# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208693

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

PIN # 4626-83-0831.000

APPLICANT: Mike Davis APPLICANT ADDRESS: 173 Fernbrooke Dr. Mooresville NC

SITE ADDRESS: 151 East Callicutt Trail, Mooresville NC 28117 PHONE: 980-721-5717 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Southfork, TR Kapp, TR E. Callicutt, At End on L

SUBDIVISION: The Farms SECTION: 1 LOT # 31 LOT AREA: .869 Acre DESIGN FLOW: 480 GPD. L.T.A.R.: .3 Initial

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 | (gal) | STB | 390 | Date | 1-11-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | 1500 | (gal) | PT | 389 | Date | 6-21-17 | System Description: LP TPBPS | | | | |
| Pump Make | Goulds | Model | WE0712H | | Serial # | | Repair System Description: LP TPBPS / TS-1 PRETREAT SKID | | | | |
| # Nitrification Fields | 1 | # Lines | 5 | | Linear Ft: | 290' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" | | 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: Designed at 290' Linear Feet. Required for .3 LTAR is 267'. Follow All Septic Rules.

10/19/17 Check tanks, supply line & drainlines. 5/32" hole drilled

INITIAL SITE SKETCH

See Attached / Approved Design By S.M.E

DATED APPROVED MAR 19 2015

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 10/19/17 | MD |
| Tanks Checked | 10/19/17 | MD |
| Pressure Manifold or Valve Box Checked | 10/19/17 | MD |
| Pressure Head Set | 11/16/17 | SA |
| Electrical Checked | 11-9-17 | KW |
| Floats Set Pressure Transducer | 11/16/17 | SA |
| Alarm Checked | 11/16/17 | SA |
| Maintenance Contract (Y) N | | |

AS BUILT SKETCH

Installed as Drawn

11/16/17: - Pressure Transducer
- 2' of Pressure Head Set

Draw Down Test (1 min)
8.7 start
- 7.3 finish
1.4" @ 27 gal/in
37.8 gal/min

→ Set pump for 4 min 45 sec → 179.55 gal/dose

- Alarm OK
- Breakers OK

- Tom Shuck (still needs maintenance agreement)

*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**

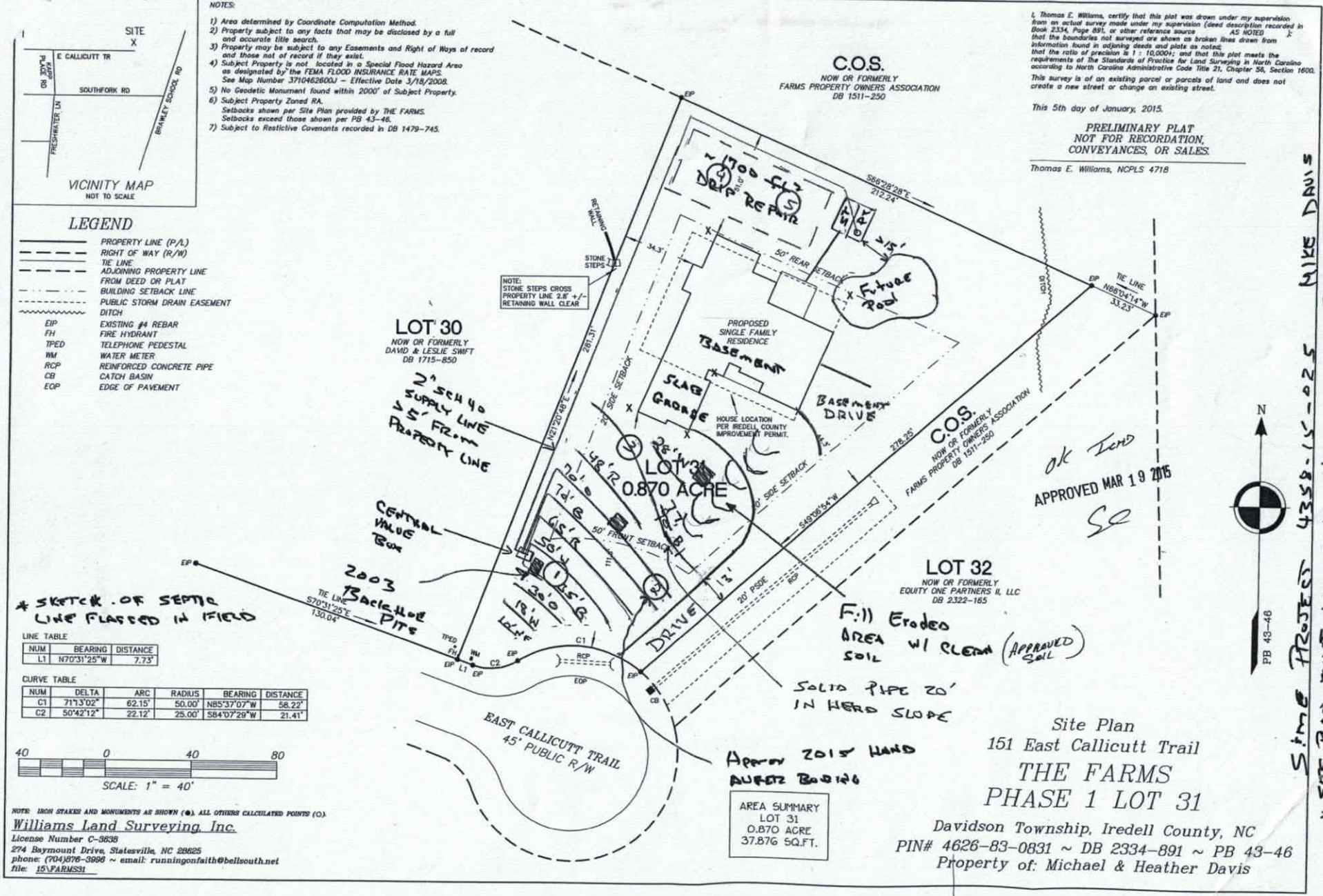
☐ **IMPROVEMENT PERMIT** *with plat, valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Michael Davis Date: 2-16-17 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: APPROVED MAR 19 2015 OPERATION PERMIT by: Marvin Dixon Date: 11/17/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-19-17 Existing System Inspected by: Date:

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


SITE
E CALLICUTT TR
SOUTHFORK RD
FRESHWATER LN
BRAWLEY SCHOOL RD
VICINITY MAP
NOT TO SCALE
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710462600J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoned RA. Setbacks shown per Site Plan provided by THE FARMS. Setbacks exceed those shown per PB 43-46.
7) Subject to Restictive Covenants recorded in DB 1479-745.
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2334, Page 891, or other reference source AS NOTED ); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.
This 5th day of January, 2015.
PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.
Thomas E. Williams, NCPLS 4718
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
TIE LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
BUILDING SETBACK LINE
PUBLIC STORM DRAIN EASEMENT
DITCH
EIP EXISTING #4 REBAR
FH FIRE HYDRANT
TPED TELEPHONE PEDESTAL
WM WATER METER
RCP REINFORCED CONCRETE PIPE
CB CATCH BASIN
EOP EDGE OF PAVEMENT
C.O.S.
NOW OR FORMERLY
FARMS PROPERTY OWNERS ASSOCIATION
DB 1511-250
~1700 SQ.FT. DRIVE REPAIR
S66°28'28"E 212.24'
RETAINING WALL
STONE STEPS
NOTE: STONE STEPS CROSS PROPERTY LINE 2.8' +/- RETAINING WALL CLEAR
34.3'
50' REAR SETBACK
15'
Future Pool
DITCH
TIE LINE N86°04'14"W 33.23'
LOT 30
NOW OR FORMERLY
DAVID & LESLIE SWIFT
DB 1715-850
PROPOSED SINGLE FAMILY RESIDENCE
BASEMENT
SLAB GARAGE
BASEMENT DRIVE
HOUSE LOCATION PER IREDELL COUNTY IMPROVEMENT PERMIT.
281.31'
N21°20'48"E
20' SIDE SETBACK
2" SCH 40 SUPPLY LINE 35' FROM PROPERTY LINE
CENTRAL VALVE BOX
2003 BACKHOE PITS
LOT 31
0.870 ACRE
48'R
70'
74'
65'R
50'
50' FRONT SETBACK
30'
15'R
18'W
14'F
278.25'
S49°06'54"W
50' SIDE SETBACK
C.O.S.
NOW OR FORMERLY
FARMS PROPERTY OWNERS ASSOCIATION
DB 1511-250
OK Tcmd
APPROVED MAR 19 2015
SC
N
PB 43-46
LOT 32
NOW OR FORMERLY
EQUITY ONE PARTNERS II, LLC
DB 2322-165
20' PSDE
RCP
DRIVE
13'
EIP
TIE LINE S70°31'25"E 130.04'
TPED
FH
WM
EIP
EIP L1 EIP
C1
C2
RCP
EOP
CB
* SKETCH OF SEPTIC LINE FLAGGED IN FIELD
Fill Eroded AREA W/ CLEAN SOIL (APPROVED SOIL)
SOLID PIPE 20' IN HERD SLOPE
EAST CALLICUTT TRAIL
45' PUBLIC R/W
APPROX 2015' HAND AUGER BORING
LINE TABLE
NUM | BEARING | DISTANCE
L1 | N70°31'25"W | 7.73'
CURVE TABLE
NUM | DELTA | ARC | RADIUS | BEARING | DISTANCE
C1 | 71°13'02" | 62.15' | 50.00' | N85°37'07"W | 58.22'
C2 | 50°42'12" | 22.12' | 25.00' | S84°07'29"W | 21.41'
40 0 40 80
SCALE: 1" = 40'
NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○).
Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone: (704)876-3998 ~ email: runningonfaith@bellsouth.net
file: 15\FARMS31
AREA SUMMARY
LOT 31
0.870 ACRE
37,876 SQ.FT.
Site Plan
151 East Callicutt Trail
THE FARMS
PHASE 1 LOT 31
Davidson Township, Iredell County, NC
PIN# 4626-83-0831 ~ DB 2334-891 ~ PB 43-46
Property of: Michael & Heather Davis
SIME PROJECT 4358-15-025 MIKE DAVIS
* SITE PLAN MUST ACCOMPANY SIME WRITTEN REPORT DATED 2-1

February 19, 2015

Mike Davis
173 Fernbrook Drive
Mooresville, North Carolina 28117

**Reference:** **Technical Assistance with Fast Track Septic Permitting**
Lot 31 The Farms Subdivision
Iredell County, North Carolina
S&ME, Inc. Project No. 4358-15-025

Dear Mr. Davis:

S&ME, Inc (S&ME) has provided technical assistance to obtain a possible four bedroom septic Improvement Permit from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with S&ME Proposal No. 43-1500214 dated February 17, 2015.

Attached is the Application for the Septic Improvement Permit, the Environmental Health Requirements form, and the ICHD Fast Track information presented to the ICHD on your behalf. The lot was originally permitted by the ICHD in 2003 for a 4,800 square foot, 4 bedroom house pad. This Improvement Permit has now expired. You are now requesting a 4 bedroom Improvement Permit with a new house pad and a proposed pool. The garage of the proposed house extends into the 2003 permitted septic area.

Mr. Paul Penninger with S&ME met you on the lot to review the house location. The property corners and proposed house were flagged by your surveyor. S&ME flagged the proposed septic drainfield and placed five hand auger borings on the site for the soil evaluation. The proposed primary septic system is a T&J Panel Block system designed at the 0.3 gallons per day per square foot Long Term Acceptance Rate in the 2003 permit. Three bedrooms of T&J Panel repair are between the house and street, and one bedroom of the 100 percent repair area is shown behind the house as a TS-I Pretreatment Drip area. The repair area, if required in the future, may require a Professional Engineer design.

Once the septic areas are permitted, they should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. Also the cut of the pool excavation must be at least 15 feet from the proposed tank locations and drip repair area. The eroded area shown on the site plan must be filled with clean soil material.

S&ME appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you and the ICHD with the Fast Track site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. The ICHD can make any changes they deem necessary to distribution, tank locations, etc. on the ICHD permit and/or the attached Fast Track information. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

**S&ME, Inc.**

Paul G. Penninger, L.S.S.
Soil Scientist

Rob Willcox, L.S.S.
Senior Project Manager / Soil Scientist

Attachments:

1. ICHD Improvement Permit Application, Zoning Permit, and Expired IP
2. Site Plan and System Specifications
3. Soil Profile Descriptions

Copy: ICHD

T:\Projects\2015\ENV\4358-15-xxx Mike Davis\The Farms Lot 31 Summary Letter.doc

**PIEDMONT DESIGN ASSOCIATES, P.A.**
125 East Plaza Drive, Suite #101
Mooresville, NC 28115
Phone: 704-664-7888 Fax: 704-664-1778
Email: dmunday@pdapa.com

Engineering
Surveying
Planning

June 18, 2015

Iredell County Health Department
610 East Center Avenue
Mooresville, NC 28115
Attn: Mr. Adrian Pruett

Re: Lot 31 The Farms Subdivision Septic System
151 East Callicut Trace
Mooresville, Iredell County, NC

Dear Mr. Pruett,

We have reviewed the proposed septic system repair layout by Mr. Paul Penninger, LSS with S&ME. Per your request, we have been asked to specify a control panel that has the ability to dose two separate drain field locations and types. We understand this would be for a future repair of the system and would require flow from three bedrooms going to a PPBPS field and a fourth going to a subsurface drip field.

We have determined that an Orenco MVP-Duplex Control Panel (see attached cut sheet) has the programmability to run duplex pumps for **"X"** time per pump at **"X"** times per day. Dosing of each of the drain fields will not be by demand, but will operate on a timed dose schedule as long as the liquid level in pump tank is at or above the dose enable float.

*As an example, LPPPBPS requires 4 doses per day and subsurface drip field requires 8 doses per day. The duplex control panel PLC intelligence is programmable for this setup and will allow for the drip field to be dosed for a set period of time, dosed again after a set amount of rest time and then the PPBPS receives one dose for a set period of time and then back to the drip field and so on.*

We feel this should adequately address the concerns regarding a control panel that is capable of dosing a split repair system. Any conditions that may come forth and are different from that discussed herein should be reported to the Engineer for further evaluation. Any questions regarding the recommendations should be addressed to the Engineer for elaboration. Thank you for allowing us to provide this service to you.

Yours truly,

**Piedmont Design Associates, P. A.**

Donald L. Munday, P.E.
NC Registration No. 17327
President

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: IREDELL

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

OWNER: MIKE DAVIS - FARMS Lot 31
ADDRESS:
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 440
LOCATION OF SITE: 151 E. Callicutt
APPLICATION DATE: 2-19-
DATE EVALUATED: FEB 19
PROPERTY SIZE: .87
PROPERTY RECORDED: 2003
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other comm. well
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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L ~10% | 0-2 | WSBk cl | fr ss/sp | red br | | | | PS .3 |
| | | 2-24 | SBk/ASBk C | fi s/p | red fr | yellow (1ft) chroma | | | |
| | | 24-48 | SBk/C | fr ss/sp-s/p | red c mica flakes | | | | |
| | | | | | (-) | 48" (-) | (-) | (-) | |
| 2 | L ~12% | 0-12 | SBk cl | fr ss/sp | red br | | | | PS .3 OK 4/5C |
| | | 12-25 | SBk C | fr s/p | red fr mica flakes | | | | |
| | | 25-48 | WSBk cl/cl | fr ss/ss | red, c mica, ff SK ind | | | | |
| | | | | | (-) | 48" (-) | (-) | (-) | |
| 3 | L ~12% | 0-3 | WSBk cl | fr ss/ss | red br | | | | PS .3 |
| | | 3-24 | SBk C | fr s/p | red f mica flakes | | | | |
| | | 24-48 | SBk cl | fr ss/ss | red c mica, f SAP | | | | |
| | | | | | (-) | 48" (-) | (-) | (-) | |
| 4 | FS ~5'-10' REPAIR | 0-12 | WSBk scl | fr ss/ss | br | | | | Drip .1 |
| | | 12-23 | WSBk SC | fr s/p | brownish | | | | |
| | | 23-48 | SBk SC-C | fr ss/ss | red br | | | | |
| | | | | | f topso 4/2, 6/3, 6/4 at 34"+ | | | | |
| | | | | | 34" | 34" (-) | (-) | (-) | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | LPT 3.5 | T5.1 Drip |
| Site LTAR | .3 | .1 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PCO -
OTHER(S) PRESENT: must be approved by ICHD

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: Mike Davis Farms Lot 37 APPLICATION DATE: 2-19-15
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: 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 |
|---|---|---|---|---|---|---|---|---|---|
| #5 | FS ~5% 10% | 0-11 | WSSBK SCL | FR SS/SP | rd br | | | | PS .1 |
| | | 11-26 | WSSBK SCL | FR SS/SP | br | | | | |
| | | 26-36 | WSSBK SC | FR S/P | rd br | | | | |
| | | | | | F 10YR 4/2 | ~33" | | | Drop OK |
| | | | | | (33) | 33" | (-) | (-) | SC |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | SEE PG. 1 1/2 | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PCP
OTHER(S) PRESENT: ~~must be approved by~~ LHD

COMMENTS:

**The Farms Lot 31 Fast Track System Information (2-19-15)**
Mike Davis - S&ME Project No. 4358-15-025

| | |
|---|---|
| **Number of Bedrooms** | 4 |
| **Basement or Crawl** | **Crawl/Slab Garage** |
| **Design Flow (gpd)** | 480 |
| **LTAR (gpd/ft2)** | 0.3 |
| | |
| **Primary System Type** | **LP PPBPS** |
| | |
| No. Lines | 5 (See Table) |
| Total Linear Feet | 290 |
| | |
| Trench Width | 3' min. |
| Trench Spacing | 9' min. |
| | |
| Pump Required | Yes |
| Distribution Device | Gate Valve Box w/ LPP Distribution |
| | |
| Maintenance Agreement Required | Yes |
| | |
| Length and Diameter of Supply Pipe | approx. 310' of 2 " SCH 40 PVC |
| Size of laterals | 1 1/4" SCH 40 PVC |
| | |
| Flow Rate through the system | 33 gpm |
| Elevation head | Approx. 44' |
| Pressure head | 3.0' |
| Friction head | approx. 9' |
| 20% Contingency | 11.2 |
| Total Head | 67.2 |
| | |
| Pump Requirements | 33 gpm @ 68' of head<br>To be verified by installer and ICHD. |
| | |
| Maximum Dosing Volume | 237 gallons max |
| | |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| | |
| Pump Run per dose | approx. 7.2 min. |
| | |
| Check Valve | yes |
| Siphon Break hole | no |
| | |
| **Repair System** | **3 Bedrooms LP PPBPS** |
| Total Linear Feet | 200 ft. required - 214 ft. shown |
| Repair LTAR | 0.3 |
| **Repair System** | **1 Bedroom TS-I Pretreatment Drip** |
| Total Square Feet | 1200 sq ft. required - 1700 sq ft. shown |
| Repair LTAR | 0.1 |

OK Lot D
APPROVED MAR 19 2015
SL

PBP 3-18-15

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

**The Farms Lot 31 Primary System Fast Track System Information (2-19-15)**

Mike Davis - S&ME Project No. 4358-15-025

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Rod Reading (Ft.) | Panels | Holes | Hole Spacing | Hole Size (In.) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | System | blue | LPPPBPS | 35 | 6.0 | 8 | 8 | 1 per panel | 5/32" |
| 2 | System | white | LPPPBPS | 50 | 7.1 | 11 | 11 | 1 per panel | 5/32" |
| 3 | System | red | LPPPBPS | 65 | 8.3 | 15 | 15 | 1 per panel | 5/32" |
| 4 | System | blue | LPPPBPS | 70 | 9.9 | 16 | 16 | 1 per panel | 5/32" |
| 5 | System | orange | LPPPBPS | 70 | 11.2 | 16 | 16 | 1 per panel | 5/32" |
| | | | | | | | | | |
| | | | | | | Total: 66 | Total:66 (1 in each panel turned up) | | |

Total System: 290' (267 required)

| | | | |
|---|---|---|---|
| Tank | | 1500 gal (2 compartment) | |
| Pump Tank | | 1500 gal. | approx. 41.6 |
| House | | Left Front | 16.6 |

**Note:** **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
System is to be installed according to any other ICHD requirements or policies.
These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
Use trench depth on ICHD IP.

OK Tanks
APPROVED MAR 19 2015

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

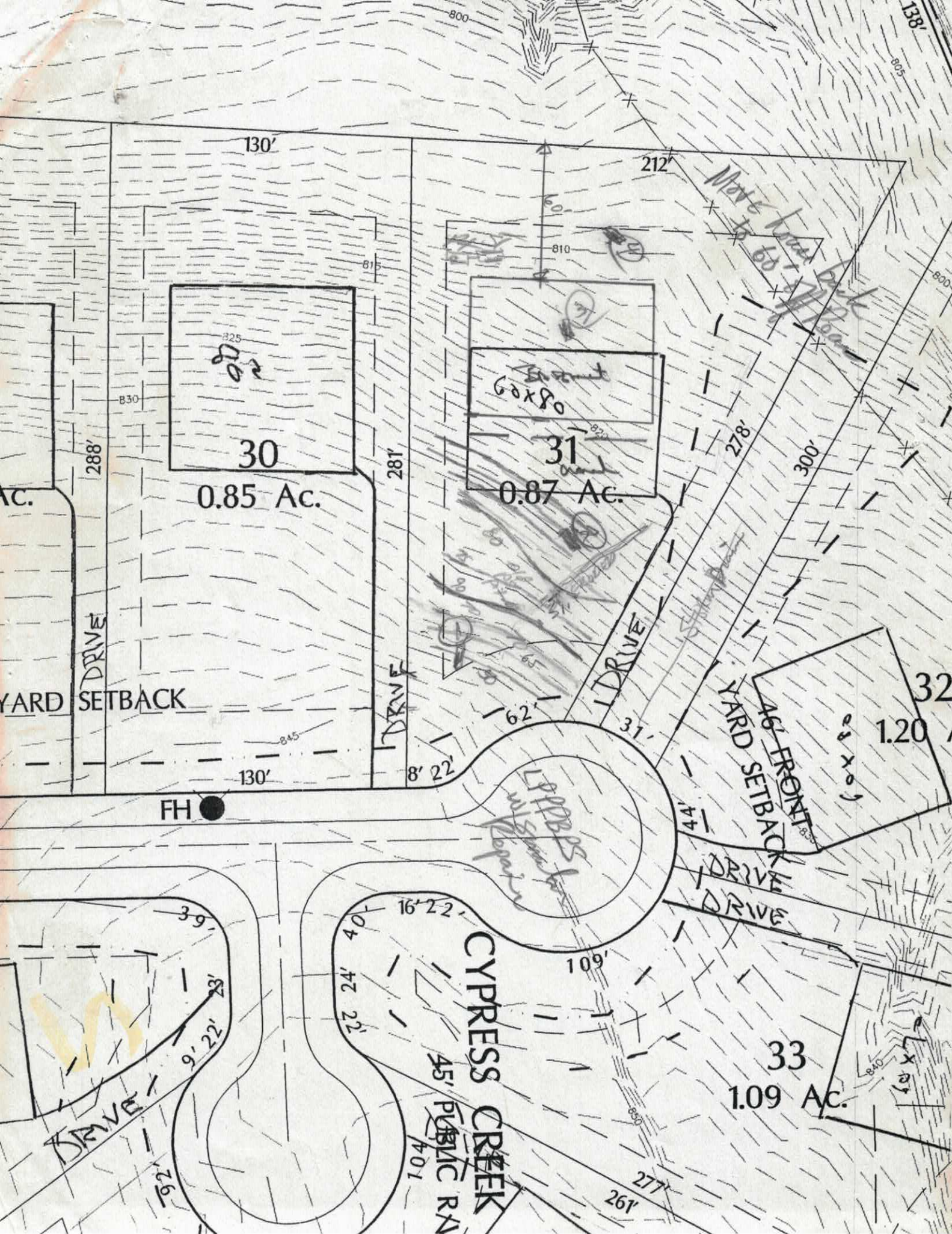
OWNER: ORI APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-27-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 31 Cane Forest PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ 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 | 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 | | 0-7 | gr brn sd | fr sssp | | | | | .3 |
| | | 7-39 | m-f sbk RC | fr so sspp | | | | | |
| | | 39-52 | wk f sbk yr cl | fr sssp | | | | | |
| 2 | ~15% | 0-27 | m-f sbk RC | fr sp | fine in B&P | | | | .3 |
| | | 27-52 (BC) | wk f sbk R-yr cl | fr sssp | | | | | |
| 3 | | 0-10 | wk sbk brn sd | fr sssp | 26" chr 3/1 37" chr 2 | | | | LPP .125 |
| | | 10-48 | wk-m f sbk dull yr c/cl | fr sp | | | | | |
| 4 | | 0-17 | gr wk sbk & brn-yb brn sl/sd | fr sssp | mixed 26"+ | | | | .05-.1 LPP |
| | | 17-30 | wk-m f sbk yb brn | c fr sp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS per .1956 | PS per .1956 |
| System Type(s) | LPPPBPS | LPPPBPS |
| Site LTAR | .25-.3 | .25-.3 |

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

COMMENTS: _____


130'
212'
Move back to 60' R/W
60'
810
815
825
830
288'
281'
278'
300'
30
0.85 Ac.
31
0.87 Ac.
60x80
DRIVE
DRIVE
DRIVE
DRIVE
YARD SETBACK
YARD SETBACK
46' FRONT
845
62'
31'
130'
8' 22'
FH
LPPBS w/Shelter
Repair
44'
60x80
32
1.20
39'
9' 22'
23'
DRIVE
16' 22'
40'
24'
22'
109'
CYPRESS CREEK
45' PUBLIC RA
401
33
1.09 Ac.
840
850
277'
261'

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

RECEIVED FEB 16 2017

**1. APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

**********

**2.** 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 check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**********

**3. Applicant Information:**

| MICHAEL DAVIS | 631-200 BRAWLEY SCHOOL RD MOORESVILLE NC 28117 | | 980-721-5117 |
|---|---|---|---|
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| | | | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**********

**4. Property Information:**

| 151 EAST CALLICUTT TRAIL | THE FARMS | LOT 31 |
|---|---|---|
| Street Address | Subdivision Name | Section/Phase and Lot Number |

Driving Directions: BRAWLEY SCHOOL RD TURN R on SOUTH FORK TURN R on EAST CALLICUTT

**********

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?

( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?

( ) Other ___

IF Non- Residential Site Development: Type of Business ___

Square Footage of Building ___

Maximum Number of Employees ___

Maximum Number of Seats ___

**********

**6. Proposed Water Supply:**

( ) 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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

**8. Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?

**To The Best of Your Ability:** ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

**9. Signature:** Michael Davis — 2-16-17

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

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

Paid $350/500

**PAGE 1: *APPLICATION FORM***

**Application For:**

(X) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** MIKE DAVIS **Address:** 173 FERNBROOK Dr. **Phone:** 980-721-5717

**Owner Name:** SAME **Address:** MOORESVILLE, NC 28117 **Phone:**

**Property Information:**

**Street Address:** 151 E. CALLICOTT

**Subdivision Name:** The Farms **Section/Phase:** 1 **Lot Number:** 31

**Driving Directions:** BSR, TR South Fork, TR KAPP, TR E. CALLICOTT, AT END 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

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

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

**Non-Residential Site Development:**

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

**Water Supply:**

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

**Desired Septic System Type:** *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (1) Modified Conventional ( ) Other: TBD

Year existing system installed:

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

2-19-13
DATE

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Mike Davis, am the legal owner of the property located at 151 E. Callcott Tr, identified as PIN(Parcel Identification Number) 4626830531, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Paul Pennington S+ME, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 3-6-15

Signature of Witness — Date

# 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:**

**_____ Property Line measurements are clearly identified…** **_____ 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***

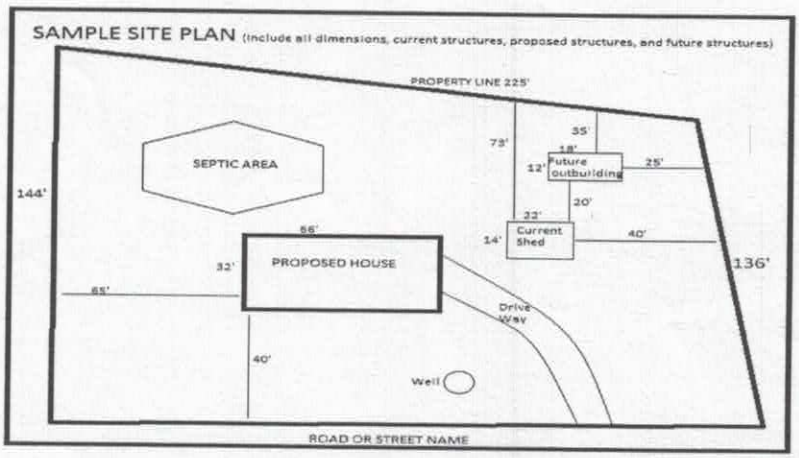
**_____ Front and side setbacks from property line…** **_____ Preferred driveway location and configuration, preferred well location…**

**_____ 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**

See Septic Permit

**Signature:** _____

***REQUIRED*** **property owner or owner's legal representative signature.**

2-16-17

**DATE**

# IREDELL COUNTY HEALTH DEPARTMENT

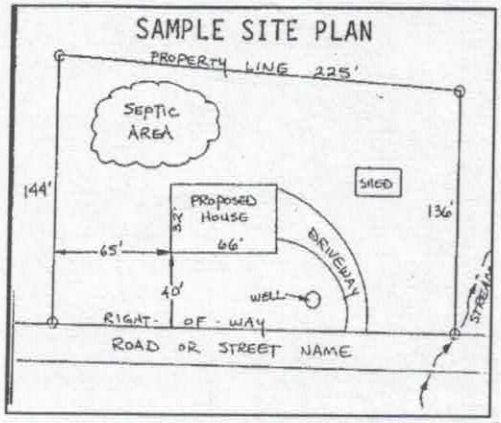
*ENVIRONMENTAL HEALTH DIVISION*

**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 SITE Plan (1"=40')

**Signature:** _____

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

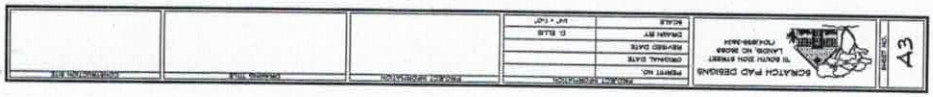
2-13-18

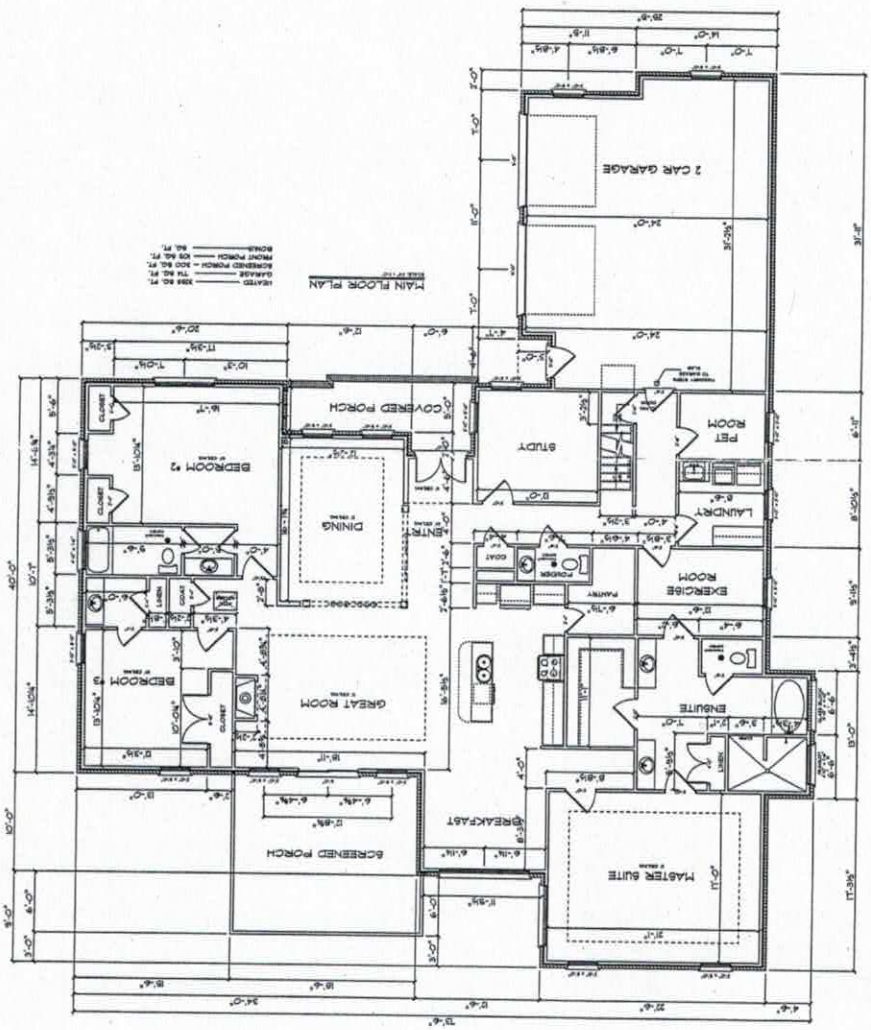
**DATE**

## Acknowledgement of Plans Submittal ONLY!

Michael Pace Date 2-16-17

Tom Shuck Date 2-19-17



# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 208693 |
| Issue Date: 02/25/2015 |

## ZONING PERMIT

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4626830831.000 | 151 EAST CALLICUTT TRAIL, MOORESVILLE, NC 28117 | MOORESVILLE |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: BARTLETT JAMES M+STEPHANIE F | Applicant: DAVIS, MICHEAL |
| Address: 109 HIGH RIDGE RD<br>MOORESVILLE, NC 28117 | Address: 173 FERNBROOK DRIVE<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 980-721-5717 |

| Use Requested | Zone Code |
| --- | --- |
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| .869 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | X |

**Remarks:**

$ PAID
V# 2187
MB

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: Michael Davis Date: 2/25/15

| Permit Number | 32264 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |