IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221981

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

PIN # 4756-68-1188

APPLICANT/OWNER: Claudia Petrovich APPLICANT ADDRESS: 256 Wayside Rd. Statesville, NC

SITE ADDRESS: 123 Morning Dove Lane Statesville 28625 PHONE: 704-622-8516 ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Statesville → R on Jane Sowers Rd → L on Baymount Dr → R on Morning Dove → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Baymount Meadows SECTION: — LOT # 142 LOT AREA: 0.92 DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

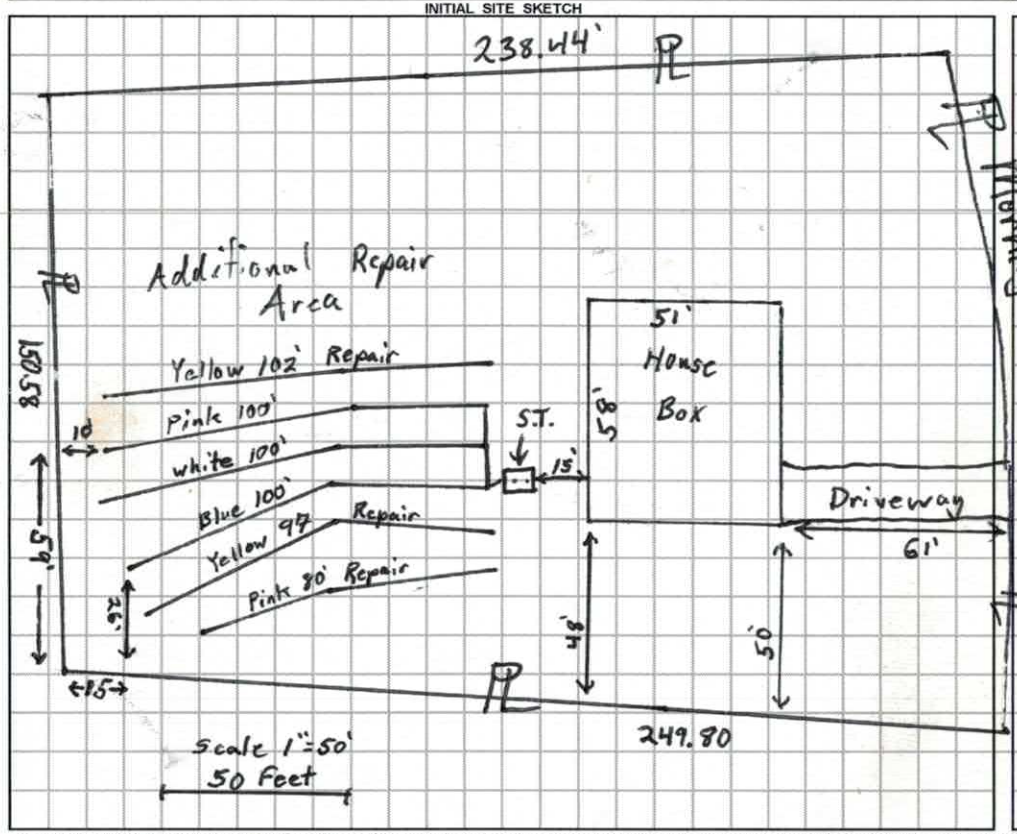
Septic Tank	1000	(gal)	STB	750	Date	2-27-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction (PPBPS)			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		32"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

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

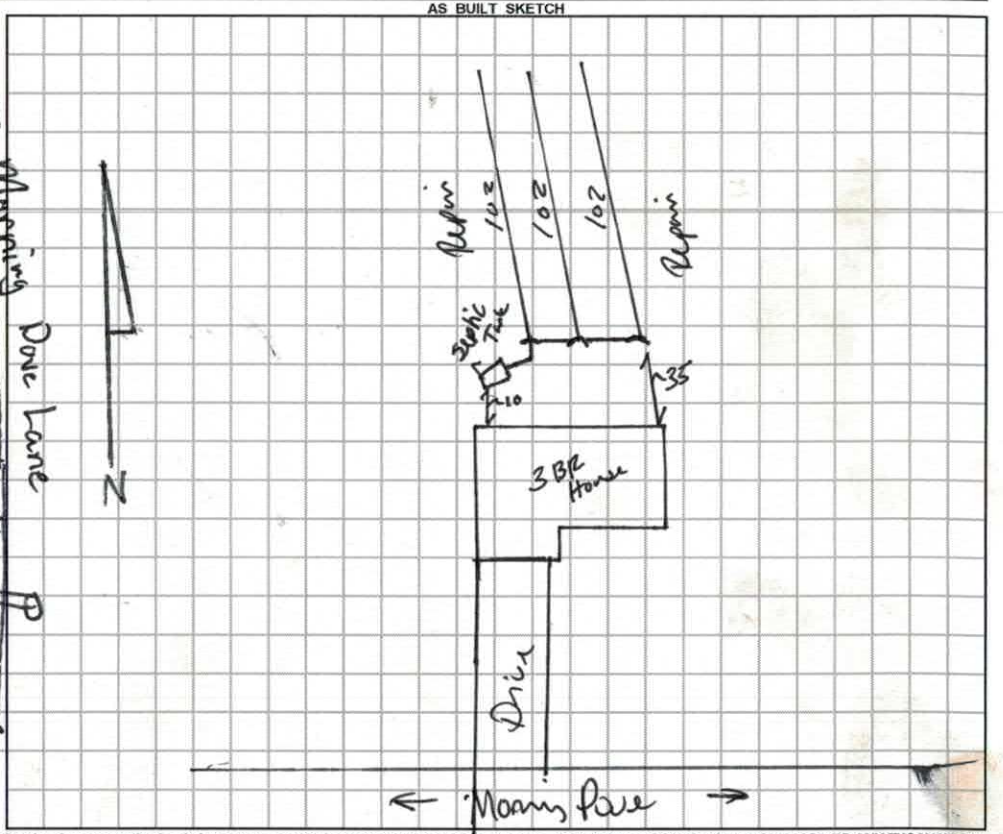
Comments / Conditions: Recommend pumping septic tank every 3-5 years. See soil notes from previous approval dated 10/13/2016.

Quick 4 - Inbitector 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: Claudia Date: 11/9/2017 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/2/2017 OPERATION PERMIT by: Benjamin H Bolin Date: 4/25/2019

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/2/2017 Existing System Inspected by: Date:

Approved
10-13-16

S.R. 2264

Top of Hydrant

Tie Line : N 29°54'38" E 79.64'

Lot 143 Plat Book 23 page 104A
Mariusez Scierczewski
d.b. 1999-118

CH S 12°38'08" E
CH 12.32'
L-12.32'
R-1124.23'

NIP 1/2" REBAR

CMP PIPE

Tie Line N T.S.

Lot 19 (unrecorded)
d.b. 728 - 108

Wood Fence

N 84°54'56" E 238.44'

Drainage Swale along Lot line

R/W PT

NIP 1/2" REBAR

Morning Dove Lane

EIP 1/2" pipe

S 13°12'49" E 14.62'

RESTRICTIVE COVENANTS RECORDED IN DEED BOOK :
D.B. 840 PG 886, 544 PG. 550, 599 PG. 913
888 PG 1960, P.B. 23 PAGE 104 ~~104B~~

R/W - p.b. 23-104a

P5

Additional Repair ⑥ Area

Lot 143 Plat Book 23 page 104A

40,690 SQ FT.
0.934 Acres

47'

62'

L = 151.86'
R = 600.00
ch S 05°57'51" E
ch 151.45'

S 01°33'26" E 525.82'

W

"T" in Water Valve

Lot 20 (unrecorded)

N 03°37'54" W 150.58'

Y6 - 102'
P5 - 100'
W4 - 100'
B3 - 100'
P2 - 97'
P1 - 80'

P4
P3
P2
P1

Minimum Building Setbacks as per Restrictions (D.B. 840 PAGE 886)
35' FRONT
15' SIDE

Minimum Building Setbacks as per PLAT BOOK 23 PG. 104
35' FRONT
15' SIDE
35' REAR

63'

DRIVE

50'

Public 50' R/W

R/W - p.b. 23-104a

Kim Yoon Whan
d.b. 1112-1338
d.b. 767 - 375

Mag Nail set @ base of leaning Conc. Monument

N 88°44'44" W 249.80'

EIP 1/2" REBAR

Tele Red

Power Transf.

Scale 1"=40'

CONTRACTOR TO FIELD VERIFY ALL EXISTING UTILITIES, LOCATIONS AND ELEVATIONS BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES FOUND SHALL BE REPORTED IMMEDIATELY

(3) DAYS BEFORE DIGGING IN NORTH CAROLINA CALL:
1 800 632 4949

Lot 22 (unrecorded)
Gary Robinson
d.b. 2322 - 1048
d.b. 797 - 10

Lot 23 (unrecorded)
Gary Robinson
d.b. 2322 - 1046
d.b. 828 - 108

BOUNDARY AND LOCATION SURVEY O

" DONNA KA

Being all of Lot 142 of " BAYMOUNT MEADOWS " - Stone House
Deed Book ref : 890 page 1593, 826 page 747, & 59

BETHANY TOWNSHIP IREDELL COUNTY, NORTH
Scale : 1" = 30' Drawn By : D.L.R.
Date : 9-10-2016 Field Book : No. #

DARRIN L. REID
Surveying and Plannir
2729 GETTYSBURG PLACE
CLAREMONT, N.C. 28610
(828) 459-9699

CERTIFICATE OF SURV

I, Darrin L. Reid, certify that
from an actual survey made
recorded in D.B. 890 PAGE 1
boundaries not surveyed are
from information found in P.
that the ratio of precision a
that this plat was prepared
and Minimum Standards of L.
Witness my original signatur
this the 10TH day of SEPTE

LICENSE Number : L 3765

0' 15'

GRAPHIC

site
Morning Dove Ln
Baymount Dr.
Jan
Dellinger Dr.

VICINITY MAP - NOT

Plat Book 23 pg. 104A

- NOTES ;
- THERE ARE NO KNOWN K.L
WITHIN 2000' OF THIS SITE, I
- ALL MEASUREMENTS ARE H
- AREAS CALCULATED USING
- THIS PROPERTY LIES WITHI
IS SUBJECT TO ITS APPLICAB
THIS PLAT REPRESENTS A BO
IT DOES NOT CREATE ANY NE

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Donna Scott
ADDRESS: 2 Mary Scott Pl. Greensboro
APPLICATION DATE 9-21-16
DATE EVALUATED: 10-6-16
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.934 acres
LOCATION OF SITE: 123 Morning Dove Lane
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 8%	0-26	Clay ABK(s) or Ap?	Sl. Firm, SS, Sp, Sexp	—	63"	—	—	0.3 PS
		26-34	Clay + mica w. SBK	Firm, SS, Sp, Sexp					
		34-63	Clay Loam + mica w/SBK	Sl. Friable, SS, Sp, Sexp					
2	LSS 10%	0-18	R. Clay ABK(s)	Firm, SS, Sp, Sexp	Sandy Loam 2.5Y 6/1+5/1 [Lithochromic] —	37"	—	—	0.3 PS
		18-37	Clay + Sandy Loam w/SBK + granular	Firm + Sandy/Friable, SS, Sp, Sexp					
		37-62	Loamy MA Saprolite	Friable, [illegible] moderately Drained					
3	LSS 10%	0-14	m/strong ABK R. clay	Firm plastic, SS, Sp, Sexp	Sandy Loam 2.5Y 6/1+5/1 [Lithochromic] —	36"	—	—	0.3 [saprolite] PS
		14-36	SBK Clay + Sandy Loam	Sl. Firm + Granular, SS, Sp, Sexp					
		36-62	Loamy MA Saprolite	medium/ very Friable + Drained					
4	LSS 12%	0-20	R. Clay M ABK	Sl. Firm, SS, Sp, Sexp	—	32"	—	—	0.3 PS
		20-32	Clay Loam/mica w. SBK	Sl. Friable, SS, Sp, Sexp					
		32-62	Loamy Saprolite MA	Friable & Moderately Drained					

1) Roots Low Chroma 2) Distinctiveness 3) Topography 4) Textural Difference

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	297
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Gary McNealy [MA+A]

COMMENTS: locations OK measures OK

5
4
3
2
1
RA

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

PROPERTY ID #: 4756681188
COUNTY: Iredell

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

OWNER: Donna Kay Scott
APPLICATION DATE
ADDRESS: 2 Mary Scott Pl., Greensboro, NC 27410
DATE EVALUATED:
PROPOSED FACILITY: 3 bdrm
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.92 AC
LOCATION OF SITE: 123 Morning Dove Ln, Baymount Meadows Lot 142
PROPERTY RECORDED:

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)		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	
1	LS 9%	0-26	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		26-48	R CL WSBK	FR SS SP SEXP					
2	LS 9%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SEXP					
3	LS 9%	0-34	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		34-48	R CL WSBK	FR SS SP SEXP					
4	LS 9%	0-36	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		36-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	837 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: Approved 10-13-16

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4756681188_
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	
5	LS 9%	0-26	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		26-48	R CL WSBK	FR SS SP SEXP					
6	LS 9%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R C WSBK	FR SS SP SEXP					
PIT 1	LS 9%	0-32	R C SBK	FR SS SP SEXP	N/A	56"	N/A	N/A	PS 0.3
		32-56	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 9%	0-32	R C SBK	FR SS SP SEXP	Lithochromic Colors	32"	Few SAP PS	N/A	PS 0.3
		32-60	L SAP M	FR SS SP SEXP					
PIT 3	LS 9%	0-32	R C SBK	FR SS SP SEXP	N/A	64"	N/A	N/A	PS 0.3
		32-64	R CL WSBK	FR SS SP SEXP					

COMMENTS:_____

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: Claudia Petrovich Address: 256 wayside rd statesville Zip: 28677
Applicant Email: DivaFloors@yahoo.com Phone: 704-622-8516 Alt. Phone: 828-302-4097
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 123 Morning Dove Ln Statesville
Subdivision Name: Baymeary Meadows Section/Phase: _____ Lot Number: 142
Driving Directions: Hwy 40 ext Hwy 64 L on Old Mocksville Rd
L on Jane Sowers Rd - R on Baymeary Dr - Morning Dove Ln

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

(✓) 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
Maximum Number of Occupants: 6
( ) 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

(✓) 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: _____
( ) 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 (✓) 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: _____ 04/10/2014
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, Claudia Petrovich, am the legal owner(s) of the property located at 127 Misty Dove Ln Statesville NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Elisai Ou, _____, 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 12/10/2021

Signature of Witness — Date Oct 10/2021

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

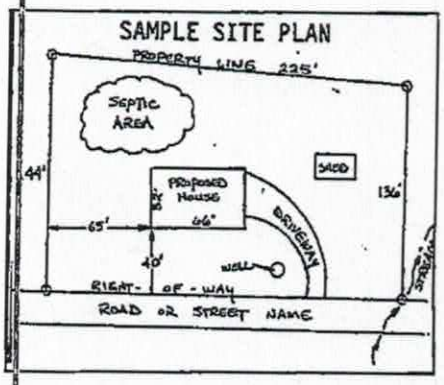
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

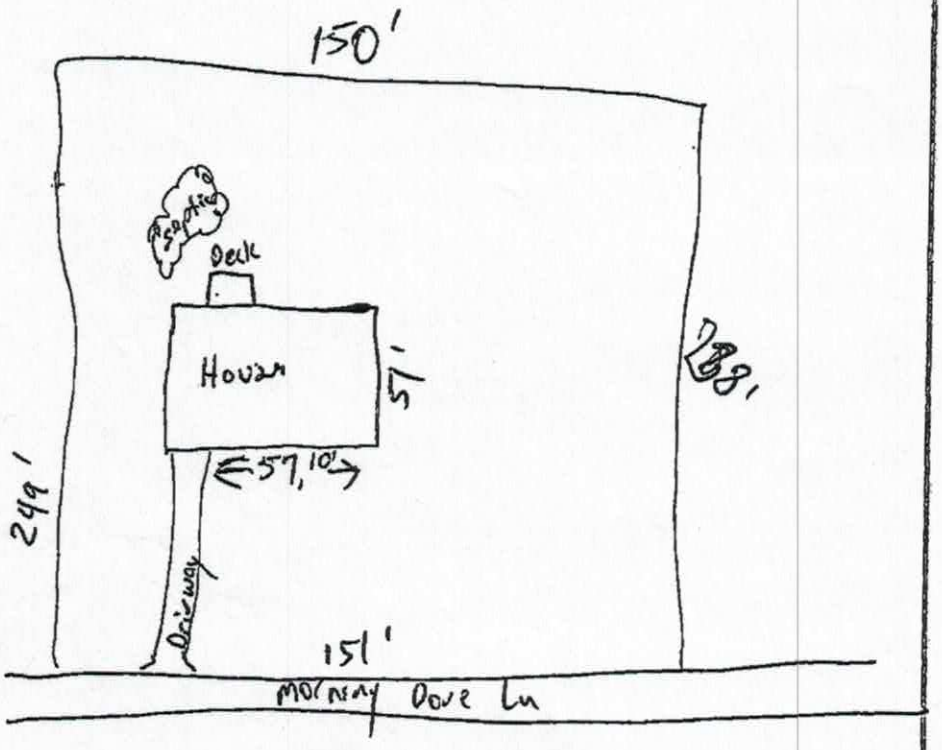


Circle N/A on the following if appropriate:

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)

Oct/ 10/ 2019

DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 11-9-2011

Date 11/2/12

Downstairs

123 Morning Dove Ln

Acknowledgement Of
Plans Submittal ONLY!

Date 11-9-2017

Date 11/2/17

IREDELL COUNTY

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

APPLICATION NUMBER
221981
Issue Date: 09/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4756681188.000	123 MORNING DOVE LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SCOTT DONNA KAY	Applicant: SCOTT DONNA KAY
Address: 2 MARY SCOTT PL STATESVILLE, NC 27410	Address: 2 MARY SCOTT PL STATESVILLE, NC 27410
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.920	35.00	35.00	15.00	15.00	NOT	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	81189	TOTAL FEES:	$ 77.25