ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (RB) | PERMIT # AP 324503

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

PIN # 4659 -- 85 -- 7751 ✓

APPLICANT/OWNER: Emily Cline | APPLICANT ADDRESS: 164 Stowe Away Ln, Mooresville

SITE ADDRESS: 130 Stowe Away Ln, Mooresville 28115 ✓ | PHONE: 864-557-8252 | ALT. PHONE –

SITE DIRECTIONS: 115 - Shepherds - Stowe Away | SAP CONTROLLED: ☐ YES ☒ NO

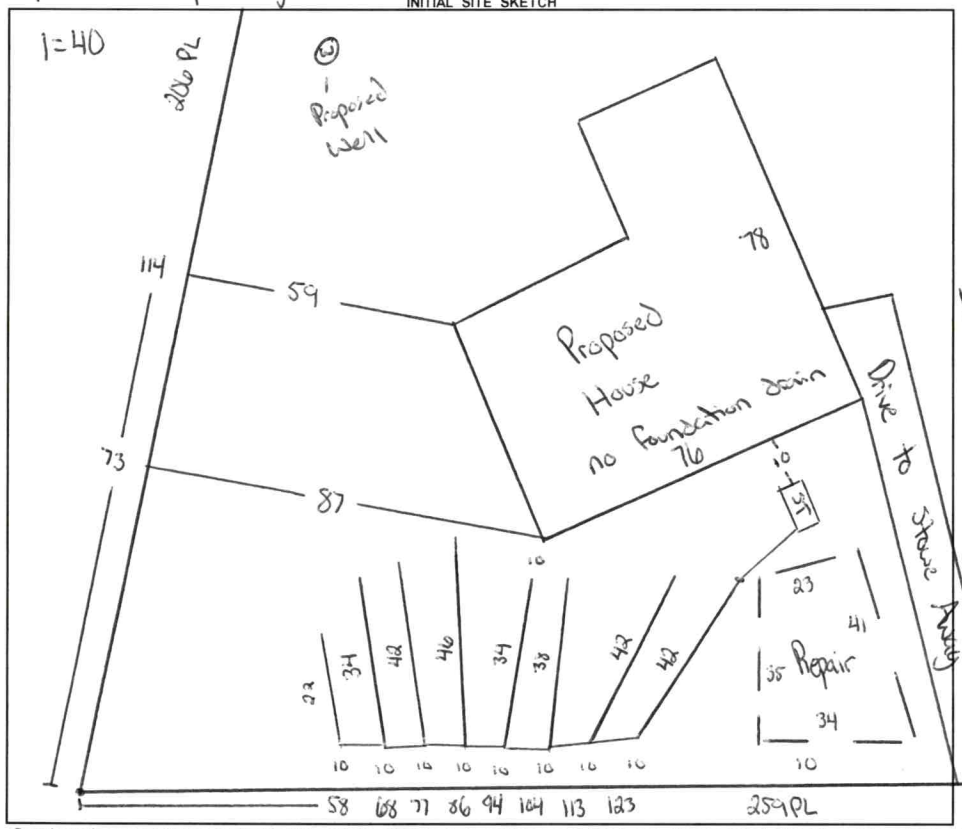
SUBDIVISION: Jerry L + Sara S Cline ✓ | SECTION: – | LOT # 3 ✓ | LOT AREA: 2.74 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	12-24-22	☒ 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:	LPP BPS			
# Nitrification Fields	1	# Lines	8	Linear Ft	300 ft	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~	32" max	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE		

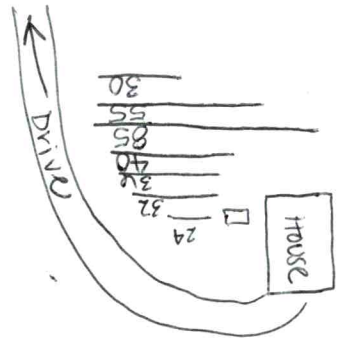
☒ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Do not exceed 32" max or will become SAP system. Install drainlines on contour of the land. Do not grade, drive, or park on septic system. Utilize 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.

