ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 220910

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

PIN # 4627832710

APPLICANT/OWNER: EQ Custom Const APPLICANT ADDRESS: 840 Edmiston Rd Mt Ulla NC 28125

SITE ADDRESS: 459 Beaten Path Rd Mooresville NC 28117 PHONE: 704-578-4957 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Ron Blume Rd, R on Beaten Path, Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shavender's Bluff SECTION: PISA LOT # 40 LOT AREA: 0.76 acres DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	825-1000	Date	4/2/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	302	Date	3/30/2020	System Description: PM 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Liberty	Model	290	Serial #		Repair System Description: LPP BPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	20" ±	Gravel Depth		☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

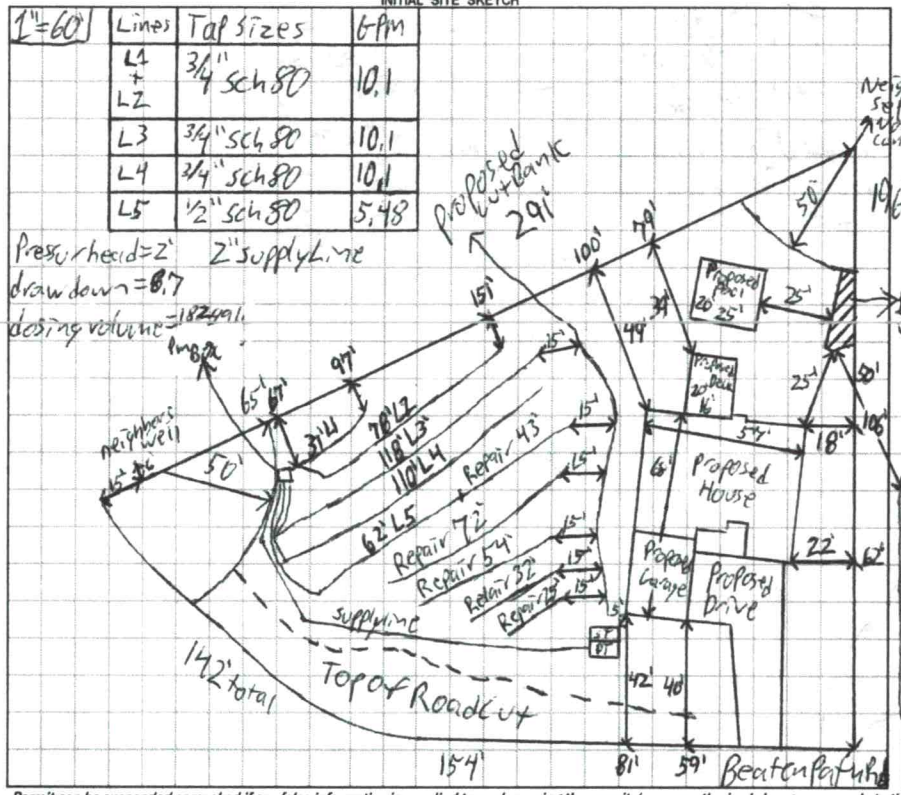
Comments / Conditions: Install lines on Contour. Initial system Not sap controlled. Repair system is sap controlled. Any part of drainfield must be 15' off of cut bank if tanks are above cut they must be 15' off of cut as well. Do Not Drive on, manipulate, or change septic area in any way. Divert all surface water and storm water drains away from system. Garage must be a slab surface.

INITIAL SITE SKETCH

1"=60'

Lines	Tap Sizes	GPM
L1 + L2	3/4" sch 80	10.1
L3	3/4" sch 80	10.1
L4	3/4" sch 80	10.1
L5	1/2" sch 80	5.48

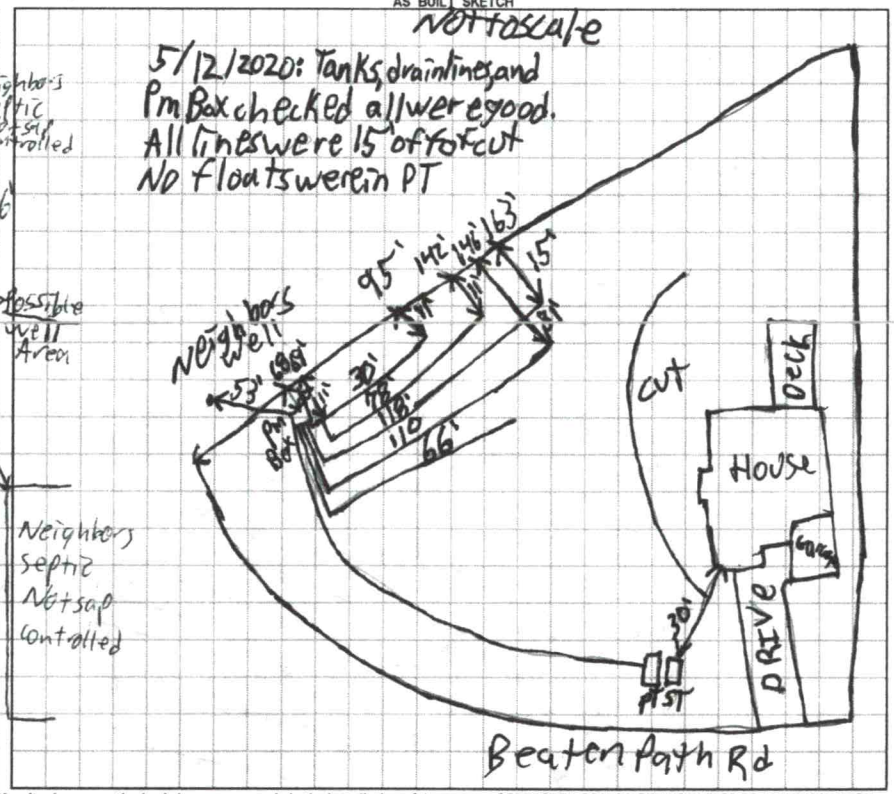
Pressure head = 2' 2" Supply Line
drawdown = 8.7
design volume = 182 gal.



AS BUILT SKETCH

Not to scale

5/12/2020: Tanks, drainlines and PM Box checked all were good. All lines were 15' off of cut No floats were in PT



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.*

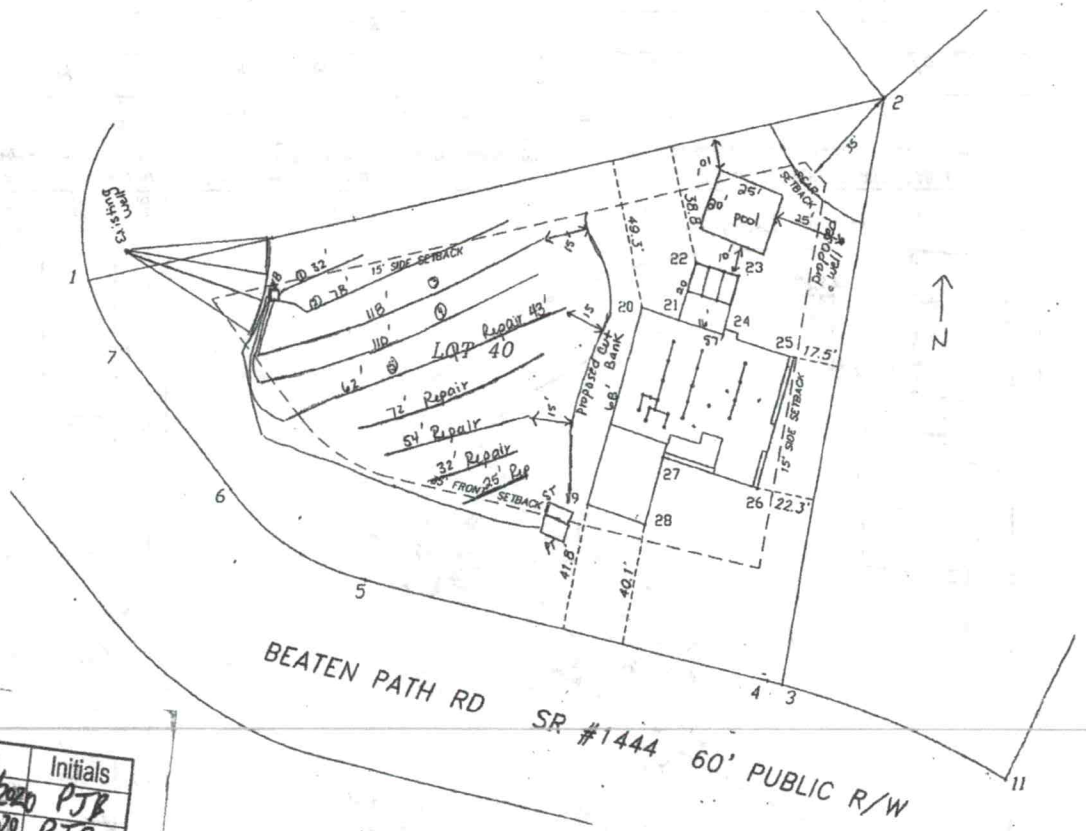
Owner / Applicant Signature: Kathleen Saunders Date: 9-12-19 Installed by: Raven Septic

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 12/4/19 OPERATION PERMIT by: Date: 10-28-2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 12/4/19 Existing System Inspected by: Date:

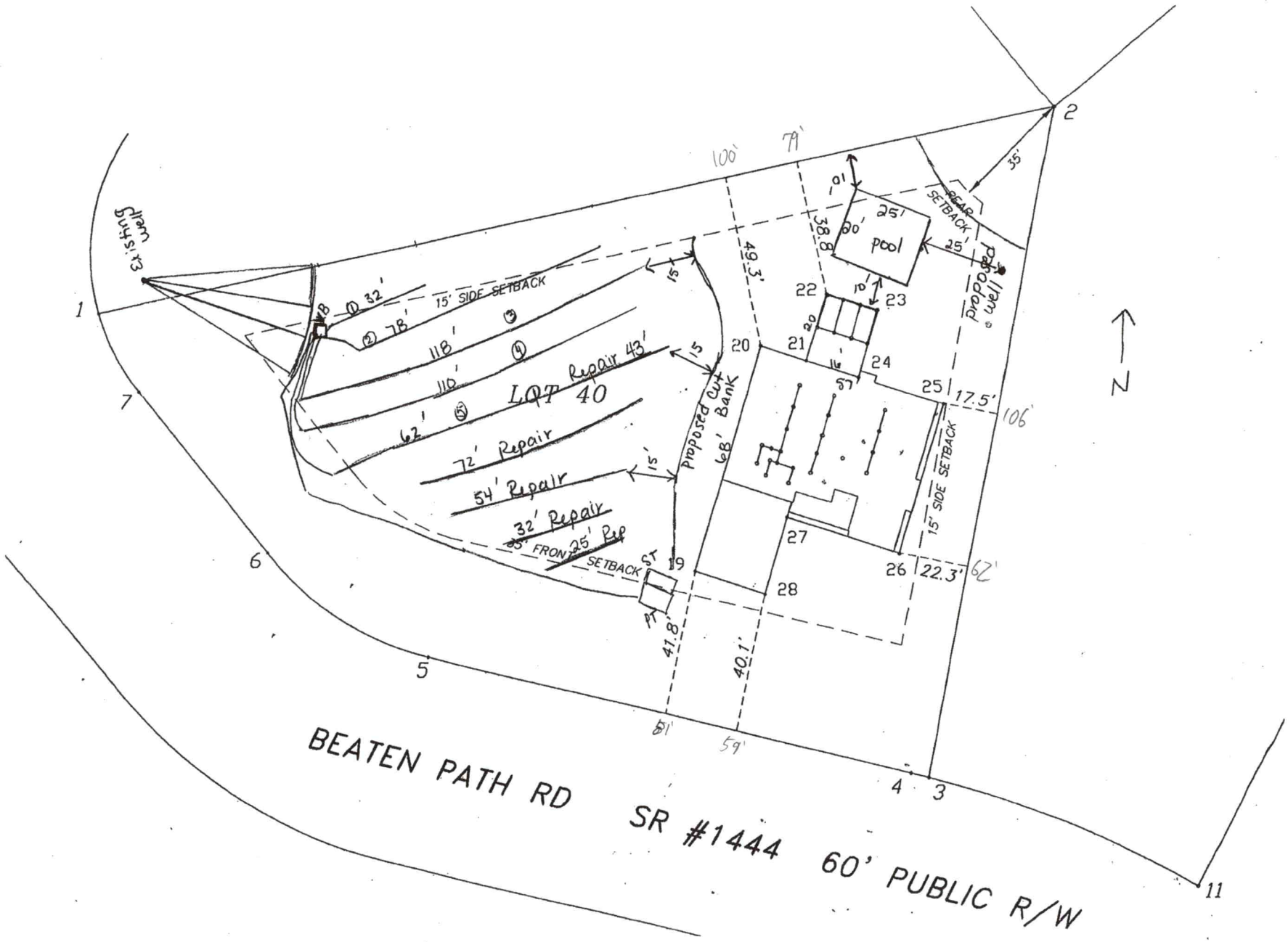
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

1"=40'



	Date	Initials
Drain Lines Checked	5/12/2020	PJB
Tanks Checked	5/12/2020	PJB
Pressure Manifold or Valve Box Checked	5/12/2020	PJB
Pressure Head Set	5/12/2020	PJB
Electrical Checked	5/12/2020	PJB
Floats Set	10-28-20	
Alarm Checked	10-28-20	
Maintenance Contract Y / (N)	10-28-20	
Comments:	5/12/2020	PJB

	Date	Initials
Drain Lines Checked	5/12/2020	PJB
Tanks Checked	5/12/2020	PJB
Pressure Manifold or Valve Box Checked	5/12/2020	PJB
Pressure Head Set	5/12/2020	PJB
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	5/12/2020	PJB
Comments:		


1"=40'
100'
79'
2
35'
REAR SETBACK
25'
pool
38.8'
80'
10'
22
23
20
21
24
25
17.5'
106'
proposed well
49.3'
15' SIDE SETBACK
LOT 40
Repair 43'
72' Repair
54' Repair
32' Repair
25' Rep
FRONT SETBACK
Proposed cut Bank
68'
ST
19
27
26
22.3'
62'
28
41.8'
40.1'
51'
59'
4
3
11
1
7
6
5
BEATEN PATH RD
SR #1444 60' PUBLIC R/W
N

MVL

RECEIVED NOV 1 9 2019

COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $105.00 #220910

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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: IQ Custom Const Address: 840 Edmiston Rd Zip: 28125
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 459 Beaten Path
Subdivision Name: Shavenders Bluff Section/Phase: _____ Lot Number: 40
Driving Directions: BSR, R Blume, L Beaten Path, on L

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

CHECK FOUNDATION TYPE
(X) 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: _____
(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 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: Kathleen Saunders 11-19-19
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, IQ Custom Construction, am the legal owner(s) of the property located at 459 Beaten Path, identified as PIN (Parcel Identification Number) _____, 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]	11/14/19	[signature]	11/14/19
Signature of Owner(s)	Date	Signature of Witness	Date

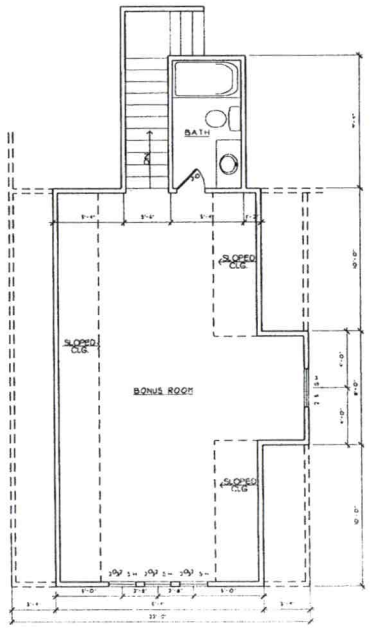
Please return this signed form to the appropriate office:

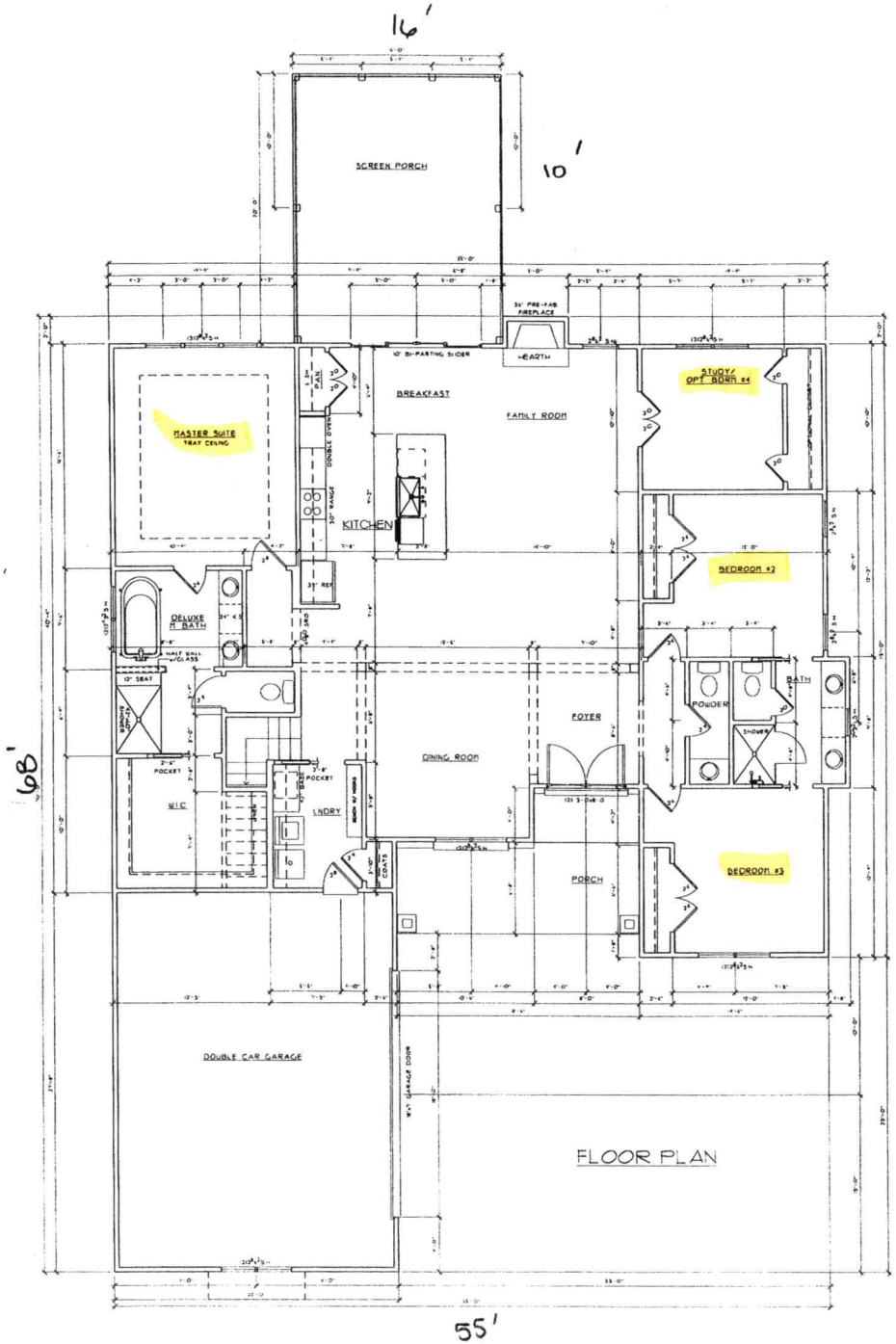
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 11-19-19
Patrick J Bagley III Date 12/2/19

SQUARE FOOTAGE	
HEATED!	
FIRST FLOOR	2324 SF
Bonus Room	493 SF
TOTAL HEATED	2484 SF
OPT BATH	53 SF
GARAGE	408 SF
FRONT PORCH	149 SF
SCREEN PORCH	320 SF





SEAL FOR STRUCTURAL ONLY

PROJECT:
The White Oak
IQ CUSTOM CONSTRUCTION
840 Edmiston Rd Mt. Ulla, NC 28125 Ph. 704-660-5734

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: KATHY HARRIS
DATE: OCTOBER 9, 2019
REVISIONS:

SHEET
A1

IREDELL COUNTY

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

APPLICATION NUMBER
220910
Issue Date: 11/19/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627832710.000	459 BEATEN PATH ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	MARTIN JOAN W	Applicant:	CAROLINA SOIL SEPTIC C
Address:	1333 CARLTON AVE	Address:	162 WEST B ST
	CHARLOTTE, NC 28203		KANNAPOLIS, NC 28081
Phone:		Phone:	704-202-5791

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.760	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	192844	TOTAL FEES:	$