IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220999

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

PIN # 4654-79-7940

APPLICANT: DAVID LOGSDON APPLICANT ADDRESS: 1301 OLD FARM RD. CHARLOTTE, NC

SITE ADDRESS: 200 BERACAH RD - Mrsvl. PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: 115S, TL MIDWAY LAKE, TR BERACAH, on R

SUBDIVISION: BERACAH PLACE SECTION: LOT # 6 LOT AREA: 1AC DESIGN FLOW: 480 L.T.A.R.: .3 (.25R)

Septic Tank 1000 (gal) STB Infi Hrador Plastic ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT IM1060 Date Tank System Description: 25% REDUCTION

Pump Make Model Serial # Repair System Description: PANEL BLOCK

Nitrification Fields 1 # Lines 8 Linear Ft: 400' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

* Changed some line lengths to allow more repair. See drawing

Installed Quick 4

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 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.*

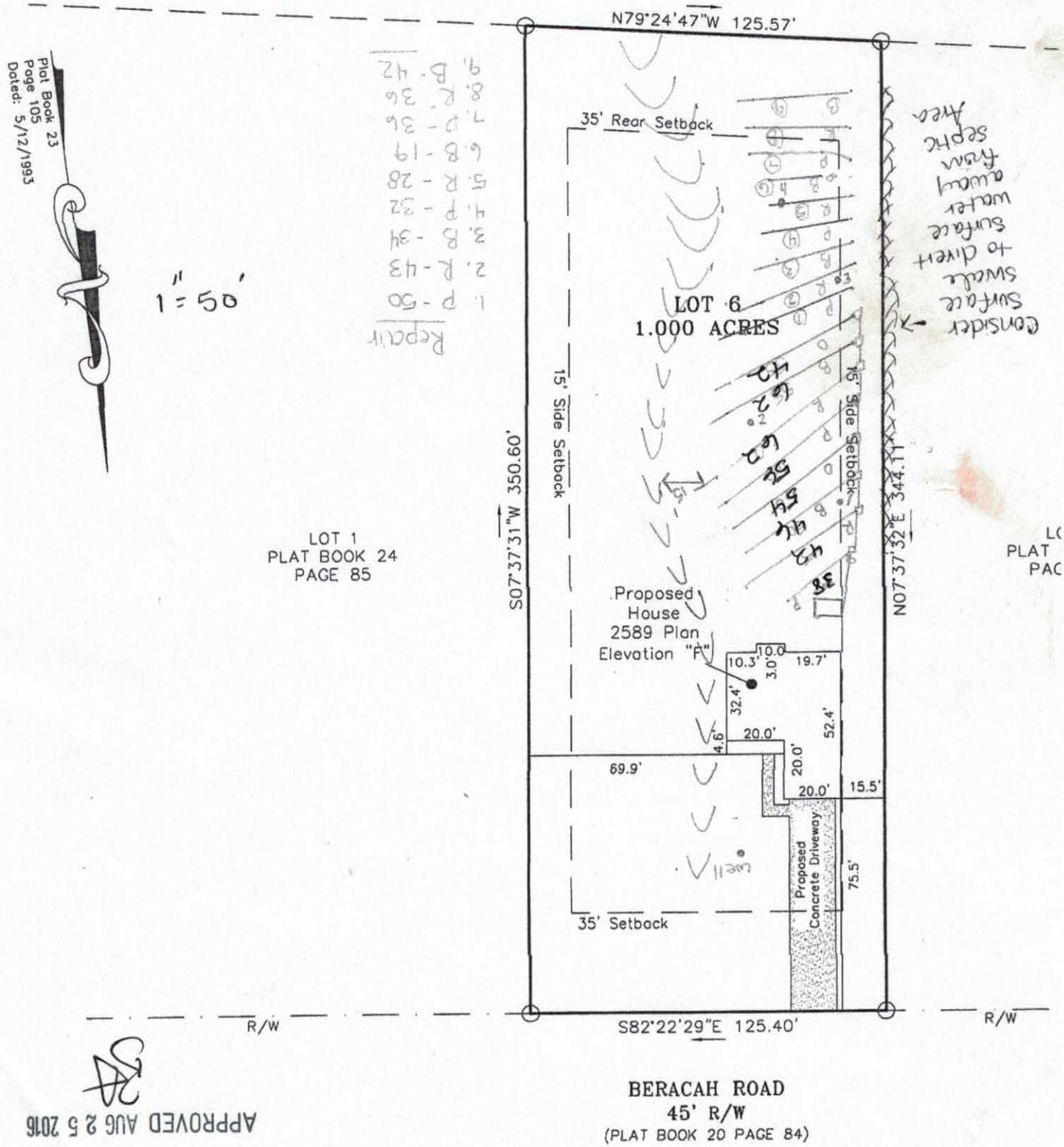
Owner / Applicant Signature: Kathleen Saunders Date: 8-26-16 Installed by: Willie Christenbury

IMPROVEMENT PERMIT by: RA Cobb Date: APPROVED AUG 25 2016 OPERATION PERMIT by: Marian Dobson RS Date: 2/13/17

AUTHORIZATION TO CONSTRUCT by: RA Cobb Date: APPROVED AUG 25 2016 Existing System Inspected by: Date:

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

JANIE BALLARD WALDEN
DEED BOOK 730 PAGE 728



BERACAH ROAD
45' R/W
(PLAT BOOK 20 PAGE 84)

APPROVED AUG 25 2016

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

PLOT PLAN

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 200 Beracah Road

Date: August 11, 2016

Attached is the septic specification information required to permit 200 Beracah Road 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.



Kathleen Saunders

APPROVED AUG 2 5 2016

Beracah Place Lot 6 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	8 (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 (Low Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	320
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	Pink	25% Reduction	25 endfed
2	System	Red	25% Reduction	45 endfed
3	System	Blue	25% Reduction	50 endfed
4	System	Orange	25% Reduction	50 endfed
5	System	Pink	25% Reduction	60 endfed
6	System	Red	25% Reduction	60 endfed
7	System	Blue	25% Reduction	55 endfed
8	System	Orange	25% Reduction	55 endfed
9	Repair	Pink	LP PPBPS	50
10	Repair	Red	LP PPBPS	43
11	Repair	Blue	LP PPBPS	34
12	Repair	Pink	LP PPBPS	32
13	Repair	Red	LP PPBPS	28
14	Repair	Blue	LP PPBPS	19
15	Repair	Pink	LP PPBPS	36
16	Repair	Red	LP PPBPS	36
17	Repair	Blue	LP PPBPS	42
				Total System: 400'
				Total Repair: 320'

Note: Keep proper setbacks to foundation drains
Distribution devices and tank locations can be altered at ICHD's discretion

Consider a surface diversion swale along the right property line to shed surface water away from the septic area.

APPROVED AUG 25 2016

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

Sheet 1 of 1
PROPERTY ID #: 4654-79-79
COUNTY: Iredell

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

OWNER: David Loasdon
ADDRESS: 1301 Old Farm Rd Charlotte
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Beracah Place Lot 6
APPLICATION DATE: 8/12/16
DATE EVALUATED: 8/11/16
PROPERTY SIZE: 1
PROPERTY RECORDED: Post 81

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 2-5%	0-6	Mo GR SL	FR ns/np	B	48"	N/A	N/A	0.3 PS
		6-34	Mo SBK C	FR ss/sp	R; F Mica				
		34-48	WK SBK CL	↓	R; C Sap				
2	L 2-5%	0-6	Mo GR SL	FR ns/np	Br	48"	N/A	N/A	0.3 PS
		6-27	Mo SBK C	FR ss/sp	R; F/C Sap				
		27-48	WK SBK CL	↓	R yel; C/M Sap				
3	L 5%	0-4	Mo GR SL	FR ns/np	Br	48"	N/A	N/A	0.25 PS
		4-30	Mo SBK C	FR ss/sp	R				
		30-48	WK SBK C	↓	R, C Mn				
4	L 5%	0-6	Mo GR SL	FR ns/np	Br	48"	N/A	N/A	0.3 PS
		6-48	Mo SBK C	FR ss/sp	R				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPP BPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

