ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308229

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

PIN # 4639 -55 -9475

APPLICANT/OWNER: Julio Ospina | APPLICANT ADDRESS: 18640 Old Wilkesboro Rd Statesville NC 28625

SITE ADDRESS: 141 Whispering Cove Ct Mooresville NC 28117 | PHONE: 704-488-7459 | ALT. PHONE

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, S on Cornelius Rd, R on Judas Rd, R on Perth, L on Fernhill, L on Northampton Woods Dr, L on Waterbury Dr, L on Whispering Cove Ct on the left

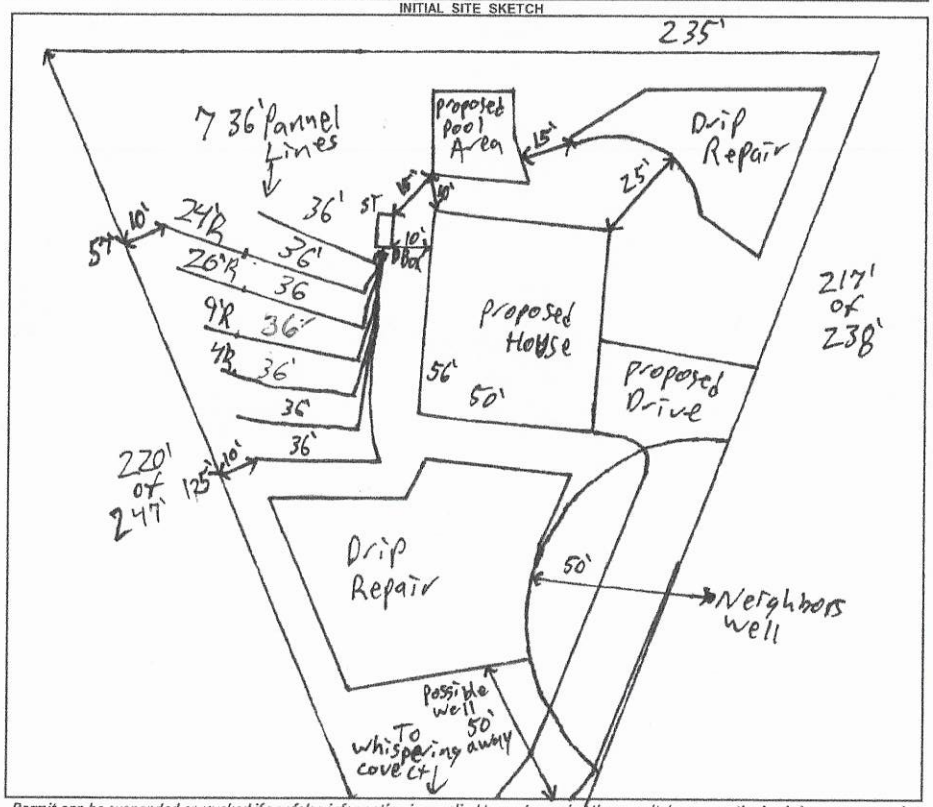
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northampton Woods | SECTION: — | LOT # 55 | LOT AREA: 0.725 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .325

Septic Tank	1000	(gal)	STB 2071	Date 7-6-20	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: PPBPS (50% Reduction) + Distribution Box		☐ Business	No. Persons 8	☒ Private
Pump Make	—	Model —		Serial # —	Repair System Description: Drip		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 7		Linear Ft: 252	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth (Low side)		30"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, Store material or manipulate drainfield in any way.

INITIAL SITE SKETCH



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.

* Installed as permitted.

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**

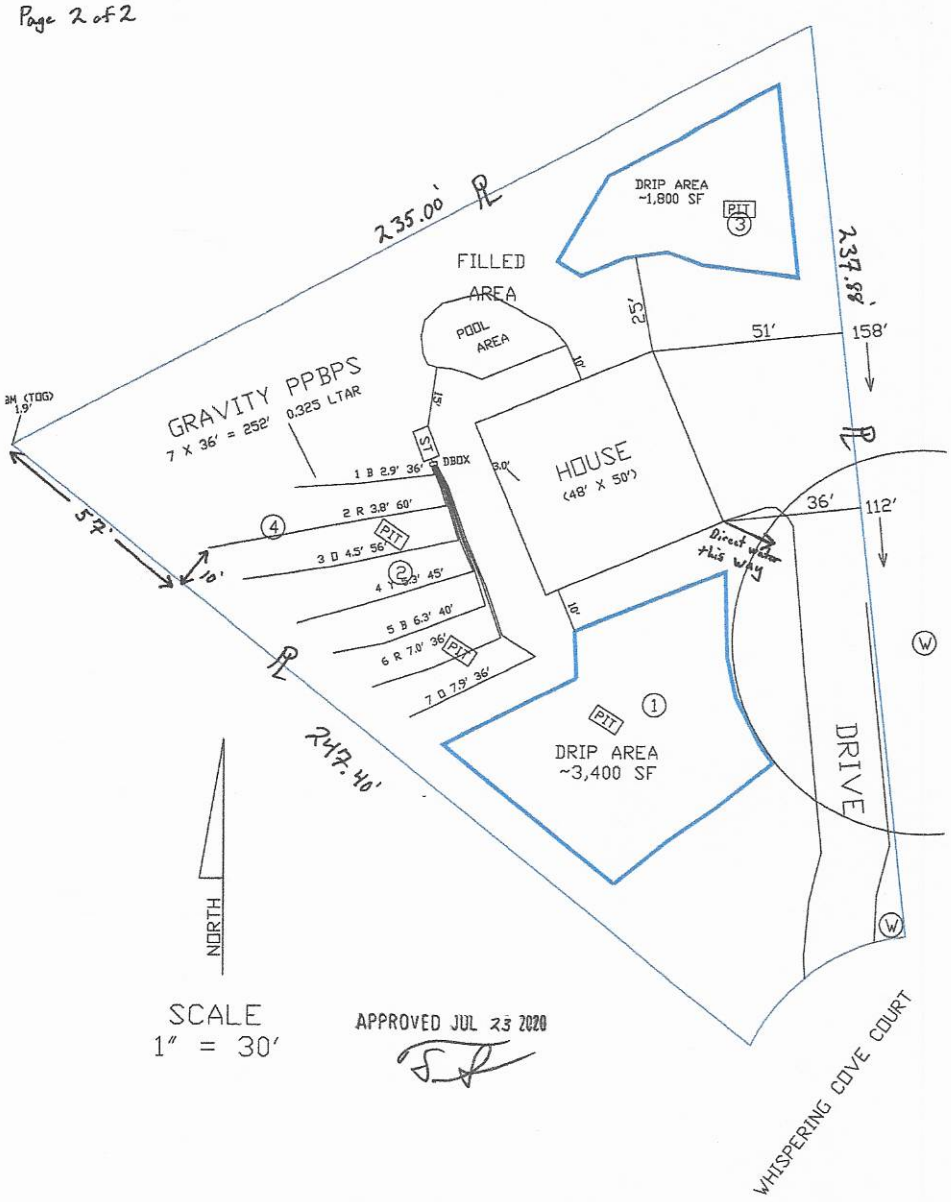
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 11-17-20 | Installed by: NC Water Management.

IMPROVEMENT PERMIT by: Patrick J Byle III | Date: 11/12/2020 | OPERATION PERMIT by: Benjamin A Baker | Date: 2-10-21

AUTHORIZATION TO CONSTRUCT by: Patrick J Byle III | Date: 11/12/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


235.00'
237.88'
DRIP AREA
~1,800 SF
PIT
3
FILLED
AREA
POOL
AREA
25'
51'
158'
10'
GRAVITY PPBPS
7 X 36' = 252'
0.325 LTAR
1ST
HOUSE
(48' X 50')
1 B 2.9' 36'
DBOX
3.0'
2 R 3.8' 60'
4
PIT
3 D 4.5' 56'
2
4 X 5.3' 45'
5 B 6.3' 40'
6 R 7.0' 36'
PIT
7 D 7.5' 36'
36'
112'
Direct Water
this way
57'
10'
PIT
1
DRIP AREA
~3,400 SF
247.40'
DRIVE
W
W
NORTH
SCALE
1" = 30'
APPROVED JUL 23 2020
WHISPERING COVE COURT

60
56
45
40
35
25

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

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

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

OWNER: Julio Ospina — APPLICATION DATE 6/12/2020
ADDRESS: 1864 N Wilkesboro Rd. Statesville — DATE EVALUATED: 6/24/2020
PROPOSED FACILITY: 4BR SFR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 0.725 acre
LOCATION OF SITE: 141 Whispering Cove Ct. Mooresville, NC — PROPERTY RECORDED: Yes - 2005

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	Woods (up right) 10 % slope	0-14	SCL V.W. SBK	SI Friable, SS, SP, SAP	—	58"	—	—	Drip 0.15 LTAR 0.30 33"-58" PS
		14-33	Clay M-S SBK/ABK	SI Firm, sticky, SP, SAP					
		33-58	Clay Loam W. SBK	SI Friable, SS, SP, SAP					
	Repair		use clay loam						
2	Left upper 14 % Slope	0-9	SCL V.W. SBK	SI Friable, SS, SP, SAP	—	56"	—	—	0.325 PS
		9-20	Clay W. ABK/SBK	SI Firm, Sticky, SP, SAP					
		20-56"	Clay Loam W. SBK	Friable, SS, SP, SAP					
	Primary								
3	Left middle 12 % Slope	0-8	SCL V.W. SBK	SI Friable, SS, SP, SAP	—	52"	—	—	0.325 PS
		8-25	Clay W. SBK Some mica/sap	SI Firm, Sticky, SP, SAP					
		25-52	clay Loam W. SBK some SAP	Friable, SS, SP, SAP					
		52-60	MA Sandy Saprolite	very Friable, WC" Decomp					
	Primary								
4	Left Lower (repair) 25 % slope * Proximity to Neighbors well *	0-7	SCL V.W. SBK	SI Friable, SS, SP, SAP	—	25"	—	—	0.15 PS (Drip) 0.35 (Saprolite)
		7-20	Clay some mica/sap	SI Firm, Sticky, SP, SAP					
		20-25	Clay Loam W. SBK common SAP	Friable, SS, SP, SAP					
		25-57	MA Loamy Saprolite	very Friable + Drained well					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270+	+5200 SF
System Type(s)	PPBPS	Drip
Site LTAR	0.325	0.15

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: _____
OTHER(S) PRESENT: Ashley Rollans, David Bean, Julio Ospina

RECEIVED OCT 3 0 2020

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-308229
$105.00

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: JULIO OSPINA Address: 1864 OLD WILKESBORO RD Zip: 28625
Applicant Email: JOSP2787@GMAIL.COM Phone: 704 488 7459 Alt. Phone: _____
Owner Name: JULIO OSPINA Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 141 WHISPERING COVE CT MOORESVILLE, NC 28117
Subdivision Name: NORTHINGTON WOODS Section/Phase: _____ Lot Number: 55
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(X) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 10-30-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, JULIO OSPINA, am the legal owner(s) of the property located at 141 WHISPERING COVE CT MOORESVILLE, identified as PIN (Parcel Identification Number)_____, 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)

10-30-20 Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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*

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Applicant Email: josp2787@gmail.com Phone: 704-488-7459 Alt. Phone: X
Owner Name: JULIO & LUZ OSPINA Address: 1864 OLD WILKESBORO RD, STATESVILLE NC Zip: 28625
Owner Email: josp2787@gmail.com Phone: 704-488-7459 Alt. Phone: _____

Property Information:

Street Address: 141 Whispering Cove Ct., MOORESVILLE, NC
Subdivision Name: NORTHINGTON WOODS Section/Phase: _____ Lot Number: 55
Driving Directions: Past Rd → Fem Hill Rd (West) → Northington Woods DR. Left on Whispering Cove → Lot

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 8
( ) Accessory Building (X) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
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Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (2) Alternative (4) Conventional (1) Innovative (3) Modified Conventional ( ) Other: SEE PERMIT

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. industrial) to be generated?
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DocuSigned by:
Signature: [signature] 9/25/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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*) _____

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PIN (Parcel Identification Number) 4639 55 9475.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ~~Kelly~~ Kenneth L Owens Soil & Environmental Solutions, 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)
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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.

DocuSigned by:
J Ospina
1864C129B3444AD...
Signature of Owner(s)

9/25/2020
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

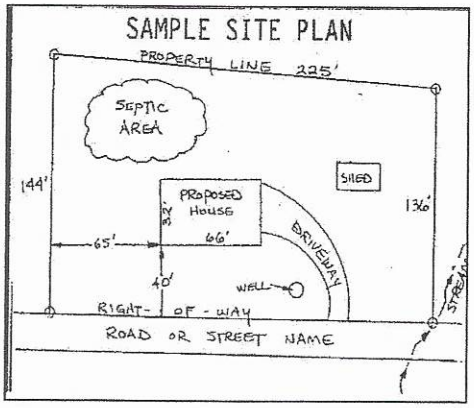
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH 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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____

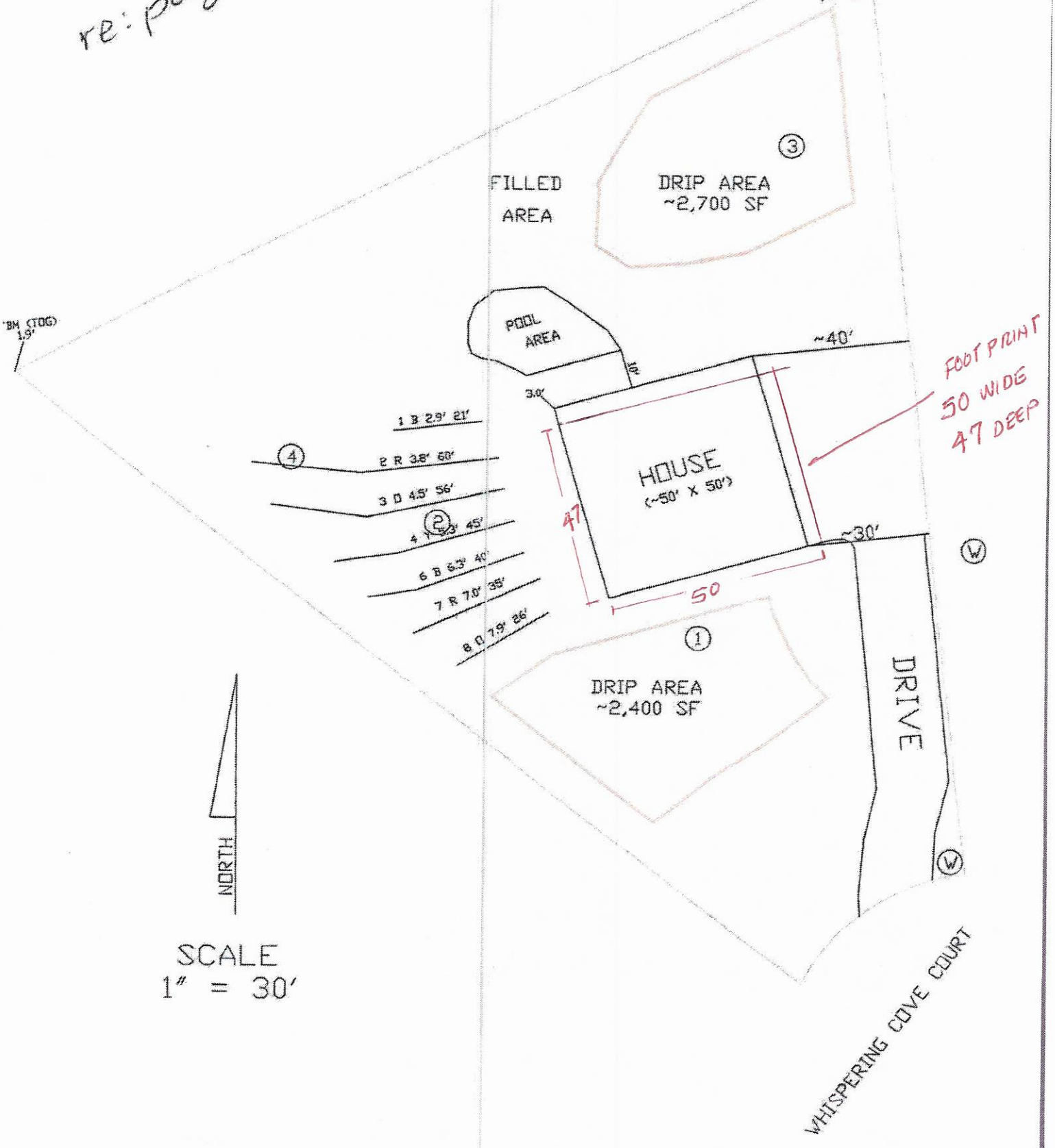
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-30-20

DATE

re: page 2

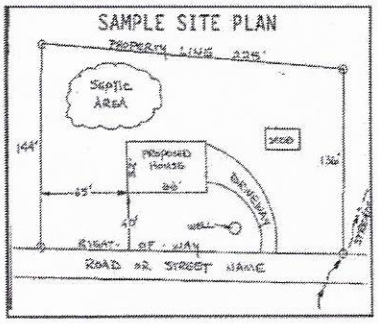
308229



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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
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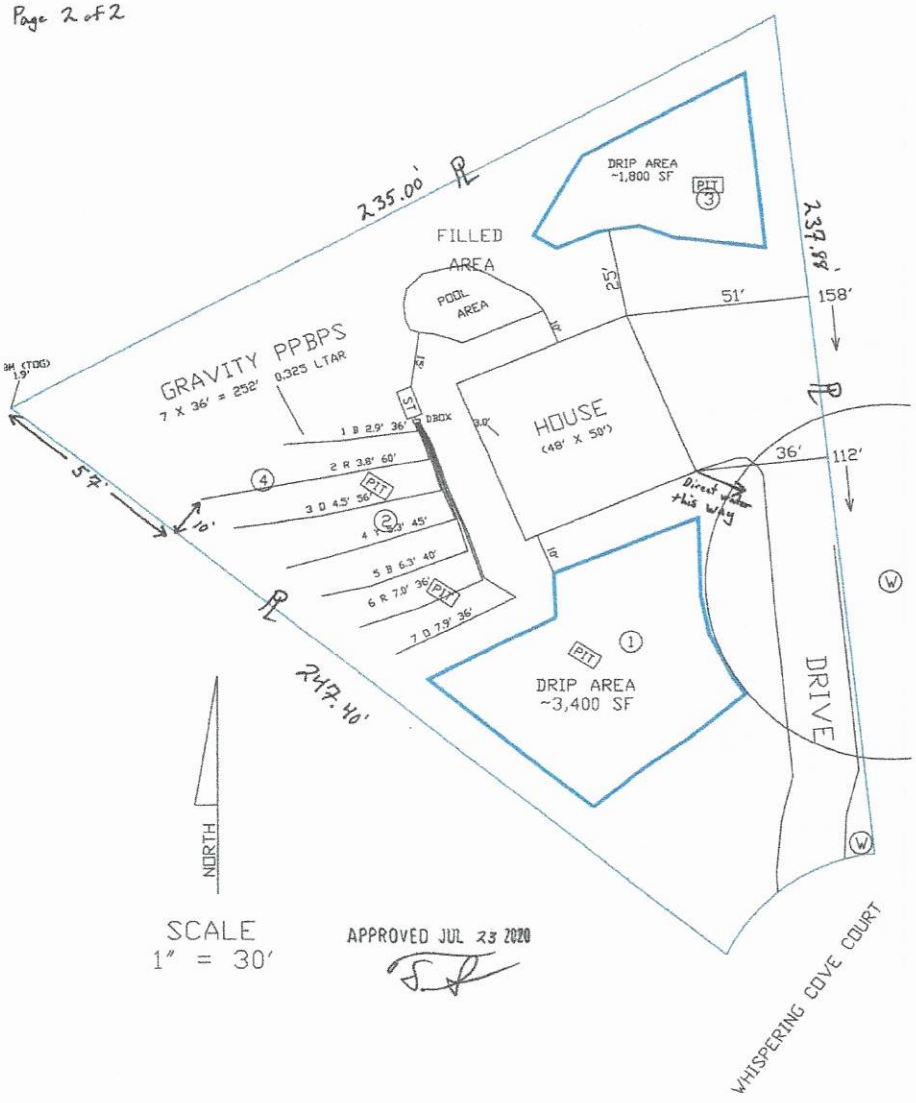
SEE MAPS & SITE PLANS

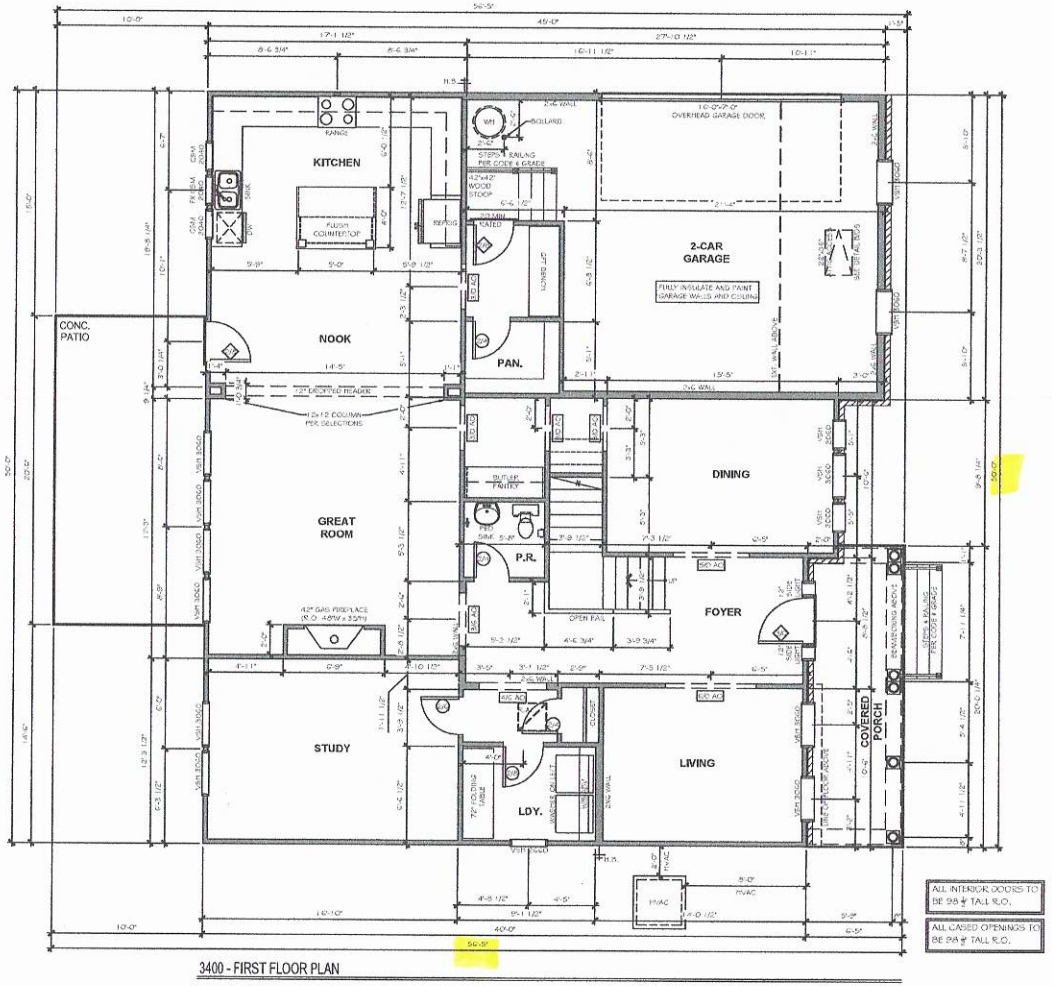
X **Signature:** DocuSigned by: [signature] 1864C129B3444AD...

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/25/2020

DATE


235.00'
237.98'
DRIP AREA
~1,800 SF
PIT
3
FILLED
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(48' X 50')
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1 B 2.9' 36'
2 R 3.8' 60'
3 D 4.5' 36'
4 T 5.3' 45'
5 B 6.3' 40'
6 R 7.9' 36'
7 D 7.9' 36'
57'
10'
247.40'
DRIP AREA
~3,400 SF
DRIVE
NORTH
SCALE
1" = 30'
APPROVED JUL 23 2020
WHISPERING COVE COURT



3400 - FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 11-17-20

Patrick J Bylett III Date 11/12/2020

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT# 1028

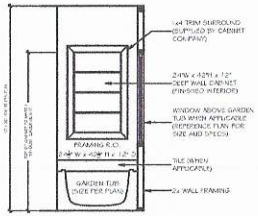
DRAKE
3400

IREDELL

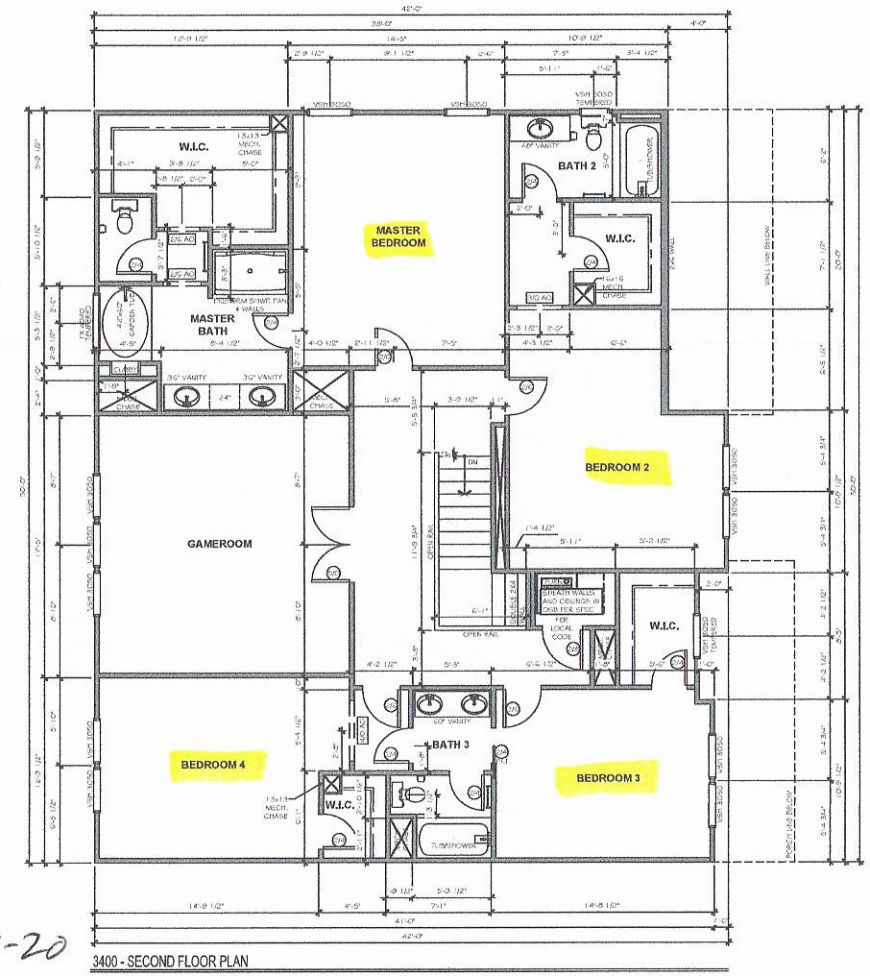
Copyright True Homes LLC. All rights reserved. The duplication, reproduction, copying, sale, rental, licensing, or any other distribution or use of these drawings, any portion there of, or the plans depicted hereon is strictly prohibited.

PREPARED BY: T.J.
DATE: 09.01.20
SCALE: 1/8"= 1'-0"
REVIEWED BY: SCOTT

SHEET: A2.1



GARDEN TUB CUBBY DETAIL



3400 - SECOND FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 11-17-20
Date 11/12/2020

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT# 1028

DRAKE
3400

IREDELL

Copyright True Homes L.L.C., All rights reserved. The duplication, reproduction, copying, sale, rental, licensing, or any other distribution or use of these drawings, any portion there of, or the plans depicted herein is strictly prohibited.

PREPARED BY: T.J.
DATE: 09-01-20
SCALE: 1/8"= 1'-0"
REVIEWED BY: SCOTT

SHEET: A2.2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
308229 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639559475.000	141 WHISPERING COVE CT	Iredell County

Owner Information	Applicant Information
Name: OSPINA JULIO+LUZ BAEZ	Name: JULIO OSPINA
Address:	Address: 1864 OLD WILKESBORO RD
	STATESVILLE, NC 28625
Phone:	Phone: (704)488-7459

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.725	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

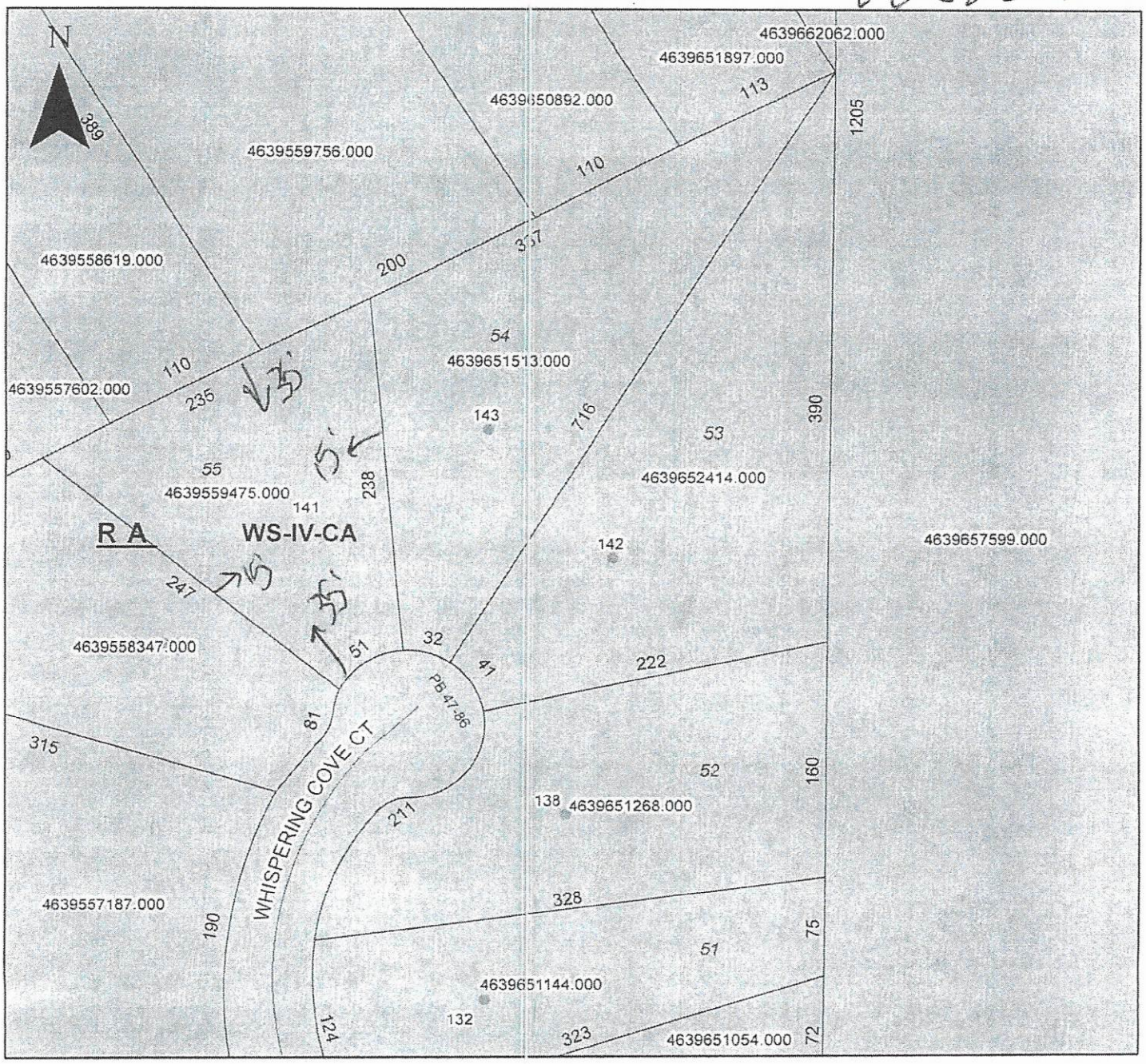
Signature of Owner/Contractor

Date: 06/12/2020

Permit Number	308229	TOTAL FEES:	$77.25

ZONING DISCLAIMER

308229



Property Address 141 Whispering Cove

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Applicant

06-12-20

Date