ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 320474

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

PIN # 4713-48-0257

APPLICANT/OWNER: Wallace Framing APPLICANT ADDRESS: 114 Dearborn Lane Mooresville NC 28117

SITE ADDRESS: 182 Belinda Loop Statesville NC 28677 PHONE: 704-363-1490 ALT. PHONE

SITE DIRECTIONS: I-40 → (S) Old Mountain Rd → (L) Belinda → lot on (R)

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 27.34 ac

SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 240 gpd L.T.A.R.: 0.3 (I&R)

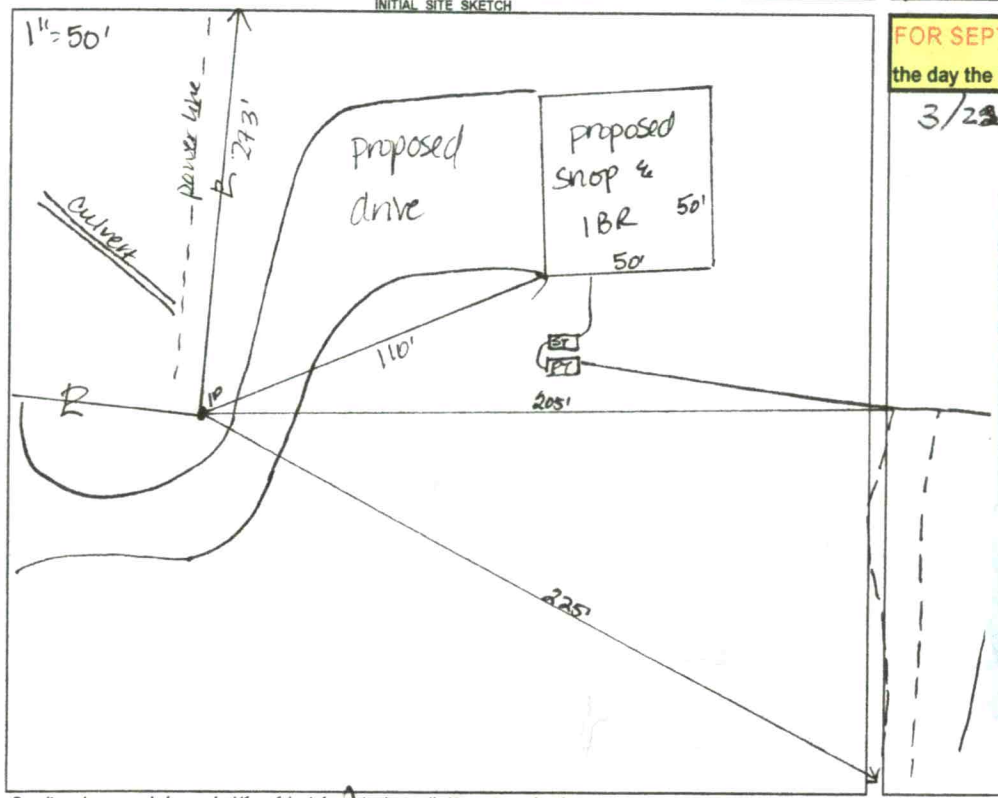
Septic Tank	1000 (gal)	STB	1012	Date	12-19-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	1000 (gal)	PT	17	Date	2-7-22	System Description:	25% Reduction - PM			☐ Business	No. Persons 4
Pump Make	Gandy's	Model	W20512H	Serial #	M214238	Repair System Description:	25% Reduction - PM			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	202	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Lowside)	36" max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

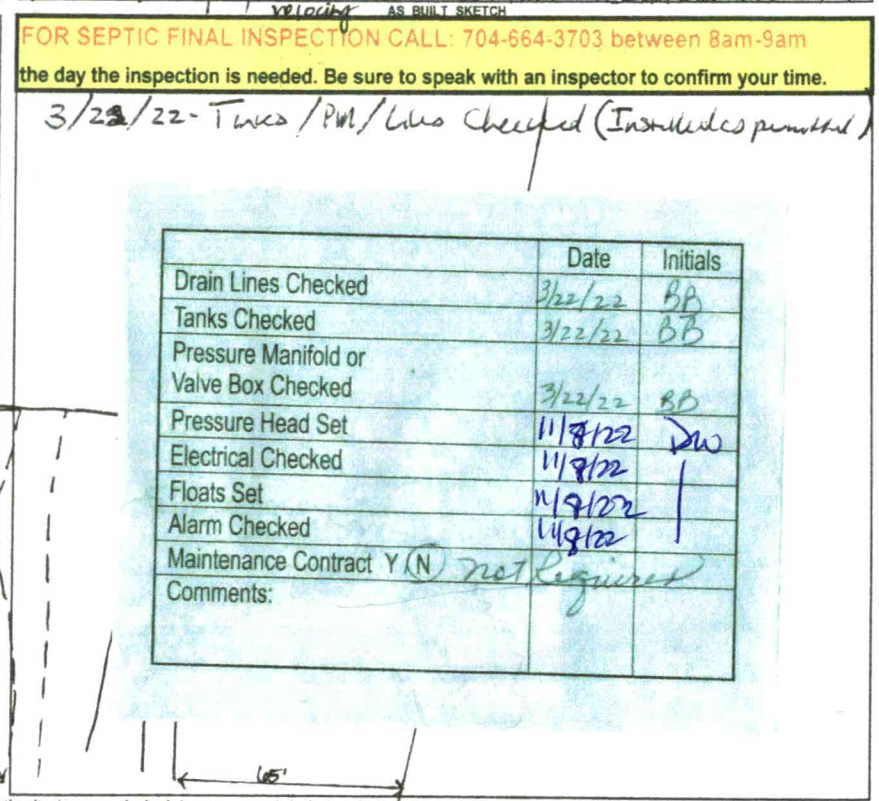
Comments / Conditions: Install on contour, do not drive, park, pave grade, drive, or bury utilities in drainfield. Divert drainage

1 BR on plans - must install 2BR min system
Pressure Head: 2' 2" Supply line Dose: 92 g Flow 21.33 gpm
1½ SCH 40 taps, to achieve scour Run Time: 4.3 min Drawdown: 4.4'

INITIAL SITE SKETCH



AS BUILT SKETCH



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

3/22/22 - Tanks / PM / Lines checked (Installers present)

	Date	Initials
Drain Lines Checked	3/22/22	BB
Tanks Checked	3/22/22	BB
Pressure Manifold or Valve Box Checked	3/22/22	BB
Pressure Head Set	11/8/22	DW
Electrical Checked	11/8/22	
Floats Set	11/8/22	
Alarm Checked	11/8/22	
Maintenance Contract Y (N)	Not Required	
Comments:		

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: 9/14/21 Installed by: (Steve Jordan) Piedmont Backhoe

IMPROVEMENT PERMIT by: D. Wiebeg Date: 9/9/21 OPERATION PERMIT by: D. Wiebeg Date: 11/8/22

AUTHORIZATION TO CONSTRUCT by: D. Wiebeg Date: 9/9/21 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

186 SHOP/2BR

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320474

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

PIN # 4713-48-0257

APPLICANT/OWNER: Wallace Framing APPLICANT ADDRESS: 114 Dearborn Lane Mooresville NC 28117

SITE ADDRESS: ~~182~~ 186 Belinda loop Statesville NC 28677 PHONE: 704-363-1490 ALT. PHONE

SITE DIRECTIONS: I-40 → (S) Old Mountain Rd → (L) Belinda → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 27.34 ac DESIGN FLOW: 240 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank	1000	(gal)	STB	1012	Date	12-19-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	17	Date	2-7-22	System Description:	25% Reduction - PM			
Pump Make	Goulds	Model	WE0512H	Serial #	MZ14238		Repair System Description:	25% Reduction - PM			
# Nitrification Fields	1	# Lines	3	Linear Ft	202		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth (~~Low side~~)		36" max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

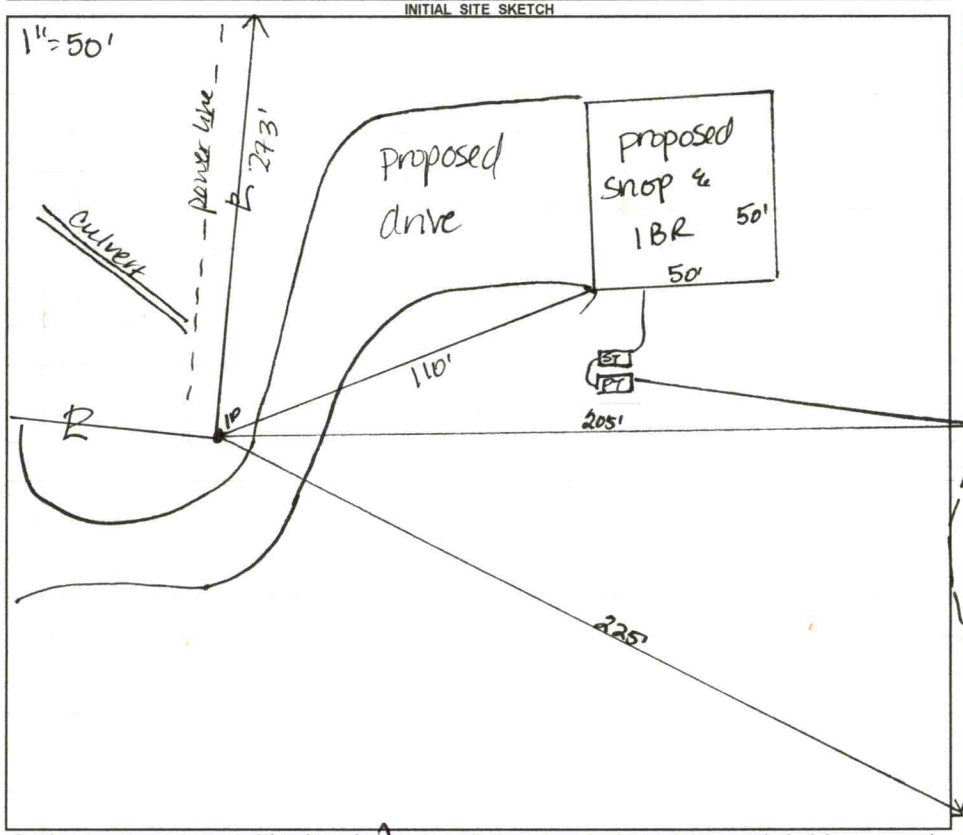
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour, do not drive, park, pave grade, drive, or bury utilities in drainfield. Divert drainage

1 BR on plans - must install 2BR min system
Pressure Head: 2' 2" supply line Dose: 92 g Flow 21.33 gpm
1/2 SCH 40 taps, to achieve scour velocity Run Time: 4.3 min Drawdown: 4.4"

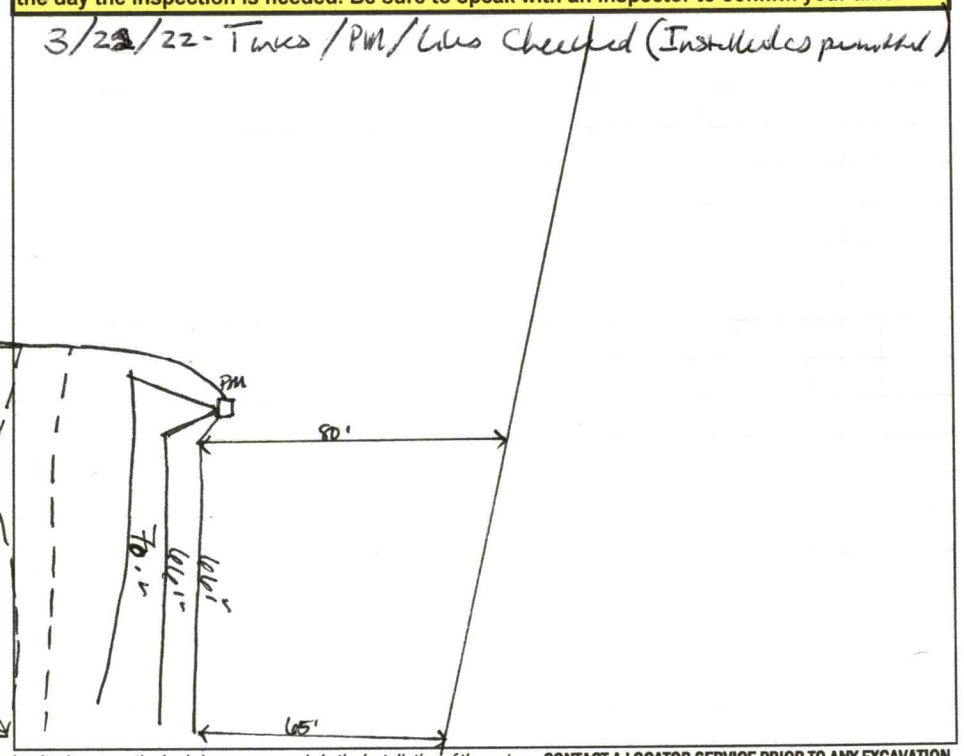
INITIAL SITE SKETCH



AS BUILT SKETCH

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

3/22/22 - Tanks / PM / Lines Checked (Installed as permitted)



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: 9/14/21 Installed by: (Steve Jordan) Piedmont Backhoe

IMPROVEMENT PERMIT by: D. Mieberg Date: 9/9/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 9/9/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	3/22/22	BB
Tanks Checked	3/22/22	BB
Pressure Manifold or Valve Box Checked	3/22/22	BB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

SHOP + 2BR

Sheet ___ of ___
PROPERTY ID #: 4713 48 0257
COUNTY: Iredell

Add Pond

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

* Pump Fee *

OWNER: Ned Wallace (Wallace Framing) APPLICATION DATE 8/20/21
ADDRESS: 114 Dearborn Ln, Mooresville DATE EVALUATED: 9/3/21
PROPOSED FACILITY: SHOP/2BR PROPOSED DESIGN FLOW (.1949): 240 gpd PROPERTY SIZE: 27.34
LOCATION OF SITE: 182 Belinda Loop, Statesville 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 15%	0-10	CL/SCL-SBK	SSSP-FR-SERP	N/A	50"	N/A	N/A	PS 0.3
		10-50	C - SBK	"					
2	LS 15%	0-11	CL/SCL-SBK	SSSP-FR-SERP	minor sap incl N/A	48"	N/A	N/A	PS 0.3
		11-34	C - SBK	↓					
		34-48	CL - SBK						
3	LS 15%	0-11	CL/SCL-SBK	SSSP-FR-SERP	N/A	48"	N/A	N/A	PS 0.3
		11-41	C - SBK	↓					
		41-48	CL - SBK						
4	LS 15%	0-8	CL/SCL-SBK	SSSP-FR-SERP	N/A	48"	N/A	N/A	PS
		8-48	C - SBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebert
OTHER(S) PRESENT: P. Pennington

COMMENTS: _____

Updated February 2014

LEGEND

use the following standard abbreviations

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

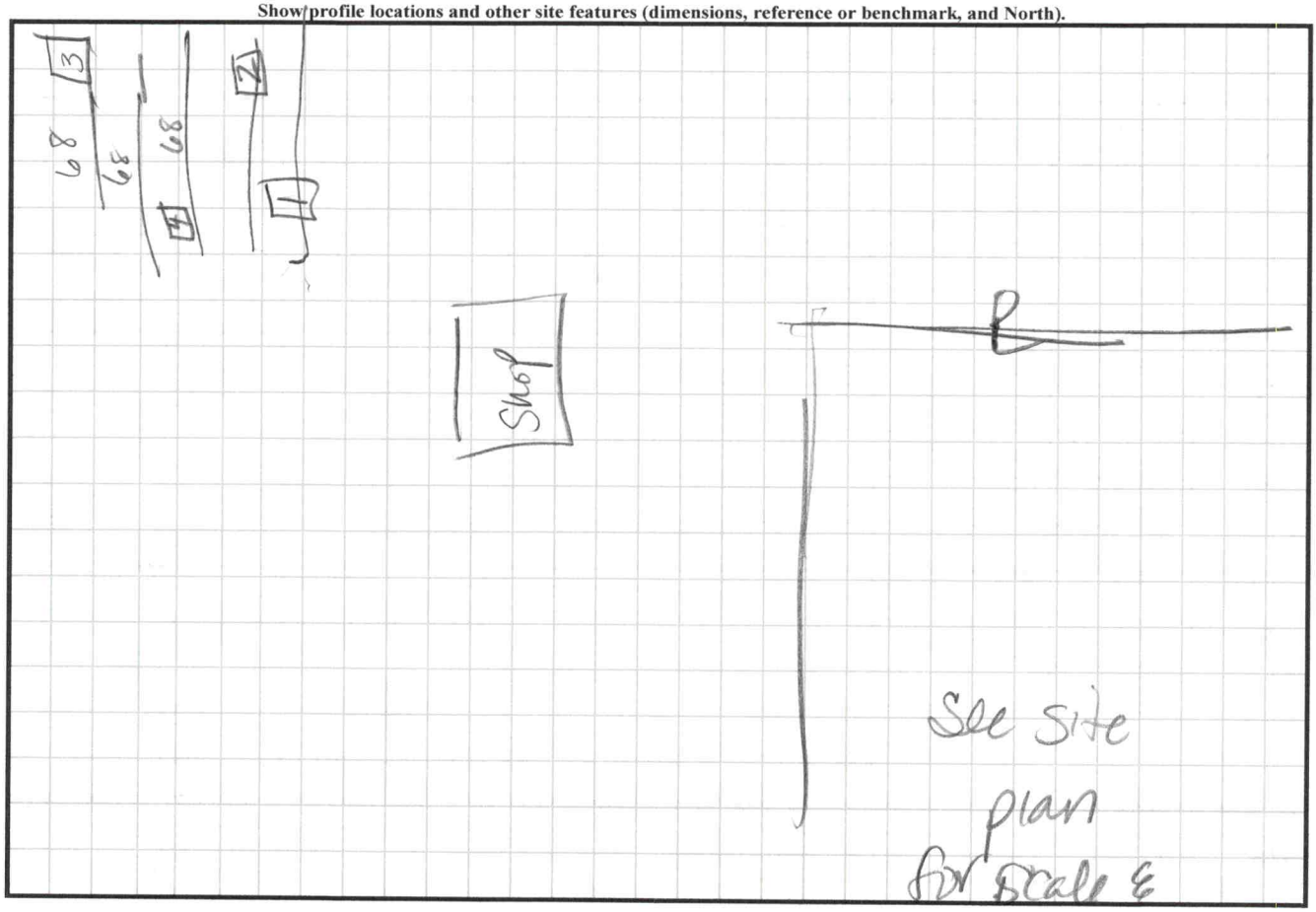
NOTES

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).



RECEIVED AUG 2 0 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-320474 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: WALLACE FRAMING, INC **Address:** 114 DEARBORN LN MOORESVILLE NC **Zip:** 28117

Applicant Email: wallaceframinginc@gmail.com **Phone:** 704.363.1490 **Alt. Phone:** _____

Owner Name: same as applicant **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 182 Belinda Lane (parcel no. 4713480257.000)

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

Driving Directions: HWY 70 W, TL OLD MT RD, TL BELINDA LN, AT END

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

SHOP w/ DWELLING UNIT

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (X) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

( ) New Well ( ) Existing Well ( ) Community Well (X) 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: 25+

NOT A SEPTIC NEED

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: _____ 8.9.21
Property owner or owner's legal representative signature (~~SIGNATURE REQUIRED~~) **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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Wallace Framing Inc By Ned Wallace

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, Wallace Framing Inc, Ned Wallace, am the legal owner(s) of the property located at 182 Belinda Ln, identified as

PIN (Parcel Identification Number) 4713480257.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Paul Penninger/Penninger Soil Consulting, 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.

Wallace Framing Inc By Ned Wallace — Signature of Owner(s)

8/11/2021 — 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

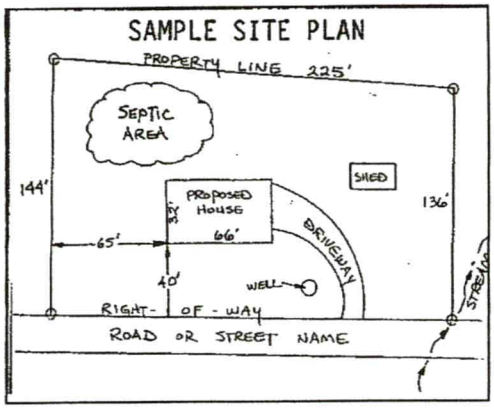
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

(X) **Property Line measurements are clearly identified**
(X) **All proposed structures are indicated**
(X) **Front and side setbacks from property line**
(X) **Preferred driveway location**
(X) **Preferred well location**
(X) **Preferred septic system location**
(X) **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

See attached site plan.

Signature: _____

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

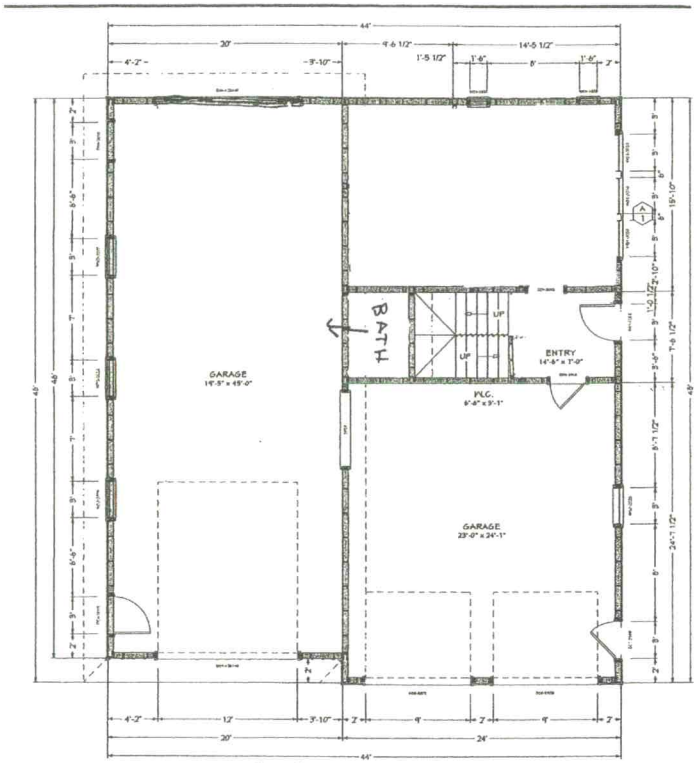
8.9.21

DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 9/14/21

Date 9/9/21



AFTER

MAIN FLOOR PLAN
SCALE: 1/4" = 1'

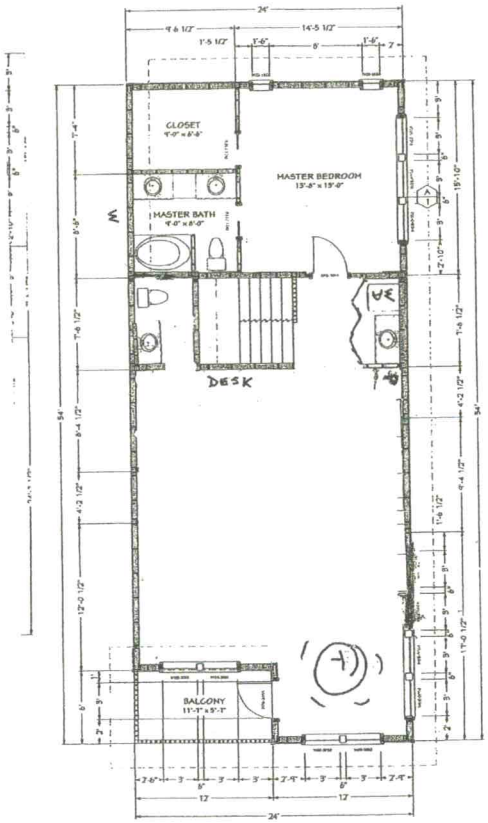
AGE:
2
EETS:
5

Enjoy these plans but use them at your own risk.
Resale of these plans, in whole or part, is strictly prohibited.

://excellentfloorplans
rplans.etsy.com

DOOR SCHEDULE

ABEL	QTY	FLOOR	SIZE	COMMENTS
01-120140	2	1	120140	



2ND FLOOR PLAN
SCALE: 1/4" = 1'

AFTE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320474
Issue Date:

Permit Type: ZONING SHOP / ACC. DWELLING

Parcel Number	Street Address	Jurisdiction
4713480257.000	186 BELINDA LOOP	Iredell County

Owner Information	Applicant Information
Name: WALLACE FRAMING INC	Name: WALLACE FRAMING INC
Address: 114 DEARBORN LN	Address: 114 DEARBORN LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)363-1490

Use Requested	Zone Code
Accessory Dwelling Unit	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
27.344	150	100	10	10	N/A	NO

Remarks

accessory dwelling heated potion no greater than 650 sf

Must meet requirement R6 of the LDC. It shall be clearly subordinate to the principal structure or home. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be 2 times the minimum lot requirement for the district. Shall not be greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. Must be owned by the same person who owns the principal dwelling or home. Shall not be served by separate driveway from that of the principal dwelling or home. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure or home. Shall meet the height requirement of the zoning district.
R6 Accessory Dwelling Unit A. Permitted as an accessory dwelling unit to a single-family dwelling unit only. It shall be clearly subordinate to the principal structure. B. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be two times the minimum lot requirement for the district. Otherwise, the standards of the zoning district shall apply. See Chapter 2. C. Shall have heated floor area no greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. D. No more than one accessory dwelling unit shall be located on the lot. E. Must be owned by the same person who owns the principal dwelling. F. Shall NOT be served by a separate driveway connected at the road from that of the principal dwelling. G. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure. H. Shall meet the height requirement of the zoning district. See Chapter 2. (amended 12/5/17, TA-2017-03)

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: 08/13/2021