IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 232524

PIN # 4636 32 1161

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

APPLICANT/OWNER: Schmelke Construction | APPLICANT ADDRESS: 879 Kemp Rd Mooresville, NC | PHONE: 504 388-1994 | ALT. PHONE

SITE ADDRESS: 302 Isle of Pines Mooresville, NC | SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines on rt. after Turby Fill | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

SUBDIVISION: The Reserve at Oaks Ridge | SECTION: — | LOT #: 1 | LOT AREA: .71 Acre

☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: PBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Septic Tank	1600 (gal)	STB 760	Date 2-8-2018		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines 6	Linear Ft. 400		
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A

☒ Residence — No. Bedrooms 4

☐ Business — No. Persons 8

☐ Other — No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

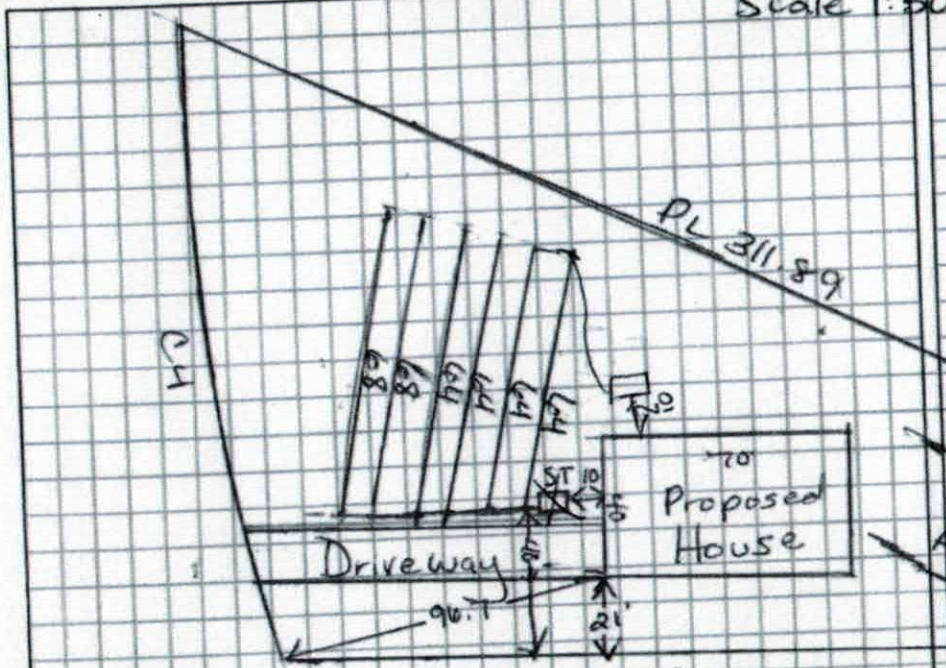
Water Supply: ☒ Private (Well Lot 4) ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water away from Septic

* Must keep Septic 100ft from Shared well

INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH

* Tank on side of House as shown
Field permitted as shown:



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ 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: 2/14/18

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

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

Installed by: Gustavo Grady Date: 5/2/2018

OPERATION PERMIT by: Benjamin Potts Date:

Existing System Inspected by:

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.

IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 232524

PIN # 4636 32 1161

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

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

SITE ADDRESS: 302 Isle of Pines Mooresville, NC PHONE: 504 388-1994 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines on rt. after Turby fill SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Reserve at Oaks Ridge SECTION: LOT # 1 LOT AREA: .71 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 400'

Trench Width 36" Trench Bottom Depth(Low side) 24" I Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: PRBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

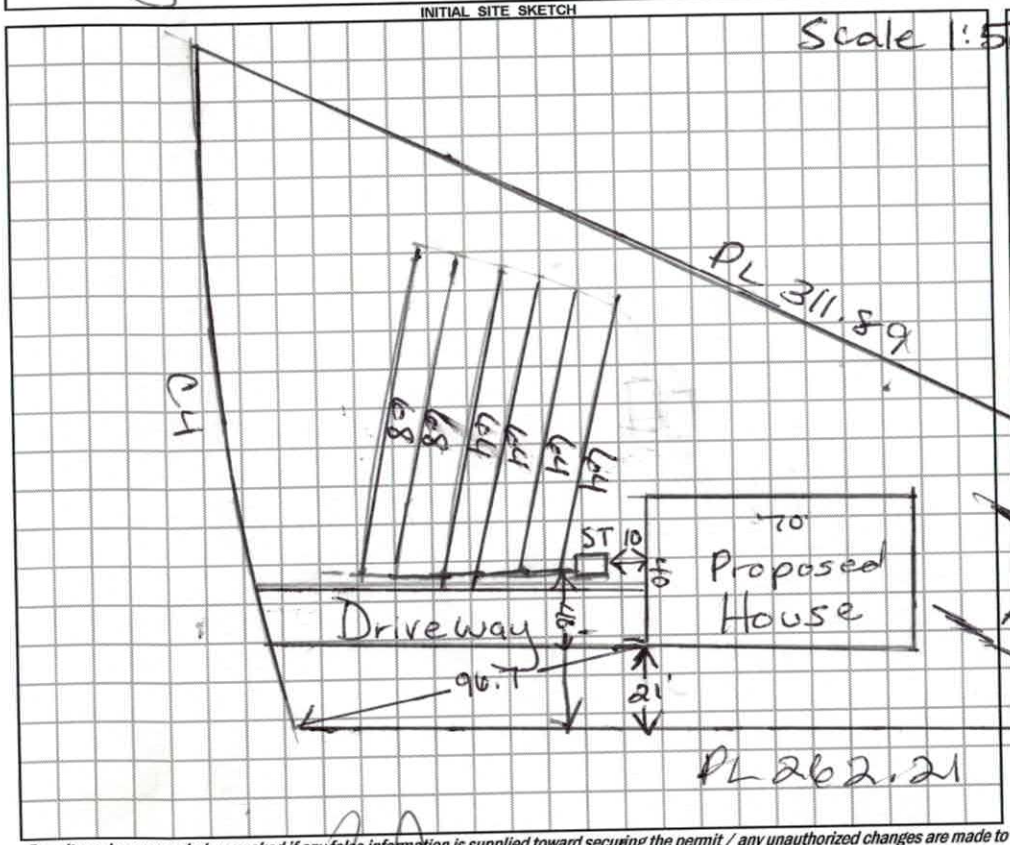
Water Supply: ☒ Private (Neighbors Well) ☐ Public ☐ Community

Comments / Conditions: ★Divert storm/surface water away from Septic

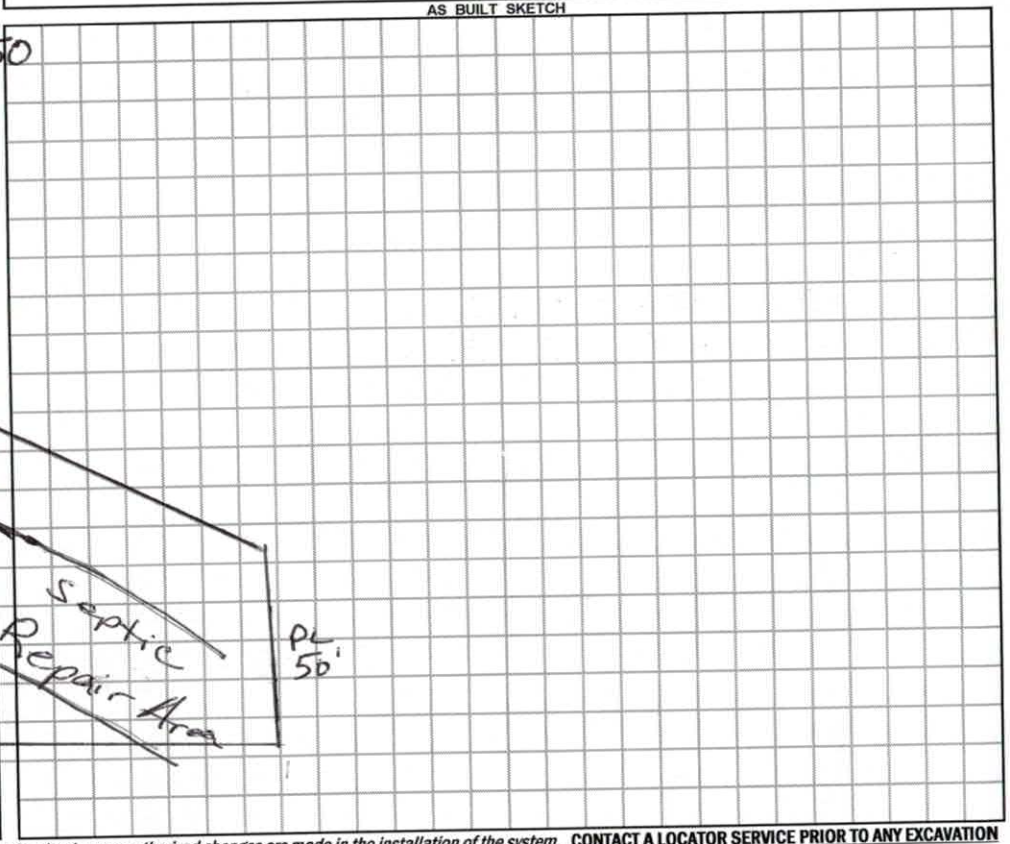
★Must keep Septic 100ft from Shared well

INITIAL SITE SKETCH

Scale 1:50



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: Date: 2/14/18 Installed by:

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

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

VISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Schmolke
ADDRESS:
PROPOSED FACILITY:
LOCATION OF SITE: 302 Isle of Pines
PROPOSED DESIGN FLOW (.1949): 480 gpd Lot #15
APPLICATION DATE
DATE EVALUATED: 11/22/18
PROPERTY SIZE:
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	P11 5%	0-8	Brw SCL	SS, SP, SExP, FR					PS .3
		8-29	RC	m-wSBK	SS, SP, SExP, FR				
		29-50	RCL	wSBK	SS, SP, SExP, FR				
			w/ few-to many Mica & common			SAP	Inclus		
2	P12 4-4%	0-9	Brw SCL	SS, SP, SExP, FR					PS .3
		9-32	RC	m-wSBK	SS, SP, SExP, FR				
		32-50	RCL	wSBK	SS, SP, SExP, FR				
3	P14 8-10%	0-8	Brw SCL	SS, SP, SExP, FR					PS Inclus .3
		8-26	RC	m-wSBK	SS, SP, SExP, FR				
		26-45	RCL	wSBK	SS, SP, SExP, FR				
			w/common Mica & few to many				SAP		
		45-52	L/SL	SAP massive		FR			
4	P15 10%	0-7	Brw SCL	SS, SP, SExP, FR					PS .3
		7-33	RC	m-wSBK	SS, SP, SExP, FR				
		33-43	RCL	wSBK	SS, SP, SExP, FR				
		43-50	L/SL	SAP massive		FR			

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

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

NOTES:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Schmolke
ADDRESS:
PROPOSED FACILITY:
LOCATION OF SITE: 302 Isle of Pines Lot #K

APPLICATION DATE
DATE EVALUATED: 1/22/18
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE:
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 17	8-9%	0-7"	Brw SCL w SBK	SS, SP, SExP, FR					PS .3
		7-32"	RC m SBK	SS, SP, SExP, FR					
		32-43	RC w SBK	SS, SP, SExP, FR					
		43-50	L/SL SAP	massive, FR					
2 18	10%	0-7"	Brw SCL w SBK	SS, SP, SExP, FR					PS .3
		7-33"	RC m SBK	SS, SP, SExP, FR					
		33-44	RC w SBK	SS, SP, SExP, FR					
		44-50	L/SL SAP	massive FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPRR
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

232524

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

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:

Schmoll Construct	879 Kemp Rd	5043881994	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sullivan Tierney Ltd	271 Mullin Circle	312 498 2456	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

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

Driving Directions: Down Brumly School Rd Left on Isle 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
( ) 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: ___ 1/5/2018
   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, BRIAN TIERNEY, am the legal owner(s) of the property located at 302 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**) Schmolle Construction, Daniel Schmolle, 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.

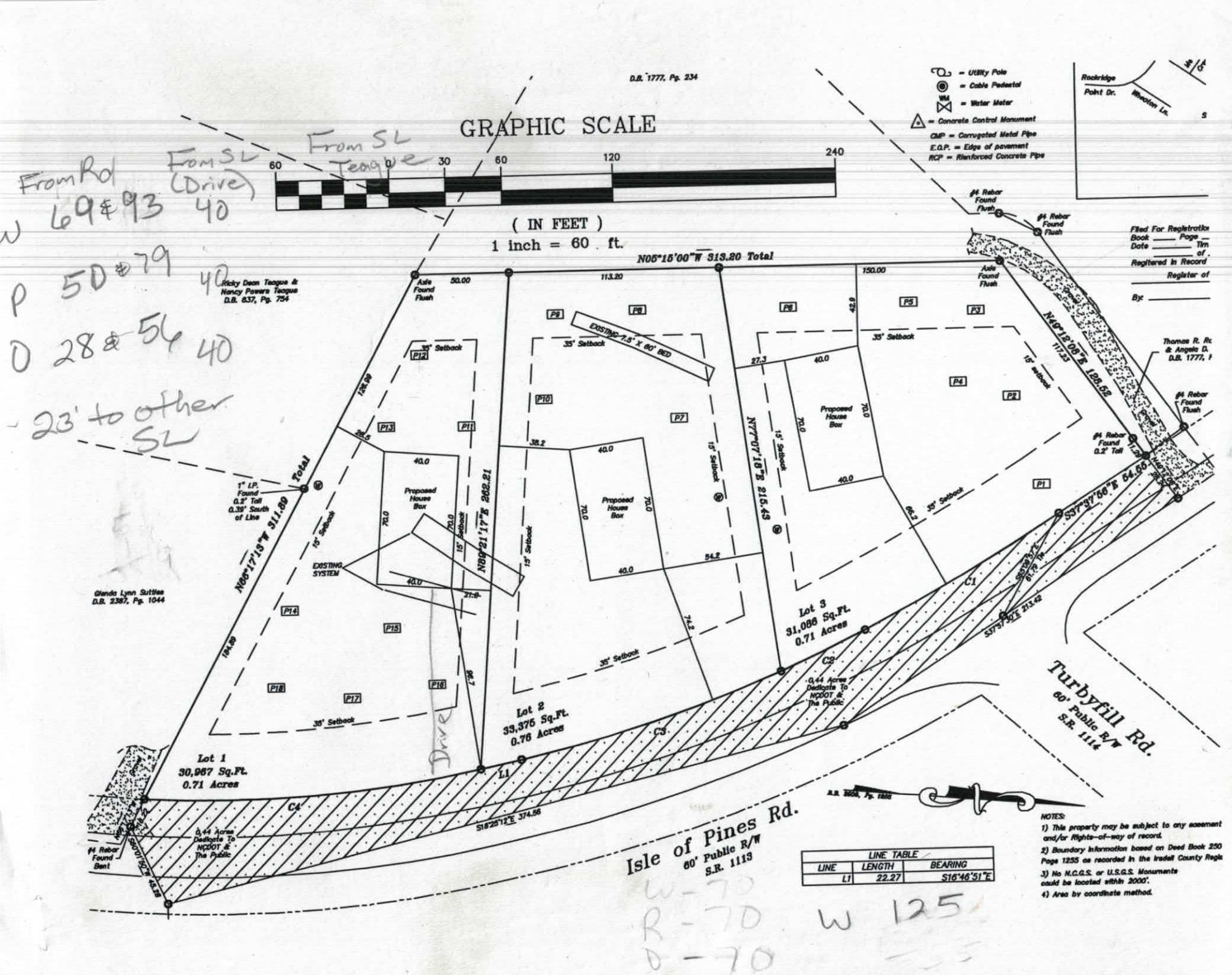
BET — 1/5/2018
Signature of Owner(s) — Date

[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

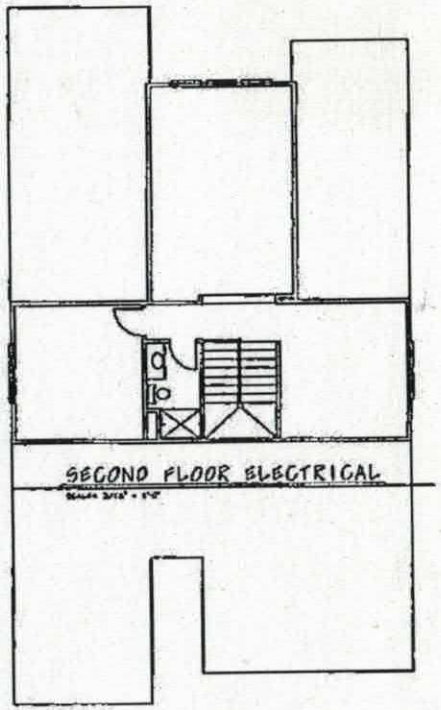
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

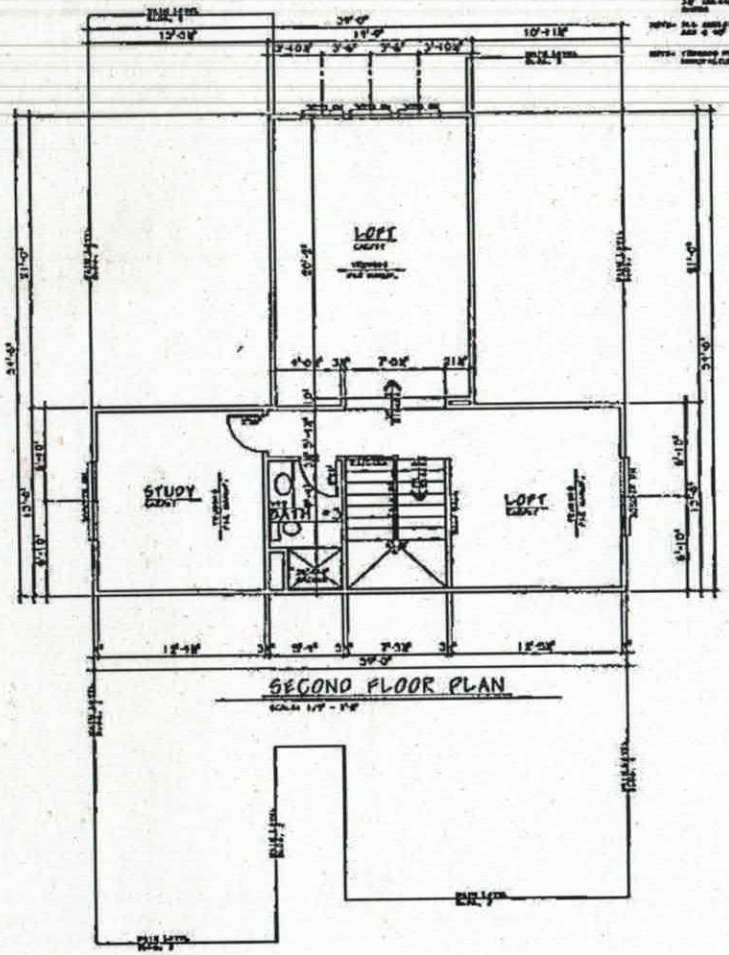

GRAPHIC SCALE
60 0 30 60 120 240
(IN FEET)
1 inch = 60 ft.
From SL Teague
From Rd 69&93
From SL (Drive) 40
50&79 40
28&54 40
23' to other SL
D.B. 1777, Pg. 234
= Utility Pole
= Cable Pedestal
= Water Meter
= Concrete Control Monument
CMP = Corrugated Metal Pipe
E.O.P. = Edge of pavement
RCP = Reinforced Concrete Pipe
Rockridge Point Dr.
Wheaton Ln.
#4 Rebar Found Flush
#4 Rebar Found 0.2' Tall
Filed For Registration
Book ____ Page ____
Date ____ Tim
____ of ____
Registered in Record
Register of
By: ____
N05°15'00"W 313.20 Total
Axle Found Flush
Ricky Dean Teague & Nancy Powers Teague D.B. 837, Pg. 754
50.00
113.20
150.00
N49°12'05"E 126.52
Thomas R. Rc & Angela D. D.B. 1777, F
35' Setback
15' Setback
EXISTING 7.5' X 60' BED
Proposed House Box
EXISTING SYSTEM
1" I.P. Found 0.2' Tall 0.39' South of Line
Total
N66°17'13"W 311.89
N80°21'17"E 282.21
N17°07'18"E 218.43
S37°37'56"E 54.66
Glenda Lynn Suttles D.B. 2387, Pg. 1044
Lot 1 30,967 Sq.Ft. 0.71 Acres
Lot 2 33,375 Sq.Ft. 0.76 Acres
Lot 3 31,086 Sq.Ft. 0.71 Acres
0.44 Acres Dedicate To NCDOT & The Public
Drive
C1
C2
C3
C4
L1
S18°25'12"E 374.56
S07°11'02"W 45.28
S37°37'56"E 213.42
#4 Rebar Found Bent
Isle of Pines Rd.
60' Public R/W
S.R. 1113
Turbyfill Rd.
60' Public R/W
S.R. 1114
D.B. 2608, Pg. 1855
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 250 Page 1255 as recorded in the Iredell County Regis
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
W-70
R-70
D-70
W 125

Acknowledgement of
Plans Submittal ONLY!

Date 2/14/18

Date 2/15/18





ALL PLANS

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

D 2007

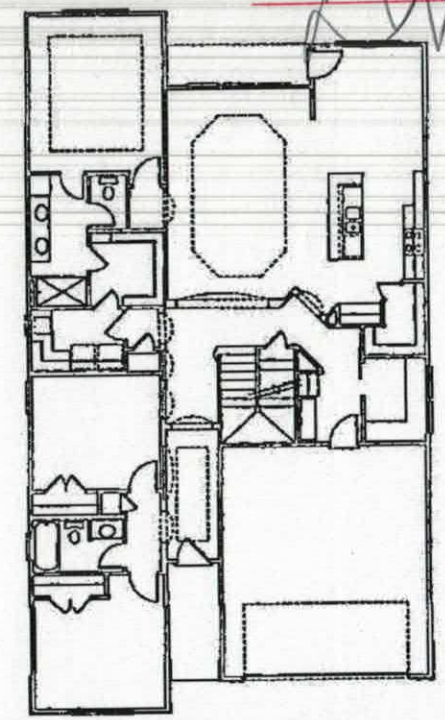
2886 Plan

SHEET 4 OF 5

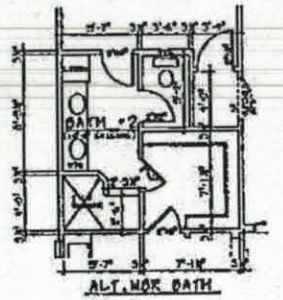
Acknowledgement of
Plans Submittal ONLY!

Date 2/14/18

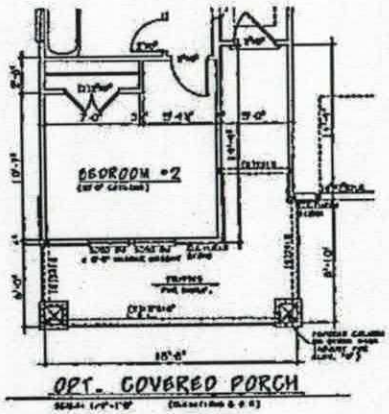
Date 2/14/18



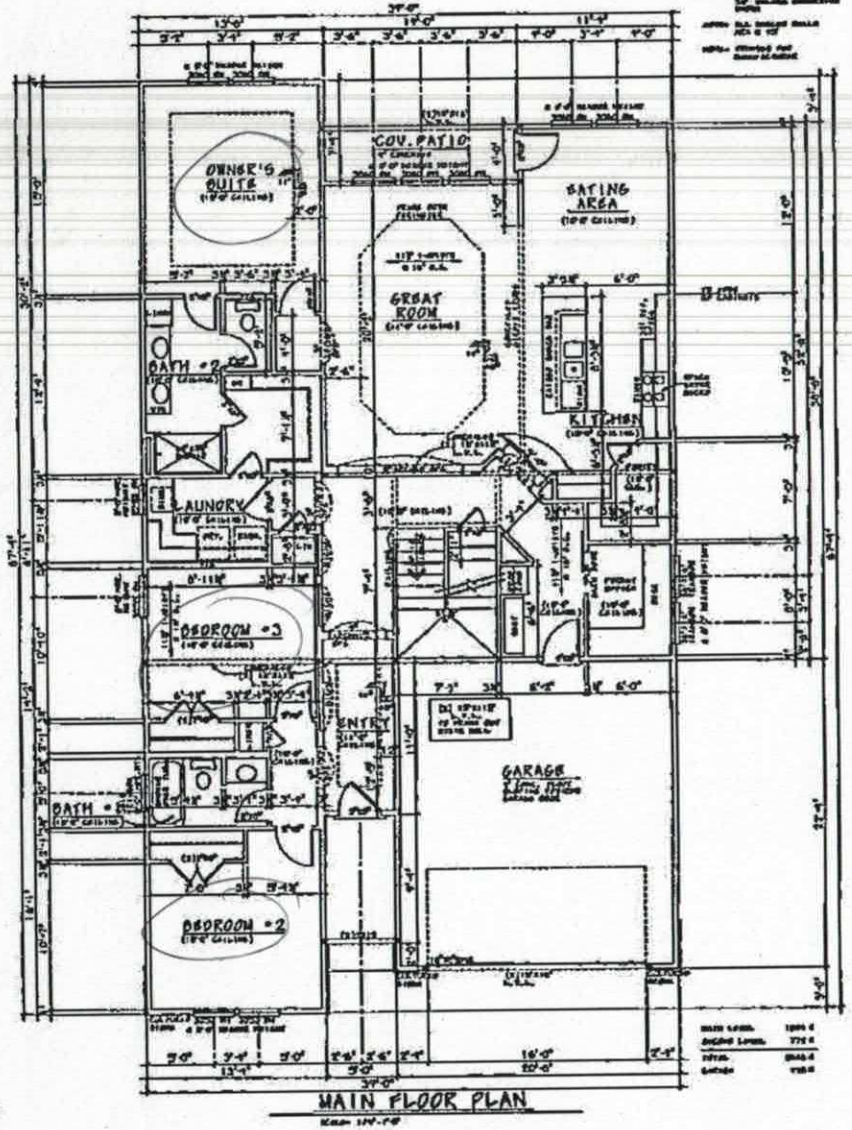
MAIN FLOOR ELECTRICAL



ALT. MBR BATH



OPT. COVERED PORCH



MAIN FLOOR PLAN

ALL PLANS

REVERSE AVAILABLE

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

©2017

GS07447
2868 Plan

SHEET 4 of 5

IREDELL COUNTY

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

APPLICATION NUMBER
232524
Issue Date: 01/09/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636321214.000	302 ISLE OF PINES, 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	125379	TOTAL FEES:	$ 77.25