IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224004

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

PIN # 4854724775

APPLICANT: Moorefield Builders APPLICANT ADDRESS: 429 Fifth Creek Rd Statesville NC

SITE ADDRESS: 753 Union Grove Rd Union Grove NC PHONE: 704-880-6620 ALT. PHONE: 704-902-5273

SITE DIRECTIONS: 77N T/L 901 T/L Union Grove Rd

SUBDIVISION: N/A SECTION: W/L LOT # N/A LOT AREA: 1.586ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	Ex	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	1	# Lines	3		Linear Ft:	120			
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A			

☐ New System ☐ Repair ☒ Expansion System Type: I, II, ☒ III, IV, V, VI

System Description: 25% reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: 3 No. Persons: 6 No. Employees: ☒ Crawl Space

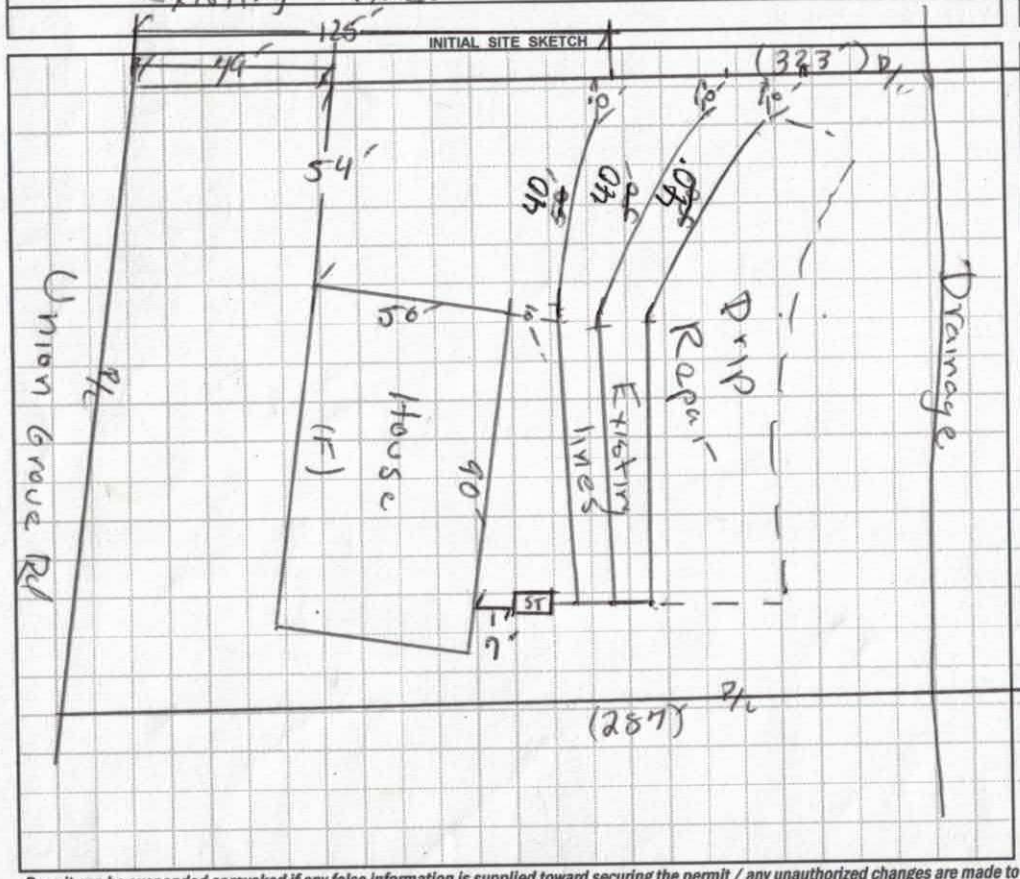
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction. Install at trench depth to match end of existing lines

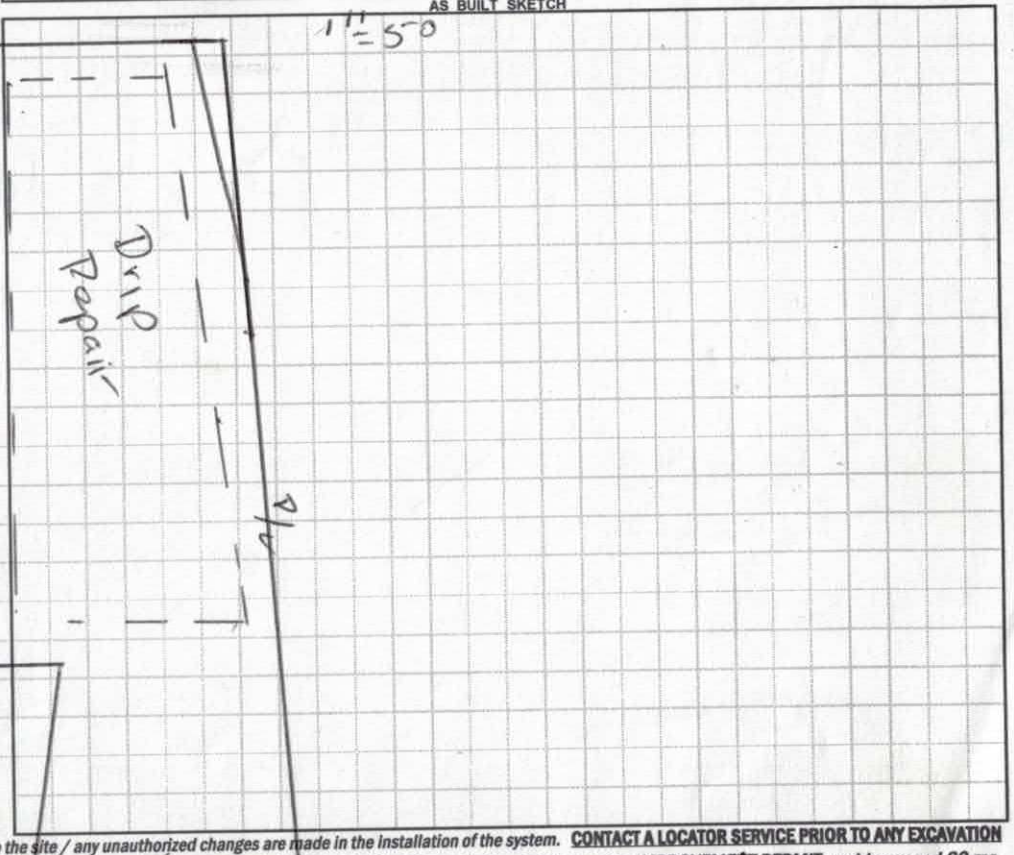
@ 40ft ea Installed 3 drainlines (Quick 4)

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 5'-0"



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: Matthew L Moorefield Date: 03/2/2017 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 02/15/17 OPERATION PERMIT by: Maria Dotson Date: 8/22/17

AUTHORIZATION TO CONSTRUCT by: Date: 02/15/17 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 495177477
COUNTY: Iredell

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

OWNER: Moorfield Builders — APPLICATION DATE: 12-29-16
ADDRESS: 753 Union Grove Rd — DATE EVALUATED: 1-24-17
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 1.586 ac
LOCATION OF SITE: 901 to Union Grove Rd — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other W/P
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 7%	0-10	SBK CL	fr SE	PS	PS	W/P	W/P	PS .125
		10-48	SBK C	fi SE					
2	FS 7%	0-14	SBK CL	fr SE	many yellow browns 37-48 chroma 2's @ 40"	PS	W/P	W/P	PS PS .2
		14-48	SBK C	fi SE					
3	FS 5%	0-6	manip	—	Water coming in hole @ 30"	PS	W/P	W/P	PS Drip 0.1
		6-24	SBK C	fi SE					
		24-48	ABK C	fi SE					
4	SS 5%	0-9	GR SCL		PS	PS	W/P	W/P	PS .25
		9-40	SBK C	fi SE					
		40-48	WSBK BK	fi SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
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)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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)

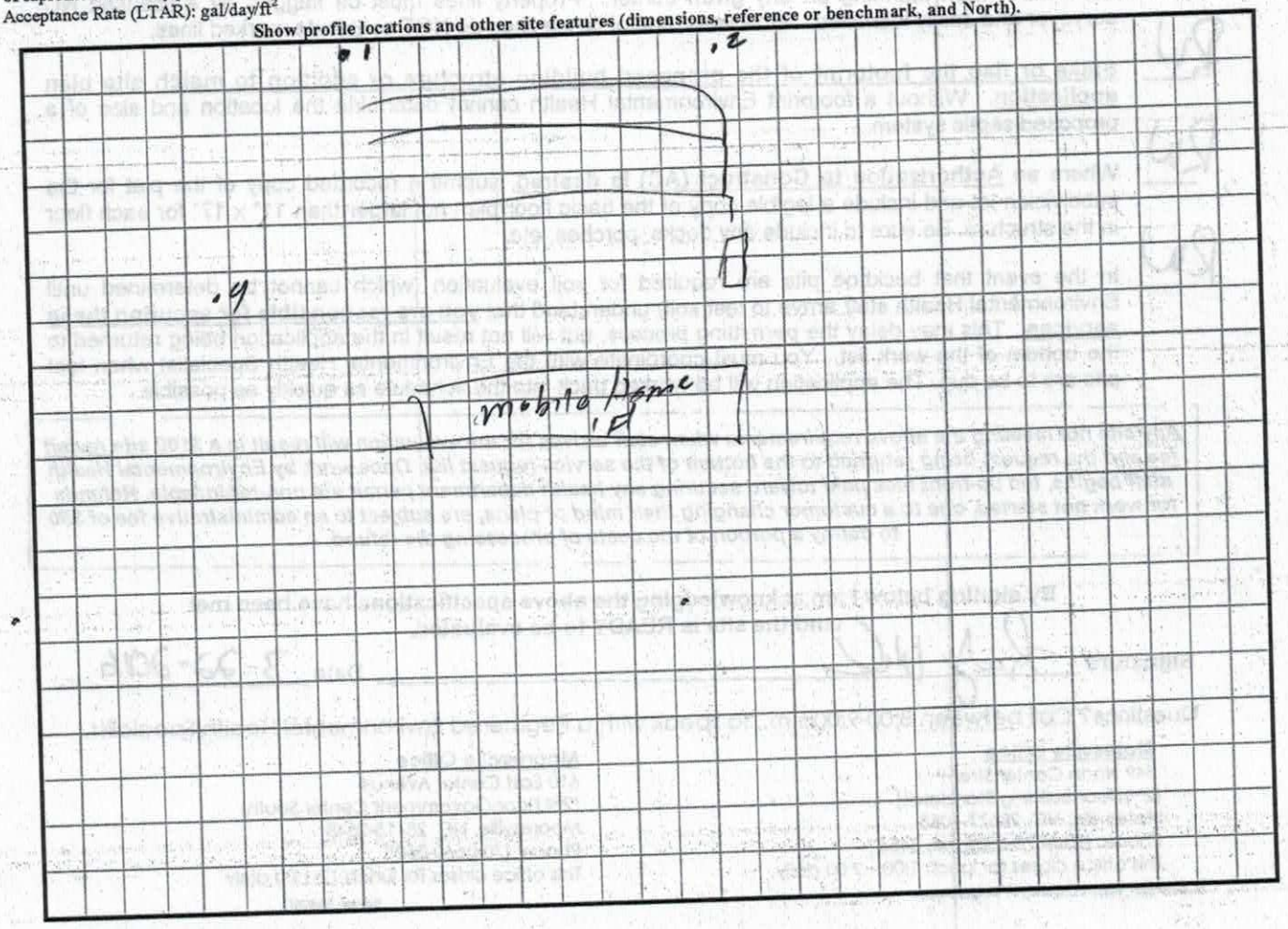
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), ~~PS (Provisionally Suitable), or U (Unsuitable)~~

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



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 ✓ 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

Statesville 902-5273

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Moorefield Builders Inc	429 Fifth Creek Rd	704 880 6620	
Owner Name: Rae Tulbert	753 union Grove rd		

4. **Property Information:**

753 union Grove Rd — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: 901 To union Grove Rd

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

(✓) 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 3
If Expansion, Current Number of Bedrooms 2

( ) 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 ( ) Other Public Water

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

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

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

9. **Signature:** _____ 12-29-2016
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Amber Tulbert, am the legal owner(s) of the property located at 753 Union Grove Rd, Union Grove, NC 28689, identified as PIN (Parcel Identification Number) 4854724775.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt Moorefield, Moorefield Builders Inc., 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.

Amber Tulbert 1/28/17 Matthew L Moorefield 2-13-2017

Signature of Owner(s) Date 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

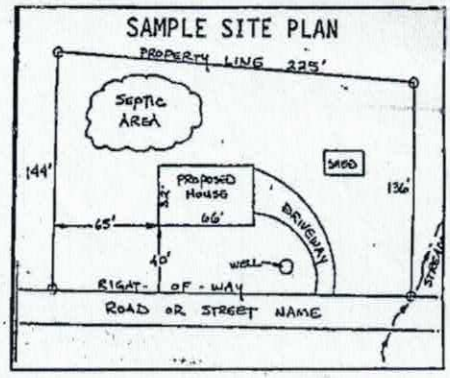
ENVIRONMENTAL HEALTH DIVISION

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

See Attached

Signature: _____ 12-27-2016

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

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT (1) / OPERATION PERMIT (2) / EXISTING SYSTEM INSPECTION

PERMIT # 169963 PIN # 4854-72-1699 DATE JANUARY 19, 2012

OWNER STEPHEN E. TULBERT APPLICANT: SAME PHONE: Home/Cell # 704-539-4479 Business # 704-902-5273

SITE ADDRESS 765 UNION GROVE RD (NEXT TO) OWNER / APPLICANT ADDRESS 765 UNION GROVE RD, UNION GROVE, NC 28689

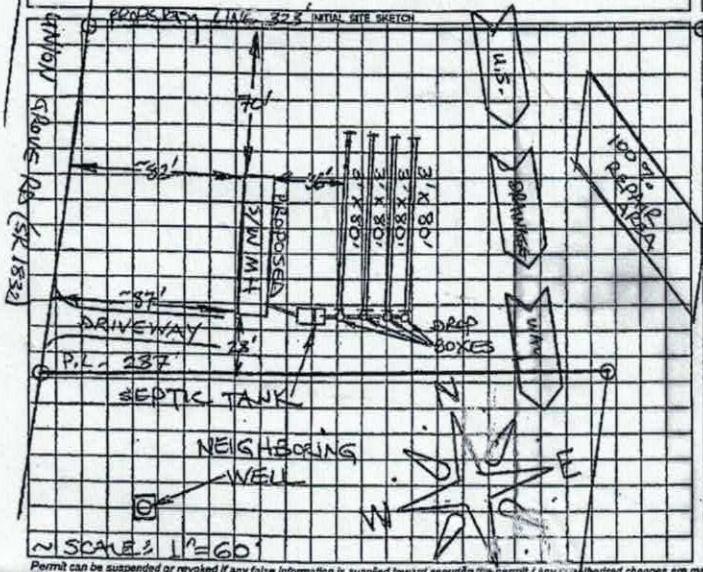
SITE DIRECTIONS I-77 N, TL NC 901 TR UNION GROVE ROAD, 3.0 MILES ON RIGHT, JUST PAST BOX #765

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 3.758 ACRES DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

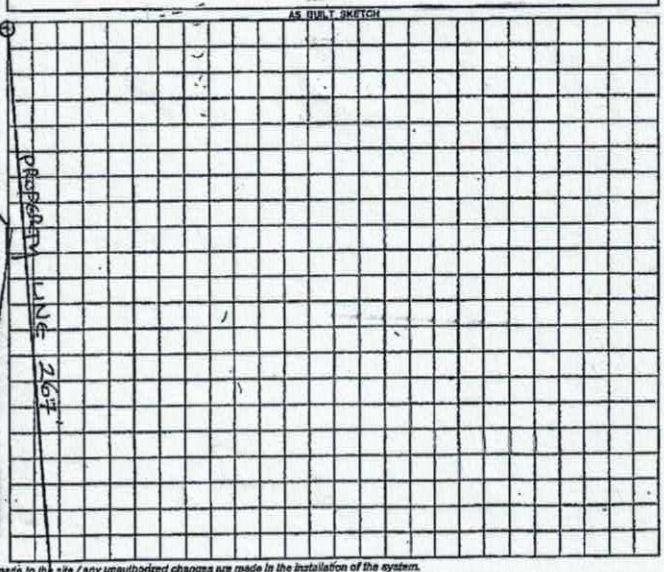
Septic Tank 1000	Gallons: STB 620	Date 11-3-11	☑ New System	☐ Repair	☐ Expansion	System Type I II III IV V VI	Water Supply: ☑ Private WELL
Pump Tank	Gallons: PT	Date	System Description: CONVENTIONAL, GRAVITY			☑ Residence No. Bedrooms 2	☐ Public
Pump Make	Model	Serial #	Repair System Description: CONVENTIONAL, PUMP			☐ Business No. Persons	☐ Community
No. Nitrification Fields: 1	No. Lines FOUR Linear Feet 320		Maintenance Agreement Required ☐ YES ☑ NO			☐ Other No. Employees	
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth 12"	☑ GRAVITY ☐ PRESSURE			☐ Slab ☑ Crawl Space	
						☐ Basement w/plumbing ☐ Basement w/o plumbing	

Comments / Conditions: (1) AN ACCEPTED SYSTEM MAY ALSO BE USED.
(2) KEEP SYSTEM MINIMUM 100' FROM ANY WELL.

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 will not valid without expiration ☐ IMPROVEMENT PERMIT will not valid without expiration ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 1-24-12 Installed by: Andy Davis

IMPROVEMENT PERMIT by: STEVE HENRICK REHS Date 1-19-12 OPERATION PERMIT by: J. Jones REHS Date 3-12-12

AUTHORIZATION TO CONSTRUCT by: STEVE HENRICK REHS Date 1-19-12 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final Owner / Applicant) PINK COPY (Initial Owner / Applicant)

IREDELL COUNTY

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

APPLICATION NUMBER
224004
Issue Date: 12/27/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4854721699.000	753 UNION GROVE ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TULBERT STEPHEN E+CAROL G	Applicant: MOOREFIELD BUILDERS IN
Address: 765 UNION GROVE RD UNION GROVE, NC 28689	Address: 429 FIFTH CREEK RD. STATESVILLE, NC 28625
Phone:	Phone: 704-880-6620

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.758					BOWH	X

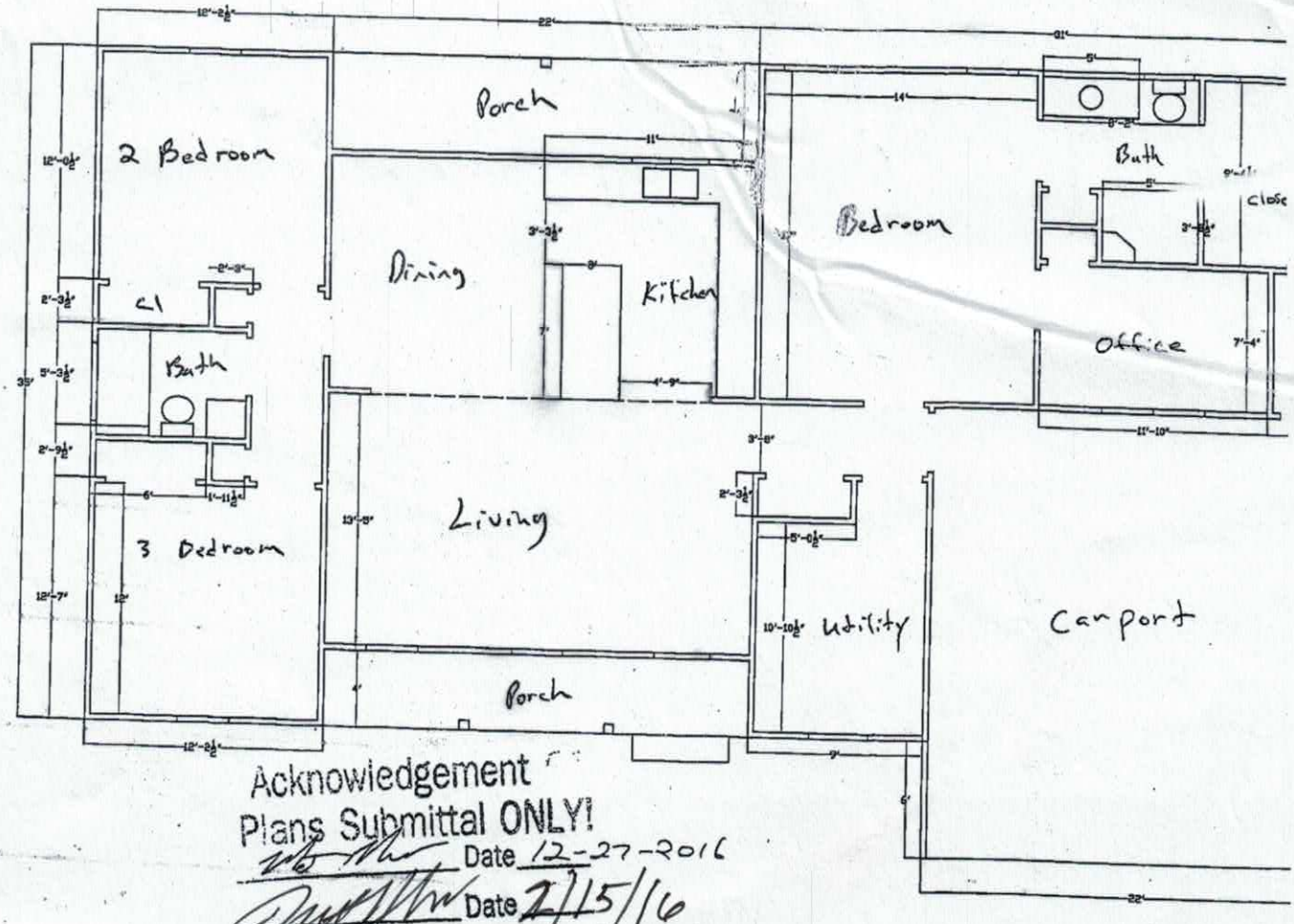
Remarks:

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	89171	TOTAL FEES:	$ 77.25

753 union grove



Acknowledgement
Plans Submittal ONLY!
Date 12-27-2016
Date 2/15/16