# IREDELL COUNTY HEALTH DEPARTMENT EH

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22723

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

PIN # 4648-43-4148

APPLICANT/OWNER: KOEHLER HOMES INC. APPLICANT ADDRESS: 167 MAPLE VIEW DR. TROUTMAN

SITE ADDRESS: 104 JESS CT. MOORESVILLE PHONE: 704-578-4951 ALT. PHONE: KATHLEEN SAUNDERS

SITE DIRECTIONS: BLUEFIELD, TL BIG INDIAN, TL JESS, ON R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CEDARS EDGE SECTION: — LOT # 1 LOT AREA: .58 AC DESIGN FLOW: 360 L.T.A.R.: .25

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 760. | Date 1/14. | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | Date | System Description: | 25% REDUCTION | ☐ Business | No. Persons 6 |
| Pump Make | Model | | Serial # | Repair System Description: | PPBPS | ☐ Other | No. Employees |
| # Nitrification Fields | 1 # Lines 6 | | Linear Ft: 360' | 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

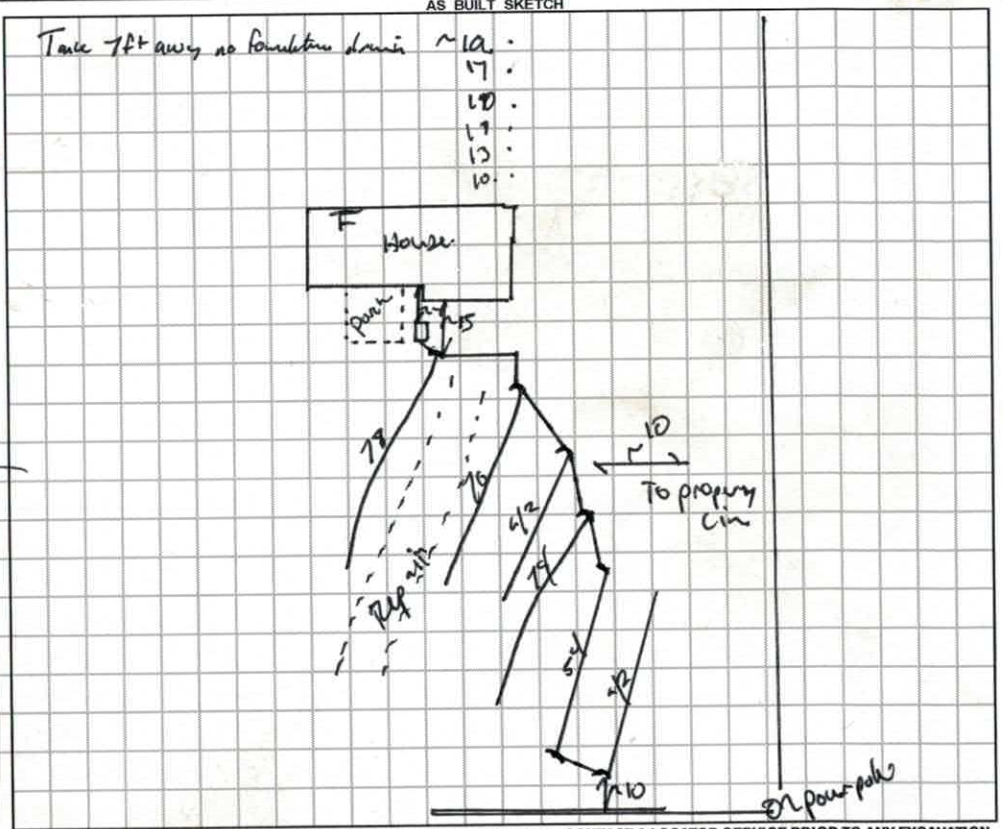
Comments / Conditions: PUMP, CRUSH, FILL OLD TANK IN HOUSE BOX OR REMOVE

*Tank is 7ft from house 5ft from porch.

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

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 EXCEPTION**

☐ **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: [signature] Date: 6/5/17 Installed by: Shannon-Grandbrenners Grading

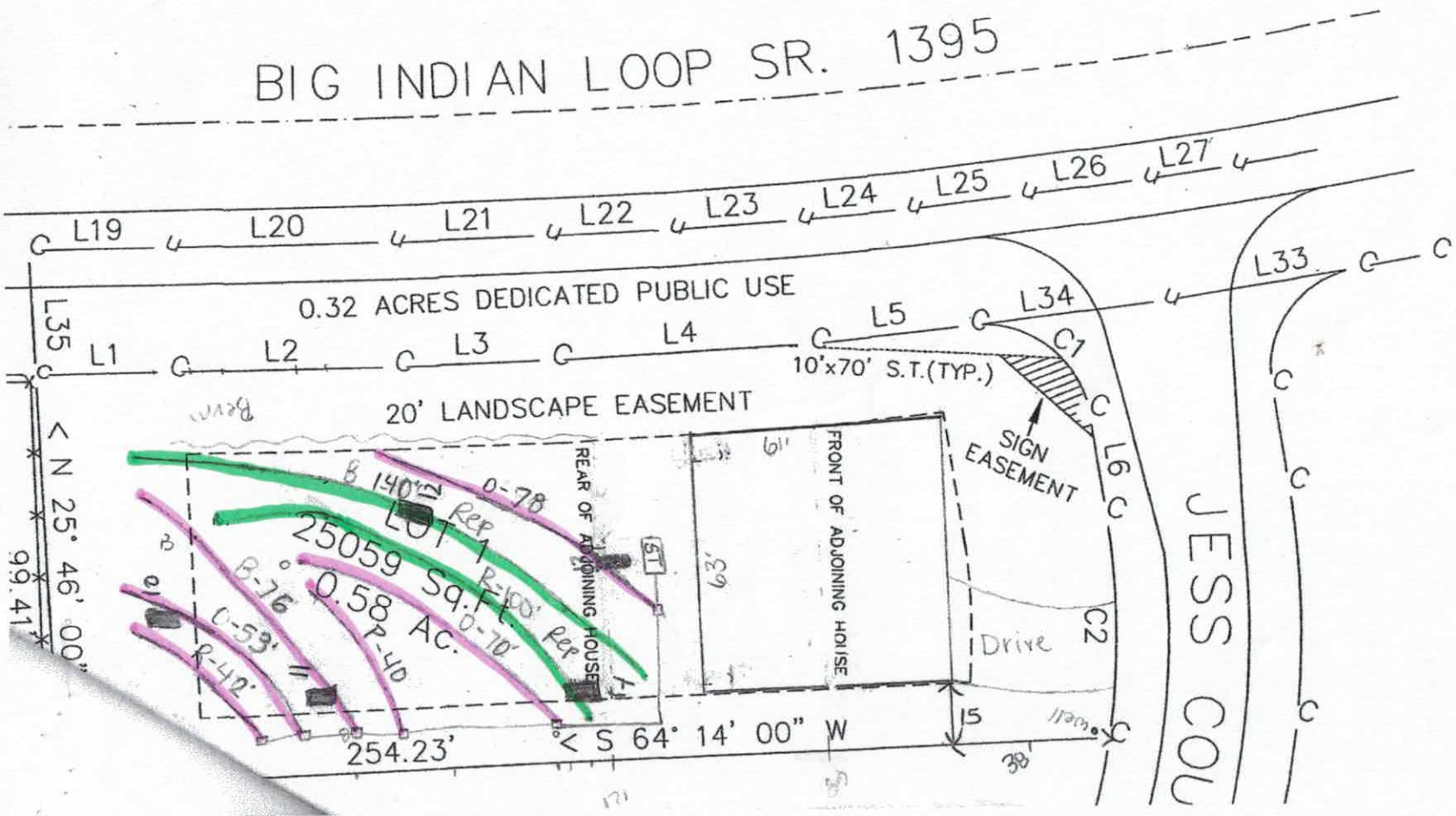
IMPROVEMENT PERMIT by: [signature] APPROVED Date: JUN 02 2017 OPERATION PERMIT by: Benjamin A. Bailey Date: 2/20/2018

AUTHORIZATION TO CONSTRUCT by: [signature] APPROVED Date: JUN 02 2017 Existing System Inspected by: Date:

APPROVED JUN 02 2017

3 BDR 25% Reduction (Gravity)
Panel Block Repair

1"=40'



THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 104 Jess Ct

Date: May 22, 2017

Attached is the septic specification information required to permit the 104 Jess Court 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
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

APPROVED JUN 02 2017

# 104 Jess Ct Fast Track - The Oaks Group, PA

| | |
|---|---|
| **Number of Bedrooms** | **3** |
| **Basement or Crawl** | **Concrete Slab/Crawl Space** |
| **Design Flow (gpd)** | **360** |
| **Primary System LTAR (gpd/ft2)** | **0.25** |
| **Primary System Type** | **25% Reduction** |
| No. Lines | 6 (See Table) |
| Total Linear Feet | 360 |
| 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) | 30 36" |
| Maintenance Agreement Required | No |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 240 |
| Repair Loading Rate | 0.25 |

## Table: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) |
|---|---|---|---|---|
| **1** | **System** | **Orange** | **25% Reduction** | **78 endfed** |
| 2 | Repair | Blue | LP PPBPS | 140 |
| 3 | Repair | Red | LP PPBPS | 100 |
| **4** | **System** | **Orange** | **25% Reduction** | **70 endfed** |
| **5** | **System** | **Pink** | **25% Reduction** | **40 endfed** |
| **6** | **System** | **Blue** | **25% Reduction** | **76 endfed** |
| **7** | **System** | **Orange** | **25% Reduction** | **53 endfed** |
| **8** | **System** | **Red** | **25% Reduction** | **42 endfed** |
| | | | | Total System: 360' |
| | | | | Total Repair: 240 |

**Note: Keep necessary setbacks to foundation drains if used**
**Tank locations and distribution devices can be altered at ICHD's discretion**
**Remove rear berm (can shift it back to within 10 ft of property line)**
**Remove field terrance under system lines to achieve gravity flow and prevent ponding uphill from the terrace**

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

Sheet 1 of 1
PROPERTY ID #: 4648 43 414
COUNTY: Iredell

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

APPROVED JUN 02 2017
RA

OWNER: Owl Development
ADDRESS: 145 Maple Dr Troutman
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Jess Ct Lot 1

APPLICATION DATE
DATE EVALUATED: 5/16/17
PROPERTY SIZE: 0.58
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) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 10 | L under Berm ~5% | 33-0 | Fill | | R ← Remove Berm | | | | |
| | | 0-27 | WK SBK SCL | FR SS/SP | DKBr | | | | |
| | | 27-57 | Mo SBK C | FR SS/SP | R | 57+ | N/A | N/A | 0.3 |
| 11 | L under terrace ~5% | 25-0 | WK SBK SL | Fill | | | | | |
| | | 0-25 | WK SBK C | FR SS/SP | R; C Mn | | | | |
| | | 25-48 | Mo SBK C | FR SS/SP | R; F Sap; F Br | 48+ | N/A | N/A | 0.25 |
| 12 | L CC ~3% | 0-8 | Mo GR SL | FR SS/NP | Br | | | | |
| | | 8-24 | Mo SBK C | Fi S/P | R; C Mn | | | | |
| | | 24-43 | Mo SBK C | Fi S/P | R; F/C Br | | | | |
| | | 43-60 | WK SBK C | FR SS/SP | R; C Sap | 60" | N/A | N/A | 0.25 |
| 13 | L ~5% | 0-16 | WK SBK SL | FR NS/NP | Br | | | | |
| | | 16-43 | Mo ABK C | Fi S/P | DK R; C Mn; F yel Br | | | | |
| | | 43-67 | WK SBK CL | FR SS/SP | R; C Sap | | | | 0.25 to 43" |
| | | | | | vein of 2 Chr @ 43" | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | 25% Red | IV |
| Site LTAR | 0.25 | 0.25 |

OTHER FACTORS (.1946): Remove Terrace & Berm
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS: # 14 0-10 Mo GR SL FR NS/NP Br
10-24 WK SBK C FR SS/SP R Br
24-43 Mo ABK C Fi S/P R; C yel Br
43-64 WK SBK CL FR SS/SP R; C Sap
0.25

RECEIVED MAY 2 2 2017

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#227231

## *ENVIRONMENTAL HEALTH DIVISION*

### PAGE 1: *APPLICATION FORM*

**Application For:**

- (X) *Septic Improvement Permit*
- (X) *Authorization to Construct*
- (X) New Well Permit
- ( ) Well Repair Permit
- ( ) Well Abandonment
- ( ) *Existing System Inspection*
- ( ) *Septic System Repai*

***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:**

*Place an (X) beside whichever is submitted if applicable*

- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

contact Kathleen Sauriders (704) 578-4951

**Applicant Information:**

**Applicant Name:** Koehler Homes Inc **Address:** 167 Maple View Dr Troutman 28166 **Phone:**

**Owner Name:** Owl Development **Address:** **Phone:**

**Property Information:**

**Street Address:** 104 Jess Ct Mooresville NC 28117

**Subdivision Name:** Cedars Edge **Section/Phase:** **Lot Number:** 1

**Driving Directions:** Hwy 150 & Ron Bluefield, L on Big Indian Loop, L on Jess Ct. lot on right

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

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 3

**Maximum Number of Occupants:** 6

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

- (X) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- ( ) Basement with Plumbing
- ( ) Basement without Plumbi

**Non-Residential Site Development:**

**Type of Business:**

**Square Footage of Building:**

**Maximum Number of Employee:**

**Maximum Number of Seats/Beds/Other:**

**Water Supply:**

(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:** Emma Helt

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

5/22/17

DATE

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, OSCAR KOEHLER JR, am the legal owner of the property located at LOT #1, JESS CT, MOORESVILLE, identified as PIN(Parcel Identification Number) 4648-43-4148, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) THE OAKS GROUP, PA, KATHLEEN SAUNDERS, LSS, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date 5/17/17

Signature of Witness — Date 5/17/17

# 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 Area you prefer your septic system to be placed...**

**X Preferred driveway location and configuration, preferred well location...**

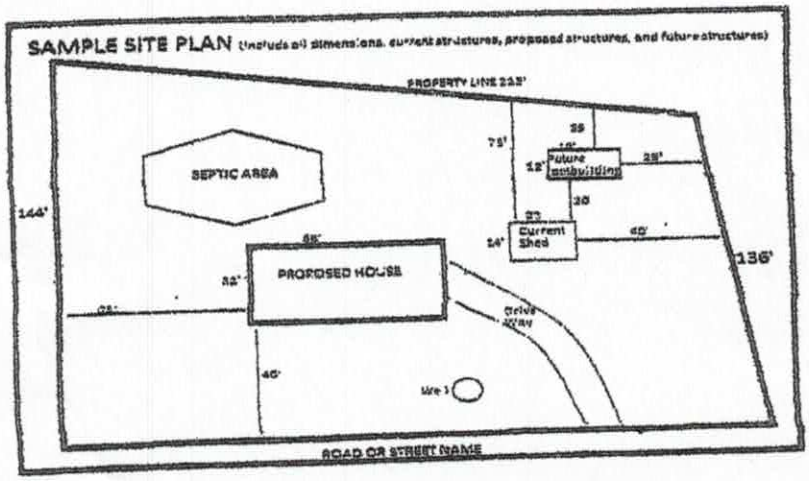
**X North arrow, or other sufficient indicator of direction...**

**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**

Please see attached site plan

**Signature:** Emma Hall

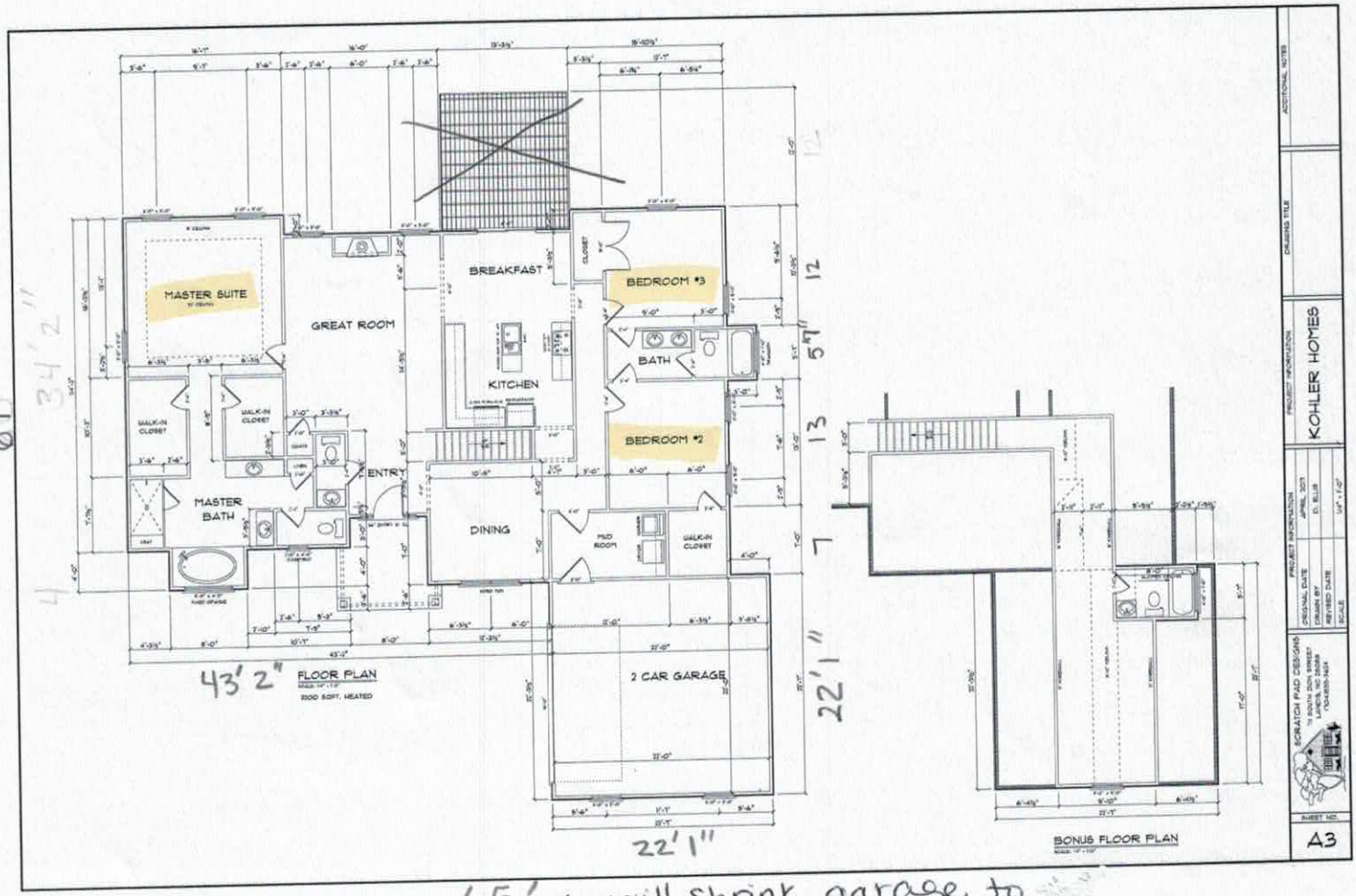
5/22/17

**DATE**

Acknowledgement of
Plans Submittal ONLY!

Date 5/22/17

Date APPROVED JUN 02 2017




65' ← will shrink garage to make width 63'

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 227231 |
| Issue Date: 05/17/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4648434148.000 | 104 JESS COURT, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: OWL DEVELOPMENT LLC | Applicant: KATHLEEN SAUNDERS |
| Address: 146 EAGLE CHASE LN<br>TROUTMAN, NC 28166 | Address: 121 HOLT LANE<br>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 |
|---|---|---|---|---|---|---|
| .580 | 35.00 | 35.00 | 15.00 | 25.00 | CACL | X |

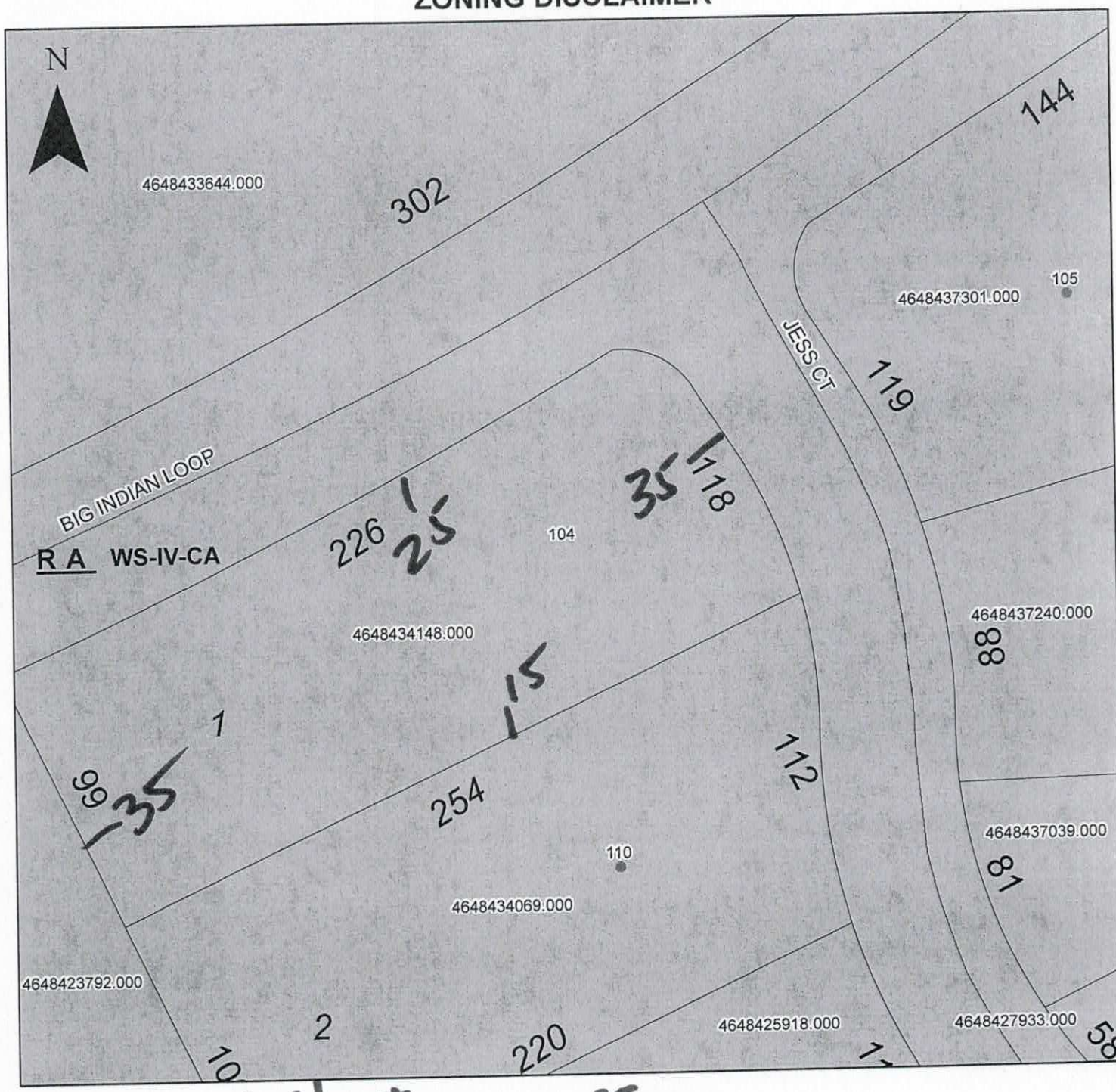
**Remarks:**

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 | 103174 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 104 Jess CT

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

5-17-17

Date