ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (4) Mooresville Office (704) 660-3625 PERMIT # AP 319112

12:30

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

PIN # 4648 -- 06 -- 9780

APPLICANT/OWNER: Helmsman Homes APPLICANT ADDRESS: 236 Race way Dr Mooresville NC 28117 suite 7

SITE ADDRESS: 125 Blackbeard Ln Mooresville NC 28117 PHONE: 704-433-9947 ALT. PHONE

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, Son Cornelius Rd, Lon Morgan Bluff Rd, L on Blackbeard Ln, Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pirates Cove SECTION: — LOT # 6 LOT AREA: 0.46 acres DESIGN FLOW: 480GPD L.T.A.R.: .3

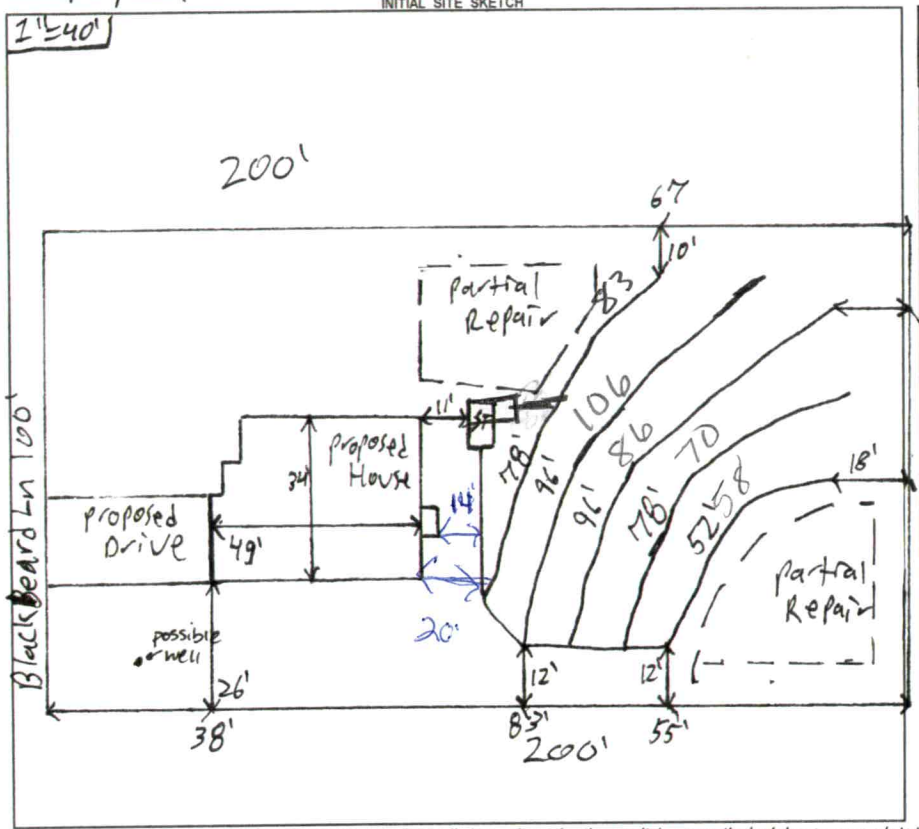
Septic Tank	1000 (gal)	STB	760	Date	1-29-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Repair exempt (Partial LAP/BBS)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"			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 property Lines and corners must be marked.

Red filter installed, upper 3 lines Checked. 82' from well to Septic

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.

Tanks & 2 Lowest Lines Checked (70 + 54 ft in Length).
No Filter 3/30/22.
Checked Upper 3 lines, Filter in ST. 4/4/22
Installed Quick 4 as shown.

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**

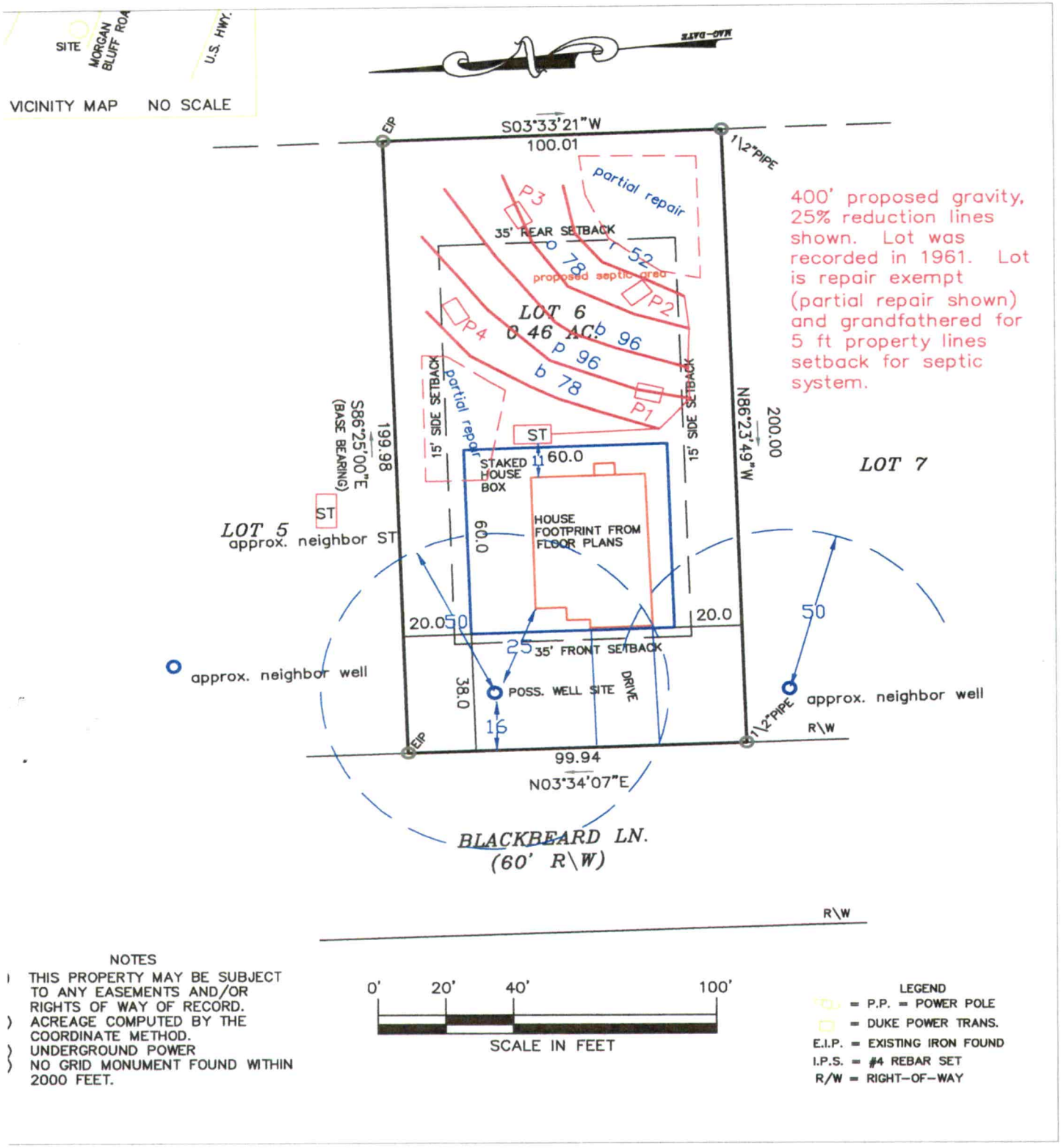
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: tim carr Date: 8/9/2021 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick J Boletti Date: 8/5/2021 OPERATION PERMIT by: Maria Dotson Date: 4/4/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Boletti Date: 8/6/2021 Existing System Inspected by: Date:

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



NOTES

1. THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2. ACREAGE COMPUTED BY THE COORDINATE METHOD.
3. UNDERGROUND POWER
4. NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 20' 40' 100'

SCALE IN FEET

LEGEND

- = P.P. = POWER POLE
- = DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY

Helmsman Homes – 125 Blackbeard Ln – Lot 6 Pirates Cove Septic Site Plan 6.16.21 rev. 7.30.21

Base site plan from DAS. DAS staked lot and house box. Proposed septic system and well must be approved and permitted by ICHD. Proposed septic lines and backhoe pits approximately sketched on site plan by Penninger Soil Consulting. Refer to flags in field.

