ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 302220

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

PIN # 4636 63 7068

APPLICANT/OWNER: Jennifer West | APPLICANT ADDRESS: 155 Woodstream Circle Mooresville NC 28117

SITE ADDRESS: 155 Woodstream Circle Mooresville, NC | PHONE: 704 787-1988 | ALT. PHONE 203 313 5226

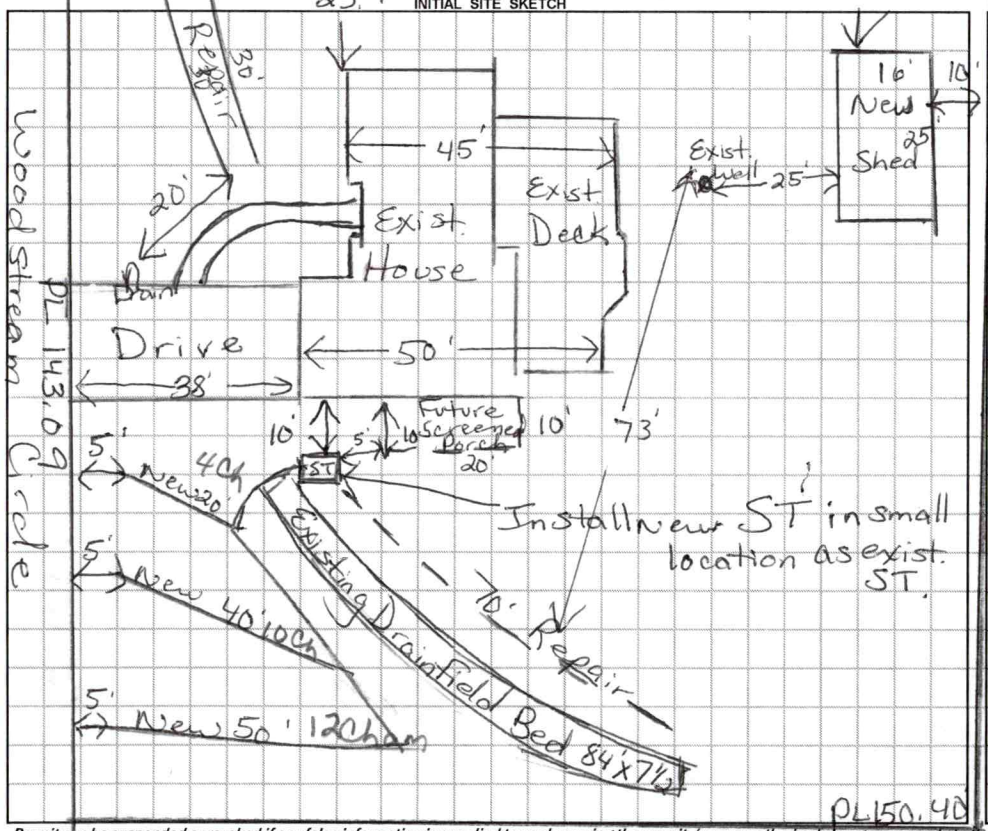
SITE DIRECTIONS: Brawley School Rd TL Stutts Rd TL Woodstream Circle on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Norman Woods | SECTION: — | LOT # 22 | LOT AREA: .40 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	11-2-19	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT —	Date	—	System Description:	Existing Bed + 25% Reduction	☐ Business	No. Persons	8	☒ Private Exist.
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction + TST	☐ Other	No. Employees		☐ Public
# Nitrification Fields		# Lines	3	Linear Ft	min 100'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	max 36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Adding 1 Bedroom. Distribution = Set new Distribution box w/ 3/4 flow going to existing bed & 1/4 flow to new lines. Keep Septic minimum 5ft from PL &

INITIAL SITE SKETCH



AS-BUILT SKETCH

Scale 1:30

50' to well. Stay 6ft from Existing Septic bed with new lines
6ft from ST
12ft from H.C to D-box

PL 143.04

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 Rec'd | Date: 4.7.2020 | Installed by: Galle Excavation #6454.

IMPROVEMENT PERMIT by: Maria Dotson | Date: 4/6/2020 | OPERATION PERMIT by: Maria Dotson | Date: 4/15/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 4/6/2020 | 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.

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, Jennifer West, am the legal owner or the agent of the property located at 155 Woodstream Circle, identified as PIN(Parcel Identification Number) 4636637068, located in Iredell County, North Carolina.
Permit # AP 302220.

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

Jennifer West 4/7/2020
Signature of Owner/Authorized Agent Date

4/7/2020
Signature of Witness Date

West.jay@gmail.com
email

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

Sheet ___ of ___
PROPERTY ID #: 4636376868
COUNTY: Iredell

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

OWNER: Jennifer West
ADDRESS: 155 Woodstream Circle Mooresville NC 28117
PROPOSED FACILITY: House
LOCATION OF SITE: 155 Woodstream Cir / Norman Woods #22
APPLICATION DATE: 8/20/19
DATE EVALUATED: 10/11/19
PROPERTY SIZE: .754c
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 480 gpd
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-20	Fill						PS
		20-24"	Brw SCL w SBK SS, SP, SExP, FR						
		24-54"	RCL m-w SBK SS, SP, SExP, FR						.3
					—	54"	—	—	54"
2	10%	0-15	Brw SCL w SBK SS, SP, SExP, FR						PS
		15-54	RCm-w SBK SS, SP, SExP, FR						
		54-60	RCL w SBK SS, SP, SExP, FR						.3
					—	60"	—	—	60"
3	8%	0-15	Brw SCL w SBK SS, SP, SExP, FR						PS
		15-51"	RCm-w SBK SS, SP, SExP, FR						
					—	51"	—	—	.3
4	10%	0-14	Brw SCL w SBK SS, SP, SExP, FR						PS
		14-30	RCm-w SBK SS, SP, SExP, FR						
		30-60	R to W/R CL w SBK SS, SP, SExP, FR w/ SAP Inclus						.3
					—	60"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beam, Dave White, Jason West

RECEIVED APR 03 2020 AP-302220 $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: ( ) 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: (PRINT CLEARLY)

Applicant Name: Jennifer West **Address:** 155 Woodstream circle **Zip:** 28117
Applicant Email: west.jay@gmail.com **Phone:** 7047871988 **Alt. Phone:** 203 313 5226
Owner Name: Jennifer West **Address:** 155 Woodstream circle **Zip:** 28117
Owner Email: west.jay@gmail.com **Phone:** 7047871988 **Alt. Phone:** _____

Property Information:

Street Address: 155 Woodstream circle
Subdivision Name: Norman Woods **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: Stutts Rd, left Woodstream circle

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

( ) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: _____
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
( ) 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 ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 76
( ) 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: _____ 3/31/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

