PJB

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 309122

APPLICANT/OWNER: Joseph Moore Jr. | APPLICANT ADDRESS: 379 Fern Hill Rd, Troutman NC 28166 | PIN # 4649 -- 26 -- 1850

SITE ADDRESS: 379 Fern Hill Rd, Troutman NC 28166 | PHONE: 704-928-8868 | ALT. PHONE

SITE DIRECTIONS: (N) Perth → (R) on Fern Hill → lot on (R) just past Carlyle | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 2.01 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: EXISTING

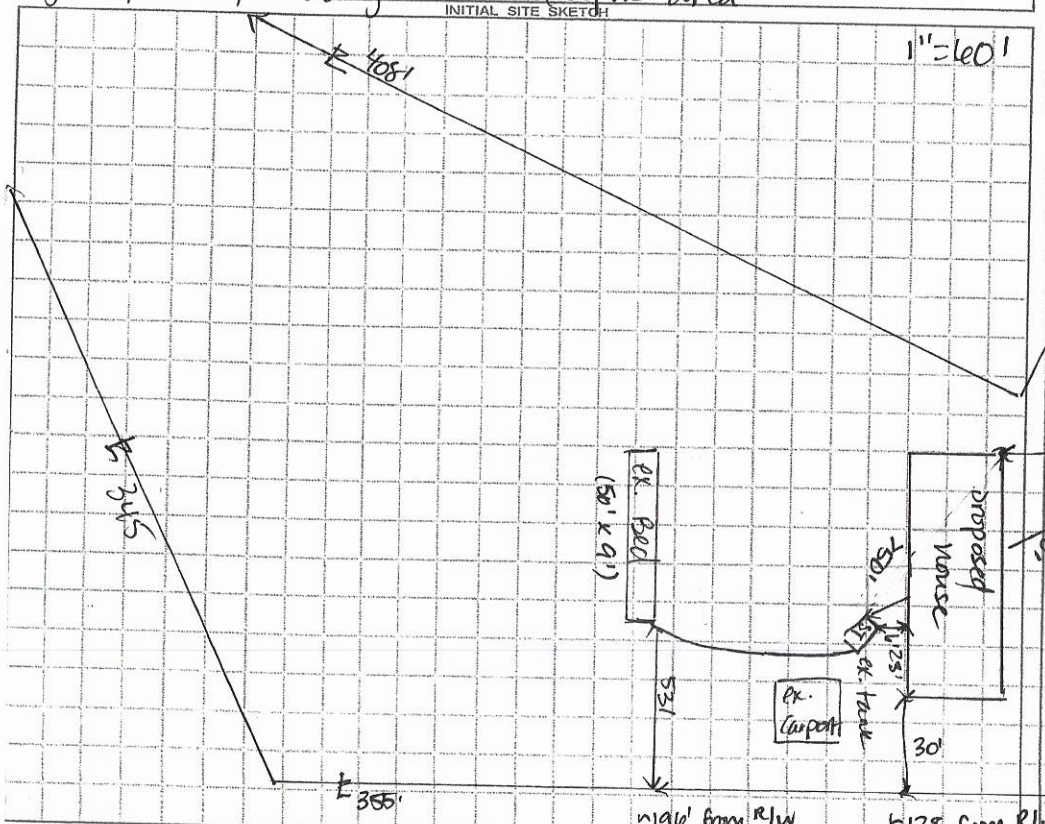
Septic Tank	EXISTING (gal)	SAB	Date	[ ] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	
Pump Make	Model		Serial #	Repair System Description: EXISTING	
# Nitrification Fields	EXISTING	# Lines	Linear Ft	Maintenance Agreement Required: [ ] YES [X] NO	
Trench Width	EX.	Trench Bottom Depth(Low side) EX.		Gravel Depth EXISTING [X] GRAVITY [ ] PRESSURE	

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees | [X] Crawl Space | [ ] Basement w/o plumbing

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

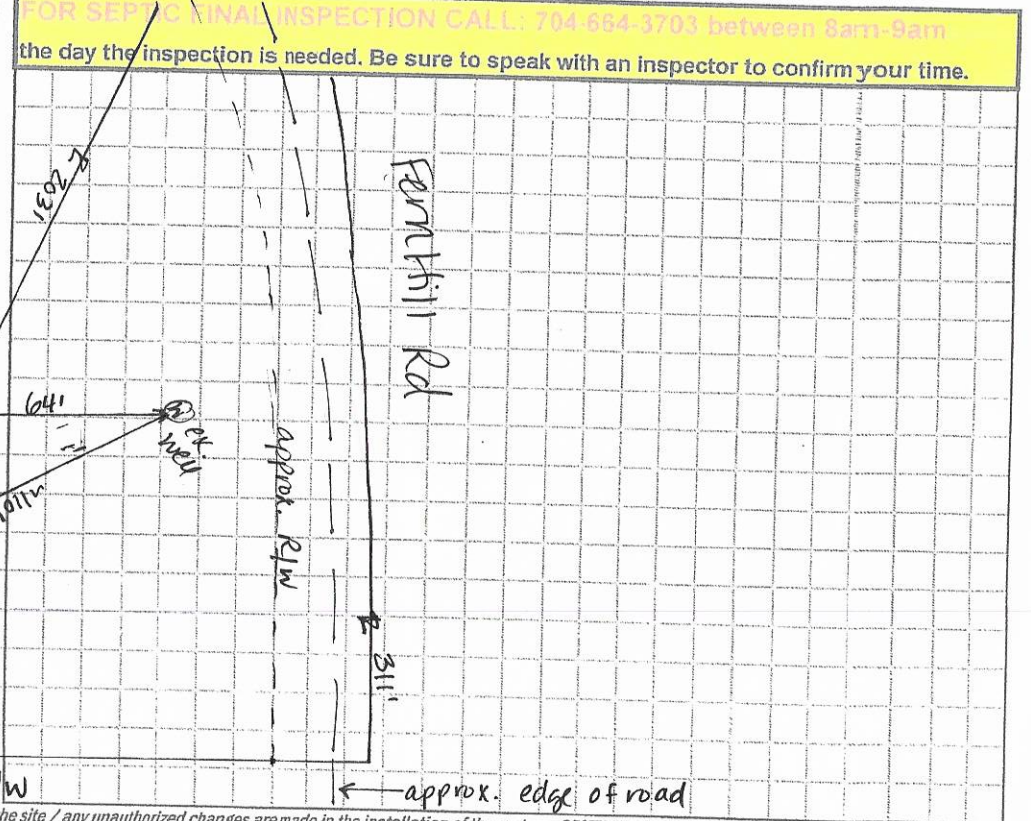
Comments / Conditions: Proposed house meets all setbacks to septic system. Divert drainage from system, Do not pave, park, grade, drive, or bury utilities in septic area.

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.



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

Owner / Applicant Signature: Anthony Moore Date: 5-28-21 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Mieberg Date: 5/25/21

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

Mooresville

RECEIVED MAY 12 2021

Resubmit

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*

AP-309122 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Joseph Moore JR Address: 379 Fern Hill Rd. Troutman, NC Zip: 28166
Applicant Email: gmoore4470@aol.com Phone: 704-928-8868 Alt. Phone: _____
Owner Name: Joseph Moore JR. Address: P.O. Box 926 Troutman, NC. Zip: 28166
Owner Email: gmoore4470@aol.com Phone: 704-928-8868 Alt. Phone: _____

Property Information:

Street Address: 379 Fern Hill Rd. Troutman, NC. 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: From Statesville take Perth Rd. In Troutman to Fern Hill turn left, Project on the right at Fern Hill & Carlyle Rd.

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: _____
( ) 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: _____

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1980
( ) 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: Anthony Moore Joseph Moore Jr. 5-10-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Joseph Moore Jr., am the legal owner(s) of the property located at 379 Fern Hill Rd, Troutman, NC 28166, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Joseph Moore Jr. _____ 5-10-21
Signature of Owner(s) Date

Mooresville - Environmental Health

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

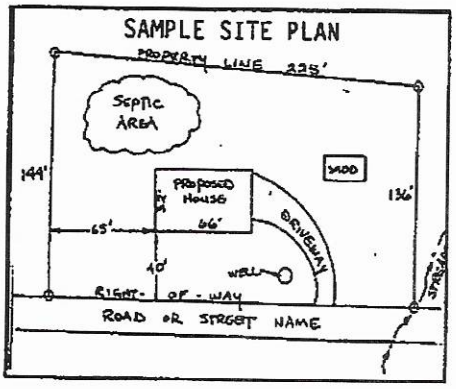
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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
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



Signature: Anthony Moore Joseph Moore Jr — 5-16-21

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

IREDELL COUNTY HEALTH DEPARTMENT

Repair 4:00 Type 3

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# N/A – (Repair) PIN# N/A 4649 26 1856 DATE 6/6/2000

OWNER OR CONTRACTOR Joseph Moore, Jr PHONE: Business _____ Home 528-5258

ADDRESS 379 Fern Hill Rd

LOCATION Hwy 150 W. TR Perth Rd TR Fern Hill Rd across from intersection with Carlyle Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 50'
Used
No Lines 50'x9' Trench Width 9' Max Trench Bottom Depth 36" Gravel Depth 12"

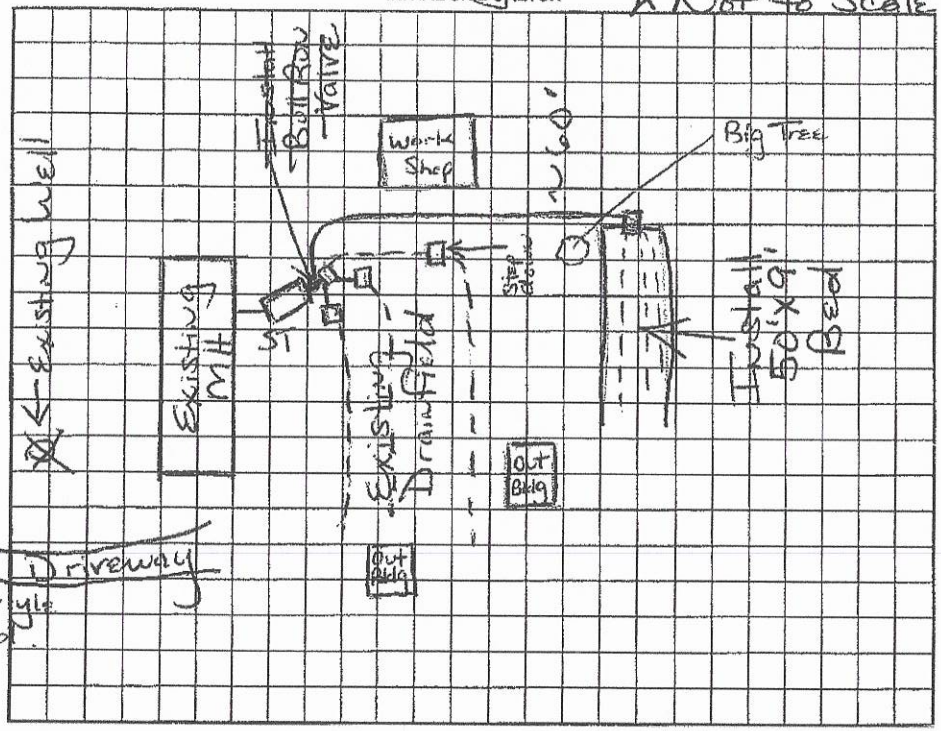
☐ New System ☒ Repair System Type: ~~Conventional~~ Plastic Chambers
System Description: ~~Gravity Conventional~~
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☐ Individual~~ ☐ Public ☐ Community

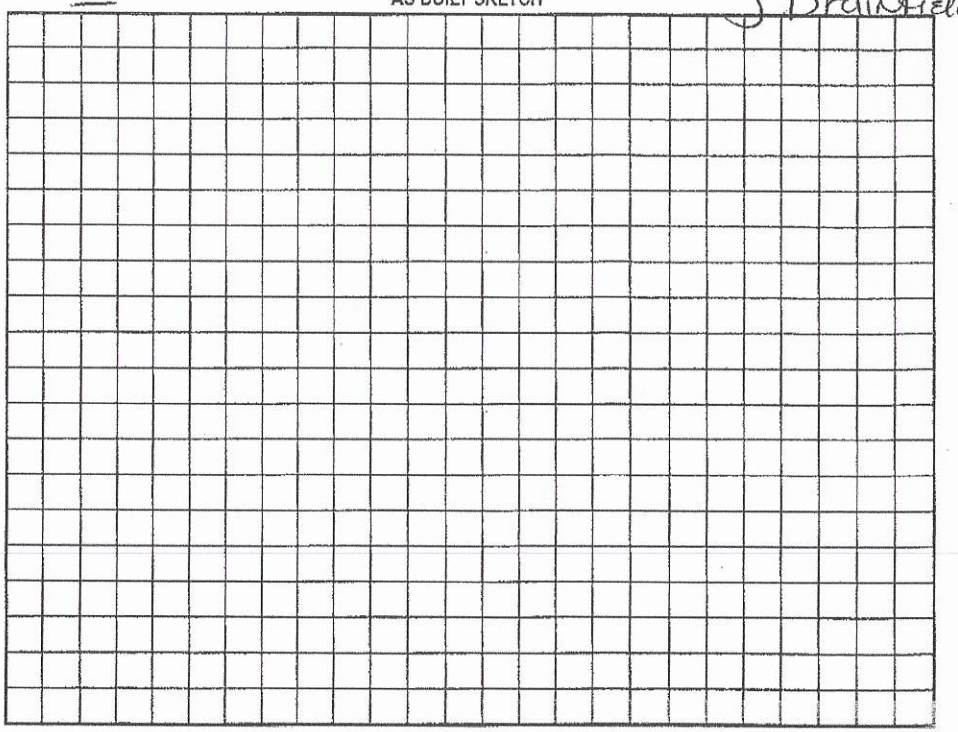
Comments:/Conditions: Install Bull Run valve to switch between Existing Drainfield & New Drainfield. Install 50'x9' Bed. (Conventional) (Divert Stormwater away from Drainfield)

INITIAL SITE SKETCH ★ Not to Scale



Comments:/Conditions: Original system installed 1980. Installed 3 Plastic Chamber lines in Bed. No "Bull Run Valve" feed directly to New Drainfield

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed X Joseph Moore Jr date _____ Installed by: Wayne Crotts

Improvement Permit by: Maria H. Dotson RS date 6/6/2000 Operation Permit by: Maria H. Dotson RS date 4/23/2001

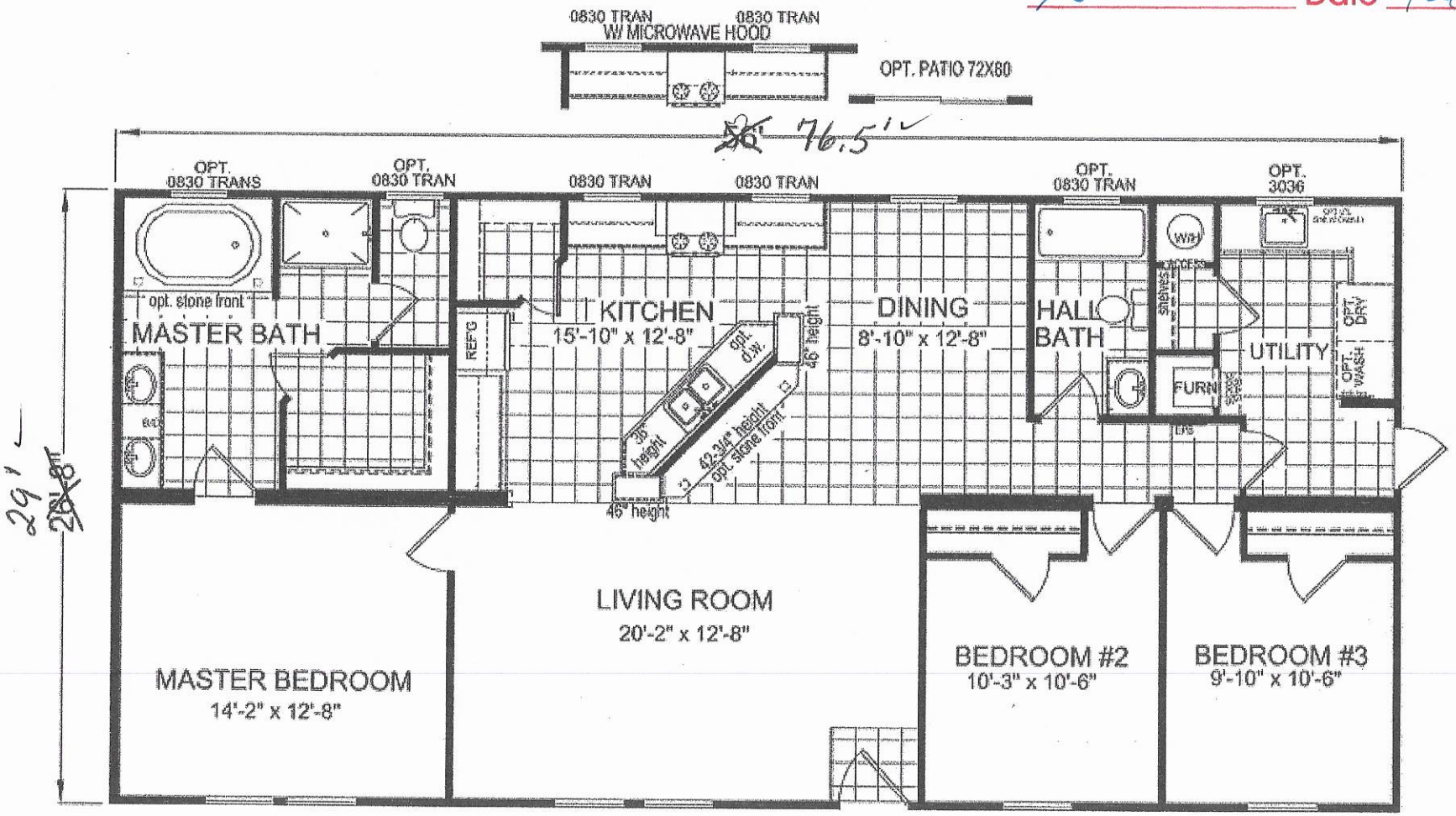
Authorization to Construct by: Maria H. Dotson RS date 6/6/2000 Existing System Inspection by: _____ date _____

(Repair)

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

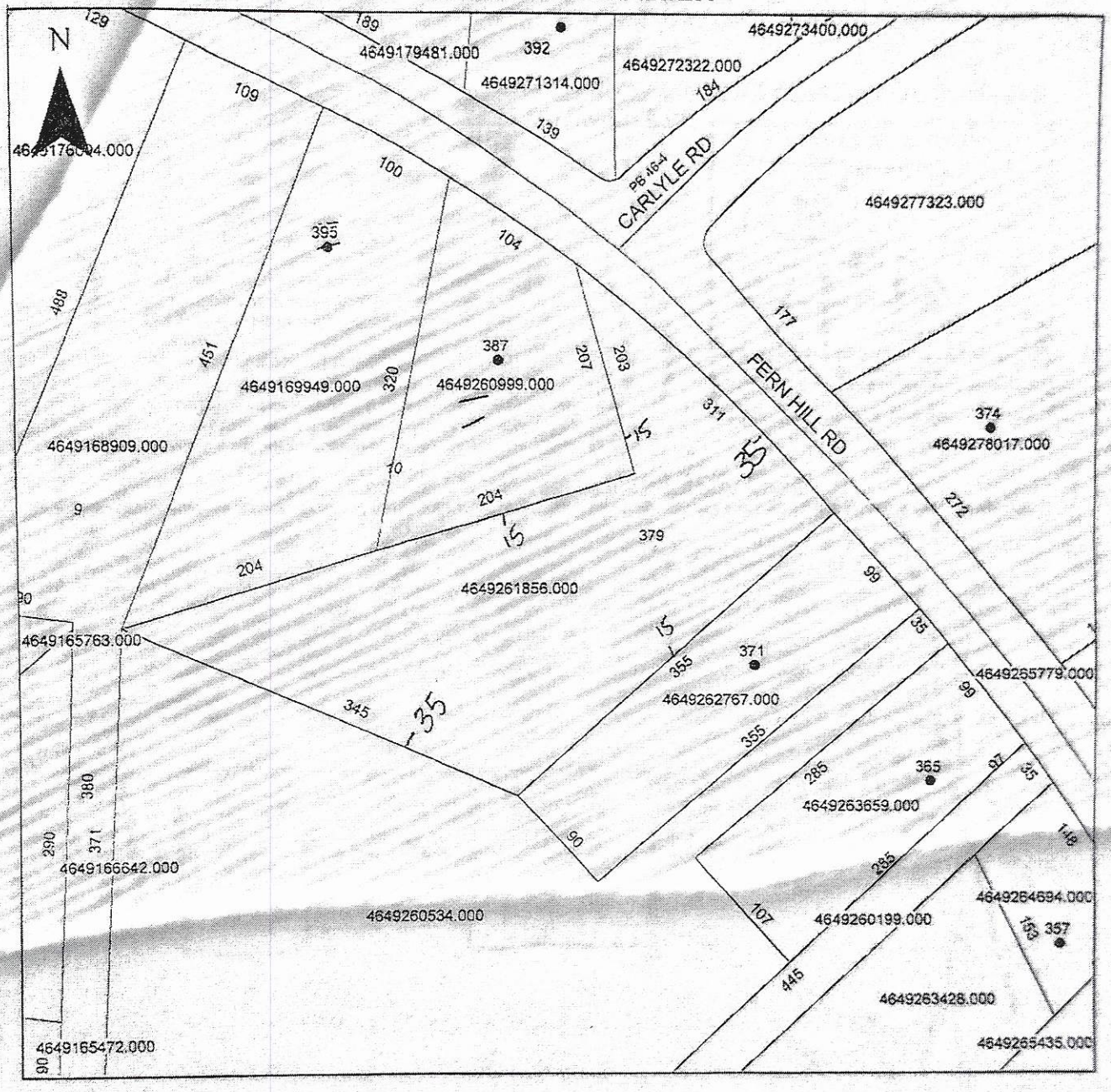
From: sturdihomes@outlook.com,
To: amoore6470@aol.com,
Subject: Moore Floor Plan
Date: Fri, Jul 10, 2020 12:11 pm
Attachments:

Acknowledgement Of
Plans Submittal ONLY!
Anthony Moore Date 05/28/21
Date 5/24/21



Erin Sturdivant
Sturdivant Innovations
980.622.2424

ZONING DISCLAIMER



Property Address 379 Fern Hill

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.

Joseph Mone Jr.
Applicant

8-21-2020
Date