ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 247460

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

PIN # 4624330286

APPLICANT/OWNER: John Boyte | APPLICANT ADDRESS: 2544 Roswell Ave. Charlotte NC 28209

SITE ADDRESS: 127 Ripplewater Ln Mooresville, NC 28117 | PHONE: 704-363-9009 | ALT. PHONE —

SITE DIRECTIONS: Brawley school Rd to second exit of Roundabout continue on Brawley school, Lon Ripplewater, 2 to on L | SAP CONTROLLED: ☐ YES ☒ NO

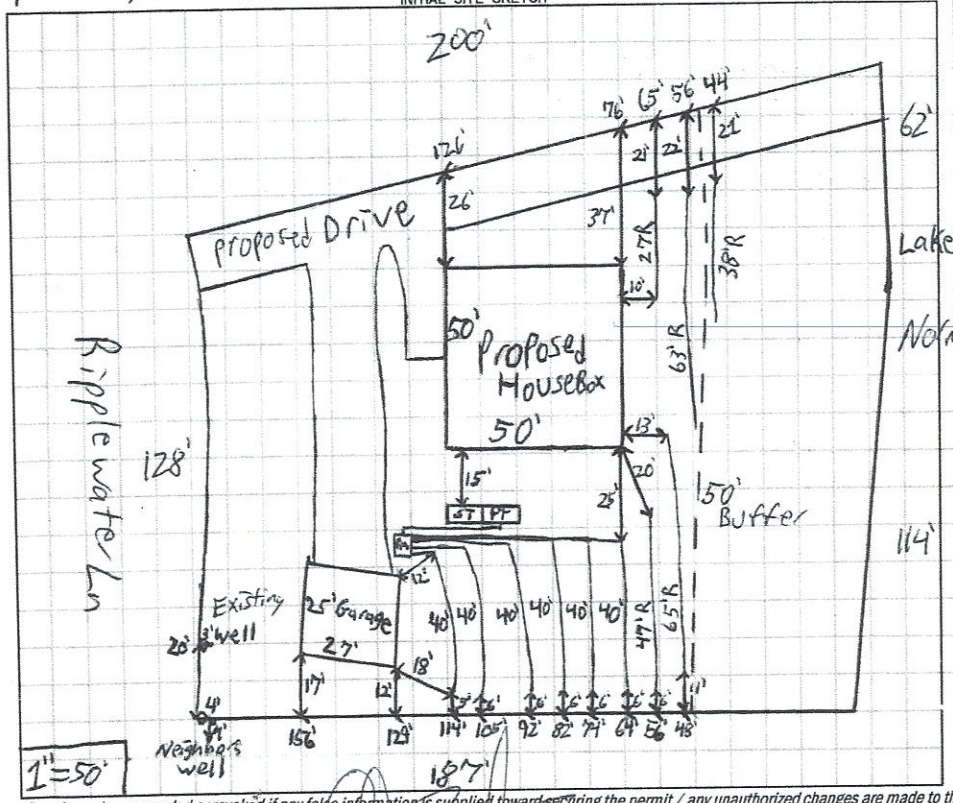
SUBDIVISION: CLandT | SECTION: 6 | LOT # 462 | LOT AREA: 0.66 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	12-12	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	12-13	System Description:	PM PPBPS			
Pump Make	Walds		Model	2HE0312mm	Serial #	1/3 HP	Repair System Description:	Pretreated LPPPBPS			
# Nitrification Fields	1		# Lines	6	Linear Ft	240'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	31"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour. Property Line must be clearly marked during time of inspection. Do not install any plumbing from detached Garage to STover septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

1/2 sch 80 Tars .9

Tanks 10ft Dwl foundation Drain Downslope.

lines, UB, Floats, Risers, Alarm 2-8-2021 JB

Only Needs Electrical

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: 9-9-209 | Installed by: Lutz Workenter

IMPROVEMENT PERMIT by: Patrick J Kolb III | Date: 09/17/19 | OPERATION PERMIT by: Maria Dotson | Date: 2/21/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Kolb III | Date: 9/19/19 | 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 247460

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

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SITE DIRECTIONS: Brawley school Rd to second exit of Roundabout continue on Brawley school Ln Ripplewater Ln to on L | SAP CONTROLLED: ☐ YES ☒ NO

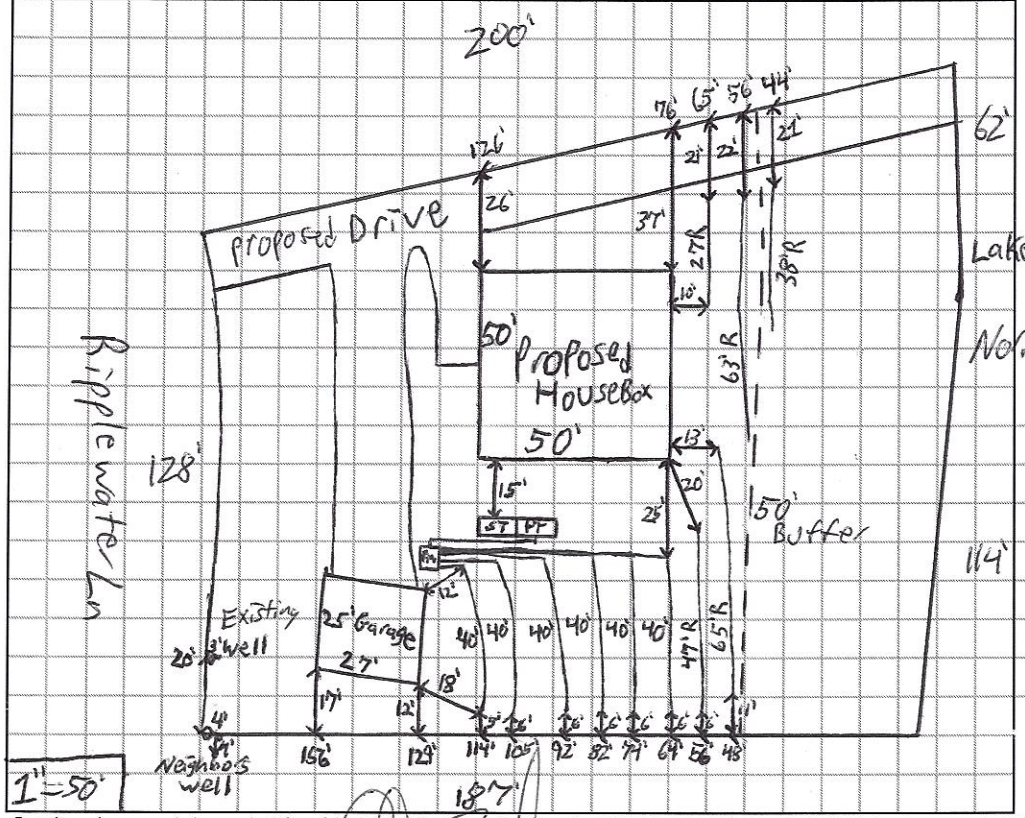
SUBDIVISION: CL and T | SECTION: 6 | LOT # 462 | LOT AREA: 0.66 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description:	PM PPBPS			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Pretreated LPPPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 240'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on Contour. Property Line must be clearly marked during time of inspection. Do not install any plumbing from detached Garage to ST over septic System

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: 9-9-209 Installed by:

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 09/17/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 9/19/19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4624330285
COUNTY: Iredell

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

OWNER: John Boyte
ADDRESS: 2544 Roswell Ave. Charlotte NC 28209
PROPOSED FACILITY: New Single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 127 Ripplewater Ln Mooresville NC 28117
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 7/5/19
DATE EVALUATED: 8/26/19
PROPERTY SIZE: 0.66 acres
PROPERTY RECORDED: yes
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 3%	0-6	Compacted Fill	—	—	60"	—	—	PS .25
		6-38	C SBK	Fr SSSP Sexp					
		38-60	CL SBK	Fr SSSP Sexp					
2	SS 12%	0-5	Compacted Fill	—	few YB mottles starting at 38"	62"	few Litho inclusions	—	PS .25
		5-39	CL SBK	Fr SSSP Sexp					
		39-62	CL SBK	Fr SSSP Sexp					
3	SS 12%	0-6	Compacted Fill	—	few YB mottles	60"	—	—	PS .25
		6-38	C A-BK	Fr SSSP Sexp					
		38-60	CL A-BK	Fr SSSP Sexp					
4	SS 9%	0-8	Fill	—	—	61"	Litho inclusions starting at 34"	Small Rocks Scattered throughout	PS .25
		8-34	C SBK/ABK	Fr SSSP Sexp					
		34-61	CL SBK/ABK	Fr SSSP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240
System Type(s)	PMPPBPS	LPPPDPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Boyle
OTHER(S) PRESENT:

COMMENTS:

480÷3
→ 160÷3
→ 533×.75
→ 400'

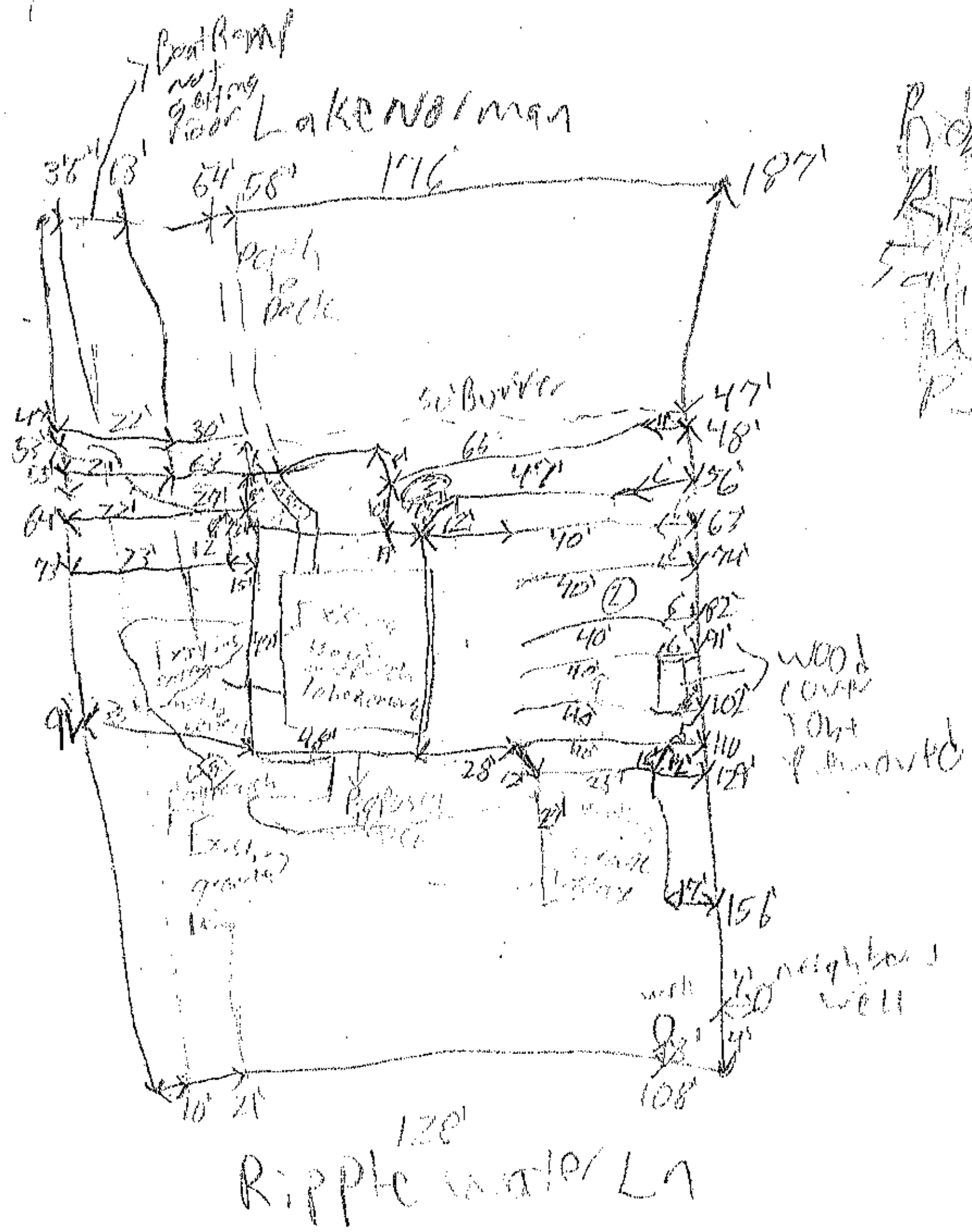
480÷3
→ 160÷3
→ 533×.5
→ 267'

