MD 3:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233539

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

PIN # 4648425918

APPLICANT/OWNER: Owl Development LLC APPLICANT ADDRESS: 167 Maple View Dr. Trautman, NC

SITE ADDRESS: 116 Jess Ct Mooresville, NC 28117 PHONE: 704-578-4951 ALT. PHONE ——

SITE DIRECTIONS: NC 150 W → R on Bluefield → L on Big Indian Loop → L on Jess Ct → 1st on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Cedars Edge SECTION: — LOT # 3 LOT AREA: .57 ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	9-27-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Conventional (chambers w/			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS		no reductio	
# Nitrification Fields	1		# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth(Low side)		40"	Gravel Depth ——		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☑ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: * Install at 40" * Install chambers with serial distribution and drain lines on contour. Pool should be staked during time of install. Must maintain 15' from proposed pool.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

Installed Quick 4 @ 90" TB
Checked Upper 4 lines & ST
& Supply line to 1st drainline 1/8/19 MD
CHECKED LAST LINE
AND HEADER DITCH 1-9-19
BCW

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: (Mail) Date: Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Kayla Watson Date: 7-10-18 OPERATION PERMIT by: Burnett C. White Date: 1-9-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 7-10-18 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 inspector to confirm your inspection time.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

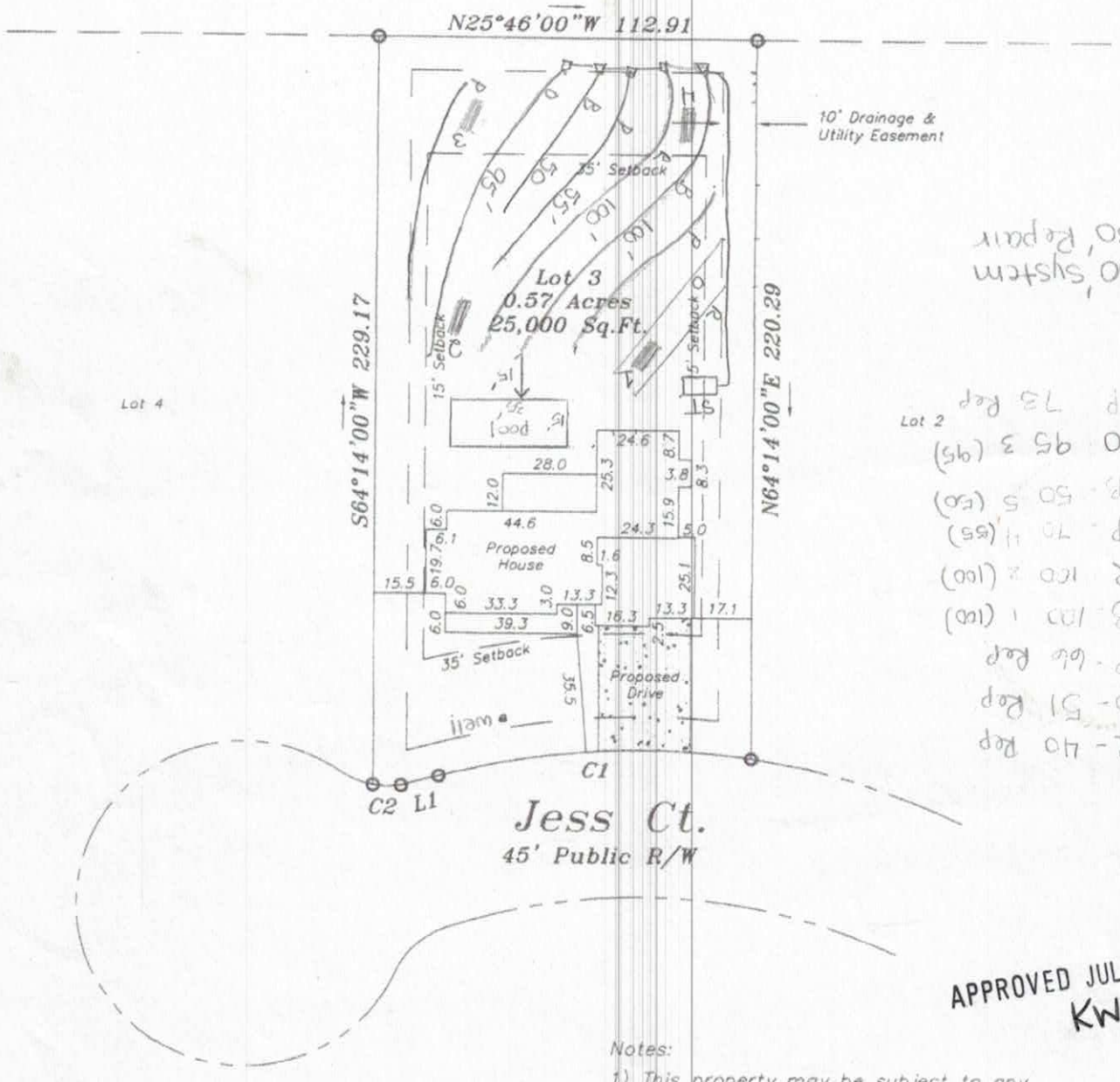
1 inch = 50 ft.

