IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217399

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

PIN # 4678-44-0543

APPLICANT: Rollans Soil APPLICANT ADDRESS: Po Box 832 Mooresville 28115

SITE ADDRESS: 578 Wiggins Rd - Mrvl 28115 PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: 150, TL Wiggins on L

SUBDIVISION: Walnut Hollow SECTION: — LOT # 2 LOT AREA: 2.3 AC DESIGN FLOW: 480 L.T.A.R.: .35 (.1R)

Septic Tank	1000	(gal)	STB 760	Date 5-17	☒ 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:			25% Reduction	☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #	Repair System Description:			TS-II Drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 344'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth —			☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

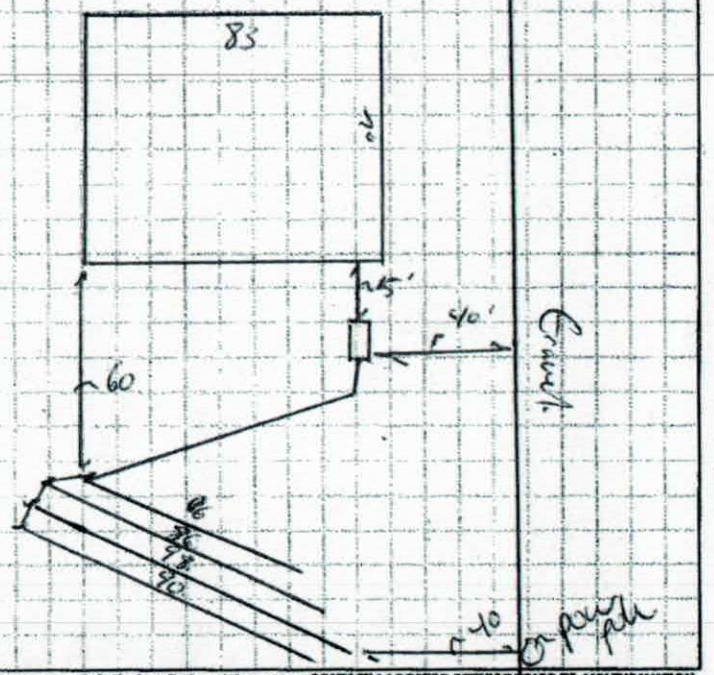
Comments / Conditions: ★ Recommend pumping septic tank every 3-5 years.

System Installed in Evaluated area.

