CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306845

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

PIN # 4676635592-000

APPLICANT/OWNER: Travis Mauk | APPLICANT ADDRESS: 157 Walden Drive Mooresville NC 28115

SITE ADDRESS: 157 Walden Dgive Mooresville NC 28115 | PHONE: 502-417-6266 | ALT. PHONE —

SITE DIRECTIONS: Linwood Rd Dan Teeter Dr Walden Drive House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Walden Ridge | SECTION: — | LOT # 59 | LOT AREA: 1.46 Acres. | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank	1000-Ext (gal)	STB	Ext	Date	Ext	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Relocation - 25% Reduction.		
Pump Make		Model		Serial #		Repair System Description:	LP-PPBPS - 50% Reduction		
# Nitrification Fields	1	# Lines	2	Linear Ft.	164	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36.	Trench Bottom Depth	36 max	Gravel Depth		☐ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing	☐ Basement w/o plumbing		

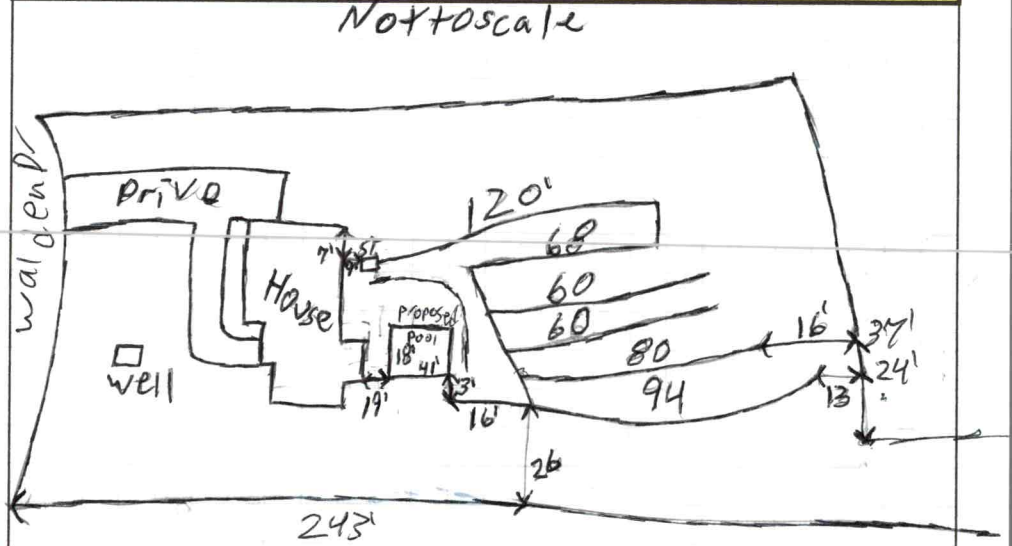
Comments / Conditions: pool must be staked at time of inspection

INITIAL SITE SKETCH

See attached Plan and Proposal by: Soil + Forestry Services of the Carolinas, PA LSS#1231.

AS BUILT SKETCH

FOR SEPTIC 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.



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**

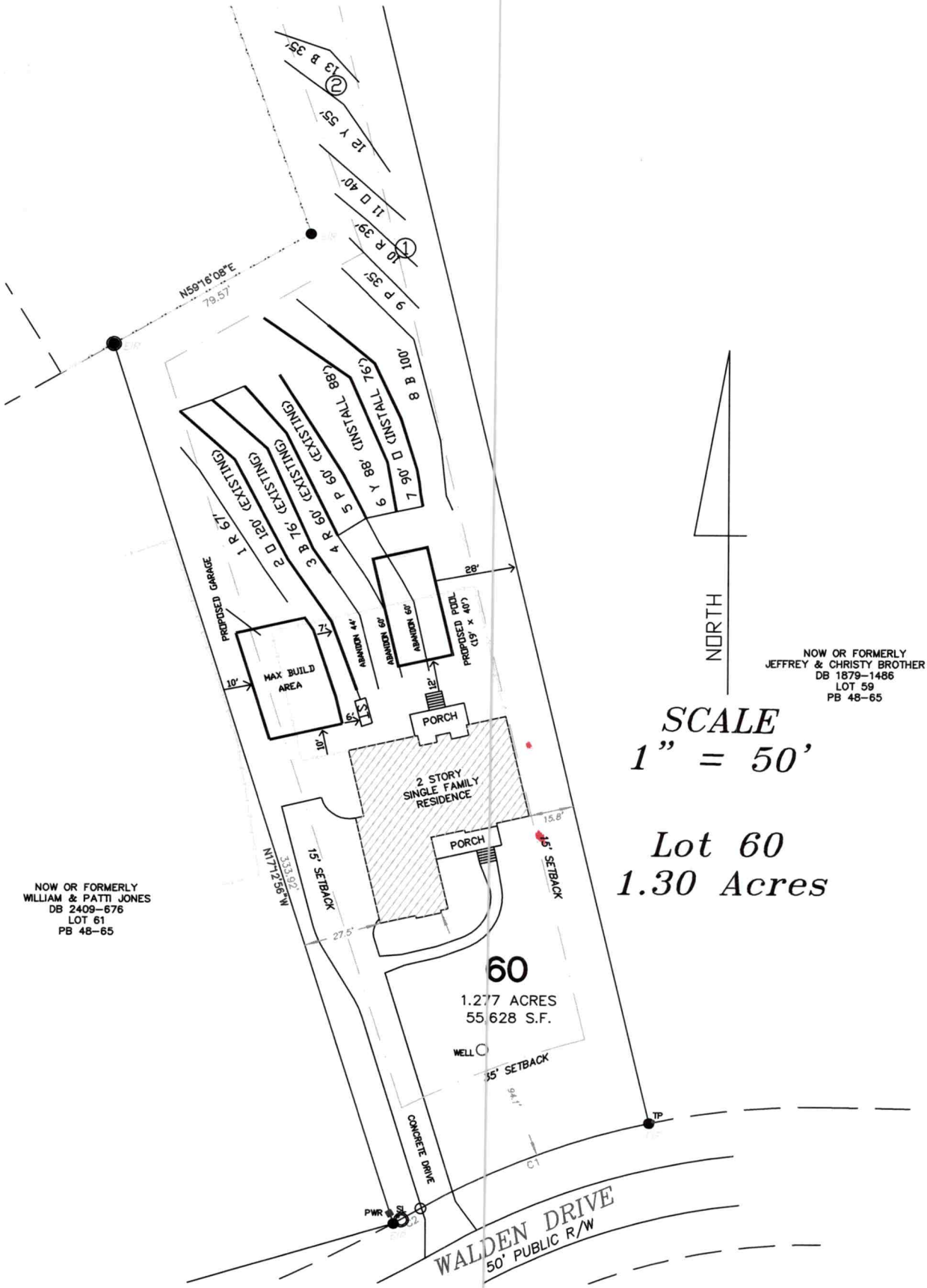
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

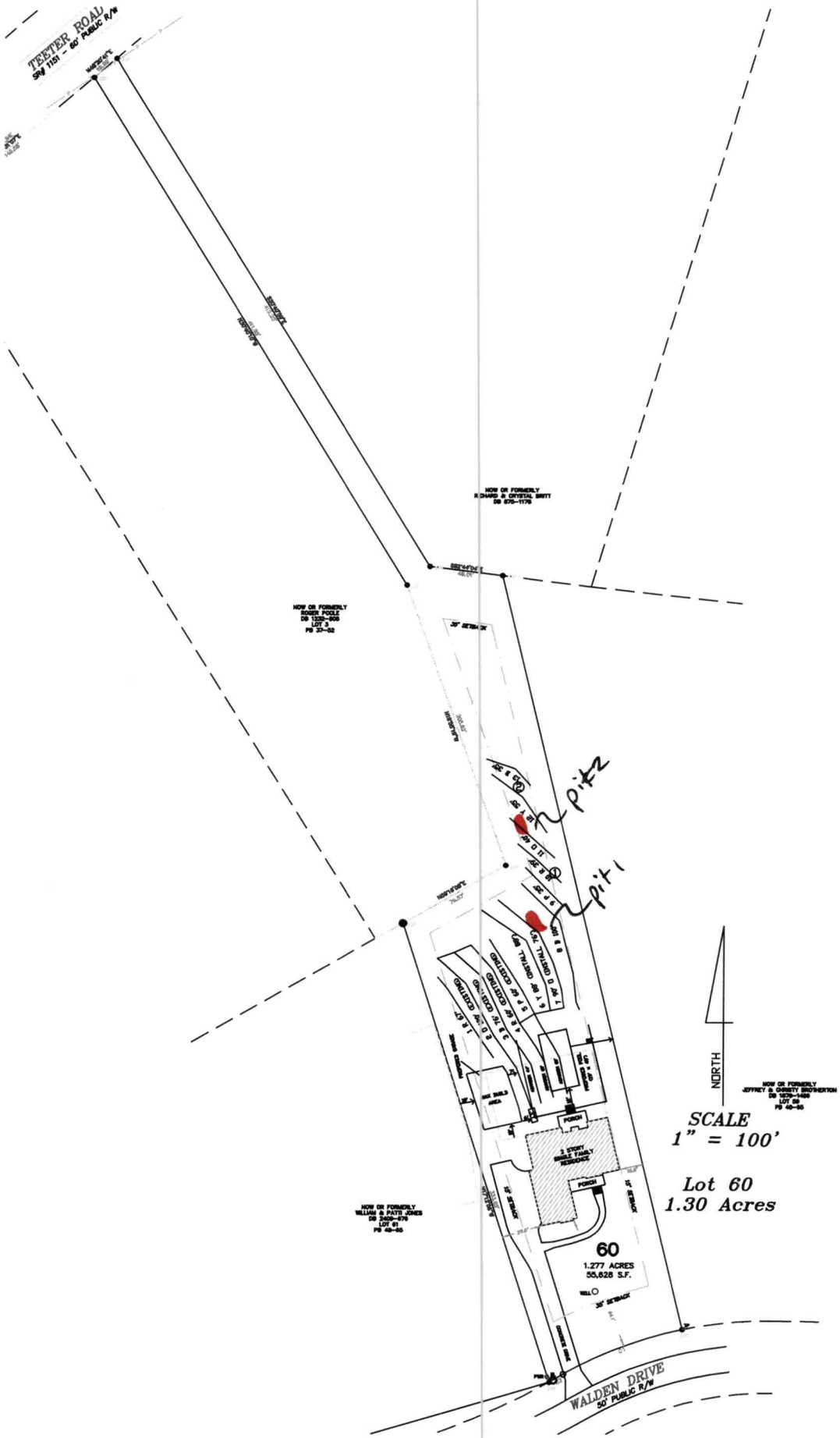
Owner / Applicant Signature: Acknowledgment Received | Date: 5-20-2020 | Installed by: Lentz

IMPROVEMENT PERMIT by: Benjamin L Boffer | Date: 5-12-2020 | OPERATION PERMIT by: Patrick J Boyle III | Date: 8/5/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin L Boffer | Date: 5-12-2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


13 B 35'
12 Y 55'
11 D 40'
10 R 39'
9 P 35'
8 B 100'
7 90' D (INSTALL 76')
6 Y 88' (INSTALL 88')
5 P 60' (EXISTING)
4 R 60' (EXISTING)
3 B 76' (EXISTING)
2 D 120' (EXISTING)
1 R 67' (EXISTING)
PROPOSED GARAGE
MAX BUILD AREA
ARMADRN 69'
PROPOSED POOL (19' x 40')
28'
12'
PORCH
2 STORY SINGLE FAMILY RESIDENCE
15.8'
PORCH
15' SETBACK
15' SETBACK
35' SETBACK
27.5'
94.1'
60
1.277 ACRES
55,628 S.F.
WELL
CONCRETE DRIVE
PWR
TP
CT
WALDEN DRIVE
50' PUBLIC R/W
N59°16'08"E
79.57'
N17°22'56"W
333.92'
NORTH
NOW OR FORMERLY
JEFFREY & CHRISTY BROTHER
DB 1879-1486
LOT 59
PB 48-65
NOW OR FORMERLY
WILLIAM & PATTI JONES
DB 2409-676
LOT 61
PB 48-65
SCALE
1" = 50'
Lot 60
1.30 Acres


TEETER ROAD
SRV 7151 - 60' PUBLIC R/W
HOW OR FORMERLY
RICHARD & CRYSTAL SMITT
DB 675-1178
HOW OR FORMERLY
ROGER POOLE
DB 1230-605
LOT 3
PB 33-92
HOW OR FORMERLY
WILLIAM & PATTI JONES
DB 2409-976
LOT 61
PB 46-55
HOW OR FORMERLY
JEFFREY & CHRISTY BROTHERTON
DB 1670L-1426
LOT 59
PB 46-55
pit2
pit1
NORTH
SCALE
1" = 100'
Lot 60
1.30 Acres
60
1.277 ACRES
55,628 S.F.
WELL
35' SETBACK
15' SETBACK
PORCH
1 STORY
SINGLE FAMILY
RESIDENCE
WALDEN DRIVE
50' PUBLIC R/W

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence on Walden Ridge Subdivision Lot 60, 157 Walden Drive (PIN: 4676635592), Mooresville 28117, Iredell County, NC.

Contents: **Page**

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LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

April 10, 2020
Project #: 20-0004
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with low pressure distribution.
- **Lines 3, 4 & 5 must be properly abandoned and install lines 6 & 7A**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant: Travis Mack

Address: 157 Walden Drive
Mooresville, NC 28115
Phone: 502.417.6266
County: Iredell
Location: Walden Ridge- Lot 60

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: N/A

Design Specifications

Drainfield Size: 480
Loading Rate (gpd/ft.^{2}): 0.25
Depth of Gravel in Trench: N/A
Gravel Size: N/A
Max.Trench Depth: 36 in.
Trench Width: 36 in.
Septic Tank Size: 1000

Repair Trench Bottom ~~36 in~~ 44" SAR 5/7/20

Estimated Supply Line Length: 3
Supply Line Diameter: 4 in. SCH 40 PVC
Supply Line Volume: 1.96
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: N/A
Gate Valves: N/A

Check Valves: N/A
Anti-Siphon Hole: N/A
Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

Walden Ridge- Lot 60

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1440
TOTAL LATERAL LENGTH:	480
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	480
SUPPLY LINE LENGTH:	3
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 157 Walden Drive

Project #: 20-0004

LAYOUT FOR 4 BEDROOM HOME — April 10, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					67	67
2	***ORANGE***	*EXISTING*	*ABANDON*	*0 FT*		***120***	***120***
3	***BLUE***	*EXISTING*	*ABANDON*	*44 FT*		***120***	***76***
4	***RED***	*EXISTING*	*ABANDON*	*60 FT*		***120***	***60***
5	***PINK***	*EXISTING*	*ABANDON*	*60 FT*		***120***	***60***
6	***YELLOW***					***88***	***88***
7A	***ORANGE***					***90***	***76***
8	BLUE					100	100
9	PINK					35	35
10	RED					39	39
11	ORANGE					40	40
12	YELLOW					55	55
13	BLUE					35	35
					Total	1029	851

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	***480***	***0.250***	***ACCEPT.***	***0.250***	***25% RED***	***GRAVITY***
Repair	371	0.250	MOD. CONV.	0.250	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by SURVEY.

**System modification is to accommodate a pool.

CALCULATIONS

Location 157 Walden Drive
Mooresville, NC 28115
Project Number 20-0004

Lot No: 60
Walden Ridge
No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.250 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 3 ft.

Supply Line Volume 1.959 gal.

Required Feet of Line 480 ft.
Amount of Line from Layout 480 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Travis Mack, am the legal owner or the agent of the property located at 157 Walden dr. Mooresville, NC 28115, identified as PIN(Parcel Identification Number) 4676635592-000, located in Iredell County, North Carolina.
Permit # 306845.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner/Authorized Agent — Date: 5-15-20

Signature of Witness — Date

Travis Mack 47@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet 1 of 1
PROPERTY ID #: 4676935596
COUNTY: Iredell

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

OWNER: Travis Mack
ADDRESS: 157 Walden Dr. Mooresville NC 28115
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 157 Walden Dr. Mooresville NC 28115
APPLICATION DATE
DATE EVALUATED: 1/14/2020
PROPERTY SIZE: 1.28AC
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
B 1	L/3%	0-48	BRC wmsbk/ABK	F SS P	Few Magn. @42"+	48"			PS .25
B 2	L/6%	0-7	RBCL w/sbk	Fr SS SP	Few Magn @30"+ Few Fe @43"+	48"			PS .25
		7-48	BRC wmsbk/ABK	Fr SS P					
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4676635542
COUNTY: Iredell

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

OWNER: Travis Mack
ADDRESS: 157 Walden Drive Mtn
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 157 Walden Mtn
APPLICATION DATE 5-12-2020
DATE EVALUATED: 5-7-2020
PROPERTY SIZE: 1.06 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	pl	0-4	sc SBK	SS Sp FR	2.5YR 6/6	48.	—	Mica/ Mn Conc.	PS .25
		4-40	c SBK	SS Sp FR					
		40-48	cl SBK	SS Sp FR.					
2	pl	0-22	Fill		5YR 4/6	70	—	Mica	PS -25 Deep Rpr.
		22-40	sc Fill	SS Sp FR					
		40-70	c WSBK/ABK	SS Sp FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	164 L.f.	320 L.f.
System Type(s)	III 25%	III 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B Hicks
OTHER(S) PRESENT:

COMMENTS: Relocation Rec Pool Deep Rpair @ 58 inches Ltar

Updated February 2014

RECEIVED APR 2 0 2020

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***

Paid $350.00 AP-306845

Application For:

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

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

*Modification for Pool

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: Travis Mack **Address:** 157 Walden Dr Mooresville NC **Zip:** 28115

Applicant Email: travismack47@gmail.com **Phone:** 502.417.6266 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: Same **Phone:** Same **Alt. Phone:**

Property Information:

Street Address: 157 Walden Drive Mooresville NC 28115

Subdivision Name: Walden Ridge **Section/Phase:** **Lot Number:** 60

Driving Directions: Linwood Rd S, Lt on Teeter, Rt on Walden Dr, House on Lt.

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

Existing Dwelling

( ) 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
(X) Other Addition/Structure: Garage Detached

CHECK FOUNDATION TYPE

(X) 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: 1/14/09

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: Travis A Mack 4/10/20

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) _____

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, Travis Mock, am the legal owner(s) of the property located at 157 Walden Dr. Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4676635592, located in Iredell County, North Carolina.,
I do hereby authorize (**print legal representative/company name**) Ashley Rollins/Soil & Forestry Services, 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.

* _____ * 4-17-20
Signature of Owner(s) 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306845 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676635592.000	157 WALDEN DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: MACK TRAVIS+LYNDSAY LEE	Name: SOIL AND FORESTRY SERVICES
Address:	Address: P. O. BOX 832 MOORESVILLE, NC 28115
Phone:	Phone: (704)746-5046

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.28	35	35	10	10	WSII-BOW Coddle Creek	NO

Remarks

POOL gravity expedited review needed

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

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: 04/17/2020

Permit Number	306845	TOTAL FEES:	$77.25