HS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office (704) 660-3625 PERMIT # 228370

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

PIN # 4614921535

APPLICANT/OWNER: Bernard Leciejewski APPLICANT ADDRESS: 614 Bell Rd. Chagrinfalls, OH

SITE ADDRESS: 116 Channel Point Ln. Mooresville, NC PHONE: 704-402-8594 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd → R on Tuskarora → L on Syllabub → Channel Point at end on R SAB CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 172 LOT AREA: .69ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	794	Date	9-10-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			☐ Business	No. Persons	8	☑ Private	
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	7	Linear Ft	136'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth(Low side)	24" 30" high side			Gravel Depth		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install line 1-3. Remove 28' from line 4. Install 4' to end of line 5 and remove 10' from front of line. Remove 20' from line 6. Remove 16' from line 7. Abandon last line (68').

- Floor plans submitted for 3 bedroom, permit good for 4 bedroom

INITIAL SITE SKETCH

See attached site plan by Soil + Forestry Services of the Carolinas, PA

AS BUILT SKETCH

Installed as Drawn

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: 1-23-19 Installed by: R + I

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-23-19 OPERATION PERMIT by: Date: 10-25-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 1-23-19 Existing System Inspected by: D

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

HS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 228370

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PIN # 4614921535

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SITE DIRECTIONS: Brawley School Rd → R on Tuskarora → L on Syllabub → Channel Point at end on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL&T | SECTION: 6 | LOT # 172 | LOT AREA: .69ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft 136'
Trench Width 36" Trench Bottom Depth(Low side) 24"/30" high side Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 | No. Persons 8 | No. Employees | ☑ Crawl Space
Water Supply: ☑ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions: Install line 1-3. Remove 28' from line 4. Install 4' to end of line 5 and remove 10' from front of line. Remove 20' from line 6. Remove 16' from line 7. Abandon last line (68').

- Floor plans submitted for 3 bedroom, permit good for 4 bedroom

INITIAL SITE SKETCH

See attached site plan by Soil & Forestry Services of the Carolinas, PA

AS BUILT SKETCH

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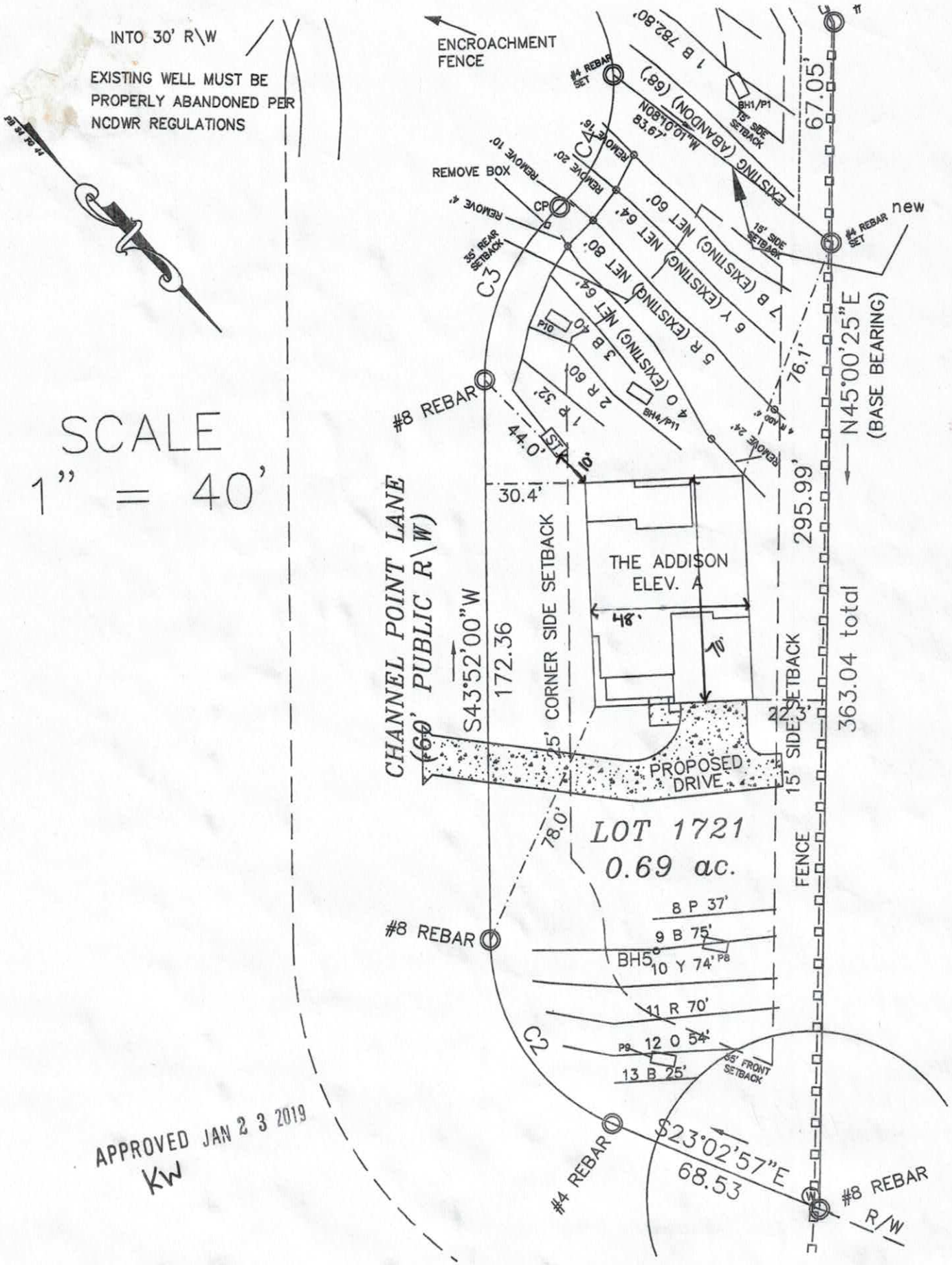
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Owner / Applicant Signature: Date: 1-23-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-23-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 1-23-19 Existing System Inspected by: D

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



APPROVED JAN 23 2019
KW

CALCULATIONS

Location 120 Channel Point Lane
Mooresville, NC 28117
Project Number 19-0001

Lot No: 1721 CL&T

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 25 ft.

Supply Line Volume 16.325 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 400 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

APPROVED JAN 2 3 2019
KW

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant: Bernard & Kathy Leciejewski

Address: 614 Bell Road
Chagrin Falls, OH 44022

Phone: 704.402.8594

County: Iredell

Location: 120 Channel Point Lane
PIN (4614921535)

Source of Wastewater Flow: 4 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 480

System Flow: N/A

Design Specifications

Drainfield Size: 480

Loading Rate (gpd/ft.^{2}): 0.3

Depth of Gravel in Trench: N/A

Gravel Size: N/A

Max.Trench Depth: 30 in. Repair Trench Bottom 30 in.

Trench Width: 36 in.

Septic Tank Size: 1000

Estimated Supply Line Length: 25

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 16.33

Dosing Volume: N/A

Supply Manifold: N/A

Supply Manifold Length: N/A

Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A

Friction Head: N/A

Elevation Head: N/A

Total Dynamic Head: N/A

APPROVED JAN 2 3 2019
KW

Threaded Union: N/A

Gate Valves: N/A

Check Valves: N/A

Anti-Siphon Hole: N/A

Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services, PA

120 Channel Point Lane

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	25
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

APPROVED JAN 2 3 2019
KW

Layout Specifications - 120 Channel Point Lane

Project #: 19-0001

LAYOUT FOR 4 BEDROOM HOME

January 3, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***PINK***					*32*	*32*
2	***RED***					*60*	*60*
3	***BLUE***					*40*	*40*
4	***ORANGE***					*64*	*64*
5	***RED***					*80*	*80*
6	***YELLOW***					*64*	*64*
7	***BLUE***					*60*	*60*
8	PINK					37	37
9	BLUE					75	75
10	YELLOW					74	74
11	RED					70	70
12	ORANGE					54	54
13	BLUE					25	25
					Total	735	735

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*400*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair	335	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by survey.

APPROVED JAN 2 3 2019

KW

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

Sheet 1 of 3
PROPERTY ID #: 7614972058
COUNTY: Iredell

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

APPROVED JUL 27 2017
BA

OWNER: Michael Decker Lexington
ADDRESS: 1645 Shoreline Drive, Mooresville, NC 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 120 Channel Point Lane Mooresville NC 28117
APPLICATION DATE: June/July 2015
DATE EVALUATED: 2016
PROPERTY SIZE: 0.69 ac
PROPERTY RECORDED: No

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1 / P 1	4/16%	0-3	B l gr	Fr SS SP SEXP		33	PS	—	PS .35
		3-9	BRcl wfsbk	" " " "					
		9-18	Rc mssbk	" " " "					
		18-33	Rcl wfsbk	" " " "	- f-c sap				
		38-72	var l mass	" " " "					
B 2 / P 2	4/34%	0-5	B l gr	Fr SS S PSEXP		18	PS	—	PS 0.35-.4
		5-18	Bcl wfsbk	" " " "					
		18-72	var l mass	" " " "					
B 3 / P 3	4/14%	0-4	B l gr	Fr SS SP SEXP		24	PS	—	PS .35-.4
		4-12	BRcl wfsbk	" " " "					
		12-24	BR l wfsbk	" " " "	- c sap				
		24-70	var l/sl mass	" " " "					
B 4	4/8%	0-3	B l gr	Fr SS S PSEXP		40	!	—	PS .3-.325
		3-44	RBc mssbk	" " " "					
		44-48	RBcl wmsbk	" " " "	- f sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED JUL 27 2017

PROPERTY ID #: 4619920580
DATE OF EVALUATION: 2016
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
BS	L/12%	0-4	BlGr	FrSSSPSExP	-f sap	48	—	—	PS .325
		4-28	RBc mmsbk	" " " "					
		28-48	RBcl mmsbk	" " " "					
BG	L/15%	0-4	BlGr	FrSSSPSExP	-f sap	48	—	—	PS 0.3
		4-45	RBc mmsbk	" " " "					
		45-48	RBcl mmsbk	" " " "					
P7	L/15%	0-16	RBCL wfsbk	Fr SS SP	-C.SAP	24	PS	—	PS .35-.4
		16-24	RBL vwfsbk	Fr SS SP					
		24-67	VARL. MASS	Fr SS SP					
P8	12%	0-6	BL GR		F/K SAP	58	PS	—	PS .3-.325
		6-42	BRC mm SBK	FR SS SP					
		42-58	BRCL wm SBK	" " "					
		58-64	VL MASS	FR SS SP					
P9	12%	0-5	BL GR		F-SAP	62	—	—	PS .3-.325
		5-42	BRC mm SBK	FR SS SP					
		42-62	BRCL wf SBK	" " "					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

[redacted]

APPROVED JUL 27 2017

3A

PROPERTY ID #: 4614420580

DATE OF EVALUATION: 2/5/17

COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P10	7%	0-3	BFSL GR		F/C SAP	48	–	–	PS .30 .325
		3-35	BRC MF SBK	FR SS SP					
		35-48	RBCL WF SBK	" " "					
P11	6%	0-3	BL GR		F SAP	63	–	–	PS .3 .325
		3-10	RBCL WM SBK	FR SS SP					
		10-33	BRC WM SBK	" " "					
		33-63	RBCL WF SBK	" " "					

COMMENTS:

RECEIVED JAN 1 5 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $225.00 #228370

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
Intermediate Relocant - Expedited.

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: Bernard Leciejewski **Address:** 614 Bell Road Chagrin Falls, OH **Zip:** 44022

Applicant Email: tcarr@nesthomes.com **Phone:** 704 402 8594 **Alt. Phone:**

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

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

Property Information:

Street Address: 120 Channel Pt Lane Mooresville NC 28117

Subdivision Name: CLT **Section/Phase:** 6 **Lot Number:** 1721

Driving Directions: 120 Channel Pt Lane, Mooresville 28117

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

(X) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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:

(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: 1/7/04
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: 11/10/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IP in MUL

228370 pd $350

RECEIVED JUL 12 2017

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

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

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
(✓) Survey Plat, scaled no more than 1 inch = 60 feet
(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Decker Michael C. **Address:** 1845 Shoreline Drive, ~~Mooresville~~ Lexington, NC 27292 **Phone:** 336-624-90

Owner Name: Same **Address:** Same **Phone:** Same

Property Information:

Street Address: 120 Channel Point Lane, ~~Mooresville~~ Lexington, NC 27292

Subdivision Name: CLT **Section/Phase:** _____ **Lot Number:** 172

Driving Directions: Brantley, Tuskarora, Channel Point 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: 8
( ) 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:** 1/7/04
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

Please answer the following to the best of your ability:

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( ) 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: Shawn A Kallen
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/30/17
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, Bernard T. Leciejewski, am the legal owner(s) of the property located at 120 Channel Point Lane, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4614921535.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

Bernard Leciejewski (Jan 3, 2019)	1/3/19	Jenna DuBois (Jan 3, 2019)	1/3/19
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

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

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I, Michael C Decker and Elizabeth H Decker, am the legal owner(s) of the property located at ~~130~~ 120 and 124 Channel Point Lane, Moresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

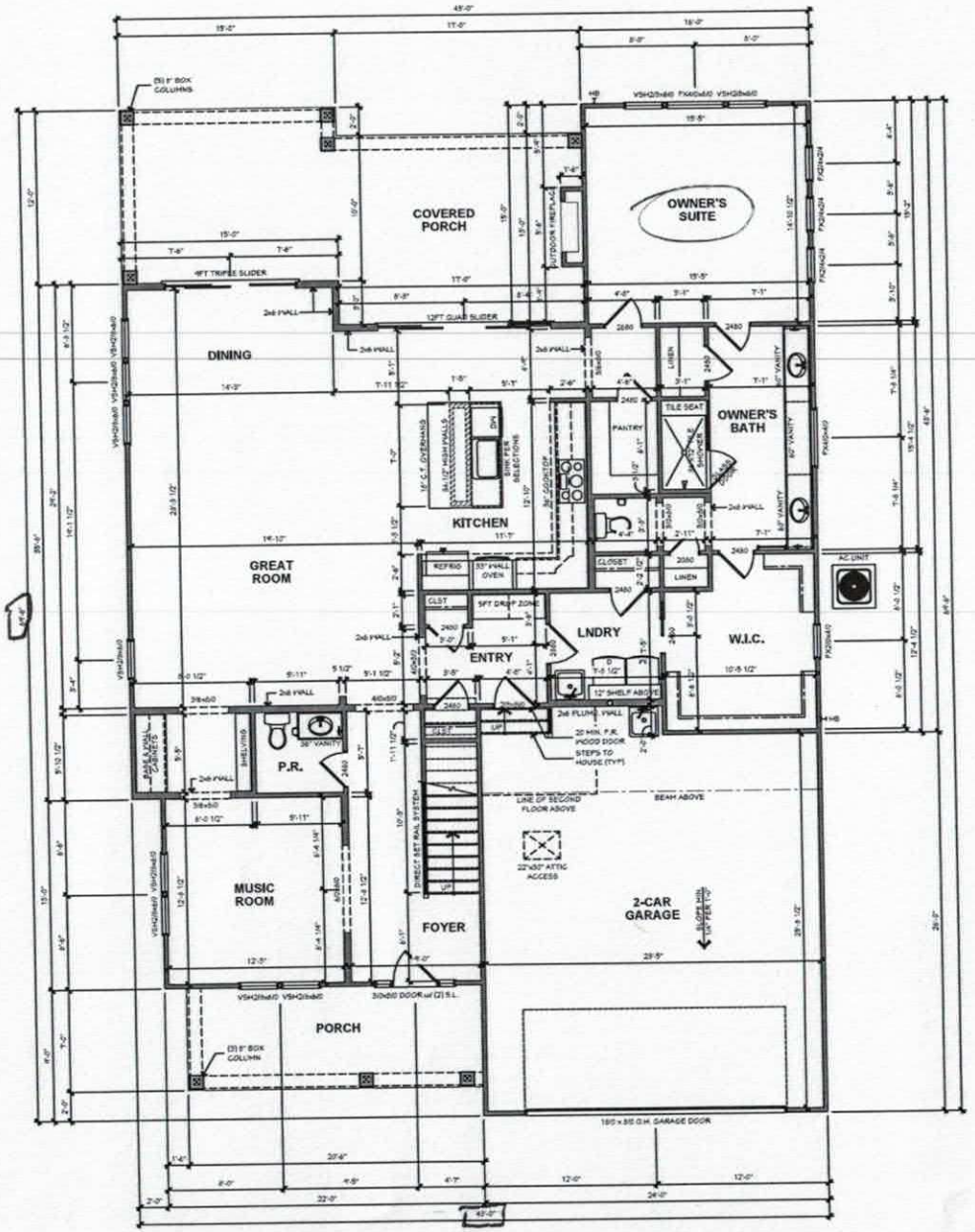
Michael C Decker
Elizabeth Decker — June 23,2017 — _____ — _____

Signature of Owner(s) | Date | Signature of Witness | Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



FIRST FLOOR PLAN - ELEVATION A

SCALE: 1/4" = 1'-0"
10'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h = 10'-0"	2x4 @ 16" O.C.
10'-0" < h < 11'-0"	2x4 @ 12" O.C.
11'-0" < h < 16'-0"	2x6 @ 16" O.C.
h > 16'-0"	CONSULT ENGINEER

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 6" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. I-JOISTS ARE DESIGNED TO BE CONTINUOUS IN SOME AREAS. I-JOIST MANUFACTURER TO STOP AND START JOISTS WHERE SHOWN ON PLAN TO ALLOW FOR CONTINUOUS ACTION.
2. "DBL" INDICATES DOUBLE JOIST
3. RIM BOARDS AND BANDS PARALLEL TO FLOOR FRAMING TO BE DOUBLED.
4. ALL LOAD- BEARING HEADERS SHALL BE (3)2X3 (SPF#2) UNLESS OTHERWISE NOTED ON THE PLAN.
5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
6. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(3) 2X12	LUS 210-2
(2) 1 3/4" X 9 1/4" LVL	HUS 410
(3) 1 3/4" X 11 1/4" LVL	HUS 412
(2) 1 3/4" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 2½"x ⅛" COMMON NAILS (SP's 0.162") OR 1¼"x ⅛" (SP's 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 1¼"x ⅛" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ¾" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)2X4 OR (4)2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS (WHETHER WOOD OR STEEL) CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (SJB) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "SJB" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
13. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3"X0.162") IN EACH PLY.
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "KJ" OR "KK" ON PLAN)
SPANS UP TO 4'-6" ..... 1 JACK, 1 KING
SPANS >4'-6" TO 5'-6" ..... 1 JACK, 2 KINGS
SPANS >5'-6" TO 6'-6" ..... 2 JACK, 2 KINGS
SPANS >6'-6" ..... SEE PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 1-23-19
Date 1-25-19

BDS HOMES
Township/County
IREDELL COUNTY
Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-339-7200
CORP. LIC. # C-0118
Stamp/seal

Project name/owner
THE ADDISON
ELEVATION A
YNYL CRESCENT LAND & TIMBER
130 CHANNEL POINT LN
MOORESVILLE, NC 28117
BERNARD & KATHY LECIEJEWSKI
914 BELL ROAD
CHAGRIN FALLS, OH 44022
216-401-4705

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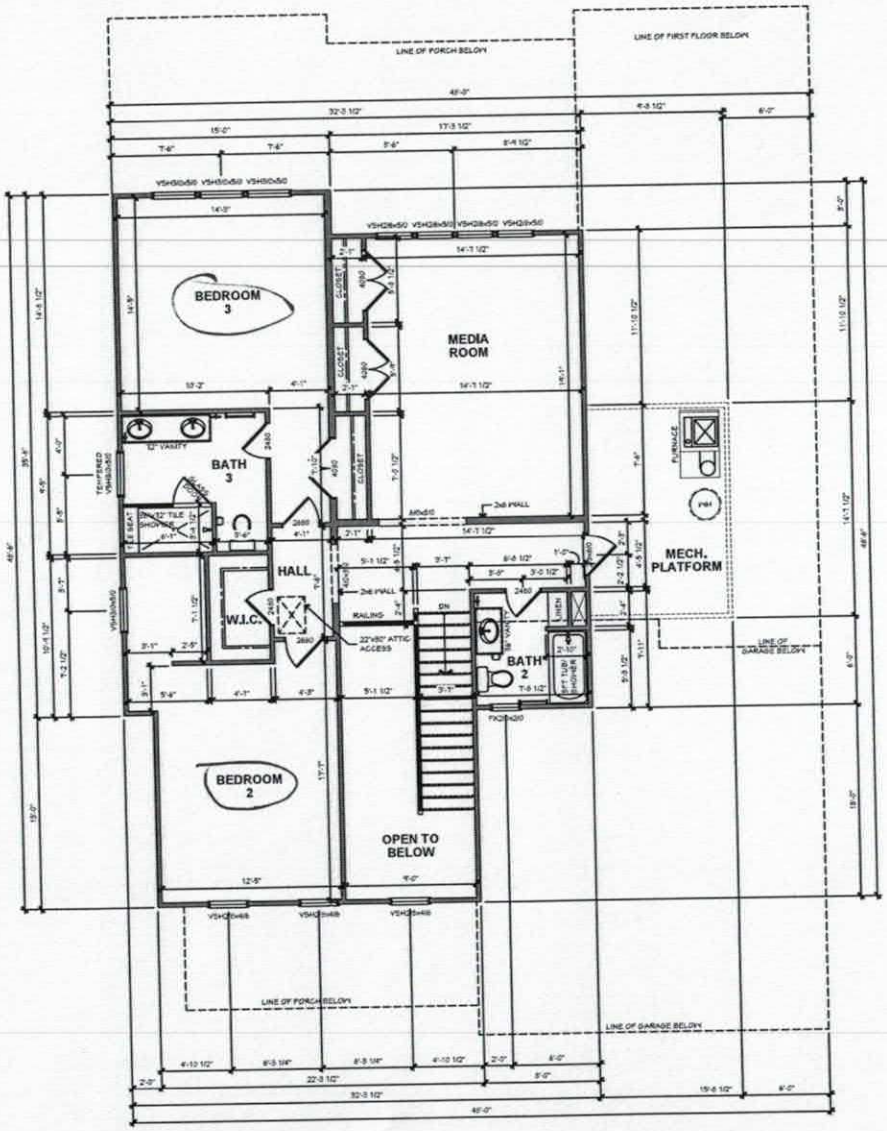
Date
January 16, 2019
Drawn by
RES
Reviewed by

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
NOT TO SCALE
Project/plan code

Drawing set
FOR CONSTRUCTION
Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A3.0
Master plan version
v1.0

C:\Users\Kristen Smith\Dropbox (Bird Homes)\BIRD HOMES - HOME BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION_YOUR NEST YOUR LOT\LECIEJEWSKI HOUSE\LECIEJEWSKI_ADDISON A_Rvt_STEM.dwg Plot Date: Wednesday, January 16, 2019 10:43:24 AM
1/4"=1'-0" Plotted by: Kristen Smith



SECOND\ FLOOR PLAN - ELEVATION A

SCALE: 1/4" = 1'-0"
*1 1/8" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 7/16" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING, BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. "T.S." INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3"X0.131" NAILS)
2. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
5. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1.75" X 9.25" LVL	HUS 410
(2) 1.75" X 11.25" LVL	HUS 412
(2) 1.75" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d (3" X .148" COMMON NAILS (3d's 0.162") OR 16d (3.5" X .162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d (3" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. "LVL" AND GLULAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (3)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
8. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS-WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6E" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
10. JACK AND KING (STUD) SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "4J" OR "5K" ON PLAN.
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 5'-0" ..... 1 JACK, 2 KINGS
SPANS >5'-0" TO 6'-0" ..... 2 JACK, 3 KINGS
SPANS >6'-0" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

Acknowledgement Of Plans Submittal ONLY!
Date 1-23-19
Date 1-25-19

HOMES
Township/County
IREDELL COUNTY
Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7200
CORP. LIC. # C-3118
Stamp/seal

Project name/owner
THE ADDISON
ELEVATION A
TNYL CRESCENT LAND & TIMBER
120 CHANNEL POINT LN
MOORESVILLE, NC 28117
BERNARD & KATHY LECIEJEWSKI
614 BELL ROAD
CHAGRIN FALLS, OH 44023
216-401-4705

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Date: January 16, 2018
Drawn by: RES
Reviewed by: —
Plan set scale: 24x36 sheet 1/4" = 1'-0"; 11x17 sheet NOT TO SCALE
Project/plan code: —
Drawing set: FOR CONSTRUCTION
Sheet title/description: SECOND FLOOR PLAN

Sheet no.
A4.0
Master plan version: v1.0

C:\Users\Robert Smith\Dropbox (Next Homes)\NEXT HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION_YOUR NEST YOUR LOT\ELEVATIONS\ADDISON\ADDISON_ELEVATION A.dwg
1/4"=1'-0" Plotted by: Robert Smith

IREDELL COUNTY

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

APPLICATION NUMBER
228370
Issue Date: 06/30/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4614920580.000	120 CHANNEL POINT LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DECKER MICHAEL C+ELIZABETH H	Applicant: DECKER MICHAEL C+ELIZA
Address: 1845 SHORELINE DRIVE ~~MOORESVILLE~~, NC 27292 Lexington	Address: 1845 SHORELINE DRIVE ~~MOORESVILLE~~, NC 27292 Lexington
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.910	35.00	35.00	25.00	15.00	CACL	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: Steven A Falk Date: 6/30/17

Permit Number	107906	TOTAL FEES:	$ 77.25