Central Permitting

Please UPDATE Review Checklist once:

✓ Voluntary Relinquish Signed

✓ Permit Signed & Dated

— Floor Plans Signed & Dated

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: Emily Cline | Date: 4/4/22 | Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Cory Hill | Date: 3/31/22 | OPERATION PERMIT by: Sydney Holland | Date: 3/6/23

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 3/31/22 | 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 #: 4654857751
COUNTY: Iredell

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

OWNER: Emily Cline
APPLICATION DATE 1/12/22
ADDRESS: ~~350~~ 164 Stowe Away Ln
DATE EVALUATED: 1/31/22
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 2.74 acres
LOCATION OF SITE: 130 Stowe Away Ln, Mooresville 28115
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

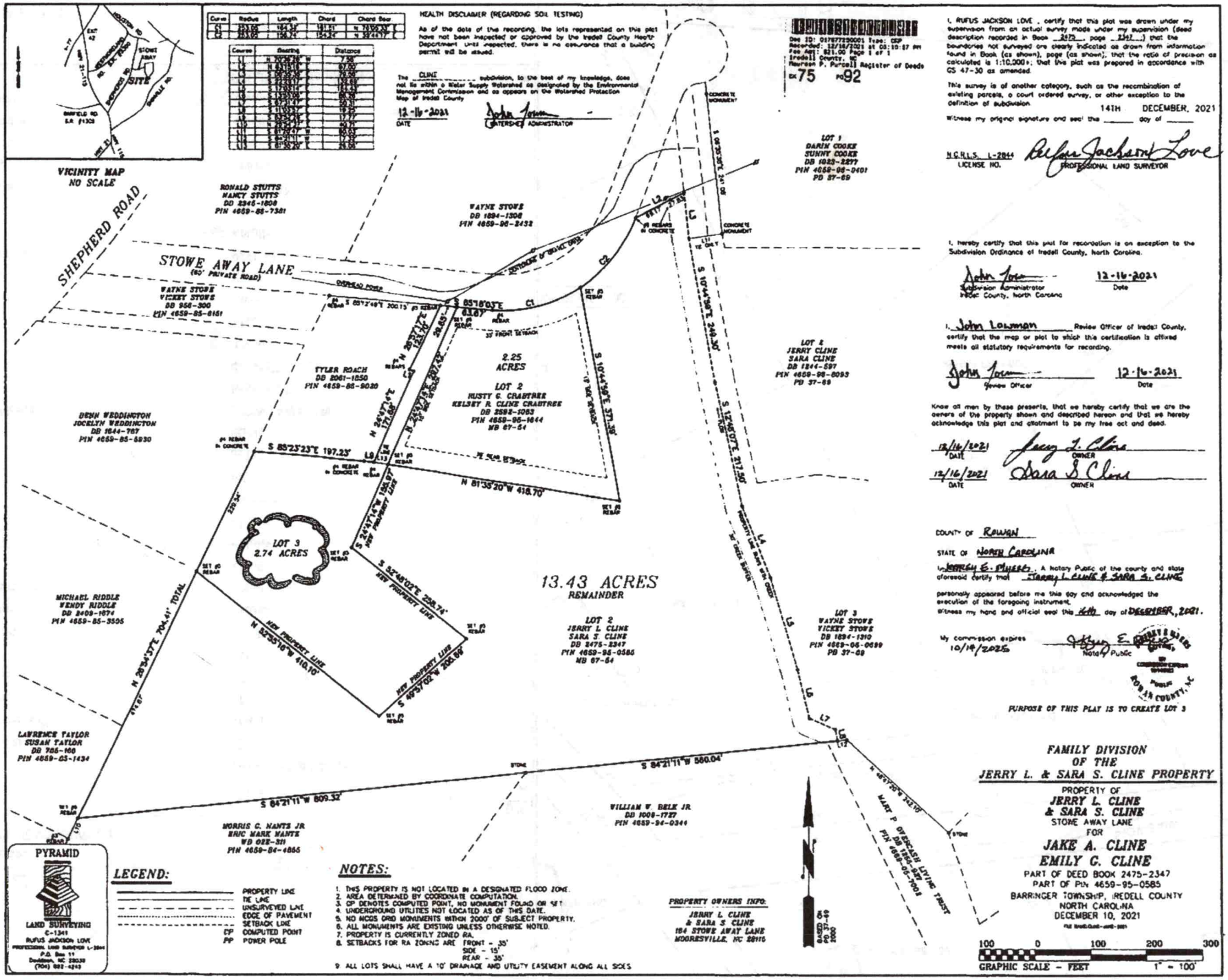
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 8%	0 - 19	C SBK	SS SP FR SE	–	44	SAP inc in CL layer		.3 PS
		19 - 44	CL SBK	SS SP FR SE					
		44 - 50	SAP LS	FR					
2	Linear 9%	0 - 17	C SBK	SS SP FR SE	–	48	SAP inc in CL layer		.35 PS
		17 - 48	CL WSBK	SS SP FR SE					
		48 - 55	SAP LS	FR					
3	Linear 9%	0 - 12	SCL SBK	SS SP FR SE	–	48	SAP inc in CL layer		.3 PS
		12 - 30	C SBK	SS SP FR SE					
		30 - 48	CL SBK	SS SP FR SE					
4	Linear 7%	0 - 13	C SBK	SS SP FR SE	–	33	SAP inc in CL layer		.3 PS
		13 - 33	CL SBK	SS SP FR SE					
		33 - 52	SAP LS						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~25~~, 50%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wrickler
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

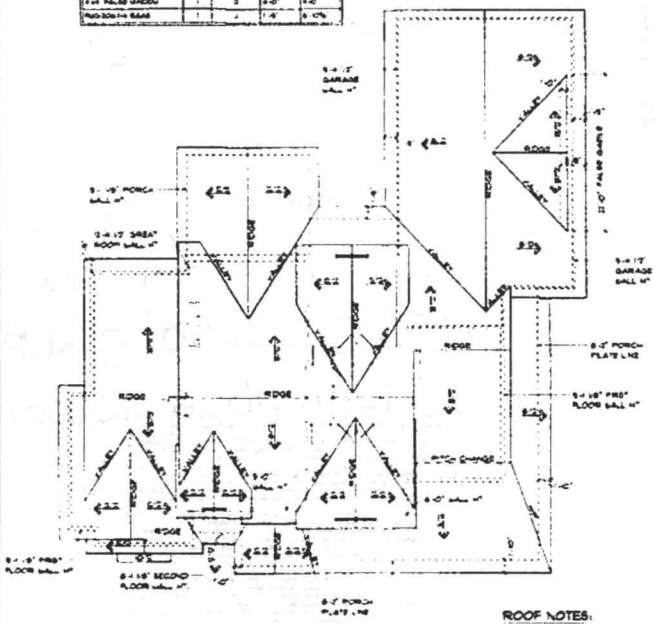

VICINITY MAP
NO SCALE
SITE
SHEPHERD ROAD
STOWE AWAY LANE
(50' PRIVATE ROAD)
HEALTH DISCLAIMER (REGARDING SOIL TESTING)
As of the date of the recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Unless inspected, there is no assurance that a building permit will be issued.
The CLINE subdivision, to the best of my knowledge, does not lie within a Water Supply Watershed as designated by the Environmental Management Commission and as appears on the Watershed Protection Map of Iredell County.
12-16-2021
DATE
WATERSHED ADMINISTRATOR
Doc ID: 015787720001 Type: CRP
Recorded: 12/16/2021 at 03:19:57 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Maureen P. Purcell Register of Deeds
BK 75 PG 92
I, RUFUS JACKSON LOVE, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2475, page 2347) that the boundaries not surveyed are clearly indicated as drawn from information found in Book (as shown), page (as shown); that the ratio of precision as calculated is 1:10,000+; that the plat was prepared in accordance with GS 47-30 as amended.
This survey is of another category, such as the recombination of existing parcels, a court ordered survey, or other exception to the definition of subdivision.
Witness my original signature and seal this 14TH day of DECEMBER, 2021
NCRLS, L-2844
LICENSE NO.
PROFESSIONAL LAND SURVEYOR
I, hereby certify that this plat for recordation is an exception to the Subdivision Ordinance of Iredell County, North Carolina.
Subdivision Administrator
Iredell County, North Carolina
12-16-2021
Date
I, John Lowman Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
Review Officer
12-16-2021
Date
Know all men by these presents, that we hereby certify that we are the owners of the property shown and described hereon and that we hereby acknowledge this plat and allotment to be my free act and deed.
12/16/2021
DATE
OWNER
12/16/2021
DATE
OWNER
COUNTY OF ROWAN
STATE OF NORTH CAROLINA
I, JEREMY E. MYERS, A Notary Public of the county and state aforesaid certify that JERRY L. CLINE & SARA S. CLINE
personally appeared before me this day and acknowledged the execution of the foregoing instrument.
Witness my hand and official seal this 16th day of DECEMBER, 2021.
My commission expires 10/19/2025
Notary Public
PURPOSE OF THIS PLAT IS TO CREATE LOT 3
FAMILY DIVISION
OF THE
JERRY L. & SARA S. CLINE PROPERTY
PROPERTY OF
JERRY L. CLINE
& SARA S. CLINE
STOWE AWAY LANE
