IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # AP 305237

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

PIN # 4659650900

APPLICANT/OWNER: John Phillip Sells | APPLICANT ADDRESS: 125 Cedarcrest Dr. Mooresville, NC 28115

SITE ADDRESS: 196 Cedarcrest Mooresville, NC | PHONE: 704 452 5259 | ALT. PHONE 704 528 9437

SITE DIRECTIONS: US 21 N. TR Cedarcrest (by Freeze Crossing) to end next to 188

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A | SECTION: ___ LOT # ___ | LOT AREA: 5.5 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .275/.25 Req

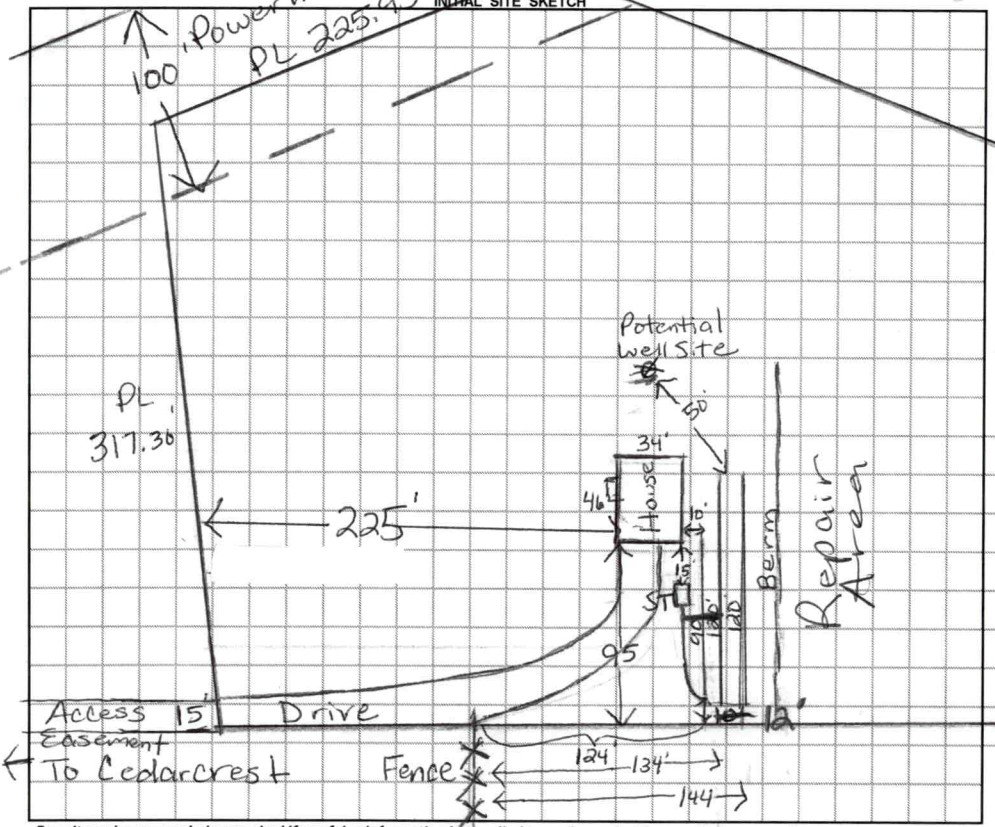
Septic Tank	1000	(gal)	STB 760	Date	10/8/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Shallow - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	330ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ★Keep Initial Drainfield Above berm.

Note: Feather down berm so it doesn't hold water over Septic area. Divert Storm/Surface water away from drainfield.

