ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625

AP

PERMIT # 307973

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

PIN # 4648247317

APPLICANT/OWNER: Tim Carr — APPLICANT ADDRESS: 315 Stumpy Creek Rd Mooresville, NC

SITE ADDRESS: 589 Big Indian Lp Mooresville, NC — PHONE: 704-402-8594 — ALT. PHONE

SITE DIRECTIONS: Hwy 150 R Bluefield Rd L Big Indian Lp 1st on left — SAP CONTROLLED: ☐ YES ☒ NO

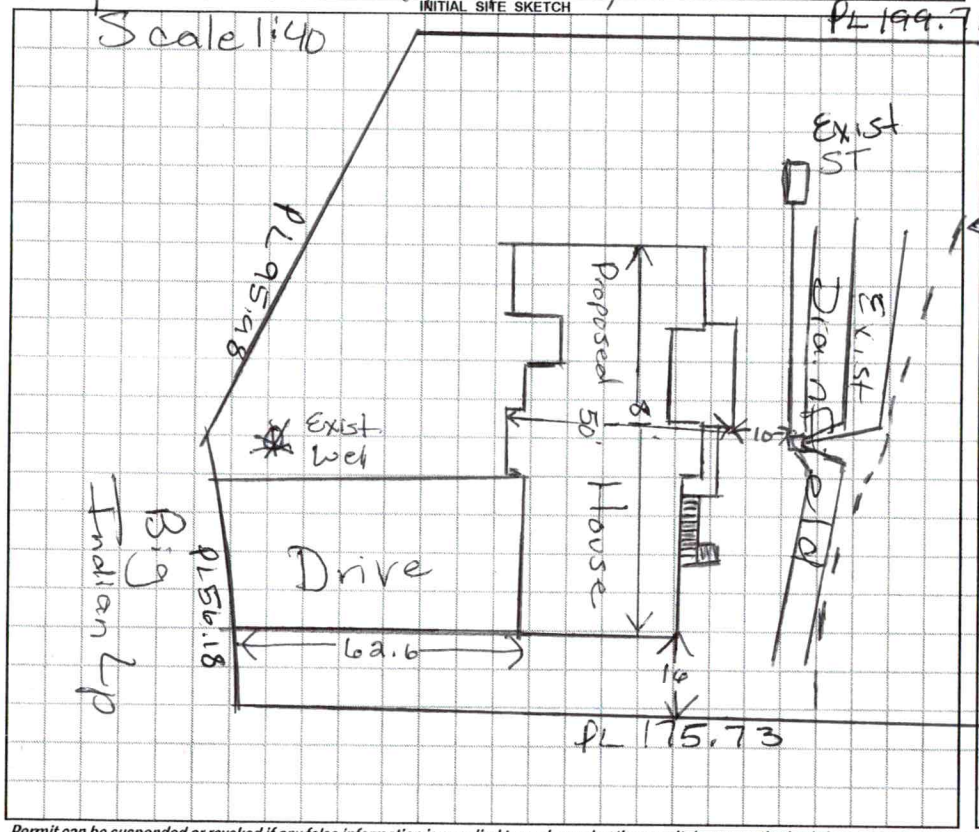
SUBDIVISION: R & T — SECTION: 12 — LOT # 57 — LOT AREA: .64 Acres — DESIGN FLOW: 360gpd — L.T.A.R.: .3

Septic Tank: Exist (1000) (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private Exist.
Pump Tank (gal)	PT	Date	System Description: Existing Gravity-PPBPS		☐ Business	No. Persons: 6	☐ Public
Pump Make	Model	Serial #	Repair System Description:		☐ Other	No. Employees	☐ Community
# Nitrification Fields	# Lines: Existing	Linear Ft: 200	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	
Trench Width: 24"	Trench Bottom Depth(Low side): 33"	Gravel Depth: N/A	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

