IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226655.

#3

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

PIN # 4636454801 ✓

APPLICANT: Nathan Stacy Jason Pulver ✓ APPLICANT ADDRESS: 2415 Racy Road Cleveland NC 27013.

SITE ADDRESS: 173 Stutts Road Mooresville, NC ✓ PHONE: 704-278-3050 ALT. PHONE: 704-622-6599

SITE DIRECTIONS: I-77 to exit 35 Brawley School RD Take Right 3.1 miles Take Left on Stutts RD

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.1 Acres DESIGN FLOW: 240 gpd. L.T.A.R.: .25

Septic Tank 1000 (gal) STB 794 Date 10-16-16
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 3 Linear Ft: 240
Trench Width 36 Max. Trench Bottom Depth 27 inches Low side Gravel Depth —

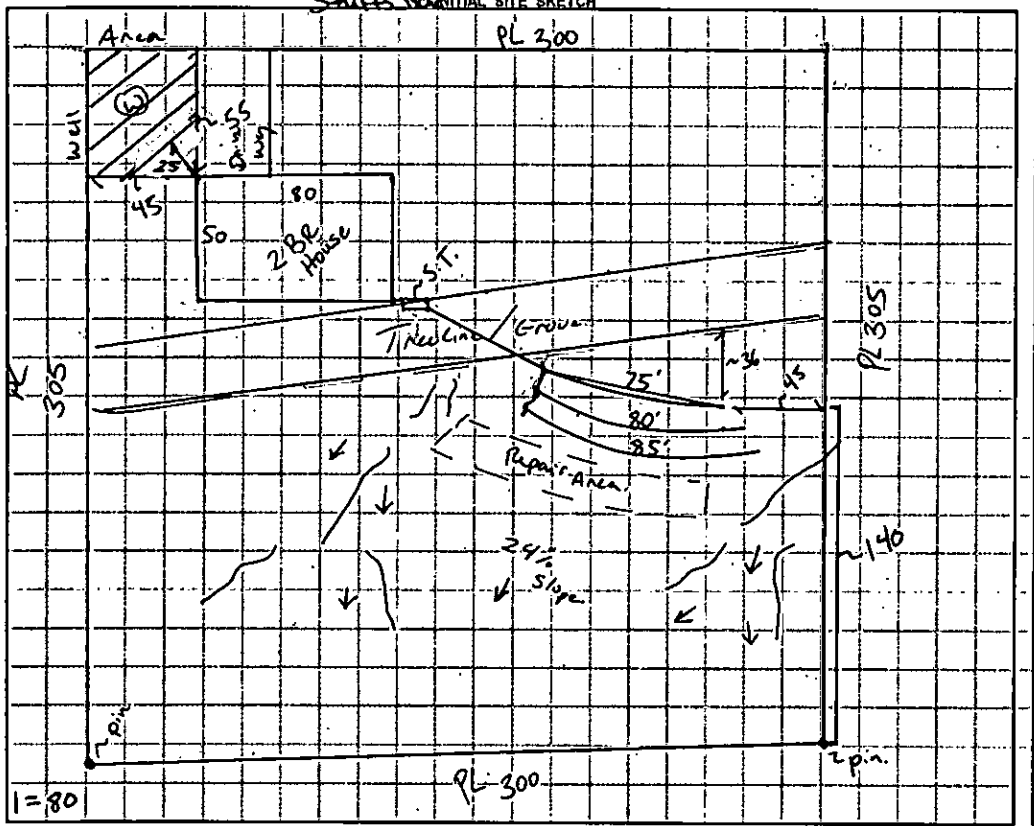
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction
Repair System Description: 25% reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

