IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243688

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

PIN # 4677588626

APPLICANT/OWNER: Alfred and Linda Kiesling | APPLICANT ADDRESS: 132 MT. Mourne LP Mooresville, NC 28115

SITE ADDRESS: 1333 Oak Ridge Farm Hwy Mooresville, NC 28115 | PHONE: 704-202-5791 | ALT. PHONE —

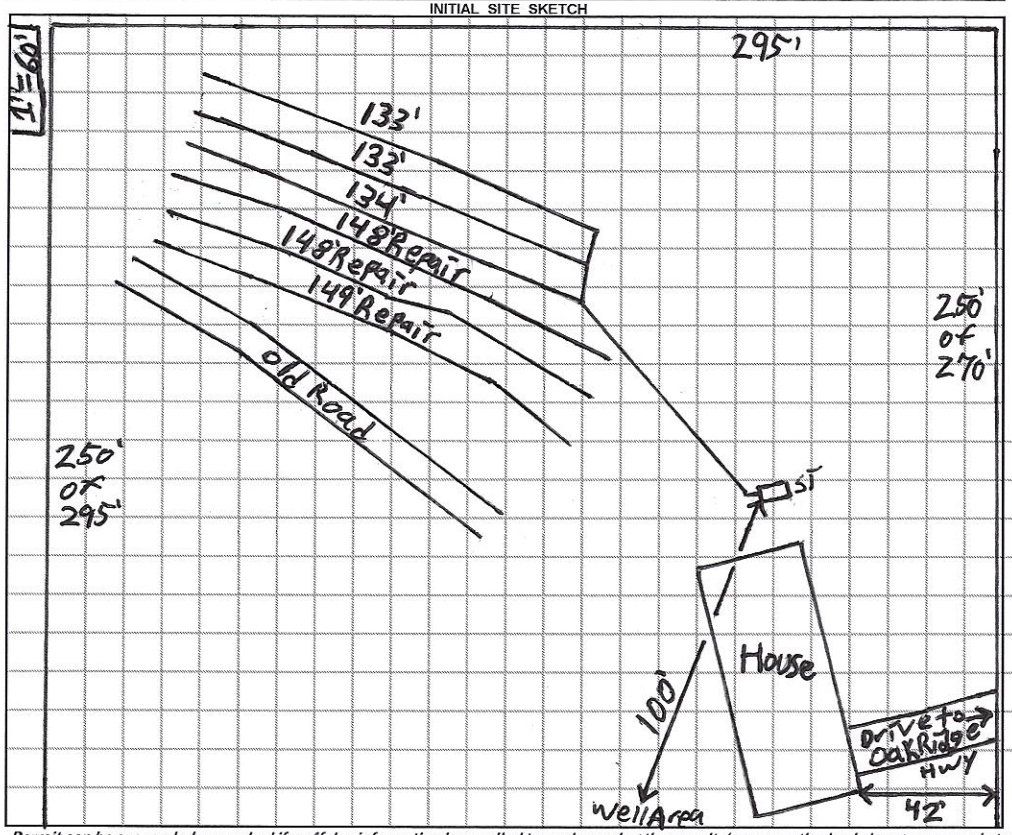
SITE DIRECTIONS: NC 152E to straight on NC150E, Lot will be on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2.77acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

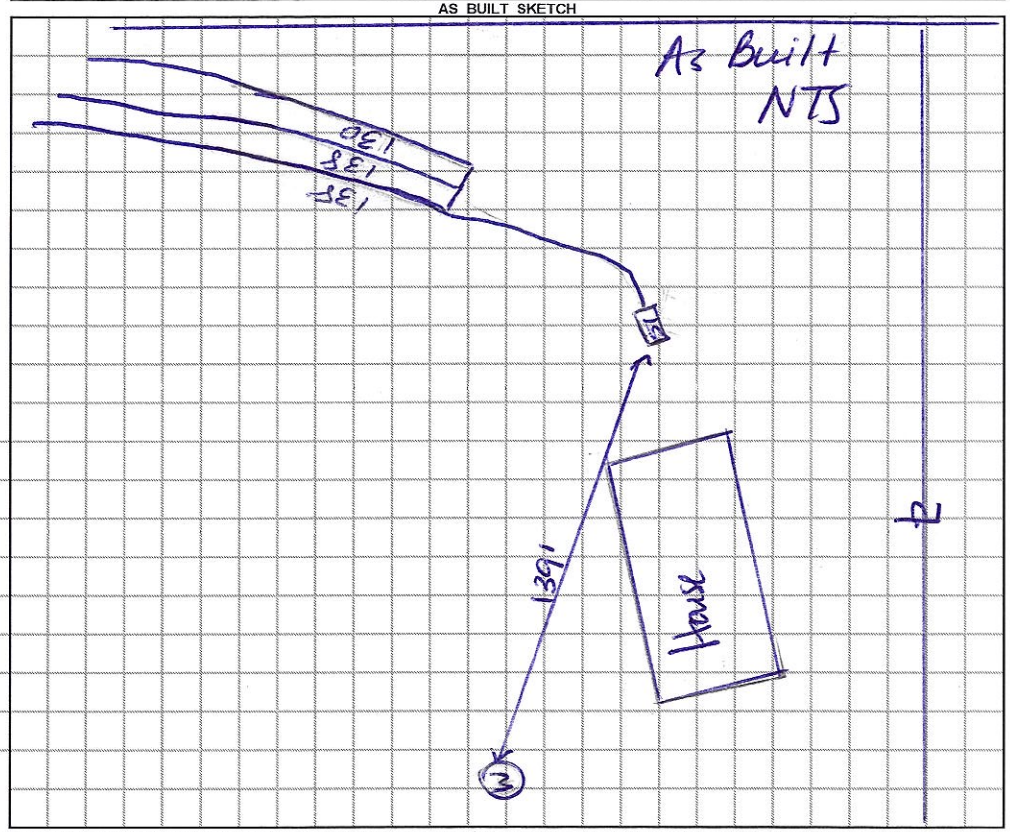
Septic Tank	1000 (gal)	STB	1	Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:			Gravity 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:			Pump 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	400' 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on contour. Well must be 100' from any part of septic system.

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**

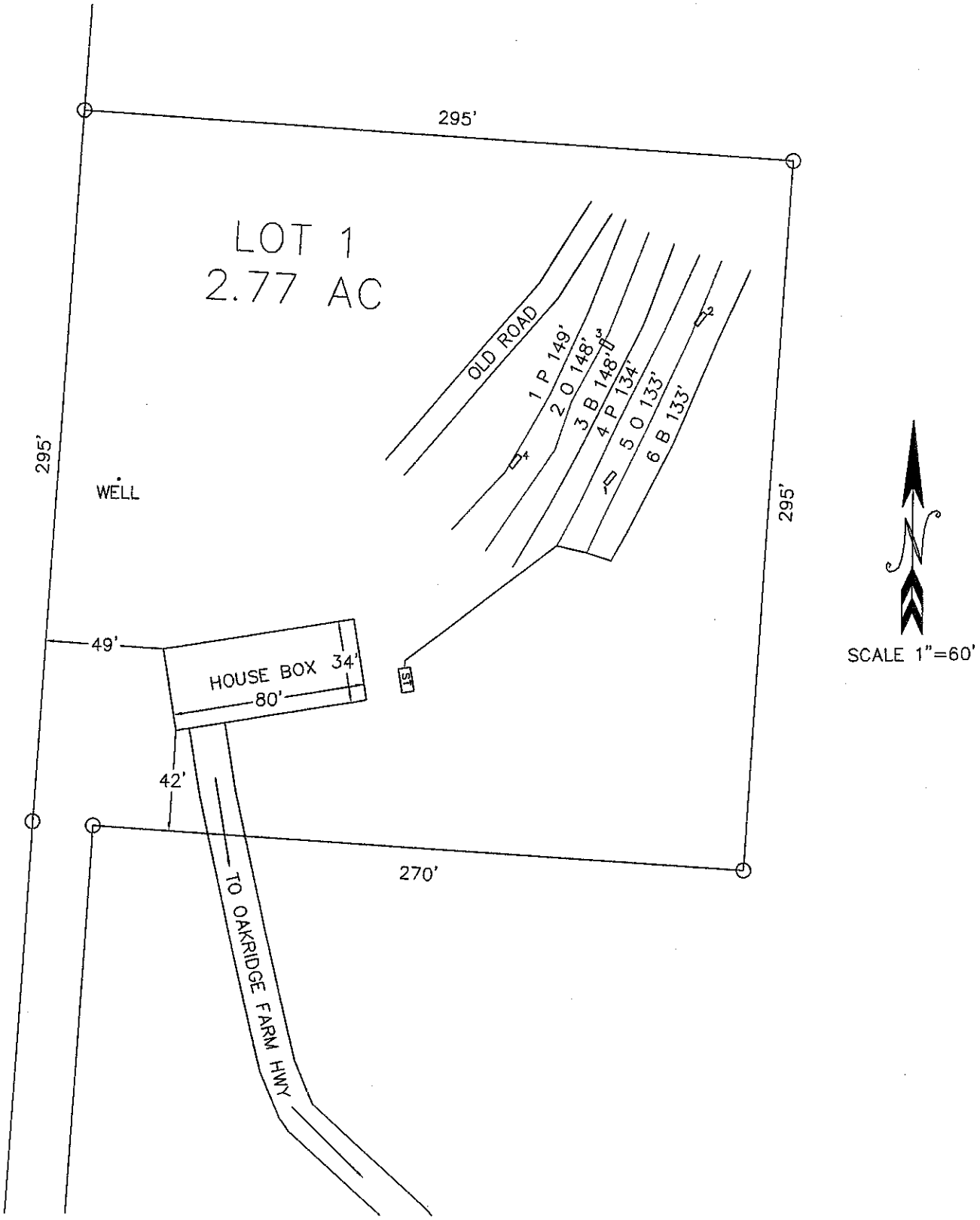
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/9/19 Installed by: Chris Mentlenhall

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 05/03/19 OPERATION PERMIT by: [signature] D. Webey Date: 9/28/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 7/22/2021 Existing System Inspected by: Date:

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


295'
LOT 1
2.77 AC
OLD ROAD
1 P 149'
2 O 148'
3 B 148'
4 P 134'
5 O 133'
6 B 133'
295'
295'
WELL
49'
HOUSE BOX 34'
80'
ST
42'
270'
TO OAKRIDGE FARM HWY
SCALE 1"=60'

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

**Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 4 bedroom single family residence
at Lot 1333 Oakridge Farm Hwy., PIN# 4677589443
Mooresville, Iredell County, North Carolina.**

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Descriptions---------- 6

February 27, 2019
Job Number: 19030
Design By: Ben Aldridge, REHS



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as an Accepted 25% Reduction Gravity installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	ALFRED & LINDA KIESLING
Address:	132 MT. MOURNE LOOP
	MOORESVILLE, NC 28115
Phone:	704-634-4631
County:	Iredell
Location:	OAKRIDGE FARM HWY
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Design Flow	480

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	400
Total Lateral Length Required:	400
Trench Depth:	28 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1200
Trench Spacing on Center:	9 ft.
Repair Trench Spacing:	9 ft.
Repair Trench Depth:	28 in.
Repair Trench Width:	36 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	80
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	28.80
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

1333 Oakridge Farm Hwy.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — February 27, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	PINK	NA	NA	149	149
2	ORANGE	NA	NA	148	148
3	BLUE	NA	NA	148	148
4	*PINK*	*NA*	*NA*	*150*	*134*
5	*ORANGE*	*NA*	*NA*	*138*	*133*
6	*BLUE*	*NA*	*NA*	*141*	*133*
			Total	**874**	**845**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*400*	*ACCEPT.*	*0.300*	*25% RED.*	*GRAVITY*
Repair	445	*ACCEPT.*	0.300	25% RED.	GRAVITY

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

718.82'
698.55'
49.54'
47.35'
66.57'
35.49'
103.67'
80.91'
449.75'
429.06'
295'
49'
WELL
42'
HOUSE BOX
80'
3.4'
TO OAKRIDGE FARM HWY
LOT 1
2.77 AC
270'
OLD ROAD
1 P 149'
2 O 149'
3 B 149'
4 B 133'
5 O 133'
6 B 133'
295'
SCALE 1"=120'

DOSING CALCULATIONS

Location
Lot No:
Address: 1335 Oakridge Farm Hwy.

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\,day}$
25% RED.? (YES OR NO)	YES
Supply Line Length	80 ft.
Supply Line Volume	28.8 gal.
Required Feet of 25% RED. Line	400 ft.
Amount of Line from Layout	400 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	261.2 gal.

PROP. ID #: 4677589443
COUNTY: IREDELL

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

OWNER: ALFRED AND LINDA KIESLING
ADDRESS: 132 MOUNT MOURNE LOOP. MOORESVILLE, NC 28117
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 1333 OAKRIDGE FARM HWY. MOORESVILLE, NC 28115

APPLICATION DATE: 4/15/2019
DATE EVALUATED: 2/26/2019
PROPERTY SIZE: 2.77 AC
PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
PIT 1	LSS/20%	0-15	RC,M,SBK	FR,SS,SP,SEXP	NA	29	MANY LITHO 0-15 MANY SAP 15-29 S	NA	0.325
		15-29	CL,W,SBK	FR,SS,SP,SEXP					
		29-60	SLSAP	VFR,SS,SP,SEXI					
PIT 2	LSS/19%	0-10	RC,M,SBK	FR,SS,SP,SEXP	NA	16	MANY SAP 10-16 S	NA	0.35
		10-16	CL,W,SBK	FR,SS,SP,SEXP					
		16-65	SLSAP	VFR,SS,SP,SEXI					
PIT 3	LSS/21%	0-12	BR,SC/SCL,W,SBK	FR,SS,SP,SEXP	NA	43	MANY SAP 23-43 S	NA	0.3
		12-23	RC,M ABK	FR,SS,SP,SEXP					
		23-43	CL,W,SBK	FR,SS,SP,SEXP					
		43-73	SLSAP	VFR,SS,SP,SEXI					
PIT 4	LSS/20%	0-14	RC,M,ABK	FR,SS,SP,SEXP	NA	35	MANY SAP 14-35 S	NA	0.325
		14-35	CL,W,SBK	FR,SS,SP,SEXP					
		35-65	SLSAP	VFR,SS,SP,SEXI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948): PS
			EVALUATED BY: BEN ALDRIDGE
SYSTEM TYPE(S)	GRAVITY 25% REDUCTION	GRAVITY 25% REDUCTION	OTHER(S) PRESENT: JACOB CONRAD, ALFRED KIESLING
SITE LTAR	0.3	0.3	
COMMENTS			

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Alfred and Linda Kiesling
ADDRESS: 132 MT. Maurne Lp Mooresville NC 28115
PROPOSED FACILITY: Newsingle Fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 133 Oak Ridge Farm Hwy, Mooresville NC 28115
APPLICATION DATE 4/15/19
DATE EVALUATED: 05/02/19
PROPERTY SIZE: 2.77 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 20%	0-16	G SBK	Fr SS SP SPXP	~	31"	SL sap starting at 3" sap inclusions starting at 28"	—	PS, 3
		16-31	CL SBK	Fr SS SP SPXP					
		31-60	SL sap	VFr SS SP SPXP					
2	SS 20%	0-10	C SBK	Fr SS SP SPXP	—	17"	sap starting at 17"	many small Rock inclusions	PS, 3
		10-17	CL SBK	Fr SS SP SPXP					
		17-60	SL sap mass	VFr SS SP SPXP					
3	SS 20%	0-11	SCL WSBK	Fr SS SP SPXP	—	44"	sap starting at 44" Little inclusions starting at 20"	some small Rock inclusions	PS, 3
		11-24	C SBK/ABK	Fr SS SP SPXP					
		24-44	CL WSBK	Fr SS SP SPXP					
		44-64	SL sap Mass	VFr SS SP SPXP					
4	SS 21%	0-12	C ABK	Fr SS SP SPXP	~	35"	sap starting at 35" Little inclusions throughout	—	PS, 3
		12-35	CL SBK	Fr SS SP SPXP					
		35-63	SL sap Mass	VFr SS SP SPXP					

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

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

COMMENTS:

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Linda Kiesling Address: 132 Mt Mourne Loop Mooresville Zip: 28117
Applicant Email: BK Welldrilling@Yahoo.com Phone: 704-634-4631 Alt. Phone: _____
Owner Name: Alfred + Linda Kiesling Address: 132 Mt Mourne Loop Mooresville Zip: 28117
Owner Email: BK Welldrilling@Yahoo.com Phone: 704-634-4631 Alt. Phone: _____

Property Information:

Street Address: 1331 Oakridge Farm Hwy Mooresville NC

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 6

(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: _____
( ) No Preference ( ) Alternative (X) 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: Linda Kiesling 2/11/21
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*) _____

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, Linda Kiesling, am the legal owner(s) of the property located at 1331 Oakridge Farm Hwy, Mooresville NC, identified as PIN (Parcel Identification Number) 4677588626, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Alfred Kiesling, Virginia Kiesling, 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 Kiesling
Signature of Owner(s)

2/11/21
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

EK NEW L/O 248688

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

EFT $35 PC

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: ALFRED AND LINDA KIESLING/CS&SC Address: 132 MT. MOURNE LP. MOORESVILLE Zip: 28115

Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5791 Alt. Phone: _____

Owner Name: SAME Address: SAME Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1333 OAKRIDGE FARM HWY, MOORESVILLE, NC 28115

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

Driving Directions: HWY 150 E., ACROSS FROM DOLLAR GENERAL

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) 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: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) 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: BA Ellis 4-15-19
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*) Linda Kreuling

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, Linda Kreuling, am the legal owner(s) of the property located at 1333 Oakridge Farm Hwy, Mv 28115, identified as PIN (Parcel Identification Number) 4677589443, located in Iredell County, North Carolina.

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

Faith Logan Norris, 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 Kreuling / Alfred E. Kreuling — Signature of Owner(s)

5/10/19 — 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

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, LINDA KIESLING, am the legal owner(s) of the property located at 1333 OAKRIDGE FARM HWY, MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4677589443, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BEN ALDRIDGE/CS&SC, _____, 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 Kiesling 4/15/19 — Signature of Owner(s) — Date

Alfred Kiesling Jr. 4-15-19 — 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

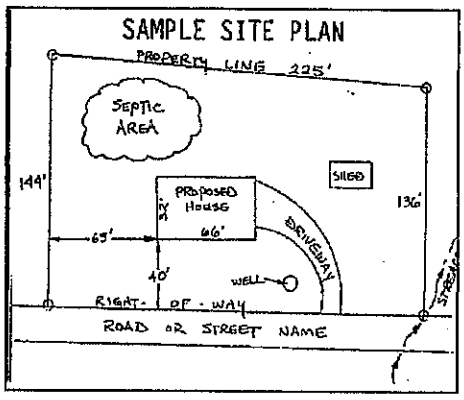
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

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 improvement permit

Signature: Linda Kinsey

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

2/11/21

DATE

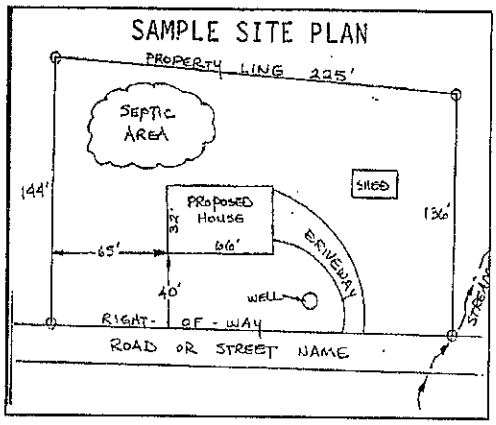
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

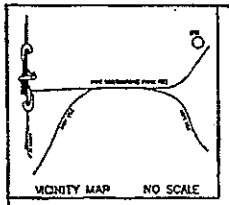
SEE ATTACHED SITE PLAN

Signature: BA Ellis

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

4-15-19

DATE



SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK ____ PAGE ____) THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000. (OTHER THAN BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____) THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 12 DAY OF April, A.D. 2019.

ORIGINAL
PROFESSIONAL LAND SURVEYOR
L-3479
REGISTRATION NUMBER

OFFICIAL SEAL

NORTH CAROLINA PROFESSIONAL SEAL L-3479 WILLIAM M. ALLEN

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF MAPPING.

ORIGINAL
PROFESSIONAL LAND SURVEYOR

WEDELL COUNTY, NORTH CAROLINA

THE LOTS SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE ARE WITHIN THE WS II BALANCE OF THE LOWER MOUNT-SHOE CREEK WATER SUPPLY WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF WEDELL COUNTY.

DATE _____ SUBDIVISION ADMINISTRATOR

I, HEREBY CERTIFY THAT THIS PLAT FOR RECREATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF WEDELL COUNTY, NORTH CAROLINA.

SUBDIVISION ADMINISTRATOR
WEDELL COUNTY, NORTH CAROLINA

STATE OF NORTH CAROLINA
COUNTY OF WEDELL

I, _____, NOTARY PUBLIC OF WEDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE _____ REVIEW OFFICER

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLEGIANCE TO BE MY (OUR) FREE ACT AND DEED.

DATE _____ OWNER

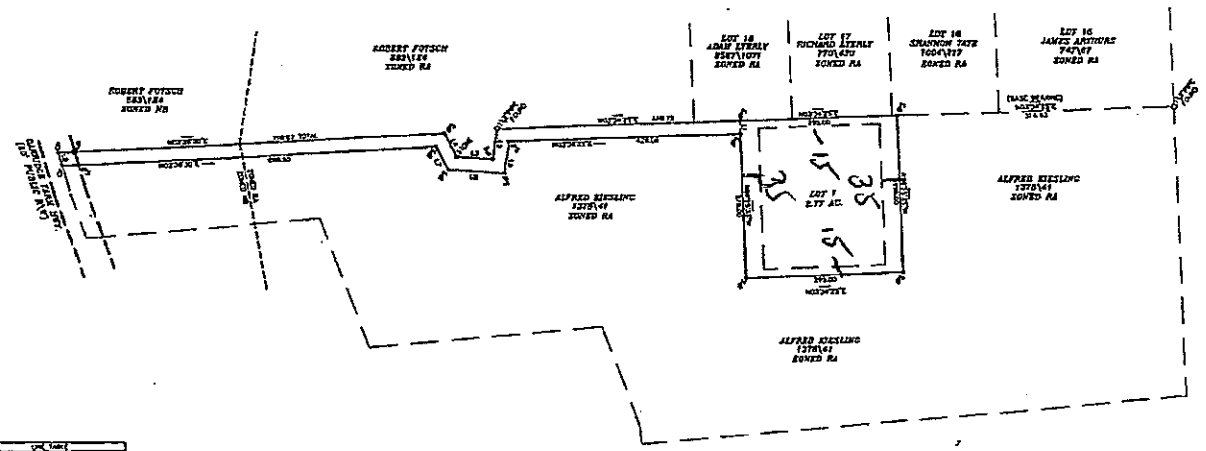
DATE _____ OWNER

I, _____, A NOTARY PUBLIC FOR SAID COUNTY AND STATE DO HEREBY CERTIFY THAT _____

PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL. THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 87°27'34" W	50.00'
L2	S 02°32'26" E	98.14'
L3	S 87°27'34" W	98.57'
L4	S 02°32'26" E	113.57'
L5	S 87°27'34" W	50.00'
L6	N 02°32'26" W	98.57'
L7	S 87°27'34" W	98.57'
L8	N 02°32'26" W	113.57'
L9	S 87°27'34" W	50.00'
L10	N 02°32'26" W	98.57'
L11	S 87°27'34" W	113.57'
L12	N 02°32'26" W	113.57'

PRELIMINARY APPROVAL
- YET HOLD BUILDING PERMIT UNTIL THE LOT IS CUT OUT.

W. Allen 4-11-19
William Allison
County Planner

NOTES:

1) This property may be subject to any easements and/or rights-of-way of record.
2) Tax Parcel No's (1477.00-43) = 0.77± AC.±
3) This property is zoned: RA.
4) Minimum Building Setback For Zoning: 30' FRONT
15' SIDE
25' REAR
5) This property is located in COOGLE CREEK TWSP., WEDELL CO., N.C.
6) This property is not located in any flood zone.
7) No lots are subject to a 6' Utility and Drainage Easement, 10 feet on each side of the property line.
8) No ground disturbance being made within 50' of said property.
9) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT MAY NOT BEEN INSPECTED OR APPROVED BY THE WEDELL COUNTY HEALTH DEPT. WITH, REFERENCE THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

LEGEND

"CL" = NAIL = POWER POLE
EIP, = EXISTING IRON PIPE FOUND
EPK = PK NAIL SET
R/W = RIGHT-OF-WAY

FAMILY DIVISION PLAT
OF
ALFRED L. KIESLING PROPERTY
COOGLE CREEK TWSP., WEDELL CO., N.C.
SCALE: 1" = 100'
DATE SURVEYED: APRIL 4, 2019
DATE PLOTTED: APRIL 10, 2019

OWNER: ALFRED L. & LINDA C. KIESLING
132 MT MOURNE LOOP
MOORESVILLE NC 28117

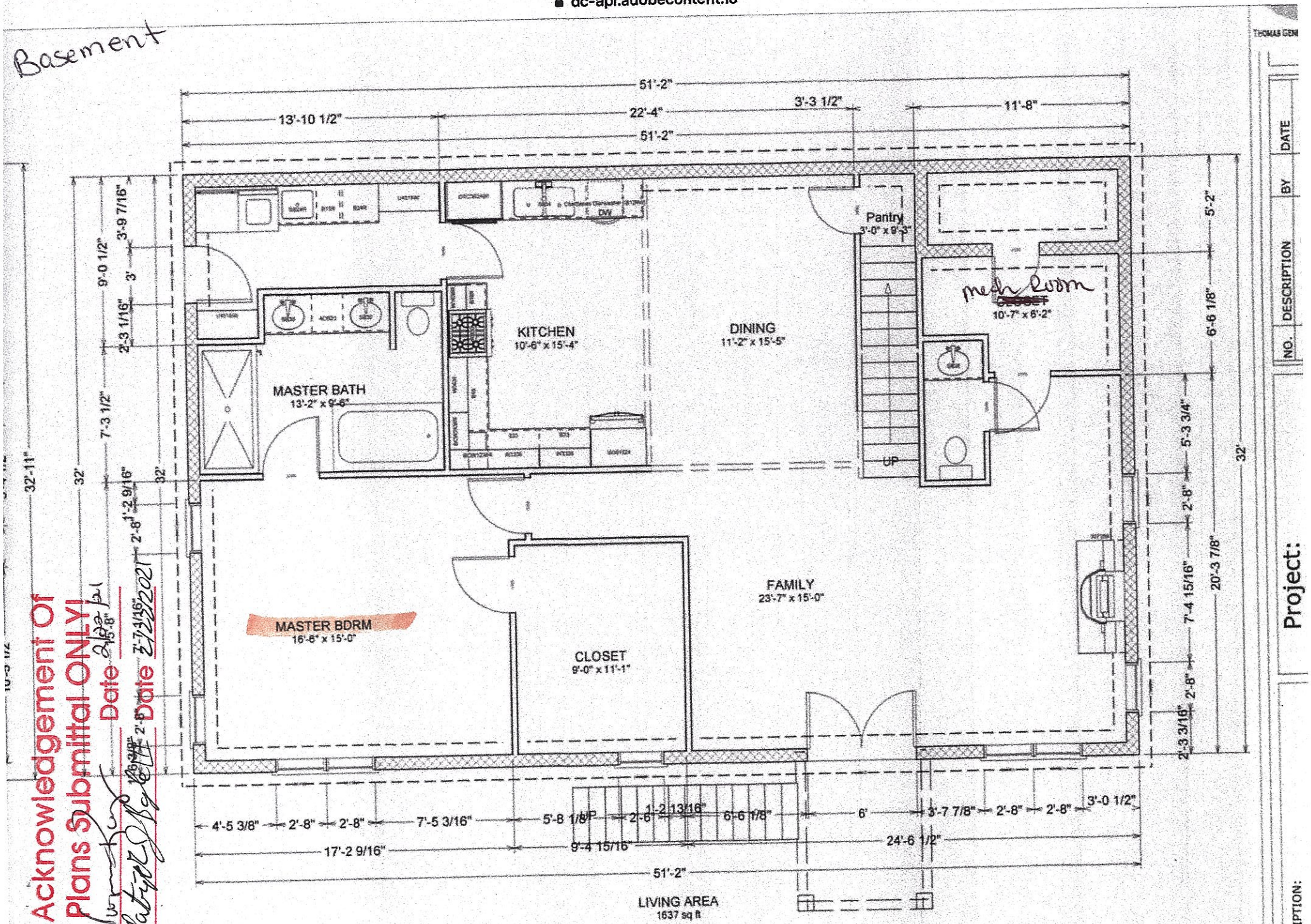
GRAPHIC SCALE
0 50 100 200
(IN FEET)
1 inch = 100 ft.

DAS
DON ALLEN & ASSOCIATES P.A.
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FILE NAME: CENTRIDE 24850 1333.DWG

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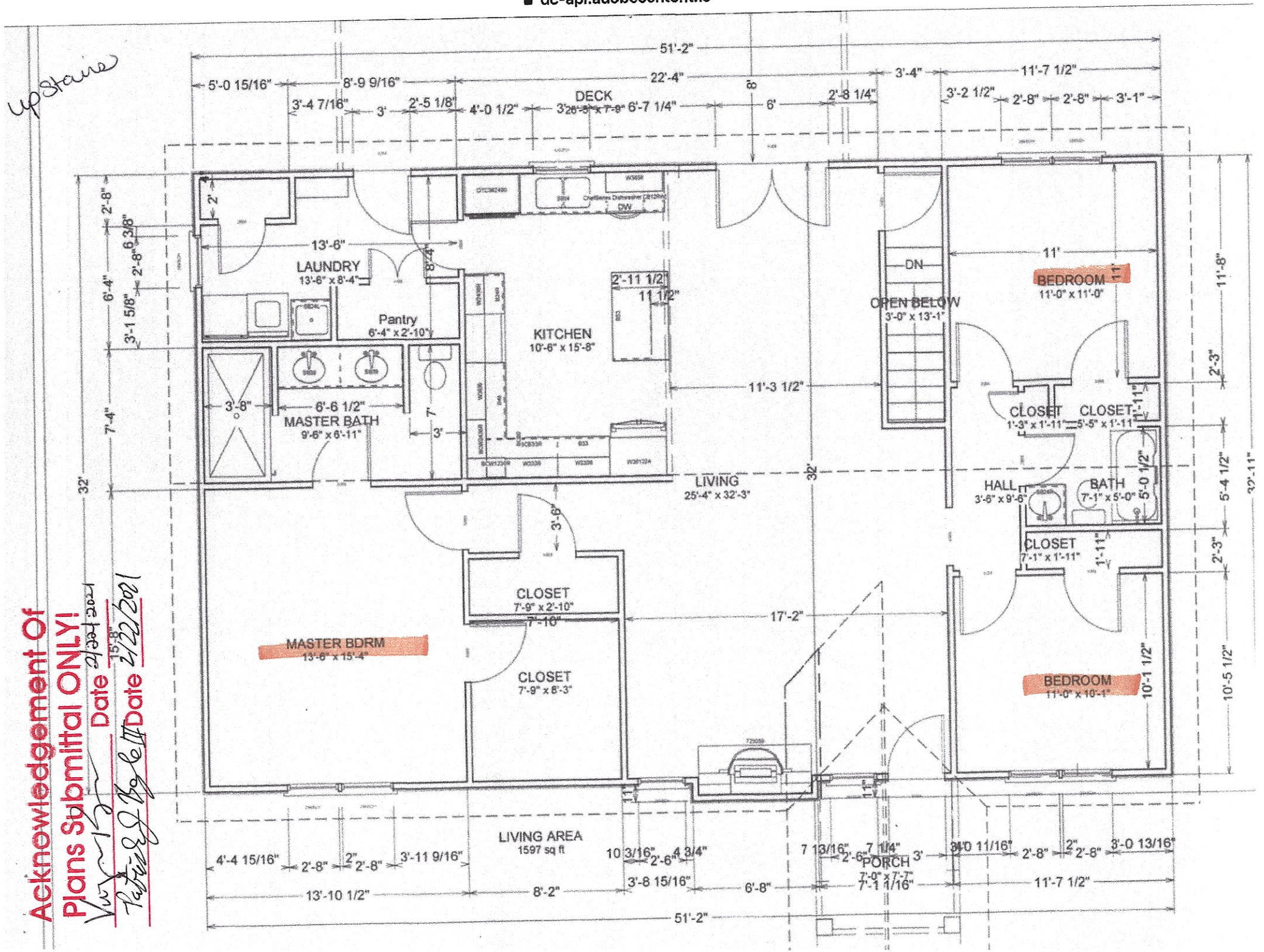
Basement



Acknowledgement Of Plans Submittal ONLY!
Date 2/22/21
Date 2-7-21

THOMAS GEN
NO. DESCRIPTION BY DATE
Project:
CRIPTION:

dc-api.adobecontent.io



IREDELL COUNTY

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

APPLICATION NUMBER
243688
Issue Date: 04/12/2019

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4677589443.000	1333 OAKRIDGE FARM HIGHWAY	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: KIESLING ALFRED L+LINDA C	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 132 MT MOURNE LP	Address: 162 WEST B ST	Address: 162 WEST B ST
MOORESVILLE, NC 28117	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD HOLD BUILDING PERMIT TILL LOTS HAS BEEN CUT OUT

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

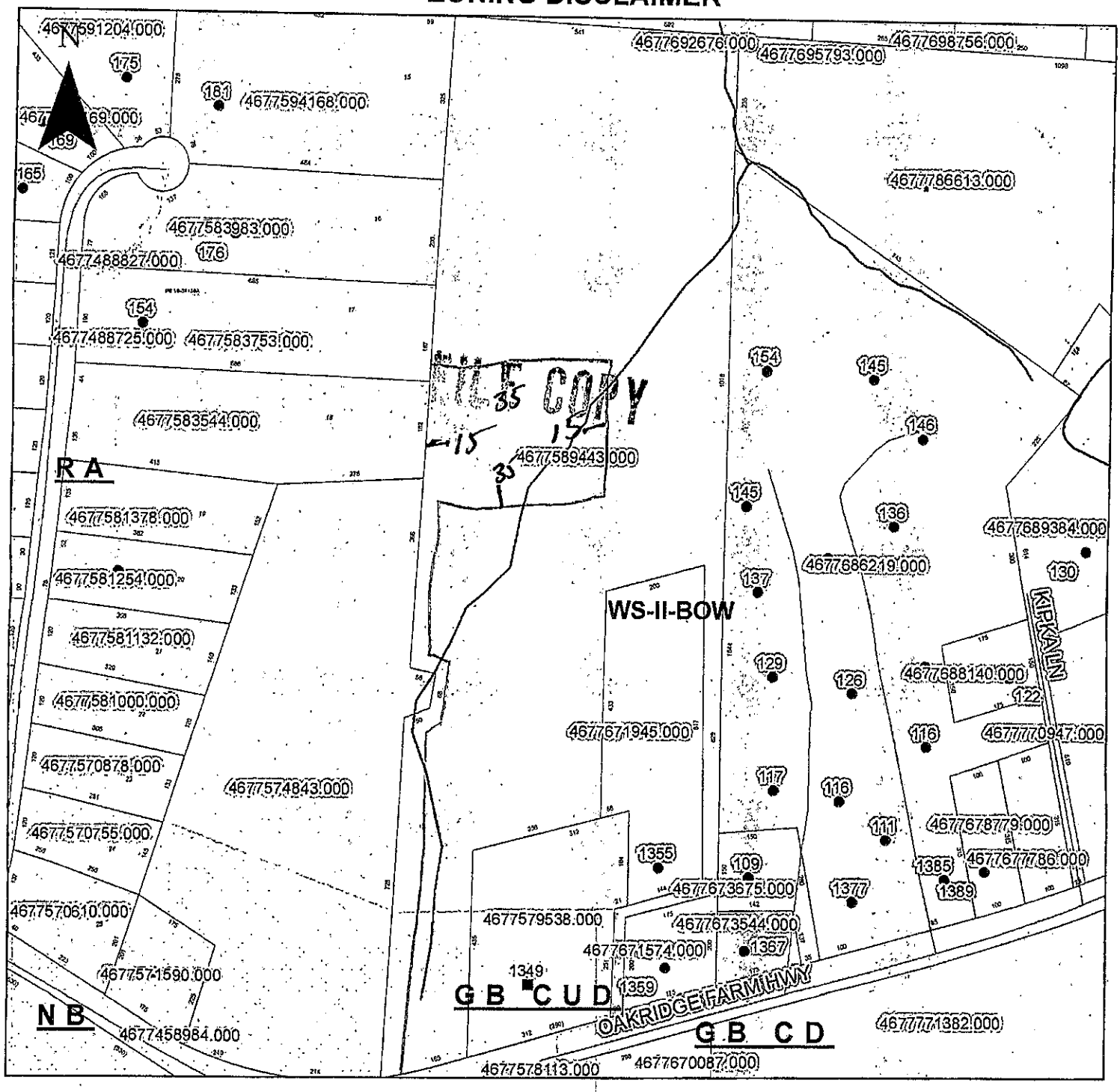
Signature of Owner/Contractor

Date: 04/12/2019

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	173860	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address Oakridge Farm Hwy

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. Applicant further acknowledges that the 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 _____