SW

File/Permit #: OSWP-2024-50485

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☑ Local Health Department ☐ AOWE ☐ Certified Inspector

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☑ Construction Authorization/Notice of Intent to Construct
[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: MICHAEL MACCARINO
Mailing Address: 248 FRIENDSHIP ROAD
City: STATESVILLE
State: N.C. Zip: 28625
Phone #: 717-847-3627
Email: MICMERCI@YAHOO.COM

Owner: MICHAEL MACCARINO
Mailing Address: 248 FRIENDSHIP ROAD
City: STATESVILLE
State: N.C. Zip: 28625
Phone #: 717-847-3627
Email: MICMERCI@YAHOO.COM

PIN/Lot Identifier: 4749-55-9952 & 4749-65-2625
Property Location/Address: 248 & 250 FRIENDSHIP ROAD, STATESVILLE, N.C. 28625 (Michael F maccarino + Mercedes maccariono Lot # 1 & 2)

Facility Type: ☐ House/Modular ☑ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: OSWP-2024-50485 Design Daily Flow: 360 GPD GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other: _____

Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Proposed Property Improvement: ADDING ADDITIONAL HOUSE

All of the following must be checked for approval:

***For Reconnections:**
- ☐ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☐ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☐ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☐ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☐ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☑ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION
SEE ATTACHED EASEMENT AGREEMENT, SYSTEM IS SHARED

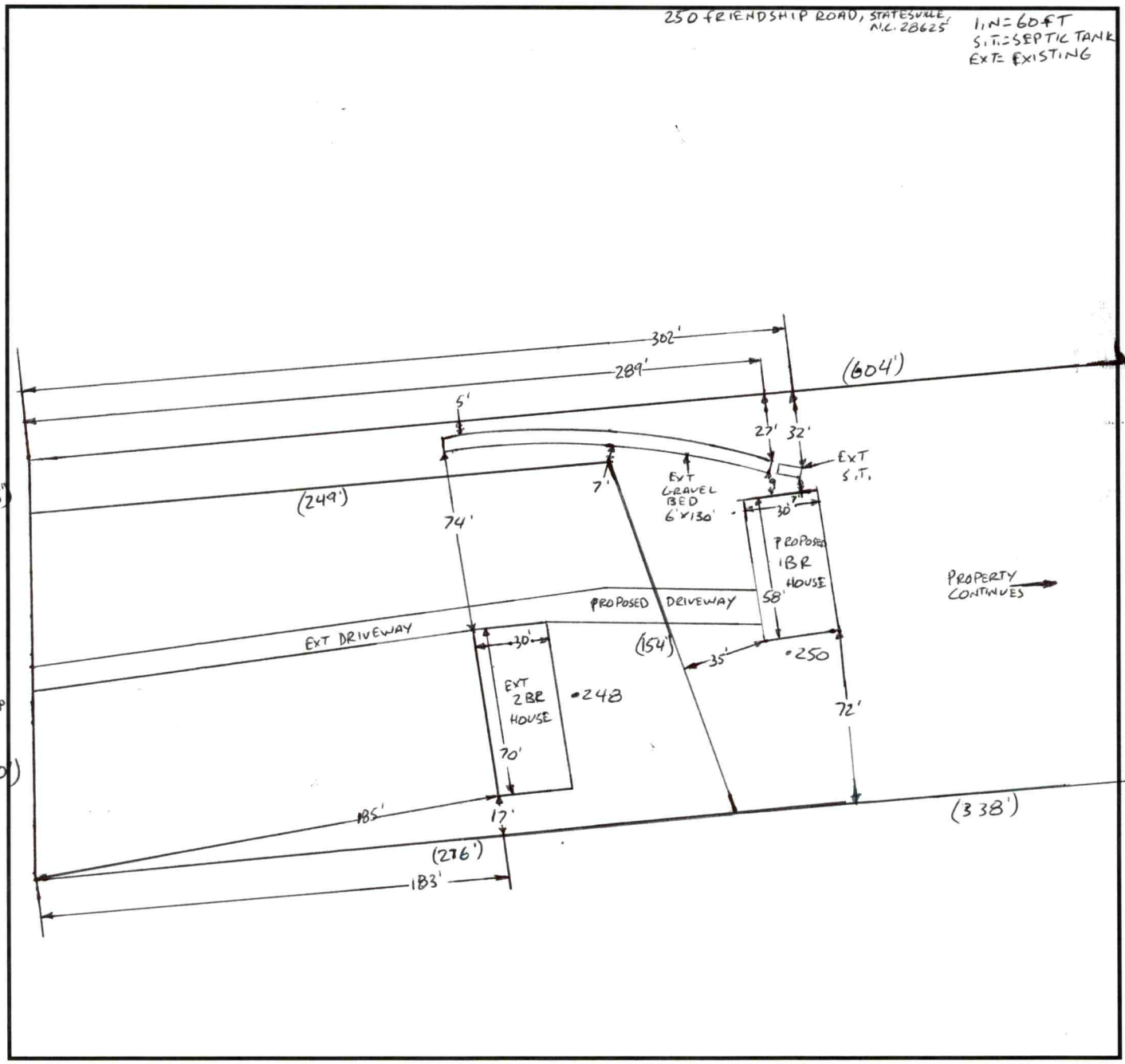
Inspector's Printed Name: BRYANT C. WHITE Inspector Certification #: 2751
Inspector's Signature: Bryant C. White Date: 5-30-2024

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP-2024-50485 PIN/Lot Identifier: 4749-55-9952 + 4749-65-2925

Owner: MICHAEL MACCARINO Property Location/Address: 248 FRIENDSHIP ROAD, STATESVILLE, N.C. 28625



Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

Type: CONSOLIDATED REAL PROPERTY
Recorded: 5/28/2024 12:55:09 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Renee L. Holland Register of Deeds

BK 3063 PG 1754 - 1756

Prepared by and Return to: McNaught & Clements, PLLC
19721 Bethel Church Road, Suite 101-A
Cornelius, NC 28031

SEPTIC SYSTEM REPAIR AREA EASEMENT AGREEMENT

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

THIS DECLARATION and Grant of Septic Easement Area, EASEMENT is made this 23 day of May, 2024, by **Michael F. Maccarino and spouse Mercedes Maccarino** herein after referred to as "Declarant",

WITNESSETH:

WHEREAS, Declarant is the record title owner of Lots 1 and 2 of the Michael F. Maccarino and Mercedes Maccarino Minor Subdivision recorded in Plat Book 82 Page 124; and

WHEREAS, the Declarant would like to establish a new septic easement on Lot 2 for the benefit of Lot 1; and

NOW THEREFORE, for a valuable consideration of which the Declarant hereby acknowledges, the Declarant hereby declares that the record owner of Lot 2 shall hereby give, grant and convey unto record owner of Lot 1, their heirs, successors and assigns, a perpetual easement and permanent easement, including ingress, egress, and regress, system installation, operation, maintenance, monitoring, and repairs and any other activity required to remain in compliance with 15A NCAC 18E .301(c)(4), including that the easement, right of way, or encroachment remain free of structures, landscaping, or any other activities that would interfere with the use of the easement or encroachment for its intended purpose (as long as the system is required for lot 1) for the septic/septic repair area, in accordance with the marked septic easement designated on Lot 2 as shown in Plat Book 82 at Page 124 in the Iredell County Register of Deeds and attached as Exhibit A.

The Declarant agrees for themselves and their heirs, successors and assigns not to molest, disturb or in any manner interfere with the record owner of Lot 2 with regards to clearing, laying, constructing, reconstructing, using, repairing, replacing or maintaining the septic repair area and appurtenances thereto.

The Declarant, her heirs, successors and assigns of Lot 2 of the Minor Subdivision of Michael F. Maccarino and Mercedes Maccarino (Plat Book 82, Page 124) shall keep the easement described here in such condition, at all times that the same is in effect, such that the record title owner of Lot 1 does not impede the ingress, egress and or obstruction and Lot 2 owners agree not to construct a drive or drive over easement area.

The Declarant, their heirs, successors and assigns of Lot 1 shall perform customary and usual restoration of the septic repair area by landscaping; such landscaping to include rough and find grading, topsoil if required, fertilizer, lime, seeding and mulching to create reasonable grass covering the area.

This easement and conditions are appurtenant to and shall run with the land of Declarant, their heirs, successors and assigns.

TO HAVE AND TO HOLD, said easements created herein for the Declarant, their successors and assigns forever for the uses and purposes herein described.

AND the Declarant for themselves and their heirs, successors and assigns hereby covenant that they are seized of said premises in fee simple, that they solely have the right to grant this easement and that they will forever defend the same against the lawful

IN WITNESS THEREOF, the parties of the first part and the parties of the second part have hereunto set it's hand and seal, this the 23 day of May 2024.

SIGNATURE PAGE TO FOLLOW

Declarant:

x _____
Michael F. Maccarino

x _____
Mercedes Maccarino

STATE OF North Carolina

COUNTY OF

I, a Notary Public of the County and State aforesaid, certify that **Michael F. Maccarino and Mercedes Maccarino** personally came before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this 23rd day of May 2024.



_____
Notary Public

My Commission Expires: 01/23/2028


4749-56-5396
200
4749-66-3298
576
4749-56-5076
258
4749-66-1019
157
604
25
130
Ext st outlet
Ext st inlet
249
250
4749-65-2925
Friendship Rd
PB 82-124
150
4749-55-9952
Ext house
New house
248
219
219
219
4749-65-1714
240
4749-55-9703
113
200
200
200
4749-65-372
1 in = 60 ft

PERMIT SNAPSHOT REPORT OSWP-2024-50485 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/03/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: 250 Friendship Rd - permit to alter existing septic to run lines to new proposed dwelling on the parcel. Site visit 4/8/24, site is ready -BM

Parcel: 4749651913.000 Main	**Address:** 248 Friendship Rd Statesville, NC 28625 250 Friendship Rd Main Statesville, NC 28625	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Michael F Maccarino	Michael F Maccarino
248 Friendship Rd	248 Friendship Rd
Statesville, NC 28625	Statesville, NC 28625

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Septic Application/Permit Type	Existing System Inspection, Limited Re-Layout	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	26'x48'
What are the proposed structures	New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	2
If other Addition/Structure, please explain		Number of Occupants	1	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Number of Employees	0	Water Supply	Municipal Water
Desired Septic System Type	Conventional (most common)	Has this project been approved by TRC	No	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	REQUIREMENTS FOR AL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding,		wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.	Additional Unique Setbacks Apply	No

PERMIT SNAPSHOT REPORT (OSWP-2024-50485)

Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Michael_Maccarino_4/3/2024.jpg	04/03/2024 12:17	Maccarino, Michael		Uploaded via CSS
250 friendship0001_v1.pdf	04/03/2024 13:22	Maccarino, Michael	Available Online	
250 friendship sketch0001_v1.pdf	04/03/2024 14:28	Maccarino, Michael	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-204294	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/09/2024	04/08/2024 0:00	04/08/2024 0:00	04/09/2024 8:09	04/09/2024 8:09

Inspectors: Moore, Bradley (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. APPLICANT WANTS TO USE HIS SEPTIC THAT IS LOCATED (250 FRIENDSHIP TO BE CONNECTED TO THE FUTURE SW TI WILL BE ADDED FOR HIS MOTHER.	Barbara Nebel	04/03/2024 13:23

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00029120	Iredell Zoning Tech Fee	$2.25	$2.25
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00029120	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/03/2024 13:23	04/03/2024 13:23
Confirm application complete v.1	Generic Action		04/03/2024 13:23
Fees v.1		04/04/2024 8:38	04/04/2024 8:38
Issue Invoice v.1	Generic Action		04/04/2024 8:38
Fees Paid v.1	Generic Action		04/04/2024 8:38
Zoning Review v.1		04/03/2024 14:48	04/04/2024 11:46
~~Floodplain Admin Overview v.1~~	Task		04/03/2024 14:49
Iredell County Zoning Approval v.1	Task	04/03/2024 14:48	04/04/2024 11:46
Issue Invoice v.1	Generic Action		04/03/2024 14:50
Fees Paid v.1	Generic Action		04/04/2024 8:38
Lot Readiness Verification v.1		04/09/2024 8:09	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/09/2024 8:09	04/09/2024 8:09
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. D68580 DATE 8-8-97 TAX MAP NO. 4749651903 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Michael Wright PHONE: Business _____ Home 876-1436

ADDRESS 243 Friendship Rd Statesville NC

LOCATION ~~0.2~~ 0.21 N TL Jennings Rd TL Friendship ~~RD~~ D/W on (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 (Exist) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 250

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

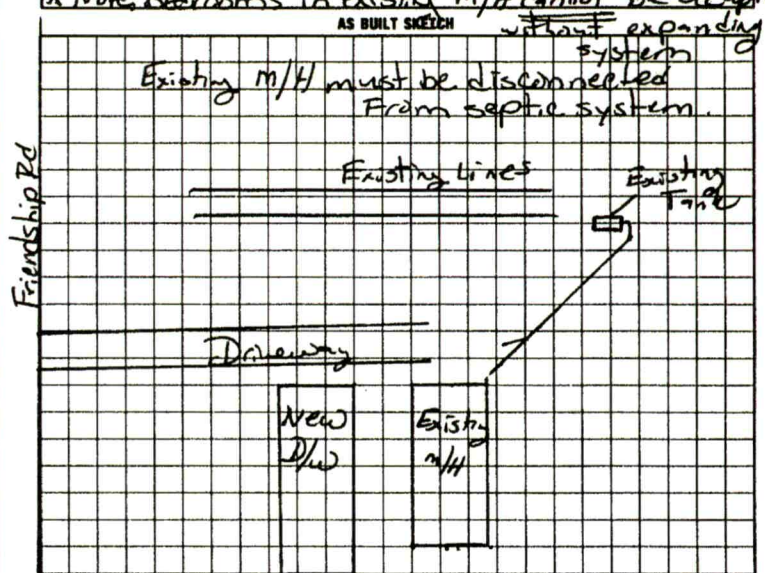
Comments:

Comments: Existing System check

~~*~~ Note: Bedrooms in existing m/H cannot be occupied ~~without~~ without expanding system

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: MAC Out RS date 8-8-97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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*) _____

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

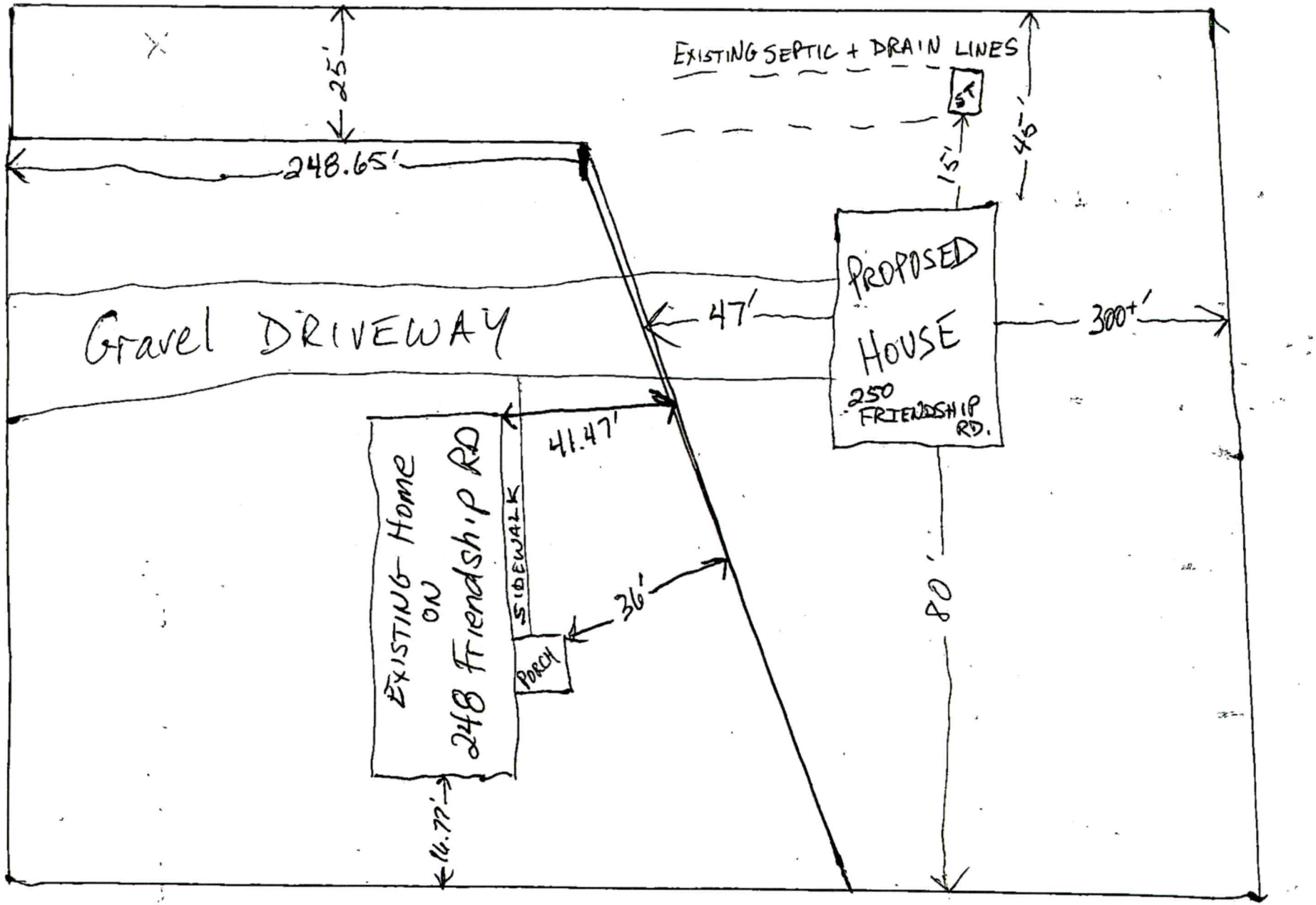
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
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


25'
248.65'
EXISTING SEPTIC + DRAIN LINES
5'
15'
45'
PROPOSED HOUSE
250 FRIENDSHIP RD.
Gravel DRIVEWAY
47'
300+'
41.47'
EXISTING Home ON 248 Friendship RD
SIDEWALK
36'
PORCH
80'
14.77'