# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216264

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

PIN # 4636-70-1014.000

APPLICANT: Forstel Fry APPLICANT ADDRESS: Po Box 3212 Mooresville NC 28117

SITE ADDRESS: 130 Mainview Dr Mooresville NC 28117 PHONE: 704-239-3232 ALT. PHONE: 704-223-5206

SITE DIRECTIONS: BSR, TL Stotts, TL Commodore LP, TR Mainview, Lot on R

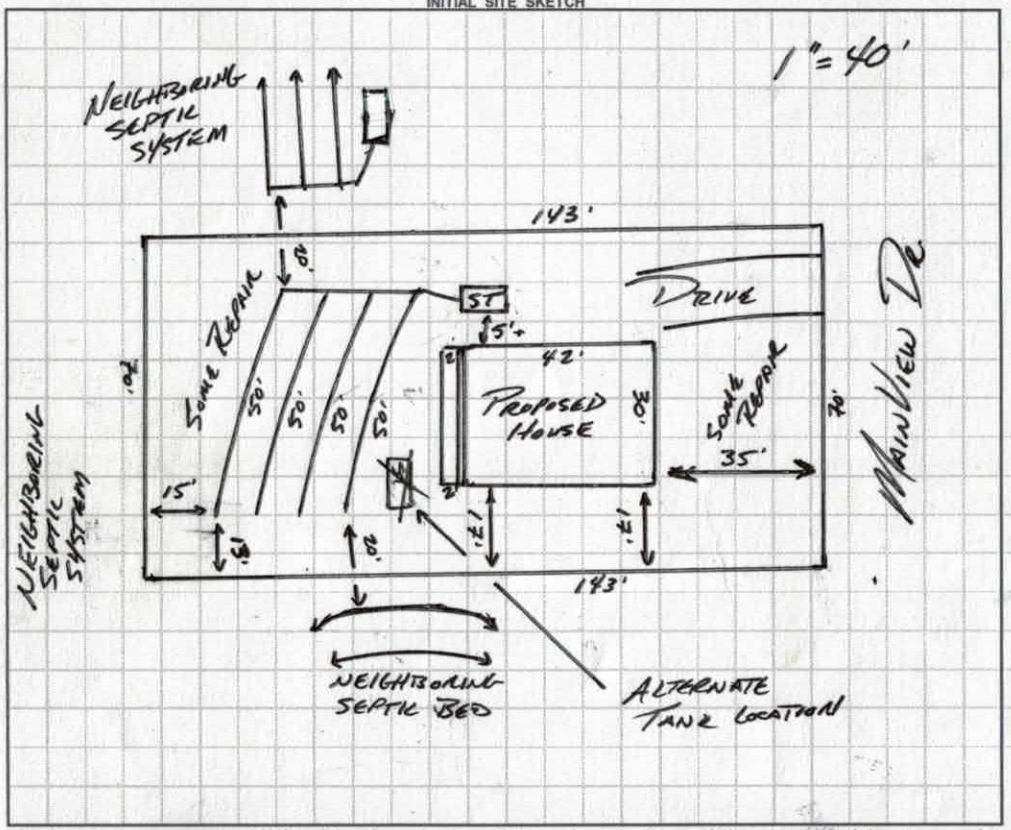
SUBDIVISION: Commodore Peninsula SECTION: — LOT # 225 LOT AREA: .230 Acre DESIGN FLOW: 240 GPD L.T.A.R.: .3

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 825 | Date | 5-20-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 2 | Water Supply | | |
| Pump Tank | | (gal) | PT | Date | | System Description: | 25% Reduction - Gravity | | | ☐ Business | No. Persons | 4 | ☐ Private | | |
| Pump Make | | Model | | Serial # | | Repair System Description: | PPBPS (Exempt | | | ☐ Other | No. Employees | | ☐ Public | | |
| # Nitrification Fields | 1 | # Lines | 4 @ 50' | Linear Ft: | 200' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☒ Slab | ☐ Crawl Space | | ☒ Community | | |
| Trench Width | 36" | Max. Trench Bottom Depth | * 26" - 30" * | Gravel Depth | N/A | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | | |

Comments / Conditions: Install @ 26" - 36" Trench Bottom. Maintain 25' Separation From Any Other Septic System & 5' From Building Structures.

