ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP-2022-1986 AP

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

PIN # 4626--26--8256

APPLICANT/OWNER: Timothy White APPLICANT ADDRESS: 2720 W. Arrowood Rd, Charlotte NC 28273

SITE ADDRESS: 387 Kemp Rd, Mooresville NC 28117 PHONE: 803-372-8390 ALT. PHONE 704-400-8062

SITE DIRECTIONS: (W) Brawley School Rd → (R) McKendree → (L) Kemp → lot on (L) SAP CONTROLLED: YES NO

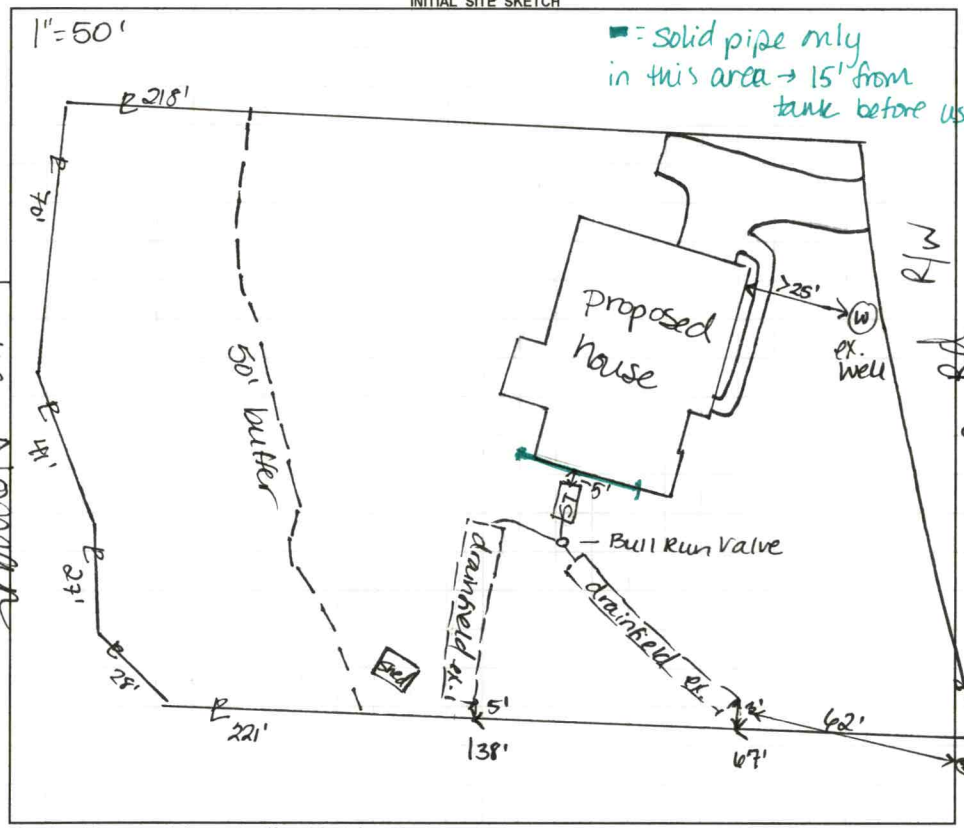
SUBDIVISION: ET SECTION: 8 LOT # 123 LOT AREA: 0.8 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	EXISTING (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	☐ Business	No. Persons	6	☒ Private
Pump Make	Model		Serial #	Repair System Description: EXISTING	☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXISTING # Lines		Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth (low side)		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: EXISTING systems located - meet all setbacks as shown. Turn bull run valve every 6 months to alternate systems.

Protect system during construction. - do not pave grade, drive, park, or bury utilities in drainfield

INITIAL SITE SKETCH



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.

perforated foundation drain

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: EnerGov Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Wieberg Date: 9/6/22

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

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

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? _____	

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. _____ DATE July 2, '93 TAX MAP NO. _____

OWNER OR CONTRACTOR David & Nancy Finley PHONE: Business _____ Home 664-5461

ADDRESS R#6 Box 341 Mooresville NC

LOCATION 480 HWY 115 N (1445 (Kemp) ~1-1/4 miles on Rt

SUBDIVISION Crescent H.V. BLOCK / SECTION 8 LOT 123 LOT AREA ~3/4 Ac. SITE CLASS. PS L.T.A.R. _____

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field; No Fields 2 (1 Ex) Square Feet 450 Linear Feet 150

No Lines 3 Trench Width 9" Trench Depth 36" Gravel Depth 12"?

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

System Description: _____

Repair System Description: gravity feed

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☒ Yes ☐ No

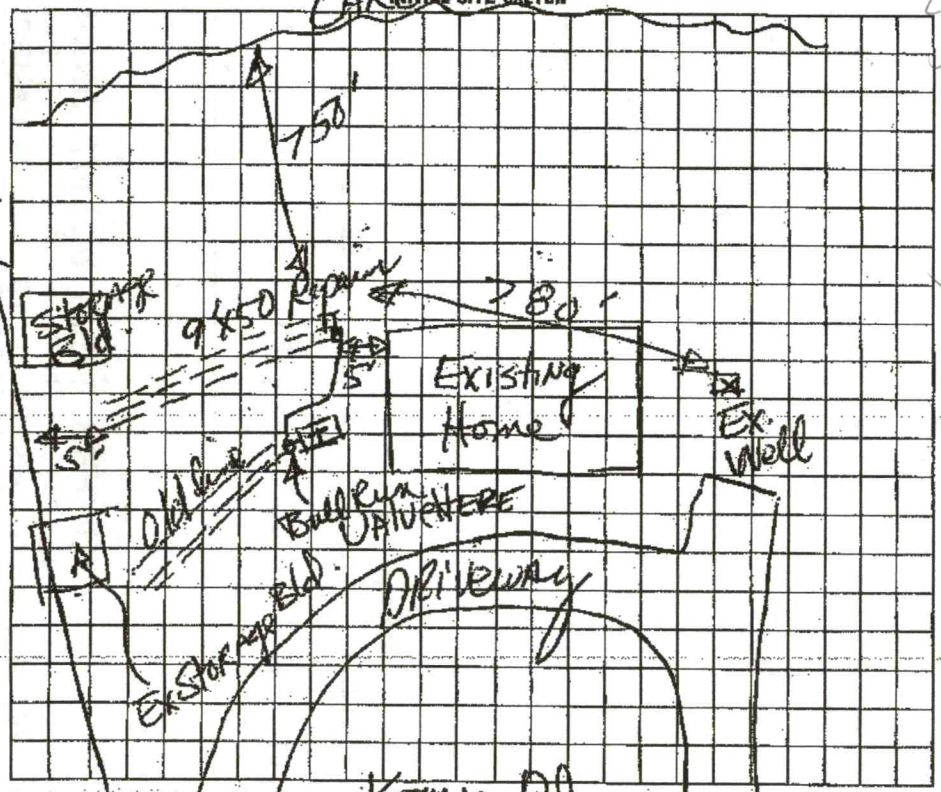
Auto. Washing Machine: ☐ Yes ☐ I

Other _____

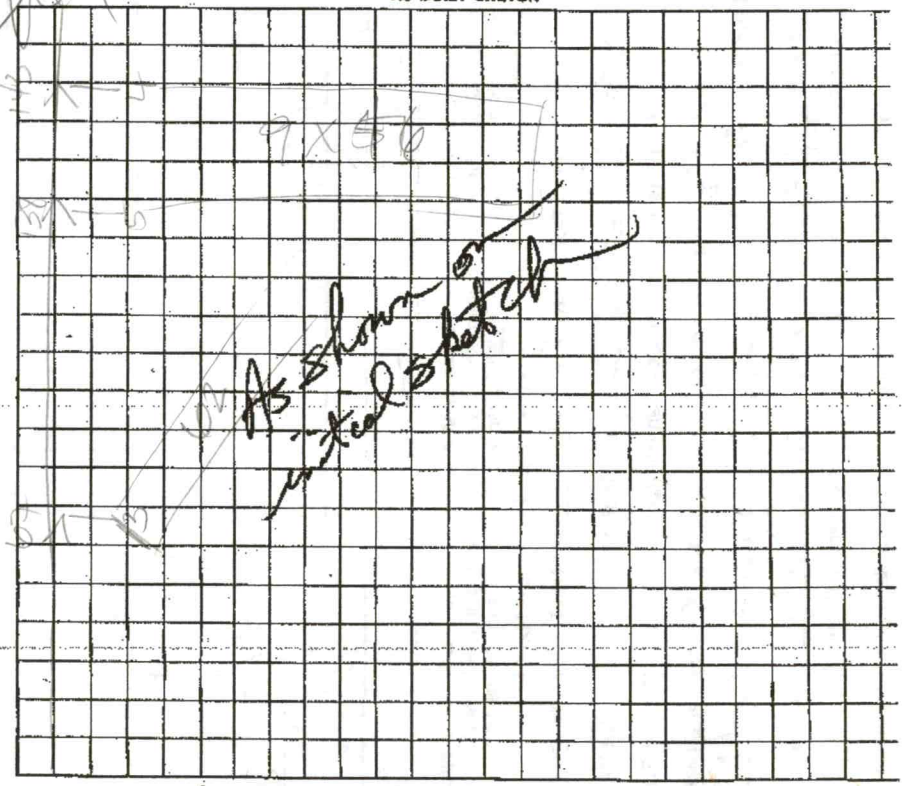
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 syste Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Harold L. Hanson, RS date 7/2/93

