ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 313876

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

PIN # 4639 20 8536

APPLICANT/OWNER: Keith Allison | APPLICANT ADDRESS: 106 Canoe Pole Ln Mooresville, NC 28117

SITE ADDRESS: 1053 Fern Hill Rd Mooresville, NC 28117 | PHONE: 704-578-9031 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N. to Fern Hill on left at intersection w/ Bagby

SAP CONTROLLED: Initial System ☒ YES ☐ NO

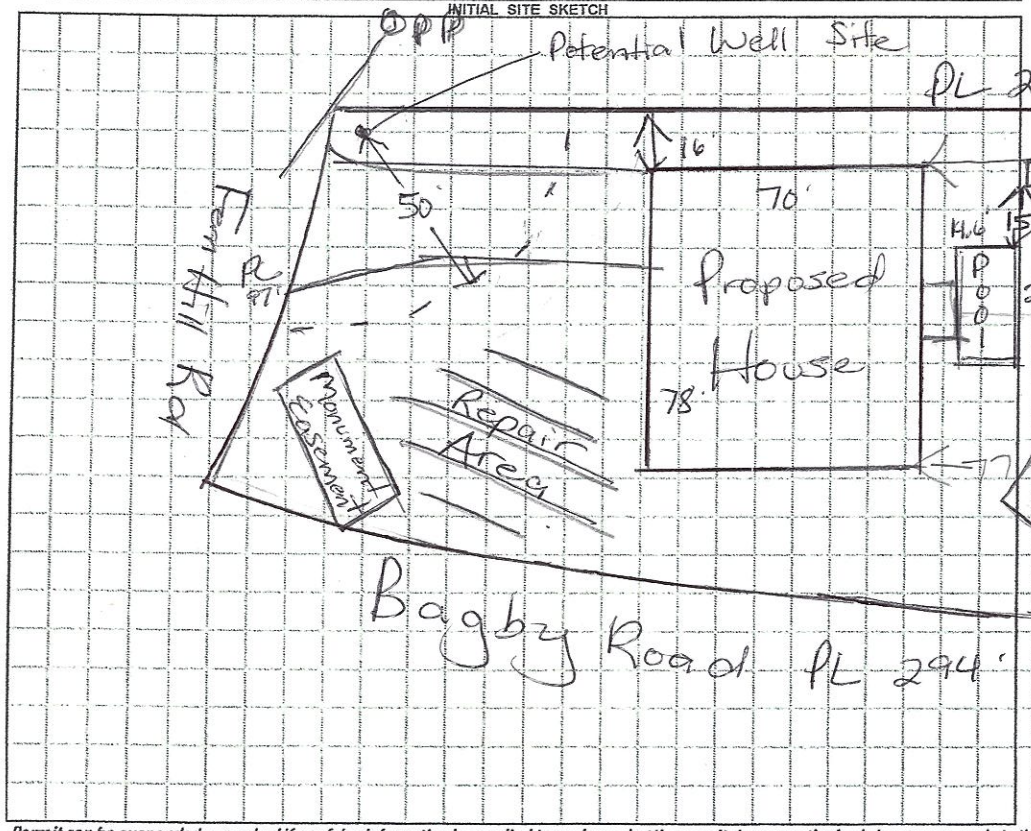
SUBDIVISION: Woodleaf | SECTION: 2 | LOT # 86 | LOT AREA: .791 Ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	6/23/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	9	Linear Ft:	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	min 24"	Trench Bottom Depth (Low side)	max 36"	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Keep well max 100' from Initial Septic System & 50ft from repair

OK to share down berm. Real filter installed 62ft from Steps to 3rd Drainline

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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: 3/9/2021 | Installed by: Stevens Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/6/2021 | OPERATION PERMIT by: Maria Dotson | Date: 8/24/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 3/8/21 | 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.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 313876

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

PIN # 4639 -- 20 -- 8536

APPLICANT/OWNER: Keith Allison APPLICANT ADDRESS: 106 Canoe Pole Ln, Mooresville

SITE ADDRESS: 1053 Fern Hill Rd, Mooresville PHONE: 704-578-9031 ALT. PHONE N/A

SITE DIRECTIONS: Perth Rd N - Lt Fern Hill - Lt Bagby Rd SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 86 LOT AREA: .791 Acres DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	6/23/21	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% reduction PPBPS		
Pump Make		Model		Serial #		Repair System Description:			
# Nitrification Fields	1	# Lines	9	Linear Ft:	360	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36 in	Trench Bottom Depth (~~Low/side~~)	36 in	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE		

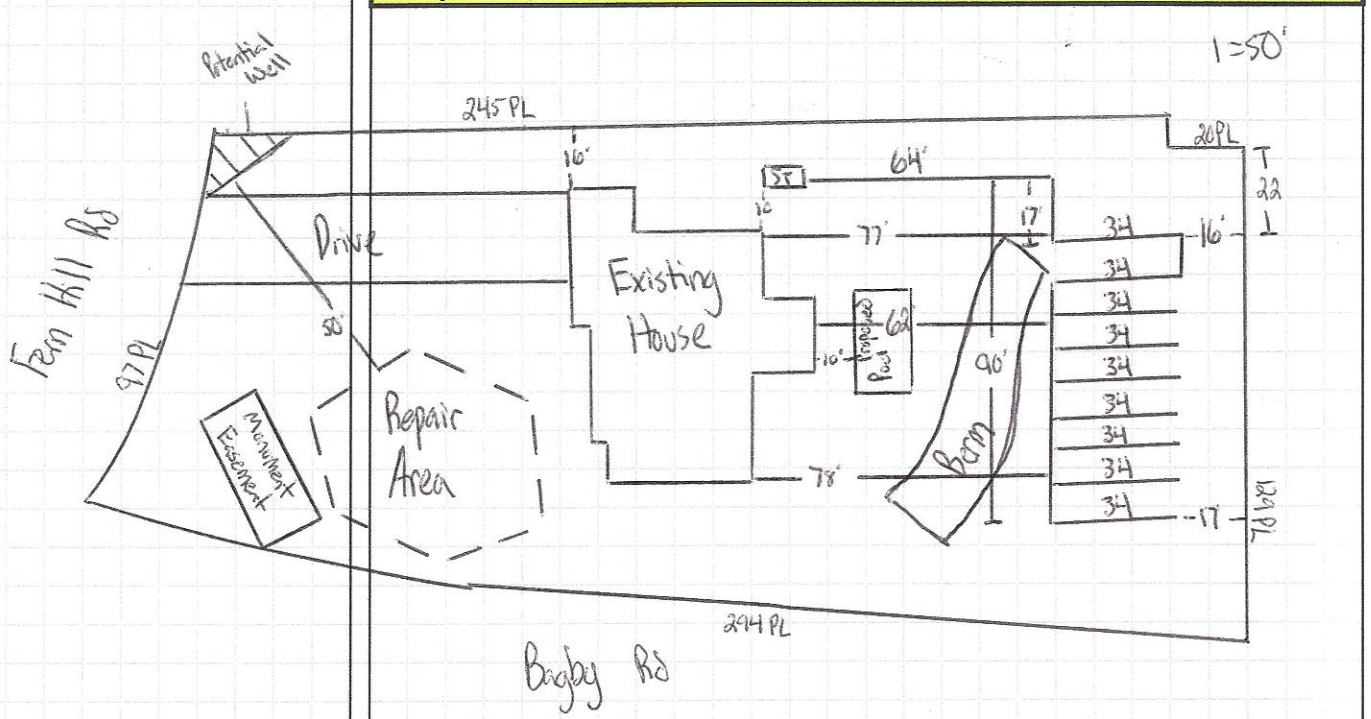
[X] Residence	No. Bedrooms	3	Water Supply	
[ ] Business	No. Persons	6	[X] Private	
[ ] Other	No. Employees		[ ] Public	
[ ] Slab	[X] Crawl Space		[ ] Community	
[ ] Basement w/plumbing	[ ] Basement w/o plumbing			

Comments / Conditions: Keep well 100' from initial septic system & 50' from repair.

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.



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: Installed by: Stevens Septic

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Cary Whitt Date: 8/25/21

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639208853
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Keith Allison
ADDRESS: 106 Canoe Pole Ln Mooresville, NC
PROPOSED FACILITY: House
LOCATION OF SITE: 105 Farm Hill Woodleaf Lot 56
APPLICATION DATE: 11/1/21
DATE EVALUATED: 11/2/21
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: .791 Ac
PROPERTY RECORDED: Y
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	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	L 10%	0-4	Brn SCL	SS, SP, SExp, FR					PS .3
		4-16	RCm-f WSBK	SS, SP, SExp, FR					
		16-52	RCL WSBK	SS, SP, SExp, FR					
			w/few to many	SAP Inclus					
		52-67	L	SAP massive, FR	—	52"	—	—	
2	L 10%	0-6	Brn SCL	SS, SP, SExp, FR					PS .3
		6-16	RCm	WSBK SS, SP, SExp, FR					
		16-32	RCL	WSBK SS, SP, SExp, FR					
			w/SAP Incl						
		32-48	L	SAP massive, FR	—	32"	—	—	
3	L 7%	0-10	Brn SCL	SS, SP, SExp, FR					PS .3
		10-24	RCm-f	WSBK SS, SP, SExp, FR					
		24-50	RCL	WSBK SS, SP, SExp, FR					
			w/SAP Inclus						
		50-60	L	SAP massive, FR	—	50"	—	—	
4	L 7%	0-21	RCL	SS, SP, SExp, FR					PS .3
		21-60	RCL	WSBK SS, SP, SExp, FR-FR					
			w/few	SAP Inclus					
		60-63	L/SL	SAP massive, FR	60"	—	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Usable Space (.1945)	PS	PS
Type(s)	PPBPS	PPBPS
	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Keith Allison

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639208536
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Keith Allison
ADDRESS: 104 Camp Robin Ln Mooresville NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 4BD gpd
LOCATION OF SITE: 1053 Fern Hill Woodleaf Lot #86
APPLICATION DATE: 1/1/21
DATE EVALUATED: 2/17/21
PROPERTY SIZE: .791 Ac
PROPERTY RECORDED: Y

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 7%	0-11	Brn SCL	wSBK SS SP	Seep	FR			PS .3
		11-24	R Cmm	wSBK SS SP	Seep	FR			
		24-48	R Clay	SBK SS SP	Seep	FR			
5		48-60	LSAP	massive FR					
2									
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Keith Allison

COMMENTS:

2/12/21 LM Re: Pits

RECEIVED JAN 1 1 2020 AP-313816 $500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: KEITH ALLISON Address: 106 CANOE POLE LANE Zip: 28117

Applicant Email: kallison@schumakerhomes.com Phone: 704-578-9031 Alt. Phone: 704-677-6134

Owner Name: KEITH ALLISON Address: 106 CANOE POLE LANE Zip: 28117

Owner Email: kallison@schumakerhomes.com Phone: 704-578-9031 Alt. Phone: 704-677-6134

Property Information:

Street Address: 1053 FERN HILL RD MOORESVILLE, NC 28117

Subdivision Name: WOODLEAF SUBDIVISION Section/(Phase) 2 Lot Number: 86

Driving Directions: TAKE PERTH ROAD TO FERN HILL RD LOT IS ON THE CORNER OF FERN HILL AND BAGBY RD.

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: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____

(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: _____ 1/1/21

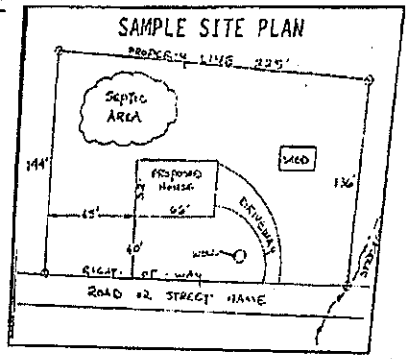
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

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

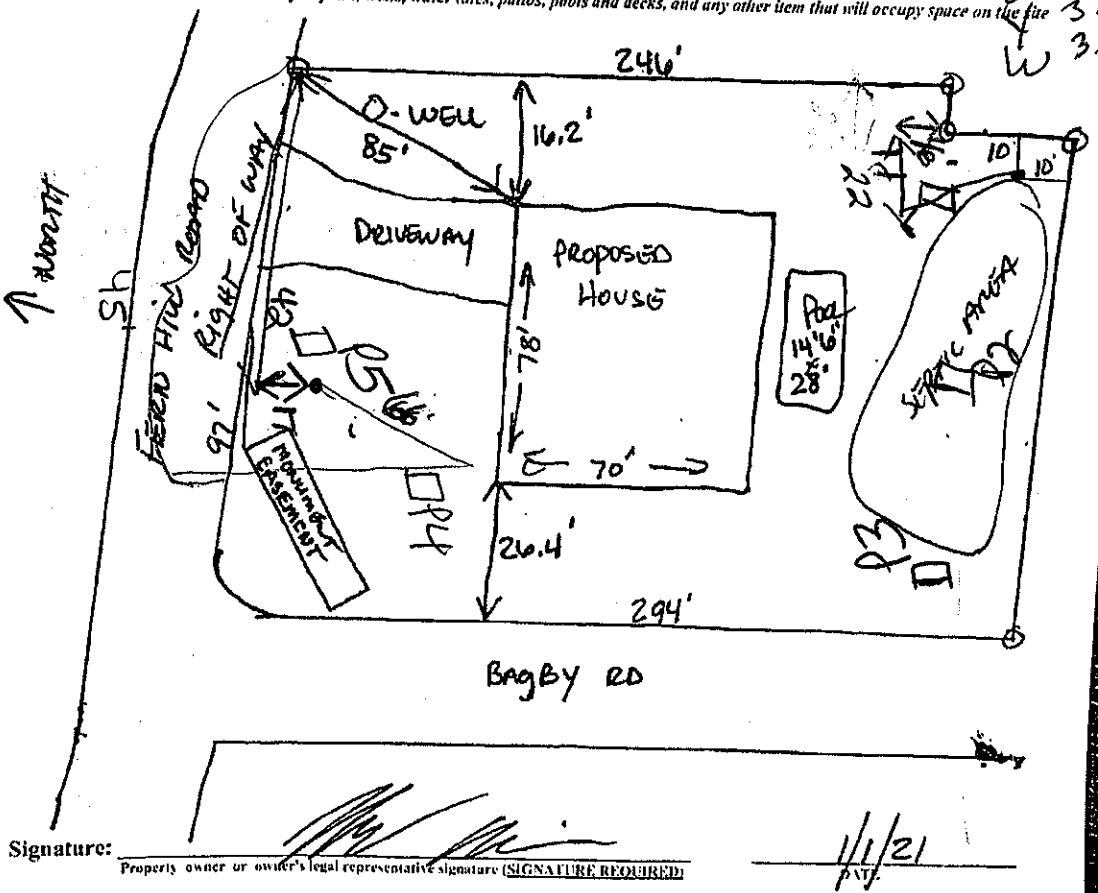
Circle N/A on the following if appropriate:

- 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

10', 10 B 32'
16', 22 B 32'
32'
W 32

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: _____ 1/1/21

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)

Sending Contract

☒ **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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

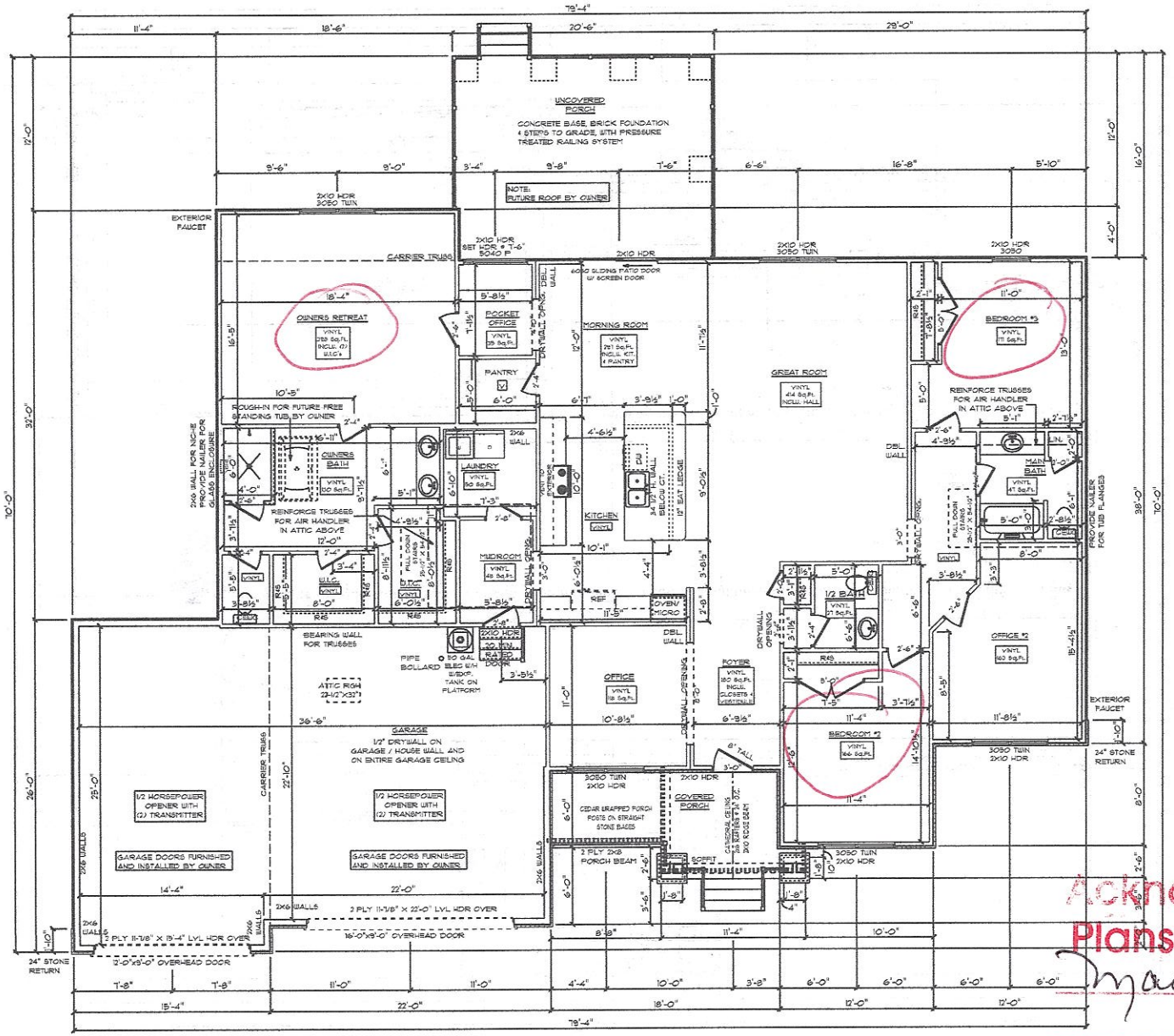
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

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



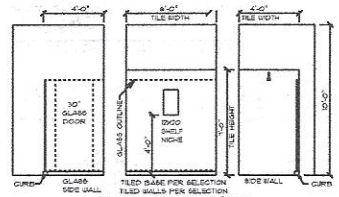
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT AND CASED AND JAMBED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 8' TALL, 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- ALL EXTERIOR DOORS TO BE 8' TALL
- SILVERLINE, SINGLE-HUNG LOW-E VINYL WINDOWS W/ SOLAR GLAZING

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



6' x 4' 2-WALL TILED SHOWER DETAIL
MEMBRANE WATERPROOFING ON FLOORS AND WALLS

Acknowledgement Of Plans Submittal ONLY!
CHARLESTON CRAFTSMAN / CUSTOM
MAIN FLOOR PLAN
SCALE: 1/8" = 1'-0"
Date 3/9/21
Date

DRAWN BY: DMS
DATE: 3/9/2021
SCALE: 1/8" = 1'-0"
SHEET: 6

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SQUARE FOOTAGES:
MAIN FLOOR = 2984 SQFT
GARAGE = 506 SQFT
FDN/CRAWL = 2884 SQFT
PORCHES = 191 SQFT

CUSTOM BUILT FOR: KEITH AND MECHELLE ALLISON
JOB #:
CN #:
VAL # AL 212
LOCATION: 1035 FERN HILL ROCKSVILLE, NC 28117 IREDELL COUNTY

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3462
www.schumacherhomes.com
Rudi Schumacher
SCHUMACHER HOMES

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313876 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639208536.000	1053 FERN HILL RD	Iredell County

Owner Information	Applicant Information
Name: ROPER BELINDA	Name: ALLISON KEITH+MECHELLE
Address: 113 QUIET COVE RD	Address: 106 CANOE POLE LN
MOORESVILLE, NC 28117	MOORESVILLE , NC 28117
Phone:	Phone: (704)677-6134

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.778	35	35	15	25	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD need disc

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.

Signature of Owner/Contractor

Date: 01/05/2021

Permit Number	313876	TOTAL FEES:	$77.25