IREDELL COUNTY HEALTH DEPARTMENT

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

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

125 Lakeland Rd, Mooresville NC

PERMIT# ~~13820~~ 245001 PIN# 4626419700

OWNER OR APPLICANT Bonanza Development Co. PHONE: Business 704-662-0105 Home 704-363-9942 DATE 10-27-06

ADDRESS 816 G Brawley School Rd mooresville 28117

LOCATION Brawley School Rd TR Chuckwood TR Seagrove Tr Lakeland on left

SUBDIVISION Holiday Harbor BLOCK / SECTION ____ LOT 70 LOT AREA .462 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .2 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 5-13-19

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 450

No Lines 7 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth NA

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

System Description: 25% reduction gravity

Repair System Description: max feasible Rule .1945

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

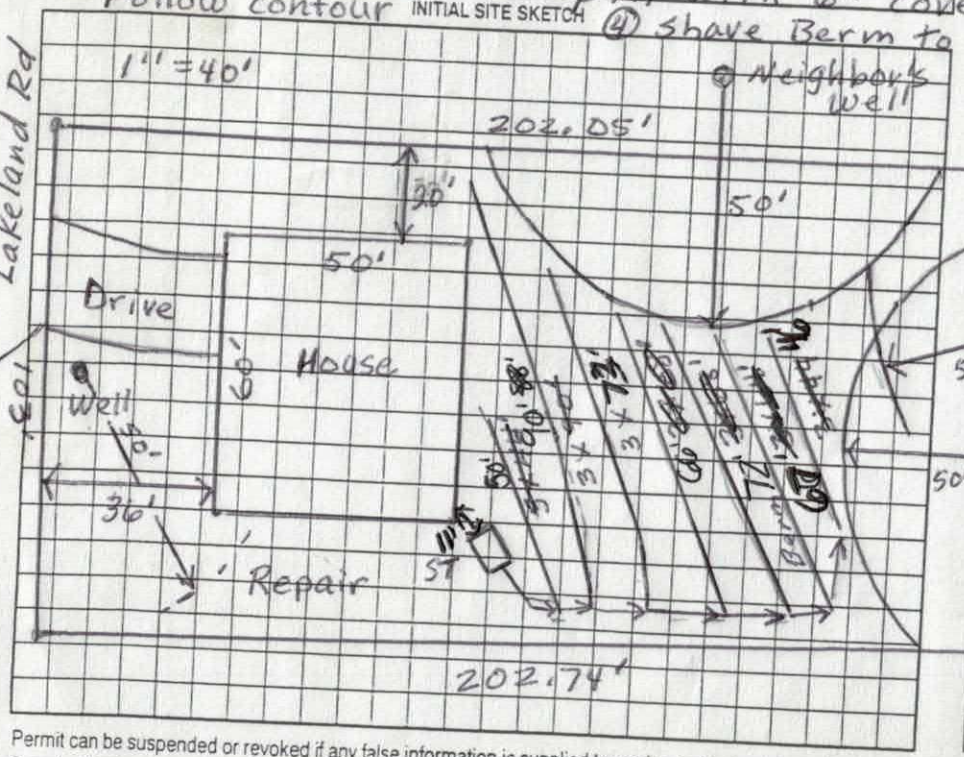
① Infiltrator with end cap distribution

② min. 5' setback from property line Rule .1951

③ Max 18" trench depth with 6" cover Follow contour

④ Shave Berm to natural contour

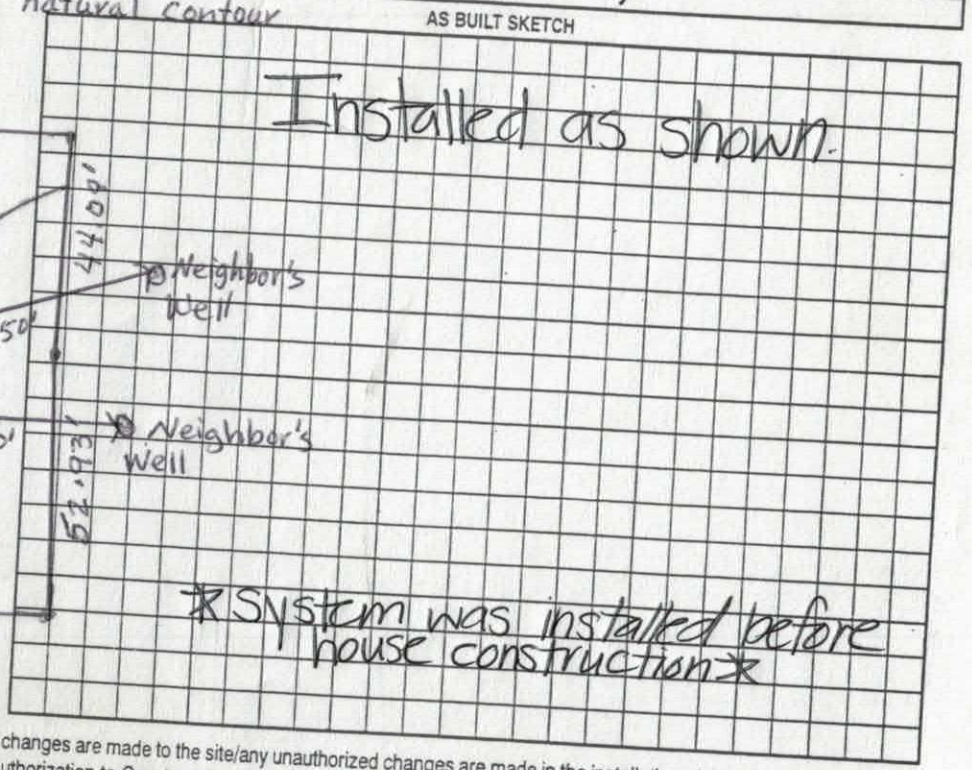
INITIAL SITE SKETCH



Comments:/Conditions: *This AC was signed under SL 2017-211. KW

Existing well during site visit was 28' from proposed house box + 50' from left property line.

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Bonanza Development Co. Inc. by Scott E. Needham date 10/30/06 Installed by: R+H

Improvement Permit by: Judy Melvill date 10-27-06 Operation Permit by: Kayla Watson date 7-16-19

Authorization to Construct by: Judy Melvill date 3-8-07

Kayla Watson Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE 5-28-19 OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Scott Needham
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480 gpd / 360 gpd DATE EVALUATED: 10-6-00
LOCATION OF SITE: Lakeland PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	slope 2%	0-12	1sbk scl		yellow brown mottles	45+			.2-.25
		10-30	1sbk cl						
		30-45+	1abk/sbk cl	fr ss/sp SE					
		soil falling out of pit	C+f	yellow clay → brown peds					
2	slight concave 3%	0-10	1sbk scl		yellow brown	36+			.2
		10-22	1sbk cl						
		22-30	1abk/sbk cl	fr/fi +C yel/br peds					
		30-36+	C+sap	very difficult digging					
3		0-8	1sbk scl		yellow brown few inc. sap	36+			.2
		8-20	1sbk cl						
		20-36+	1sbk/abk cl/c	fr					
		36	soil won't stay in auger						
4	pit	0-6	1sbk scl		yellow brown mottles				.2
		6-17	1abk/sbk cl	fr ss/sp SE					
		17-48	1abk + sap	fi s SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		no
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J Melville
OTHER(S) PRESENT: ___

COMMENTS: trench depth 18" to max 48"

#245001

* Request re-activation of expired permit for authorization to construct, no changes to design of system or site. Please contact Scott Needham

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH 704-363-9942

APPLICATION FORM

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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:
Place an (X) beside whichever is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bonanza Development Co. Inc. Address: 816-G Brawley School Road Mooresville NC 28117 Zip: 28117
Applicant Email: bdc@infionline.net Phone: 704-363-9942 Alt. Phone: 704-662-0105
Owner Name: Needham Poplar LLC Address: 816-G Brawley School Road Mooresville NC 28117 Zip: 28117
Owner Email: bdc@infionline.net Phone: 704-363-9942 Alt. Phone: 704-662-0105

Property Information:

Street Address: 125 Lakeland Road, Mooresville NC 28117
Subdivision Name: Holiday Harbor Section/Phase: _____ Lot Number: 70
Driving Directions: Brawley School Road, TR Chuckwood Rd., TR Seagrove, TL Lakeland Road on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% reduction gravity

