ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # 312393

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

PIN # 4614 - 84 - 4451

APPLICANT/OWNER: Sheila Taylor APPLICANT ADDRESS: 114 Tuskarora Point lane Mooresville 28117

SITE ADDRESS: 114 Tuskarora Point lane Mooresville NC 28117 PHONE: 704-609-5746 ALT. PHONE –

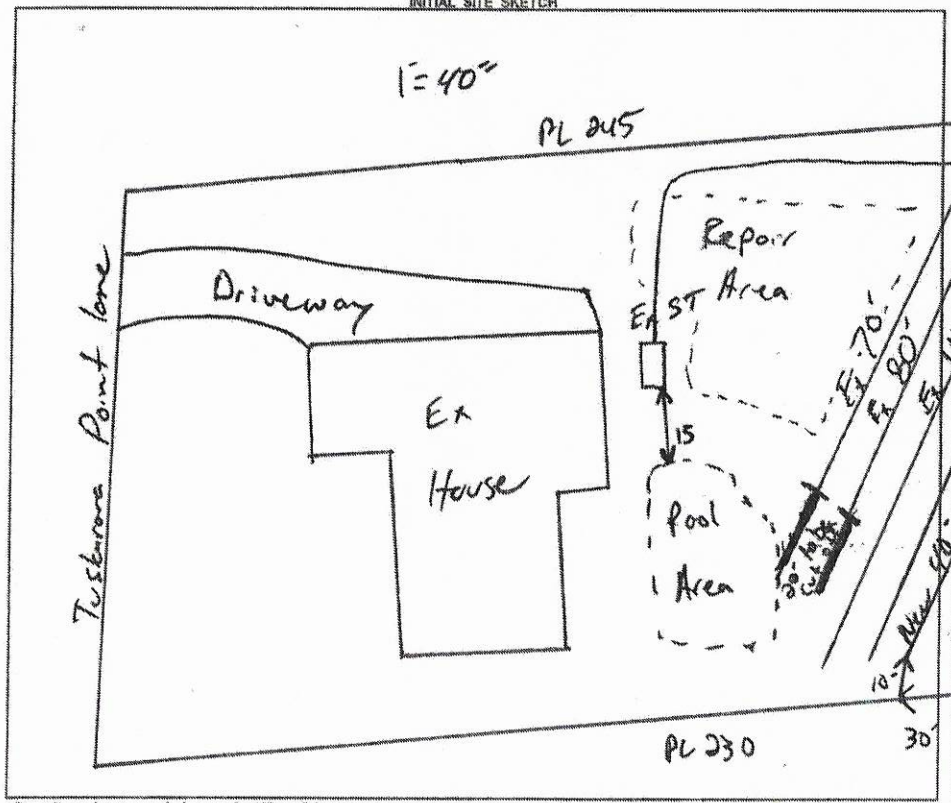
SITE DIRECTIONS: BSR R on Tuskarora then R on Tuskarora Point lane on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Tuskarora Point SECTION: – LOT # 5 LOT AREA: .691 Acres DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	Ex (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction		☐ Business	No. Persons	8	☒ Private	
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines 5		Linear Ft 40' + Ex	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36" Trench Bottom Depth(~~Low side~~) Max 36		Gravel Depth –	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Add 40' to bottom of last existing line, install on Center of land. Cut off 20' of top two lines.

INITIAL SITE SKETCH



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.

INSTALLED AS PERMITTED

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

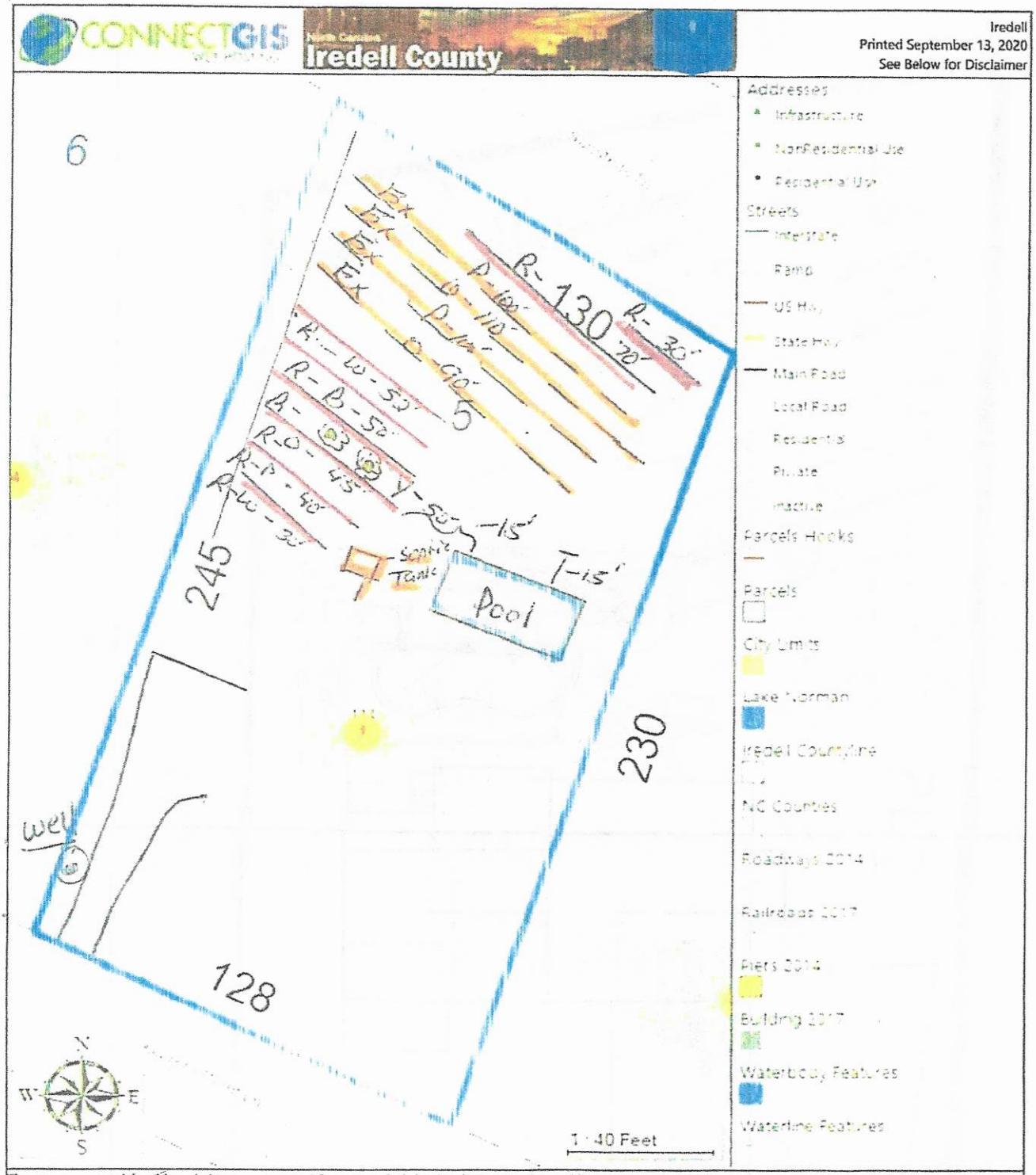
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Sheila Taylor Date: 1-18-2021 Installed by: (RUSSELL WILLIAMS) Wastewater Solutions + Design

IMPROVEMENT PERMIT by: Date: 1-12-2021 OPERATION PERMIT by: Bryant C. Wilson Date: 2-2-2021

AUTHORIZATION TO CONSTRUCT by: Date: 1-12-2021 Existing System inspected by: Date:

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



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

367' of Repair Area lines available 50% Reduced PBPS

* Site Plan for Pool Installation

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

Sheet 1 of 1
PROPERTY ID #: 461484445 1
COUNTY: Iredell

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

OWNER: Sheila Taylor
ADDRESS: 114 Tuskaroora Point lane
PROPOSED FACILITY: Pool
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 114 Tuskaroora Trail
APPLICATION DATE 11-1-2020
DATE EVALUATED: 1-6-2021
PROPERTY SIZE: .69
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	SL SS	0-6 6-31 31-48	SBK SCL SBK C SBK CL	Er SSSP Sepp	N/A	48+	N/A	N/A	P .3
2	SL SS	0-6 6-30 30-48	SBK SCL ABK C SBK CL		N/A	48+	N/A	N/A	PS .25
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	320'
System Type(s)	25%	50%
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
	O (Organic)		None	None		

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

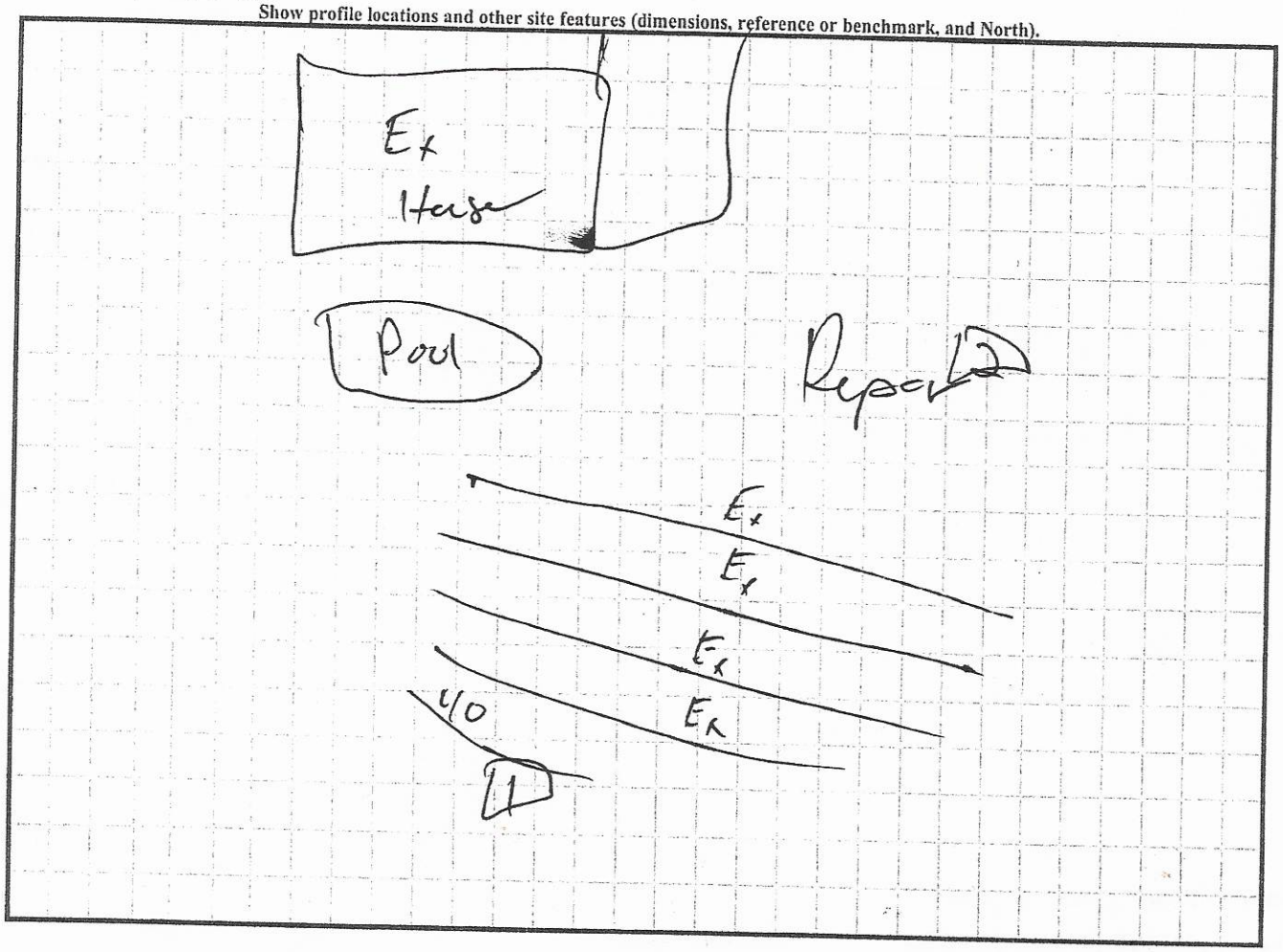
NOTES

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/ft²

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



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Relocation AP-312393 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Sheila Taylor Address: 114 Tuskarora Point Lane Zip: 28117
Applicant Email: taylor.shelley15@ Phone: 704-609-5747 Alt. Phone: 704-609-5746
Owner Name: Paul B + Sheila L. Taylor Address: same Zip: _____
Owner Email: taylor.shelley15@gmail.com Phone: same Alt. Phone: _____

Property Information:

Street Address: 114 Tuskarora Point Lane
Subdivision Name: Tuskarora Point Section/Phase: _____ Lot Number: 5
Driving Directions: 77S exit Brawley School Rd, right turn to rt on Tuskarora, then rt on Tuskarora Point Lane

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: 4
Maximum Number of Occupants: 2
(X) 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 (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: 2016
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% reduction

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: Sheila L. Taylor 11-1-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

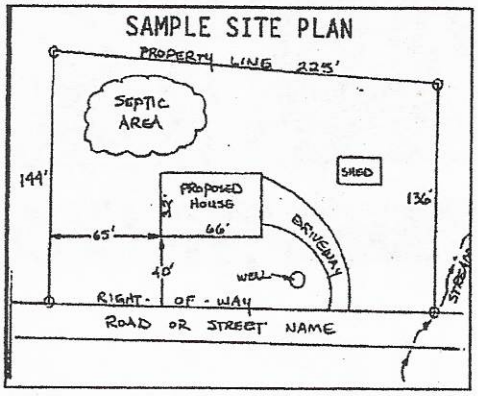
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- (X) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- (X) **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

Signature: Sheila Faye

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

11-1-2020

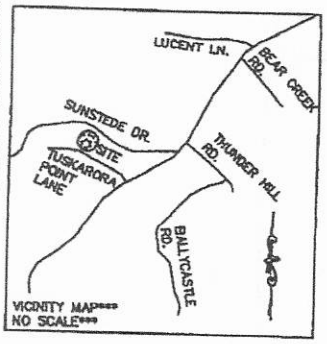
DATE

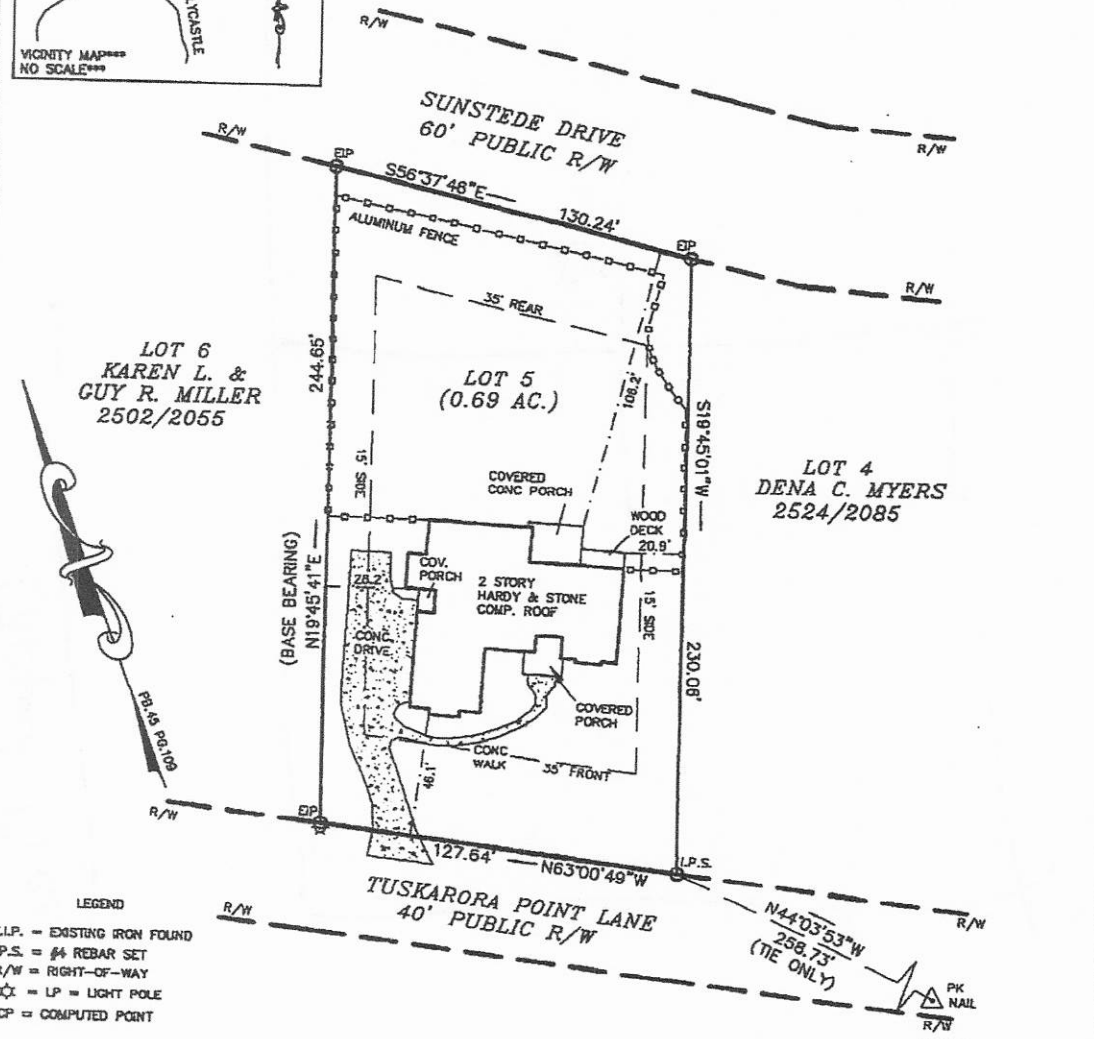
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2721, page 1978, and/or plat book 45, page 109, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 26, day of OCTOBER, A.D. 20 20.

WILLIAM M. ALLEN, NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN





LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
☼ = LP = LIGHT POLE
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

PHYSICAL SURVEY

OF

114 TUSKARORA POINT LANE

LOT 5 TUSKARORA POINT

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

SCALE 1" = 50'

ACQUIRED BY: PAUL B. TAYLOR, III & SHEILA L. TAYLOR

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

FIELD BOOK: 900A
FILE: TUSKARORA POINT 5.DWG
DC FILE:
TAX MAP NO: 4614844451

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*) Sheila Taylor

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, Sheila L Taylor, am the legal owner(s) of the property located at 114 Tuskarora Point Lane, identified as

PIN (Parcel Identification Number) 4814-84-3316, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Russell Williams, Wastewater Solutions + Design, 980-429-1580 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.

Sheila L. Taylor
Signature of Owner(s)

11-1-2020
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312393 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4614844451.000	114 TUSKARORA POINT LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: TAYLOR PAUL B III+SHEILA L Address: Phone:	Name: TAYLOR PAUL B III+SHEILA L Address: Phone:

Use Requested	Zone Code
SWIMMING POOL	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.691	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

SWIMMING POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Signature of Owner/Contractor

Date: 11/04/2020

Permit Number	312393	TOTAL FEES:	$77.25