IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-304628

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

PIN # 4679317272

APPLICANT/OWNER: Jeremy Martin | APPLICANT ADDRESS: 175 Savannah Crossing Dr. Mooresville, NC

SITE ADDRESS: 175 Savannah Crossing Dr. Mooresville, NC | PHONE: 704-654-2515 | ALT. PHONE 704-677-3854

SITE DIRECTIONS: NC 152 E → L on Wiggins → L on Savannah Crossing → lot on L | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: Kerri Plantation | SECTION: – | LOT # 8 | LOT AREA: 1.04ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (existing) (gal)	STB		Date			
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	1	Linear Ft	67'		
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" high side	Gravel Depth	—		

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

System Description: 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

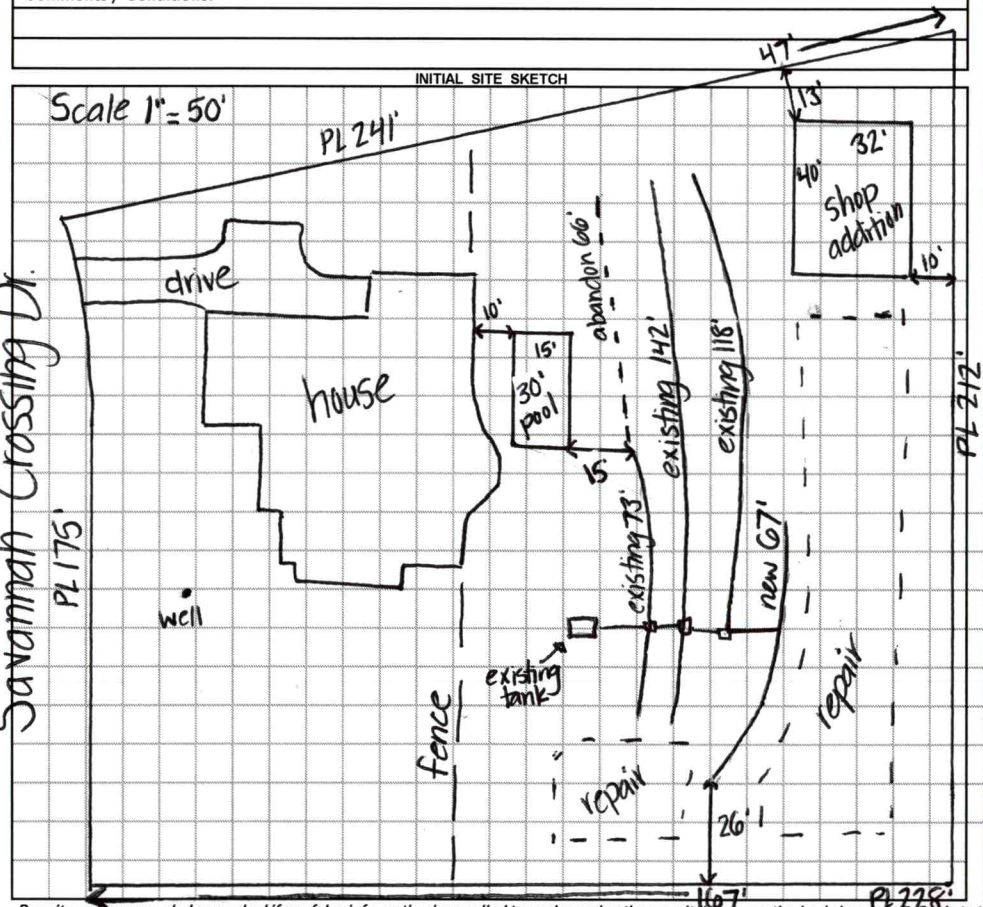
[x] Residence | No. Bedrooms 4 | [ ] Business | No. Persons 8 | [ ] Other | No. Employees | [x] Slab (shop) | [x] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

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

Comments / Conditions:

Install 25% reduction and center feed new line with serial distribution. Abandon 66' from top drain line to meet setbacks for new proposed pool. * Must relocate gutter drains away from septic area. ~~Divert drains toward~~ AS property line.

INITIAL SITE SKETCH



3/9/2020: 176 L.F. of IQ4W installed (≈14' of line deeper than 36" TB accounts for 25% reduction less 5½" drop in elevation in conveyance from drop Box Installed substantially as permitted.

- Existing L1 terminated at location shown on permit.

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: _____ Date: 3-3-20 Installed by: John w/ Massey Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 3-2-20 OPERATION PERMIT by: Tom Shuck Date: 3/9/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-3-20 Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 1
PROPERTY ID #: 467931727 2
COUNTY: Iredell

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

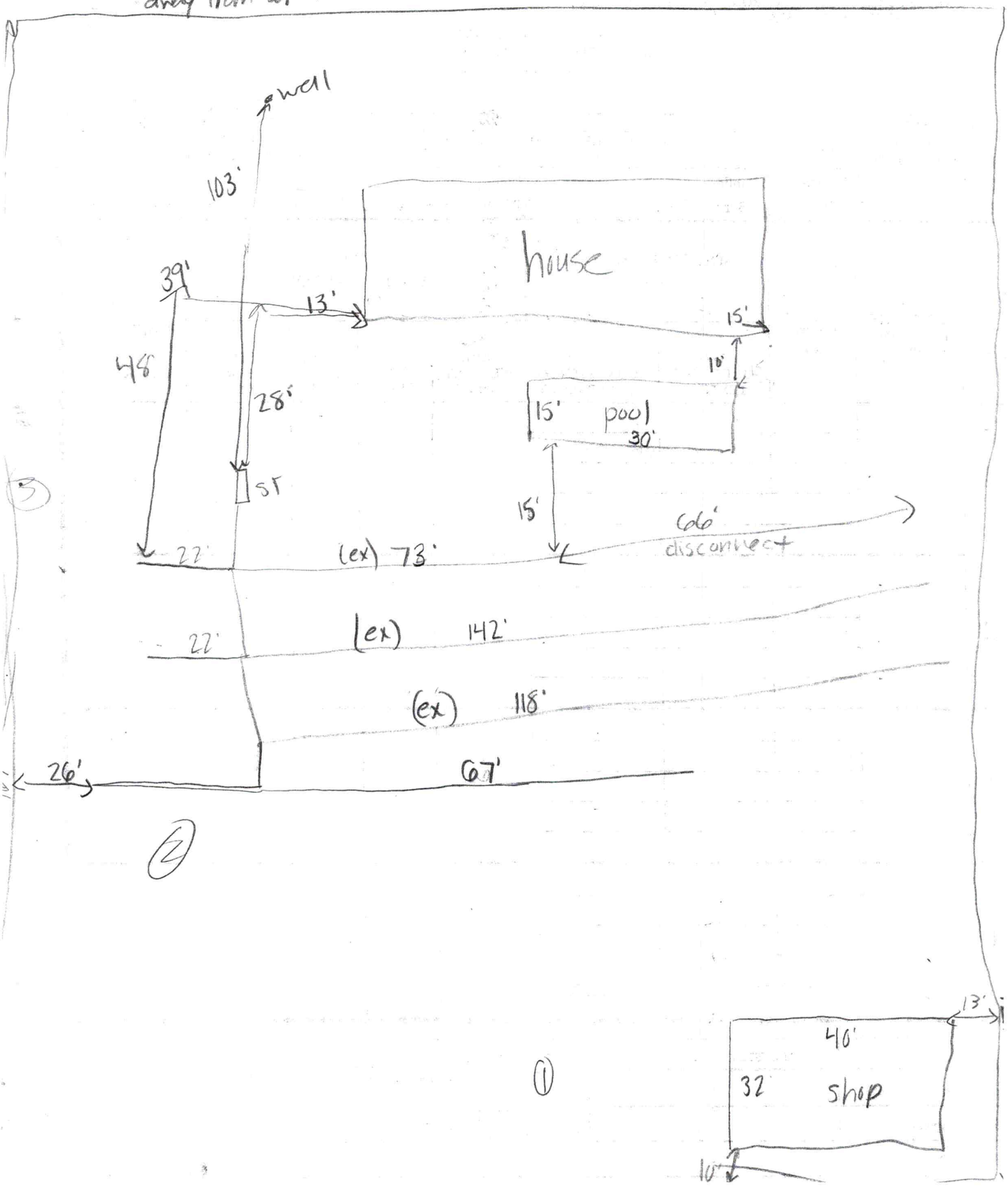
OWNER: Jeremy Martin
APPLICATION DATE 1-26-20
ADDRESS: 175 Savannah Crossing Dr.
DATE EVALUATED: 3-2-20
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 1.04ac
LOCATION OF SITE: NC 152E → L on Wiggins → L on Savannah Crossing → ht on L
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% LS	0-19	WSBK CL	FR, SS, SP, SE	—	19	0-19 com-many SAP inc		PS .35
		19-60	SL SAP mass	VFR, NS, NP					
2	7% LS	0-44	WSBK CL	FR, SS, SP, SE	—	44	0-44 com-many SAP inc. 44-55 few RC SAP inc		PS .3
		44-55	SL SAP	FR, NS, NP					
3	8% LS	0-4	WSBK SCL	FR, SS, SP, SE	—	42	4-42 com-many SAP inc.		PS .3
		4-42	WSBK CL	FR, SS, SP, SE					
		42-60	SL SAP mass	VFR-FR, NS, NP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

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

*gutter drains relocated away from septic



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

$250.00
AP-304628
2-11-2020

Iredell County Health Department – Environmental Health Division

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: Jeremy Martin Address: 175 Savannah Crossing Dr Mooresville Zip: 28115
Applicant Email: jaymartin1311@gmail.com Phone: 704-654-2515 Alt. Phone: 704-677-3854
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 175 Savannah Crossing Dr, Mooresville NC 28115
Subdivision Name: Kerri Plantation Section/Phase: _____ Lot Number: 8
Driving Directions: Driving N on Wiggins Rd towards the 801 intersection, turn left onto Savannah Crossing Dr.

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: _____
(X) 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
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2009
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (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: _____ 1/26/2020
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, _____, 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.

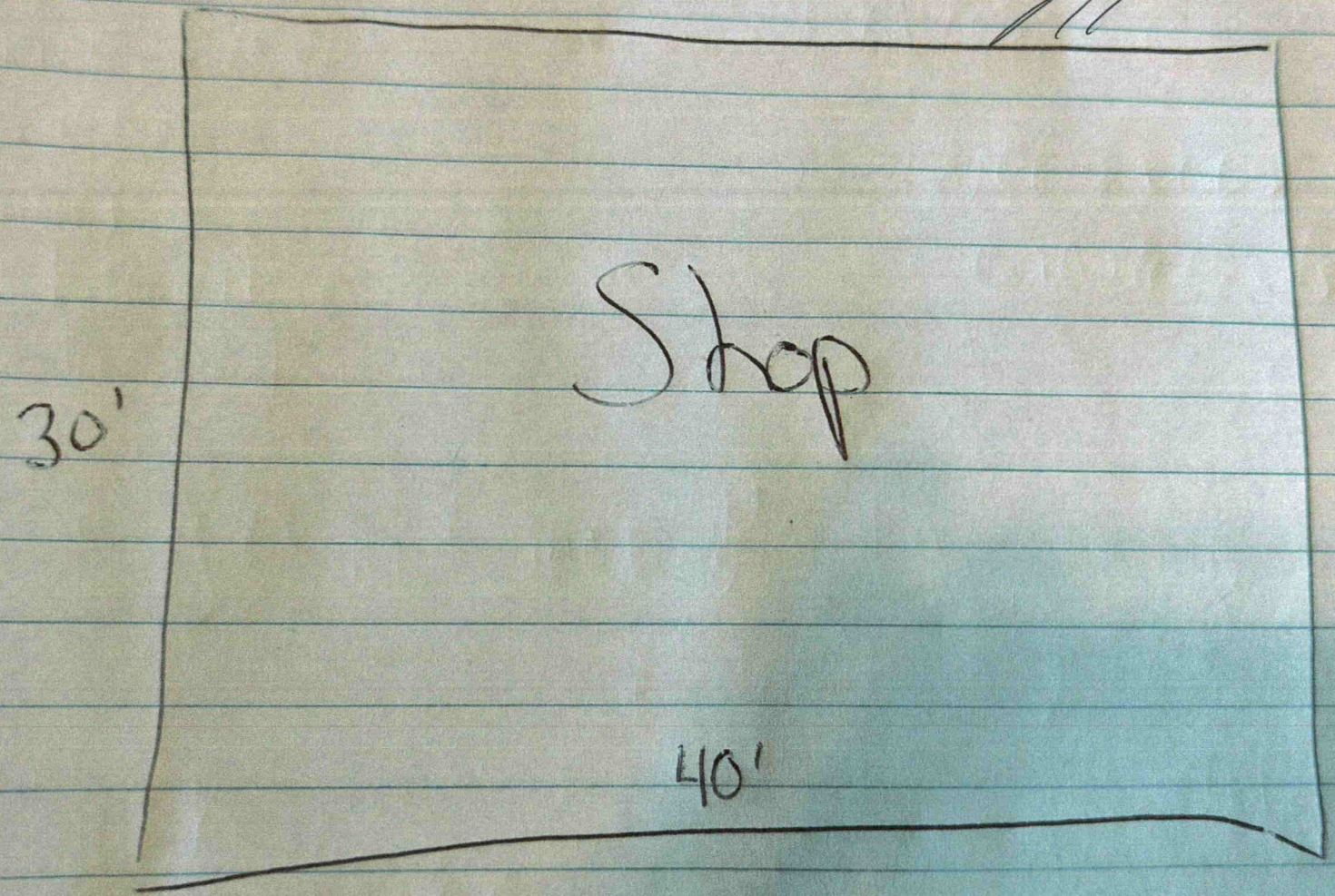
X _____ 1/30/2020

Signature of Owner(s) 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

Acknowledgement Of
Plans Submittal ONL
Kayla Watson Date 3-3-20
Date 3-3-20



IREDELL COUNTY · NC

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

APPLICATION NUMBER
304628 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4679317272.000	175 SAVANNAH CROSSING DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: MARTIN JEREMY J+RAEGEN E	Name: MARTIN JEREMY J+RAEGEN E
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.04	0	10	10	10	WSII-BOW Back Creek	NO

Remarks

IN GROUND POOL WITH CONCRETE PATIO 420 SQ FT

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Date: 01/31/2020

Signature of Owner/Contractor

Permit Number	304628	TOTAL FEES:	$77.25