ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP311367

APPLICANT/OWNER: Miranda Pender

PIN # 4657 78 3938

SITE ADDRESS: 332 Rinehardt Rd Mooresville NC 28115

APPLICANT ADDRESS: 332 Rinehardt Rd Mooresville NC 28115

SITE DIRECTIONS: E Center Ave to L on Church St, R on E McLelland Ave, R on E Plaza Dr, L on Rinehardt Rd, Lot on L

PHONE: 704-451-8776 ALT. PHONE

SUBDIVISION: Larry N and Patricia B Warren

SAP CONTROLLED: ☐ YES ☐ NO

SECTION: — LOT # 1 LOT AREA: 2.112 acres

DESIGN FLOW: 480GPD L.T.A.R.: .25 (.1 repair)

Septic Tank	1000 (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)	21" max	Gravel Depth	Existing

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

System Description: Gravity 25% Reduction to Existing

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

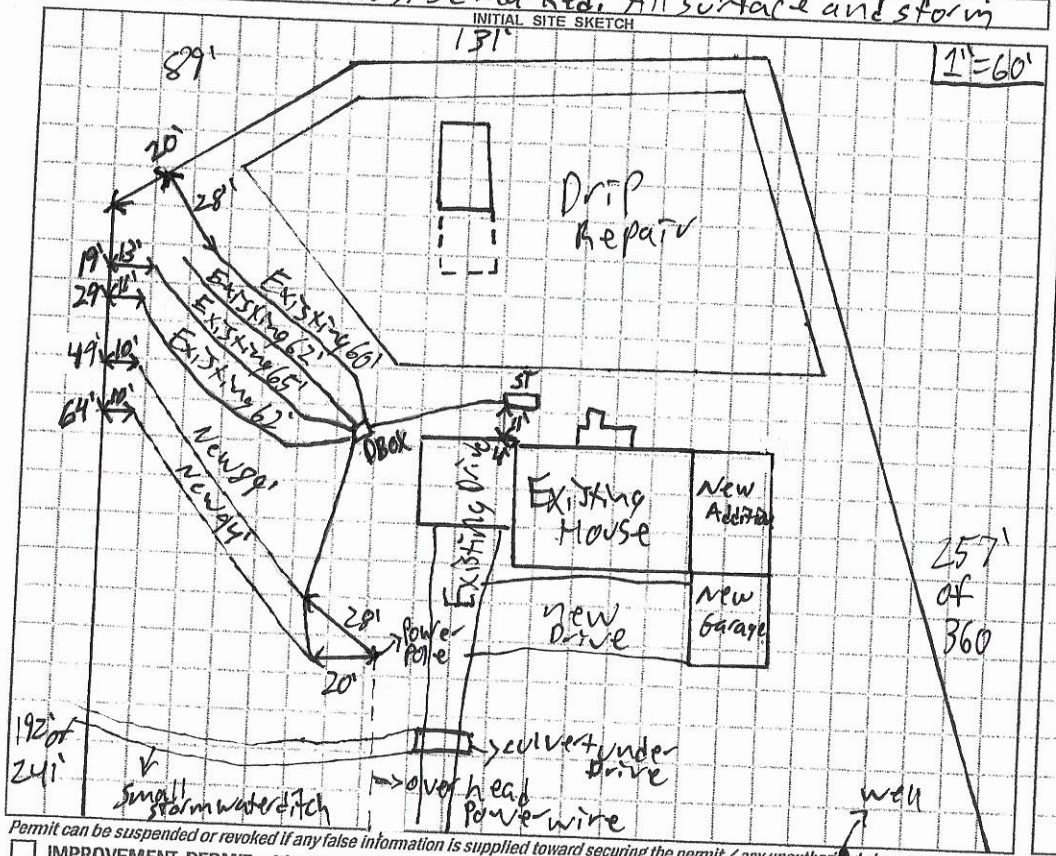
No. Bedrooms 4 No. Persons 8 No. Employees —

☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. All property lines and corners must be marked. All surface and storm water should be diverted around system. 183' of new line shown, only need 120'.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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:

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 3-9-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 2/11/2021

Installed by: Rowan Septic

OPERATION PERMIT by: Bryant C. White @ Date: 6-9-2021

Existing System Inspected by: Date: 2/11/2021

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 1
PROPERTY ID #: 4657783938
COUNTY: Iredell

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

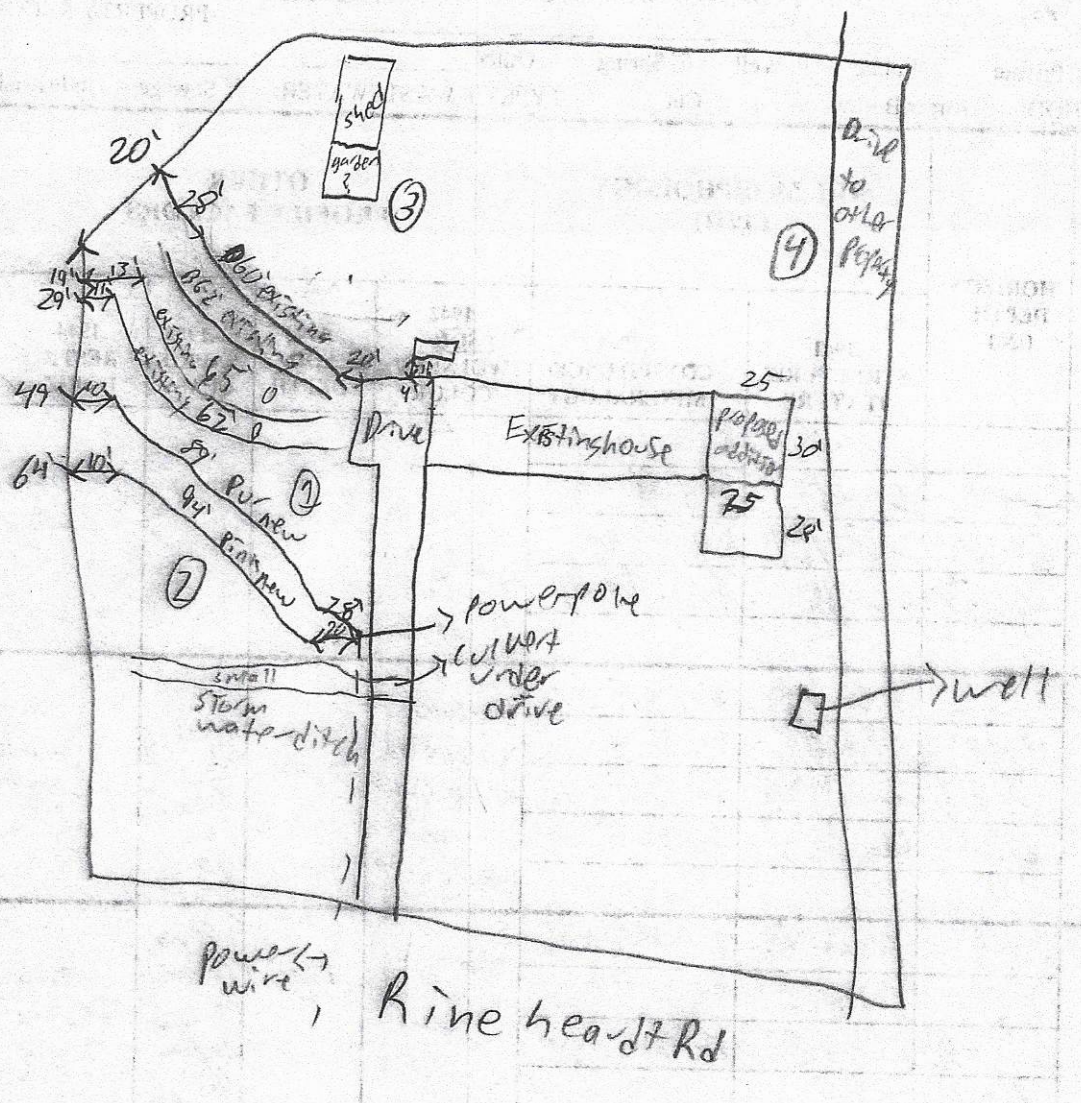
OWNER: Miranda Pender
ADDRESS: 332 Rinehardt Rd
APPLICATION DATE 11/19/2020
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
DATE EVALUATED: 2/2/2021
LOCATION OF SITE: 332 Rinehardt Rd
PROPERTY SIZE: 2.112 acres
