IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (E1) MOORESVILLE 704-664-5281

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

PERMIT# 10781 PIN# 4732-04-6020 DATE 8-9-02

OWNER OR CONTRACTOR LUV HOMES PHONE: Business 704-528-0848 Home

ADDRESS 1036 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION US RT 5, TR OLD MOUNTAIN ROAD TL SOUTHWOOD ROAD, 4TH & 5TH LOTS ON RIGHT

SUBDIVISION SOUTHWOOD BLOCK / SECTION -1- LOT 12/13 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 7-1-02
Pump Tank: 1000 Gallons; PT 17 Date 9-9-02
Pump Make: ZOELLER Model N98 Serial No.
Nitrification Field: No Fields 1 Square Feet 80 to 1200 Linear Feet 200
No Lines TWO Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 50% REDUCTION, LOW-PRESS,
Repair System Description: 50% REDUCTION, LOW, PRESS
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

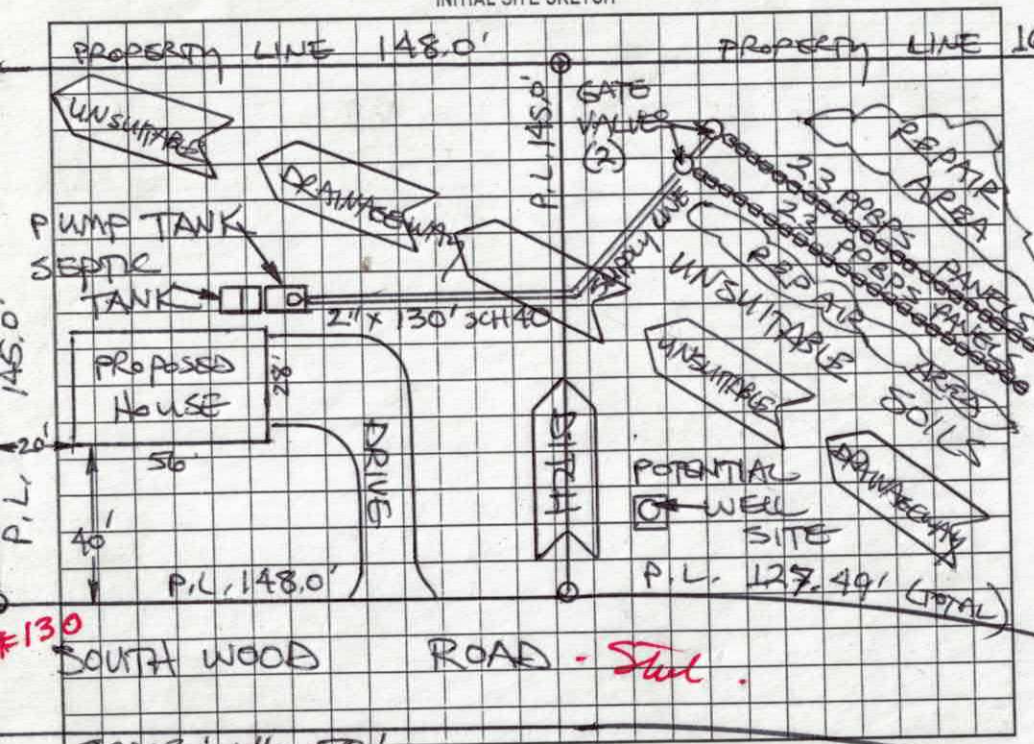
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

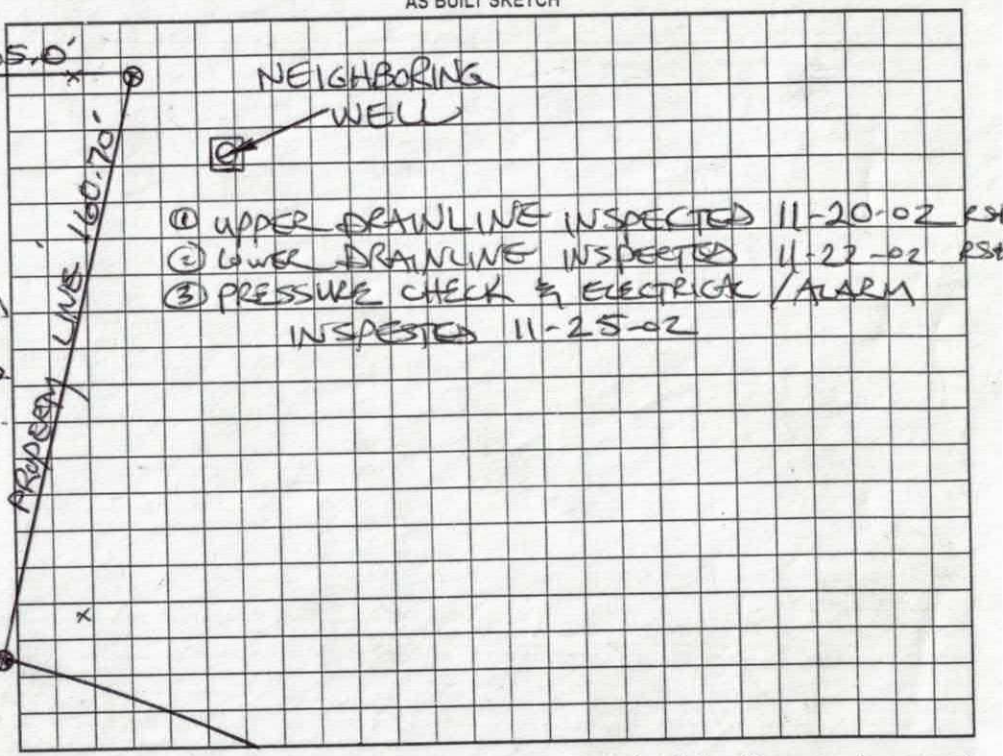
Comments:/Conditions: ① REMOVE EXISTING FIELD TERRACE IN VICINITY OF DRAINFIELD ② INSTALL 50% REDUCTION SYSTEM USING LOW PRESSURE DISTRIBUTION FEEDING 16 PPBS PANELS ③ SEE ATTACHED SHEETS FOR PUMP & LOW PRESSURE REQUIREMENTS

Comments:/Conditions: ④ A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 8/15/02 Installed by: BOB'S BACKHOE

Improvement Permit by: STEVE HEDRICK date 8-9-02 Operation Permit by: STEVE HEDRICK date 1-10-03

Authorization to Construct by: STEVE HEDRICK date 8-9-02 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4732-04-6020
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: LUV HOMES APPLICANT: MATT GARRICK
ADDRESS: 1036 CHARLOTTE HWY, TROUTMAN APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 3BRM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: LIMITED
LOCATION OF SITE: SOUTHWOOD #12/13 PROPERTY RECORDED: _____
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	PROFIL CLASS & LTAR
1	L 8%	0-36	SBK C	FR SSP					PS 0.3
		36-48	SBK SAPROLITE SiC	FR SSP					
2	SLIGHT 4%	0-48	SBK	FR SSP					PS 0.3
3	L 8%	0-32	SBK C	FR SSP					PS 0.3
		32-48	SBK SiC	FR SSP					
4									

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

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: MATT GARRICK

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR
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
	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) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

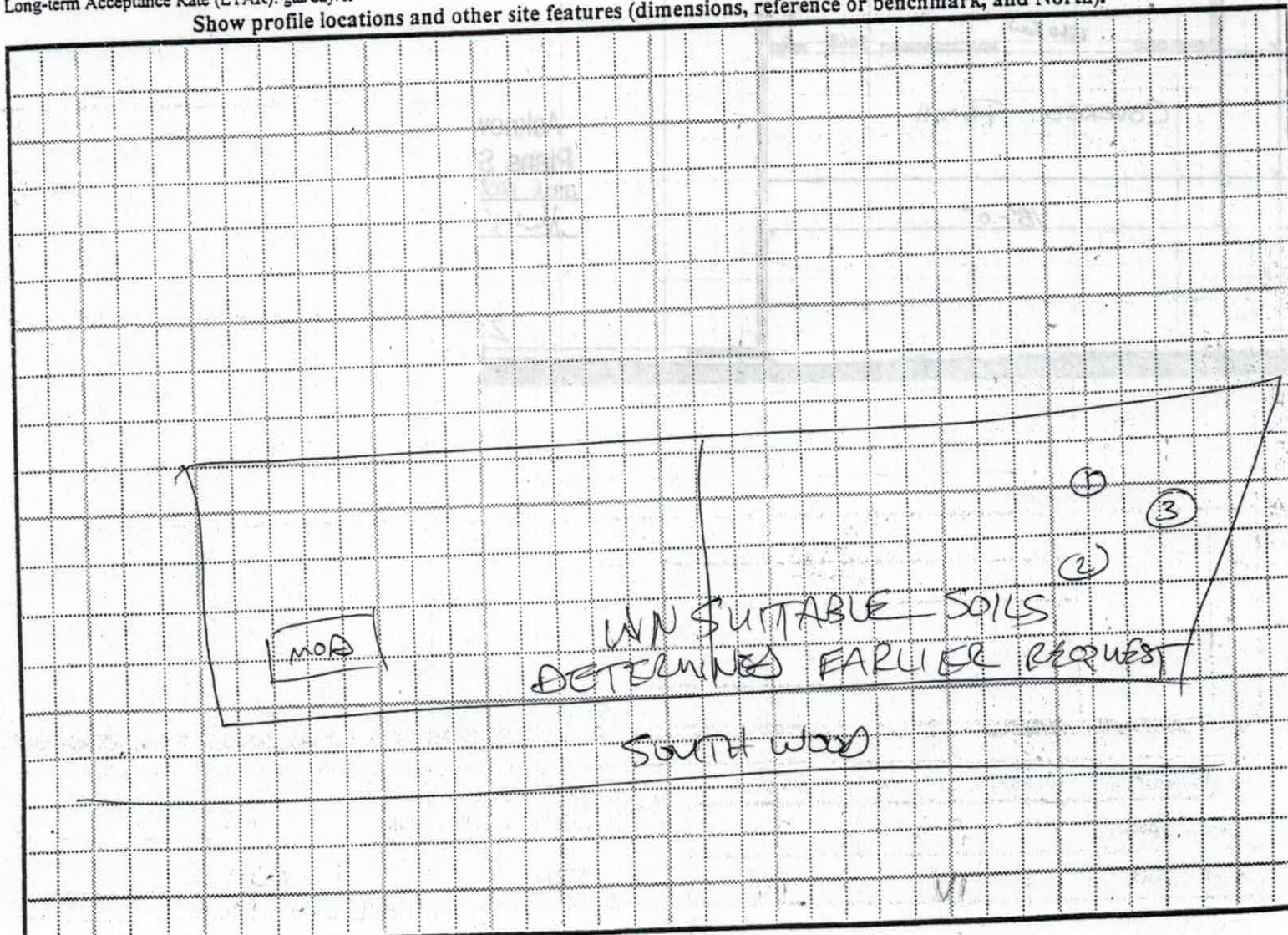
NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

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/ft²

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

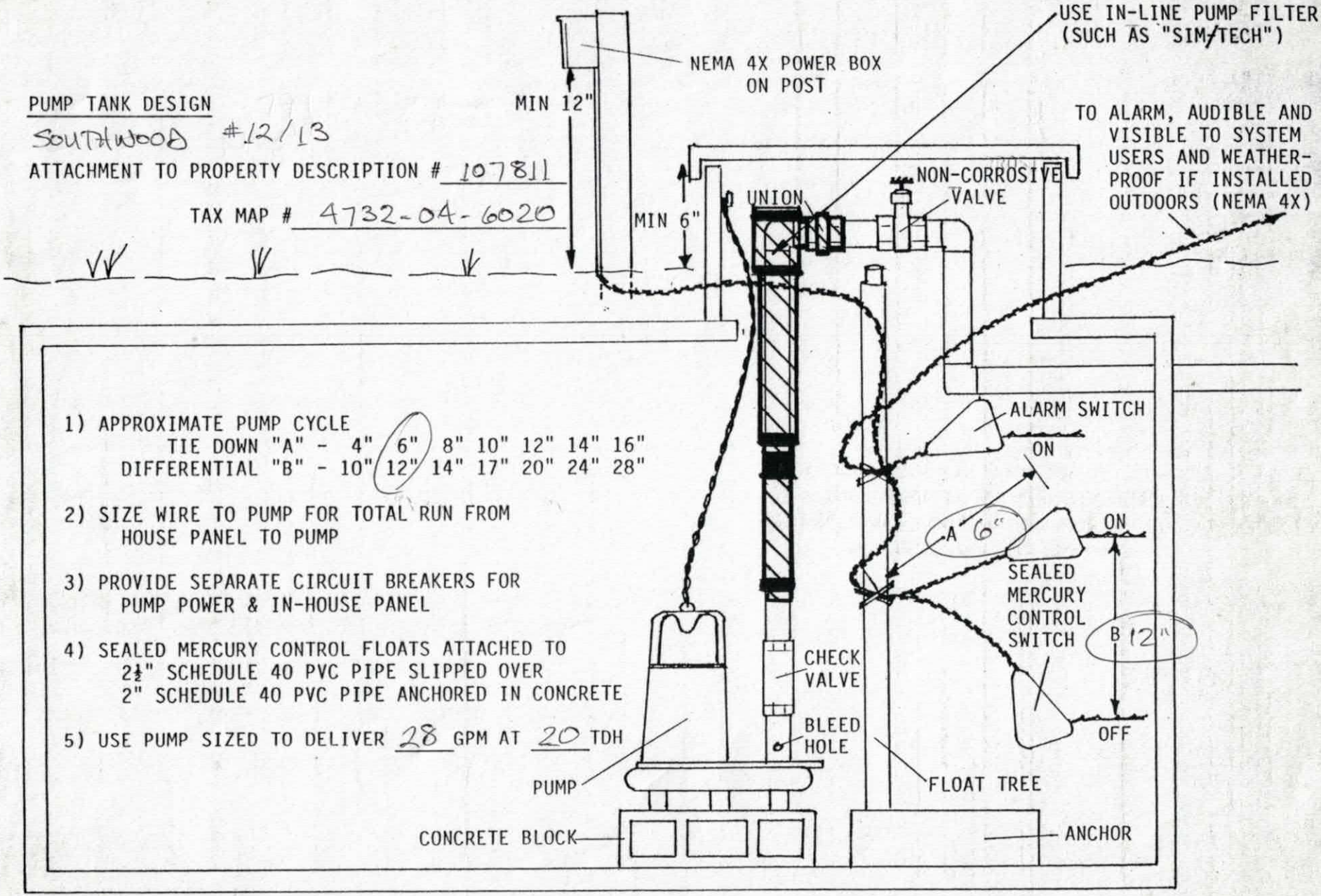


PUMP TANK DESIGN

SOUTHWOOD #12/13

ATTACHMENT TO PROPERTY DESCRIPTION # 107811

TAX MAP # 4732-04-6020



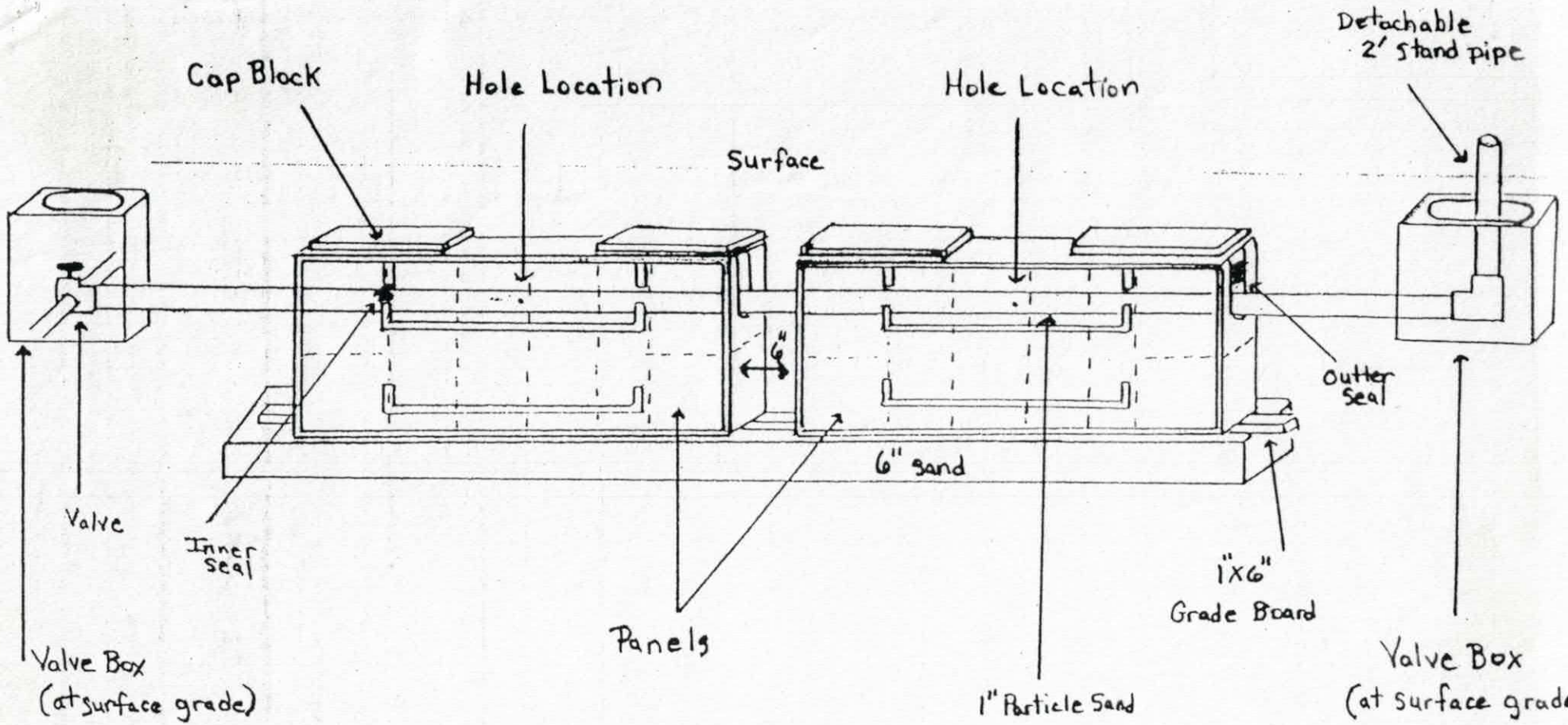
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 28 GPM AT 20 TDH



SOUTHWOOD LOTS 12/13 COMBINED
4732-04-6020
Pressure Dosed PPBPS

# of panels 46.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed _____.
100lbs. of partical sand per 8 panels.
Sidewalls rated and limed.
GPM 28.
TDH 20.

Comments

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Valves shall be grouped and placed in a valve box with a lid at ground level. Turn ups shall also be capped with threaded fittings and brought to ground level and covered with a plastic cup with cover. Valves and turn ups shall be marked as to the ones that go together.

ATTN: STEVE HEDRICK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

MELODY MARTIN / LAV HOMES	704-528-0848	1036 CHARLOTTE Hwy	TROUTMAN	NC	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

SOUTHWOOD	12 + 13			
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #		State Road #

(Proposed) Water Supply: Public, (Private Well) — **Preliminary Plat Approval Date** (DEVELOPERS ONLY) — 4732-04-6020 Tax Map #

Specific Directions to Property HWY 115 TO OLD MOUNTAIN ROAD LEFT ON SOUTHWOOD DRIVE LOTS ON RIGHT

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ (Modular) ~~Mobile~~ Home X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space X Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner/or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

8-9-02 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

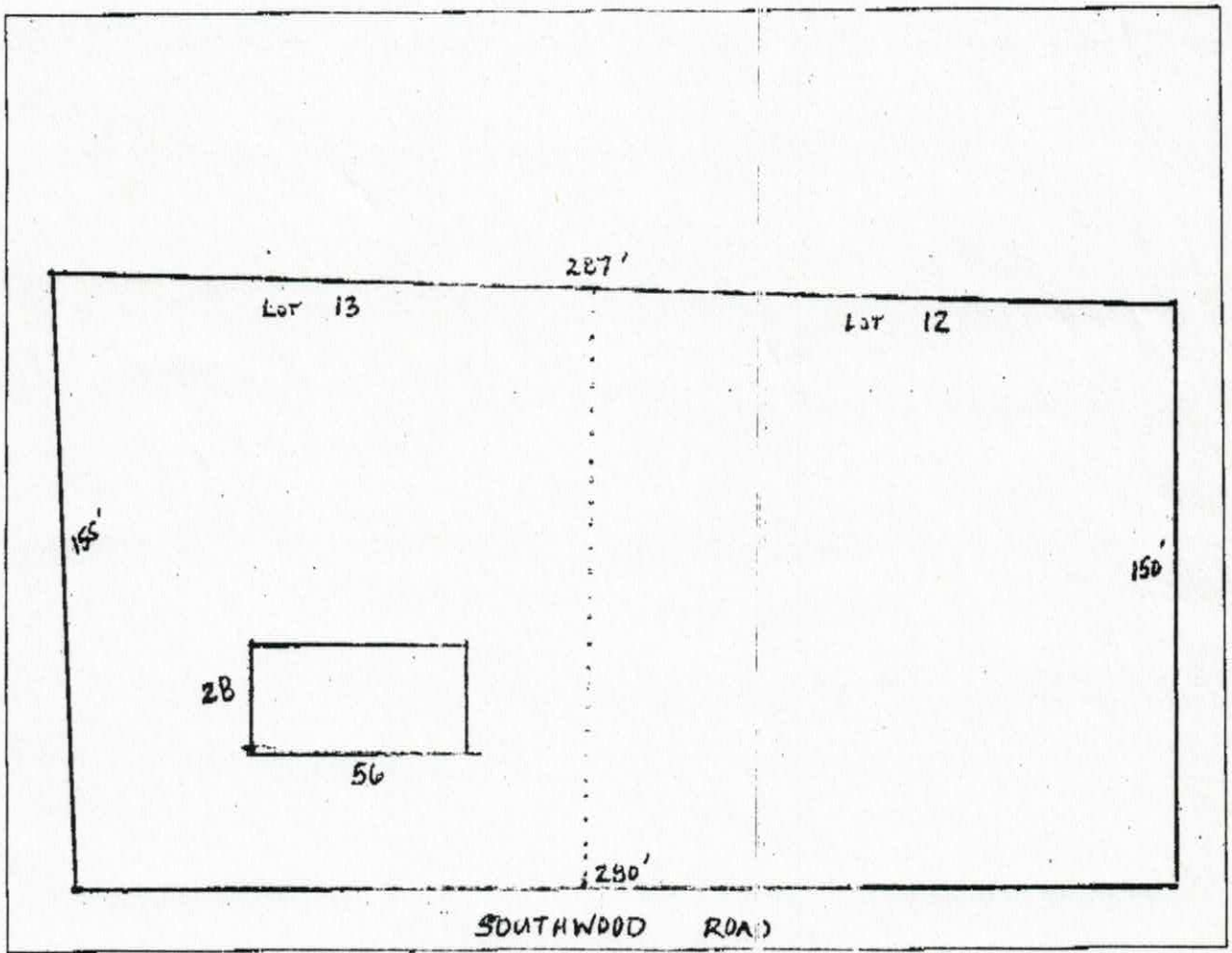
ATTN: STEVE HEDRICK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot having all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). 3. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

8-9-02 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

JENNIFER CONROY

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 107811ZO

Master #: 107811

Associated Permits:
107811ZO Zoning

Applicant

Name: Luv Homes
Address: 1036 Charlotte Highway
Troutman, NC 28166
Phone: 704-528-0848

Parcel

Parcel Number: 4732-04-6020
Address: Southwood Rd
Mooresville, NC 28115
Subdivision: Southwood
Zoning: RA
Township: 1500
Area:
Lot(s): 12&13
Directions to Parcel: 115 Old Mountain Road, left Southwood Drive, on right

Owners

Name: Luv Homes
Address: 1036 Charlotte Highway
Troutman, NC 28166
Phone: 704-528-0848

Fees and Receipts:

Number	Description	Amount
FEE-42546-02	Zoning Permit	$45.00
FEE-42547-02	Environmental Health - Type I or II System	$200.00
	Total Fees:	**$245.00**
REC-27406-02		$245.00
	Total Receipts:	**$245.00**

Permit Information:

Max Built Upon Area: