IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216775

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

PIN # 4639-32-5669.000

APPLICANT: Leo Williams APPLICANT ADDRESS: 130 Hidden Harbour Dr. Mooresville NC

SITE ADDRESS: 124 Blue Ridge Trl. Mooresville NC PHONE: 704-363-0475 ALT. PHONE:

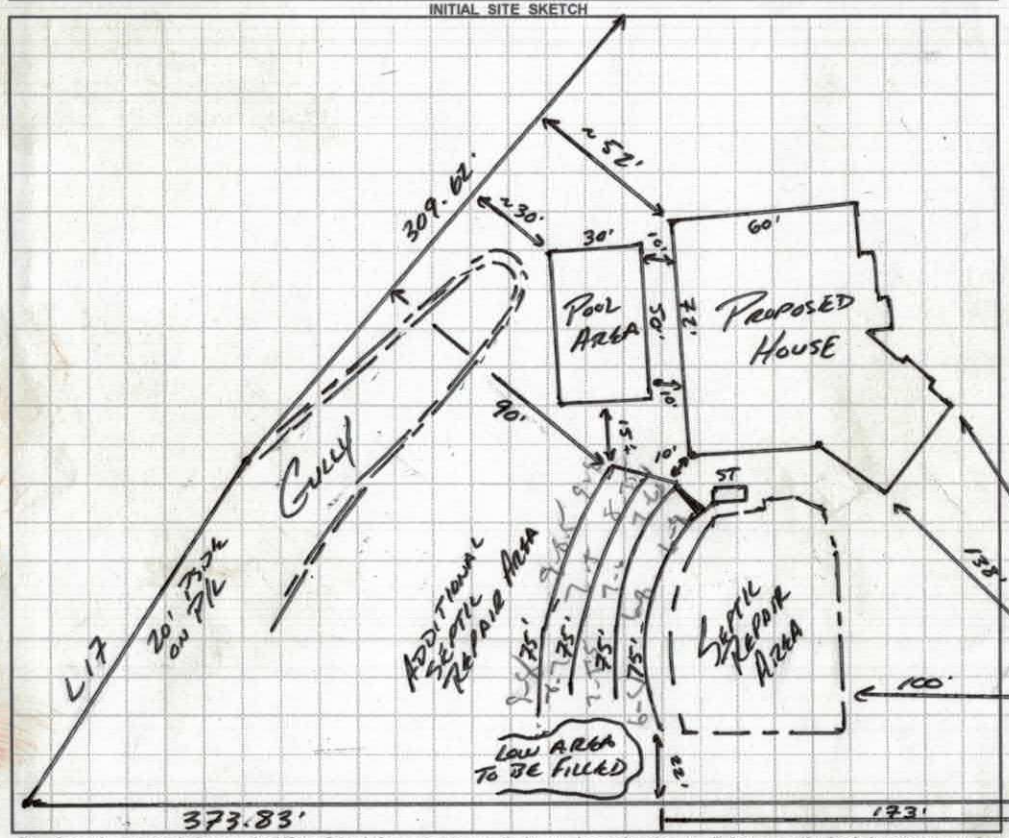
SITE DIRECTIONS: Perth Rd. To Fern Hill West, TL Blue Ridge Trl., Site on R

SUBDIVISION: Woodleaf SECTION: — LOT # 29 LOT AREA: 1.674 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

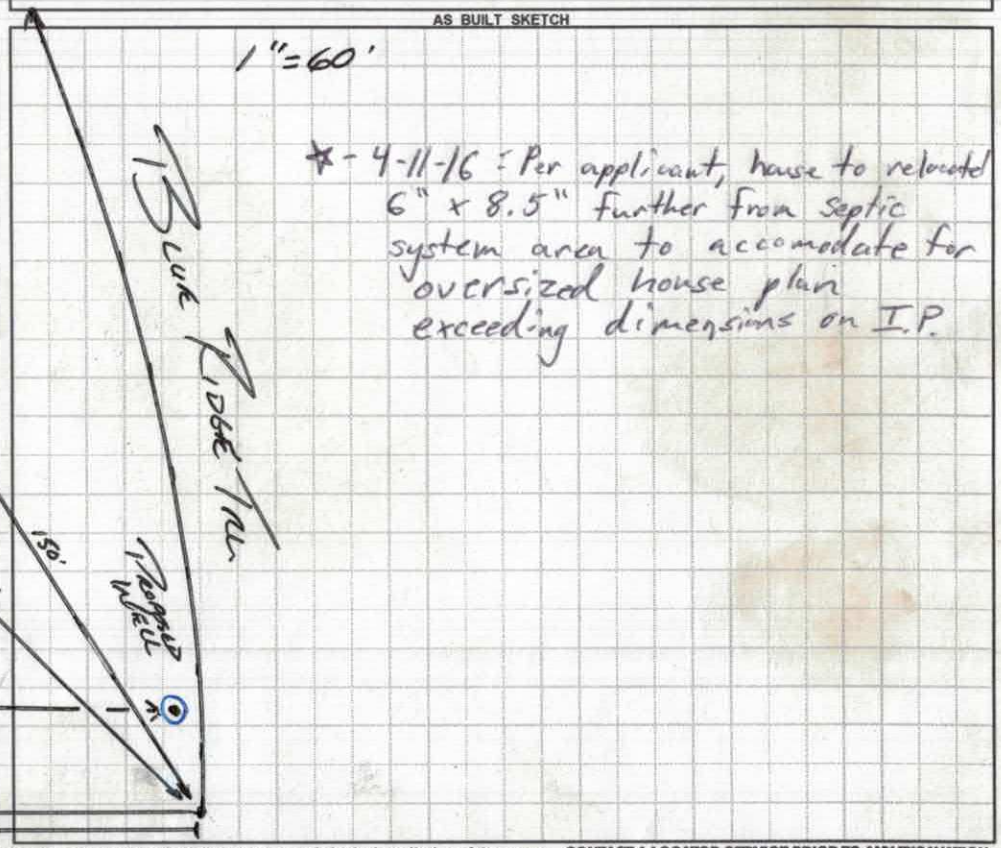
Septic Tank	1000	(gal)	STB	786	Date	3/11/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction - Gravity				☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description: LPP BPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4 @ 75'		Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth:	18"-20" Lowside	*	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Fill Low Area @ Distal End of Drainfield. Maintain 10' Downslope From House, 15' From Pool Area & 25' From Gully.

INITIAL SITE SKETCH



AS BUILT SKETCH



*- 4-11-16: Per applicant, house to relocated 6" x 8.5" further from septic system area to accomodate for oversized house plan exceeding dimensions on I.P.

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: L Williams Date: 4/11/16 Installed by: Cedar Source

IMPROVEMENT PERMIT by: APPROVED Date: APR 05 2016 OPERATION PERMIT by: Wesley Sparks Date: 8/25/16

AUTHORIZATION TO CONSTRUCT by: Date: 4-11-2016 Existing System Inspected by: Date:

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

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

Sheet 1 of 3
PROPERTY ID #: 5669
COUNTY: Tyrrell

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

OWNER: Leo Williams
APPLICATION DATE: 2/22/16
ADDRESS: 130 Hidden Harbor Mill. NC
DATE EVALUATED: 3/22/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.67± Acres
LOCATION OF SITE: 124 Blue Hood Trl. Mill. NC
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A 1	LSS 10%	0-6	BSCL, WSBK	FR, SS, SP	/	36"	C-M SAP INCL 18"-36"	37"	.3
		6-22	RC, SBK	" " "					
		22-36	RCL, SBK/WSBK	" " "					
		36-37	Mass SAP	VFR, SS, SP					
		37	AR						
A 2	LSS 10%	0-10	BSL/SCL WSBK	FR, SS, SP	/	40"	C-M SAP INCL 18"-40"	/	.3
		10-30	RL, SBK	" " "					
		30-40	RCL, WSBK	" " "					
		40-49	Mass SAP	VFR " "					
A 3	LSS 10%	0-8	BSL, GR	VFR, SS, SP	/	45"	C-M SAP INCL. 23"-45"	/	.3
		8-26	RL, SBK	FR, SS, SP					
		26-45	RCL, WSBK	" " "					
		45-49	Mass SAP	VFR, SS, SP					
A 4	LSS 10%	0-3	ORGANIC		/	48"	C-M SAP INCL 12"-48"	/	.325
		3-16	RC, SBK	FR, SS, SP					
		16-48	RCL, WSBK	VFR, SS, SP					

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

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: —

COMMENTS:

20" Lowside PS

E 1

2/3

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

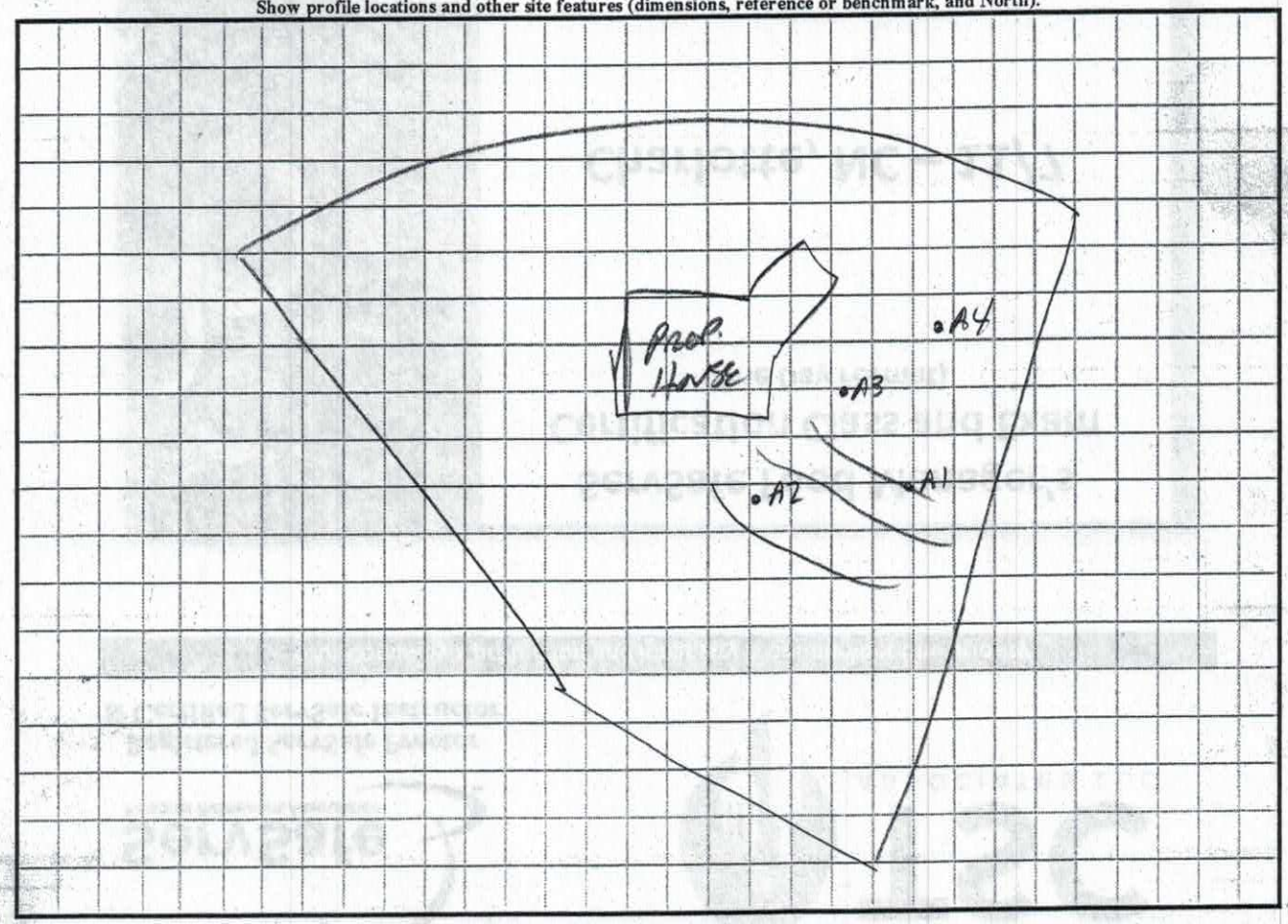
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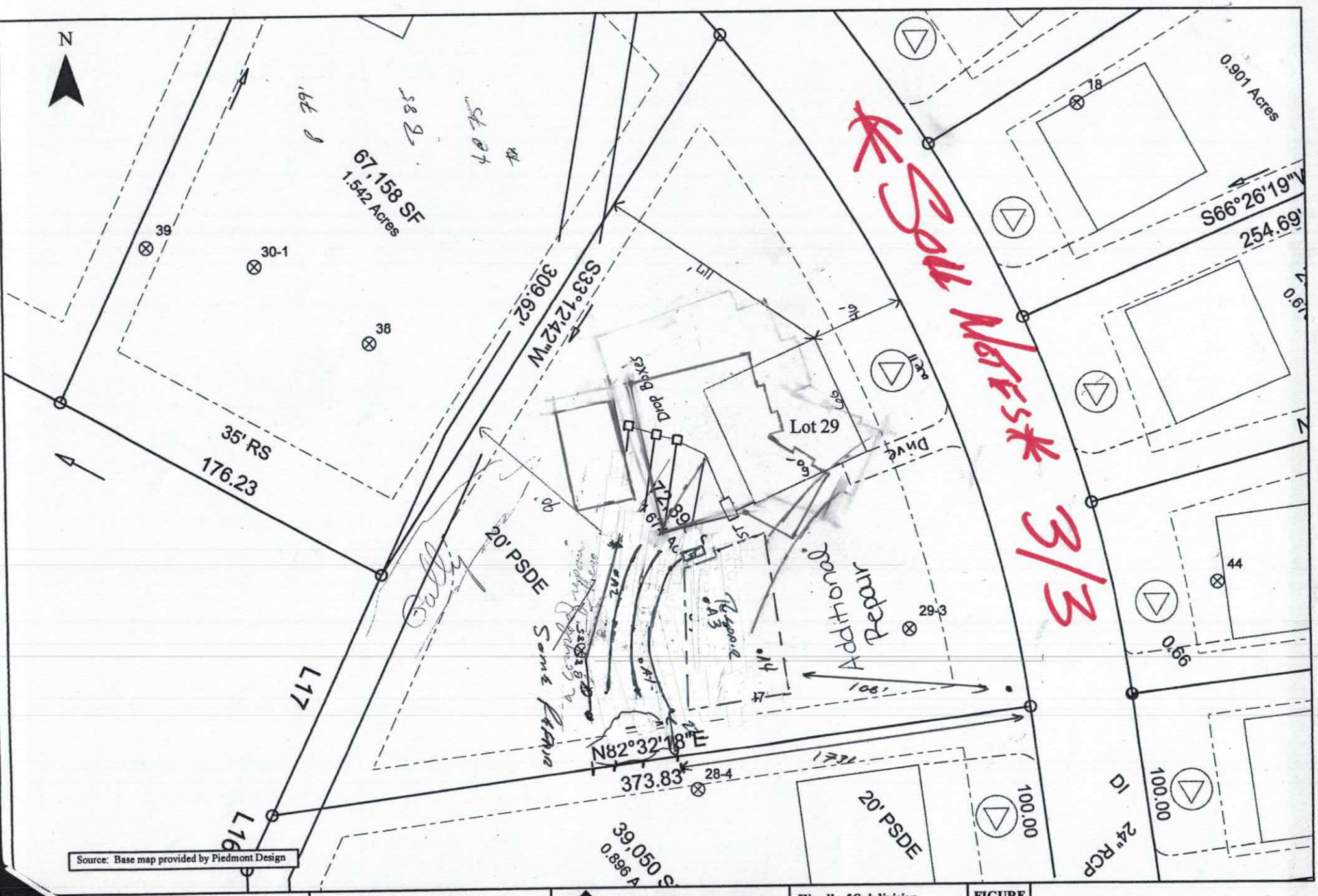
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).





As Soil Notes* 3/3

Scale: 1 inch equals 60 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Lot 29 Septic Lines	1
Reviewed by: PGP		Iredell County, NC	
Date: July, 2006		S&ME Project #1588-05-121	

RECEIVED FEB 2 2 2016

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 #216775

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

#216775

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 #
Leo Williams	130 Hidden Harbour Rd. Mooresville, NC 28117	704-363-0475	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Leo Williams	SAME	SAME	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
124 ~~Woodridge~~ Blue Ridge Trail, Mooresville, NC 28117	Woodleaf	#29

Driving Directions: Perth Rd. to Fern Hill + Head West. Go about 3 Mile + turn left on Woodridge trail. 1/4 mile 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
(X) Repair To Failing Septic System due to _____
( ) Other _____

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

(X) 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
N/A

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)* ( ) EXISTING SYSTEM installed _____ Year

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

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Leo Williams
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-22-16
DATE

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... X 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

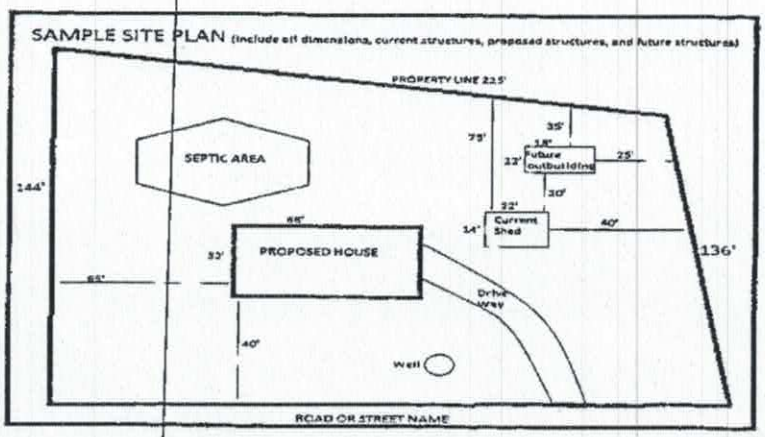
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

____ 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

See Attached

Signature: Lee Wilson

REQUIRED property owner or owner's legal representative signature.

2-22-16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 136503 PIN# 4639 42 0136 .029 DATE August 8, 2006

OWNER OR APPLICANT Woodbridge Partners, LLC PHONE: Business _____ Home _____

ADDRESS PO Box 3603, Mooresville, NC 28117

LOCATION NC 115 (N) to Fern Hill Rd. TL Blue Ridge Trail on Right

SUBDIVISION Woolleaf BLOCK / SECTION _____ LOT 29 LOT AREA 1.67 Acc SITE CLASS. PS DESIGN FLOW 450 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V

System Description: Gravity 2 Pedestal 12 PPBFS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No Innolly

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement w/o plumbing

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH

SEE Plans from SPMC

AS BUILT SKETCH

Improvement Permit Only - Do not Issue Building Permit

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kathleen Saunders date 8/11/06

Improvement Permit by _____ date 8-8-06

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY, WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Expired

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704 662 7908
Lake Norman Lawnscapes
Feb 20 16 02:19p

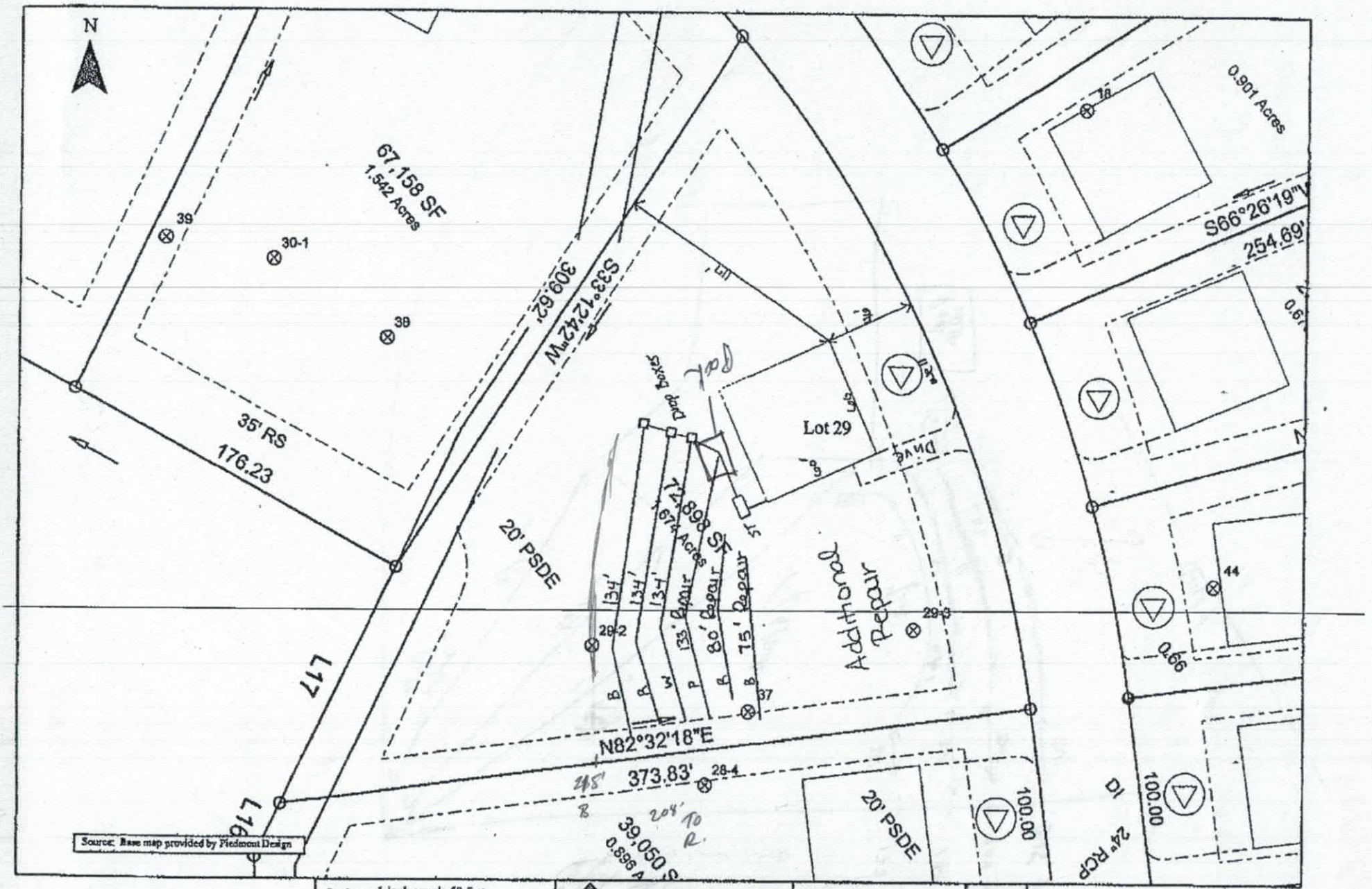
Lot 29 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Basement w/out Plumbing**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	402
No. Lines	3 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Ft. Line	**288**
Repair System Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Blue	LPPPBPS	75
2	Repair	Red	LPPPBPS	80
3	System	Pink	LPPPBPS	133
4	System	White	25% Reduction	134 endfed
5	Repair	Red	25% Reduction	134 endfed
6	Repair	Blue	25% Reduction	134 endfed
				Total System: 402'
				Total Repair: 288'

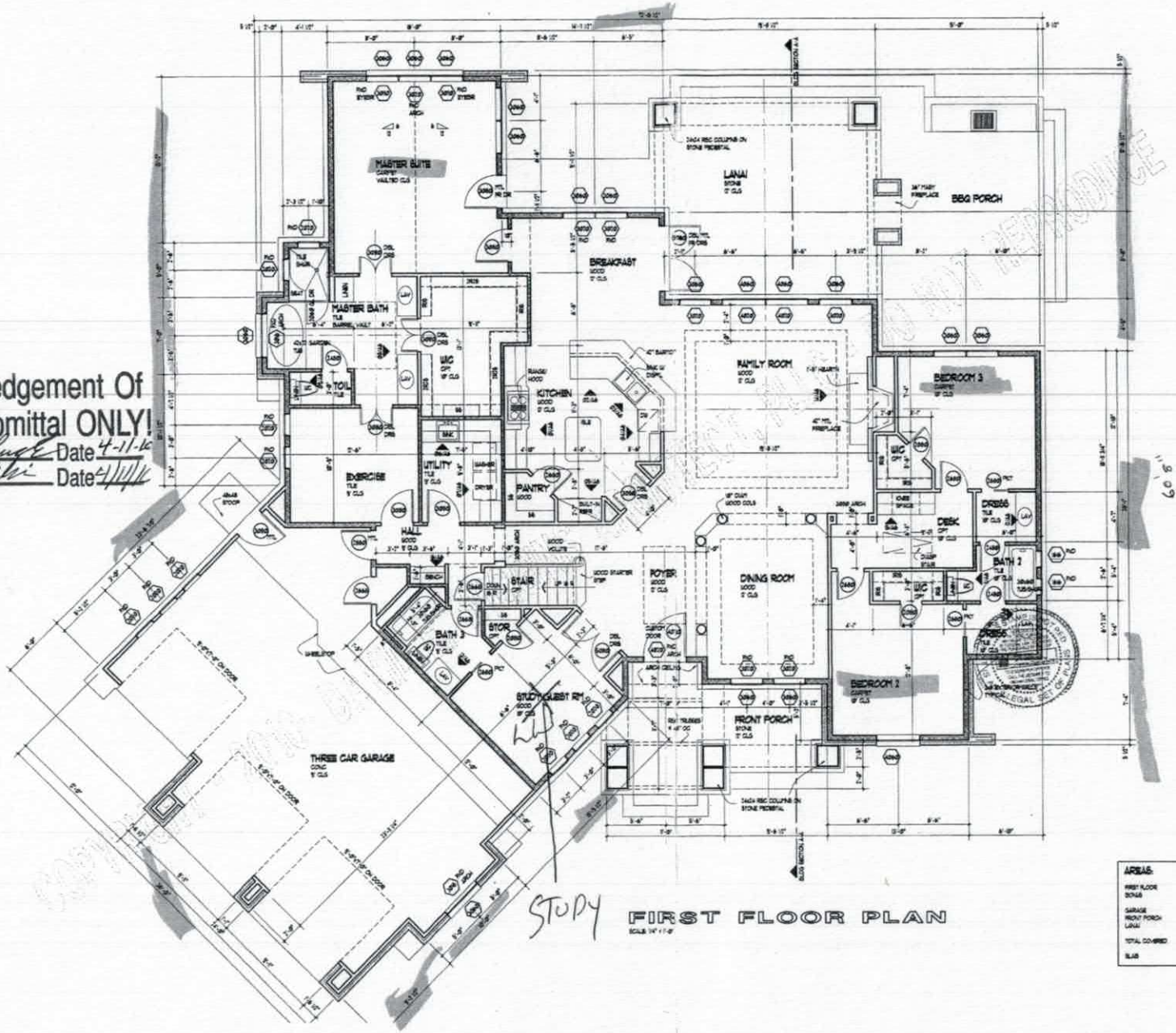
Tank	Red	1000 gal (2 compartment)
House	Blue	



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 60 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Lot 29 Septic Lines	1
Reviewed by: PGP		Iredell County, NC	
Date: July, 2006		S&ME Project #1588-05-121	

Acknowledgement Of
Plans Submittal ONLY!
Tom Stupp Date 4-11-16
Date



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DAVID E. WIGGINS
ARCHITECT
2725 Highland Trail - Lewisville, Texas - 75067
(512) 350-2705

PROJECT:
LA MEILLEURE VIE
PLAN NO. 2847

REVISIONS:

DATE:
MARCH 16, 2016

A1
OF 18

IREDELL COUNTY

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

APPLICATION NUMBER
216775
Issue Date: 02/22/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639325669.000	124 BLUE RIDGE TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILLIAMS LEO J+JOANNE	Applicant: WILLIAMS LEO J+JOANNE
Address: 130 HIDDEN HARBOR RD MOORESVILLE, NC 28117	Address: 130 HIDDEN HARBOR RD MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.674	35.00	35.00	15.00	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	60901	TOTAL FEES:	$ 77.25