ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315071

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM Expansion PIN # 4636663--80--97

APPLICANT/OWNER: Erik Butler | APPLICANT ADDRESS: 161 Woodstream Circle, Mooresville, NC 28117

SITE ADDRESS: 161 Woodstream Circle Mooresville, NC 28117 | PHONE: 704 400-7263 | ALT. PHONE

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

SUBDIVISION: Normart Woods | SECTION: | LOT # 23 | LOT AREA: .76 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

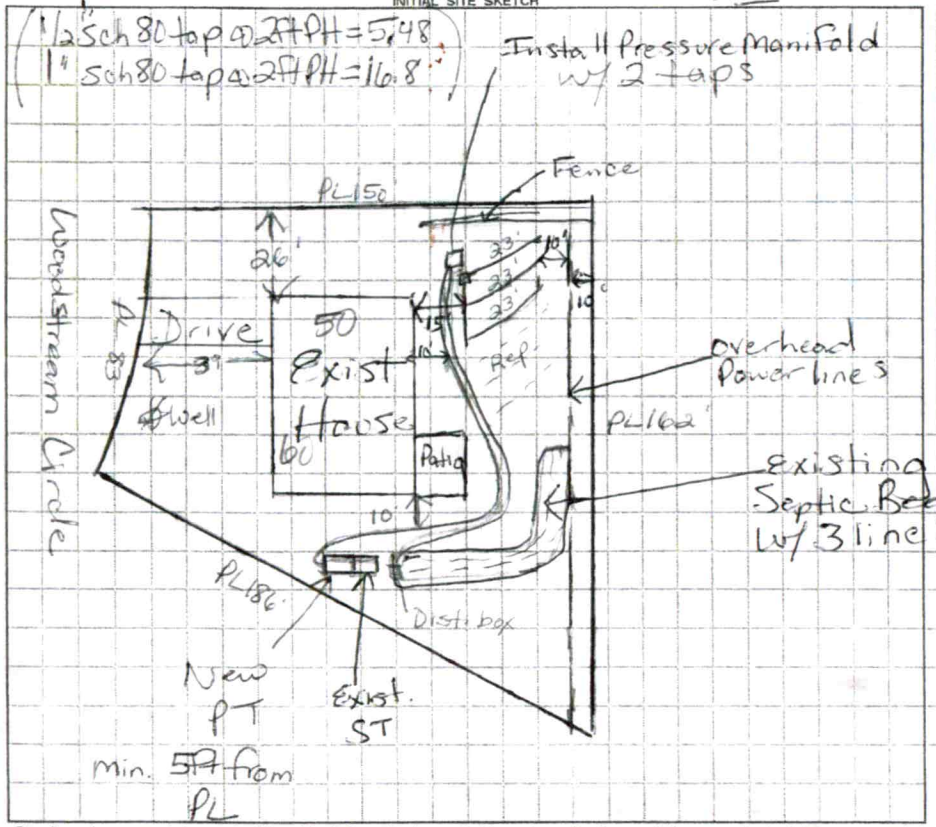
Septic Tank	EXIST.	(gal)	STB	760	Date	6/19/23	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	6/28/23	System Description: Pump-PM-Vert Panel Block+Exist		☐ Business	No. Persons	8	☒ Private
Pump Make	Zoeller	Model		BN152	Serial #	ZK2353K	Repair System Description: Hort Panel Block		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		3	Linear Ft	69'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	min. 24"	Trench Bottom Depth(Low side)		30'	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Note. Distribution - Pressure Manifold w/ 2 taps
1 tap 1/2" sch 80 feeds dist. box for New Panel lines
1 tap 1" sch 80 feeds dist box to 3 lines in Exist. bed.

★ Stay 10ft from Powerlines

Dose: 178.5 Flow: 22.3 Pgpm Drawdown: 8.5"

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Scale 1:60 8/1/23 Top 2 lines DW

Bottom line, manifold, floats 8/2/23 DW

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

electrical alarm SB pressure 8/7/23

found to be
Septic tank damaged/leaking when uncovered - no longer meets rules. Replaced in same location

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: Erik Butler Date: 7/21/21 | Installed by: Balle Excavation

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/2/21 | OPERATION PERMIT by: Sarah Williams Date: 8/7/2023

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/1/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

4636638097

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR R. A. Klemm DATE 7-14-96 PERMIT NO. 1816

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1112 1st Rt TL on corner

S. R. No. _____

SUBDIVISION NAME Norman Woods LOT NO. 23 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Approx 5 acres

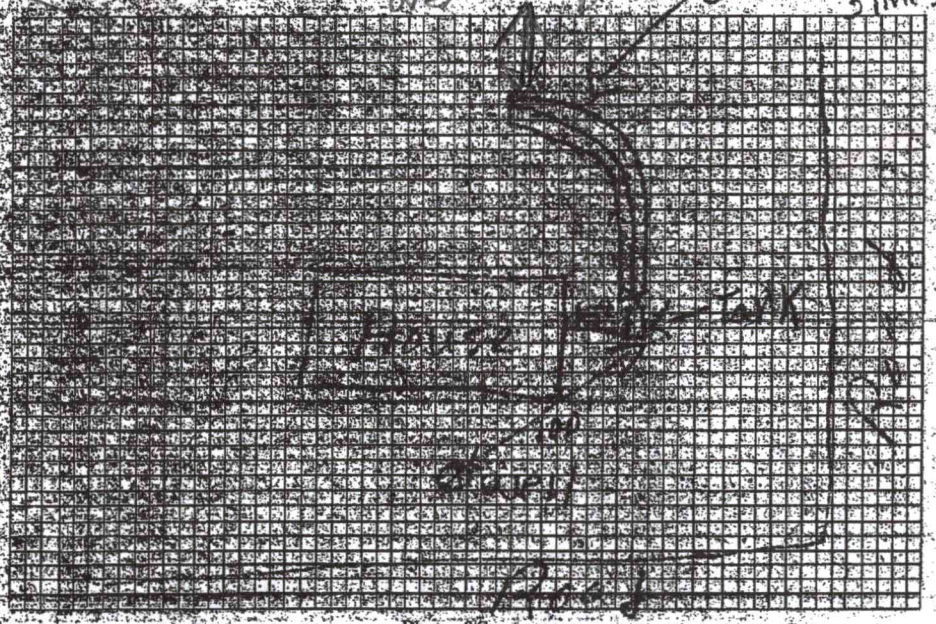
Character & Porosity of Soil Sandy clay loam (Porosity good)

Percolation Rate Soil borings

Topography > 5-20+ slope

Depth to Water Table 10'+

Rock or other impervious formations none



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Grade lot to keep water off Septic Tank System.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-14-96

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

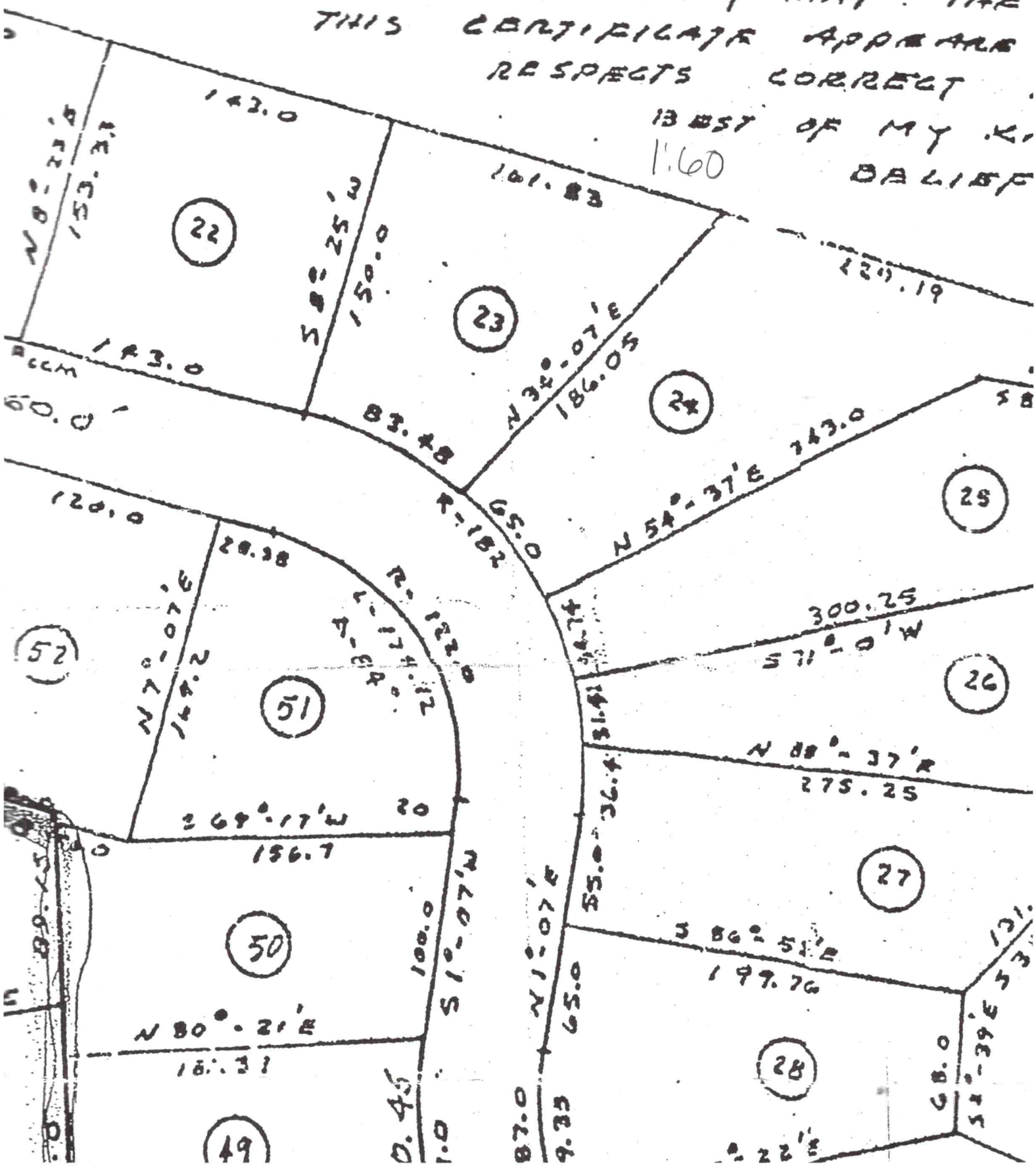
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

SUBSCRIBED BEFORE ME TH

C.V. 1968

I L.B. GRIER CERTIFY THAT THE
THIS CERTIFICATE APPEARS
RESPECTS CORRECT
BEST OF MY K
BELIEF

1:60



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

Sheet ___ of ___
PROPERTY ID #: 4636638097
COUNTY: Iredell

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

OWNER: Erik Butler
ADDRESS: 161 Woodstream Circle Mooresville, NC 28117
PROPOSED FACILITY: House Expansion
LOCATION OF SITE: Norman Woods #23
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

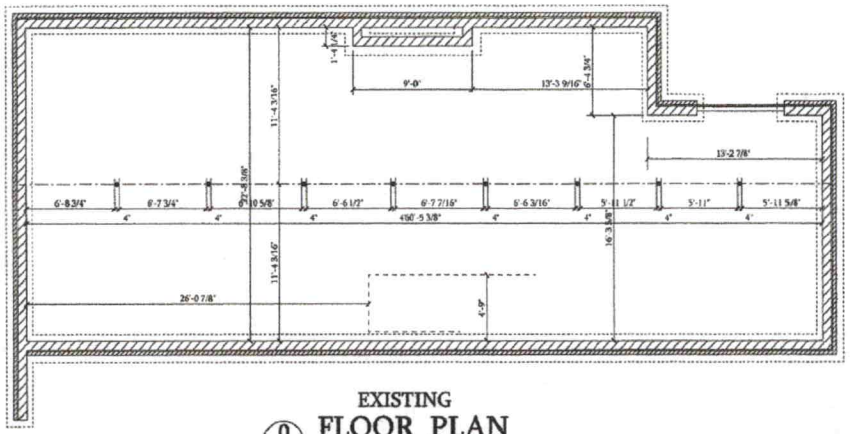
PROPOSED DESIGN FLOW (.1949): 480 gpd
APPLICATION DATE: 11/20/20
DATE EVALUATED: 3/26/21
PROPERTY SIZE: 1.16 Ac
PROPERTY RECORDED: Y
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	4%	0-6	Rd/Brw C	m-w SBK SS, SP, SExP, FR					PS .25 to 33"
		6-33	Rd Cl	w SBK SS, SP, SExP, FR					
			w/few	Mang mottles & Yel/Brw					
		33-48	Rd Cl	w SBK/ABK SS, SP, SExP-ExP					U @ 33"
			Mang mottles w/ Chroma 2 @ 33"						
2	7%	0-6	Rd/Brw	SCl w SBK SS, SP, SExP, FR					PS .3 to 42"
		6-18	Rd	Cm-w SBK SS, SP, SExP, FR					
		18-42	Rd	Cl w SBK SS, SP, SExP, FR					
			Water in Pit @ 42"						
3	10%	0-8	Brw	SCl w SBK SS, SP, SExP, FR					PS .3
		8-28	R	Cm-w SBK SS, SP, SExP, FR					
		28-50	RCl	w SBK SS, SP, SExP, FR					
4									

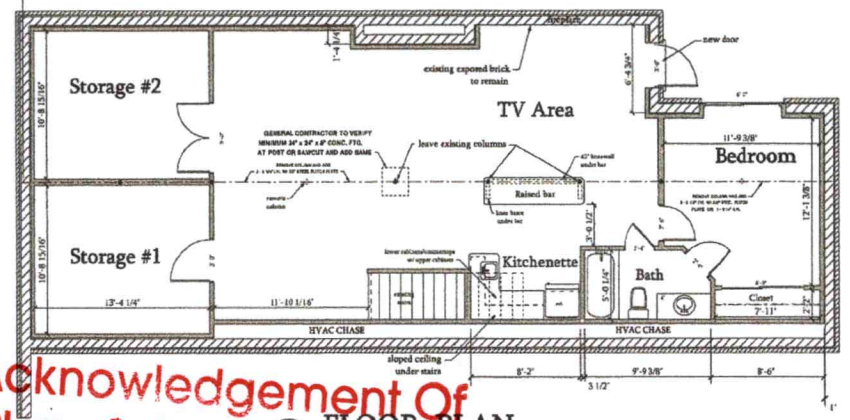
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Panel Blk + Exist	Panel Blk
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: MJ w/ Lentz Wastewater

COMMENTS:



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



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

Acknowledgement Of
Plans Submitted ONLY!
Maria Dotson 11/1/21
Date
WHB, Inc. 10/27/21
Date

