IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230056

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

PIN # 4665263434

APPLICANT/OWNER: Richard Boswell APPLICANT ADDRESS: 138 Citation Dr.

SITE ADDRESS: 756 Faith Rd. Mooresville, NC PHONE: 443-995-3125 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd south → R on Faith → lot on L SAP CONTROLLED: ☑ YES ☐ NO

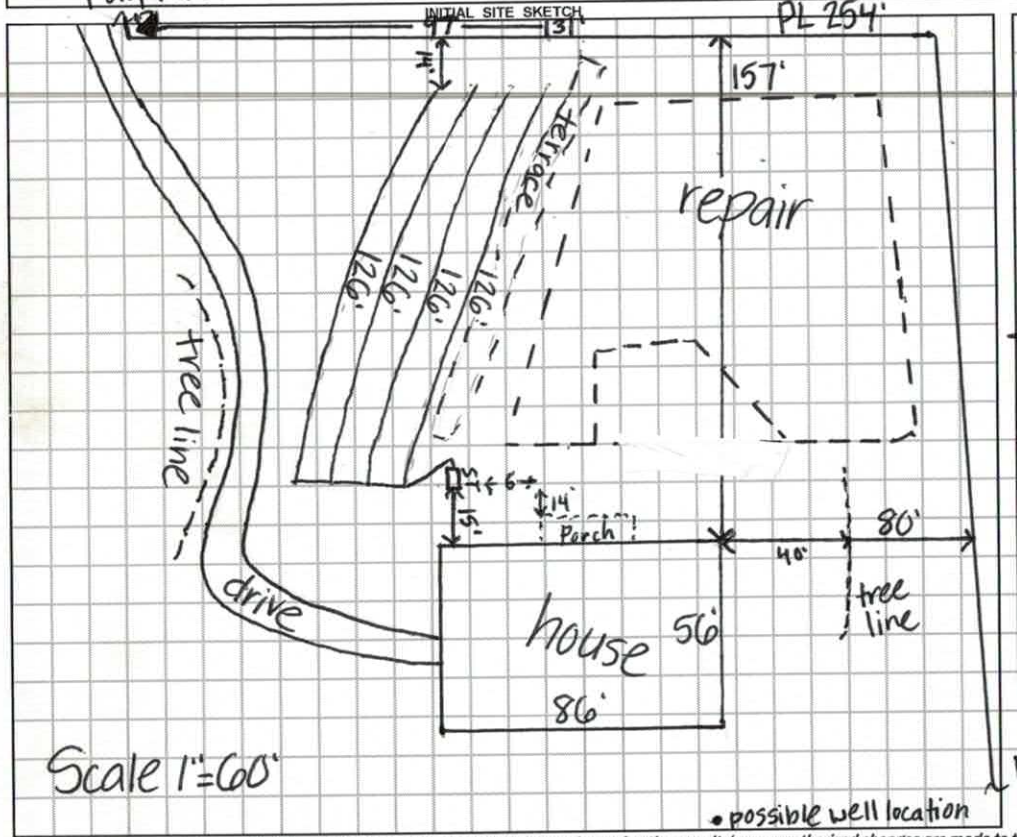
SUBDIVISION: James M Parker Etal SECTION: — LOT # 2 LOT AREA: 8.05ac DESIGN FLOW: 600gpd L.T.A.R.: .3 (.25 repair)

Septic Tank 1500 (gal)	STB 2061	Date 1/5/2018	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 5	Water Supply
Pump Tank — (gal)	PT —	Date —	System Description: 25% reduction		☐ Business	No. Persons 10	☑ Private
Pump Make —	Model —	Serial # —	Repair System Description: PM 25% reduction		☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 500'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 32"/36" highside	Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Remove terrace prior to Faith Rd.

installation. Floor plans turned in for AC show 4 bedroom, permit good for 5 bedroom.

INITIAL SITE SKETCH



AS BUILT SKETCH

6/28/18 Mid-Seam Rowan Precast Conc. tank (1500gal) w/ a Tuff-Tite EF-6 Filter.

