IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237231

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

PIN # 4747595082.000

APPLICANT/OWNER: Michael S Moose APPLICANT ADDRESS: 207 Big Forest Drive Statesville NC 28677

SITE ADDRESS: 640 Jennings Rd Statesville NC 28625 PHONE: 704 680 8606 ALT. PHONE 704 402 2710

SITE DIRECTIONS: Hwy 21 N Left Jennings Rd 5 miles 1/4 mile past Iredell water on Right SAP CONTROLLED: [X] YES [ ] NO

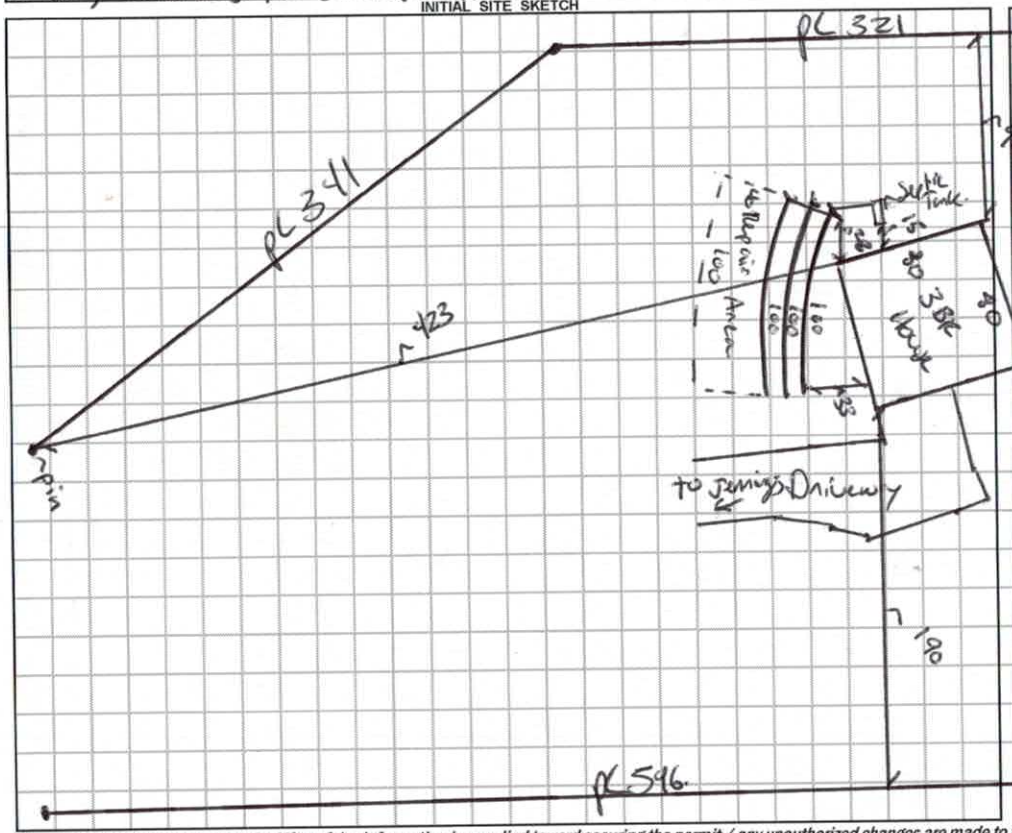
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.529 Acres DESIGN FLOW: 360 L.T.A.R.: 330

Septic Tank	1000 (gal)	STB	1012	Date	4-27-19	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT		Date		System Description:	Gravity 25% Reduction		
Pump Make	—	Model		Serial #		Repair System Description:	Gravity 25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE		

