CON

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306819.

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

PIN # 4638014604.000.

APPLICANT/OWNER: JC Development CO | APPLICANT ADDRESS: 106 Shecbrook Lane Mooresville NC 28117.

SITE ADDRESS: 215 Hermance Lane Mooresville NC 28117. | PHONE: | ALT. PHONE

SITE DIRECTIONS: 150 W R Waddell R Hermance on Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fishermans Cove | SECTION: — | LOT # 8 | LOT AREA: .57 Acres | DESIGN FLOW: 480 | L.T.A.R.:

Septic Tank 1000 (gal) STB 794 Date 9/22/2020
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 270
Trench Width 24 inch Trench Bottom Depth(Low side) 24 Inch Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity -50% Reduction
Repair System Description: LP-PPRPS - 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

10/28/2020: Tank and drain line es checked and All were good. Foundation drain removed from house. ditch still needs to be filled. Property corner found and line was over 10' off property line. As built meas on site sketch not to scale

Permit can be susp... ...ges 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: Developement Consult Date: 5-4-2020 Installed by: Adan Garcia

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 4-29-2020 OPERATION PERMIT by: Patrick Riggle III Date: 12/28/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 4-29-20 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

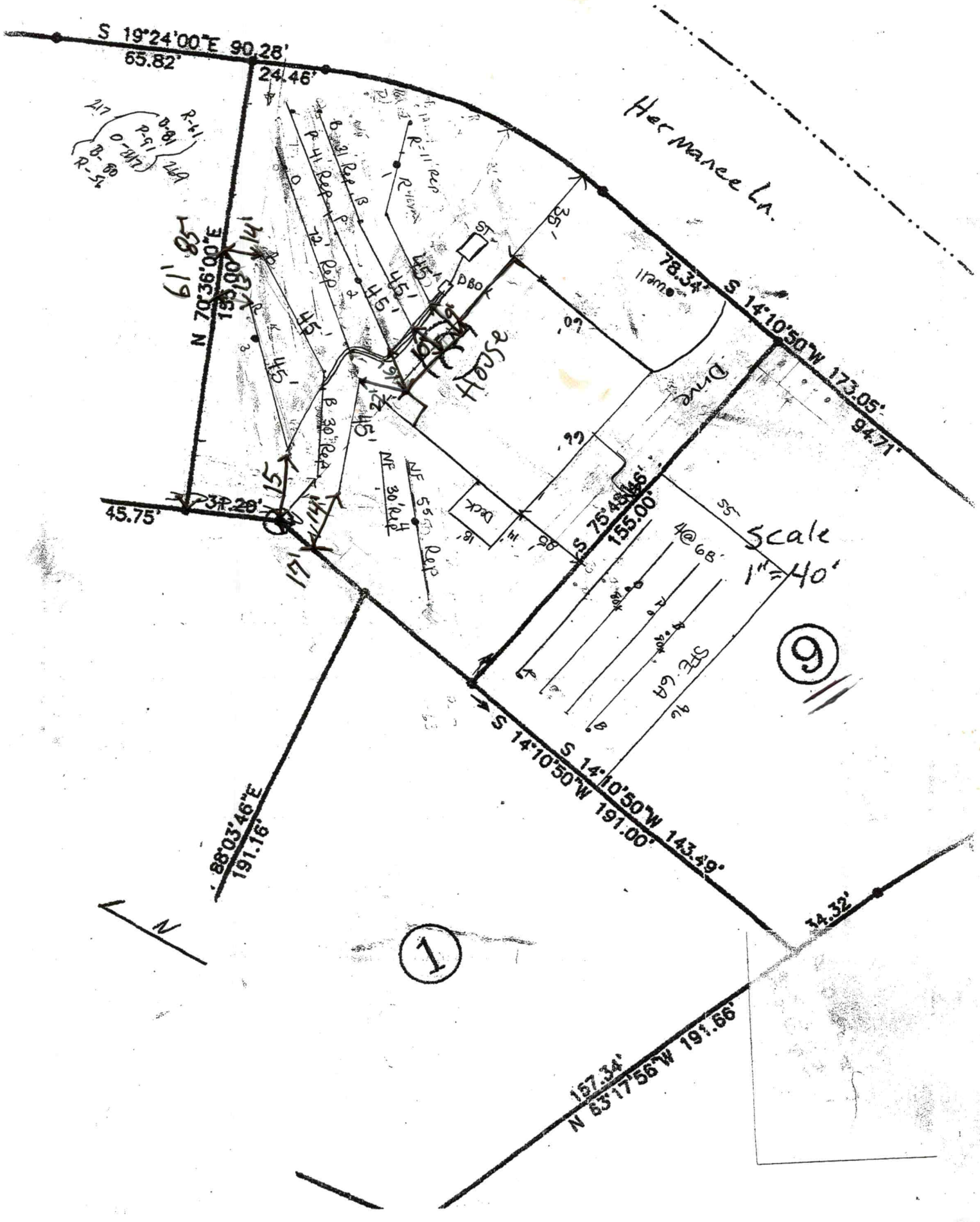
I, Kathleen Saunders, am the legal owner or the agent of the property located at 215 Hermance LN 28117, identified as PIN(Parcel Identification Number) 4638 01 4604, located in Iredell County, North Carolina.
Permit # 306819.

I do hereby agree to the permit design and the conditions of this permit.

Kathleen Saunders 5-1-2020
Signature of Owner Date

[signature] 5-1-2020
Signature of Witness Date

KathleenMSaunders@gmail.com
email


S 19°24'00"E 90.28'
65.82'
24.46'
Her Manee Ln.
S 14°10'50"W 173.05'
78.34'
94.71'
N 70°36'00"E
135.00'
Old House
Drive
Deck
S 75°48'46"E
155.00'
45.75'
31.20'
N 88°03'46"E
191.16'
S 14°10'50"W 191.00'
S 14°10'50"W 143.49'
34.32'
N 63°17'56"W 191.66'
157.34'
Scale
1" = 40'
4@6B'
SPC GA
9
1
N

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 215 Hermance Lane

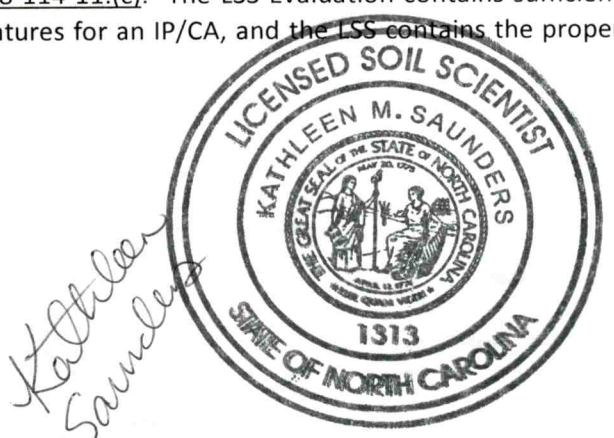
Date: April 14, 2020

Attached is the septic specification information required to permit 215 Hermance Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.



Kathleen Saunders

Fishermans Cove 8 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	6 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	~~36~~ 24" lows
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	10 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair LTAR	0.3