P.B. 59, Pg. 106

Legend

B.O.C. = Back of Curb
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
= Utility Pole
= Light Pole
= Guy Wire

Danny Price Mundy
D.B. 1226, Pg. 1714



APPROVED JUL 10 2018
KW

Notes:

1) This property may be subject to any Easements Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 59 at Page: 106 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

LINE TABLE		
LINE	LENGTH	BEARING
L1	11.65	S40°49'29"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chrod Bearing
C1	94.05	220.00	93.34	S29°25'04"E
C2	8.55	25.00	8.51	N25°09'24"W

Jess Ct - Lot 3 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**Conventional**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	40"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	230
Repair Loading Rate	0.3
Trench Depth	49"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	40
2	Repair	Orange	LP PPBPS	51
3	Repair	Pink	LP PPBPS	66
4	System	Blue	25% Reduction	100 endfed
5	System	Red	25% Reduction	100 endfed
6	System	Pink	25% Reduction	55 endfed
7	System	Blue	25% Reduction	50 endfed
8	System	Orange	25% Reduction	95 endfed
9	Repair	Pink	LP PPBPS	73
				Total System: 400'
				Total Repair: 230'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Site might require slight shaping to prevent ponding over drainfield

APPROVED JUL 10 2018
KW

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Oscar Kohler
ADDRESS: 167 Maple View Dr 28166
PROPOSED FACILITY: SFR
LOCATION OF SITE: Jess Ct 3

APPLICATION DATE
DATE EVALUATED: 4/16/18
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.57 Ac
PROPERTY RECORDED: PS

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 3-5%	0-27	Clay	→ 32"					
		27-45	Mo SBK C	FR SS/SP	R, C sap				0.3
		45-62	WK SBK CL	↓	R, C/M sap	62"	N/A	Below 27" PS	27"
2	L 3-5%	0-16	Fill						
		16-24	Mo ABK C	FR SS/SP	R, C yel Br				
		24-53	Mo SBK CL	↓	R				0.3
		53-65	WK SBK CL	↓	R, C sap	65"	N/A	Below 24"	24"
3	L 3-5%	0-22	Mo ABK C	FR SS/SP	R, C yel Br				
		22-33	Mo SBK C	↓	R, C sap				0.3
		33-61	WK SBK CL	↓	R, C sap				22"+
4	L 3-5%	0-16	Fill						
		16-29	Mo SBK CL	FR SS/SP	R				
		29-52	WK SBK CL	↓	R, C sap				0.3
		52-72	MA L SAP	↓	yel R, C sap	52"	PS	N/A	16"+

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: kms
OTHER(S) PRESENT:

COMMENTS: System = 40" TB Repair = 49" TB

Updated February 2014

APPROVED JUL 10 2018
KML

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 116 Jess Ct

Date: June 18, 2018

Attached is the septic specification information required to permit 116 Jess Ct for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD 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, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
3873
STATE OF NORTH CAROLINA

Kathleen Saunders

#233539 Pd $900
$350+
$550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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.

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: Ole Miss Homes **Address:** 167 Maple View Dr Troutman **Zip:** 28166
Applicant Email: katherine.sanders@gmail.com **Phone:** 704 578 4951 **Alt. Phone:**
Owner Name: Ole Miss Development LLC **Address:** 146 Eagle Chase Ln Troutman **Zip:** 28166
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 116 Jess Court Mooresville NC
Subdivision Name: **Section/Phase:** **Lot Number:** 3
Driving Directions: Blue Field Rd left Big Indian Loop left Jess Ct. property on rt.

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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
(X) Swimming Pool
( ) Other Addition/Structure:
Describe Problem:

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:
( ) 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: JMarquis 6/18/18
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, Oscar Kohler, am the legal owner(s) of the property located at 116 Jess Ct Mooresville 28117, identified as PIN (Parcel Identification Number) 4648 42 5918, located in Iredell County, North Carolina.

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

(Proxy) 6/18/18

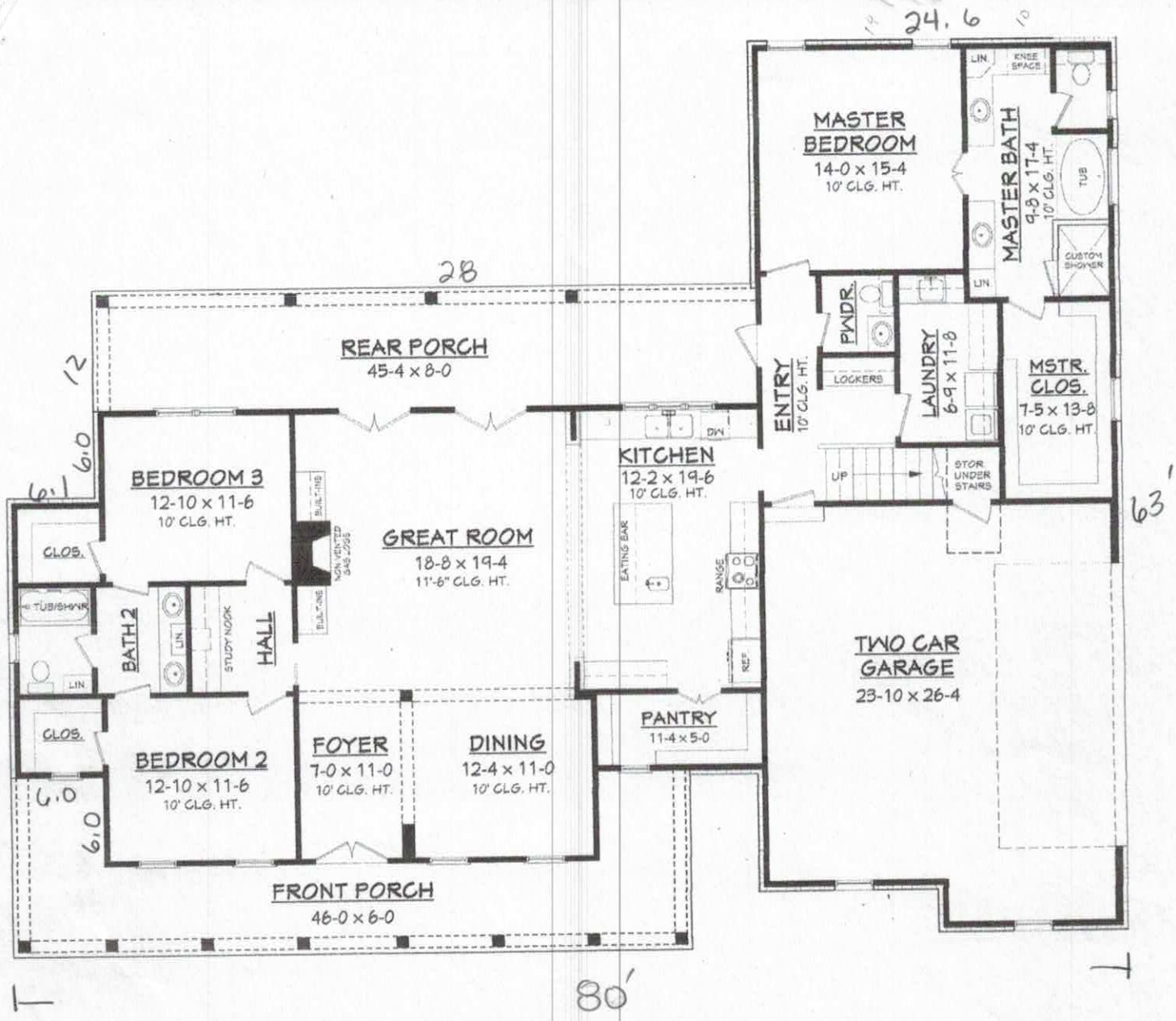
Signature of Owner(s) Date

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



MANOR FARM BONUS FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 7-10-18

Date 7/12/18

IREDELL COUNTY

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

APPLICATION NUMBER
233539
Issue Date: 02/20/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648425918.000	116 JESS COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OWL DEVELOPMENT LLC	Applicant: KATHLEEN SAUNDERS
Address: 146 EAGLE CHASE LN	Address: 121 HOLT LANE
TROUTMAN, NC 28166	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	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	129308	TOTAL FEES:	$ 77.25