ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 315899

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

PIN # 4614 -- 74 -- 1442

APPLICANT/OWNER: Kenneth Beaver Homes INC APPLICANT ADDRESS: PO Box 3398 Mooresville NC

SITE ADDRESS: 208 Sunstede Rd Statesville NC PHONE: 704-662-6400 ALT. PHONE

SITE DIRECTIONS: BSR RT on Tuskarora RT Sunstede Lot on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 284 LOT AREA: 1.072 DESIGN FLOW: 480 gpd L.T.A.R. .3

Septic Tank	1000	(gal)	STB	1812	Date	6/21/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date	6/21/22	System Description:	50% LP			
Pump Make	Gould		Model	1½HP	Serial #	W605121	Repair System Description:	50% LP			
# Nitrification Fields	1		# Lines	6	Linear Ft	270'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	Max 36"	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Plantings on center of land use CVB for distribution.

INITIAL SITE SKETCH

Please See Attached From Paul Penninger

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Checked

Lines: 11/4/22 mw

Tanks: 11/4/22 mw

CVB: 11/4/22 mw

Irrigation Checked 1/30/23 mw

Maintenance agreement required

pressure, alarm, electrical, floats 1/24/23 DW

Need: Irrigation capped in drainfield, maintenance agmt.

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: Date: 5-12-21 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 5-10-2021 OPERATION PERMIT by: Date: 2/1/23

AUTHORIZATION TO CONSTRUCT by: Date: 5-10-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315899

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

PIN # 4614 -- 74 -- 1442

APPLICANT/OWNER: Kenneth Beaver Homes INC | APPLICANT ADDRESS: PO Box 3398 Mooresville NC

SITE ADDRESS: 208 Sunstede Rd Statesville NC | PHONE: 704-662-6400 | ALT. PHONE -

SITE DIRECTIONS: BSR RT on Tuskarora RT Sunsteade lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: - | LOT # 284 | LOT AREA: 1.072 | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	50% LP			
Pump Make			Model		Serial #		Repair System Description:	50% LP			
# Nitrification Fields	1	# Lines	6	Linear Ft:	270'		Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	36"	Trench Bottom Depth(~~Low~~side)	Max 36"	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE			

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install Drainlines on center of land use CVB for distribution.

INITIAL SITE SKETCH

Please See Attached From Paul Penninger

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: [signature] Date: 5-12-21 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 5-10-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5-10-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4614741493
COUNTY: Iredell

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

OWNER: Kenneth Baker Homes
ADDRESS: PO Box 3398 Mooresville NC
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 208 Sunset Ave