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6%	0-16	SCL WSBK	Fr SS SP SexP	few Chroma 3's starting at 27" few chromas at 38"	58"	few Litho inclusions	Chroma 2 sat 38"	PS, .25 to Uat 38"
		16-24	SL WSBK	Fr SS SP SexP					
		24-30	CL SBK/ABK	Fr SS SP SexP					
		30-58	CL SBK	Fr SS SP SexP					
2	SS 8%	0-12	SCL WSBK	Fr SS SP SexP	Chroma 3's scattered throughout chromas at 36" 5YR 5/1	56"	Litho inclusions more common at bottom	Chroma 1 sat 36"	PS, .25 to Uat 36"
		12-18	SCL WSBK	Fr SS SP SexP					
		18-27	CL SBK/ABK	Fr SS SP SexP					
		27-56	CL SBK	Fr SS SP SexP					
3	SS 6%	0-9	SCL WSBK	Fr SS SP SexP	Chroma 2 sand 1 sat 20"	50"	Litho inclusions to Loamy sapric Bottom	Chroma 2 sand 1 sat 20"	PS, 1 Drip
		9-22	C STRONG ABK	Fr S P SexP					
		22-50	CL WSBK	Fr SS SP SexP					
		50-60	Loamy Sap						
4	SS 9%	0-4	Topsoil	—	few Yb mottles	55"	Litho inclusions and Parent fragments throughout	Parent Rx at 35"	PS, .25 .1 Drip
		4-10	C SBK/ABK	Fr SS SP SexP					
		10-55	CL SBK	Fr SS SP SexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120'	48000²Ft
System Type(s)	25%	Drip
Site LTAR	.25	.1

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

COMMENTS: Cloudy



120' worthor chamber

4800 ft of drip

divert water around system

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

AP-311367
$500.00

Iredell County Health Department – Environmental Health Division

Expansion

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Miranda Pender Address: 332 Rinehardt Rd. Zip: 28115
Applicant Email: mandy4158@yahoo.com Phone: 704.451.8776 Alt. Phone: _____
Owner Name: same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 332 Rinehardt Rd.
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) 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: _____

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

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: _____
( ) 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 ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Miranda Pender 11/19/2020
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*) Miranda Pender

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, Miranda Pender, am the legal owner(s) of the property located at 332 Rinehardt Rd., identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jones Family Boilders Kenny Jones, 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.

Miranda Pender
Signature of Owner(s)

11/19/2020
Date

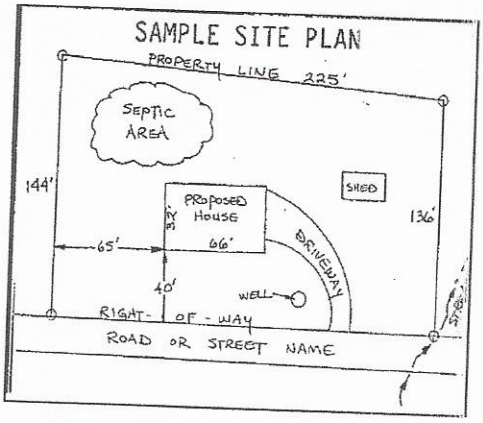
Mooresville - Environmental Health

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

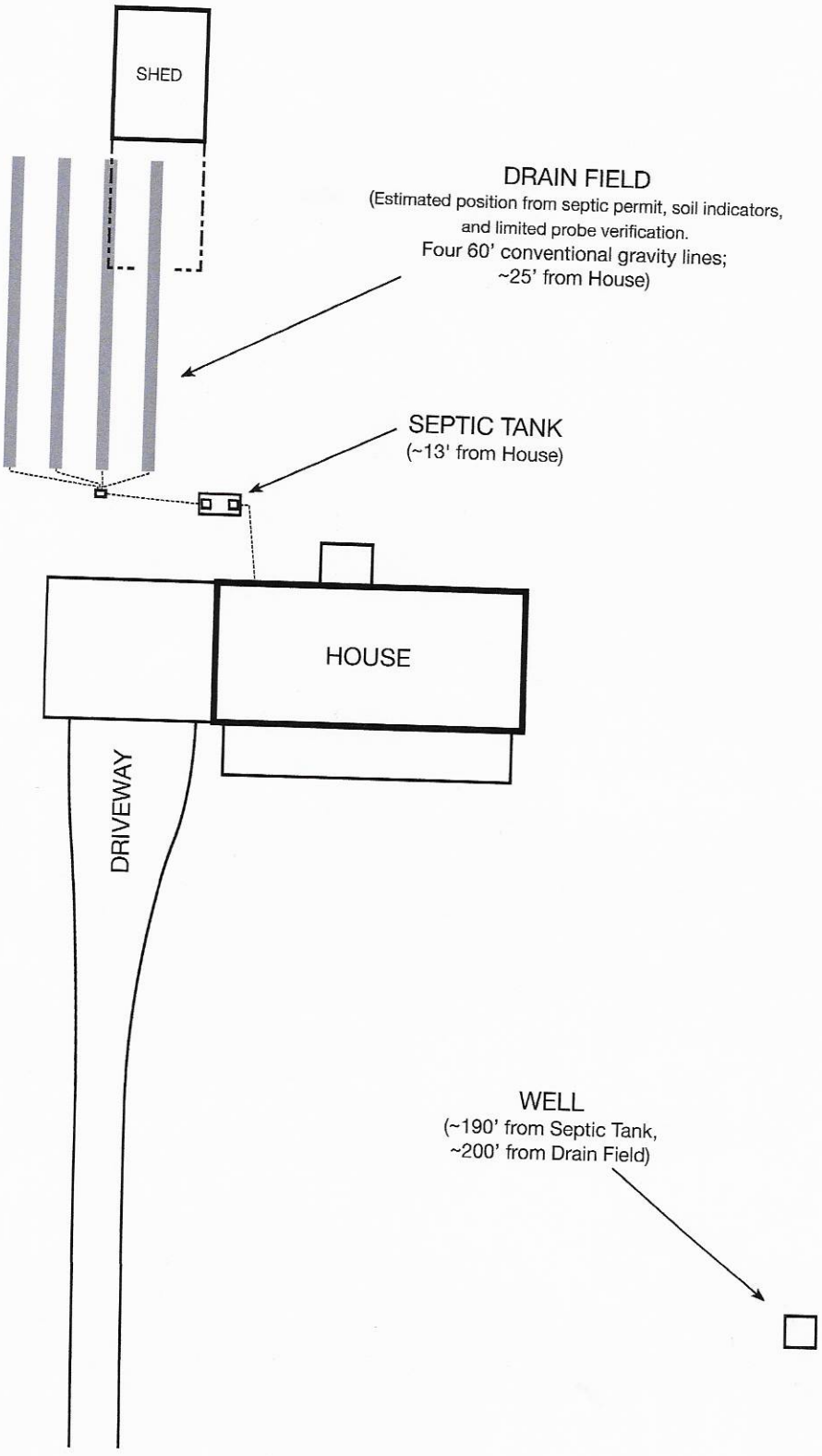
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Miranda Ander

