ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-320144

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

PIN # 4786 -- 10 -- 4381

APPLICANT/OWNER: PHILIP MOOREFIELD | APPLICANT ADDRESS: 1516 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 138 LONG POND DRIVE, STATESVILLE, N.C. 28625 | PHONE: 704-682-4450 | ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (R) ON LONG POND, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 7.078 AC | DESIGN FLOW: 480GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1012	Date	10/15/22	☐ 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:	DRIP IRRIGATION		
# Nitrification Fields	1	# Lines	5	Linear Ft	482FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE	

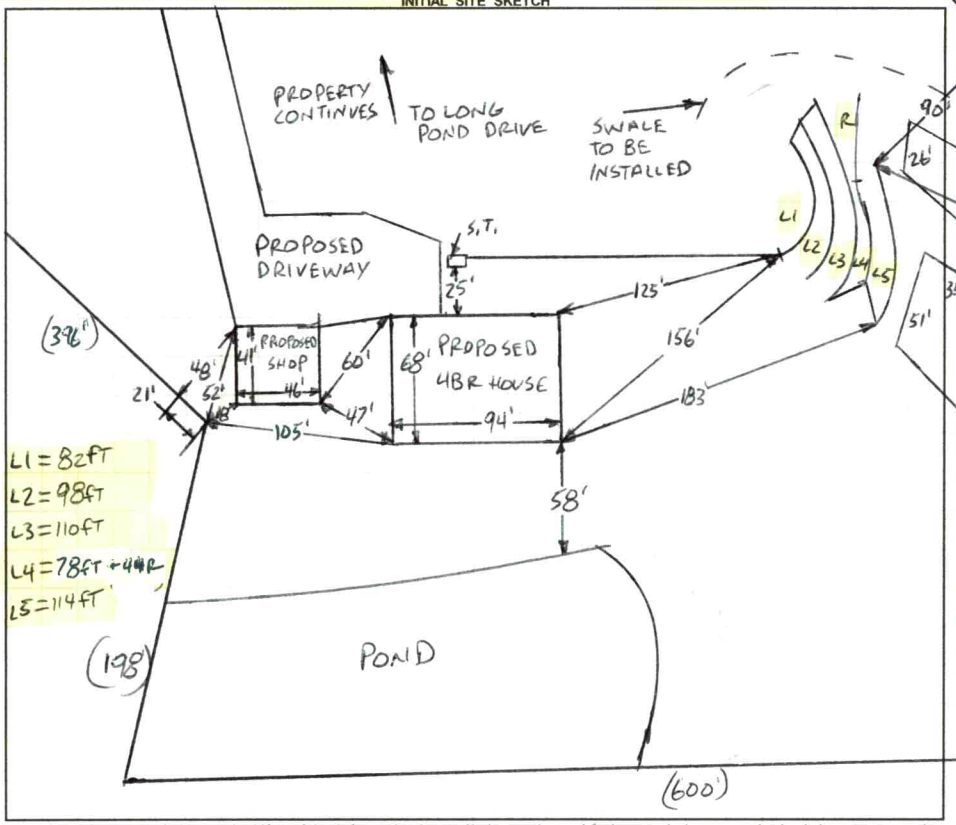
☑ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DITCH MUST BE FILLED, SWALL MUST BE INSTALLED, BASEMENT MUST BE ON GRINDER PUMP