* Changes Turned in For AC OK. Maintain Proper Setbacks.

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed As Shown

RA

*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: [signature] Date: 3-30-16 Installed by: Rowan RA

IMPROVEMENT PERMIT by: [signature] APPROVED MAR 09 2016 OPERATION PERMIT by: [signature] Date: 7-10-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/23/16 Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 1014
COUNTY: IREDELL

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: NANCY MCLEOD
APPLICATION DATE 1/28/16
ADDRESS: 119 QUARTER LN. MOORESVILLE NC 28117
DATE EVALUATED: 2/20/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: .230 ACRE
LOCATION OF SITE: 130 MOUNTAIN DR. MOORESVILLE NC
PROPERTY RECORDED: 1964
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 |
|---|---|---|---|---|---|---|---|---|---|
| A1 | LL 5% | 0-10 | BSCL, SBK | FR, SS, SP | / | 48" | F-C INCL. 40"-48" | / | .3 |
| | | 10-48 | BC, SBK | " " " | | | | | |
| A2 | LL 5% | 0-10 | BSCL, WSBK | FR, SS, SP | / | 48" | F-C SAP INCL 28"-48" | / | .275 0-14 .3 14"-48" |
| | | 10-34 | BC, SBK | FR, SS, SP | | | | | |
| | | 34-48 | BCL, SBK | " " " | | | | | |
| A3 | LL 4% | 0-23" | BC, SBK | FR, SS, SP | / | 45" | C-M SAP INCL 20"-45" | / | .3 |
| | | 23-45 | BCL, SBK/MSBK | " " " | | | | | |
| | | 45-49 | WEA SAP | VFR, SS, SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | APPROVED | APPROVED |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: FORESTED FAY

COMMENTS: SOME DEPRESSIONS IN DRAINFIELD AREA. PROBED THOROUGHLY. NO SIGNS OF EXISTING DRAINFIELD.

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | M (Massive) |
| D (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

