H5 1:00

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP311203

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

PIN # 4645 32 0631

APPLICANT/OWNER: Nancy Laughridge | APPLICANT ADDRESS: 109 Turnerlair Ct Mooresville NC 28117

SITE ADDRESS: 109 Turnerlair Ct Mooresville NC 28117 | PHONE: 704-995-3708 | ALT. PHONE

SITE DIRECTIONS: NC 115 S to R on Langtree Rd, R on Carsons Pl, R on Turnerlair Ct, Lot on L

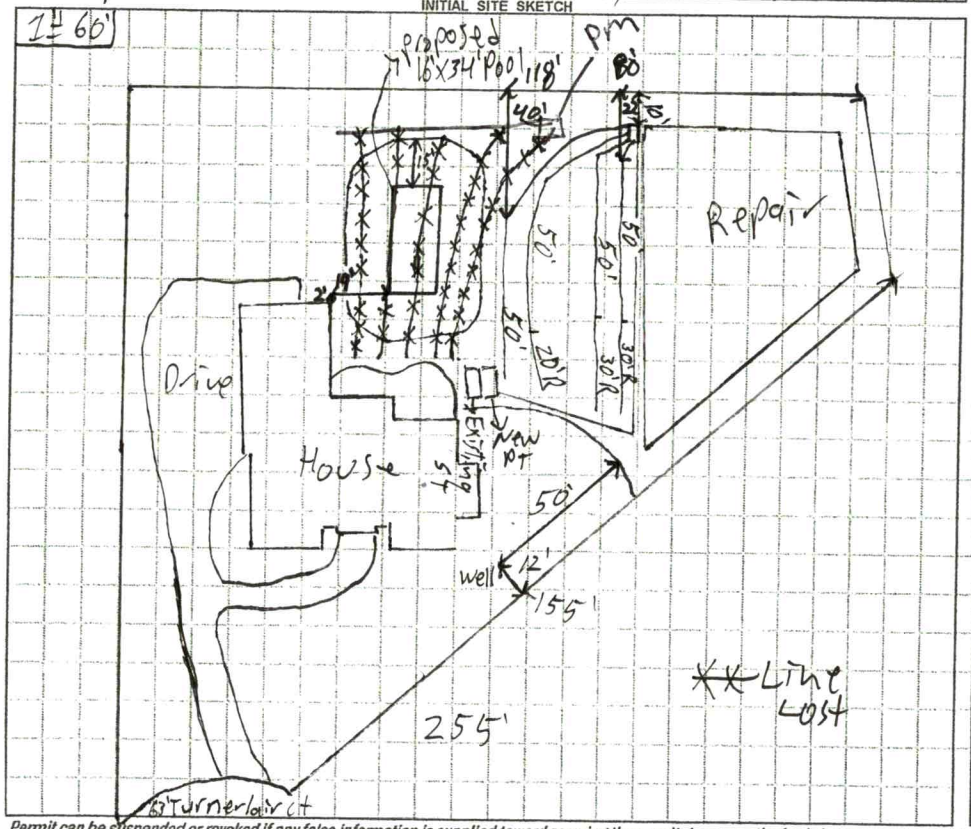
SUBDIVISION: Carsons Place | SECTION: P2 | LOT # 4 | LOT AREA: 0.91 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360GPD | L.T.A.R.: 3

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	4-23	System Description:	Pm 50% Reduction	☐ Business	No. Persons 6
Pump Make	Goulds	Model	WE0312M	Serial #		Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	200'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour, DO NOT drive on, store material or manipulate drainfield in anyway. All parts of septic must be 15' off waters edge of Pool. If new tank is installed at 3' or deeper it must be traffic grade. Supply lines 18' to PL. Set 2ft pressure head.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 as shown

Line	Length	Pipe size	2' Pressure head
L1	50'	1½" Sch 80	Dosing Volume = 91
L2	50'	1½" Sch 80	Drawdown = 4.3
L3	50'	1½" Sch 80	Flow Rate = 21.92
L4	50'	1½" Sch 80	Runtime = 4.1

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: Nancy Laughridge | Date: 3-16-21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 3/15/2021 | OPERATION PERMIT by: Maria Dolson | Date: 6/24/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 3/15/2021 | 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 1
PROPERTY ID #: 464532 0631
COUNTY: Iredell

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

OWNER: Nancy Laughridge
ADDRESS: 109 Turnerlair ct
PROPOSED FACILITY: Existing single PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 109 Turnerlair ct moorsville

APPLICATION DATE 9/23/2020
DATE EVALUATED: 11/3/2020
PROPERTY SIZE: 0.91acres
PROPERTY RECORDED: yes

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
1	SS 4%	0-9	SCL WSBK	FrSSSPSexp	—	48"	Litho inclusions more common at bottom	—	PS,3
		9-30	C SBK	FrSSSPSexp					
		30-48	CL SBK	FrSSSPSexp					
2	SS 3%	0-8	SCL WSBK	FrSSSPSexp	—	48"	Litho inclusions more common at bottom	—	PS,3
		8-28	C SBK	FrSSSPSexp					
		28-48	CL SBK	FrSSSPSexp					
3	SS 2%	0-6	SCL WSBK	FrSSSPSexp	—	48"	Litho inclusions more common at bottom	—	PS,3
		6-33	C SBK	FrSSSPSexp					
		33-48	CL SBK	FrSSSPSexp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	PM 25%	LPPBPS
Site LTAR	.3	.3

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

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-311203
$320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Intermediate Re-layout

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct (X) 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:
Place an (X) beside whichever is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Nancy Laughridge Address: 109 Turnerlair Ct, Mooresville Zip: 28117
Applicant Email: nflaugh1296@gmail.com Phone: 704-995-3708 Alt. Phone:
Owner Name: Same Address: Same Zip:
Owner Email: Same Phone: Same Alt. Phone:

Property Information:

Street Address: 109 Turnerlair Ct, Mooresville, NC 28117
Subdivision Name: Carson's Place Section/Phase: II Lot Number: 4
Driving Directions: 77S; Exit 31, right on Langtree; Remain on Langtree thru traffic circle, 2nd Right into Carson's Place: 1st right into Turnerlair; 2nd house on left

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: Relocate Existing Drain Field
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____
( ) 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: _____
( ) 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: 1997
(X) 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: Nancy Hull Laughridge 2/11/2024
James Truman Laughridge 9/23/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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*) Nancy Lull Laughridge

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, Nancy and James Laughridge, am the legal owner(s) of the property located at 109 Turnstone Ct, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4645320631, 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.

Nancy Lull Laughridge
James Truman Laughridge
Signature of Owner(s)

2/11/2020
9/23/2020
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311203 Issue Date: 09/23/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4645320631.000	109 TURNERLAIR CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: LAUGHRIDGE JAMES T JR+NANCY T	Name: LAUGHRIDGE JAMES T JR+NANCY T
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.91	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

SWIMMING POOL

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Date: 09/24/2020

Signature of Owner/Contractor

Permit Number	311203	TOTAL FEES:	$77.25