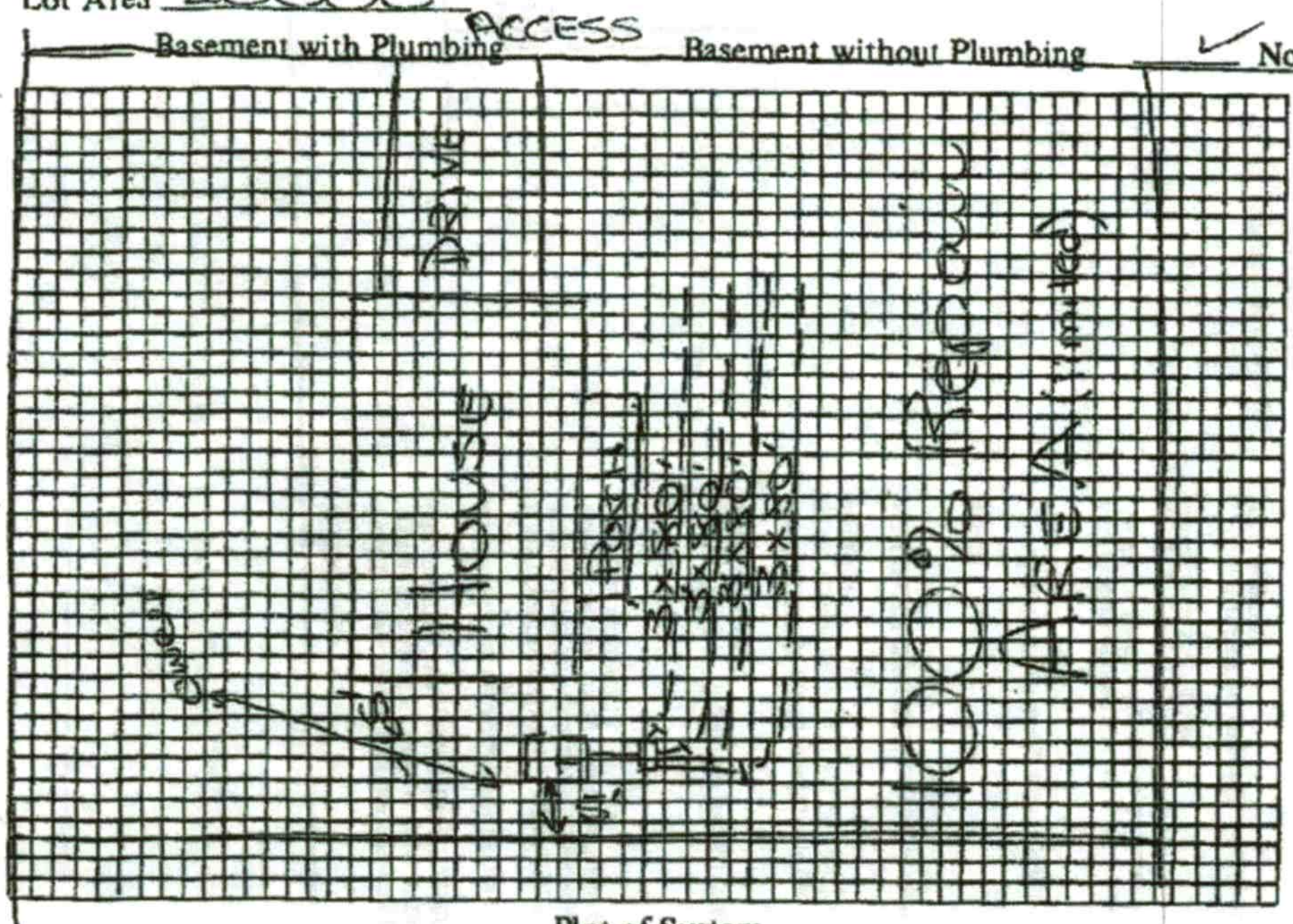
Percolation Rate .4 gpd/ft² + .35 gpd/ft²

Topography 6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Larry Beam

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY ACP

COMMENTS: ______

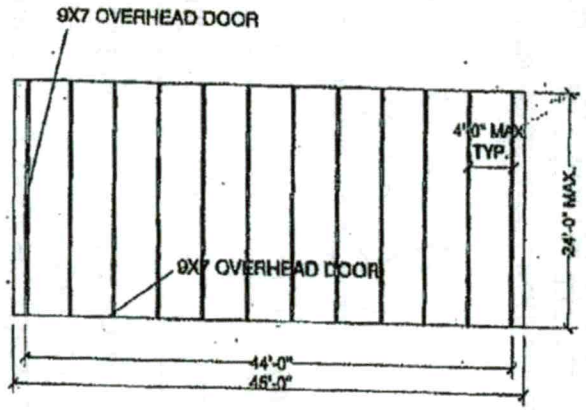
CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 4/19/89

EXISTING SYSTEM CHECKED BY: ______ DATE ______

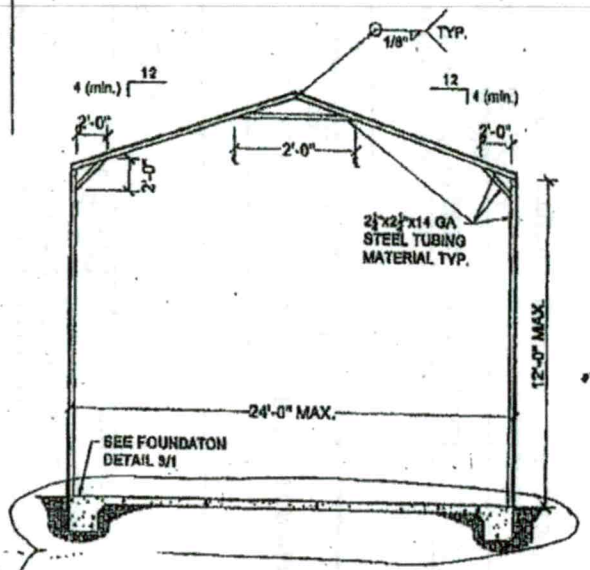
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

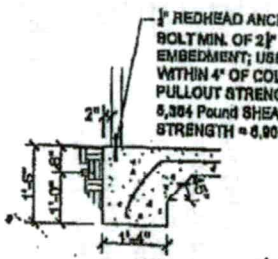
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



1/1 ROOF FRAMING PLAN
N.T.S.



2/1 TYPICAL BUILDING SECTION
N.T.S.



3/1 FOUNDATION DETAIL
N.T.S.

FOUNDATION:

1. ALL CONCRETE SHALL BE MIN. 2,500 P.S.I. AT 28 DAYS. ALL REBAR SHALL BE GRADE 60 OR BETTER #5. FOUNDATIONS SHALL HAVE (2)#5 REBAR CONTINUOUS.

2. MINIMUM SOIL BEARING SHALL BE 2,000 P.S.F.

3. ALL CONSTRUCTION SHALL BE PROVIDED IN ACCORDANCE WITH THE North Carolina Residential Code, LATEST EDITION. OSHA, AISC CODES AND ALL APPLICABLE LOCAL REQUIREMENTS.

FRAME:

1. ALL STEEL (NOT INCLUDING SIDING) SHALL HAVE A MINIMUM Fy=55KSI.

2. STEEL TUBING SHALL BE 2½"x2½"x14 GA. MATERIAL. STEEL TUBING INSERTS SHALL BE 2½"x2½"x14 GA. MATERIAL.

3. ALL WELDS SHALL BE SHOP WELDS AS NOTED.

SIDING:

1. ALL STEEL ROOFING AND SIDING SHALL HAVE A MINIMUM Fy=80ksi.

2. The hat channel shall be placed with the center to center distance of the frame system may be placed 4'-0" o.c.

MECHANICAL FASTENERS:

1. ALL FASTENERS TO THE STEEL FRAME SHALL BE ¾"X1" LONG MINIMUM.

2. ALL STITCH FASTENERS OF ROOFING MATERIAL SHALL BE #12X1" LONG MINIMUM.

3. CONNECTION OF FRAME TO CONCRETE SHALL BE WITH ¾"X6" SLEAVE ANCHORS LOCATED WITHIN 6" OF COLUMNS.

DESIGN LOADING:

1. LOADING FROM IRC '06 (NC '09) WIND AND SNOW CODE.

2. WIND SPEED: 90 MPH
IMPORTANCE CLASSIFICATION: TYPE I
IMPORTANCE FACTOR: 0.87
EXPOSURE: B
GCPi= ±0.18
EXPOSURE CLASSIFICATION: ENCLOSED

3. ROOF LIVE LOAD: 10 PSF
SPECIAL SCAFFOLDING REQUIRED AS A WORK SURFACE FOR WORKMEN AND MATERIALS DURING ROOF MAINTENANCE AND REPAIR.

4. DEAD LOAD: 2 PSF

5. GROUND SNOW LOAD: 15 PSF

6. BUILDING CLASSIFICATION: II-B

24' Wide Open
As Manufactured By:
"Steel Buildings and Structures"
6833 South Carolina Avenue
Boonsville, NC 27011
1-336-367-6000 (Tel.)

License # C-3421
ACE Solutions Inc.
950 Graves Street
Suite C
Kernersville, NC
27284
336/993-5114

Location:
Winston-Salem,
North Carolina

Date:
08-09-11

Scale:
As Noted

Drawn By:
KRA

Checked By:
KRA

Sheet Title:
Plan and Section

Sheet No.:
S1 of S1

NORTH CAROLINA PROFESSIONAL ENGINEER KEVIN R. ADAMS 17221 6/9/11

Setting on gravel - NO footings T.T

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
205888
Issue Date: 09/17/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4658317810.000	2294 CHARLOTTE HIGHWAY, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: JOHNSON THOMAS E+SARAH M	Applicant: JOHNSON THOMAS E+SARAH
Address: 126 RED BROOK LN MOORESVILLE, NC 28117	Address: 126 RED BROOK LN MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
CARPORT TO COVER RV	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.840	35.00	10.00	10.00	10.00	PACL	X

Remarks:

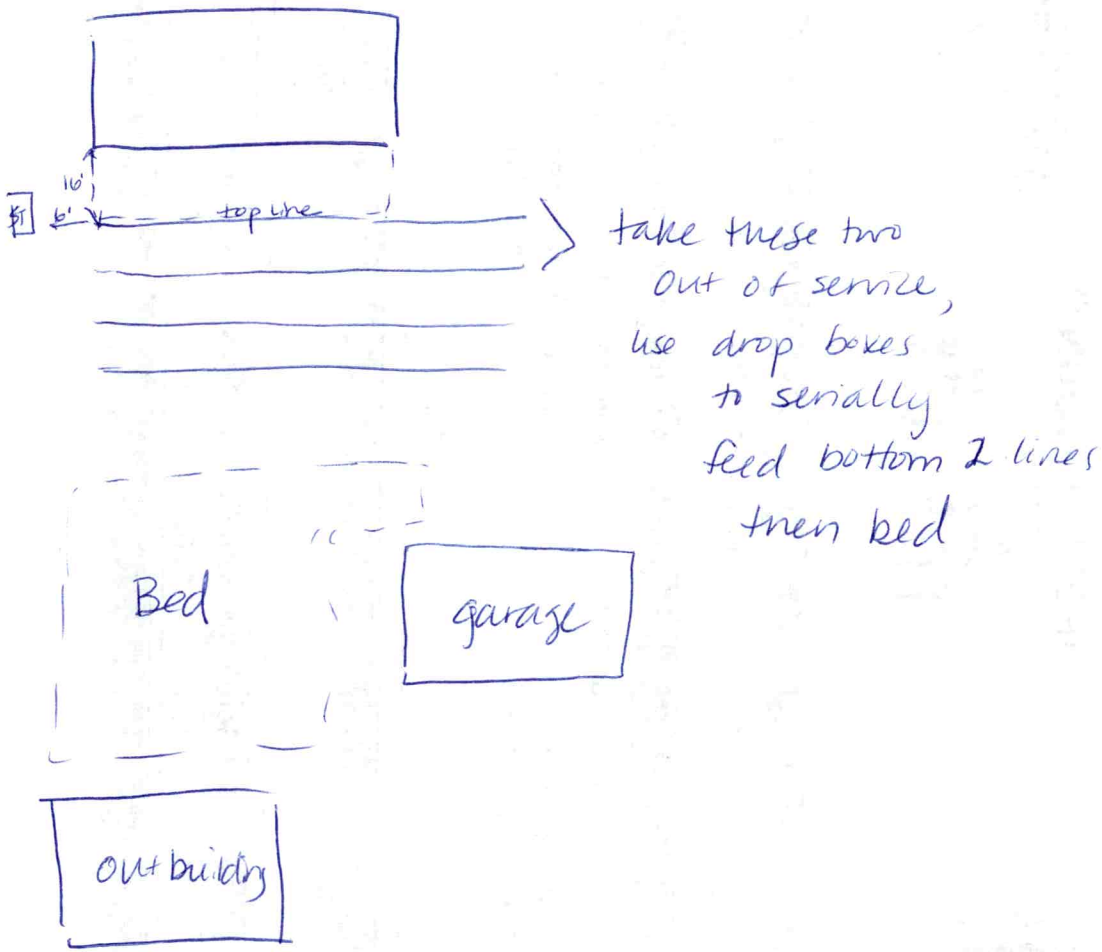
Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home.

$ PAID
PC CK # 1189

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: Thomas Eugene Johnson Date: 09-17-14

Permit Number	22043	TOTAL FEES:	$ 77.25


16'
5'
top line
take these two
out of service,
use drop bakes
to serially
feed bottom 2 lines
then bed
Bed
garage
out building

RECEIVED MAR 1 8 2022

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-322778 $250.00

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: ( ) 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: Robert AQUILINA **Address:** 2294 Charlotte Hwy Mooresville **Zip:** 28117

Applicant Email: koolrayes@roadrunner.com **Phone:** 704 806-1831 **Alt. Phone:** _____

Owner Name: Robert AQUILINA **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 2294 Charlotte Hwy Mooresville NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) 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 (X) Existing Well ( ) 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.

