ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319245

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

PIN # 4659 -- 17 -- 6544

APPLICANT/OWNER: Diana Scire-Burke | APPLICANT ADDRESS: 118 Sailwinds Rd. Mooresville, NC 28115

SITE ADDRESS: 118 Sailwinds Rd Mooresville, NC 28115 | PHONE: 704 498-6993 | ALT. PHONE

SITE DIRECTIONS: Hwy 115/US21 N to Sailwinds on right | SAP CONTROLLED: ☐ YES ☒ NO

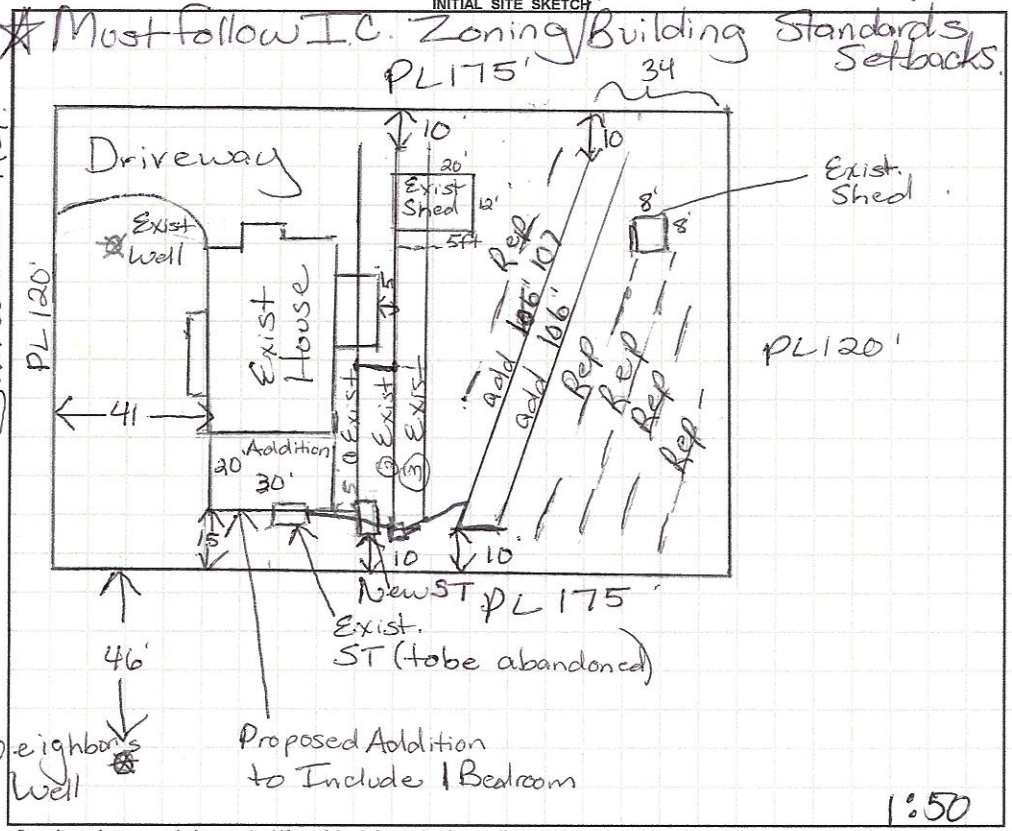
SUBDIVISION: Edwards Pt. | SECTION: 1 | LOT # 3 | LOT AREA: .48 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 Exist (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8	☒ Private Exist
Pump Make	Model		Serial #	Repair System Description: PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2 exist	Linear Ft: 110 exist	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth	N/A ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Abandon exist drainline ① where new ST will go & 5ft from Deck footers. Should leave 43ft. Abandon Exist drainlines 2 & 3 5ft from shed footers. (leaves 15'ea)

Install new ST (minimum 5ft from addition & 10ft from PL). Install 2 new 25% Reduction drainlines below exist Septic 10ft from PL & 5ft from Buildings

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.

May need to "cheat" grade some.
OK to use existing ST if it meets setbacks.

Old Septic tank met setbacks.
New Septic tank was not installed.

