ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244410

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

PIN # 4636-63-7248

APPLICANT/OWNER: Wesley Scott Cooper | APPLICANT ADDRESS: 144 Bridle path Lane Mooresville, NC

SITE ADDRESS: 144 Bridlepath Ln. Mooresville, NC 28117 | PHONE: 704-560-9981 | ALT. PHONE 336-918-0821

SITE DIRECTIONS: BSR towards LKN → L on State → L on Bridle Path → House @ end on Right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2.73 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	Existing +1	Linear Ft	100		
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		

[X] New System [ ] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: Existing + New Tank + 25% Reduction

Repair System Description: 50% Reduction (PPBPS)

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

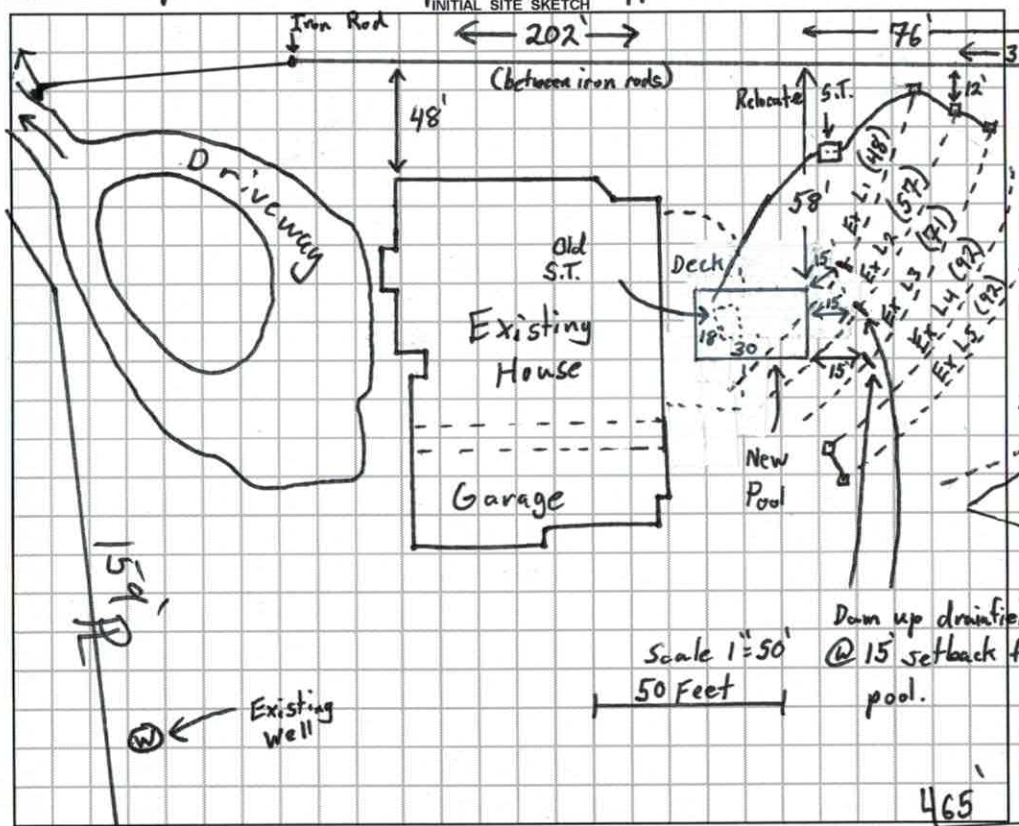
No. Bedrooms 4 | No. Persons 8 | No. Employees | [X] Crawl Space

[ ] Basement w/o plumbing

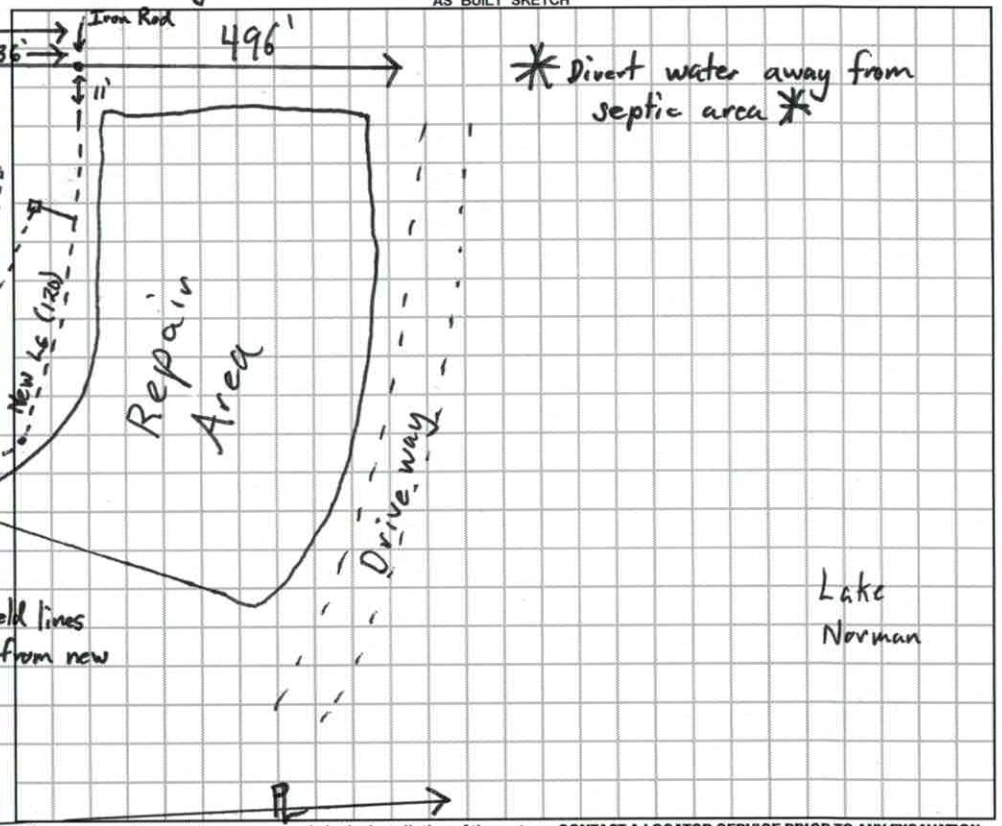
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Pump + crush old septic tank. Distal ends of L1, L2 + L3 to be dammed up/decomissioned @ 15' setback distance from new pool. Relocate drop boxes to opposite ends of drainfield to ensure forward flow of wastewater throughout system. Though 120' of line has been laid out/flagged, only 100 l.f. need be installed. Conveyance line to connect in middle of new line as shown below.

INITIAL SITE SKETCH



AS BUILT SKETCH



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Scott Cooper | Date: 7/1/19 | Installed by:

IMPROVEMENT PERMIT by: Tom Shuck | Date: 7/3/19 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 7/3/19 | 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244410

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

PIN # 4636-63-7248

APPLICANT/OWNER: Wesley Scott Cooper | APPLICANT ADDRESS: 144 Bridle path Lane Mooresville, NC

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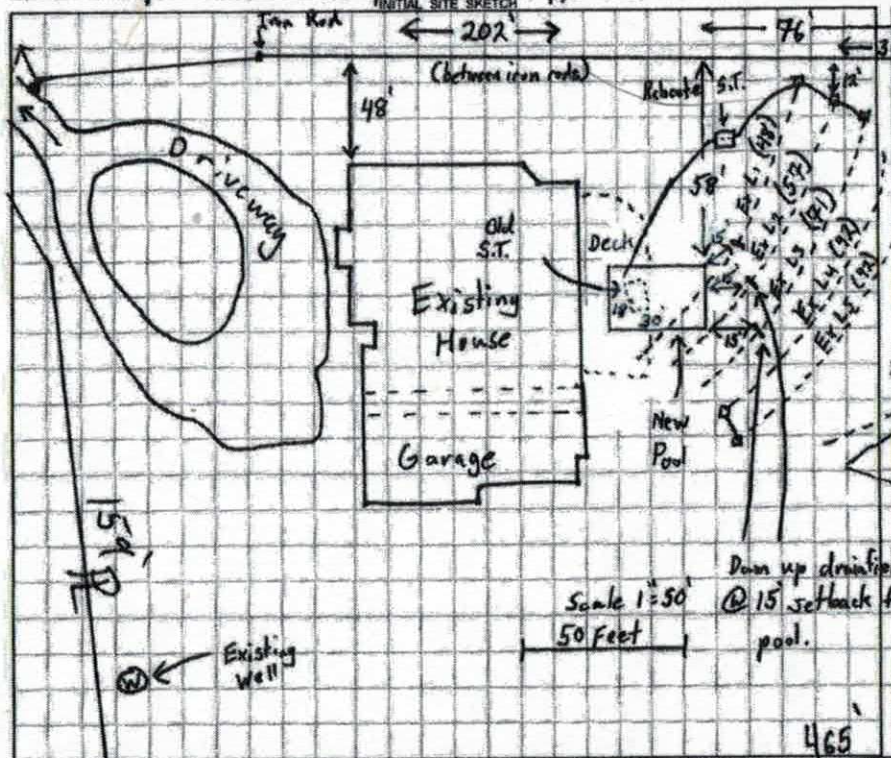
SITE DIRECTIONS: BSR towards LKN → L on State → L on Bridle Path → House @ end on Right | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 2.73 acres | DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

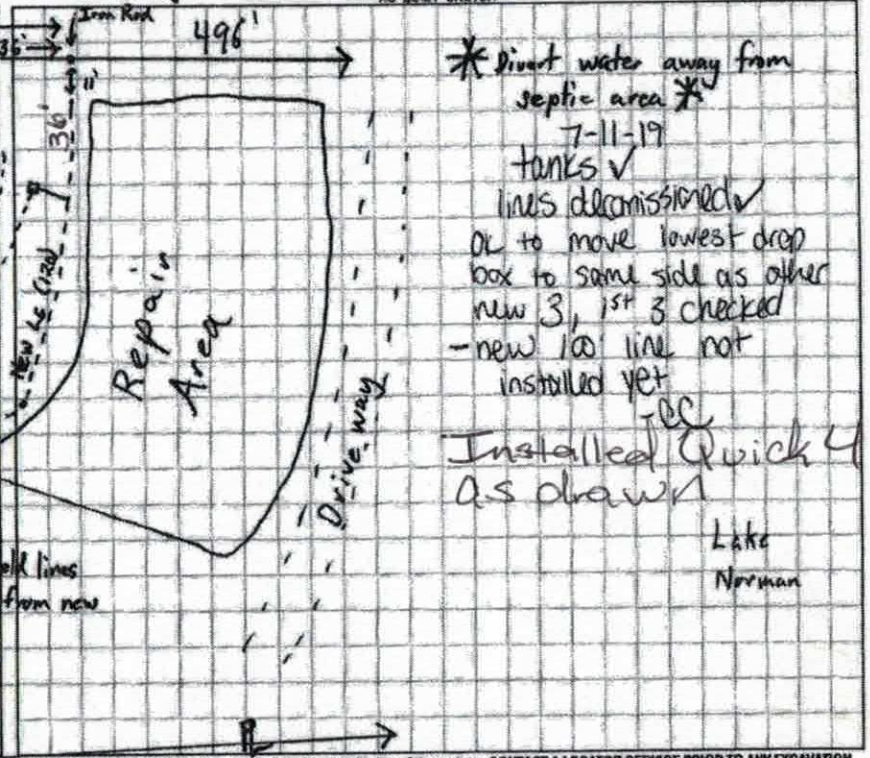
Septic Tank	1000 (gal)	STB	in Ground	Date	plastic	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing + New Tank + 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction (PPBPS)	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	Existing +1	Linear Ft	400 (2)	Maintenance Agreement Requir...	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump + crush old septic tank. Distal ends of L_1, L_2 + L_3 to be dammed up/ decommissioned @ 15' setback distance from new pool. Relocate drop boxes to opposite ends of drainfield to ensure forward flow of wastewater throughout system. Though 120' of line has been laid out/flagged, only 100 l.f. need be installed. Conveyance line to connect in middle of new line as shown below.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: — Date: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/3/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/3/19