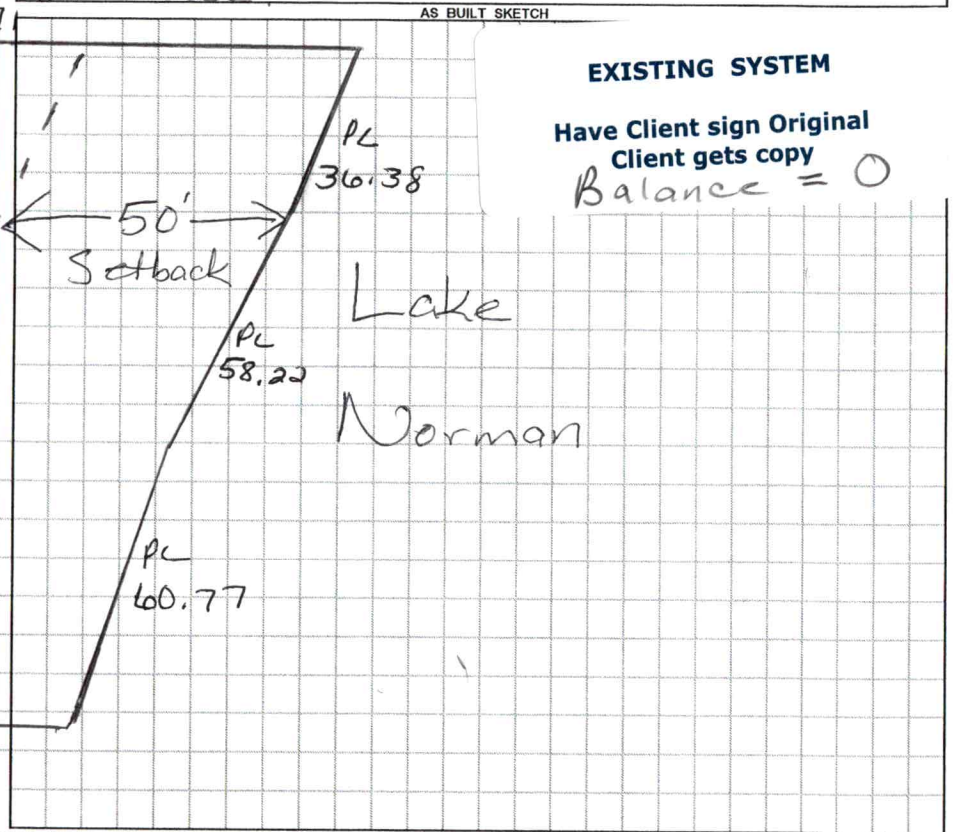
Comments / Conditions: Existing Septic System "appears" to be functioning OK at time of inspection. (Septic installed 6/23/2020)

Must keep house a minimum of 10ft from Septic. Do not cut down > 2ft within 15ft of 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.* ☐ **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: 8-3-20 — Installed by: R & H

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date:

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Maria Dobson — Date: 7/31/2020

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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 303544

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

PIN # 4648-24-7317

APPLICANT/OWNER: Mark Hanson APPLICANT ADDRESS: 589 Big Indian Loop Mooresville, NC 28117

SITE ADDRESS: 589 Big Indian Loop Mooresville, NC 28117 PHONE: 704-310-1832 ALT. PHONE

SITE DIRECTIONS: Rt 150 → Bluefield Rd → Big Indian Loop → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 12 LOT # 57 LOT AREA: 0.64 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB 794	Date	4/27/2020	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:				☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	New S.T. + PPBPS (50% Reduction)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing/old S.T. to be pumped (by licensed septic sewage hauler) and crushed in place or filled with clean + flowable fill that is essentially self-leveling (sand, cement, gravel, etc)

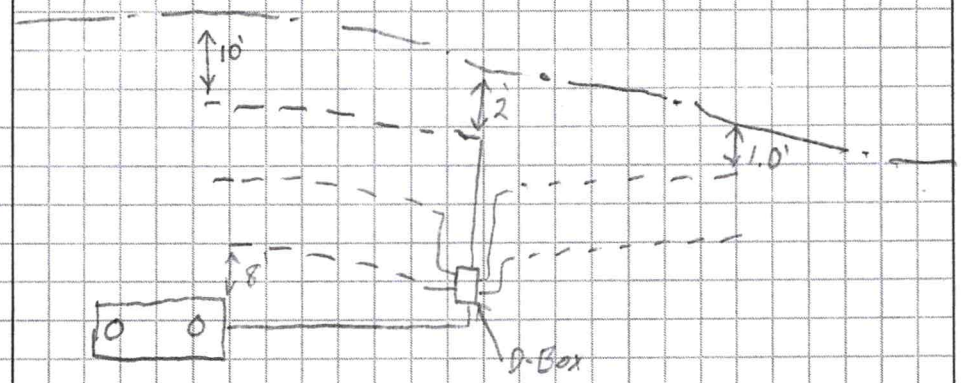
New system to have parallel distribution via D-Box (see drawing). Recommend that new septic tank is pumped every 3-5 years. 50' lake buffer survey stakes must be present at time of installation and inspection.

INITIAL SITE SKETCH

See attached 40-scale drawing with approval date of 12-23-19.

AS BUILT SKETCH

6/23/2020: Mid-seam 1000-gallon mid-seam tank (concrete) 9 panels



NO HOUSE PRESENT

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 plan 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: Mark Hanson Date: 12-27-19 Installed by: Brad Russel B&H

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/23/19 OPERATION PERMIT by: Tom Shuck Date: 6/23/2020

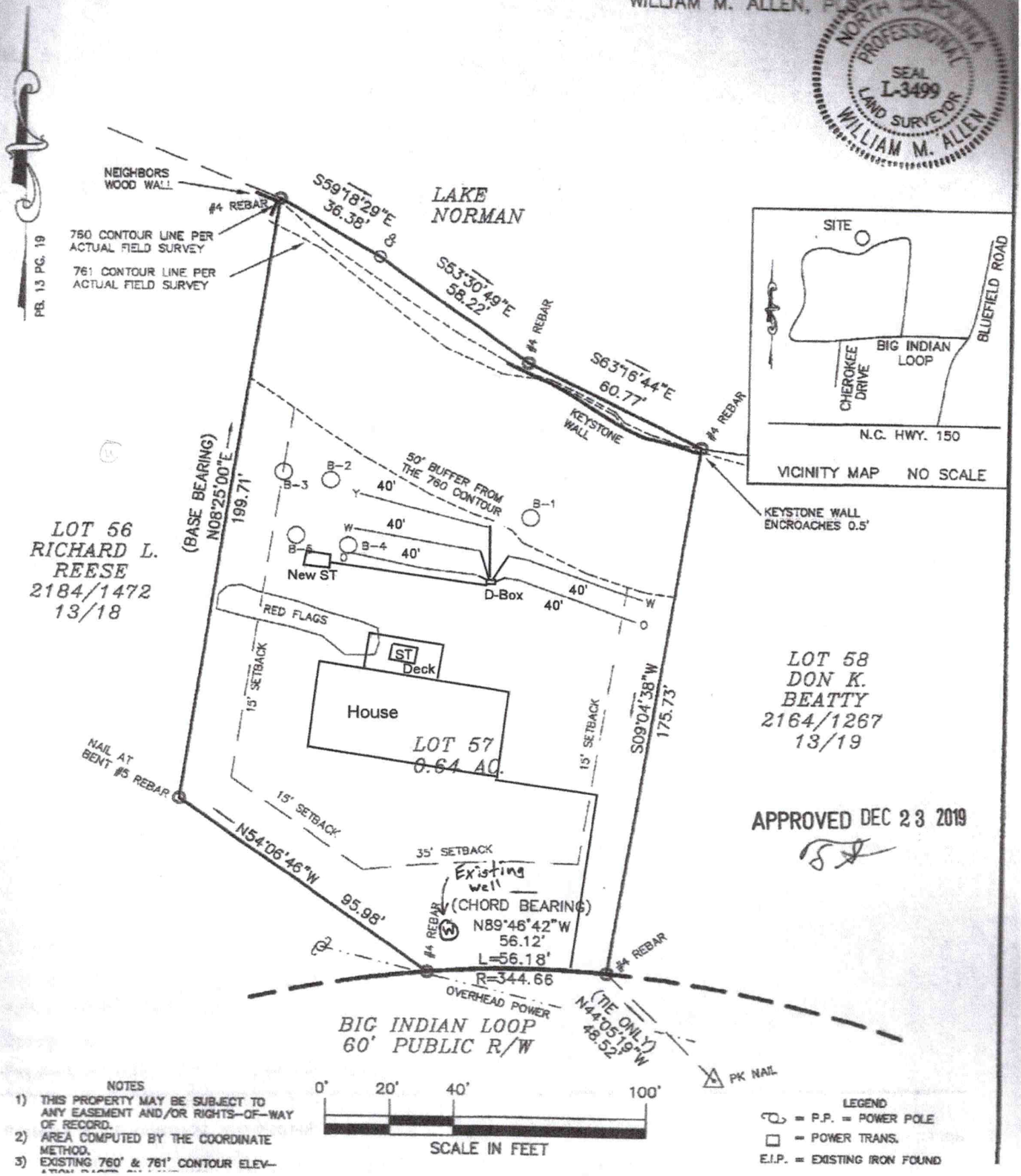
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/23/19 Existing System Inspected by: Date:

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.

plat book 13, page 19, that the ratio of precision is 1:10,000, that this was prepared in accordance with the General Statutes of North Carolina Chapter 47C, my hand and seal on the 9, day of DEC. A.D. 20 19.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



APPROVED DEC 23 2019

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEV-

0' 20' 40' 100'

SCALE IN FEET

LEGEND

P.P. = POWER POLE

POWER TRANS.

E.I.P. = EXISTING IRON FOUND

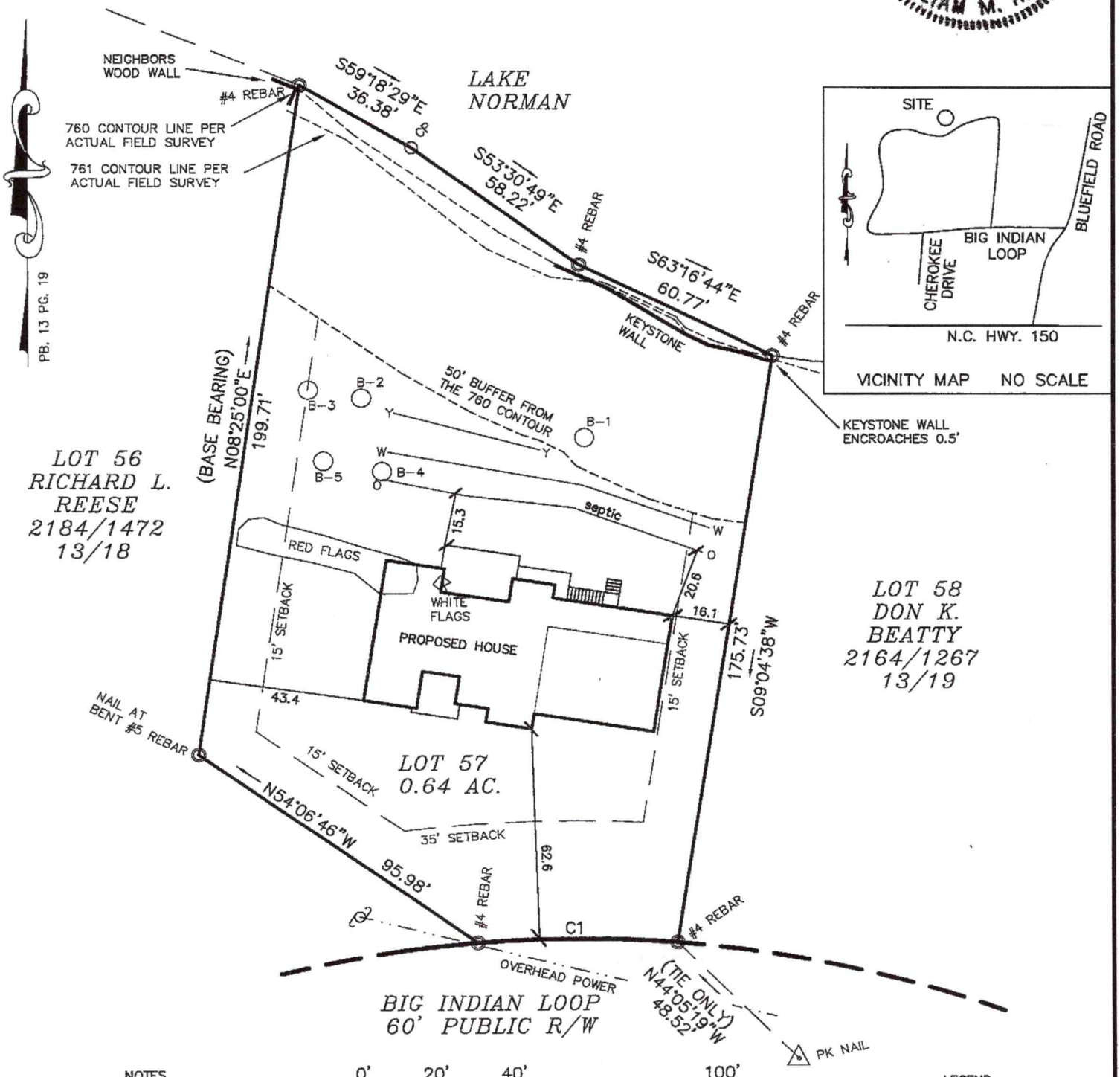
plat book 13, page 19, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 27, day of APRIL, A.D. 20 20.

WILLIAM M. ALLEN,

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	344.66'	56.18'	N 89°46'42" W	56.12'



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEV-ATION BASED ON LAKE NORMAN LAKE

0' 20' 40' 100'

SCALE IN FEET

LEGEND

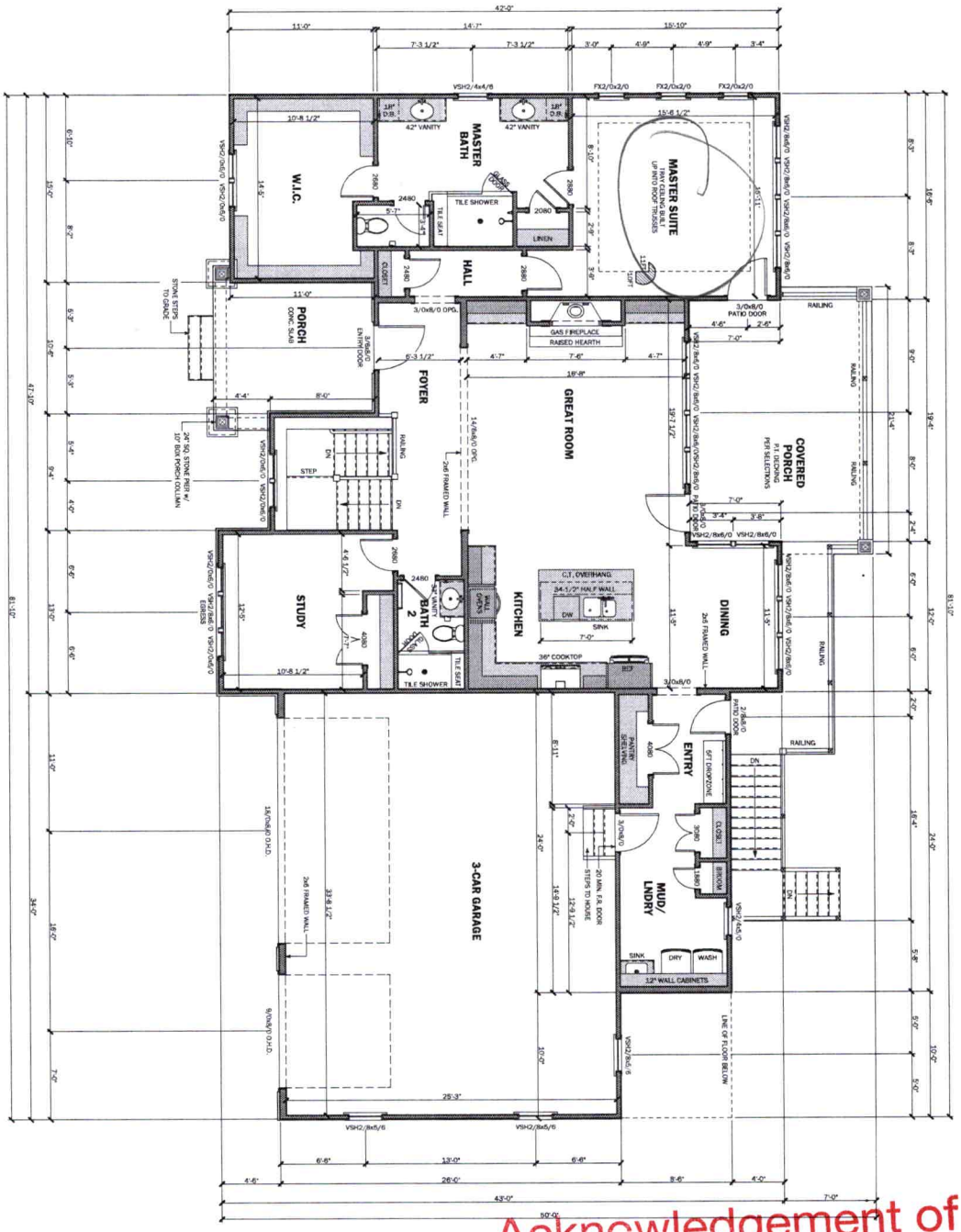
= P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET

PLOT PLAN/SURVEY

E:\Dropbox (Personal)\4_CAD FILES\1_JOBS\TIM CAPE\HANSON RESIDENCE\HANSON RESIDENCE.layout plot scale: 11"x17": 1/8" = 1'-0" 24"x36": 1/4" = 1'-0" plot date: Monday, April 27, 2020 10:12:26 AM

MAIN LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 120"= 10'-0"
WINDOW HEADERS @ 81"= A.F.F.



Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 7/31/2020

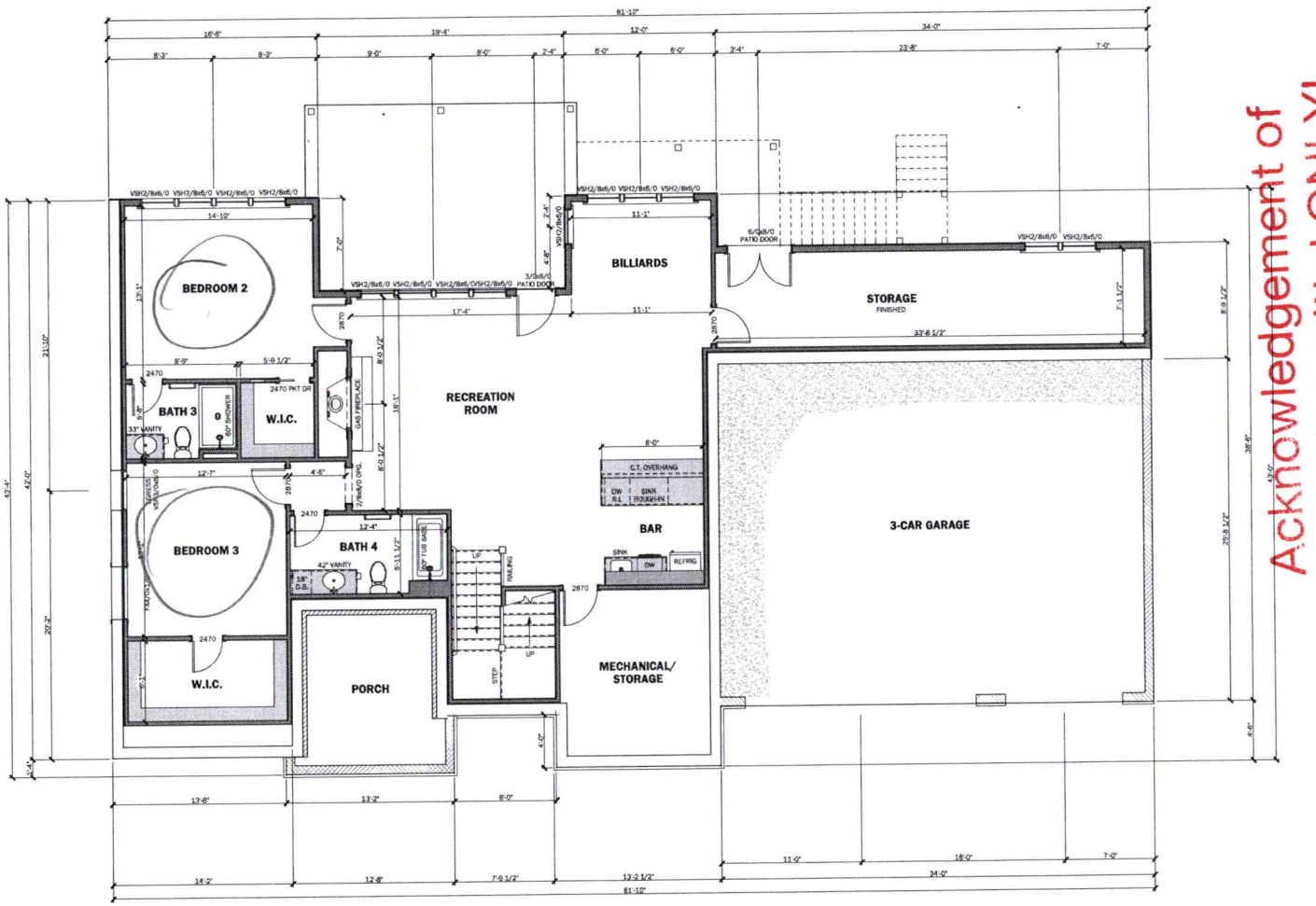
Date

Sheet Number	A3.0
Master Plan Number	#1
Sheet Title	MAIN LEVEL FLOOR PLAN
Drawing Set	FOR CONSTRUCTION
Project Plan Code	—
Plan Set Scale	24x36 sheet: 1/4" = 1'-0" / 11"x17" sheet: 1/8" = 1'-0"
Planned By	—
Drawn By	RES
Date	4/27/2020

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Project Name/Owner	CUSTOM HOME HANSON RESIDENCE
	MARK & PAT HANSON
	STREET ADDRESS
	CITY, STATE ZIP
	PH:000-000-0000

Designer	IDE INTELLIGENT DESIGN ENTERPRISES, INC. 1945 JN PEASE PLACE CHARLOTTE, NC 28262 CORPORATE ID: C-3118 704-332-7200
Engineer	TownshipCounty TOWNSHIP COUNTY
	ROBERT SMITH LLC 5811 KRISTI LANE MIDLAND, NC 28107 704-436-4075 www.robertsmithbldggr.com



LOWER LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8" CEILING
CONCRETE WALL: 10'-0" POURED WALLS
WINDOW HEADERS @ 8'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!
Date 7/31/2020
Date

ROBERT SMITH DESIGN
5811 KRISTI LANE
MIDLAND, NC 28107
704-436-4075
www.robertsmithdesign.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal

Project Name/Owner
CUSTOM HOME
HANSON RESIDENCE
MARK & PAT HANSON
STREET ADDRESS
CITY, STATE ZIP
PH:000-000-0000

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Date
4/27/2020

Drawn By
RES

Reviewed By
—

Plan Set Scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project Plan Code
—

Drawing Set
FOR CONSTRUCTION

Sheet Title Description
LOWER LEVE FLOOR PLAN

Sheet Number
A4.0

Master Plan Version
v1.8

RECEIVED JUN 0 8 2020 AP-307973 $250.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) 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: Tim Carr **Address:** 315 Stumpy Creek Rd. **Zip:** 28117
Applicant Email: timpaulcarr@gmail.com **Phone:** 704-402-8594 **Alt. Phone:**
Owner Name: Mark Hanson **Address:** 589 Big Indian Loop **Zip:** 28117
Owner Email: hanson.j.mark@gmail.com **Phone:** 336-337-8282 **Alt. Phone:**

Property Information:

Street Address: 589 Big Indian Loop Mooresville, NC 28117
Subdivision Name: N/A **Section/Phase:** **Lot Number:**
Driving Directions: From Hwy 150 Turn on to Bluefield Rd. Left on Big Indian Loop

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:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (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:
( ) 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?

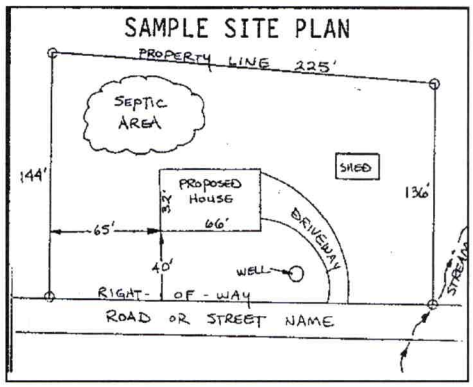
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Tim Carr 6-8-2020
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:

- ( ) **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**

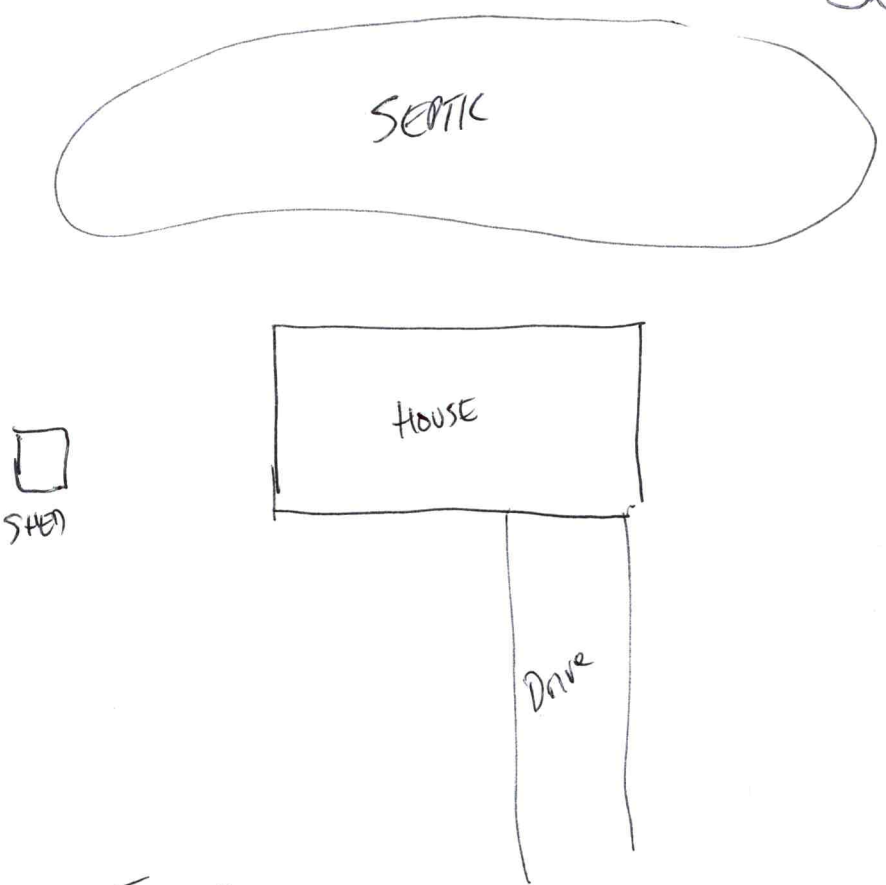
Circle N/A on the following if appropriate:

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

See attached



Signature: Tim Carr — 6-8-2020

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*) J. Mark Hanson

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, J. Mark Hanson, am the legal owner(s) of the property located at 589 Big Indian Loop, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4648265897.000, 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.

J. Mark Hanson — Signature of Owner(s)

6-4-2020 — 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

X **Complete all Environmental Health forms**:
- X Application
- X Site Plan including the dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

X **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

X **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

X **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

X If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work**.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Tim Carr **Date** 6-8-2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625