ST

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239194

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

PIN # 4639203716

APPLICANT: Michael Muschket APPLICANT ADDRESS: 141 Willow Valley Dr Mooresville, NC 28115

SITE ADDRESS: 117 Harvest Ln Mooresville, NC 28117 PHONE: 704)677-3170 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fernhill TR on Harvest Ln 2nd lot on left

SUBDIVISION: Lakewood Crossing SECTION: SH2 LOT # 18 LOT AREA: 1.03Ac DESIGN FLOW: 600gpd L.T.A.R.: .35

Septic Tank	1250 (gal)	STB	IM1530	Date	Infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1250 (gal)	PT	IM1530	Date	Infiltrator	System Description:	Pump - PM - 25% Reduction	☐ Business	No. Persons 10
Pump Make	Goulds	Model	WE0712H	Serial #	3/4HP	Repair System Description:	Pump PM 25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	430Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 27" lowside	Gravel Depth			☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * After 4Ft of soil is removed Keep Septic 100ft From any well due to Saprolite.
* Remove 4Ft of soil from Septic field prior to installation.

Pressure manifold: 65ft lines = Sch 40 1/2" tap
100ft lines = Sch 80 3/4" tap
★ Should establish a benchmark so the correct amount of soils is removed.

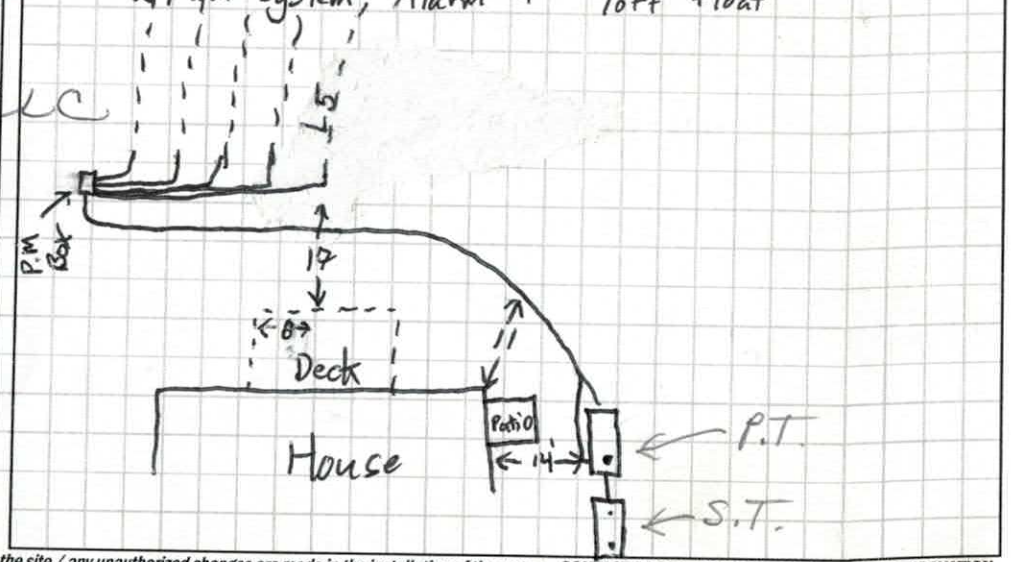
INITIAL SITE SKETCH

See attached, approved Septic plan by Carolina Soil & Septic Consulting, PLLC dated 9/26/18

AS BUILT SKETCH

10/30/19 Reviewed Floor plans, Septic is for 5 Bedrooms & Floor plans only show 4 Bedrooms

8/8/19 L5 100' IQ4W installed @ 27" TB (L1-L4 charted by Kayla)
- verified OK by laser.
- PM Box OK (Tape OK)
- 2 Float system, Alarm + on/off float



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: Michael J. Muschket Date:

IMPROVEMENT PERMIT by: Maria Dolson Date: 10/10/18

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 10/30/18

Installed by: Tommy Frye

OPERATION PERMIT by: Carla C. Cave Date: 9-3-19

Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked Line 5 ok	8/8/19	~~JR~~
Tanks Checked	8-7	KW
Pressure Manifold or Valve Box Checked	9-3	CC
Pressure Head Set	9-3	CC
Electrical Checked	9-3	CC
Floats Set	9-3	CC
Alarm Checked	9-3	CC
Maintenance Contract Y / (N)		

4/5 drain lines checked 8-7 KW

Harvest Lane
C22
C23
C24
C25
C28
C29
C30
Lot 20
0.90 Ac.
Lot 17
0.80 Ac.
Lot 18
1.03 Ac.
Lot 16
1.28 Ac.
HOUSE
DRIVEWAY
POOL
WORK SHOP
WELL
SHOT CORNER
P.T.
S.T.
P.C.
P.T.
IBM 1.5'
142.93'
228.25'
150.02'
170.00'
100'
60'
29'
NORTH
LAKEWOOD CROSSINGS
LOT 18
1.03 AC
SCALE 1"=50'
4 FT. OF SOIL TO BE REMOVED
Approved
10/10/

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Approved
10/10/98
MSD

Owner:	Michael Muschket
Address:	
Phone:	704-677-3170
County:	Iredell
Location:	LAKEWOOD CROSSINGS SUBDIVISION LOT 18
Drainfield Design Flow (gpd):	600
Loading/Soil Application Rate (gpd/ft.^{2}):	0.35
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	430
Total Lateral Length Required:	428.5714286
Trench Depth:	27 in. Low side (after 4 ft. of soil is removed)
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1290
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	26 in. Low side (with or without removing 3 ft. of soil)
Septic Tank Size:	1250
Pump Tank Size:	1000
Estimated Supply Line Length:	124
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	21.58
Dosing Volume:	196.55
Pump Tank Draw Down:	9.4
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.37
Elevation Head:	13.10
Total Dynamic Head:	21.65
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

LAKEWOOD CROSSINGS SUBDIVISION LOT 18
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 5 BEDROOM HOME

September 26, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		1.5			100.00		
INSTR. 1			101.5				
HOUSE				19.20	82.30		
TANK				24.80	76.70		
1	***YELLOW***			***3.90***	***97.60***	***65***	***65***
2	***ORANGE***			***5.60***	***95.90***	***91***	***65***
3	***RED***			***6.50***	***95.00***	***104***	***100***
4	***PINK***			***7.60***	***93.90***	***117***	***100***
5	***BLUE***			***9.60***	***91.90***	***132***	***100***
6	ORANGE			12.50	89.00	126	126
7	RED			15.60	85.90	121	121
8	YELLOW			18.10	83.40	111	111
9	ORANGE			20.10	81.40	114	114
					Total	**981**	**902**

Approved 10/10/18

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***430***	***ACCEPT.***	***0.350***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	472	ACCEPT.	0.350	25% RED.	PRESSURE MANIFOLD

Notes:
** TBM located at rear common corner of lots 19 and 20 on lot 18 left side line (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: **4 FEET OF SOIL TO BE REMOVED FROM THE INITIAL DRAINFIELD AREA. NO MORE THAN 4 FEET TO BE REMOVED WITHOUT ADDITIONAL SOIL WORK AND DEEPER PITS.**

NO SOIL PLANNED TO BE REMOVED FROM THE REPAIR AREA UNLESS NEEDED BUT IN NO CASE SHOULD THERE BE MORE THAN 3 FEET REMOVED UNLESS ADDITIONAL SOIL WORK AND DEEPER PITS.

TRENCH BOTTOM SPECIFIED FOR INITIAL SYSTEM SPECIFIED AFTER 4 FEET OF SOIL IS REMOVED.

DUE TO INSTALLATION OF THE INITIAL SEPTIC SYSTEM IN GROUP III SOILS THE PUMP TANK IS SPECIFIED AS 1000 GAL. OR TWO THIRDS OF THE LIQUID CAPACITY OF THE SEPTIC TANK.

IREDELL COUNTY HAS CS&SC'S PERMISSION TO RELOCATED THE TANKS AND DISTRIBUTION DEVICES AS NEEDED.

PRESSURE MANIFOLD TAPSHEET - LAKEWOOD CROSSINGS LOT 18

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1	YELLOW	97.60	65	SCH 40 1/2	7.11	31.39	195	0.16
2	ORANGE	95.90	65	SCH 40 1/2	7.11	31.39	195	0.16
3	RED	95.00	100	SCH 80 3/4	10.1	44.59	300	0.15
4	PINK	93.90	100	SCH 80 3/4	10.1	44.59	300	0.15
5	BLUE	91.90	100	SCH 80 3/4	10.1	44.59	300	0.15
	total	feet =	430	gal/min =	44.52			
			Des. Flow	600				
			Pump Run=	4.41				
			LTAR	0.350				

Approved
10/10/18
MD

Some lines flagged longer in the field, shorten to lengths shown here.

CALCULATIONS

Address: 117 HARVEST LN
Subdivision: LAKEWOOD CROSSINGS
Lot No: 18

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.35	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	124	ft.
Supply Line Volume	21.576	gal.
Required Feet of Line	428.5714	ft.
Amount of Line from Layout	430	ft.
Gallons per Minute	44.52	$^{gal}/_{min}$
Required Septic Tank Capacity	1250	gal.
Minimum Standard Tank Size	1250 gal.	
Lateral Line Volume	280.79	gal.
Dosing Volume	196.55	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	9.4	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.41	minutes
Elevation Head	13.1	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	2.94	ft.
Total Dynamic Head (+20%)	21.65	ft.

Approved
10/10/18
MD

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4639203716
COUNTY: IREDELL

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

Approved
10/10/18 mo

OWNER: MICHAEL AND TINA MUSCHKET — APPLICATION DATE
ADDRESS: 141 WILLOW VALLEY DR., MOORESVILLE, NC 28115 — DATE EVALUATED: 8/13/18
PROPOSED FACILITY: RESIDENTIAL — PROPOSED DESIGN FLOW (.1949): 600 GPD — PROPERTY SIZE: 1.03 ACRES
LOCATION OF SITE: 117 HARVEST LN., MOORESVILLE, NC 28117 — PROPERTY RECORDED: YES
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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
P 1	NS 10%	0-7	B CL WFSBK	FR SS SP SEXP	N/A	60"	PS	N/A	PS
		7-37	R C MMSBK/ABK	FI S P SEXP					
		37-60	R CL WFSBK	FR SS SP SEXP	-COM SAP, FEW MICA				
	4' OF SOIL TO BE REMOVED	60-105	VAR FSL/L SAP M	FR SS SP SEXP	-FEW/COM R CL				0.35 GPD/SQFT >37"
P 2	NS 20%	0-9	B SCL GR	FR SS SP SEXP	N/A	21"	PS	N/A	PS
		9-21	RB L MFSBK	FR SS SP SEXP					
		21-30	VAR SL SAP M	FR SS SP SEXP	-FEW BR C VEINS				
	4' OF SOIL TO BE REMOVED	30-106	VAR SL SAP M	FI NS NP NEXP	-<30% WR VEIN ON WEST WALL, NONE ON EAST WALL				0.5 GPD/SQFT
P 3	NS 25%	0-18	R C MFSBK	FR SS SP SEXP	N/A	57"	PS	N/A	PS
		18-47	R CL WFSBK	FR SS SP SEXP					
		47-57	YR CL WFSBK	FR SS SP SEXP	-COM SAP				
	3' OF SOIL CAN BE REMOVED	57-99	VAR L/SL SAP M	FR SS SP SEXP					0.35 GPD/SQFT
P 4	NS 28%	0-8	YR C COMPACTED		N/A	33"	PS	N/A	PS
		8-14	YR CL WFSBK	FR SS SP SEXP					
		14-33	RY L WFSBK	FR SS SP SEXP	-COM/MANY SAP				
	3' OF SOIL CAN BE REMOVED	33-60	VAR L SAP M	FR SS SP SEXP					0.4 GPD/SQFT
		60-105	VAR FSL SAP M	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25% RED.	PM 25% RED.
Site LTAR	0.35	0.35

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: DAVID BEANE, MICHAEL MUSCHKET

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of ____
PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Nation Land Company LLC APPLICATION DATE _____
ADDRESS: 4330 Sterilite Street SE Massillion, OH 44646 DATE EVALUATED: 8/05
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lakewood Crossing lot 18 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)		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	
A 1	LINEAR 10-15%	0-11	BSCL WSBK	FRI SSSP SEXP	N/A	55"	N/A	N/A	PS .3 GPD/FT2
		11-55	RC SBK	FRI SSSP SEXP					
B 2	LINEAR 10-15%	0-12	BSCL WSBK/GR	FRI SSSP SEXP	N/A	54"	N/A	N/A	PS .3 GPD/FT2
		12-54	RC SBK	FRI SSSP SEXP					
C 3	LINEAR 10-15%	0-31	BCL WSBK	FRI SSSP SEXP	N/A	50"	PS	N/A	PS .25 GPD/FT2
		31-50	RC WSBK	FI/FRI SSSP SEXP					
				SAP INC.					
4	13-14% L	0-5	gr SBK SL	fr SSSP					.3
		5-27	SBK RC	fr SSSP SEXP					
		27-61	wk SBK gr cl	fr SSP fr SSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	680 SQFT	756 SQFT
System Type(s)	PPBPS	PPBPS
Site LTAR	.25 GPD/FT2	.25 GPD/FT2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Rollans Soil & Environmental Services
OTHER(S) PRESENT: _____

COMMENTS: _____

239194 (#13191)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: MICHAEL MUSCHKET/CS&SC Address: 141 WILLOW VALLEY DR., MOORESVILLE Zip: 28115

Applicant Email: MICHAELMUSCHKET@GMAIL.COM Phone: 704-677-3170 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 HAVEST LN., MOORESVILLE, NC 28117

Subdivision Name: LAKEWOOD CROSSING Section/Phase: _____ Lot Number: 18

Driving Directions: HWY 150 W, TR ON PERTH, TL ON FERN HILL, TR ON HARVEST LN, SECOND LOT ON L

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

CHECK FOUNDATION TYPE

(✓) 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: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 9-27-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

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	Work Phone
NATIONS LAND COMPANY, LLC	4330 STERLITE ST. SE MASSILLON, OH 44646	-	330-832-4091
Owner Name: Same	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	LAKEWOOD CROSSING	18

Driving Directions: PERTH South - TR FERN HILL - PROPERTY ON RT

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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:**

(✓) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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: C. Sz NS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/20/25
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Michael Joachim Muschket, am the legal owner(s) of the property located at 117 Harvest Lane, Mooresville, NC 29117, identified as PIN (Parcel Identification Number) 4639203716.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian L. Pruett, Carolina Soil & Septic Consulting, PLLC, 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	Signature of Witness	Date
Michael J. Muschket	09/26/2018		

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

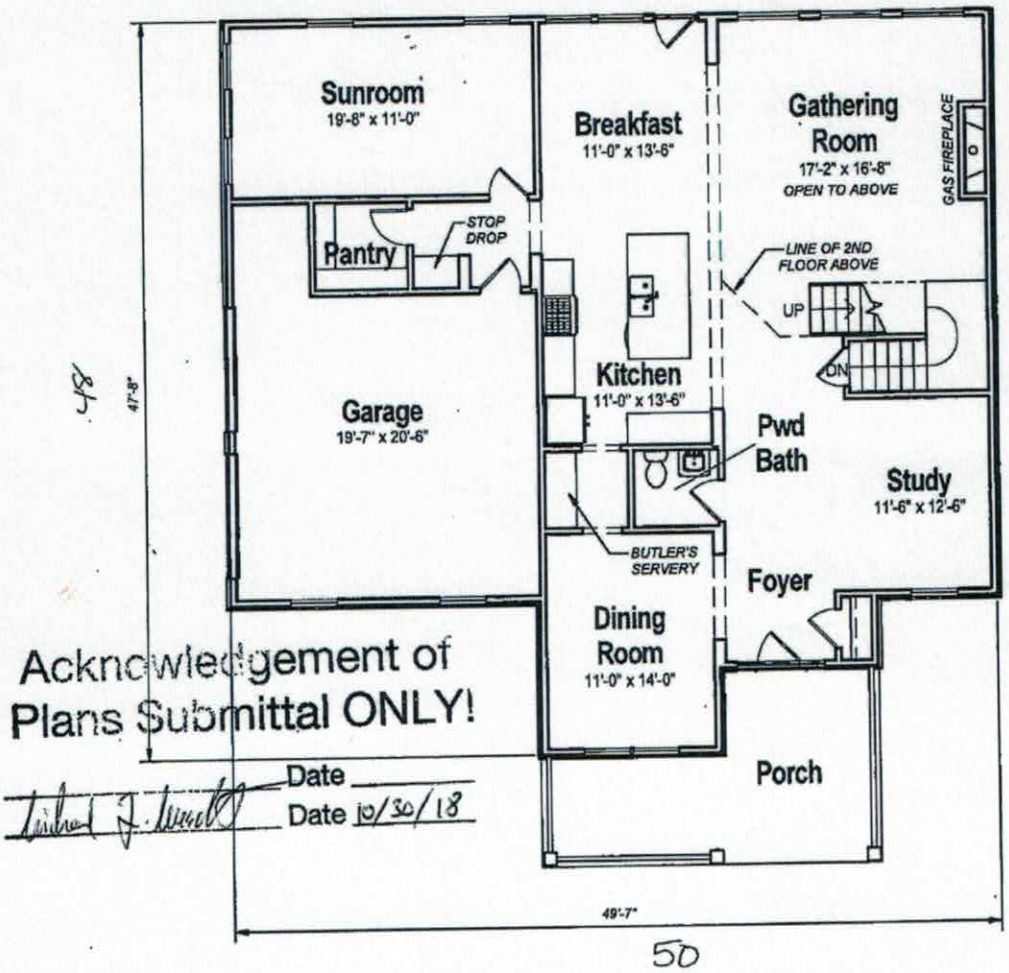
Upper Level Living	1433
Main Level Living	1599
Total	3032

Balcony	210
Entry Porch	211
Finished Basement	1019
Garage	431
Main Level Living	1599
Upper Level Living	1433
Total	4903

Acknowledgement of Plans Submittal ONLY!

Date 10/30/18

Date 10/30/18



48

50

Acknowledgement of Plans Submittal ONLY!

Date

Date 10/30/18

MAIN LEVEL FLOOR PLAN

MEASUREMENT IN FEET

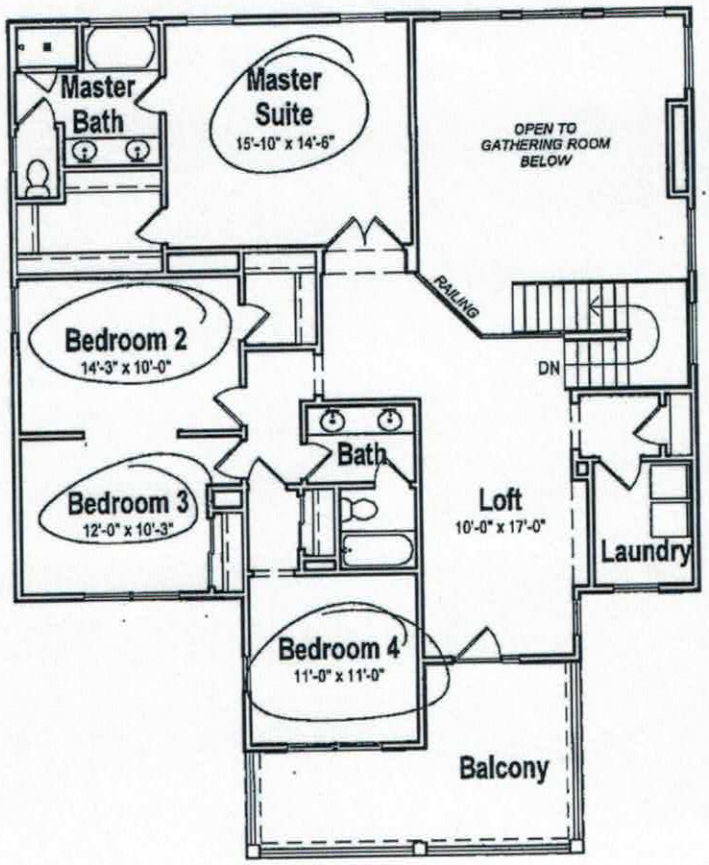
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75

This drawing is intended as a visual aid only. Construction drawings and Price List Standards supercede this visual aid.

Acknowledgement of
Plans Submittal ONLY!

Date 10/30/18

Date 10/20/18



UPPER LEVEL FLOOR PLAN

MEASUREMENT IN FEET

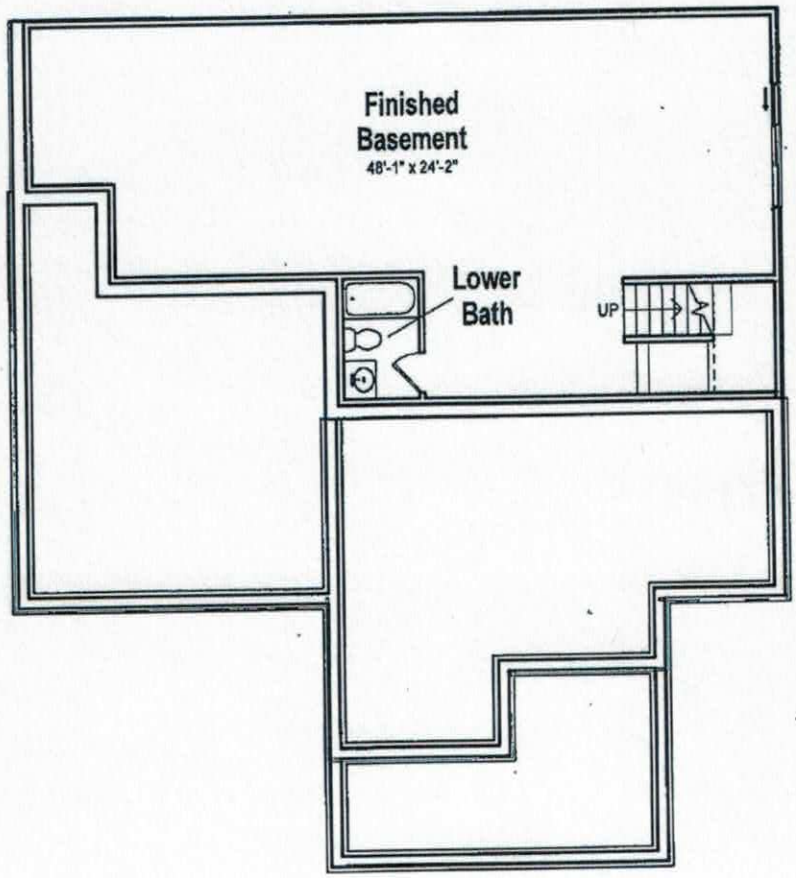
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75

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Date 10/30/18

Date 10/30/18



LOWER LEVEL FLOOR PLAN

MEASUREMENT IN FEET

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75

This drawing is intended as a visual aid only. Construction drawings and Price List Standards supercede this visual aid.

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	131917ZO	Subdivision:	Lakewood Crossing
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	117 Harvest Ln. Mooresville NC 28117		
Parcel #:	4639203716.000	Zoning:	Ra
Lot #:	18 Size: 1.03	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Ashley Rollans	Owner:	Nation Land Co Inc
Address:	2120 Graham Rd Mt Ulla NC 28125	Address:	4330 Sterilite Street SE Massillion, OH 44646
Phone:	704-746-5046	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

Perth Rd, right Fern Hill Rd, right Harvest Ln, property on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Samuel A Rollans Date: 10/21/05

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 10/13/2005