IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225230

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

PIN # 4639-30-2321

APPLICANT: SHADE TREE DEVELOPMENT APPLICANT ADDRESS: 130 BAGBY RD. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL FERN HILL, TL BAGBY, ONR

SUBDIVISION: WOODLEAF SECTION: 2 LOT # 103 LOT AREA: .963 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	9-25-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab	No. Bedrooms 4	Water Supply: ☒ Private ☐ Public ☐ Community	
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION		No. Persons 8		
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK		No. Employees		
# Nitrification Fields	1	# Lines	3 @ 134'	Linear Ft:	402'	Maintenance Agreement Required:	☐ YES ☒ NO		☒ Crawl Space		
Trench Width	36"	Max. Trench Bottom Depth	18" LOWSIDE	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

ST - 24 ft to House
Deck 46 ft to 1st Initial drainline
Used Quick 4

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

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**

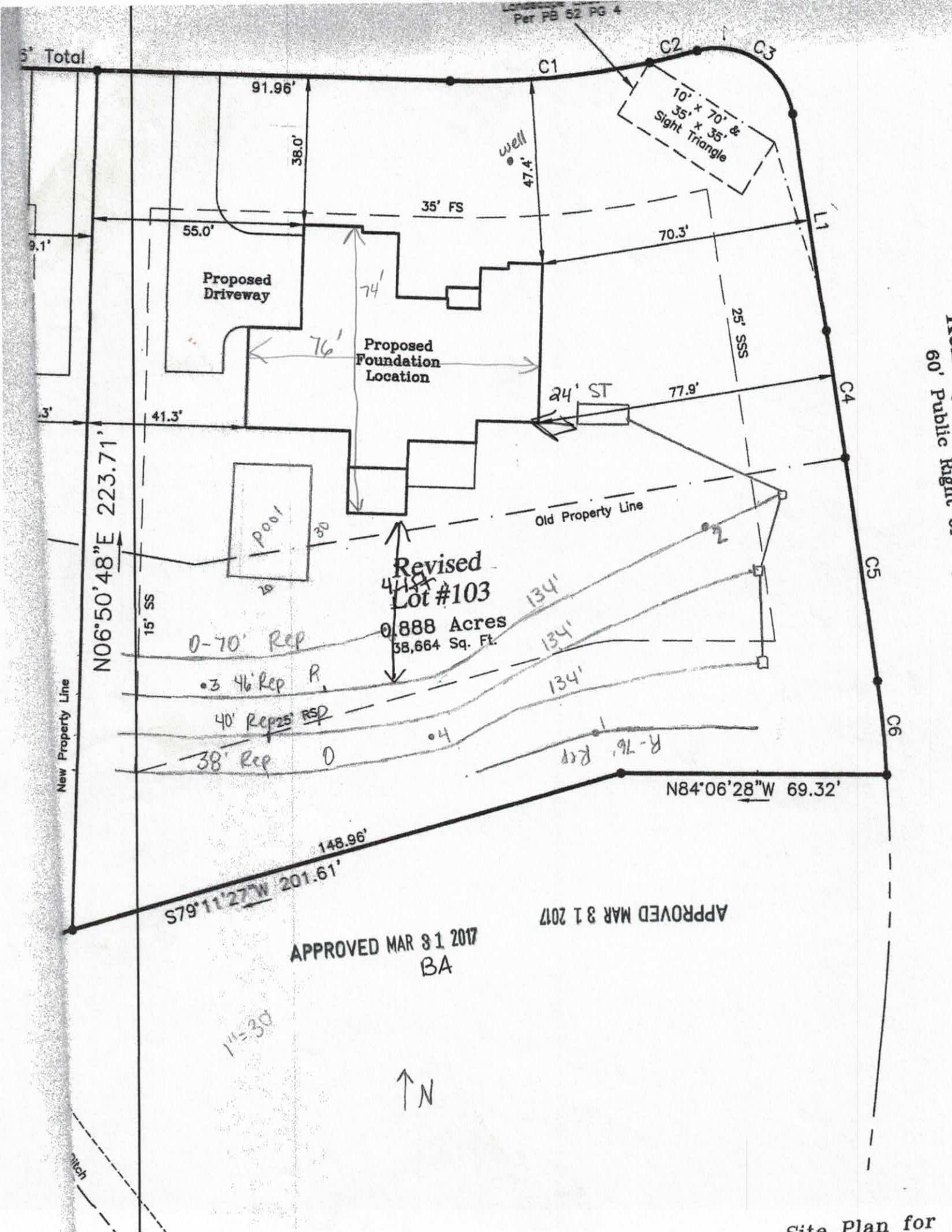
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 4-3-17 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: [signature] Date: 3-31-17 OPERATION PERMIT by: Maria Dotson Date: 11/28/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3-31-17 Existing System Inspected by: Date:

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


Per PB 52 PG 4
Total
C1
C2
C3
91.96'
10' x 70' & 35' x 35' Sight Triangle
well
47.4'
38.0'
35' FS
55.0'
70.3'
L1
9.1'
Proposed Driveway
74'
76'
Proposed Foundation Location
25' SSS
24' ST
77.9'
C4
41.3'
N06°50'48"E 223.71'
Old Property Line
Pool
30
10
Revised
4418 SF
Lot #103
0.888 Acres
38,664 Sq. Ft.
15' SS
0-70' Rep
#3 46' Rep
40' Rep 25' RSP
38' Rep
#4
134'
134'
134'
C5
C6
New Property Line
N84°06'28"W 69.32'
148.96'
S79°11'27"W 201.61'
APPROVED MAR 31 2017
BA
APPROVED MAR 31 2017
1"=30'
N
60' Public Right
Site Plan for

Woodleaf Lot 103 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	402
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	18"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair Loading Rate	0.3

APPROVED MAR 31 2017

BA

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	70
2	System	Red	25% Reduction	134 endfed
3	Repair	Red	LP PPBPS	46
4	System	Pink	25% Reduction	134 endfed
5	Repair	Pink	LP PPBPS	40
6	System	Orange	25% Reduction	134 endfed
7	Repair	Orange	LP PPBPS	38
9	Repair	Red	LP PPBPS	76
				Total System: 402'
				Total Repair: 270'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Keep 18" Trench Bottom to stay above drainage mottles

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

APPROVED MAR 31 2017
BA

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

OWNER:
ADDRESS: Wood Leaf lot 104 163
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
APPLICATION DATE
DATE EVALUATED: 3-17-17
PROPERTY SIZE:
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	.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%	0-6	Mo GR SL	FR ns/np	Br				
		6-30	Mo SBK C	FR ss/sp	R; FMi ca				
		30-48	WK SBK CL	↓	R; F/C sap				
						48+	N/A	N/A	0.3 PS
2	BA/L ~10%	0-15	Mo GR SL/SCL	FR SS/SP	Br/Lt Br				
		15-34	Mo SBK C	↓	R				
		34-40	WK SBK C	↓	R; C yel	Br			
		40"	2 chroma						0.3 to 34"
						40+	N/A	40"	
3	BA/L ~10%	0-12	Mo GR SL	FR ns/np	Br				
		12-28	Mo SBK C	FR SS/SP	R				
		28-48	WK SBK SCL	↓	R; C sap				
						48+	N/A	N/A	0.3 PS
4	L ~10%	0-10	Mo GR SL	FR ns/np	Br				
		10-40	Mo SBK C	FR SS/SP	R				
		40-48	WK SBK C	↓	R; F sap				
						48+	N/A	N/A	0.3 PS

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

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

COMMENTS:

Updated February 2014

18" TB

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Woodleaf Lot 103

Date: March 21, 2017

Attached is the septic specification information required to permit the Woodleaf Lot 103 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.



Kathleen Saunders

RECEIVED FEB 2 7 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 $500.00 $350.00

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

225230

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 Zilisch	112A Argus Ln. #118 Mooresville NC 28117	423-782-7633	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jeff Curcuto	132 Joe Knox Ave. Mooresville NC 28117	704-799-9770	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
~~107 Cedar branch Ct.~~ 130 Bagby RD	Woodleaf	Lot 103 ID# 4039-30-08

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
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 Development, am the legal owner of the property located at 130 Bagby Rd, 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 Bacon Date

Belinda Crane Seahorse 3-24-17
Signature of Witness Date

WPa 170220 lots 103-104 septic authorization

Monday, February 20, 2017 8:27 PM

WPa 170220
lots 103-104

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Jeff Cernuto, am the legal owner(s) of the property located at 107 Cedar Branch Ct. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) Lot 103 ID 4639-30-0287, 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) 2-20-17 Date

Signature of Witness Date

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

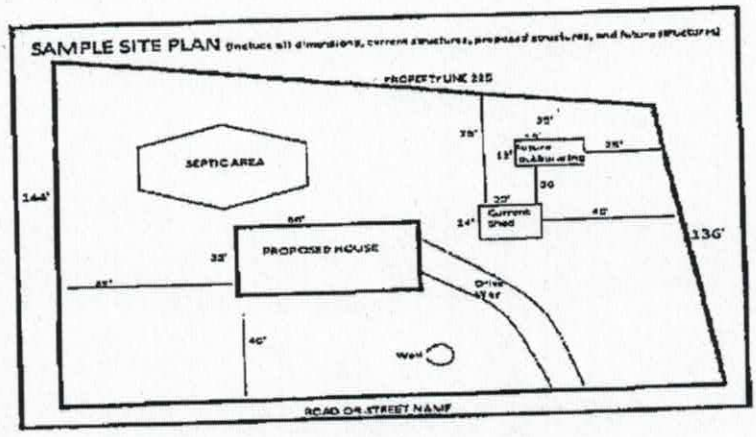
SITE PLAN WORKSHEET

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...

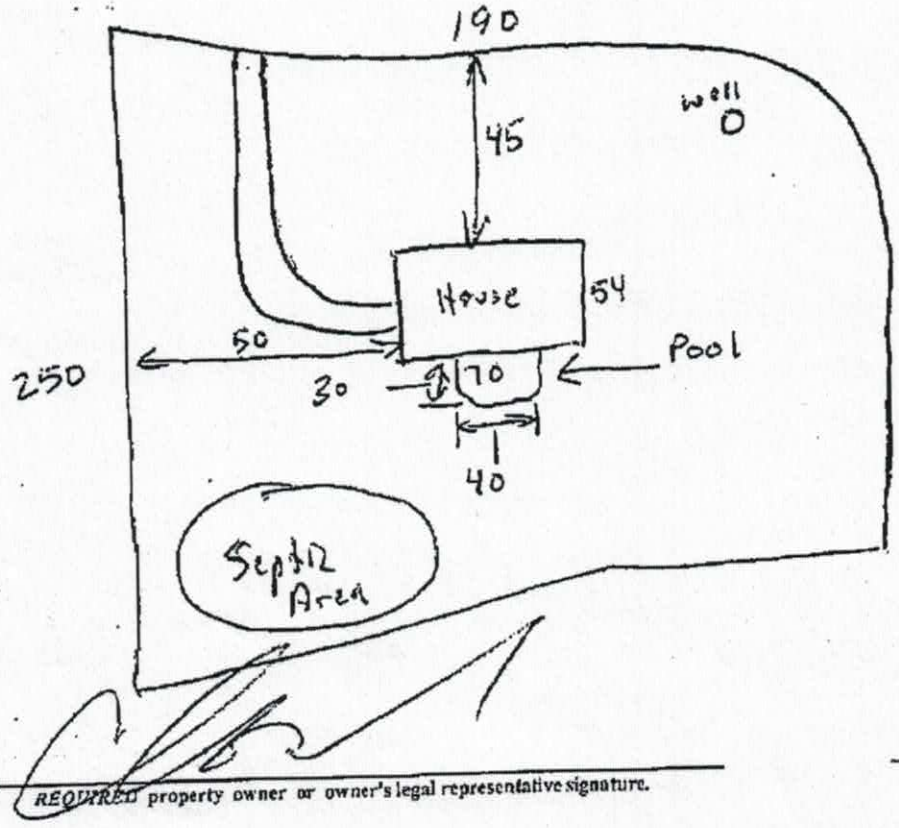
Circle N/A on the following if appropriate:
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A ____ Location of any designated wetlands on the property... N/A



Bagley

225230

USE THIS SPACE TO DRAW YOUR SITE PLAN

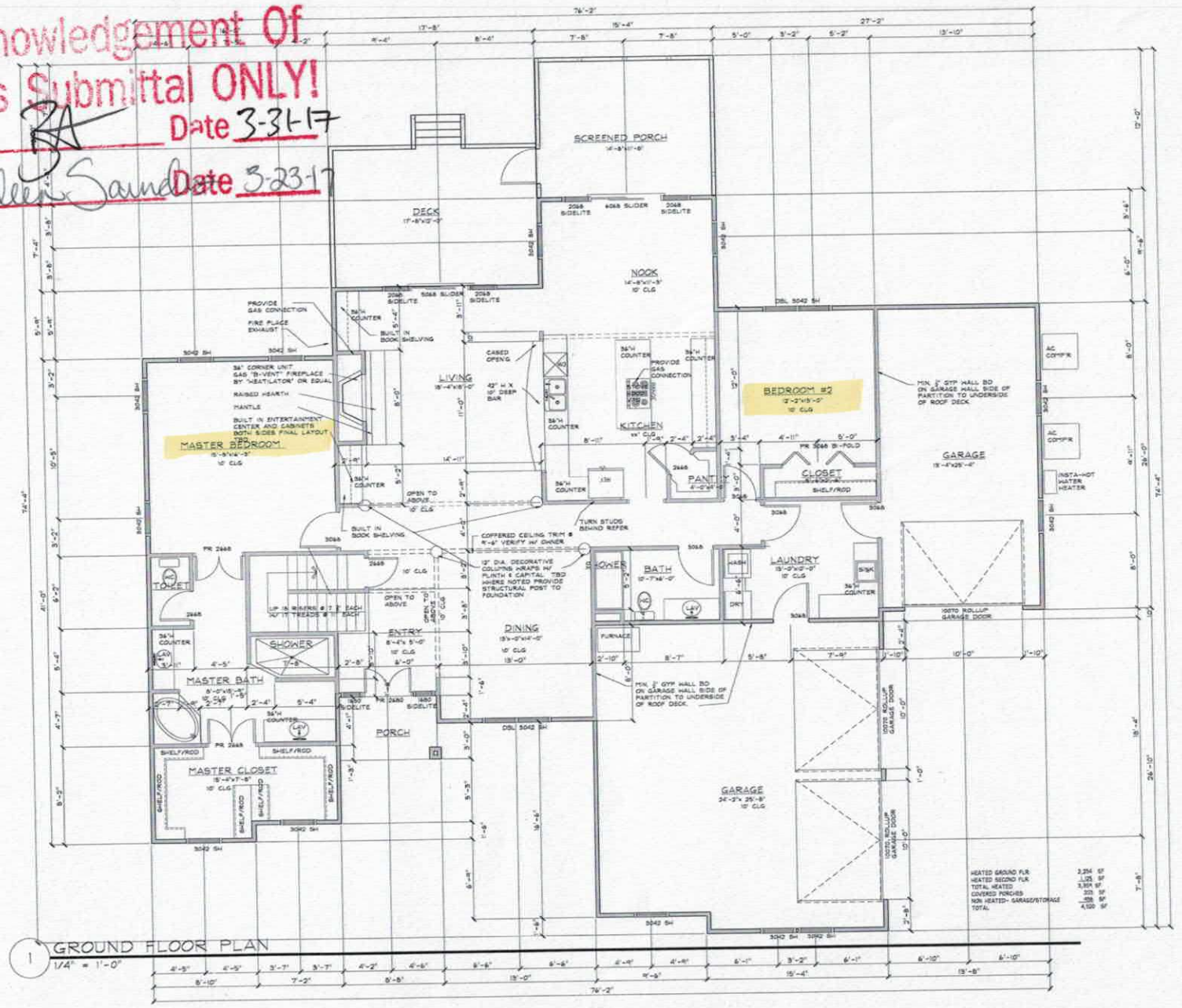


See attached Plan from Kathleen

Signature: _____ 2-20-17
REQUIRED property owner or owner's legal representative signature. DATE

Kathleen Saunders 3-23-17

Acknowledgement Of
Plans Submittal ONLY!
Date 3-31-17
Kathleen Saunders Date 3-23-17



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

Lot 103

© COPYRIGHT 2017

MARK SIEMIENIEC REGISTERED ARCHITECT 12767 NORTH CAROLINA MOORESVILLE, NC

Project Number: 0062017

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

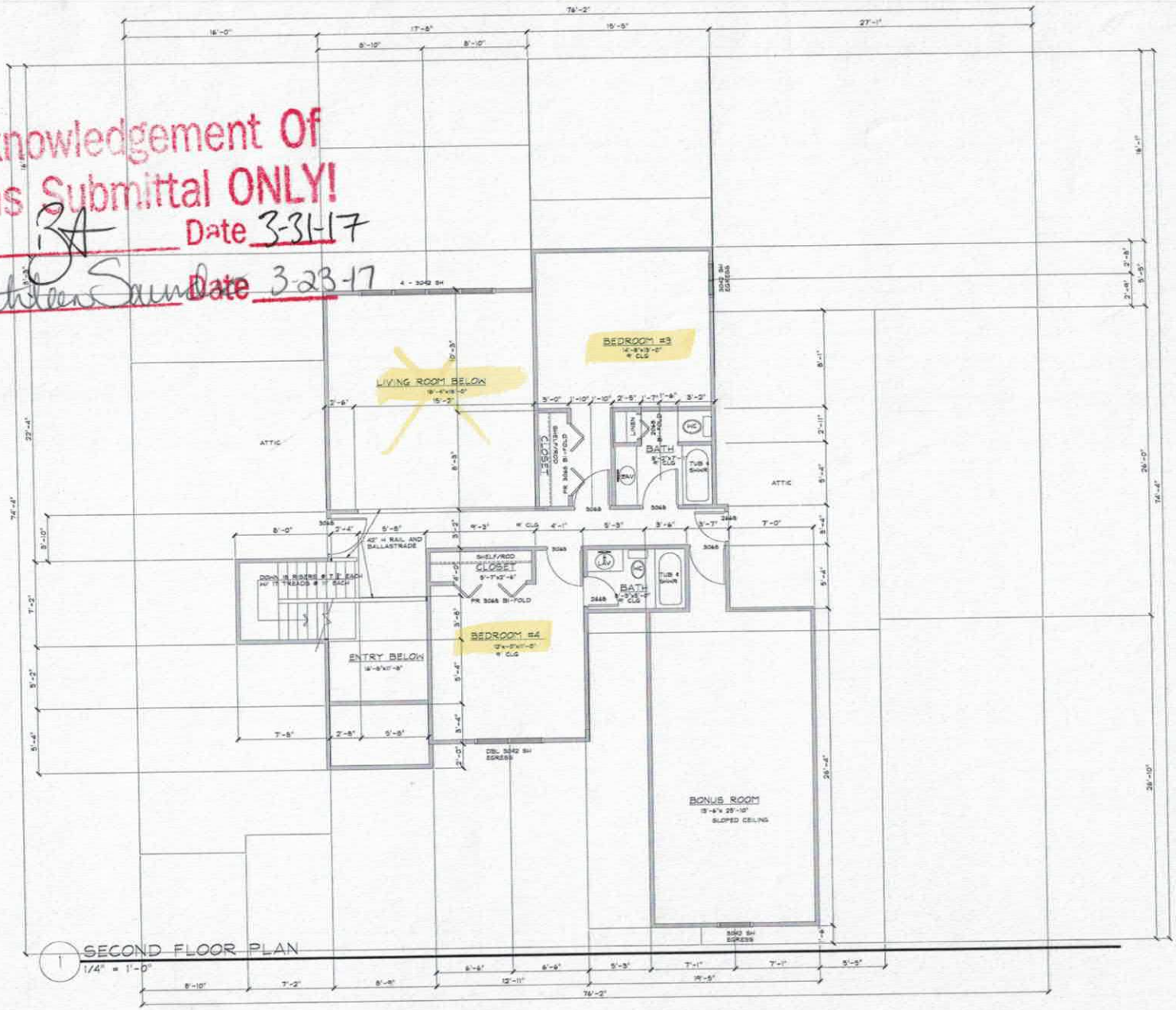
MARK SIEMIENIEC ARCHITECTURE
128 DELLBROOK TWNH C
MOORESVILLE, NC 28117
p 704. 694. 8840
mss@ms-arch.com

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

SHEET NAME & NUMBER
GROUND FLOOR PLAN
A2.0

(C) 2017 MS-ARCHITECTURE

Acknowledgement Of
Plans Submittal ONLY!
-3A Date 3-31-17
Kathleen Saun Date 3-23-17



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

(C) 2017 MS-ARCHITECTURE

MARK SIEMIENIEC
REGISTERED ARCHITECT
12767
NORTH CAROLINA
MOORESVILLE, NC

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

Project Number: 0562017

MARK SIEMIENIEC ARCHITECTURE
108 DELLBROOK TWNH C
MOORESVILLE, NC 28117
P. 704. 695. 9840
ms@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

IREDELL COUNTY

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

APPLICATION NUMBER
225230
Issue Date: 02/27/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639300388.000	130 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	25.00	15.00	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	94631	TOTAL FEES:	$ 77.25