IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226362

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

PIN # 4656-60-1190

APPLICANT/OWNER: SEAN & JESSI KERLIN APPLICANT ADDRESS: 151 SADDLE RD. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-363-3654 ALT. PHONE

SITE DIRECTIONS: 115 S, TL MACKWOOD, TR SADDLE, ON L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.85 AC DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft 120'

Trench Width 36" Trench Bottom Depth(Low side) * 13" * Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: GRAVEL + 25% REDUCTION

Repair System Description: 25% RED.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons 6

☒ Other GARAGE No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

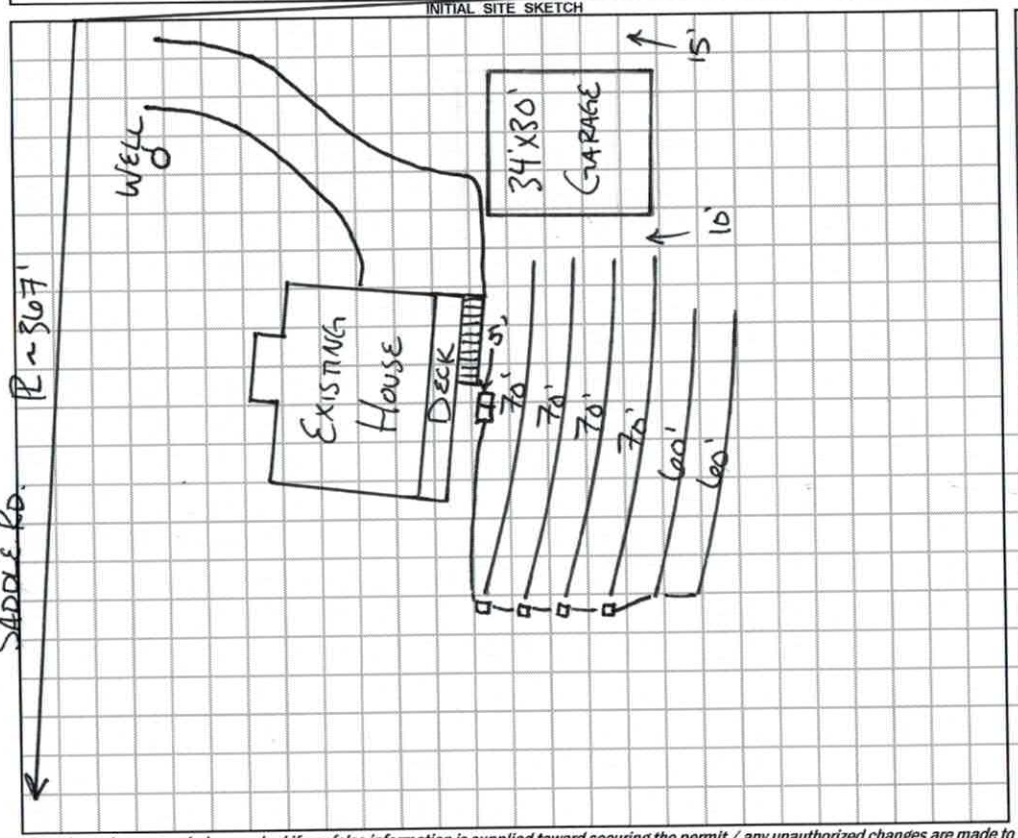
Comments / Conditions: USE 13" LOWSIDE OF DITCH TO STAY 12" ABOVE SAPROLITE. TRENCHES MUST HAVE 6" COVER MIN.

PL 246'

CUT ~30' OFF OF EXISTING 100' LINES. ADD 120' BACK AS SHOWN

10/18/17 CUT OFF ~4 1/2 FT OFF EACH drainline. Used Quick 4

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

* TANK MUST BE 5' FROM DECK & STAIR

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: Jessi Kerlin Date: 10-31-17 Installed by: FJ Ervin

IMPROVEMENT PERMIT by: RA Ellis APPROVED Date: JUN 02 2017 OPERATION PERMIT by: Marian Dotson Date: 10/30/17

AUTHORIZATION TO CONSTRUCT by: RA Ellis APPROVED Date: JUN 02 2017 Existing System Inspected by: Date:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
PIN #:
Lot #:
Permit #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: KERLIN
Address: 151 SADDLE RD.
Proposed Facility: GARAGE
Location of Site: SAME

Applicant: SAME
Date Evaluated: 10/4/2016
Property Size: 2.85AC
Property Recorded: Y

Design Flow (.1949)

Water Supply: [ ] Public [M] ~~Individual~~ [M] ~~Well~~ [ ] Spring [ ] Other
Evaluation Method: [M] ~~Auger~~ Boring [ ] Pit [ ] Cut
Type of Wastewater: [M] ~~Sewage~~ [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	20% L	0-32	SCLWSBK	SS	—	32"	PS	32+	.35
		32+	SLSAP	SS					
AB 2	20% L	0-6	LSGR	NS	—	48"	—	48+	.35
		6-24	SCLMSBK	SS					
		24-48	SCLWSBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	GRAVEL+25%	25%
Site LTAR	.35	.35

Other Factors (.1946):
Soil Evaluation By: ~~BA~~
Others Present: FJ ERVIN
Site Classification (.1948):
Site Evaluation By: BA
Others Present: FJ ERVIN

4656601170

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15618 DATE DEC 29 1992 TAX MAP NO. 1D-A-21 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR E.J. ERVIN PHONE: Business ____ Home 664-5418

ADDRESS RT 11 BOX 190 MOORESVILLE NC 28115

LOCATION 115 South, TL Mackwood Rd, TR Saddle Rd ~1/4 mile on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~1/2A SITE CLASS P DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 358 Date 9-17-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity, conventional

Repair System Description: gravity PPBPS

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ?

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

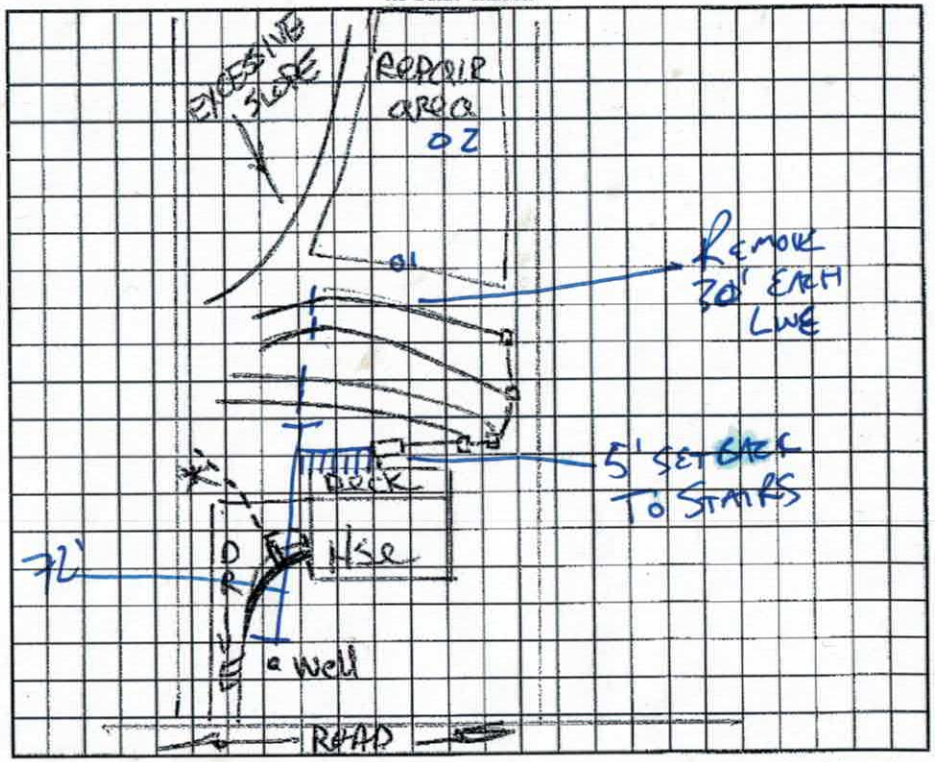
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: * drain from retaining wall and gutter down spouts to be diverted away from system.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____ Installed by: ____

Improvement Permit by: DAVID HINSON date 12-29-92 Certificate of Completion by: Andrea Lemon date 10-28-93

Existing System Inspection by: ____ date ____ Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

RECEIVED MAY 1 2 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Relocation #226562

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sean & Jessi Kerlin	151 Saddle Rd, Mooresville 28115	704-363-3654	
"Same"			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
151 Saddle Rd, Mooresville NC 28115		

Driving Directions: 115 South TL on Mackwood, TR on Saddle Rd, 3rd house on the left. Grayhouse & wood shutters

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other move lines for detached garage

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

****

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 92-93 (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: Jessi E Kerlin — 5-10-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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:

_____ Property Line measurements are clearly identified… **_____ 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

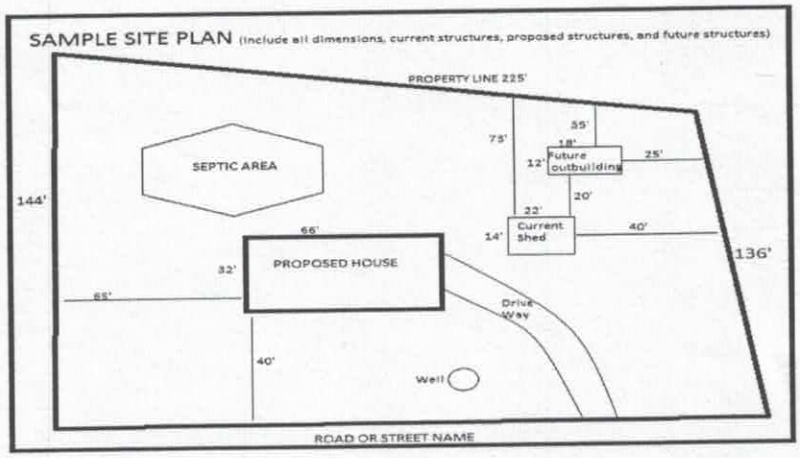
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

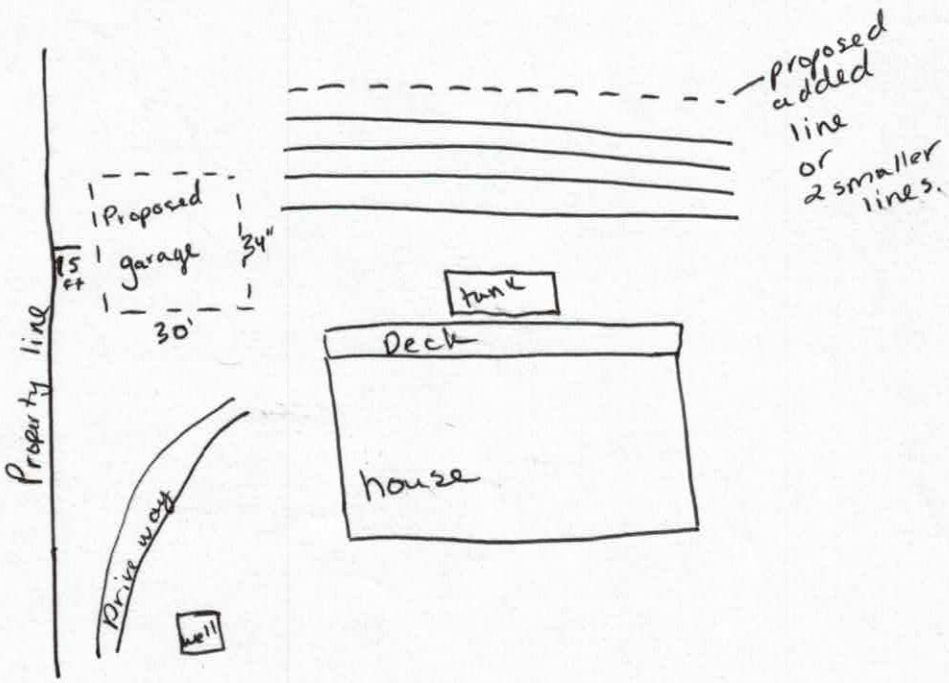
Circle N/A on the following if appropriate:

_____ 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

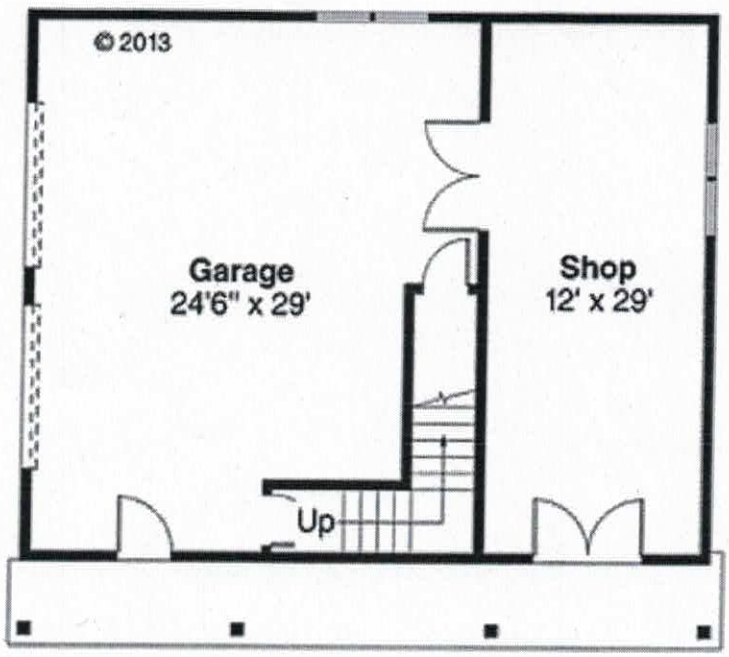


Signature: Jessi Hulbert

REQUIRED **property owner or owner's legal representative signature.**

5-12-17

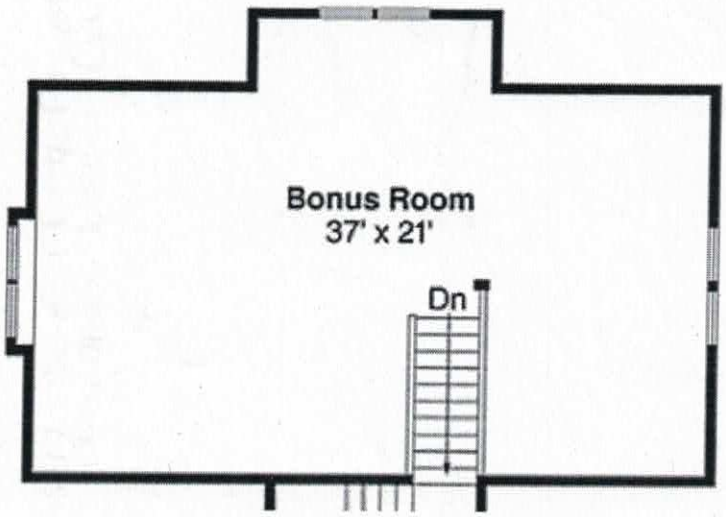
DATE



Acknowledgement of
Plans Submittal ONLY!

Jessi Tuli RA Date 5-12-17

Date APPROVED JUN 02 2017



Acknowledgement of
Plans Submittal ONLY!

Date 5-12-17

Date APPROVED JUN 02 2017

IREDELL COUNTY

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

APPLICATION NUMBER
226562
Issue Date: 04/24/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4656601190.000	151 SADDLE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ERVIN F J+GLORIA	Applicant: KERLIN, SEAN
Address: 380 MACKWOOD RD MOORESVILLE, NC 28115	Address: 151 SADDLE RD MOORESVILLE, NC 28115
Phone:	Phone: 704-363-3654

Use Requested	Zone Code
DETACHED GARAGE 1000 SQ FT FOR FIRST FLOOR BUT WILL HAVE 2ND FLOOR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.850		10.00	10.00	10.00	NOT	X

Remarks:

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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	100493	TOTAL FEES:	$ 77.25