(33)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307896

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

PIN # 4655941579

APPLICANT/OWNER: Brandon Christopher | APPLICANT ADDRESS: 110 Charity Ln Mooresville NC 28115

SITE ADDRESS: 110 Charity Ln Mooresville NC 28115 | PHONE: 704-363-3443 | ALT. PHONE —

SITE DIRECTIONS: S church st to L on College st, L on E Mills Ave, S on shearers Rd, R on Faith Rd, L on Charity Ln, L to ark

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.11 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760	Date	10-9-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	329'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	36" max	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

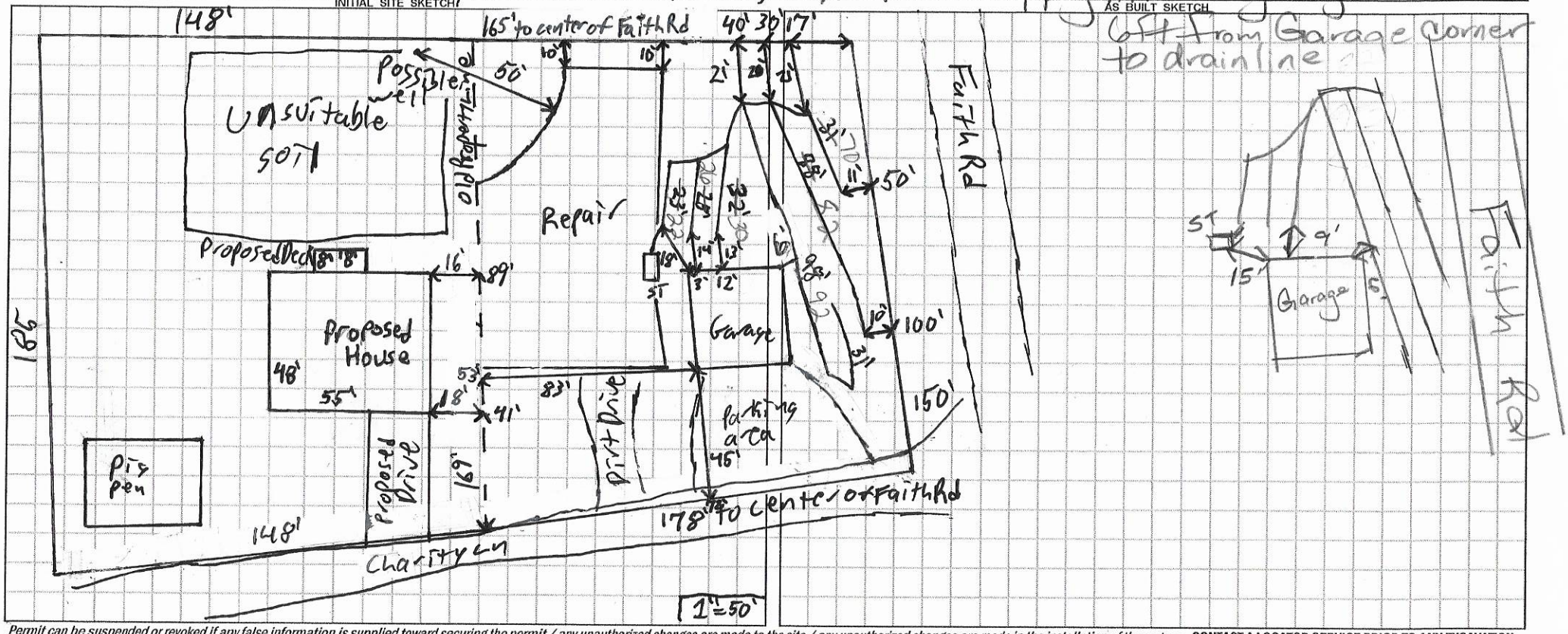
Comments / Conditions: Install Lines on contour. Do Not Drive on, store material or manipulate drainfield in any way. Property Lines and corners MUST be marked by a licensed surveyor during Installation and inspection.