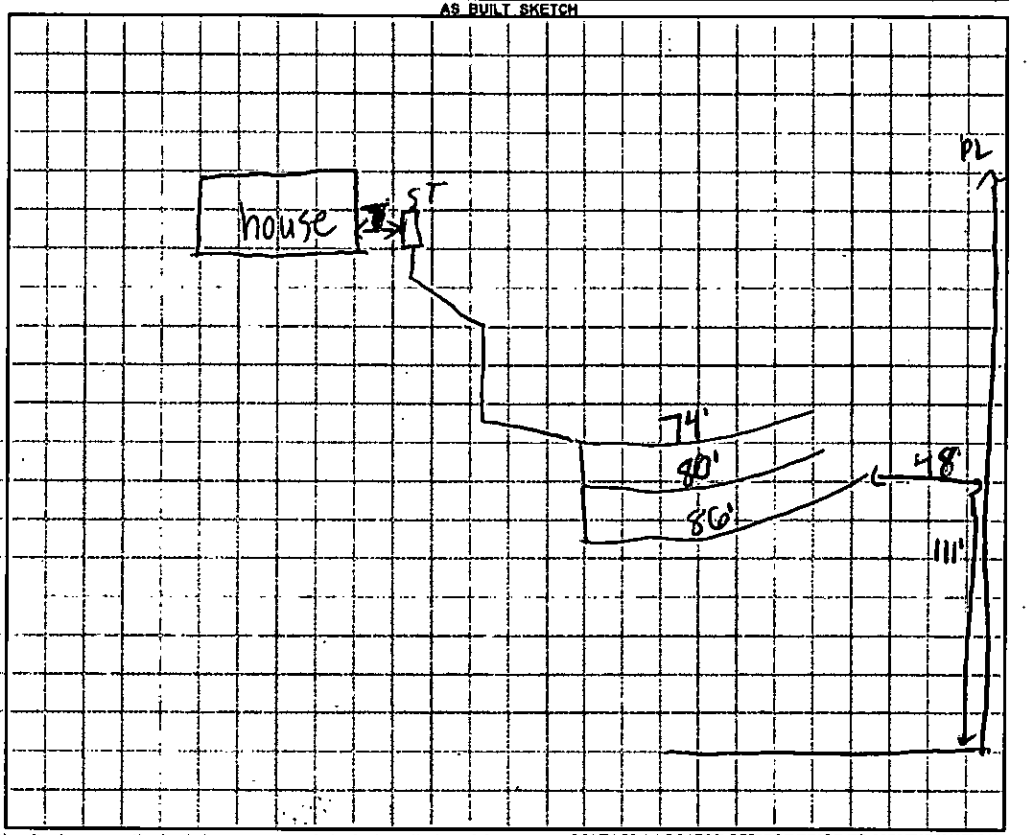
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: *Keep system out of compact topsoil* - Do not exceed max depth of 27 inches on the low side. Utilize Serial distribution. Install on the contour of the land. Do not drive, park, pave, or crush or bury utilities in drainfield area

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: [signature] Date: 5/22/17 Installed by: Steve

IMPROVEMENT PERMIT by: [signature] Date: 5/12/2017 OPERATION PERMIT by: [signature] Date: 10-13-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/17/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED APR 2 7 2017

Paid $500.00

#226655

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (✓) 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:

Applicant Name: NATHAN STANLEY **Address:** 2415 RAILEY RD CLEVELAND, NC 27013 **Phone:** 704-278-2050

Owner Name: JASON PULVER **Address:** 173 STUTTS RD MOORESVILLE **Phone:** 704-633-6899

Property Information:

Street Address: 173 STUTTS RD MOORESVILLE, NC

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 to exit 35 Brawley School Rd TR 3.1 miles TL onto Stutts Rd

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 4/27/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Owner

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, Ray Neal, am the legal owner(s) of the property located at 193 STUTTS RD. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636454801.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jason Pulver, Ashley Pulver, 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.

Ray Neal 3-7-17 Faye Neal 3-7-17

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

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

Sheet 1 of 2
PROPERTY ID #: 4636454490 of
COUNTY: Brunswick

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Neal, Henry Ray & Faye Buyer: Jason Fulver
ADDRESS: Shallotte Rd Lot 23
PROPOSED FACILITY: House
LOCATION OF SITE: opposite 164 & 179 Shallotte
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949):
APPLICATION DATE
DATE EVALUATED: 2-9-17
PROPERTY SIZE: 2.1 Acres
PROPERTY RECORDED: yes
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
B1	20%	0-3	BCL WF SBK	FR SS SP	common faint thin yellow brown mottles	48"			PS .25-.3
		3-37	BRC WF SBK	" " "					
		37-48	RBCL WF SBK	" " "					
B2	15%	0-8	DBSL WF GR	FR SS SP	few fc faint 8-48"	48"			PS .25 @ 42"
		8-32	DRBC WM SBK	FR " "					
		32-48	BRSC	" " "	2.5Y 7/2 @ 48"				
B3	25%	0-24	BRC WM SBK	FR SS SP	few fc faint	42"			PS .3
		24-42	RBCL WF SBK	" " "					
		42-48	VFR. L MASS	FR SS SP					
B4	13%	0-5	BL GR	FR SS SP		48"			PS .25-.3
		5-32	BRC WM SBK	FR SS SP					
		32-48	BRCL WF SBK	" " "	yellow mottles few sap in				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted/Conv.	Accepted/Conv.
Site LTAR	0.25-0.3	0.25-0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): R
EVALUATED BY: S. Ashley Williams
OTHER(S) PRESENT: Jason Fulver

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

State Rd
Finley Tract

Sheet 3 of 4

PROPERTY ID #:
DATE OF EVALUATION: 2-9-17
COUNTY: Iredell

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
B5	8%	0-4	BSL GR	FrSS SP		48+			PS .3
		4-12	RBSCL w/ FM SBK	FR SS SP					
		12-48	BRC w/ SBK	" " "					
B6	9%	0-10	DBSL w/ SBK	" " "		48			PS .275-.3
		10-33	DBRC w/ SBK	FR SS SP					
		33-46	RC w/ SBK	" " "	Yellow-Brown mottles				

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4636954801
COUNTY: Iredell

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

OWNER: Jason Pulver
ADDRESS: 2215 Rung RD Cleveland NC
PROPOSED FACILITY: House 2 BR
LOCATION OF SITE: 173 Statts RD. MW
APPLICATION DATE 4/27/17
DATE EVALUATED: 5/11/17
PROPOSED DESIGN FLOW (.1949): 240 gpd.
PROPERTY SIZE: 2.1 Acres
PROPERTY RECORDED: N/A

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	24% Side	0-4	scl wsbk	ss sp FR sdap	2.5Y 4/6	48		Sp Inches @ 17.	.25
		4-12	c sbk	FM					
		12-48.	cl wsbk	FR					
2	24%	0-6	scl wsbk	ss sp FR sdap		48		Sp Inches @ 16	.25
		6-27	c sbk	FM					
		27-48.	cl wsbk	FR					
3	24%	0-3	scl wsbk	ss sp FR sdap		48		Sp Inches @ 26	.25
		3-22	c sbk	FM					
		22-48.	cl wsbk	FR					
4	24%	0-3	scl	ss sp FR sdap		48.		Sp Inches @ 21.	.25
		3-30	c						
		30-48.	cl.						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	25% reduction	25% reduction
Site LTAR	.25	.25

OTHER FACTORS (.1946): Complex Topo
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

