~612

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

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

PERMIT # 222884

PIN # 4685-11-3696

APPLICANT: Brenda Pelvenny Pokorny

APPLICANT ADDRESS: 17222 B. Horsweet Trail Cragon Falls, Ohio

SITE ADDRESS: 220 Patterson Farm Rd. Mooresville, NC

PHONE: 440-543-8834 ALT. PHONE:

SITE DIRECTIONS: Rt. 3 South From Mooresville → L on Patterson Farm Rd → Lot on Right

SUBDIVISION: Sloof (175 gal)

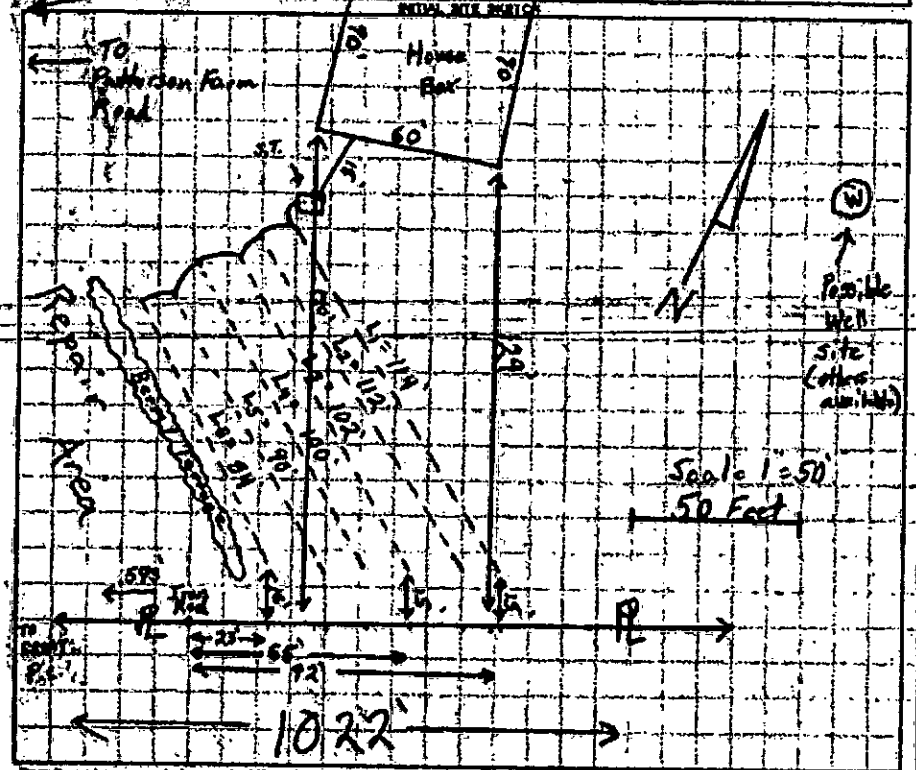
SECTION: — LOT # — LOT AREA: 8.0 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.250

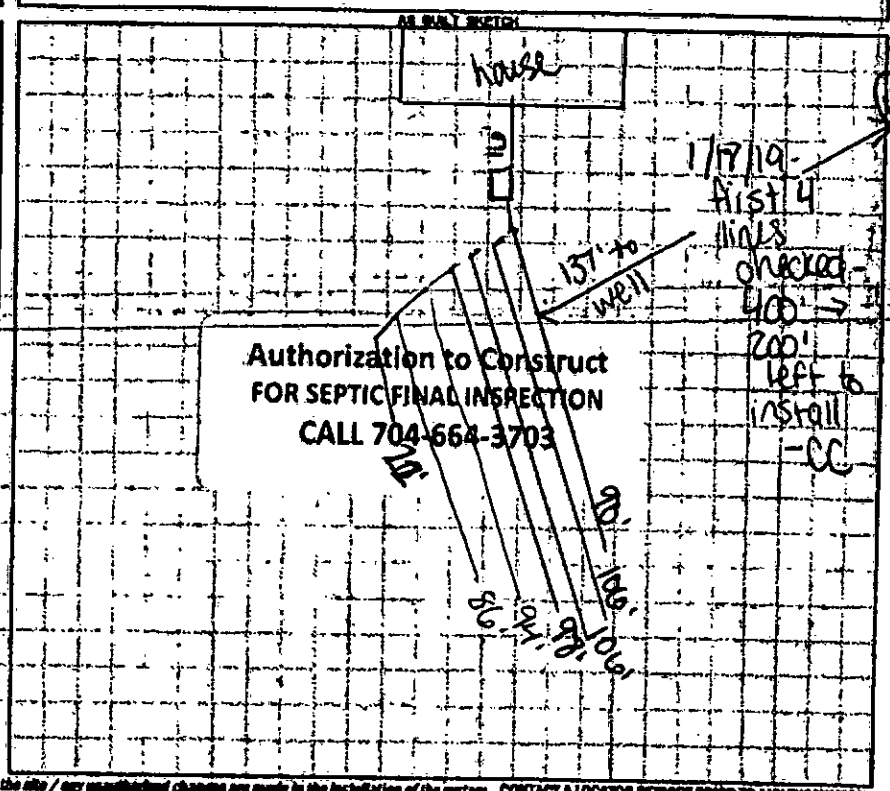
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1250 (gal) | STB | 299 | Date | 4/3/17 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II ⓘ IV V VI | ☒ Residence | No. Bedrooms 5 |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: 25% Reduction | | ☐ Business | No. Persons 10 |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: 25% Reduction | | ☐ Other | No. Employees — |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft. | 600 | Maintenance Agreement Required: ☐ YES ☒ NO | | ☐ Slab | ☐ Crawl Space |
| Trench Width | 36" | Min. Trench Bottom Depth | 34" Low side | Gravel Depth | — | ☒ GRAVITY ☐ PRESSURE | | ☒ Basement w/ plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Shave down/remove berm/terrace features around drainfield area to promote surface runoff. Drive way

Recommend pumping septic tank every 3-5 years.




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 mos.

Owner / Applicant Signature: Brenda Pokorny Date: 4/28/17 Installed by: Specialty Septic - Jamie O'Daniel

IMPROVEMENT PERMIT by: Evan Shuck Date: 4/3/2017 OPERATION PERMIT by: Kayla Vinton Date: 1-22-19

AUTHORIZATION TO CONSTRUCT by: Evan Shuck Date: 4/3/2018 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED MAR 15 2017

222884
Paid $500.00
Paid $100.00 4/28/17

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

## Application for SEPTIC REPAIR PERMIT

*(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)*

1. **APPLICATION FOR:** ✓ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

Apr 14

2. 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 check ( ) beside whichever is submitted if applicable* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Brenda Pokerny | 17222 Bittersweet Trail Oregon Falls, OH 44023 | 4405438834 | 216 9524603 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| Brenda A Pokerny Family Trust | Same | | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 620 Peterson Farm Road | | |

Driving Directions: Off of Route 3, South of Johnson Dairy Road

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

**IF Non-Residential Site Development:**
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   **To The Best of Your Ability:** ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Brenda A Pokerny — 3/14/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

22088T

# 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, Sally & Robert McCorley, am the legal owner(s) of the property located at 622 Patterson Farm Rd, Mooresville, NC identified as PIN (Parcel Identification Number) 4689511369460000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Brenda & Jim Pokorney, 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.

Robert McCorley
Sally J. McCorley 3/15/17 Meaghan Childs 3/15/17

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

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 222884 |
| Issue Date: 03/15/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4685113696.000 | 620 PATTERSON FARM ROAD, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: MCCARLEY ROBERT M+SALLY L | Applicant: MICHAEL ATHANAS & ASSO |
| Address: 602 PATTERSON FARM RD<br>MOORESVILLE, NC 28115 | Address: 561 ENNIS RD<br>WEDDINGTON, NC 28173 |
| Phone: | Phone: 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 8.000 | 35.00 | 35.00 | 15.00 | 15.00 | BOWC | 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 | 96536 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** **(PRINT CLEARLY)**

**Applicant Name:** ALAN SIMONINI HOMES LLC **Address:** PO BOX 1546 **Zip:** 28031

**Applicant Email:** ADAM@SIMONINI.COM **Phone:** 704.333.8999 **Alt. Phone:**

**Owner Name:** JAMES A & BRENDA R POKORNY **Address:** 17222 BITTERSWEET TRAIL **Zip:** 44023

**Owner Email:** JBPOKORNY@WINDSTREAM.NET **Phone:** 216.952.4663 **Alt. Phone:**

**Property Information:**

**Street Address:** 612 PATTERSON FARM ROAD

**Subdivision Name:** UNK **Section/Phase:** N/A **Lot Number:** UNK

**Driving Directions:** EAST ON E CENTER AVE TOWARD EVERGREEN ST; TURN RIGHT ONTO NC-3 N; TURN LEFT ONTO WILLIFORD ROAD; TURN RIGHT ONTO LINWOOD RD; TURN RIGHT ONTO PATTERSON FARM RD

**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
**Maximum Number of Occupants:** 5
(X) Swimming Pool
( ) Other Addition/Structure:

(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

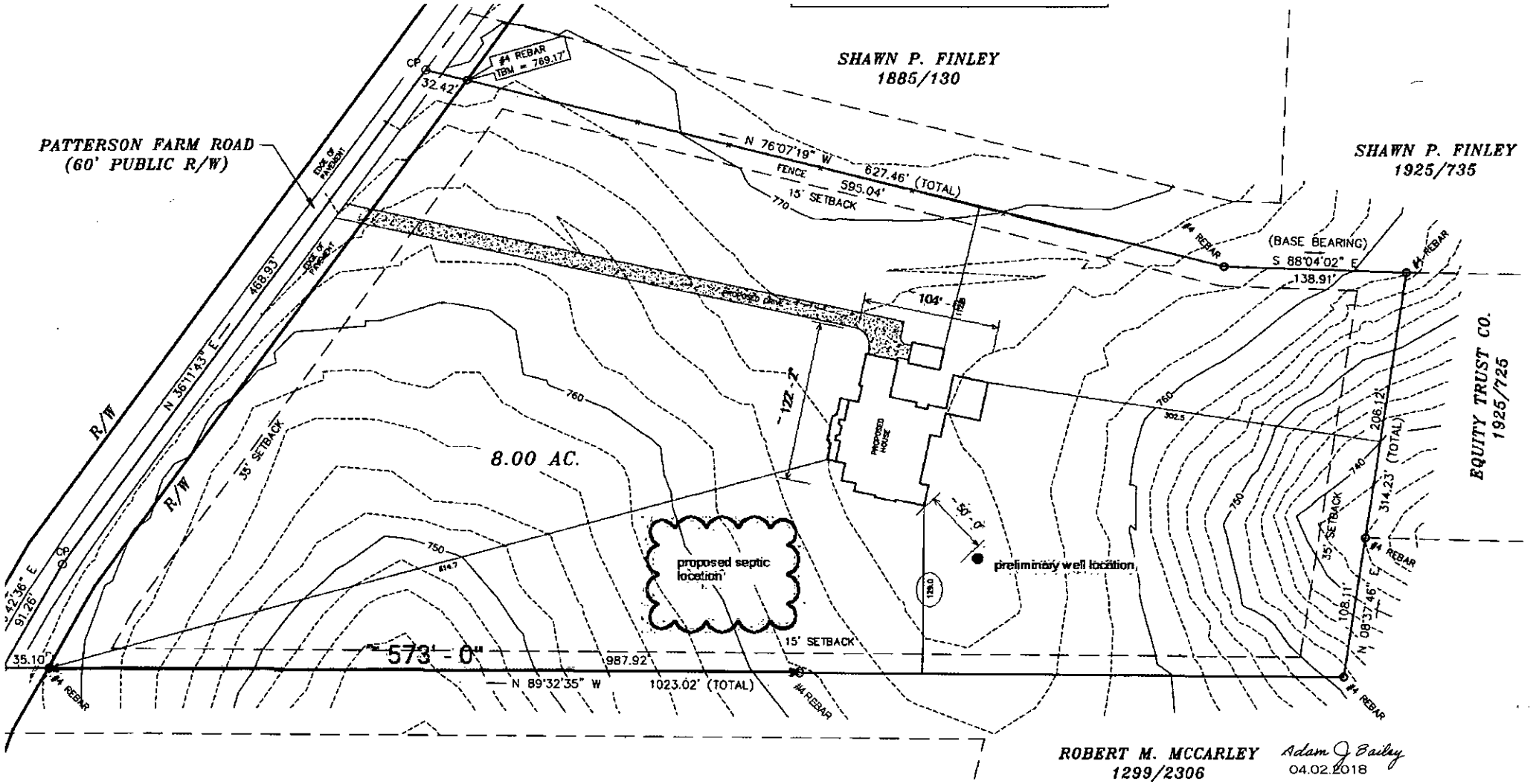
**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

**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:** Adam J Bailey 03.12.2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE




RECEIVED APR 2 - 2019

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# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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*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, BRENDA POKORNY, am the legal owner(s) of the property located at 612 PATTERSON FARM ROAD MOORESVILLE NC, identified as PIN (Parcel Identification Number) 1685113696, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JOHN TAMMARO OR ADAM BAILEY ALAN SIMONINI HOMES, LLC, 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.

| Brenda Pokorny | 3/23/2018 \| 12:55 PM EDT | | |
|---|---|---|---|
| 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

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

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

$L_1 = 4.72$ $L_4 = 6.28$
$L_2 = 5.22$ $L_5 = 6.72$
$L_3 = 5.80$ $L_6 = 7.34$

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Brenda Powley Family Trust
APPLICATION DATE: 3/14/17
ADDRESS: 17222 Bittersweet Trail Cragon Falls, Ohio
DATE EVALUATED: 3/21/17
PROPOSED FACILITY: 5 BR House
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE: 8 acres (open field)
LOCATION OF SITE: 620 Patterson Farm Rd
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

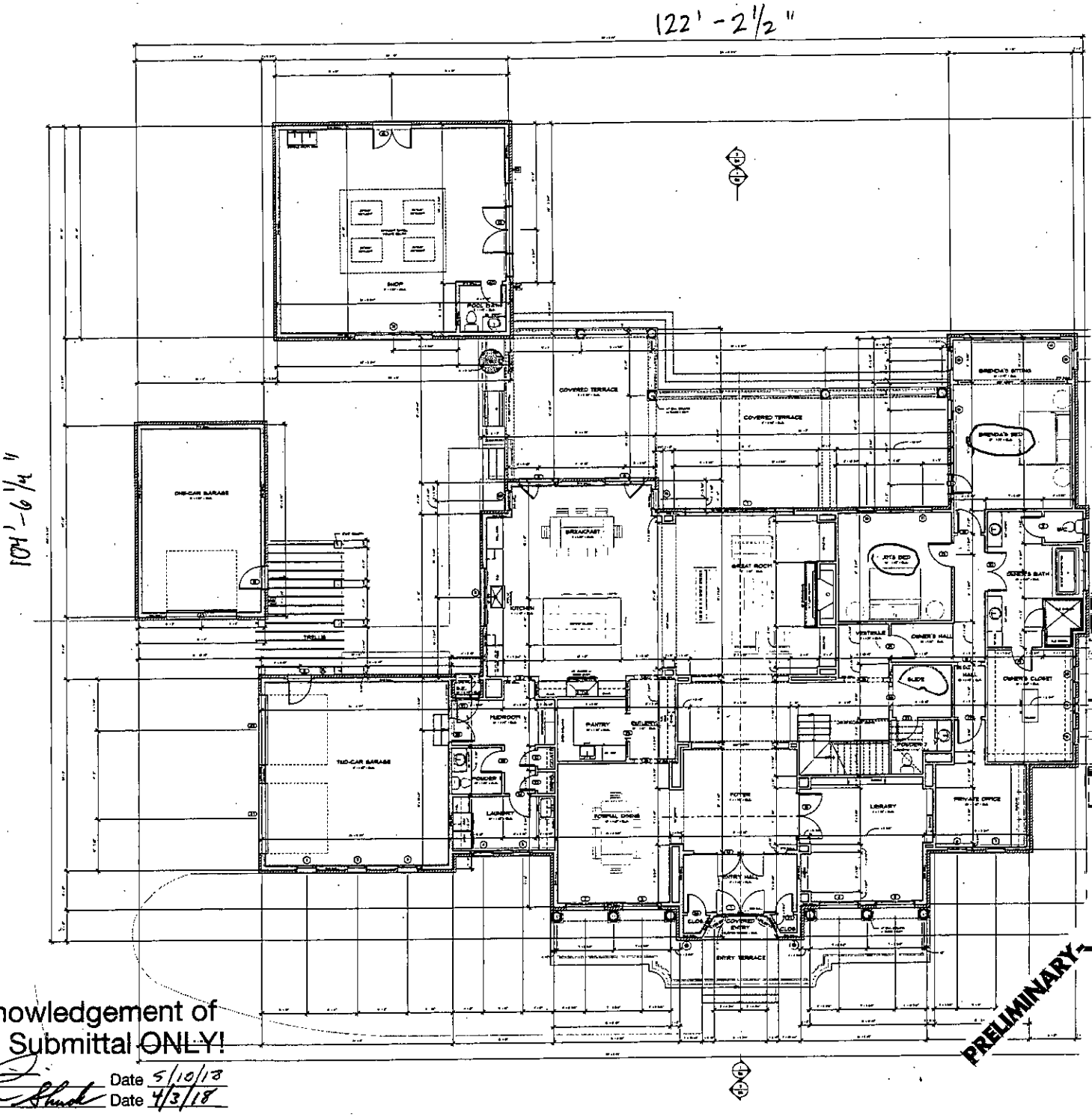
| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 6% Linear Shoulder LSS Big House Header | 0-3 | SCL + gravels V.W.SBK | SL Firm, SS, Sp, Scrp | — | 48 | = | — | 0.250 PS |
| | | 3-36 | Clay M-W SBK/ABK | Firm, Sticky, SS, Sp, Scrp | | | | | |
| | | 36-48 | Clay W.SBK some | SL Firm, SS, Sp, Scrp | | | | | |
| | | | Saprolite Mgnz | | | | | | |
| 2 | Repair 6% LSS Center Above Berm | 0-8 | SCL + gravels V.W.SBK | SL F.m, SS, Sp, Scrp | — | 48 | — | — | 0.25 PS |
| | | 8-33 | Clay W SBK/ABK Trace Mgnz | Firm, Sticky, Sp, Scrp | | | | | |
| | | 33-48 | Clay W.SBK Thin Sm | SL Firm, SS, Sp, Scrp | | | | | |
| | | | Saprolite | | | | | | |
| 3 | Repair 6% LSS Below Berm Header | 0-6 | SCL V.W.SBK | SL Firm, SS, Sp, Scrp | — | 48 | — | — | 0.25 PS |
| | | 6-34 | Clay M-W SBK/ABK | Firm, Sticky, Sp, Scrp | | | | | |
| | | 34-48 | Clay W.SBK some | SL Firm, SS, Sp, Scrp | | | | | |
| | | | Saprolite | | | | | | |
| 4 | Primary 6% Distal/Center Shoulder Slope | 0-5 | SCL V.W.SBK | SL Firm, SS, Sp, Scrp | — | 48 | — | — | 0.275 PS |
| | | 5-40 | Clay W.SBK V.W.ABK Trace Mica | Firm, Sticky, Sp, Scrp | | | | | |
| | | 40-48 | Clay W SBK some Sap | SL Firm, SS, Sp, Scrp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 600+ | 600+ |
| System Type(s) | 25% Reduction | 25% Reduction |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___
* Remove berms/terrace features

