Site Address: 772 Sharon School Rd - Stat. 25255

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~13564~~ 23255 PIN# 3783-99-0647 704-880-6620 DATE 06/06/2006

OWNER OR APPLICANT MOOREFIELD BUILDERS INC. (JOHN) PHONE: Business 704-880-6603 Home 704-873-7885

ADDRESS 1516 MOCKSVILLE HWY STATESVILLE, NC

LOCATION I-40 WEST, (R) SHARON SCHOOL RD., N1 MILE + ON RIGHT.

SUBDIVISION SHARON TRACE BLOCK / SECTION I LOT 3 LOT AREA 0.504 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 8/21/17

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: GRAVITY, 25% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

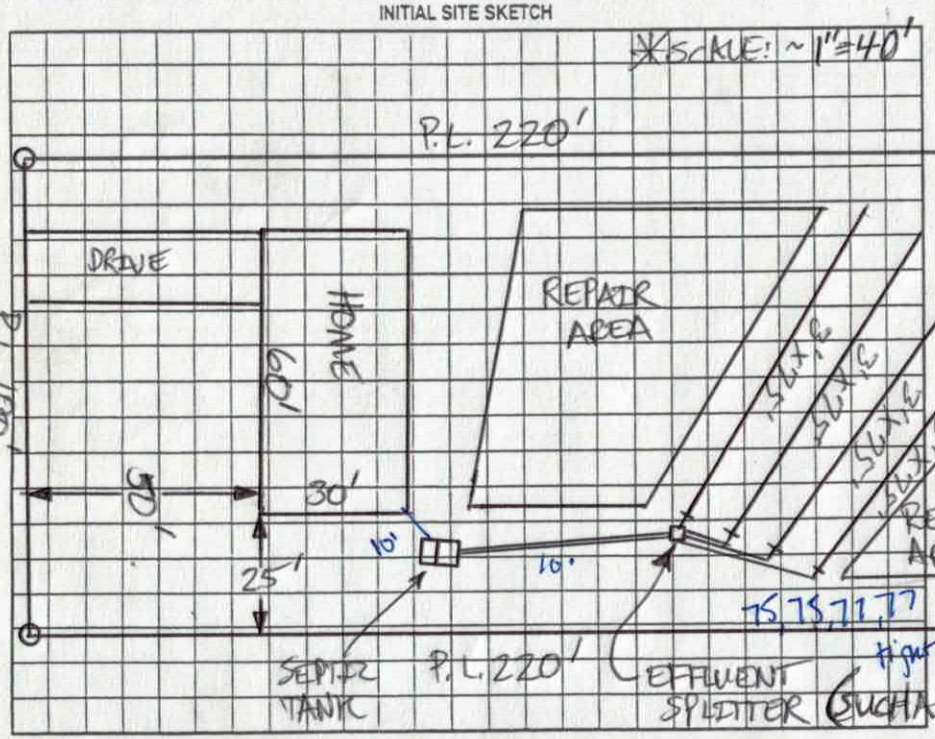
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

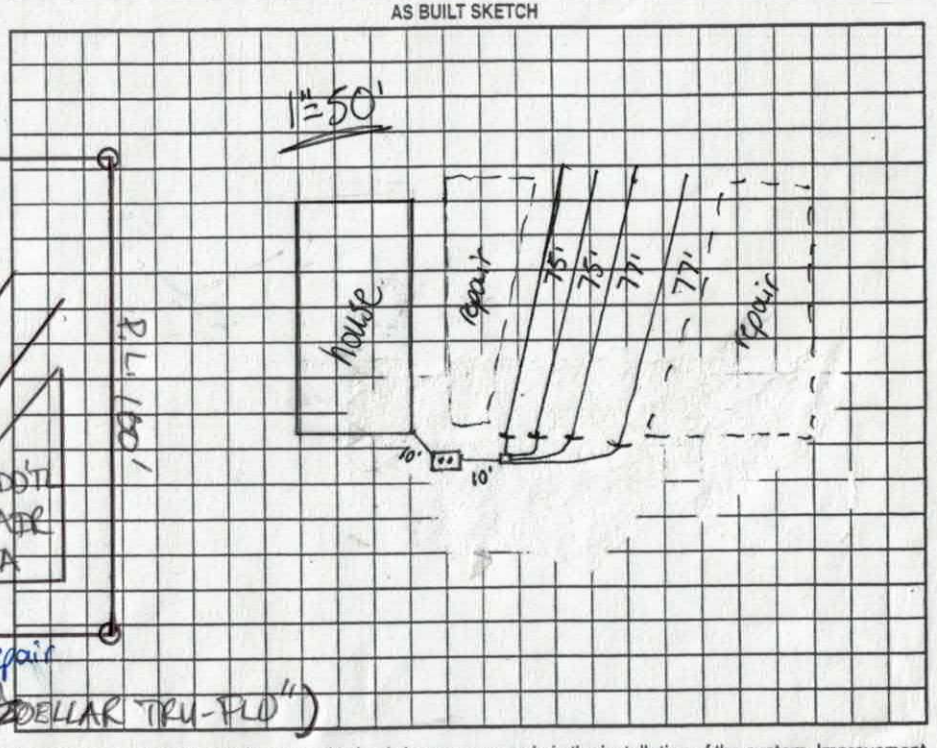
Comments:/Conditions: (1) SMOOTH DOWN OLD FIELD TERRACE BEFORE INSTALLING LINES, Verified By B. Botkins 11/6/2017. Install as permitted. New house box O.K. for A.C. 46x54.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



#772 SHARON SCHOOL RD. R/W

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: John Moorefield date _____

Improvement Permit by: STEVE HEDRICK date 6-6-06

Authorization to Construct by: Benjamin A. Botkins date 11/6/2017.

Installed by: Steve Jordan

Operation Permit by: Carla C. Cave date 3/5/18

Existing System Inspection by: _____ date _____

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Morefield Bldrs Inc
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 06/06/2006
PROPOSED FACILITY: 3BR SFD
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.5 +/- Ac.
LOCATION OF SITE: Lot #3 Sharon Trace S/D
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	L ~5%	0-5	Gr, SCL	VFr, SS, NP	N/A	>48"	N/A	>48"	PS 0.30
		5-45	W, M, sbk, SC	Fr, SS, SP, SEXP					
		45-48	sbk, SC w/	few SAP Inclus.					
2	L to Slight H ~5%	0-4	Gr, SCL	VFr, NS, NP, NEXP	N/A	>48"	N/A	>48"	PS 0.30
		4-38	W, M, sbk, SC	Fr, SS, SP, SEXP					
		38-48	W, M, sbk, C	Fr, SS, SP, SEXP					
3	L ~5%	0-4	Gr, SCL	VFr, NS, NP, NEXP	N/A	>48"	N/A	>48"	PS 0.30
		4-48	W, M, sbk, SC	Fr, SS, SP, SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT²	900 FT²
System Type(s)	Gravity, 25% Red.	Gravity, 25% Red.
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: P. Mitchell
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

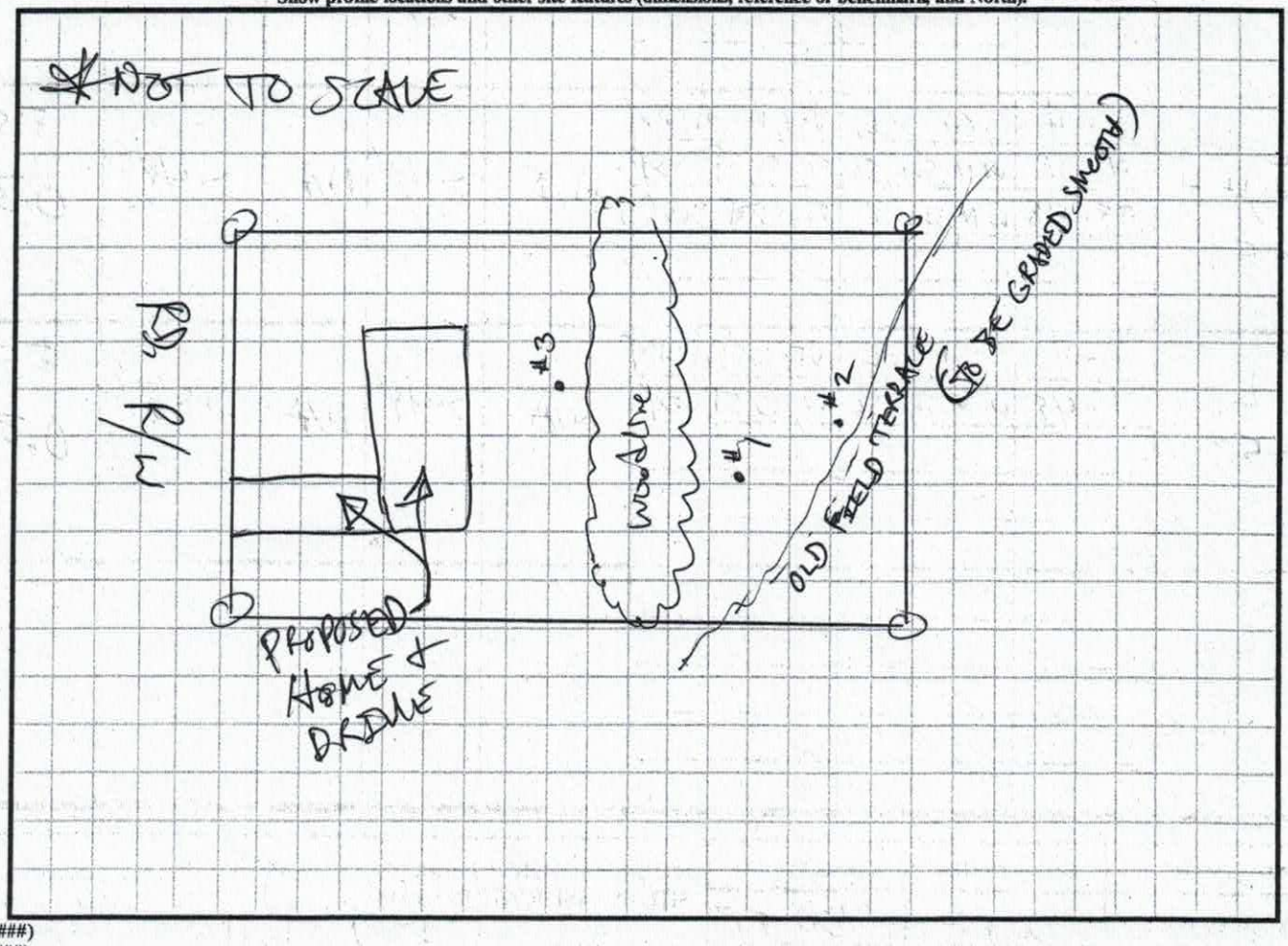
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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

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	Work Phone
Moorefield Builders, The	1516 Mocksville Hwy	704-873-7885	
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
John/Mary Moorefield	1516 Mocksville Hwy	"	704 880 6603

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
772 Sharon School Rd	Sharon Acres	Lot 3

Driving Directions: 40 West, ~~left~~ right Sharon School Rd property on right

****

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
( ) Repair To Failing Septic System

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

(X) 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 1300
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

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

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **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. 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:** Mary Moorefield — 5-26-06
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

- X — **Property Line measurements are clearly identified…**
- X — **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***
- X — **Front and side setbacks from property line…**
- X — **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…**

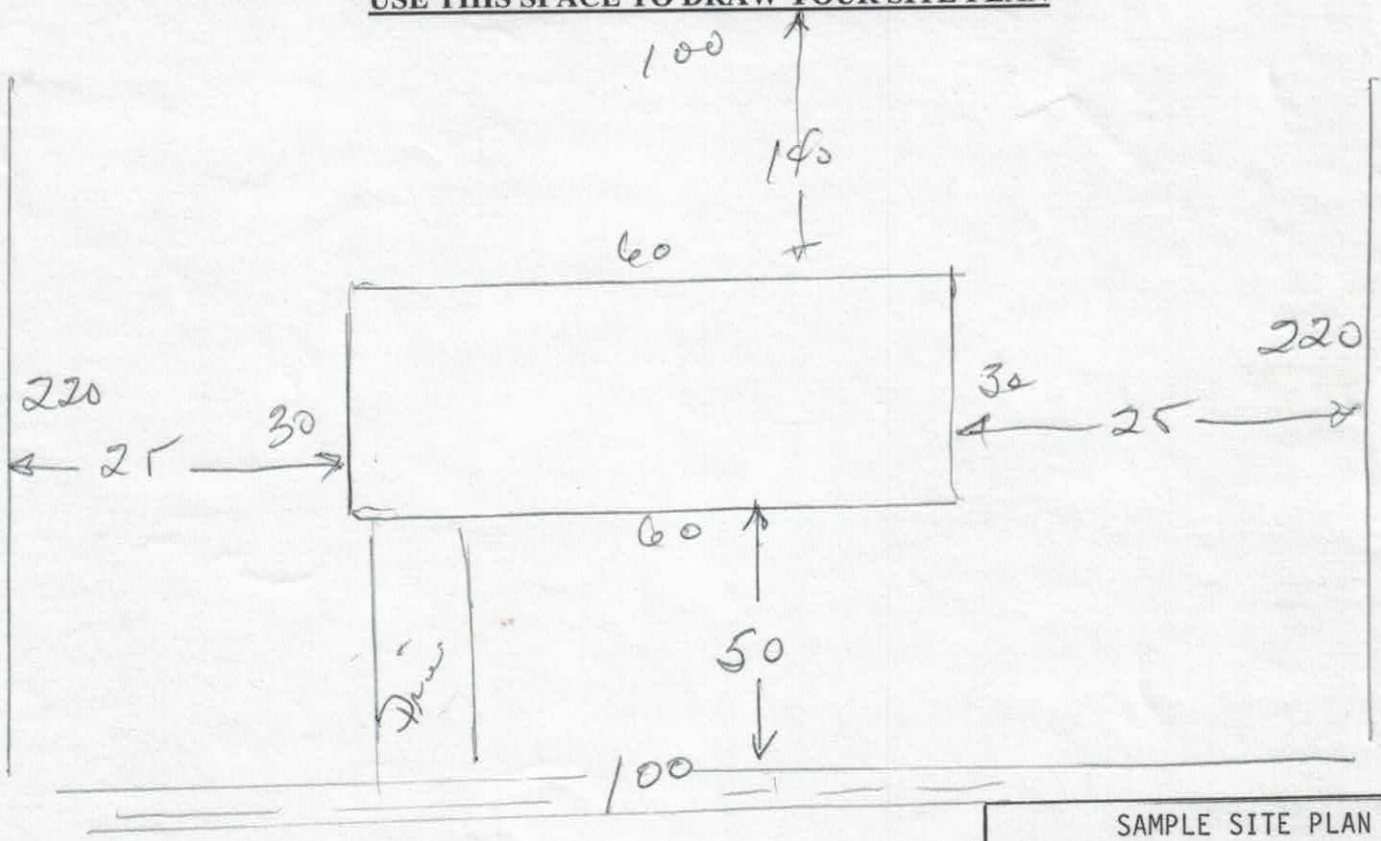
Circle N/A on the following if appropriate:

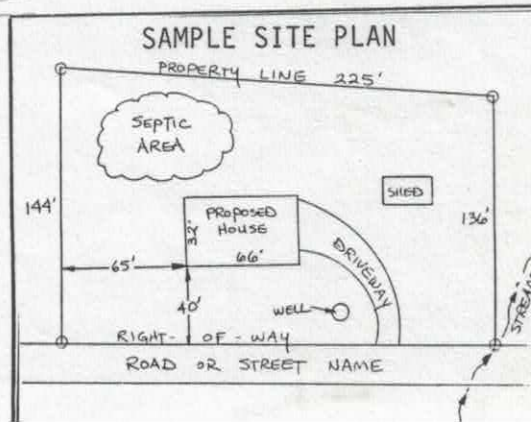
- ____ **Location of septic systems and wells within 100' of your property…** **N/A**
- ____ **Location of easements and rights of ways on your property…** **N/A**
- ____ **Location of any designated wetlands on the property…** **N/A**

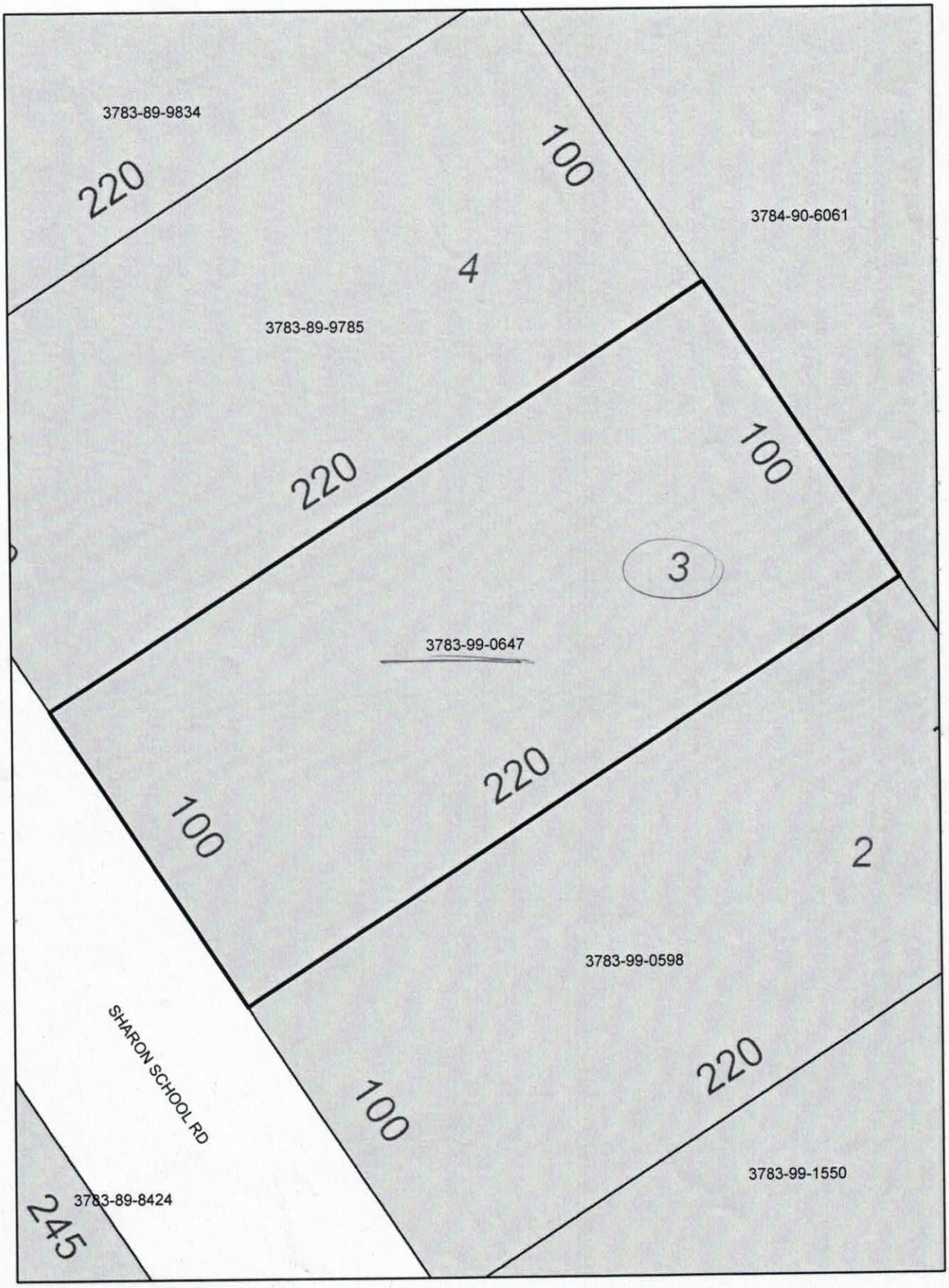
Signature: John Moore Jr. _____ 5/24/04

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



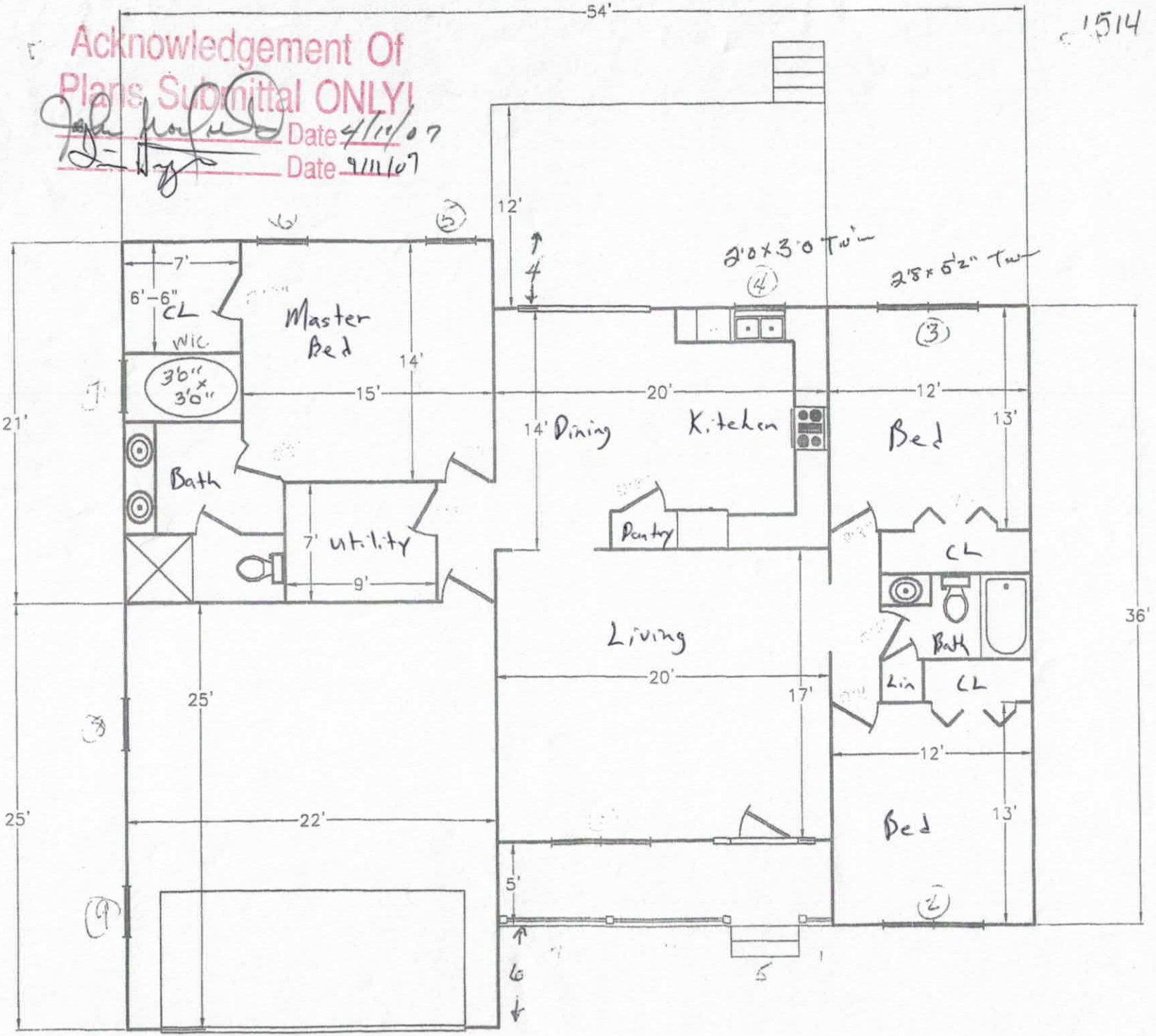



3783-89-9834
220
100
3784-90-6061
4
3783-89-9785
220
100
3
3783-99-0647
100
220
2
3783-99-0598
SHARON SCHOOL RD
100
220
3783-99-1550
3783-89-8424
245

(3)

Acknowledgement Of
Plans Submittal ONLY!
Date 4/11/07
Date 9/11/07

1514 Sq. Ft.



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	135642ZO	Subdivision:	Sharon Trace
Proposed Use:	Single Family	Township:	1400 Shiloh
Location of Property:	772 SHARON SCHOOL RD Statesville NC 28625		
Parcel #:	3783990647.000	Zoning:	Ra
Lot #:	3 Size: 0.504	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Moorefield Builders, Inc	Owner:	MADISON AUTHORITY LLC
Address:	1516 Mocksville Highway	Address:	1805 SAFRIET RD
	Statesville NC 28625		STATESVILLE, NC 286250000
Phone:	704-873-7885	Phone:	
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

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

Min. Lot Area: 21780	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

40 west, left Sharon School, property on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: John Moorefield Date: 5/26/06

A non-refundable fee of $45.00 is charged on all permit applications.

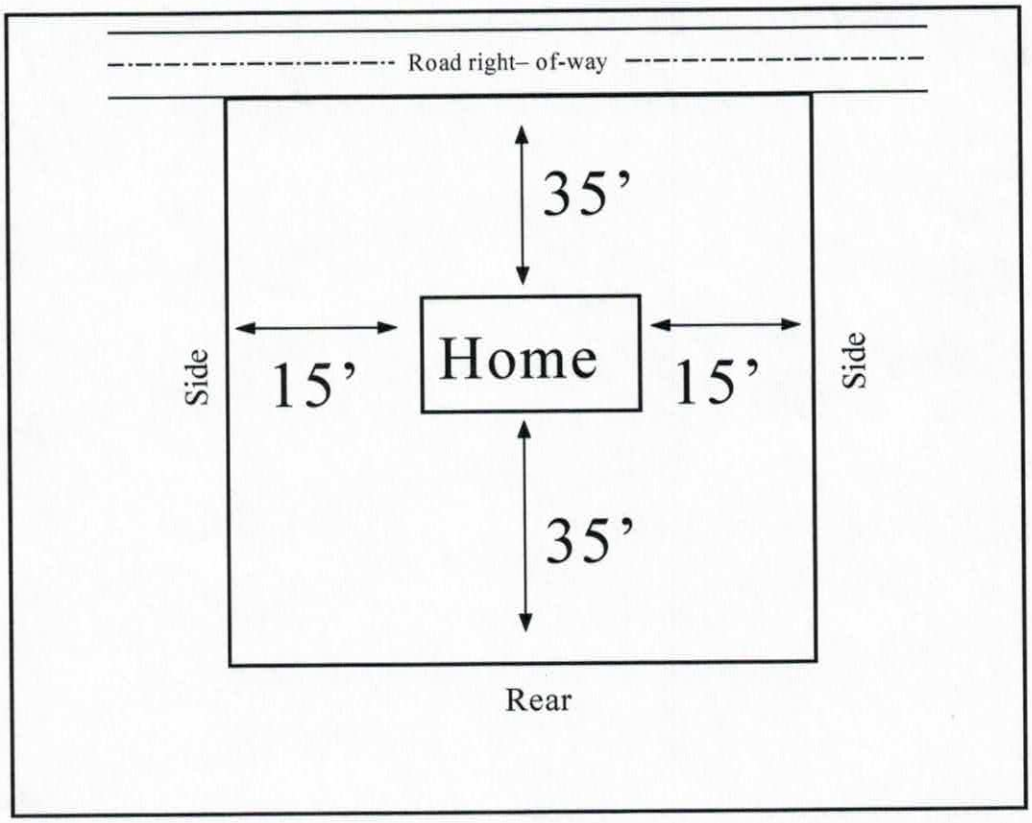
DEBBIE WILLIAMS Printed: 5/2/2006

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

STREET NAME : 772 Sharon School Rd



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

IREDELL COUNTY

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

APPLICATION NUMBER
231255
Issue Date: 10/31/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4754453660.000	772 SHARON DRIVE, STATESVILLE, NC	STATESVILLE

Owner Information	Applicant Information
Owner: MOOREFIELD JOHN K+MARY L	Applicant: MOOREFIELD BUILDERS IN
Address: 1516 MOCKSVILLE HWY STATESVILLE, NC 28625	Address: 429 FIFTH CREEK RD. STATESVILLE, NC 28625
Phone:	Phone: 704-880-6620

Use Requested	Zone Code
SFD	R15

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	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	119301	TOTAL FEES:	$ 77.25