ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-305604

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

PIN # 4674-38-8134

APPLICANT/OWNER: Jeff + Teri Chalmers | APPLICANT ADDRESS: 119 Aragon Ct. Mooresville, NC

SITE ADDRESS: 119 Aragon Ct. Mooresville, NC 28115 | PHONE: 704-361-4109 | ALT. PHONE: —

SITE DIRECTIONS: Rt 3 South → L on Aragon Ct → House @ end on cul-de-sac | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cabe's Cove | SECTION: — | LOT # 3 | LOT AREA: 1.048 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.36

Septic Tank	1000 (gal)	STB	794	Date	3-16-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	283	Date	3-16-20	System Description: Relocation: PM 25% Reduction				☐ Business	No. Persons 8	☒ Private Ex.
Pump Make	LIBERTY	Model	290HU-5	Serial #	123MM3	Repair System Description: PPBPS (50% Reduction)				☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	406-408	Maintenance Agreement Required: ☐ YES ☒ NO				☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE				☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump + Crush existing septic tank (must be pumped by a licensed septic hauler) OR fill tank (after pumping) w/ flowable fill that is self-leveling (sand, grout or cement). Recommend having septic tank pumped every 5 years. Existing house to remain As-is. Pool must be staked at time of septic installation. Set control floats to dose system 210 gallons per pumping event. No living area plumbing fixtures in detached garage

INITIAL SITE SKETCH

See attached 60-scale drawing w/ approval date of 4/15/2020

* 3 individual taps: 3/4" SCH 80 to be used
  - Serial Connect 30.3 GPM
  - $L_1 + L_2 + L_3$ (Tap 1)
  - $L_4 + L_5$ (Tap 2)
  - $L_6 + L_7$ (Tap 3)

AS BUILT SKETCH

Do not discharge waste from RV into septic system!

SUPPLY
DRAINLINES
TANKS
ELECTRICAL
FLOATS
ALARM
PRESSURE MANIFOLD
PRESSURE HEAD

INSTALLED AS PERMITTED

1/2 SCH 40 TAPS USE INSTEAD 21.33 GPM

ALL CHECKD 4-17-2020 BCW

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**

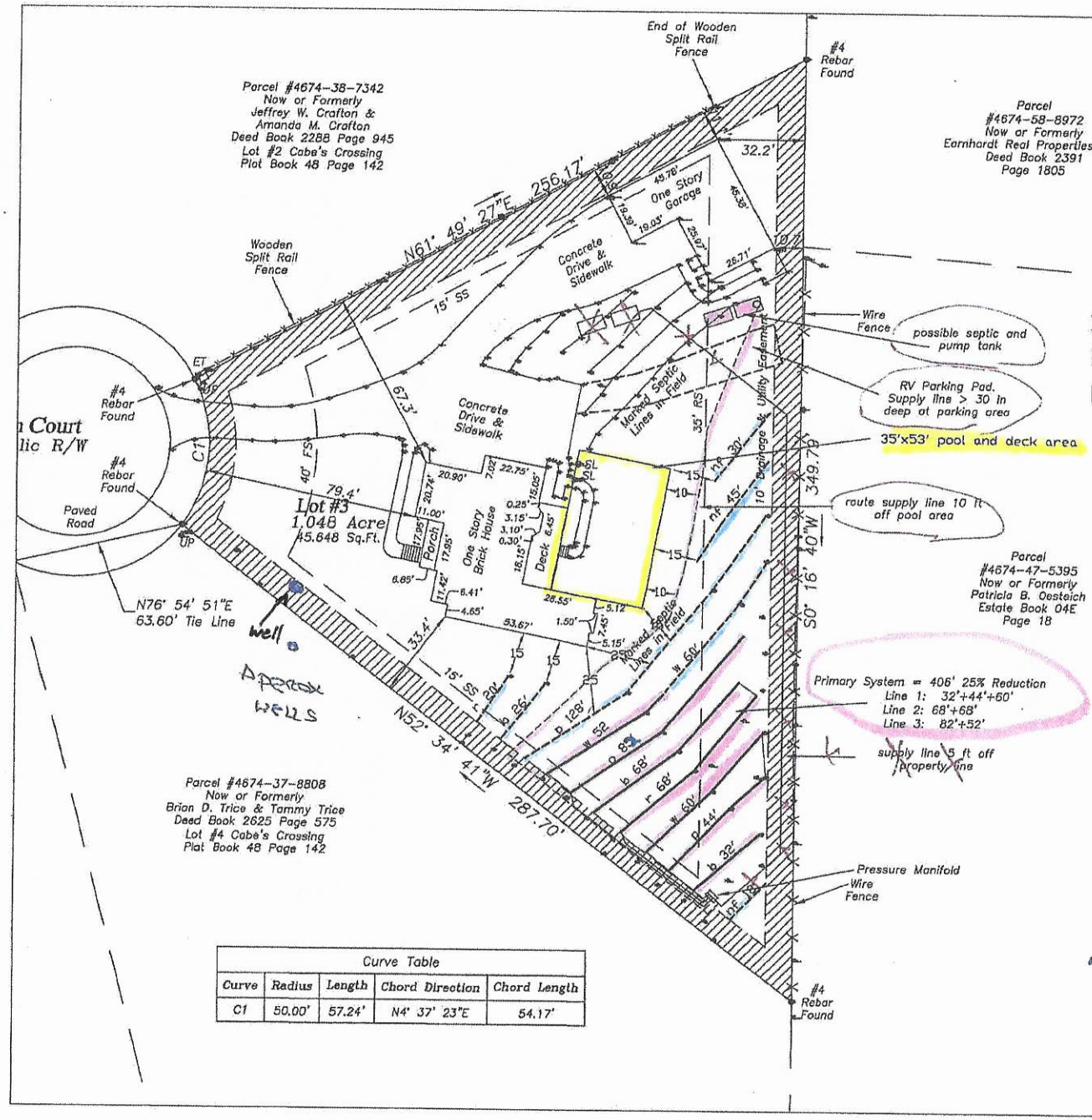
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recvd | Date: 4-16-2020 | Installed by: R+H

IMPROVEMENT PERMIT by: Sean Shuck | Date: 4/15/2020 | OPERATION PERMIT by: Burgundy Whitt | Date: 4-17-2020

AUTHORIZATION TO CONSTRUCT by: Sean Shuck | Date: 4/15/2020 | 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.



Curve Table				
Curve	Radius	Length	Chord Direction	Chord Length
C1	50.00'	57.24'	N4° 37' 23"E	54.17'

Scale 1" = 60'

APPROVED APR 15 2020

119 Aragon Ct Septic Site Plan for proposed pool. Base site plan from PDA
Proposed system must be permitted by

= 327' T.S Repair

4-9-20
Revision to move tanks & re-route supply lines

"Limited Relayout"

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: Jeff + Terri Chalmers
ADDRESS: 119 ARAGON CT
PROPOSED FACILITY: Ex. 4 BDR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 119 ARAGON CT
APPLICATION DATE 3-6-20
DATE EVALUATED 3-17-20
PROPERTY SIZE: 1.04ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~25	0-16	wsbk/sl	fr ss/so	br	51	—	—	.3
		16-51	msbk/c	fr s/p	red				
2	L ~25	0-19	wsbk/cl	fr ss/sp	red br	53	—	—	.3
		19-53	msbk/c	fr s/p	red				
3	L ~25	0-16	wsbk/cl	fr ss/so	red br	—	few incl	—	.3
		16-36	ssk/msbk/c	fr s/p	red				
		36-54	msbk/c-cl	fr ss/sp	mott				
4	L ~25	0-19	wsbk cl	fr ss/so	red br	—	few incl	—	.3
		19-41	ssk/msbk c	fr s/p	red				
		41-55	ssk/c-cl	fr ss/so	gy/red mott				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2S2	T/T
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PR
EVALUATED BY: PG Rawlings + T. Shuck
OTHER(S) PRESENT:

COMMENTS: * System & soil must be approved and permitted by LHD

Updated February 2014

RECEIVED APR 13 2020 AP-305604

Colt Pace Permitting for [redacted] $105.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

KITH questions *APPLICATION FORM* 704-996-6330

Application For:

(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jeff and Terri Chalmers Address: 119 Aragon Ct, Mooresville, NC Zip: 28115

Applicant Email: terri chalmers@msn.com Phone: 704-361-4109 Alt. Phone: _____

Owner Name: same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: "Limited Relocate" for Revised Tank + Supply Line Location

Street Address: 119 Aragon Ct

Subdivision Name: Cabe's Cove #105 Fee Section/Phase: _____ Lot Number: 3

Driving Directions: Highway 3, TL Aragon Ct, Lot at end

Site Development Information: *(check or complete ALL that apply)* $75. Paid

Ex- House → New

( ) 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: 4
Maximum Number of Occupants: 8
(X) 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 (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: 2007

( ) 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: _____ 4-13-20 ~~3.6.20~~

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

NEW Limited Relocate

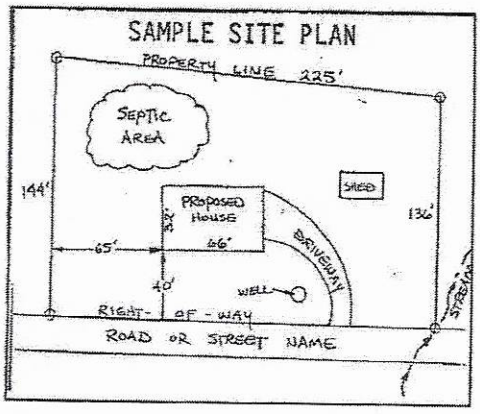
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred driveway location
- (X) Preferred well location BX
- (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~~

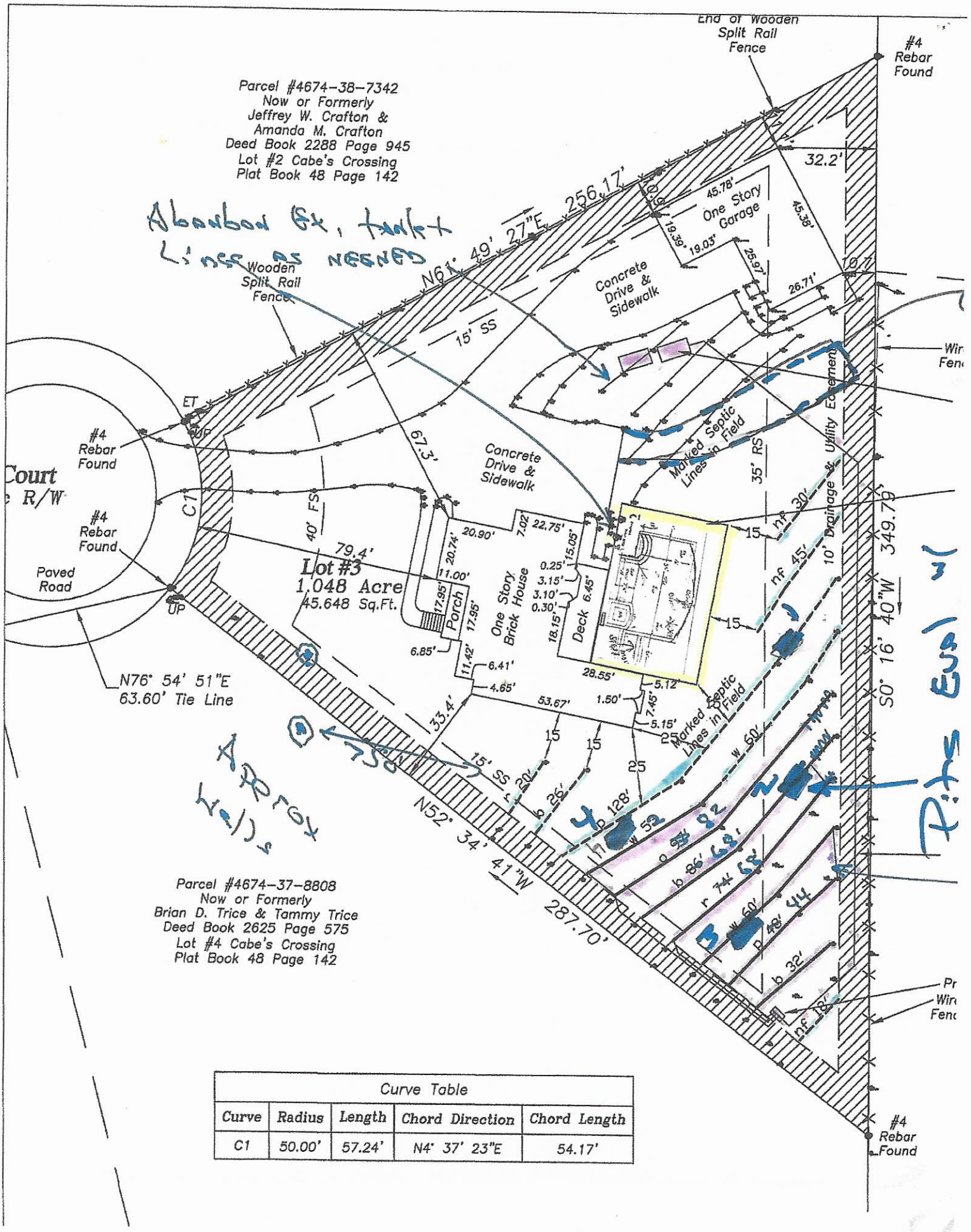
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached site plan.

Signature: _____ 4.13.20

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) ~~3.6.20~~ DATE



Curve Table				
Curve	Radius	Length	Chord Direction	Chord Length
C1	50.00'	57.24'	N4° 37' 23"E	54.17'

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)* Jeff Chalmers
Therese Chalmers

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, Jeff and Terri Chalmers, am the legal owner(s) of the property located at 119 Aragon Ct, identified as

PIN (Parcel Identification Number) 4674388134.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger / Penninger Soil Consulting, 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.

Jeff Chalmers Therese Chalmers — 3.4.20
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305604 Issue Date: 03/04/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4674388134.000	119 ARAGON CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: CHALMERS JEFFREY D+THERESA G Address: Phone:	Name: CHARLOTTE POOLS & SPAS INC Address: 1458 BRAWLEY SCHOOL RD MOORESVILLE, NC 28117 Phone: (704)799-7575

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.048	0	10	10	10	WSII-BOW Coddle Creek	

Remarks
650 SQ FT INGROUND POOL *owes EH fee**