Paid $350.00 1-17-14 Statesville
Paid $495.00 1-17-14 RM Mooresville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Koehler Homes **Address:** 167 Maple View Dr 28166 **Phone:** 704-309-0227

Owner Name: Contact Kathleen Saunders, LSS **Address:** 704-578-4951 **Phone:**

Property Information:

Street Address: 561 Normandy Rd Mooresville 28117

Subdivision Name: Normandy Creek **Section/Phase:** 1 **Lot Number:** 7

Driving Directions: Hwy 150 W, R Perth, L Normandy, lot on L past airport

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-17-14
DATE

IREDELL COUNTY

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

APPLICATION NUMBER
201274
Issue Date: 01/17/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638425131.000	561 NORMANDY ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: DOUBLE REBECCA+RODNEY	Applicant: THE OAKS GROUP
Address: ,	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.751	35.00	35.00	15.00	15.00	CACL	X

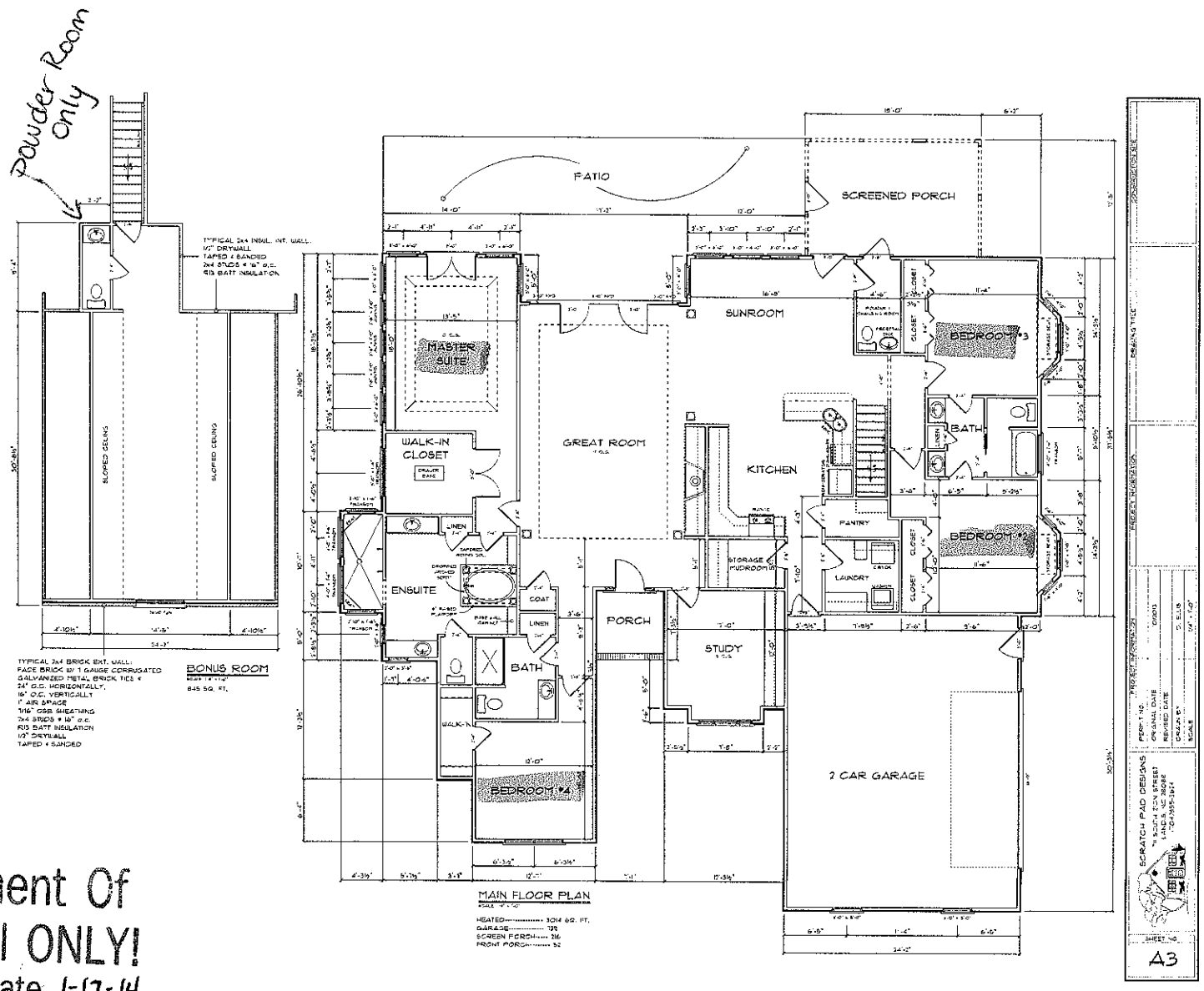
Remarks:

$ PAID Credit 1-17-14

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.

Applicant: _____ Date: _____

Permit Number	4807	TOTAL FEES:	$



Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 1-17-14

[signature] Date 1-22-14

Lot 7 Normandy Creek Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	8 (See Table)
Total Linear Feet	445
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	300
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	80
2	Repair	Red	LP PPBPS	80
3	Repair	Blue	LP PPBPS	80
4	Repair	White	LP PPBPS	60
5	System	Red	25% Reduction	70 endfed
6	System	Blue	25% Reduction	70 endfed
7	System	Orange	25% Reduction	55 endfed
8	System	Pink	25% Reduction	50 endfed
9	System	Red	25% Reduction	50 endfed
10	System	Blue	25% Reduction	50 endfed
11	System	Orange	25% Reduction	50 endfed
12	System	Pink	25% Reduction	50 endfed
				Total System: 445'
				Total Repair: 300'

Note: partially uses lines laid on site during original permitting of Lot 8 Normandy Creek
Fill gully/divert drainage towards 8/9 property line

ENR/DEH

N-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: Lot 8 Normandy Creek
DDRESS: ___ APPLICATION DATE ___
ROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 4/9/09
OCATION OF SITE: ___ PROPERTY SIZE: ___
ATER SUPPLY: • Private • Public • Well • Spring • Other ___ PROPERTY RECORDED: ___
/ALUATION METHOD: • X Auger Boring • Pit • Cut TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

.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
L	0-8	Mo SBK C	FR SS/SP	Red				
	8-36	Mo SBK CL	FR SS/SP	Red		F Sap		
	36-48	WK SBK CL	FR SS/SP	Red w/		C Sap		0.35
L 10-14%	0-7	WK SBK C	Fr S,P	(Red)				
	7-48	Mo/WK SBK CL	Fr, SS, SP	w/ F-C Sap, + WF				0.325
L	0-10	Mo SBK C	FR SS/SP	Red				
	10-18	Mo/WK SBK CL	FR SS/SP	Red		C Sap		0.35
L 5-8%	0-4	Mo GR L	FR SS/SP	Br				
	4-18	Mo SBK C	FR SS/SP	Red				
	18-48	Mo/WK SBK CL	FR SS/SP	Red w/		C Sap	30 –	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
ystem Type(s)		
te LTAR		

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

MMENTS: ___

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Sheet:

Date Evaluated: 1/12/13

Owner or Client:
Proposed Facility:
Design Flow: 480
Location of Site: Normandy Creek 7/8
Property Size:
Soil Described By:
Others Present:
Antecedent Moisture:
Weather:
Site LTAR: Int. 0.275 Rep. 0.3
Site Classification:

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc..)	Profile Class & LTAR
A 1	L	0-3	Mo GR SCL	FR SS/SP		Br			0.275
		3-26	Mo SBK C	FR SS/SP		Red			
		26-48	WK SBK C	FR SS/SP		Red	F yel Br		
2									
3									
4									
5									
6									

COMMENTS: