IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 233112

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

PIN # 4615918230

APPLICANT/OWNER: T. Whelan Homes Inc. / Terry + Meg Thompson APPLICANT ADDRESS: PO Box 4419 Mooresville, NC

SITE ADDRESS: 385 Stonemarker Rd. Mooresville, NC PHONE: 704-400-8932 ALT. PHONE 704-6062-C04600

SITE DIRECTIONS: Brawley School Rd → R on Stonemarker → lot on L SAP CONTROLLED: ☐ YES ☑ NO

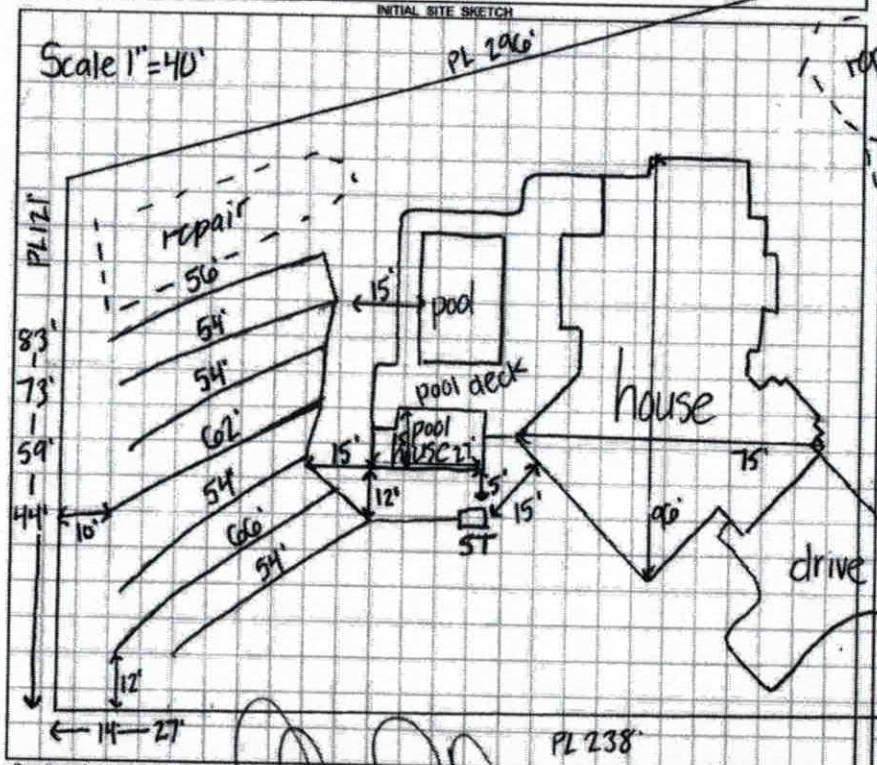
SUBDIVISION: Stonemarker Development SECTION: 3 LOT # 26 LOT AREA: .922 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	8-26-18	☑ 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	400'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		32"/36" high side	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

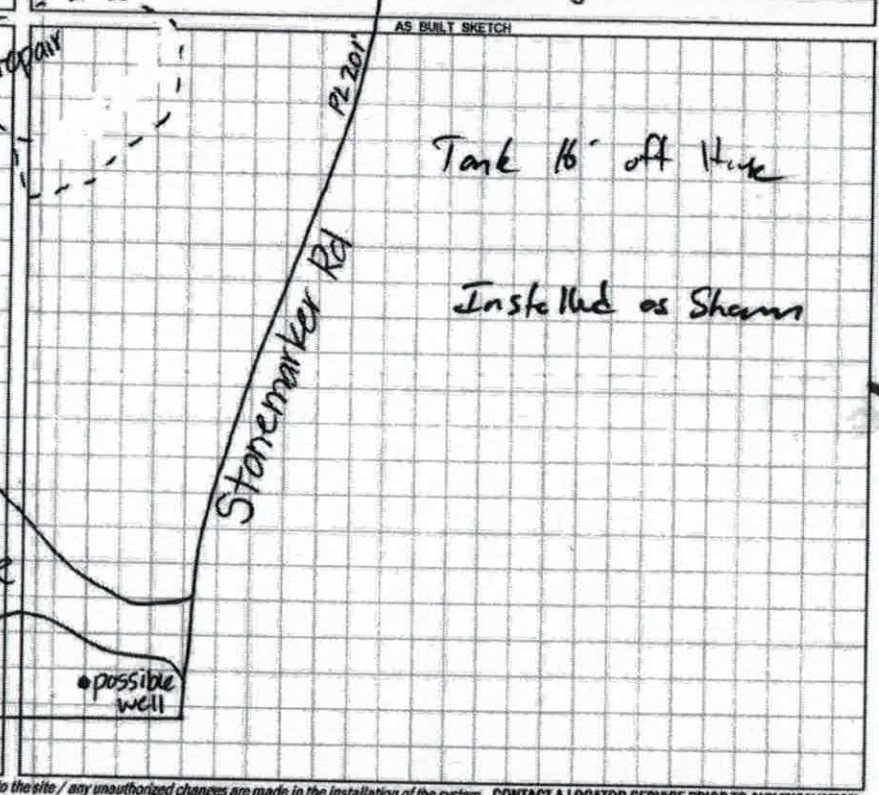
Comments / Conditions: Install 25% reduction with serial distribution.
* Pool must be staked during time of install.

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

INITIAL SITE SKETCH



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.* ☑ **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: 2-5-19 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-29-19 OPERATION PERMIT by: _____ Date: 10-16-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-5-19 Existing System Inspected by: _____ Date: _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 233112

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Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	7		Linear Ft	400'					
Trench Width	36"	Trench Bottom Depth(Low side)	32"/36" 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

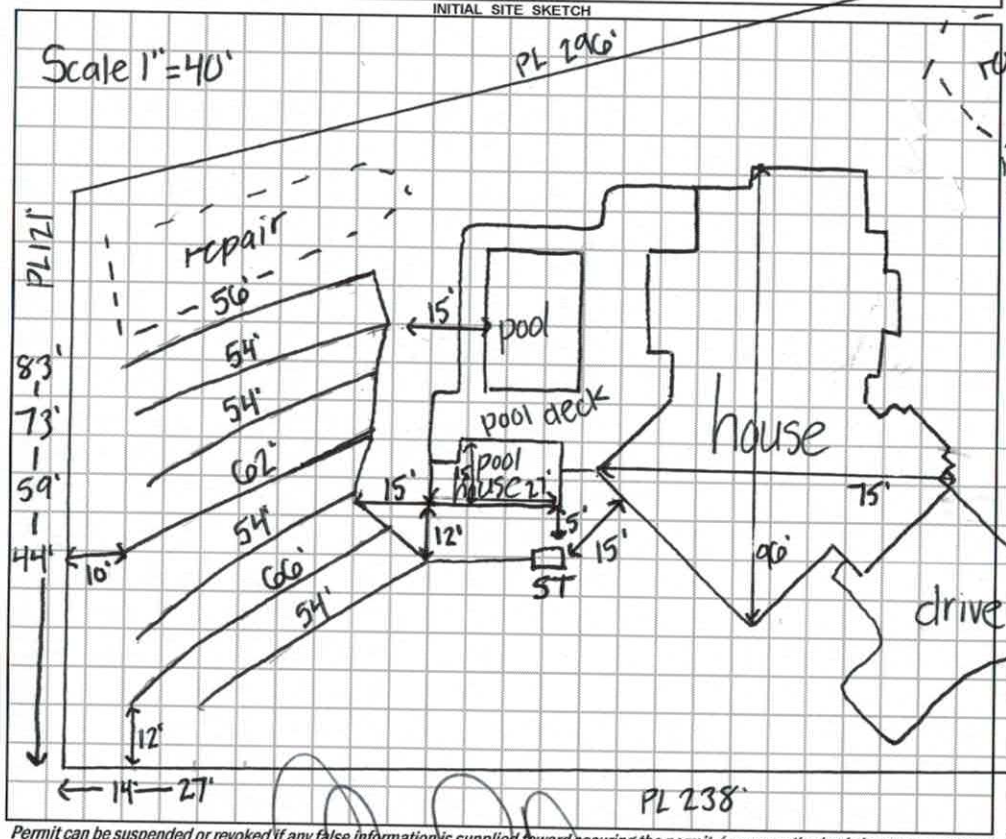
Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

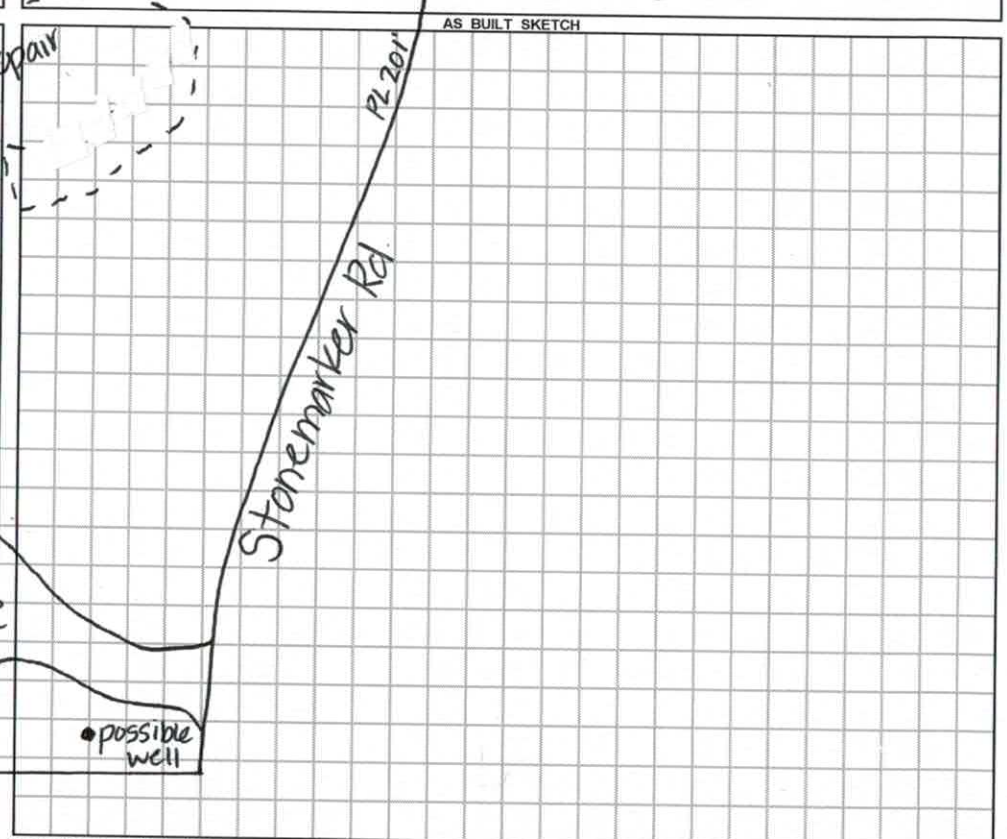
Comments / Conditions: Install 25% reduction with serial distribution.
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Owner / Applicant Signature: _____ Date: 2-5-19 Installed by: _____

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-29-19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-5-19 Existing System Inspected by: _____ Date: _____

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 7615718233
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Martin Carter — APPLICATION DATE: 1
ADDRESS: 459 Yadkin Valley Advance NC — DATE EVALUATED: 2/20/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: .42
LOCATION OF SITE: 385 Stonemarker — PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8%	0-6	Brw SCL	SS, SP, SE, FR	SS, SP, SE, FR			FR	PS .3
		6-48	R C, m-w SBK						
			(Snake in sidewall)						
2	6%	0-6	Brw SCL (Topsoil)	SS, SP, SE, FR	SS, SP, SE, FR				PS .3
		6-40	Rd/Brw C, m-w SBK						
		40-48	Rd/Brw C, w SBK						
3	7%	0-6	Brw SCL	SS, SP, SE, FR	SS, SP, SE, FR				PS .3
		6-19	R to Rd/Brw C, m-w SBK						
		19-48	Rd/Brw C, w SBK						
4	8%	0-6	Brw SCL	SS, SP, SE, FR	SS, SP, SE, FR				PS .3
		6-31	R C, m-w SBK						
		31-50	R C, w SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Barry – Richard Abernathy Grading

COMMENTS: _____

2/16/18 Called & Left LVM w/ Bart Abema Re: Pits

RERECEIVED FEB 1 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Paid $500.00 # 233112

APPLICATION FORM

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) 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: Martin Craig Cocker Address: 459 Yadkinville Rd Advance NC Zip: 27006
Applicant Email: mcocker@yadtel.net Phone: 336-345-3057 Alt. Phone: _____
Owner Name: Gerald L Chrisco Address: 2325 Shallow Well Rd WS NC Zip: 27107
Owner Email: _____ Phone: 336-765-7690 Alt. Phone: _____

Property Information:

Street Address: 385 Stonemarker Road Mocksville
Subdivision Name: Stonemarker Section/Phase: _____ Lot Number: 26
Driving Directions: Brawley School - Thar Peak - TR Stonemarker Lot on Left

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 8
( ) Accessory Building (X) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

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

PAID NOV 27 '18

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: _____
(X) 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: Craig Cocker Pres Cocker Builder Inc 1-16-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

12/2/10

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

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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: T. Whelan Homes Inc. Address: P.O. Box 4419 Mooresville NC Zip: 28117

Applicant Email: timwhelan@whelanhomes.net Phone: 704-400-8932 Alt. Phone: 704-662-6460

Owner Name: Terry & Meg Thompson Address: 107 Vance Crescent Drive Mooresville NC Zip: 28117

Owner Email: Terry.Thompson@rlicorp.com Phone: 704-232-5251 Alt. Phone: 704-400-8932

Property Information:

Street Address: 385 Stonemarker Road Mooresville NC 28117

Subdivision Name: Stonemarker Development Section/Phase: _____ Lot Number: 26

Driving Directions: Brawley School Road to Stonemarker . Lot on Left right before Fawn

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
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Please answer the following to the best of your ability:

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I have read this application and certify that the information provided hereon 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: Tim Whelan / T. Whelan Homes Inc. 01/14/19

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, Gerald L. Chrisco, am the legal owner(s) of the property located at # 26 Stonemarker Dev PB 21-36-9, identified as PIN (Parcel Identification Number) 4615-91-8230, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martin C Carter, Craig Carter Builders Inc, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — Date 1/23/18 — Signature of Witness — Date 1-23-18

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* X _____

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2. I, Terry & Meg Thompson, am the legal owner(s) of the property located at 385 Stonemarker Road Mooresville NC 28117, identified as

PIN (Parcel Identification Number) 4615918230, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Tim Whelan/T. Whelan Homes Inc. _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
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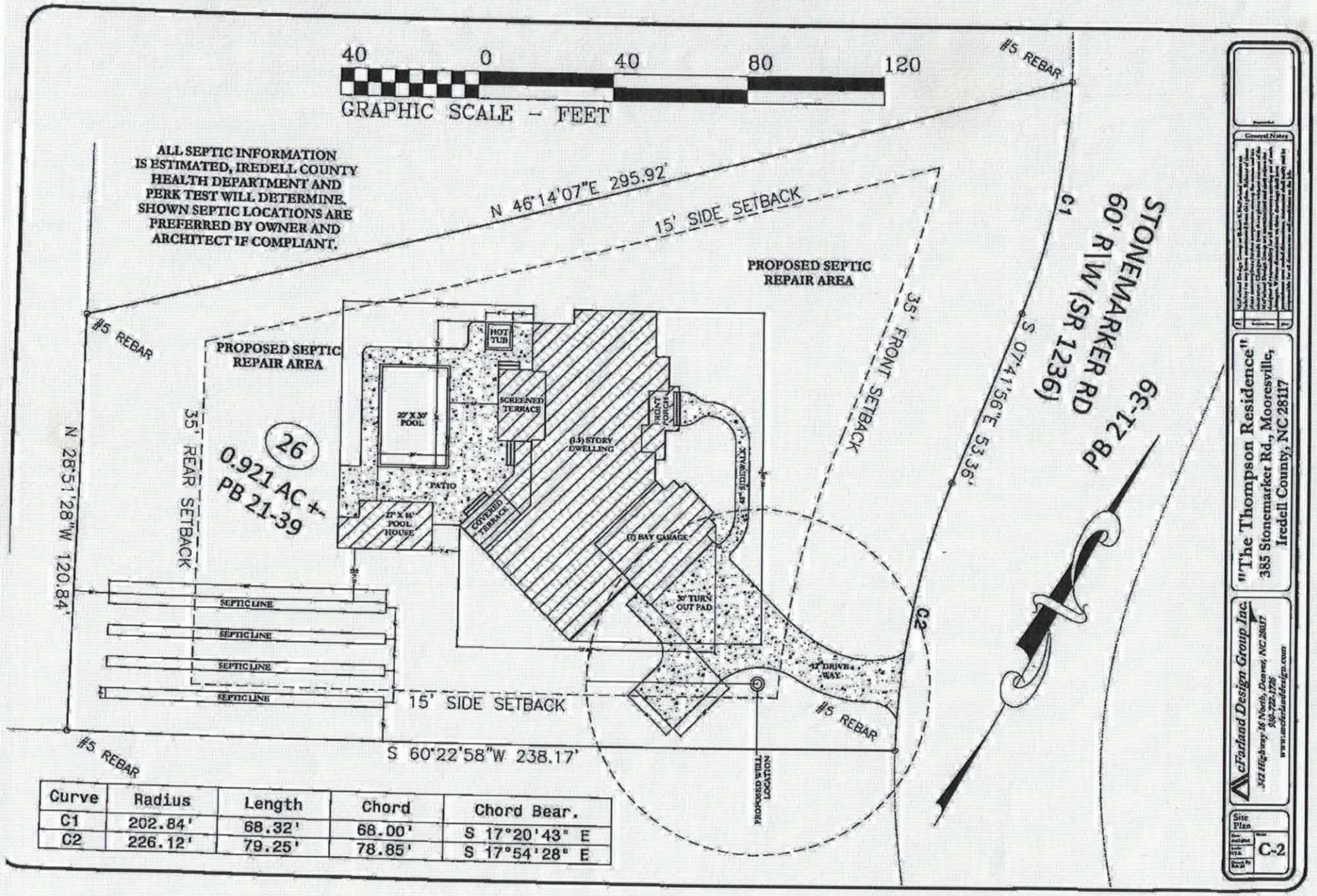
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X X Meg Thompson 01/14/19

Signature of Owner(s) Date

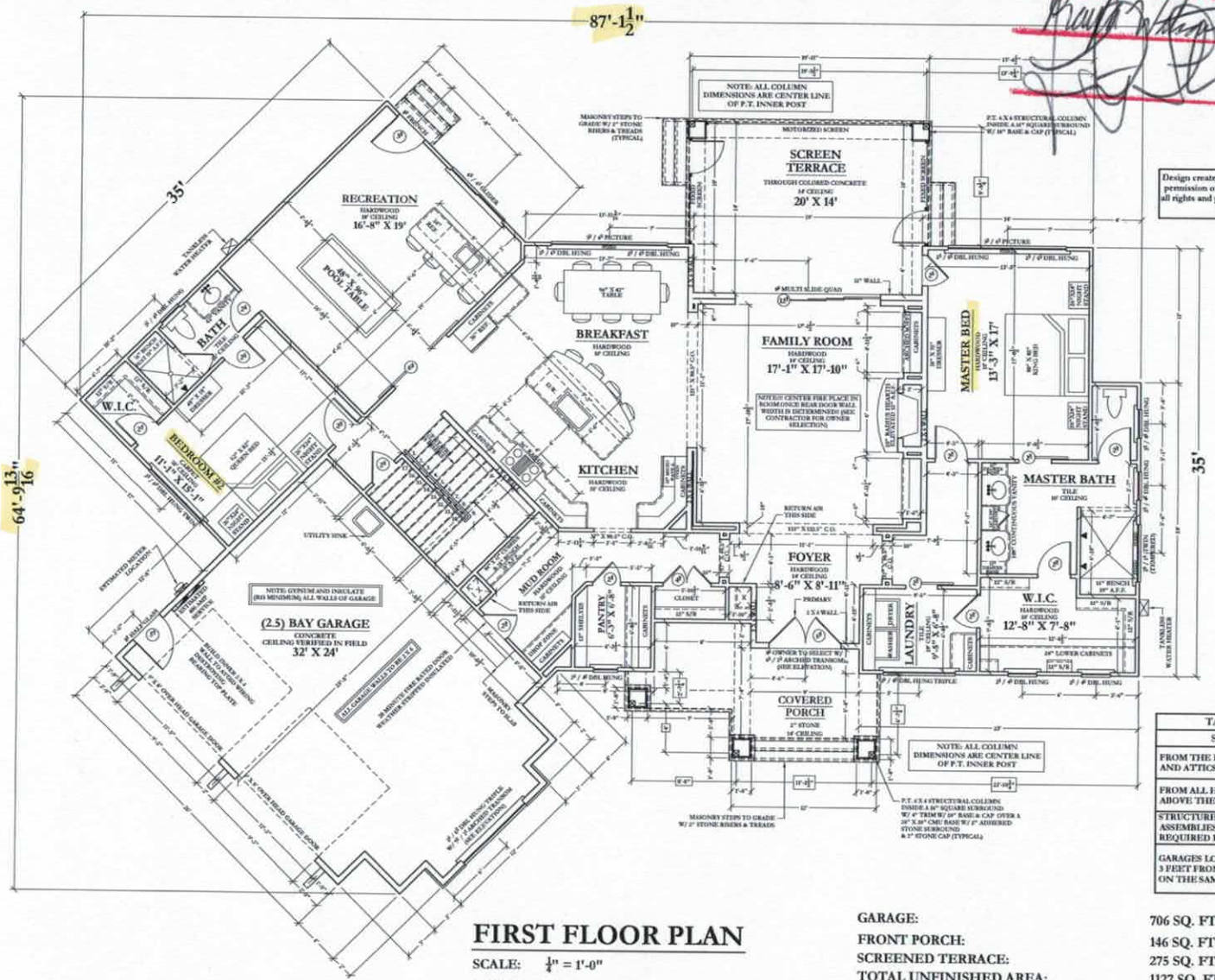
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349 N. Center Street, Statesville, NC 28677



Curve	Radius	Length	Chord	Chord Bear.
C1	202.84'	68.32'	68.00'	S 17°20'43" E
C2	226.12'	79.25'	78.85'	S 17°54'28" E

Acknowledgement Of
Plans Submittal ONLY!
Date 2-5-19
Date 2-5-19



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TABLE R302.6 DWELLING / GARAGE SEPARATION	
SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTICS	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN ⅝" TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

FIRST FLOOR PLAN

SCALE: ¼" = 1'-0"

FIRST FLOOR FINISHED:	2481 SQ. FT.
SECOND FLOOR FINISHED:	658 SQ. FT.
TOTAL FINISHED FOOTAGE:	3139 SQ. FT.

GARAGE:	706 SQ. FT.
FRONT PORCH:	146 SQ. FT.
SCREENED TERRACE:	275 SQ. FT.
TOTAL UNFINISHED AREA:	1127 SQ. FT.
TOTAL HOUSE UNDER FOOTING / ROOF:	4266 SQ.FT.

General Notes

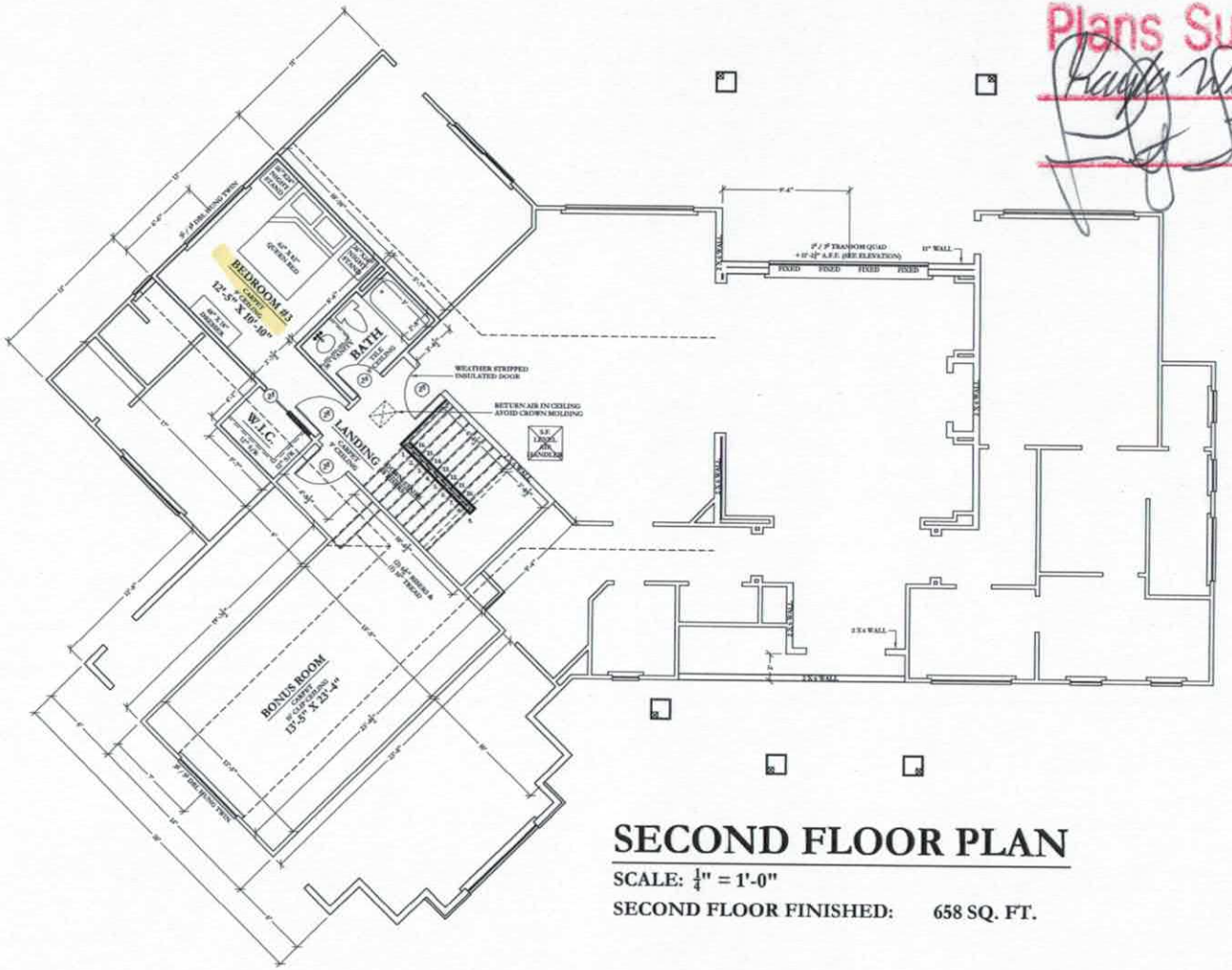
McFarland Design Group or Robert S. McFarland assumes no liability for any house constructed from this plans. Release of these plans to owner or contractor is made with the understanding that owner or contractor, Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the McFarland Design Group of responsibility and liability of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

"The Thompson Residence"
385 Stonemarker Rd., Mooresville,
Iredell County, NC 28117

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

First Floor Plan
Date 1-1-2019
Scale 1/4" = 1'-0"
Drawn By: Rob M.
Sheet A-4

Acknowledgement Of
Plans Submittal ONLY!
Date 2-5-19
Date 2-5-19



SECOND FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

SECOND FLOOR FINISHED: 658 SQ. FT.

Design created by McFarland Design Group, any reproduction of this plan without written permission of McFarland Design Group is prohibited. McFarland Design Group reserves all rights and privileges of this plan and may use it at our discretion for resale or marketing. Violators will be prosecuted to the full extent.

General Notes

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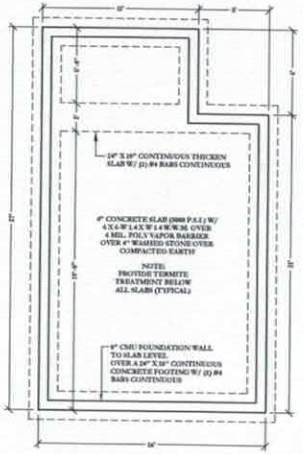
"The Thompson Residence"
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Iredell County, NC 28117

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Second Floor Plan

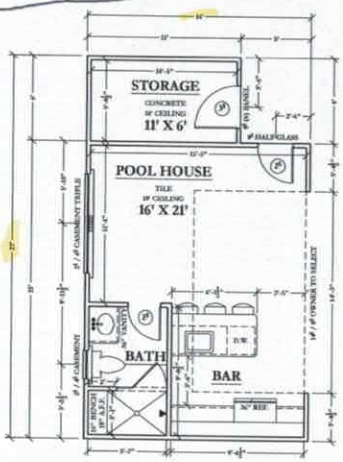
Date 1-1-2019
Scale 1/4" = 1'-0"
Drawn By: Rob M.

Sheet A-5



FOUNDATION PLAN

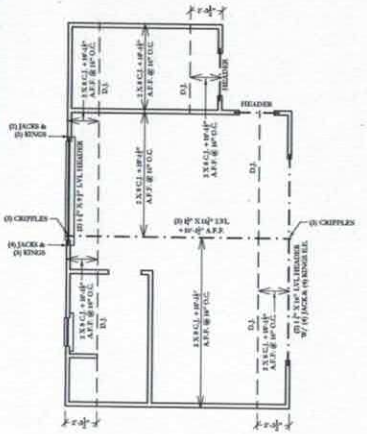
SCALE: $\frac{1}{4}$" = 1'-0"



FIRST FLOOR PLAN

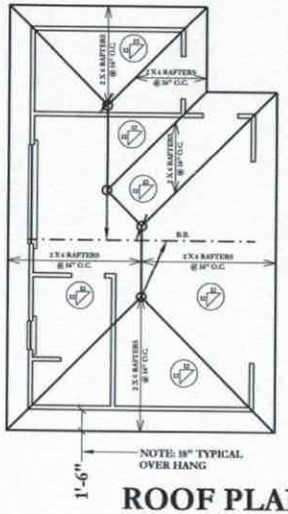
SCALE: $\frac{1}{4}$" = 1'-0"

FLOOR PLAN: 336 SQ. FT.
STORAGE: 66 SQ. FT.



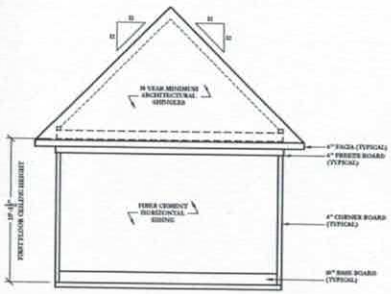
CEILING FRAMING PLAN

SCALE: $\frac{1}{4}$" = 1'-0"



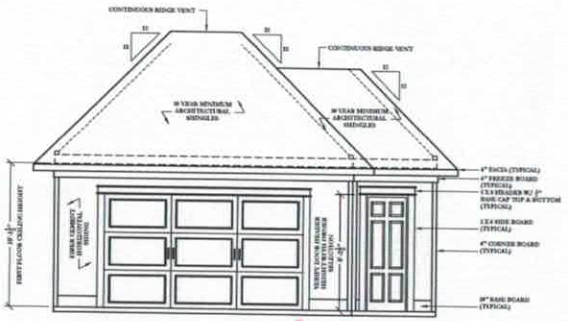
ROOF PLAN

SCALE: $\frac{1}{4}$" = 1'-0"



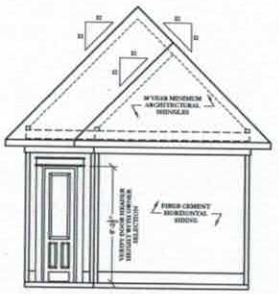
FRONT ELEVATION

SCALE: $\frac{1}{4}$" = 1'-0"



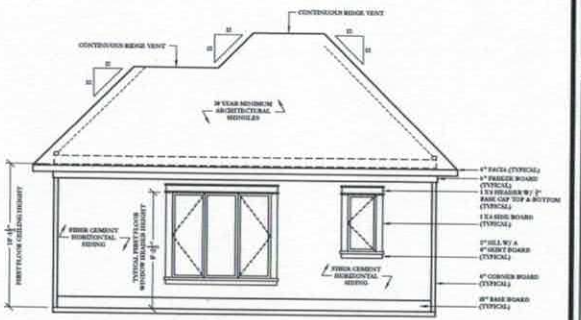
RIGHT ELEVATION

SCALE: $\frac{1}{4}$" = 1'-0"



REAR ELEVATION

SCALE: $\frac{1}{4}$" = 1'-0"



LEFT ELEVATION

SCALE: $\frac{1}{4}$" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 2-5-19
Date 2-5-19

GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
1109 E. Morehead St. Suite 13
Charlotte, NC
(704) 677-5339
NC Bus. Lic. #P-1298
Sealed for Structural Information Only

General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan. Release of these plans to the owner or contractor is subject to the following terms: Use of the McFarland Design Group are unauthorized and shall relieve the owner, contractor, and/or their agents acting out of such changes. Written dimensions govern over scaled dimensions, contractor shall verify such procedures over scaled dimensions, contractor shall verify such be responsible for all dimensions and conditions on the job.

No.	Revisions Description	Date

"The Thompson Residence"
385 Stonemarker Rd., Mooresville,
Iredell County, NC 28117

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

Pool House Plans

Date: 1-1-2019
Scale: 1/4" = 1'-0"
Drawn By: Rick M.
Sheet: A-3

IREDELL COUNTY

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

APPLICATION NUMBER
233112
Issue Date: 02/01/2018

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4615918230.000	385 STONEMARKER ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CHRISCO GERALD LEE	Applicant: CARTER, MARTIN
Address: 3917 IREDELL CO, NC 28625	Address: 459 YADKIN VALLEY RD ADVANCE, NC 27006
Phone:	Phone: 336-345-3051

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.920	35.00	35.00	15.00	15.00		X

Remarks:

PAID
TOM
2/1/18

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	127313	TOTAL FEES:	$ 77.25