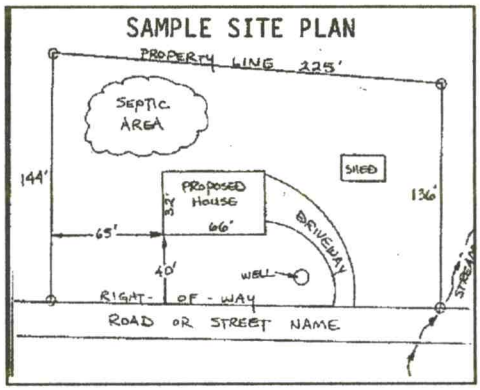
Signature: _____ 3-18-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

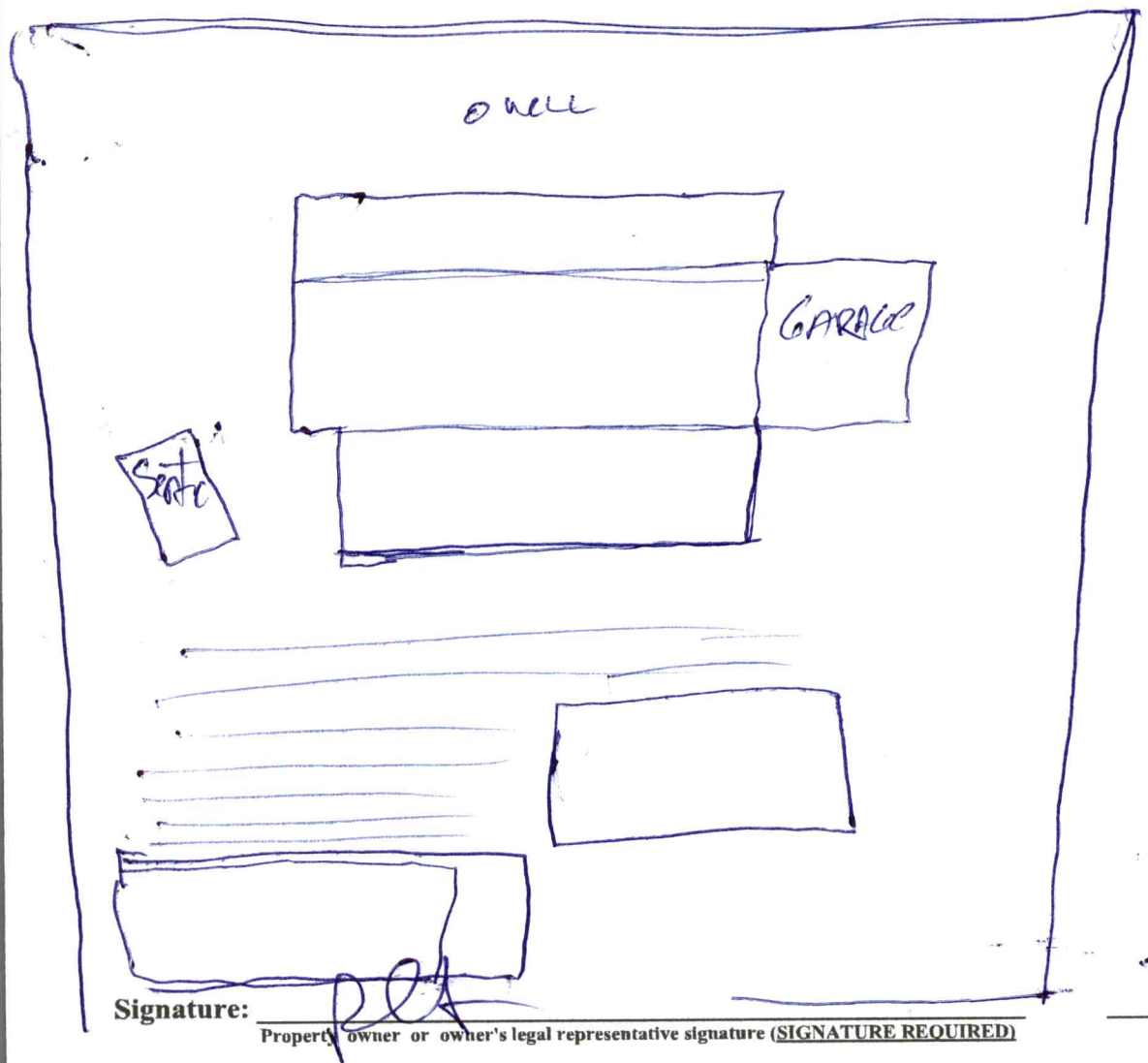
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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: _____ 3-18-22

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

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, Robert AQUINA, am the legal owner(s) of the property located at 2294 Charlotte Hwy Mooresville 28117, identified as

PIN (Parcel Identification Number)_____, 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.

_____ 3-18-22
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

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet 2 of 2

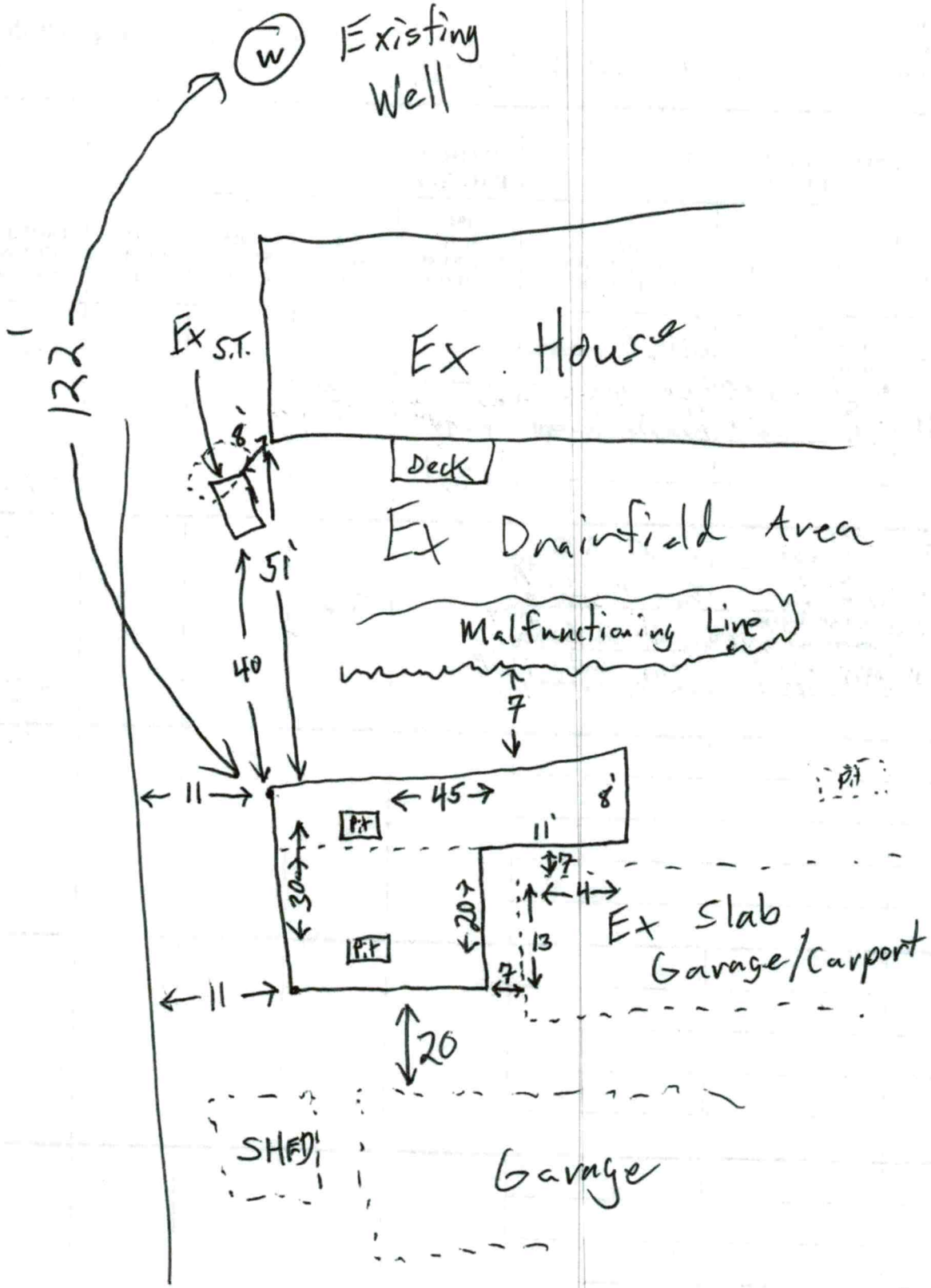
EPARTMENT OF ENVIRONMENT
ND NATURAL RESOURCES
VISION OF ENVIRONMENTAL HEALTH

2294 Charlotte Highway

PROPERTY ID #:
DATE OF EVALUATION: 6/27/18 Auger Holes
COUNTY:

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	20' from drain	0-11	SCL V.W.SBk	Sl. Friable, SS, Sp, Scp					4S
		11-32	Clay M.SBk Tigeville	Firm, Sticky, Sp, Scp	Chroma 1 or 2 mottles 18"-48"	48			
		32-48	Clay Loam W.SBk Tigeville	Sl. Firm, SS, Sp, Scp					
					Yikes!				P,I,T
2	Below Header of ext. system	0-5	SCL V.W.SBk	Sl. Friable SS, Sp, Scp					
		5-16	Clay W-M SBk	Sl. Firm, Sticky, Sp, Scp		32			
		16-32	Clay Loam common Saprolite W.SBk	Friable, SS, Sp, Scp					
		32-48	MA Loamy Saprolite	Very Friable + well drained					P,I

COMMENTS:

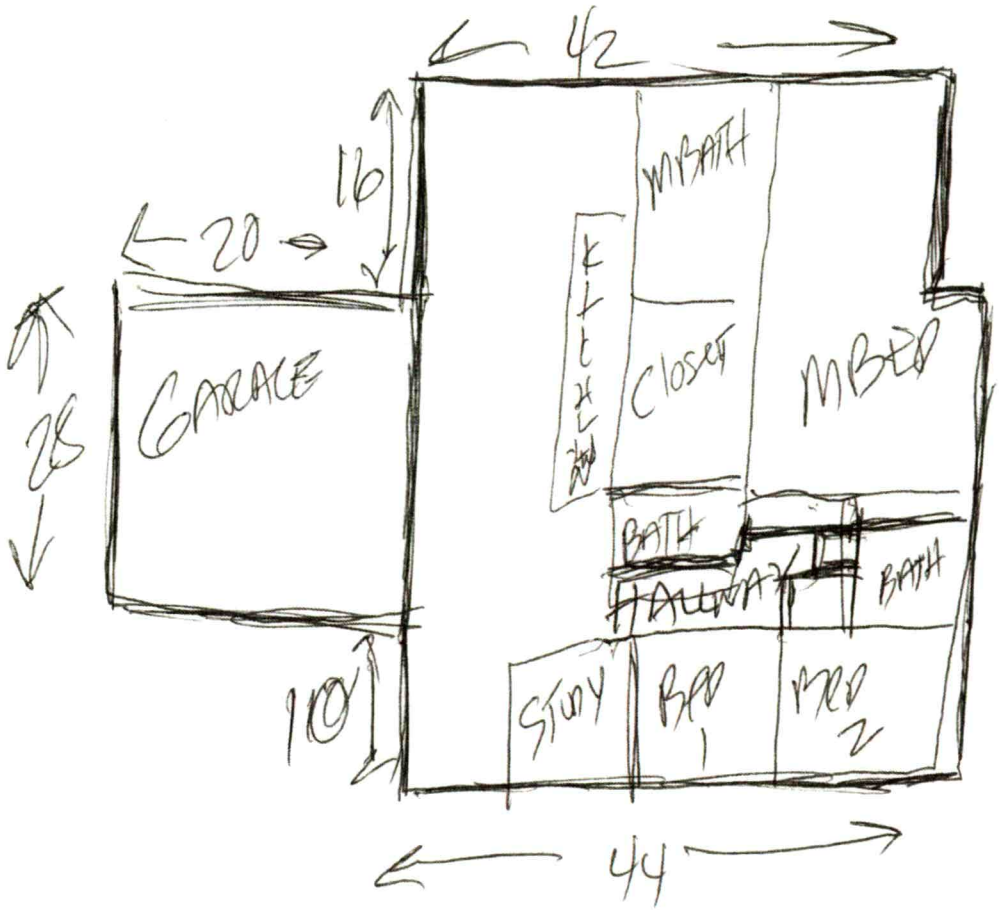

W
Existing Well
122
Ex S.T.
Ex. House
Deck
Ex Drainfield Area
Malfunctioning Line
51'
40
7
11
45
8'
11'
PT
PT
30
20
4
13
7
Ex Slab
Garage/Carport
11
20
SHED
Garage

NEW FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

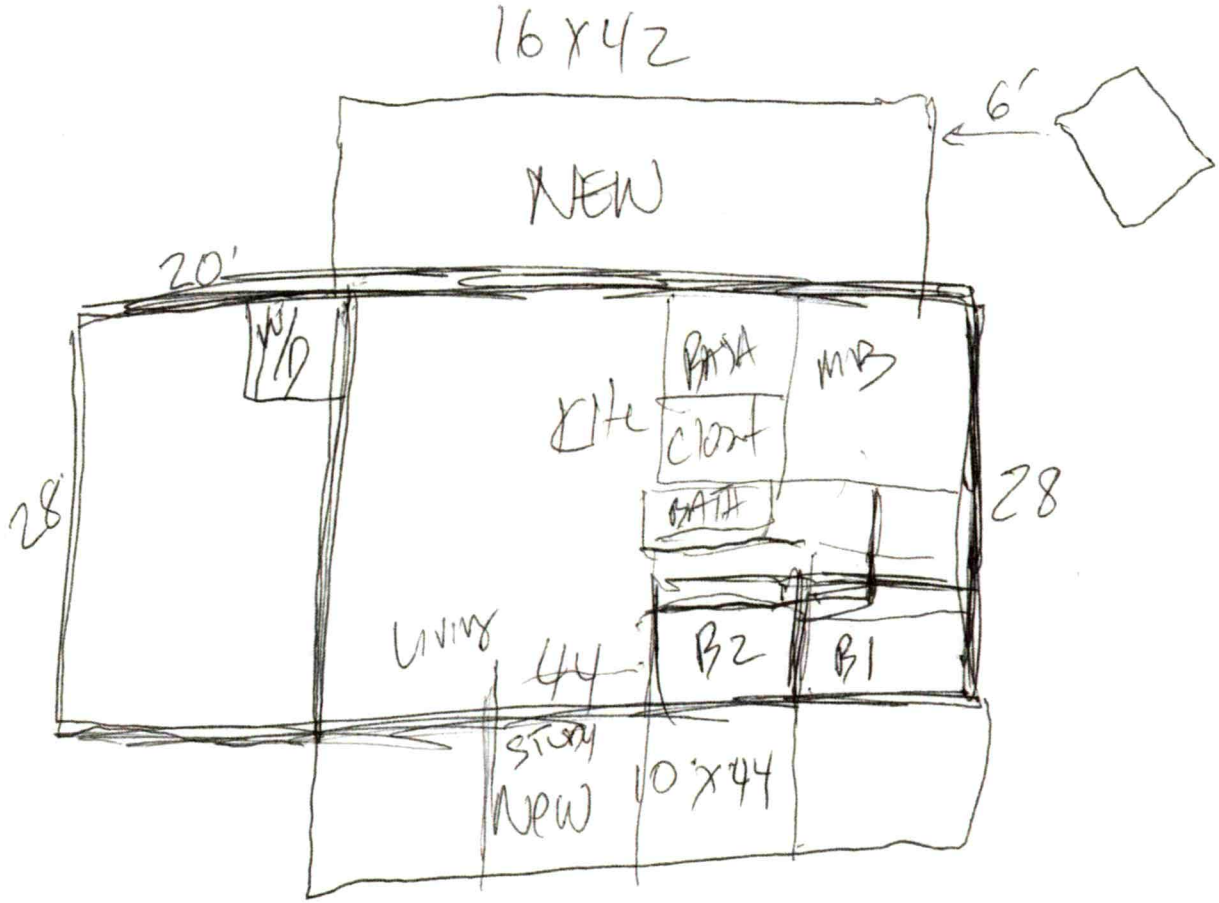
Date 3.14.22

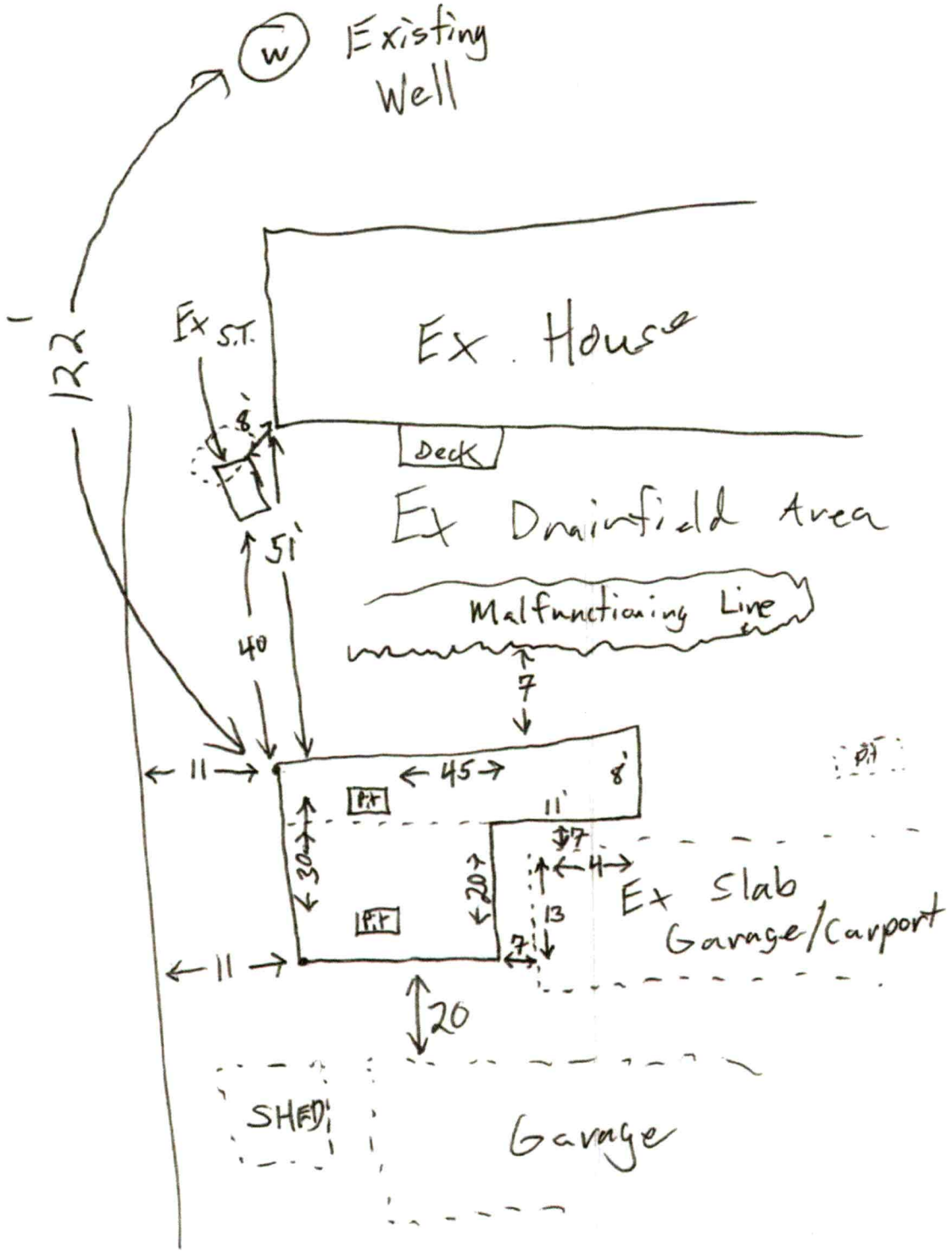
Date 4/19/22



2294 Charlotte Hwy

OLD w/ ADDITION




W
Existing Well
122'
Ex S.T.
Ex. House
8'
Deck
Ex Drainfield Area
51'
40'
Malfunctioning Line
7'
11'
45'
8'
11'
30'
20'
7'
4'
13'
7'
Ex Slab
Garage/Carport
11'
20'
SHED
Garage

9391

4658 31 7810

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Morrow DATE 4/19/89 PERMIT NO. 18D

PHONE: Business _____ Home 664-3206

LOCATION 21 N. ~1½ mi. [redacted] on Left.

S. R. No. _____

SUBDIVISION NAME Countryside Estates LOT NO. 10 SECTION OR BLOCK NO. _____

IL-4-A-10

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000

Character & Porosity of Soil Clayey

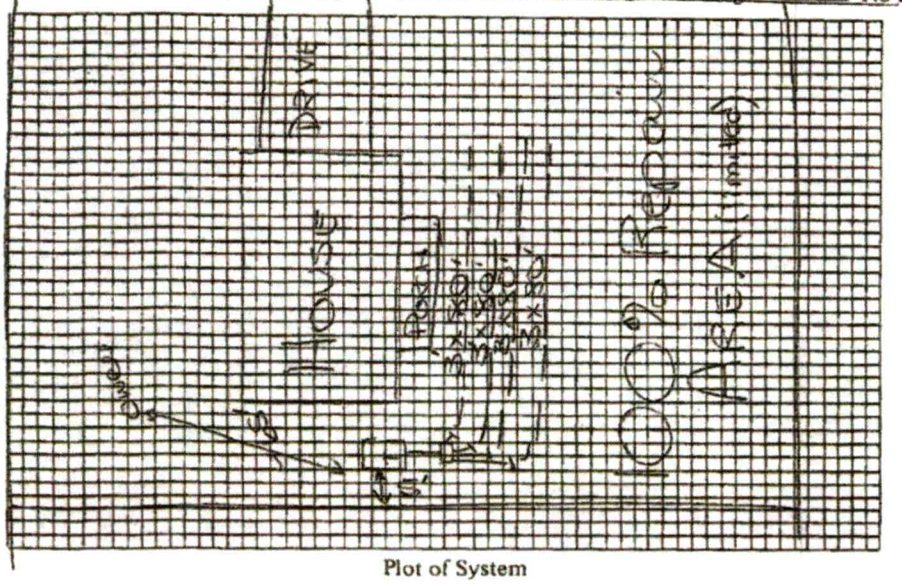
Percolation Rate .4 gpd/ft² & .35 gpd/ft²

Topography Rolling

Depth to Water Table 4'+

Rock or other impervious formations none observed

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C Pence DATE 4/19/89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

