IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234098

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

PIN # 4659841151

APPLICANT/OWNER: Howard Nudi APPLICANT ADDRESS: 124 Harvest Ln. Mooresville, NC

SITE ADDRESS: 122 Cottage Ct. Mooresville, NC 28115 PHONE: 704-564-6283 ALT. PHONE

SITE DIRECTIONS: NC 115 N → R on Shepherd Rd. → R on Cottage Ct. → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: The Glen SECTION: LOT # 9 LOT AREA: 1.42ac DESIGN FLOW: 480gpd L.T.A.R.: .35 (.3 repair)

Septic Tank 1000 (gal) STB 760 Date 11-3 | ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI | ☑ Residence No. Bedrooms 4 | Water Supply

Pump Tank (gal) PT Date | System Description: 25% reduction | ☐ Business No. Persons 8 | ☑ Private

Pump Make Model Serial # | Repair System Description: LP PDBPS | ☐ Other No. Employees | ☐ Public

Nitrification Fields 1 # Lines 6 Linear Ft 343' | Maintenance Agreement Required: ☐ YES ☑ NO | ☐ Slab ☑ Crawl Space | ☐ Community

Trench Width 36" Trench Bottom Depth(Low side) 27" / 31" high side Gravel Depth | ☑ GRAVITY ☐ PRESSURE | ☐ Basement w/ plumbing ☐ Basement w/o plumbing

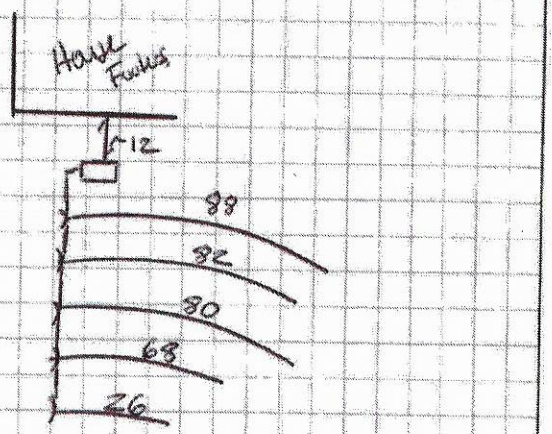
Comments / Conditions: System must maintain a minimum of 100' from any well.

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

* House not built *



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

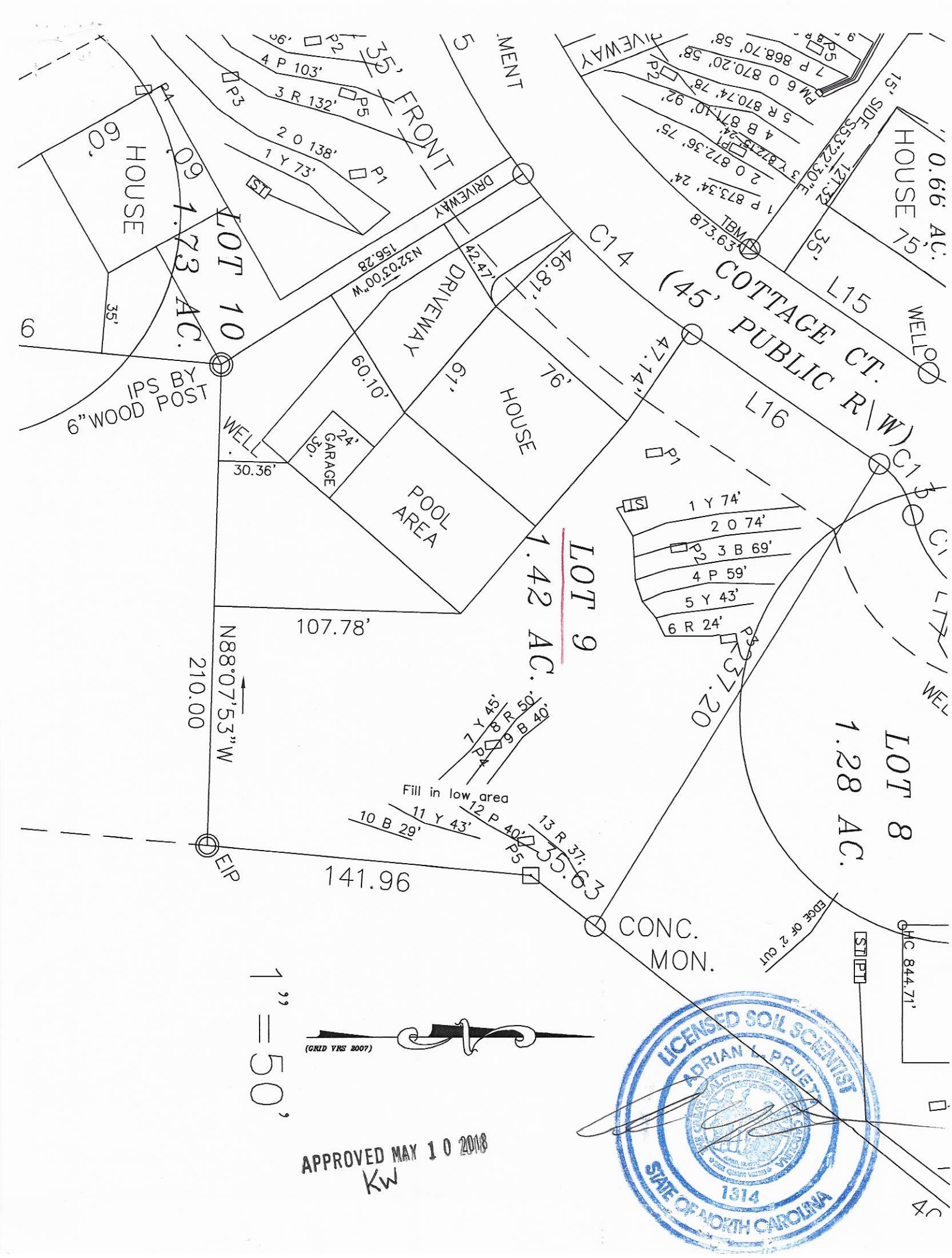
☐ IMPROVEMENT PERMIT with plat valid without expiration ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 5-11-18 Installed by: Stubbs Grading

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-10-18 OPERATION PERMIT by: Benjamin A Batchelor Date: 1/30/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 1-16-20 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.


HOUSE
60'
1.73 AC.
LOT 10
35' FRONT
4 P 103'
3 R 132'
2 O 138'
1 Y 73'
DRIVEWAY
N32°03'00"W
156.28
42.47'
46.87'
C14
(45' PUBLIC R\W)
COTTAGE CT.
TBM
873.63'
L15
L16
WELL
0.66 AC.
HOUSE 75'
SIDE
IPS BY
6"WOOD POST
35'
60.10'
67'
76'
HOUSE
24' GARAGE
POOL AREA
30.36'
47.14'
1 Y 74'
2 O 74'
3 B 69'
4 P 59'
5 Y 43'
6 R 24'
1.42 AC.
LOT 9
107.78'
N88°07'53"W
210.00
137.20
7 Y 45'
8 R 50'
9 B 40'
Fill in low area
10 B 29'
11 Y 43'
12 P 40'
13 R 37'
35.63
EIP
141.96
CONC. MON.
EDGE OF 2' CUT
1.28 AC.
LOT 8
HC 844.71'
1" = 50'
(GRID VRS 2007)
LICENSED SOIL SCIENTIST
ADRIAN L. PRUETT
1314
STATE OF NORTH CAROLINA
APPROVED MAY 10 2018
Kw

OWNER INFORMATION

Owner:	DJ Phoenix LLC
Address:	112 Old Post Rd Mooresville, NC 28117
Buyer:	Doug Johnson
Phone:	704-400-5066
County:	Iredell
Location:	LOT 9 OF THE GLEN SUBDIVISION
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	343
Total Lateral Length Required:	342.86
Trench Depth:	27 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1029
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	30 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	17
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	6.12
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

APPROVED APR X 2 2018
KW

LOT 9 OF THE GLEN SUBDIVISION
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

March 1, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*YELLOW*	*NA*	*NA*	*74*	*74*
2	*ORANGE*	*NA*	*NA*	*74*	*74*
3	*BLUE*	*NA*	*NA*	*69*	*69*
4	*PINK*	*NA*	*NA*	*59*	*59*
5	*YELLOW*	*NA*	*NA*	*43*	*43*
6	*RED*	*NA*	*NA*	*24*	*24*
7	YELLOW	NA	NA	45	45
8	RED	NA	NA	50	50
9	BLUE	NA	NA	40	40
10	BLUE	NA	NA	29	29
11	YELLOW	NA	NA	43	43
12	PINK	NA	NA	40	40
13	RED	NA	NA	37	37
			Total	**627**	**627**

