IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 217513

APPLICANT: James Rowland

APPLICANT ADDRESS: 2231 Hwy 152 E. China Grove NC

SITE ADDRESS: 620 Barber Lp. Mooresville NC

PHONE: 704-202-1176 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Chuckwood, TL @ END, Site on Corner Barber Lp. & Chuckwood

SUBDIVISION: Waterfree Landing

PIN # 4626-11-4376.000

SECTION: 5 LOT # 86 LOT AREA: .800 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .275

Septic Tank	Existing (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	1	# Lines	1 @ 50'	Linear Ft:	50'
Trench Width	36"	Max. Trench Bottom Depth*	31" Lowest	Gravel Depth	N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - Gravity (Relo)

Repair System Description: LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

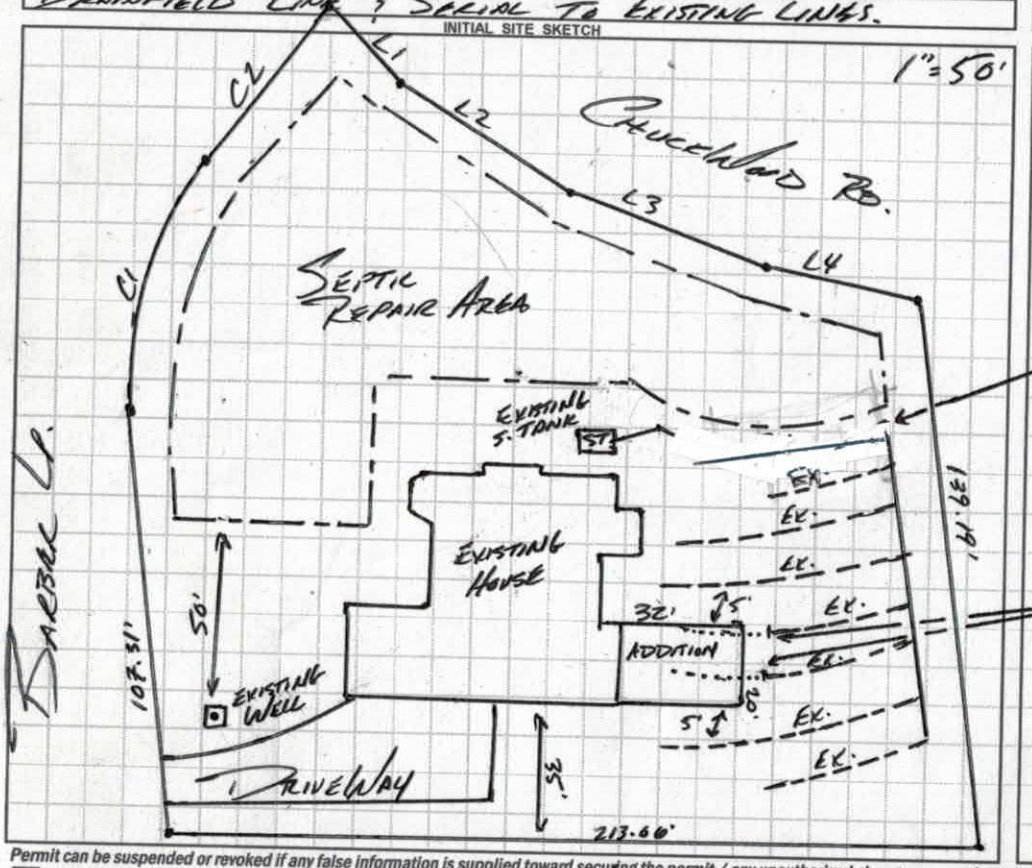
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Cap Existing Supply Line From Existing Septic Tank To Existing Drainfield. Install New Supply Line From Tank To New 50' Drainfield Line & Serial To Existing Lines.

50' of Existing Line To Be Disconnected Where New Addition Is Proposed. New Addition Is 32' x 20'.

INITIAL SITE SKETCH



AS-BUILT SKETCH

Installed Quick 4

Install 50' of 25% Reduction To Existing Serial Distribute To Existing Septic Drainfield.

Earth Dam Septic Lines 5' From Proposed Addition.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: Date: 5-9-16 Installed by: Rowan Septic RS

IMPROVEMENT PERMIT by: APPROVED APR 2 8 2016 Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 2 8 2016 Date:

OPERATION PERMIT by: Date: 6/6/16

Existing System Inspected by: Date:

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

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

Sheet 1 of 4
PROPERTY ID #: 4376
COUNTY: Tilton

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

OWNER: Adam Harris
ADDRESS: 620 Barbar Ln. Mvl. NC
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 400 GPD
LOCATION OF SITE: Same
APPLICATION DATE 3/23/16
DATE EVALUATED: 4/22/16
PROPERTY SIZE: .9 Acre
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A 1	LS 10%	0-12	BSL, GR	VFR, SS, SP	Few Dist Mottles 15"-24"	45"	C-M SAP Incl. 28"-45"	/	.275
		12-36	RC, WSBK	FR, " "					
		36-45	RCL, WSBK	" " "					
		45-48	Mass SAP	VFR " "					
A 2	LS 10%	0-8	BSL, GR	VFR, SS, SP	/	26"	F-L SAP Incl 16"-26"	27"	.3 0"-26"
		8-26	RC, SBK	FR/FI, SS, SP					
		27	AR						
A 3	LS 10%	0-10	BSL, GR	VFR, SS SP	/	48"	F SAP Incl 35"-48"	/	.275 0-22" .3 22"-48"
		10-22	RC, ABK	FI, S, P					
		22-38	RC, SBK	FR, SS, SP					
		38-48	RCL, SBK	" " "					
A 4	LS 10%	0-8	BSL, GR	FR, SS, SP	/	48"	C-M SAP Incl. 25"-48"	/	.275 0-20" .3 20"-48"
		8-20	RC, ABK	FI, S, P					
		20-38	RC, SBK	FR, SS SP					
		38-48	RCL, WSBK	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved
Site LTAR	.275	.275

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: J. Rowland

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

PROPERTY ID #: 4371
DATE OF EVALUATION: 4/21/16
COUNTY: Iredell

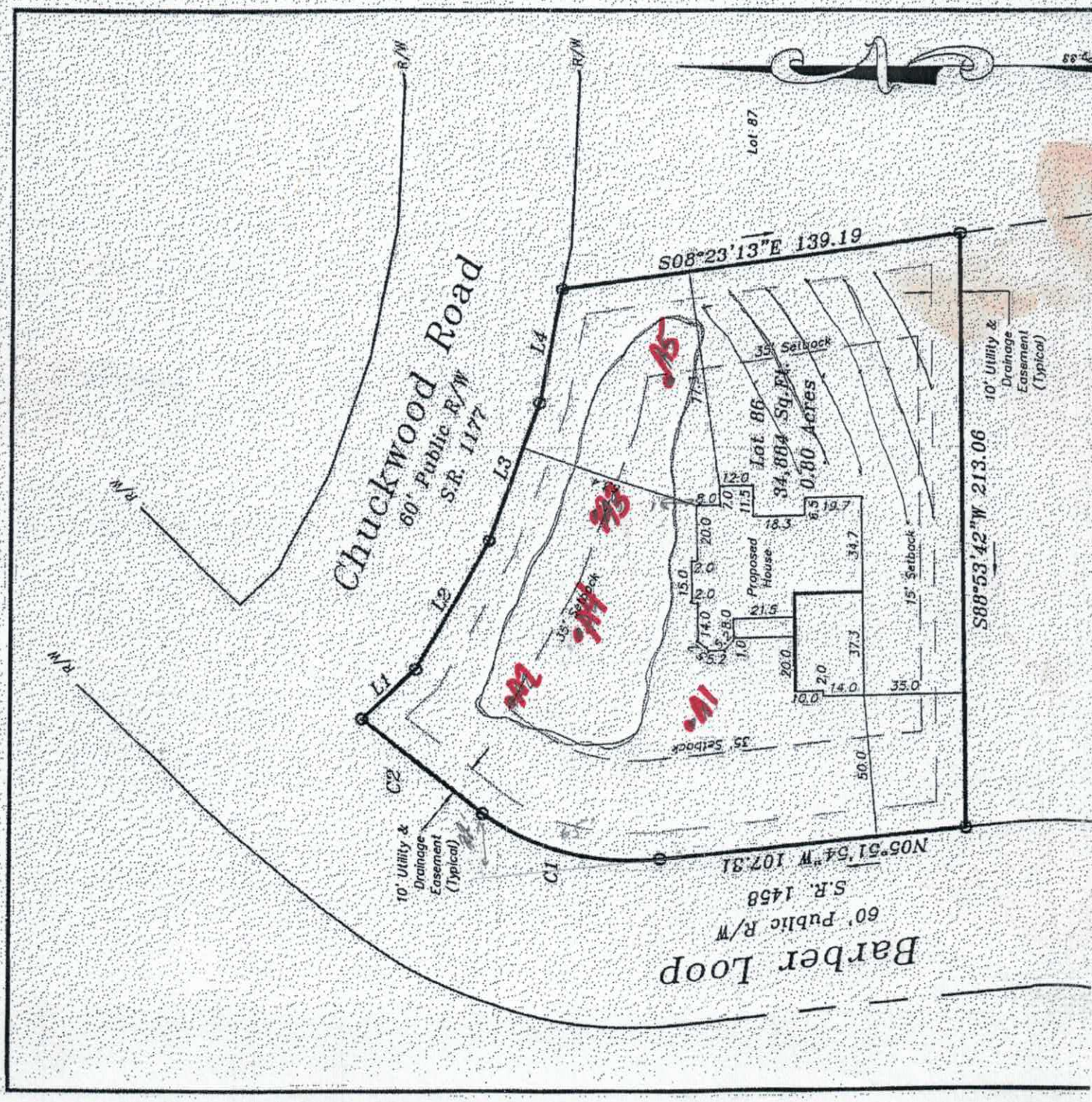
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
A5	LS 10%	0-6	BSL, GR	FR, SS, SP	Some mottling 8-20"	45"	C-M SAP Incl. 24-45"	45"	.275
		6-20	RC, ABK/WSBK	Fi, S, P					
		20-35	RC, SBK	FR, SS, SP					
		35-45	RCL, SBK	" " "					
		45	AR						

COMMENTS:

Soil Notes

70
70
60
60
40
10
36
70
130

4/4



RECEIVED MAR 2 3 2016

217513

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

Paid $ 500.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct X Existing System Inspection

Probable Relocation of Drainlines

217513

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
James Rowland	2231 Hwy 152 E China Grove	704 202 1176	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Adam Harris	~~409 Chuckwood rd Mooresville~~ 620 Barber Loop		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
~~409 Chuckwood rd Mooresville~~ 620 Barber Loop	Watertree Landing	Lot 86

Driving Directions: Brawley Sch. TR Chuckwood & Stop House is on Left Corner Barber Loop & Chuckwood

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(✓) Other Covered back porch, patio and outdoor fireplace per zoning permit

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2012 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-10-16 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, Renn Harris, am the legal owner(s) of the property located at 620 Barber Loop, identified as PIN (Parcel Identification Number) 4626114376, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James Rowland, Rowland Development Corp 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.

Renn Harris — Signature of Owner(s) — Date

Signature of Witness — 3-12-16 — Date

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified...

_____ All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

_____ Front and side setbacks from property line...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

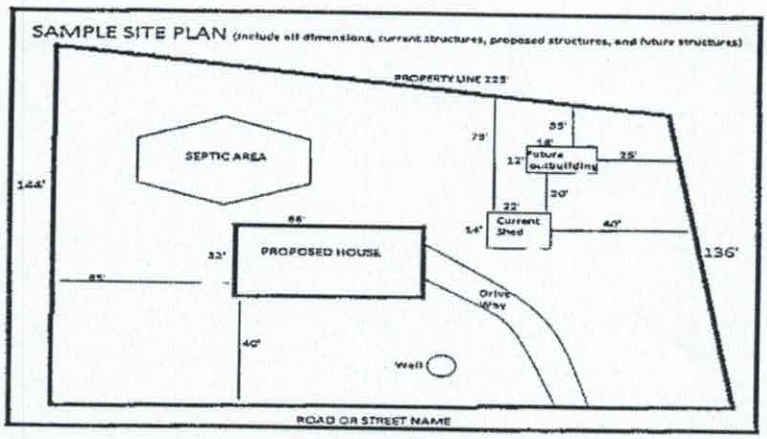
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

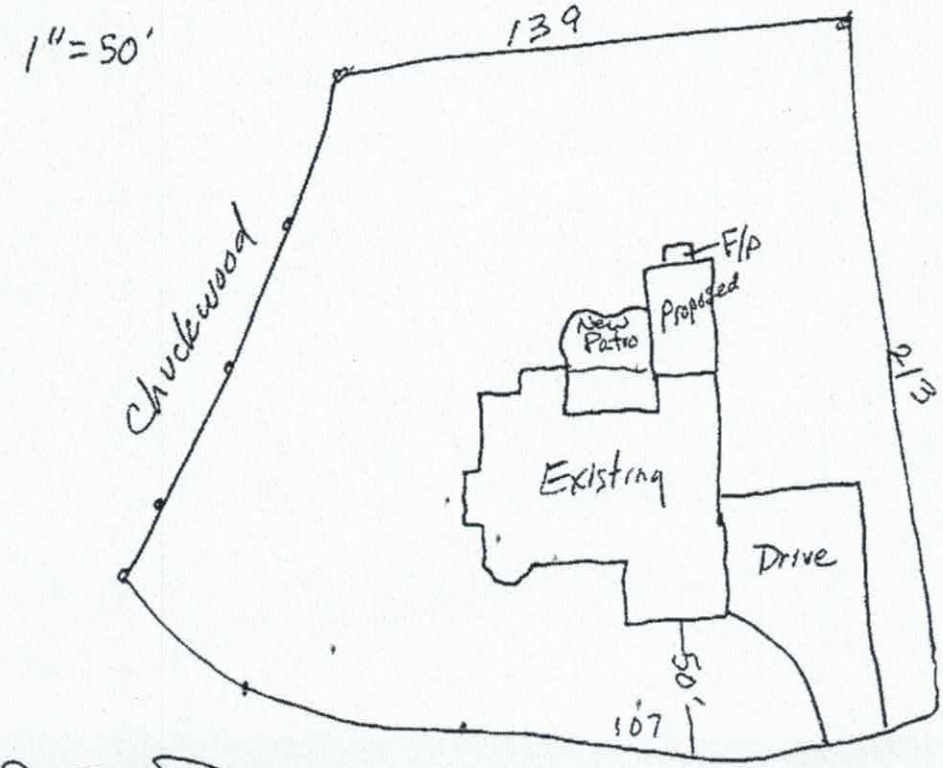
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

3-10-16

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
217513
Issue Date: 03/23/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4626114376.000	620 BARBER LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARRIS ADAM C+RENN P HARRIS	Applicant: JAMES, ROWLAND
Address: 620 BARBER LOOP MOORESVILLE, NC 28117	Address: 2231 HWY 152 E CHINA GROVE, NC 28023
Phone:	Phone: 704-202-1176

Use Requested	Zone Code
COVERED BACK PORCH, PATIO AND OUTDOOR FIREPLACE	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.800	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	63615	TOTAL FEES:	$ 77.25