ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244217

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

PIN # 4679-33-7117

APPLICANT/OWNER: Jimmy Dagenhart | APPLICANT ADDRESS: 1559 Mt. Ulla Hwy. Mooresville, NC

SITE ADDRESS: 1559 Mt. Ulla Highway Mooresville, NC | PHONE: 704-574-0880 | ALT. PHONE

SITE DIRECTIONS: Take Mt. Ulla Highway NE from Mooresville → house on left after Triple H Rd. intersection | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: L A Moore | SECTION: — | LOT # 31-35-98 | LOT AREA: 1.255 acres | DESIGN FLOW: 100 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Int. Under	Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	2	Linear Ft	100		
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—		

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☒ Other warehouse ☒ Slab ☐ Basement w/plumbing

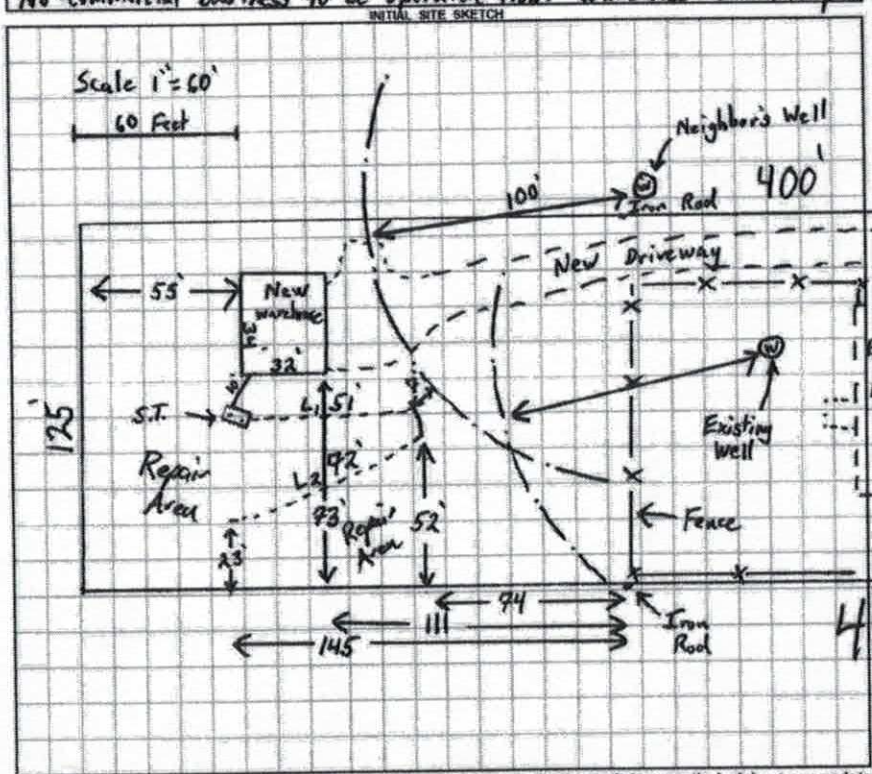
No. Bedrooms: 1 | No. Persons: 1-2 | No. Employees: —

☐ Crawl Space ☐ Basement w/o plumbing

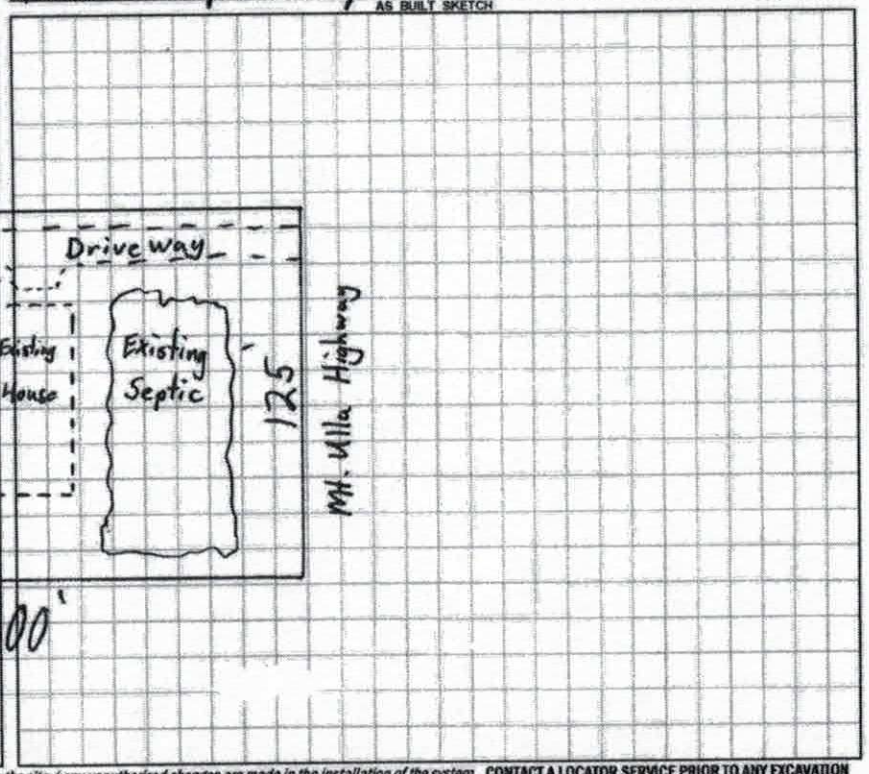
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 123 l.f. of drainfield has been laid out, only 100' need be installed. Warehouse to only have sink + toilet. No commercial business to be operated from warehouse without prior health department approval. Recommend pumping septic tank every 3-5 years. No living space in warehouse without ICHD permission / floorplan.

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: 7/18/19 | Installed by: LE Beam Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/17/19 | OPERATION PERMIT by: [signature] Date: 11-4-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/17/19 | 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244217

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Trench Width	36"	Trench Bottom Depth(Low side)			31"	Gravel Depth	—		

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System Description: 25% Reduction (serial distribution)

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Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 1

☐ Business No. Persons 1-2

☒ Other Warehouse No. Employees —

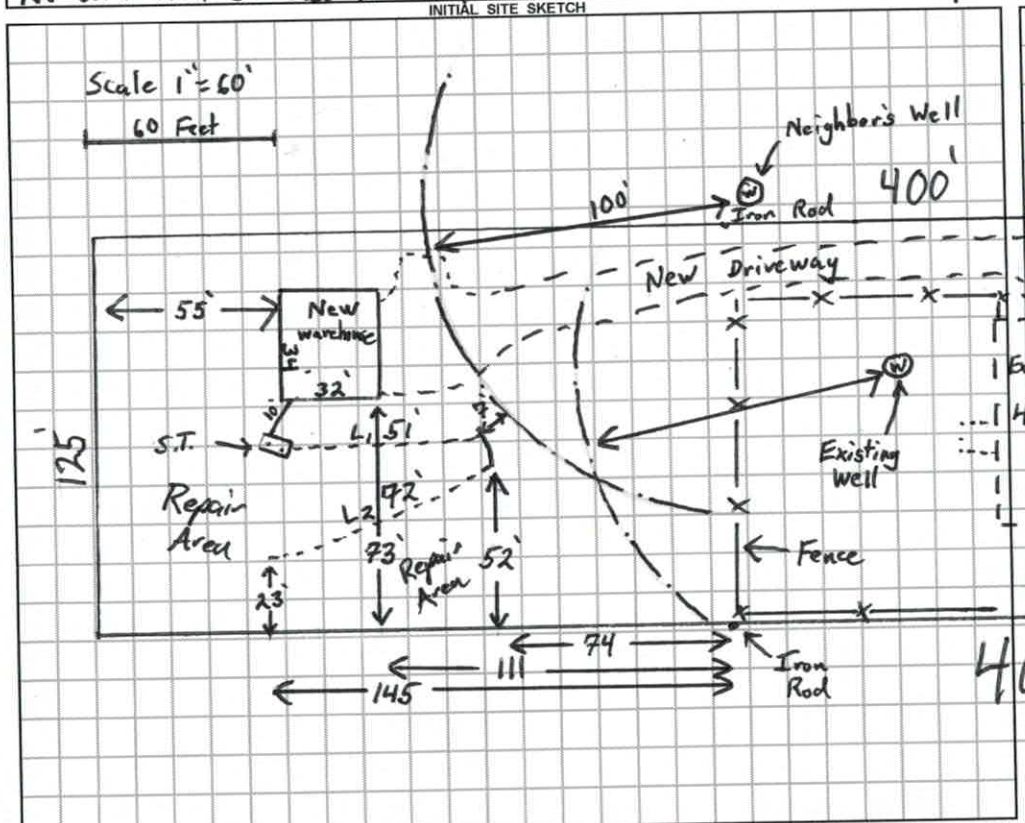
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

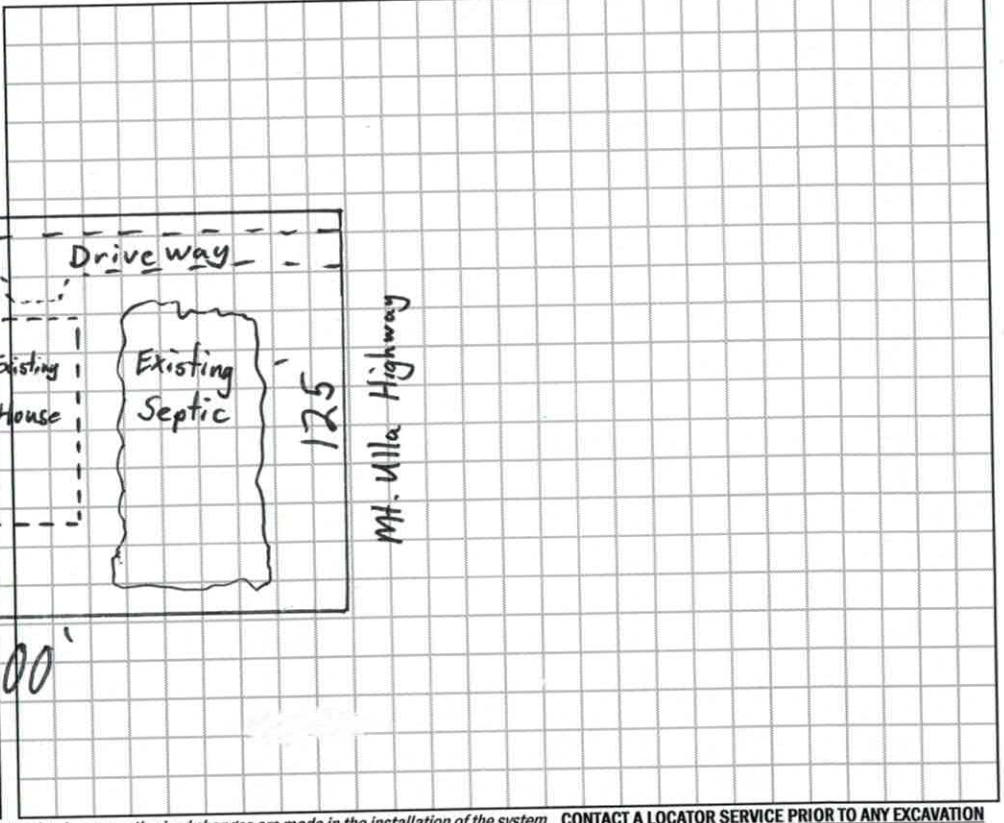
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Owner / Applicant Signature: Date: 7/18/19 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/17/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/17/19 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.

Sheet 1 of
PROPERTY ID #: 4679-33-9117
COUNTY: Iredell

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

6 1 3

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

4

APPLICATION DATE 4/30/19
DATE EVALUATED: 7/15/19
PROPERTY SIZE: 1.255 acres
PROPERTY RECORDED: Yes 1953 10/14/53

OWNER: Jimmy Dagenhart
ADDRESS: 1559 Mt. Ulla Highway Mooresville, NC
PROPOSED FACILITY: Warehouse
PROPOSED DESIGN FLOW (.1949): 100 gal/day
LOCATION OF SITE: 1559 Mt Ulla Highway Mooresville, NC

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

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	LSS 9%	0-6	SCL v.w.sbk	Sl. Firm, SS, Sp, Sap	–	40"	–	–	0.325 PS
		6-23	clay some mica m.sbk/abk	Sl. Firm, Sticky, Sp, Sap					
		23-40	Clay Loam common w.sbk saprolite	Sl. Friable, SS, Sp, Sap					
		40-59	MA Loamy Saprolite	Well Drained + Very Friable					
2	LSS 10%	0-10	SCL V.w.sbk	Sl. Firm, SS Sp, Sap	–	43"	–	–	0.30 PS
		10-28	Clay m.sbk/abk	Sl. Firm, Sticky, Sp, Sap					
		28-43	Clay Loam common w.sbk saprolite	Sl. Friable, SS, Sp, Sap					
		43-61	MA Loamy Saprolite	Friable + well Drained					
3	LSS 8%	0-6	SCL V.w.sbk	Sl. Firm, SS Sp, Sap	–	24"	–	–	0.325 PS
		6-16	clay some SAP m.sbk/abk	Sl. Firm, Sticky, Sp, Sap					
		16-24	Clay Loam Abundant SAP w.sbk	Friable, SS, Sp, Sap					
		24-60	MA Loamy Saprolite	well Drained + Very Friable					
4	LSS 6%	0-7	SCL V.w.sbk	Sl. Firm, SS, Sp, Sap	–	38	–	–	0.30 PS
		7-18	Clay common mica m.sbk	Sl. Firm, sticky, Sp, Sap					
		18-38	Clay common Loam w.sbk	Sl. Friable, SS, Sp, Sap					
		38-62	MA Loamy Saprolite	Very Friable, well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	121 l.f.	100 +
System Type(s)	25% Red	25% Red
Site LTAR	0.30	0.30

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

L1 W51 6.05
L2 072 7.01
Gazebo
H
145
135
130
23
43
59
10
5
34
32
E
2
3
52
44
P.C.
131
100
W
E

$500.00
4-30-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Jimmy Dagenhart Address: 1559 Mt. Ulla Hwy Zip: 28115
Applicant Email: dashmat@gmail.com Phone: 704-577-0880 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1559 Mount Ulla Hwy Mooresville, NC 28115
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: 1559 Mount Ulla Hwy

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: Warehouse
Square Footage of Building: 32x32 Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 0

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(X) 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: _____

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 ( ) 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: _____ 4-30-19
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*) _____

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, Jimmy E Dagenhart, am the legal owner(s) of the property located at 1559 Mount Ulla Hwy, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jimmy E Dagl _____, 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.

_____ 4.30.19
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

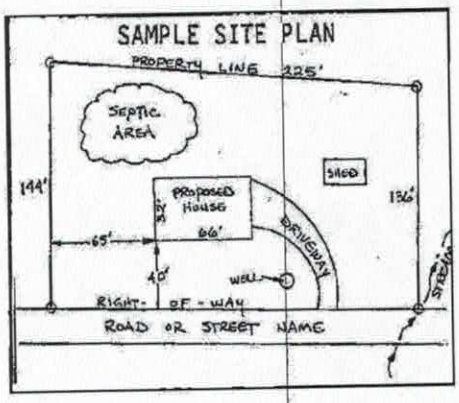
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

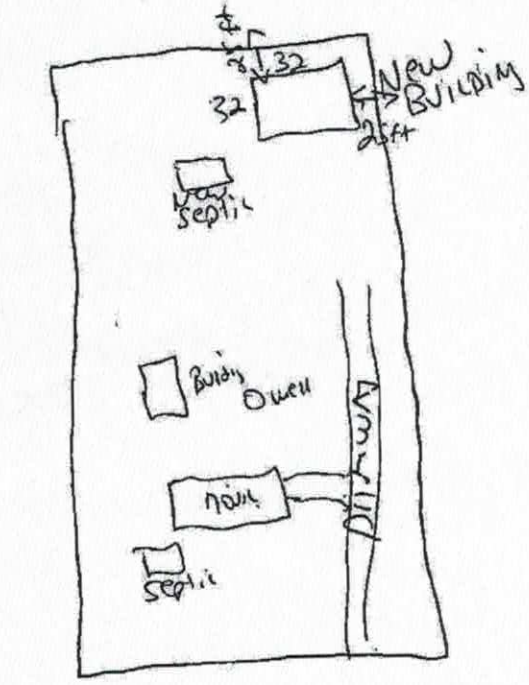


Circle N/A on the following if appropriate:

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

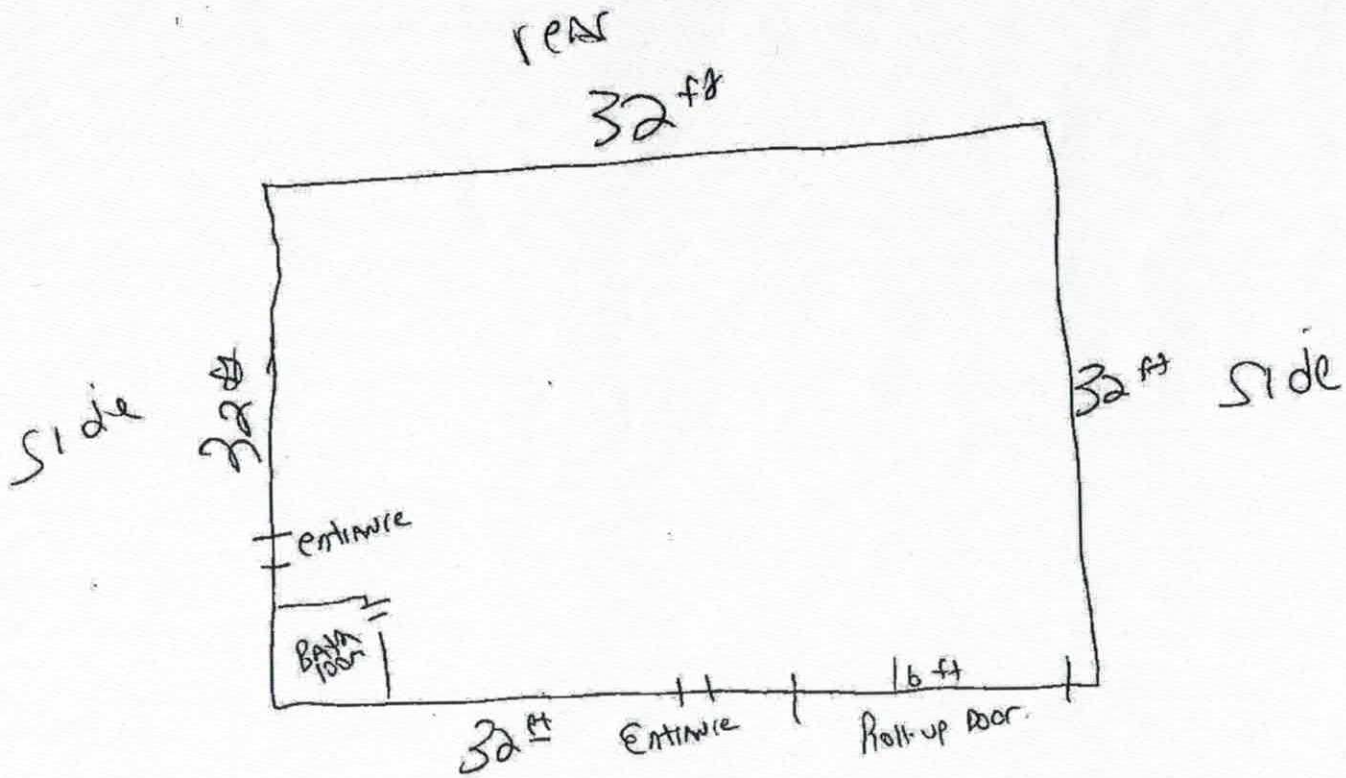
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Mount Ulla Highway

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

4.30.19
DATE



front

Acknowledgement Of
Plans Submittal ONLY!

_____ Date____

_____ Date 4/30/19

IREDELL COUNTY

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

APPLICATION NUMBER
244217
Issue Date: 04/30/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4679337088.000	1559 MT ULLA HIGHWAY, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DAGENHART JIMMY EDGAR	Applicant: DAGENHART JIMMY EDGAR
Address: 1559 MT ULLA HWY	Address: 1559 MT ULLA HWY
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
32X32 WORK SHOP	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
.570		10.00	10.00	10.00	BOWB		X

Remarks:

Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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	175602	TOTAL FEES:	$ 77.25