ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 3161

DW

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

PIN # 4667 55 7220

APPLICANT/OWNER: Tammy Lawley APPLICANT ADDRESS: 3924 Mt. Olive Church Rd Newton, NC 28658

SITE ADDRESS: 230 Beatty Ave Mooresville, NC 28115 PHONE: 704 361-1987 ALT. PHONE 704 361-3130

SITE DIRECTIONS: Main St North TL Beatty St (Brawley's Garden) at end.

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.39 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240 gpd L.T.A.R.: .3I/.1 Drip Rep

Septic Tank	1000	(gal)	STB 760	Date	10/22/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction		
Pump Make			Model	Serial #	2666	Repair System Description:	Drip		
# Nitrification Fields	1		# Lines	45	Linear Ft: ~~200~~	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"		Trench Bottom Depth ~~(Low side)~~	~~24"~~ 48"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	

☒ Residence No. Bedrooms 2 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 4

☐ Other No. Employees —

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: * Must stub out plumbing high to maintain gravity flow to ST. max
Serial distribution

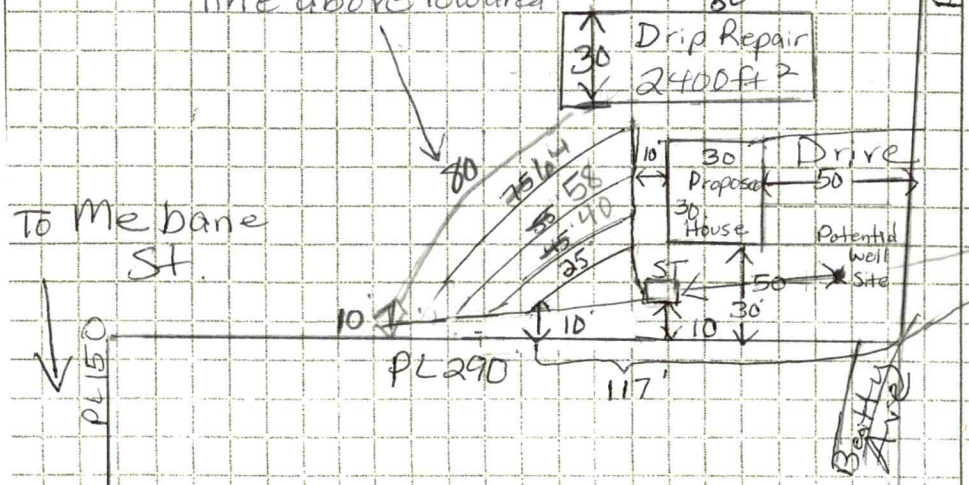
* Floor plans show 1 Bedroom, minimum permitted flow is 2 Bedrooms - 240 gpd
10ft from ST to house

INITIAL SITE SKETCH

1"=60'

Per Jamie Johnson with Town of Mooresville, property can connect to Sewer @ Mebane St.
Create positive drainage away for Septic

Keep lowest line above low area



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.

Installed 2 lowest drain lines at 48" trench bottom
Fotter installed

+ Soil in trenches had Chroma 2s & gleys throughout. TO be re-evaluated. 11/10/21 DW
Installed trenches @ 48" in Suitable material

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: T Lawley Date: 6/07/21 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/5/21 OPERATION PERMIT by: Maria Dotson Date: 11/16/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/5/21 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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 ___ of ___
PROPERTY ID #: 4667552220
COUNTY: Iredell

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

Applicant
OWNER: Tammy Lawley
ADDRESS: 3924 Mt. Olive Church Rd Newton, NC 28658
PROPOSED FACILITY: House
LOCATION OF SITE: 230 Beatty Ave Mooresville, NC
APPLICATION DATE: 4/6/21
DATE EVALUATED: 5/19/21
PROPOSED DESIGN FLOW (.1949): 240gpd
PROPERTY SIZE: ___
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	6%	0-8	Brw CL/SCL w SBK SS, SP, SExP, FR						PS .3
		8-22	RCm-w SBK SS, SP SExP, FR w/few SAP Inclus						
		22-40	RCL w SBK SS, SP, SExP, FR w/ many SAP Inclus						
		40-50	LSAP massive FR w/ CL Inclus						
2	6%	0-4	Brw CL/SCL w SBK SS, SP, SExP, FR						PS .3
		4-19	RCm-w SBK SS, SP, SExP, FR few SAP Inclus						
		19-40	RCL w SBK SS, SP, SExP, FR w/ many SAP Inclus						
		40-48	LSAP massive FR w/ CL Inclus						
3	4%	0-5	Brw SCL/CL w SBK SS, SP, SExP, FR						PS .3
		5-21	RCm-w SBK SS, SP, SExP, FR						
		21-30	RCL w SBK SS, SP, SExP, FR w/ few to many SAP Inclus						
		30-50	LSAP mas, FR w/ CL Inclus						
4	4%	0-8	Brw SCL/CL w SBK SS, SP, SExP, FR						PS .25 to 31" Va 31"
		8-31	RCm-w SBK S, P, SExP, FI-FR w/ yel/Brw mottles						
		31-48	Yel/Brw SCS, P, SExP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Mara Dotson
OTHER(S) PRESENT: ___

COMMENTS: ___

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

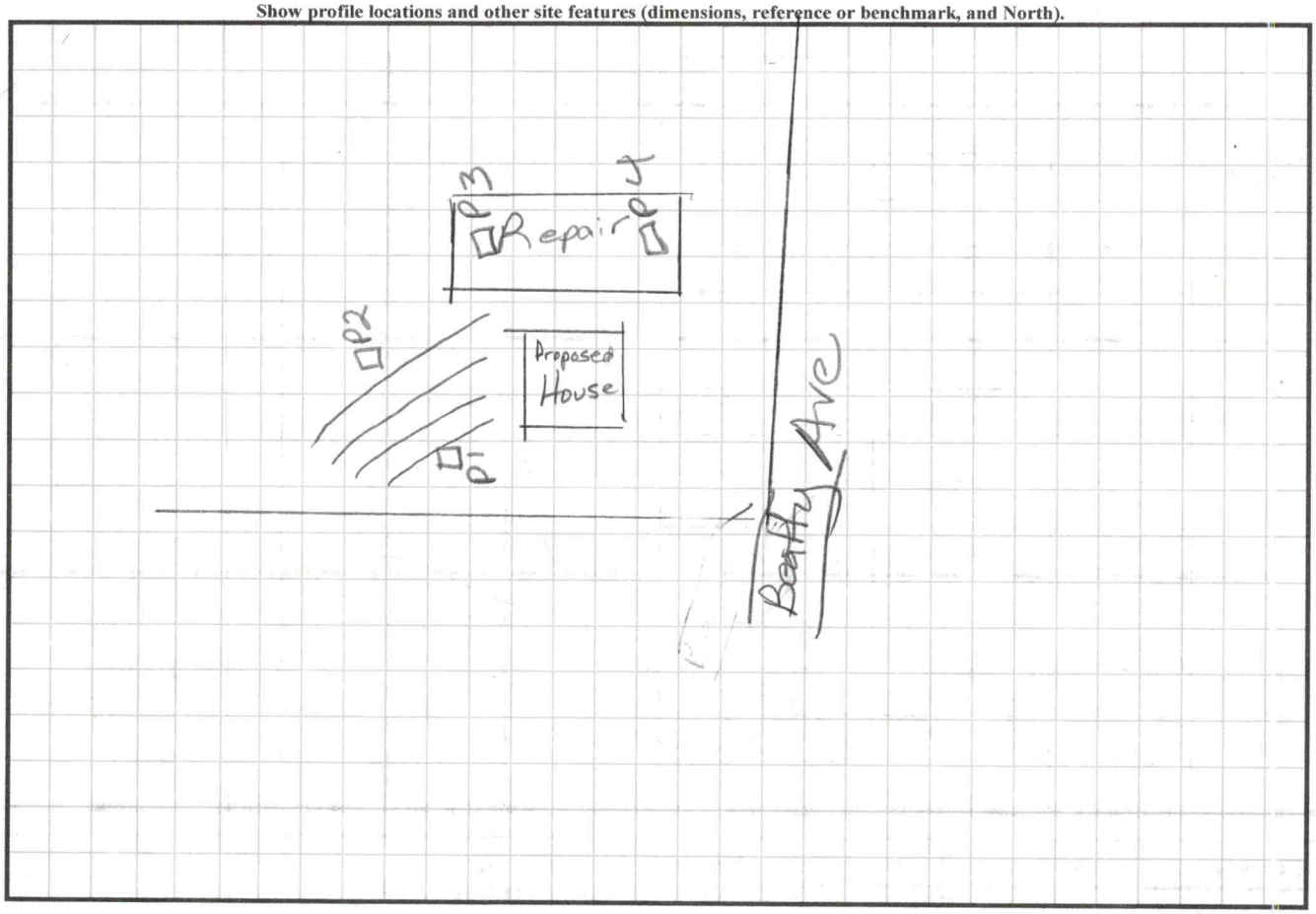
NOTES

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).



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: 11/12/21
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Beatty 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		0-13	Rd/Brw C wABK	S, P, SExp, Fi					
		13-44	Yel/Rd C wSBK/ABK Inclus & Exp. C	w/numerous SAP					
		44-66	L/SL	SAP					
2		0-10	Fill						
		10-24	Rd/Brw C ABK	S, P, SExp, Fi					
		24-48	Rd to Yel/Rd C wABK w/SAP Inclus & Exp	S, P, Exp, Fi C					
		48-66	L/SL	SAP					
3									
4									

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

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

COMMENTS: _____

LEGEND

use the following standard abbreviations

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		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
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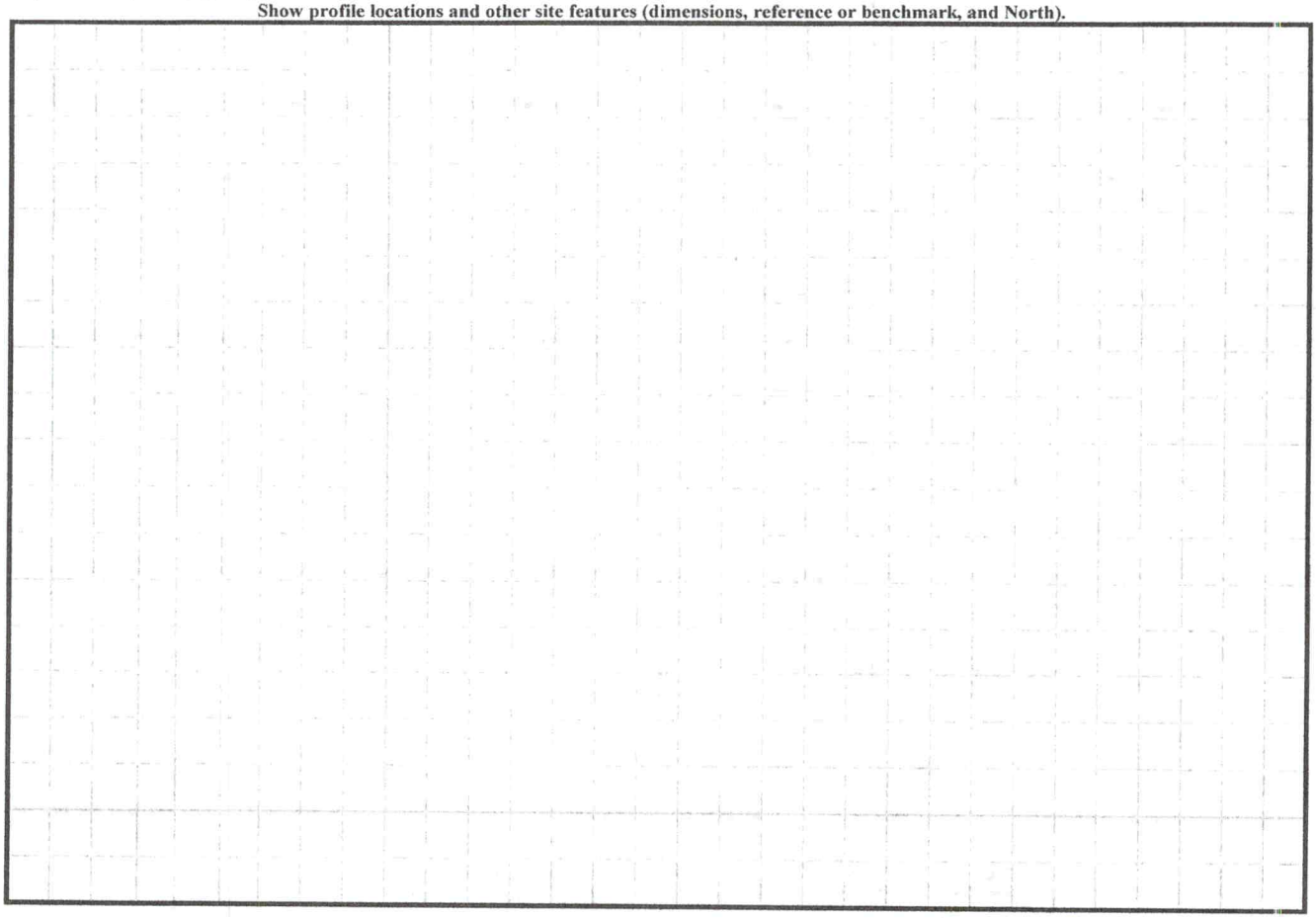
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Evaluation of saprolite shall be by pits.

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

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



Pts 5/19 @ 10

RECEIVED APR 2 0 2021

"Marked"

Wants septic and well – not city water/sewer.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

AP- 316151 Paid $500.00

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: Tammy Lawley Address: 3924 Mt Olive Church Rd Newton Zip: 28658
Applicant Email: buildthelake@gmail.com Phone: 704-361-1987 Alt. Phone: 704-361-3130
Owner Name: Megan Dietrich Address: 532 E. Iredell Ave Mooresville Zip: 28115
Owner Email: megandietrich88@gmail.com Phone: 408-235-8731 Alt. Phone: _____

Property Information:

Street Address: 230 Beatty Ave. Mooresville NC 28115

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

Driving Directions: 150 E, (R) N. Broad St, (L) Statesville Ave, (L) Oak St, (L) Beatty Ave

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

(✓) 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: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) 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: Tammy Lawley 4/6/21
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)*. Megan D

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, Megan Dietrich, am the legal owner(s) of the property located at 230 Beatty Ave. Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4667557222000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Fourtees Inc. - Tom Tammy Lawley, 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.

Megan D — Signature of Owner(s)

4/6/21 — 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

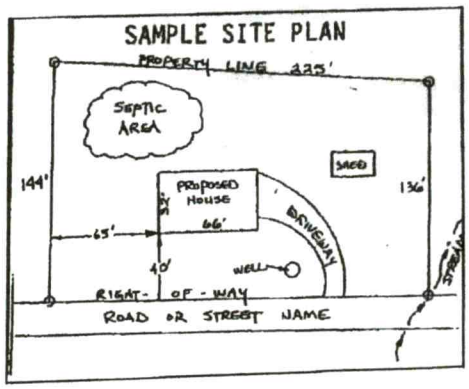
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

E 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 OR WELL PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**

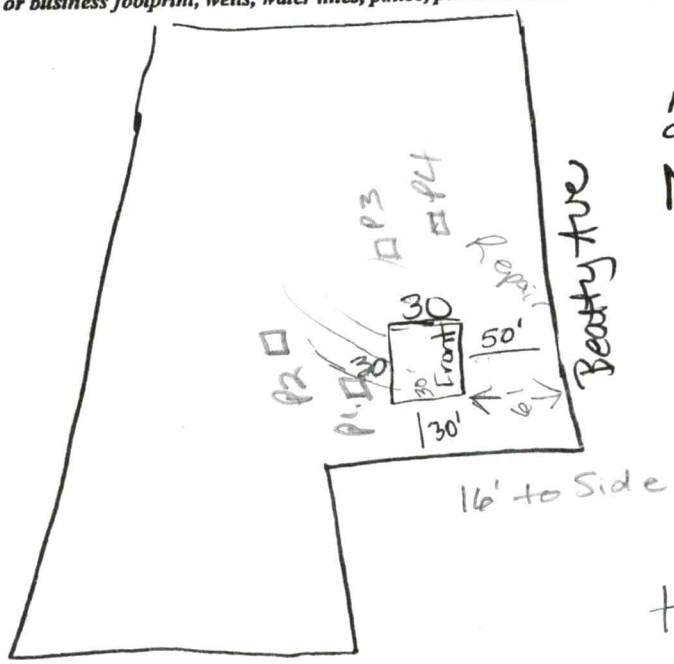


Circle N/A on the following if appropriate:

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



230 Beatty Ave
Mooresville NC
28115

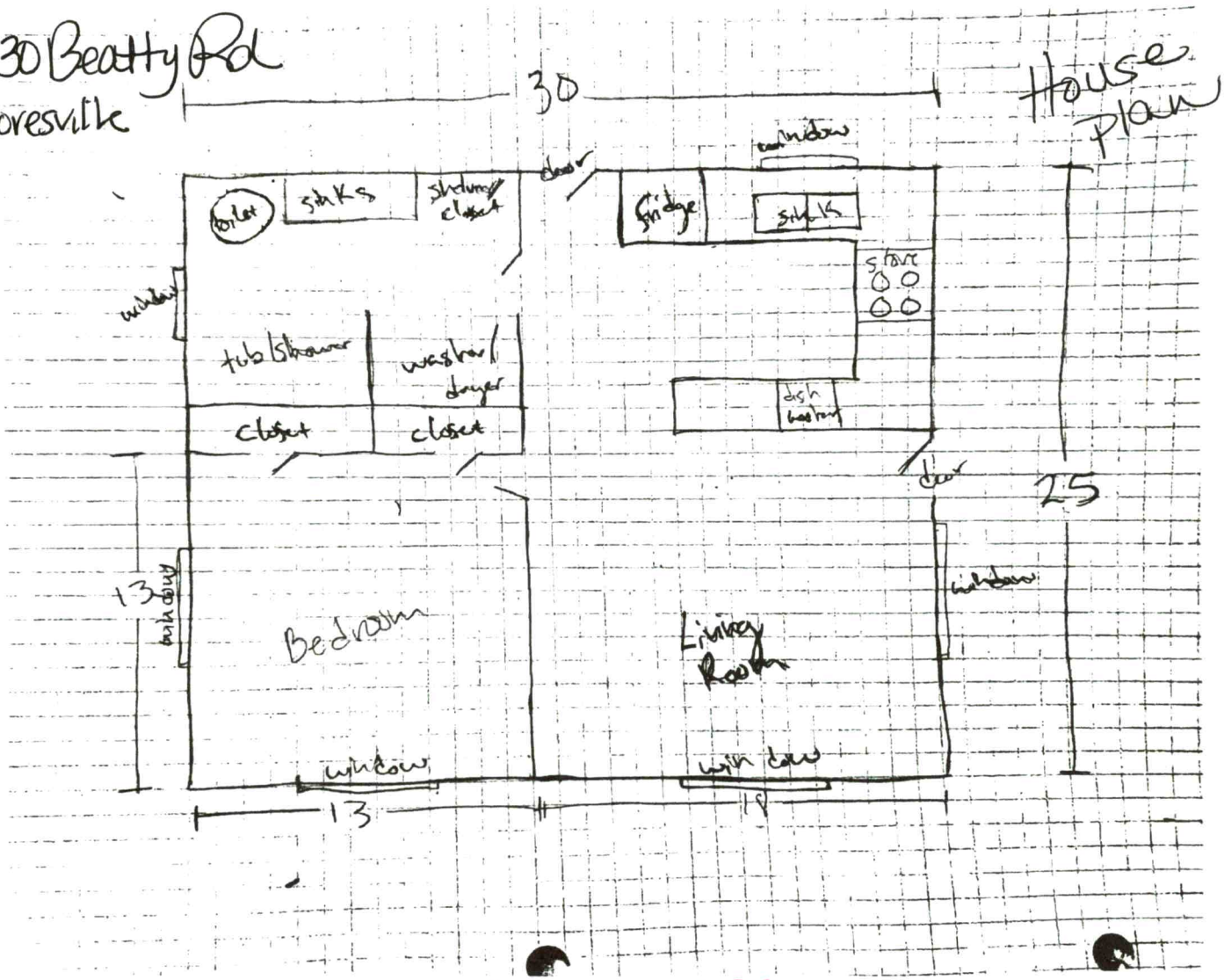
House Box is
30 x 30

Signature: Tammy Lawrey
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/6/21
DATE

230 Beatty Rd
Mooresville

House plan



Acknowledgement Of
Plans Submittal ONLY!

Maria Delao Date 6/5/21

Laurie Date 6/7/21

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-316151 Subdivision: GUY M BEATY-

Proposed Use: SINGLE FAMILY HOME

Street Address: 230 BEATTY AVE

Tax PIN: 4667557220.000 Zoning: R5 Lot: Size: 3.39

Owner: DIETRICH MEGAN A

Address:

,

Applicant: FOURTEES INCORPORATED

Address: 3924 MT OLIVE CHURCH RD

NEWTON, NC 28658

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 3.39 Front Yard Depth: 20 Side Yard Depth: 15

Rear Yard Depth: 30 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.
INSTALLATION OF A SIDEWALK IS REQUIRED. (not required. See below)
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

Exception: Chapter 3, 3.5.2(B) Pre-existing Lots- A one-family dwelling may be construction on a lot which does not abut upon a public street provided such lot is given access to public street by an easement at least twelve (12) feet in width for the exclusive use of the dwelling established on such lot and further provided that such easement is maintained in a condition passable for service and emergency vehicles.

HHP	03/25/2021	
Approved By:	Date	Application Fee