IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 240365

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

PIN # 4626549331

APPLICANT/OWNER: Cyras Custom Homes | APPLICANT ADDRESS: 4436-B South Blvd. Charlotte, NC 28209

SITE ADDRESS: 158 W. Callicutt Trail | Mooresville, NC | PHONE: 7046347263 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR South Fork bear rt on Agnew TR Green Morris TR West Callicutt @ end

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: 1 | LOT # 15 | LOT AREA: 1.645Ac | DESIGN FLOW: 480 | L.T.A.R.: .225

Septic Tank: min. 1000 (gal)	STB: 338	Date: 5-15-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply
Pump Tank: 1090 (gal)	PT: 283	Date: 7-17-18	System Description: LPPPBPS		☐ Business	No. Persons: 8	☐ Private
Pump Make: Gould's	Model: VUE05HH	Serial #:	Repair System Description:		☐ Other	No. Employees:	☐ Public
# Nitrification Fields: 1	# Lines: 5	Linear Ft: 360	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width: min. 24"	Trench Bottom Depth(Low side): 24-36"	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: See HOA requirements for Septic tank filter

Note: Replaces permit # 232394. This permit was issued to accommodate pool.

INITIAL SITE SKETCH

11/16/18 Checked 2" supply line & tanks

See Attached, Approved Site plan submitted by Adrian Pruett (dated 11/16/18)

AS BUILT SKETCH

5/32" SCH40 taps

Installed 36" trenches

2/7/19 Checked remaining drainlines & set pressure

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 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: 12/6/18 Installed by: Stanley Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/21/18 OPERATION PERMIT by: Maria Dotson Date: 3/11/19

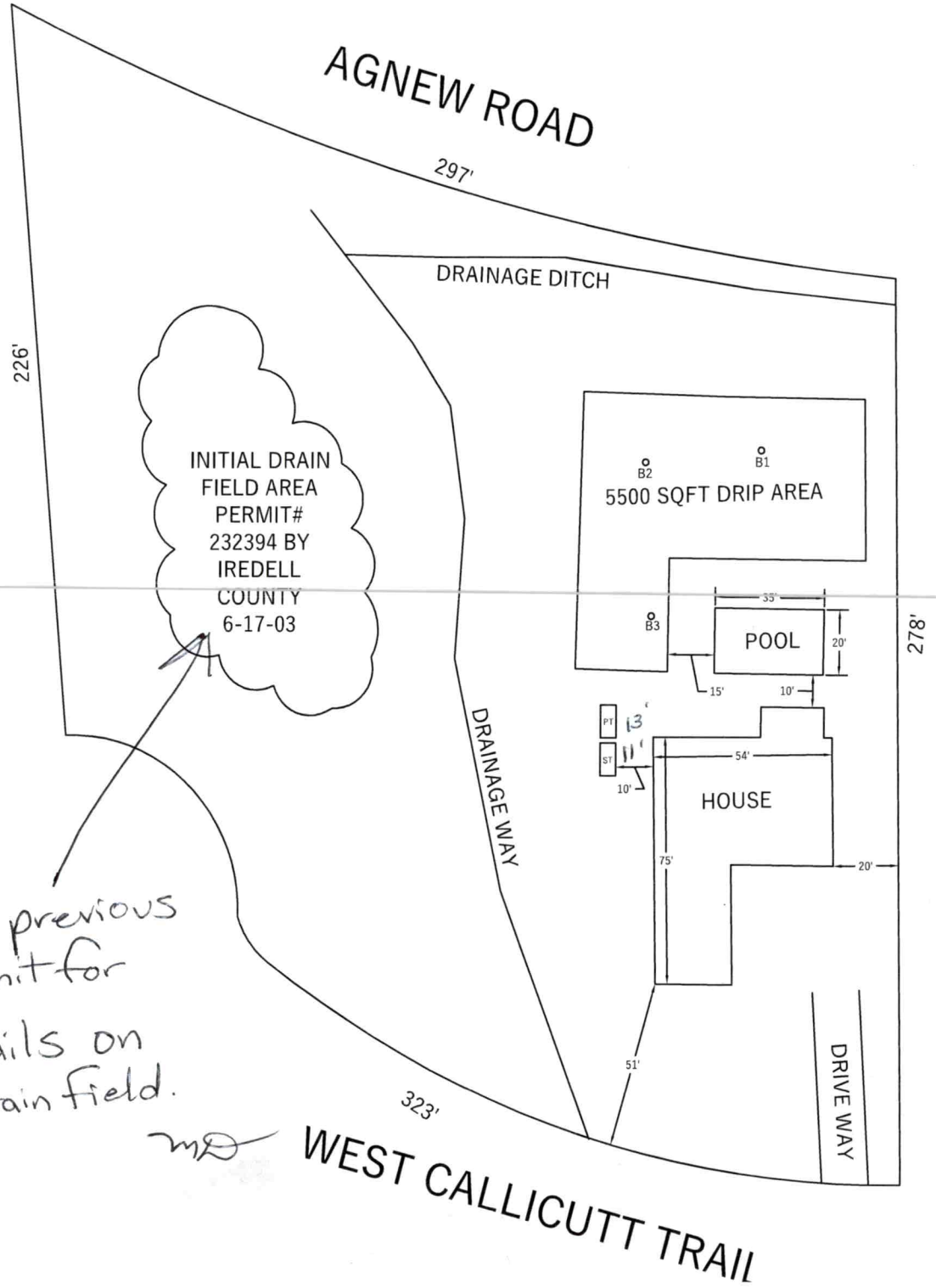
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/21/18 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Note: Need to install in 24" trenches 8ft on center to stay out of Bad Soils

	Date	Initials
Drain Lines Checked	2/5/19 & 2/7/19	MD
Tanks Checked	1/16/19	MD
Pressure Manifold or Valve Box Checked	1/7/19	MD
Pressure Head Set	2/7/19	MD
Electrical Checked	2/11/19	MD
Floats Set		MD
Alarm Checked		MD
Maintenance Contract Y / N		

2" Supply line to Drainfield 1/16/19 MD
2/5/19 Checked upper 3 lines
★ Need Drainfield Seeded & Straw



See previous permit for details on Drainfield.

MD

STATE OF NORTH CAROLINA LICENSED SOIL ADRIAN L. 1314

11-16-18

NORTH

SCALE 1"=50'
THE FARMS
SECTION 1
LOT 15

Approved
11/21/18 MD

EPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-11-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 16 Lake Forest PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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		0-22	gr-wk sbk bnv sl	fr sss p					.25 @ <40"
		22-33	wk fsbk scl	fr ss p common mi sap		scattered Rock			
		33-40	wk fsbk Ry cl	fr sss p common mi sap					
		40-48	wk fsbk yRC	fr sp few common ybr mottles					
2		0-22/28	gr wk sbk bn sl	fr sss p	mod WR thd sap				LPP .125
3		0-12	gr bn sl/scl	fr sss p					.1-.2
		12-30	m fsbk/ab ky c	fi sp mixed					
		30-50	scl sap	fr ss sp					
					IS sap weable - will need particle size analysis to determine this				
4		0-4	gr bn sl	fr sss p					.2 to 45"
		4-29	m fsbk RC	fi sp					
		29-44	wk fsbk yRC	fr sss p common ybr mottles, few mi sap					
		44-52	scl sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

(5) 0-16 gr-wk sbk sl/scl fr sss p
16-42 wk-m fsbk RC fr sp .25
42-48 wk fsbk RC fr sss p common mi sap

ISION OF ENVIRONMENTAL HEALTH
-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-10-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 15 Lake Forest PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

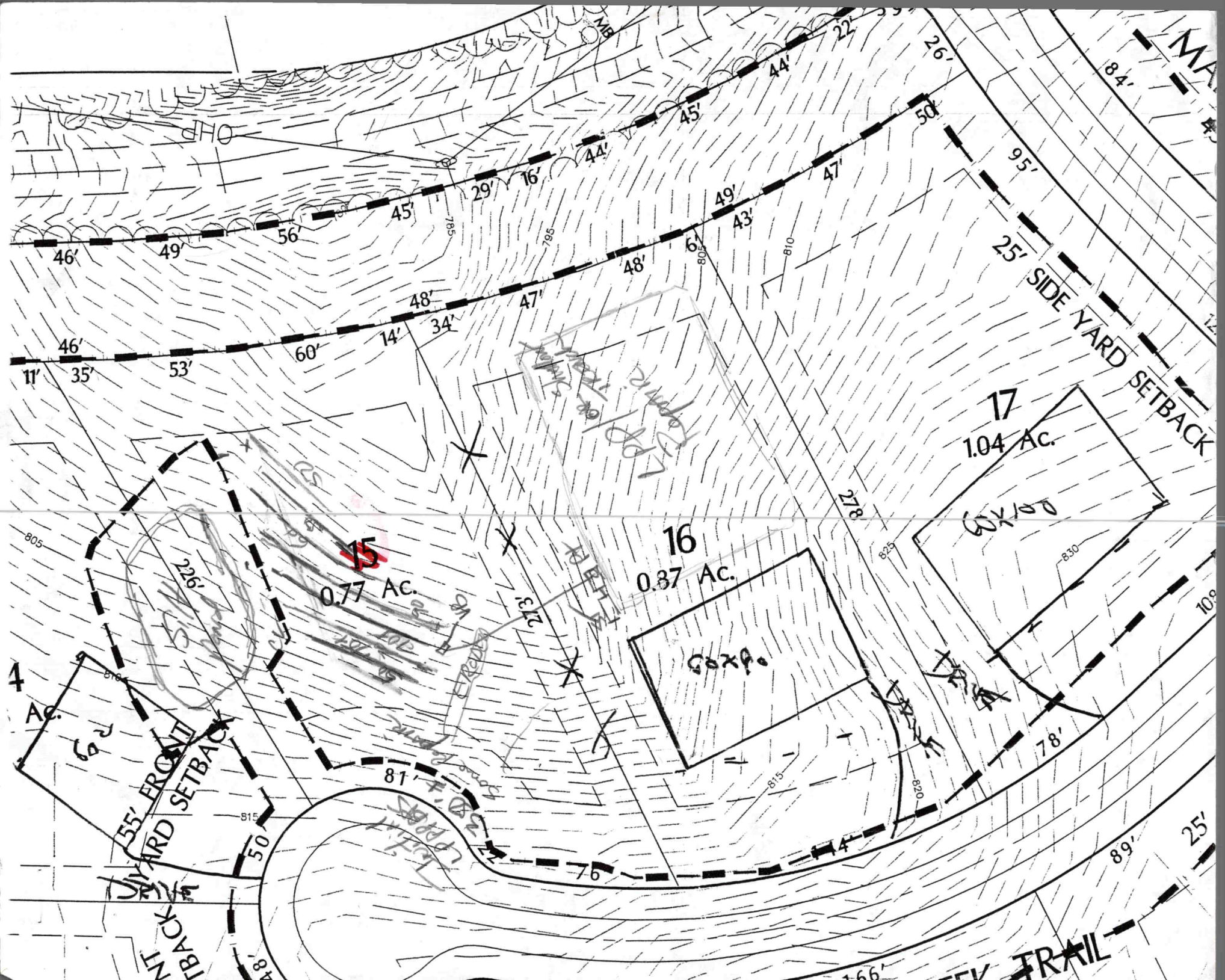
Very little decent usable area on this lot

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-7	gr vfsl brn sl	frssp	few manganese conc. few yel brn mottles				.25
		7-48	mf sapric	fr sp					
2		0-6	gr brn sl	frssp	few manganese conc few yel brn mottles				.25-.2
		6-13	wk sbk pdwsl	frssp					
		13-51	wk sbk brn sc	fr sp					
			2/13/18 Dug out old pit & verified Soils						
3		0-14	gr brn sl	frssp	few yel brn mottles				.25
		14-46	wk sbk AB	RC fr sp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____


15
0.77 Ac.
16
0.37 Ac.
17
1.04 Ac.
Garage
Garage
25' SIDE YARD SETBACK
55' FRONT YARD SETBACK
FRONT YARD SETBACK
DRIVE
TRAIL
CREEK TRAIL
OHP
MB
4
Ac.

limited 240365

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: CYRAS CUSTOM HOMES **Address:** 4436-B SOUTH BLVD., CHARLOTTE, NC **Zip** 28209

Applicant Email: PAUL@CYRASCUSTOMHOMES.COM **Phone:** 704-634-1263 **Alt. Phone:** _____

Owner Name: CYRAS CUSTOM HOMES **Address:** 4436-B SOUTH BLVD. CHARLOTTE, NC **Zip:** 28209

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 158 W. CALLICUTT TRAIL, MOORESVILLE, NC 28117

Subdivision Name: THE FARMS **Section/Phase:** _____ **Lot Number:** 15

Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE, TR GRASSHOPPER, ON RIGHT

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

CHECK FOUNDATION TYPE

( ) 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: 4
Maximum Number of Occupants: 8
(×) Swimming Pool
( ) Other Addition/Structure: _____

(×) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:** _____

( ) 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 (×) 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: _____ 11-16-18
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

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, _____, am the legal owner(s) of the property located at 158 W. CALLICOTT TRAIL Mooresville NC, identified as PIN (Parcel Identification Number) 4626-54-9331, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adrian Pruett Carolina Soil and Septic Consultants 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.

_____ 7/2/2018
Signature of Owner(s) Date

_____ 7/2/2018
Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY

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

APPLICATION NUMBER
240365
Issue Date: 11/16/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626549331.000	158 WEST CALLICUTT TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	HARRIS CONSTRUCTION GROUP LLC	Applicant:	CAROLINA SOIL SEPTIC C
Address:	9935-D REA ROAD #210	Address:	162 WEST B ST
	CHARLOTTE, NC 28277		KANNAPOLIS, NC 28081
Phone:	704-295-0094	Phone:	704-202-5791

Use Requested	Zone Code
SWIMMING POOL- HOUSE UNDER CONSTRUCTION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.645	35.00	35.00	10.00	10.00	CACL	X

Remarks:

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	159240	TOTAL FEES:	$ 77.25