ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318827

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

PIN # 4676 -- 94 -- 2826

APPLICANT/OWNER: Jennifer Hazlett | APPLICANT ADDRESS: 181 Ramshadow Drive Mooresville 28115

SITE ADDRESS: 181 Ramshadow Drive Mooresville 28115 | PHONE: 704-453-6711 | ALT. PHONE

SITE DIRECTIONS: Hwy 3 Connelly Road Teeter Road | SAP CONTROLLED: ☐ YES ☒ NO

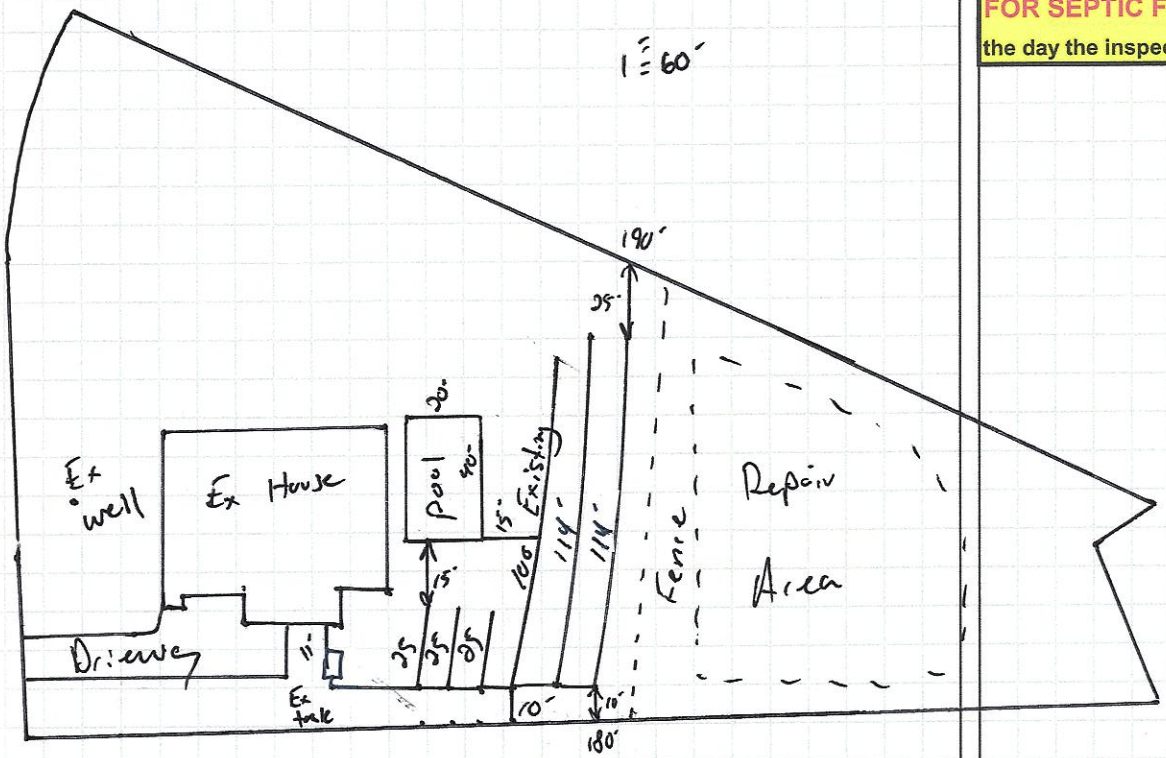
SUBDIVISION: Hollybrook | SECTION: - | LOT # 14 | LOT AREA: 1.196 | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	Ex (gal)	STB	Date	☐ 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:	Ex + 225' 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:	50%	☐ Other	No. Employees		☐ Public
# Nitrification Fields		# Lines	Linear Ft:	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low~~side)	Max 36"	Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Purpose of this permit is to cut 75' off top 3 lines to make room for a pool. Add 125 of line to ex. sting System.

8/27/21 Checked new drain lines lines within pool setback abandoned

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL 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.

Installed 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: _____ Date: _____ Installed by: Wastewater Solutions & Design

IMPROVEMENT PERMIT by: _____ Date: 7-28-2021 OPERATION PERMIT by: Maria Tolson Date: 8/27/21

AUTHORIZATION TO CONSTRUCT by: _____ Date: 7.28.2021 Existing System Inspected by: _____ Date: _____

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

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 94 2826
COUNTY: Randall

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

OWNER: Jennifer Hazlett — APPLICATION DATE 6-6-2021
ADDRESS: 181 Ramsheden — DATE EVALUATED:
PROPOSED FACILITY: Pool — PROPOSED DESIGN FLOW (.1949): 4 bdrm spa — PROPERTY SIZE: 1.1
LOCATION OF SITE: 181 Ramsheden — PROPERTY RECORDED: Y
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-5%	0-6	SBL sac	fr SS SP Soap	N/A	48"	I/A	I/A	PS 1.3
		6-23	SBL C	fr SS SP Soap					
		23-48	SBL CL						
2	4-5%	0-6	SBL sac		I/A	48"	I/A	I/A	PS 1.3
		6-30	SBL C						
		30-48	SBL CL						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	266'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): BB PB
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED JUN 17 2021

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* AP-318827 $500.00

Relocation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Jennifer Hazlett Address: 181 Rain Shadow Dr Mooresville Zip: 28115
Applicant Email: hazlettjen@yahoo.com Phone: 704-453-6711 Alt. Phone: 704-453-6719
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 181 Rain Shadow Dr Mooresville NC 28115
Subdivision Name: Holly Brook Section/Phase: _____ Lot Number: 14
Driving Directions: Hwy 3 Lineville Rd ~~Redbrook~~ Teeter Rd

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: _____ ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building (X) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2014-2015
( ) 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: Jennifer Hazlett 6-6-2021
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

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Jennifer Hazlett

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

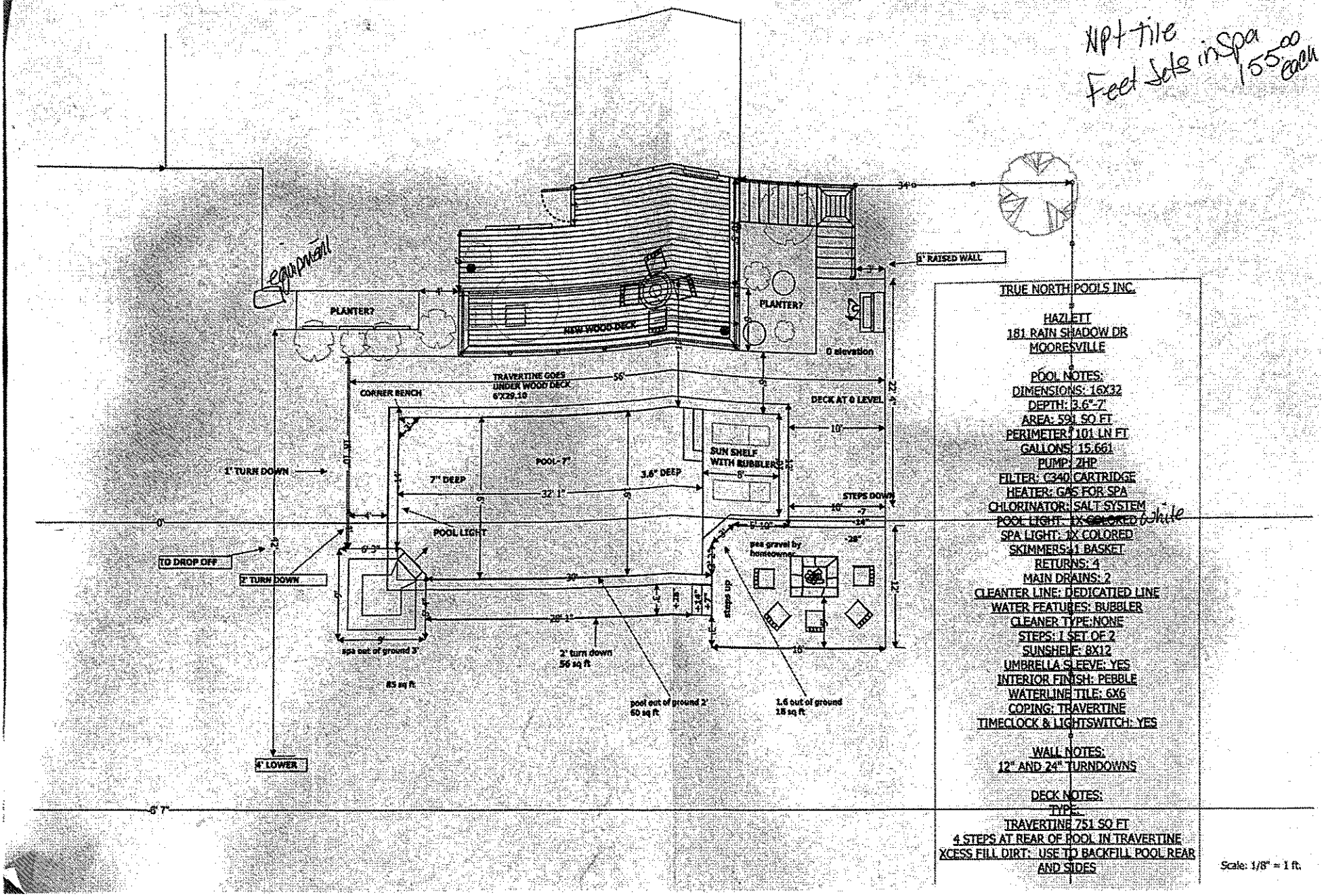
Jennifer Hazlett / Cw Hazlett — Signature of Owner(s)

6-6-2021 — 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

NPT tile
Feet Sets in Spa 155.00 each



TRUE NORTH POOLS INC.

HAZLETT
181 RAIN SHADOW DR
MOORESVILLE

POOL NOTES:
DIMENSIONS: 16X32
DEPTH: 3.6"-7'
AREA: 591 SQ FT
PERIMETER: 101 LN FT
GALLONS: 15,661
PUMP: 2HP
FILTER: C340 CARTRIDGE
HEATER: GAS FOR SPA
CHLORINATOR: SALT SYSTEM
POOL LIGHT: 1X COLORED white
SPA LIGHT: 1X COLORED
SKIMMERS: 1 BASKET
RETURNS: 4
MAIN DRAINS: 2
CLEANTER LINE: DEDICATIED LINE
WATER FEATURES: BUBBLER
CLEANER TYPE:NONE
STEPS: 1 SET OF 2
SUNSHELF: 8X12
UMBRELLA SLEEVE: YES
INTERIOR FINISH: PEBBLE
WATERLINE TILE: 6X6
COPING: TRAVERTINE
TIMECLOCK & LIGHTSWITCH: YES

WALL NOTES:
12" AND 24" TURNDOWNS

DECK NOTES:
TYPE:
TRAVERTINE 751 SQ FT
4 STEPS AT REAR OF POOL IN TRAVERTINE
XCESS FILL DIRT: USE TO BACKFILL POOL REAR AND SIDES

Scale: 1/8" = 1 ft.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318827 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676942826.000	181 RAIN SHADOW DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: HAZLETT CHRISTOPHER+JENNIFER	Name: HAZLETT CHRISTOPHER+JENNIFER
Address:	Address: 181 Rian Shadow Dr Mooresville, NC 28115
Phone:	Phone: (704)453-6711

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.196	0	10	10	10	WSII-BOW Coddle Creek	NO

Remarks

pool firepit hot tub

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.

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.

Date: 06/15/2021

Signature of Owner/Contractor

Permit Number	318827	TOTAL FEES:	$77.25