5:350.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229271

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

M.H.D. PIN # 4637168493

APPLICANT/OWNER: Scottie Mobley APPLICANT ADDRESS: 9721 Psalms St.

SITE ADDRESS: 280 McCrary Rd. Mooresville, NC 28117 PHONE: 704-728-4663 ALT. PHONE —

SITE DIRECTIONS: NC 150 W → L on McCrary → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: McCrary Woods SECTION: 2 LOT # 31 LOT AREA: .96 ac DESIGN FLOW: 480gpd L.T.A.R.: .325 (.3 repair)

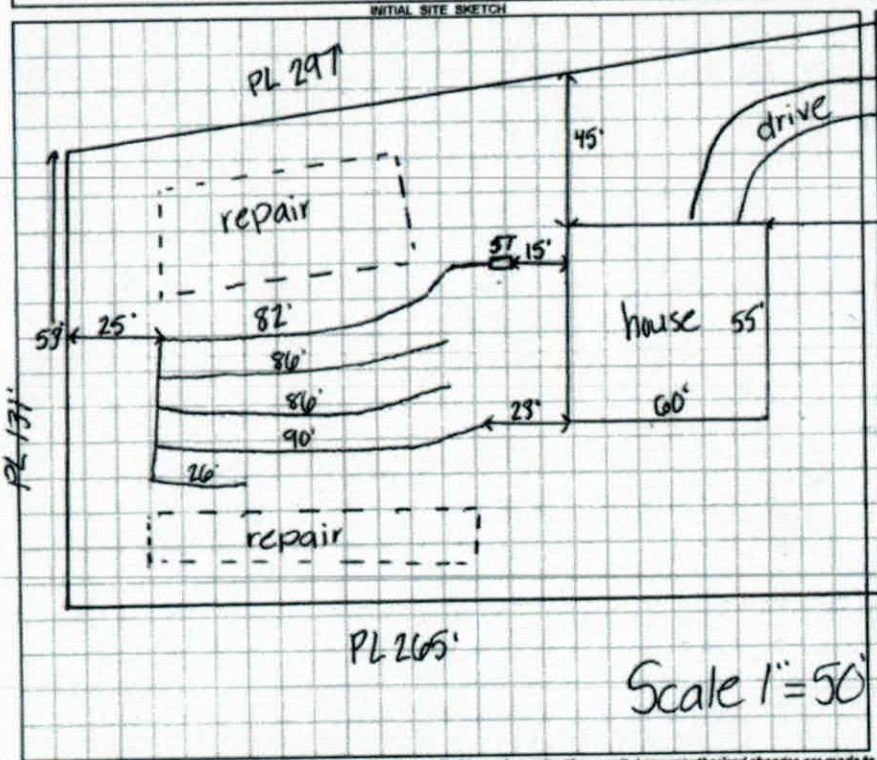
Septic Tank	1000 (gal)	STB	Infiltrator	Date	10 50	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft.	370'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	29"/36" high side	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

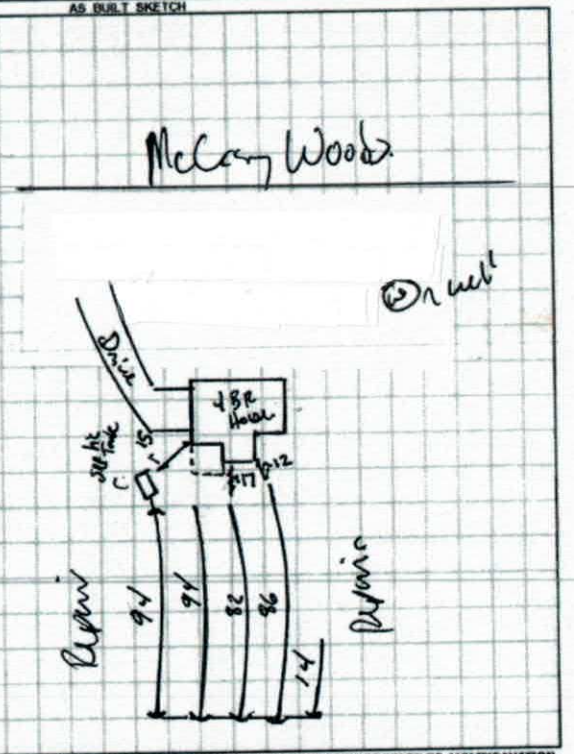
Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

* AC issued on 8-24-17. Floor plans submitted were 61'x54'. Permit shows 60'x55'. OK to use floor plans and increase house box on permit by 1'. Septic tank should still maintain 15' from house.

