IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239412

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

PIN # 4627321470

APPLICANT/OWNER: Gregory Wells | APPLICANT ADDRESS: 134 Sister Cove Ct. Mooresville, NC

SITE ADDRESS: 142 Goathill Rd. Mooresville, NC | PHONE: 704-363-2748 | ALT. PHONE 704-320-5496

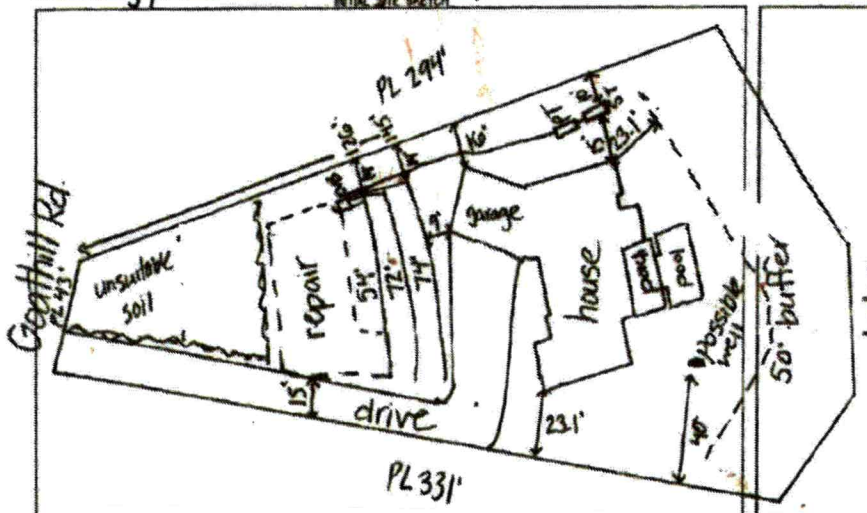
SITE DIRECTIONS: Brawley School Rd → R on McKendree → R on Lakeview Shores Loop → R on Goathill → 1st on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL FT | SECTION: 8 | LOT # 326 | LOT AREA: .85ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3 (.3 repair)

Septic Tank	1000 (gal)	STB	Date 1/03/20	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	Date 1/03/20	System Description: LP PPBPS		☐ Business	No. Persons 6	☑ Private
Pump Make	Zoeller	Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields		# Lines 3	Linear Ft. 200'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth (Low side) 327.36 high side		Gravel Depth —	☐ GRAVITY ☑ PRESSURE		☑ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: *Drive must not exceed 15' from property line. Proposed well area requires variance (see attached).
*Strongly recommend fencing off septic area before beginning home construction.

INITIAL SITE SKETCH



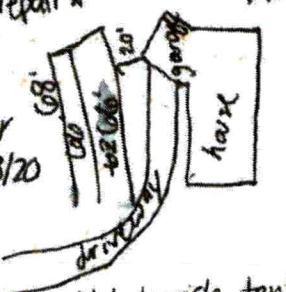
* SPRINKLER SYSTEM REMOVED FROM DRAINFIELD 3-6-2020

AS BUILT SKETCH

1-10-20
- ST 13' off house corner (OK - technically downslope)
10' off property line
- bottom 2 lines checked - CCN
* be sure there is enough room for repair *

WELL HEAD CHECKED 3-6-2020

NTS



* fill must be removed off repair area prior to issuing OP 3/3/20

** newly created drainage ditch beside tanks must be removed before issuing OP
11/7/20 - repair line to go between lowest line + garage + add repair to ends of each initial line (if needed in future)

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: _____ Date: 11.7.18 Installed by: Larry Hinkle

IMPROVEMENT PERMIT by: _____ Date: 11-6-18 OPERATION PERMIT by: _____ Date: 3/10/2020

AUTHORIZATION TO CONSTRUCT by: _____ Date: 11-6-18 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 inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	1-17-20	KW
Tanks Checked	1-10-20	KW CC
Pressure Manifold or Valve Box Checked	3/3/20	KW
Pressure Head Set	3/3/20	KW
Electrical Checked	3-6-20	BCW
Floats Set	3/3/20	KW
Alarm Checked	1/17/20	KW
Maintenance Contract (Y) N		

Comments: *upper drain line checked; excluded panel to bluest line
**newly constructed drainage ditch beside tanks must be removed before issuing OP

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

Sheet 1 of 1
PROPERTY ID #: 4627321470
COUNTY: Iredell

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

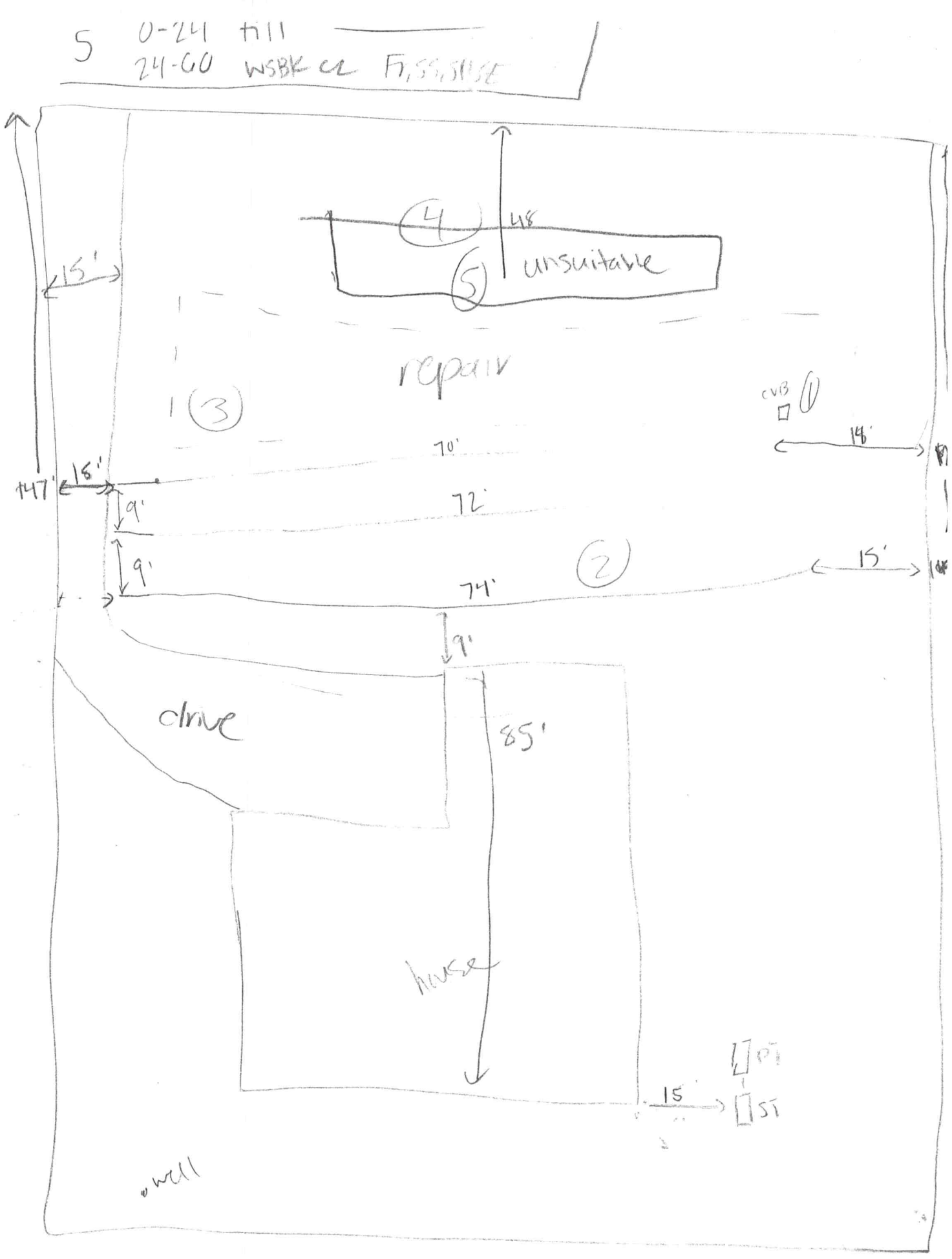
OWNER: Gregory Wells
ADDRESS: 142 Goathill Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Brawley School → R on McKendree → R on Goathill → 1st on R
APPLICATION DATE: 10-10-18
DATE EVALUATED: 10-25-18
PROPERTY SIZE: .85 ac
PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☐ 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
1	12% LS	0-4	compacted	—	—	62	—		PS .3
		4-28	ABK C	Fr,S,P,SE					
		28-62	WSBK CL	Fr-Fi,SS,SP,SE					
2	14% LS	0-10	compacted	—	—	60	—		PS .3
		10-26	ABK C	Fr,SS,SP,SE					
		26-60	WSBK CL	Fi,SS,SP,SE					
		60-62	L SAP						
✓ 3	14% LS	0-13	compacted	—	—	64"	29-64" common many SAP inc		PS .3
		13-29	ABK C	Fr,SS,SP,SE					
		29-64	WSBK CL	Fi,SS,SP,SE					
4	Fill <	0-25	fill	—					U
		25-42	ABK mass	Fi,VS,VP,E					
		42-68	WSBK CL	Fi,SS,SP,SE					
		68-72	SL SAP	Fr,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


5 0-24 till
24-60 WSBK cc Fi, SS, SUSE
4
48
5
unsuitable
15'
repair
3
CVB
1
14'
70'
147'
15'
9'
72'
9'
2
15'
74'
9'
drive
85'
house
15
ST
well

Pd: $500.00

239412

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: McSwain Developments, LLC - Eastern General Contractors, LLC Address: 7902 Montane Run Ct., Waxhaw, NC Zip: 28173

Applicant Email: ali@easternge.com Phone: 704-363-2248 Alt. Phone: _____

Owner Name: Gregory D. Wells Address: 134 Sister Cove Ct., Mooresville, NC Zip: 28117

Owner Email: Greg.Wells@wnco.com Phone: 214-498-8955 Alt. Phone: _____

Property Information:

Street Address: 142 Goathill Rd., Mooresville, NC 28117

Subdivision Name: Crescent Land and Timber Corp. Se Section/Phase: _____ Lot Number: 328

Driving Directions: McKendree Rd., Right on Lakeview Shores Loop, Right on Goathill (Property on the right)

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: 4
(x) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(x) 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: _____

(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 (x) 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: _____ 10.10.18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

11.7.18

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)* Gregory Wells - Gregory Wells

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, Gregory D. Wells, am the legal owner(s) of the property located at 142 Goodhill Road, Mooresville, NC, identified as

* PIN (Parcel Identification Number) 4627320361.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Steve McKirdy, Eastern General Contractors 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.

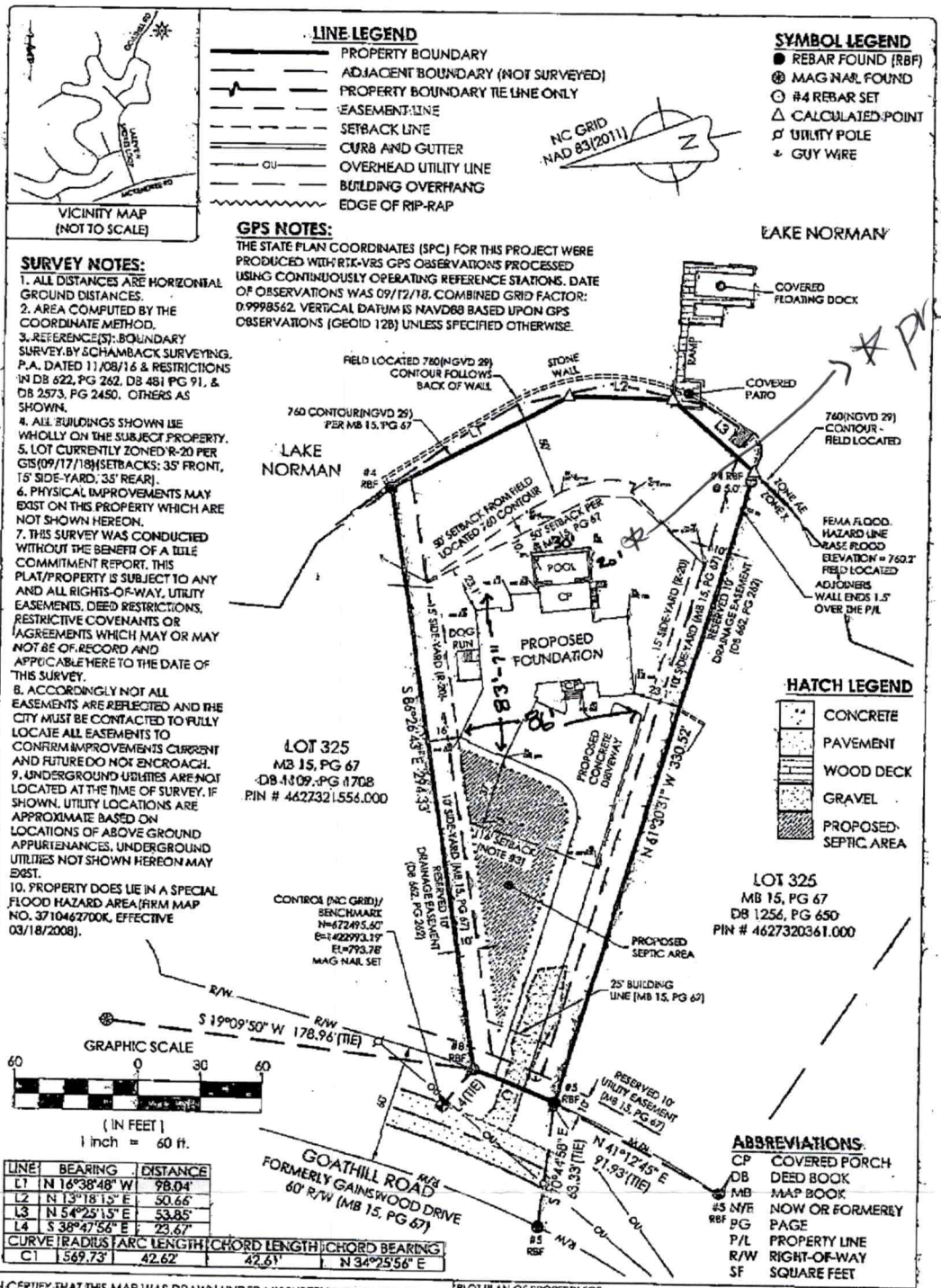
Signature of Owner(s) — Date: 10/5/18

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

* 2nd PIN #
4627321556.000

11.7.18



LINE	BEARING	DISTANCE
L1	N 16°38'48" W	98.04'
L2	N 13°18'15" E	50.66'
L3	N 54°25'15" E	53.85'
L4	S 38°47'56" E	23.67'

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	569.73'	42.62'	42.61'	N 34°25'56" E

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2473, PAGE 1866); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 17th DAY OF SEPTEMBER, A.D., 2018.

PRELIMINARY PLAN ONLY

NOT FOR RECORDATION, CONVEYANCES OR SALES

ZACHERY R. ROGERS, PLS
NORTH CAROLINA REGISTRATION NUMBER L-5194

PLOT PLAN OF PROPERTY FOR:

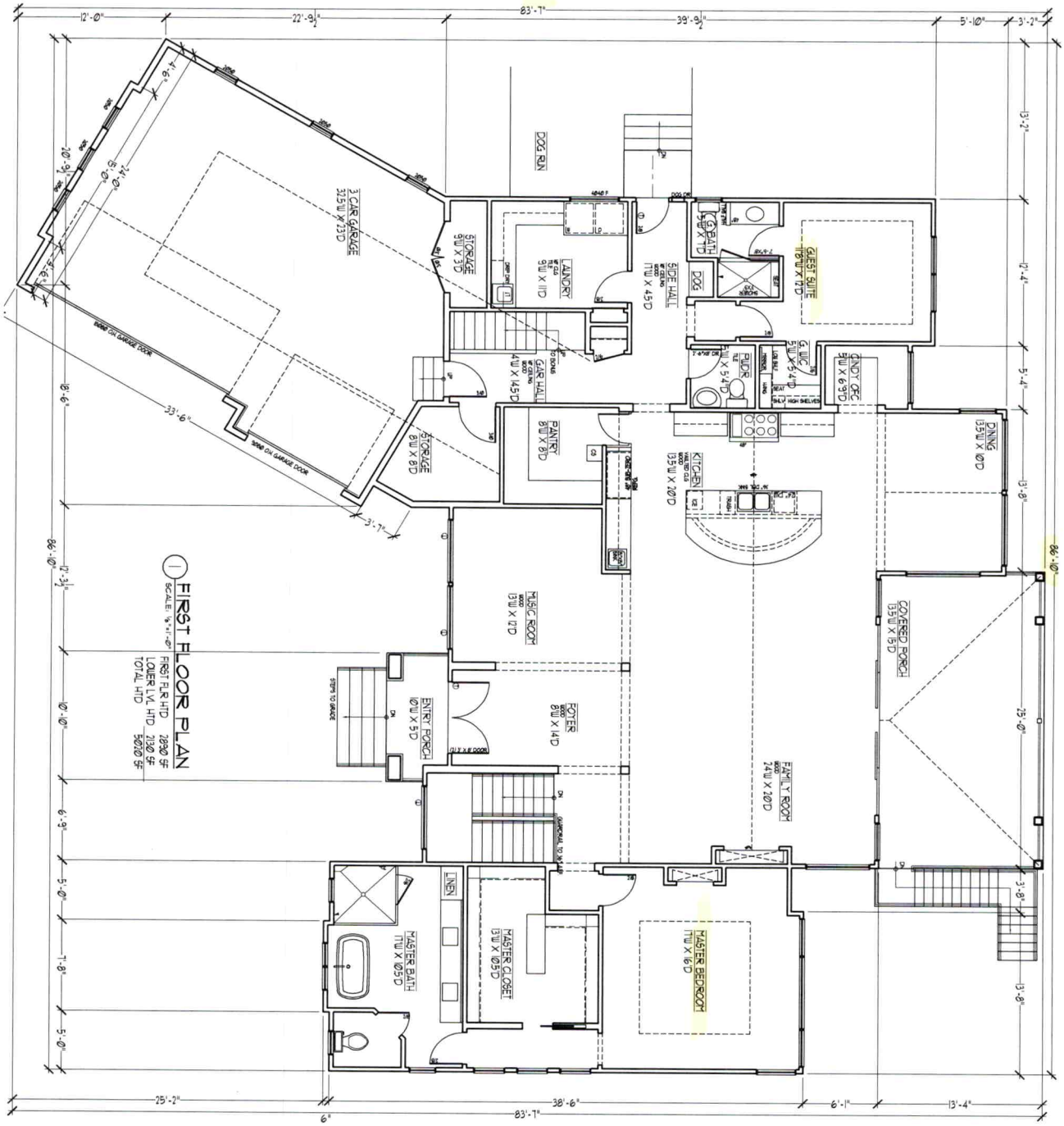
GREGORY DAVID & CYNTHIA ANN WELLS

142 GOATHILL ROAD
LOT 326 IN SECTION B OF
MAP BOOK 15, PAGE 67
PIN # 4627321470
MOORESVILLE, NC 28117, DAVIDSON TOWNSHIP, IREDELL COUNTY

Rogers LAND SURVEYING
1421 Cyrus Drive Charlotte, NC 28205
p: 704.450.4779 | www.RogersLandSurveying.com
NC FIRM LICENSE #: C-4342

FILE NAME: 142 GOATHILL ROAD.DWG PROJECT NUMBER: EAS-18003 SURVEY DATE: 09/12/2018 DRAWN BY: ZRR

11-7-18



FIRST FLOOR PLAN

SCALE: ¼"=1'-0"

FIRST FLR HTD 2280 SF
LOWER LVL HTD 2130 SF
TOTAL HTD 5020 SF

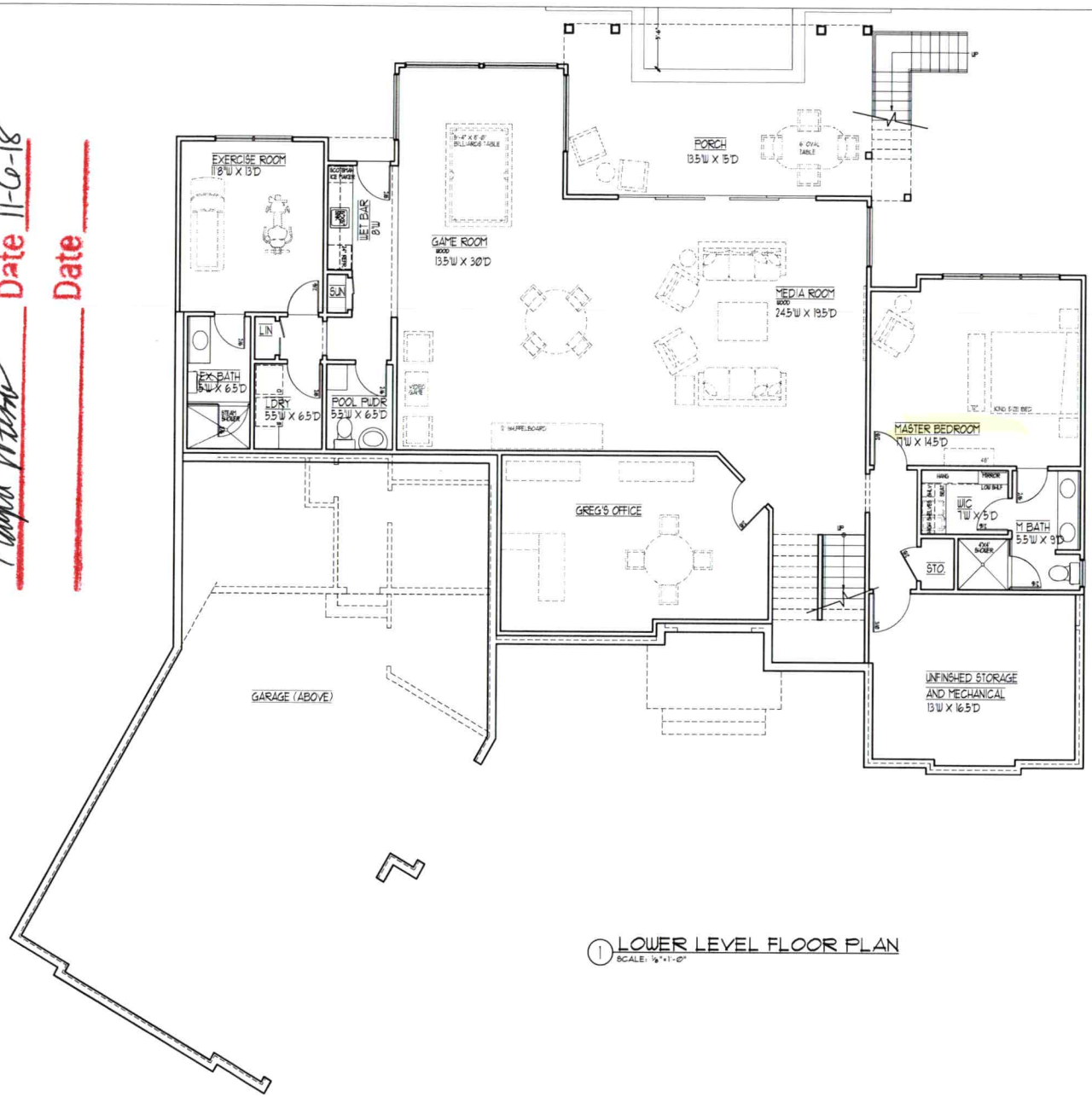
Acknowledgement Of
Plans Submittal ONLY!

Date 11-6-18

Date 11.7.18

A-2

Acknowledgement Of Plans Submittal ONLY!
Date 11-6-18
Date



1 LOWER LEVEL FLOOR PLAN
SCALE: 1/8"=1'-0"

Nours / Wendy Design
A CUSTOM HOME ARCHITECT
NWALLENDW@GMAIL.COM
6784813480

REVISIONS
NO DATE REMARKS

DRAWN NLL
CHECKED
DATE 9/5/18
SCALE
PROJECT NO.

WELLS RESIDENCE

142 GOATHILL RD
MOORESVILLE, NC

LOWER LEVEL FLR PLAN

A-1

IREDELL COUNTY

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

APPLICATION NUMBER
239412
Issue Date: 10/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627321470.000	142 GOATHILL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SUDDRETH JOHN H JR+MASAKO	Applicant: MCSULLTRI DEVELOPMENTS
Address: 1800 MARQUERITA AVE	Address: 7902 MONTANE RUN CT.
CHARLOTTE, NC 28205	WAXHAW, NC 28173
Phone:	Phone: 704-363-2248

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.850	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	155054	TOTAL FEES:	$ 77.25