ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 325272

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

PIN # 4648 --97 --2843

APPLICANT/OWNER: Kyle Looser

APPLICANT ADDRESS: 232 Bailey Rd Mooresville, NC 28117

SITE ADDRESS: 170 Dorothy Lane Mooresville, NC 28117

PHONE: 8148806-4367 ALT. PHONE

SITE DIRECTIONS: US 21 N TL Cornelius Rd TR Dorothy Ln End

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Cornelius Estates SECTION: LOT # 93 LOT AREA: 2.364 Ac

DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 400'

Trench Width 36" Trench Bottom Depth (~~Low side~~) max 28" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4

[ ] Business No. Persons 4

[ ] Other No. Employees

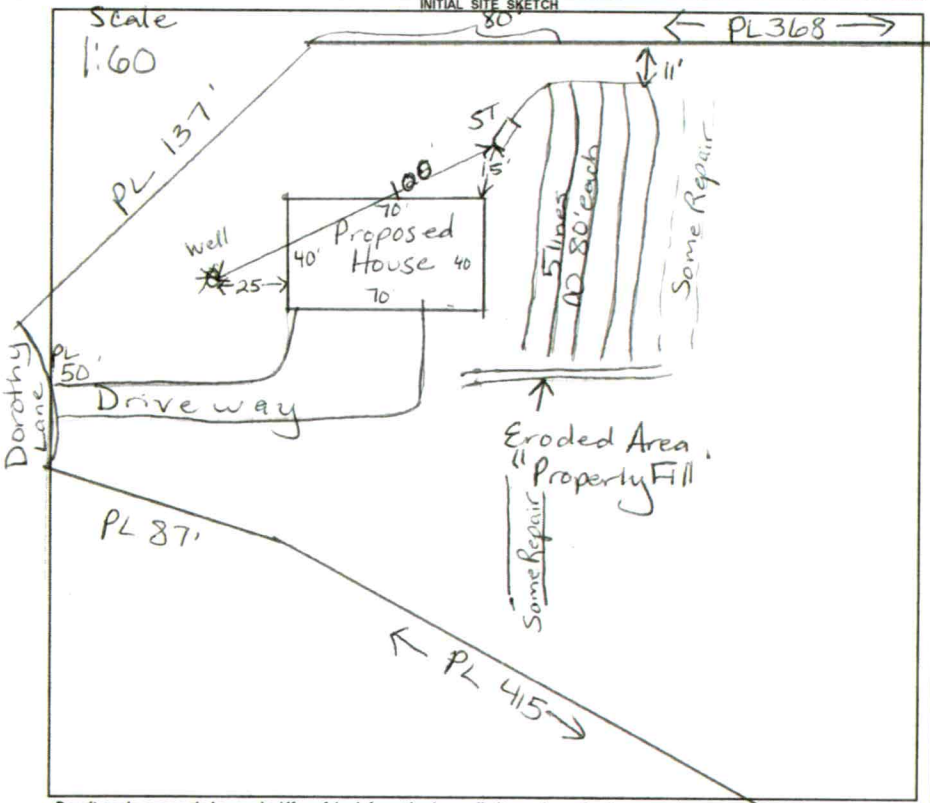
[ ] Slab [ ] Crawl Space

[X] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

INITIAL SITE SKETCH

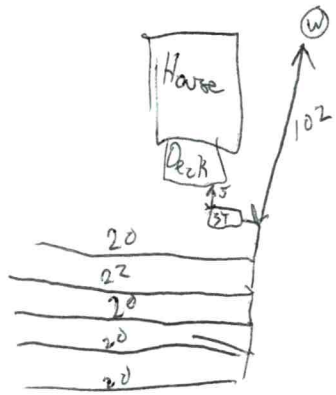


AS BUILT SKETCH

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Balance = 0



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.

[X] **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos.

[X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/30/22 Installed by: Greenway Solutions

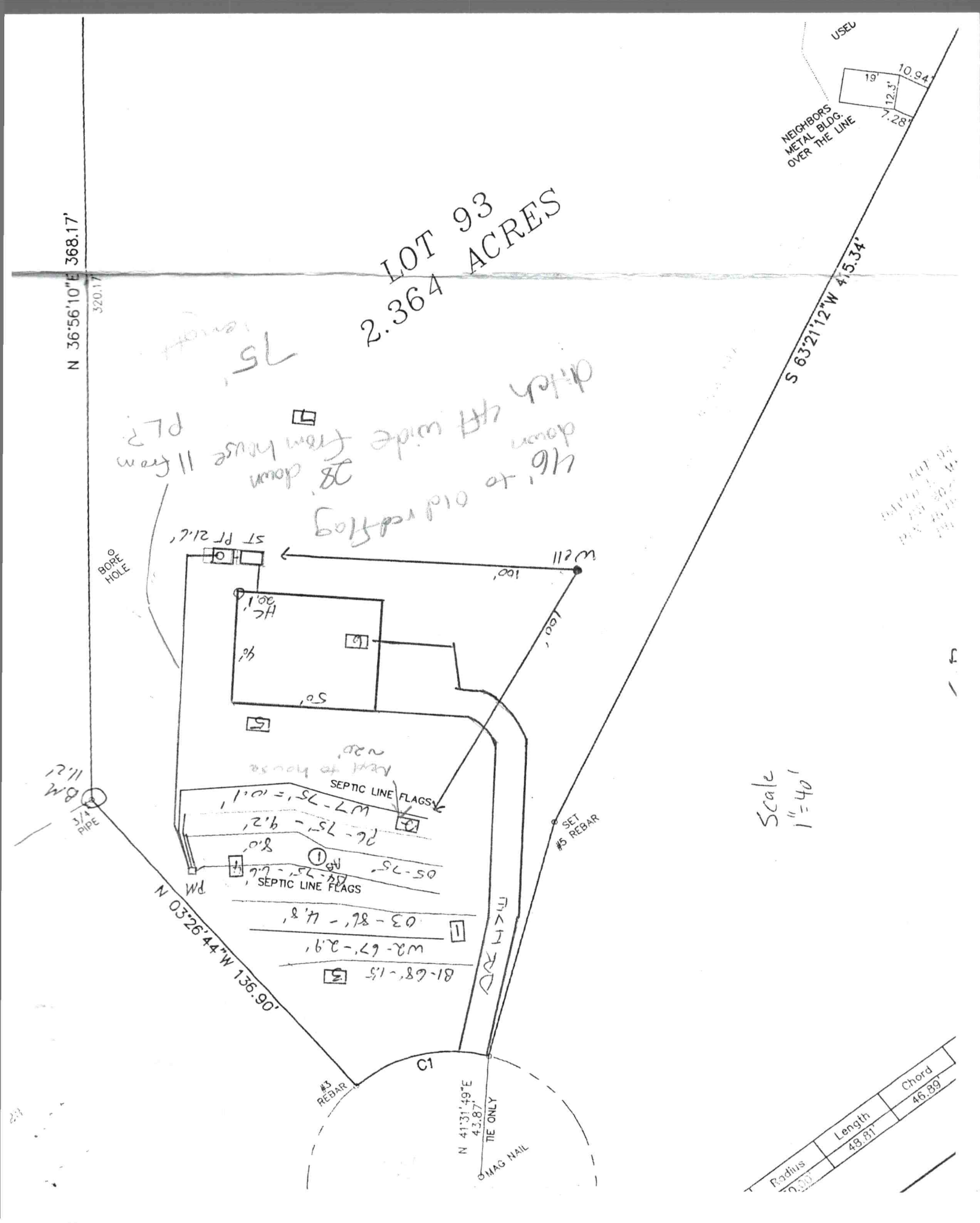
IMPROVEMENT PERMIT by: Maria Dolson Date: 3/25/22 OPERATION PERMIT by: Matt Wilkie Date: 4/12/23

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 3/25/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


LOT 93
2.364 ACRES
N 36°56'10"E 368.17'
320.17'
S 63°21'12"W 415.34'
USED
19'
10.94'
12.3'
7.28'
NEIGHBORS METAL BLDG. OVER THE LINE
BORE HOLE
ST PF 21.2'
100'
100'
50'
SEPTIC LINE FLAGS
SEPTIC LINE FLAGS
3/4 PIPE
N 03°26'44"W 136.90'
SET #5 REBAR
#3 REBAR
C1
N 41°31'49"E 43.87'
TIE ONLY
MAG NAIL
Scale 1"=40'
Radius
Length 48.81'
Chord 46.89'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
361 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 170 Dorothy Ln., Cornelius Est. Lot 93
House Footprint: 40' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size: ½" SCH 80
System Flow: 21.92 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6 minutes
Elevation Head: 20'
Friction Head: 1.5'
Pressure Head: 2'
Total Dynamic Head: 23.5'
Supply Line Length: 115'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

OK ICHD
APPROVED AUG 17 2015

Line	Design Length	Actual Length	Elevation
Blue 1		68'	1.5'
White 2		67'	2.9'
Orange 3		86'	4.8'
Blue 4	**75'**	**85'**	**6.6'**
Orange 5	**75'**	**85'**	**8.0'**
Pink 6	**75'**	**85'**	**9.2'**
White 7	**75'**	**85'**	**10.1'**

Initial System: 300' **Repair System:** 221'
Pump Tank: 21.6' **House Corner:** 20.1' **Benchmark:** 11.2'
Comments:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4648972843_
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Ronald Merritt_ APPLICATION DATE_____
ADDRESS: 8748 Dog Leg Rd, Sherrills Ford, NC_ DATE EVALUATED: _____
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD_____ PROPERTY SIZE: __2.364 AC_____
LOCATION OF SITE: _170 Dorothy Ln., Cornelius Est. Lot 93_ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 20%	0-11	Br CL WSBK	FR SS SP	N/A	53"		N/A	PS 0.3
		11-36	R C SBK	FR SS SP					
		36-53	R CL WSBK	FR SS SP					
		53-65	SL SAP M	VFR SS SP			PS		OK ICHD SC
PIT 2	LS 20%	0-10	Br CL WSBK	FR SS SP	N/A	48"		N/A	PS 0.3
		10-36	R C SBK	FR SS SP					
		36-48	R CL WSBK	FR SS SP			F-C SAP		
		48-60	SL SAP M	FR SS SP			PS		OK ICHD SC
PIT 3	LS 20%	0-8	Br CL WSBK	FR SS SP	N/A	42"		N/A	PS 0.3
		8-42	R C SBK	FR SS SP					
		42-60	L SAP M	VFR SS SP			PS		
PIT 4	LS 20%	0-8	Br CL WSBK	FR SS SP	N/A	53"		N/A	PS 0.3
		8-31	R C SBK	FR SS SP					
		31-53	R CL WSBK	FR SS SP			F-C SAP		
		53-65	L SAP M	FR SS SP		SL	PS		~~SC~~ ICHD OK
							SAP @ 48" SL		SC

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	663 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____M A & A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _4648972843__
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 20%	0-15	Br CL WSBK	FR SS SP	N/A	63"	F-C SAP	N/A	PS 0.3
		15-40	R C SBK	FR SS SP					
		40-63	R CL WSBK	FR SS SP					
PIT 6	LS 20%	0-5	Br CL WSBK	FR SS SP	N/A	60"	F-C SAP	N/A	PS 0.3
		5-34	R C SBK	FR SS SP					
		34-60	R CL WSBK	FR SS SP					
PIT 7	LS 20%	0-13	Br CL WSBK	FR SS SP	N/A	50"	N/A	N/A	PS 0.3
		13-50	R C SBK	FR SS SP					

COMMENTS: _____

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

Sheet ___ of ___
PROPERTY ID #: 4648972848
COUNTY: Iredell

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

OWNER: Kyle Looser
ADDRESS: 232 Bailey Rd Mooresville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 4Bdrm
LOCATION OF SITE: 170 Dorthy Ln M'ville
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 1/31/22
DATE EVALUATED: 3/4/22
PROPERTY SIZE: 2.364 Ac
PROPERTY RECORDED: Y

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	20%	0-10	Brw SCL	w SBK	SS, SP, SE		FP, FR		PS
		10-36	R to Rd/Brw	C m-	w SBK	SS, SP, SE		FP, FR	
		36-52	Rd/Brw	C, w SBK	SS, SP, SE		FP, FR		.3
			w/ few to	many	SAP Incl				
2	20%	0-12	Brw SCL	w SBK	SS, SP, SE		FP, FR		PS
		12-34	Rd/Brw	C m-w	SBK SS, SP, SE		FP, FR		
		34-48	Rd/Brw	C, w SBK	SS, SP, SE		FP, FR	w/ few to	.3
			many	SAP Incl	S				
		48-52	L/SL	SP massive			FR		
3	18%	0-14	Brw SCL	w SBK	SS, SP, SE		FP, FR		PS
		14-50	Rd/Brw	C m-w	SBK SS, SP, SE		FP, FR		.3
4	18%	0-15	Brw SCL	w SBK	SS, SP, SE		FP, FR		PS
		15-37	Rd/Brw	C m-w	SBK SS, SP, SE		FP, FR		
		37-52	RC/CL	m-w SBK	SS, SP, SE		FP, FR		.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Kyle Looser

