ICHD - ENVIRONMENTAL HEALTH DIVISION

CCN

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP-302818

APPLICANT/OWNER: JARED AND NICOLE PETRIE APPLICANT ADDRESS: 117 TALL FERN LOOP, MOORESVILLE, NC, 28117

PIN # 4639978929

SITE ADDRESS: 117 TALL FERN LOOP, MOORESVILLE, N.C. 28117 PHONE: 704-674-0746 ALT. PHONE —

SITE DIRECTIONS: ⑤ ON 21, ® ON PERTH, ® ON FERNHILL, ⑥ ON NESTING QUAIL, ⑥ ON TALL FERN LOOP ON ®

SUBDIVISION: HIGHLAND RIDGE SECTION: — LOT # 16 LOT AREA: 0.81 AC SAP CONTROLLED: ☐ YES ☑ NO

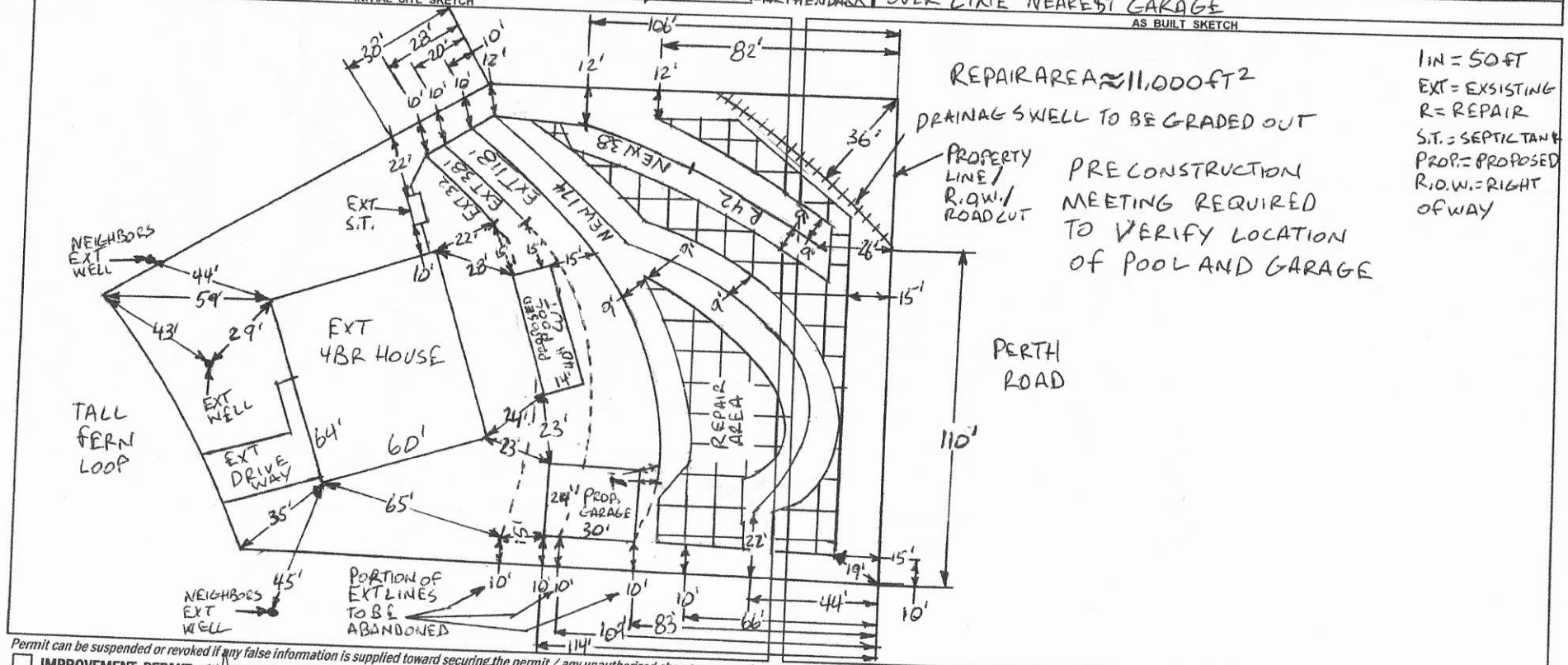
DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	EXT (1000) (gal)	STB	EXT (760)	Date	(EXT) 3-10-17	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	EXT 4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description: (3 bedroom) 25% EXT + 25% ADDITION		☐ Business	No. Persons	EXT 3	☑ Private EXT WELL
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% REDUCTION		☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	(3 EXT) + 2 = 5 TOTAL	Linear Ft	(100 EXT) + 210 400 TOTAL	Maintenance Agreement Required:	☐ YES ☑ NO	☑ Slab	☐ Crawl Space		☐ Community
Trench Width	EXT (36)	Trench Bottom Depth (Low side)	33IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, SEE ATTACHED SITE PLAN FROM EXT SYSTEM INSTALLED 2017, DISCONNET FROM IMPACTED PORTION, INSTALL NEW END CAPS + CREATE EARTHENDAM

ALL PARTS of SEPTIC TO BE 15' FROM POOL CUT
DO NOT INSTALL DRAINAGE ON GARAGE, DO NOT GRADE OR FILL OVER LINE NEAREST GARAGE

INITIAL SITE SKETCH



REPAIR AREA ≈ 11,000 FT²

DRAINAGE SWELL TO BE GRADED OUT

PRECONSTRUCTION MEETING REQUIRED TO VERIFY LOCATION of POOL AND GARAGE

1 IN = 50 FT
EXT = EXSISTING
R = REPAIR
S.T. = SEPTIC TANK
PROP. = PROPOSED
R.O.W. = RIGHT of WAY

AS BUILT SKETCH

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: [signature] Date: 1/17/20 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-16-2020 OPERATION PERMIT by: [signature] Date: 3-10-20

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-17-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4639973929
COUNTY: IREDELL

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

OWNER: JARED & NICOLE PETRIE
APPLICATION DATE 10-27-2019
ADDRESS: 117 TALL FERN LOOP, MOORESVILLE, N.C. 28117
DATE EVALUATED: 12-19-2019
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.81 AC
LOCATION OF SITE: 117 TALL FERN LOOP, MOORESVILLE, NC. 28117
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other EXT
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
1	6% HEAD	0-19	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .35
		19-50	CL, WSBK	FR, SS, SP, SEXP					
2	RIDGE 3%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		24-50	CL, WSBK	FR, SS, SP, SEXP					
3	RIDGE 3%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		24-50	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 6%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		10-30	C, SBK	FR, S, P, SEXP					
		30-50	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	EXT+25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burfant C. White
OTHER(S) PRESENT:

COMMENTS:

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.

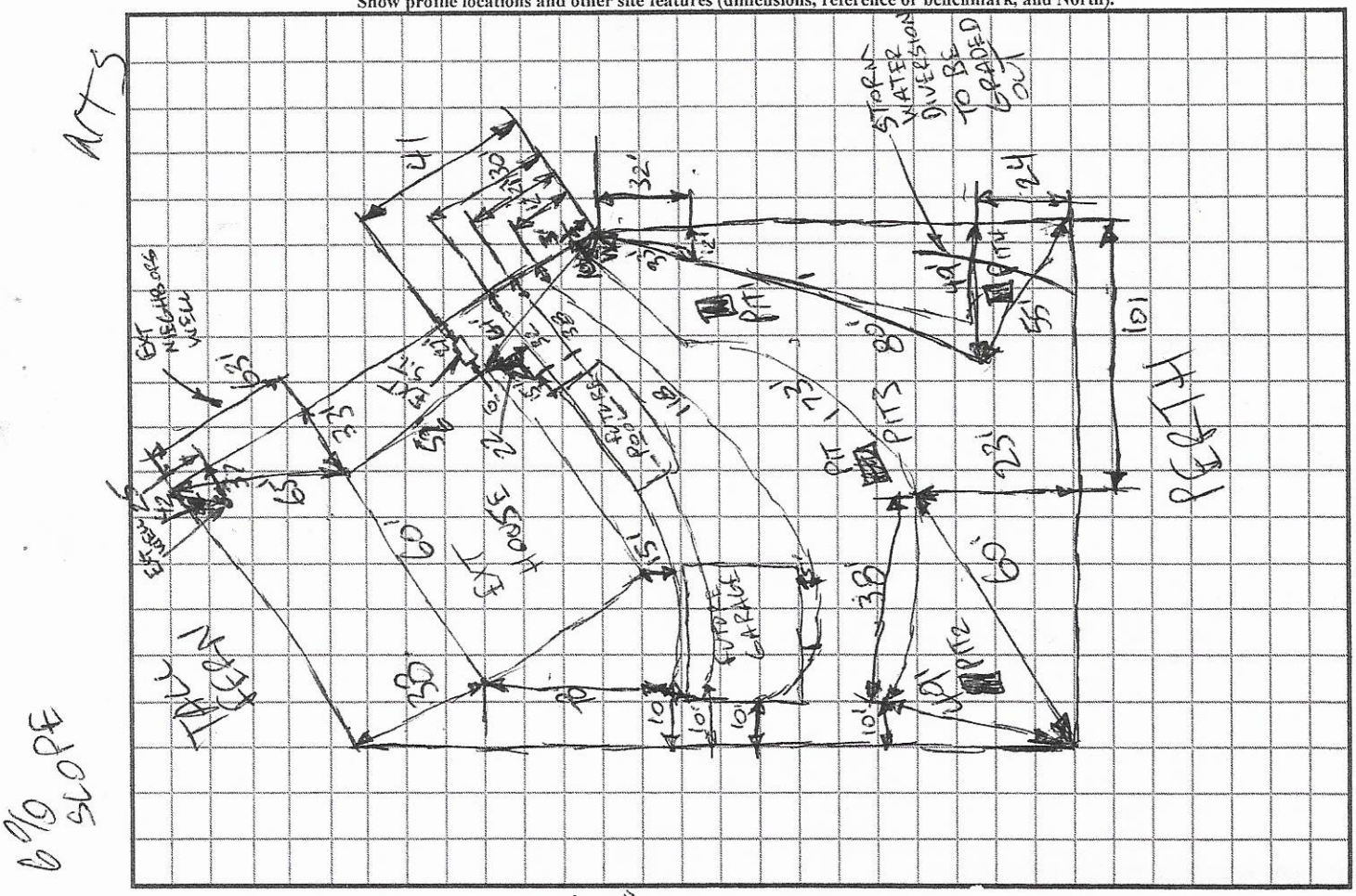
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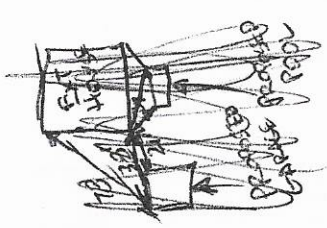
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or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

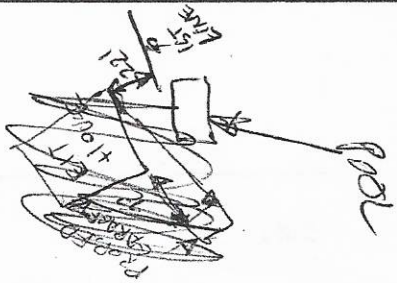
Evaluation of saprolite shall be by pits.

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

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







Updated February 2014

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

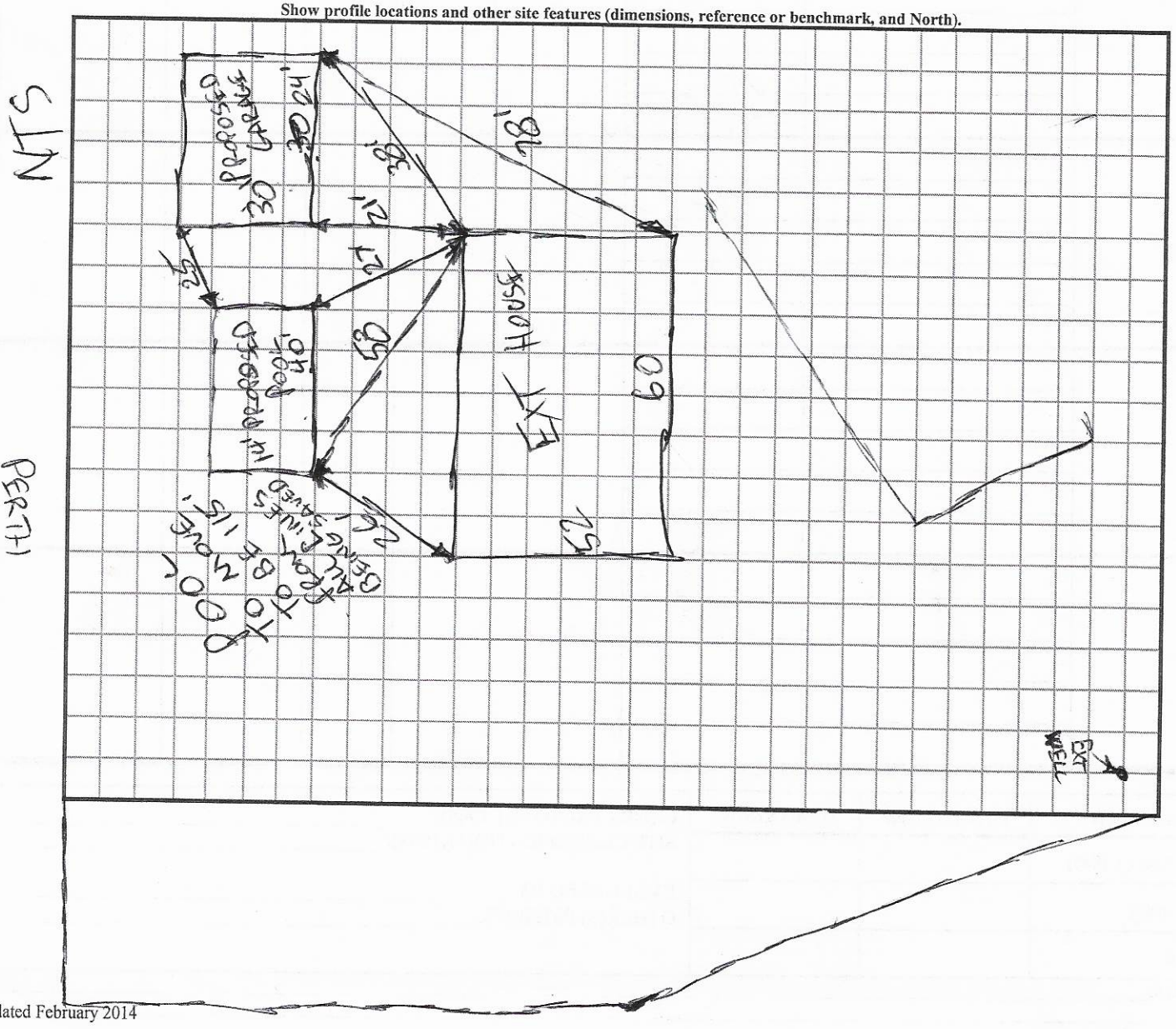
NOTES

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DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
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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).



11/17/19
$50.00
AP-302818
Moving Septic for pool

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Jared Petrie Address: 117 Tall Fern Loop, Mooresville, NC Zip: 28117
Applicant Email: Petrie122480@hotmail.com Phone: 704 674 0746 Alt. Phone:
Owner Name: Jared Petrie Address: 117 Tall Fern Loop Mooresville, NC Zip: 28117
Owner Email: Petrie122480@hotmail.com Phone: 7046740746 Alt. Phone:

Property Information:

Street Address: 117 Tall Fern Loop Mooreville NC 28117
Subdivision Name: Highland Ridge Section/Phase: Lot Number: 16
Driving Directions: Perth road turn onto Fern hill towards the lake, left on nesting quail, Left on Tall Fern Loop

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

CHECK FOUNDATION TYPE

( ) 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: 3
(X) Swimming Pool
( ) Other Addition/Structure:
( ) Crawl Space Foundation
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2017
( ) 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?

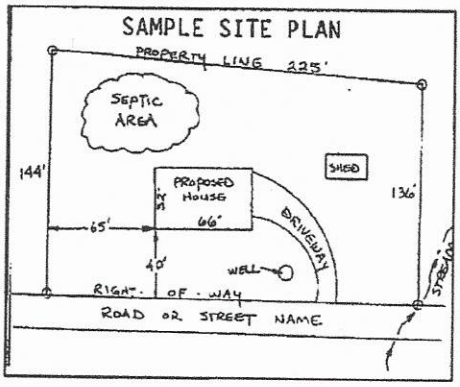
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 10/27/19
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:

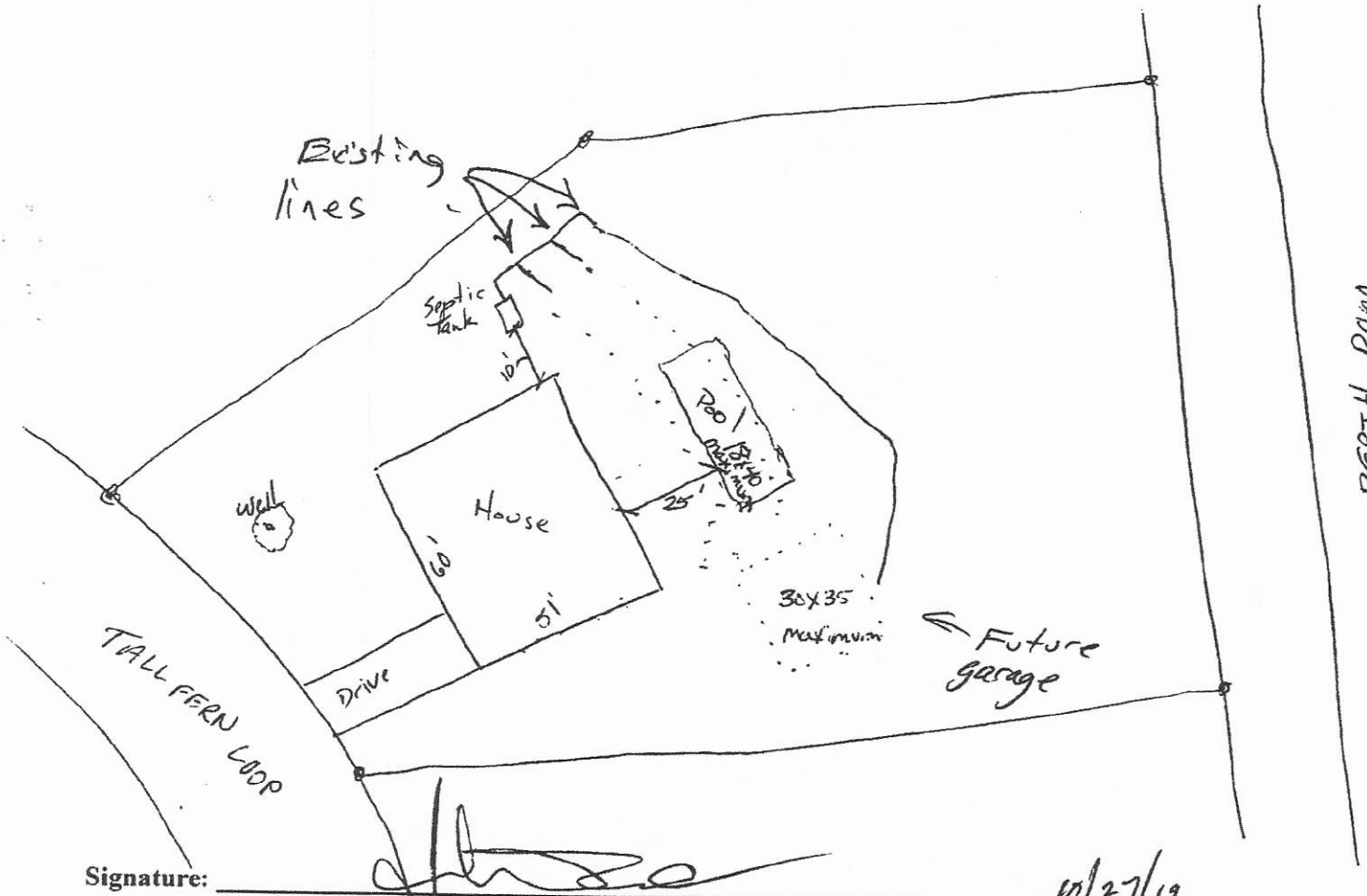
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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: _____ 10/27/19

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, _____, am the legal owner(s) of the property located at _____, 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.

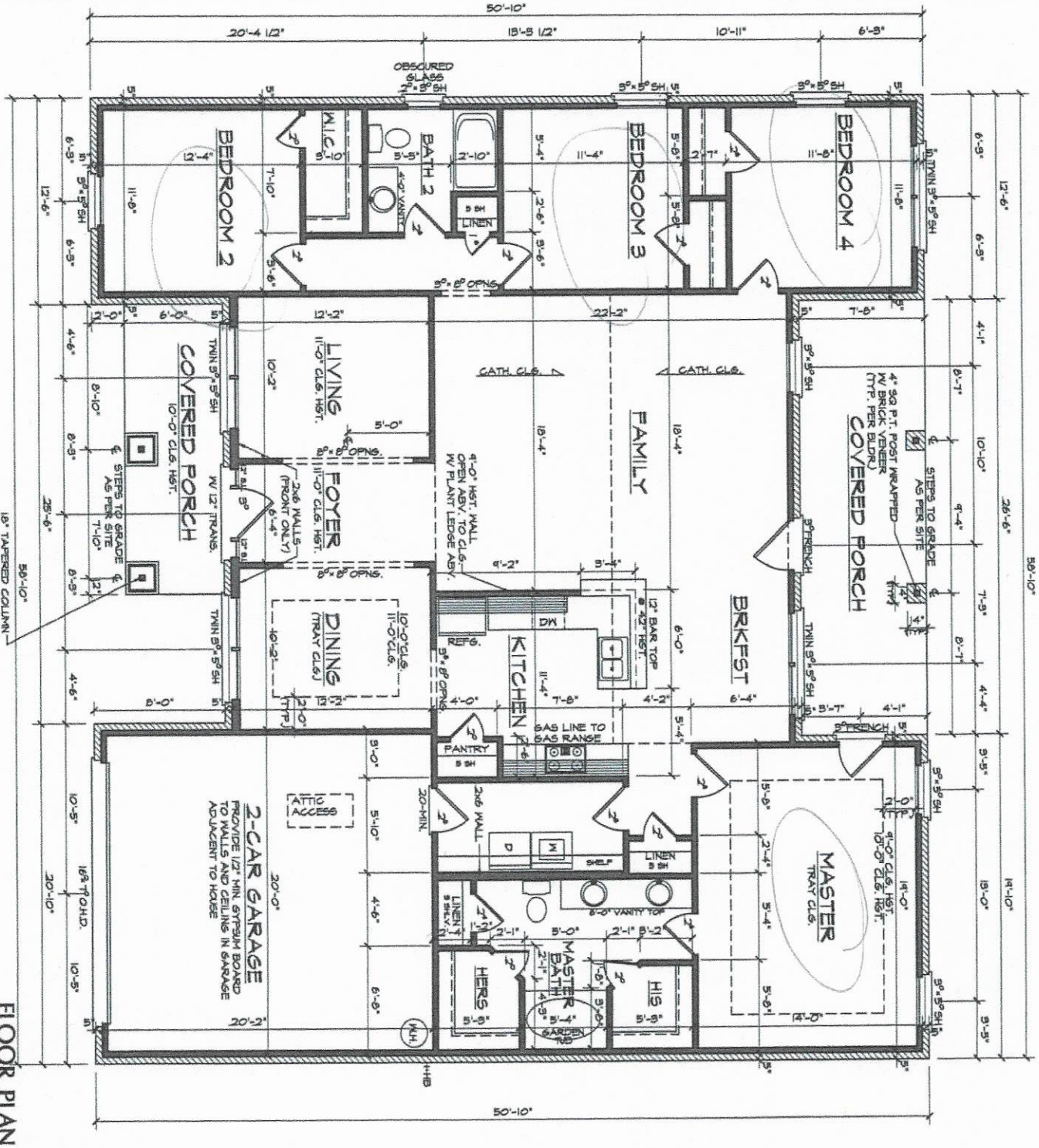
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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) 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



FLOOR PLAN

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

SCALE: 1/4"=1'-0"

Brandy C. White Date 1-17-2020

Date 1/17/20

Acknowledgement of plans submittal ONLY!

2169 "E" FE (R) HG016

RALEIGH, NC
3061

AUTOCAD 2004

SHEET 3 OF 4

ADAMS HOMES AEC, LLC

BL #CBC043518

1401 SUNDAY DRIVE, SUITE 115
RALEIGH, NC 27607
919-233-6747 (office) 919-233-6780 (fax)

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302818 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639978929.000	117 TALL FERN LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: PETRIE JARED M+NICOLE Address: Phone:	Name: PETRIE JARED M+NICOLE Address: Phone:

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.81	0	35	10	10	WSIV-PA Catawba/Lake Norman	NO

Remarks
POOL ADDENDUMS IN NOTES

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: 11/19/2019

Permit Number	302818

TOTAL FEES:	$77.25