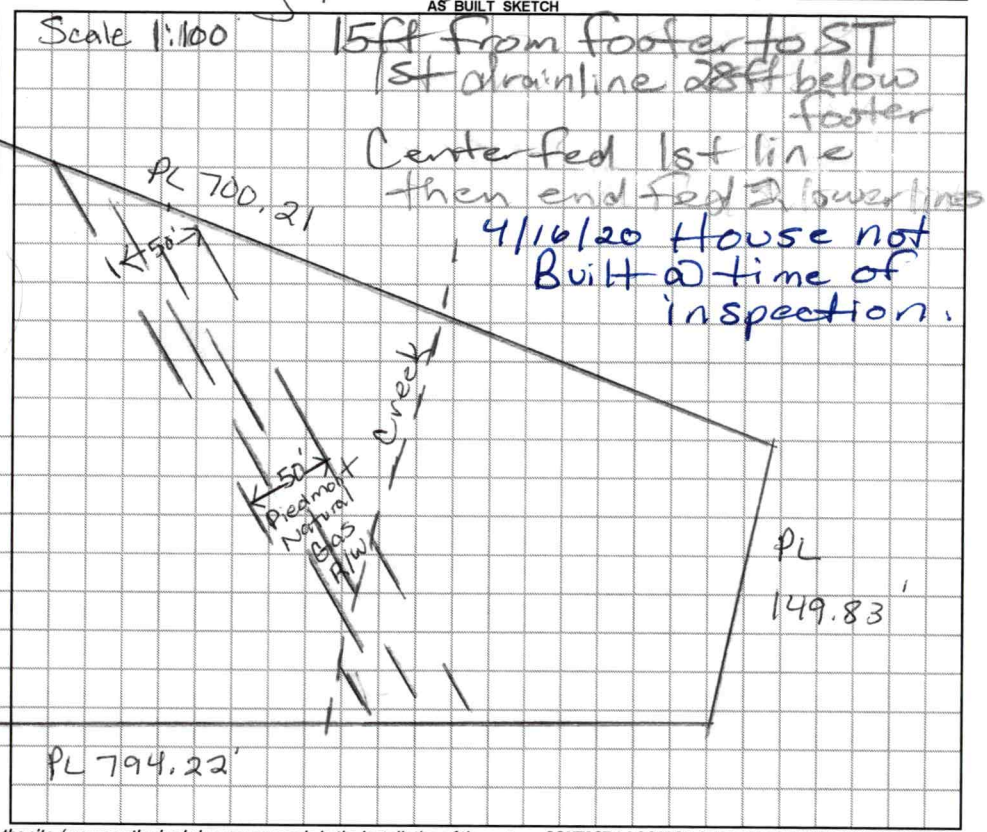
INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:100

15ft from footer to ST
1st drainline 28ft below footer
Center fed 1st line
then end fed 2 lower lines
4/16/20 House not Built at time of inspection.



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: John Sells | Date: 3/12/2020 | Installed by: Ground breakers

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/6/2020 | OPERATION PERMIT by: Maria Dotson | Date: 4/16/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 3/6/2020 | 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 inpsector to confirm your inspection time.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4659650
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Phillip Sells
ADDRESS: 125 CedarCrest Dr. Mooresville, NC
PROPOSED FACILITY: House
LOCATION OF SITE: 196 CedarCrest Dr. Mooresville, NC
APPLICATION DATE: 2/8/20
DATE EVALUATED: 2/28/20
PROPERTY SIZE: 5.5 Acres
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 360gpd
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	9% L	0-13	Brw SCL	w/SBK SS, SP, SExP, FR					PS .275
		13-41	RC	w SBK SS, SP, SExP, Fi-FR					
		41-52	R to Rd/Brw CL	w SBK SS, SP, SExP, Fi-FR					
			w/few SAP Inclus &	W. Rock					
		52"	SAP massive, FR	—		52"	PS	—	
2	8% Rep	0-11	Brw SCL	w/SBK SS, SP, SExP, FR					PS .25
		11-28	Rd/Brw C	w SBK SS, SP, SExP, FR					
		28-32	Rd/Brw C	w SBK SS, SP, SExP, FR					
			w/some W. Rock Inclus	—		58"	—	—	
		32-58	Rd/Brw CL	w/ABK SS, SP	SExP, Fi-FR	w/many W. Rock & SAP Inclus.			
3	10% Rep.	0-12	Brw SCL	w/SBK SS, SP, SExP, FR					PS .3
		12-21	Rd/Brw C	w SBK/ABK SS, SP, SExP, FR					
		21-45	Rd/Brw C	w SBK					
			w/few to many SAP Inclus						
		45-55	SL SAP	massive, FR	—	45"	PS	—	
4	10%	0-10	Brw SCL	w/SBK SS, SP, SExP, FR					PS .3
		10-25	Rd/Brw C	w SBK SS, SP, SExP, FR					
		25-52	Rd/Brw CL	w SBK SS, SP, SE					
			w/few to many SAP Inclus						
		52	SL SAP	massive, FR	—	52"	PS	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Shallow, 25% Red
Site LTAR	.275	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: John Phillip Sells

COMMENTS:

RECEIVED FEB 2 1 2020 RECEIVED FEB 2 1 2020

Need Authorization + scan AP- 305237 $500.00

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*

Pits Friday 2/28/20

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: (X) 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: John Phillip Sells Address: 125 Cedarcrest Dr. Mooresville Zip: 28115
Applicant Email: thesells@bellsouth.net Phone: 704-452-5259 Alt. Phone: 704-528-9437
Owner Name: John Phillip Sells Address: 125 Cedarcrest Dr. Mooresville Zip: 28115
Owner Email: thesells@bellsouth.net Phone: 704-452-5259 Alt. Phone: 704-528-9437

Property Information: 196
Street Address: N/A Cedarcrest Dr. Mooresville NC 4659-65-0900
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: From Mooresville take Hwy. 21N turn right onto Cedarcrest Dr. follow in behind church Second mail box on right. Gravel road

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:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) 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:
( ) 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: John Phillip Sells 2-8-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

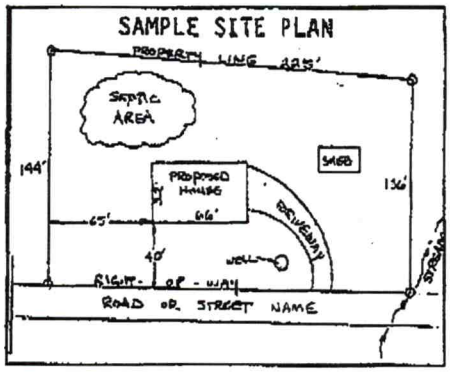
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

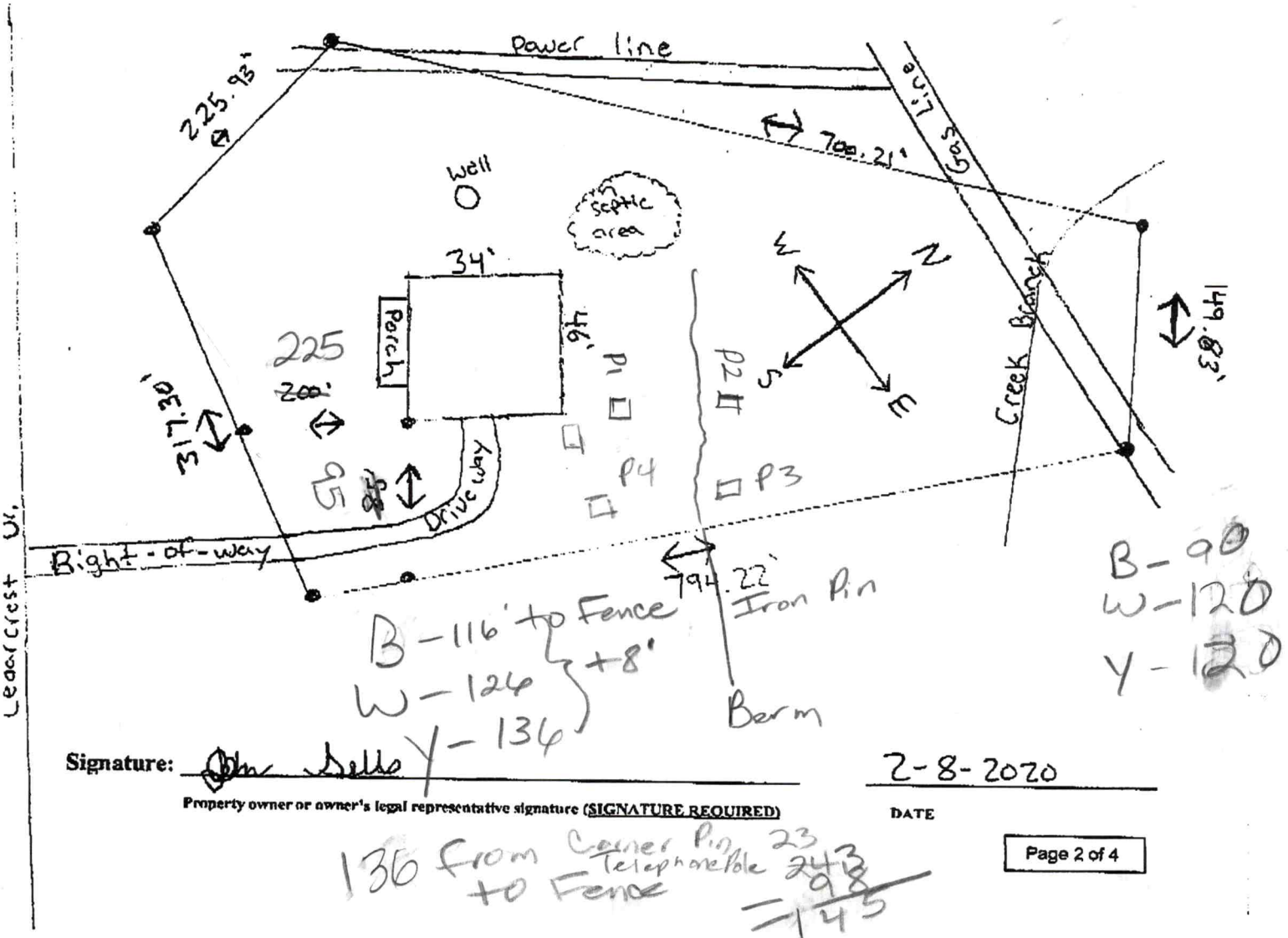


Circle N/A on the following if appropriate:

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



Signature: John Sells

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

2-8-2020

DATE

136 from Corner Pin 23
Telephone Pole 243
to Fence 98
=145

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, Linda Sells, am the legal owner(s) of the property located at 4659-65-0900, identified as PIN (Parcel Identification Number) 4659-65-0900, located in Iredell County, North Carolina.

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

John Phillip Sells, _____, 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.

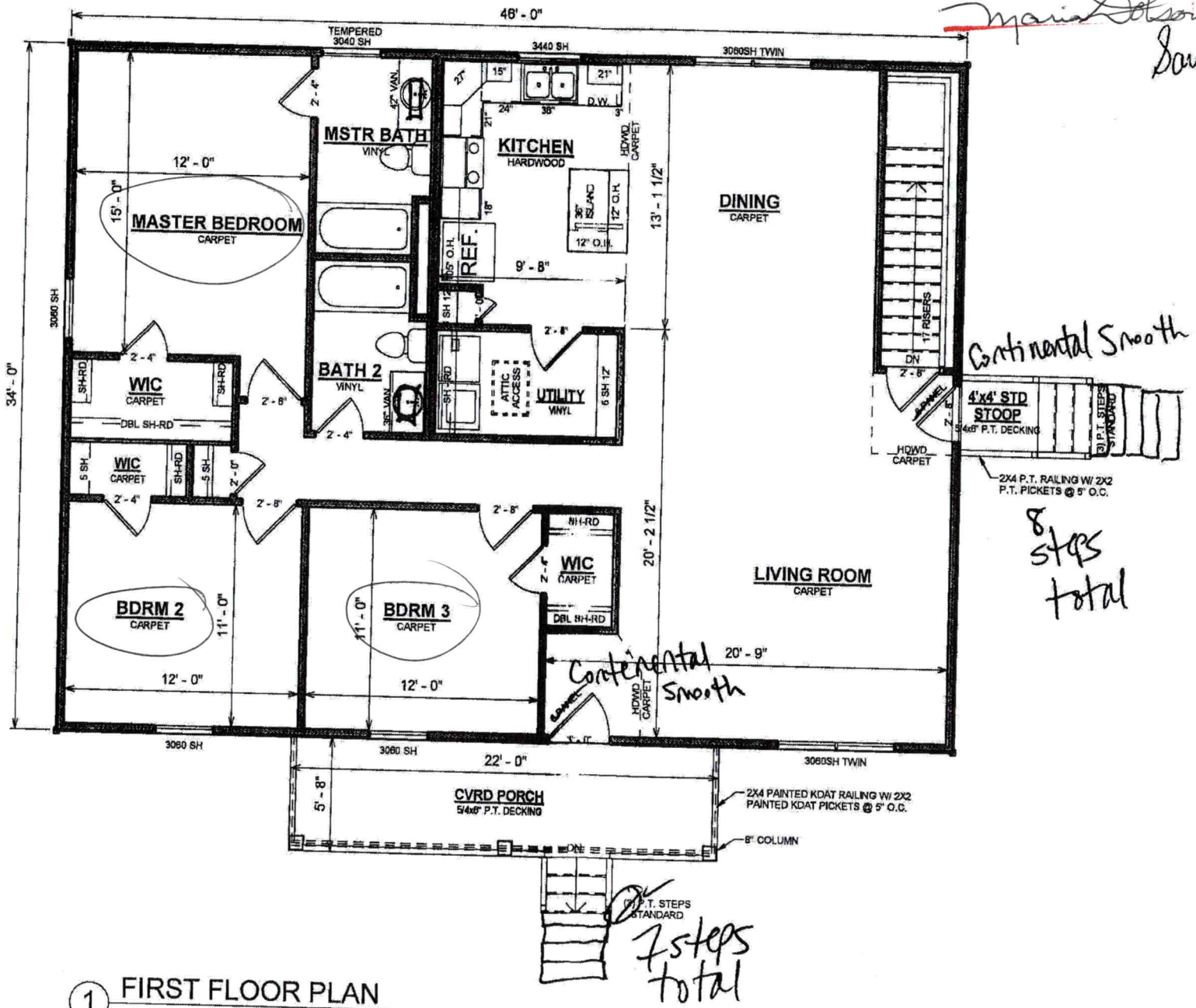
Linda Sells
Signature of Owner(s)

2-21-2020
Date

cknowledgeme
ans Subm

Marian Dobson 3/4/20

Savannah Stu



Continental Smooth

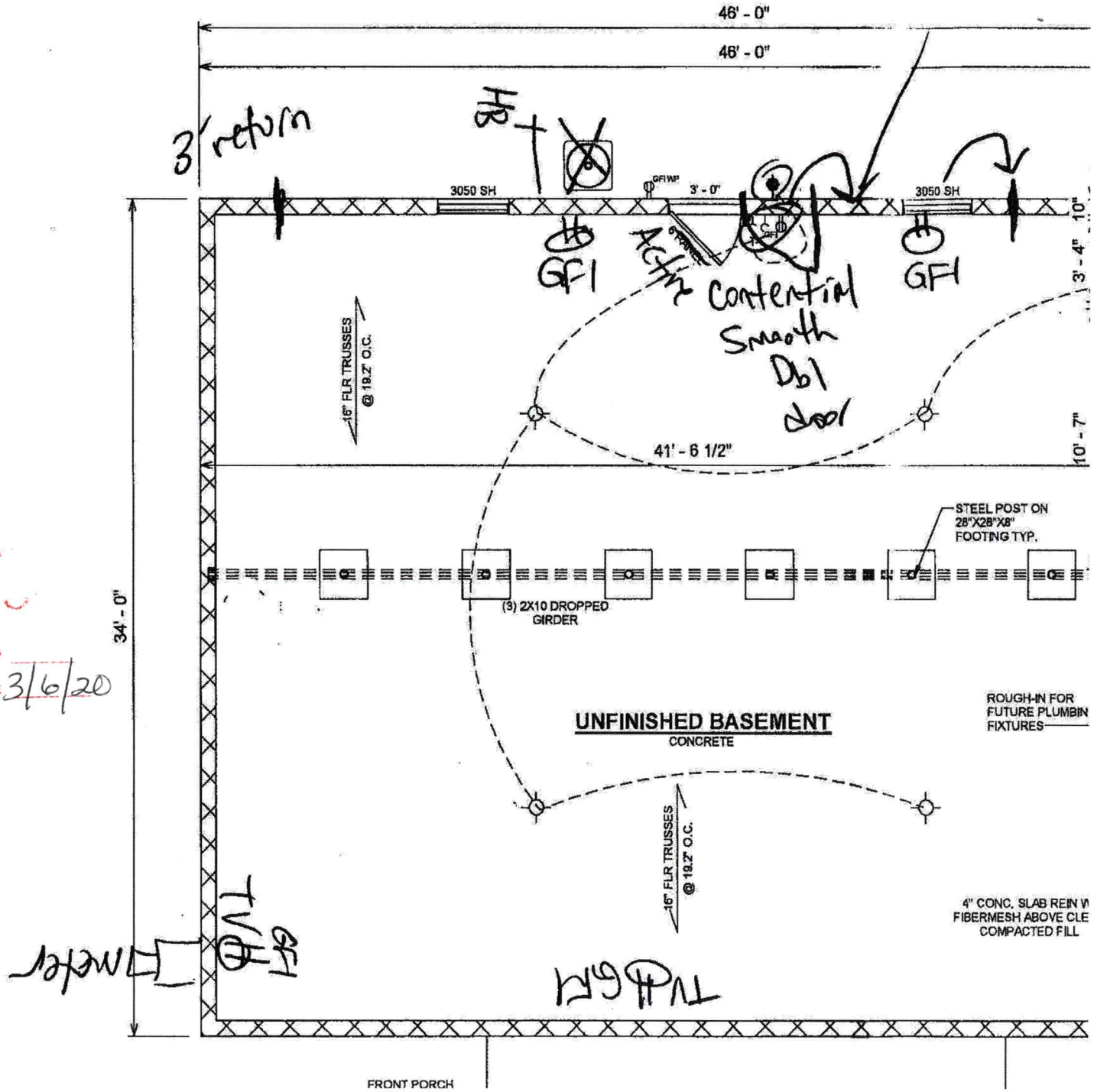
8 steps total

Continental Smooth

7 steps total

1 FIRST FLOOR PLAN
1/8" = 1'-0"

15 COURSE BLOCK BASEMENT
W/ 16" FLOOR TRUSSES



Acknowledgement
Plans Submittal

Date

Date 3/6/20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305237 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659650900.000	188 CEDARCREST DR	Iredell County

Owner Information	Applicant Information
Name: SELLS LINDA H	Name: JOHN PHILLIP SELLS
Address: 188 CEDARCREST DR	Address: 125 CEDARCREST DR
MOORESVILLE, NC 28115	MOORESVILLE , NC 28115
Phone:	Phone: (704)598-6090

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.32	35	35	15	15	N/A	NO

Remarks
SFD

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.

Date: 02/21/2020

Signature of Owner/Contractor

Permit Number	305237	TOTAL FEES:	$77.25