	1	2
L1	126	
L2	126	
L3	126	
+ L4	122	
	500	of IQ4W installed @ 36" TB.

* System installed approximately where permitted.

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: Ashley Boswell Date: 9/19/17 Installed by: Rowan Septic (Kevin Kirkpatrick)

IMPROVEMENT PERMIT by: Kayla Watson Date: 9-18-17 OPERATION PERMIT by: Tom Shuck Date: 6/28/18

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-18-17 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.

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

PROPERTY ID #: 4665263602
COUNTY: IREDELL

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

OWNER: JAMES M PARKER ETAL
APPLICATION DATE
ADDRESS: P O BOX 382, MT MOURNE NC 28123
DATE EVALUATED: 3/6/17
PROPOSED FACILITY: RESIDENTIAL PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 8.05 AC
LOCATION OF SITE: FAITH RD, MOORESVILLE, NC
PROPERTY RECORDED: NO
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: X 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
B 1	LSS 7%	0-12	B SCL GR	FR SS SP SEXP	N/A -COM SAP	48"	N/A	N/A	PS 0.3 GPD/SQFT
		12-30	R C WFSBK	FR SS SP SEXP					
		30-48	R CL WFSBK	FR SS SP SEXP					
B 2	LSS 5%	0-9	BR CL WFSBK	FR SS SP SEXP	N/A -FEW/COM SAP. -COM. SAP	48"	N/A	N/A	PS 0.325 GPD/SQFT
		9-22	R C WFABK/SBK	FI S P SEXP					
		22-48	R CL WFSBK	FR SS SP SEXP					
B 3	LSS 6%	0-9	BR CL WFSBK	FR SS SP SEXP	N/A -FEW B MOT. FROM SURFACE -FEW SAP	48"	N/A	N/A	PS 0.3 GPD/SQFT
		9-30	R C WFSBK	FI S P SEXP					
		30-48	R C WFSBK	FR SS SP SEXP					
B 4	LSS 7%	0-12	B CL WFSBK	FR SS SP SEXP	N/A -FEW SAP	48"	N/A	N/A	PS 0.3 GPD/SQFT
		12-30	R C WFSBK	FI S P SEXP					
		30-48	R C WFSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	CONV OR 25%	CONV OR 25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: RICHARD BOSWELL

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 #: 4665263602
DATE OF EVALUATION: 3/6/17
COUNTY: IREDELL

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
B 5	LSS 7%	0-6	B SCL GR	FR SS SP SEXP	N/A -FEW SAP	42"	PS	N/A	PS 0.35 GPD/SQFT
		6-20	R C WFSBK	FR SS SP SEXP					
		20-42	R CL WFSBK	FR SS SP SEXP	-COM/MANY SAP				
		42-48	VAR SL SAP M	FR SS SP SEXP					
B 6	LSS 5%	0-6	B SCL GR	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3 GPD/SQFT
		6-28	R C WFSBK	FR SS SP SEXP					
		28-48	R CL WFSBK	FR SS SP SEXP	-COM/MANY SAP				

COMMENTS:

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

Sheet 1 of 2
PROPERTY ID #: 4665263433
COUNTY: Iredell

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

OWNER: Richard Boswell
ADDRESS: 756 Faith Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: Shearers Rd south → R on Faith → lot on L

APPLICATION DATE: 9-11-17
DATE EVALUATED: 9-15-17
PROPERTY SIZE: 8.05ac
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	10% LS rep	0-5	WSBK SCL	Fr,SS,SP,SEXP	5-28 few-com. yellow brown mottles 2.5Y6/2 22"	22	—	—	PS .25
		5-28	ABK C	Fr-FI,P,SEXP					
		28-48	WSBK CL	Fr,SS,SP,SEXP					
2	7% LS rep	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	52	30-52" few-com SAP inc		PS .3
		8-30	SBK C	Fr,SS,SP,SEXP					
		30-52	WSBK CL	Fr,SS,SP,SEXP					
3	9% LS rep	0-6	WSBK SCL	Fr,SS,SP,SEXP	—	50	26-50 few-com SAP inc		PS .3
		6-26	SBK C	Fr,SS,SP,SEXP					
		26-50	WSBK CL	Fr-Fi,SS,SP,SEXP					
4	8% LS rep	0-16	WSBK SCL	Fr,SS,SP,SEXP	—	50	—		PS .275
		16-40	SABK C	Fr,SS,SP,SEXP					
		40-50	WSBK CL	Fr-Fi,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4665226343
COUNTY: Iredell

