ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307062

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

PIN # 4668190593

APPLICANT/OWNER: Jackie Hubbard | APPLICANT ADDRESS: 285 Shinnville Rd Mooresville NC 28115

SITE ADDRESS: 285 Shinnville Rd Mooresville NC 28115 | PHONE: 704-231-8143 | ALT. PHONE 704-953-4662

SITE DIRECTIONS: E Statesville Ave to R on NC 115 N, R on Shinnville Rd, Lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Brooks Glen | SECTION: - 1 - | LOT # 3 | LOT AREA: 0.95 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: Existing

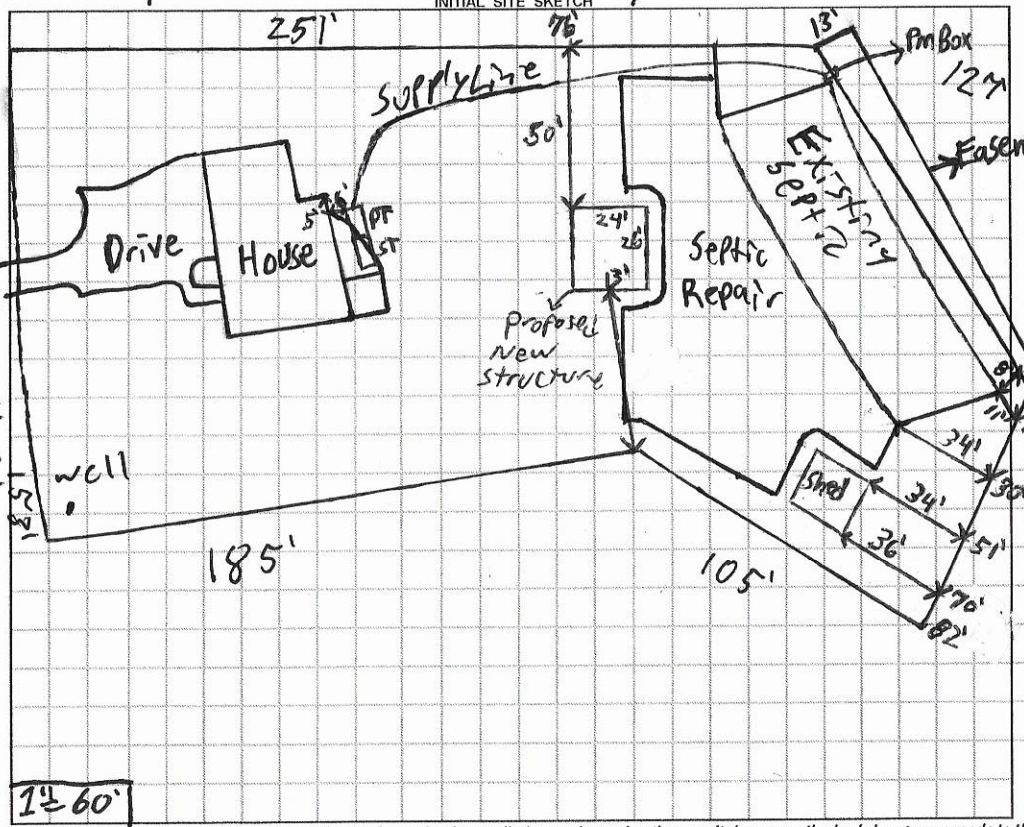
Septic Tank	(gal) STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal) PT	Date	System Description: Existing	☐ Business	No. Persons 6
Pump Make	Model	Serial #	Repair System Description: Existing	☐ Other	No. Employees
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth — ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

EXISTING

Comments / Conditions: This permit is to show the addition of a new structure on Lot. Do Not Drive on, store material or manipulate drainfield in any way. No cut for new building foundation can exceede 2'. New structure is a slab foundation.

INITIAL SITE SKETCH



1" = 60'

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: Jackie Hubbard | Date: 7-16-20 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick Bigelli | Date: 7/10/2020

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 2 of 2
PROPERTY ID #: 96689705
COUNTY: Iredell

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

OWNER: Jackie Hubbard
ADDRESS: 285 Shinnville Rd Mooresville NC 28115
PROPOSED FACILITY: New Single family PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 285 Shinnville Rd

APPLICATION DATE 4/16/20
DATE EVALUATED: 5/29/2020
PROPERTY SIZE: 0.95 acres
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)		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 1	SS	0-14	Fill	—	Chroma 2's throughout starting at 18"	67"	Hemic Thelsaprists	Chroma 2's throughout	V when location of the 2nd percolation test
		14-41	C A B/C	Fr S P SOMP					
		41-67	CL SBK/ABK	Fr S P SOMP					
6 2	SS	0-13	Fill	—	Chroma 2's throughout starting at 17"	72"	Hemic Thelsaprists	Chroma 2's throughout	V when Fullest water
		13-41	C A B K/Plastic	Fr S P SOMP					
		41-72	CL A B/C	Fr S P SOMP					
7 3	SS	0-13	Fill	—	Chroma 2's to 53" 5Y 6/2	64"	Hemic Thelsaprists	Chroma 2's to 53"	V Pumping hall
		13-45	C A B/C	Fr S P SOMP					
		45-64	CL SBK/SBK/C	Fr S P SOMP					
8 4	SS	0-14	Fill	—	Chroma 2 sat 20" and continues down	66"	Hemic Thelsaprists	Chroma 2's starting at 26"	V DUPE Water 20"
		14-38	C A B/C	Fr S P SOMP					
		38-66	CL SBK/A B/C	Fr SS SP SOMP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Ben & Danielle W

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 #: 466819059
COUNTY: Iredell

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

OWNER: Jack E Hubbard
ADDRESS: 285 Shinnville Rd
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 285 Shinnville Rd

APPLICATION DATE 4/16/2010
DATE EVALUATED: 5/27/2010
PROPERTY SIZE: 0.95 acres
PROPERTY RECORDED: yes

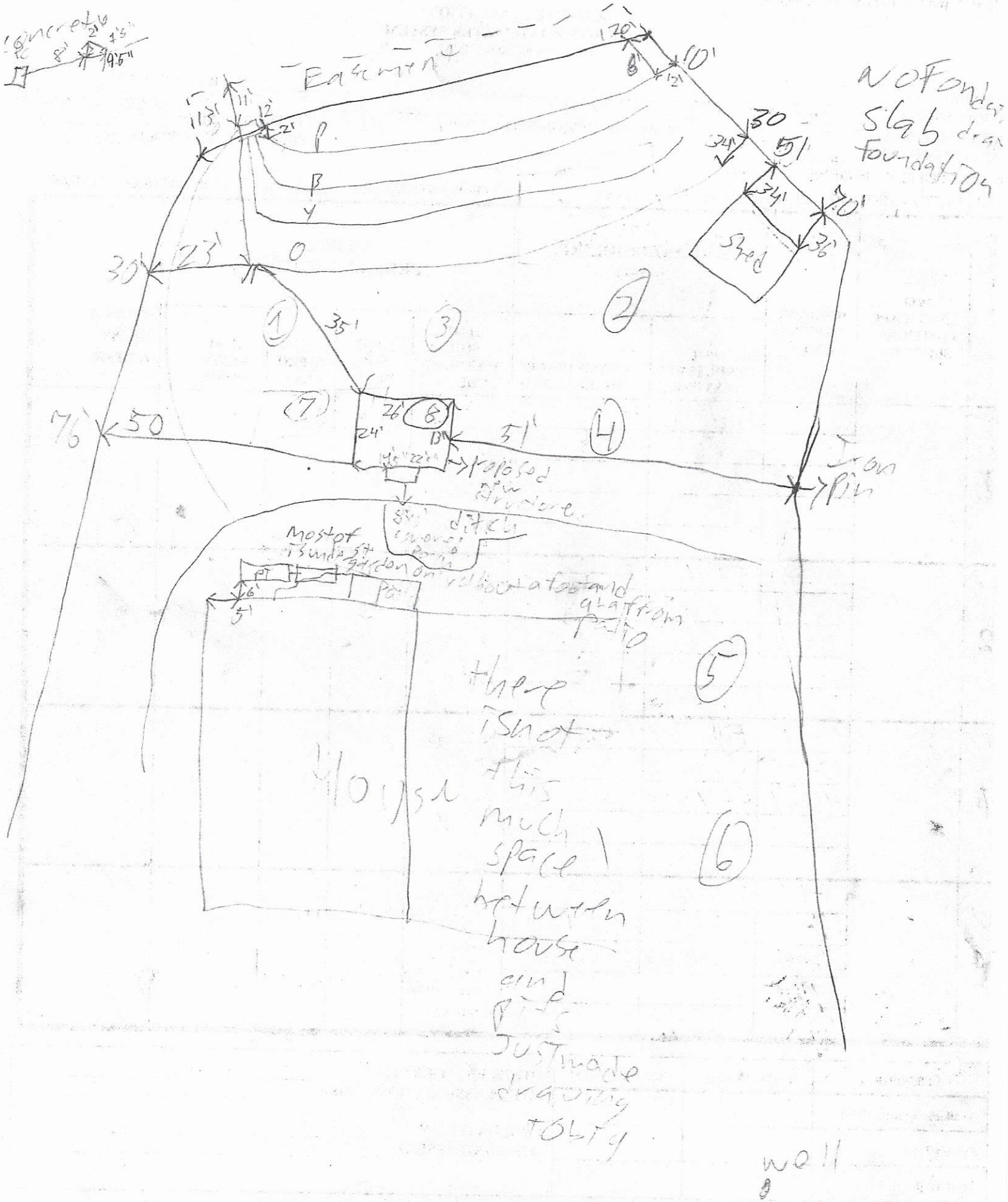
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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	SS	0-12	Fill			60			75 below 34"
		12-24	C SBK	Fr SP SPO					
		24-60	CL SBK	Fr SP FRP					
					to 34"				
2	SS	0-12	Fill		Chroma 2 at 18"	60"	Litho in thal	Chroma 2 15" to 29"	2'
		12-28	CL SBK	Fr SS SPO					
		28-60	CL SBK	Fr SS SPO					
3	SS	0-9	Fill		Chroma 2's and 3's at 14" to 30"	66"	Litho increase thereafter	Chroma 2 at 15"	Pits at or 30" above
		9-22	C SBK	Fr SS SPO					
		22-60	CL SBK	Fr SS SPO					
4	SS	0-15	Fill		Chroma 2 and gley at 24" and down	68	Litho indent	Chroma 2	J
		15-24	SCL SBK	Fr SS SPO					
		24-48	C SBK	Fr SS SPO					
		48-60	C SBK	Fr SS SPO					

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: Cloudy start to rain end


Concrete
Easement
NO Foundation
slab drain
foundation
Shed
Iron pin
Most of this side of garden on neighbour's property
Proposed new driveway
5ft ditch
there isn't this much space between house and pipes
just made drawing tidy
wall

RECEIVED MAY 04 2020 AP-307062 $500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(√) Septic Improvement Permit ( ) New Well Permit ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jackie Hubbard Address: 285 Shinnville Rd. Mooresville Zip: 28115
Applicant Email: hubbardjg@windstream.net Phone: 704-231-8143 Alt. Phone: 704658-1339
Owner Name: SAme Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 285 Shinnville Rd. Mooresville NC. 28115 Phase 1
Subdivision Name: Brook Glen Subdevision Section/Phase: 1 Lot Number: 3
Driving Directions: Rt 21 or Rt 115 North From Rt 150 After 115 & 21 Intersect Go 100yds To TRAFFIC SIGNAT & Right on Shinnville Rd. 1/2 mile on L.

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

(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: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 624 Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

Water Supply: ( ) Replacement Well – Reason:
(X) Multi-connection Well Number of Houses: 2 Number of Persons: 3
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2000
( ) No Preference ( ) Alternative ( ) 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: Jackie Hubbard 4-16-20
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*) Jackie Hubbard

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, Jackie Hubbard, am the legal owner(s) of the property located at 285 Shipyard Rd Mooresville, NC. 28115, 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.

Jackie Hubbard
Signature of Owner(s)

4-16-20
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Barbara Nebel

From: William Allison
Sent: Friday, April 17, 2020 2:25 PM
To: Barbara Nebel
Subject: RE: Question - Shinnville Road (Accessory Dwelling Unit)

Re: Shinnville Road (Accessory Dwelling Unit)

Barbara,

Thanks for your inquiry. I did have a look at the situation a few weeks back, after speaking with Mr. Hubbard. The lot is a little tight, yet he just does meet the minimum standards. We will allow for a small home not more than 650 sf to go in the rear yard (Accessory Dwelling Unit). So a zoning permit will need to be issued and paid for up here at Central permitting. Additionally, I did advise them that they would need to contact EH to see if the existing septic system could be utilized or if a new system would be required. So we are good with it if they are good with EH and will get all their permits. Any questions, let me know. Thanks.

William Allison
Subdivision Administrator/Senior Planner
Iredell County Planning & Development
349 N. Center Street
PO Box 788
Statesville, NC 28687
704.878.3121
wallison@co.iredell.nc.us

From: Barbara Nebel <barbara.nebel@co.iredell.nc.us>
Sent: Friday, April 17, 2020 12:46 PM
To: William Allison <wallison@co.iredell.nc.us>
Subject: Question

William,

I have received this application from Jackie Hubbard. He would like to build a small house on his property for his very sick daughter. We can accommodate his septic wise, but I was not sure if he would be allowed to build the house on his property and I wanted to check with you to see prior to me moving forward.

I will reach out to zoning after I hear back from you to make sure they are ok with this as well.

Your guidance is greatly appreciated. Thank you.

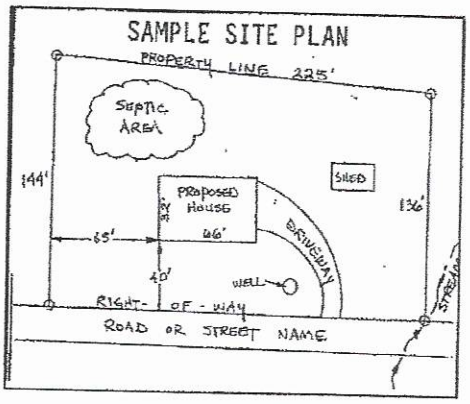
Barbara Nebel
Environmental Health office Assistant
Iredell County Public Health Department
Phone: 704.660.3625

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:

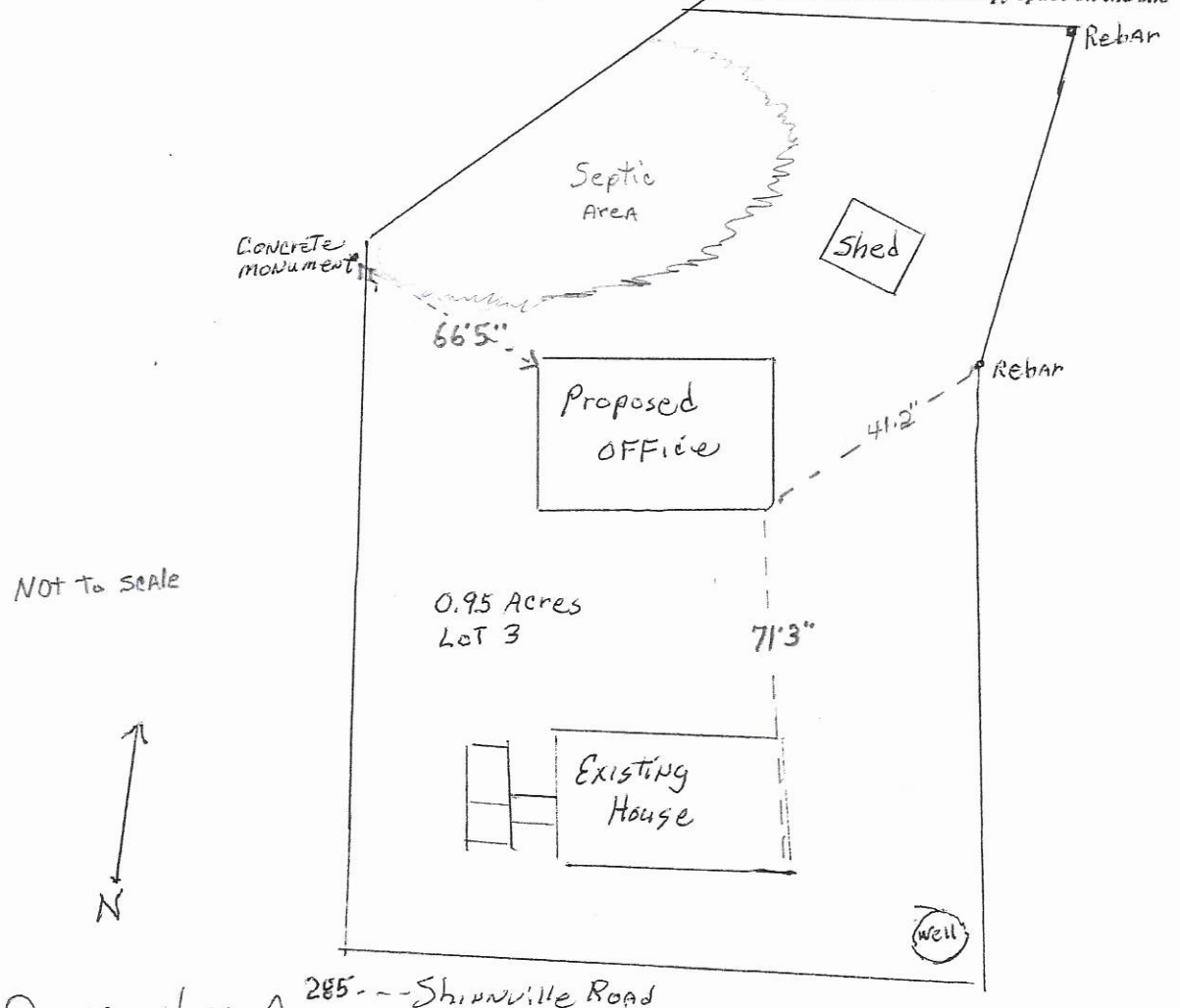
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Jackie Hubbard

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

6-25-20

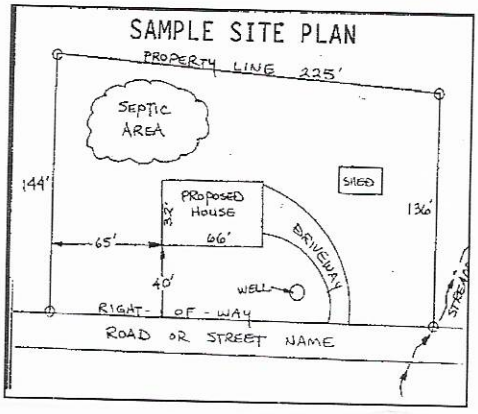
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

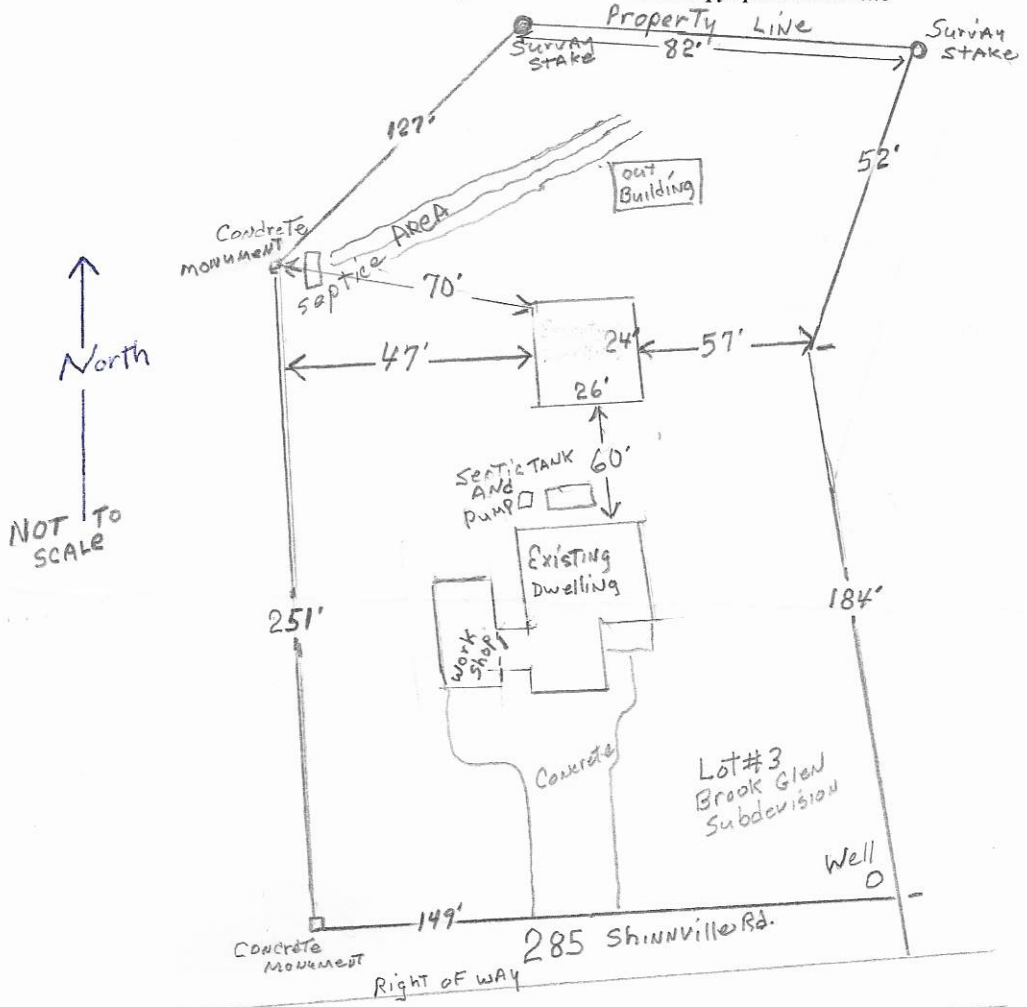
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Jacqueline Hubbard **4-16-20**

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

Paid 125.00 10:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 89098 PIN# 4669003656 PT 4668-19-0593 DATE 7/24/00

OWNER OR CONTRACTOR KROM FINANCIAL PHONE: Business 664-3671 Home

ADDRESS 149 YACHT COVE LN MOORESVILLE 28115

LOCATION 115 N- TR SHINNVILLE - 2ND ON LT PAST PAST BROOK GLEN DRIVE

SUBDIVISION BROOKGLEN BLOCK / SECTION LOT 3 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 10-18-00
Pump Tank: 1000 Gallons; PT 274 Date 10-6-00
Pump Make: Zoeller Model N 267 Serial No UL-CSA-115Y1P
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: PUMP INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

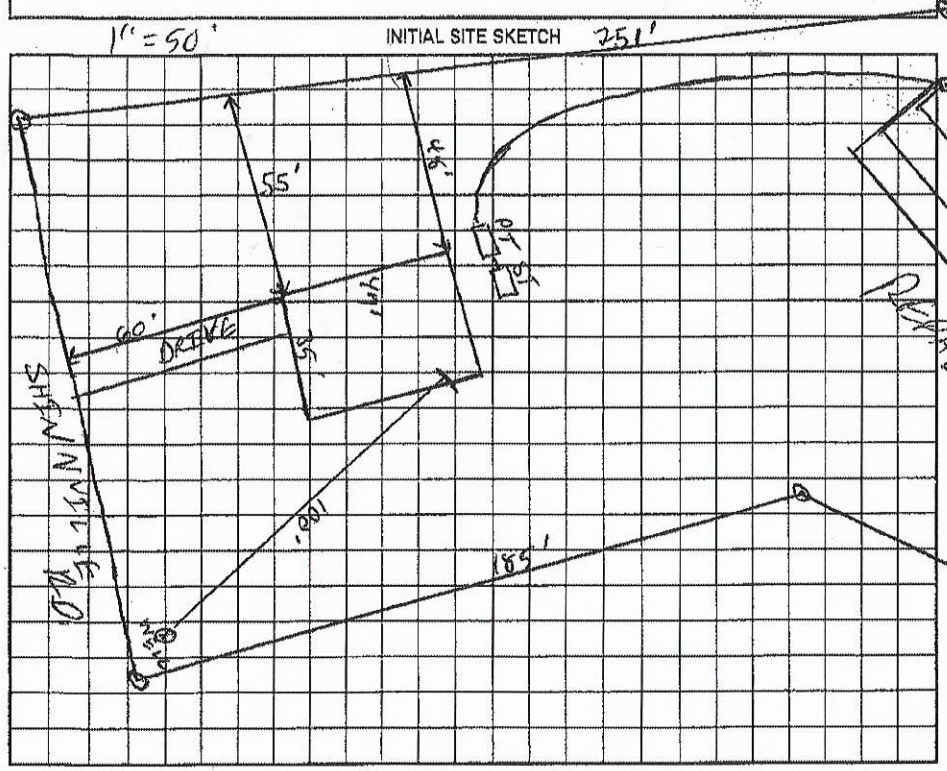
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

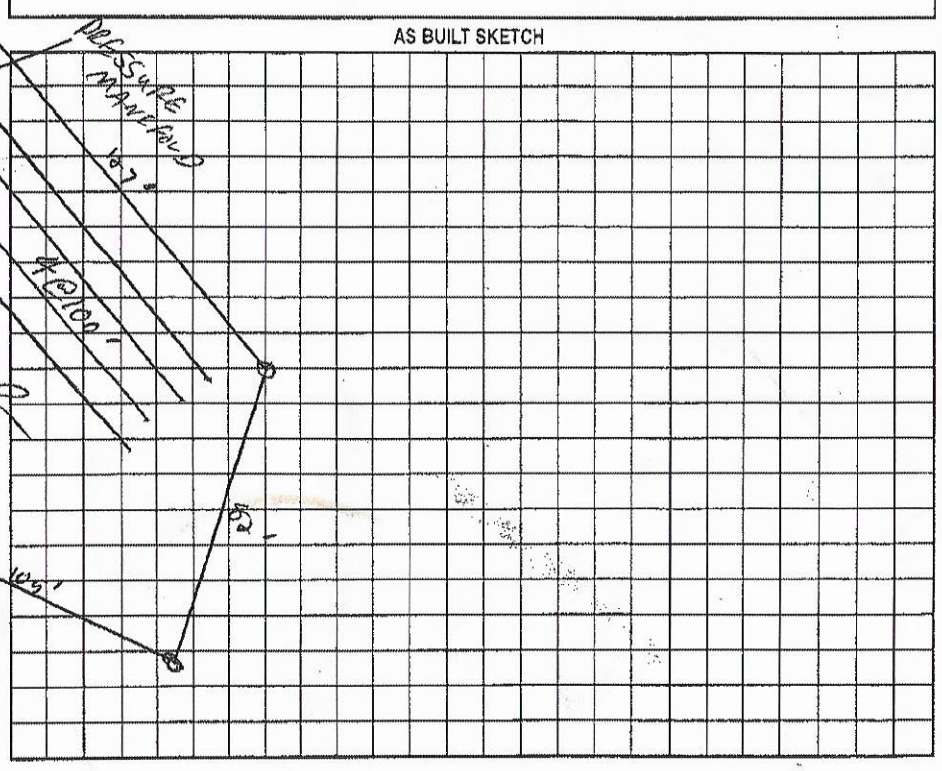
Comments:/Conditions:

Comments:/Conditions: Polylok Filter Installed
Tanks & lines checked 12/7/2000

1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH



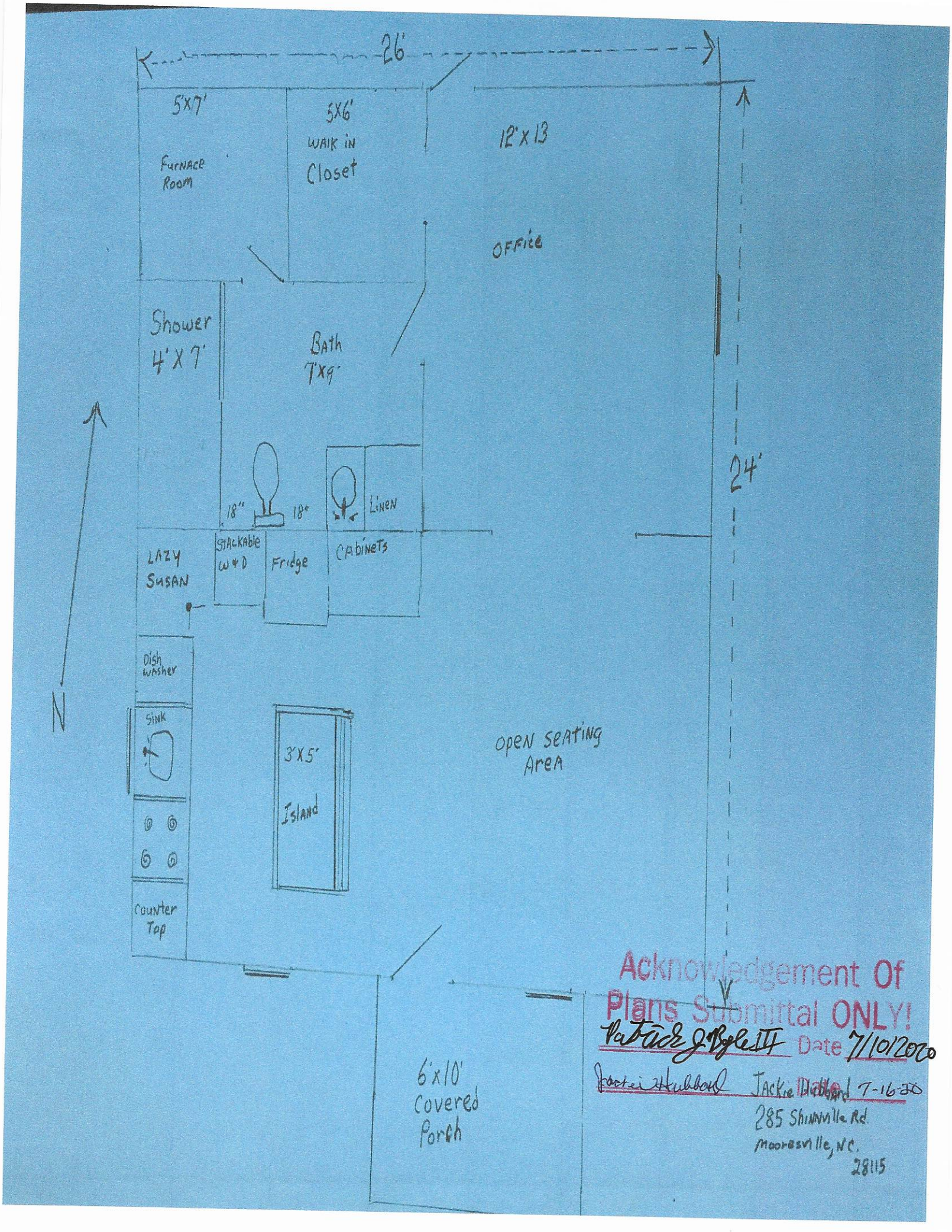
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 7.25.00 Installed by: ADVANCE BACKHOE - Tommy Frye

Improvement Permit by: _____ RS date 7/24/00 Operation Permit by: Wesley Sparks RS. date 3/6/01

Authorization to Construct by: _____ RS date 7/24/00 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


26'
5'X7'
Furnace Room
5X6'
Walk in Closet
12'x13'
Office
24'
Shower 4'X7'
Bath 7'x9'
18"
18"
Linen
Cabinets
Stackable W+D
Fridge
Lazy Susan
Dish Washer
Sink
3'X5'
Island
Counter Top
Open Seating Area
6'x10' Covered Porch
N
Acknowledgement Of Plans Submittal ONLY!
Patrick J Byles III Date 7/10/2020
Jackie Hubbard Jackie Hubbard 7-16-20
285 Shinnville Rd
Mooresville, NC.
28115