ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319472

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

PIN # 4664 -- 79 -- 0124 ✓

APPLICANT/OWNER: Brad Davis | APPLICANT ADDRESS: 161 Timberside Dr Davidson NC 28036

SITE ADDRESS: 161 Timberside Dr, Davidson NC 28036 ✓ | PHONE: 704-309-9144 | ALT. PHONE

SITE DIRECTIONS: NC-3 N to Ronald Sistler Farm Rd, R on Rocky River Rd, L on Shearers Rd, L on Anniston Way, L on Timberside Dr, Lot on L

SAP CONTROLLED: ☐ YES ☒ NO

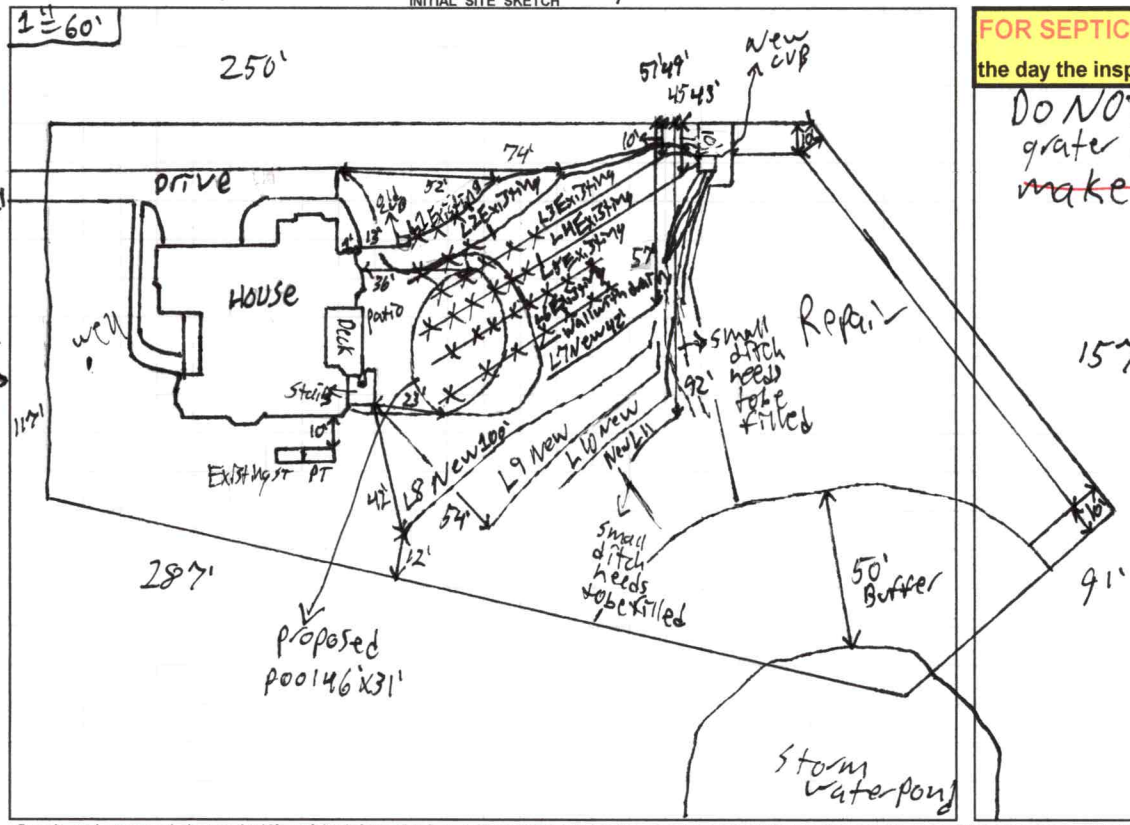
SUBDIVISION: Anniston ✓ | SECTION: P3M3 | LOT # 104 ✓ | LOT AREA: 1.055 acres | DESIGN FLOW: 600 GPD | L.T.A.R.: 2761.25R

Septic Tank	EXISTING (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT	Date	System Description: LPPPBPS		☐ Business	No. Persons 10
Pump Make	Model		Serial #	Repair System Description: LPPPBPS		☐ Other	No. Employees
# Nitrification Fields 1	# Lines 5 Existing		Linear Ft: 281'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space
Trench Width 24"	Trench Bottom Depth(Low side) 33"		Gravel Depth		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour, DO NOT drive on, store material or manipulate drainfield in anyway. All property lines corners and pool must be marked during installation and inspection. All parts of septic must be 15' off water edge of pool. If any walls are installed around pool and they have foundation drains proper set backs must be maintained.

