IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222051

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

PIN # 4624372241

APPLICANT/OWNER: Niblock Homes | APPLICANT ADDRESS: 759 Concord Parkway Concord, NC 28027

SITE ADDRESS: 136 Tuscany Trail Mooresville NC | PHONE: 704 201-6701 | ALT. PHONE 704 788-4818

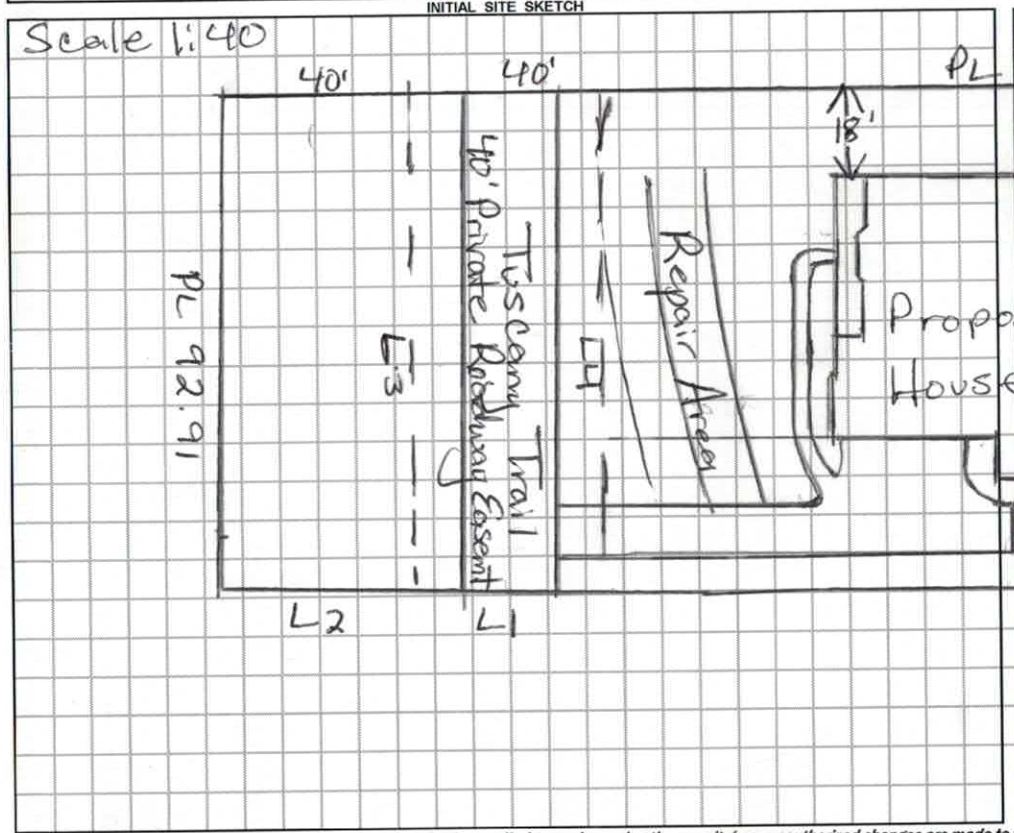
SITE DIRECTIONS: Brawley School Rd TL Hopkinton TL Tuscany on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point ON NORMAN | SECTION: 10 | LOT # 1013 | LOT AREA: .699 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .25

