ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP308804

PIN # 4666 - 01 - 9759

APPLICANT/OWNER: Tim Derylak

APPLICANT ADDRESS: 12721 Hopewell Ave Apt 200 Huntersville NC 28078

SITE ADDRESS: 124 Lorenzo Ln Mooresville NC 28115

PHONE: 980-230-9618 ALT. PHONE

SITE DIRECTIONS: E Center Ave to L on College St, L on E Mills Ave, R on Lorenzo Ln, Lot on R

SUBDIVISION:

SECTION: — LOT # — LOT AREA: 3.71 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480GPD L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 160	Date 2-25-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:	Gravity 25% reduction
Pump Make	—	Model —	Serial # —	Repair System Description:	LPPPBPS
# Nitrification Fields	1	# Lines 6	Linear Ft: 480'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	22"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

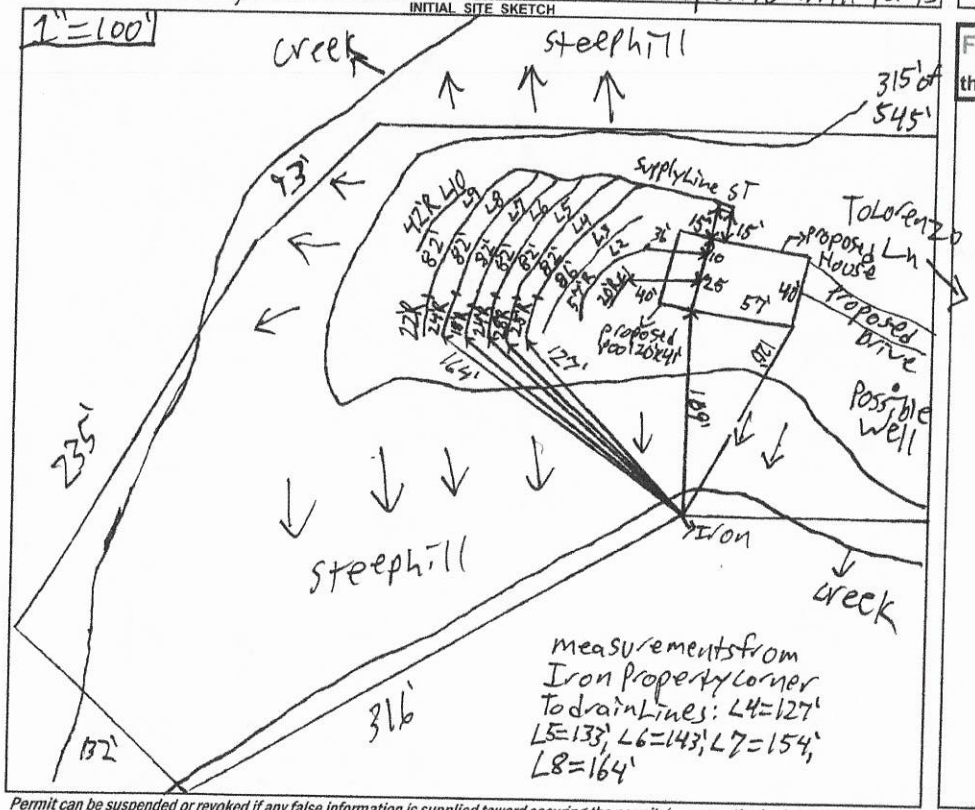
No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Pool must be marked during time of installation and inspection. All Parts of septic system must be 15' off waters edge of Pool.

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.

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: Tim Derylak Date: 1/7/2021

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 1/7/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 1/7/2021

Installed by: Water Management

OPERATION PERMIT by: Date: 4-19-2021

Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 766047759
COUNTY: Iredell

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

OWNER: Tim Perylak
ADDRESS: 1272 Hopewell Ave
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 124 Lorenzo Ln Mooresville NC 28115

APPLICATION DATE: 7/20/2020
DATE EVALUATED: 10-13-2020
PROPERTY SIZE: 3.7 acres
PROPERTY RECORDED: yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-6	SCL WSBK	Fr SS SP SEXP	chroma 3's throughout for chroma 2's at 44" 5Y 8/2	65"	Few Litho inclusions	Chroma 2's at 44" lots of small Rocks throughout	PS, .25 to VA+ 44"
		6-30	C SBK/ABK	Fr SP SEXP					
		30-65	CL SBK/ABK	Fr SP SEXP					
2	SS 5%	0-6	SCL WSBK	Fr SS SP SEXP	chroma 3's throughout	60"	Few Litho inclusions	Small Rocks scattered throughout	PS, .275
		6-29	C SBK	Fr S PS SEXP					
		29-60	CL SBK	Fr S P SEXP					
3	SS 5%	0-5	SCL WSBK	Fr SS SP SEXP	few chroma 3's scattered throughout	60"	Few Litho inclusions		PS, .275
		5-36	C SBK	Fr S P SEXP					
		36-60	CL SBK	Fr S P SEXP					
4	SS 4%	0-6	SCL WSBK	Fr SS SP SEXP	chroma 3's throughout chroma 2's starting at 24"	60"	Few Litho inclusions	Chroma 2's at 24"	.25 to VA+ 24"
		6-31	SC WSBK	Fr SS SP SEXP					
		31-45	C SBK/ABK	Fr S P SEXP					
		45-60	CL SBK	Fr S P SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	25% Red	LPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick P
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4666014759
COUNTY: Iredell

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

OWNER: Tim Derylak
ADDRESS: 1272 Hopewell Ave
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 124 Lorenzo Ln

APPLICATION DATE 7/20/2020
DATE EVALUATED: 10/13/2020
PROPERTY SIZE: 3.71 acres
PROPERTY RECORDED: YES

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	SS 4%	0-7	SLCLWSBK	FrSSSPSeqP	Chroma 3's common to chroma 2's at 16"	60"	Few Litho inclusions	Chroma 2's at 36"	PS.25 to U at 36"
		7-42	CABK	FrSPSeqP					
		42-60	CLSBK/ABK	FrSPSeqP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	320'
System Type(s)	25% Red	LPPBPS
Site LTAR	.25	.25

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

COMMENTS:

Slab

480 ÷ .25

→ 1920 ÷ 3

→ 640 × .75

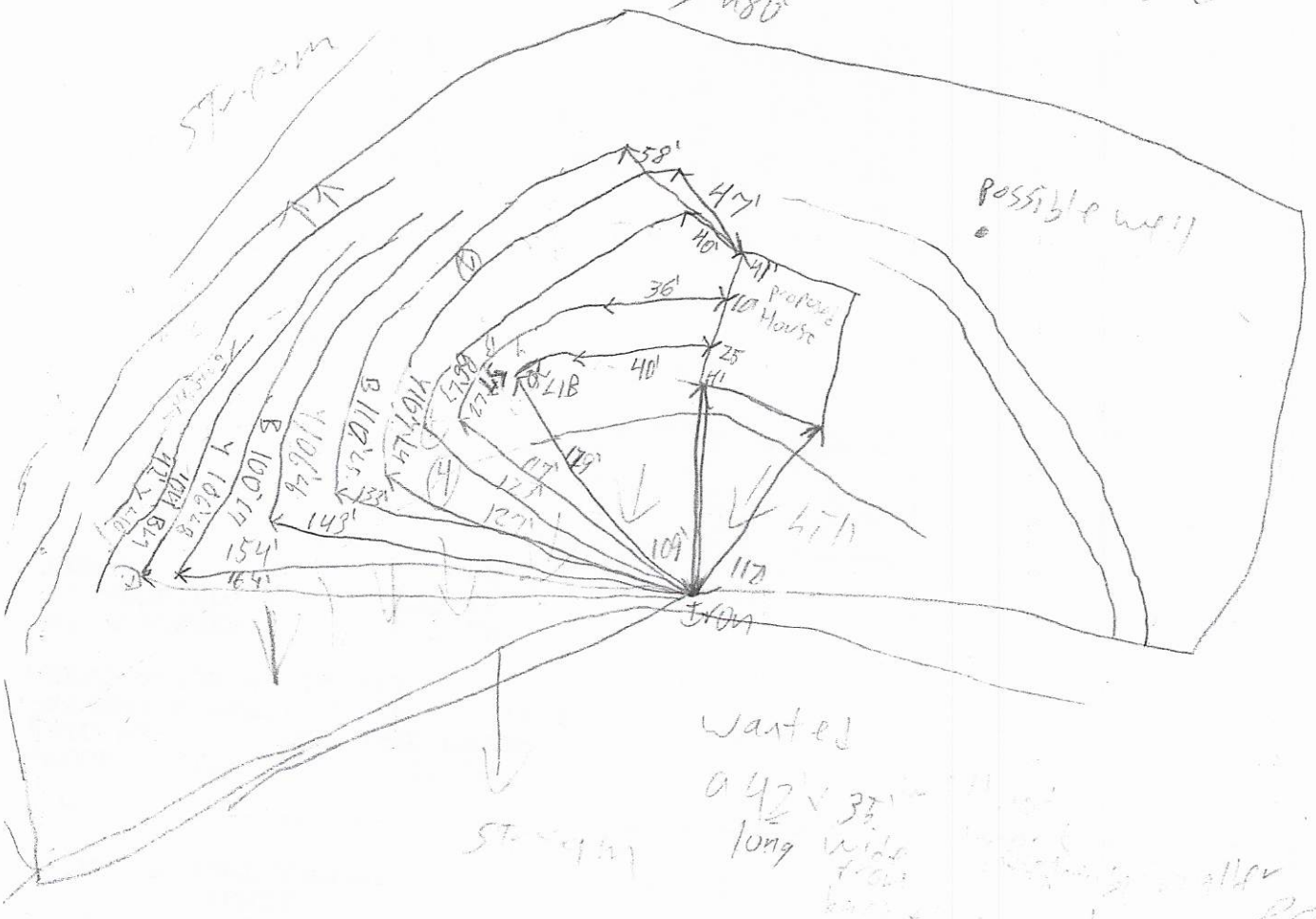
→ 480

480 ÷ .25

→ 1920 ÷ 3

→ 640 × .5

→ 320



Wanted

0.42 ± 3% long wide

Chamber Panels = 320

Panels Required = 640

Repair L1=20 L2=5' L3=0 L4=45' L5=28' L6=24 L7=18 L8=44 L9=22 L10=12

Initial L4-L9 all 12

RECEIVED DEC 0 8 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP- 308804
$105.00

Iredell County Health Department – Environmental Health Division

limited

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Tim Derylak **Address:** 12721 Hopewell Avenue, Apt. 200, Huntersville, NC **Zip:** 28078

Applicant Email: tderylak@gmail.com **Phone:** (980) 230-9618 **Alt. Phone:**

Owner Name: Timothy Derylak and Dana Derylak **Address:** 12721 Hopewell Avenue, Apt. 200, Huntersville, NC **Zip:** 28078

Owner Email: tderylak@gmail.com **Phone:** (980) 230-9618 **Alt. Phone:**

Property Information:

Street Address: 124 Lorenzo Lane, Mooesville, NC 28115 (PIN 4666019759.000)

Subdivision Name: n/a **Section/Phase:** n/a **Lot Number:** n/a

Driving Directions: From the intersection of Shearers Road and Lorenzo Lane, drive north along Shearers Road approx. 100 LF to driveway at 964 Shearers Road. Turn left on driveway to follow exist' 12' access easement. Drive west approx. 440 LF to the eastern property boundary.