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: Diana Scire-Burke | Date: 9/10/21 | Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Dotson | Date: 9/9/21 | OPERATION PERMIT by: Cory Wirt | Date: 1/6/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 9/13/21 | Existing System Inspected by: | Date:

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

MENT OF HEALTH AND HUMAN SERVICES
ON OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
TE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4697176544
COUNTY: Iredell

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

OWNER: Diana Scire-Burke
ADDRESS: 118 Sailwinds Rd Mooresville
PROPOSED FACILITY: MH
LOCATION OF SITE: 118 Sailwinds Windward Pt Lot #3
APPLICATION DATE
DATE EVALUATED: 8/24/2
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 1.48 Acre
PROPERTY RECORDED: Y
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) .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
1	4%	0-10	Brw SCL w SBK	SS, SP, Sexp, FR					PS .3
		10-26	R CM-L w SBK	SS, SP, Sexp, FR					
		26-53	RCL w SBK	SS, SP, Sexp, FR				w/ Common Mica	
		53-60	R to YR CL w SBK	SS, SP, Sexp, FR					
2	6%	0-15	Brw SCL w SBK	SS, SP, Sexp, FR					PS .3-40 44"
		15-44	R C/CL m-w SBK	SS, SP, Sexp, FR					
		44-60	R/W/R CL w SBK	SS, SP, Sexp, FR					
			SAP Inclus						
3	6%	0-7	Brw SCL w SBK	SS, SP, Sexp, FR					PS .3
		7-37	RCL m-w SBK	SS, SP, Sexp, FR					
		37-52	RCL w SBK	SS, SP, Sexp, FR				w/ SAP	
			Inclus						
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beane

COMMENTS:

S (Shoulder Slope) T (Terrace)	IV	SiL (Silt Loam) SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very St EFI (Extremely Firm)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

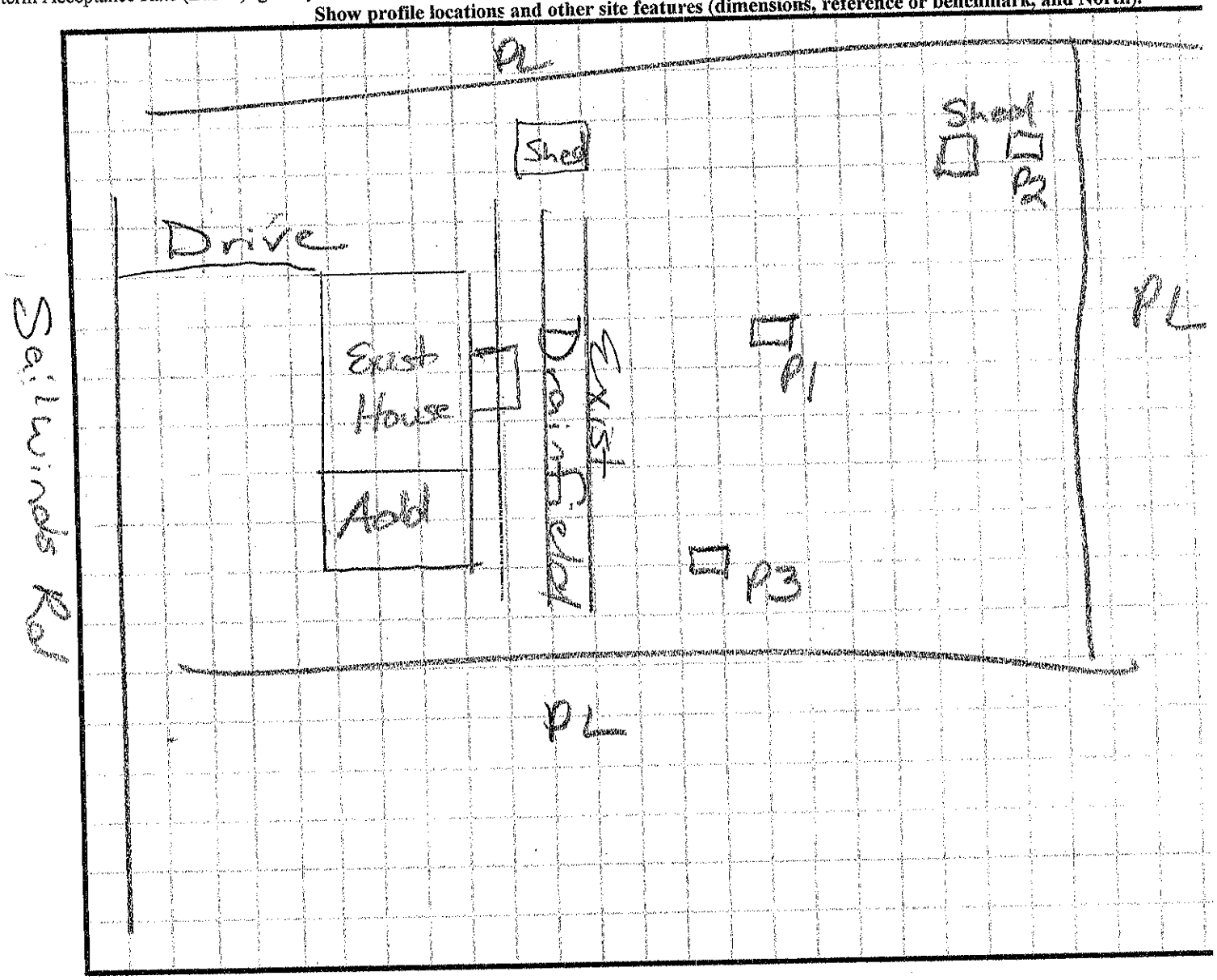
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUL 30 2021

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-319245 $200.00

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: Diana Scire-Burke Address: 118 Sailwinds Rd. Zip: 28115
Applicant Email: info@airdynamicsms.com Phone: 704-498-6993 Alt. Phone: _____
Owner Name: Diana Scire Address: 118 Sailwinds Rd. Zip: 28115
Owner Email: info@airdynamicsms.com Phone: 704-498-6993 Alt. Phone: _____

Property Information:

Street Address: 118 Sailwinds Rd Mooresville NC 28115
Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 3
Driving Directions: take 77 South to exit 42- make a right onto hwy 115. Windward Pt on right. 2nd house on right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: 4
( ) Swimming Pool
(X) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (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: 1997
( ) No Preference ( ) Alternative (X) 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.

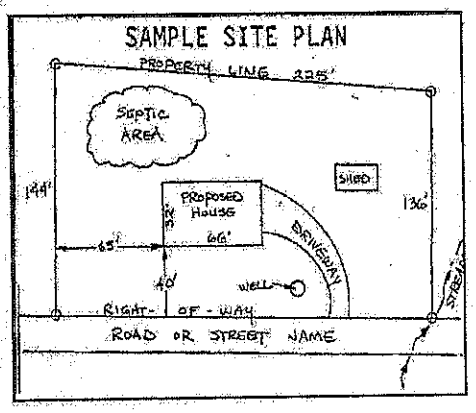
Signature: diana scire-burke 7-26-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

New lines 32' to Back

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

22 10 to side

20' Shed 12'

18 to PL

15'

35' back yard

current leech lines

proposed New septic

1st 1.0

20'

12' Deck 10' 58' from deck to PL

12' ptw Shed

House

118 Sailwinds house (existing)

septic

30

proposed New addition

15'

Covered Porch

walk-way

porch

DRIVEWAY

35

41

41

57' to ex ST

35'

Sailwinds Road

36½'

Ex ST 13 to S

8X8 Shed

Neighbors w 46 to

Signature: diana oscobarke
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-26-2021
DATE

18' to back PL 26 to side PL

New upper 106 2nd 115'

2nd line 87' to front 3rd Ex line 96'

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X **1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** diana scire-burke

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.

X **2.** I, Diana Scire-Burke, am the legal owner(s) of the property located at 118 Sailwinds Rd. Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659176514.000 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.

diana scire-burke
Signature of Owner(s)

7-26-2021
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
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
319245 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659176544.000	118 SAILWINDS RD	Iredell County

Owner Information	Applicant Information
Name: DIANA SCIRE-BURKE Address: , Phone:	Name: DIANA SCIRE-BURKE Address: , Phone:

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.48	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
ADDITION

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: 06/29/2021

Signature of Owner/Contractor

Permit Number	319245	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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition X 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)
Shed

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

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

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

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

Owner Information

Property Owner's Name Diana Scire-Burke Phone # 704-498-6993

Owner's Current Address 118 Sailwinds Rd. Mooresville NC 28115

Property Information

Property Address 118 Sailwinds Rd., 28115 Parcel # _____

Subdivision: Windward Pointe Lot: 3 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township: Mooresville

Directions to property (from a MAIN ROAD) take exit 42 towards Mooresville 115 past lowes neighborhood on right ~~first road on right~~

Application Information

Applicant's Name or Company Diana Scire-Burke Applicant's Phone # 704-498-6993

Applicant's Address 118 Sailwinds Rd. Mooresville NC 28115

If Company, Representative's Name and Title _____

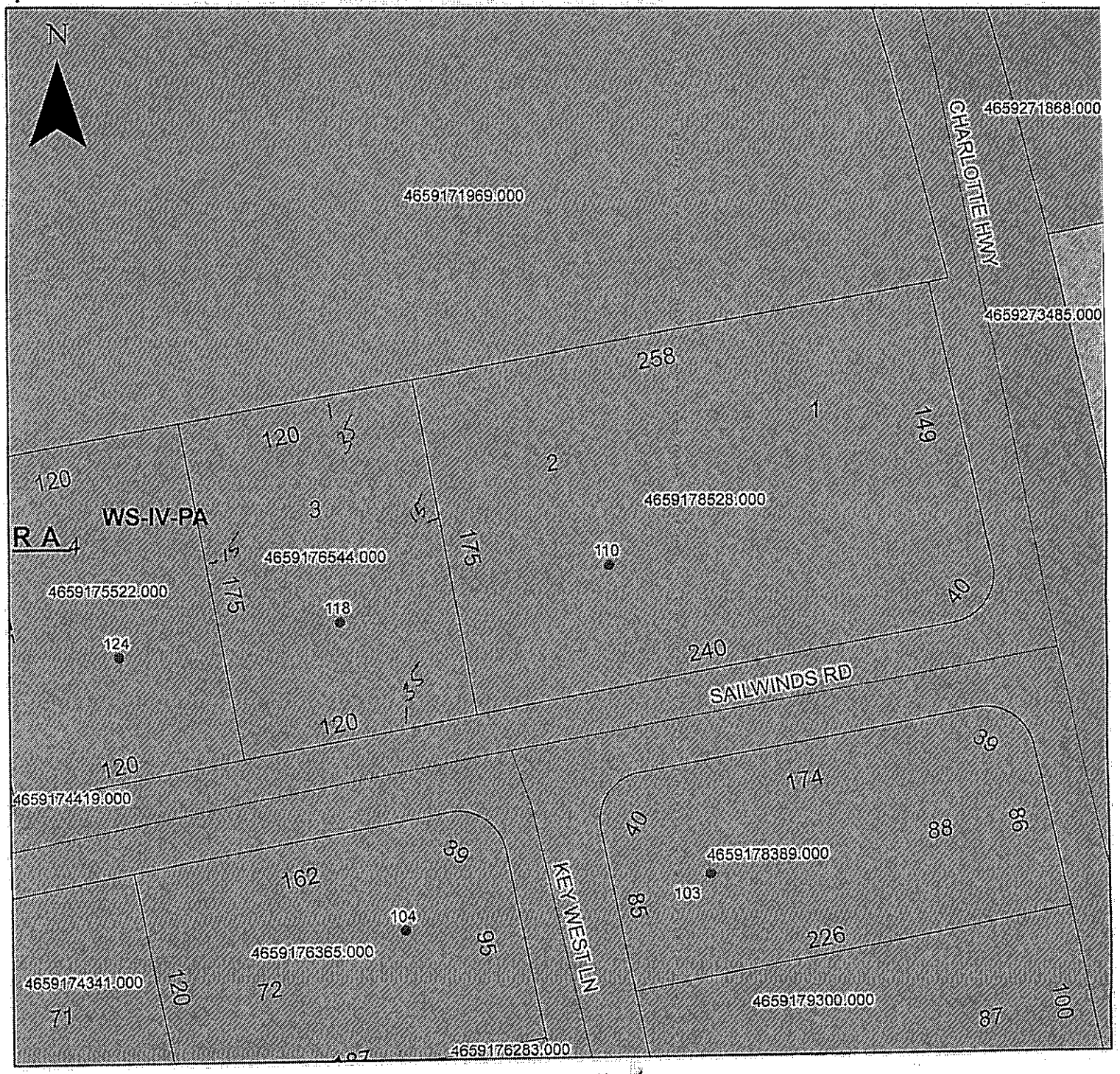
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION 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 Diana Scire-Burke DATE 6-29-2021

28 Iredell
RA

Catawba/EKN
WS/IV/PA
Flood- NO

ZONING DISCLAIMER



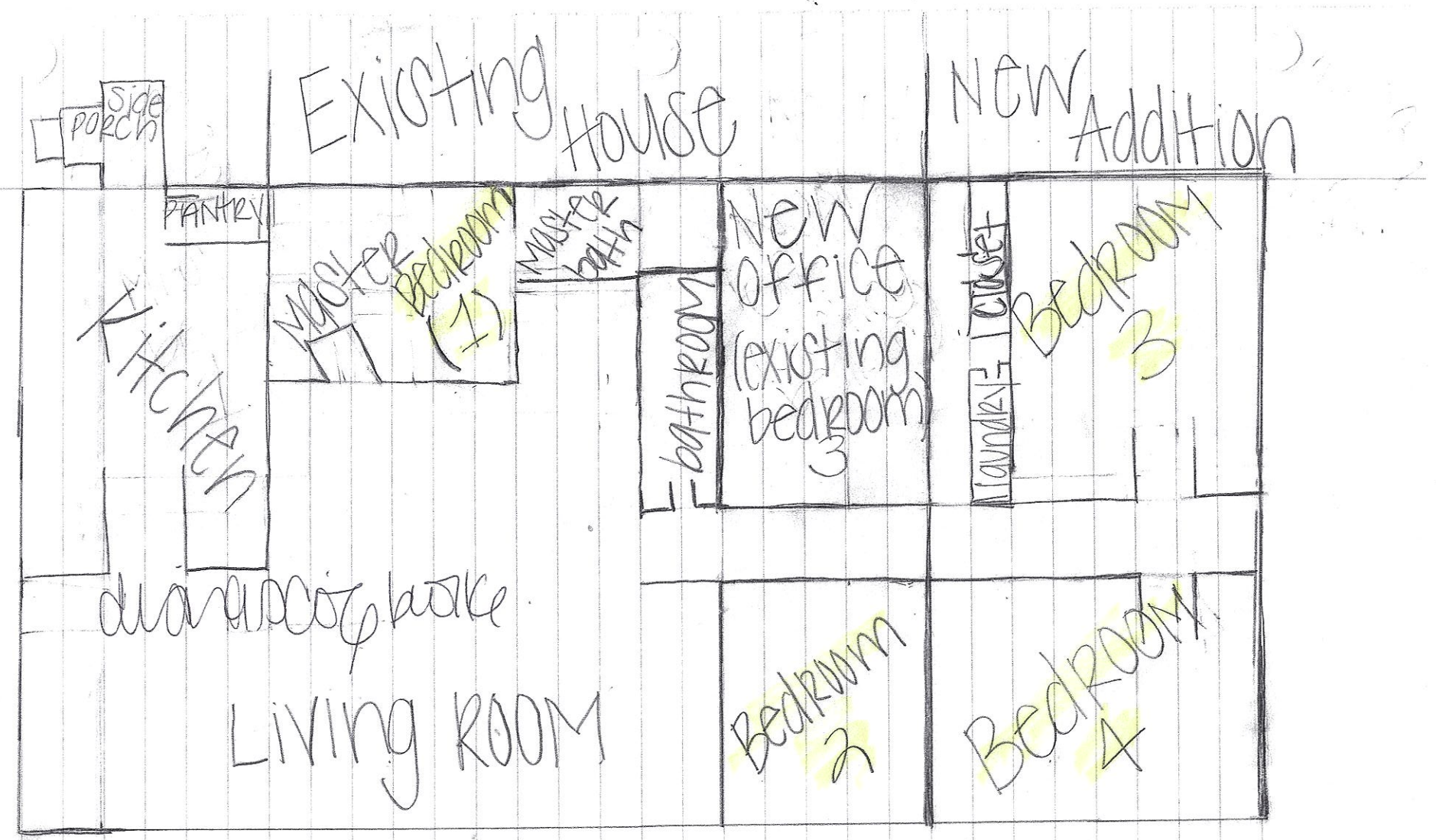
Property Address 118 Sailwinds Rd.

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. Applicant further acknowledges that the 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.

diana ocie burke.

Applicant

Date



Acknowledgement Of Plans Submittal ONLY!

Maria Peterson Date 9/13/21

_____ Date _____