IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230261

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

PIN # 4723-26-4525

APPLICANT/OWNER: MICHAEL NAPOLI APPLICANT ADDRESS: 12 CAROLINE DR. ROCHESTER, NY

SITE ADDRESS: 195 SANDTRAP DR. STATESVILLE, NC PHONE: 585-472-3634 ALT. PHONE

SITE DIRECTIONS: BUFFALO SHOALS, OLD AIRPORT, SANDTRAP, ON L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: BRITTAN HILLS SECTION: - LOT # 16 LOT AREA: .6267 AC DESIGN FLOW: 360 L.T.A.R.: .3

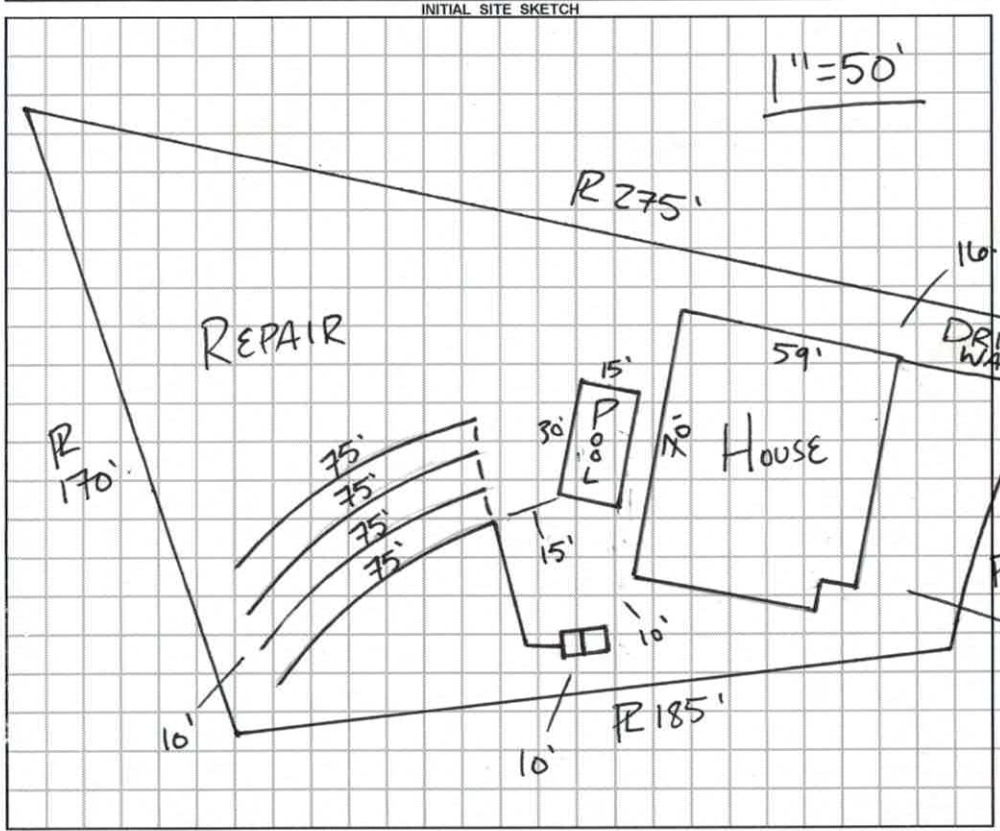
Septic Tank	1000	(gal)	STB	1012	Date	7/31/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% REDUCTION			
Pump Make		Model			Serial #		Repair System Description:	SAME			
# Nitrification Fields	1	# Lines	4@75'		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		24-36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 3 — Water Supply: ☐ Private
☐ Business No. Persons 6 — ☒ Public
☐ Other No. Employees — ☐ Community
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

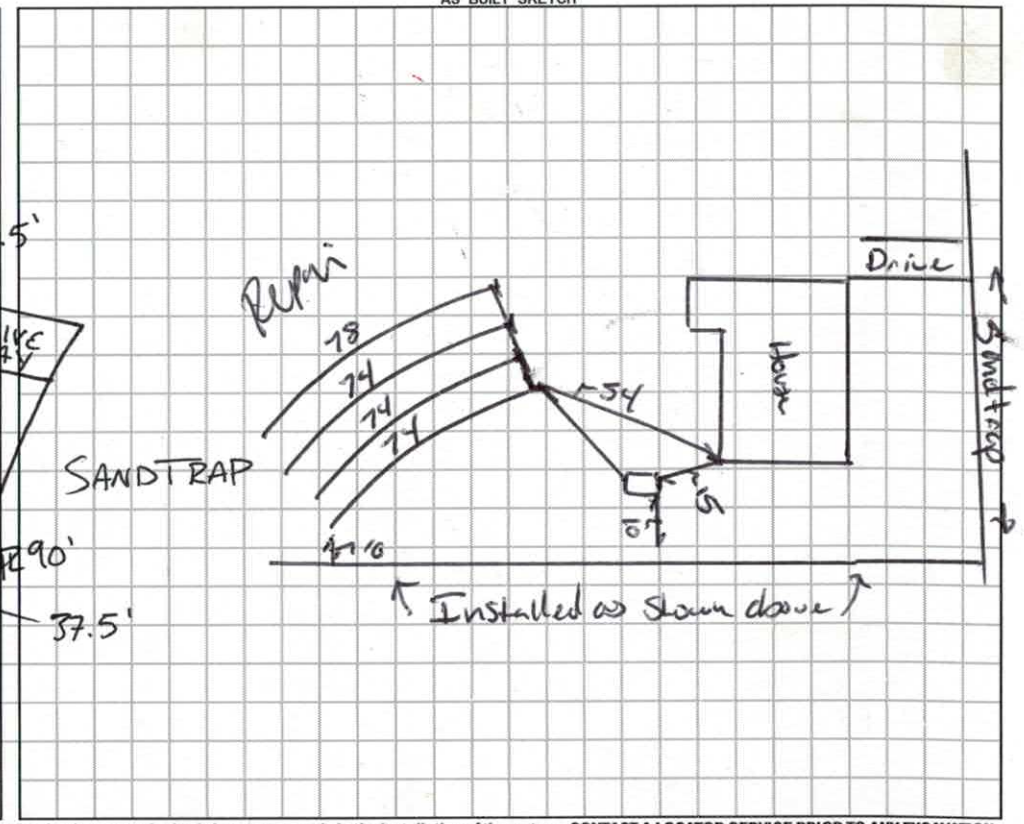
Comments / Conditions:

In Alkatron Quincy Installed.

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: Kelly Lopez Date: 10/3/17 Installed by: Gunter Grading + Septic

IMPROVEMENT PERMIT by: APPROVED Date: SEP 26 2017 OPERATION PERMIT by: Benjamin D Bottoms Date: 11/1/2018

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 26 2017 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection 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 #: _____
COUNTY: _____

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

15'X30' Pool

OWNER: MICHAEL NAPOLI
ADDRESS: _____
APPLICATION DATE: 6-19-17
DATE EVALUATED: 9-25-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: ~.6AC
LOCATION OF SITE: 195 SANDTRAP DR. STATESVILLE
PROPERTY RECORDED: Y

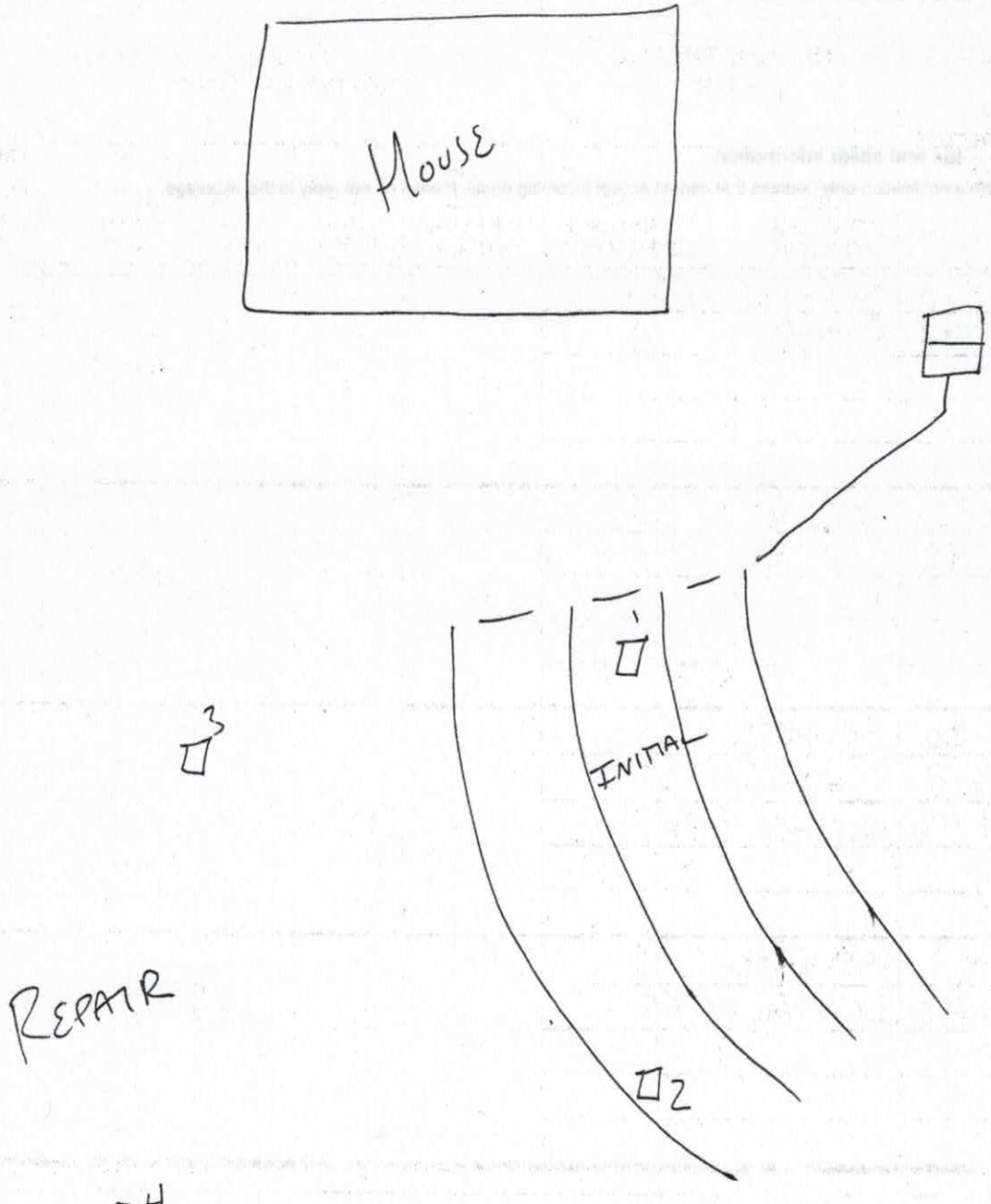
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
PIT 1	~~R~~ L 4%	0-10	SCLMSBK	SS	—	48"	FCW INC @ 38"	48+	.3
		10-48	RCMSBK	SS					
PIT 2	L 5%	0-12	SCLWSBK	SS	—	48"	—	48+	.3
		12-48	RCMSBK	SS					
PIT 3	L 5%	0-20	SCLMSBK	SS	—	48"	—	48+	.3
		20-31	CLMSBK	SS					
		31-48	RCMABK	/SBK SS					
PIT 4	L 5%	0-11	SCLWSBK	SS	—	48"	—	48+	.3
		11-48	RCMSBK	SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: DAVE POPE

COMMENTS: _____


Mouse
1
INITIAL
2
3
REPAIR
4

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 X BOTH ___Existing System Inspection

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 #
Michael Napoli	12 Caroline Drive Rochester NY 14624	585-436-6938	585-472-3634
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael Napoli	12 Caroline Drive Rochester NY 14624	585-436-6938	585-472-3634

4. **Property Information:**

195 (Lot 16) Sandtrap Dr (Street Address) | Brittian Hills (Subdivision Name) | Lot 16 (Section/Phase and Lot Number)

Driving Directions: Hwy 40 west to Garner Bagnel Blvd go South Garner Bagnel to Buffalo Shoals turn right, Buffalo Shoals to old Airport turn right, old airport to Sandtrap turn left, lot on left

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

(✓) 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 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water West Iredell

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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

9. **Signature:** Michael CNapoli — 6/19/17

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

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, MICHAEL NAPOLI, ANDREA NAPOLI, am the legal owner(s) of the property located at 195 SANDTRAP DR STATESVILLE, N.C., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) F. DAVID POPE III, 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.

Michael C Napoli 9/8/17 — Signature of Owner(s) — Date

[signature] 9/8/17 — 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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: ***proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

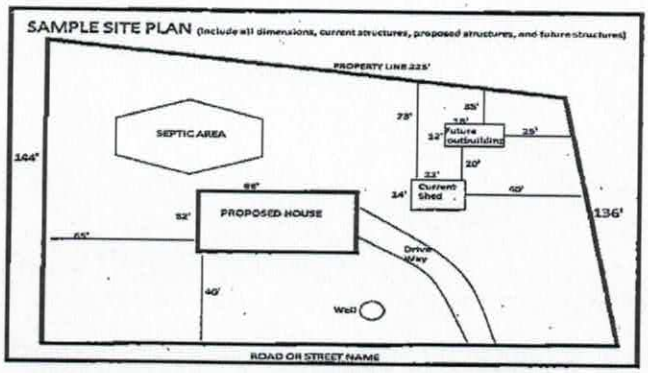
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

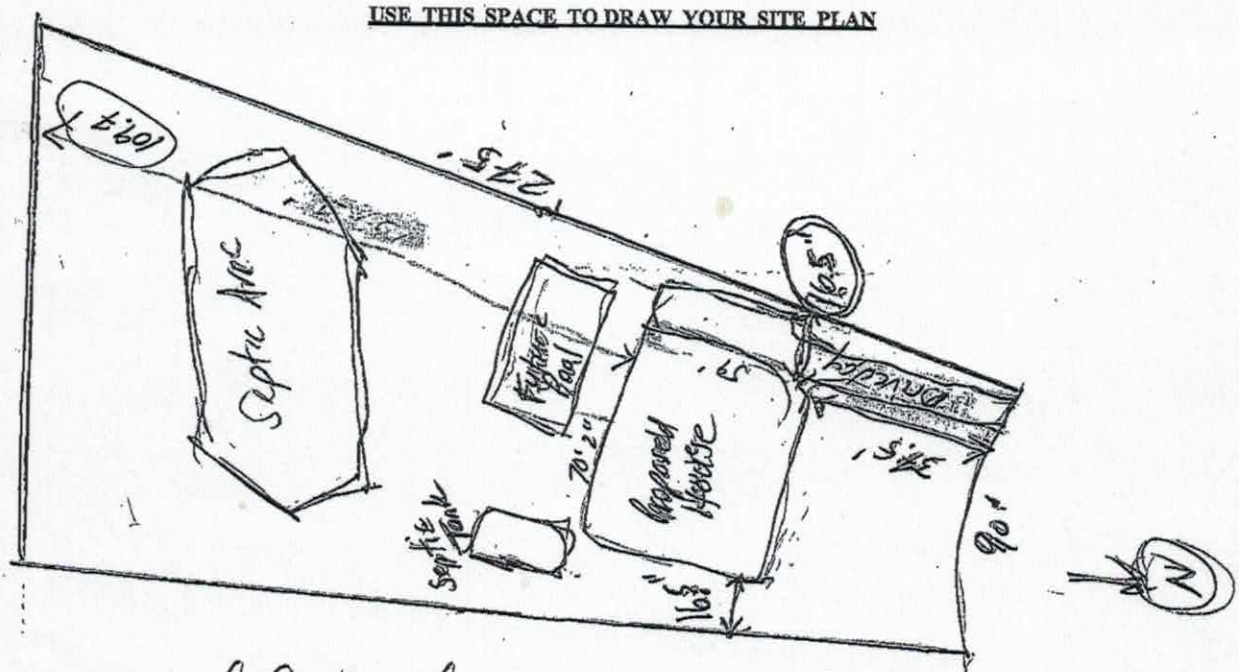
Circle N/A on the following if appropriate:

_____ 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



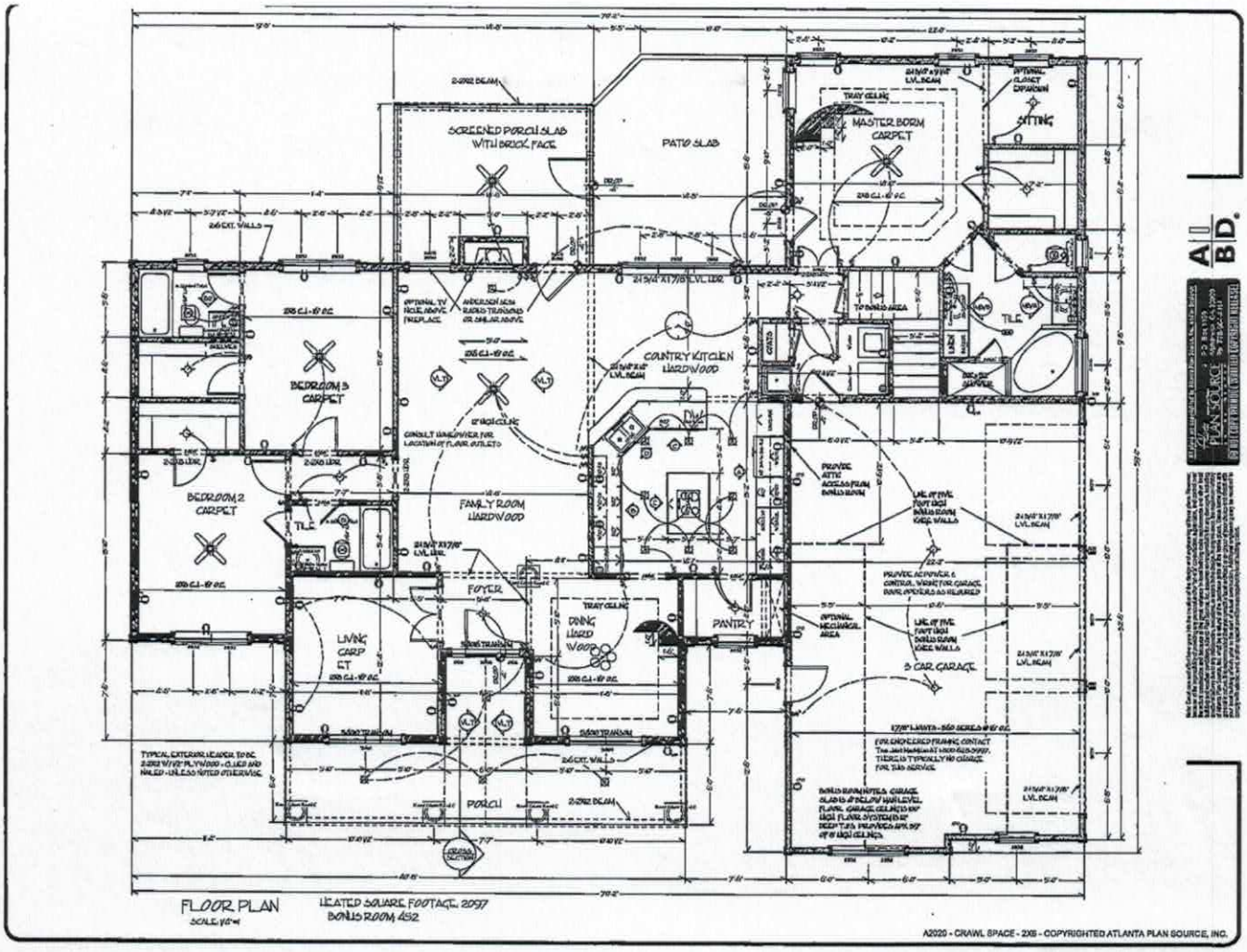
Signature: Michael C Napoli

REQUIRED **property owner or owner's legal representative signature.**

6/19/17
DATE

S:Shared\EH_Admin\OSWW\ Application for New or Existing System

185'
16.5'
90'
84.5'
Septic Tank
Septic Field
Pool
76.5'
27.8'
Septic Field
275'
140'



Acknowledgement Of
Plans Submittal ONLY!

_____ Date APPROVED SEP 26 2017

Kelly Pope Date 10/3/17

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	195 SANDTRAP DRIVE	Permit Number	230261
Owner	NAPOLI, MICHAEL C.	Tax Map	4723264525.000
Owner Addr.	12 CAROLINA DR	Zoning	R-20
	ROCHESTER, NY 14624	Flood Hazard Area	
Phone No.	- -	Historic District	
Contractor	NAPOLI, MICHAEL C.	Architect	
Address	12 CAROLINA DR	Address	
	ROCHESTER, NY 14624		
Phone No.	- -	Phone No.	

Type of Application NEW SINGLE FAMILY - STATESVILL

Utility Source

Electric
Water
Sewer

Required Information

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

	Lot Dimensions		Required Parking	Setbacks	
	Structure Size & Location		Landscaping	35.00	Front Yard
	Easements		Utility Clearance	35.00	Rear Yard
	Flood Certification		TRC Review	12.00	Right Yard
	Driveway Cuts		Other	12.00	Left Yard

Department Approval

Planning Department CR 9/14/17 Public Works

Comments

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 and 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.

X Edward Napoli
Applicant Signature

09/14/2017
Date

123604