ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

PERMIT # AP 39524

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

PIN # 4626 - 31 - 6574

APPLICANT/OWNER: Robert L. Moore

APPLICANT ADDRESS: 3489 Brawley School Rd, Apt A, Mooresville NC 28117

SITE ADDRESS: 129 Barber Loop, Mooresville NC 28117

PHONE: 704-660-9616 ALT PHONE:

SITE DIRECTIONS: (W) Brawley School → (R) Chuckwood → (L) Barber → lot on (L)

SUBDIVISION: CLEAT

SECTION: 7 LOT # 1683 LOT AREA: 1.12ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd LTAR: 0.25

Septic Tank	1000	(gal)	STB	760	Date	12-9-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	365	Date	12-11-2022	System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	TSII Drip			
# Nitrification Fields	1		# Lines	5	Linear Ft	320'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24" min		Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No Bedrooms	4	Water Supply: ☒ Private ☐ Public ☐ Community
☐ Business	No Persons	8	
☐ Other	No Employees		
☐ Slab	☐ Crawl Space		
☒ Basement w. plumbing			☐ Basement w/o plumbing

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage, install as shown.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Assoc approved 5/13/22

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.

Pressure Head: MW 12/6/22

Floats: MW 12/6/22

Alarm: MW 12/6/22

Electrical: MW 12/6/22

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: _____

IMPROVEMENT PERMIT by: Dmeberg Date: 5/13/22

AUTHORIZATION TO CONSTRUCT by: Dmeberg Date: 6/3/22

Installed by: RICHARD ABERNATHY

OPERATION PERMIT by: [illegible] Date: 12/12/22

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 # AP 319524

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

PIN # 4626 -- 31 -- 6754

APPLICANT/OWNER: Robert L. Moore APPLICANT ADDRESS: 2487 Brawley School Rd, Apt A, Mooresville NC 28117

SITE ADDRESS: 129 Barber Loop, Mooresville NC 28117 PHONE: 704-660-9616 ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Chuckwood → (R) Barber → lot on (L)

SUBDIVISION: CLST SECTION: 7 LOT # 1683 LOT AREA: 1.12 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R. 0.25

Septic Tank	1000	(gal)	STB	760	Date	10-9-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	365	Date	10-11-2022	System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	TSII Drip			
# Nitrification Fields	1	# Lines	5		Linear Ft.	320'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24" min	Trench Bottom Depth(Low side)	30"		Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Do not pave grade, drive, park, or bury utilities in drainfield. Divert all drainage, install on contour.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Assoc. approved 5/13/22

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.

Pressure Head : MW 12/6/22

Plants : MW 12/6/22

Alarm : MW 12/6/22

Electrical : MW 12/6/22

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: Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: D. Wieberg Date: 5/13/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 6/3/22 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	11-23-22	BW
	Tanks Checked	11-23-22	BW
✓	Pressure Manifold or Valve Box Checked	12-6-22	RW
✓	Pressure Head Set	12-6-22	RW
✓	Electrical Checked	12-6-22	RW
✓	Floats Set	12-6-22	RW
✓	Alarm Checked	12-6-22	RW
	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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319524

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

PIN # 4626 -- 31 -- 6754

APPLICANT/OWNER: Robert L. Moore APPLICANT ADDRESS: 2487 Brawley School Rd Apt A, Mooresville NC 28117

SITE ADDRESS: 129 Barber Loop Mooresville NC 28117 PHONE: 704-660-9616 ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Chuckwood → (L) Barber → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 7 LOT # 1683 LOT AREA: 1.12 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	10-9-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	365	Date	10-11-2022	System Description:	LP PPBPS			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	TS11 Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft.	320'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24" min	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage, install on contour.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Assoc. approved 5/13/22

AS BUILT SKETCH

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☐ **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: Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: D. Mebane Date: 5/13/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 6/3/22 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		
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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319524

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

PIN # 4626 -- 31 -- 6754

APPLICANT/OWNER: Robert L. Moore APPLICANT ADDRESS: 2487 Brawley School Rd Apt A, Mooresville NC 28117

SITE ADDRESS: 109 Barber Loop, Mooresville NC 28117 PHONE: 704-660-9616 ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Chuckwood → (L) Barber → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 7 LOT # 1683 LOT AREA: 1.12 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	TS11 Drip			
# Nitrification Fields	1		# Lines	5	Linear Ft:	320'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24" min		Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage, install on contour.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Assoc. approved 5/13/22

AS BUILT SKETCH

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☐ **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: 11/30/22 Installed by:

IMPROVEMENT PERMIT by: D. Mebane Date: 5/13/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 6/3/22 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		
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? _____	

J.C. Moore
Maintenance Contract

State of North Carolina

County of Iredell

Permit Number 319524

THIS AGREEMENT is made and entered into this the 17th day of December 2022, by and between Robert Moore J.C. Moore (hereinafter the "Owner") and (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IVA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A. 1961 to manage a Type IV-A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the owners systems located at 109 Barber Loop Mooresville NC 28117

A. The Contractor shall inspect the system at least at the frequency required in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type IV-A system.

B. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to home Owner after each inspection and to the local Health Department at the frequency specified in Table V (b) of 15A N.C. Admin. Code 18A. 1961 (b) for a Type IV System.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the inspection.

E. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine mainteriance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. The Owner's Obligations.

A. The Owner shall pay the Contractor upon signing this contract, the sum of for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12-month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more that 20 percent per year. The Owner shall pay in the following methods

(150.00 to be paid at the time of the signing of this agreement and to be
150.00 paid before the second scheduled inspection.

( )dollars to be paid at the time of the signing of this agreement.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system @ 30.00 dollars per hour, with minimum of one hour plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term: This Agreement shall remain in effect until termination.

A. Automatic Termination
This Agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of erminate by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement this Agreement shall continue in effect; or
(b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4. below.

4. Assignment

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A. 1961 to manage a Type IVA system upon thirty (30) days written notice to the Owner and the local Health Department.

5. Representations

The Parties represent to each other that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. Regulatory Amendments

References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

7. No Implied Waiver

The waiver by either Party of a default or a breach by the other Party of any provision of this agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

8. Notice

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows:

To the Owner: Robert Moore
109 Barber Loop
Mooresville NC 28117

To the Contractor: JC Moore
1227 Trout man Drive
Statesville, NC 28625

To the Local Health Department

Iredell Co Environmental Health
610 East Center Ave
Mooresville NC 28115

The date of any Notice shall be the date of delivery. Changes in the respective addresses to wh notice may be directed may be made from time to time by either Party by notice to the other Par

9 Place of Agreement

This Agreement and any questions concerning its validity, construction of and performance sha be governed by the laws of the State of North Carolina, notwithstanding the place of execution the order in which the signatures of the Parties are affixed.

10 Entire Agreement and Amendment.

This Agreement supersedes all prior negations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

11 Severability

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement, and to other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicat originals, one of which is retained by each of the Parties, the day and year first above written

(OWNER) x Robert D Moore Jr

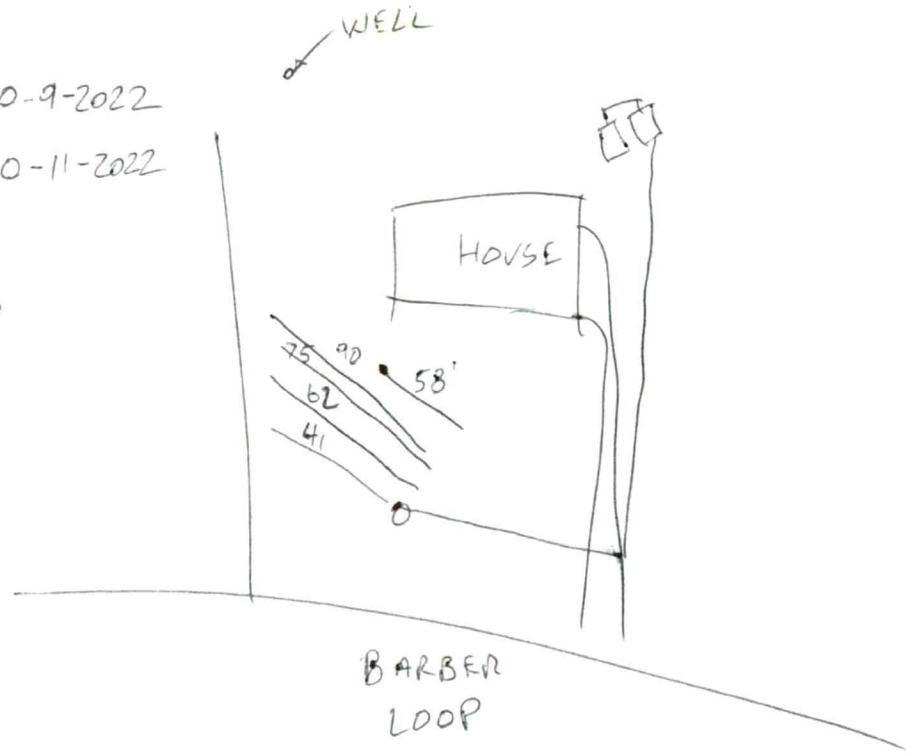
(CONTRACTOR) R. C. Moore

109 BARBER LOOP

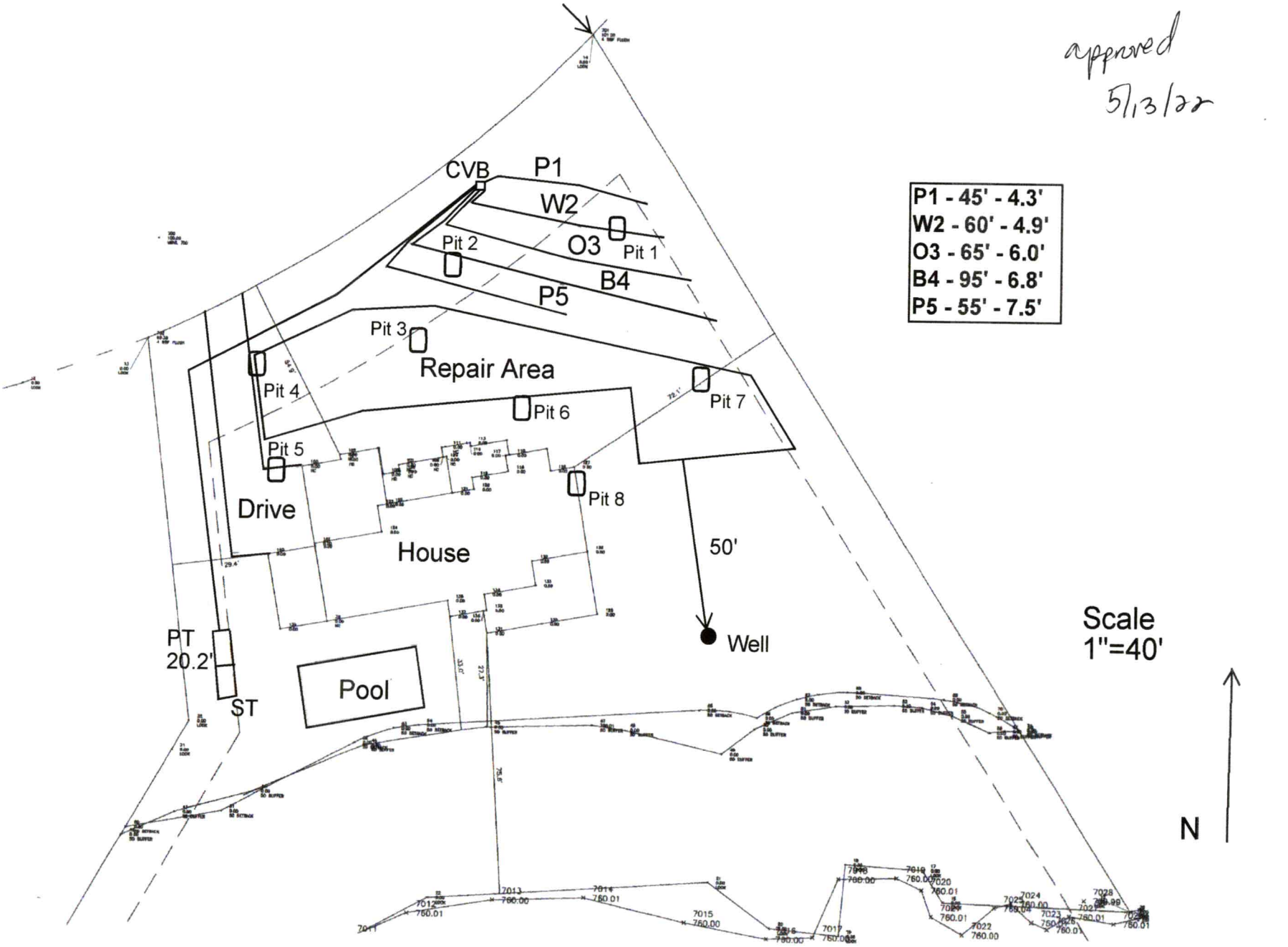
STB 760 10-9-2022

PT 363 10-11-2022

TANKS
DRAINLINES
SUPPLY



approved
5/13/22



P1	45' - 4.3'
W2	60' - 4.9'
O3	65' - 6.0'
B4	95' - 6.8'
P5	55' - 7.5'

PROPERTY ID #: 4626316574
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert L Moore Jr
ADDRESS: 149 Stone Ridge Ln, Mooresville, NC 28117
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 109 Barber Lp, CL&T Sec 7 lot 1683
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1.119 AC
PROPERTY RECORDED: 10/26/2005
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

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	
PIT 1	LS 8%	0-8	Br CL WSBK	FR SS SP SXP	Mn	60"	N/A	N/A	PS 0.275-0.25
		8-51	R C SBK	FR SS SP SXP					
		51-60	R CL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-19	R C SBK	FR SS SP SXP	Mn CHR 2 @ 57"	57"	N/A	N/A	PS 0.275-0.25
		19-57	R C ABK	FR SS SP SXP					
PIT 3	LS 4%	0-19	R C SBK	FR SS SP SXP	Mn CHR 2 @ 50"	50"	N/A	N/A	PS 0.275-0.25
		19-50	R C ABK	FR SS SP SXP					
PIT 4	LS 6%	0-10	R C SBK	FR SS SP SXP	Litho/SAP @ 30"	62"	N/A	N/A	PS 0.3-0.275
		10-62	R C ABK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	640 FT^2	640 FT^2
System Type(s)	PPBPS	TSII PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4626316574
DATE OF EVALUATION:
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	
PIT 5	LS 8%	0-8	Br CL WSBK	FR SS SP SXP	Mn YB @ 44"	62"	N/A	N/A	PS 0.25
		8-62	R C ABK	FR SS SP SXP					
PIT 6	LS 6%	0-62	R C ABK	FR SS SP SXP	Mn YB @ 46"	62"	N/A	N/A	PS 0.25
PIT 7	LS 6% New	0-5	Br CL WSBK	FR SS SP SXP	Mn 28" CHR 2, 45"	45"	N/A	N/A	PS 0.25
		5-45	R C ABK	FR SS SP SXP					
PIT 8	LS 10% New Basement Cut	0-10	COMPACTED		Mn 32" CHR 2, 48"	48"	N/A	N/A	PS 0.25
		10-48	R C SBK	FR SS SP SXP					

COMMENTS:

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
5/3/2022

Reference: Data Sheet for 109 Barber Lp, CL&T Sec 7 Lot 1683
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Pretreatment Drip Dispersal
Distribution: Low Pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 30.3 GPM
Dosing Volume: 266.4 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 20.9'
Friction Head: 2.6'
Pressure Head: 2'
Total Dynamic Head: 25.5'
Supply Line Length: 205'of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30-36"



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	45'	10	47'	4.3'
White 2	60'	14	60'	4.9'
Orange 3	65'	15	68'	6.0'
Blue 4	95'	22	97'	6.8'
Pink 5	55'	13	55'	7.5'

Initial System: 320'
Pump Tank: 20.2'
Benchmark: 1.0'
Repair System: 3900 FT^2
House Corner: 18.5'

Comments:
The supply line must be at least 30" below the driveway.

RECEIVED MAY 5 - 2022 AP-319524

Comprehsive Relayout

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Pd. $350.00

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Same as Owner **Address:** _____ **Zip:** _____

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Robert L. Moore JR. **Address:** 2487 Brawley School Rd., Apt A **Zip:** 28117

Owner Email: rocomoore@gmail.com **Phone:** 7046409616 **Alt. Phone:** 7043403838

Property Information:

Street Address: 109 Barber Loop, Mooresville NC 28117

Subdivision Name: na **Section/Phase:** _____ **Lot Number:** 1683

Driving Directions: Brawley School Rd South to Rt on Chuckwood Rd., Left on Barber Loop. 2nd lot on left.

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: 8 — ( ) 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: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

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

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: Robert L Moore Jr 5/3/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Expedited Review Process

Checklist For Licensed Soils Scientists *9/28/2015*

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ **Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)**

✓ **Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant**

____ **A copy of the Iredell County *Zoning Permit* (if required)**

✓ ***Documentation to Authorize an Owners Legal Representative* form**

✓ ***Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts**

✓ **Owner or Clients contact information, included on application or part of submitted design**

✓ **NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth**

✓ **Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:**

- ✓ **Drainlines for initial and repair system**
- ✓ **Septic Tank locations identified**
- ✓ **Pump Tank location identified**
- ✓ **Proposed distribution method must be clearly identified**
- ✓ **All proposed and existing structures identified**
- ✓ **Proposed setbacks must be noted**
- ✓ **Proposed and existing driveway**
- ✓ **Well locations (if applicable)**
- ✓ **North arrow identified**

✓ **Pump Systems must note the following elevations on a scaled site plan:**

- ✓ **Pump Tank**
- ✓ **Initial septic system and repair line elevations**
- ✓ **Front or rear of house at point closest to drain field**
- ✓ **Temporary Bench Mark**

✓ **Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.**

✓ **Septic design signed and sealed by LSS.**

✓ **Site requirements completed by time of health department staff visit:**

- ✓ **All under brushing, debris cleanup**
- ✓ **Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot**
- ✓ **Permanent corners must be identified in field, or located by a licensed surveyor as needed.**
- ✓ **Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line**
- ✓ **Septic and Pump Tank location marked as required**
- ✓ **All proposed structures must be staked**

_____ 5/5/2022

LSS Signature **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, Robert L Moore JR, am the legal owner(s) of the property located at 109 Barber Loop, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4624316574, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

Signature of Owner(s) — Date: 5/3/2022

Signature of Witness — Date: 5/3/2022

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

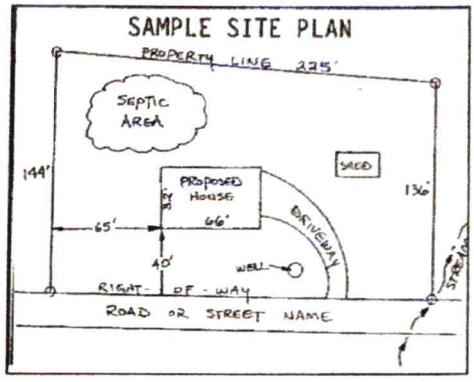
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- **( ) 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 Plan

Signature: Robert A Ware

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

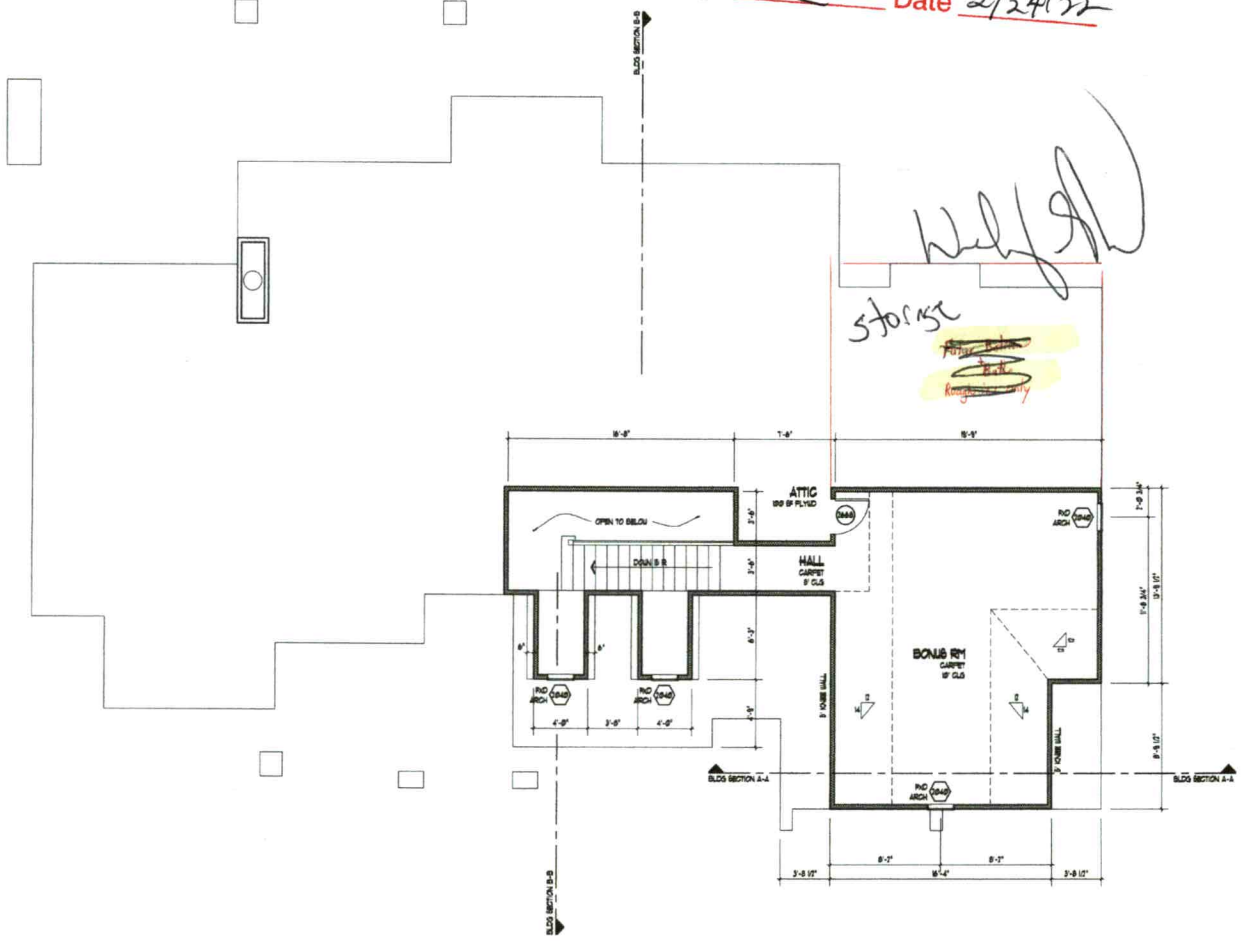
5/3/2022

DATE

Acknowledgement of Plans Submittal ONLY!

Date 2-24-22

Date 2/24/22



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

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houseplansby davidwigginsarchitect
PO Box 266 - Magnolia Texas - 77353 - (832) 521-5820

PROJECT:

BLACK HAWK ESTATE

PLAN 2353 - REVERSE

REVISIONS

DATE:

JUNE 20, 2019

A2

OF A8

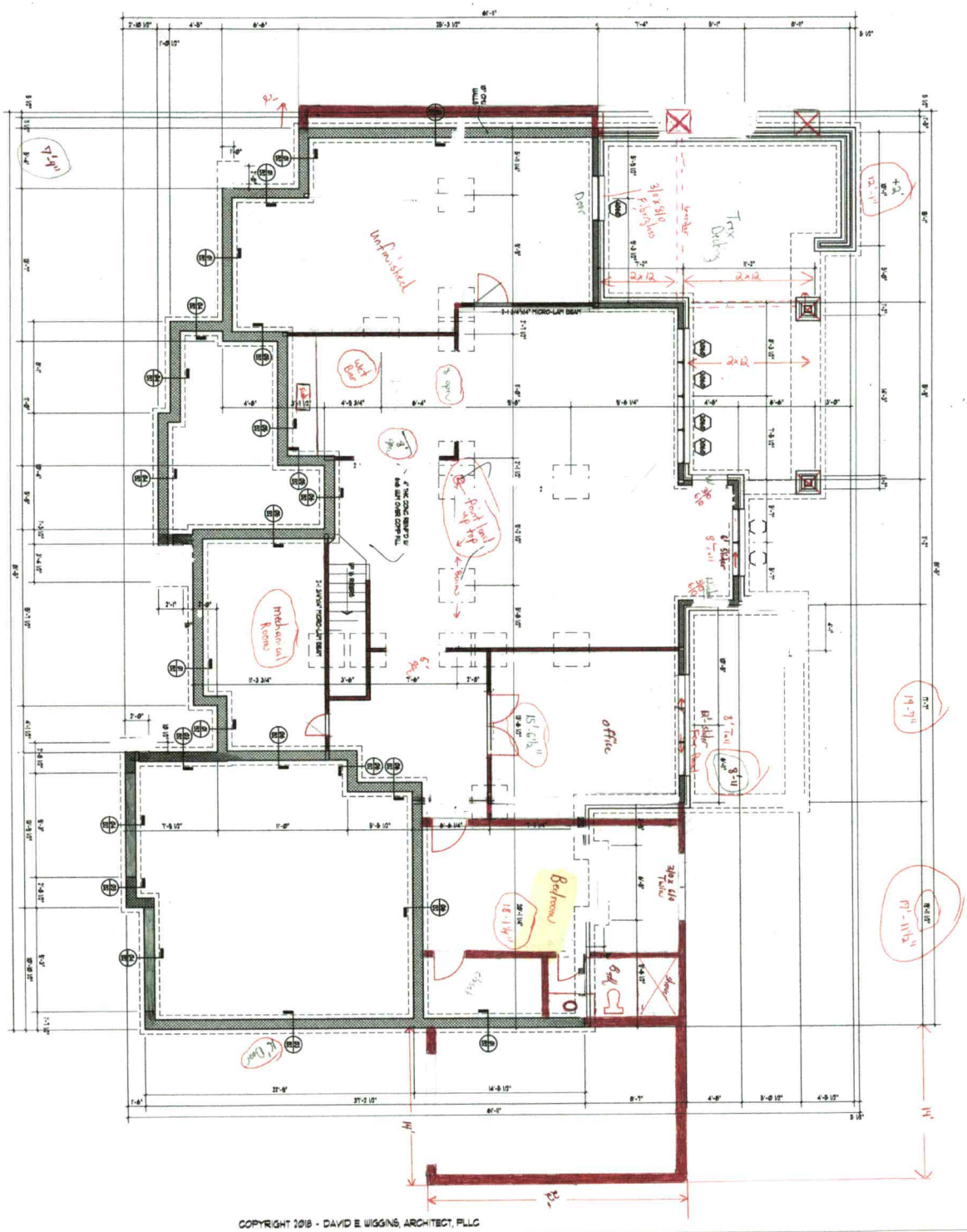
Acknowledgement of
Plans Submittal ONLY!

Date 2-24-22

Date 2/24/22

BASEMENT PLAN

SCALE: 1/4" = 1'-0"



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B1

DATE: JUNE 20, 2019

REVISIONS

PROJECT:

BLACK HAWK ESTATE

PLAN 2353 · REVERSE

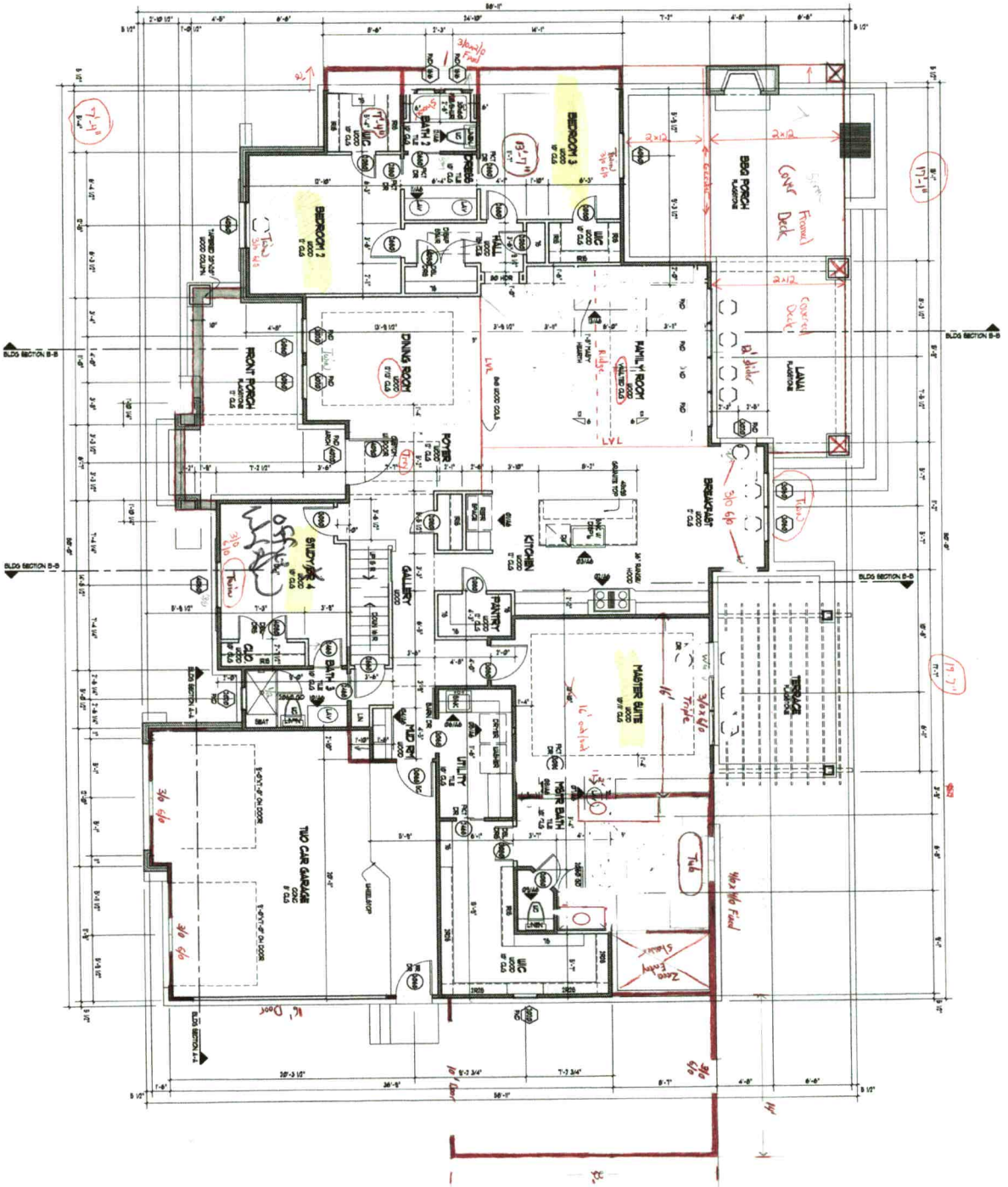
houseplansby davidwigginsarchitect

PO Box 256 - Magnolia, Texas - 77353 - (832) 521-5820

Acknowledgement of
Plans Submittal ONLY!

Date 3-24-22

Date 3/24/22



FIRST FLOOR PLAN

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A1

PROJECT:

BLACK HAWK ESTATE

PLAN 2353 - REVERSE

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