resent 11/11
to MAM

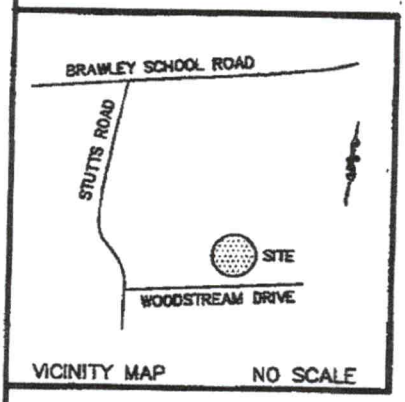
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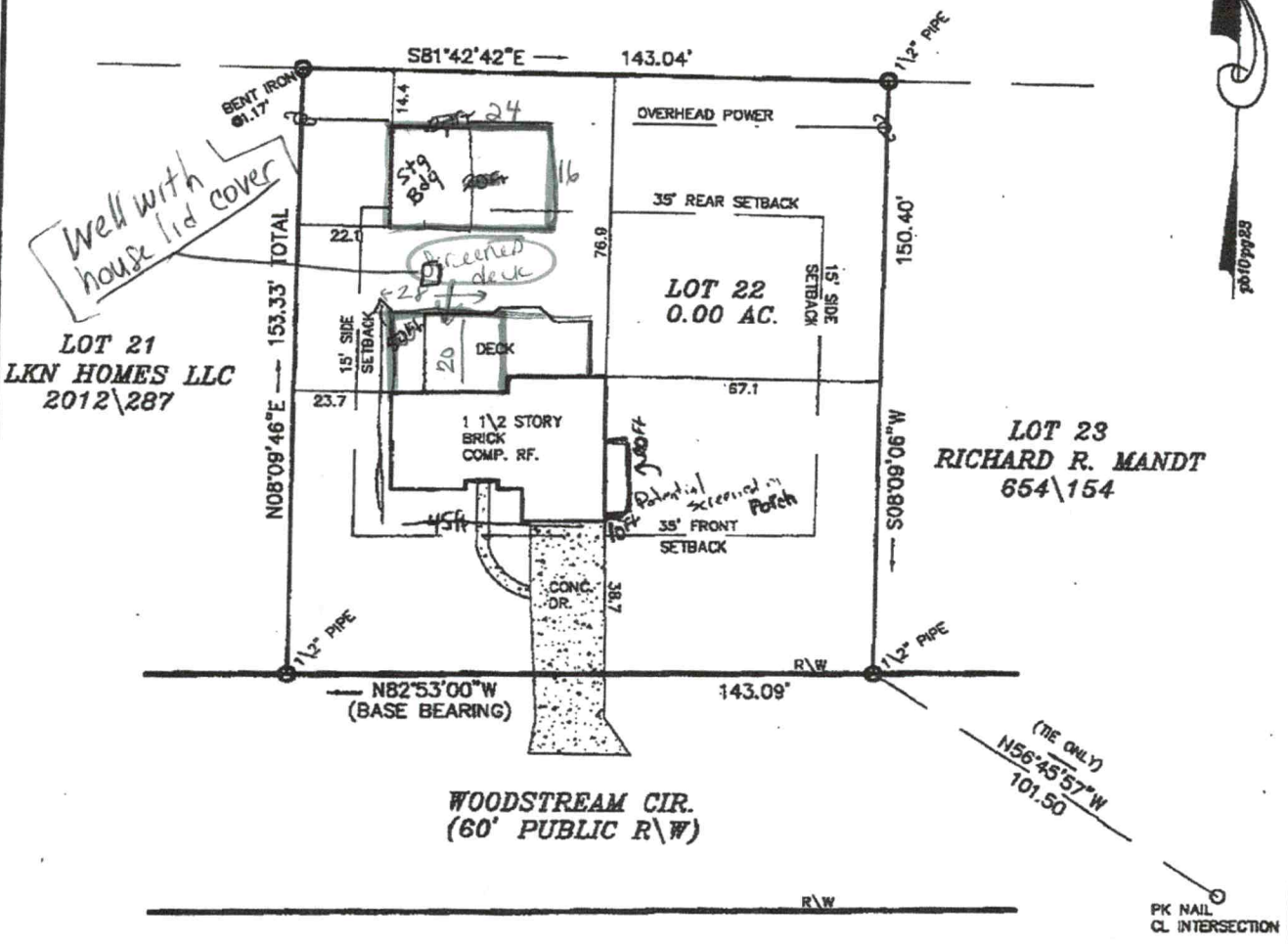
DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 866, page 1659, and/or plat book 10, page 23, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

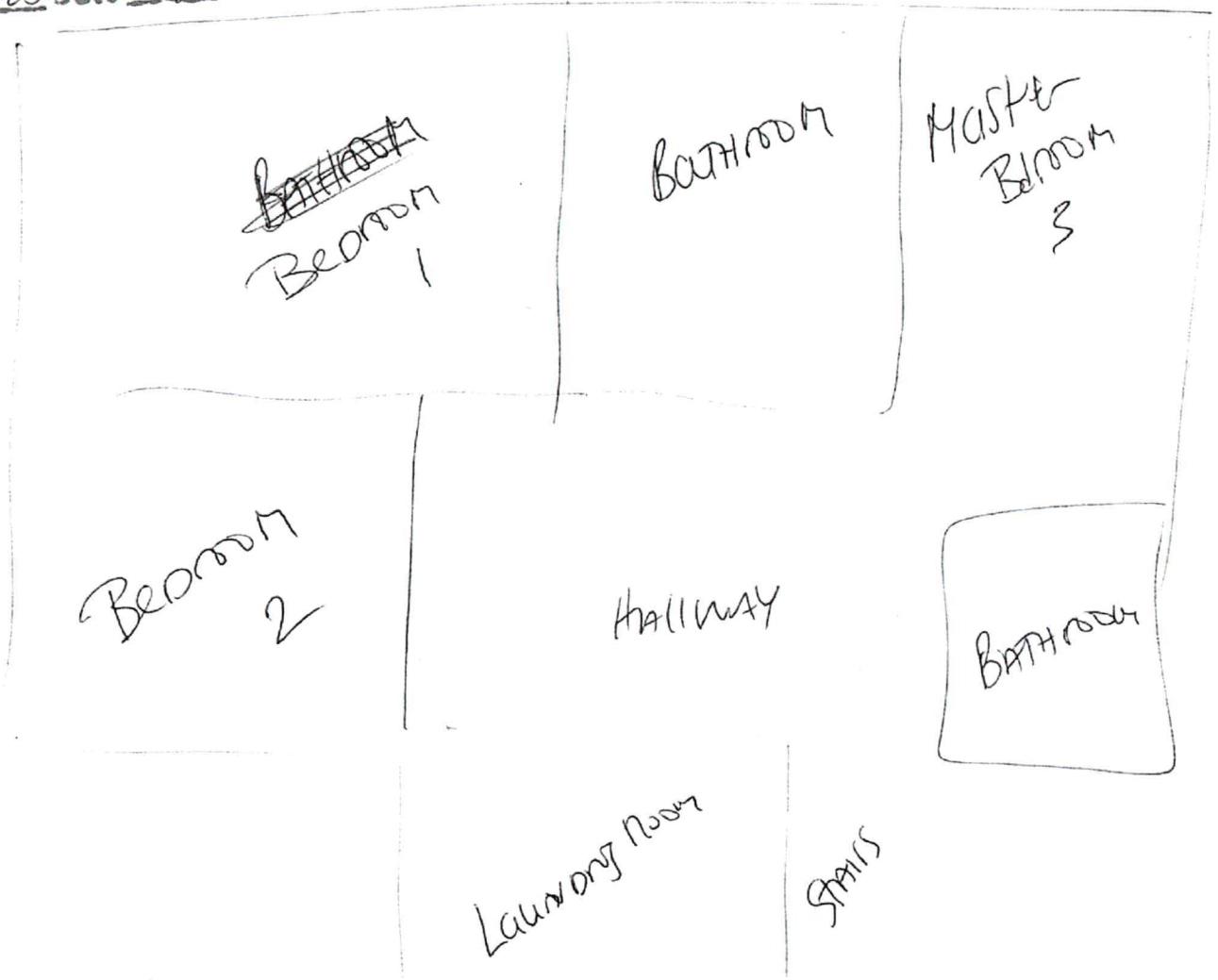
my hand and seal on the 23, day of FEB., A.D. 20

WILLIAM M. ALLEN, PLS
SEAL L3499
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR WILLIAM M. ALLEN



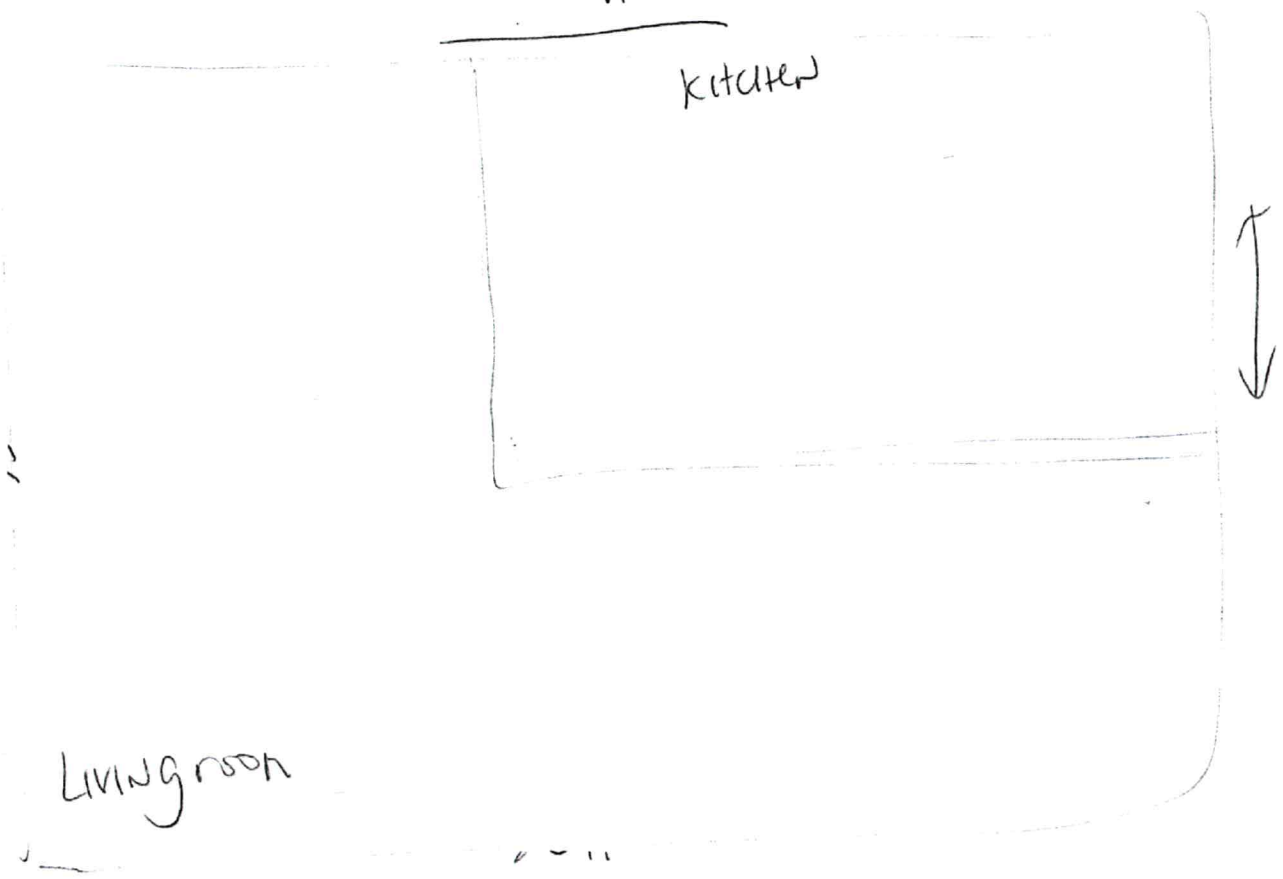


Department Of
Initial ONLY!
Date 9/13/19
Date 10/18/19



Acknowledgement Of
Plans Submittal ONLY!
Date 9/13/19
Date 10/18/19

1st Floor



Acknowledgment Of
Plan Submittal **ONLY!**
Date 9/13/19

Date 10/18/19

Bathroom

Garage
(Kitchen/Living Space)

Bedroom

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

APPLICATION NUMBER
300532 Issue Date: 09/13/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4636637068.000	155 WOODSTREAM CIR	IREDELL COUNTY

Owner Information		Applicant Information	
Name:	JENNIFER+JASON WEST	Name:	JENNIFER+JASON WEST
Address:	155 WOODSTREAM CIRCLE MOORESVILLE, NC 28117	Address:	155 WOODSTREAM CIRCLE MOORESVILLE, NC 28117
Phone:	(704)787-1988	Phone:	(704)787-1988

Use Requested	Zone Code
Addition	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.4	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
ADDING TO BEDROOM COUNT,ADD SCREENED PORCH TO BASEMENT,SEENO AND RENO KITCHEN AND BATHROOM

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.

Date: 09/24/2019

Signature of Owner/Contractor

Permit Number	000263	TOTAL FEES:	$77.25