# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226 248

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

PIN # 4637-61-3328

APPLICANT/OWNER: Rowland Development Corp. APPLICANT ADDRESS: 2231 Highway 152 E China Grove, NC

SITE ADDRESS: 242 Oak Tree Rd Mooresville, NC PHONE: James 704-586-0556 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on Oak Tree Rd → On right SAP CONTROLLED: ☒ YES ☐ NO

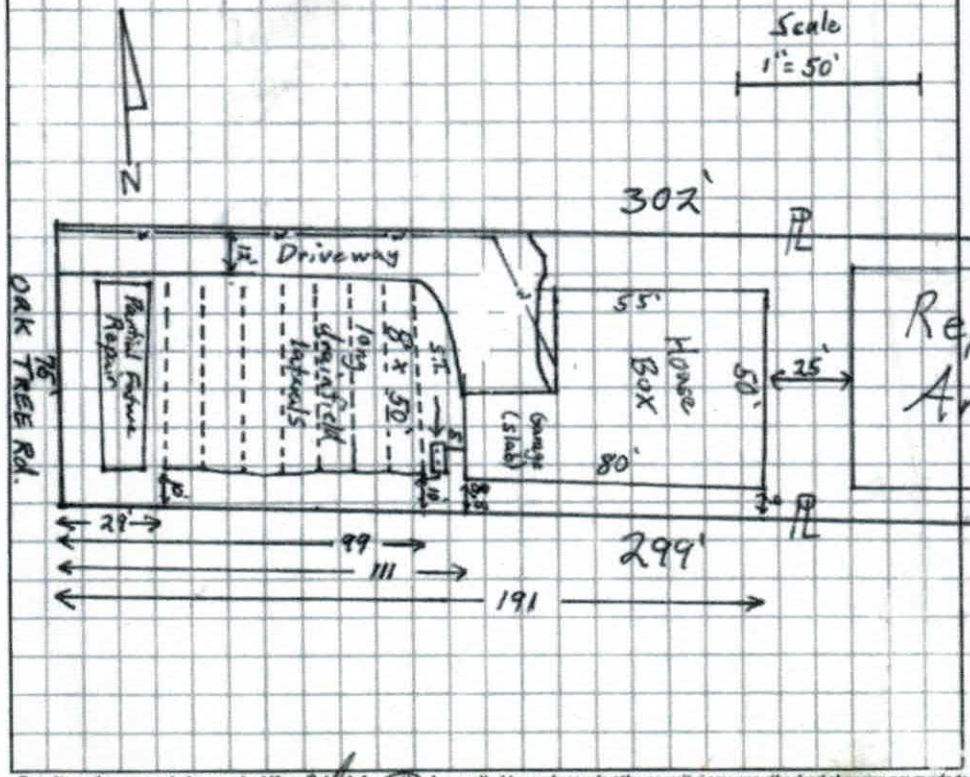
SUBDIVISION: Grand Oaks SECTION: — LOT # 6 LOT AREA: 0.52 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 825 | Date | ~~1/5~~ 1/5/17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | 25% Reduction | | | |
| Pump Make | | Model | | | Serial # | | Repair System Description: | 50% Reduction | | | |
| # Nitrification Fields | 1 | # Lines | 8 | | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 18" | | Gravel Depth | — | | ☒ GRAVITY | ☐ PRESSURE | | |

| | | | | |
|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply | |
| ☐ Business | No. Persons | 8 | ☐ Private | |
| ☐ Other | No. Employees | | ☒ Public | |
| ☒ Slab | ☒ Crawl Space | | ☐ Community | |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

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 plan 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: 7-17-17 Installed by: Kevin Workpenine - Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuler Date: 7/13/17 OPERATION PERMIT by: Benjamin A. Batkins Date: 3/16/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 7/17/17 Existing System Inspected by: Date:

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226298

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

PIN # 4637-61-3328

APPLICANT/OWNER: Rowland Development Corp. APPLICANT ADDRESS: 2231 Highway 152 E China Grove, NC

SITE ADDRESS: 242 Oak Tree Rd Mooresville, NC PHONE: James 704-506-0556 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on Oak Tree Rd → On right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Grand Oaks SECTION: LOT # 6 LOT AREA: 0.52 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 8 Linear Ft 400

Trench Width 36" Trench Bottom Depth(Low side) 18" Gravel Depth —

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

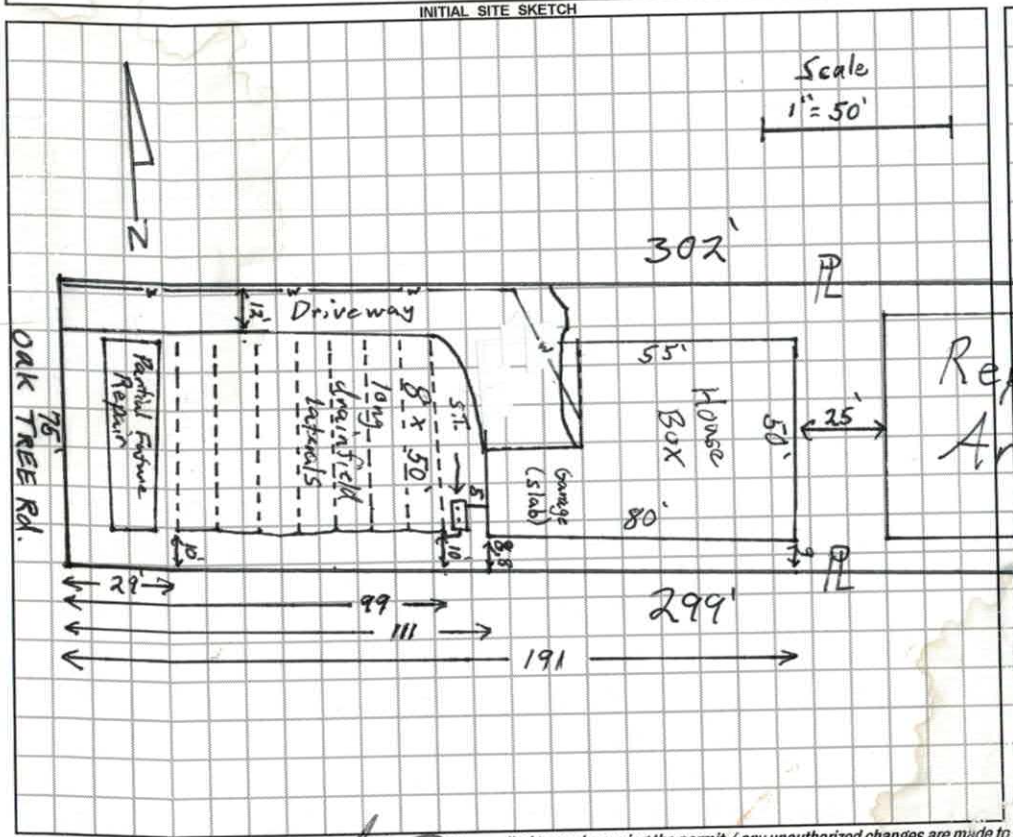
☒ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

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: 7-17-17

IMPROVEMENT PERMIT by: Tom Shuler Date: 7/13/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuler Date: 7/17/17

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

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

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

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

crawl space foundation

APPLICATION DATE: 4/12/17
DATE EVALUATED: 5/15
PROPERTY SIZE: 0.52
PROPERTY RECORDED: Yes

OWNER: Rowland Development Corp
ADDRESS: 2231 Highway 152 East China Grove, NC
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 6 Oak Tree 242 Oak Tree Rd

