ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DW Mooresville Office (704) 660-3625 PERMIT # AP 327337

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

PIN # 4639.22 9348.000

APPLICANT/OWNER: Princeton Homes LLC APPLICANT ADDRESS: P.O. Box 3608 Mooresville NC 28117

SITE ADDRESS: 105 Trent Pines Dr. Mooresville NC 28117 PHONE: 704 799-9770 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill Rd TL Trent Pines on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Wood leaf SECTION: 2 LOT # 65 LOT AREA: .847Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

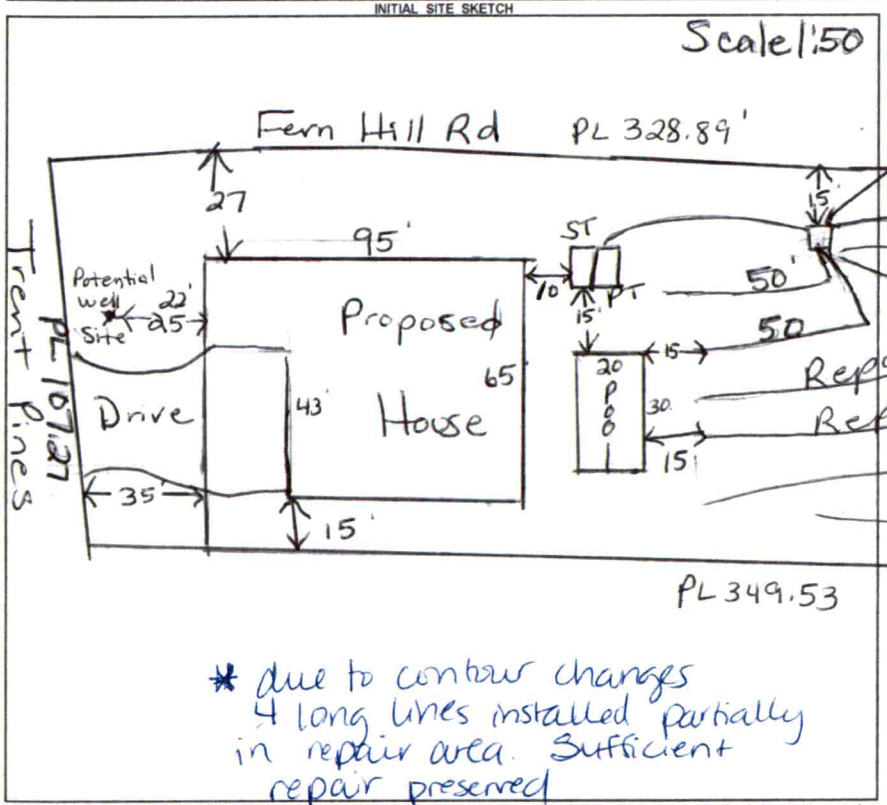
Septic Tank	1000 (gal)	STB	740	Date	12/29/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	11/21/22	System Description: Pump-Pm-25% Reduction		[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: H PPBPS		[ ] Other	No. Employees
# Nitrification Fields	1	# Lines (Haps)	5 lines	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	36" max	Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Use 1½" sch 40 taps (Put 2-50' lines on same tap)

Dose Volume = 175gal 7.11gpm per tap 28.44gpm Pumprun 6.2 minutes 8.33" draw down

INITIAL SITE SKETCH



* due to contour changes 4 long lines installed partially in repair area. Sufficient repair preserved

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.

As Built Attached

Checked: PH floats Electrical Alarm 1/24/23 MW

tanks set, not plumbed 1/5/23 DW (see back)

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: Date: 6/2/22 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/27/22 OPERATION PERMIT by: Matt Will Date: 1/24/23

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/2/22 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 ___ of ___
PROPERTY ID #: 4639229348
COUNTY: Iredell

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

OWNER: Princeton Homes LLC
ADDRESS: P.O. Box 3608 Mooresville, NC 28117
PROPOSED FACILITY: House
LOCATION OF SITE: 105 Trent Pines Mville, NC
APPLICATION DATE: 3/24/22
DATE EVALUATED: 5/19/22
PROPERTY SIZE: .84 AC
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 480 gpd

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
1	5%	0-7	Brw SCL	w SBK	SS, SP,	SExP, FR			PS
		7-30	RCL	m-w SBK	SS, SP,	SExP, FR			
		30-60	RCL	w SBK	SS, SP,	SExP, FR			.3
					—	60"	—	—	
2	8%	0-10	Rd/Brw SCL	w SBK	SS, SP,	SExP, FR			PS
		10-14	RCL	w SBK	SS, SP,	SExP, Fi-FR			
		14-35	RCL	m-w SBK	SS, SP,	SExP, FR			
		35-55	RCL	w SBK	SS, SP,	SExP, FR		w/SAP	.3
			Inclus		—	55"	—	—	
3	8%	0-13	Brw SCL	w SBK	SS, SP,	SExP, FR			PS
		13-36	RCL	m-w SBK	SS, SP,	SExP, FR			
		36-55	RCL	w SBK	SS, SP,	SExP, FR		w/Few	.3
			SAP	Inclus	—	55"	—	—	
4	5%	0-14	Rd/Brw C	m SBK	SS, SP,	SExP, FR			PS
		14-30	RCL/CL	w SBK	SS, SP,	SExP, Fi-FR		w/	
			SAP	Inclus					.3
		30-52	SL-SAP	massive, FR	—	30"	PS	—	

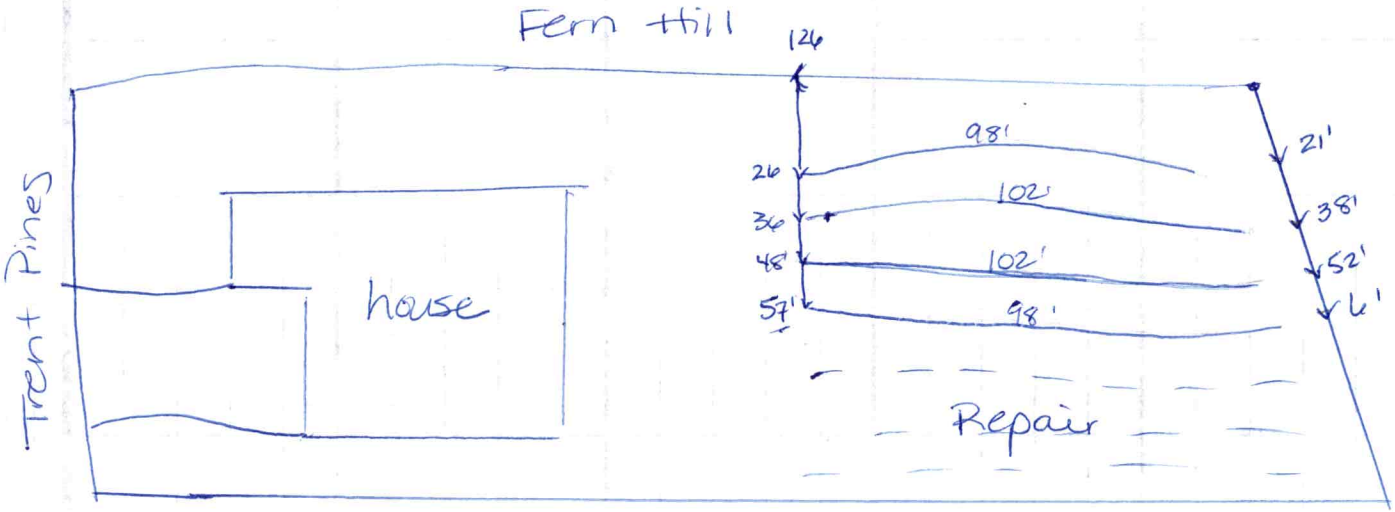
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS: ___

As Built - 105 Trent Pines

- upper line 15' off power line & guy wire



FIELD	NO.	DESCRIPTION	BY	DATE		PROJECT DESCRIPTION: SOLITUDE DEV 1.0	Princeton communities	VISUAL DESIGN & DRAFTING	DATE: 1/16/2021	SCALE:	SHEET: A-7

SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Date 6/2/22

Date 6/2/22

FIELD	NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION: SOLITUDE DEV 1.0

Princeton Communities

VISUAL DESIGN & DRAFTING

DATE: 1/16/2021

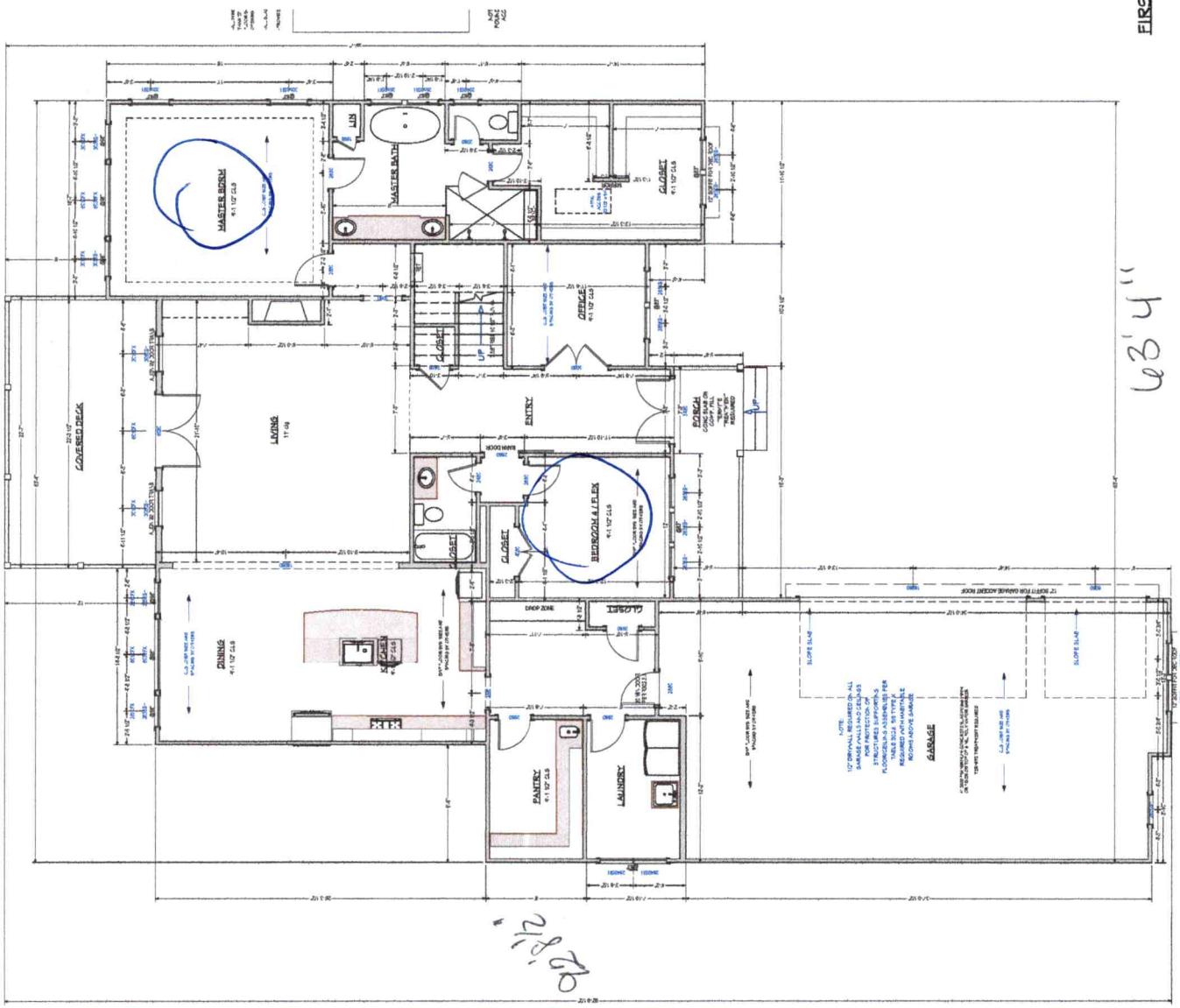
SCALE:

SHEET: A-6

SQUARE FOOTAGE	
1ST FLOOR HEATED	2427
2ND FLOOR HEATED	943
TOTAL HEATED	3370
GARAGES	885
PORCHES	382
TOTAL UNDER ROOF	4691

FIRST FLOOR PLANS

SCALE 1/4" = 1'-0"



Acknowledgement of Plans Submittal ONLY!

Date 6/2/22

Date 6/2/22

Woodleaf Lot #65

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3300

1. WELL CONTRACTOR:

Luther E Bailey
Well Contractor (Individual) Name

B+K Well Drilling INC.
Well Contractor Company Name

STREET ADDRESS 132 Mt mourne Ln

Mooresville NC 28117
City or Town State Zip Code

(704) - 892-4696
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable)

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation

Other (list use)

3. WELL LOCATION: Woodleaf

COUNTY Iredell QUADRANGLE NAME Phase 2

NEAREST TOWN: Fernhill Rd.

Mooresvilk, NC

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat Ridge Other
(Circle appropriate setting)

LATITUDE __ __ _____

LONGITUDE __ __ _____

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: GPS Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY Woodbridge Partners LLC

STREET ADDRESS PO Box 3608

Mooresville, NC 28117
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME

STREET ADDRESS

City or Town State Zip Code

(704) - 799-9770
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 10 ft. Diameter: 36 in.

b. Water Level (Below Measuring Point): None

Measuring point is _____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	NONE ft.	_____ in.
b. Casing Removed:	NONE ft.	_____ in.

7. DISINFECTION: 1 pack

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement 200 lb.
Water 100 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other

Type material None

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

pist cement in well

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 1-10-2007

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

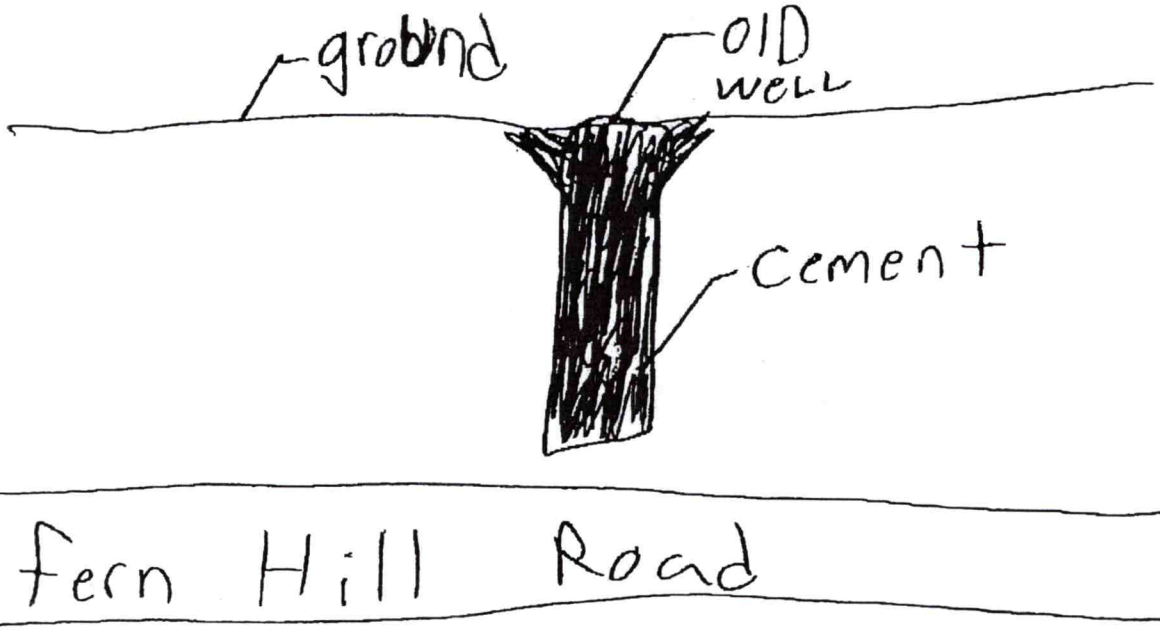
Luther E Bailey 1-11-2007
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Luther E Bailey
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06


ground
OLD WELL
cement
fern Hill Road

RECEIVED APR C 7 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327337 $500.00

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: Princeton Homes LLC Address: PO Box 3608 Mooresville, NC Zip: 28117
Applicant Email: richard@homesbyprinceton.com Phone: 704-799-9770 Alt. Phone: 704-235-8211
Owner Name: Woodridge Partners LLC Address: PO Box 3608 Mooresville, NC Zip: 28117
Owner Email: michael@homesbyprinceton.com Phone: 704-799-9770 Alt. Phone: 980-505-2256

Property Information:

Street Address: 105 Trent River Dr. Mooresville, NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 65
Driving Directions: Perth Rd, Turn Fern Hill Rd, Left on Trent River, Left on the left.

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: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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?

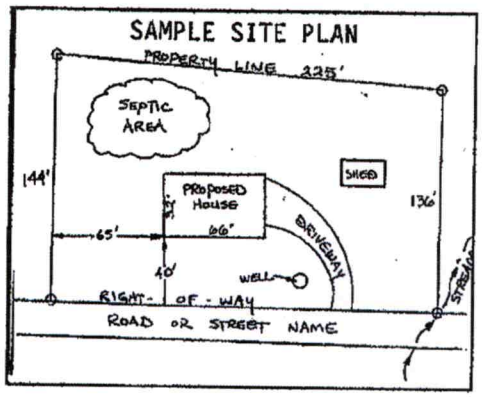
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 3/24/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

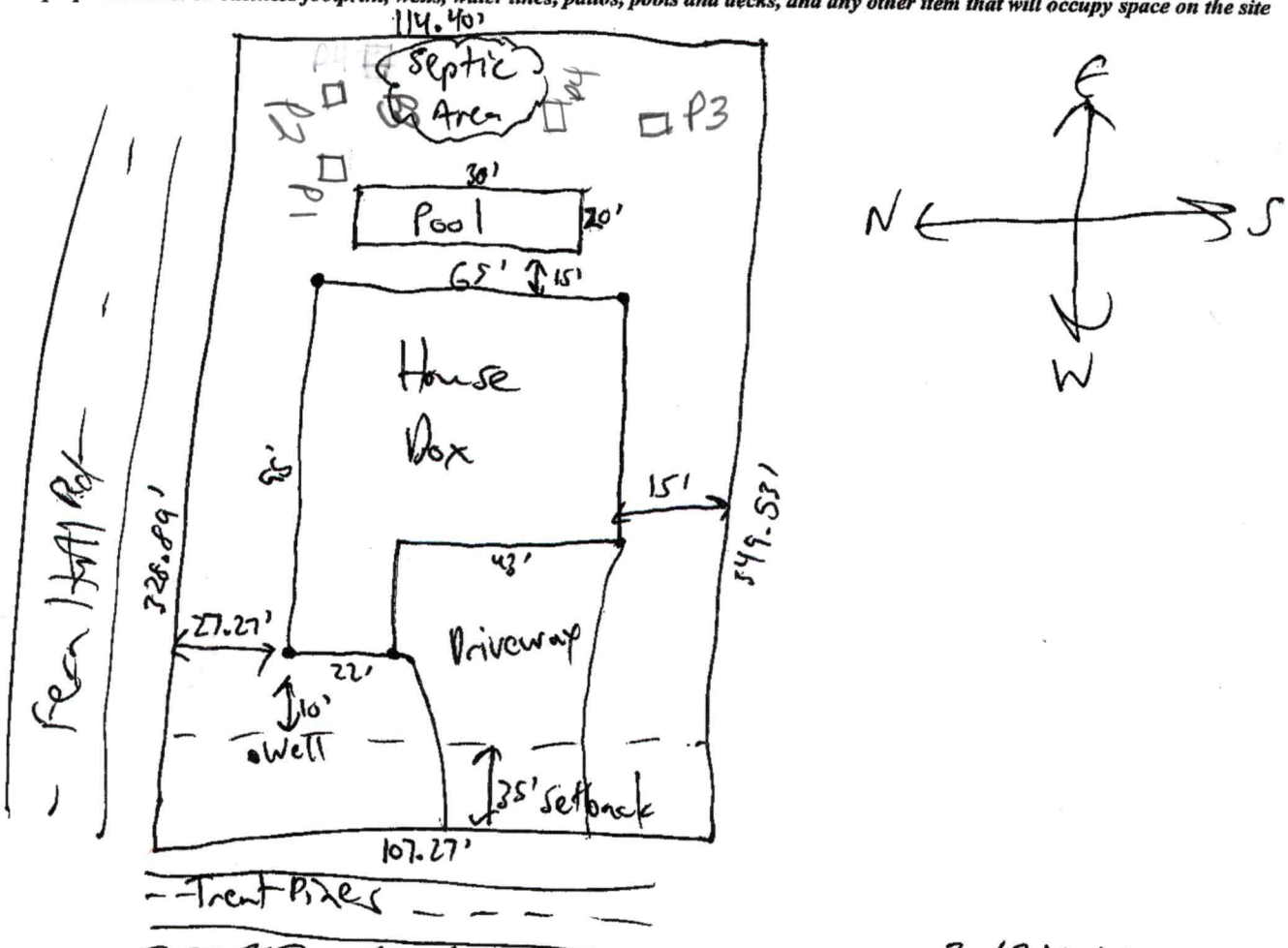
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

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)

3/24/2022

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, Jeffery Cornuto, Member-Manager, Woodbridge Partners, LLC, am the legal owner(s) of the property located at 105 Trent Pines Pl. Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4639-22-9348, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martha S. Landis Princeton Homes, LLC, 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.

_____ 3/28/22

Signature of Owner(s) Date

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

MSL **Complete all Environmental Health forms:**
- MSL Application
- MSL Site Plan including the dimensions of proposed structure, addition, pool etc.
- MSL Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- MSL Copy of Zoning Permit when applicable
- MSL Sign this sheet after you have completed all items

MSL **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

MSL **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

MSL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

MSL If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/24/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625