828-244-9898.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224559

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

PIN # 4853-47-2911 48.9024

APPLICANT: Richard + Brittany Moore APPLICANT ADDRESS: 154 Woods Rd. Apt. #106 Winston Salem, NC

SITE ADDRESS: 1000 Union Grove Rd. Union Grove, NC PHONE: 704-437-1898 ALT. PHONE:

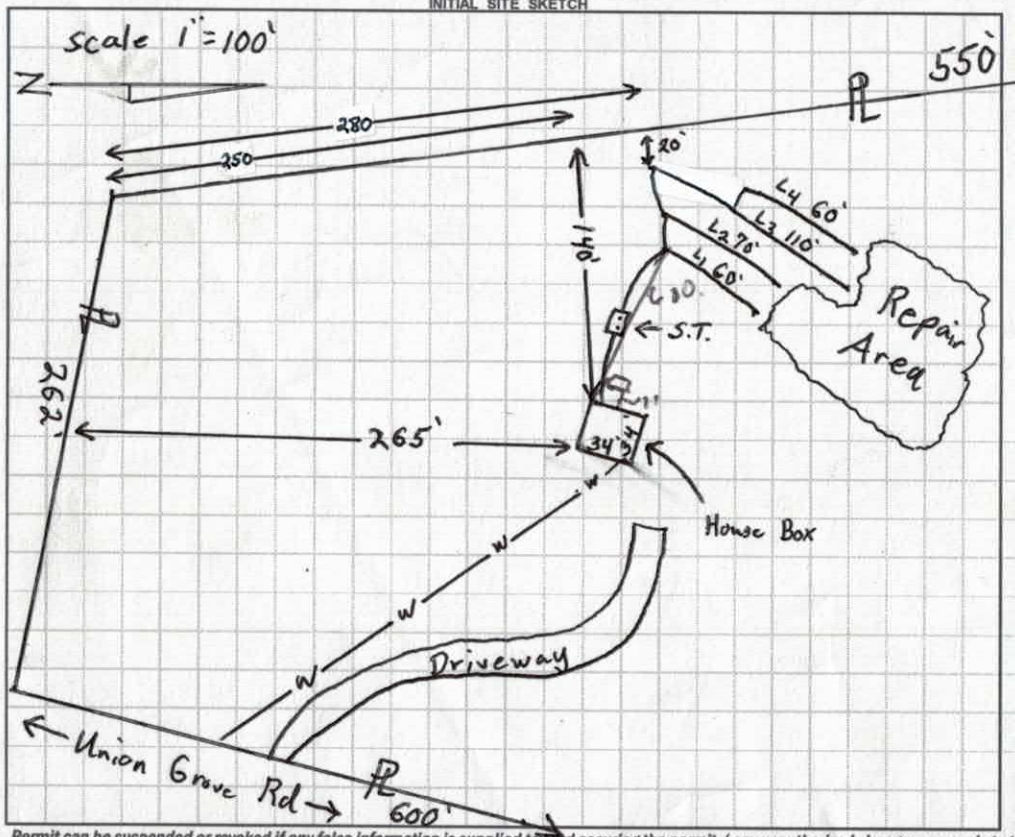
SITE DIRECTIONS: I-77 N → L on Mullis Rd (Rt 901) → R on Union Grove Rd → Site on left

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.00 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

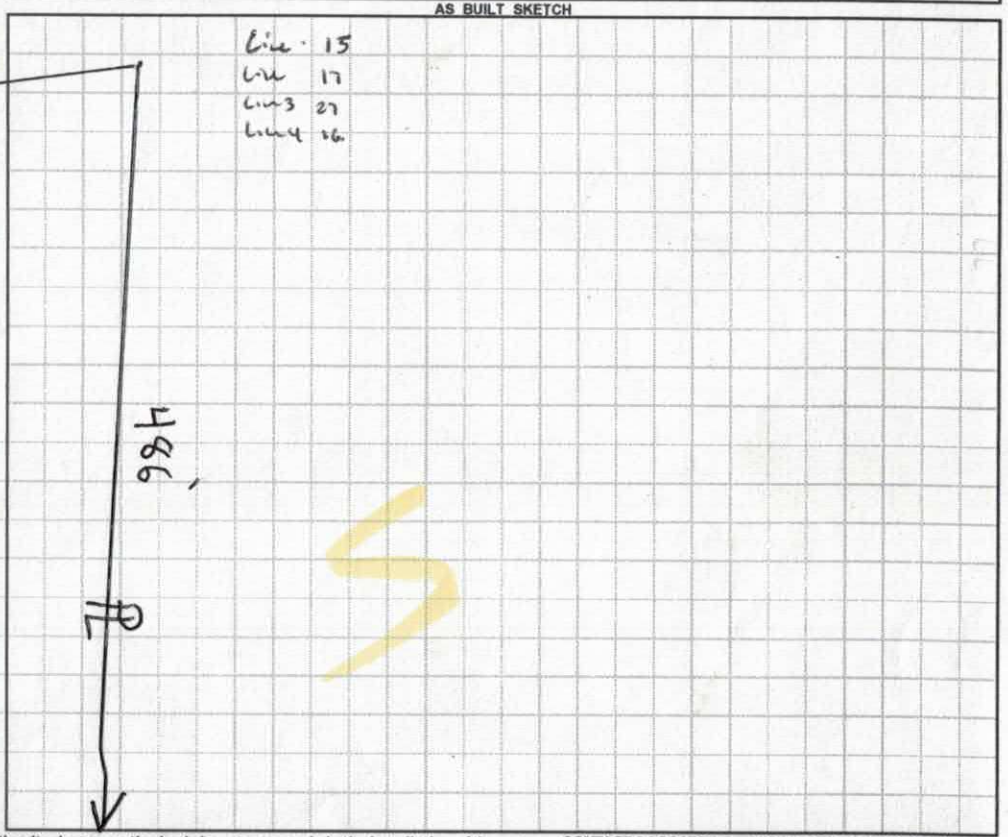
Septic Tank	1000	(gal)	STB 160	Date 7-10-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial # —	Repair System Description: 25% Reduction				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth	26" [lowside]	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years

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.* ☒ **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: Brittany Moore Date: 5-15-17 Installed by: Shane JTW Homes

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/22/17 OPERATION PERMIT by: Benjamin Bowers Date: 10/3/17.

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/23/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

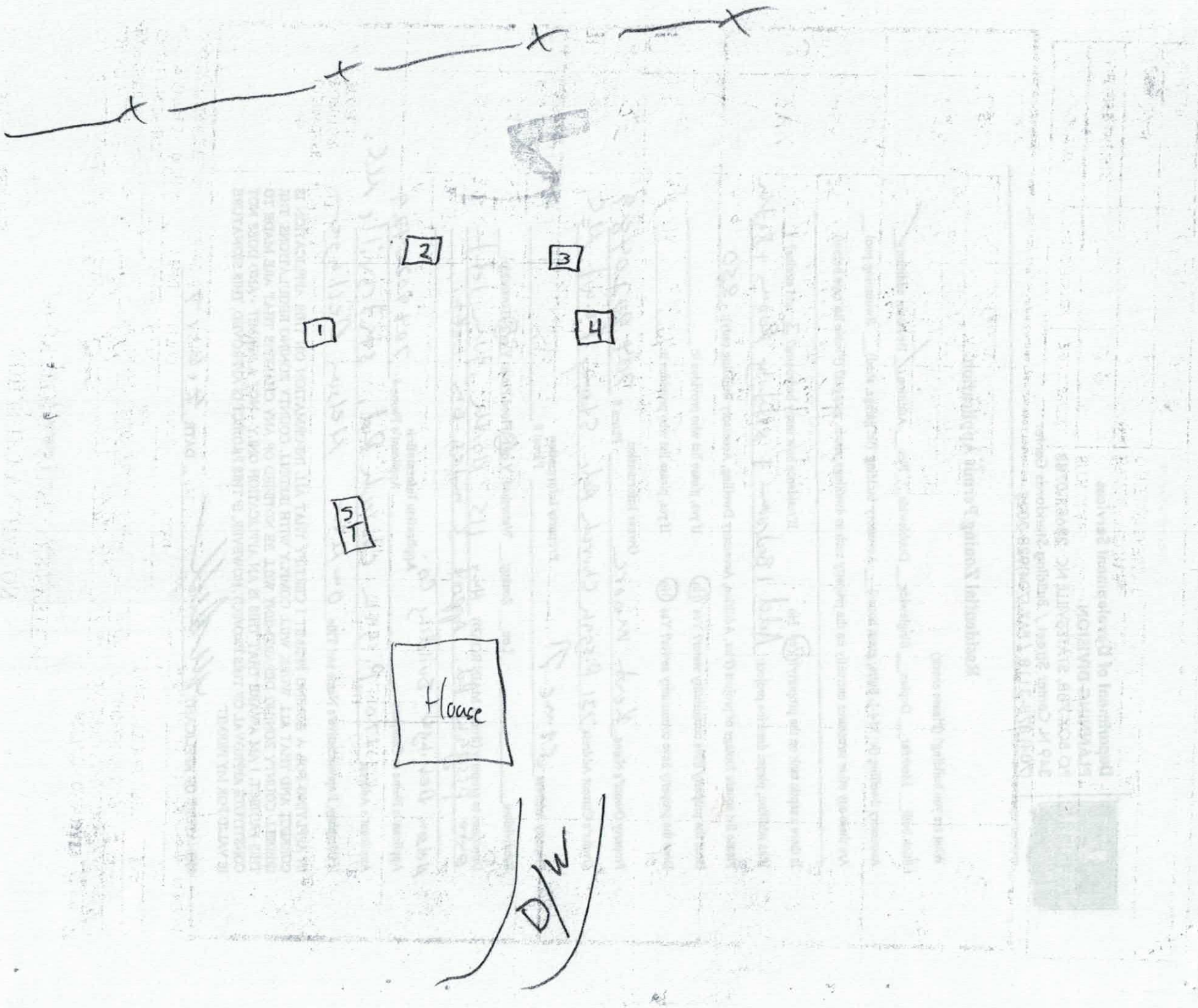
OWNER: Richard + Britney Moore — APPLICATION DATE: 1-21-17
ADDRESS: 154 Woods Rd Apt # 106 Winston Salem — DATE EVALUATED: 3/16/2017
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 5 acres
LOCATION OF SITE: 1008 Union Crowed Rd — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ 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	25% LSS Rear Back Upper	0-18	SCL V.W.SBK	Sl. Friable, SS Sp, Sap		42"			0.3 PS
		18-30	clay VW. SBK	Sl. Firm, SS Sp, Sap					
		30-42	Clay Loam W. SBK some rock	Sl. Friable, SS Sp, Sap					
		42-62	MA Loamy Saprolite	Friable + Moderately Drained					
		62-74	MA Sandy Saprolite	very Friable + well Drained					
2	25% LSS	0-17	SCL V.W.SBK	Sl. Firm, SS, Sp, Sap		48"			0.3 PS
		17-36	Clay w/m SBK +Gravels	Sl. Firm, SS Sp, Sap					
		36-48	Clay Loam + some SAP +Gravels	Sl. Friable SS Sp, Sap					
		48-70	Loamy MA Saprolite	well Drained r Friable					
3	24% LSS Repair Low	0-9	SCL W.SBK/ABK	Sl. Firm, SS Sp, Sap		38"			0.3 PS
		9-28	clay M-S ABK/SBK	Sl. Sticky Firm, SS Sp, Sap					
		28-38	Clay Loam W.SBK (some Sap)	Sl. Friable, SS Sp, Sap					
		38-60	Loamy Saprolite MA	Friable + Drained					
4	22% LSS Repair upper	0-13	SCL W. SBK	Sl. Firm, SS Sp, Sap		54"			0.375 PS
		13-32	Clay W. SBK	Sl. Firm, SS Sp, Sap					
		32-54	Clay Loam W. SBK	Friable SS Sp, Sap					
		54-62	Loamy MA Saprolite	very Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	25%	25%
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Mohammad Durjita

COMMENTS: ____


2
3
1
4
5
T
House
D/W

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ____ APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 3/1/2017
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
LOCATION OF SITE: 1000 Union Grove Rd PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: X 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	≈8% Shoulder	0-4	SCL W, SBK		—	28	—	—	P.f Needed
		4-24	Clay Loam w. SBK (1 mm Sap)	SI Friable, SS, Sp, Sexp					
		24-28	Clay Loam + Abundant SAP w/ SBK	Friable, SS, Sp, Sexp					
		28-40	Loamy Saprolite MA	very Friable + moderately Drained					
		40+	Dense Saprolite in Place						
	≈23% LSS	0-4	SCL W, SBK	SI Firm, SS, Sp, Sexp	—	36	—	—	P.f Needed
		4-36	Clay Loam w/ SBK some SAP 32"-36"	Friable, SS, Sp, Sexp					
		36-40"	MA Loamy Saprolite	Very Friable + moderately Drained					
		40+							
	≈23% slope LSS	0-3	SCL		—	36	—	—	P.f Needed
		3-36	Heavy Clay Loam common SAP 32"-36"	Friable SS, Sp, Sexp					
		36-41"	MA Loamy Saprolite	very Friable + moderately Drained					
		41"+	Dense Saprolite In Place						
	Front Side Side Slope [front yard]	0-3	SCL			38"			
		3-38"	clay						
		28-42"	MA Saprolite						

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

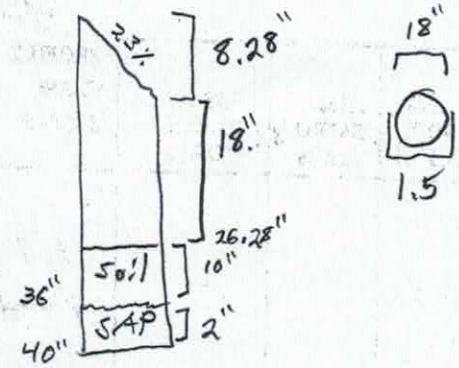
COMMENTS: ____

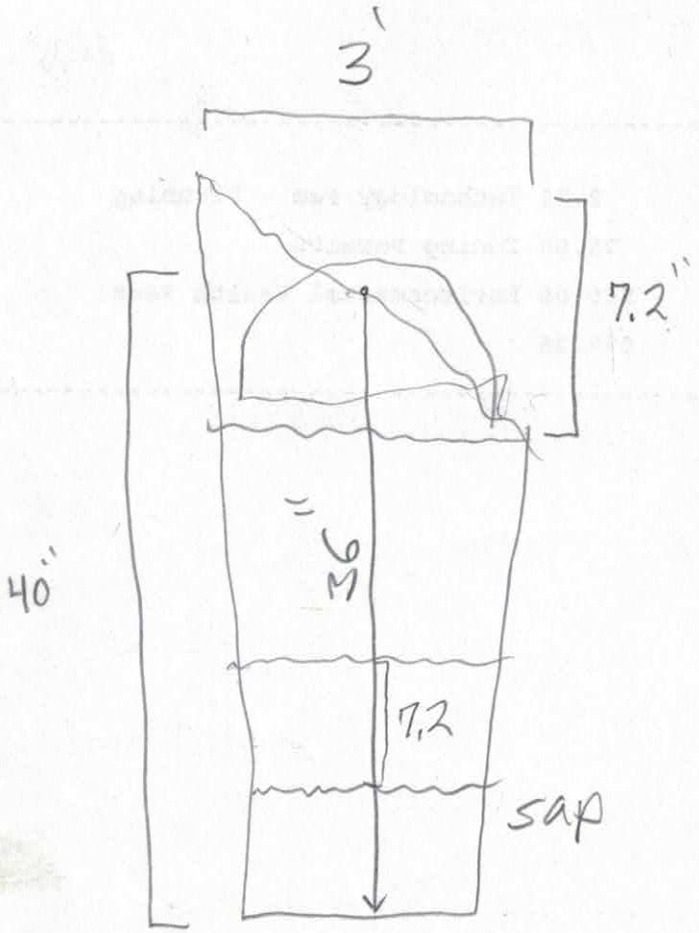
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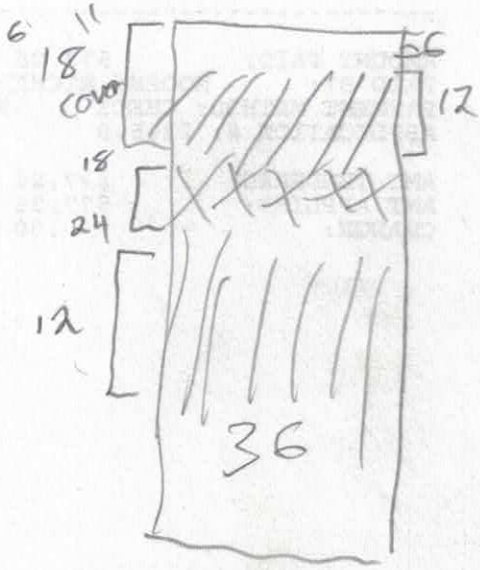
36-40" => 2" - 10" => 26"

18 + 8.28" => 26.28"
(23% correction)

36" => 26"







25 +

37

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit _X_Authorization To Construct ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Richard + Brittany Moore	154 S Woods Rd Apt 10 Winston Salem	7044371898	3368478432

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Richard + Brittany Moore	154 S Woods Rd Apt 10 Winston Salem NC 27106	7044371898	3368478432

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1000 Union Grove Rd Union Grove NC 28689		

