ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 307560

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

PIN # 4636-22-3682

APPLICANT/OWNER: Jeremy & Tiffany Comeaux | APPLICANT ADDRESS: 120 Wheaton LN Mooresville NC 28117

SITE ADDRESS: 120 Wheaton LN Mooresville NC 28117 | PHONE: 985-373-3619 | ALT. PHONE -

SITE DIRECTIONS: Isle of Pines, Rocky Edge Point, Wheaton LN Lot on Right at end | SAP CONTROLLED: ☐ YES ☒ NO

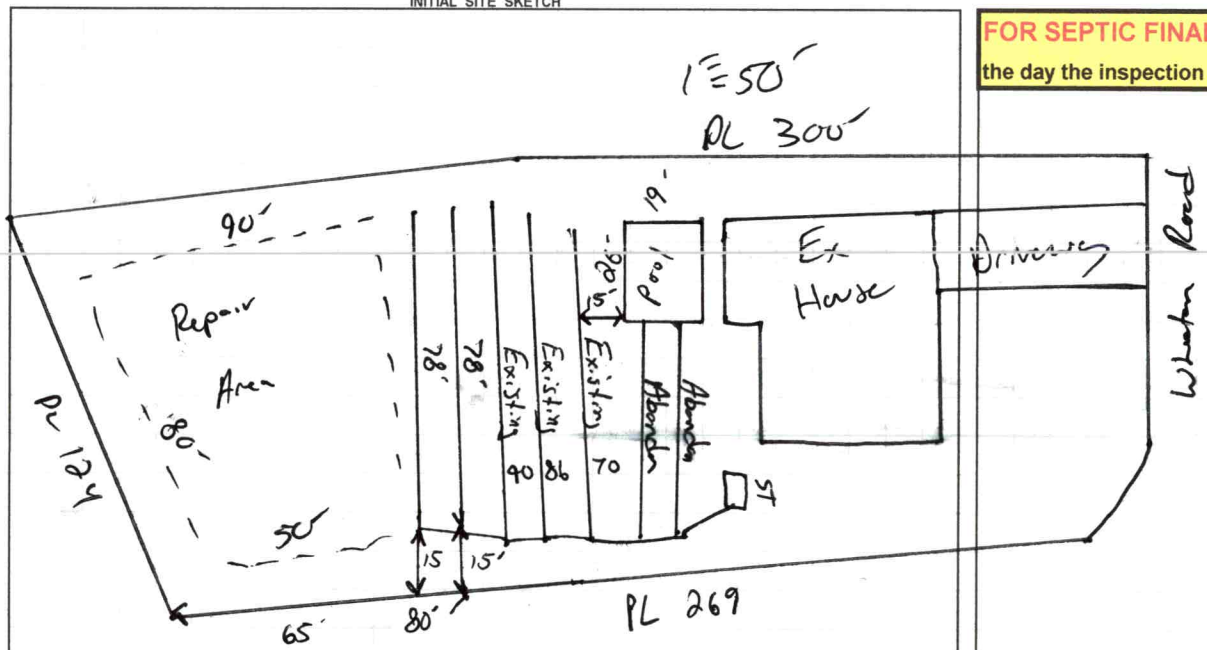
SUBDIVISION: Rocky Edge Point | SECTION: - | LOT # 9 | LOT AREA: 0.69 | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	Ex (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction		
Pump Make	Model		Serial #	Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	8	Linear Ft:	156'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36	Gravel Depth	-	☒ 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: The Purpose of this permit is to abandon the top two lines and add that footage to the bottom of system. Install Dromlines on contour and use serial distribution. Pool must be 15' from Existing lines

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

19 chambers in each line Installed as shown. Quick 4

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: [signature] Date: 6/18/2020 Installed by: Precision Grading

IMPROVEMENT PERMIT by: [signature] Date: 6-16-2020 OPERATION PERMIT by: Maria Dobson Date: 6/30/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-16-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4636225082
COUNTY: Iredell

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

OWNER: Jeremy Conner
ADDRESS: 120 Wheaton
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 120 Wheaton
APPLICATION DATE 5-19-20
DATE EVALUATED: 6-5-2020
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: .69
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 4-5%	0-22	SBK C	FrSSSPSap	N/A	48+	N/A	N/A	PS .3
		22-48	SBK CL						
2	SS 4-5%	0-10	SBK C	✓	N/A	48+	N/A	N/A	PS .3
		10-48	SBK CL	✓					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	266+
System Type(s)	2SC	5PC
Site LTAR	.3	.3

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

COMMENTS: _____

Updated February 2014

RECEIVED MAY 20 2020

AP-20200
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: Pool ( ) 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: Jeremy & Tiffany Comeaux **Address:** 120 Wheaton Ln, Mooresville NC **Zip:** 28117
Applicant Email: jeremy@buildingco7.com **Phone:** 985.373.3669 **Alt. Phone:**
Owner Name: Jeremy & Tiffany Comeaux **Address:** 120 Wheaton Ln, Mooresville NC **Zip:** 28117
Owner Email: jeremy@buildingco7.com **Phone:** 985.373.3669 **Alt. Phone:**

Property Information:

Street Address: 120 Wheaton Ln, Mooresville NC 28117
Subdivision Name: Rockridge Point **Section/Phase:** **Lot Number:** 9
Driving Directions: Isle of Pines Rd, Rockridge Point Dr, Wheaton Ln, 120 Wheaton Ln will be on right.

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

( ) 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
(✓) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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: 2016
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (4) Other: Accepted

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: _____ 5/19/20
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, Jeremy & Tiffany Comeaux, am the legal owner(s) of the property located at 120 Wheaton Ln, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636223682, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Kollars - SFS, 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

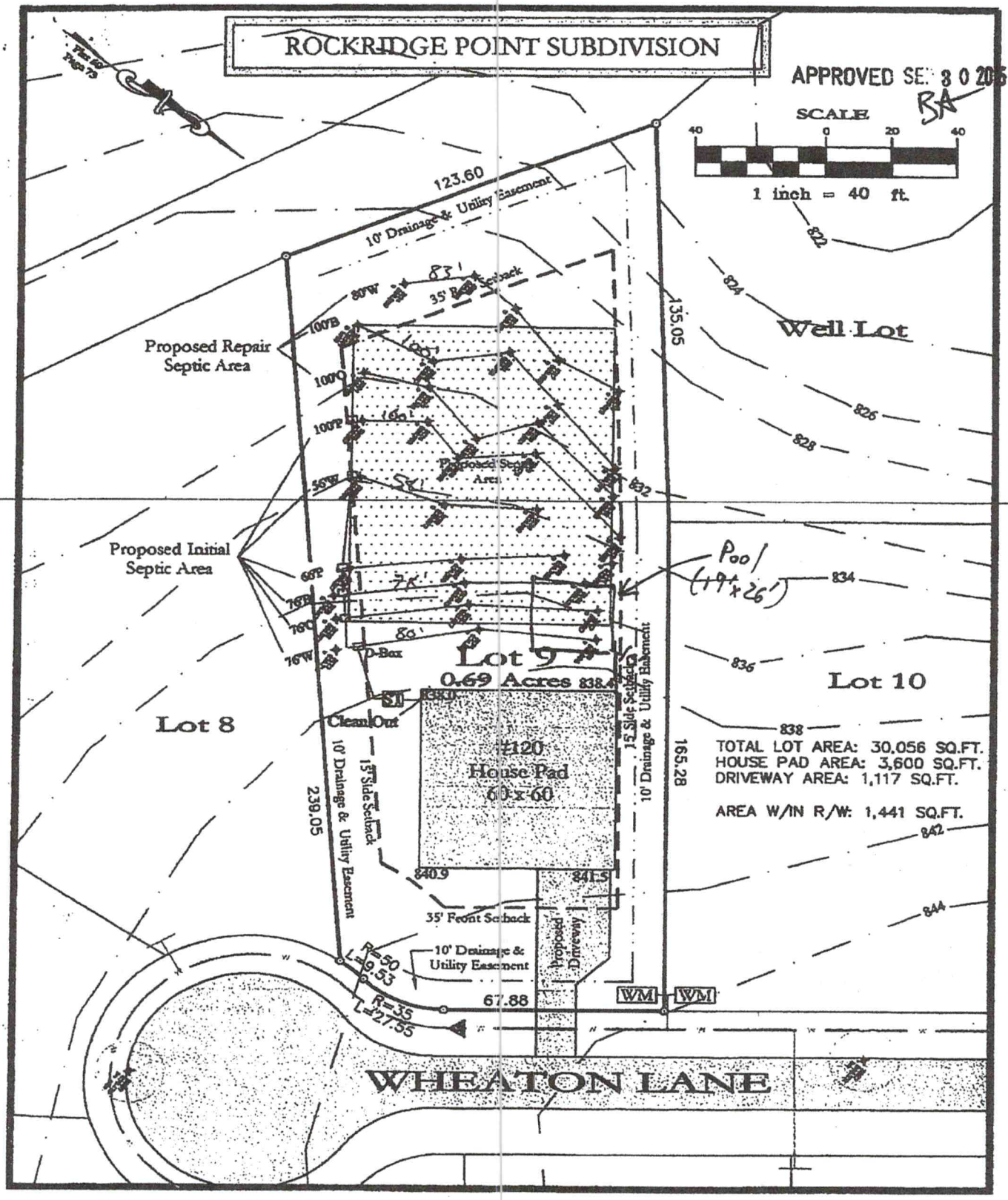
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) 3/17/2020 Date — Jessica Comeaux Signature of Witness 5-17-2020 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


ROCKRIDGE POINT SUBDIVISION
APPROVED SE: 8 0 20
BA
SCALE
40 0 20 40
1 inch = 40 ft.
123.60
10' Drainage & Utility Easement
Well Lot
135.05
Proposed Repair Septic Area
Proposed Initial Septic Area
Lot 9
0.69 Acres
Lot 8
Lot 10
Clean Out
P-Box
#120
House Pad
60'x60'
239.05
165.28
15' Side Setback
10' Drainage & Utility Easement
35' Front Setback
Proposed Driveway
R=50
L=9.53
R=35
L=27.55
67.88
WM
WM
WHEATON LANE
TOTAL LOT AREA: 30,056 SQ.FT.
HOUSE PAD AREA: 3,600 SQ.FT.
DRIVEWAY AREA: 1,117 SQ.FT.
AREA W/IN R/W: 1,441 SQ.FT.
822
824
826
828
832
834
836
838
842
844

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307560
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636223682.000	120 WHEATON LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: COMEAUX JEREMY M+TIFFANY H	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address: 120 Wheaton Ln. Mooresville NC 28117	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone: 985 373 3669	Phone: (704)658-1723

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.69	0	35	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

19x26 pool

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Signature of Owner/Contractor

PAID
Date: 05/19/2020
MLT 5/19/20

Permit Number	307560	TOTAL FEES:	$77.25