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: Scott R. Needham
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
5/22/19
DATE

ex. well 50' from property corner & 28'

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X **Improvement Permit** X **Authorization To Construct** ___**BOTH** ___**Existing System Inspection** Skm 3/8/07

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   - X **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   - X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Bonanza Development Co.	816-G Brawley School Rd. Mooresville, NC 28117	704-662-0105	704-363-9942 (Scott)
Applicant Name	**Mailing Address**	**Office ~~Home~~ Phone**	**Cell ~~Work~~ Phone**
Bonanza Development Co.	816-G Brawley School Rd. Mooresville NC 28117	704-662-0105	704-363-9942 (Scott)
Owner Name	**Mailing Address**	**Office ~~Home~~ Phone**	**Cell ~~Work~~ Phone**

4. **Property Information:**

Lakeland Rd, Mooresville, NC 28117	Holiday Harbor	Lot 70
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: West on Brawley School Rd., Turn right on ~~McLeod~~ Church wood, Turn right on Seagrove, Turn Left on Lakeland, lot is on left at sharp curve and gravel drive on left

****

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

- (X) **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

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

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

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

****

6. **Proposed Water Supply:**

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

****

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

( ) **Alternative** (X) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other**_____ ( ) **No Preference**

****

8. **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. industry) to be generated?**
- ( ) Yes (X) No **Is the site subject to approval by any other public agency?**

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Bonanza Development Co. Inc. by Scott C. Needham
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/2/06
DATE

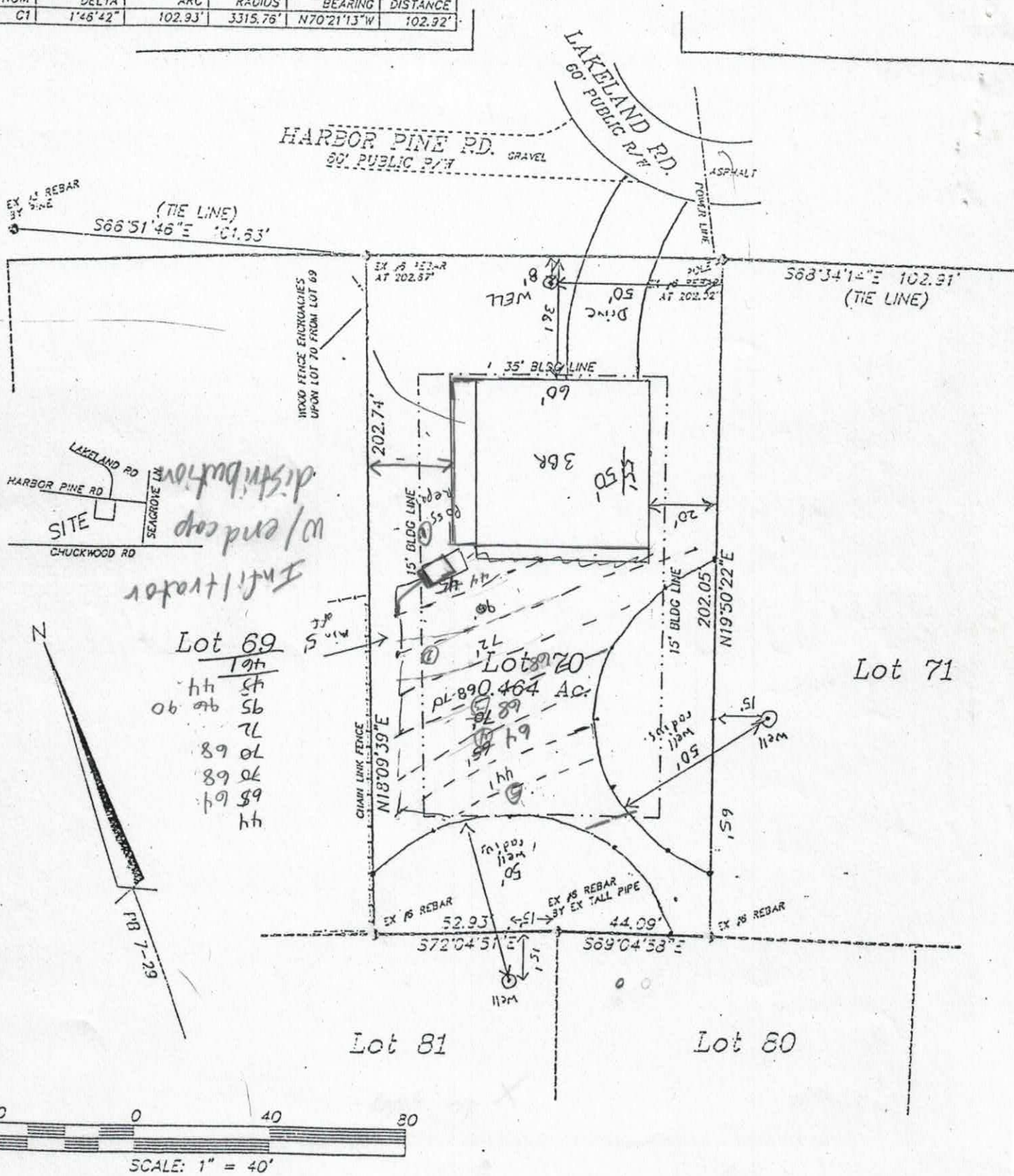
HOLIDAY HARBOR LOT 70 125 LAKELAND R

10/19/06

Lot 70 Sp-1

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	1°46'42"	102.93'	3315.76'	N70°21'13"W	102.92'



R. S. Hollifield land surveying / subdivision planning p. o. box 1036 Troutman

phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@vv

file: holhrb70

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, Needham Poplar, LLC, am the legal owner(s) of the property located at 125 Lakeland Road, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4626419700, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bonanza Development Co., 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.

Needham Poplar LLC by
Scott R. Needham, manager
Signature of Owner(s)

5/22/19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

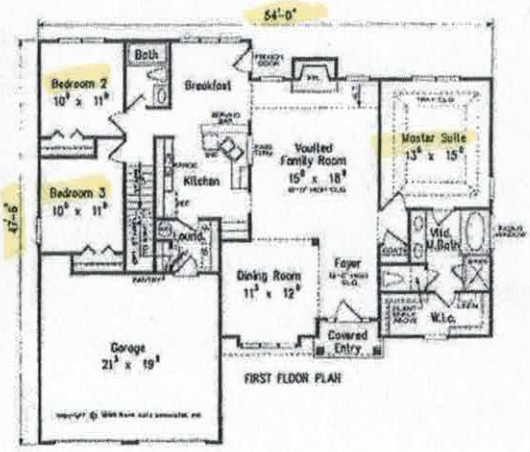
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

888.717.3003

FRANK BETZ ASSOCIATES

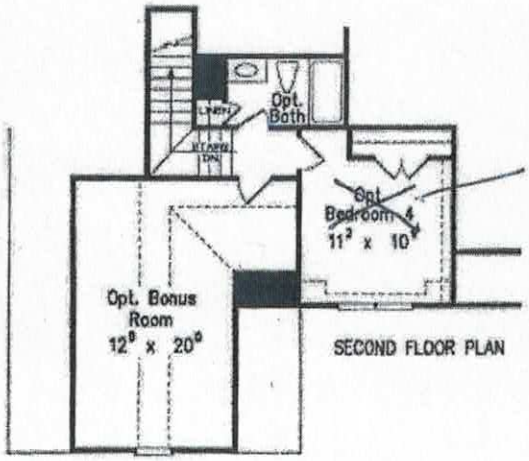
SUMMERBROOKE







No Basement to be built Am 5/22/19



No 4th Bedroom Am 5/22/19

Acknowledgement of Plans Submittal ONLY!

Scott R. Needham Date 5/22/19

Kayla Watson Date 5-28-19

IREDELL COUNTY

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

APPLICATION NUMBER
245001
Issue Date: 05/23/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626419700.000	125 LAKELAND ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEEDHAM POPLAR LLC	Applicant: BONANZA DEVELOPMENT CO
Address: 816-G BRAWLEY SCHOOL RD	Address: 816 G BRAWLEY SCHOOL RD
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-662-0105

Use Requested	Zone Code
REPLACE 138206 - SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	178587	TOTAL FEES:	$ 77.25