IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 227851

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

PIN # 4659-05-7014

APPLICANT/OWNER: David Martin Construction | APPLICANT ADDRESS: 112 Vista Bluff Lane Mooresville, NC

SITE ADDRESS: 139 Harvest Wind Ct. Mooresville, NC 28115 | PHONE: 704-202-9595 | ALT. PHONE

SITE DIRECTIONS: Rt 115 N → L on Clear Spring → L on Autumn Grove → R on Early Frost → L on Harvest Wind → Rd on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Grove | SECTION: 2 | LOT # 39 | LOT AREA: 2.05 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date	☒ 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: 25% Reduction (Serial distribution)				☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model		—	Serial # —	Repair System Description: 25% Reduction (Pm)				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft: 360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"		Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Though 430 l.f. of line has been laid out, only 360 l.f. needs to be installed.

Used Quick 4 Filter in ST

INITIAL SITE SKETCH

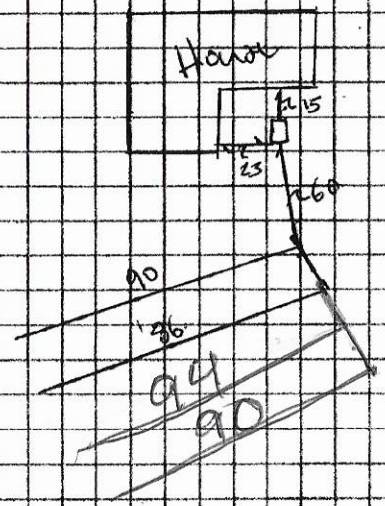
See attached drawing titled "David Martin Const Septic Site Plan" Approved 9/28/17

- See soil notes from previous approval dated 6/12/2017

	Date	Initials
Drain Lines Checked		
Tanks Checked	6/12	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

* 6/12 Tank + 2 Drainlines Checked BB

AS BUILT SKETCH



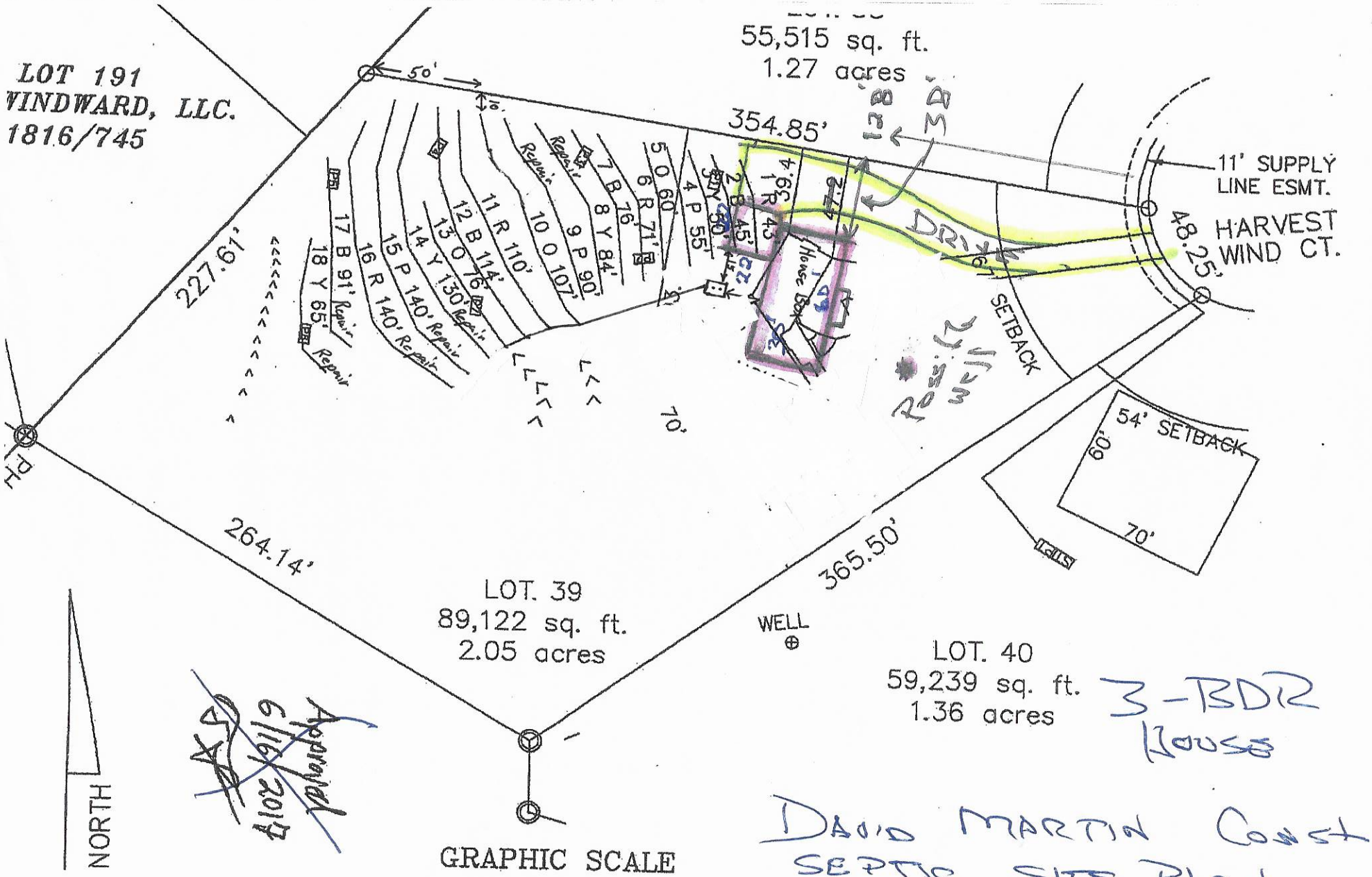
Permit can be suspended or revo ...ite / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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: David T Martin | Date: 10/12/17 | Installed by:

IMPROVEMENT PERMIT by: Tom Shuck | Date: 9/28/17 | OPERATION PERMIT by: Marian Dotson | Date: 6/13/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 9/28/17 | Existing System Inspected by: | Date:



Approved 9/15/2017

3-BDR House

DAVID MARTIN CONST.
SEPTIC SITE PLAN
9-15-17
Approved 9/28/17

SITE PLAN FROM 6-12-17 ICHD PERMIT

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 5 bedroom single family residence on Lot 39 of Autumn Grove Subdivision, 139 Harvest Wind Ct. in Mooresville, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6-7

June 5, 2017
Job #: 17063
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Shallow Pressure Manifold 25% reduction installation, minimum 1 inch cover to be brought in to achieve required 6 inches.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	Philip and Carla Wicker
Address:	133 Lynnette Dr. Mt. Ulla, NC 28125
Client:	John Darden
Phone:	704-450-2705
County:	Iredell
Location:	AUTUMN GROVE LOT 39, 139 HARVEST WIND CT.
Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	600
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	600
Loading/Soil Application Rate (gpd/ft.^{2}):	0.250
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	600
Total Lateral Length Required:	600
Trench Depth:	31 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1800
Trench Spacing on Center:	9 ft.
Repair Trench Depth:	17 in. Lowside
Repair Trench Spacing:	9 ft.
Septic Tank Size:	1250 gal.
Estimated Supply Line Length:	16
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	5.76
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett LSS

Approved
6/16/17

AUTUMN GROVE LOT 39, 139 HARVEST WIND CT.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 5 BEDROOM RESIDENCE

June 5, 2017

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	RED	NA	NA	43	43
2	BLUE	NA	NA	45	45
3	YELLOW	NA	NA	50	50
4	PINK	NA	NA	55	55
5	ORANGE	NA	NA	60	60
6	RED	NA	NA	71	71
7	BLUE	NA	NA	76	76
8	YELLOW	NA	NA	84	84
9	PINK	NA	NA	90	90
10	ORANGE	NA	NA	107	107
11	RED	NA	NA	113	110
12	*BLUE*	*NA*	*NA*	*135*	*114*
13	*ORANGE*	*NA*	*NA*	*76*	*76*
14	*YELLOW*	*NA*	*NA*	*143*	*130*
15	*PINK*	*NA*	*NA*	*150*	*140*
16	*RED*	*NA*	*NA*	*150*	*140*
17	BLUE	NA	NA	91	91
18	YELLOW	NA	NA	65	65
			Total	1604	1547

System	LINE LENGTH 600	SYSTEM TYPE ACCEPT.	SOIL LTAR GPD/FT² 0.250	TRENCH SYSTEM 25% RED.	DISTRIBUTION GRAVITY
Repair	947	ACCEPT.	0.250	25% RED.	PRESSURE MANIFOLD

Approved
6/16/17

Notes:
** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **A grinder pump must be used for all basement plumbing if gravity fall cannot be achieved from basement to septic tank.**

Iredell County has CS&SC's permission to change septic tank location, distribution type or reconfigure the septic field to ensure a gravity septic system as long as the septic lines used are in the evaluated area as shown on the Site Plan.

