12:30

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232059

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

PIN # 4638391494

APPLICANT/OWNER: Blazer Construction LLC APPLICANT ADDRESS: 242 Robinson Rd Mooresville, NC 28117

SITE ADDRESS: 480 Kenway Lp Mooresville, NC 28117 PHONE: 704 576-7471 ALT. PHONE

SITE DIRECTIONS: Perth Rd N to Fern Hill Tr Bagby TR Kenway Lp on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 109 LOT AREA: .82 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	527.	Date	9/14/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPP BPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

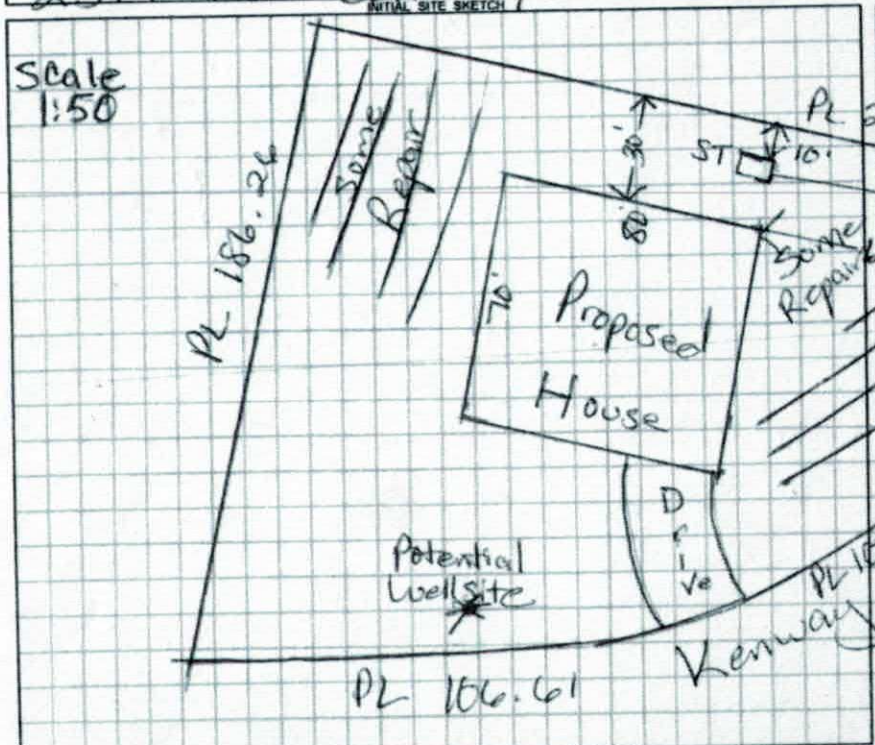
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Stormwater away from Septic. Keep drainfield at least 25ft from Culverts/street drains.

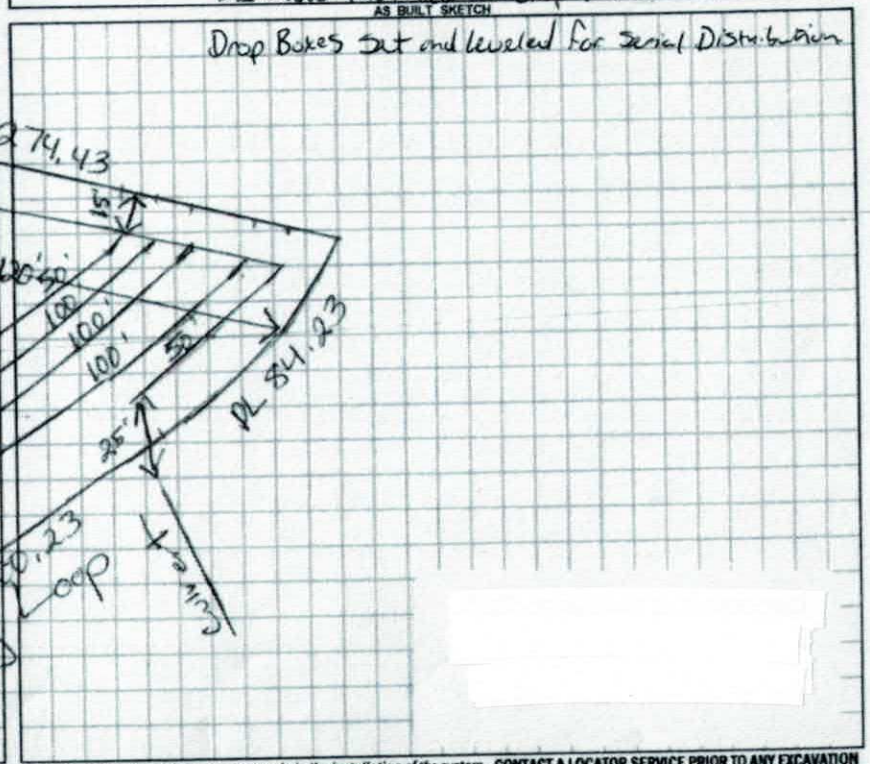
Floor plans submitted show 3 bedroom. Permit good for 4 bedroom. KW

