ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 307529

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

PIN # 4638282893

APPLICANT/OWNER: Ryan Smith | APPLICANT ADDRESS: 179 Canoe Pole Ln Mooresville, NC 28117

SITE ADDRESS: 1129 Fern Hill Rd Mooresville, NC 28117 | PHONE: 704 634-6283 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N to Fern Hill Rd on left past 1st Kenway Lp.

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Fernleaf | SECTION: 2 | LOT #: 34 | LOT AREA: 2.973 Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB		Date			
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	4	Linear Ft	500 ft		
Trench Width	36"	Trench Bottom Depth(Low side) max	36"	Gravel Depth	N/A		

[X] New System [ ] Repair [ ] Expansion | System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump - 50% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

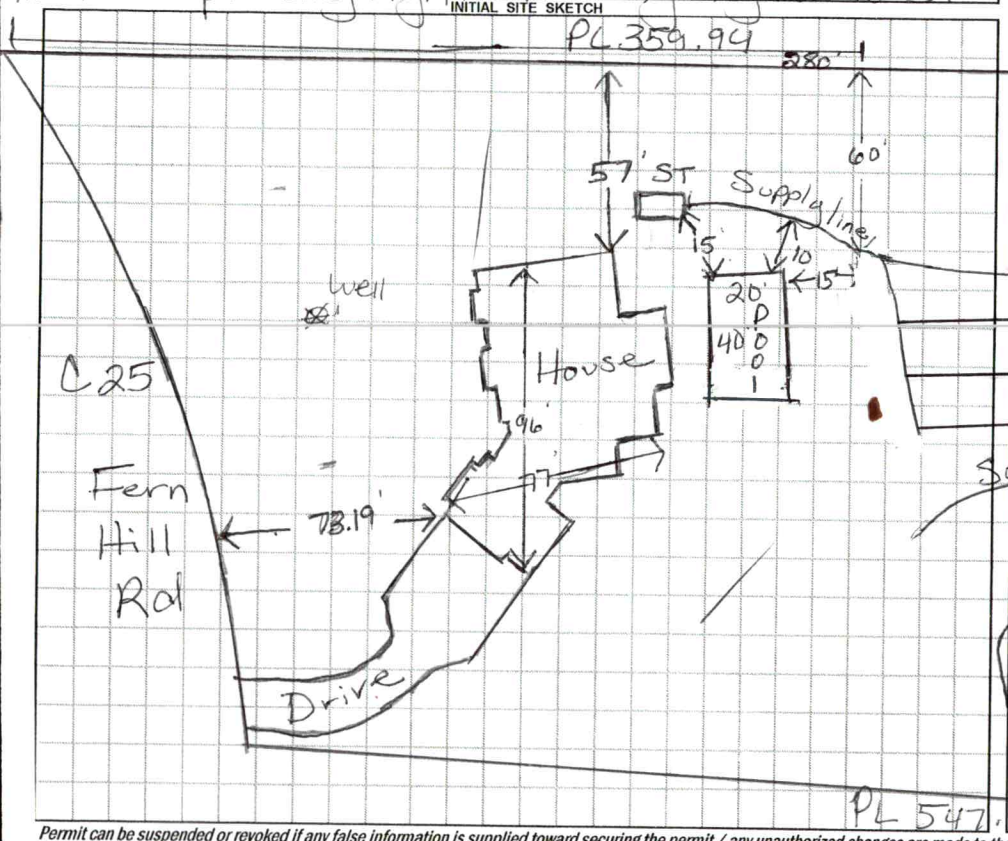
[X] Residence | No. Bedrooms: 5
[ ] Business | No. Persons: 6
[ ] Other | No. Employees:
[ ] Slab | [X] Crawl Space
[ ] Basement w/ plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

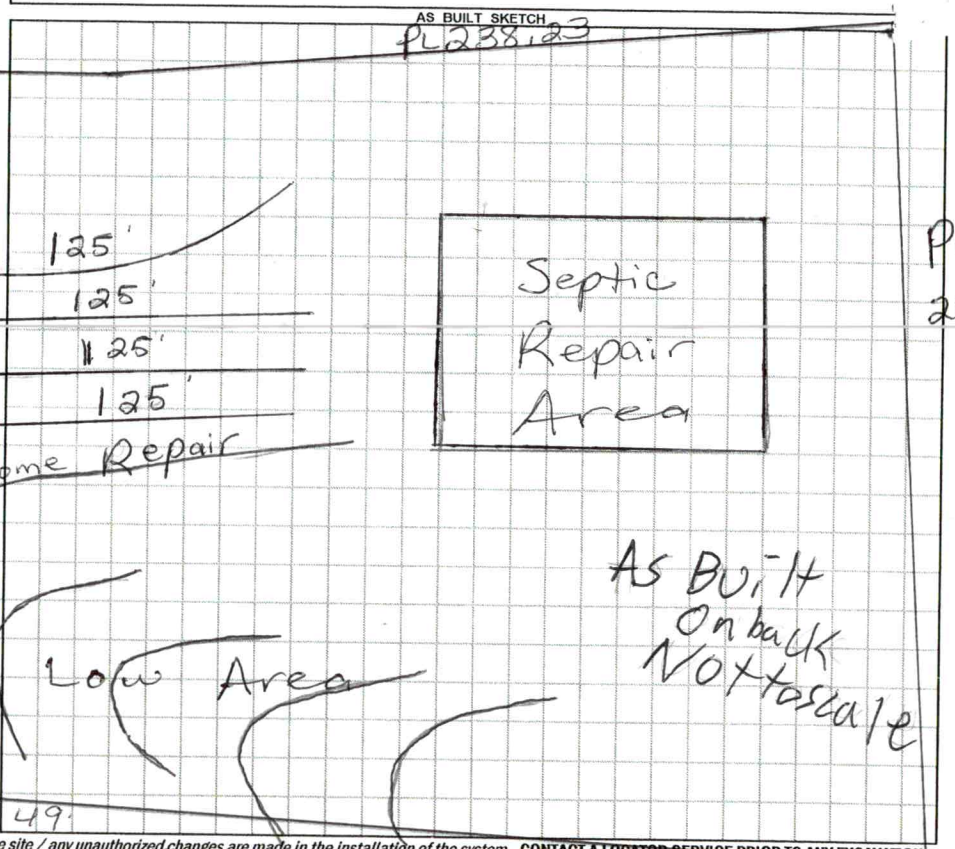
Comments / Conditions: Remove berms in system area.
Must keep pool a minimum of 15ft from Septic
Stubout plumbing high to maintain gravity flow to ST

Scale 1:60
Serial distribution for drainfield

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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recv'd | Date: 6.16.2020 | Installed by: Bass Grading

IMPROVEMENT PERMIT by: Maria Dotson | Date: 6/12/2020 | OPERATION PERMIT by: Patrick J Bartlett | Date: 8/4/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 6/17/2020 | 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, Ryan Smith, am the legal owner or the agent of the property located at 1129 Fern Hill Road, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.
Permit # 307529.

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

Ryan Smith 6/15/20
Signature of Owner/Authorized Agent Date

[signature] 6/15/20
Signature of Witness Date

Ryan gs 86@ Yahoo.Com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

RECEIVED MAY 18 2020 AP-307529 $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: (X) 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: Ryan Smith **Address:** 174 Canoe Pole Lane **Zip:** 28117

Applicant Email: Ryangs86@yahoo.com **Phone:** 704-634-6283 **Alt. Phone:** _____

Owner Name: Grover & Patsy Moss **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information: 1129

Street Address: Lot 34 - Fern Hill Road

Subdivision Name: Fern Leaf **Section/Phase:** _____ **Lot Number:** 34

Driving Directions: Next to 1137 Fern Hill Road

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 5 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 4200 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 (X) 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: Ryan Smith 5/15/2020
Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**) **DATE**

DocuSign Envelope ID: BACEB3AD-8720-46D9-BA5D-B403CBD38A94

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, Grover C Moss III PATSY C MOSS, am the legal owner(s) of the property located at Fern Hill Rd - Lot 34 Fernleaf, identified as PIN (Parcel Identification Number) 4638282893.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ryan Smith, 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.

DocuSigned by: Grover C Moss III 5/14/2020
D0480AE937BB43E...
Signature of Owner(s) Date

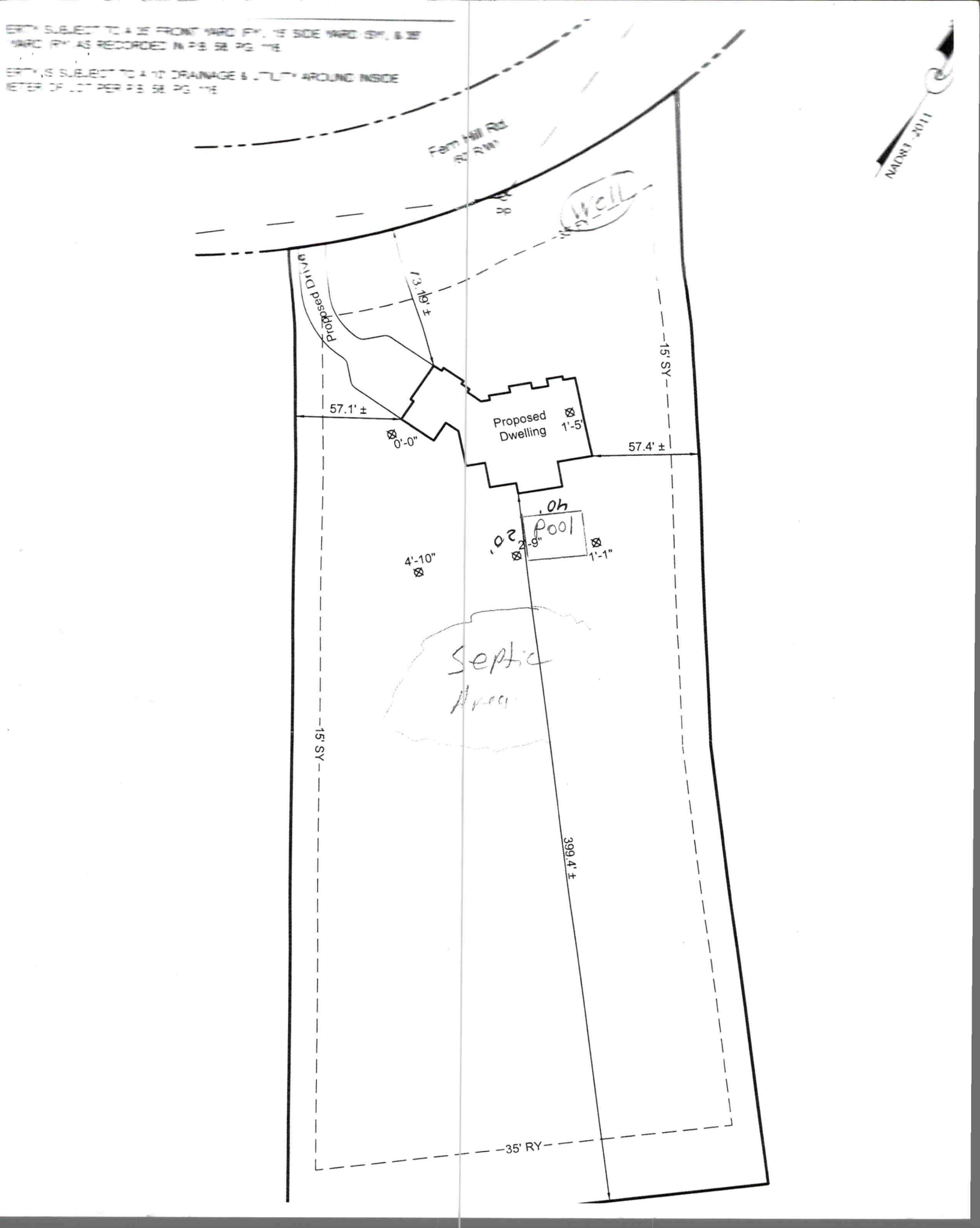
DocuSigned by: Nick Mariselli 5/14/2020
AC80F9BB15EA4FF...
Signature of Witness Date

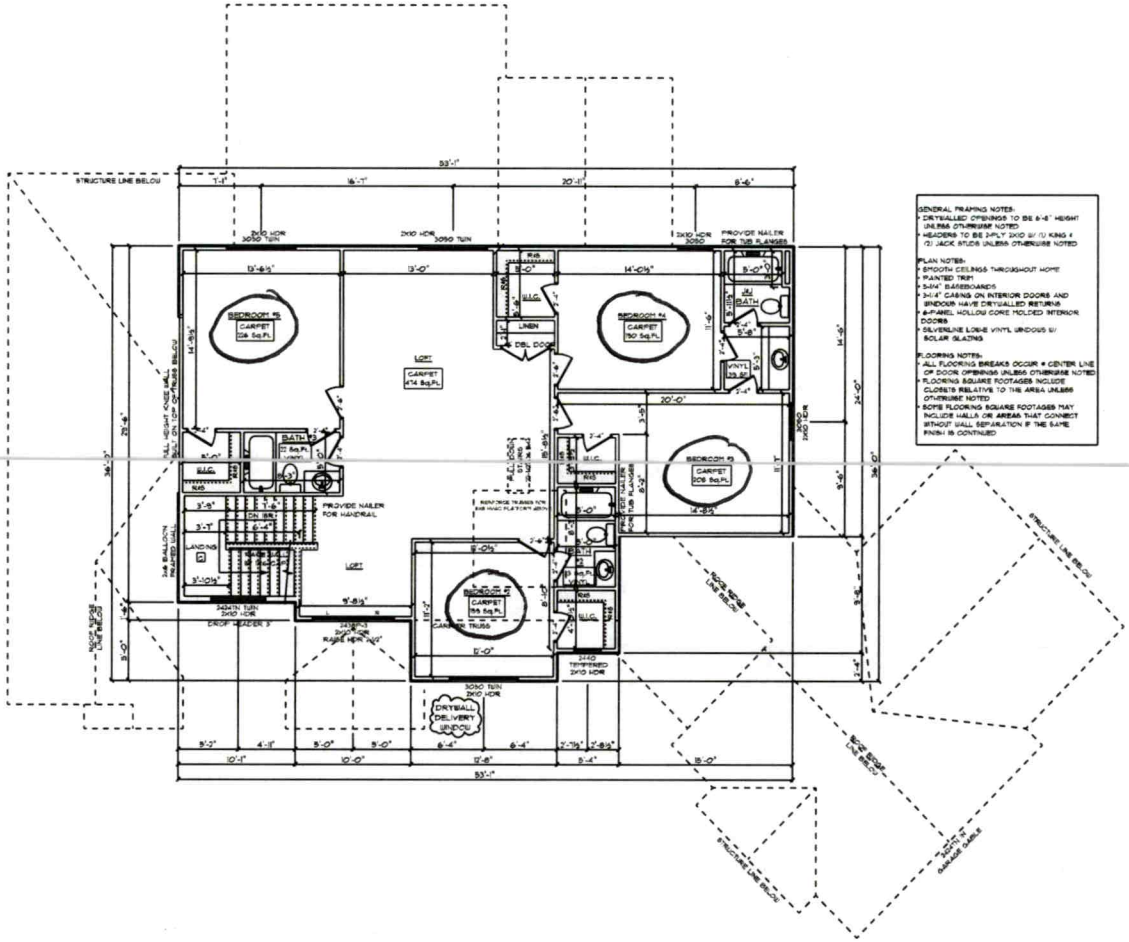
DocuSigned by: Patsy C Moss 5/14/2020
867FB2835C5948A...

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


Fern Hill Rd
60' R/W
Well
Proposed Drive
13.19' ±
15' SY
57.1' ±
0'-0"
Proposed Dwelling
1'-5'
57.4' ±
10'
20'
Pool
2'-9"
1'-1"
4'-10"
Septic Area
15' SY
399.4' ±
35' RY
NAD83 - 2011



WEST POINT CRAFTSMAN / CUSTOM
SECOND FLOOR PLAN
9' CEILING HEIGHT

Acknowledgement Of
Plans Submittal ONLY!
Date

Tom Shuck Date 6/17/2020

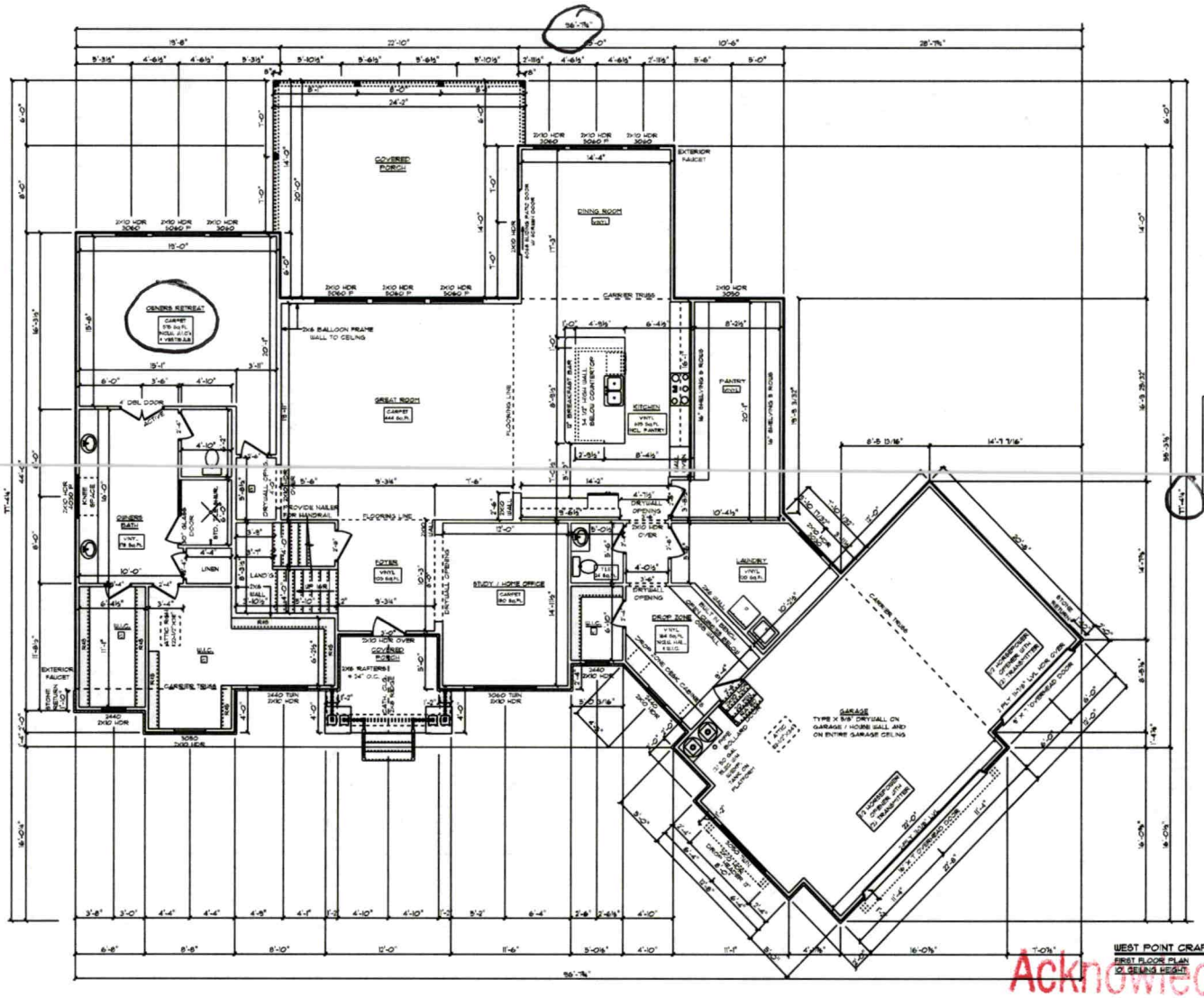
SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR: RYAN SMITH
JOB #:
CM #:
LOCATION:

SQUARE FOOTAGES:
1ST FLR PLAN: 2803
2ND FLR PLAN: 1509
GARAGE: 484
PORCHES: 193

DRAWN BY: DJP
DATE: 5/8/2020
SCALE: 1" = 10'-0"
PAGE: 8

© 1992-2020 SCHUMACHER HOMES OPERATIONS, INC. ALL RIGHTS RESERVED. THE HOMES AND FLOOR PLANS DISPLAYED ARE THE PROPERTY OF SCHUMACHER HOMES, INC. AND ITS AFFILIATES. PLANS ARE COPYRIGHT PROTECTED. THESE PLANS ARE NOT TO BE USED TO CREATE DERIVATIVE WORKS, TECHNICAL DRAWINGS OR TO CONSTRUCT HOMES OR BUILDINGS OF ANY KIND. THESE PLANS MAY NOT BE COPIED IN ANY FORM WITHOUT THE EXPRESS WRITTEN CONSENT OF SCHUMACHER HOMES, AND SUCH UNAUTHORIZED USE IS PROHIBITED BY LAW AND MAY RESULT IN DAMAGES IN EXCESS OF $100,000 PER ACT OF INFRINGEMENT AND THAT RESULT IN DAMAGES IN EXCESS OF $100,000 PER ACT OF INFRINGEMENT



WEST POINT CRAFTSMAN / CUSTOM
FIRST FLOOR PLAN
10' CEILING HEIGHT

SQUARE FOOTAGES:
1ST FLR PLAN: 2803
2ND FLR PLAN: 1008
GARAGE: 773
PORCHES: 343

DRAWN BY: DATE: 3/6/2020 SCALE: 1" = 10'-0" SHEET 6

CUSTOM BUILT FOR: RYAN SMITH

JOB #: DESCRIPTION:

© 2020 SCHUMACHER HOMES OPERATIONS, INC. ALL RIGHTS RESERVED. THE HOME OPERATIONS, INC. AND ITS AFFILIATES ("SCHUMACHER HOMES"). THESE PLANS AND DRAWINGS ARE THE EXCLUSIVE PROPERTY OF SCHUMACHER HOMES AND MAY NOT BE USED TO BUILD A STRUCTURE, REPRODUCED, COPIED, OR MODIFIED, IN WHOLE OR PART, WITHOUT THE EXPRESS WRITTEN CONSENT OF SCHUMACHER HOMES. THIS WORK IS PROTECTED BY THE UNITED STATES COPYRIGHT LAWS AND TREATY PROVISIONS. ANY UNAUTHORIZED USE IS A WILLFUL INFRINGEMENT OF UNITED STATES COPYRIGHT LAW AND MAY RESULT IN DAMAGES IN EXCESS OF $100,000 PER ACT OF INFRINGEMENT

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com

Acknowledgement Of
Plans Submittal ONLY!

Date

Tom Shuck Date 6/17/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307529 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638282893.000		Iredell County

Owner Information	Applicant Information
Name: MOSS GROVER C III+PATSY C	Name: RYAN SMITH
Address:	Address: 179 CANOE POLE LANE MOORESVILLE, NC 28117
Phone:	Phone: (704)634-6283

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.973	35	35	15	15	WSIV-CA Catawba/Lake Norman	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: 05/18/2020

Signature of Owner/Contractor

Permit Number	307529	TOTAL FEES:	