PRE-CONSTRUCTION MEETING REQUIRED, DO NOT EXCEED A 36IN MAX TRENCH DEPTH 4BR SYSTEM MUST BE INSTALLED

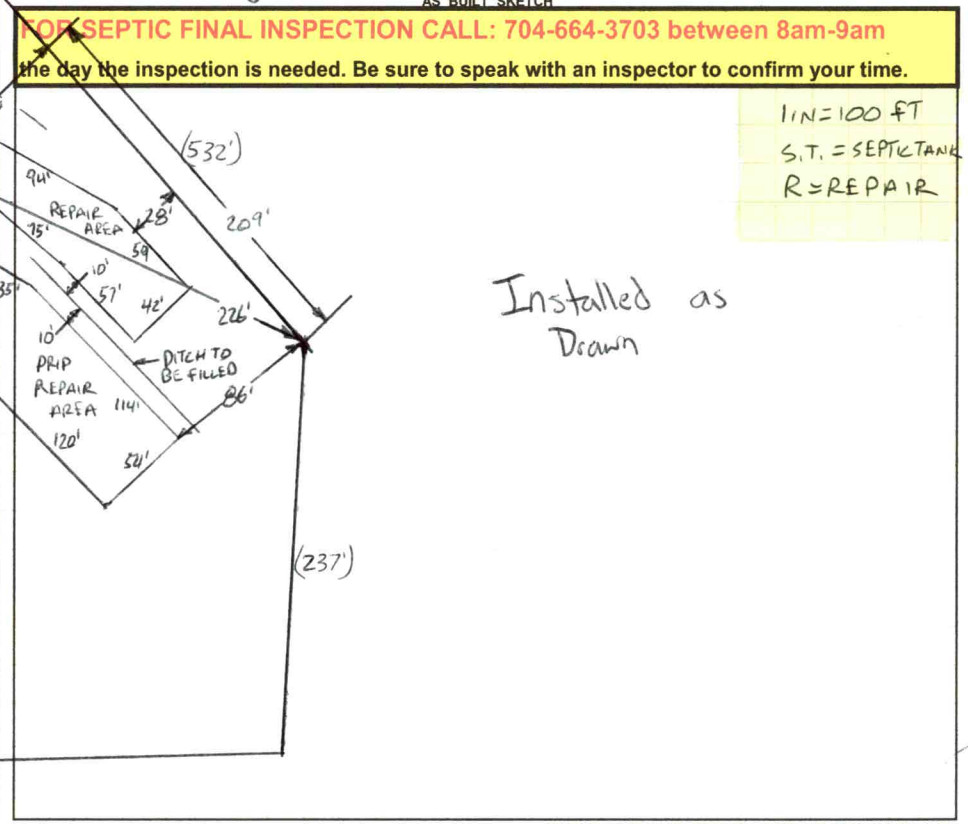
Good to go 1/4/23

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: Melissa Moorefield | Date: 8-30-21 | Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Bryant C. Hunter | Date: 8-27-2021 | OPERATION PERMIT by: Cory Hill | Date: 2/7/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. Hunter | Date: 8-27-2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4786-10-4381
COUNTY: IREDELL

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

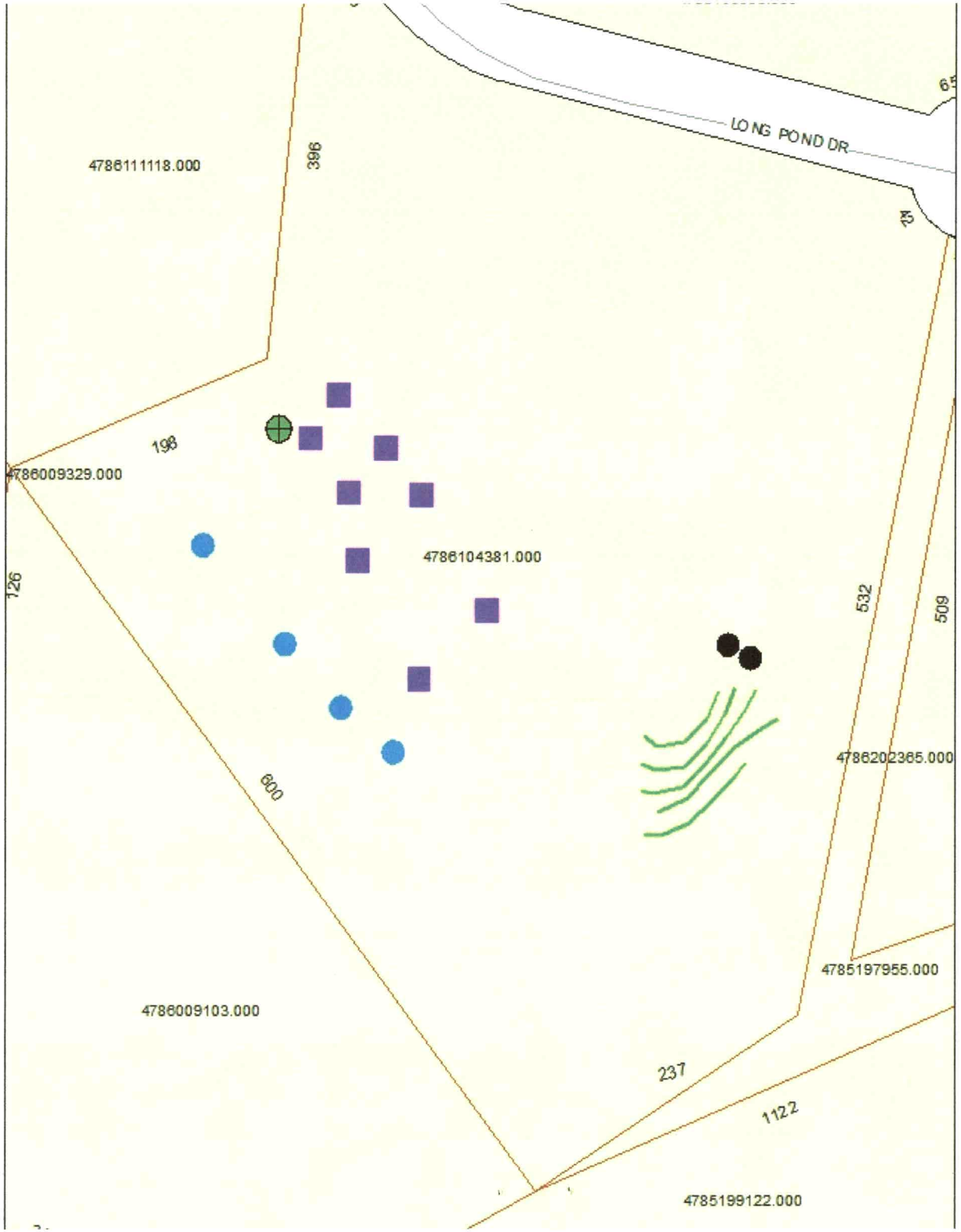
OWNER: PHILIP MOOREFIELD
APPLICATION DATE 8-4-2021
ADDRESS: 1516 MOCKSVILLE HIGHWAY, STATESVILLE, NC 28625
DATE EVALUATED: 8-13-2021
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 7.078A
LOCATION OF SITE: 138 LONG POND DRIVE, STATESVILLE, N.C. 28625
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

