HS AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312144

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

PIN # 4659 76 9955

APPLICANT/OWNER: CLC Construction | APPLICANT ADDRESS: 4311 School House Cmns #213 Harrisburg, NC 28075

SITE ADDRESS: 134 Shepherds Bluff - Mooresville, NC 28115 | PHONE: 6108054448 | ALT. PHONE

SITE DIRECTIONS: Hwy 115/US21 N TR Shepherd Rd TL Shepherds Bluff on right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Shepherd's Bluff | SECTION: B3 | LOT # 4 | LOT AREA: .99 Ac. | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	6-28-2021	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	319	Date	7-1-2021	System Description:	Pump-PM-25% Reduction			[ ] Business	No. Persons 6	[X] Private
Pump Make	LITTLE GIANT	Model	9EC-CIM	Serial #		Repair System Description:	50% Reduction			[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth (Low side) MAX	36"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Note: Keep System out of large hole. Back fill with good Compacted Fill Material Hole located Uphill of B3

9-3-2021 TANKS, SUPPLY, ALARM, FLOATS, 48# of BOTH LOWER LINES CHECKED, BCW

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 2/22/21)

AS BUILT SKETCH

As Built Attached

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date:

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/6/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/10/21

Installed by: Maiden Grading

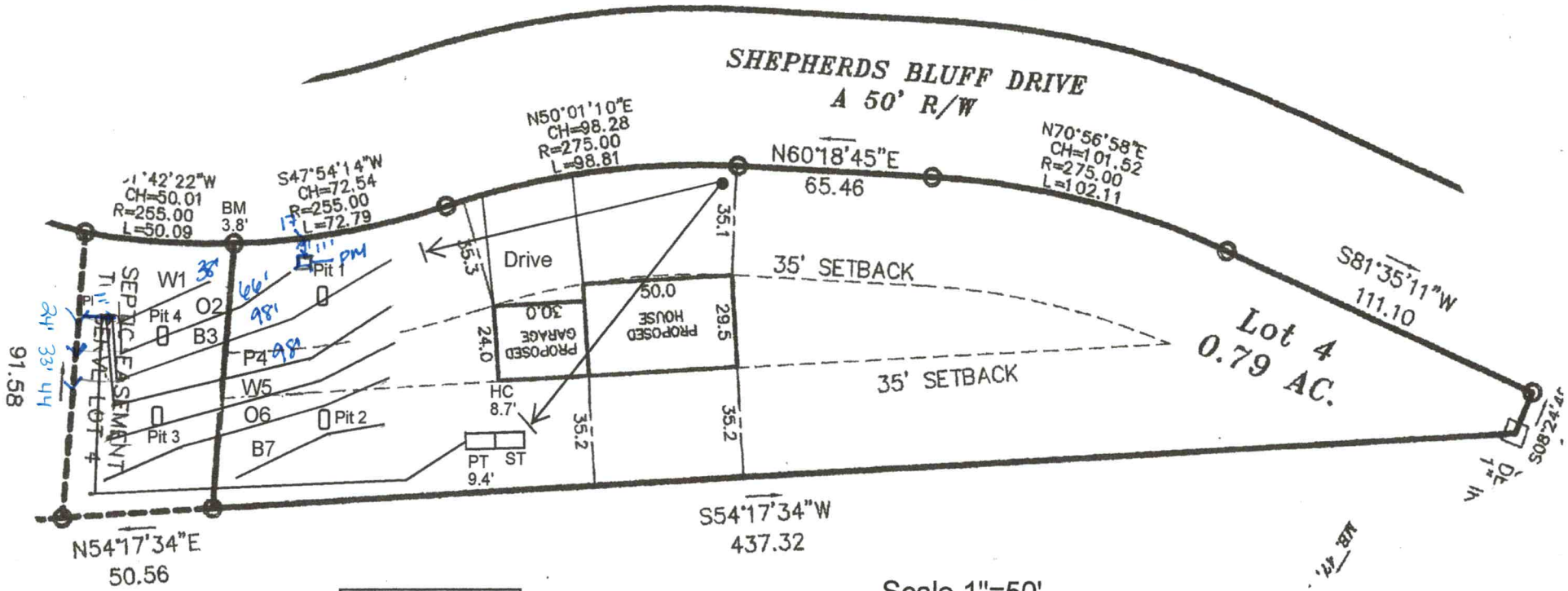
OPERATION PERMIT by: Cory Hill Date: 1/27/22

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION, CALL 704-878-5305 between 8am-3pm. Please have the inspection tag posted at the driveway. Be sure it is visible and accessible for inspection. Thank You.

