ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 BCW | PERMIT # 310661

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

PIN # 4659 - 56 - 8901

APPLICANT/OWNER: Robert Pettit | APPLICANT ADDRESS: 143 Lamplighter LN Statesville 28115

SITE ADDRESS: 237 Shepards Bluff Dr Mooresville 28115 | PHONE: 704-728-9625 | ALT. PHONE 704-728-9824

SITE DIRECTIONS: Shepard Road L on Shepard Bluff Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shepards Bluff | SECTION: 4 | LOT # 50 | LOT AREA: 0.46 | DESIGN FLOW: 360gpd | L.T.A.R.: .3 / .25 Repair

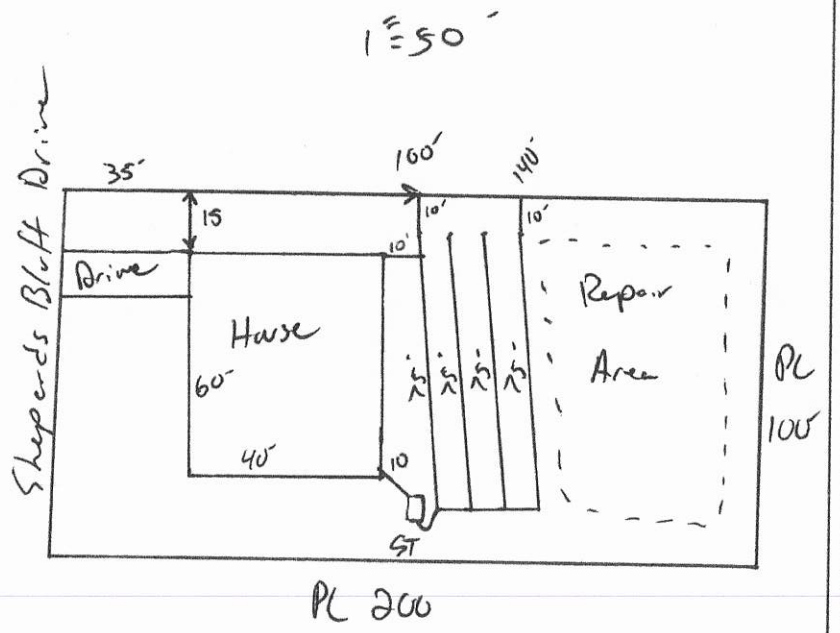
Septic Tank	1000 (gal)	STB	760	Date	10-6-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction
Pump Make		Model		Serial #		Repair System Description:	50% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE

☒ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees:
☐ Slab — ☒ Crawl Space
☐ Basement w/ plumbing — ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlins on center of yard and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Install as Drawn

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: _____ Date: 11/13/2020 Installed by: Rumm Septic

IMPROVEMENT PERMIT by: _____ Date: 11-12-2020 OPERATION PERMIT by: _____ Date: 12-09-2020

AUTHORIZATION TO CONSTRUCT by: _____ Date: 11-13-2020 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4659 56 3901
COUNTY: Iredell

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

OWNER: Robert Pettit
ADDRESS: 143 Laughter LN
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 237 Shepards Path
APPLICATION DATE: 9-3-2020
DATE EVALUATED: 10-29-2020
PROPERTY SIZE:
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 7%	0-12	SiBk SCL	FrSSSPSapl	N/A	48"	N/A	N/A	PS .3
		12-36	SiBk C						
		36-48	SiBk CL						
2	SS 7%	0-6	SiBk SCL		N/A	48"	N/A	N/A	PS .3
		6-28	SiBk C						
		28-48	SiBk CL						
3	SS 5%	0-12	SiBk SCL		F/B mottles @ 36"	48"	N/A	N/A	PS .25
		12-36	SiBk C						
		36-49	ARk CL						
4	SS 5%	0-6	SiBk SCL		N/A	48"	N/A	N/A	PS .25
		6-28	ARk C						
		28-48	SiBk CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	240'
System Type(s)	25%	50%
Site LTAR	.3	.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	None

