ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP222345

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

PIN # 4626-31-8329

APPLICANT/OWNER: Johannes Baker | APPLICANT ADDRESS: 378 Chuckwood Rd Mooresville NC 28117

SITE ADDRESS: 293 Chuckwood Rd mooresville, NC 28117 | PHONE: 704-201-4982 | ALT. PHONE 704-201-5507

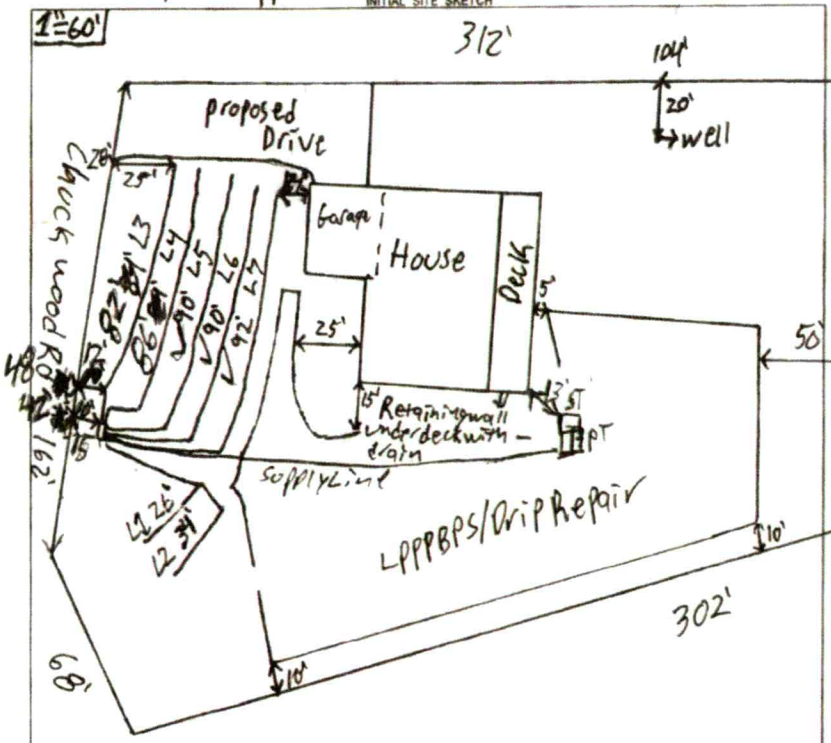
SITE DIRECTIONS: Brawley school Rd to R on Chuckwood Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Heron View | SECTION: — | LOT # 3 | LOT AREA: 1.28 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 9/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT 353	Date 11/2/7	System Description:	PM 25% Reduction	☐ Business	No. Persons	10	☒ Private
Pump Make		Model	Serial #	Repair System Description:	LPPBPS/Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 7	Linear Ft 500'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	max 30"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☒ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Floor plans from original application were used.

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.

12/14/2020: Drainlines, tanks, PmBox all checked and good.

1-20-2022- FLOATS
ALARM
ELECTRICAL
PRESSURE-HEAD

150

Line	Tap Size
L1 + L2	1½" Sch 40
L3	¾" Sch 80
L4	¾" Sch 80
L5	¾" Sch 80
L6	¾" Sch 80
L7	¾" Sch 80

2' Pressure head
Dosing volume = 227.5
Drawdown = 10.8
Flow Rate = 57.61
Runtime = 3.9

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: Johannes W Baker | Date: | Installed by: Richard ABERNATHY

