IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 238619

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

PIN # 4636950781

APPLICANT/OWNER: Rees Cooper APPLICANT ADDRESS: 112 Mandarin Dr Mooresville, NC 28117

SITE ADDRESS: 112 Mandarin Dr Mooresville, NC 28117 PHONE: 704577-8165 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Canvasback TL Mandarin on right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Woodland Hills SECTION: 10 LOT # 2 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 000 Exist (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Existing Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

[ ] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Existing Gravity-Conventional

Repair System Description: PPBPS Gravel

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4

[ ] Business No. Persons 8

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

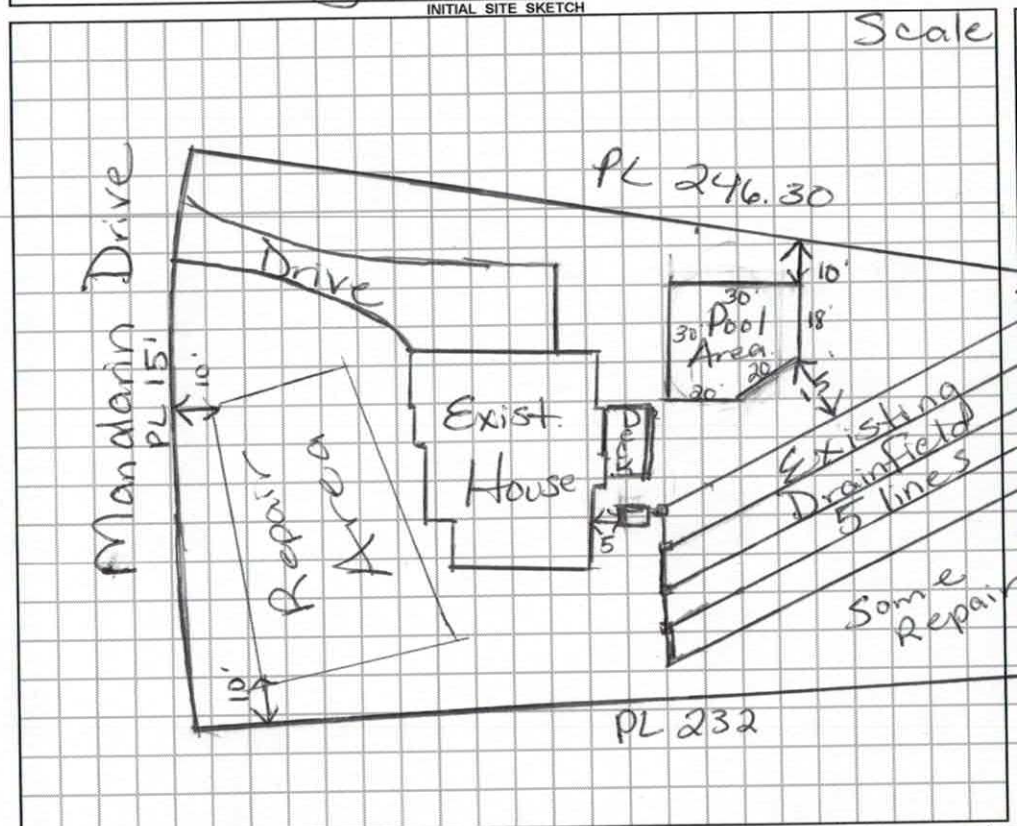
[ ] Basement w/ plumbing [ ] Basement w/o plumbing

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

Comments / Conditions: Existing Septic System appears to be functioning. Okay at time of inspection

~~Must~~ Must keep pool "cut" at least 15ft from Existing Septic System. Septic Repair Area was relocated to accomodate pool area.

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: Rees Cooper Date: 2/25/19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dobson Date: 2/20/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ection 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 #: 4636950
COUNTY: Iredell

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

OWNER: Rees Cooper
ADDRESS: 112 Mandarin Mooresville NC
PROPOSED FACILITY: House
LOCATION OF SITE: 112 Mandarin / Woodland Hills SD Lot 2

APPLICATION DATE: 9/6/18
DATE EVALUATED: 2/15/19
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: ___
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-12	RC	m-wSBK SS, SP, SExP, FR					PS .3
		12-30	RC/CL	wSBK SS, SP, SExP, FR					
		30-45	R+b4/RC	wSBK SS, SP, SExP, FR Common Mica SAP Inclus					
		45-50	L SAP	massive, FR					
2	8%	0-11	Rd/Brw C	m-wSBK SS, SP, SExP, FR					PS .3
		11-30	Rd/Brw CL	wSBK SS, SP, SExP, FR w/many SAP Inclus					
		30-45	SL SAP	massive, FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	exist Convent	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tim w/ SunFun Pools