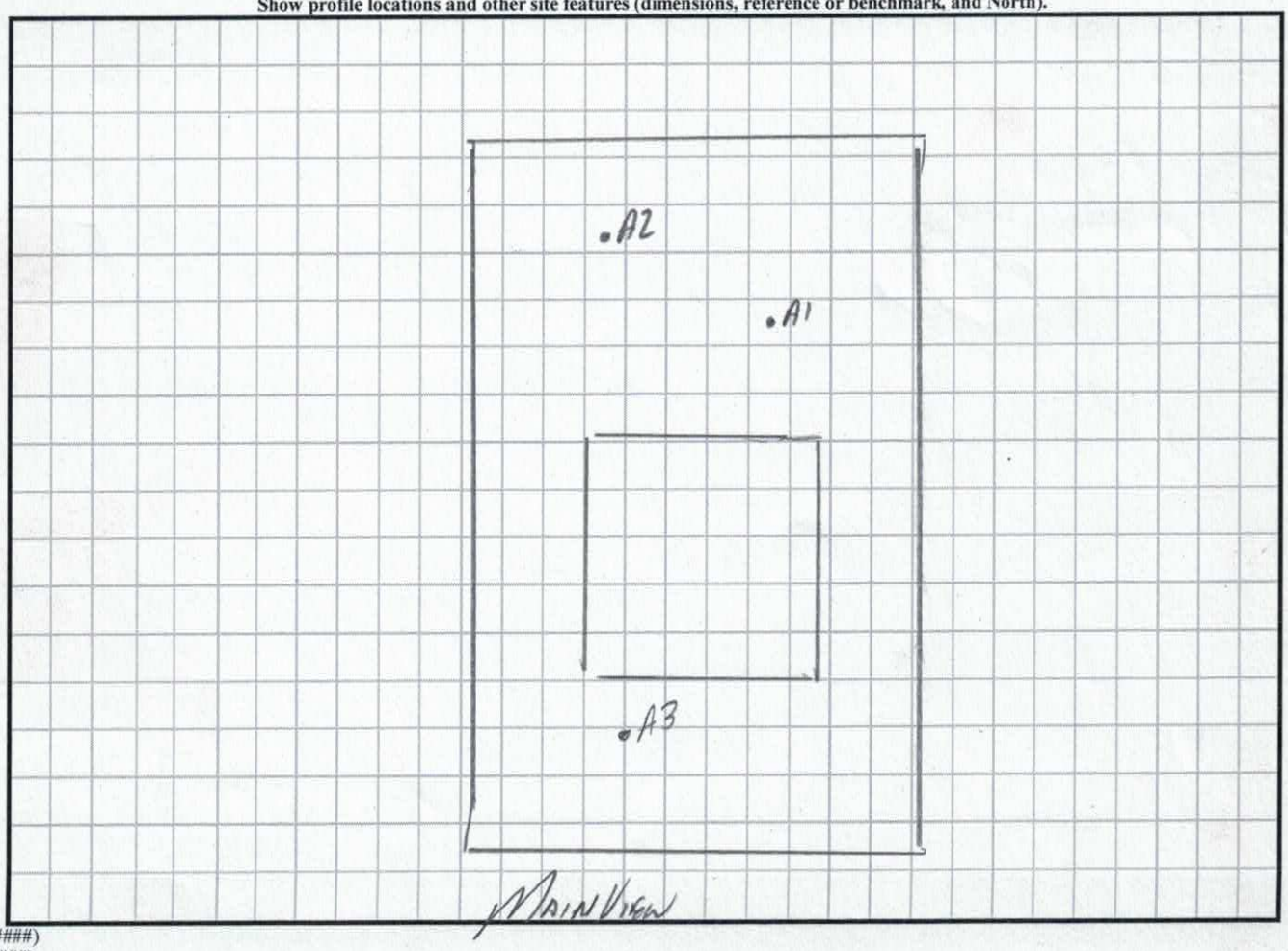
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

