IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 230262

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

PIN # 4639128924

APPLICANT/OWNER: Todd & Leesa Sluder APPLICANT ADDRESS: 136 Carlton Drive Mooresville, NC

SITE ADDRESS: 136 Carlton Dr - Mrsvl PHONE: 7048832800 ALT. PHONE (704) 202-4964 (Mary)

SITE DIRECTIONS: Perth Rd N TL Fern Hill TR Riverbend TR Carlton on right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Cla SECTION: 15 LOT # 950 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 11-7-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft ~70'

Trench Width 24" Trench Bottom Depth(Low side) 32" Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

System Description: Gravity PPBPS + Exist

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE LI

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

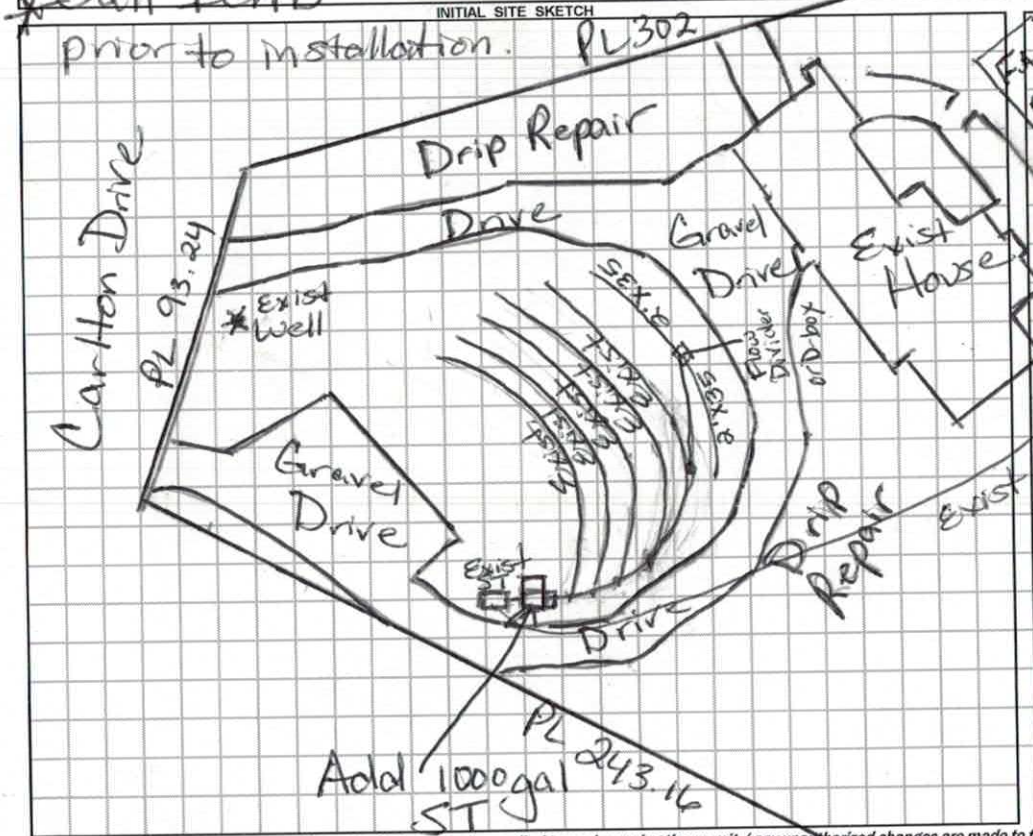
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

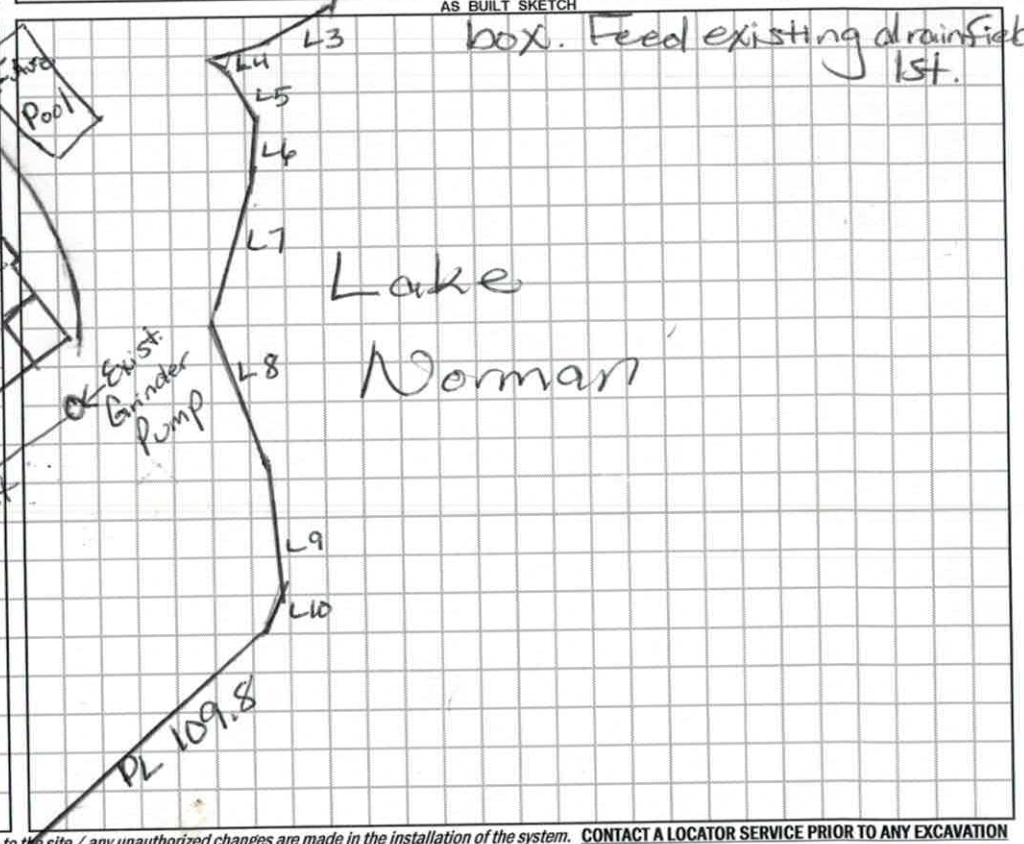
Comments / Conditions: Add 2nd Septic, 1st (existing) ST will be a trash/settling tank. Call TCHD prior to installation. PL302

Install PPBPS drainline 2@35ft split flow with flowdivider or distribution box. Feed existing drainfield 1st.

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: Date: 12/7/17 Installed by: Joe Thompson

IMPROVEMENT PERMIT by: Maria Nelson RS Date: 12/7/17 OPERATION PERMIT by: Maria Nelson Date: 1/26/18

AUTHORIZATION TO CONSTRUCT by: Maria Nelson RS Date: 12/7/17 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Todd Sluder
ADDRESS: 136 Carlton Dr Mooresville NC
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 136 Carlton Mooresville, NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE ___
DATE EVALUATED: 9/19/17
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

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	16%	0-20"	Brw SCL	SS, SP, SExP, FR					PS .3 - .35
5		20-54"	Rd CL/CL	m-wSBK SS, SP, SExP.					
2	18%	0-7	Brw SCL	SS, SP, SExP, FR					PS .3 - .25
6		7-48	Brw/Rd SC/CL	SS, SP, SExP, FR					
AH 3 1	19% Repair	0-12"	Brw SCL	SS, SP, SExP, FR					PS .25
		12"-48"	Brw/Rd SC/CL	SS, SP, SExP, FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS&Exist	Drip
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Max Spear Jr

COMMENTS: ___

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for CN-SITE WASTEWATER SYSTEM

OWNER: Todd Sluder — APPLICATION DATE ___
ADDRESS: 136 Carlton Dr Mooresville, NC — DATE EVALUATED: 9/19/17
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ___
LOCATION OF SITE: 136 Carlton Mooresville, NC — PROPERTY RECORDED: ___
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	Not in Septic Area	0-20 20-38	SC, L/SL	GR SS, SP, SEXP SAP					PS .3 to 38"
2	Not in Septic Area	0-7 7-24 24-48"	Brw Brw L	SCL CL w/few to many SAP Indics SS, SP, SEXP, FR SAP					PS .3 to 24" >24"=.35
3	18% Initial	0-7 7-38"	Brw Brw	SCL SS, SP, SEXP, FR SC WSBKS, P, SEXP, FR					PS .3
4	15% Repair	0-13" 13-48"	Brw Brw/Rd	SCL SC/CL					PS .25

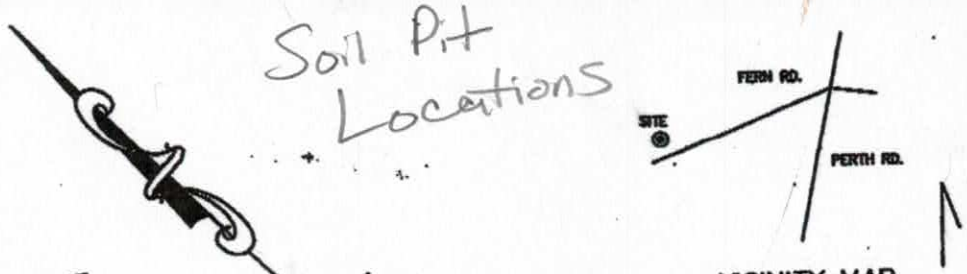
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS&Exist	Drip
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Max Spear Jr

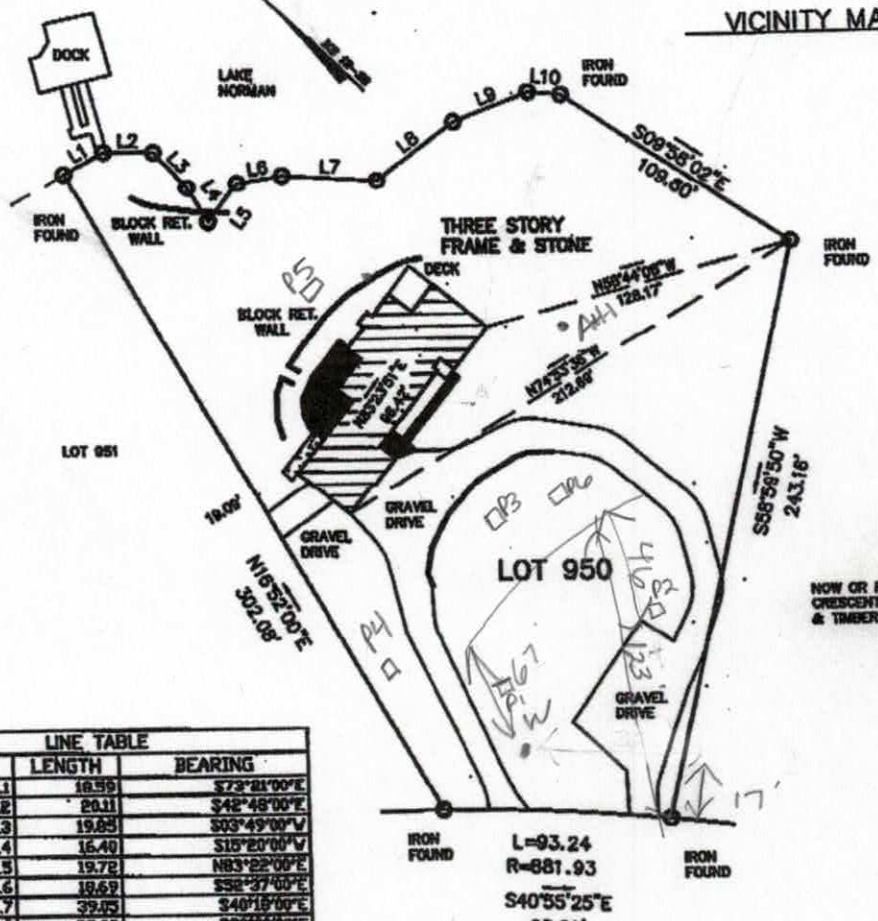
COMMENTS: ___

136 Carlton Drive
Mooresville NC 28117

Soil Pit Locations



VICINITY MAP



LINE TABLE		
LINE	LENGTH	BEARING
L1	18.59	S73°51'00"E
L2	20.11	S42°48'00"E
L3	19.85	S03°49'00"W
L4	16.40	S15°20'00"W
L5	19.72	N83°22'00"E
L6	19.69	S52°37'00"E
L7	39.05	S40°15'00"E
L8	39.63	S80°00'00"E
L9	33.14	S54°38'00"E
L10	13.39	S38°28'06"E

CARLTON DRIVE
60' R\W

50' O-4' off W
33' W-17 "
30 O 28 "
26 B 43 "
139

Side away fro walkwa
@ 50' Setb

NORTH CAROLINA PROFESSIONAL SEAL L-3591 LAND SURVEYOR TIM E. WILLIAMS

11/17/99

0 30 45 120 180
GRAPHIC SCALE 1 inch = 60 ft.

NOTE: THIS PLAT IS SUBJECT TO ANY EASEMENTS,AGREEMENTS,OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS PLAT,WHICH WAS NOT VISIBLE AT THE TIME OF OUR INSPECTION.

NOTE: MAP NOT FOR RECORDATION.

BEARINGS BASED ON RECORD PLAT NOTED BELOW.

* I CERTIFY THAT ON THE DATE SHOWN HEREON, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, ALL OF WHICH WAS DONE UNDER MY SUPERVISION.

