03-21-13

IREDELL COUNTY HEALTH DEPARTMENT $350.00 Fast Track

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: ___ 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: ✓ 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Michael Adams	1997 Landmark Dr.		704-576-3887
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Will Jenkins			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
169 Fawn Ln.	CL&T	Sect 6 Lot 121

Driving Directions: Brawley → Homemaker → Rt Fawn → Left on Lt

****

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

(✓) 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?
(✓) 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
N/A

****

6. **Proposed Water Supply:**

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

9. Signature: _____ 3/24/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

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

- ✓ Property Line measurements are clearly identified…
- ___ All proposed structures are indicated…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ Front and side setbacks from property line…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ Area you prefer your septic system to be placed…
- ✓ North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

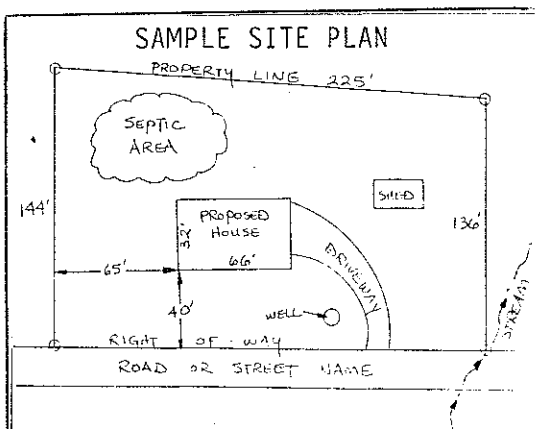
- ✓ Location of septic systems and wells within 100' of your property… N/A
- ✓ Location of easements and rights of ways on your property… N/A
- ✓ Location of any designated wetlands on the property… N/A

Signature: _____ 3/28/13

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Refer to Site Plan.



ZB-07



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for 169 Fawn Lane, Iredell County NC
House Footprint: Refer to Survey
Water Source: Private Well
Number of Bedrooms: 4/480gpd
Pre-determined LTAR: Initial 0.3 gpd/ft2, Repair 0.3 gpd/ft2
Suggested System Type: LP PPBPS, Repair Pre-Treatment PPBPS
Distribution: CVB
Pressure Head: 2'
Hole Size: 5/32
Number of Panels: 62
System Flow: 25.42gpm
Dosing Volume: 223gal
Pump Run Time: 8.78min
Pump Tank Drawdown 10.62"
Elevation Head: 19.2
Friction Head: 2.20
Total Dynamic Head: 28.08
Total Linear Footage: 269'
Supply Line Length: Approx. 200'
Proposed Trench Depth: 36"
Septic/ Pump tank size: 1000gal

Line	Actual Length	Design Length	Elevation
Pink 1	**31'**	**31'**	**4.5**
Blue 2	**36'**	**36'**	**6.0**
White 3	**41'**	**41'**	**7.3**
Pink 4	**42'**	**42'**	**8.6**
Blue 5	**31'**	**31'**	**10.3**
White 6	**28'**	**28'**	**11.9**
Pink 7	**30'**	**30'**	**12.7**
Blue 8	**30'**	**30'**	**14.9**
White 9	156'		18.3
Pink 10	156'		20.2

Initial System: 269' of PPBPS, P1-B8
Septic/Pump Tank: 16.7 / 1000gal
House Corner: 16.8

Repair System: 312', W9-P10

Comments: Currently there are two wells on site, the well lowest in elevation will need to be abandoned. The proposed system is a low pressure panel block system on 8 foot centers, the repair is a pre-treatment low pressure panel block system. Please note that the supply line traveling from the pump tank to the CVB is a very tight fit in relation to the house, the supply line must maintain a 5 foot offset from the daylighted foundation and a 10 foot minimum from the basement wall at all points. A pre-construction meeting will be required before installation of this system with the contractor, Iredell County, Michael Athanas & Associates and the installer. If there are any questions, please feel free to call me.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 *of* 1
PROPERTY ID #: _____
COUNTY:Iredell _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Will Jenkins _____ APPLICATION DATE: 3-26-12_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 bedroom _____ PROPOSED DESIGN FLOW (.1949): 480 gpd _____ PROPERTY SIZE: .6ac _____
LOCATION OF SITE: 169 Fawn Lane _____ 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 3-4%	0-30	R C SBK	FR SS/SP SEXP		48"			PS. .3-.35
		30-45	R CL SBK	FR SS/SP SEXP					
		45-48	R SCL WSBK	FR SS/SP SEXP					
2	LS 4-5%	0-30	R C SBK	FR SS/SP SEXP		48"			PS .3-.35
		30-48	R CL SBK	FR SS/SPSS SEXP					
3	LS 5-6%	0-3	BR. SCL WSBK	FR SS/SP SEXP		48"			PS .3-.35
		3-34	R C SBK	FR SS/SP SEXP					
		34-48	R CL SBK	FR SS/SP SEXP					
4	LS 5-6%	0-31	R C SBK	FR SS/SP SEXP		48"			PS .3-.35
		31-48	R CL SBK	FR SS/SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	538 FT2	936 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS _____
EVALUATED BY: MA&ASSOC. Inc.
OTHER(S) PRESENT: _____

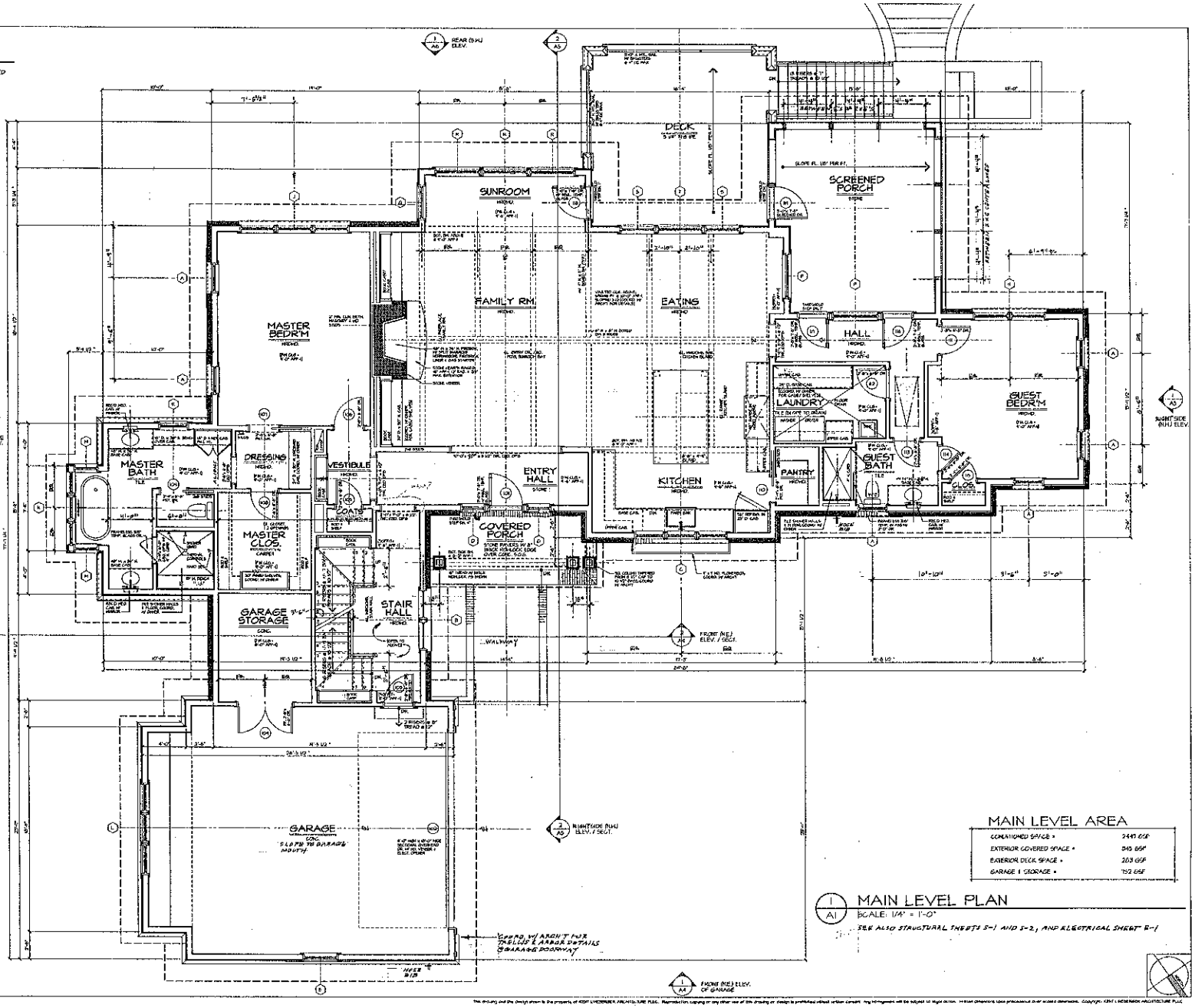
COMMENTS

Approved ICHO 4-3-13

GENERAL NOTES

1. ALL DIMENSIONS ARE TO FACE OF STUDS UNLESS NOTED OTHERWISE. DIMENSIONS NOT SHOWN ARE TO BE DETERMINED IN THE FIELD BY INDICATED CENTERLINES.
2. "AFF" INDICATES "ABOVE FINISH FLOOR / SLAB". "MAIN-1" REFERS TO LOWER LEVEL, "AFF-1" REFERS TO MAIN LEVEL.
3. FACE OF FOUNDATION BLOCK ALIGNS WITH FACE OF WALL SHEATHING, TYPICALLY.
4. EXTERIOR WALL ASSEMBLY TO BE VENEER PER NOTES THIS SHEET, WEATHER-RESISTIVE MEMBRANE OVER 1/2" STRUCTURAL PLYWOOD SHEATHING, 2x6 STUDS @ 16" OC, 1/2" INTERIOR GYPSUM WALLBOARD.
5. IN EXTERIOR WALLS ADJOINING CONDITIONED SPACE, PROVIDE R-19 BATT INSULATION AT 2x6'S.
6. INTERIOR WALLS TO BE 1/2" GYPSUM WALLBOARD EACH SIDE OF 2x4 STUDS @ 16" OC, UNLESS OTHERWISE NOTED ON PLANS.
7. COORD. W/ OWNER FOR LOCATIONS OF SOUND BATT INSULATION IN WALLS OR FLOORS
8. INTERIOR FINISHES & TRIM TO BE COORDINATED W/ OWNER & ARCHITECT.
9. SUBMIT PROPOSED LAYOUT OF NEW MECHANICAL SYSTEMS TO ARCHITECT FOR COORDINATION EQUIPMENT SERVING LOWER LEVEL TO BE PLACED IN BASEMENT; MAIN LEVEL EQUIPMENT TO BE PLACED IN ATTIC.
10. KITCHEN CABINETRY TO BE DEVELOPED BY KITCHEN DESIGNER IN CONSULTATION W/ OWNER & ARCHITECT.
11. ELECTRICAL & PLUMBING REQUIREMENTS FOR APPLIANCES TO BE COORDINATED BY BUILDER W/ OWNER.
12. VERIFY LAYOUT & SPECIFICATIONS OF BATHROOM CABINETRY, SINKS, FAUCETS & LIGHT FIXTURES W/ OWNER & ARCHITECT.
13. LOCATION OF HOSE BIBBS TO BE COORD. W/ OWNER.
14. SEE STRUCTURAL PLANS FOR FRAMING LAYOUT, TYPICAL STRUCTURAL NOTES, FIREPLACE/ CHIMNEY MASONRY CORE DIMENSIONS.

Approved as noted
Please submit final drawings
Judy Melvill Date 3-6-13
Peter Neely Date 3-6-13



MAIN LEVEL AREA

CONDITIONED SPACE =	2447 GSF
EXTERIOR COVERED SPACE =	345 GSF
EXTERIOR DECK SPACE =	203 GSF
GARAGE & STORAGE =	752 GSF

1/A1 MAIN LEVEL PLAN

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

SEE ALSO STRUCTURAL SHEETS S-1 AND S-2, AND ELECTRICAL SHEET E-1

KENT LINEBERGER ARCHITECTURE PLLC

KENT ALAN LINEBERGER, AIA
2401 SOUTH BOULEVARD
SUITE 200
CHARLOTTE, NC 28203
phone 704-334-6366

JENKINS COTTAGE

Will & Kate Jenkins
164 Fawn Lane / Lot 121
Mooresville, North Carolina 28117

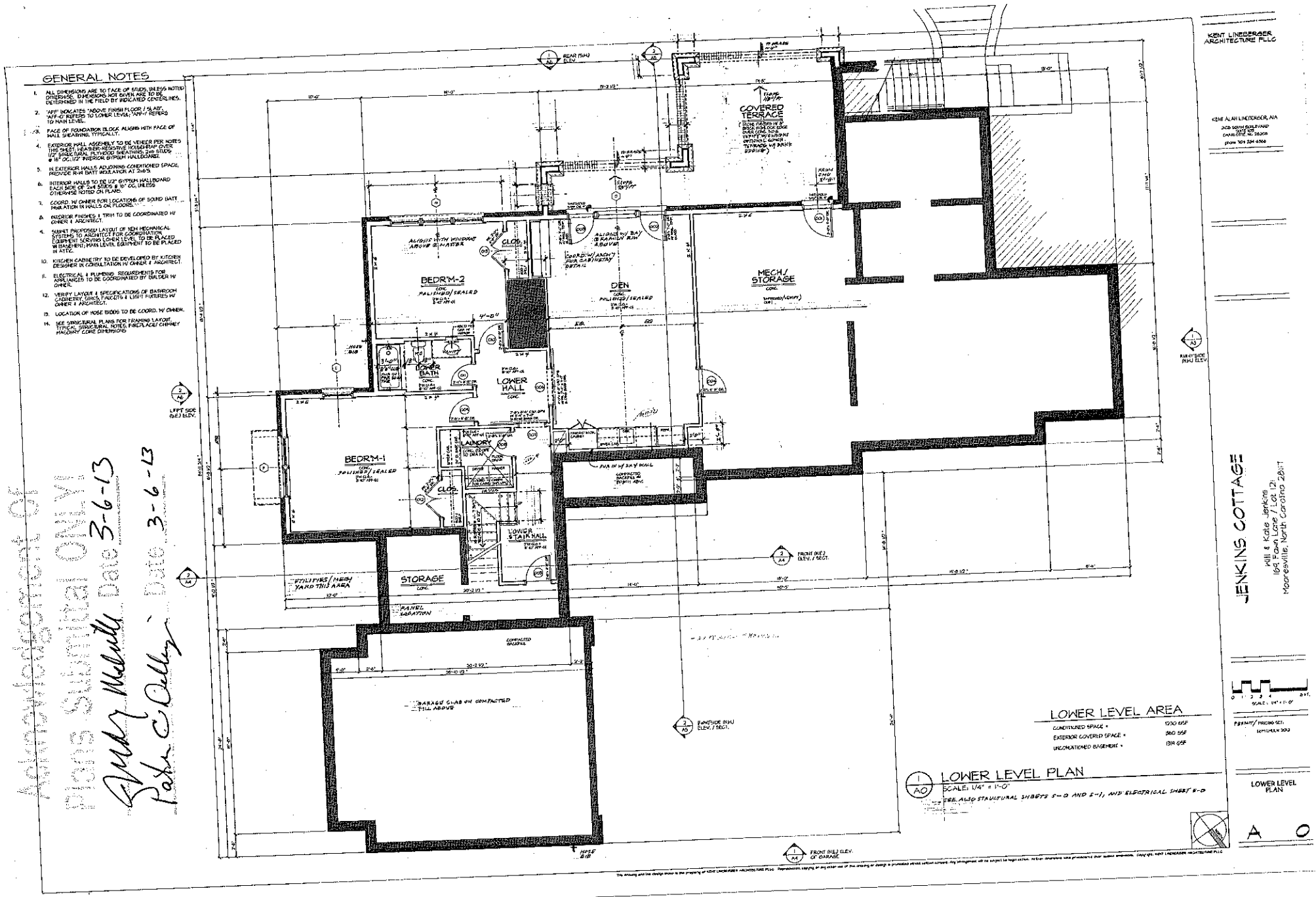
0 1 2 3 4 8FT.
SCALE: 1/4" = 1'-0"

PERMIT/ PRICING SET:
SEPTEMBER 2012

MAIN LEVEL PLAN

A 1

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Approved as noted
Plans submitted on
3-6-13
Date
Building Official
Date 3-6-13

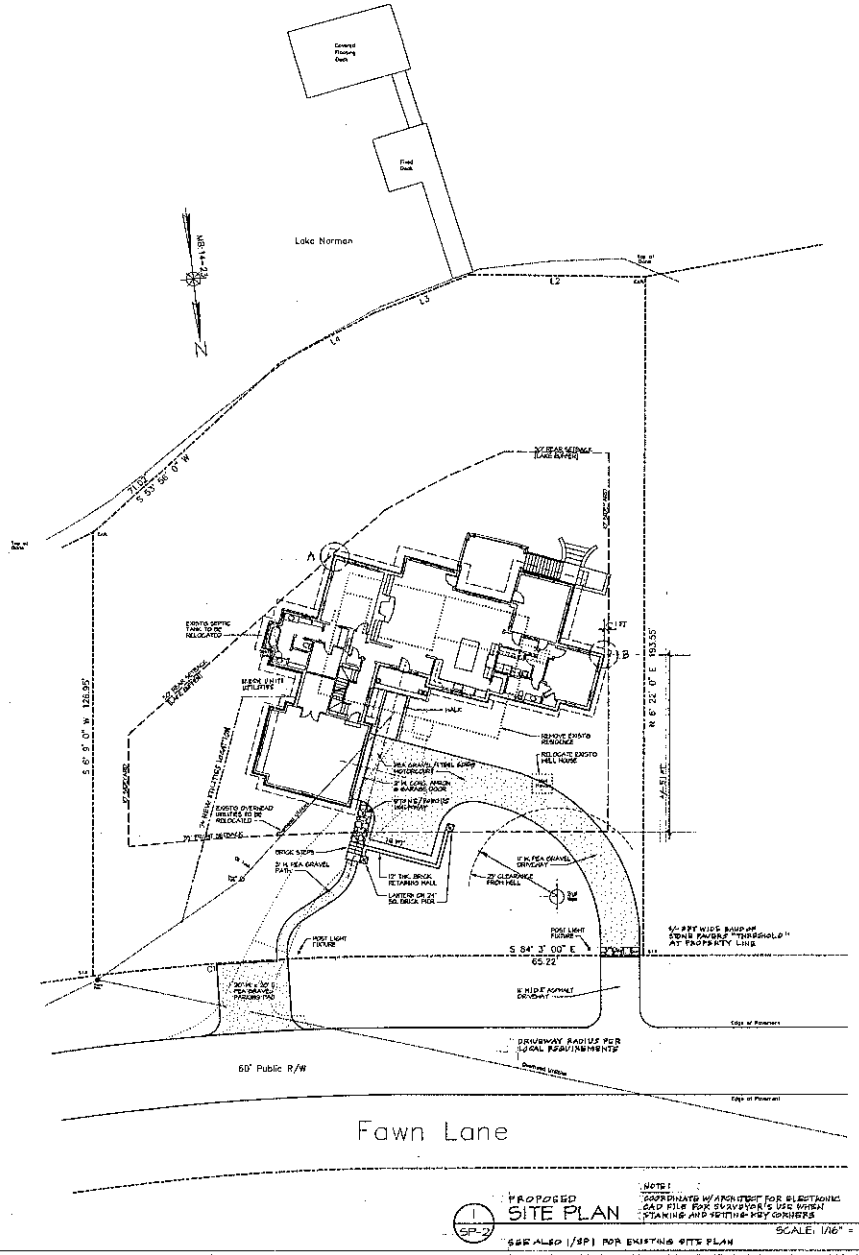
Acknowledgement Of
Plans Submittal ONLY!

Andy Melville Date 3-6-13

Patsy Dellinger Date 3-6-13

House site must meet all setbacks to septic systems

JCD



KENT LINEBERGER ARCHITECTURE PLLC

KENT ALAN LINEBERGER, AIA
200 SOUTH BOULEVARD
CHARLOTTE NC 28203
phone 704-334-8366

JENKINS COTTAGE
Hill & Kate Jenkins
164 Fawn Lane / Lot 12
Mooresville, North Carolina 28117

0 4 8 12 16 32 FT.
SCALE: 1/16" = 1'-0"

PERMIT / RECORD SET
SEPTEMBER 2012

PROPOSED SITE PLAN

SP 2

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Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 175416ZO

Printed: 10/15/2012

Master #: 175416

Associated Permits:
175416ZO Zoning

Applicant

Name: LC Dellinger Bldg, Inc
Address: 1633 S Hwy 16
Stanley, NC 28164

Phone: 704-309-6101

Parcel

Parcel Number: 4615920217.000
Address: 169 Fawn LN
MOORESVILLE, NC 28115
Subdivision:

Zoning: R20
Township: 1700
Area: .60
Lot(s):

Directions to Parcel: Brawley School Rd right Stonemarker, right on Fawn

Owners

Name: Will Jenkins
Address: 169 Fawn Ln
MOORESVILLE, NC 28115

Deed Date 1-1-1977 0599 0370

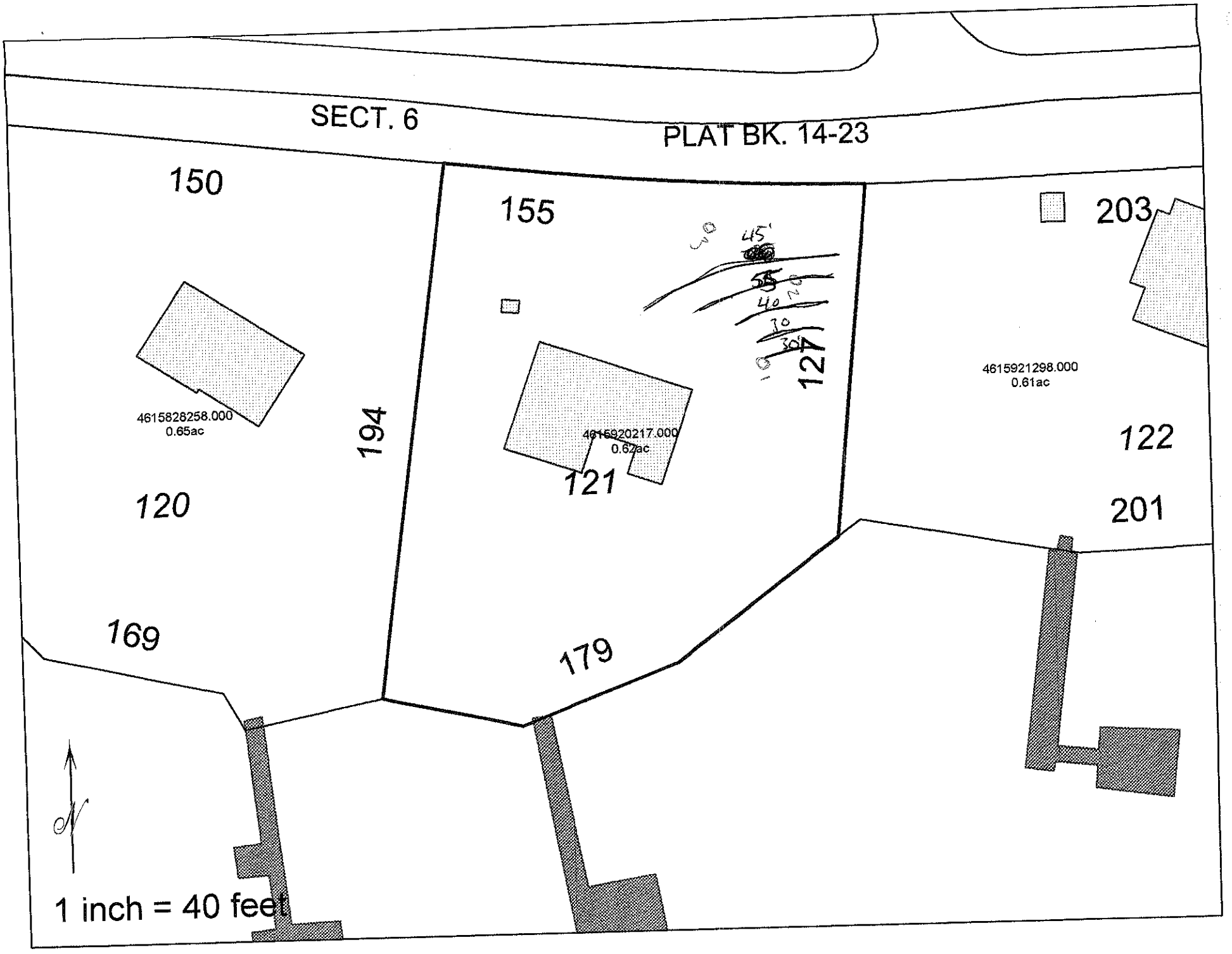
Contractors

Contractor Type: Building
Name: LC Dellinger Bldg, Inc
Address: 1633 S Hwy 16
Stanley, NC 28164

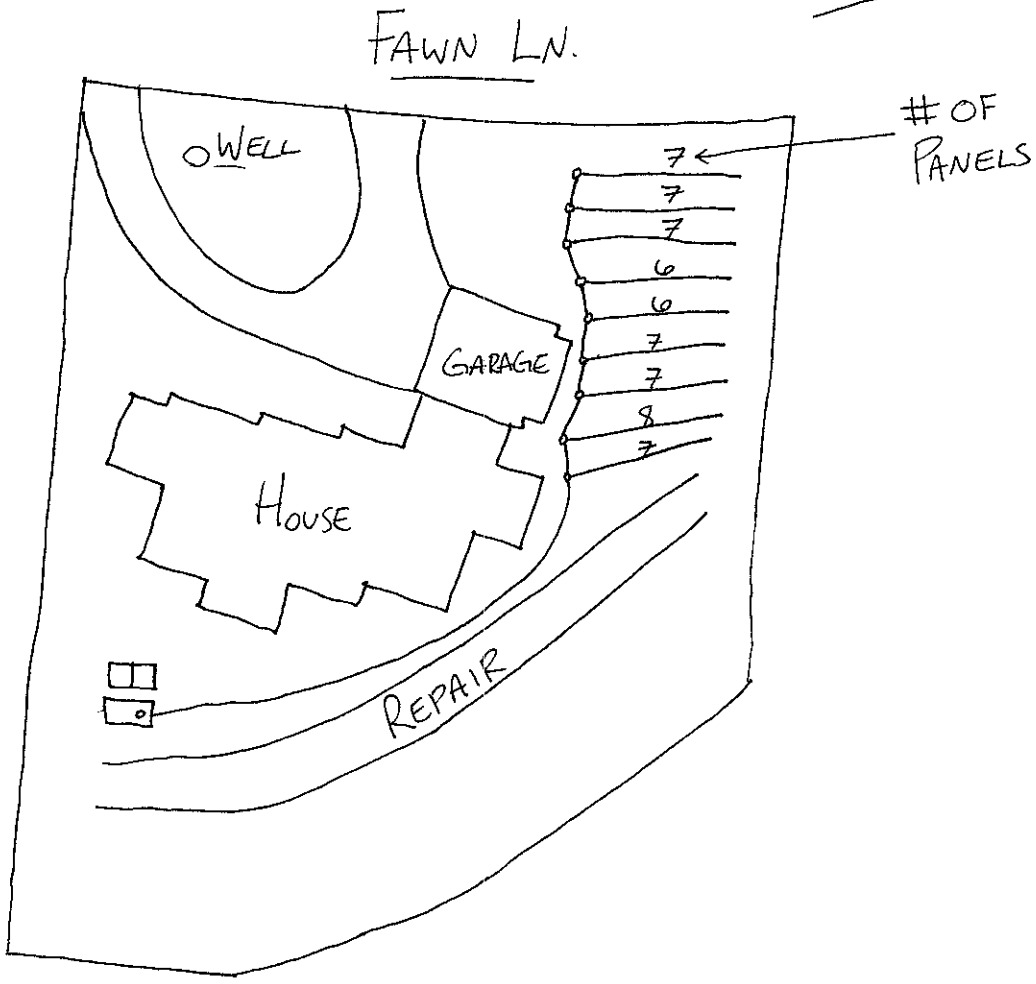
Phone: 704-309-6101

Fees and Receipts:

Number	Description	Amount
FEE-267229-07	Zoning - Permit Application	$75.00
FEE-267230-07	Technology Fee - Planning	$2.25
FEE-267231-07	Environmental Health - Gravity System	$500.00


SECT. 6
PLAT BK. 14-23
150
155
203
4615828258.000
0.65ac
194
4615920217.000
0.62ac
121
127
4615921298.000
0.61ac
122
120
201
169
179
1 inch = 40 feet

As Built Drawing



L.C. DELLINGER BUILDING, INC.

1633 SOUTH HIGHWAY 16
STANLEY, N.C. 28164
TELEPHONE: 704-827-4669 or 704-483-4669
FAX: 704-827-0749

FACSIMILE MESSAGE

DATE: 01/27/14

TO: BEN A

COMPANY:

FROM: Joe Dellinger

COMMENTS:

Septic Contract for
169 FAWN LANE
Mooresville NC

Thank you,
Joe Dellinger
704.506.6300

NO. OF PAGES SENT (INCLUDING COVER SHEET): 5

State of North Carolina
County of _____

Permit Number 175416

THIS AGREEMENT is made and entered into this the 24 day of Jan, 20 14, by and between Will Jenkins (hereinafter the "Owner") and **Allen Hoke** (hereinafter the "Contractor).

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IVA system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin Code 18A, 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin Code 18A, 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A 1961 to manage a Type IVA system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the owners system located at

169 Fawn lane
Mooresville NC
28115

A. The Contractor shall inspect the system at the least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A. 1961(b) for a Type IVA system.

B. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit.

(1) Inspect the structural integrity and maintain all of the physical and mechanical components of the system.
(2) Inspect the performance and condition of the drain field.
(3) Flush and clean the laterals of the system.
(4) Check and set pressures in the system.
(5) Check and adjust pump delivery rate of the system.
(6) Clean septic tank filter if applicable and accessible.
(7) Perform any other requirements of the Operations Permit.

C. The Contractor shall report the result of its inspections to the home Owner after each inspection and to the local Health Department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A. 1961(b) for a Type IVA System.

D. If an inspection indicates the need for system repairs, the Contractor shall notify the local Health Department within 48 hours of the inspection.

E. The Contractor shall notify the Owner of needed repairs which are outside the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system that require the use of hand tools only at the request of the Owner and shall be entitled to payment therefore at the Contractors normal charge for services and materials. The Contractor shall not perform repairs that require the use of heavy equipment, electrical license or plumbing license.

2. **The Owner's Obligations.**

A. The Owner shall pay the Contractor upon signing this contract, the sum of $_____ for the first year of periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be renewed at the end of each 12 month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not increase more than 20 percent per year. The Owner shall pay in the following methods;

( ) $_____ to be paid at the time of the signing of this agreement and $_____ to be paid before The second scheduled inspection of the calendar year.

(X) $ 300 to be paid at the time of the signing of this agreement.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system ($30.00 per hour, with minimum of one hour, plus cost of materials) as a result of nonscheduled service of maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the date due until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system

D. The Owner shall provide to the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. **Term** - This agreement shall remain in effect until termination.

A. Automatic Termination
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local Health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to Terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as;

(a) failure to remit payment for any bill for services performed under and in accordance with this agreement if said bill is not paid within thirty (30) days of receipt by the Owner Of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. **Assignment.**

A. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

B. Assignment by the Contractor . The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A. 1961 to manage a Type IVA system upon thirty (30) days written notice to the Owner and the local Health Department.

5. **Representations**

The Parties represent to each other that each has the power, authority, and legal right to enter into and perform its obligations as set forth in this Agreement.

6. **Regulatory Amendments**

References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

7. **No Implied Waiver**

The waiver by either Party of a default or a breach by the other Party of any provision of this agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or nay part of this Agreement, or the right of either Party thereafter to enforce each and every provision of the Agreement.

8. **Notice.**

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by mail and addressed as follows;

To the Owner
Will Jenkins
169 Fawn Lane
Mooresville NC 28115

To the Contractor;

Allen Hoke
14402 Lucia Riverbend Highway
Mount Holly, North Carolina 28120

To the local Health Department;

Iredell County Health
610 E. Center Ave
Mooresville NC
28115

The date of any Notice shall be the date of delivery. Changes in the respective addresses to which notice may be made from time to time by either Party by notice to the other Party.

9. **Place of Agreement**

This Agreement and any questions concerning it's validity, construction of and performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

10. **Entire Agreement and Amendment**

This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to the Agreement must be in writing and must be signed by the Parties.

11. **Severability**

In the event that any provision of the Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extend practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in the Agreement, and the other provisions of the Agreement shall as so amended, modified, supplemented or otherwise affected by such action remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(OWNER) Will Jenkins

(CONTRACTOR) Alter Hoke

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Repair PIN# 4615-92-0217 DATE 8/19/02

OWNER OR CONTRACTOR Nora Rokicharlyj PHONE: Business _____ Home 704-377-2710

ADDRESS 169 Fawn Ln. Mooresville, NC. 28117

LOCATION 1100, TR Stonemarker Rd. TR Fawn Lane, # 169 Fawn Lane

SUBDIVISION CLET BLOCK / SECTION C LOT _____ LOT AREA 121 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 100

No Lines 2 Trench Width 6' Max Trench Bottom Depth 36" Gravel Depth No

☐ New System ☒ Repair System Type: I, II, (III), IV, V, VI

System Description: EZFLOW

Repair System Description: EZ FLOW

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

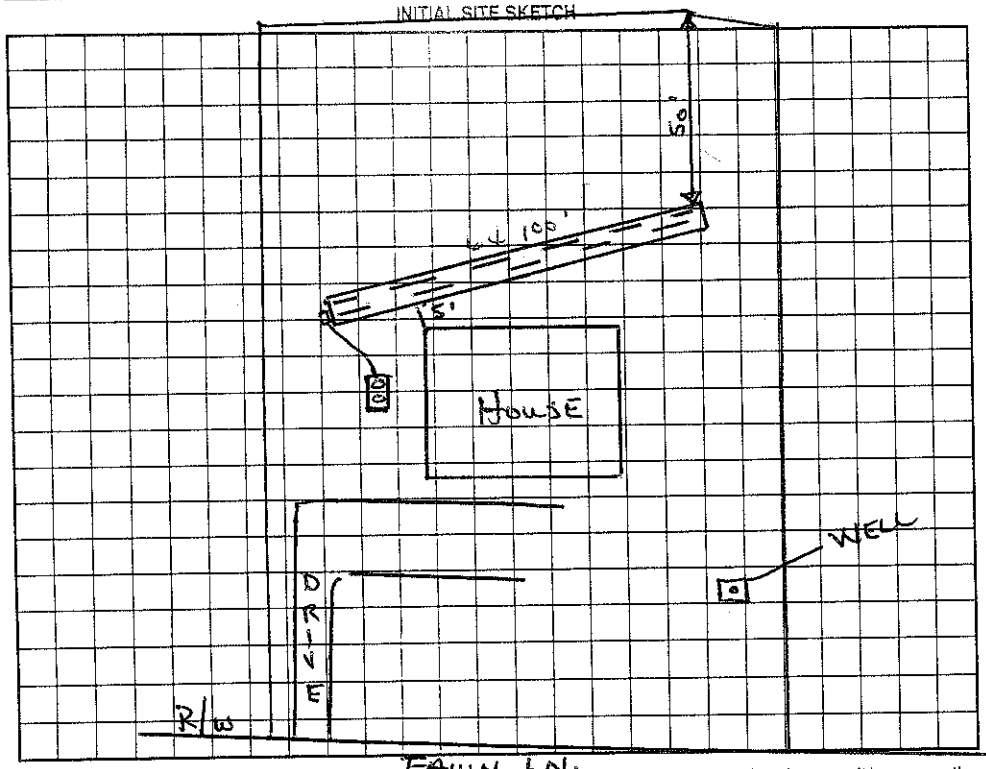
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: Wesley Sparks RS. date 8/20/02

Authorization to Construct by: _____ date _____

Installed by: Tim Simmons

Operation Permit by: Wesley Sparks RS. date 8/20/02

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

PIN #:
Lot #: **121**
Permit #: **175416**
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant: **LC DELLINGER**
Date Evaluated: **11/19/2012**
Property Size: **.6 AC**
Property Recorded: **YES**

Owner: **WILL JENKINS**
Address: **169 FAWN LN.**
Proposed Facility: **SFR** Design Flow (.1949) **480**
Location of Site: **CL&T-6-121**
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		b PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
AB 1	LINEAR 7%	0-20	CL,M,SBK	SS,VFR	NA	48"	FEW @ 30+	48"+	.3
		20-30	C,M,SBK	SS,FR					
		30-48	CL,M,SBK	SS,VFR					
AB 2	LINEAR 7%	0-25	CL,M,SBK	SS,VFR	NA	48"	FEW @ 36+	48"+	.3
		25-36	C,M,SBK	SS,FR					
		36-48	CL,M,SBK	SS,VFR					
AB 3	LINEAR 7%	0-20	CL,M,SBK	SS,VFR	NA	48"	NA	48"+	.3
		20-48	C,M,SBK	SS,FR					

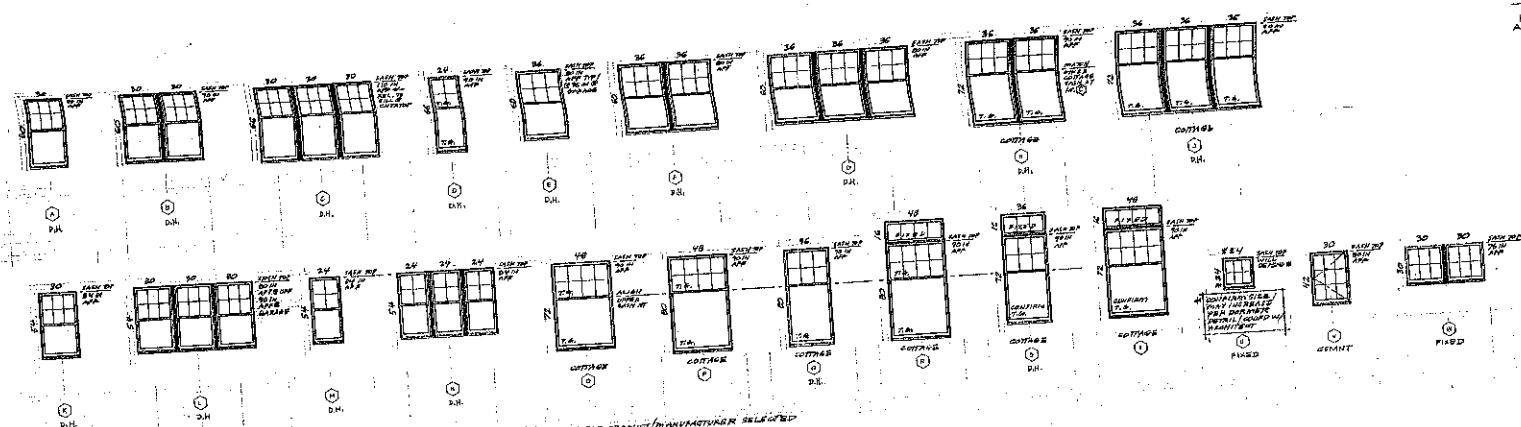
Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25%	PANEL BLOCK
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: **BEN ALDRIDGE**
Others Present: **LINNY DELLINGER, WILL JENKINS**
Site Classification (.1948):
Site Evaluation By: **BEN ALDRIDGE**
Others Present: **LINNY DELLINGER, WILL JENKINS**

Approved with Modification of Plans Submitted ONLY
Date 3-6-13
Date 3-6-13

KENT LINEBERGER ARCHITECTURE PLLC

KENT ALAN LINEBERGER, AIA
2608 SOUTH BOULEVARD
SUITE 103
CHARLOTTE, NC 28203
phone 704-334-6166

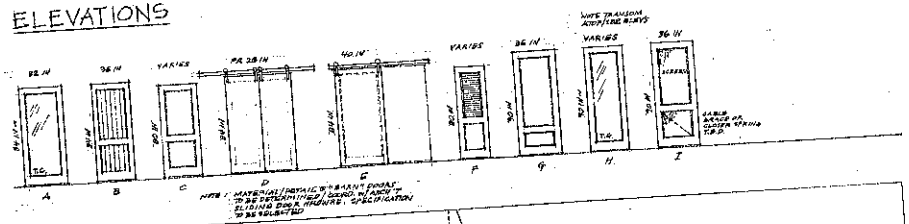


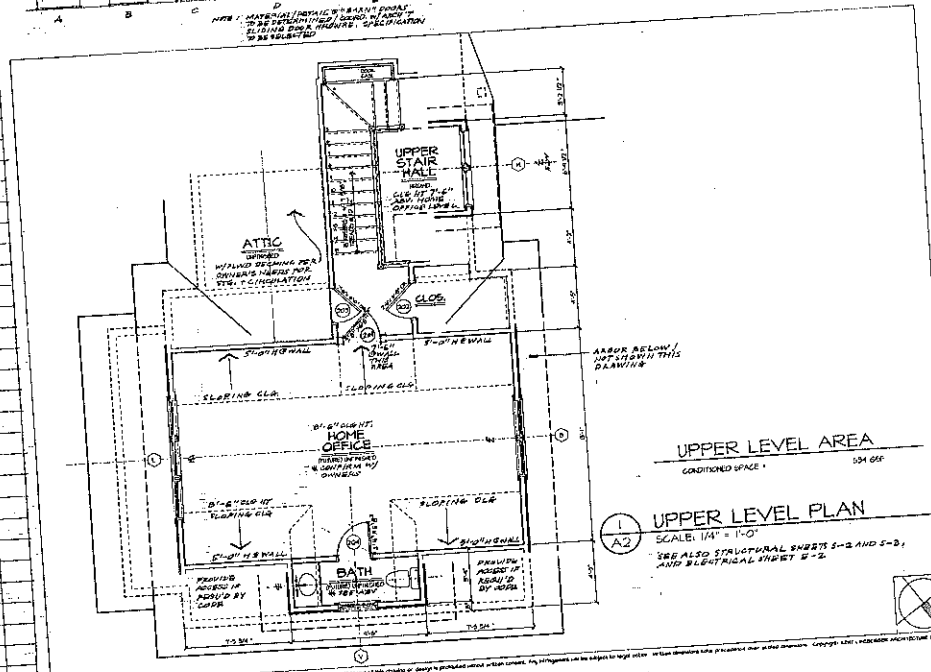
NOTE:
1) SIZES INDICATED ARE FOR INTENDED SASH DIMENSIONS W/ ± 1/2" TO BE CONFIRMED W/ ARCHITECT FOR FINAL WINDOW SCHEDULE PER PRODUCT/MANUFACTURER SELECTED
2) SEE ALSO ARCHITECTURAL PLANS & ELEVATIONS FOR CONFIRM # UNITS AND TEMPERED GLAZING REQUIREMENTS PER CODE

DOOR SCHEDULE

LOCATION	#	SIZE	THICKNESS (1-3/8")	TYPE / MATERIAL	ELEV.	HARDWARE STYLE
TERRACE @ STORAGE	001	3'-0" x 7'-0"		1-GROOVE GLASS SOLID CORE WOOD / EXTERIOR	B	
DEN TO TERRACE	002	2'-6" x 7'-0"		CLAD WD. SWING DR. (INSWING) W/ INSUL. TEMPD. GLASS	A	
DEN TO TERRACE	003	2'-8" x 7'-0"		CLAD WD. PATIO DR. (INSWING) W/ INSUL. TEMP. GLASS	A	
DEN TO STORAGE	004	2'-0" x 6'-8"		1 - PANEL SOLID CORE WOOD	C	
STORAGE	005	2'-8" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
DEN	006	PR. 2'-6" x 7'-0"		SLIDING BARN DRS. OVER 2-2'x 6'-8" PKD. DR.S/ CUSTOM	D	
LOWER HALL	007	3'-6" x 7'-0"		SLIDING BARN DR. OVER 2-3'x 6'-8" PKD. DR.S/ CUSTOM	E	
LAUNDRY	008	2'-8" x 6'-8"		1 - PANEL SOLID CORE WOOD	C	
BEDRM - 1	009	2'-6" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
BEDRM - 2	010	2'-6" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
LOWER BATH	011	2'-4" x 6'-8"		2 - PANEL / UPPER LOUVERED SOLID CORE WOOD	F	
CLOSET	012	PR. 2'-0" x 6'-8"		2 - PANEL / UPPER LOUVERED SOLID CORE WOOD	F	
CLOSET	013	PR. 2'-0" x 6'-8"				
FRONT ENTRY	101	3'-0" X 7'-6"	2 3/4"	SOLID CORE WD. (INSWING) W/ INSUL. TEMP. GLASS/ CUSTOM	A	
GARAGE	102	8'-0" HIGH x 16'-0" WIDE		SECTIONAL OVERHEAD GARAGE DR. W/ WD. / CUSTOM	SEE ELEV. SHEET	
GARAGE ENTRY	103	2'-8" x 6'-8"		2 - PANEL RATED DR. & FRAME PER CODE	C	
GARAGE STORAGE	104	PR. 2'-6" x 6'-8"		2 - PANEL / LOUVERED UPPER SOLID CORE WOOD	F	
COAT	105	2'-4" x 6'-8"		2 - PANEL / LOUVERED UPPER SOLID CORE WOOD	F	
MASTER BEDRM	106	2'-8" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
DRESSING	107	2'-8" x 6'-8" PKT.		2 - PANEL SOLID CORE WOOD	C	
MASTER CLOSET	108	2'-6" x 6'-8"		2 - PANEL / UPPER LOUVERED SOLID CORE WOOD	F	
TOILET	109	2'-4" x 6'-8" PKT.		2 - PANEL SOLID CORE WOOD	C	
PANTRY	110	2'-4" x 6'-8" PKT.		2 - PANEL SOLID CORE WOOD	C	
GUEST BEDRM	111	2'-8" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
LAUNDRY	112	2'-8" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
GUEST BATH	113	2'-4" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
GUEST BATH	114	2'-4" x 6'-8"		2 - PANEL / UPPER LOUVERED SOLID CORE WOOD	F	
CLOSET	115	2'-4" x 6'-8"		CLAD WD. PATIO DR. (INSWING) W/ INSUL. TEMP. GLASS	H	
HALL ENTRY	116	2'-8" x 7'-6"		CLAD WD. PATIO DR. (INSWING) W/ INSUL. TEMP. GLASS	H	
HALL ENTRY	117	2'-8" x 7'-6"		CLAD WD. PATIO DR. (INSWING) W/ INSUL. TEMP. GLASS	H	
SUNROOM	118	3'-0" x 7'-6"		WD. SCREENED DR. W/ BRONZE SCREEN	I	
SCREENED PORCH	119	3'-0" x 7'-6"				
HOME OFFICE	201	2'-8" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
CLOSET	202	2'-6" x 6'-8"		2 - PANEL / UPPER LOUVERED SOLID CORE WOOD	F	
ATTIC	203	2'-6" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	
BATH	204	2'-4" x 6'-8"		2 - PANEL SOLID CORE WOOD	C	

ELEVATIONS





UPPER LEVEL AREA

CONDITIONED SPACE = 554 SQF

UPPER LEVEL PLAN

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

SEE ALSO STRUCTURAL SHEETS S-2 AND S-3; AND ELECTRICAL SHEET E-2

JENKINS COTTAGE

Will & Kate Jenkins
164 Fawn Lane / Lot 121
Mooresville, North Carolina 28117

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

PERMIT/BIDDING SET: SEPTEMBER 2012

UPPER LEVEL PLAN; WINDOW SCHEDULE; DOOR SCHEDULE

A 2

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