EZ Flow installed w/ Drop Boxes

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: [signature] Date: 3-27-18

IMPROVEMENT PERMIT by: [signature] Date: 1/8/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3-27-18

Installed by: Dennis Willis Septic Service

OPERATION PERMIT by: Benjamin A. Bolton Date: 11/1/18

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 inspector to confirm your inspection time.

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

E WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blazer Construction, LLC — APPLICATION DATE ____
ADDRESS: 242 Robinson Rd Mville — DATE EVALUATED: 11/3/15
PROPOSED FACILITY: ____ — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: Woodleaf #109 480 Kenway Ln — 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	A 4-5%	0-9	Brw	SCL	SS, SP, SEXP, FR			FR	PS .3
		9-20	RCm-w	SBK	SS, SP, SEXP, FR				
		20-50	RCL-w	SBK	SS, SP, SEXP, FR				
			w/Few SAP Inclus						
	5%	0-10	Brw	SCL	SS, SP, SEXP, FR				PS .3
		10-37	RCm-w	SBK	SS, SP, SEXP, FR				
		37-50	RCL-w	SBK	SS, SP, SEXP, FR				
			few Quartz rock fragments						
			some Mica						
	5-6%	0-12	Brw	SCL	SS, SP, SEXP, FR				PS .3
		12-29	RCm-w	SS	SS, SP, SEXP, FR				
		29-49	RCL-w	SBK	SS, SP, SEXP, FR			few to many	SAP
			Inclus few Quartz fragments						
		49-54	L/SL	SAP	massive FR				
	5%	0-9	Brw	SCL	SS, SP, SEXP, FR				PS .3
		9-22	RCm-w	SBK	SS, SP, SEXP, FR				
		22-42	RCL-w	SBK					
			few to many SAP Inclus						
		42-55	L/SL	SAP	massive FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PRBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ronald Ashburner

COMMENTS: ____

OF ENVIRONMENT AND NATURAL RESOURCES
ENVIRONMENTAL HEALTH
ASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

NER: Woodleaf Ph 2 — APPLICATION DATE _____
DDRESS: _____ — DATE EVALUATED: _____
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 109 — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	AH #1 L Not in System Area	0-2	Mo GR SL	FR NS/NP	Br		F Sap		PS 0.3 - 0.35
		2-12	Mo SBK CL	FR SS/SP	Red		C Sap		
		12-24	WK SBK CL	FR SS/SP	Red				
		24-48	MA L Sap	FR SS/SP	Red				
2	5%	0-6	wk sbk sl	fr ss np	R Br				.3
		6-32	mo sbk c	fr ss sp	Red		C-m Sap		
		32-52	wk sbk cl	fr ss sp	R ed				
3		0-5	wk sbk scl	fr ss sp	R Br				.3
		5-22	mo sbk c	fr ss sp	Red				
		22-42	wk sbk cl	fr ss sp	Red		C Sap m Sap		
		42-52	wk sbk L	fr ss sp	Red/Br				
4		0-22	mo sbk c	fr ss sp	Red				.3
		22-40	wk sbk cl	fr ss sp	Red		C Sap		
		40-57	ma L Sap	fr ss sp	R Br				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	PS	PS
ystem Type(s)	25% Red	PPBPS
ite LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Kathleen Saunders / Judy McM
OTHER(S) PRESENT: _____

MMENTS: _____

94.98'
66.25'
28.73'
NO ACCESS
64.82'
N42°51'24"W
171.43'
106.61'
186.26'
372.52'
186.26'
C12
100.23'
Drive
35,569 SF
0.82 AC
Lot 109
39,082 SF
0.90 AC
Lot 108
N74°41'00"W
84.23'
84.23'
274.43'
15'
115'
57.85'
well
Well
C11
138.48
138.48'
C10
135.42'
93.21'
93.21'
S05°04'11"E
Lot 109

PHS 10:00 1/3/18 4M 12/20/17 RECEIVED DEC 11 2017

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT

Paid $ 500.00 Comp Relayout

(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)

#232059

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

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 #
Blazer Construction, LLC	242 Robinson Rd. Mooresville, NC 28117	576.7471	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ronald G. Ashbaugher	Same as above		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
480 Kenway Loop	Woodleaf	Lot 109

Driving Directions: West Hwy 150 (R) on to Peeler Rd. (L) onto Fern Hill (L) Kenway Loop. Address 480 Kenway Loop (Lot 109)

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
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 12/11/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

3/27/18

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, Blazer Construction, LLC, am the legal owner(s) of the property located at 480 Kenway Loop Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638391494.000, 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 10/23/2017 Signature of Witness _____ Date _____

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

232059

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

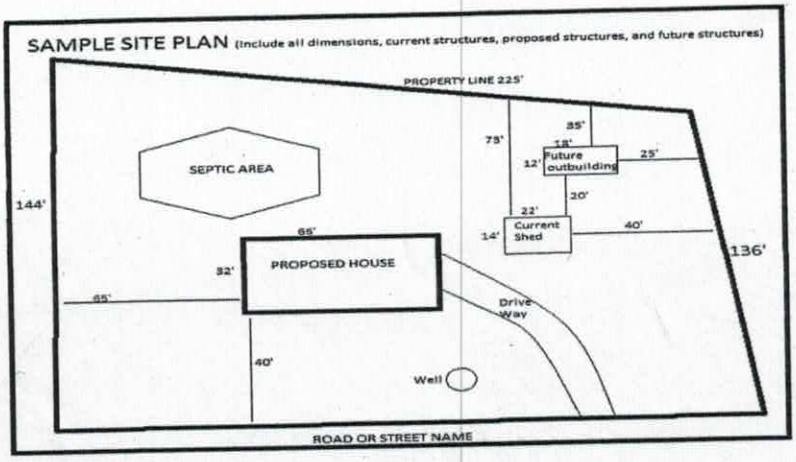
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

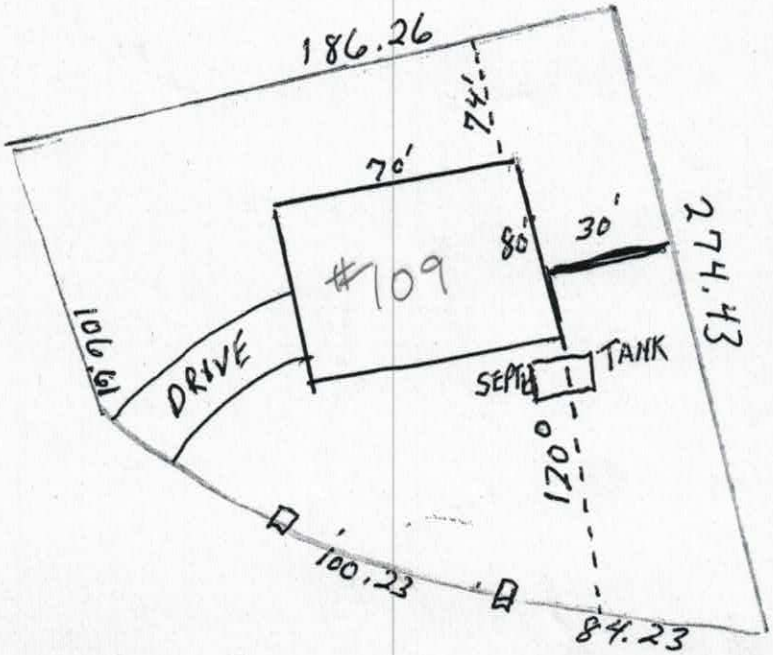
Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



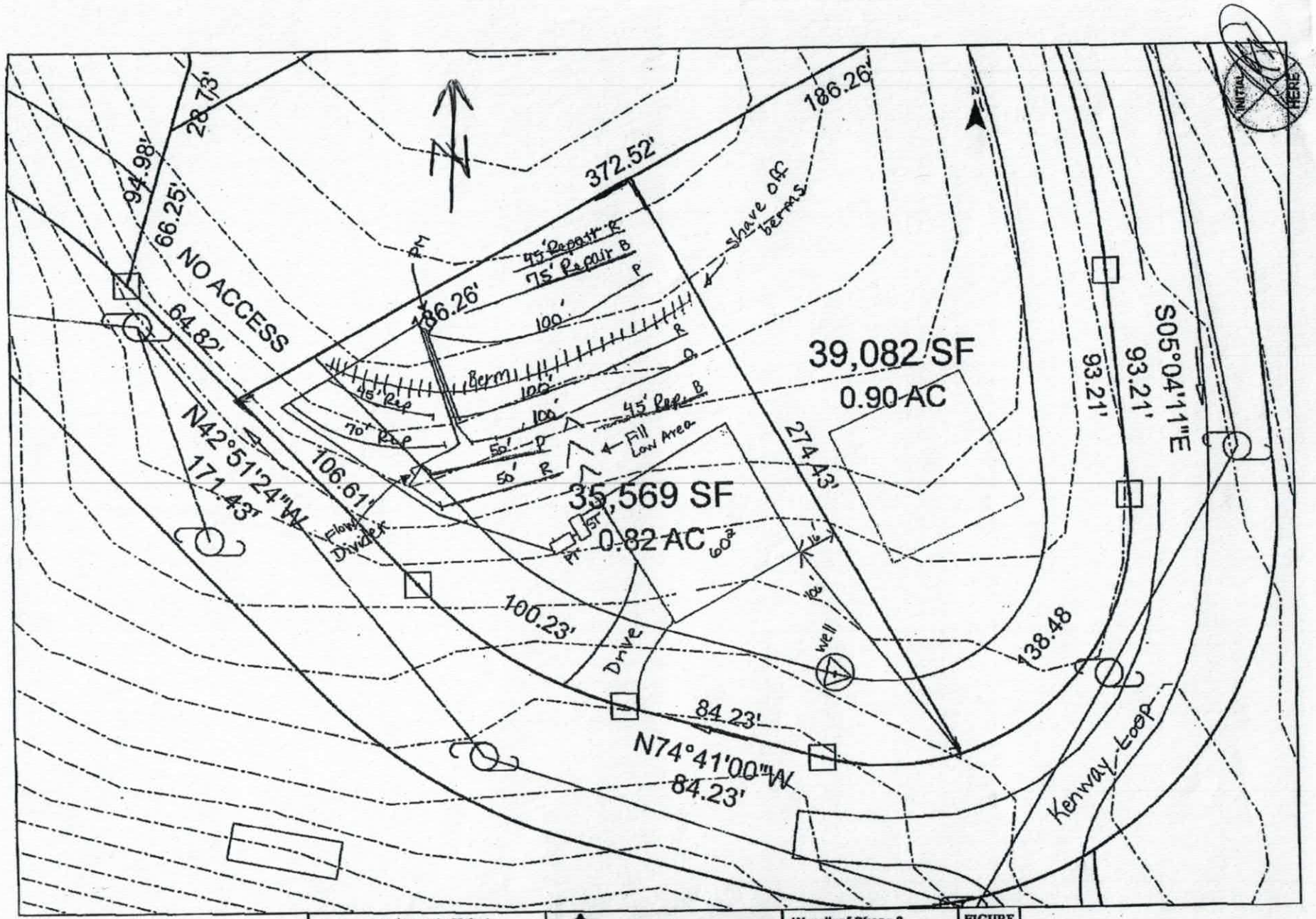
108

Signature: _____

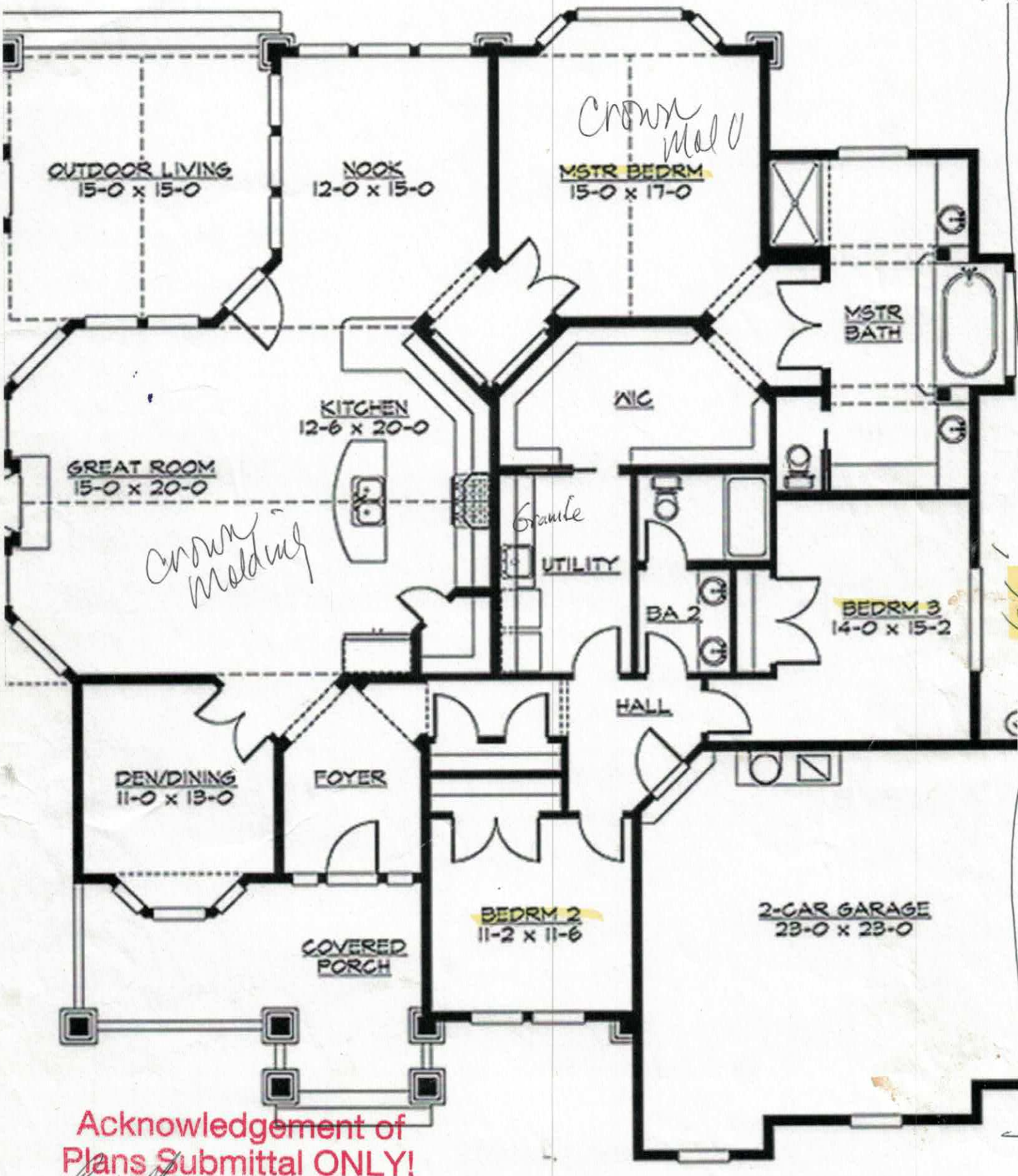
REQUIRED **property owner or owner's legal representative signature.**

_____

DATE



Scale: 1 inch equals 50 feet	S&ME	Woodleaf Phase 2	FIGURE
Drawn by: JBP		Lot 109	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2007	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-06-077	



Acknowledgement of Plans Submittal ONLY!

Date 3-22-18

Date 3-27-18