ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303149

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

PIN # 4624345484

APPLICANT/OWNER: Shad Aul | APPLICANT ADDRESS: 143 Greenbay Rd Mooresville, NC 28117

SITE ADDRESS: 146 Washam Rd Mooresville, NC 28117 | PHONE: 704 677-8140 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL 1st Washam Rd on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Washam Rd | SECTION: | LOT # 6 | LOT AREA: .94 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 10/12	Date 9/24/2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: PRBPS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 36"		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

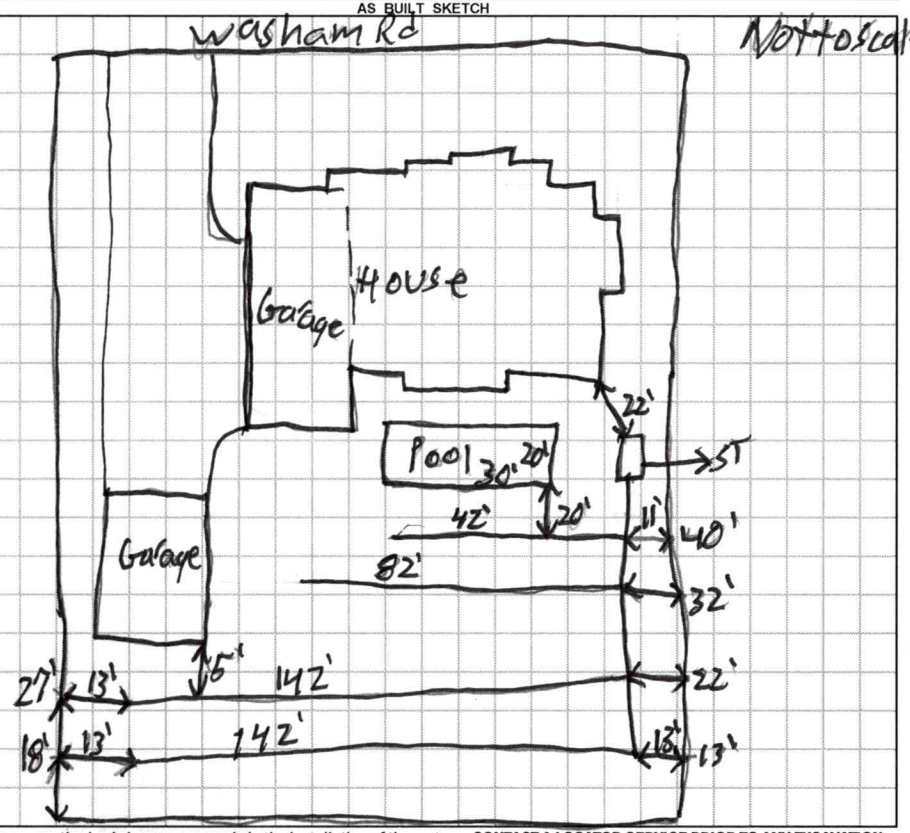
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic lines @ 36" trench bottom
*Do Not grade down for house slab.

INITIAL SITE SKETCH

See attached, approved Site drawing Submitted by Paul Penninger
12/11/19

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: | Date: 12/19/19 | Installed by: steve J

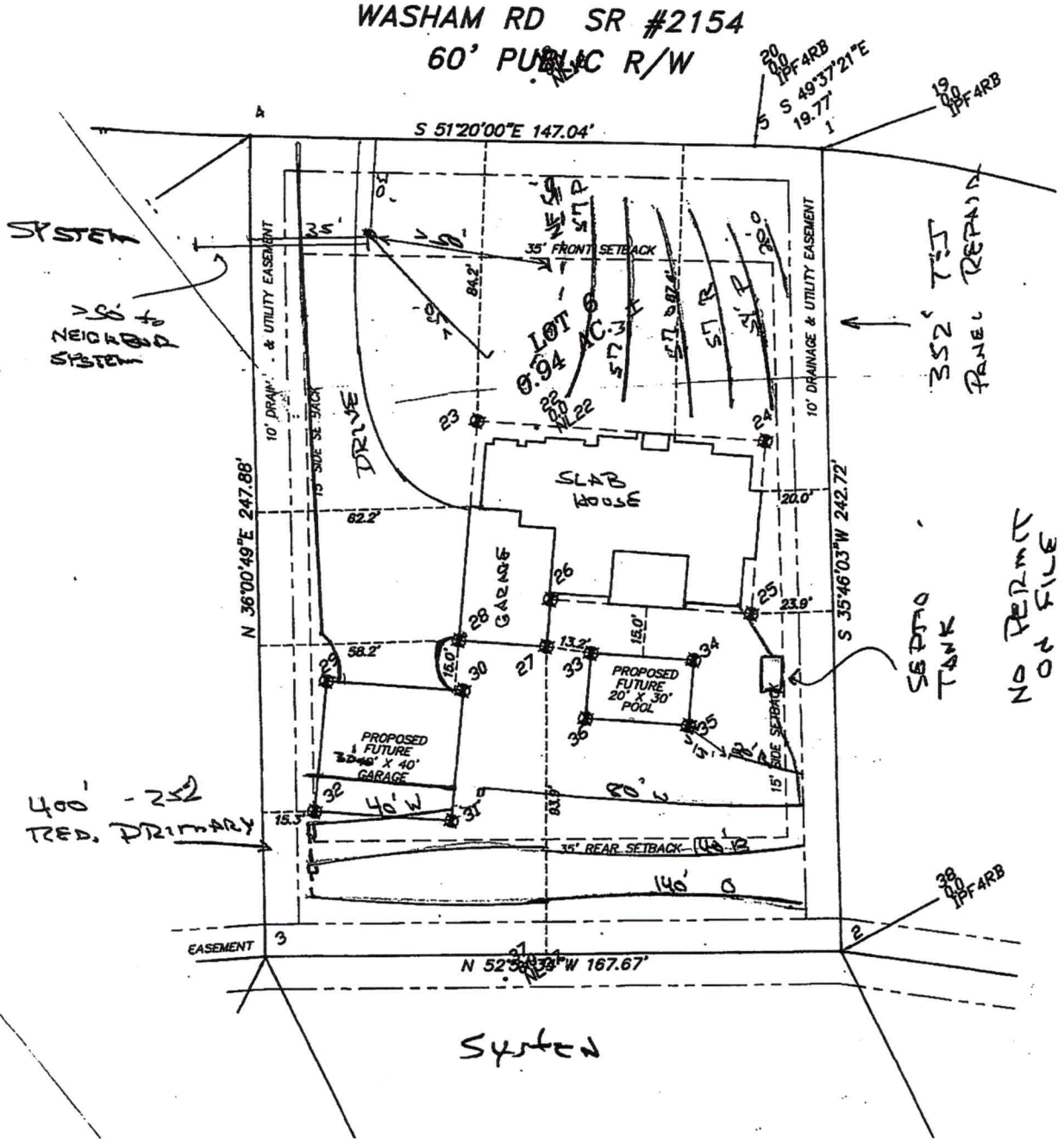
IMPROVEMENT PERMIT by: Marian Olson | Date: 12/13/19 | OPERATION PERMIT by: Patrick J Boyle III | Date: 11/19/2020

AUTHORIZATION TO CONSTRUCT by: Marian Olson | Date: 12/16/19 | 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.

LOT 6 WASHAM PT. SEPTIC
SITE PLAN FOR REVIEW
11-26-19

1" = 30'



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 9624345484
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shad Aul
ADDRESS: 143 Greenbay Road Mooresville, NC
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 146 Washam Rd Mooresville Lot #6
APPLICATION DATE 11/26/19
DATE EVALUATED: 12/11/19
PROPERTY SIZE: .94 Acre
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Washam Pt
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% L	0-10	Brw SCL	SS, SP, SExP, FR					PS
		10-35	RCL m-w	SBK SS, SP, SExP, FR					
		35-58	RCL w	SBK SS, SP, SExP, FR					
			few SAP Inclus		—	58"	—	—	.3
2	6% L	0-6	Brw SCL w	SBK SS, SP, SExP, FR					PS
		6-21	RCL m-	w SBK SS, SP, SExP, FR					
		21-60	RCL w	SBK SS, SP, SExP, FR					
			w/ few SAP Inclus		—	60"	—	—	.3
			Huge rock boulder on Pit Step						
3	5% L	0-2	Brw	SCL w SBK SS, SP, SExP					PS
		2-26	RCL m-	w SBK SS, SP, SExP, FR					
		26-62	RCL w	SBK SS, SP, SExP, FR					
					—	62"	—	—	.3
4	5%	0-14	Brw SCL w	SBK SS, SP, SExP, FR					PS
		14-30	R/Rd/Brw CL m-	w SBK SS, SP, SExP, FR		58"			
		30-58	RCL w	SBK SS, SP, SExP, FR			—	—	.3
			w/ Common Mica flakes						
					36"	TB			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean, Paul Penninger

COMMENTS:

$500 | $550
12-4-19
AP-303149

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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.

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: Shad Aul Address: 143 Greenbay Road, Mooresville Zip: 28117
Applicant Email: timkiker.pcb@gmail.com (builder) Phone: 704.677.8140 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Washam Rd
Subdivision Name: Washam Pt Section/Phase: _____ Lot Number: 6
Driving Directions: Brawley School Rd, TL Washam, lot on rt at 146 Washam

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

(X) 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: 8
(X) Swimming Pool
(X) Other Addition/Structure: DET. GARAGE

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

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: _____

(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: 2580

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: _____ 11-26-19
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

(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, Shad Aul, am the legal owner(s) of the property located at 146 Washam Rd, identified as

PIN (Parcel Identification Number) 4624345484.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting Tim Kiker/Plattner Custom Builders, 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.

_____ 11-26-19

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303149 Issue Date: 12/04/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624345484.000	146 WASHAM RD	Iredell County

Owner Information	Applicant Information
Name: AUL SHAD E+CHRISTY H	Name: PAUL PENNINGER
Address:	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: (704)996-6330

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

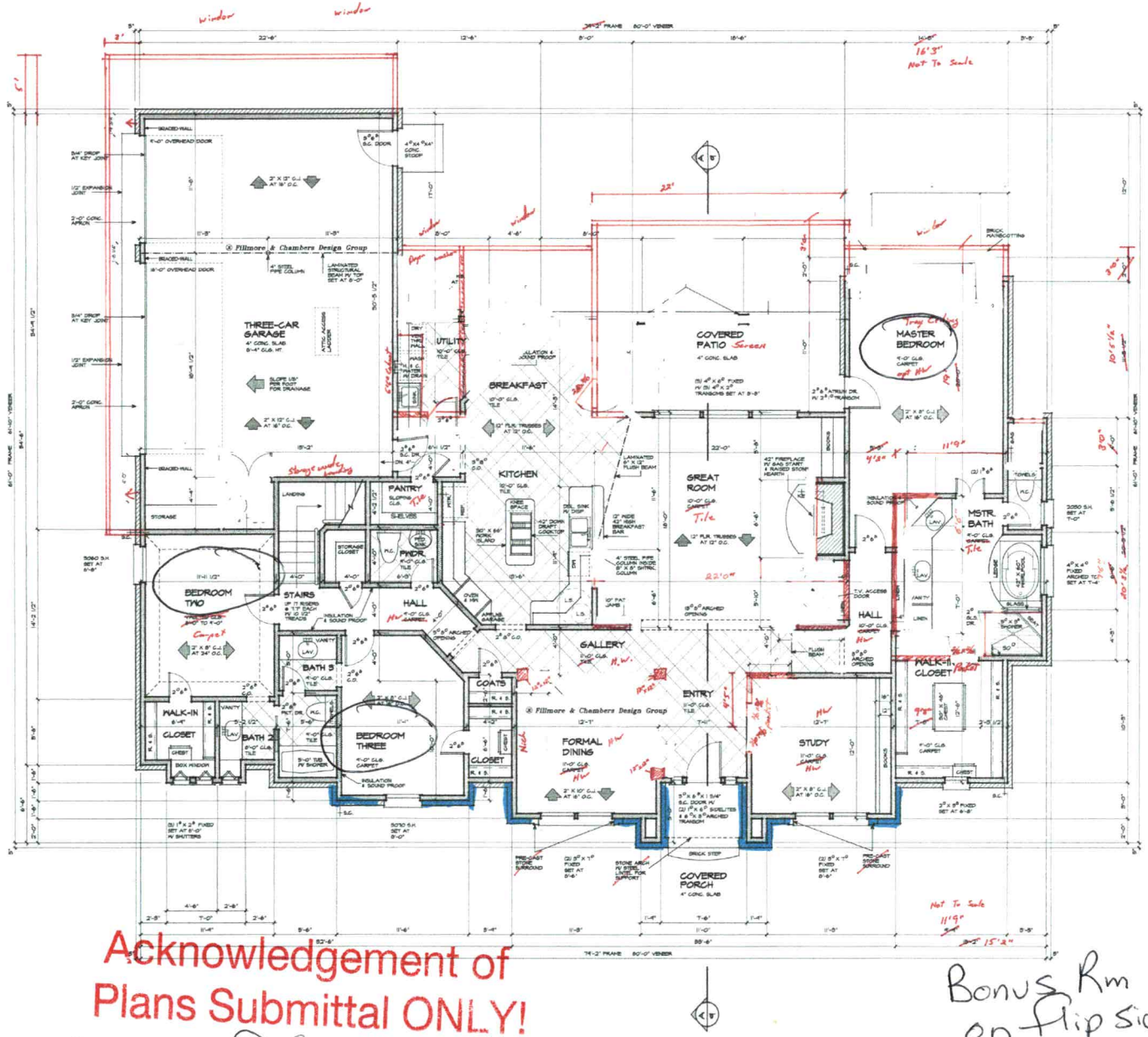
Remarks
SFD

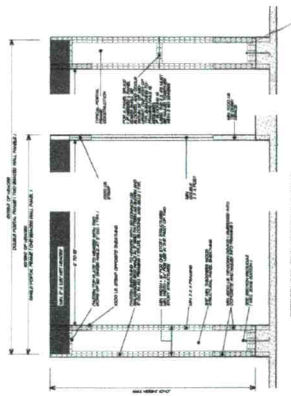
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 12/04/2019

Signature of Owner/Contractor

Permit Number	303149	TOTAL FEES:	$77.25





Stucco + Stone No Brick
3 Garage Doors 9x8
10' Ceilings 1st Floor
8' Doors 1st Floor

SQUARE FOOTAGE:
1. VENEER 2720 TOTAL SQ. FT.
2. COVERED PATIO 178 SQ. FT.
3. GARAGE 715 SQ. FT.
4. COVERED PORCH 36 SQ. FT.

NOTES:
1. ALL ANGLED WALLS ARE 45°
2. ALL ANGLED WALLS ARE DIMENSIONED TO OUTSIDE OF WALL.
3. ALL CEILING HEIGHTS 9'-0" & 10'-0" UNLESS NOTED.
4. PROVIDE STEEL LINTELS AT ALL WINDOWS & DOORS AS REQUIRED TO SUPPORT BRICK ABOVE.
5. DOUBLE ALL FLOOR JOISTS BELOW ALL PARALLEL WALLS AT UPPER LEVEL.

LOWER LEVEL FLOOR PLAN
SCALE 1/4" = 1'-0"

Sq. Ftg.
UPPER FRAME —
LOWER FRAME —
TOTAL FRAME 2635
TOTAL VENEER 2720
SHEET NUMBER 1

SQ. FT. NOT INCLUDED IN TOTAL SQ. FT.

SQ. FT. DOES NOT INCLUDE FUTURE BONUS ROOM

REFERENCE NUMBER 9433
PLAN NUMBER 9727

DRAWN BY —
DATE 9/3/09
REVISED BY —
DATE —
REVISED BY —
DATE —

FILLMORE & CHAMBERS DESIGN GROUP

Contact Info:
N. Jackson
Edmond, OK 73034
Oklahoma, 73130
Phone: 405.843.5456
Fax: 405.844.0054
BC: fillmore@att.net
fillmoredesign.com

REPRODUCED FROM PLANS PROVIDED BY FILLMORE & CHAMBERS DESIGN GROUP AS SHOWN IN THE INTERNATIONAL RESIDENTIAL CODE BOOK

Acknowledgement of Plans Submittal ONLY!

Date 12/16/19

Date 12/19/19

Bonus Rm on flip side