Driving Directions: Exit 65 off I-77 N, turn left, drive to Union Grove School turn left on Union Grove Rd, drive 1.8 miles + property on left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Richard P Moore Brittany Vail Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/21/2017
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Richard & Brittany Moore, am the legal owner(s) of the property located at 1000 Union Grove Rd Union Grove NC 28689, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Brittany Vanhoy Moore Richard 1/23/17
Signature of Owner(s) Date

Ryan Price 1-23-17
Signature of Witness Date

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

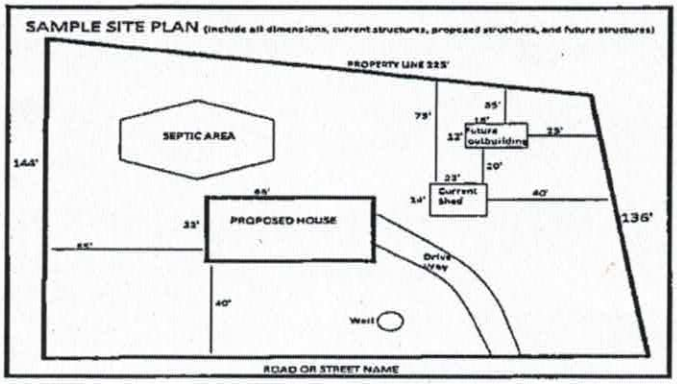
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

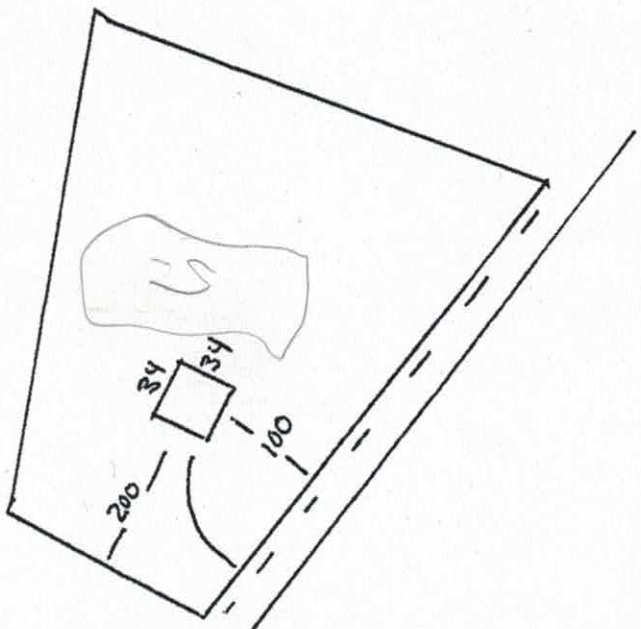
Circle N/A on the following if appropriate:

_____ 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



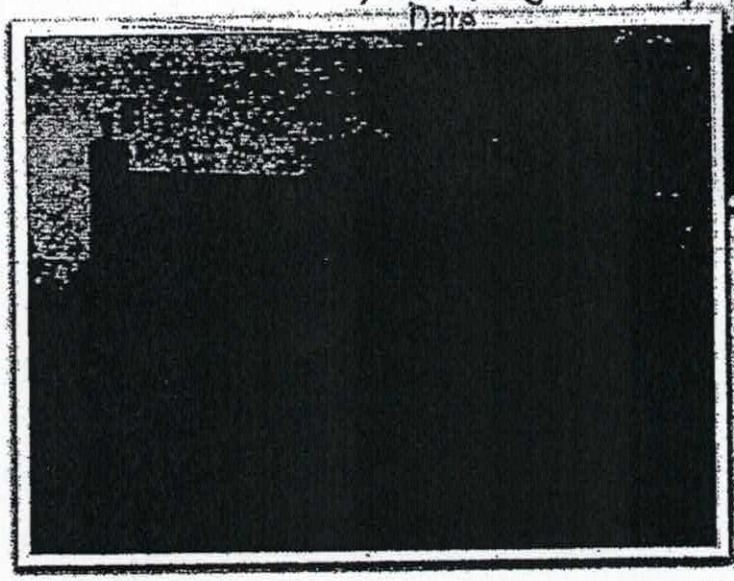
Signature: Brittan Watts Moore

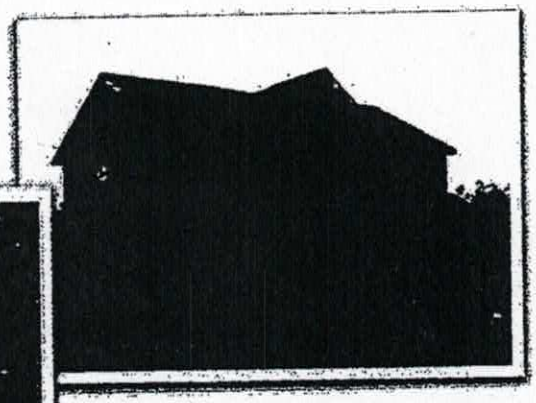
REQUIRED property owner or owner's legal representative signature.

1/23/17

DATE

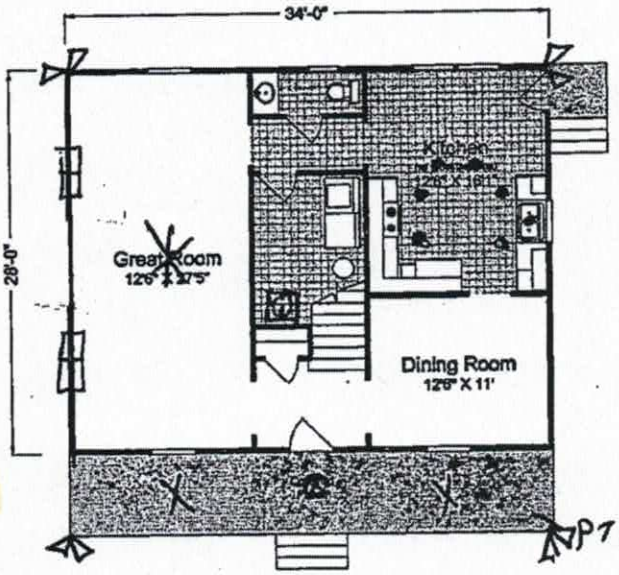
Acknowledgement MOORE
Plans Submittal ONLY!
Madison Homebuilders
Date
REVERSE
Date

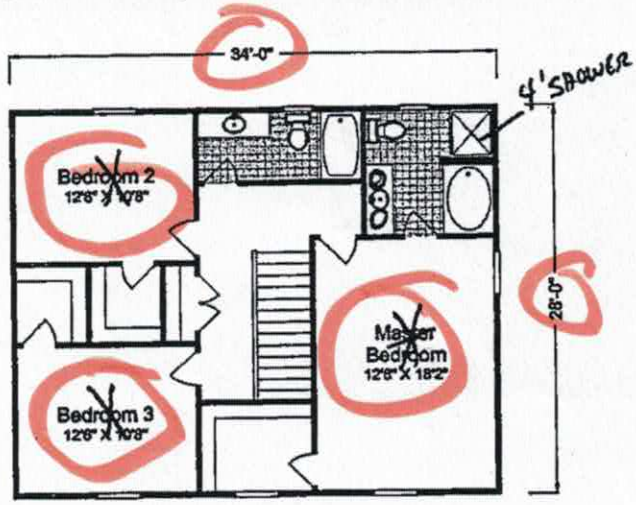




Acknowledgement
Plans Submittal ONLY!
Tom [illegible] Date 3/23/14
[illegible] Date 1/26/17

Providence - *The Providence takes elements of the Peterson and adds square footage for a modified interior layout. Shown above with optional concrete porch with brick steps, ceiling fans and masonry fireplace. Top right, shown with optional concrete porch with brick steps. A covered, pressure treated wood porch is included in the base price.*





1st Floor	*952*	*Sq. Ft.*
2nd Floor	*912*	*Sq. Ft.*
Total	*1,864*	*Sq. Ft.*
Porch	*204*	*Sq. Ft.*

This sheet is for illustrative purposes only. All dimensions are approximate. Floor plans and standard features may vary according to alternate style selected and are subject to change without notice. Optional items indicated are available at additional cost. MH032018

MICRO PREP

[illegible]

IREDELL COUNTY

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

APPLICATION NUMBER
224559
Issue Date: 01/26/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4853472911.000	1000 UNION GROVE ROAD, UNION GROVE, NC 28689	IREDELL COUNTY

Owner Information	Applicant Information
Owner: VANHOY CLINT D+REGINA D	Applicant: MOORE, RICHARD
Address: 1056 UNION GROVE RD UNION GROVE, NC 28689	Address: 1000 UNION GROVE UNION GROVE, NC 28689
Phone:	Phone: 704-437-1898

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
66.276	35.00	35.00	15.00	15.00	BOWH	AE

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	91447	TOTAL FEES:	$ 77.25