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Rees Cooper Address: 112 Mandarin Dr Zip: 28117

Applicant Email: rees.cooper2@roadrunner.com Phone: 7046778165 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 112 Mandarin Dr Mooresville NC 28117

Subdivision Name: Woodland Hills Section/Phase: _____ Lot Number: _____

Driving Directions: 77 S Exit 35 left on Canvasback

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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 (X) 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 (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: RM Cooper 9/6/18

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*) Rees Cooper

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, Rees Cooper, am the legal owner(s) of the property located at 112 Mandarin Dr Mooresville NC, 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.

Ron Cooper
Signature of Owner(s)

9/6/18
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

Soil Pit Locations from 2/15/19 4.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 112 061 PIN# ~~4636-95-5388-2~~ 4636950781 DATE 5/19/03

OWNER OR CONTRACTOR Tegland - Brown Const. PHONE: Business 704-895-9652 Home

ADDRESS 7507 Winda Lore Dr. Cornelius NC 28031

LOCATION Brawley Sch, TL Cannsbrook, TL Mackerson, 2nd on Rt

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 2 LOT AREA 0.69AC SITE CLASS. #5 DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; ST8 794 Date 9-21-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Grav. Fy Conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No Innovative
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

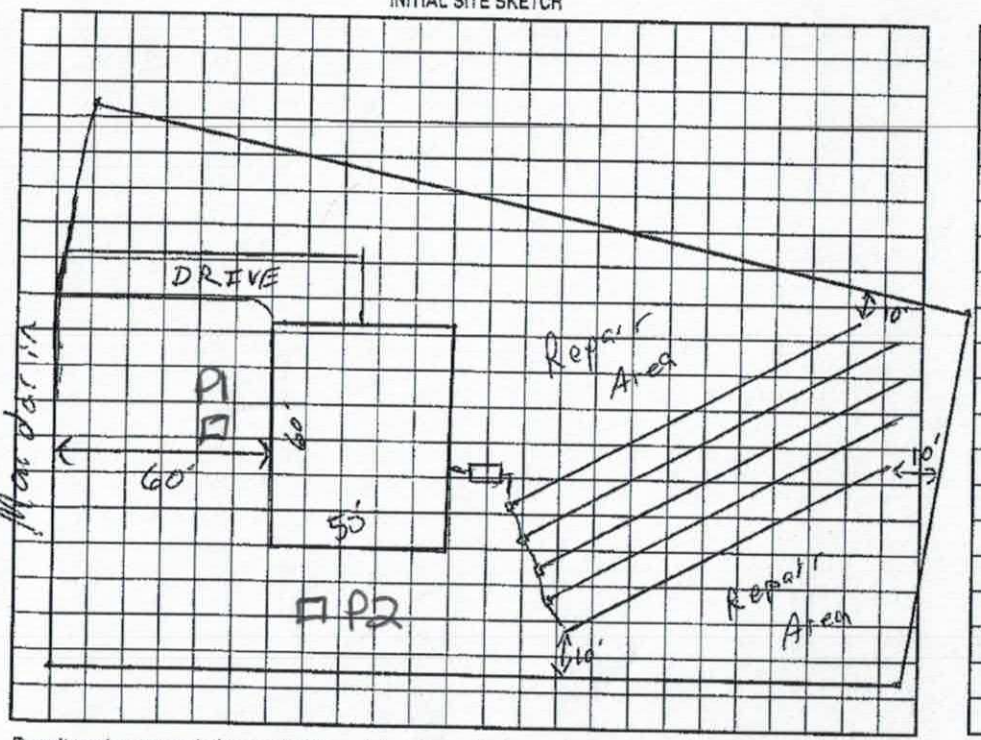
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

1" = 50'

Comments:/Conditions: Checked tanks & lines 11/27/03 MD

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 5/20/03 Installed by: Richard Abernathy

Improvement Permit by: RS date 5/19/03 Operation Permit by: Maria Watson RS date 2/3/04

Authorization to Construct by: RS date 5/19/03 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY

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

APPLICATION NUMBER
238619
Issue Date: 09/06/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636950781.000	112 MANDARIN DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COOPER REES+BONNIE T	Applicant: COOPER REES+BONNIE T
Address: 112 MANDARIN DR	Address: 112 MANDARIN DR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690		10.00	10.00	10.00	CACL	X

Remarks:

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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: _____ Date: _____

Permit Number	151500	TOTAL FEES:	$ 79.50