IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2354446

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

PIN # 4637571457

APPLICANT/OWNER: Hans Pederson Org. APPLICANT ADDRESS: 6211 Denver Industrial Pk Rd Denver NC 28037

SITE ADDRESS: 194 Doolie Rd Mooresville NC 28117 PHONE: 8283122972 Jessica ALT. PHONE 704 257-6422

SITE DIRECTIONS: Hwy 150 W TL Doolie Rd on right (next to Fire Station) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Timber Creek SECTION: - LOT # 3 LOT AREA: 1.268 Ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 7-30-18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 300 Ft

Trench Width 36" Trench Bottom Depth(Low side) 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: PPB PS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

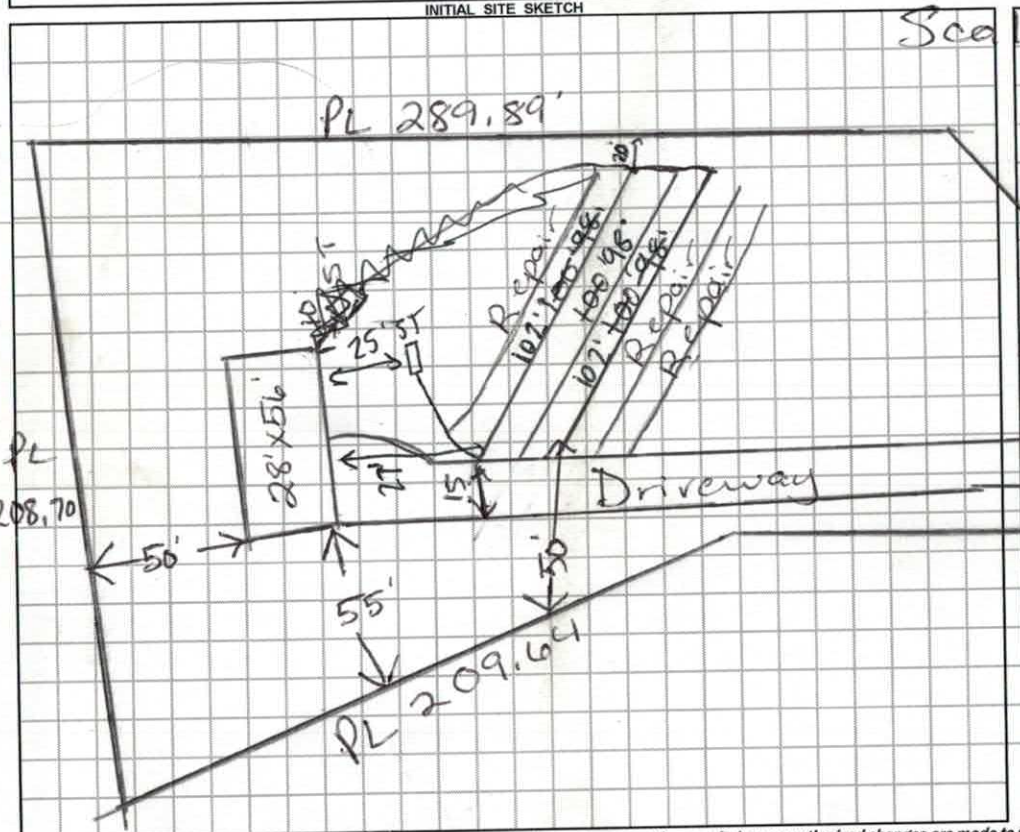
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space ☐ Basement w/o plumbing