Existing System Inspection by: _____ date _____

Installed by: Richard Alexander

Certificate of Completion by: H. L. Hanson, RS date 7/19/93

Operation Permit by: _____ date _____

PERMIT # 172500 PIN # 4626268256 4

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

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

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) New Repair Abandonment

APPLICANT INFORMATION

David Eston Finley | 387 Kemp Rd. M'ville, NC | 704 400-8063

Name | Full Address | Telephone #

PROPERTY INFORMATION

Brawley School Rd TR McKendree TL Kemp Rd ~ 1¼ Mi on left

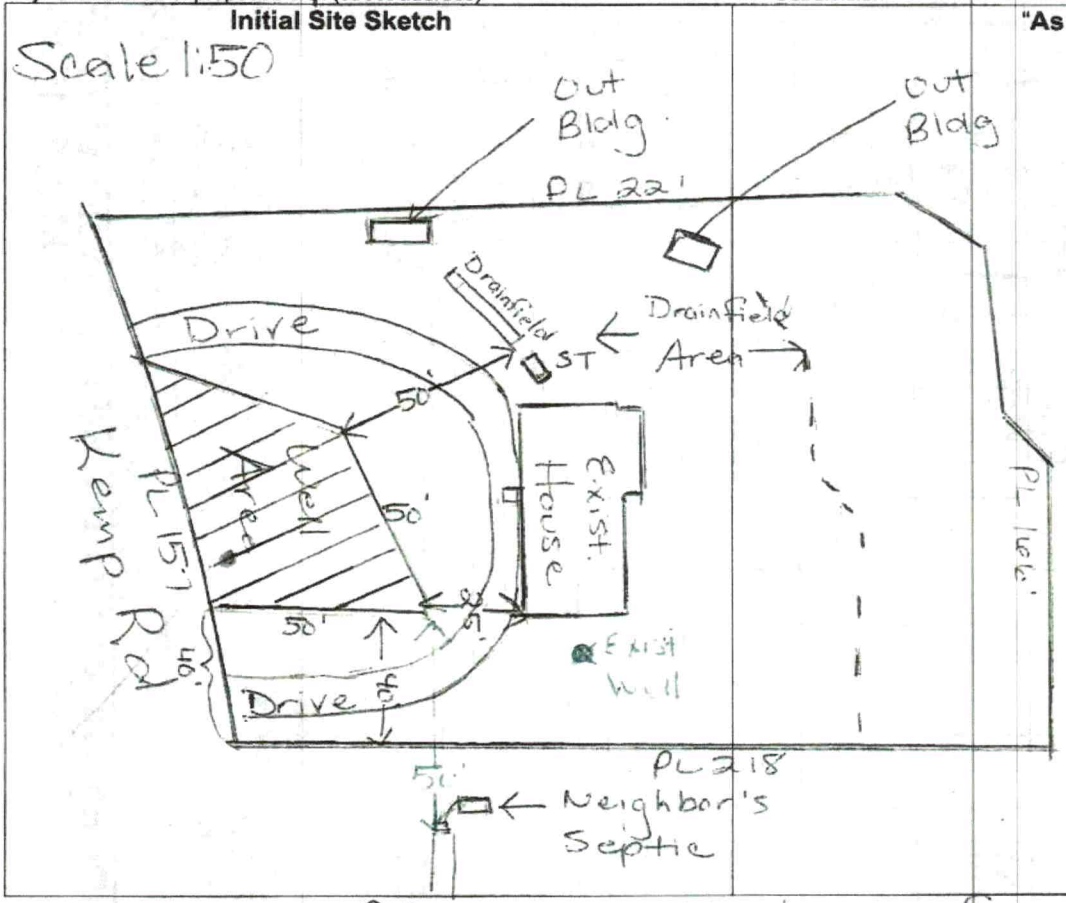
Directions to Site

387 Kemp Rd - MV 25117 | Cla T 8 | 123

Physical location of proposed well (street address) | Subdivision | Lot #

Initial Site Sketch

Scale 1:50



"As Built" Sketch

Lake Norman

400ft TD
3gpm
67' Casing

Permit Conditions/ Comments: Maximum possible distance from All Septic Systems but no less than 50ft. Must stay 25ft from any Building

Well Permit Issued By: Maria Dotson RS **Date:** 5/16/2012

(Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well GPS Coordinates Lat: _____ **Long:** _____ **Well Contractor** John Michael Mullis **Contractor Cert #** 2038

Grout Inspection By: Maria Dotson **Date:** 5/29/2012 **or Certification for Grouting Not Witnessed by Dept** _____ **Date:** _____

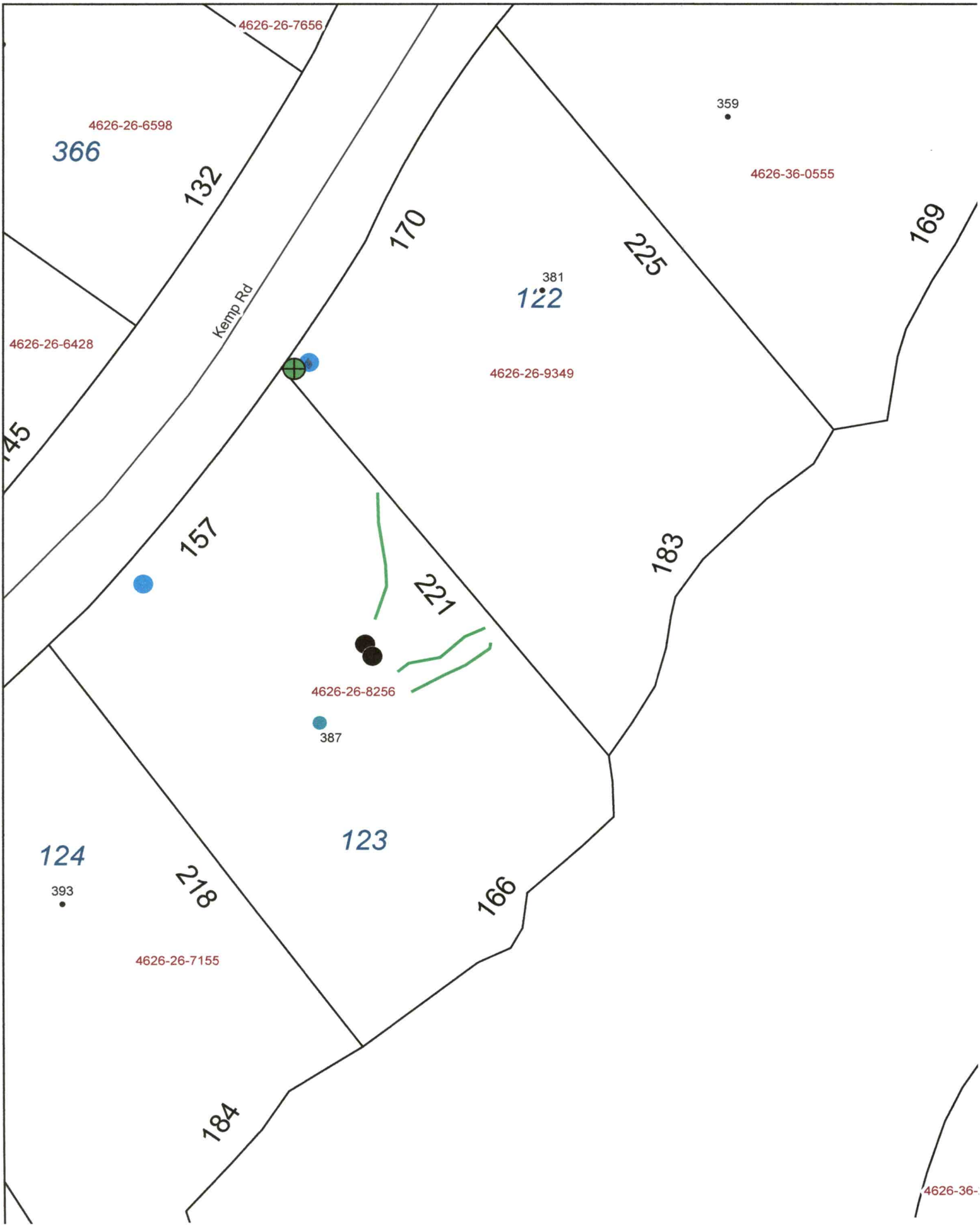
Well Head Inspection (check when completed) Grout to Ground Surface ☐ Well Contractor ID Plate ☒ Pump Installer ID Plate ☒ Sample Port ☐ Access Port / Vent ☒ Well Seal ☒ Well Head 12 inches ☒ Pit less Adaptor 8 inches above grade ☐

Well Head Inspection By: Maria Dotson **Date:** 6/19/12

Certificate of Completion by: Maria Dotson **Date:** 6/19/12 **Water Samples By:** Maria Dotson **Date:** 6-14-12

Attachments: Form GW-1a (***required except for abandonment***) ☒ Form GW 30 ☐ Water Sample Results ☒ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

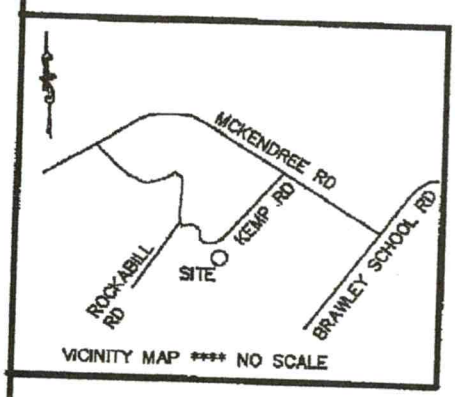

4626-26-7656
4626-26-6598
366
132
359
4626-36-0555
170
225
169
381
122
Kemp Rd
4626-26-6428
4626-26-9349
145
157
183
221
4626-26-8256
387
123
124
393
218
166
4626-26-7155
184
4626-36-

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 894, page 1404, 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 17, day of AUGUST, A.D. 20 22.

WILLIAM M. ALLEN

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



LAKE NORMAN

760 CONTOUR PER ACTUAL FIELD SURVEY

L1 L2 L3 L4 EIP

761 CONTOUR (FLOOD LINE)

50' BUFFER FROM ACTUAL 760 CONTOUR

OUT BLDG.

LOT 123
0.80 AC.

15' SIDE SETBACK

15' SIDE SETBACK

N37°09'00"W (BASE BEARING)

221.13

218.40

S37°30'43"E

DRAINFIELD

ST

PROPOSED HOUSE

23.2

59.6

OUT BLDG.

35' FRONT SETBACK

35.4

R\W

C1

R\W

LOT 122
THOMAS DICRISTOFARO
2738/1823

LOT 124
HARRIETT BOYETTE
2254\2181

CONC. CALC.
DRIVE = 1,226 SQ. FT.
WALK = 213 SQ. FT.