System	LINE LENGTH *343*	SYSTEM TYPE *ACCEPT.*	SOIL LTAR GPD/FT^2 *0.350*	TRENCH SYSTEM *25% RED.*	DISTRIBUTION *GRAVITY*
Repair	284	*MOD*	0.300	PPBPS	LOW PRESSURE

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

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

APPROVED APR X 2 2018
KW

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

PROPERTY ID #: 4659841151
COUNTY: IREDELL

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

APPROVED APR X 2 2018
KW

OWNER: DJ PHEONIX LLC.
ADDRESS: 112 Old Post Mooresville NC 28117
APPLICATION DATE 3-15-18
DATE EVALUATED: 3-9-18
PROPERTY SIZE: 1.42 AC
PROPERTY RECORDED: _____
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 122 COTTAGE CT. MOORESVILLE, NC 28115
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	LSS 12%	0-12	FILL		FEW Y/BR @ 12-26"	28"	S	66"	U 0-26" .35 26-66"
		12-26	RC PLATY						
		26-40	RCL,W,SBK	FR,SS,SP,SEXP					
		40-66	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 2	LSS 8%	0-4	BR,SCL,W,SBK	FR,SS,SP,SEXP	NA	18"	S	58"	.35
		4-18	RCL,W,SBK	FR,SS,SP,SEXP					
		18-58	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 3	LSS 9%	0-11	RC,M,SBK	FR,SS,SP,SEXP	NA	23"	S	55"	.35
		11-23	RCL,W,SBK	FR,SS,SP,SEXP					
		23-55	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 4	LSS 6%	0-16	RC,M,SBK	FR,SS,SP,SEXP	NA	31"	S	59"	.35
		16-31	RCL,W,SBK	FR,SS,SP,SEXP					
		31-59	LSAP,MASSIVE	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	.35	.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED APR 2 2018
KW

PROPERTY ID #: 4659841151
DATE OF EVALUATION: 3-9-18
COUNTY: IREDELL

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 6	LSS 9%	0-44	RC,M/W,SBK	FR,SS,SP,SEXP	GREY MINERAL @ 0-44"	55"	MANY INC @ 44-55"	55"	.3
		44-55	RCL,W,SBK	FR,SS,SP,SEXP					

RECEIVED MAY 9 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $75.00 Ltd Relayout

Application For: ( ) 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 #234098

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: HOWARD NUDI/CS&SC Address: 124 Harvest Ln., Mooresville, NC Zip: 28117

Applicant Email: howard.nudi@yahoo.com Phone: 704-564-6283 Alt. Phone: _____

Owner Name: DJ PHOENIX, LLC Address: 112 OLD POST RD., MOORESVILLE, NC Zip: 28117

Owner Email: douglasajohnson1@gmail.com Phone: 704-400-5066 Alt. Phone: _____

****

Property Information:

Street Address: 122 COTTAGE CT., MOORESVILLE, NC 28115

Subdivision Name: THE GLEN Section/Phase: 1 Lot Number: 9

Driving Directions: HWY 115 N, TR ON SHEPHERD RD., NEW SUBDIVISION RD ON R PAST SHEPHERD VALLEY, SECOND LOT ON R

****

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: 4
Maximum Number of Occupants: 8
( ) 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: _____
( ) No Preference (X) 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: _____ 5-9-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

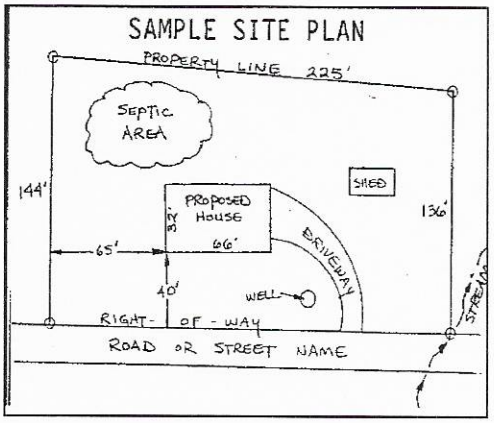
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 ATTACHED SITE PLAN

Signature: _____ 5-9-18

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

APPROVED APR X 2 2018
KW

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

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, Doug Johnson, am the legal owner(s) of the property located at 122 College Ct, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659841151, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruitt, Carolina Soil + Septic Consulting, 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) Date

Signature of Witness Date

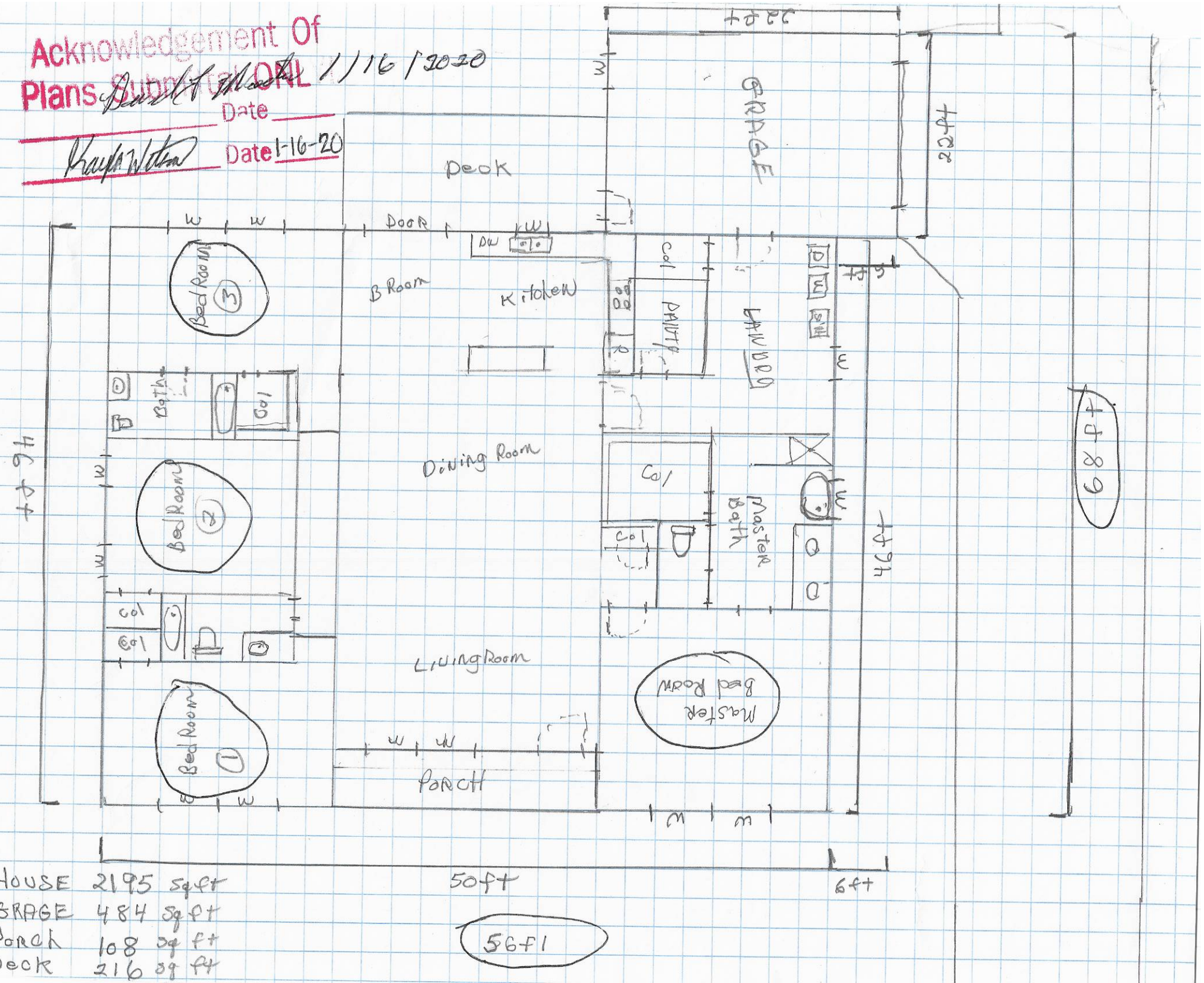
Please return this signed form to the appropriate office:

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 ORL 1/16/2020
Date

Date 1-16-20



HOUSE	2195 sqft
GRAGE	484 sqft
PORCH	108 sqft
Deck	216 sqft

IREDELL COUNTY

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

APPLICATION NUMBER
234098
Issue Date: 03/14/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4659841151.000	122 COTTAGE COURT	

Owner Information	Applicant Information	Contractor Information
Owner: DJ PHOENIX, LLC	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 112 OLD POST RD	Address: 162 WEST B ST	Address: 162 WEST B ST
MOORESVILLE, NC 28117	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone: 704-400-5066	Phone: 704-202-5791	Phone: 704-202-5791
		License Type License Number
		UNLI

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD LOT 9

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: 03/14/2018

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	131889	TOTAL FEES:	$ 350.00