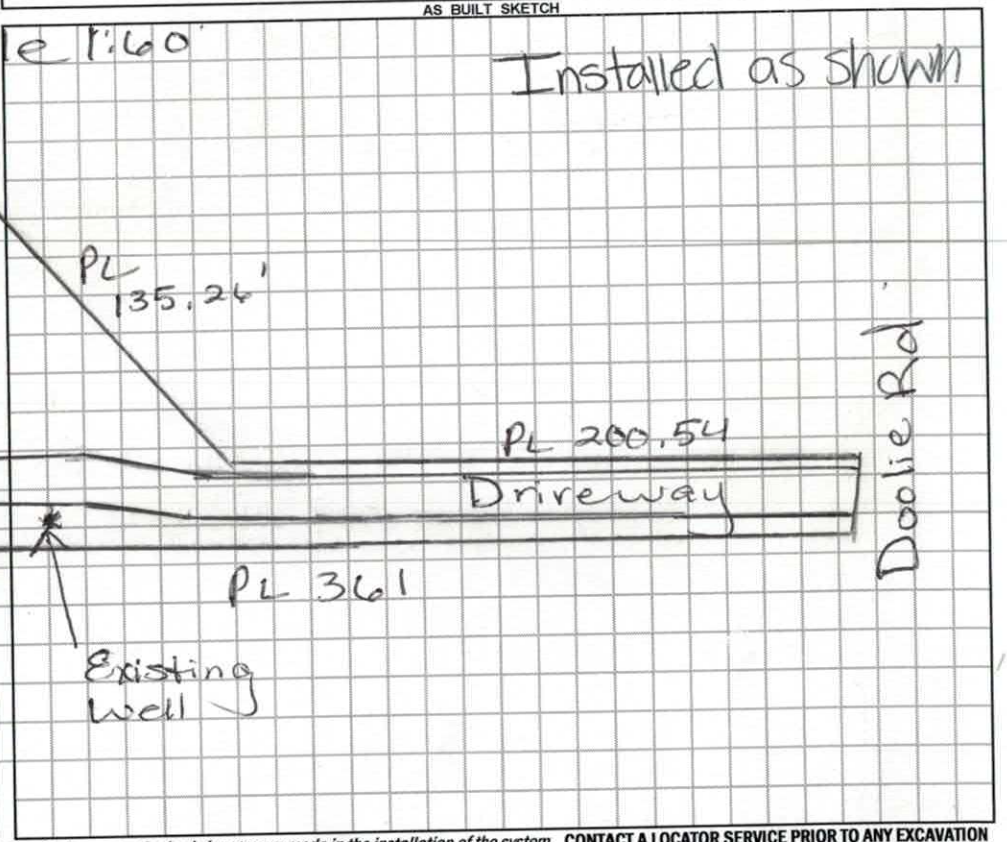
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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**

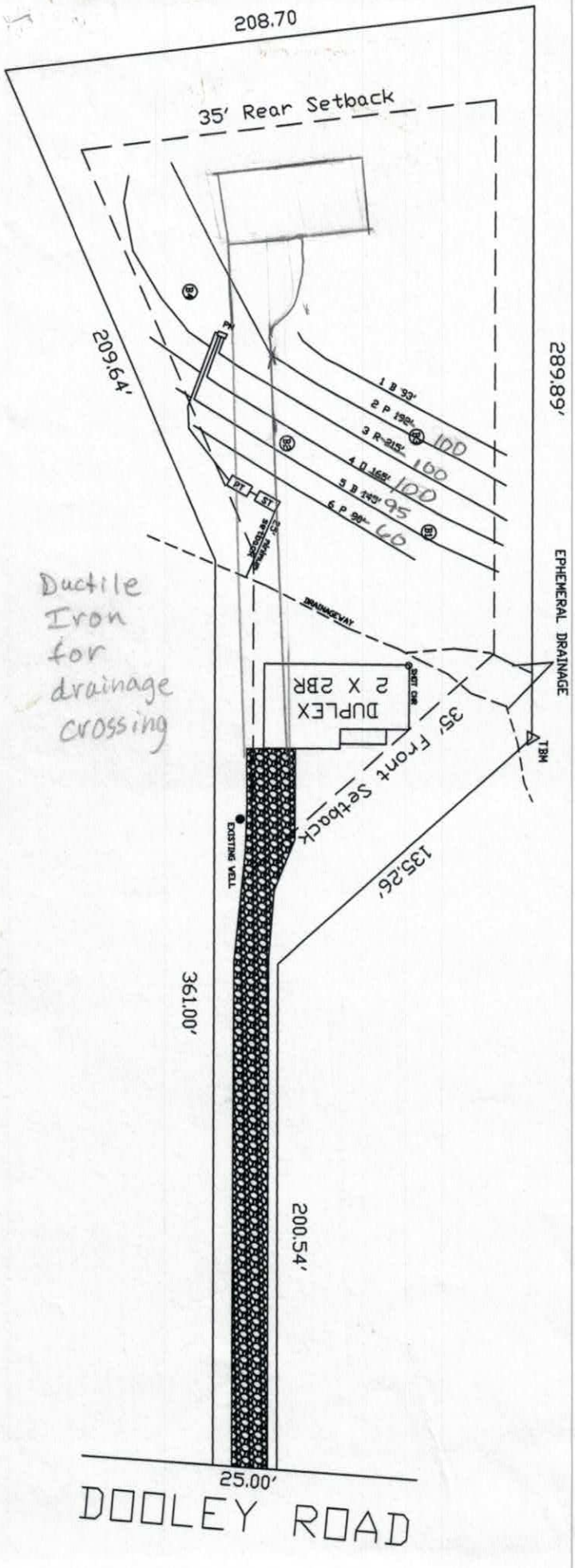
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/24/18 Installed by: Sipe Grading (Landon)

IMPROVEMENT PERMIT by: Date: 5/24/18 OPERATION PERMIT by: Date: 10-5-18

AUTHORIZATION TO CONSTRUCT by: Date: 5/24/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



Approved
3-31-10
gm

1" = 60'

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steel Spike LLC
ADDRESS: PO Box 367 Terrell, NC 28682
PROPOSED FACILITY: Duplex
LOCATION OF SITE: 194 Doolie Rd Mooresville NC 28117
APPLICATION DATE 3-26-10
DATE EVALUATED: 2-10
PROPERTY SIZE: 1.268ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 480 gpd
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
B 1	15%	0-20	R C L WMSBK	SS, SP, Fr SE xP	—	45"	PS	—	PS 0.3-0.35
		20-30	R Y CL WMSBK	SS, SP, Fr SE xP	few/com Sap				
		30-45	R Y CL V WSBK	SS, SP, Fr SE xP	many Sap				
		45-52	Varg L Sap Mass	SS, SP, Fr SE xP					
B 2	15%	0-15	RC WMSBK	SS, SP, Fr SE xP	—	48"	—	—	PS 0.3-0.35
		15-30	RY C WMSBK	SS, SP, Fr SE xP	com Sap				
		30-48	RY CL V WSBK	SS, SP, Fr SE xP	many Sap				
B 3	15%	0-22	R C MMSBK	SS, SP, Fr SE xP	—	48"	—	—	PS 0.3-0.35
		22-48	RY CL WSBK	SS, SP, Fr SE xP	com Sap				
B 4	15%	0-10	B SL Gr	SS, SP, Fr SE xP	—	48"	—	—	PS 0.3
		10-48	R C MMSBK	SS, SP, Fr SE xP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red.	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SAR
OTHER(S) PRESENT: None
3 Approved Mooresville REHS ICHD

COMMENTS: _____

RECEIVED MAY 10 2018

Paid $500.00

#235446

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit (well on property) ( ) 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: Hans Pederson Org Address: 6211 Denver Industrial Pk Rd Zip: 28037
Applicant Email: Jesse.Brown@mikepalmerhomes.com Phone: 828-312-2472 Alt. Phone: 704-257-6422
Owner Name: Hans pederson ORG. Address: 6211 Denver Industrial Pk Rd Zip: 28037
Owner Email: Jesse.Brown@mikepalmerhomes.com Phone: 828 312 2572 Alt. Phone: 704-257-6422

Property Information:

Street Address: 194 Dodie Rd Mooresville NC
Subdivision Name: Timber Creek Section/Phase: 2 Lot Number: 3
Driving Directions: Hwy 150 W (N) onto Dodie Rd lot on Right after Lake Norman High

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:
(✓) 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 (X) Existing Well (on property) ( ) 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 (X) Other: 25% gravity

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: _____ 5/7/18
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

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, Mike Palmer, am the legal owner(s) of the property located at 194 Doolie Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637572394.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jesse Brown Hess Pederson Org., 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.

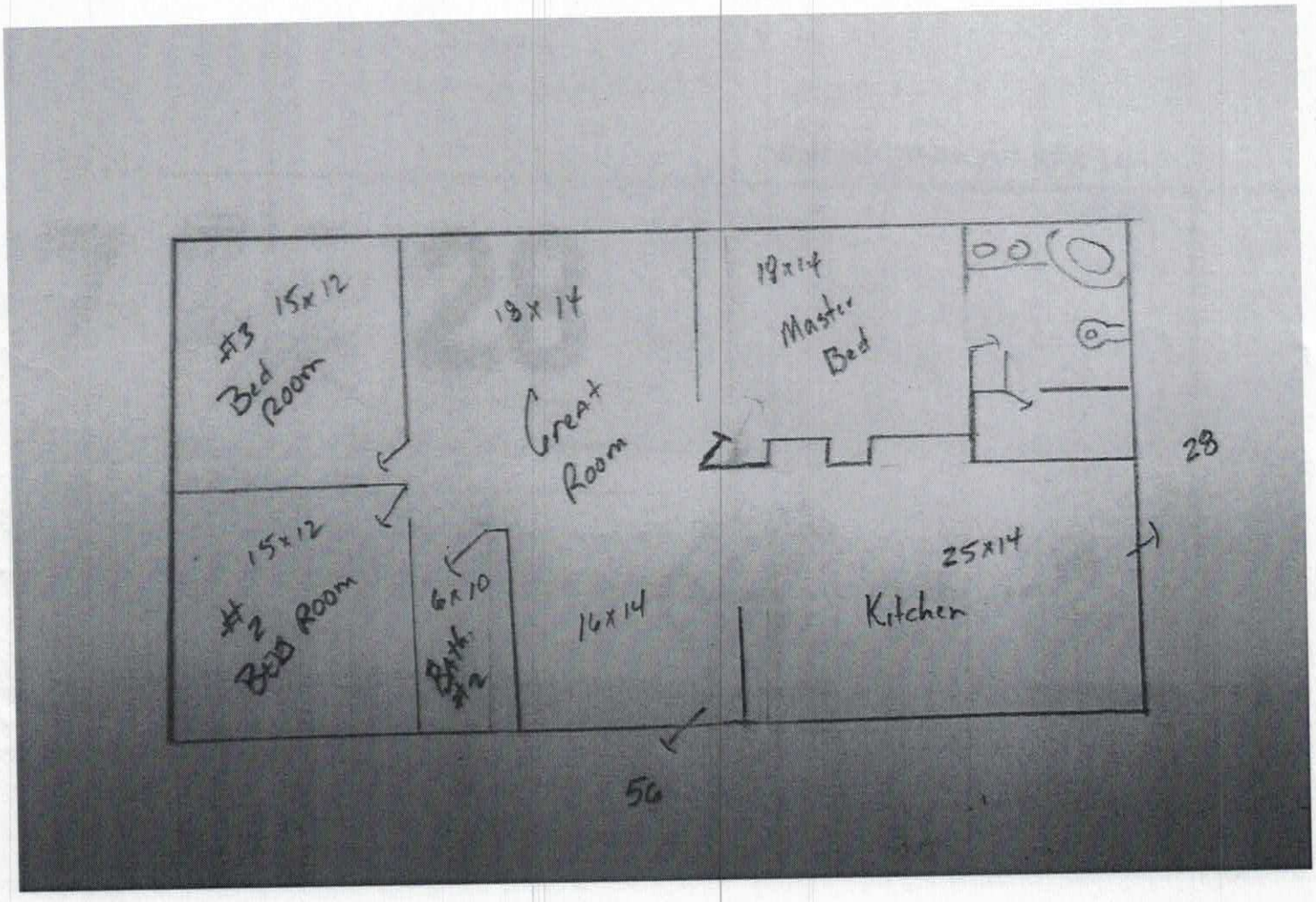
Signature of Owner(s) 5-7-18 Date Signature of Witness 5/7/18 Date

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

194 Doolie



Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 5/23/18

[redacted] Date 5/24/18

Scanned with CamScanner

IREDELL COUNTY

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

APPLICATION NUMBER
235446
Issue Date: 05/07/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4637571457.000	194 DOOLIE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HANS PEDERSON ORGANIZATION LLC	Applicant: HANS PEDERSON ORGANIZA
Address: 6211 DENVER IND PARK RD	Address: 6211 DENVER IND PARK RD
MOORESVILLE, NC 28037	MOORESVILLE, NC 28037
Phone:	Phone:

Use Requested	Zone Code
DW NEW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.270	35.00	35.00	15.00	15.00	CACL	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	138008	TOTAL FEES:	$ 77.25