KEMP ROAD
60' PUBLIC R/W

CURVE TABLE

CURVE	RADIUS	LENGTH	BEARING	CHORD

LINE TABLE

LINE	BEARING	LENGTH
L1	S 03°56'14" W	28.07'
L2		

PERMIT SNAPSHOT REPORT OSWP-2022-1986 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	08/18/2022
Work Class:	EH Existing Septic System	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wieberg, Danielle	**Approval Expire Date:**	
Description:	existing septic on site and existing well -				

Parcel: 4626268256.000 Main	**Address:** 387 Kemp Rd Main Mooresville, NC 28117	**Zone:** RR(Resort Residential District)

Applicant/Authorized Agent Timothy White 2720 W Arrowood Road Charlotte, NC 28273 Mobile: (803) 372-8390	Applicant/Authorized Agent Timothy White 2720 W Arrowood Road Charlotte, NC 28273 Mobile: (803) 372-8390	Applicant/Authorized Agent Wendy Spires 2720 W Arrowood Road Charlotte, NC 28273 Business: (828) 276-1330 Mobile: (828) 855-6810	Property Owner Dave Finley Home: (704) 400-8062 Mobile: (704) 400-8062

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Does the site contain any jurisdictional wetlands	Yes	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	47' x 62'	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	n/a	Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If existing, Year existing system installed	1993	Septic System Type	I	Has this project been approved by TRC	No
Lot Acreage	0.8	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Is the structure or development in the floodplain	No
Is the property located downtown?	No	Is the property in a local historic district?	No	Additional Unique Setbacks Apply	Yes
Zoning Notes/Addendums	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.	Watershed	WSIV CA CATAWBA/LAKE NORMAN		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Timothy_White_8/18/2022.jpg	08/18/2022 10:47	White, Timothy		Uploaded via CSS
24. Original septic and water permits_v1.pdf	08/18/2022 11:09	Nebel, Barbara	Available Online	Additional Supporting Information
Finley - Permit Septic_v1.pdf	08/18/2022 11:09	Nebel, Barbara	Available Online	Authorize to Act as Agent
scans.christyallen@gmail.com_20220817_142733_v1.pdf	08/18/2022 11:09	Nebel, Barbara	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-10281	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	08/26/2022			08/26/2022 16:14	08/26/2022 16:14

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other	No	

PERMIT SNAPSHOT REPORT (OSWP-2022-1986)

checklist item

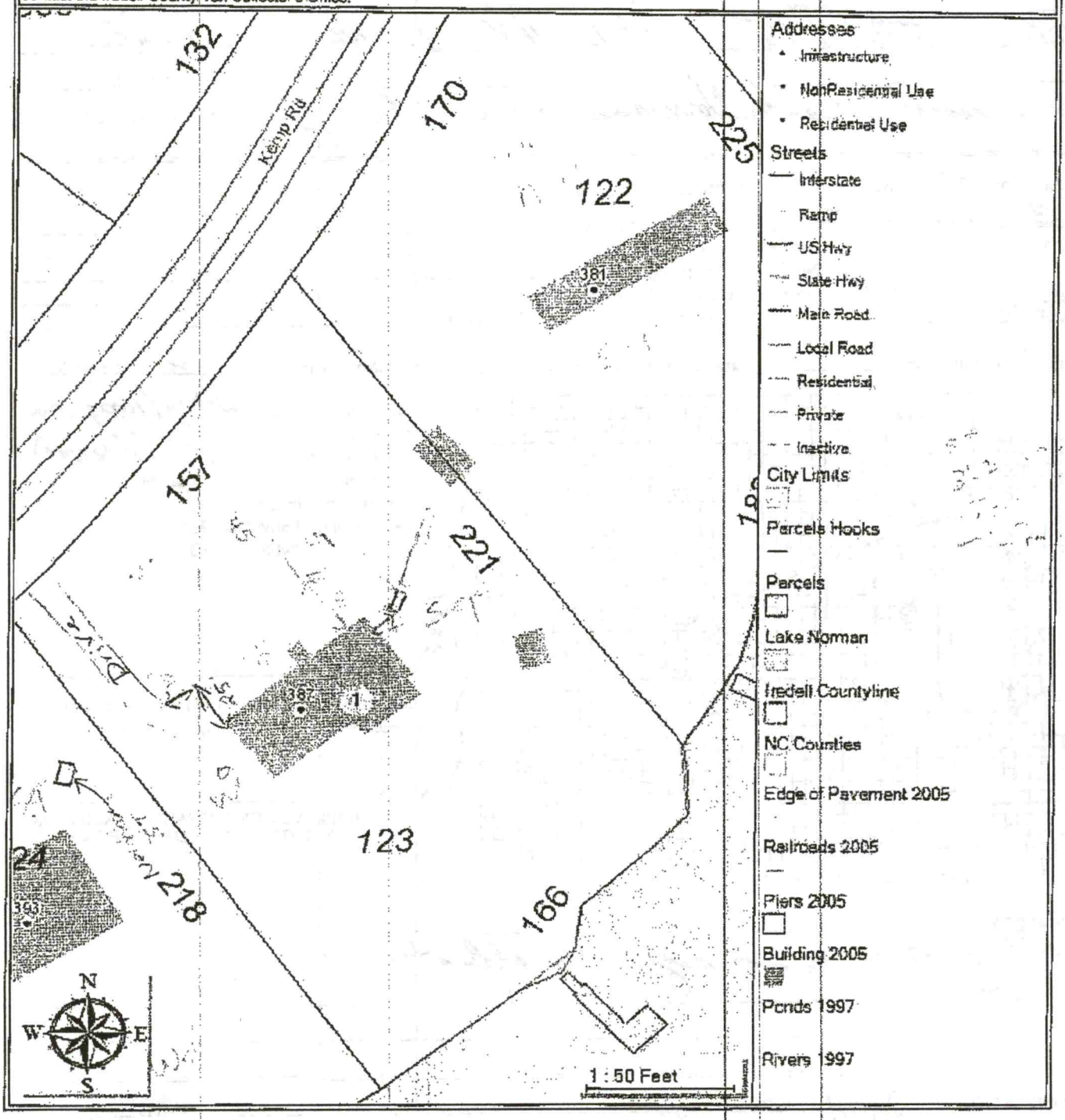
Linked Record Relationship	Module	Record Number	Linked Record Type	Linked Record Work Class
Parent	Permit	BLDR-2022-0848	Residential Building	New Single-Family Dwelling

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00000747	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Total for Invoice INV-00000747	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		08/18/2022 0:00	08/18/2022 11:09
Confirm application complete v.1	Generic Action		08/18/2022 11:09
~~**Zoning Review v.1**~~			08/22/2022 9:31
~~Fees Paid v.1~~	Generic Action		08/22/2022 9:31
~~Iredell County Zoning Approval v.1~~	Task		08/22/2022 9:31
~~Issue Invoice v.1~~	Generic Action		08/22/2022 9:31
Fees v.1		08/22/2022 0:00	08/22/2022 9:32
Issue Invoice v.1	Generic Action		08/22/2022 9:32
Fees Paid v.1	Generic Action		08/22/2022 9:32
Lot Readiness Verification v.1		08/26/2022 0:00	
Existing System Inspection v.1	Inspection		
OSWP Septic Preliminary Site Visit v.1	Inspection	08/26/2022 0:00	08/26/2022 16:14
Environmental Health Review v.1			
Environmental Health Approved For Building Permit v.1	Generic Action		
EH Inspections v.1			
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
Permit Completion Process v.1			
Issue Permit/Complete v.1	Generic Action		

CONNECTGIS WEB HOSTING IREDELL COUNTY NORTH CAROLINA

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.



Neighbor

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

NER OR CONTRACTOR William B. Redding DATE June 8 '92 PERMIT NO. 2F-3-A-124

ONE: Business _____ Home _____

CATION 1400 TR 1115 TL 1445 to 1446 1.2 miles
on left

S.R. No. _____

DIVISION NAME Crescent - Lake Norman LOT NO. 124 SECTION OR BLOCK NO. 8

se ☐ Mobile Home ☑ Business ☐ Other _____

Bedrooms 3 No. Bathrooms 2

age Disposal Unit Yes ☐ No ☑

, Dishwasher Yes ☑ No ☐

, Wash. Machine Yes ☐ No ☐

Area ~3/4 ac

Soil Characteristics _____

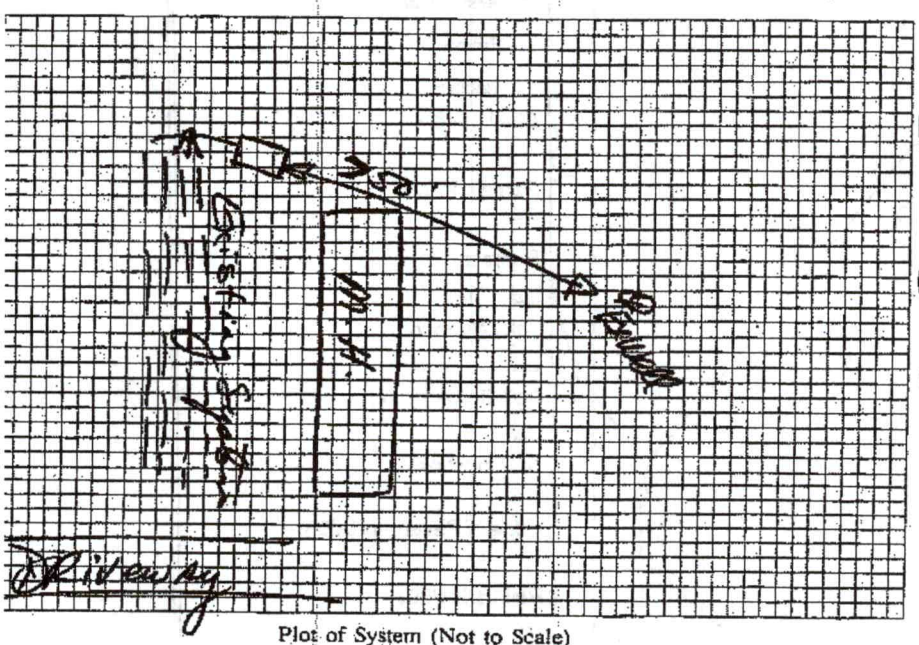
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing (1000) Gals.

Nitrification Field:

No. of Lines Existing (12 x 63')

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Lake

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

OVEMENT PERMIT BY _____

MENTS Existing showing no signs of malfunction.

IFICATE OF COMPLETION BY _____ DATE _____

TING SYSTEM CHECKED BY J R Hinson IRS. DATE 6/8/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false ation is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Printed: 5/16/2012

Permit Number: 172500WE

Master #: 172500

Associated Permits:
172500WE Well

Applicant
Name: David E. & Nancy Finley **Phone:** 704-400-8062
Address: 387 Kemp Rd
Mooresville, NC 28117

Parcel
Parcel Number: 4626268256.000 **Zoning:** RR
Address: 387 Kemp Rd. **Township:** 1700
Mooresville, NC 28117 **Area:** .8
Subdivision: Crescent Land & Timber Corp **Lot(s):** 123
Directions to Parcel: Brawley School Rd, right Kemp

Owners
Name: David & Nancy Finley
Address: 387 Kemp Rd
Mooresville, NC 28117

Contractors

Fees and Receipts:

Number	Description	Amount
	Total Fees:	**$0.00**
	Total Receipts:	**$0.00**

Conditions
Date: **Status:** **Code:** Fee pd. in Mrsvl. office.

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2036, 2038

1. WELL CONTRACTOR:
John Mullis, Kelvin Belk
Well Contractor (Individual) Name
D.C. Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704.545.5694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 172500
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 5-25-12
TIME COMPLETED 12:30 AM ☐ PM ☐

2. WELL LOCATION:
CITY: MOORESVILLE COUNTY IREDELL
387 KEMP Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35 33.930
LONGITUDE 80 56.473
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME David Finley
STREET ADDRESS 12025 Shady Oak Ct
Charlotte NC 28227
City or Town State Zip Code
704.400.8062
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 400'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 30' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½' FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 3 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1 pd.
g. WATER ZONES (depth):
From 72' To 74' From ____ To ____
From ____ To ____ From ____ To ____
From 350' To 355' From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 67'	Ft.	6"		PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft.	bentonite	poured
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0'	50'	red clay
50'	67'	grey clay, loose stone
67'	400'	granite

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Kelvin Belk 5-25-12
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

KELVIN BELK - MIKE MULLIS
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

DocuSign Envelope ID: 3570E2DD-3008-401F-9FDD-38AGEF3EDDD7

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 (X) 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: DAVE FINLEY Address: 12025 SHADY OAKS COURT. MINT HILL, NC Zip: 28227
Applicant Email: Phone: Alt. Phone:
Owner Name: SAME Address: SAME Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 387 KEMP RD., MOORESVILLE 28117
Subdivision Name: CRESCENT LAND & TIMBER Section/Phase: B Lot Number: 123
Driving Directions: FROM I-77 N. - BRANLEY SCHOOL RD. FOR 4.2 MILES; RIGHT ONTO MCKENDREE RD. FOR 1.2 MILES. LEFT ON KEMP FOR 1.2 MILES.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) 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: 2610 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: 1993
( ) 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.

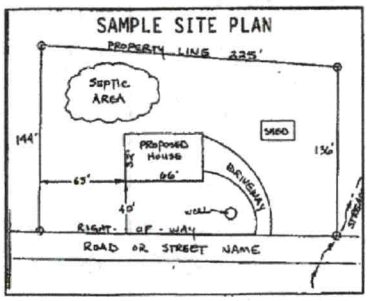
Signature: DocuSigned by: Dave Finley — 8/18/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

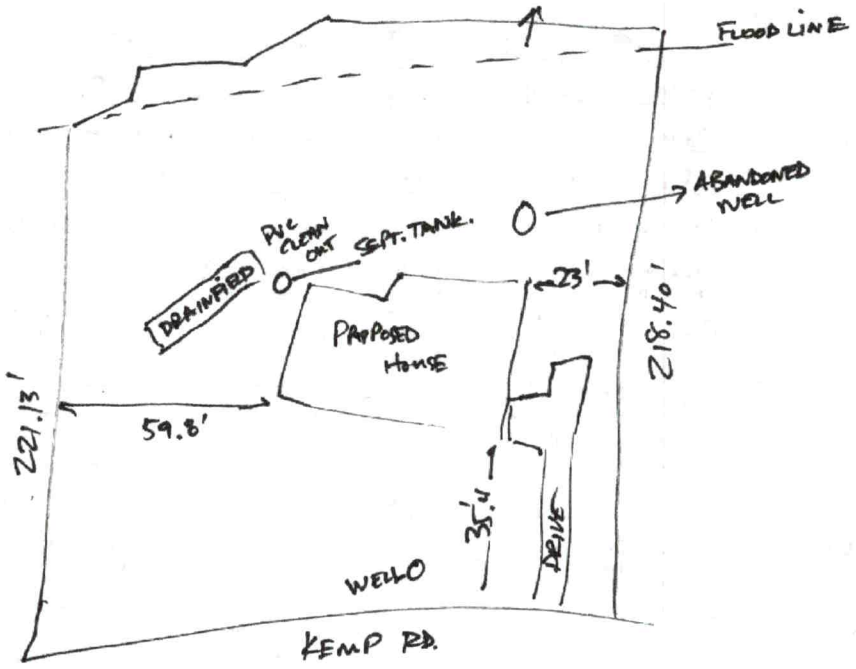
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: DocuSigned by: Dave Finley 78852A3020E411... — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/18/2022
DATE

DocuSign Envelope ID: 8B702BDD-3003-4011-97DD-35A6EF3ED0D1

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, DAVE FINLEY, am the legal owner(s) of the property located at 387 KEMP ROAD, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 664-596, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) TIM WHITE, MADISON HOMEBUILDERS, LLC., 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.

