IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231236

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

PIN # 4626-25-3751

APPLICANT/OWNER: Andrew Mashburn APPLICANT ADDRESS: 18253 John Connar Rd. Cornelius, NC 28031

SITE ADDRESS: 417 Kemp Road Mooresville, NC PHONE: 704-576-4907 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree → L on Kemp → Property on Right SAP CONTROLLED: ☐ YES ☒ NO

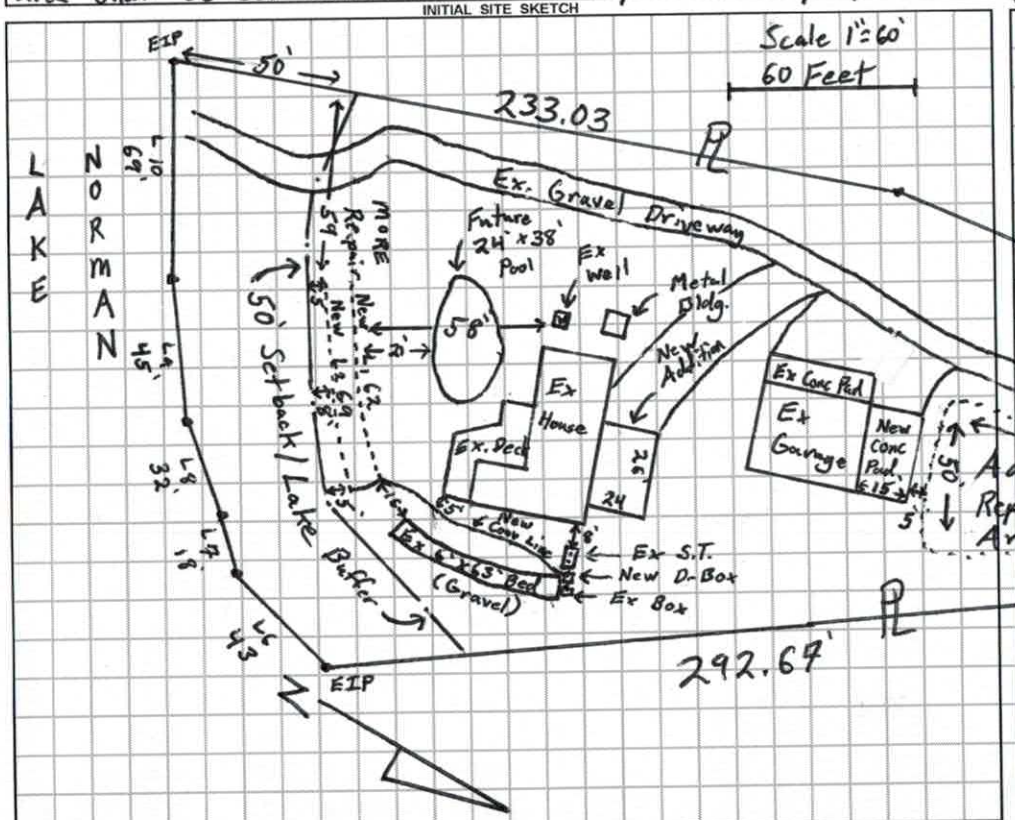
SUBDIVISION: CL+T SECTION: 8 LOT # 128 LOT AREA: 1.14 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	Ex - 1000 gal	(gal)	STB —	Date —	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: Ex Bed + 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	—	Model —		Serial # —	Repair System Description: Partial - 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	Ex Bed + 2 lines	Linear Ft 110'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

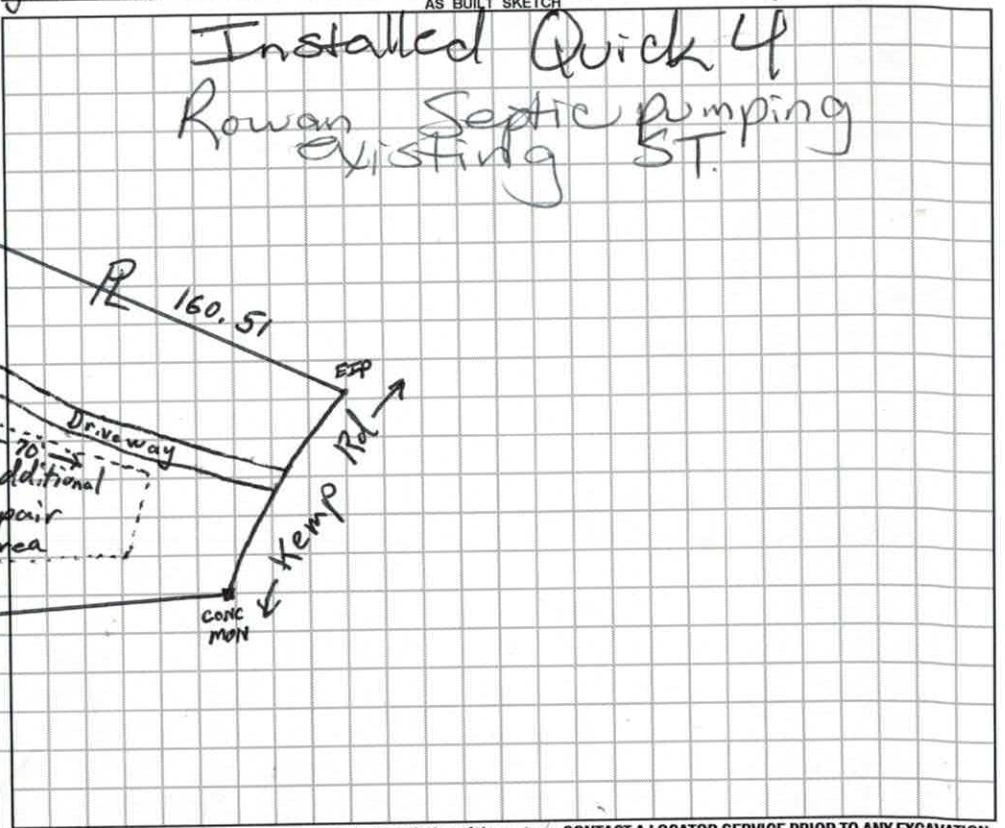
Comments / Conditions: Though 131 l.f. of line has been laid out, only 110 l.f. need be installed. The remainder of the un-used area shall be set aside for future repair area purposes.

New D-Box shall split septic flow from tank with 25% conveying to new drainfield area and other 75% to the existing gravel bed (6'x63'). Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



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: [signature] Date: 11/1/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/28/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/28/17

Installed by: Rowan Septic

OPERATION PERMIT by: [signature] Date: 1/31/18

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.

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Bob Estridge
ADDRESS: 417 Kemp Rd. Mooresville, NC
PROPOSED FACILITY: SFR 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 417 Kemp Rd. Mooresville, NC
APPLICATION DATE: 10/24/17
DATE EVALUATED: 11/20/17
PROPERTY SIZE: 1.14
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
1	LSS 8% Primary	0-30	clay m SBK/ABK	Firm, sticky, Sp, Sap	—	59	—	—	0.275 PS
		30-59	clay w. SBK Trace vical Saprolite	sl. Firm, sticky, Sp, Sap					
2	LSS 8% Primary	0-33	clay m SBK/ABK	Firm, sticky, Sp, Sap	—	70	—	—	0.275 PS
		33-70	clay w. SBK Trace Saprolite	sl. Firm, sticky, Sp, Sap					
3	LSS 8% Repair	0-32	clay m SBK	Firm, sticky, Sp, Sap	—	59	—	—	0.275 PS
		32-59	clay w. SBK Trace Saprolite	sl. Firm, sticky, Sp, Sap					
4	LSS 8% Repair	0-32	clay m SBK/ABK	Firm, sticky, Sp, Sap	—	58	—	—	0.30 PS
		32-43	clay w. SBK/ABK	sl. Firm, sticky, Sp, Sap					
		43-58	Clay Loam w. SBK Trace Saprolite	sl. Friable, SS, Sp, Sap					