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

OWNER: Refer to Sheet 1 APPLICATION DATE
ADDRESS: DATE EVALUATED: 9-15-17
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	(Toe/ace) 10% LS	0-12	fill	—					PS .3
		12-34	SBK C	Fr,SS,SP,SEXP					
		34-51	WSBK CL	Fi,SS,SP,SEXP	—	Col	51-61 many SAP inc.		
		51-61	WSBK CL	Fr,SS,SP,SEXP					
2	9% LS	0-5	WSBK SCL	Fr,SS,SP,SEXP					PS .3
		5-31	SBK C	Fr,SS,SP,SEXP					
		31-46	WSBK CL	Fr-Fi,SS,SP,SEXP	—	46	31-46 com-many SAP inc		
		46-60	SL SAPRO SS.	Fr,NS,NP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

RECEIVED SEP 12 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

220054

Paid $500.00 Online

Application For:

(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Applicant Name: Richard Bosarell **Address:** 138 Citation Drive Mooresville NC 28117 **Phone:** 443-995-3125

Owner Name: Same **Address:** Same **Phone:** Same

Property Information:

Street Address: 756 Faith Road Mooresville Nc 28115

Subdivision Name: James M Parker ETAL **Section/Phase:** NULL **Lot Number:** 2

Driving Directions: Heading North on Stevers road, turn ~~right~~ left on to Faith Road. Property is on the left directly behind the house at 764 Faith Road. There is a 2 acre ~~parcel~~ parcel in between house and our 5 acre parcel.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building: NA
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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: _____ 9/11/2017

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

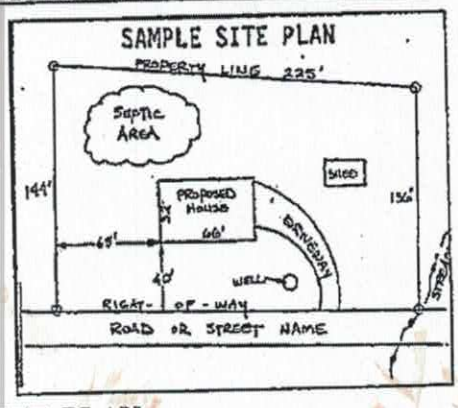
230056

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:

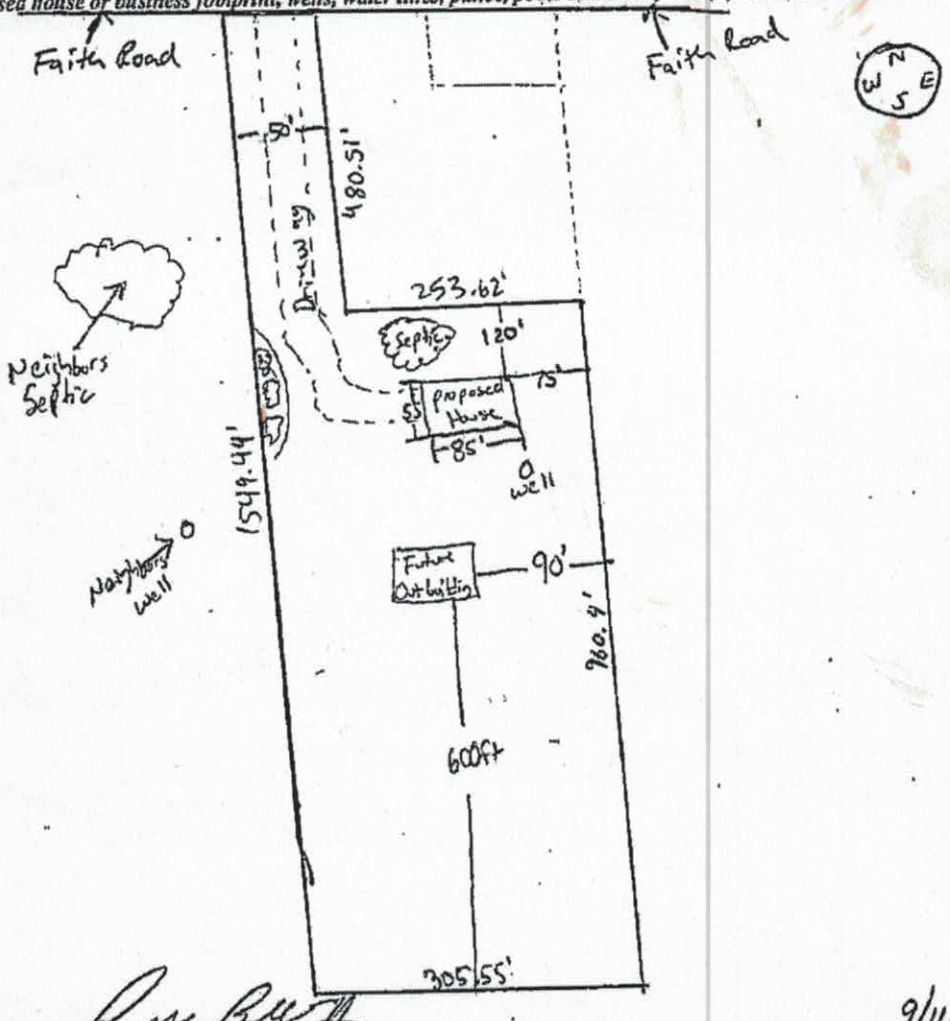
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/11/20
DATE

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, Richard W. Boswell II, am the legal owner(s) of the property located at 756 Faith Road Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4665263434.000, located in Iredell County, North Carolina.

I do hereby authorize (print **legal representative/company name**) myself and wife Richard and Ashley Boswell II, 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.

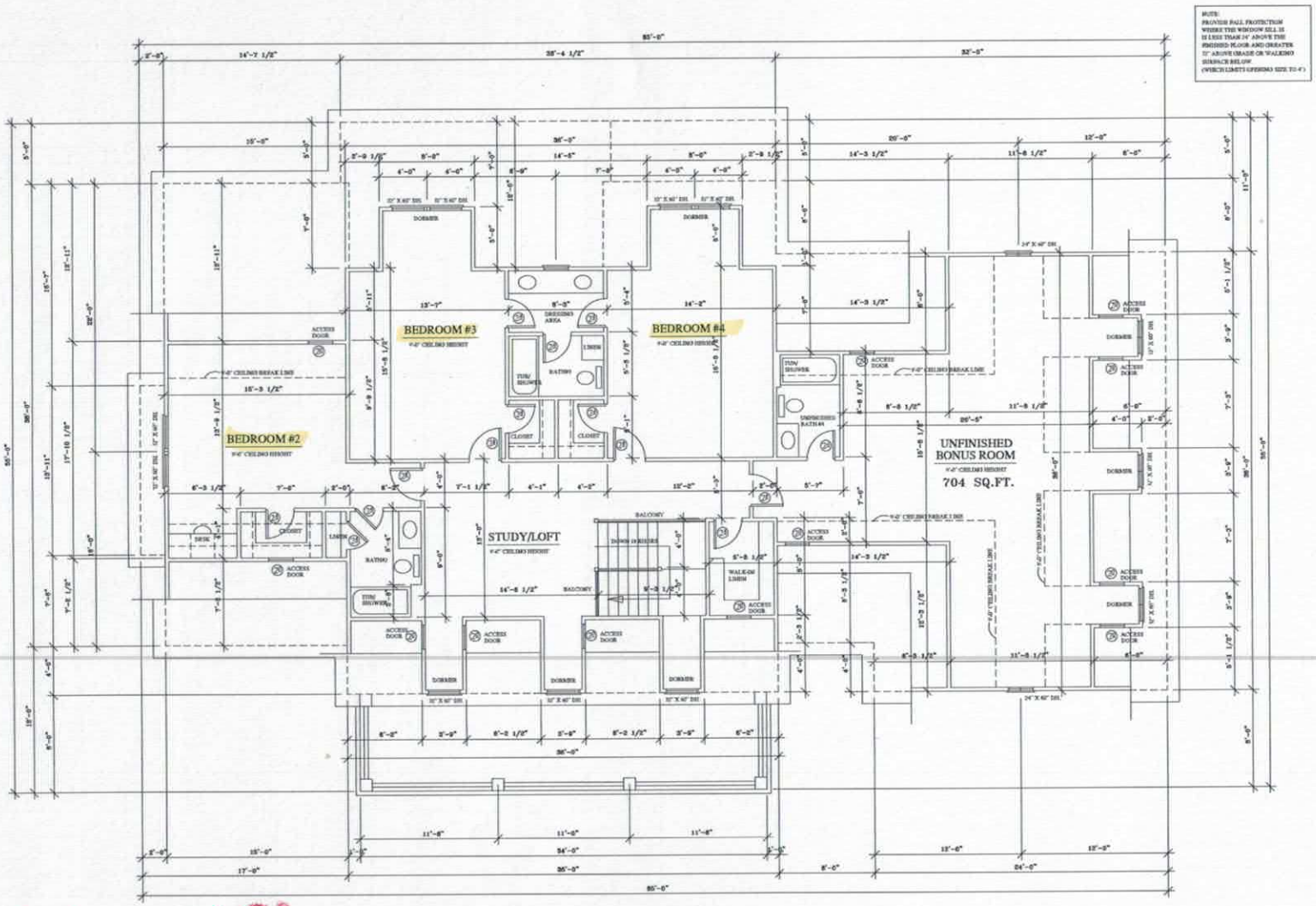
Signature of Owner(s) — Date: 9/11/2017

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



NOTE:
PROVIDE FALL PROTECTION WHERE THE WINDOW SILL IS LESS THAN 24" ABOVE THE FINISHED FLOOR AND GREATER 72" ABOVE GRADE OR WALKING SURFACE BELOW (WHICH LIMITS OPENING SIZE TO 4")

SECOND FLOOR PLAN

1356 SQ.FT.

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

Acknowledgement Of Plans Submittal ONLY!
Kayla Watson Date 9-18-17
Ashley Boswell Date 9/19/17

JEFFERY D. GRAY
RESIDENTIAL DRAFTING & DESIGN
2206 SOUTH MAIN STREET KANNAPOLIS, NORTH CAROLINA 28081
OFFICE (704) 933-4729

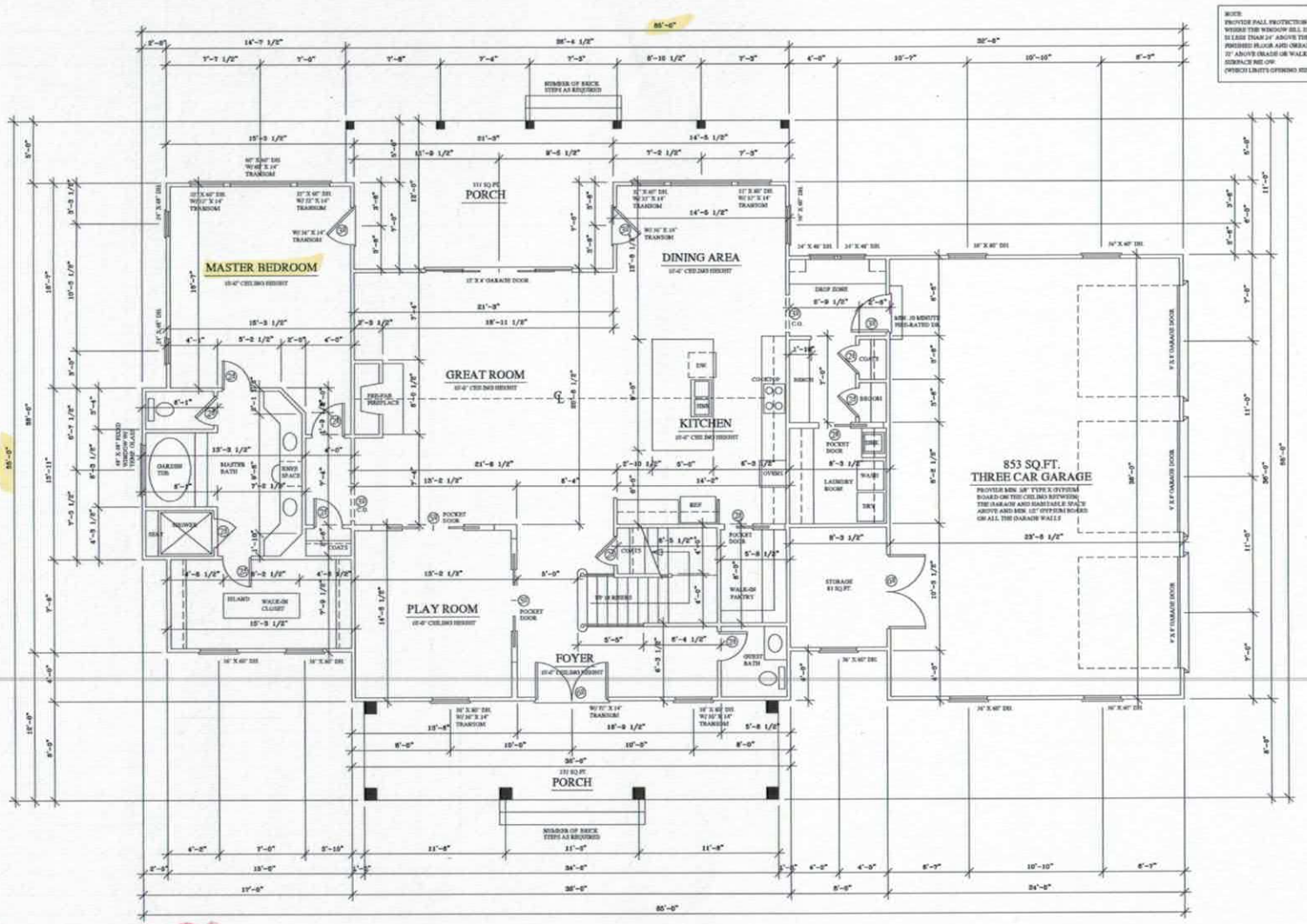
CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BIDDING/CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. JEFFERY D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS

PROJECT:
BOSWELL RESIDENCE

DATE: JULY 19, 17
REVISION:

FILE NUMBER
2017-BOSWELL

SHEET:
5 OF: 6



FIRST FLOOR PLAN

2143 SQ.FT.

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

Acknowledgement Of Plans Submittal ONLY!

Kayla Wilson Date 9-18-17

Ashley Boswell Date 9/19/17

JEFFERY D. GRAY
RESIDENTIAL DRAFTING & DESIGN

PROJECT: BOSWELL RESIDENCE

DATE:

REVISION:

FILE NUMBER

SHEET: 4 OF 6

IREDELL COUNTY

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

APPLICATION NUMBER
230056
Issue Date: 09/12/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4665263434.000	756 FAITH ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BOSWELL RICHARD W II+ASHLEY L HALL	Applicant: BOSWELL RICHARD W II+A
Address: 225 RIVER BIRCH CIRCLE MOORESVILLE, NC 28115	Address: 225 RIVER BIRCH CIRCLE MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.050	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: _____

Permit Number	114729	TOTAL FEES:	$ 77.25