IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 203146

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

PIN # 4638592209

APPLICANT/OWNER: John + Alicia Gibson APPLICANT ADDRESS: 104 Seneca Pl

SITE ADDRESS: ~~104 Seneca Pl~~ Mooresville, NC PHONE: 704-578-4951 (Kathleen) ALT. PHONE —

SITE DIRECTIONS: Perth Rd → R on Stumpy Creek Rd → L on Seneca Pl → lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T SECTION: 14 LOT # 1044 LOT AREA: 1.09 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.35 req'd)

Septic Tank 1000 (gal) STB IM 1060 Date filtrator
Pump Tank 1000 (gal) PT IM 1060 Date filtrator
Pump Make Gould Model .5HP 1/60/230 Serial # WE0512H10
Nitrification Fields 1 # Lines 5 Linear Ft 400'
Trench Width 36" Trench Bottom Depth(Low side) 32"/36" high side Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM 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: *Site visit must be made by ICHD after grading is complete + before AC can be issued ICHD must approve lot after grading. ✓ Approved 5-9-18 KW

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

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**

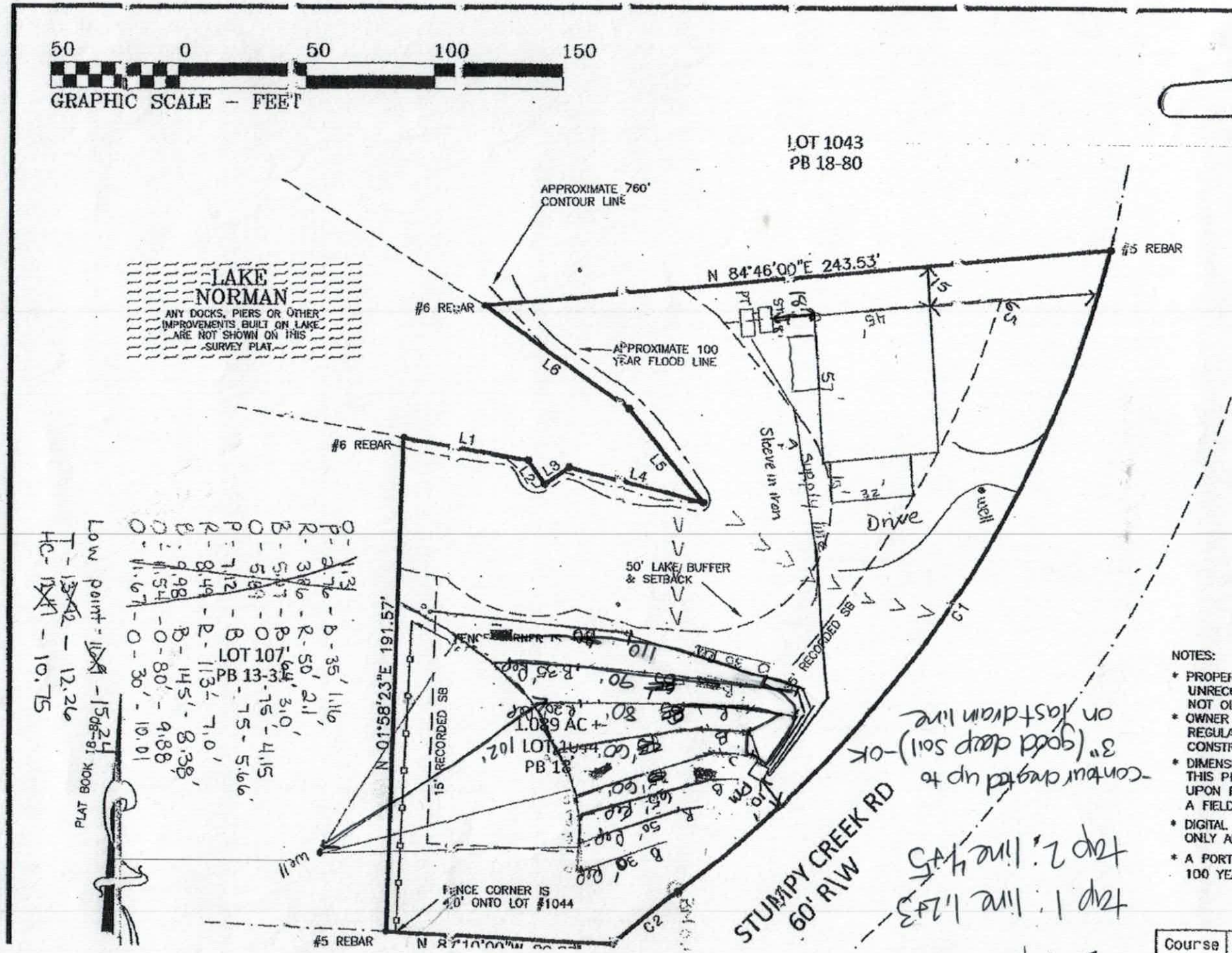
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3-5-18 Installed by: —

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-1-18 OPERATION PERMIT by: [signature] Date: 11-21-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-9-18 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 inpsector to confirm your inspection time.



APPROVED MAY X 9 2018
KW

contour dressed up to 3" (good deep soil) - ok on Jostadian line

trap 1: line 1,2,3 - ok

trap 2: line 4,5

2 traps 3/4 sch 40

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 104 Seneca Pl

Date: February 5, 2018

Attached is the septic specification information required to permit ~~215 Webbed Foot Road~~ 104 Seneca Pl for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

CL&T 1044 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	185' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 14.1'
Pressure head	2.0'
Friction head	3.3'
20% Contingency	3.9'
Total Head	23.3'
Pump Requirements	27.5 gpm @ 23.3' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.7
Repair System	**LP PPBPS**
Total Linear Feet	230
Repair Loading Rate	0.35

APPROVED MAY X 9 2018
KW

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Blue	LP PPBPS	35	1.16
2	Repair	Red	LP PPBPS	50	2.1
3	Repair	Blue	LP PPBPS	65	3
4	System	Orange	25% Reduction	75 endfed	4.15
5	System	Blue	25% Reduction	75 endfed	5.66
6	System	Red	25% Reduction	85 endfed	7
7	Repair	Red	LP PPBPS	20	7
8	System	Blue	25% Reduction	85 endfed	8.38
9	Repair	Blue	LP PPBPS	35	8.38
	System	Orange	25% Reduction	80 endfed	9.88
10	Repair	Orange	LP PPBPS	30	10.01
				Total System: 400'	
				Total Repair: 230'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	12.26
House	blue		10.75

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Pipe should be ductile iron where it crosses into the 50 ft lake buffer

APPROVED MAY X 9 2018
KW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

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

OWNER: John Gibson
ADDRESS: ~~104 Seneca~~ 289 Stumpy Creek
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: CLYT 1044
APPLICATION DATE 2/6/18
DATE EVALUATED: 1/16/18
PROPERTY SIZE: 1.089
PROPERTY RECORDED: yes

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
1	L 10%	0-12	Mo GR SCL	FR SS/SP	yel R	41"	PS	N/A	0.4
		12-28	Mo SBK C	FR SS/SP	R				
		28-41	WK SBK CL	↓	R yel; C Sap				
		41-96	MA SL Sap	FR NS/NP	multi				
2	L 10%	0-10	Compacted			35"	PS	N/A	0.4
		10-22	Mo SBK C	FR SS/SP	R				
		22-35	WK SBK CL	↓	R; C Sap				
		35-96	MA L Sap	↓	yel R				
3	L 10%	0-30	Mo SBK C	FR SS/SP	yel R	39"	PS	N/A	0.4
		30-39	WK SBK CL	↓	yel R; C Sap (yel Br/BL)				
		39-96	MA L Sap	↓	multi				
4	L 10%	0-6	Compacted			41"	PS	N/A	0.4
		6-12	Mo GR SL	FR NS/NP	Br				
		12-30	Mo SBK C	FR SS/SP	R				
		30-41	WK SBK CL	↓	R; C Sap				
		41-96	MA L Sap	↓	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.4	0.4

OTHER FACTORS (.1946): Remove 24" soil from Septic area
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: kms
OTHER(S) PRESENT: ___

COMMENTS: TB = 54"; or 30" after soil Removed

Updated February 2014

APPROVED MAR X 5 2018
KW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

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

OWNER: John Gibson
ADDRESS: ~~104 Seneca~~ 289 Stumpy Creek
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: CLT 1044

APPLICATION DATE: 2/6/18
DATE EVALUATED: 1/16/18
PROPERTY SIZE: 1.089
PROPERTY RECORDED: yes

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
1	L 10%	0 - 12	MO GR SCL	FR SS/SP	yel R	41"	PS	N/A	0.3
		12 - 28	MO SBK C	FR SS/SP	R				
		28 - 41	WK SBK CL	↓	R yel; C sap				
		41 - 60	MA SL sap	FR NS/NP	multi				
2	L 10%	0 - 10	Compacted			35"	PS	N/A	0.3
		10 - 22	MO SBK C	FR SS/SP	R				
		22 - 35	WK SBK CL	↓	R; C sap				
		35 - 60	MA L sap	↓	yel R				
3	L 10%	0 - 30	MO SBK C	FR SS/SP	yel R	39"	PS	N/A	0.3
		30 - 39	WK SBK CL	↓	yel R; C sap (yel Br/BL)				
		39 - 60	MA L sap	↓	multi				
4	L 10%	0 - 6	Compacted			41"	PS	N/A	0.3
		6 - 12	MO GR SL	FR NS/NP	Br				
		12 - 30	MO SBK C	FR SS/SP	R				
		30 - 41	WK SBK CL	↓	R; C sap				
		41 - 60	MA L sap	↓	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.3	0.3

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

COMMENTS: ___

APPROVED MAR X 1 2018
KW

RECEIVED FEB 6 - 2018

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM Comprehensive Redraw # 203146

Application For:

(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repai

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: same **Address:** _____ **Phone:** _____

Owner Name: John & Alicia Gibson **Address:** 104 Seneca Pl 28117 **Phone:** _____

Property Information: 289 Stumpy Creek Rd

Street Address: ~~104 Seneca Place~~ Mooresville NC

Subdivision Name: CL&T **Section/Phase:** 14 **Lot Number:** 1044

Driving Directions: Perth Rd to Stumpy Creek Rd, Rt. Stumpy Creek Loop L on Seneca Place property on Rt.

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 Plumbi

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.

Respectfully, Emma Helt / Kathleen Saunders 2-6-18

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

DocuSign Envelope ID: 1D0D0382-0868-404D-A169-E9CE9463332F

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Alicia Gibson, am the legal owner(s) of the property located at ~~104 Seneca Place~~, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638592209, located in Iredell County, North Carolina

289 Stumpf Creek Rd

I do hereby authorize (**print legal representative/company name**) Kathleen Saunders / The Oaks Group and/or Aaron Marin / Marin Development Company 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

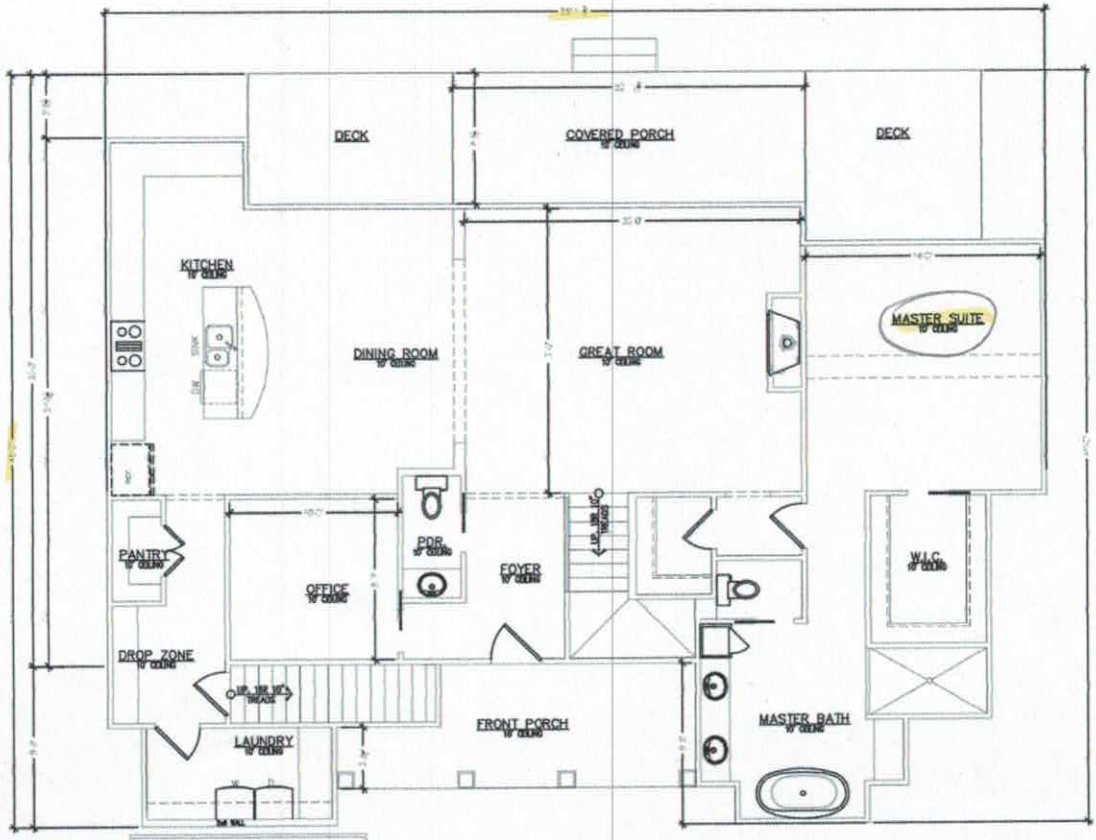
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division

John Gibson	12/27/2017	Kathryn Rudisill	12/27/2017
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office

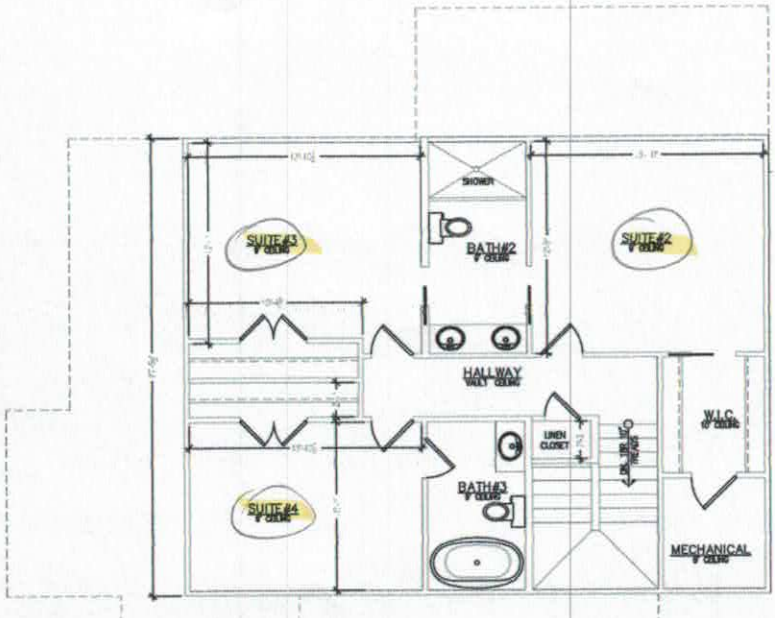
Mooresville - Environmental Health
ronda hart@co iredell nc us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



SQUARE FOOTAGE BLOCK	
FIRST FLOOR	1,735 SQ. FT.
SECOND FLOOR	867 SQ. FT.
TOTAL HEATED	2,602 SQ. FT.
GARAGE LEVEL	1,735 SQ. FT.
MECHANICAL	167 SQ. FT.
FRONT PORCH	160 SQ. FT.
REAR PORCH	163 SQ. FT.
DECKS	301 SQ. FT.
TOTAL SQUARE FOOTAGE	4,951 SQ. FT.

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



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

Acknowledgement of Plans Submittal ONLY!
Date 3-1-18
Date 3-5-18

IREDELL COUNTY

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

APPLICATION NUMBER
203146
Issue Date: 01/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638592209.000	104 SENECA PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CRESCENT COMMUNITIES LLC	Applicant: KATHLEEN SAUNDERS
Address: 227 WEST TRADE ST SUITE 1000 CHARLOTTE, NC 28202	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD REPLACES PERMIT 127549 PD ZONING 1-9-18	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.090	35.00	50.00	25.00	15.00	CACL	AE

Remarks:

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	125306	TOTAL FEES:	$ 77.25