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

| 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 | LSS 8% Prim | 0-28 | Clay W.SBK | F.Fm, Sticky, Sp, Scxp | | 57" Keep Shallow 18-20" | | | 0.30 PS |
| | | 28-32 | Clay Loam V.W SBK + Abundant Sap | Sl. Firm, SS, Sy, Scxp | | | | | |
| | | 32-35 | Clay Loam Saprolite MA | Marginally Drained + Sl. Friable | US | | | | |
| | | 35-57 | Clay Loam V.W. SBK | Sl. Friable, Sticky, Sp, Scxp | | | | | |
| | | 57-68 | Sandy Saprolite MA | well Drained + very Friable/Granular | | | | | |
| 2 | LSS 8% Prim | 0-25 | Clay W.SBK | Firm, Sticky, Sp, Scxp | | 32" Keep Shallow | | | 0.30 PS |
| | | 25-32 | Clay Loam V.W. SBK | Sl. Friable, SS, Sp, Scxp | | | | | |
| | | 32-35 | Loamy Saprolite MA | Friable + moderately Drained | | | | | |
| | | 35-54 | Clay Loam SAPROLITE (MA) | Sl. Firm, poorly Drained | | | | | |
| | | 54-69 | Sandy Saprolite MA | Very Friable/Granular well Drained | | | | | |
| 3 | LSS Repair | 0-22 | clay r/s SBK + w. ABK some mica | Sl. Firm, Sticky, Sp, Scxp | | 43" Keep Deep | | | 0.325 PS |
| | | 22-43 | Clay Loam W.SBK some Saprolite | Friable, SS, Sy, Scxp | | | | | |
| | | 43-60 | Loamy MA Saprolite | Moderately Drained + very Friable | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | LSS Repair | 0-19 | MA Clay r/s SBK w/ ABK | Firm, Sticky, Sp, Scxp | | 46" Keep Deep | | | 0.30 PS |
| | | 19-46 | Clay Loam V.W. SBK (Abundant Sap) | Sl. Friable, SS, Sp, Scxp | | | | | |
| | | 46-60 | Sandy Saprolite MA | well Drained + very Friable | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 400' | 300' |
| System Type(s) | 25% | 50% |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

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

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

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/28/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 6 Grand Oaks PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | Middle Primary | 0-20 | Clay w/ SBK | Sl. Firm, Sticky, Sl. Sap | - | 29 | — | — | P.T Needed |
| | | 20-29 | Clay Loam w/ SBK + Abundant SAP | Sl. Friable, SS, Sp Sap | | | | | |
| | | 29-48 | Coarse Sandy Saprolite w/ f | Friable + moderately Dispersive 0.367 | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

# IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

RECEIVED JUL 17 2017

*(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:** ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

**********

RECEIVED JUL 17 2017

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* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**********

3. **Applicant Information:**

Rowland Development Corp | 2231 Hwy 152 E | China Grove NC | 704-202-1176
Applicant Name | Mailing Address | Home Phone # | Alternate Phone #

same as above | | |
Owner Name | Mailing Address | Home Phone # | Alternate Phone #

**********

4. **Property Information:**

242 Oak Tree Rd | Mooresville | Grand Oaks | #6
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: West on Brawley Sch Rd, Rt on Oak Tree Rd, Lot on Rt

**********

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

**********

6. **Proposed Water Supply:**

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

**********

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

( ) Alternative (X) 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 ( ) 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:** _____ 7/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 12 2017

# 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)*

Paid $500.00

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

# 226298

**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* ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**3. Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Rowland Developmet Corp. | 2231 Hwy 152 East China Grove NC 28023 | 704-506-0556 | |
| Same | | | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |

**4. Property Information:**

242 Oak Tree Rd Mooresville NC — **Street Address**

Grand Oaks — **Subdivision Name**

Lot #6 — **Section/Phase and Lot Number**

**Driving Directions:** Brawley Sch Rd West Right on Oak Tree Lot on the Rt

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

**6. Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) 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 To The Best of Your Ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

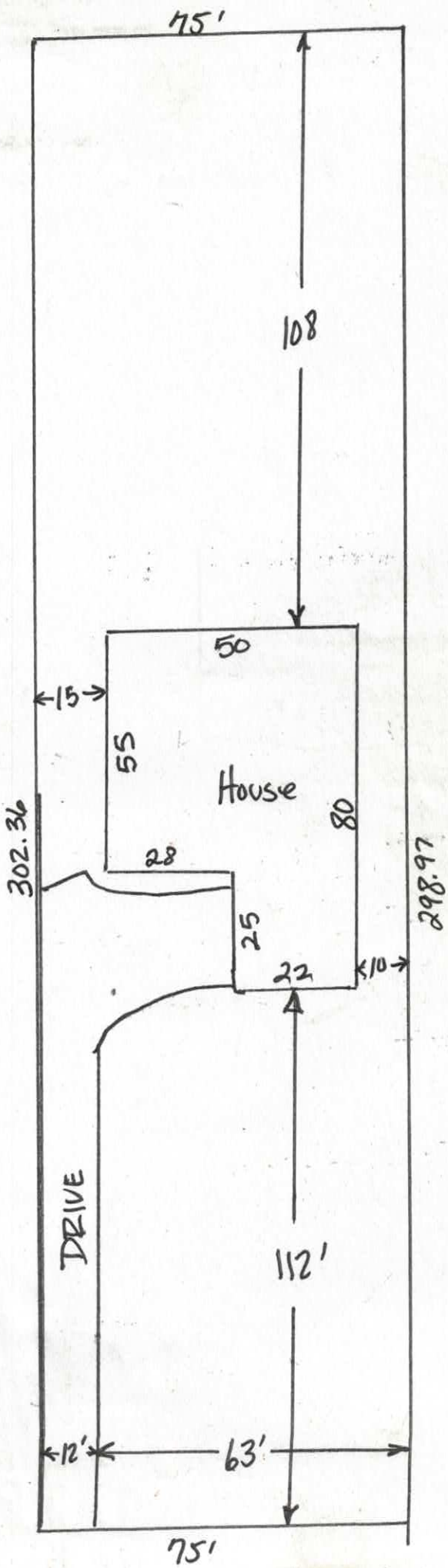
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right o entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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:** _____ 4/12/17

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

242 Oak Tree Rd
PIN: 4637613328

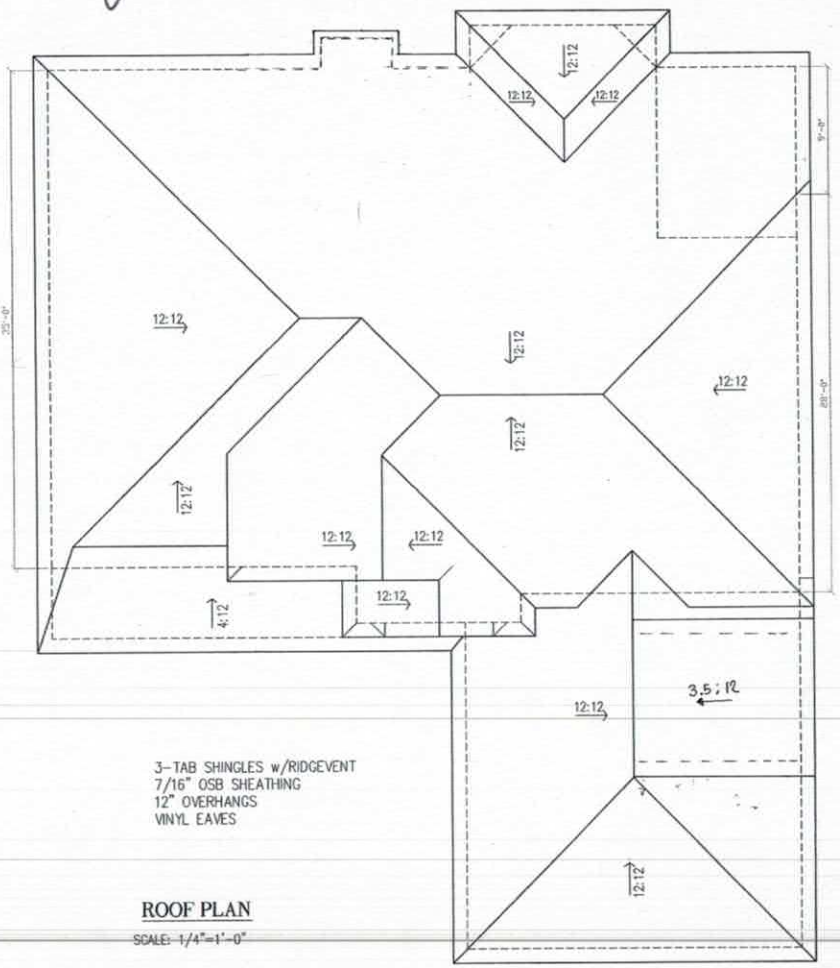
Lot 6
1" = 30'



Acknowledgement of
Plans Submittal ONLY!

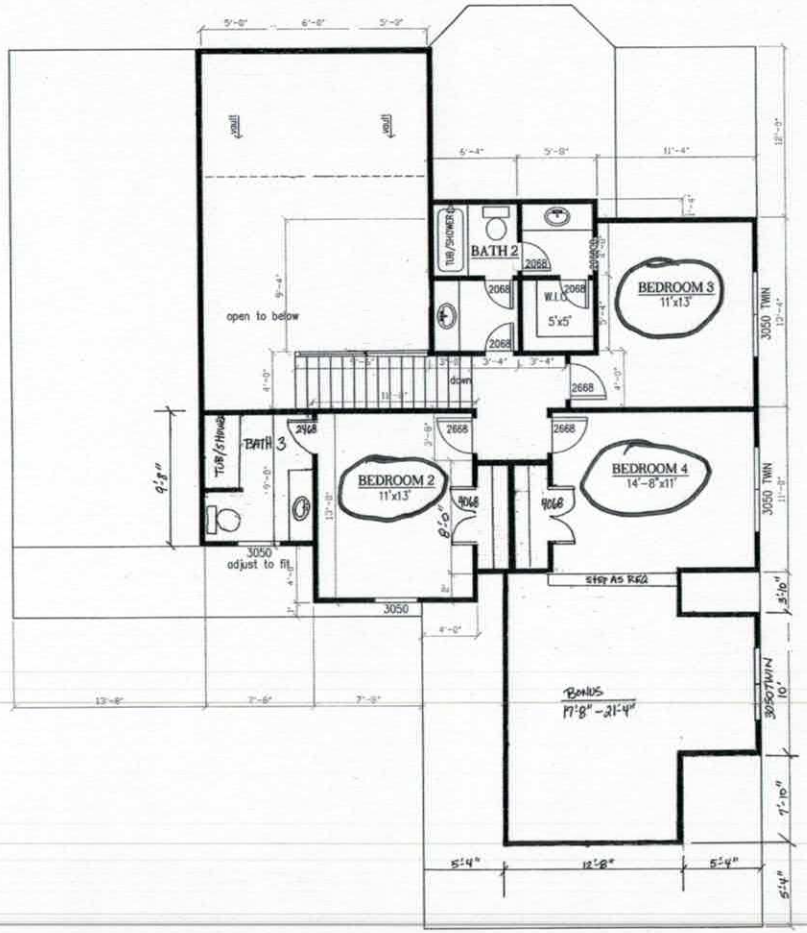
Date 7/17/17

Date 7/17/17




3-TAB SHINGLES w/RIDGEVENT
7/16" OSB SHEATHING
12" OVERHANGS
VINYL EAVES

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




2nd FLOOR
SCALE: 1/4"=1'-0"

* 9' WALLS 1st FLOOR *2-STORY FOYER * 8' WALLS 2nd FLOOR * 11' POURED WALLS BASEMENT *

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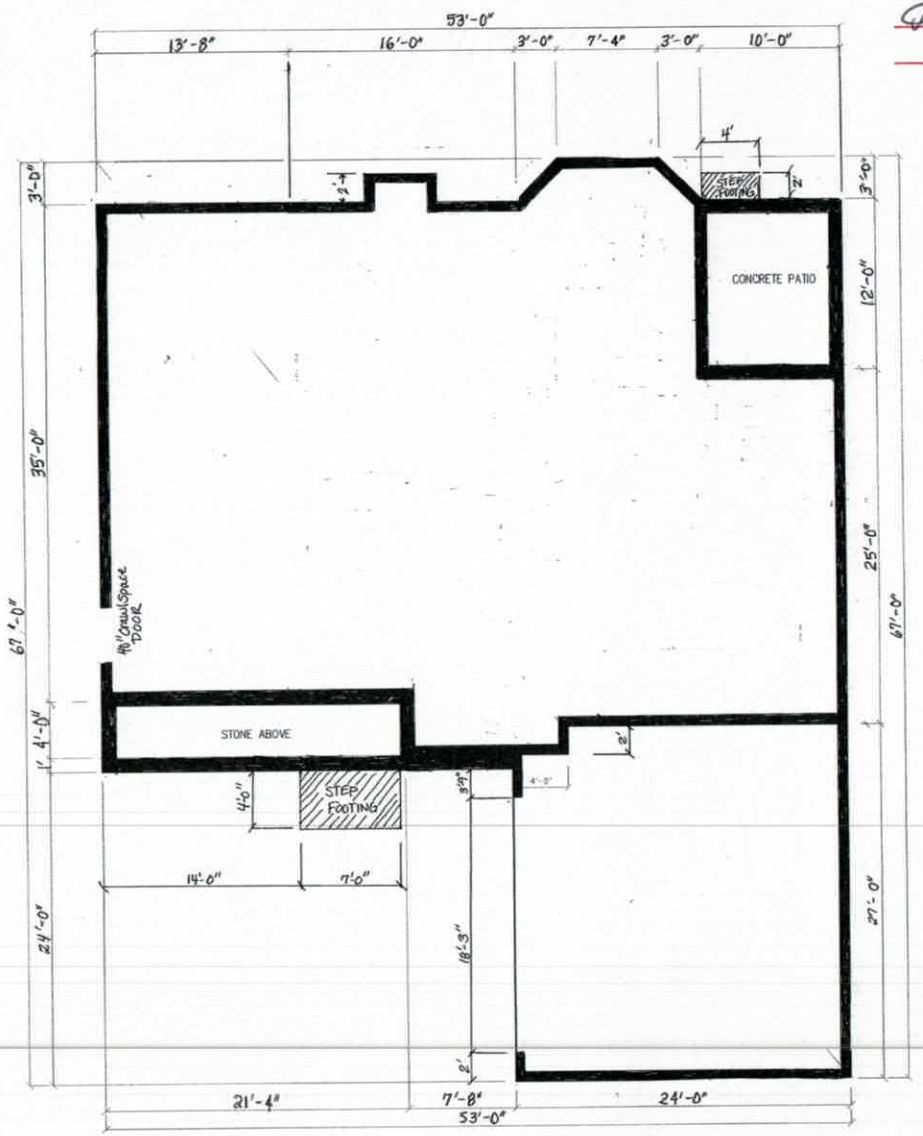
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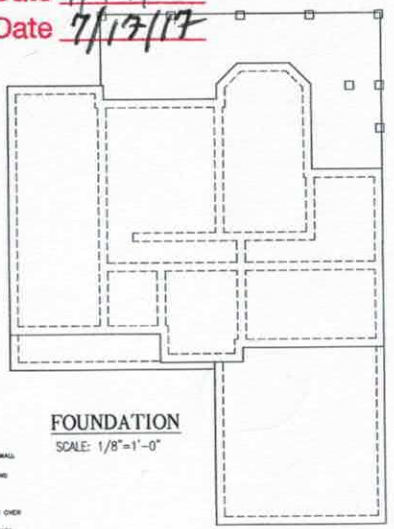
SHEET: mirror 3

Acknowledgement of
Plans Submittal ONLY!

Date 7/17/17

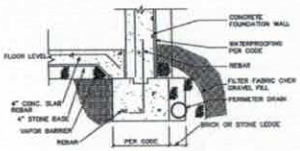
Date 7/17/17



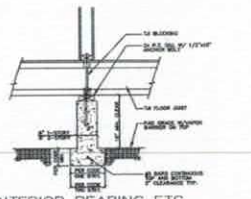
FOUNDATION

SCALE: 1/8"=1'-0"

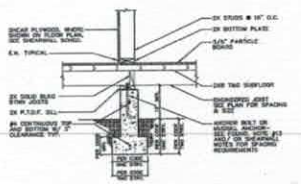



EXTERIOR WALL

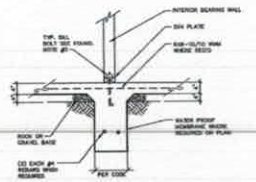
FOOTINGS MUST BE ENGINEERED ACCORDING TO LOCAL CODES



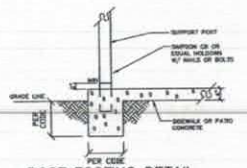
INTERIOR BEARING FTG.



INTERIOR FOOTING



INTERIOR BEARING FOOTING



POST FOOTING DETAIL

partial finished option

BASEMENT

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

* 9' WALLS 1st FLOOR *2-STORY FOYER * 8' WALLS 2nd FLOOR * 1, rJURED WALLS BASEMENT *

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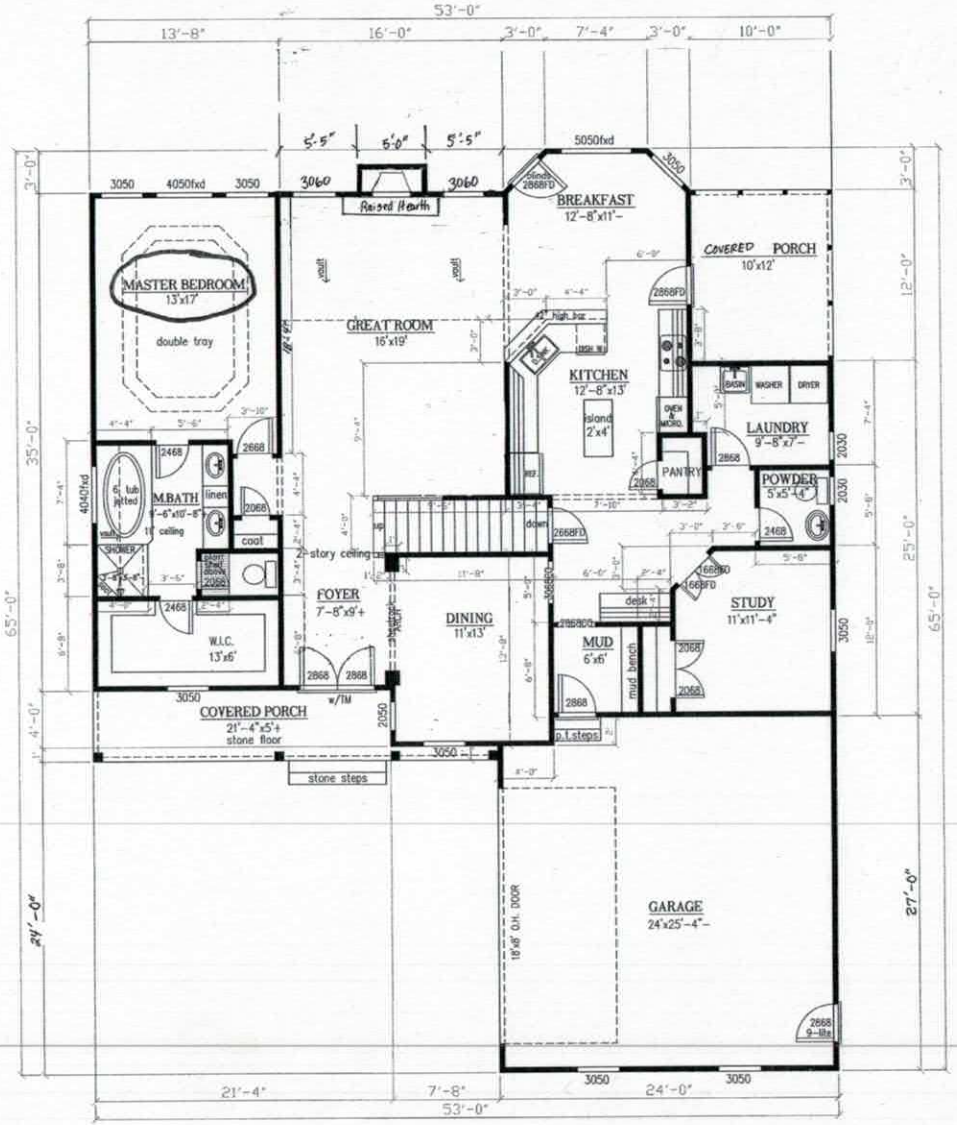
JOB NO: 2562mlb

SHEET: mirror

4

## Square Footage Details

- 3847 SQFT UNDER ROOF
- 2973 SQFT LIVING AREA (1863 sqft 1st floor; 1110 sqft 2nd floor)
- NO BASEMENT
- 640 SQFT GARAGE
- 114 SQFT COVERED FRONT PORCH
- 120 SQFT SCREENED PORCH




Acknowledgement of Plans Submittal ONLY!

Date 7/17/17

Date 7/17/17

* 9' WALLS 1st FLOOR *2–STORY FOYER * 8' WALLS 2nd FLOOR * 11' POURED WALLS BASEMENT *

1st FLOOR

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

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JOB NO: 2562mlb

SHEET: mirror 2

Town of Mooresville Jurisdiction

# ZONING APPROVAL

## For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 226298 Subdivision:

Proposed Use: PERT TEST FOR SFH

Location: 242 OAK TREE ROAD

Tax PIN: 4637613328.000 Zoning: R2 Lot: 6 Size: 0.520

Owner/ Applicant: ROWLAND DEVELOPMENT
Address: 2231 HWY 152 E
CHINA GROVE, NC

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 4/12/17

**If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.**

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 8.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR PERT TEST
APPLICANT TO SUBMIT PLOT PLAN PRIOR TO CONSTRUCTION

HP
Approved By:

04/12/2017
Date

$50
Application Fee