FOR
JAKE A. CLINE
EMILY C. CLINE
PART OF DEED BOOK 2475-2347
PART OF Pin 4659-95-0585
BARRINGER TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
DECEMBER 10, 2021
LOT 1
DARIN COOKE
SUNNY COOKE
DB 4823-2277
PIN 4658-86-9401
PB 37-69
LOT 2
JERRY CLINE
SARA CLINE
DB 1244-597
PIN 4659-96-8093
PB 37-69
LOT 3
WAYNE STOWE
VICKEY STOWE
DB 1894-1310
PIN 4659-96-0699
PB 37-69
RONALD STUTTS
NANCY STUTTS
DB 2345-1808
PIN 4659-86-7381
WAYNE STOWE
DB 1894-1308
PIN 4659-96-3432
WAYNE STOWE
VICKEY STOWE
DB 958-306
PIN 4659-85-8151
TYLER ROACH
DB 2061-1850
PIN 4659-86-9020
BENN WEDDINGTON
JOCELYN WEDDINGTON
DB 1644-787
PIN 4659-85-5830
MICHAEL RIDDLE
WENDY RIDDLE
DB 3409-1874
PIN 4659-85-3595
LAWRENCE TAYLOR
SUSAN TAYLOR
DB 705-166
PIN 4659-85-1434
MORRIS C. HANTS JR
ERIC MARK HANTS
WD 822-311
PIN 4659-84-4866
WILLIAM W. BELK JR.
DB 1008-1727
PIN 4659-84-0344
MARY P. OVERCASH LIVING TRUST
DB 1562-[illegible]
PIN 4658-86-7008
2.25 ACRES
LOT 2
RUSTY C. CRABTREE
KELSEY R. CLINE CRABTREE
DB 2598-1083
PIN 4659-95-9644
MB 67-64
LOT 3
2.74 ACRES
13.43 ACRES
REMAINDER
LOT 2
JERRY L. CLINE
SARA S. CLINE
DB 2475-2347
PIN 4659-95-0585
MB 67-64
PROPERTY OWNERS INFO:
JERRY L. CLINE
& SARA S. CLINE
184 STOWE AWAY LANE
MOORESVILLE, NC 28115
S 85°16'03"E 83.07'
S 85°23'23"E 197.25'
N 81°35'20"W 418.70'
S 10°44'58"E 372.35'
S 12°46'07"E 317.50'
S 84°21'11"W 880.04'
S 84°21'11"W 809.32'
N 29°34'37"E 704.41' TOTAL
S 32°48'02"E 228.74'
N 57°35'16"W 410.10'
S 49°37'02"W 200.66'
N 24°47'16"W 186.67'
N 24°47'16"W 207.42'
N 29°34'37"E 211.16'
S 24°47'16"E 207.42'
S 24°47'16"E 186.67'
S 49°37'02"W 203.70'
NEW PROPERTY LINE
NEW PROPERTY LINE
NEW PROPERTY LINE
PROPERTY LINE RUN ON GRID
TIE LINE
SET 1/2 REBAR
SET 5/8 REBAR
CONCRETE MONUMENT
CONCRETE MONUMENT FOUND
35' FRONT SETBACK
35' REAR SETBACK
15' SIDE SETBACK
OVERHEAD POWER
STONE
PYRAMID
LAND SURVEYING
C-1341
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR L-2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4243
LEGEND:
PROPERTY LINE
TIE LINE
UNSURVEYED LINE
EDGE OF PAVEMENT
SETBACK LINE
CP COMPUTED POINT
PP POWER POLE
NOTES:
1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NCGS GRID MONUMENTS WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. PROPERTY IS CURRENTLY ZONED RA.
8. SETBACKS FOR RA ZONING ARE FRONT - 35'
SIDE - 15'
REAR - 35'
9. ALL LOTS SHALL HAVE A 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL SIDES
GRAPHIC SCALE - FEET
1" = 100'

Acknowledgement Of Plans Submittal ONLY!

Emily Close Date 1/10/22

Cody Whitt Date 2/25/22



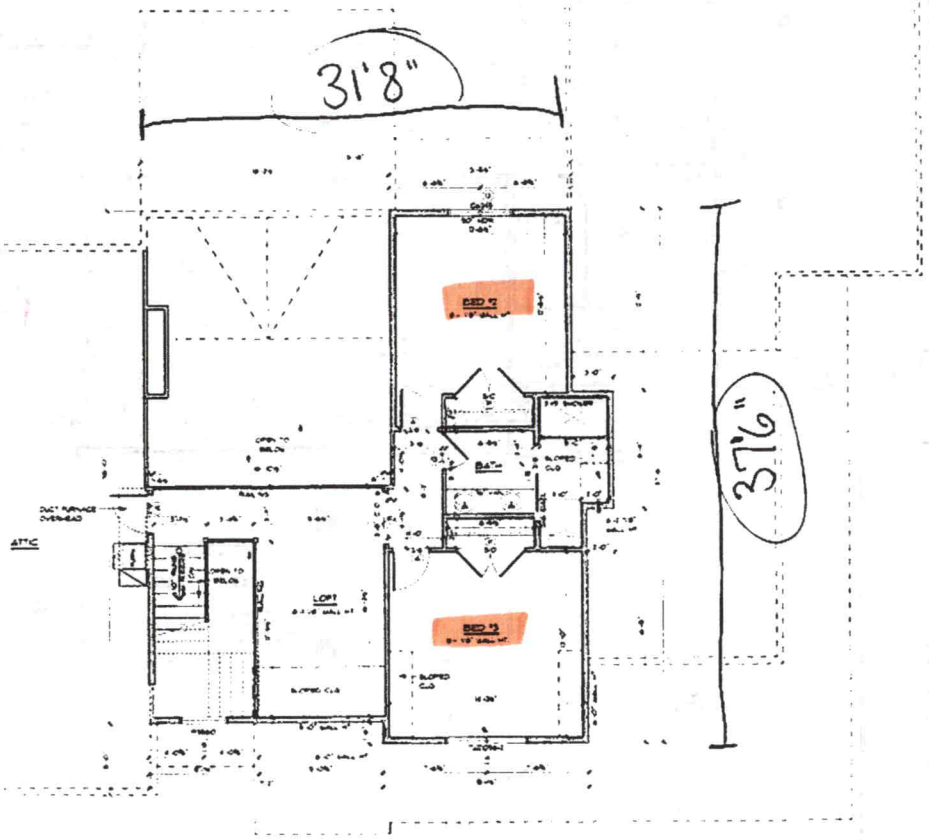


ROOF PLAN

SCALE: 1/8" = 1'-0"

ROOF NOTES:

1. ALL EAVE OVERHANGS TO BE 16" UNLESS NOTED OTHERWISE
2. ALL GABLE OVERHANGS TO BE 0" UNLESS NOTED OTHERWISE
3. ALL OVERHANGS DIMENSIONED FROM THE EXTERIOR WALL FRAMING
4. CHANGE HIP, RIDGE & VALLEY HEIGHTS AS NEEDED TO MAINTAIN ROOF PITCHES SHOWN
5. ATTIC VENTILATION TO BE PROVIDED PER IRC R806



SECOND FLOOR PLAN

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

31'8" x 37'6"

PROJECT DETAILS

CUSTOM HOME DESIGNS, LLC

2415 E 16TH
COLUMBIA CITY, IN 46725
(260) 244-3651
WWW.CHDLLC.COM

THESE DRAWINGS ARE THE COPYRIGHTED PROPERTY OF THE DESIGNER AND ARE NOT TO BE REPRODUCED OR USED WITHOUT THE WRITTEN PERMISSION

SECOND FLOOR & ROOF PLAN

PLAN # 2071

DRAWN BY: BGMS
PROJECT: 2071
PRINT DATE:
12/13/2021
FINAL OCT 29, 2021
SCALE: 1/4" = 1'-0"

A-4

RECEIVED MAR 2 3 2022

CW

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

Iredell County Health Department – Environmental Health Division

limited

PAGE 1: *APPLICATION FORM* AP-324503 $105.00

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: ( ) 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: Emily Cline **Address:** 130 Stowe Away Ln Mooresville, NC **Zip:** 28115
Applicant Email: garriotthomes@gmail.com **Phone:** 864-557-8252 **Alt. Phone:**
Owner Name: " **Address:** " **Zip:** "
Owner Email: " **Phone:** " **Alt. Phone:** "

Property Information:

Street Address: 130 Stowe Away Ln

Subdivision Name: / **Section/Phase:** / **Lot Number:** /

Driving Directions: turn onto Stowe Away Ln from Shepherd Rd, Right at first intersection and continue straight to dirt/gravel road up to 130

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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(√) 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:
(√) 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: Emily Cline 3/16/22
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*) Emily Lane

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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

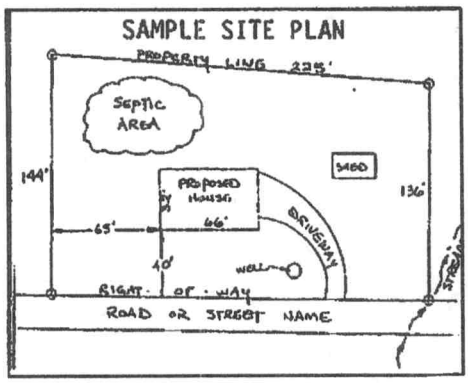
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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:

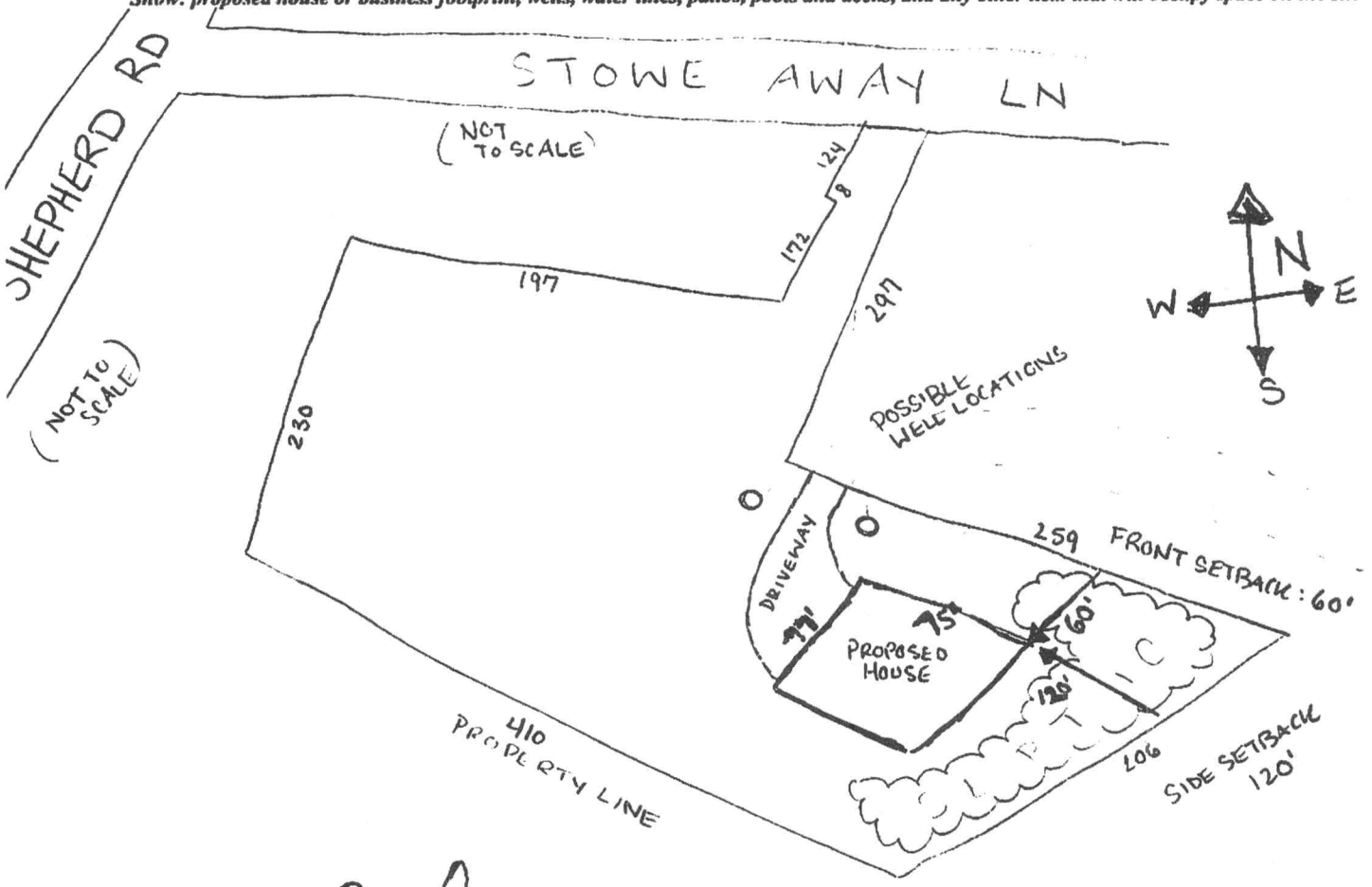
- X Property Line measurements are clearly identified
- X All proposed structures are indicated
- X Front and side setbacks from property line
- X Preferred driveway location and well location
- X Area you prefer your septic system to be placed
- X North arrow, or other sufficient indicator of direction

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: Emily Lane

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

1/10/22

DATE