IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22294

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

PIN # 4636602957

APPLICANT: BERT GROUP LLC APPLICANT ADDRESS: 631 BRAWLEY SCHOOL RD SUITE 200B

SITE ADDRESS: 110 PENINSULA DR MOORESVILLE 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: BSR - TL STUTTS - TL PENINSULA DR - ON RT

SUBDIVISION: KEM DUGGINS (Sheet) SECTION: - LOT # TR 1 LOT AREA: .876 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 3-2-18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 367

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: LOW SIDE

ST - 10ft 6" From house

INITIAL SITE SKETCH

See The Oaks Group's Design

AS BUILT SKETCH

Installed Infiltrator Quick 4 Set Dist. box w/Speed levelers

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 Saunders Date: 11/16/16

IMPROVEMENT PERMIT by: Date: 11/14/16

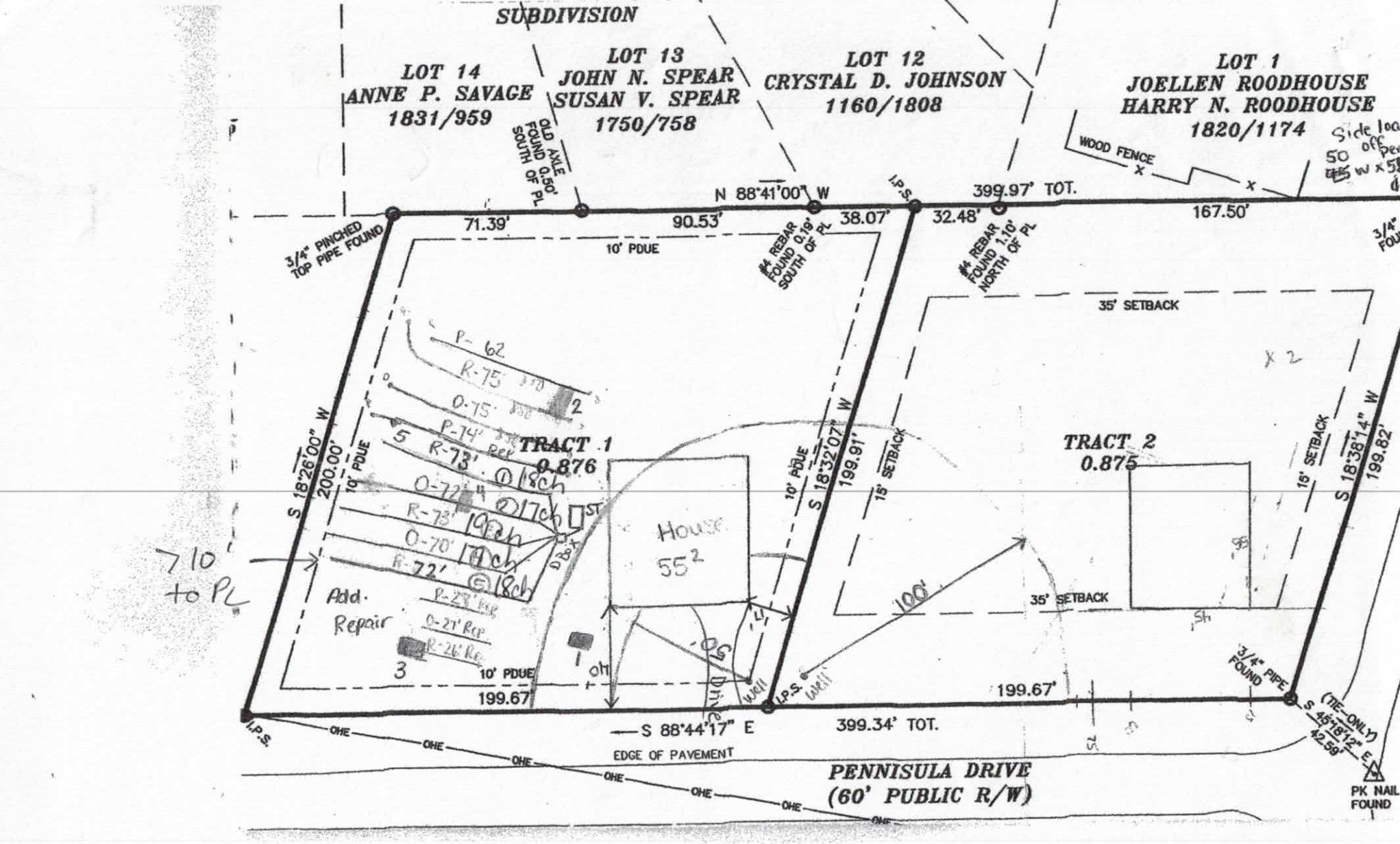
AUTHORIZATION TO CONSTRUCT by: Date: 11/14/16

Installed by: Gurter Grading

OPERATION PERMIT by: Maria Dolores Date: 5/7/18

Existing System Inspected by: Date:

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


SUBDIVISION
LOT 14
ANNE P. SAVAGE
1831/959
LOT 13
JOHN N. SPEAR
SUSAN V. SPEAR
1750/758
LOT 12
CRYSTAL D. JOHNSON
1160/1808
LOT 1
JOELLEN ROODHOUSE
HARRY N. ROODHOUSE
1820/1174
OLD AXLE FOUND 0.50' SOUTH OF PL
WOOD FENCE
N 88°41'00" W
399.97' TOT.
71.39'
90.53'
38.07'
32.48'
167.50'
3/4" PINCHED TOP PIPE FOUND
#4 REBAR FOUND 0.19' SOUTH OF PL
#4 REBAR FOUND 1.10' NORTH OF PL
10' PDUE
35' SETBACK
TRACT 1
0.876
TRACT 2
0.875
S 18°26'00" W
200.00'
S 18°32'07" W
199.91'
S 18°38'14" W
199.82'
15' SETBACK
House
55²
100'
35' SETBACK
3/4" PIPE FOUND
199.67'
S 88°44'17" E
399.34' TOT.
EDGE OF PAVEMENT
PENNISULA DRIVE
(60' PUBLIC R/W)
(TIE-ONLY)
S 45°18'12" E
42.59'
PK NAIL FOUND
P- 62
R-75
0-75
P-74'
R-73'
0-72'
R-73'
0-70'
R-72'
Add. Repair
0-27' Rep
R-26' Re
DBox
Well
1 = 50'
N

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 110 Peninsula Drive

Date: November 2, 2016

Attached is the septic specification information required to permit 110 Peninsula Drive 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

110 Peninsula Drive Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	360
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Distribution Box or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24 inches
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	367
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	25% Reduction	26
2	Repair	Orange	25% Reduction	27
3	Repair	Pink	25% Reduction	28
4	**System**	**Red**	**25% Reduction**	**72 endfed**
5	**System**	**Orange**	**25% Reduction**	**70 endfed**
6	**System**	**Red**	**25% Reduction**	**73 endfed**
7	**System**	**Orange**	**25% Reduction**	**72 endfed**
8	**System**	**Red**	**25% Reduction**	**73 endfed**
9	Repair	Pink	25% Reduction	74
10	Repair	Orange	25% Reduction	75
11	Repair	Red	25% Reduction	75
12	Repair	Pink	25% Reduction	62
				Total System: 360'
				Total Repair: 367'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Divert surface water from ponding on septic area

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

Sheet 1 of 1
PROPERTY ID #: 4036 60 2957
COUNTY: Iredell

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

OWNER: Bert Group LLC
ADDRESS: 6831 Brawley School Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Duggins TR 1
APPLICATION DATE: 11/1/16
DATE EVALUATED: 10/20/16
PROPERTY SIZE: 0.876
PROPERTY RECORDED: post 81
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%	0-28	WK SBK CL	FR SS/SP	R yel; C sap	40"	PS	N/A	0.4
		28-40	WK SBK CL	↓	yel R; C/M sap				
		40-50	MA L SAP	↓	yel R				
2	L <2%	0-30	WK ABK C	FR SS/SP	R; Fic yel Br	52"+	N/A	N/A	0.25
		30-52	WK SBK C	↓	R; C Mn Ca				
3	L <2%	0-20	Mo SBK CL	FR SS/SP	R; F sap	48+	NA	NA	0.4
		20-48	WK SBK CL	FR SS/SP	R; C sap				
4	L <2%	0-21	WK SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		21-48	WK SBK CL	FR SS/SP	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	0.25	0.25

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

COMMENTS:

Updated February 2014

AH #5 0-20 mo SBK C FR SS/SP R Br; C Mn
20-36 mo SBK C ↓ R; F sap 0.25
36-48 WK SBK C ↓ R; C sap

RECEIVED NOV - 2 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00

222914

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 SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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:

Place an (X) beside whichever is submitted if applicable

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

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Bert Group LLC **Address:** 631 Brawley School Rd Suite 200B **Phone:**

Owner Name: same **Address:** Mooresville 28117 P.O. Box 219 **Phone:**

Property Information:

Street Address: 110 Peninsula Dr mooresville 28117

Subdivision Name: Kim N Duggins **Section/Phase:** **Lot Number:** TR1

Driving Directions: BSR, Stutts', Right on Peninsula Dr lot on Right

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 max

- ( ) Swimming Pool
- ( ) Other Addition/Structure:

- (X) Crawl Space Foundation
- (X) 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 Helt

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

10/31/16

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, Dave Gaus, am the legal owner of the property located at 110 Peninsula Dr, identified as PIN(Parcel Identification Number) 4636 60 2957, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, 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.

Dave Gaus — 10-27-16

Signature of Owner — Date

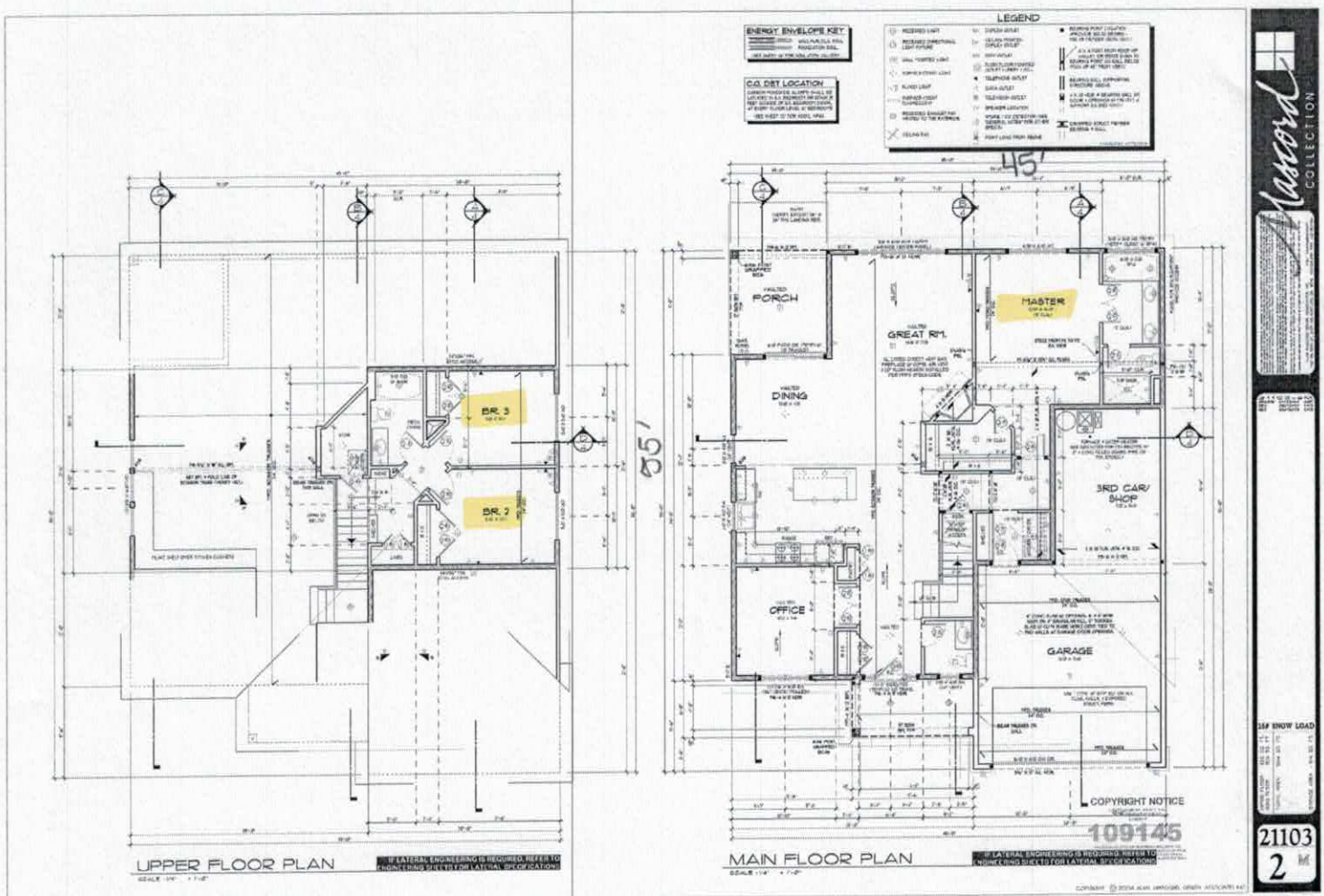
_____ — _____

Signature of Witness — Date

Acknowledgement of
Plans Submittal ONLY!

Date 11/14/16

Date 11/2/16



IREDELL COUNTY

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

APPLICATION NUMBER
222914
Issue Date: 11/02/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636602957.000	110 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	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	84732	TOTAL FEES:	$ 77.25