ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325283

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

PIN # 4893 -- 60 -- 8883

APPLICANT/OWNER: Nathan Bryan APPLICANT ADDRESS: 125 Woodhaven Rd, North Wilkesboro, NC 28659

SITE ADDRESS: 309 Doby Rd, Mocksville NC 27028 PHONE: 336-902-9200 ALT. PHONE

SITE DIRECTIONS: (N) NC 21 → (R) E. Haustonville → (R) Reavis → (L) Sandy Springs → (R) Doby → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.35 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

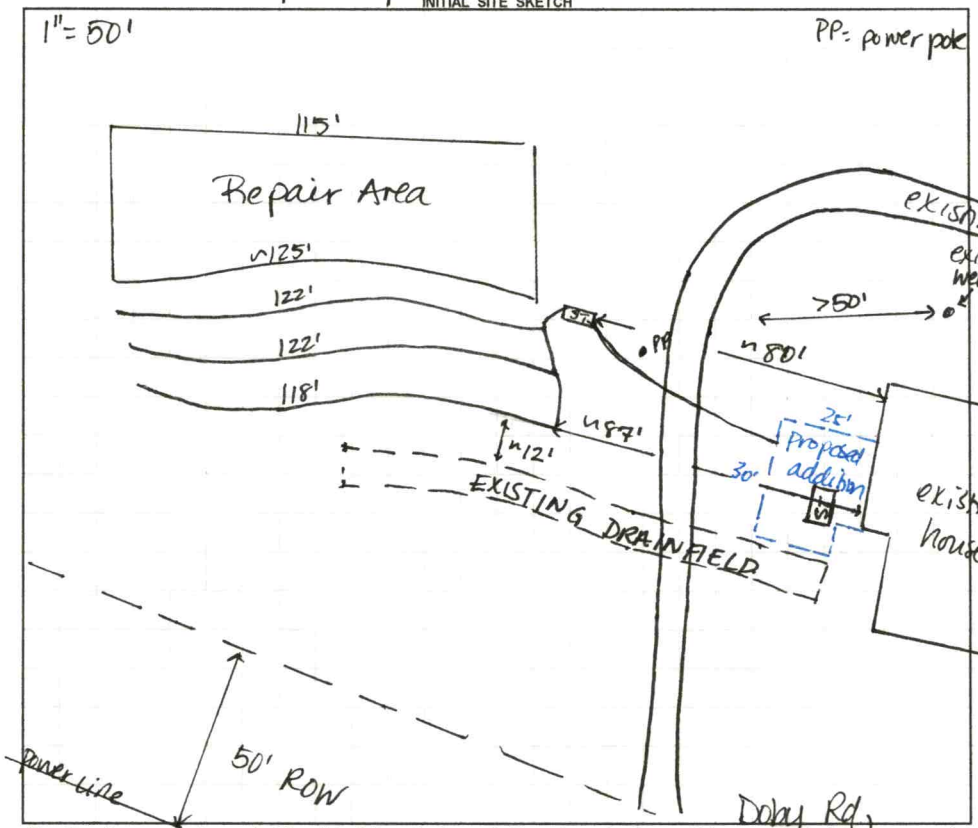
Septic Tank	1000	(gal)	STB	854	Date	6/15/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft	362'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth (~~from fill~~)		36" max		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Keep 6' from existing drainfield. Ensure fall to system or pump will be required. Keep new tank 15' from power pole

Pump crush & fill old tank. Install new system on contour of land. Do not pave, grade, park, drive, or bury utilities in drainfield

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 plot 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: Nathan Bryan Date: 3/14/22 Installed by: Grit & Sons

IMPROVEMENT PERMIT by: D. Wiebers Date: 3/16/22 OPERATION PERMIT by: Cory White Date: 9/22/22

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 3/18/22 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 #: 493608883
COUNTY: Iredell

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

OWNER: Edna Money
ADDRESS: 309 Doby Mocksville
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 309 Doby Mocksville
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 3/1/22
PROPERTY SIZE: 135
PROPERTY RECORDED: yes

