# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217200

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

PIN # 4676-71-6338

APPLICANT: Grant Deaton APPLICANT ADDRESS: 138 Lamplighter Ln Mooresville NC 28115

SITE ADDRESS: 202 Riverchase Ln, Mrvl, 28115 PHONE: 704-562-9622 ALT. PHONE:

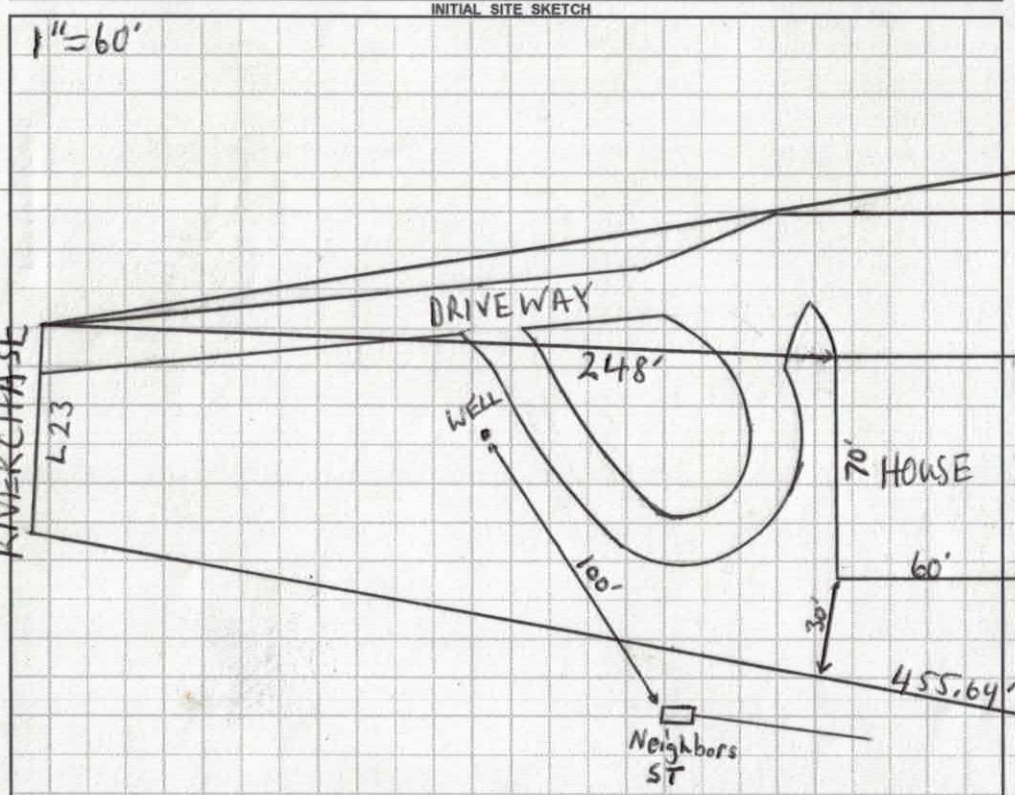
SITE DIRECTIONS: Main St/Hwy 152 E, TR on Linwood, TL on Teeter, TR on Walden Dr, TR on Riverchase, Lot on R before

SUBDIVISION: Walden Ridge SECTION: — LOT # 30 LOT AREA: 1.47 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

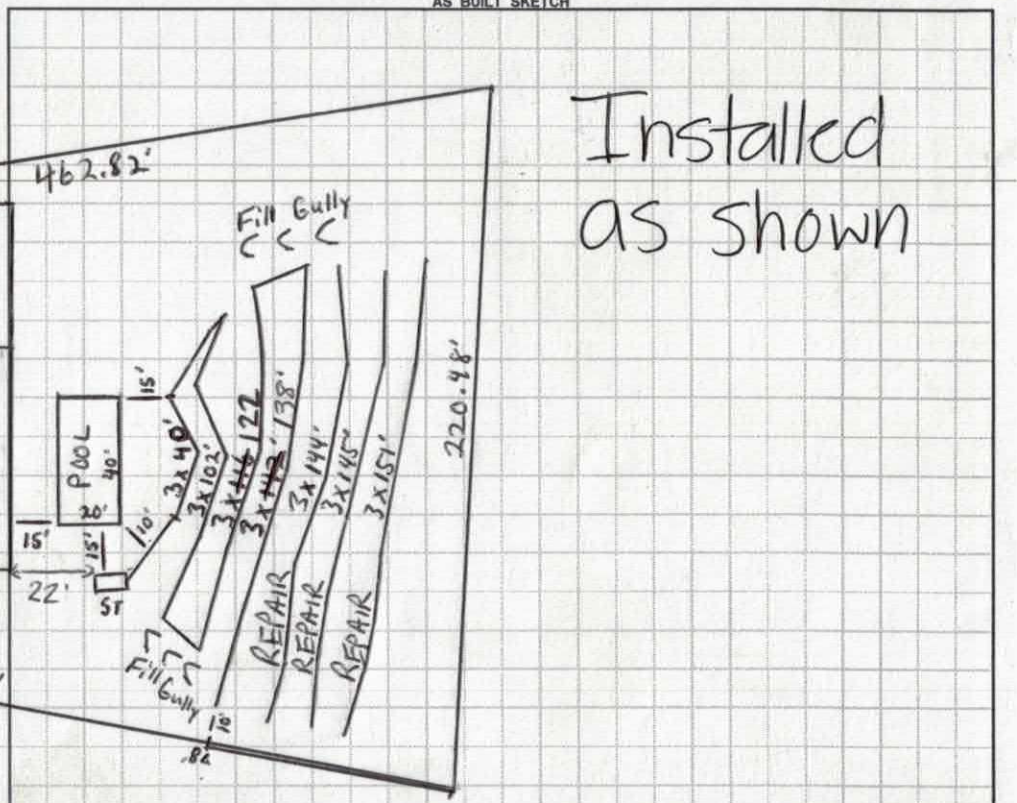
| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 825 | Date | 8-12-17 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms | 4 | Water Supply | | | | | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | Gravity 25% Reduction | | | ☐ Business | No. Persons | 8 | ☑ Private | | | | | |
| Pump Make | | Model | | | Serial # | | Repair System Description: | Shallow 16" Gravity 25% Red. | | | ☐ Other | No. Employees | | ☐ Public | | | | | |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft: | 400' | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☐ Crawl Space | | ☐ Community | | | | | |
| Trench Width | 36" | Max. Trench Bottom Depth | | 36" | Gravel Depth | N/A | ☑ GRAVITY | ☐ PRESSURE | | | ☑ Basement w/plumbing | | | ☐ Basement w/o plumbing | | | | | |

Comments / Conditions:

INITIAL SITE SKETCH




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: Date: 4/11/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 4-10-16 OPERATION PERMIT by: Kayla Wilson Date: 10-23-17

AUTHORIZATION TO CONSTRUCT by: Date: 1-11-17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4676-71-63
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Donna DiMisa
ADDRESS: 35 Grist Mill Ln, Mooresville NY 11743
PROPOSED FACILITY: 4 Brm
LOCATION OF SITE: 202 Riverchase Ln Mooresville
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE 3-10-16
PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED: 4-10-16
PROPERTY SIZE: 1.47 ac
PROPERTY RECORDED: Yes
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| B 1 | LSS 7% | 0-48 | R CL WFSBK | Fr SS SP SE XP | few sap, com mica colluvial | 48" | - | - | PS .325 |
| B 2 | LSS 10% | 0-4 | B CL WFSBK | Fr SS SP SE XP | colluvial | 48" | - | - | PS .3 to 32 .25 > 32" |
| | | 4-32 | R CL WFSBK | Fr SS SP SE XP | | | | | |
| | | 32-48 | B CL WFSBK | Fr SS SP SE XP | com mica, few com YB | | | | |
| B 3 | LSS 5% | 0-4 | B L WFSBK | Fr SS SP SE XP | colluvial | 48" | - | - | PS .3 to .325 |
| | | 4-29 | R L WFSBK | Fr SS SP SE XP | com mica | | | | |
| | | 29-40 | R CL WFSBK | Fr SS SP SE XP | few mica, | | | | |
| | | 40-48 | R CL WFSBK | Fr SS SP SE XP | com SAP, | | | | |
| B 4 | LSS 9% | 0-4 | B L WFSBK | Fr SS SP SE XP | com mica | colluvial 48" | - | - | PS .3 |
| | | 4-29 | R CL/L WFSBK | Fr SS SP SE XP | | | | | |
| | | 29-36 | R CL WFSBK | Fr SS SP SE XP | com mica | | | | |
| | | 36-42 | R C WFSBK | Fr SS SP SE XP | com mica | | | | |
| | | 42-48 | R CL WFSBK | Fr SS SP SE XP | com mica | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | Gravity 25% Red. | Shallow Gravity 25% Red. |
| Site LTAR | 0.3 | 0.3 to 32" |

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AZP
OTHER(S) PRESENT: None

COMMENTS: Repair 16" trench bottom being in cover

# SOIL/SITE EVALUATION

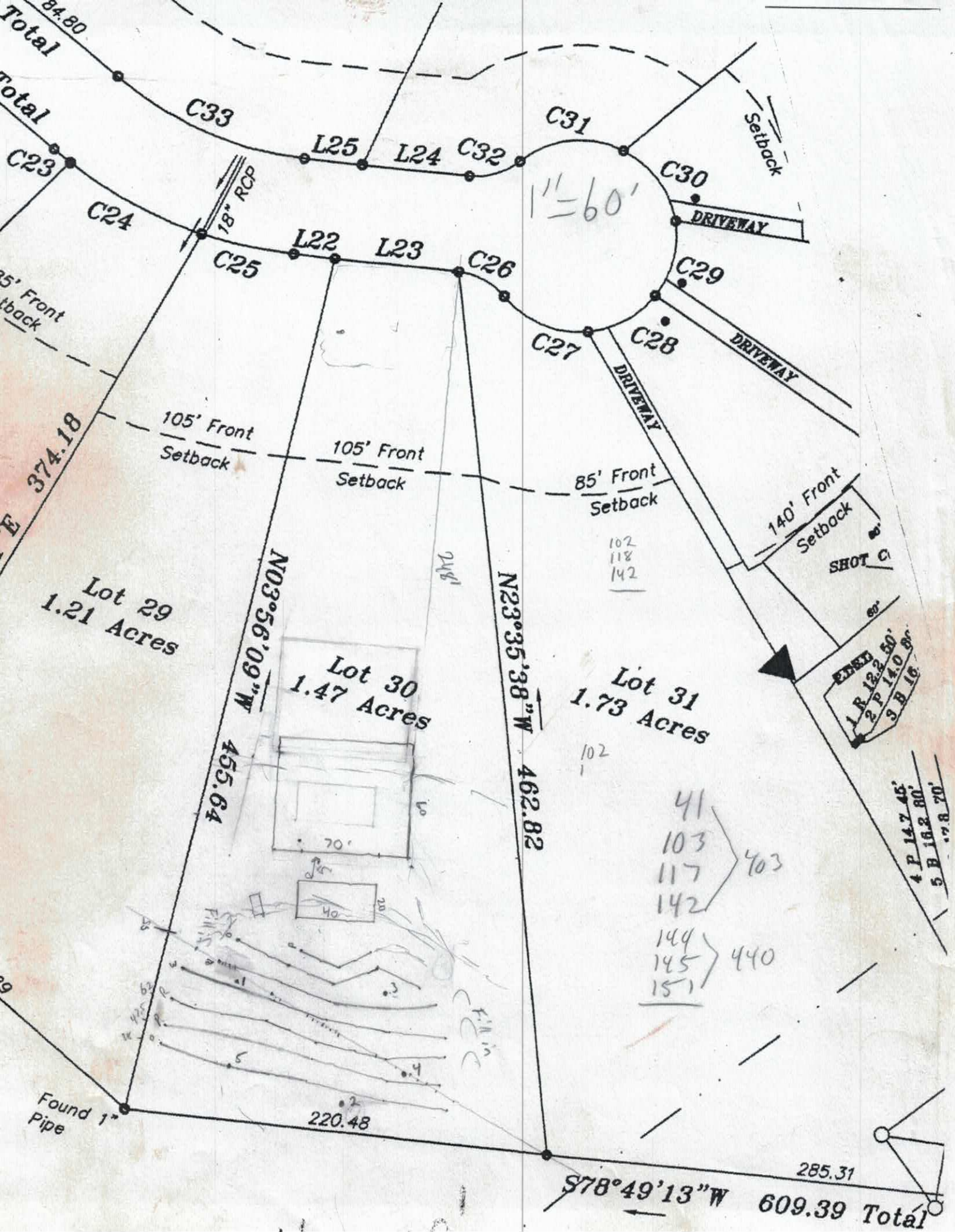
*(Continuation Sheet)*



DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4676-71-6733
DATE OF EVALUATION: 4-10-16
COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| B5 | LSS 10% | 0-27 | R CL WFSBK | FR SS SP SBxP | colluvial common Rinch few Mn | 48" | — | — | PS .3 to 34" .25 >34" |
| | | 27-34 | RB CL WFSBK | FR SS SP SBxP | | | | | |
| | | 34-41 | B CL WFSBK | FR SS SP SBxP | | | | | |
| | | 41-48 | BR CL WFSBK | FR SS SP SBxP | few Mn, few Rock | 48 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | |


84.80
Total
C33
L25
L24
C32
C31
Setback
C23
C24
18" RCP
C30
1" = 60'
DRIVEWAY
L22
L23
C26
C29
C25
C27
C28
DRIVEWAY
DRIVEWAY
105' Front Setback
105' Front Setback
85' Front Setback
140' Front Setback
374.18
Lot 29
1.21 Acres
N03°56'09"W 455.64
Lot 30
1.47 Acres
N23°35'38"W 462.82
Lot 31
1.73 Acres
102
118
142
102
41
103
117
142
403
144
145
151
440
SHOT C
EINSL
1 R 12.2 50'
2 P 14.0
3 B 16'
4 P 14.2 45'
5 B 16.2 80'
70'
40
20
Found 1" Pipe
220.48
285.31
S78°49'13"W 609.39 Total

RECEIVED JAN 1 0 2016

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

## Application for SEPTIC REPAIR PERMIT

*(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)*

**1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ BOTH ___ Existing System Inspection**

**********

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

**********

**3. Applicant Information:**

| Grant Deaton | PO Box 1236, Mooresville, NC 28115 | 704-562-9622 | |
|---|---|---|---|
| **Applicant Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Same as above. | | | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |

**********

**4. Property Information:**

| 202 River Chase Ln., Mooresville, NC 28115 | Walden Ridge | Lot 30 |
|---|---|---|
| **Street Address** | **Subdivision Name** | **Section/Phase and Lot Number** |

**Driving Directions:** Teeter Rd. to Walden Dr. to Riverchase Ln. in the Culdesac on the right.

**********

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

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

**Maximum Number of Bedrooms** 4
**Maximum Number of Occupants** 5
**If Expansion, Current Number of Bedrooms** ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____**

**8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?**
**To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.**

**9. Signature:** Grant Deaton _____ 1/9/17

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

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, DONNA D. Misa, am the legal owner(s) of the property located at 202 Riverchase LN, WALDEN Ridge, N.C. 28115, identified as PIN (Parcel Identification Number) Lot #30 4676716338, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** GRANT Deaton, 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.

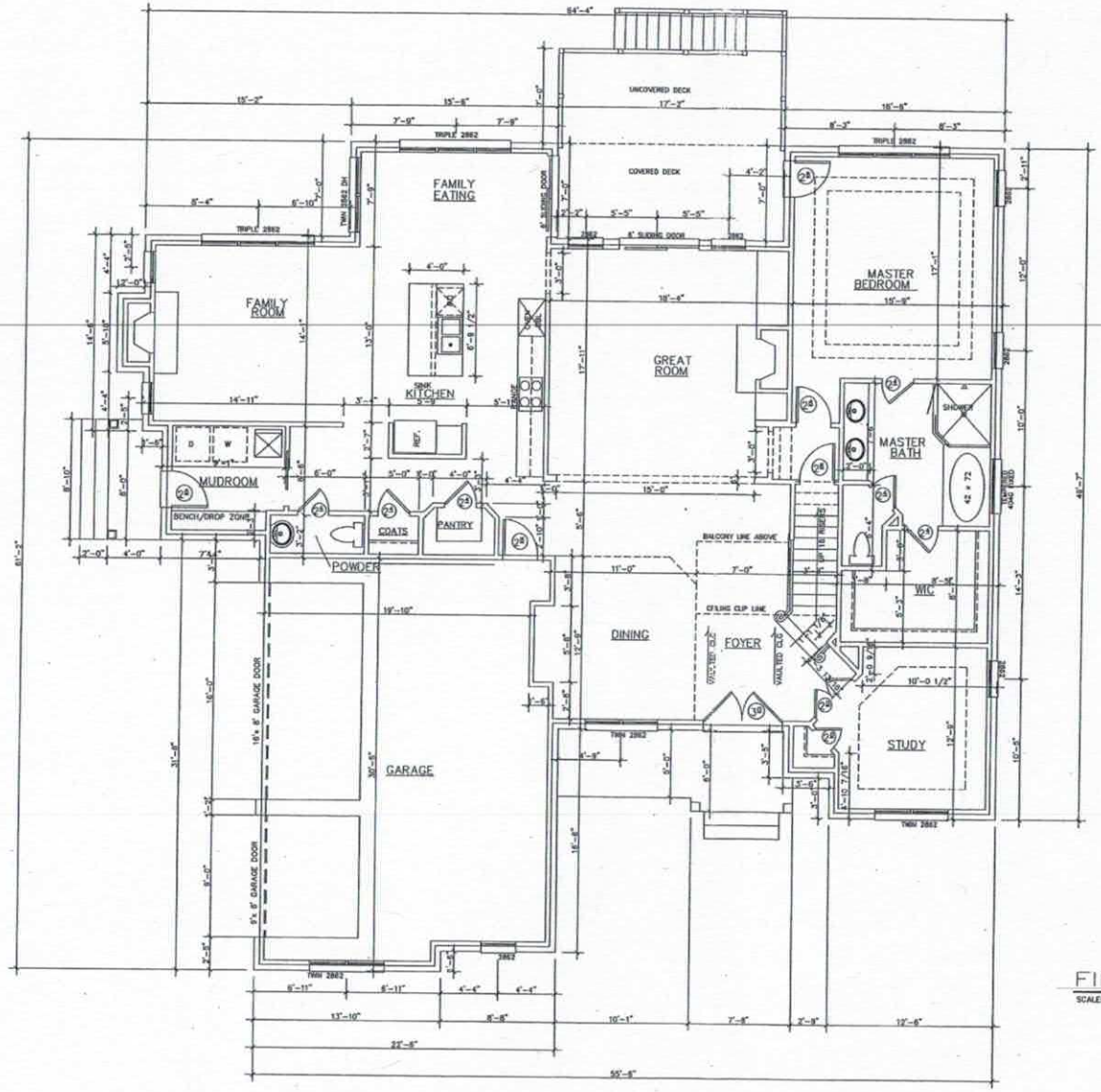
Donna D. Misa — 3/9/16
Signature of Owner(s) — Date

[signature] — 3/9/16
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




| AREA: ( Sq. ft.) | DATE: 7/17/16 VPA |
|---|---|
| 1ST. FLOOR HEATED | 2261 |
| 2ND. FLOOR HEATED | 975 |
| BASEMENT | 2240 |
| UNHEATED BONUS ROOM | 372 |
| **TOTAL HEATED AREA | 3236 |
| GARAGE | 662 |
| ***TOTAL AREA | 3898 |
| OPEN AREA | 000 |

Acknowledgement of Plans Submittal ONLY!

Date 1-11-17

Date 1/12/17

FIRST FLOOR PLAN

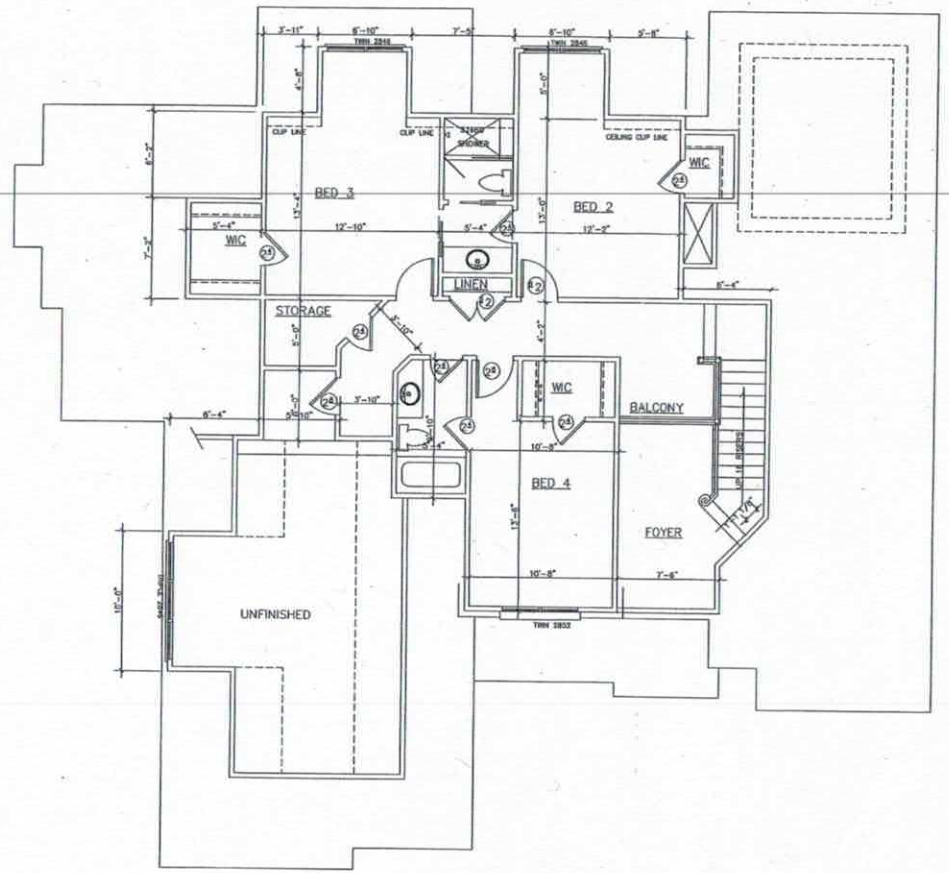
SCALE: 1/4"=1'-0"

WHITLEY & CO.
PHONE: 704-567-1700
HARRISBURG N.C. 28075

VPA DESIGN

PLAN NUMBER :
DEATON
FIRST_FLOOR_PLAN

Date: 7/17/16
Scale: 1/4"=1'
Drawn: VPA
Checked: ***
Sheet: 2




SECOND FLOOR PLAN

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

Acknowledgement of
Plans Submittal ONLY!

Date 1-11-17

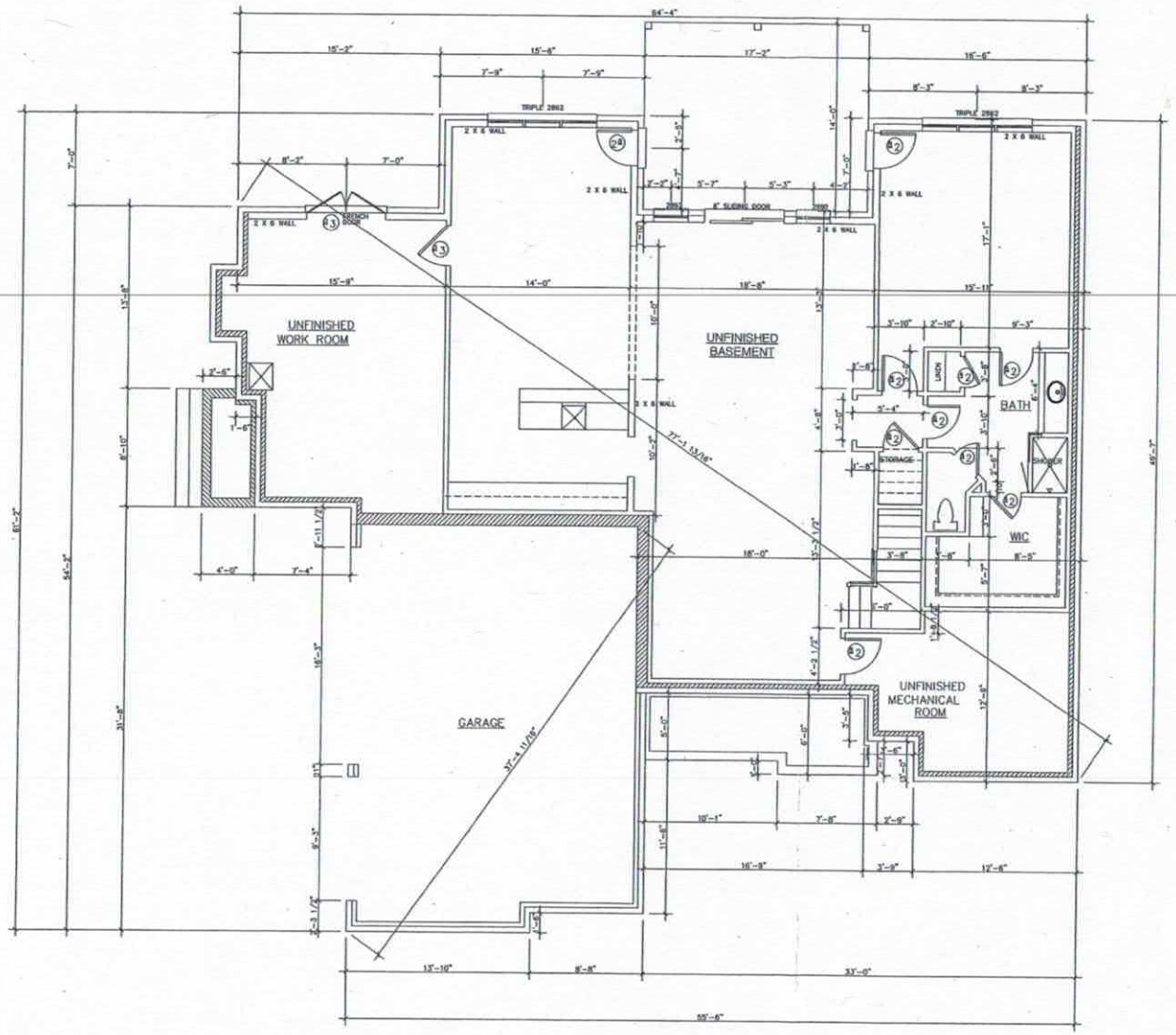
Date 1-12-17

WHITLEY & CO.
PHONE: 704-567-1700
HARRISBURG N.C. 28075

VPA DESIGN

PLAN NUMBER :
DEATON
SECOND_FLOOR_PLAN

| | |
|---|---|
| Date: | 7/17/16 |
| Scale: | 1/4"=1' |
| Drawn: | VPA |
| Checked: | *** |
| Sheet: | 3 |




Acknowledgement of
Plans Submittal ONLY!

Date 1-11-17

Date 1-12-17

UNFINISHED
BASEMENT PLAN
SCALE: 1/4"=1'-0"

WHITLEY & CO.
PHONE: 704-587-1700
HARRISBURG N.C. 28075

VPA DESIGN

PLAN NUMBER :
DEATON
BASEMENT_PLAN

| | |
|---|---|
| Date: | 7/17/16 |
| Scale: | 1/4"=1' |
| Drawn: | VPA |
| Checked: | *** |
| Sheet: | BSMT |

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 217200 |
| Issue Date: 03/10/2016 |

## ZONING PERMIT

Open Space

FILE COPY

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4676716338.000 | 202 RIVERCHASE LANE, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: DIMISA DONNA | Applicant: DEATON GRANT M+EVELYN |
| Address: 35 GRIST MILL LANE<br>MOORESVILLE, NY 11743 | Address: 138 LAMPFIGHTER LANE<br>MOORESVILLE, NC 28115 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.470 | 35.00 | 35.00 | 15.00 | 15.00 | BOWC | X |

**Remarks:**

PAID
Credit
MM 3/10

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.

SAA Attached

Applicant: _____ Date: _____

| Permit Number | 62570 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|