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.

DO NOT Place any Fill over drain lines. NO Cuts for grater can be made for pool. ~~split feed Line 8 to make 250' Lines~~

Need 30' more than shown

~~**~~ = Line Lost

1571

	Line	Line Lost	New Length
Existing	L 1	23'35	12' 0
Existing	L 2	32'	28'
Existing	L 3	44'	46' 53
Existing	L 4	46'	54' 53
Existing	L 5	66' 90	0
Existing	L 6	78	0 27
New	L 7	0	42' 27
New	L 8	0	100'
New	L 9	0	74' 83
New	L 10	0	45' 69
New	L 11	0	20' 30

As Built Attached

* See reverse for notes *

Hole size = 5/32"
2' Pressure Head
Dosing Volume = 352.8
Draw Down = 16.8
Flow Rate = 41
Runtime = 8.6

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: 9/07/2021

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 8/31/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 8/31/2021

Installed by: Richard Abernathy

OPERATION PERMIT by: [signature] Date: 9/21/23

Existing System Inspected by: Date:

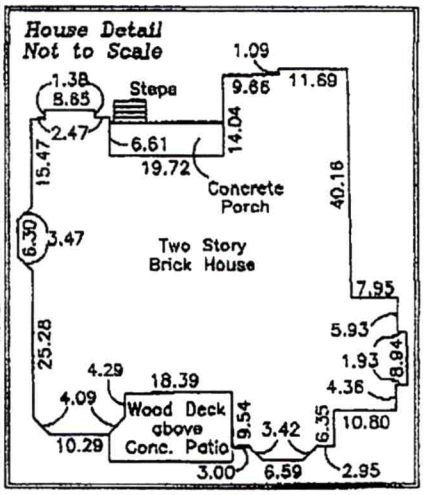
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

✓ mcd 5/2

I, Mark S. Pence, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1904, page 926, etc.) that the ratio of precision as calculated is 1:20,000 +; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 18th day of April, A.D. 2008.

Mark S. Pence PLS L-3680

NORTH CAROLINA PROFESSIONAL SEAL L-3680 LAND SURVEYOR MARK S. PENCE



- Parcel #4664-79-0124
- Current Zoning = RA
- This Property Does NOT Lie in a Special Flood Hazard Area Per FEMA Panel #3710466400-P dated 4/30/07.
- Area Computed by the Coordinate Method
- This Survey was performed without the benefit of Title Search and therefore is subject to any Easements, Restrictions and/or Rights-of-Ways of Record.
- There were no North Carolina Geodetic Survey Control Monuments found within 2000' of Subject Property.
- All Existing Iron Pipes are measured by inside diameter unless otherwise noted.

Paved Road — Timberside Drive 50' Public Right of Way

S23°26'40"E

#4 Rebar Found — 117.35' — #4 Rebar Found

WELL

35' FS

35.8

38.7

32.9

PB 53 PG 29

Concrete Driveway & Sidewalk

Public Storm Drainage Easement

See House Detail

29.0

S66°33'20"W 250.00'

N78°53'33"E 287.27'

15' Side Setback

15' Side Setback

SPA

POOL

DECKING

HOT TUB

Lot #104
1.055 Acres
45,937 Sq. Ft.