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

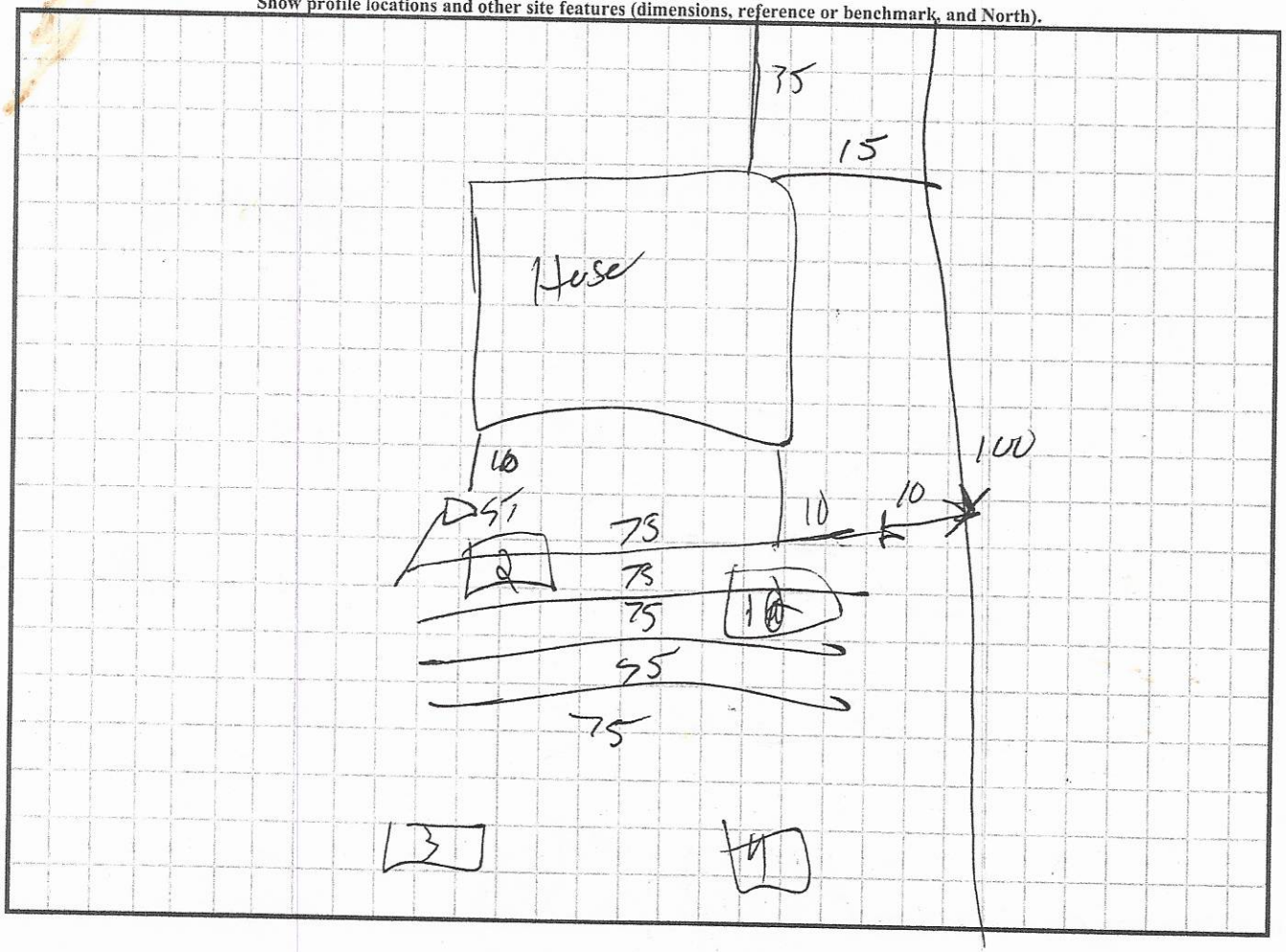
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED SEP 04 2020 AP-3106661 $550.00

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) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Robert Petit Address: 143 Lamplighter Ln Zip: 28115
Applicant Email: Rob @ Petit Hometeam.com Phone: 704 728 9625 Alt. Phone: 704 728 9824
Owner Name: Petit Home Team Address: 19721 Bethel Church RD Zip: 28031
Owner Email: Rob @ Petit Home Team.com Phone: 704 728 9625 Alt. Phone: 704 728 9824

Property Information:

Street Address: 237 Shepherds Bluff Dr. Mooresville 28115
Subdivision Name: Shepherds Bluff Section/Phase: 4 Lot Number: 50
Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____
(X) No Preference ( ) Alternative ( ) 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: _____ 9-3-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

310661

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*) _____

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

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

_____ 9-3-2020

Signature of Owner(s) 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

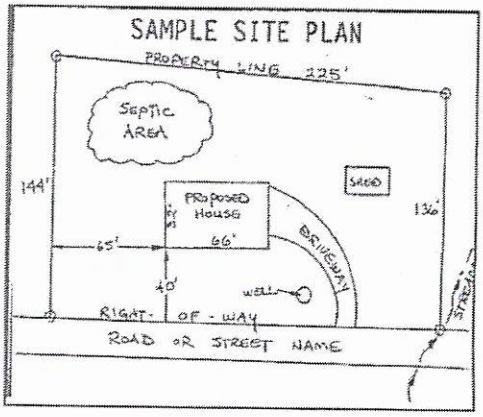
IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

3106061

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

Attached

Signature: _____

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

9-3-2020

DATE

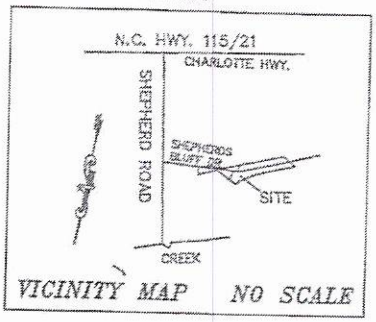
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossiake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

3106661

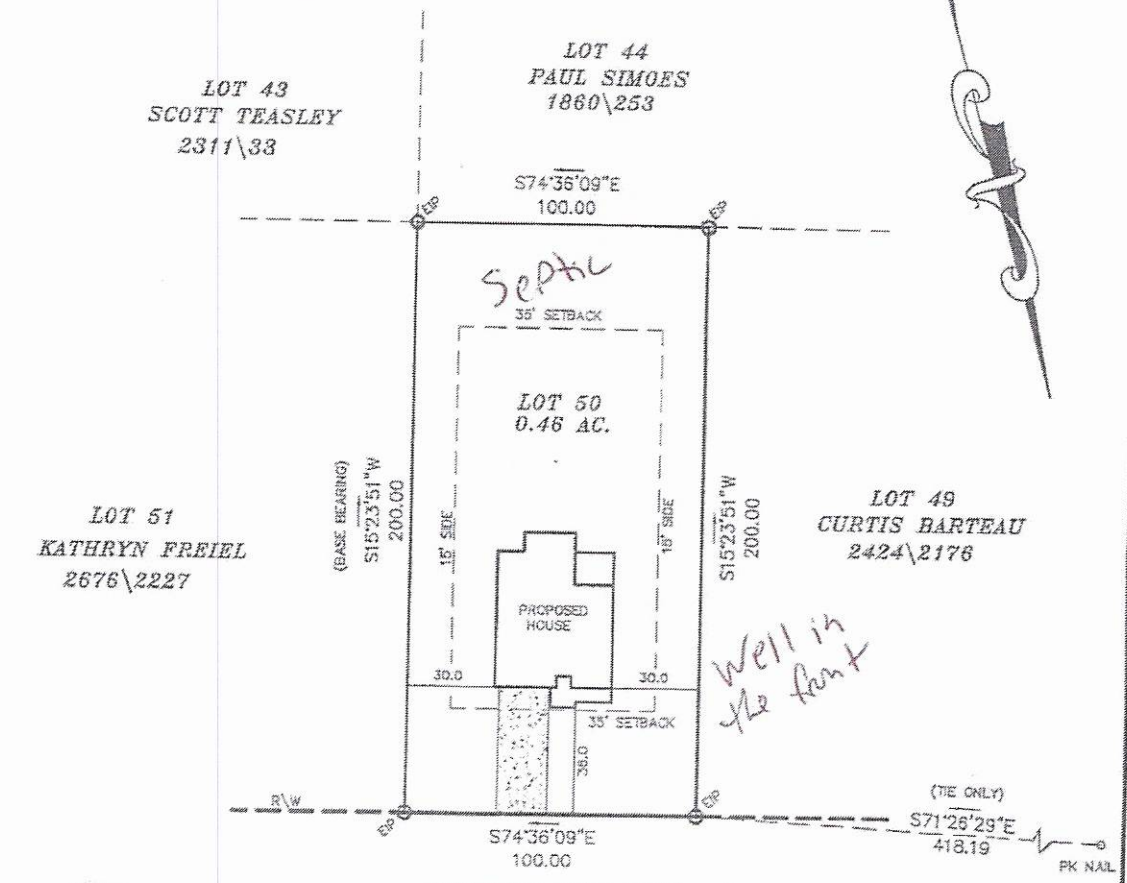
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2433, page 1142, and/or plat book 50, page 18, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 3, day of SEPT, A.D. 20 20.

WILLIAM M. ALLEN, P.L.S.

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE



LEGEND
- P.P. = POWER POLE
- = DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

BOUNDARY\PLOT PLAN SURVEY

OF

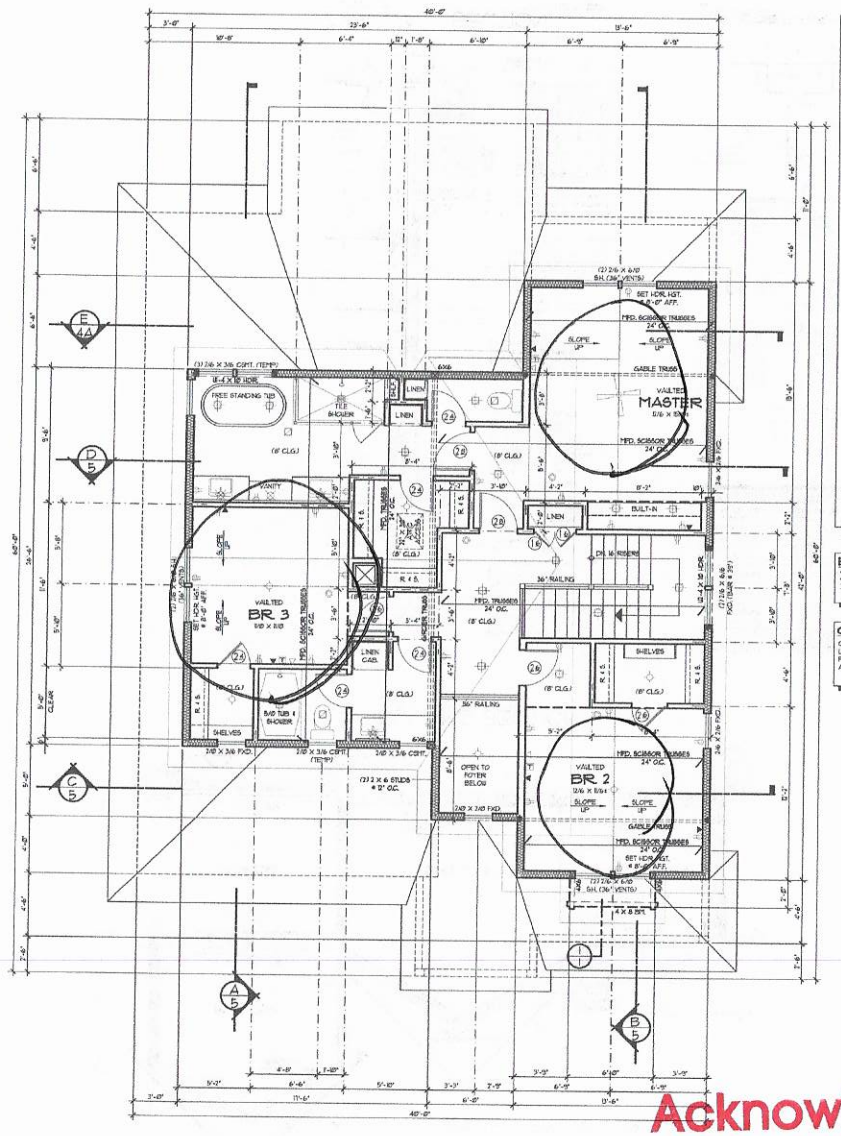
237 SHEPHERDS BLUFF DRIVE
LOT 50 SHEPHERDS BLUFF, PH. 4

SCALE 1" = 50'

BARRINGER TWSP., IREDELL CO., N.C.

ACQUIRED BY: PETIT HOME TEAM, LLC

FIELD BOOK:
FILE: SHEPHERDS BLUFF 50 PH4
DC FILE:
TAX MAP NO: 4859588901



LEGEND

- RECESSED LIGHT
- RECESSED DIRECTIONAL LIGHT FIXTURE
- WALL-MOUNT LIGHT
- SURFACE-MOUNT LIGHT
- FLOOD LIGHT
- SURFACE MOUNTED FLUORESCENT
- RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
- CEILING FAN
- DUPLEX OUTLET
- CEILING MOUNTED DUPLEX OUTLET
- 220V OUTLET
- FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
- TELEPHONE OUTLET
- DATA OUTLET
- TELEVISION OUTLET
- SPEAKER LOCATION
- SMOKE / CO DETECTOR (SEE "GENERAL NOTES" FOR OTHER SPECS.)
- BEARING POINT LOCATION (PROVIDE SOLID BEARING - MIN. OF MEMBER WIDTH UNO.)
- POINT LOAD FROM ABOVE
- 4 x 4 POST FROM ROOF HIP, VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (MAX. OF 45° FROM VERT.)
- BEARING WALL SUPPORTING STRUCTURE ABOVE
- 4 X 10 HDR. # BEARING WALL INT. DOOR # OPENINGS @ 1'0" (2) 2 X SUPPORT EA END (UNO.)
- CROPPED STRUCT. MEMBER BEARING # WALL

ENERGY ENVELOPE KEY

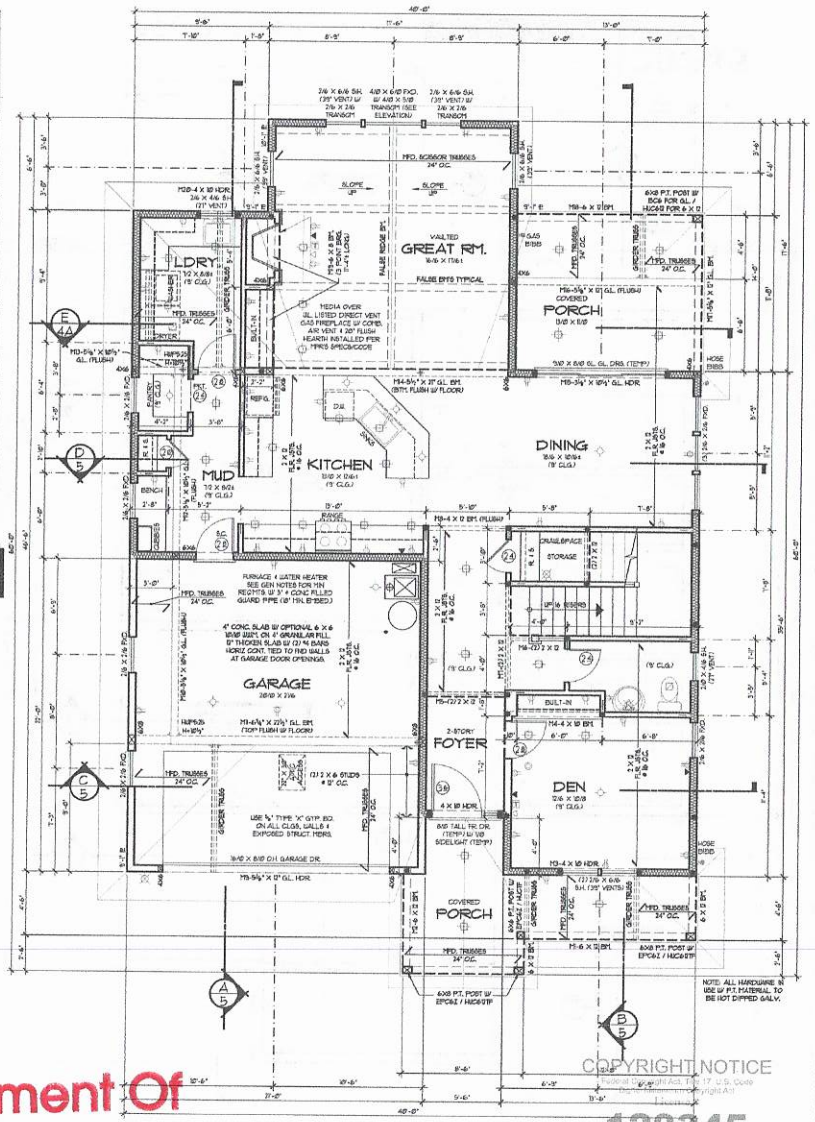
- WALL/FLR/CLG. INSUL.
- FOUNDATION INSUL.

(SEE SHEET 'G' FOR INSULATION VALUES)

C.O. DET LOCATION

CARBON MONOXIDE ALARMS SHALL BE LOCATED IN EA. BEDROOM OR WITHIN 5 FEET OUTSIDE OF EA. BEDROOM DOOR, AT EVERY FLOOR LEVEL W/ BEDROOMS.

(SEE SHEET 'G' FOR ADD'L. INFO)



UPPER FLOOR PLAN

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

IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

MAIN FLOOR PLAN

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

IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

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Digital Millennium Copyright Act
120345

Acknowledgement Of
Plans Submittal ONLY!

Date 11-12-2020

Date 11/12/2020

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Mascord COLLECTION

PROJECT MANAGER/AS
DRAWN 08/12/19 LAH

25# SNOW LOAD

UPPER FLOOR	1138 SQ. FT.
MAIN FLOOR	1346 SQ. FT.
TOTAL AREA	2484 SQ. FT.
GARAGE AREA	443 SQ. FT.

22222
3