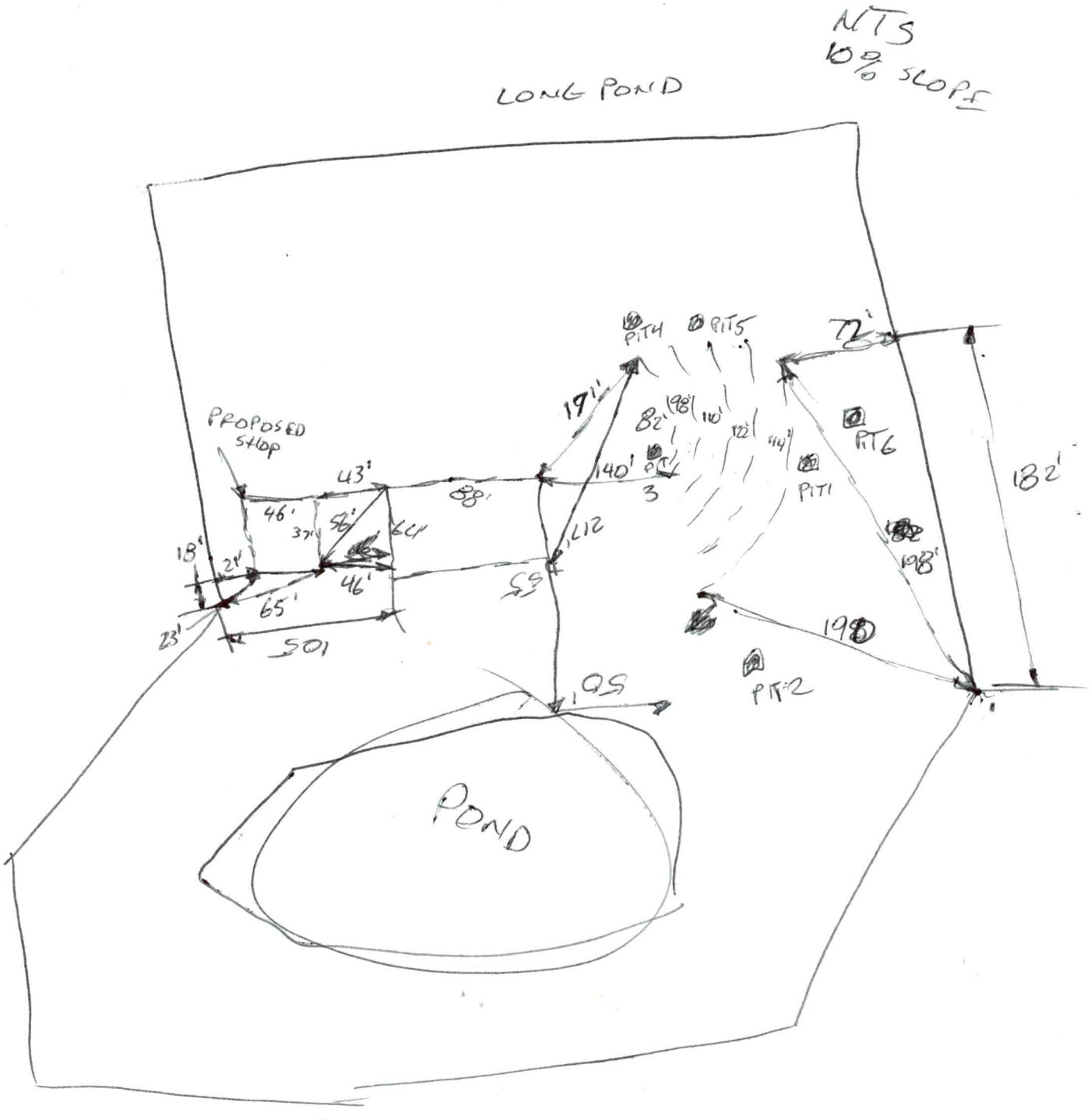
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HEAD 7%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .275
		10-38	C, SBK	FR, S, P, SEXP					
		38-52	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-9	MIXED PLOW LAYER		SAP INC THRU OUT FEW F1	27"	PS IT SL (F1)	NA	PS .25
		9-18	C, SBK	FR, S, P SEXP					
		18-27	CL, WABK	FR, SS, SP, SEXP					
		27-50	SAP, RC	FI, NS, NP, SEXP					
3	LINEAR SIDE 5%	0-6	MIXED PLOW LAYER		SAP INC THRU OUT FEW F1	56"+	NA	NA	PS .3
		6-38	C, SBK	FR, S, P, SEXP					
		38-56	CL, WSBK	FI, SS, SP, SEXP					
4	LINEAR SIDE/ HEAD 5%	0-21	FILL	MIXED	SAP INC THRU OUT	51"+	NA	NA	PS .3 if fill REMOVED
		21-51	C, SBK	FR, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
e Space (.1945)	PS	PS
e(s)	25%	DRIP
	0.25	0.1