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 5%	0-8 8-36 36-52	CL/SCL WSBK C - SBK ABE EW CL - WSBK	SSSP-FR SEWP	some C veins minor YB to 36" some litho 36"+	52"	N/A 36"+	N/A	PS 0.275
2	LS 5%	0-9 9-28 28-54	CL - WSBK C - ABK/SBK CL - WSBK	SSSP-FR-SEWP	some PL tendency YB 2.5Y 5/4 28" very tight	54"	N/A	N/A	PS 0.25
3	LS 5%	0-8 8-36 36-58	CL - WSBK C - SBK/ABK CL - WSBK	SSSP-FR-SEWP	few YB to 36" 36"+ tight, C veins through CL	58"	N/A	N/A	PS 0.275/.25
4	LS 5%	0-7 7-36 36-59	CL - SBK C - SBK/ABK CL - WSBK	SSSP-FR-SEWP	minor YB to 36" tight 36"+	59"	N/A	N/A	PS 0.275

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	328
System Type(s)	25%	25%
Site LTAR	0.25	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wieberg
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

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.

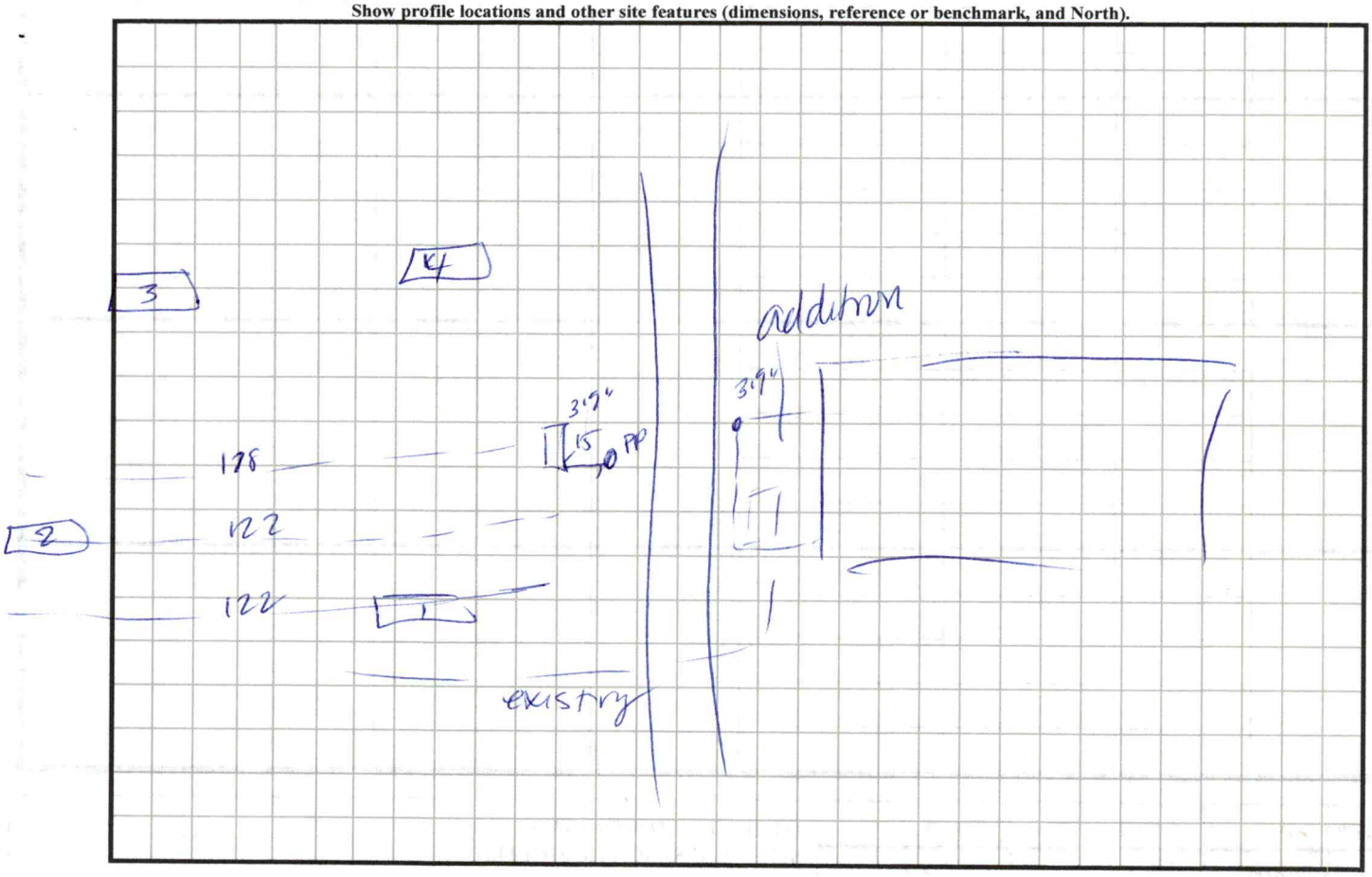
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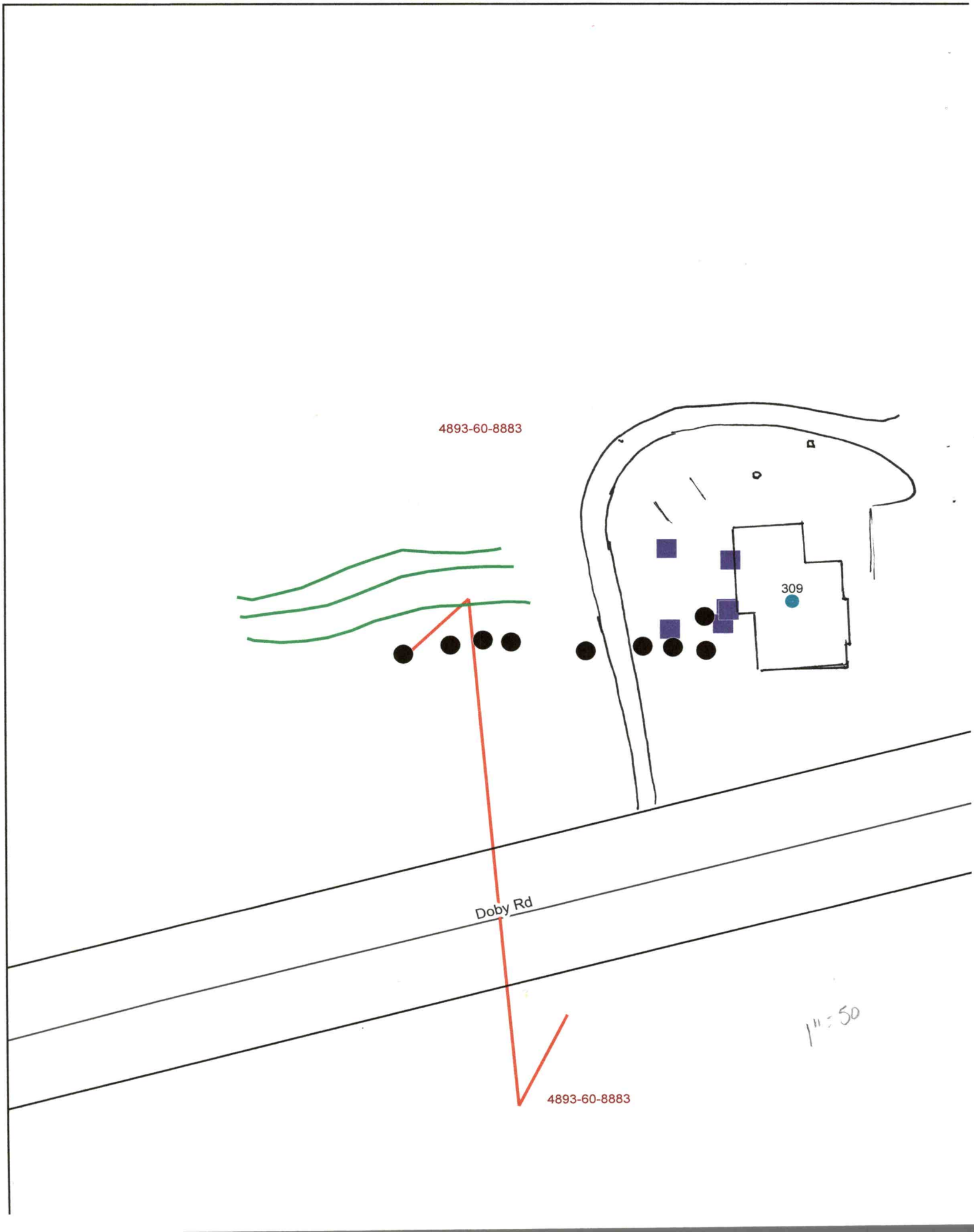
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4893-60-8883
309
Doby Rd
1" = 50
4893-60-8883

3/1

RECEIVED FEB 4 - 2022

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

AP- 325283

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $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: NATHAN BRYAN / CHUCK WALLIS CONSTRUCTION Address: 125 WOODHAVEN ROAD Zip: 28659
Applicant Email: CHUCKWALLISCONSTRUCTION.COM Phone: (336) 902-9200 Alt. Phone: (336) 984-1064
Owner Name: EDNA MONEY Address: 309 DOBY ROAD Zip: 27028
Owner Email: jocbers@rocketmail.com Phone: (704) 546-5775 Alt. Phone: _____

Property Information:

Street Address: 309 DOBY ROAD, MOCKSVILLE, NC 27028

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: EXIT 263 OF US-421. TAKE U.S. 21 TOWARDS STATESVILLE. TURN LEFT ON LONE HICKORY RD. TURN RT. ON SANDY SPRINGS RD. TURN LEFT ON DOBY RD. HOUSE ON LEFT.

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

CHECK FOUNDATION TYPE

( ) 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: 2
( ) Swimming Pool
(✓) Other Addition/Structure: GARAGE & BREEZEWAY

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: N/A Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: N/A

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: 1976
( ) 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: _____ 2/1/2022
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, Edna a. Money, am the legal owner(s) of the property located at 309 DOBY RD., MOCKSVILLE, NC 27028, identified as PIN (Parcel Identification Number) 4893608883, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NATHAN BRYAN, CHUCK WALLIS CONSTRUCTION, 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.

Edna a. Money
Signature of Owner(s)

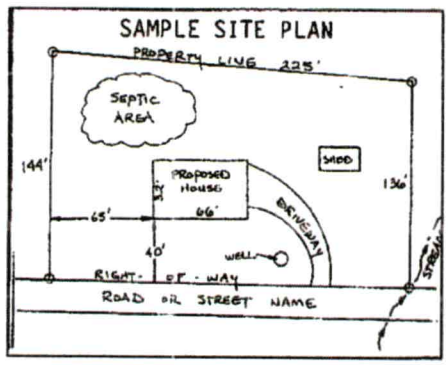
2/1/2022
Date

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:

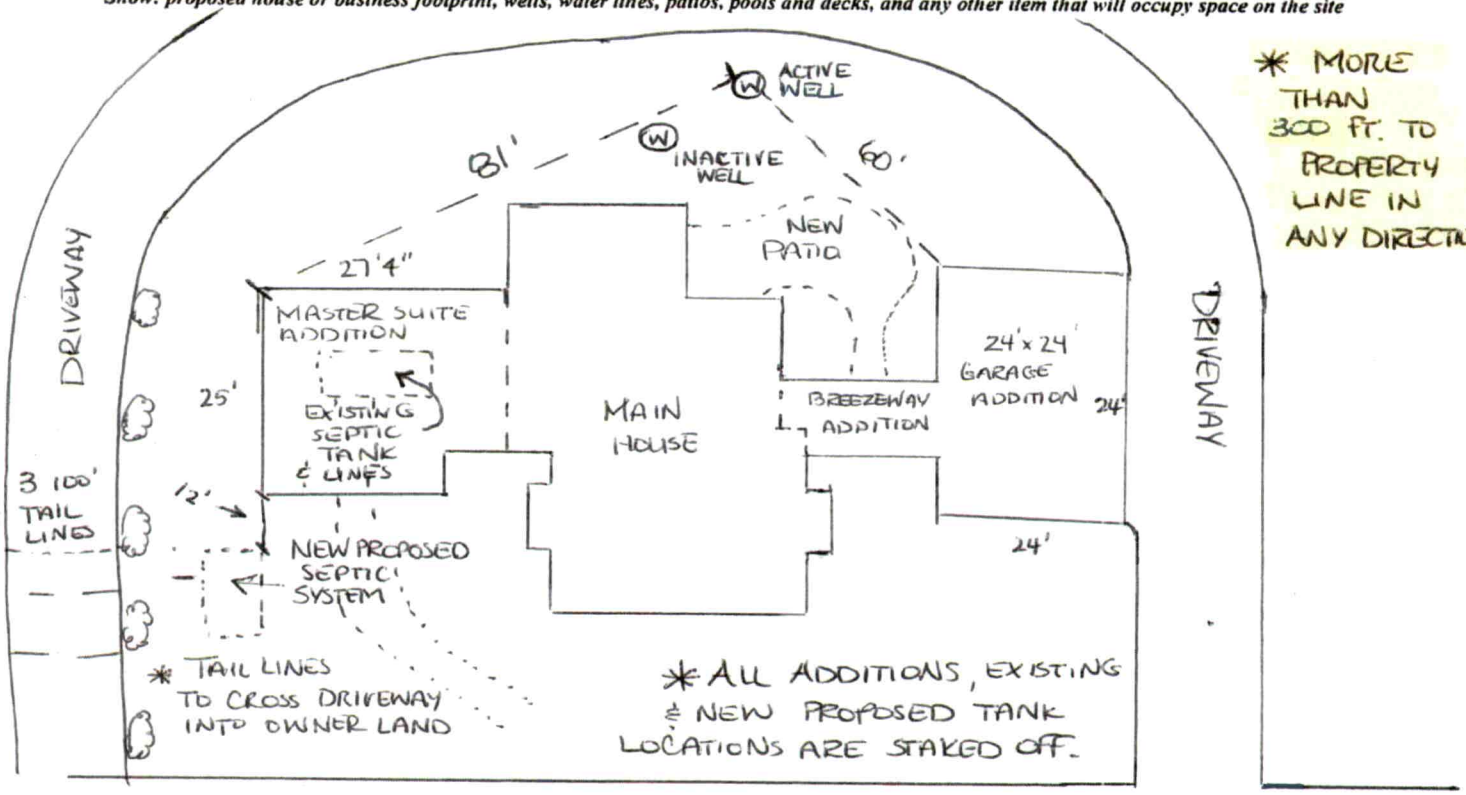
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient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

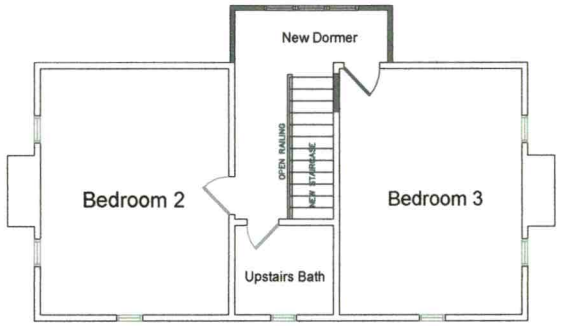
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



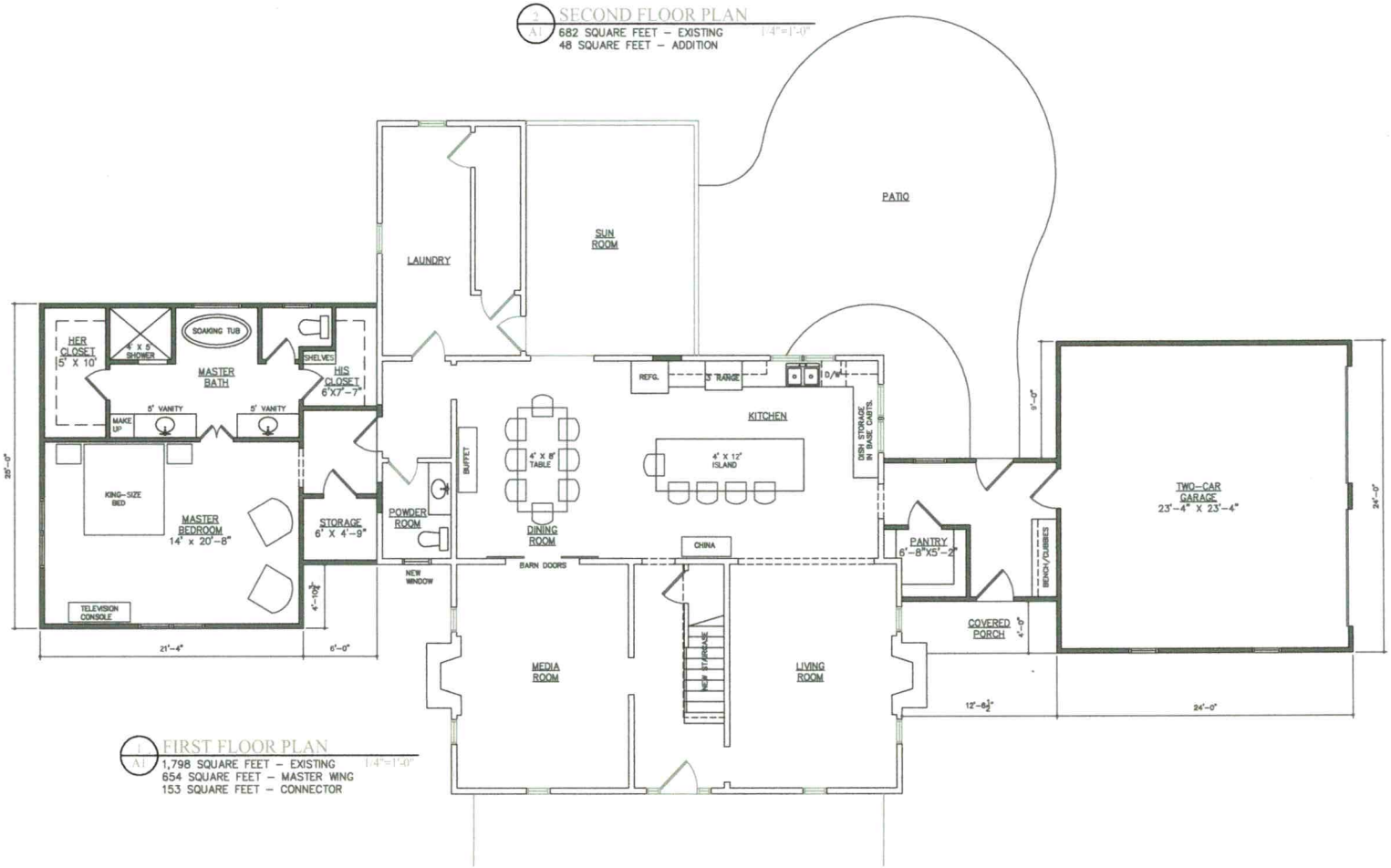
DOBY ROAD, MOCKSVILLE, NC 27028

Signature: Matthew Bray
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/1/22
DATE



2 A1 SECOND FLOOR PLAN
682 SQUARE FEET – EXISTING
48 SQUARE FEET – ADDITION
1/4"=1'-0"



1 A1 FIRST FLOOR PLAN
1,798 SQUARE FEET – EXISTING
654 SQUARE FEET – MASTER WING
153 SQUARE FEET – CONNECTOR
1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 3/14/22

Date 3/18/22

Money Residence
Additions & Renovations
Doby Road
Mocksville, North Carolina

Date: 3/31/21

Plans

Sheet No.
A1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325283 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4893608883.000	309 DOBY RD	Iredell County

Owner Information	Applicant Information
Name: MONEY EDNA A	Name: Chuck Wallis Construction Inc
Address: 309 DOBY RD	Address: 125 Woodhaven Rd
MOCKSVILLE, NC 27028	N Wilkesboro, NC 28659
Phone:	Phone: (336)902-9200

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
135	35	35	15	15	N/A	NO

Remarks
garage, breezeway, and master suite addition/need disc

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: 02/03/2022

Signature of Owner/Contractor

Permit Number	325283	TOTAL FEES:	$77.25