ES Johnson PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242177

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

PIN # 4635 56 7969

APPLICANT/OWNER: Jimmy Dale Wright Jr APPLICANT ADDRESS: 3221 Normanbin Ct Charlotte, NC 28216

SITE ADDRESS: 274 Shoreline Lp Mooresville, NC PHONE: 704562-4796 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Stotts Rd TR Shoreline Lp on left SAP CONTROLLED: ☐ YES ☒ NO

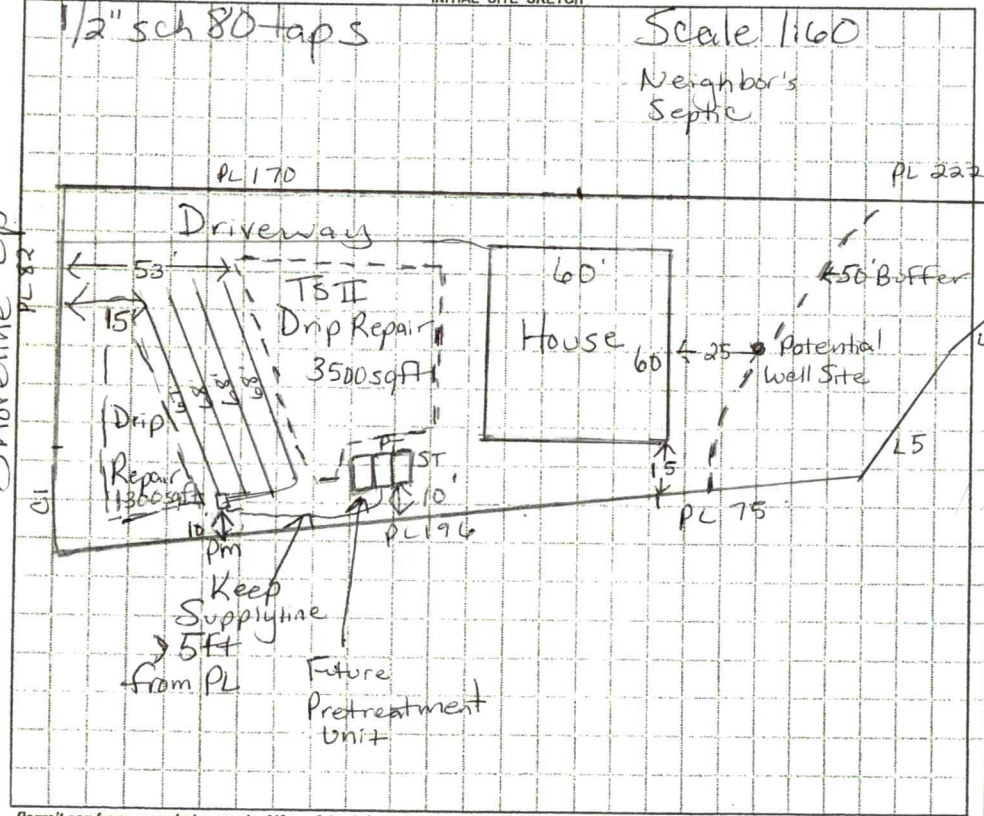
SUBDIVISION: Imperial Pt SECTION: LOT # 15 LOT AREA: 1.07 Acres DESIGN FLOW: 360gpd L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	760	Date	6/18/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	6/12/22	System Description: Pump-PM-panel Block		☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description: TS II Drip		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	270'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	min 24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

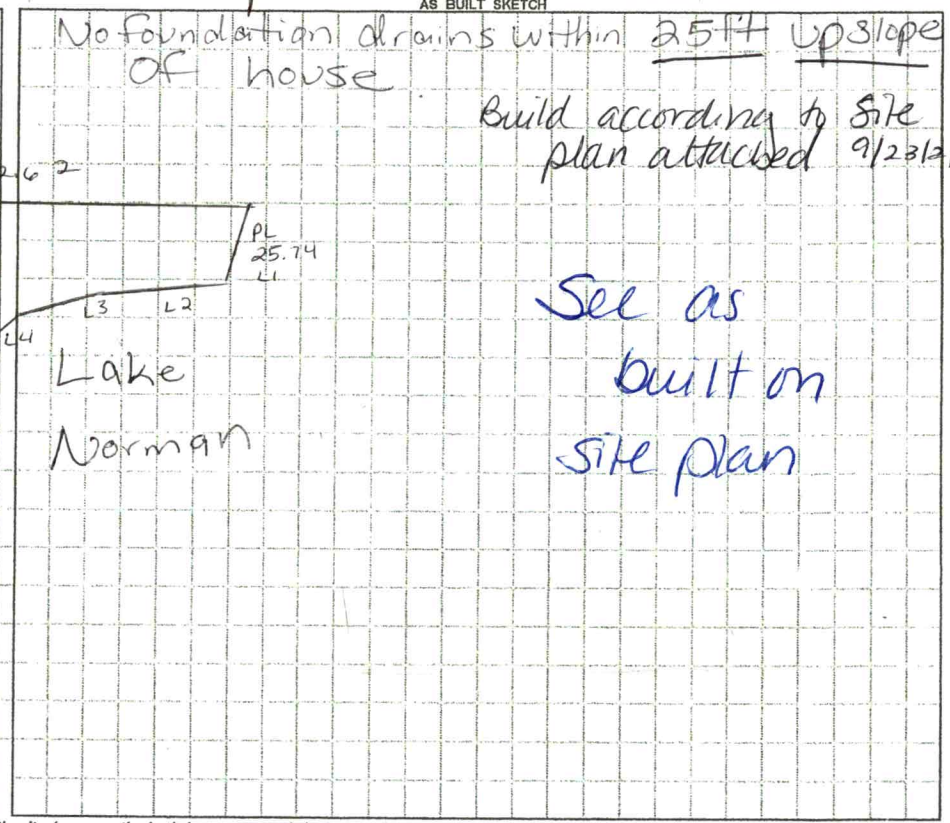
Comments / Conditions: 2ft pressure head
Dosing Volume = 291.6 Flow rate 27.4
Drawdown = 13.9 Run time 10.6

Do not drive or store materials on Septic areas.
All drainlines & d-box must be 15' out of center of overhead powerlines

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Jimmy Dale Wright Date: 2/3/2021 Installed by: Christenberry

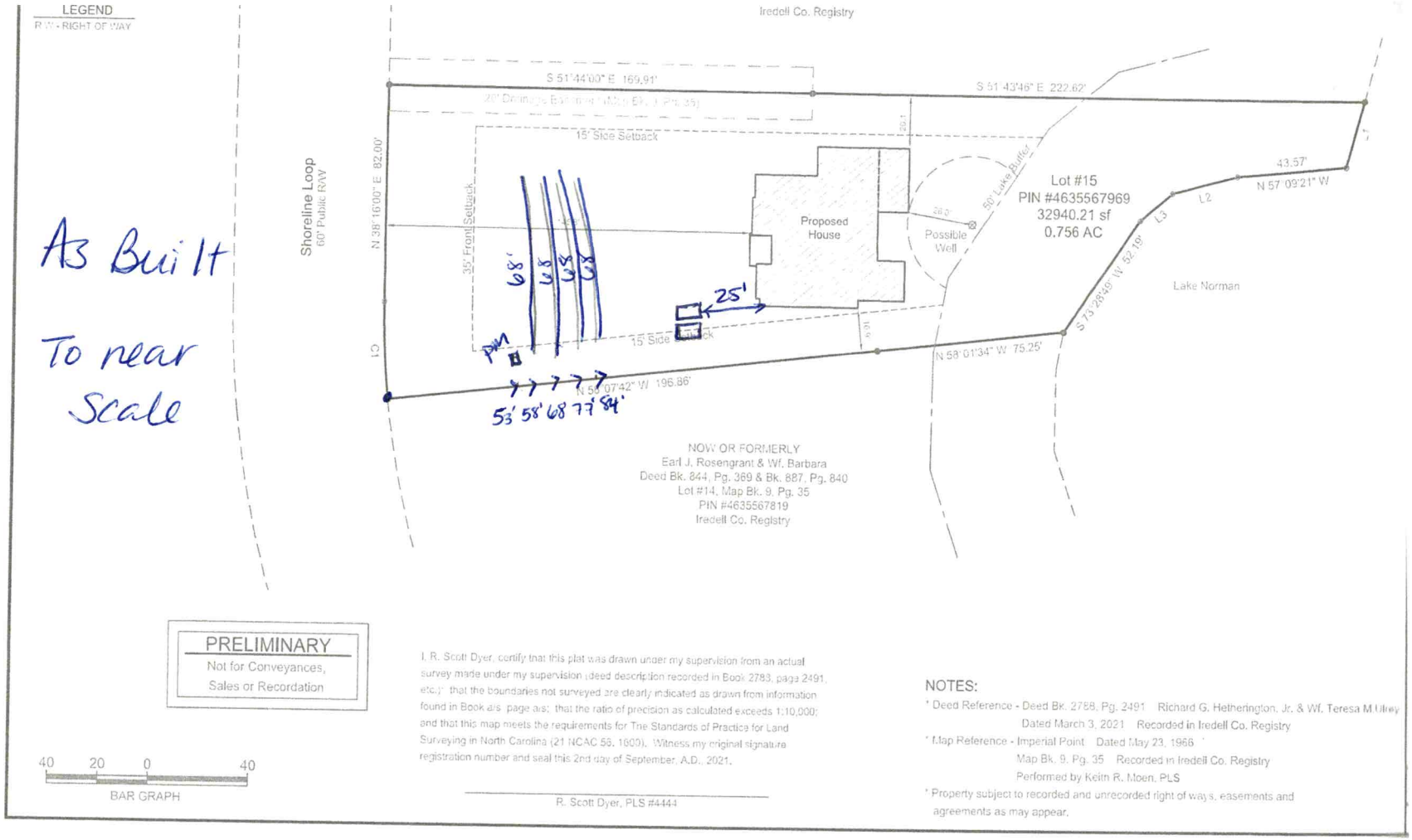
IMPROVEMENT PERMIT by: Maria Dotson Date: 1/31/202 OPERATION PERMIT by: D. Wrebey Date: 12/7/22

AUTHORIZATION TO CONSTRUCT by: D. Wrebey Date: 9/23/21 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.

	Date	Initials
Drain Lines Checked & plumbing	7/22/22	DW
Tanks Checked	7/22/22	DW
Pressure Manifold or Valve Box Checked	11/22/22	DW
Pressure Head Set	11/22/22	DW
Electrical Checked	11/22/22	DW
Floats Set	11/22/22	DW
Alarm Checked	11/22/22	DW
Maintenance Contract Y / (N)		

Remove soil from Repair area



approved 9/23/21

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (X) 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: ES JOHNSON BUILDERS **Address:** PO BOX 1402, CORNELIUS NC, **Zip:** 28031

Applicant Email: CHARLIE@MCGARTY.COM **Phone:** 704-819-2193 **Alt. Phone:**

Owner Name: HETHERINGTON **Address:** 274 SHORELINE LOOP MSVL NC **Zip:** 28117

Owner Email: MARGIE@ESJOHNSON.COM **Phone:** 704-987-7950 **Alt. Phone:**

Property Information:

Street Address: 274 SHORELINE LOOP, MOORESVILLE NC, 28117

Subdivision Name: IMPERIAL POINT **Section/Phase:** **Lot Number:** 15

Driving Directions: BRAWLEY SCHOOL, LEFT ON STUTTS RIGHT ON SHORELINE LOOP, PROPERTY ON LEFT

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

CHECK FOUNDATION TYPE

(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:
( ) Swimming Pool
( ) Other Addition/Structure:

(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:**
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: PPBPS

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.

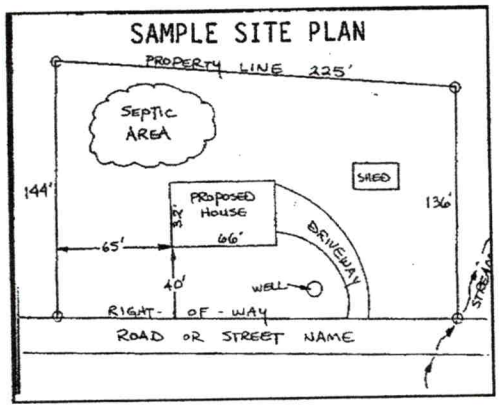
Signature: ES Johnson Bldrs 9/6/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

PLEASE SEE THE ATTACHED PLOT PLAN AND THE ICHD LIMITED RELAYOUT IMPROVEMENT SEPTIC PLAN AS SUBMITTED BY PENNINGER SOIL CONSULTING AND EVALUATED BY PATRICK BOYLE,ICHD EHS

Signature: _____ _____

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, RICHARD HEATHERINGTON TERESA OLREY, am the legal owner(s) of the property located at 274 SHORELINE LOOP MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 463 556 7469.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Eric Johnson, E.S. Johnson Builders, LLC, 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.

RH 8/24/21

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

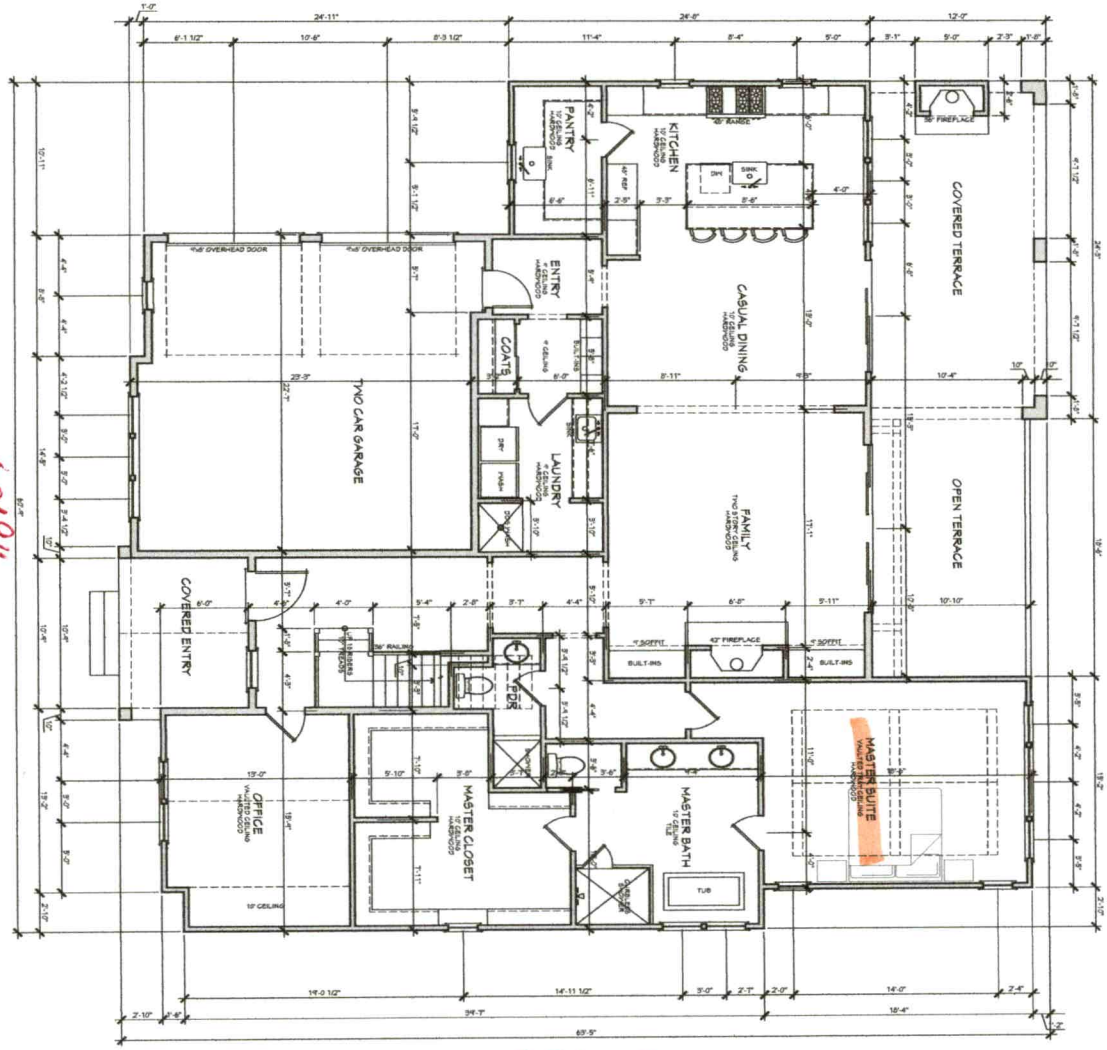
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Charles Hetherington Date 9-7-2021

Date 9/23/21

SQUARE FOOTAGE	
HEATED SQ FOOTAGE	
MAIN LEVEL	2278 SQ. FT.
UPPER LEVEL	143 SQ. FT.
TOTAL HEATED	3010 SQ. FT.
COVERED ENTRY	49 SQ. FT.
GARAGE	526 SQ. FT.
COVERED PORCH	241 SQ. FT.
ATTIC/STORAGE	523 SQ. FT.
TOTAL UNDER ROOF	4489 SQ. FT.



MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

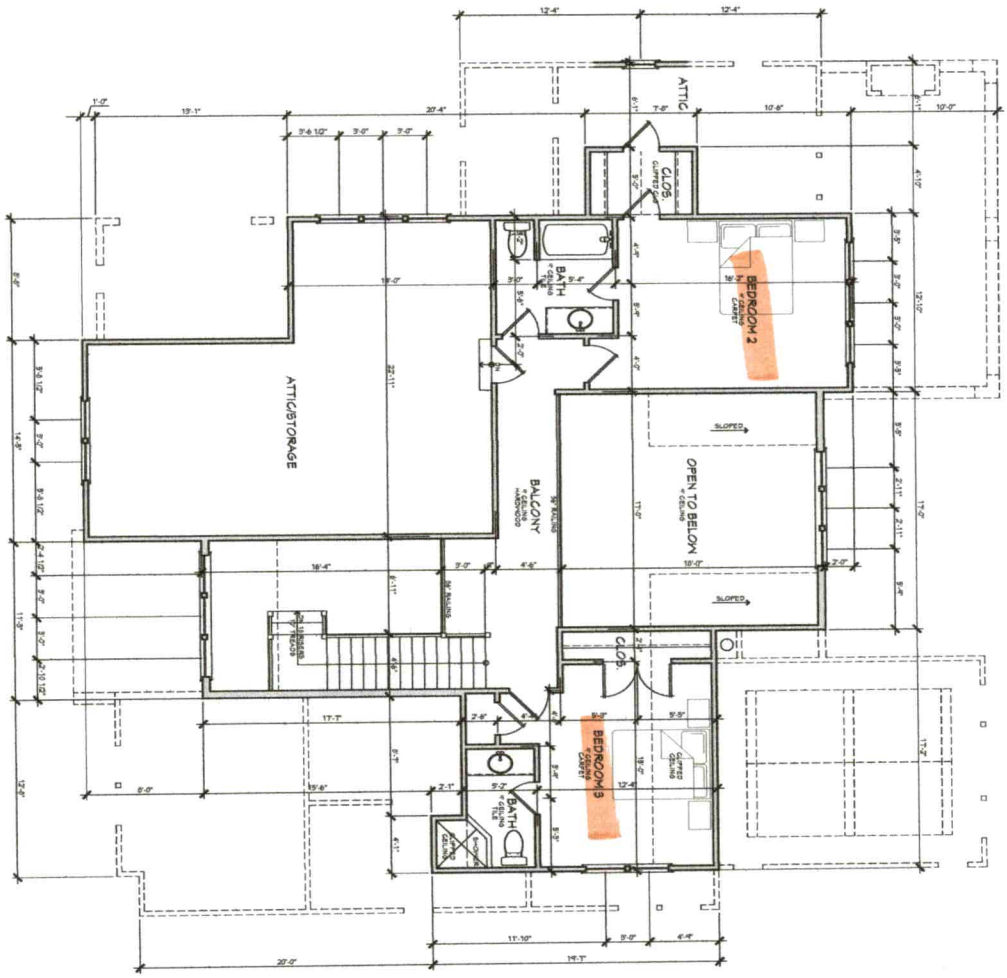
A1	08/16/21	The Hetherington Residence	E.S. Johnson BUILDERS
Sheet			

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Acknowledgement of
Plans Submittal ONLY!

Charles M'Carty Date 9/7/2021

Date 9/23/21



UPPER LEVEL
FLOOR PLAN
SCALE 1/4" = 1'-0"

A2 Sheet	08/10/21	The Hetherington Residence	E.S. Johnson BUILDERS

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