ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242515

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

PIN # 4665893800 ✓

APPLICANT/OWNER: Chris Lawson / Eddie Beam | APPLICANT ADDRESS: 2240 Stup Rd 28125

SITE ADDRESS: 137 Bow ln Mooresville NC 28115 ✓ | PHONE: 704 230-6038 | ALT. PHONE 937-608-6464

SITE DIRECTIONS: Hwy 3 South TR Esther Farm Rd Bow Bow Lot on L

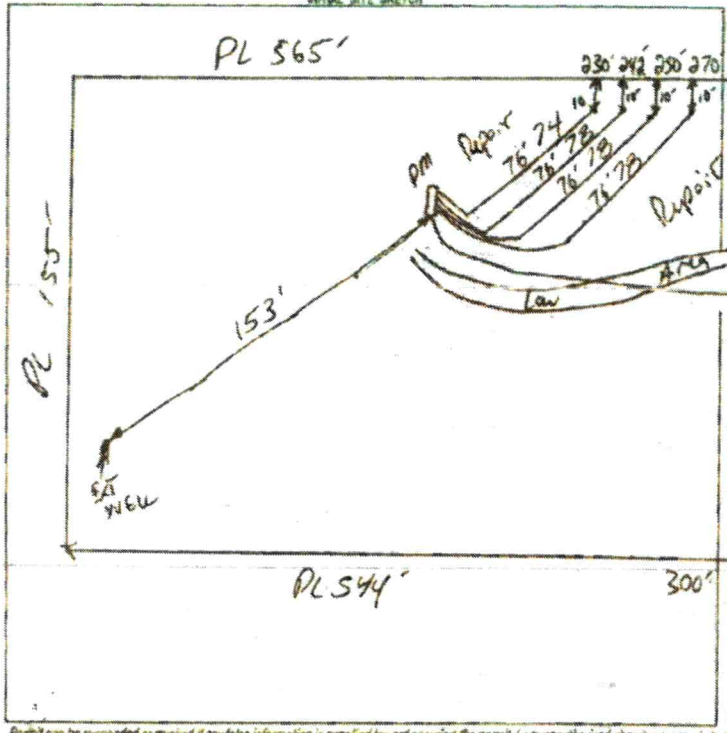
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 2.57 ✓ | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360 gpd | LTAR: .57/.25 R

Septic Tank	1000 (gal)	STB	760	Date	8-22-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	8-11-2020	System Description:	Pump pm 25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make	Gould	Model	WE0512AH	Serial #		Repair System Description:	PPR DS			☐ Other	No. Employees	☐ Public
# Infiltration Fields	1	# Lines	4	Linear Ft.	300'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth	-			☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

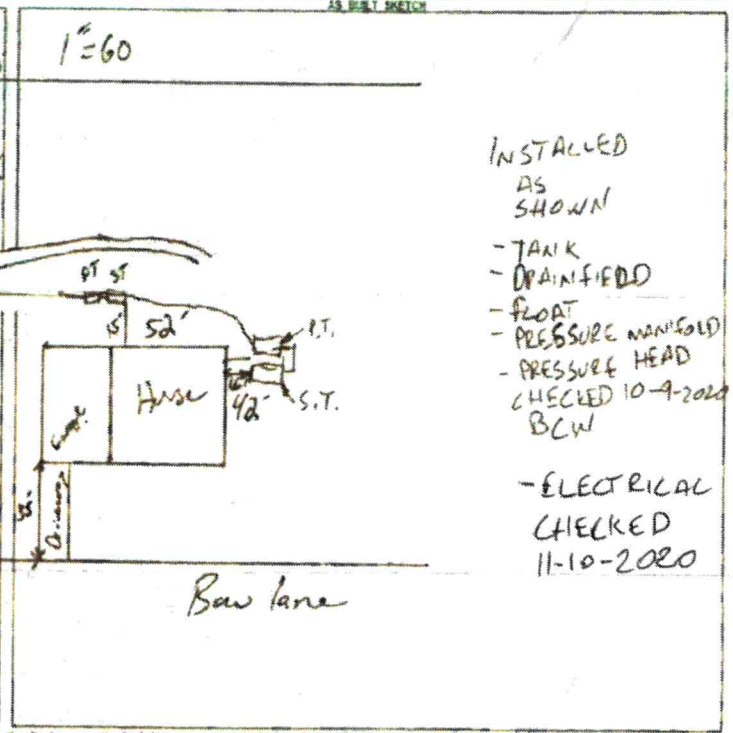
Comments / Conditions: Install drainage on center of land and use pressure manifold for distribution.

4 Taps @ 6' Sch 40 138 g dose
6.5" drawdown
Need 2ft Pressure Head

INITIAL SITE SKETCH



AS BUILT SKETCH



INSTALLED AS SHOWN
- TANK
- DRAINFIELD
- FLOAT
- PRESSURE MANIFOLD
- PRESSURE HEAD CHECKED 10-9-2020 BCW
- ELECTRICAL CHECKED 11-10-2020

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.

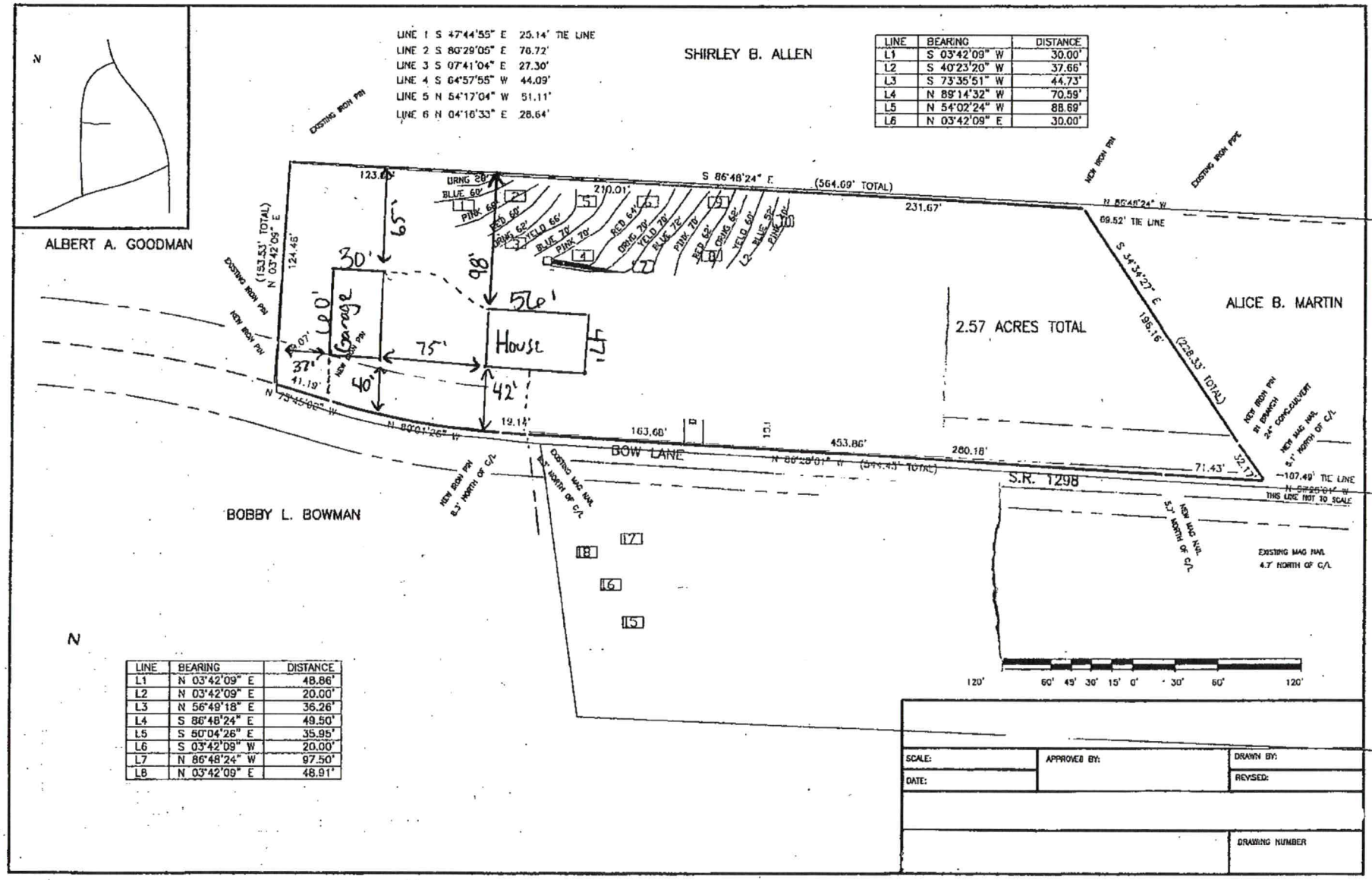
Owner / Applicant Signature: [signature] Date: 1-23-20 | Installed by: L.E. BEAN

IMPROVEMENT PERMIT by: [signature] Date: 1-16-20 | OPERATION PERMIT by: [signature] Date: 11-10-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-16-20 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION, CALL 704-664-3705 between 9am-1pm (by the day before) [illegible]

Garage 30 × 60
House 47 × 56



DHHS

ON-SITE WASTEWATER SECTION

Sheet ___ of ___

PROPERTY ID #: 4665893800

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Keith Lambert APPLICATION DATE 2/13/17

ADDRESS: 919 Carolyn Ave Kannapolis, NC DATE EVALUATED: 3/11/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 4Ac

LOCATION OF SITE: 137 Bow Ln Mooresville PROPERTY RECORDED: Y

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	5%	0-14"	R/BwCL	SCL WSBK	SS, SP, SEXP, FR				PS .3
		14-32"	R C	m-wSBK	SS, SP, SEXP, FR				
		32"-48"	R CL	WSBK SS, SP, SEXP, FR					
			w/ Inclus of SAP						
	7% Rep	0-13"	Rd/Brw	SCL, W	SBK SS, SP, SEXP, FR				PS .3 to .25
		13"-22"	R C	m-wSBK	SS, SP, SEXP, FR				
		22-48"	R/CL	WSBK	SS, SP, SEXP, FR				
		few yel	Brw mottles	starting @ 29"					
	5%	0-10	Brw	SCL WSBK	SS, SP, SEXP, FR				PS .3
		10-30	R C	m-WSBK	SS, SP, SEXP, FR				
		30-48	R CL	WSBK w/ few SAP Inclus					
			SS, SP, SEXP, FR						
	5% Rep	0-4"	Brw	SCL SS, SP, SEXP					PS .3
		4-36"	R C	m-WSBK	SS, SP, SEXP, FR				
		36-48"	R CL	WSBK	SS, SP, SEXP				
			w/ few SAP Inclus						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___

SITE CLASSIFICATION (.1948): ___

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ___

COMMENTS: ___

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE $105.00
OR IT WILL NOT BE PROCESSED

#242515
12/9/19

Iredell County Health Department – Environmental Health Division
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: Eddie Beam **Address:** 2240 Sloop Rd. **Zip:** 28125
Applicant Email: lebeamconstruction@yahoo.com **Phone:** 704-634-5248 **Alt. Phone:**
Owner Name: Chris Lawson & Caitlin Travis **Address:** **Zip:**
Owner Email: caitlin1218@aol.com **Phone:** **Alt. Phone:**

Property Information:

Street Address: 137 Bow Lane, Mooresville NC 28115

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

Driving Directions:

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants:
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) 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:

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

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: Annulus D Beam 12/9/19
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)** **DATE**

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, _____, 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)** LEB. Builders, _____, 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.

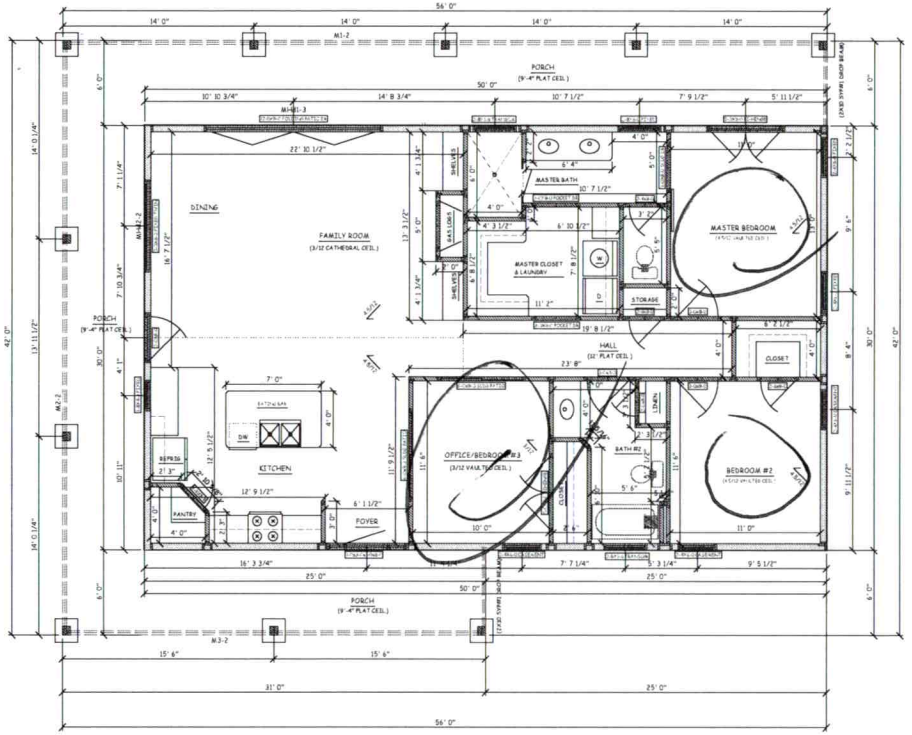
L. Eddie Beaver, Jr. — 12/9/19

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

A complete Javelin® framing plan requires the Framer's Packet Guide
See the Framer's Packet Guide for Product Trademark Information



Products					
PlotID	Length	Product		Plies	Net Qty
M1-2	56' 0"	1 3/4" x 9 1/4" 2.0E Microllam® LVL		2	2
M2-2	42' 0"	1 3/4" x 9 1/4" 2.0E Microllam® LVL		2	2
M3-2	31' 0"	1 3/4" x 9 1/4" 2.0E Microllam® LVL		2	2

Wall Framing				
PlotID	Length	Product	Plies	Net Qty
MH#1-3	13' 0"	1 3/4" x 14" 2.0E Microllam® LVL	3	3
MH#2-2	7' 0"	1 3/4" x 9 1/4" 2.0E Microllam® LVL	2	2

MAIN FLOOR LEVEL

1500 SQ FT HEATED

702 SQ FT PORCH

12' CEILINGS UNLESS NOTED

WINDOW HEADER HEIGHTS TO BE 8'

WARNING

Acknowledgement Of
Plans Submittal ONLY!

Date 4-8-19

Date 4/12/19

Level Javelin software

Prepared By:
RB's structural designs,LLC

Drawn By: | ROD CRONLAND
PHONE # | 828.312.3895
Release Date: | 1/15/19
Revision Date:

Customer: CHRIS LAWSON & CAITLIN TINSLEY
Job Name: CUSTOM HOME
Plan/Model #:
Subdivision:

Address/Lot: BOW LANE
City, State: MOORESVILLE, NC
Job #:
Scale: 1/4"=1'

Sheet: 2 of 7