ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 301252

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

PIN # 4626 -07 -7545

APPLICANT/OWNER: Eric Warner APPLICANT ADDRESS: 108 Castle Bay Court Mooresville, NC 28117

SITE ADDRESS: 719 Hemp Road, Mooresville NC 28117 PHONE: 704 491 2060 ALT. PHONE 704-258-1778

SITE DIRECTIONS: BSR on McLenboree on Kincaid Place. Lot is Directly in Front of you. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ELFT SECTION: 8 LOT # 171 LOT AREA: .83 Ac DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 7160	Date	-26-	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT 363	Date	5-22	System Description: LP-PPBPS-50% Reduction				☐ Business	No. Persons 8	☒ Private
Pump Make	Cherry	Model	3x4 Up	Serial #		Repair System Description: T3-II PPBPS-LP-50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	267	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	24	Trench Bottom Depth(Low side)	30in	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: House must be constructed w/in footprint shown on permit.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas, PA

LSS # 1231 Dated March 12th 2021

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.

FLOATS
ALARM
ELECTRICAL
PRESSURE HEAD
CVB
8-26-2022
BCW

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: 3-24-2021 Installed by: Pitt

IMPROVEMENT PERMIT by: [signature] Date: 3-19-2021 OPERATION PERMIT by: [signature] Date: 8-26-2022

AUTHORIZATION TO CONSTRUCT by: [signature] D. Weber Date: 6/2/21 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 # 301252

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

PIN # 4626 -07 -7545

APPLICANT/OWNER: Eric Warner APPLICANT ADDRESS: 108 Castle Bay Court Mooresville, NC 28117

SITE ADDRESS: 719 Kemp Road, Mooresville, NC 28117 PHONE: 704 491 2060 ALT. PHONE 704-258-9778.

SITE DIRECTIONS: BSR @ on McKendree @ on Kirkwall Place. Lot is Directly in Front of you. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ELFT SECTION: 8 LOT # 171 LOT AREA: .83 Ac DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 7600	Date 5-26-	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT 363	Date 5-22.	System Description: LP-PPBPS-50% Reduction				☐ Business	No. Persons	8	☒ Private
Pump Make	Cherry		Model 3/4 Hp	Serial #	Repair System Description: T3-II PPBPS-LP-50% Reduction.				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 267	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth(Low side)	30in	Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: House must be constructed w/in footprint shown on permit.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas, PA

LSS # 1231 Dated March 12th 2021

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: Eric J Warner Date: 3-24-2021 Installed by: Ruth

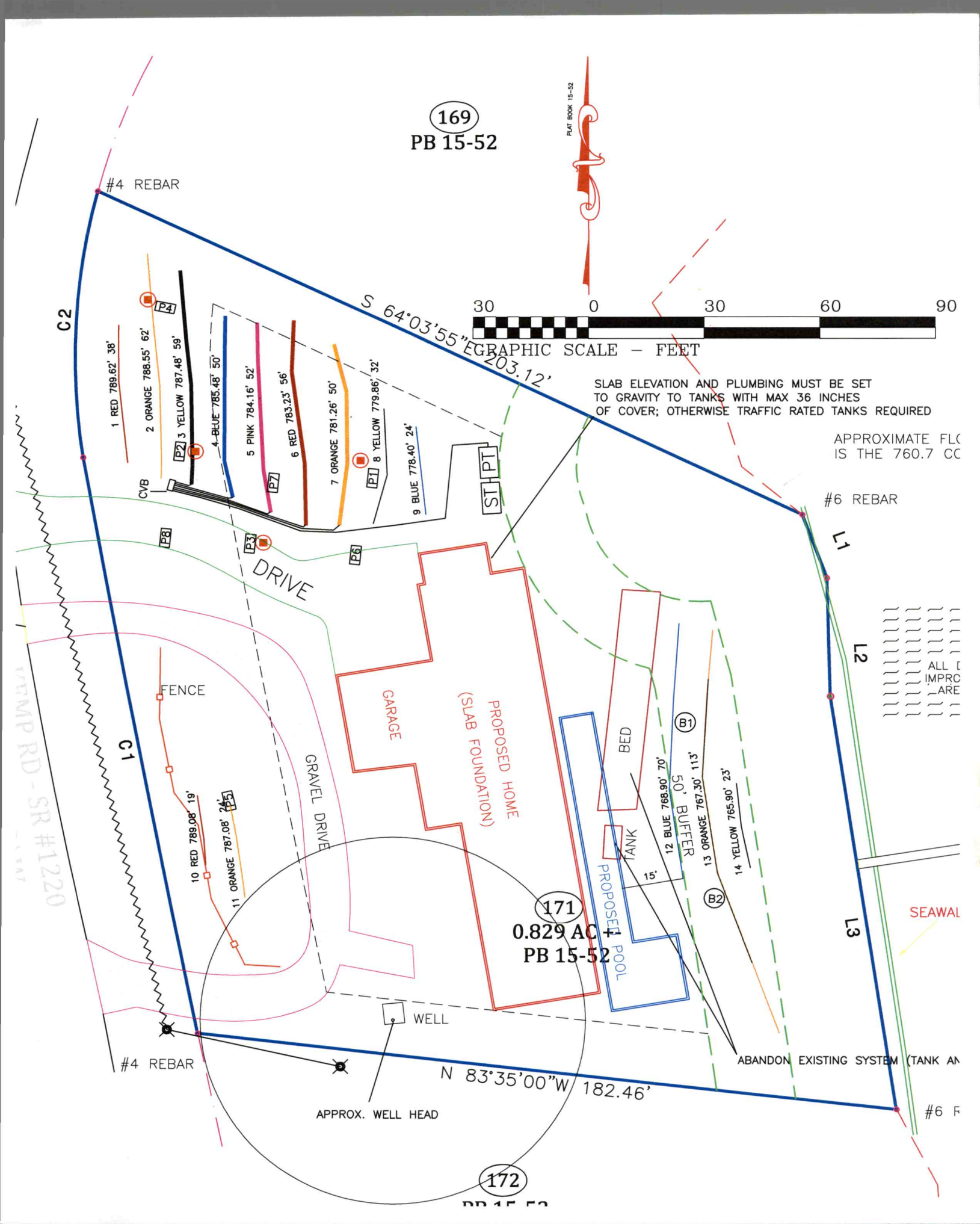
IMPROVEMENT PERMIT by: Benjamin A Bartkin Date: 3-19-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 6/2/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	7/15	BB
Tanks Checked	7/15	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments: Supply Line 7/15 BB		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


169
PB 15-52
PLAT BOOK 15-52
#4 REBAR
S 64°03'55"E 203.12'
30 0 30 60 90
GRAPHIC SCALE – FEET
SLAB ELEVATION AND PLUMBING MUST BE SET TO GRAVITY TO TANKS WITH MAX 36 INCHES OF COVER; OTHERWISE TRAFFIC RATED TANKS REQUIRED
APPROXIMATE FLO
IS THE 760.7 CO
#6 REBAR
C2
L1
L2
L3
C1
1 RED 789.62' 38'
2 ORANGE 788.55' 62'
3 YELLOW 787.48' 59'
4 BLUE 785.48' 50'
5 PINK 784.16' 52'
6 RED 783.23' 56'
7 ORANGE 781.26' 50'
8 YELLOW 779.86' 32'
9 BLUE 778.40' 24'
P1
P2
P3
P4
P5
P6
P7
P8
CVB
ST
PT
DRIVE
FENCE
GARAGE
PROPOSED HOME
(SLAB FOUNDATION)
GRAVEL DRIVE
BED
TANK
15'
PROPOSED POOL
B1
B2
50' BUFFER
12 BLUE 768.90' 70'
13 ORANGE 767.30' 113'
14 YELLOW 765.90' 23'
10 RED 789.08' 19'
11 ORANGE 787.08' 24'
171
0.829 AC +/-
PB 15-52
WELL
APPROX. WELL HEAD
#4 REBAR
N 83°35'00"W 182.46'
ABANDON EXISTING SYSTEM (TANK AN
SEAWAL
#6 R
172
TEMP RD - SR #1220

CALCULATIONS

Location	719 Kemp Road	
Project Number	19-0107	
Lot No:	CL&T - 171	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	103	ft.
Supply Line Volume	17.922	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	267	ft.
Gallons per Minute	25.83	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	63	
Dosing Volume	226.80	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

Tank Draw Down	10.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	18	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.83	ft.
Total Dynamic Head (+15%)	25.11	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 3
PROPERTY ID #: 6260715545
COUNTY: Iredell

2 New Borings in Buffer Oct 2020

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

OWNER: Eric Warner (Buyer)
ADDRESS: 108 Castle Bay Ct. Mooresville NC 28117
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 719 Kemp Rd, Mooresville NC 28117
PROPOSED DESIGN FLOW (.1949): 480gpd
APPLICATION DATE: 9/27/19
DATE EVALUATED: 8/27/19
PROPERTY SIZE: 0.829ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/13%	0-8	B1sr	FrSSSPSExP		53	–	–	PS 0.3
		8-24	RBclwfsbk	" " "					
		24-53	BRCwfsbk/Absk	" " "					
B 2	L/12%	0-9	B1sr	FrSSSPSExP		53	–	–	PS 0.3
		9-19	RBclwfsbk	" " "					
		19-53	Rcwfsbk/Absk	" " "	f WR				
B 3	L/12%	0-5	B1sr	FrSSSPSExP		50	–	–	PS 0.275 0.3
		5-16	RBclwfsbk	" " "	f grav				
		16-50	Rcwfsbk/Absk	" " "	2 c WR				
B 4	L/13%	0-10	B1sr	FrSSSPSExP		50	–	–	PS 0.3
		10-15	RBclwfsbk	" " "					
		15-50	Rcwfsbk/Absk	" " "	f grav				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBAS	PPBPS w/ AS-II Pretreatment
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J. Ashley Rollans
OTHER(S) PRESENT: L. Wagner

LICENSED SOIL SCIENTIST – J. ASHLEY ROLLANS – 2281 – SOIL SCIENTIST

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4626077545
DATE OF EVALUATION: 8/27/19
COUNTY: Iredell

9/19/19

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
P1/B1	L/13%	0-8	BL Gr	Fr SS SP		52			PS .3
		8-19	RBCL wfsbk	Fr SS SP					
		19-52	BRC wmsbk/Abk	Fr SS SP					
P2/B2	L/12%	0-4	BL Gr	Fr SS SP		59			PS .3
		4-12	RBCL wfsbk	Fr SS SP					
		12-52	RC wmsbk/Abk	Fr SS SP	Few wtl. Rock Units ~10% of Pit				
		52-59	RBCL wmsbk	Fr SS SP					
P3	L/12%	0-5	BL Gr	Fr SS SP		25		25	Margu./ LIN
		5-25	BRC wmAbk	F SS SP					
		25-48	Soil/Rock ~50%						
P4/B4	L/13%	0-5	BL Gr	Fr SS SP		54			PS .3
		5-15	RBCL wfsbk	Fr SS SP					
		15-54	RC wmAbk/sbk	Fr SS SP					
P5	L/13% Well Side of Pit Suitable other Side ~50% Rock	0-3	BSL Gr	Fr SS SP		53			PS .3 on one side
		3-53	RC mmAbk/sbk	Fr SS SP	Few wtl Rock				

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Sheet 3 of 3

PROPERTY ID #: 4626077545
DATE OF EVALUATION: 8/27/19
COUNTY: Iredell

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
P6	L/12%	0-4	BL Gr	Fr SS SP		55			PS .3
		4-14	RBCL wfsbk	Fr SS SP					
		14-44	RBC wmsbk/Absk	Fr SS SP					
		44-55	RBC. wmsbk	Fr SS SP					
P7	L/12%	0-6	BL Gr	Fr SS SP	Few wh. Rock	50			PS .3
		6-50	RC wmsbk/Absk	Fr SS SP					
P8	L/12%	0-6	BSL Gr	Fr SS SP		29			Aeric due to saprolite
		6-20	RC wmsbk/Absk	Fr SS SP					
		20-29	RBCL wmsbk	Fr S SP	Color Mott SAP Few Few Clay Films				
		29-54	VAR SL. Mass	Fr S SP					
New B1 IN Buffer	L/11%	0-10	RBCl wfsbk	FrSSSPSEXP	[Fe] dep (31-34") chr 2.5 @ 46"	50	—	—	PS .25-.275
		10-50	RBCm wmsbk	" " " "					
New B2 IN Buffer	L/11%	0-12	RBCl wfsbk	FrSSSPSEXP		50	—	—	PS .275
		12-50	RBCm wmsbk	" " " "	f [Mn] conc.				

COMMENTS:

RECEIVED MAR 1 5 2021

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA
www.soilandforestryservices.com

Project#: 19-0107
March 12th, 2021

ERIC WARNER
Attn: *Eric Warner*
Email: idealfactorydesign@gmail.com

RE: Soil & Site Evaluation for a 4 Bedroom Residence on Lot 171 CL&T Subdivision, 0.829 ac Parcel, PIN# 4626077545, 719 Kemp Road, Mooresville, NC 28117.

Mr. Warner:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas within the 30 foot to 50 foot Lake Buffer with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department to revise the previous permit.

Site Conditions
At the time of our evaluation land cover on the property was mostly mixed pine/hardwood. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Dedmon Land Surveying. The surveyor provided an Autocad File of a survey as a basemap. The proposed septic layout and soil borings (B1 & B2) were located via tape measures and used to produce the attached *Site Plan*. The house envelope and pool were located via Survey by Dedmon Surveying.

Methodology
We previously evaluated soil areas through the use of backhoe pits for the Expedited Review Permit Process. More recently two hand auger borings were advanced inside the 50 foot Lake Buffer. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with two hand auger locations on the property flagged and located via tape measure. All of the backhoe pits Seven of the ten pits/borings are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit. The house envelope and pool were located via survey. An on-ground layout of system and repair was

performed using a laser level. Pin flag locations of the layout were also located by survey and/or tape measures. Detailed system & repair information is summarized in the following paragraph for this Lot.

719 Kemp Road (*See Attached Design*)
The septic layout for this lot (8' centers) yielded a total of 716 linear feet of line. The primary system is proposed as 267 linear feet of PPBPS (50% Reduction) drainfield with pressure manifold distribution. Trench depth is specified at 30 inches. The repair system is proposed as 449 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. The Repair system will require TS-II Pretreatment. Trench depth is specified at 30 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

* Print Name ERIC J WARTER
* Signature ERIC J WARTER 24 MARCH '21

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 719 Kemp Road may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

Soil & Forestry Services of the Carolinas, PA.

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for a PPBPS Septic System w/Low Pressure distribution for a 4 bedroom single family residence on 719 Kemp Road CL&T Lot # 171, (PIN# 4626077545), Mooresville NC, 28117.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

Profile Descriptions---------- 8-10

Septic Application---------- 11-12

Zoning Permit & Receipt---------- 13-15

Agent Authorization---------- 16

Green Sheet---------- 17

Subdivision Plat---------- 18

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

March 12, 2021
Project #: 19-0107
Design By: Soil & Forestry Services of the Carolinas, PA

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Eric Warner
Current Address:	108 Castle Bay Court Mooresville, NC 28117
Phone:	704.491.2060
County:	Iredell
Location:	719 Kemp Road

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480 gpd
System Flow:	25.83 gpm

Design Specifications

Drainfield Size:	267
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Max Trench Depth (LOW SIDE):	30 in., Repair 30 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	103
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	17.92
Dosing Volume:	226.80
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.83
Elevation Head:	18.00
Total Dynamic Head:	25.11
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

719 Kemp Road

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	534
TOTAL LATERAL LENGTH:	267
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	266.6666667
SUPPLY LINE LENGTH:	103
TOTAL DYNAMIC HEAD:	25.11
MANIFOLD SIZE:	N/A
DOSING VOLUME:	226.80
PUMP TANK DRAW DOWN*:	10.8
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

719 Kemp Road

Project #: 19-0107

LAYOUT FOR 4 BEDROOM HOME — March 12, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR	(LEFT FRONT)				781.50		
P. TANK					775.00		
1	RED				789.62	38	38
2	ORANGE				788.55	62	62
3	***YELLOW***				***787.48***	***59***	***59***
4	***BLUE***				***785.48***	***50***	***50***
5	***PINK***				***784.16***	***52***	***52***
6	***RED***				***783.23***	***56***	***56***
7	***ORANGE***				***781.26***	***50***	***50***
8	YELLOW				779.86	32	32
9	BLUE				778.40	24	24
10	RED				789.08	19	19
11	ORANGE				787.08	24	24
12	BLUE				768.90	70	70
13	ORANGE				767.30	113	113
14	YELLOW				765.90	23	23
					Total	**672**	**672**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***267***	***0.300***	***MOD.***	***0.300***	***PPBPS***	**LOW PRESSURE**
Repair	***405***	***0.250***	***MOD.***	***0.250***	***PPBPS***	**LOW**
	490.75 GPD				***W/ TS-II***	**PRESSURE**
					Pretreatment	

Notes:

****Septic lines 1 - 10 located via Survey**
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**House & Pool staked by survey (Dedmon Surveyors)

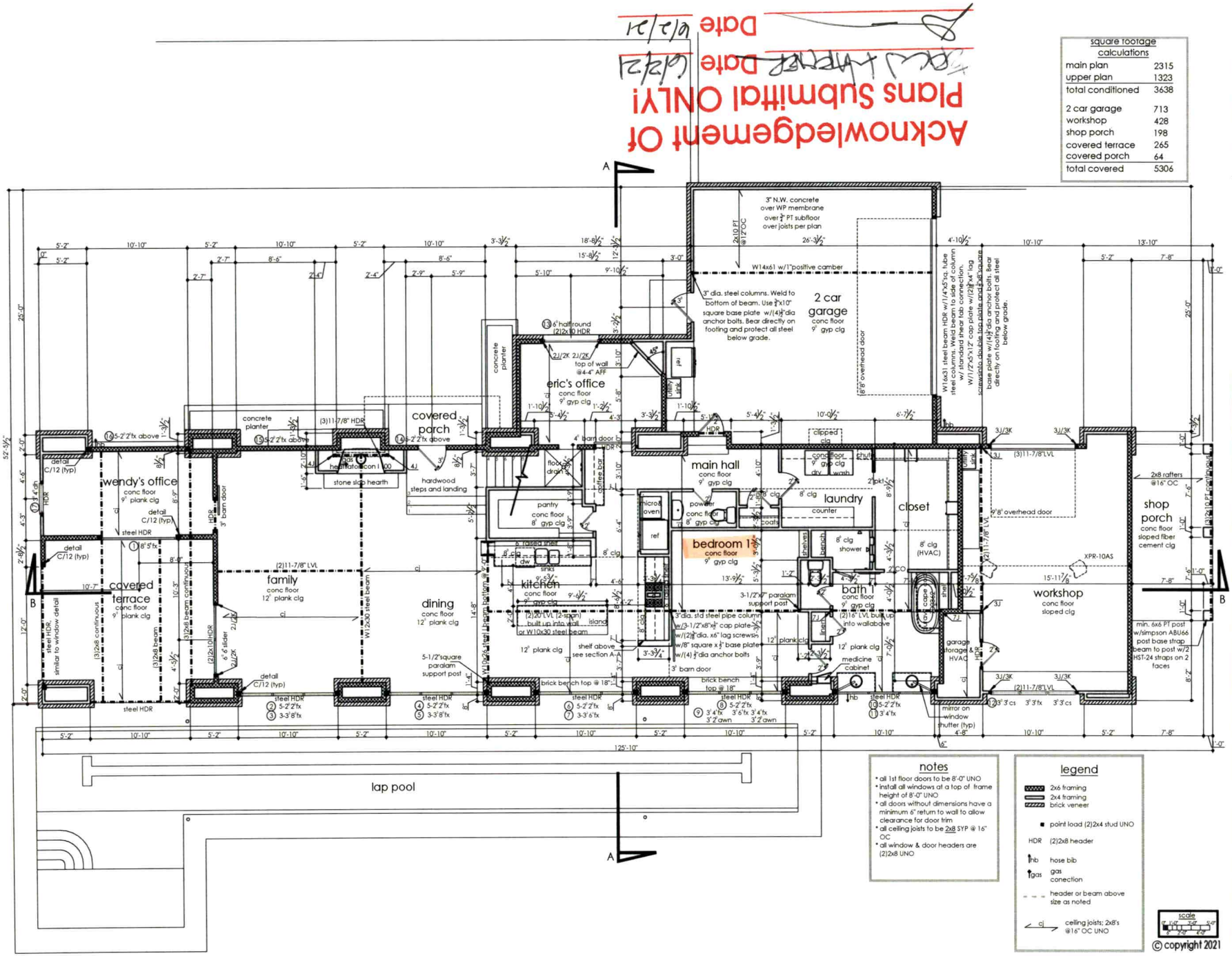
LP PPBPS TAPSHEET -719 Kemp Road

SYSTEM

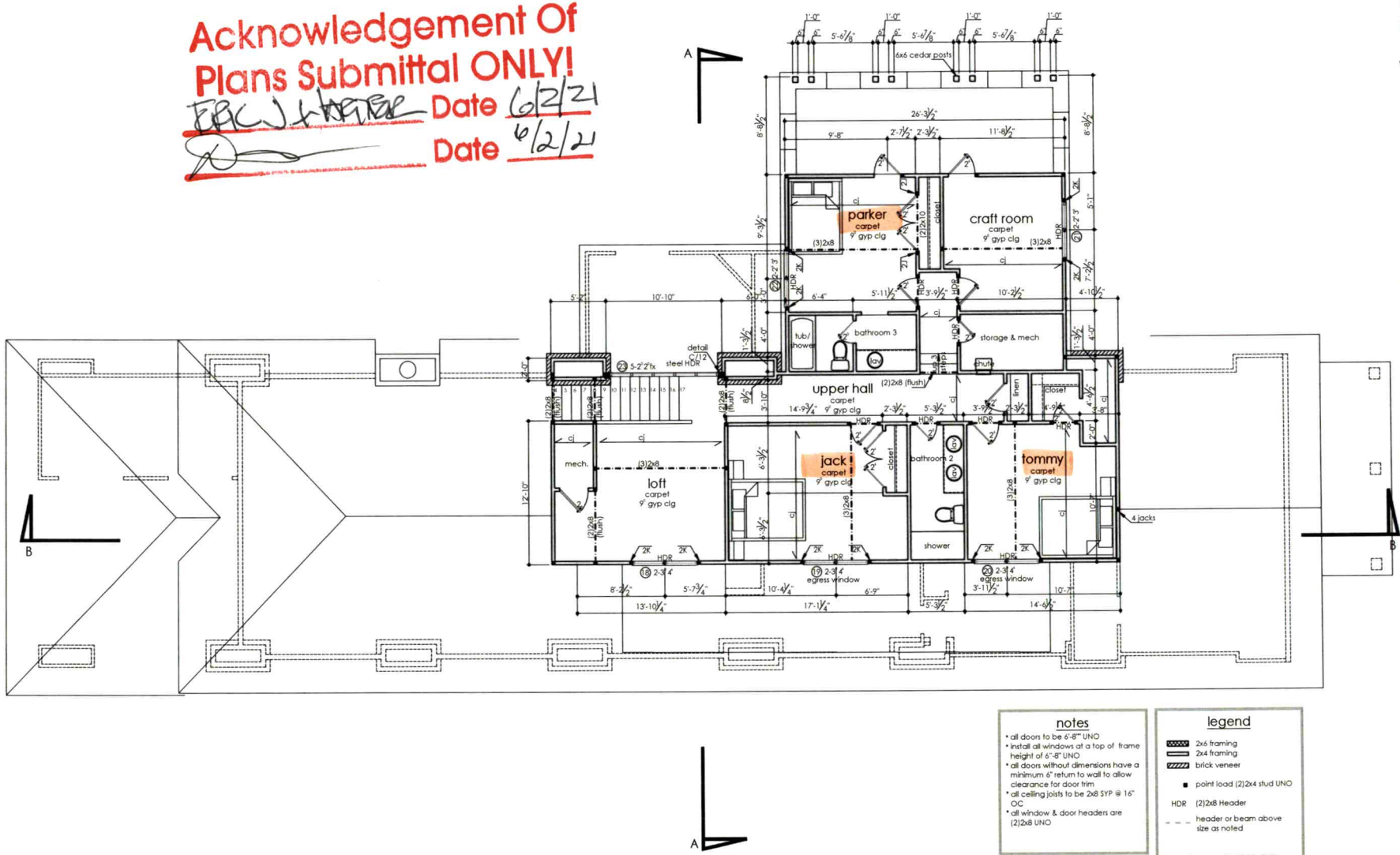
Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
3	*YELLOW*	*787.48*	*59*	*0.156*	*0.41*	*118*	***14***
4	*BLUE*	*785.48*	*50*	*0.156*	*0.41*	*100*	***12***
5	*PINK*	*784.16*	*52*	*0.156*	*0.41*	*104*	***12***
6	*RED*	*783.23*	*56*	*0.156*	*0.41*	*112*	***13***
7	*ORANGE*	*781.26*	*50*	*0.156*	*0.41*	*100*	*12*
	total	**feet =**	**267**	**gal/min =**	**25.83**		63

Des. Flow	**480**
Pump Run=	**8.78**
soil LTAR	**0.3**
LTAR +5%	**0.315**
LTAR with mod.	**0.6**
LTAR with mod.. + 5%	**0.63**

.156 equals 5/32 inch hole


Acknowledgement Of
Plans Submittal ONLY!
Date 6/2/21
Owner Date 6/2/21
square footage calculations
main plan 2315
upper plan 1323
total conditioned 3638
2 car garage 713
workshop 428
shop porch 198
covered terrace 265
covered porch 64
total covered 5306
2 car garage
conc floor
9' gyp clg
eric's office
conc floor
9' gyp clg
main hall
conc floor
9' gyp clg
wendy's office
conc floor
9' plank clg
covered terrace
conc floor
9' plank clg
covered porch
conc floor
12" plank clg
family
conc floor
12" plank clg
dining
conc floor
12" plank clg
kitchen
conc floor
9' gyp clg
pantry
conc floor
8' gyp clg
laundry
conc floor
9' gyp clg
closet
bedroom 1
conc floor
9' gyp clg
bath 1
conc floor
9' gyp clg
shop porch
conc floor
sloped fiber cement clg
workshop
conc floor
sloped clg
lap pool
notes
all 1st floor doors to be 8'-0" UNO
install all windows at a top of frame height of 8'-0" UNO
all doors without dimensions have a minimum 6" return to wall to allow clearance for door trim
all ceiling joists to be 2x8 SYP @ 16" OC
all window & door headers are (2)2x8 UNO
legend
2x6 framing
2x4 framing
brick veneer
point load (2)2x4 stud UNO
HDR (2)2x8 header
hb hose bib
gas gas conection
header or beam above size as noted
ci ceiling joists; 2x8's @16" OC UNO
scale
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IDEA FACTORY
704.491.2060
www.ideafactorydesign.blogspot.com
GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298
Sealed for Structural Information Only
Passarelli Custom Homes
Warner Residence
719 Kemp road
Mooresville, NC
main plan 5.8.21
4

Acknowledgement Of
Plans Submittal ONLY!
ERIC J HAGEMAN Date 6/2/21
Date 6/2/21



notes

- all doors to be 6'-8"" UNO
- install all windows at a top of frame height of 6'-8" UNO
- all doors without dimensions have a minimum 6" return to wall to allow clearance for door trim
- all ceiling joists to be 2x8 SYP @ 16" OC
- all window & door headers are (2)2x8 UNO

legend

- 2x6 framing
- 2x4 framing
- brick veneer
- point load (2)2x4 stud UNO
- HDR (2)2x8 Header
- header or beam above size as noted
- ci — ceiling joists; 2x8's @16" OC UNO

scale

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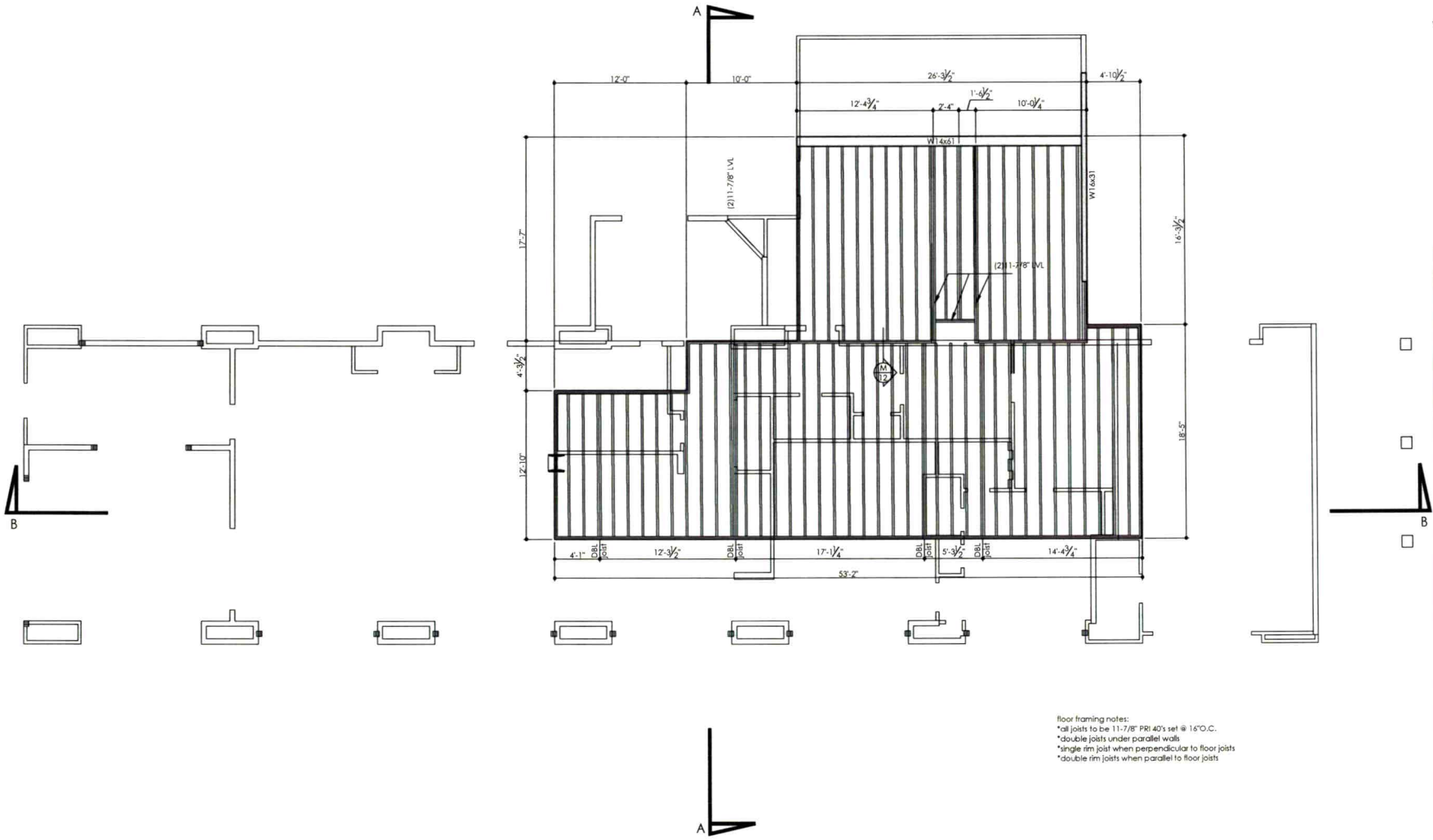
Sealed for Structural Information Only

Passarelli Custom Homes

Warner Residence
719 Kemp road
Mooresville, NC

upper plan
5.8.21

6



floor framing notes:
*all joists to be 11-7/8" PRI 40's set @ 16"O.C.
*double joists under parallel walls
*single rim joist when perpendicular to floor joists
*double rim joists when parallel to floor joists

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NC Bus. Lic. #P-1298

Sealed for Structural Information Only

Passarelli Custom Homes

Warner Residence
719 Kemp road
Mooresville, NC

framing plan
5.8.21

5

scale 1/4" 1'-0" 2'-0" 4'-0"

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INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with low pressure distribution.
- Repair is a PPBPS installation with low pressure distribution & TSII Pretreatment.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- **Existing Septic System must be properly abandoned.**
- **Tanks may have to be traffic rated if over 3 foot cover is required for gravity.**

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: ERIC WARTER **Address:** 108 CASTLE BAY COURT MOORESVILLE, NC **Zip:** 28117
Applicant Email: [redacted] **Phone:** 704 491 2060 **Alt. Phone:** 704 258 9118
Owner Name: [redacted] SAME AS ABOVE **Address:** [redacted] **Zip:** [redacted]
Owner Email: [redacted] **Phone:** [redacted] **Alt. Phone:** _____

Property Information:

Street Address: 719 KEMP ROAD, MOORESVILLE NC. 28117

Subdivision Name: CLT **Section/Phase:** _____ **Lot Number:** 171

Driving Directions: TAKE BRAWLEY SCHOOL WEST. RIGHT ON MCKENDREE. LEFT ON KIRKWALL PLACE. LOT IS DIRECTLY IN FRONT OF YOU.

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: 8
( ) 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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: Unknown
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

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: [redacted] 2/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



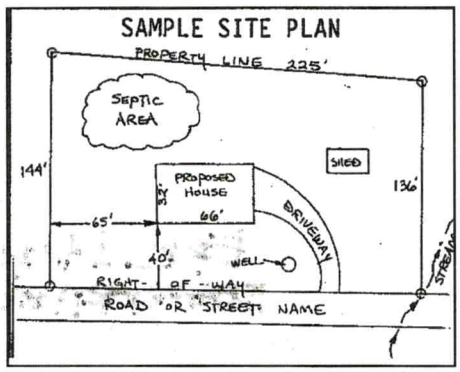
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

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

2/1/21

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, [redacted] ERIC WARNER, am the legal owner(s) of the property located at 719 KEMP ROAD MOORESVILLE, NC 28117, identified as

PIN (Parcel Identification Number) 4627007545.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ERIC WARNER, Ashley Rollans/SFS, 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.

* [redacted] * [redacted] '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

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 *****

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

SAR **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.**

SAR **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.**

SAR **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 [redacted] **Date** 2/12/19

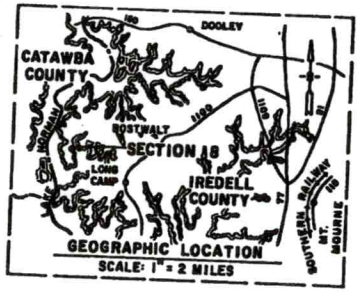
Questions? Contact the Environmental Health Offices below:

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



	LOT 166		
182			
183	S28-24W	28.51	
184	S06-39W	20.87	
185	S42-15W	31.44	
186	S23-32W	24.87	
187	S36-58W	13.23	
188	S89-54W	33.52	
189	N76-30W	21.38	
190	N48-31W	50.80	
191	N39-15W	71.50	
	LOT 167		
191			
192	N54-46W	20.88	
193	N45-40W	15.13	
194	N11-27W	8.93	
195	N11-07W	51.70	
196	N11-12W	20.02	
197	N04-23E	31.92	
198	N27-28W	43.06	
	LOT 169		
198	S56-47W	53.85	
199	S68-35W	17.26	
200	N77-50W	48.88	
201	N65-31W	10.87	
202	N45-05W	17.03	
203	S83-53W	16.23	
204	N41-33E	16.00	
205	N36-03W	33.00	
206	N10-09W	18.24	
207	N52-16W	21.83	
208	S24-37E	37.56	
209	S39-46W	28.73	
210	S30-10E	17.23	
211	S37-17E	14.98	
212	S16-36E	19.78	
213	S50-15E	20.51	
214			
	LOT 171		
214			
215	S21-15E	18.44	
216	S01-35E	32.25	
217	S08-43E	114.03	
	LOT 172		
217			
218	S27-18E	23.08	
219	S03-32E	28.18	
220	S17-08E	30.68	
221	S28-21E	47.19	
222	S34-55E	30.07	
223	S16-21E	31.41	



1,421,000

668.000

CRESCENT LAND & TIMBER CORP.
(NANCY LOWE WILLIAMSON)
U. M. I. - 372

EXISTING ROAD R/W LIMIT
CO. ROAD NO. 1446
TO CO. RD. NO. 1100
CO. RD. NO. 1115
CO. RD.NO. 1446
CO. RD. NO. 1220

LOT 169 1.38 ACRES
LOT 167 1.15 ACRE
LOT 166 1.12 ACRES
LOT 171 0.65 ACRE
LOT 172 0.73 ACRE
LOT 173
LOT 165

760 CONTOUR

N. 667,243.37
E. 1,420,632.10

LAKE NORMAN

CRESCENT LAND & TIMBER CORP.
(MRS. REBECCA CORNELIUS)
U. M. I. - 8.

SEE DWG. NO. C. F. 8 - N

SEE DWG. NO. C. F. 8 - P

667.000

N. C. GRID

NOTES . . .

DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 481 PAGE 81. DATED MAY 1, 1968

BUILDING SETBACK LINES ARE 25 FEET FROM ROAD RIGHT OF WAY, 50 FEET FROM CONTOUR ELEVATION 760, U.S.G.S. SEA LEVEL DATUM AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

PROPERTY LINES SHOWN WHICH FORM THE EDGE OF LAKE NORMAN FOLLOWS CONTOUR ELEVATION 760. (U.S.G.S. SEA LEVEL DATUM)

CRESCENT LAND & TIMBER CORP.
LAKE NORMAN
MAP OF
RECREATION LOTS
SECTION 8
LOTS 166-172
DAVIDSON TOWNSHIP
IREDELL COUNTY, N. C.

SCALE 1" = 100'
MISC. BOOK NO. 471,472,475 & RS-9

JUNE 17, 1977
DWG. NO. C. F. 8 - O

RECEIVED FEB 17 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

S.L AP-301252 $1200.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: ERIC HARTER **Address:** 140 W MOREHOUSE AVE, MOORESVILLE, NC **Zip:** 28117
Applicant Email: [redacted] **Phone:** 704 691 2060 **Alt. Phone:** 704 258 7778
Owner Name: [redacted] SAME AS ABOVE **Address:** [redacted] **Zip:** [redacted]
Owner Email: [redacted] **Phone:** [redacted] **Alt. Phone:** _____

Property Information:

Street Address: 719 KEMP ROAD, MOORESVILLE NC 28117
Subdivision Name: CLT **Section/Phase:** _____ **Lot Number:** 171
Driving Directions: TAKE BRAWLEY SCHOOL WEST. RIGHT ON MCKENDREE LEFT ON KIRKWALL PLACE. LOT IS DIRECTLY IN FRONT OF YOU.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

( ) Crawl Space Foundation
(✓) 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:** _____

( ) 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:** Unknown
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

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: [redacted] 2/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

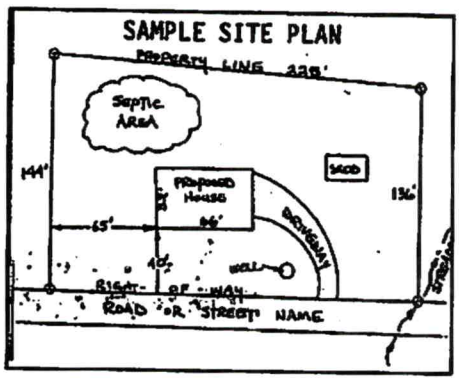
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

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

2/1/21
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, [redacted] ERIC WARNER, am the legal owner(s) of the property located at 719 KEMP ROAD MOORESVILLE, NC 28117, identified as

PIN (Parcel Identification Number) 4672007545.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) ERIC WARNER, Ashley Rollans / SFS, 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.

* [redacted] _____ * [redacted]

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
301252 Issue Date: 02/17/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4626077545.000	719 KEMP RD	Iredell County

Owner Information	Applicant Information
Name: ENROTH WAYNE H+MAUREEN M	Name: ERIC WARNER
Address:	Address: 140 WEST MOREHOUSE AVE MOORESVILLE, NC 28117
Phone:	Phone: (704)491-2060

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure. OLD SWMH HAS BEEN REMOVED.

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: 02/17/2021

Signature of Owner/Contractor

Permit Number	301252

TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool ✓

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? (Yes) No ABANDONED If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name ERIC WARNER Phone # _____

Owner's Current Address 140 W MOREHOUSE AVE, MOORESVILLE, NC 28117

Property Information

Property Address 719 KEMP RD, MOORESVILLE, 28117 Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) FROM BRADLEY SCHOOL RD, RIGHT ON MCKENDREE, LEFT ON KIRKWALL PLACE. LOT IS DIRECTLY IN FRONT OF YOU

Application Information

Applicant's Name or Company ERIC WARNER Applicant's Phone # 704 491 2060

Applicant's Address 140 W MOREHOUSE AVE, MOORESVILLE, NC 28117

If Company, Representative's Name and Title_____

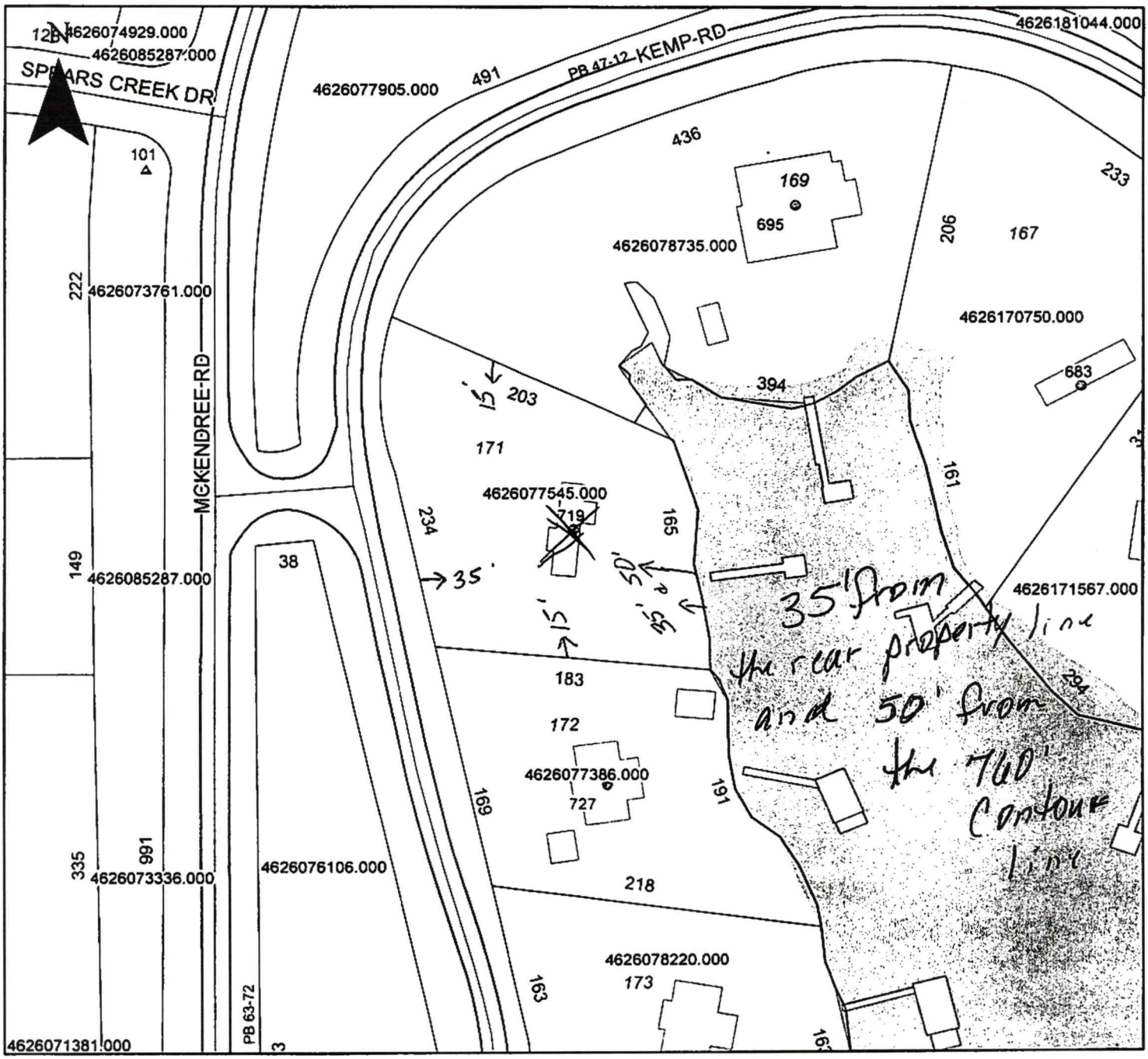
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT ERIC J WARNER DATE 17 FEB '21

AR W5 IVCH C/LN

FL-Y

ZONING DISCLAIMER



Property Address 719 Kemp Rd.

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.

ERIC J HARPER

Applicant

17 FEB '21

Date

RECEIVED MAY 2 5 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ERIC HARPER **Address:** 410 W MORRISON AVE MOORESVILLE **Zip:** 28117

Applicant Email: _____ **Phone:** 704-491-2060 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 79 KEMP RD MOORESVILLE, NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: FROM I-50 - SOUTH ON WILLIAMSON RT ON BRANLEY SCHOOL RT ON MCKENDREE LOT IS ON RT

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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: 3630 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 (✓) 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 (✓) 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: Eric Harper
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

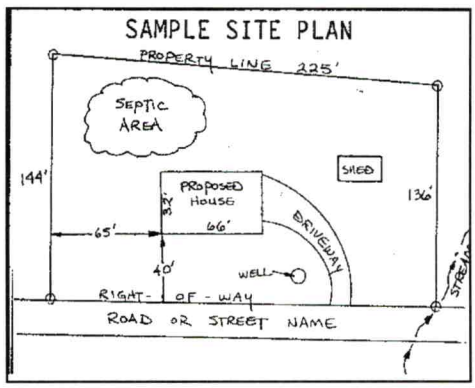
25 MAY 2021
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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:

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

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: _____

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

25 MAY 2021

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.
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☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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- 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.

ERIC J HARPER _____ 5/25/21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677