PREFERRED NEW SEPTIC AREA

35' Rear Setback

#4 Rebar Found

Field Located Creek & Wetlands

#4 Rebar Found

N26°44'36"E 90.90'

N63°15'24"W 156.90'

#4 Rebar Found

#4664-69-6493
Now or Formerly
Anniston II, LLC
Deed Book 1818 Page 406
Lot #105 Anniston Subdivision
Phase 3 Map 3
Plat Book 53 Page 29

#4664-78-1959
Now or Formerly
Niblock Development Corp.
Deed Book 1904 Page 926
Lot #103 Anniston Subdivision
Phase 3 Map 3
Plat Book 53 Page 29

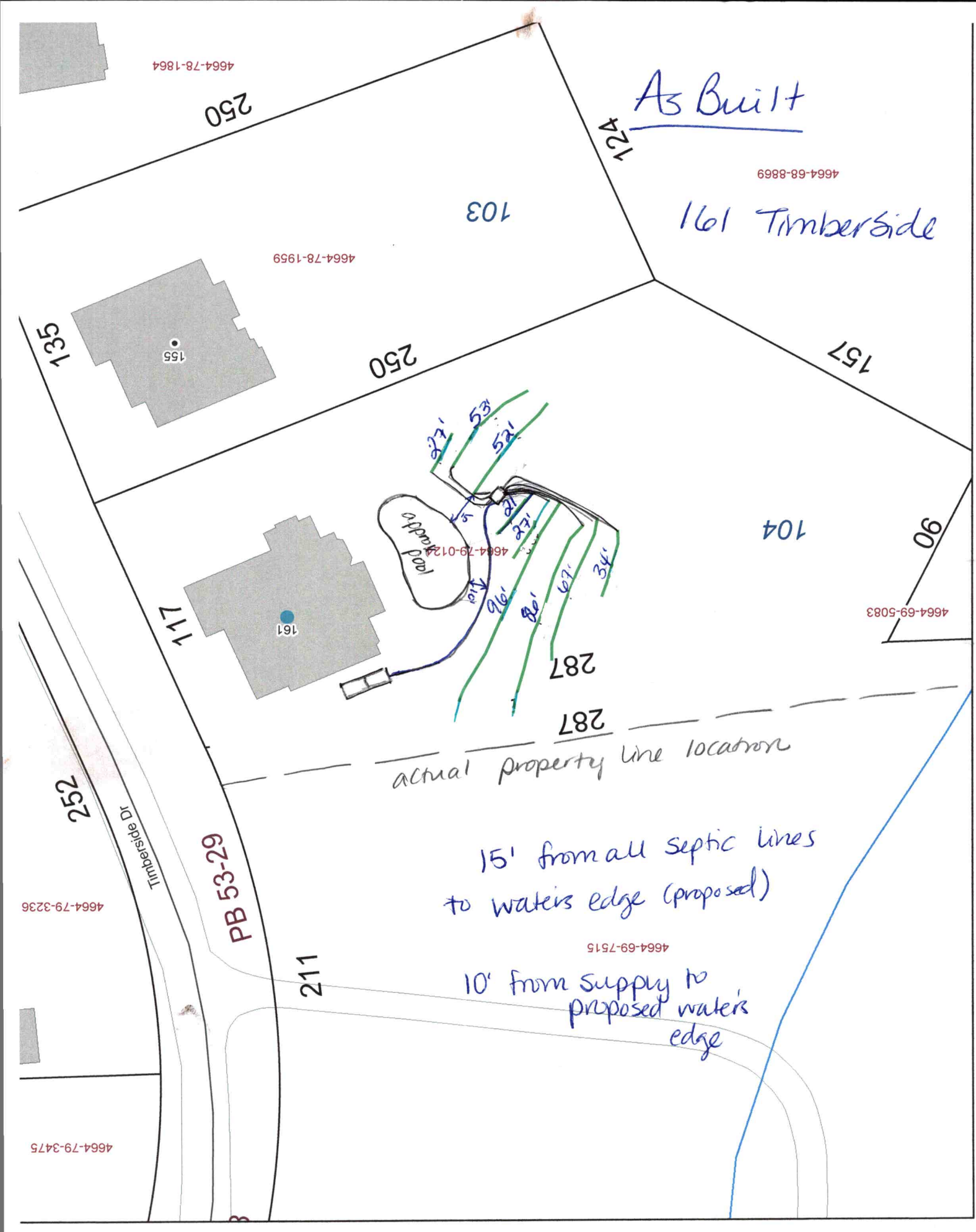
#4664-68-8869
Now or Formerly
Christopher Norburn
Deed Book 1893 Page 948
Lot #99 Anniston Subdivision
Phase 3 Map 2
Plat Book 51 Page 96

