BLDR-2023-43612

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319388

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

PIN # 4654 -- 798 -- 259

APPLICANT/OWNER: Oakspring LLC APPLICANT ADDRESS: PO Box 5350 Mooresville, NC 28117

SITE ADDRESS: 134 Addison Emery Lane Mooresville, NC 28117 PHONE: 704-744-7609 ALT. PHONE N/A

SITE DIRECTIONS: South on Mecklenburg HWY, TL Presbyterian Rd, L Byleigh Dan Place, R Addison Emery SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Davidson Pond SECTION: LOT # 19 LOT AREA: 6.54 DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date
Pump Tank 1000 (gal) PT 363 Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft 325
Trench Width 24 Trench Bottom Depth ~~(Low side)~~ 30" in Low Side Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM 50% Reduction
Repair System Description: LP - 50% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☐ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on Contour of the Land trubilize Pressure manifold
Do not Drive, Park, pave, grade or any utilities installed.
Storm Down Forced Flow w A/C

INITIAL SITE SKETCH

270 gallon Dose use (5) ½ San 80 Taps @ 5.48 = 27.4 gallon Dose
12.8 Inch Drawdown

See attached Site plan by:
Paul Pennington LSS + ICHD
Rev. 9-7-2021.

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.

Checked

Tanks 3/21/24 MW
Lines 3/21/24 MW
PH
PM
Alarm
Electrical
Floats
} SH 4/30/25

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: 10/20/2021 Installed by: Abernathy Septic

IMPROVEMENT PERMIT by: Date: 10-8-21 OPERATION PERMIT by: Sydney Holland Date: 4/30/25

AUTHORIZATION TO CONSTRUCT by: Sydney Holland Date: 12/13/23 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319388

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

PIN # 4654 --798 --259

APPLICANT/OWNER: Oakspring LLC APPLICANT ADDRESS: PO Box 5350 Mooresville, NC 28117

SITE ADDRESS: 139 Addison Emery Lane Mooresville, NC 28117 PHONE: 704-746-7609 ALT. PHONE N/A

SITE DIRECTIONS: South on Mecklenburg HWY, TL Presbyterian Rd, L Ryleigh Dan Place, R Addison Emery SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Davidson Pond SECTION: LOT # 19 LOT AREA: 6.54 DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description:	PM 50% Reduction			☐ Business	No. Persons	8	☑ Private
Pump Make		Model		Serial #	Repair System Description:	LP - 50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft. 325	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth (Low side)	30" in Low Side	Gravel Depth		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on Contour of the Land tubilice Pressure manifold
Do not Drive, Park, Pave, grade cabin, utility's indoor/field.
Show Down Footer Plan in A/C

INITIAL SITE SKETCH

270 gallon Dose use (5) ½ sch 80 Taps @ 5.48 = 27.4 gallon Dose
12.8 Inch Drawdown

See attached Site plan by:
Paul Pennington LSS + ICHD
Rev. 9-7-2021.

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.

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☐ **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: 10/20/2021 Installed by:

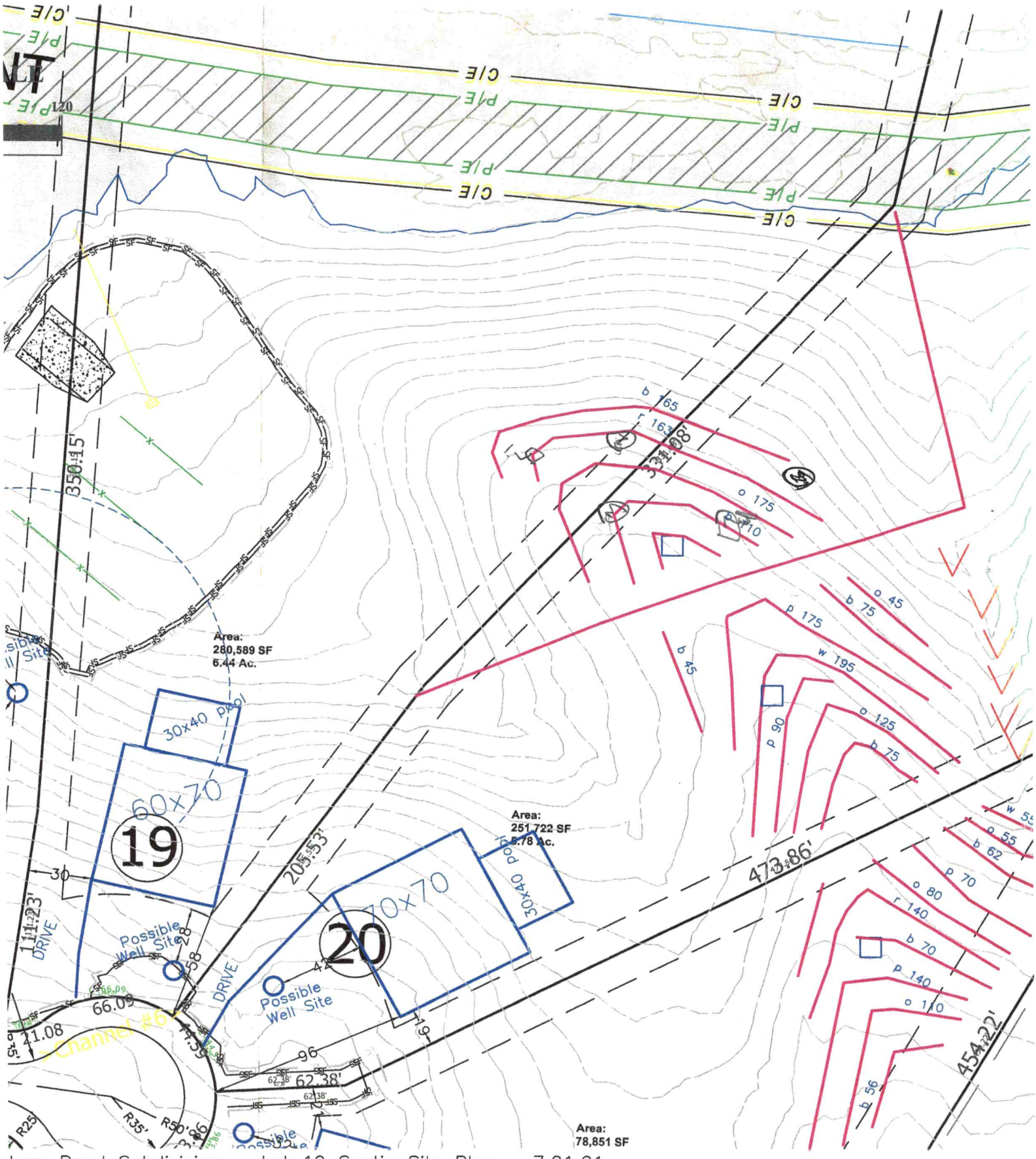
IMPROVEMENT PERMIT by: Date: 10-8-21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Sydney Holland Date: 12/13/23 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? _____	



dson Pond Subdivision – Lot 19 Septic Site Plan 7.21.21

ouse pad and lot lines staked by PDAPA. Any proposed well or septic system must be approved

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

Lot 19

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	
1	Linear/ Nose	0 - 14	C SBK	SS SP FR SE	–	35	–	Heavy SAP thru out	.3 PS
		14 - 35	SCL SBK	SS SP FR SE					
		35 - 63	Loamy SAP						
2	Linear/ Nose	0 - 11	SCL SBK	SS SP FR SE	–	36	–	Heavy SAP thru out	.3 PS At 36in
		11 - 24	C SBK	SS SP FI SE					
		24 - 36	SCL SBK	SS SP FR SE					
		36 - 60	Loamy SAP						
3	Linear/ Nose	0 - 22	C SBK	SS SP FR SE	–	48	–	Heavy SAP thru out	.3 PS
		22 - 48	SCL SBK	SS SP FR SE					
		48 - 71	SL SAP						
4	Linear/ Nose	0 - 9	(Compacted	Compacted	–	64	–	SAP inc at 29	.3 PS
		9 - 29	C SBK	SS SP FI SE					
		29 - 64	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

Lot 19

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	
1 & 5	Linear	0-9	scl SBK	ss sp FR se	–	60	–	Common SAP inc	.25 PS
		9-30	C ABK	ss sp FI se					
		30-60	CL SBK	ss sp FR se				Manganese Inc at 45	
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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					MOIST	**WET**
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		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

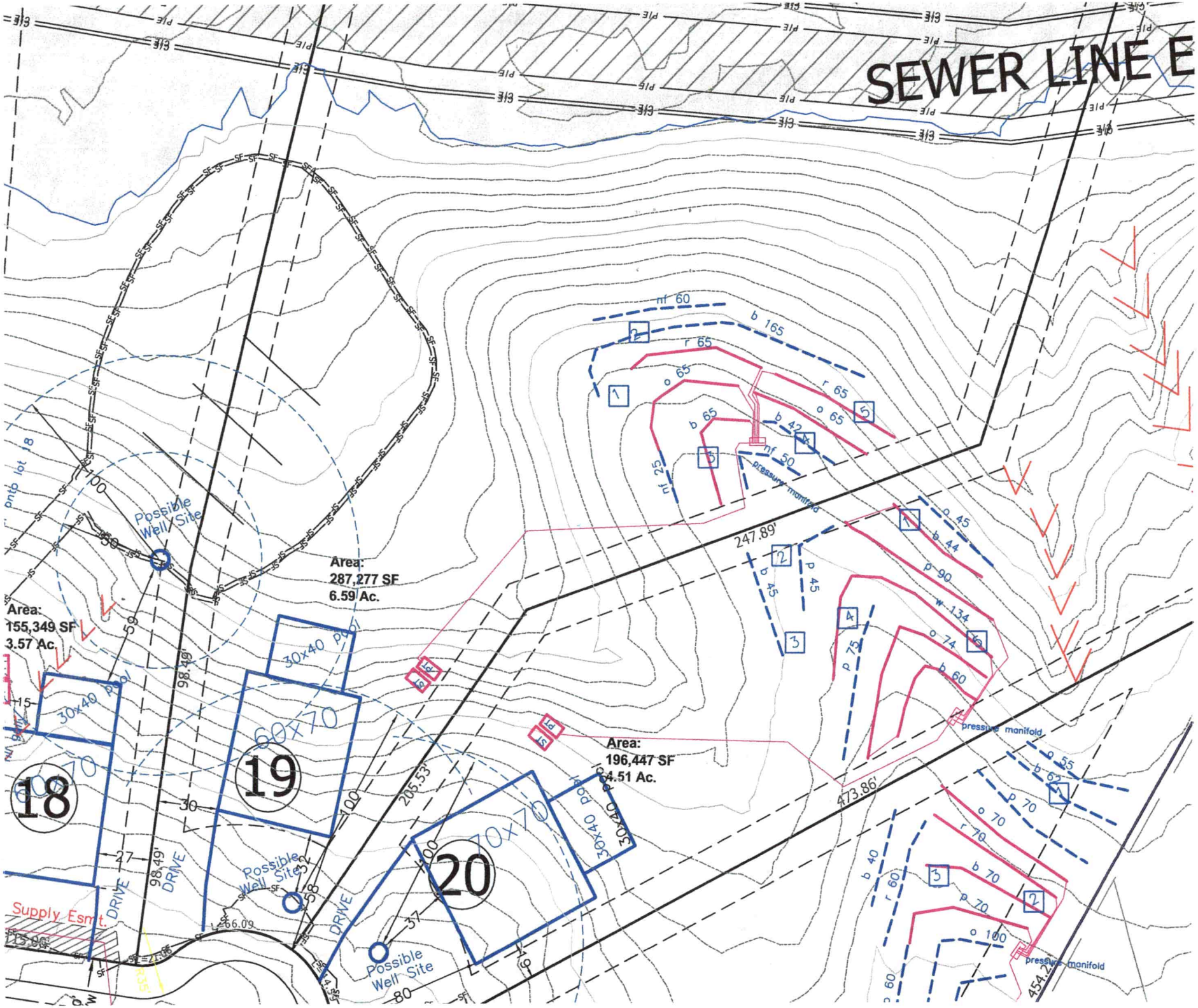
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




SEWER LINE E
Area:
155,349 SF
3.57 Ac.
Area:
287,277 SF
6.59 Ac.
Area:
196,447 SF
4.51 Ac.
18
19
20
Possible Well Site
Possible Well Site
Possible Well Site
30x40 Pad
30x40 Pad
30x40 Pad
60x70
60x70
70x70
DRIVE
DRIVE
DRIVE
Supply Esmt.
pressure manifold
pressure manifold
pressure manifold
247.89'
473.86'
205.53'
98.49'
98.49'
nf 60
b 165
r 65
o 65
b 65
nf 25
nf 50
b 42
o 45
b 44
p 90
w 134
o 74
p 75
b 60
o 55
b 62
p 70
o 70
r 70
b 70
p 70
o 100
b 40
r 60
66.09'
454.2'

call Paul Penninger for site visit 704.996.6330 RECEIVED JUL 27 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319388 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Oaksprings, LLC **Address:** PO Box 5350 Mooresville, NC **Zip:** 28117

Applicant Email: lakemisthomes@yahoo.com> **Phone:** 704-799-7609 **Alt. Phone:** _____

Owner Name: same as applicant **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 139 Addison Emery Lane

Subdivision Name: Davidson Pond **Section/Phase:** _____ **Lot Number:** 19

Driving Directions: South on Mecklenburg Highway, TL Presbyterian Rd, L Ryleigh Dan Place, R Addison Emery

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) 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: _____

(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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

(X) Yes ( ) 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: _____ 7-23-21
Property owner or owner's legal representative 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*) _____

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, Oaksprings, LLC / Aaron Feldman, am the legal owner(s) of the property located at Lots 1-40 Davidson Pond Subdivision, identified as

PIN (Parcel Identification Number) 4654688991.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting _____, 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.

_____ 5-7-21

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319388 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	139 ADDISON EMERY LN	Iredell County

Owner Information	Applicant Information
Name: HBHC LLC	Name: Oaksprings LLC
Address:	Address: PO Box 5350
	Mooresville, NC 28117
Phone:	Phone: (919)389-4500

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.42	35	35	15	15	N/A	YES

Remarks
SFD Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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.

Date: 07/02/2021

Signature of Owner/Contractor

Permit Number	319388	TOTAL FEES:	$77.25