ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-312108

PIN # 4649-04-0187

APPLICANT/OWNER: SHELLEY & KYLE HALCOMB

APPLICANT ADDRESS: 120 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC, 28117

SITE ADDRESS: 120 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, N.C. 28117

PHONE: 404-213-4349 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON BELLS CROSSING (L) ON SOUTH SAN AGUSTIN, LOT ON (R)

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: BELLS CROSSING

SECTION: P1 LOT # 106 LOT AREA: 1.13 AC

DESIGN FLOW: 600GPD L.T.A.R.: 0.35 (0.3 REPA

Septic Tank	1500 (gal)	STB	INFILTRATOR	Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	EXT — NEW		
# Nitrification Fields	1	# Lines	7 + 3	Linear Ft:	326 + 106		
Trench Width	EXT + 36"	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—		

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

System Description: EXT 25% REDUCTION + 25% REDUCTION

Repair System Description: EXT 50% REDUCTION

Maintenance Agreement Required: [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

[x] Residence [ ] Business [ ] Other [ ] Stab [x] Basement w/plumbing

No. Bedrooms 5 | No. Persons 10 | No. Employees — | [ ] Crawl Space

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

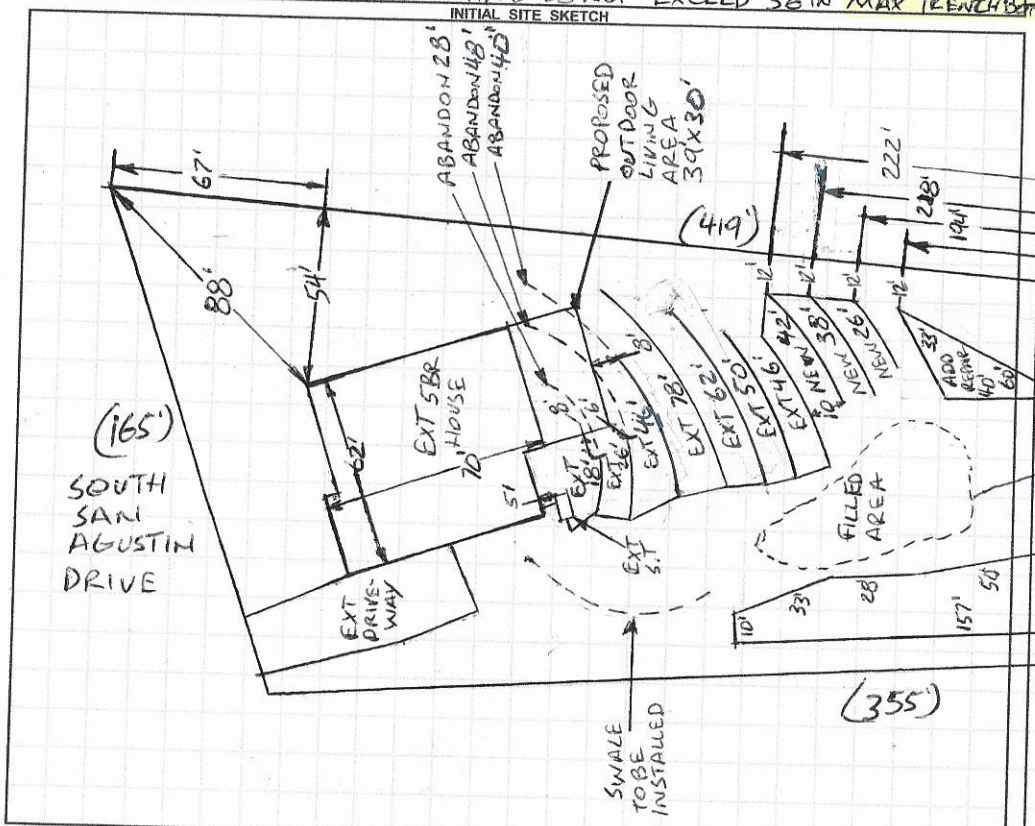
Basement w/o plumbing

Comments / Conditions: ABANDON 116FT OF LINE AFFECTED BY NE OUTDOOR LIVING AREA. INSTALL NEW LINES ON CONTOUR AND ON 9FT CENTERS. UTILIZE SERIAL DISTRIBUTION AND DO NOT EXCEED 36 IN MAX TRENCH BOTTOM

PRE-CONSTRUCTION MEETING REQUIRED

NO DRAINAGE TO BE INSTALLED ON RETAINING WALL

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 = 60 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.* [x] **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: Shelley Halcomb Date: 12-14-20

Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-9-2020

OPERATION PERMIT by: James Boggs Date: 1-5-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-11-2020

Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4619040187
DATE OF EVALUATION: 11-18-2020
COUNTY: IREDELL

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HEAD 20%	0-10	SCL, SBK	FR, SS, SP, SEXP	LITHO THRU OUT	28"	PS II L	N/A	PS .35
		10-17	C, ABK	FR, S, P, SEXP					
		17-28	CL, WABK	FR, SS, SP, SEXP					
		28-75	SAP, MAS/RC	VFR, NS, NP, SEXP					
2	LINEAR SIDE 25%	0-12	FILL	FILL	V-B MOTS 0-48 10YR 4/2 12"-38"	48"+	NA	NA	U
		12-36	C, ABK	FI, S, P, SEXP					
		36-48	CL, WABK	FR, SS, SP, SEXP					
3	HEAD 25%	0-6	SCL, SBK	FR, SS, SP, SEXP	LITHO THRU OUT	~~60"~~ 33"	PS II ~~NA~~ L	N/A	PS .35
		6-16	C, ABK	FR, S, P, SEXP					
		16-33	CL, WABK	FR, SS, SP, SEXP					
		33-60	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS: _____

RECEIVED OCT 2 6 2020

AP-312108
$500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

relocation

Application For: ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Shelley Haulcomb Address: 120 S. San Agustin Dr. Mooresville Zip: 28117
Applicant Email: K-S_Haulcomb@comcast.net Phone: 704-213-4349 Alt. Phone:
Owner Name: Same Address: Same Zip:
Owner Email: Same Phone: Same Alt. Phone:

Property Information:

Street Address: 120 S. San Agustin Dr. Mooresville, NC 28117
Subdivision Name: Bells Crossing Section/Phase: 1 Lot Number: 106
Driving Directions: Perth, Bells Crossing, S. San Agustin, on R

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 5 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool outdoor ( ) Basement with Plumbing
( ) Bedroom(s) Addition (X) Other Addition/Renovation: Living Area ( ) 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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2016
(X) 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 this 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 location of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Shelley Haulcomb 10/26/20
Property Owner or Authorized Agent (Applicant) Signature (SIGNATURE REQUIRED) DATE

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)* Shelley Halcomb

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

I do hereby authorize (print legal representative/company name) _____, 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 variance
- 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.

_____ _____ 10/26/20

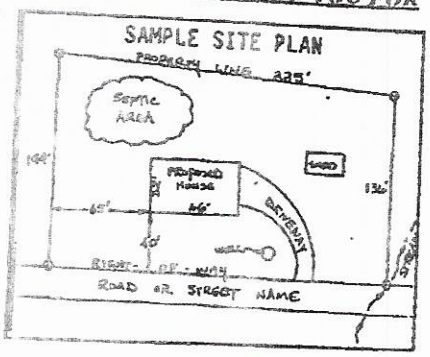
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3339
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

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property lines
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (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

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

See Attached Site Plan

Signature: Shelley Hudson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/26/20
DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	3.8	25 ~~22~~
2	RED	5.7	47
3	ORANGE	7.8	71
4	BLUE	10.0	89
5	PINK	12.1	70
6	RED	14.0	69
7	ORANGE	15.5	50
8	BLUE	16.8	90
9	PINK	18.2	31
10	YELLOW	18.4	72
11	ORANGE	7.8	15
12	BLUE	10.7	44
13	RED	14.1	124
14	YELLOW	16.7	100
15	PINK	18.8	50
16	BLUE	20.2	25

LOT 106 BELLS CROSSING SUBDIVISION

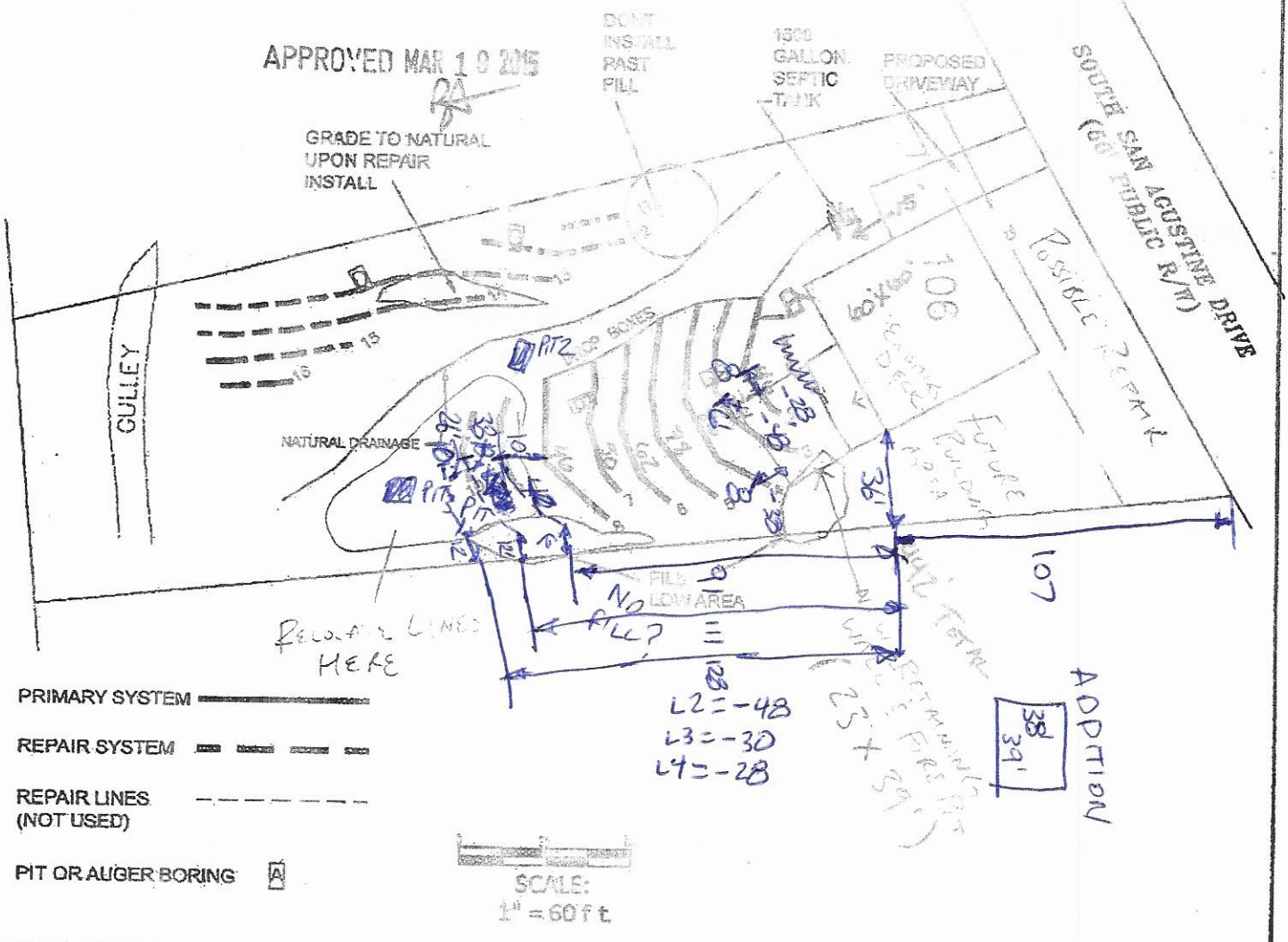
SINGLE OWNER ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-3 TOTAL 431 LINEAR FEET (USE 430FT)
GEOFLOW OR CHAMBER
LTAR 0.8
20% REDUCTION
36" TRENCH DEPTH MAX AFTER COVER IS ADDED

3-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-3-16, TOTAL 484 LINEAR FEET
CHAMBER 166' EXTRA
LTAR 0.8
20% REDUCTION
36" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING PLLC

APPROVED MAR 10 2015



PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING A

SCALE: 1" = 60 ft

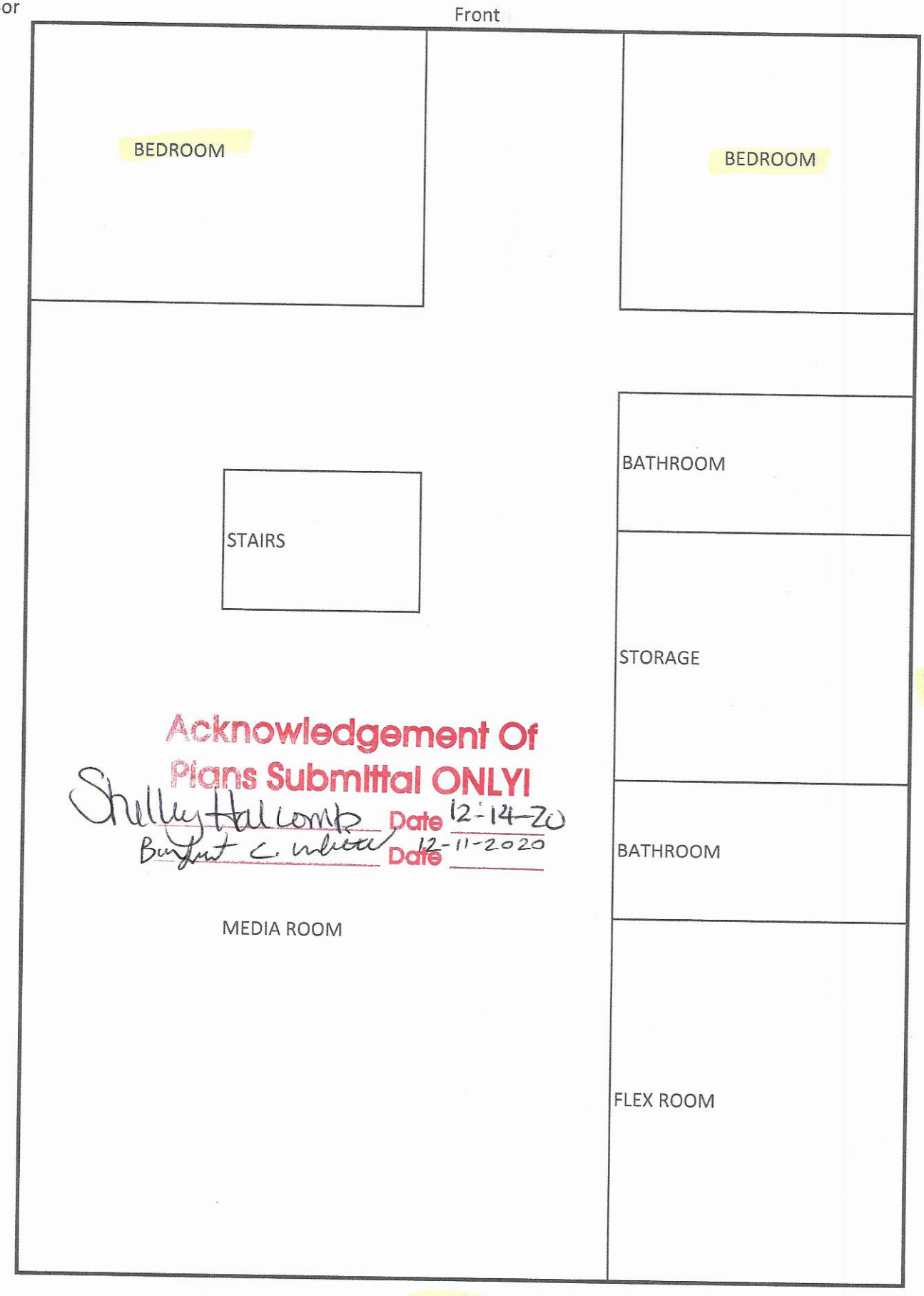
Bateman Civil Survey Company
Engineers Surveyors Planners

MeritageHomes

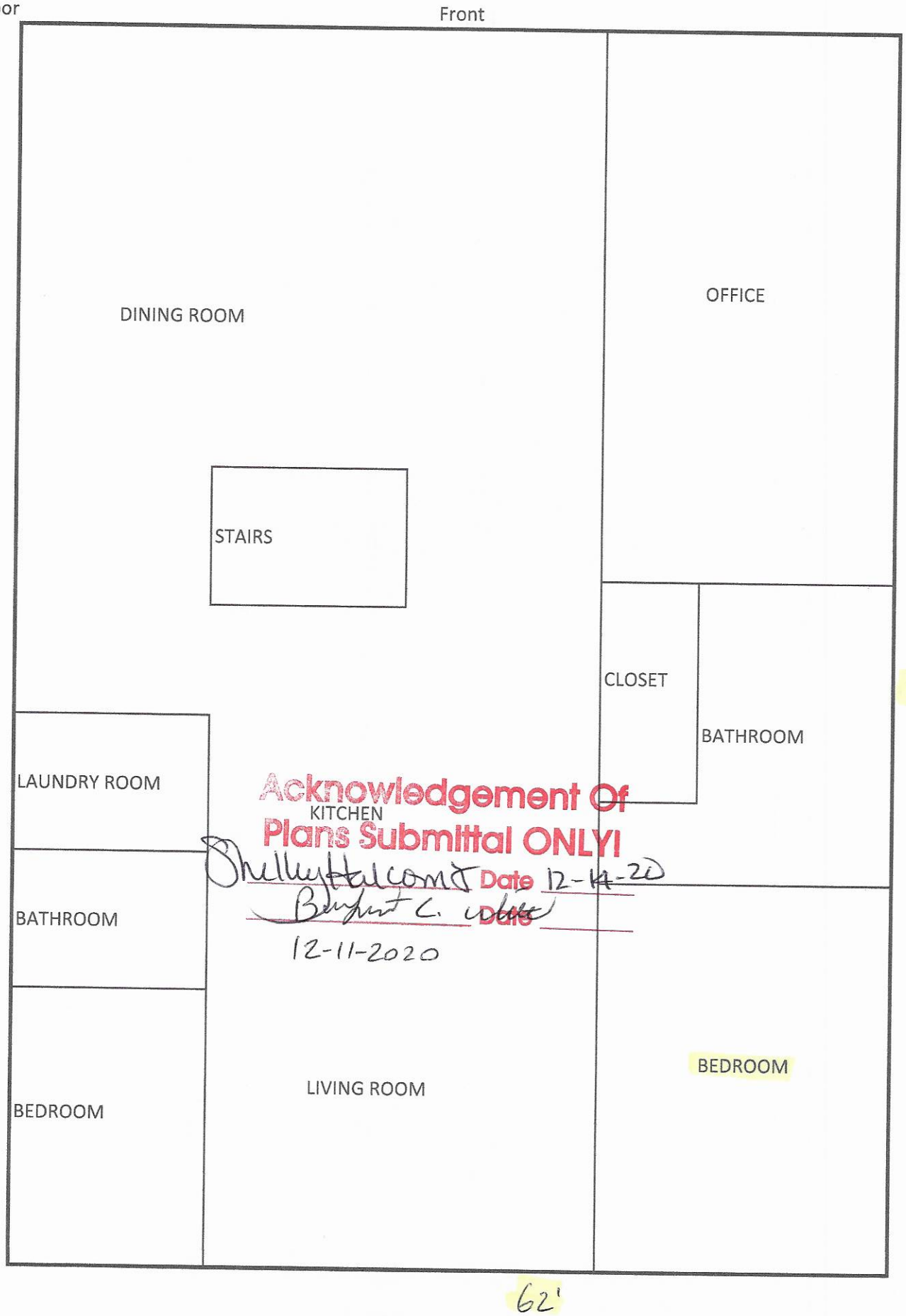
LOT 106
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 02/14/15 DRAWN BY: MB CHECKED BY: TMB

Top Floor

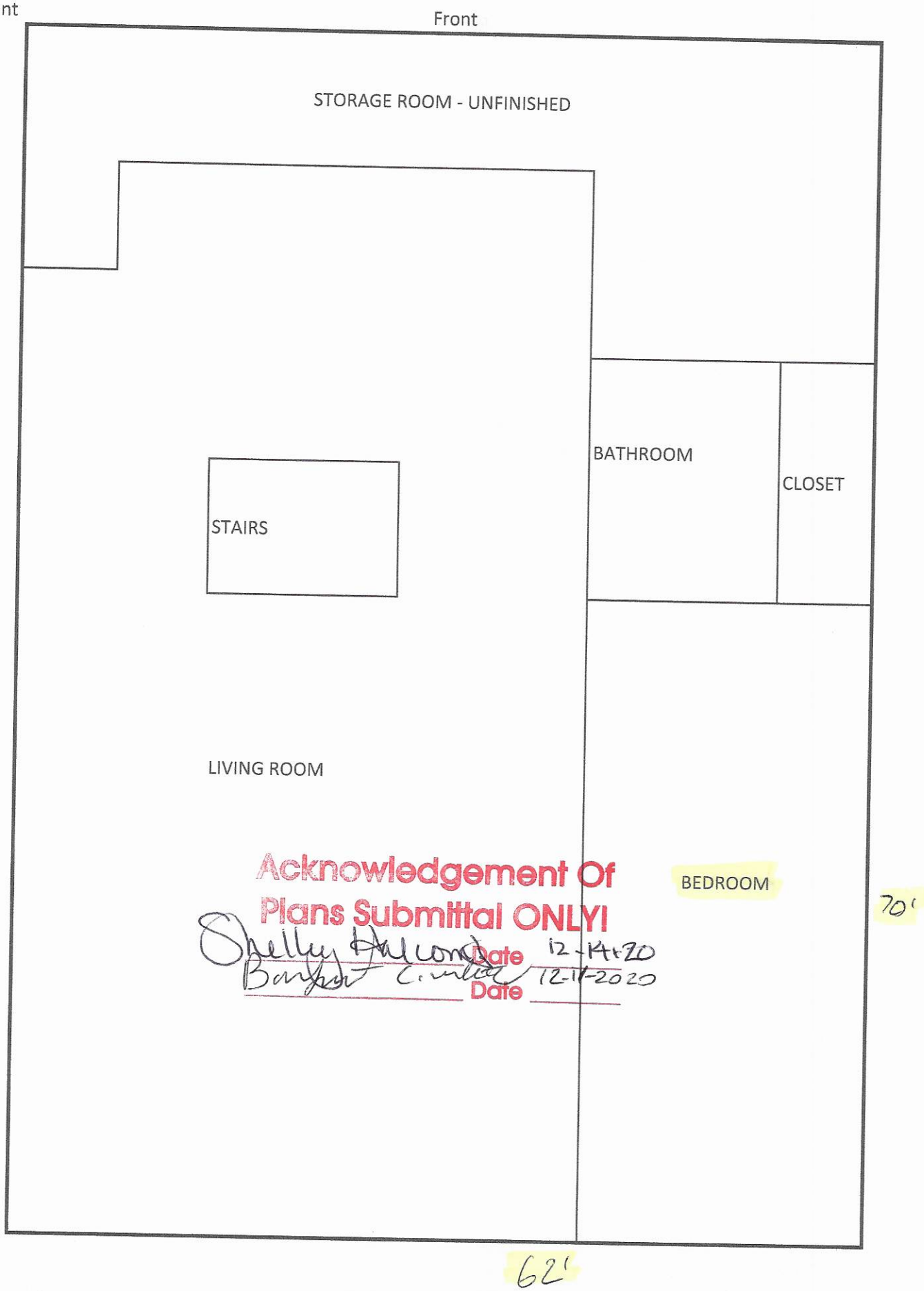

Front
BEDROOM
BEDROOM
BATHROOM
STAIRS
STORAGE
70'
Acknowledgement Of
Plans Submittal ONLY!
Shelley Hallcomb Date 12-14-20
Burkhart C. Wilson Date 12-11-2020
BATHROOM
MEDIA ROOM
FLEX ROOM
62'

Main Floor



Acknowledgement Of
Plans Submittal ONLY!
Shillyttalcom Date 12-14-20
Bryant C. Date
12-11-2020

Basement



Acknowledgement Of
Plans Submittal ONLY!

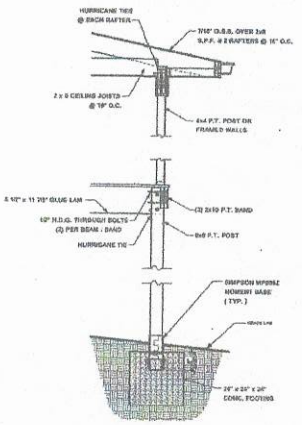
Shelley Hallcond Date 12-14-20

Bonfour Contractor Date 12-11-2020

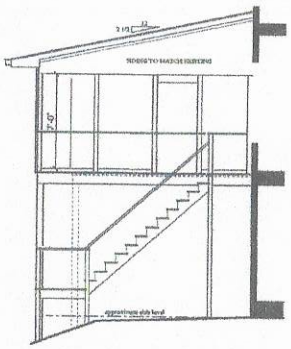
Acknowledgement Of
Plans Submittal ONLY!

Shelley Halcomb Date 12-14-20

Building & Inspections Date 12-14-2020



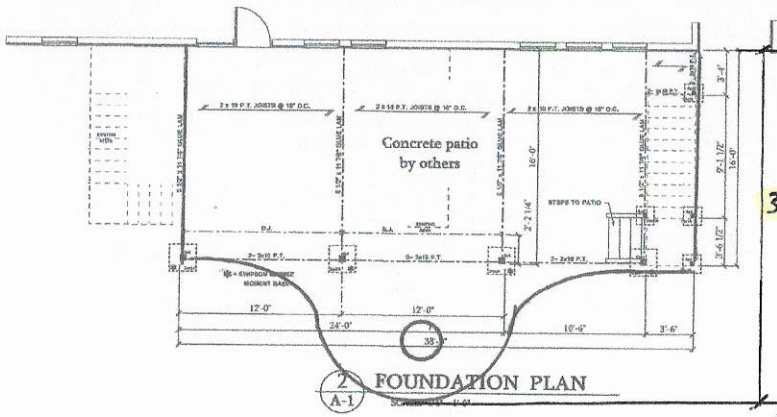
5 A-1 POST DETAIL
SCALE: 1/2" = 1'-0"



4 A-1 SIDE ELEVATION
SCALE: 1/4" = 1'-0"



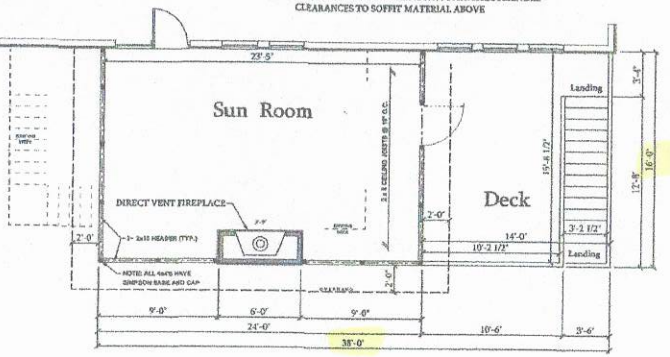
3 A-1 REAR ELEVATION
SCALE: 1/4" = 1'-0"



2 A-1 FOUNDATION PLAN

30'

NOTE: VERIFY DIRECT VENT MANUFACTURER RECCOMENDED CLEARANCES TO SOFFIT MATERIAL ABOVE



1 A-1 FLOOR PLAN
SCALE: 1/4" = 1'-0"

NORTH CAROLINA PROFESSIONAL SEAL 37583 ENGINEER JOHN C. DARDEN, III

DARDEN ENGINEERING

4-20-20

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2-11-20 5 hr. meeting 2-28-20 5 hrs. site measurements 3-21-20 2.75 hrs. drafting 3-22-20 4.5 hrs. drafting 3-30-20 1.5 hrs. drafting 3-31-20 1.5 hrs. drafting 4-20-20 3.5 hrs. drafting

Screened Porch / Deck Addition plans for:

Mr. and Mrs. HALCOMB

120 Bells Creek Dr., Mooresville, NC

SCREENED PORCH / DECK ADDITION

SHEET No. A-1

U.S. HOME DESIGNS, INC.
2005 Hazelwood Dr., Statesville, NC 28625 Phone: 704-809-0703
Designer: Stephen W. Tinsley
www.ushomedesigns.com