ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP300550

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

PIN # 4677349848

APPLICANT/OWNER: Karl Jacobs

APPLICANT ADDRESS: 249 Alexander Acres Rd Mooresville NC 28115

SITE ADDRESS: 257 Alexander Acres Rd Mooresville NC 28115 (To be determined)

PHONE: 408-460-3555 ALT. PHONE —

SITE DIRECTIONS: NC 152E to straight on NC150E, R on Alexander Acres Rd, Lot on L

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 2.942 acres DESIGN FLOW: 480GPD L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	760	Date	2-15-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity 25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	LPP 50% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft	436'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		32"	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	

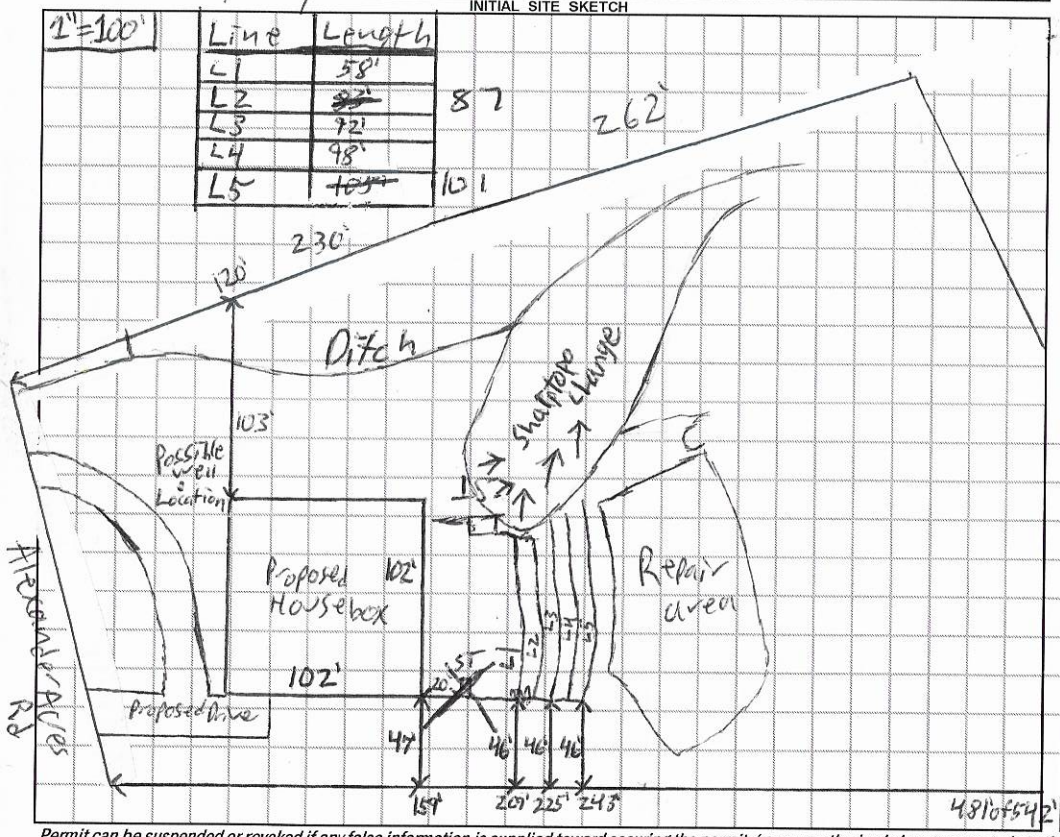
Comments / Conditions: Install Lines on contour. Divert all surface water away from system. DO NOT Drive, park, grade or manipulate Drain field in any way.

red filter installed
42' btw house & ST
Installed Quick 4 as shown

INITIAL SITE SKETCH

1"=100'

Line	Length
L1	58'
L2	~~82'~~
L3	72'
L4	98'
L5	~~109'~~



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: Karl M Jacobs Date: 11/13/19

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 11/13/19

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 11/26/19

Installed by: Lentz Wastewater

OPERATION PERMIT by: Myra Dixon Date: 4/6/2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4679348548
COUNTY: Iredell

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

OWNER: Karl Jacobs
APPLICATION DATE: 9/4/19
ADDRESS: 244 Alexander Acres Rd Mooresville NC 28115
DATE EVALUATED: 9/16/19
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 2.942
LOCATION OF SITE: 244 Alexander Acres Rd Mooresville NC 28115
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-24	mixed	—	YBmotHgs scatterd throughout	36"	Sandy sap clt 60" Litho incusions scattered throughout	Fill for +Lerist 2'	V to 24" Apt for Ps. 275
		24-60	C ABK	Fr SSP SePxp					
		60-72	sandy sap mass	VFr SS SPS exp					
2	SS	0-33	mixed	—	YBmotHgs	42"	—	Possible fill through out	Ut to 33" Ps .275
		33-75	C ABK	FrSPSexp					
3	SS 10%	0-32	C ABK	FrSSSPSeXP	—	64"	Sandy sap starting at 6H" Litho scattered throughout	—	Ps. 275
		32-64	C SBK	FrSSSPSeXP					
		64-93	Sandy sap mass	VFrSSSSPSexp					
4	SS 10%	0-26	mixed	—	—	40"	Sandy sap clt 66" Litho scattered throughout	—	Ps. 275
		26-66	C ABK	Fr/FrSSSPSeXP					
		66-80	Sandy sap mass	VFrSSSPSexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436'	291'
System Type(s)	25%Red	50%Red
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heath S

COMMENTS: Hot, dry Not using these pits

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

Sheet 1 of 2
PROPERTY ID #: 4677349848
COUNTY: Iredell

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

OWNER: Karl Jacobs
APPLICATION DATE 9/4/19
ADDRESS: 249 Alexander Acres Rd Mooresville NC 28115
DATE EVALUATED: 11/1/19
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 460GPD
PROPERTY SIZE: 2.942 acres
LOCATION OF SITE: 249 Alexander Acres Rd Mooresville NC 28115
PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

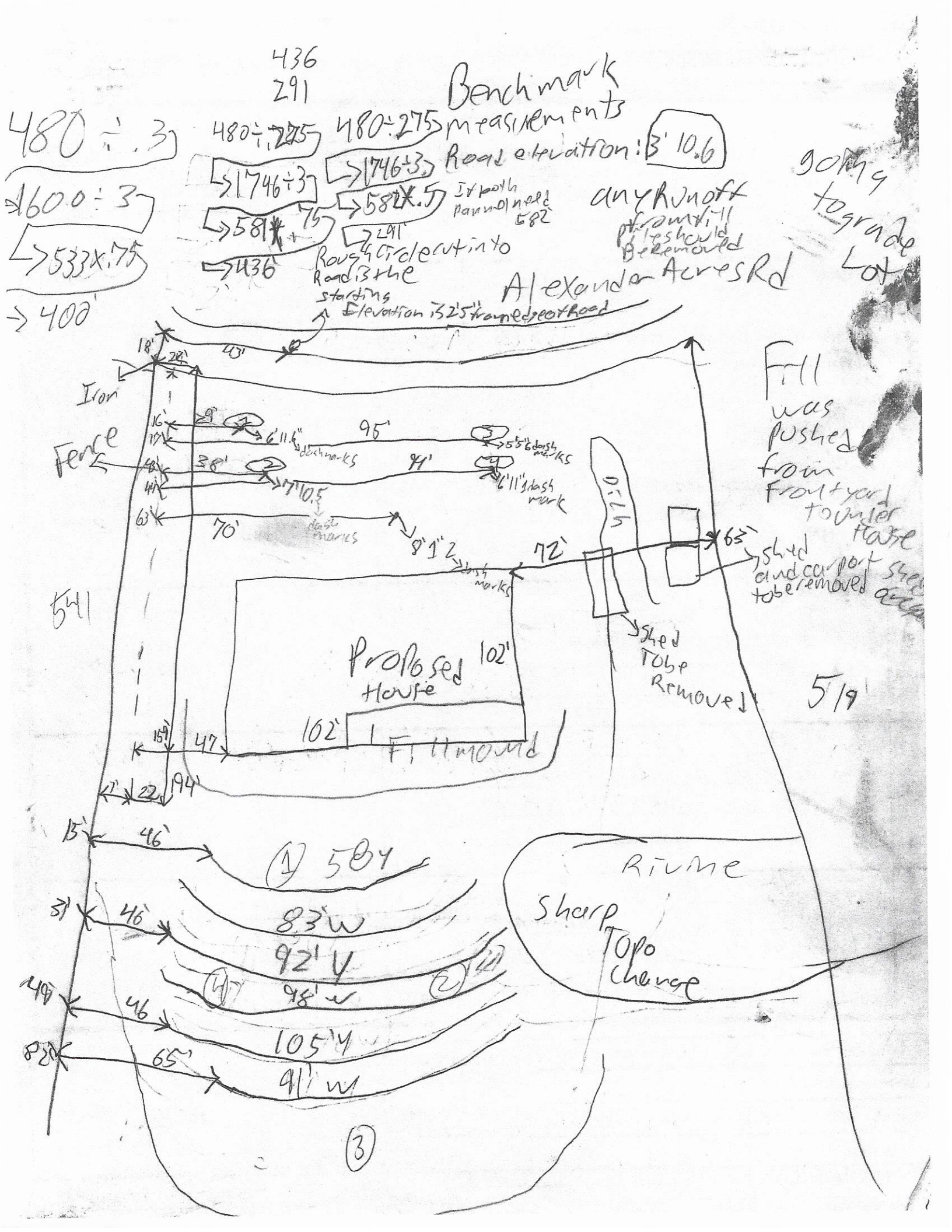
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	SS 40%	0-16	C SBK	FrSSSPSOP	—	40"	Lamy Sap	Some Manganese in Sap	PS .275
		16-40	CL SBK	FrSSSPSOP					
		40-60	Lamy Sap Mass	VFr					
2	SS 12%	0-5	Fill	—	—	46"	Sandy Sap	Some Manganese Scattered in Sap was a little firmer	PS .275
		5-23	C SBK	FrSSSPSOP					
		23-46	CL SBK	FrSSSPSOP					
		46-64	Sandy Sap Mass	VFr C					
3	SS 10%	0-8	Fill	—	—	50"	Sandy Sap at 50" Scattered throughout top	Manganese in Sap	PS .275
		8-28	C SBK/ABK	FrSSSPSOP					
		28-50	CL SBK	FrSSSPSOP					
		50-65	Sap Mass	VFr					
4	10%	0-6	Fill	—	—	46"	Lamy Sap at 46" Scattered throughout top	Manganese in Sap	PS .275
		6-19	CSBK/ABK	FrSSSPSOP					
		19-46	CL SBK	FrSSSPSOP					
		46-66	Lamy Sap Mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436'	291'
System Type(s)	25% Red	50% Red
Site LTAR	.275	.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: _____

COMMENTS: Cool, just rained right before we arrived afternoon


436
291
Benchmark
480÷.3
480÷275
480÷275
measurements
1600÷3
1746÷3
1746÷3
Road elevation: 3' 10.6
533x.75
581
582x.5
400
436
291
Rough Road is the starting Elevation is 2'5" from edge of road
Alexander Acres Rd
any Runoff from hill should be removed
90% to grade Lot
Iron Fence
95'
94'
72'
70'
102'
102'
Proposed House
Fill mound
Fill was pushed from front yard to under house
Shed and carport shed to be removed
Shed Top Removed
541
519
Rivine
Sharp Topo change
583
83'W
92'W
98'W
105'W
91'W
(1)
(2)
(3)
(4)

AP300550

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

V1151

SL 9.4.19

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

$500

Application For: (Not pd)

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: KARL M JACOBS Address: 249 ALEXANDER ACRES RD MOORESVILLE NC Zip: 28115

Applicant Email: karljacobs300@yahoo.com Phone: 408-460-3555 Alt. Phone: _____

Owner Name: KARL M JACOBS Address: 249 ALEXANDER ACRES RD Mooresville Zip: 28115

Owner Email: karljacobs300@yahoo.com Phone: 408-460-3555 Alt. Phone: _____

Property Information:

Street Address: 257 is the new Address 249 ALEXANDER ACRES RD MOORESVILLE NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: 2513 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 ( ) 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: Karl M Jacobs 9/4/19

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*) Karl M Jacobs

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, Karl JACOBS, am the legal owner(s) of the property located at 249 ALEXANDER ACRES Rd Mooresville NC, identified as

PIN (Parcel Identification Number) 4677349848.000, 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.

X Karl M Jacobs
Signature of Owner(s)

9/4/19
Date

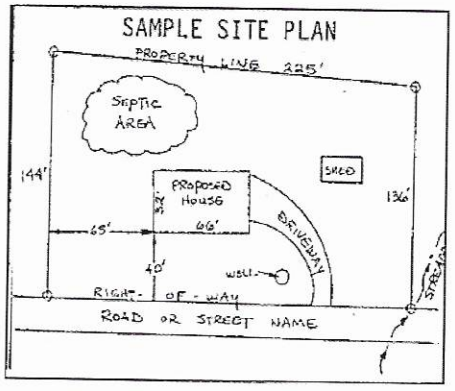
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***



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

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

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

See Attached

Signature: Karl M Jacobs — 9/4/19

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

GIS

North Carolina Iredell County

1:42 Feet



Excel 2000/2003 **Results**

©2009-2019 Dude Solutions. All Right

FRONT 57'9"
45'
83'6"
72' 2"







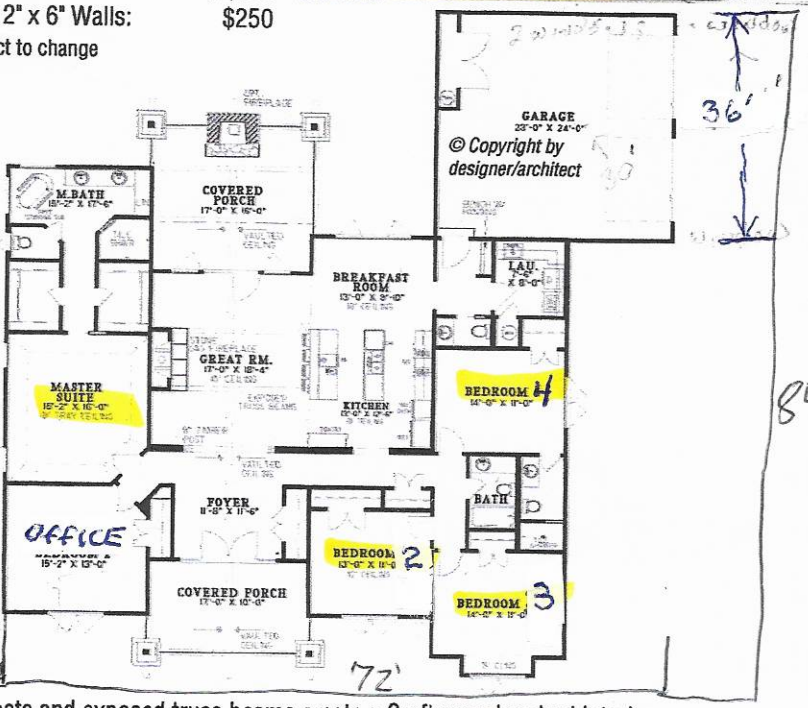
Plan #900-155D-0027

Dimensions:	72'2" W x 83'6"D
Heated Sq. Ft.:	2,513
BEDROOMS 4	Bathrooms: 3½
Foundation: Crawl space or slab, please specify when ordering	
5-Sets:	$880
8-Sets:	$1,095
PDF File:	$1,685
CAD File:	$2,595
Upgrade to 2" x 6" Walls:	$250

Pricing subject to change











Images provided

Features

- Timber posts and exposed truss beams create a Craftsman inspired interior
- This stylish home has a great layout for family living
- The kitchen is centrally located and is steps from the vaulted great room with a cozy fireplace
- The master suite enjoys double walk-in closets, and a private bath
- The outdoor covered porch has a vaulted ceiling, and a handsome fireplace for extending time outdoors further into the
- 2-car side entry garage

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-300550 Subdivision: -

Proposed Use: SINGLE FAMILY -

Street Address: 257 ALEXANDER ACRES RD

Tax PIN: 4677349848.000 Zoning: R2 Lot: Size: 2.942

Owner: JACOBS KARL Applicant:

Address: 249 ALEXANDER ACRES RD Address:

MOORESVILLE, NC 28115

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Karl M Jacobs Nov 24, 2019

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HHP	09/04/2019	$50
Approved By:	Date	Application Fee

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 000158 / AP- 300550 Subdivision:

Proposed Use: SEPTIC EASEMENT

Location: ALEXANDER ACRES RD

Tax PIN: 4677349848.000 Zoning: R2 Lot: Size: 2.94

Owner/Applicant: JACOBS KARL

Address: 249 ALEXANDER ACRES RD

MOORESVILLE, NC 28115

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 2.94 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40

Remarks: APPROVAL FOR SEPTIC EASEMENT FOR PERC TEST - SFH
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HEATHER POSTON	09/04/2019	$50
Approved By:	Date	Application Fee