IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225232

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

PIN # 4639-30-0388 0333

APPLICANT: JIM ZILLICH APPLICANT ADDRESS: 112A. ARGUS LN. MULLE

SITE ADDRESS: 124 BAGBY RD. MULLS PHONE: 423-782-7633 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL FERN HILL, TL BAGBY, ON R

SUBDIVISION: WOODLEAF SECTION: 2 LOT # 104 LOT AREA: .963AC DESIGN FLOW: 480 L.T.A.R.: .5

Septic Tank 1000 (gal) STB 760 Date 9-25-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 24 MAX Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION PANEL BLOCK
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ 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:

Black & Red filter
14ft from side of House to 1st Drainline (1st side)
22ft from house to 1st Drainline (1st side)
54ft from house to 1st drainline.

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

Used Quick 4, installed as drawn

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.*

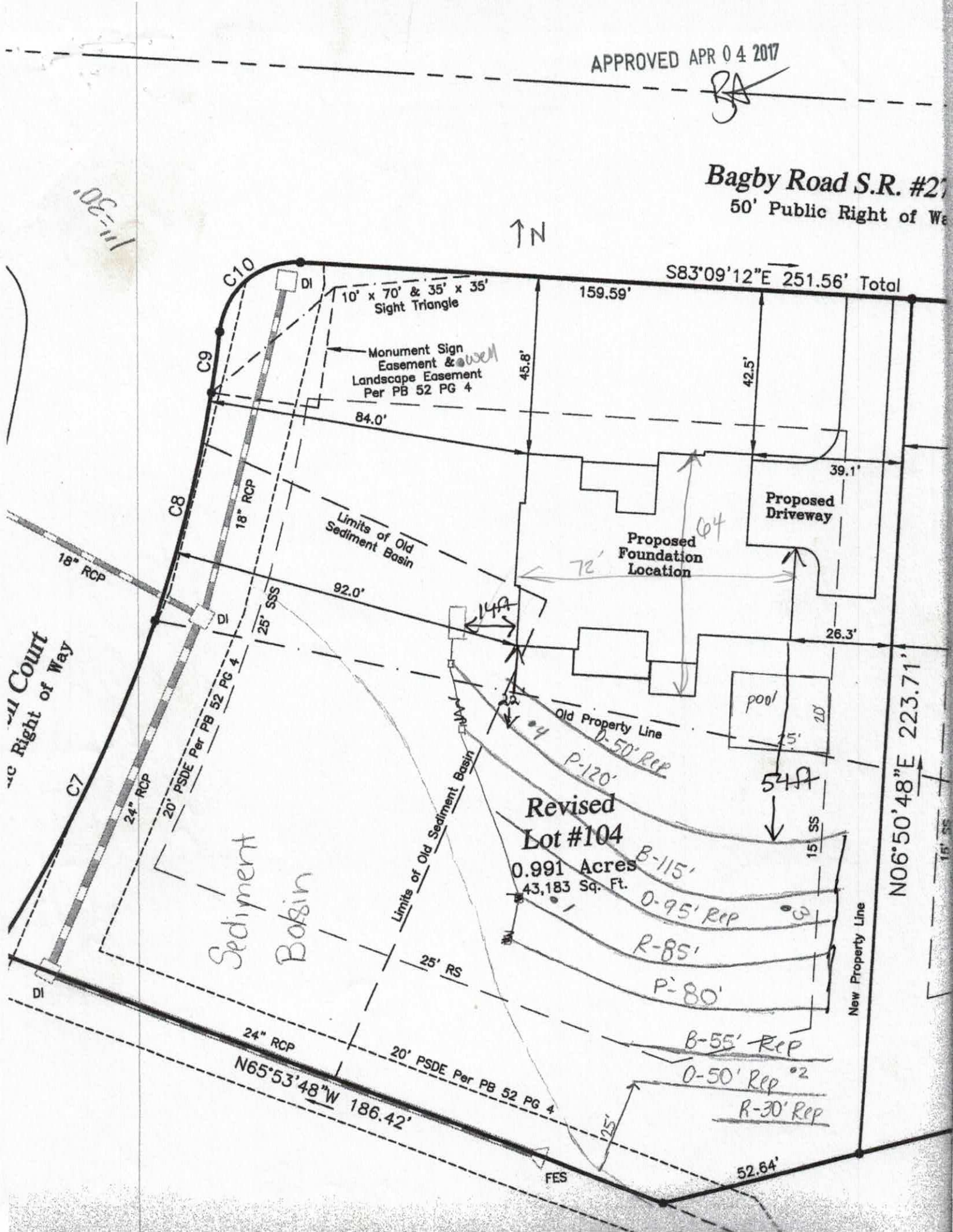
Owner / Applicant Signature: Kathleen Saunders Date: 4-6-17 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: APPROVED Date: APR 04 2017 OPERATION PERMIT by: Maria Dotson Date: 11/28/17

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: APR 04 2017 Existing System Inspected by: Date:

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

APPROVED APR 04 2017



APPROVED APR 0 4 2017

BA

Woodleaf Lot 104 Fast Track - The Oaks Group, PA

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	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (~~Low~~ HIGH Side)	~~36"~~ 24"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	280
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	50
2	System	Pink	25% Reduction	120 endfed
3	System	Blue	25% Reduction	115 endfed
4	Repair	Orange	LP PPBPS	95
5	System	Red	25% Reduction	85 endfed
6	System	Pink	25% Reduction	80 endfed
7	Repair	Blue	LP PPBPS	55
9	Repair	Orange	LP PPBPS	50
10	Repair	Red	LP PPBPS	30
				Total System: 400'
				Total Repair: 280'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Remove old sediment basin

APPROVED APR 0 4 2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: _____ APPLICATION DATE: _____
ADDRESS: Wood Leaf lot 104 DATE EVALUATED: 3/3/17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	BA L ~15%	0-6	Mo GR SL	FR NS/NP	Br, C Gravel				PS 0.3
		6-30	Mo SBK C	FR SS/SP	R				
		30-52	WK SBK CL	↓	R; F Sap	52"	N/A	N/A	
2	BA L 15%	0-6	MO GR SL	FR NS/NP	Br				0.3
		6-33	Mo SBK C	FR SS/SP	R				
		33-44	WK SBK CL	↓	R; F Sap				
		44-50	MA L Sap	↓	R Br	44"	?	44	
3	L 15%	0-4	Mo GR SL	FR NS/NP	Br				0.3 to 41"
		4-22	Mo SBK C	FR SS/SP	R				
		22-41	WK SBK CL	↓	R; F Sap				
		41"	AR - Quartz			41"	N/A	41"	
4	L 15%	0-6	MO GR SL	FR NS/NP	Br				0.3
		6-39	MO SBK C	FR SS/SP	R				
		39-49	WK SBK CL	↓	R; C Sap				
						49"	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPP BDS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS: _____

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Woodleaf Lot 104

Date: March 13, 2017

Attached is the septic specification information required to permit the Woodleaf Lot 104 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

RECEIVED MAR 13 2017 OK

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

Paid $350.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

225232

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 #	Alternate Phone #
Tim Zellich	112A Argus Ln. Mooresville NC 28117	423-782-7633	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jeff Ceraulo	132 Joe Knox Ave. Mooresville NC 28117	704-799-9770	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
183 Cedar Branch 124 Bagby RD	Wood Leaf	Lot 104 ID# 4639-30-0831

Driving Directions: _____

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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)* ( ) EXISTING SYSTEM installed ____ (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: _____ 2-20-17
   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, Shade Tree Develop ~~am the~~ legal owner of the property located at 124 Bagby, Mooresville identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, _____, 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.

By Shade Tree Development 3-24-17
Signature of Owner Chad Baca Date

Belinda Crawford 3-24-17
Signature of Witness 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, Woodbridge Partners LLC, am the legal owner of the property located at Lot 104, Woodleaf, identified as PIN(Parcel Identification Number) 4639300388.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, 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.

Woodbridge Partners LLC
by:
Signature of Owner JEFFERY CERNTO, manager/member Date

Signature of Witness Date

3/7/2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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... ____ 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

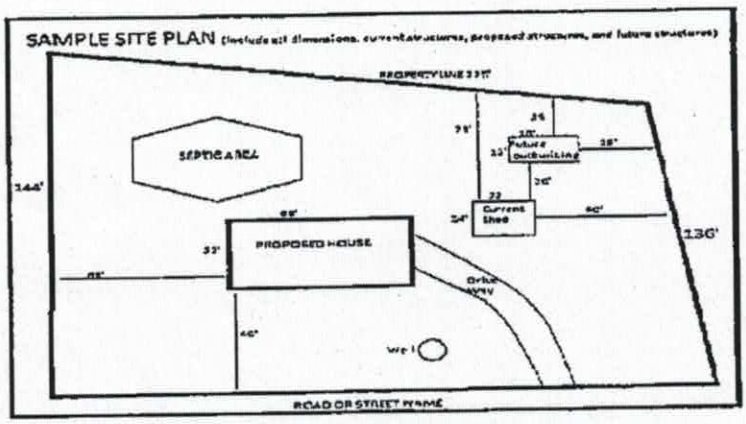
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

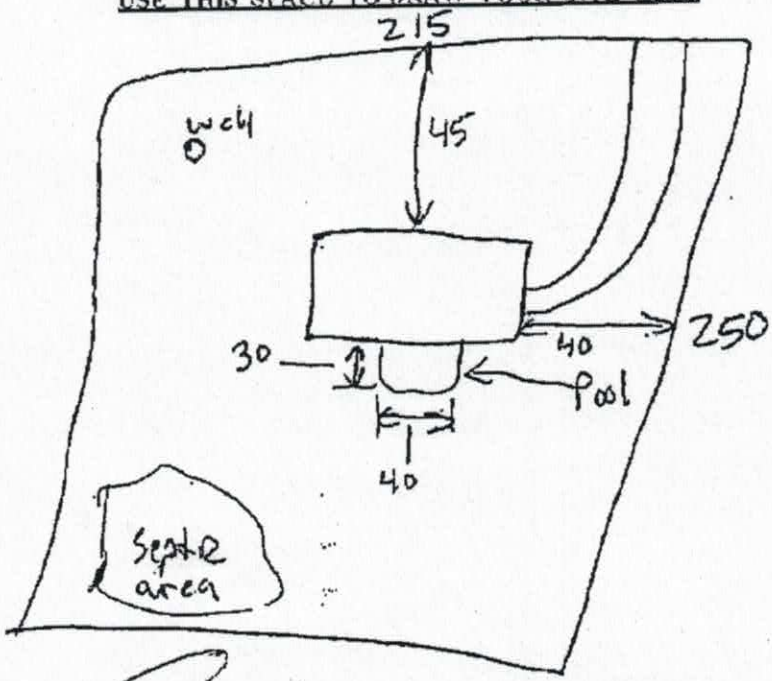
Circle N/A on the following if appropriate:

____ 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



USE THIS SPACE TO DRAW YOUR SITE PLAN



D25232

See Design by Oaks Group

Signature: _____

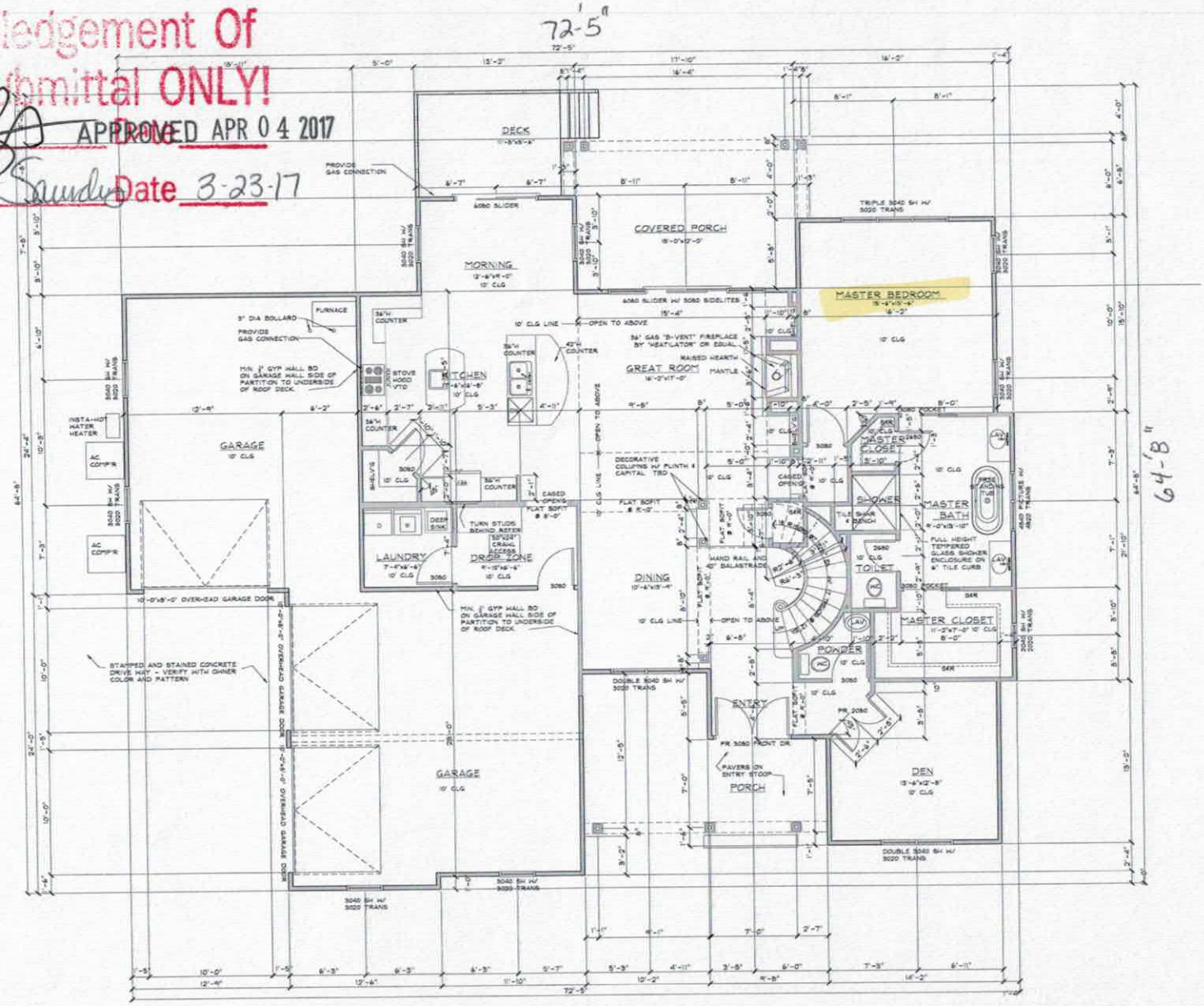
REQUIRED property owner or owner's legal representative signature.

2-2017

DATE

Kathleen Saunders 3-23-17

Acknowledgement Of
Plans Submittal ONLY!
APPROVED APR 04 2017
Kathleen Saunders Date 3-23-17



1 GROUND FLOOR PLAN
1/4" = 1'-0"

HEATED GROUND FLR
HEATED SECOND FLR
TOTAL HEATED
COVERED PORCHES
NON HEATED- GARAGE/STORAGE
TOTAL

MARK SIEMIENIEC
REGISTERED ARCHITECT
12767
NORTH CAROLINA
MOORESVILLE, NC

Project Number: 0002017

RESIDENCE FOR
BACON CUSTOM HOMES
WOOD LEAF PHASE 2, LOT 104
MOORESVILLE, NC

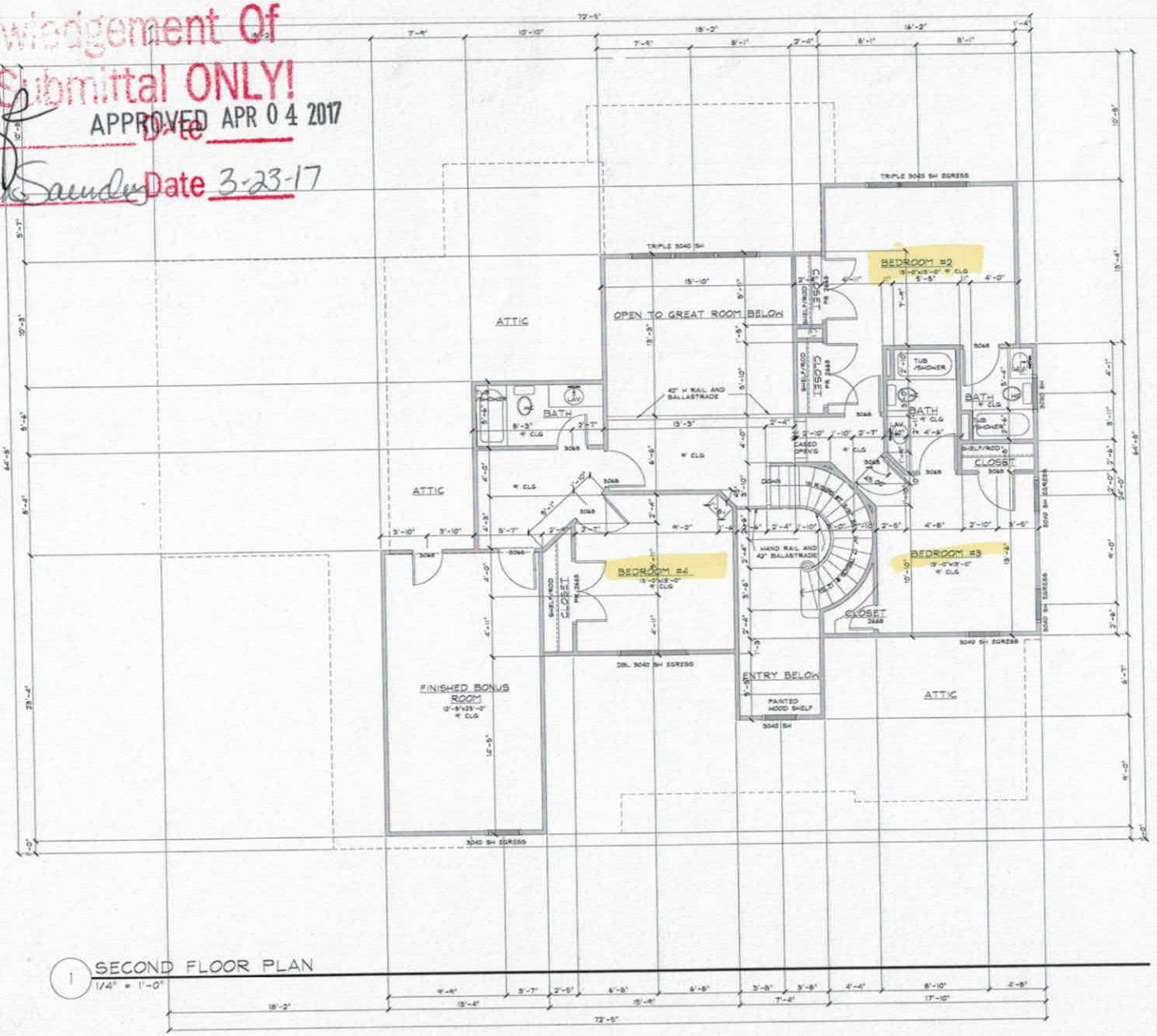
MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
p. 704.696.8840
mss@ms-arch.com

NO.		CAD BY:	
		CHECK BY:	
		ISSUE / REVISION	DATE
01		ISSUED FOR PERMITS	03/20/2017

SHEET NAME & NUMBER
GROUND FLOOR PLAN
A2.0

© COPYRIGHT 2017
(C) 2017 MS-ARCHITECTURE

Acknowledgement Of
Plans Submittal ONLY!
APPROVED APR 04 2017
Date
Kathleen Saunders Date 3-23-17



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

MARK SIEMIENIEC
REGISTERED ARCHITECT
MOORESVILLE, NC

Project Number: 0052017

RESIDENCE FOR
BACON CUSTOM HOMES
WOOD LEAF PHASE 2, LOT 104
MOORESVILLE, NC

MARK SIEMIENIEC ARCHITECTURE
181 DELLBROOK TYNNH C
MOORESVILLE, NC 28117
P. 704. 696. 8840
mss@ms-arch.com

NO.		
	CAD BY	
	CHECK BY	
	ISSUE / REVISION	DATE
01	ISSUED FOR PERMITS	03/20/2017

SHEET NAME & NUMBER
SECOND FLOOR PLAN
A2.1

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IREDELL COUNTY

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

APPLICATION NUMBER
225232
Issue Date: 02/27/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639300388.000	124 BAGBY ROAD, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOODBRIDGE PARTNERS LLC	Applicant: ZILLISH, JIM
Address: PO BOX 3608 MOORESVILLE, NC 28117	Address: 112 A ARGUS LN STATESVILLE, NC 28687
Phone: 704-799-9770	Phone: 423-784-7633

Use Requested	Zone Code
SFD	RA

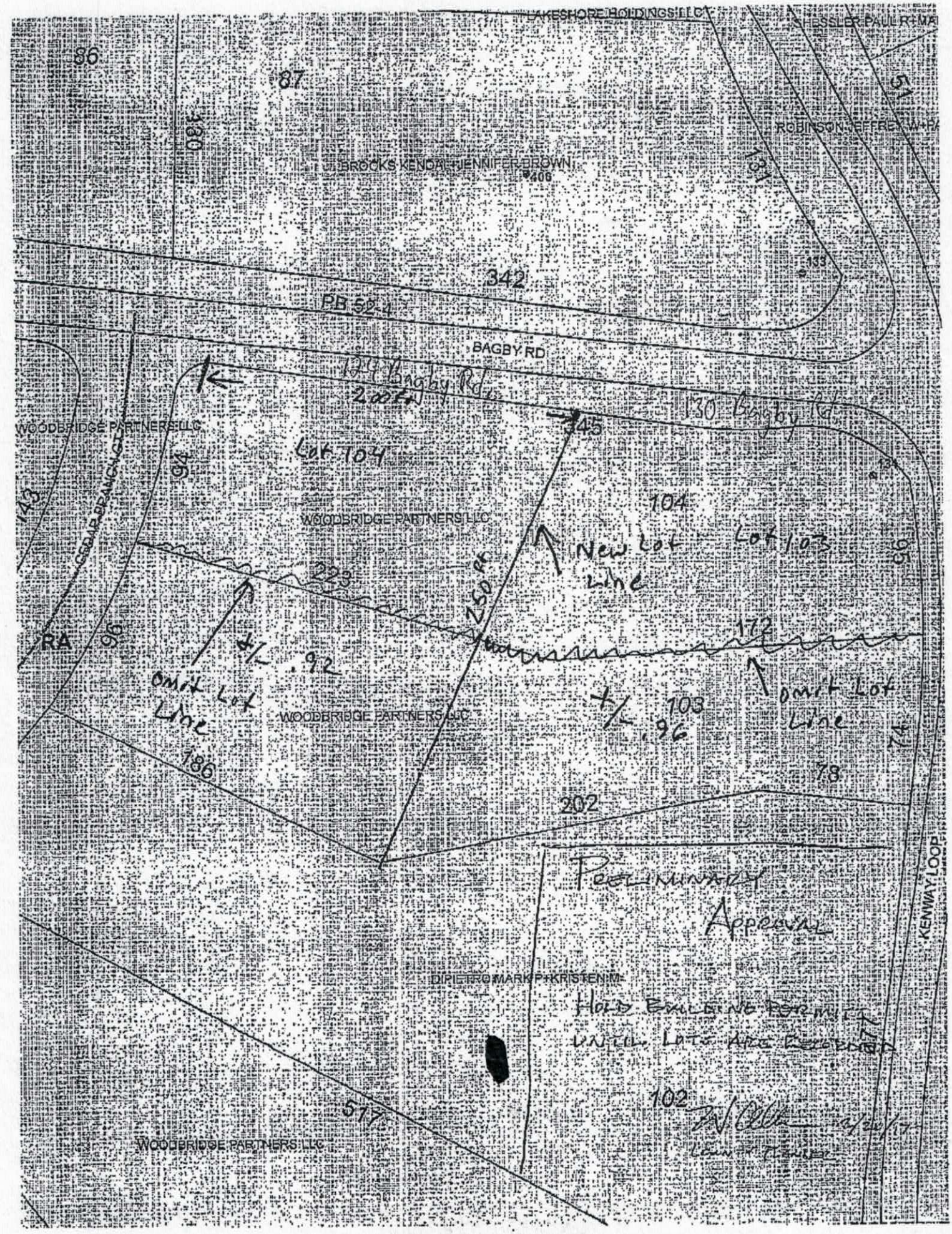
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.963	35.00	35.00	15.00	25.00	CACL	X

Remarks:

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: _____ Date: _____

Permit Number	94630	TOTAL FEES:	$ 77.25


LAKESHORE HOLDINGS LLC
HESSLER PAUL R+MA
ROBINSON JEFFREY W+RA
BROCKS KENDAL+JENNIFER BROWN
406
86
87
85
91
342
PB 52-4
BAGBY RD
120 Bagby Rd
200+/-
130 Bagby Rd
WOODBRIDGE PARTNERS LLC
Lot 104
CEDAR BRANCH CT
43
37
104
New Lot Line
Lot 103
95
233
150 SF
172
RA
96
+/- .92
Omit Lot Line
+/- .96
103
Omit Lot Line
186
78
202
PRELIMINARY Approval
DIPIETRO MARK P+KRISTEN M
Hold Building Permit until Lots are Recorded
102
517
KENWAY LOOP
WOODBRIDGE PARTNERS LLC