COMMENTS: ___

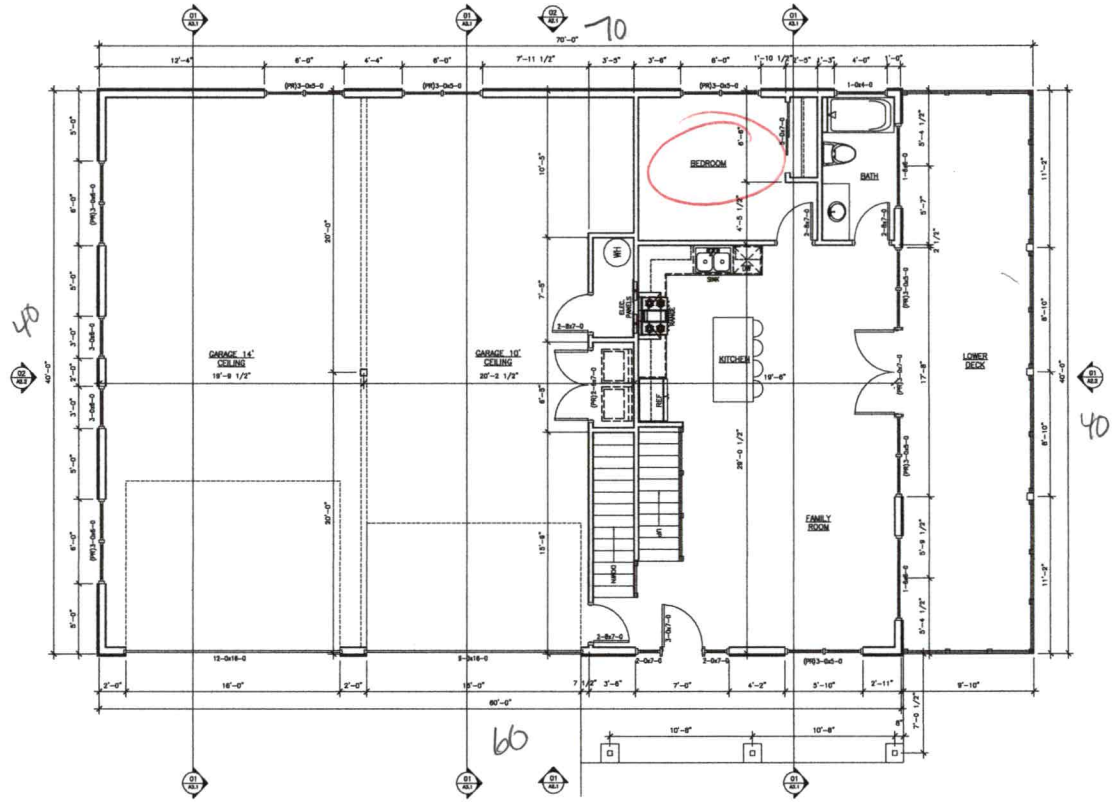
PARTITION TYPE LEGEND	
	EXISTING WALL To Remain As Is
	NEW WALL Non-Rated

SEE A0.1 FOR PARTITION TYPE DETAILS

FLOOR PLAN NOTES

1. PROVIDE FIRE EXTINGUISHERS PER 2018 NCBC SECTION 906 & NFPA 10 (MOUNT @ 48" TO CONTROL). G.C. TO COORDINATE LOCATION WITH FIRE MARSHAL UPON FINAL INSPECTION.
2. ALL DIMENSIONS TO BE VERIFIED IN FIELD.
3. ALL ANGLES ARE 45°, UNLESS NOTED OTHERWISE.
4. ALL DOORS TO BE INSTALLED 4" OFF WALL ON HINGE SIDE UNLESS NOTED OTHERWISE. SEE SHEET A0.1 FOR TYPICAL DOOR CLEARANCE DETAIL.
5. G.C. TO PROVIDE BLOCKING AS REQUIRED FOR TELEVISIONS & WALL MOUNTED MONITORS. COORDINATE EXACT LOCATION & HEIGHT W/ OWNER PRIOR TO INSTALLATION.
6. G.C. TO PROVIDE BLOCKING FOR CABINETRY &/OR EQUIPMENT.

cknowledgement Of
lans Submittal ONLY!
Maria Dotson Date 3/25/22
Date 3/30/22



01 NEW FLOOR PLAN: First Floor
1/4" =1'-0" (1/8" =1'-0" @ 11x17)

EVOLUTION DESIGN & DEVELOPMENT
Evolution Properties llc.
409 Sadie Drive,
Matthews, NC 28105
Phone: 980-579-0581
www.evolution-dd.com

Kyle Looser Barndominium

170 Dorothy Lane
Mooresville, NC 28117

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Date: 03-21-22 Proj No.: 2022-09

Revisions

No: Date: Description:

FIRST FLOOR PLAN

A1.1

SQUARE FOOTAGE

BASEMENT FLOOR HEATED	750 Sq. Ft.
FIRST FLOOR HEATED	778 Sq. Ft.
SECOND FLOOR HEATED	790 Sq. Ft.
TOTAL HEATED	2,318 Sq. Ft.
UPPER DECK	178 Sq. Ft.
LOWER DECK	393 Sq. Ft.
CONCRETE PORCH	400 Sq. Ft.
GARAGE	1484 Sq. Ft.
TOTAL UNHEATED	2,456 Sq. Ft.
TOTAL UNDER ROOF	3,802 Sq. Ft.

SYMBOL LEGEND

- DETAIL TARGET
- ELEVATION/SECTION TARGET
- DOOR NUMBER
- WINDOW TAG
- ROOM NAME & NUMBER
- COLUMN LINE IDENTIFICATION
- CENTERLINE
- BEARING OR FLOOR ELEVATION
- DEMOLITION NOTE
- INTERIOR WALL TYPE

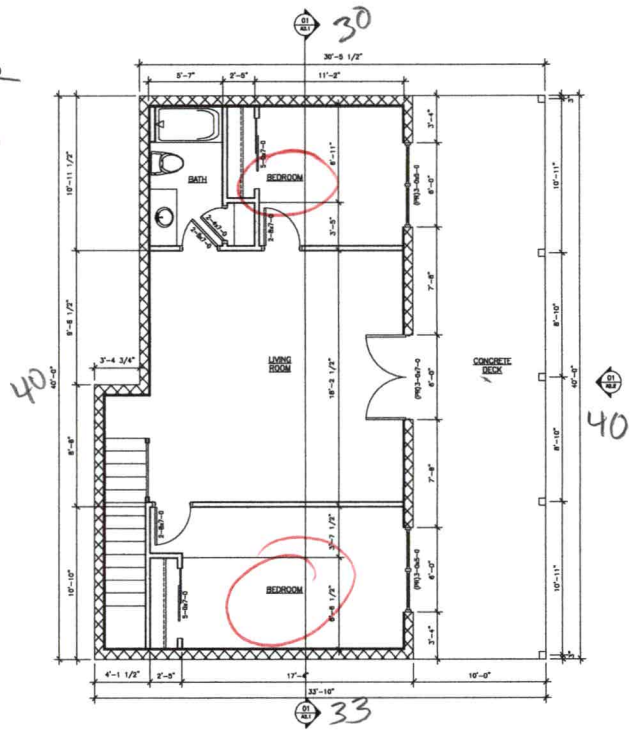
GENERAL NOTES

1. Do not scale drawings. If dimensions are in question, obtain clarification from architect.
2. Where a detail, typical detail, section, typical section or plan note is shown for one condition, it shall apply for similar or like conditions unless noted otherwise.
3. General Contractor shall install all work according to local, state, and federal codes.
4. General Contractor shall verify all utility locations before beginning construction.
5. General Contractor is to verify all existing conditions before beginning construction.
6. All dimensions are from the centerline of new walls and from the face of existing walls, unless noted otherwise. When dimensions are noted as "Clear" or "CLR.", this includes all interior finishes.
7. Use moisture resistant G.W.B. in toilets and at all wet areas.
8. IF APPLICABLE: All wood blocking, framing, or wood material which is exposed to weather or dampness, or is to be in contact with concrete or masonry shall be pressure treated. G.C. to verify compatibility of fasteners used with P.T. wood products.
9. Provide blocking as required for millwork, toilet accessories, and misc. hardware. All concealed blocking to meet 2018 NCBC Section 603.
10. Provide fire treated wood blocking when required by code. All concealed blocking to meet 2018 NCBC Section 603.
11. Provide tactile exit signage at each exit per ICC/ANSI A117.1-2009 Section 703.

JOB SPECIFIC NOTES

1. THESE DRAWINGS DO NOT CONTAIN COMPLETE SPECIFICATIONS, DETAILS AND INFORMATION REQUIRED FOR THE INTERIOR FINISHES OF THE PROJECT. ADDITIONAL INFORMATION SHALL BE OBTAINED FROM THE OWNER.
2. G.C. TO SUBMIT SAMPLES OF ALL INTERIOR FINISHES FOR OWNER APPROVAL.

Acknowledgement Of
Plans Submittal ONLY!
Date 3/25/22
Date 3/30/22



01 NEW FLOOR PLAN: Basement Floor
1/4" =1'-0" (1/8" =1'-0" @ 11x17)

EVOLUTION DESIGN & DEVELOPMENT
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Kyle Looser Barndominium

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Date: 03-21-22 Proj No.: 2022-09

Revisions
No: Date: Description:

BASEMENT FLOOR PLAN

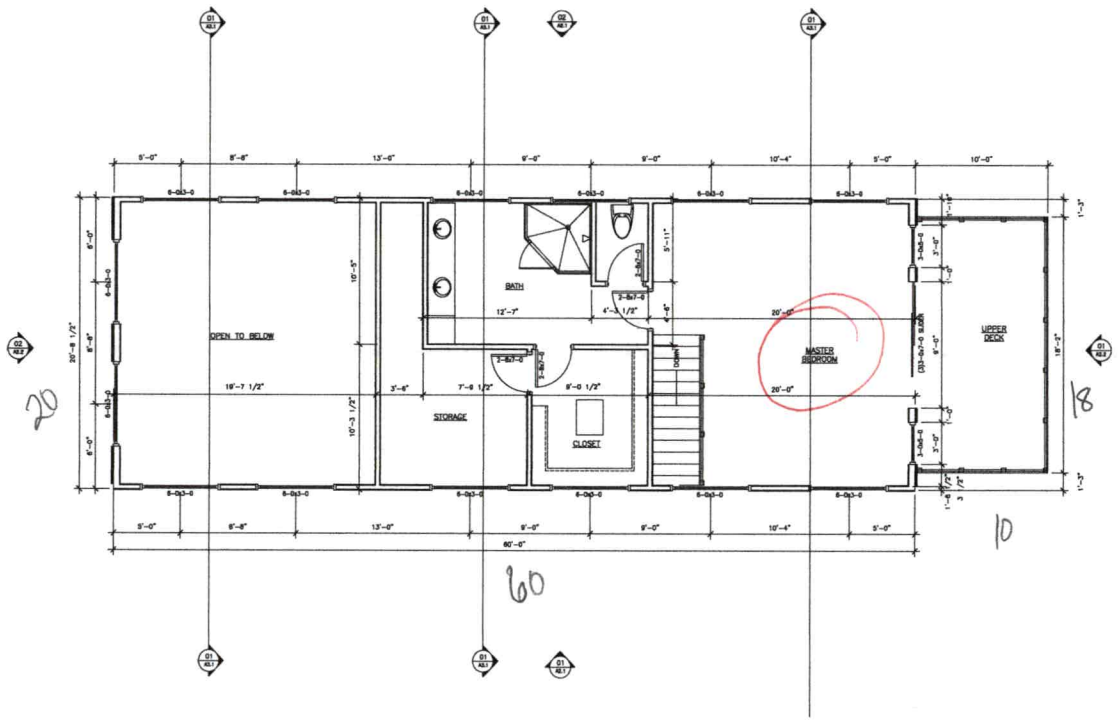
A1.0

PARTITION TYPE LEGEND
EXISTING WALL To Remain As Is
NEW WALL Non-Rated
SEE A0.1 FOR PARTITION TYPE DETAILS

FLOOR PLAN NOTES

1. PROVIDE FIRE EXTINGUISHERS PER 2018 NCBC SECTION 906 & NFPA 10 (MOUNT @ 48" TO CONTROL). G.C. TO COORDINATE LOCATION WITH FIRE MARSHAL UPON FINAL INSPECTION.
2. ALL DIMENSIONS TO BE VERIFIED IN FIELD.
3. ALL ANGLES ARE 45°, UNLESS NOTED OTHERWISE.
4. ALL DOORS TO BE INSTALLED 4" OFF WALL ON HINGE SIDE UNLESS NOTED OTHERWISE. SEE SHEET A0.1 FOR TYPICAL DOOR CLEARANCE DETAIL.
5. G.C. TO PROVIDE BLOCKING AS REQUIRED FOR TELEVISIONS & WALL MOUNTED MONITORS. COORDINATE EXACT LOCATION & HEIGHT W/ OWNER PRIOR TO INSTALLATION.
6. G.C. TO PROVIDE BLOCKING FOR CABINETRY &/OR EQUIPMENT.

Acknowledgement Of
Plans Submittal ONLY!
Date 3/25/22
Date 3/30/22



01 NEW FLOOR PLAN: Second Floor
1/4" =1'-0" (1/8" =1'-0" @ 11x17)

EVOLUTION DESIGN & DEVELOPMENT
EVOLUTION DESIGN & DEVELOPMENT
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Date: 03-21-22 Proj No.: 2022-09

Revisions

No:	Date:	Description:

SECOND FLOOR PLAN

A1.2

Authentisign ID: 4F798C7E-40B7-4744-94C0-3ED4E2FBD56E

Friday @ 10
3/4/22

RECEIVED FEB 4 - 2022

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

AP-325272

Paid $500.00

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 ( ) 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: Kyle Looser 232 Bailey Road, Mooresville NC 28117

Applicant Email: kylelooser01@yahoo.com **Phone:** 814-806-4367 **Alt. Phone:** _____

Owner Name: Douglas Fairhurst **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 170 Dorothy Lane
Mooresville, North Carolina 28117

Subdivision Name: Cornelius Estates **Section/Phase:** _____ **Lot Number:** 93

Driving Directions: Take I-77 N to exit 36. Turn Left onto 150. Turn Right onto Bluefield, Turn Right onto Cornelius Road, Turn left onto Dorothy Ln

****

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

CHECK FOUNDATION TYPE

(☑ **New Single Family Residence** **Maximum Number of Bedrooms:** 4 ( ) **Crawl Space Foundation**
( ) **New Multi-Family Residence** **Maximum Number of Occupants:** 4 (☑ **Concrete Slab Foundation**
( ) **Accessory Building** ( ) **Swimming Pool** (☑ **Basement with Plumbing**
( ) **Bedroom(s) Addition** ( ) **Other Addition/Structure:** _____ ( ) **Basement without Plumbing**
( ) **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:** _____

****

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** ( ) **No** **Does the site contain any jurisdictional wetlands?**
( ) **Yes** (☑ **No** **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) **Yes** (☑ **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.

Kyle Looser (Applicant, Building Party & In Process of Purchasing Property

Signature: Kyle Looser dotloop verified 01/31/22 1:36 PM EST ZEPL-HFLZ-T4FH-MSVB (**SIGNATURE REQUIRED**) **DATE**

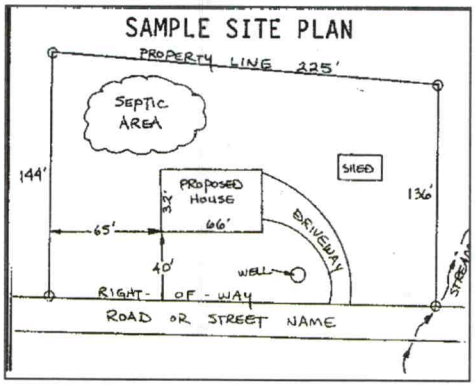
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (☑) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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	N/A
Location of easements and rights of ways on your property	N/A	N/A
Location of any designated wetlands on the property	N/A	

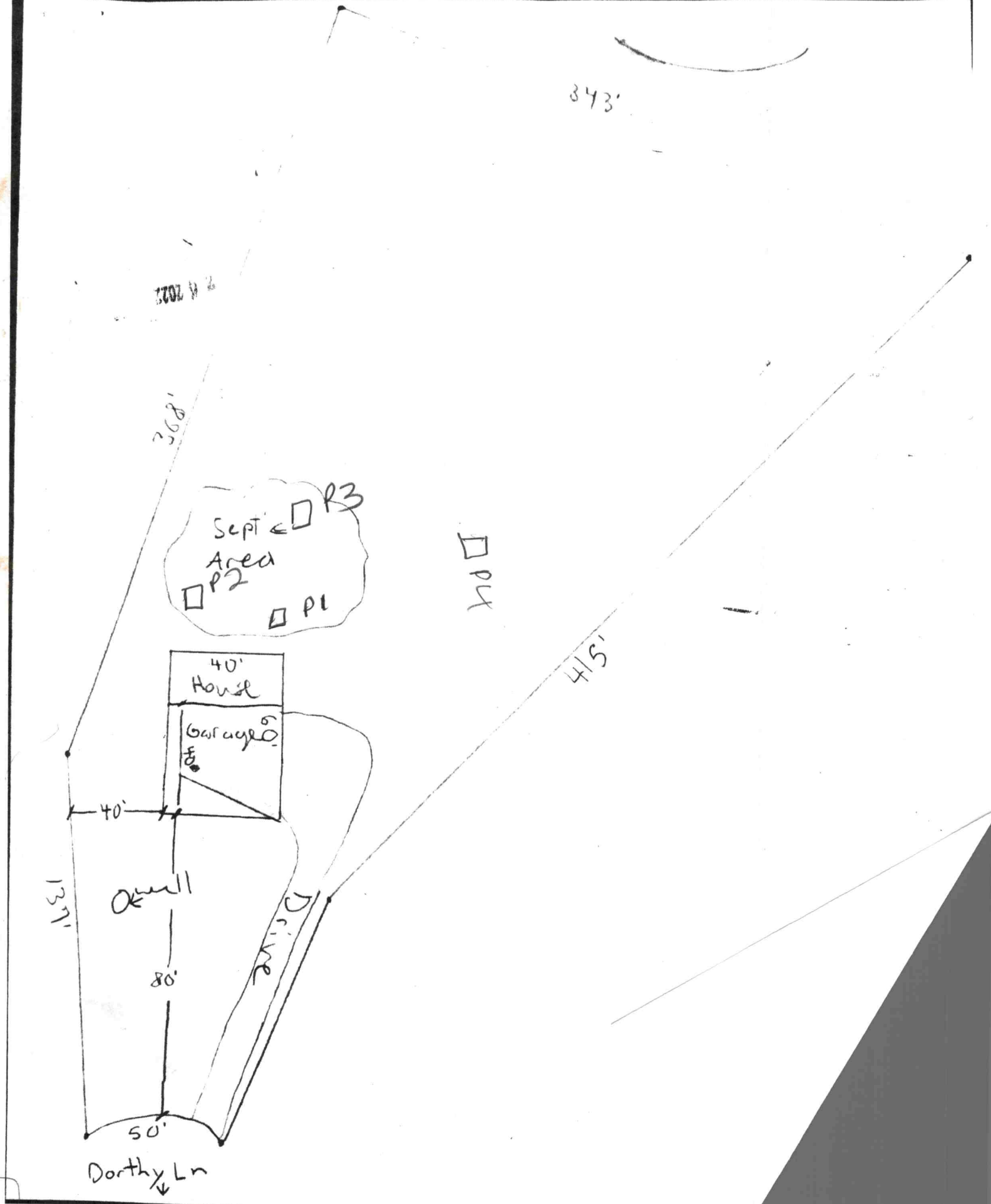
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Kyle Looser (Applicant, Building Party & In Process of Purchasing Property

Signature: Kyle Looser dotloop verified 01/31/22 1:36 PM EST TP58-OIV4-RPJ0-SVUM

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


343'
368'
415'
Sept
Area
P1
P2
P3
P4
40'
House
Garage
40'
Well
80'
50'
Dorthy Ln

Authentisign ID: 4F798C7E-40B7-4744-94C0-3ED4E2FBD56E

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, Douglas Fairhurst, am the legal owner(s) of the property located at 170 Dorothy Lane, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648-97-2843.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kyle Looser, _____, 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.

AuthentiSIGN
Douglas D Fairhurst
1/31/2022 7:27:49 PM GMT
Signature of Owner(s)

01/31/2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Authentisign ID: 4F798C7E-40B7-4744-94C0-3ED4E2FBD56E

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 ****

Complete all Environmental Health forms:

KL 01/31/22 1:36 PM EST dotloop verified

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

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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.**

____ **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**.

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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.

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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 nonrefundable. 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).

Kyle Looser (Applicant, Building Party & In Process of Purchasing Property

Signature Kyle Looser dotloop verified 01/31/22 1:36 PM EST ZCXF-J6RR-R8DP-ESWA Date _____

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212505

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

PIN # 4648-97-2843.000

APPLICANT: Douglas Fairhurst APPLICANT ADDRESS: 8748 Doc Lee Rd. Sherrills Ford NC, 28673

SITE ADDRESS: 170 Dorothy Ln. Mooresville NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 21, R Cornelius, R Dorothy, @ End

SUBDIVISION: Cornelius Estates SECTION: LOT # 93 LOT AREA: 2.364 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: 25% Reduction - Pump	☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: LP - Pumps	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4 @ 75'	Linear Ft: 300'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Maintain 25' Separation From Basement Wall With Septic Drainfield. No Fill Is To Be Put On Repair Area. If Site Is Altered In Any Way That Effects Septic System Or Proposed Well, Permit May Be Revoked.

INITIAL SITE SKETCH

See Attached / Approved Design By Michael Athans & Associates

APPROVED AUG 17 2015

AS BUILT SKETCH

Expired

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Date: 8/24/15 Installed by:

IMPROVEMENT PERMIT by: APPROVED Date: AUG 17 2015 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK