IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217979

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

PIN # 4624-07-1233 ✓

APPLICANT/OWNER: Steve A. Waters APPLICANT ADDRESS: 236 Tuskarora Trail Mooresville, NC 28117

SITE ADDRESS: ✓ 166 Balmoral Drive Mooresville, NC PHONE: 704-746-4531 ALT. PHONE —

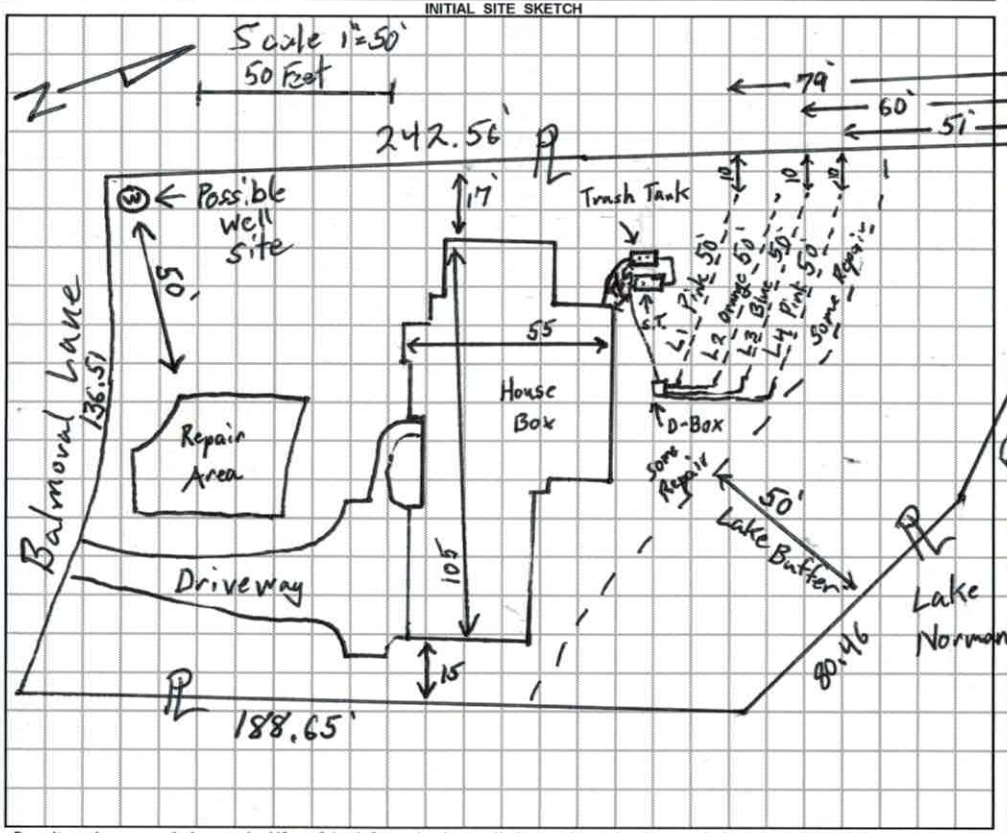
SITE DIRECTIONS: BST towards Lake Norman → R on Tuskarora Trail → R on Balmoral → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ CL+T SECTION: 6 LOT # 223A LOT AREA: 0.73 Acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

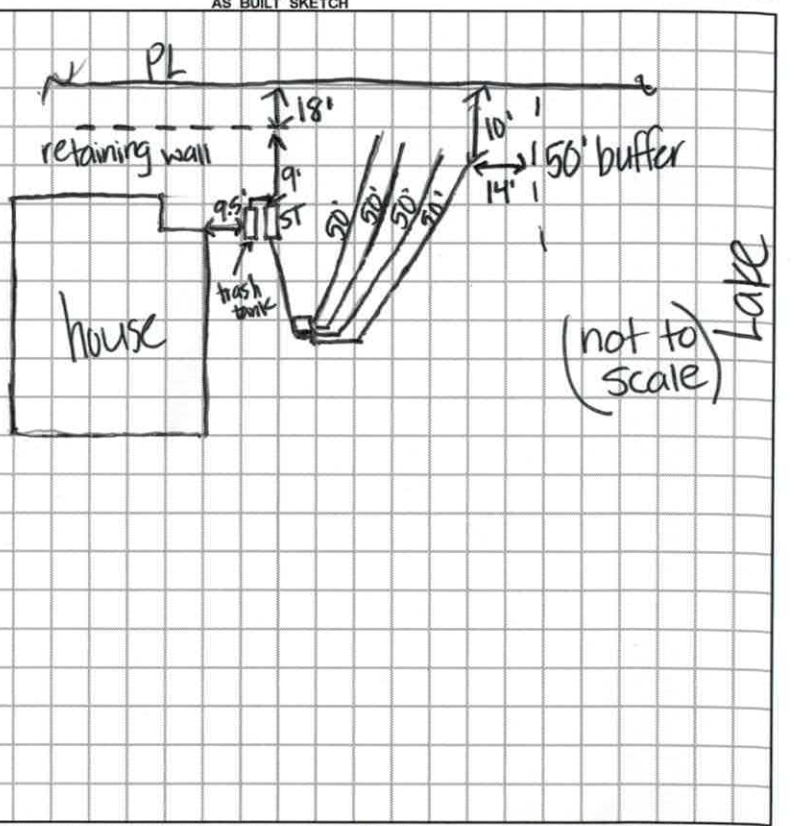
Septic Tank	1000 x 2 (gal)	STB	794	Date	8-16-17	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	~~PTST for~~ Trash ST	794	Date	8-17-17	System Description: 50% Reduction (PPBPS)	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (LP-PPBPS)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Whole-house ejector to serve house. Effluent Filter to be installed on second tank within series. Recommend larger effluent filter be used (Zabel A-300 or equivalent) and that the septic tanks be pumped every 3-5 years.

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: [signature] Date: 9-18-17 Installed by: Brad + Chris w/ R+H

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/13/17 OPERATION PERMIT by: Krista Wilson Date: 9-21-17

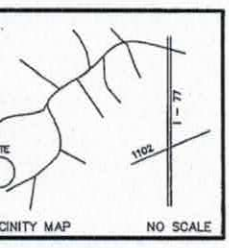
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/13/17 Existing System Inspected by: Date:

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2330, page 2006, and/or plat book 32, page 88, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 15, day of JUNE, A.D. 20 16.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 3\24\2016.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN / SEPTIC LAYOUT SURVEY
OF
LOT 223-A CRESCENT LAND & TIMBER CORP., SECT. 6
SCALE 1" = 50'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: JOHN M. RALEY REVOC. TRUST

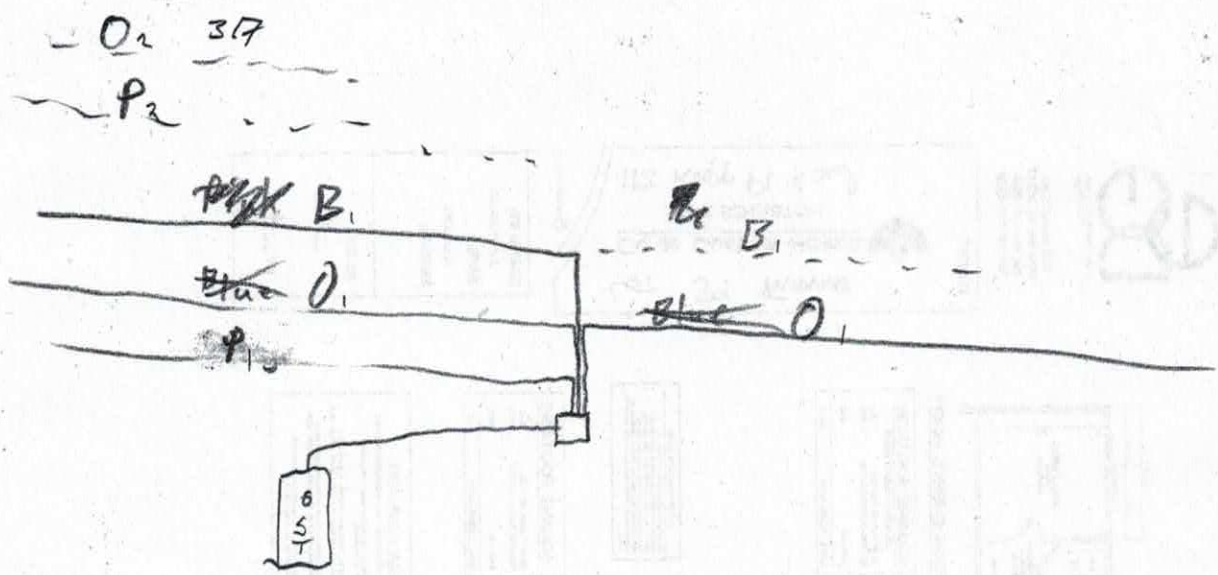
FIELD BOOK: 500-1
FILE: CLT 223S6
DC FILE:
TAX MAP NO: 4624071233

			TEXTURE	MINERALOGY	COLOR	DEPTH	CLASS	HORIZ	& LTAR
1	LSS 8%	0-25	clay W. SBK	Firm, SS, SP, SCap	—	48	—	—	0.3 PS
		25-48	clay Loam W. SBK	sl. Friable, SS, SP, Scap					
2	LSS 7%	0-33	clay M. SBK	sl Firm, SS, SP, Scap	—	48	—	—	0.3 PS
		33-48	clay Loam W. SBK	sl. Friable, SS, SP, Scap					
3	LSS 7% Rep High	0-11	SCL V. weak SBK	Granular Friable, SS, SP, Scap	—	48	—	—	0.3 PS
		11-39	clay W. SBK	sl. Firm, SS, SP, Scap					
		39-48	clay Loam W. SBK	sl Friable, SS, SP, Scap					
4	LSS 6% Rep Low	0-8	SCL V. Weak SBK	Granular Dry, SS, SP, Scap	—	48	—	—	0.3 PS
		8-34	clay W. SBK	sl Firm, SS, SP, Scap					
		34-48	clay Loam W. SBK	sl. Friable, SS, SP, Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	257'
System Type(s)	PPBPS	LP-PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Steve Waters

COMMENTS: Client decided upon a 3-BR house @ site.



Per applicant, surveyor to locate drainfield.

RECEIVED AUG 2 9 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $105.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

****

217979

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:

M-VIVE 2817

STEVEN A. WATERS	226 TUSKAROORA TRAIL	704-746-4531	704-230-0206
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
JOHN RALEY	6749 TERRY LANE N. MAPLE GROVE MN 55311	952-224-6924	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information:

166 BALMORAL DRIVE	CLT	6 - 223-B
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY TO TUCKAROORA TRAIL - TURN RT ONTO BALMORAL PROPERTY ON RIGHT

****

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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 _____

****

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)* ( ) EXISTING SYSTEM installed ____ *Year*

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

* REDRAW - PLUMBING PIPED TOO LOW NO GRADE *

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 8-29-2017

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

RECEIVED AUG 29 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information:

Applicant Name: STEVE WATERS Address: 236 TUSKAEORA TRAIL MOORESVILLE 28117 Phone: 704-746-4531

Owner Name: JOHN RAGEY Address: 6749 TERRY LANE N. MAPLE GROVE MN 55311 Phone: 952-221-092

Property Information:

Street Address: 166 BALMORAL

Subdivision Name: CLT Section/Phase: 6 Lot Number: 223-B

Driving Directions: BRAWLEY TO TUSKAEORA TRAIL / RT ONTO BALMORAL / PROJECT ON RT.

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

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

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

Signature: Steve Waters 8-25-2016

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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

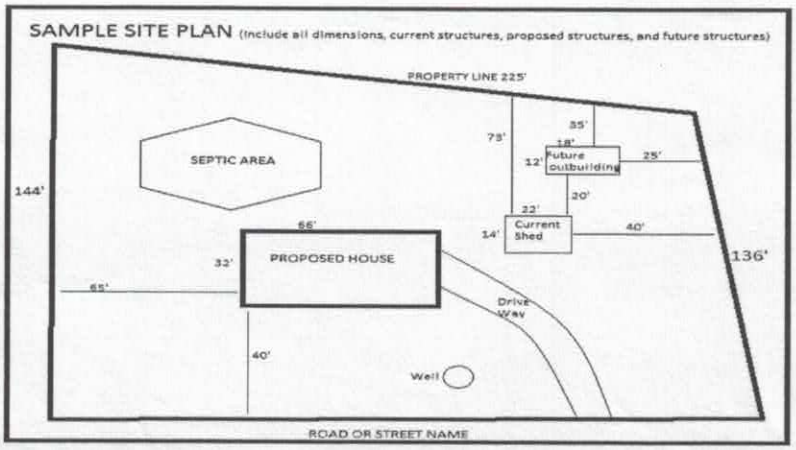
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

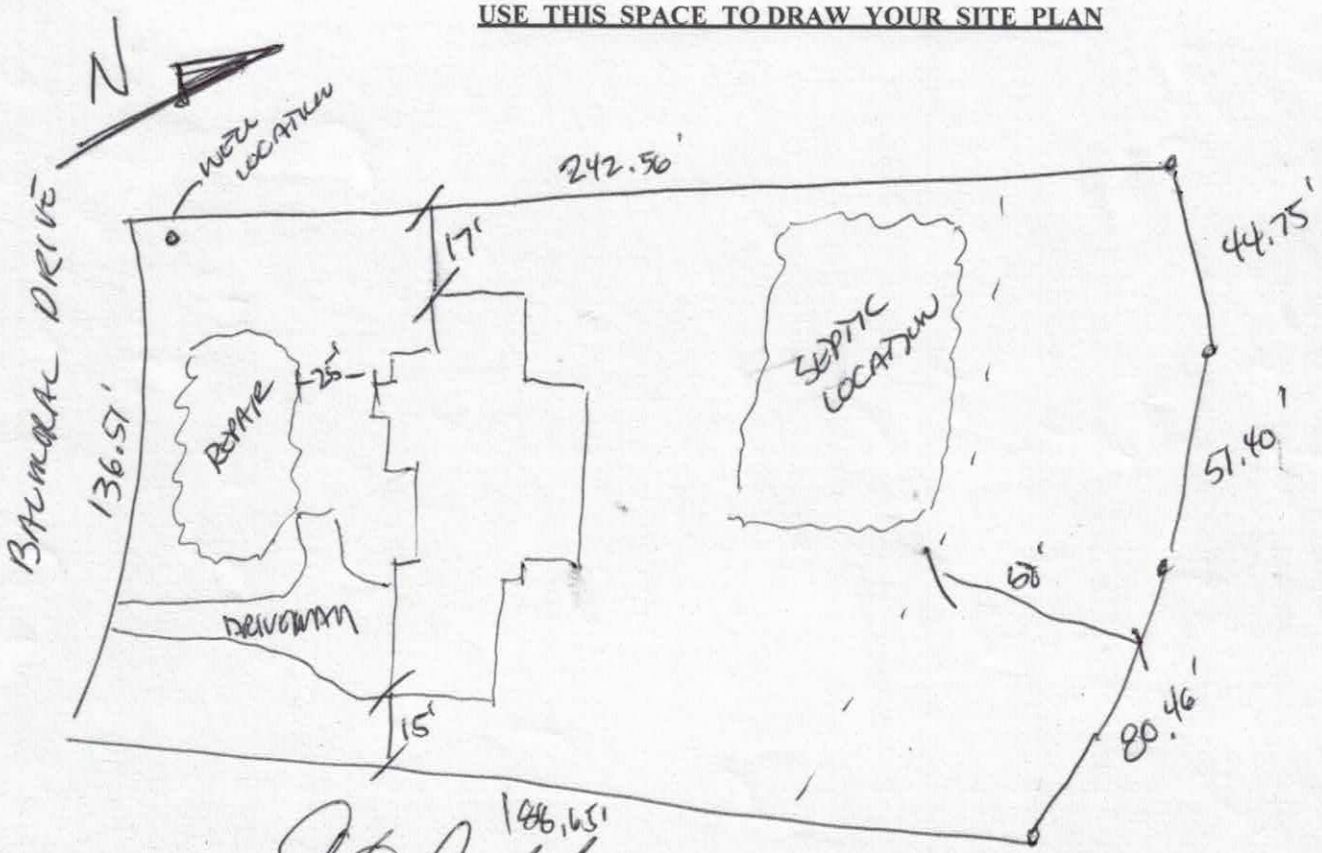
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

8-29-2017

DATE

IREDELL COUNTY HEALTH DEPARTMENT

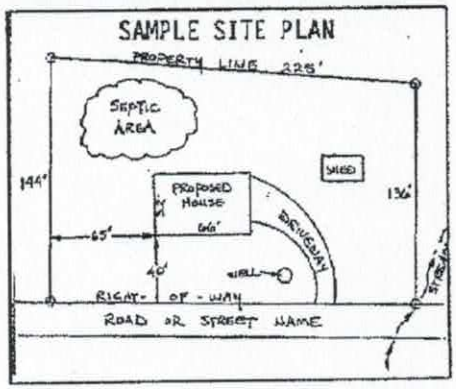
ENVIRONMENTAL HEALTH DIVISION

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**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and 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**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE FLOOR PLANS (AUTHORIZATION TO CONSTRUCT) IMPROVEMENT PERMIT OBTAINED

LP WELL IS ALSO ON LT.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

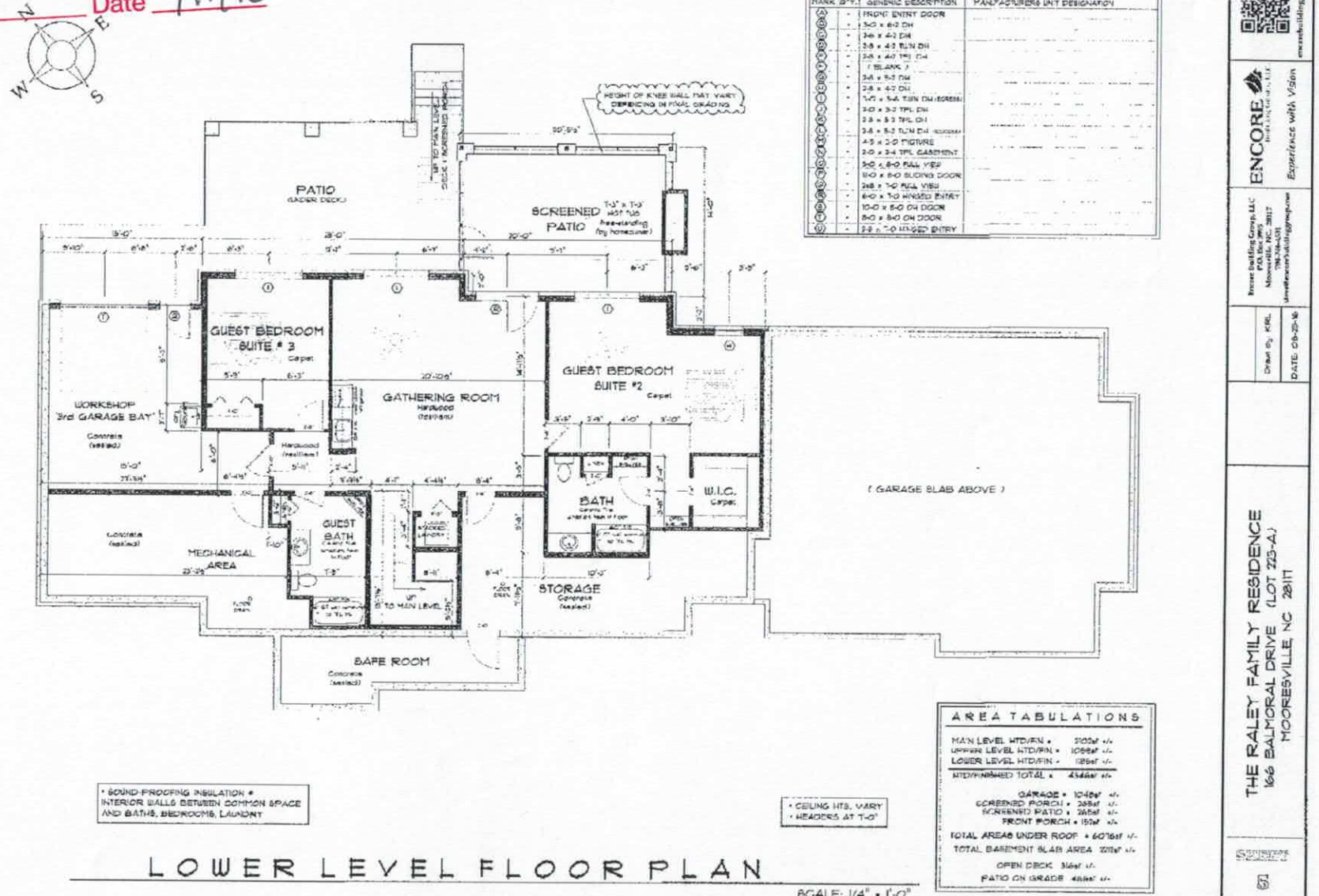
8-25-2016
DATE

166 BALMORAL DRIVE
OVER-ALL HOUSE & GARAGE DIMENSIONS

Acknowledgement of
Plans Submittal ONLY!

Date 9/7/16

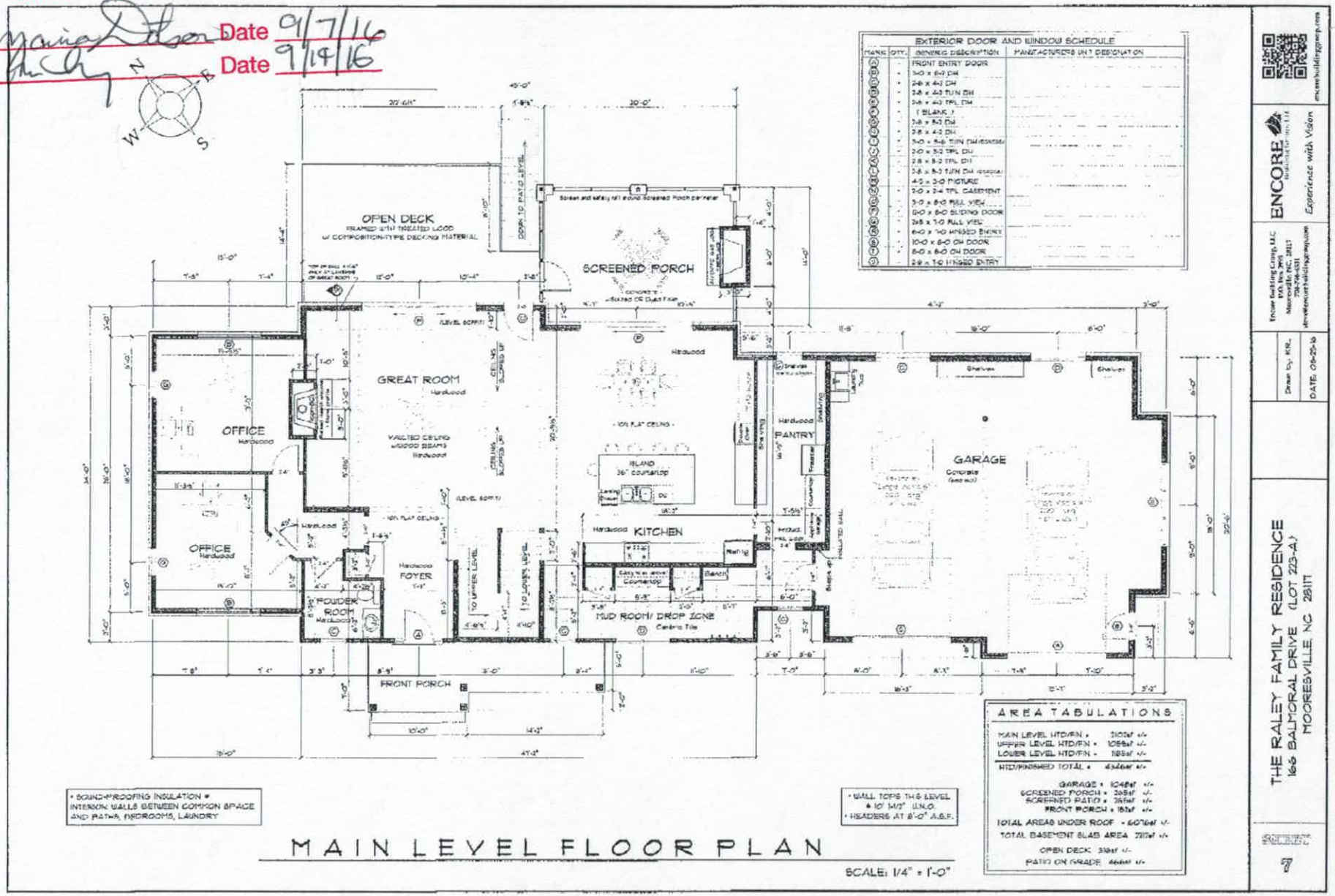
Date 9/14/16



Steve Waters - Encore 7042300206 p.4

Acknowledgement of
Plans Submittal ONLY!

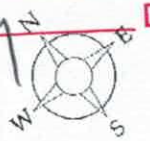
Date 9/7/16
Date 9/19/16



Steve Waters - Encore
7042300206
p.5

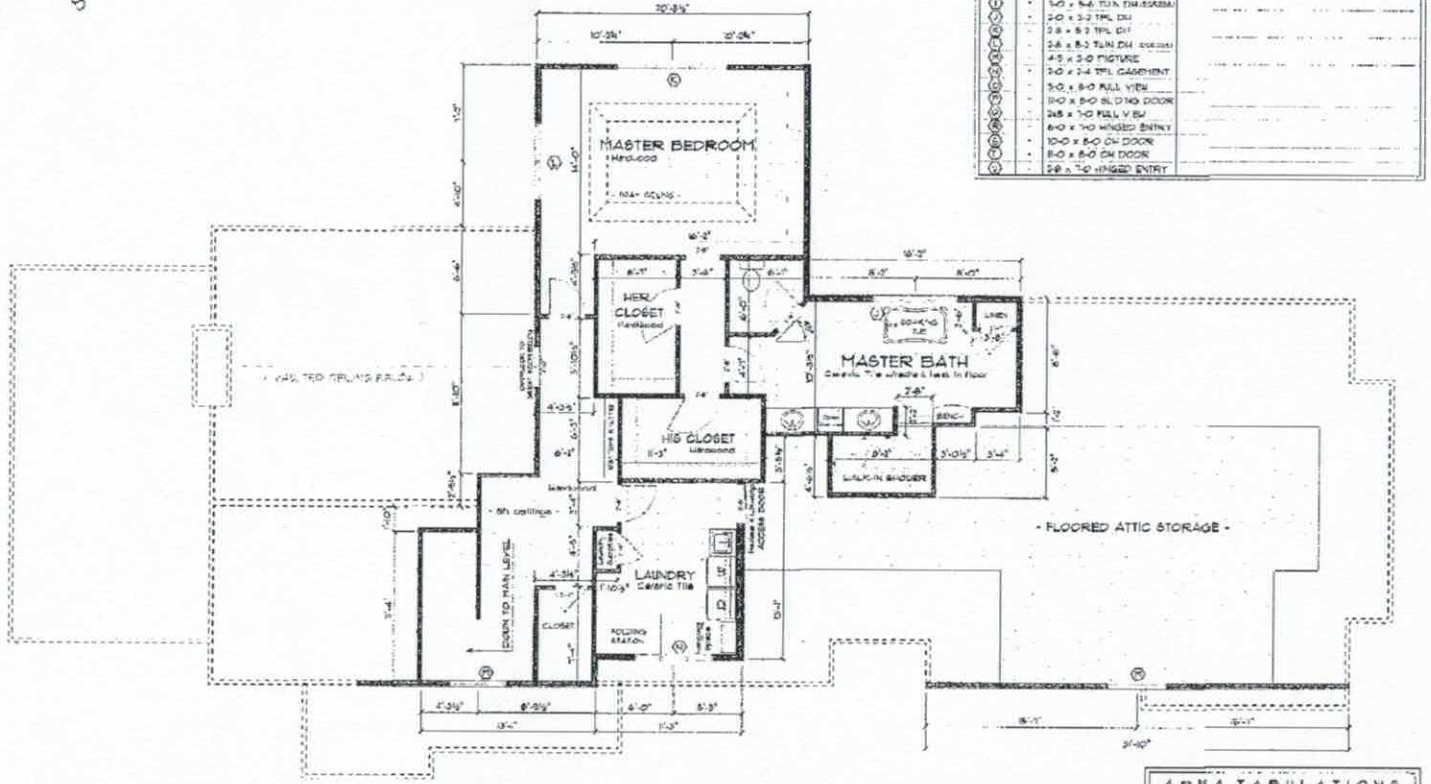
Acknowledgement of
Plans Submittal ONLY!

Date 9/7/16
Date 9/14/16



EXTERIOR DOOR AND WINDOW SCHEDULE

MARK	QTY.	GENERIC DESIGNATION	MANUFACTURERS UNIT DESIGNATION
A	-	FRONT ENTRY DOOR	
B	-	3-0 x 6-8 DH	
C	-	2-6 x 4-2 DH	
D	-	2-8 x 4-2 TURN DH	
E	-	2-6 x 4-2 TPL DH	
F	-	(BLANK)	
G	-	3-6 x 5-2 DH	
H	-	2-8 x 4-2 DH	
I	-	3-0 x 5-6 TURN DH EGRESS	
J	-	2-0 x 3-2 TPL DH	
K	-	2-8 x 5-2 TPL DH	
L	-	2-8 x 5-2 TURN DH EGRESS	
M	-	4-5 x 3-0 PICTURE	
N	-	2-0 x 2-4 TPL CASEMENT	
O	-	3-0 x 5-0 FULL VIEW	
P	-	12-0 x 8-0 SLIDING DOOR	
Q	-	2x8 x 7-0 FULL V BU	
R	-	6-0 x 7-0 HINGED ENTRY	
S	-	10-0 x 8-0 GH DOOR	
T	-	8-0 x 8-0 GH DOOR	
U	-	5-8 x 7-0 HINGED ENTRY	



• SOUND-PROOFING INSULATION •
INTERIOR WALLS BETWEEN COMMON SPACE AND BATHS, BEDROOMS, LAUNDRY

• WALL TOPS THIS LEVEL @ 9' 1/2" U.N.O.
• HEADERS AT 6'-10" A.S.F.

AREA TABULATIONS

MAIN LEVEL HTD/FIN =	3102sf +/-
UPPER LEVEL HTD/FIN =	1058sf +/-
LOWER LEVEL HTD/FIN =	1185sf +/-
HTD/FINISHED TOTAL =	4345sf +/-
GARAGE =	1046sf +/-
SCREENED PORCH =	265sf +/-
SCREENED PATIO =	264sf +/-
FRONT PORCH =	182sf +/-
TOTAL AREAS UNDER ROOF =	6076sf +/-
TOTAL BASEMENT SLAB AREA	2292sf +/-
OPEN DECK 316sf +/-	
PATIO ON GRADE 496sf +/-	

UPPER LEVEL FLOOR PLAN

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

ENCORE
Experience with Vision

Steve Building Group, LLC
P.O. Box 3882
Mooresville, NC 28117
704-746-4551
steve@encorebuildinggroup.com

Drawn By: KRS
DATE: 06-25-16

THE RALEY FAMILY RESIDENCE
166 BALMORAL DRIVE (LOT 223-A)
MOORESVILLE, NC 28117

9

Steve Waters - Encore 7042300206 p.6

IREDELL COUNTY

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

APPLICATION NUMBER
217979
Issue Date: 04/12/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624071233.000	166 BALMORAL DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: RALEY JOHN M+ROBIN M	Applicant: ENCORE BUILDERS INC
Address: 0 IREDELL CO, NC 28625	Address: 236 TUSKARORA TRAIL MOORESVILLE, NC 28117
Phone:	Phone: 704-746-4531

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	50.00	15.00	15.00	CA	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: _____ Date: _____

Permit Number	65463	TOTAL FEES:	$ 77.25