IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2406062

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

PIN # 4614-82-9564 ✓

APPLICANT/OWNER: Harriet Baldwin APPLICANT ADDRESS: 301-C Cayuga Dr. Mooresville, NC 28117

SITE ADDRESS: 121 Chasestone Lane Mooresville NC ✓ PHONE: none provided ALT. PHONE

SITE DIRECTIONS: BSR → Ron Tuscarora → L on Syllabub → Ron Ballycastle → Ron Chasestone → lot on left

SUBDIVISION: CL+T ✓ SECTION: 6 ✓ LOT # 1720 ✓ LOT AREA: 1.11 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	7-17-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply			
Pump Tank	1000	(gal)	PT	363	Date	7-16-19	System Description: PM - 25% Reduction				☐ Business	No. Persons	8	☒ Private Ex			
Pump Make			Model		Serial #		Repair System Description: 50% Reduction (PPBPS)				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1		# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	36"		Trench Bottom Depth(Low side)	35"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Proposed pool must not have any decking within 25' of existing well (includes piers/ footers). Approval is for floorplans dated 9/24/18 + approved 11/29/18.
See TAP sizing below

INITIAL SITE SKETCH

See septic design by Michael Athanas + Associates

LSS Michael Athanas #1252

Dated 11/12/18

Revised + Approved 11/27/18 + 11/29/18

TAP Design for Pressure Manifold (4 total)

$L_1 + L_2$ (serial connected)	3/4" SCH 40	42.98 GPM
L_3	3/4" SCH 40	
L_4	3/4" SCH 40	
L_5	1½" SCH 80	

AS BUILT SKETCH

52' from ST to well

9/26/19 Checked tanks, drainlines & supply line & PM

Installed Quick 4 as shown MD

	Date	Initials
Drain Lines Checked	9/26/19	MD
Tanks Checked	9/26/19	MD
Pressure Manifold or Valve Box Checked	12-12-19	CCN
Pressure Head Set	12-12-19	CCN
Electrical Checked	12-12-19	CCN
Floats Set	12-12-19	CCN
Alarm Checked	12-12-19	CCN
Maintenance Contract Y / (N)		

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: _____ Date: 11/29/18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/29/18 OPERATION PERMIT by: Carla C. Nicks Date: 12-12-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/29/18 Existing System Inspected by: _____ Date: _____

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 inspection time.

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 179408

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

PIN # 4614-82-9564

APPLICANT/OWNER: Harriet Baldwin | APPLICANT ADDRESS: 301-C Cayuga Dr. Mooresville, NC 28117

SITE ADDRESS: 121 Chasestone Lane Mooresville NC | PHONE: none provided | ALT. PHONE

SITE DIRECTIONS: BSR → R on Tuscarora → L on Syllabub → R on Ballycastle → R on Chasestone → lot on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 6 | LOT # 1720 | LOT AREA: 1.11 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	7-17-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	363	Date	7-16-19	System Description: PM - 25% Reduction	
Pump Make		Model		Serial #		Repair System Description: 50% Reduction (PPBPS)	
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	35"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	

☒ Residence — No. Bedrooms: 4
☐ Business — No. Persons: 8
☐ Other — No. Employees:
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Ex. ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Proposed pool shall not have any decking within 25' of existing well (includes piers/footers). Approval is for floorplans dated 9/27/18 + approved 11/29/18.
See TAP sizing below

INITIAL SITE SKETCH

See septic design by Michael Athanas + Associates

LSS Michael Athanas #1252

Dated 11/12/18

Revised + Approved 11/27/18 + 11/29/18

TAP Design for Pressure Manifold (4 total)

$L_1 + L_2$ (serial connected)	3/4" SCH 40	42.98 GPM
L_3	3/4" SCH 40	
L_4	3/4" SCH 40	
L_5	1/2" SCH 80	

AS BUILT SKETCH

52' from ST to well

9/26/19 Checked tanks, drainlines & supply line @ PM

Installed Quick 4 as shown. MS

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**

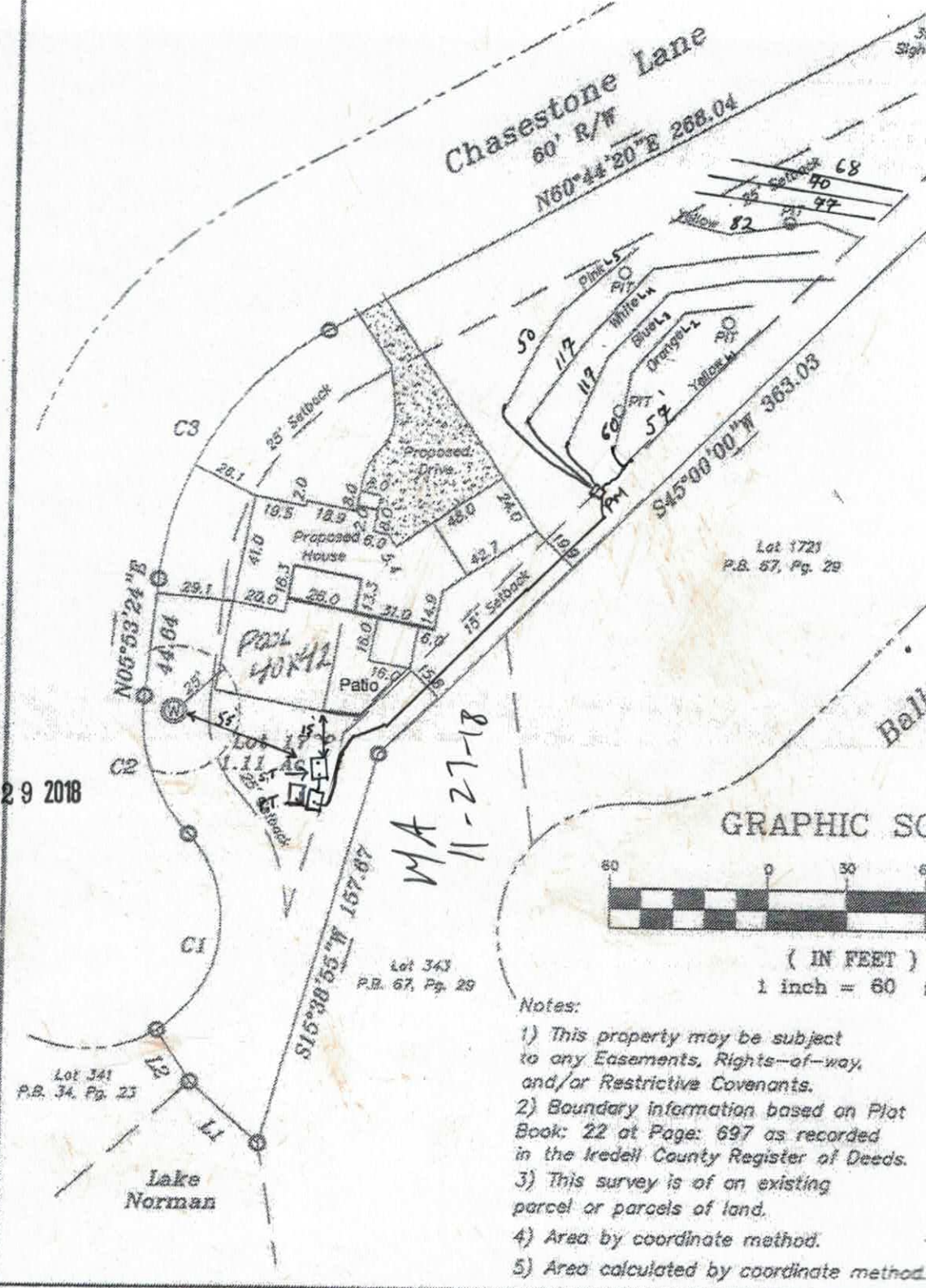
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 11/30/18 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck | Date: 11/29/18 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 11/29/18 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



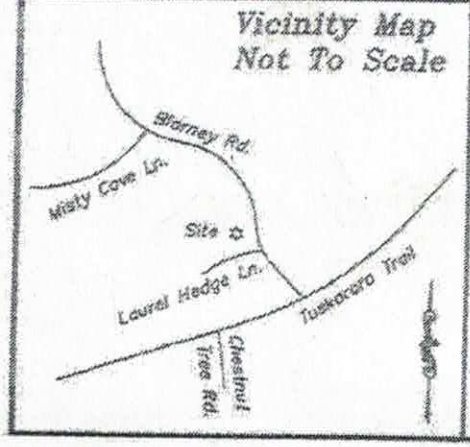
WDS
11/27/18

APPROVED NOV 29 2018

MA
11-27-18

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 22 at Page: 697 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
5) Area calculated by coordinate method.



Plot Plan

FOR

Richard Marsh & Michelle Marsh

PROPERTY DESCRIPTION

Lot 1720,
Crescent Land & Timber Corp.
Plat Book 22, Page 697

Davidson Township, Iredell County, N.C.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 121 Chasestone Ln, CL&T Sec 6, Lot 1720
House Footprint: See attached plan
Building Setbacks: 35' front, 25' side street, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 3 @ 12.5 GPM, 1 @ 5.48 GPM
Tap Size and Material: 3 @ ¾" SCH 40, 1 @ ½" SCH 80
System Flow: 43 GPM
Dosing Volume: 175 gallons
Pump Run Time: 4.1 minutes
Elevation Head: 21.7'
Friction Head: 6.5'
Pressure Head: 2'
Total Dynamic Head: 30.2'
Supply Line Length: 165' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Yellow 1	**57'**	**62'**	**3.4'**
Orange 2	**60'**	**88'**	**3.9'**
Blue 3	**117'**	**123'**	**4.0'**
White 4	**117'**	**125'**	**4.1'**
Pink 5	**50'**	**55'**	**4.2'**
Yellow 6		82'	4.8'
Orange 7		77'	5.5'
Blue 8		70'	6.4'
White 9		68'	7.3'

Initial System: 400'
Pump Tank: 20.1'

Repair System: 297'
House Corner: 4.4'

Benchmark: 19.8'

Comments:
Tap 1 – ¾" SCH 40 – Y1 & O2
Tap 2 – ¾" SCH 40 – B3
Tap 3 – ¾" SCH 40 – W4
Tap 4 – ½" SCH 80 – P5



PROPERTY ID #: 4614829564_
COUNTY: _Iredell___
Pg 4

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Thomas Baldwin_____ APPLICATION DATE_____
ADDRESS: 141 Union Chapel Dr, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD__ PROPERTY SIZE: _1.11 AC_____
LOCATION OF SITE: 121 Chasestone Ln, CL&T Sec 6, Lot 1720_____ PROPERTY RECORDED: _____
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)		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	
1	LS 2%	0-26	R C SBK	FR SS SP SXP	Few YB to 26"	68"	N/A	N/A	PS 0.3
		26-68	R CL WSBK	FR SS SP SXP					
2	LS 2%	0-36	R C SBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		36-60	R CL WSBK	FR SS SP SXP					
3	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		6-38	R C SBK	FR SS SP SXP					
		38-56	R CL WSBK	FR SS SP SXP					
4	LS 2%	0-24	R C SBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		24-50	R CL WSBK	FR SS SP SXP					
		50-60	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	891 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4614829564
DATE OF EVALUATION:
COUNTY: IREDELL

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	
5	LS 2%	0-13	R C SBK	FR SS SP SXP	N/A	62"	F-C SAP	N/A	PS 0.3
		13-62	R CL WSBK	FR SS SP SXP					
6	LS 6%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	56"	F-C SAP	N/A	PS 0.3
		4-30	R C SBK	FR SS SP SXP					
		30-56	R CL WSBK	FR SS SP SXP					

COMMENTS:

121 Chasestone Lane Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	145' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 24.2'
Pressure head	2.0'
Friction head	1.7'
20% Contingency	5.6'
Total Head	33.5'
Pump Requirements	22 gpm @ 33.5' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx.10.9 min.
Repair System	**LP PPBPS**
Total Linear Feet	270
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Red	LP PPBPS	70	4.5
2	System	Pink	25% Reduction	100 endfed	
3	System	Orange	25% Reduction	100 endfed	
4	System	Blue	25% Reduction	100 endfed	
5	System	Red	25% reduction	50 endfed	
6	System	Pink	25% Reduction	50 endfed	
7	Repair	Orange	LP PPBPS	70	
8	Repair	Blue	LP PPBPS	70	
9	Repair	Red	LP PPBPS	60	
				Total System: 400'	
				Total Repair: 270'	

Tank	Red	1000 gal (2 compartment)	22.7
Pump Tank	Red	1000 gal.	
House	Blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **5 Lines, 4 taps - use flow divider for 2 50 ft lines**

179408 E.R. Lmtd Relew

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Harriet Baldwin **Address:** 301-C Cayuga Dr, Mooresville, NC **Zip:** 28117

Applicant Email: bbaldwin@tommybaldwinracing.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 121 Chasestone Ln

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 1720

Driving Directions: _____

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: 4
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____

( ) 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: Accepted

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: _____ 11/12/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC 179408

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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****

Page 2: *Site Plan Worksheet* form MUST accompany this application

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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: COURTLAND HOMEBUILDERS Address: 178 TORRENCE CHAPEL RD Zip: 28117
Applicant Email: WSMITH@COURTLANDHOMEBUILDERS.com Phone: 704-363-1622 Alt. Phone: _____
Owner Name: TOMMY & BECKY BALDWIN Address: 119 McKendree Rd Mooresville Zip: 28117
Owner Email: _____ Phone: 704-613-9810 Alt. Phone: _____

****

Property Information:

Street Address: 121 CHARLESTONE LANE MOORESVILLE NC 28117
Subdivision Name: CRESCENT LAND & TIMBER Section/Phase: _____ Lot Number: 1720
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: _____ ( ) 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: _____

( ) New Well (X) 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 (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: _____ 10/10/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 2 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Comprehensive Relayout #179408

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application Paid $350.00

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: Thomas Baldwin **Address:** 141 Union Chapel Rd, Mooresville **Zip:** 28117

Applicant Email: _____ **Phone:** Warren (BLDR) 704-363-1622 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 121 Chasestone Ln

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 1720

Driving Directions: BSR, TR Tuscaroara, TL Syllabub, TR Ballycastle, TR Chasestone, lot on LT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: _____

( ) 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: Accepted

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?
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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: _____ 2/27/2018
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

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, HARRIET E. BALDWIN, am the legal owner(s) of the property located at 121 CHASESTONE LN, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) _____, 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.

Harriet E. Baldwin 10/18/18

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 DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Harriet Baldwin, am the legal owner(s) of the property located at 121 Charlestone Ln CL&T Sec 6, Lot 1720, identified as PIN (Parcel Identification Number) 4614 82 9564, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Allanas + Assoc., 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.

Harriet Baldwin 2-20-18

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

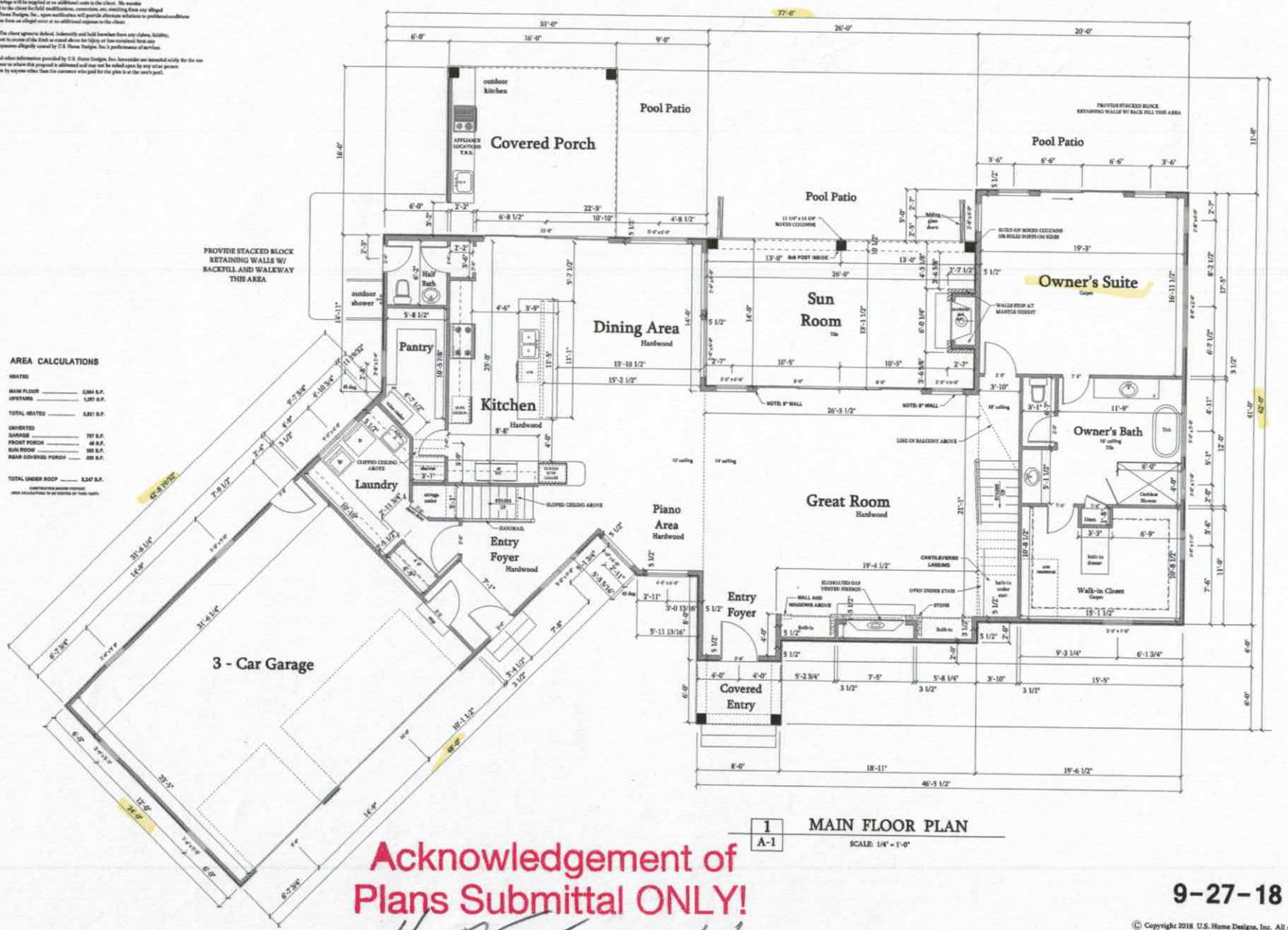
WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED. U.S. HOME DESIGNS, INC. SPECIFICALLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. limits any and all liability to self-corrected cost(s) to correct working drawings in the event an error or discrepancy occurs. Once revised working drawings will be supplied at no additional costs to the client. No monies shall be paid to the client for field modifications, corrections, etc. resulting from any alleged error. U.S. Home Designs, Inc., upon notification will provide alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

Indemnity: The client agrees to defend, indemnify and hold harmless from any claims, liability, or defense cost in excess of the limit as stated above for injury or loss sustained from any party from exposures allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the customer to whom this proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer who paid for the plan is at the user's peril.



AREA CALCULATIONS

HEATED

MAIN FLOOR	2,564 S.F.
UPSTAIRS	1,287 S.F.
TOTAL HEATED	3,851 S.F.

UNHEATED

GARAGE	707 S.F.
FRONT PORCH	48 S.F.
SUN ROOM	360 S.F.
REAR SCREENED PORCH	286 S.F.
TOTAL UNDER ROOF	5,247 S.F.

CONSTRUCTION DRAWING STATUS
AREA CALCULATIONS TO BE VERIFIED BY THIRD PARTY

1 / A-1 MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 11/16/18

Date 11/29/18

9-27-18

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U.S. HOME DESIGNS, INC.
P.O. Box 3503, Mooresville, NC 28117 Phone: 704-309-0762
www.usbomedesigns.com

Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www. CourtlandHomeBuilders.com

MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

Mr. and Mrs. BALDWIN

SHEET No. A-1

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED. U.S. HOME DESIGNS, INC. SPECIFICALLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. limits any and all liability to self-reported careful to correct working drawings in the event an error or discrepancy occurs. New revised working drawings will be supplied at no additional cost to the client. No monies shall be paid to the client for field modifications, corrections, etc. resulting from any alleged errors. U.S. Home Designs, Inc., upon notification will provide alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

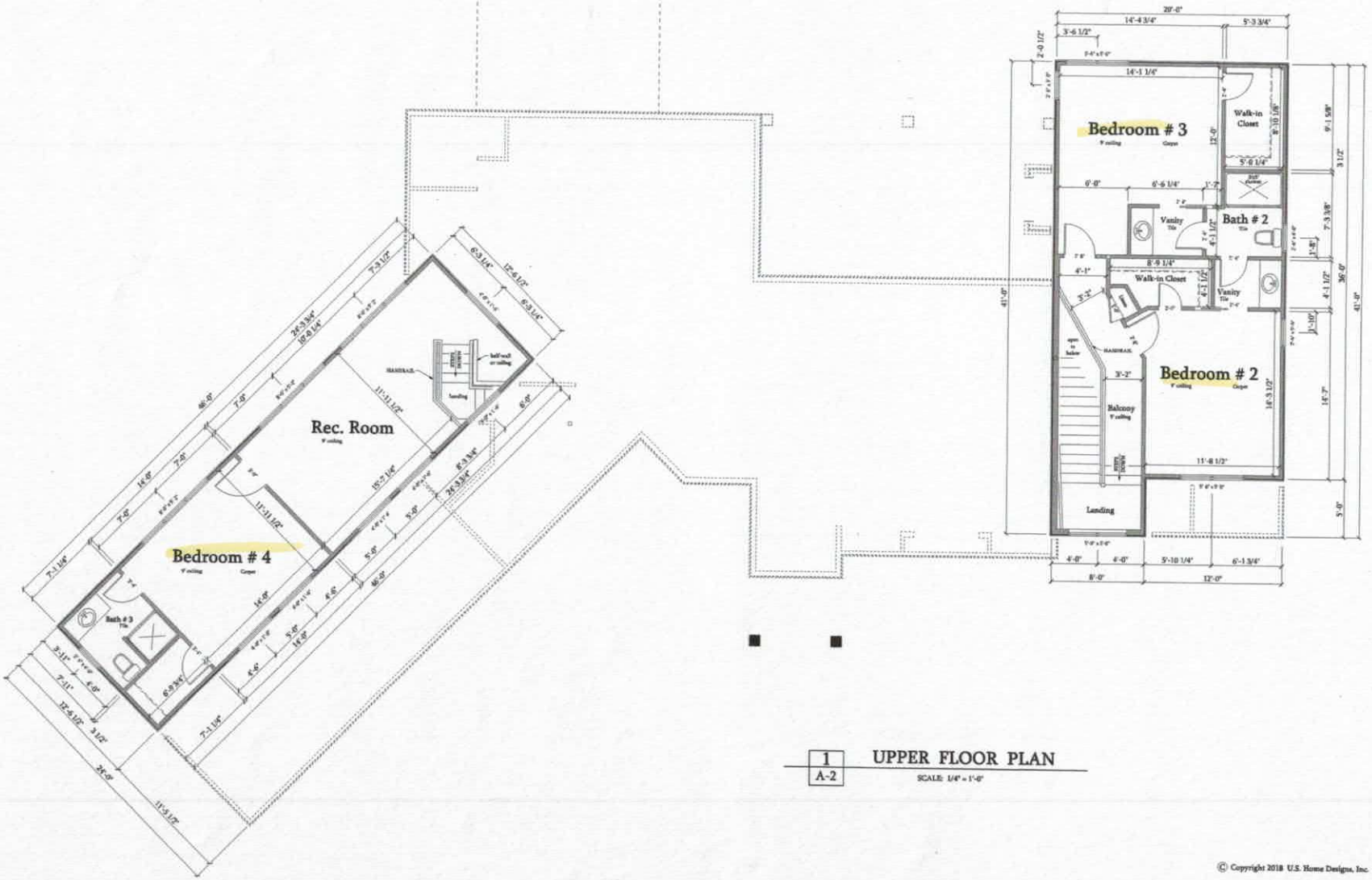
Indemnity: The client agrees to defend, indemnify and hold harmless from any claims, liability, or defense cost by reason of the Work as stated above for injury or loss sustained from any pain/illness exposure allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the customer to whom this proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer who paid for the plan is at the user's peril.

Acknowledgement of Plans Submittal ONLY!

Date 10/10/18

Date 11/29/18



1 A-2 **UPPER FLOOR PLAN**

SCALE: 1/4" = 1'-0"

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U.S. HOME DESIGNS, INC.
P.O. Box 2933, Mooresville, NC 28117 Phone 704-309-0702
Designer: Stephen W. Turley
www.ushomedesigns.com

Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www.CourtlandHomeBuilders.com

Mr. and Mrs. BALDWIN

UPPER FLOOR PLAN

SCALE: 1/4" = 1'-0"

SHEET No. A-2

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/18/2018 (Date)

Owner: Harriet Baldwin
Address: 301-C Cayuga Dr
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
121 Chasestone Ln CL&T Sec 6 Lot 1720

I, Harriet Bladwin, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)
25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Harriet C. Baldwin
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit
November 29, 2018

Owner: Harriet Baldwin
Address 301-C Cayuga Dr.
Mooresville, NC

Subject: Notice of Intent to Revoke 121 Casestone Lane Mooresville, NC CL&T – Sec 6 – Lot 1720 **PIN: 4614-82-9564** - Improvement Permit- #179408 (issued 3/29/2018)

Dear Property Owner:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Construction Authorization-Improvement Permit III (referenced above) conditions. As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...if **the information submitted** in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, **the IP/CA shall become invalid and may be suspended or revoked.**"

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is November 29, 2018**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Tom Shuck

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

3/29/18 (Date)

Owner: Thomas Baldwin
Address: 141 Union Chapel Rd.
Mooresville, NC

Subject: Notice of Intent to Revoke/Suspend 121 Chasetown Lane / CL+T Sec. 6 Lot 1920 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Mr. Baldwin:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 121 Chasetown Lane (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III / #179408 (issued 6/21/13) (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
★ Can't have simultaneous multiple permits for same lot ★	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 3/29/18. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Tom Shuck

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2-20-18 (Date)

Owner: HARRIET & THOMAS BALDWIN, JR.
Address: 301-C Cayuga Dr.
Mooresville, NC 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit 179408
121 Chasestone Ln, CL+T Sec 6 Lot 1720
4614 82 9569

I, Harriet Baldwin, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/21/2013 (Date) for a system PM 25% Reduction (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Harriet E. Baldwin
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115

Environmental Health
349 N. Center Street
Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 179408

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

PIN # 4614829564

APPLICANT: Ingrid & Phil Hoyt APPLICANT ADDRESS: P.O. Box 5166 Mooresville NC 28117

SITE ADDRESS: 121 Chasestone Ln. Mooresville 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd. TR Tuskaloosa TL Syllabub TR Ballycastle TR Chasestone on left

SUBDIVISION: CL&T SECTION: 6 LOT # 1720 LOT AREA: 1.12Ac DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI
System Description: Pump-pressure manifold to 25% Red.
Repair System Description: LP PT&B
Maintenance Agreement Required: [ ] YES [X] NO [ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [X] Basement w/plumbing
No. Bedrooms 4 No. Persons No. Employees [ ] Crawl Space [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: - Proposed House Does NOT Fit In House Box But Should NOT Effect Septic System. SL

INITIAL SITE SKETCH

SEE Attached Plan from Kathleen Saunders of The Oaks Group, PA

Revoked 3/29/18 SL (redraw)

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat* valid without expiration. [X] **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. [X] **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 6-24-13 Installed by:

IMPROVEMENT PERMIT by: Jane Hanson, REHS Date: 6-21-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: OCT 16 2014 Existing System Inspected by: Date:

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

All Borings, septic lines, house stakes, and wells have been approximately located on this site plan, and have not been located on site by a licensed surveyor.

IREDELL COUNTY HEALTH DEPARTMENT

06-17-13 Pd $850.00 @ Stool MS

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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

3. **Applicant Information:**

Ingrid & Phil Hoyt | PO Box 5166 | Mooresville 28117 | _____
Applicant Name | Mailing Address | Home Phone | Work Phone

Charles & Ellen Palmer | Contact Kathleen Saunders, LSS | 704-578-4951
Owner Name | Mailing Address | Home Phone | Work Phone

4. **Property Information:**

121 Chasestone LN | CL&T | Lot 1720
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Brawley School Rd, R Tuskarora, L Syllabub, R Ballycastle, R Chasestone, Lot on L

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-18-13
DATE

RECEIVED OCT 8 - 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Ingrid Hoyt **Address:** 114 Wynswept Drive Mooresville NC 28117 **Phone:** 7045764129

Owner Name: SAME **Address:** _____ **Phone:** _____

Property Information:

Street Address: 121 Chasetone ~~Drive~~ Lane Mooresville NC 28117

Subdivision Name: CL+T **Section/Phase:** 6 **Lot Number:** 1720

Driving Directions: Brawley School Rd to Rt Tuskarora to Left on Syllabub to Rt on Ballycastle to Rt on Chasetone Lane

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: _____

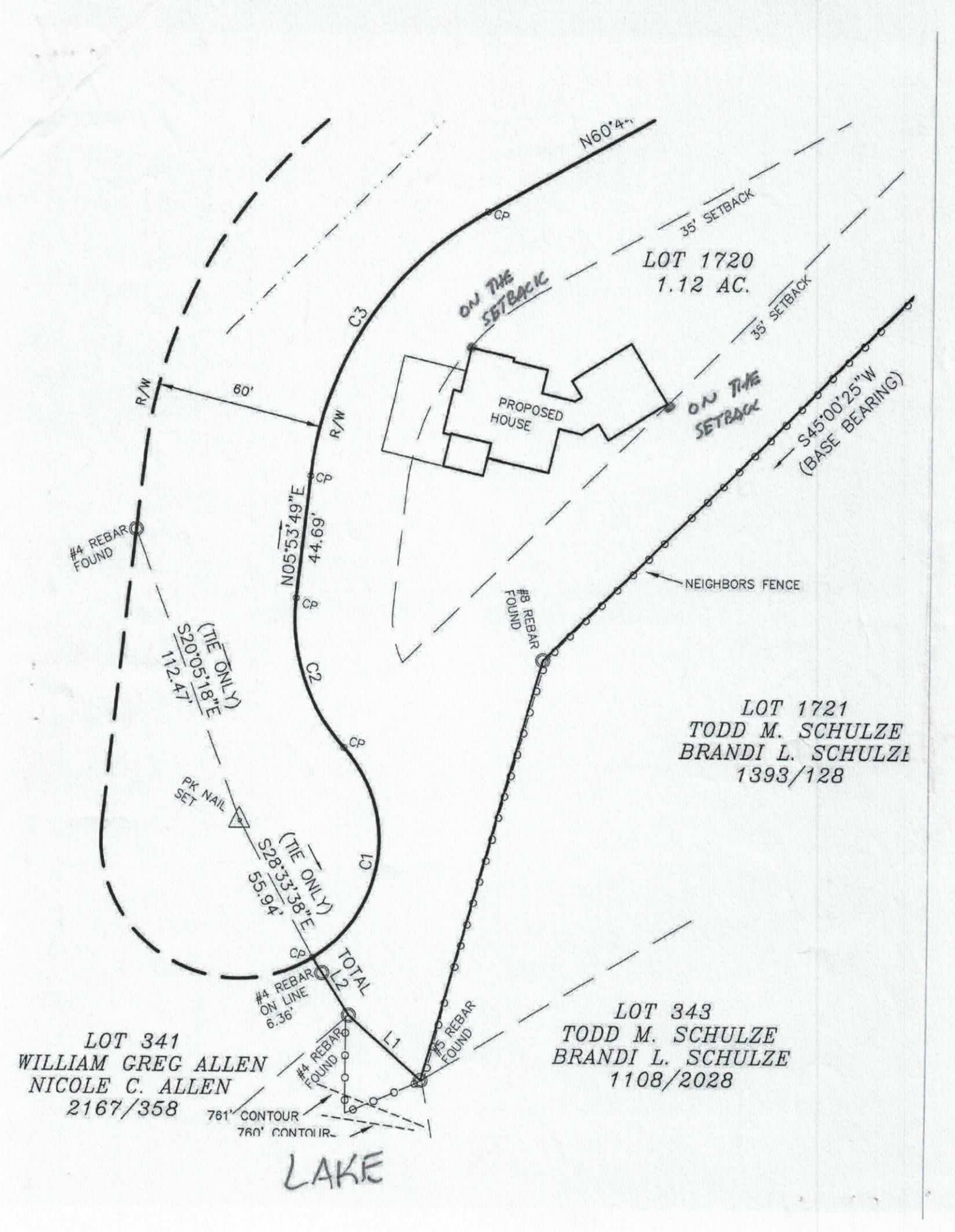
Please answer the following to the best of your ability:

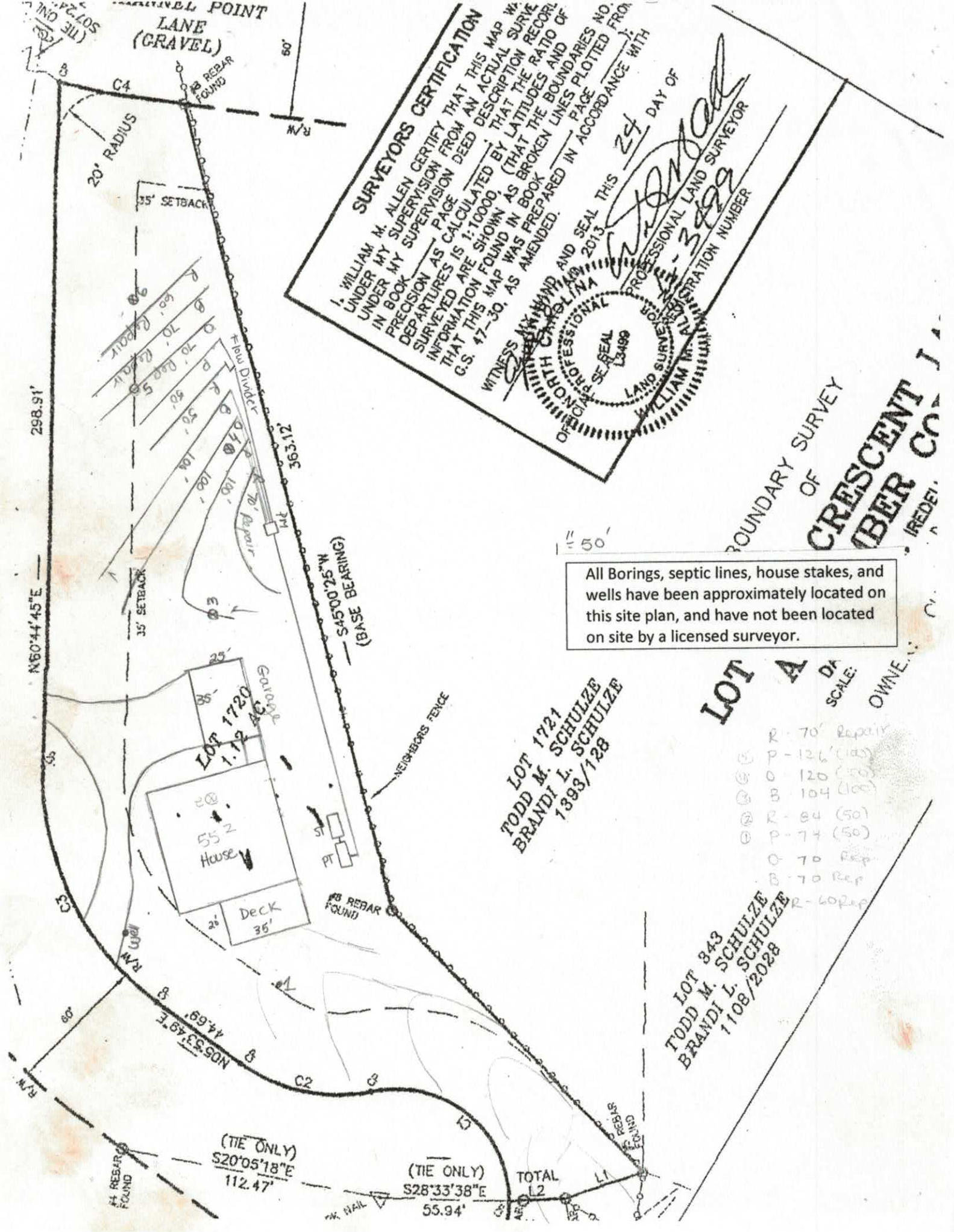
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

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: Ingrid Hoyt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-8-14
DATE


N60°4-
CP
35' SETBACK
LOT 1720
1.12 AC.
ON THE SETBACK
35' SETBACK
ON THE SETBACK
C3
R/W
60'
R/W
PROPOSED HOUSE
S45°00'25"W
(BASE BEARING)
CP
N05°53'49"E
44.69'
CP
#4 REBAR FOUND
(TIE ONLY)
S20°05'18"E
112.47'
NEIGHBORS FENCE
#8 REBAR FOUND
C2
CP
LOT 1721
TODD M. SCHULZE
BRANDI L. SCHULZE
1393/128
PK NAIL SET
(TIE ONLY)
S28°33'38"E
55.94'
C1
CP
TOTAL
L2
#4 REBAR ON LINE
6.36'
#5 REBAR FOUND
L1
#4 REBAR FOUND
761' CONTOUR
760' CONTOUR
LOT 341
WILLIAM GREG ALLEN
NICOLE C. ALLEN
2167/358
LOT 343
TODD M. SCHULZE
BRANDI L. SCHULZE
1108/2028
LAKE


SURVEYORS CERTIFICATION
I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS
UNDER MY SUPERVISION FROM AN ACTUAL SURVE
UNDER MY SUPERVISION FROM DEED DESCRIPTION RECORL
IN BOOK ___ PAGE ___; THAT THE RATIO OF
PRECISION AS CALCULATED BY LATITUDES AND
DEPARTURES IS 1:10000; (THAT THE BOUNDARIES NO.
SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FRO
INFORMATION FOUND IN BOOK ___ PAGE ___;
THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH
G.S. 47-30, AS AMENDED.
WITNESS MY HAND AND SEAL THIS 24 DAY OF
NORTH CAROLINA 2013
OFFICIAL SEAL L3499
PROFESSIONAL LAND SURVEYOR
WILLIAM M. ALLEN
REGISTRATION NUMBER
L-3499
BOUNDARY SURVEY
OF
CRESCENT
BER CO
All Borings, septic lines, house stakes, and wells have been approximately located on this site plan, and have not been located on site by a licensed surveyor.
LOT A
SCALE: 1" = 50'
OWNE
CHANNEL POINT LANE (GRAVEL)
#8 REBAR FOUND
20' RADIUS
35' SETBACK
Flow Divider
298.91'
363.12'
N60°44'45"E
S45°00'25"W
(BASE BEARING)
35' SETBACK
LOT 1720
1.12 AC
Garage
House
Deck
35'
NEIGHBORS FENCE
LOT 1721
TODD M. SCHULZE
BRANDI L. SCHULZE
1393/128
#8 REBAR FOUND
R/W
N05°33'49"E
469'
(TIE ONLY)
S20°05'18"E
112.47'
#4 REBAR FOUND
(TIE ONLY)
S28°33'38"E
55.94'
TOTAL
L1
L2
LOT 343
TODD M. SCHULZE
BRANDI L. SCHULZE
1108/2028
R - 70' Repair
P - 126' (126')
O - 120' (120')
B - 104' (100')
R - 84' (50')
P - 74' (50')
O - 70' Rep
B - 70' Rep
R - 60' Rep

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 6/17/13

Owner or Client: Hoyt
Proposed Facility: House — Design Flow: 480 — Property Size:
Location of Site: 121 Chasestone
Soil Described By: KMS — Others Present:
Antecedent Moisture: — Weather:

Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L	0-20	WK SBK CL	FR SS/SP	F Sap	Red			0.35
		20-54	MA L Sap	FR SS/SP		Br			
2	L ~12%	0-10	Mo SBK CL	FR SS/SP		Red			0.35
		10-30	WK SBK CL	FR SS/SP	C Sap	Red			
		30-49	MA L Sap	FR SS/SP		Multi			
3	L 2%	0-8	Mo GR SL	FR ns/np		Br		Gravelly	0.3
		8-37	Mo SBK C	FR SS/SP		Red			
		37-52	WK SBK CL	FR SS/SP	F Sap	Red			
4	L 8%	0-6	Mo GR SL	FR ns/np		Br			0.3
		6-38	Mo SBK C	FR SS/SP		Red			
		38-51	WK SBK CL	FR SS/SP	F Sap	Red			
5	L 10%	0-6	Mo GR SL	FR ns/np		Br			0.3
		6-27	Mo SBK C	FR SS/SP		Red			
		27-48	WK SBK CL	FR SS/SP	C Sap	Red		F Quartz	
6	L 10%	0-6	Mo GR SL	FR ns/np		Br			0.3
		6-28	Mo SBK C	FR SS/SP		Red			
		28-44	WK SBK CL	FR SS/SP	C Sap	Red			
		44-48	MA L Sap	FR SS/SP		L+R			

COMMENTS: