IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223232

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

PIN # 4614-94-2111

APPLICANT/OWNER: Warren Smith APPLICANT ADDRESS: 178 Torrence Chapel Rd. Mooresville, NC

SITE ADDRESS: 115 Syllabub Lane Mooresville, NC 28117 PHONE: 704-363-1622 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on Tuscarora → L on Syllabub → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Thunder Hill Park SECTION: — LOT # 5 LOT AREA: 1.066 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	794	Date	12-8-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI		
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE			

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

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

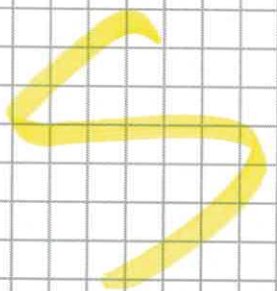
INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated 2/15/2018 Michael Athanas LSS # 1252

AS BUILT SKETCH

Installed as shown.



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**

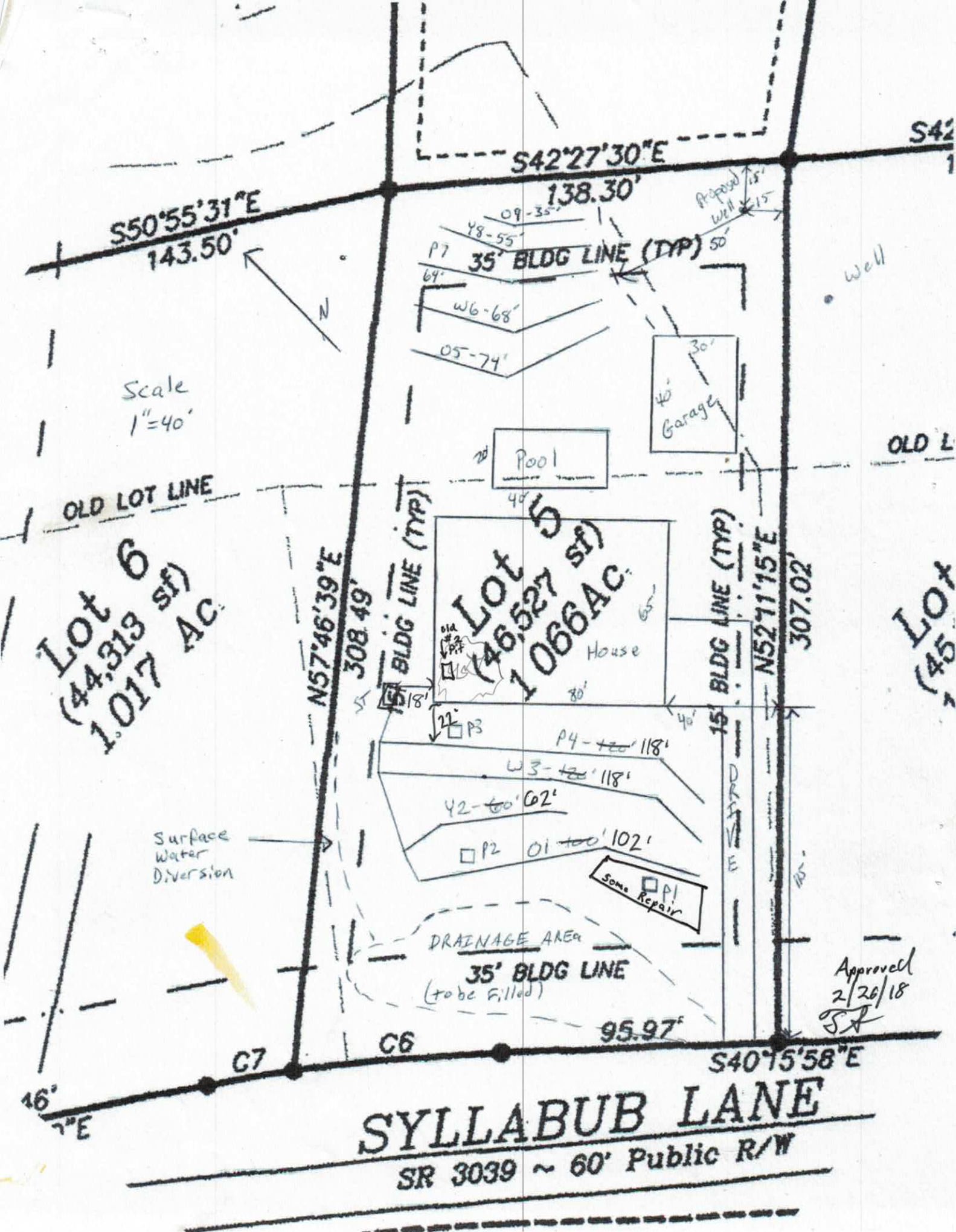
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/25/18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Tom Thuesen Date: 2/26/2018 OPERATION PERMIT by: Kayla Watson Date: 1-11-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-21-18 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.


S42°27'30"E
138.30'
S50°55'31"E
143.50'
35' BLDG LINE (TYP)
09-35'
48-55'
64'
W6-68'
05-74'
Proposed Well
15'
50'
Well
N
Scale
1"=40'
30'
40'
Garage
Pool
20'
40'
OLD LOT LINE
OLD L
Lot 6
(44,313 sf)
1.017 Ac.
Lot 5
(46,527 sf)
1.066Ac.
House
N57°46'39"E
308.49'
15' BLDG LINE (TYP)
N52°11'15"E
307.02'
15' BLDG LINE (TYP)
65'
80'
40'
18'
22'
P3
P4 - 118'
W3 - 118'
Y2 - 62'
O1 - 102'
P2
P1
Some Repair
Surface Water Diversion
DRAINAGE AREA
35' BLDG LINE
(to be Filled)
95.97'
C6
C7
S40°15'58"E
Approved
2/26/18
SYLLABUB LANE
SR 3039 ~ 60' Public R/W



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

Reference: Data Sheet for 115 Syllabub Ln, Thunder Hill Park, Lot 5
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
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: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24" (initial), 36" (repair)



Line	Design Length	Actual Length
Orange 1	**100'**	**100'**
Yellow 2	**60'**	**68'**
White 3	**120'**	**125'**
Pink 4	**120'**	**125'**
Orange 5		74'
White 6		68'
Pink 7		64'
Yellow 8		55'
Orange 9		35'

Initial System: 400' **Repair System:** 296'

Comments:
The house and garage are staked and the pool is marked in blue flags. This lot has a current three bedroom permit. MA&A are proposing to expand the usable soil area to get four bedrooms. MA&A dug pits in the area we are proposing for the expansion. The repair area was previously permitted and no additional soil work was done.

Approved
2/26/18

PROPERTY ID #: 4614942111
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Timothy Cuttle
APPLICATION DATE
ADDRESS: 164 Ashmore Cir, Troutman, NC 28166
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.066 AC
LOCATION OF SITE: 115 Syllabub Ln, Thunder Hill Park, Lot 5
PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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 4%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	65"		N/A	PS 0.3
		9-36	R C SBK	FR SS SP SEXP					
		36-65	R CL WSBK	FR SS SP SEXP			F-C SAP		
✓ 2	LS 4%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	49"		N/A	PS 0.3
		12-36	R C SBK	FR SS SP SEXP					
		36-49	R CL WSBK	FR SS SP SEXP			F-C SAP		
		49-68	VER SL SAP M	FR SS SP SEXP			PS		
✓ 3	LS 4%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	46"		N/A	PS 0.3
		9-30	R C SBK	FR SS SP SEXP					
		30-46	R CL WSBK	FR SS SP SEXP			F-C SAP		
		46-60	VER SL SAP M	FR SS SP SEXP			PS		
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	888 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: Tom Shuck 2/23/18

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED MAR 20 2013

(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: ___ Improvement Permit X Authorization To Construct ___ 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: Email AC

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WARREN SMITH	PO BOX 3190 MOORESVILLE NC 28117	704-363-1622	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME	WSMITH @ COURTLANDHOMEBUILDERS.COM		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 SYLLABUB LN MOORESVILLE NC 28117	THUNDERHILL PARK	LOT #5

Driving Directions: BSR R on Tuckaseegee L on SYLLABUB on LEFT

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 due to _____
- ( ) Other _____

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

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) 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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 3/20/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, WARREN SMITH, am the legal owner(s) of the property located at 115 SYLVADUR LN MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4614-94-2117, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

3/20/18

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

RECEIVED FEB 15 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #223232

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: Warren Smith **Address:** 178 Torrence Chapel Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 704-363-1622 **Alt. Phone:** _____

Owner Name: Timothy Cuttle **Address:** 164 Ashmore Cir, Troutman, NC **Zip:** 28166

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

Property Information:

Street Address: 115 Syllabub Ln

Subdivision Name: Thunder Hill Park **Section/Phase:** _____ **Lot Number:** 5

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: _____ 2/15/2018
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

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I, Timothy J. Cuttle, am the legal owner(s) of the property located at 115 Syllabub Ln S Mooresville, NC 28166, identified as PIN (Parcel Identification Number) 4614942111, 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.

Timothy J Cuttle 2/5/18 Dawn Cuttle 2.5.18

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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, Doris Annette Cuttle, am the legal owner(s) of the property located at 115 Syllabub Lane, Mooresville NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ogden Construction LLC, 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.

Doris Annette Cuttle 11/17/16 _____ _____

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

Acknowledgement of
Plans Submittal ONLY!

Date 3/21/18

Date 3-21-18

HOME SQUARE FOOTAGES

BEDS	
MAIN FLOOR	2312
UPPER FLOOR	2883
TOTAL LIVING AREA	5195
GARAGE	624
FRONT PORCH	43
BACK PORCH	305
TOTAL SQUARE FOOTAGE UNDER ROOF	5867



MAIN FLOOR PLAN

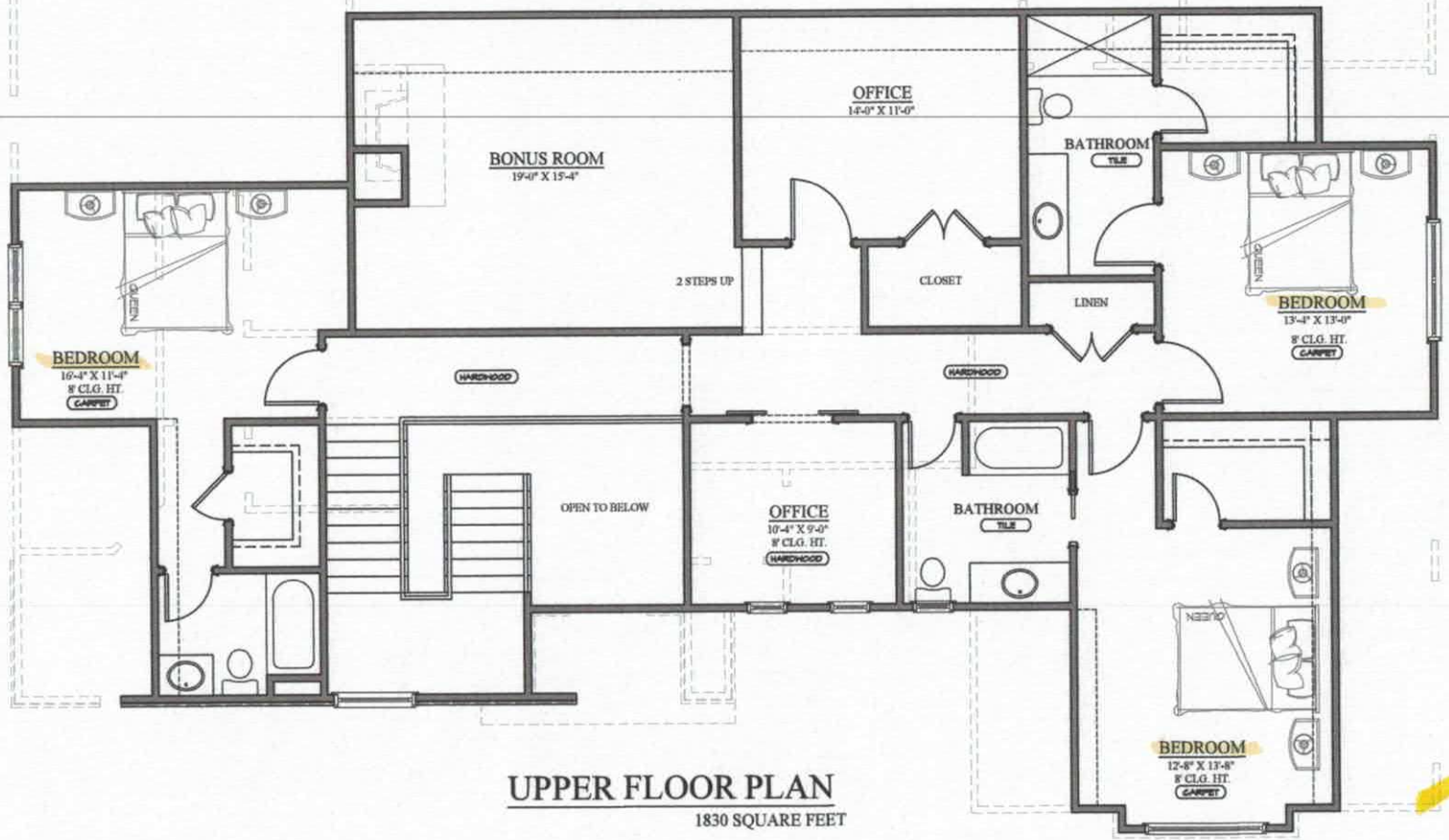
2312 SQUARE FEET

	03-19-18	SMITH RESIDENCE	SOUTHGATE RESIDENTIAL LLC

Acknowledgement of
Plans Submittal ONLY!

Date 3/20/18

Date 3-21-18



UPPER FLOOR PLAN

1830 SQUARE FEET

IREDELL COUNTY

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

APPLICATION NUMBER
223232
Issue Date: 11/17/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4614942111.000	115 SYLLABUB LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CUTTLE TIMOTHY J+DORIS A	Applicant: OGDEN CONSTRUCTION LLC
Address: 213 WINDING WAY DR BATESVILLE, IN 47006	Address: PO BOX 1281 DAVIDSON, NC 28036
Phone:	Phone: 704-309-6810

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.066	35.00	35.00	15.00	15.00	CACL	X

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: _____ Date: _____

Permit Number	86006	TOTAL FEES:	$ 77.25