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: Scottie Mobley Date: 8-24-17 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Phyllis Wilson Date: 8-23-17 OPERATION PERMIT by: Benjamin A Butkins Date: 1/29/2019.

AUTHORIZATION TO CONSTRUCT by: Phyllis Wilson Date: 8-24-17 Existing System Inspected by: _____ Date: _____

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

Sheet 1 of 1
PROPERTY ID #: 4697168493
COUNTY: Iredell

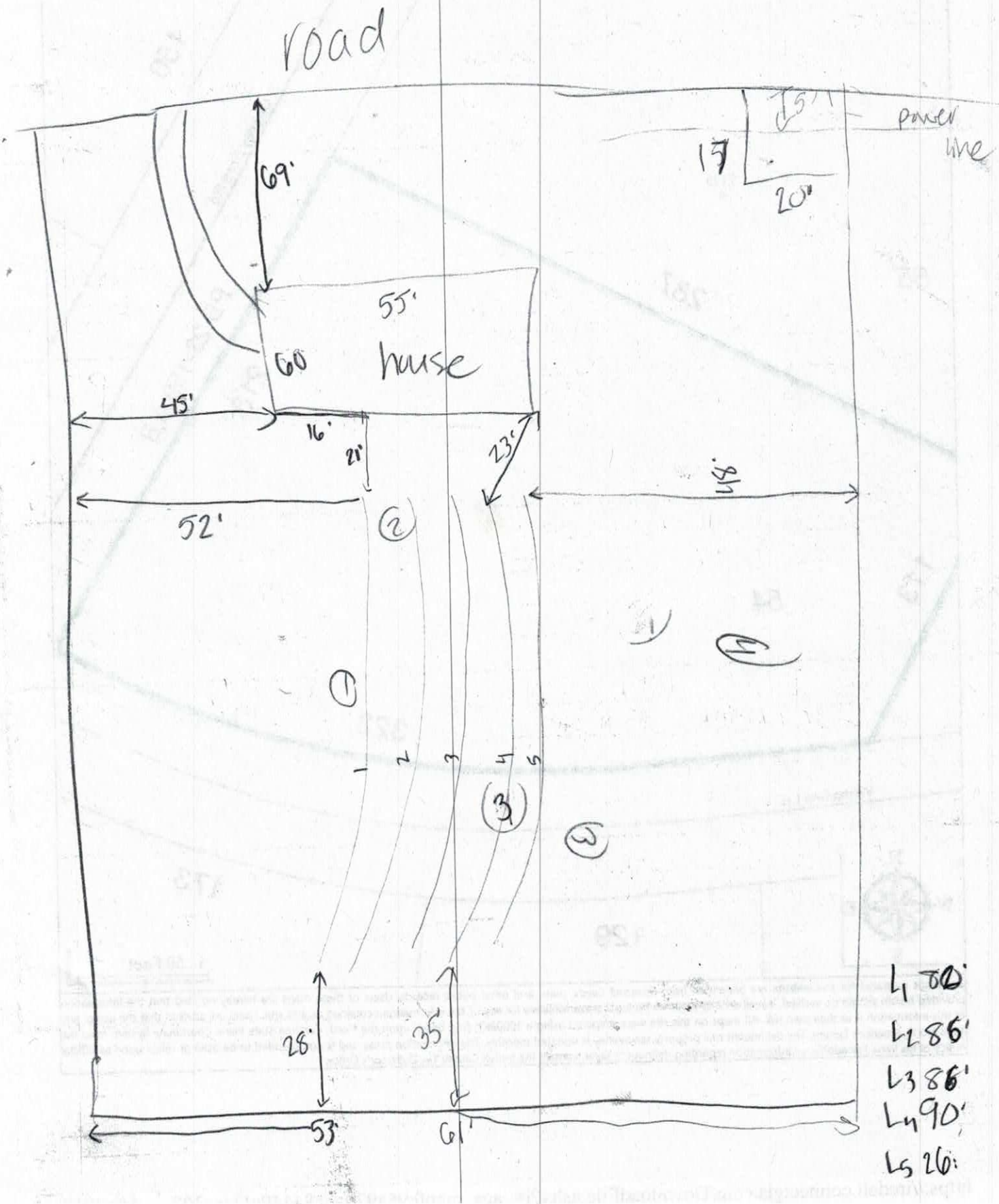
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Scottie Mobley
APPLICATION DATE 8-7-17
ADDRESS: 280 McCrary Rd
DATE EVALUATED: 8-21-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .96ac
LOCATION OF SITE: NC150 W → L on McCrary → lot on R
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 repair	12% LS	0-9	WSBK CL	Fr,SS,SP,SEXP	—	9	0-9 SAP	many inc	PS .325
		9-61	SL SAP	VFr-Fr,NS,NP					
2 init	18% LS	0-14	WSBK CL	Fr,SS,SP,SEXP	—	14	0-14 SAP	many inc	PS .325
		14-65	L SAP	VFr-Fr,NS,NP					
3 init	16% LS	0-31	WSBK CL	Fr,SS,SP,SEXP	—	31	0-31 com-many SAP inc		PS .325
		31-67	L SAP	Fr,NS,NP					
4 repair	12% LS	0-22	WSBK CL	Fr,SS,SP,SEXP	—	22	0-22 com-many SAP inc		PS .3
		22-66	L SAP	Fr,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.325	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:


road
69'
55'
60
house
45'
16'
21'
23'
52'
54'
15'
17
20'
power line
1
2
3
4
5
28'
35'
53'
61'
L1 80'
L2 86'
L3 86'
L4 90'
L5 26'

RECEIVED AUG 7 - 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #229271

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Scottie Mobley Address: 280 Mcrary Rd. Zip: 28117
Applicant Email: Scottie Mo701@gmail.com Phone: 704-728-4663 Alt. Phone:
Owner Name: Scottie Mobley Address: 9721 Psalms St. Zip: 28031
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 280 Mcrary Rd.
Subdivision Name: Mcrary woods Subdivision Section/Phase: Lot Number: 31
Driving Directions: Off of 150 Hwy make a Left/Right onto Mcrary Rd (Across from big daddy's Resturant).

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

(✓) 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: 4
( ) 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: 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: gravity feed

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: Scottie Mobley 8/7/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Scottie Mobley 8-24-17

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, Scottie Mobley, am the legal owner(s) of the property located at 280 Mcrary Rd., identified as PIN (Parcel Identification Number) 4631-16-8493, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ledbetter Construction, Tyrone Ledbetter, 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.

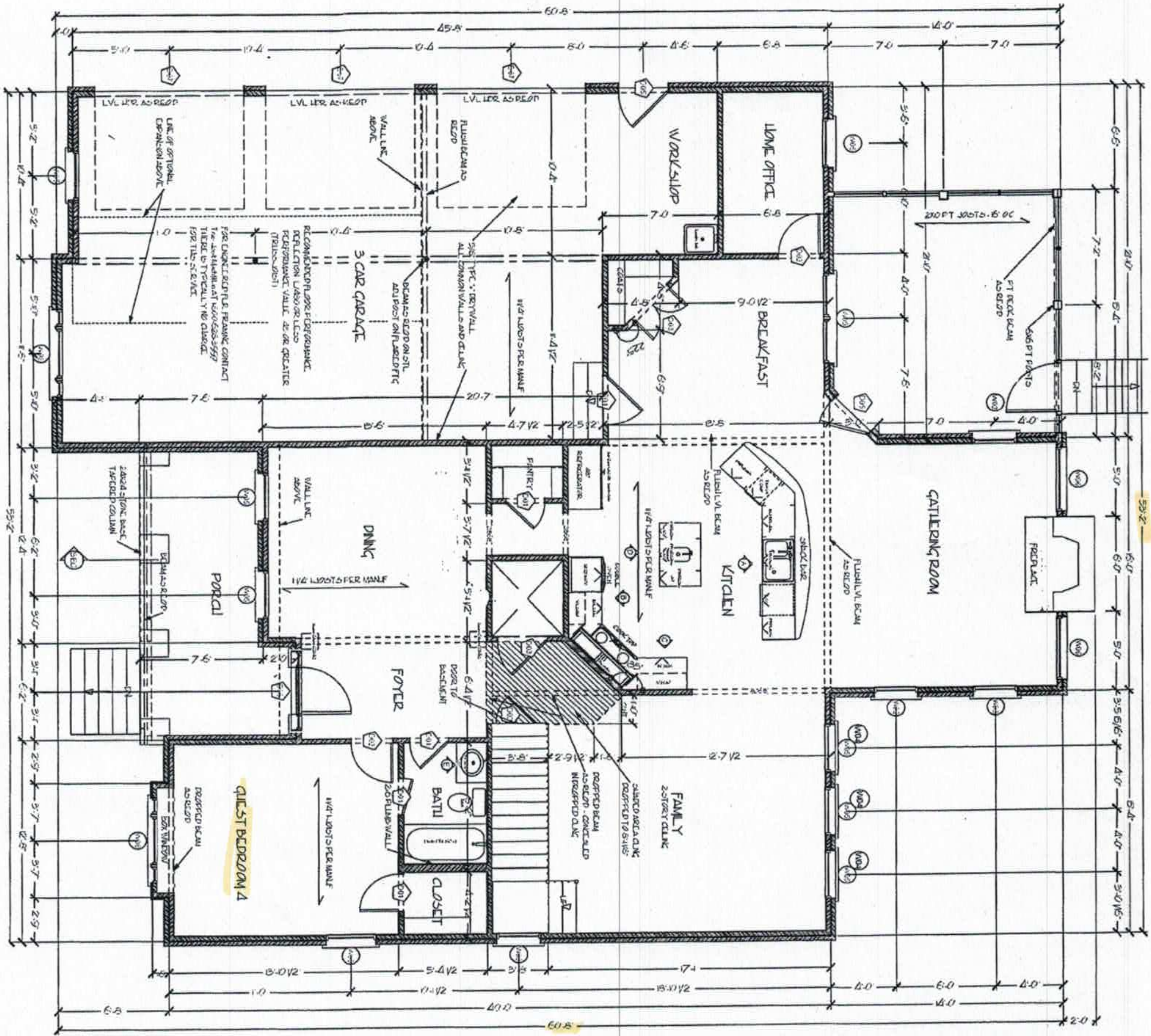
Signature of Owner(s) — Date: 8/7/17

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

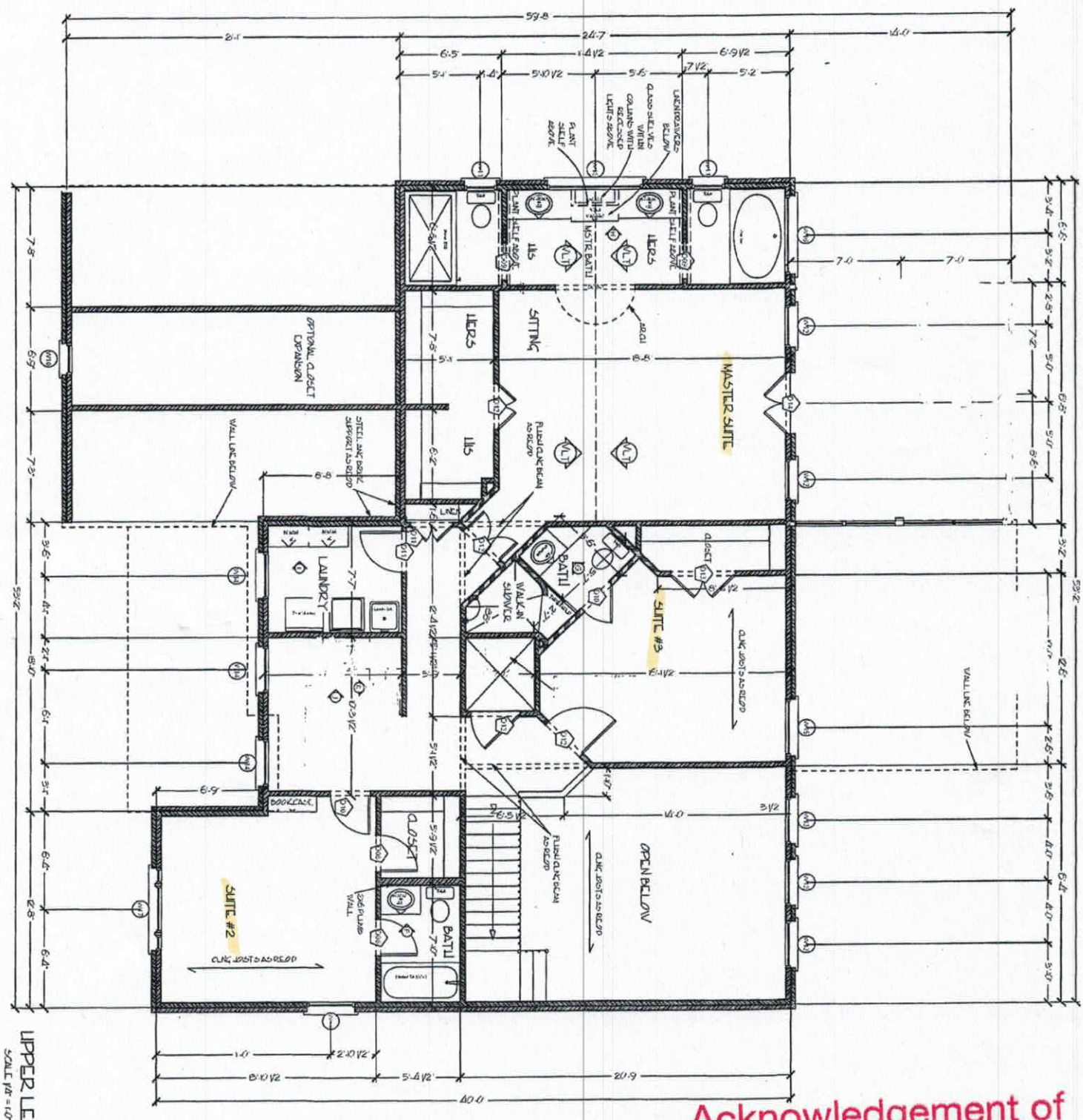


HEATED AREA
UPPER: 1067
LOWER: 1897
TOTAL: 2964

LOWER LEVEL FLOOR PLAN
SCALE: 1/4" = 1'0"

Acknowledgement of
Plans Submittal ONLY!
Date 8-24-17
Date 8-24-17

All plans are copyrighted by Atlanta Plan Source, Inc. and/or Designer
ATLANTA PLAN SOURCE
P.O. Box 1169
Alpharetta, GA 30009
Ph: 770-664-4114
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UPPER LEVEL FLOOR PLAN

SCALE 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 8-24-17

Date 8-24-17

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Alpharetta, GA 30009
Ph: 770-664-4114

A|B|D

IREDELL COUNTY

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

APPLICATION NUMBER
229271
Issue Date: 08/07/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4637168493.000	280 MCCRARY ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: EDORAS COMPANY LLC	Applicant: MOBLEY, SCOTTIE
Address: 0 IREDELL CO, NC 28625	Address: 280 MCCRARY STATESVILLE, NC 28687
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.960	35.00	35.00	15.00	15.00	CA	X

Remarks:

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	111377	TOTAL FEES:	$ 77.25