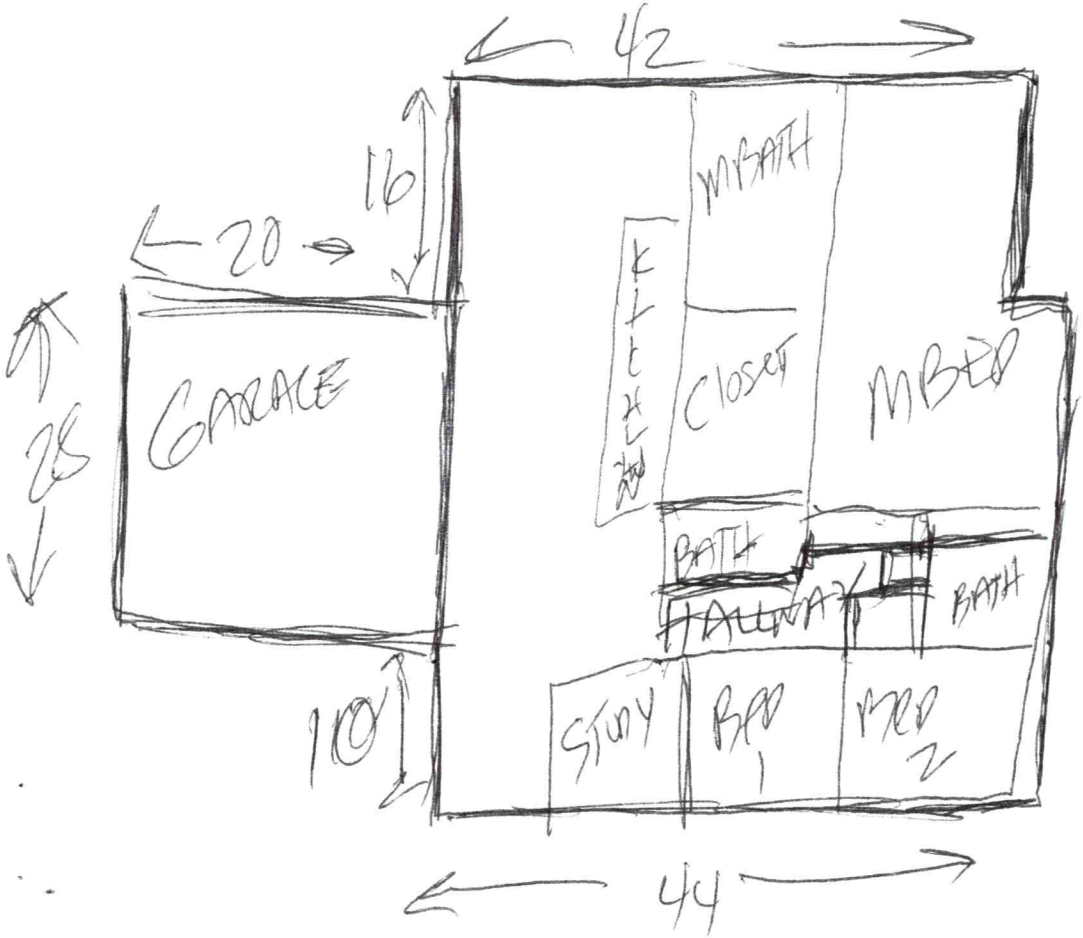
322778

NEW FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 3-14-22

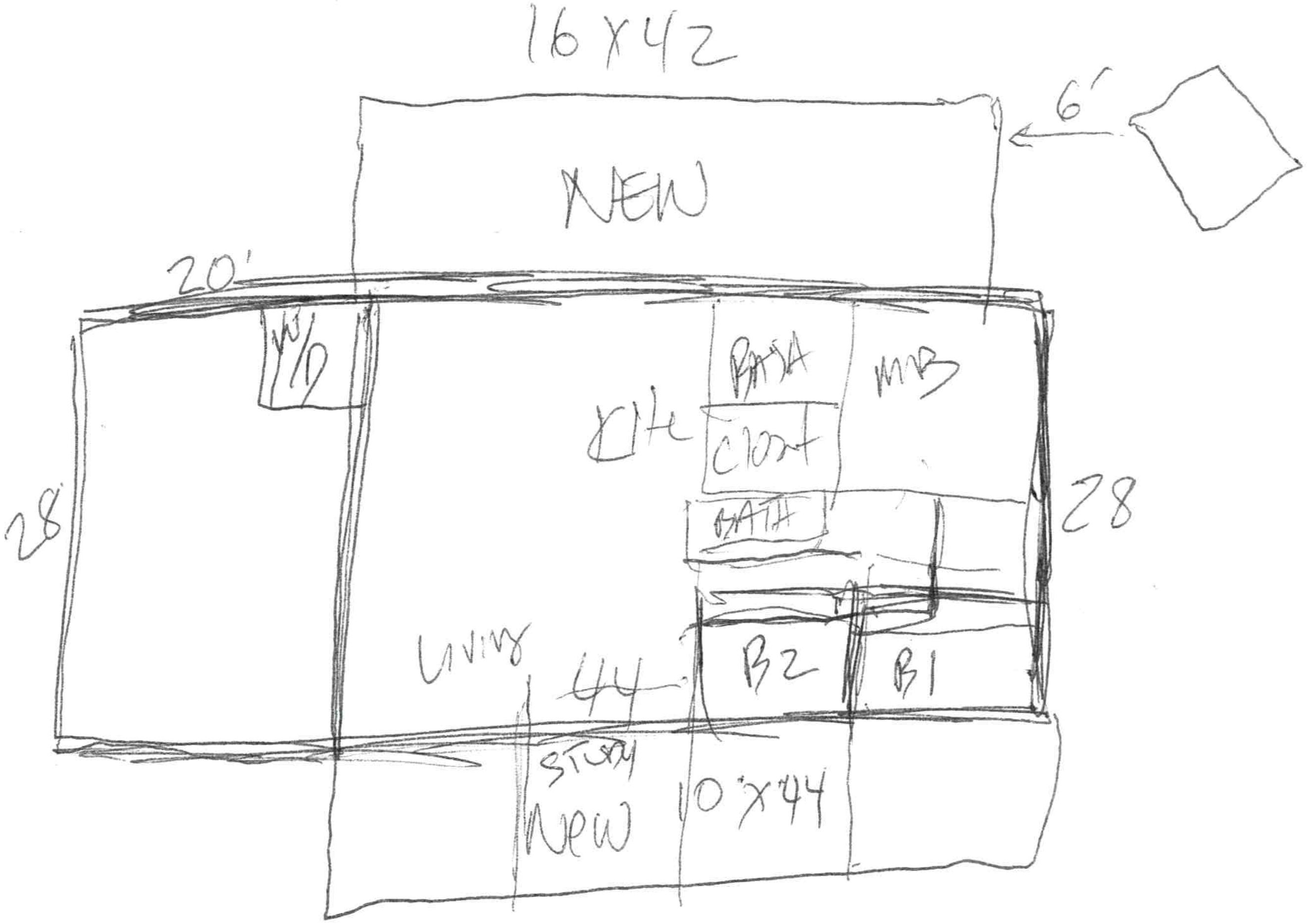
Date 4/15/22



AQUILINA PROMOTES
Custom Screen Printing Since 1985
Rob Aquilina
kooltunes@roadrunner.com
aquilinapromotes.com
704-806-1831
2294 Charlotte Highway Mooresville, NC 28117

