PJB 2100

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 | PERMIT # AP 302284

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

PIN # 4664 --95 --1983

APPLICANT/OWNER: Bruce Decaron | APPLICANT ADDRESS: 1090 Coddle Creek Rd Mooresville

SITE ADDRESS: 146 Broad Birch Dr. Davidson, NC 28036 | PHONE: 704-361-7914 | ALT. PHONE

SITE DIRECTIONS: (S) Shearers → (L) Anniston → (R) Burnell → (L) Walking Horse → (R) Broad Birch | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Ridgewalk | SECTION: | LOT # 11 | LOT AREA: 4.774 ac | DESIGN FLOW: 480gpd | L.T.A.R.: 0.3 (I&R)

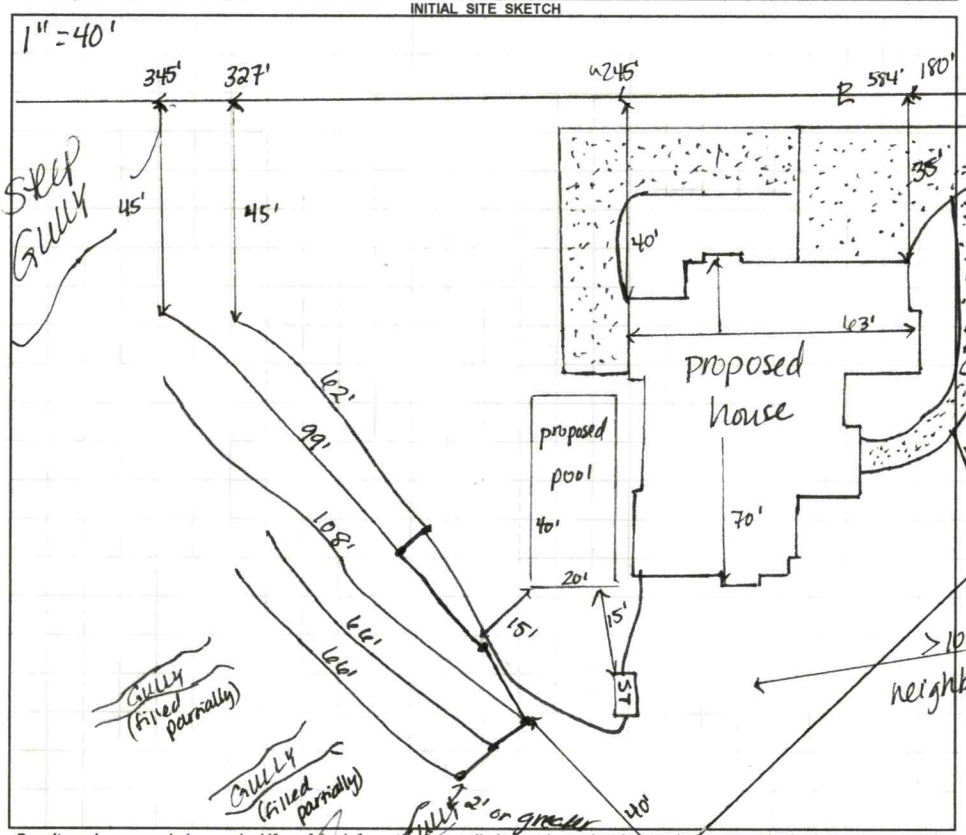
Septic Tank	1000 (gal)	STB 7160	Date 3/28/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction				[ ] Business	No. Persons 8	[X] Private
Pump Make		Model	Serial #	Repair System Description: LPPPBDS				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 5	Linear Ft 401'		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width 36"	Trench Bottom Depth(B[redacted]e) 36" max	Gravel Depth N/A		[X] GRAVITY	[ ] PRESSURE			[X] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Install on contour, use serial distribution. Do not pave, grade, drive, park, or bury utilities in drain fields.

Pool area must be marked at time of installation.

Stay 2' or greater from all filled gullies

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.

As Built on back

6/1/22 Repair cleared, DW
Still need to fill gully
Done 6/12/22

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: | Date: 09/10/2021 | Installed by: Richard Abernathy

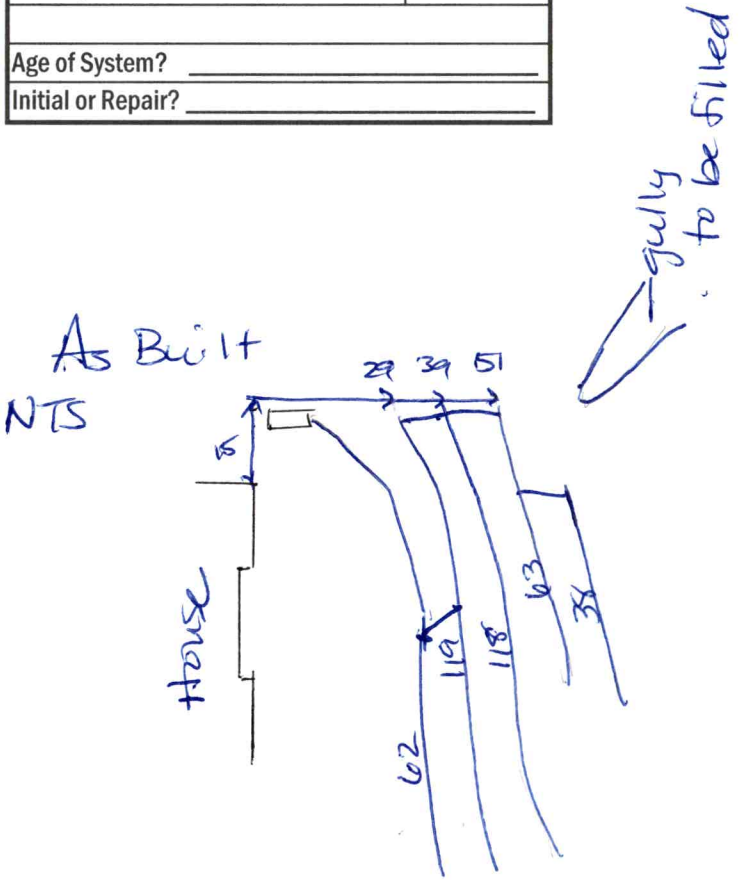
IMPROVEMENT PERMIT by: D. Weberg | Date: 9/1/21 | OPERATION PERMIT by: D. Weberg | Date: 6/13/22

AUTHORIZATION TO CONSTRUCT by: D. Weberg | Date: 9/1/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked	5/25/22	DW
Tanks Checked	5/25/22	DW
Pressure Manifold or Valve Box Checked	—	—
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Needed? Y (N)		
Comments: • Fill gully near lowest line		
• Remove fill from repair	6/10/22	DW

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



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

Sheet _
PROPERTY ID #: 40
COUNTY: Iro

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

OWNER: Bruce DeCaron
ADDRESS: 1040 Coddle Creek Rd Mooresville NC 2815
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 146 Broad Birch, Davidson 28036
APPLICATION DATE: 7/13
DATE EVALUATED:
PROPERTY SIZE: 4.774
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	LS 10%	0-11	C - SBK/some comp	SSSP-FR/FI SCH	Sap incl 11-29	29"	L	N/A	PS 0.35
		11-29	CL - SBK	SSSP-FR SEXP					
		29-88	SAP-L-M	NSNP-FR/VFR					
2	LS 14%	0-12	C - SBK/some comp	SSSP-FR/FI-SEXP	sap incl in - 12-43"	43"	L	N/A	PS 0.3
		12-43	C - SBK	SSSP-FR-SEXP					
		43-60	SAP-L-M	NSNP-FR/VFR					
3	LS 10%	0-12	C - SBK	SSSP-FR-SEXP		46"	L/SL	N/A	PS 0.3
		12-32	CL - SBK						
		32-46	L - SBK	SSNP-FR-SEXP					
		46-60	SAP-L/SL-M	NSNP-FR-					
4	LS 10%	0-15	C - SBK comp	SSSP-FR-SEXP	Coarse fragments on LS of pit	55"	L	N/A	PS 0.3
		15-55	CL - SBK	SSNP-FR-SEXP					
		55-65	SAP-L-M	NSNP-FR-					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	267
System Type(s)	25% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wicberg
OTHER(S) PRESENT: B. DeCaron

COMMENTS:

LEGEND

use the following standard abbreviations

...N	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
.)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
pe)					**MOIST**	**WET**
ıpe)						
ıer Slope)						
ıce)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

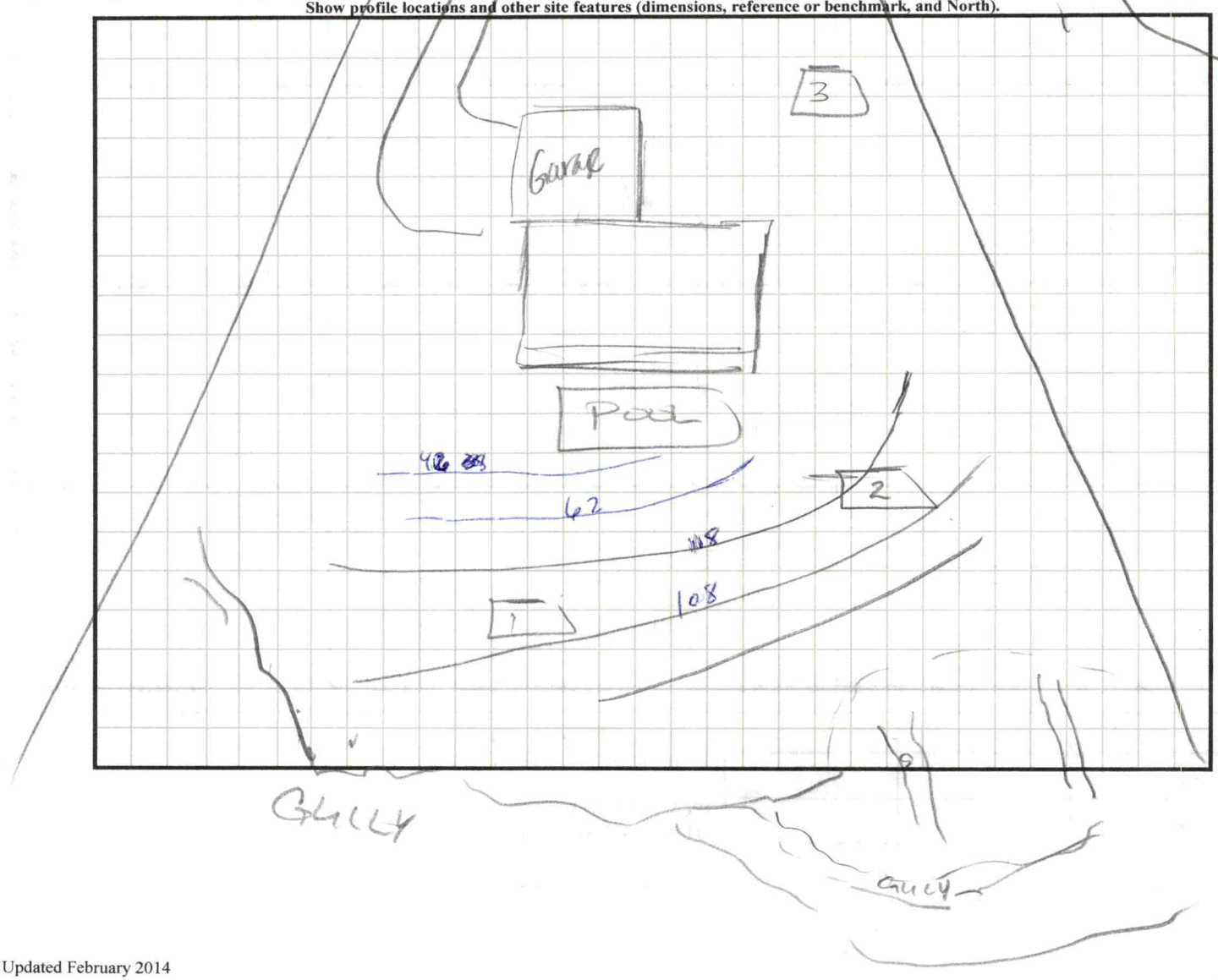
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9/1/21

Owner: Bruce DeCaron
Address: 1090 Coddle Creek Rd, Mooresville, 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

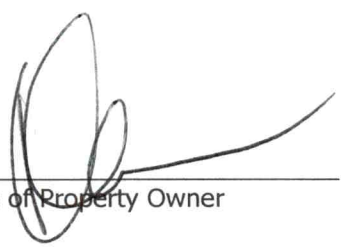
(specify Permit ID/owner's name/property location/site legal description): 146 Broad Birch Dr, Davidson, NC 28036 : Permit: 302284

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on ___8/13/21_____ for a system:
(permit date)

Type III_ at 146 Broad Birch Dr, Davidson, NC 28036 : Permit: 302284

for the site will be "revoked" immediately by the authorized agent/local health department.



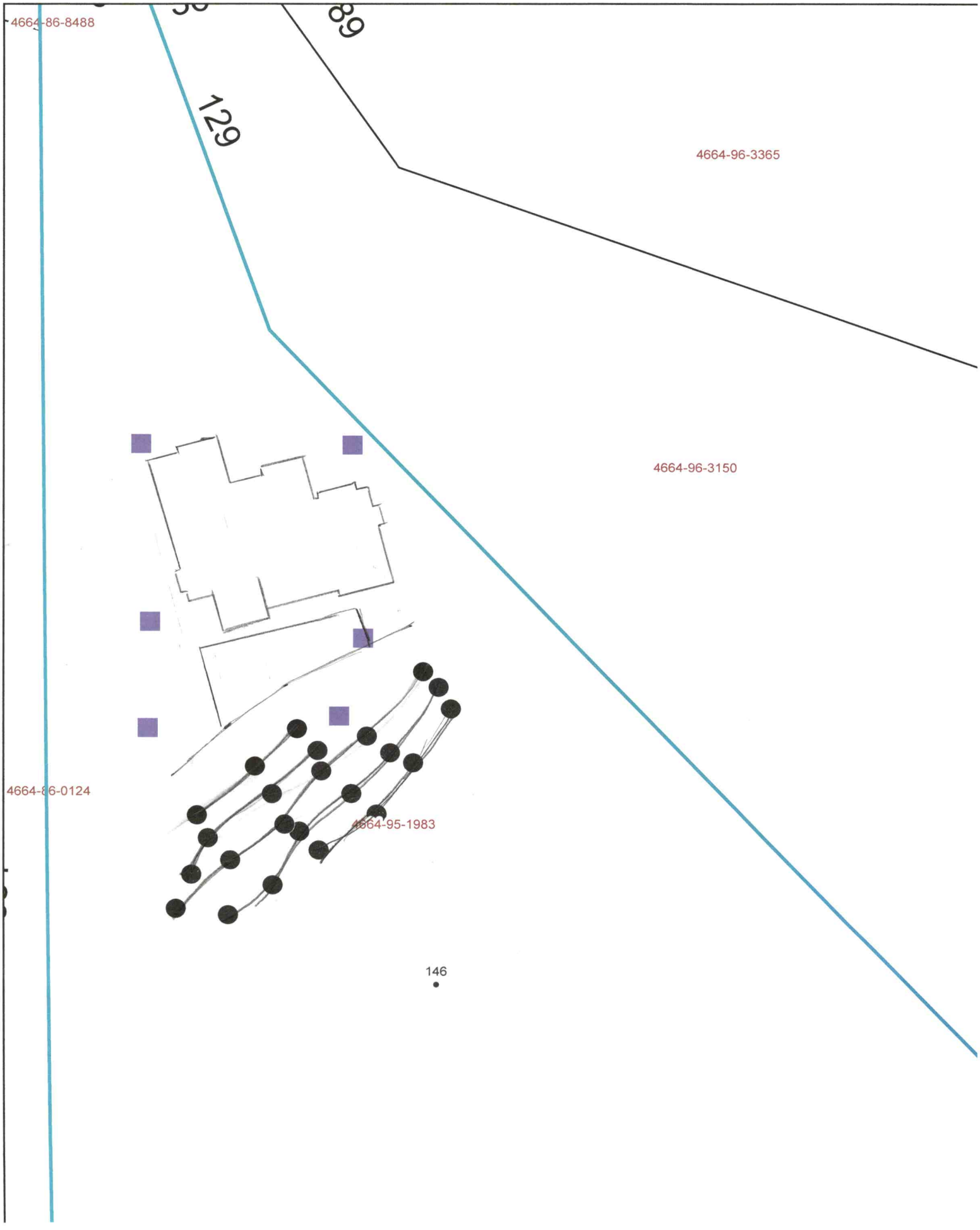
_____
Signature of Property Owner

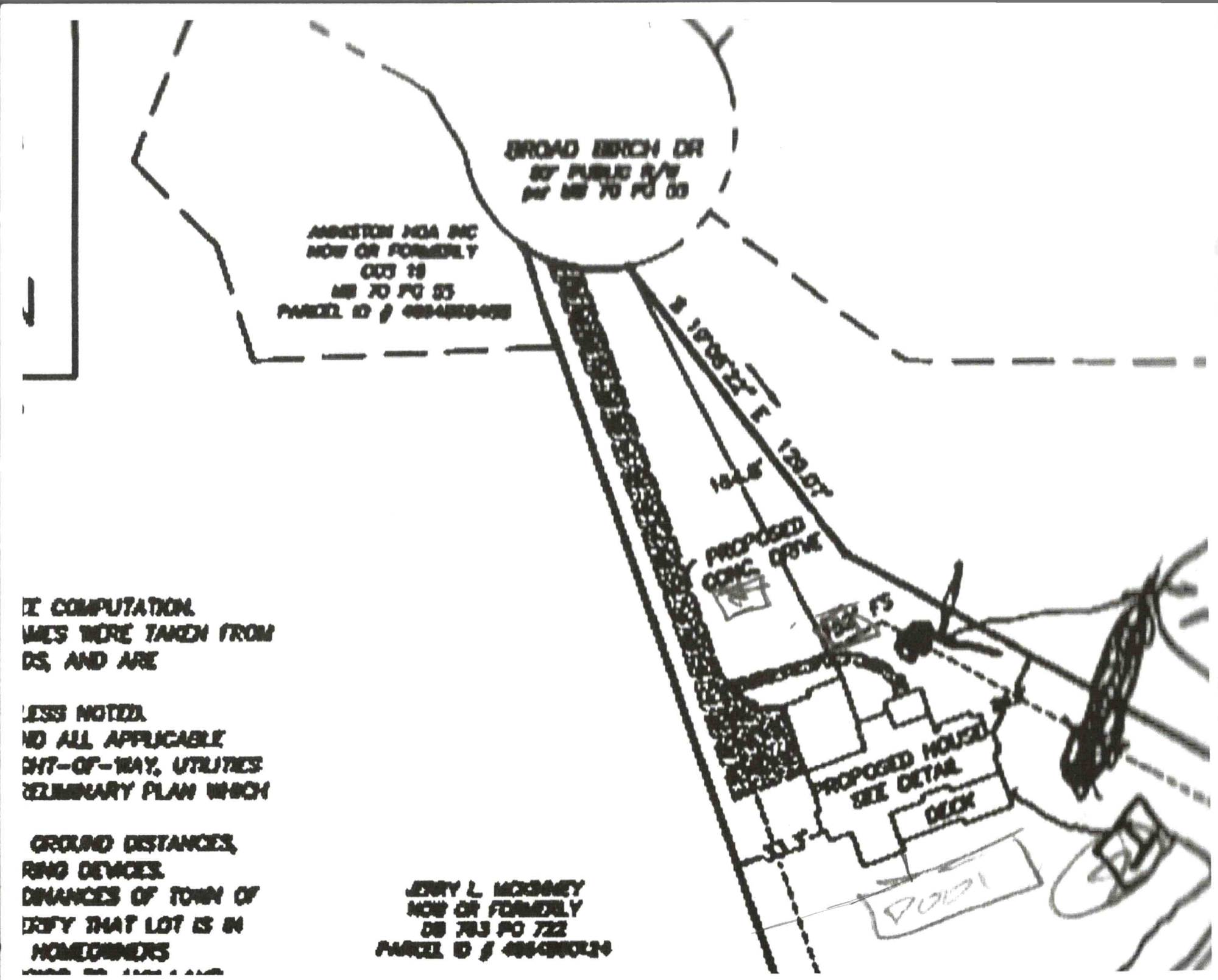
Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department


4664-86-8488
89
129
4664-96-3365
4664-96-3150
4664-86-0124
4664-95-1983



E COMPUTATION.
IMES WERE TAKEN FROM
DS, AND ARE

LESS NOTED.
ND ALL APPLICABLE
GHT-OF-WAY, UTILITIES
ELIMINARY PLAN WHICH

GROUND DISTANCES,
RING DEVICES.
DINANCES OF TOWN OF
DERY THAT LOT IS IN
HOMEOWNERS

LW 8/

PMB

limited

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-302284 $105.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (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) 1090 COBBLE CREEK ROAD MOORESVILLE ~~DAVIDSON~~ 28115

Applicant Name: BRUCE DECARON Address: ~~146 BROAD BIRCH DRIVE~~ Zip: ~~28036~~
Applicant Email: BRUCEDECARON2001@GMAIL.COM Phone: 704-361-7914 Alt. Phone:
Owner Name: SAME Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 146 BROAD BIRCH DRIVE DAVIDSON NC 28036
Subdivision Name: ANNISTON Section/Phase: Lot Number: 11
Driving Directions: SHEARER'S/LEFT ON ANNISTON WAY/RIGHT ON BURNELL LEFT ON WALKING HORSE/RT ON BROAD BIRCH/LOT AT THE END ON RIGHT

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 6546 Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 5 4 (PM)
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

ITD + IHTD + MT + IRCHES

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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 2590 REDUCTION

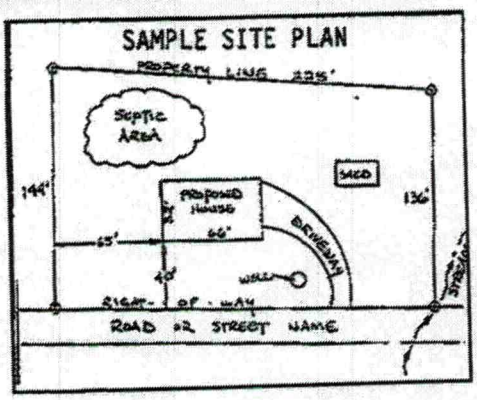
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: [signature] 07/13/2021
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

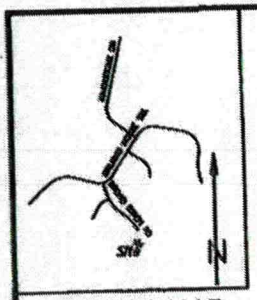
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SITE PLAN ATTACHED

Signature: _____ 07/13/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

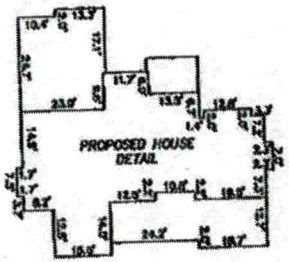
PRELIMINARY
NOT FOR SALES OR CONVEYANCES

SITE PLAN



VICINITY MAP
(Not to Scale)

NOTES
1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF TOWN OF DAVIDSON. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO MONUMENT FOUND WITHIN 3000 FEET.
9. THIS PROPERTY MAY BE SUBJECT TO MINIMUM SETBACKS AREA REQUIREMENTS. BEFORE MAKING ANY RENOVATIONS OR REPAIRS TO THIS PROPERTY CHECK WITH THE LOCAL PLANNING OR ZONING DEPARTMENT FOR ANY RESTRICTIONS OR REGULATIONS IN PLACE.
10. UNDERGROUND UTILITIES ARE NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN, UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES. UNDERGROUND UTILITIES NOT SHOWN HEREON MAY EXIST.
11. THERE ARE NO ENCROACHMENTS OR PROJECTIONS EXCEPT AS SHOWN.
12. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
13. DIMENSIONS OF THE HOUSE SHOULD BE VERIFIED WITH THE CONTRACTOR PRIOR TO ANY CONSTRUCTION.
14. THIS DRAWING IS CONCEPTUAL AND THE CONTENTS SHOWN ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.



FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710465700J, DATED: MARCH 16, 2009.

811
Know what's below.
Call before you dig
NORTH CAROLINA
ONE-CALL CENTER INC.
DIAL 811 or 1-800-632-4949
2 BUS NOTICE DAYS BEFORE DIGGING
www.ncocc.org

GRAPHIC SCALE
(IN FEET)
1 inch = 50 ft.

Job No.	Drawn	Checked	Date
99-21-004	AVO/CLK	CLK	3/18/20

CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
1520 ROBINSON OAKS DR.
GASTONIA, NC 28054
PH (980)-819-9558
CKING@CAROLINAGEOMATICS.COM
NC #P-1985
WWW.CAROLINAGEOMATICS.COM

SITE PLAN

AT PROPERTY KNOWN AS
146 BROAD BIRCH DRIVE
LOT 11, RIDGE WALK SUBDIVISION, MAP 2
MB 70 PG 55
TAX # 4684951983 DB 2078 PG 298
TOWN OF DAVIDSON, IREDELL COUNTY, NC
FOR: BRUCE & AMY DECARON

C:\Users\Alex Van Dyck\Documents\146 BROAD BIRCH DR\Dwg

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*) _____

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, BRUCE DECARON, am the legal owner(s) of the property located at 146 BROAD BIRCH DRIVE, DAVIDSON NC, identified as PIN (Parcel Identification Number) 4664951983, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BRUCE DECARON, _____, 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.

_____ 07/13/2021
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