RECEIVED AUG 1 2 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

#220999

PAGE 1: *APPLICATION FORM*

Paid $350.00

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- (X) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- ( ) Well Abandonmen
- ( ) Septic System Rep

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAI

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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 fe

Applicant Information: contact Kathleen Saunders (704) 578-4951

Applicant Name: David Logsdon **Address:** 1301 Old Farm Rd Charlotte NC 28226 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 200 Beracah Rd Mooresville NC

Subdivision Name: Beracah Place **Section/Phase:** N/A **Lot Number:** 6

Driving Directions: Hwy 115 S, L on Midway Lake Rd, R on Beracah Road, 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: 4
Maximum Number of Occupants: 8max

- ( ) 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 grant right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for t 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)

8/11/2016
DATE

dotloop signature verification: www.dotloop.com/my/verification/DL-183584818-4-1Z2Q

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, Mary L. Logsdon, am the legal owner of the property located at 200 Beracah Place, identified as PIN(Parcel Identification Number) 4654-79-7940, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, 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.

Mary L Logsdon dotloop verified 08/11/16 6:53PM EDT J4DZ-5HHB-UYPU-WZEV

D Amero dotloop verified 08/11/16 6:29PM EDT 3EOI-Z9TY-KDMF-QS88

Signature of Witness Date

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

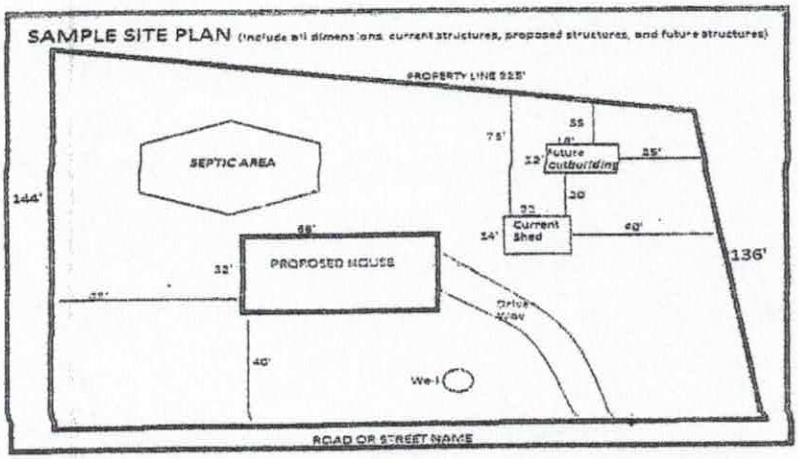
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

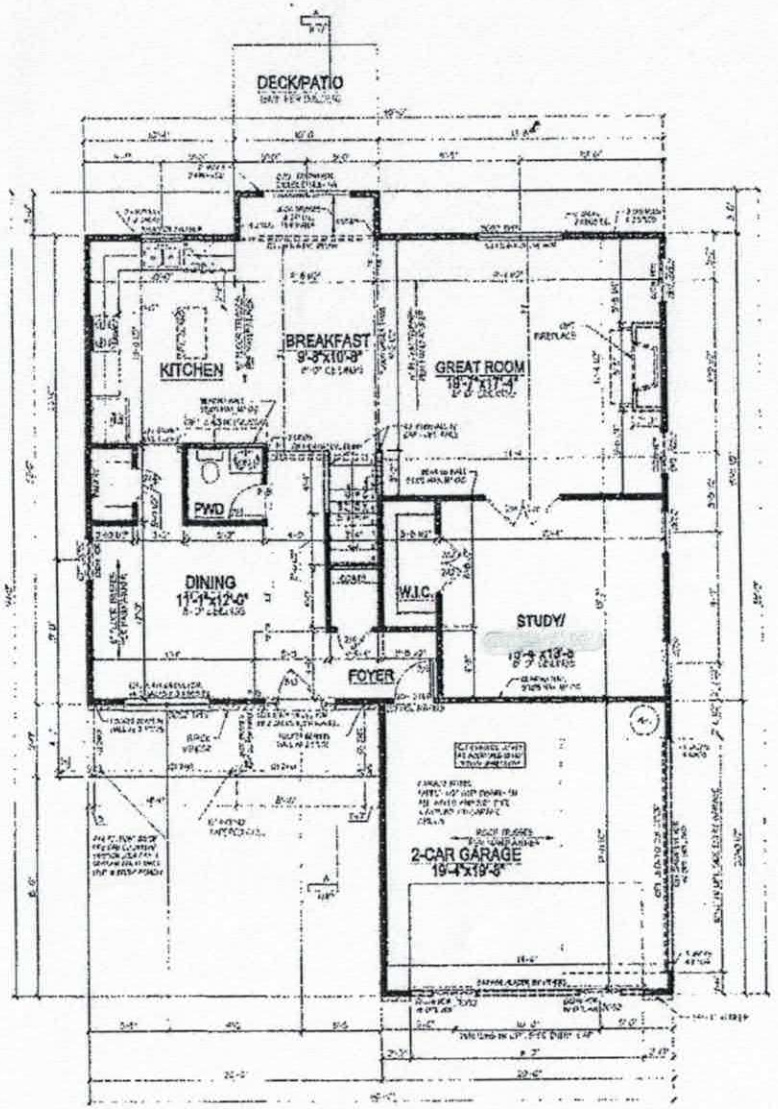
Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

8/11/2016

DATE



FIRST FLOOR PLAN

FOR HEATING AND COOLING
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Acknowledgement of Plans Submittal ONLY!

Date 8/12/16

APPROVED AUG 25 2016

Date

SQUARE FOOTAGE ANALYSIS

HABITABLE AREAS				OTHER AREAS	
SPECIFIED AREA	[illegible]	[illegible]	[illegible]	UNSPECIFIED AREA	SQUARE FOOTAGE
FIRST FLOOR	1902	1944	1917	GARAGE	432
SECOND FLOOR	1042	1005	1027	REAR PATIO	100
				COVERED PORCH	100
				ATTIC STORAGE (NOT HEATED)	523
				COVERED FRONT PORCH	120
				[illegible]	524
TOTAL SF	2944	2949	2944		

[illegible]