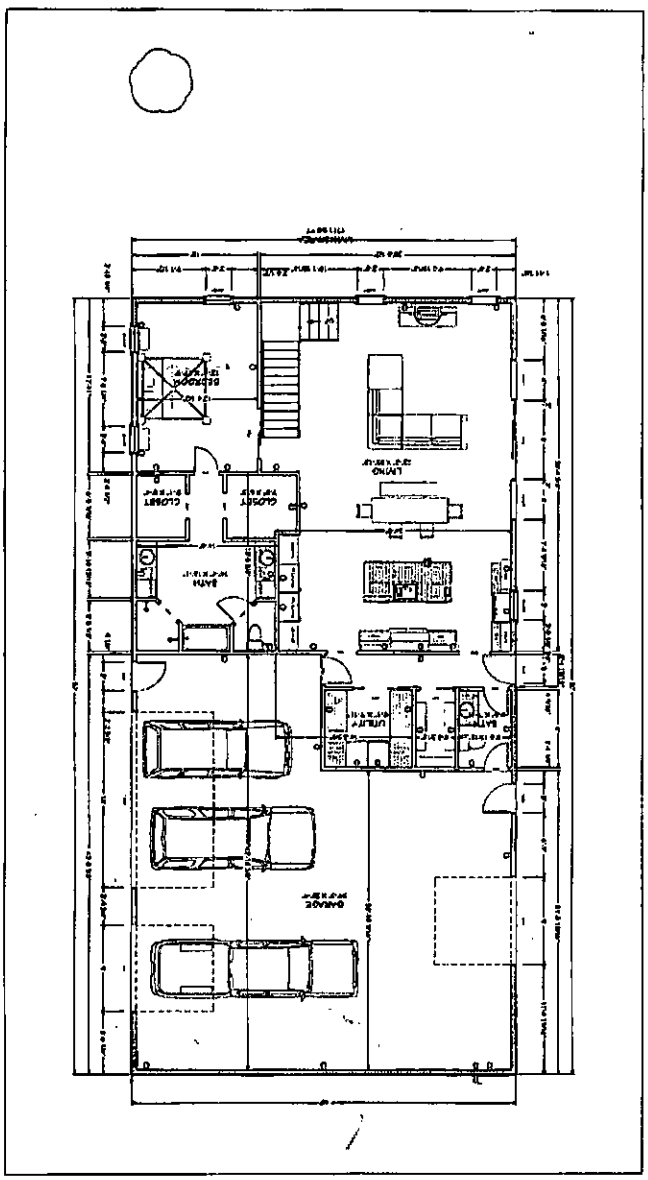
1 inch of Slope correction

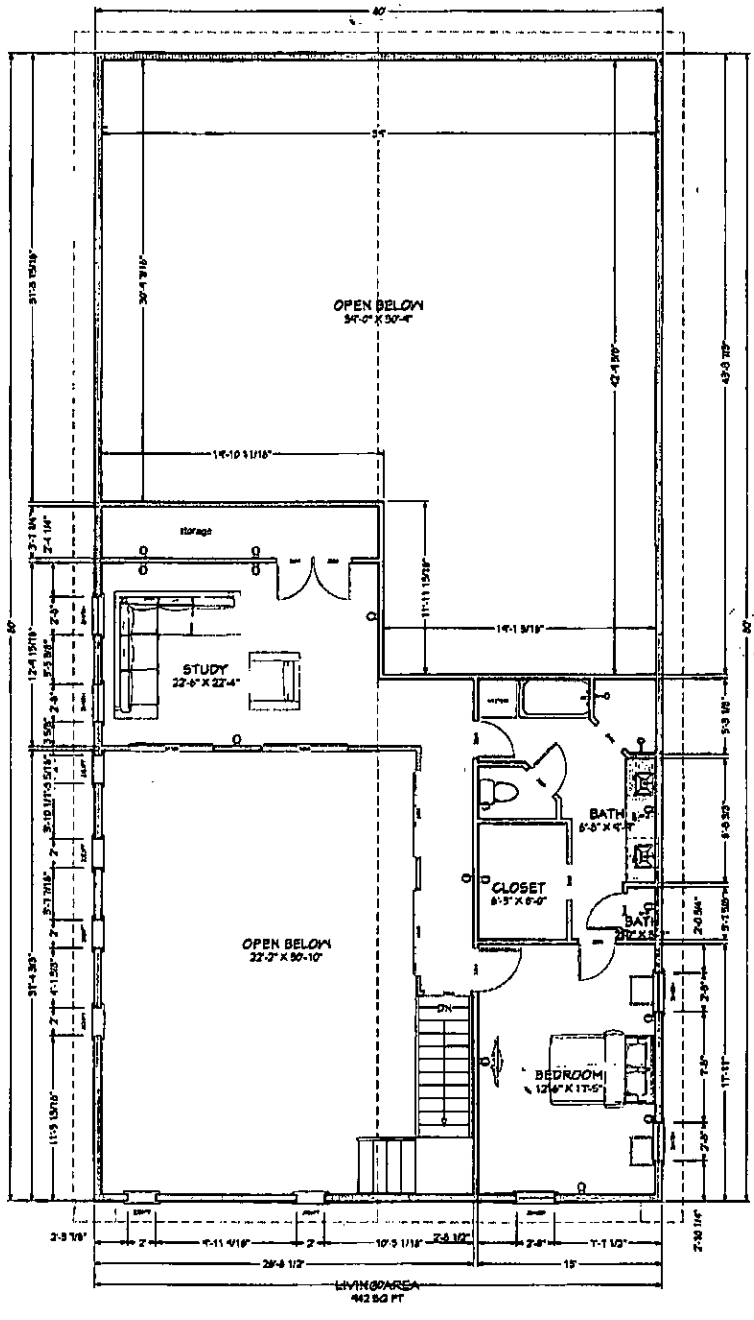
COMMENTS:

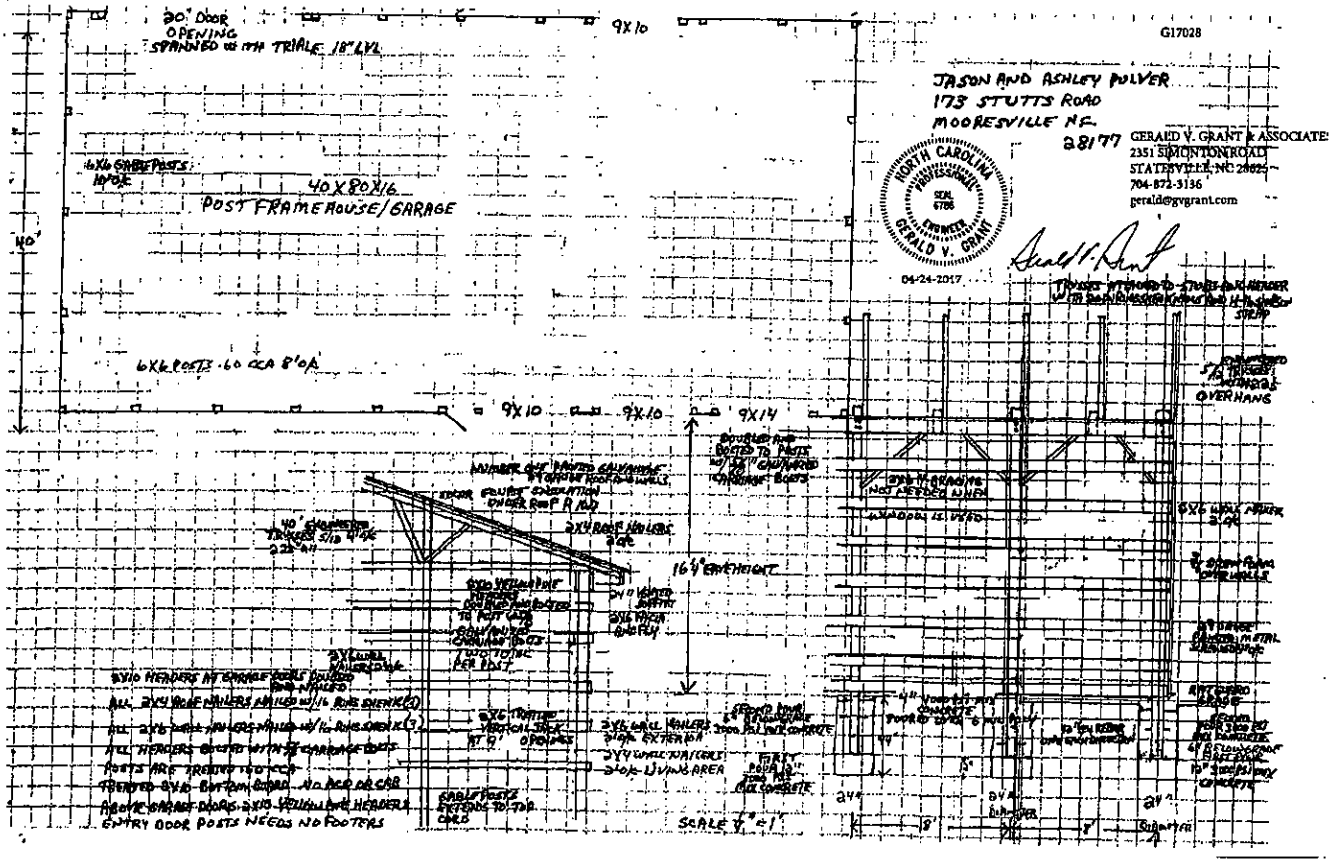
Acknowledgement Of
Plans Submittal ONLY!

Benjamin K. Bellis Date 5/17/2017.

_____ Date _____




OPEN BELOW
34'-0" X 30'-4"
storage
STUDY
22'-6" X 22'-4"
OPEN BELOW
22'-2" X 30'-10"
BATH
6'-5" X 4'-7"
CLOSET
6'-3" X 6'-0"
BEDROOM
12'-6" X 11'-5"
LIVING AREA
442 SQ FT


30' DOOR OPENING SPANNED W/ 7FT TRIALE 18" LVL
9X10
9X14
40X80X16
POST FRAME HOUSE/GARAGE
6X6 CABLE POSTS 10'OA
6X6 POSTS @ 6'0 OCA 8'0A
40'
16'4" RIDGE HEIGHT
SCALE 1/4"=1'
G17028
JASON AND ASHLEY PULVER
173 STUTTS ROAD
MOORESVILLE NC.
28177
NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 6706 GERALD V. GRANT
04-24-2017
GERALD V. GRANT & ASSOCIATES
2351 SIMONTON ROAD
STATESVILLE, NC 28625
704-872-3136
gerald@gvgrant.com
OVERHANG
9X6 GABLE END WALL
24'
8'
12'

IREDELL COUNTY

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

APPLICATION NUMBER
226655
Issue Date: 04/27/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4636454801.000	173 STUTTS ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: NEEL HENRY RAY+FAYE	Applicant: MID STATE METALS
Address: 197 IREDELL CO, NC 28625	Address: 2415 RARY ROAD CLEVELAND, NC 27013
Phone:	Phone: 704-278-3050

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.100	35.00	35.00	15.00	15.00	CA	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	100916	TOTAL FEES:	$ 77.25

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

