IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # 24/558

PIN # 4624470713.000

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

APPLICANT/OWNER: Kris and Jennifer Kefelouse APPLICANT ADDRESS: 136 Grayfriars, Mooresville

SITE ADDRESS: 136 Grayfriars Rd Mooresville, NC 28117 PHONE: 704-338-7353 ALT. PHONE Paul - 704 996-6330

SITE DIRECTIONS: Brawley School Rd (L) Grayfriars Luton RT SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 524 LOT AREA: .800Acres DESIGN FLOW: 480 L.T.A.R.: .30

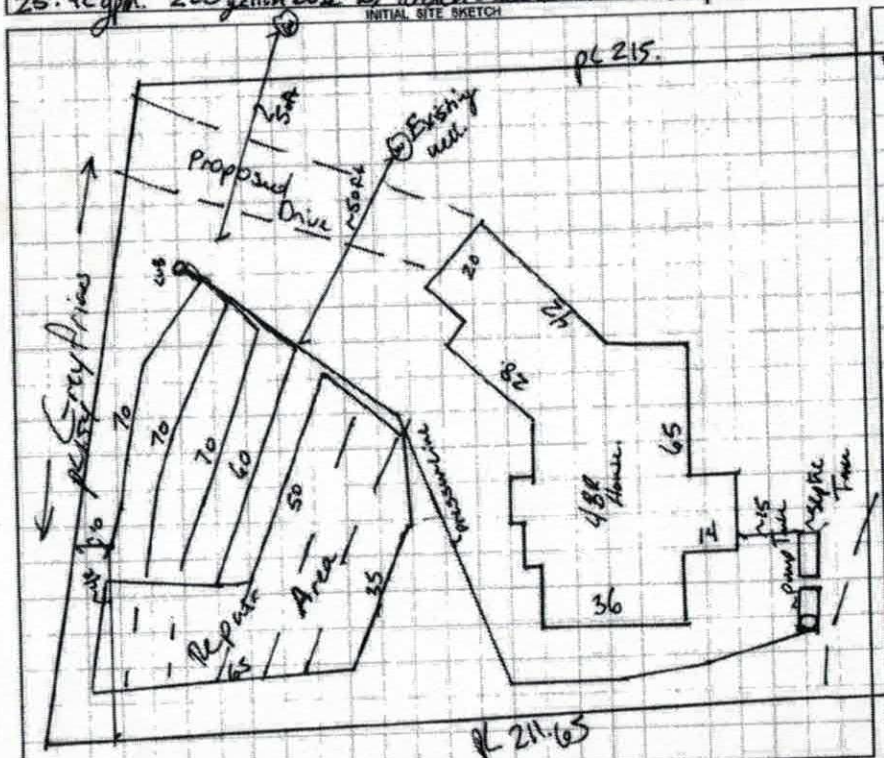
Septic Tank	1000 (gal)	STB	2071-1060	Date	INFILTRATOR	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	2071-1060	Date	INFILTRATOR	System Description: LP - Panel Blocks - 50% Reduction.		☐ Business	No. Persons 8
Pump Make	ZOELLER	Model		Serial #		Repair System Description: LP - Panel Blocks - 50% Reduction.		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	270	Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24	Trench Bottom Depth(Low side)	33	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

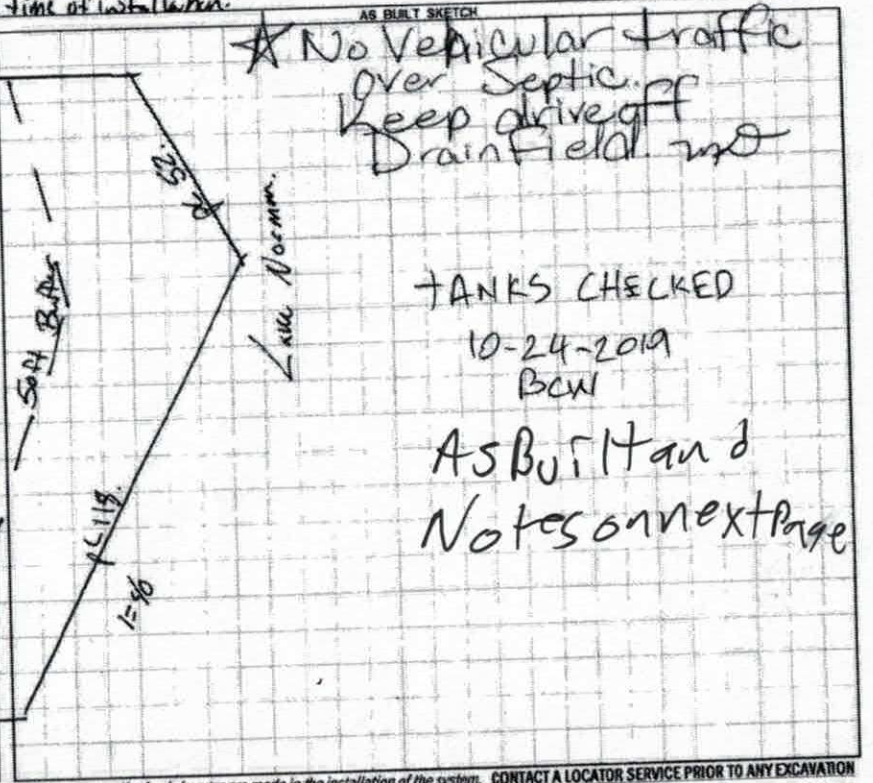
Comments / Conditions: Install Septic Drainlines on the Contour of the Land + utilize Control Valve Box. 2 ft of Head Required. Utilize 5/32 Hole. System Flow is 25.42 gpm. 220 gallon Dose w/ 10 inch Drawdown 8.6 Pump Run

Do not Drive, drive, park, place, or stack anything which will compact the drain field. Inline Pump Filter Required. Gravel from Driveway, to be removed at time of installation.

INITIAL SITE SKETCH



AS BUILT SKETCH



★ No Vehicular traffic over Septic. Keep drive off Drainfield. mo

TANKS CHECKED
10-24-2019
BCW

As Built and Notes on next Page

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: 2/15/19 Installed by: WASTE WATER SOLUTIONS + DESIGN

IMPROVEMENT PERMIT by: Benjamin A Rikkin Date: 2/11/2019 OPERATION PERMIT by: Kayla Watson Date: 12-10-19

AUTHORIZATION TO CONSTRUCT by: Maria Olson Date: 2/15/19 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.

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 247558

PIN # 4624470713.000

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

APPLICANT/OWNER: Kris and Jennifer Kefelovic | APPLICANT ADDRESS: 136 Greyfriars, Mooresville | PHONE: 704-338-7353 | ALT. PHONE Paul- 704 996-6330

SITE ADDRESS: 136 Greyfriars Rd Mooresville, NC 28117 | SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: Brawley School Rd (L) Greyfriars 1st on RT | DESIGN FLOW: 480 | L.T.A.R.: .30

SUBDIVISION: CL+T | SECTION: 6 | LOT # 524 | LOT AREA: ~.800 Acres

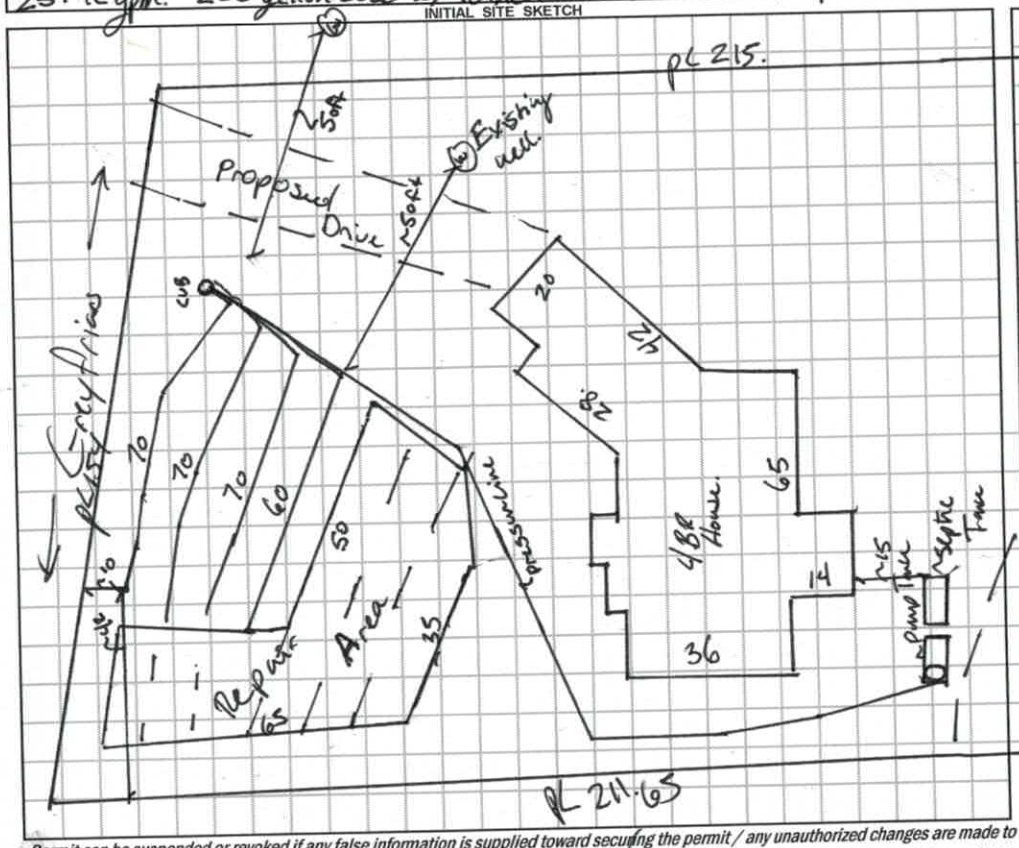
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) (IV) V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	LP - Panel Block - 50% Reduction.		
Pump Make		Model	Serial #	Repair System Description:	LP- Panel Block 50% Reduction.		
# Nitrification Fields	1	# Lines	4	Linear Ft 270	Maintenance Agreement Required:	☒ YES	☐ NO
Trench Width	24	Trench Bottom Depth(Low side)	33	Gravel Depth —		☐ GRAVITY	☒ PRESSURE

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing	☐ Basement w/o plumbing		

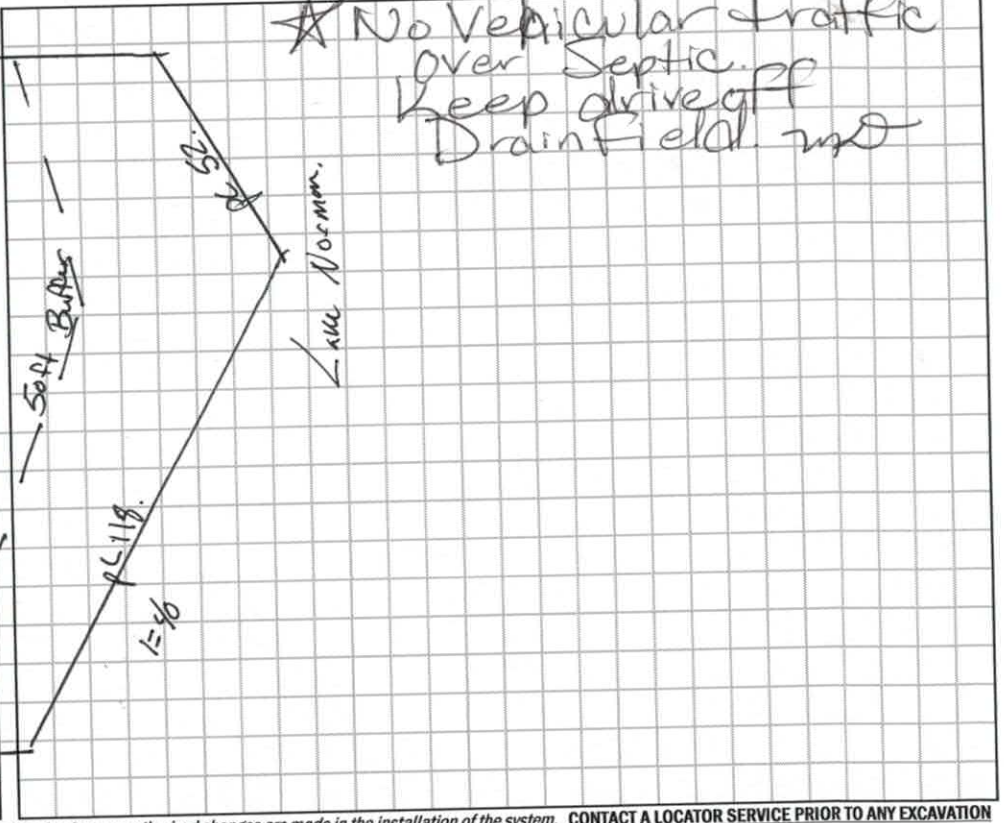
Comments / Conditions: Install Septic Drainlines on the Contour of the Land to utilize Control Valve Box. 2ft of Head Required. Utilize 5/32 Holes. System Flow is 25.42 gpm. 220 gallon Dose w/ 10 inch Draw down 8.6 Pump Run

Do not Drive, drive, park, pave, or side on any utilities in drain field. In line Pump Filter Required. Gravel from Driveway to be removed at time of installation.

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: _____ Date: 2/15/19

IMPROVEMENT PERMIT by: Benjamin A Rakes Date: 2/11/2019

AUTHORIZATION TO CONSTRUCT by: Martha Olson Date: 2/15/19

Installed by: _____ Date: _____

OPERATION PERMIT by: _____ Date: _____

Existing System Inspected by: _____

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.

	Date	Initials
Drain Lines Checked	11/5	PB
Tanks Checked	10/24	BW
Pressure Manifold or Valve Box Checked	11/5	PB
Pressure Head Set	12/10	KW
Electrical Checked	12/10	KW
Floats Set	12/10	KW
Alarm Checked	12/10	KW
Maintenance Contract (Y) N	12/10	KW

Kris Lefebvre - 136 Greenblades
Septic site plan review
By ICHD 2-4-19

1" = 40'

*Base site plan from Harris Land Surveying - Just Beginning Permitted by ICHD

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

Sheet 1 of 1
PROPERTY ID #: 26 24 01 20 713.
COUNTY: Iredell

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

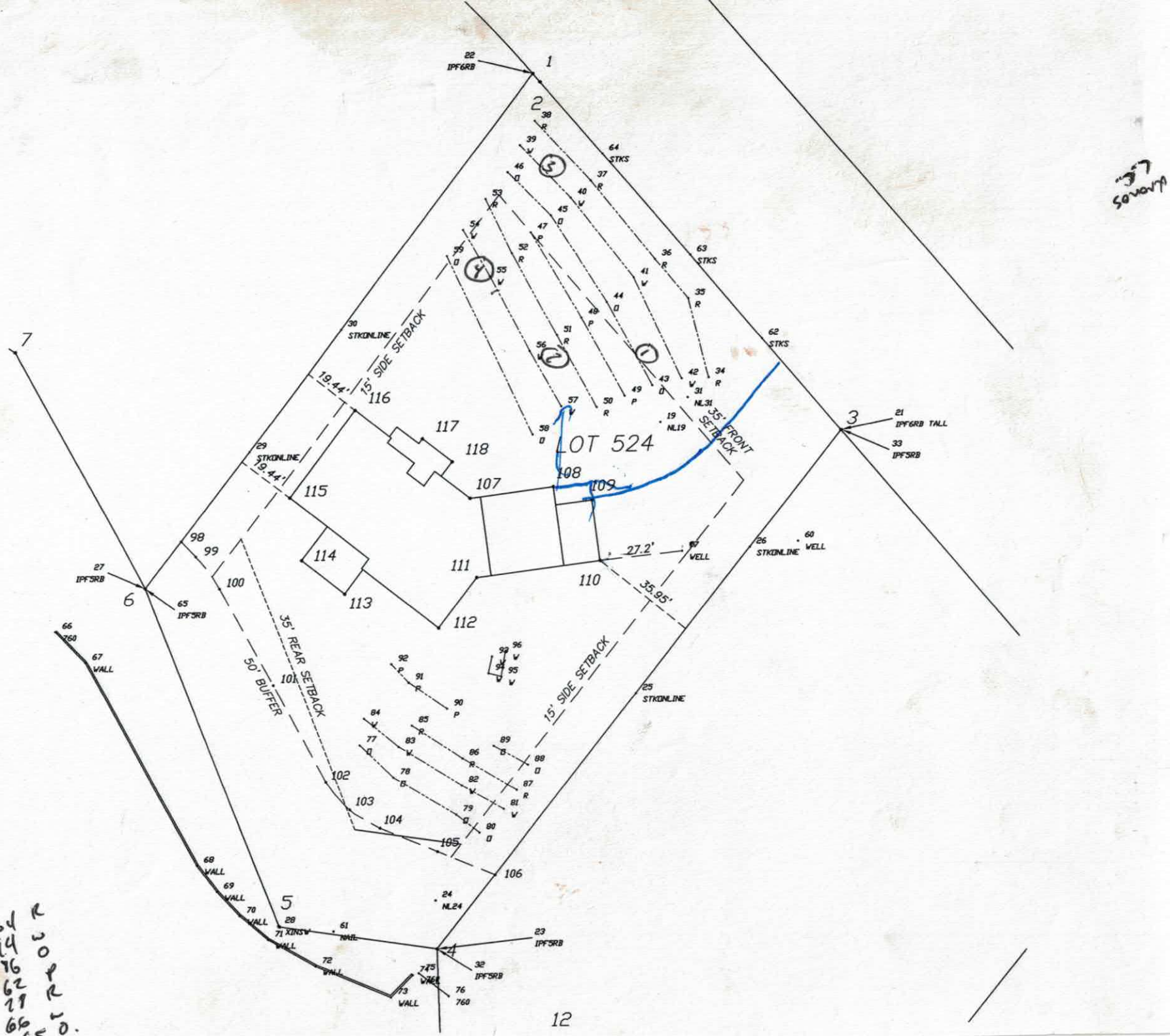
OWNER: Kelbourne
APPLICATION DATE: 1/15/19.
ADDRESS: 136 Gryffins Rd MVL
DATE EVALUATED: 2/1/19
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480 gpd.
PROPERTY SIZE: .8 Ac
LOCATION OF SITE: 136 Gryffins Rd.
PROPERTY RECORDED: 75.
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Ridge 2%	0-12	x GRvfsbk	SSSp FR SEp	2.5YR4/6			Lithochromic.	PS .3.
		12-30	C SBk	SSSp FR					
		30-67	CL wSBk	SSSp vFR					
2	Shoulder 6-9%	0-10	SC GR	SSSp FR SEp	2.5YR4/6.			Lithochromic	PS .3.
		10-44	C SBk	SSSp FR					
		44-60	CL wSBk	SSSp vFR					
3	Shoulder Drainage 8%	0-11	Fill/Gravel		2.5YR4/6.			Lithochromic	PS .3.
		11-32	CL SBk	SSSp FR SEp					
		32-52	C SBk	SSSp FR					
		52-60	CL wSBk	SSSp FR					
4	Shoulder 8%	0-13	Gravel/Fill		2.5YR4/6.			Redox 13-29. Lithochromic	PS .3 Depth restriction.
		13-29	C SBk	SSSp FR SEp					
		29-64	CL wSBk	SSSp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267 L.F	267 L.F
System Type(s)	1) LPPB 50%	1) LPPB 50%
Site LTAR	.30	.30.

OTHER FACTORS (.1946): Existing Well + Drainage
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT: Boggs Paul Pennington

COMMENTS:


LOT 524
15' SIDE SETBACK
35' FRONT SETBACK
35' REAR SETBACK
50' BUFFER
15' SIDE SETBACK
19.44'
19.44'
35.95'
27.2'
STKONLINE
WELL
IPF5RB
IPF6RB
IPF6RB TALL
NAIL
NL24
NL31
NL19
WALL
STKS
1
2
3
5
6
7
12

Call Paul Pennington for Site Visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM 704.996.6730

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kris and Jennifer Kefebvre Address: 136 Greyfriars, Mooresville Zip: 28117
Applicant Email: klefebvr@cisco.com Phone: 704.338.7353 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 136 Greyfriars Road
Subdivision Name: CL&T Section/Phase: 6 Lot Number: 524
Driving Directions: Brawley School Road, TL Greyfriars, Lot on rt at 136 Greyfriars

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Repair 2017

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) 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: T&J Panel

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: _____ 1-15-19
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, Kris and Jennifer Lefebvre, am the legal owner(s) of the property located at 136 Greyfriars Rd, identified as

PIN (Parcel Identification Number) 4624470713.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger / Penninger Soil Consulting _____, 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

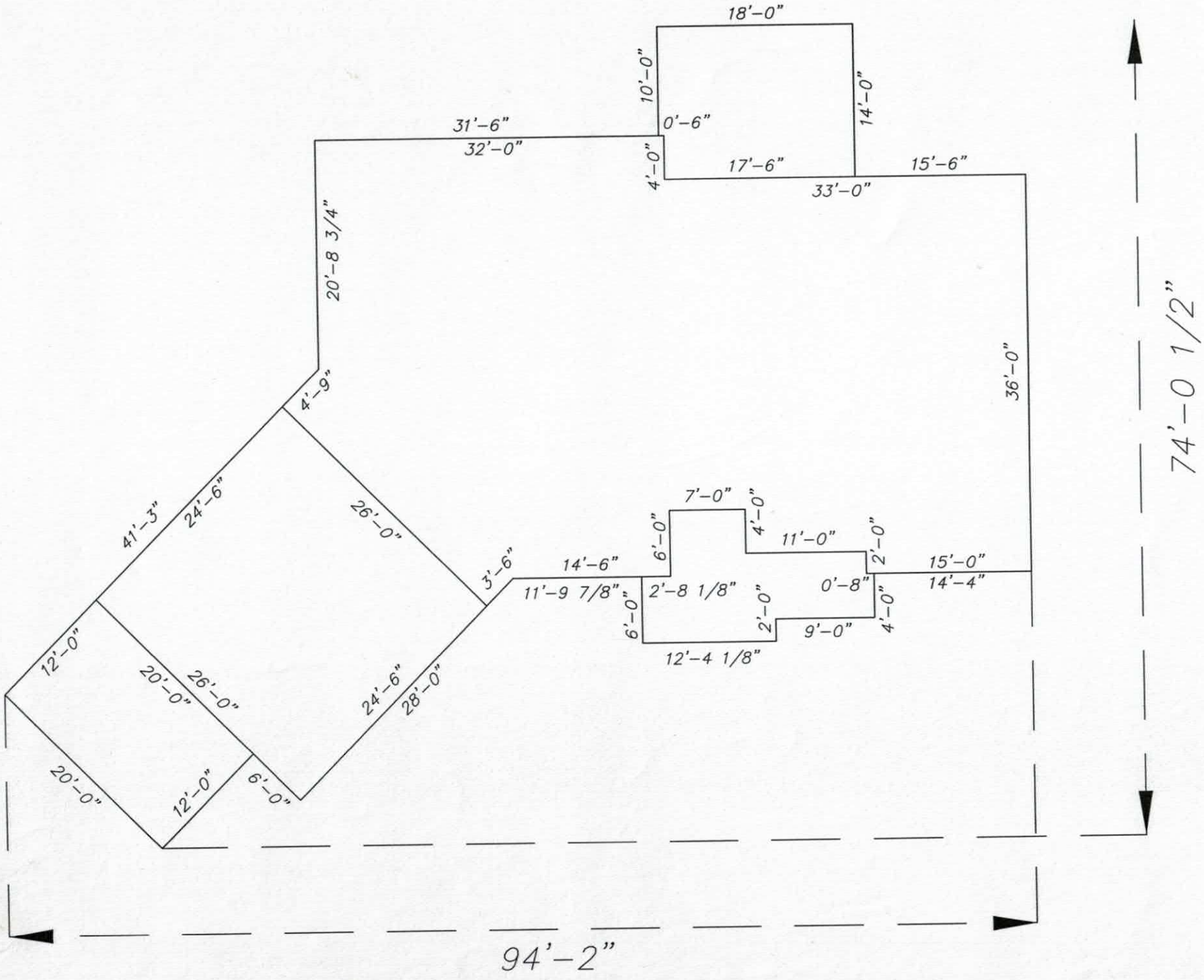
_____ 1/14/19

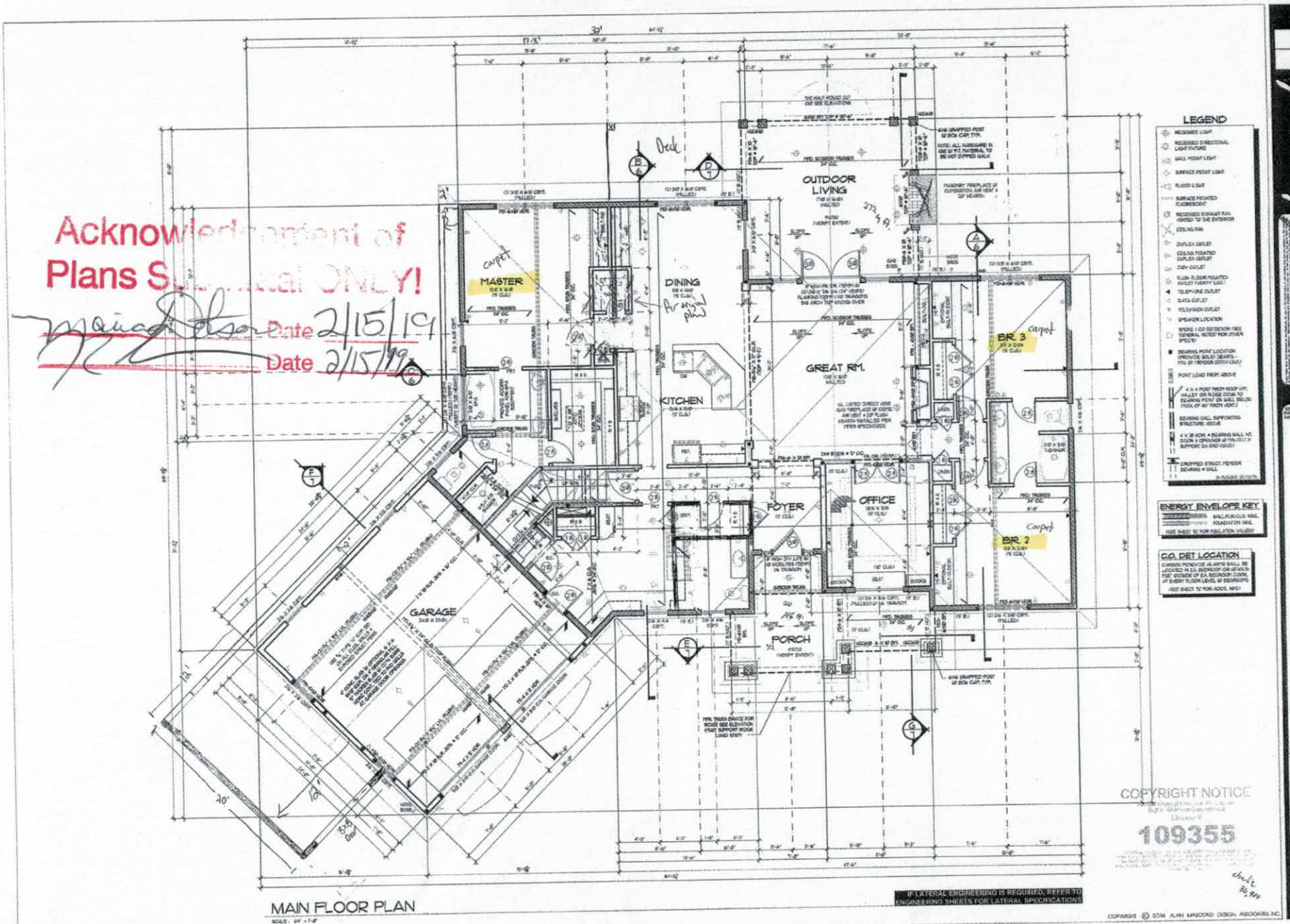
Signature of Owner(s) Date

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

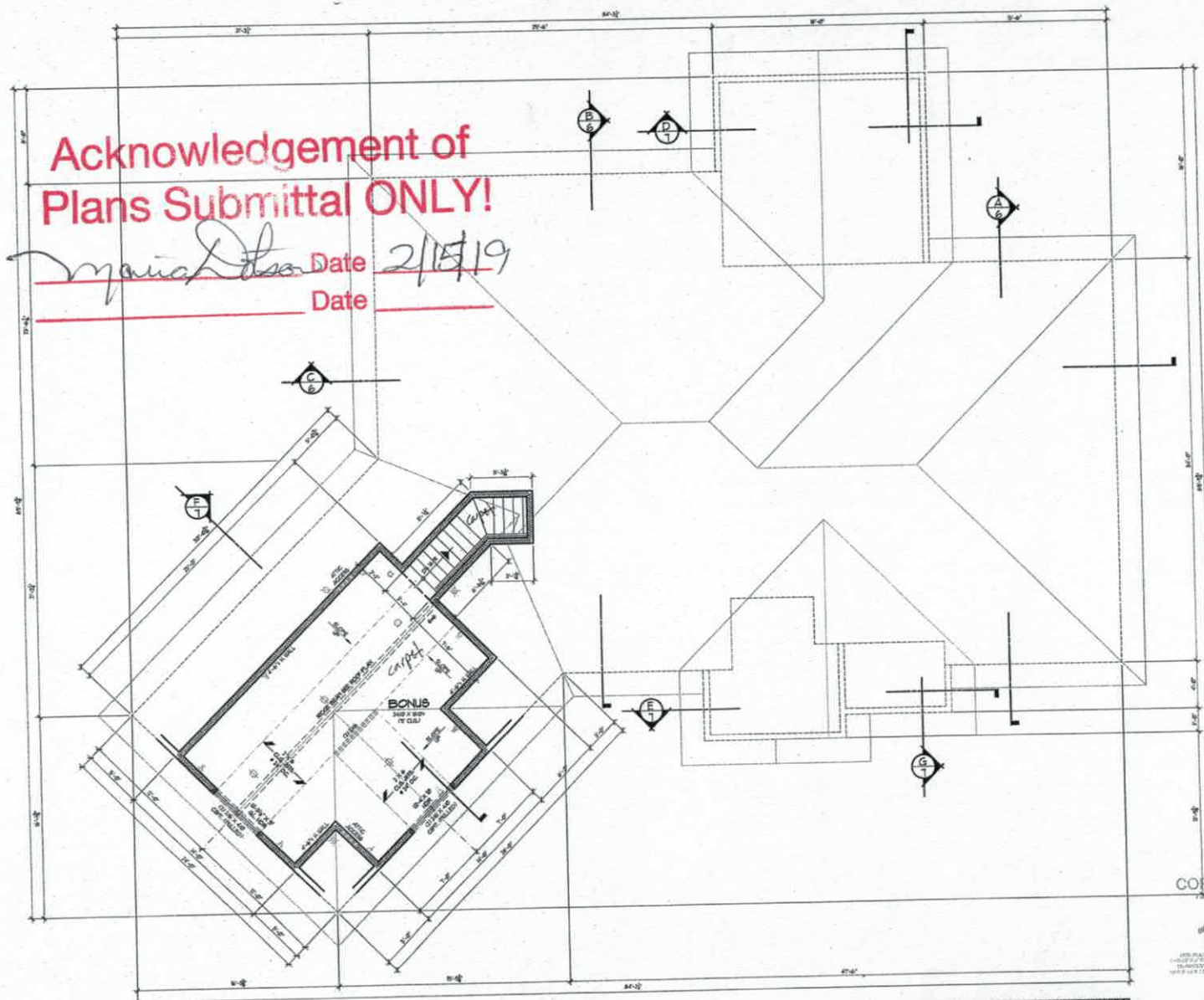
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

136 Greyhorse Lane Site Plan
1-15-19


18'-0"
10'-0"
14'-0"
31'-6"
32'-0"
0'-6"
4'-0"
17'-6"
15'-6"
33'-0"
20'-8 3/4"
4'-9"
36'-0"
74'-0 1/2"
41'-3"
24'-6"
26'-0"
7'-0"
4'-0"
6'-0"
11'-0"
2'-0"
3'-6"
14'-6"
11'-9 7/8"
2'-8 1/8"
0'-8"
15'-0"
14'-4"
6'-0"
2'-0"
4'-0"
9'-0"
12'-4 1/8"
12'-0"
20'-0"
26'-0"
24'-6"
28'-0"
20'-0"
12'-0"
6'-0"
94'-2"



MAIN FLOOR PLAN



Acknowledgement of
Plans Submittal ONLY!

Date 2/15/19

Date

UPPER FLOOR PLAN

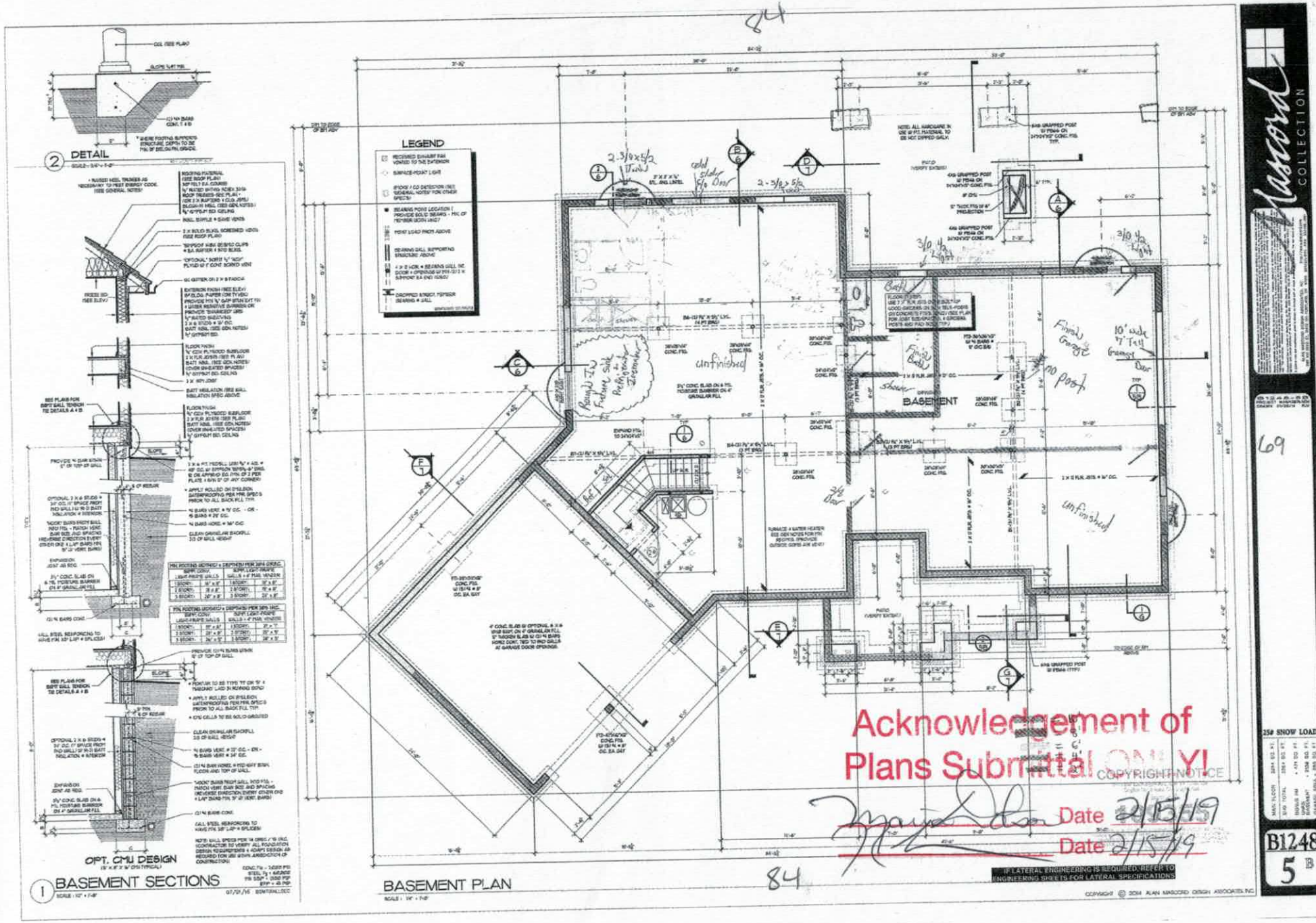
IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

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Mascord COLLECTION

25# SNOW LOAD

B1248
4


2 DETAIL
SCALE: 3/4" = 1'-0"
1 BASEMENT SECTIONS
SCALE: 1/2" = 1'-0"
OPT. CMU DESIGN
LEGEND
BASEMENT PLAN
SCALE: 1/4" = 1'-0"
Acknowledgement of
Plans Submittal ONLY!
Date 2/15/19
Date 2/15/19
IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS
COPYRIGHT NOTICE
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Mascord COLLECTION
B1248
5

IREDELL COUNTY

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

APPLICATION NUMBER
241558
Issue Date: 01/17/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624470713.000	136 GREYFRIARS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBSON ARTHUR MARC+LISA	Applicant: LEFEBVRE, KRISTOFOR+JE
Address: 136 GREYFRIARS RD	Address: 136 GREYFRIARS
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-338-7353

Use Requested	Zone Code
HOLD BUILDING PERMIT UNTIL DEMO IS ISSUED PER MARK	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.800					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	164853	TOTAL FEES:	$ 77.25