IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218520

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

PIN # 4662 66 72 3699

APPLICANT: LQ Custom Homes APPLICANT ADDRESS: 840 Edmiston Rd Mt. Ulla, NC 28125

SITE ADDRESS: 134 Millhouse Rd Mooresville, NC 28117 PHONE: ALT. PHONE: 704 578-4951

SITE DIRECTIONS: Brawley School Rd TR McKendree Rd TR Millhouse, lot on right

SUBDIVISION: Meadows Field SECTION: — LOT # 6 LOT AREA: 1.1 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25I / .3R

Septic Tank 1000 (gal) STB 825 Date 6/30/2017
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity - 25% Reduction PPBPS
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Quick 4 Infiltrator Product Installed.
Installed as permitted.

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group, P
(dated 2/22/17, approved 3/8/17)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8/11	EB
Tanks Checked	8/11	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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

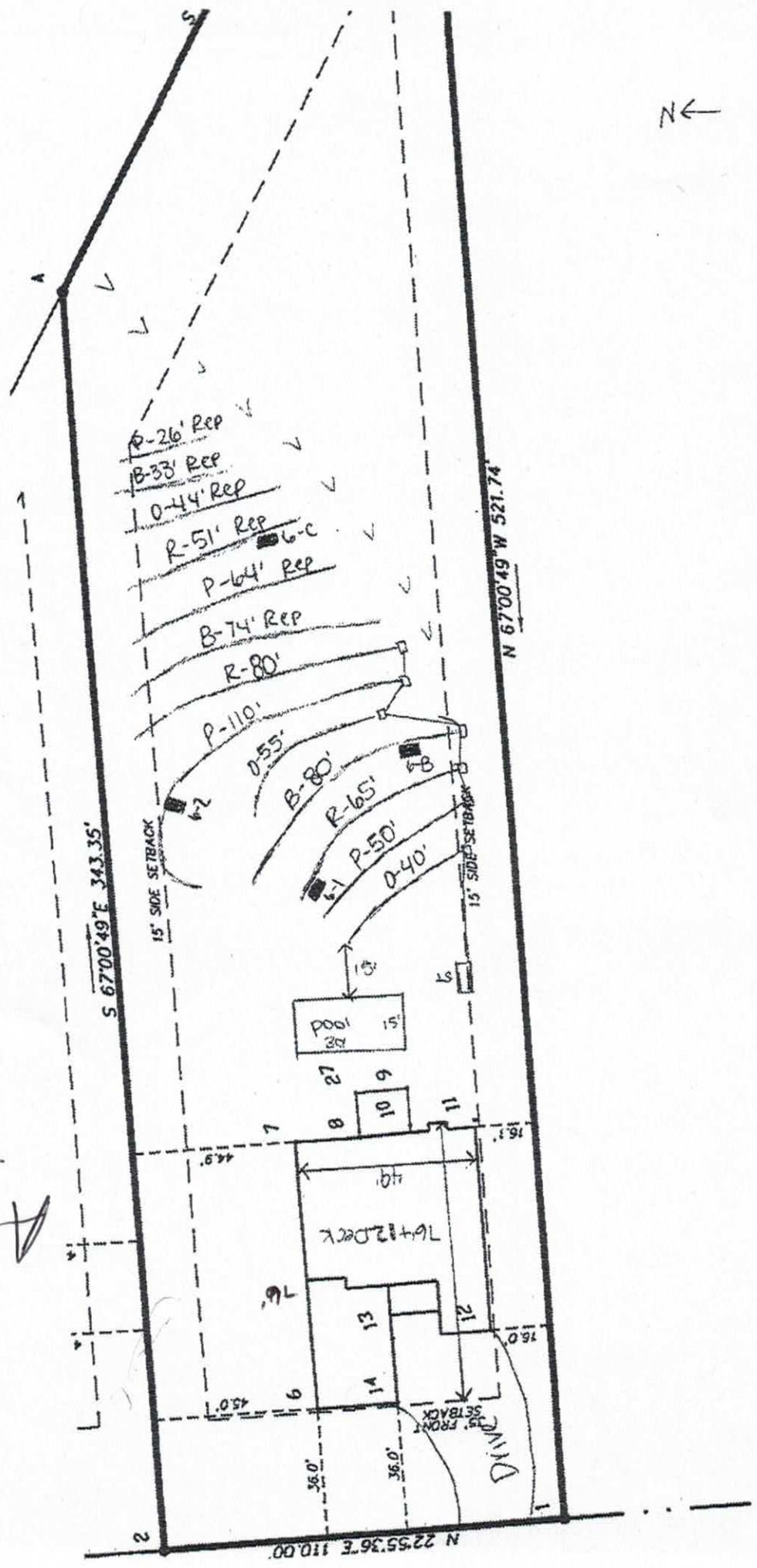
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 3/9/17 Installed by: Pegasus Septic

IMPROVEMENT PERMIT by: Maria DeLoach Date: 3/8/17 OPERATION PERMIT by: Benjamin A. Botkins Date: 8/11/2017.

AUTHORIZATION TO CONSTRUCT by: Maria DeLoach Date: 3/8/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



Approved
3/8/17

APPROVED MAY 12 2016

BA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

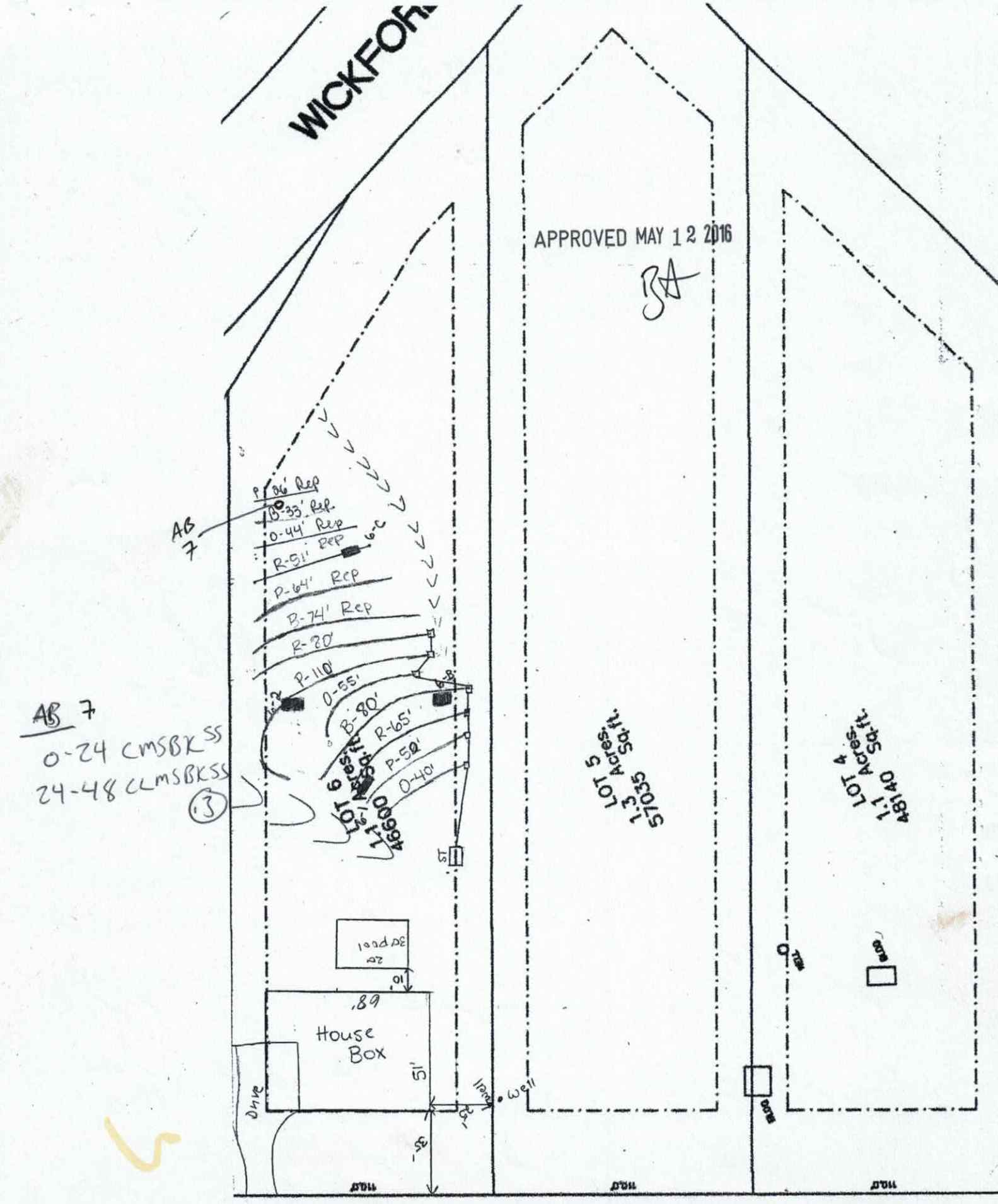
OWNER: JQ Custom Construction — APPLICATION DATE
ADDRESS: 134 millhouse mooresville — DATE EVALUATED: 3/14/16
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1.1
LOCATION OF SITE: lo Lot — PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION 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	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
6B	L	0-25	mo SBK C/CL	FR SS/SP	R				0.3
		25-30	WK SBK CL	↓	R; C Sap				
		30-65	MA L Sap	↓	yel R				
6-1	L 5-10%	0-13	MO SBK C	FR SS/SP	R				0.25
		13-60	WK SBK CL	↓	Lt R; C mn, yel Br				
6-2	L	0-20	mo SBK C/CL	FR SS/SP	R				0.3
		20-58	WK SBK CL	↓	R; C Sap				
6C	L	0-28	mo SBK C/CL	FR SS/SP	R				0.3
		28-53	WK SBK CL	↓	R; C Sap				
		53-60	MA L Sap	↓	yel Br				
				* isolated rock vein in step					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% Red	LPPP BPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:



AB 7

0-24 CMSBK SS

24-48 CLMSBK SS

(3)

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 134 Millhouse Road, Mooresville NC

Date: March 22, 2016

Attached is the septic specification information required to permit 134 Millhouse Road for an Improvement Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

APPROVED MAY 12 2016

3A

Meadow Fields Lot 6 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Distribution Box
Tank Size	1000 gallon tank
Max Trench Bottom Depth	24"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	292
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	40 endfed
2	System	Pink	25% Reduction	50 endfed
3	System	Red	25% Reduction	65 endfed
4	System	Blue	25% Reduction	80 endfed
5	System	Orange	25% Reduction	55 endfed
6	System	Pink	25% Reduction	110 endfed
7	System	Red	25% Reduction	80 endfed
8	Repair	Blue	LP PPBPS	74
9	Repair	Pink	LP PPBPS	64
10	Repair	Red	LP PPBPS	51
11	Repair	Orange	LP PPBPS	44
12	Repair	Blue	LP PPBPS	33
13	Repair	Pink	LP PPBPS	26
				Total System: 480'
				Total Repair: 292'

Note: Tank and distribution device locations can be altered at the discretion of ICHD. Keep proper setbacks to foundation drains

RECEIVED FEB 2 7 2017

IREDELL COUNTY HEALTH DEPARTMENT #218520

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $75.00 Ltd Redraw

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 fee

Place an (X) beside whichever is submitted if applicable

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: IQ Custom Const. **Address:** 840 Edmiston Rd, Mt Ulla 28125 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 134 Millhouse Rd Mooresville 28117

Subdivision Name: Meadows Field **Section/Phase:** **Lot Number:** 6

Driving Directions: Brawley School Rd, Right on McKendree Rd, Right on millhouse, lot on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8 max
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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 grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/22/17
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, IQ Custom Construction, am the legal owner(s) of the property located at 134 Millhouse Rd, identified as PIN (Parcel Identification Number) Part of 4626-67-1350, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) The Oaks Group, 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]	3/31/16	[signature]	3-31-16
Signature of Owner(s)	Date	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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

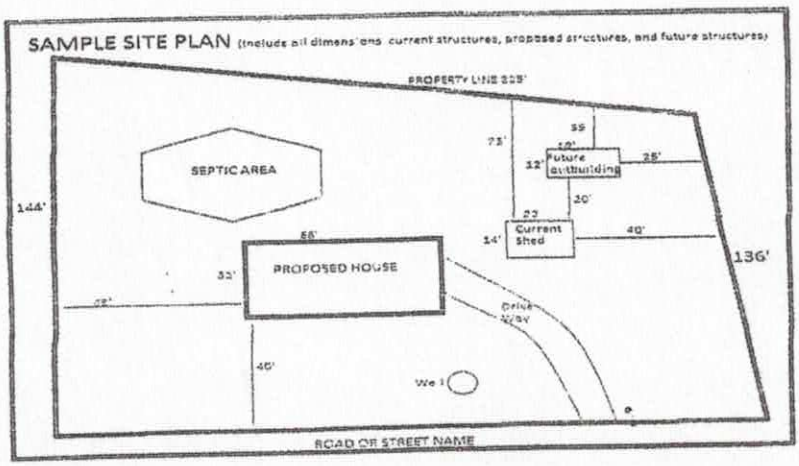
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Erma Helle

REQUIRED property owner or owner's legal representative signature.

2/22/17

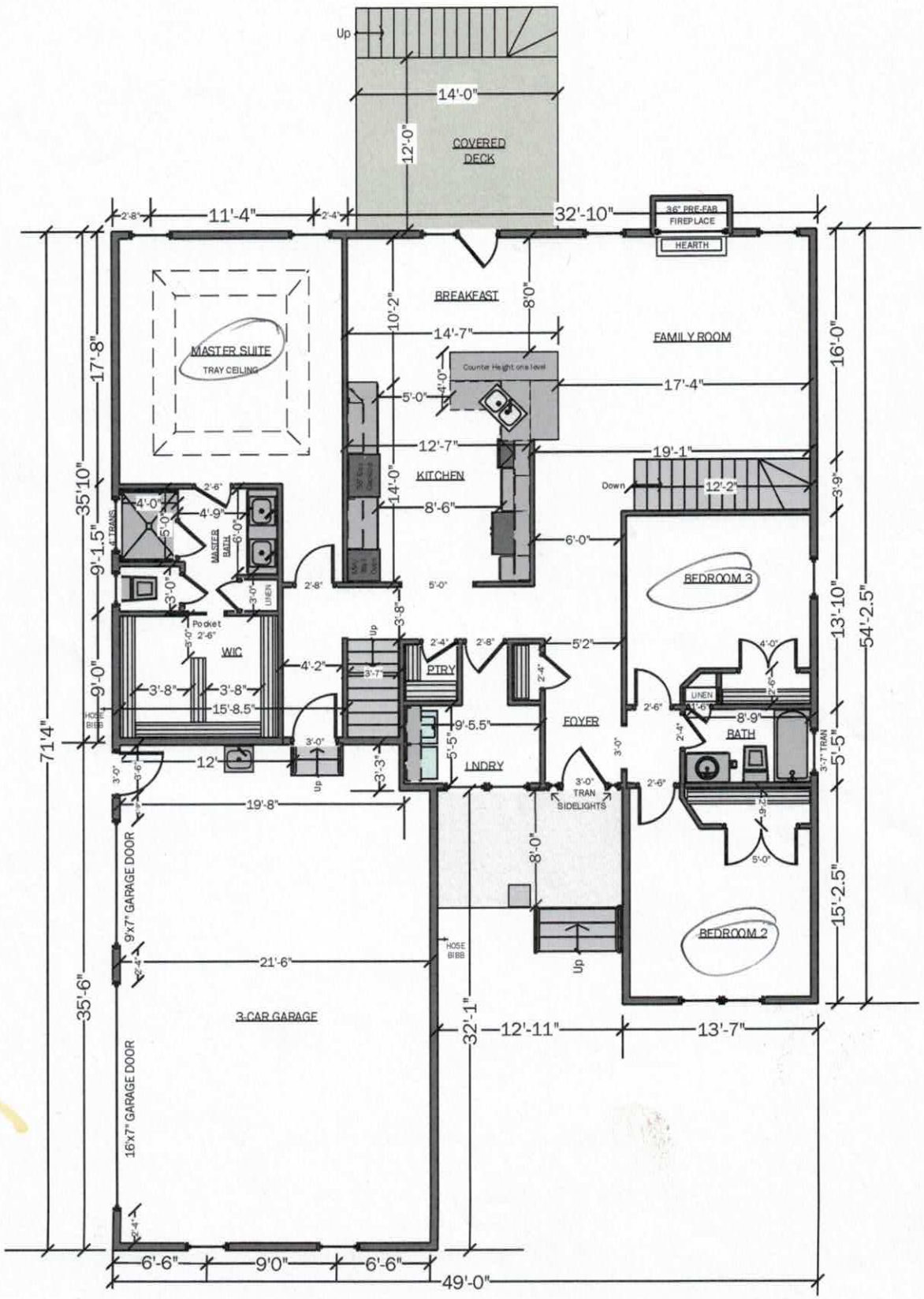
DATE

Millhouse Lot 6

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 3/8/17

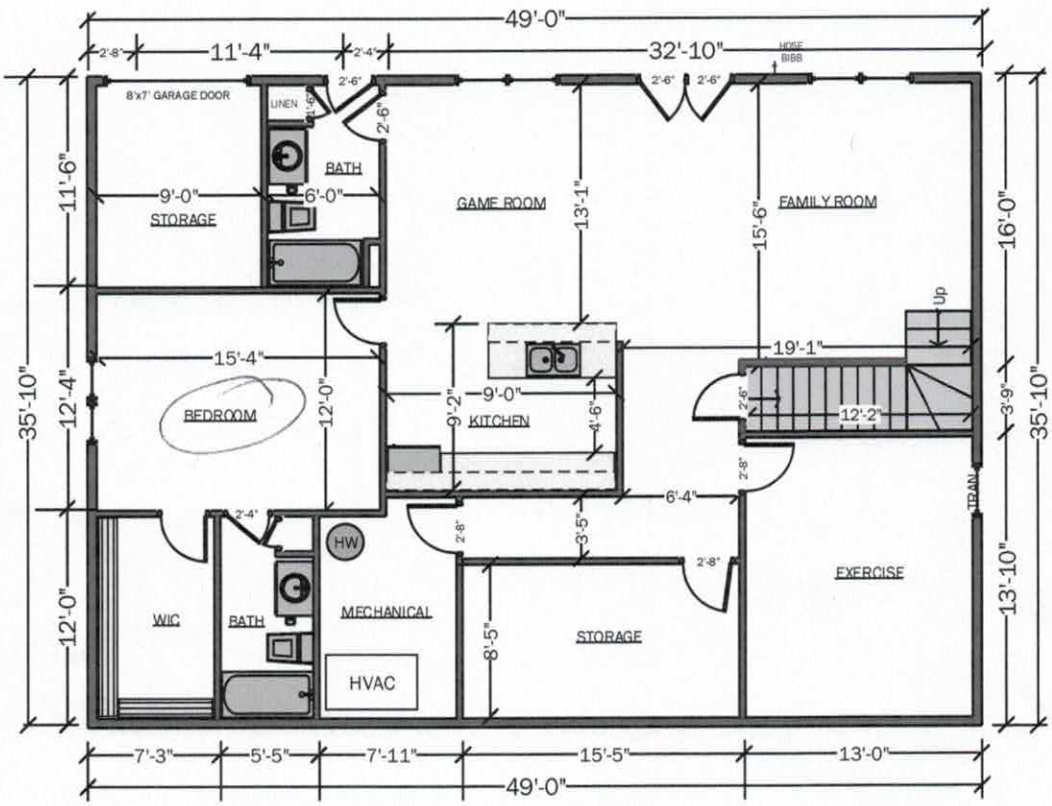
Kathleen Sanders Date 3/9/17



Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 3/8/17

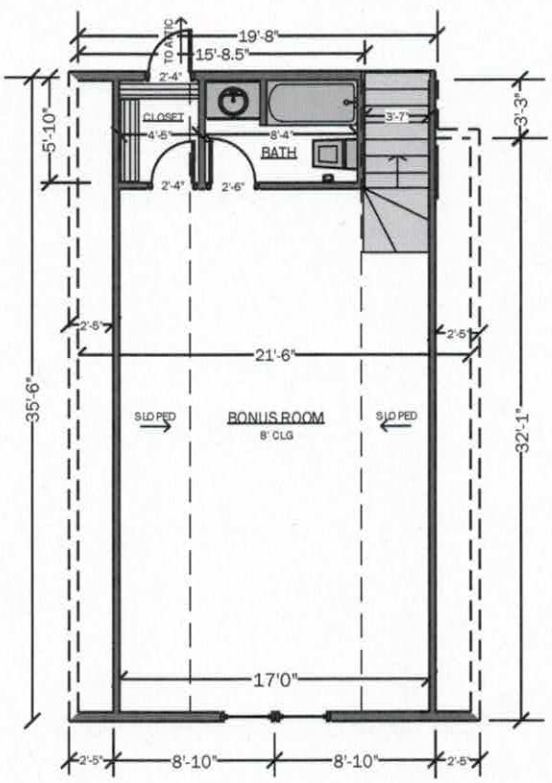
Kathleen Sanders Date 3/9/17



Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 3/8/17

Date



IREDELL COUNTY

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

APPLICATION NUMBER
218520
Issue Date: 05/03/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626671380.000	134 MILLHOUSE ROAD, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CALDWELL MARSHALL TODD	Applicant: THE OAKS GROUP
Address: PO BOX 1774 124 BLAKE LN MOORESVILLE, NC 28115	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.330	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: Emma Holt Date: 05/02/16

Permit Number	67589	TOTAL FEES:	$ 77.25