# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318429

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

PIN # 4637--01--4365

APPLICANT/OWNER: Bacon Development | APPLICANT ADDRESS: 124C Fernwood Lane, Mooresville NC 28117

SITE ADDRESS: 106 Direct Dr., Mooresville NC 28117 | PHONE: 423-782-7633 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Blume → (L) Beaten Path → lot on corner of Direct | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lakeview Haven | SECTION: — | LOT # 1 | LOT AREA: 0.748 | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 (I)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Infiltrator | Date | | | | | |
| Pump Tank | (gal) | PT | | Date | | | | | |
| Pump Make | | Model | | Serial # | | | | | |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 200' | | | | |
| Trench Width | 24" min | Trench Bottom Depth(Low side) | 28" | Gravel Depth | N/A | | | | |

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

System Description: PPBPS - Vertical

Repair System Description: 1800 ft² drip + 100' PPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

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

No. Bedrooms 3 | No. Persons 6 | No. Employees

[X] Private [ ] Public [ ] Community

Water Supply

[ ] Basement w/o plumbing

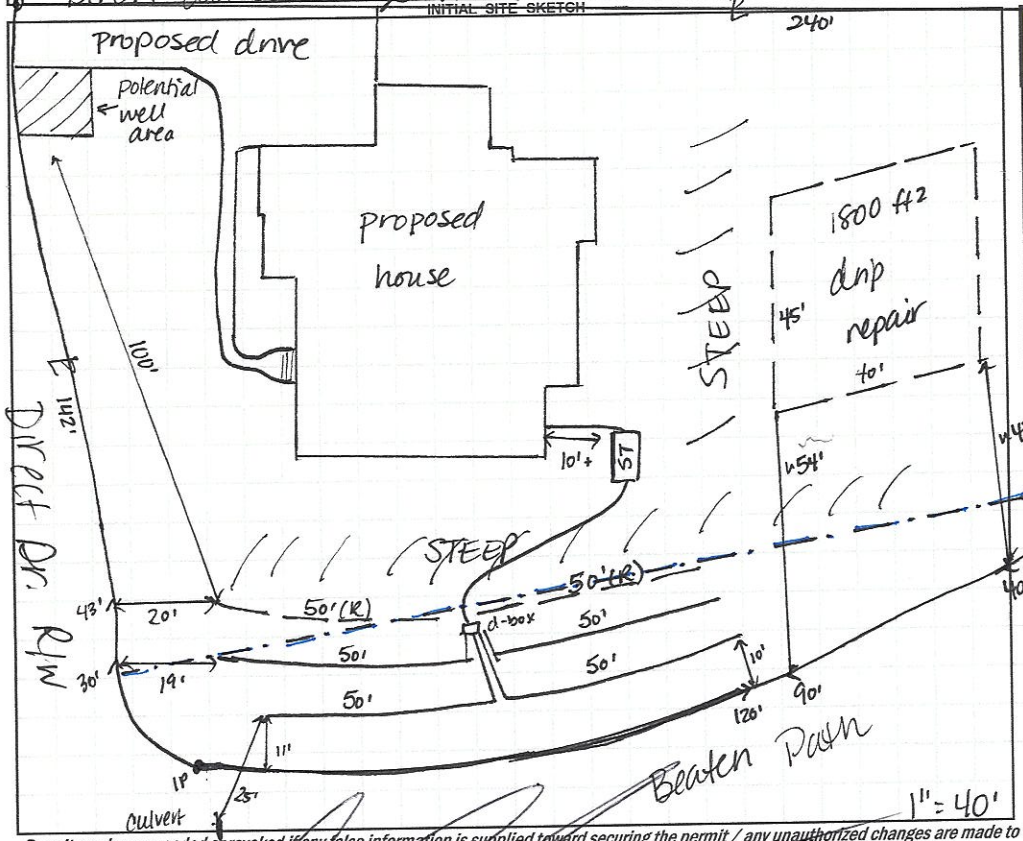
Comments / Conditions: Do not park, pave, grade, drive, or bury utilities in drainfield area