DOSING CALCULATIONS

Location AUTUMN GROVE
Lot No: 39
Address: 139 HARVEST WIND CT.

No. of Bedrooms	5
Design Flow	600 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	16 ft.
Supply Line Volume	5.76 gal.
Required Feet of 25% RED. Line	600 ft.
Amount of Line from Layout	600 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1250 gal.
Minimum Septic Tank Capacity	1250 gal.
Lateral Line Volume	391.8 gal.

Approved
6/16/2017

OWNER INFORMATION

Owner: Philip and Carla Wicker
Address: 133 Lynnette Dr.
Mt. Ulla, NC 28125

Client: John Darden
Phone: 704-450-2705
County: Iredell
Location: AUTUMN GROVE LOT 39, 139 HARVEST WIND CT.

Source of Wastewater Flow: 5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 600
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 600
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 600
Total Lateral Length Required: 600
Trench Depth: 31 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1800

Trench Spacing on Center: 9 ft.

Repair Trench Depth: 17 in. Lowside
Repair Trench Spacing: 9 ft.

Septic Tank Size: 1250 gal.

Estimated Supply Line Length: 16
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 5.76
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

Approved
6/16/17

AUTUMN GROVE LOT 39, 139 HARVEST WIND CT.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 5 BEDROOM RESIDENCE

June 5, 2017

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	RED	NA	NA	43	43
2	BLUE	NA	NA	45	45
3	YELLOW	NA	NA	50	50
4	PINK	NA	NA	55	55
5	ORANGE	NA	NA	60	60
6	RED	NA	NA	71	71
7	BLUE	NA	NA	76	76
8	YELLOW	NA	NA	84	84
9	PINK	NA	NA	90	90
10	ORANGE	NA	NA	107	107
11	RED	NA	NA	113	110
12	***BLUE***	***NA***	***NA***	***135***	***114***
13	***ORANGE***	***NA***	***NA***	***76***	***76***
14	***YELLOW***	***NA***	***NA***	***143***	***130***
15	***PINK***	***NA***	***NA***	***150***	***140***
16	***RED***	***NA***	***NA***	***150***	***140***
17	BLUE	NA	NA	91	91
18	YELLOW	NA	NA	65	65
			Total	**1604**	**1547**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***600***	***ACCEPT.***	***0.250***	***25% RED.***	***GRAVITY***
Repair	947	*ACCEPT.*	0.250	25% RED.	PRESSURE MANIFOLD

Approved
6/16/17
SA

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **A grinder pump must be used for all basement plumbing if gravity fall cannot be achieved from basement to septic tank.**
Iredell County has CS&SC's permission to change septic tank location, distribution type or reconfigure the septic field to ensure a gravity septic system as long as the septic lines used are in the evaluated area as shown on the Site Plan.

DOSING CALCULATIONS

Location AUTUMN GROVE
Lot No: 39
Address: 139 HARVEST WIND CT.

No. of Bedrooms	5
Design Flow	600 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	16 ft.
Supply Line Volume	5.76 gal.
Required Feet of 25% RED. Line	600 ft.
Amount of Line from Layout	600 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1250 gal.
Minimum Septic Tank Capacity	1250 gal.
Lateral Line Volume	391.8 gal.

Approved
6/16/2017

PROPERTY ID #: 4659057014
COUNTY: Iredell

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

OWNER: Philip and Carla Wicher
ADDRESS: 133 Lynnette Dr., Mt. Ulla NC 28125
PROPOSED FACILITY: Res.
LOCATION OF SITE: 139 Harvest Wind Ct, Mooresville, Autumn Grove lot 39
APPLICATION DATE
DATE EVALUATED: 5-31-17
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE: 2.05 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
P 1 ✓	LSS 5%	0-6	B CL WFSBK	FrSSSPSExP		57"	PS		PS
		6-12	BR C WFSBK	FrSSSPSExP					
		12-21	RCMFABK	FiSPSExP					.275 to 32"
		21-32	RCMSABK	FiSPSExP	few sap, few 1-2mo				
		32-44	RCMSABK	FiSPSExP	com sap, few 1-2mo, few Red 7.5YR 4/6				
		44-53	RCLWFSBK	FrSSSPSExP	com sap, com RC veins				
		53-64	VarCSapM	FrSSSPSExP	com RC veins				
P 2	LSS 5%	0-6	B CL WFSBK	FrSSSPSExP		63"	—	—	PS
		6-10	BRCWFSBK	FrSSSPSExP					
		10-27	RCMSABK	FiSPSExP	few sap				.25
		27-34	RCMFSBK/MBK	FiSPSExP	few sap, few heavy clay veins				
		34-42	RCWFSBK	FiSPSExP	com sap, few 1-2mo, few heavy clay veins				
		42-63	RCLWFSBK	FrSSSPSExP	com sap				
P 3	LSS 5%	0-3	BCLWFSBK	FrSSSPSExP		63	—	—	PS
		3-25	RCMMABK	FiSPSExP	few sap				.275
		25-63	RCLWFSBK	FrSSSPSExP	Com sap				
P 4 ✓	LSS 8%	0-6	BCLWFSBK	FrSSSPSExP		49"	PS	—	PS
		6-33	RCMFSBK	FiSPSExP					.275-.3
		33-49	RCLWFSBK	FrSSSPSExP	com sap				
		49-65	VarLSapM	FrSSSPSExP	com CL, few C, few MR	end of pit	FiSap pit <15%		
					MR wet at				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	PM 25%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Adrian L. Pruett
OTHER(S) PRESENT: None Tom Shuck 6/14/17 Pits 1, 4, 6, 7
Approved 6/16/2017 SK

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4659057014
DATE OF EVALUATION: 5-31-17
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCY/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5 ✓	FS 12%	0-6	B CL LFSBk	FrSSSPSExP		32"	PS	—	PS
		6-16	BC LFSBk	FrSSSPSExP					
		16-32	YR CL LFSBk	FrSSSPSExP	Com SeP				.35
		32-72	Var FSL SaPM	FrSSSPSExP	Com YR CL Mot.				
P6 ✓	NS 10%	0-3	B CL LFSBk	FrSSSPSExP		60"	—	—	PS
		3-6	SBC M	FrSPSExP	Compacted				
		6-18	SBC MMABk	FrSPSExP					.25
		18-31	SBC MMABk	FrSPSExP	Com SeP				
		31-38	SBC MFABk	FrSPSExP	Many SeP Mot.				
		38-48	YR CL LFSBk	FrSSSPSExP	Com SeP				
		48-60	YR CL LFSBk	FrSSSPSExP	Com SeP				
P7 ✓	LSS 8%	0-4	B CL LFSBk	FrSSSPSExP		62"	—	—	PS
		4-22	RC MMABk	FrSPSExP					
		22-37	RC MSABk	FrSPSExP	Com YR, Fe-Sep				.25
		37-51	RC MMABk	FrSPSExP	Com SeP, Fe Com YR				
		51-62	RC CL LFSBk	FrSSSPSExP	Com SeP, Fe RC Mots				

COMMENTS: _____

RECEIVED SEP 15 2017 Call Paul P. For Site Visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

04-BRC-6330

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENT ... E INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE ... PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON ...ITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION.

Please CALL prior to inspection

Name: Paul

Number: 704-996-6330

MUST accompany this application Paid $320 Int. Relayout

...y also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

...ever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) 112 Vista Bluffs LN #227851

Applicant Name: DAVID MARTIN CONST. Address: MOORESVILLE Zip: 28117

Applicant Email: dev@martinconstruction@yahoo.com Phone: Alt. Phone: 704-202-9595

Owner Name: SAME AS ABOVE Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 139 HARVEST WIND CT.

Subdivision Name: AUTUMN GROVE Section/Phase: Lot Number: 39

Driving Directions: 115 N, TL CLOVER SPRINGS, TL AUTUMN GROVE, TR EARLY FROST TL HARVEST WIND

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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(X) 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:

(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: 2002

( ) 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 (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: _____ 9-18-17

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

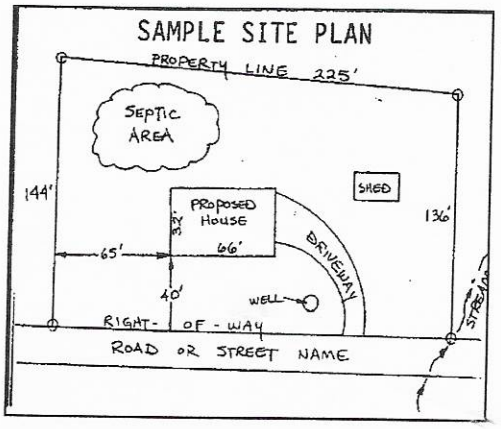
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

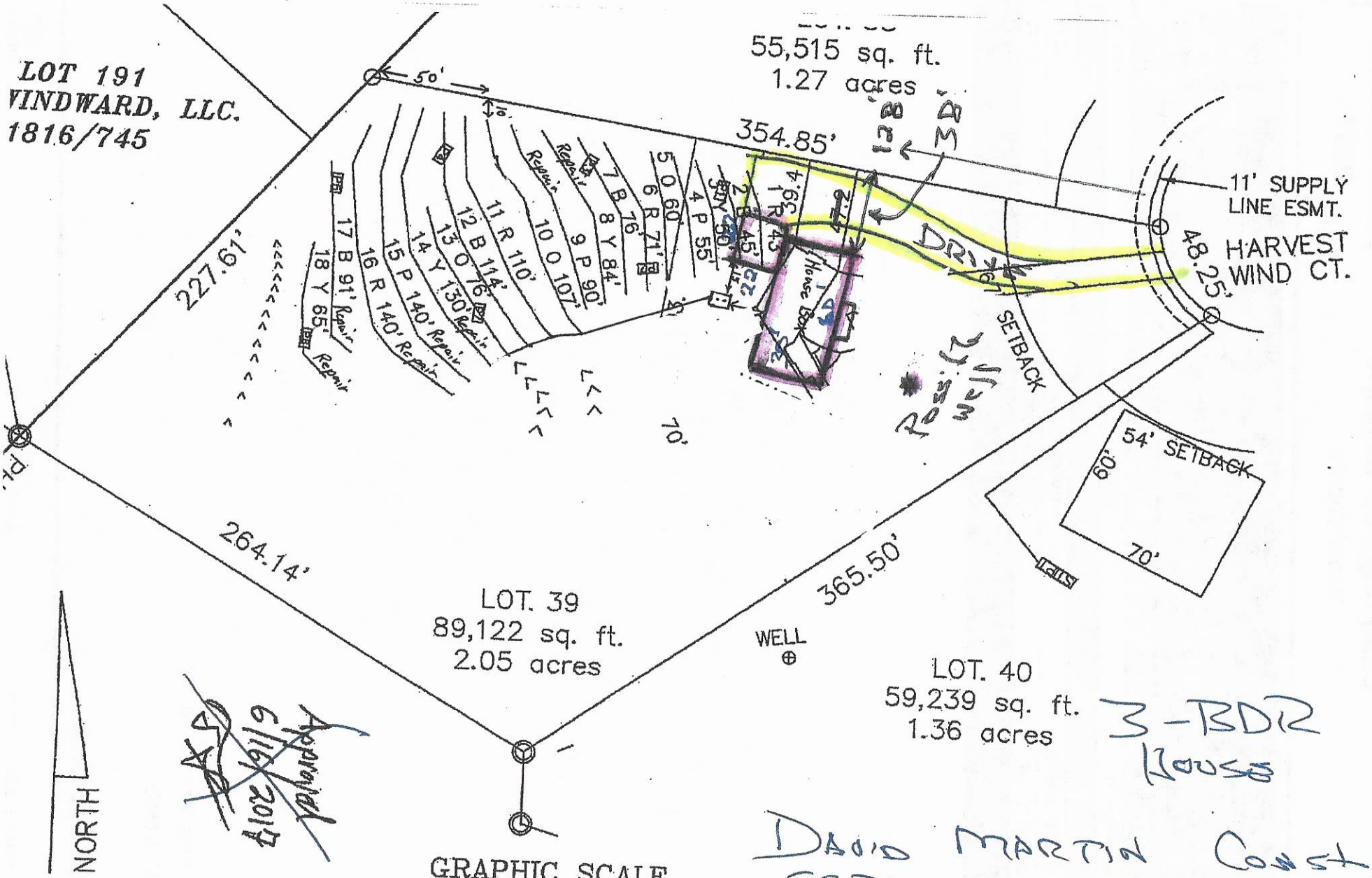
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

~~See~~ Attach
Site Plans

Signature: _____

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

9-15-17
DATE



3-BDR House

DAVID MARTIN Const.
SEPTIC SITE PLAN
9-15-17
Approved 9/28/17

SITE PLAN FROM 6-11-17

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, DAVID MARTIN COAST., am the legal owner(s) of the property located at 139 HARVEST HILL CT., identified as PIN (Parcel Identification Number) 4659-05-7014, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAUL PENNINGTON, 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.

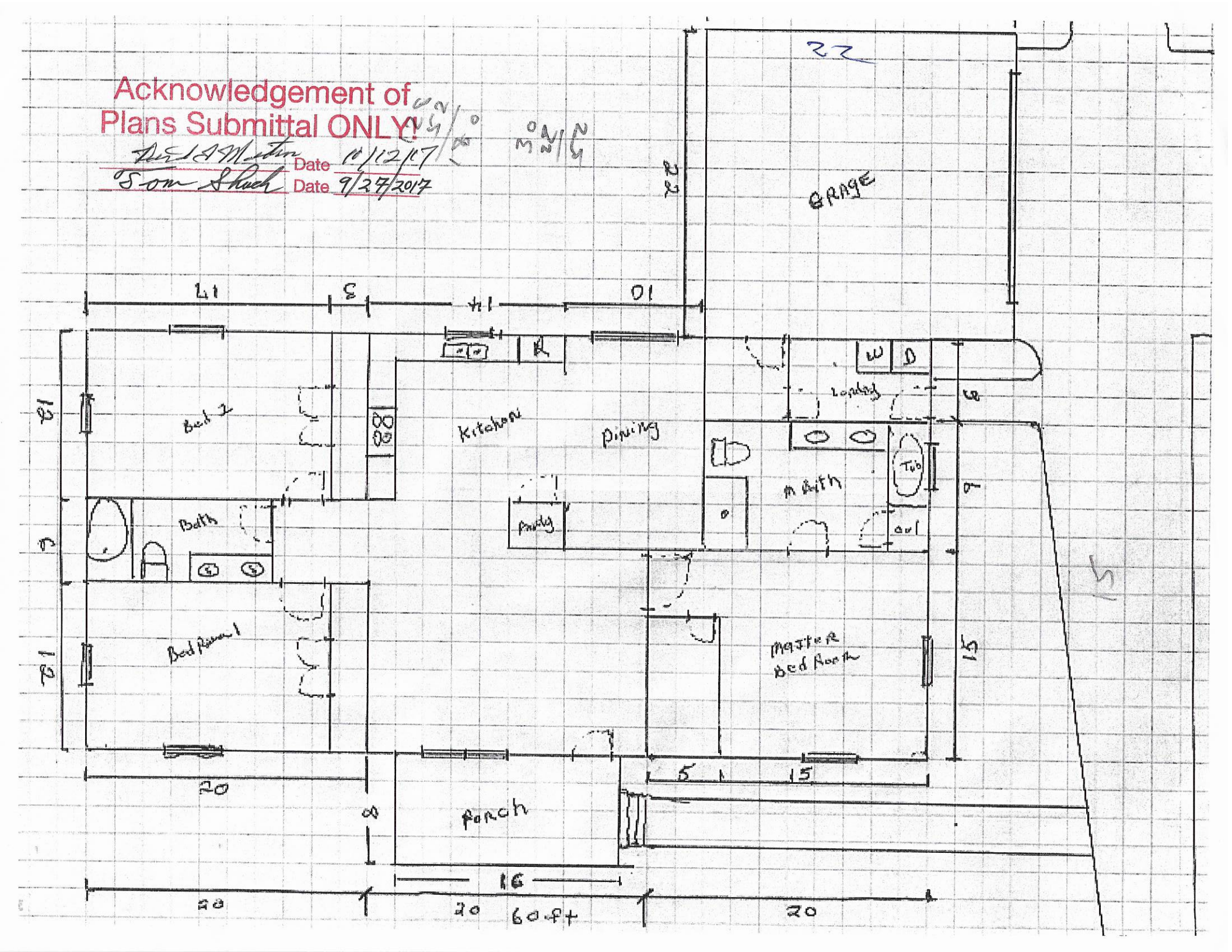
9/15/17

Signature of Owner(s) Date Signature of Witness 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


Acknowledgement of
Plans Submittal ONLY!
Date 10/12/17
Date 9/27/2017
GARAGE
Kitchen
Dining
Bath
Bed Room 1
Master Bed Room
Porch
Laundry
W
D
Tub
Shower
20
16
60 ft

IREDELL COUNTY

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

APPLICATION NUMBER
227851
Issue Date: 06/09/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4659057014.000	139 HARVEST WIND COURT	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: WICKER BYRON PHILIP+CARA S Address: 142 BELLELAINE DR MOORESVILLE, NC 28115 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 06/09/2017

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	105552	TOTAL FEES:	$ 350.00