IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24/640

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

PIN # 4668910629

APPLICANT/OWNER: Richard Howell APPLICANT ADDRESS: 415 W Mill St Landis NC 28088

SITE ADDRESS: 156 Sardis Rd Mooresville NC 28115 PHONE: 7284061767 ALT. PHONE 704 634 7067

SITE DIRECTIONS: Hwy 801 N 1st Rd past Hwy 150 TR Sardis Rd SAP CONTROLLED: ☐ YES ☒ NO

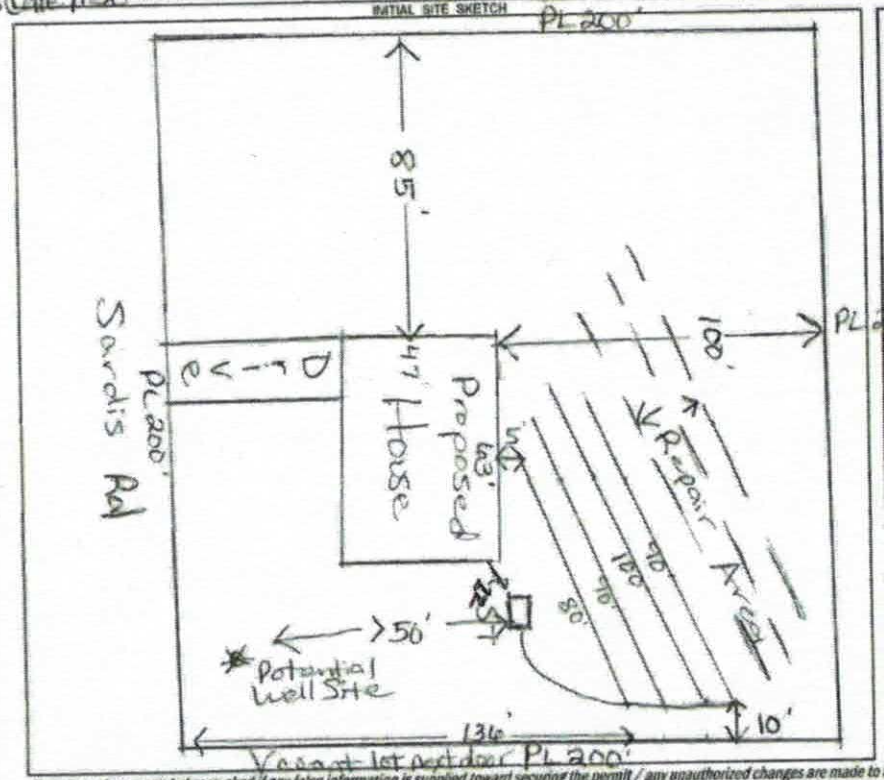
SUBDIVISION: Beverly Park SECTION: LOT # 45-52 LOT AREA: .92 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 1012	Date 8-4-19	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction	☐ Business	No. Persons	6	☒ Private	
Pump Make		Model	Serial #	Repair System Description: Gravity - 25% Reduction	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines 4	Linear Ft 360"	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth (Low side) max	22"	Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions:

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

*Keep Drainfield Shallow to stay in better soils.

*Tank is 22ft from house
Lines installed as 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: [signature] Date: 2-25-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/22/19 OPERATION PERMIT by: Benjamin ABOWA Date: 12-5-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/24/19 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24|640

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

PIN # 4668910629

APPLICANT/OWNER: Richard Howell APPLICANT ADDRESS: 415 W. Mill St. Landis NC 28088

SITE ADDRESS: 156 Sardis Rd Mooresville, NC 28115 PHONE: 7284061767 ALT. PHONE 704 634 7067

SITE DIRECTIONS: Hwy 801 N. 1st Rd past hwy 150 TR Sardis Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beverly Park SECTION: ___ LOT # 45-52 LOT AREA: .92 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date

Pump Tank ___ (gal) PT Date

Pump Make ___ Model ___ Serial # ___

Nitrification Fields 1 # Lines 4 Linear Ft 360"

Trench Width 36" Trench Bottom Depth(Low side) max 22" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ___

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

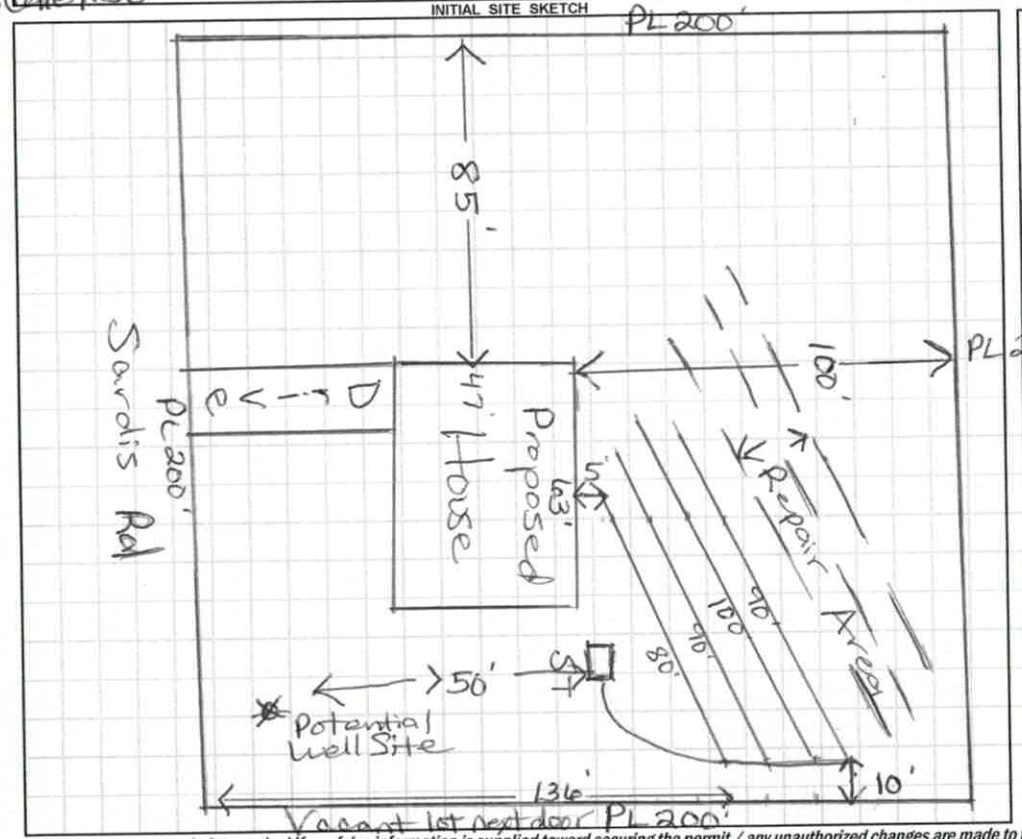
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Keep Drainfield Shallow to stay in better soils.

Scale 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. **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: 2-25-19 Installed by: ___

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/22/19 OPERATION PERMIT by: ___ Date: ___

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/24/19 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.

241640

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: RICHARD D HOWELL Address: 415 W MILL ST LANDIS, NC Zip: 28088
Applicant Email: RHEBUILDERDUSTIN@GMAIL.COM Phone: 828-406-1767 Alt. Phone: 704 634 7067
Owner Name: ROONEY P BEAM Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 156 SAROIS RD MOORESVILLE, NC 28115
Subdivision Name: BEVERLY PARK Section/Phase: _____ Lot Number: _____
Driving Directions: TAKE 801 THROUGH 150, FIRST RD ON RIGHT AFTER 150

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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
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: 1 Number of Persons: 3
(✓) 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: _____ 1/23/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

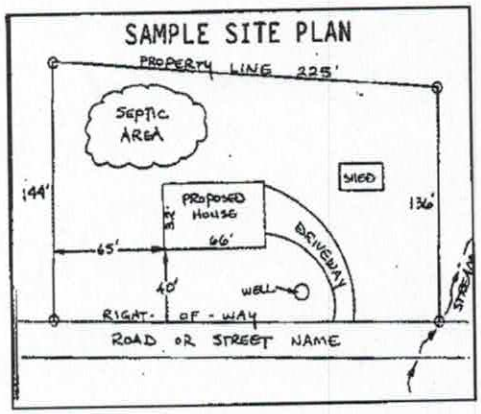
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

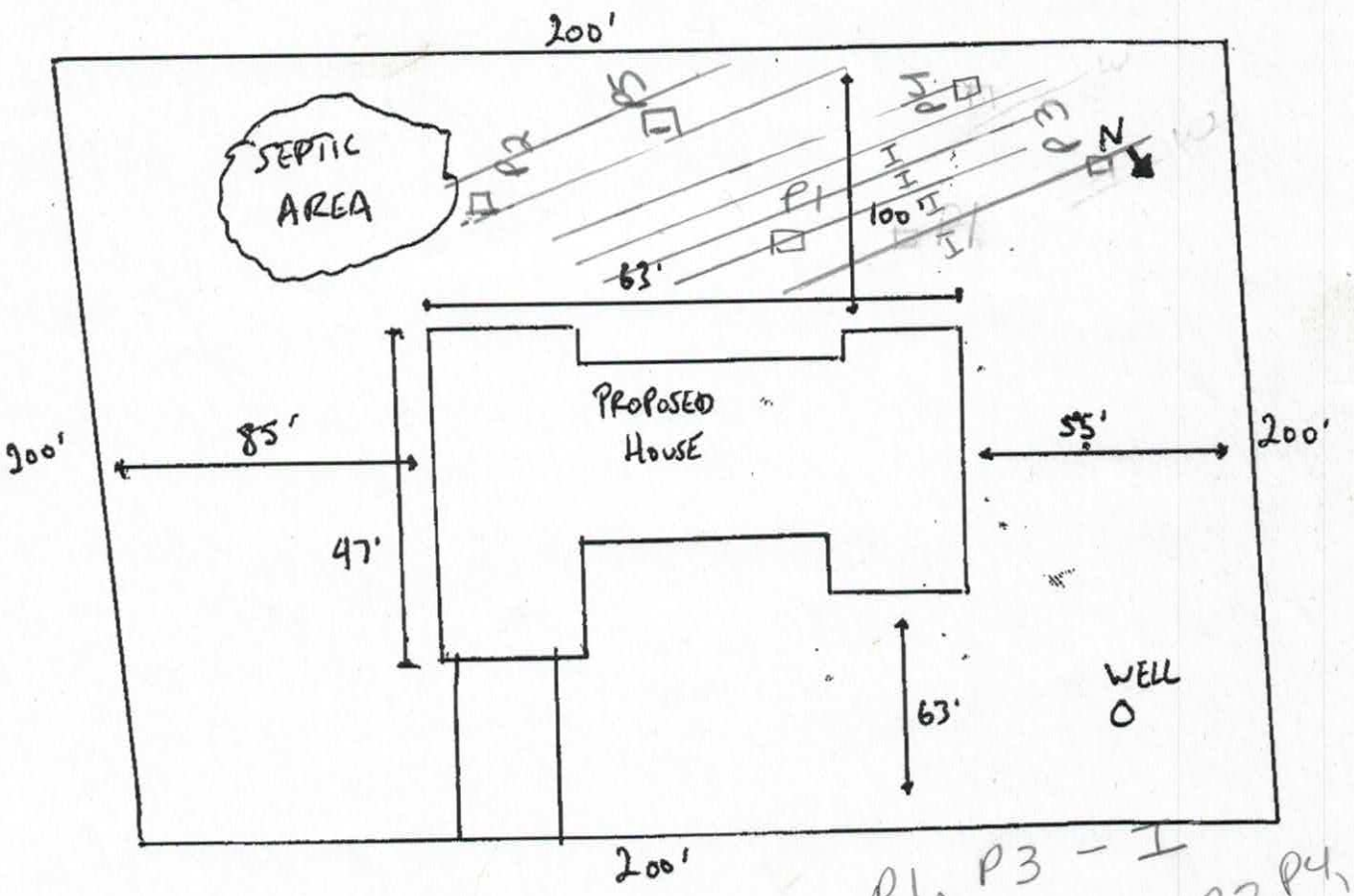


Circle N/A on the following if appropriate:

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: 8t Hall

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

1/23/19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

2. * APPLICANT AND OWNER ARE THE SAME. * (Sign here) Rodney Paul Beam

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, Rodney Paul Beam am the legal owner(s) of the property located at 156 Sardis Rd Mooresville, NC Iredell identified as

PIN (Parcel Identification Number) 4668-91-0629.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Gina Compton /Wilkinson ERA Real Estate to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

[redacted]

ermission to Construct (AC)

Construct (AC)

Well abandonment

between the legal representative acting on my behalf and the ...ental Health Division.

1-26-2019

Date

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

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

Sheet ___ of ___
PROPERTY ID #: 4618910629
COUNTY: Iredell

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

OWNER: Richard Howell — APPLICATION DATE: 1/23/19
ADDRESS: 415 W. Mill St Landis, NC 28088 — DATE EVALUATED: 2/8/19
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ — PROPERTY SIZE: .92 Ac
LOCATION OF SITE: 156 Sardis Rd Mooresville, NC — 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) .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	L 10%	0-7	Brw SCL	SS, SP, SExP, FR					PS .25
		7-30	RCm-w	SBK SS, SP	SExP, FR				
		30-48	RCL-W	ABK SS, SP	SExP-Fi-FR	48'			
2	L 12%	0-8	Brw	SCL SS, SP, SExP, FR					PS .25
		8-24	RCm-w	SBK SS, SP, SExP, FR					
		24-32	RCL-W	SBK/ABK SS, SP, SExP, FR		40'			
		32-40	RCL-W	SAK/ABK SS, SP, SExP, Fi-FR					
			Yel/Brw	Mottles & SAP Inclus					
3	L 12%	0-5	Brw	SCL SS, SP, SExP, FR					<42" .25
		5-23	RCm-w	SBK SS, SP, SExP, FR					
		23-42	RCL-W	SBK/ABK SS, SP, SExP, Fi-Fr					>42" .25 .22
			Litho.	Inclus & Common Mica					
		42-52	Yel/Rd	SCL-W SBK/ABK S, P, SExP, Fi					
4	L 13%	0-6	Brn	SCL SS, SP, SExP, FR					PS .25
		6-36	RCm-w	SBK SS, SP, SExP, FR					
		36-56	RC/CL-W	SBK F-FR, SS, SP, SExP, FR					
			Some Litho.	Inclus & Common Mica					

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

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

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4668970629
COUNTY: Iredell

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

OWNER: Richard Howell
ADDRESS: 415 W. Mill St. Landis, NC 28088
PROPOSED FACILITY: House
LOCATION OF SITE: 156 Sardis Mooresville, NC
APPLICATION DATE: 1/23/19
DATE EVALUATED: 2/8/19
PROPERTY SIZE: .92 Acre
PROPERTY RECORDED: Y

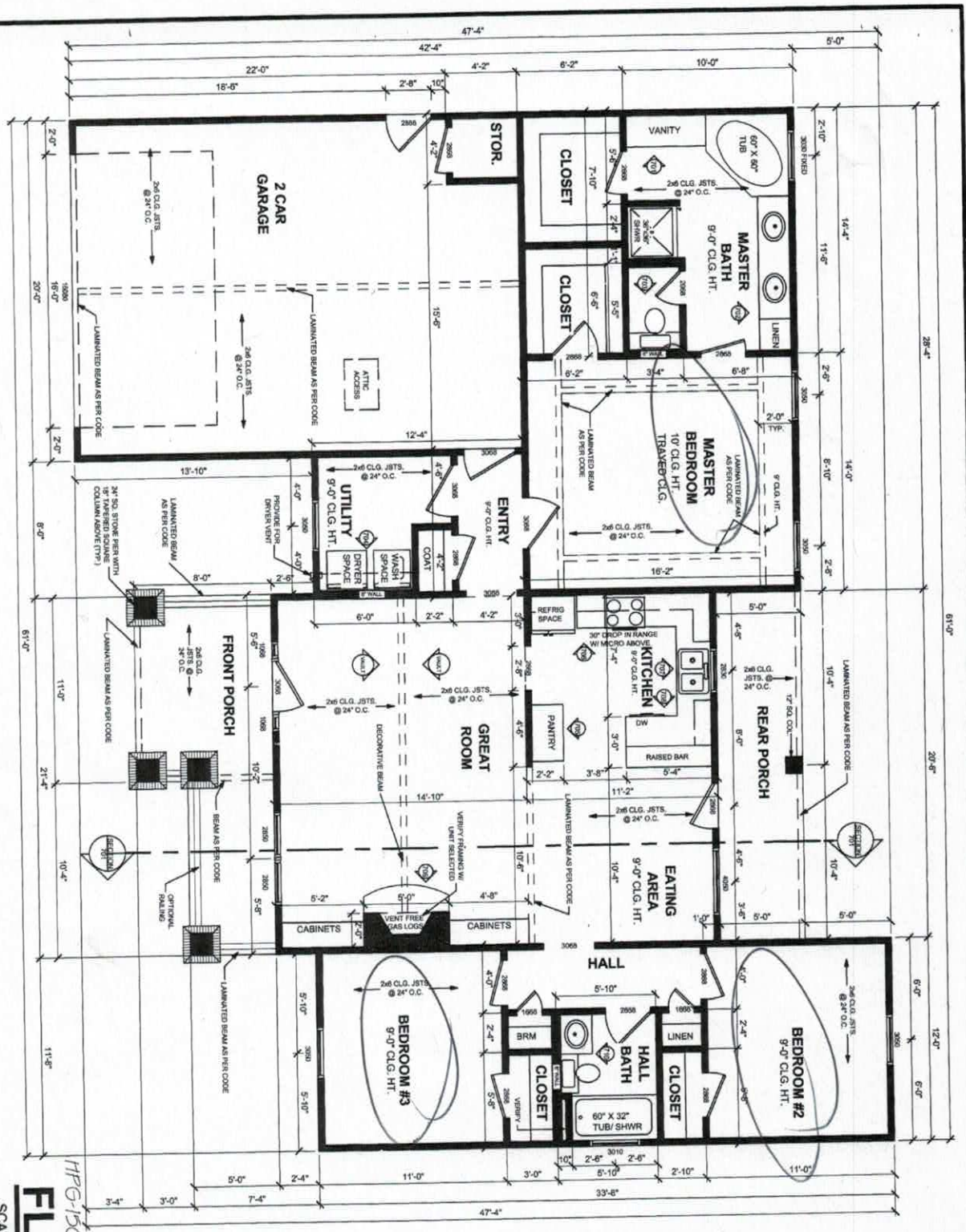
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #.	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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, 5	14%	0-5	Brw SCL	SS, SP, SExP, FR					PS, .25
		5-32	RCm-w SBK	SS, SP, SExP, FR					
		32-52	RC/cw SBK/ABK	SS, SP, SExP, FR					52"
		52-56	R to Y/Brw SC	wSBK S, P, SExP, FI					
2									
3									
4									

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

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

COMMENTS:



HPG-1509B SLAB/CRAWLSPACE

FLOOR PLAN

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

AREAS:	1509	S.F. HEATED
	762	S.F. UNHEATED
	2271	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

THIS STAMP IS NOT REQUIRED
IT IS AN ILLEGAL COPY
ALL DRAWINGS, DESIGNS AND IDEAS

Acknowledgement of Plans Submittal ONLY!

Date 5/24/19

Date 5/24/19

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG, MS 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \\\\ FAX: (601) 264-4483

DIMENSIONS AND CONDITIONS TO BE VERIFIED BY CONTRACTOR -- © COPYRIGHTED--ANY AND ALL UNAUTHORIZED REPRODUCTION PROHIBITED

DATE:	1/22/07
DRAWN BY:	D.D.S.
CHECKED BY:	G.L.M.
PLAN NUMBER HPG-	1509B
	SLAB/ CRAWLSPACE
SHEET NUMBER	4

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

23858

Number: 241640 Subdivision: BEVERLY PARK

Proposed Use: SEPTIC EASEMENT

Location: 156 SARDIS ROAD

Tax PIN: 4668910629.000 Zoning: R2 Lot: 45-5 Size: 0.000

Owner: BEAM RODNEY P+DARNELL B
Address: 149 SARDIS RD

Phone:
Email:

Applicant: HOWELL, RICHARD
Address: 415 W MILL ST

Phone:
Email:

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 and 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 1/23/19

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:

Front Yard Depth: 30.00
Rear Yard Depth: 40.00

Side Yard Depth: 15.00
Corner Yard Depth:

Remarks: APPROVAL FOR SEPTIC PERMIT,
NOT FOR CONSTRUCTION - APPLICANT TO PROVIDE TOWN PLOT PLAN WITH HOUSE BOX INDICATING SETBACKS.
MUST OBTIAN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP
Approved By:

01/23/2019
Date

$50
Application Fee