IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 222913

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M-AtD.

PIN # 4636600944

APPLICANT/OWNER: Bert Group LLC | APPLICANT ADDRESS: 631 Brawley School Rd Suite 200B

SITE ADDRESS: 100 Peninsula Dr. Mooresville, NC | PHONE: 704-578-4951 (Kathleen) | ALT PHONE: ——

SITE DIRECTIONS: Brawley School Rd → L on Stutts → L on Peninsula → 1st lot on R

SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Kim Duggins | SECTION: — | LOT # TR2 | LOT AREA: .875 ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3 (.3 repair)

Septic Tank 1000 (gal) STB 760 Date 2-27-18

Pump Tank 1000 (gal) PT 363 Date 4-29-18

Pump Make Gould Model WE0312M3 Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 300'

Trench Width 36" Trench Bottom Depth(Low side) 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PM 25% reduction

Repair System Description: PM 25% reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install PM 25% reduction with drain lines on contour. Keep all parts of septic system a minimum of 100' from any well.

PM - 1 Pt to PL, Supply line 6 ft to PL at closest pt. Set 2 ft pressure head. 3/29/19

INITIAL SITE SKETCH

See attached site plan by The Oaks Group

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6-19-18	KW
Tanks Checked	6-19-18	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set	3/29/A	MD
Electrical Checked	3-27-19	JS
Floats Set	3-27-19	JS
Alarm Checked	3-27-19	JS
Maintenance Contract Y / N	N/A	
Comments: 6-20: supply line checked NOT approved until front property line is re-surveyed. supply line appears to be less than 5' or off property. KW supply line may have to be relocated		

3-27-19 Supply line was 3' from prop line and must be moved. Pressure manifold is 7' from prop line and must be moved. JS

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: Kathleen Sanders Date: 8-9-17

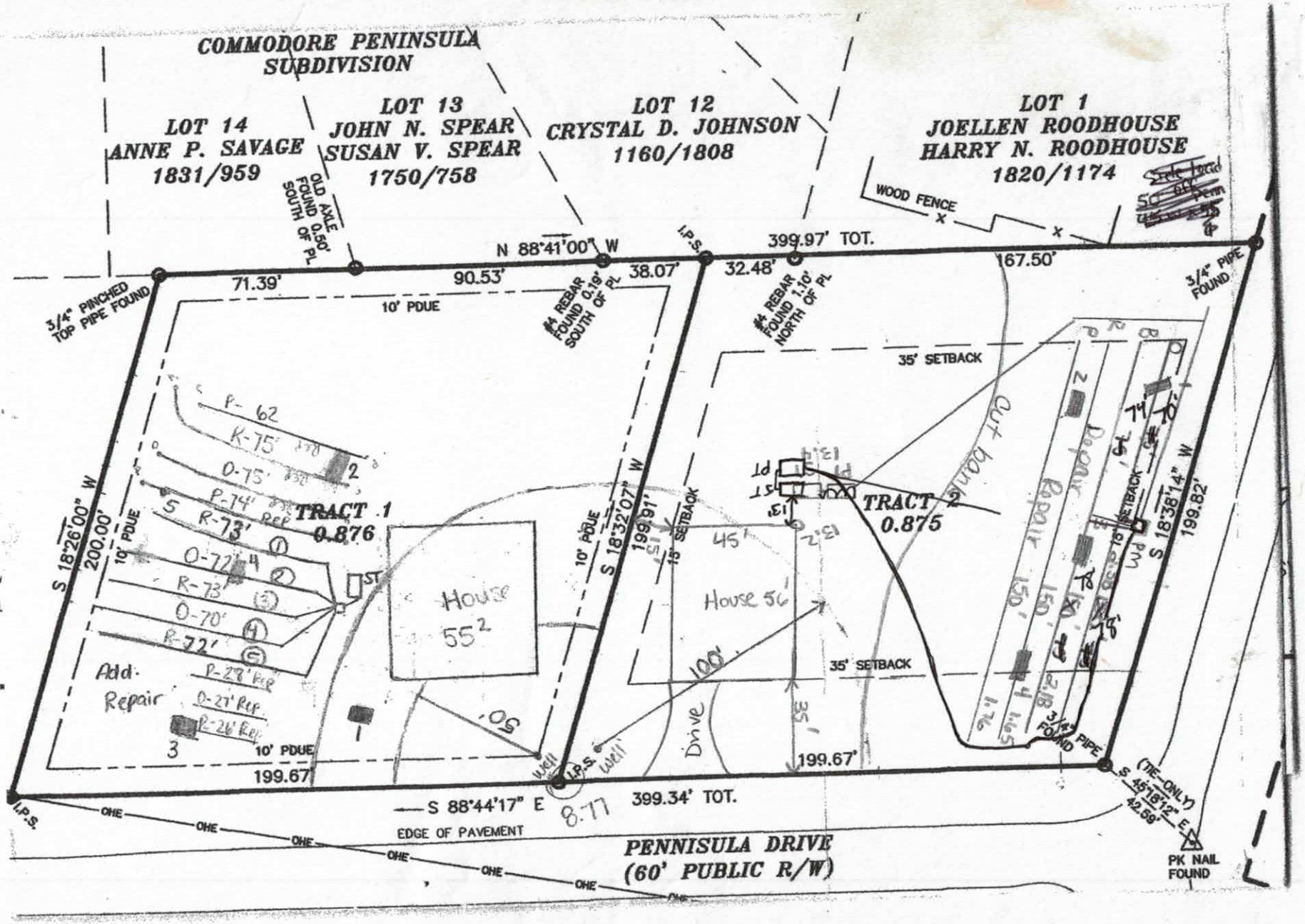
IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-4-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-4-17

Installed by: Gunter Grading / Steve Jordon (Supply line moved 3/29/19)

OPERATION PERMIT by: Marisa Rolon Date: 3/29/19

Existing System Inspected by: Date:



APPROVED AUG X 4 20[illegible]
KW

,05=1'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 100 Penninsula Dr

Date: August 1, 2017

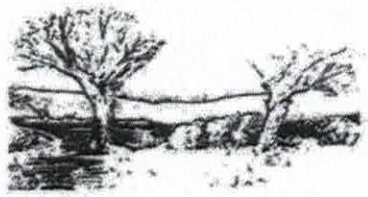
Attached is the septic specification information required to permit the 100 Penninsula Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 134 Windstone Dr., Windstone Crossing Lot 45
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24" Low Side

Line	Design Length	Actual Length
Blue 1	**80'**	**82'**
White 2	**80'**	**82'**
Yellow 3	**80'**	**81'**
Orange 4	**80'**	**84'**
Blue 5	**80'**	**80'**
White 6		80'
Orange 7		82'
Blue 8		83'
White 9		62'
Orange 10		63'

Initial System: 400' **Repair System:** 370'

Comments:

100 Penninsula Drive Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	2 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	225' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 17'
Pressure head	2.0'
Friction head	2.3'
20% Contingency	4.3'
Total Head	25.6'
Pump Requirements	22 gpm @ 25.6' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.2
Repair System	**25% Reduction**
Total Linear Feet	300
Repair Loading Rate	0.3

APPROVED AUG X 4 2017
KW

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Orange	25% Reduction	75 endfed	2.38
2	System	Orange	25% Reduction	75 endfed	2.38
3	System	Blue	25% Reduction	75 endfed	2.18
4	System	Blue	25% Reduction	75 endfed	2.18
5	Repair	Red	25% Reduction	150	1.65
6	Repair	Pink	25% Reduction	150	1.76
				Total System: 300'	
				Total Repair: 300'	

Tank	Red	1000 gal (2 compartment)	13.40
Pump Tank	Red	1000	
House	blue		13.20

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding

APPROVED AUG X 4 2017
KW

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

APPROVED AUG X 4 2017
KW

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: DG Custom Homes
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 7/27/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.875
LOCATION OF SITE: Corner of Stutts
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L <2%	0-14	mo sbkc	FR ss/sp	R	55"+	N/A	N/A	0.3
		14-24	mo sbkc	↓	R, F Sap				
		24-55	wk sbkcl		R, C Sap				
2	L <2%	0-17	mo sbkc	FR ss/sp	R	44"	PS	N/A	0.3
		17-44	wk sbkcl	↓	R, C Sap				
		44-60	ma l sap		R				
3	L <2%	0-26	mo sbkc	FR ss/sp	R	40"	PS	N/A	0.3
		26-40	wk sbkcl	↓	R, C Sap				
		40-52	ma c sap		R, V, I				
4	L <2%	0-16	mo sbkc	FR ss/sp	R	55+	N/A	N/A	0.3
		16-55	wk sbkcl	↓	R, C/M Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

Updated February 2014

Stats
x1 3' 4

PROPERTY ID #: 4751264456_
COUNTY: _Iredell_

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

OWNER: Pilch Acres Holding LLC_____ APPLICATION DATE_____
ADDRESS: _15 Frowein Rd, Bldg G2, Center Moriche, NY 11934_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: __0.80 AC_____
LOCATION OF SITE: 134 Windstone Dr, Windstone Crossing Lot 45_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private Ξ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-28	R C SBK	FR SS SP SEXP	N/A	40"	N/A	N/A	PS 0.3
		28-40	R CL WSBK	FR SS SP SEXP					
		40-48	VER SL SAP M	FR SS SP SEXP					
2	LS 6%	0-6	BrR CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		6-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
3	LS 6% Approved 1/13/17 ICHD B. Bottoms	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
4	LS 6% Approved 1/13/17 ICHD B. Bottoms	0-2	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		2-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	1110 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: _4751264456____
DATE OF EVALUATION: _____
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
5	LS 6%	0-25	R C SBK	FR SS SP SEXP	N/A	45"	F-C SAP	N/A	PS 0.3+
		25-45	R CL WSBK	FR SS SP SEXP					
		45-48	SL SAP M	VFR SS SP SEXP					

RECEIVED AUG 3 - 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $850.00 + $550.00 for well
222913

Application For:
- (X) *Septic Improvement Permit*
- (X) *New Well Permit*
- (X) *Authorization to Construct*
- ( ) Well Repair Permit
- ( ) *Existing System Inspection*
- ( ) Well Abandonment
- ( ) *Septic System Repai*

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
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Bert Group LLC **Address:** 1631 Brawley School Rd Suite 200 B Mooresville 28117 **Phone:**

Owner Name: same **Address:** **Phone:**

4636-60-0944

Property Information:

Street Address: 100 Peninsula Dr Mooresville

Subdivision Name: Kim N Duggins **Section/Phase:** ~~TR2~~ **Lot Number:** TR2

Driving Directions: BSR, Stutts, corner of Stutts and Peninsula

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
- ( ) Swimming Pool
- ( ) Other Addition/Structure:

- (X) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- ( ) Basement with Plumbing
- ( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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 ( ) 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: Emma Holt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/1/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Bert Group LLC, am the legal owner of the property located at 100 Peninsula Dr Mooresville, identified as PIN(Parcel Identification Number) 4636-60-0944, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

[signature] 10-27-16

Signature of Owner Date

_____ _____

Signature of Witness Date

Acknowledgement of Plans Submittal ONLY!

Corner lot

Date 8/3/17

Date 8-4-17

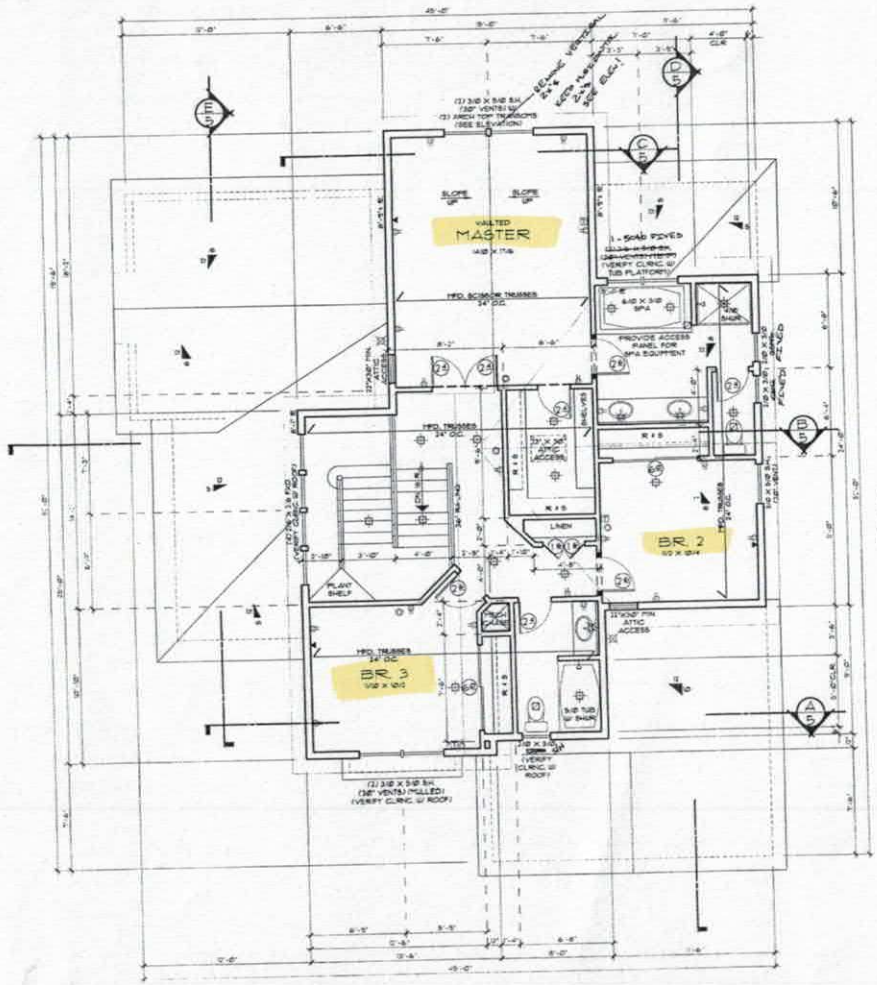


CABINET ELEVATIONS

SCALE 1/4" = 1'-0"

LEGEND

- RECESSED INCANDESCENT
- RECESSED DIRECTIONAL INCANDESCENT FIXTURE
- WALL MOUNTED INCANDESCENT
- SURFACE MOUNTED INCANDESCENT
- SURFACE MOUNTED FLUORESCENT
- RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
- "CEILING FAN" TYPE CEILING FAN
- DUPLEX OUTLET
- CEILING MOUNTED DUPLEX OUTLET
- 220V OUTLET
- FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
- TELEPHONE OUTLET
- DATA OUTLET
- TELEVISION OUTLET
- SPEAKER LOCATION
- 110 VOLT SMOKE DETECTOR (SEE 'GENERAL NOTES' FOR OTHER SPECS)
- POINT LOAD FROM ABOVE
- BEARING POINT LOCATION (PROVIDE SOLID BEARING - MIN. OF MEMBER WIDTH UNO.)
- 4 X 4 POST FROM ROOF HIP, VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (TYP. OF 45° FROM VERT.)
- BEARING WALL SUPPORTING STRUCTURE ABOVE
- 4 X 10 HDR. + CRIL OPENINGS OR FLUSH FLOOR FRAMING MEMBERS W/ BUILT-UP COL. OF 3 X MEMBER WIDTH
- DROPPED STRUCT. MEMBER BEARING ↑ WALL
- POINT LOAD FROM ABOVE



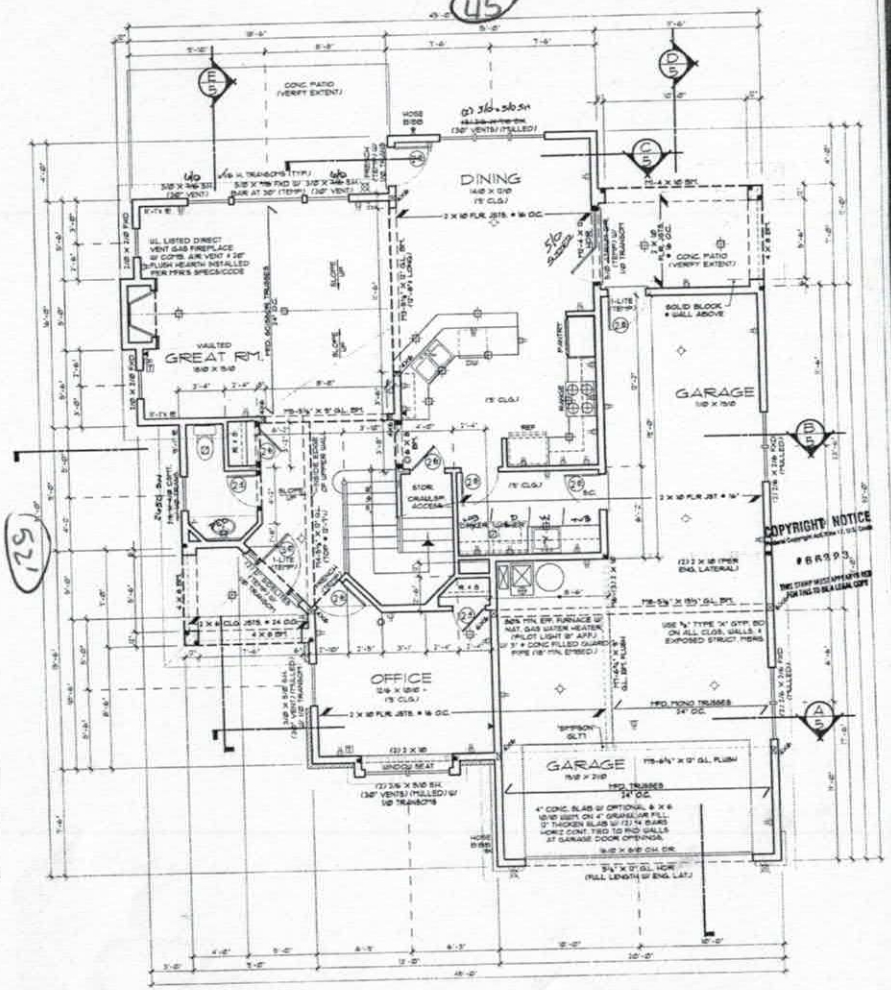
UPPER FLOOR PLAN

IF LATERAL ENGINEERING IS APPLICABLE REFER TO L SHEET FOR PANEL & HOLDOWN INFORMATION PRIOR TO CONSTRUCTION

SCALE 1/4" = 1'-0"

45

125



MAIN FLOOR PLAN

IF LATERAL ENGINEERING IS APPLICABLE REFER TO L SHEET FOR PANEL & HOLDOWN INFORMATION PRIOR TO CONSTRUCTION

SCALE 1/4" = 1'-0"

COPYRIGHT © 2003 ALAN MASCORD DESIGN ASSOCIATES INC

Mascord COLLECTION

UPPER FLOOR	876 SQ. FT.
MAIN FLOOR	1604 SQ. FT.
TOTAL AREA	2478 SQ. FT.
GARAGE AREA	647 SQ. FT.

22138A

3

IREDELL COUNTY

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

APPLICATION NUMBER
222913
Issue Date: 08/01/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636600944.000	100 PENINSULA DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: DUGGINS KIM N+SHARON S	Applicant: KATHLEEN SAUNDERS
Address: 1917 IREDELL CO, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	35.00	15.00	25.00	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	110725	TOTAL FEES:	$ 77.25