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

11/19/2020
DATE



332 Rinehart Rd
Mooresville, NC 28115
2020 July 22

(Not to scale)

4657781989

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Warren DATE 9-18-85 PERMIT NO. 135

PHONE: Business _____ Home _____

LOCATION 150 TR Plaza Drive TL 1306 (Rhinehardt Rd) 3/4 mile on left just past Roger Garage S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____

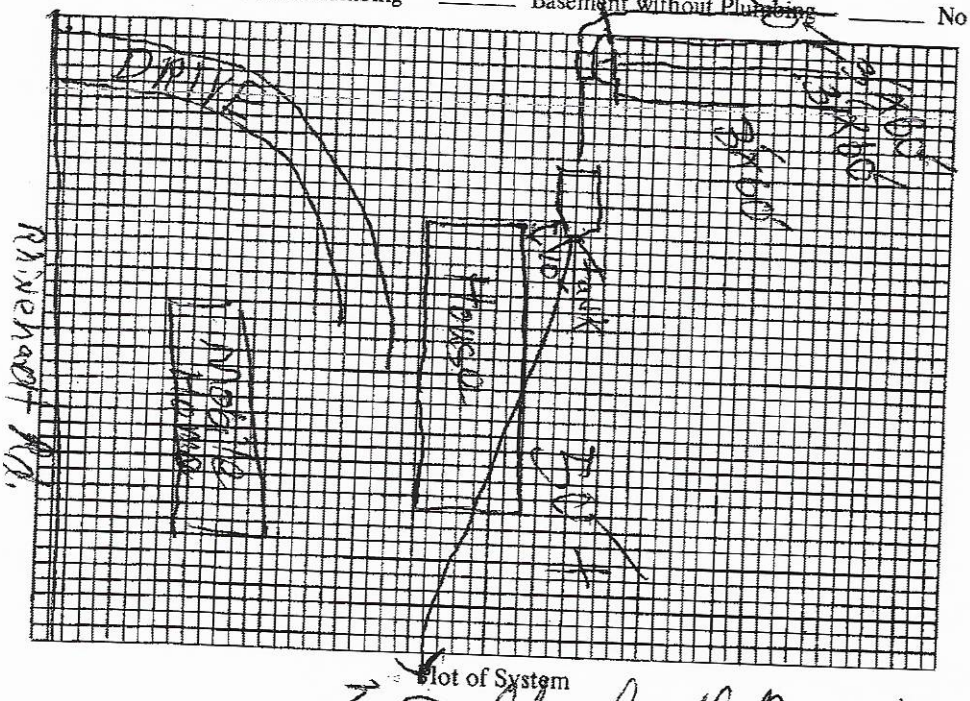
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes ( )	No (X)	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 20,000 sq ft

Character & Porosity of Soil Sandy loam
Percolation Rate 3 gal ft²/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement


Drive
Rhinehardt Rd.
House
Trench
Trench
Trench

IREDELL COUNTY HEALTH DEPARTMENT

2:00

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Warren DATE 7-10-84 PERMIT NO. 185

PHONE: Business _____ Home _____

LOCATION 150 W TR Plaza Drive. TL 1306 (Rhinehard Drive) 3/4 mile on left just past Roger Garage

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

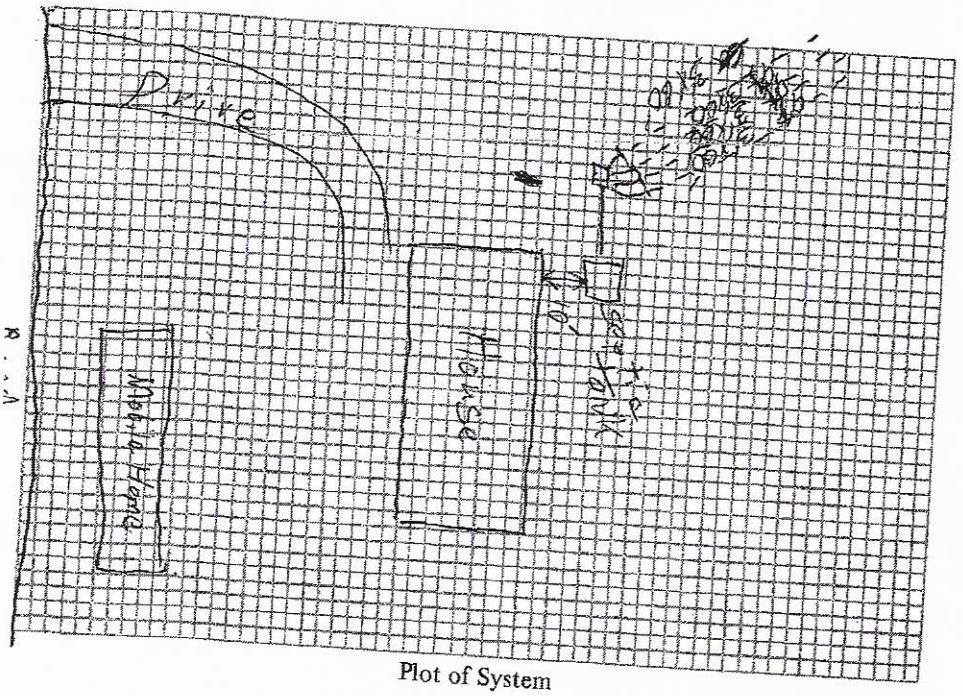
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)
Auto. Dishwasher	Yes ( )	No (X)
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area 20,000 ft²+

Character & Porosity of Soil clay loam
Percolation Rate .5 gal/ft²/day
Topography 2-8% slope
Depth to Water Table 4
Rock or other impervious formations none observed



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: Larry Warren

IMPROVEMENTS PERMIT BY Charles K. Barnett & Associates

COMMENTS: keep trenches shallow no more than 18 inches deep

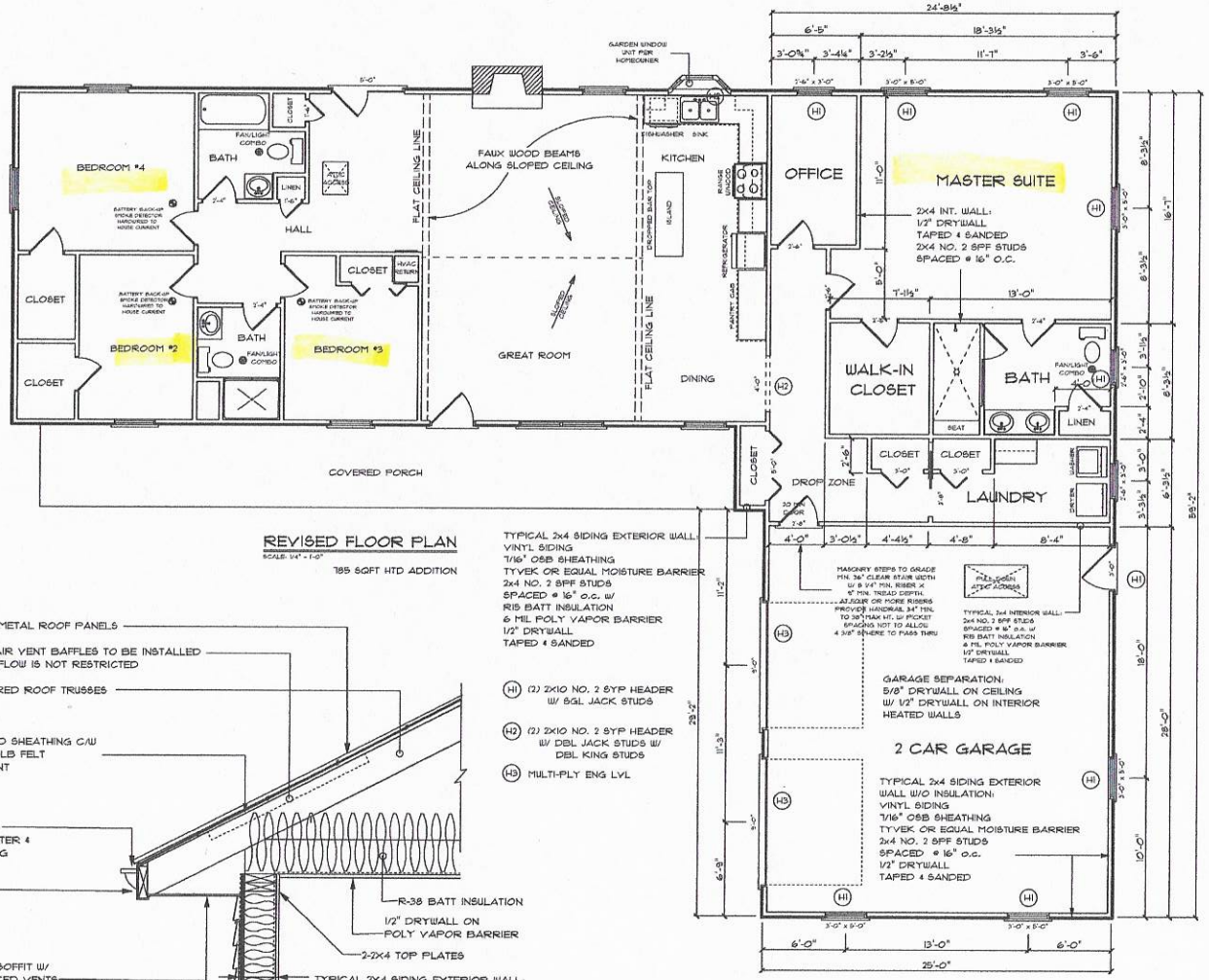
CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



REVISED FLOOR PLAN

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

785 SQFT HTD ADDITION

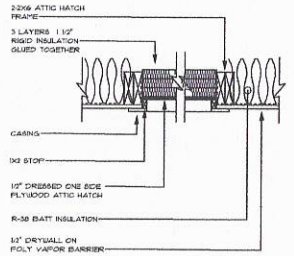
TYPICAL 2x4 SIDING EXTERIOR WALL:
VINYL SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

(H1) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H3) MULTI-PLY ENG LVL

WALL DETAIL



ATTIC HATCH

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE
(REVISED)
FLOOR PLAN

PROJECT INFORMATION
PENDER RESIDENCE
332 RINEHARDT ROAD
MOORESVILLE, NC 28115

PROJECT INFORMATION
ORIGINAL DATE: SEPTEMBER, 2020
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO.
A4

Acknowledgement of Plans Submittal ONLY!

DC Patrick J Boyle III

Date 3-9-2021

Date 2/11/2021

Town of Mooresville Jurisdiction
ZONING APPROVAL
For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-311367 Subdivision: LARRY N WARREN+PATRICIA B WARREN-

Proposed Use: ADDITION -GARAGE, MASTER BDRM/ BATH , LAUNDRY

Street Address: 332 RINEHARDT RD

Tax PIN: 4657783938.000 Zoning: R2 Lot: 1 Size: 2.112

Owner: PENDER DANIEL E+MIRANDA M Applicant: PENDER DANIEL E+MIRANDA M

Address: Address:

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Miranda M. Pender 9/30/2020

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 2.112 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: APPROVAL FOR RESIDENTIAL ADDITION.
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS59'-2" X 25'

HHP 09/30/2020

Approved By: Date Application Fee