CHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 313737 (formerly 234099)

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

PIN # 4659 -- 84 -- 3342

APPLICANT/OWNER: Darien Watson/Hallmark | APPLICANT ADDRESS: P.O. Box 32335 Charlotte, NC 28232

SITE ADDRESS: 130 Cottage Ct. Mooresville, NC 28115 | PHONE: 704575-3523 | ALT. PHONE

SITE DIRECTIONS: NC 115 N TR Shepherd Rd TR Cottage Ct lot on right in cul-de-sac | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: The Glen | SECTION: | LOT # 8 | LOT AREA: 1.28 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .35

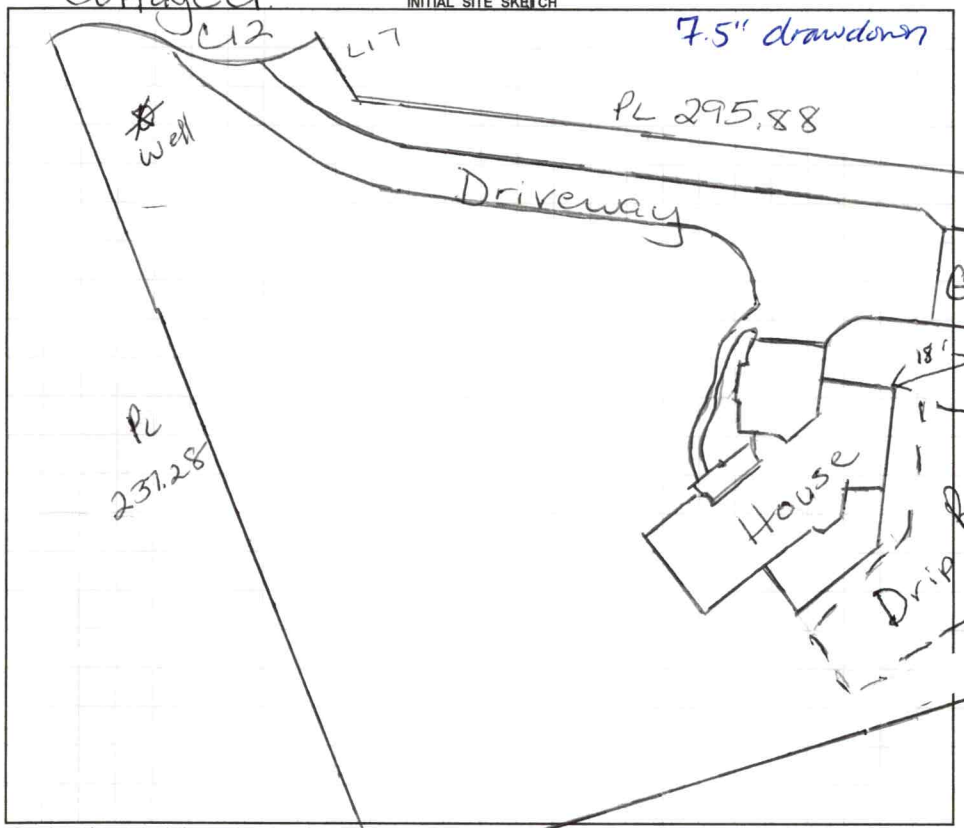
Septic Tank	1000 (gal)	STB	760	Date	1-15-22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	2-3-22	System Description:	Pump-PM-25% Reduction			[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Drip			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	343	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	28"/32"	hi @ Gravel Depth			[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: 2ft pressure, 26.81 gal/min Pump on 5.85 Sch 40 1½" taps upper 3 lines Cottage Ct. Sch 80 ½ tap for 70' line.

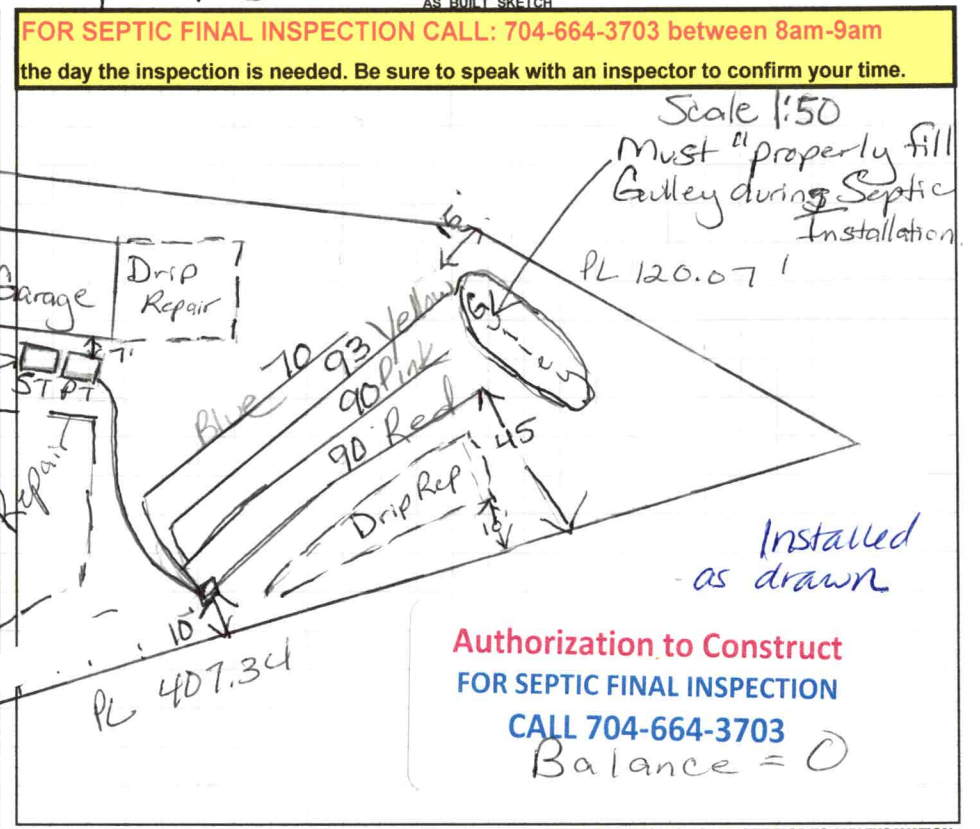
Keep Septic 15ft from PL due to neighbor's driveway cut. ★ Tanks installed 3/7/22 Keep Septic 100ft from well.

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.



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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: Sara Cruse Date: 4/27/22 Installed by: Lagus Vista

IMPROVEMENT PERMIT by: Maria Watson Date: 4/25/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Watson Date: 4/26/22 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	5/3/22	DW
Tanks Checked		MD
Pressure Manifold or Valve Box Checked	5/3/22	DW
Pressure Head Set	5/3/22	DW
Electrical Checked		
Floats Set	5/3/22	DW
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? _____	

RECEIVED MAR 2 3 2022

MD

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-313737 $320.00

Application For: Intermidiate ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Darien Watson Address: _____ Zip: _____

Applicant Email: darien@buildatmos.com Phone: 704-575-3523 Alt. Phone: _____

Owner Name: Benjamin and Jennifer Scholl Address: _____ Zip: _____

Owner Email: benjamin.scholl@gmail.com Phone: 317-374-0622 Alt. Phone: _____

Property Information:

Street Address: 130 Cottage Ct Mooresville, NC 28115

Subdivision Name: The Glen Section/Phase: _____ Lot Number: 8

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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: _____

(X) 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 (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: _____ 3/23/22

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

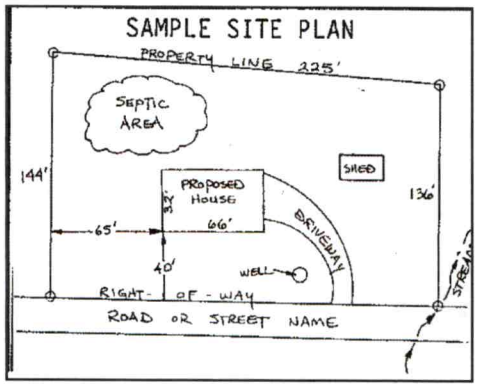
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IREDELL COUNTY HEALTH DEPARTMENT

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:

See attached

- ( ) **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

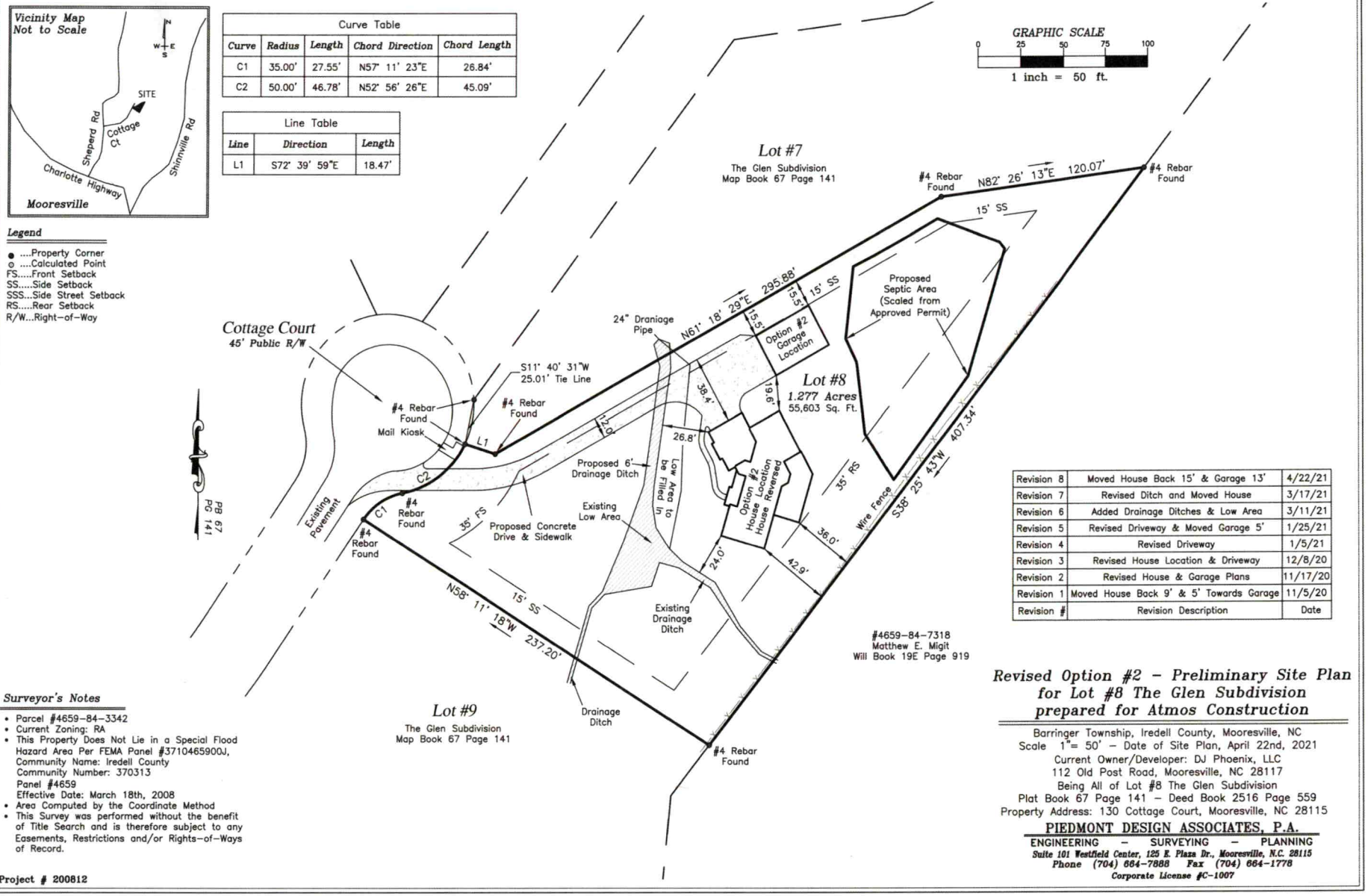
Signature: _____

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

3/23/22

DATE

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Curve Table				
Curve	Radius	Length	Chord Direction	Chord Length
C1	35.00'	27.55'	N57° 11' 23"E	26.84'
C2	50.00'	46.78'	N52° 56' 26"E	45.09'

Line Table		
Line	Direction	Length
L1	S72° 39' 59"E	18.47'

Legend

- ● ....Property Corner
- ⊙ ....Calculated Point
- FS.....Front Setback
- SS.....Side Setback
- SSS...Side Street Setback
- RS.....Rear Setback
- R/W...Right-of-Way

Surveyor's Notes

- Parcel #4659-84-3342
- Current Zoning: RA
- This Property Does Not Lie in a Special Flood Hazard Area Per FEMA Panel #3710465900J, Community Name: Iredell County Community Number: 370313 Panel #4659 Effective Date: March 18th, 2008
- Area Computed by the Coordinate Method
- This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights-of-Ways of Record.

Project # 200812

Revision #	Revision Description	Date
Revision 8	Moved House Back 15' & Garage 13'	4/22/21
Revision 7	Revised Ditch and Moved House	3/17/21
Revision 6	Added Drainage Ditches & Low Area	3/11/21
Revision 5	Revised Driveway & Moved Garage 5'	1/25/21
Revision 4	Revised Driveway	1/5/21
Revision 3	Revised House Location & Driveway	12/8/20
Revision 2	Revised House & Garage Plans	11/17/20
Revision 1	Moved House Back 9' & 5' Towards Garage	11/5/20

Revised Option #2 - Preliminary Site Plan for Lot #8 The Glen Subdivision prepared for Atmos Construction

Barringer Township, Iredell County, Mooresville, NC
Scale 1"= 50' - Date of Site Plan, April 22nd, 2021
Current Owner/Developer: DJ Phoenix, LLC
112 Old Post Road, Mooresville, NC 28117
Being All of Lot #8 The Glen Subdivision
Plat Book 67 Page 141 - Deed Book 2516 Page 559
Property Address: 130 Cottage Court, Mooresville, NC 28115

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
Suite 101 Westfield Center, 125 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778
Corporate License #C-1007

130 Cottage Court

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, **Benjamin and Jennifer Scholl**, am the legal owner(s) of the property located at **130 Cottage Ct Mooresville, NC 28115**, identified as PIN (Parcel Identification Number) **4659-84-3342**, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Tara Blalock**, **Hallmark Building Corporation**, 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.

Benjamin Scholl
Signature of Owner(s)

03 / 23 / 2022
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

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