APPLICATION DATE: 4-5-2021
DATE EVALUATED: 4-28-2021
PROPERTY SIZE: 1.07
PROPERTY RECORDED: Yes

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

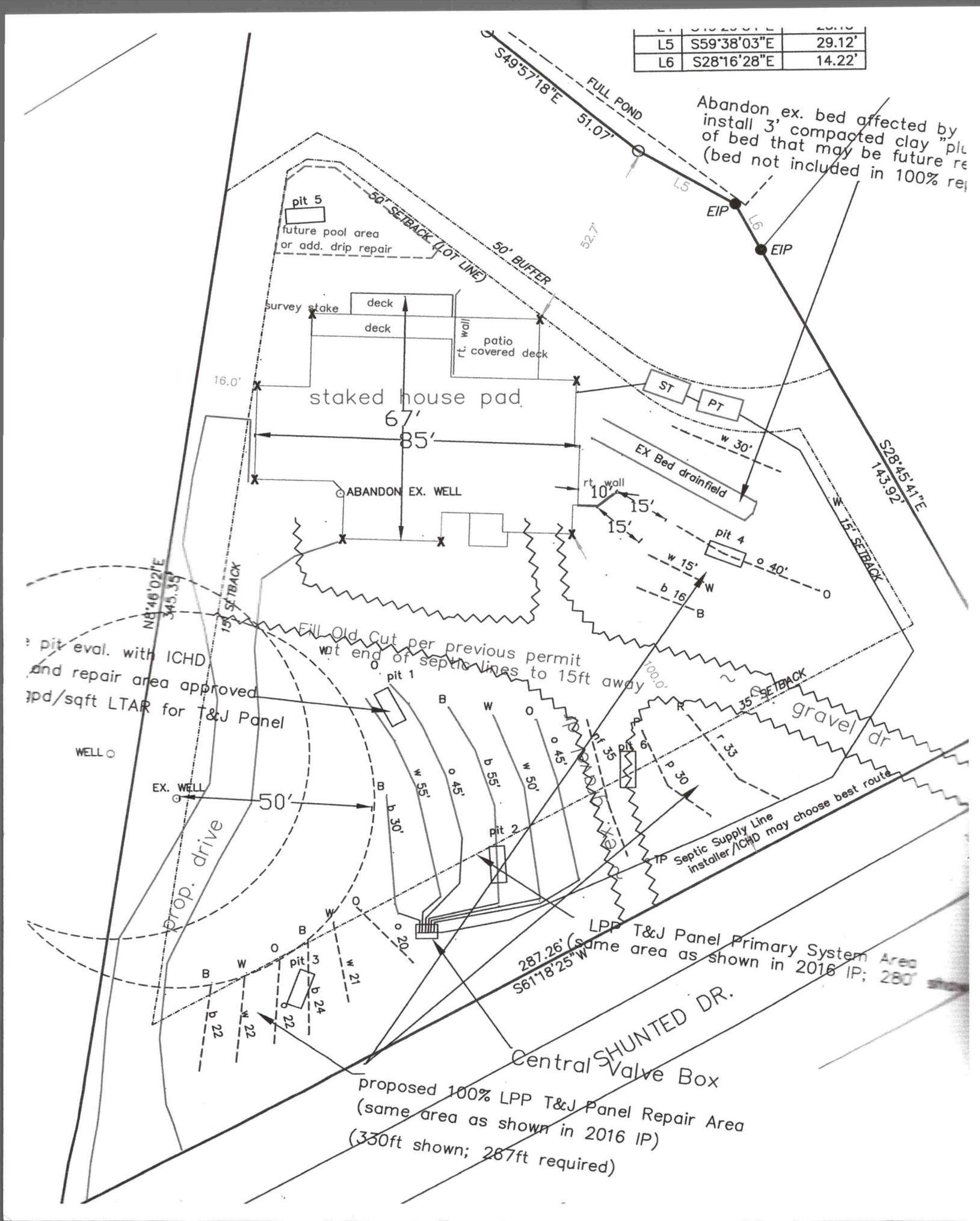
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-5%	0-4	SDL SCL	FrSSSP Sap	N/A	60"	N/A	N/A	PS .3
		4-28	SIX C						
		28-60	SIX CL						
2	4-5%	0-3	SCL		N/A	61"	N/A	N/A	PS .3
		3-44	C						
		44-66	CL						
3	4-5%	0-5	SIX SCL		N/A	53"	N/A	N/A	PS .3
		5-24	SIX C						
		24-53	SIX CL						
4	4-5%	0-6	SIX SCL		N/A	64"	N/A	N/A	PS .3
		6-28	SIX C						
		28-64	SIX CL						

