IREDELL COUNTY HEALTH DEPARTMENT

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

Relocation

PERMIT # 243622

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

PIN # 4646066616

APPLICANT/OWNER: Lynn Hall Carney / Michael McKnight APPLICANT ADDRESS: 187 Turnberry Ln Mooresville, NC 28117

SITE ADDRESS: 187 Turnberry Ln Mooresville, NC 28117 PHONE: 704 663-0447 ALT. PHONE 704 451-4708

SITE DIRECTIONS: Brawley School Rd TL Canvasback TL Turnberry Ln on left

SUBDIVISION: St. Andrews Village SECTION: — LOT # 116 LOT AREA: ~.55 Acre SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	Exist (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction + existing PPBPS
Pump Make		Model	Serial #	Repair System Description:	
# Nitrification Fields	1	# Lines	2	Linear Ft 100ft	Maintenance Agreement Required: ☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

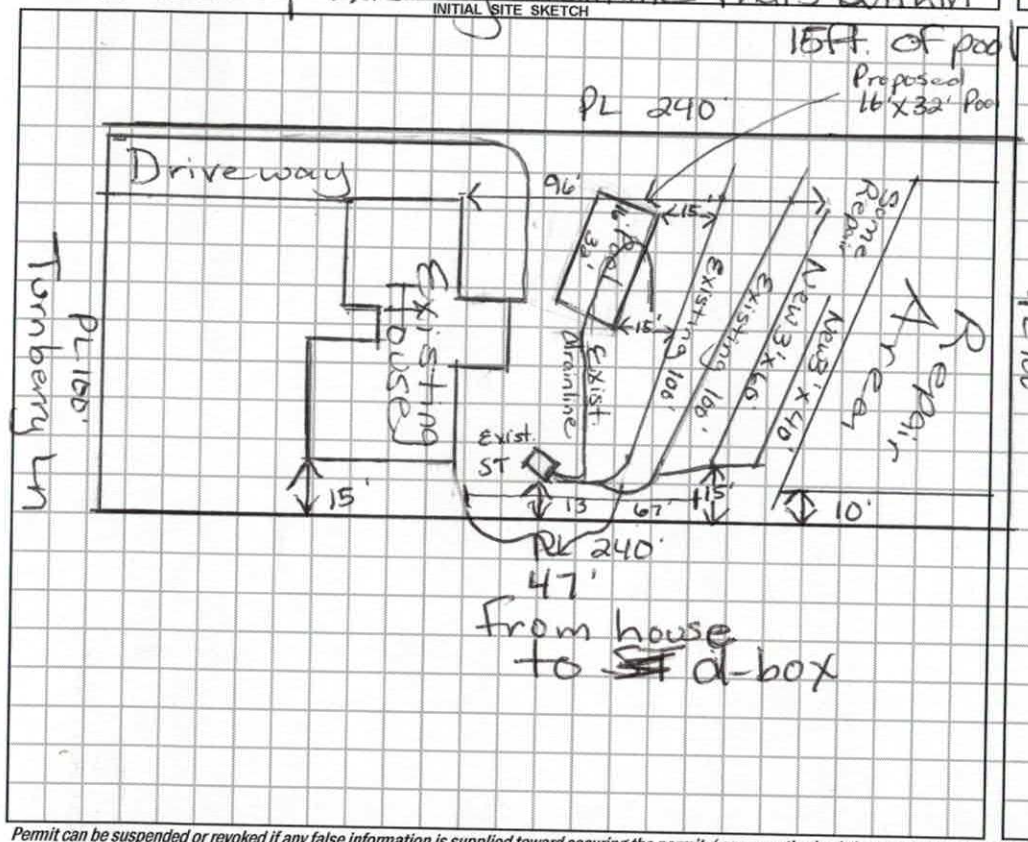
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: *Must keep inground pool a minimum of 15ft from Septic System. Abandon top existing drainline that's within

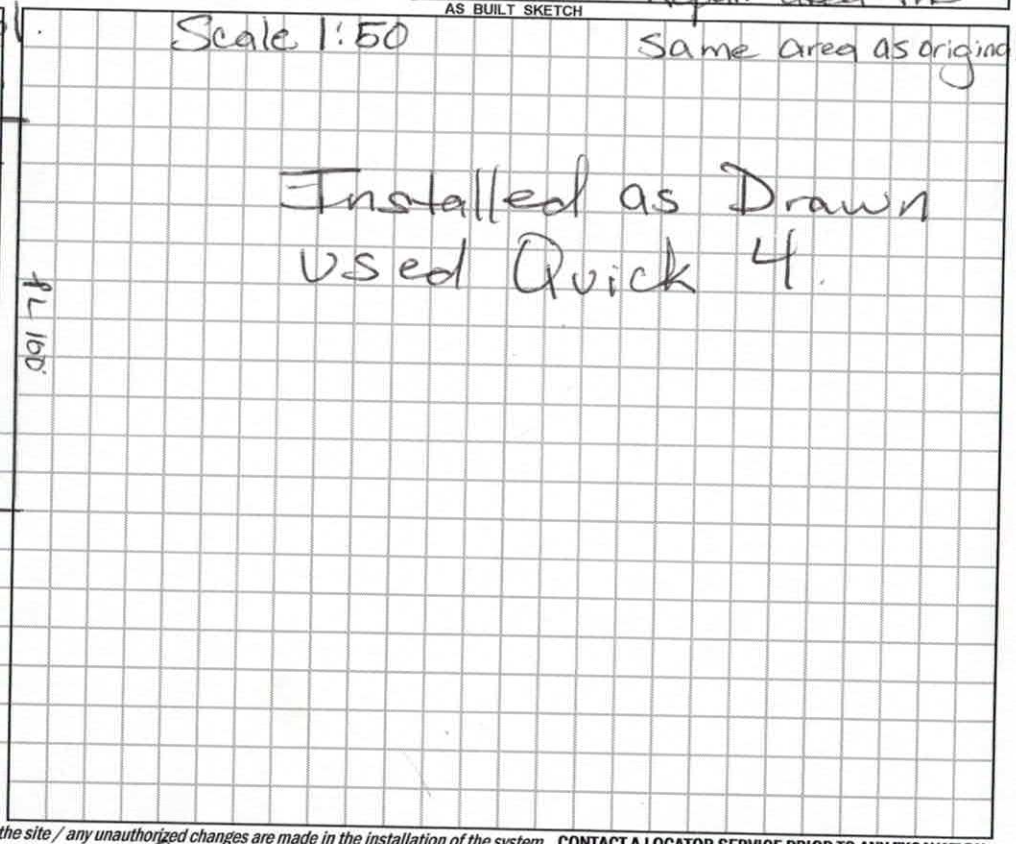
*No permanent structures on top of Septic

*Replacing 100' of drainline that's being abandoned with 100 ft of drainline. Repair area the same area as original

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Lynn H. Carney Date: 5/29/19

IMPROVEMENT PERMIT by: Maria L Olson Date: 5/24/19

AUTHORIZATION TO CONSTRUCT by: Maria L Olson Date: 5/24/19

Installed by: Richard Abernathy

OPERATION PERMIT by: Maria L Olson Date: 7/16/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t

ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet ___ of ___
PROPERTY ID #: 4646066616
COUNTY: Iredell

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

OWNER: Lynn Hall Carney
ADDRESS: 187 Turnberry Ln Mooresville NC
PROPOSED FACILITY: Relocated PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 187 Turnberry Mooresville,
APPLICATION DATE 3/25/19
DATE EVALUATED: 5/22/19
PROPERTY SIZE: ~1.55 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-4"	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		4-34"	RCL m-w	SBK SS, SP, SExP, FR					
		34-45	RCL w	SBK SS, SP, SExP, FR	—	45"			
2	7%	0-4"	Brw	SCL wSBK SS, SP, SExP, FR					PS .3
		4-28"	RCL m-w	SBK SS, SP, SExP, FR					
		28-48"	RCL w	SBK SS, SP, SExP, FR		48"			
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Exist. Conv. + 25% Redct	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tim Reid, Michael McKnight, Lynn Hall Carney

COMMENTS:

5/22/19 Talked to Owner Rei Pits 2/3622 pd $500

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(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: LYNN HALL CARNEY Address: 187 TURNBERRY LANE Zip: 28117

Applicant Email: lhcarney33@gmail.com Phone: 704-663-0447 Alt. Phone: 704-451-4708

Owner Name: LYNN HALL CARNEY Address: SAME Zip: _____

Owner Email: SAME Phone: SAME Alt. Phone: Same

Property Information: N319MM@gmail.com

Street Address: 187 TURNBERRY LANE MOORESVILLE, NC

Subdivision Name: St ANDREWS VILLAGE Section/Phase: _____ Lot Number: #16

Driving Directions: Going West on Brawley School Road take left turn at Stop Light and proceed on Canvasback. TAKE LEFT ONTO TURNBERRY LANE House on left toward end of street.

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 Describe Problem: RELOCATE Septic LINES

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2 currently
(√) Swimming Pool
( ) Other Addition/Structure: _____

(√) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: Appox 1900 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 ( ) Existing Well (√) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1990
( ) 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: Lynn Hall Carney 3-25-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

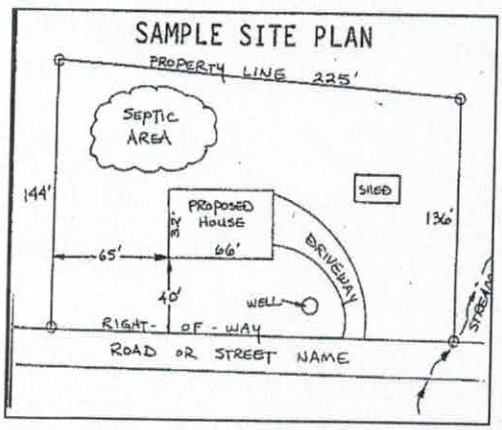
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

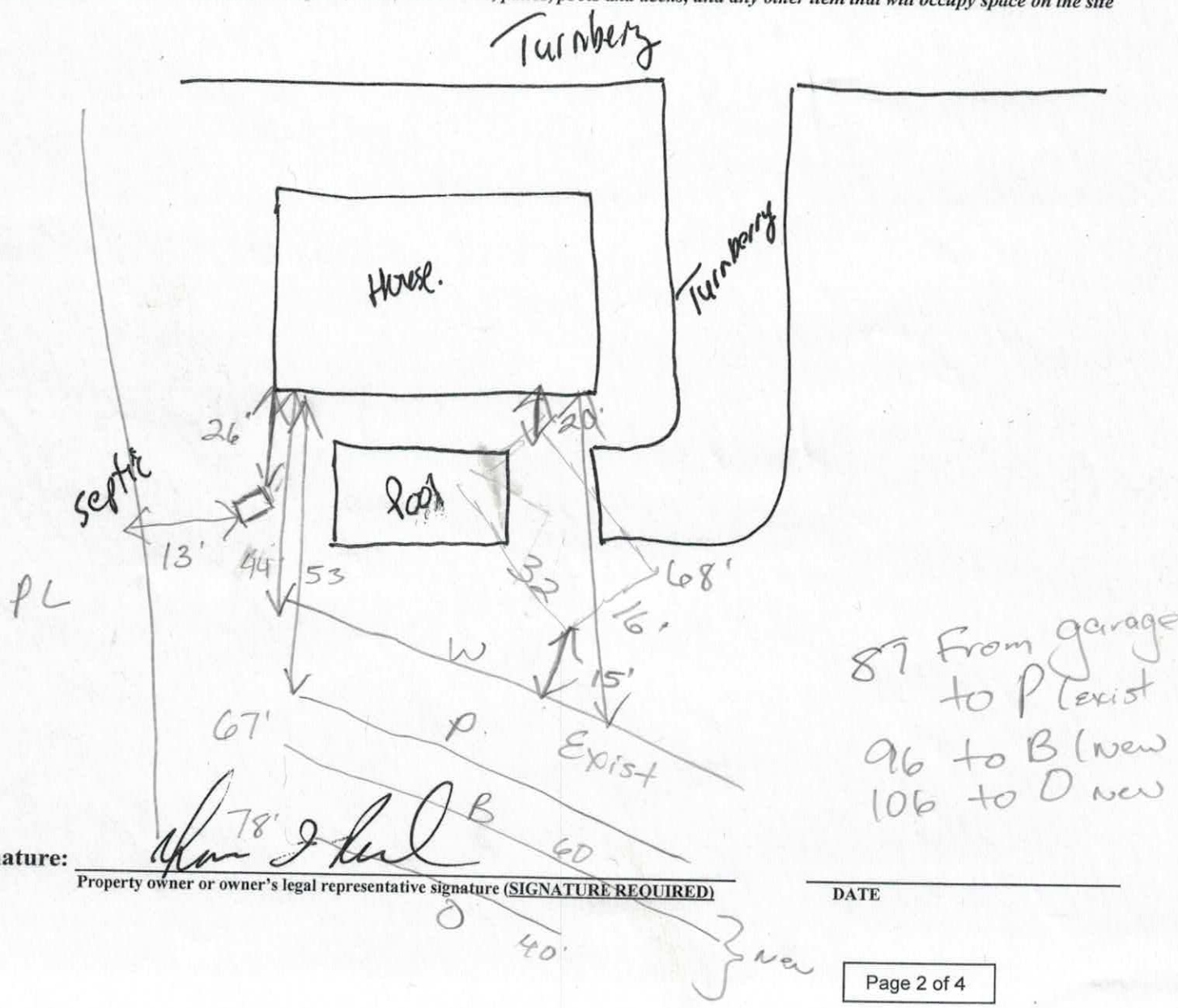


Circle N/A on the following if appropriate:

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)

_____

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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)* Lynn Hall Carney

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, Lynn Hall Carney, am the legal owner(s) of the property located at 187 TURNBERRY LANE MOORESVILLE NC 28117, identified as

PIN (Parcel Identification Number) 4646-06-6616.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jim Reid owner, Sun Fun Pools, 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.

Lynn Hall Carney
Signature of Owner(s)

3/25/19
Date

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

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

APPLICATION NUMBER
243622
Issue Date: 04/10/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4646066616.000	187 TURNBERRY LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CARNEY LYNN HALL	Applicant: SUN FUN POOL COMPANY -
Address: 187 TURNBERRY LANE	Address: 117 EAST BROAD STREET
MOORESVILLE, NC 28117	STATESVILLE, NC 28677
Phone:	Phone: 704-902-2744

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
		10.00	10.00	10.00	CACL	X

Remarks:

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: _____ Date: _____

Permit Number	173568	TOTAL FEES:	$ 77.25