#4664-69-5083
Now or Formerly
Jerilyn A. Connetti
Deed Book 1882 Page 2189
Lot #98 Anniston Subdivision
Phase 3 Map 2
Plat Book 51 Page 96

Owner Owner

Niblock Development Corp.
300 McGill Avenue, NW

Boundary & Physical Lot Survey for
Raymond C. Mulligan & Jennifer P. Mulligan


As Built
161 Timberside
4664-78-1864
4664-68-8869
4664-78-1959
4664-79-0124
4664-69-5083
4664-79-3236
4664-69-7515
4664-79-3475
250
124
103
135
155
250
157
104
90
117
161
287
287
actual property line location
252
Timberside Dr
PB 53-29
211
15' from all septic lines to waters edge (proposed)
10' from supply to proposed waters edge
pool
27'
53'
52'
5'
21'
27'
34'
67'
88'
96'
10'

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

Sheet 1 of 1
PROPERTY ID #: 466179012
COUNTY: Iredell

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

OWNER: _____ APPLICATION DATE: 7/8/2021
ADDRESS: 161 Timberside Dr DATE EVALUATED: 8/4/2021
PROPOSED FACILITY: Existing Single Fam PROPOSED DESIGN FLOW (.1949): 600GPD PROPERTY SIZE: 1.055 acres
LOCATION OF SITE: 161 Timberside Dr PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

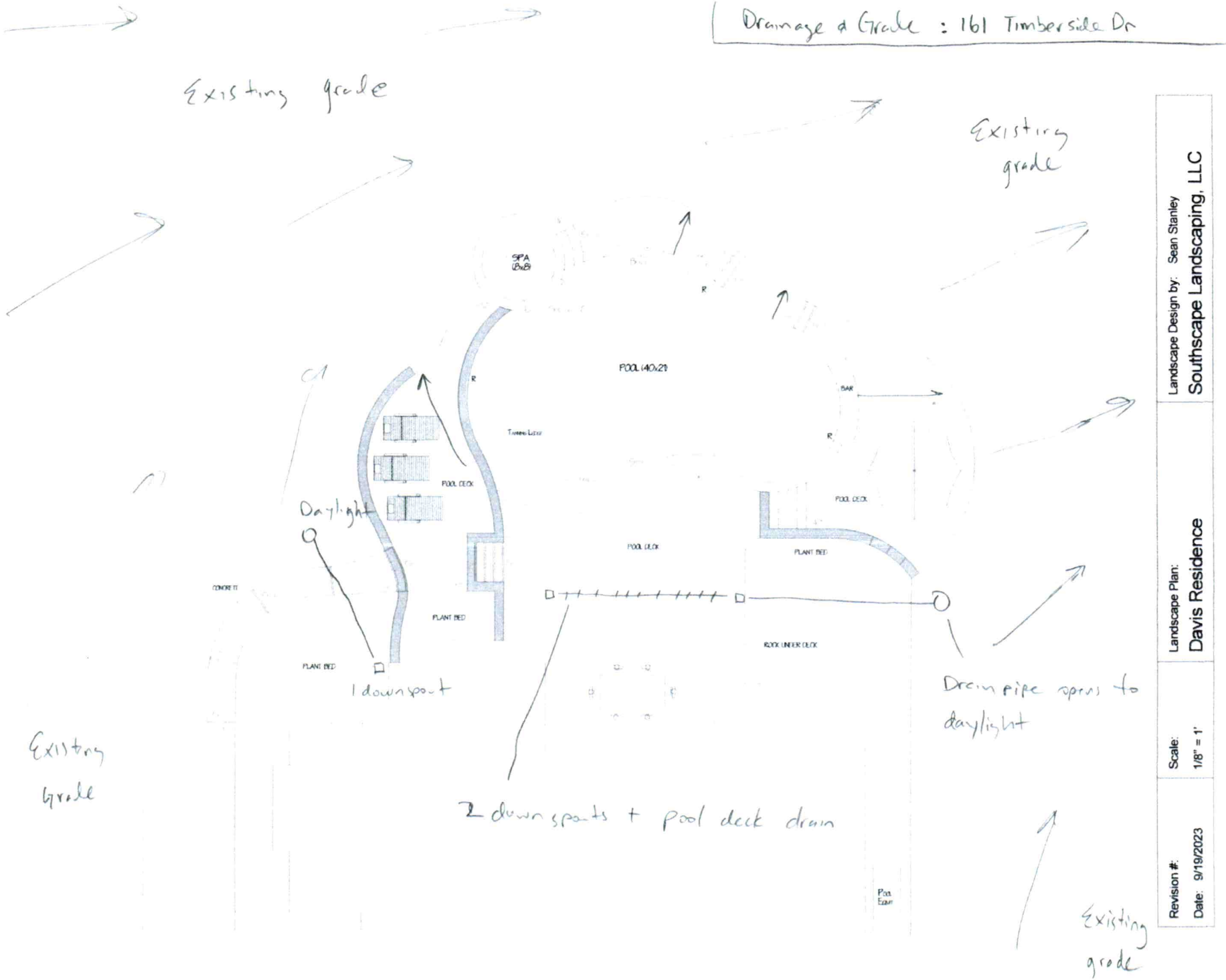
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 7%	0-10	compacted strong Clay ABK	Fr SSSP Sexp	—	50"	few Litho inclusions at bottom	—	PS.3
		10-46	C ABK	Fr SS SP Sexp					
		46-50	CL SBK/ABK	Fr SS SP Sexp					
2	SS 8%	0-8	compacted strong Clay ABK	Fr SS SP Sexp	—	56"	few Litho inclusions at bottom	—	PS.275
		8-48	C ABK	Fr SS SP Sexp					
		48-56	CL SBK	Fr SS SP Sexp					
3	SS 15%	0-7	compacted strong Clay ABK	Fr SSP	Chroma 2 at 46"	50"	few Litho inclusions at bottom	Chroma 2's at 46"	PS.25
		7-50	C strong ABK	Fr SSSP Sexp					
4	SS 10%	0-40	C strong ABK	Fr SSSP Sexp	Chroma 2's at 46"	52"	few Litho inclusions at bottom	Chroma 2's at 46"	PS.25
		40-52	CL SBK/ABK	Fr SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.275	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: David Bean

COMMENTS: Sunny really hot

Drainage & Grade : 161 Timberside Dr

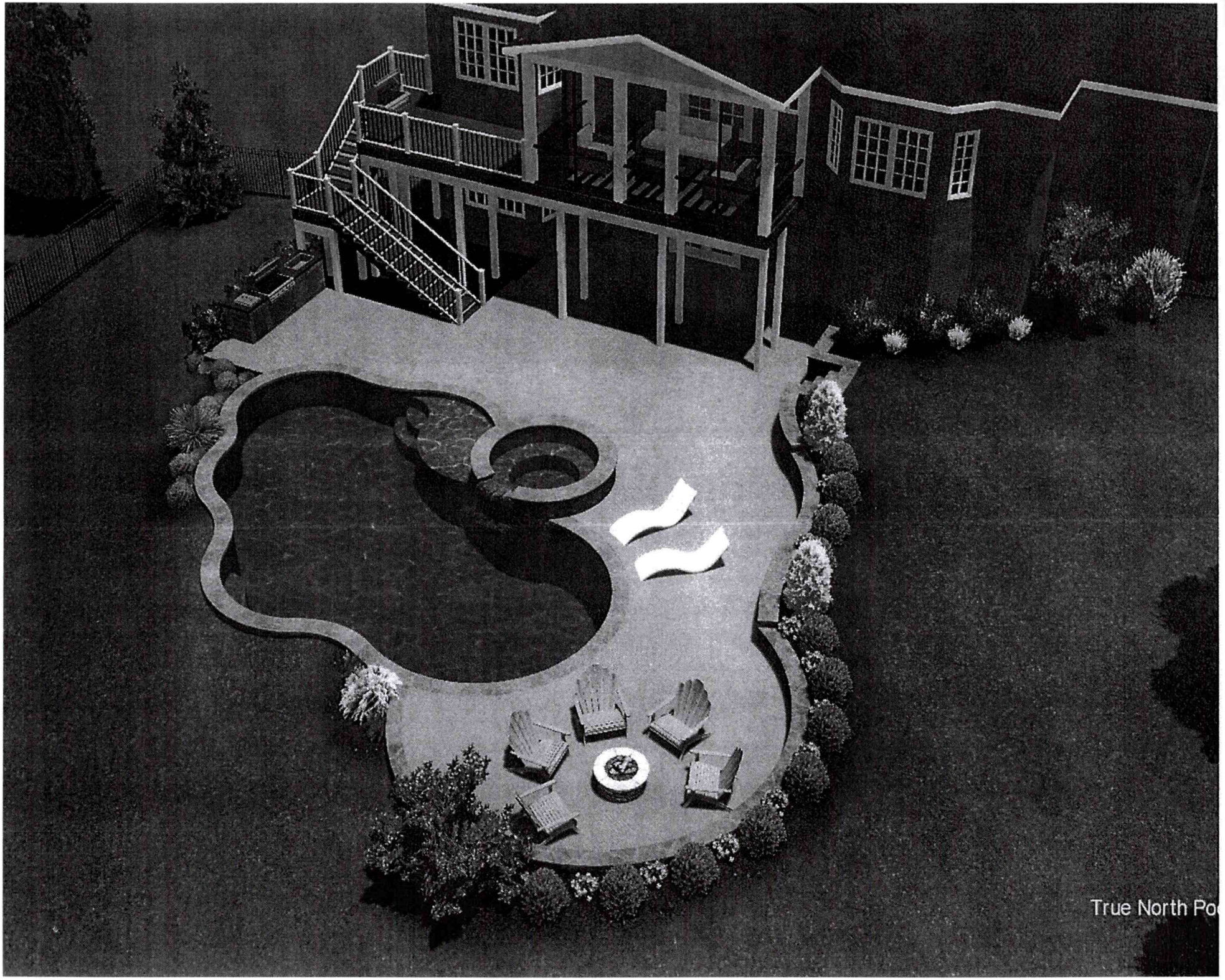


