IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222749

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

PIN # 4677299717

APPLICANT: Jaime Mavis APPLICANT ADDRESS: 154 Forest Edge Mooresville, NC 28115

SITE ADDRESS: 154 Forest Edge RD. Mooresville, NC 28115 PHONE: 704 235-0207 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 E. Pt Wiggins Rd TR 2nd entrance into Woodland Hts 1st house on left

SUBDIVISION: Woodland Hts. SECTION: LOT # 11 LOT AREA: .72 Acres DESIGN FLOW: * 120gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 Linear Ft: 100

Trench Width 36" Max. Trench Bottom Depth Gravel Depth N/A

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

System Description: Gravity -25% Reduction

Repair System Description: Pump -25% Reduction

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

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

No. Bedrooms Total 3

No. Persons 6

No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

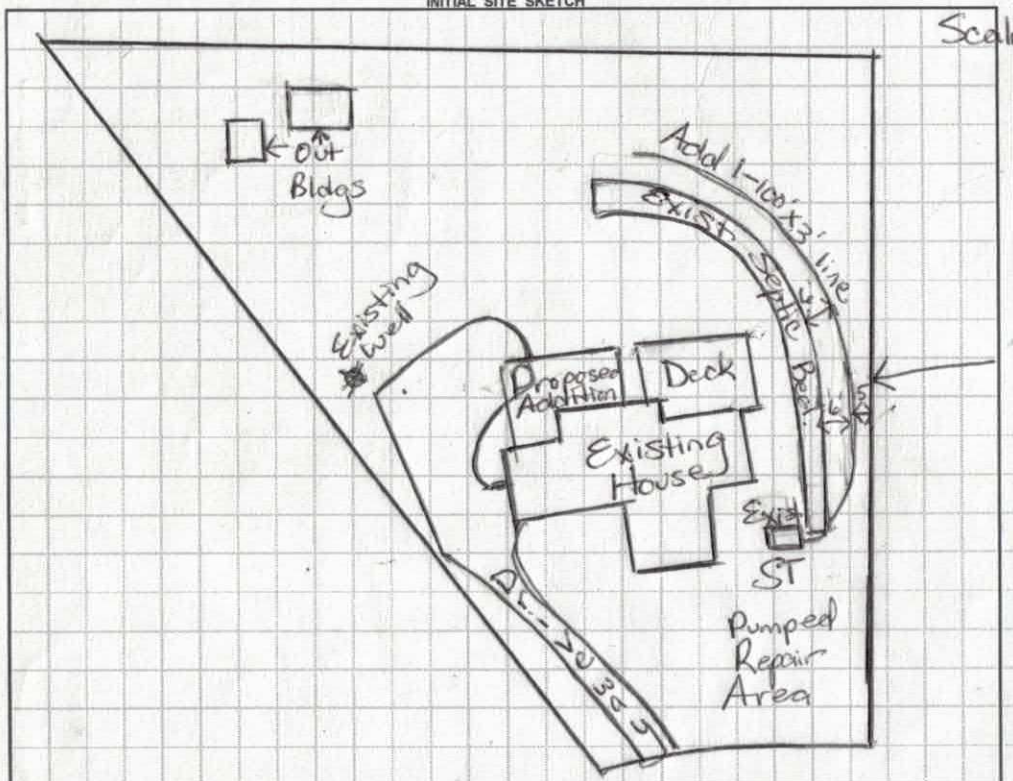
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Notes, Use Existing Septic tank (ST) Use Serial distribution & drop down to New line 3'X100' (25% Reduction)

* Total number of Bedrooms = 3

6/30/17 - Installed new dist. box & Quick 4 Plastic Chambers Feed existing bed 1st.

INITIAL SITE SKETCH



AS BUILT SKETCH

Keep new drainline at least 5ft off PL & leave 6ft of soil between new drainline & existing drainfield.

