ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP310713

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

PIN # 4655 -- 23 -- 3198

APPLICANT/OWNER: Optimistic Venture Group | APPLICANT ADDRESS: 201 N. McDowell St. #33306 Charlotte NC 28233

SITE ADDRESS: 202 Eastport Ln Mooresville NC 28115 | PHONE: 980-215-3837 | ALT. PHONE

SITE DIRECTIONS: NC 115S to L on Eastport trail, R on EastPort Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: WB Orbrson | SECTION: — | LOT # 10 | LOT AREA: 0.502acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	8-23-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT.	319	Date	9-13-21	System Description:	PM 50% Reduction		
Pump Make	Champion	Model	LPE5-12	Serial #	1/2 HP	Repair System Description:	LPPBSPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth	25" max	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

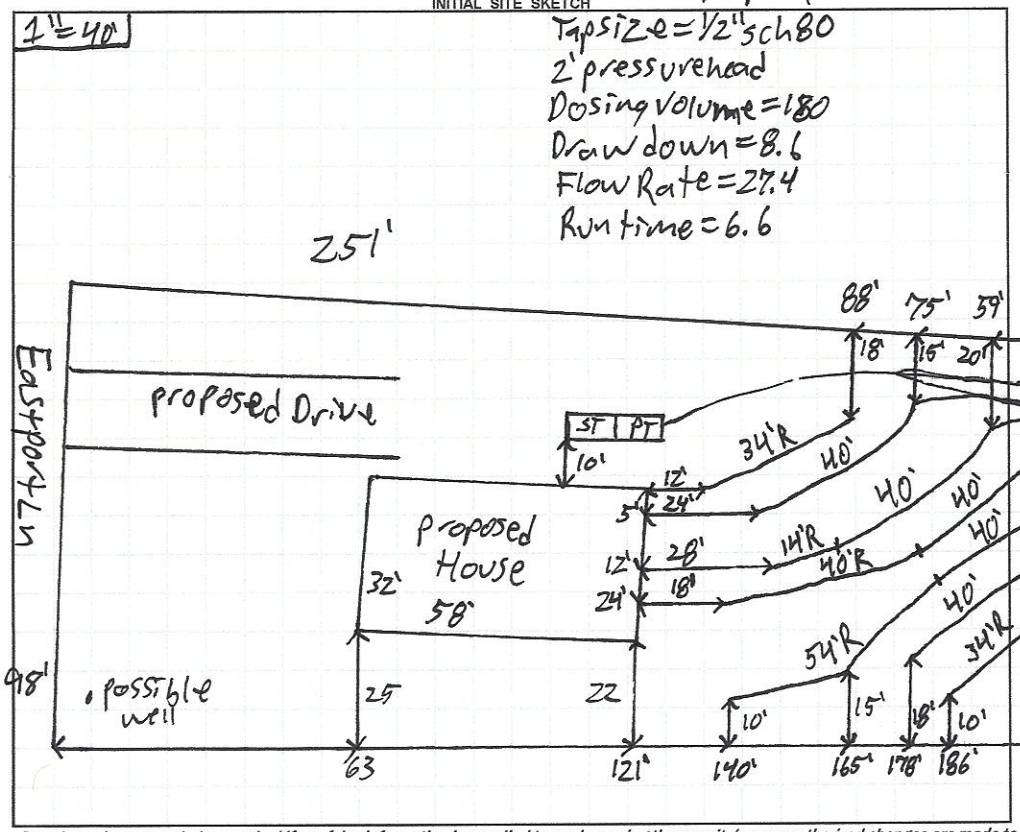
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in anyway. NO Foundation drains can be installed on back of house. All property lines and corners must be marked during time of installation and inspection. Must bring in 8" of approved Type 3 soil for cover. Red filter installed.

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.

4 panels per line
31ft from house to lowest line
ST - 11ft to house & 10ft to PL

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: 8/27/2021 | Installed by: Maiden Septic & Grading

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 8/26/2021 | OPERATION PERMIT by: Cary Whitt | Date: 2/27/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 8/26/2021 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4655 233 98
COUNTY: Iredell

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

OWNER: Michelle Andrews — APPLICATION DATE 8/28/2020
ADDRESS: 8329 Viewpoint Ln Cornelius NC 28031 — DATE EVALUATED: 10/26/2020
PROPOSED FACILITY: New Single Family — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.5 acres
LOCATION OF SITE: 202 East Post Ln Mooresville — PROPERTY RECORDED: Yes
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 10/26/2020	0-8	compacted SC	—	YB mottles scattered throughout	48"	Litho inclusions	stump hole on downslope side of pit	PS.275 not using
		8-27	CL SBK/ABK	Fr SS SP SE exp					
		27-48	CL SBK	Fr SS SP SE exp					
2	SS	0-24	FILL	—	YB mottles throughout common at bottom	60"	—	FM needs to be removed manganese common at bottom water table	.25 not using
		24-34	SC WSBK	Fr SS SP SE exp					
		34-54	CL SBK	Fr SS SP SE exp					
		54-60	CL SBK	Fr SS SP SE exp					
3	SS	0-20	FILL	—	chroma 3's scattering throughout	60"	—	FM needs to be removed water table in	.25 not using
		20-32	SC WSBK	Fr SP SE exp					
		32-70	C SBK	Fr SP SE exp					
		70-60	CL SBK	Fr SP SE exp					
4	SS 12%	0-17	Compacted clay	—	—	60	Litho inclusions common at bottom		PS.3
		17-24	CL SBK/ABK	Fr SS SP SE exp					
		24-60	CL SBK	Fr SS SP SE exp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	PM 50%	LPP BPS
Site LTAR	.3	.3

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

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

Sheet 2 of 2
PROPERTY ID #: 4655237198
COUNTY: Iredell

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

OWNER: Michelle Andrews — APPLICATION DATE: 8/28/2020
ADDRESS: 8329 Viewport Ln Cornelius NC 28031 — DATE EVALUATED: 10/26/2020
PROPOSED FACILITY: New single fam — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.502 acres
LOCATION OF SITE: 202 Eastport Ln — PROPERTY RECORDED: yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5 1	SS 9%	0-10	SCL WSBK	FrSSSPSOP	—	58"	Litho inclusions common throughout very common at bottom	—	PS,3
		10-33	C SBK	FrSSSPSOP					
		33-58	CL SBK	FrSSSPSOP					
6 2	SS 11%	0-7	Compacted clay	—	—	42"	Litho inclusions to Lomy Sapt 42"	—	PS,3
		7-24	C SBK	FrSSSPSOP					
		24-42	CL WSBK	FrSSSPSOP					
		42-60	Lomy Saprolite	Uft					
7 3	SS 8%	0-12	FILL	—	YB mottles scattered throughout	60"	Litho inclusions common at bottom	some manganese inclusions at bottom	PS,3
		12-24	SCL WSBK	FrSSSPSOP					
		24-60	C SBK	FrSSSPSOP					
4									

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

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

COMMENTS: _____

RECEIVED AUG 2 3 2021

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* limited AP-310713 $105.00

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) Septic Improvement Permit (No floorplan submitted with App) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) 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: Optimistic Venture Group Address: 201 N. McDowell St. #33306 Charlotte NC Zip: 28233
Applicant Email: jeanne@peakmgtgroup.com Phone: 980-215-3837 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 202 Eastport Ln. Mooresville, NC 28115
Subdivision Name: Orbison Drive Section/Phase: _____ Lot Number: 10
Driving Directions: NC 115 → (L) Eastport Trail → (R) Eastport Ln → Lot on (R)

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: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1688 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

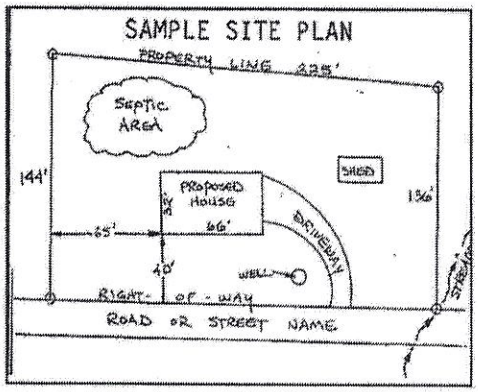
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Jeanne M. Moulton 6/4/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

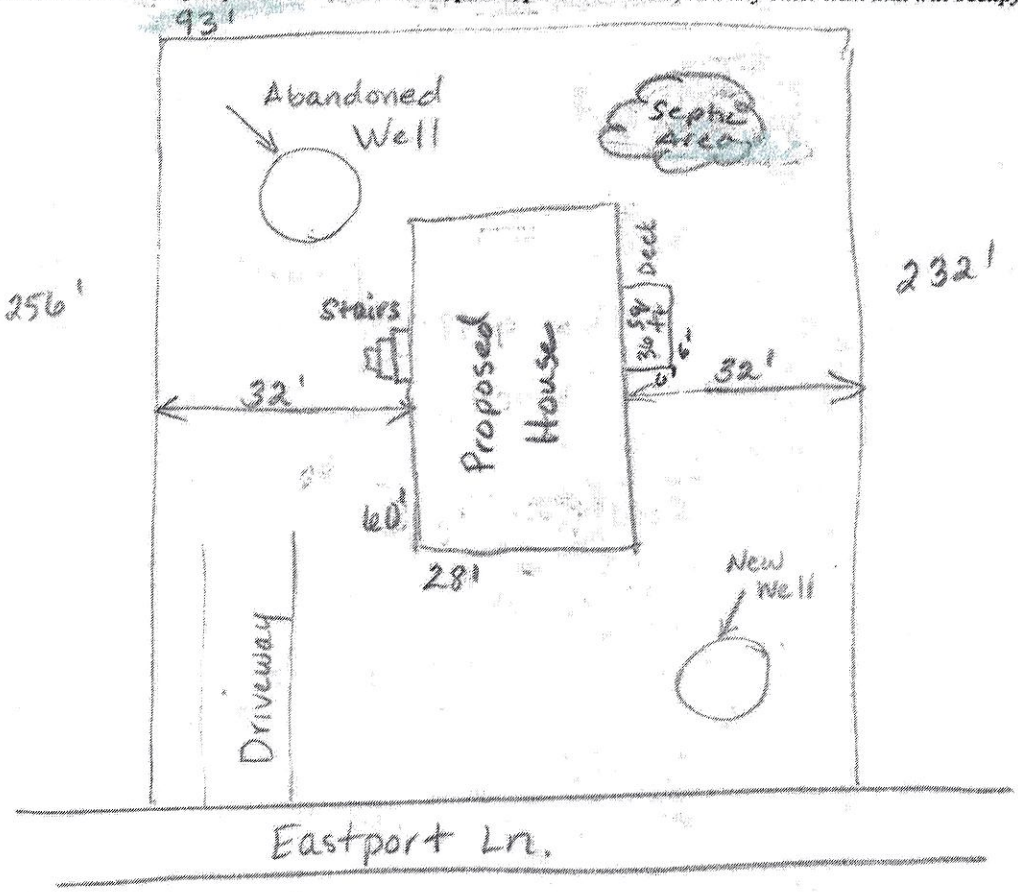
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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: Jeanne M. Moulton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/4/21
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

KS

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

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

PERMIT # AP 310713

APPLICANT/OWNER: Michelle Andrews — APPLICANT ADDRESS: 8329 Viewpoint Ln Cornelius NC 28031 — PIN # 4655--23--3198

SITE ADDRESS: 202 Eastport Ln Mooresville NC 28115 — PHONE: 704-996-0134 — ALT. PHONE

SITE DIRECTIONS: NC 115 S to L on Eastport Trail, R on Eastport Ln, Lot on R

SUBDIVISION: WB Orbison — SECTION: — LOT # 10 — LOT AREA: 0.602 acres — SAP CONTROLLED: ☐ YES ☒ NO — DESIGN FLOW: 360 GPD — L.T.A.R.: .3

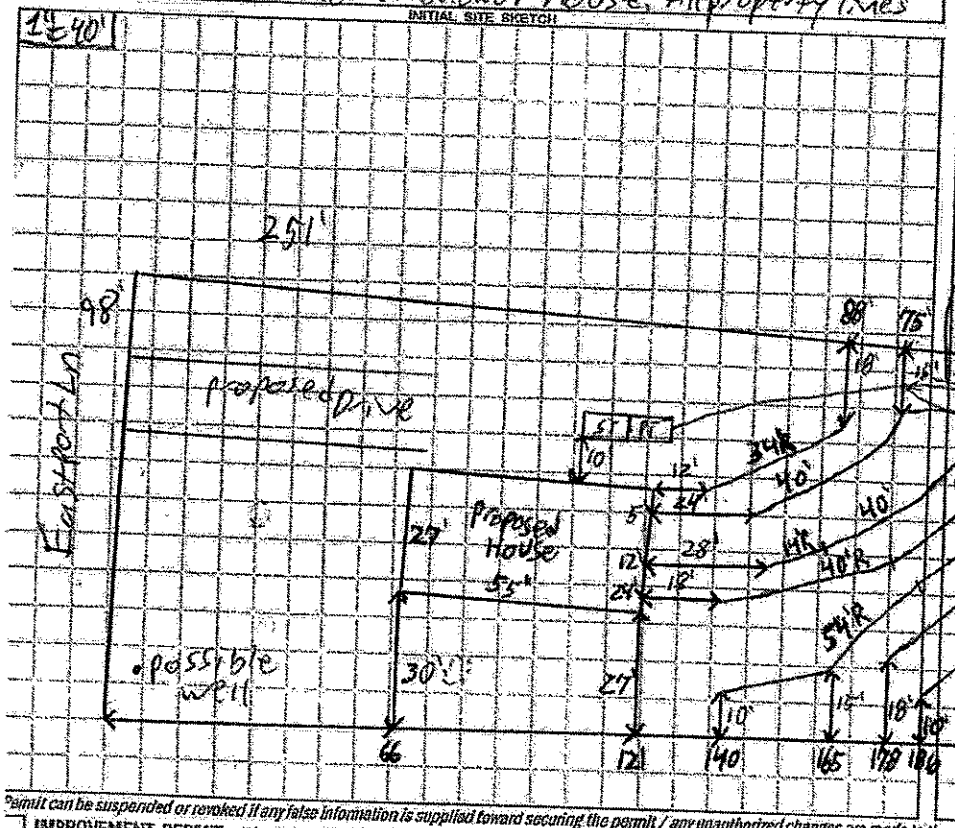
Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	
Pump Tank 1000 (gal)	PT	Date	System Description:	5m 50% Reduction	
Pump Make	Model	Serial #	Repair System Description:	LPPPBPS	
# Nitrification Fields 2	# Lines 5	Linear Ft 200	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width 24"	Trench Bottom Depth(inches) 25" max	Gravel Depth		☐ GRAVITY ☒ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing — No. Bedrooms 3 — No. Persons 6 — No. Employees — ☒ Crawl Space — ☐ Basement w/o plumbing

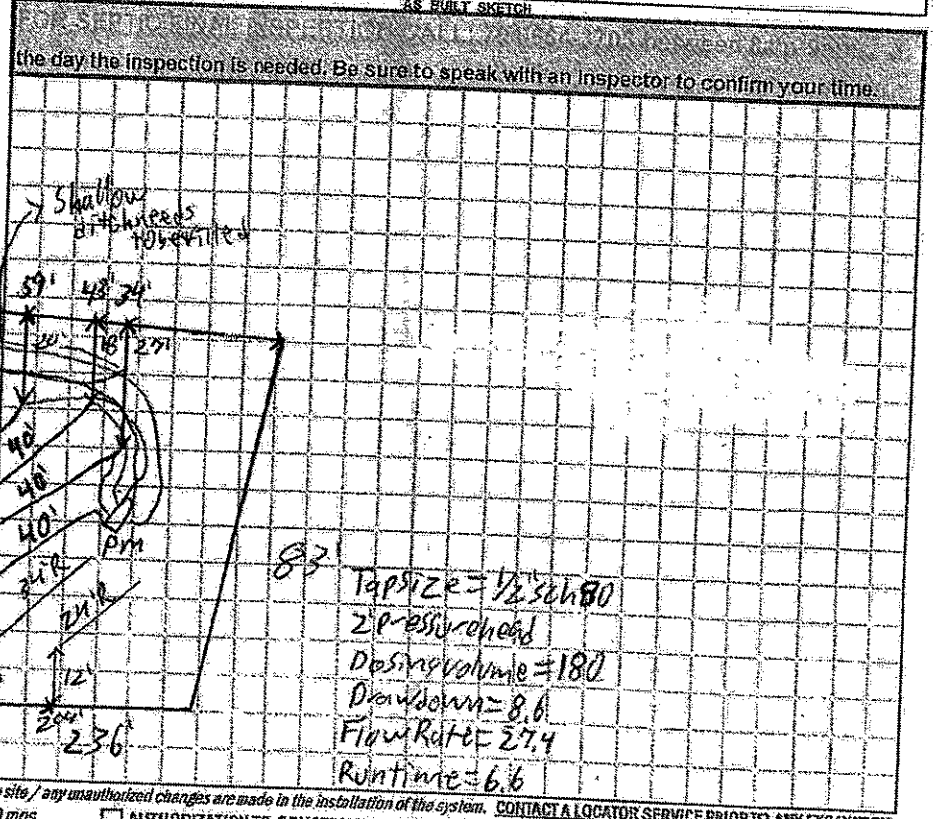
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on stone material or manipulate drainfield in anyway. No Foundation drains can be installed on back of house. All property lines and corners must be marked during time of installation and inspection. Must bring in 8" or approved type 3.01 for cover.

INITIAL SITE SKETCH



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: MK — Date: 6.5.21 — Installed by:

IMPROVEMENT PERMIT by: Patrick Bryant — Date: 5/25/202 — OPERATION PERMIT by: — Date:

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

FOR SEPTIC FINAL INSPECTION, CALL 704-664-3703 between 8:00 AM and 10:00 AM on the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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, Optimistic Venture Group / Jeanne Moulton, am the legal owner(s) of the property located at 202 Eastport Ln. Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4655-23-3198, located in Iredell County, North Carolina.

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

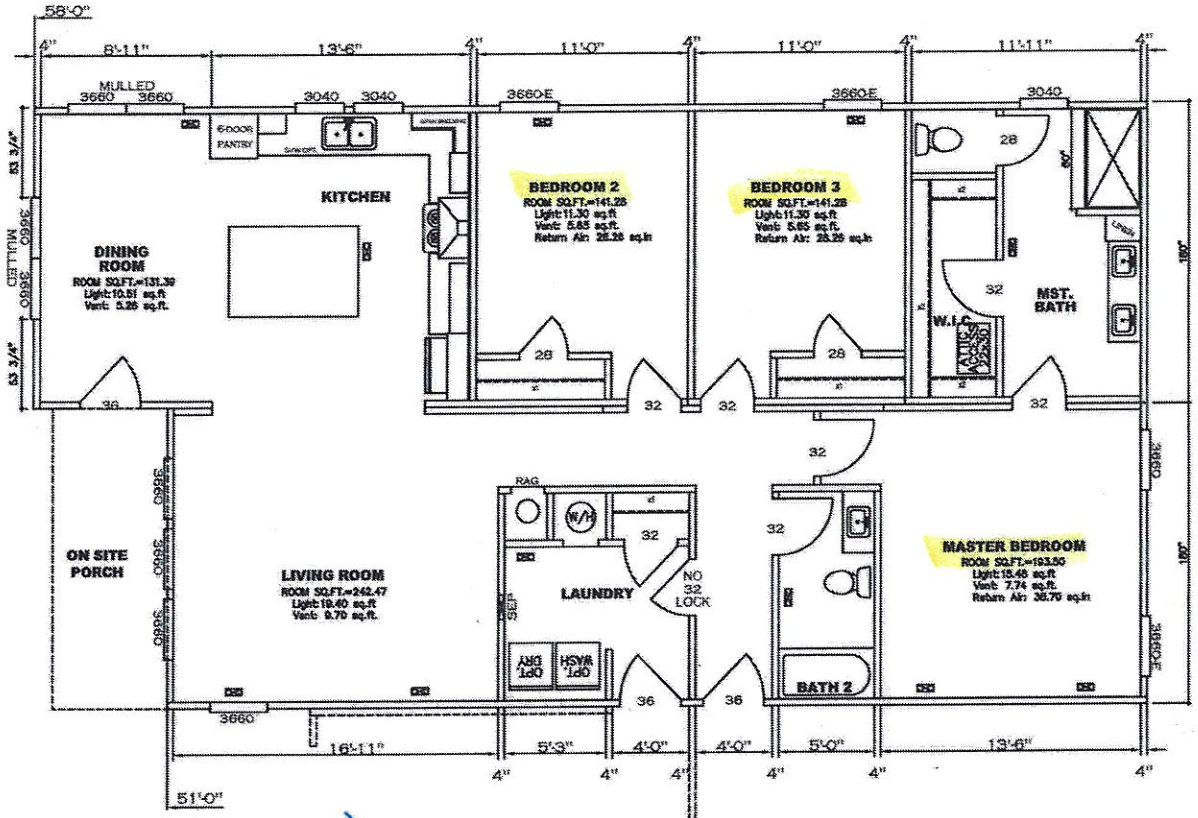
Jeanne M. Moulton
Signature of Owner(s)

6/4/21
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

202 Eastport Ln.



ON SITE GARAGE

APPROVED RWC APPROVED

JUNE 18 2020
FP-32-2936

Federal Manufactured Home Construction And Safety Standards

Acknowledgement Of Plans Submittal Only

1635 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING | Model #: NDB2556AV | Drawing #: 11M030-25-34130
Product Designer: Cory C. | Date: 06/23/20 | Scale: NTS | 32 X 56 Builder Series
FLOOR PLAN

Date
Clayton Keeneland
Date
Jeanne M. Moulton 5/10/21
Patrick J Boyle III 8/26/2021

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