ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303826

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

PIN # 4104823400 2

APPLICANT/OWNER: Alfonso Clarke | APPLICANT ADDRESS: 115 Lakeshore Hills Dr

SITE ADDRESS: 304 Big Indian Lp, Mooresville 28117 | PHONE: 704-360-7448 | ALT. PHONE —

SITE DIRECTIONS: 150 → R on Blue Field → L on Big Indian Lp → on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Palos Verdi Estates | SECTION: — | LOT # 2 | LOT AREA: 1.595 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

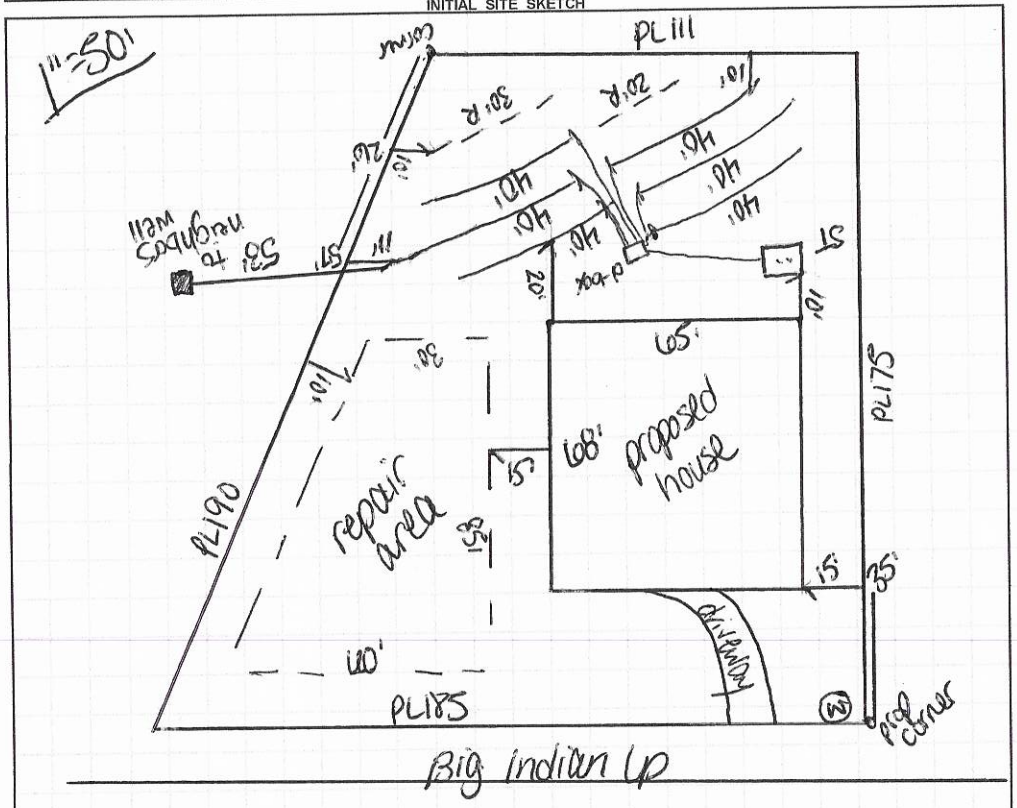
Septic Tank	1000 (gal)	STB	1012	Date	1-16-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description: PPBPS - gravity		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	Le 40'	Linear Ft:	240'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth:		36" max	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. Shave berms to promote positive drainage.

yellow filter
Lft from house to ST
16ft from house to top line

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

	Date	Initials
Drain Lines Checked	3/12/21	MD
Tanks Checked	3/12/21	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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: Alfonso Clarke | Date: 1/23/20 | Installed by: Charles Beatty Grading LLC

IMPROVEMENT PERMIT by: Carla C. Nicks | Date: 1-23-20 | OPERATION PERMIT by: James Boggs | Date: 3-15-2021

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks | Date: 1-23-20 | 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 #: 4647223402
COUNTY: Iredell

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

OWNER: Alfonso Clark
ADDRESS: 115 Lakeshore Hills Dr
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 304 Big Indian Lp, Mvl
APPLICATION DATE 1-2-20
DATE EVALUATED: 1-14-20
PROPERTY SIZE: .59 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	0-11	GR SCL	Fr ss sp sesp	darker red/ brown matrix 5YR4/6	48" same mg ech C.	—	—	PS .25
		11-48	SBK C	" "					
2	L 8%	0-8	GR SCL	Fr ss sp sesp		53"	—	—	PS .3
		8-44	SBK C	" "					
		44-53	SBK CL	" "					
3	L 10%	0-9	GR SCL	Fr ss sp sesp	small yl/o sap band @ 40"	48"	—	—	PS .25
		9-30	SBK C	" "					
		30-48	SBK CL	" " few sapric					
4	L 10%	0-4	GR SCL	Fr ss sp sesp	few yl/os in C	49"	—	—	PS .25
		4-37	SBK C	" "					
		37-49	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240
System Type(s)	PPBPS-gravity	LPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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.

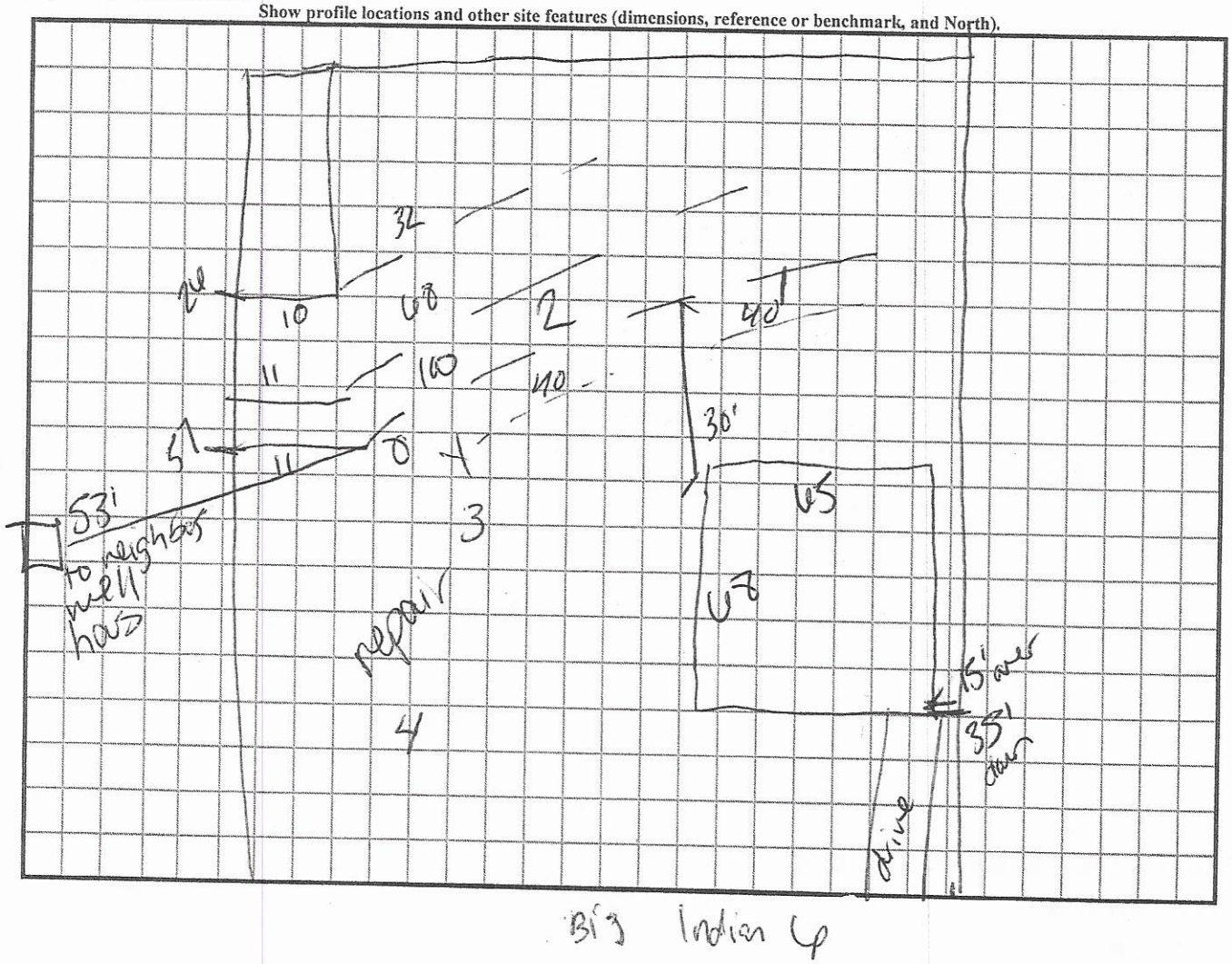
NOTES

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).



GRAPHIC SCALE

0 30 60 120 240

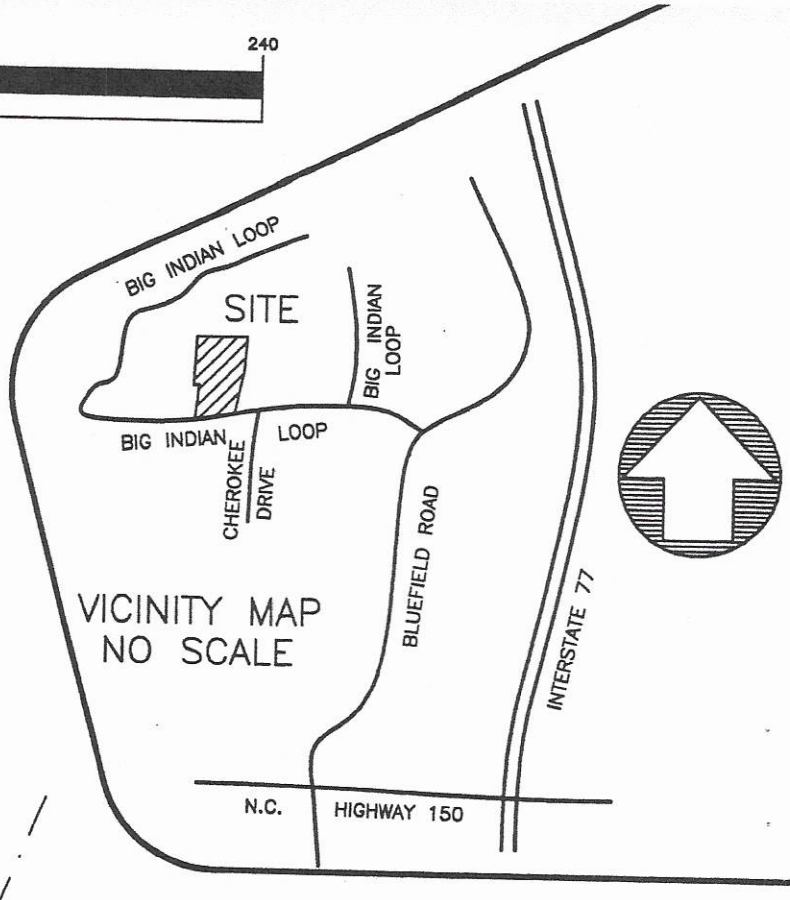
(IN FEET)
1 inch = 60 ft.

MINIMUM BUILDING SETBACK LINES:

FRONT — — — — 35 FEET
REAR — — — — 35 FEET
SIDE — — — — 15 FEET
SIDESTREET — — — 25 FEET

LEGEND:

- O = 1/2" REBAR SET
- ● = IRON FOUND (TYPE NOTED)
- ✱ = CALCULATED POINT (CP)
- ▲ = MAG NAIL SET
- = POWER POLE (PP)
- OPL = OVERHEAD POWER LINE
- ROW = RIGHT OF WAY
- CMP = CORRUGATED METAL PIPE
- CM = CONCRETE MARKER SET
- SD = SIGHT DISTANCE EASEMENT



LICENSED SOIL SCIENTIST
MICHAEL A. THANAS
1252
STATE OF NORTH CAROLINA

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

BETTY S. COOK

LOT 3

N66°58'27"E 110.64'

BM

N00°07'08"E 190.32'

LOT 2

70X60

S23°01'33"E 175.00'

LOT 1

DEED

PP

S66°58'27"W 185.45'

BIG INDIAN LOOP

OPL

NOTES:

NOTES:

MAP FOR

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ Marty Maltby _____ APPLICATION DATE____2005_
ADDRESS:_____Palos Verde Subdivision Lot #2_____ DATE EVALUATED: __200
PROPOSED FACILITY: _ 4 bedroom house_ PROPOSED DESIGN FLOW (.1949): __480gpd_____ PROPERTY SIZE: _____0.595ac_____
LOCATION OF SITE: ___HWY 150W, Rt on Bluefield, Lt on Big Indian, Palos Verde Subd. On Rt.___ PROPERTY RECORDED: _____
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)		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	
3	L 5 - 10	0-18	WSBK/SCL	FR/SS/SP/SEXP	N/A	45"	N/A	N/A	PS 0.25gpd/ft2
		18-45	WSBK/C	FR/SS/SP/SEXP					
4	L 0 - 5	0-6	FWSBK/SCL		N/A	45"	N/A	N/A	PS 0.3gpd/ft2
		6-32	SBK/ABK/C						
		32-45	FWSBK/CL						
4 6	L 6 - 10	0-8	WSBK/SCL	FR/SS/SP/NEXP	N/A Common Mn Conc.	50"	N/A	N/A	PS 0.25gpd/ft2
		8-36	MSBK/C	FR/SS/SP/SEXP					
		36-50	WSBK/C	FR/SS/SP/SEXP					
A	8-24-05 DRM	0-9	gr sk sk sl sp ss/sp						
		9-33	sbk RC, fr ss/sp/sexp						
		33-58	wk sbk/sg/pl, fr ss/sp, l sk sp 50%						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	650 SF	678 SF
System Type(s)	PPBPS	PPBPS
Site LTAR	0.25gpd/ft2	0.25gpd/ft2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____

EVALUATED BY: __MikeAthanas, LSS & Ashley Rollans, LSS_____
OTHER(S) PRESENT: _____

LEGEND

use the following standard abbreviations

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	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
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					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	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)
		None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

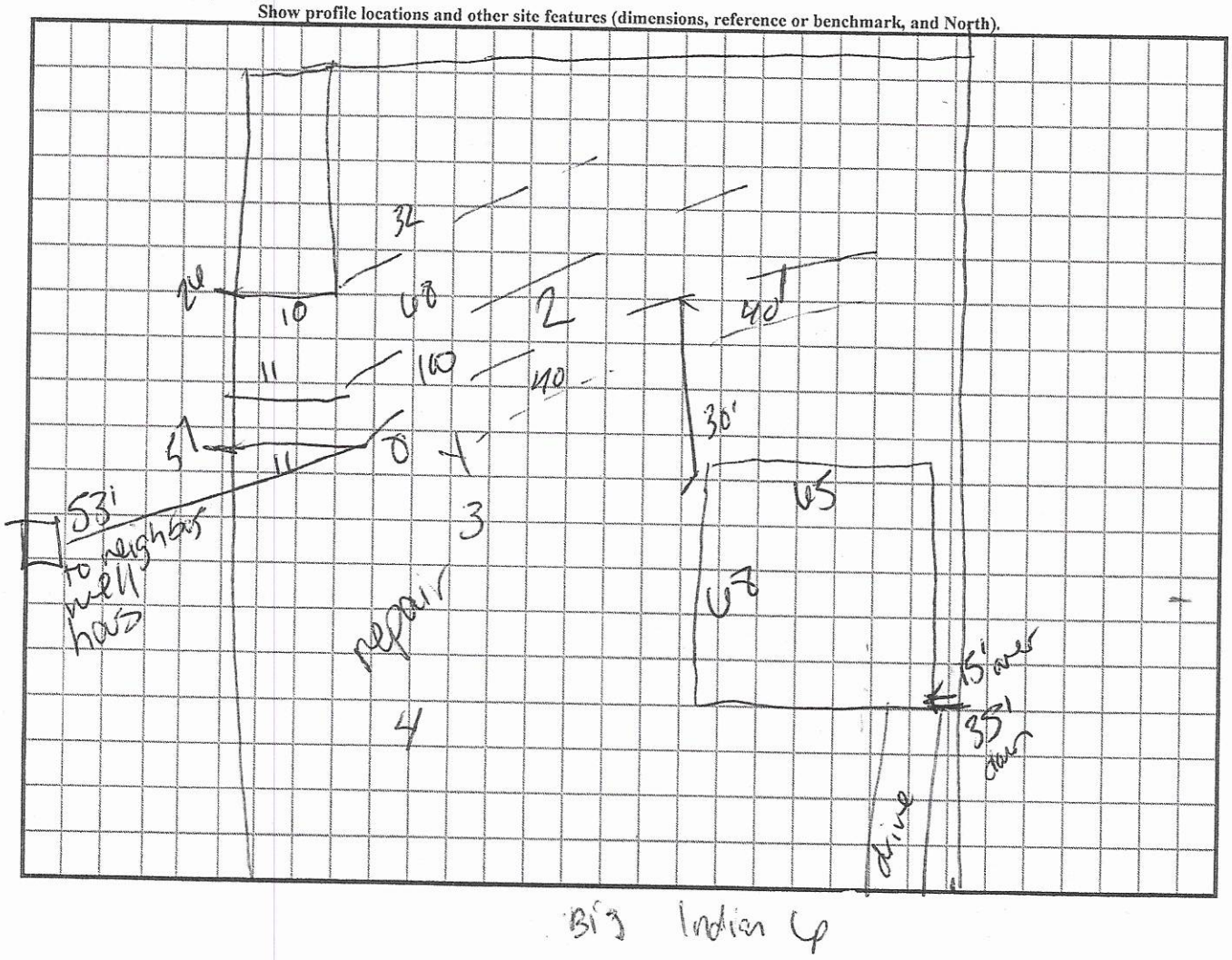
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Evaluation of saprolite shall be by pits.

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

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



1/2/20

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* AP-303825 $500.00

(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(I) FOR DETAILS)

1. **APPLICATION FOR:** ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ✓ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

ALFONSO CLARKE	115 LAKESHORE HILLS DR 28117	7043602448	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ALFONSO CLARKE	115 LAKESHORE HILLS DR 28117	7043602448.	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

306 BIG INDIAN LOOP. 28117 — **Street Address**
PALOS VERDE, — **Subdivision Name**
LOT #2 — **Section/Phase and Lot Number**

Driving Directions: 77 TO EXIT 36. LEFT ON 150. RIGHT ON BLUEFIELD LEFT ON BIG INDIAN LOOP.

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)*** ( ) **EXISTING SYSTEM installed** ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other NO PREFERENCE.

8. **Please Answer The Following** ( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes (✓) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Alfonso Clarke — 1/2/20
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

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, [signature], 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] 1/17/20 _____ _____

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

X **Property Line measurements are clearly identified…** X **All proposed structures are indicated…**

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

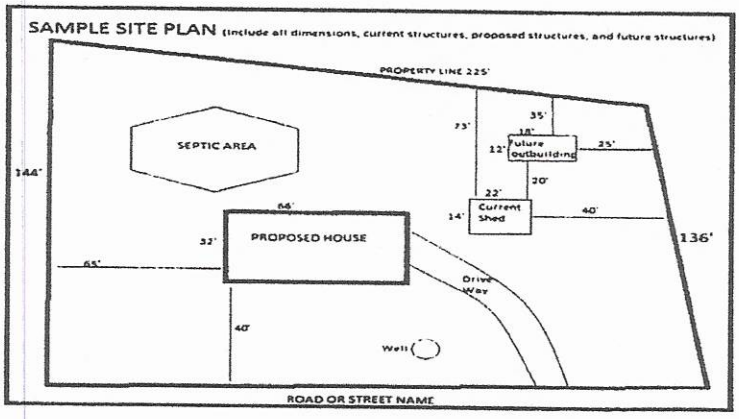
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** X **North arrow, or other sufficient indicator of direction…**

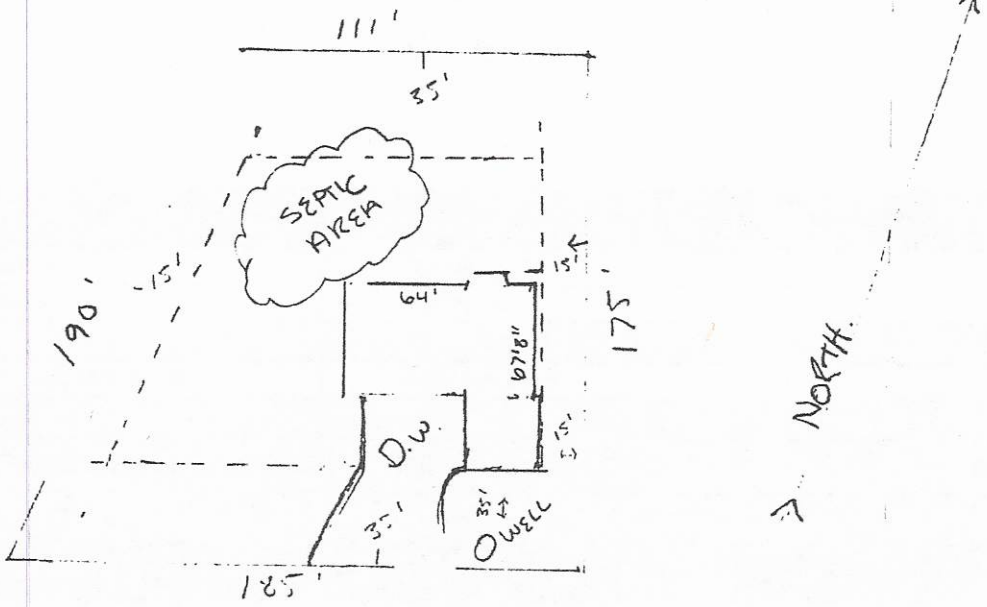
Circle N/A on the following if appropriate:

N/A **Location of septic systems and wells within 100' of your property…** (N/A)

N/A **Location of easements and rights of ways on your property…** (N/A) N/A **Location of any designated wetlands on the property…** (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Wonda Alaka

REQUIRED **property owner or owner's legal representative signature.**

1/2/20

DATE



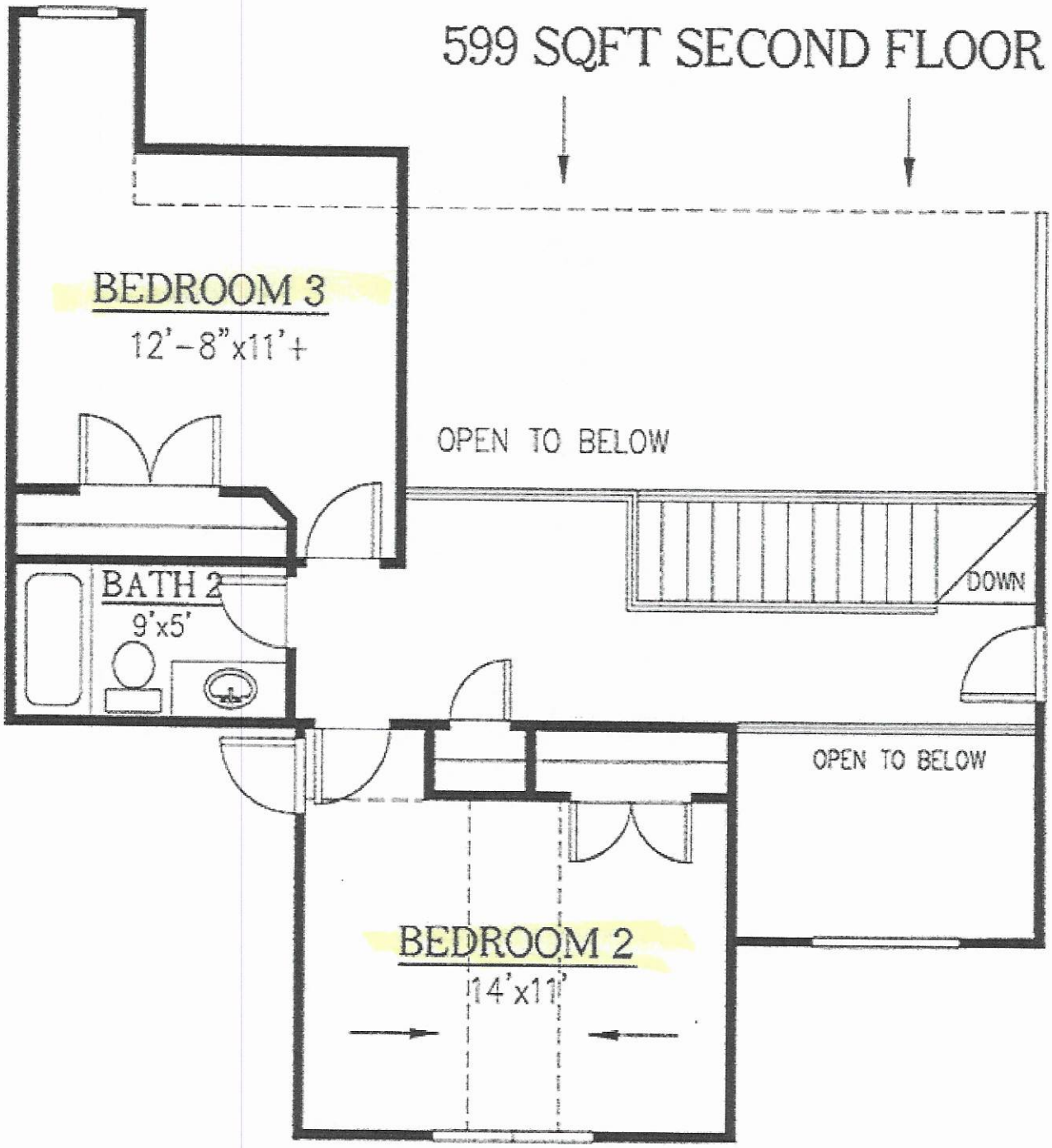
2201 SQFT FIRST FLOOR

* 2 car garge only
per Alfonso Clark

Acknowledgement Of
Plans Submittal ONLY!

Carlen C. Nicks Date 1-23-20

Alfonso Clark Date 1/23/20


599 SQFT SECOND FLOOR
BEDROOM 3
12'-8"x11'+
OPEN TO BELOW
BATH 2
9'x5'
DOWN
OPEN TO BELOW
BEDROOM 2
14'x11'

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303826 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4648234002.000	304 BIG INDIAN LOOP	

Owner Information	Applicant Information
Name: ALFONSO CLARKE	Name: ALFONSO CLARKE
Address: 304 BIG INDIAN LOOP	Address: 304 BIG INDIAN LOOP
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		

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.

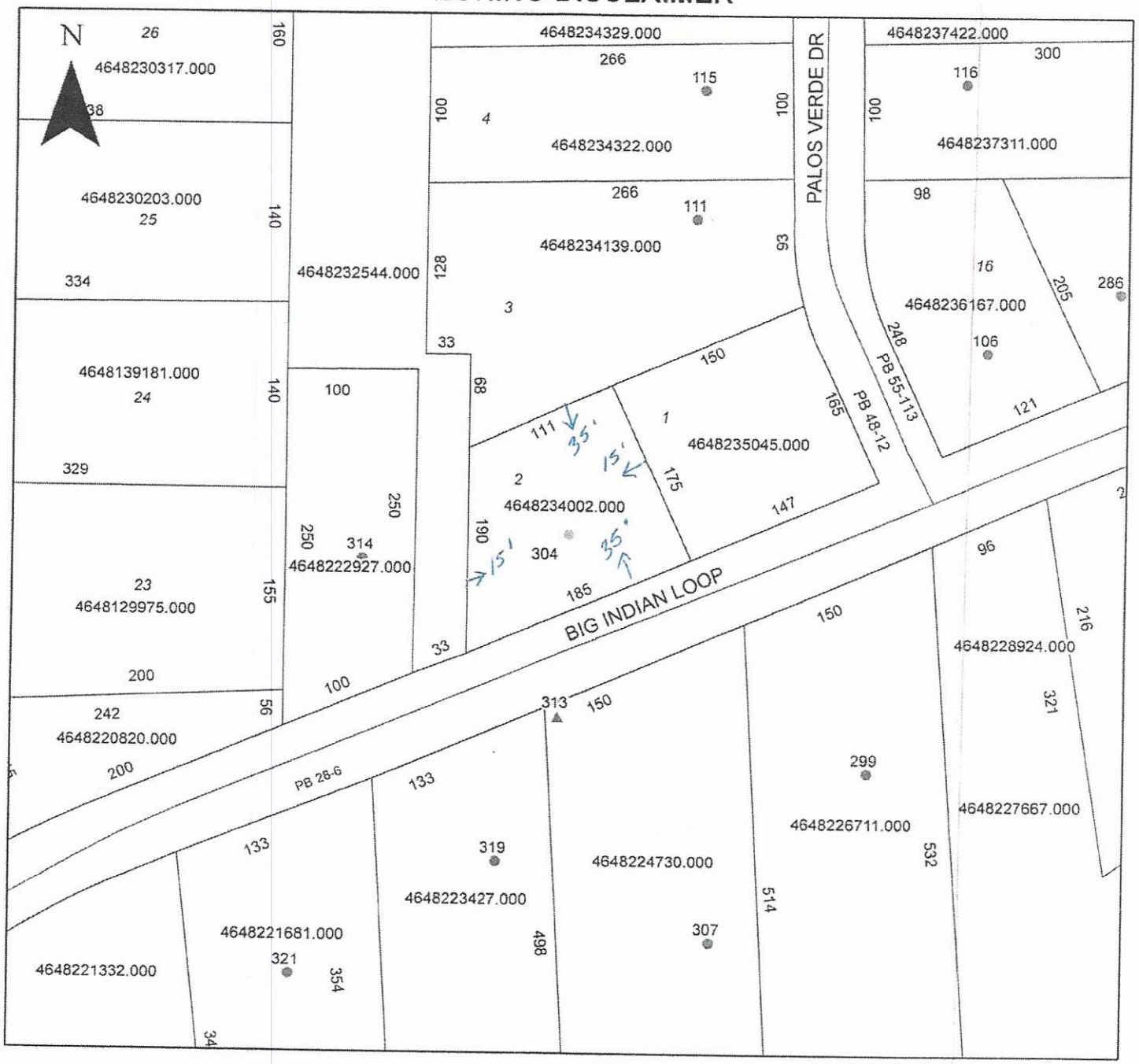
Signature of Owner/Contractor

Date: 01/02/2020

Permit Number	303826	TOTAL FEES:	$77.25

RA WS IV CA C/LN .595 AC
FL-NO

ZONING DISCLAIMER



Property Address 304 Big Indian Loop

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

1/2/20
Date