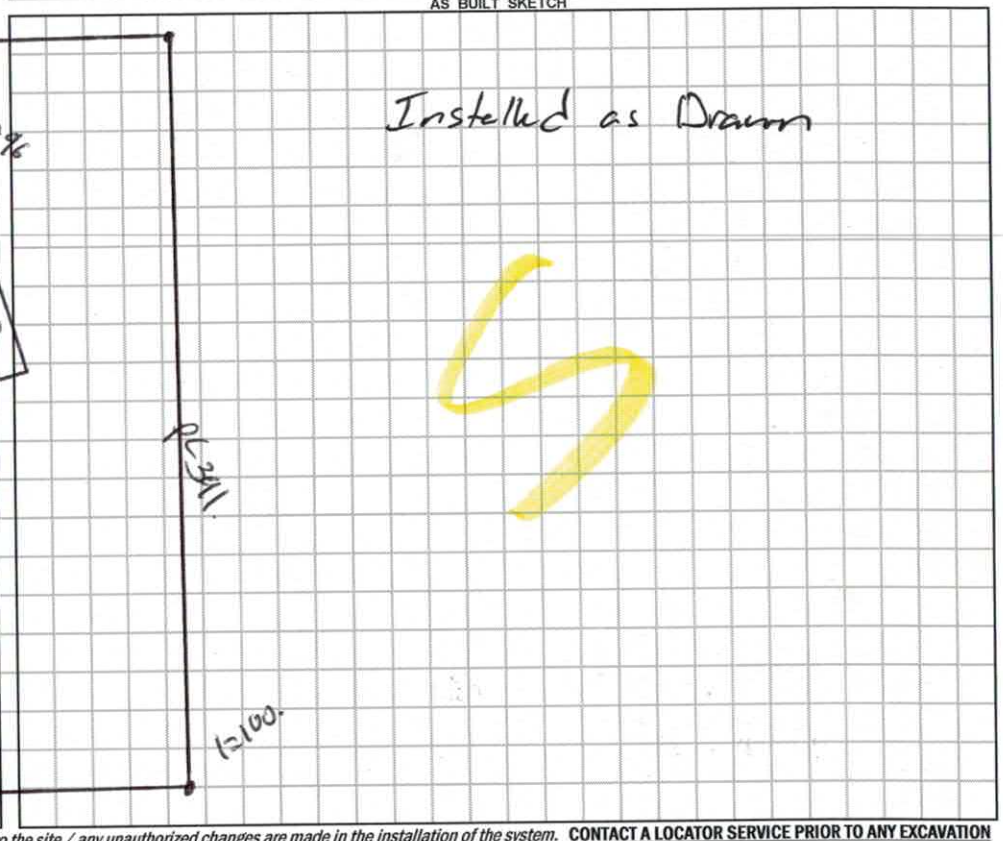
[X] Residence	No. Bedrooms	3	Water Supply
[ ] Business	No. Persons	6	[ ] Private
[ ] Other	No. Employees		[X] Public
[ ] Slab	[X] Crawl Space		[ ] Community
[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Install Septic Drawing on the Contour of the Land and utilize Serial distribution. Do not drive, park, pave, or park on any utilities in drainfield Area.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Michael S Moose Date: 4-17-19 Installed by: Piedmont Backhoe (Steve Jordan)

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 4/17/19 OPERATION PERMIT by: [signature] Date: 6-25-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 4/17/19 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 9774756480
COUNTY: Iredell

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

OWNER: Michael Moore
ADDRESS: 207 Big Forest Drive
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 640 Jennings Rd SVC
APPLICATION DATE 7/11/18
DATE EVALUATED: 8/16/18
PROPERTY SIZE: 19 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	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	10% Side	0-7	Tsa sc		5YR4/6	24	–	–	PS .3.
		7-19	c SBk	ss sp FR SEx	2.5YR4/6				
		19-40	scl wSBk	ss sp FR Scl.	Mixed Mottles				
		40-65	LSaCM	VFR SExP.	Variable				
2	10% Side	0-21	c SBk	ss sp FR JExP	" "	31	–	–	PS .3.
		21-31	scl wSBk.	ss sp FR					
		31-65	LSaM	ns sp FR					
3	15% Side	0-9	sc SBk	ss sp FR SExP	" "	24	–	–	PS .3.
		9-21	c SBk	ss sp FR SExP.					
		21-40	scl wSBk	ss sp FR JExP.					
		40-60	LSaM	VFR					
4	15% Side	0-14	sc wSBk	ss sp FR JExP	" "	57	–	–	PS .3.
		14-34	c SBk	ss sp FR	" "				
		34-57	cl BK	ss sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	III 25%	III 25%
Site LTAR	.3	.3

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkin.
OTHER(S) PRESENT: Paul Pennington LSS.

COMMENTS: Large property.

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.

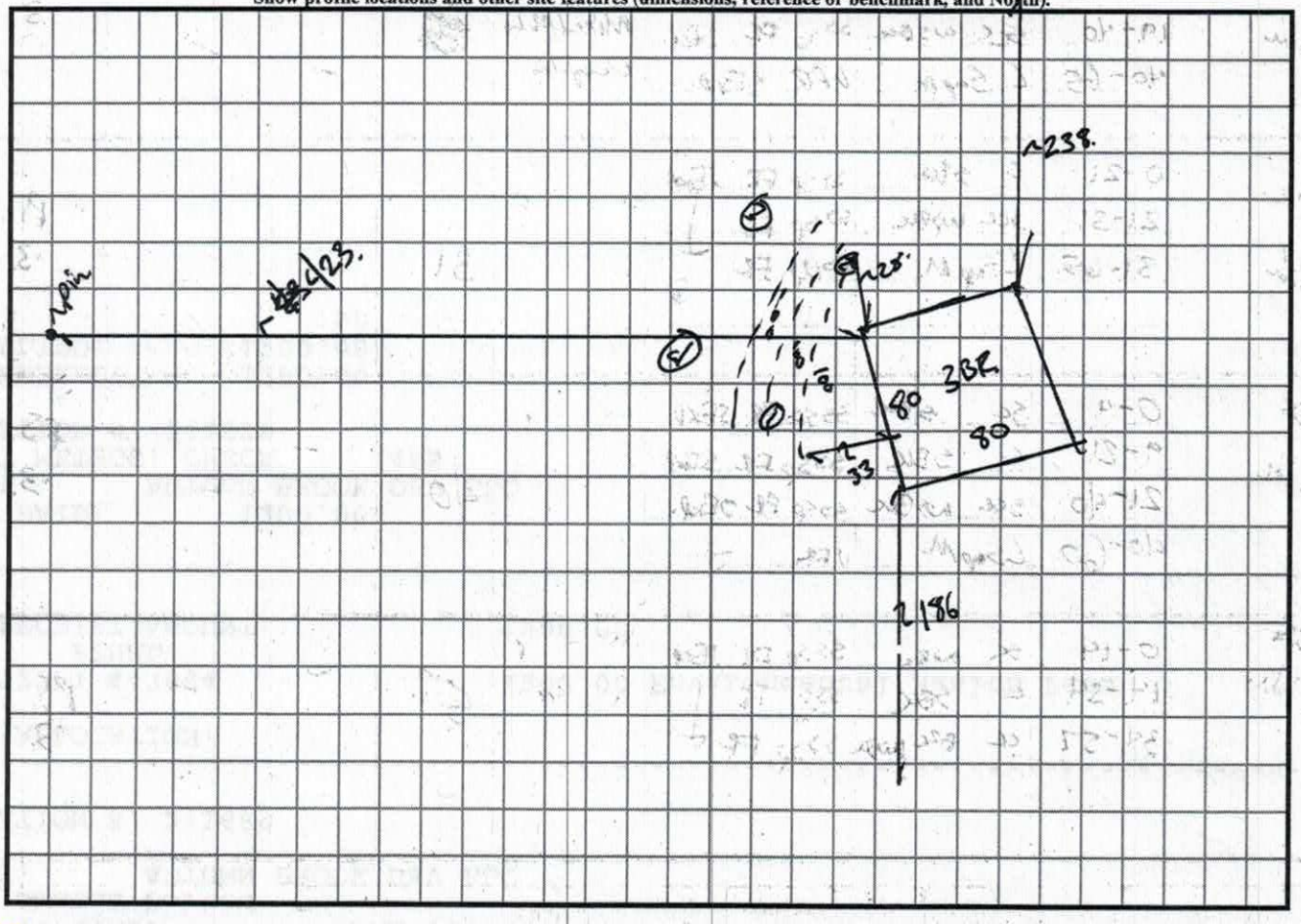
NOTES

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/ft²

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



RECEIVED APR 5 - 2019

Paid $105.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Ltd Redraw #237231

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: ( ) 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: Michael S. Moose Address: 207 Big Forest Dr. Statesville Zip: 28677
Applicant Email: MMoose44@gmail.com Phone: (704) 680-8606 Alt. Phone: (704) 402-2716
Owner Name: Michael S. Moose Address: same Zip: _____
Owner Email: same Phone: same Alt. Phone: _____

Property Information:

Street Address: 640 Jennings Rd. Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 N. to Exit 54, turn on Jenning Rd. about 1/4 mile past Iredell Water on Right

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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
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: Michael S. Moose 4-2-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

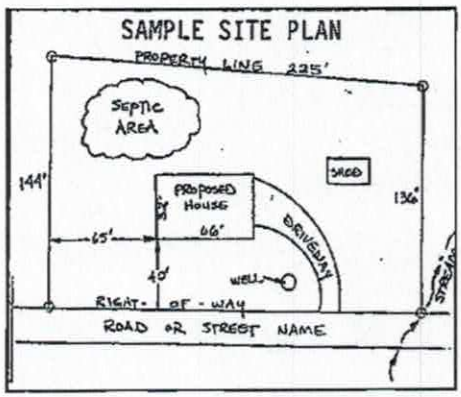
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

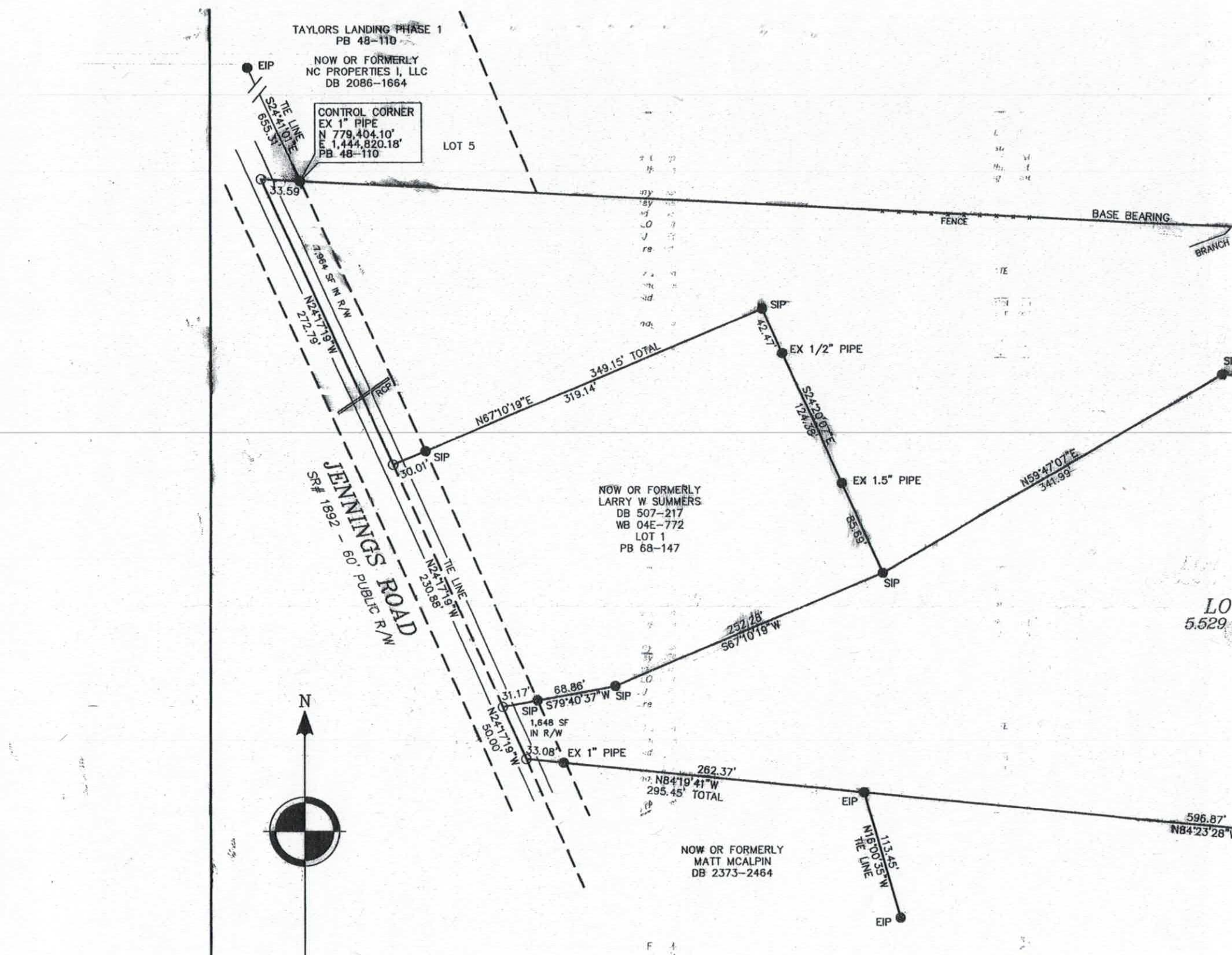
Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

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

Signature: Matthew B. Mast
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-2-19
DATE


TAYLORS LANDING PHASE 1
PB 48-110
NOW OR FORMERLY
NC PROPERTIES I, LLC
DB 2086-1664
EIP
TIE LINE
S24°41'01"E
655.37'
CONTROL CORNER
EX 1" PIPE
N 779,404.10'
E 1,444,820.18'
PB 48-110
LOT 5
33.59'
FENCE
BASE BEARING
BRANCH
3,964 SF IN R/W
N24°17'19"W
272.79'
RCP
JENNINGS ROAD
SR# 1892 - 60' PUBLIC R/W
SIP
349.15' TOTAL
N67°10'19"E
319.14'
30.01'
SIP
42.47'
EX 1/2" PIPE
S24°29'07"E
124.39'
EX 1.5" PIPE
85.69'
SIP
N59°47'07"E
341.99'
NOW OR FORMERLY
LARRY W SUMMERS
DB 507-217
WB 04E-772
LOT 1
PB 68-147
252.28'
S67°10'19"W
68.86'
S79°40'37"W
SIP
31.17'
SIP
1,648 SF
IN R/W
TIE LINE
N24°17'19"W
230.88'
N24°17'19"W
50.00'
33.08'
EX 1" PIPE
262.37'
N84°19'41"W
295.45' TOTAL
EIP
596.87'
N84°23'28"
113.45'
N16°00'35"W
TIE LINE
EIP
NOW OR FORMERLY
MATT MCALPIN
DB 2373-2464
N
LO
5.529

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*) Mitchell S. Moore

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, Mitchell S Moore, am the legal owner(s) of the property located at 640 Jennings Rd., identified as

PIN (Parcel Identification Number) 4747-59-8181, 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.

Mitchell S. Moore — Signature of Owner(s)

4-2-14 — Date

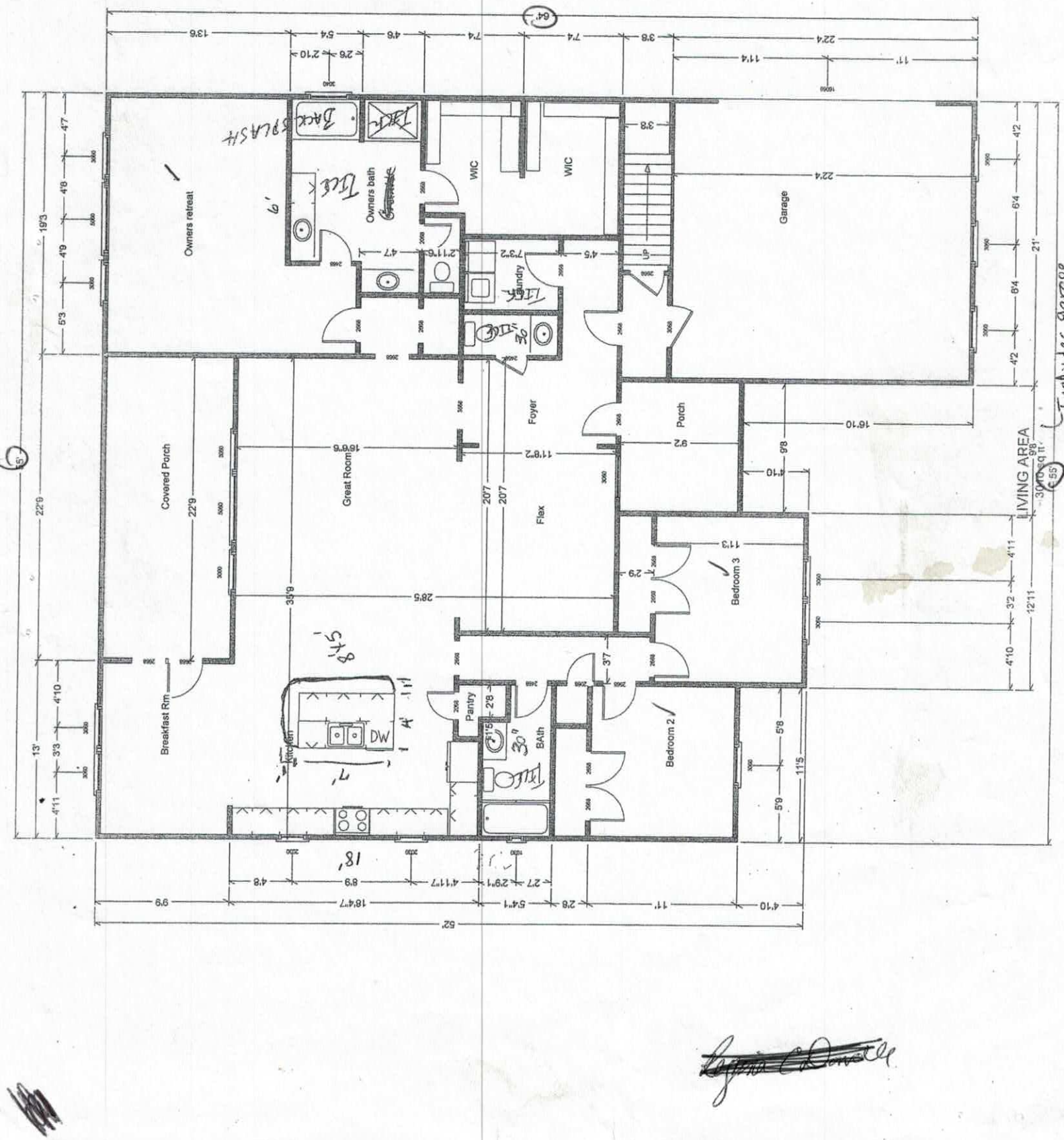
Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Mark D. M Date 4-5-19

Date 4/17/19



IREDELL COUNTY

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

APPLICATION NUMBER
237231
Issue Date: 07/13/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747596180.000	640 JENNINGS ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: SUMMERS LARRY W	Applicant: MOOSE, MICHAEL
Address: 618	Address: 640 JENNINGS
IREDELL CO, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
19.000	35.00	35.00	15.00	15.00	NO	X

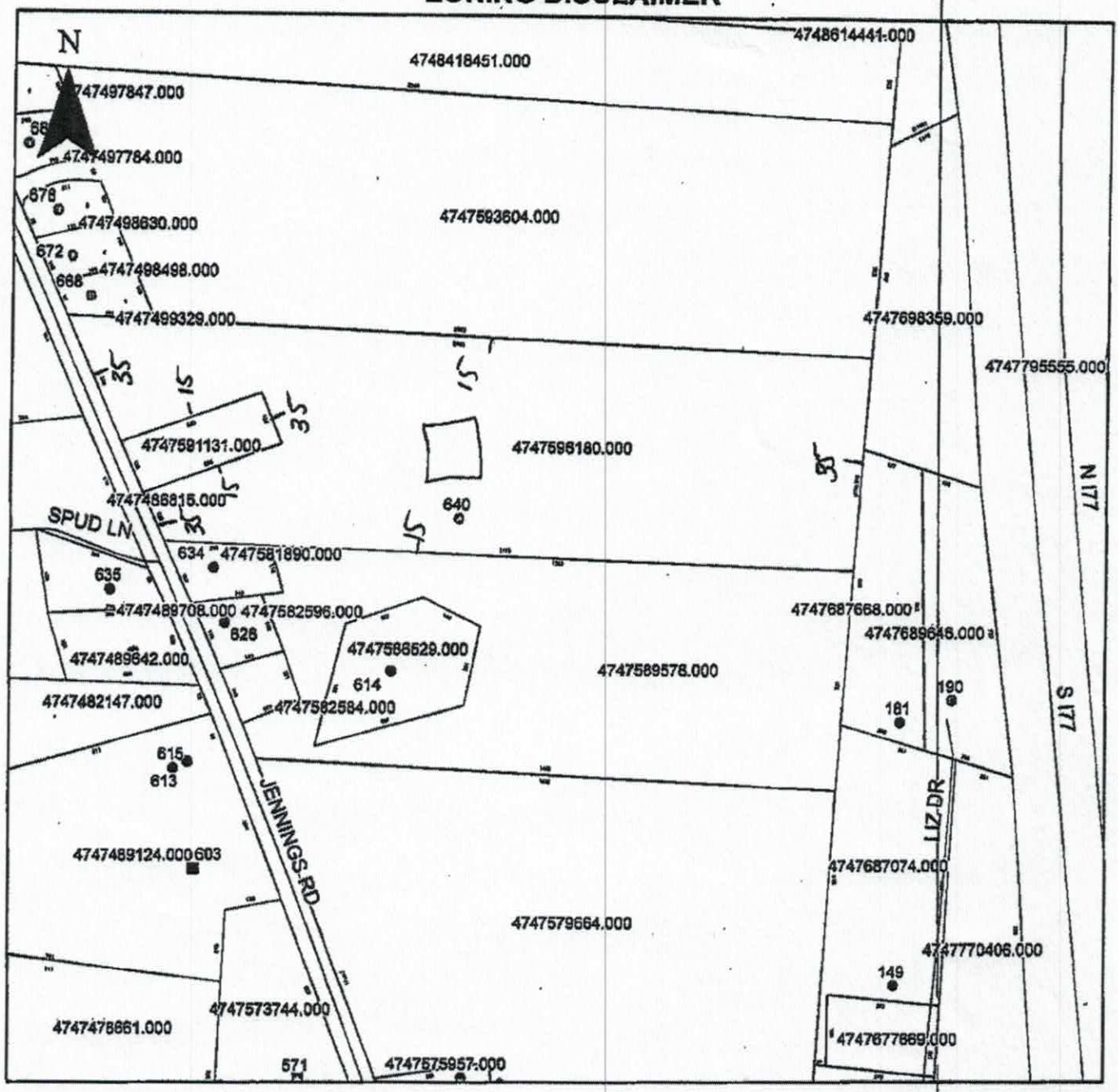
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	145445	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 640 Jennings Rd

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 Michael S Moose
Applicant

X 7-13-2018
Date