II-0120605

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240437

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

PIN # 4646981536

APPLICANT/OWNER: Mark Mattox APPLICANT ADDRESS: 3300 Scooner Ln Lake Wylie, SC 29710

SITE ADDRESS: 124 Clipper Ln Mooresville, NC 28117 PHONE: 803-818-1744 ALT. PHONE 704-756-7124

SITE DIRECTIONS: I 77 exit 35 North T/R Brawley School Rd T/R Sunfish T/L Clipper Ln Lot on Right SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Clippers Run SECTION: N/A LOT # 15 LOT AREA: 1.257 ac DESIGN FLOW: 360 L.T.A.R.: 0.35

Septic Tank 1000 (gal) STB SPOAF 760 Date 2/9

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 258'

Trench Width 36" Trench Bottom Depth (Low Side) 32" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ■ NO

■ GRAVITY ☐ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By CS & SC, PLLC

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:CS & SC, PLLC

AS BUILT SKETCH

As built - See attached

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**

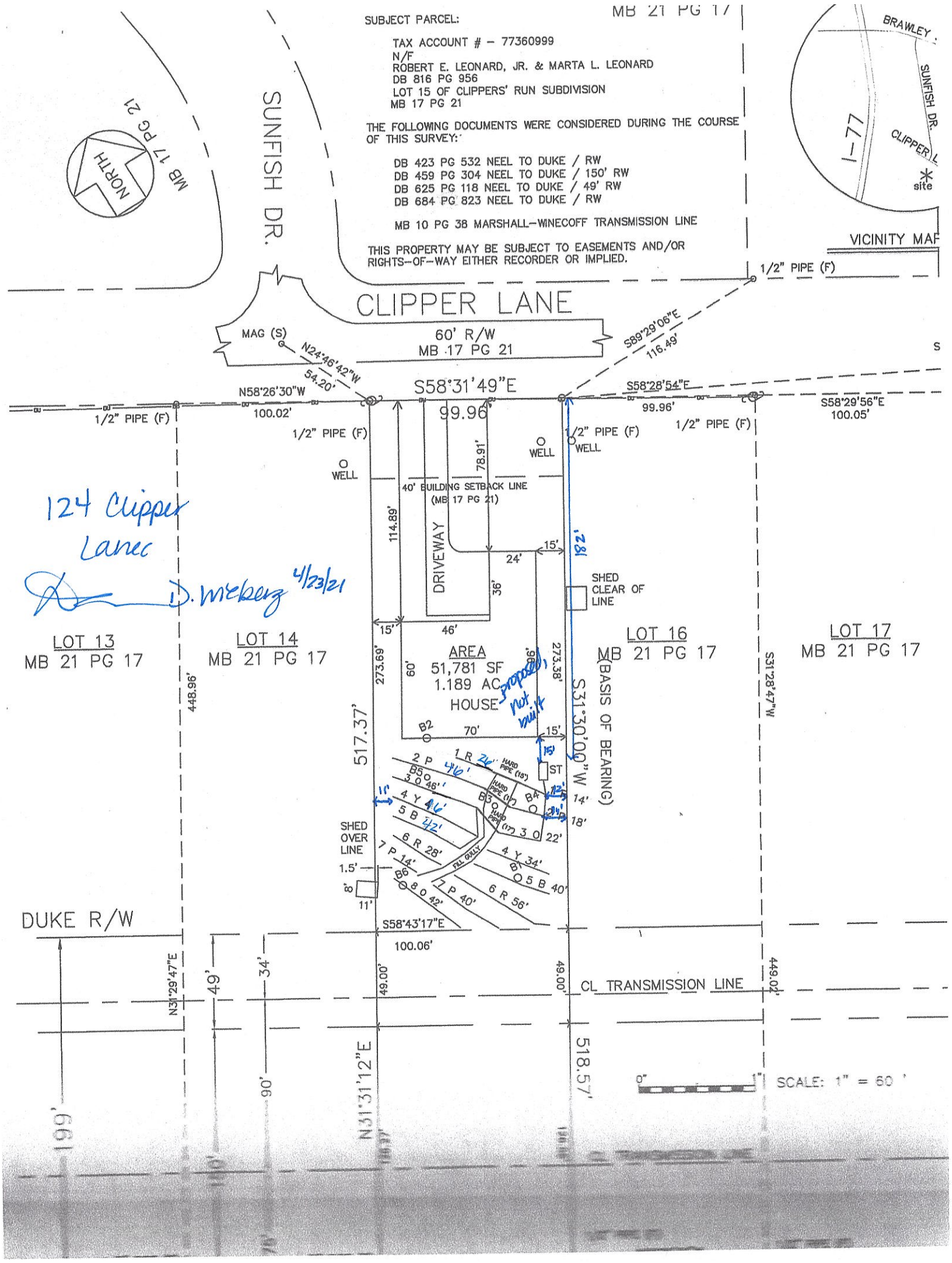
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd Date: 6.9.2020 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Robert Hughes Date: 05/01/19 OPERATION PERMIT by: D. Mieberg Date: 4/23/21

AUTHORIZATION TO CONSTRUCT by: John Date: 11/12/19 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.


SUBJECT PARCEL:
TAX ACCOUNT # – 77360999
N/F
ROBERT E. LEONARD, JR. & MARTA L. LEONARD
DB 816 PG 956
LOT 15 OF CLIPPERS' RUN SUBDIVISION
MB 17 PG 21
THE FOLLOWING DOCUMENTS WERE CONSIDERED DURING THE COURSE OF THIS SURVEY:
DB 423 PG 532 NEEL TO DUKE / RW
DB 459 PG 304 NEEL TO DUKE / 150' RW
DB 625 PG 118 NEEL TO DUKE / 49' RW
DB 684 PG 823 NEEL TO DUKE / RW
MB 10 PG 38 MARSHALL–WINECOFF TRANSMISSION LINE
THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS–OF–WAY EITHER RECORDER OR IMPLIED.
MB 21 PG 17
BRAWLEY
SUNFISH DR.
CLIPPER L
I-77
site
VICINITY MAP
NORTH
MB 17 PG 21
SUNFISH DR.
1/2" PIPE (F)
CLIPPER LANE
60' R/W
MB 17 PG 21
MAG (S)
N24°46'42"W
54.20'
S89°29'06"E
116.49'
N58°26'30"W
100.02'
S58°31'49"E
99.96'
S58°28'54"E
99.96'
S58°29'56"E
100.05'
1/2" PIPE (F)
WELL
78.91'
40' BUILDING SETBACK LINE
(MB 17 PG 21)
114.89'
DRIVEWAY
24'
15'
36'
46'
SHED CLEAR OF LINE
124 Clipper Lane
D. McKenz 4/23/21
LOT 13
MB 21 PG 17
LOT 14
MB 21 PG 17
LOT 16
MB 21 PG 17
LOT 17
MB 21 PG 17
AREA
51,781 SF
1.189 AC
HOUSE
proposed, not built
273.69'
273.38'
60'
517.37'
448.96'
S31°30'00"W
(BASIS OF BEARING)
S31°28'47"W
B2
70'
15'
2 P 46'
1 R 26'
HARD PIPE (15')
ST
B5 O 46'
3 O 46'
4 Y 46'
5 B 42'
6 R 28'
7 P 14'
B4
B3
B1
4 Y 34'
5 B 40'
6 R 56'
7 P 40'
8 O 42'
B6
FILL GULLY
SHED OVER LINE
1.5'
8'
11'
14'
18'
22'
S58°43'17"E
100.06'
DUKE R/W
N31°29'47"E
49'
34'
90'
199'
49.00'
CL TRANSMISSION LINE
449.02'
N31°31'12"E
518.57'
0"
1"
SCALE: 1" = 60'

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Mark Mattox, am the legal owner or the agent of the property located at 124 Clipper Ln Mooresville NC, identified as PIN(Parcel Identification Number) 77360999, located in Iredell County, North Carolina.
Permit # _____.

I do hereby agree to the permit design and the conditions of this permit.

6/8/2020 | 11:32 AM PDT

Signature of Owner/Authorized Agent Date

6/8/2020 | 2:23 PM EDT

Signature of Witness Date

Allysonward@markspain.com

email

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 3 bedroom single family residence on Lot 15 of Clippers Run Subdivision, located in Mooresville, Iredell County, North Carolina

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6-7

House Bill 374 Authorization Form---------- 8

April 19, 2019
Job Number: 19042
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as PPBPS Low Pressure installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

CAROLINA SOIL & SEPTIC CONSULTING, PLLC

P.O. BOX 1703, Mooresville, NC 28115
(704) 202-5791 adrianpruett@yahoo.com
NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

November 15, 2018
Project Name:

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c) AUTHORIZATION FORM

Carolina Soil & Septic Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (county) on behalf of MARK A. MATTOX (owner/applicant) for the property located at 124 Clipper Ln Mooresville NC (address/PIN).

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).

By completing this form, signing and dating it you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative: MARK A. MATTOX
Mailing Address:
Telephone Number: 803 627-4462
Email Address: MARKdupont321@gmail.com

Mark A. Mattox
Signature of Owner/Owners Legal Rep.

4/22/19
Date

OWNER INFORMATION

Owner:	Robert Leonard
Address:	PO Box 238
	Key West, FL 33041
Buyer:	Mark Mattox
Phone:	803-627-4462
County:	Iredell
Location:	124 CLIPPERS LN, LOT 15 OF CLIPPERS RUN
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	258
Total Lateral Length Required:	257.14
Trench Depth:	32 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	774
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	33 in.
Repair Trench Width:	24 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	8
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.88
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett LSS

124 CLIPPERS LN, LOT 15 OF CLIPPERS RUN
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

April 19, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***RED***	*NA*	*NA*	*36*	*36*
2	***PINK***	*NA*	*NA*	*68*	*68*
3	***ORANGE***	*NA*	*NA*	*68*	*68*
4	***YELLOW***	*NA*	*NA*	*48*	*48*
4	YELLOW	NA	NA	34	34
5	***BLUE***	*NA*	*NA*	*38*	*38*
5	BLUE	NA	NA	40	40
6	RED	NA	NA	28	28
6	RED	NA	NA	56	56
7	PINK	NA	NA	14	14
7	PINK	NA	NA	40	40
12	ORANGE	NA	NA	42	42
			Total	**512**	**512**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*258*	*ACCEPT.*	*0.350*	*25% RED.*	*GRAVITY*
Repair	254	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Small gully within septic field must be filled with clay and compacted, keep a minimum of 2 ft off of filled gully with septic lines, see Site Plan.**
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location 124 CLIPPERS LANE
Subdivison: CLIPPERS RUN
Lot No: 15

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\,day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	8	ft.
Supply Line Volume	2.88	gal.
Required Feet of 25% RED. Line	257.14286	ft.
Amount of Line from Layout	258	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	168.474	gal.

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

PROPERTY ID #: 4646981536
COUNTY: IREDELL

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

OWNER: ROBERT LEONARD
ADDRESS: PO BOX 238, KEY WEST, FL 33041
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 124 CLIPPER LANE, MOORESVILLE, NC 28115

APPLICATION DATE
DATE EVALUATED: 3-11-19
PROPERTY SIZE: 1.257 AC
PROPERTY RECORDED: YES

WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	LSS 8%	0-5	B CL WFSBK	FR SS SP SEXP	N/A -FEW WR	48"	N/A	N/A	PS
		5-29	R C WFSBK	FI S P SEXP					
		29-40	R CL WFSBL	FR SS SP SEXP	-COM SAP				
		40-48	YR L WFSBK	FR SS SP SEXP	-COM/MANY SAP, FEW WR				0.3 GPD/SQFT
B 2	LSS 12%	0-3	B CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		3-17	R C MFSBK	FI S P SEXP					
		17-24	YR CL WFSBK	FR SS SP SEXP	-COM SAP				
		24-48	YR LVWFSBK	FR SS SP SEXP	-MANY SAP				0.35 GPD/SQFT
B 3	LSS 10% IN GULLY	0-8	B C MFSBK	FR SS SP SEXP	N/A -COM SAP	42"	PS	N/A	PS
		8-24	R CL WFSBK	FR SS SP SEXP					
		24-42	YR L WFSBK	FR SS SP SEXP	-MANY SAP -COM R L				0.35 GPD/SQFT
		42-48	VAR L SAP M	FR SS SP SEXP					
B 4	LSS 9%	0-4	B CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		4-20	R C MFSBK	FR SS SP SEXP					
		20-34	R CL WFSBK	FR SS SP SEXP	-COM SAP				
		34-48	YR L WFSBK	FR SS SP SEXP	-COM SAP				0.35 GPD/SQFT

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	0.35	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN PRUETT
OTHER(S) PRESENT: MARK MATTOX

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4646981536
DATE OF EVALUATION: 3/11/19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 5	LSS 10%	0-4	B CL WFSBK	FR SS SP SEXP	N/A -FEW SAP -COM SAP -MANY SAP	46"	PS	N/A	PS 0.35 GPD/SQFT
		4-20	R C WFSBK	FR SS SP SEXP					
		20-28	R CL WFSBK	FR SS SP SEXP					
		28-46	YR L VWFSBK	FR SS SP SEXP					
		46-48	VAR L SAP M	FR SS SP SEXP					
B 6	LSS 10%	0-4	B CL WFSBK	FR SS SP SEXP	N/A -FEW SAP -COM SAP -COM SAP	48"	N/A	N/A	PS 0.3 GPD/SQFT
		4-34	R C MFSBK	FI SS SP SEXP					
		34-45	R CL WFSBK	FR SS SP SEXP					
		45-48	YR L WFSBK	FR SS SP SEXP					

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT THE GREAT SEAL OF THE STATE OF NORTH CAROLINA ESSE QUAM VIDERI 1314 STATE OF NORTH CAROLINA

COMMENTS: _____

RECEIVED NOV 04 2020

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

Iredell County Health Department – Environmental Health Division AP-312365

PAGE 1: *APPLICATION FORM*

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

CK Wylie

Applicant Information: (PRINT CLEARLY)

Applicant Name: MARK Mattox Address: 3300 S Wahoo Zip: 29170
Applicant Email: markdupont321@Gmail.com Phone: 803-637-4462. Alt. Phone:
Owner Name: same Address: — Zip:
Owner Email: SAME Phone: — Alt. Phone: —

Property Information:

Street Address: 124 Clipper Ln. Moorseville, N.C.
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Exit 35 off 77 ① ¼ mile ② Sunfish ③ on Clipper Ln.

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) 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: 1 Number of Persons: 2
(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: M M. 11/3/2020
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*) _____

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.

_____ 11/3/2020
Signature of Owner(s) 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 DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Matt Mattox Address: 3300 schooner ln Zip: 28710
Applicant Email: Mrattyfant 321@gmail Phone: _____ Alt. Phone: 828-818-1794
Owner Name: Robert & Martha Leonard Address: PO Box 238 Keywest Fla Zip: 33041
Owner Email: _____ Phone: 704-756-7124 Alt. Phone: _____

Property Information:

Street Address: 124 clipper ln Mooresville NC
Subdivision Name: Clipper Run Section/Phase: _____ Lot Number: _____
Driving Directions: I77 exit 35 North Turn right ~~Barkley~~ Brawley school rd first light Turn right Scottish Tarn 1st Clipper ln 124 1st or last lot on right

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

(✓) 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: 3 - A2P
Maximum Number of Occupants: 6 - A2P
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Matt Mattox 2/26/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

02/27/2019 13:23 8036315700 AIM147 PAGE 01/04
RECEIVED 01/04/2017 01:26PM

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, ROBERT Leonard, am the legal owner(s) of the property located at 129 Clipper LN mooresville NC, identified as

PIN (Parcel Identification Number) 4694981536, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Matt Matox, _____, 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 21 February, 2019

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

Statesville - Environmental Health
[illegible]
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

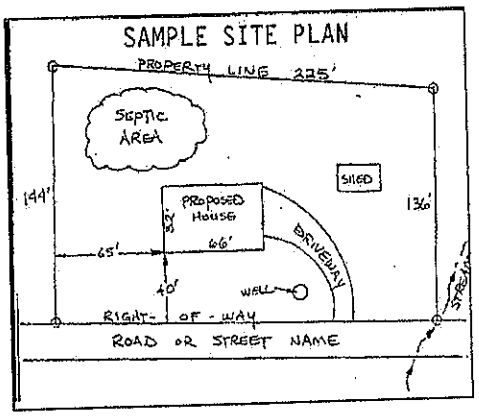
02/27/2019 13:23 8036315700 AIM147 RECEIVED 01/04/2017 01:26PM PAGE 03/04

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

attached.

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

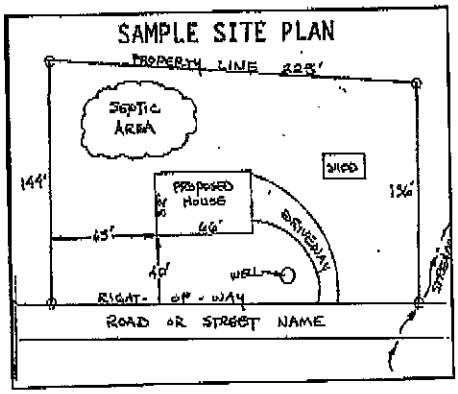
11/3/2020
DATE

Duke Power lines
200'
Septic field
House
135'
150'
15'
15'
15'
(well)
40'
Neighbors existing
13th Clipper ln
Clipper ln
Sunnyside

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:

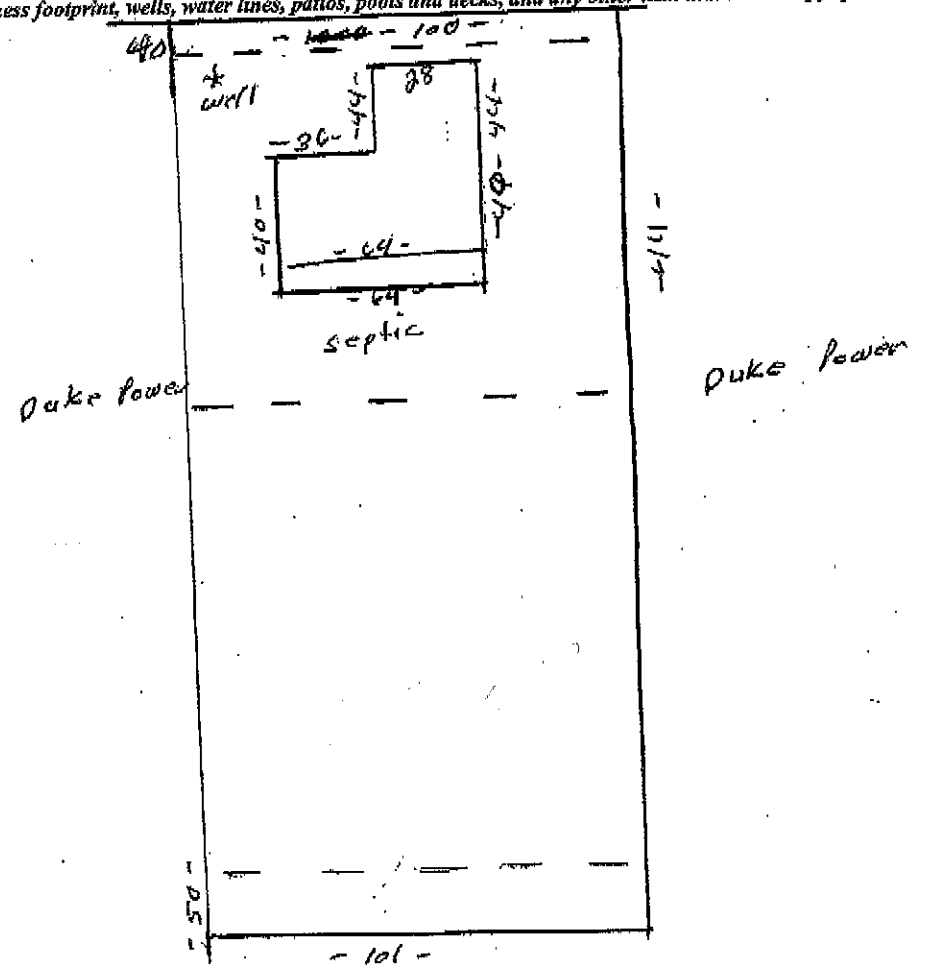
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient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

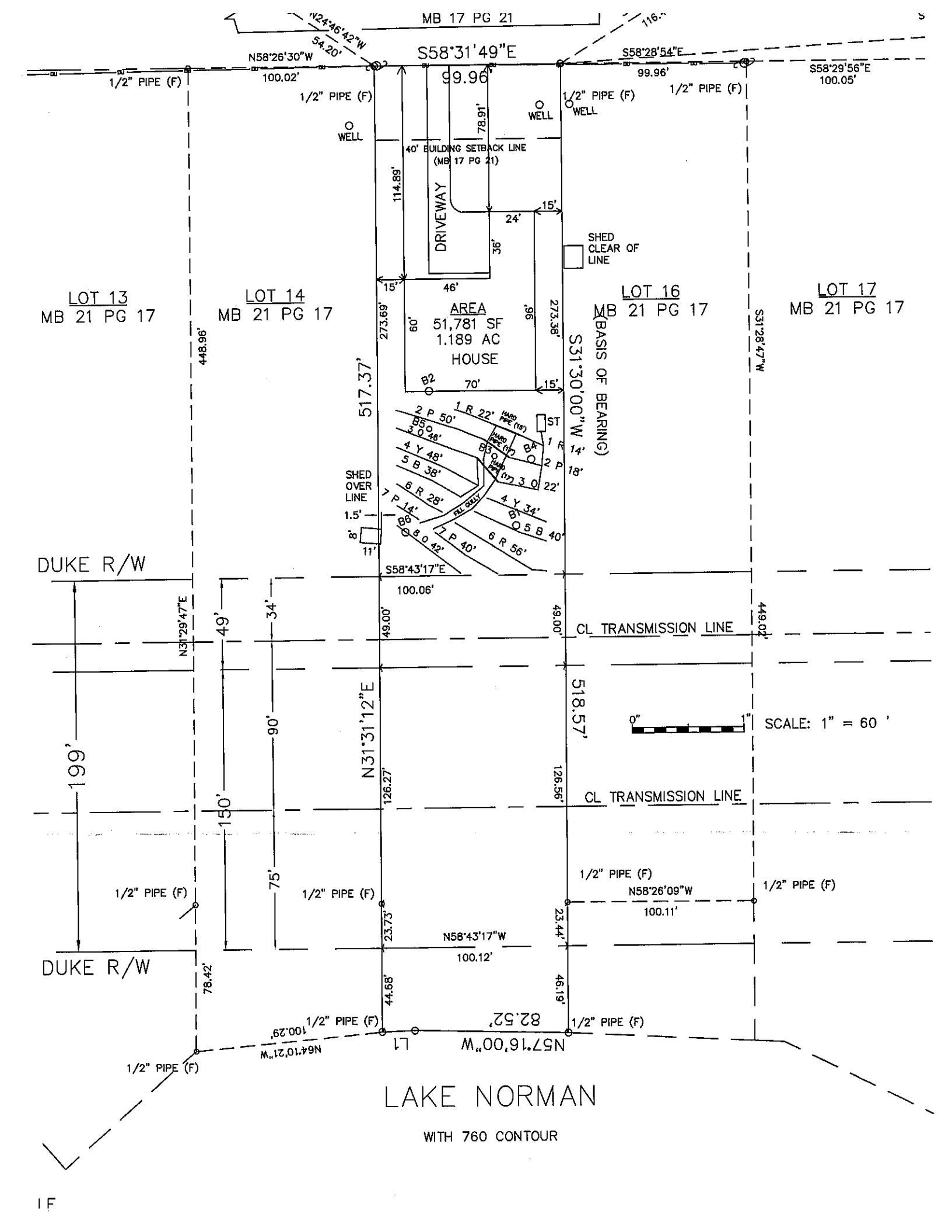
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ _____

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

02/27/2019 13:23 8036315700 AIM147 PAGE 02/04
RECEIVED 01/04/2017 01:26PM


MB 17 PG 21
N24°46'42"W
54.20'
N58°26'30"W
100.02'
S58°31'49"E
99.96'
S58°28'54"E
99.96'
S58°29'56"E
100.05'
1/2" PIPE (F)
WELL
78.91'
40' BUILDING SETBACK LINE
(MB 17 PG 21)
114.89'
DRIVEWAY
24'
15'
36'
SHED
CLEAR OF
LINE
46'
LOT 13
MB 21 PG 17
LOT 14
MB 21 PG 17
LOT 16
MB 21 PG 17
LOT 17
MB 21 PG 17
AREA
51,781 SF
1.189 AC
HOUSE
273.69'
273.38'
60'
96'
517.37'
S31°30'00"W
(BASIS OF BEARING)
448.96'
S31°28'47"W
B2
70'
SHED
OVER
LINE
1.5'
8'
11'
DUKE R/W
S58°43'17"E
100.06'
N31°29'47"E
49'
34'
49.00'
CL TRANSMISSION LINE
449.02'
N31°31'12"E
518.57'
199'
150'
90'
75'
126.27'
126.56'
CL TRANSMISSION LINE
SCALE: 1" = 60 '
0"
1"
1/2" PIPE (F)
N58°26'09"W
100.11'
23.73'
23.44'
N58°43'17"W
100.12'
DUKE R/W
78.42'
44.68'
46.19'
82.52'
N57°16'00"W
L1
N64°10'21"W
100.29'
LAKE NORMAN
WITH 760 CONTOUR

I F

NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT FOUNDATION AND BE SUPPORTED BY TRUSSED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.

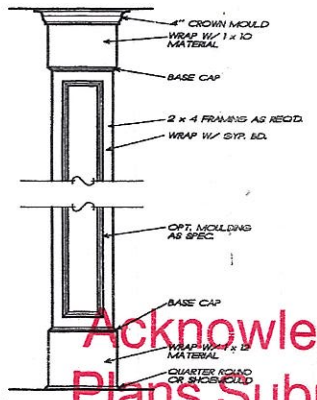
GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

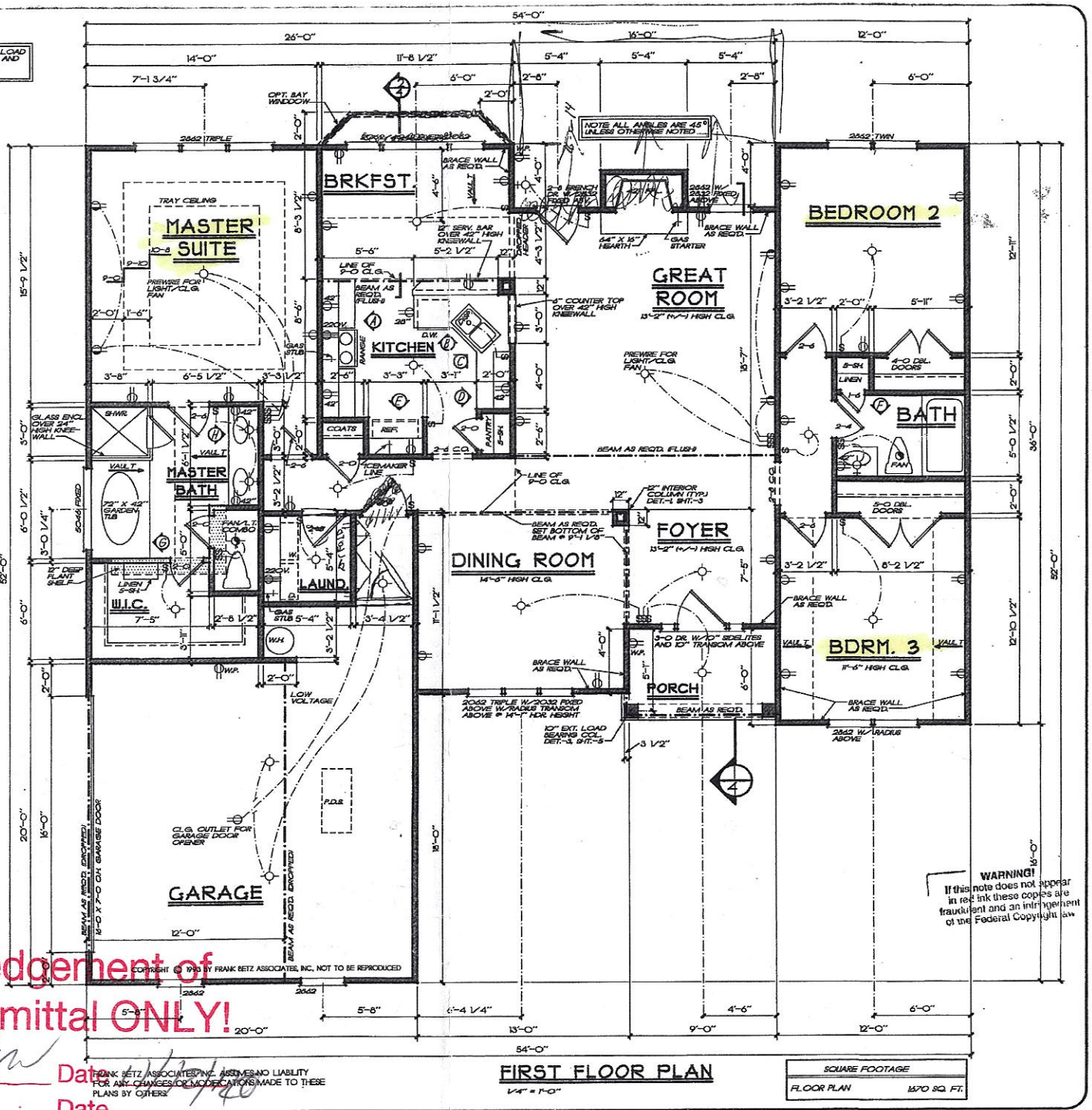
1. PROVIDE PURLINS AT MID HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 2-2x10 WITH 1/2" PLYWOOD FILLER PLATE UNLESS OTHERWISE NOTED.
4. FRAMER TO INSTALL DOUBLE FLOOR JOISTS UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
5. PROVIDE 1x4 CROSS BRIDGING AT MID POINT OF SPAN OR 8'-0" O.C. MAXIMUM IN ALL FLOORS.
6. ALL EXTERIOR CORNERS INSIDE AND OUTSIDE CORNERS SHALL BE BRACED WITH 1/2" CDX PLYWOOD. NAILING SCHEDULE SHALL BE 8d COMMONS AT 6" O/C AT ALL EDGES AND 8d COMMONS AT 12" O.C. AT ALL INTERMEDIATE STUDS (OPTION - APPROVED DIAGONAL CORNER BRACES BOTH DIRECTIONS AT ALL CORNERS.
7. ALL COLUMNS OR SOLID FRAMING SHALL EXTEND DOWN THRU ALL LEVELS AND TERMINATE AT THE BASEMENT FLOOR AND BE SUPPORTED BY A THICKENED SLAB, GRADE BEAM, OR FOOTING DESIGNED TO CARRY LOAD.
8. PROVIDE DOUBLE 2x6 STRONGBACK AT MID SPAN FOR CEILING JOISTS WITH SPAN GREATER THAN 10'-0".
9. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RIDGE BOARD AND CEILING JOISTS AT 4'-0" O/C MAXIMUM.
10. HIP, VALLEY RAFTERS, AND RIDGE BOARDS SHALL BE ONE "2x" SIZE LARGER THAN RAFTERS.
11. ROOF DECKING SHALL BE 1/2" CDX PLYWOOD MINIMUM.
12. WHERE PRE ENGINEERED FLOOR AND ROOF TRUSSES ARE USED, TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
13. ALL CEILING JOISTS AND RAFTER BRACING TO BEAM OR LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT BASEMENT FLOOR AND BE SUPPORTED BY THICKENED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.
14. ALL BASEMENT WALLS, BEAMS, AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
15. ALL SOLID FRAMING, COLUMNS, BEAMS, ETC., TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
16. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS OTHERWISE NOTED.

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE, AND LOCAL CODES, REGULATIONS, AND FHA/VA MPS.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODE AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, REINFORCE AS PER CODE.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURING DUE TO A WIDE VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE DEPTH, GEOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE STRUCTURE.
8. ALL WOOD, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL, STATE, AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.



1/3 INT. COLUMN DETAIL
3/4" = 1'-0"



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

SQUARE FOOTAGE	
FLOOR PLAN	1570 SQ. FT.

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FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

Acknowledgement of Plans Submittal ONLY!

Date 11/4/2020

Date 11/4/2020

DATE	BY	DATE	BY
7-9-93	GEN	9-2-97	CADD
6-15-94	BAY DEPTH		
7-1-94	BM. SIZE		
10-31-94	GARAGE		
7-26-95	CLG. OUT		

HOMEPLANS

FLOOR PLAN

THE GENEVA

FBA
FRANK BETZ ASSOCIATES, INC.
3401 LAKE PARK DRIVE/SUITE 250
DATHULA, GEORGIA 30080
770/451-0656

BY JAS CK JEC

DATE 5-21-93

SHEET 3 OF 5

~200'

Duke Power lines

Septic field

~15'

~15'

House

135'

~15'

~70'

~15'

existing neighbors well

(well)*

40'

124 Clipper Ln

Clipper Ln

Sunset

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 237156 Subdivision: CLIPPERS RUN

Proposed Use: SEPTIC EASEMENT

Location: 124 CLIPPER LANE

Tax PIN: 4646981536.000 Zoning: R2 Lot: 15 Size: 0.000

Owner: LEONARD ROBERT E JR+MARTA
Address: PO BOX 238
KEY WEST, FL 33041

Phone:
Email:

Applicant: MARLOW ELECTRICAL
Address: 480 BARRY OAK ROAD 704-662-7040

Phone: 704-902-1673
Email: leemarlow12@yahoo.com

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR SEPTIC EASEMENT

NOT FOR CONSTRUCTION, APPLICANT TO SUBMIT SURVERYED PLOT PLAN TO TRANSITION TO SFH.

MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP
Approved By:

07/11/2018
Date

$50
Application Fee

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-312365 Subdivision: CLIPPERS RUN-

Proposed Use: Septic Easement

Street Address: 124 CLIPPER LN

Tax PIN: 4646981536.000 Zoning: R2 Lot: 15 Size: 1.257

Owner: MATTOX MARK A
Address: 3300 SCHOONER LN
CLOVER, SC 29710

Applicant: Apex Concepts LLC
Address: 9526 Arborvein Ct
Charlotte NC 28269

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 11/4/2020.

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: ~~0~~ 30' Side Yard Depth: ~~0~~ 15'

Rear Yard Depth: ~~0~~ 50' Corner Yard Depth: ~~0~~ 15'

Remarks: Approval for Septic Permit, must obtain all Iredell County Permits and Inspections.
Not for Construction.

* Need Surveyed plot plan with house box and setbacks indicated for conversion to SFH

Need after WR 90.

HHP	11/04/2020	
Approved By:	Date	Application Fee