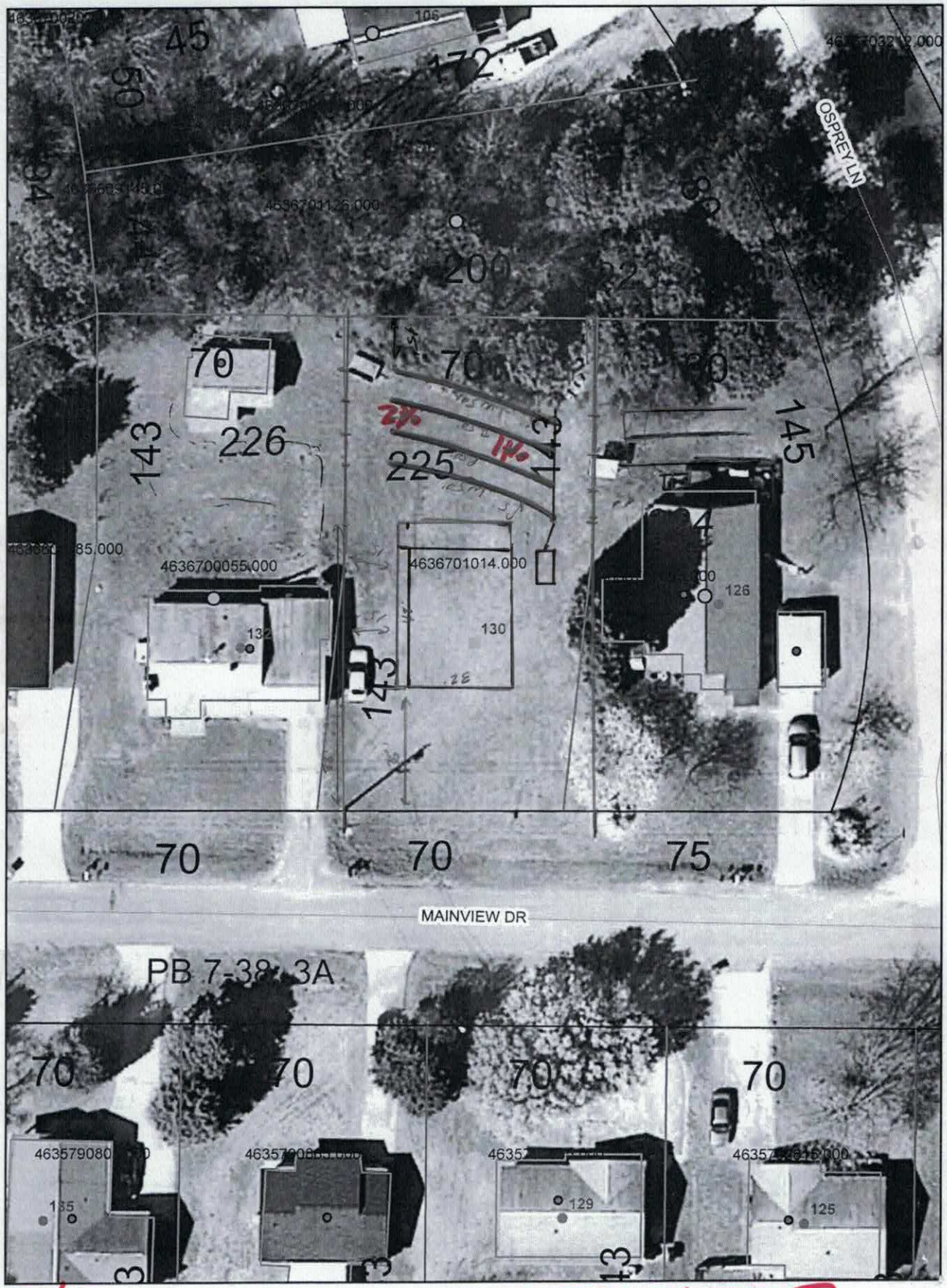
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




DENR (######)
Review (#####)

1 inch = 40 feet

1:480




3/3

* Soil Notes *

RECEIVED JAN 28 2016

Paid $500.00 # 216264

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable* X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Forster Fry | PO Box 3212 Mooresville 28117 | 704-239-3232 | 704-223-5206 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| Robert McLeod | 119 Quarter Ln Mooresville 28117 | 704-223-5206 | |

4. Property Information: 130 Mainview Dr Mooresville, NC 28117

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 225 Mainview Dr | Commodore Penisula | #225 Mainview |

Driving Directions: Brawley School Rd, + L on Stutts Rd, T/L on Commodore Lp, T/R on Mainview Dr, lot on right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

X New, Single Family Residence — Maximum Number of Bedrooms 3 2 FF — (X) ~~Crawl Space~~ Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — (X) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

PAID

6. Proposed Water Supply:

( ) New Well ( ) Existing Well X Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Forster Fry — 1/28/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DigiSign: 7804D539-BFA3-4948-9F3F-8A7083B4CB8E

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Robert McLeod (trustee), am the legal owner(s) of the property located at Lot 225 Mainview Dr 130 Mainview Dr Mooresville identified as PIN (Parcel Identification Number) 4636-70-1014.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Crystal Fry / Forster Fry Lake Norman Realty, 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.

