IREDELL COUNTY HEALTH DEPARTMENT

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

MD 11:30

PERMIT # 219731

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

PIN # 4676-70-0565 ✓

APPLICANT: Miguel Simon | APPLICANT ADDRESS: 973 Linwood Rd Mooresville, NC 28115

SITE ADDRESS: 973 Linwood Rd. Mooresville, NC 28115 | PHONE: 704-578-4951 | ALT. PHONE:

SITE DIRECTIONS: Highway 152 East → R on Linwood Rd → Lot on Left

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 15.1 acres | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	160	Date	8-1-17		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	3	Linear Ft:	270		
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	—		

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

System Description: 25% Reduction (Parallel or Serial Distribution Allowed)

Repair System Description: LP-PPBPS 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 2 | No. Persons 4 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. A reference to a future ≥ 6-Bedroom house being "tied into" the existing field, any such change in use must first be applied for + meet the current rules + receive health department approval prior to construction.

~~No house started at time of inspection~~

INITIAL SITE SKETCH

See attached plans by The Oaks Group PA

Kathleen Saunders LSS #1313

AS BUILT SKETCH

Used Quick 4 Infiltrators as drawn

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: 7-11-16 Installed by: MRB Enterprises

IMPROVEMENT PERMIT by: Tom Shuck Date: 7-7-16 OPERATION PERMIT by: Maria Tolson Date: 4/11/18

AUTHORIZATION TO CONSTRUCT by: Krysta Wilson Date: 12-7-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED JUN 2 2 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) Paid $350.00

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

****

X Well permit #21973

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Contact Kathleen Saunders (704) 578-4951

Miguel Simon	973 Linwood Rd 28115		
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. **Property Information:**

Pin: 4676 70 0565

973 Linwood Rd Mooresville 28115	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 152 Right on Linwood Rd, Lot on Left

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Emma Helton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/20/16
DATE

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 973 Linwood Road

Date: June 21, 2016

Attached is the septic specification information required to permit 973 Linwood Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD 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.

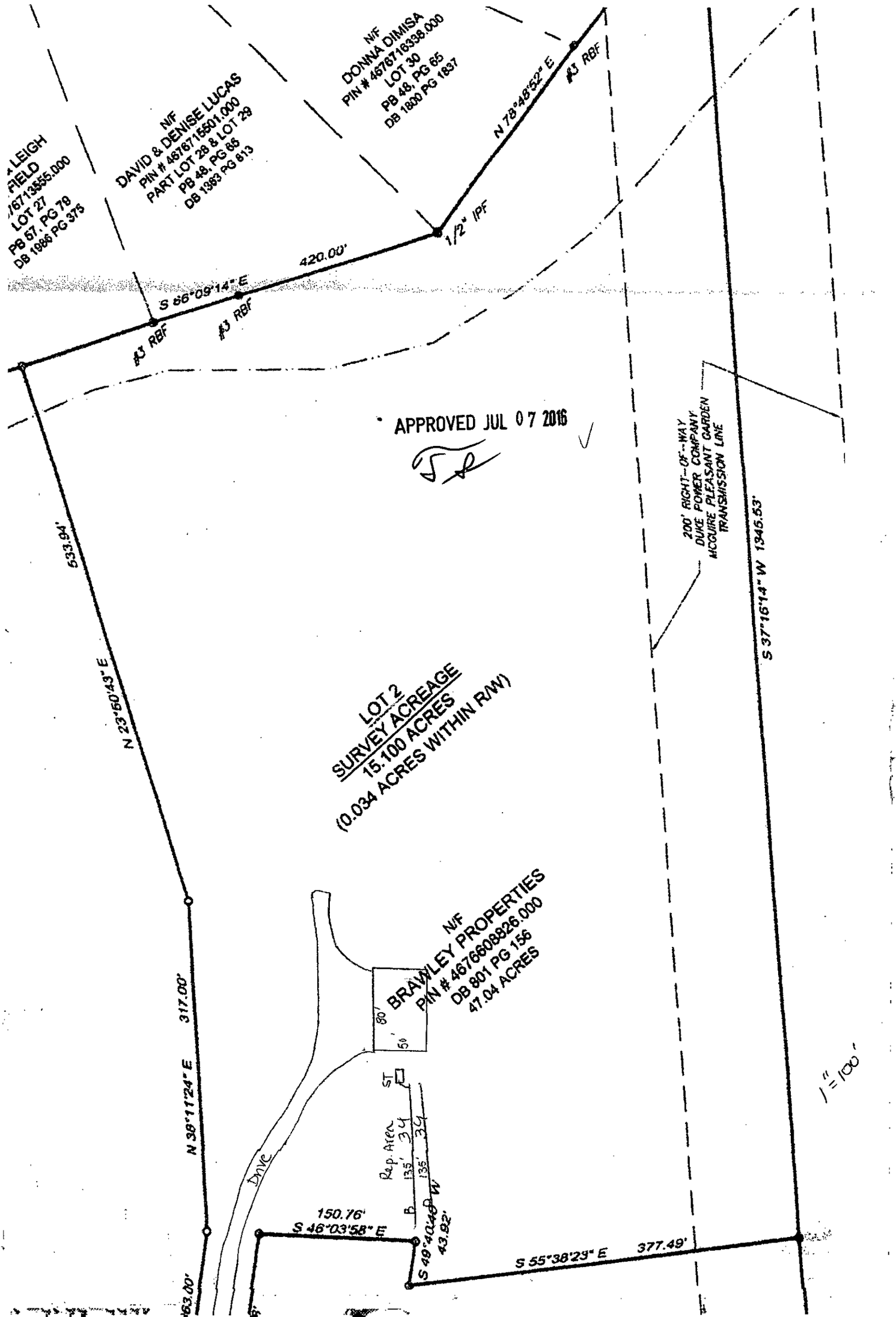
All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

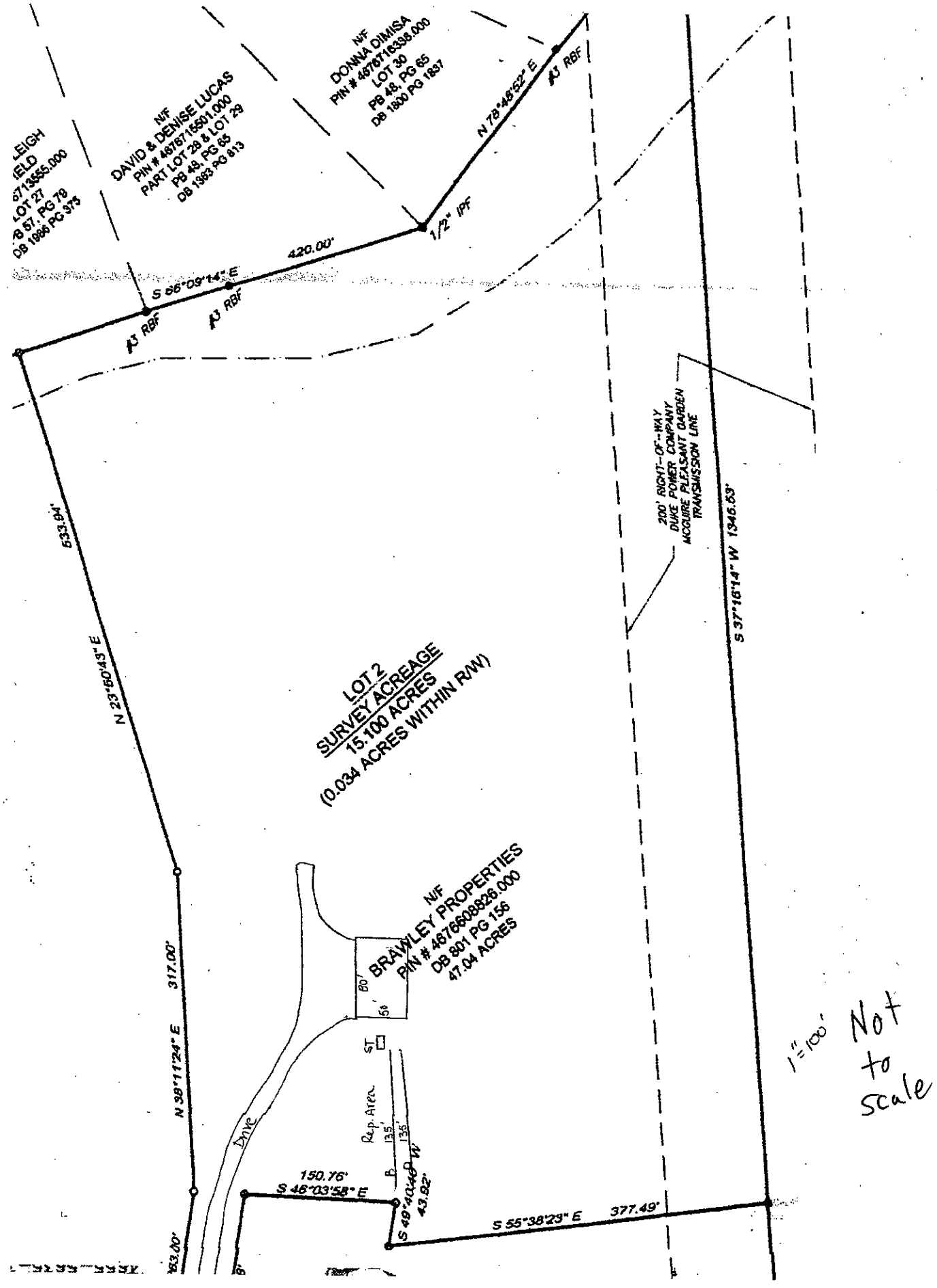
APPROVED JUN 7 0 2016

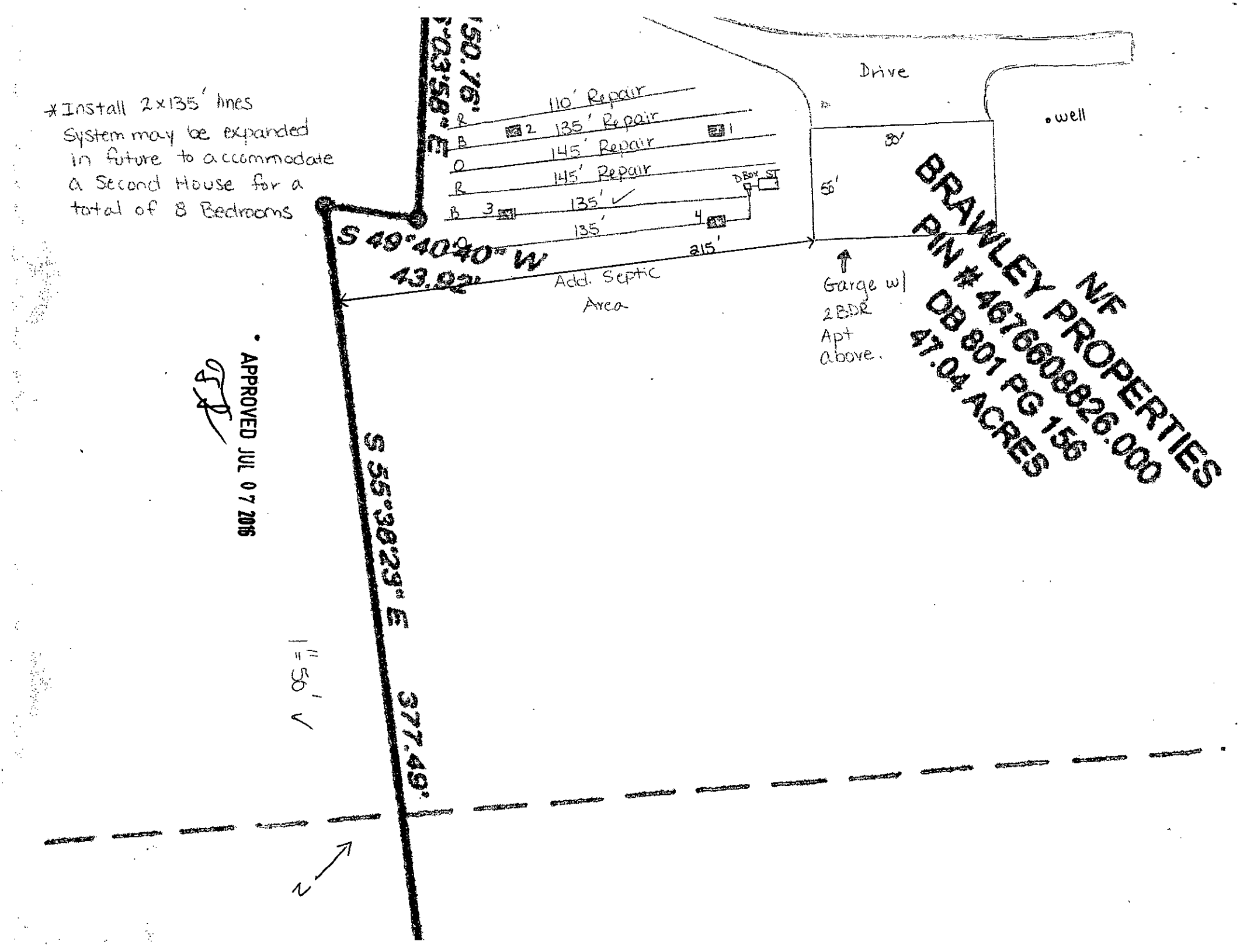
APPROVED JUL 07 2016

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

Kathleen Saunders


N/F
DONNA DIMISA
PIN # 4676716338.000
LOT 30
PB 48, PG 65
DB 1800 PG 1837
N/F
DAVID & DENISE LUCAS
PIN # 4676715501.000
PART LOT 28 & LOT 29
PB 48, PG 66
DB 1383 PG 813
LEIGH
FIELD
76713555.000
LOT 27
PB 67, PG 78
DB 1986 PG 375
N 78°48'52" E
#3 RBF
1/2" IPF
420.00'
S 86°09'14" E
#3 RBF
#3 RBF
APPROVED JUL 07 2016
200' RIGHT-OF-WAY
DUKE POWER COMPANY
MCGUIRE PLEASANT GARDEN
TRANSMISSION LINE
S 37°16'14" W 1346.53'
533.94'
N 23°50'43" E
LOT 2
SURVEY ACREAGE
15.100 ACRES
(0.034 ACRES WITHIN R/W)
N/F
BRAWLEY PROPERTIES
PIN # 4676608826.000
DB 801 PG 156
47.04 ACRES
80'
50'
317.00'
N 38°11'24" E
ST
Rep. Area
135' 34
135' 34
B
Drive
150.76'
S 46°03'58" E
S 49°40'40" W
43.82'
S 55°38'23" E
377.49'
1" = 100'


N/F
DONNA DIMISA
PIN # 4676716398.000
LOT 30
PB 48, PG 65
DB 1800 PG 1857
N/F
DAVID & DENISE LUCAS
PIN # 4676715501.000
PART LOT 28 & LOT 29
PB 48, PG 65
DB 1993 PG 813
LEIGH
(ELD
6713555.000
LOT 27
B 57, PG 79
DB 1986 PG 373
N 78°48'52" E
1/2" IPF
420.00'
S 86°09'14" E
RBF
RBF
533.84'
N 23°50'43" E
317.00'
N 38°11'24" E
200' RIGHT-OF-WAY
DUKE POWER COMPANY
MCGUIRE PLEASANT GARDEN
TRANSMISSION LINE
S 37°16'14" W 1345.53'
LOT 2
SURVEY ACREAGE
15.100 ACRES
(0.034 ACRES WITHIN R/W)
N/F
BRAWLEY PROPERTIES
PIN # 4676608826.000
DB 801 PG 156
47.04 ACRES
80'
58'
ST
Rep Area
135'
136'
Drive
150.76'
S 46°03'58" E
S 49°40'46" W
43.82'
S 55°38'29" E
377.49'
1"=100'
Not
to
scale


*Install 2x135' lines
System may be expanded in future to accommodate a Second House for a total of 8 Bedrooms
N 35°03'38" E 150.76'
R
B
O
R
B
110' Repair
2
135' Repair
1
145' Repair
145' Repair
DBox
ST
135'
3
135'
4
S 49°40'40" W
43.02'
815'
Add. Septic Area
Drive
well
80'
55'
Garge w/ 2 BDR Apt above.
NF
BRAWLEY PROPERTIES
PIN # 467608826.000
DB 801 PG 156
47.04 ACRES
S 55°38'23" E
377.49'
APPROVED JUL 07 2016
1" = 80'
N

Linwood Road Fast Track - The Oaks Group, PA

Number of Bedrooms	**2**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**240**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	2 (See Table)
Total Linear Feet	270
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Distribution Box
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	535
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	110
2	Repair	Blue	LP PPBPS	135
3	Repair	Orange	LP PPBPS	145
4	Repair	Red	LP PPBPS	145
5	System	Blue	25% Reduction	135 endfed
6	System	Orange	25% Reduction	135 endfed
				Total System: 270'
				Total Repair: 535'

Note: Keep proper setbacks to foundation drains
Distribution devices and tank locations can be altered at ICHD's discretion
Tanks must be set to achieve gravity flow once final foundation placement is set
System designed so that a future 6 bedroom house can possibly be tied into the existing drainfield

APPROVED JUL 07 2016

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

Sheet 1 of 1
PROPERTY ID #: 4676 70 0565
COUNTY: Iredell

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

OWNER: Miguel Simon
ADDRESS: 973 Linwood Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 973 Linwood Rd
APPLICATION DATE: 6/21/16
DATE EVALUATED: 6/7/16
PROPERTY SIZE: 15.1
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
1A	L 5%	0-5	Mo GR SL	FR ns/np	Br				
		5-25	Mo SBK C	FR SS/SP	R; F Mica		N/A	N/A	0.3
		25-39	WK SBK C	↓	R; C Sap				
		39-54	MA L Sap/ WK SBK CL	↓	R; C/M Sap	54"+			
2B	L 5%	0-6	Mo GR SL	FR ns/np	Br				
		6-25	Mo SBK C	FR SS/SP	R				
		25-37	WK SBK C	↓	R; F Sap	52"+	N/A	N/A	0.3
		37-52	WK SBK CL	↓	R yel; C Sap; C pockets of L/SL Sap				
3C	L 5%	0-5	Mo GR SL	FR ns/np	Br				
		5-25	Mo SBK C	FR SS/SP	R				
		25-34	WK SBK C	FR SS/SP	R; F Sap	48"+	N/A	N/A	0.3
		34-48	WK SBK C	FR SS/SP	R; C Sap				
4D	L 5%	0-22	Mo ABK C	FR SS/SP	R				
		22-34	WK SBK CL	↓	R; C Sap	34"	PS	N/A	0.3
		34-48	MA L/SL Sap	↓	Multi				

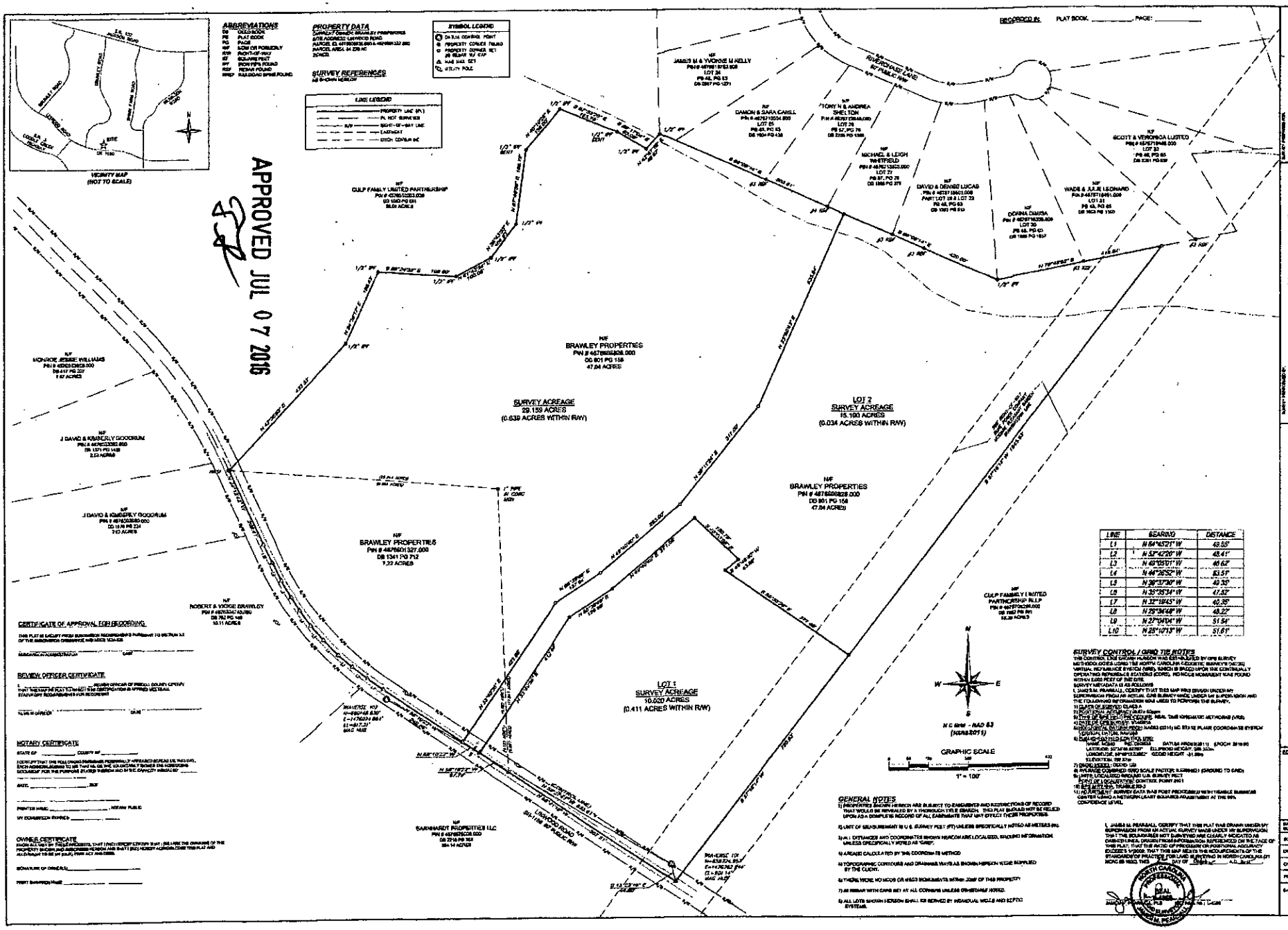
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: kMS
OTHER(S) PRESENT: ELH

COMMENTS:

APPROVED JUL 07 2016

Updated February 2014


APPROVED JUL 07 2016
VICINITY MAP
(NOT TO SCALE)
ABBREVIATIONS
PROPERTY DATA
SURVEY REFERENCES
SYMBOL LEGEND
LINE LEGEND
RECORDED IN: PLAT BOOK, PAGE:
JAMES M & YVONNE M KELLY
DAMON & SARA CAHILL
TONY H & ANDREA SHELTON
SCOTT & VERONICA LUSTED
MICHAEL & LEIGH WHITFIELD
DAVID & DENISE LUCAS
DONNA DAVISA
WADE & JULIE LEONARD
GULF FAMILY LIMITED PARTNERSHIP
BRAWLEY PROPERTIES
PIN # 4678808308.000
DB 801 PG 158
47.04 ACRES
SURVEY ACREAGE
29.159 ACRES
(0.639 ACRES WITHIN R/W)
LOT 2
SURVEY ACREAGE
15.100 ACRES
(0.034 ACRES WITHIN R/W)
BRAWLEY PROPERTIES
PIN # 4678808828.000
DB 801 PG 158
47.04 ACRES
BRAWLEY PROPERTIES
PIN # 4678809327.000
DB 1341 PG 712
7.22 ACRES
LOT 1
SURVEY ACREAGE
10.020 ACRES
(0.411 ACRES WITHIN R/W)
MONROE JESSE WILLIAMS
PIN # 4678833828.000
DB 441 PG 222
1.67 ACRES
J DAVID & KIMBERLY GOODRUM
PIN # 4678833382.000
DB 1371 PG 1438
2.23 ACRES
J DAVID & KIMBERLY GOODRUM
PIN # 4678833680.000
DB 1878 PG 224
2.10 ACRES
ROBERT & VICKIE BRAWLEY
PIN # 4678833342.000
DB 762 PG 149
10.11 ACRES
SARMHARDT PROPERTIES LLC
PIN # 4678878208.000
DB 2218 PG 168
384.14 ACRES
CULP FAMILY LIMITED PARTNERSHIP
PIN # 4678708208.000
DB 1662 PG 991
16.39 ACRES
RIVERMONT LANE
50' PUBLIC R/W
LIVELY ROAD
SR 1136
50' PUBLIC R/W
CERTIFICATE OF APPROVAL FOR RECORDING
REVIEW OFFICER CERTIFICATE
NOTARY CERTIFICATE
OWNER'S CERTIFICATE
SURVEY CONTROL / GRID TIE NOTES
GENERAL NOTES
GRAPHIC SCALE
1" = 100'
N.C. Grid - NAD 83
(NSRS2011)
LINE BEARING DISTANCE
L1 N 64°45'21" W 49.55'
L2 N 32°42'20" W 48.41'
L3 N 49°05'01" W 46.62'
L4 N 46°26'52" W 83.51'
L5 N 39°37'39" W 40.35'
L6 N 35°35'34" W 47.82'
L7 N 32°18'45" W 40.36'
L8 N 29°39'48" W 49.22'
L9 N 27°04'04" W 51.54'
L10 N 25°07'13" W 51.61'
TAYLOR WISEMAN & TAYLOR
ENGINEERS | SURVEYORS | LANDSCAPE ARCHITECTS
PRELIMINARY SUBDIVISION PLAT
BRAWLEY PROPERTIES
LINWOOD ROAD
IREDELL COUNTY - MOORESVILLE, NC
1/1

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

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.

I, Miguel Simon, am the legal owner(s) of the property located at 973 Linwood Rd Mooresville, identified as PIN (Parcel Identification Number) 4676-70-0565, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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.

M. Simon — June 22, 2016
Signature of Owner(s) — Date

Emma Gillette — 6/22/16
Signature of Witness — Date

Please return this signed form to the appropriate office:

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

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

APPLICATION NUMBER
219731
Issue Date: 06/21/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4676700565.000	973 LINWOOD ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: SIMON FAMILY REVOC TR	Applicant: KATHLEEN SAUNDERS
Address: 973 LINWOOD RD MOORESVILLE, NC 28115	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone: - -	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

$ PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	72286	TOTAL FEES:	$ 77.25

DHHS

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Miguel Simon — APPLICATION DATE 6-20-16
ADDRESS: 973 Linwood Rd Mooresville — DATE EVALUATED: 6-24-16
PROPOSED FACILITY: 2 BR Garage — PROPOSED DESIGN FLOW (.1949): 240 gal/day — PROPERTY SIZE: 15.1 acres
LOCATION OF SITE: 973 Linwood Rd Mooresville — 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
3	Side Slope/ Shoulder 5%	0-5	W. SBK SL	SI Friable, SS, Sp, Sexp	—	48	—	—	0.3 PS
		5-32	W→M SBK Clay (R)	SI. Firm, SS, Sp, Sexp					
		R. Clay Loam W. ABK 32-48	Friable Common SAP, SS, Sp, Sno	OK					
1	Side slope Shoulder 5%	0-5	W. SBK SL	SI Friable, SS, Sp, Sexp	—	34"	—	—	0.3 PS
		5-29	Clay W. SBK	SI Firm, SS, Sp, Sexp					
		29-34	Clay Loam M SBK	Friable, SS, Sp, Sexp					
		34-48	Loamy Mus. Saprolite	Friable + moderately drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270	545
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Kathleen Sanders + Emma Helton

COMMENTS: measured locations of proposed D/E lines OK from adjacent property lines.

RECEIVED NOV 2 1 2017

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Miguel Simon **Address:** 19328 Overleaf Ln, Davidson, NC **Zip:** 28036
Applicant Email: simon@ou.edu **Phone:** 734-239-4200 **Alt. Phone:** _____
Owner Name: Miguel Simon **Address:** 19328 Overleaf Ln, Davidson, NC **Zip:** 28036
Owner Email: simon@ou.edu **Phone:** 734-239-4200 **Alt. Phone:** _____

Property Information:

Street Address: 2606-2852 Linwood Rd. Mooresville, NC 28115 (GPS coordinates: 35.550850 -80.760737)
Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: head northeast on N. Main (St Rt 152 East) toward Institute Ave.
—> right on Linwood Ave (later Linwood Rd) —> Lot on Left at GPS coordinates: 35.550850 -80.760737

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: 2
Maximum Number of Occupants: 3 to 4
( ) 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: _____
(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: _____
(X) 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: M. Simon November 10, 2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

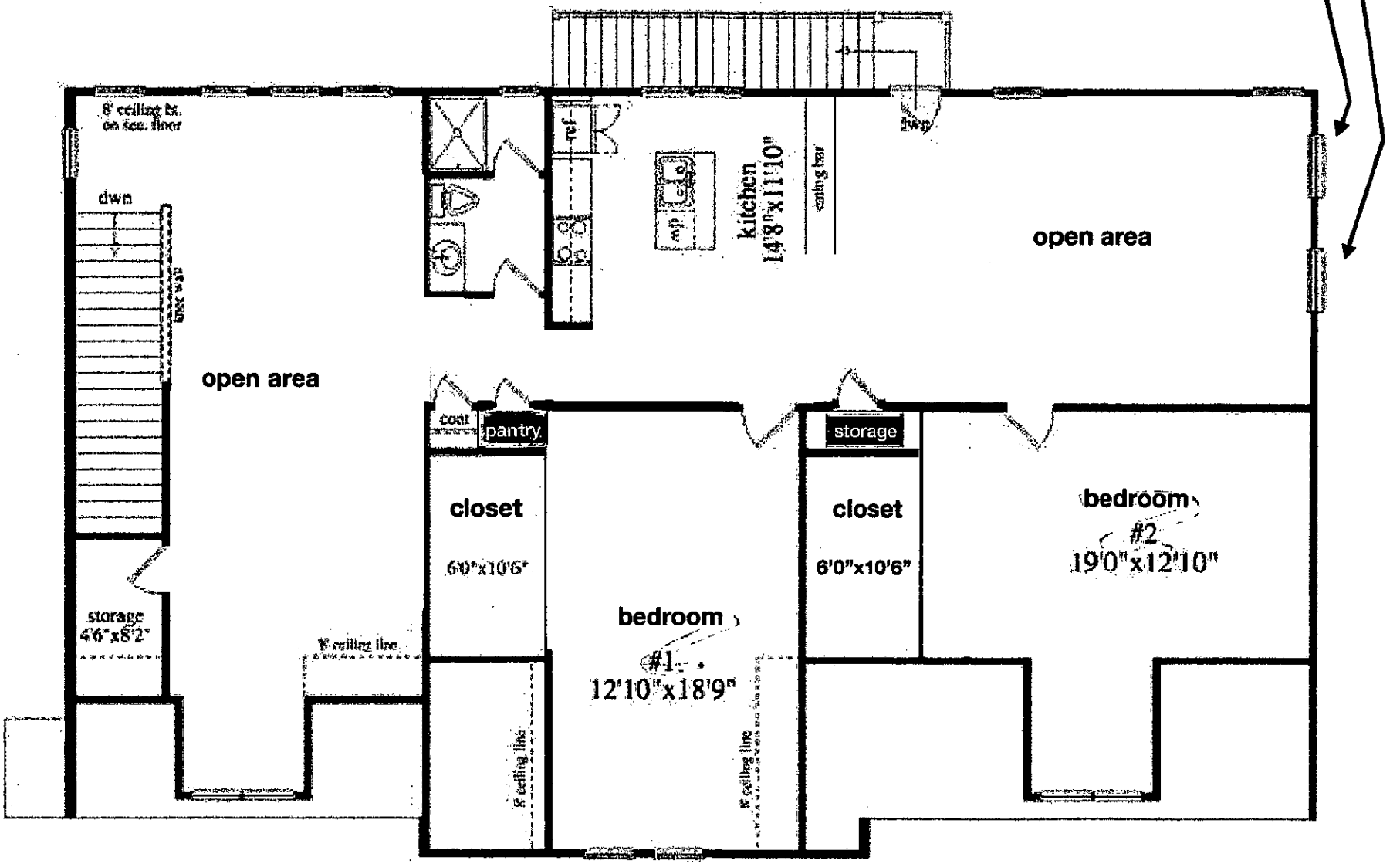
Email AC:
joe@KayakConstruction.com
704 201 1200

Acknowledgement of
Plans Submittal ONLY!

Date 11.21.17

Date 12-7-17

two new windows



Acknowledgement of
Plans Submittal ONLY!

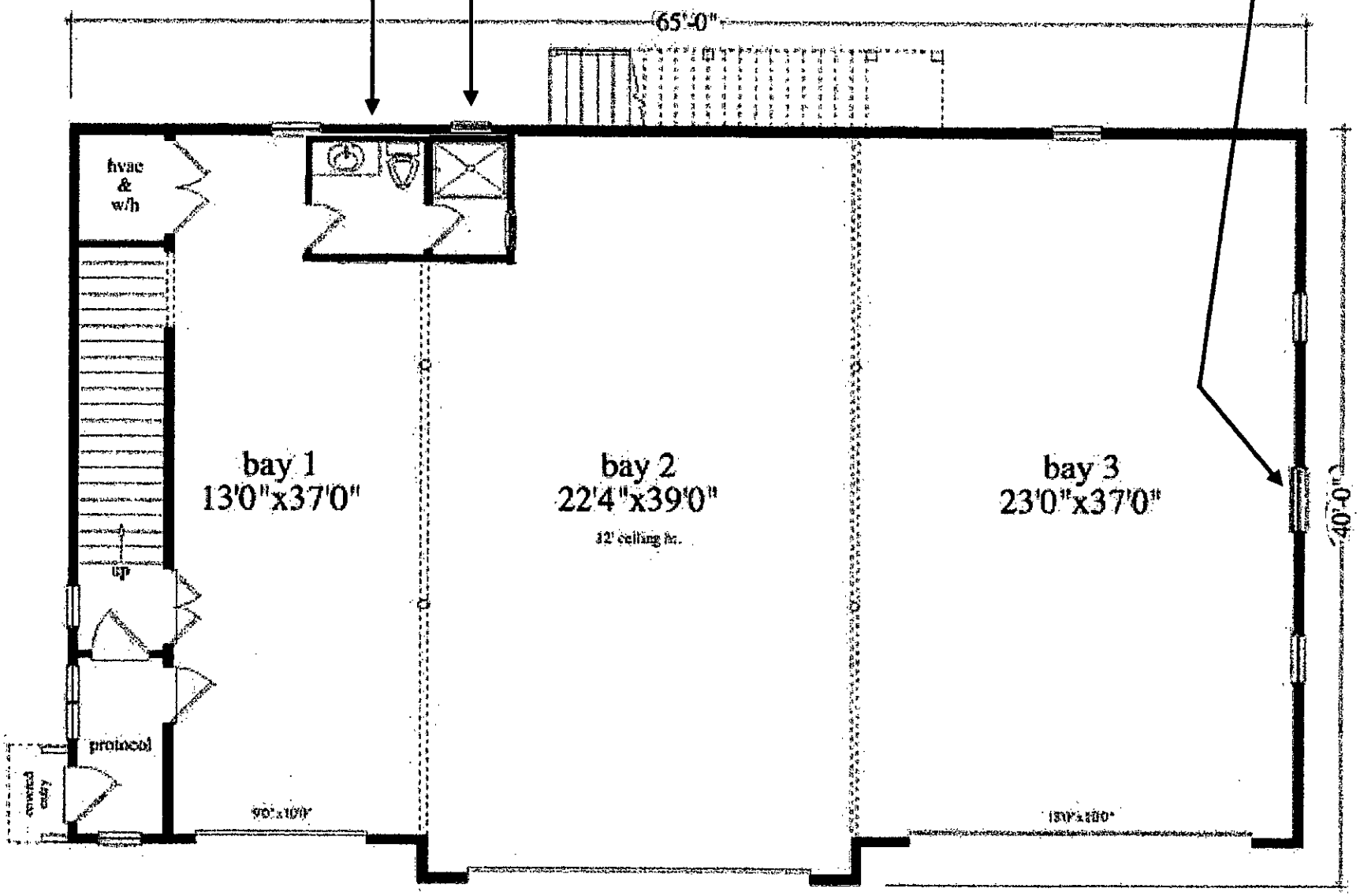
Date 11.21.17

Date 12-7-17

note: have to add another window to the new bath

full bath added to floor plan

one new window



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Miguel Simon, am the legal owner(s) of the property located at 2606-2852 Linwood Rd. Mooresville, NC 28115 (GPS coordinates: 35.550850 -80.760737), identified as PIN (Parcel Identification Number) 4676-70-0565, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JOE KANE, Kayak Construction INC., 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.

M. Simon — November 10, 2017 — Signature of Owner(s) — Date

Signature of Witness — 11.10.17 — Date

Please return this signed form to the appropriate office:

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