COMMENTS:

House
Box
90
129'
110'
Pink
105'
Blue
98'
AH1
15'
15'
15'
14'
15'
16'
565
634
614
(92)
(81)
(65)
(53)
(41)
516
(23)
100'
White
90'
Pink
24'
Blue
AH2
Berm
14'
40'
Terrace
AH3
Driveway
Patterson Farm Rd.
D.C. Tyson Road
200

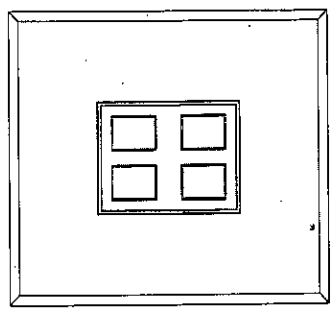


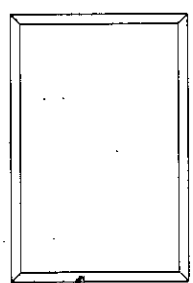

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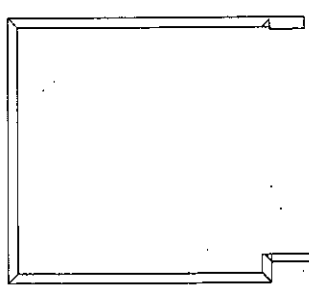
Acknowledgement of
Plans Submittal ~~ONLY~~!

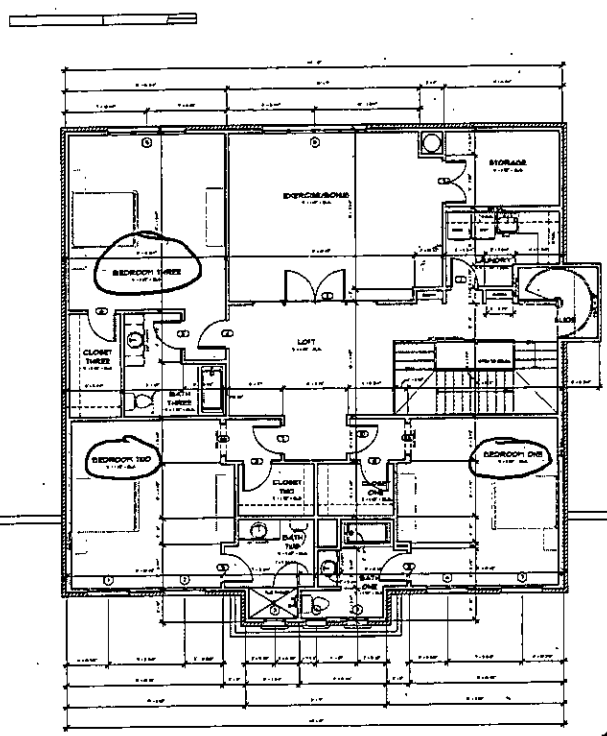
Tom Shuck Date 5/10/18

Date 4/3/18










Acknowledgement of
Plans Submittal ONLY!

Date 5/10/18

Date 4/3/18

PRELIMINARY