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

CHECK FOUNDATION TYPE

(X) 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: ~~5~~ 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) 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:**
(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:**
(X) 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?**
(X) 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: Tim Derylak 12/8/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X **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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____

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

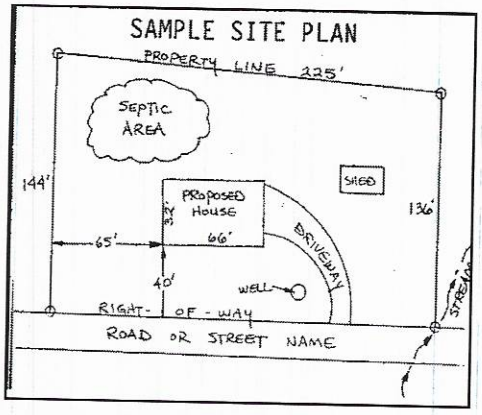
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

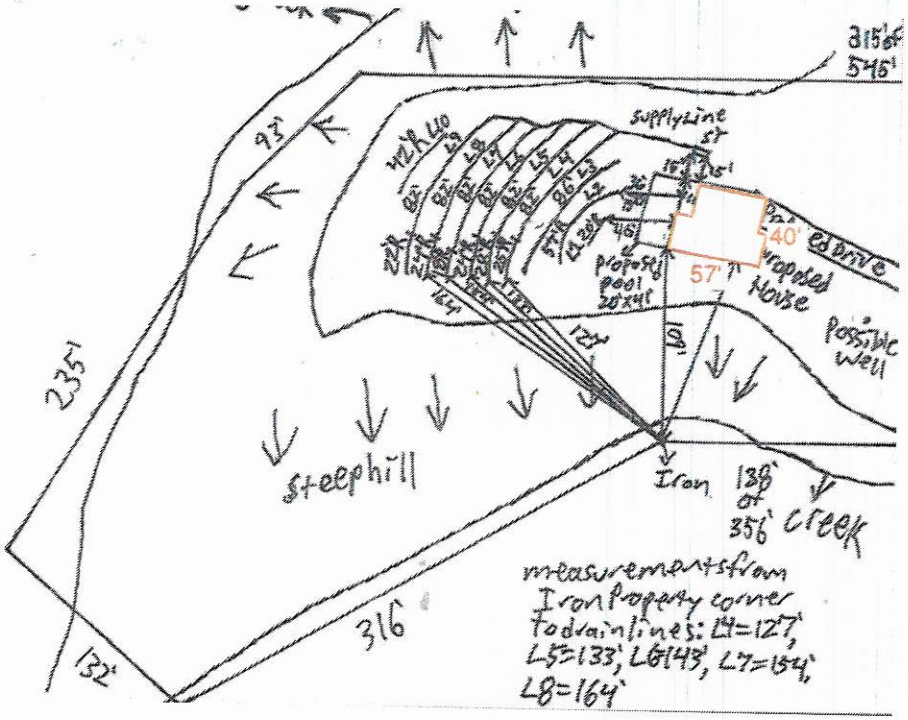


Circle N/A on the following if appropriate:

- 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: Tim D [signature] 12/08/2020

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

PRELIMINARY DRAWINGS
APPRAISAL

TrueHomes
IT'S ALL ABOUT U
2649 Rocky Ridge Center Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A
NOT FOR CONSTRUCTION
LOT# 1031

KIPLING
2815

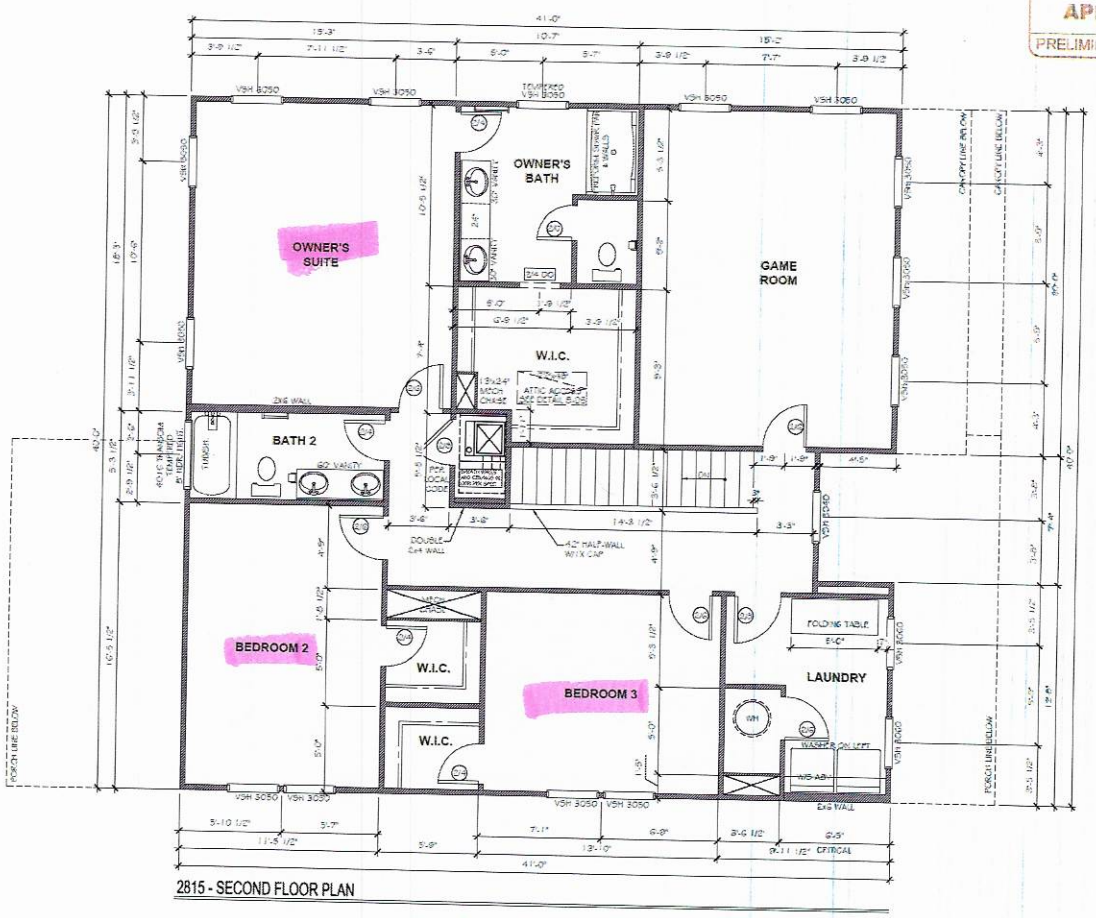
IREDELL

PREPARED BY: SETH
DATE: 12-14-20
SCALE: 3/16"=1'-0"
REVIEWED BY: SCOTT

SHEET: A1.1

Actual Plans Of
Date 1/7/2021
Date 1/7/2021

Acceptance Of Plans ONLY
Date 1/7/2021
Date 1/7/2021



APPRAISAL
PRELIMINARY DRAWINGS

TrueHomes
IT'S ALL ABOUT U
20-49 Brickstone Centre Dr.
Suite 104
Monroe, NC 28110
704-271-1191

YOUR LOT - REGION A
NOT FOR CONSTRUCTION
LOT# 1031

KIPLING
2815

IREDELL

PREPARED BY: SETH
DATE: 10-8-20
SCALE: 3/16"=1'-0"
REVIEWED BY: SCOTT

SHEET: A1.2

Town of Mooresville Jurisdiction
ZONING APPROVAL
For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-308804 Subdivision: -

Proposed Use: SINGLE FAMILY HOME

Street Address: 124 LORENZO LN

Tax PIN: 4666019759.000 Zoning: R2 Lot: Size: 3.71

Owner: EVELYN R KELLY, TRACY R PONDER,
Address: 614 BRAWLEY ROAD
CLEVELAND, NC 27013

Applicant: TIM DERYLAK
Address: 12721 HOPEWELL AVE APT. 200
HUNTERSVILLE, NC 28078

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent 7/7/2020 Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS
NOT CONNECTING TO TOWN WATER OR SEWER SERVICES, LOCATED IN ETJ- WELL & SEPTIC

HHP Approved By: 07/07/2020 Date Application Fee