ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308839

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

PIN # 4678 - 21 - 7768

APPLICANT/OWNER: JMB Holdings Inc | APPLICANT ADDRESS: 3951-A Wexford Ln Denver NC 28037

SITE ADDRESS: 724 Wiggins Rd Mooresville NC 28115 | PHONE: 704-230-1016 | ALT. PHONE 704-775-6525

SITE DIRECTIONS: NC 152E to Lon NC 150W, Ron Wiggins Rd, Lot on L | SAP CONTROLLED: [X] YES [ ] NO

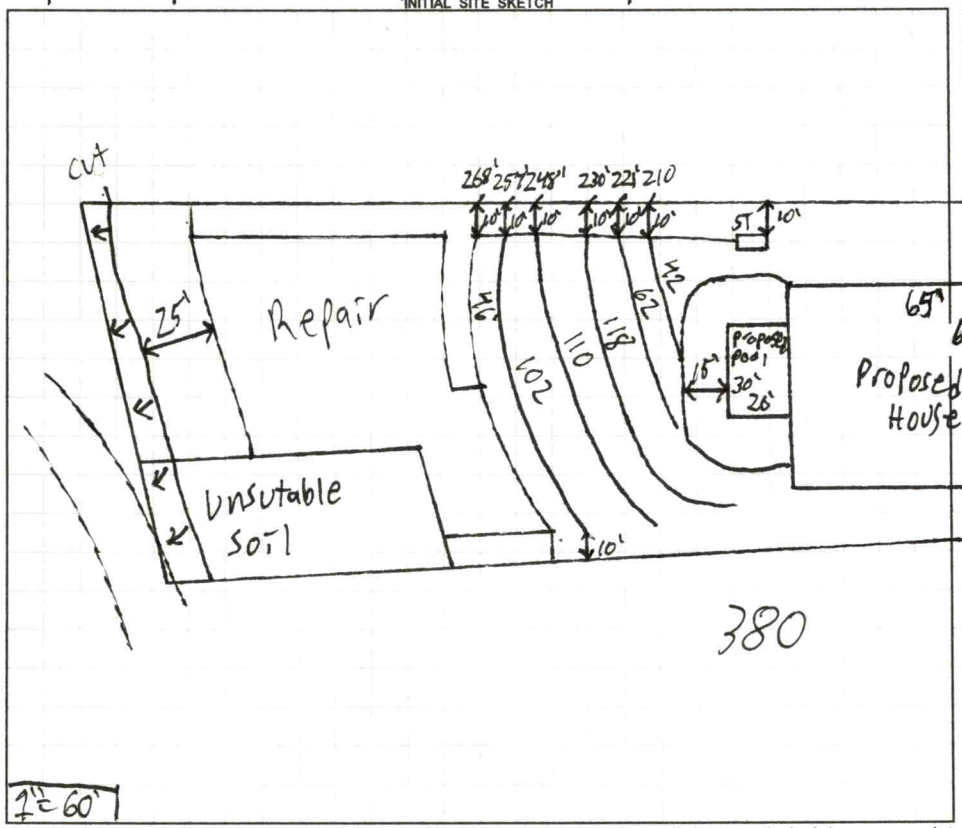
SUBDIVISION: Wiggins Walk | SECTION: — | LOT # 3 | LOT AREA: 1 acre | DESIGN FLOW: 480GPD | L.T.A.R.: .25

Septic Tank 1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity 2396				[ ] Business	No. Persons 8	[X] Private
Pump Make	Model	Serial #	Repair System Description: LPPPBPS				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 6	Linear Ft. 480'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width 24"	Trench Bottom Depth(Low side) 29"	Gravel Depth —	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drain field in any way. Lot should be land scaped to promote positive drainage. All parts of septic must be 15' off waters edge of pool. All property lines and corners must be marked during time of installation and Inspection

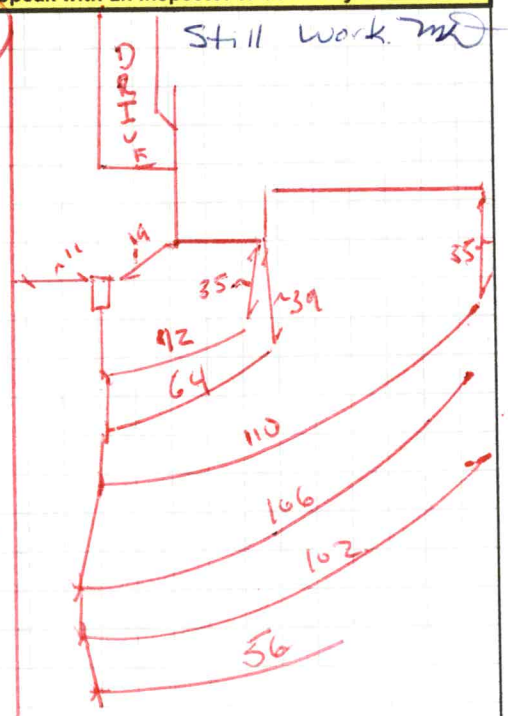
11/19/21 House slightly wider than permitted but should

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.



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/10/20 | Installed by: Lantz

IMPROVEMENT PERMIT by: Patrick J Byrd III Date: 12/9/2020 | OPERATION PERMIT by: [signature] Date: 7/15/2022

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/9/21 | Existing System Inspected by: Date:

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

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308839

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

PIN # 4678217768

APPLICANT/OWNER: JMB Holdings Inc | APPLICANT ADDRESS: 3951 Wexford Ln Denver NC 28037

SITE ADDRESS: 724 Wiggins Rd Mooresville NC 28115 | PHONE: 704-230-1016 | ALT. PHONE 704-775-6525

SITE DIRECTIONS: E Statesville Ave to R on NC 152 E, L on Wiggins Rd, Lot on L | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Wiggins Walk | SECTION: — | LOT # 3 | LOT AREA: 1 acre | DESIGN FLOW: 360 GPD | L.T.A.R.: .125

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines		Linear Ft	360'		
Trench Width	36"	Trench Bottom Depth(Low side)	29"	Gravel Depth	—		

[X] New System [ ] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

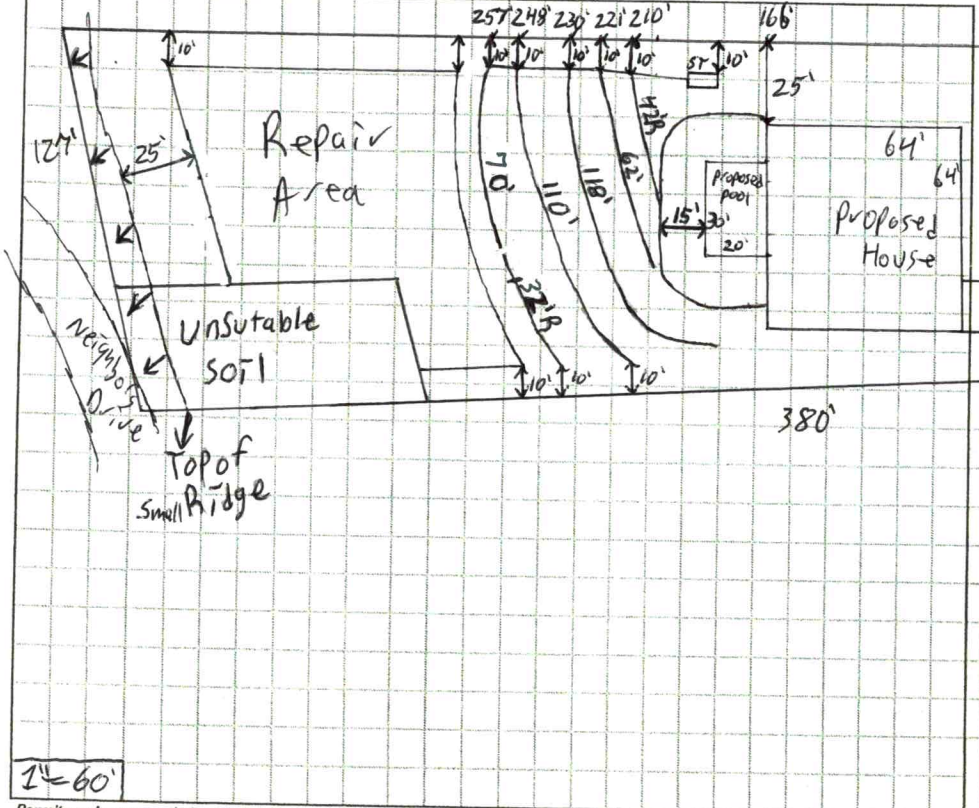
[X] Residence | No. Bedrooms 3 | [ ] Business | No. Persons 6 | [ ] Other | No. Employees — | [ ] Slab | [X] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

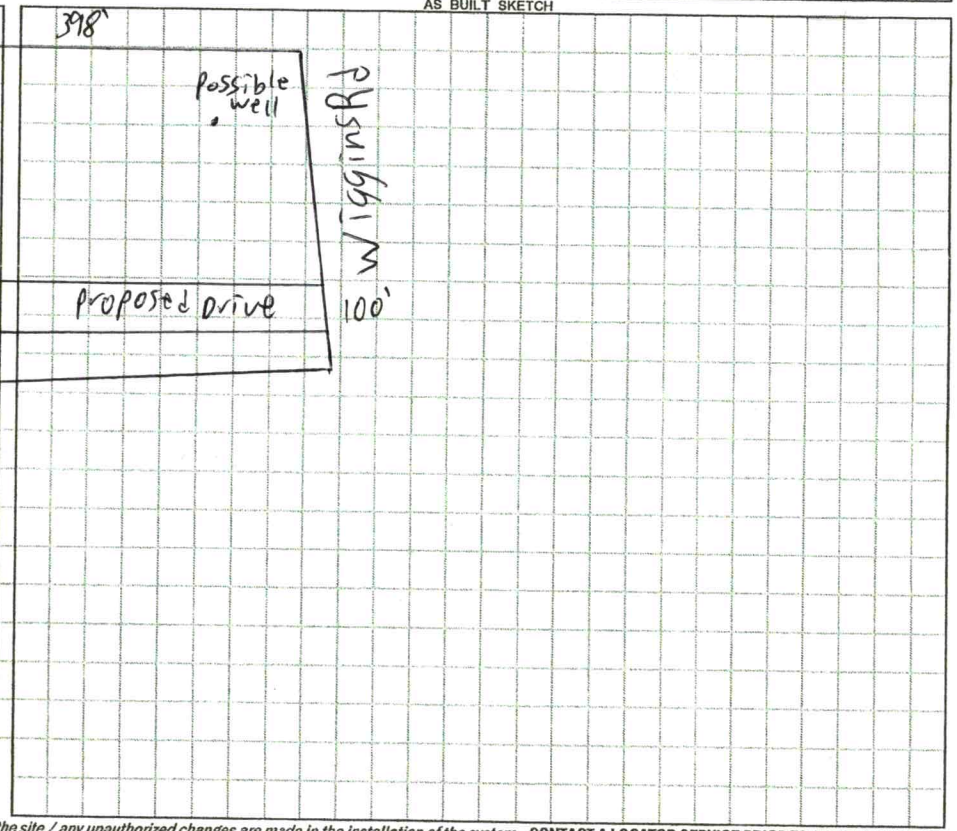
Comments / Conditions: Install Lines on contour. Do not Drive on store material or manipulate drainfield anyway. Property should be properly landscaped to promote positive drainage

All parts of septic must be 15' off waters edge of pool.

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**

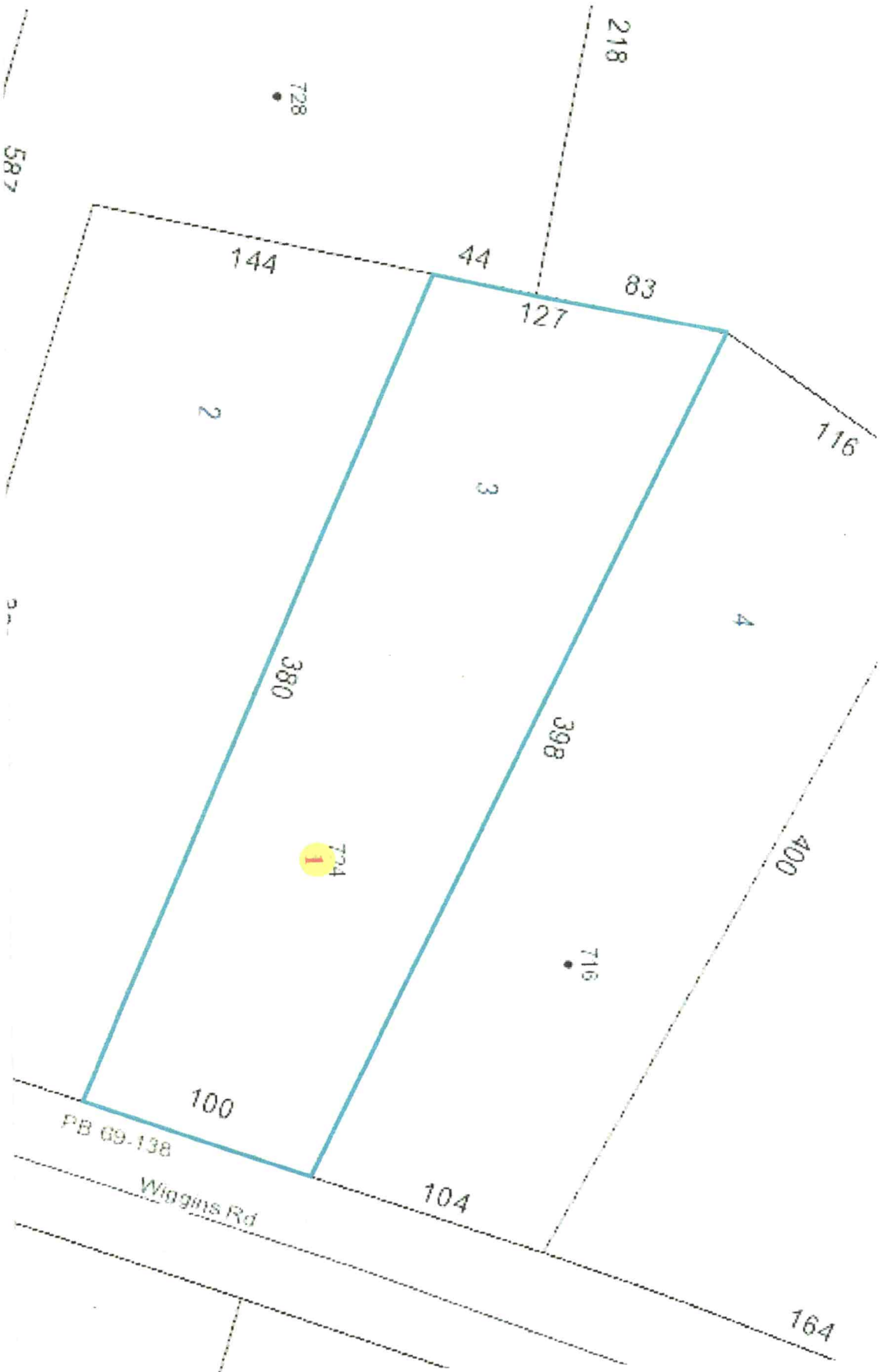
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/3/2020 Installed by: _____

IMPROVEMENT PERMIT by: Patrick J Byle III Date: 9/2/2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ 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.


218
728
587
144
44
83
127
116
2
3
4
380
398
400
724
716
100
PB 69-138
Wiggins Rd
104
164

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

Sheet 1 of 2
PROPERTY ID #: 4678217768
COUNTY: Iredell

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

OWNER: JnB Holdings Inc
ADDRESS: 3951 Wexford Ln Denver NC 28037
PROPOSED FACILITY: New Single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 724 Wiggins Rd
APPLICATION DATE 7/1/2021
DATE EVALUATED: 8/10/2021
PROPERTY SIZE: 1 acre
PROPERTY RECORDED: Y/S

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	0-7	SCL WSBK	FrSSSPSoFP	—	31"	Litho inclusions common Large clumps of parent RX	Parent RX clumps with large rock inclusions	PS.25
		7-31	C SBK	FrSSSPSoFP					
		31-66	Sandy SCL with PG RX	VFr					
			RX common						
2	SS	0-6	SCL WSBK	FrSSSPSoFP	YB mottle inclusions	46"	Litho inclusions common to Parent RX at 46"	Parent RX at 46"	PS.25
		6-30	C SBK/ABK	FrSPSoFP					
		30-46	CL WSBK	FrSPSoFP					
		46-60	Parent RX	FI					
3	SS 6%	0-5	SCL WSBK	FrSSPSoFP	—	60"	Litho and Parent material common	Some mottle inclusions	PS.275
		5-36	C SBK	FrSSSPSoFP					
		36-60	C LWSBK	FrSSSPSoFP					
4	SS	0-38	Fill	—	Few YB	—	few Litho inclusions	Fill to 38" water seeping	V
		38-60	C SBK/ABK	FrSPSoFP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25% Red	50% Red
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Danielle W

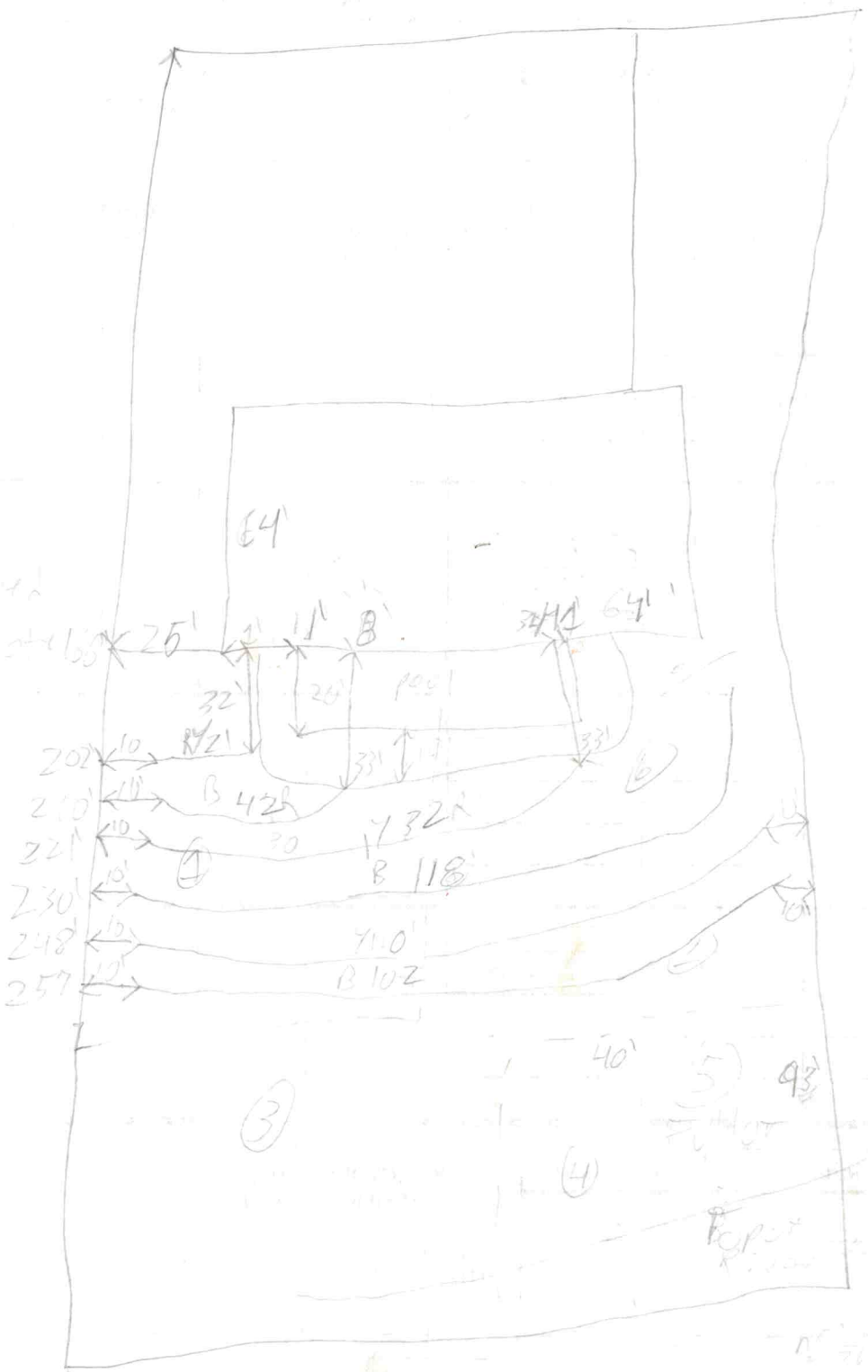
COMMENTS:

(46-12)-(36x.01
32-3
29

6 90

360÷25
÷3
480x.75
360
360÷1.25
÷3
450x.5
240
20

330
impr
30



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

Sheet 2 of 2
PROPERTY ID #: 4678217768
COUNTY: Iredell

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

OWNER: JMB Holdings Inc — APPLICATION DATE 7/1/2020
ADDRESS: 3951 Wexford Ln Denver NC 28037 — DATE EVALUATED: 8/10/2020
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1 acre
LOCATION OF SITE: 724 Wiggins Rd — 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
5	SS	0-36	Fill	—	YBmott@36	60	—	Fill	V
1		36-60	L sbk	Fr s p sap				Water seeping mat 48" from multiple spots	
6	SS	0-5	SCL ws sbk	Fr ss sp sap	—	60"	Litho inclusions common until sandy saprock @ 42"	—	PS.275
2		5-27	CL sbk	Fr s p sap					
		27-42	CL sbk/abk	Fr sss p sap					
		42-60	Sandy saprock	Vfr					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	25% Red	50% Red
Site LTAR	.25	.25

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

COMMENTS:

RECEIVED OCT 2 0 2020

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

Iredell County Health Department – Environmental Health Division

AP-308839
$320.00

PAGE 1: *APPLICATION FORM*

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: JMB Holdings, Inc. **Address:** 3951-A Wexford Ln, Denver, NC **Zip:** 28037
Applicant Email: brent@beasonnc.com **Phone:** 704-230-1016 **Alt. Phone:** 704-775-6525
Owner Name: JMB Holdings, Inc. **Address:** 3951-A Wexford Ln, Denver, NC **Zip:** 28037
Owner Email: brent@beasonnc.com **Phone:** 704-230-1016 **Alt. Phone:** 704-775-6525

Property Information:

Street Address: 724 Wiggins Rd, Mooresville, NC 28117
Subdivision Name: Wiggins Walk **Section/Phase:** _____ **Lot Number:** 3
Driving Directions: E Statesville St, R on NC-152 E, L on Wiggins Rd, lot is 1.6 miles on L.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Gravity

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.

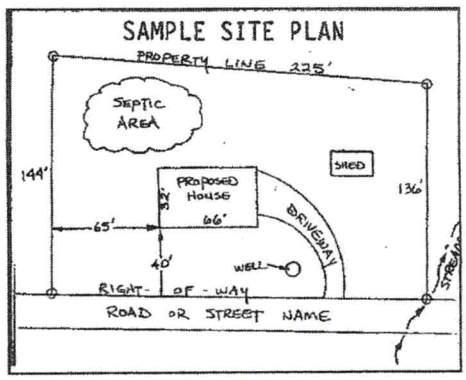
Signature: _____ 10/14/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

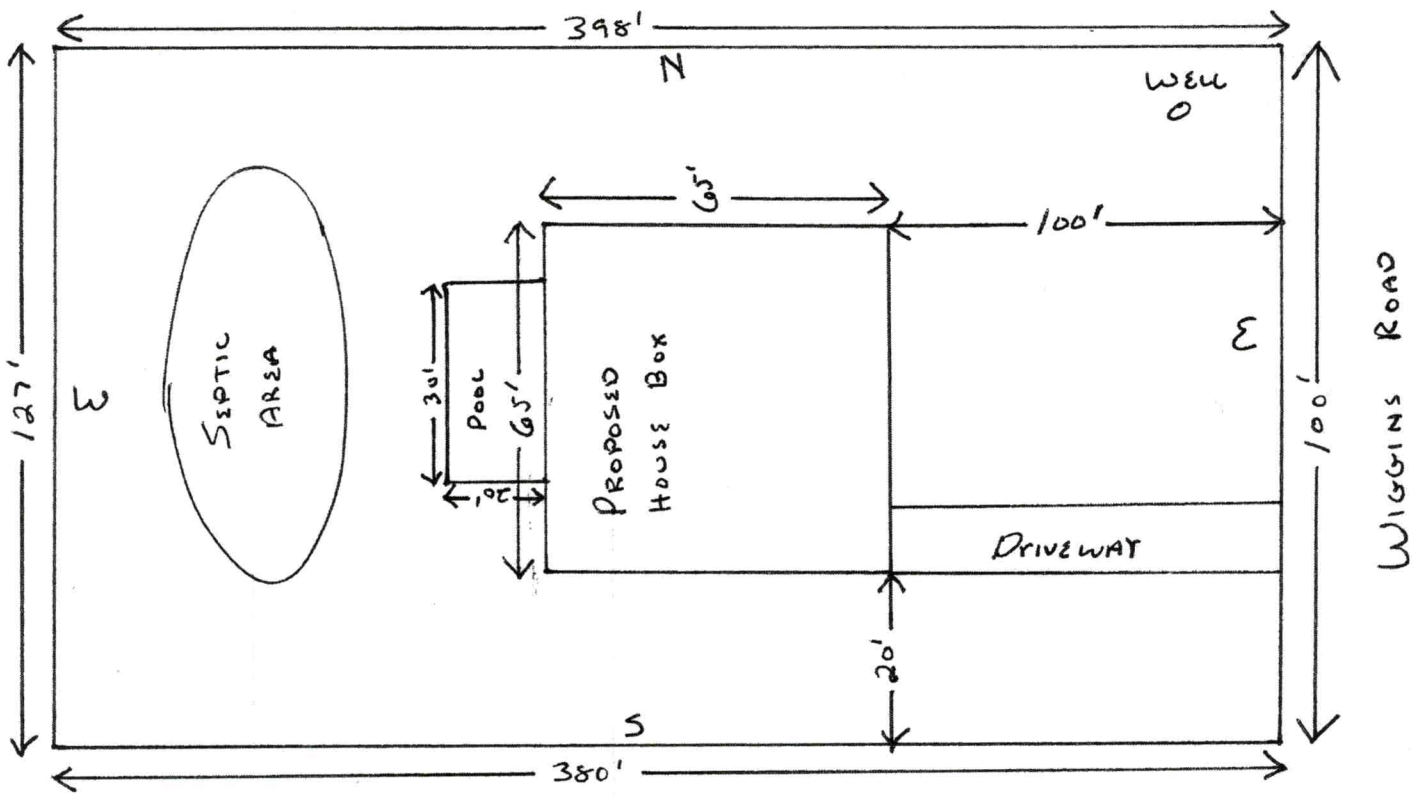
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other 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



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

10/14/2020
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, _____, 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.

_____ Signature of Owner(s)

10/14/2020 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