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 11/4/2020 | OPERATION PERMIT by: Bryant C. White | Date: 1-20-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 11/4/2020 | Existing System Inspected by: | Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Johannes Baker — APPLICATION DATE: 2-28-18
ADDRESS: 378 Chuckwood Mville, NC — DATE EVALUATED: 3/9/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 1000gpd — PROPERTY SIZE: 1.28Ac
LOCATION OF SITE: 293 Chuckwood Mooresville, NC — PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ 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) .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	6%	0-7	Brw SCL	SS, SP, SExp, FR					PS .3 40 32" >32" .25
		7-24	RC mSBK	SS, SP, SExp, FR					
		24-32	RC wSBK	SS, SP, SExp, FR					
		32-50	RC wSBK	SS, SP, SExp, FR					
			Some Yel/Brw mottles						
2	10%	0-8	RC mSBK	SS, SP, SExp, FR					PS .3
		8-25	RC m-wSBK	SS, SP, SExp, FR					
		25-58	RC wSBK FR	SS, SP, SExp Fi FR					
3	7%	0-11	Brw SCL	SS, SP, SExp, FR					PS .3
		11-27	RC mSBK	SS, SP, SExp, FR					
		27-60	RC mSBK	SS, SP, SExp, FR					
			Ferr Quartz rock Inclus						
			>32"						
4	8%	0-4	Brw SCL	SS, SP, SExp, FR					PS .3
		4-26	RC mSBK	FR SS, SP, SExp, FR					
		26-56	RC wSBK	Fi-FR SS, SP, SExp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip/PPBPS
Site LTAR	.3	.3 & .125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Johannes Baker, David Bean

COMMENTS: ~top 6" Compacted.

RECEIVED SEP 2 2 2020

AP-222345
$500.00

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*

Relocation

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

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Johannes + Linda Baker **Address:** 378 Chuckwood Rd Mooresville NC **Zip:** 28117
Applicant Email: hbbig50@aim.com **Phone:** 704 201 4982 **Alt. Phone:** 704 201 5507
Owner Name: Johannes + Linda Baker **Address:** 378 Chuckwood Rd **Zip:** 28117
Owner Email: SAME **Phone:** SAME **Alt. Phone:** SAME

Property Information:

Street Address: 293 Chuckwood Rd Mooresville N.C 28117
Subdivision Name: Heronview **Section/Phase:** _____ **Lot Number:** 3
Driving Directions: Brawley School Rd, ~~Right~~ on Chuckwood, Last driveway stone before Barber Loop on left

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

CHECK FOUNDATION TYPE

- [X] New Single Family Residence — Maximum Number of Bedrooms: 5
- ( ) New Multi-Family Residence — Maximum Number of Occupants: _____
- ( ) Accessory Building — ( ) Swimming Pool
- ( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
- ( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 6500 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

- ( ) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- [X] Basement with Plumbing
- ( ) Basement without Plumbing

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 ( ) 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.

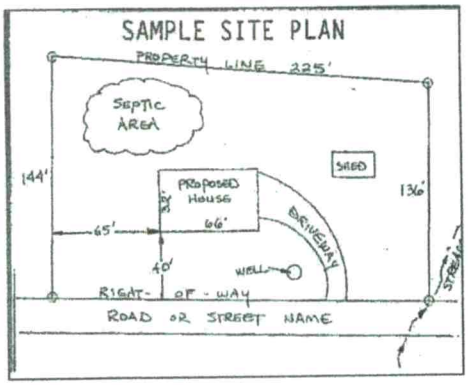
Signature: Johannes W Baker 9-21-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

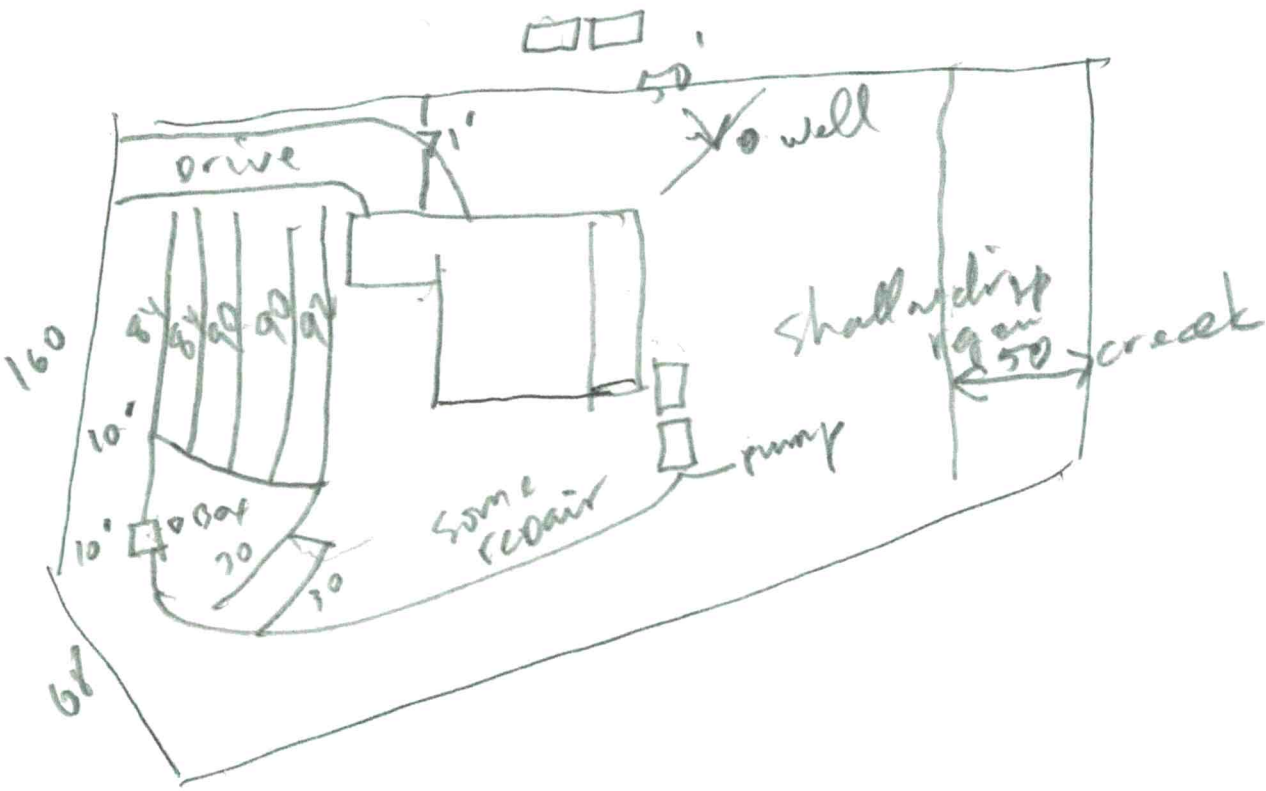
Circle N/A on the following if appropriate:

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

See attached



Signature: Johannes W Baker Linda A Baker 9/21/20

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Linda A Baker

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, Johnnas & Baker Linda A Baker, am the legal owner(s) of the property located at 293 Chuckwood Rd, identified as PIN (Parcel Identification Number) 4626318329.000, located in Iredell County, North Carolina.

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

- 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

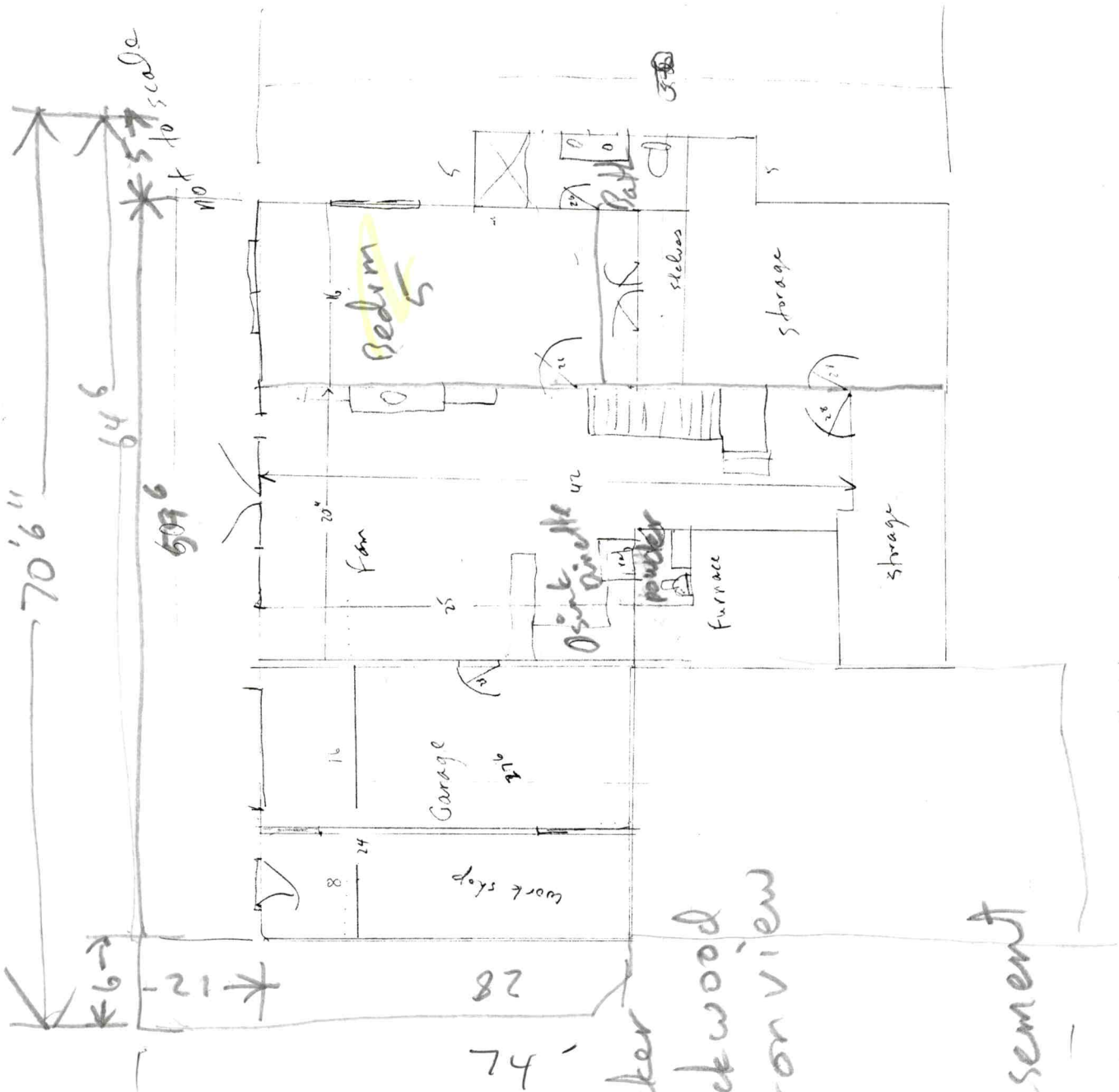
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Linda A Baker — Signature of Owner(s)

9/21/20 — 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

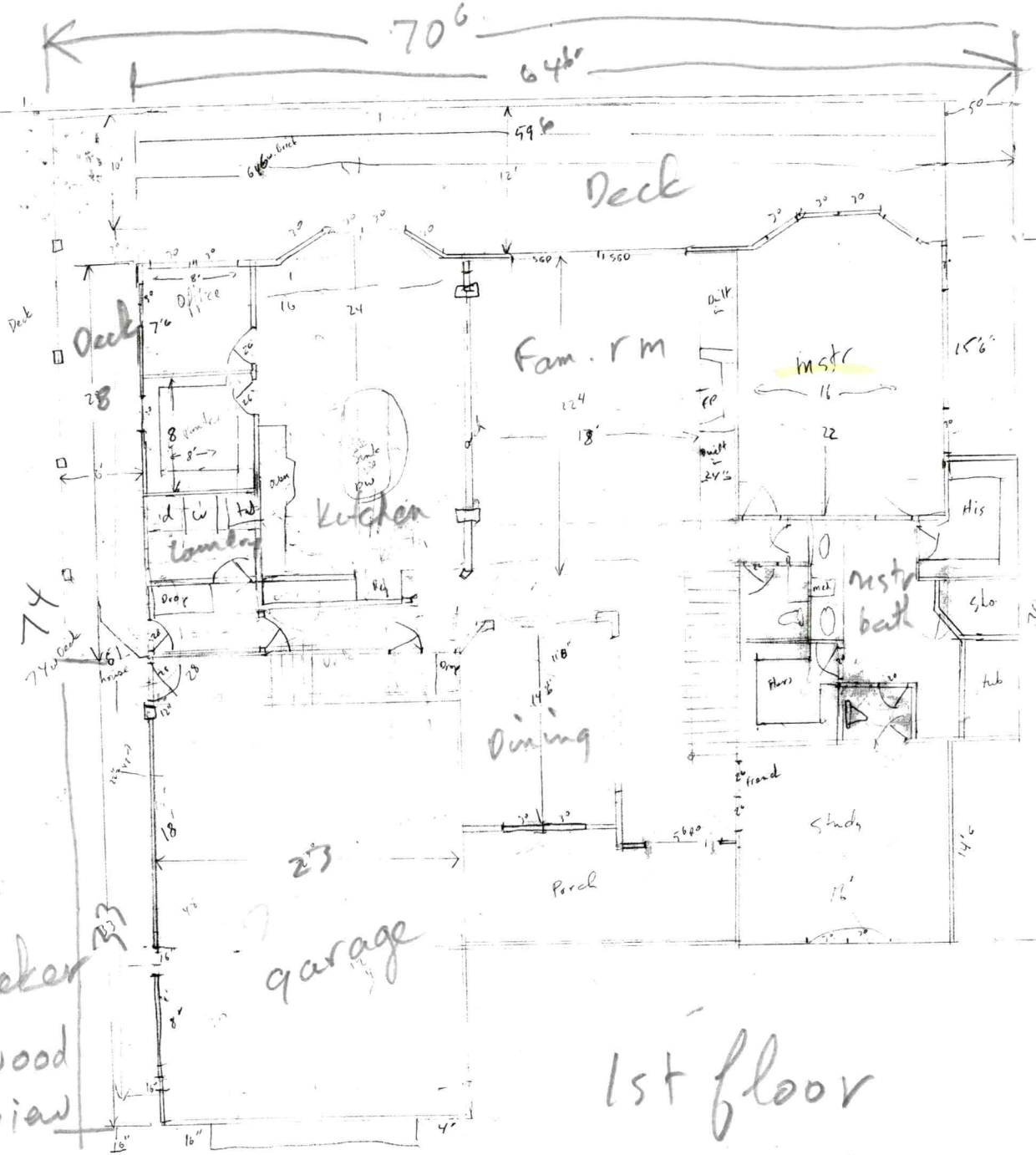


Johannes W. Baker
2973 Chuckwood
Lot 3 Heron View

Acknowledgement of Plans Submittal ONLY!

Johannes W. Baker Date 3/4/18

Date 3-16-18



Acknowledgement of Plans Submittal ONLY!

Johannes Baker Date 3/14/18

Date 3-16-18

Johannes W Baker
293 Chuckwood
Lot 3 heronview

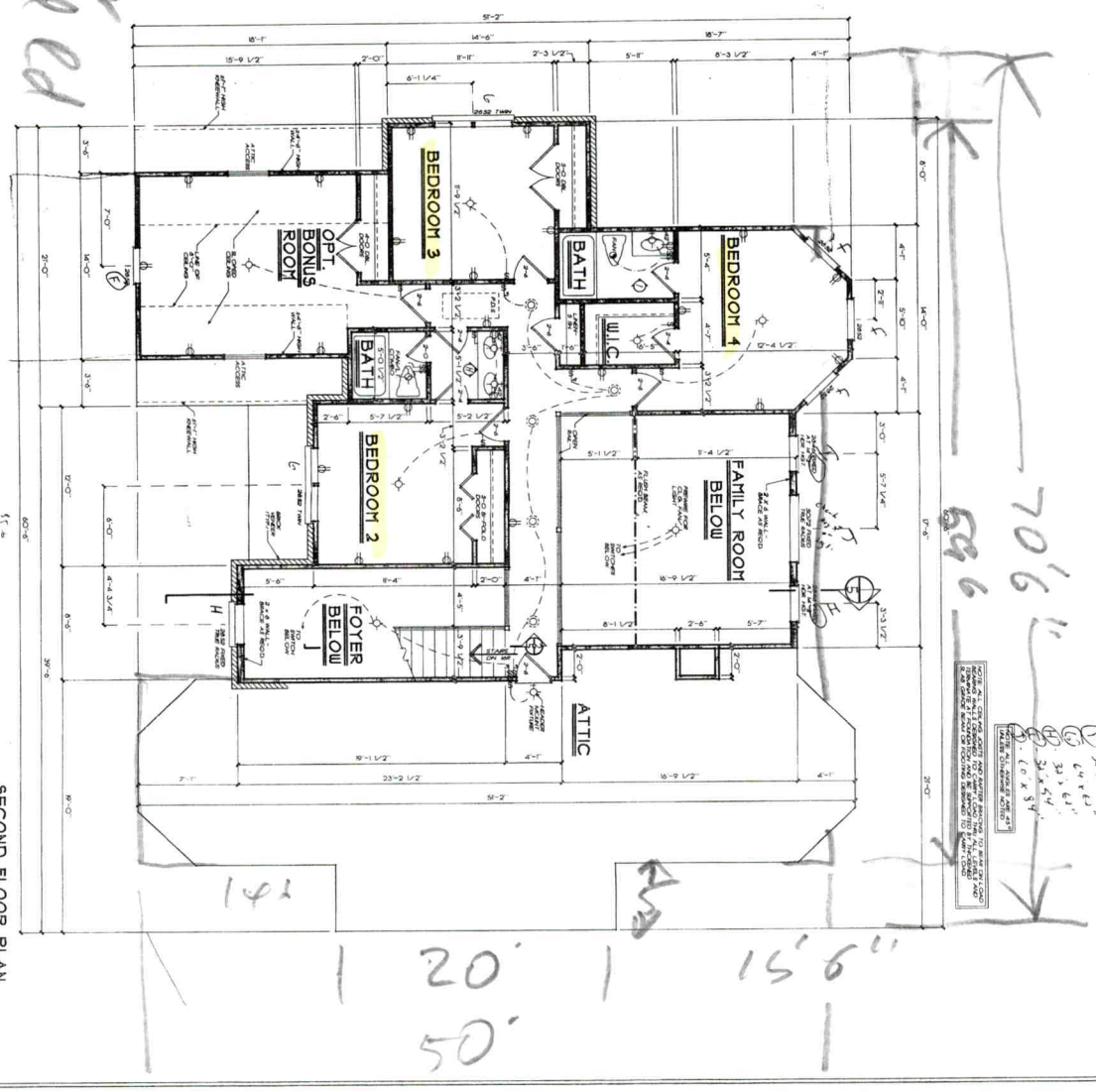
1st floor

Johannes w Baker
293 Chuckwood Ld
Lot 3 Heron view

Acknowledgement of Plans Submittal ONLY!

Johannes w Baker Date 3-14-18

Tonya Watson Date 3-16-18



SECOND FLOOR PLAN

1/4" = 1'-0"

THESE BETZ ASSOCIATES, INC. ASSURES YOU WILL FIT FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

120' 15'6"

50'

SHEET 4 OF 6	DATE 2-10-18	BY MGB CK GDW	FBA FRANK BETZ ASSOCIATES, INC. 2401 LAKE PARK DRIVE/SUITE 250 SMYRNA, GEORGIA 30080 770/431-0886 www.frankbetz.com	SECOND FLOOR PLAN THE LAKE PLACID

HOME PLANS DESIGNED FOR TODAY'S MARKET

REVISIONS	DATE	BY

IREDELL COUNTY

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

APPLICATION NUMBER
222345
Issue Date: 10/07/2016

FILE COPY

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4626318329.000	293 CHUCKWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOSER GEORGE B+ALITA T	Applicant: BAKER, JOHANNES W.
Address: 119 BARBER LOOP MOORESVILLE, NC 28117	Address: 378 CHUCKWOOD ROAD MOORESVILLE, NC 28117
Phone:	Phone: 704-201-4982

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.280	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

$ PAID 351

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: See Attached Date: _____

Permit Number	82594	TOTAL FEES:	$ 77.25