ST to house 15

9ft from supply line to garage

6ft from Garage corner to drainline

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: Acceptance of Permit Received | Date: 7-22-2020 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Rogers III | Date: 7/20/2020 | OPERATION PERMIT by: [signature] | Date: 3/11/24

AUTHORIZATION TO CONSTRUCT by: Patrick J Rogers III | Date: 7/29/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4655941593
COUNTY: Iredell

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

OWNER: Brandon christopher
ADDRESS: 110 Charity Ln
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 110 Charity Ln

APPLICATION DATE: 5/22/2020
DATE EVALUATED: 7/2/2020
PROPERTY SIZE: 1.60 ac +/-
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	0-12	Fill	—	Chromas and gray at 25"	60"	Few Litho inclusions	12" of fill then Chromas at 25"	✓
		12-25	SCL Mass	VFr sss Ssxp					
		25-38	SCWSBK	Fr sss Sexp					
		38-60	CSBK/ABK	Fvs P Sexp					
2	SS	0-5	Topsoil	—	Chromas at 16"	42"	Clsap at 22"	Chromas and clsap at 22"	✓
		5-10	SCL WSBK	VFr sss Sexp					
		10-22	CSBK/ABK	Frs P Sexp					
		22-42	Clsap Mass	Frs P Sexp					
3	SS	0-36	Fill	—	Chromas. at 36"	60"	Few Litho inclusions	fill for 36" then Chromas gray	✓
		36-60	CABK	Frs P Sexp					
4	SS	0-7	Compacted	—	few YBmottles in bottom	60"	Few Litho inclusions	—	PS.275
		7-42	CSBK/ABK	Frsss P Sexp					
		42-60	CLSBK	Frss s Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218
System Type(s)	Gravity 25%	GPPPBPS
Site LTAR	.275	.275

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

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4655941593
COUNTY: Iredell

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

OWNER: Brandon Christopher
ADDRESS: 110 Charity Ln
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 110 Charity Ln
APPLICATION DATE: 5/22/2020
DATE EVALUATED: 7/2/2020
PROPERTY SIZE: .60 acres
PROPERTY RECORDED: yes

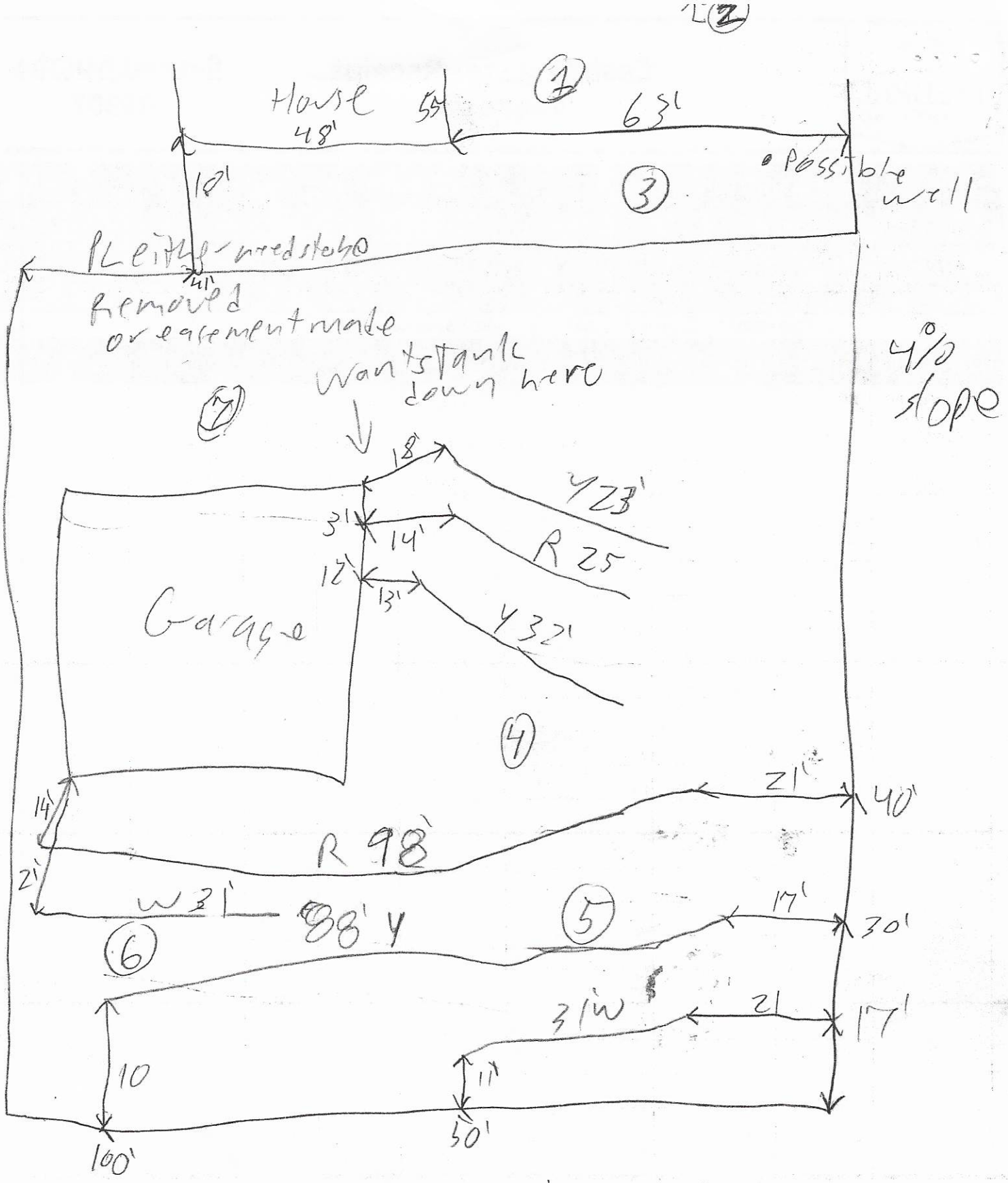
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	SS	0-5	Topsoil	—	Chroma 3 sunder stumphole from 25-42" 10YR6/3	60"	Litho inclusions	—	PS3
		5-42	C SBK	FrssSPSmx					
		42-60	CL SBK	FrssSPSmxP					
6	SS	0-9	CL Compacted	—	—	60"	Few Litho inclusions at bottom	—	PS -275 TB: Max36
		9-42	C ABK	FrssSPSmxP					
		42-60	CL SBK/ABK	FrssSPSmxP					
7	SS	0-7	Compacted	—	—	60	—	—	PS, 275
		7-44	CLSBK/ABK	FrSS					
		44-60	CLSBK	FrSS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218'
System Type(s)	Gravity 25%	LPP PBS
Site LTAR	.275	.245

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

COMMENTS:


House
48'
55'
63'
18'
Possible well
Remove or easement made
Want to tank down here
4% slope
18'
23'
3'
14'
R 25
12'
13'
Garage
32'
14'
21'
40'
R 98'
21'
W 31'
88' y
17'
30'
31'w
21'
17'
10'
11'
50'
100'
360÷.275
1309÷3
436X.75
327
360÷.275
1309÷3
436X.5
218'

7048962344 CHS South Lake Pediatrics

RECEIVED JUN 03 2020 07:32:04 a.m. 06-02-2020

AP-307896 6/9 $500.00

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*

Application For:
(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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() 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: Brandon W. Christopher Address: 110 Charity Lane Mooresville NC Zip: 28115
Applicant Email: bChristopher15@gmail.com Phone: 704-363-3443 Alt. Phone: _____
Owner Name: Brandon W. Christopher Address: _____ Zip: _____
Owner Email: bChristopher15@gmail.com Phone: 704-[redacted]363-3443 Alt. Phone: _____

Property Information:

Street Address: 110 Charity Lane Mooresville NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: 4
( ) 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
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: no well on property
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(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: Brandon W Christopher 5/22/20
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)* Brandon W Christopher

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, Brandon Wayne Christopher, am the legal owner(s) of the property located at 110 Chairty Lane Mooresville N.C. 28115, identified as PIN (Parcel Identification Number) 03015000000C041, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Dave Tetrick Tetrick INC, 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.

Brandon W Christopher
Signature of Owner(s)

5/22/20
Date

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

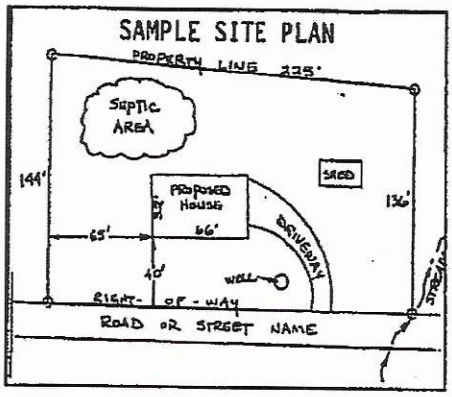
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

See attached

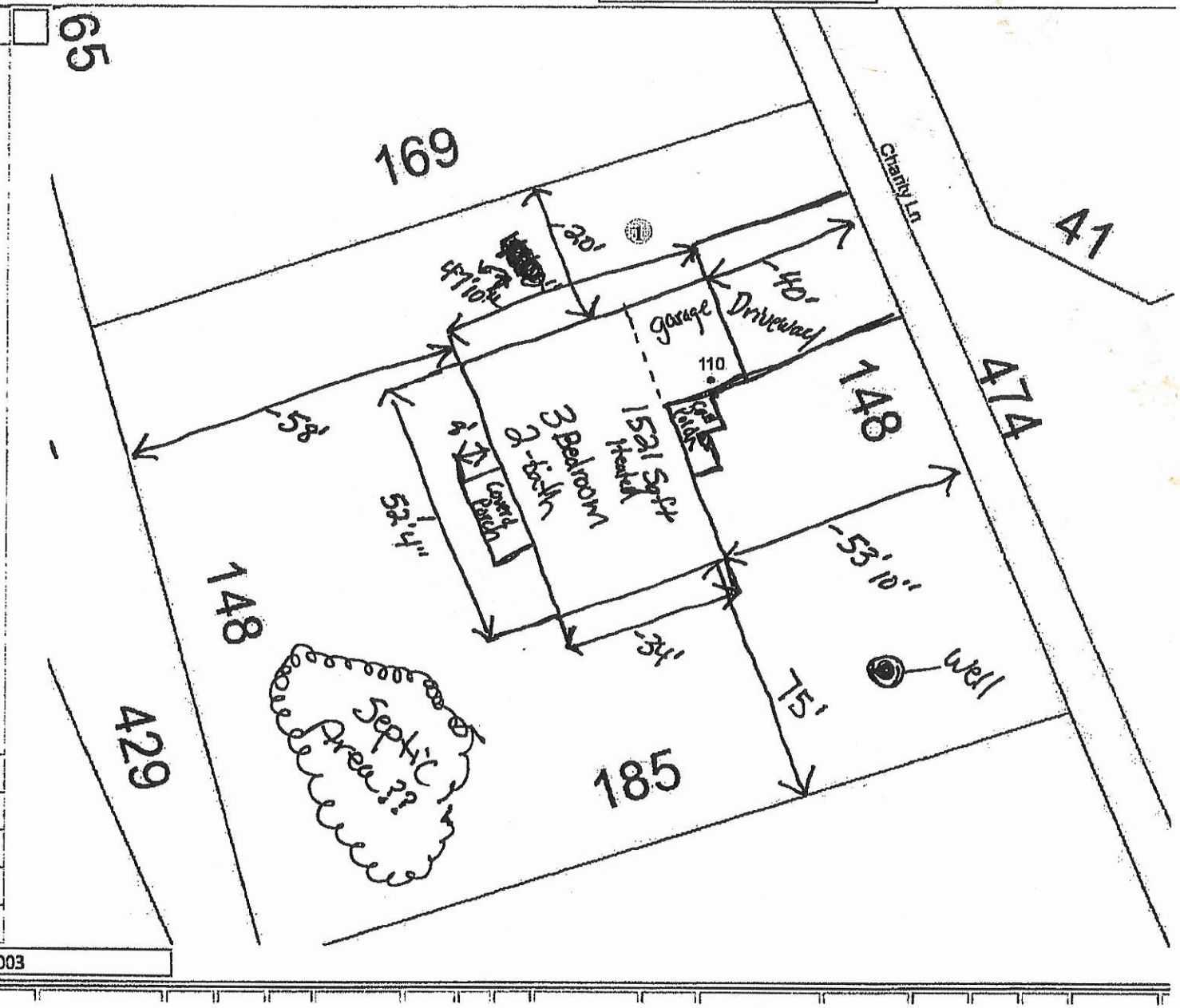
Signature: Brandon White
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/22/20
DATE

CONNECTGIS WEB HOSTING

Iredell County

1:33 Feet



Overview Map

Quick Search

Advanced Search

Search Builder

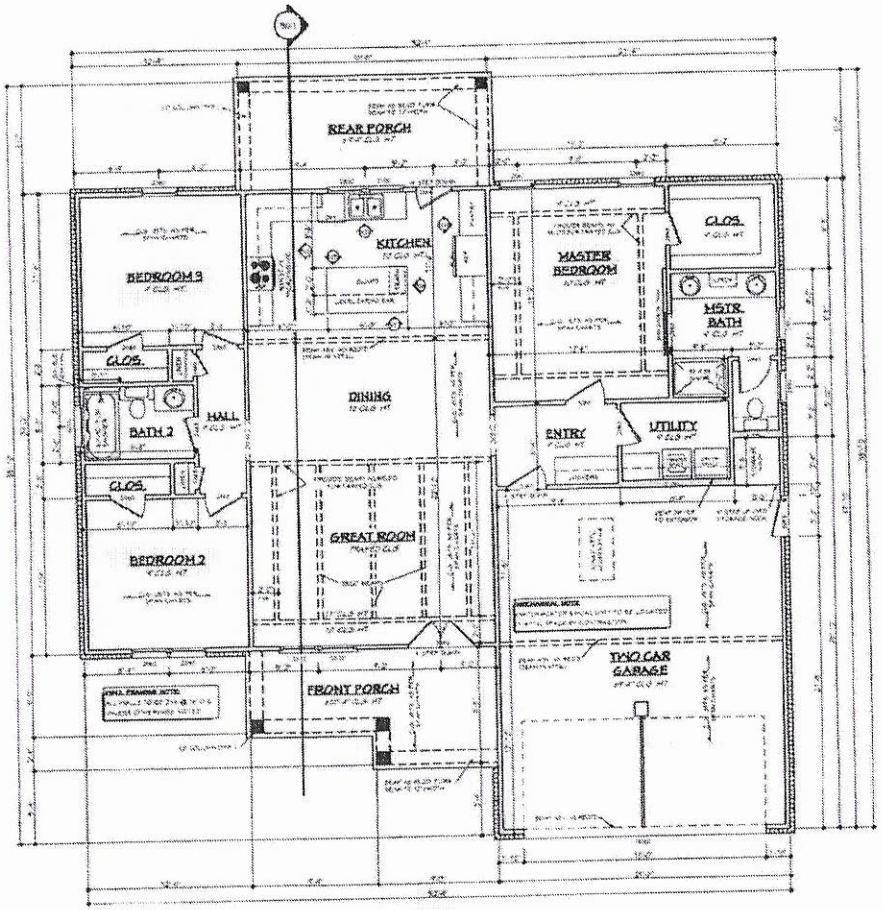
Coordinate Search

Comparable Search

Excel 2000/2003

7048962344 CHS South Lake Pediatrics 07:31:13 a.m. 06-02-2020 3/9

NOTES:



FLOOR PLAN

SCALE: 1/4" = 1'-0"

AREA	
1571	S. F. HEATED - WITHOUT MASONRY
139	S. F. UNHEATED - FRONT PORCH
553	S. F. UNHEATED - GARAGE
149	S. F. UNHEATED - REAR PORCH
840	S. F. TOTAL UNHEATED
2561	S. F. TOTAL UNDER ROOF

Acknowledgement Of
Plans Submittal ONLY!

SIGN HERE

Brandon White Date 7/22/20

Patrick J Byrell III Date 7/20/2020

HOUSE PLAN ZONE
Designing Homes, Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.936.5294
Fax: 1.800.574.1587
N·C·B·D·C

Pre-Drawn Plan ID:
BB-1521

Date: 10.16.19
Drawn By: J.A.B.
Project Name:

SHEET NUMBER
3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307896
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4655941593.000	110 CHARITY LN	Iredell County

Owner Information	Applicant Information
Name: CHRISTOPHER BRANDON	Name: CHRISTOPHER BRANDON
Address: 110 CHARITY LN	Address: 110 CHARITY LN
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6	35	35	15	15	N/A	NO

Remarks
SFD

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.

Signature of Owner/Contractor

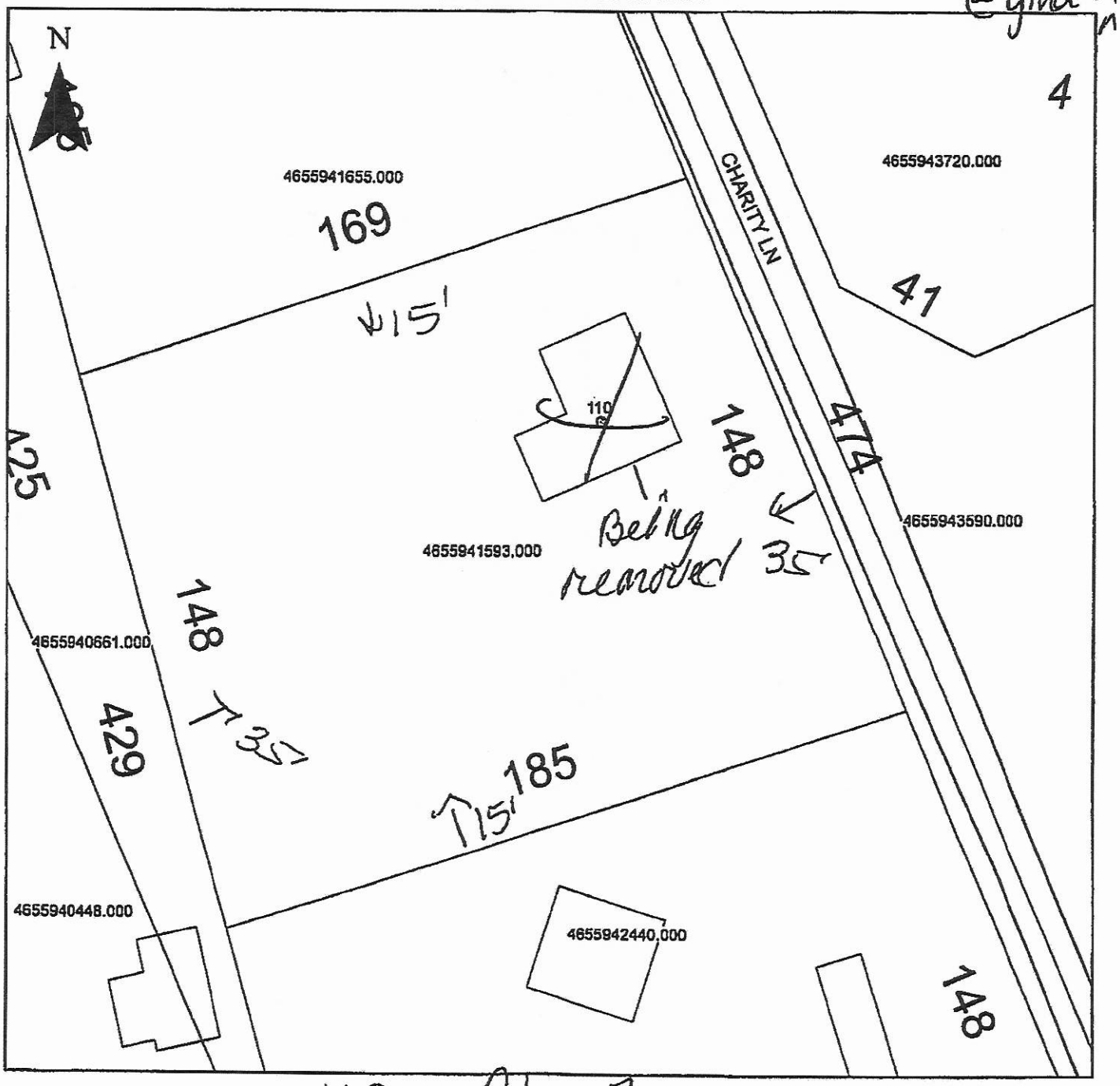
Date: 06/02/2020

Permit Number	307896

TOTAL FEES:	$77.25

BChristopher15@gmail.com

ZONING DISCLAIMER



Property Address 110 Charity

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.

Brandon White
Applicant

6/1/20
Date