IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212367

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

PIN # 4639226170

APPLICANT: Grant & Camelia Gurski APPLICANT ADDRESS: Kathleen 121 Holt Ln Mooresville, NC 28117

SITE ADDRESS: 112 Trent Pines Dr. Mooresville, NC PHONE: ALT. PHONE: Kathleen 704 578-4951

SITE DIRECTIONS: Hwy 150 W TR Perth Rd N TL Fern Hill TL Trent Pines Corner lot on right

SUBDIVISION: Woodleaf SECTION: 2 LOT # 79 LOT AREA: .829 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 9-2-15
Pump Tank 1000 (gal) PT 302 Date 8-11-15
Pump Make Zoeller Model N-151 Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 300'
Trench Width 36" Max. Trench Bottom Depth 36"-24" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI
System Description: Pump-PM-25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: [ ] YES [X] NO
[ ] GRAVITY [X] PRESSURE

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

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

This permit replaces previous permit dated 6-4-07
10/6/15 OK to shift tanks to other side of house, must bury supply line 30" under drive.

INITIAL SITE SKETCH

See attached/approved plan by Kathleen Saunders dated 7/28/15, approved 8/4/15

AS BUILT SKETCH

Checked Tanks, Lines, Set 2' PH BA 12-11-15
Checked Elec & Alarm BA 1-11-16

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 8/7/15 Installed by:

IMPROVEMENT PERMIT by: Maria Hilton RS Date: 8/4/15 OPERATION PERMIT by: Rowan BA Date: 1-11-16

AUTHORIZATION TO CONSTRUCT by: Maria Hilton RS Date: 8/4/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Pb 52, Pg 1

CURVE TABLE

CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	232.12	908.39	S27°11'09"W	231.44
C2	32.41	20.00	S80°55'55"W	28.98
C3	126.09	225.00	N36°35'28"W	124.44

Fern Hill Rd.
60' Public R/W
S.R. #1300

Approved
MO
8/4/15



Trout Pines Dr.
50' Public R/W

1" = 60'

Legend

GRAPHIC SCALE

Revision
Approved
8/7/15
MLO

Woodleaf Lot 79 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	135' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 16.7'
Pressure head	2.0'
Friction head	1.1'
20% Contingency	4.0'
Total Head	23.8'
Pump Requirements	22 gpm @ 23.8' of head To be designed by installer.
Maximum Dosing Volume	180 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	approx. 8.2 min.
Repair System	**LP PPBPS**
Total Linear Feet	248
Repair Loading Rate	0.3

Revision
Approved
8/7/15
MD

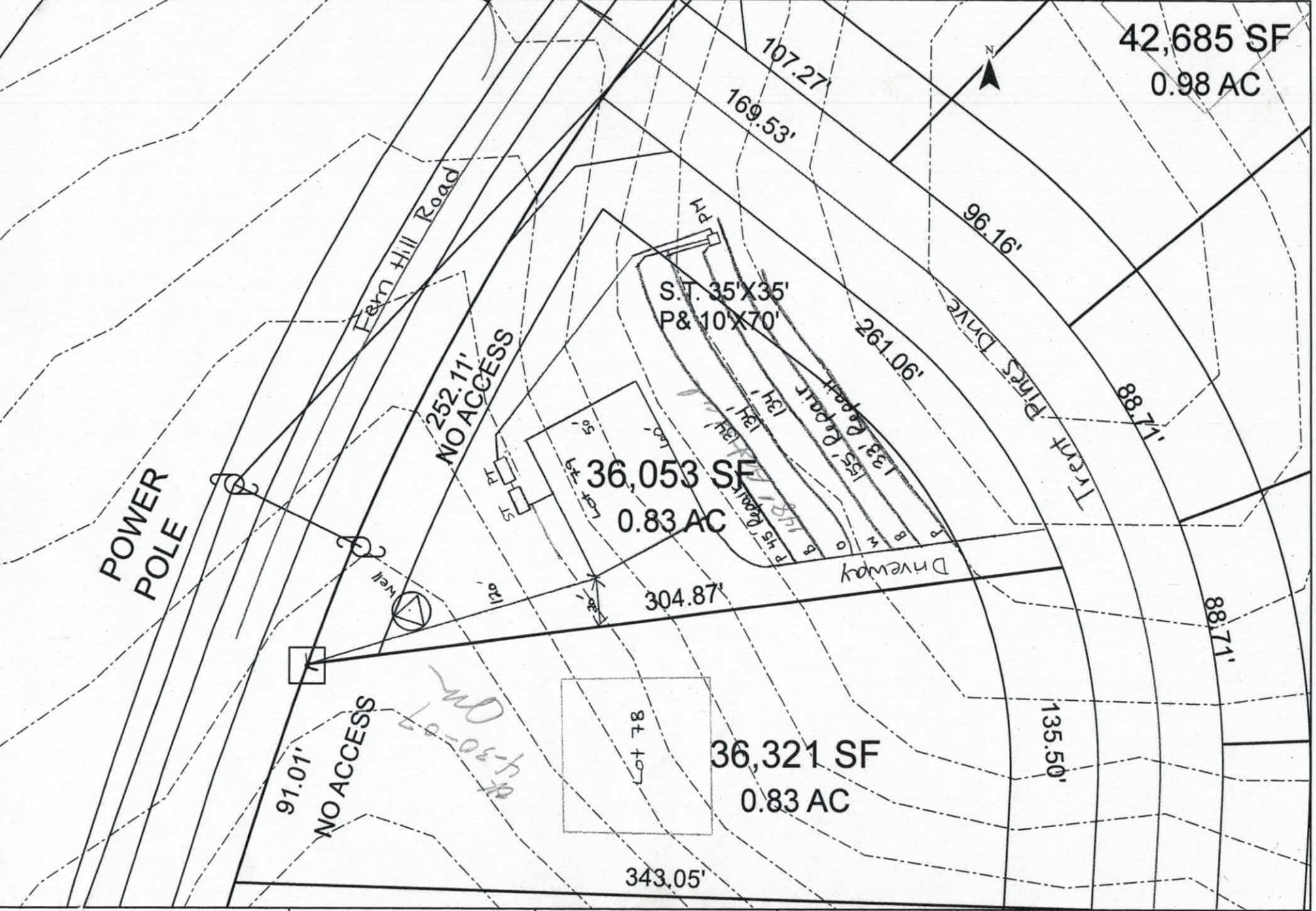
Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	113	1.7
2	Repair	Blue	LP PPBPS	135	
3	System	Red	25% Reduction	75 endfed	
4	System	Red	25% Reduction	75 endfed	
5	System	Orange	25% Reduction	75 endfed	
6	System	Orange	25% Reduction	75 endfed	3.5
				Total System: 300'	
				Total Repair: 248'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	12.4
House	staked		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
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



Scale: 1 inch equals 50 feet	S&ME	Woodleaf Phase 2	FIGURE
Drawn by: JBP		Lot 79	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2007	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	S&ME Project #1588-06-077	

Lot 79 Woodleaf Phase 2 Fast Track Septic System Information

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	3 (See Table)
Total Linear Feet	402
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 17.6'
Pressure head	2.0'
Friction head	1.1'
20% Contingency	4.1'
Total Head	24.8'
Pump Requirements	16.5 gpm @ 24.8' 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	approx. 14.5 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	333
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	Pink	LP PPBPS	133	4.6
2	Repair	Blue	LP PPBPS	155	
3	System	White	25% Reduction	134 endfed	
4	System	Orange	25% Reduction	134 endfed	
5	System	Blue	25% Reduction	134 endfed	
6	Repair	Pink	LP PPBPS	45	8.0
				Total System: 402'	
				Total Repair: 333'	

Tank	Red	1000 gal (2 compartment)	16.2
Pump Tank	Red	1000 gal.	16.2
House	Blue	Left Front	9.2

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: Use 36 inch Trench Bottom Depth.

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf Ph. 2 — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 03/15/07
PROPOSED FACILITY: 4BR SFD — PROPOSED DESIGN FLOW (.1949): ___ — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 79 — PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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		0-26	Mo, Sbk, C	Fr, SS, SP (Red)					PS 0.30
		26-39	Mo/Wk, Sbk, CL	Fr, SS, SP (Red)	F-Sap				
		39-53	Wk, Sbk, CL	Fr, SS, SP (Red)	C-M Sap				
2	By D. Hinson 4/20	0-12	Gr, SL	VFr, SS, NP (Brwn)					PS 0.30 (Using 36" T. Depth)
		12-30	Mo/Wk, Sbk, C	Fr/Fi, S, SP (Red)					
		30-53	Wk, Sbk, CL	Fr, SS, SP (Red)	M-sap				
3		0-24	Mo, Gr, C	Fr, SS, SP (Red)					PS 0.30
		24-36	Mo, Sbk, CL	Fr, SS, SP (Red)	F-Sap				
		36-57	Mass., SL/L	-Sap Mix Fr, SS, NP (Mm/H)					
4	By D. Hinson	0-11	Gr, SL	Fr, SS, SP (Brwn)					PS 0.30
		11-32	Mo, Sbk, C	Fi/Fr, SS, SP (Red)					
		32-52	Wk, Sbk, CL	Fr, SS, SP (Red)	C-Sap				

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

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

COMMENTS: ___

POWER POLE
91.01'
NO ACCESS
well
110'
15'
252.11'
NO ACCESS
C28
60'
36,053 SF
0.83 AC
79
304.87'
348.05'
36,321 SF
0.83 AC
78
Driveway
S.T. 35'X35'
& 10'X70'
169.53'
107.27'
261.06'
96.16'
& 10'X70'
135.50'
R=250.00
L=242.40'
88.71'
88.71'
42,685 SF
0.98 AC
6.96'

RECEIVED JUL 30 2015
Paid $225.00
212367

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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: X Improvement Permit X Authorization To Construct X BOTH ___ Existing System Inspection

2. 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
   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 #	Alternate Phone #
Grant + Camelia Gurski			
Same	Contact Kathleen Saunders 255	(704)578-4951	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
112 Trent Pine Dr	Woodleaf	Lot 79

Driving Directions: Perth Rd, left on Fern Hill, left on Trent Pine Dr, corner lot on right

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- (X) 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:

(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Camelia Gurski — 07/28/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, GRANT & CAMELIA GURSKI, am the legal owner of the property located at 112 TRENT PINES, MOORESVILLE, NC identified as PIN(Parcel Identification Number) 4639218089.079, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) PRINCETON BUILDERS, LLC The Oaks Group, PA, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Grant J. Gurski 7/29/15
Camelia Gurski 7-29-15
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEATLH 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…**
  ***SHOW:** proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred 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:

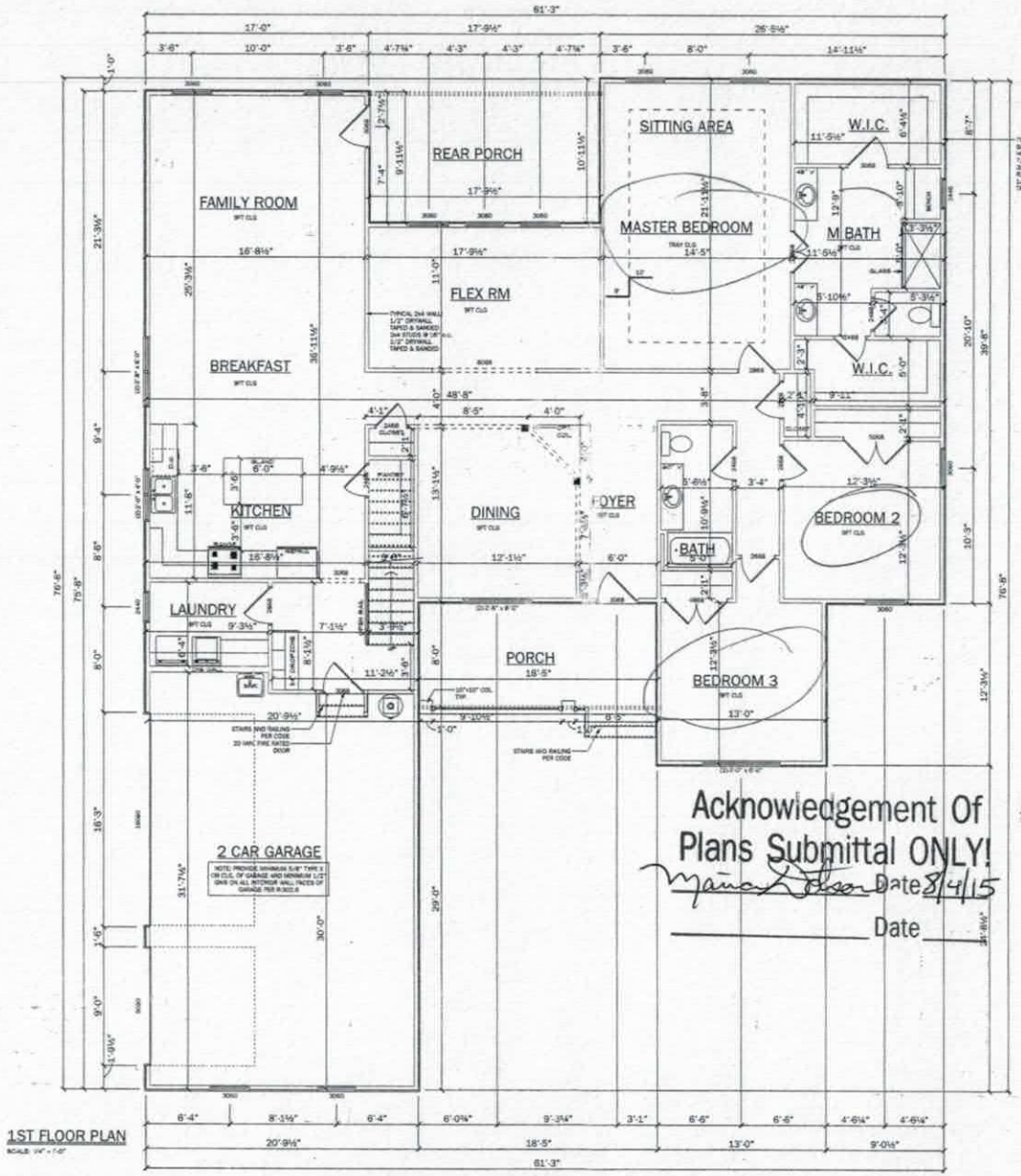
- ____ **Location of septic systems and wells within 100' of your property…** N/A
- ____ **Location of easements and rights of ways on your property…** N/A
- ____ **Location of any designated wetlands on the property…** N/A

Signature: Emma Holt
***REQUIRED* property owner or owner's legal representative signature.**

07/28/15
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan

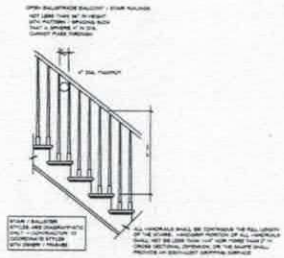


1ST FLOOR PLAN

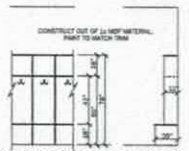
Acknowledgement Of Plans Submittal ONLY!

Maria Olson Date 8/4/15

_____ Date _____



STAIR RAILING DETAIL/NOTES



DROP ZONE DETAIL

Sq Footage	
FIRST FLOOR	2507
SECOND FLOOR	175
TOTAL HEATED	2682
2 CAR GARAGE	604
FRONT PORCH	148
REAR PORCH	177
TOTAL UNDER ROOF	3612

Princeton Builders
Building with Distinction

SCALE: 1/4" = 1'-0"
DATE: Sunday, May 17, 2015

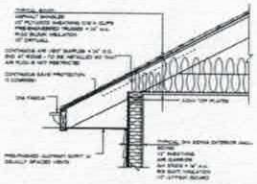
GURSKI RESIDENCE

PAGE: 3

FIRST FLOOR



ROOF PLAN
SCALE: 1/4" = 1'-0"



TYP. OVERHANG DETAIL

ROOF NOTES:

ROOF TRUSSES PER MANUFACTURER
ALL OVERHANGS ARE 12" U.N.O.

Acknowledgement Of
Plans Submittal ONLY!

Date 8/4/15

Date

Princeton Builders
Building with Distinction

SCALE: 1/4" = 1'-0"
DATE: Sunday, May 17, 2015

GURSKI RESIDENCE

PAGE: 5

ROOF PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
212367
Issue Date: 07/27/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639226170.000	112 TRENT PINES DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	WOODBRIDGE PARTNERS LLC	Applicant:	KATHLEEN SAUNDERS
Address:	PO BOX 3608 MOORESVILLE, NC 28117	Address:	121 HOLT LANE MOORESVILLE, NC 28117
Phone:	704-799-9770	Phone:	704-578-4951

Use Requested	Zone Code
SFD- INTERMEDIATE FT REDRAW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.827	35.00	35.00	15.00		CACL	X

Remarks:

35 FRONT-TRENT PINES 35 REAR- FERN HILL
15 LEFT- PROPERTY

$ PAID

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: See Attached Date: _____

Permit Number	44778	TOTAL FEES:	$ 77.25