	Date	Initials
Drain Lines Checked	9/7/21	DW
Tanks Checked	9/3/21	BCW
Pressure Manifold or Valve Box Checked	9/7/21	DW
Pressure Head Set	9/7/21	
Electrical Checked	1/26/22	CW
Floats Set	9/3/21	BCW
Alarm Checked	1/26/22	CW
Maintenance Contract Y / N		

As Built - 134 Shepherds Bluff

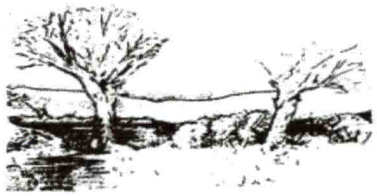


Scale 1"=50'

W1 - 37' - 3.6'
O2 - 63' - 4.1'
B3 - 100' - 4.9'
P4 - 100' - 5.5'
W5 - 100' - 6.0'
O6 - 100' - 6.9'
B7 - 55' - 7.8'

N

Approved
3/6/21



Approved
3/6/21

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
2/22/2021

Reference: Data Sheet for 134 Shepherds Bluff Dr, Shepherds Bluff Lot 4
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Privat well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 10.8'
Friction Head: 2.4'
Pressure Head: 2'
Total Dynamic Head: 15.2'
Supply Line Length: 185' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length	Elevation
White 1	**37'**	**37'**	**3.6'**
Orange 2	**63'**	**63'**	**4.1'**
Blue 3	**100'**	**100'**	**4.9'**
Pink 4	**100'**	**100'**	**5.5'**
White 5		100'	6.0'
Orange 6		100'	6.9'
Blue 7		55'	7.8'

Initial System: 300' **Repair System:** 255'
Pump Tank: 9.4' **House Corner:** 8.7' **Benchmark:** 3.8'

PROPERTY ID #: 4659769955_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ben Thomas_____ APPLICATION DATE_____
ADDRESS: 514 Williamson Rd, STE 421, Mooresville, NC 28117_____ DATE EVALUATED: __10/2020____
PROPOSED FACILITY: ___3 BDRM_____PROPOSED DESIGN FLOW (.1949): ____360 GPD__ PROPERTY SIZE: ___0.79 AC_____
LOCATION OF SITE: 134 Shepherds Bluff Dr, Shepherds Bluff Lot 4_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-8	FILL		N/A	52"	C-M SAP	N/A	PS 0.3+ ✓ only Eval to 4/p
		8-17	R C COMP						
		17-52	R CL WSBK	FR SS SP SXP					
2	LS 5%	0-6	FILL		N/A	57"	Com SAP @ 46"	N/A	PS 0.3+ ✓
		6-14	Br SCL WSBK	FR SS SP SXP					
		14-30	R C SBK	FR SS SP SXP					
		30-57	R CL WSBK	FR SS SP SXP					
3	LS 5%	0-6	FILL		N/A	50"	F-C SAP PS	N/A	PS 0.3+ ✓
		6-14	Br SCL WSBK	FR SS SP SXP					
		14-25	R C SBK	FR SS SP SXP					
		25-50	R CL WSBK	FR SS SP SXP					
		50-57	VER SL SAP M	FR SS SP SXP					
4	LS 5%	0-6	FILL		N/A	35"	F-C SAP PS	N/A	PS 0.3+ ✓
		6-9	Br CL WSBK	FR SS SP SXP					
		9-20	R C SBK	FR SS SP SXP					
		20-35	R CL WSBK	FR SS SP SXP					
		35-62	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT^2	765 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

RECEIVED FEB 2 3 2021

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

AP-312144

Iredell County Health Department – Environmental Health Division

$750.00

PAGE 1: *APPLICATION FORM*

ER. Limited

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (x) 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: CLC Construction **Address:** 4311 School House Cmns #213 Harrisburg **Zip:** 28075

Applicant Email: davidjglass@hotmail.com **Phone:** 610-805-4448 **Alt. Phone:** _____

Owner Name: Glass Door Investments **Address:** 4311 School House Cmns #213 Harrisburg **Zip:** 28075

Owner Email: davidjglass@hotmail.com **Phone:** 610-805-4448 **Alt. Phone:** _____

Property Information:

Street Address: 134 Sheperds Bluff Dr Mooresville NC

Subdivision Name: Shepherds Bluff **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(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: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 2/22/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, David Glass, am the legal owner(s) of the property located at 134 Shepherds Bluff Dr, identified as PIN (Parcel Identification Number) 4659769955, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

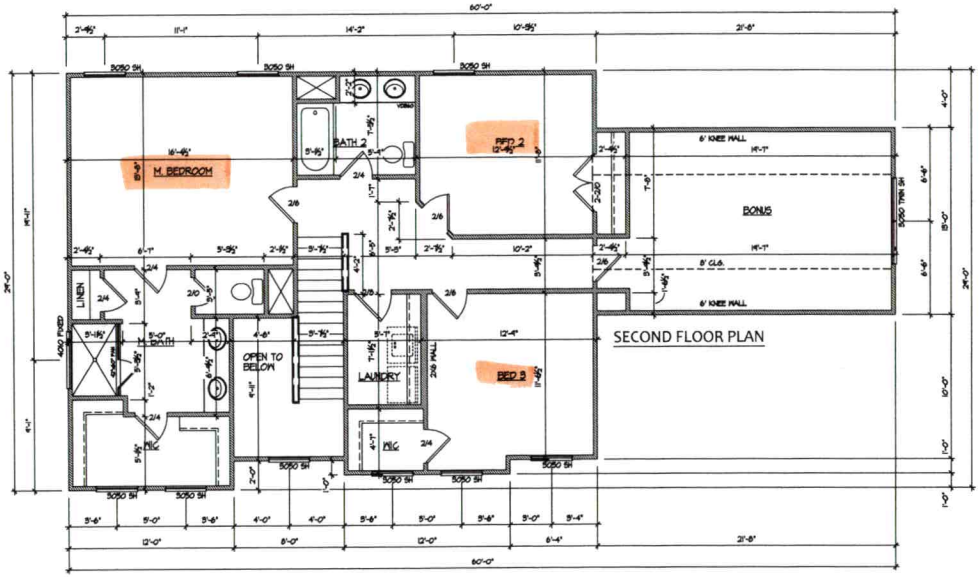
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 2/22/2021
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



Acknowledgement Of Plans Submittal ONLY!

Maria Delsa Date 3/10/21

DG Date 3/11/21

REV.	DATE

THESE PLANS ARE THE PROPERTY OF GLASS DOOR INVESTMENTS AND MAY NOT BE REPRODUCED, CHANGED OR COPIED IN ANY FORM OR MANNER WHATSOEVER WITHOUT THE EXPRESS WRITTEN CONSENT OF GLASS DOOR INVESTMENTS. ANY USE OF THESE PLANS WITHOUT SAID WRITTEN CONSENT IS STRICTLY PROHIBITED AND ANY PARTY USING THESE PLANS WITHOUT OBTAINING SAID WRITTEN CONSENT AGREES TO A THREE (3) TIMES THE STANDARD FEE.

GLASS DOOR INVESTMENTS

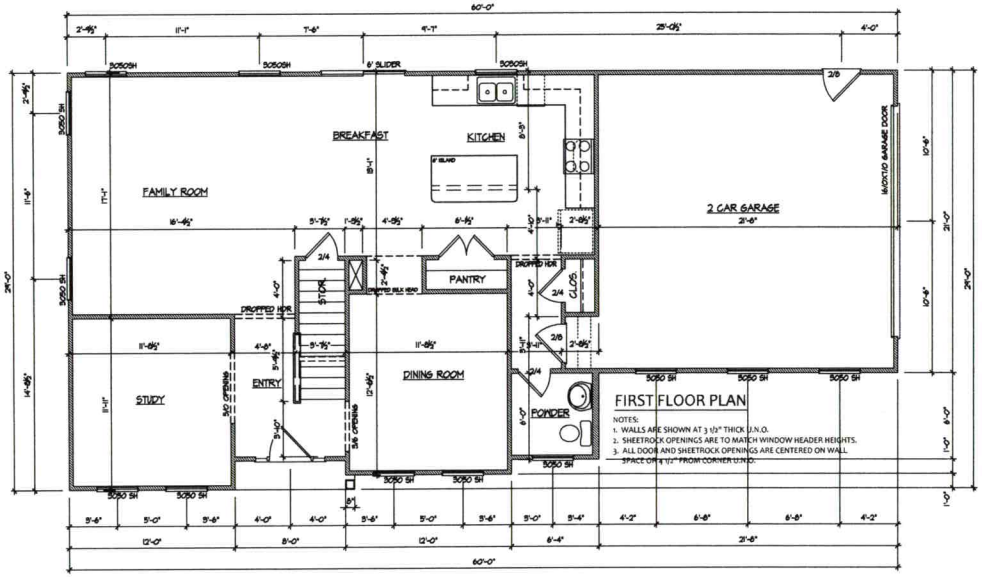
4311 SCHOOL HOUSE COMMONS #313
HARRISBURG, NC 28075

2 - 2205

SECOND FLOOR PLAN

DRAWN BY: DG
REF. #: DG
DATE: 02-01-21
SCALE: SEE SHEET
SHEET TYPE: SF
SHEET NUMBER: 5

60'



29'

New Plans

Acknowledgement Of
Plans Submittal ONLY!

Maria Dobson Date 3/10/21

Date 3/11/21

REV.	DATE

THESE PLANS ARE THE PROPERTY OF GLASS DOOR INVESTMENTS AND MAY NOT BE REPRODUCED, CHANGED OR MANIPULATED IN ANY FORM WITHOUT WRITTEN CONSENT OF GLASS DOOR INVESTMENTS. THEY ARE NOT TO BE ASSIGNED TO A THIRD PARTY, NOR FOR OBTAINING SAID WRITTEN CONSENT.

GLASS DOOR INVESTMENTS
4311 SCHOOL HOUSE COMMONS #213
HARRISBURG, NC 28075

2-2205

FIRST FLOOR PLAN

DRAWN BY: DG
REF. #: DG
DATE: 02-01-21
SCALE: SEE SHEET
SHEET TYPE: FF
SHEET NUMBER: 4

IREDELL COUNTY · NC

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

APPLICATION NUMBER

312144
Issue Date: 10/27/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659769955.000	~~128~~ SHEPHERDS BLUFF DR 134	Iredell County

Owner Information	Applicant Information
Name: THOMAS BEN S ETAL	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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: 10/27/2020

Signature of Owner/Contractor

Permit Number	312144	TOTAL FEES:	$77.25