DocuSigned by:
Dave Finley
78832A13023E411...
Signature of Owner(s)

8/18/2022
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

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 ****

QW **Complete all Environmental Health forms**:

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ____ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **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.**

✓ **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.**

✓ **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 nonrefundable. 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).

DocuSigned by:
Signature Dave Finley 78832A13020E411... Date 8/18/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

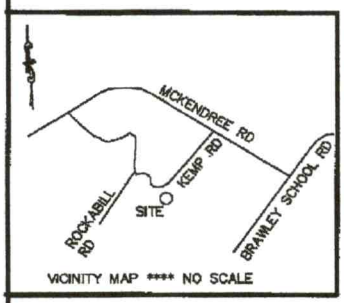
DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

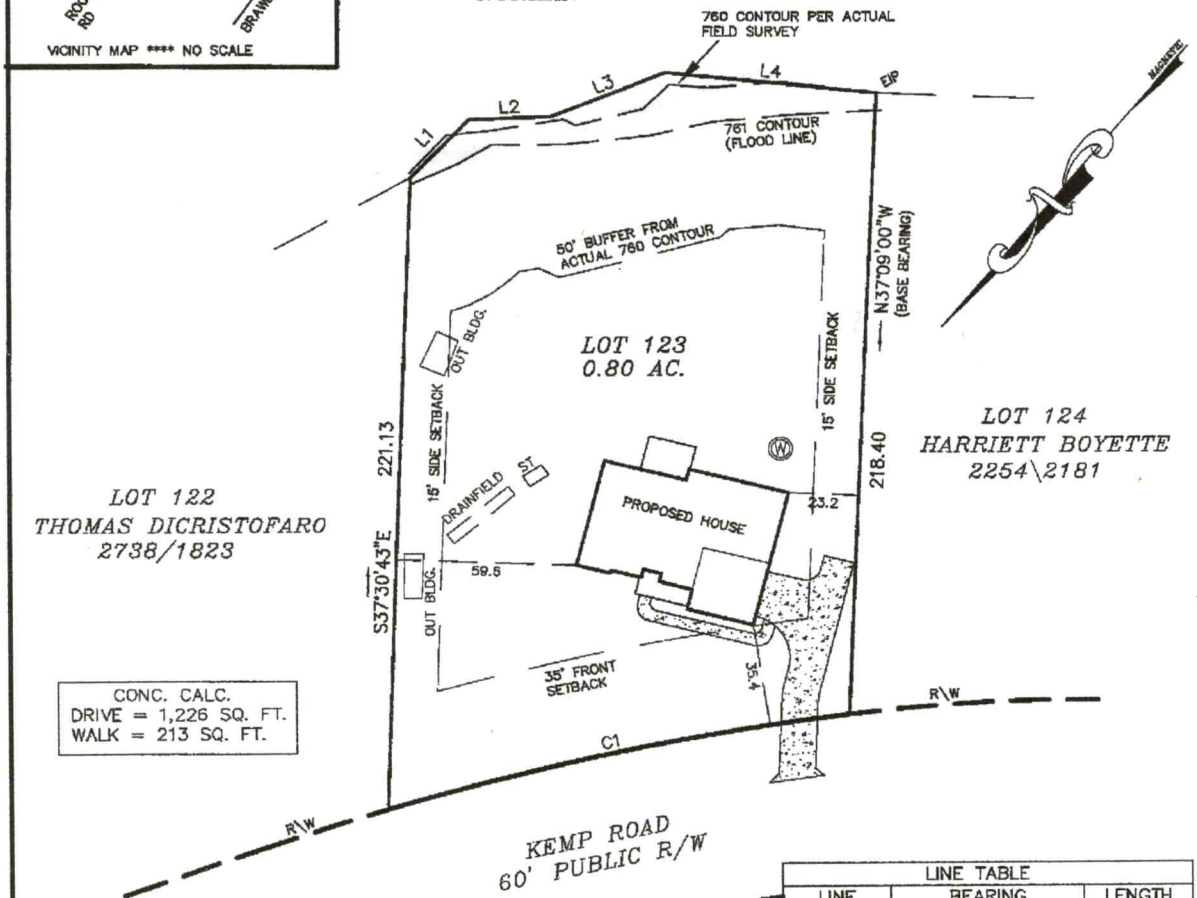
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 894, page 1404, and/or plat book 15, page 42, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 17, day of AUGUST,
A.D. 20 22.

WILLIAM M. ALLEN

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





CONC. CALC.
DRIVE = 1,226 SQ. FT.
WALK = 213 SQ. FT.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	904.01'	156.68'	N 38°25'29" E	156.48

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 03°56'14" W	28.07'
L2	S 48°05'00" W	27.29'
L3	S 28°21'00" W	40.79'
L4	S 56°11'00" W	70.30'

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 8\18\2016.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN 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
W = WELL

PLOT PLAN SURVEY

OF
387 KEMP ROAD
LOT 123 CRESCENT LAND & TIMBER CORP., SECT. 8
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'
ACQUIRED BY: DAVID ESTON FINLEY JR.

FIELD BOOK: 500-I
FILE: CLT 123 S8
DC FILE:
TAX MAP NO: 4626268256