BUILDERS PLAN SOURCE
PO Box 614
King, North Carolina 27021
Phone: 336.985.0363

PLANSINC.com
Stock Plans

2589 Plan
Elevation F

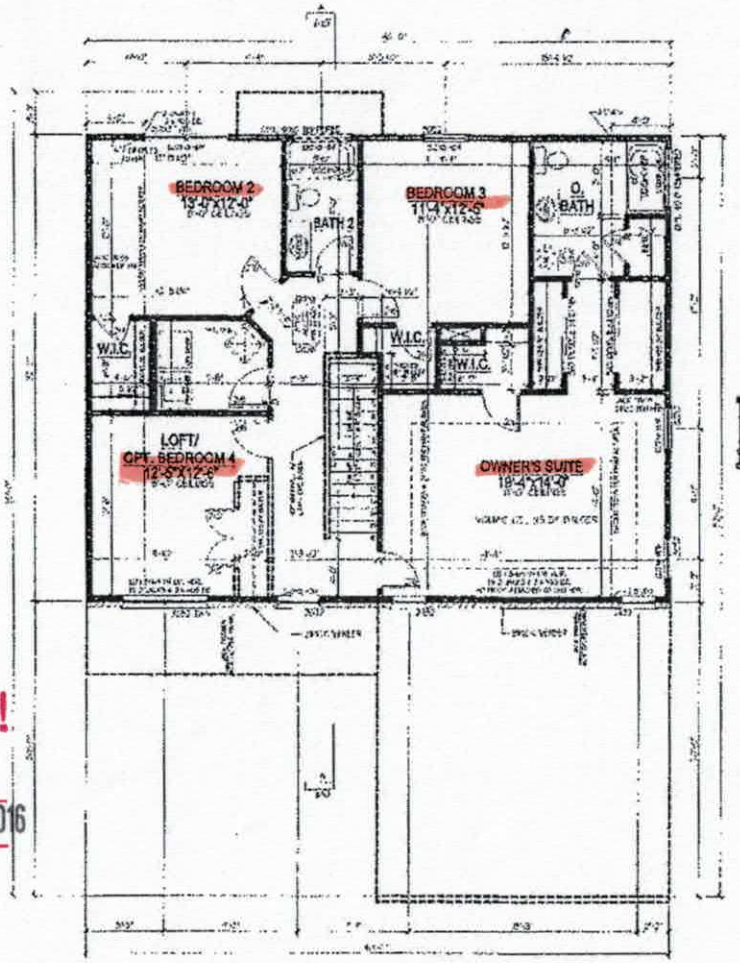
ISSUE DATE
2011-12-29

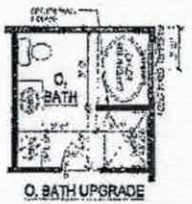
REVISION DATE
2014-05-21

DRAWN BY
DMR

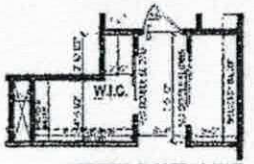
CHECKED BY
ELE

SHEET NUMBER
3.10





O. BATH UPGRADE



OPTIONAL CLOSET LAYOUT

PRESCRIPTIVE COMPLIANCE PRESENTATION FOR DOORS AND WINDOWS	
GROSS AREA OF EXTERIOR WALLS	2570 SQFT
NORMAL AREA OF WINDOWS	15.00 SQFT
NORMAL AREA OF DOORS AND GLAZING	19.83 SQFT
NORMAL AREA OF SKYLIGHTS	0.00 SQFT
TOTAL NORMAL AREA OF DOORS + WINDOWS	306.83 SQFT
% OF DOOR AND WINDOW GLAZING	11.9%

Acknowledgement of Plans Submittal ONLY!

Date 8/12/16

APPROVED AUG 25 2016

Date

SQUARE FOOTAGE ANALYSIS

HABITABLE AREAS				OTHER AREAS	
SPECIFIED AREA	SF HOUSE PLANS	SF HOUSE PLANS	SF HOUSE PLANS	SPECIFIED AREA	SQUARE FOOTAGE
FIRST FLOOR	1300	1309	347	GARAGE	465
SECOND FLOOR	1289	1289	343	PORCHES	130
				SCREENED PORCH	100
				ATTIC STORAGE (OPTIONAL)	N/A
				SECOND STORY PORCH	N/A
				2 STORY FOYER	N/A
TOTAL SF	2589	2598	2564		

*APPROXIMATE SF VALUES BY ALTERNATE APPLICATIONS

BUILDERS PLAN SOURCE
PO Box 832
King, North Carolina 27021
Phone: 336.985.0000

BUILDER: PLANSING.com Stock Plans

OWNER:

PLAN NAME: 2589 Plan Elevation F

ISSUE DATE: 2011-12-29

REVISION DATE: 2014-05-21

DRAWN BY: DMR

CHECKED BY: BJE

STANDARD SCALE: 1/8"=1'-0" 22x34 1/2"x44"

SHEET NUMBER: 4.10

SECOND FLOOR PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
220999
Issue Date: 08/11/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4654797940.000	200 BERACAH ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LOGSDON DAVID L+MARY L	Applicant: KATHLEEN SAUNDERS
Address: 1301 OLD FARM ROAD CHARLOTTE, NC 28226	Address: 121 HOLT LANE 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
1.000	35.00	35.00	15.00	15.00	NOT	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	77298	TOTAL FEES:	$ 77.25