IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~1619~~ 176979

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

PIN # 4624452820 ✓

APPLICANT: DAVID & DEBORAH COCHRANE APPLICANT ADDRESS:

SITE ADDRESS: ✓165 HOPKINTON DR. - MOORESVILLE 28117 PHONE: ALT. PHONE: 949 212 3114

SITE DIRECTIONS: BSR - TL HOPKINTON - AT END

SUBDIVISION: ✓THE POINT ON NORMAN SECTION: 10 LOT # 1028 LOT AREA: .733AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 338 Date 1-11-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 600

Trench Width 36" Max. Trench Bottom Depth (24") Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: (P) OPTIONS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 5 No. Persons 10 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

INITIAL SITE SKETCH

See Michael Athanas & Associates Design.

BUILT SKETCH

INSTALLED AS SHOWN ON SITE PLAN BA

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: 11-17-16 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: Date: 11/16/16 OPERATION PERMIT by: Date: 2-14-17

AUTHORIZATION TO CONSTRUCT by: Date: 11/15/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

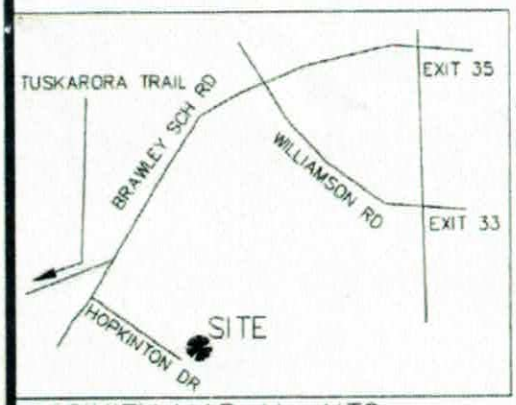
plat book 46, page 146, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 24, day of AUGUST, A.D. 20 16.

Douglas L Dowell Jr

DOUGLAS L. DOWELL, JR., PLS L-3508

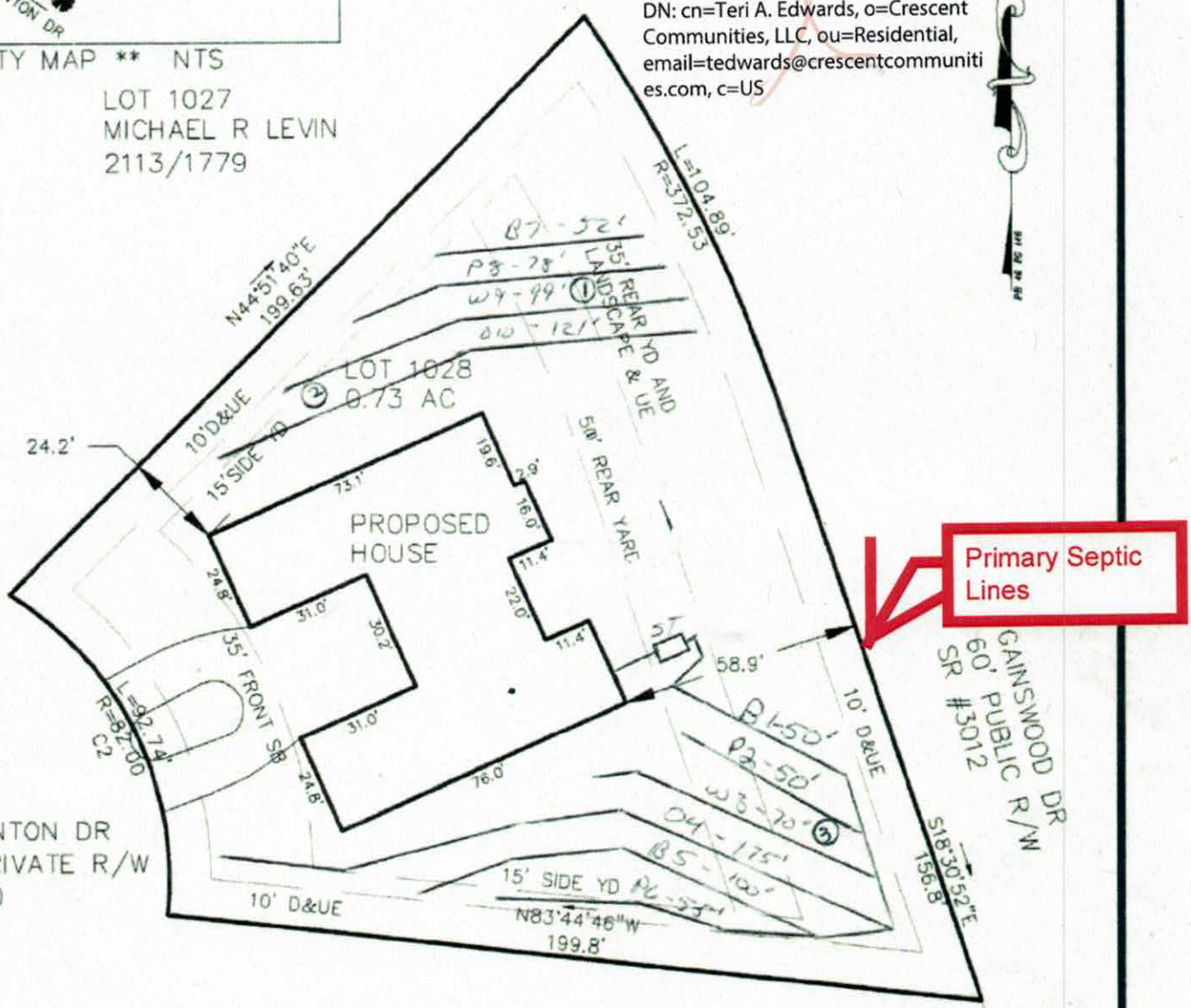
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR DOUGLAS L. DOWELL JR. L-3508



VICINITY MAP ** NTS

The location of the primary septic lines is approved by Crescent. Approval must also be obtained by the Iredell County Health Department (Septic Permit). It is also understood that work may be done in the easement areas at any time and that the sole financial responsibility for possible septic line damage belongs to the homeowner of record..

Digitally signed by Teri A. Edwards
DN: cn=Teri A. Edwards, o=Crescent Communities, LLC, ou=Residential, email=tedwards@crescentcommunities.com, c=US



Primary Septic Lines

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) THAT THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND.

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

0' 20' 40' 100'

SCALE IN FEET



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

Reference: Data Sheet for 165 Hopkinton Dr., The Point Lot 1028

House Footprint: See attached
Building Setbacks: 35' front, 50' rear, 15' side
Water Source: Community Well
Number of Bedrooms: 5/600 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallon
Proposed Trench Bottom: 24-36" (initial), 36" (repair)



Line	Design Length	Actual Length
Blue 1	**50'**	**50'**
Pink 2	**50'**	**50'**
White 3	**70'**	**70'**
Orange 4	**175'**	**175'**
Blue 5	**100'**	**102'**
Pink 6	**55'**	**56'**
Blue 7		52'
Pink 8		78'
White 9		99'
Orange 10		121'

Initial System: 500' **Repair System:** 350'

Comments:
The ditch at the rear of the property will filled to make it easier to maintain. This should also make the cut less than 2'. The repair area was graded to less than 2% slope. New soil observations were made in the repair area. The lines were lines were staked on 8' centers. The pool is not marked due to the stockpile of soil in that area. The septic tank is marked in white flags.

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

PROPERTY ID #: 4624452820_
COUNTY: _Iredell_____

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

OWNER: David and Deborah Cochrane_____ APPLICATION DATE_____
ADDRESS: 113 Pine Mist Dr. Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD___ PROPERTY SIZE: _0.733 AC_____
LOCATION OF SITE: 165 Hopkinton Dr., The Point Lot 1028_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 1%	0-28	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		28-48	R CL WSBK	FR SS SP SEXP					
2	LS 1%	0-3	Br CL WSBK	FR SS SP SEXP	Lithochromic Colors	48"	N/A	N/A	PS 0.3
		3-48	R C SBK	FR SS SP SEXP					
3	LS 6%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT2	700 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:_____

RECEIVED OCT 27 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Comprehensive Relay. Paid $350.00

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 #176979

The following optional attachments may also be submitted: (X) **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: Cochrane NC 28117 Dave 949

Applicant Name: David & Deborah **Address:** 113 Pine Mist Dr. Mooresville **Phone:** 212-3114

Owner Name: Same **Address:** _____ **Phone:** _____

****

Property Information:

Street Address: 165 Hopkinton Dr.

Subdivision Name: Point **Section/Phase:** _____ **Lot Number:** 1028

Driving Directions: BSR, TL Hopkinton, at end

****

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: 5
Maximum Number of Occupants: _____
(X) 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 (X) 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 (X) Other: Accepted

****

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: _____ 10/26/2016

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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, DAVE + DEBBIE COCHRANE, am the legal owner(s) of the property located at 165 HOPKINTON DR. MOORESVILLE NC 28117 identified as PIN (Parcel Identification Number) 4624 45 2820, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MICHAEL ATHANAS + ASSOC., 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.

10/24/16

Signature of Owner(s) Date

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

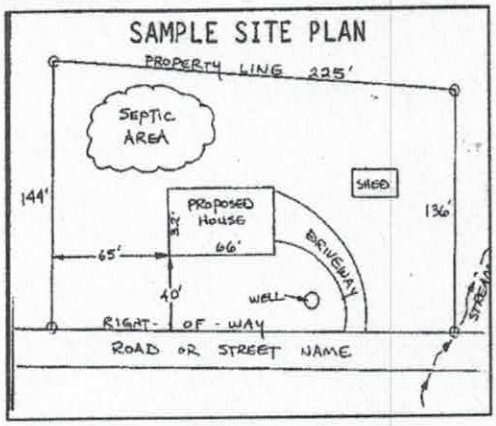
ENVIRONMENTAL HEALTH DIVISION

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 Attached Plan

Signature: _____ 10/26/2016

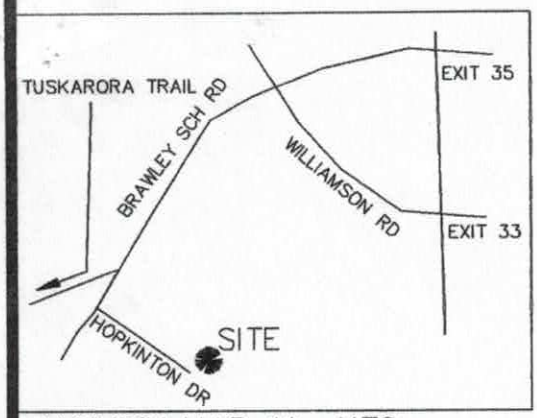
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

plat book 46, page 146, 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 24, day of AUGUST, A.D. 20 16.

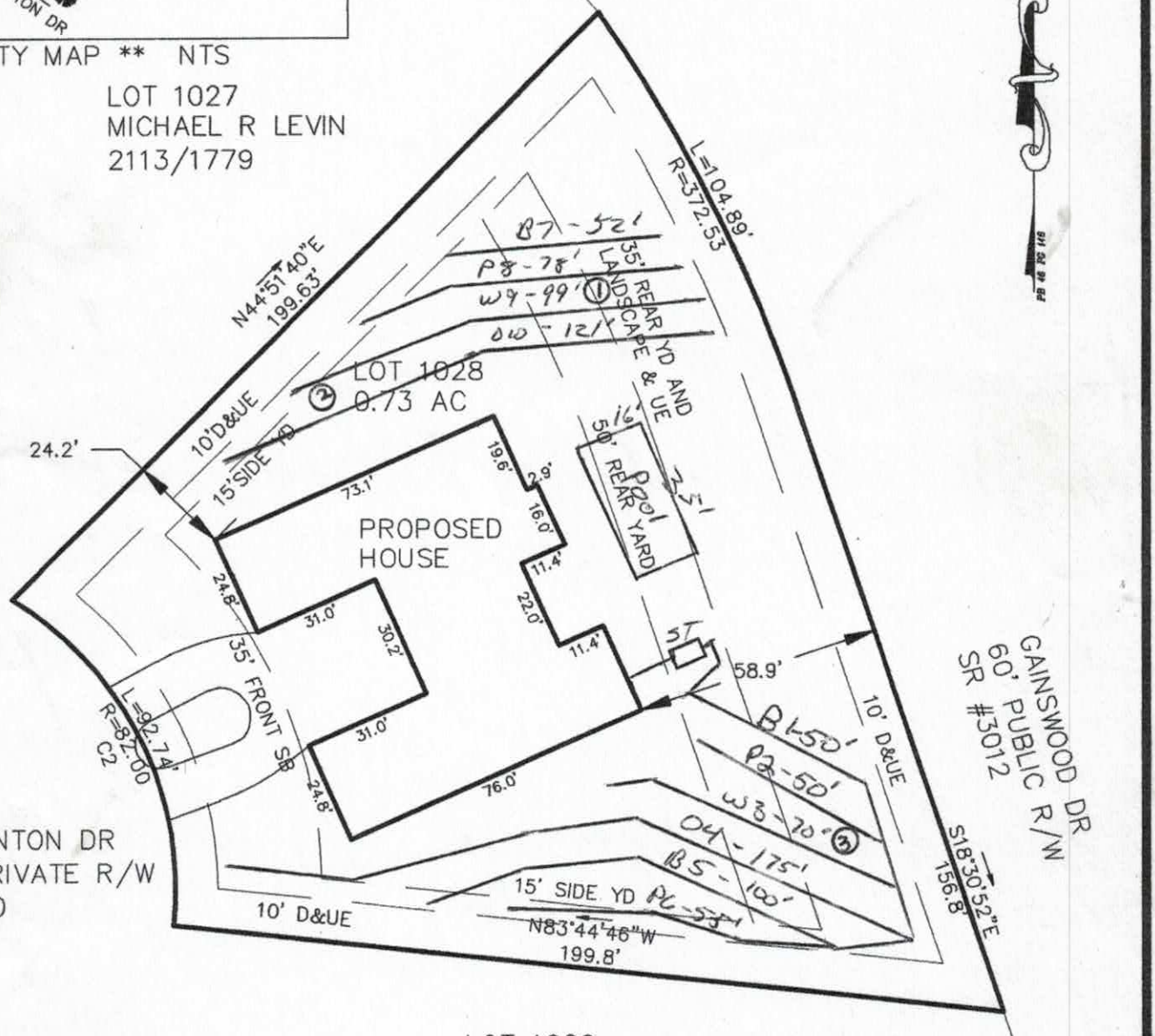
Douglas L Dowell Jr

DOUGLAS L. DOWELL, JR., PLS L-3508

NORTH CAROLINA PROFESSIONAL SEAL L-3508 LAND SURVEYOR DOUGLAS L. DOWELL JR



VICINITY MAP ** NTS



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) THAT THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND.
5) NO TITLE DOCUMENTS SUPPLIED.

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

0' 20' 40' 100'

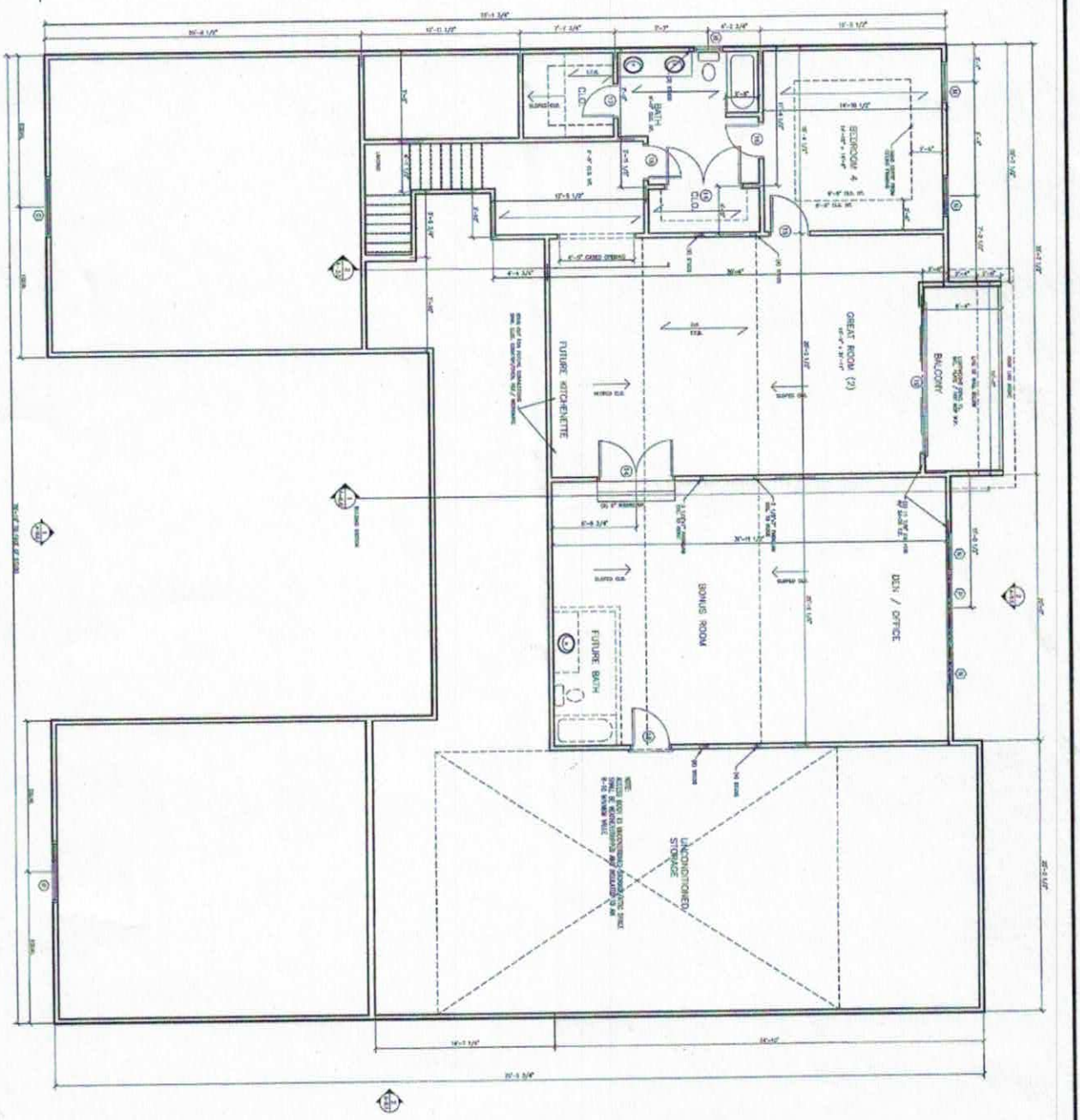
SCALE IN FEET

PLOT PLAN

Acknowledgement of Plans Submittal ONLY!

Date 11/15/16

Date 11-22-16



1 A-3.0 SECOND FLOOR PLAN SCALE 1/4"=1'-0"

2 A-3.0 PARTIAL STAIR DETAIL SCALE 1/4"=1'-0"

STAIR CALCULATIONS:

SECOND FLOOR PLAN

COCHRANE RESIDENCE AT THE POINT
165 HOPKINTON - MOORESVILLE - NC - 28117
IREDELL COUNTY

PREPARED FOR:
DAVID & DEBBIE COCHRANE
MOORESVILLE, NC 28117
PHONE 949-212-5114

PREPARED BY:
JENNIFER CALDWELL, ASSOC. AIA
10654 SAPPHIRE TRAIL
DAVIDSON, NC 28036
PHONE - 704-200-0668

GR Engineering, PLLC.
133 Middleton Drive
704-975-1513
S.C. Bus. Lic. #P1298

NORTH CAROLINA REGISTERED LANDSCAPE ARCHITECT

REVISIONS	DATE
OWNER COMMENTS	11.21.16
OWNER COMMENTS	11.22.16
OWNER COMMENTS	11.29.16
PRELIMINARY	11.21.16

FOR CONSTRUCTION
Date: SEPTEMBER 21, 2016
Drawn: JC
Checked: JC
Sheet: A-3.0

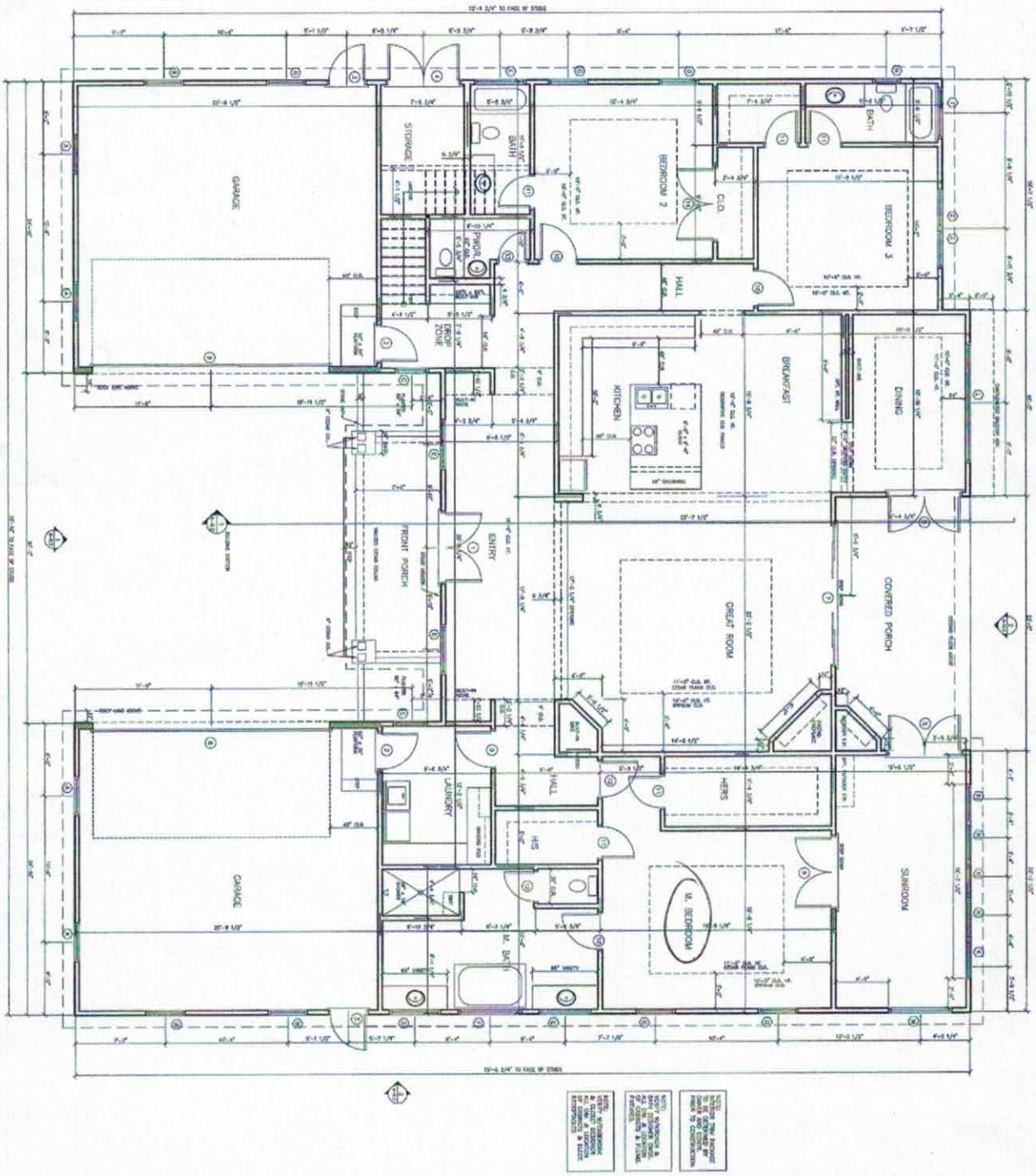
Acknowledgement of Plans Submittal ONLY!

Date 11/15/16

Date 11-12-16

SQUARE FOOTAGE CALCULATIONS		
FIRST FLOOR :	5,743.29 +/- SQUARE FOOTAGE	(HEATED)
GARAGE SPACES :	1,216.36 +/- SQUARE FOOTAGE	(UNHEATED)
STORAGE ROOM :	77.0 +/- SQUARE FOOTAGE	(UNHEATED)
SECOND FLOOR :	1,884.41 +/- SQUARE FOOTAGE	(HEATED)
BONUS ROOM :	705.61 +/- SQUARE FOOTAGE	(HEATED)
NOTE: AREA DETERMINED TO INSIDE FACE OF EXT. FRAME		
TOTAL HEATED :	8,329.31 +/- HEATED SQUARE FEET	
TOTAL GROSS EXTERIOR SFC FOOTPRINT :	4,826 +/- SQUARE FEET	

1 / A-2.0 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"



REVISIONS	DATE
PER COMMENTS	7/20/16
PER COMMENTS	8/24/16
PER COMMENTS	9/27/16

A-2.0

FIRST FLOOR PLAN
COCHRANE RESIDENCE AT THE POINT
165 HOPKINTON - MOORESVILLE - NC - 28117
IREDELL COUNTY

PREPARED FOR:
DAVID & DEBBIE COCHRANE
MOORESVILLE, NC 28117
PHONE 949-212-5114

PREPARED BY:
JENNIFER CALDWELL, ASSOC. AIA
10694 SAPPHIRE TRAIL
DAVIDSON, NC 28036
PHONE- 704-200-0968