ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 217041

PIN # 4636162808

APPLICANT/OWNER: David White | APPLICANT ADDRESS: P.O. Box 4301 Mooresville, NC 28117

SITE ADDRESS: 150 Woodstream Circle Mooresville, NC | PHONE: 704 309 4301 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Stotts Rd TL Woodstream on right

SUBDIVISION: Norman Woods | SECTION: | LOT # 53 | LOT AREA: .47 Acre | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	6/20/20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	7/15/20	System Description: Pump - PM - PPBS		☐ Business	No. Persons 8
Pump Make	Zoeller	Model	E188-F	Serial #	Z20100	Repair System Description: Lot recorded 1968		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	267	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth (Low side)	30"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

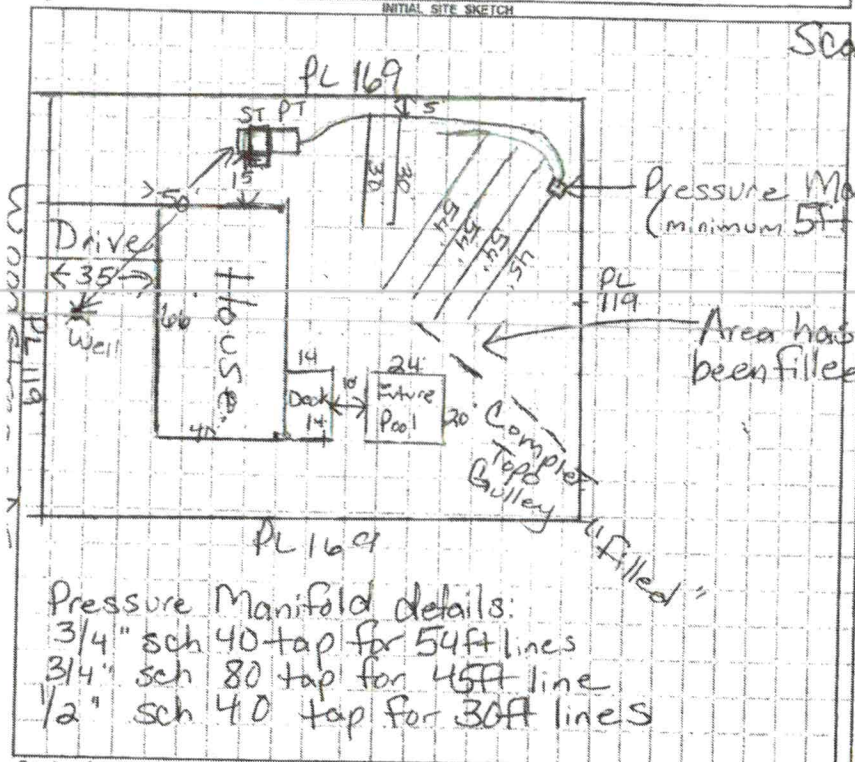
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep Drainfield 25ft (upslope) from basement wall, tanks 15ft Sideslope of basement

★ Must keep any future pool at least 15ft from Septic

8/26/2020

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50 ST - 15ft from house

5½ PT to PL



CHECKED 8-27-2020 BCW

	Date	Initials
Drain Lines Checked Top 3 lines Bottom 3	8/26/20	MD
Tanks Checked	8/26/20	MD
Pressure Manifold or Valve Box Checked	8-27-20	BCW
Pressure Head Set	10/23/2020	PJB
Electrical Checked	10/20/2020	PJB
Floats Set	10/20/2020	PJB
Alarm Checked	10/20/2020	PJB
Maintenance Contract Y / N	10/23/2020	PJB

★ Need to check Connection btw Tanks CHECKED 8-27-2020 BCW

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: Acceptance of Certificate | Date: 8/5/2020 | Installed by: Galle

IMPROVEMENT PERMIT by: Maria Dotson | Date: 8/5/2020 | OPERATION PERMIT by: Patrick J Bagletti | Date: 10/23/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 8/5/2020 | 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

PSB

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

PERMIT # 217041

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

PIN # 4636662680 8

APPLICANT/OWNER: David White
APPLICANT ADDRESS: P.O. Box 4301 Mooresville, NC 28117
SITE ADDRESS: 150 Woodstream Circle Mooresville, NC PHONE: 704 309 4301 ALT. PHONE
SITE DIRECTIONS: Brawley School Rd TL Stotts Rd TL Woodstream on right
SUBDIVISION: Norman Woods SECTION: LOT # 53 LOT AREA: .47 Acre
SAP CONTROLLED: ☐ YES ☒ NO
DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 6/20/20
Pump Tank 1000 (gal) PT 363 Date 7/5/20
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 267
Trench Width 24" Trench Bottom Depth (Low side) 30" max Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump - PM - PPBS
Repair System Description: Lot recorded 1968
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

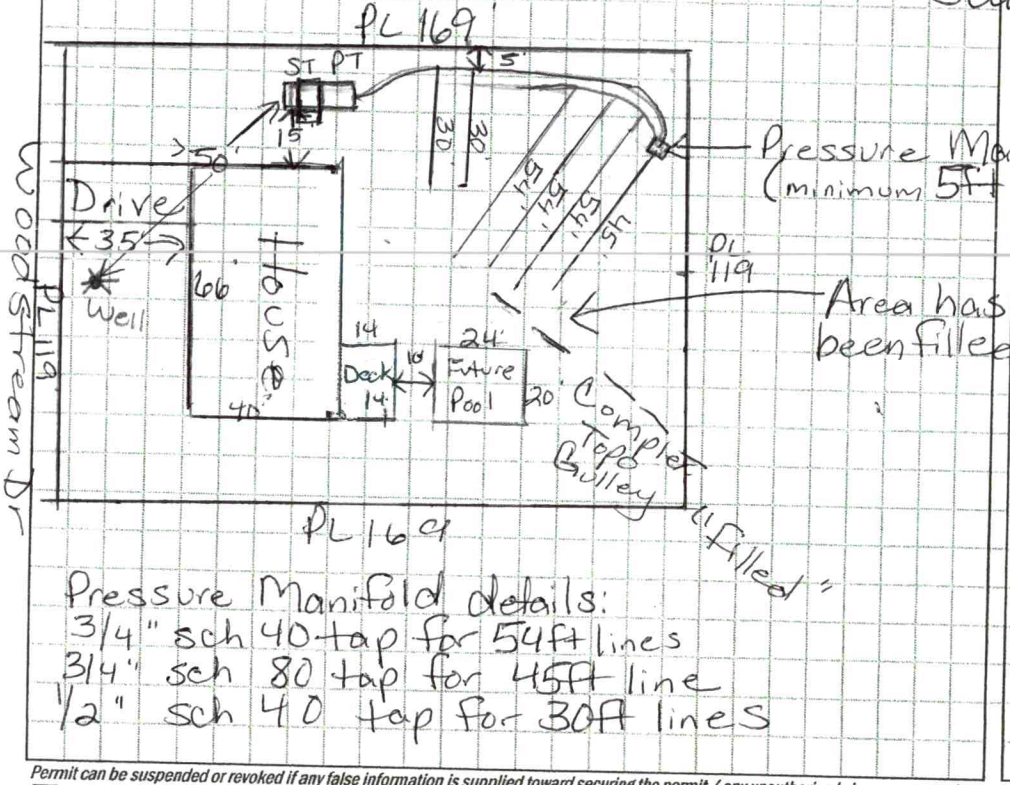
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep Drainfield 25ft (upslope) from basement wall, tanks 15ft Sideslope of basement

★ Must keep any future pool at least 15ft from Septic
8/26/2020

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50 ST - 15ft 5½ PT from house to PL



	Date	Initials
Drain Lines Checked Top 3 lines	8/26/20	MD
Tanks Checked	8/26/20	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

★ Need to check connection btw Tanks

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: Acceptance of Permit Lucid Date: 8.5.2020 Installed by: Gale

IMPROVEMENT PERMIT by: Marian Dotson Date: 8/5/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 8/5/2020 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 inpsector to confirm your inspection time.

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: David White _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/9/10
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Norman Woods #53 _____ 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)		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	
A 1	SS 8%	0-20	RCL, SBK	FR, SS, SP	/	46"	f-C-M SAP INCL 14"-46"	/	.3-.325
		20-46	RCL, WSBK/MASS	FR/FI, SS SP					
		46-49	MASS SAP	VFR, SS, SP					
A 2	LL 5%	0-12	BCL, WSBK	FR, SS, SP	/	48"	f-C-M SAP INCL 20-48"	/	.3
		12-36	RCL, SBK	" " "					
		36-48	RCL, WSBK	" " "					
3									
4									

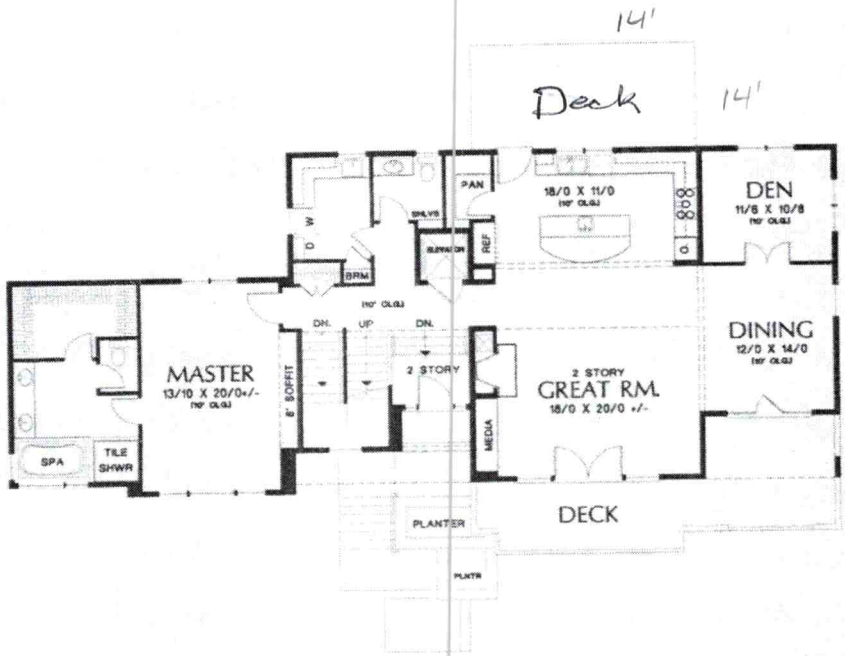
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

Norman Woods #53

Main Floor Plan



Flip Image

This home design is Copyrighted by Alan Mascord Design Associates Inc

Structure:
Walls: 6" Wood Frame
Roof: Truss Roof
Snowload: 25# psf

Foundations Available:
Joisted

Open PDF Flyer

Available Packages:

Bidding Package: $715.00
Basic Package: $850.00
Construction Package: $950.00
PDF Package: $1210.00
CAD Mod Package: $1955.00

More Info / Order

To order by phone call our customer service team:

(800) 411 0231

Email Us

Cost to Build Estimate

Find a Contractor

Find a Realtor

Your Favorite Plans

You haven't saved any favorites

To view a list of your favorite plans. Simply add and remove your favorite plans from each plan page with the buttons here. Note: Cookies must be enabled for this functionality to work.

Add Plan 22197 To Favorites

5/6/16 Builder only wants I.P at this time

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, David White, am the legal owner or the agent of the property located at 150 Woodstream Circle, Mooresville, identified as PIN(Parcel Identification Number) 4636626808, located in Iredell County, North Carolina.
Permit # 217041.

I do hereby agree to the permit design and the conditions of this permit.

[signature] 8/5/20
Signature of Owner/Authorized Agent Date

[signature] 8/5/2020
Signature of Witness Date

updatespecialistsinc@gmail.com
email

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/5/20 (Date)

Owner: David White
Address: 131 Lynn Love Ln
Mooresville NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
150 Woodstream Circle
Mooresville, NC 28117
4636626808

I, David White (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/13/19 (date) for a system 3 Bedroom Pump PM PPBPS (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

RECEIVED JUN 2 6 2020

AP-211041
$320.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: Redraw
( ) 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 You have Site Plan Permit

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: David White Address: P.O Box 4301 Mooresville Zip: 28117
Applicant Email: Dave@WHBINC.net Phone: 704-309-4301 Alt. Phone: _____
Owner Name: WHB, Inc. Address: P.O. Box 4301 Mooresville Zip: 28117
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 150 Woodstream Circle Mooresville NC
Subdivision Name: Norman Woods Section/Phase: _____ Lot Number: 53
Driving Directions: Brawley to Shiffs then Left on Woodstream

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: Go to 4 Bd from 3

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 is in and Inspected ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: _____ 6/26/20
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 _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

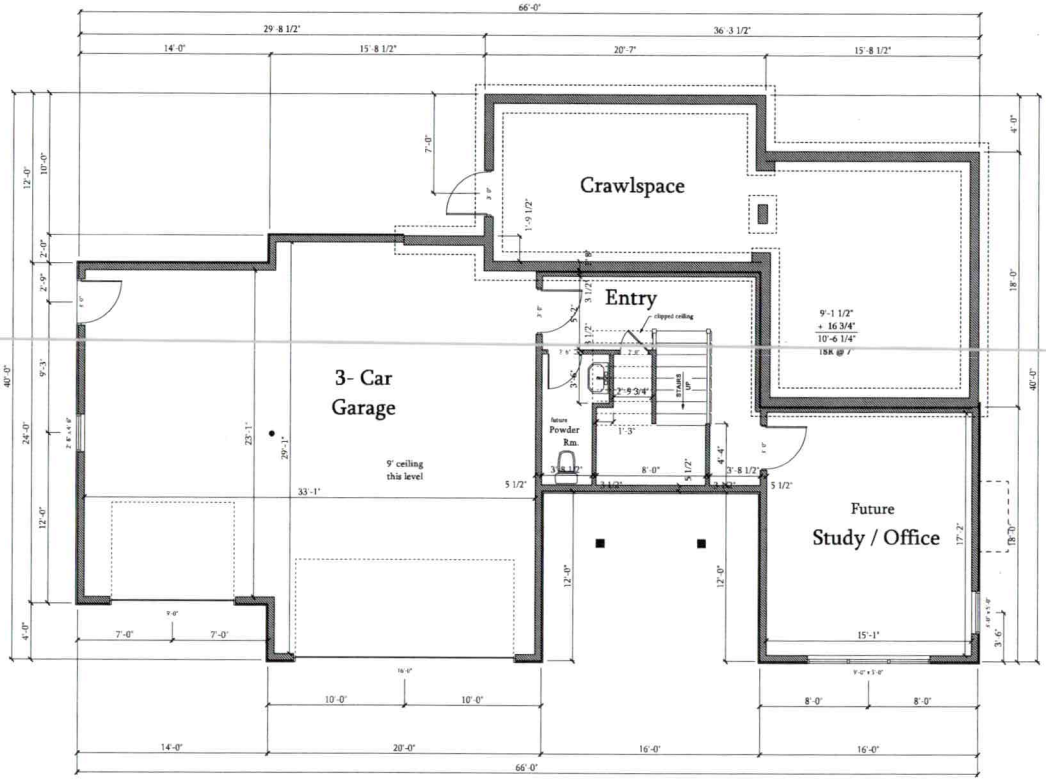
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
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

Acknowledgement Of
Plans Submittal ONLY!
Date 6/17/19
Date 6/13/19



1 / A-1 LOWER LEVEL PLAN
SCALE: 1/4" = 1'-0"

5-7-19

WHITE HOUSE BUILDERS, INC.
P.O. BOX 4301, MOORESVILLE, NC 28117
704-799-9500 (O) 704-309-4301 (M)

WHB
EXCELLENCE IN CONSTRUCTION

LOT 53
WOODSTREAM
CIRCLE

Lower Level Plan
SCALE: 1/4" = 1' - 0"

SHEET No.
A-1

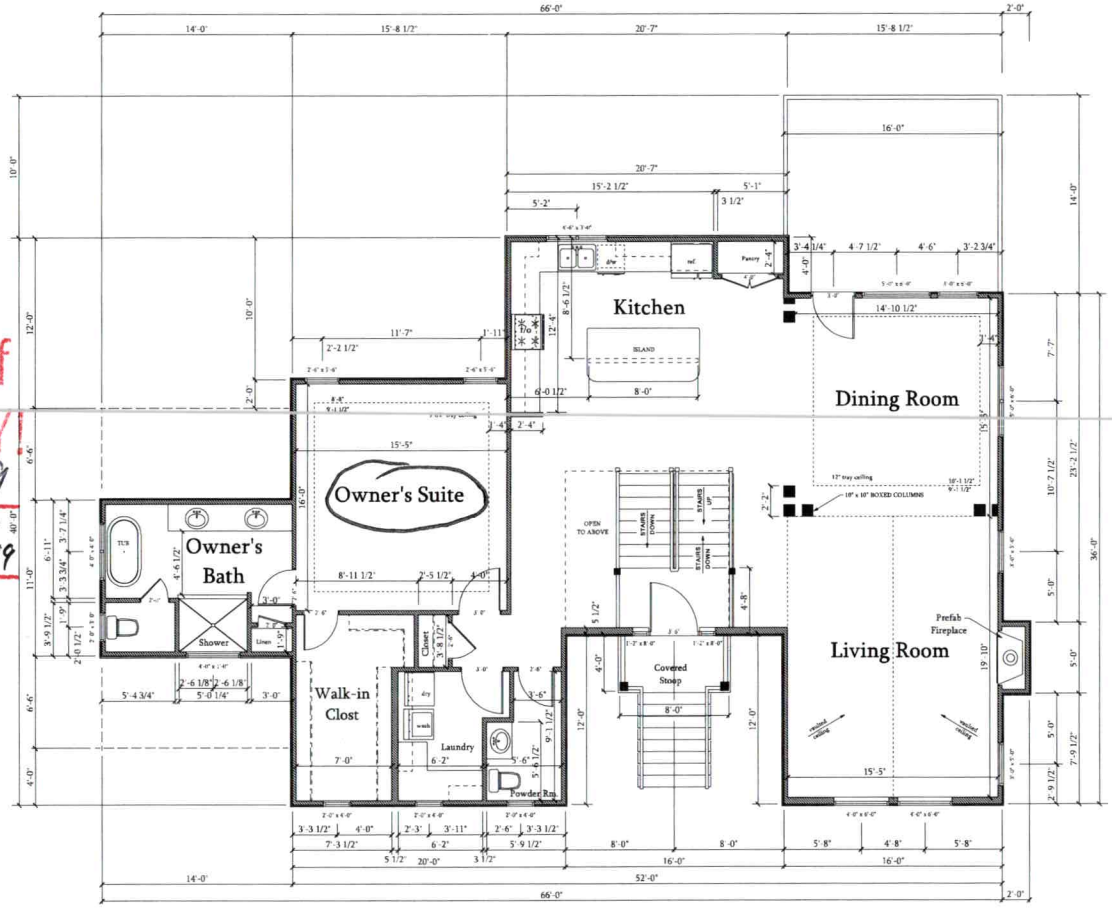
NOTE: WINDOW VENDOR TO VERIFY THAT
ALL WINDOWS MEET THE 2018 NCRC

AREA CALCULATIONS

HEATED	
LOWER LEVEL ENTRY	247 S.F.
MAIN LEVEL	1,833 S.F.
UPPER LEVEL	600 S.F.
BONUS ROOM	207 S.F.
TOTAL HEATED	2,887 S.F.
UNHEATED	
3-CAR GARAGE	925 S.F.
FRONT COVERED ENTRY	32 S.F.
OPTIONAL LOWER OFFICE	287 S.F.
TOTAL UNDER ROOF	4,131 S.F.

NOTE: CONSTRUCTION AREA CALCULATIONS ONLY

Acknowledgement Of
Plans Submittal ONLY!
Date 6/7/19
Date 6/13/19



1 A-2 MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

5-7-19

WHITE HOUSE BUILDERS, INC.
P.O. BOX 4301, MOORESVILLE, NC 28117
704-799-9500 (O) 704-309-4301 (M)

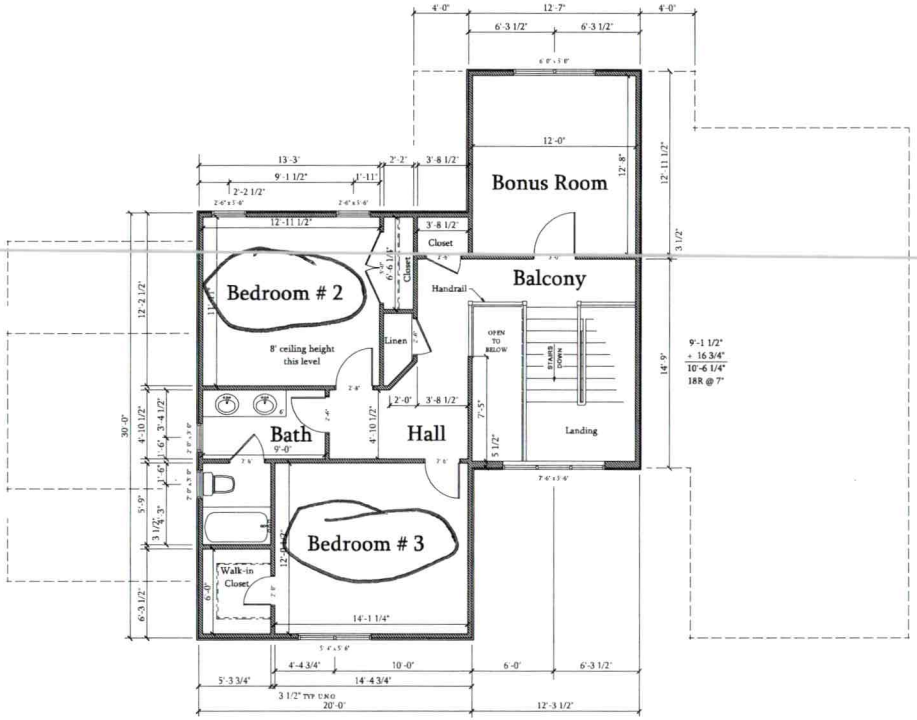
WHB
EXCELLENCE IN CONSTRUCTION

LOT 53
WOODSTREAM
CIRCLE

Main Floor Plan
SCALE: 1/4" = 1' - 0"

SHEET No. A-2

Acknowledgement Of
Plans Submittal ONLY!
Date 6/17/19
Date 6/13/19



1 / A-3 UPPER FLOOR PLAN
SCALE: 1/4" = 1'-0"

WHITE HOUSE BUILDERS, INC.
P.O. BOX 4301, MOORESVILLE, NC 28117
704-799-9500 (O) 704-309-4301 (M)

WHB
EXCELLENCE IN CONSTRUCTION

LOT 53
WOODSTREAM
CIRCLE

Upper Floor Plan
SCALE: 1/4" = 1' - 0"

SHEET No. A-3