OVER

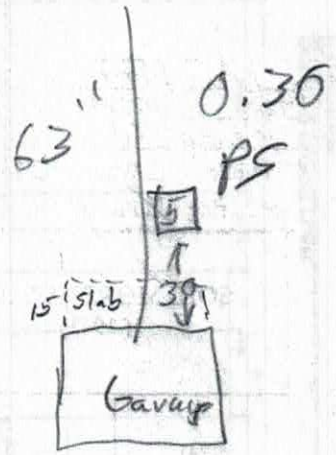
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	131'	250+
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.275	0.275

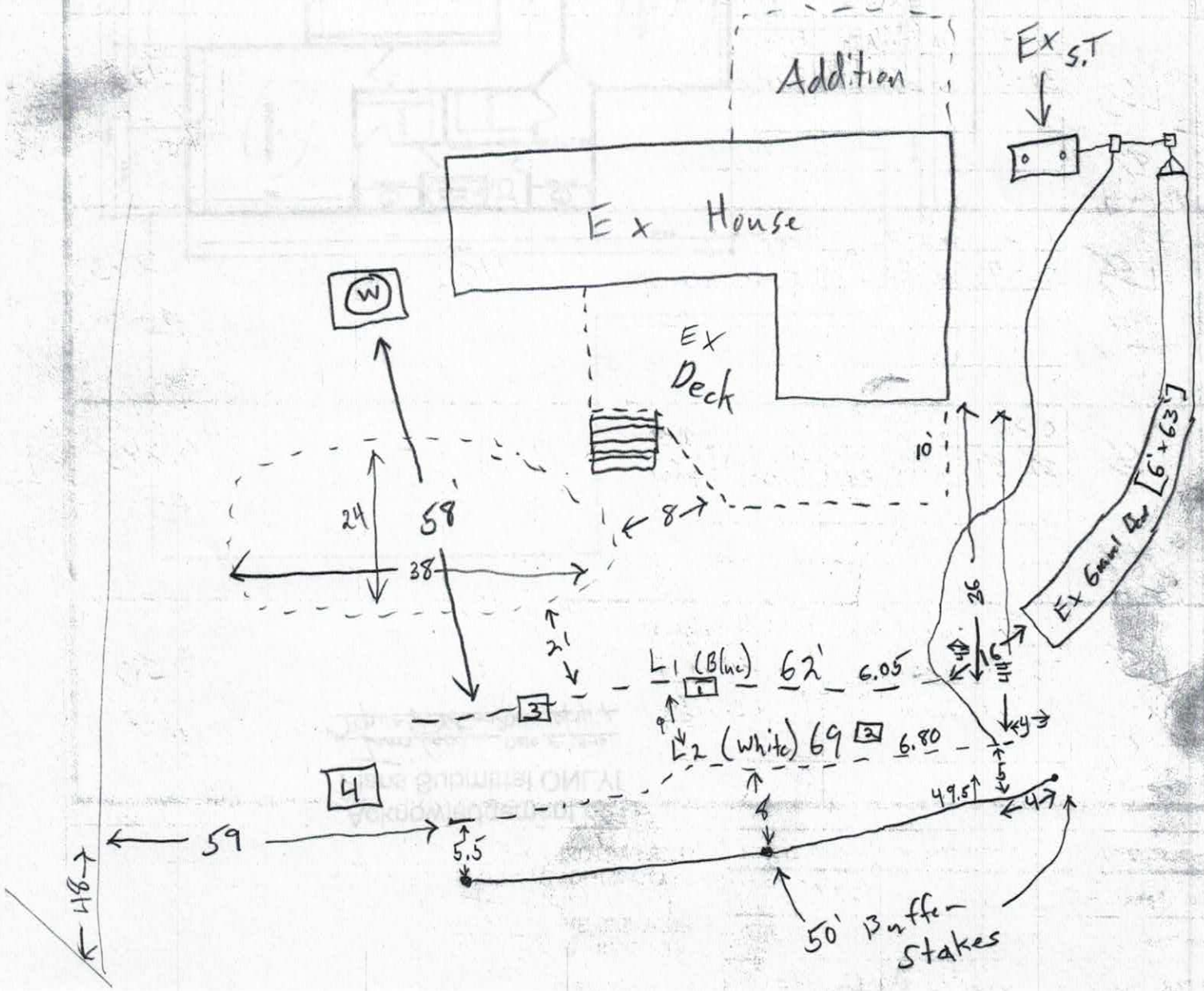
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Owner + Applicant

TH 5
(30' Upslope from
Center of Garage)

LSS
7%

0-23	clay w SBK/ABK	Firm, Sticky, Sp, Sexp
23-32	clay w. SBK	Sl. Firm, Sticky Sp, Sexp
32-63	clay Loam w. SBK some Saprolite	Sl. Friable, SS, Sp, Sexp





11/9

- 50' setback to 760' Elev. Requires marking

~~- PL along 292' Boundry needs Flagging along~~

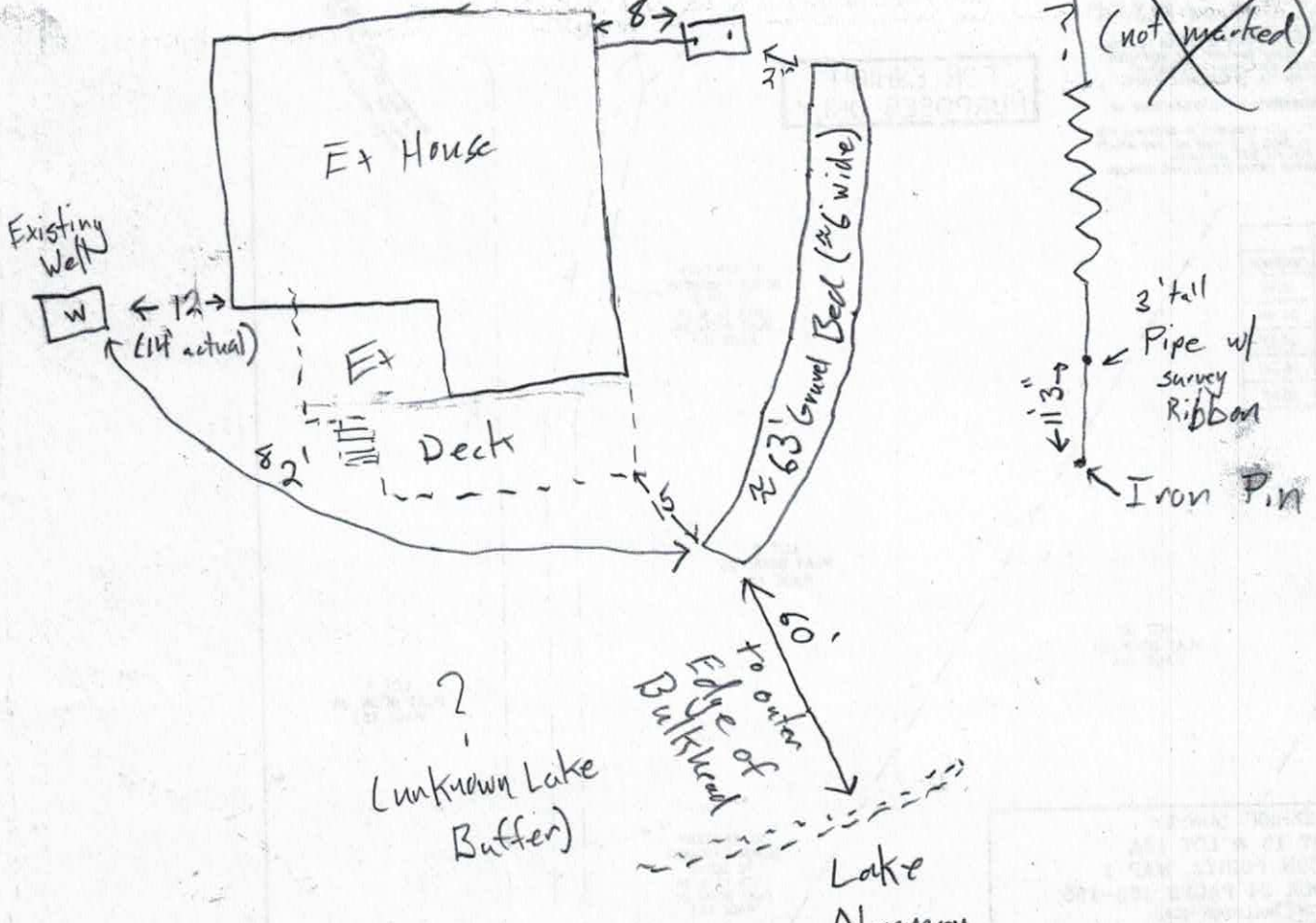
~~PL (other corner not visible)~~

Aux Shed

TO Front P/C

← 4' Pipe w/ Survey tape FOUND

(not ~~marked~~)



RECEIVED NOV 2 - 2017

Paid $250 Previously and #250.00 online 11/2 on #229403

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

New Project → #231236

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

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

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

The following optional attachments may also be submitted: (X) 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: Andrew Mashburn Address: 19253 John Connor Rd Cornelius NC Zip: 28031
Applicant Email: andrew@mashburndevelopment.com Phone: 704-576-4907 Alt. Phone: _____
Owner Name: Bob Estridge Address: 417 Kemp Rd Mooresville, NC Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 417 Kemp Rd
Subdivision Name: CLiT Section/Phase: 8 Lot Number: 128
Driving Directions: Brawley School Rd, Right on McKendree Rd, Left on Kemp Rd

Site Development Information: *(check or complete ALL that apply)* Bldg. Vertical Addition for bedroom

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
(X) Other Addition/Structure: Garage
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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 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: _____ 10/24/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Assigned Nov 6
Call to Applicant Nov 9 @ 11:08am (voicemail)
Placed 'on hold' Nov 9 @ noon (septic located, PCs ok, lake buffer needs marking)
12:10 - 12:17 spoke w/ Andrew Q+A via phone.

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, ROBERT GENE ESTRIDGE, JR, am the legal owner(s) of the property located at 417 KEMP RD. MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4626 2537 51. 0000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Andrew Mashburn, Mashburn Development, Inc, 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.

Robert S. Estridge Jr 10/24/17 Vickie C. Williams 10/24/17

Signature of Owner(s) Date Signature of Witness 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

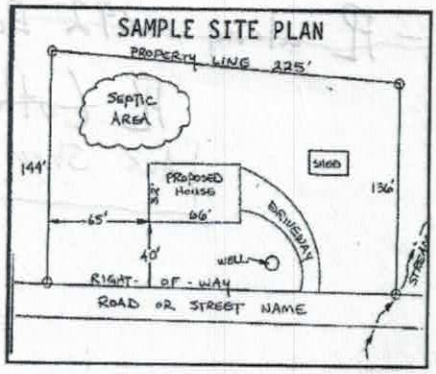
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plat

Signature: _____

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

_____

DATE

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

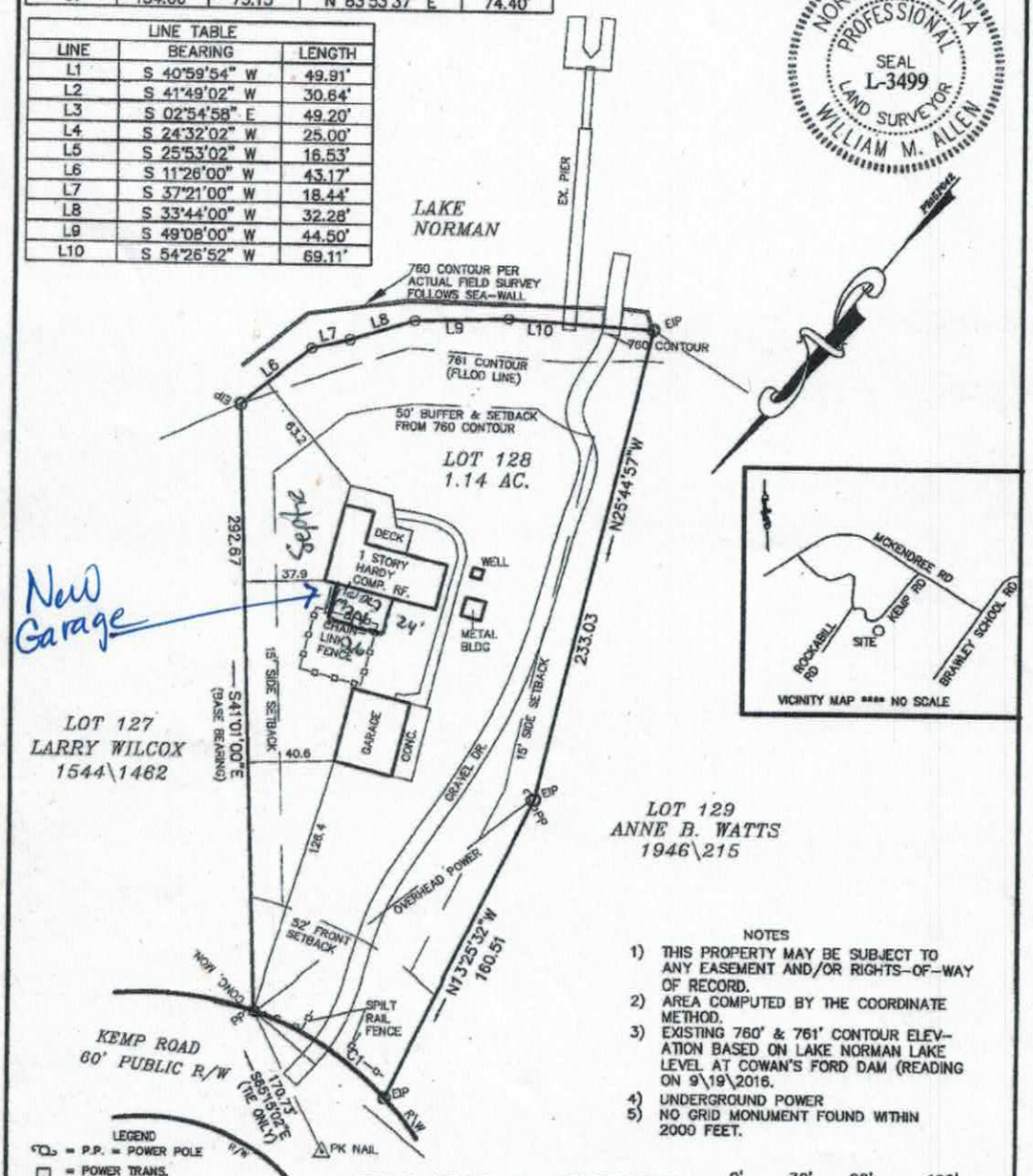
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 622, page 130, and/or plat book 15, page 42, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 14, day of OCT. A.D. 20 16.

WILLIAM M. ALLEN, PLS

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	154.06'	75.15'	N 83°53'37" E	74.40'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 40°59'54" W	49.91'
L2	S 41°49'02" W	30.64'
L3	S 02°54'58" E	49.20'
L4	S 24°32'02" W	25.00'
L5	S 25°53'02" W	16.53'
L6	S 11°26'00" W	43.17'
L7	S 37°21'00" W	18.44'
L8	S 33°44'00" W	32.28'
L9	S 49°08'00" W	44.50'
L10	S 54°26'52" W	69.11'



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 9\19\2016.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

PHYSICAL SURVEY

0' 30' 60' 100'
SCALE IN FEET

OF
417 KEMP RD.
LOT 128 CRESCENT LAND & TIMBER CORP., SECT. 8
DAVIDSON TWSP., IREDELL CO., N.C.

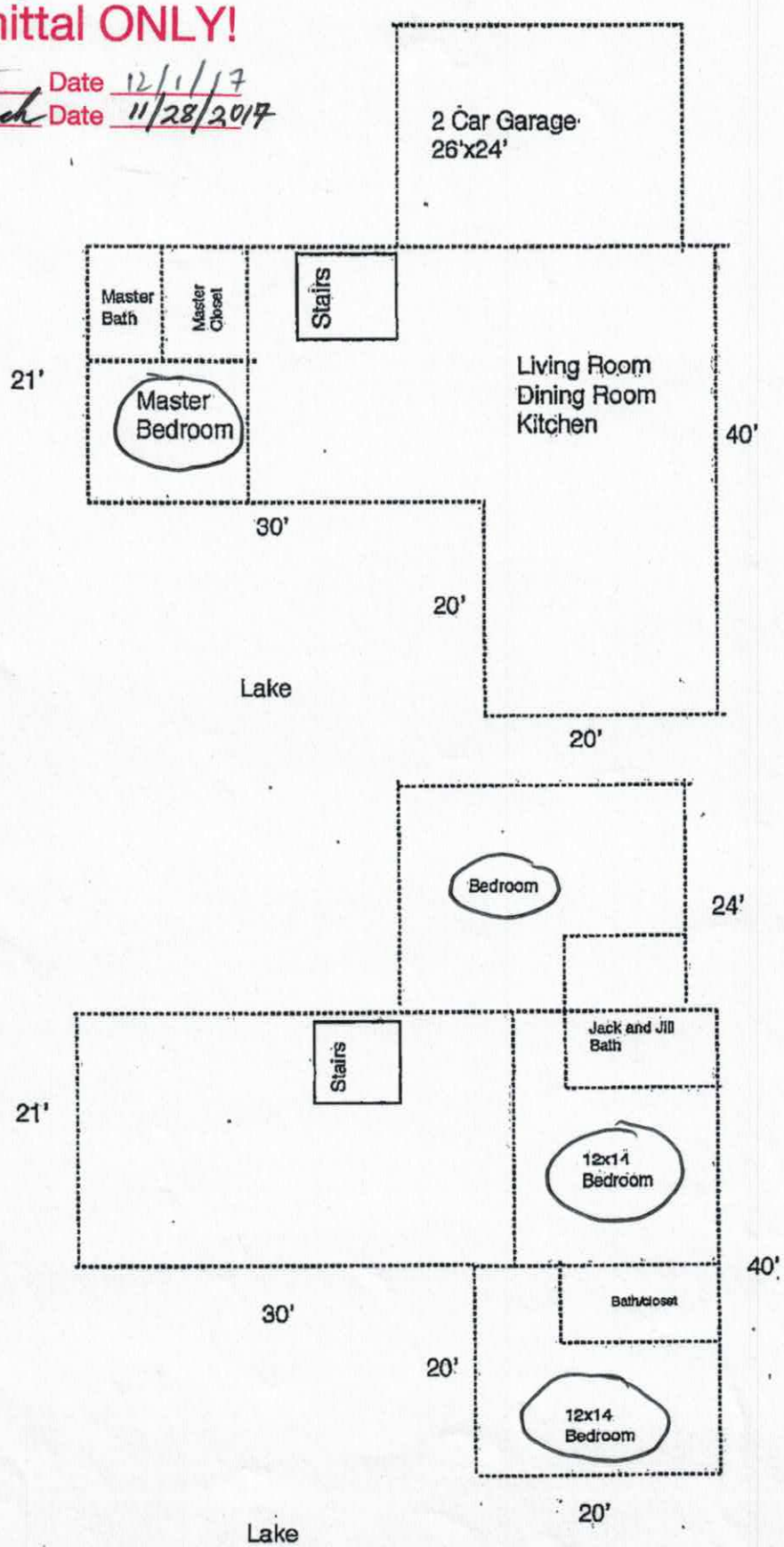
SCALE 1" = 60'
ACQUIRED BY: ROBERT G. ESTRIDGE JR.

FIELD BOOK: 501
FILE: CLT 128 SB
DC FILE:
TAX MAP NO: 4626253751

Acknowledgement of
Plans Submittal ONLY!

Date 12/1/17

Tom Shuck Date 11/28/2017



IREDELL COUNTY

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

APPLICATION NUMBER
228688
Issue Date: 07/14/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4626253751.000	417 KEMP ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ESTRIDGE ROSE L	Applicant: MOZELEY CONSTRUCTION
Address: 344 ROBINLYNN RD MATTHEWS, NC 28105	Address: 114 Corporate Drive TROUTMAN, NC 28166
Phone:	Phone: 704-528-1108

Use Requested	Zone Code
PIER	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
					CACL	AE

Remarks:

Shall comply with the shoreline management guidelines of the Lake Management Division of Duke Energy Company.

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	109169	TOTAL FEES:	$ 77.25