Installed by: Tim Ammons

OPERATION PERMIT by: Maria Dotson Date: 7/12/19

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: Iredell

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

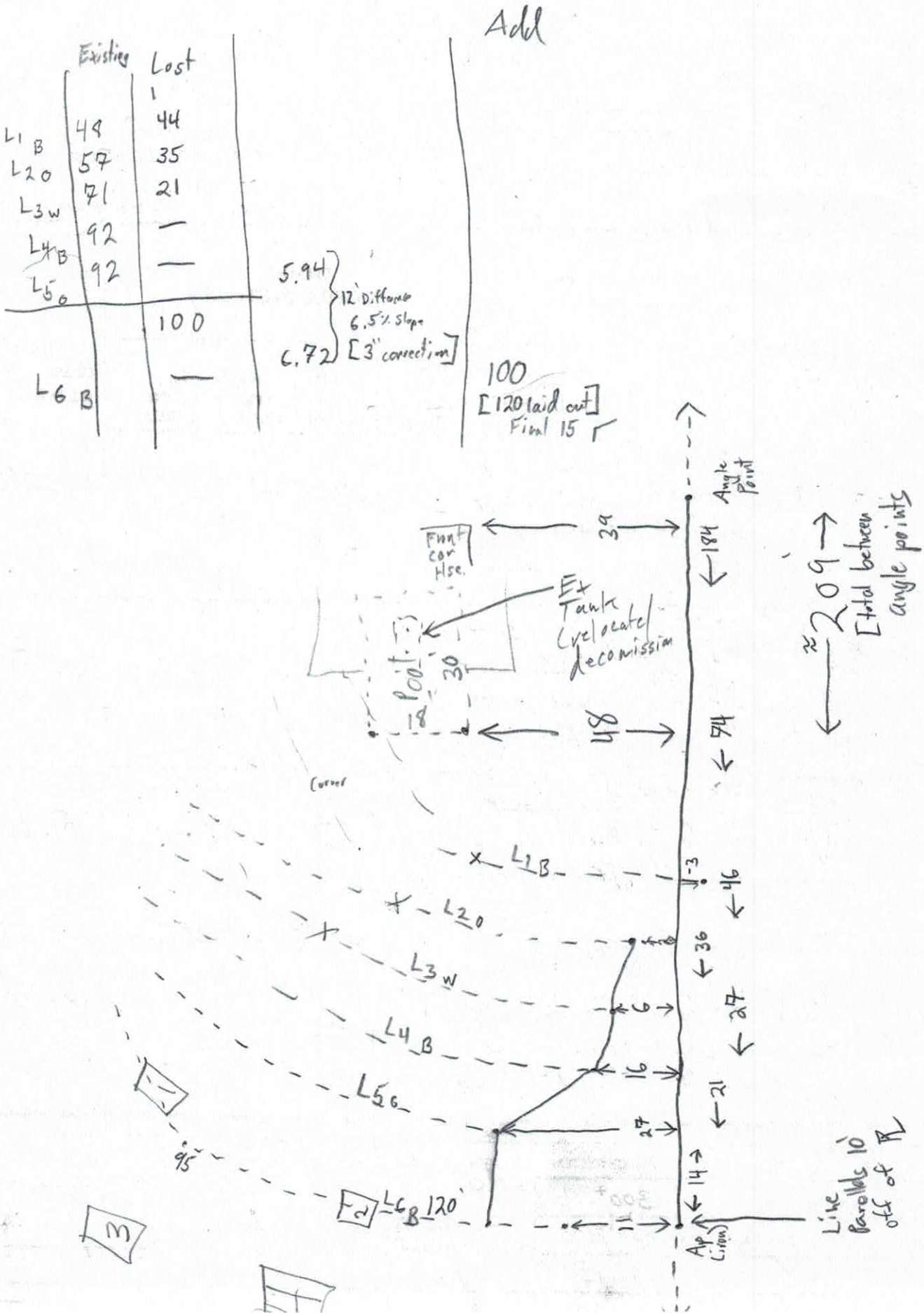
OWNER: Wesley Scott Cooper
ADDRESS: 144 Bridle Path Ln. Mooresville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 4BR SFR
LOCATION OF SITE: 144 Bridle Path Ln.
APPLICATION DATE 5/7/19
DATE EVALUATED: 6/26/19
PROPERTY SIZE: 2.7 acres
PROPERTY RECORDED: Yes

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	6.5% LSS	0-5	SCL V.W.SBK	SL. Friable, SS, Sp, Sop	—	40	—	—	0.30
		5-18	Clay M. SBK some mica	SL. Firm, Sticky, Sp, Sop					
		18-40	Clay W. SBK Loam common Saprolite	SL. Friable, SS, Sp, Sop					
		40-62	MA Loamy Saprolite trace mafanese	Friable + moderately Drained					
2	6.5% LSS	0-5	SCL V.W.SBK	SL. Friable, SS, Sp, Sop	—	41	—	—	0.30
		5-17	Clay M-S ABK W. SBK	SL. Firm, Sticky, Sp, Sop					
		17-41	Clay W. SBK Loam common Saprolite	SL. Friable, SS, Sp, Sop					
		41-60	MA Loamy Saprolite	Friable + well drained					
3	5% LSS	0-5	SCL V.W.SBK	SL. Friable, SS, Sp, Sop	21"-29" Platy/white clay Yellow Saprolite 14"-28" (some) Keep Repair Deep	62	—	—	0.275
		5-49	Clay M. ABK some Mafy	Firm, Sticky, Sp, Sop					
		49-62	Clay Loam W. SBK	SL. Friable, SS, Sp, Sop					
4	6% LSS	0-4	SCL V.W.SBK	SL. Friable, SS, Sp, Sop	—	49	—	—	0.30
		4-31	Clay W-M SBK trace mica	SL. Firm, sticky, Sp, Sop					
		31-49	Clay W. SBK Loam some Saprolite	SL. Friable, SS, Sp, Sop					
		49-52	MA Loamy Saprolite	Friable + Moderately Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120 l.f.	300+
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.36	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___


Add
Existing
Lost
L1 B
L2 O
L3 W
L4 B
L5 O
L6 B
49
57
71
92
92
1
44
35
21
—
—
100
—
5.94
12' Diffrnce
6.5% slope
6.72
[3" correction]
100
[120 laid out]
Final 15
Angle Point
Front cor Hse.
Ex Tank Cvr/locate/ decomission
Pool
30
18
39
48
184
74
≈209
[Total between angle points
Corner
L1B
L2O
L3W
L4B
L5O
L6B 120'
-3
46
36
6
27
16
21
27
14
11
95'
Ap (Town)
Line Parallel 10' off of RL
1
2
3

#0499 $500.00 5-7-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Wesley Scott Cooper Address: 144 Bridlepath Ln. Mooresville NC Zip: 28117
Applicant Email: scott@evolutionmt.com Phone: 704-560-9981 Alt. Phone: 336-918-0821
Owner Name: Wesley Scott Cooper Address: 144 Bridlepath Ln. Mooresville NC Zip: 28117
Owner Email: Scott@evolutionmt.com Phone: 704-560-9981 Alt. Phone: 336-918-0821

Property Information:

Street Address: 144 Bridlepath Ln. Mooresville NC. 28117
Subdivision Name: Bridlepath Section/Phase: _____ Lot Number: _____
Driving Directions: Brawley school, Take a left on Stutts Rd., left on Bridlepath at end of Cul-de-sac

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: move septic to the side of home

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

(✓) Crawl Space Foundation
( ) 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: _____

( ) 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 (✓) 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: Wesley Scott Cooper 5-7-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

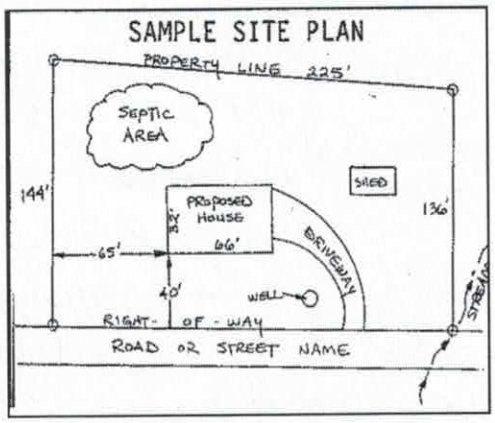
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

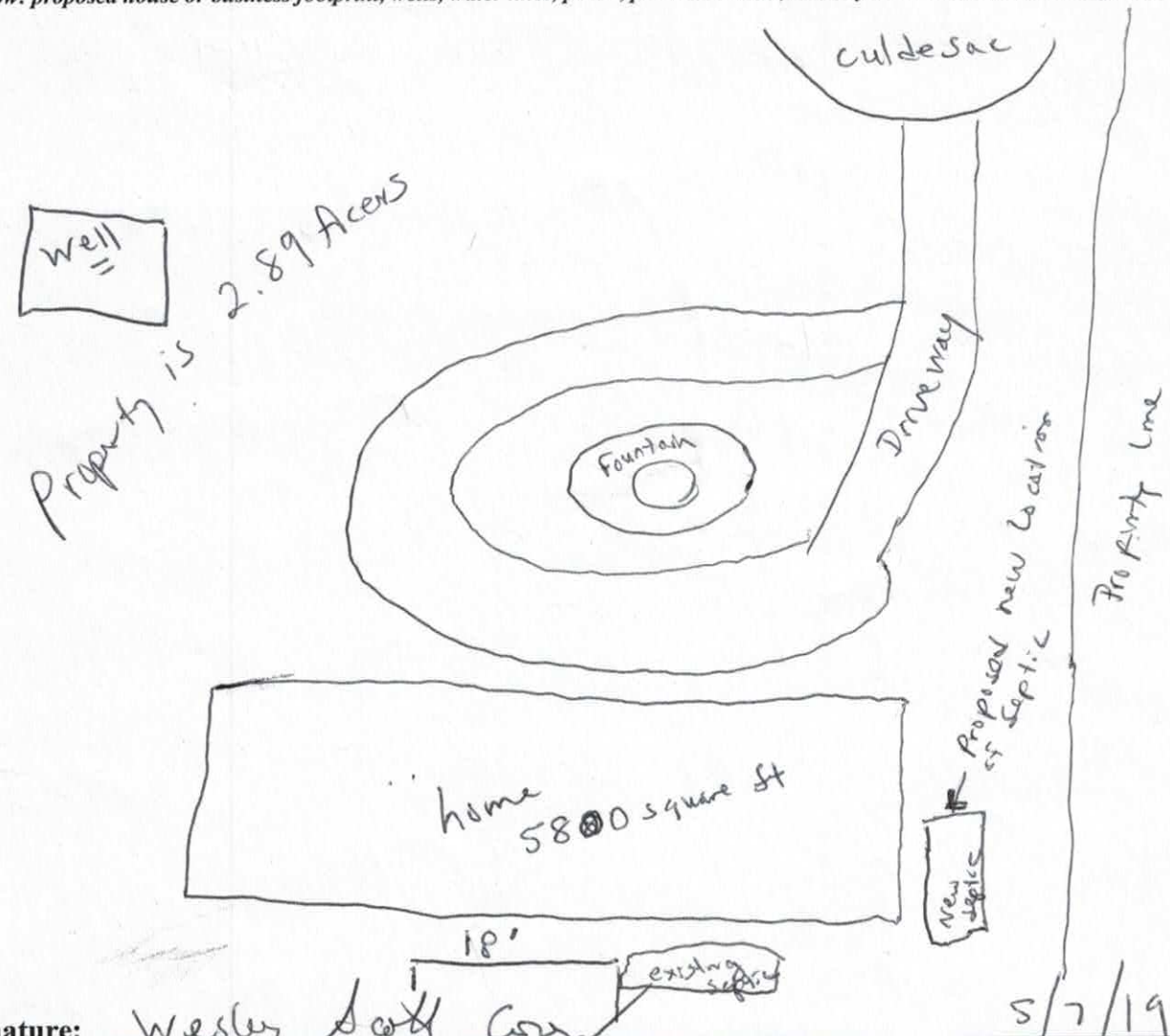


Circle N/A on the following if appropriate:

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: Wesley Scott Cox

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

DATE 5/7/19

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*) Wesley Scott Coop

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.

Wesley Scott Coop
Signature of Owner(s)

5/7/19
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