IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234100

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

PIN # 4659844541

APPLICANT/OWNER: DJ Phoenix LLC APPLICANT ADDRESS: 112 Old Post Rd.

SITE ADDRESS: 134 Cottage Ct. Mooresville, NC 28115 PHONE: 704-400-5066 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 # 7 LOT AREA: 1.34 ac DESIGN FLOW: 480gpd L.T.A.R.: .36 (.35 repair)

Septic Tank	1000	(gal)	STB	SHOAF 760	Date	3/2	☑ 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:	LP PPBPS			
# Nitrification Fields	1		# Lines	8	Linear Ft	400' 412	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	29"/31" high	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: System must maintain a minimum of 100' from any well. Any footers for front porch must be 5' off system.

INITIAL SITE SKETCH

See attached site plan by CS+SC, PLLC

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.* ☑ **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: [signature] Date: 4-17-18 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 4-2-18 OPERATION PERMIT by: [signature] B. Wieberg Date: 4/29/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/20/2020 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.

As Built
(To Near Scale)
134 College Ct
410594-814-4514

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 4 bedroom single family residence on Lot 7 of The Glen Subdivision located 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

March 1, 2018
Job #: 17162
Design By: Ben Aldridge



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 7 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}): 0.300
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 400
Total Lateral Length Required: 400
Trench Depth: 29 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1200

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: 35
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 12.60
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by CS&SC

APPROVED APR X 2 2018
KW

RECEIVED MAR 2 6 2018

LOT 7 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*	*30*	*30*
2	*BLUE*	*NA*	*NA*	*35*	*35*
3	*ORANGE*	*NA*	*NA*	*76*	*76*
4	*RED*	*NA*	*NA*	*64*	*64*
5	*PINK*	*NA*	*NA*	*43*	*43*
6	*YELLOW*	*NA*	*NA*	*54*	*54*
7	*BLUE*	*NA*	*NA*	*55*	*55*
8	*ORANGE*	*NA*	*NA*	*43*	*43*
9	RED	NA	NA	42	42
10	PINK	NA	NA	60	60
11	YELLOW	NA	NA	51	51
12	RED	NA	NA	50	50
13	PINK	NA	NA	26	26
			Total	**629**	**629**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*400*	*ACCEPT.*	*0.300*	*25% RED.*	*GRAVITY*
Repair	229	*MOD.*	0.350	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

DOSING CALCULATIONS

Location THE GLEN SUBDIVISION

Lot No: 7

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	35 ft.
Supply Line Volume	12.6 gal.
Required Feet of 25% RED. Line	400 ft.
Amount of Line from Layout	400 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	261.2 gal.

KW
APPROVED APR X 2 2018

RECEIVED MAR 2 6 2018

APPROVED APR X 2 2018

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

APPROVED APR X 2 2018
KW

PROPERTY ID #: 4659-84-0168
COUNTY: Iredell

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

OWNER: DJ Pheonix LLC. APPLICATION DATE 3-14-18
ADDRESS: DATE EVALUATED: 3-9-18
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 1.34 AC
LOCATION OF SITE: 134 Cottage Ct. Mooresville, NC 28115 PROPERTY RECORDED:
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)		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	
PIT 1	LSS 3%	0-15	SCL,W,SBK	FR,SS,SP,SEXP	CH2 @ 31"	41"	UN	31"	.25 TO 31"
		15-41	SC,W,SBK	FR,SS,SP,SEXP					
		41-53	LSAP/CLAY						
PIT 2	LSS 7%	0-17	RC,M,SBK	FR,SS,SP,SEXP	NA	29"	S	57"	.35
		17-29	CL,W,SBK	FR,SS,SP,SEXP					
		29-57	LSAP,MASS	FR,SS,SP,SEXP					
PIT 3	LSS 6%	0-24	RC,M,SBK	FR,SS,SP,SEXP	NA	40"	S	56"	.35
		24-40	RCL,W,SBK	FR,SS,SP,SEXP					
		40-56	LSAP,MASS	FR,SS,SP,SEXP					
PIT 4	LSS 7%	0-6	BRCL,W,SBK	FR,SS,SP,SEXP	NA	16"	S	60"	.4
		6-16	CL,W,SBK	FR,SS,SP,SEXP					
		16-60	LSAP,MASS	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

PROPERTY ID #: 4659-84-0168
DATE OF EVALUATION: 3-9-18
COUNTY: IREDELL

APPROVED APR X 2 2018
KW

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
5	LSS 8%	0-19	CL,W,SBK	FR,SS,SP,SEXP	NA	19"	S	63"	.4
		19-63	LSAP,MASS	FR,SS,SP,SEXP					

RECEIVED NOV 1 1 2020

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

AP-234100

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: DAVID T MARTIN Address: BOX 6105 Zip: 28687

Applicant Email: _____ Phone: 704 201-9690 Alt. Phone: _____

Owner Name: _____ Address: STATESVILLE NC Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 134 Cottage Ct.

Subdivision Name: THE GLEN Section/Phase: _____ Lot Number: 7

Driving Directions: _____

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: _____
Maximum Number of Occupants: _____
( ) 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: 2195 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: 4

Water Supply: ( ) Replacement Well – Reason: well
( ) 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 (X) 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: David T Martin 11/12/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 16 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

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 # 234100

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: DJ PHOENIX, LLC/CS&SC **Address:** 112 OLD POST RD., MOORESVILLE, NC **Zip:** 28117

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

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 134 ~~STONE~~ COTTAGE CT., MOORESVILLE

Subdivision Name: THE GLEN **Section/Phase:** 1 **Lot Number:** 7

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

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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 (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: _____ 3-15-18

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

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*) David I Morton

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 I Morton, 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.

David I Morton
Signature of Owner(s)

4/12/2020
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 DEPARTMENT OF ENVIRONMENTAL HEALTH

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 134 COTTAGE CT. MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659-84-0168, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRATT, 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:

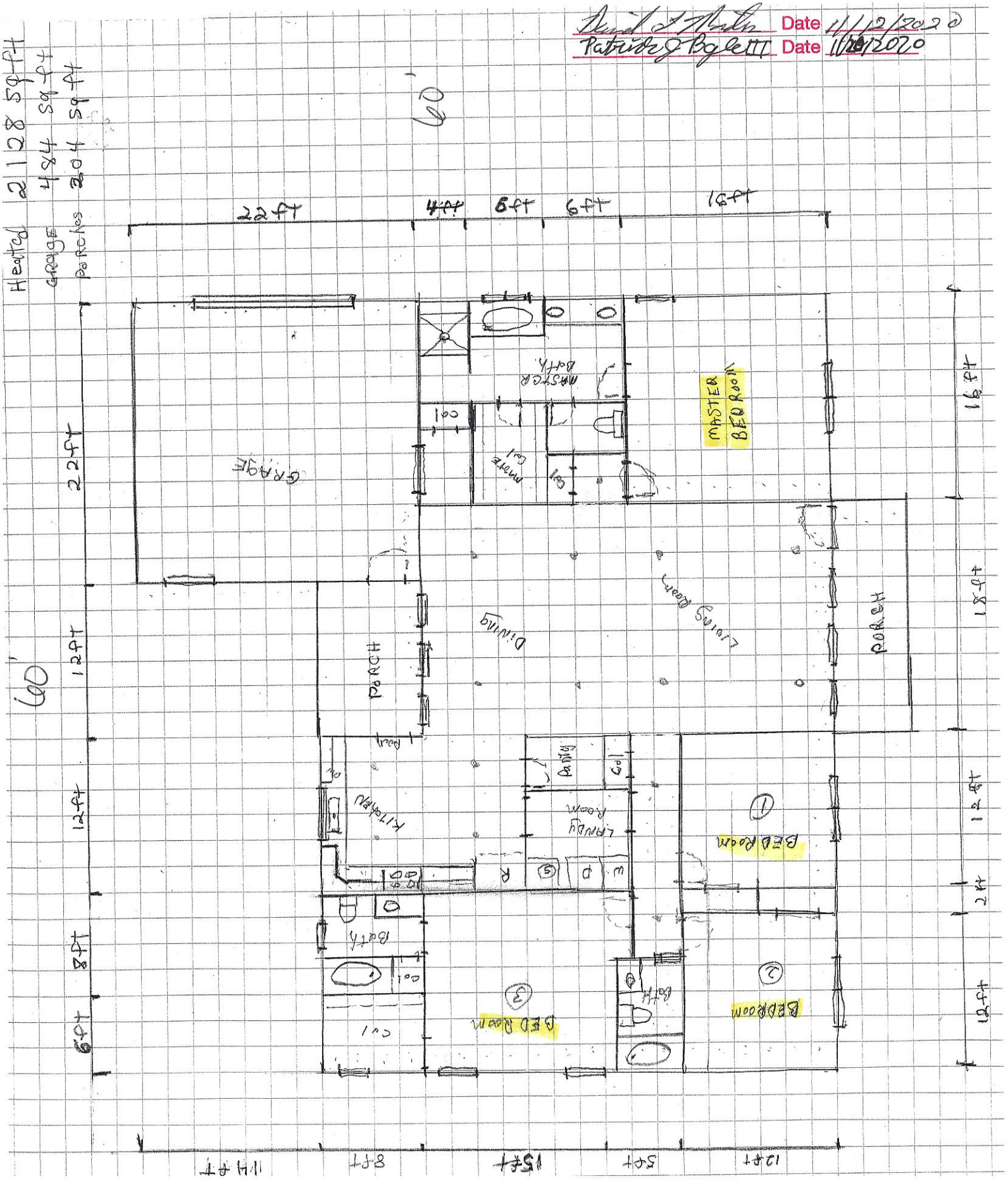
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 11/12/2020

Date 11/20/2020



IREDELL COUNTY

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

APPLICATION NUMBER
234100
Issue Date: 03/14/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4659840168.000	134 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: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD LOT 7

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.

Date: 03/14/2018

Signature of Owner/Contractor

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	131895	TOTAL FEES:	$ 350.00