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

PIT 5	~~LEG~~ HEAD 7%	0-7 7-29 29-49	FILL C, SBK CL, WSBK	MIXED FR, S, P, SEXP FI, SS, SP, SEXP	SAP INC THRU OUT	49'1	NA	NA	PS .3
PIT 6	LINEAR SIDE 9%	0-7 7-22 22-51	PLOW LAYER C, SBK CL, WSBK	MIXED FR, S, P, SEXP FI, SS, SP, SEXP	SAP INC THRU OUT FEW FI	51'1	NA	NA	PS .3


LONG POND DR
4786111118.000
396
198
4786009329.000
126
4786104381.000
532
509
4786202365.000
600
4785197955.000
4786009103.000
237
1122
4785199122.000


NTS
10% SLOPE
LONG POND
PROPOSED SHOP
PIT4
PIT5
PIT6
PIT1
PIT2
PIT3
POND
17'
82'
198'
110'
122'
114'
72'
182'
43'
88'
140'
46'
37'
56'
64'
112'
18'
21'
46'
65'
23'
501
55'
198'
198'
105'

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R12153

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-320144 Address: 138 LONG POND DR APN: 4786104381.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: R12153			**$577.25**

Date Paid: Tuesday, August 03, 2021

Paid By: MELISSA MOOREFIELD

Cashier: CCS

Pay Method: CHECK 1908

RECEIVED AUG 0 4 2021

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* AP-320144 $500.00

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: Philip Moorefield Address: 1516 Mocksville Hwy. Stvl. Zip: 28625
Applicant Email: philandmelmoorefield@gmail.com Phone: 704-682-4450 Alt. Phone: _____
Owner Name: Philip Moorefield Address: same as above Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 138 Long Pond Dr., Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy. 64 East, Right on Long Pond Dr, then property on right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building - shop
( ) 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: _____
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 (county 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: Melissa S. Moorefield 8-2-21
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*) Melissa S Moorefield

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.

_____ _____
Signature of Owner(s) Date

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

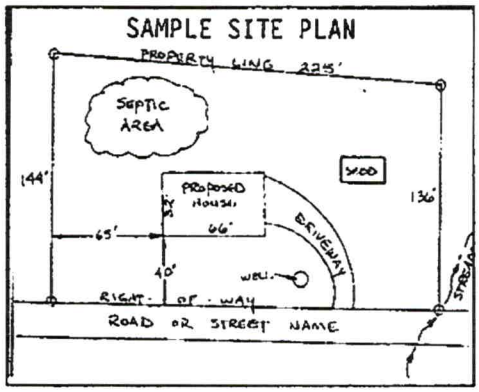
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

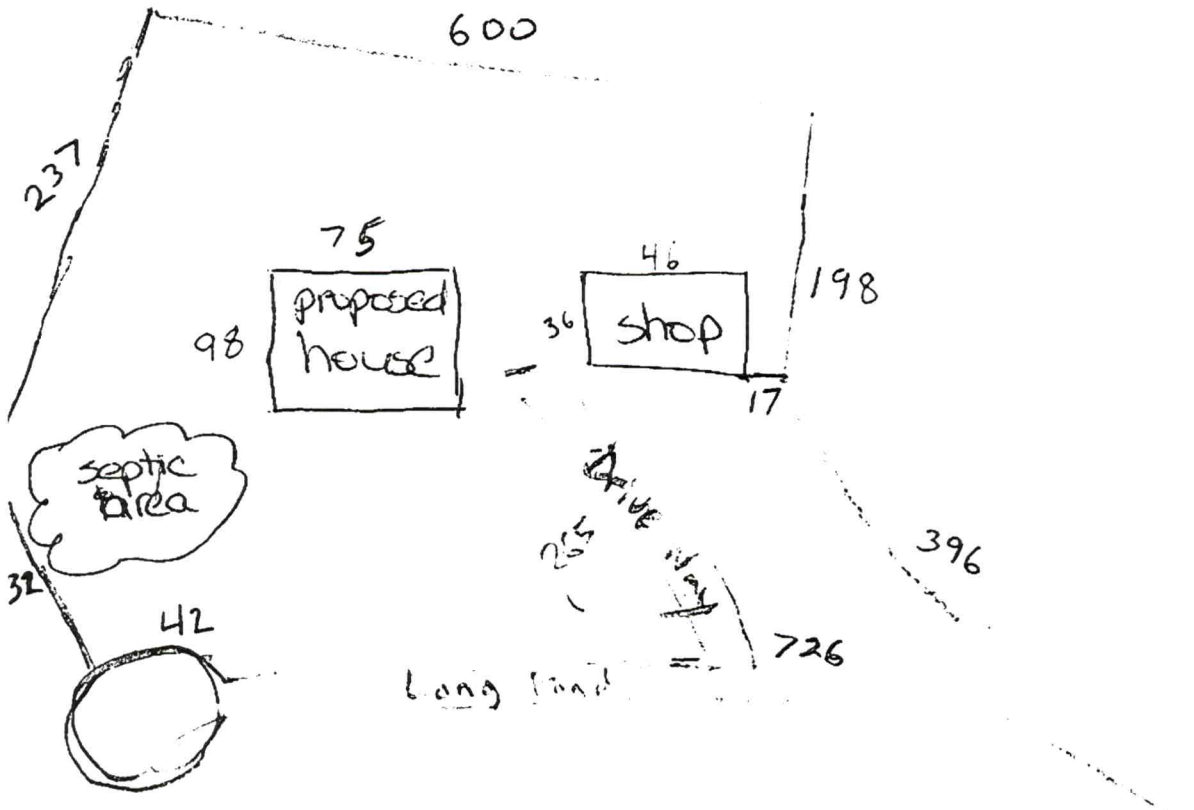
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Melissa S. Moorefield

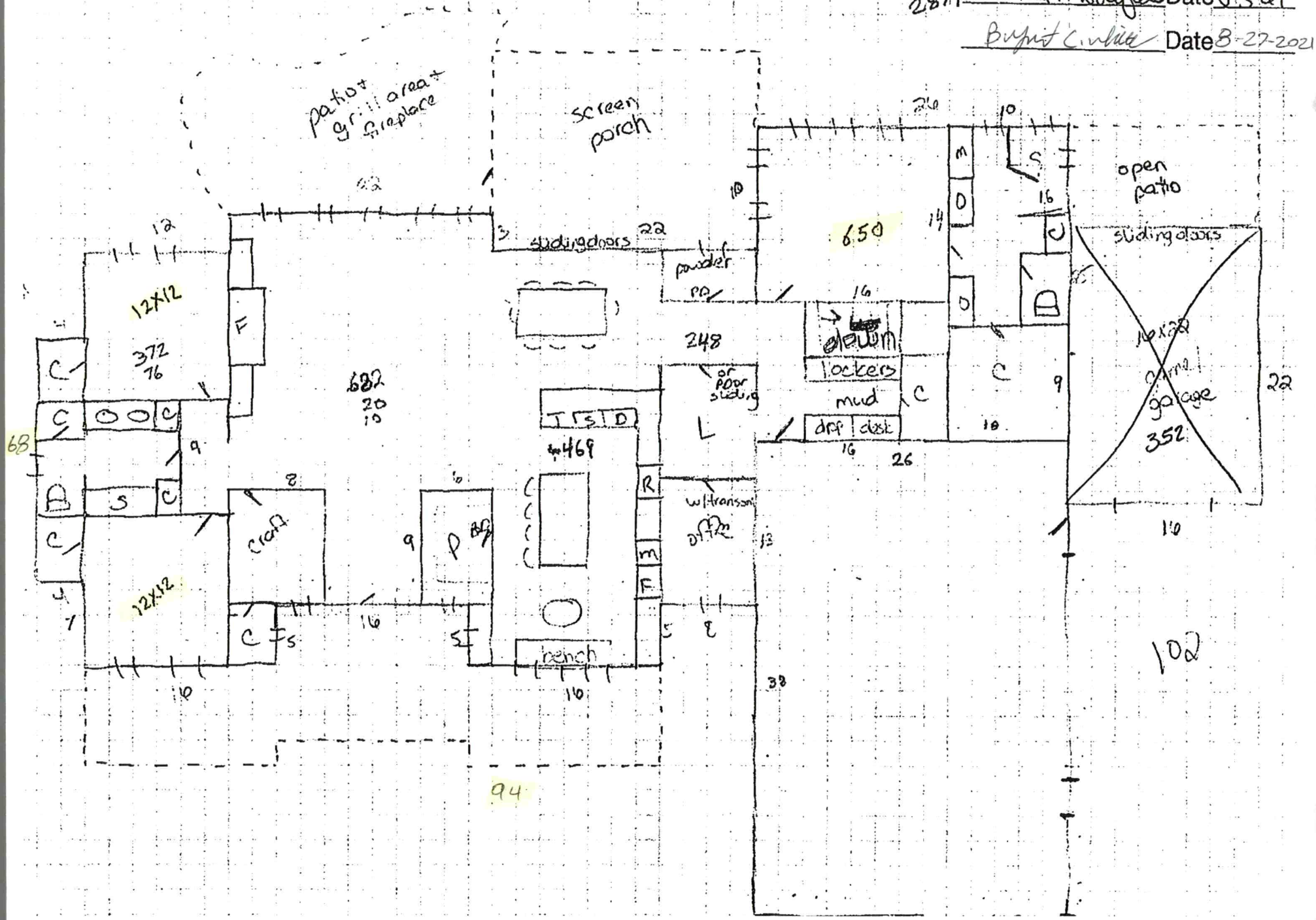
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-2-21

DATE

138 Long Pond
Statesville, NC 28625

Acknowledgement Of
Plans Submittal ONLY!
Melissa Mansfield Date 8-3-21
Bryant Cuthrell Date 8-27-2021



IREDELL COUNTY · NC

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

APPLICATION NUMBER
320144 Issue Date: 08/03/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4786104381.000	138 LONG POND DR	Iredell County

Owner Information	Applicant Information
Name: MOOREFIELD PHILLIP H	Name: MOOREFIELD PHILLIP H
Address: , Phone:	Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

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

Remarks
SFD 138 LONG POND DR.

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: 08/04/2021

Signature of Owner/Contractor

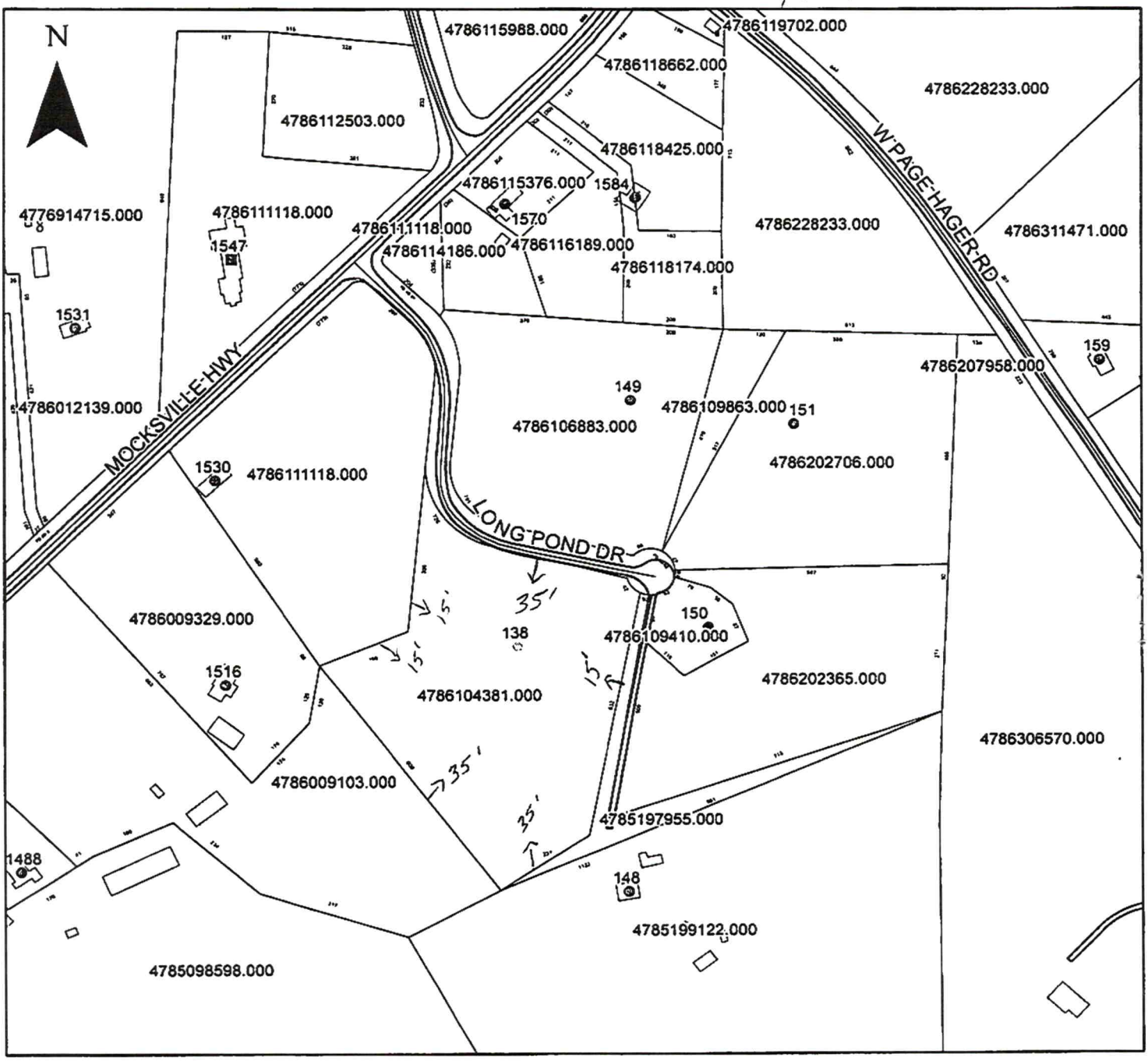
Permit Number	320144	TOTAL FEES:	$77.25

320 144

KH
WS - NO
FL - NO

1.018 AC

ZONING DISCLAIMER



Property Address 138 Long Pond Dr.

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.

Melissa S. Mansfield
Applicant

8-2-21
Date