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: Jaime Mavis Date: 12/12/16 Installed by: F.J Ervin

IMPROVEMENT PERMIT by: Maria Dotson RS. Date: 11/29/16 OPERATION PERMIT by: Maria Dotson Date: 6/30/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 11/29/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jamie Hovis
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 11/18/16
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949):
PROPERTY SIZE:
LOCATION OF SITE: 154 Forrest Edge Rd
PROPERTY RECORDED:
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	5%	0-15"	Yel/Brw to Brw SCL	SS, SP, SExp, FR					PS .3
		15-26"	R to Rd/Brw C m-w	SBK SS, SP, SExp, FR					
		26-48"	R CL w	SBK SS, SP, SExp, FR					
			Some Yel/Brw	mottles & common Mica					
			few to many SAP	Inclus	Starting @ 34"				
2	4%	0-16"	Brw SL	SS, SP, SExp, FR					PS .3
		16-42"	R CL	m-w SBK SS, SP, SExp, FR					
			w/ few to many SAP	Inclus					
		42-48	L SAP	massive SS, SP, SExp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson / Mohamed Dumarich
OTHER(S) PRESENT:

COMMENTS:

RECEIVED OCT 26 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 $500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

222749

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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jaime Movis	154 Forrest Edge Rd Mooresville NC 28115	704 662-5420	704 235-0207
Pam Tulbert + Linda Seamon (Owner Name)	843 Wiggins Rd Mooresville NC 28115 / 821 Wiggins Rd Mooresville NC 28115 (Mailing Address)	704 663-0474	704 677-2962

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
154 Forrest Edge Rd Mooresville, NC 28115	Woodland Heights	lot 11

Driving Directions: Take Hwy 150 east to Wiggins Rd. 2nd right onto Forrest Edge Rd. 1st house on left.

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

( ) 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 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms 2

(✓) Crawl Space Foundation?
( ) 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:

( ) 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 2013 *Year*

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

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) 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: Jaime Movis — 10-25-16

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, Pamela B. Tulbert Linda B. Seamon am the legal owner(s) of the property located at 154 Forrest Edge Rd Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4677299717.000, located in Iredell County, North Carolina.

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

Linda B. Seamon	10-25-16		
Pamela B. Tulbert	10-25-16		
Signature of Owner(s)	Date	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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

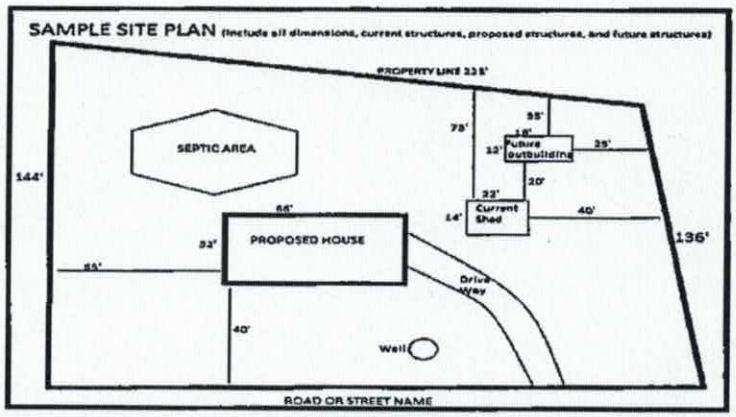
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

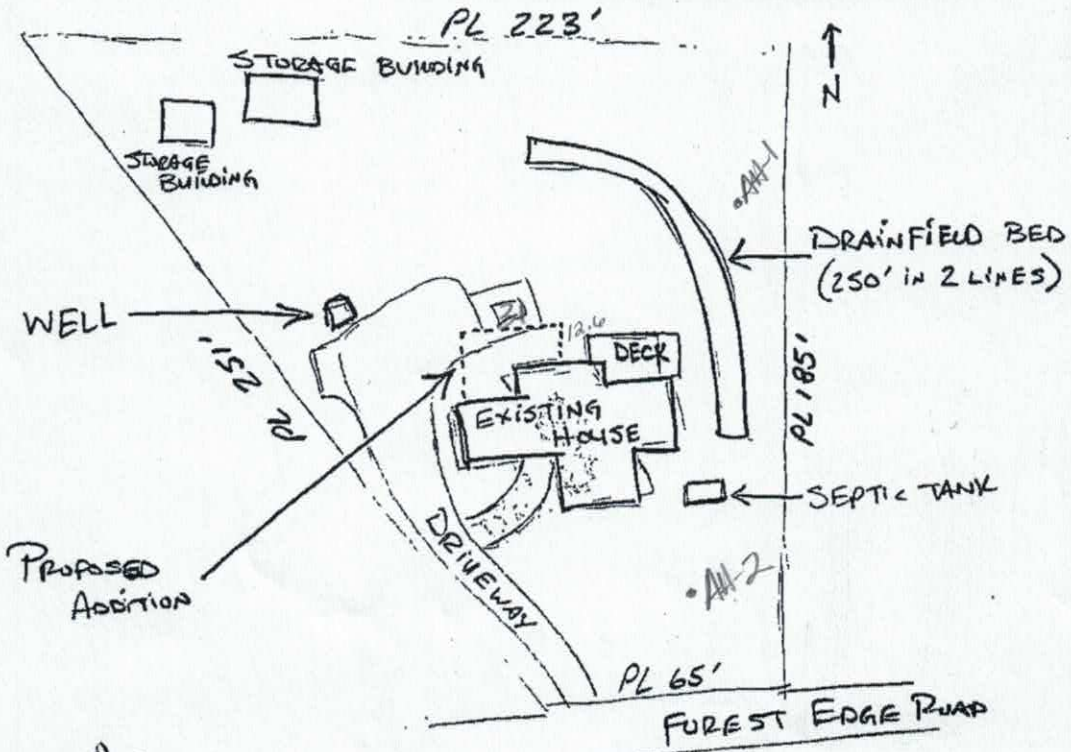
Circle N/A on the following if appropriate:

_____ 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



Signature: Jaime Mons

REQUIRED **property owner or owner's legal representative signature.**

10-25-16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4677 299 7171

APPLICANT: Pamela Tulbert APPLICANT ADDRESS: 843 Wiggins Rd Mooresville, NC 28115

SITE ADDRESS: 154 Forest Edge Rd Mooresville, NC PHONE: 704 663-2676 ALT. PHONE: 704 662-2321

SITE DIRECTIONS: Hwy 150 E TL Wiggins Rd. TR 2nd Entrance into Woodland Hts, 1st house on left

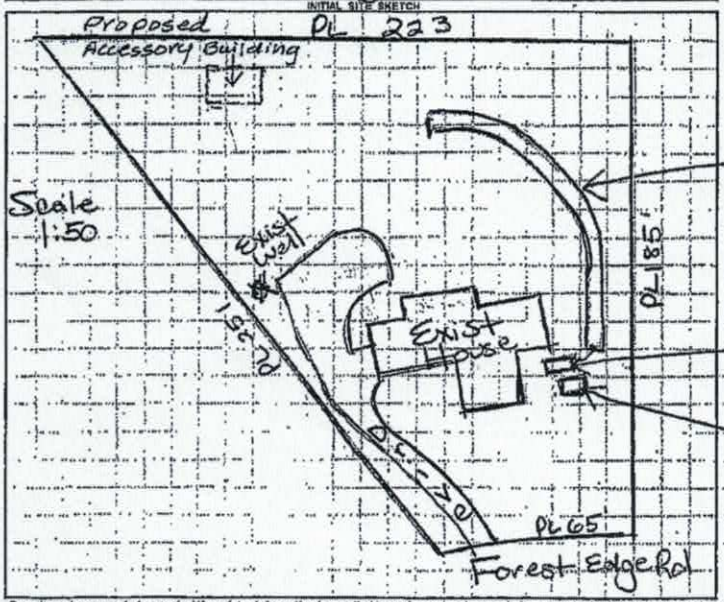
SUBDIVISION: Woodland Heights SECTION: LOT # 11 LOT AREA: DESIGN FLOW: 240gpd L.T.A.R.:

Septic Tank 1000 (gal)	STB 312	Date 6-30-12	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - Convert: Bed		☐ Business	No. Persons	☒ Private
Pump Make	Model	Serial #	Repair System Description: Replacing ST only		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2	Linear Ft: 250'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 5' Bed.	Max. Trench Bottom Depth —	Gravel Depth 10"	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

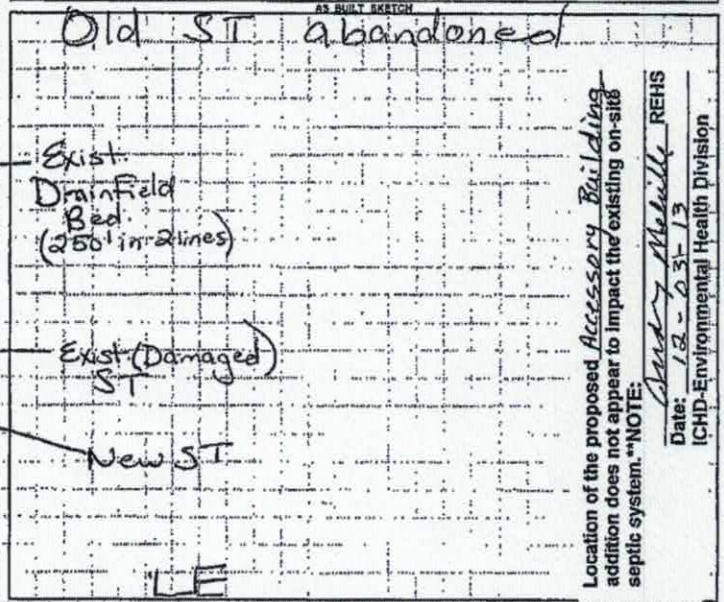
Comments / Conditions: Must keep new Septic tank at least 5ft from house & PL. Hook onto Existing Drainfield

☒ Divert gutters & Stormwater away from Septic Tank & Drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

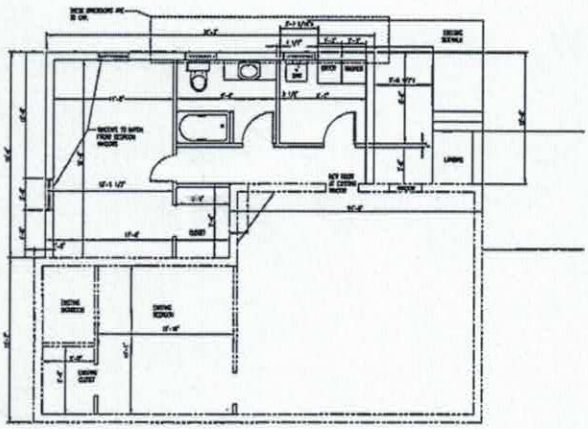
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Pamela R. Tulbert Date: 2-11-13 Installed by: Larry Boggs Grading

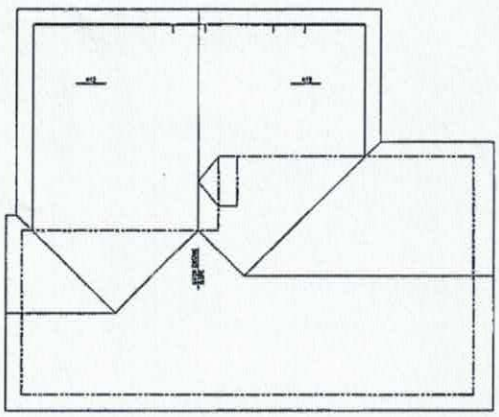
IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 2/11/13 OPERATION PERMIT by: Maria H. Dotson RS Date: 2/15/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 2/11/13 Existing System Inspected by: Date:

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



FIRST FLOOR PLAN



ROOF PLAN

SRS

SOLID ROCK STRUCTURAL PLLC
SCOTT WESTMORELAND, PE
71 GLOW HILL LANE MOCKSVILLE, N.C. 27028
PHONE: 704-619-4515
FAX: 704-565-0529
SCOTT@SOLIDROCKSTRUCTURAL.COM
PEN LICENSE NO. P-0298

Scott Westmoreland
Jul 20 2016 10:24 AM EDT

HOVIS RESIDENCE

FOREST EDGE
MOCKSVILLE, N.C.

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DRAWING DATA

REVISION DATA

SHEET TITLE

FIRST FLOOR PLAN
ROOF PLAN

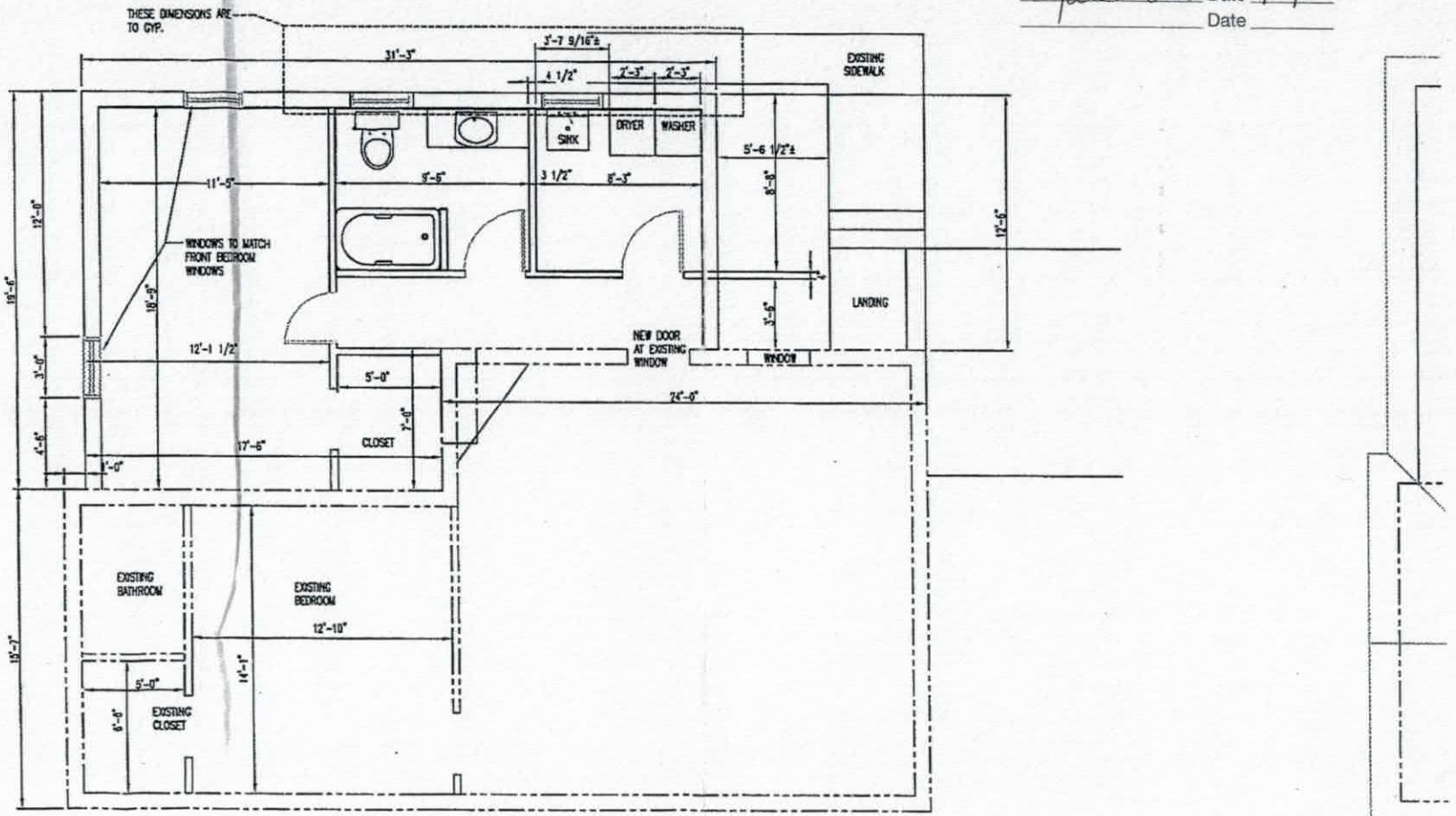
SHEET NUMBER

S1.0

Acknowledgement of
Plans Submittal ONLY!

Date 11/29/16

Date



FIRST FLOOR PLAN

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

IREDELL COUNTY

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

APPLICATION NUMBER
222749
Issue Date: 10/26/2016

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4677299717.000	154 FOREST EDGE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TULBERT PAMELA B+LINDA B SEAMON	Applicant: HOVIS, JAIME
Address: 843 WIGGINS RD MOORESVILLE, NC 28115	Address: 154 FOREST EDGE MOORESVILLE, NC 28115
Phone:	Phone: 704-235-0207

Use Requested	Zone Code
ADDING AN ADDITIONAL BEDROOM, BATHROOM, AND LAUNDRY ROOM	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	35.00	15.00	15.00	BOWB	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	84146	TOTAL FEES:	$ 77.25