ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # AP-244610

PIN # 4665-15-6746

APPLICANT/OWNER: Shawn Quick

APPLICANT ADDRESS: 650 Faith Rd. Mooresville NC

SITE ADDRESS: 650 Faith Rd. Mooresville, NC 28115

PHONE: 717-424-5305 ALT. PHONE

SITE DIRECTIONS: Shearers Rd South from Mooresville → Faith Rd → Driveway (long) on left

SUBDIVISION: SECTION: LOT # Tract 1 LOT AREA:

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.295

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060
Pump Tank	1000 (gal)	PT	Infiltrator	Date	IM-1060 PT
Pump Make	Liberty	Model	B-39-290	Serial #	11XFFO
# Nitrification Fields	1	# Lines	5	Linear Ft	328
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM - 25% Reduction

Repair System Description: 50% Reduction (PPIBPS)

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

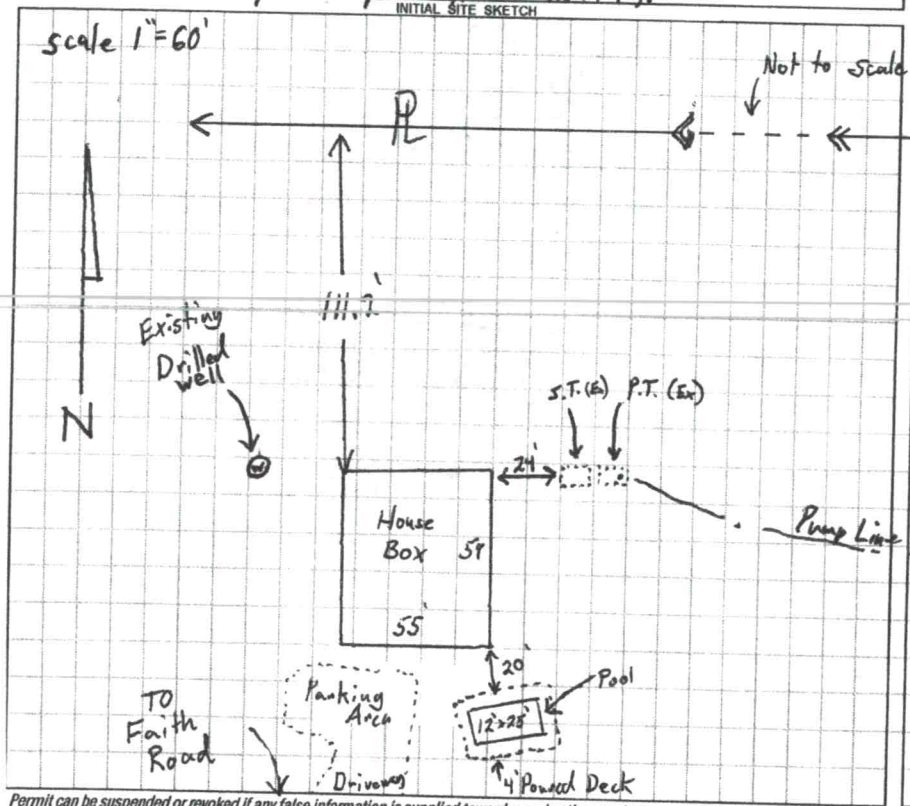
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

☐ Basement w/o plumbing

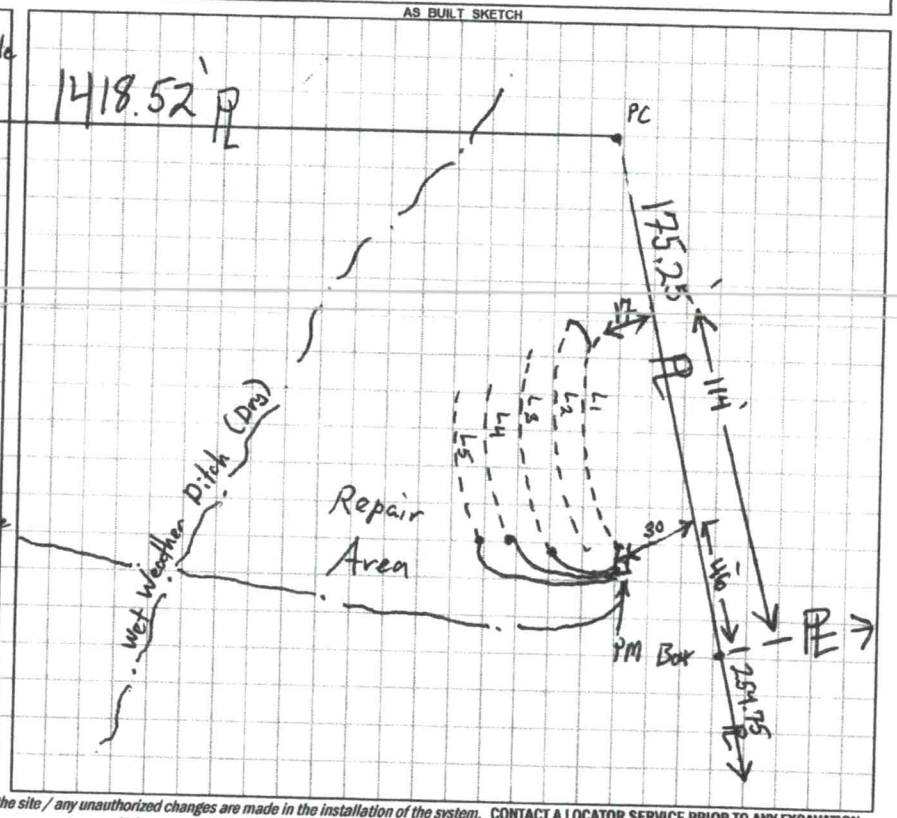
Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Tanks/Lines/PM Box Checked 9/11/2019 Pressure head set 9/17/2019, Permit redrawn to account/allow 12'+25' pool. House constructed per floorplan (approved 12-19-19).

INITIAL SITE SKETCH



AS BUILT SKETCH



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:

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/24/20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/23/2020

Installed by: Mossy Septic

OPERATION PERMIT by: Date: 9-10-2020

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 not to Scale

	Date	Initials
Drain Lines Checked	Checked	
Tanks Checked	Checked	
Pressure Manifold or Valve Box Checked	Checked	
Pressure Head Set	Checked	
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	—	—

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Shawn Quick — APPLICATION DATE 5/13/19
ADDRESS: 877 Skyline Dr. Gap, PA — DATE EVALUATED: 7/1/19 + 7/10/19
PROPOSED FACILITY: 3BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 6.67 acres
LOCATION OF SITE: 650 Faith Rd. Mooresville, NC — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
.1 18	LSS 11%	0-14	SCL V.W SBK	SI Friable, SS, SP, SexP	22-28" Faint Light Brown Mottles	58	–	–	0.25 PS
		14-24	Clay Strong ABK/SBK	Firm, Sticky, SP, Sexp					
		24-32	Clay M. ABK/SBK	Firm, Sticky, SP, Sexp					
		32-58	Clay W. SBK	SI Firm, Sticky, SP, Sexp					
2 17	Shoulder 13%	0-7	SCL V.W. SBK	SI Friable, SSSP, Sexp	–	65	–	–	0.2175 PS
		7-40	Clay M ABK, W SBK	Firm, Sticky, SP, Sexp					
		40-65	Clay W. SBK some mica	SI Firm, Sticky, SP, Sexp					
3 16	LSS 14%	0-6	SCL V.W. SBK	SI Friable, SS, SP, Sexp	–	46	–	–	0.275 PS
		6-30	Clay Strong ABK W.SBK	Firm, Sticky, SP, Sexp					
		30-48	Clay Loam common mica W.SBK	SI Friable, SS, SP, Sexp					
		48-68	MA Loamy Saprolite	Very Friable + micaceous					
4 19	LSS 10%	0-10	SCL V.W. SBK	SI Friable, SS, SP, Sexp	–	65	–	–	0.275 PS
		10-65	Clay W. SBK/ABK	SI Firm, Sticky, SP, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	366+	300+
System Type(s)	25% Reduction	PPBPS (50% Red)
Site LTAR	0.275	0.250

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/29/19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 650 Faith Rd 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) .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		0-62	MA Loamy Saprolite	Very Firm + Dense in place					U
2		0-42	MA Saprolite	Very Firm, Dense in place	0-17 clay Plastic very Firm				OU
		42-64	MA Loamy Sandy Saprolite	Friable + Moderately Drained					
3		0-50	MA Clay Loam Saprolite	Very Firm + Poorly Drained/ Dense in Place					U
		50-70	MA Loamy Saprolite	Friable, moderately drained					
4		0-7	SCL V.W. SBk	SI Firm, SSS, plastic	10YR 6/2				U.
		7-42	Clay V.W. ABk (Platy?)	Firm, Sticky, Plastic, Expansive	30"-42"				
		42-60	MA Loamy Saprolite	Poorly Drained					

Maybe elsewhere on lot?

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

RECEIVED JUN 0 9 2020

AP-244610
$105.00

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

#244610

Iredell County Health Department – Environmental Health Division

limited 40

PAGE 1: *APPLICATION FORM*

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: SHAWN QUICK Address: 650 FAITH RD, MOORESVILLE NC Zip: 28115
Applicant Email: SHAWNQUICK@GMAIL.COM Phone: 717-424-5305 Alt. Phone: _____
Owner Name: (SAME) Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 650 FAITH RD, MOORESVILLE NC 28115
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: NAVIGATE TO 648 FAITH RD, BEAR TO RIGHT. HOUSE IS 800 ft UP HILL.

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

CHECK FOUNDATION TYPE

( ) 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: 3
(✓) Swimming Pool
( ) Other Addition/Structure: _____
(✓) 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: _____ 6/9/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Erin R. Saye, am the legal owner(s) of the property located at 243 Cove Creek Loop, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Charlotte Pools & Spas, Inc, 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.

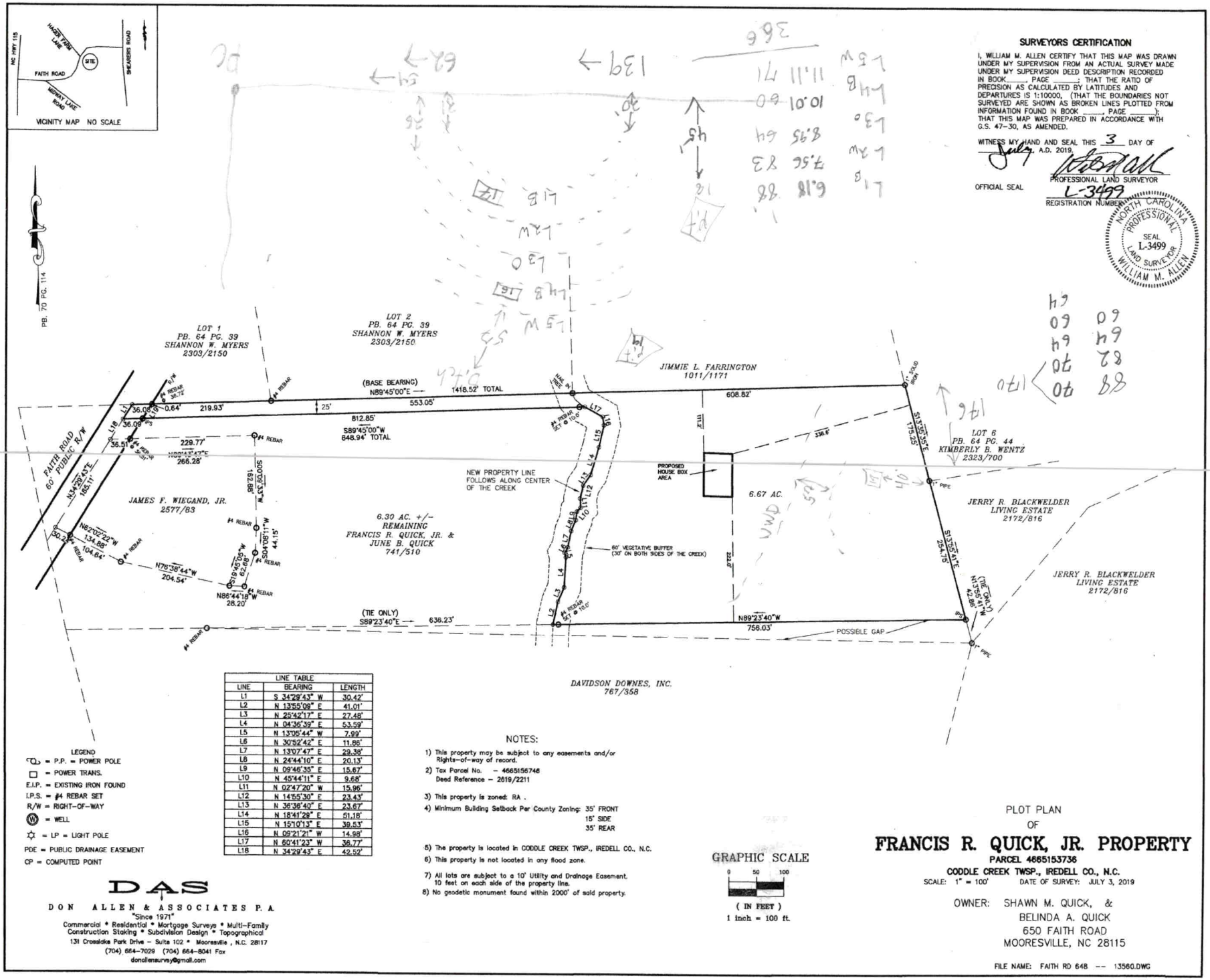
Erin R. Saye — May 5, 2020 — _____ — _____

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



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 34°29'43" W	30.42'
L2	N 13°55'09" E	41.01'
L3	N 25°42'17" E	27.48'
L4	N 04°36'39" E	53.59'
L5	N 13°05'44" W	7.99'
L6	N 30°52'42" E	11.86'
L7	N 13°07'47" E	29.38'
L8	N 24°44'10" E	20.13'
L9	N 09°46'35" E	15.67'
L10	N 45°44'11" E	9.68'
L11	N 02°47'20" W	15.96'
L12	N 14°55'30" E	23.43'
L13	N 36°36'40" E	23.67'
L14	N 18°41'28" E	51.18'
L15	N 15°10'13" E	39.53'
L16	N 09°21'21" W	14.98'
L17	N 60°41'23" W	36.77'
L18	N 34°29'43" E	42.52'

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
☼ = LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

NOTES:
1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. – 4665156746
Deed Reference – 2619/2211
3) This property is zoned: RA .
4) Minimum Building Setback Per County Zoning: 35' FRONT
15' SIDE
35' REAR
5) The property is located in CODDLE CREEK TWSP., IREDELL CO., N.C.
6) This property is not located in any flood zone.
7) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
8) No geodetic monument found within 2000' of said property.

GRAPHIC SCALE
0 50 100
(IN FEET)
1 inch = 100 ft.

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
donallensurvey@gmail.com

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____, PAGE _____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 3 DAY OF July, A.D. 2019.

PROFESSIONAL LAND SURVEYOR

OFFICIAL SEAL

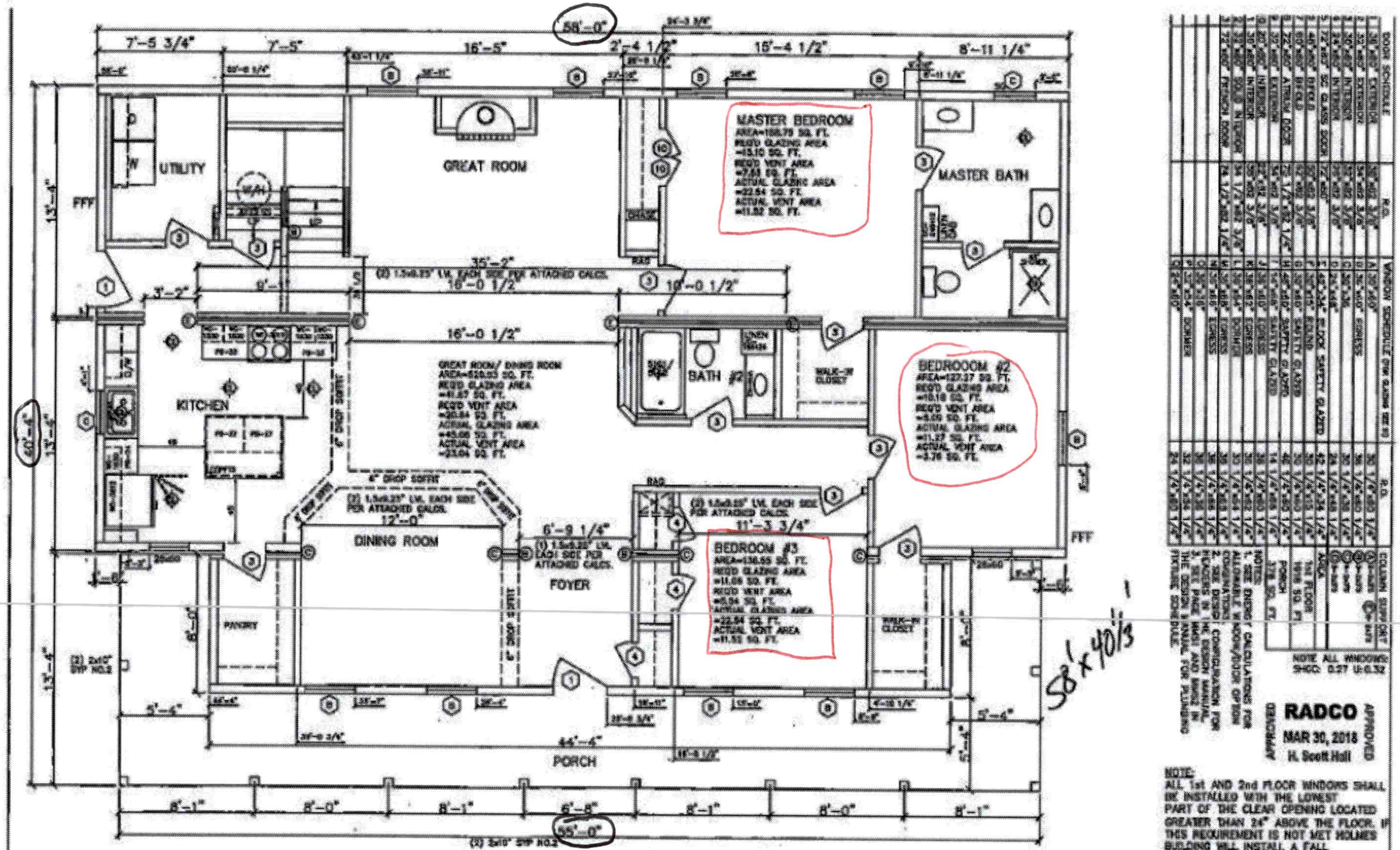
L-3499
REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

PLOT PLAN
OF
FRANCIS R. QUICK, JR. PROPERTY
PARCEL 4665153736
CODDLE CREEK TWSP., IREDELL CO., N.C.
SCALE: 1" = 100' DATE OF SURVEY: JULY 3, 2019

OWNER: SHAWN M. QUICK, &
BELINDA A. QUICK
650 FAITH ROAD
MOORESVILLE, NC 28115

FILE NAME: FAITH RD 648 -- 13560.DWG



RADCO
MAR 30, 2018
H. Scott Hall
APPROVED

NOTE:
ALL 1st AND 2nd FLOOR WINDOWS SHALL BE INSTALLED WITH THE LOWEST PART OF THE CLEAR OPENING LOCATED GREATER THAN 24" ABOVE THE FLOOR. IF THIS REQUIREMENT IS NOT MET HOLMES BUILDING WILL INSTALL A FALL PROTECTION DEVISE. IF ANY OF THE 1st FLOOR WINDOWS ARE GREATER THAN 72" ABOVE GRADE, THE FALL PROTECTION DEVISE WILL BE INSTALLED ON-SITE BY OTHERS, SUBJECT TO LOCAL APPROVAL.

NOTE:
ANY REQUIREMENTS FOR WHOLE HOUSE VENTILATION SYSTEMS ARE TO BE MET AND PROVIDED ON SITE BY OTHERS PER LOCAL CODE AND ARE NOT THE RESPONSIBILITY OF HOLMES BUILDING SYSTEMS.

REVISIONS: A	SCALE: 3/16"=1'-0"	APPROVED BY:	HOLMES BUILDING SYSTEMS, LLC	TITLE: FLOOR PLAN	PROJECT NO.
DATE: 5/15/18	DATE: 12/8/17	DRAWN BY: STEVEN A.		MODEL: CAROLINA CUSTOM HOMES-CONSTATINE	DRAWING HONP-5.0

Acknowledgement Of
File Submittal ONLY!
Date: 12/12/19
Date 12/19/19

IREDELL COUNTY

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

APPLICATION NUMBER
244610
Issue Date: 05/14/2019

ZONING PERMIT

Residentlal

Parcel Number	Street Address	Jurisdiction
4665152746.000	650 FAITH ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: QUICK FRANCIS R JR+JUNE B	Applicant: QUICK, SHAWN
Address: 648 FAITH RD	Address: 877 SKYLINE DR
MOORESVILLE, NC 28115	GAP, PA 17527
Phone:	Phone: 717-424-5305

Use Requested	Zone Code
SFD HOLD BUILDING PERMIT UNTIL PROPERTY IS DEEDED OFF	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.240	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: 5/14/19

Permit Number	177302	TOTAL FEES:	$ 77.25