Plat Recorded
Boundary cable
5' off PL

360÷.25
→ 1440÷3
→ 480×.75
→ 360

360÷.25
→ 1440÷3
→ 480×.5
→ 240

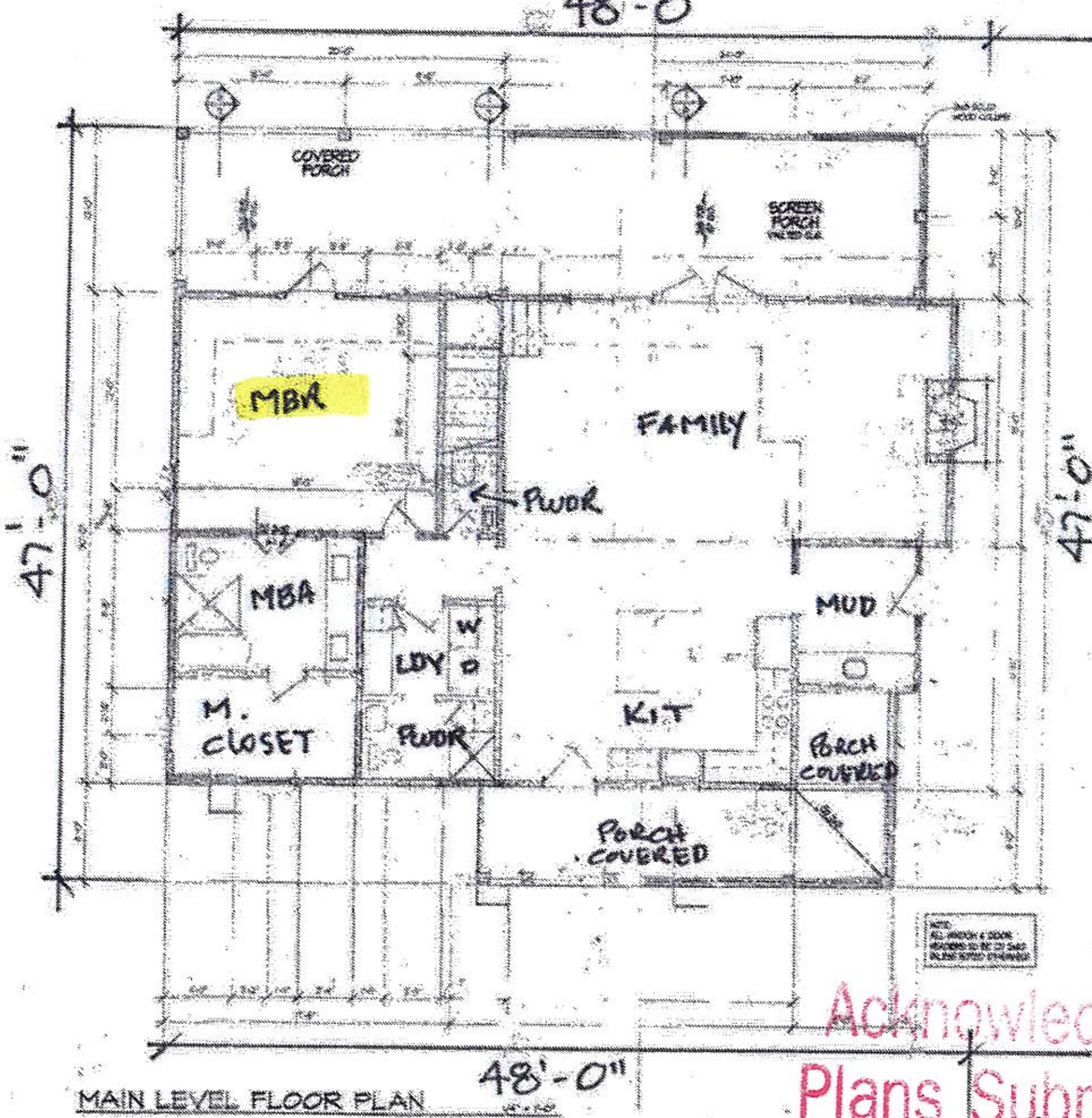
Stairs
are going
to be
reworked



65'
mortar
Repair

57' 54'
Back to
PL
35 off
42 off PL

FRAMING NOTES:



MAIN LEVEL FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY
Patrick [signature] III Date 09/19/19

OWNER SIGNATURE: [signature] Date

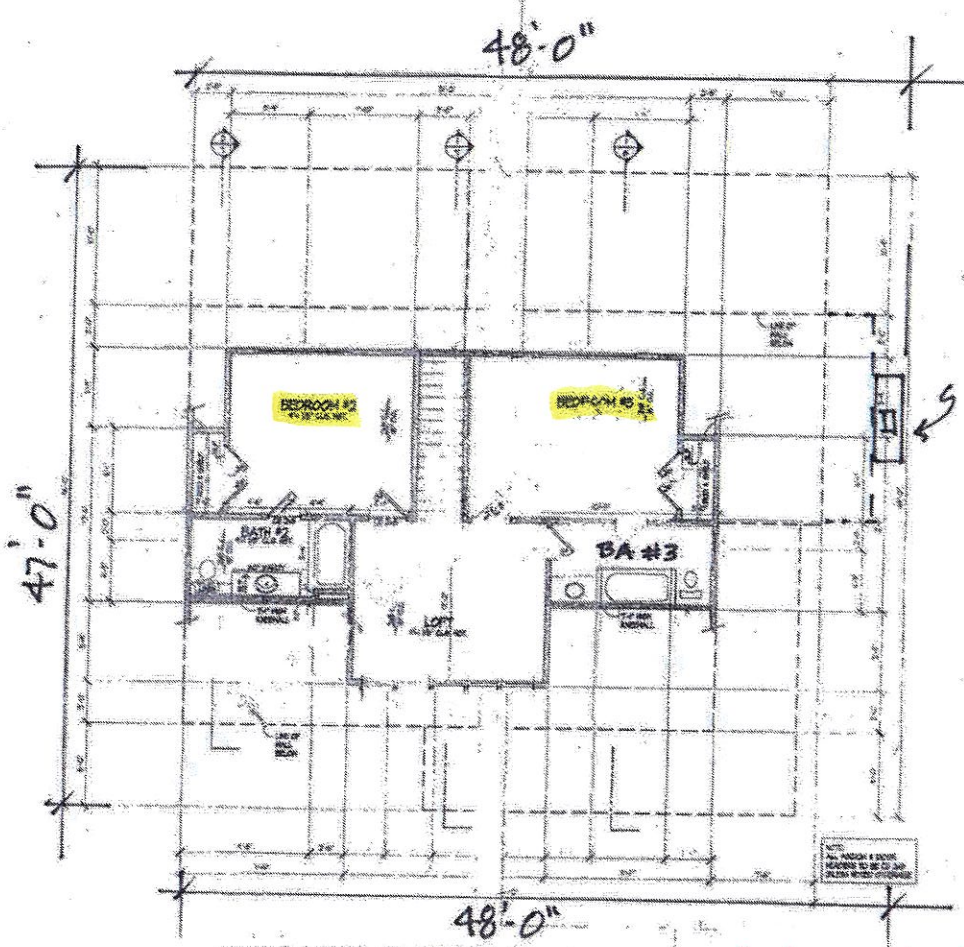
BOYTE RESIDENCE
127 RIPPLEWATER LANE 9-18-2019

Southern Living PLANS

Twitchin Minnow
SL-1376
Reynolds Plantation
Cottage #1A (Crawlspace)

