IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 HS | PERMIT # 230161

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

PIN # 4615990883 ✓

APPLICANT/OWNER: IQ Custom Constructions | APPLICANT ADDRESS: 840 Edmiston Rd.

SITE ADDRESS: 372 Barber Loop Mooresville, NC 28117 | PHONE: 704-578-4951 (Kathleen) | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd → R on Chuckwood Rd → L on Barber Loop → lot on R

SUBDIVISION: Watertree Landing | SECTION: 3 | LOT # 38 | LOT AREA: .69 ac

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 480 gpd | L.T.A.R.: .25 (.3 repair)

Septic Tank	1000 (gal)	STB	825	Date	3-21-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	302	Date	11-28-17	System Description: PM 25% reduction		☐ Business	No. Persons 8
Pump Make	Liberty	Model	EG	Serial #		Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	480	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	15"/18" high side	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: A minimum of 3" soil cover (cap) is required for initial system. The soil brought in must be Group II, or III soil.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	5-8-18	KW
Tanks Checked	5-8-18	KW
Pressure Manifold or Valve Box Checked	10-22-18	MD
Pressure Head Set	10-22-18	MD
Electrical Checked	10/24/18	CC
Floats Set	10-22-18	MD
Alarm Checked	10/24/18	CC
Maintenance Contract Y (N)		
Comments: 10-22 PT riser not 6" above grade, Circuit Breakers not labeled MD	not Required	

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**

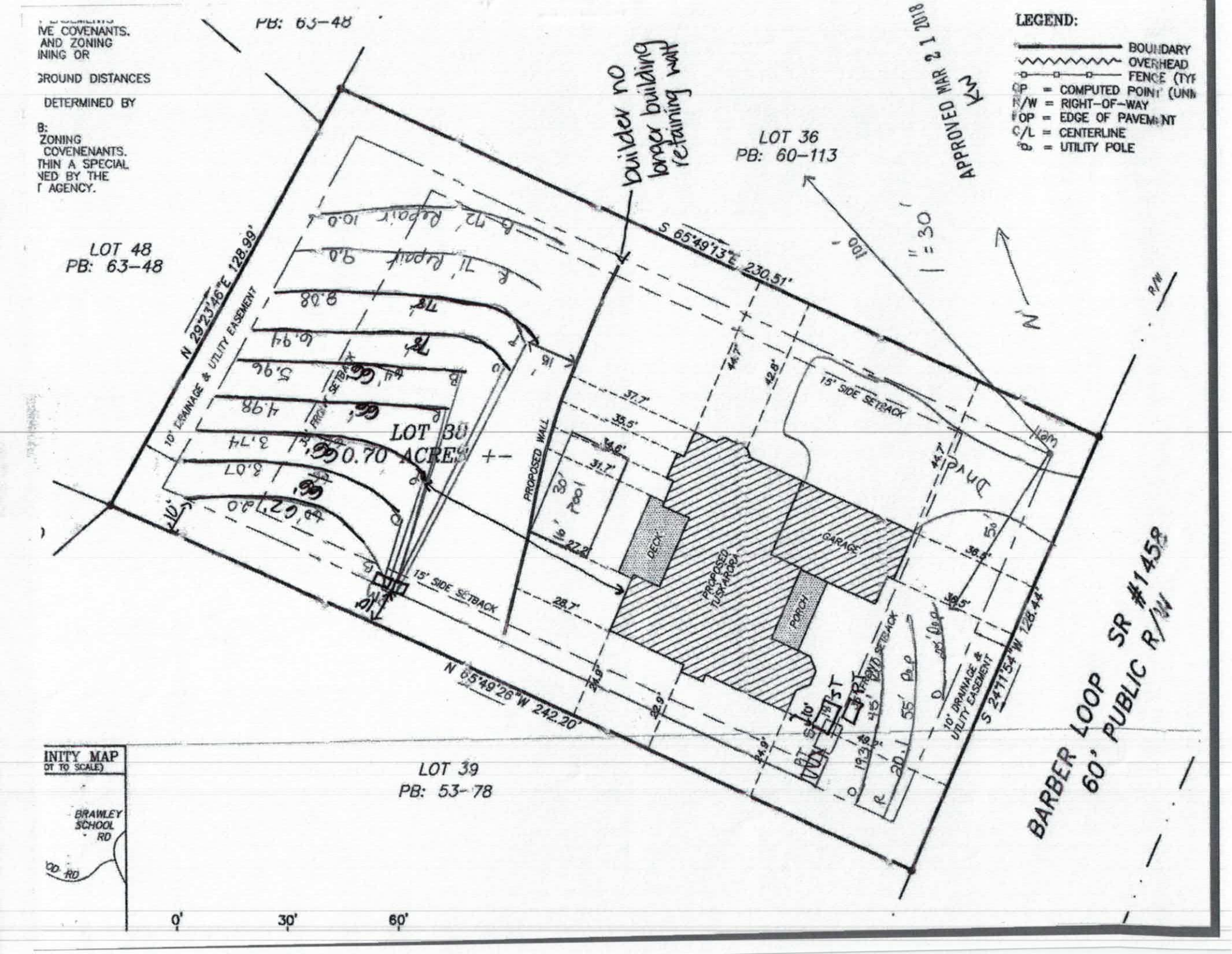
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Margaret Marygum | Date: 4-10-18 | Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: Kayla Wilson | Date: 3-21-18 | OPERATION PERMIT by: Carla C. Carr | Date: 10/24/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson | Date: 3-21-18 | Existing System Inspected by: | Date:

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


IVE COVENANTS.
AND ZONING
INING OR
GROUND DISTANCES
DETERMINED BY
B:
ZONING
COVENENANTS.
THIN A SPECIAL
NED BY THE
T AGENCY.
PB: 63-48
builder no longer building retaining wall
APPROVED MAR 21 2018
KW
LEGEND:
BOUNDARY
OVERHEAD
FENCE (TYP
CP = COMPUTED POINT (UNL
R/W = RIGHT-OF-WAY
EOP = EDGE OF PAVEMENT
C/L = CENTERLINE
= UTILITY POLE
LOT 36
PB: 60-113
LOT 48
PB: 63-48
S 65°49'13"E 230.51'
N 29°23'46"E 128.99'
10' DRAINAGE & UTILITY EASEMENT
FRONT SETBACK
LOT 38
0.70 ACRES +-
PROPOSED WALL
15' SIDE SETBACK
DECK
PROPOSED TUSCARORA
GARAGE
PORCH
PAVD
15' SIDE SETBACK
N 65°49'26"W 242.20'
S 24°11'54"W 128.44'
10' DRAINAGE & UTILITY EASEMENT
BARBER LOOP SR #1458
60' PUBLIC R/W
LOT 39
PB: 53-78
INITY MAP
OT TO SCALE)
BRAWLEY SCHOOL RD
0'
30'
60'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 372 Barber Loop

Date: March 14, 2018

Attached is the septic specification information required to permit 372 Barber Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Watertree Lot 38 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	~~20"~~ 18"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	125' of 2" SCH 40 PVC
Flow Rate through the system	~~41.7 gpm~~
Elevation head	Approx. 22.2'
Pressure head	2.0'
Friction head	3.8'
20% Contingency	5.6'
Total Head	33.6'
Pump Requirements	42 gpm @ 33.6' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	5.7
Repair System	**LP PPBPS**
Total Linear Feet	~~270~~
Repair Loading Rate	0.3

APPROVED MAR 2 1 2018
KW

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Blue	25% Reduction	60 endfed	2
2	System	Orange	25% Reduction	66 endfed	3.07
3	System	Pink	25% Reduction	66 endfed	3.74
4	System	Red	25% Reduction	66 endfed	4.98
5	System	Blue	25% Reduction	64 endfed	5.96
6	System	Orange	25% Reduction	79 endfed	6.94
7	System	Pink	25% Reduction	79 endfed	8.08
8	Repair	Red	LP PPBPS	71	9
9	Repair	Blue	LP PPBPS	72	10
10	Repair	Orange	LP PPBPS	47	19.2
11	Repair	Red	LP PPBPS	60	20.1
12	Repair	Orange	LP PPBPS	25	20.9
				Total System: 480'	
				Total Repair: 268'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	18.20
House	blue		10.20

Manifold Information		
Tap Size (In.)	1/2	1/2
Tap Material	SCH 40 PVC	SCH 80 PVC
No. Taps	2	5.00
Barrel Size (In.)	4	4.00
Barrel Material	SCH 80 PVC	SCH 80 PVC
Flow (gpm)/Tap	7.1	5.50

Note: **All rod readings should be verified by installer prior to installation**
Tank locations and distribution devices may be altered at the discretion of the ICHD
Imported cover may be needed over initial system per existing permit

APPROVED MAR 2 1 2018
KW

APPROVED NOV X 2 2017
KW

Sheet 1 of 2

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Construction
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 9/13/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.7 Ac
LOCATION OF SITE: Watertree Lot 38
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

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	L 15%	0-30	Mo SBK C	FR SS/SP	R	50"+	N/A	N/A	0.3
		30-50	WK SBK CL	↓	R; F Sap				
2	L 8%	0-6	Mo GR SCL	FR SS/SP	R Br	25"+	N/A	25"	0.3 to 25"
		6-25	Mo SBK C	↓	R				
		25"	2 Chr						
3	0 30" L 8%	0-5	Mo GR SCL	FR SS/SP	Br R	Pr 32"+	N/A	32"	0.25 to 32"
		5-30	Mo SBK C	↓	R, C yel				
		30"	2 chr						
4	L 8%	0-5	Mo GR SL	FR ns/np	Br	60"+	N/A	N/A	0.3
		5-33	Mo SBK C	FR SS/SP	R				
		33-60	Mo/Wk SBK	CL ↓	R, F Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): 18" TB for system
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: tms
OTHER(S) PRESENT:

COMMENTS:

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

APPROVED NOV X 2 2017 KW

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: IQ Custom Construction
APPLICATION DATE _____
ADDRESS: _____
DATE EVALUATED: 9/13/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: 0.7
LOCATION OF SITE: Watertree Lot 38
PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

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
5	L 8%	0-53	mo SBK CL	FR SS/SP	R; F sap	32+ 53"+	N/A	N/A	0.35
6	L 15%	0-7	mo GR SL	FR NS/NP	Br	48"+	N/A	N/A	0.3
		7-42	mo SBK C	FR SS/SP	R				
		42-48	WK SBK CL	↓	R; F sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	IV
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): 18" TB for system
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED MAR 14 2018

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $75.00 Ltd Redraw

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

Page 2: *Site Plan Worksheet* form MUST accompany this application #230161

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) *Custom Site Plan, scaled no more than 1 inch = 60 fee*

Applicant Information:

Contact Kathleen Sauriders (704) 578-4951

Applicant Name: IQ Custom Construction **Address:** 840 Edmiston Rd Mt Ulla 28125 **Phone:**

Owner Name: **Address:** **Phone:**

Property Information:

Street Address: 372 Barber Loop Mooresville 28117

Subdivision Name: Watertree **Section/Phase:** P3 **Lot Number:** 38

Driving Directions: BSB. Left on Chuckwood, Left on Barber Loop

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
( ) 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:

(X) 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 (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 this 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 grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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: Emma Helt / Kathleen Sanders 3/14/18
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, IQ Custom Construction, am the legal owner(s) of the property located at 372 Barber Loop, identified as PIN (Parcel Identification Number) 4615-99-0883, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) The Oaks Group, 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

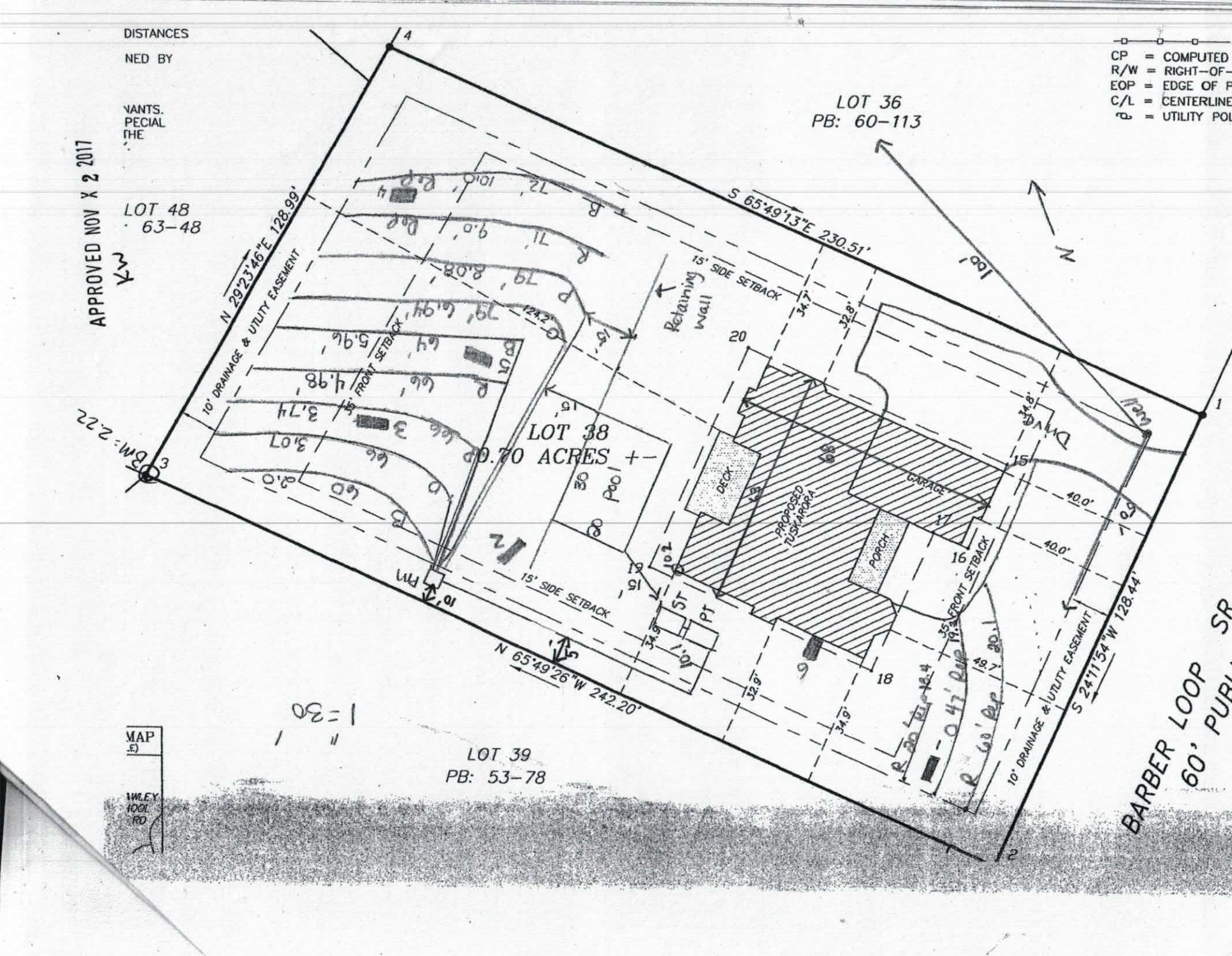
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