INITIAL SITE SKETCH

See Plan From Rollans Soil & Env. Services

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

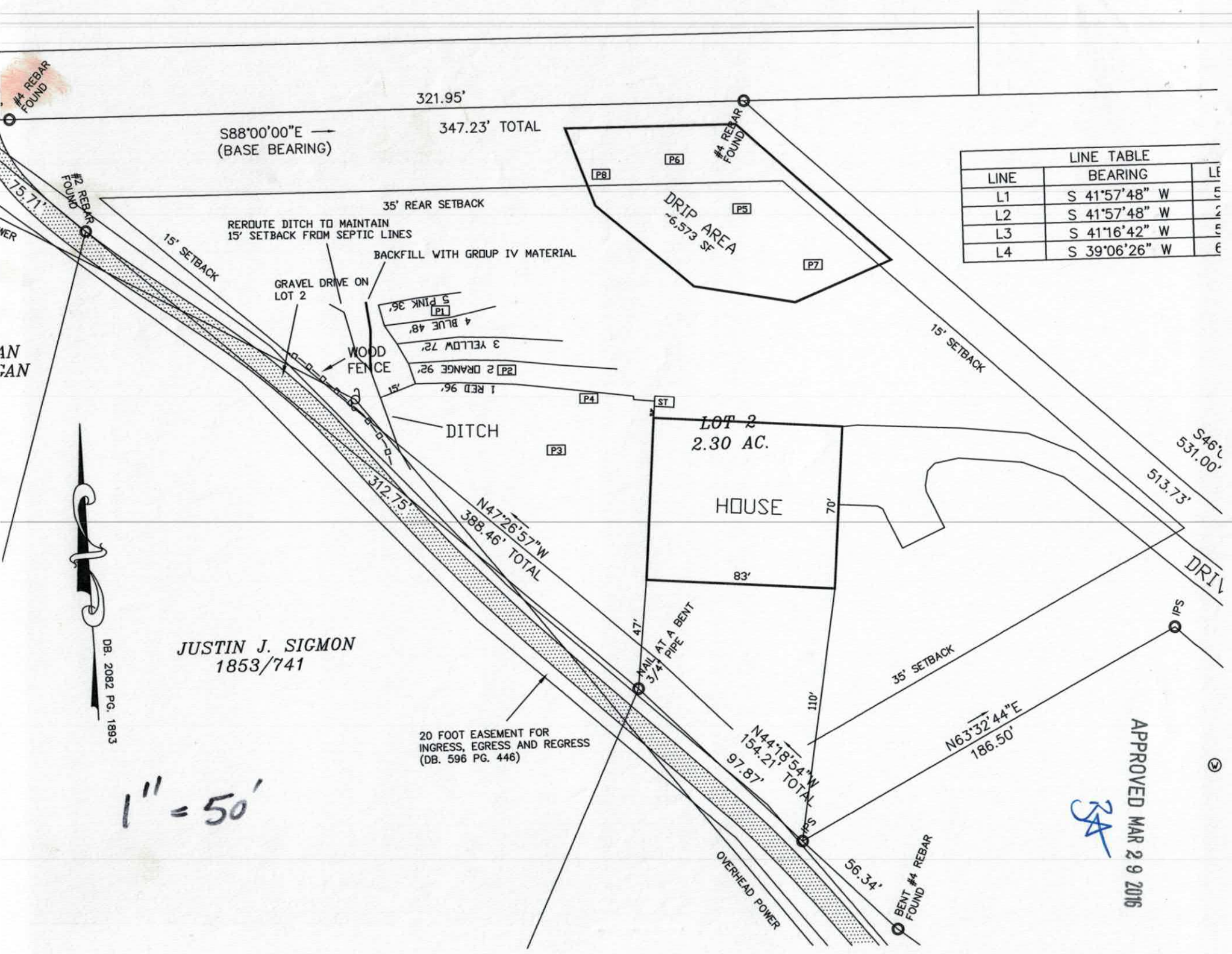
☐ IMPROVEMENT PERMIT with plat valid without expiration ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3/31/16 Installed by: Chris Medlock 5108

IMPROVEMENT PERMIT by: APPROVED MAR 29 2016 Date: OPERATION PERMIT by: Benjamin D. Bottoms Date: 7/5/17

AUTHORIZATION TO CONSTRUCT by: Date: 2-8-17 Existing System Inspected by: Date:

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



LINE TABLE		
LINE	BEARING	LE
L1	S 41°57'48" W	5
L2	S 41°57'48" W	2
L3	S 41°16'42" W	5
L4	S 39°06'26" W	6

APPROVED MAR 2 9 2016

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence at 578 Wiggins Road, Mooresville, NC 28115 (PIN 4678440543), Iredell County, North Carolina.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5-6

Calculations---------- 7

Profile Descriptions---------- 8

Expedited Review Process Checklist---------- 9

Zoning Permit & Receipt---------- 10-12

Application---------- 13-14

Green Sheet---------- 15

Agent Authorization Form---------- 16

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

3/21/16

March 21, 2016
Project #: 01-3133
Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate 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 is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a drip irrigation installation with TS-II pretreatment.

APPROVED MAR 2 9 2016

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	Rollans Soil
Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	578 Wiggins Road PIN (4678440543)
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	344	
Loading Rate (gpd/ft.^{2}):	0.35	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth:	36 in.	Repair Trench Bottom 6 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	15	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	9.80	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services	

APPROVED MAR 2 9 2016

BA

578 Wiggins Road

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.35
TOTAL AREA TRENCH BOTTOM:	1032
TOTAL LATERAL LENGTH:	344
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	342.8571429
SUPPLY LINE LENGTH:	15
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

APPROVED MAR 2 9 2016

Layout Specifications - 578 Wiggins Road

Project #: 01-3133

LAYOUT FOR 4 BEDROOM HOME — March 21, 2016

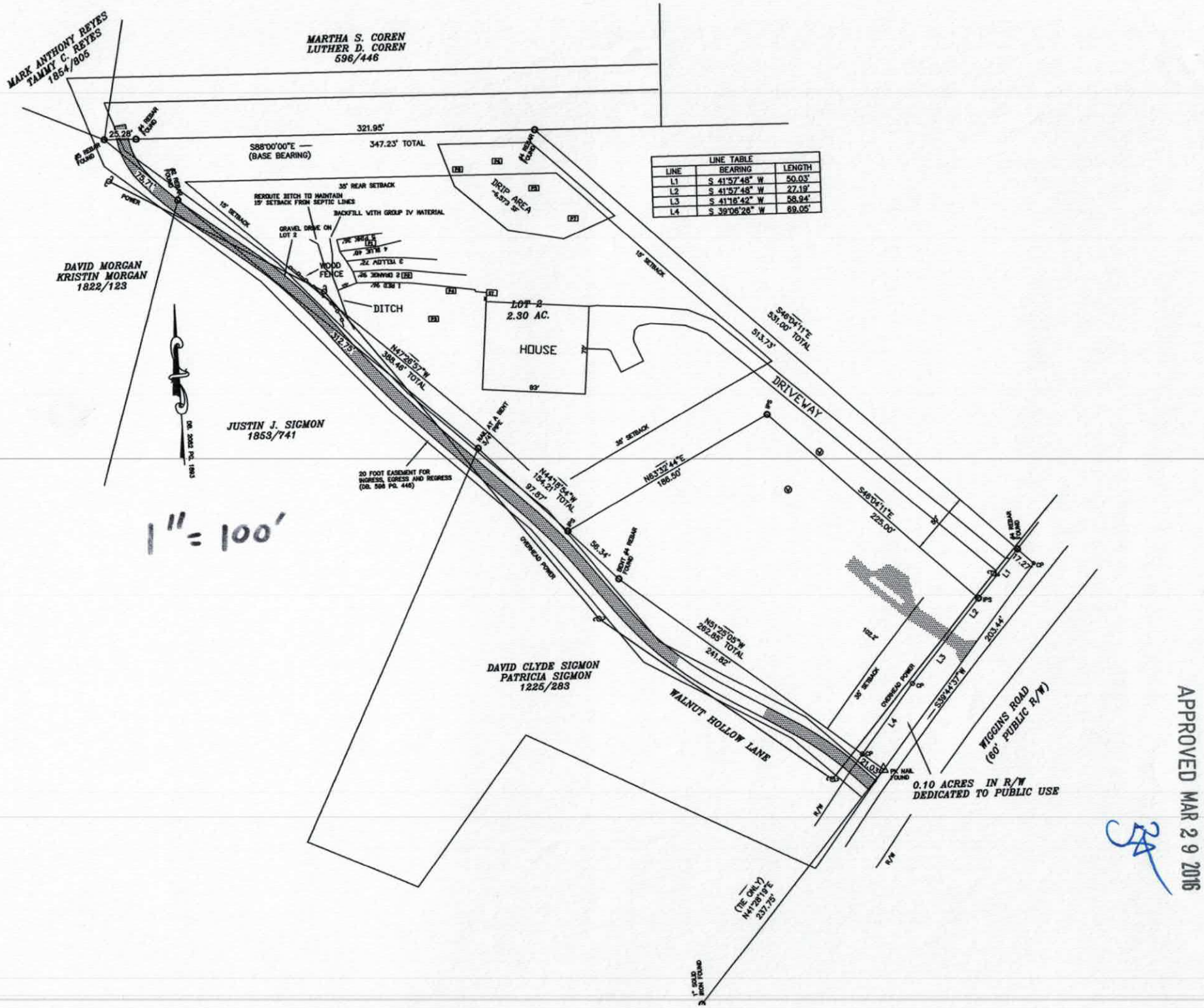
LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					*96*	*96*
2	***ORANGE***					*92*	*92*
3	***YELLOW***					*72*	*72*
4	***BLUE***					*48*	*48*
5	***PINK***					*36*	*36*
REPAIR		DRIP IRRIGATION				6,573 SF	6,573 SF
					Total	**344**	**344**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	*344*	*0.350*	*ACCEPT.*	*0.350*	*25% RED*	*GRAVITY*
Repair	6,573 SF	0.100	INNOV.	0.100	DRIP IRRIGATION w/TS-II	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****Drip Area flagged and labeled with blue tape**



APPROVED MAR 29 2016

APPROVED MAR 2 9 2016

CALCULATIONS

Location 578 Wiggins Road

Project Number 01-3133

Lot No: 2 (Walnut Hollow)

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.350 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 15 ft.

Supply Line Volume 9.795 gal.

Required Feet of Line 342.8571 ft.
Amount of Line from Layout 344 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

PROPERTY ID #: 4678 4405
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED MAR 2 9 2016
BA

(Complete all fields in full)

OWNER: Johnny + Paige Meado
ADDRESS: 153 Whiggins Rd, Mooresville, NC 28115
PROPOSED FACILITY: Single-Family Home PROPOSED DESIGN FLOW (.1949): 480 gpd (4BR)
LOCATION OF SITE: 578 Whiggins Rd, Mooresville, NC 28115
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3/22/16
DATE EVALUATED: 3/15/16
PROPERTY SIZE: 2.3 AC
PROPERTY RECORDED:

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
P 1	4/18%	0-2	BL Gr	Fr SS SP		36"			PS .35
		2-5	BRCL wmsbk	Fr SS SP					
		5-18	RBC wmsbk/Abk	Fr SS SP					
		18-36	RBCL wfsbk	Fr SS SP	C.SAP				
		36-51	VAR L. MASS	Fr SS SP	51-61 VAR SL.	MASS Fr SS	SP		
P 2	4/18%	0-4	BL Gr	Fr SS SP		22"			PS .35
		4-17	RC wmsbk/Abk	Fr SS SP					
		17-22	RBCL wfsbk	Fr SS SP	C.SAP				
		22-53	VAR. L. MASS	Fr SS SP					
		53-61	VAR. SL. MASS	Fr SS SP					
P 3	4/15%	0-6	BCL wmsbk	Fr SS SP		40"			PS .35
		6-18	RC wmsbk/Abk	Fr SS SP					
		18-40	RBCL wmsbk	Fr SS SP	Few to C. SAP Inclu.				
		40-51	VAR L. MASS	Fr SS SP					
		51-61	VAR. SL. MASS	Fr SS SP					
P 4	4/16%	0-3	BCL wfsbk	Fr SS SP		36"			PS .35
		3-14	RC wmsbk/Abk	Fr SS SP					
		14-36	RBCL wfsbk	Fr SS SP					
		36-53	VAR L MASS	Fr SS SP					
		53-61	VAR SL MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Drip-TS2
Site LTAR	.35	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): "PS"

EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner.

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED MAR 29 2016
BA

PROPERTY ID #: 4678440543
DATE OF EVALUATION: 3/15/16
COUNTY: Iredell

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
P 5	4/7%	0-18	BSL Gr	Fr SS SP		55"			PS .25
		18-48	RC wmsbk	Fr SS SP	- Few Fe Depl.				
		48-55	RBCL wmsbk	Fr SS SP	- Few to C. Fe Depl - Few Mogn. Con.				
P 6	4/11%	0-6	BSL Gr	Fr SS SP		53"			PS .25
		6-11	BRCL wfsbk	Fr SS SP					
		11-33	RBC wmsbk/Mbk	Fr SS SP					
		33-53	RC wmsbk	F SS P	- C. Fe Depl - CH. R 2.5/0 38"				
P 7	4/8%	0-3	BL Gr	Fr SS SP		55"			PS .25
		3-24	RBC wmAbk/sbk	Fr SS P	- C. Fe Depl. - CH. R 4.5/3's				
		24-42	RC wmsbk/Abk	F SS P	- Few to Fe. Depl.				
		42-55	RBCL wmsbk	Fr SS SP	- Few to C. SAP				
P 8	4/11%	0-6	BSL Gr	Fr SS SP		50"			PS .25
		6-12	BRCL wfsbk	Fr SS SP					
		12-23	RBC wmsbk/Mbk	Fr SS P					
		23-50	RBC wmsbk	Fr SS P	- Few SAP - C. Fe Depl. - CH. R 2.5/0 35"				

COMMENTS:

Email Permits: anjgoodman@gmail.com

RECEIVED FEB 1-2 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(✓) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: ASHLEY GOODMAN **Address:** 129 Walden Ln Salisbury NC **Phone:** 704-224-1946

Owner Name: Patric/Michelle CAMPBELL **Address:** 578 Wiggins Rd, Mooresville NC **Phone:** _____

Property Information:

Street Address: 578 Wiggins Rd, Mooresville NC 28115

Subdivision Name: Walnut Hollow **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: 150 East to Wiggins Rd, Turn Left, go Aprox 9 mile and a Half and Address is on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

02/02/2017
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Patric & Michelle Campbell, am the legal owner(s) of the property located at 578 Wiggins Rd, Mooresville / Walnut Hollow Lot 2, identified as PIN (Parcel Identification Number) 4678-44-0543, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Goodman, Goodman Construction, 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.

02/02/2017 — 02/02/2017

Signature of Owner(s) Date — Signature of Witness Date

Michelle M. Campbell 2-2-17

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*

RECEIVED MAR 22 2016

(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 $350.00

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

#217399

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:**

Rollans Soil	P.O. Box 832, Mooresville NC 28115		(704)746-5046
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Johnny + Paige Meado	153 Wiggins Rd, Mooresville NC 28115		(704)-763-8045
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

578 Wiggins Rd, Mooresville NC 28115	Walnut Hollow	Lot 2
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Main St to Highway 150, Left on Wiggins Rd, 578 Wiggins Rd (Lotz) will be 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 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) 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 ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Accepted

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: _____ 3/21/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CHECK SAP ON NEIGHBOR LOT

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, Johnny Meadows, am the legal owner(s) of the property located at Walnut Hollow Lane / 5784 Wiggins Rd Mooresville, identified as PIN (Parcel Identification Number) 4678-44-0543.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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)	Date	Signature of Witness	Date
	3/18/16		3/18/16

Please return this signed form to the appropriate office:

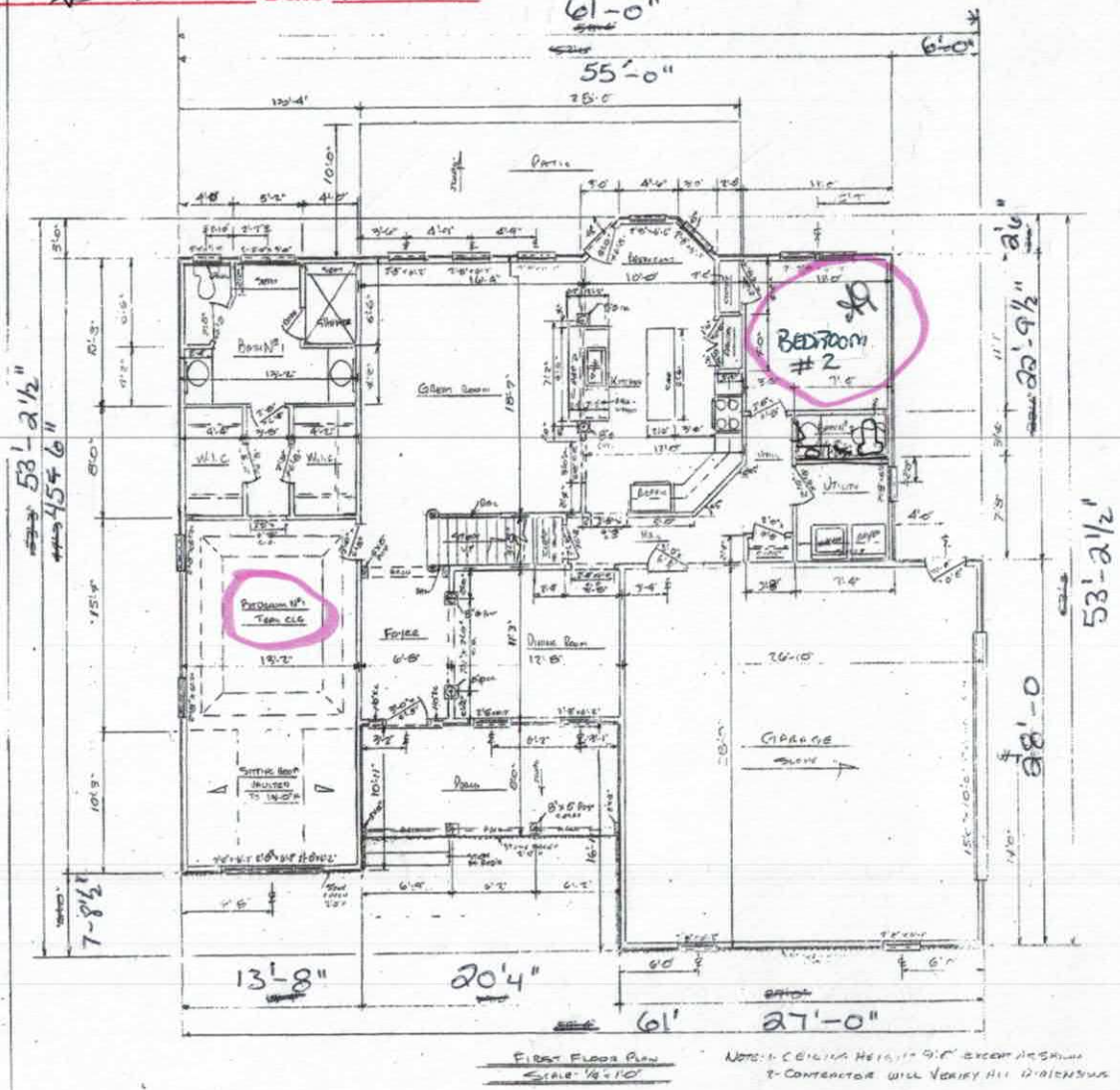
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of
Plans Submittal ONLY!

Date 2-2-2017

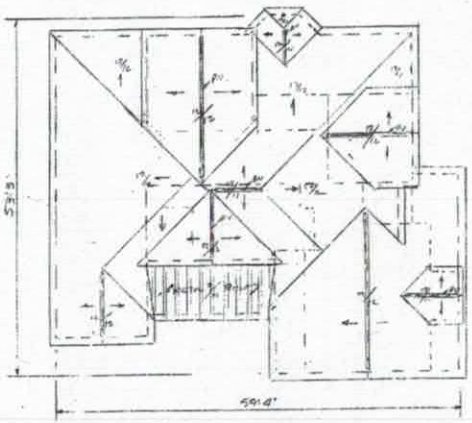
Date 2-8-17



FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"

NOTE: 1- CEILING HEIGHT IS 9'-0" EXCEPT AS SHOWN
2- CONTRACTOR WILL VERIFY ALL DIMENSIONS

① change layout of powder room - no entry from laundry room



ROOF PLAN
SCALE: 1/8"=1'-0"

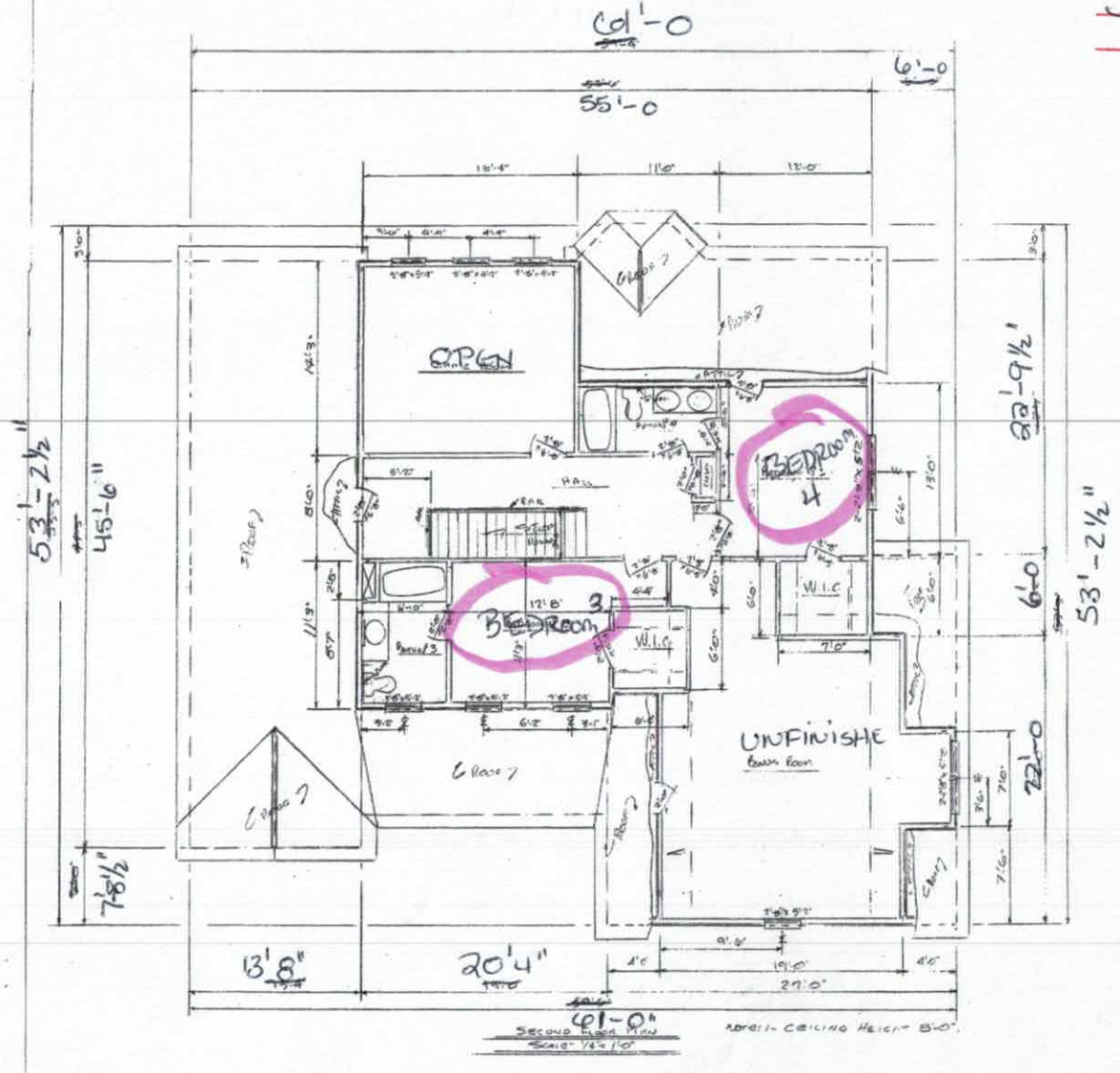
NOTE: 1. REAR PITCH 7 1/2 - 12
2. REST OVER MAIN 10.

SQUARE FOOTAGE	
FIRST FLOOR	1775.0
SECOND FLOOR	1003.5
GARAGE	750.0
BONUS ROOM	685
PORCH	152.0
PATIO	280.0

Acknowledgement of
Plans Submittal ONLY!

Date 2-2-2017

Date 2-8-17



CAMPBELL

DATE: 8-19-2016
SCALE: 1/4"=1'-0"

DRAWN BY

RESIDENCE

SECOND FLOOR PLAN

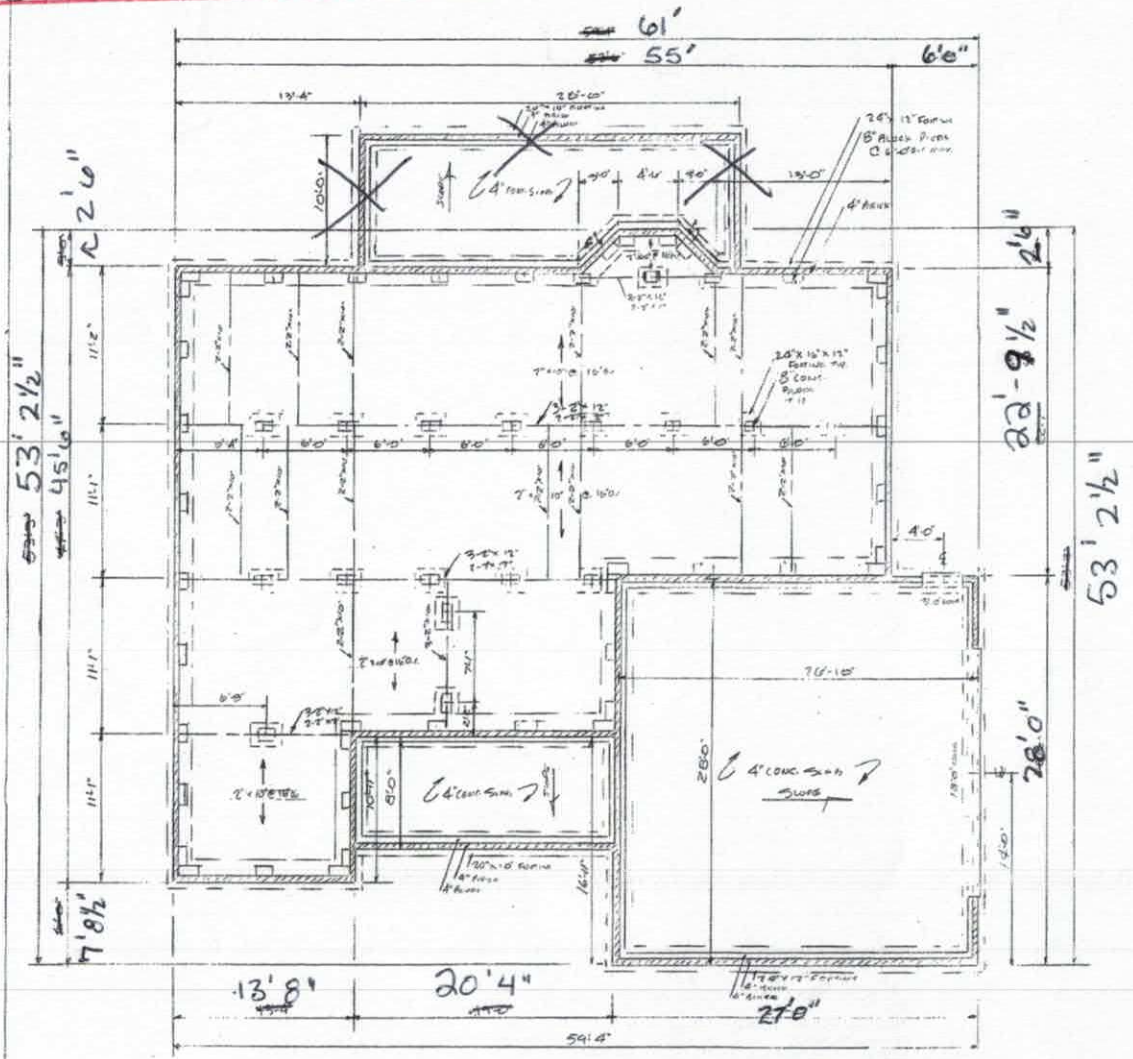
DRAWING NO
4 OF 4

Acknowledgement of
Plans Submittal ONLY!

Date 2-2-2017

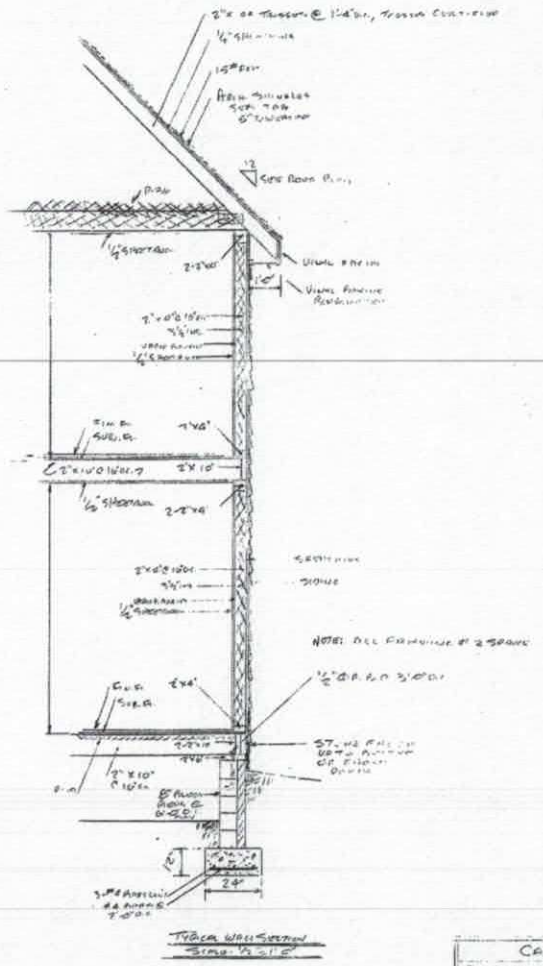
Date

OVERALL FOOT PRINT 61' x 53' 2½"



FOUNDATION PLAN
SCALE: ¼" = 1'-0"

NOTE: 1. FOUNDATION VENTS LOCATED TO SUIT CODE.
2. ACCESS DOOR LOCATED TO SUIT GRADE.



TYPICAL WALL SECTION
SCALE: ¼" = 1'-0"

CRAWFORD
RESIDENCE
FOUNDATION PLAN & TYPICAL WALL SECTION
DRAWING NO 2 OF 4

IREDELL COUNTY

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

APPLICATION NUMBER
217399
Issue Date: 03/21/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4678440543.000	578 WIGGINS ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BST IRA LLC+JOHNNY+PAIGE MEADOWS	Applicant: ROLLANS SOIL & ENVIRON
Address: 153 WIGGINS RD MOORESVILLE, NC 28115	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone: 704-763-8045	Phone: 704-658-1723

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.300	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: Samuel A Rollans Date: 3/21/16

Permit Number	63278	TOTAL FEES:	$ 77.25