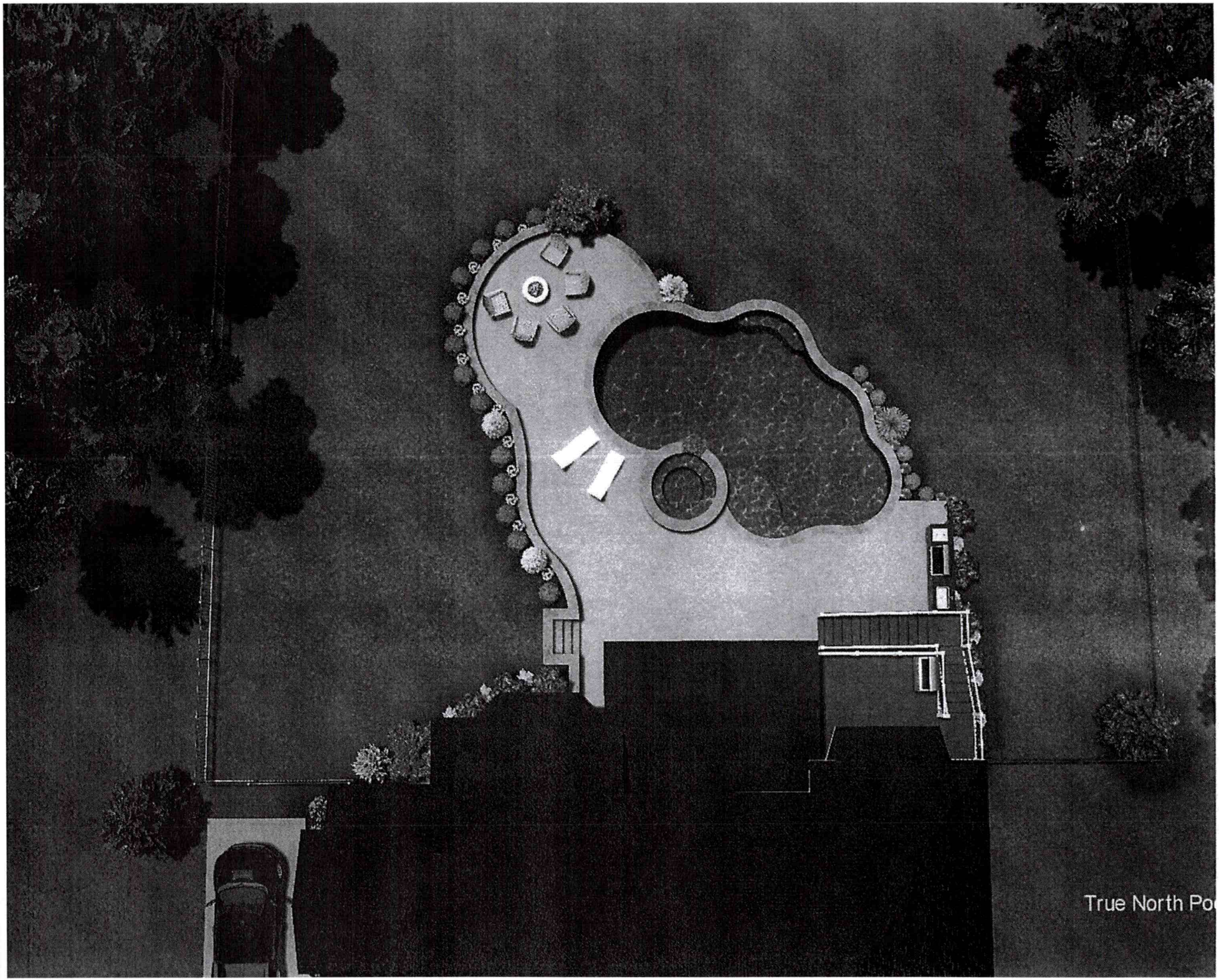
Landscape Design by: Sean Stanley
Southscape Landscaping, LLC

Landscape Plan:
Davis Residence

Scale: 1/8" = 1'

Revision #:
Date: 9/19/2023


True North Po


True North Po

RECEIVED JUL 0 8 2021

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* AP-319472 $500.00

Relocation

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

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: Brad Davis **Address:** 161 Timberside Drive **Zip:** 28036

Applicant Email: daviskrew@icloud.com **Phone:** 704-309-9144 **Alt. Phone:**

Owner Name: Brad Davis **Address:** 161 Timberside Drive **Zip:** 28036

Owner Email: daviskrew@icloud.com **Phone:** 704-309-9144 **Alt. Phone:**

Property Information:

Street Address: 161 Timberside Drive, Davidson, NC 28036

Subdivision Name: Anniston **Section/Phase:** **Lot Number:** 104

Driving Directions: From Mooresville: Take Shearers Road south. Turn left on Anniston Way. Turn left on Timberside Drive. 161 Timberside Drive is on left.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 5 — (x) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (x) Concrete Slab Foundation
( ) Accessory Building — (x) 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:

( ) 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: 2008
(X) No Preference ( ) 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.

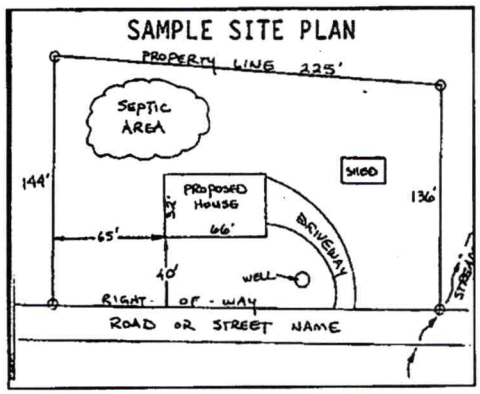
Signature: Brad Davis 7.08.2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

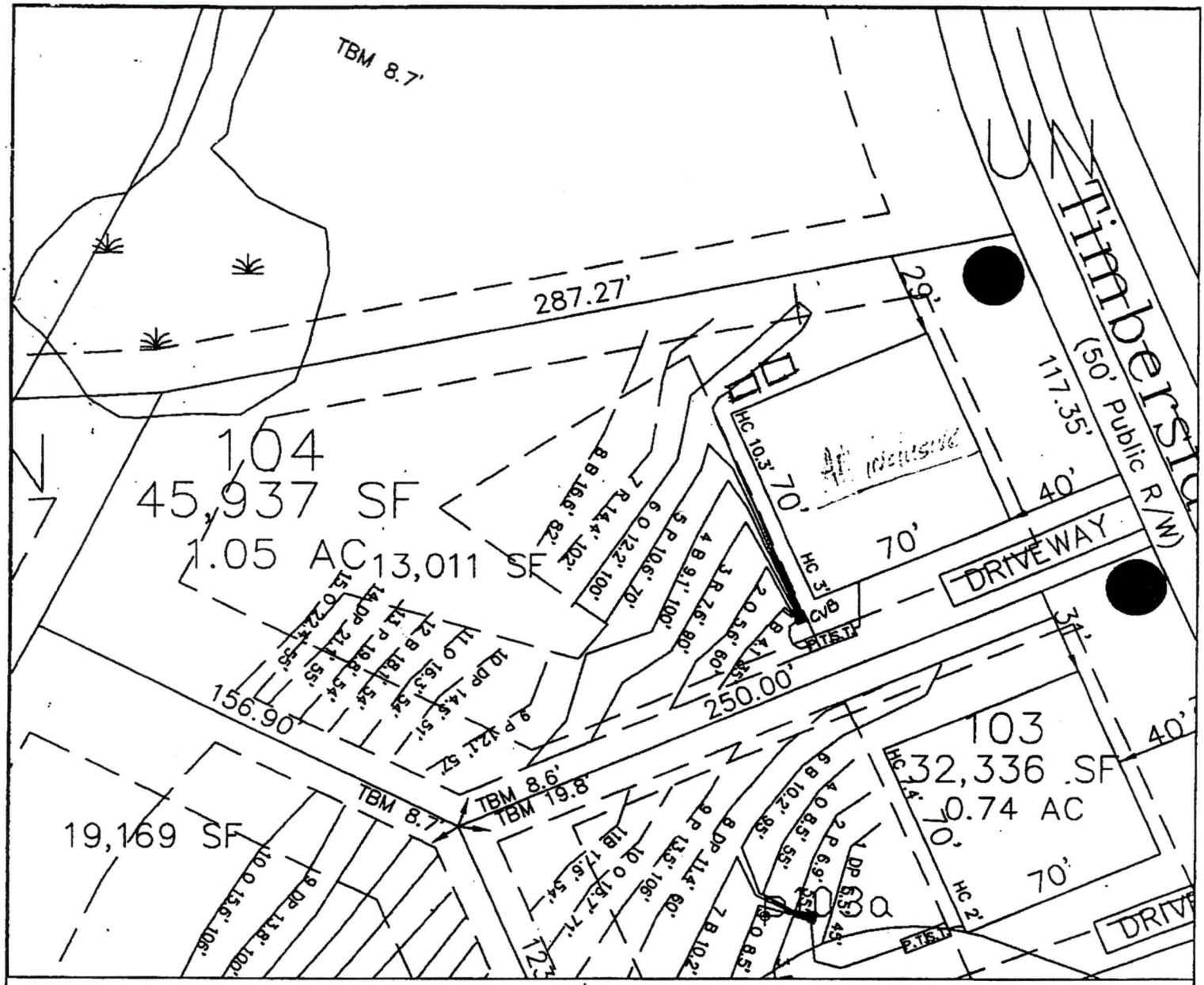
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____ 06.30.2021

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



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- House Footprint (All 70' x 70')
- System lines.
- Repair lines.
- TBM.
- (25) RS&ES Pit Location.
- Well Location.
- [28] Health Dept. Pit Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278-0939
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANSPORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANDERSON, LLC. / ANDERSON PHASE II

LOCATION/DATE: SHOWER CHAPEL ROAD, ROWELL COUNTY, NORTH CAROLINA, JULY 2005

JOB # : 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

[X] **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, _____, 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

BSM **Complete all Environmental Health forms**:

BSM Application
BSM Site Plan including the dimensions of proposed structure, addition, pool etc.
BSM Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
BSM Copy of Zoning Permit when applicable
BSM Sign this sheet after you have completed all items

BSM **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BSM **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

BSM **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

BSM **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature BV S Davis **Date** 7-08-2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625