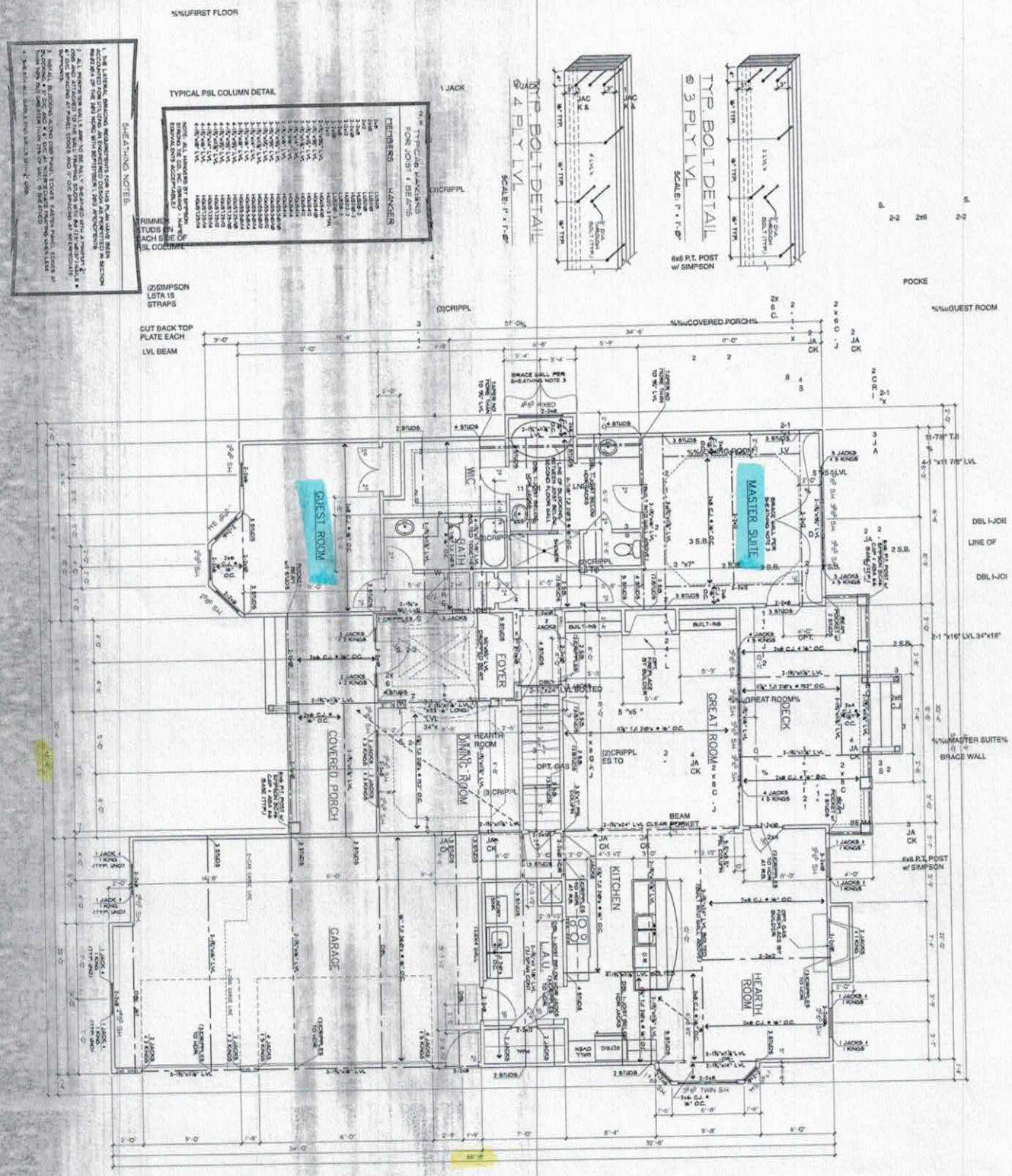
Signature of Owner(s)	Date	Signature of Witness	Date
	3/31/16		3-31-16

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


DISTANCES
NED BY
VANTS.
PECIAL
THE
APPROVED NOV X 2 2017
LOT 48
63-48
LOT 36
PB: 60-113
CP = COMPUTED
R/W = RIGHT-OF-
EOP = EDGE OF P
C/L = CENTERLINE
UTILITY POL
S 65°49'13"E 230.51'
N 29°23'46"E 128.99'
10' DRAINAGE & UTILITY EASEMENT
15' SIDE SETBACK
Retaining Wall
LOT 38
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15' FRONT SETBACK
DECK
PROPOSED TUSKAROFA
GARAGE
PORCH
15' SIDE SETBACK
N 65°49'26"W 242.20'
LOT 39
PB: 53-78
S 24°11'54"W 128.44'
10' DRAINAGE & UTILITY EASEMENT
BARBER LOOP
60' PUBL
MAP
WILEY
POOL
RD



Acknowledgement of Plans Submittal ONLY!

Date 11-2-17

Date 11/3/17

SHEET	S3
REVISIONS	
DATE	JUNE 16, 2016
DRAWN BY	JONATHAN ROGERS

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

PROJECT

IQ CUSTOM

The Tuskarora

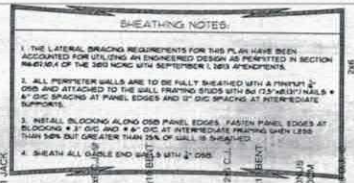
SEAL FOR STRUCTURAL ONLY

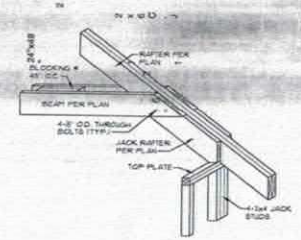
Acknowledgement of
Plans Submittal ONLY!

Date 11-2-17

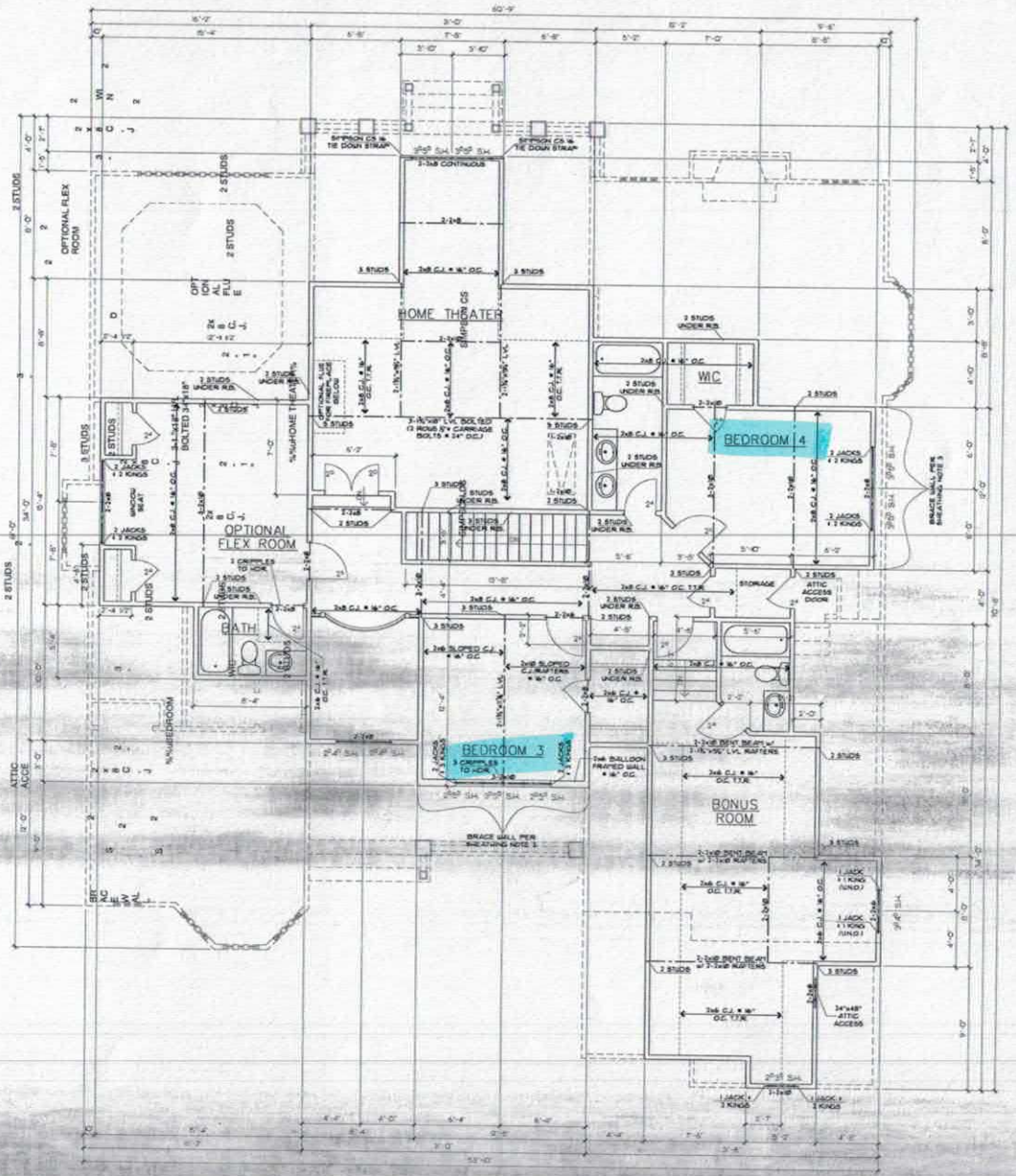
Date 11/3/17







A/01 BENT BEAM DETAIL
SCALE: 1/2" = 1'-0"



SEAL FOR STRUCTURAL ONLY

PROJECT:
IQ CUSTOM
The Tuskarora

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: JONATHAN ROGERS

DATE: JUNE 16, 2016

REVISIONS:

SHEET
S4

IREDELL COUNTY

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

APPLICATION NUMBER
230161
Issue Date: 09/14/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4615990883.000	372 BARBER LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BONOMO WALTER R+LILIAN D	Applicant: KATHLEEN SAUNDERS
Address: 118 CLOISTER LN MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	15.00	CACL	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	115036	TOTAL FEES:	$ 77.25