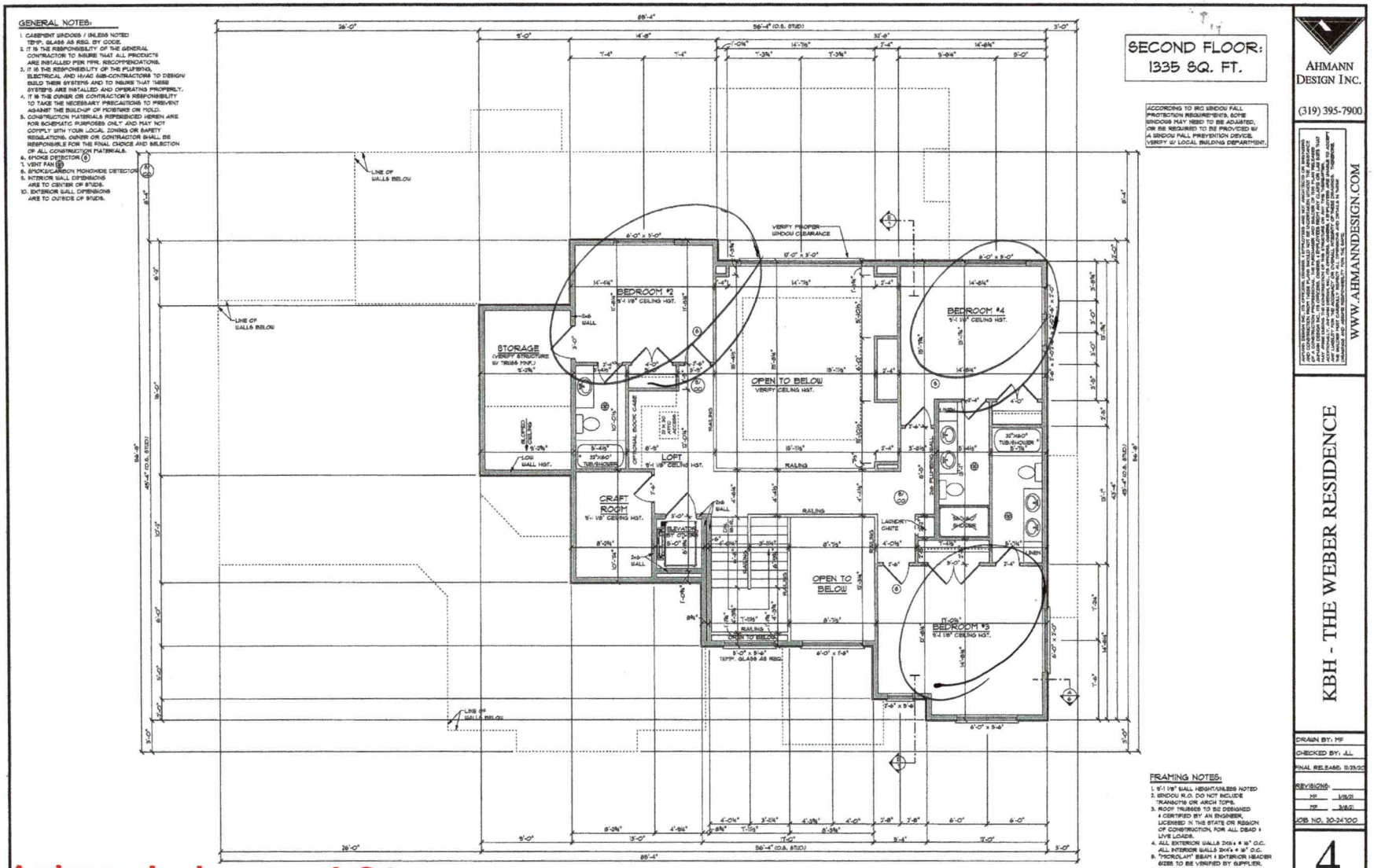
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270'	270
System Type(s)	50%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs / Ramyar
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014


L5 S59°38'03"E 29.12'
L6 S28°16'28"E 14.22'
S49°57'18"E 51.07'
FULL POND
Abandon ex. bed affected by
install 3' compacted clay "plu
of bed that may be future re
(bed not included in 100% rep
EIP
EIP
L5
L6
52.7'
pit 5
future pool area
or add. drip repair
50' SETBACK (LOT LINE)
50' BUFFER
survey stake
deck
deck
rt. wall
patio
covered deck
16.0'
staked house pad
67'
85'
ST
PT
w 30'
EX Bed drainfield
S28°45'41"E
143.92'
ABANDON EX. WELL
rt. wall
10'
15'
15'
pit 4
o 40'
w 15'
W
b 16
B
W 15' SETBACK
N4°16'02"E
345.35'
15' SETBACK
Fill Old Cut per previous permit
wt end of septic lines to 15ft away
100.0'
pit eval. with ICHD
and repair area approved
gpd/sqft LTAR for T&J Panel
pit 1
B
W
O
w 55'
o 45'
b 55'
w 50'
o 45'
r 35'
pit 6
P
R
r 33
P 30
35' SETBACK
gravel dr
WELL
EX. WELL
50'
B
b 30'
pit 2
prop. drive
gravel dr
TP Septic Supply Line
installer/ICHD may choose best route
B
W
O
o 20'
B
W
O
pit 3
w 21
b 24
o 22'
B
b 22
w 22
LPP T&J Panel Primary System Area
287.26' (same area as shown in 2016 IP; 280'
S61°18'25"W
SHUNTED DR.
Central Valve Box
proposed 100% LPP T&J Panel Repair Area
(same area as shown in 2016 IP)
(330ft shown; 267ft required)

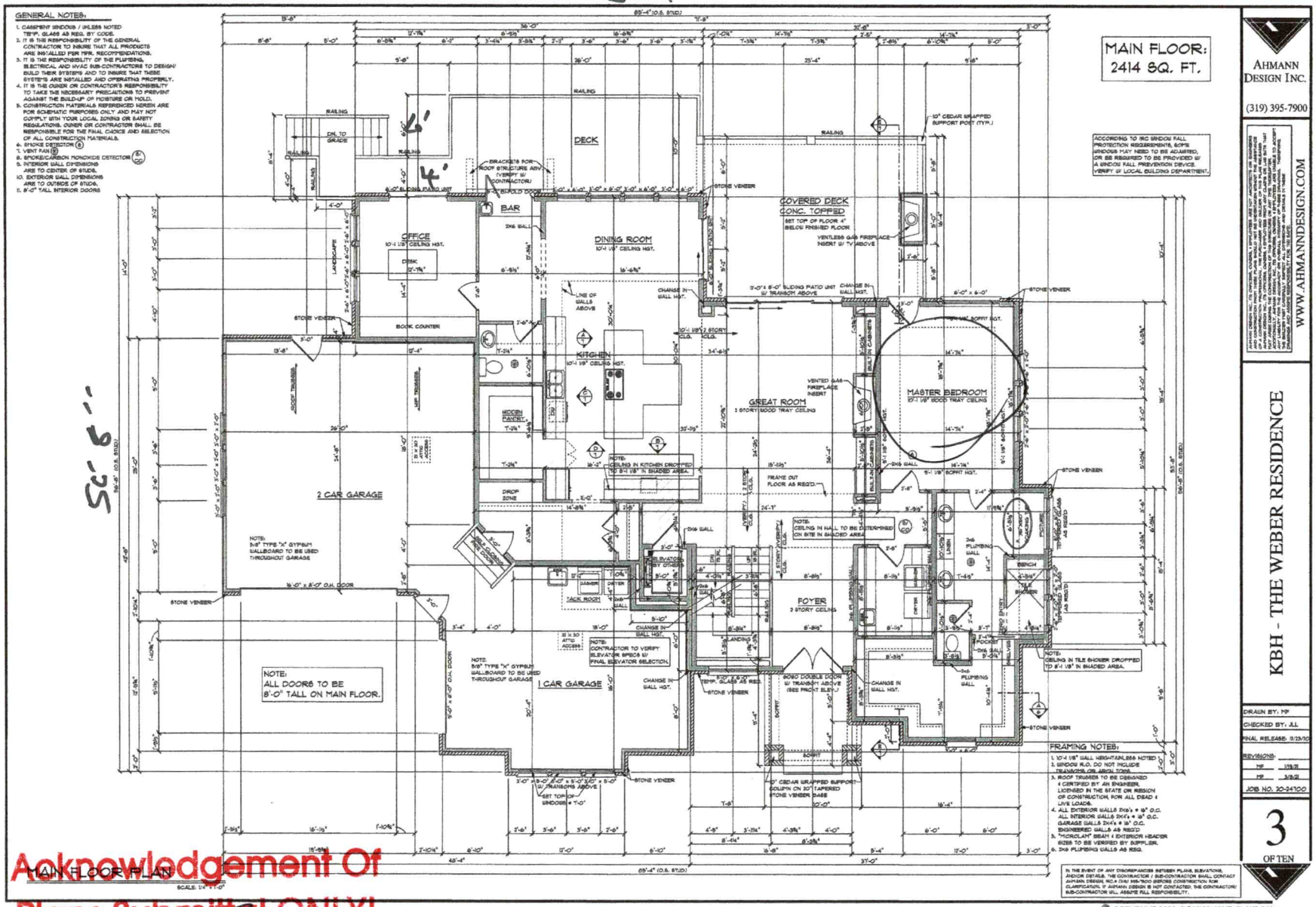


Acknowledgement Of
SECOND FLOOR PLAN
Plans Submittal ONLY!

Date 5-7-2021

Date 5-12-21

© COPYRIGHT 2020 AHMANN HOME PLANS INC.
PROTECTED UNDER ARCHITECTURAL WORKS COPYRIGHT PROTECTION ACT OF 1990



Acknowledgement Of Plans Submittal ONLY!

Date 5-7-2021

Date 5-12-21

© COPYRIGHT 2020 AHMANN HOME PLANS INC.

CALL DAN PENNINGER, FOR SITE VISIT 704-986-6330

AP-315899 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

RECEIVED APR 06 2021

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) 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.

MARIA ISSUED LAST PERMIT

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Kenneth Bealer Homes, INC **Address:** PO Box 3398 Mooresville, NC **Zip:** 28117

Applicant Email: Tripp@KBHLakeNorman.com **Phone:** 704-662-6400 **Alt. Phone:**

Owner Name: Robert and Cynthia Weber **Address:** 4477 SARAH MARIE CT NAZARETH PA **Zip:** 18064

Owner Email: rcweber@me.com **Phone:** 704-662-6400 **Alt. Phone:**

Property Information:

Street Address: 208 Sunstede

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 284

Driving Directions: Brawley School Rd, Rt Tuskarora, Rt Sunstede, Lot on Rt

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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:

( ) New Well (X) 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 (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: _____ 4-5-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

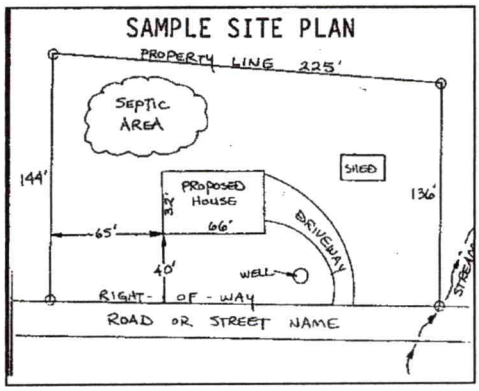
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location** EX
- ( ) **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

See attached site plan.

Signature: _____

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

4-5-21

DATE

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, ROBERT + CYNTHIA WEBER, am the legal owner(s) of the property located at 208 SUNSTEDE, identified as

PIN (Parcel Identification Number) 4614741442.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting Len Bealer/Kenneth Bealer Homes, 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.

_____ 4/5/21

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

Scanned with CamScanner

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

Complete all Environmental Health forms:

- ____ Application
- ____ Site Plan with dimensions of proposed structure, addition, pool etc.
- ____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ____ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

____ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work**.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4-5-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216185

BA

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

PIN # 4614742402

APPLICANT: Robert Weber APPLICANT ADDRESS: 4477 Sarah Marie Ct. Nazerath, PA 18064

SITE ADDRESS: 208 Sunstede Dr Mooresville, NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Tuskarora TR Sunstede on RT.

SUBDIVISION: C & T SECTION: 6 LOT # 284 LOT AREA: 1.07 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25gpd

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III ⓘ V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	LP PP BPS			☐ Business	No. Persons		☒ Private
Pump Make		Model	Serial #	Repair System Description:	Same			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	320+	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Must abandon well in House box prior to issuing AC
Must keep Septic at least 15FT from basement & 25FT Upgradient.

INITIAL SITE SKETCH

See attached/approved plan by Michael Athanas & Assoc. dated 1/27/16, approved 2/4/16

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Date: 2/4/16 Installed by:

IMPROVEMENT PERMIT by: Date: 2/4/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

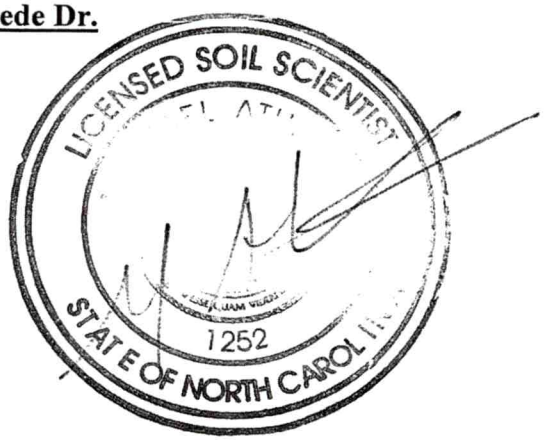
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



Approved
MD
2/4/16

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for CL&T Sec 6 Lot 284, Sunstede Dr.



House Footprint: 70' x 70'
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.25 GPD/FT2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 44.3 GPM
Dosing Volume: 270 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 18.3'
Friction Head: 10.4' (2" line), 1.5' (3" line)
Pressure Head: 2'
Total Dynamic Head: 30.7' (2" line), 21.8 (3" line)
Supply Line Length: 265'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"

Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1			26'	3.6'
Blue 2			24'	4.0'
White 3			24'	4.8'
Orange 4			23'	5.4'
Blue 5			24'	6.0'
White 6			25'	7.0'
Orange 7			27'	8.8'
Blue 8	**40'**	**9**	**42'**	**9.6'**
White 9	**75'**	**17**	**75'**	**10.6'**
Orange 10	**50'**	**12**	**52'**	**11.2'**

Line	Design Length	# of Panels	Actual Length	Elevation
Blue 11	**55'**	**13**	**58'**	**11.6'**
White 12	**50'**	**12**	**51'**	**12.7'**
Orange 13	**50'**	**12**	**52'**	**13.1'**
Blue 14			27'	17.8'
White 15			33'	18.8'
Orange 16			56'	20.0'
White 17			72'	21.7'

