IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 232522

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

PIN # 4636320379

APPLICANT/OWNER: Schmolke Construction APPLICANT ADDRESS: 879 Kemp Rd. Mooresville, NC

SITE ADDRESS: 282 Isle of Pines Mooresville, NC PHONE: 5643881994 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines on right across from Turkey Hill SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Reserve at Oaks Ridge SECTION: — LOT # 3 LOT AREA: 3.71 Acres DESIGN FLOW: 480gpd L.T.A.R.: .3

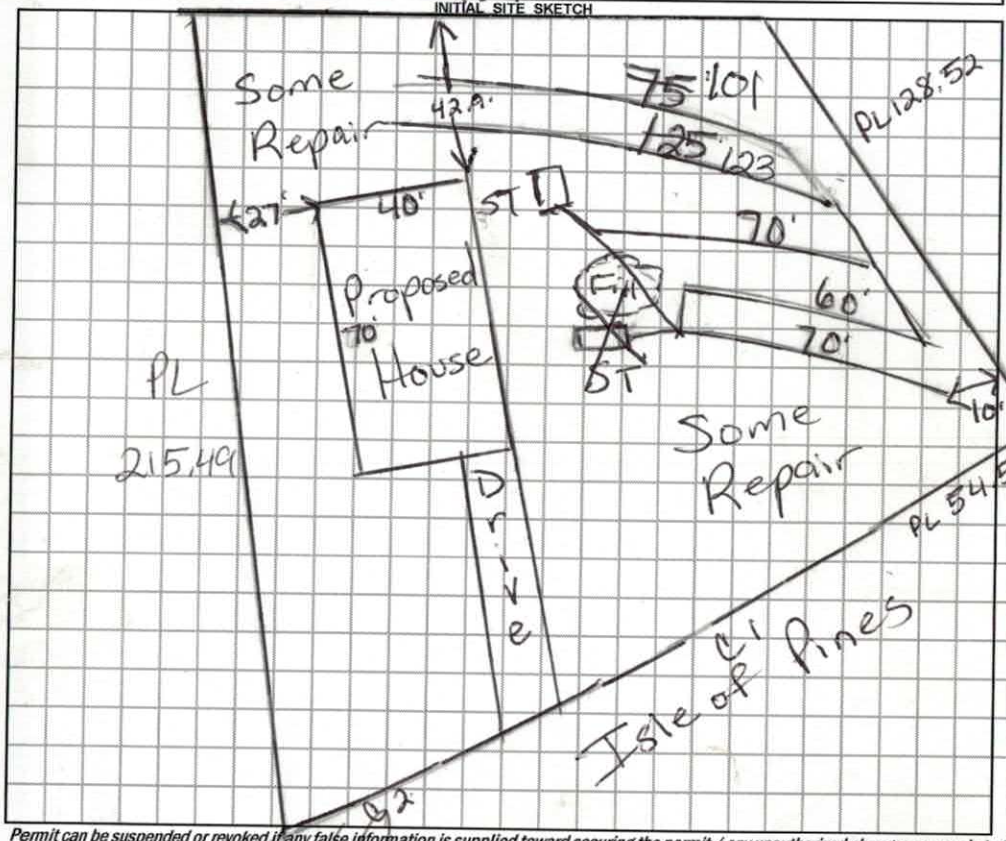
Septic Tank	1000 (gal)	STB	760	Date	2-21-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Pump PBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Direct Storm/Surface water away from Septic.

* Keep Septic out of filled area
* Must Keep Septic 100ft from "shared well"

INITIAL SITE SKETCH



AS BUILT SKETCH

1:50

15ft btw house & ST

5/4/18 11:15am Checked ST & 4 upper lines

Checked 5th line @ 5pm

Installed 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: Date: 2/14/18

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/3/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/14/18

Installed by: Gunter Grading

OPERATION PERMIT by: Maria Dotson Date: 5/4/18

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 inpsector to confirm your inspection time.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Schmolke Construction
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 11/22/18
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE:
LOCATION OF SITE: 282 Isle of Pines Lot #3
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit 5-6%	0-6	Brw	SCL SS, SP, SExP, FR					PS .3
		6-37	RC, m	SBK SS, SP, SExP, FR					
		37-52	RCL w	SBK SS, SP, SExP, FR					
			w/few to many		SAP		Inclus		
2	Pit 5%	0-11	Brw	SCL SS, SP, SExP, FR					PS .3
		11-31	RC m	SBK SS, SP, SExP, FR					
		31-55	RCL w	SBK SS, SP, SExP, FR					
			w/few to many		SAP		Inclus		
3	Pit 5%	0-9	Brw	SCL					PS .3
		9-36	RC m	SBK SS, SP, SExP, FR					
		36-52	RCL w	SBK SS, SP, SExP, FR					
			w/few to many		SAP		Inclus		
4	Pit	0-36+	Fill						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Schmolke Construction
ADDRESS: _____
APPLICATION DATE _____
DATE EVALUATED: 11/22/1
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: _____
LOCATION OF SITE: 282 Isle of Pines
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
1	P5	0-6"	Bw SCL wSBK SS		SP, SExP, FR				PS .3
		6-33"	R C m-w SBK SS		SP, SExP, FR				
		33-55	R CL w SBK SS, SP, SExP, FR w/few to many SAP, Indus						
2	P6	0-5"	Bw SCL wSBK SS, SP, SExP, FR						PS .3
		5"-22"	R C m SBK SS, SP, SExP						
		22-50	R to W/R C, wSBK SS, SP, SExP, FR						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

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

COMMENTS: _____

RECEIVED JAN 9 - 2018

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)

Paid $500.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

#232522

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
~~Schmolle Construction~~ ~~Sullivan Tierney Ind~~	~~8791 Emp Rd~~ ~~271 Milford Circle~~	5043861994 ~~312 498 2456~~	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sullivan Tierney Ind	271 milford Circle	3124982456	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
282 Isle of Pines	The Reserve at Oaks Ridge	3

Driving Directions: Down Brawley left on Isles of Pines

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

1/5/2018
DATE

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, BRIAN TIERNEY, am the legal owner(s) of the property located at 282 ISLE OF PINES MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Schmalls Construct, Dan Schmalls, 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.

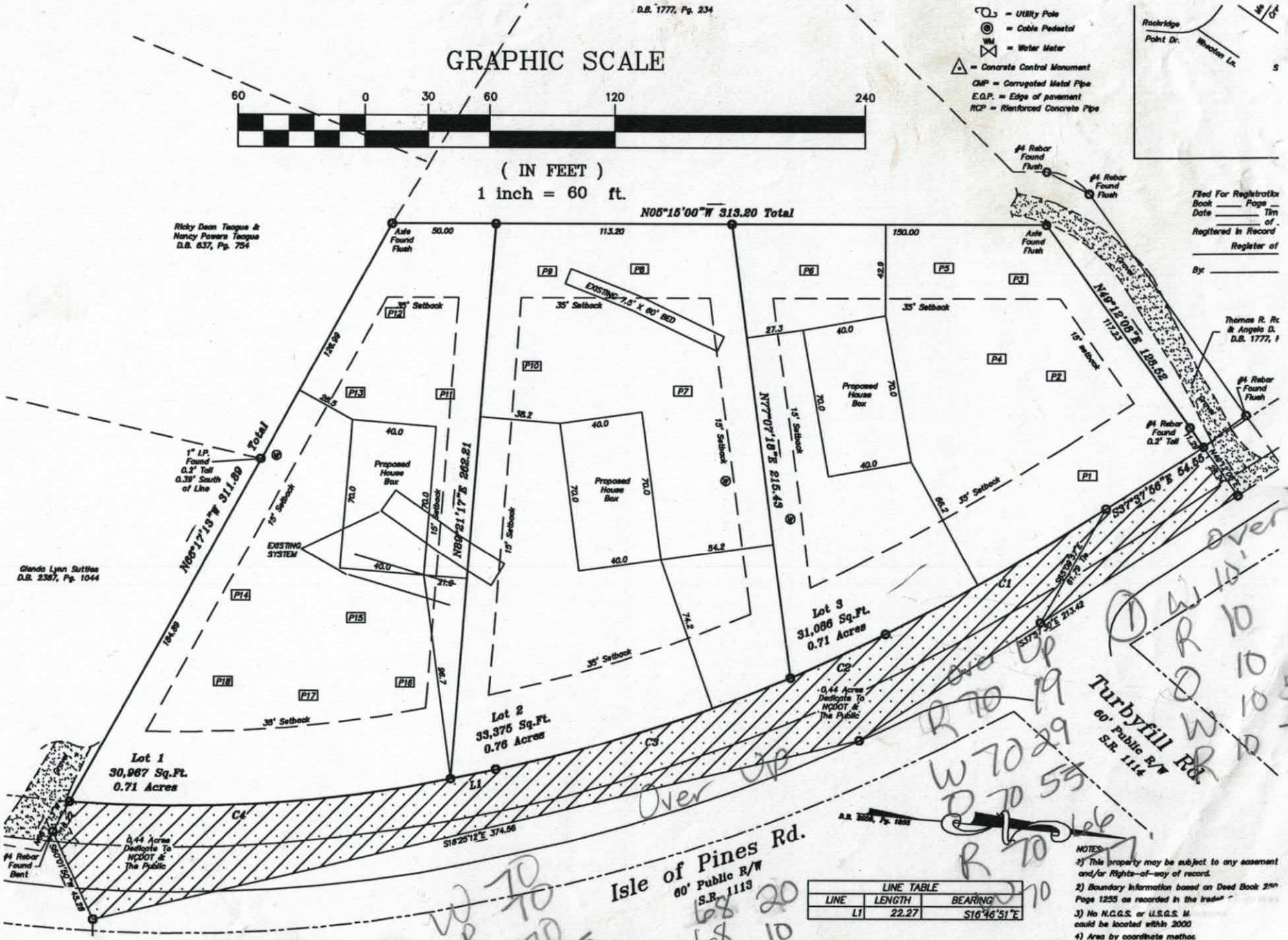
BET — 1/5/2018
Signature of Owner(s) — Date

[signature] — 1/5/2018
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



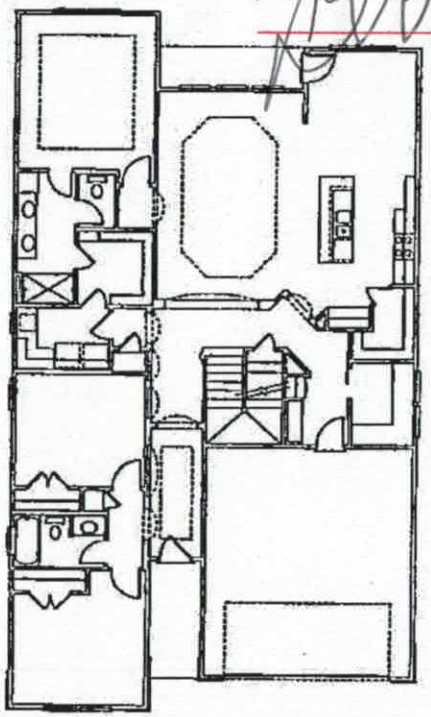
LINE TABLE		
LINE	LENGTH	BEARING
L1	22.27	S16°46'51"E

NOTES:
1) This property may be subject to any easement and/or Rights-of-way of record.
2) Boundary information based on Deed Book 2[illegible] Page 1255 as recorded in the [illegible]
3) No N.C.G.S. or U.S.G.S. M. could be located within 2000
4) Area by coordinate metho[illegible]

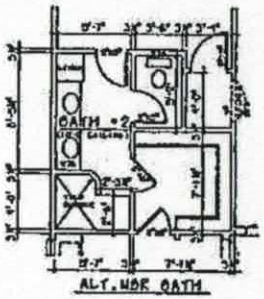
Acknowledgement of
Plans Submittal ONLY!

Date 2/14/18

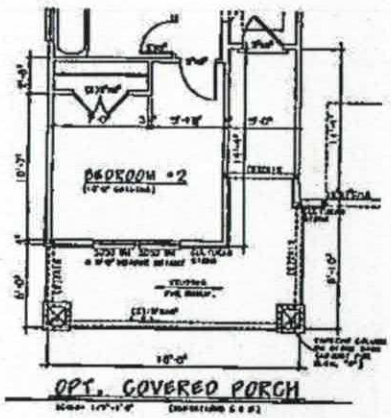
Date 2/14/18



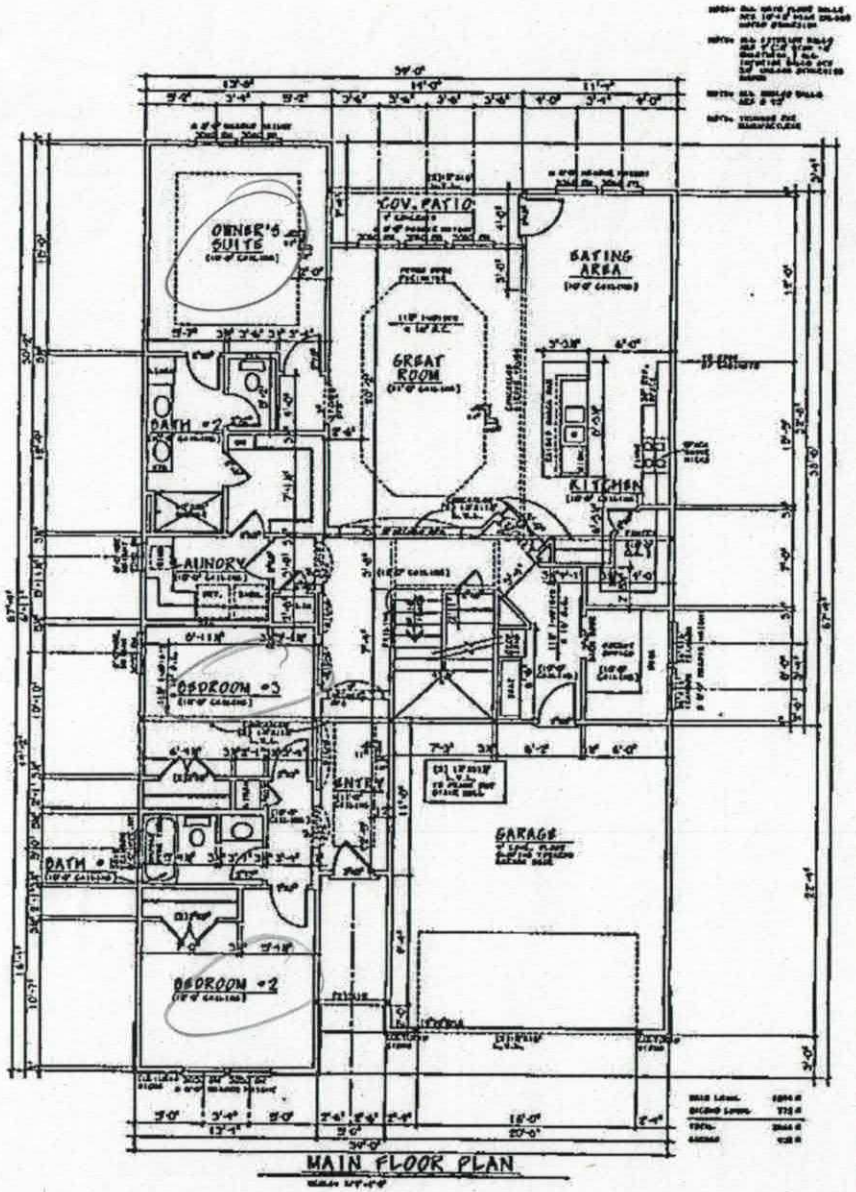
MAIN FLOOR ELECTRICAL



ALT. MBR BATH



OPT. COVERED PORCH



MAIN FLOOR PLAN

design basics inc.
HOME PLAN DESIGN SERVICE
www.designbasics.com

ALL PLANS

REVISIONS AVAILABLE

© 2017

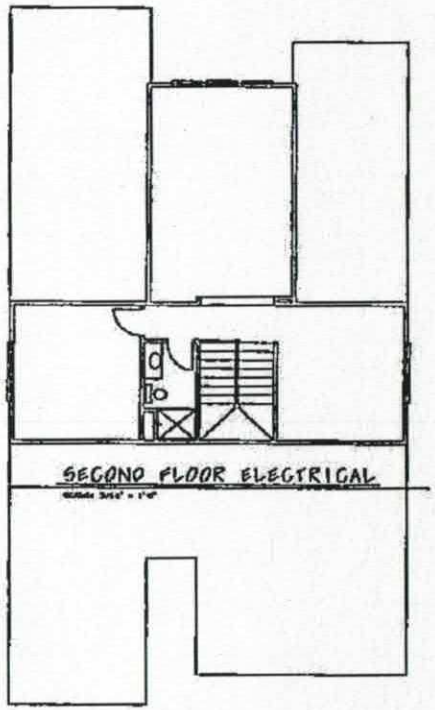
CC-007447
2686 Plan
Standard Suite

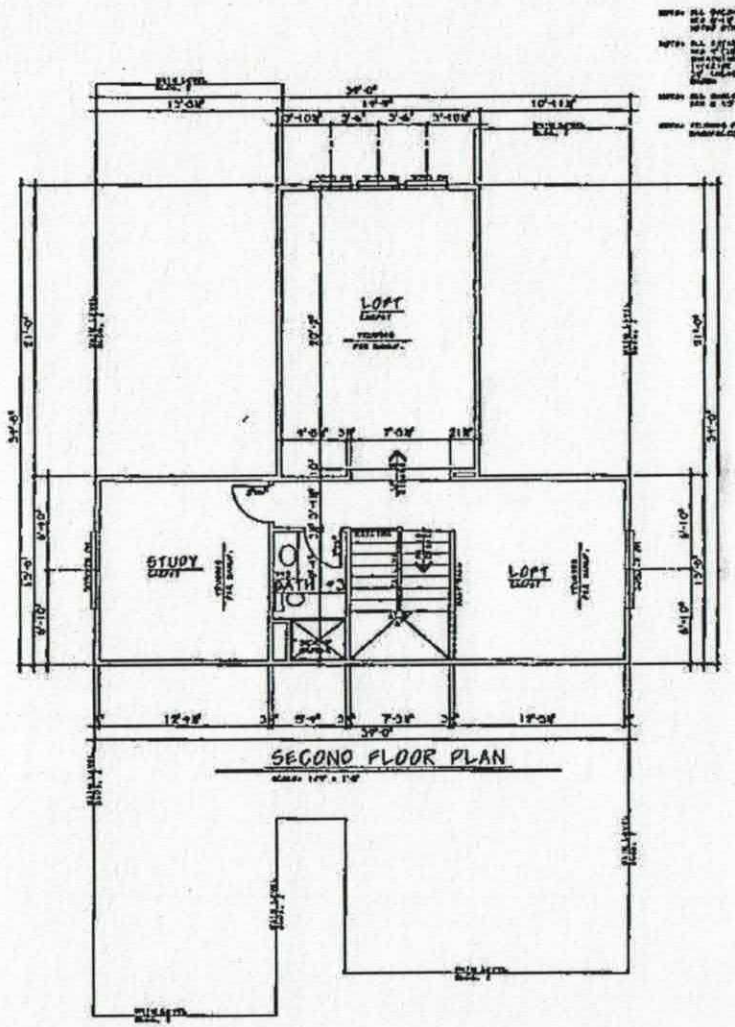
SHEET
4 of 5

Acknowledgement of
Plans Submittal ONLY!

Date 2/14/18

Date 2/14/18





design basics inc.
HOME PLAN DESIGN SERVICE
www.designbasics.com

2668 Plan

IREDELL COUNTY

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

APPLICATION NUMBER
232522
Issue Date: 01/09/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636321214.000	282 ISLE OF PINES ROAD, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SULLIVAN TIERNEY INDUSTRIES, L LC	Applicant: SCHMOLKE CONSTRUCTION
Address: 271 MILFORD CIRCLE MOORESVILLE, NC 28117	Address: 163 EAST COLD HOLLOW FARMS ROAD MOORESVILLE, NC 28117
Phone: 312-498-2456	Phone: 504-388-1994

Use Requested	Zone Code
SFD HOLD BUILDING PERMIT UNTIL PLAT IS RECORDED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.630	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	125400	TOTAL FEES:	$ 77.25