ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322131

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

PIN # 4655 -- 34 -- 1918

APPLICANT/OWNER: Timothy Blake Lawing | APPLICANT ADDRESS: 165 Live Oak Ln Mooresville 28115

SITE ADDRESS: 165 Live Oak Ln Mooresville NC 28115 | PHONE: 704-507-5339 | ALT. PHONE 704-892-1892

SITE DIRECTIONS: HWY 115 to Faith Rd on to Live Oak Ln | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: L.G. Caldwell Estates | SECTION: — | LOT # 9 | LOT AREA: 4.97 Ac | DESIGN FLOW: 360 | L.T.A.R.: .2

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI
Pump Tank	EXIST (gal)	PT NG	Date	System Description:	HPPBPS (pm)		
Pump Make		Model	Serial #	Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	2 + 4ex.	Linear Ft	100Ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	24 in	Trench Bottom Depth(Low side)	14 in	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE

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

Water Supply: ☑ Private existing | ☐ Public | ☐ Community

Comments / Conditions: Install drainlines on contour of land. Utilize a pressure manifold. Do not grade, park, or drive on septic area. Use 6 inches of group 1 or 4 approved cover over septic area.

INITIAL SITE SKETCH

See attached plan approved by ICHD 11/3/21

Plan by Piedmont

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.

Dose = 197

Flow = 38.5

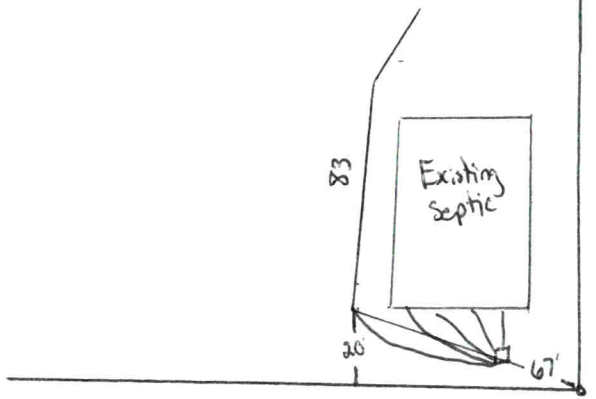
Time = 5.1 min

Drawdown = 10.3 in

2 ft pressure head

2 in supply

New line - 3/4 sch 80



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: Timothy B. Lawing | Date: 11-5-21 | Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Cary White | Date: 11/3/21 | OPERATION PERMIT by: Cary White | Date: 11/24/21

AUTHORIZATION TO CONSTRUCT by: Cary White | Date: 11/4/21 | 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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4655341918
COUNTY: Iredell

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

OWNER: Timothy Blake Lawing
APPLICATION DATE 10/8/21
ADDRESS: 165 Live Oak Ln, Mooresville
DATE EVALUATED: 10/29/21
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 4.97
LOCATION OF SITE: 165 Live Oak 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 11-12%	0 - 8	SCL SBK	SS SP FR SE	Chroma at 29 10yr 6/1	50	20 - 28 10yr 6/6 6/4		.2 PS Max Izn Horizontal
		8 - 22	C SBK/ABK	SS SP FR SE					
		22 - 50	CL ^ABK	FI					
2	Linear	0 - 6	SC GR	SS SP FR SE	10yr 4/6 2.5yr 6/4 Mang in CL layer	49	-	-	.25 PS
		6 - 10	SC GR	SS SP FR SE					
		10 - 29	C ^ABK	SS SP FI EF					
		29 - 49	CL ABK	SS SP FI SE					
3	Linear	0 - 10	SC GR	SS SP FR		52		Henry Litho Line	PS .25
		10 - 31	C ABK	SS SP FM					
		31 - 52	CL ^ABK	SS SP FM					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% red	50% red
Site LTAR	.2	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Bert Botkins, Heath Snow

