ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321270

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

PIN # 4860 -- 64 -- 5945

APPLICANT/OWNER: Optimistic Venture Group | APPLICANT ADDRESS: 201 N. Mc Dowell St, # 33306 Charlotte, NC 28233

SITE ADDRESS: 125 Ashford Dr. Olin, NC 28660 | PHONE: 980-215-3837 | ALT. PHONE

SITE DIRECTIONS: 77N → Tomlin Mill exit → (R) Tomlin Mill → (L) Tabor → (R) Ashford | SAP CONTROLLED: ☐ YES ☒ NO

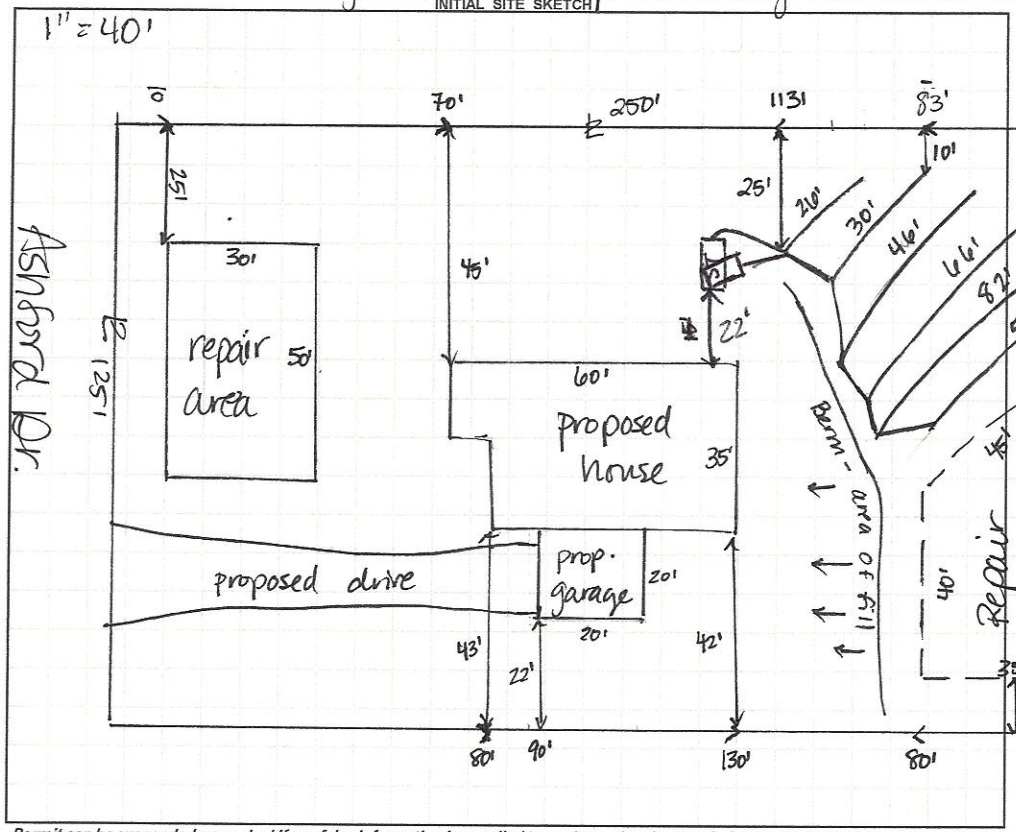
SUBDIVISION: Holly Ridge | SECTION: 2 | LOT # 4 | LOT AREA: 0.73 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 (I&R)

Septic Tank	1000 (gal)	STB	765	Date	2-9-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction PPIBPS (LP)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Divert all drainage from drainfield. Swale not deep enough to require being filled but land should be graded to keep drainage from drainfield. Do not install in fill. Install on contour, use serial distribution. Do not pave, grade, park

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.

INSTALLED AS SHOWING

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: Jeanne M. Moulton | Date: 10/22/21 | Installed by: MAIDEN GRADING

IMPROVEMENT PERMIT by: D. Meberg | Date: 10/20/21 | OPERATION PERMIT by: Bryant Cinnamon | Date: 3-25-2022

AUTHORIZATION TO CONSTRUCT by: D. Meberg | Date: 10/20/21 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 48600 64 594
COUNTY: Iredell

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

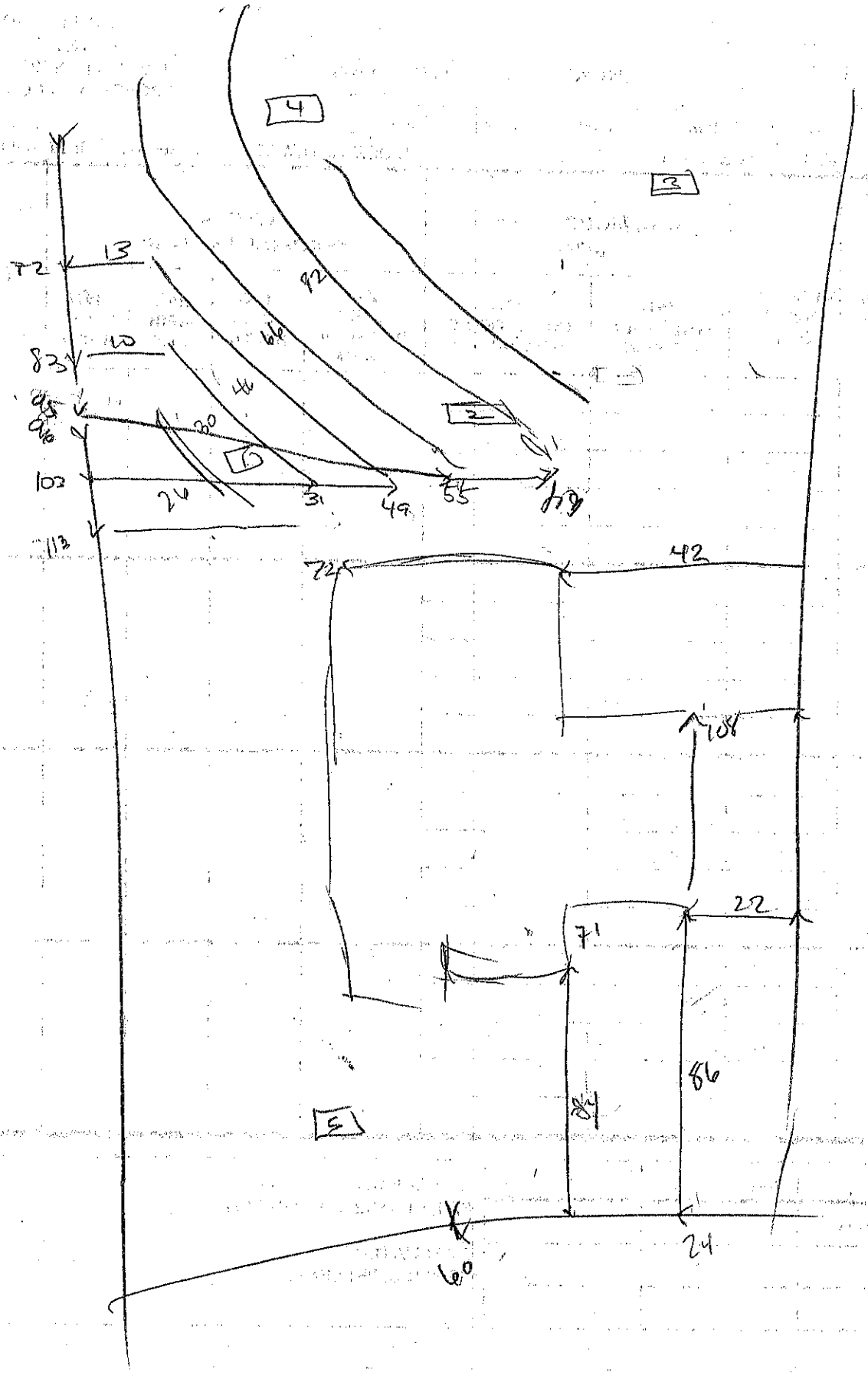
OWNER: Optimistic Venture Group — APPLICATION DATE 9/12
ADDRESS: 201 N. McDowell St #133306 Charlotte NC 28233 — DATE EVALUATED: 10
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ — PROPERTY SIZE: 0.173
LOCATION OF SITE: 125 Ashford, Olin — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☑ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 15	0-9	SCL - SBK	SSSP-FR-SEKP	—	51	N/A	N/A	PS 0.3
		9-18	C - SBK	↓					
		18-36	CL SBK	↓	mica common 9"+				
		36-57	CL - WSBK	NSNP-FR-SEKP	sap incl common 36"+				
2	LS 14	0-10	SCL SBK	SSSP-FR-SEKP	-	52	N/A	N/A	PS 0.3
		10-23	C - SBK	↓					
		23-47	CL - SBK	↓	mica present 10"+				
		47-52	CL/L - WSBK	NSNP-FR-SEKP	sap incl common 47"+				
3	LS 15	0-10	SCL SBK	SSSP-FR-SEKP	—	54	N/A	N/A	PS 0.3
		10-47	C SBK	↓					
		47-54	CL - SBK	↓	minor mn in 10-47"				
4	LS 15	0-10	SCL - SBK	SSSP - FR SEKP	N/A	54	N/A	N/A	PS 0.3
		10-27	C - SBK	↓					
		27-54	CL - SBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wicker
OTHER(S) PRESENT: J Moulton, Dewey

COMMENTS: 0-16 C
16-42 CL
42-54 CL/L WSBK


4
3
2
1
5
T2
13
83
10
103
113
24
30
31
49
55
92
66
46
72
42
108
22
71
84
86
60
24

2

RECEIVED SEP 8 2021

DW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

"Marked"

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-321270 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (No floorplan submitted with App) (✓) Authorization to Construct (Floorplan submitted with App.) ( ) 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: Optimistic Venture Group Address: 201 N. McDowell St. #33306 Charlotte, NC 28233 Zip: 28233
Applicant Email: jeanne@peakmgtgroup.com Phone: 980-215-3837 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 125 Ashford Dr. Olin, NC 28660
Subdivision Name: Holly Ridge Section/Phase: Lot Number: 4
Driving Directions: I-77N to Tomlin Mill Rd Exit (Exit 59); (R) on Tomlin Rd.; (L) on Tabor Rd, (R) on Ashford Dr.

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: 5
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 2178 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: Jeanne M. Moulton 9/6/2021
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*) _____

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, Optimistic Venture Group, am the legal owner(s) of the property located at 125 Ashford Dr. Olin, NC 28660, identified as PIN (Parcel Identification Number) 4860-64-5945, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeanne Moulton, Optimistic Venture Group, 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.

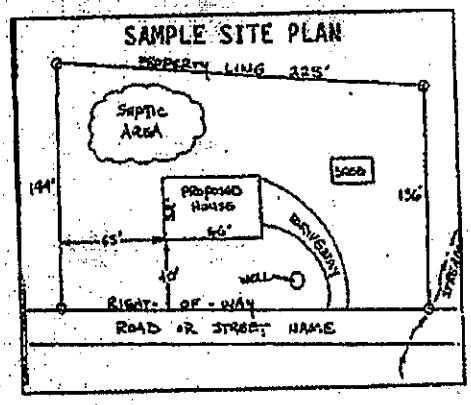
_____ 9-6-21
Signature of Owner(s) Date

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:

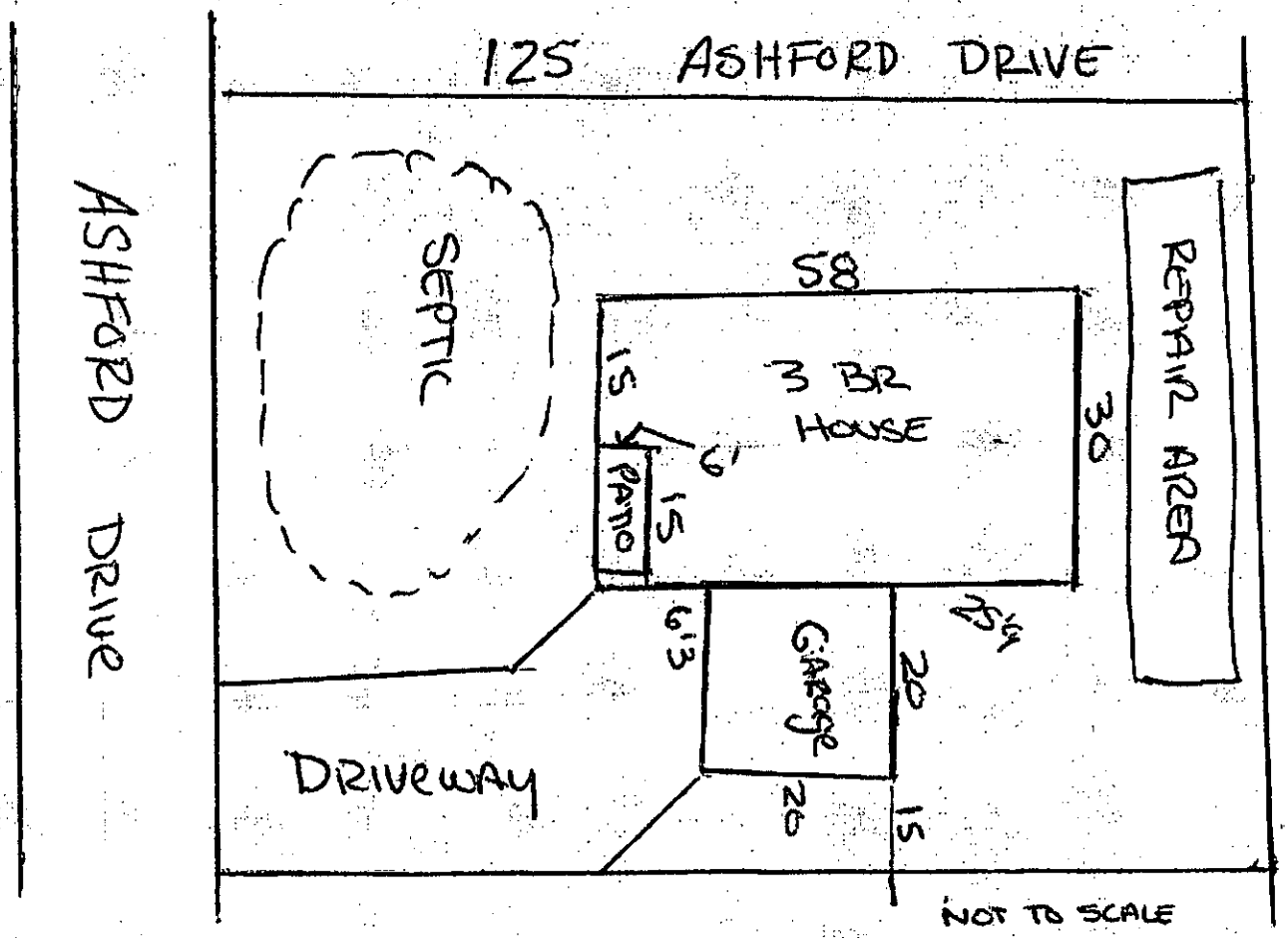
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

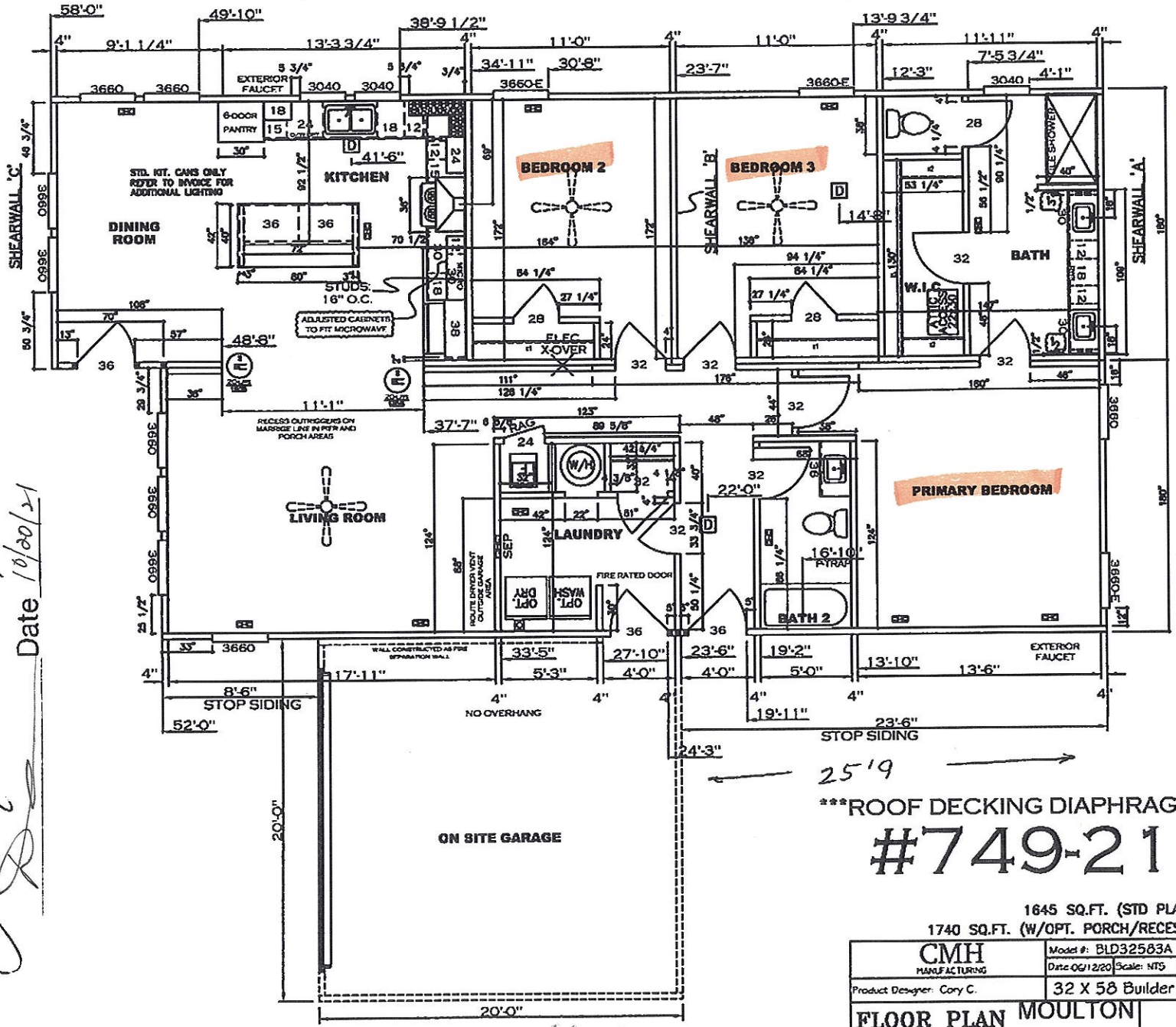


Signature: Deanne M. Moulton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/7/2021
DATE

SERIAL #35167ACSC

← 58' →



← 25'9 →

↑ 30' ↓

ROOF DECKING DIAPHRAGM

#749-21

1645 SQ.FT. (STD PLAN "CONDITIONED")
1740 SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: BLD32583A	Drawing #: 11M030-25-351e
	Date: 06/12/20 Scale: NTS	
Product Designer: Cory C.	32 X 58 Builder Series	
FLOOR PLAN MOULTON		

Acknowledgement Of Plans Submittal ONLY!

Glenn Moulton Date 9/8/2021

Date 10/20/21

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

APPLICATION NUMBER
321270 Issue Date: 09/08/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4860645945.000	125 ASHFORD DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: KLVANA PHILIP J+LOUISE A	Name: OPTIMISTIC VENTURE GROUP
Address:	Address: 201 N MCDOWELL ST
,	CHARLOTTE, NC 28233
Phone:	Phone: (980)215-3837

Use Requested	Zone Code
Modular	RA

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

Remarks
MODULAR HOME NEEDS RECORDED DEEDPAGE3OWNERISNOTOWNEROFRECORD

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: 09/08/2021

Signature of Owner/Contractor

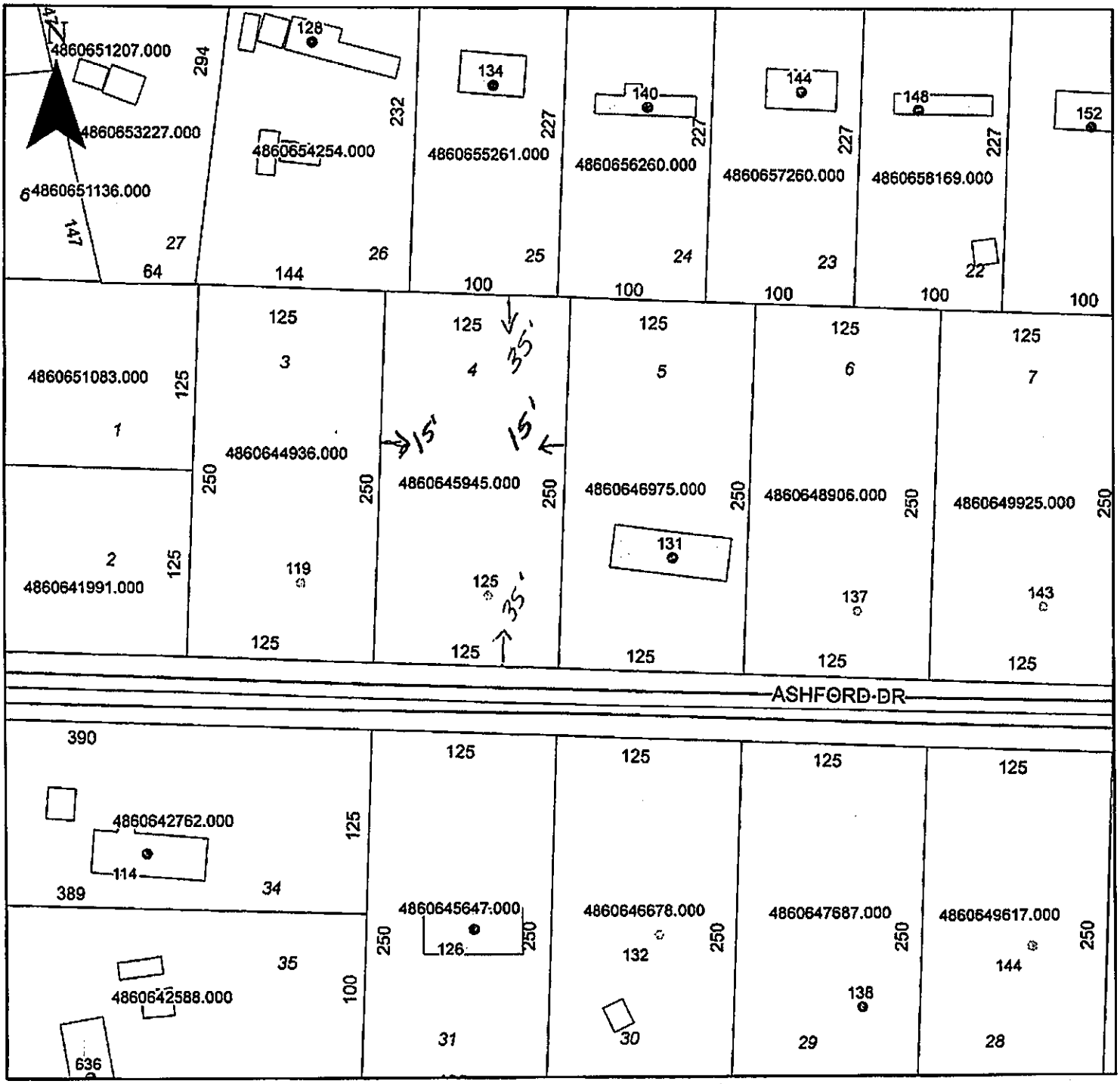
Permit Number	321270	TOTAL FEES:	$77.25

321210

RT
WS - NO
FL - NO

.73 AC

ZONING DISCLAIMER



Property Address 125 Ashford 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.

Deanne Moulton 9/8/21
Applicant

9/8/21
Date