RECEIVED MAR 1 8 2014 pd
Paid $500.00 Statesville

$PAID 7547 $500.00 3-18-14 JW

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:

Applicant Name: Hoyle Legacy Trust Address: 6741 Hickory Ridge Rd. Harrisburg, NC 28075 Phone: 704-455-2125 Glenda 704-455-2125

Owner Name: Hoyle legacy trust Address: 6741 Hickory Ridge Rd. Harrisburg, NC 28075 Phone: 704-455-2125

(Daughter) Kelly 704-507-7349

Property Information:

Street Address: ~~2434 Ev~~ Triplett Rd Mooresville NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: N. Lwy 115. turn on Mazeppa Rd. Intersection Triplett and Mazeppa

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: 3
Maximum Number of Occupants: 2
( ) 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: _____

(X) 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: Glenda P. Hoyle _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FAXED 3-18-14 02:45 pm

IREDELL COUNTY

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

APPLICATION NUMBER
202260
Issue Date: 03/18/2014

Check 3-18-14

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4679030399.000	823 MAZEPPA ROAD, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: HOYLE LEGACY TRUST THE	Applicant: HOYLE LEGACY TRUST THE
Address: 6741 HICKORY RIDGE RD HARRISBURG, NC 28975	Address: 6741 HICKORY RIDGE RD HARRISBURG, NC 28975
Phone:	Glenda Hoyle Phone: 704 555-2125

Use Requested	Zone Code
MODULAR SFD LOT IS BEING SUBDIVIDED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.200	35.00	35.00	15.00	15.00	BOWB	X

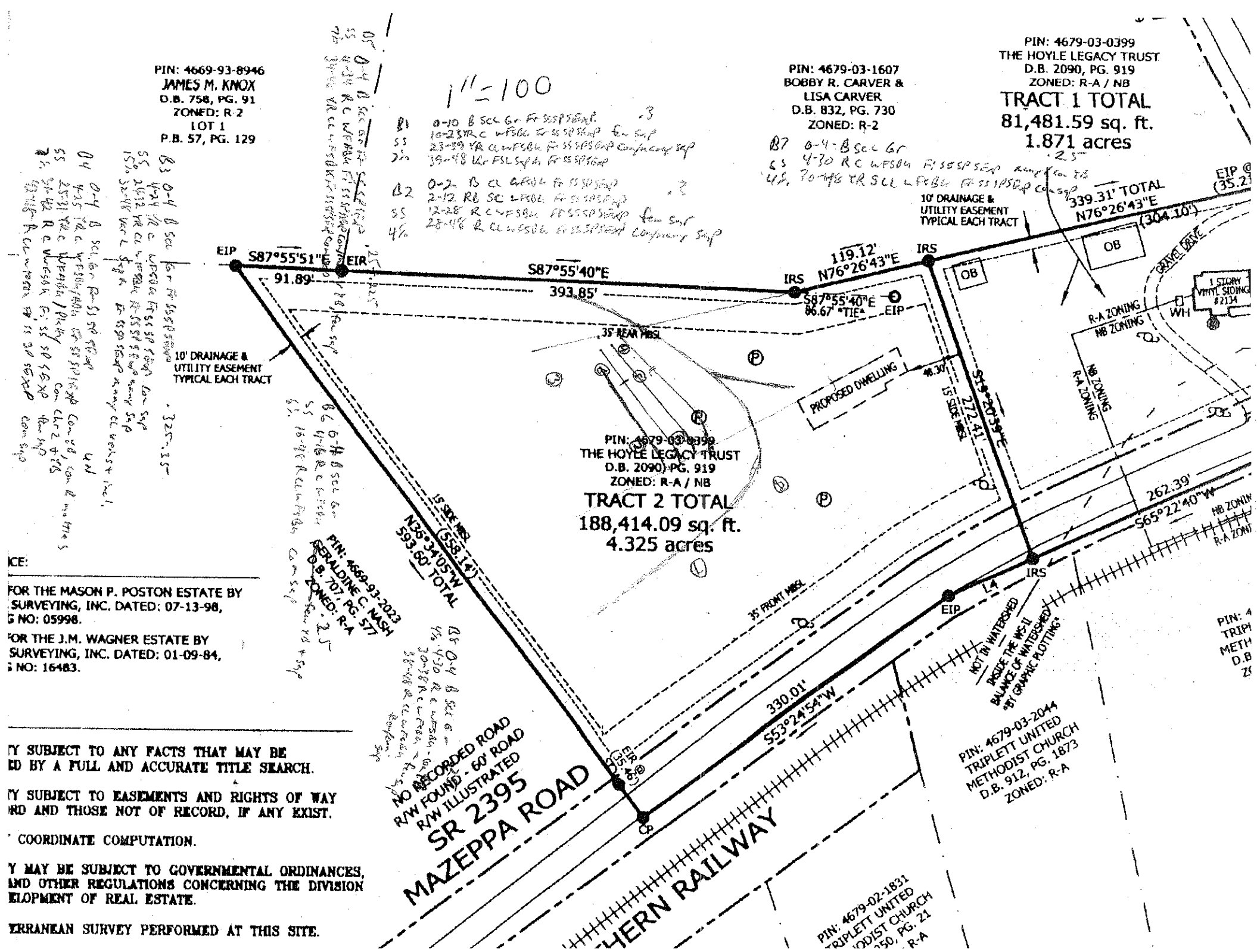
Remarks:

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.

See Attached

Applicant: _____ Date: _____

Permit Number	8152	TOTAL FEES:	$ 77.25



ICE:

FOR THE MASON P. POSTON ESTATE BY
SURVEYING, INC. DATED: 07-13-98,
G NO: 05998.

FOR THE J.M. WAGNER ESTATE BY
SURVEYING, INC. DATED: 01-09-84,
G NO: 16483.

TY SUBJECT TO ANY FACTS THAT MAY BE
ED BY A FULL AND ACCURATE TITLE SEARCH.

TY SUBJECT TO EASEMENTS AND RIGHTS OF WAY
RD AND THOSE NOT OF RECORD, IF ANY EXIST.

COORDINATE COMPUTATION.

Y MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES,
AND OTHER REGULATIONS CONCERNING THE DIVISION
ELOPMENT OF REAL ESTATE.

ERRANEAN SURVEY PERFORMED AT THIS SITE.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4679-93-9311
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Hoyle Legacy Trust — APPLICATION DATE 2-25-14
ADDRESS: 6741 Hickory Ridge Rd Harrisburg NC 28075 — DATE EVALUATED: 5-16-14
PROPOSED FACILITY: 3BRM — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 4.325ac
LOCATION OF SITE: # 823 Razzepps Rd Mooresville — 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
B 1	LSS 7%	0-10	B SCL Gr	Fr, SS, SP SEXP		39"	PS	—	PS .3
		10-23	YR C WFSBk	Fr, SS, SP SEXP	few sap				
		23-39	YR CL WFSBk	Fr, SS, SP SEXP	com/many sap				
		39-48	Var FSL Sap M	Fr, SS, SP SEXP					
B 2	LSS 4%	0-2	B CL WFSBk	Fr SS SP SEXP		48"	—	—	PS .3
		2-12	RB SC WFSBk	Fr SS SP SEXP					
		12-28	RC WFSBk	Fr SS SP SEXP	few sap				
		28-48	R CL WFSBk	Fr SS SP SEXP	com/many sap				
B 3	LSS 15%	0-4	B SCL Gr	Fr SS SP SEXP		32"	PS	—	PS .325-.35
		4-24	YR C WFSBk	Fr SS SP SEXP	com sap				
		24-32	YR CL WFSBk	Fr SS SP SEXP	many sap				
		32-48	Var L Sap M	Fr SS SP SEXP	many CL veins + incl.				
B 4	LSS 7%	0-4	B SCL Gr	Fr SS SP SEXP		48" R mottles YB	—	—	LN
		4-25	YR C WFSBk	Fr, SS SP SEXP	com YB, com com chr 2+				
		25-31	YR C WFABk/PBk	Fr, SS, SP SEXP					
		31-42	R CL WFSBk	Fi, SS, SP SEXP	few sap				
		42-48	R CL WFSBk	Fi SS SP SEXP	com sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25% Red	Gravity 25% Red
Site LTAR	0.25	

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Adrian P
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

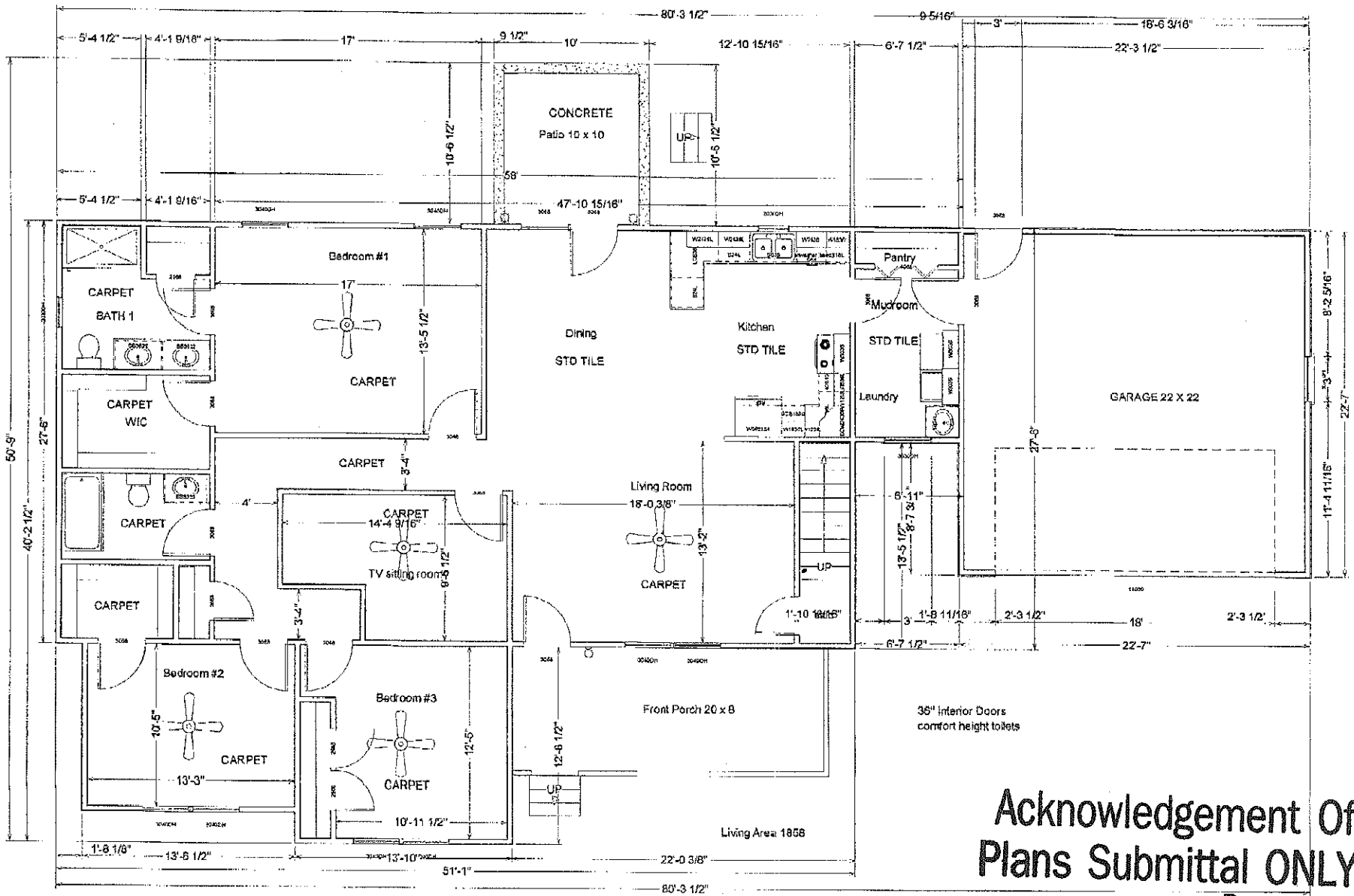
(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4675-93-9311
DATE OF EVALUATION: 5-16-14
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
B5	LSS 7%	0-4	B SCL Gr	Fr SS SP SEXP	Com/many YB, few Sap	48"	–	–	PS .225-.25
		4-34	R C WFABk	Fi SS SP SEXP					
		34-48	YR CL WFSBk	Fr SS SP SEXP	com Sap				
B6	LSS 6%	0-4	B SCL Gr	Fr SS SP SEXP	few YB + Sap	48"	–	–	PS .25
		4-16	R C WFSBk	Fr SS SP SEXP					
		16-48	R CL WFSBk	Fr SS SP SEXP	Com Sap				
B7	LSS 4%	0-4	B SCL Gr	Fr SS SP SEXP	Many com YB	48"	–	–	PS .25
		4-30	R C WFSBk	Fi SS SP SEXP					
		30-48	YR SCL WFSBk	Fr SS SP SEXP	com Sap				
B8	LSS 4%	0-4	B SCL Gr	Fr SS SP SEXP	com YB	48"	–	–	PS .25
		4-30	R C WFSBk	Fr SS SP SEXP	few Sap				
		30-38	R C WFSBk	Fr SS SP SEXP	few/com Sap				
		38-48	R CL WFSBk	Fr SS SP SEXP					

COMMENTS:



Acknowledgement Of Plans Submittal ONLY!

Date _____

_____ Date 9-29-14