IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226623

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

PIN # 4704886115

APPLICANT: Jason Moose APPLICANT ADDRESS: 1084 Island Ford RD Statesville NC 28625

SITE ADDRESS: 1084 Island Ford RD Statesville NC 28625 PHONE: 7048805481 ALT. PHONE: —

SITE DIRECTIONS: I-40W to Stamey Farm RD, N. to Island Ford RD Left on Island Ford pass W. Iredell HS 4th Drive on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 11.36 Acres DESIGN FLOW: 480 L.T.A.R.: .3

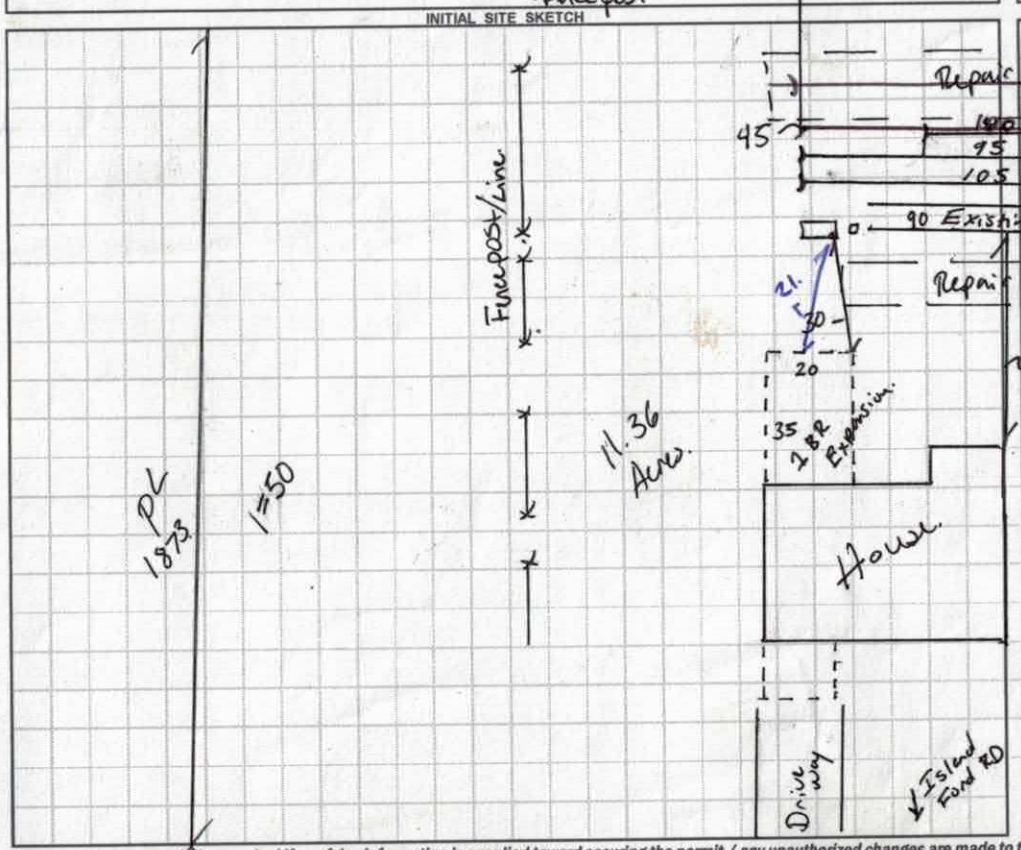
Septic Tank	Ext (gal)	STB	Ext	Date	Ext	☐ New System ☐ Repair ☒ Expansion	System Type: I II ⓘ IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% reduction		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description: ~~25% reduction~~ 50% Reduction		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft:	240	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Max. Trench Bottom Depth	36 inches	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

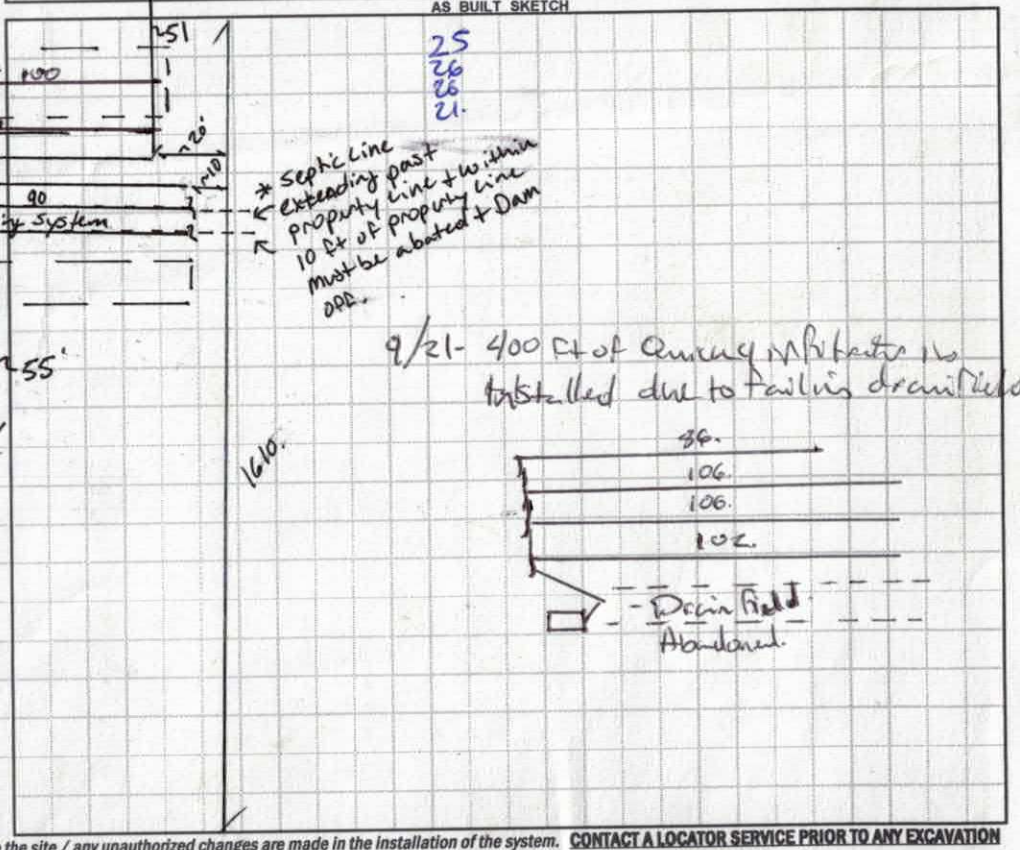
Comments / Conditions: Install Outlet Filter Tee in existing Tank. Abate drainlines where noted. "if Baffel"

Expansion from 2 BR House to 4 BR House. 9/21/2017: Existing Drain Field Failing ~ Repair for 4 BR needed.

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: James A. Smith Date: 5/16/17 Installed by: Carothers Grading + Septic

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 5/12/17 OPERATION PERMIT by: Benjamin A. Bolkins Date: 9/21/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkins Date: 5/12/2017. Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4704986115
COUNTY: Iredell

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

OWNER: Jason Moose
ADDRESS: 1084 Island Ford RD.
PROPOSED FACILITY: Home Exp. PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 1084 Island Ford RD SUC
APPLICATION DATE 4/25/17
DATE EVALUATED: 5/1/17
PROPERTY SIZE: 11 ACRES.
PROPERTY RECORDED: Y N.

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	Flat 2%	0-18	SCL WSBK	SS SP FR SEAD	10YR6/6 mottles @ 28 fragipan	48	—	—	PS .25 or .3.
		18-48	C SBK	I I FM I					
2	Flat @ 2%	0-15	SCL WSBK	SS SP FR SEAD	2.5YR4/6	48		some Mica. No mottles	PS .3
		15-48	C SBK	I I I I					
3	Flat 2%	0-16	SCL WSBK	SS SP FR SEAD	—	48	—	—	PS .3
		16-48	C SBK	I I FM I					
4	Flat 2%	0-14	SCL WSBK	SS SP FR SEAD	—	48	—	—	PS .3
		14-48	C SBK	I I FM I					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	25% reduct	25% reduct
Site LTAR	.3	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:
* System w/ a 10 Ft of PL footage will be added to account for

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

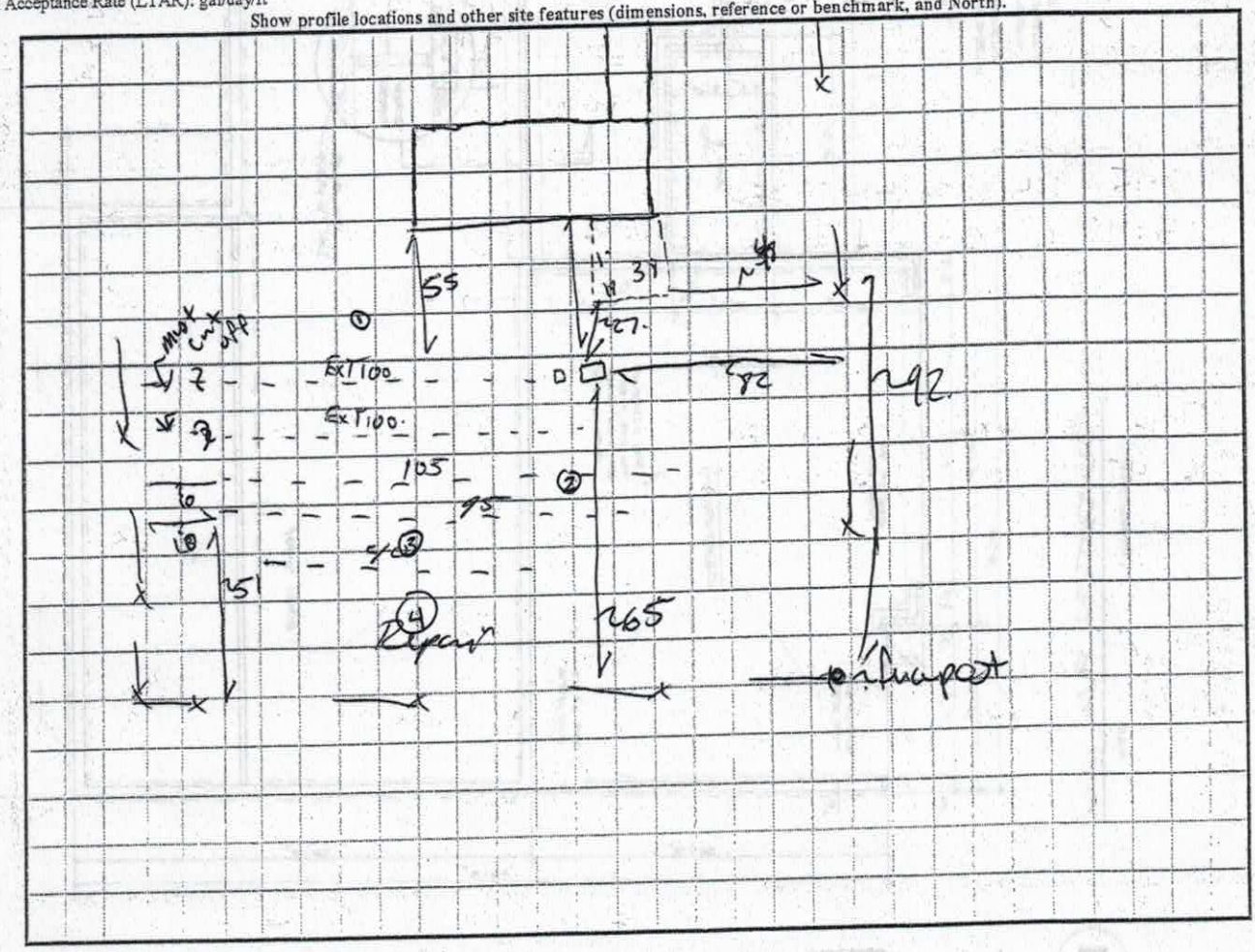
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

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

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jason Moose	1084 Island Ford Rd. Statesville, NC 28625	704-880-5481	
Same as above (Owner Name)			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1084 Island Ford Rd Statesville, NC 28625	N/A	N/A

Driving Directions: West on I-40 to Stamey Farm Rd. Exit, head North toward Island Ford Rd., turn left to head west on Island Ford. Once past West Iredell High (Warrior Dr.), 4th Driveway on right (1084)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

( ) 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 (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) Existing system--installed in 1978 (YEAR)
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Jason Moose — 4/25/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

- Call Jason
Floor Plan?

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, Jason Moose, am the legal owner(s) of the property located at 1084 Island Ford Rd., Statesville, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** James A. Smith, _____, 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.

Jason Moose 4/25/17 Tammy W Bordus 4/25/17

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

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

____ **Front and side setbacks from property line...**

____ **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...**

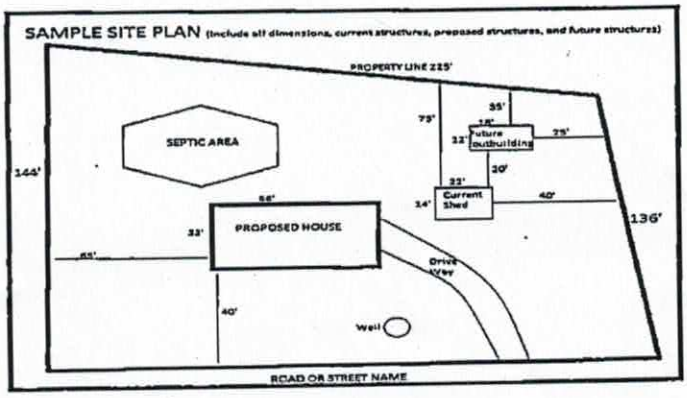
____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

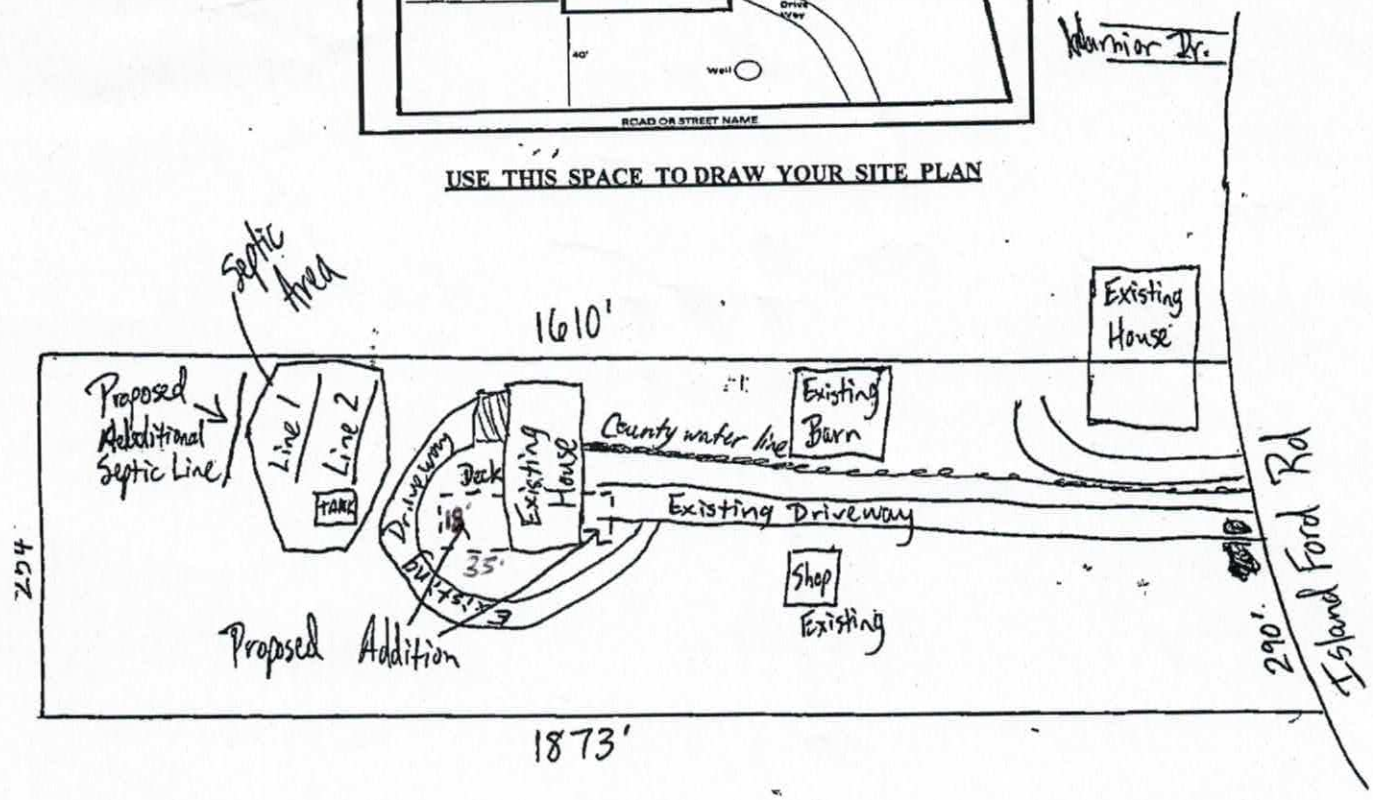
____ **Location of septic systems and wells within 100' of your property...** (N/A)

____ **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

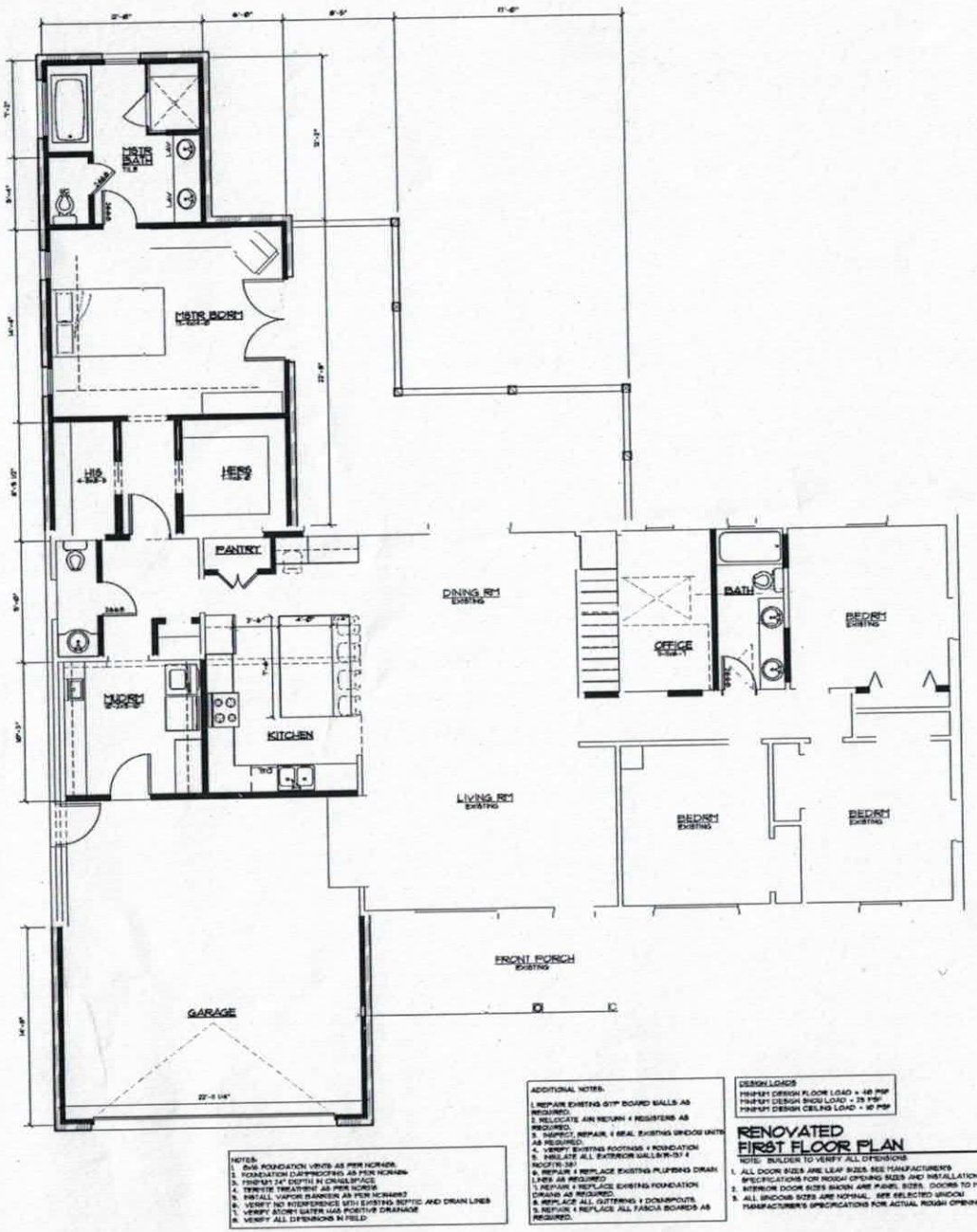


Signature: Joan Moore

REQUIRED **property owner or owner's legal representative signature.**

4/25/17

DATE



NOTES:
1. SVG FOUNDATION VENTS AS PER NCRAOB.
2. FOUNDATION DAMPPROOFING AS PER NCRAOB.
3. FINISH 24" DEPTH IN CRAWLSPACE.
4. TERMITE TREATMENT AS PER NCRAOB.
5. INSTALL VAPOR BARRIER AS PER NCRAOB.
6. VERIFY NO INTERFERENCE WITH EXISTING SEPTIC AND DRAIN LINES
7. VERIFY STORM WATER HAS POSITIVE DRAINAGE
8. VERIFY ALL DIMENSIONS IN FIELD

ADDITIONAL NOTES:
1. REPAIR EXISTING 5/8" BOARD WALLS AS REQUIRED.
2. RELOCATE AIR RETURN & REGISTERS AS REQUIRED.
3. INSPECT, REPAIR, & SEAL EXISTING WINDOW UNITS AS REQUIRED.
4. VERIFY EXISTING FOOTINGS & FOUNDATION
5. INSULATE ALL EXTERIOR WALLS R-13 & ROOF R-38
6. REPAIR & REPLACE EXISTING PLUMBING DRAIN LINES AS REQUIRED
7. REPAIR & REPLACE EXISTING FOUNDATION DRAINS AS REQUIRED.
8. REPLACE ALL GUTTERING & DOWNSPOUTS.
9. REPAIR & REPLACE ALL FASCIA BOARDS AS REQUIRED.

DESIGN LOADS
MINIMUM DESIGN FLOOR LOAD = 40 PSF
MINIMUM DESIGN SNOW LOAD = 25 PSF
MINIMUM DESIGN CEILING LOAD = 10 PSF

RENOVATED FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: BUILDER TO VERIFY ALL DIMENSIONS

1. ALL DOOR SIZES ARE LEAF SIZES. SEE MANUFACTURER'S SPECIFICATIONS FOR ROUGH OPENING SIZES AND INSTALLATION.
2. INTERIOR DOOR SIZES SHOWN ARE PANEL SIZES. DOORS TO MATCH EXISTING.
3. ALL WINDOW SIZES ARE NOMINAL. SEE SELECTED WINDOW MANUFACTURER'S SPECIFICATIONS FOR ACTUAL ROUGH OPENINGS.

Acknowledgement Of Plans Submittal ONLY!

Beginning A Build Date 5/12/17

_____ Date _____

CORNERSTONE HOME DESIGNS, LLC.
JOEL L DAVIS - DESIGNER
PHONE: 828-638-7929
EMAIL: CHDLLC@GMAIL.COM
www.cornerstonedesign.com

IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & FOLLOW SPECIFICATIONS OF DESIGNER AND ENGINEERS WHERE USED.

THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE EXPLICIT ONE TIME USE FOR CLIENT LISTED. THESE DOCUMENTS MAY NOT BE REPRODUCED BY ANY METHOD, NOR MAY THEY BE USED BY ANYONE FOR REPEAT CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER, CORNERSTONE HOME DESIGNS, LLC.

ADDITIONS & RENOVATIONS TO:

MOOSE RESIDENCE

1814 LAND FORD ROAD, STATESVILLE NC

IREDELL COUNTY NORTH CAROLINA

PROJECT NO.: 2016 MOOSE

DATE: 12-07-16

DRAWN BY: JLD

CONTRACTOR:

REVISIONS	BY

SHEET NO.

A-1

OF:

IREDELL COUNTY

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

APPLICATION NUMBER
226623
Issue Date: 04/26/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4704886115.000	1084 ISLAND FORD ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MOOSE JASON + WHITNEY	Applicant: MOOSE JASON + WHITNEY
Address: 1080 ISLAND FORD RD STATESVILLE, NC 28625	Address: 1080 ISLAND FORD RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
ADDING MASTER SUITE AND ATTACHED GARAGE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.360	35.00	35.00	15.00	15.00	NOT	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	100778	TOTAL FEES:	$ 77.25