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Red	PPBPS	45 endfed	10
2	Repair	Red	LP PPBPS	11	
3	System	Blue	PPBPS	45 endfed	10
4	Repair	Blue	LP PPBPS	31	
5	System	Pink	PPBPS	45 endfed	10
6	Repair	Pink	LP PPBPS	41	
7	System	Orange	PPBPS	45 endfed	10
8	Repair	Orange	LP PPBPS	72	
9	System	Blue	PPBPS	45 endfed	10
10	Repair	Blue	LP PPBPS	30	
11	System	Red	PPBPS	45 endfed	10
12	Repair	NF	LP PPBPS	~~58~~ 55 kms	
13	Repair	NF	LP PPBPS	30	
					Total: 60
				Total System: 270'	
				Total Repair: 270'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: JC Dev Co
ADDRESS: 106 Sherbrook
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Fishermans Cove #B
APPLICATION DATE ___
DATE EVALUATED: 4-2-2020
PROPERTY SIZE: 0.57Ac
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	L 3-5%	0-26	Mo SBK C	FR SS/SP	R	40"	N/A	40"	0.3
		26-40	WK SBK CL	↓	R; C sap				
		40-48	MA L sap	↓	R yel				
2	L 3-5%	0-10	Mo SBK C	FR SS/SP	R	40"	N/A	40"	0.3
		10-40	WK SBK CL	FR SS/SP	R yel; C sap				
		40-48	MA L sap	FR SS/SP	yel R				
3	L 3-5%	0-30	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		30-48	WK SBK CL	↓	R; C sap				
4	L 3-5%	0-20	Mo SBK C	FR SS/SP	R	51+	N/A	N/A	0.3
		20-51	WK SBK CL	↓	R; F sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	LPPPBPS
Site LTAR	0.3	0.3

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

COMMENTS: ___

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Updated February 2014

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 AP-306819

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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: JC Development Co Address: 106 Sherbrook LN Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 215 Hermance LN 28117
Subdivision Name: Fishermans Cove Section/Phase: _____ Lot Number: 8
Driving Directions: 150 W, R Waddell, R Hermance, on L

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

(X) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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 (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: Kathleen Saunders 4-14-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Blake Haugland, am the legal owner of the property located at 215 Hermance Rd, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

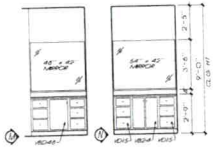
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

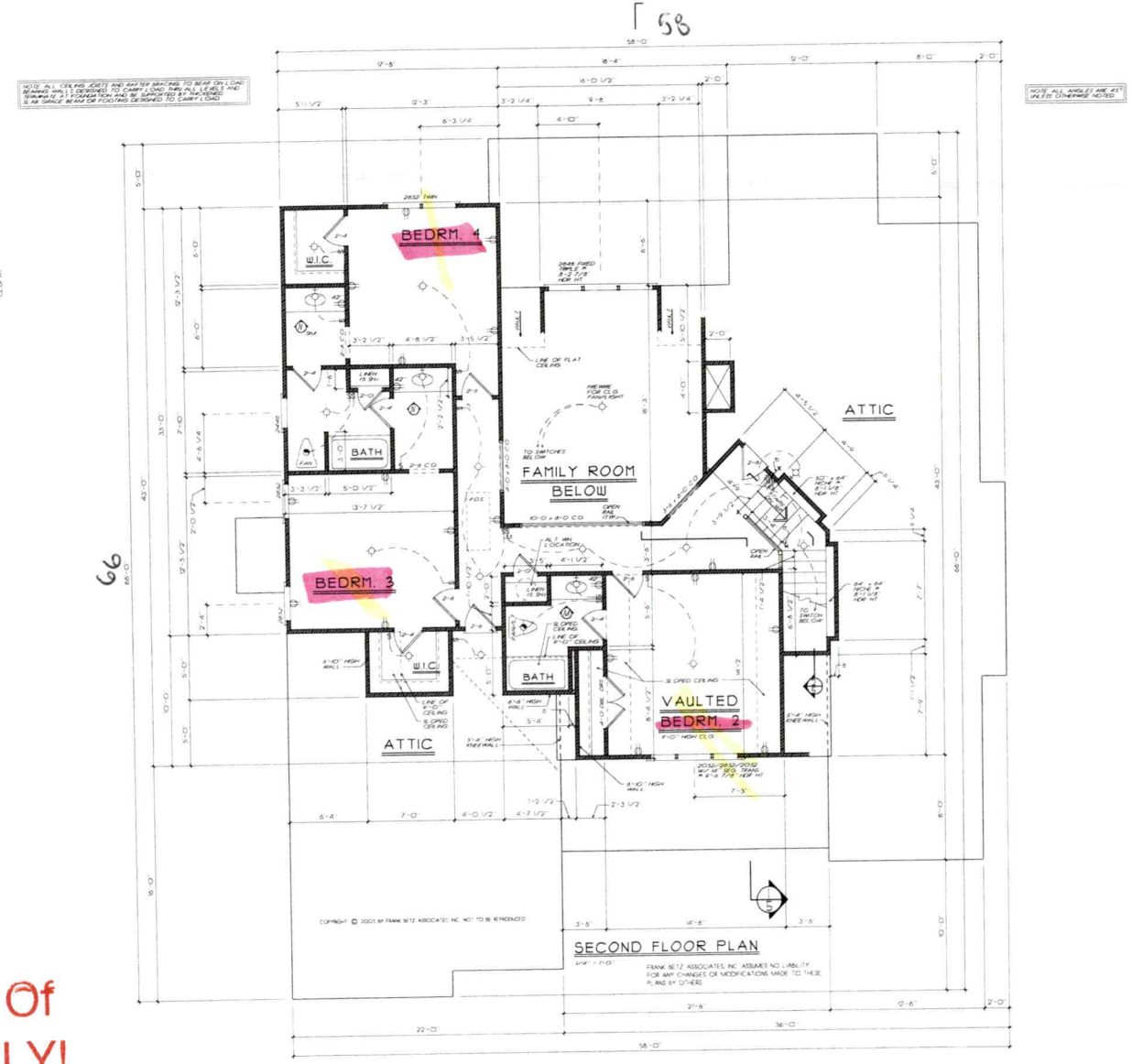


Signature of Owner — 4-14-2020 Date

Signature of Witness — Date



BATH ELEVATIONS



Acknowledgement Of
Plans Submittal ONLY!

Date 4-29-2020

Date

REVISIONS | DATE | BY

Copyright Frank Betz Associates, Inc. All Rights Reserved. The Duplication, Reproduction, Copying, Sale, Resale, Licensing, or any other distribution or use of these drawings, any portion thereof, or the plans depicted herein is Strictly Prohibited unless expressly authorized in writing by FBA, Inc.

HOMEPLANS
Designed for Today's Market®
www.frankbetz.com

SECOND FLOOR PLAN
BATH ELEVATIONS

THE BERKSHIRE POINTE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY RLD EK AM

DATE 4/29/20

SHEET 4 OF 5

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES AND ALL LOCAL CODES, REGULATIONS, AND U.S.W.T.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. PRIOR TO CONSTRUCTION.
3. DO NOT SCALE DRAWINGS. CONTRACTORS AND/OR CONSTRUCTION PERSONNEL ARE RESPONSIBLE FOR ERRORS THAT ARE NOT REPORTED.
4. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
5. ALL FOOTINGS TO BE BEGIN FROST LINE (SEE LOCAL CODE) AND MEET MINIMUM REQUIREMENTS FOR SOIL BEARING CAPACITY. BOTTOM OF UNDISTURBED SOIL OR COMPACTED FOOTING AND RESTORING SURFACES TO FULL LOCAL ENGINEER FOR PROPER FOOTING AND RESTORING SURFACES TO FULL LOCAL ENGINEER FOR PROPER FOOTING AND RESTORING SURFACES CONSULT

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306819 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638014604.000	215 HERMANCE LN	Iredell County

Owner Information	Applicant Information
Name: JC DEVELOPMENT CO LLC	Name: THE OAKS GROUP
Address: 703 N HAYES ST	Address: 121 HOLT LN
MOUNT AYR, IA 50854	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.57	35	35	15	15	N/A	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: 04/16/2020

Signature of Owner/Contractor

Permit Number	306819	TOTAL FEES:	$77.25