ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 3/9151

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

PIN # 4669-11-8856

APPLICANT/OWNER: Brian Adams | APPLICANT ADDRESS: 109 Airplane Ct. Mooresville, NC 28117

SITE ADDRESS: 130 Albany Drive Mooresville, NC | PHONE: 7045008731 | ALT. PHONE

SITE DIRECTIONS: US 21 N TR Shanrlle Rd TL Albany Dr on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bethany Place | SECTION: | LOT # 20 | LOT AREA: 1.22 ac | DESIGN FLOW: 480 gpd | L.T.A.R. .3 | 125 Rcp

Septic Tank	1000 (gal)	SIZE	760	Date	2-11-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	2-23-2022	System Description:	Pump-PM - 25% Reduction	☐ Business	No. Persons 8
Pump Make	Liberty	Model	290	Serial #		Repair System Description:	Drip	☐ Other	No. Employees
# Nitrification Fields	I	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	30/max 36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install trenches between 30-36"
TB for repair 12"

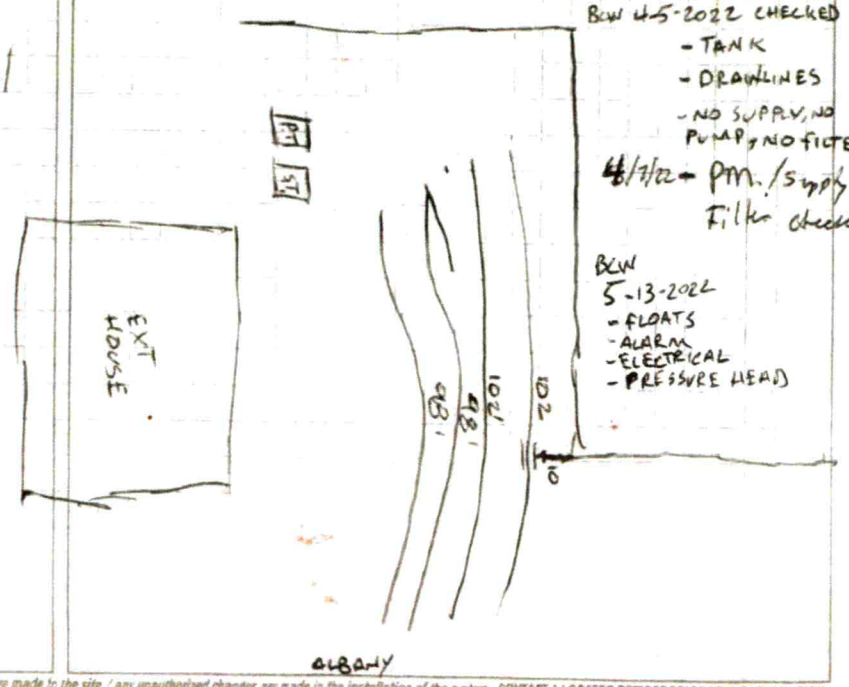
Use 1½" sch 40 tops

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 6/24/21)

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL [illegible] the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



BCW 4-5-2022 CHECKED
- TANK
- DRAINLINES
- NO SUPPLY, NO PUMP, NO FILTER

4/7/22 - PM. / supply Filter checked

BCW 5-13-2022
- FLOATS
- ALARM
- ELECTRICAL
- PRESSURE HEAD

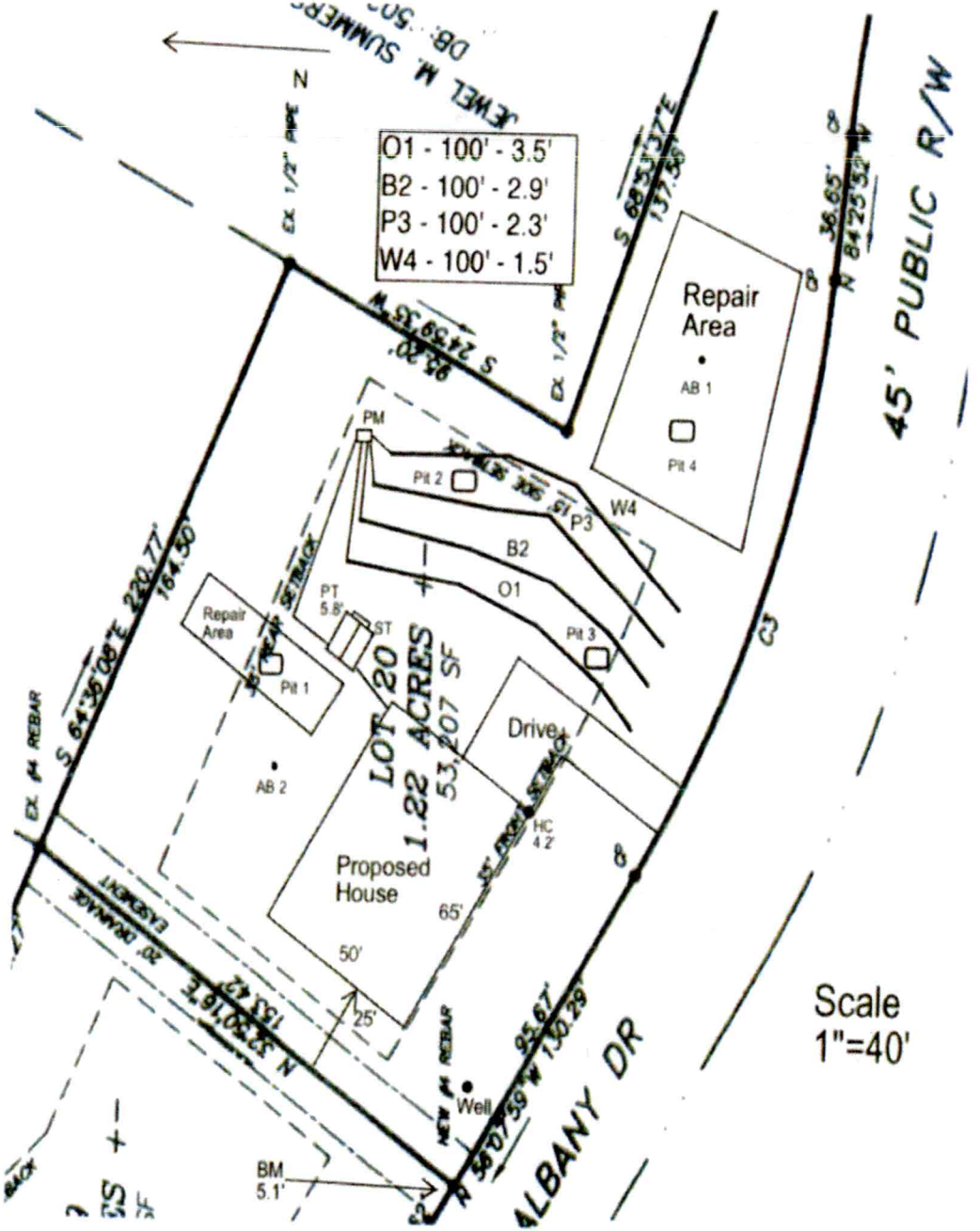
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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: 8/23/21 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: Maina Dotson Date: 6/30/21 OPERATION PERMIT by: Bryant C White Date 5-13-2022

AUTHORIZATION TO CONSTRUCT by: Maina Dotson Date: 8/18/21 Existing System Inspected by: Date


O1 - 100' - 3.5'
B2 - 100' - 2.9'
P3 - 100' - 2.3'
W4 - 100' - 1.5'
45' PUBLIC R/W
Repair Area
AB 1
Pit 4
PM
Pit 2
P3
W4
B2
O1
Pit 3
PT 5.8'
ST
Repair Area
Pit 1
AB 2
LOT 20
1.22 ACRES
53,207 SF
Drive
HC 4'
Proposed House
65'
50'
25'
Well
BM 5.1'
ALBANY DR
Scale 1"=40'

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 3/9151

DW 12:00.

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

PIN # 4669--11--8654

APPLICANT/OWNER: Brian Adams | APPLICANT ADDRESS: 109 Airplane Ct. Mooresville, NC 28117

SITE ADDRESS: 130 Albany Drive Mooresville, NC | PHONE: 7045068754 | ALT. PHONE

SITE DIRECTIONS: US 21 N TR Shinnville Rd TL Albany Dr on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bethany Place | SECTION: | LOT # 20 | LOT AREA: 1.22 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3 / .125 Rcp

Septic Tank	1000 (gal)	STP	760	Date	2-11-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	2-23-2022	System Description:	Pump-PM - 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make	Liberty	Model	290	Serial #		Repair System Description:	Drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields	I	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30/max 36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install trenches between 30-36"
TB for repair 12"

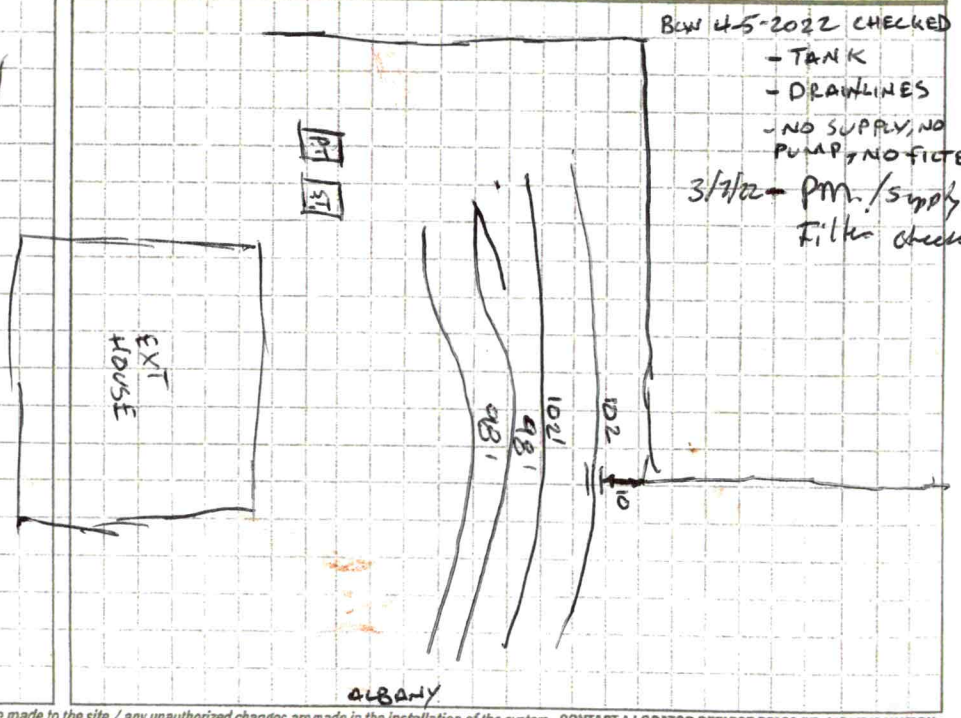
Use 1 1/2" sch 40 taps

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 6/24/21)

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: [signature] Date: 8/23/21 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: Maia Dotson Date: 6/30/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maia Dotson Date: 8/18/21 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 3/9151

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

PIN # 4669--11--8026

APPLICANT/OWNER: Brian Adams | APPLICANT ADDRESS: 109 Airplane Ct. Mooresville, NC 28117

SITE ADDRESS: 130 Albany Drive Mooresville, NC | PHONE: 7045068754 | ALT. PHONE

SITE DIRECTIONS: US 21 N TR Shinnville Rd TL Albany Dr on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bethany Place | SECTION: | LOT # 20 | LOT AREA: 1.82 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3 / .125 Rep

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
Pump Tank (gal)	PT	Date	System Description: Pump-PM - 25% Reduction		No. Bedrooms 4
Pump Make	Model	Serial #	Repair System Description: Drip		No. Persons 8
# Nitrification Fields 1	# Lines 4	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		No. Employees
Trench Width 36"	Trench Bottom Depth(Low side) 30/max 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE		☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install trenches between 30-36"
TB for repair 12"

Use 1½" sch 40 taps

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 6/24/21)

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.

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☐ 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: 8/23/21 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/30/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/18/21 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? _____	

PROPERTY ID #: 4669118656__
COUNTY: __Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gavril Martinescu_____ APPLICATION DATE_____
ADDRESS: 4715 Cypress Garden Lp, Fort Myers, FL 33966_____ DATE EVALUATED: _6/2021_____
PROPOSED FACILITY: __4 BDRM___ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: __1.22 AC_____
LOCATION OF SITE: 130 Albany Dr, Bethany Place Lot 20_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-8	FILL		N/A	55"	Com SAP PS	N/A	PS 0.3-0.4
		8-28	R C SBK	FR SS SP SXP					
		28-55	R CL WSBK	FR SS SP SXP					
		55-60	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 6%	0-20	R C SBK	FR SS SP SXP	N/A	51"	Com SAP PS	N/A	PS 0.3-0.4
		20-51	R CL WSBK	FR SS SP SXP					
		51-64	VER SL SAP M	VFR SS SP SXP					
PIT 3	LS 6%	0-5	Br CL WSBK	FR SS SP SXP	N/A	50"	Com SAP PS	N/A	PS 0.3-0.4
		5-22	R C SBK	FR SS SP SXP					
		22-50	R CL WSBK	FR SS SP SXP					
		50-64	VER SL SAP M	VFR SS SP SXP					
PIT 4	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	55"	Com SAP	N/A	PS 0.3-0.4
		4-24	R C SBK	FR SS SP SXP					
		24-55	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	3840 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4669118656_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-24	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-24+	FILL						US

COMMENTS:_____

RECEIVED AUG 1 1 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319153

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Brian Adams **Address:** 109 Airplane Court **Zip:** 28117
Applicant Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**
Owner Name: BWA BUILDERS LLC **Address:** 118 Magnolia Park Drive **Zip:** 28117
Owner Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**

Property Information: 130
Street Address: ~~140~~ 130 Albany Drive, Mooresville, NC 28117
Subdivision Name: Bethany Place **Section/Phase:** **Lot Number:** ~~10~~ 20
Driving Directions: US 21 N , Shinville Road, TL Albany Dr, lot on right

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

(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: ~~3~~ 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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?
( ) 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: Brian Adams 6/21/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

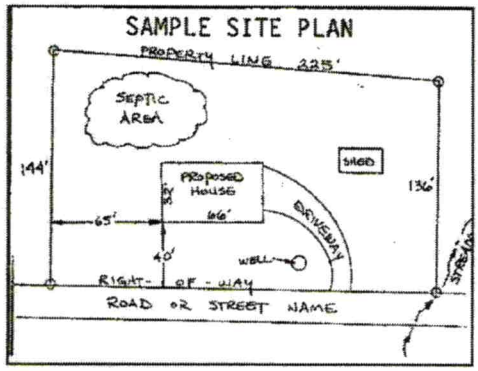
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: Brenden

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

6/21/2021

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, BWA BUILDERS LLC, am the legal owner(s) of the property located at 140 Albany Drive, Mooresville, NC, identified as PIN (Parcel Identification Number) 4669116775, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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

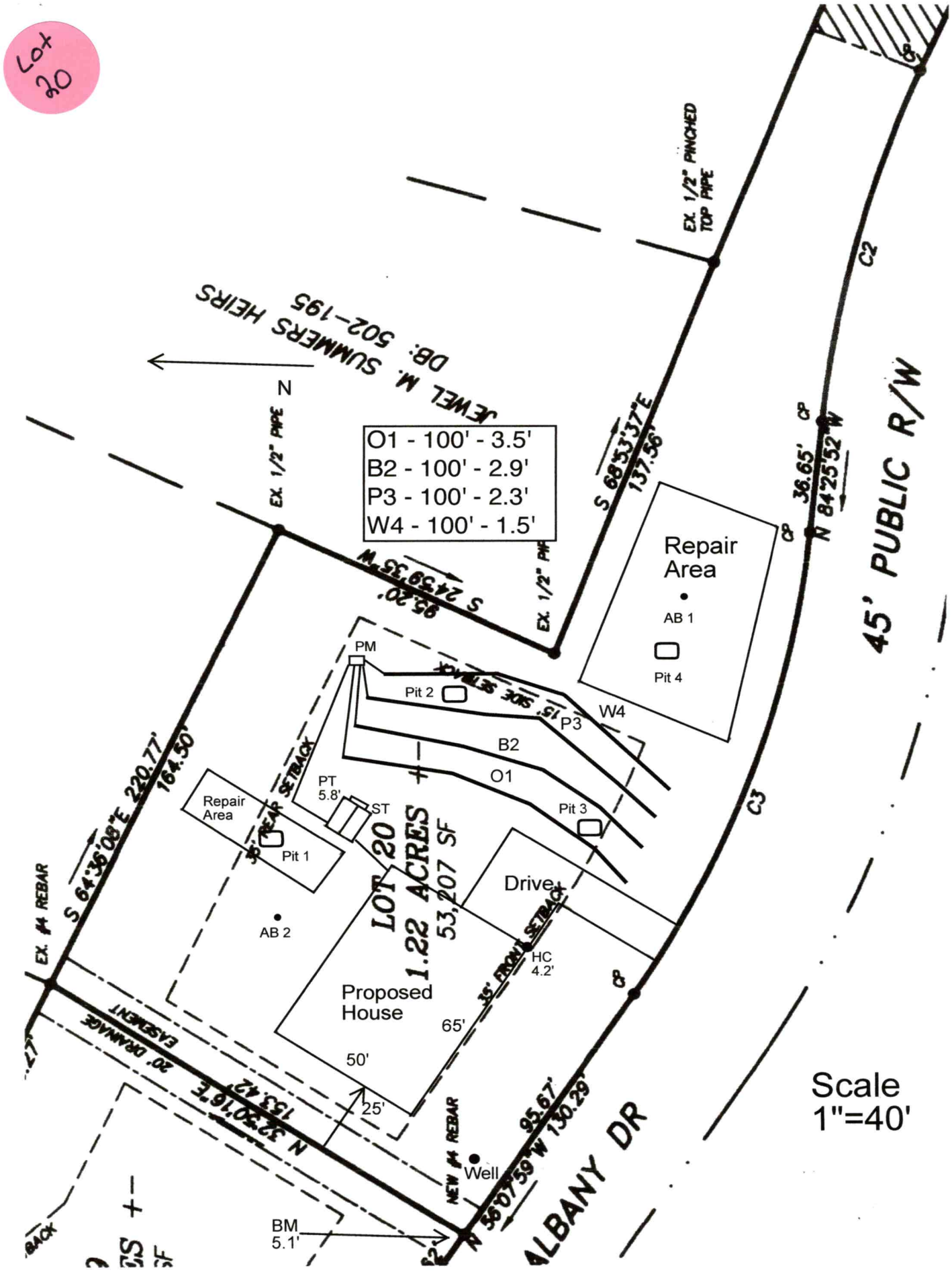
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	6/21/2021		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@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


Lot 20
JEWEL M. SUMMERS HEIRS
DB: 502-195
N
EX. 1/2" PIPE
EX. 1/2" PINCHED TOP PIPE
EX. 1/2" PIPE
S 24°59'35"W 85.20'
S 68°53'37"E 137.56'
N 84°25'52"W 36.65'
O1 - 100' - 3.5'
B2 - 100' - 2.9'
P3 - 100' - 2.3'
W4 - 100' - 1.5'
Repair Area
AB 1
Pit 4
PM
Pit 2
W4
P3
B2
O1
Pit 3
PT 5.8'
ST
Repair Area
Pit 1
AB 2
Drive
LOT 20
1.22 ACRES
53,207 SF
Proposed House
50'
65'
HC 4.2'
EX. #4 REBAR
S 64°36'08"E 220.77'
164.50'
20' DRAINAGE EASEMENT
N 32°30'16"E 153.42'
25'
NEW #4 REBAR
Well
N 56°07'59"W 130.29'
95.67'
BM 5.1'
45' PUBLIC R/W
ALBANY DR
C2
C3
Scale 1"=40'

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
6/24/2021

Reference: Data Sheet for 130 Albany Dr, Bethany Place Lot 20
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 9.3'
Friction Head: 1.2'
Pressure Head: 2'
Total Dynamic Head: 12.5'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30-36" (initial), 12" (repair)



Line	Design Length	Actual Length	Elevation
Orange 1	100'	102'	3.5'
Blue 2	100'	102'	2.9'
Pink 3	100'	100'	2.3'
White 4	100'	100'	1.5'

Initial System: 400'
Repair System: 3900 FT^2
Pump Tank: 5.8'
House Corner: 4.2'
Benchmark: 5.1'

Comments:

RECEIVED JUN 2 5 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Expedited Review ***APPLICATION FORM*** AP-319151 Paid: $350.00

Application For: ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Brian Adams **Address:** 109 Airplane Court **Zip:** 28117
Applicant Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**
Owner Name: BWA BUILDERS LLC **Address:** 118 Magnolia Park Drive **Zip:** 28117
Owner Email: bwadams85@gmail.com **Phone:** 704-500-8754 **Alt. Phone:**

Property Information:

Street Address: 130 140 Albany Drive, Mooresville, NC 28117
Subdivision Name: Bethany Place **Section/Phase:** **Lot Number:** 20
Driving Directions: US 21 N , Shinville Road, TL Albany Dr, lot on right

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

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

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) 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?**
( ) 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: Brian Adams
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/21/2021
DATE

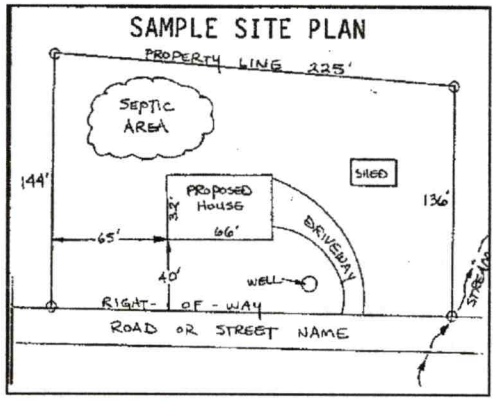
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: Brian Eden

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

6/21/2021

DATE

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
6/30/21
MD

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
6/24/2021

Reference: Data Sheet for 130 Albany Dr, Bethany Place Lot 20
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 9.3'
Friction Head: 1.2'
Pressure Head: 2'
Total Dynamic Head: 12.5'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30-36" (initial), 12" (repair)



Line	Design Length	Actual Length	Elevation
Orange 1	**100'**	**102'**	**3.5'**
Blue 2	**100'**	**102'**	**2.9'**
Pink 3	**100'**	**100'**	**2.3'**
White 4	**100'**	**100'**	**1.5'**

Initial System: 400'
Pump Tank: 5.8'
Benchmark: 5.1'
Repair System: 3900 FT^2
House Corner: 4.2'

Comments:

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, BWA BUILDERS LLC, am the legal owner(s) of the property located at 140 Albany Drive, Mooresville, NC, identified as PIN (Parcel Identification Number) 4669116775, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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	Signature of Witness	Date
[signature]	6/21/2021		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@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

IREDELL COUNTY · NC

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

APPLICATION NUMBER

319151
Issue Date: 06/25/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4669118656.000	130 ALBANY DR	Iredell County

Owner Information	Applicant Information
Name: MARTINESCU GAVRIL D	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD

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: 06/25/2021

Signature of Owner/Contractor

Permit Number	319151	TOTAL FEES:	

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 X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

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

Is there a septic tank on the property? Yes No If residence how many bedrooms? ___ and stories?___

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 Gavril Martinescu Phone # _____

Owner's Current Address 4715 Cypress Garden Lp, Fort Myers, FL 33966

Property Information

Property Address 130 Albany Dr Parcel # _____

Subdivision: Bethany Place Lot: 20 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Athanas & Associates Applicant's Phone # _____

Applicant's Address 556 Walden Trail, Weddington, NC 28173

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 _____ DATE 6/25/2021