IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 215430

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

PIN # 4624363994

APPLICANT/OWNER: Schmolke Construction APPLICANT ADDRESS: 879 Kemp Rd Mooresville, NC 28117

SITE ADDRESS: 118 Tuscany Trail Mooresville, NC PHONE: 704 388-1994 ALT. PHONE Not Instal

SITE DIRECTIONS: Brawley School Rd TL Hopkinson TL Tuscany Trail on right SAP CONTROLLED: ☐ YES ☒ NO

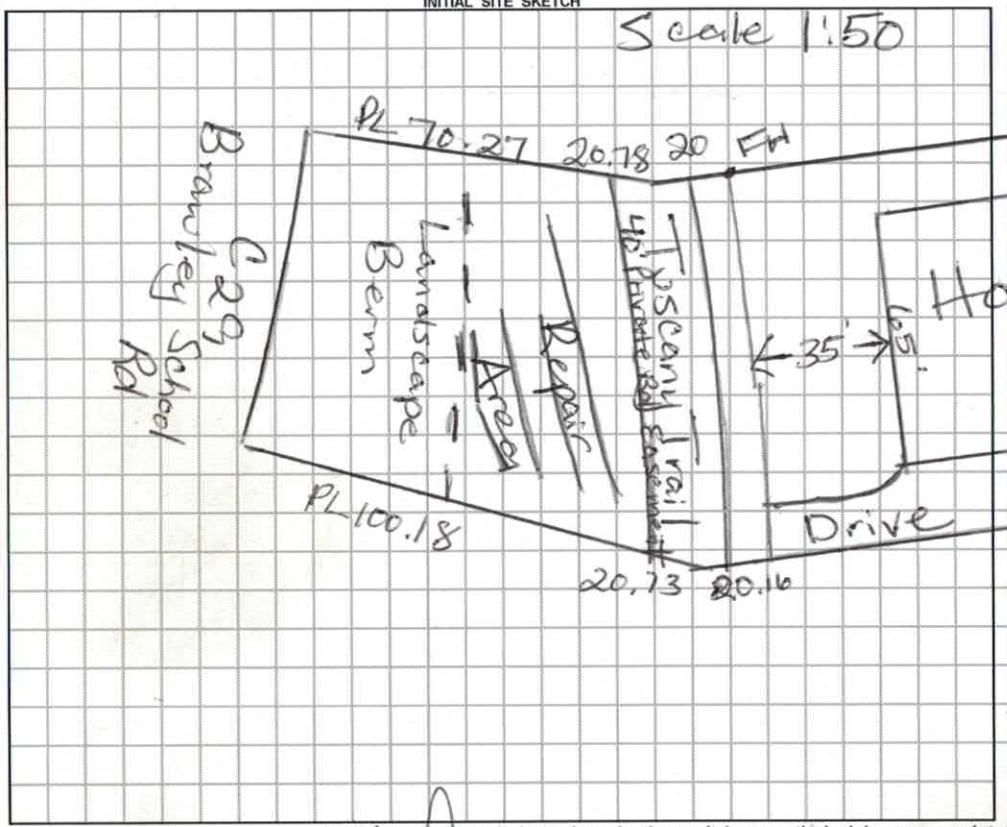
SUBDIVISION: The Point ON NORMAN SECTION: 10 LOT # 1016 LOT AREA: .716 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3 I / .4 Re

Septic Tank: Rmin1000 (gal)	STB Infiltrator	Date IM 1530	☒ 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: Gravity - 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description:		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

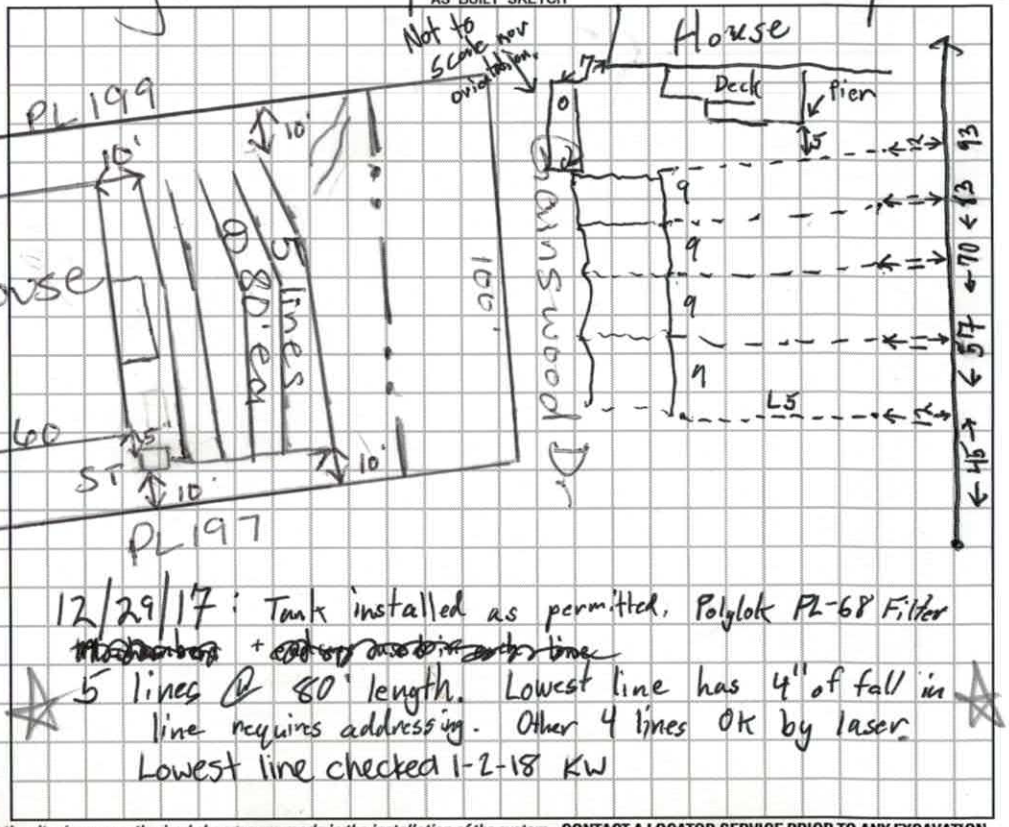
Comments / Conditions: * Follow requirements for Crescent Communities

See attached email from Teri Edwards, Crescent Communities regarding using Landscape Easement for repair.

