PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP 319055

PIN # 4614 -82 -7630

APPLICANT/OWNER: Craig Cox

APPLICANT ADDRESS: 1310 S Tryon St Ste 111 Charlotte, NC 28203

SITE ADDRESS: 124 Chasestone Ln Mooresville, NC 28117

PHONE:

ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Tushaway TL Syllabub TR Ballycastle straight to Tank

SUBDIVISION: Cluf

SECTION: 6 LOT # 339 LOT AREA: 2.74 Ac

SAP CONTROLLED: Hints Chasestone YES NO

DESIGN FLOW: 480 gpd L.T.A.R.: .325

Septic Tank	1000 (gal)	STB 760	Date 10/22/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT 363 760	Date 10/22/22	System Description:	Lt PBPB			☐ Business	No. Persons 8	☒ Private
Pump Make: Highland Tank		Model	Serial # 10/23/22	Repair System Description:	STI American Pore Rite			☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4		Linear Ft. 247'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width Min 24"	Trench Bottom Depth(Low side)		36" Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

Max

☒ Must abandon Existing well prior to AC

Properly abandon Existing Septic tank

INITIAL SITE SKETCH

See attached, Approved

Septic plan by Michael

Athanas & Assoc

(dated 7/26/21)

Divert Storm/Surface water away from tanks

Construct according to site plan 12/15/21

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.

- No drains around garage - may be 5' off w/ tanks.
- Grade slope next to driveway to reduce elevation change

~~Suction Line~~

~~2" or 3" Line~~ Tanks

AW 12/14/22

4/25/23

Pressure Head
Floats
Alarm
Electrical.

- Needs Maintenance Contract

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

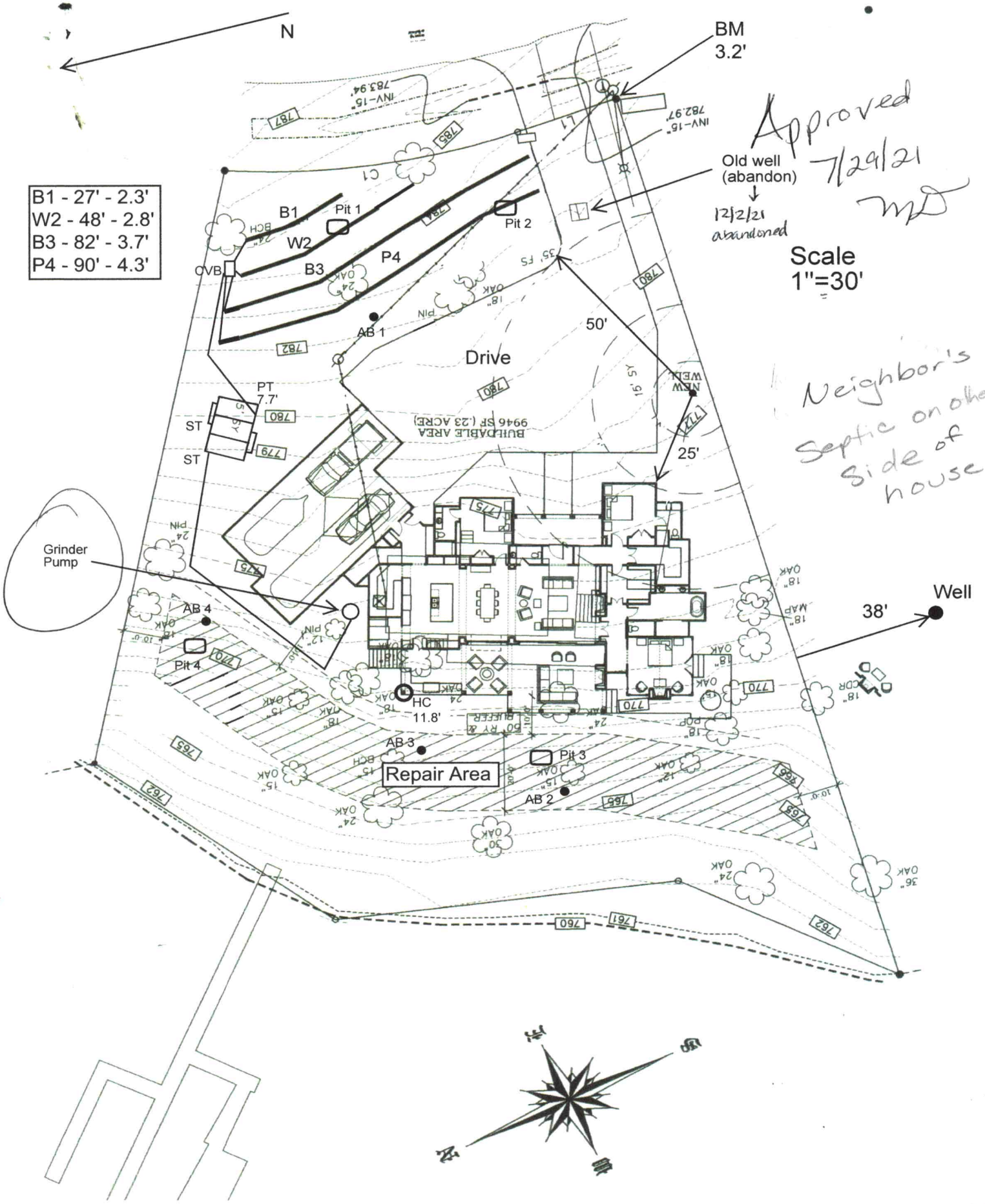
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

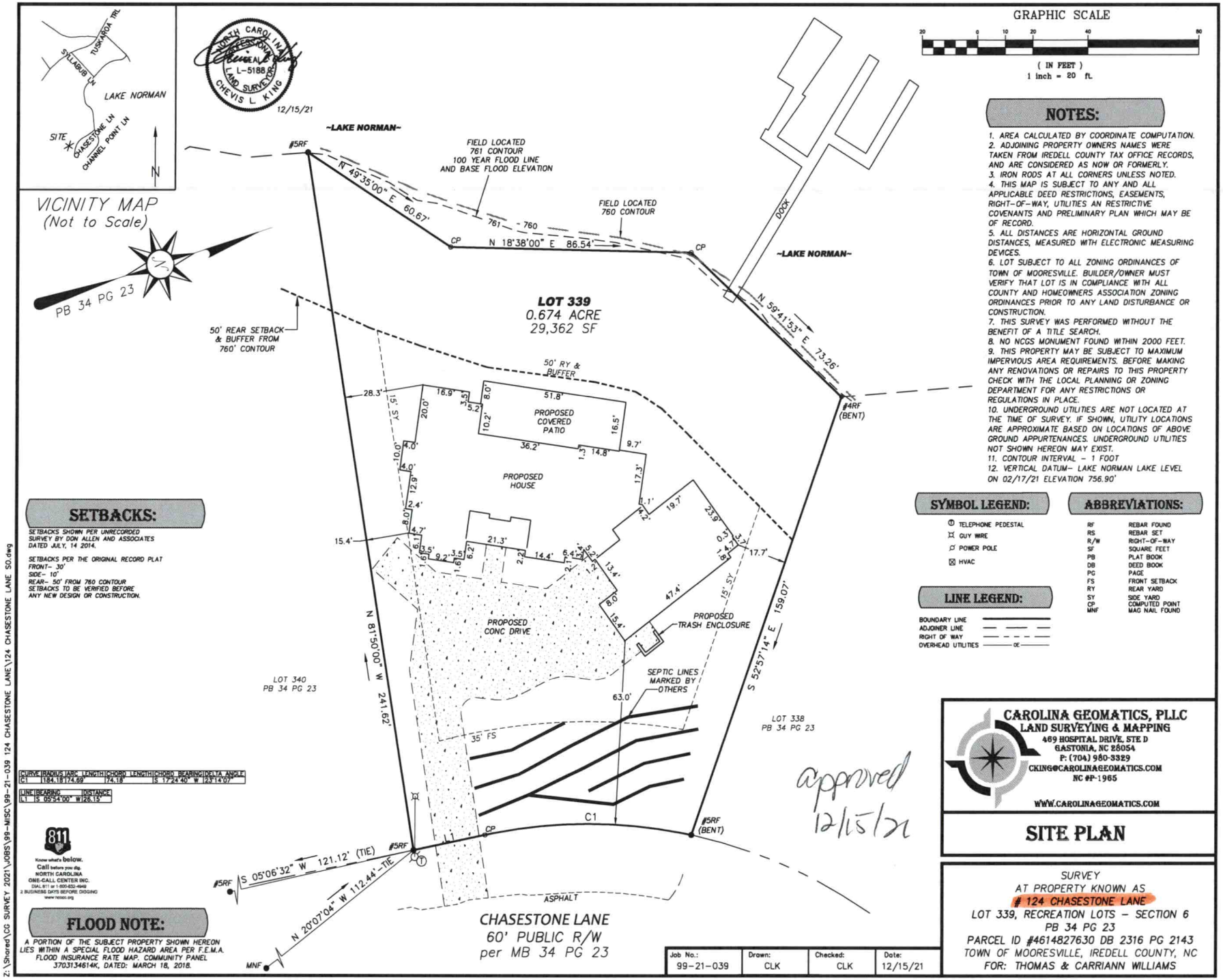
Owner / Applicant Signature: Craig Cox Date: 7/30/21 Installed by: Abernathy

IMPROVEMENT PERMIT by: Mona Dotson Date: 7/29/21 OPERATION PERMIT by: Benjamin A Botkins Date: 4/27/2023

AUTHORIZATION TO CONSTRUCT by: D Mabry Date: 12/15/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704.664.3703 between 8am-9am


N
BM
3.2'
Approved
7/29/21
MD
Old well
(abandon)
12/2/21
abandoned
Scale
1"=30'
B1 - 27' - 2.3'
W2 - 48' - 2.8'
B3 - 82' - 3.7'
P4 - 90' - 4.3'
B1
W2
B3
P4
Pit 1
Pit 2
OVB
AB 1
Drive
50'
25'
PT
7.7'
ST
ST
BUILDABLE AREA
9946 SF (.23 ACRE)
NEW WELL
Neighbor's
Septic on other
side of
house.
Grinder
Pump
Well
38'
AB 4
Pit 4
HC
11.8'
AB 3
Repair Area
Pit 3
AB 2



NOTES:

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF TOWN OF MOORESVILLE. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. THIS PROPERTY MAY BE SUBJECT TO MAXIMUM IMPERVIOUS AREA REQUIREMENTS. BEFORE MAKING ANY RENOVATIONS OR REPAIRS TO THIS PROPERTY CHECK WITH THE LOCAL PLANNING OR ZONING DEPARTMENT FOR ANY RESTRICTIONS OR REGULATIONS IN PLACE.
10. UNDERGROUND UTILITIES ARE NOT LOCATED AT THE TIME OF SURVEY. IF SHOWN, UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES. UNDERGROUND UTILITIES NOT SHOWN HEREON MAY EXIST.
11. CONTOUR INTERVAL – 1 FOOT
12. VERTICAL DATUM– LAKE NORMAN LAKE LEVEL ON 02/17/21 ELEVATION 756.90'

SETBACKS:

SETBACKS SHOWN PER UNRECORDED SURVEY BY DON ALLEN AND ASSOCIATES DATED JULY, 14 2014.

SETBACKS PER THE ORIGINAL RECORD PLAT
FRONT– 30'
SIDE– 10'
REAR– 50' FROM 760 CONTOUR
SETBACKS TO BE VERIFIED BEFORE ANY NEW DESIGN OR CONSTRUCTION.

SYMBOL LEGEND:

- TELEPHONE PEDESTAL
- GUY WIRE
- POWER POLE
- HVAC

ABBREVIATIONS:

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
PB	PLAT BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
CP	COMPUTED POINT
MNF	MAG NAIL FOUND

LINE LEGEND:

- BOUNDARY LINE
- ADJOINER LINE
- RIGHT OF WAY
- OVERHEAD UTILITIES —OE—

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	1184.18	174.69'	174.18'	S 17°24'40" W	8°27'07"

LINE	BEARING	DISTANCE
L1	S 05°54'00" W	26.15'

811 Know what's below. Call before you dig. NORTH CAROLINA ONE-CALL CENTER INC. DIAL 811 or 1-800-632-4949 2 BUSINESS DAYS BEFORE DIGGING www.ncocc.org

FLOOD NOTE:

A PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP. COMMUNITY PANEL 3703134614K, DATED: MARCH 18, 2018.

approved 12/15/21

CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
469 HOSPITAL DRIVE, STE D
GASTONIA, NC 28054
P: (704) 980-3329
CKING@CAROLINAGEOMATICS.COM
NC #P-1965
WWW.CAROLINAGEOMATICS.COM

SITE PLAN

SURVEY
AT PROPERTY KNOWN AS
124 CHASESTONE LANE
LOT 339, RECREATION LOTS – SECTION 6
PB 34 PG 23
PARCEL ID #4614827630 DB 2316 PG 2143
TOWN OF MOORESVILLE, IREDELL COUNTY, NC
FOR: THOMAS & CARRIANN WILLIAMS

Job No.:	Drawn:	Checked:	Date:
99-21-039	CLK	CLK	12/15/21

Z:\Shared\CG SURVEY 2021\JOBS\99-MISC\99-21-039 124 CHASESTONE LANE\124 CHASESTONE LANE SO.dwg

RECEIVED DEC 0 6 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- 319055

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Spivey Construction Co., Inc **Address:** PO Box 4268 Mooresville NC **Zip:** 28117

Applicant Email: brian@spiveyinc.com **Phone:** 704-746-4709 **Alt. Phone:**

Owner Name: Tom & Carrie Williams **Address:** 124 Chasestone Lane, Mooresville NC **Zip:** 28117

Owner Email: lkncarrie@gmail.com **Phone:** 704-292-4199 **Alt. Phone:**

Property Information:

Street Address: 124 Chasestone Lane, Mooresville NC 28117

Subdivision Name: CLT **Section/Phase:** 6 **Lot Number:** 339

Driving Directions: West on Brawley School Rd (past the Pointe/Trump). Right onto Tuaskarora. Left onto Syllabub Lane. Right onto Ballycastle. Right onto Chasestone Lane. Property on the right hand side.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2-8

(X) 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 (X) Other: See Athanas Design.

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

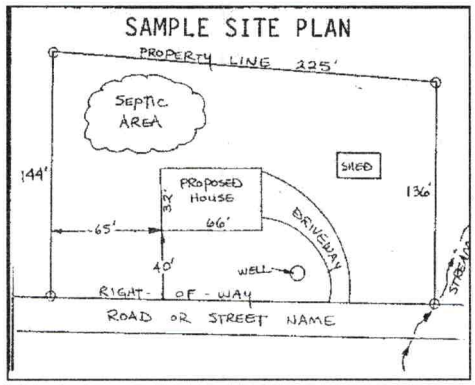
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

Signature: _____ 12.6.2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

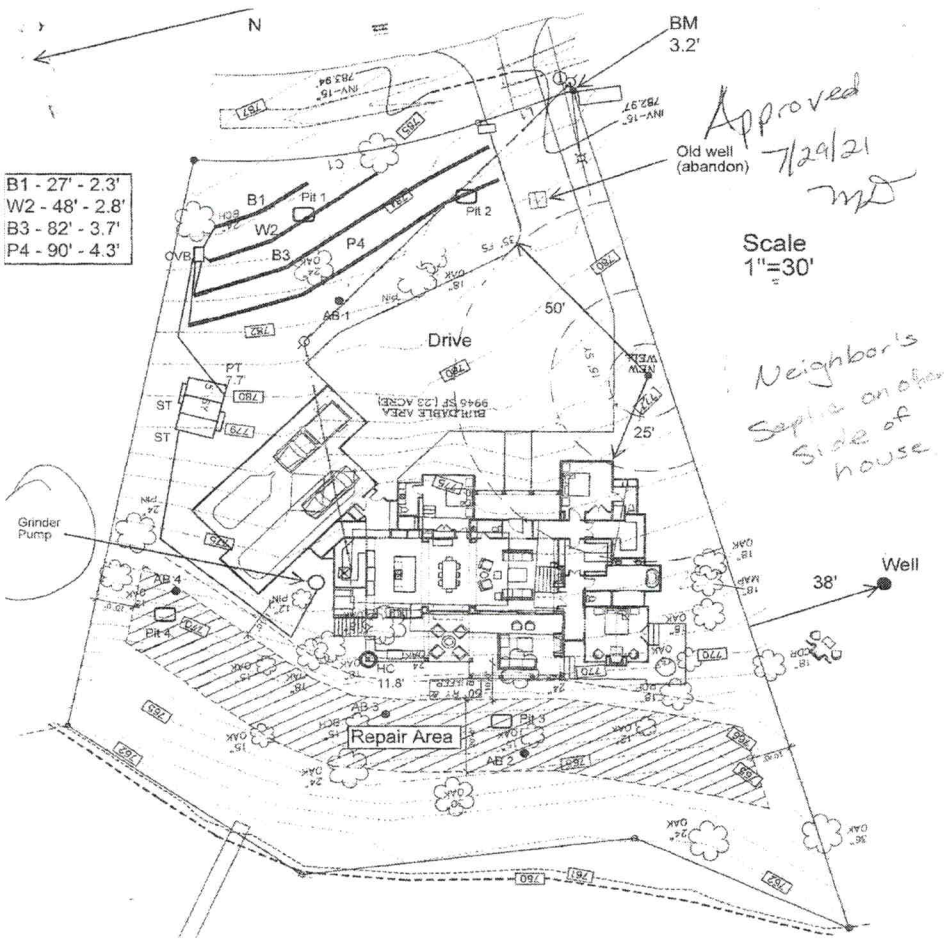
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other 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: _____ 12.6.2021

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

Public Health
Prevent Promote Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent Promote Protect
Iredell County Health Department

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, Thomas & Carriann Williams, are the legal owner(s) of the property located at 124 Chasestone Lane, Mooresville NC 28117, identified as
PIN (Parcel Identification Number) #4614827630, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Brian McManus/James Goins/Willis Spivey, Spivey Construction Company, 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.

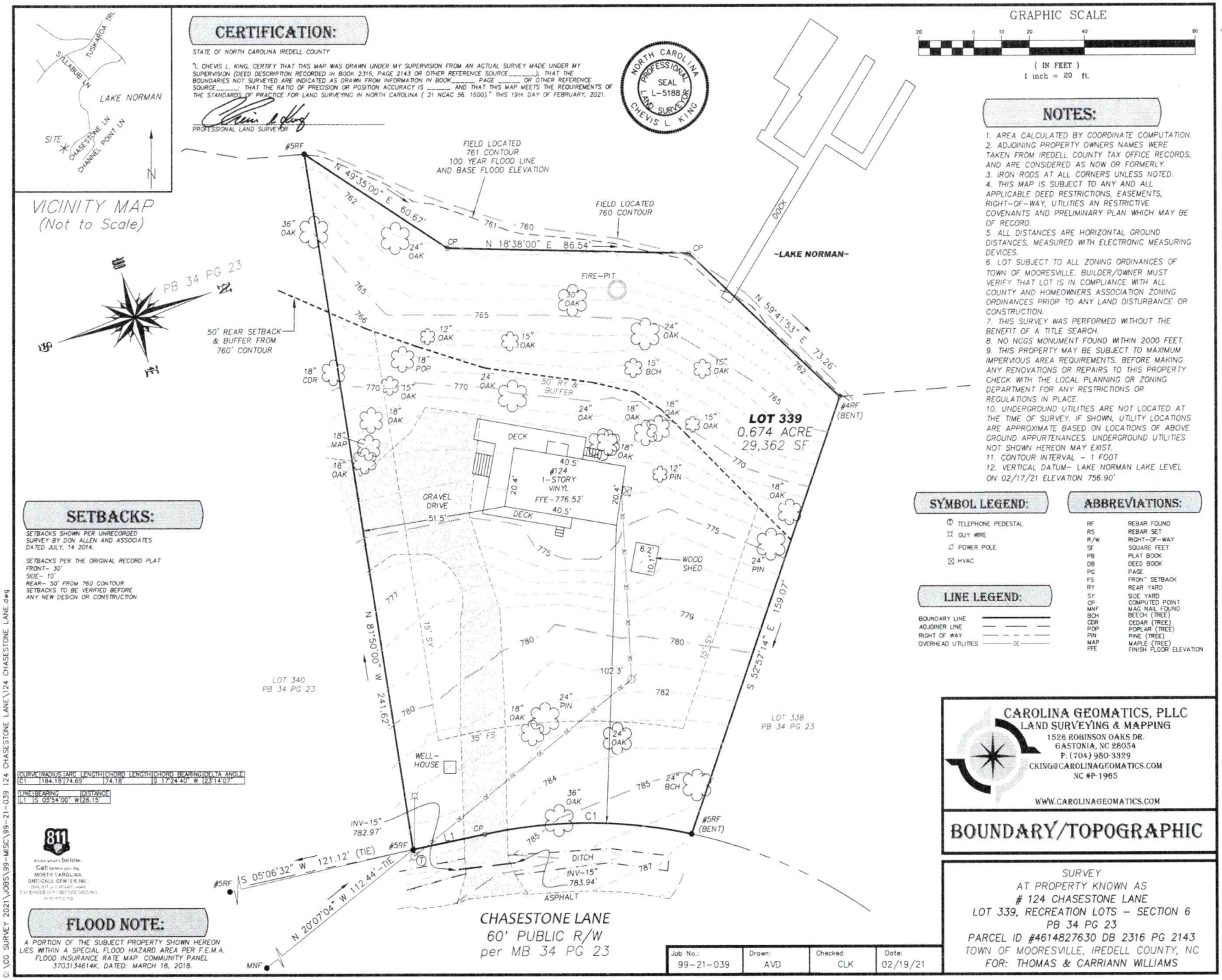
Co-Win T Will 10/29/21 — 10.29.21

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


VICINITY MAP
(Not to Scale)
TUSKAROA TRL
SYLLABUB LN
LAKE NORMAN
SITE
CHASESTONE LN
CHANNEL POINT LN
N
CERTIFICATION:
STATE OF NORTH CAROLINA IREDELL COUNTY
"I, CHEVIS L. KING, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2316, PAGE 2143 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK_____, PAGE _____ OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS _____ AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 19th DAY OF FEBRUARY, 2021.
PROFESSIONAL LAND SURVEYOR
NORTH CAROLINA PROFESSIONAL SEAL L-5188 LAND SURVEYOR CHEVIS L. KING
GRAPHIC SCALE
20 0 10 20 40 80
(IN FEET)
1 inch = 20 ft.
NOTES:
1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
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12. VERTICAL DATUM- LAKE NORMAN LAKE LEVEL ON 02/17/21 ELEVATION 756.90'
#5RF
N 49°35'00" E 60.67'
FIELD LOCATED 761 CONTOUR 100 YEAR FLOOD LINE AND BASE FLOOD ELEVATION
FIELD LOCATED 760 CONTOUR
CP
N 18°38'00" E 86.54'
DOCK
~LAKE NORMAN~
N 59°41'53" E 73.26'
#4RF (BENT)
PB 34 PG 23
50' REAR SETBACK & BUFFER FROM 760' CONTOUR
50' RY & BUFFER
FIRE-PIT
LOT 339
0.674 ACRE
29,362 SF
#124
1-STORY
VINYL
FFE-776.52'
DECK
GRAVEL DRIVE
WOOD SHED
N 81°50'00" W 241.62'
S 52°57'14" E 159.07'
LOT 340
PB 34 PG 23
LOT 338
PB 34 PG 23
WELL-HOUSE
INV-15" 782.97'
INV-15" 783.94'
DITCH
ASPHALT
C1
L1
S 05°06'32" W 121.12' (TIE)
N 20°07'04" W 112.44' (TIE)
MNF
CHASESTONE LANE
60' PUBLIC R/W
per MB 34 PG 23
SETBACKS:
SETBACKS SHOWN PER UNRECORDED SURVEY BY DON ALLEN AND ASSOCIATES DATED JULY, 14 2014.
SETBACKS PER THE ORIGINAL RECORD PLAT
FRONT- 30'
SIDE- 10'
REAR- 50' FROM 760 CONTOUR
SETBACKS TO BE VERIFIED BEFORE ANY NEW DESIGN OR CONSTRUCTION.
CURVE | RADIUS | ARC LENGTH | CHORD LENGTH | CHORD BEARING | DELTA ANGLE
C1 | 184.18' | 174.69' | 174.18' | S 17°24'40" W | 23°14'07"
LINE | BEARING | DISTANCE
L1 | S 05°54'00" W | 26.15'
811
Know what's below. Call before you dig.
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SYMBOL LEGEND:
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GUY WIRE
POWER POLE
HVAC
LINE LEGEND:
BOUNDARY LINE
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RIGHT OF WAY
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ABBREVIATIONS:
RF REBAR FOUND
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R/W RIGHT-OF-WAY
SF SQUARE FEET
PB PLAT BOOK
DB DEED BOOK
PG PAGE
FS FRONT SETBACK
RY REAR YARD
SY SIDE YARD
CP COMPUTED POINT
MNF MAG NAIL FOUND
BCH BEECH (TREE)
CDR CEDAR (TREE)
POP POPLAR (TREE)
PIN PINE (TREE)
MAP MAPLE (TREE)
FFE FINISH FLOOR ELEVATION
CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
1526 ROBINSON OAKS DR.
GASTONIA, NC 28054
P: (704) 980-3329
CKING@CAROLINAGEOMATICS.COM
NC #P-1965
WWW.CAROLINAGEOMATICS.COM
BOUNDARY/TOPOGRAPHIC
SURVEY
AT PROPERTY KNOWN AS
124 CHASESTONE LANE
LOT 339, RECREATION LOTS - SECTION 6
PB 34 PG 23
PARCEL ID #4614827630 DB 2316 PG 2143
TOWN OF MOORESVILLE, IREDELL COUNTY, NC
FOR: THOMAS & CARRIANN WILLIAMS
Job No.: 99-21-039
Drawn: AVD
Checked: CLK
Date: 02/19/21
C:\CG SURVEY 2021\JOBS\99-MISC\99-21-039 124 CHASESTONE LANE\124 CHASESTONE LANE.dwg

RECEIVED JUN 2 3 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350 AP- 319055

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Craig Cox **Address:** 1310 S Tryon St, STE 111 Charlotte, NC **Zip:** 28203

Applicant Email: craig@coxarchitecture.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Thomas Williams **Address:** PO Box 6339, Scottsdale, AZ **Zip:** 85261

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 124 Chasestone Ln

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 339

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 6/23/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

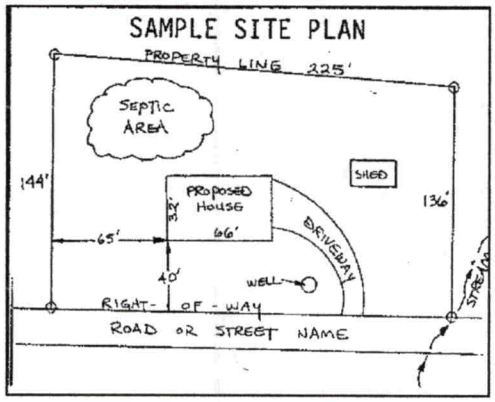
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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 Plan

Signature: _____ 6/23/2021

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

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
7/29/21
MD

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/26/2021

Reference: Data Sheet for 124 Chasestone Ln, CL&T Sec 6, Lot 339
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.325 GPD/FT^2 (initial), 0.15 GPD/FT^2 (repair)
Proposed System Type: LP PPBPS (8' on center)
Proposed Repair System Type: TSII American Perc Rite
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 33.6 GPM
Dosing Volume: 205.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 10.4'
Friction Head: 1.0'
Pressure Head: 2'
Total Dynamic Head: 13.3'
Supply Line Length: 40' of 2" PVC
Number of panels: 57
Settling/Septic/Pump Tank Size: 1000/1000/1000 gallons
Proposed Trench Bottom: 36"

LICENSED SOIL SCIENTIST
MICHAEL
STATE OF NORTH CAROLINA

Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	27'	6	27'	2.3'
White 2	48'	11	48'	2.8'
Blue 3	82'	19	82'	3.7'
Pink 4	90'	21	90'	4.3'

Initial System: 247'
Repair System: 3200+ FT^2
Pump Tank: 7.7'
House Corner: 11.8'
Benchmark: 3.2'

AX20RTUV Treatment System - UV with Pump Discharge

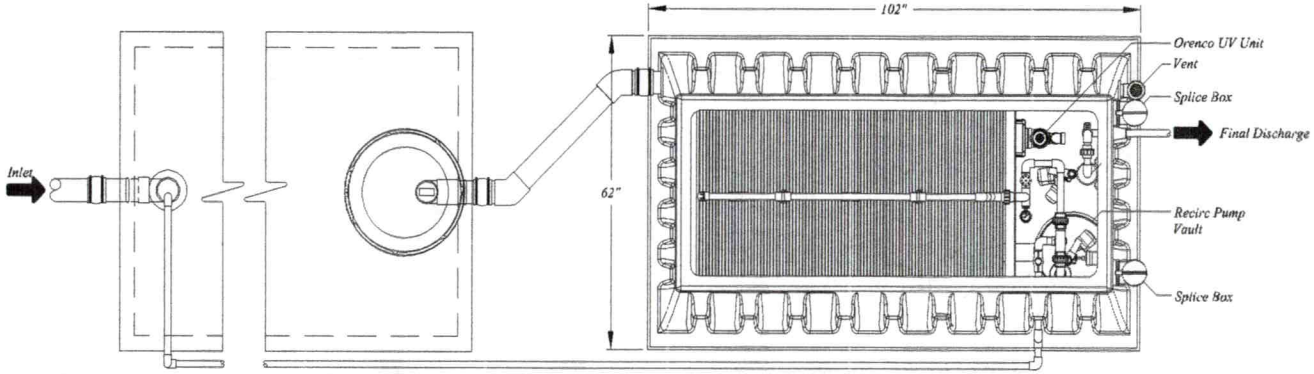
Filter Tank Dry Weight: 900 lbs

Design Notes

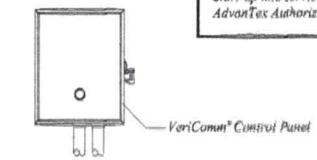
For residential strength waste up to 4 bedrooms.

Installation to be performed by an AdvanTex Authorized Installer only.

Start-up and service to be performed by an AdvanTex Authorized Service Provider only.

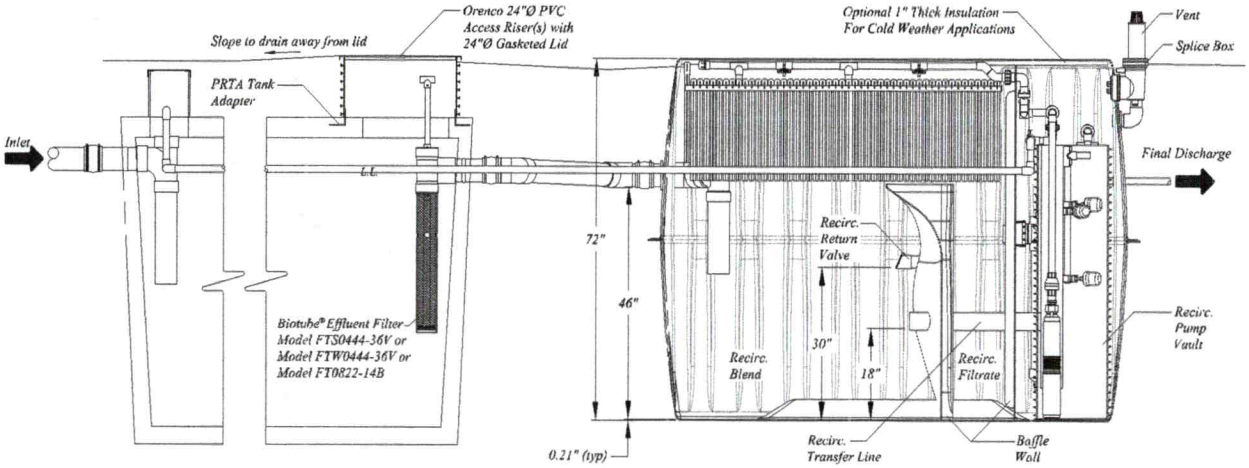


1000 gal. Primary Tank - Top View



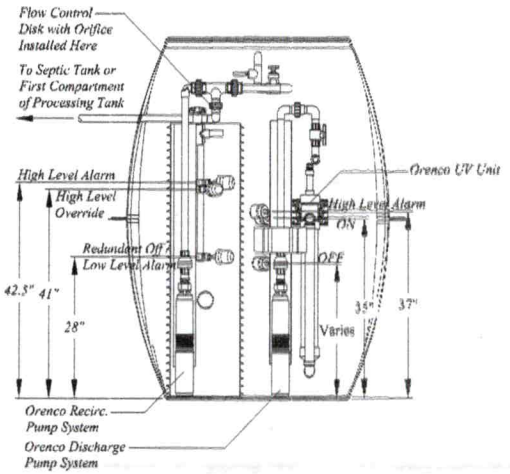
Control Panel Detail
Not To Scale

AX20 800 gal. Recirc. Tank - Top View



1000 gal. Primary Tank - Side View

AX20 800 gal. Recirc. Tank - Side View



Discharge Chamber - End View

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UNAUTHORIZED CHANGES & USES

Orenco has prepared these drawings for use by the design engineer. Orenco will not be responsible or liable for unauthorized changes to or uses of these drawings. All changes to these drawings must be made in writing and must be approved by the design engineer.

PRODUCT CONFIGURATION DRAWINGS

Orenco Systems® Incorporated
Changing the Way the World Does Wastewater®

Drawn By: BEN SMITH	Project: AX20RTUV Mode 3B	Scale: 1" = 2'-0"	
Drawn For:		Sheet: 1 OF 1	
	Title: NDW-ATX-RT-STD-28	Rev: A-01	Date: 10/25/2013

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect
Iredell County Health Department

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, Carrie Williams, am the legal owner(s) of the property located at 124 Chasestone Lane, Mooresville, NC 28117, identified as
PIN (Parcel Identification Number) 4614827630, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 6/23/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

PROPERTY ID #: 4614827630_
COUNTY: __Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved
7/29/21 MO

OWNER: __Thomas & Carriann Williams_____ APPLICATION DATE_____
ADDRESS: PO Box 6339, Scottsdale, AZ 85261_____ DATE EVALUATED: __6/2021____
PROPOSED FACILITY: _4 BDRM_____ PROPOSED DESIGN FLOW (.1949): __480 GPD____ PROPERTY SIZE: __0.674 AC_____
LOCATION OF SITE: 124 Chasestone Ln, CL&T Sec 6 Lot 339_____ PROPERTY RECORDED: _5/14/1976_____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.325+
		6-33	R C SBK	FR SS SP SXP					
		33-56	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-3	FILL		N/A	64"	N/A	N/A	PS 0.325+
		3-10	Br CL WSBK	FR SS SP SXP					
		10-44	R C SBK	FR SS SP SXP					
		44-64	R CL WSBK	FR SS SP SXP					
PIT 3	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3+
		4-18	R C SBK	FR SS SP SXP					
		18-48	R CL WSBK	FR SS SP SXP					
		48-64	VER L SAP M	VFR SS SP SXP			F-C SAP PS		
PIT 4	LS 8%	0-5	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3+
		5-40	R C SBK	FR SS SP SXP					
		40-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	494 FT^2	3200+ FT^2
System Type(s)	LP PPBPS	TSII DRIP
Site LTAR	0.325	0.15

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

UW

ICHD – Environmental Health Division

Statesville Office – (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

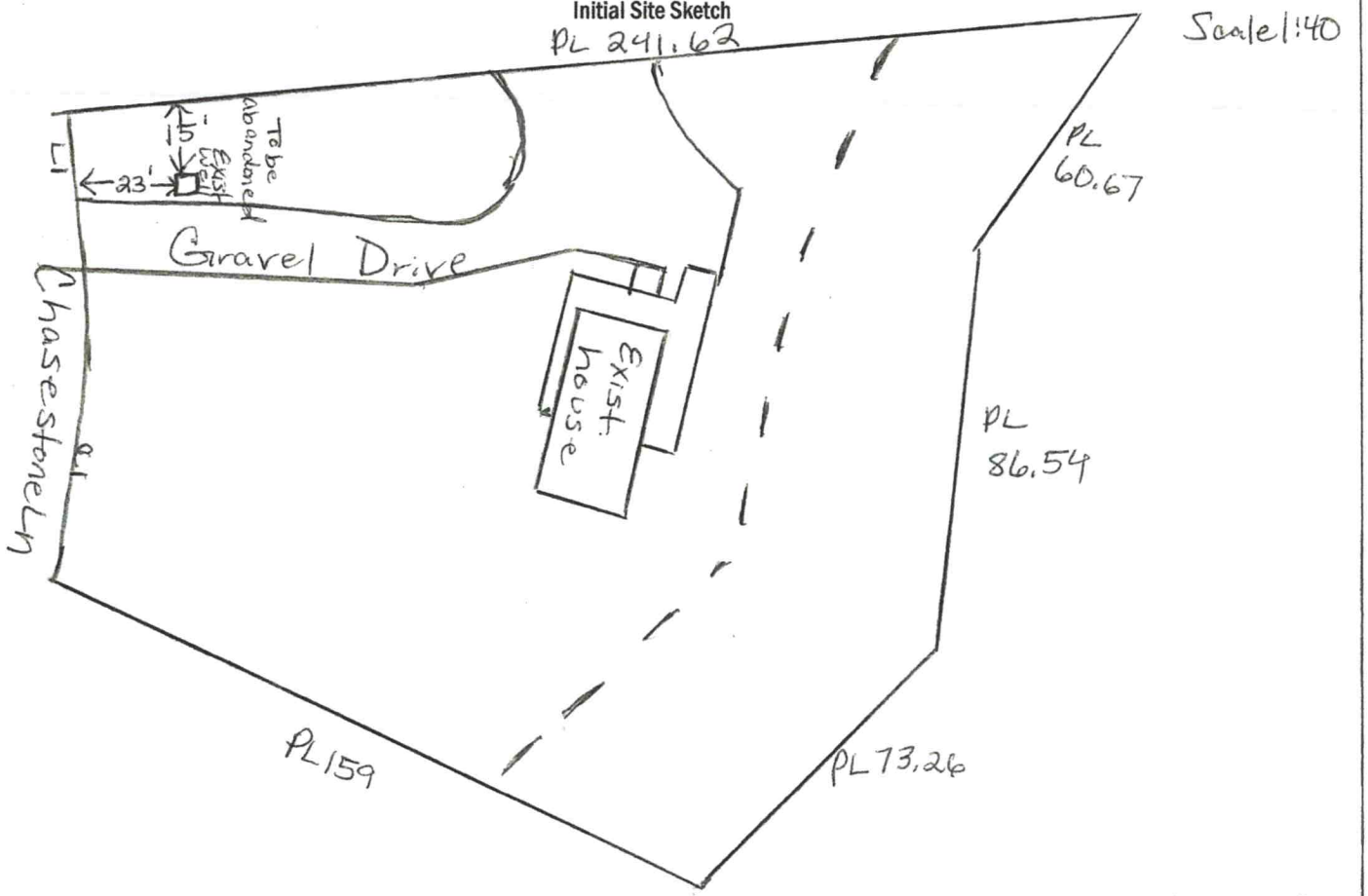
PRIVATE DRINKING WATER WELL PERMIT # 319055 **PIN #** 4614-82-7630 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Brian McManus/Spivey Const ADDRESS: P.O. Box 4268 Mooresville, NC. 28117 PHONE: ~~704-746-4~~709

DIRECTIONS TO SITE: Brawley School Rd / TR Tuskarora Trail TL Syllabub TR Chasestone on right

SITE ADDRESS: 124 Chasestone Ln. Mooresville, NC SUBDIVISION: CL&T SECTION/LOT: Sec 6 #339

Initial Site Sketch



GROUTING RESULTS

Grout Depth _____

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

238 ft

Abandond

Bentonite grut

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC Well Construction rules for abandonment of wells

WELL PERMIT ISSUED BY: Maria Dotson DATE: 11/30/21 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Air Drilling CONTRACTOR CERT #: 4547C GROUT INSPECTION BY: Cy Wht DATE: 12/2/21

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

4

WELL ABANDONMENT RECORD

1. Well Contractor Information:

NEILL PARDUE

Well Contractor Name (or well owner personally abandoning well on his/her property)

2609A

NC Well Contractor Certification Number

AIR DRILLING INC

Company Name

2. Well Construction Permit #: 319055

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	■Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 12-2-2021

5a. Well location:

SPIVEY CONSTRUCTION

Facility/Owner Name

Facility ID# (if applicable)

124 CHASESTONE LANE,MOORESVILLE,N.C. 28117

Physical Address, City, and Zip

IREDELL

County

4614827630

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35° 29.595 N 80° 57.116 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 238 **(ft.)**

6c. Borehole diameter: 6 **(in.)**

6d. Water level below ground surface: _____ **(ft.)**

6e. Outer casing length (if known): _____ **(ft.)**

6f. Inner casing/tubing length (if known): _____ **(ft.)**

6g. Screen length (if known): _____ **(ft.)**

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ **(gal.)**

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 2 CUPS

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	■ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

44 BAGS

7g. Provide a brief description of the abandonment procedure:

POURED 44 BAGS OF BENTONITE CHIPS

8. Certification:

Neill Pardue

Signature of Certified Well Contractor or Well Owner

12-2-2021

Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

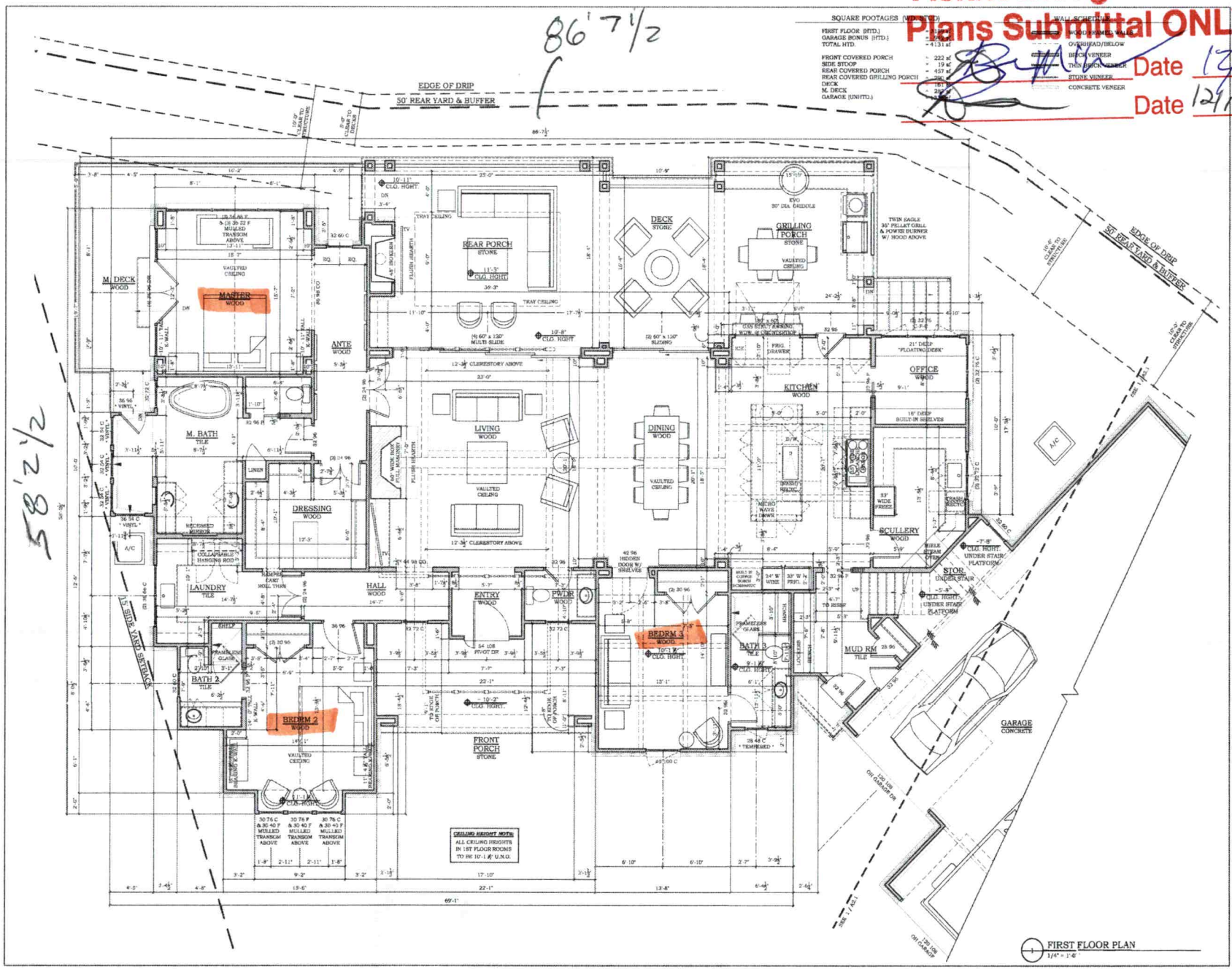
Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

Acknowledgement Of Plans Submittal ONLY!

Date 12/15/21

Date 12/15/21



COX ARCHITECTURE & DESIGN, PLLC

R. CRAIG COX ARCHITECT

WILLIAMS RESIDENCE

124 CHASESTONE LANE
MOORESVILLE, NC 28117

● 12 OCTOBER 2021
△
△
△

FIRST FLOOR PLAN

A2.0

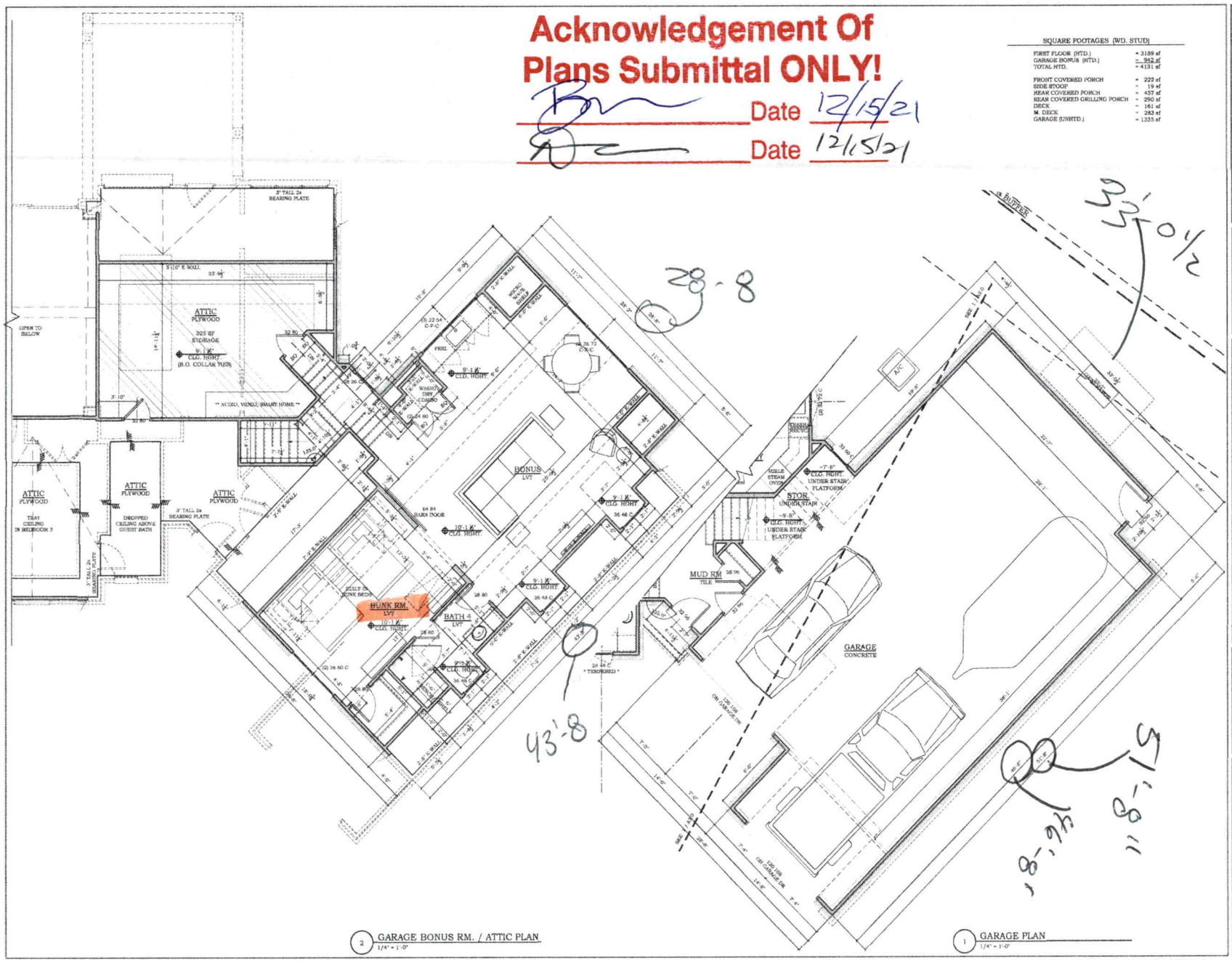
Acknowledgement Of Plans Submittal ONLY!

Date 12/15/21

Date 12/15/21

SQUARE FOOTAGES (WD. STUD)

FIRST FLOOR (HTD.)	= 3189 sf
GARAGE BONUS (HTD.)	= 942 sf
TOTAL HTD.	= 4131 sf
FRONT COVERED PORCH	= 222 sf
SIDE STOOP	= 19 sf
REAR COVERED PORCH	= 457 sf
REAR COVERED GRILLING PORCH	= 290 sf
DECK	= 161 sf
M. DECK	= 283 sf
GARAGE (UNHTD.)	= 1335 sf



2 GARAGE BONUS RM. / ATTIC PLAN
1/4" = 1'-0"

1 GARAGE PLAN
1/4" = 1'-0"

COX ARCHITECTURE & DESIGN, PLLC
R. CRAIG COX ARCHITECT
[illegible] SOUTH TRYON STREET, SUITE 111, CHARLOTTE, NC 28202
PHONE: (980) 253-0820
WWW.COXARCHITECTURE.COM
CRAIG@COXARCHITECTURE.COM

WILLIAMS RESIDENCE
124 CHASESTONE LANE
MOORESVILLE, NC 28117

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12 OCTOBER 2021

GARAGE & BONUS ROOM FLOOR PLANS

A2.1