IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 236253

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

PIN # 4658-31-7810 ✓

APPLICANT/OWNER: Steven Abernathy / Paul Williams | APPLICANT ADDRESS: 1637 Kelly Rd. Mt. Holly, NC 28120

SITE ADDRESS: ✓2294 Charlotte Highway, Mooresville, NC 28117 | PHONE: 704-654-0003 | ALT. PHONE 704-747-5366

SITE DIRECTIONS: Take Rt 21 N from Rt 150, intersection → house 1.5 miles ahead on left. | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ✓ Country Side Estates | SECTION: — | LOT # 10 | LOT AREA: 0.84 acres | DESIGN FLOW: 360 | L.T.A.R.: 0.30

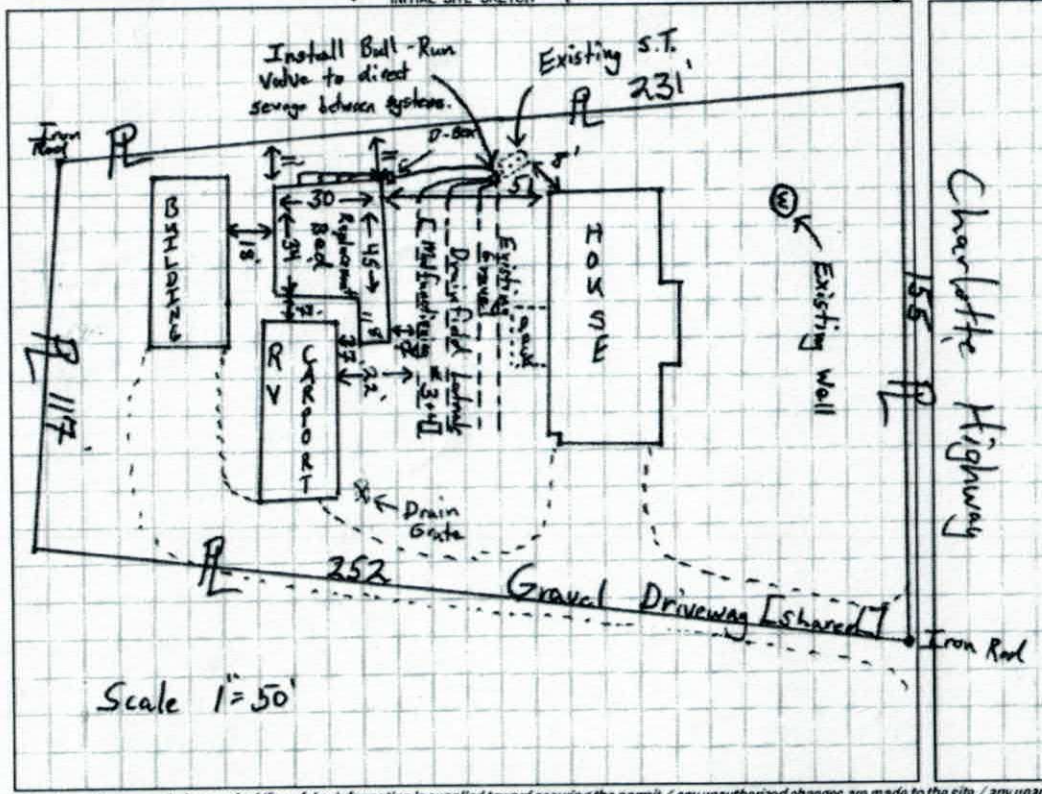
Septic Tank	1000 (Existing) (gal)	STB	Existing	Date	Existing	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date		System Description:	
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Gravel Bed (1040 ft²)
# Nitrification Fields	1	# Lines	Bed	Linear Ft	1040 SQ FT	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	See below	Trench Bottom Depth(Low side)	34"	Gravel Depth	12"	☒ 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: See dimensions on drawing below for replacement bed size. Space out percolation pipe every 4 feet. Recommend replacement of septic tank and pumping tank every 3-5 years. Also recommend a Zable A-300 or larger effluent filter be installed in outlet sanitary tee.

INITIAL SITE SKETCH



AS BUILT SKETCH

- bed dimensions exactly as permitted -CC

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

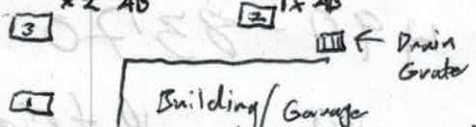
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Steven Abernathy Date: 8-13-2018 Installed by: Piedmont Portable Services

IMPROVEMENT PERMIT by: OS Sam Shuler Date: 8/7/2018 OPERATION PERMIT by: Carla C Carl Date: 9/14/18

AUTHORIZATION TO CONSTRUCT by: OS Sam Shuler Date: 8/7/2018 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 inspector 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 #: 4658-31-7810
COUNTY: Iredell

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

OWNER: Paul Williams
ADDRESS: 1637 Kelly Rd. Mt. Holly, NC 28120
APPLICATION DATE 5/25/18
DATE EVALUATED: 7/11/18
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): ____
PROPERTY SIZE: 0.84 acres
LOCATION OF SITE: Charlotte Highway (Repair)
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	Below Ex. System 7%	0-7	SCL/ Loam/ Clay V.W.SBK	SI. Firm, SS, Sp, Sexp		35			0.3 36" TB
		7-25	Clay W-m SBK/ABK	Firm, Sticky, Sp, Sexp					
		25-35	W. SBK Clay Loam common SAP	Friable, ss, Sp, Sexp					
		35-72	MA Loamy Saprolite	very Friable + well Drained					
2	25' from drain	0-6	SCL V.W.SBK	SI. Firm	Tigerdirt 16"-67" (Yikes!)	—			U
		6-16	clay W.SBK/ABK	Firm, Sticky, Sp, Sexp					
		16-67	MA clay Tigerdirt	SI. Firm, SS, Sp, Sexp					
			Platy						
3	Above #1 (20') 6%	0-7	SCL V.W.SBK	SI. Firm, SS, Sp, Sexp		32			0.3 36" TB
		7-24	clay W-m SBK/ABK	Firm, Sticky, Sp, Sexp					
		24-32	clay Loam W.SBK some Saprolite	SI. Friable, SS, Sp, Sexp					
		32-68"	MA Loamy Saprolite	very Friable + well Drained					
			Sandy Saprolite 62"-68"						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	X	1040 ft²
System Type(s)	X	Bed
Site LTAR	X	0.30

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

COMMENTS: ____

SOIL/SITE EVALUATION

(Continuation Sheet)

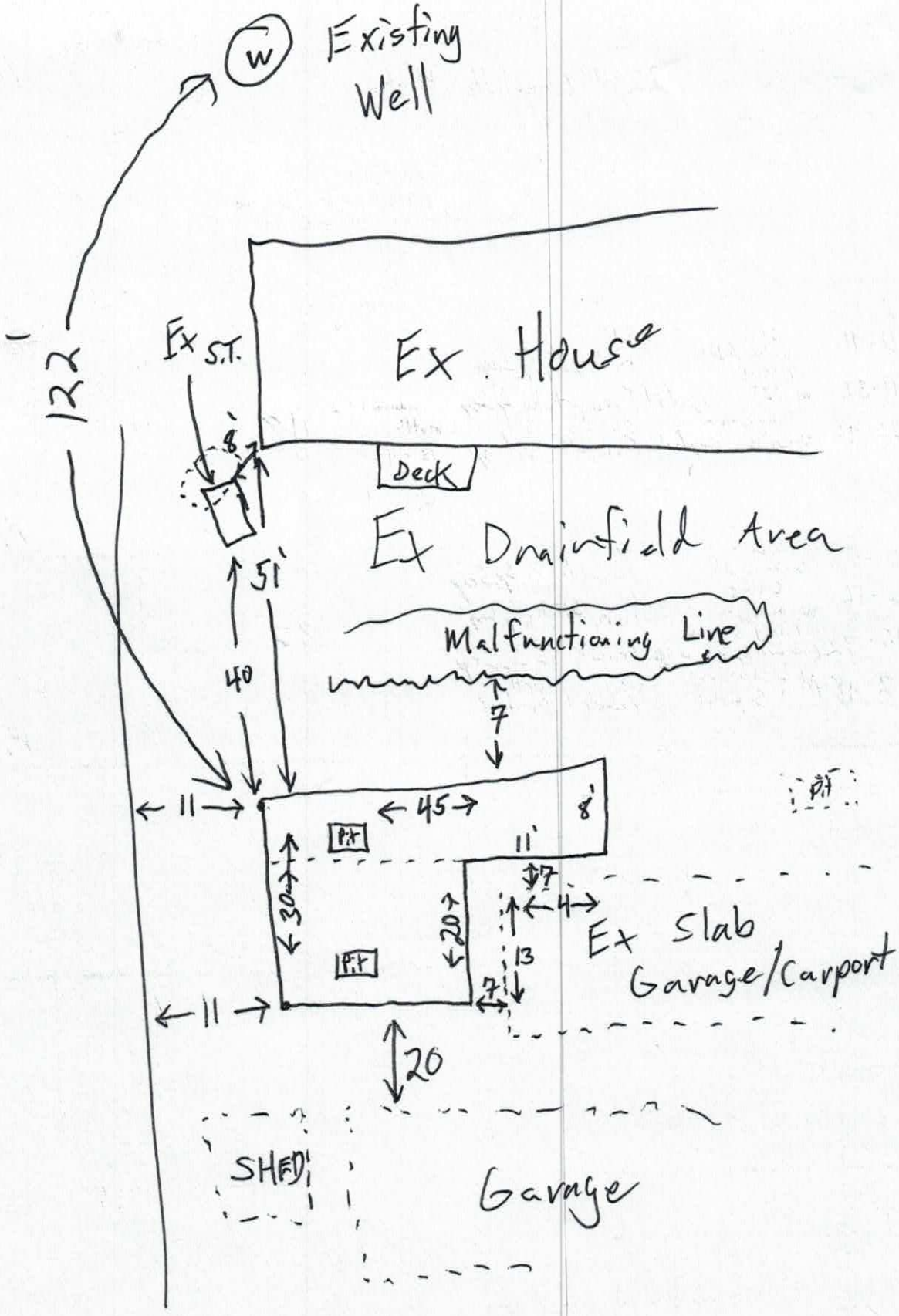
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

2294 Charlotte Highway

PROPERTY ID #:
DATE OF EVALUATION: 6/27/18 Auger Holes
COUNTY:

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	20' from drain	0-11	SCL V.W.SBK	Sl. Friable, SS, Sp, Scep	Chroma 1+2 mottles 18"-48" Yikes!	48			LS P,T
		11-32	Clay M.SBK Tigerstripe	Firm, Sticky, Sp, Scep					
		32-48	Clay Loam W.SBK Tigerstripe	Sl. Firm, SS, Sp, Scep					
2	Below Header of ext. system	0-5	SCL V.W.SBK	Sl. Friable, SS, Sp, Scep		32			P,T
		5-16	Clay W-M SBK	Sl. Firm, Sticky, Sp, Scep					
		16-32	Clay Loam common Spoble W.SBK	Friable, SS, Sp, Scep					
		32-48	MA Loamy Saprolite	Very Friable + well Drained					

COMMENTS:


W
Existing Well
122'
Ex S.T.
Ex. House
8'
Deck
Ex Drainfield Area
51'
40
Malfunctioning Line
7
11
45
8'
11'
Pit
30'
20'
7'
4
13
7
Ex Slab
Garage/Carport
11
20
SHED
Garage

236253

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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(I) 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: Steven Abernathy Address: 1437 Kelly Rd Mt Holly Zip: 28120
Applicant Email: Piedmont Portable Service@gmail.com Phone: 704-654-0003 Alt. Phone: 704-747-5366
Owner Name: Paul Williams Address: 183 April Rd Zip: 28166
Owner Email: uptomy dell@gmail.com Phone: 704-929-4435 Alt. Phone: _____

Property Information:

Street Address: 2294 Charlotte Hwy Mooresville NC
Subdivision Name: Country side Estates Section/Phase: _____ Lot Number: 10
Driving Directions: Hwy 21 between Plaza Dr and Connector Rd

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Septic Line Leaking in Yard
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: N/A
( ) 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: 1989
( ) 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: Steven Abernathy 5-25-16
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

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.

I, Paul Williams, am the legal owner(s) of the property located at 2294 Charlotte Hwy Mooresville NC, identified as PIN (Parcel Identification Number) 4658317810.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Steven Abernethy Piedmont Portable Services 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.

Signature of Owner(s) 4/25/18 Date

Signature of Witness May 25/18 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

9391

4658 31 7810

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 Morrow DATE 4/19/89 PERMIT NO. 18D

PHONE: Business _____ Home 664-3206

LOCATION 21 N. ~1½ mi. ▭ on Left.

S. R. No. _____

SUBDIVISION NAME Countryside Estates LOT NO. 10 SECTION OR BLOCK NO. _____

IL-4-A-10

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey

Percolation Rate .4 gpd/ft² + .35 gpd/ft²

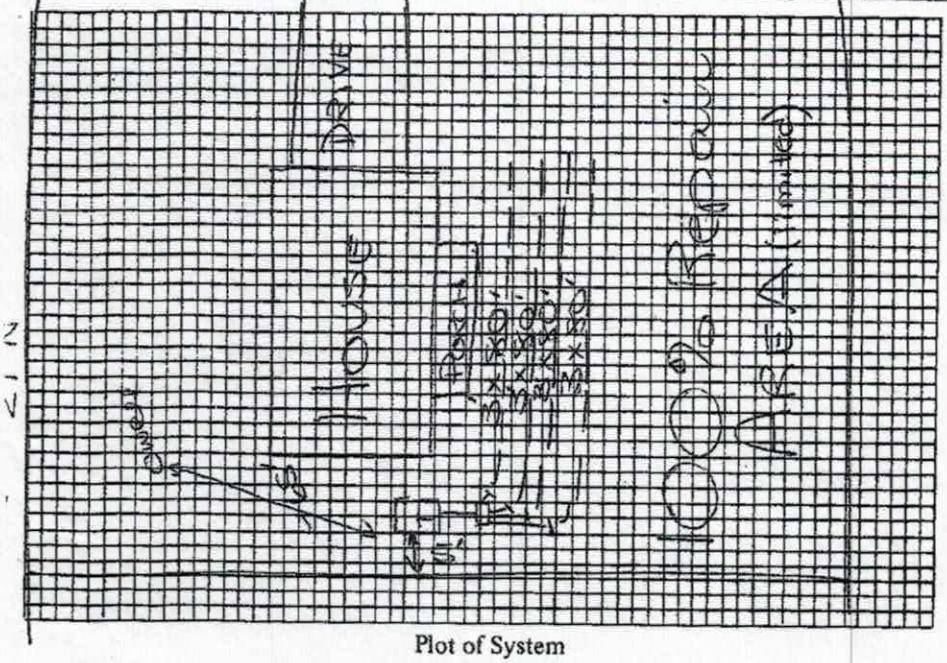
Topography Gen

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area 20000

Basement with Plumbing _____ Basement without Plumbing _____ ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

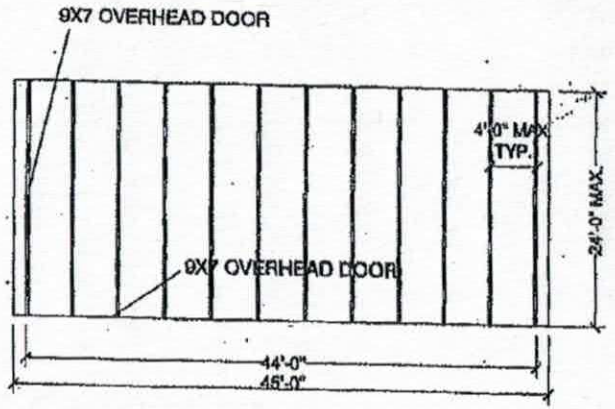
CERTIFICATE OF COMPLETION BY Andre C Rence DATE 4/19/89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

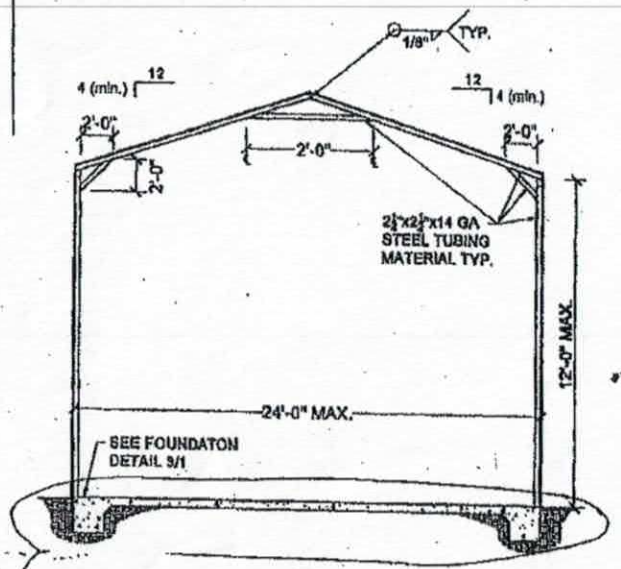
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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.

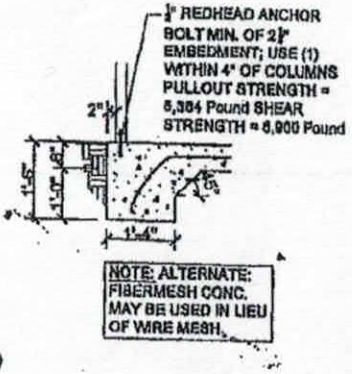
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



1/1 ROOF FRAMING PLAN
N.T.S.



2/1 TYPICAL BUILDING SECTION
N.T.S.



3/1 FOUNDATION DETAIL
N.T.S.

FOUNDATION:

1. ALL CONCRETE SHALL BE MIN. 2,500 P.S.I. AT 28 DAYS. ALL REBAR SHALL BE GRADE 60 OR BETTER #5. FOUNDATIONS SHALL HAVE (2)#5 REBAR CONTINUOUS.

2. MINIMUM SOIL BEARING SHALL BE 2,000 P.S.F.

3. ALL CONSTRUCTION SHALL BE PROVIDED IN ACCORDANCE WITH THE North Carolina Residential Code, LATEST EDITION. OSHA, AISC CODES AND ALL APPLICABLE LOCAL REQUIREMENTS.

FRAME:

1. ALL STEEL (NOT INCLUDING SIDING) SHALL HAVE A MINIMUM Fy=55KSI.

2. STEEL TUBING SHALL BE 2½"x2½"x14 GA. MATERIAL. STEEL TUBING INSERTS SHALL BE 2½"x2½"x14 GA. MATERIAL.

3. ALL WELDS SHALL BE SHOP WELDS AS NOTED.

SIDING:

1. ALL STEEL ROOFING AND SIDING SHALL HAVE A MINIMUM Fy=80ksi.

2. The hat channel shall be placed with the center to center distance of the frame system may be placed 4'-0" o.c.

MECHANICAL FASTENERS:

1. ALL FASTENERS TO THE STEEL FRAME SHALL BE ¼"X1" LONG MINIMUM.

2. ALL STITCH FASTENERS OF ROOFING MATERIAL SHALL BE #12X¾" LONG MINIMUM.

3. CONNECTION OF FRAME TO CONCRETE SHALL BE WITH ½"X6" SLEAVE ANCHORS LOCATED WITHIN 6" OF COLUMNS.

DESIGN LOADING:

1. LOADING FROM IRC '06 (NC '09) WIND AND SNOW CODE.

2. WIND SPEED: 90 MPH
IMPORTANCE CLASSIFICATION: TYPE I
IMPORTANCE FACTOR: 0.87
EXPOSURE: B
GCPi= ±0.18
EXPOSURE CLASSIFICATION: ENCLOSED

3. ROOF LIVE LOAD: 10 PSF
SPECIAL SCAFFOLDING REQUIRED AS A WORK SURFACE FOR WORKMEN AND MATERIALS DURING ROOF MAINTENANCE AND REPAIR.

4. DEAD LOAD: 2 PSF

5. GROUND SNOW LOAD: 15 PSF

6. BUILDING CLASSIFICATION: II-B

24' Wide Open
As Manufactured By:
"Steel Buildings and Structures"
6833 South Carolina Avenue
Boonsville, NC 27011
1-336-367-6600 (Tel.)

License # C-3421
ACE Solutions Inc.
950 Graves Street
Suite C
Kernersville, NC
27284
336/993-5114

Location:
Winston-Salem,
North Carolina

Date:
08-09-11

Scale:
As Noted

Drawn By:
KRA

Checked By:
KRA

Sheet Title:
Plan and Section

Sheet No.:
S1 of S1

NORTH CAROLINA PROFESSIONAL ENGINEER KEVIN R. ADAMS 17224 6/9/11

Setting on gravel — NO footings T.T

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
205888
Issue Date: 09/17/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4658317810.000	2294 CHARLOTTE HIGHWAY, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: JOHNSON THOMAS E+SARAH M	Applicant: JOHNSON THOMAS E+SARAH
Address: 126 RED BROOK LN MOORESVILLE, NC 28117	Address: 126 RED BROOK LN MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
CARPORT TO COVER RV	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.840	35.00	10.00	10.00	10.00	PACL	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.

$ PAID
PE CK # 1189

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: Thomas Eugene Johnson Date: 09-17-14

Permit Number	22043	TOTAL FEES:	$ 77.25