ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP - 328322

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

PIN # 4648 -- 24 -- 8971

APPLICANT/OWNER: SOUTHERN PIEDMONT CONSTRUCTION | APPLICANT ADDRESS: 745 BOSTIAN ROAD, CHINA GROVE, N.C. 28023

SITE ADDRESS: 116 CHURCHILL LANE, MOORESVILLE, N.C. 28117 | PHONE: 704-202-9214 | ALT. PHONE 704-200-4291

SITE DIRECTIONS: (S) ON 21, (R) ON CORNELIUS, (L) ON BLUEFIELD, (R) ON BIGINDIAN LOOP, (R) ON CHURCHILL, LOT @ END | SAP CONTROLLED: YES NO EXT

SUBDIVISION: CL+T | SECTION: 12 | LOT # 68 | LOT AREA: 0.78 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

Septic Tank	EXT (gal)	STB	EXT	Date	EXT		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		

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

System Description: EXISTING CONVENTIONAL

Repair System Description: EXT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms EXT

☐ Business No. Persons EXT

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

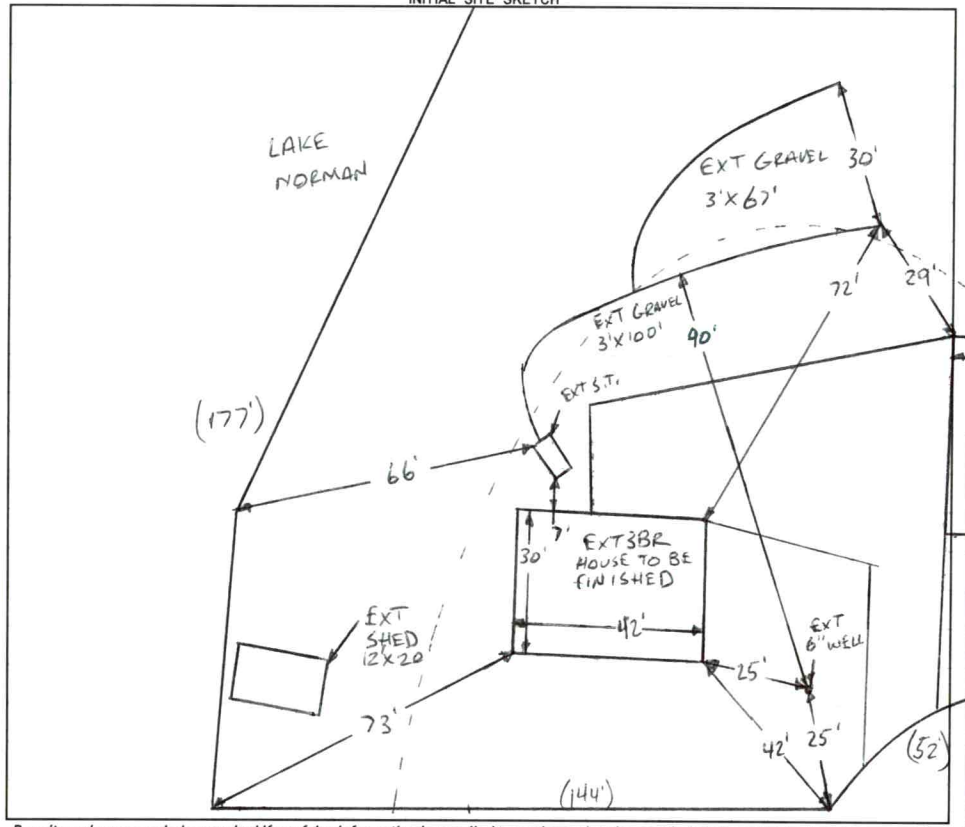
☑ Private EXT

☐ Public

☐ Community

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SYSTEM IS IN 50FT BUFFER, SEE PREVIOUS 3BR PERMIT BY DAVID HINSON IN 1983

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.

1 IN = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

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**

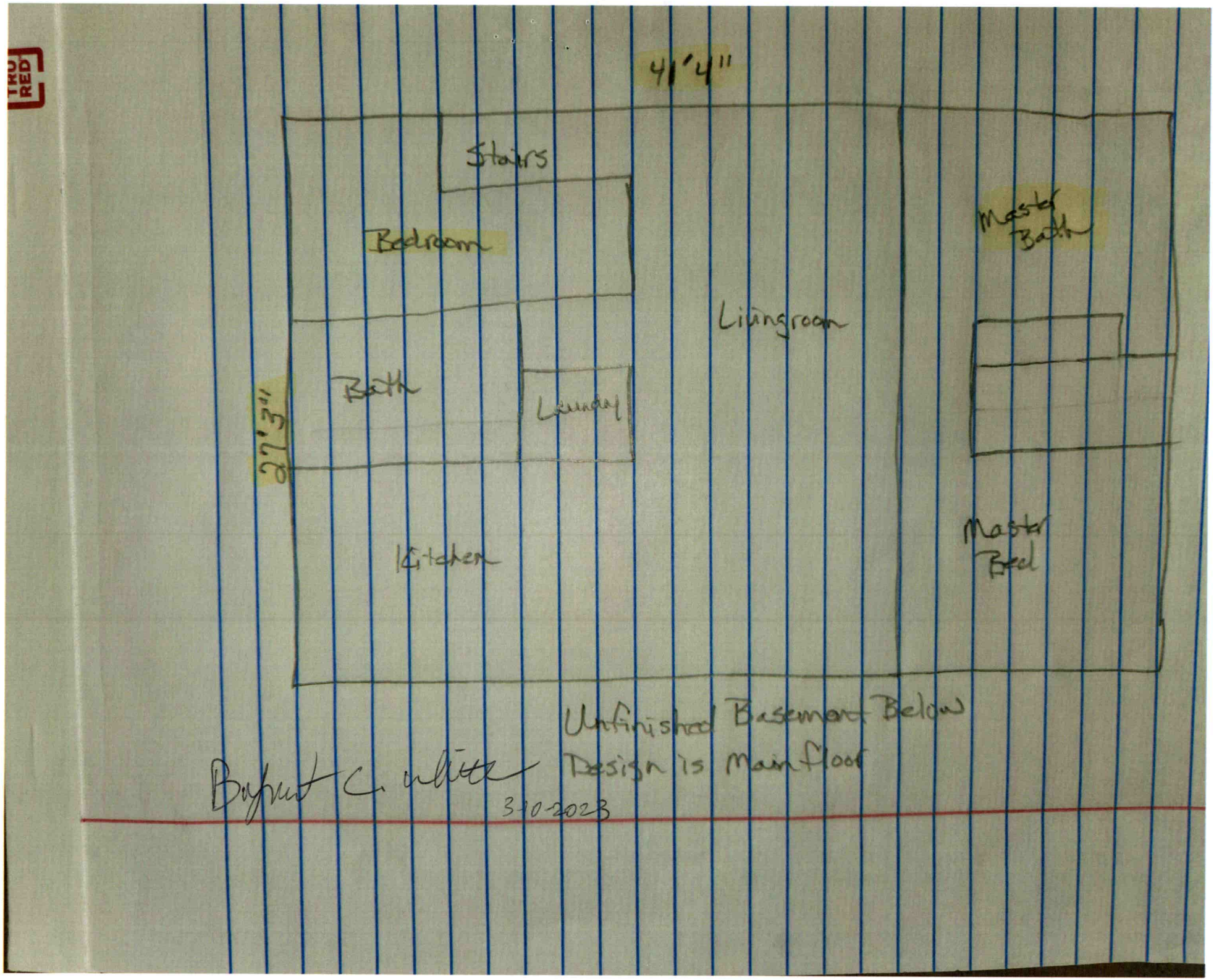
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: S Trista Long | Date: 4-4-23 | Installed by: _____

IMPROVEMENT PERMIT by: _____ | Date: _____ | OPERATION PERMIT by: _____ | Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ | Date: _____ | Existing System Inspected by: Burgent C. White | Date: 3-10-2023

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


4'4"
Stairs
Bedroom
Bath
Laundry
Kitchen
Livingroom
Master Bath
Master Bed
22'2"
Unfinished Basement Below
Design is Main floor
3-10-2023

RECEIVED MAY 0 3 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-328322 $250.00

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: Southern Piedmont Const Address: 745 Boston Rd China Grove Zip: 28023
Applicant Email: Southernpiedmontconst@gmail.com Phone: 704-202-9214 Alt. Phone: _____
Owner Name: Randy Steele Address: 6415 Alexander Rd. Kannapolis Zip: 28081
Owner Email: _____ Phone: 704-200-4291 Alt. Phone: _____

Property Information:

Street Address: 116 Churchhill Ln. Mooresville NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77S to Exit 36 Rt on Hwy 150 Rt on Bluefield Lt on Big Indian Loop Rt on Churchhill

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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
( ) Concrete Slab Foundation
(X) 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: 1983
( ) 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: _____ 5-2-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

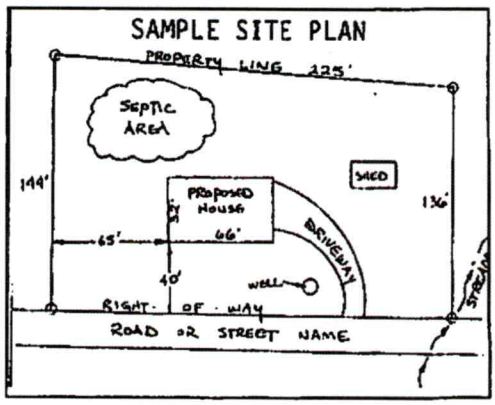
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: _____ 5-2-22

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

MORTON ENGINEERING

STRUCTURAL AND CIVIL CONSULTANTS

101 North Clinton Street, China Grove, NC 28023-2107
704-857-0252 704-855-1133 fax dmmorton@ctc.net

18 February 2021

Ms. Trisha Long
745 Bostian Road
China Grove, NC 28023

Re: Basement Wall Evaluation
116 Churchill Lane
Mooresville, NC

ME Project # 2021023

Dear Ms. Long:

As you requested, I have inspected the basement wall on the referenced home and offer the following comments and recommendations.

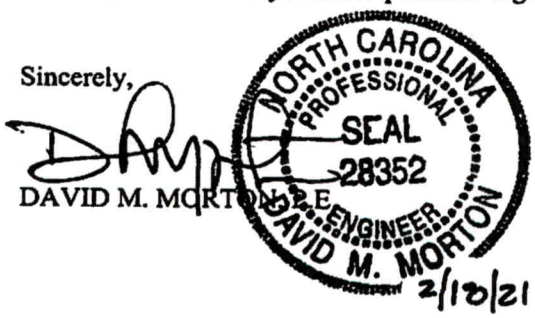
Specifically, the home is a one story wood frame unfinished structure with a full walkout out basement which began construction in 1983. The 8'-4" tall foundation/basement wall is an un-reinforced 12" CMU structure that transitions to an 8" CMU just below the planned backfill height. The backfill height varies up to approximately 48". The original plan was to finish the exposed portions of the wall with 4" brick, though the new plan maybe for stone veneer. The wall was never backfilled to the planned height and grading around the perimeter still slopes toward the wall. There is a waterproofing coating visible just above the current backfill line. The left and right side walls support a steel beam embedded at the center (approx.) of the wall. The wall is capped with a course of 4" CMU.

The wall is generally in good condition. There were no visible cracks and the wall remains vertical and intact. There was however some water along the rear portion of the basement predominantly in the left rear corner where back fill as deepest at 48". The wall supports the first floor framing (which is also unfinished) on a 2x4 sill and is not anchored to the foundation wall. The size of the footing could not be determined though it is assumed to be independent from the floor slab as the CMU extends past the top of slab at the wall base.

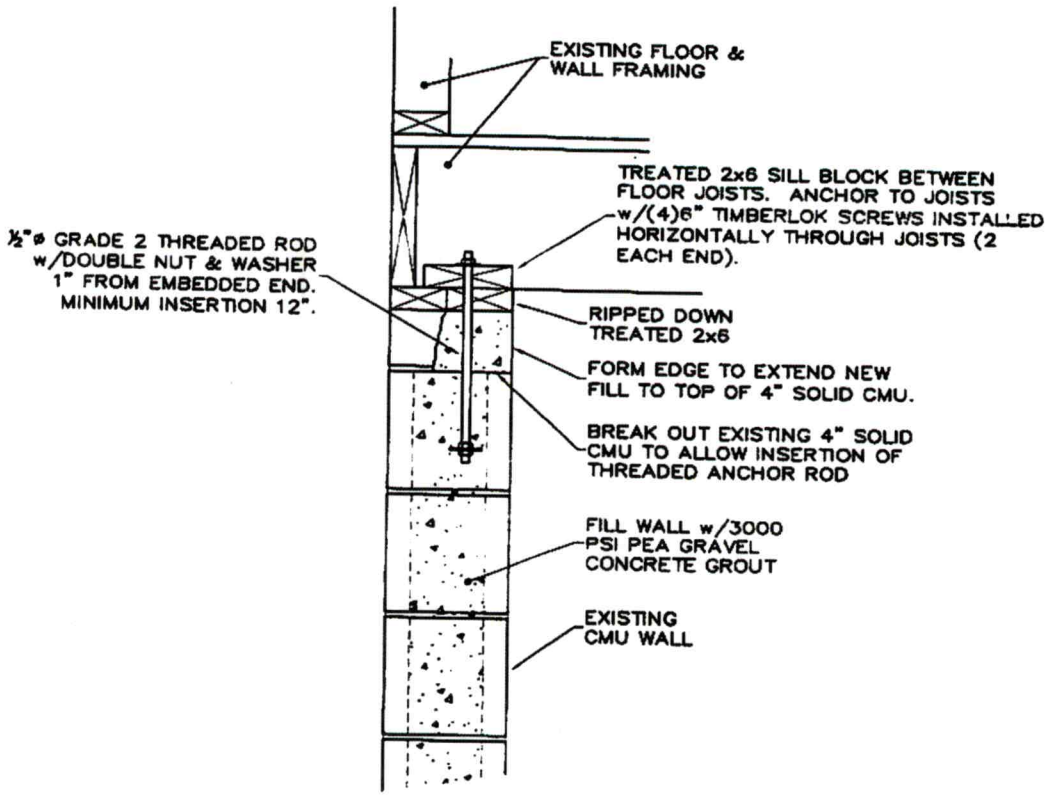
I recommend excavating the exterior of the wall to allow for the waterproofing to be refreshed and a new current code compliant foundation drain to be installed. While the base of the wall is exposed, I recommend excavating the edge of the footing in several locations so that the size and condition of the footing can be estimated and evaluated. While the height of the backfill does not require that the wall be reinforced or filled with grout, the framing is required to be anchored to the wall. An anchor bolt detail is enclosed with this report that will provide for code compliant anchorage of the home. The CMU cells at the anchor bolt locations will require fill with 3000 psi grout at least 3 courses deep and in the cells on either side of the threaded rod. The cells under the centerline beam must also be filled.

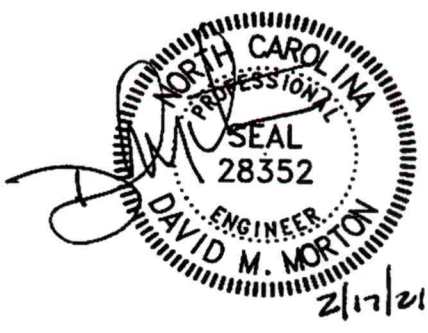
I am available should you have questions regarding this report.

Sincerely,



DAVID M. MORTON, P.E.





MORTON ENGINEERING
STRUCTURAL/CIVIL CONSULTANTS
101 NORTH CLINTON STREET
CHINA GROVE, NC 28023
704-857-0252
704-855-1133 FAX

Proj. No.	2021023
Date:	02-17-21
Chkd:	Drwn: DMM
Scale:	1" = 1'-0"

FOUNDATION WALL
116 CHURCHILL LN, MOORESVILLE, NC

ANCHOR BOLT DETAIL

Dwg. No.	21023
Sheet	of
	S-1

4648248971

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Donald R. Stock DATE 3-11-83 PERMIT NO. 68

PHONE: Business _____ Home _____

LOCATION 150W TR 1474 TL 1395 TR 1462

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 68 SECTION OR BLOCK NO. 12

House (✓) Mobile Home ( ) Business ( ) Other _____

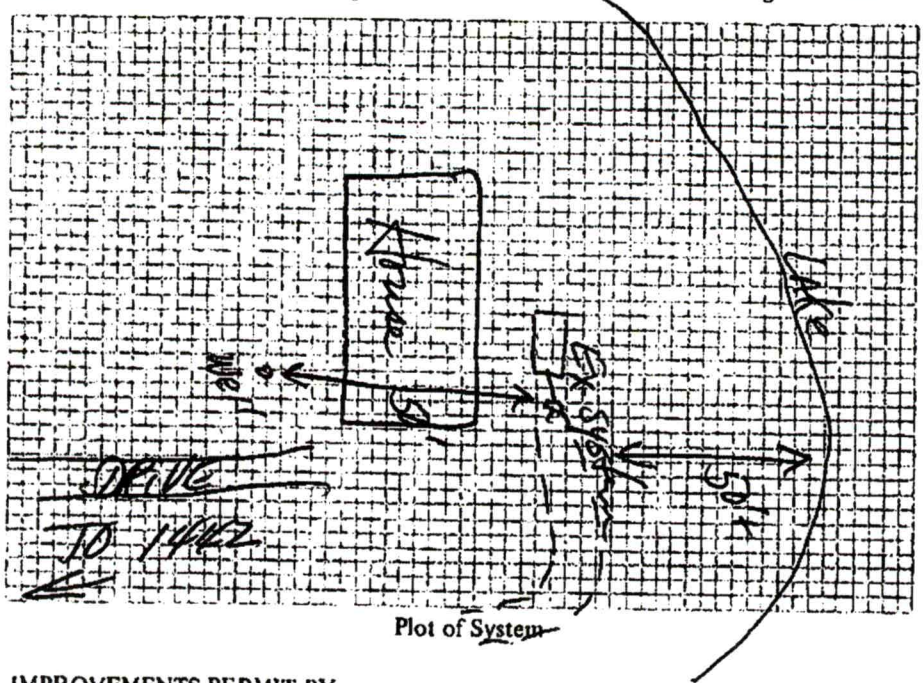
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 3-11-83

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Donald Steel DATE 6-15-18 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W T Ron 1305 TL on 1395 T Ron 1462 S. R. No. _____

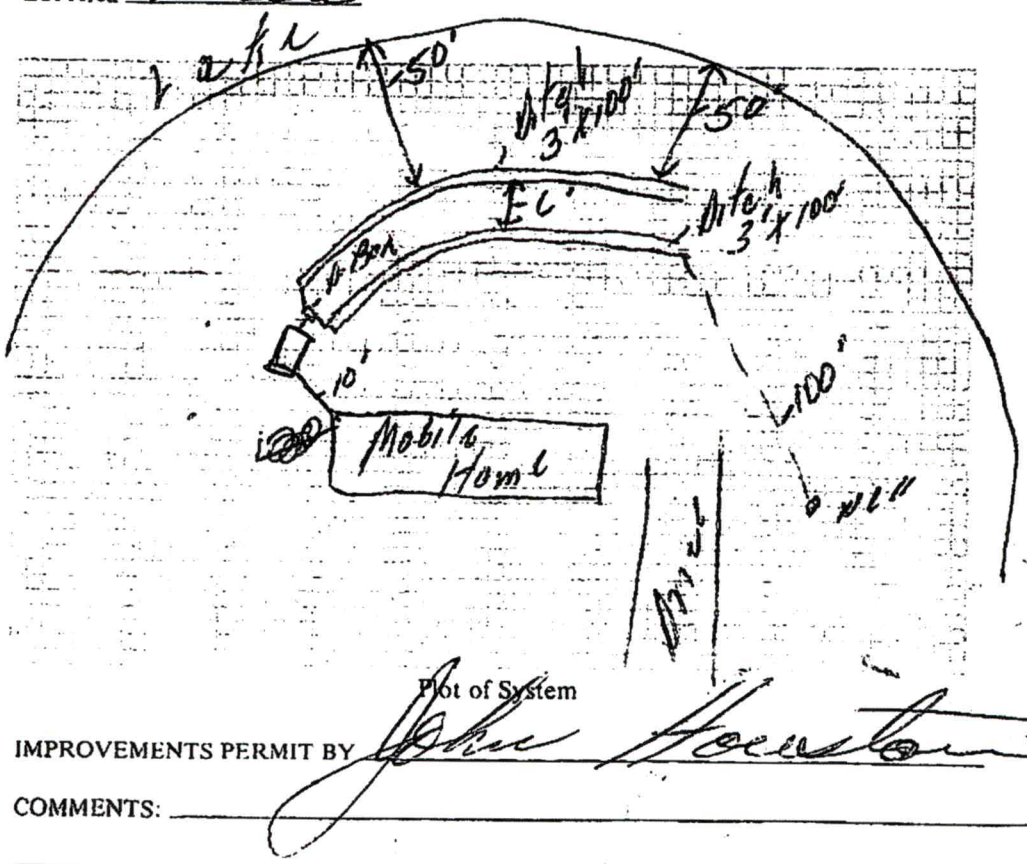
SUBDIVISION NAME Lake Norman LOT NO. 68 SECTION OR BLOCK NO. 2

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (✓)	No (✓)	Percolation Rate	60 min/in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	12 % Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6' to 8'	
			Rock or other impervious formations	None	

Lot Area 1.0 acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10" - 1'
Water Supply: Individual (✓)
Public (-)

Installed by _____

IMPROVEMENTS PERMIT BY John Hamilton

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

11-1130

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. 16

PHONE: Business _____ Home _____

LOCATION _____

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area _____

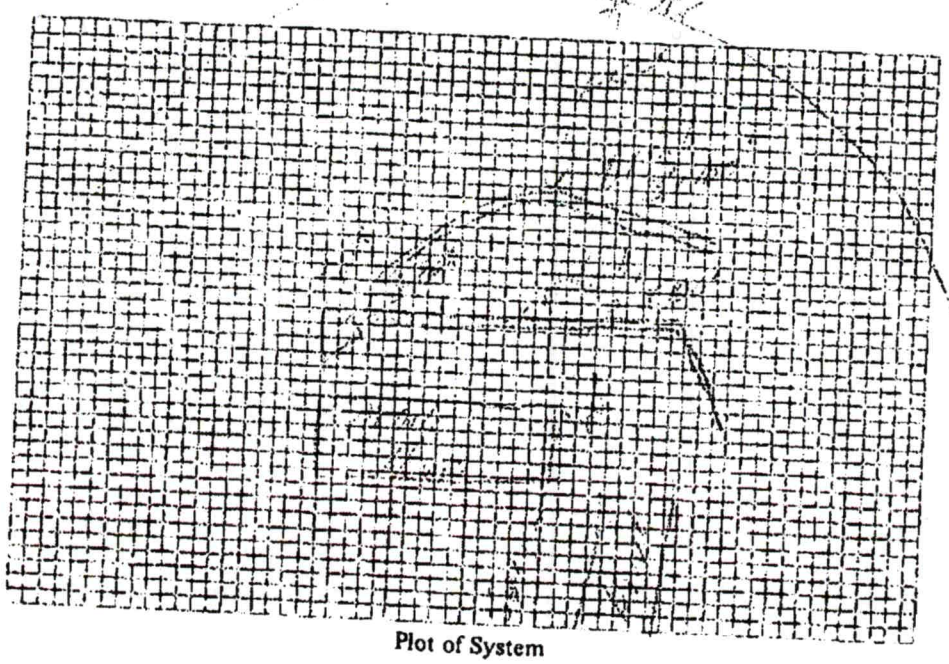
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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, Trisha Long Southern Piedmont Construction, am the legal owner(s) of the property located at 116 Church Hill Ln Mooresville NC, identified as

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

I do hereby authorize (**print legal representative/company name**) Southern Piedmont Construction Trisha Long, 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.

Brandy Stubb
Signature of Owner(s)

10/31/21
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
510 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 *****

TL **Complete all Environmental Health forms:**
_____ Application
_____ Site Plan with dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

TL **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.**

TL **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.**

TL **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.

TL 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 _____ **Date** 5-2-22

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