HD (3.w)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242006

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

PIN # 4636529504 ✓

APPLICANT/OWNER: Douglas Buss | APPLICANT ADDRESS: 663 Houston Rd Troutman, NC

SITE ADDRESS: 353 Stutts Rd Mooresville, NC 28117 ✓ | PHONE: 704-400-6162 | ALT. PHONE 980-225-4990

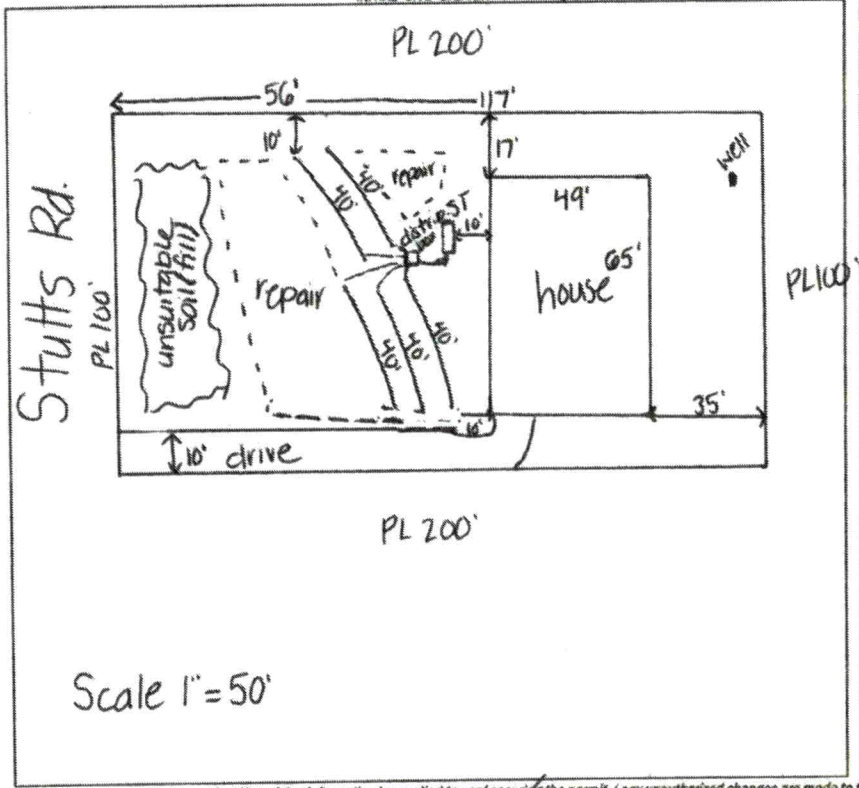
SITE DIRECTIONS: Brawley School Rd → L on Stutts Rd → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Norman Woods ✓ | SECTION: _ LOT # 5 ✓ | LOT AREA: .46ac ✓ | DESIGN FLOW: 360gpd | L.T.A.R.: .3/.3 repair

Septic Tank 1000 (gal)	STB 794.	Date 3-10-2020	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank _ (gal)	PT	Date	System Description: gravity PPBPS		☐ Business	No. Persons 6	☑ Private
Pump Make	Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5@40'	Linear Ft 200'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth(Low side) 33"/36" highside	Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Equal feed lines with distribution box. Speed levels to be used.
* Drive cannot exceed 10' from property line.

INITIAL SITE SKETCH



Scale 1" = 50'

AS BUILT SKETCH

Installed as permitted

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: 3-22-19

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-20-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-8-19

Installed by: Adan Garcia 3774

OPERATION PERMIT by: [signature] Date: 4/22/2020

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 inspector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4636529504
COUNTY: Iredell

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

OWNER: Douglas Buss
ADDRESS: 353 Stutts Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: Brawley School Rd → L on Stutts Rd → lot on L

APPLICATION DATE: 1-24-19
DATE EVALUATED: 2-15-19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .46ac
PROPERTY RECORDED: yes

