ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625

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

PERMIT # AP-304421

PIN # 4722 - 59 - 3119

APPLICANT/OWNER: CRAIG MORAN

APPLICANT ADDRESS: 1030 BRIARCLIFF ROAD, MOORESVILLE, N.C. 28115

SITE ADDRESS: 132 BUFFALO CREEK DRIVE, STATESVILLE, N.C. 28677

PHONE: 704-968-0465 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN ROAD, (R) ON BUFFALO SHOALS, (R) ON BUFFALO CREEK, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: BUFFALO CREEK

SECTION: — LOT # 13 LOT AREA: 1.9388 AC

DESIGN FLOW: 480GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	7-10-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TSTI DRIP		
# Nitrification Fields	1	# Lines	8	Linear Ft	400FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

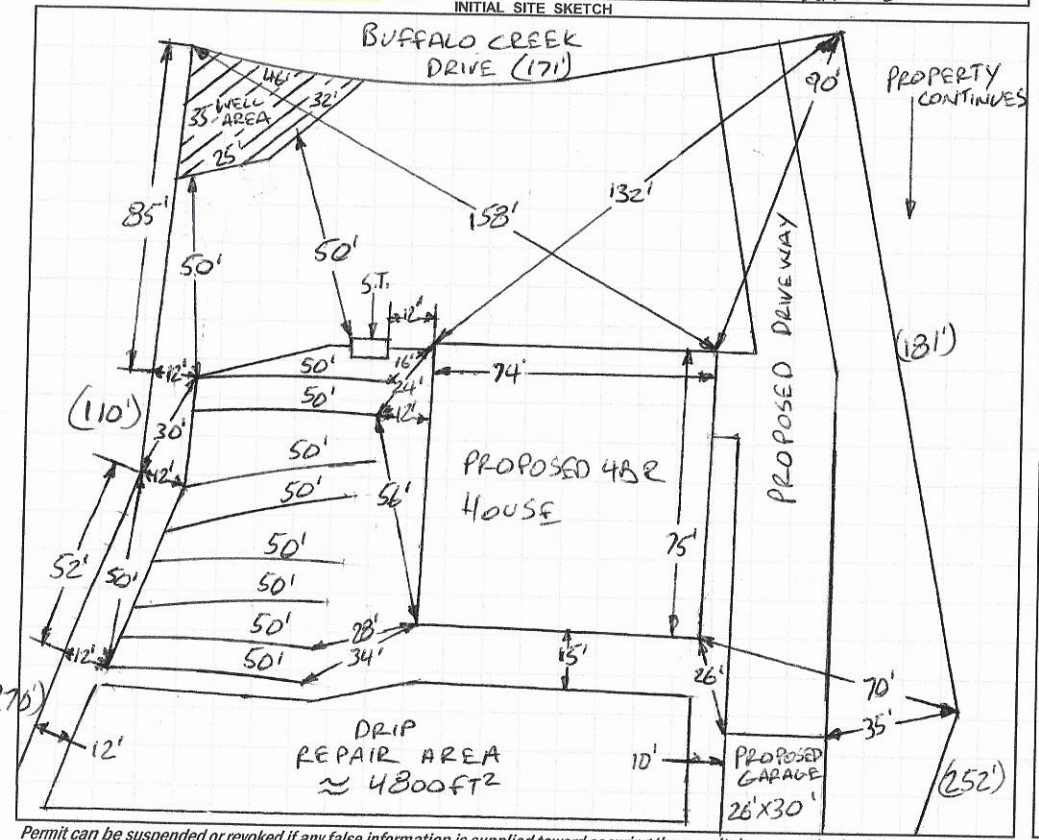
Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER/UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 36 IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP, MAINTAIN 50 FT FROM ALL WELLS

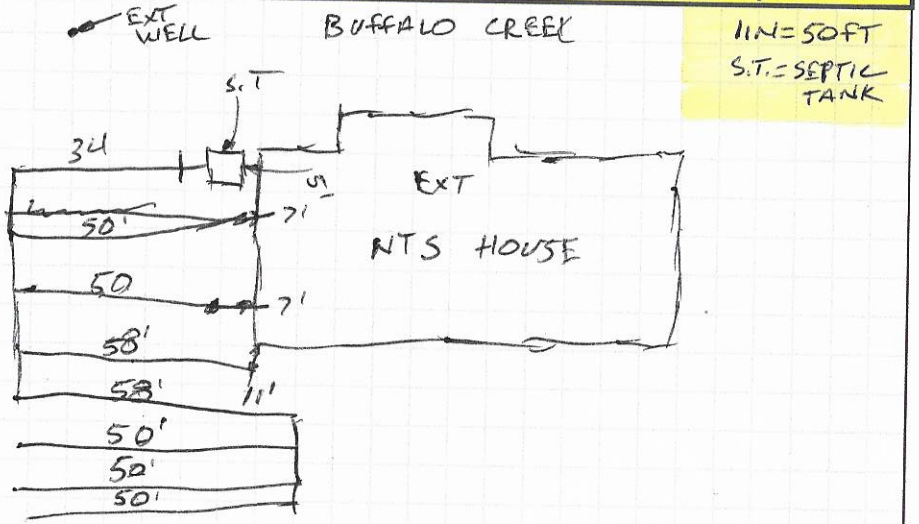
IF GRAVITY FALL CAN NOT BE MAINTAINED RE-DRAW FOR PUMP SYSTEM REQUIRED, FOUR BEDROOM SYSTEM MUST BE INSTALLED

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: [signature] Date: 11/5/20

IMPROVEMENT PERMIT by: [signature] Date: 10-29-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-29-2020

Installed by: LEACH'S GRADING

OPERATION PERMIT by: [signature] Date: 8-30-2021

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 2
PROPERTY ID #: 472259314
COUNTY: IREDELL

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

OWNER: ROBERT COELHO / CRAIG MORAN
ADDRESS: 1030 BRIARCLIFF ROAD, MOORESVILLE, NC 28115
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 132 BUFFALO CREEK DRIVE, STATESVILLE, N.C. 28677
APPLICATION DATE 1-24-2020
DATE EVALUATED: 1-30-2020
PROPERTY SIZE: 1.9388 AC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 3%	0-11	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS CHROMA 3+2 11-30 2.5Y 6/2 @ 24" SAP INC IN CL	60"+	NA	NA	PS .3 BELOW 30"
		11-30	C, ABK	FR, S, P, SEXP					
		30-60	CL/WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 3%	0-6	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 6-30 2.5Y 6/2 @ 26" SAP INC IN CL	63"+	NA	NA	PS .3 BELOW 30"
		6-36	C, ABK	FR, S, P, SEXP					
		36-63	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 4%	0-8	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 8-24 SAP INC IN CL	61"+	NA	NA	PS .3
		8-36	C, ABK	FR, S, P, SEXP					
		36-61	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 3%	0-16	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 24-48 2.5Y 6/2 @ 28" 42" SAP INC IN CL	62"+	NA	NA	~~PS~~ ~~.3~~ PS DRP .1
		16-42	C, ABK	FR, S, P, SEXP					
		42-62	CL/WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	UNDETERMINED	UNDETERMINED
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. Whitt
OTHER(S) PRESENT:

COMMENTS: THIS IS NOT A SEPTIC PERMIT, IT IS ONLY SOIL NOTES TAKEN DURING A SOIL EVALUATION, TO DETERMINE SOIL SUITABILITY, THIS DOES NOT DICTATE A SEPTIC PERMIT, AVALIBLE SPACE AND PRODUCT TYPE TO BE DETERMINED AT A LATER DATE

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 472259311
DATE OF EVALUATION: 1-30-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
5	LINEAR SIDE 3%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	~~NR~~ 55"+	N/A	NA	PS .3
		9-30	C, ABK	FR, S, P, SEXP					
		30-55	CL, WABK	FI, SS, SP, SEXP					

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	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

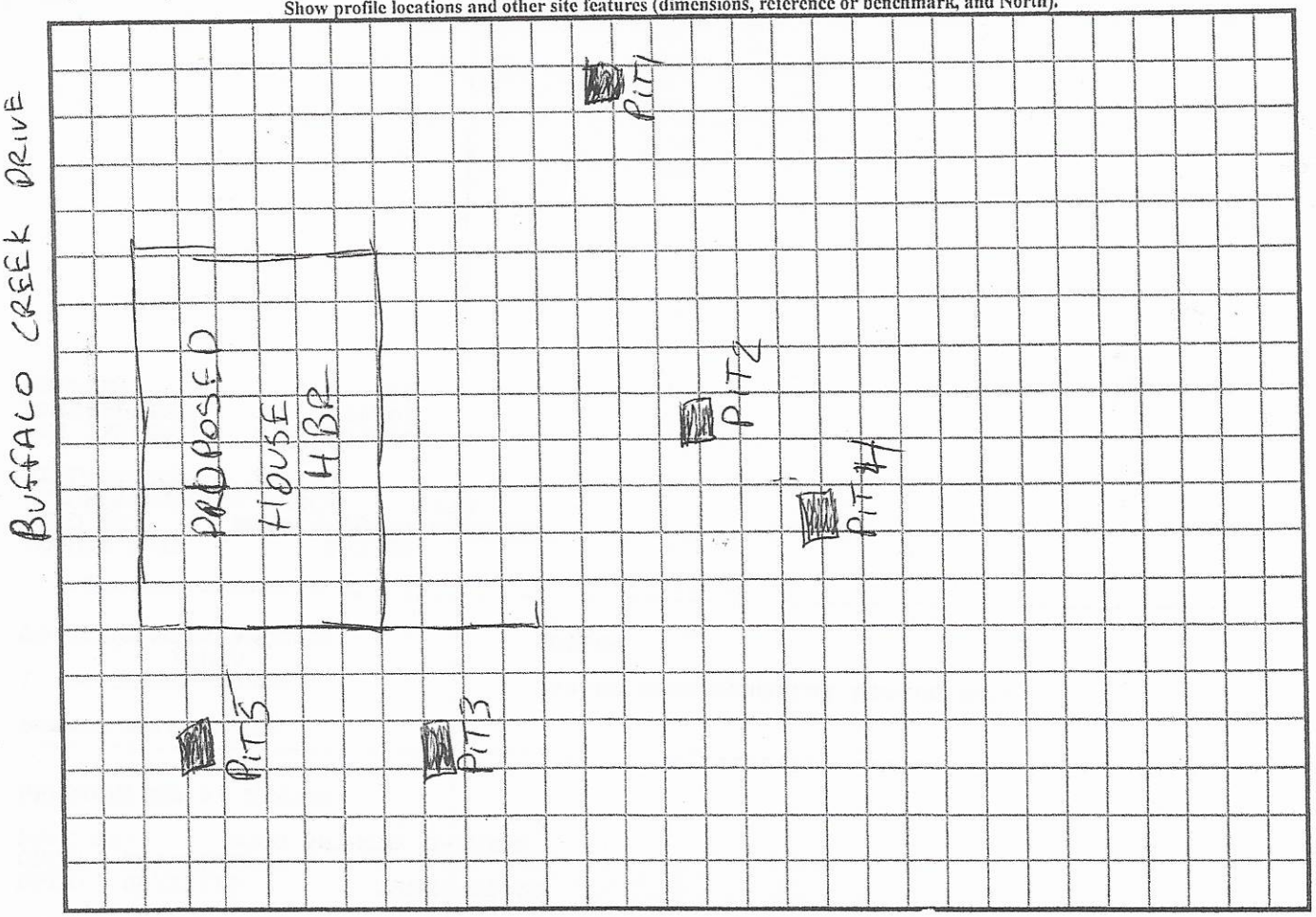
NOTES

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.

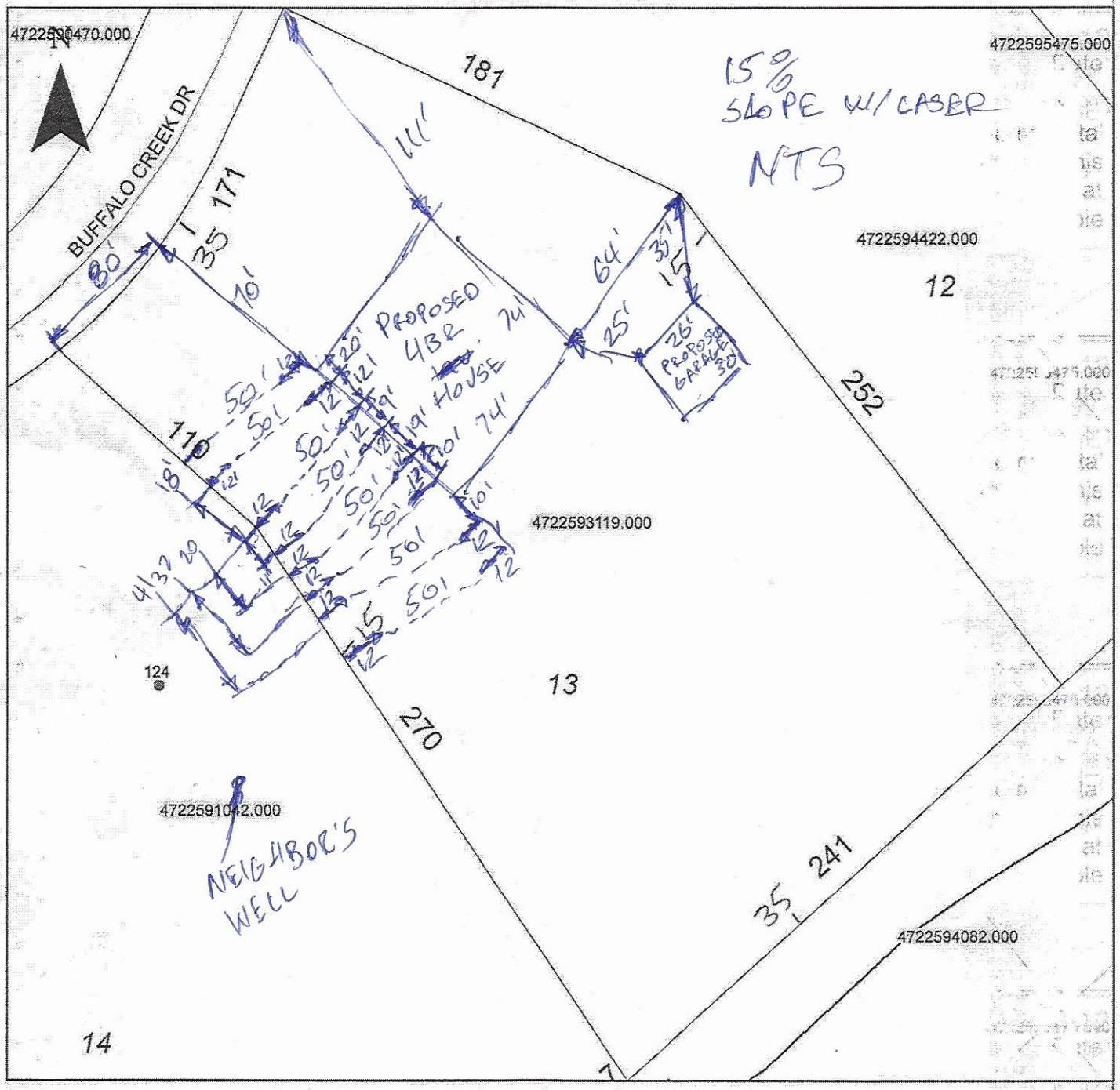
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



5 LINEAR SIDE 3% — 0-9 SCL, SBK. FR, SS, SP, SEXP SAP — 9-30 CL, ABK FR, S, P, SEXP INC — 30-55 CL, WABK FI, SS, SP, SEXP THRU OUT — NA NA PS .3

ZONING DISCLAIMER



Property Address 132 Buffalo Creek

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.

X _____ X 1-24-20

Applicant Date

$500.00
AP: 304421
1-24-2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: (X) 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: Craig Moran Address: 1030 Briarcliff Rd. Mooresville Zip: 28115
Applicant Email: CLMORAN64@gmail.com Phone: 704-968-0465 Alt. Phone: _____
Owner Name: Robert Coelho Address: 140 St. Martins Lane, Statesville Zip: 28677
Owner Email: chevy.girl6216@hotmail.com Phone: 252-207-5032 Alt. Phone: _____

Property Information:

Street Address: 132 Buffalo Creek Dr. PT L13 Buffalo Creek PB50-125
Subdivision Name: Buffalo Creek Section/Phase: _____ Lot Number: 13
Driving Directions: going west on old mountain road from 115, Deed- 2230
turn right on Buffalo Shoals Rd. Buffalo Creek Drive is on right ½ mile

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
(✓) Other Addition/Structure: future garage
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) 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: C. J. Moran 1-24-20
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)* Robert Coelho

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, ROBERT COELHO, am the legal owner(s) of the property located at lot 13 Buffalo Creek Dr, Statesville, identified as

PIN (Parcel Identification Number) 4722-59-3119.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Craig Moran, 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.

Robt Coelho
Signature of Owner(s)

1/5/2020
Date

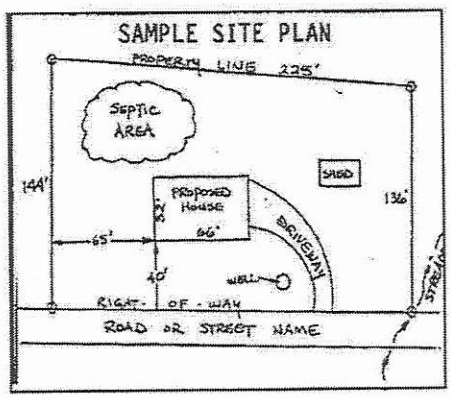
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

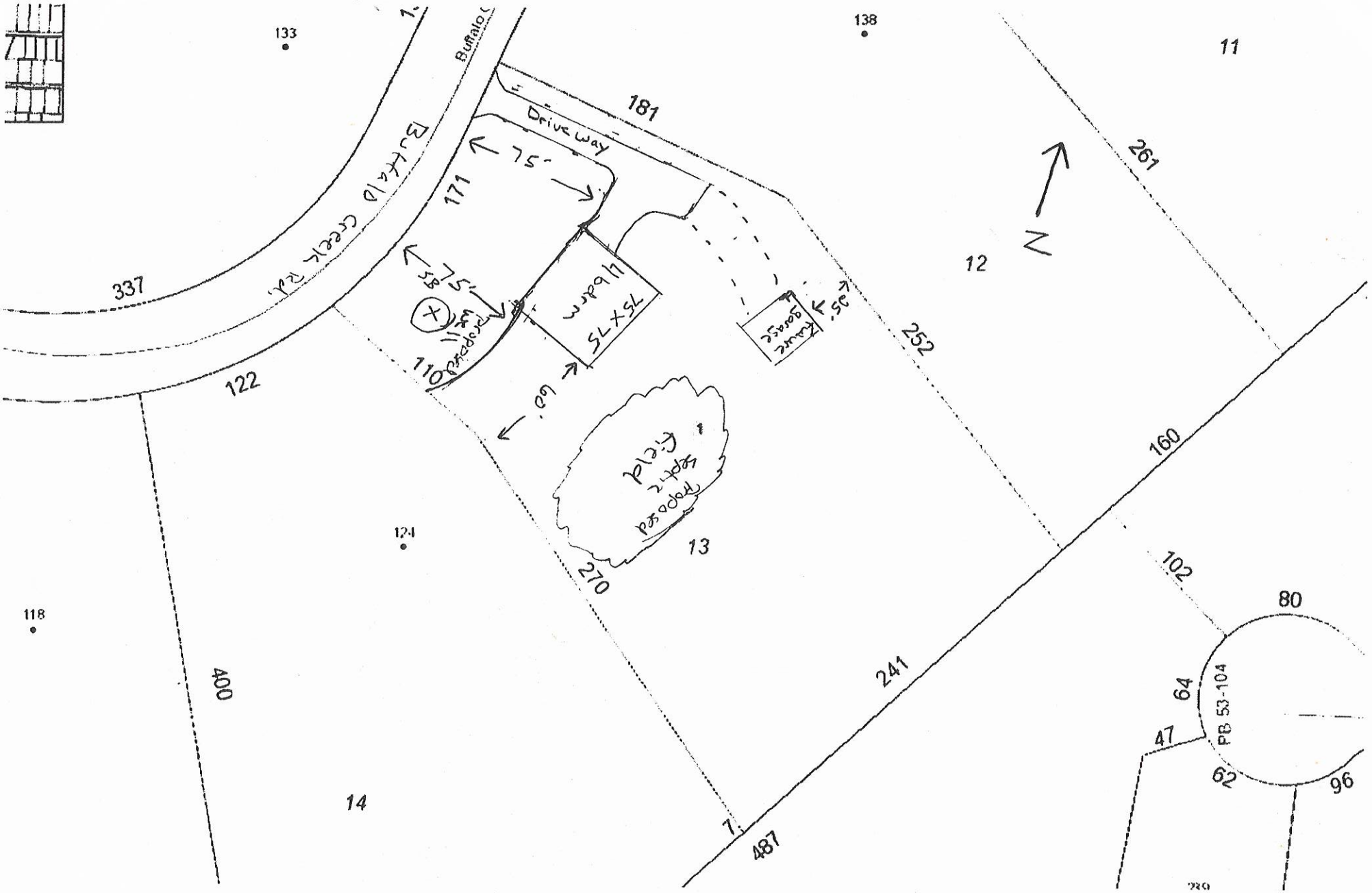
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____ 1-24-20

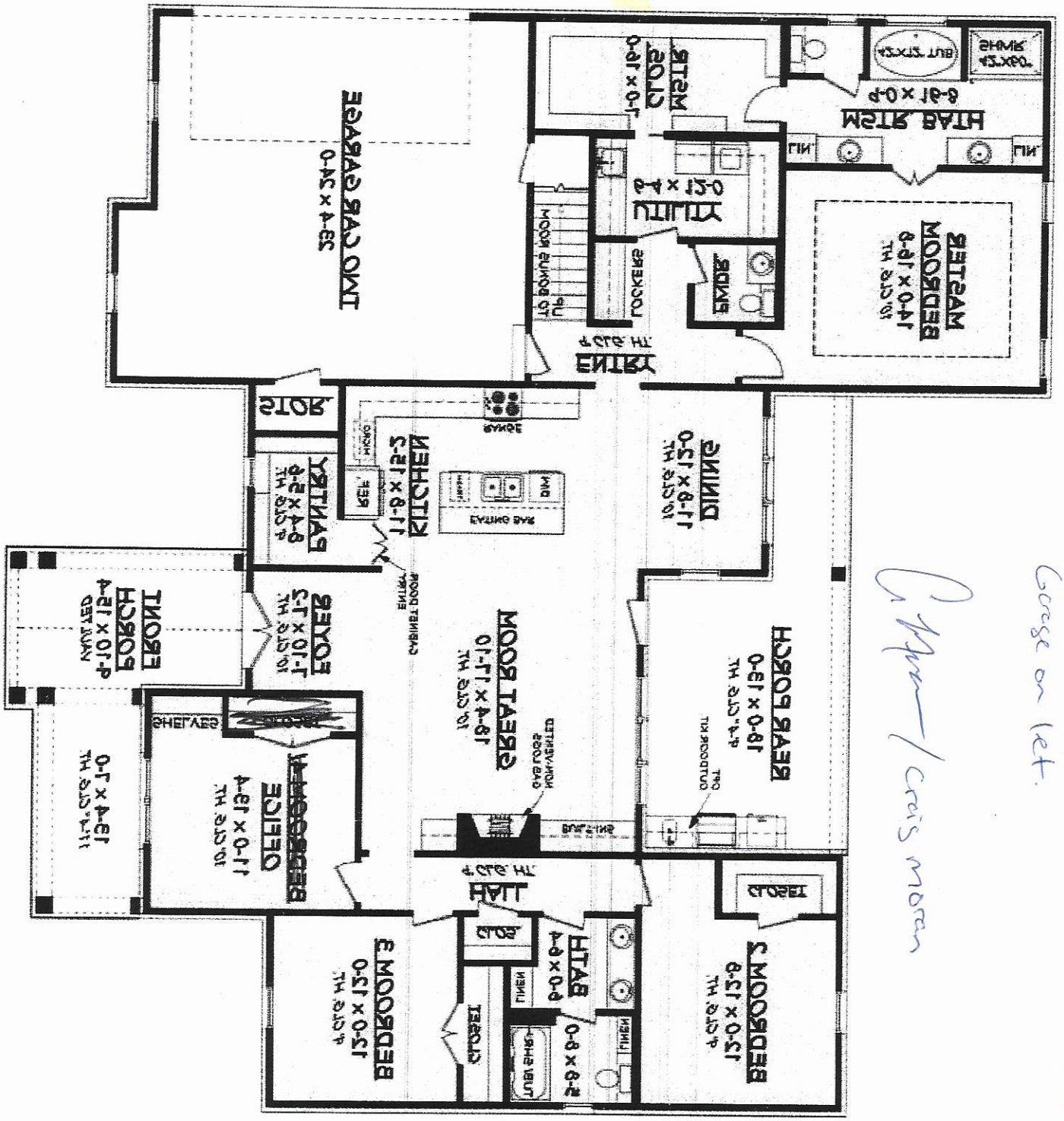
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


133
138
11
12
13
14
124
118
Buffalo Creek Rd.
337
122
181
Driveway
171
75'
58.5'
35'
Proposed Well
75X75 Home
Shed
35'
252
261
N
110
60'
Proposed septic field
270
160
102
80
64
47
62
96
PB 53-104
241
400
487

Acknowledgement Of
Plans Submittal ONLY!

Date 9-14-20

Date 10-28-2020



Actual how house will sit on lot
Garage on left.

Craig Moran

96

70

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304421 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4722593119.000	132 Buffalo Creek	Iredell County

Owner Information	Applicant Information
Name: COELHO ROBERT DOUGLAS+ROSA MARIA	Name: CRAIG MORAN
Address:	Address: 1030 BRIARCLIFF RD MOORESVILLE , NC 28115
Phone:	Phone: (704)968-0465

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.9388	35	35	15	15	N/A	NO

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 01/24/2020

Permit Number	304421	TOTAL FEES:	$77.25