INITIAL SITE SKETCH



AS BUILT SKETCH



12/29/17: Tank installed as permitted, Polylok PL-68 Filter ~~Modernbond~~ + ~~add'l pipe in each line~~

5 lines @ 80' length. Lowest line has 4" of fall in line requires addressing. Other 4 lines OK by laser. Lowest line checked 1-2-18 KW

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**

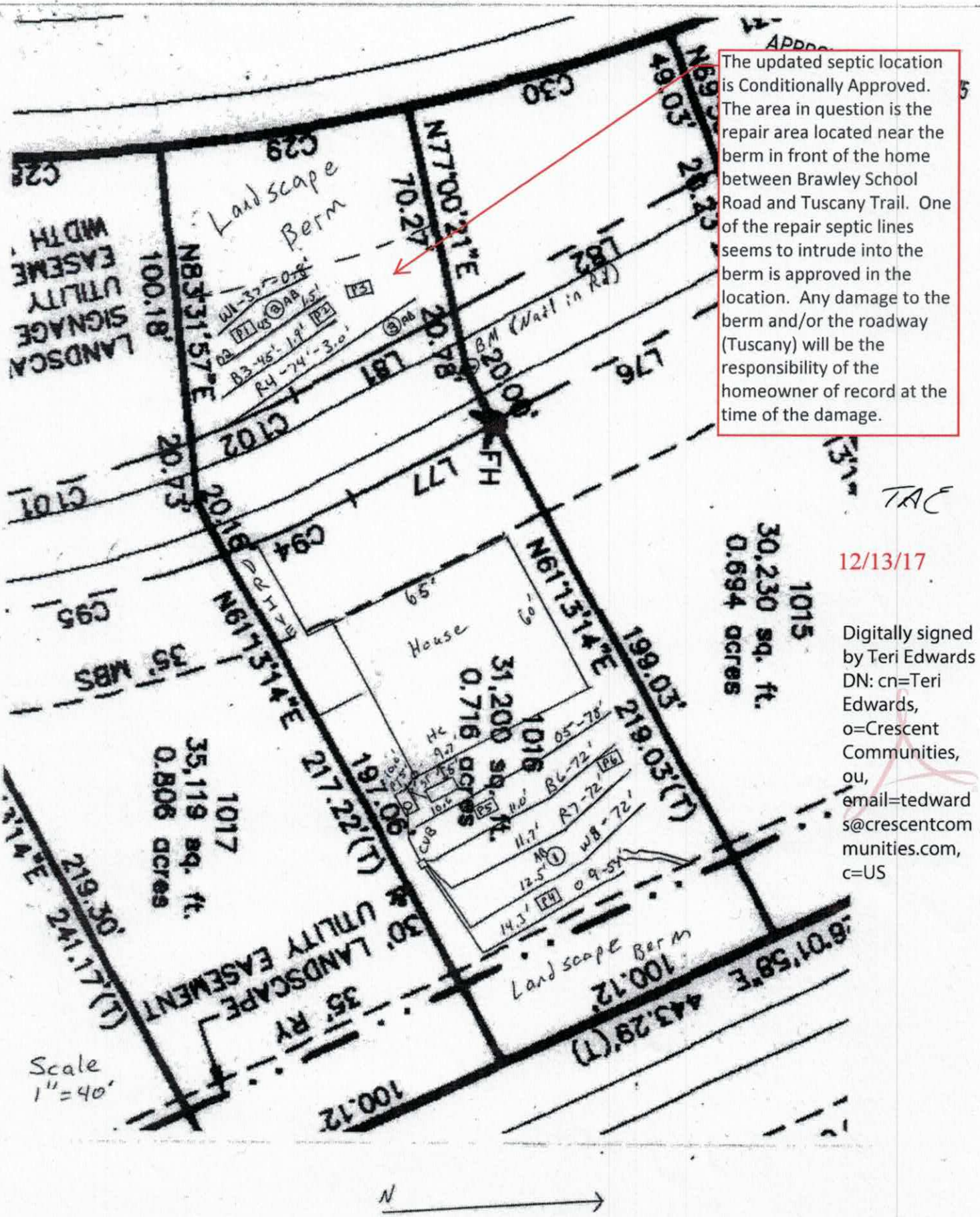
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 12/3/17 Installed by: Tim Aemmons

IMPROVEMENT PERMIT by: Date: 12/3/17 OPERATION PERMIT by: Date: 1-2-18

AUTHORIZATION TO CONSTRUCT by: Date: 12/3/17 Existing System Inspected by: Date:

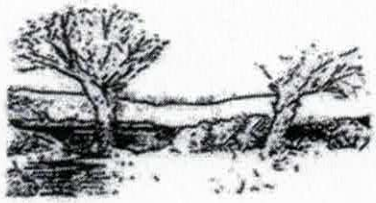
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


The updated septic location is Conditionally Approved. The area in question is the repair area located near the berm in front of the home between Brawley School Road and Tuscany Trail. One of the repair septic lines seems to intrude into the berm is approved in the location. Any damage to the berm and/or the roadway (Tuscany) will be the responsibility of the homeowner of record at the time of the damage.
Landscape Berm
House
65'
60'
31,200 sq. ft.
0.716 acres
1016
30,230 sq. ft.
0.694 acres
1015
35,119 sq. ft.
0.806 acres
1017
N61°13'14"E
199.03'
219.03'(T)
N77°00'21"E
70.27'
N83°31'57"E
100.18'
217.22'(T)
197.06'
219.30'
241.17'(T)
100.12'
443.29'(T)
N69°01'58"E
49.03'
20.43'
20.48'
20.08'
20.18'
20.43'
30' LANDSCAPE UTILITY EASEMENT
35' RY
35' MBS
LANDSCAPE SIGNAGE UTILITY EASEMENT WIDTH
BM (Nail in Rd)
FH
C30
C29
C28
C82
C81
C102
C101
C94
C95
L82
L81
L77
L76
TAC
12/13/17
Digitally signed by Teri Edwards
DN: cn=Teri Edwards, o=Crescent Communities, ou, email=tedwards@crescentcommunities.com, c=US
Scale 1"=40'
N

37 45 54

APPROVED DEC 2 3 2015

APPROVED DEC 2 3 2015



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

Reference: Data Sheet for 118 Tuscany Trl, The Point Lot 1016
House Footprint: 60' x 65'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.2 GPM
Dosing Volume: 226.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 4.0'
Friction Head: 0.6'
Pressure Head: 2'
Total Dynamic Head: 6.6'
Supply Line Length: 20'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
White 1			37'	0.8'
Orange 2			43'	1.5'
Blue 3			45'	1.9'
Red 4			74'	3.0'
Orange 5			78'	10.6'
Blue 6	**72'**	**17**	**78'**	**11.0'**
Red 7	**72'**	**17**	**78'**	**11.7'**
White 8	**72'**	**17**	**78'**	**12.5'**
Orange 9	**54'**	**12**	**60'**	**14.3'**

Initial System: 270' **Repair System:** 277'
Pump Tank: 10.0' **House Corner:** 9.7' **Benchmark:** 4.1'

BA

APPROVED DEC 2 3 2015

Comments:

The purpose of this evaluation is to change the system from three bedrooms to four. The current permit is a non-expiring Improvement Permit. The house is marked in pink flags. The repair system has been laid-out on 8' centers. The tanks can be 5' from the foundation if they are deeper than the foundation drain.

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

PROPERTY ID #:4624363994_
COUNTY: _Iredell ____

BA
APPROVED DEC 2 3 2015

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Kaleniecki_____ APPLICATION DATE_____
ADDRESS: 701 Townsend Rd, Leonard, MI 48367_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: _0.716 AC_____
LOCATION OF SITE: 118 Tuscany Trl, The Point Lot 1016_____ PROPERTY RECORDED: _4/27/2005_____
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	
PIT 1	LS 3%	0-10	R C SBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.4
		10-40	R CL WSBK	FR SS SP SEXP			PS		
		40-60	SL SAP M	VFR SS SP NEXP					
PIT 2	LS 3%	0-40	R CL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP PS	N/A	PS 0.4
		40-64	SL SAP M	VFR SS SP NEXP					
PIT 3	LS 3%	0-	FILL		N/A	0	N/A	N/A	US This may have been an old pit location
PIT 4	LS 6%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	54"	F-C SAP	N/A	PS 0.3
		4-29	R C SBK	FR SS SP SEXP					
		29-54	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT2	831 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): __PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

APPROVED DEC 2 3 2015

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4624363994
DATE OF EVALUATION: _____
COUNTY: Iredell

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	
PIT 5	LS 6%	0-5	Br CL WSBK	FR SS SP SEXP	N/A	51"	F-C SAP PS	N/A	PS 0.3
		5-36	R C SBK	FR SS SP SEXP					
		36-51	R CL WSBK	FR SS SP SEXP					
		51-65	SL SAP M	VFR SS SP NEXP					
PIT 6	LS 6%	0-3	FILL		N/A	57"	N/A	N/A	PS 0.3
		3-6	Br CL WSBK	FR SS SP SEXP					
		6-32	R C SBK	FR SS SP SEXP					
		32-57	R CL WSBK	FR SS SP SEXP					
AB 1	LS 6%	0-10	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		10-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 3%	0-9	R C SBK	FR SS SP SEXP	N/A	32"	F-C SAP	N/A	PS 0.4
		9-32	R CL WSBK	FR SS SP SEXP					
		32-50	SL SAP M	VFR SS SP NEXP					
AB 3	LS 3%	0-24	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.4
		24-36	R CL WSBK	FR SS SP SEXP					
		36-48	SL SAP M	VFR SS SP NEXP					

COMMENTS: _____

Maria Dotson

From: Darren Schmolke <schmolkeconstruction@gmail.com>
Sent: Wednesday, December 13, 2017 1:15 PM
To: Maria Dotson
Subject: Fwd: [EXT]
Attachments: TP 1016 Septic BRN30055CCFE2D6_20161015_214405_002968.pdf; ATT00001.htm

Here is the approval for the septic syestem
On Tuscany trail
Thx Darren

Sent from my iPhone

Begin forwarded message:

> **From:** "Edwards, Teri A" <TEdwards@crescentcommunities.com>
> **Date:** December 13, 2017 at 12:56:05 PM EST
> **To:** Darren Schmolke <schmolkeconstruction@gmail.com>
> **Subject: RE: [EXT]**
>
> Darren,
>
> The updated septic location is Conditionally approved. The area in question is the repair area located near the berm in front of the home between Brawly and Tuscany. The one septic line which seems to intrude into the berm is approved in the location. Any damage to the berm and/or the roadway (Tuscany) will be the responsibility of the homeowner of record at the time of the damage.
>
> **TERI EDWARDS**
> **Crescent Communities**
> **O: 980-321-5180 M: 704-975-0453**
>
> ---
>
> **From:** Darren Schmolke [mailto:schmolkeconstruction@gmail.com]
> **Sent:** Wednesday, December 13, 2017 10:42 AM
> **To:** Edwards, Teri A <TEdwards@crescentcommunities.com>
> **Subject:** Re: [EXT]
>
> Mrs Teri
> Any word on the approval for the septic
> Thx Darren
>
> Sent from my iPhone
>
> On Dec 8, 2017, at 10:28 AM, Edwards, Teri A <TEdwards@crescentcommunities.com> wrote:
>
> > Which is the primary and which is the repair?
> >
> > **TERI EDWARDS**
> > **Crescent Communities**
> > **O: 980-321-5180 M: 704-975-0453**

2-2130

RECEIVED NOV 14 2017

Please CALL prior to inspection
Name: Ashley Rollans
Number: 704-746-5046

IEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

VILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR
D. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED
WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $320.00

CATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

#215430

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 #	Alternate Phone #
Schmaelka Const	879 Kemped Mooresville NC 28117	504 388 1994	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jim + Linda Cazewicki	879 Kemp Rd Mooresville NC 28117	504 388 1994	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Tuscany Dr.	The Point Ph. 1D Lot 1016	Scongset Village

Driving Directions: Down Brawley Left on Hopkins Left on Tuscany

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

(N) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

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

(N) 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 (N) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

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

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

9. **Signature:** _____ Nov 14 2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Jim & Linda Rolenich, am the legal owner(s) of the property located at 118 Turnip Trail, identified as PIN (Parcel Identification Number) 4624-36-3994, located in Iredell County, North Carolina.

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

Jim & Linda Rolenich — Nov 14 2017
Signature of Owner(s) — Date

[signature] — Nov 14 2017
Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED JAN 26 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 (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Dawn Schmolle **Address:** 879 Camp Rd Mooresville NC 28117 **Phone:** 504 388 1994

Owner Name: Jim & Linda Caleniuk; **Address:** 701 Tonsend Rd Leonard MI. 48367 **Phone:** 586-337-1726

Property Information:

Street Address: 118 Tuscany Trail Mooresville NC 28117

Subdivision Name: The Point **Section/Phase:** 10 **Lot Number:** 1016

Driving Directions: Brawley school Rd to Hopkinton take Left then left on Tuscany Trail Property is on your Right has Schmolle construction Sign on Propet

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

1/26/2016
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Linda Kaleniecki, am the legal owner(s) of the property located at 118 TUSCANY, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Schmolke Construction / Michael Athanas, 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.

Linda Kaleniecki 2-5-16 — Signature of Owner(s) — Date

[signature] 2.5.16 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

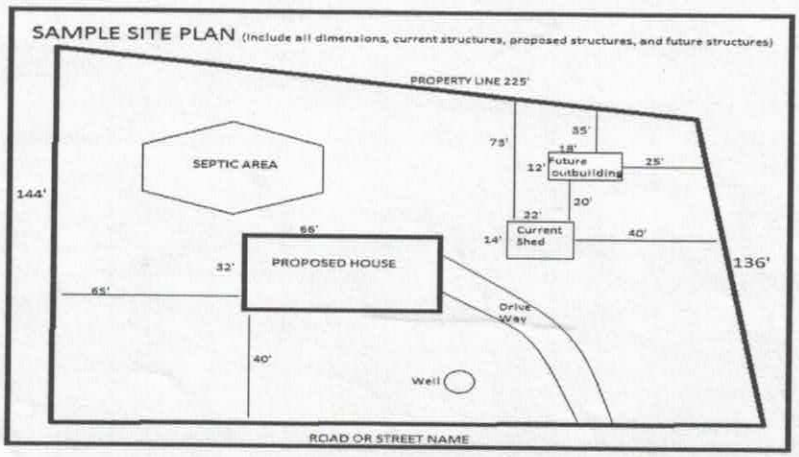
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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.**

Nov 10 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

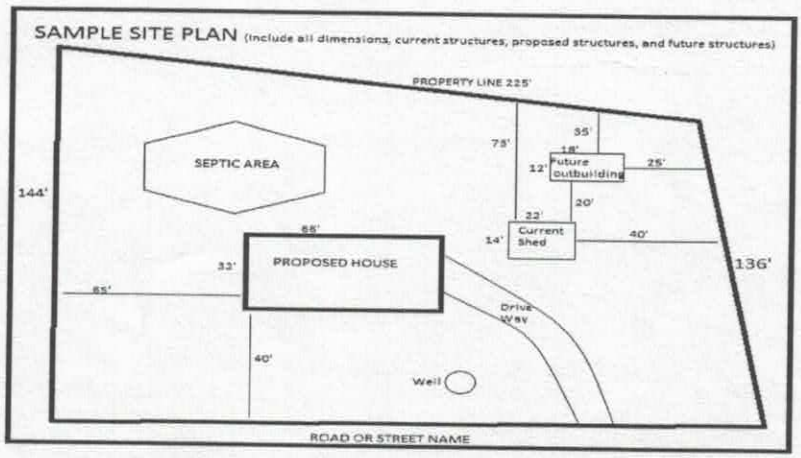
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**

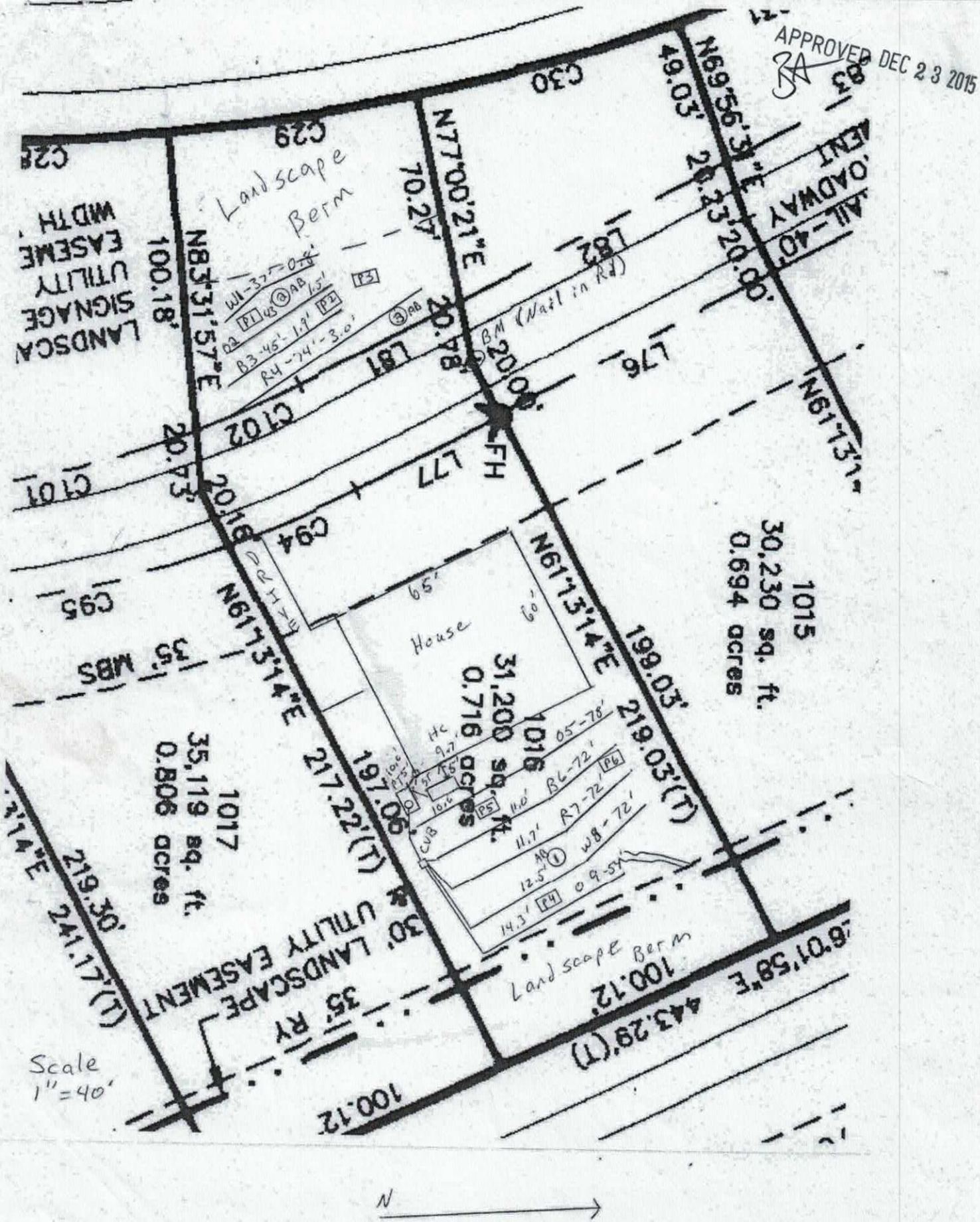


USE THIS SPACE TO DRAW YOUR SITE PLAN

Refer to Septh Permit

Signature: _____ 1/26/2016

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


APPROVED DEC 23 2015
C30
C29
C28
C82
C81
C102
C101
C94
C95
L82
L81
L76
L77
L75
N69°56'31"E
49.03'
29.23'
20.00'
N77°00'21"E
70.27'
N83°31'57"E
100.18'
20.78'
20.43'
20.18'
BM (Nail in RJ)
FH
N61°13'14"E
199.03'
219.03'(T)
N61°13'14"E
217.22'(T)
197.06'
N61°13'14"E
219.30'
241.17'(T)
S61°01'58"E
443.29'(T)
100.12'
100.12'
65'
60'
House
DRIVE
Landscape Berm
Landscape Berm
LANDSCAPE SIGNAGE UTILITY EASEMENT WIDTH
ALL-40' ROADWAY EASEMENT
30' LANDSCAPE UTILITY EASEMENT
35' RY
1015
30,230 sq. ft.
0.694 acres
1016
31,200 sq. ft.
0.716 acres
1017
35,119 sq. ft.
0.806 acres
Scale
1"=40'
N

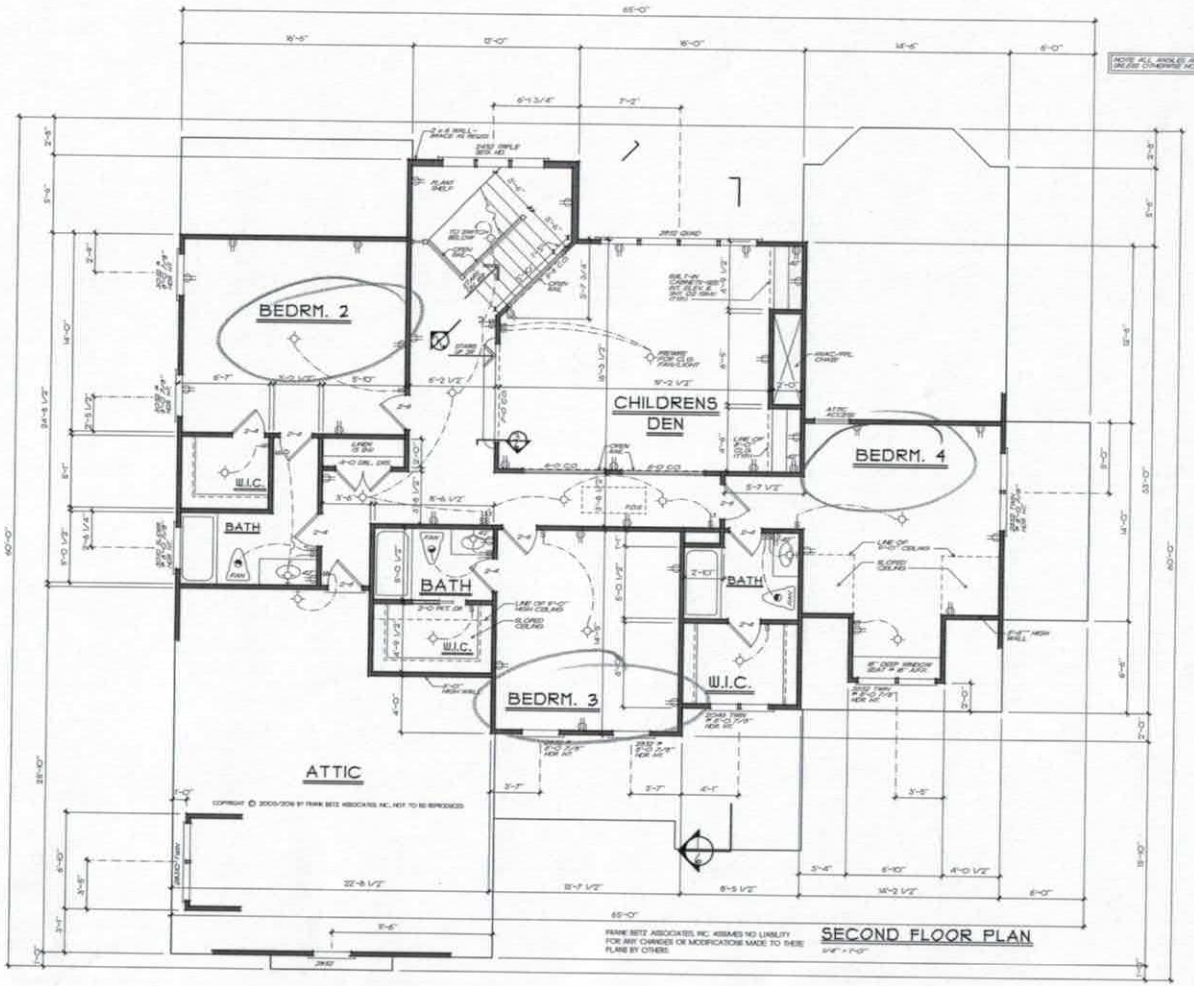
Acknowledgement of
Plans Submittal ONLY!

KM Date 2/12

Maria Dotson Date 2/12/16

65

60



NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS OR GIRDERS. ALL CEILING AND TRAY CEILINGS TO BE SUPPORTED BY TRUSSES OR A GRADE MARK OF #2 OR BETTER OR ENGINEERED BY TRUSSES.

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY FRANK BETZ ASSOCIATES, INC. EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: Frank Betz Associates, Inc. limits our total liability to, (at Insured's option) to correct working drawings in the event an error or discrepancy occurs. New revised working drawings will be supplied at no additional cost to the client. No homes will be built from the working drawings without corrections and sealing from your municipality. Frank Betz Associates, Inc. shall not be held responsible for alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

Indemnity: The client agrees to defend, indemnify, and hold harmless from any claims, liability or defense, cost or action of the kind as stated above, for injury or loss sustained by any party from exposure allegedly caused by our company performance of services.

The plans and other information provided by Frank Betz Associates, Inc. hereunder are intended solely for the use by the customer to whom the proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer named above is at the user's sole risk.

Copyright Frank Betz Associates, Inc. All Rights Reserved. Any duplication, reproduction, copying, sale, resale, viewing, or any other distribution or use of these drawings, any portion thereof, or the plans depicted herein is strictly prohibited unless expressly authorized in writing by FBA, Inc.

REVISIONS	DATE	BY
INIT. #2012072	12-18-15	KJE
INIT. #2012450	12-15-15	KJE

SCHMOLKE CONSTRUCTION
IREDELL COUNTY, NC

SECOND FLOOR PLAN

THE WEDGEWOOD PLACE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3530 GEORGE BUSBEE PARKWAY SUITE 190 KENNESAW, GEORGIA 30144
770-431-0888 800-717-3003

BY: KJE CK: JCM

DATE: 4-28-05
2-15-16

SHEET: 5 OF: 6

Acknowledgement of
Plans Submittal ONLY!

Date 2/12

Date

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL STATE AND LOCAL CODES, REGULATIONS, AND / OR RULES.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT SITE BEFORE BEGINNING CONSTRUCTION AND SHALL ADJUST SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR CLARIFICATION BEFORE PROCEEDING WITH WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ANY WORK PERFORMED AND MATERIALS PURCHASED WHICH DO NOT CONFORM TO ACTUAL CONDITIONS.
3. ALL DIMENSIONS SHOWN ARE MADE IN CONSTRUCTION AND ARE NOMINAL.
4. ALL PROVISIONS TO BE MADE FOR CODE USING CLOSET AND OTHER ASSY OF CONDITIONED SPACE CAPABLE OF HANDLING THE BUILDING.
5. CONTRACTOR SHALL PROVIDE CONSTRUCTION AND DEMOLITION DEBRIS SITE REQUIREMENTS.
6. OF BUILDING EXCEPT 6" ADVANCE ANY FOUNDATION WALL CONSTRUCTION AT FEE CODE.
7. ALL ENGINEERING AND STRUCTURAL MEMBERS SHOWN ON DRAWINGS AND STAMPED BY AN ENGINEER OF THE STATE WHERE CONSTRUCTION IS OCCURRING, SHALL BE A MORE CURRENT EDITION OF THE LOCAL BUILDING CONSTRUCTION CODE. LOCAL AND REGIONAL CONDITIONS AND REGULATIONS ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL DIMENSIONS AND DETAILS AND QUESTIONS TO MEET ALL LOCAL CODES AND TO OBTAIN A PERMIT AND SAFE STRUCTURE.
8. ALL WOOD CONSTRUCTION SHALL BE IN ACCORDANCE WITH, REFERRED, SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL LUMBER AND SOLID FRAMING SHALL BE DESIGNED TO CARRY LOADS AND STRESSES ACCORDING TO THE SPECIFIC AND GENERALLY ACCEPTED GRADING RULES FOR EACH SPECIES USED. THE CONTRACTOR SHALL FURNISH SUCH GRADED LUMBER AND TIMBER AS THE GOVERNMENT FURNISH ONE OR AT OTHER SPECIFIED POINTS DESIGNED TO CARRY SUCH LOADS.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES AND FRAMING REQUIREMENTS SHALL BE "AS A MINIMUM" OF CODES AND SHOULD, PLEASE NOTED AND COMPLY WITH ALL MORE STRINGENT CONDITIONS WITH LOCAL ENFORCEMENT FOR ALL STRUCTURAL REQUIREMENTS.

1. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 X 4 STUDS UNLESS NOTED OTHERWISE.
2. ALL FLOOR AND RAFTER SPANS ARE BASED ON #2 GRADE LUMBER.
3. ALL BEARING WALLS TO BE C-SIZE OR DOUBLE TOP PLATE WITH 1/2" PLYWOOD PLATE BETWEEN CEILING JOISTS OVERHEAD.
4. FRAMING OF ALL NON-LOAD BEARING PARTITION WALLS.
5. PROVIDE DRAFT STOPPING AT MID POINT OF SPAN OR 8'-0" O.C. MAXIMUM IN ALL FLOORS.
6. FLOOR SHEATHING TO BE APA RATED EXTERIOR GRADE PLYWOOD.
7. ALL WOOD BEAMS AND HEADERS SHALL BE #2 GRADE OR BETTER, EXPOSED BEAMS SHALL BE SELECT GRADE OR BETTER AS NOTED ON PLANS.
8. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT NOT LESS THAN 8'-0" CEILING HEIGHT.
9. PROVIDE DRAFT STOPPING AT NOT LESS THAN 8'-0" CEILING HEIGHT.
10. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT 16" O.C. MAXIMUM SPACING BETWEEN STUDS.
11. PROVIDE DRAFT STOPPING AT 10'-0" O.C. MAXIMUM SPACING IN ALL FLOORS.
12. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT 16" O.C. MAXIMUM SPACING BETWEEN STUDS.
13. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT 16" O.C. MAXIMUM SPACING BETWEEN STUDS.
14. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT 16" O.C. MAXIMUM SPACING BETWEEN STUDS.
15. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH APA RATED EXTERIOR SHEATHING AND BE CONSTRUCTED AT 16" O.C. MAXIMUM SPACING BETWEEN STUDS.

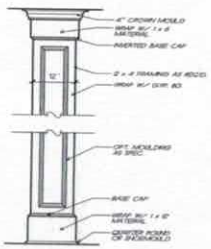
WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY FRANK BETZ ASSOCIATES, INC., EITHER EXPRESS OR IMPLIED, OTHER THAN A WARRANTY OF TITLE, WITH RESPECT TO THE PLANS, SPECIFICATIONS AND / OR SERVICES PROVIDED HEREUNDER, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability. Frank Betz Associates, Inc. shall not be responsible or liable for any incorrect or inaccurate information supplied by the client or his consultants in connection with the plans, specifications or other documents or services provided by Frank Betz Associates, Inc. Frank Betz Associates, Inc. shall not be responsible or liable for any deficiency, error or omission arising from or in connection with the client's review or approval of any plans, specifications or other documents or services prepared for the client by Frank Betz Associates, Inc. The client's sole and exclusive remedy for any deficiency, error or omission in the plans, specifications or other documents or services prepared by Frank Betz Associates, Inc. shall be limited to the re-performance of the deficient, erroneous or omitted portion of the plans, specifications or other documents or services prepared by Frank Betz Associates, Inc. In no event shall Frank Betz Associates, Inc. be liable for any consequential damages, including, but not limited to, loss of use, loss of profits, loss of business opportunity, loss of goodwill, or any other indirect, special or consequential damages, whether arising from breach of contract, tort (including negligence), strict liability or otherwise, even if Frank Betz Associates, Inc. has been advised of the possibility of such damages. Frank Betz Associates, Inc. shall not be responsible or liable for any delay in the performance of its services or any damages resulting from such delay, regardless of whether such delay was foreseeable or contemplated by the parties.

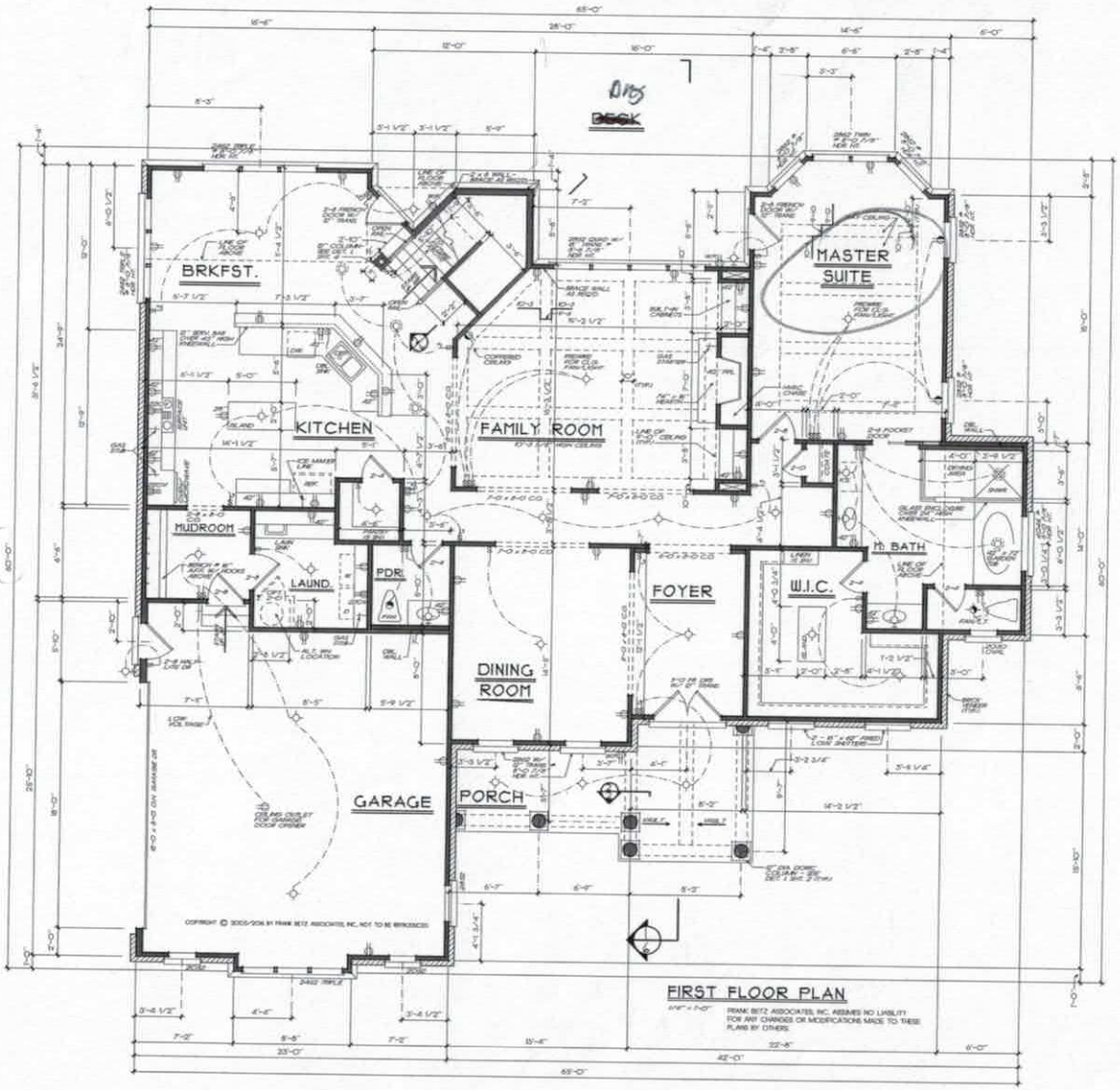
Indemnity. The client agrees to defend, indemnify, and hold harmless Frank Betz Associates, Inc. and its employees from any claim, liability or defense cost in excess of the fee for which Frank Betz Associates, Inc. is retained by any party from whatever allegedly caused by the client's performance of services.

The plans and other information provided by Frank Betz Associates, Inc. hereunder are intended solely for the use of the customer to whom they are prepared & addressed and may not be relied upon by any other person or entity. The fee of anyone other than the customer named above is on the client's part.



1/4 INT. COLUMN DETAIL
3/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	2919 SQ. FT.
SECOND FLOOR	1808 SQ. FT.
TOTAL	3780 SQ. FT.



FIRST FLOOR PLAN
1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

REVISIONS	DATE	BY
PER ADDENDA	11-16-05	KLR
PER ADDENDUM	12-5-05	KLR

Copyright Frank Betz Associates, Inc. All Rights Reserved. The duplication, reproduction, copying, sale, rental, licensing, or any other distribution or use of these drawings, any portion thereof, or the plans depicted herein is strictly prohibited unless expressly authorized in writing by FBA, Inc.

SCHMOLKE CONSTRUCTION
IREDELL COUNTY, NC

FIRST FLOOR PLAN

THE WEDGEWOOD PLACE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 800-717-3003

BY: FLO KB CHK: CAS JON

DATE: 4-28-05 2-15-06

SHEET: 4

OF: 6

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 125088zo
Proposed Use: Single Family
Location of Property: 000 Tuscany Tr. Mooresville NC 28117
Parcel #: 4624-36-2585.016
Lot #: 1016 Size: 31,200
Applicant: Toney Jacobs & Associates, Inc (Toney Jacobs)
Address: 168 Broadbill Drive
Mooresville NC 28117
Phone: 704-663-6905
Property Recorded: No Site Plan Reviewed:

Subdivision: The Point Ph 10
Township: 1700 Davidson
Zoning: R-20CUD
Flood Plain: No Watershed: WSIV-CA
Owner: The Point on Norman, LLC
Address: 2214 Brawley School Rd
Mooresville, NC 28115
Phone:
Community Water: Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000
Min. Lot Width: 90
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

Hold building permit until plat is recorded.

Directions:

Brawley School Rd, left on Hopkinton Dr, left on Tuscany Tr, 3rd on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 11/1/2004