2294 Charlotte Hwy

OLD w/ ADDITION

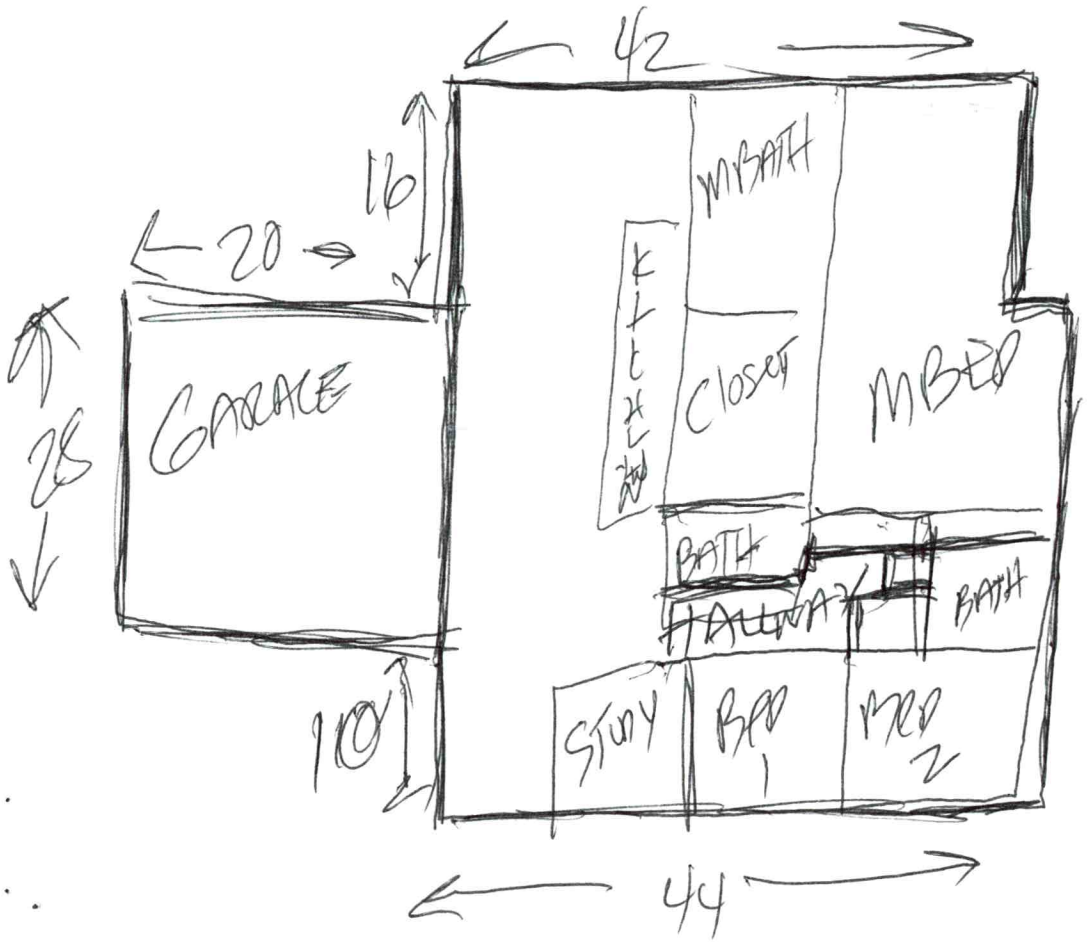


NEW FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 3-14-22

Date



2294 Charlotte Hwy

OLD W/ ADDITION

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 236253

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

PIN # 4658-31-7810

APPLICANT/OWNER: Steven Abernathy / Paul Williams | APPLICANT ADDRESS: 1637 Kelly Rd. Mt. Holly, NC 28120

SITE ADDRESS: 2294 Charlotte Highway, Mooresville, NC 28117 | PHONE: 704-654-0003 | ALT. PHONE 704-747-5366

SITE DIRECTIONS: Take Rt 21 N from Rt 150 intersection → house 1.5 miles ahead on left. | SAP CONTROLLED: ☒ YES ☐ NO

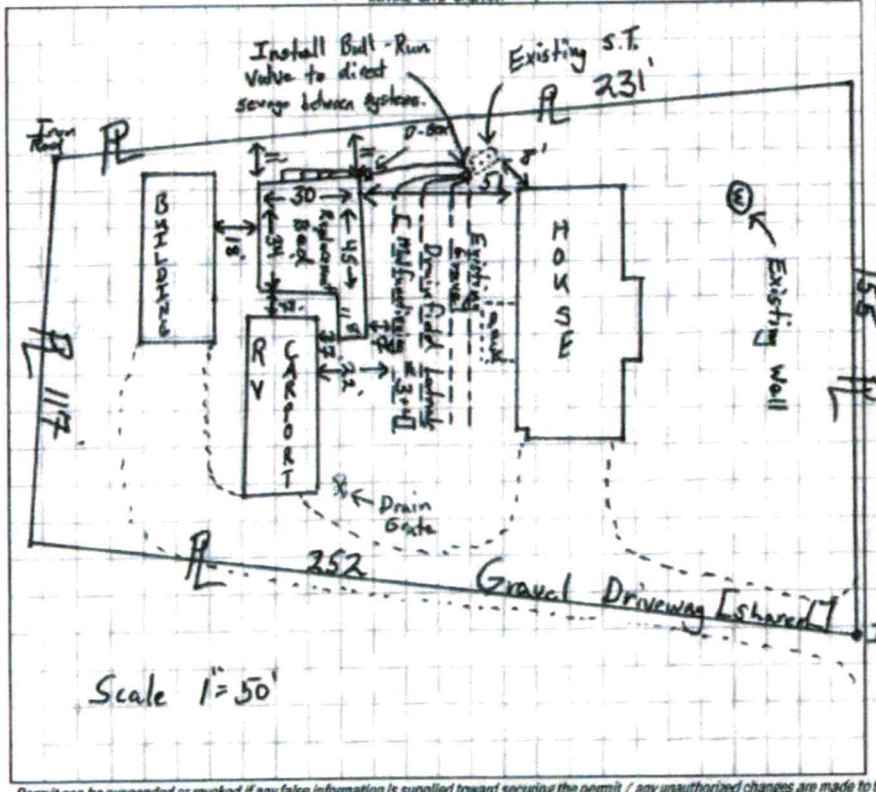
SUBDIVISION: Country Side Estates | SECTION: — | LOT # 10 | LOT AREA: 0.84 acres | DESIGN FLOW: 360 | L.T.A.R.: 0.30

Septic Tank	1000 (Existing) (gal)	STB	Existing	Date	Existing	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	3	Date		System Description:				☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Gravel Bed (1040 ft²)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	Bed	Linear Ft	1040 SQ FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	See below	Trench Bottom Depth(Low side)	34"	Gravel Depth	12"		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: See dimensions on drawing below for replacement bed size. Space out percolation pipe every 4 feet. Recommend replacement of septic tank and pumping tank every 3-5 years. Also recommend a Zable A-300 or larger effluent filter be installed in outlet sanitary tee.

INITIAL SITE SKETCH



AS BUILT SKETCH

bed dimensions exactly as permitted -CC

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

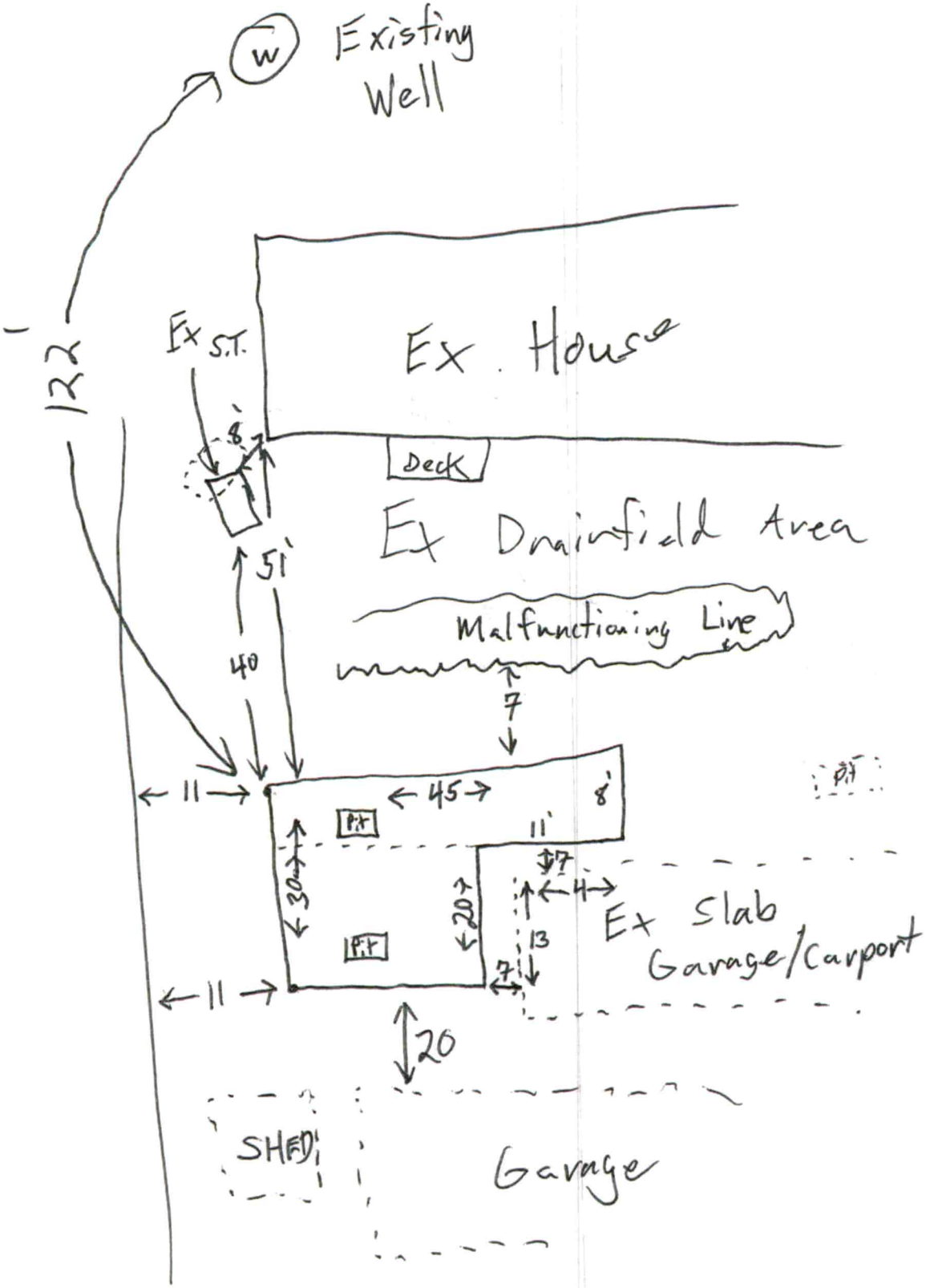
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 8-13-2018 Installed by: Piedmont Portable Services

IMPROVEMENT PERMIT by: [signature] Date: 8/7/2018 OPERATION PERMIT by: Carla C Caul Date: 9/14/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/7/2018 Existing System Inspected by: Date:

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 inspection time.


W
Existing Well
122
Ex S.T.
Ex. House
Deck
Ex Drainfield Area
51'
40
Malfunctioning Line
7
11
45
8'
11'
Pit
30
20
7
4
13
Ex Slab
Garage/Carport
20
SHED
Garage

9391

4658 31 7810

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Morrow DATE 4/19/89 PERMIT NO. 18D

PHONE: Business ______ Home 664-3206

LOCATION 21 N. ~1½ mi. [redacted] on Left.

______ S. R. No. ______

SUBDIVISION NAME Countryside Estates LOT NO. 10 SECTION OR BLOCK NO. ______

1L-4-A-10

House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000

Character & Porosity of Soil Clayey

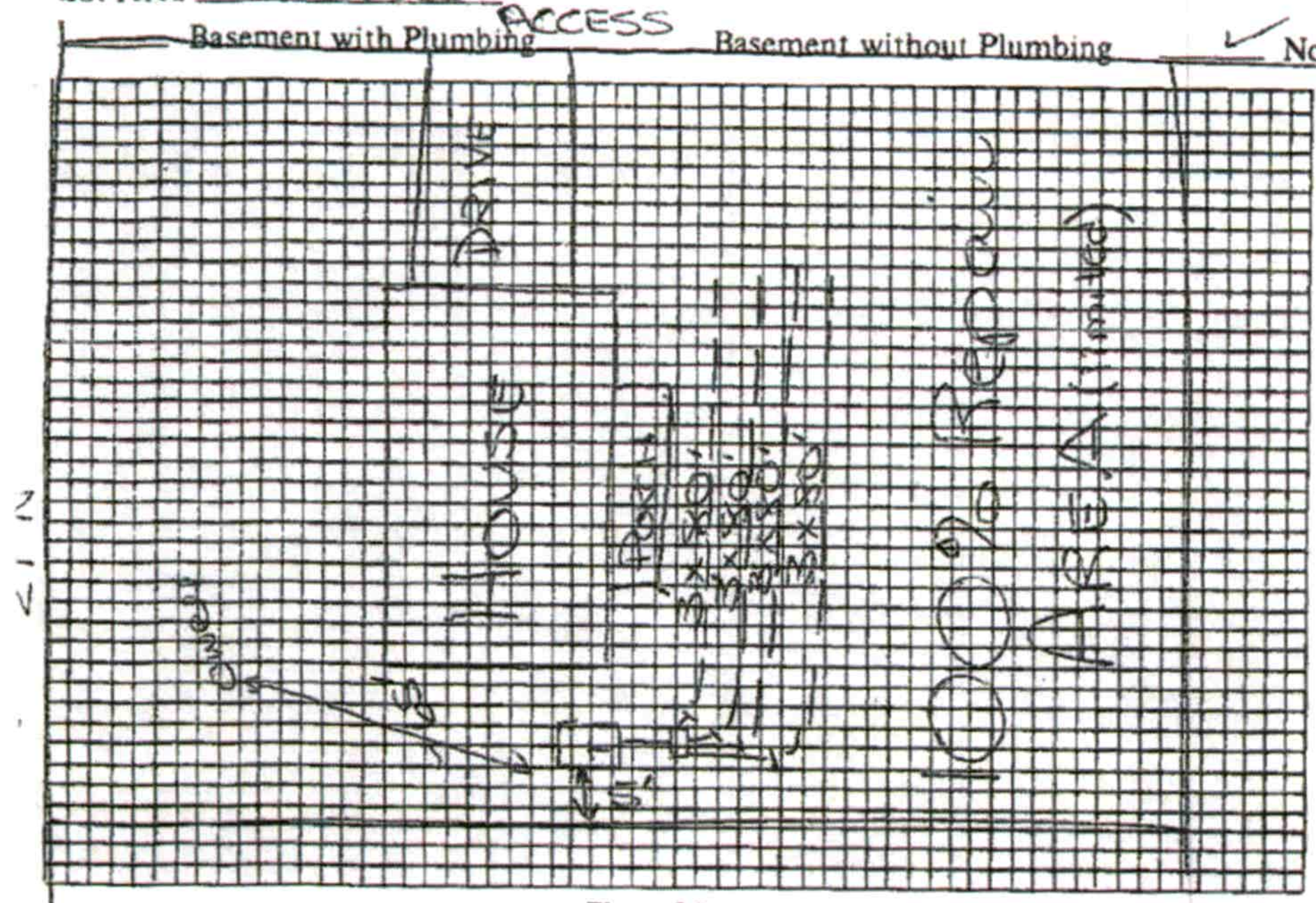
Percolation Rate .4 gpd/ft² + .35 gpd/ft²

Topography 6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Larry Beam

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ______

IMPROVEMENTS PERMIT BY ACP

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 4/19/89

EXISTING SYSTEM CHECKED BY: ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold