# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23117

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

PIN # 4648230203

APPLICANT/OWNER: JBR Custom Homes APPLICANT ADDRESS: 134 Castle Drive Mooresville, NC

SITE ADDRESS: 135 Castle Dr Mooresville NC PHONE: 704 380-0838 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Big Indian TR Castle on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Indian Forest SECTION: 2 LOT # 25 LOT AREA: 1.08 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank Ex 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields # Lines Linear Ft

Trench Width Exist Trench Bottom Depth(Low side) Exist Gravel Depth

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Gravity-25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: [ ] YES [ ] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms

[ ] Business No. Persons

[ ] Other No. Employees

[ ] Slab [ ] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

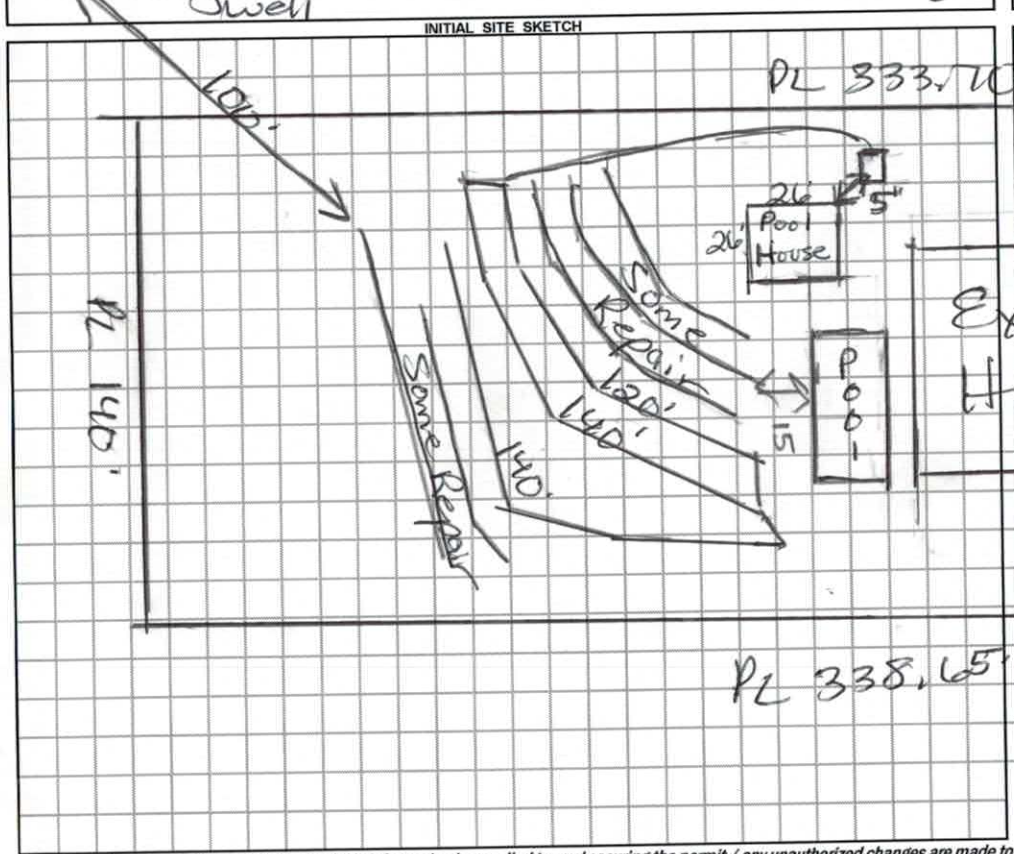
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

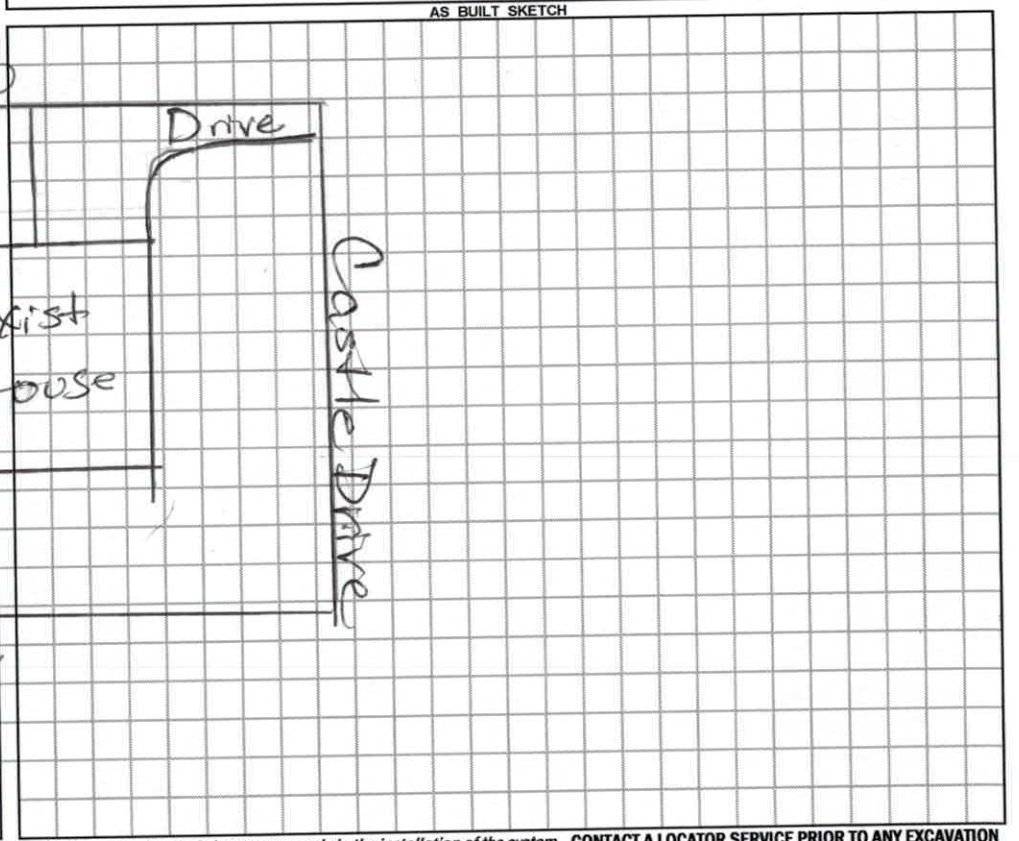
Neighbors Well

Note: Moving existing ST to meet 5ft setback to pool house

INITIAL SITE SKETCH




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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/18/17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maina Olson Date: 12/14/17 OPERATION PERMIT by: Maina Olson Date: 12/20/17

AUTHORIZATION TO CONSTRUCT by: Maina Olson Date: 12/14/17 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


PROPERTY ID #: 4648230203
COUNTY: Iredell

Approved MD 9/7/14

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

OWNER: JBR Custom Homes, Inc.
ADDRESS: PO Box 5289 Mooresville, NC 28117
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 135 Castle Dr., Indian Forest Lot 25
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1.08 AC
PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 | |
| 1 | LS 5% | 0-24 | R C SBK | FR SS SP SEXP | N/A | 42" | F-C SAP | N/A | PS 0.3-0.4 |
| | | 24-42 | R CL WSBK | FR SS SP SEXP | | | PS | | |
| | | 42-65 | VER SL SAP M | VFR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | LS 5% | 0-23 | R C SBK | FR SS SP SEXP | N/A | 44" | F-C SAP | N/A | PS 0.3-0.4 |
| | | 23-44 | R CL WSBK | FR SS SP SEXP | | | PS | | |
| | | 44-65 | VER SL SAP M | VFR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | LS 5% | 0-27 | R C SBK | FR SS SP SEXP | N/A | 43" | F-C SAP | N/A | PS 0.3-0.4 |
| | | 27-43 | R CL WSBK | FR SS SP SEXP | | | PS | | |
| | | 43-60 | VER SL SAP M | VFR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | LS 5% | 0-22 | R C SBK | FR SS SP SEXP | N/A | 60" | F-C SAP | N/A | PS 0.3 |
| | | 22-60 | R CL WSBK | FR SS SP SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 1200 FT2 | 1254 FT2 |
| System Type(s) | 25% Reduction | 25% Reduction |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

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

PROPERTY ID #: _4648230203____
DATE OF EVALUATION: ________
COUNTY: _IREDELL_____

Approved
9/7/14

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 5% | 0-12 | Br CL WSBK | FR SS SP SEXP | N/A | 60" | | N/A | PS 0.3 |
| | | 12-30 | R C SBK | FR SS SP SEXP | | | | | |
| | | 30-60 | R CL WSBK | FR SS SP SEXP | | | F-C SAP | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

COMMENTS: ____________

Pool house to close

RECEIVED NOV 2 8 2017

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

**APPLICATION FORM** Paid $500.00 #231176

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: JBR Custom Homes Address: 134 Castle Drive, Mooresville Zip: 28117
Applicant Email: JBRCustomHomes@gmail.com Phone: 704-661-8814 Alt. Phone: 704.380.0833
Owner Name: Marie Carpenter Address: 135 Castle Drive, Mooresville Zip: 28117
Owner Email: BossPuppies30@gmail.com Phone: 704.770.5059 Alt. Phone: _____

**Property Information:**

Street Address: 135 Castle Drive, Mooresville, NC 28117
Subdivision Name: Indian Forest Section/Phase: 2 Lot Number: 25
Driving Directions: Bluefield Rd to Big Indian Loop to Castle Drive

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

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

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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 (X) 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:** _____ 11/27/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Glenn B. Carpenter, am the legal owner(s) of the property located at 135 Castle Dr, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648-23-0203.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JBR Custom Homes Inc, 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.

| Glenn B. Carpenter | 11/28/17 | | 11/28/17 |
|---|---|---|---|
| Signature of Owner(s) | Date | Signature of Witness | Date |

Please return this signed form to the appropriate office:

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

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

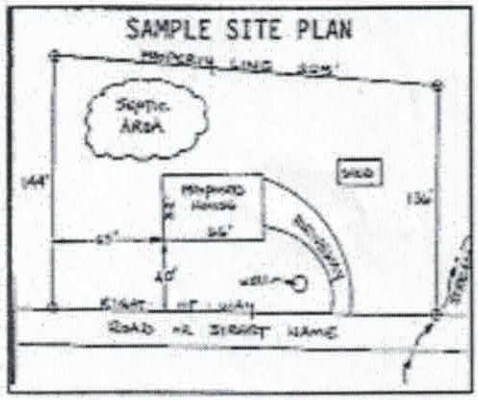
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

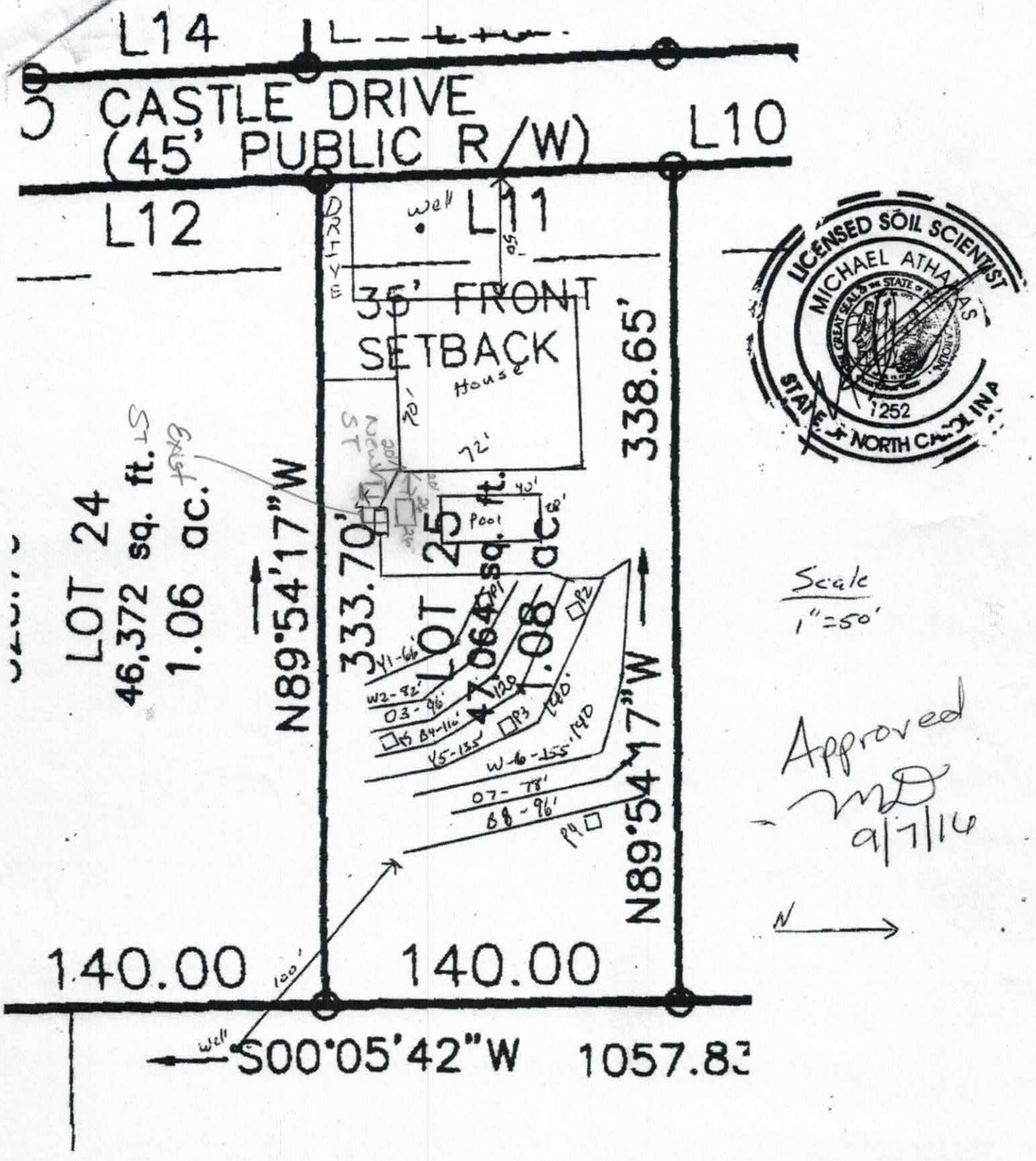
| | |
|---|---|
| **Location of septic systems and wells within 100' of your property** | **N/A** |
| **Location of easements and rights of ways on your property** | **N/A** |
| **Location of any designated wetlands on the property** | **N/A** |

## 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:** _____ 11/20/17

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


L14
CASTLE DRIVE
(45' PUBLIC R/W)
L10
L12
well
L11
DRIVE
35' FRONT
SETBACK
House
70'
72'
NEW ST
20'
40'
Pool
28'
LOT 24
46,372 sq. ft.
1.06 ac.
N89°54'17"W
333.70'
LOT 25
47,064 sq. ft.
1.08 ac.
338.65'
N89°54'17"W
140.00
140.00
100'
well
S00°05'42"W
1057.83
LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA
Scale
1"=50'
Approved
MD
9/7/16
N