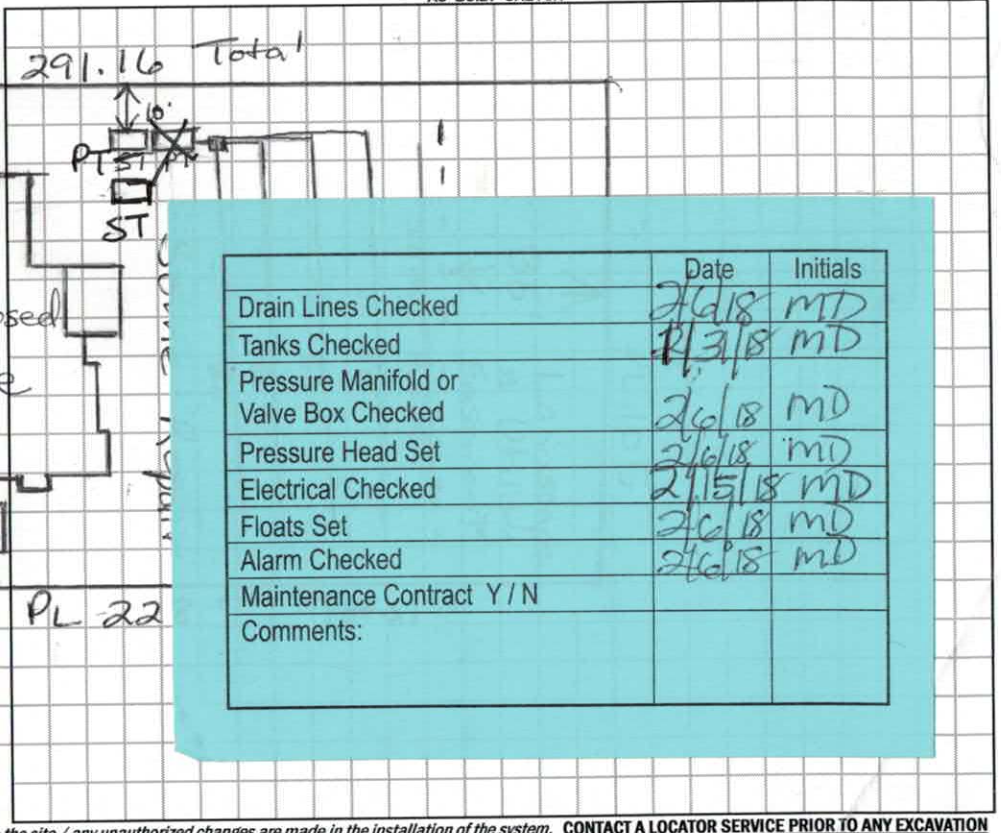
Septic Tank ~~1000~~ 1500 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: LP PPBPS	☐ Business	No. Persons 8	☐ Private
Pump Make Orenco Model PF500511		Serial #	Repair System Description: LP PPBPS	☐ Other	No. Employees	☒ Public
# Nitrification Fields 1 # Lines 4		Linear Ft 320'	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width min. 24" Trench Bottom Depth(Low side) 36"		Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Check Crescent Communities Guidelines 1/31/18 Checked tanks & upper drainline. Installed Infiltrator Plastic tanks 2/6/18 Checked lower lines & set 3ft pressure, checked alarm.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	2/6/18	MD
Tanks Checked	1/31/18	MD
Pressure Manifold or Valve Box Checked	2/6/18	MD
Pressure Head Set	2/6/18	MD
Electrical Checked	2/15/18	MD
Floats Set	2/6/18	MD
Alarm Checked	2/6/18	MD
Maintenance Contract Y / N		
Comments:		

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: Niblock Homes Date: 8-2-17

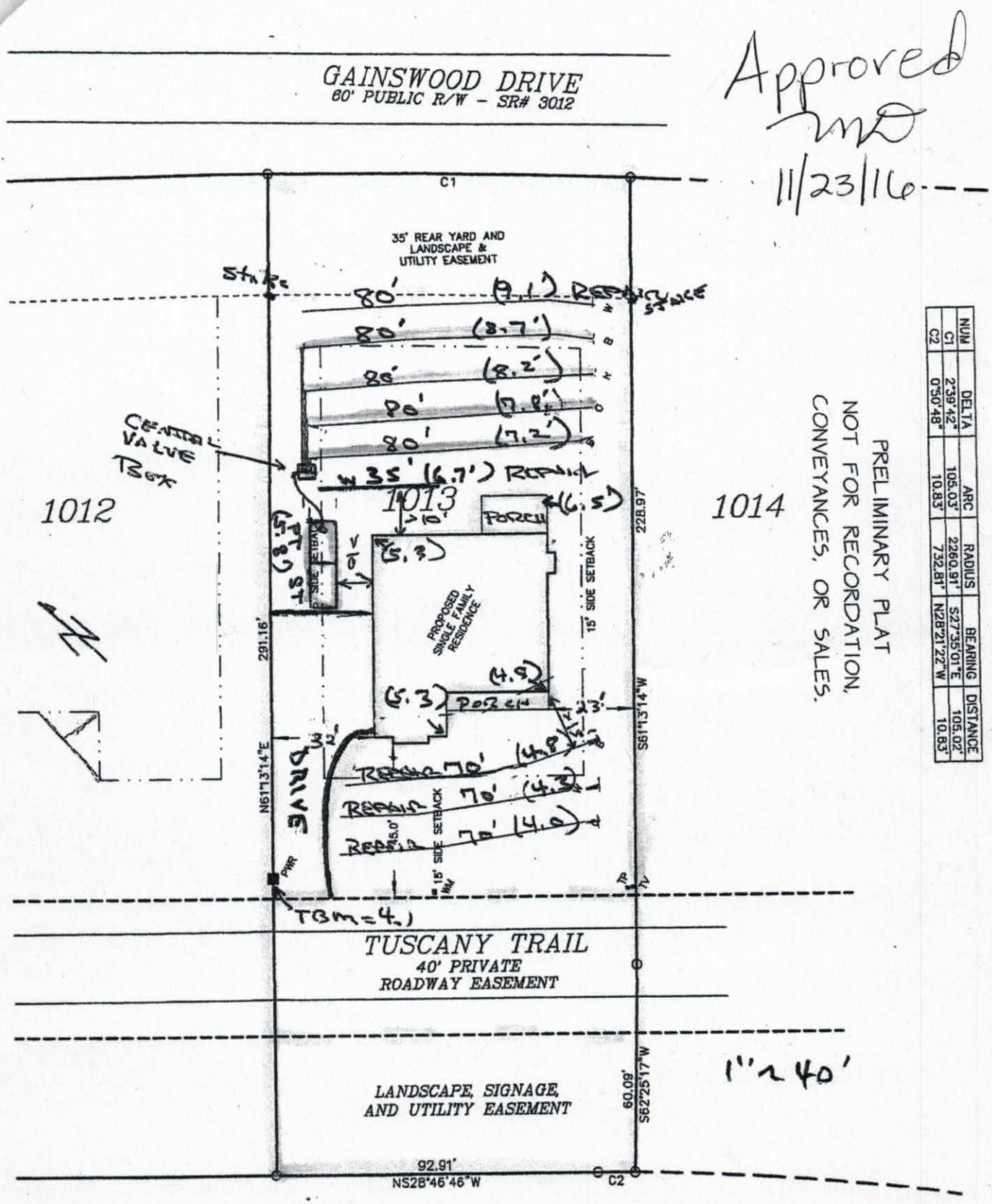
IMPROVEMENT PERMIT by: Maria Dotson Date: 7/31/17

AUTHORIZATION TO CONSTRUCT by: Tom Church Date: 8/7/17

Installed by: Larry Hendrix

OPERATION PERMIT by: Maria Dotson Date: 2/15/18

Existing System Inspected by: Date:



NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	2°39'42"	105.03'	2260.91'	S27°35'01"E	105.02'
C2	0°50'48"	10.83'	732.81'	N28°21'22"W	10.83'

Stonebridge Luxury Homes – The Point Lot 1013 Septic Site Plan (November 12, 2016)

Base map from Thomas Williams Surveying. Site plan must accompany Penninger Soil Consulting Written Report dated November 12, 2016

RECEIVED AUG 3 - 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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ 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 #	Alternate Phone #
Niblock Homes, LLC	759 Concord Parkway N. Suite 20 Concord, NC 28027	704-780-4810	
(Same) Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
136 Tuscany Trail	The Point	1013

Driving Directions: NC 1100, Left on Hopkinton Dr., L on Tuscany Trail

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 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 ___

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 (1) Conventional ( ) Innovative ( ) Modified Conventional (2) Other LP PPBPS

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: [signature] 8/3/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 24 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

#222837

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Paid $320.00 Int. Relayout

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

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: _____ Address: _____ Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Niblock Homes Address: 754 Concord Parkway, Concord NC Zip: 28027

Owner Email: mniblock@niblockhomes.com Phone: 704-201-6701 Alt. Phone: 704-788-4818

****

Property Information:

Street Address: 136 Tuscany Trail

Subdivision Name: The Point Section/Phase: _____ Lot Number: 1013

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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: Mary C. Niblock 7-7-2017

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, Niblock Homes by Marc C. Niblock, am the legal owner(s) of the property located at Lot #1013 The Point, 136 Tuscany Trail, identified as PIN (Parcel Identification Number) 4624372241.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ron Carroll, _____, 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.

Marc C. Nib — 7-7-2017 — Signature of Owner(s) — Date

Ben Abernathy — 7.7.17 — 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:

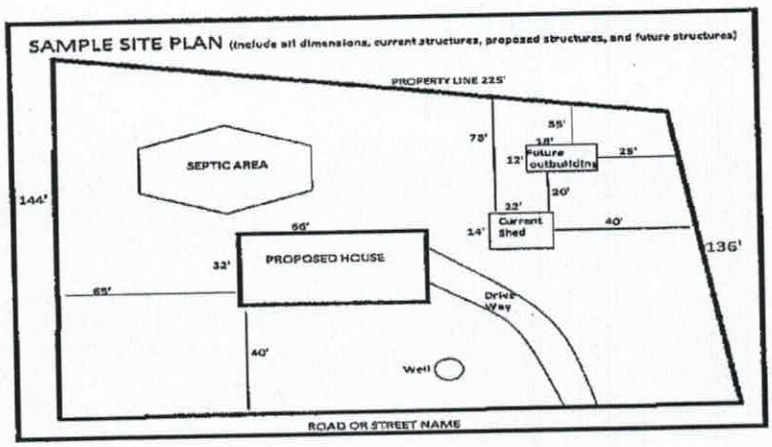
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

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

- X **Front and side setbacks from property line...**
- X **Area you prefer your septic system to be placed...**
- X **Preferred driveway location and configuration, preferred well location...**
- X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

- X **Location of septic systems and wells within 100' of your property... N/A**
- X **Location of easements and rights of ways on your property... N/A**
- X **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.**

8/3/17

DATE

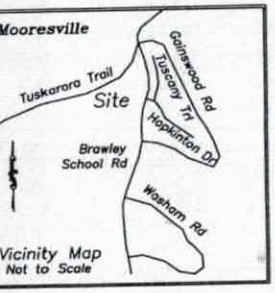
Revised Preliminary Site Plan for Lot #1013 The Point Subdivision, prepared for Niblock Homes, LLC

Davidson Township, Iredell County, Mooresville, N.C.
Scale 1"= 30' – Date of Site Plan July 19th, 2017
Reference
Tax Parcel #4624–37–2241, Deed Book 2463 Page 703
Being All of Lot #1013 The Point, Phase 10, Plat Book 46 Page 146
Property Address: 136 Tuscany Trail, Mooresville, NC 28117
Current Owner: Niblock Homes, LLC
759 Concord Parkway N., Suite 20, Concord, NC 28027

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
Suite 101 Westfield Center, 125 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664–7888 Fax (704) 664–1778

LINE TABLE		
LINE	LENGTH	BEARING
L1	20.01	N62°25'17"E
L2	40.15	N62°25'17"E
L3	104.58	S28°46'46"E
L4	105.00	S28°46'46"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH
C1	105.03	2260.91	N27°35'01"W	105.02
C2	10.83	732.81	N28°00'25"W	10.83



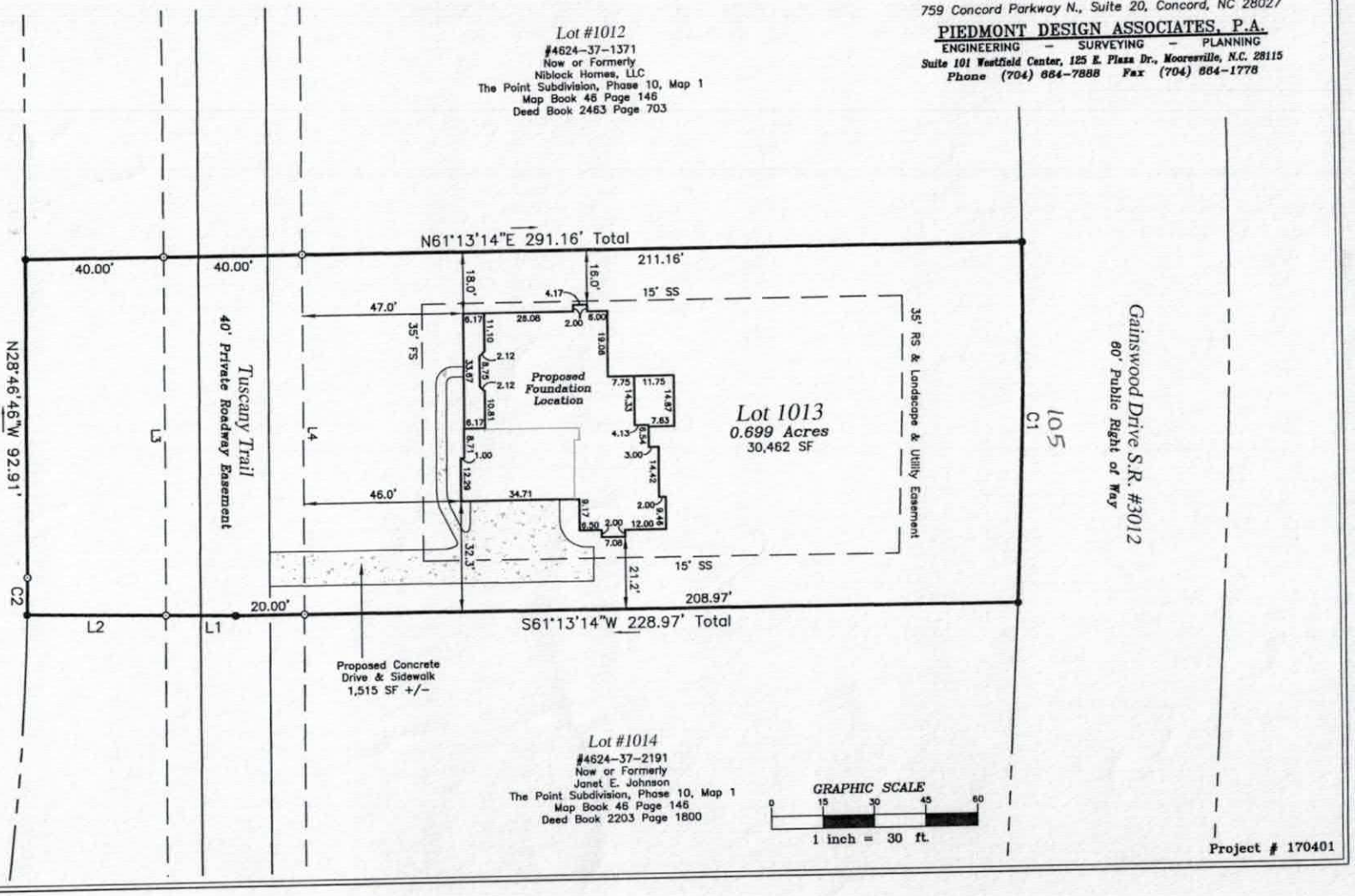
Vicinity Map
Not to Scale

Legend

- ....Rebar Found
- ....Calculated Point (CP)
- S.....Front Setback
- S.....Side Setback
- Y.....Rear Yard
- B.....Catch Basin
- ES....Flared End Section
- CP....Reinforced Concrete Pipe
- SED..Public Storm Drainage Easement

Surveyor's Notes

Parcel #4624–37–2241
Current Zoning: R20
This Property Does NOT Lie in a Special Flood Hazard Area Per FEMA. Area Computed by the Coordinate Method
This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights–of–Ways of Record.
A 10' Drainage & Utility Easement exists along all property lines



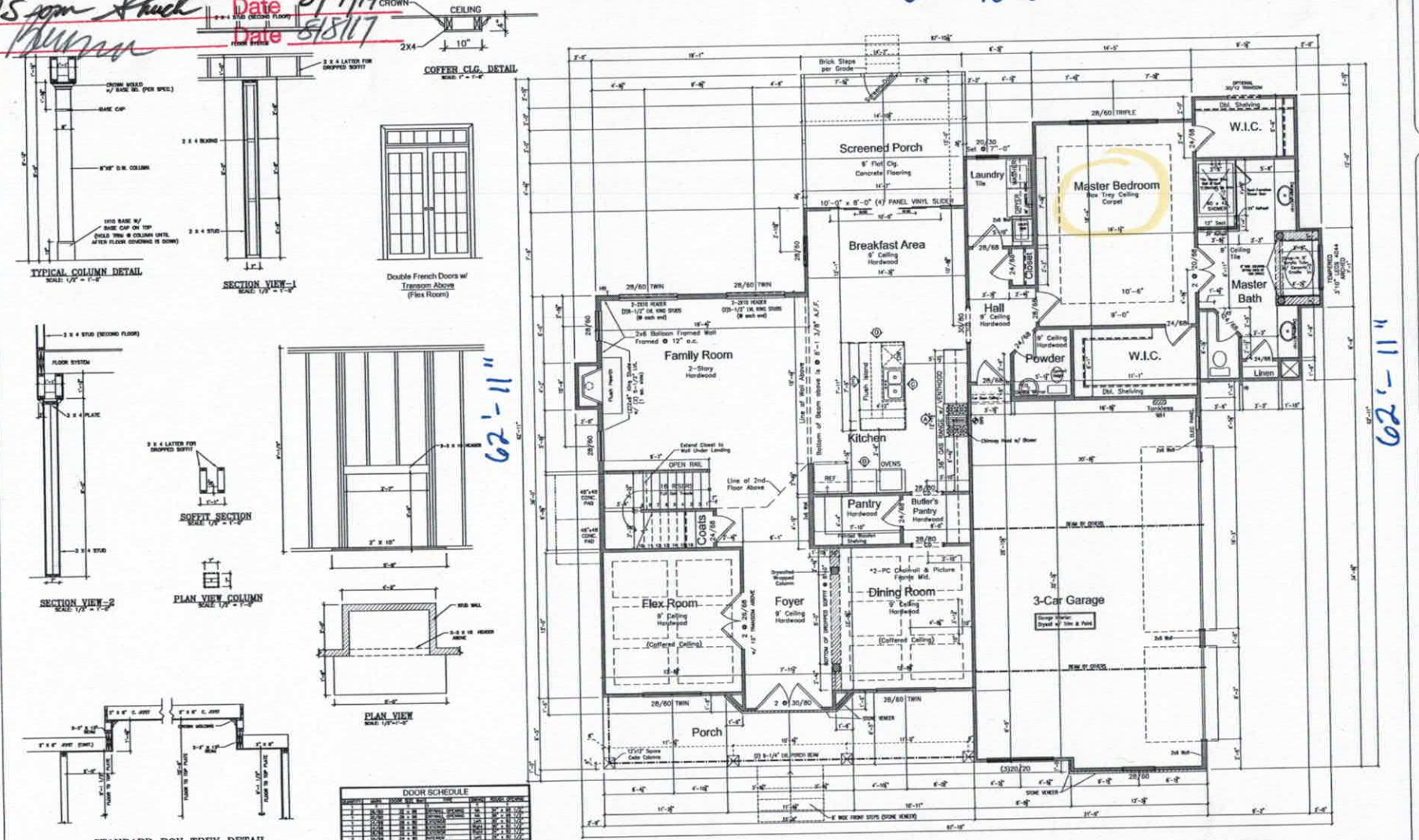
GRAPHIC SCALE
0 15 30 45 60
1 inch = 30 ft.

Project # 170401

Acknowledgement of
Plans Submittal ONLY!

From Chuck Date 8/7/17

Date 8/8/17





DOOR SCHEDULE

SEE SUPERINTENDENT FOR R.O. FRAMING ON POCKET DOORS

SQUARE FOOTAGES

	SQ. FT.
1ST FLOOR	2063
2ND FLOOR	1380
TOTAL LIVING	3443
FRONT PORCH	288
GARAGE	661
UNFINISHED STORAGE	340
SCREENED PORCH	171

REVISION DATES:
4/8/17: C.O. #1.2
4/25/17: C.O. #3

LOT #1013
The Point-Sconset Village

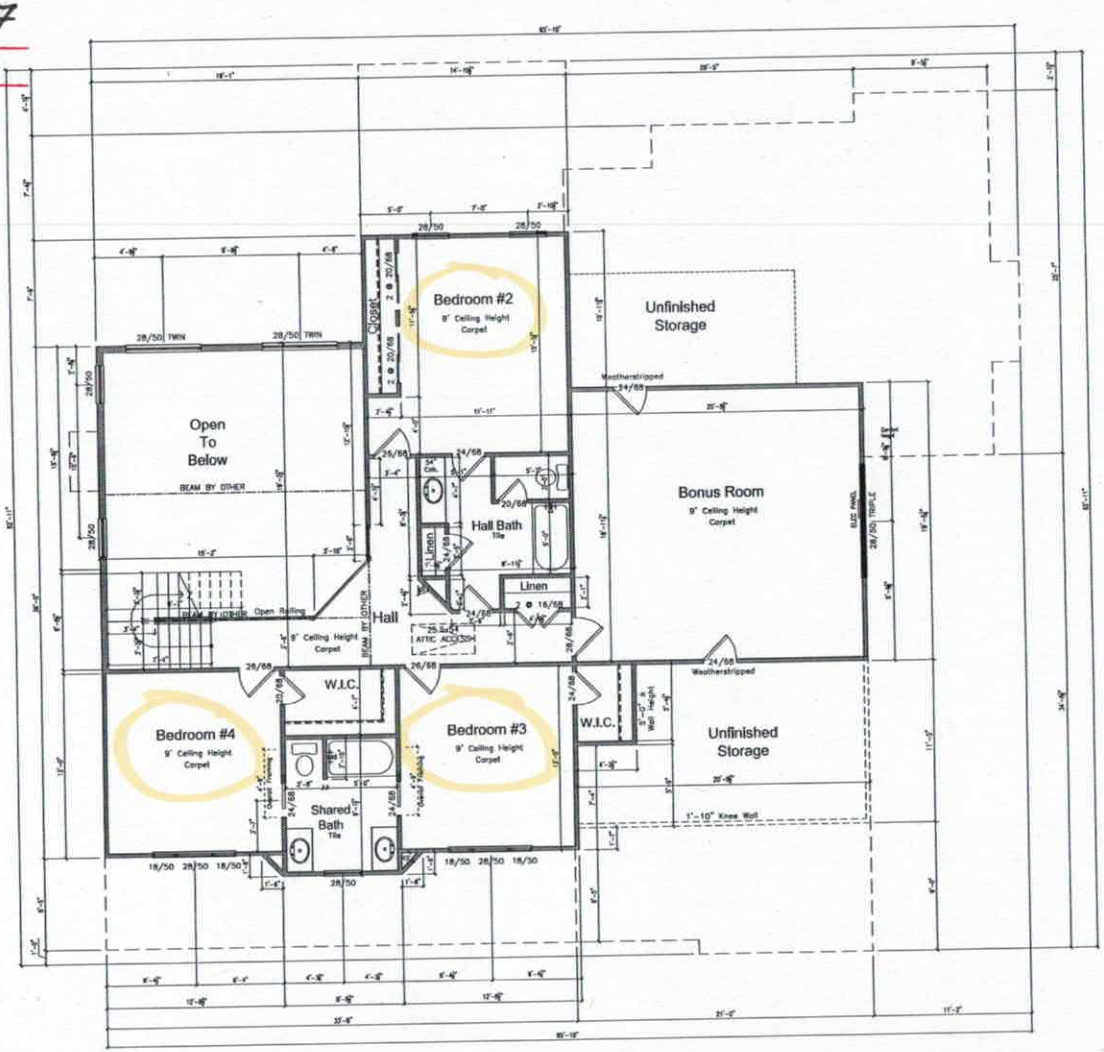
FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 9/24/2016
PLAN: WINDSOR-E

Acknowledgement of
Plans Submittal ONLY!

Tom Shuck Date 8/7/17

Date 8/8/17



LOT #1013
The Point–Sconset Village

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 9/24/2016
PLAN: WINDSOR–E

REVISION DATES:
4/5/17: C.O. #1.3
4/25/17: C.O. #3

IREDELL COUNTY

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

APPLICATION NUMBER
222837
Issue Date: 10/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624372241.000	136 TUSCANY TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	C+H INVESTMENTS HOLDINGS LLC	Applicant:	STONEBRIDGE LUXURY HOM
Address:	P O BOX 4297 MOORESVILLE, NC 28117	Address:	PO BOX 4297 MOORESVILLE, NC 28117
Phone:		Phone:	704-658-1404

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.699	35.00	35.00	15.00	15.00	CACL	X

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	84420	TOTAL FEES:	$ 77.25