IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220272

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

PIN # 4638222315

APPLICANT/OWNER: Marc Niblock / Niblock Homes LLC APPLICANT ADDRESS: 759 Concord Pkwy N ste 20 Concord, NC

SITE ADDRESS: 107 Hillside Cove Ct. Mooresville, NC 28117 PHONE: 704-201-6701 ALT. PHONE 704-502-5588

SITE DIRECTIONS: NC 150 W → R on Robinson Rd → R on Robinson Ridge → R on Hillside Cove → lot on L

SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Robinson Ridge SECTION: 1 LOT # 16 LOT AREA: .731 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 9-21-18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 400'

Trench Width 36" Trench Bottom Depth(Low side) 33"/36" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

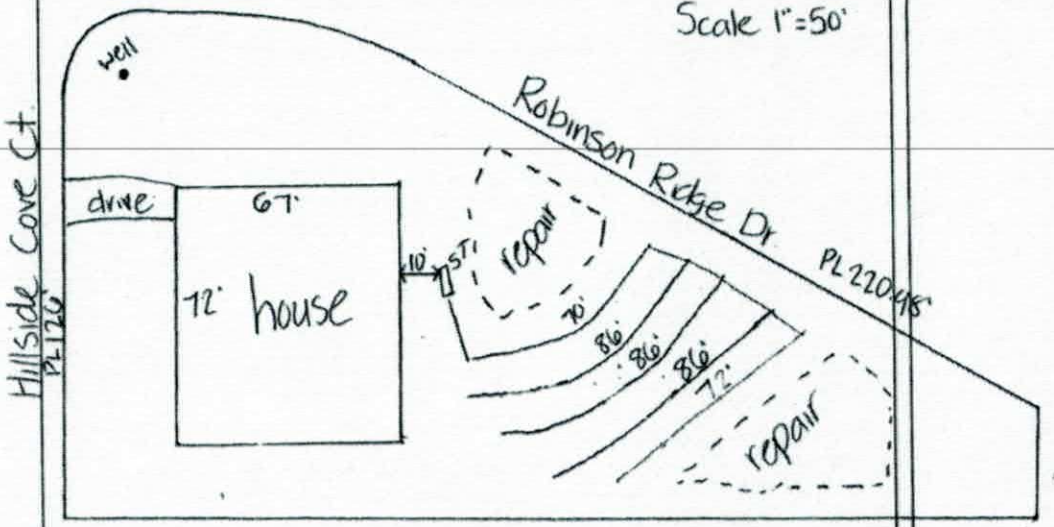
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100' from any well. Install 25% reduction with serial distribution and drain lines on contour.

Floor plans submitted for 3 bedroom house. Permit is good for 4 bedroom house.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10/25	BB
Tanks Checked	10/31/18	SD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: - Tank to close to well - To be moved.		

- Relocated tank ≈ 102' from well -SD

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: Marc Niblock (Niblock Homes) Date: 10-16-18

IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-16-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-16-18

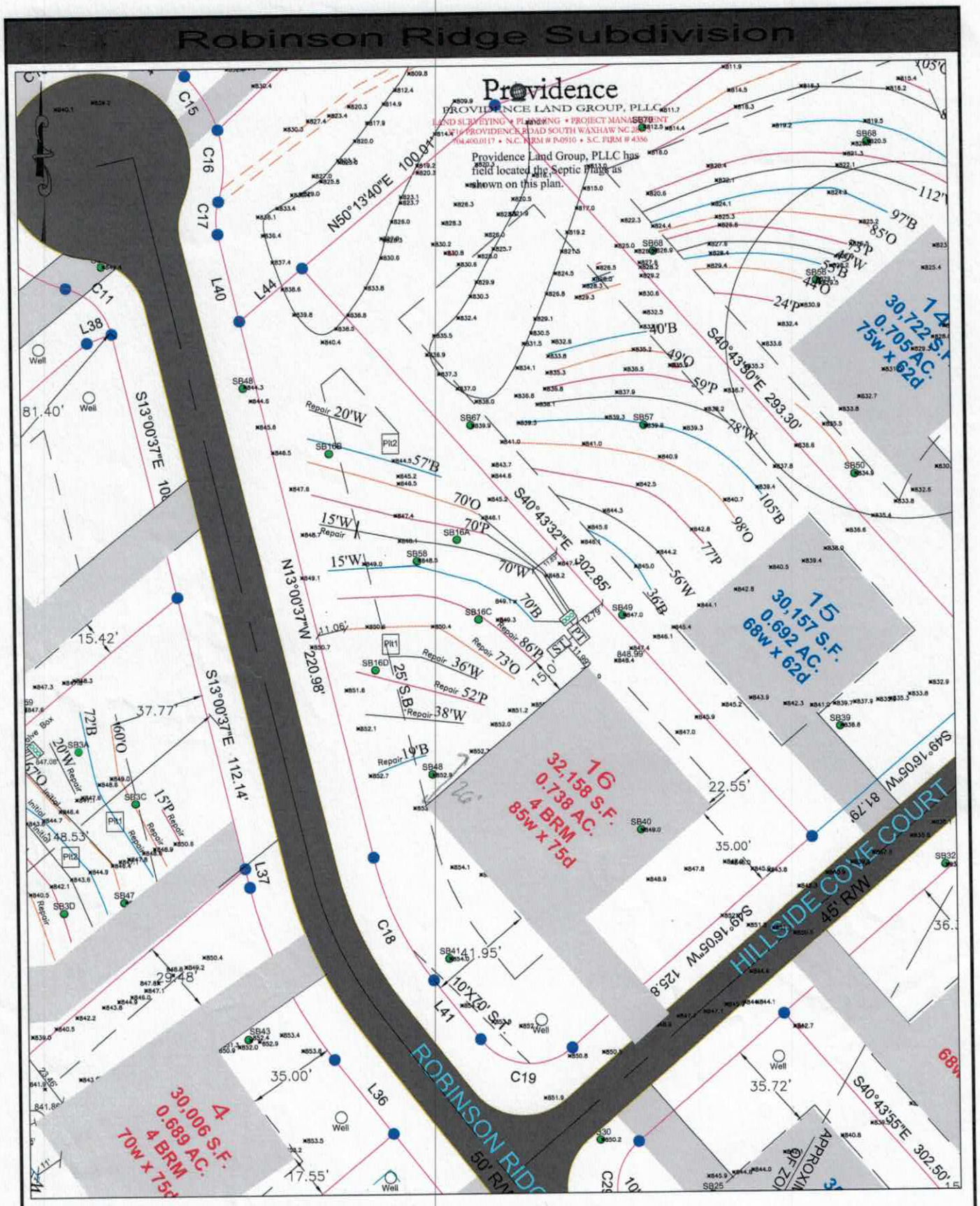
Installed by: Larry Hinkle

OPERATION PERMIT by: Tom Shuck Date: 10/31/18

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704 664 3203 between 8am-9am

Robinson Ridge Subdivision



SEPTIC ENVIRONMENTAL SOLUTIONS, INC.

3019 SPRING FANCY LANE, INDIAN TRAIL, NORTH CAROLINA, 704-502-5588

50' 0' 25' 50'

1" = 50'

ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 6338222491
COUNTY: IREDELL

1/2

7-18-16

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

OWNER: Richard Dewzler
ADDRESS: P.O. Box 4628 MOORESVILLE NC 28117
APPLICATION DATE: 7-18-16
DATE EVALUATED: 8-2-16
PROPOSED FACILITY: 5 BRM PROPOSED DESIGN FLOW (.1949): 600 PROPERTY SIZE: 21.0
LOCATION OF SITE: 107 Hillside Cove Court, MOORESVILLE NC 28117 PROPERTY RECORDED: AFTER 1983 2017 16
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)		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	
SB 1 16A		0-12	L/VF/cr	NS/NP/slight	mottles	48+	—	40+	0.30
		12-48	C/FI/MK/SM	SS/SP/slight					
SB 2 16B		0-6	L/VF/cr	NS/NP/slight	—	30-48"	30-48	48+	0.30-0.35
		6-20	cl/FI/SBK/M	SS/SP/slight					
		20-30	SL/FI/SBK/MK	SS/NP/slight					
		30-48	L/VF/m	NS/NP/slight					
SB 3 16C		0-6	L/VFR/cr	NS/NP/slight	—	40-48+	40-48	48+	0.30
		6-16	C/FI/SBK/M	SS/SP/slight					
		16-40	CL/FI/SBK/M	SS/NP/slight					
		40-48	VFR/L/m	NS/NP/slight					
SB 4 16D		0-12	SL/VFR/cr	NS/NP/slight	—	48+	—	48+	0.30
		12-24	CL/FI/SBK/M	SS/NP/slight					
		24-48	C/FI/SBK/M	SS/SP/slight					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	336	~~336~~ 333
System Type(s)	LPP PPBPS	LPP PPBPS
Site LTAR	0.30	0.30

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

LICENSED SOIL SCIENTIST
KENNETH L. OWENS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1734
STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

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 #: 4638222491.46
DATE OF EVALUATION: 3-2 / 7-16-16
COUNTY: IREDELL
LOT 16

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
SB 48	LL 2-7%	0-5	L/FR/cr	NS/NP/clear	—	48+	—	48*	0.30
		5-10	CL/FI/SBK/mod	S/P/sl sticky					
		10-48	CL/FI/SBK/mod	SS/SP/clear					
SB 58	LL 2-3%	0-12	L/FR/cr	NS/NP/clear	—	48+	—	48+	0.30
		12-35	CL/FI/SBK/mod	S/P/sl sticky					
		35-48	CL/FI/SBK/mod	S/P/sl sticky					
		0-18	RC SYH	fr: SS SP					.3
		18-38	RCL WSYH	fr: SSSP					
		38-63	SLSAP M	fr: NSNP					

COMMENTS:

STATE WATER PROTECTION BRANCH

COUNTY: IREDELL

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

OWNER: Richard Deyzler — 104 Hillside Ct. — APPLICATION DATE: 7-18-16
ADDRESS: P.O. Box 4628 MOORESVILLE NC 28117 — DATE EVALUATED: 7-18-16
PROPOSED FACILITY: 5 BRM — PROPOSED DESIGN FLOW (.1949): 660 — PROPERTY SIZE: 2.10 7-29-16
LOCATION OF SITE: ~~Robertson Ridge Drive~~, MOORESVILLE NC 28117 — PROPERTY RECORDED: AFTER 1983
LOT 16
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
Pit 1	SB/bd LC 5%	0-2	1/SL/FR	NS/NP/aSPD					
		2-12	SL/FR/WK	SBK NS/NP/aSPD					
		12-33	C/FR/WK	SBK/VSH/APSP		33	33-60	60+	0.30
SB/bd		33-60	L/SL/VFI	m					
2	LC 5%	0-3	L/CR/WK	NS/NP/mSPL					
		3-12	SL/FR/WK	SBK/NS/NP/aSPD					
		12-34	C/FI/WK	ABK SP/PL/MEVR		34	34-58	58+	0.30
		34-58	SL/VFI/FR	m NS/NP/INTR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945):	333	333+
System Type(s):	LPP RLPLA	LPP RPLP3
Site LTAR	0.3	0.30

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

LICENSED SOIL SCIENTIST
KENNETH L. OWENS
1134
STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

220272 PA 4530 10/4/18

NOTE: INTERMEDIATE PERMIT

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Marc Niblock Address: 759 Concord Pkwy N STE 20, Concord, NC Zip: 28027
Applicant Email: mniblock@niblockhomes.com Phone: 704-201-6701 Alt. Phone: 704-502-5588
Owner Name: Marc Niblock Address: 759 Concord Pkwy N, STE 20, Concord, NC Zip: 28027
Owner Email: mniblock@niblockhomes.com Phone: 704-201-6701 Alt. Phone: 704-502-5588

Property Information:

Street Address: 107 Hillside Cove Ct
Subdivision Name: Robinson Ridge Section/Phase: 1 Lot Number: 16
Driving Directions: Turn right off NC-150 W onto Robinson Rd. Continue past Rustic Way Lane

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

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: NA 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 (X) Other: LPPBPS

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: _____ 6-22-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#22072

Call: Beth 704 920-7104

$pd $105

704-902-8180

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business: NA
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
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Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: LPPBPS

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: _____ 6-22-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Niblock Homes LLC, am the legal owner(s) of the property located at Robinson Ridge lot 16, identified as

PIN (Parcel Identification Number) 4638 222 315 000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SEPTIC ENVIRONMENTAL SOLUTIONS, INC., 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.

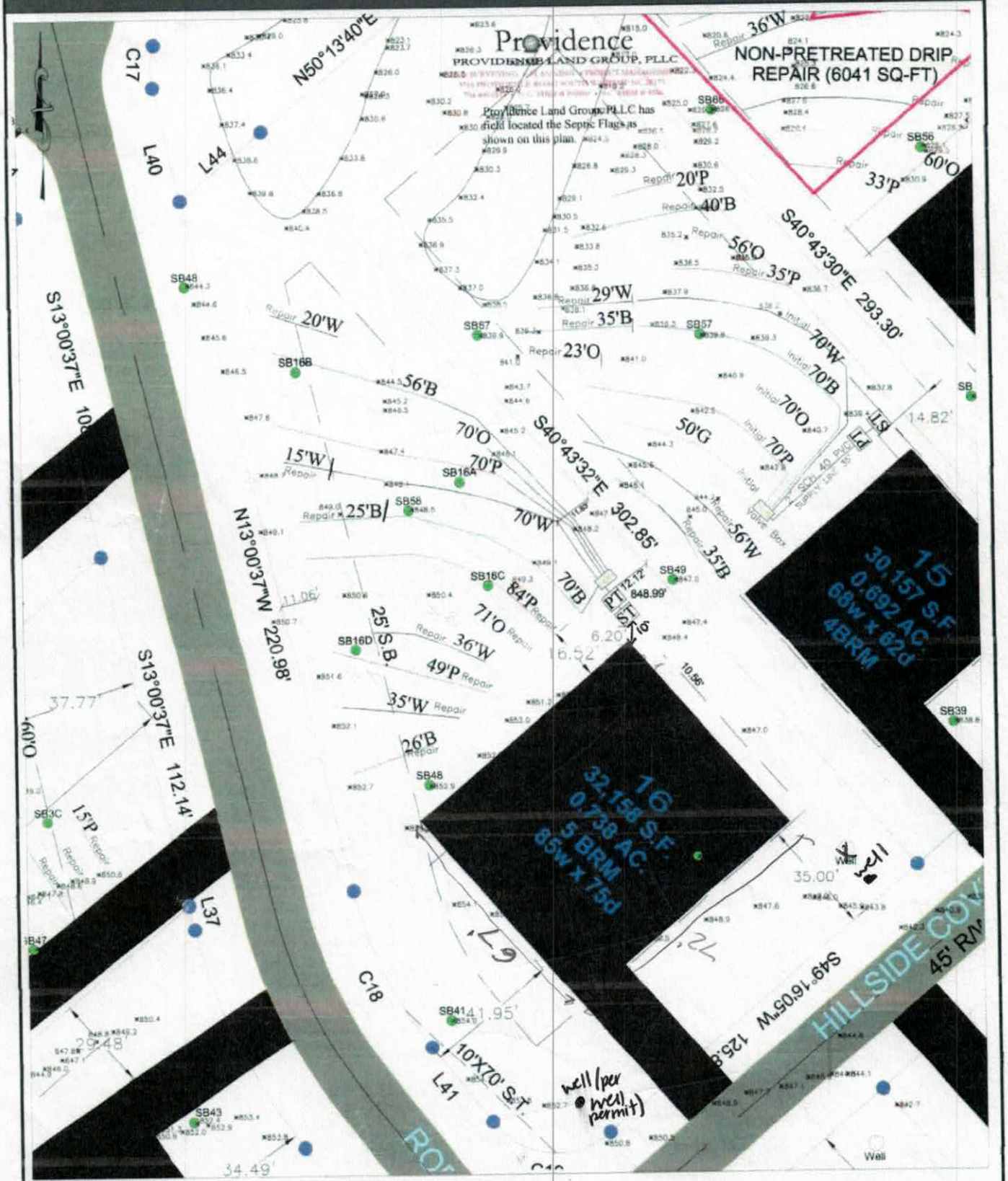
Mary C. Niblock
Signature of Owner(s)

6-25-18
Date

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

Robinson Ridge Subdivision



SEPTIC ENVIRONMENTAL SOLUTIONS, INC.

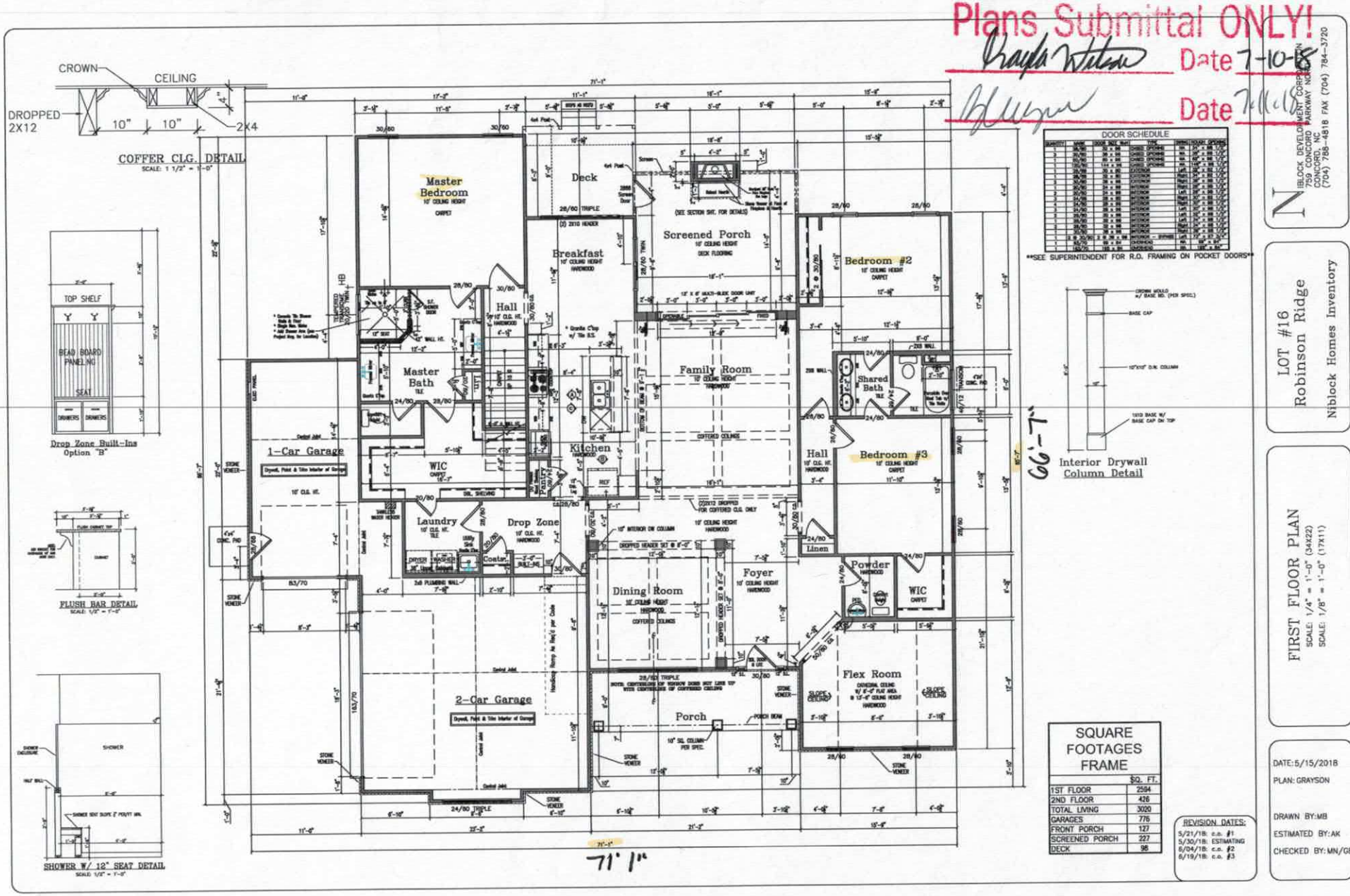
3019 SPRING FANCY LANE, INDIAN TRAIL, NORTH CAROLINA, 704-502-5588

40' 0' 20' 40'
1" = 40'

APPROVED JUL 10 2018'

KW

Acknowledgement Of
Plans Submittal ONLY!
Date 7-10-18
Date 7/10/18



SQUARE FOOTAGES FRAME	
	SQ. FT.
1ST FLOOR	2594
2ND FLOOR	426
TOTAL LIVING	3020
GARAGES	776
FRONT PORCH	127
SCREENED PORCH	227
DECK	98

REVISION DATES:
5/21/18: c.o. #1
5/30/18: ESTIMATING
6/04/18: c.o. #2
6/18/18: c.o. #3

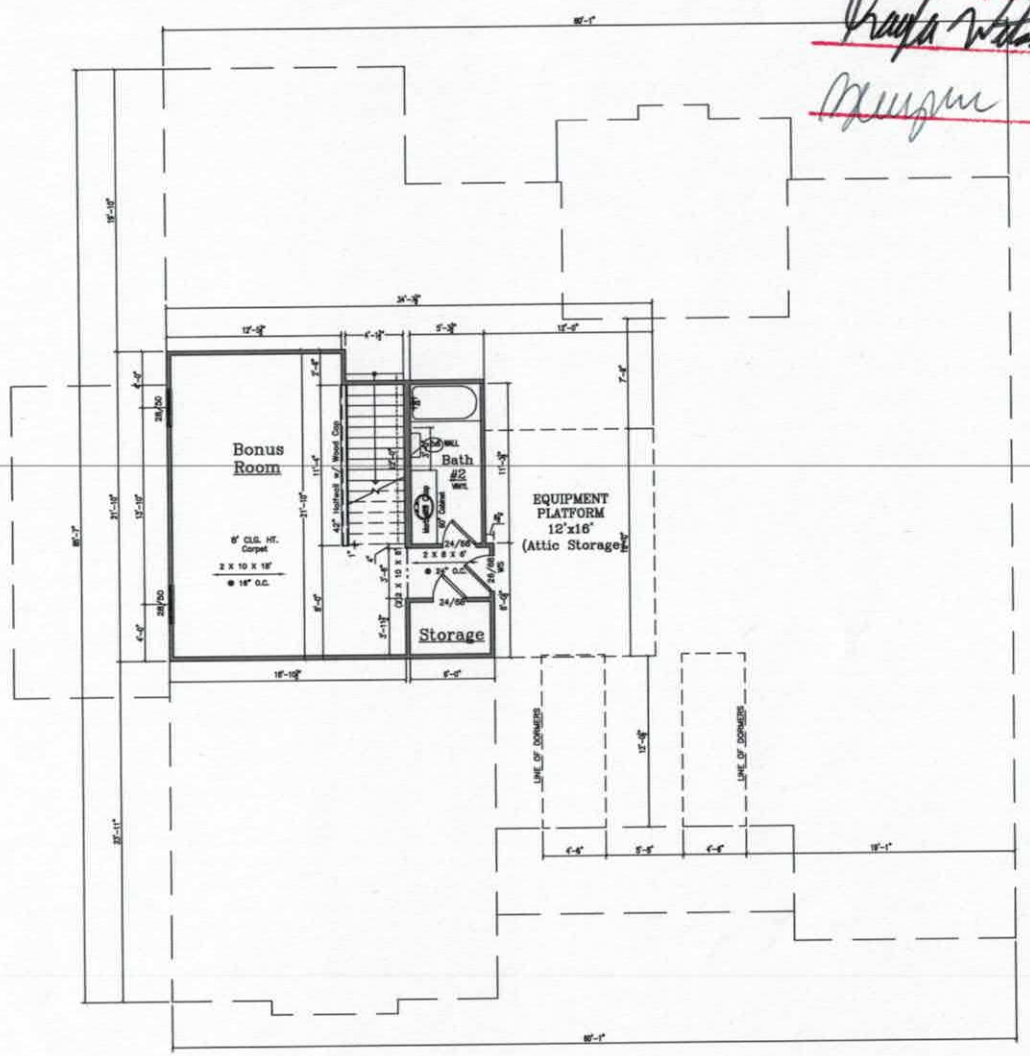
IBLOCK DEVELOPMENT CORPORATION
759 CONCORD PARKWAY NORTH
CONCORD, NC
(704) 786-4818 FAX (704) 784-3720

LOT #16
Robinson Ridge
Niblock Homes Inventory

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 5/15/2018
PLAN: GRAYSON
DRAWN BY: MB
ESTIMATED BY: AK
CHECKED BY: MN/GE

Acknowledgement Of
Plans Submittal ONLY!
Date 7-10-18
Date 7-11-18



REVISION DATES:
5/21/18: c.o. #1
5/30/18: ESTIMATING

NIBLOCK DEVELOPMENT CORPORATION
759 CONCORD PARKWAY NORTH
CONCORD, NC
(704) 788-4818 FAX (704) 784-3720

LOT #16
Robinson Ridge
Niblock Homes Inventory

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 5/15/2018
PLAN: GRAYSON

DRAWN BY: MB
ESTIMATED BY: AK
CHECKED BY: MN/GE