2pm

ICHD–ENVIRONMENTAL HEALTH DIVISION KJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP- 305089

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

PIN # 4665-66-5242 ✓

APPLICANT/OWNER: Jordan Teague / Hayley Merritt | APPLICANT ADDRESS: 4102 Leafmore St. Concord, NC 28027

SITE ADDRESS: 245 Rocky River Rd. Mooresville, NC 28115 ✓ | PHONE: 704-224-4909 | ALT. PHONE 980-622-5657

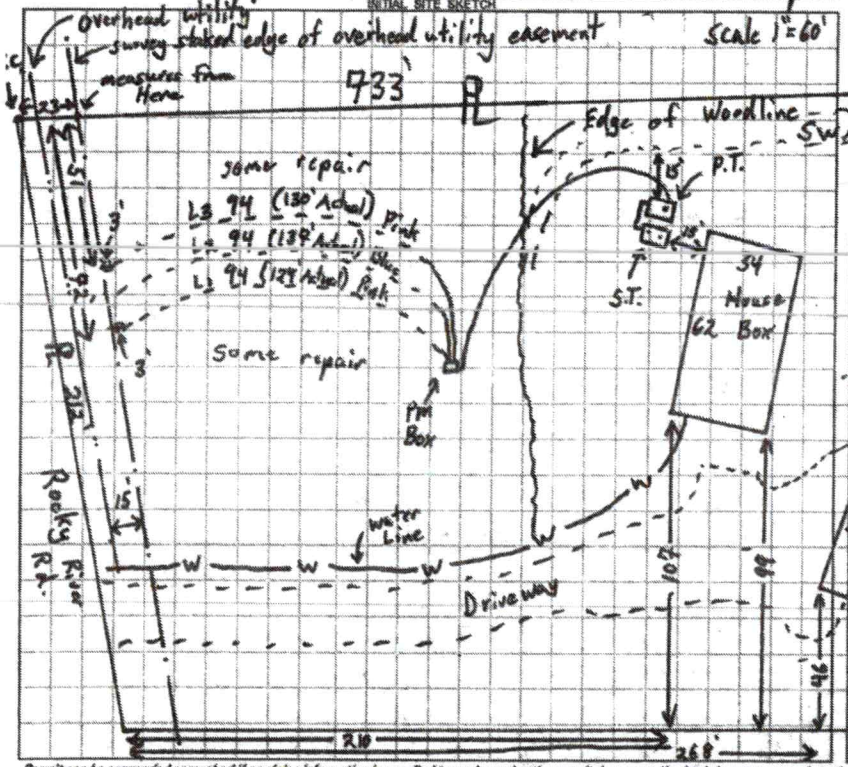
SITE DIRECTIONS: Shearers Rd South from Mooresville → L on Rocky River Rd → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Deer Creek Ridge ✓ | SECTION: — | LOT # 2 ✓ | LOT AREA: 3.97 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.325

Septic Tank	1000	(gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description: PM - 25% Reduction	☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description: Horizontal Pond (50% Reduction)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft: 282'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Use 3 x 3/4" SCH 80 TAPS. Though 396 L.F. of drainfield has been laid out, only 282 l.f. need be installed. (3 x 94' lines). Spare area to be set aside for future repair purposes. Recommend having septic tank pumped every 5 years. Install ST+PT at least 10' from any swales/surface ditches.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		BB
Tanks Checked	8/17/20	MD
Pressure Manifold or Valve Box Checked	8-25	CCW
Pressure Head Set		CCW
Electrical Checked		CCW
Floats Set		CCW
Alarm Checked	↓	CCW
Maintenance Contract Y (N)		

Supply line taps checked 8/17/20 MD

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: Hayley Merritt Date: 6/19/2020 Installed by: Boss Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/18/2020 OPERATION PERMIT by: Carla C Nicks Date: 8-31-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/19/2020 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.

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

Sheet 1 of 2
PROPERTY ID #: 4665-66-5242
COUNTY: Iredell

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

OWNER: Jordan teague
ADDRESS: 4102 Leafmore St. Statesville, Nc
PROPOSED FACILITY: 4 BR SFR
LOCATION OF SITE: 245 Rocky River Rd Mooresville

APPLICATION DATE 1/29/2020
DATE EVALUATED: 3/16/2020
PROPERTY SIZE: 3.947 acres
PROPERTY RECORDED: yes

PROPOSED DESIGN FLOW (.1949): 480 GPD

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	Below Garage 16%	0-5	SCL V.W. SBK	SI. Friable, SS, SP, SO	Dont use - no color through	62	—	—	0.275 PS
		5-17	Clay. Strong ABK weak Platy	SI. Firm, Sticky, Sp, Soap					
		17-36	Clay M. ABK SBK	SI. Firm, Sticky, Sp, Soap					
		36-62	Clay Loam W. SBK some Saprolite + manganese	Friable, SS, SP, Soap	Intercept @	Keep	Deep		
2	Below house 15%	0-6	SCL V.W. SBK	SI. Friable, SS, SP, SO		63	—	—	0.275 PS
		6-30	Clay Strong ABK	SI. Firm, Sticky, Sp, Soap	22"-30" Relax w/ oxid roots				
		30-54	Clay M. SBK/ABK	SI. Firm, Sticky, Sp, Soap	2.5YR 5/2				
		54-63	Clay Loam w. SBK some Soap	SI. Friable, SS, SP, Soap		Go deep			
3	Shoulder Adjacent Garage 13%	0-13	SCL V.W. SBK	SI. Friable, SS, SP, Soap		69	—	—	0.275 PS
		13-25	Clay M. SBK/ABK	SI. Firm, Sticky, Sp, Soap	52"				
		25-52	Clay Loam W. SBK Abundant Saprolite						
		52-69	Clay Loam + numerous Tiger dust Sap + clay Plugs	SI. Very Firm sticky Plastic, Sap	Dont use				
4	Front Field lower 6%	0-8	SCL V.W. SBK	SI. Friable, SS, SP, Soap	—	64	—	—	0.325 PS
		8-31	Clay M. SBK W. ABK	SI. Firm, Sticky, Sp, Soap					
		31-64	Clay Loam M. SBK + common Saprolite	SI. Friable, SS, SP, Soap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	351	400+
System Type(s)	Horizontal Panel	PM - 25% Red
Site LTAR	0.275	0.325

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Brett Bess

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

290 needed

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

OWNER: _____ APPLICATION DATE_____
ADDRESS: 245 Rocky River Rd. Mooresville DATE EVALUATED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Front street 4%	0-4	SCL V.W. sbk	SI Friable, SS, Sp. Seap					
		4-12	Clay m.sbk/abk common mica	Firm, Sticky, Sp. Seap					
		12-20	Clay V.W. sbk Loam abundant Saprolite	Friable, SS, Sp. Seap		20"	—	—	0.35
		20-41	MA Loamy Saprolite	Very Friable + well drained					
		41-64	MA sandy Saprolite	Very Friable + very well drained					
2						46" TB			
3	16% Slope 6" correction	L1 W	144 47+47+46	5.97	487 47 47 47 47 47			140 2ea/144	3.72
		L2	147 47+47+46	7.44					
			35 (14' solid)	25 8.81					
			50 left	60					
4			41.5 each (7 lines) ← 52 →		140'	total C 15.5" Drop 5.22 @ D-Box			to detail
		Tank	2.72	High Point 0.29 D-Box 3.54					
		L1	5.92						

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

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

RECEIVED MAY 29 2020 AP-305089

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

$320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

re-layout

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: ( ) 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: Jordan Teague Hayley Merritt Address: 4102 Leafmore St. Concord, NC Zip: 28027
Applicant Email: hayleymerritt3@gmail Phone: (704) 224-4909 Alt. Phone: (980) 622-5657
Owner Name: Jordan Teague Hayley Merritt Address: 4102 Leafmore St. Concord, NC Zip: 28027
Owner Email: hayleymerritt3@gmail Phone: (704) 224-4909 Alt. Phone: (980) 622-5657

Property Information:

Street Address: 245 Rocky River Rd. Mooresville, NC 28115

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

Driving Directions: ~~across street from~~ _____

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

CHECK FOUNDATION TYPE

(X) 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: 2
( ) Swimming Pool
(X) Other Addition/Structure: metal garage/shop

(X) 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 (X) 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 (X) Other: PUMP

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: ~~Hayley Merritt~~ Jordan Teague 05/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 305089

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

PIN # 4665-66-5242

APPLICANT/OWNER: Jordan Teague / Hayley Merritt | APPLICANT ADDRESS: 4102 Leatmore St. Concord, NC 28027

SITE ADDRESS: 245 Rocky River Rd. Mooresville, NC | PHONE: 704-224-4909 | ALT. PHONE 980-622-5657

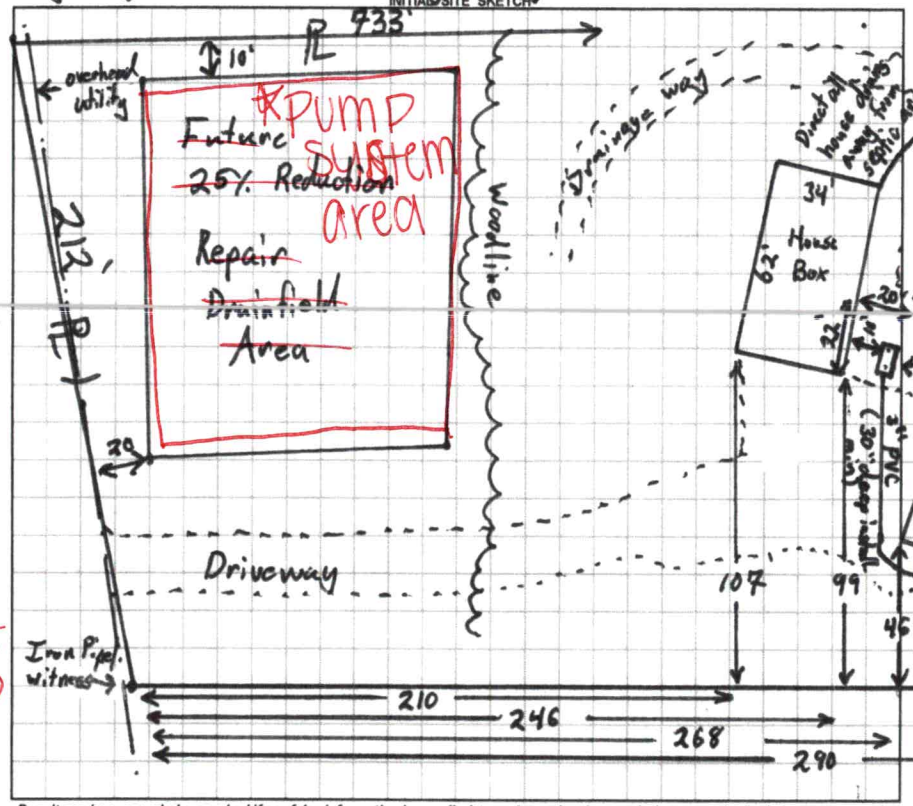
SITE DIRECTIONS: Shearers Rd South from Mooresville → L on Rocky River Rd → lot on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Deer Creek Ridge | SECTION: — | LOT # 2 | LOT AREA: 3.97 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.275

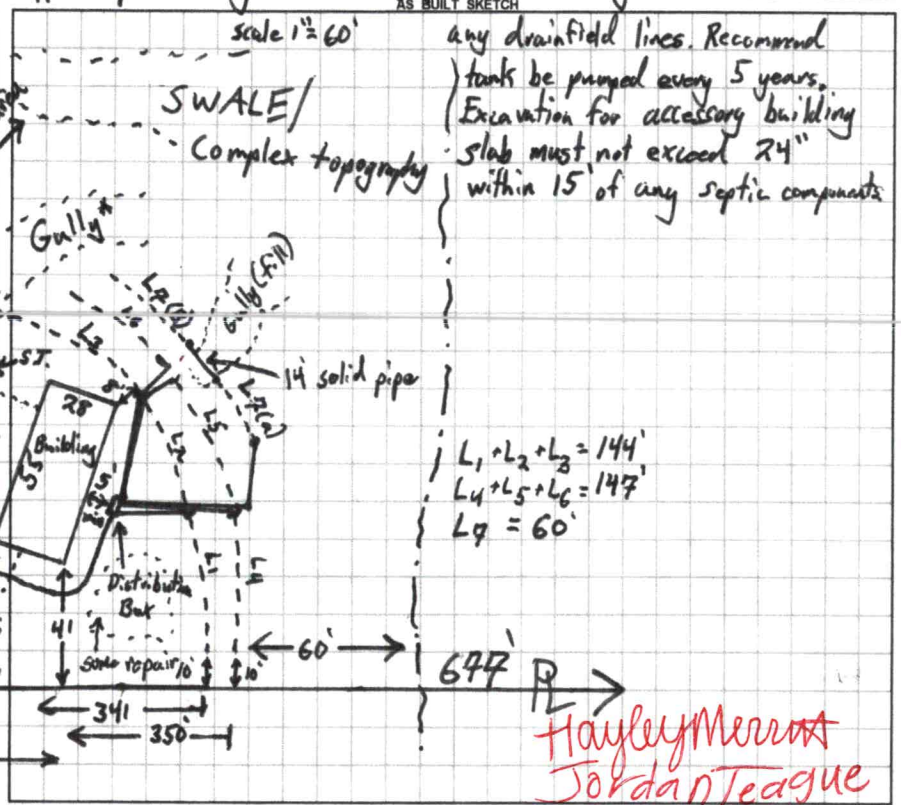
Septic Tank	1000	(gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: Horizontal PPBPS (50% Reduction)		☐ Business	No. Persons	8	☐ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description: PM - 25% Reduction		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	7		Linear Ft	290	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		42"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 7 x 41.5' Horizontal PPBPS lines with minimum 2' of seperation distance between ends of lines and beginnings of another (including conveyance lines where needed) 7-outlet pipe distribution box required. Accessory building may have a sink + commode but no kitchen or bedrooms unless prior approval provided by the health department. *Fill all gullies within 15' of any drainfield lines. Recommend tank be pumped every 5 years. Excavation for accessory building slab must not exceed 24" within 15' of any septic components

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: Hayley Merritt | Date: 03/20/2020 | Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck | Date: 3/19/2020 | OPERATION PERMIT by: _____ | Date: _____

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 3/26/2020 | 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.

Septic Permit Re-drawn

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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***)** Hayley Merritt
Jordan Teague

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.

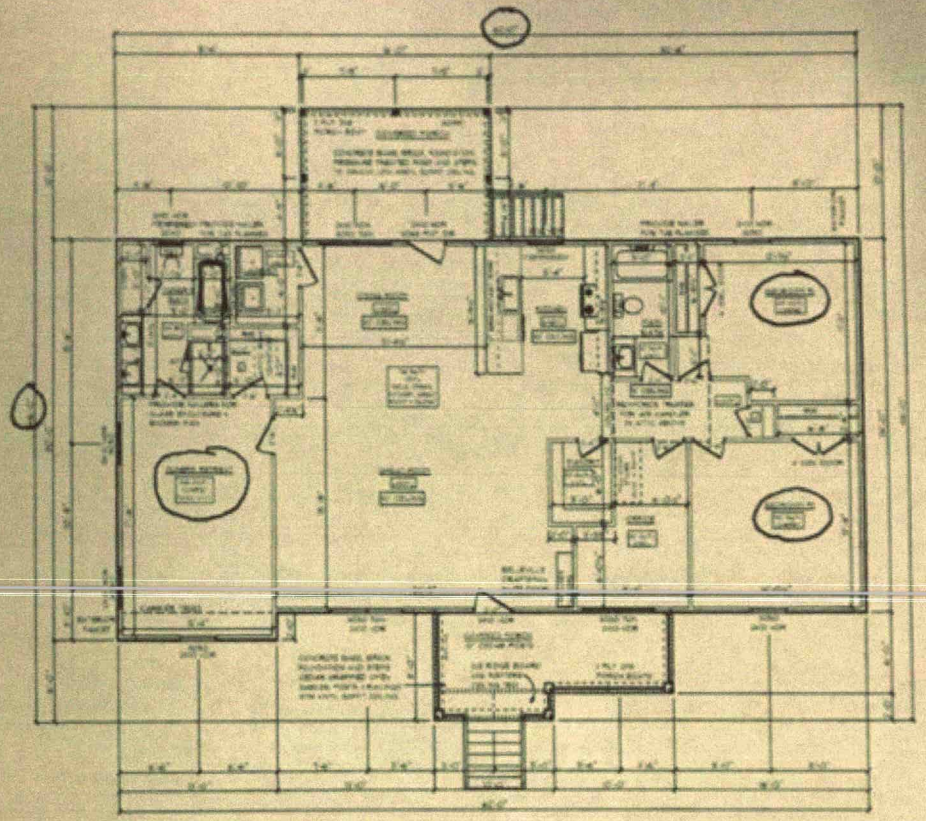
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

Hayley Merritt _____ 05/19/2020
Signature of Owner(s) Date

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



Acknowledgement Of
Plans Submittal ONL
Heather Allerding
Jordan Teague Date 03/25/2020
Tom Shuck Date 3/25/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305089 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4665665242.000		Iredell County

Owner Information	Applicant Information
Name: TEAGUE JORDAN P+HAYLEY R MERRITT	Name: TEAGUE JORDAN P+HAYLEY R MERRITT
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.97	35	35	15	15	N/A	NO

Remarks
SFD 245 ROCKY RIVER RD

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.

Date: 02/17/2020

Signature of Owner/Contractor

Permit Number	305089	TOTAL FEES:	$77.25