ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309127

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

PIN # 4714478907

APPLICANT/OWNER: Helen Moseley | APPLICANT ADDRESS: 3106 Hickory Hwy, Statesville

SITE ADDRESS: 791 Island Ford Rd, Statesville 28625 | PHONE: 704-871-7075 | ALT. PHONE –

SITE DIRECTIONS: Stamey Farm Rd → R Island Ford → on L | SAP CONTROLLED: ☐ YES ☒ NO

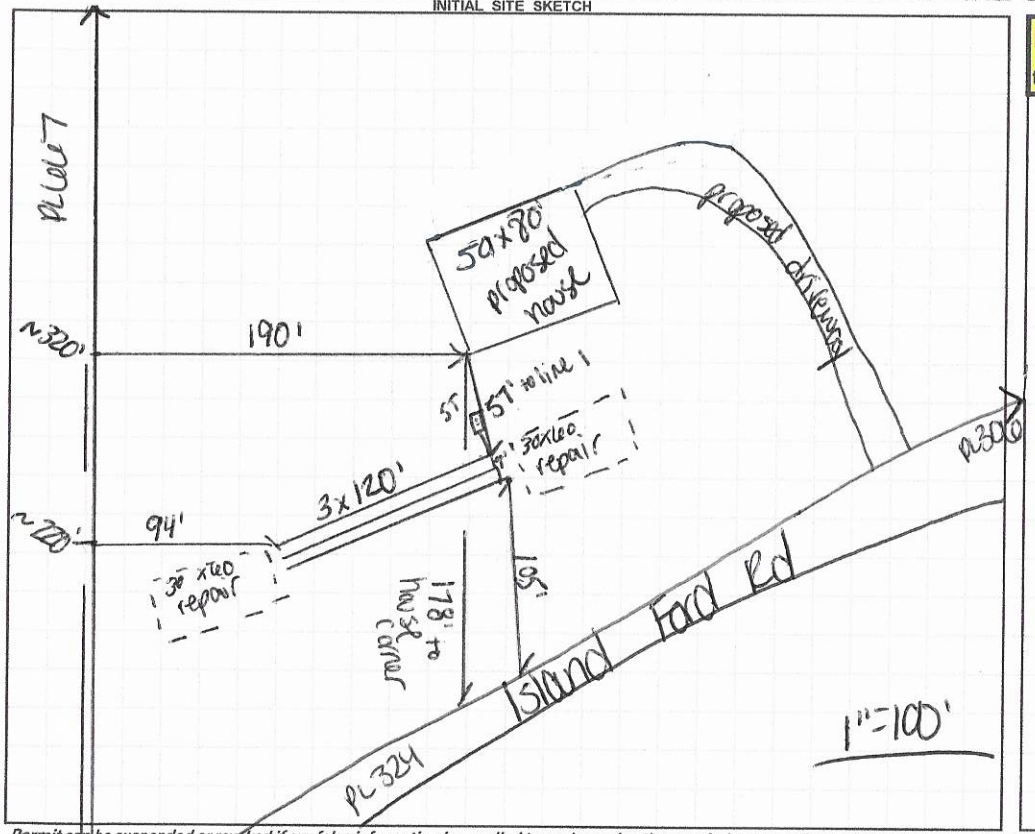
SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 6.6 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date 8-14-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date	System Description:	25% reduction	☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair System Description:	25% reduction	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	3 @ 120'	Linear Ft: 360'	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth –	☐ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max depth of 28".

Maintain 15' from basement cut with any part of system!

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.

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: Dena Cox | Date: 8-18-20 | Installed by: Crawford Brothers

IMPROVEMENT PERMIT by: Carla C Nicks | Date: 8-17-20 | OPERATION PERMIT by: [signature] | Date: 10-18-21

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks | Date: 8-17-20 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4714478907
COUNTY: Iredell

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

OWNER: Helen Moseley
ADDRESS: 3166 Hickory Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: Pace Island Ford
PROPOSED DESIGN FLOW (.1949): 360gpd
APPLICATION DATE: 8-7-20
DATE EVALUATED: 8-13-20
PROPERTY SIZE: 6.46ac
PROPERTY RECORDED: Y

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 I	10%	0-11	GR SCL	Fr SS SP SEXP	few sap inc.	58"	–	–	PS .3
		11-42	SBK C	" "					
		42-58	SBK CL	" "					
2 R	10%	0-13	GR SCL	Fr SS SP SEXP	few YDS 39/45 40	51"	–	–	PS .25
		13-40	SBK C	" "					
		40-51	SBK CL	" "					
3 I	11%	0-9	GR SCL	Fr SS SP SEXP	–	48"	–	–	PS .3
		9-32	SBK C	" "					
		32-48	SBK CL	" "					
4 R	10%	0-10	GR SCL	Fr SS SP SEXP	few firm sap inc in CL	48"	–	–	PS .25
		10-32	SBK C	" "					
		32-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	25%	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

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.

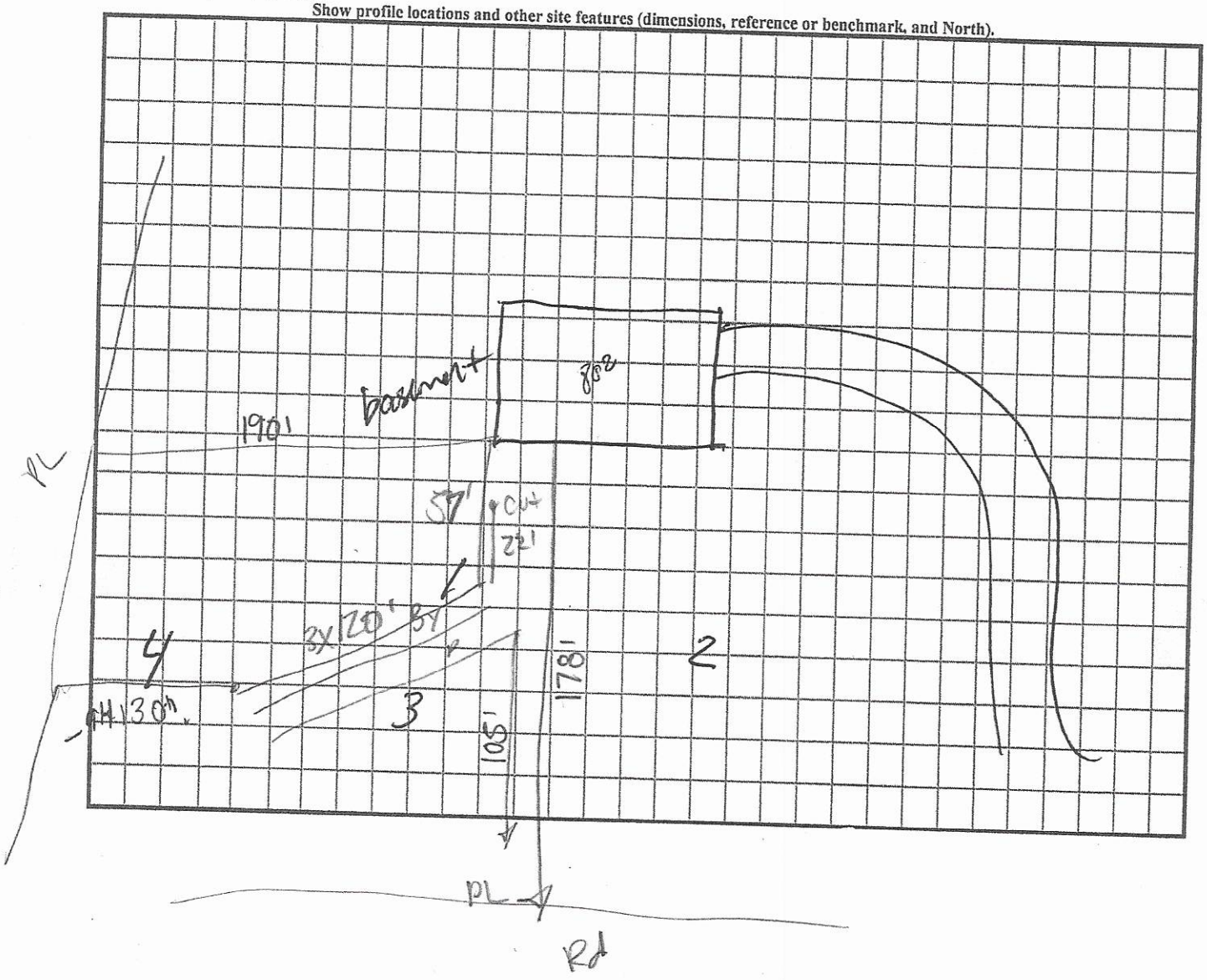
NOTES

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).



Not Market 7-27-20

RECEIVED JUL 24 2020

AP-309127
$300.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #
Helen Elizabeth Moseley	3106 Hickory Hwy. Statesville, NC 28677	704-871-7075	336-501-2336 Husband, John Moseley
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same as above			

4. **Property Information:**

796 Island Ford Rd. Statesville (Street Address) | N/A (Subdivision Name) | (Section/Phase and Lot Number)

Driving Directions: 796 Island Ford Rd. (location of residence)
(Located between 810 Island Ford Rd. and 772 Island Ford Rd.)
(brick ranch home, w/ black mailbox) (white siding home w/ porch)

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

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

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

( ) 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 (✓) Other Public Water Hook to West Iredell Water Line

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following To The Best of Your Ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Helen Elizabeth Moseley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/18/2020
DATE

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, Helen Elizabeth Moseley, am the legal owner(s) of the property located at 796 Island Ford Rd., Statesville, identified as PIN (Parcel Identification Number) 4714372661, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Todd Ellis Builders Inc., 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.

Helen Elizabeth Moseley 7/18/2020
Signature of Owner(s) Date

Rita J. Gilliland 7/18/2020
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:

_____ Property Line measurements are clearly identified… **_____ 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

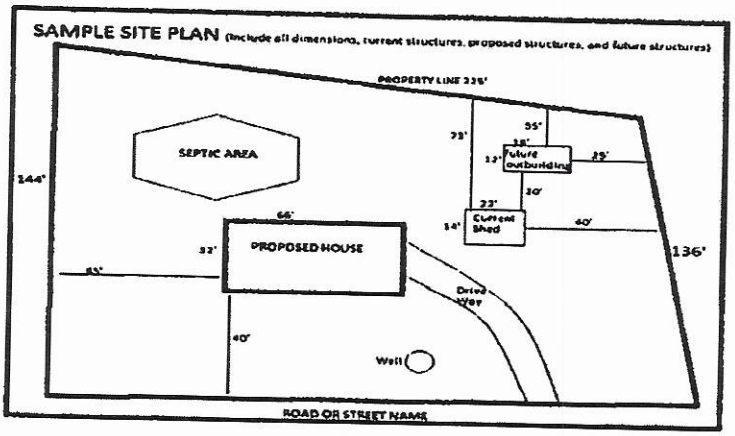
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

see attached

Signature: Helen Elizabeth Moseley

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

7/18/2020

DATE

Revised Drawing / Env Health . Moseley 8-3-20



Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EIR ..... EXISTING IRON ROD AS SHOWN
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- CP ..... CALCULATED POINT
- UTILITY POLE
- PIN ..... PARCEL IDENTIFICATION NUMBER
- N/F ..... NOW OR FORMERLY
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- RCP ..... REINFORCED CONCRETE PIPE
- EP ..... EDGE OF PAVEMENT
- LINE NOT SURVEYED
- LINE SURVEYED
- SURVEYED TIE LINE
- RIGHT-OF-WAY LINE
- OVERHEAD ELECTRIC LINE
- CULVERT PIPE
- WIRE FENCE

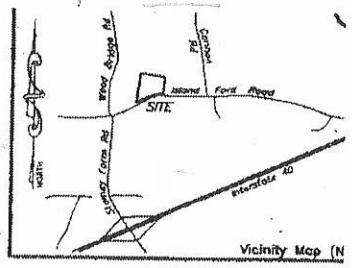
Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4704, Iredell County, North Carolina, effective date: 3/18/2004, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X - Other Areas" Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Zoning

Zoning District: R-A (Residential-Agricultural)

Front - 35 Feet
Side - 15
Rear - 35



Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
* This survey is subject to any facts that may be disclosed by a full and accurate title search.
* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
* The ratio of precision before any adjustments is 1:39,482.
* Area determined by coordinate computations.
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this _____ day of _____ 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.

N/F
Buffy's Estate LP, RLLLP
D.B. 1462 Pg. 2235
PIN 4714372661

5/8" EIR

S 08°39'42" W 268.11' (Tie Only)

IRS

S 84°11'14" E 555.48'
New line

N/F
Buffy's Estate LP, RLLLP
D.B. 1462 Pg. 2235
PIN 4714372661

N 07°32'46" E 636.23' (682.07' total)
New line

S 08°39'42" W 386.94' (413.14' total)
New line

5/8" EIR

6.60 Acres

80

50' Basement

House

Deck

225

122

Septic Area

1-1/2" EIR at 260.98' & 74.00' West of line

N/F
Kenneth J. Foote Jr. & Danielle E. Foote
D.B. 2606 Pg. 1505

S 08°39'56" W 414.80' (Tie Only)

28.20'

5/8" EIR

LT

N 84°28'05" W 209.05' (Tie Only)

1/2" EIR

CP

EP

CL

CP

CP

CL

S 66°21'01" W 304.12' Tie Line

S 65°29'20" W 324.28'

15" RCP

28.84'

IRS

EP

CP

60'

20'

Island Ford Road
S.R. 1006, 60' R/W
Per D.B. 503 Pg. 538

Tie Line
N 64°33'05" E 513.49' (NTS)

CP

N/F
Mary Lackey Bustle
D.B. 503 Pg. 538
PIN 4714673654

N/F
Buffy's Estate LP, RLLLP
D.B. 1462 Pg. 2235
PIN 4714372661

Course	Bearing	Distance
* LT	N 84°20'01" W	25.03'

* Tie Only

Curve	Radius	Length	Chord	Chord Bear.
C1	670.47'	305.92'	303.27'	S 78°33'36" W

60 0 60 120 180
GRAPHIC SCALE - FEET Plot Scale: 1" = 60'

* updated site plan 9-14-20

TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

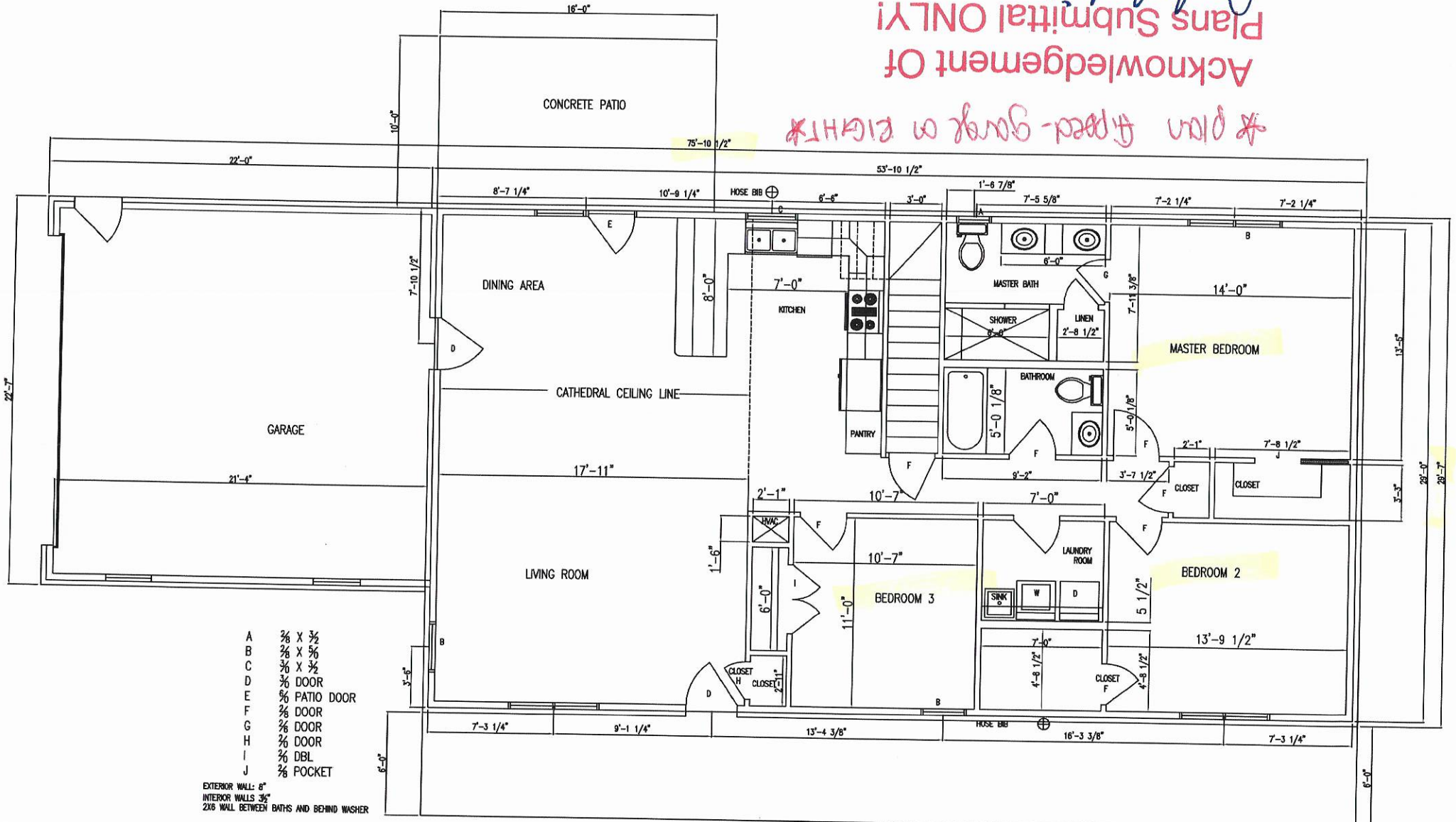
Family Subdivision For:

Jerry L. Bustle

Shilo Township, Iredell County, NC
Owners of Record:
Buffy's Estate Limited Partnership, RLLLP
Deed Reference: D.B. 1462 @ Pg. 2235
Plat Reference: N/A
PIN: 4714-37-2661
Job Number: 200111.DWG (200111.CRD)
Field Work: 1/30/2020
Plat Date: 2/7/2020

Acknowledgement Of
Plans Submittal ONLY!
Charles Mabe Date 8-17-20
Johnnie Cox Date 8-18-20

* plan sheet - garage on RIGHT *



A	2/8 X 3/12
B	2/8 X 5/6
C	3/6 X 3/12
D	3/6 DOOR
E	5/6 PATIO DOOR
F	2/8 DOOR
G	2/6 DOOR
H	2/6 DOOR
I	3/6 DBL
J	2/8 POCKET

EXTERIOR WALL: 6"
INTERIOR WALLS 3½"
2X6 WALL BETWEEN BATHS AND BEHIND WASHER

MOSLEY - 1594 SQ. FT

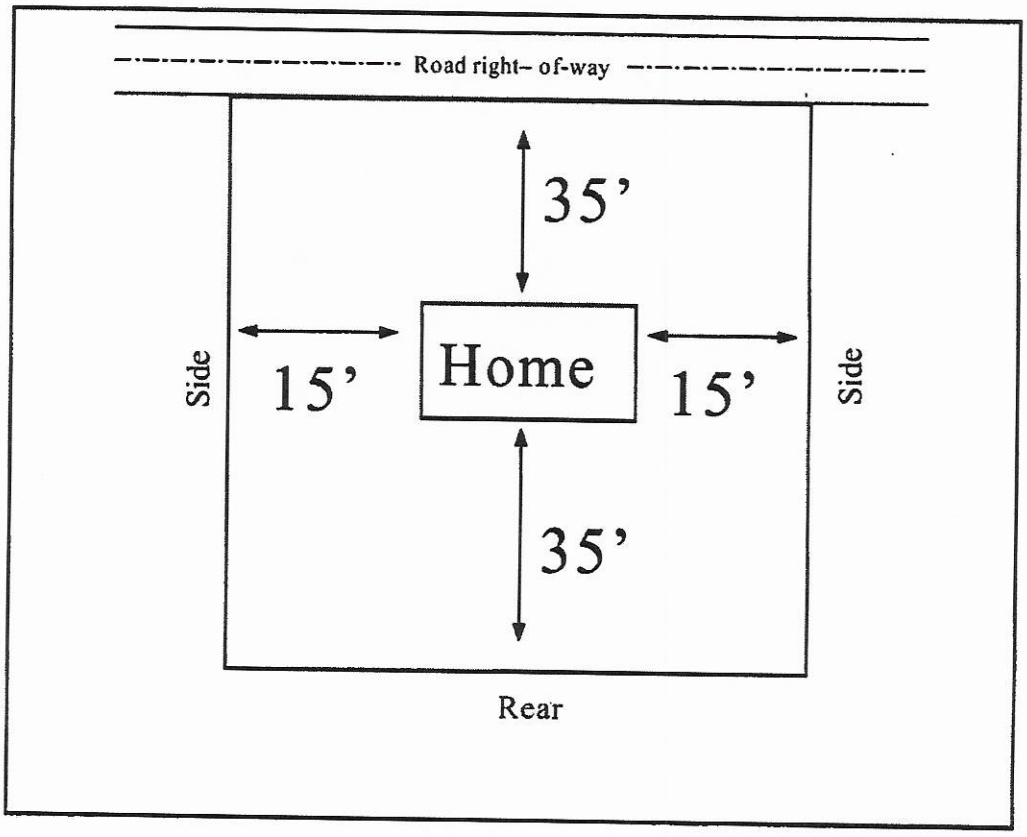
ZONING DISCLAIMER

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. Applicant further acknowledges that the 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.

J Todd Ellis — 7/18/2020

Applicant — Date

STREET NAME: 796 ISLAND FOR RD



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.