IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 234449 ✓

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

PIN # 4678430379 ✓

APPLICANT/OWNER: Brian Weatherman APPLICANT ADDRESS: 115 Honey Boy Ln.

SITE ADDRESS: 115 Honey Boy Ln. Mooresville, NC ✓ PHONE: 980-721-5562 ALT. PHONE 980-722-1186

SITE DIRECTIONS: NC 150 E → L on Wiggins → R on Honey Boy Ln → 1st house on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.094ac DESIGN FLOW: 480gpd L.T.A.R.: .3(.275 repair)

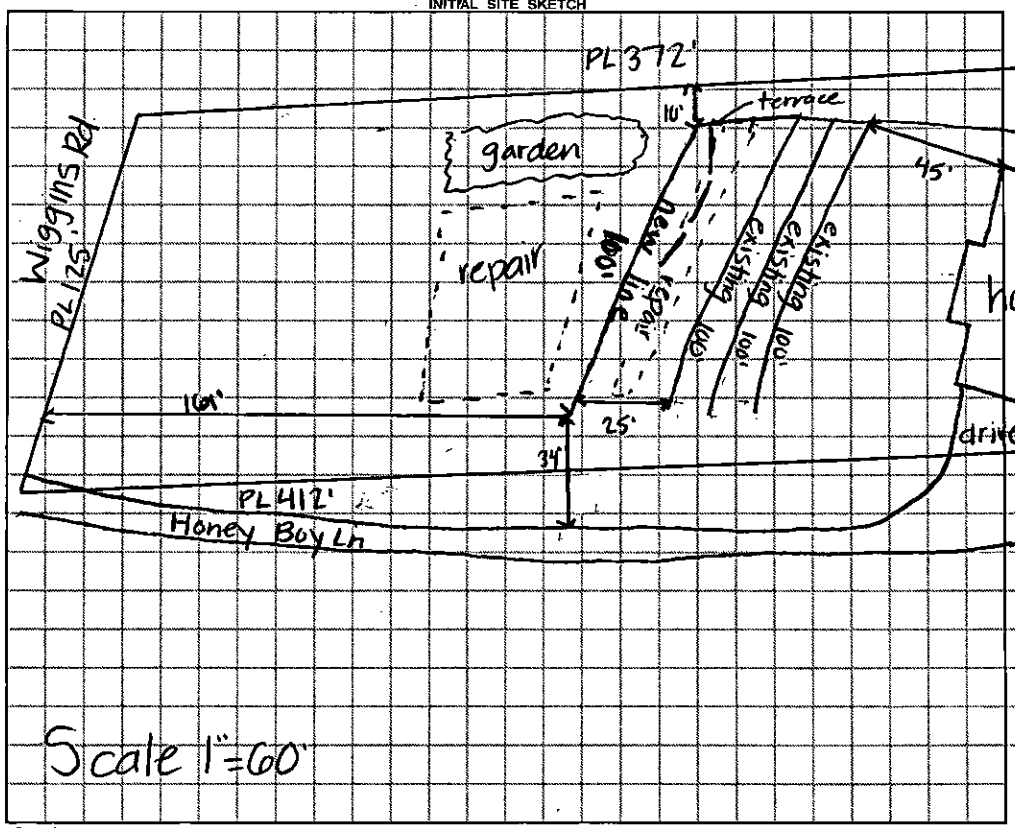
Septic Tank	existing 1000 (gal)	STB		Date		☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: 25% reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: gravity PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	1	Linear Ft	100'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"/27" highside	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 100' of 25% reduction with serial distribution and drain line on contour. ✱ Install at 27" highside ✱ Install new drain line directly below terrace.

Installed Quick 4

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: Brian Weatherman Date: 4-18-18 Installed by: L.B. Beam

IMPROVEMENT PERMIT by: Kayla Wilson Date: 4-17-18 OPERATION PERMIT by: Maria Dotson Date: 6/13/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 4-17-18 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.

RECEIVED MAR 2 8 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Expansion - Paid $ $500.00

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 #234449

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: BRIAN WEATHERMAN Address: 115 HONEY BOY LN Zip: 28115
Applicant Email: bjweatherman@ADI.com Phone: 980-721-5562 Alt. Phone: _____
Owner Name: Amy WEATHERMAN Address: 115 HONEY BOY LN Zip: 28115
Owner Email: Ford.Amy77@yahoo.com Phone: 980-722-1186 Alt. Phone: _____

Property Information:

Street Address: 115 HONEY BOY LN MOORESVILLE, N.C. 28115
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: TAKE HWY 150 THEN LEFT ON WIGGINS RD GO 1 mile THEN RIGHT ON HONEY BOY LN. FIRST HOUSE RED ROOF

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: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) 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
( ) 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: 2013
( ) 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.

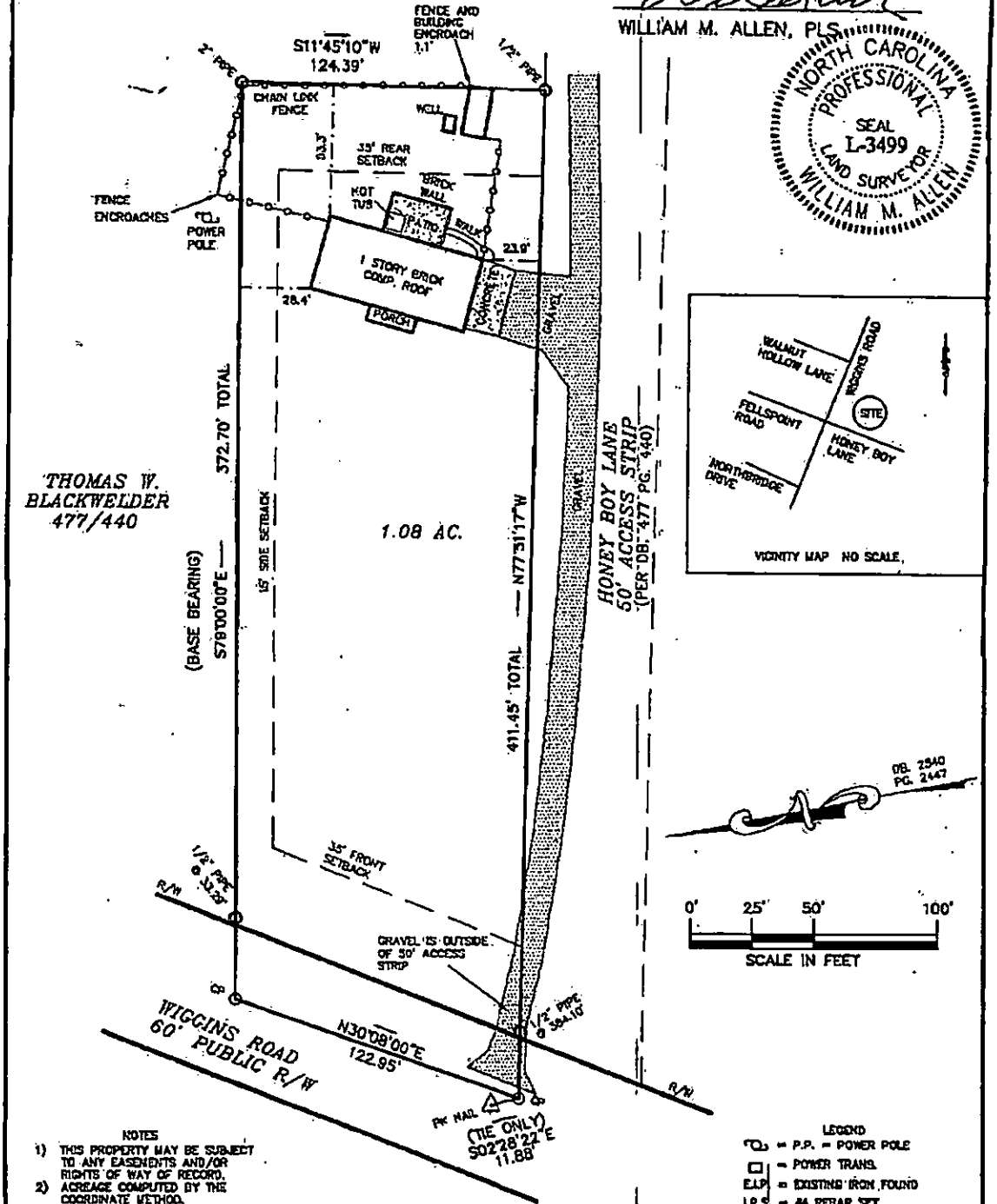
Signature: Brian Weatherman 3/28/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
131 Crosslake Park Drive – Suite 102 • Mooresville • NC • 28117
(704) 664-7029 (704) 864-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2540, page 2447, and/or plat book _____, page _____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 20 day of MARCH A.D. 20 18

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) OVERHEAD POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) SETBACK ALONG HONEY BOY LANE SHOULD BE VERIFIED PRIOR TO ANY CONSTRUCTION.

LEGEND
"PP" = P.P. = POWER POLE
"PT" = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
"W" = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PHYSICAL SURVEY
OF
115 HONEY BOY LANE
CODDLE CREEK TWSP., IREDELL CO., N.C.

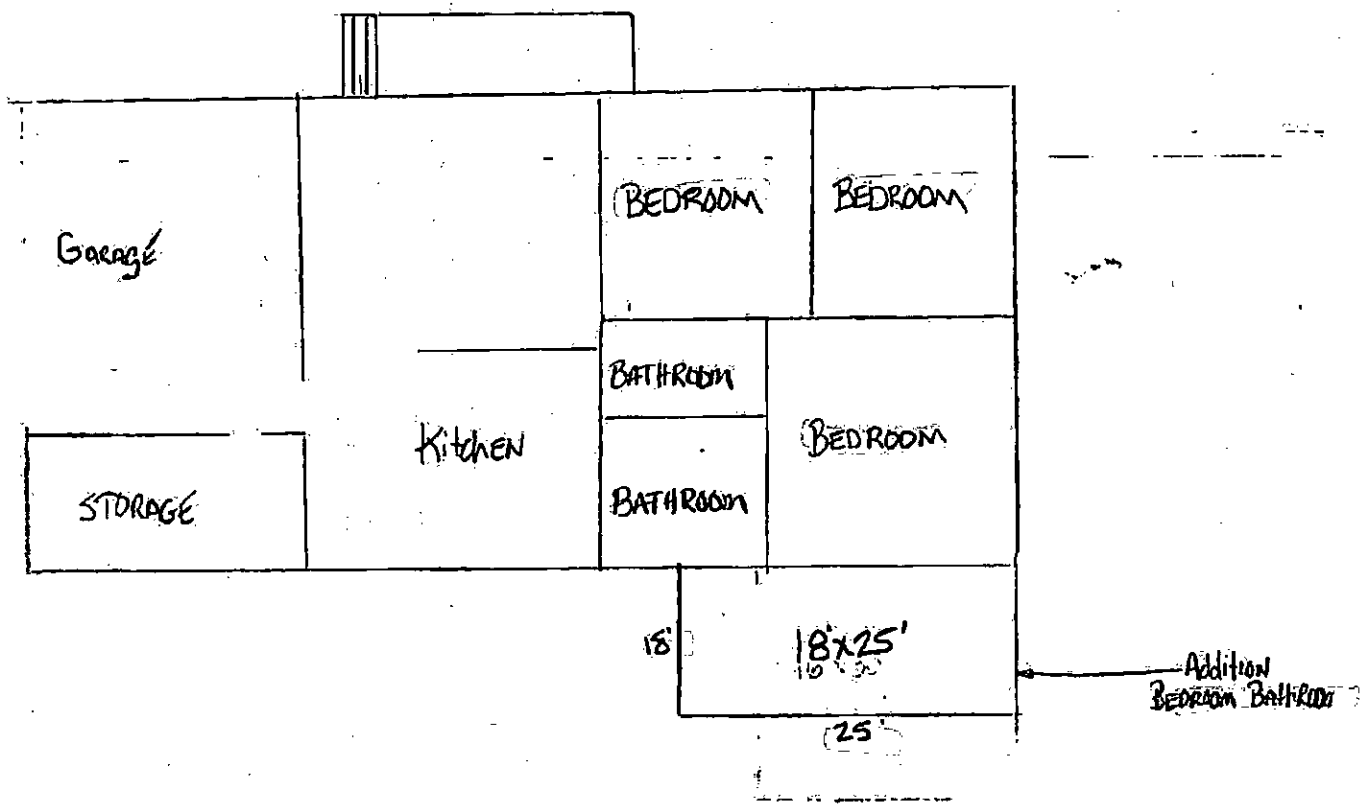
SCALE 1" = 50'
ACQUIRED BY: AMY S. WEATHERMAN

FIELD BOOK: 600X
FILE: HONEY BOY LN 115
DC FILE:
TAX MAP NO: 4578430378

Acknowledgement Of
Plans Submittal ONLY!

Date 4-17-18

Date 3/28/18



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, Amy Weatherman, am the legal owner(s) of the property located at 115 Honey Boy Ln, identified as PIN (Parcel Identification Number) 4678430379, located in Iredell County, North Carolina.

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

Amy Weatherman 3/21/18 Brian Weatherman 3/21/18

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

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

APPLICATION NUMBER
234449
Issue Date: 03/28/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4678430379.000	115 HONEY BOY LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WEATHERMAN, AMY S.	Applicant: WEATHERMAN BRIAN M
Address: 115 HONEY BOY LN	Address: 137 SHAGBARK LANE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone: 980-721-5562	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.090	35.00	35.00	25.00	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	133636	TOTAL FEES:	$ 77.25

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

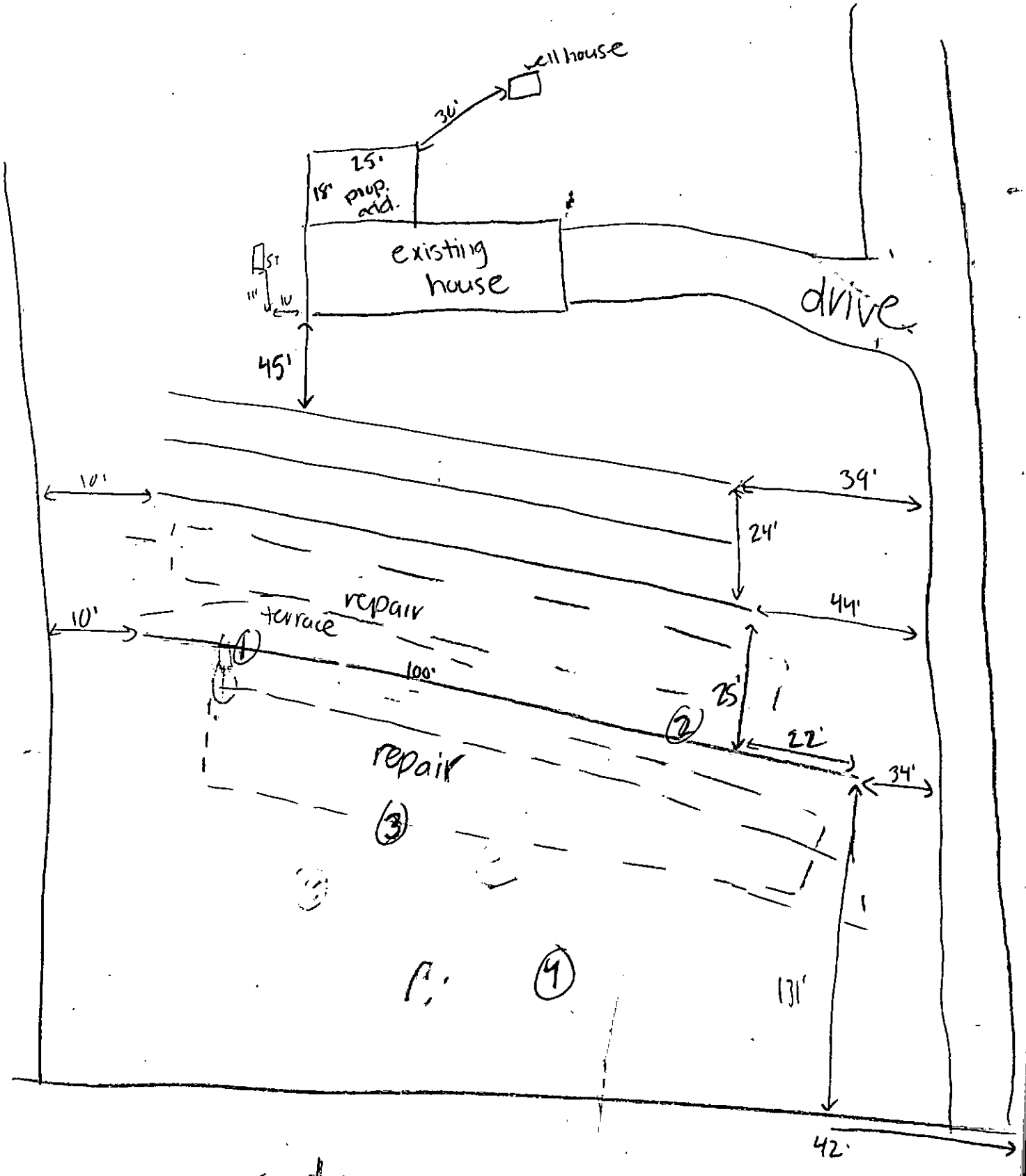
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4-17-18
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6	WSBK SCL	FI,SS,SP,SEXP	—	39	6-39" com-many SAP inc.		PS
		6-39	WSBK CL	FI,SS,SP,SEXP					
		39-60	SLSAP mass	VFI, NS, NP					.3
init	LS								
2		0-6	WSBK SCL	FI,SS,SP,SEXP	—	51	25-51" com-many SAP inc		PS
		6-25	SBK C	FI,SS,SP,SEXP					
		25-51	WSBK CL	FI,SS,SP,SEXP					
		51-64	LSAP mass	FI, NS, NP					.3
init	LS								
3		0-18	WSBK SCL	FI,SS,SP,SEXP	0-34 few yellow brown mottles (around roots)	56	34-56 few SAP inc		PS
		18-34	SBK C	FI-FI,SS,SP,SEXP					
		34-56	WSBK CL	FI-FI,SS,SP,SEXP					.275
repair	FS								
4		0-12	fill	—	16-53" com-many yellow brown mottles 42-53 many chroma 2 7.5 YR 6/1	12-42 7/2 6/2	—		U
		12-16	WSBK SCL	FI,SS,SP,SEXP					
		16-42	SBK SC	FI,S,P,SEXP					
		42-53	WSBK CL	FI,S,P,SEXP					
repair	FS								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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


cell house
30'
25'
18' prop. add.
existing house
ST
11'
4'
drive
45'
10'
39'
24'
10'
repair
terrace
44'
100'
25'
22'
repair
34'
131'
42'
road