8-16-21

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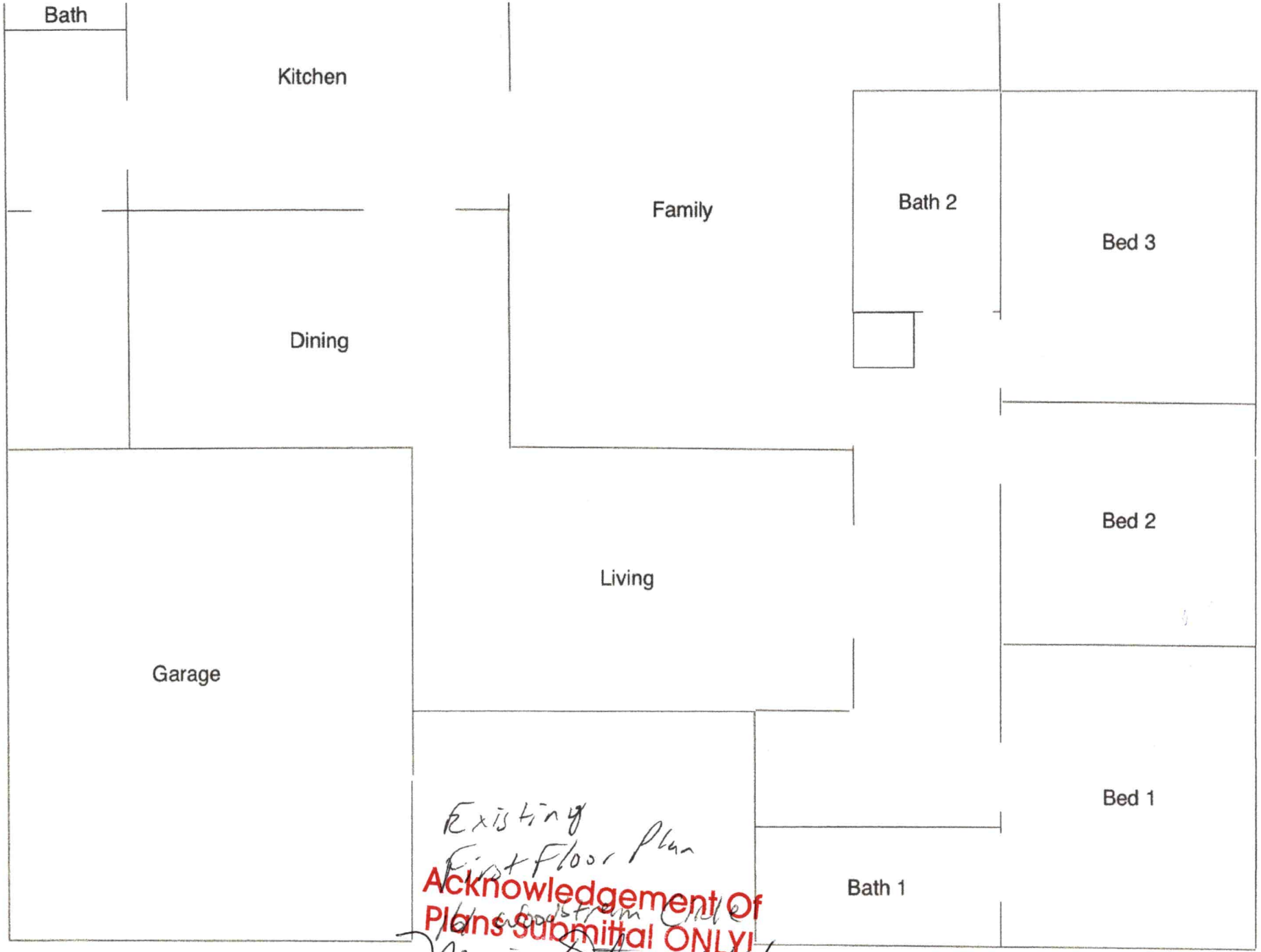
U.S. HOME DESIGNS, INC.
2005 Hazelwood Dr., Summerville, SC. 29485 Phone: 704-309-6982
Designer: Stephen W. Turley
www.ushomedesigns.com

Basement build-out plan for:
Butler Residence
161 Woodstream Circle., Mooresville, NC

BASEMENT
BUILD-OUT PLAN

SHEET No. A-1

4-27-21 1 hr. site meeting 5-26-21 1 hr. site measurements 6-2-21 3 hrs. drafting 6-8-21 1.25 hrs. drafting 6-17-21 .25 hr. drafting 10-05 - 11-05 8-16-21 1 hr. drafting



Existing
First Floor Plan

Acknowledgement Of
Plans Submittal ONLY!

Date 10/27/21

Date

WHB, Inc.

2100 3/8/21

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED RECEIVED FEB 17 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Expansion

AP 315701
$200.00

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: Erik Butler **Address:** 161 Woodstream Circle **Zip:** 28117

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Erik Butler **Address:** 161 Woodstream circle **Zip:** 28117

Owner Email: ecbutler-85@gmail.com **Phone:** 704-400-7263 **Alt. Phone:** _____

Property Information:

Street Address: 161 Woodstream circle

Subdivision Name: Norman Woods **Section/Phase:** _____ **Lot Number:** 23

Driving Directions: south down Brawly school road, left on Stutts, left on woodstream circle. House is on the left.

Site Development Information: ***(check or complete ALL that apply*** add 1 to 2 Bdrm **CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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: _____

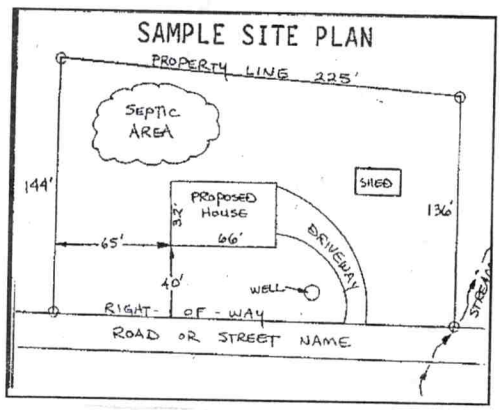
Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: Erik Butler 11/20/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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 PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

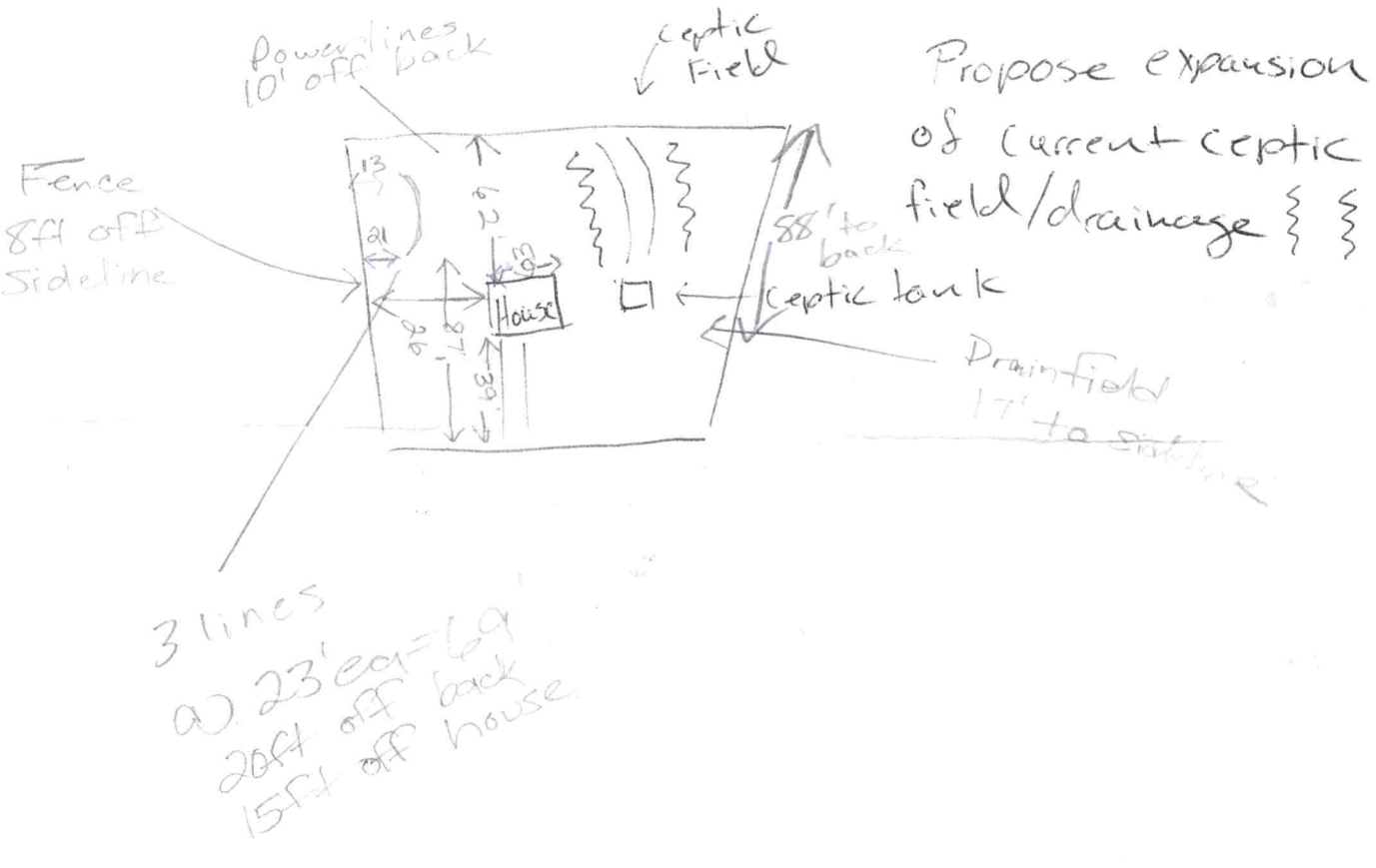
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Eric Bo

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

11/20/20

DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) Eric Hart

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

ECB **Complete all Environmental Health forms**:

ECB Application
ECB Site Plan including the dimensions of proposed structure, addition, pool etc.
ECB Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
ECB Copy of Zoning Permit when applicable
ECB Sign this sheet after you have completed all items

ECB **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

ECB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

ECB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

ECB **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator** from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Eric Bare Date 11/20/20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625