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

Sheet 1 of 1
PROPERTY ID #: 7648069978
COUNTY: Iredell

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

OWNER: Helmsman Homes — APPLICATION DATE 6/16/2021
ADDRESS: 236 Raceway Suite 7 Mooresville — DATE EVALUATED: 7/26/202
PROPOSED FACILITY: New Single Fam — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE:
LOCATION OF SITE: 125 Blackboard Ln — 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 5%	0-6	SL WSBK	Fr SS SP SAP	—	71	few	—	PS, 3
		6-24	C SBK/ABK	Fr SS SP SAP					
		24-51	CL SBK	Fr SS SP SAP					
2	SS 6%	0-4	SCL WSBK	Fr SS SP SAP	—	45"	few	—	PS, 3
		4-23	C SBK	Fr SS SP SAP					
		23-48	C SBK	Fr SS SP SAP					
3	SS 4%	0-3	SCL WSBK	Fr SS SP			few	—	PS, 3
		3-27	C SBK/ABK	Fr SS SP					
		27-52	CL SBK	Fr SS SP					
4	SS 5%	0-7	SCL WSBK	Fr SS SP SAP			few	few	PS, 3
		7-27	C SBK	Fr SS SP SAP					
		27-52	C SBK	Fr SS SP SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	200
System Type(s)	Gravity 25%	Partial LPP Bds
LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Paul P

COMMENTS: Sunny but under heavy tree cover

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DW | Mooresville Office (704) 660-3625 | PERMIT # AP 31912

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

PIN # 4648 -- 06 -- 9780

APPLICANT/OWNER: Helmsman Homes | APPLICANT ADDRESS: 236 Race way Dr Mooresville NC 28117 suite 7

SITE ADDRESS: 125 Blackbeard Ln Mooresville NC 28117 | PHONE: 704-433-9947 | ALT. PHONE: —

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, Son Cornelius Rd, Lon Morgan Bluff Rd, L on Blackbeard Ln, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

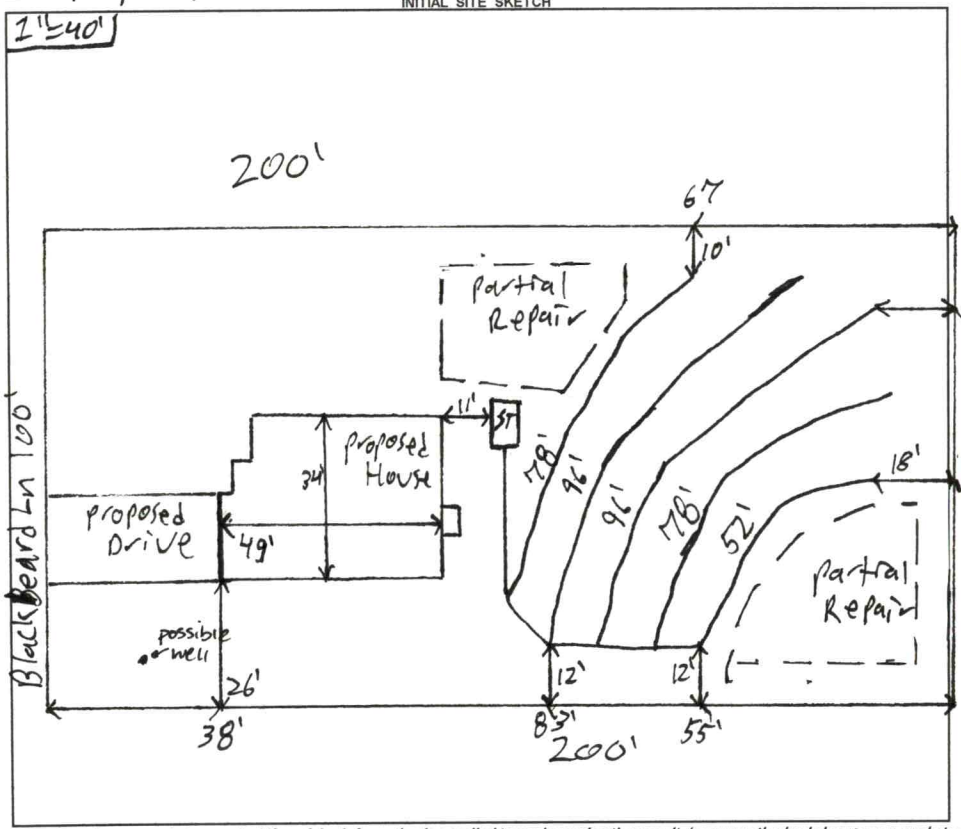
SUBDIVISION: Pirates Cove | SECTION: — | LOT # 6 | LOT AREA: 0.46 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			Gravity 25% Reduction	
Pump Make	—	Model	—		Serial #	—	Repair System Description:			Repair exempt (Partial LAPPBS)	
# Nitrification Fields	1	# Lines	5		Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on store material or Manipulate drainfield in anyway. All property lines and corners must be marked.

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.

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: Tim Carr | Date: 8/9/2021 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Bglett III | Date: 8/5/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Bglett III | Date: 8/6/2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED JUN 2 4 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319112 $500.00

Application For:
(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Helmsman Homes **Address:** 236 Raceway, Suite 7, Mooresville, NC **Zip:** 28117

Applicant Email: mwetter@nesthomes.com **Phone:** 704.433.9947 **Alt. Phone:**

Owner Name: Jon Nesbit **Address:** 253 OAKHURST RD STATESVILLE NC **Zip:** 28677

Owner Email: mwetter@nesthomes.com **Phone:** 704.433.9947 **Alt. Phone:**

Property Information:

Street Address: 125 BLACKBEARD LN

Subdivision Name: PIRATES COVE **Section/Phase:** **Lot Number:** 6

Driving Directions: CORNELIUS RD, LEFT MORGANS BLUFF, LEFT BACKBEARD, LOT ON RT

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~~ 4
Maximum Number of Occupants: ~~6~~ 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) 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:

(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 (X) Other: 2 Sep

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: _____ 6-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

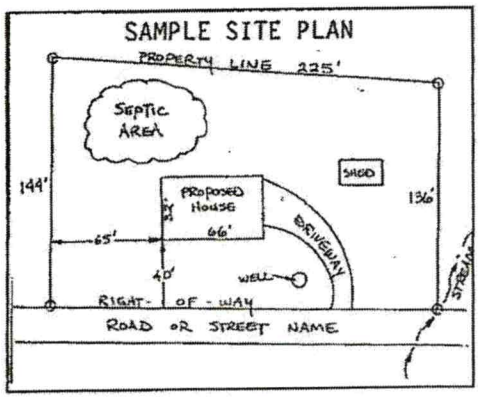
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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 site plan.

Signature: _____

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

6-16-21

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, ~~JON NESBIT~~ EricWood, am the legal owner(s) of the property located at 125 BLACKBEARD, identified as

PIN (Parcel Identification Number) 4648069780.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ~~SEE ATTACHED REAL ESTATE CONTRACT~~ _____, 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

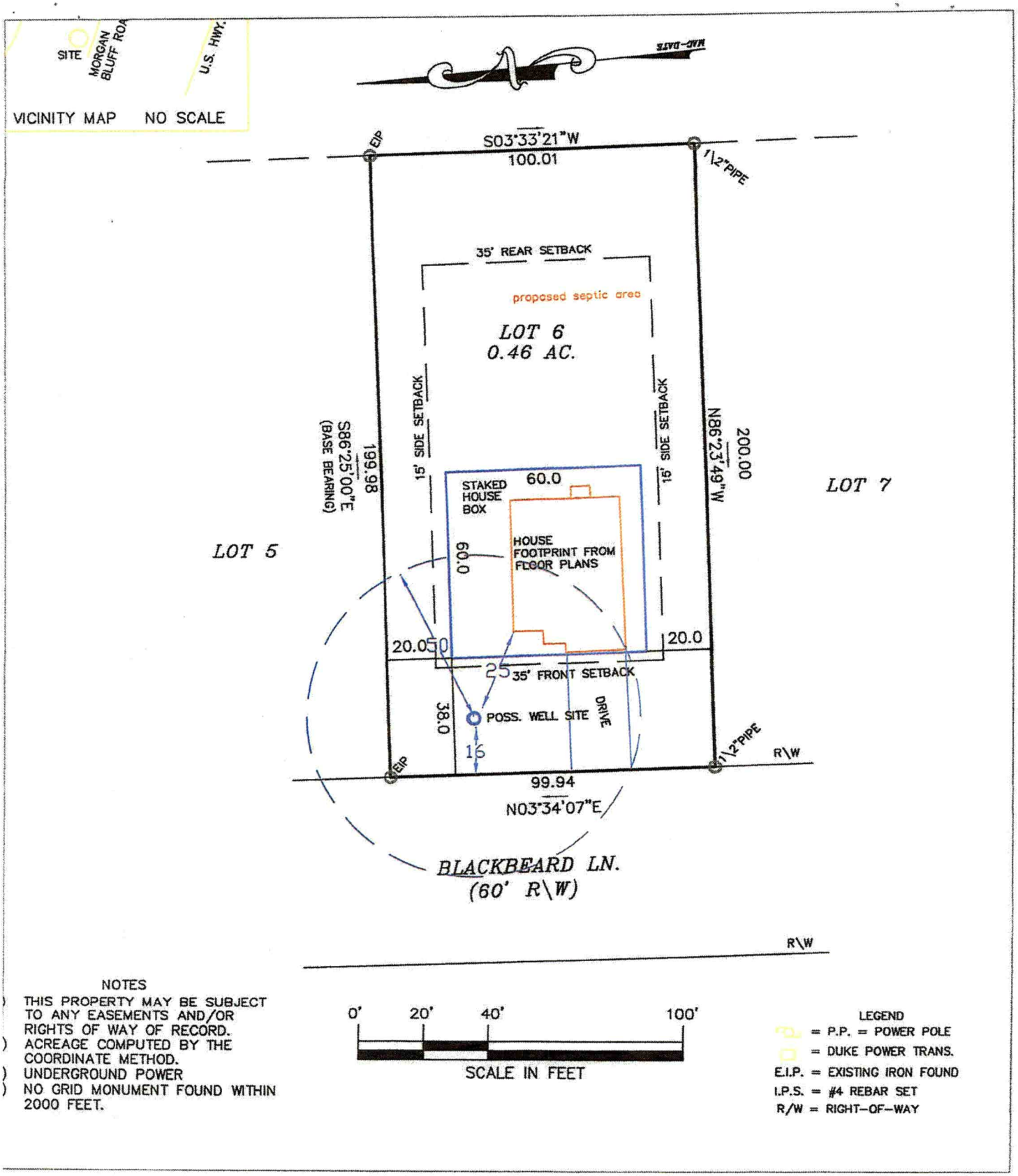
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 6/10/24

Signature of Owner(s) Date

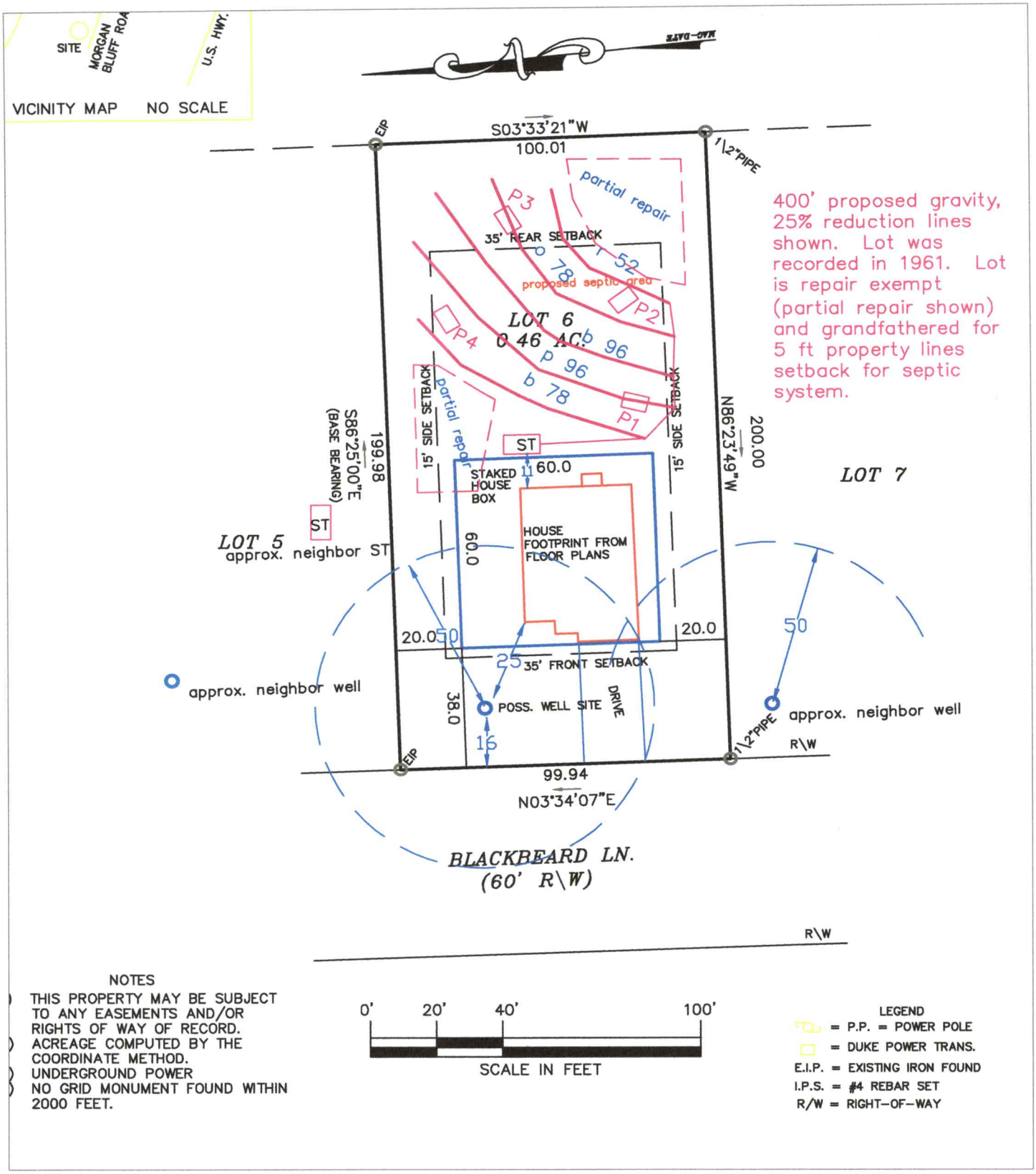
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



Helmsman Homes – 125 Blackbeard Ln – Lot 6 Pirates Cove Septic Site Plan 6.16.21

Base site plan from DAS. DAS staked lot and house box. Proposed septic system and well must be approved and permitted by ICHD.



Helmsman Homes – 125 Blackbeard Ln – Lot 6 Pirates Cove Septic Site Plan 6.16.21 rev. 7.30.21

Base site plan from DAS. DAS staked lot and house box. Proposed septic system and well must be approved and permitted by ICHD. Proposed septic lines and backhoe pits approximately sketched on site plan by Penninger Soil Consulting. Refer to flags in field.

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

Sheet 1 of 1
PROPERTY ID #: 764806978
COUNTY: Iredell

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

OWNER: Helmsman Homes — APPLICATION DATE 6/16/2021
ADDRESS: 236 Raceway suite 7 Mooresville — DATE EVALUATED: 7/26/2021
PROPOSED FACILITY: new singlefam — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: _____
LOCATION OF SITE: 125 Blackboard Ln — 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 5%	0-6	SCL WSBK	Fr SS SP SOAP	—	51	few Litho inclusions at bottom	—	PS.3
		6-24	C SBK/ABK	Fr SS SP SOAP					
		24-51	CL SBK	Fr SS SP SOAP					
2	SS 6%	0-4	SCL WSBK	Fr SS SP SOAP	—	48"	few Litho inclusions at bottom	—	PS,3
		4-23	C SBK	Fr SS SP SOAP					
		23-48	C SBK	Fr SS SP SOAP					
3	SS 7%	0-3	SCL WSBK	Fr SS SP	—	52"	few Litho inclusions at bottom	—	PS,3
		3-27	C SBK/ABK	Fr SS SP					
		27-52	CL SBK	Fr SS SP					
4	SS 5%	0-7	SCL WSBK	Fr SS SP SOAP	—	52"	few Litho inclusions at bottom	few partial RX inclusions	PS.3
		7-27	C SBK	Fr SS SP SOAP					
		27-52	C SBK	Fr SS SP SOAP					

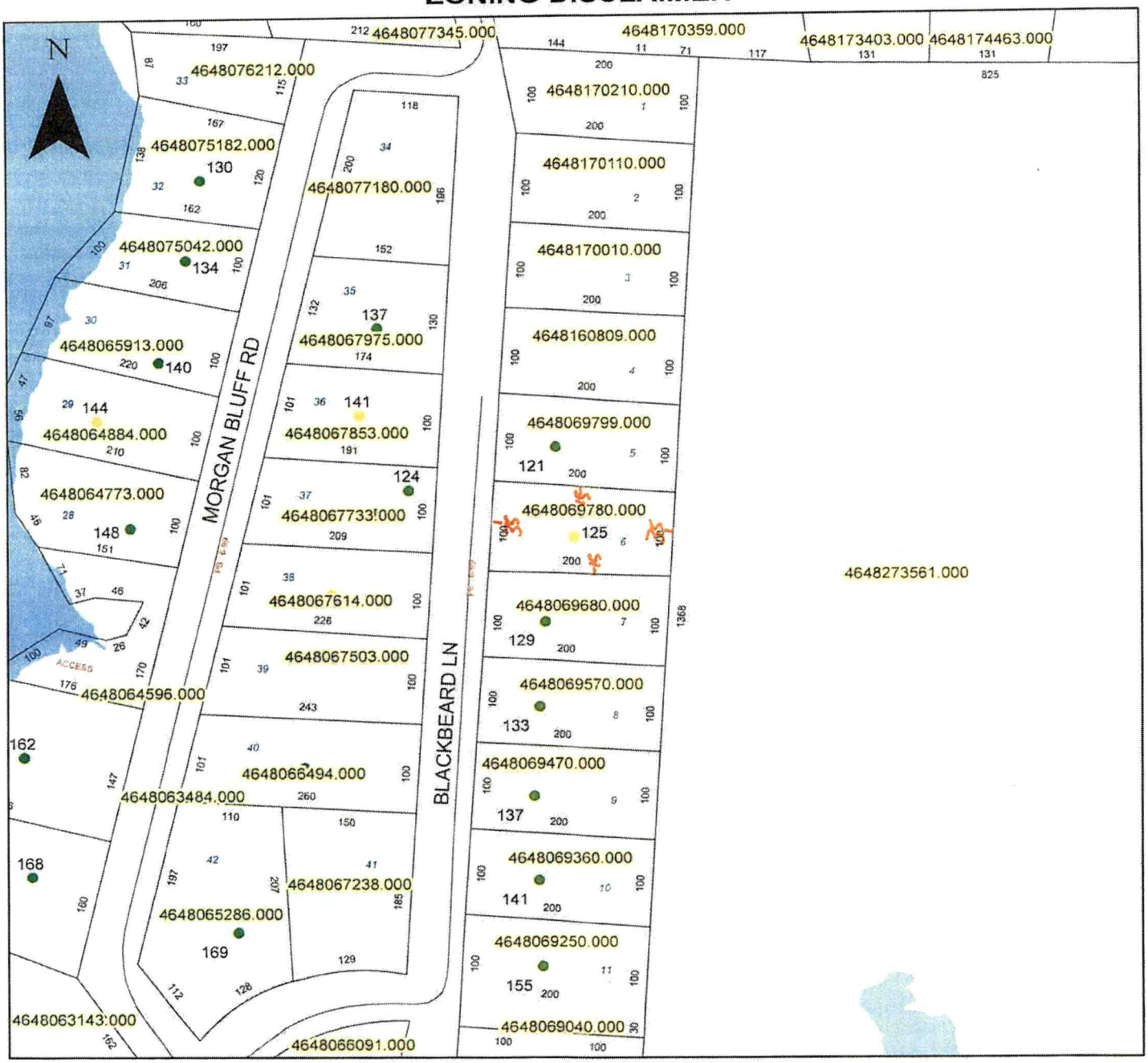
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	200
System Type(s)	Gravity 25%	Partial LPP Rds
LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Paul P

COMMENTS: Sunny but under heavy tree cover

319112

ZONING DISCLAIMER



Property Address 125 Blackbeard Lane

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. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

10/21/21
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319112 Issue Date:

Permit Type: ZONING

FILE COPY

Parcel Number	Street Address	Jurisdiction
4648069780.000	125 BLACKBEARD LN	Iredell County

Owner Information	Applicant Information
Name: HELMSMAN HOMES LLC Address: Phone:	Name: HELMSMAN HOMES Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

SEE ATTACHED
Signature of Owner/Contractor

PAID CK#1748 6-24-21 BK

Date: 06/24/2021

Permit Number	319112	TOTAL FEES:	$77.25