ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / CCN Mooresville Office (704) 660-3625 PERMIT # 305511

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

PIN # 4676052886.000

APPLICANT/OWNER: Shawn Jessup APPLICANT ADDRESS: 5204 Grandeur Drive 28146

SITE ADDRESS: 124 Sweet Grass Lane Mooresville 28115 PHONE: - ALT. PHONE 704-578-4951 (LSS).

SITE DIRECTIONS: Teeter Rd. Rewn Shores, Tuttleback Drive ∠ Sweet Grass ℄ end on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrooke SECTION: - LOT # 40 LOT AREA: 1.94 Acres. DESIGN FLOW: 600 L.T.A.R.: .30

Septic Tank	~~1250~~1275 (gal)	STB 2-20-2021	Date 299	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	- (gal)	PT -	Date -	System Description: Gravity - 25% Reduction.				☐ Business	No. Persons 10	☒ Private
Pump Make	-	Model -	Serial # -	Repair System Description: Sub Drip (.1) 6000sqft				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 7	Linear Ft: 500	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	24	Gravel Depth -	☐ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

INSTALLED AS SHOWN

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: Kathleen Saunders Date: 3-23-20 Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 3-19-2020 OPERATION PERMIT by: Bryant C White Jr Date: 5-25-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 3-19-2020 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.

LOT 41
77 ACRES
S 59°23'45" W 294.37
15' set back
creek
35' Height
Anaerobic 6,000 ft²
drip
Repair
Area
#4
#3
LOT 40
1.899 ACRES
S 22°40'29" W 225.20
Deck
Pool Area
well
S 88°19'16" W 225.12
Drive
S 69°00'53" W
105.96
create ditch
or
swale to
keep surface
water off system
1" = 50'
15' setback

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 124 Sweet Grass Lane

Date: March 5, 2020

Attached is the septic specification information required to permit 124 Sweet Grass Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

HollyBrook Lot 40 - The Oaks Group, PA

Number of Bedrooms	**5**
Basement or Crawl	**~~Crawl Space~~ Basement w/ Plumbing**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	500
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1500 gallon tank
Max Trench Bottom Depth (Low Side)	KMS 24"
Maintenance Agreement Required	No
Repair System	**Sub Drip**
Total Linear Feet	6,000 sqft
Repair Loading Rate	0.1
Repair trench depth	6"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Blue	25% Reduction	70 endfed
2	System	NF	25% Reduction	80 endfed
3	System	NF	25% Reduction	85 endfed
4	System	NF	25% Reduction	90 endfed
5	System	Red	25% Reduction	95 endfed
6	System	Pink	25% Reduction	70 endfed
7	System	Orange	25% Reduction	50 endfed
				Total System: 500'
				Total Repair: xxx'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Remove berm at old tree line to prevent ponding over system. Line contours may change slightly when berm removed.

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: 4 G Design Build
ADDRESS: 488 Pinkville Rd Statesville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: Hollybrook Lot 40
APPLICATION DATE ___
DATE EVALUATED: 1/9/2020
PROPERTY SIZE: 1.95 Ac
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 ~10%	0-6	MoGR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		6-30	Mo SBK C	FR SS/SP	R				
		30-48	WK SBK CL	↓	R; C Sap				
2	L ~2%	0-4	MoGR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		4-24	Mo SBK C	FR SS/SP	R				
		24-48	WK SBK SCL/CL	↓	R; C Sap				
3	L ~10%	0-14	Mo GR SCL	FR SS/SP	Br	20"	N/A	20"	0.1 drip
		14-20	Mo SBK C	↓	R; C Mn				
		20"	2 Chr						
4	L ~10%	0-16	WK SBK SCL	FR SS/SP	Br	24"	N/A	24"	0.1 drip
		16-24	Mo SBK C	↓	R; C Mn				
		24"	2 Chr						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	Sub drip
Site LTAR	0.3	0.1

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: Remove berm at old tree line

K Kathleen Saunders

Updated February 2014

Session Law #500 + #550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED MAR 6 2020

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 Paid $500.00 AP-305511

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: Shawn Jessup Address: 5204 Grandeur Dr Zip: 28146
Applicant Email: _____ Phone: 540 392 8198 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 124 Sweet Grass LN 28115
Subdivision Name: Hollybrook Section/Phase: _____ Lot Number: 40
Driving Directions: Teeter Rd, Rain Shower Dr, Turtleback Dr, L Sweet Grass, at end on R

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: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
(X) 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 (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: Kathleen Saunders 3/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, 4G Design Build, am the legal owner of the property located at 124 Sweet Grass LN, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 3/5/2020
Signature of Owner Date

_____ _____
Signature of Witness Date

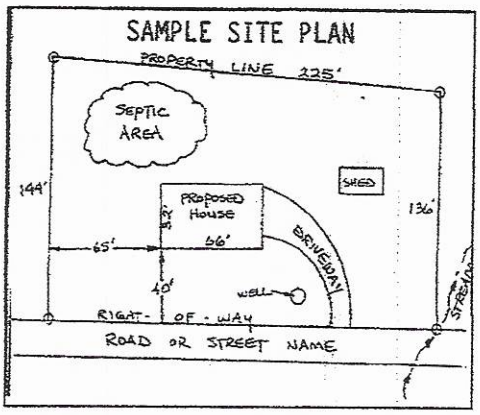
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) 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

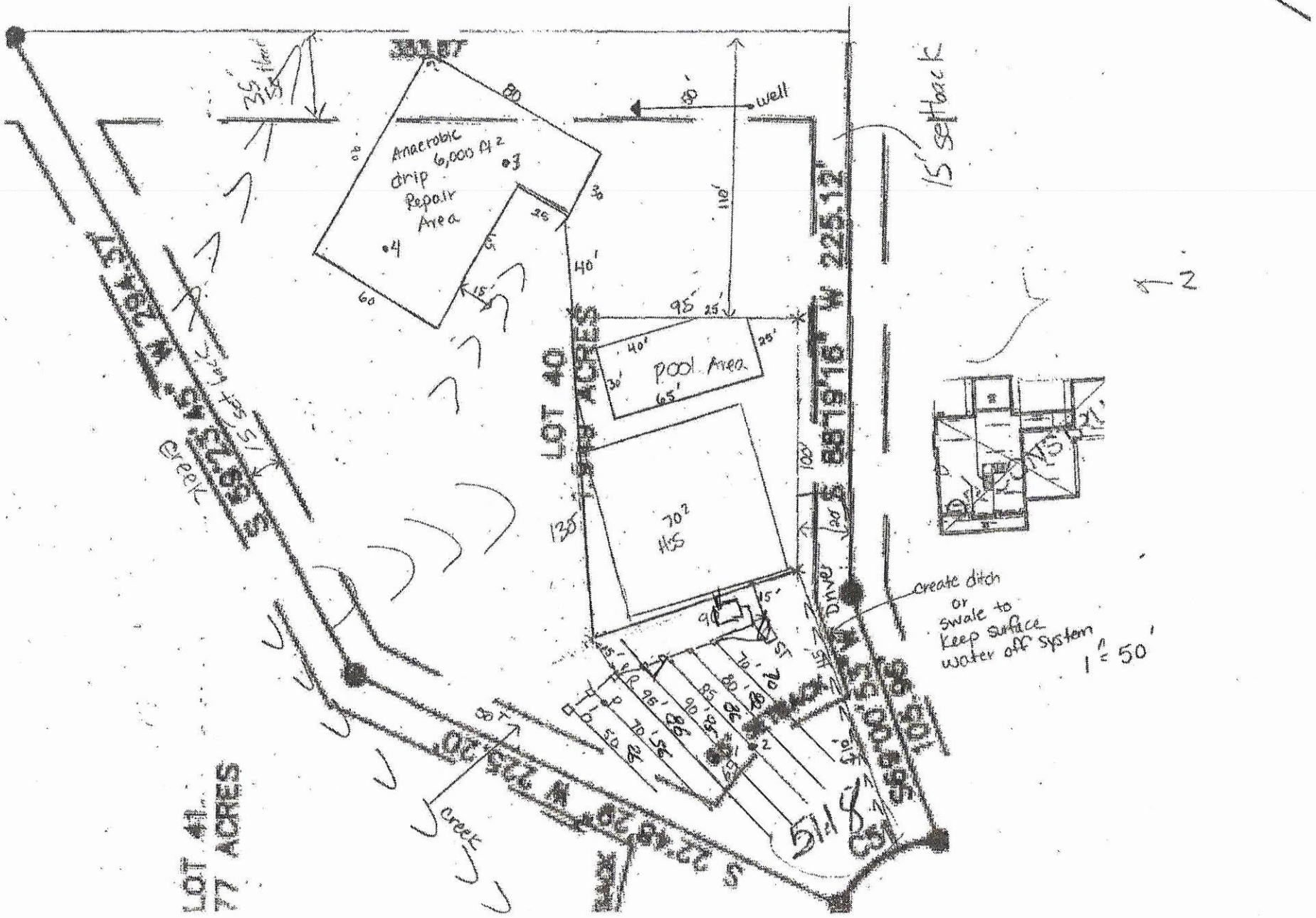
Please see Attached

Signature: Kathleen Saunders

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

3/5/2020

DATE


LOT 40
2.5 ACRES
LOT 41
2.77 ACRES
Anaerobic
6,000 ft²
drip
Repair
Area
well
15' setback
POOL Area
70²
HS
creek
creek
Create ditch
or
swale to
keep surface
water off system
1" = 50'
N
S 89°16' W 225.12'
S 89°16' W 208.37'
S 22°48'20" W 208.20'
S 51° E 63'

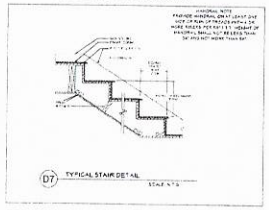
Acknowledgement Of
Plans Submittal ONLY!

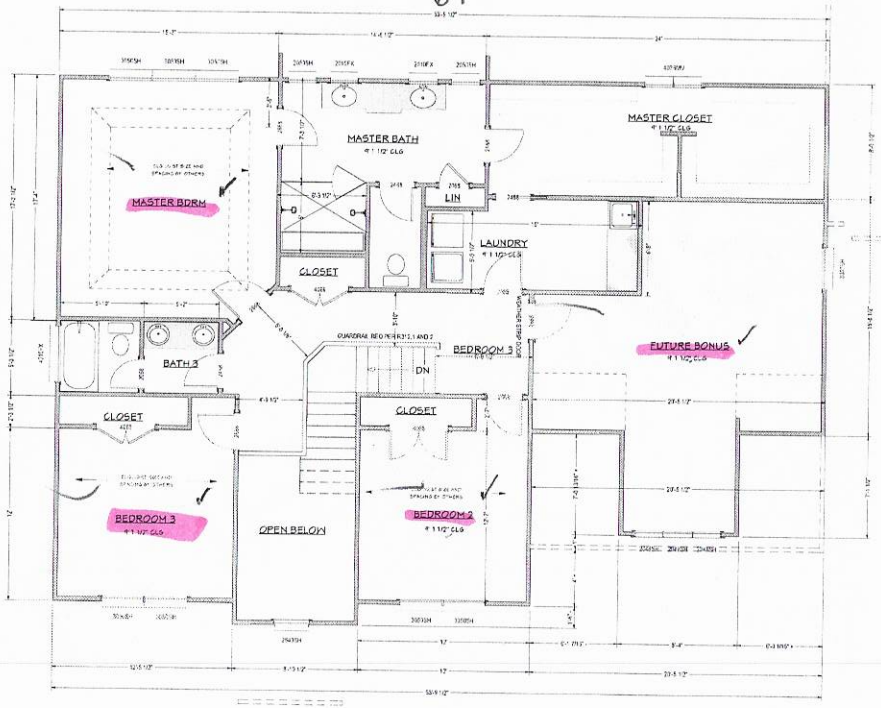
Benjamin A Bost Date 5-19-2020

Kathleen Saunders Date 3/23/2020

SQUARE FOOTAGE	
AFROX (PER A.H.S.I. Z765)	
1ST FLOOR HEATED	1501
2ND FLOOR HEATED	1441
TOTAL HEATED	2942
UNFIN BSMT	1514
UNFIN BONUS	346
GARAGES	849
PORCHES	342
TOTAL UNDER ROOF	6043

69' ✓





Wants 5 BDR's ✓

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

ARC

NO.	DESCRIPTION	BY	DATE

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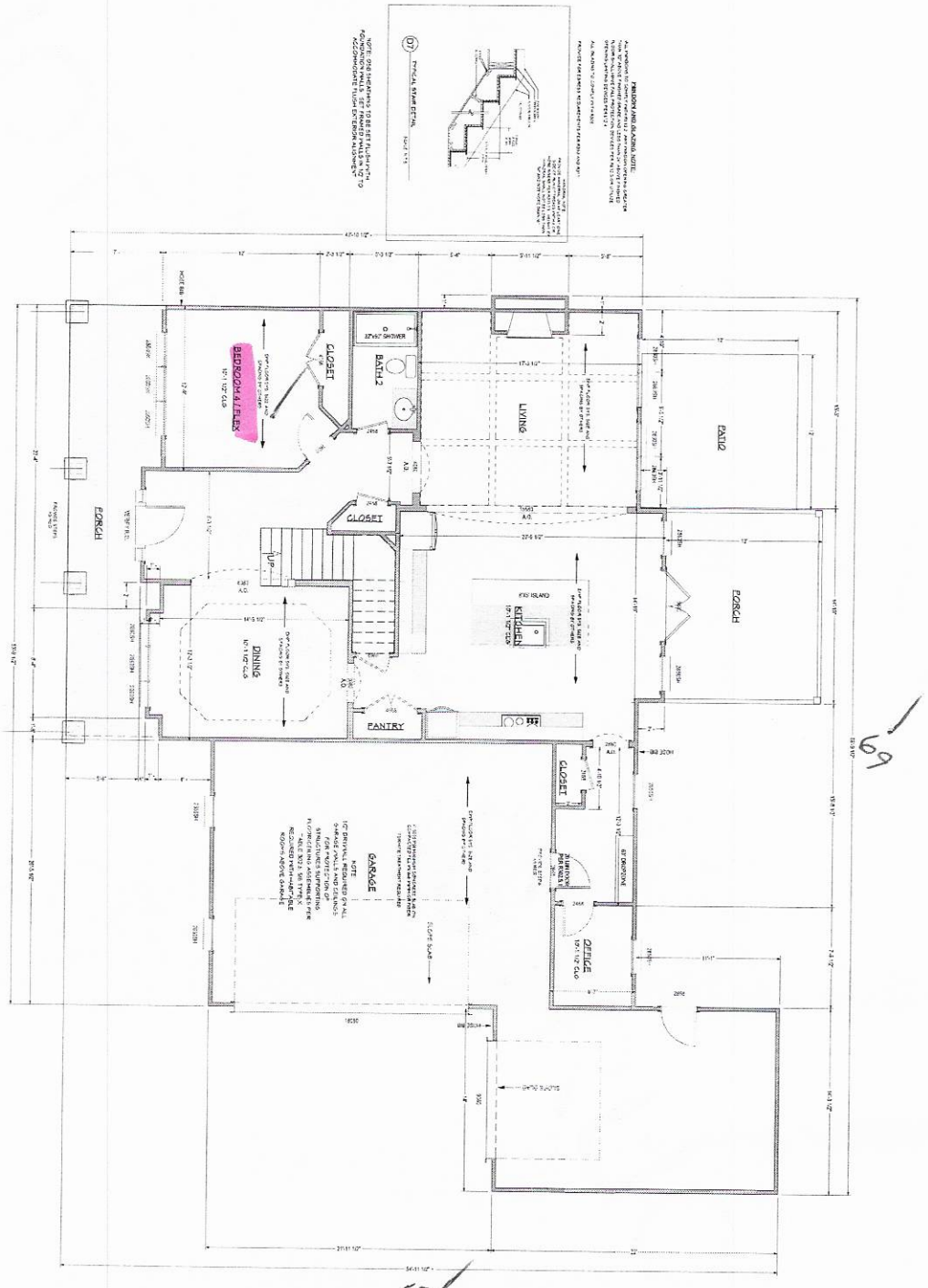
PROJECT DESCRIPTION:
Jesstup Residence
Hollybrook Lot 40-Sweet Grass Ln.
Mooresville NC 28115

BUILD4G.com
PO BOX 60
TROUTMAN, NC 28166
704-665-7578

DATE:
10/17/2019

SCALE:

SHEET:
A-7



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Date 3-19-2020

Date 3-23-2020

SQUARE FOOTAGE	
APROX (PER A.H.S.I. 2765)	
1ST FLOOR HEATED	1501
2ND FLOOR HEATED	1441
TOTAL HEATED	2942
UNFIN BSMT	1514
UNFIN BONUS	346
GARAGES	849
PORCHES	342
TOTAL UNDER ROOF	6043

SHEET:	A-6
SCALE:	
DATE:	10/17/2019

BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

PROJECT DESCRIPTION:
Jessup Residence
Hollybrook Lot 40-Sweet Grass Ln.
Mooresville NC 28115

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Troutman NC 28166

NO.	DESCRIPTION	BY	DATE

ARC

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305511 Issue Date: 03/02/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676052886.000	124 SWEET GRASS LN	Iredell County

Owner Information	Applicant Information
Name: JESSUP SHAWN D Address: , Phone:	Name: THE OAKS GROUP Address: 121 HOLT LN MOORESVILLE, NC 28117 Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.94	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

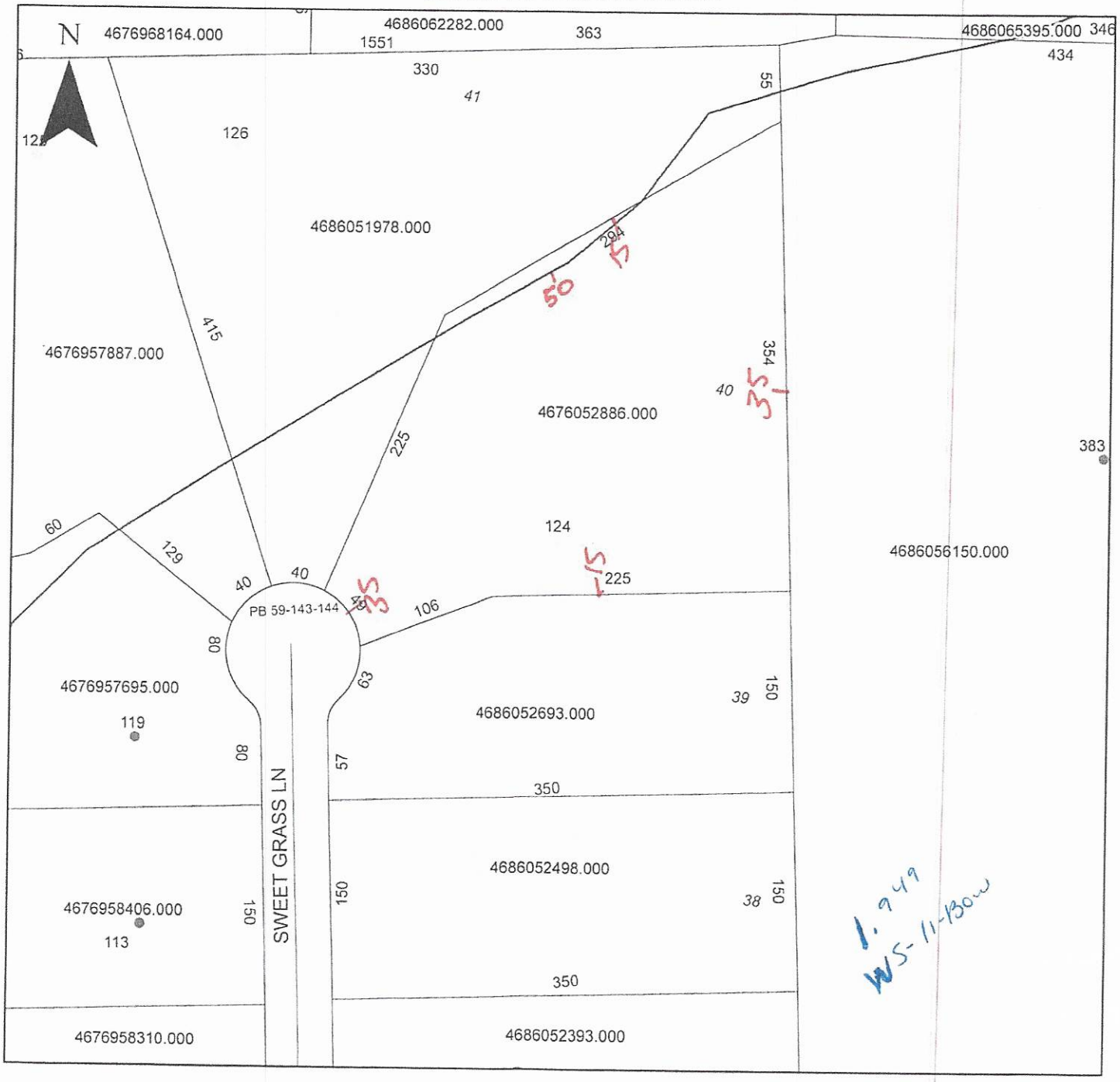
Signature of Owner/Contractor

Date: 03/02/2020

Permit Number	305511

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 124 Sweet Grass

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Saunders
Applicant

3/2/2020
Date