ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 (DD) · PERMIT # AP-312522

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

PIN # 4638-29-2392

APPLICANT/OWNER: KARTER BALTICH
APPLICANT ADDRESS: 103 KENWAY LOOP, MOORESVILLE, N.C. 28117
SITE ADDRESS: 1123 FERN HILL ROAD, MOORESVILLE, N.C. 28117
PHONE: 704-662-2878
ALT. PHONE: -
SITE DIRECTIONS: (S) ON 21 (R) ON PERTH, (R) ON FERN HILL, LOT ON (L)
SAP CONTROLLED: [x] YES [ ] NO REPAIR
SUBDIVISION: FERNLEAF
SECTION: 2 LOT # 1 LOT AREA: 1.472 AC
DESIGN FLOW: 480GPD L.T.A.R.: 0.35 (0.3)

Septic Tank	1000	(gal)	STB	760	Date	9-12-2021	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	50% REDUCTION - PPBPS			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	50% REDUCTION - PPBPS			
# Nitrification Fields	1		# Lines	6	Linear Ft	234FT	Maintenance Agreement Required:	[ ] YES	[x] NO		
Trench Width	24 IN		Trench Bottom Depth(Low side)	28 IN	Gravel Depth	-	[x] GRAVITY	[ ] PRESSURE			

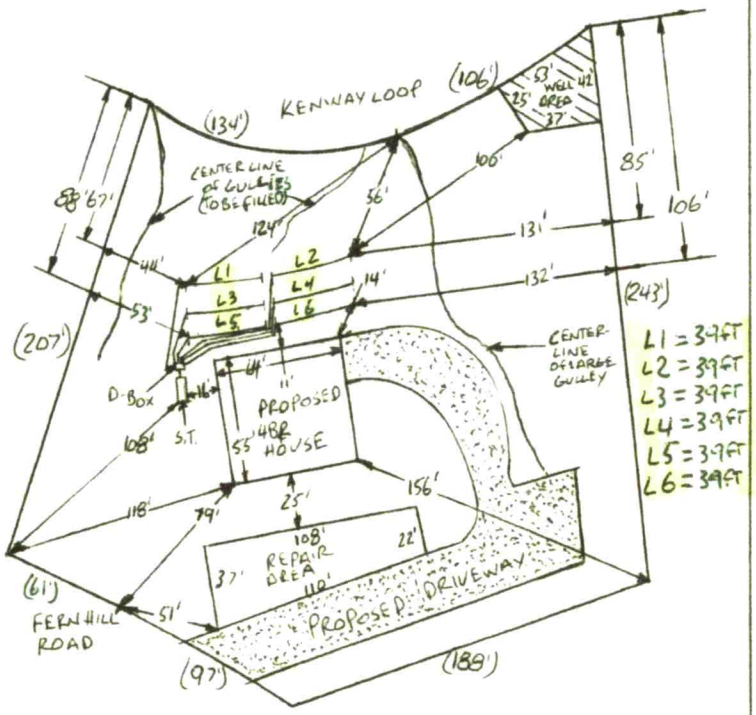
[x] Residence · No. Bedrooms: 4
[ ] Business · No. Persons: 8
[ ] Other · No. Employees: -
[ ] Slab · [ ] Crawl Space
[x] Basement w/plumbing · [ ] Basement w/o plumbing

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE D-BOX FOR EQUAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, MAINTAIN 100 FT FROM ALL WELLS.

IF 6 IN OF COVER CANNOT BE MAINTAINED COUNTY APPROVED COVER WILL BE REQUIRED. 4BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

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

11-23-2021 BCW
- TANK NEEDS RISERS
- LINES 3-6 CHECKED

1IN=8OFT
S.T.=SEPTIC TANK

11/24/21 Lines 1&2 checked, Dist. box leveled & supply lines checked.

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: Karter Baltich Date: 3-11-202.
IMPROVEMENT PERMIT by: Bryant C. White Date: 3-9-2021
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-9-2021

Installed by: TB GRADING
OPERATION PERMIT by: Maria Dotson Date: 11/24/21
Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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 #: 4638-29-2392
DATE OF EVALUATION: 1-26-2021
COUNTY: IREDELL

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
1	LINEAR SIDE 15% GRADED	0-18	C, SBK	FR, S, P, SEXP	SAP INC 0-35 MICA COMMON FEW C VIENS 35"-48"	35"	PS II SL	NA	PS .35
		18-35	CL, WSBK	FR, SS, SP, SEXP					
		35-62	SAP, MAS	VFR, NS, NP, SEXP		48.5	13.5		
2	LINEAR SIDE 15% GRADED	0-8	C, SBK	~~FR~~ FR, S, SP, SEXP	SAP INC ~~THRU~~ OUT 0-39" MICA COMMON	39"	PS II SL	NA	PS .35
		8-39	CL, WSBK	~~FR~~ FR, SS, P, SEXP					
		39-61	SAP, MAS	~~FR~~ FR, NS, NP, SEXP		50	11		
3	LINEAR SIDE 15% GRADED	0-18	C, SBK	FR, S, ~~P~~, SEXP	SAP INC 0'L40" MICA COMMON	40"	PS II ~~SL~~	NA	PS .35
		18-40	CL, WSBK	FR, SS, SP, SEXP					
		40-59	SAP, MAS	FR, NS, NP, SEXP		49.5	9.5		
4	LINEAR SIDE 15%	0-17	C, SBK	FR, S, P, SEXP	SAP INC 0"-43" MICA COMMON FEW C VIENS 43"+	43"	PS II L	NA	PS .35
		17-43	CL, WSBK	FI, SS, SP, SEXP					
		43-53	SAP, MAS	FR, NS, NP, SEXP		48	5		
5	LINEAR SIDE 5%	0-24	FILL	FILL	Y/B MOTS IN FILL	56"+	NA	NA	PS .3 IF FILL REMOVED
		24-56	C, ABK	FI, S, P, SEXP					

COMMENTS:

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 #: 4638-29-2372
DATE OF EVALUATION: 1-27-2021
COUNTY: IREDELL

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
6	LINEAR SIDE 10% GRADED	0-3	FILL	FILL	SAP INC 3"-46" MICA COMMON	46"	PS II L	NA	PS .325
		3-20	CL SBK	FI,S,P,SEXP					
		20-46	CL,WSBK	FR,SS,SP,SEXP					
		46-69	SAP, MAS	VFR,NS,NP,SEXP					
7	LINEAR SIDE 12% GRADED	0-8	L, SBK	FI,S,P,SEXP	SAP INC 0-28 MICA COMMON 44" of USABLE	28"	PS II L	NA	PS .4
		8-28	CL WSBK	FR,SS,SP,SEXP					
		28-60	SAP, MAS	VFR,NS,NP,SEXP					

COMMENTS: _____

RECEIVED DEC 0 8 2020

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

AP-166513
AP-312522
$320.00

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: ( ) 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: Karter Baltich Address: 103 Kenway Loop Mooresville, NC Zip: 28117
Applicant Email: karterbaltich@gmail.com Phone: 7046622878 Alt. Phone:
Owner Name: Karter Baltich Address: 103 Kenway Loop Mooresville, NC Zip: 28117
Owner Email: Karter Baltich Phone: 7046622878 Alt. Phone:

Property Information:

Street Address: 1123 Fern Hill Road Mooresville, NC 28117

Subdivision Name: Section/Phase: Lot Number: 1

Driving Directions: a half miles past bagby off of fern hill road on the left

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

CHECK FOUNDATION T[illegible]

(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: 4
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:
(X) 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: Karter Baltich
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/19/2020
DATE

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*) Walter Baldwin

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of Plans Submittal ONLY!

Malorie Baltich Date 3-11-2021

Bryant C. Miller Date 3-11-2021

62'

54'

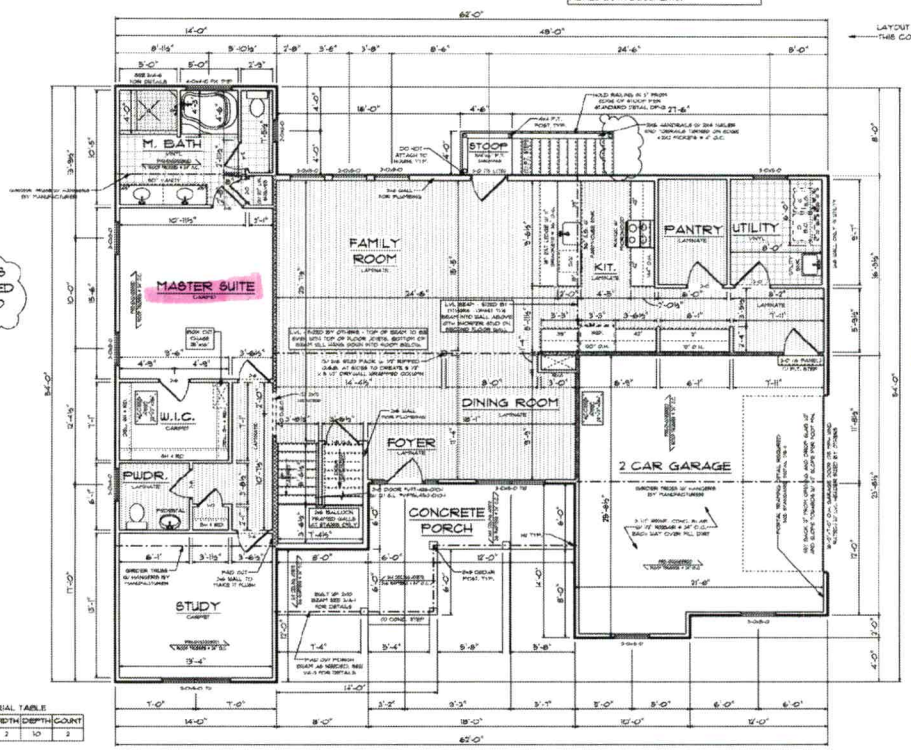
SALES PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 9'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 63" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

(2) ADDITIONAL P.T. STEPS & 3' OF RAILING ARE NEEDED FOR REAR STOOP DUE TO FINAL GRADE



HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H2	DOUBLE	2	10	2

1 A-3 FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

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REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (877)URE 0109
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JUSTIN FILLEMAN

PLAN SETS
SALES: SHIRTPS E. 9-30-20
CONSTRUCTION 79 9-7-17
REVISED: 77 9-7-79
77
77
92

SQUARE FOOTAGES:

1ST FLR HEATED	1827
2ND FLR HEATED	1781
TOTAL HEATED	3608
GARAGE	570
FRONT PORCH	150
REAR STOOP	16
TOTAL SQFT	3647

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

KARTER BALTICH
JOB #: 03200116
TBD KENWAY LOOP, MOORESVILLE, NC 28117

SHEET NUMBER A-3 OF FIVE

1123 Fern Hill Rd

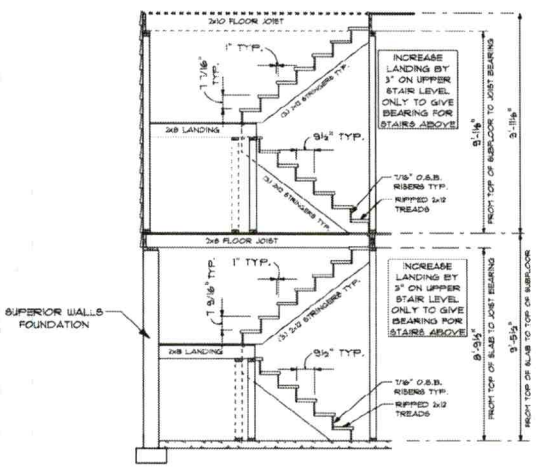
Acknowledgement Of
Plans Submittal ONLY!
Walter Baltich Date 3-11-2021
Buyer's Initials Date 3-9-2021

SALES PLANS

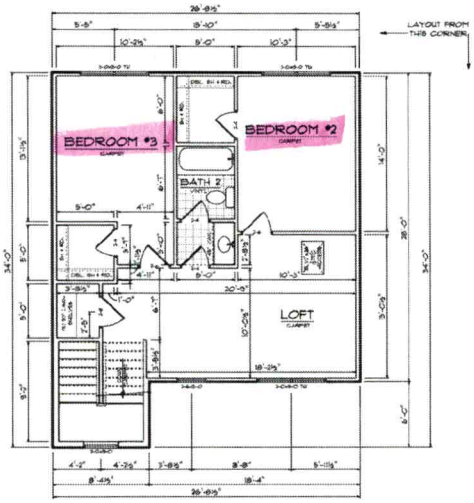
GENERAL NOTES:

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6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/64" FOR DOUBLE TYP.

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2 / A-4 STAIR DETAIL
SCALE 1/4"=1'-0"



1 / A-4 SECOND FLOOR PLAN
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)746-9109
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JUSTIN FREEMAN

PLAN SETS
SALES: SHARYN S. 8-35-20
CONSTRUCTION: ?? 9-7-??
REVISED: ?? 9-?-??
?? ??
?? ??

SQUARE FOOTAGES:

1ST FLR HEATED:	1871
2ND FLR HEATED:	798
TOTAL HEATED:	2669
GARAGE:	570
FRONT PORCH:	192
REAR STOOP:	16
TOTAL SQFT:	3447

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

KARTER BALTICH
JOB # 0320016
TBD KENWAY LOOP, MOORESVILLE, NC 28117

SHEET NUMBER
A-4
OF FIVE

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