SHEET NO.
3
OF 11

FRAMING NOTES



UPPER LEVEL FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Patrick Boyette Date 9/19/19

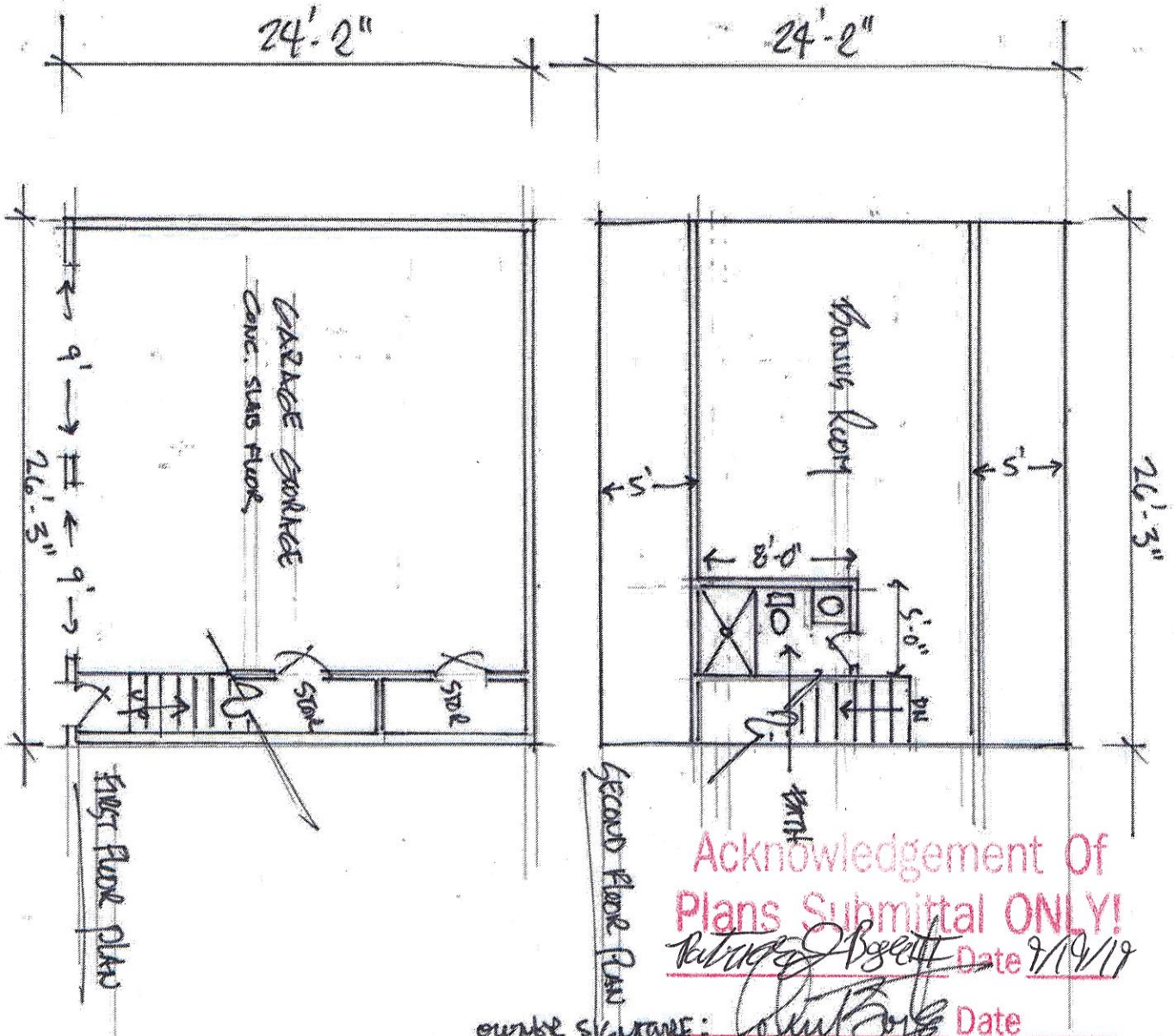
OWNER SIGNATURE: Date

BOYTE RESIDENCE
127 RIPPLEWATER LANE 9-18-2019

Southern Living
PLANS

Twitchin Minnow
SL-1376
Reynolds Plantation
Cottage #1A (Crawlspace)

SHEET NO. 4 OF 11



Acknowledgement Of
Plans Submittal ONLY!
Date 9/19/19
OWNER SIGNATURE: Date

BOYTE RESIDENCE - EXISTING DETACHED GARAGE - WOOD FRAME / SLAB
127 RIPPLEWATER LANE 9-18-2019

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Called 8/22/19

(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)

24766

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

$500 PD

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:

JOHN BOYTE	2544 ROSWELL AVE. CHARLOTTE, N.C. 28209	———	704-363-9009
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SAME	SAME	———	704-252-0234 Louis
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

127 RIPPLEWATER LN.		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY SCHOOL ROAD, LEFT ON RIPPLEWATER LN, LOT IS 3RD ON LEFT.

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 4th
Maximum Number of Occupants 6
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 ___

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: John Boyte
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-5-2019
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***

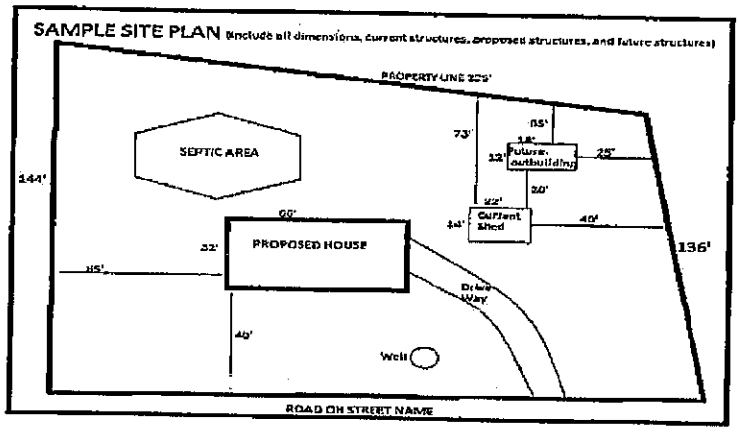
✓ **Front and side setbacks from property line...** ✓ **Preferred driveway location and configuration, preferred well location...**

✓ **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

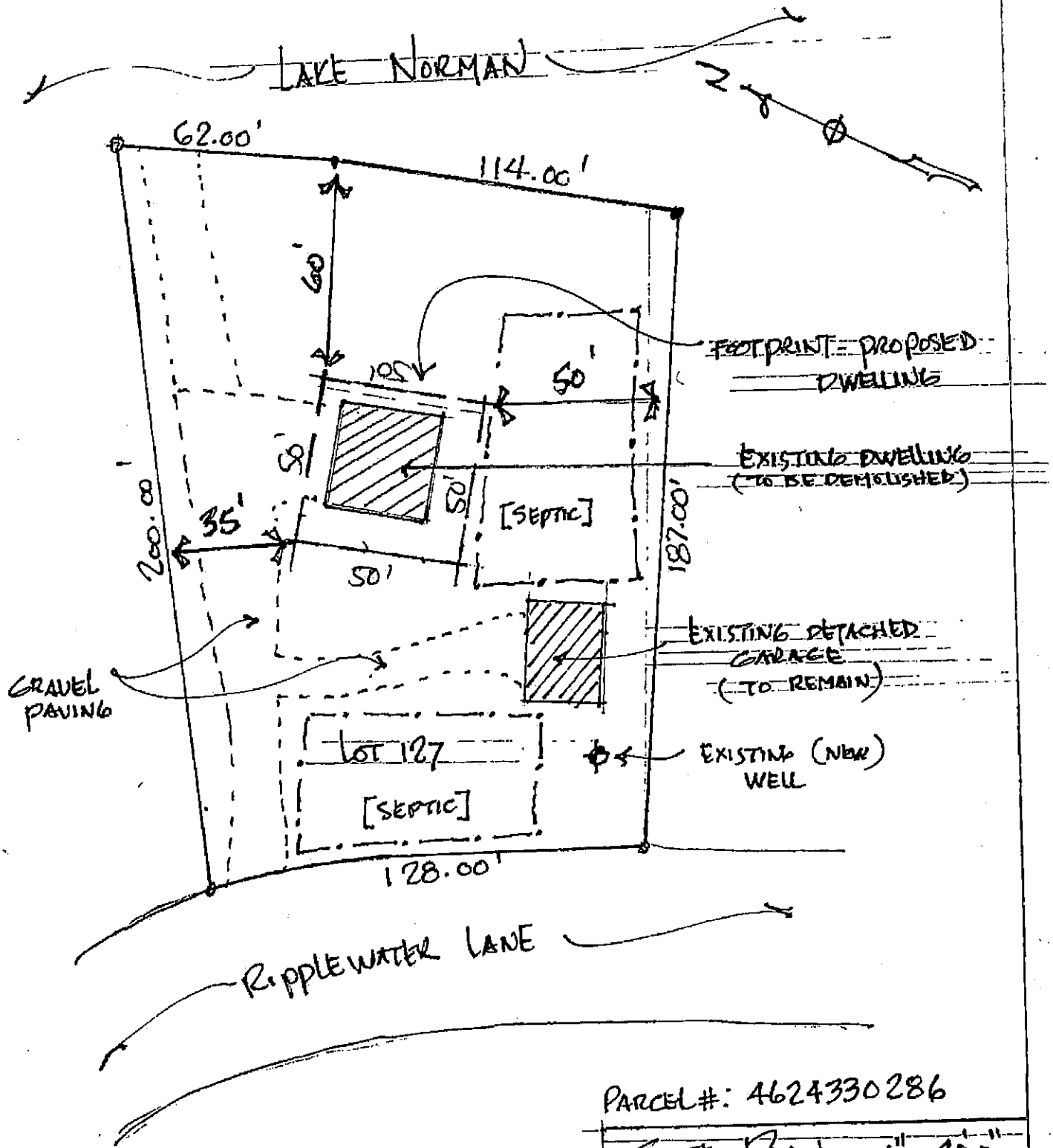
— SEE ATTACHED —

Signature: _____

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

7-6-2019

DATE



PARCEL#: 4624330286

SITE PLAN 1" = 40'-0"

127 RIPPLEWATER LANE

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*) _____ 8-12-19

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ _____

Signature of Owner(s) Date

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

247460

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
YES — EXISTING 2 CAR DETACHED GARAGE

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 1 1/2

Please describe project (Details, Purpose, or Use): NEW WOOD FRAME DWELLING

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2350

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name JOHN F. BOYTE Phone # 704-363-9009

Owner's Current Address 2544 ROSWELL AVE, CHARLOTTE, 28209

Property Information

Property Address 127 RIPPLEWATER LN Parcel # 4624330286

Subdivision: _____ Lot: ___ Zoning: ___ Watershed: Y/N Flood Plain: Y/N Township: _____

Directions to property (from a MAIN ROAD) BRAWLEY SCHOOL RD - THROUGH THE POINT — 1ST GRAVEL ROAD TO LEFT

Application Information

Applicant's Name or Company JOHN F. BOYTE CO. Applicant's Phone # 704-363-9009

Applicant's Address 2544 ROSWELL AVE, CHARLOTTE 28209

If Company, Representative's Name and Title JOHN BOYTE, PRESIDENT

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 8-12-19

IREDELL COUNTY

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

APPLICATION NUMBER
247460
Issue Date: 08/12/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4624330286.000	127 RIPPLEWATER LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BOYTE JOHN F+LOUISE T	Applicant: JOHN F BOYTE COMPANY
Address: 2544 ROSWELL AVE	Address: 2544 ROSWELL AVENUE
CHARLOTTE, NC 28207	CHARLOTTE, NC 28209
Phone:	Phone: 704-363-9009

Use Requested	Zone Code
HOLD BUILDING PERMIT UNTIL DEMO INSPECTION IS APPROVED	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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 anc other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	188554	TOTAL FEES:	$ 77.25