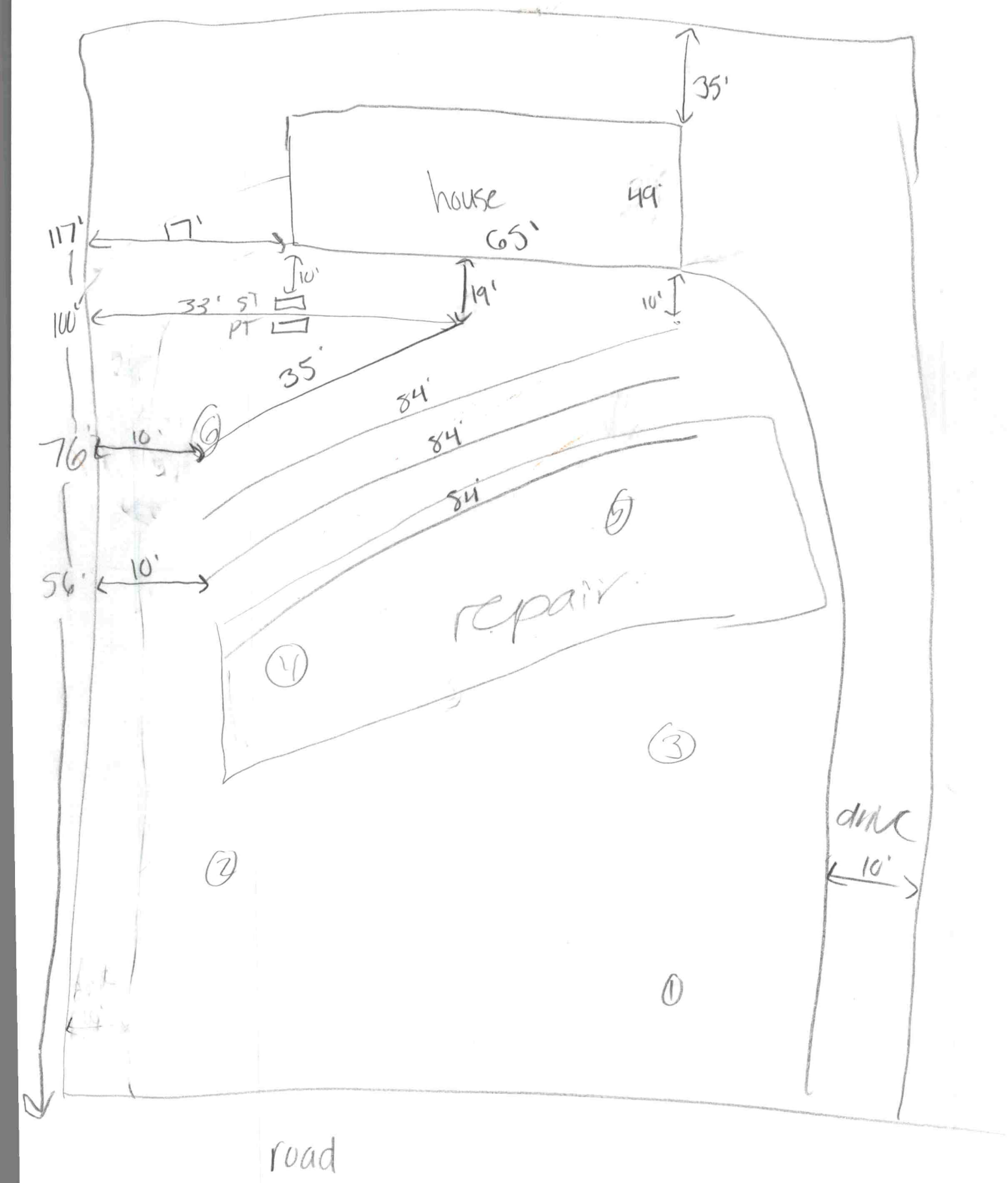
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS	0-18	fill	—	18-53" com YB mottles	18-53	—		U
		18-53	SBK C	Fr,S,P,SE					
		53-58	WSBK CL	Fr,SS,SP,SE					
2	FS	0-27	fill	—	27-61 com YB	27-61	—		U
		27-61	SBK C	Fr,S,P,SE					
3	7% repair LS	0-9	WSBK SCL	Fr,SS,SP,SE	—	47	30-47 com- many SAP inc.		PS .3
		9-30	SBK C	Fr,SS,SP,SE					
		30-47	WSBK CL	Fr,SS,SP,SE					
		47-49	LSAP	Fr,NS,NP					
4	8% repair LS	0-5	WSBK SCL	Fr,SS,SP,SE	—	47	26-47" com- many SAP inc		PS .3
		5-26	SBK C	Fr,SS,SP,SE					
		26-47	WSBK CL	Fr,SS,SP,SE					
		47-54	LSAP	Fr,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: _____


35'
house
49'
65'
117'
17'
10'
19'
10'
100'
33' 5"
PT
35'
84'
84'
84'
76'
10'
56'
10'
repair
1
2
3
4
5
6
drive
10'
road

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

PROPERTY ID #: 4636529504
DATE OF EVALUATION: 2-15-19
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5 init	8% LS	0-4	WSBK SCL	FR, SS, SP, SE	18-20" few YB mottles on 1 sidewall	50	29-50 many SAP inc	com-	PS .3
		4-29	SBK C	FR, SS, SP, SE					
		29-50	WSBK CL	FR, SS, SP, SE					
6 init	9% LS	0-5	compacted	—	—	52	22-52 many SAP inc.	com-	PS .3
		5-22	SBK C	FR, SS, SP, SE					
		22-52	WSBK CL	FR, SS, SP, SE					
		52-58	L SAP	FR, NS, NP					

COMMENTS: * Max trench depth for repair is 35" to avoid SAP controlled system *

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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) BE Agent: Will Arndt 704-450-4940

Applicant Name: Douglas A Buss **Address:** 663 Houston Rd **Zip:** 28166

Applicant Email: Bestcontainer **Phone:** 704-400-6162 **Alt. Phone:** _____

Owner Name: Douglas A Buss **Address:** _____ **Zip:** _____

Owner Email: Bestcontainer **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 353 Stutts Rd, 28117

Subdivision Name: Norman Woods **Section/Phase:** _____ **Lot Number:** 6

Driving Directions: Stutts Rd 9/10's mile on left next to 349 Stutts Rd.

****

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

(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: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) 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:** _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

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: _____ 1-24-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC 4/8/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Wei Xin Address: 128 Ensign place Mooresville Zip: 28117
Applicant Email: whitmanxin@gmail.com Phone: 9805241393 Alt. Phone: _____
Owner Name: Qiang Li Address: 353 Stutts Rd, Mooresville Zip: 28117
Owner Email: liqiangjoy@gmail.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 353 Stutts Rd, Mooresville NC 28117
Subdivision Name: Norman woods Section/Phase: _____ Lot Number: #5
Driving Directions: From Brawley school Rd, make left onto Stutts Rd driving half mile on the left

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

WX

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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
(X) 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 (X) 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 (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: _____ 04/08/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

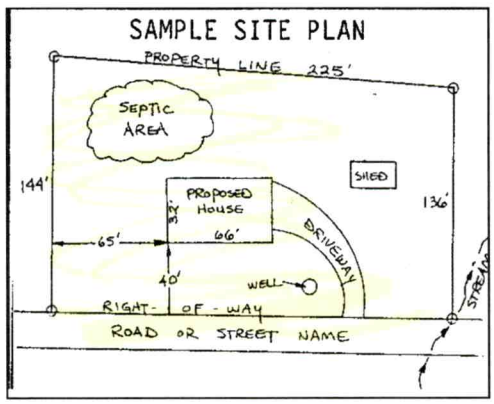
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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



Signature: _____ 04/06/19

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at Lot 3, Norman Woods, identified as

PIN (Parcel Identification Number) 4636 52 9504.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Timothy Wendt Coldwell Banker, 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.

_____ 1-24-19

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.

2. I, Qiang Li, am the legal owner(s) of the property located at 353 Stutts Rd, Mooresville NC 28117 identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Wei Xin,

_____, 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.

Qiang Li
Signature of Owner(s)

04/05/2019
Date

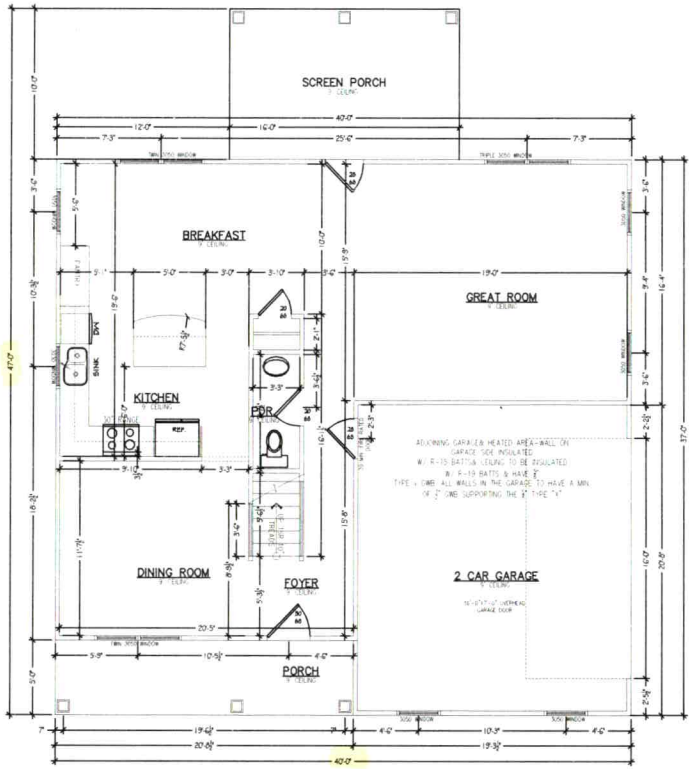
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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!

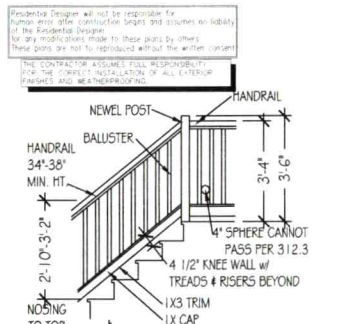
04/06/19 Date

Date 4-8-19

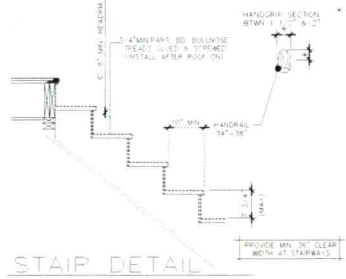


FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"



ELEVATION VIEW



STAIR DETAIL

SQUARE FOOTAGE BLOCK	
FIRST FLOOR	982 SQ. FT.
SECOND FLOOR	1,376 SQ. FT.
TOTAL HEATED	2,358 SQ. FT.
FRONT PORCH	104 SQ. FT.
GARAGE	394 SQ. FT.
SCREEN PORCH	160 SQ. FT.
TOTAL UNDER ROOF	3,016 SQ. FT.

MEMBER AIBD

DESIGNTIME RESIDENTIAL
CHARLOTTE, NORTH CAROLINA 704-877-3541
www.dthomeplans.com

WEI XIN RESIDENCE
132 ENSIGN PLACE
CHARLOTTE NC

COMM. NO.
JOB NO. 2019-15
DRAWN BY: MWH
CHECKED BY: CAD
REVISIONS:
DATE: 2.5.19

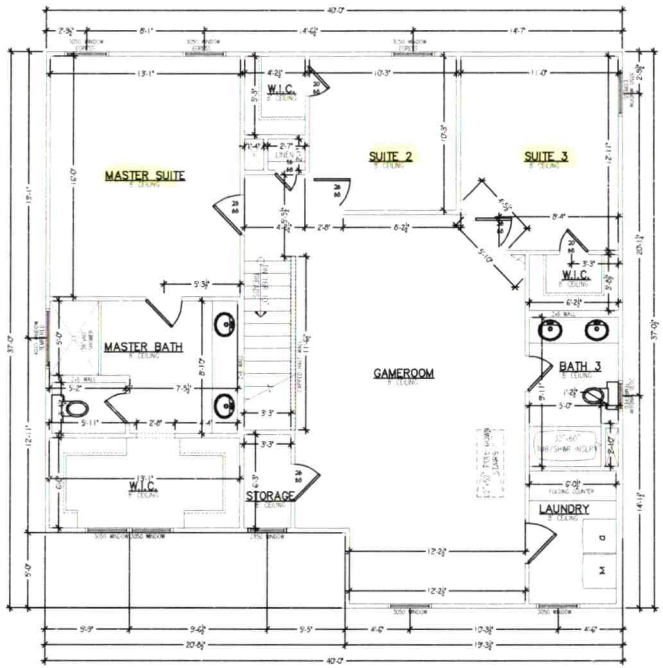
SHEET NO.
2.0

Copyright Designtime Residential, LLC 2019

Acknowledgement Of
Plans Submittal ONLY!

Date 04/08/19

Date 4-8-19



SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

MEMBER AIBD

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-3864
www.dthomeplans.com

WEI XIN RESIDENCE
132 ENSIGN PLACE
CHARLOTTE NC

COMM. NO.
JOB NO. 2019-15
DRAWN BY: MWH
CHECKED BY: CAD

REVISIONS:

DATE 2.5.19

SHEET NO.
3.0

Copyright Designtime Residential, LLC 2019

IREDELL COUNTY

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

APPLICATION NUMBER
242006
Issue Date: 02/05/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636529504.000	353 STUTTS ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: BUSS DOUGLAS A+MARY K	Applicant: BUSS DOUGLAS A+MARY K
Address: 663 HOUSTON RD	Address: 663 HOUSTON RD
TROUTMAN, NC 28166	MOORESVILLE, NC 28166
Phone:	Phone:

Use Requested	Zone Code
PERK TEST SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460					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	166712	TOTAL FEES:	$ 77.25