Divert all drainage from drainfield

Do NOT install in fill

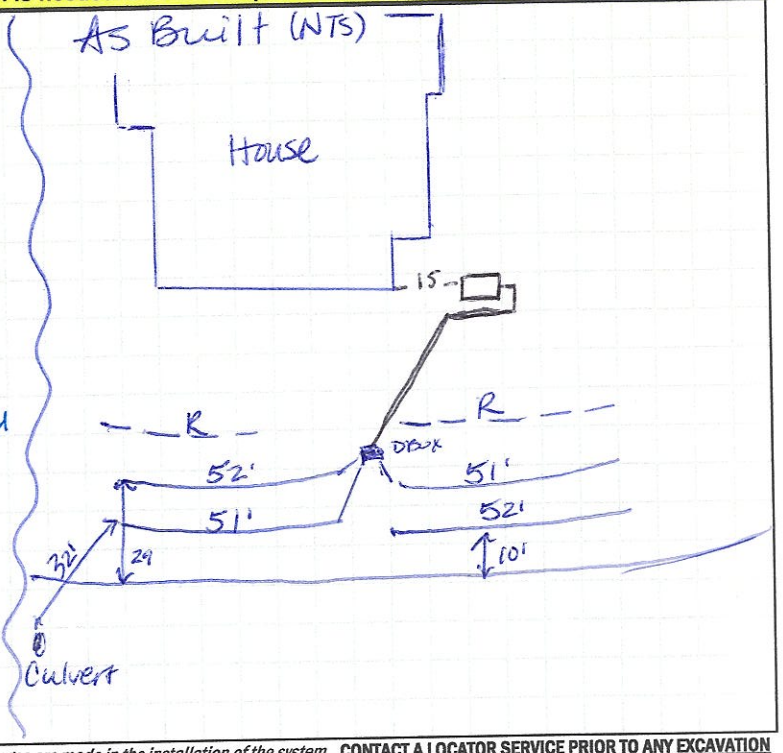
Encroachment agreement: Bk 2848, Pg 941

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.




*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: _____ Date: 9-7-21

IMPROVEMENT PERMIT by: D. Wiebesiek Date: 8/23/21

AUTHORIZATION TO CONSTRUCT by: D. Wiebesiek Date: 9/3/21

Installed by: Jake Williams

OPERATION PERMIT by: Cory Whit Date: 12/9/21

Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 2
PROPERTY ID #: 4637014365
COUNTY: Iredell

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

OWNER: David Canning
ADDRESS:
APPLICATION DATE: 4/10/21
DATE EVALUATED: 6/18/21
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.748
LOCATION OF SITE: 106 Direct Dr. Mooresville 28117
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 | 20% | 0-12 | CL ABK/SBK | SSP-FR EXP/SEXP | 25Y 7/1 @ 13" | | | | U |
| | | 12-36 | C-ABK | SP/VP-FI EXP/SEXP | Peds 3-6" in C layer | | | | |
| | | 36-63 | SAP-CL-M | SSSP-FI | | | CL | | |
| | | | | | Chroma 1's & 2's throughout C | | | | |
| 2 | 20% | 0-15 | CL-SBK | SSSP-FR-SEXP | many peds | | | | U |
| | | 15-24 | C-ABK/SBK | SSS FI/FR | | | | | |
| | | 24-36 | SAP-M-CL | SSSP-FR/FI | | | | | |
| | | 36-60 | SAP-L-M | FI/VFI | | | | | |
| 3 | 20% | 0-11 | CL/SCL | SSSP-FR-SEXP | | 25" | CL | | PS |
| | | 11-19 | C-SBK/ABK | SSP-FI/FR | | | | | |
| | | 19-25 | CL-ABK/RCF | SSSP-FI/FR | | | | | 0.1 dnp |
| | | 25-60 | SAP-CL/L-M | SSP-FI/FR | | | | | |
| 4 | 20% | 0-7 | CL-ABK/SBK | SSP-FI/FR | large peds, >1" (Chroma 2's throughout) | | | | U |
| | | 7-63 | SAP-CL/L | → | Highly variegated SAP | | | | |
| | | | | | some CL, some L | | | | |
| | | | | | large areas RCF/PL | | | | |
| | | | | | several areas FI some FR | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | 50% | 50% + DNP |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Weber
OTHER(S) PRESENT: J. Thompson
H. Snow, B. Bottoms on 6/21/21

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #:
DATE OF EVALUATION: 10/18/21
COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 15% | 0-10 | CL-SBK | SSSP-FR SERP | 2.5Y 7/1 @ 9" 2.5Y 6/2 @ 24" LCI" Litho & Mn in CL | (61") | N/A | | PS 0.225 |
| | | 10-30 | C-SBK/ABK | SSSP-FR-SERP | | | | | |
| | | 30-61 | CL-SBK | SSSP-FR-SERP | | | | | |
| 6 | FS/SS 15-20% | 0-7 | CL FILL | [illegible] | Chroma 2s 018" + variegated SAP areas of some FR sap = maj | (63") | SL/L | | M |
| | | 7-18 | CL/C-SBK | SSSP-FR/FI-SERP | | | | | |
| | | 18-63 | SAP SL/L (RCF) M | OSNP-FI/FR- | | | | | |
| 7 | | 0-48 | SAP-S/SL-M | OSNP-FR/FI | Small band of FR SAP most areas are RCF, large blocky area @ top majority is FI/VFI | (0') | S/SL/L | | M |
| | | 7-48 | | | | | | | |

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #: 4637 01 4365
DATE OF EVALUATION: 7/16/21
COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 8 | FS/LS 10% | 0-31 | FILL | — | Band of FI, RC SAP on one end. Variegated Sap | | | | PS 0.3 |
| | | 31-85 | SAP-SL-M | | | | | | |
| 9 | FS/LS 10% | 0-18 | FILL | — | Some areas of RC/weathered | | | | PS 0.3 |
| | | 18-85 | SAP-SL-M | | | | | | |

COMMENTS: 30" TB

6/17 @ 9am

RECEIVED JUN 10 2021

# 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* AP-318429 $500.00

**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: Bacon Development Address: 124c Fernwood Ln. Zip: 28117
Applicant Email: _____ Phone: 423-782-7633 Alt. Phone: _____
Owner Name: David Canning Address: 106 Direct Dr. Mooresville NC Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 106 Direct Dr. Mooresville, NC 28117
Subdivision Name: Lake view haven Section/Phase: _____ Lot Number: 1
Driving Directions: Brawley school to Blume then Left on Beaten Path Subdivision 1/2 mile on Left.

**Site Development Information:** *(check or complete ALL that apply)* A3

(✓) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 3341 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
(✓) 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.*

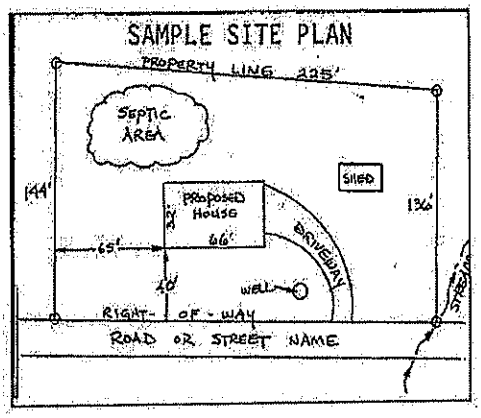
**Signature:** _____ 6-2-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:

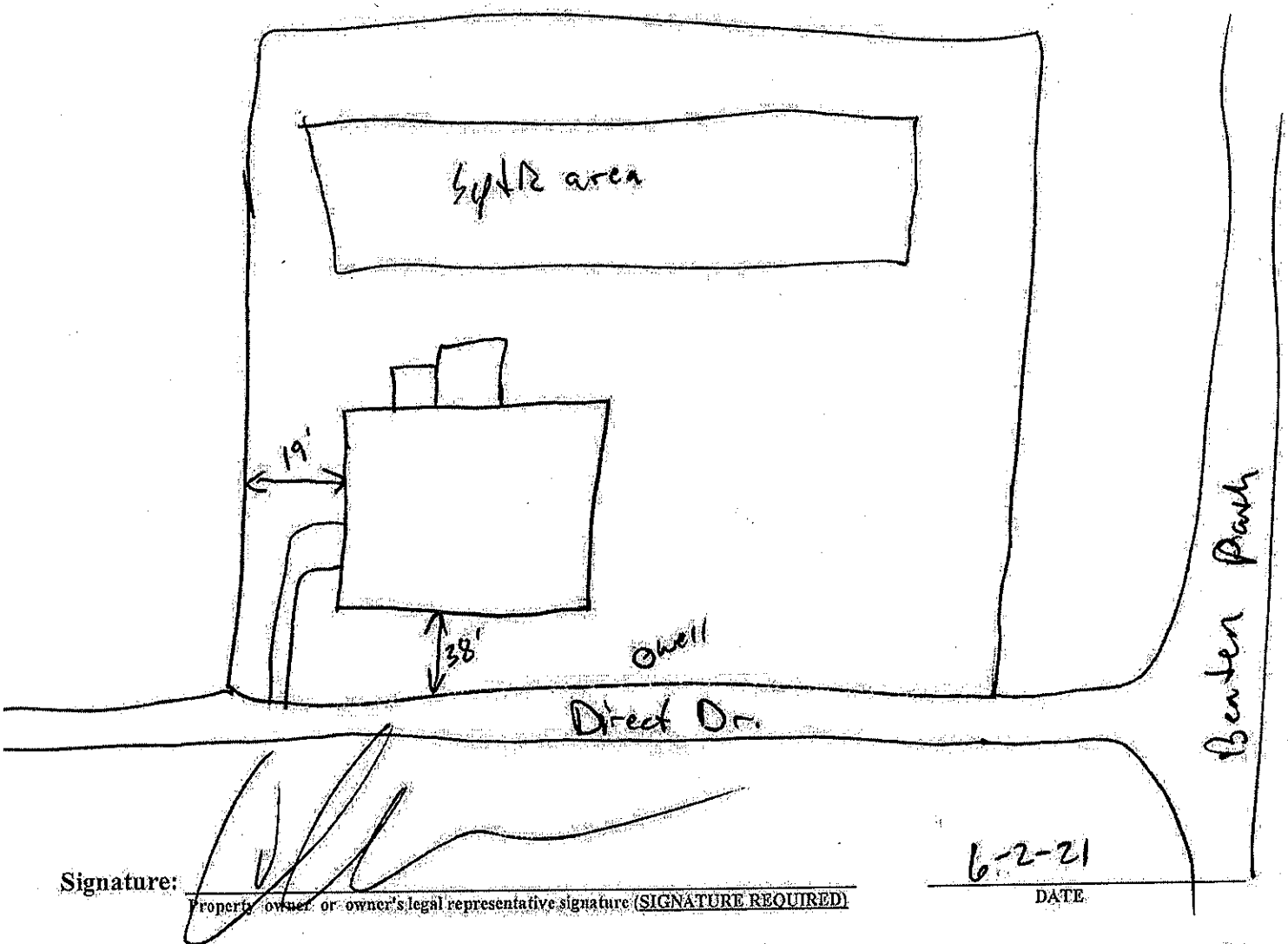
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

*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:** _____

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

6-2-21

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*) _____

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, Chad Bacon David Lanning, am the legal owner(s) of the property located at 106 Direct Dr., identified as PIN (Parcel Identification Number) 4637-01-4365, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bacon Development Chad Bacon, 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.

_____ 6-2-21
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

77' 11"




69' 1"

NOTE:
SEE ELEVATIONS FOR ALL EXTERIOR FINISHES

## MAIN FLOOR NOTES

- REFER TO ALL STRUCTURAL SHEETS FOR ALL SHEAR WALL NOTES
- ALL DOORS TO BE 6" OFF CORNERS U.N.O.
- VERIFY ALL WINDOW SIZES WITH SUPPLIER FOR ACTUAL SIZE AND EGRESS PRIOR TO ORDERING
- OWNER TO VERIFY ALL FINISHES. G.C. TO COORDINATE W/ OWNER FOR FINISH AND STYLE SELECTIONS.
- ALL STAIRS AND RAILING TO BE INSTALLED IN ACCORDANCE WITH 2018 NC RESIDENTIAL CODE
- GC TO VERIFY GRADE AND COORDINATE NUMBER OF STEPS REQUIRED AT ENTRY AREAS PRIOR TO CONSTRUCTION.
- ALL WALLS ARE NOMINAL 2x STUD WALLS DIMENSIONED TO EITHER THE CENTER OF STUD (AT INTERIOR LOCATIONS) OR TO THE OUTSIDE FACE OF STUD (ALL EXTERIOR LOCATIONS)

## ABBREVIATIONS

| | | |
|---|---|---|
| OHAC | - | OVER HEAD CABINETS |
| HGT. | - | HEIGHT |
| O. | - | OVER |
| CLG. | - | CEILING |
| SIM. | - | SIMILAR CONDITION |
| DBL. | - | DOUBLE |
| W | - | WITH |
| TDS. | - | TURNED DOWN SLAB |
| M.O. | - | MASONRY OPENING |
| REF. | - | REFRIGERATOR |
| CL | - | CENTER LINE |
| HTR. | - | HEATER |
| KW. | - | KNEEWALL |
| PLT. | - | PLATE |
| VER. | - | VERIFY |
| F.W.H. | - | FINISH WALL HEIGHT |
| WS. | - | WEATHER STRIPPING |

## LEGEND

- WALL (2x6 OR 2x8 FOR PLANS)
- CLIPPED CEILING ABOVE (SHOWN ON 45° PLAN DRAWN)

Acknowledgement Of Plans Submittal ONLY!

Date 5/13/21

Date

Bacon Custom Homes

SEAL:

IMPORTANT NOTE ABOUT PLAN LIABILITY:
THERE HAS BEEN REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF "PERFECT" DOCUMENTS OR FLAWLESS JUDGEMENT. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS & DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR THEM. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF G.C. PRIOR TO CONSTRUCTION.

DRAWING:
May 19, 2021

ISSUED FOR:
For Review

DRAWING:
MAIN LEVEL FLOOR PLAN

SCALE: 1/4"=1'-0"

PAGE:
05

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **318429**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4637014365.000 | 106 DIRECT DR | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: LANNING DAVID W+WENDY S<br>Address:<br><br>,<br>Phone: | Name: BACON DEVELOPMENT LLC<br>Address: 2004 BROOKSIDE LN<br><br>KINGSPORT, TN 37660<br>Phone: (423)782-7633 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R-20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.748 | 35 | 35 | 15 | 25 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| sfd |

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:** 06/07/2021

Signature of Owner/Contractor

| Permit Number | 318429 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|