IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # 246432

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

PIN # 4648321178

APPLICANT/OWNER: I Q Custom Construction · APPLICANT ADDRESS: 840 Edmiston Rd Mooresville NC

SITE ADDRESS: 152 Cherokee Drive Mooresville, NC 28117. · PHONE: - · ALT. PHONE 704-578-4951

SITE DIRECTIONS: Bluefield, Big Indian, Cherokee on Right · SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bearsfoot Bay · SECTION: - · LOT # 10 · LOT AREA: - · DESIGN FLOW: 360 · L.T.A.R.: .30

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LP-PPRBS - 50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pool must be staked during Final Inspection
Driveway to be located as shown on proposal.
Using Original Floor Plans

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

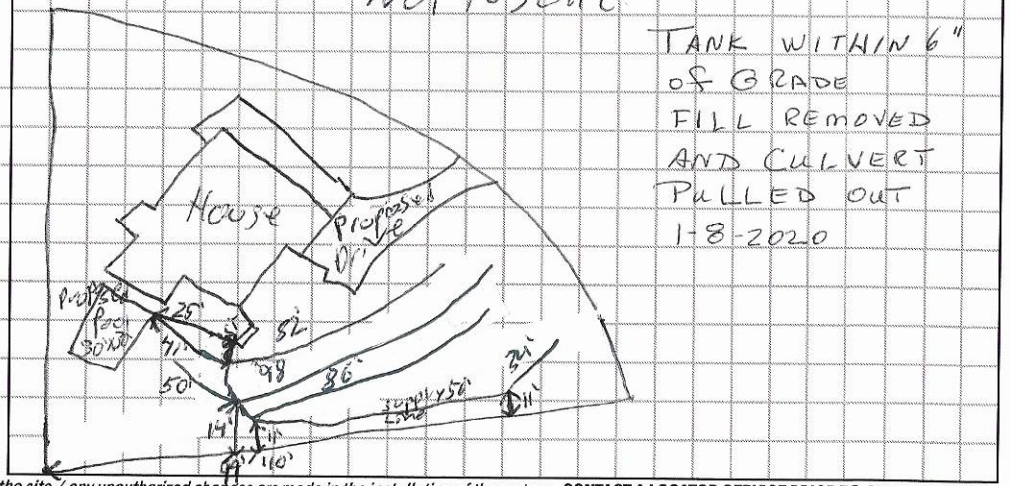
The Oaks Group, P.A.

LSS # 1313

AS BUILT SKETCH

12/20/19: Bryant checked first 2 lines and both were good. He also checked the tank and everything was good but some soil needs to be removed soil is the 6" below grade. PJB checked the last 2 lines and both were correct. The pool was staked while last 2 lines were being installed and all parts of system were over 15' away. Culvert still needs to be removed Fill still needs to be removed off Repair line and soil moved off tank.

Not to scale



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**

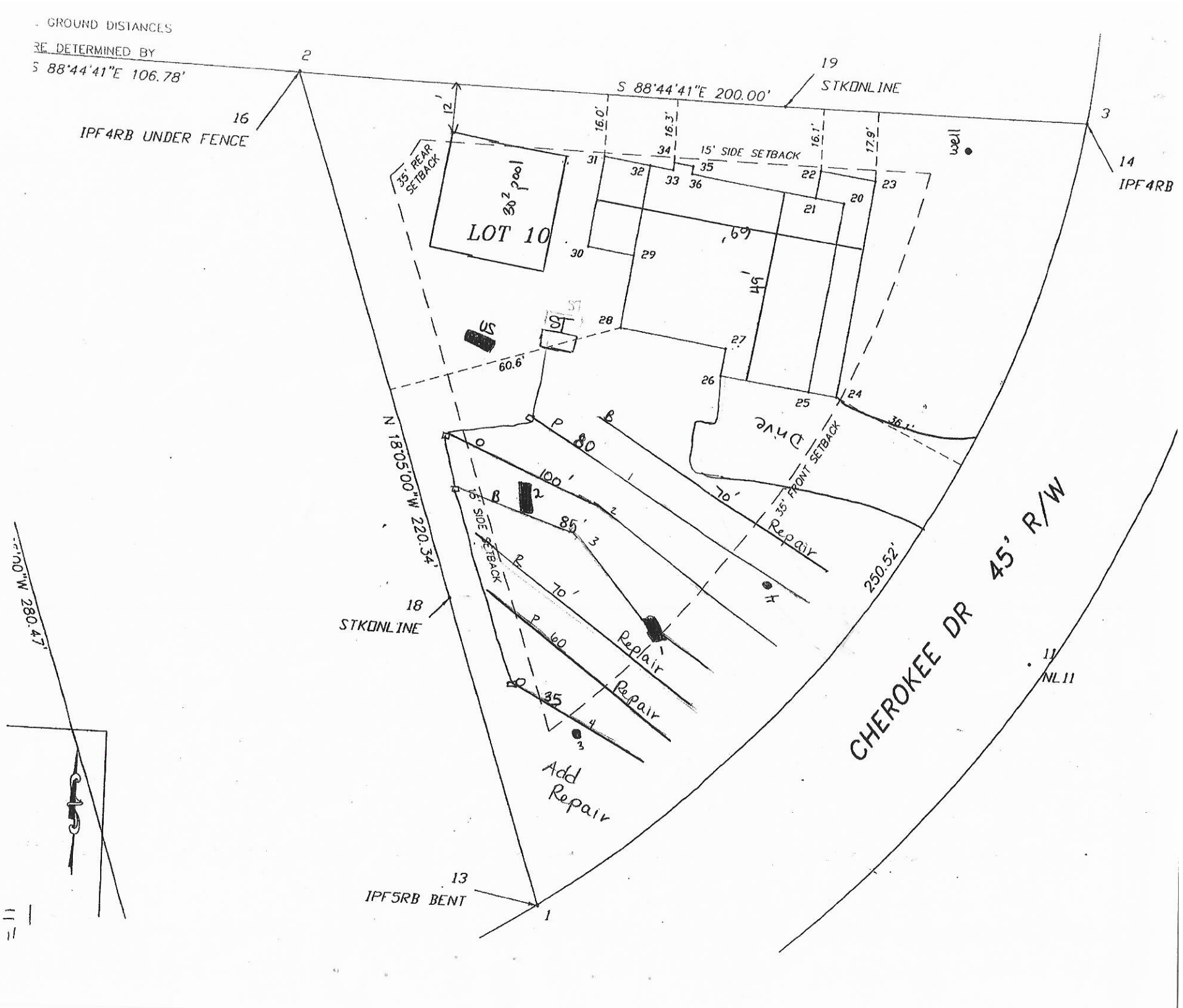
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders · Date: 12-3-19 · Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A. Bobbitt · Date: 11/20/2019 · OPERATION PERMIT by: Bryant White (as) · Date: 1-8-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bobbitt · Date: 11/20/2019. · 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.


GROUND DISTANCES
RE DETERMINED BY
S 88°44'41"E 106.78'
2
19
S 88°44'41"E 200.00'
STKONLINE
16
IPF4RB UNDER FENCE
3
14
IPF4RB
12'
16.0'
16.3'
16.1'
17.9'
well
35' REAR SETBACK
15' SIDE SETBACK
31
34
35
32
33
36
22
23
20
21
30
29
69'
49'
LOT 10
30' 200'
28
27
26
25
24
S7
US
60.6'
35' FRONT SETBACK
DRIVE
36.1'
N 18°05'00"W 220.34'
P 80
100'
85'
70'
Repair
15' SIDE SETBACK
250.52'
18
STKONLINE
P 60
Replair
Repair
35'
Add
Repair
CHEROKEE DR 45' R/W
11
NL11
13
IPF5RB BENT
1
N 18°05'00"W 280.47'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 152 Cherokee Dr

Date: November 11, 2019

Attached is the septic specification information required to permit 152 Cherokee Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

152 Cherokee Dr - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space or Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	70
2	System	Pink	25% Reduction	80 endfed
3	System	Orange	25% Reduction	100 endfed
4	System	Blue	25% Reduction	85 endfed
5	Repair	Red	LP PPBPS	70
6	Repair	Pink	LP PPBPS	60
7	System	Orange	25% Reduction	35 endfed
				Total System: 300'
				Total Repair: 200'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Construction
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 4/8/19
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.899
LOCATION OF SITE: Cherokee Dr Lot 10
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-33	Mo SBK C	FR SS/SP	R	48"	PS	N/A	0.3
		33-48	WK SBK C	↓	R; F Sap, F Quartz				
		48-60	MA L Sap	↓	R				
2	L 3-5%	0-26	Mo SBK C	FR SS/SP	R; F Sap	46"	PS	N/A	0.3
		26-46	WK SBK CL	↓	R; C Sap				
		46-60	MA L Sap	↓	Multi				
3	L 3-5%	0-28	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		28-48	WK SBK C	↓	R; F Sap				
4	L 3-5%	0-36	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		36-48	WK SBK CL	↓	R; C Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PP BPS	LP PP BPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Needs slight shaping
SITE CLASSIFICATION (.1948):
EVALUATED BY: KMS
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: Needs slight shaping

Kathleen Saunders

Updated February 2014

RECEIVED NOV 1 2 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 Session Law

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

#246432

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: IQ Custom Const. Address: 840 Edmiston Rd 28125 Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 152 Cherokee Dr 28117
Subdivision Name: Bearfoot Bay Section/Phase: _____ Lot Number: 10
Driving Directions: Bluefield, Big Indian, Cherokee, on R

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: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) 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 ( ) 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: Kathleen Saunders 11/11/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

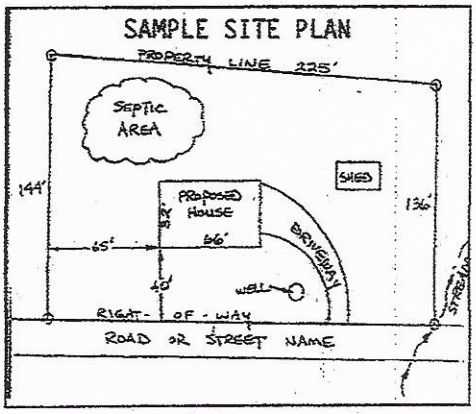
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

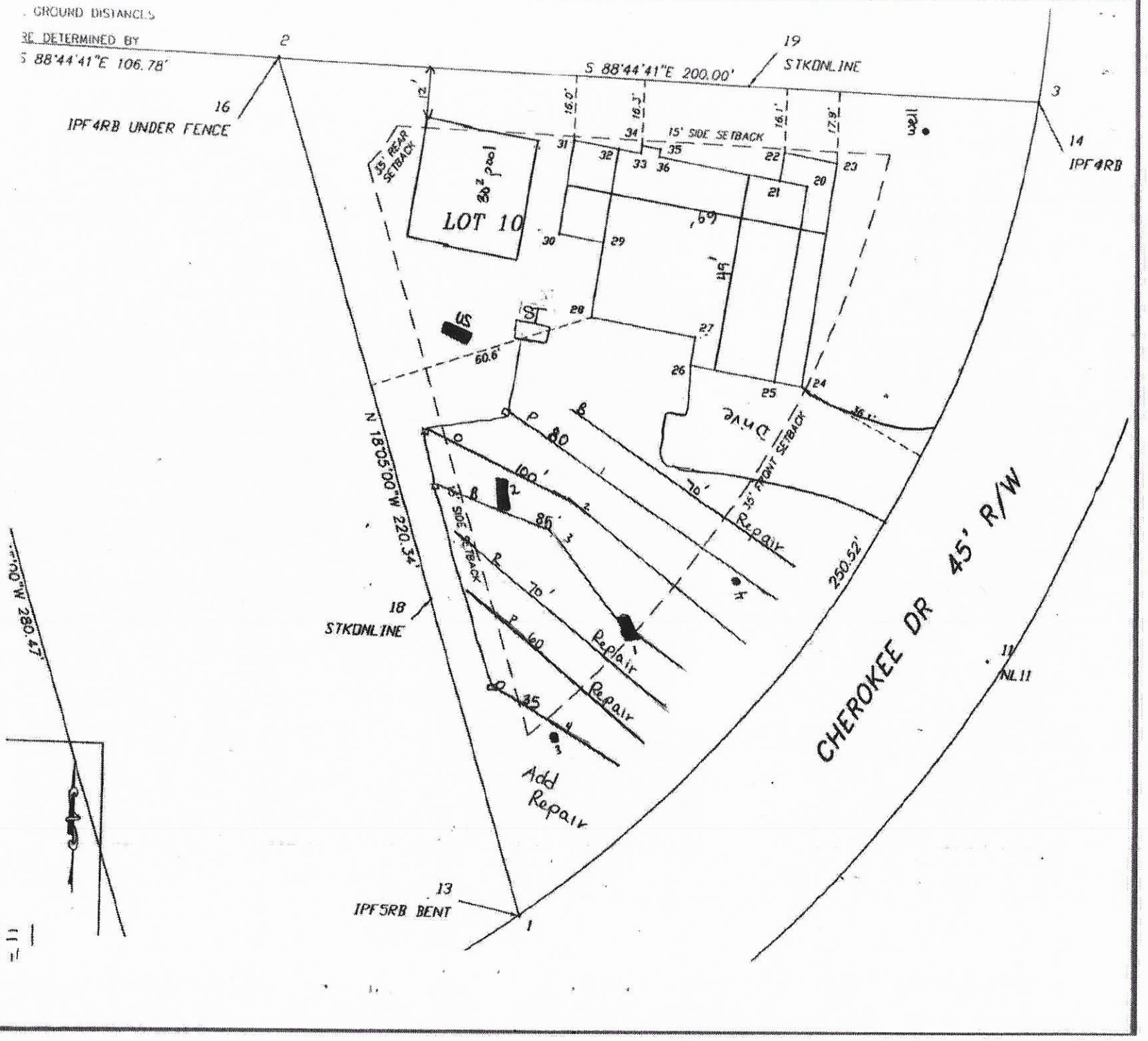
Please see Attached

Signature: Kathleen Saunders

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

11-11-19

DATE


GROUND DISTANCES
RE DETERMINED BY
S 88°44'41"E 106.78'
2
16
IPF4RB UNDER FENCE
S 88°44'41"E 200.00'
19
STKONLINE
3
14
IPF4RB
15' SIDE SETBACK
35' REAR SETBACK
LOT 10
30 x 80 pool
well
N 18°05'00"W 220.34'
18
STKONLINE
60.6'
25' FRONT SETBACK
Drive
Repair
Add Repair
250.52'
CHEROKEE DR 45' R/W
13
IPF5RB BENT
1
11
NL11
N 18°05'00"W 280.47'
1" = 30'

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, IQ Custom Construction, am the legal owner(s) of the property located at 152 Cherokee Dr, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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

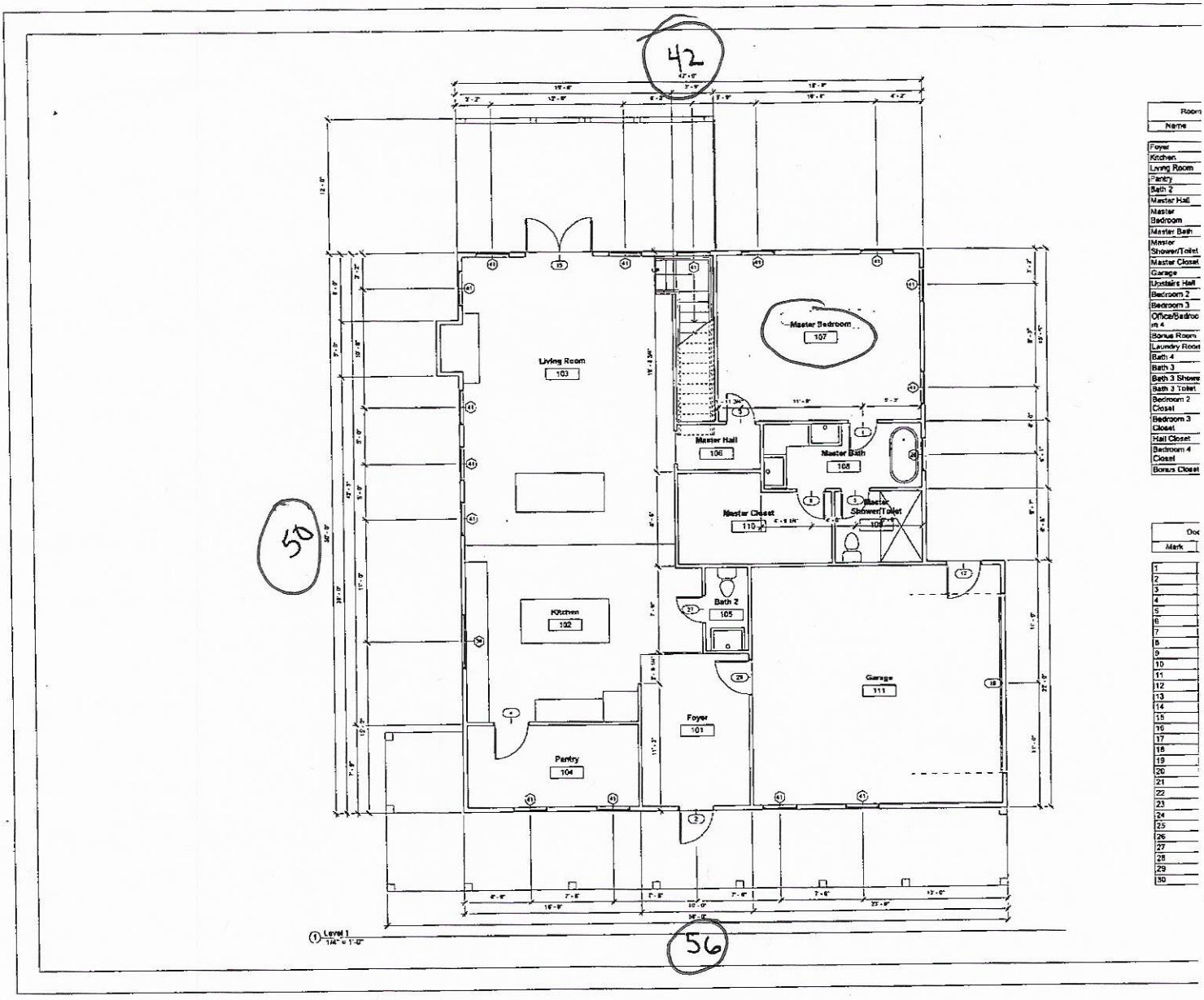
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	11/11/19	Joan B Hyde	11/11/19
Signature of Owner(s)	Date	Signature of Witness	Date

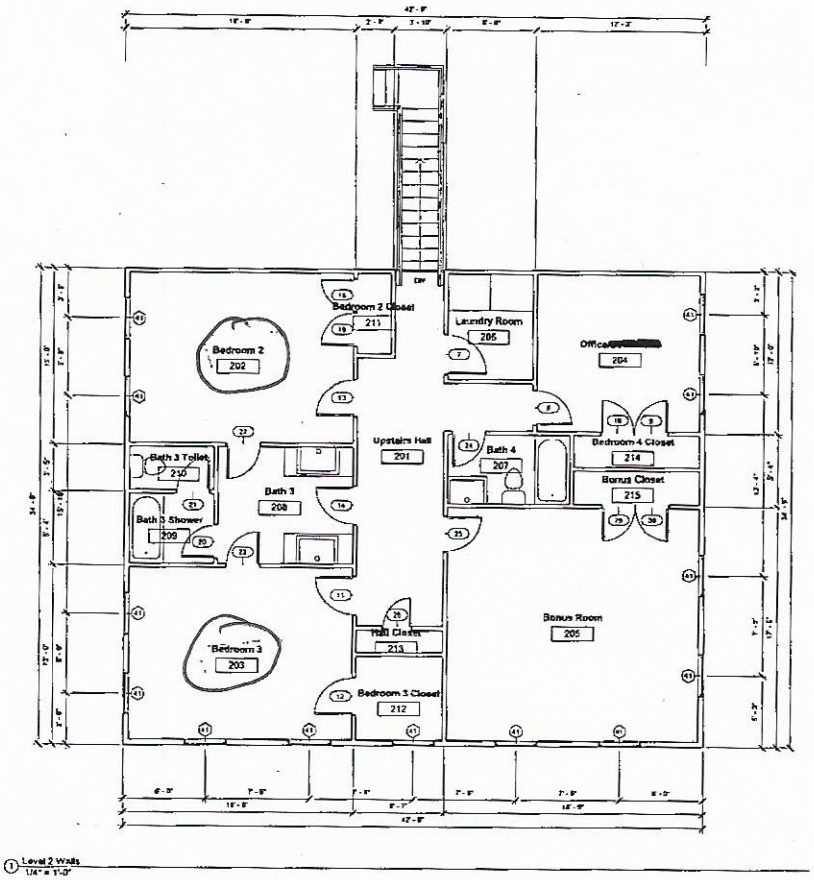
Please return this signed form to the appropriate office:

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



Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders 8/7/19
Tom Shuck Date 8/6/20



1 Level 2 Walls
1/4" = 1'-0"

Room Sch

Name	Nu
Foyer	10
Kitchen	10
Living Room	10
Pantry	10
Bath 2	10
Master Hall	10
Master Bedroom	10
Master Bath	10
Master Shower/Toilet	10
Master Closet	11
Garage	11
Upstairs Hall	20
Bedroom 2	20
Bedroom 3	20
Office/Bedroom 4	20
Bonus Room	20
Laundry Room	20
Bath 4	20
Bath 3	20
Bath 3 Shower	20
Bath 3 Toilet	21
Bedroom 2 Closet	21
Bedroom 3 Closet	21
Hall Closet	21
Bedroom 4 Closet	21
Bonus Closet	21

Door Sc

Mark	Wi
1	2' - 8
2	3' - 0
3	2' - 6
4	3' - 0
5	2' - 6
6	2' - 8
7	2' - 1
8	2' - 8
9	2' - 4
10	2' - 4
11	2' - 6
12	2' - 8
13	2' - 6
14	2' - 6
15	6' - 0
16	16' -
17	13' - 6
18	2' - 4
19	2' - 4
20	2' - 4
21	2' - 4
22	2' - 4
23	2' - 4
24	2' - 4
25	2' - 4
26	2' - 4
27	2' - 4
28	3' - 0
29	12' -
30	12' -

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 8/7/19
Tom Shuck Date 8/6/2019

IREDELL COUNTY

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

APPLICATION NUMBER
246432
Issue Date: 07/09/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648321178.000	152 CHEROKEE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STUMP HAROLD L+SHERRY	Applicant: THE OAKS GROUP
Address: 622 PIONEER LANE	Address: 121 HOLT LN
CHARLESTON, WV 25312	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	X

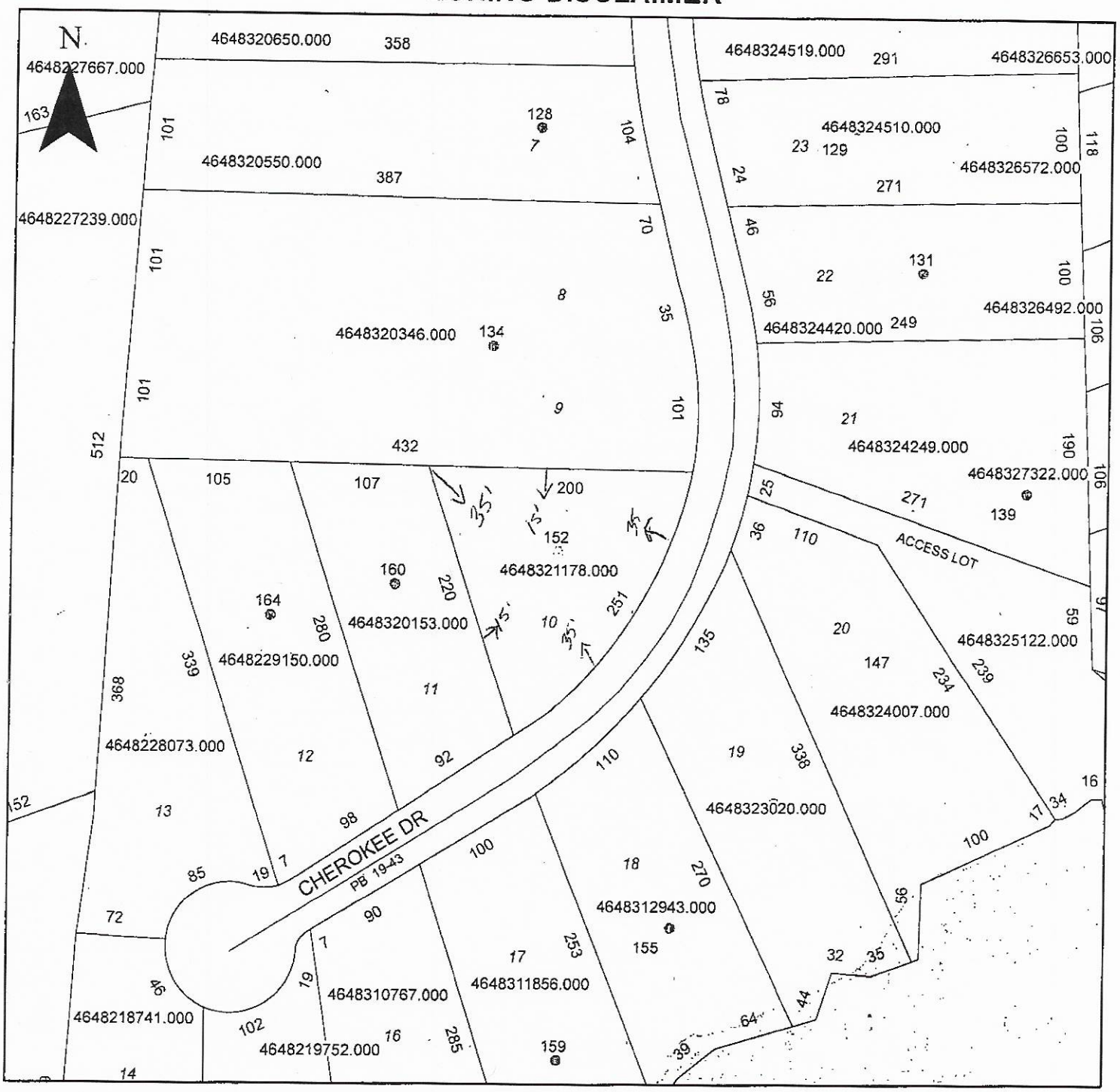
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	184298	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 152 Cherokee Dr.

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.

Kathleen Saunders
Applicant

7-9-19
Date