Robert McLeod — 01-27-2016
Signature of Owner(s) — Date

Susan White — 01-27-2016
Signature of Witness — Date

Please return this signed form to the appropriate office:

**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

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *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...**

***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

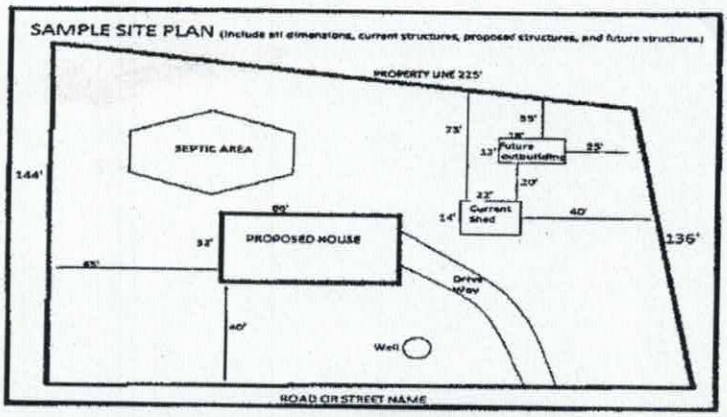
**_____ Front and side setbacks from property line...** **____ Preferred driveway location and configuration, preferred well location...**

**_____ Area you prefer your septic system to be placed...** **____ North arrow, or other sufficient indicator of direction...**

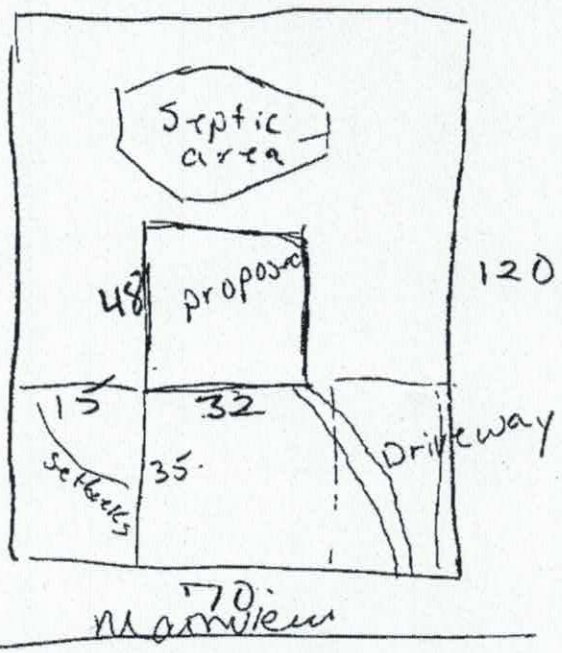
**Circle N/A on the following if appropriate:**

**____ 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**




170 Maximum

**Signature:** _____

*REQUIRED* property owner or owner's legal representative signature.

1/28/2016

DATE

Change of Plans

Foirster Fry
704-239-3232

Shane.Cashion@co.Iredell.nc.us

8½ x 11 or 11 x 17
PLANS

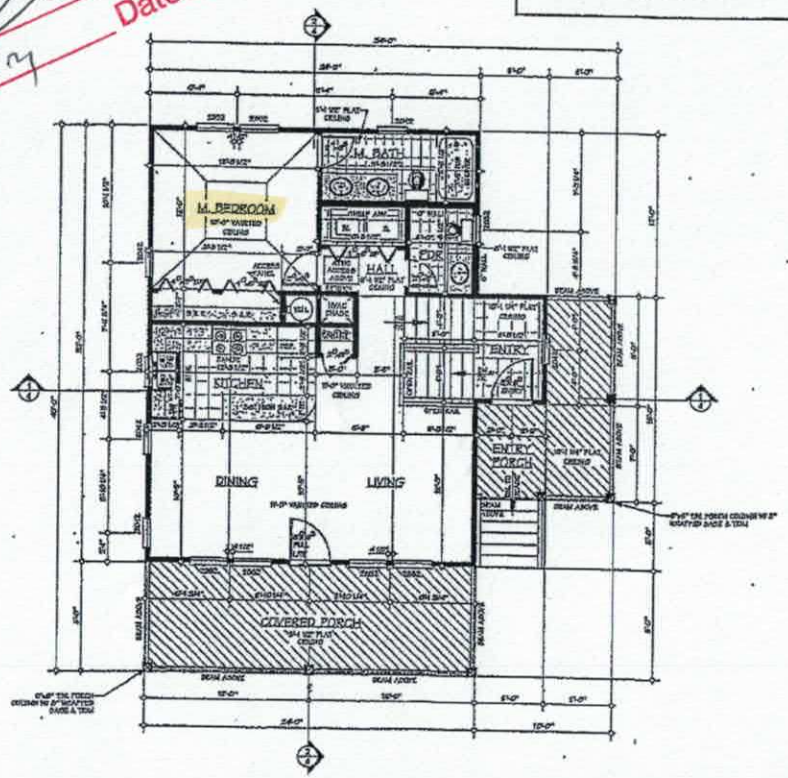
Acknowledgement of
Plans Submittal ONLY!
Date 3/23/14
Date 3-30-14

Ground Floor
24 x 42 on
SLAB

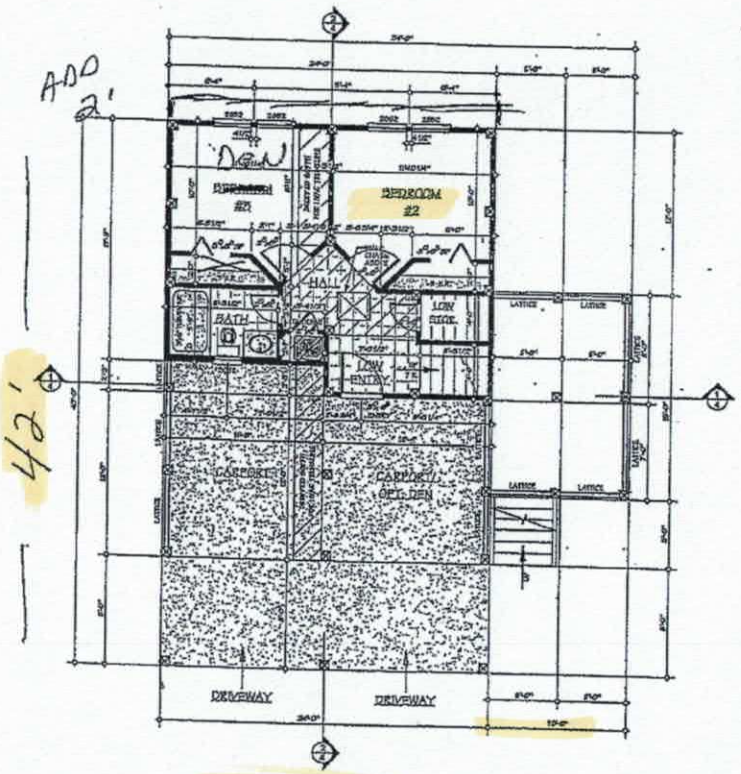
ADD
2'

42'

24'




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




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

FLOREZ
DESIGN STUDIOS, INC.

FRY RESIDENCE
Lot #226 Mainview Dr. Mooresville, NC

2

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 216264 |
| Issue Date: 01/28/2016 |

## ZONING PERMIT

Open Space

FILE COPY

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4636701014.000 | 130 MAINVIEW DRIVE, MOORESVILLE, NC 28117 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: MCLEOD NANCY B REV LIV TRUST | Applicant: FRY, FORSTER |
| Address: 150<br>IREDELL CO, NC 28625 | Address: 119 QUARTER LN<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 704-239-3232 |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F. Setback | B. Setback | L. Setback | R. Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .230 | 35.00 | 35.00 | 15.00 | 15.00 | CA | X |

**Remarks:**

PAID
100 MH
1/28

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: See Attached Date: _____

| Permit Number | 58941 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|