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

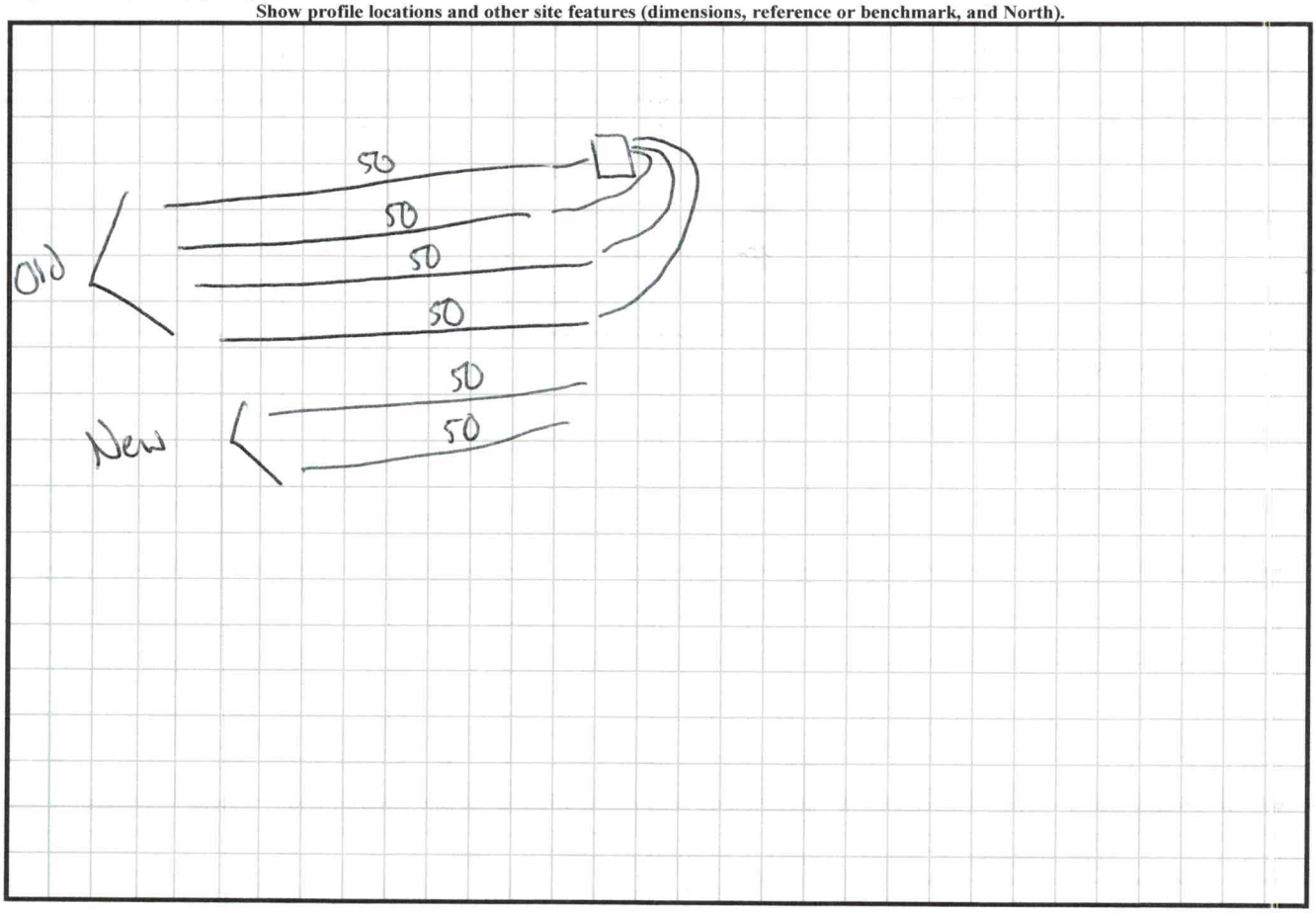
NOTES

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).



LDP 1½ sch 40
sch 80?

43.6

32.5
~~4.6~~ 5.9
5.56

RECEIVED OCT C 8 2021

CW

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

Expansion/ Relocation/ Repair area

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322131 $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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: TIMOTHY BLAKE LAWING Address: 165 LIVE OAK LN MOORESVILLE Zip: 28115
Applicant Email: LAWINGPAWING@YAHOO.COM Phone: 704-507-5339 Alt. Phone: 704-892-1892
Owner Name: TIMOTHY BLAKE LAWING Address: 165 LIVE OAK LN MOORESVILLE NC Zip: 28115
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 165 LIVE OAK LN MOORESVILLE NC 28115
Subdivision Name: L. L. CALDWELL ESTATES Section/Phase: _____ Lot Number: 9
Driving Directions: HWY 115 TO FAITH RD. R. ON TO LIVE OAK LN

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: NO FAILURE SYSTEM WAS UNDER SIZED DURING CONSTRUCTION
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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: 2000
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: Timothy Blake Lawing 10-6-2021
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)* Timothy Blake Lawing

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, TIMOTHY BLAKE LAWING, am the legal owner(s) of the property located at 165 LIVE OAK LN MOORESVILLE NC, identified as PIN (Parcel Identification Number) 4655341918, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) EDWIN STOTT, PIEDMONT ENVIRONMENTAL, 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.

Timothy Blake Lawing
Signature of Owner(s)

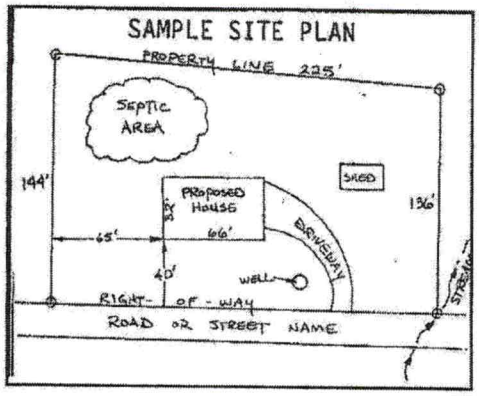
10-6-2021
Date

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:

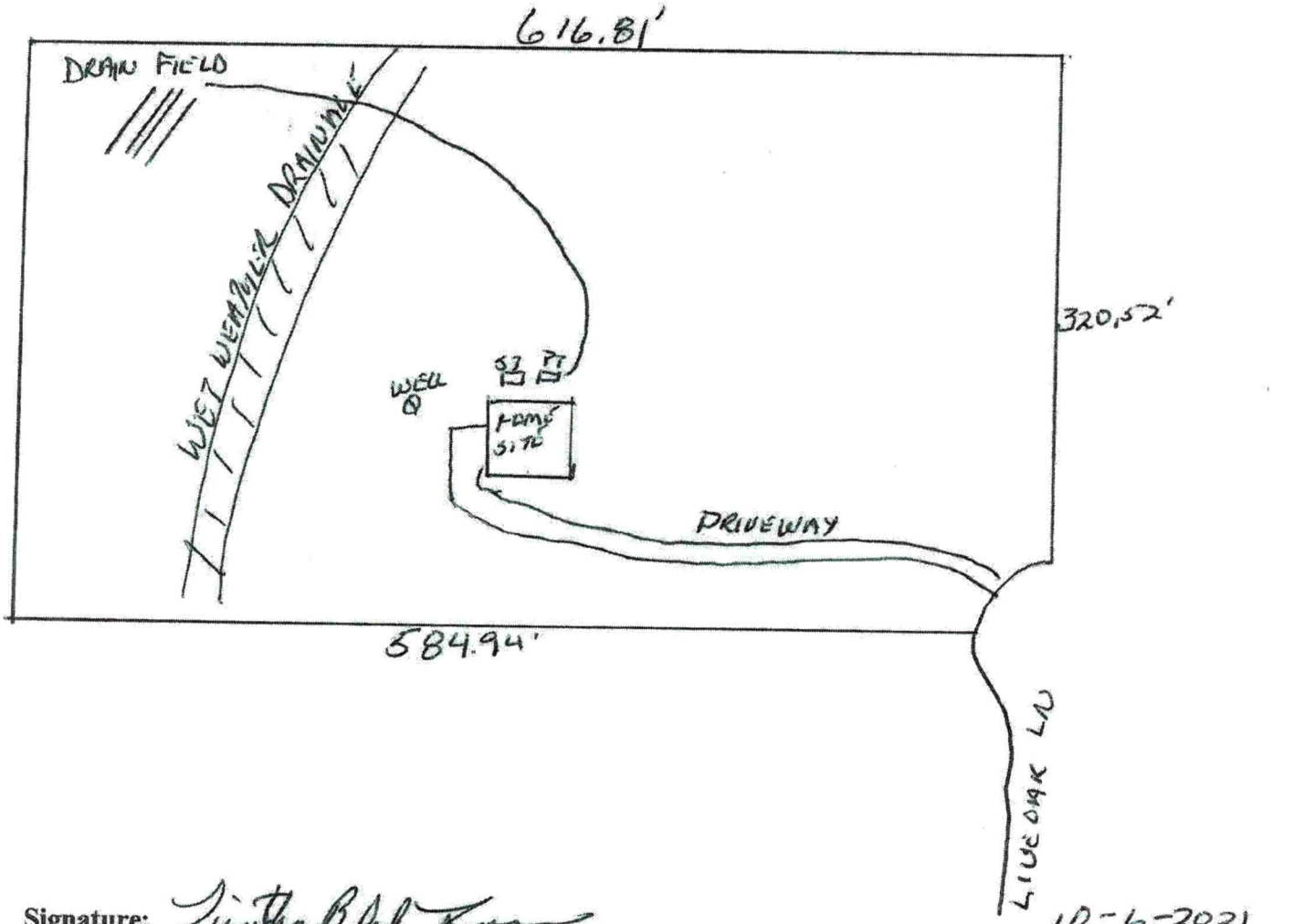
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

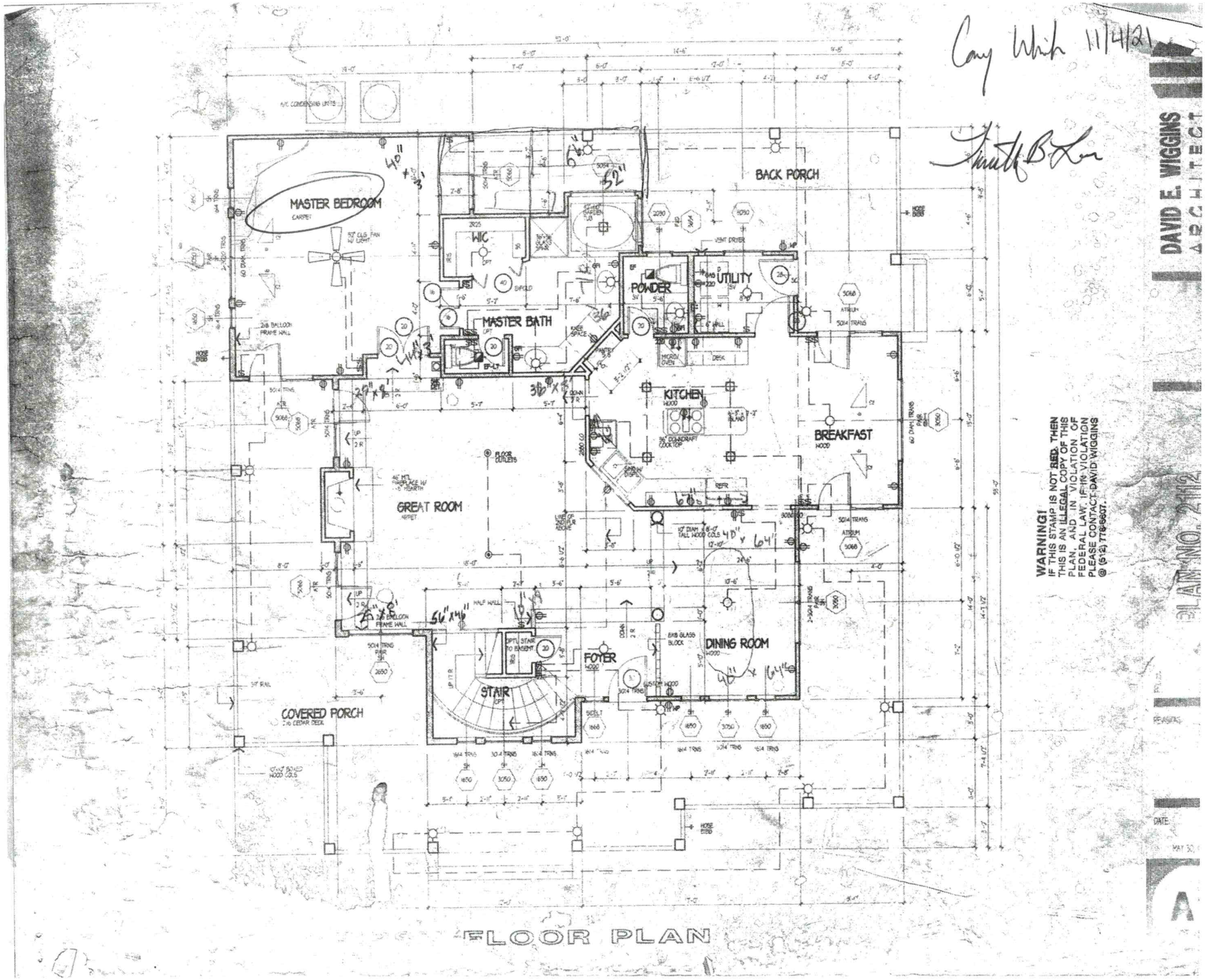
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



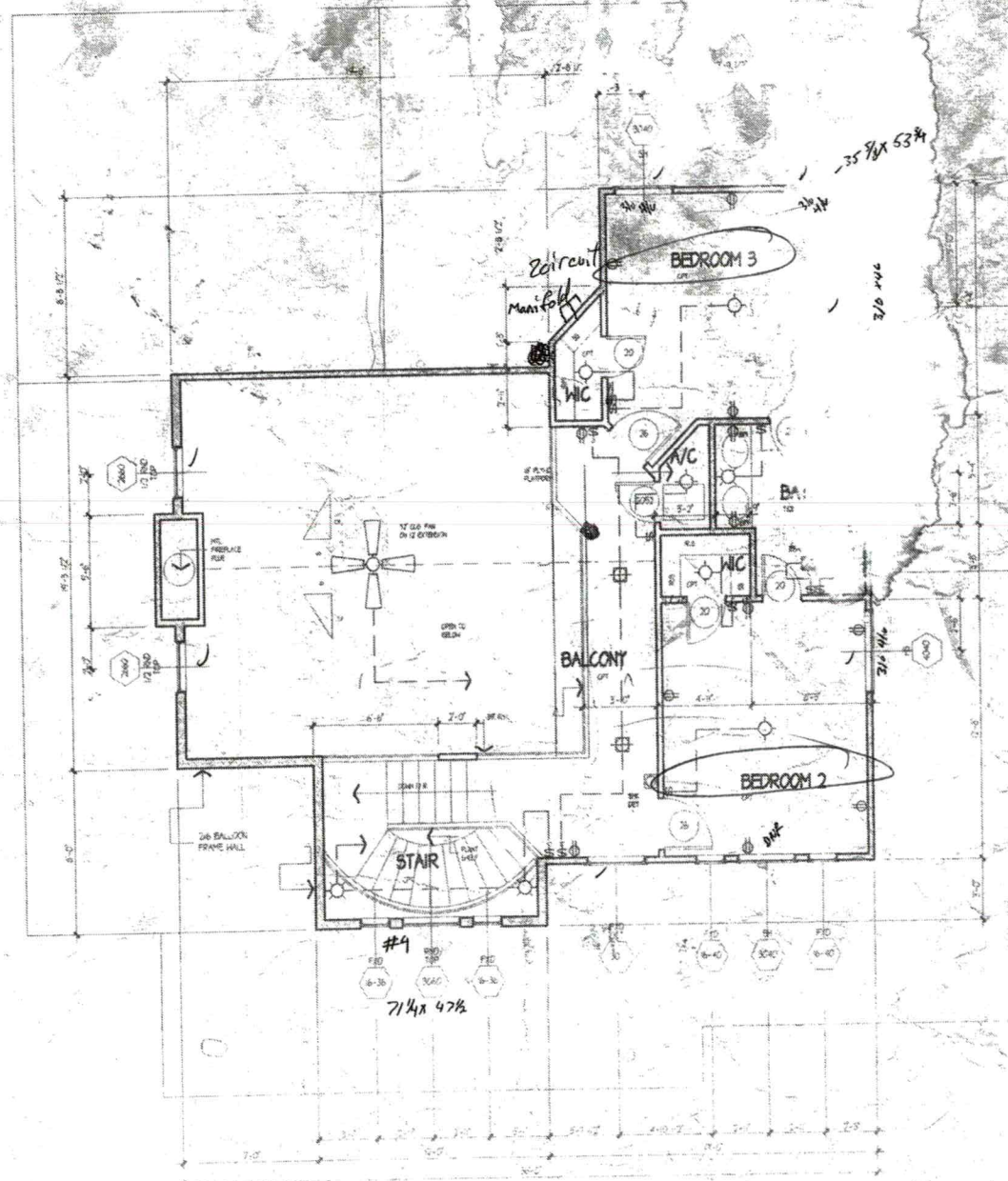
Signature: Timothy B. Kirk
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-6-2021
DATE


Cary Wirth 11/4/21
MASTER BEDROOM
CARPET
WIC
MASTER BATH
POWDER
UTILITY
BACK PORCH
KITCHEN
BREAKFAST
GREAT ROOM
DINING ROOM
FOYER
STAIR
COVERED PORCH
DAVID E. WIGGINS
ARCHITECT
PLAN NO. 2112
WARNING!
IF THIS STAMP IS NOT RED, THEN
THIS IS AN ILLEGAL COPY OF THIS
PLAN, AND IN VIOLATION OF
FEDERAL LAW. FOR VIOLATION
PLEASE CONTACT DAVID WIGGINS
@ (512) 779-5607.
DATE
MAY 20
A

FLOOR PLAN

Corey Wirth 11/4/21



SECOND FLOOR PLAN

DUPLEX OUTLET
WATERPROOF OUTLET
GROUND FAULT INSULATED
220v OUTLET
2 WAY
3 WAY
4 WAY
DIMMER SWITCH
GENERAL PURPOSE LTG.
WALL BRACKET LTG.
RECESSED CAN LTG.
RECESSED EYEBALL LTG.
FLOURESCENT LTG.
DOUBLE FLOOD LTG.
FLOURESCENT TUBE
SMOKE DETECTOR
GAS CONNECTION
HOSE BIB/WATER
CEILING FAN
TV
EXHAUST
CHIMES
DATA OUTLET BOX
PHONE JACK
HEATER

WALL TYPES

2x4 @ 16" O.C.

2x6 @ 16" O.C. W/ 5/8 STR. SID EACH SIDE

2x6 EXT. W/ BALLOON FRAME

2x4 INT. BRG. PARTITION

DAVID E. WIGGINS
P.E.

PLAN NO. 2416

A2