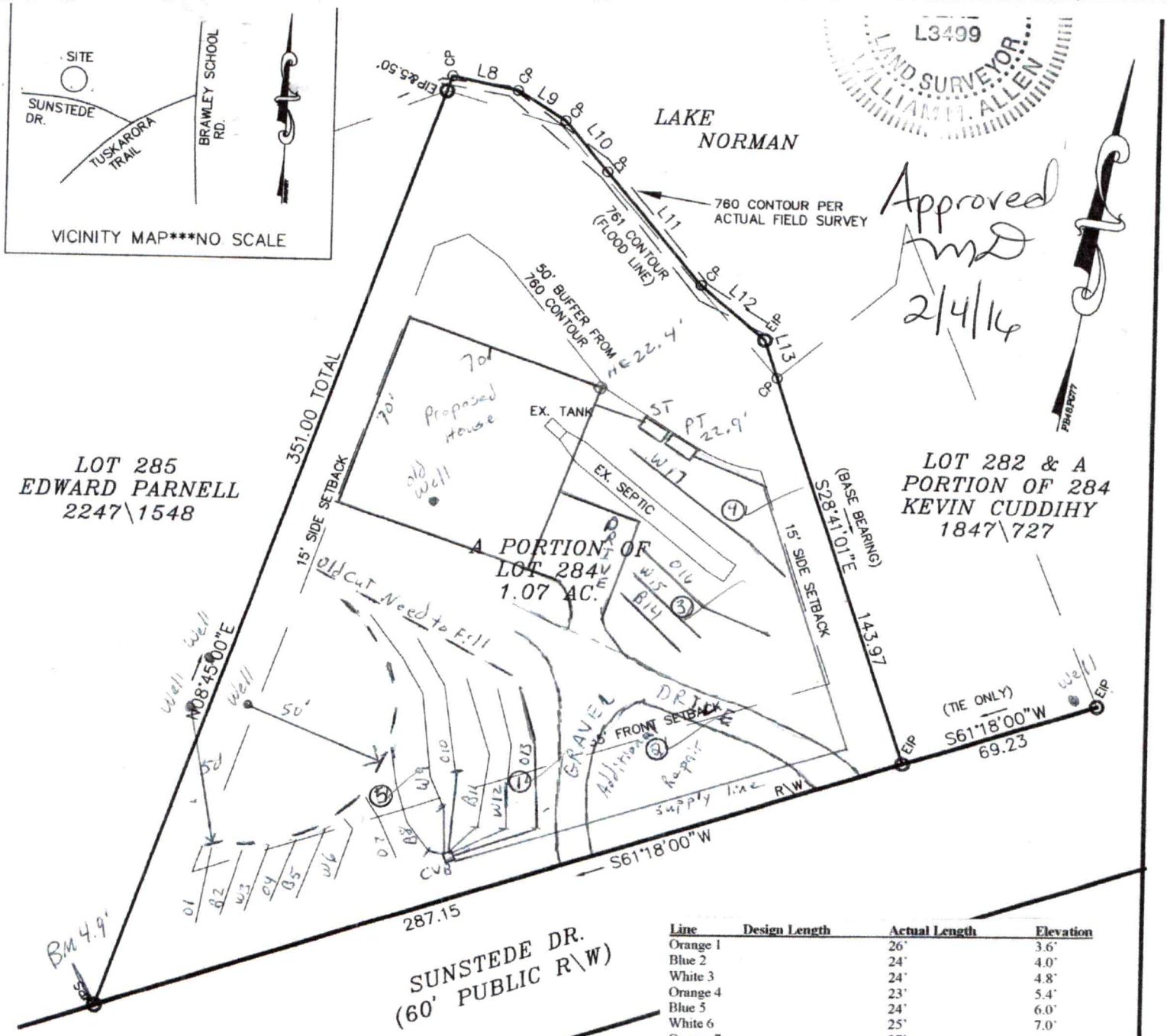
Approved
MD
2/9/16

Initial System: 320' **Repair System:** 361'
Pump Tank: 22.9' **House Corner:** 22.4' **Benchmark:** 4.9'

Comments:

This property was previously permitted by ICHD. MA&A are proposing a larger house box and four bedrooms. We are using the same approved soil area and LTAR. The existing system has been compromised by the house box. The old well in the house box must be abandoned. The current 6" well will remain. The system is designed 8' on centers and 24" wide trenches. We have shown a TDH for both a 2" supply line and a 3" supply line. The installer and ICHD can determine which option is best for the system. We are also open to changes in the route of the supply line. The supply line must be 30" below the driveway or sleeved in ductile iron or equivalent.

Robert & Cynthia Weber
4477 Sarah Marie Ct
Nazareth, PA. 18064
rcweber@me.com



LINE TABLE		
LINE	BEARING	LENGTH
L8	S 88°45'12" E	22.76'
L9	S 68°32'41" E	19.38'
L10	S 49°28'47" E	23.13'
L11	S 49°56'31" E	51.07'
L12	S 59°28'37" E	29.12'
L13	S 28°45'44" E	14.20'

Line	Design Length	Actual Length	Elevation
Orange 1		26'	3.6'
Blue 2		24'	4.0'
White 3		24'	4.8'
Orange 4		23'	5.4'
Blue 5		24'	6.0'
White 6		25'	7.0'
Orange 7		27'	8.8'
Blue 8	**40'**	**42'**	**9.6'**
White 9	**75'**	**75'**	**10.6'**
Orange 10	**50'**	**52'**	**11.2'**
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White 15		33'	18.8'
Orange 16		56'	20.0'
White 17		72'	21.7'

LEGEND

P.P. = POWER POLE

POWER TRANS.

E.I.P. = EXISTING IRON FOUND

I.P.S. = #4 REBAR SET

R/W = RIGHT-OF-WAY

W = WELL

CP = COMPUTED POINT

0' 25' 50' 100'

SCALE IN FEET

BOUNDARY SURVEY

OF

A PORTION OF LOT 284 CRECENT LAND & TIMBER CORP. SECT. 6

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: ROB & CINDY WEBER

FIELD BOOK: 500-I
FILE: CLT248
DC FILE:

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

PROPERTY ID #: _4614742402_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved MD 2/4/16

OWNER: Kevin Cuddihy_____ APPLICATION DATE_____
ADDRESS: 196 Sunstede Dr., Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.07 AC_____
LOCATION OF SITE: CL&T Sec 6 Lot 284_____ PROPERTY RECORDED: 5/14/1976_____
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 5%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-48	R C SBK	FR SS SP SEXP					
2	LS 4%	0-4	Br CL WSBK	FR SS SP SEXP	Mn @ 30"	48"	N/A	N/A	PS 0.3-0.275
		4-48	R C SBK	FR SS SP SEXP					
3	LS 10%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3-0.25
		3-48	R C WSBK	FI SS SP SEXP					
4	LS 10%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3-0.25
		4-48	R C WSBK	FI SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	640 FT2	722 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.25 ICHD	0.25 ICHD

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _4614742402__
DATE OF EVALUATION: _____
COUNTY: ____IREDELL__

Approved MD 2/4/16

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
5	LS 10%	0-4	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		4-48	R C SBK	FR SS SP					

RECEIVED JAN 27 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 #216185

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (X) 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:

Applicant Name: Robert Weber **Address:** 4477 Sarah Marie CT Nazerath PA 18064 **Phone:**

Owner Name: Kevin Cudihy **Address:** 196 Sunstede Dr Mooresville NC 28117 **Phone:**

Property Information:

Street Address: 208 Sunstede Dr

Subdivision Name: CL+T **Section/Phase:** 6 **Lot Number:** 284

Driving Directions: BSR, TR Tuskarora, TR Sunstede, on RT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well (X) 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 (X) 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: _____ 1/27/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

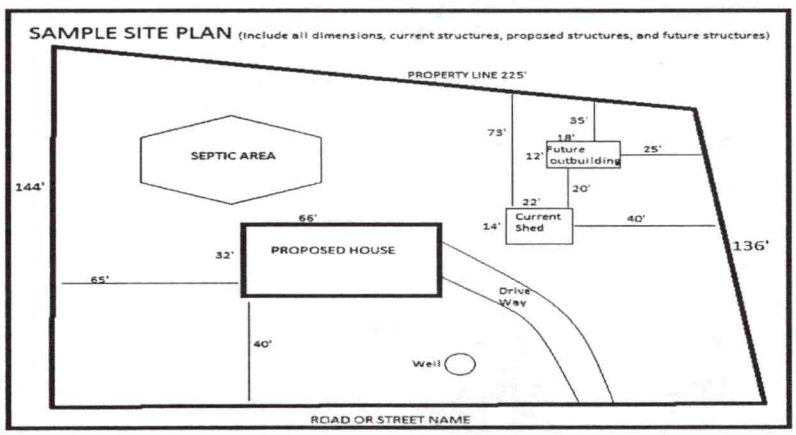
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Plan

Signature: _____

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

1/27/2016

DATE