ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 32648

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

PIN # 4639-11-4052 ✓

APPLICANT/OWNER: Caitlin Barney | APPLICANT ADDRESS: 136 Blue Ridge Trail Mooresville

SITE ADDRESS 197 Riverbend Drive Mooresville NC 28117 ✓ | PHONE: 801-520-7706 | ALT. PHONE 704-896-4781

SITE DIRECTIONS: Won fem Hill R on Riverbend | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T Lot ✓ | SECTION: – | LOT # 971 ✓ | LOT AREA: 1.03 | DESIGN FLOW: 480gpd | L.T.A.R.: .3

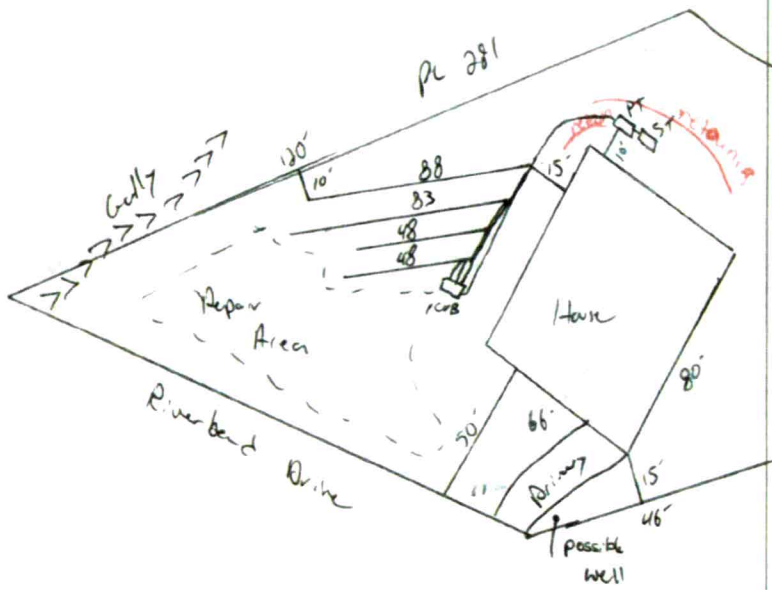
Septic Tank	1000 (gal)	STB	740	Date	4/4/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	343	Date	4/19/23	System Description: 50% LP		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: 50% LP		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	267'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	–	☐ GRAVITY ☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Instyll Drainline on center of land. Use Central Valve box for distribution

Use 62 Panels
223 gallon dose — 2ft Head Pressure
25 gal Flow Rate — 10.6 Drawdown

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.

- Remove fill from repair ✓ 7/13/23 DW
- OK to reinstall top 2 lines slightly to achieve 25% of retaining wall

can move tanks to side

Line closest to lake SB 6/12/23
Top 3 lines CW 6/7/23

5/24/23 tanks DW

7/13/23 - CUB, pressure, alarm, electrical

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: 11/1/2022 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: [signature] Date: 12-14-2021 OPERATION PERMIT by: D. Weber Date: 7/12/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-14-2021 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322648

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

PIN # 4639--11--4052

APPLICANT/OWNER: Caitlin Barney | APPLICANT ADDRESS: 136 Blue Ridge Trail Mooresville

SITE ADDRESS: 197 Riverbend Drive Mooresville NC 28117 | PHONE: 801-520-7706 | ALT. PHONE 704-896-4791

SITE DIRECTIONS: Won fern Hill R on Riverbend | SAP CONTROLLED: ☐ YES ☒ NO

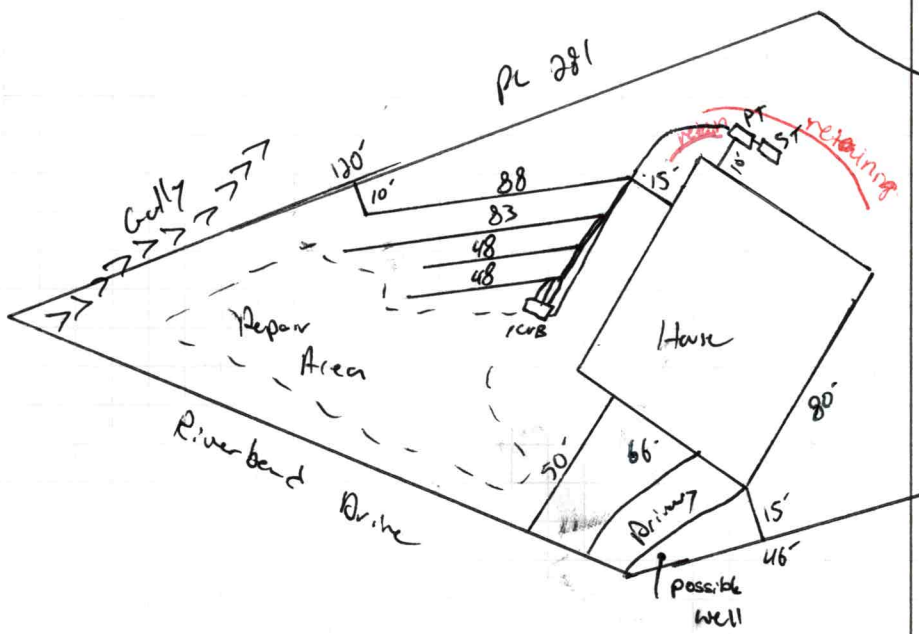
SUBDIVISION: CL&T Lot | SECTION: - | LOT # 971 | LOT AREA: 1.03 | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	740	Date	4/4/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	4/19/23	System Description: 50% LP				☐ Business	No. Persons	8	☒ Private
Pump Make		Model			Serial #		Repair System Description: 50% LP				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft	267'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"		Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on contour of land. Use Central Valve box for distribution

Use 62 Arcels
223 gallon dose | 2ft Head Pressure
25 gal Flow Rate | 10.6 Drawdown

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.

- Remove fill from repair
- ok to lengthen top 2 lines slightly to achieve 25' off retaining wall
- can move tanks to side

5/24/23 tanks - DW

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: 1/11/2022 Installed by: Ground breakers

IMPROVEMENT PERMIT by: [signature] Date: 12-14-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-14-2021 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4639114068
COUNTY: Iredell

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

OWNER: Caitlin Barney
APPLICATION DATE 10-15-2020
ADDRESS: 138 Blue Ridge Trail
DATE EVALUATED:
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE: 1.03
LOCATION OF SITE: 197 Riverbend
PROPERTY RECORDED: Y-S
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	12% SS	0-6	SBL SCL	Fr SSSPSmo					PS .3
		6-30	SBL C						
		30-48	SBL CL		N/A	48	N/A	N/A	
2	SS 12%	0-6	SBL SCL						PS .3
		6-24	SBL C						
		24-48	SBL CL		N/A	48	N/A	N/A	
3	SS 12%	0-6	SCL SBK						PS .3
		6-18	C SBK						
		18-48	CL SBK		N/A	48	N/A	N/A	
4	SS 12%	0-6	SCL SCL						PS .3
		6-30	C SBK						
		30-48	CL SBK		N/A	48	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	267
System Type(s)	50% LP	50% LP
Site LTAR	.3	.3

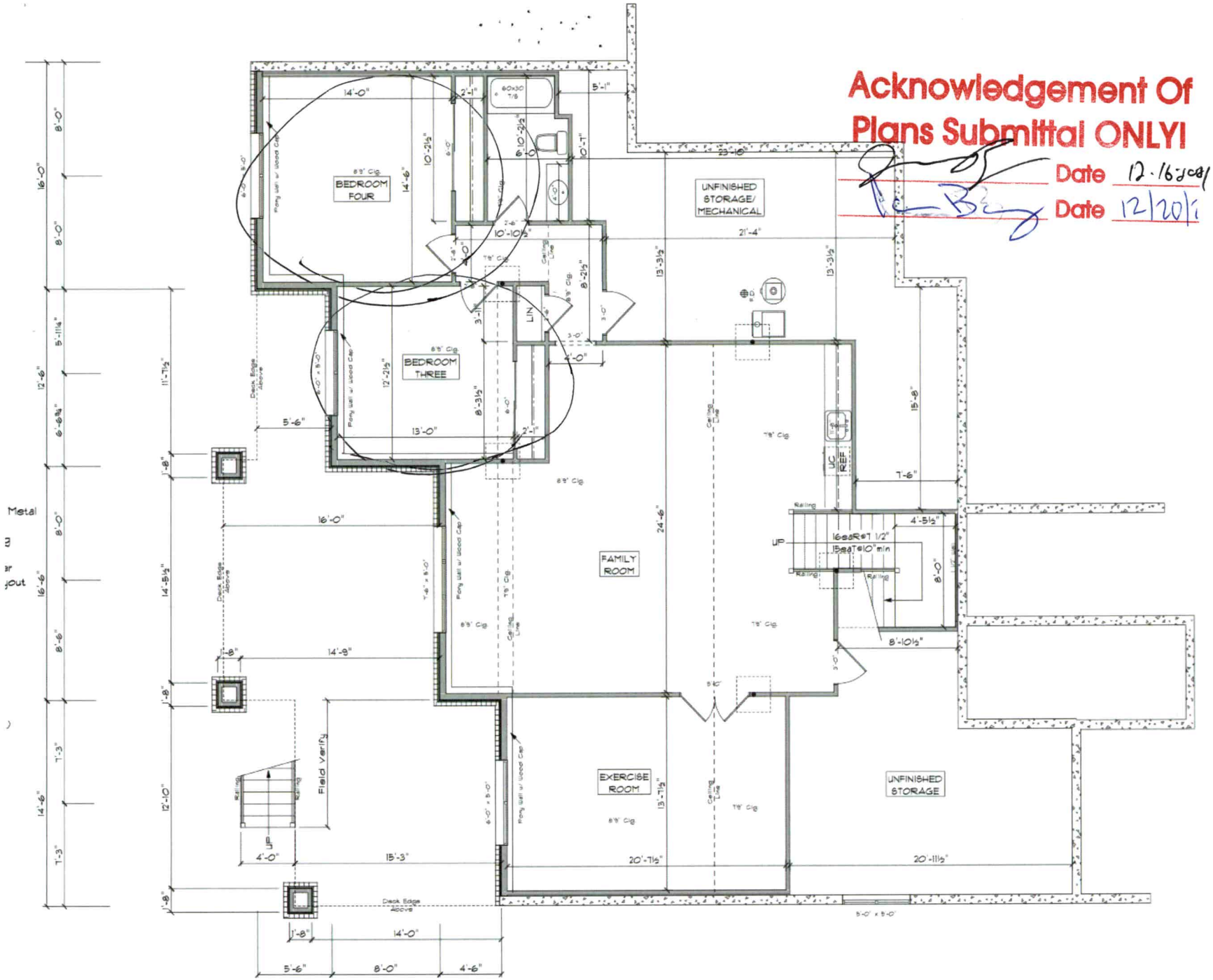
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

Acknowledgement Of
Plans Submittal ONLY!

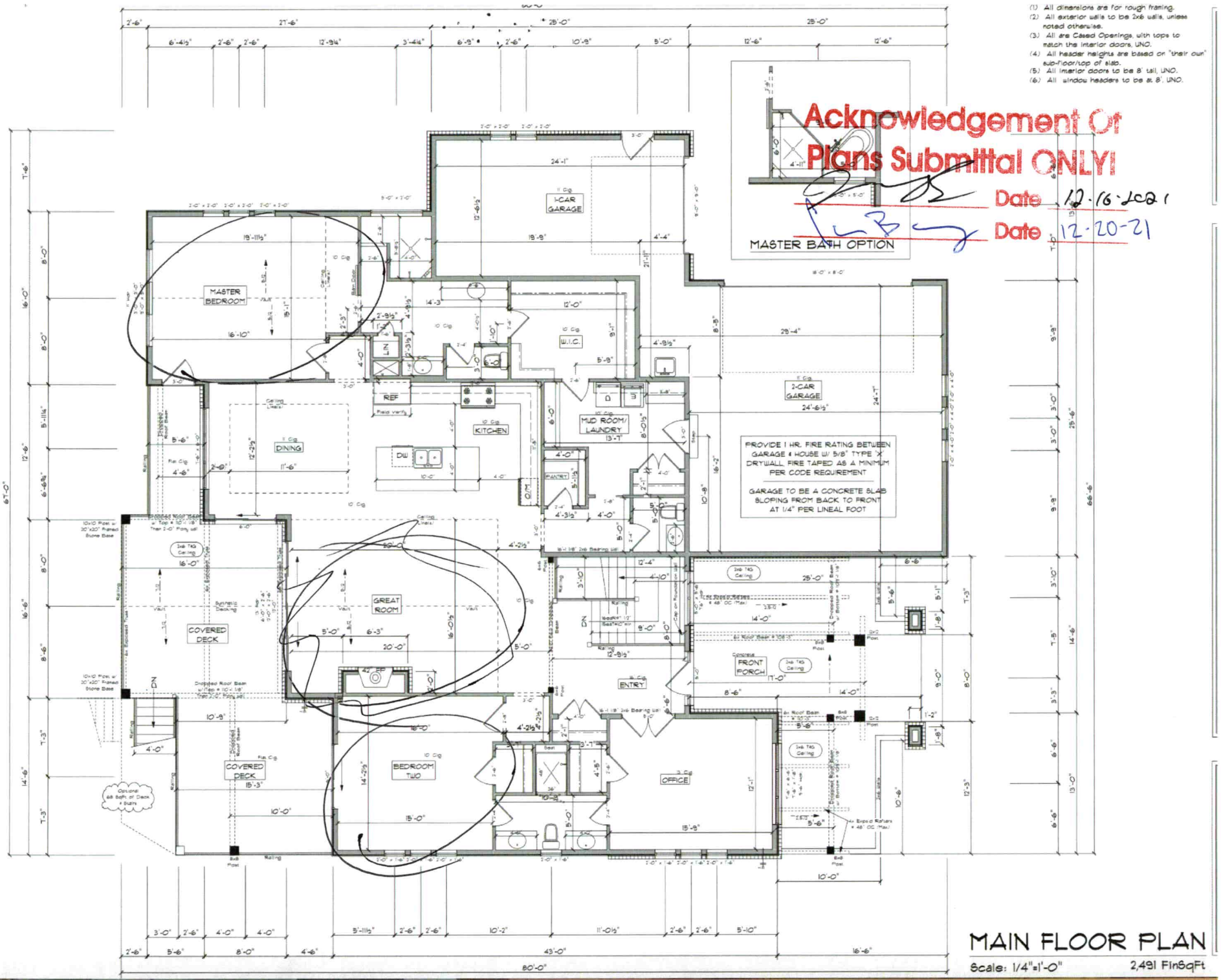
Date 12-16-2021

Date 12/20/21



LOWER FLOOR PLAN

(1) All dimensions are for rough framing.
(2) All exterior walls to be 2x6 walls, unless noted otherwise.
(3) All are Cased Openings, with tops to match the interior doors, UNO.
(4) All header heights are based on "their own" sub-floor/top of slab.
(5) All interior doors to be 8' tall, UNO.
(6) All window headers to be at 8', UNO.



Acknowledgement Of Plans Submittal ONLY!

Date 12-16-2021

Date 12-20-21

MAIN FLOOR PLAN

Scale: 1/4"=1'-0"

2,491 FinSqFt

RECEIVED OCT 2 7 2021

AP

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

AP- 322648

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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: (PRINT CLEARLY)

Applicant Name: Caitlin Bacney Address: 138 Blue Ridge Trl. Zip: 28117
Applicant Email: caitlinbacneyrealtor@gmail.com Phone: (801) 520-7706 Alt. Phone: _____
Owner Name: Bob Fotsch Address: 140 Cheshire Rd Zip: 28117
Owner Email: bob@fotsch.com Phone: 704-996-4791 Alt. Phone: _____

Property Information:

Street Address: 197 Riverbend Dr.
Subdivision Name: CLiT Section/Phase: _____ Lot Number: 971
Driving Directions: West on Fern Hill. Turn Right on Riverbend Dr.

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

(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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____ 10/25/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) _____

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, Bob Fotsch, am the legal owner(s) of the property located at 197 Riverbend Dr., identified as PIN (Parcel Identification Number) 4639114052, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Caitlin Barney, _____, 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.

Rne Fotsch
Signature of Owner(s)

10/25/2021
Date

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

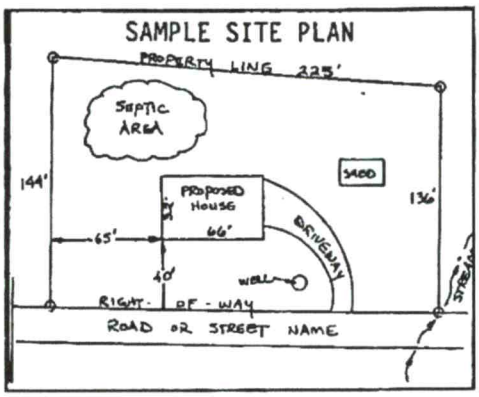
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

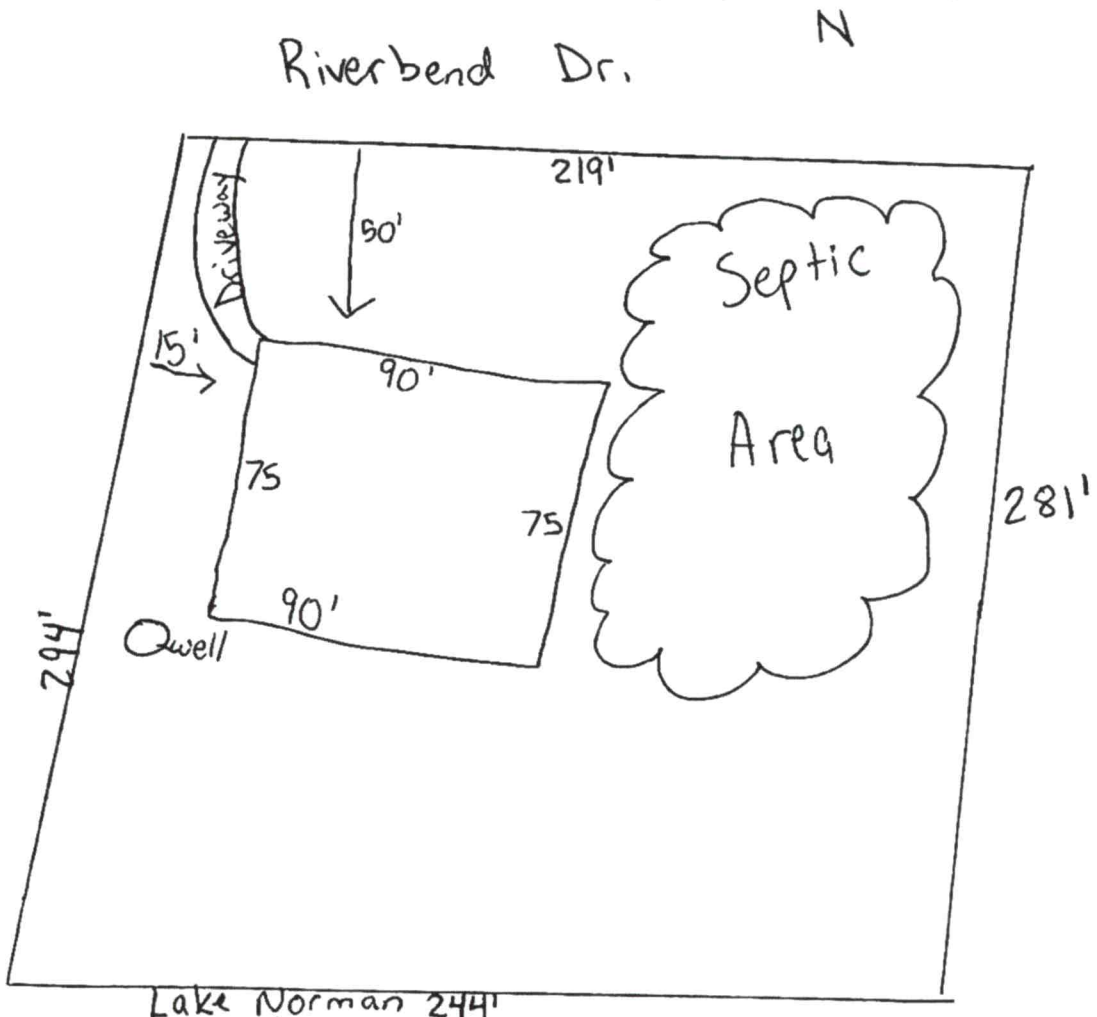
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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

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



Signature: _____

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

10/25/2021

DATE