TIMOTHY E. WILLIAMS NCPLS

MAP FOR: LEESA C. SLUDER

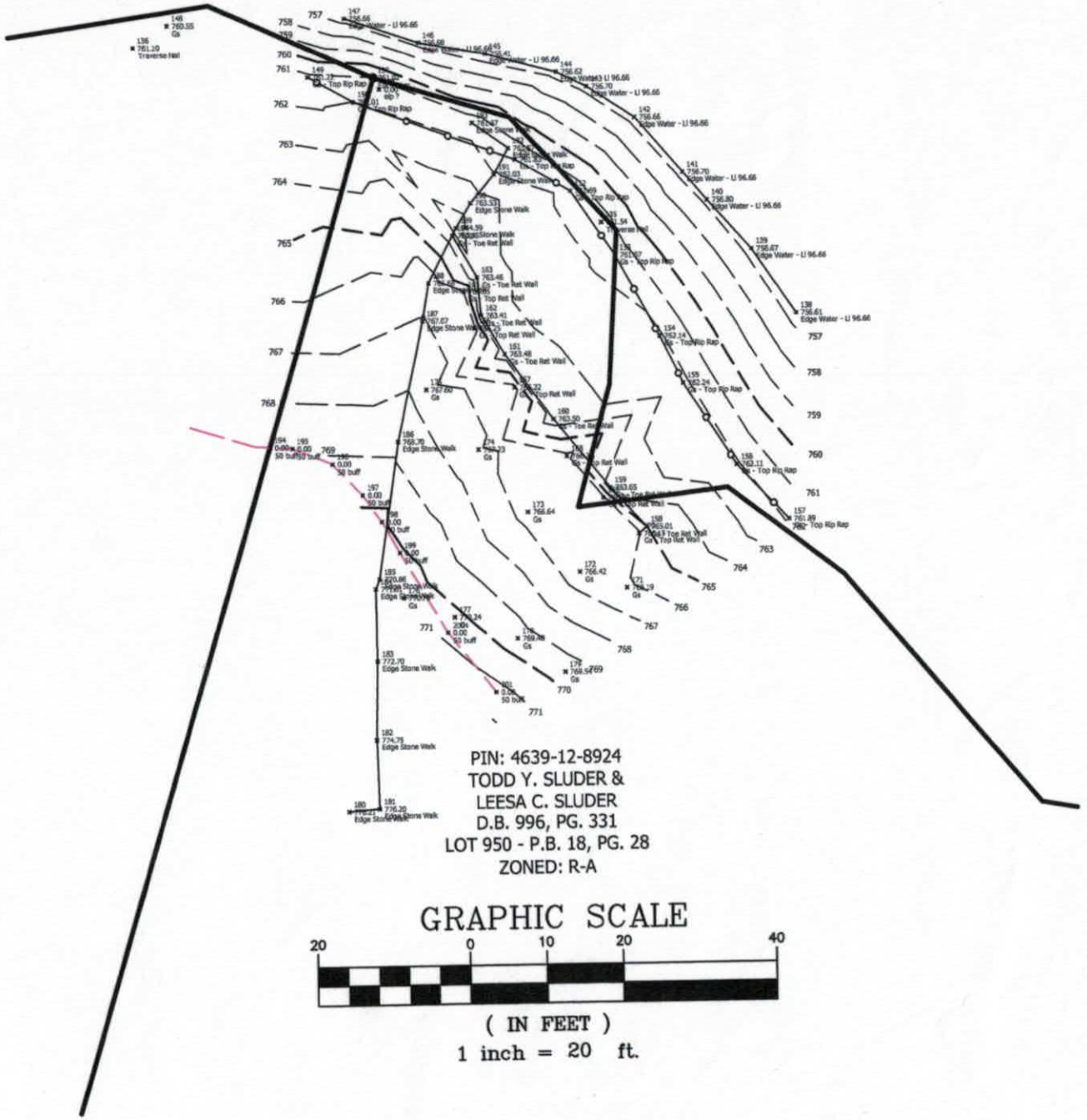
SCALE	TOWNSHIP	COUNTY	STATE	DATE
1"=60'	DAVIDSON	IREDELL	N.C.	10-28-99

136 CARLTON DRIVE
LOT 950 OF CRESCENT LAND & TIMBER CORP.

TARHEEL SURVEYING CO.
8621 B-1 FAIRVIEW RD. (NC 21) MINT HILL, NC 28227-7662
O:(704)545-9580 FAX:(704)545-9579

MAP FILED: NEW | SURVEY: ATTACHED | DEED RECORDED: | 136CARLTON

136 Carlton Pointe
Mooresville NC 28117



PIN: 4639-12-8924
TODD Y. SLUDER &
LEESA C. SLUDER
D.B. 996, PG. 331
LOT 950 - P.B. 18, PG. 28
ZONED: R-A

GRAPHIC SCALE

20 0 10 20 40

(IN FEET)

1 inch = 20 ft.

Revised

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Paid $100.00 12-11-17

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Todd + Leesa Slyder Address: 136 Carlton Drive Mooresville NC Zip: 28117
Applicant Email: _____ Phone: 7042024964 Alt. Phone: _____
Owner Name: Todd + Leesa Slyder Address: 136 Carlton Drive Mooresville NC Zip: 28117
Owner Email: _____ Phone: 704883-2800 Alt. Phone: _____

Property Information:

Street Address: 136 Carlton Drive Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: 950
Driving Directions: Perth Rd (left) Fern Hill (Rt) Riverbend (Rt) Carlton on Right

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

( ) 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: _____
( ) 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: _____
( ) New Well (X) 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: _____ 11/22/17
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

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, Todd Sluder, am the legal owner(s) of the property located at 136 Carlton Dr Mooresville NC 28117 identified as PIN (Parcel Identification Number) 1503C10000A204, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Max Spear (704) 202-4964, 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.

Todd Sluder 9/14/17 — Signature of Owner(s) — Date

Dena Sluder 9/14/17 — 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

Revised

IREDELL COUNTY HEALTH DEPARTMENT

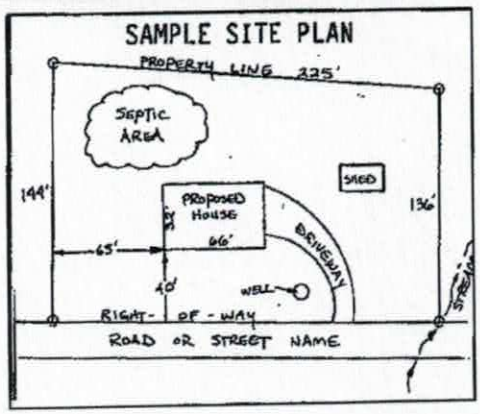
ENVIRONMENTAL HEALTH DIVISION

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**

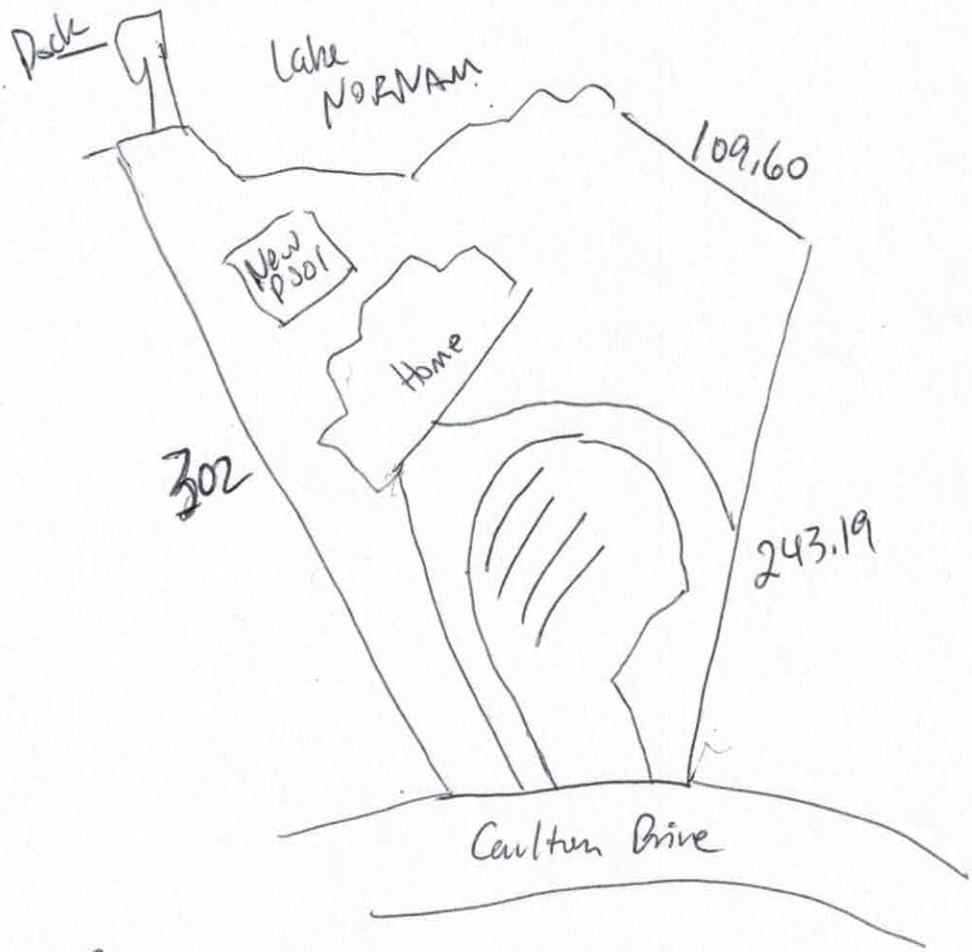


Circle N/A on the following if appropriate:

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)

11/27/17

DATE

07351

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Branchfield DATE Mar. 1, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. Tr 1300 (Fern Hill) TR 1449 (Riverbend)
Bear Rt in 1st curve ~300' on Rt S. R. No. _____

SUBDIVISION NAME CLET Lake Norman LOT NO. 950 SECTION OR BLOCK NO. 15

House ( ) Mobile Home (✓) Business ( ) Other _____

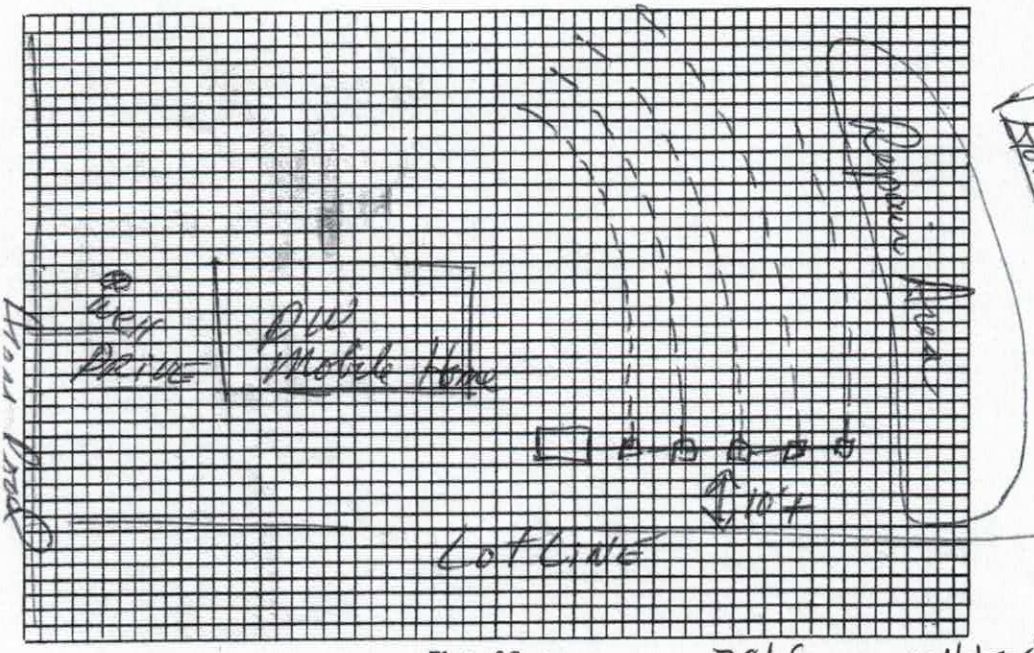
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ OS	Yes (✓)	No ( )	

Lot Area 2.45 Ac

Character & Porosity of Soil silty clay
Percolation Rate 1, 3
Topography 25-30%
Depth to Water Table 44
Rock or other impervious formations some scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System 78' from well to ST

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1200+ Linear Ft. 400+
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Primary Site

Installed by Mercer Grading Huntersville

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Need to mound extra cover dirt over ends of drainfield.

CERTIFICATE OF COMPLETION BY DR Henson, RS. DATE Mar. 1, 88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

DELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23904 DATE 4/1/97 TAX MAP NO. 3C 10 204 4639 12 8924 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR INGLE BUILDERS PHONE: Business 735-9739 Home

ADDRESS 3145 GATESPD - LINCOLNTON NC 28092

LOCATION 15W-TR PERTH - TL FERNHILL - TR RIVERBEND - TR CARLTON - LOT ON RT

SUBDIVISION CLT BLOCK / SECTION 15 LOT 950 LOT AREA SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 AD/FT²

Septic Tank: Gallons; STB Date

Pump Tank: EXISTING Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet EXISTING Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRINDER PUMP TO CONVENTIONAL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

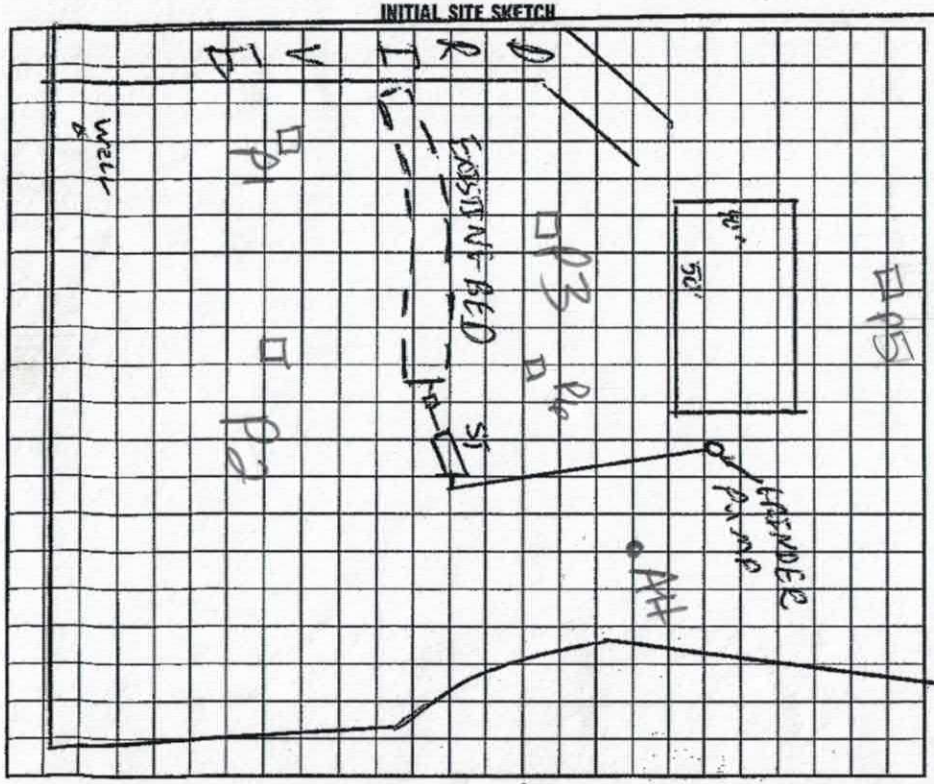
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: CHANGED FROM ORIGINAL.

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: C. Ray Thomas date 4/1/97

~~Certificate of~~ System Inspection by: C. Ray Thomas date 4/1/97

Installed by:

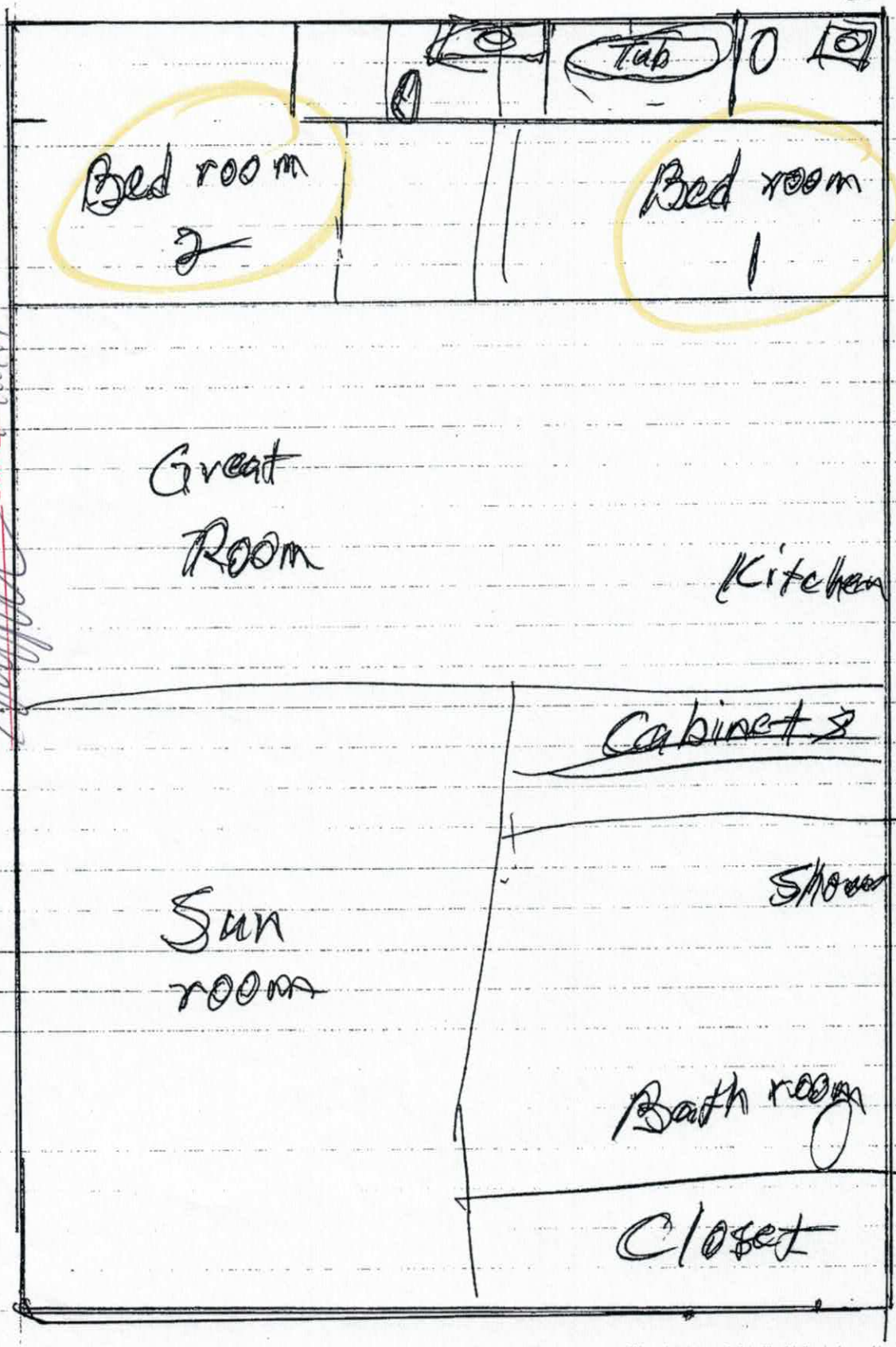
Certificate of Completion by: date

Operation Permit by: C. Ray Thomas date 4/16/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

2nd Floor

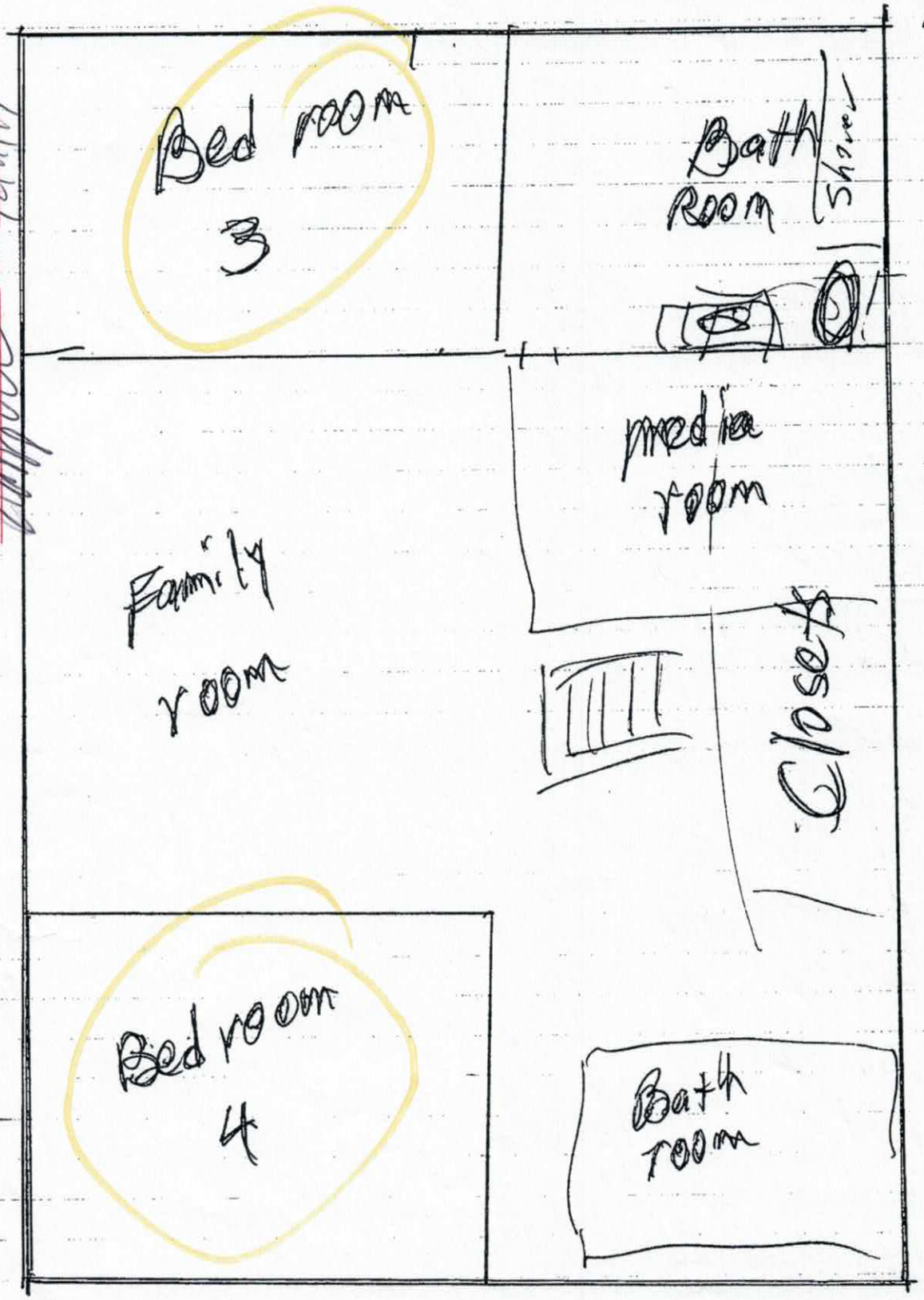
Todd Sluder
136 Carlton Dr
Mooresville NC
28117



Acknowledgement of Plans Submittal ONLY!
Date 12/7/17
Date 12/7/17

1 St Floor

Todd Sluder
136 Carlton Drive
Mooresville NC
28117



Acknowledgement of Plans Submittal ONLY!
Date 12/7/17
Date 12/4/17