ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (BB) PERMIT # AP3046216

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

PIN # 4726377185

APPLICANT/OWNER: Nick Miller / Jeremy Vannois APPLICANT ADDRESS: 152 Misty Cove Ln, Mvl

SITE ADDRESS: 114 Maurzen Ln, Statesville 28625 PHONE: 704-622-6340 ALT. PHONE —

SITE DIRECTIONS: 115N → L Midway → L Short Dog → R Maurzen → on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Beagle Run SECTION: 2 LOT # 9 LOT AREA: .75 ac DESIGN FLOW: 240gpd L.T.A.R.: .3

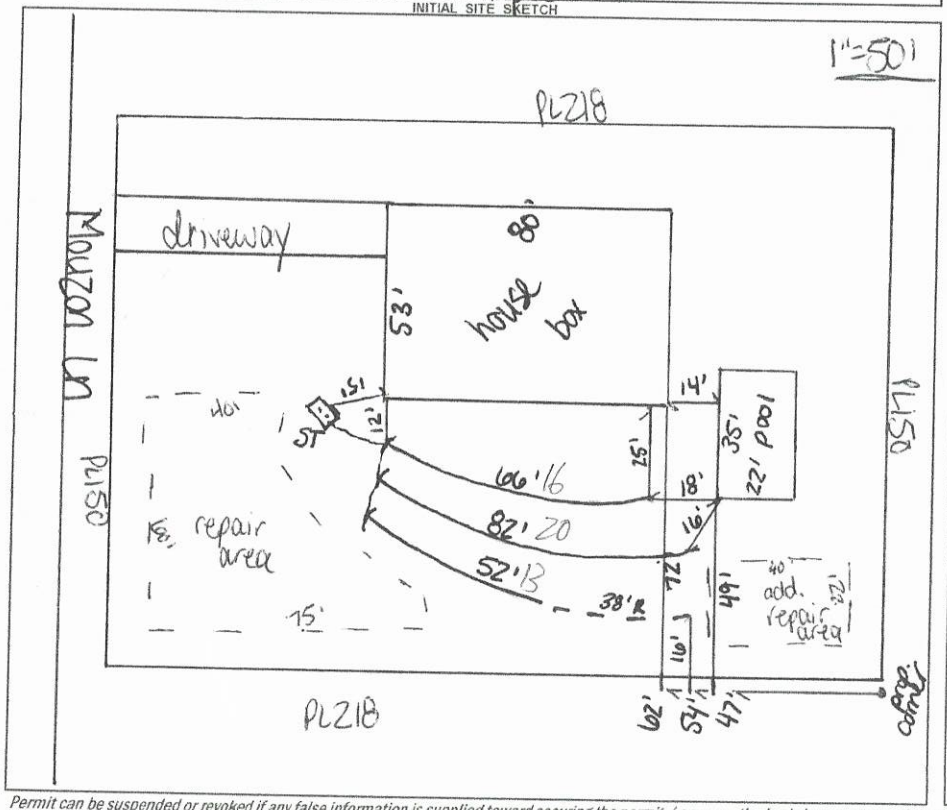
Septic Tank	1000 (gal)	STB	1012	Date	4/7/21	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	PPBDS (50% reduction)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	200'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)		36" max	Gravel Depth —	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max depth of 36". Maintain minimum 15' from pool.

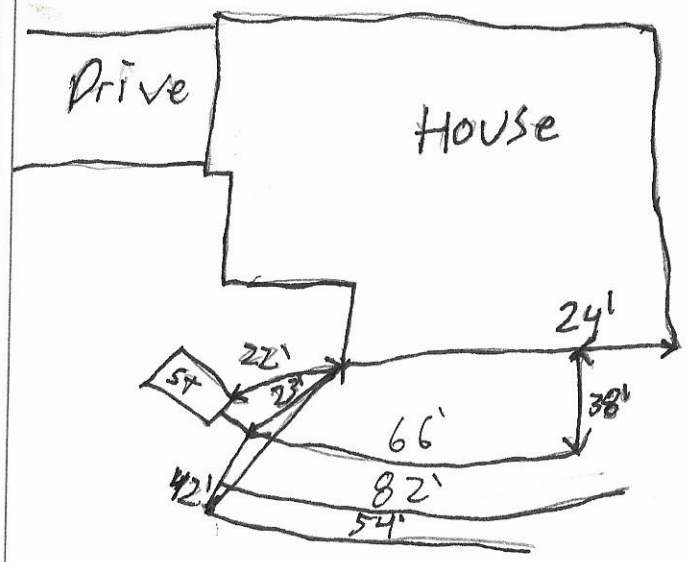
Flor plans same as submitted 2-4-20

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: 7/8/2020 Installed by: (Steve Jordan) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 6-26-20 OPERATION PERMIT by: Patrick J Bigley III Date: 7/23/2021

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 6-26-20 Existing System Inspected by: Date:

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

PROPERTY ID #: 4726377185
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeremy Vannuis
ADDRESS: 9408 Descending Creek St, Las Vegas, NV 89123
PROPOSED FACILITY: 2 BDRM PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 114 Mouzon Ln, Beagle Run Lot 9/10
APPLICATION DATE
DATE EVALUATED: 1/2020
PROPERTY SIZE:
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 4%	0-8	Br CL WSBK	FR SS SP SXP	N/A	39"	F-C SAP PS	N/A	PS 0.35-0.4
		8-39	R CL WSBK	FR SS SP SXP					
		39-63	VER SL SAP M	FR SS SP SXP					
PIT 2	LS 4%	0-7	Br CL WSBK	FR SS SP SXP	N/A	57"	F-C SAP PS	N/A	PS 0.3-0.35
		7-22	R C ABK	FR SS SP SXP					
		22-57	R CL WSBK	FR SS SP SXP					
		57-60	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 4%	0-12	Br CL WSBK	FR SS SP SXP	Few Mn	60"	N/A	N/A	PS 0.3-0.275
		12-36	R C ABK	FR SS SP SXP					
		36-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 4%	0-8	Br CL WSBK	FR SS SP SXP	Mn	60"	N/A	N/A	PS 0.3-0.275
		8-36	R C ABK	FR SS SP SXP					
		36-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	810 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

OK - 2-4-20 ECM

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4726377185

DATE OF EVALUATION: _____

COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		3-16	R C SBK	FR SS SP SXP					
		16-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	34"	F-C SAP PS	N/A	PS 0.35-0.4
		6-34	R CL WSBK	FR SS SP SXP					
		34-48	VER SL SAP M	VFR SS SP SXP					
AB 3	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

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

Sheet 1 of 1
PROPERTY ID #: 9726377185
COUNTY: Iredell

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

OWNER: Nick Miller / Jeremy Vannus
ADDRESS: 152 Misty Cove Ln
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 114 Maizen Ln
PROPOSED DESIGN FLOW (.1949): 240 gpd
APPLICATION DATE: 6-24-20
DATE EVALUATED: 6-26-20
PROPERTY SIZE: 1.75 ac
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	L 4%	0-12	SBK C	Fr SS SP SAP	–	32"	PS	–	PS .35
		12-32	SBK CL	" "					
		32-40	M LSAP	VFr					
2	L 4%	0-23	SBK C	Fr SS SP SAP	heavy mica	46"	PS	–	PS .3
		23-46	SBK CL	" "					
		46-48	M LSAP	VFr					
3	L 4%	0-15	SBK C	Fr SS SP SAP	–	42"	PS	–	PS .325
		15-42	SBK CL	" "					
		42-60	M LSAP	VFr					
4	L 4%	0-12	GR SCL	Fr SS SP SAP	few SAP in M CL	49"	PS	–	PS .3
		12-32	SBK C	" "					
		32-49	SBK CL	" "					
		49-57	M LSAP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	134
System Type(s)	25%	50%
Site LTAR	.3	.3

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	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.

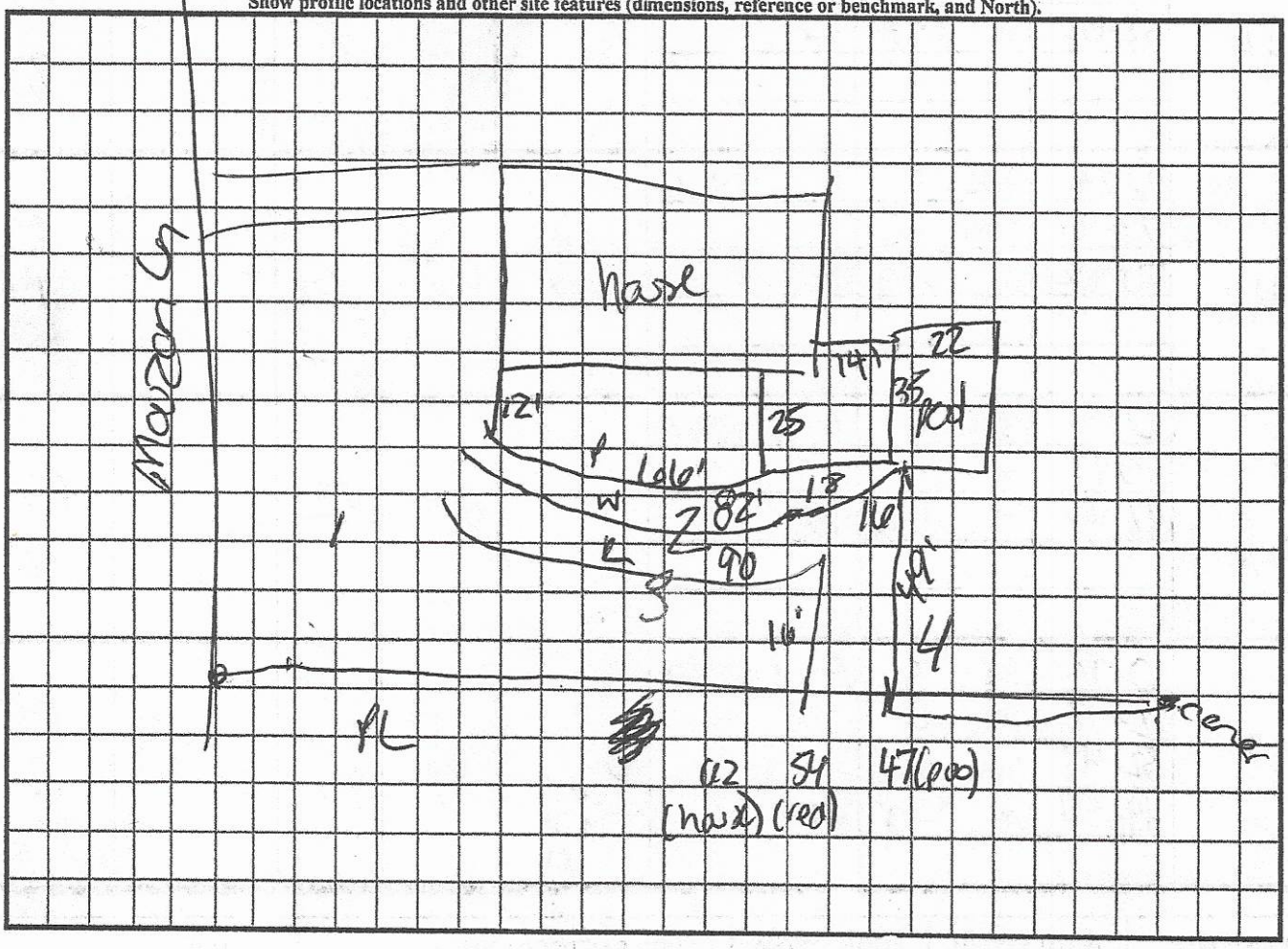
NOTES

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).



RECEIVED JUN - 2 2020 $500.00

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
(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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: NICK MILLER Address: 152 Misty Cove Lane Mooresville Zip: 28117
Applicant Email: Nick@namillerhomes.com Phone: _____ Alt. Phone: _____
Owner Name: Jeremy Vanub Address: 114 Mouzon Lane Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 114 Mouzon Lane Statesville NC
Subdivision Name: Beagle Run Section/Phase: _____ Lot Number: 9
Driving Directions: 115 North, Left Midway Rd, Left Short Dog Dr, Right Mouzon Lane

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) 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% Red.

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: _____ 6/25/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

304626

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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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.

_____ 6/24/2020
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

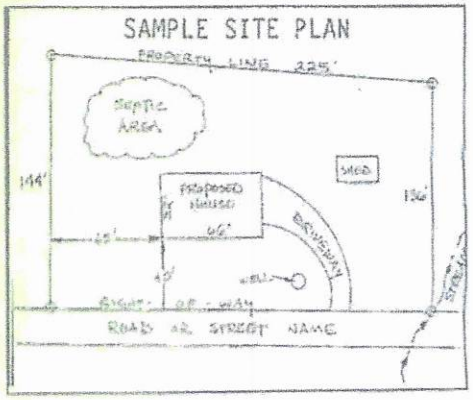
3L4666

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

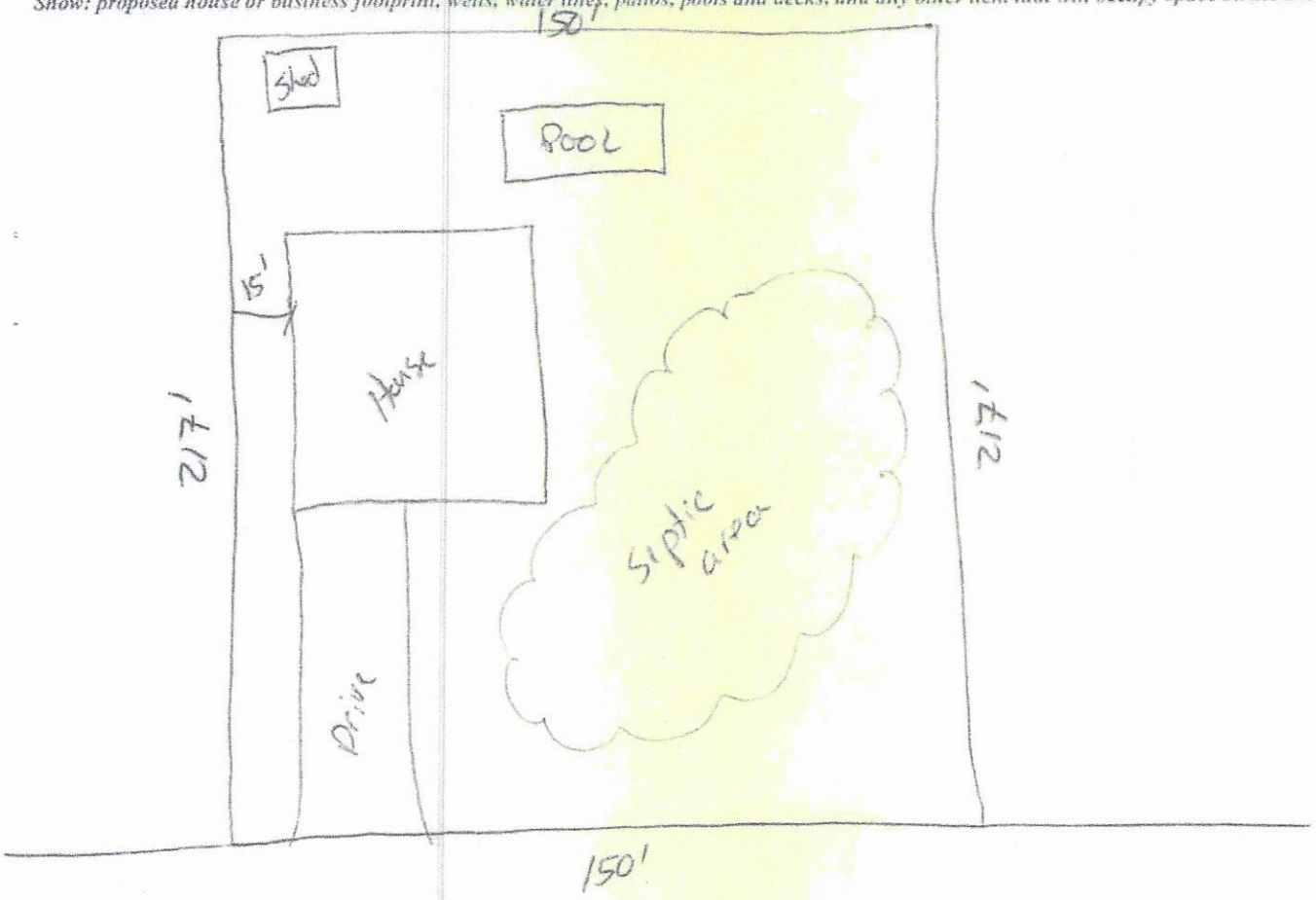
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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

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

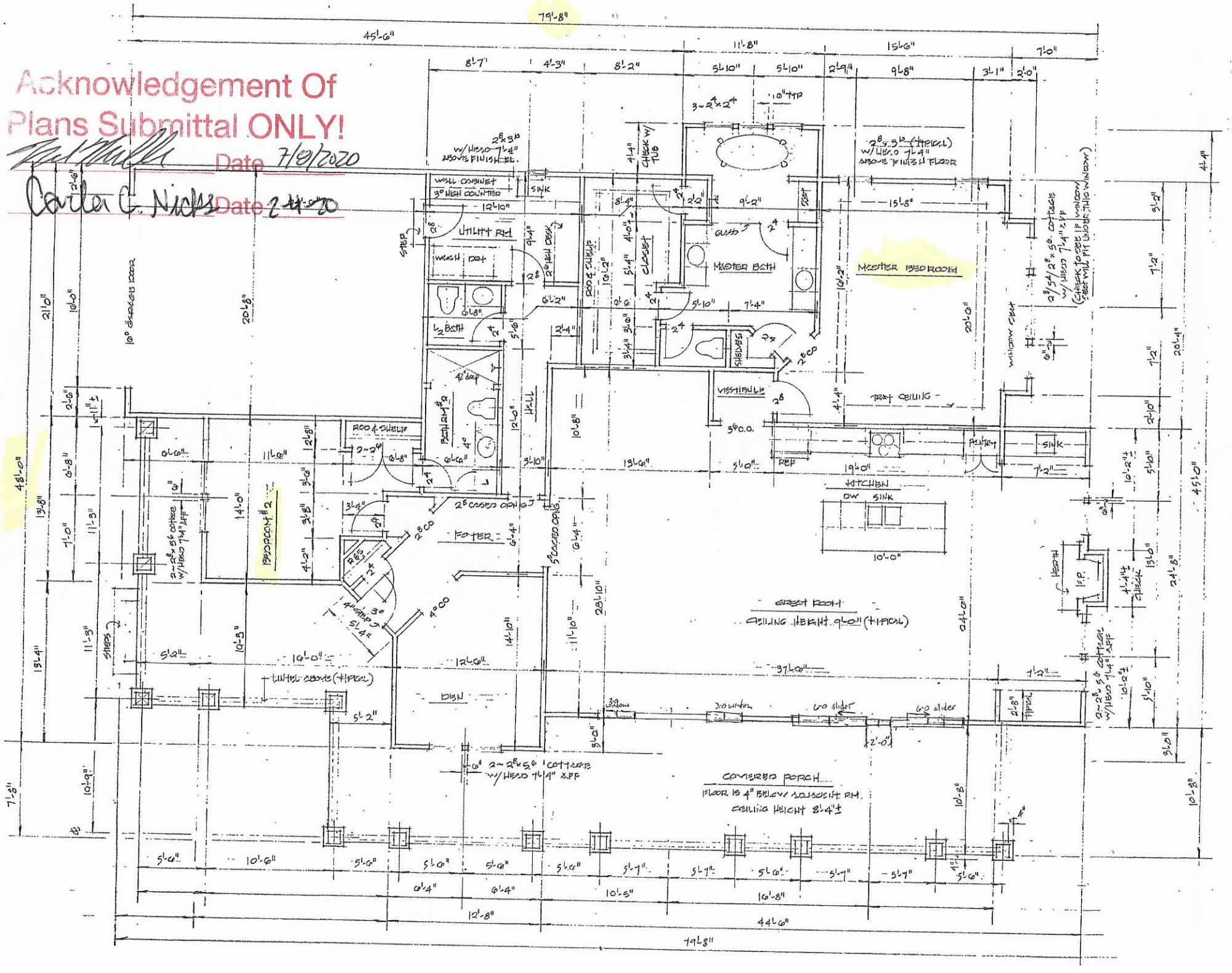


Mouzon Lane

Signature: _____

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

4/29/2020
DATE


Acknowledgement Of
Plans Submittal ONLY!
Date 7/9/2020
Date 7-14-20
79'-8"
45'-6"
MASTER BEDROOM
MASTER BATH
GREAT ROOM
CEILING HEIGHT 9'-0" (TYPICAL)
KITCHEN
DW
SINK
FOYER
DEN
BEDROOM #2
COVERED PORCH
FLOOR IS 4" BELOW ADJACENT RM.
CEILING HEIGHT 8'-4"±
TRAY CEILING
WALK-IN CLOSET
LINEN
CLOSET
UTILITY RM
WASH DRY
WALL CABINET
3" HIGH COUNTER
SINK
TUB
SHELVES
ROD & SHELF
HEARTH
F.P.
3-0 window
6-0 slider
6-0 slider
2'-0"
44'-6"
79'-8"

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304626 Issue Date: 01/31/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726377185.000	114 MOUZON LN	Iredell County

Owner Information	Applicant Information
Name: VANNUIS JEREMY	Name: MICHAEL ATHANAS & ASSOCIATES
Address: 7604 GARNKIRK DR	Address: 561 ENNIS RD
HUNTERSVILLE, NC 28078	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SF

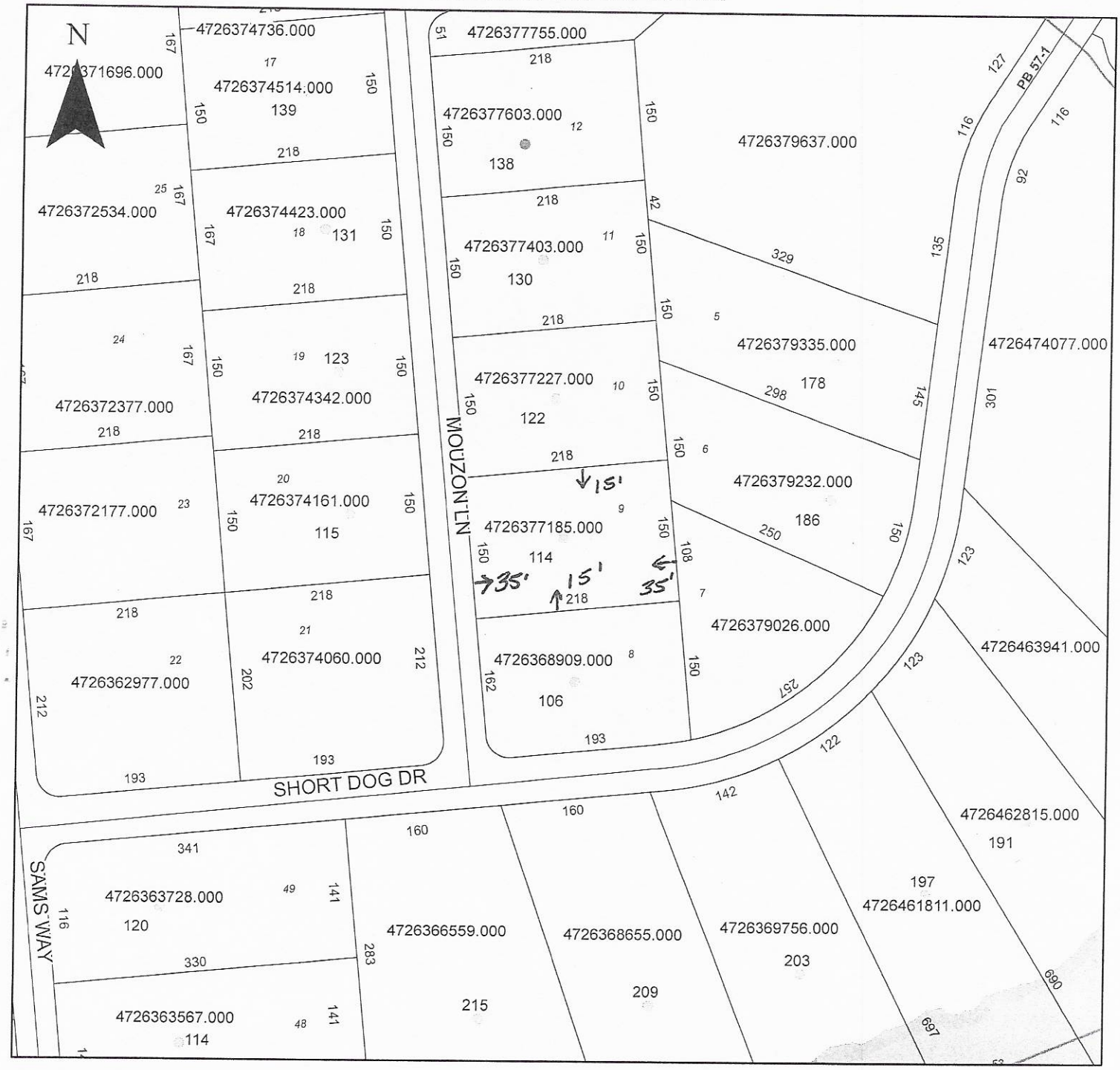
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/31/2020

Signature of Owner/Contractor

Permit Number	304626	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 114 MOUZON LN.

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.

Applicant

1/31/2020
Date