PTB AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305648

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

PIN # 4624-56-2872

APPLICANT/OWNER: BL Part Dev / Warren Smith APPLICANT ADDRESS: 18611 Star Creek Dr Cornelius, NC

SITE ADDRESS: 126 Saylors Watch Ln Mooresville, NC PHONE: 704895-0606 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Torrence Chapel Saylors Watch Ln SAP CONTROLLED: ☐ YES ☒ NO

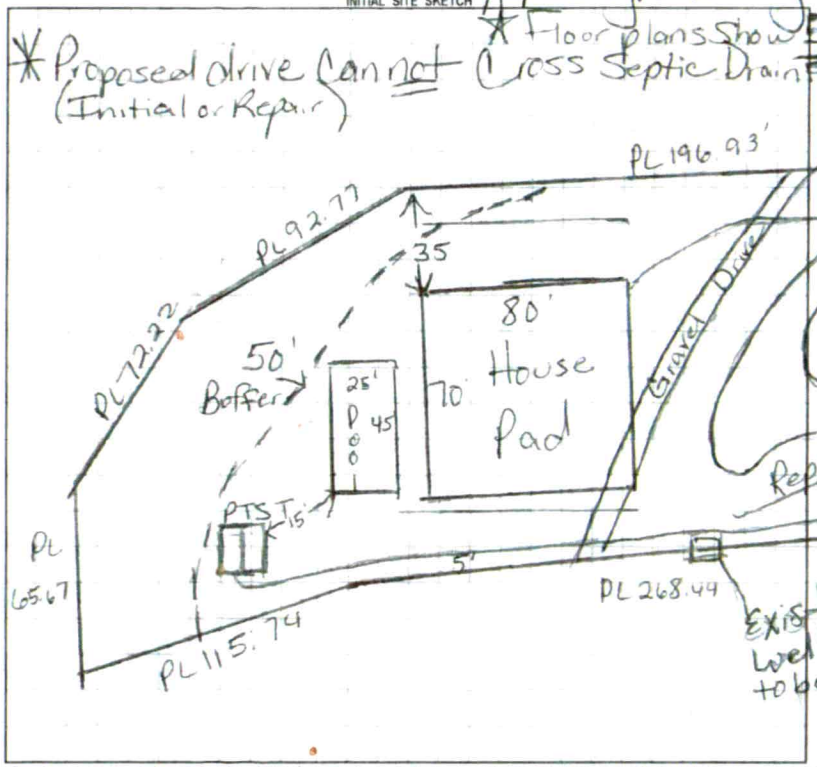
SUBDIVISION: Saylor's Watch SECTION: LOT # 10 LOT AREA: 1.23 Ac DESIGN FLOW: 720 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 9/19/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	6	Water Supply
Pump Tank	1500 (gal)	PT 353	Date 9/28/22	System Description: LP PPBPS		☐ Business	No. Persons	12	☐ Private
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 7		Linear Ft 430ft	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width Min 24"	Trench Bottom Depth(Low side) 36"		Gravel Depth	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing

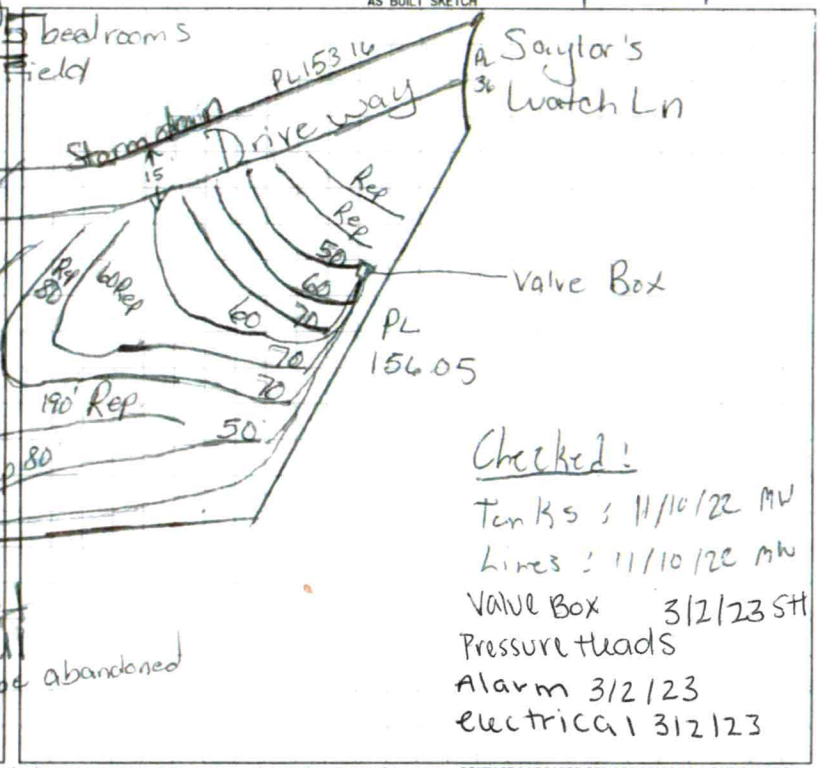
Comments / Conditions: Drill 5/32" hole
*Must abandon existing well prior to A.C.
Well abandoned 9/2/20 by Ar Drilling

Abandon overhead power lines
Reviewed floor plans, house wider but went 4 less impact Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH



Checked!
Tanks : 11/10/22 MV
Lines : 11/10/22 MV
Valve Box 3/2/23 STH
Pressure Heads
Alarm 3/2/23
Electrical 3/2/23

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

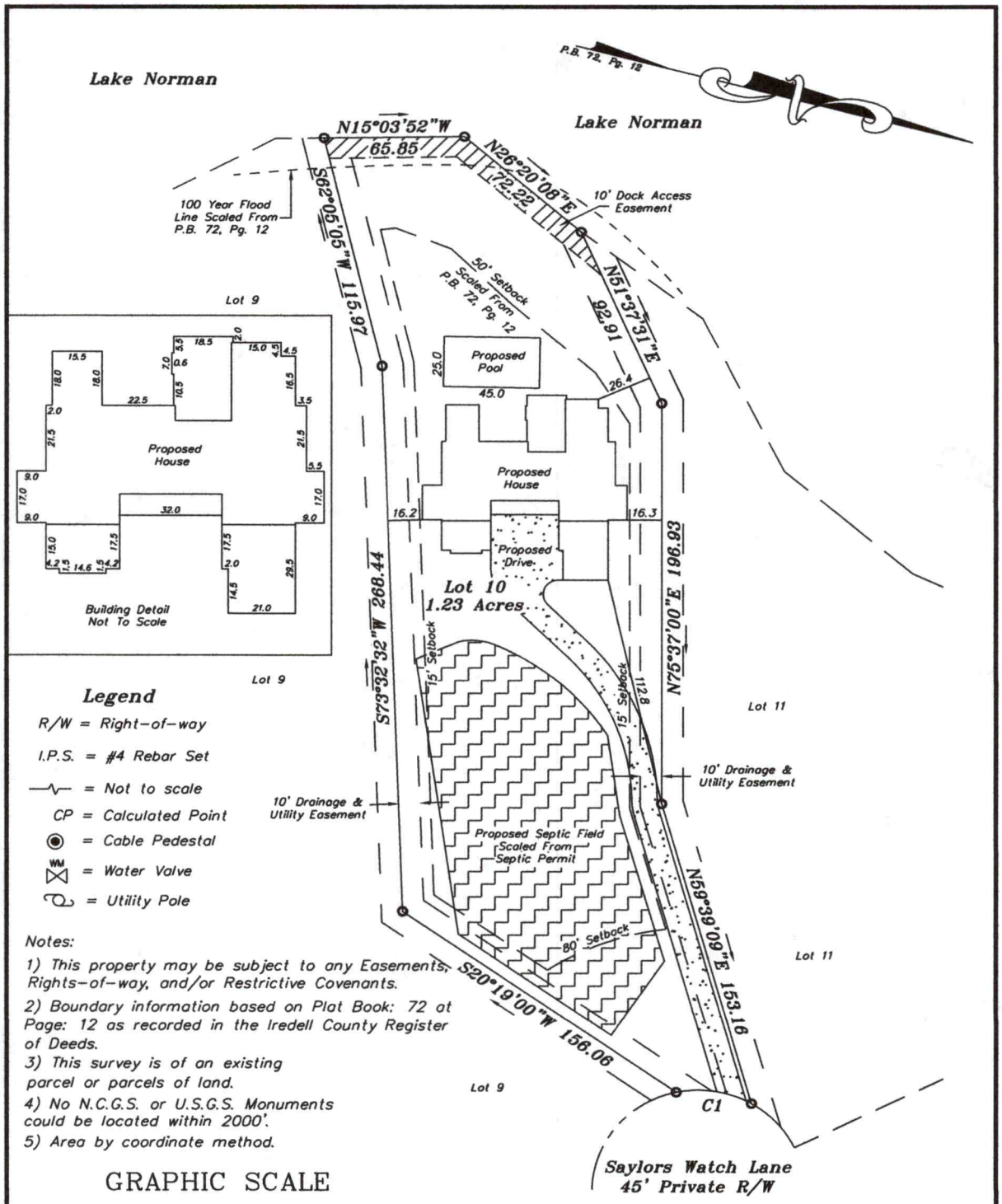
☐ IMPROVEMENT PERMIT ~~with plat valid without expiration.~~ ☐ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/20 Installed by: Richard Abernathy

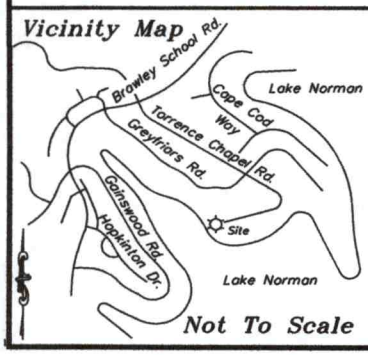
IMPROVEMENT PERMIT by: [signature] Date: 4/6/2020 OPERATION PERMIT by: Sydney Holland Date: 3/22/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/30/21 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.



CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	36.57	50.00	35.76	S05°27'49"E



Plot Plan

FOR

Courtland Home Builders

PROPERTY DESCRIPTION

Lot 10,

SAYLORS WATCH

Plat Book 72 at Page 12

Davidson Township

Iredell County, NC

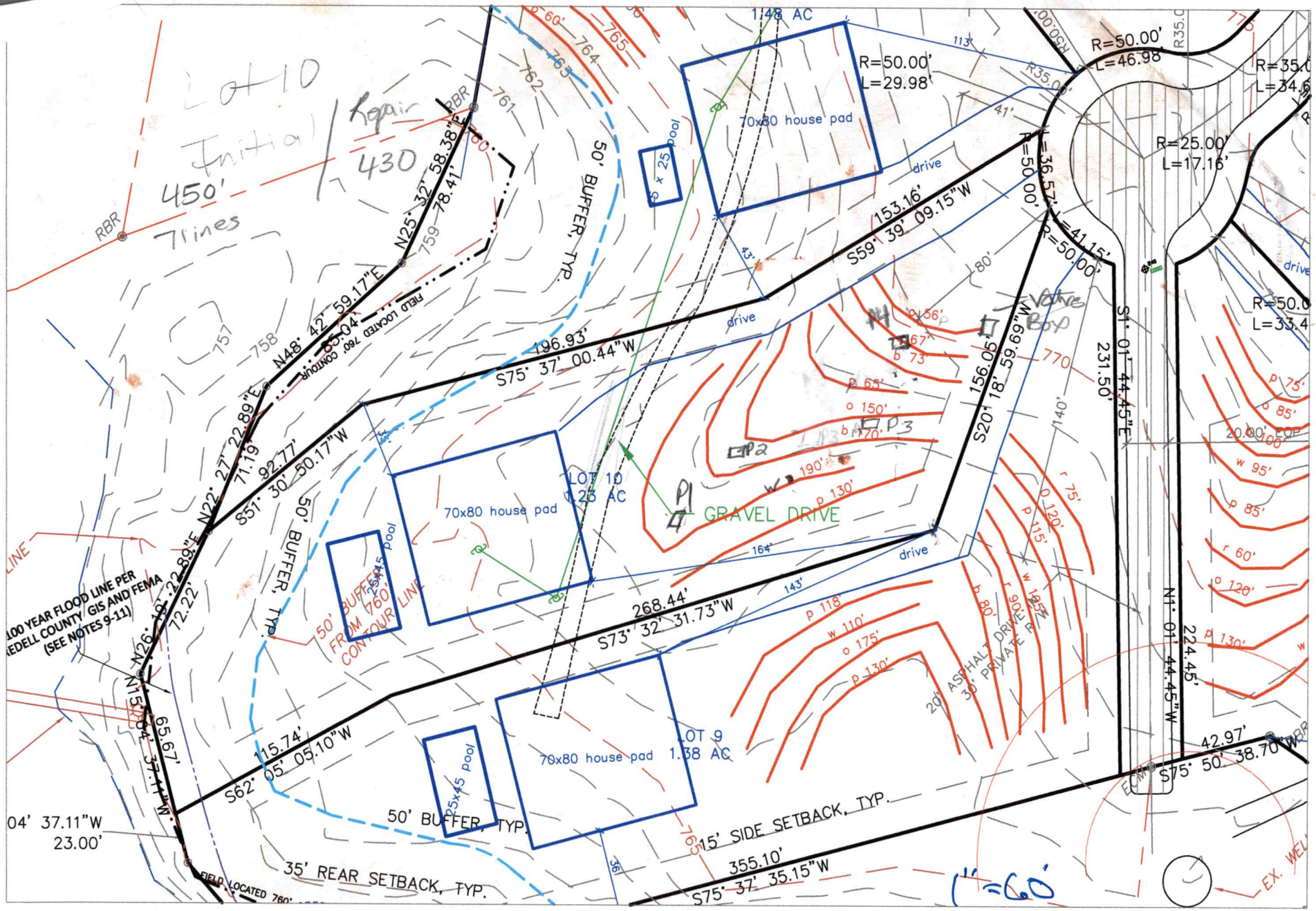
SCALE: 1" = 60'

FIELD BOOK:

FILE: 2021-73

TAX PIN NO: 4624562872

Schambock Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

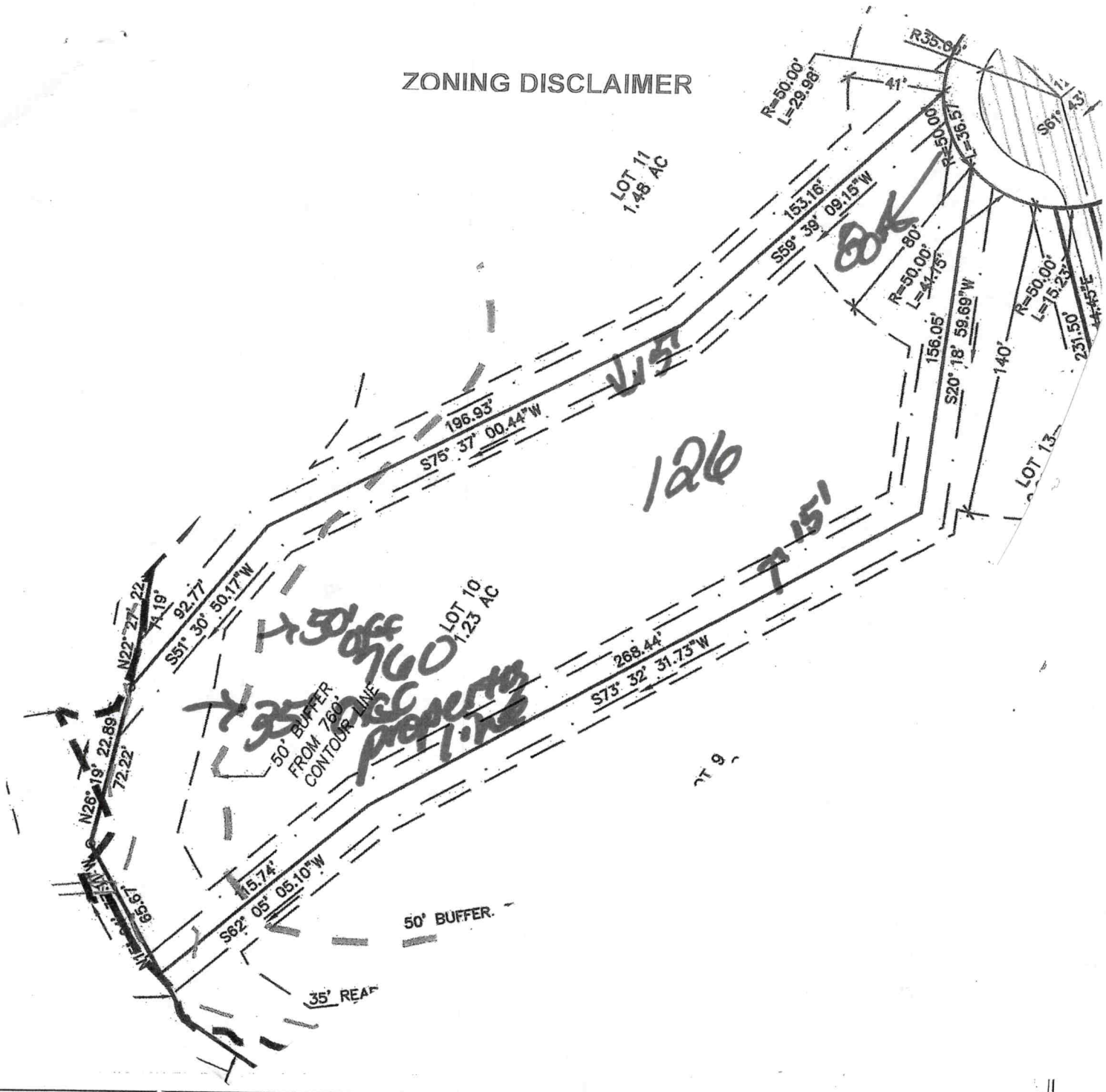


Saylors Watch Lot 10 Septic Site Plan - BI PART DEV LLC - March 4, 2020

Base site plan from ColeJenest & Stone, PA and Professional Property Surveyors, Inc. Proposed septic lines sketched on site plan by Penninger Soil Consulting, PLLC

Approximate septic line locations - refer to flagged lines in field. Septic System must be approved and permitted by ICHD.

ZONING DISCLAIMER



Property Address 126 Saylors Watch Lane

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. Applicant further acknowledges that the 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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4624576180
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

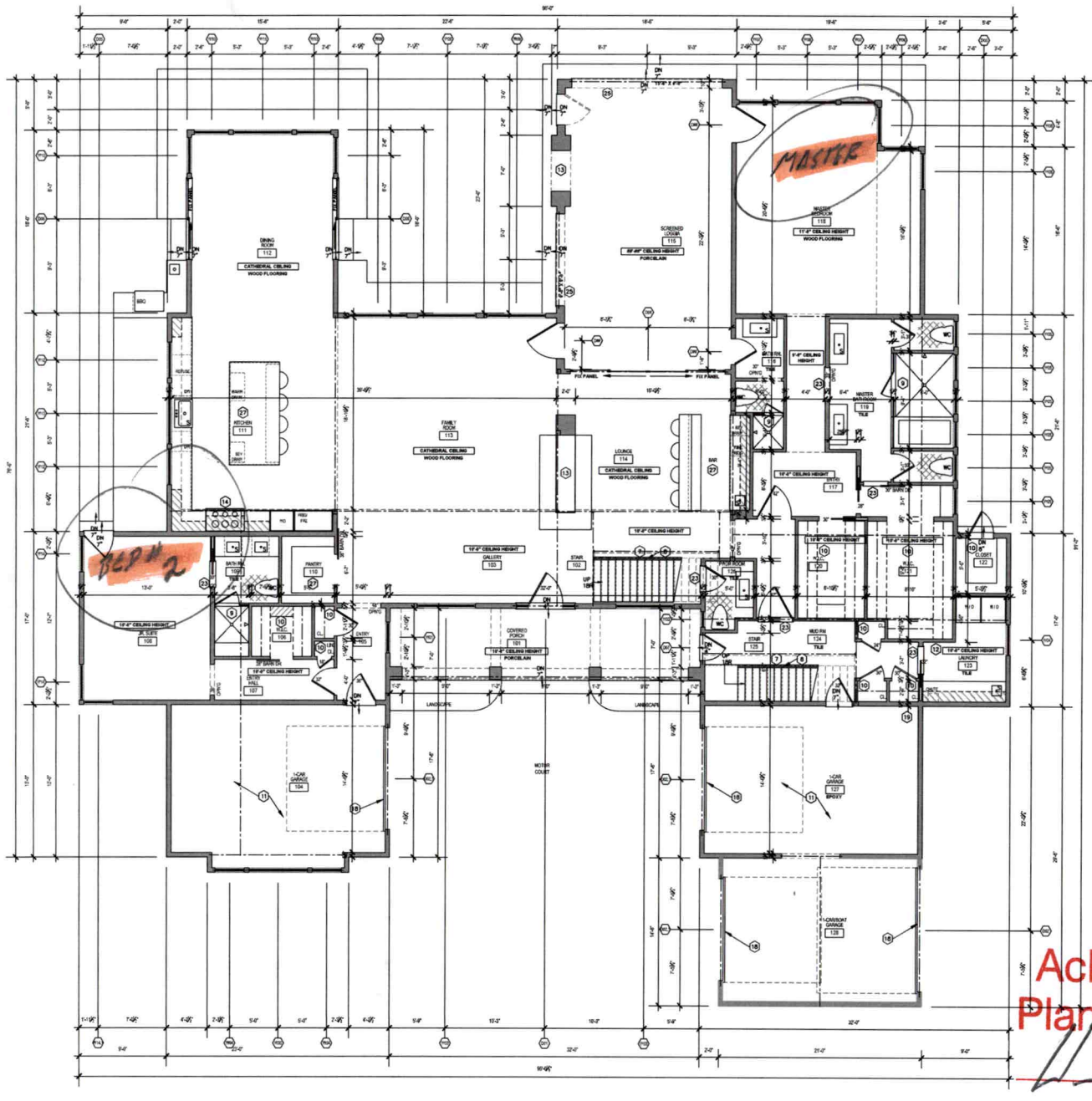
OWNER: Bi Part Dev LLC
ADDRESS: 18611 Starcreek Dr Cornelius, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 720 gpd
LOCATION OF SITE: Saylor's Watch Lot 10
APPLICATION DATE 3/3/20
DATE EVALUATED: 3/12/2020
PROPERTY SIZE: 1.23 Ac
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

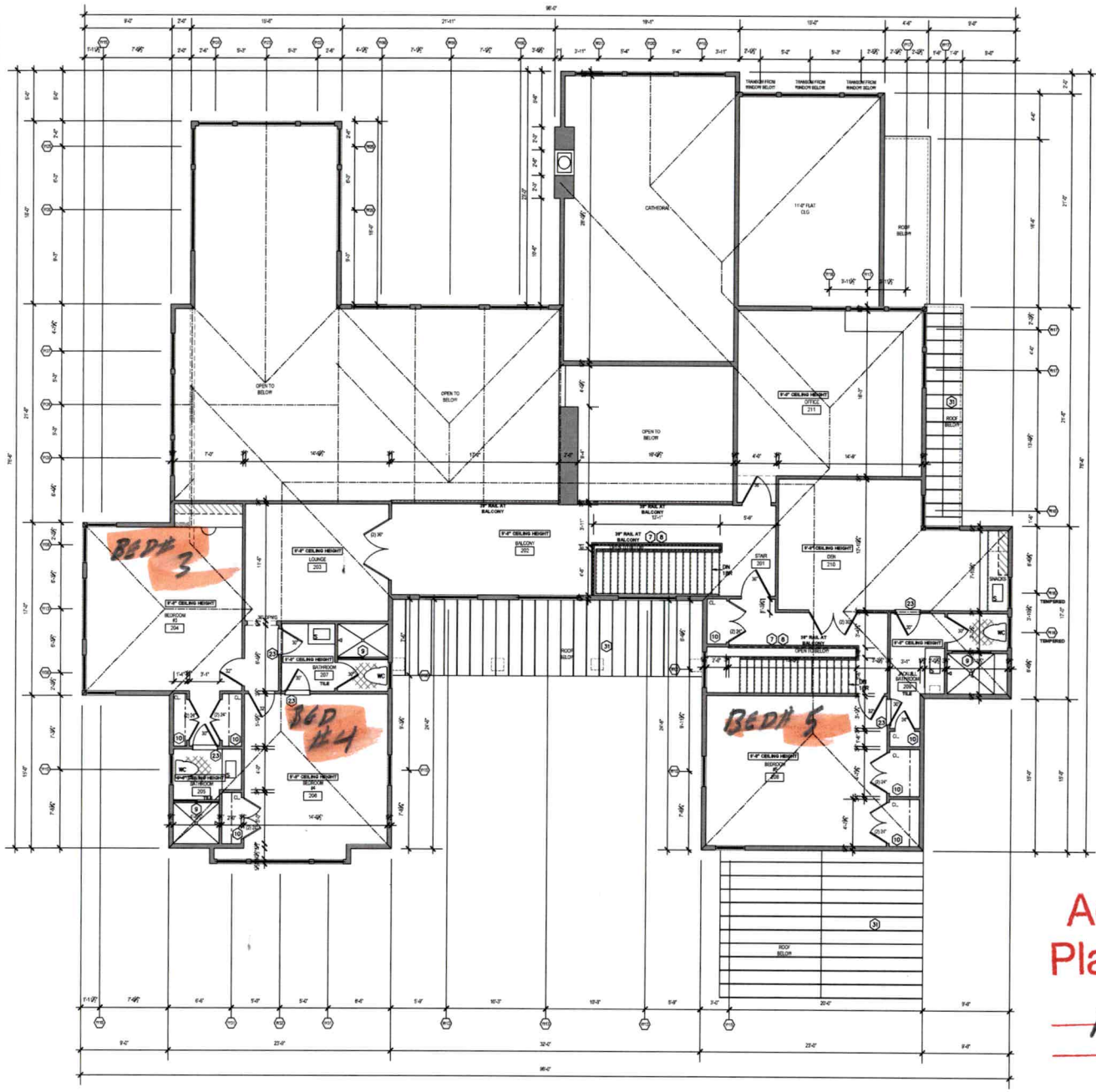
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-6	Brw SCL w SBK SS, SP, SEXP, FR						PS
		6-31	RCm-w SBK SS, SP, SEXP, FR						
		31-61	RCL w SBK SS, SP, SEXP, FR						
			w/few SAP Inclus		—	61"	—	—	.3
2	4%	0-6	Brw SCL w SBK SS, SP, SEXP, FR						PS
		6-24	RCL m SBK SS, SP, SEXP, FR						
		24-60	RCL w SBK SS, SP, SEXP, FR						
			Very few SAP Inclus		—	60"	—	—	.3
3	5%	0-6	Brw SCL w SBK SS, SP, SEXP, FR						PS
		6-36	RC m-w SBK SS, SP, SEXP, FR						
		36-60	RCL w SBK SS, SP, SEXP, FR						
			w/SAP Inclus		—	60"	—	—	.3
4	5%	0-6	Brw SCL w SBK SS, SP, SEXP, FR						PS
		6-27	RCm w SBK SS, SP, SEXP, FR						
		27-60	RCL w SBK SS, SP, SEXP, FR						
			w/few to many SAP Inclus		—	60"	—	—	.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Paul Penninger, David Bean

COMMENTS:


MASTER
BEDROOM
118
11'-4" CEILING HEIGHT
WOOD FLOORING
SCREENED
LOGGIA
113
9'-0" CEILING HEIGHT
PORCELAIN
DINING
ROOM
112
CATHEDRAL CEILING
WOOD FLOORING
KITCHEN
111
FAMILY
ROOM
113
CATHEDRAL CEILING
WOOD FLOORING
LOUNGE
114
CATHEDRAL CEILING
WOOD FLOORING
BAR
27
BEDROOM
2
12'-0" CEILING HEIGHT
2K SUITE
108
12'-0" CEILING HEIGHT
GALLERY
103
STAIR
102
12'-0" CEILING HEIGHT
COVERED
PORCH
101
PORCELAIN
12'-0" CEILING HEIGHT
FOYER
107
12'-0" CEILING HEIGHT
PANTRY
110
12'-0" CEILING HEIGHT
BATH RM
109
12'-0" CEILING HEIGHT
ENTRY
HALL
105
12'-0" CEILING HEIGHT
LAUNDRY
123
TILE
MUD RM
125
TILE
STAIR
124
TILE
WINE ROOM
124
TILE
9'-0" CEILING HEIGHT
MASTER
BATHROOM
119
TILE
9'-0" CEILING HEIGHT
SITTING
117
10'-0" CEILING HEIGHT
10'-0" CEILING HEIGHT
10'-0" CEILING HEIGHT



GENERAL NOTES

A. CONTRACTOR TO PROVIDE SLEEVES THROUGH FOUNDATION WALL FOR ALL UTILITY LINES AS REQUIRED PRIOR TO WATERPROOFING.

B. ALL TRADES SHALL FIREPROOF ALL PENETRATIONS BETWEEN FLOORS.

C. POCKET WALL AS REQUIRED AT ALL BEAM FOUNDATION INTERSECTIONS (SEE SHEET S-102 FOR MORE INFORMATION).

D. PROVIDE MOISTURE AND MOLD RESISTANT "SHINNEY" GYPSUM BOARD IN BASEMENT, TYPICAL.

E. PRIOR TO PLACEMENT OF WINDOW AND DOOR ORDER, CONTRACTOR SHALL VERIFY ALL CURATEDS, ROUGH OPENING AND MASONRY OPENING DIMENSIONS WITH OPENINGS PROVIDED BY WINDOW MANUFACTURER. CONTRACTOR SHALL NOTIFY ARCHITECT OF ANY DISCREPANCIES.

F. CONTRACTOR SHALL PAN FLASH ALL DOORS AND WINDOWS. INSTALL AS PER MANUFACTURER'S INSTRUCTIONS AND SPECIFICATIONS.

G. ALL GLASS WITHIN 18" OF THE FINISHED FLOOR LEVEL SHALL BE TEMPERED.

H. FRAMING CONTRACTOR SHALL REFER TO ELECTRICAL PLAN FOR LIGHTING LAYOUT PRIOR TO FLOOR FRAMING.

I. PROVIDE R-21 INSULATION AT RIM JOISTS, TYP.

J. PROVIDE FUSED DISCONNECT SWITCHES AT ALL HVAC EQUIPMENT (LOCATIONS TO BE DETERMINED).

K. PROVIDE 3/4" PLYWOOD AS FIREBLOCKING AT PERIMETER FURRED WALLS IN BASEMENT WITH THERMAFIBER INSULATION IN VOID.

L. PROVIDE "GRACE" MEMBRANE WATERPROOFING TYPICAL @ PORCH AREAS.

KEY NOTES

1. STEEL TUBE / ALLY COLUMN OR PSL STRUCTURAL COLUMN. SEE SHEET S-103 FOR INFORMATION.
2. PROVIDE 2" R-10 MINIMUM RIGID INSULATION UNDER SLAB TO 36" WIDE AT PERIMETER AND 36" VERTICAL AT FOUNDATION WALL (OR DEPTH OF FOOTING).
3. NOT USED.
4. NOT USED.
5. NOT USED.
6. NOT USED.
7. STAIR MANUFACTURER MUST VERIFY MEASUREMENTS IN FIELD PRIOR TO FABRICATION AND SHALL NOTIFY ARCHITECT OF ANY DISCREPANCIES.
8. PROVIDE 36" HIGH HANDRAIL/GUARDRAIL. THERE SHALL BE NO MORE THAN 4" CLEAR OPENING SPACE WITHIN HANDRAIL/GUARDRAIL. TYPICAL AT THE OPEN SIDES OF ALL STAIRS AND THE EDGE OF FLOOR SURFACES THAT ARE OPEN TO OTHER FLOOR SURFACES AT LEAST 30" BELOW.
9. SHOWER WITH 1/2" THICK TEMPERED GLASS DOOR. TEMPERED SURROUND (IF APPLICABLE) AND 4" TILED CURB. PROVIDE TEMPERED GLASS ETCHING IDENTIFIER. TUB WITH TEMPERED SLIDING GLASS DOORS. SEE PLANS FOR SHOWER OR TUB.
10. FINAL CLOSET LAYOUT BY INSTALLER.
11. PROVIDE 1-HR FIRE-RATING AT GARAGE TWO LAYERS 5/8" TYPE 'X' GYP. BD. AT CEILING AND ONE LAYER 5/8" TYPE 'X' GYP. BD. AT BOTH SIDES OF GARAGE WALLS. PROVIDE R-21 INSULATION IN GARAGE WALLS AND R-38 INSULATION AT GARAGE CEILING.
12. FIRE ALARM CONTROL PANEL. ALL SMOKE / CARBON MONOXIDE COMBINATION DETECTORS AND HEAT DETECTOR LOCATIONS ARE SHOWN ON SHEETS E-100, E-101, E-102, AND E-103.
13. PRE-FABRICATED GAS FIREPLACE, HEARTH AND SURROUND AS PER CODE. COORDINATE FRAMING WITH MANUFACTURER'S SPECIFICATIONS. PROVIDE HORIZONTAL FIRE-STOPPING IN CHASE. PROVIDE OUTDOOR COMBUSTION AIR AND TIGHT-FITTING FLUE DAMPERS OR DOORS. VENT FLUE THROUGH CHIMNEY. SEE MANUFACTURER'S SPECIFICATIONS.
14. VENT KITCHEN EXHAUST HOOD TO EXTERIOR. IF KITCHEN HOOD IS RATED AT 400 CFM OR GREATER, PROVIDE MECHANICAL MAKE-UP AIR. MAKE-UP AIR SYSTEM SHALL CONSIST OF A CEILING REGISTER, AUTOMATIC DAMPER WITH TRANSFORMER AND PRESSURE VALVE, AND INSULATED DUCTING TO EXTERIOR AIR INTAKE. PROVIDE ACCESS PANEL IN CEILING OF ADJACENT CLOSET FOR ACCESS TO DAMPER. SEE MANUFACTURER'S SPECS. FOR ALL PRODUCTS.
15. NOT USED.
16. PROVIDE OVERFLOW FLOOR DRAIN IN LAUNDRY ROOM.
17. OWNER SELECTED WASHER AND DRYER. NEW WASHING MACHINE TO BE SET IN DRAINAGE BASIN WITH EMERGENCY SHUT-OFF VALVE AND TRAP PRIMER. PROVIDE 4" DIAMETER EXHAUST FOR DRYER AND VENT TO EXTERIOR.
18. 16'-0" OR 12'-0" WIDE x 12'-0" HIGH OVERHEAD GARAGE DOOR SELECTED BY OWNER WITH SIDE WALL GARAGE DOOR OPENER. INSTALL PER MANUFACTURER'S INSTRUCTIONS AND SPECIFICATIONS. SEE PLANS AND SCHEDULE FOR DOOR SIZES.
19. FINAL MECHANICAL LAYOUT AND DESIGN BY HVAC CONTRACTOR. 2BL, 5/8" F.C. GYPTYP. ALL STUD WALLS AND CEILING IN UTILITY ROOM. R-30 INSULATION @ CLG.
20. PVC SLEEVE FOR FOOTING DRAIN, TYP.
21. FOOTING DRAIN, TYP.
22. NOT USED.
23. STONE SADDLE AS SELECTED BY OWNER.
24. NOT USED.
25. PHANTOM SCREENS. INSTALL PER MANUFACTURERS INSTRUCTIONS AND SPECIFICATIONS.
26. NOT USED.
27. FINAL KITCHEN, PANTRY AND BAR DESIGN BY OTHERS.
28. TEMPERED GLASS ENCLOSURE WITH TEMPERED DOOR FOR WINE ROOM WITH CHILLER. DELEGATED DESIGN AND CONTRACTOR TO INSTALL PER MANUFACTURER'S INSTRUCTIONS AND SPECIFICATIONS WITH REQUIRED VENTING AND POWER.
29. PROVIDE REVERSE SHELF AT FOUNDATION AT PERIMETER WALLS.
30. GAF CAMELOT II OR EQUAL ASPHALT ROOF SHINGLES AS SELECTED BY OWNER/CM. 15# BUILDING PAPER ON 5/8" CDX PLYWOOD SHEATHING.
31. STANDING SEAM GAYALUM ROOF ON 30# BUILDING PAPER ON 5/8" SHEATHING. INSTALL AS PER MANUFACTURERS SPECIFICATION.

INTERIOR DOOR NOTES

- SEE FLOOR PLANS FOR DOOR WIDTHS.
- INTERIOR DOORS SHALL BE SELECTED BY OWNER.
- BASE BID: INTERIOR DOORS SHALL BE 2'-6" TALL U.O.A.
- PROVIDE ALL HARDWARE FOR PROPER FUNCTION OF ALL DOORS.
- PROVIDE LOUVERED DOOR AT MECHANICAL ROOM.
- PROVIDE 45-MIN. FIRE-RATED SELF-CLOSING DOOR ASSEMBLY AT GARAGE ENTRY DOORS.

DIMENSION NOTES

- ALL DIMENSIONS ARE TAKEN TO FACE OF STUD, U.O.N.
- DRAWINGS SHALL NOT BE SCALED. LISTED DIMENSIONS SHALL GOVERN AND BE USED TO FRAME THE BUILDING. IF THERE IS A DISCREPANCY BEING INDICATED DIMENSIONS AND FIELD CONDITIONS, THE CONTRACTOR SHALL NOTIFY THE ARCHITECT PRIOR TO PERFORMING WORK.

EXTERIOR WINDOW AND DOOR NOTE

- SEE EXTERIOR DOOR AND WINDOW SCHEDULE ON SHEETS A-103 FOR COMPLETE INFORMATION.

FOUNDATION / FOOTING NOTE

- SEE SHEET S-102 FOR COMPLETE FOUNDATION AND FOOTING INFORMATION, INCLUDING ALL DIMENSIONS AND LOCATIONS.

INSULATION NOTES

THE FOLLOWING BUILDING COMPONENTS SHALL HAVE THE FOLLOWING INSULATION R-VALUES AND TYPES:

ROOF -	R-49 CLOSED-CELL SPRAY FOAM
EXTERIOR WALLS -	R-21 FIBERGLASS BATT (KRAFT-FACED)
RIM JOISTS -	R-21 CLOSED-CELL SPRAY FOAM
CRAWL SPACES -	R-30 FIBERGLASS BATT (KRAFT-FACED)
GARAGE CEILING -	R-30 FIBERGLASS BATT (KRAFT-FACED)
CANTILEVERS -	R-35 CLOSED-CELL SPRAY FOAM
BATHROOM WALLS -	SOUND BATT INSULATION
LAUNDRY ROOM WALLS -	SOUND BATT INSULATION

SYMBOLS

- (1) KEY NOTE (SEE ABOVE)
- (W) EXTERIOR DOOR AND WINDOW TYPE (SEE SCHEDULE ON A-103)
- NEW WALL/PARTITION: 2x WOOD STUDS (DEPTH AS INDICATED ON PLAN) AT 16" O.C. WITH 5/8" GYP. BD. SHEATHING. AT 1 HOUR RATED PARTITIONS, PROVIDE ONE (1) LAYER OF 5/8" TYPE 'X' GYP. BD. EACH SIDE OR TWO (2) LAYERS OF 5/8" GYP BD. ON FIRE-RATED SPACE SIDE.
- POST (SEE STRUCTURAL DRAWINGS FOR MORE INFORMATION)
- NEW POURED CONCRETE FOUNDATION WALL (SEE SHEET S-100 FOR MORE INFORMATION)

Acknowledgement of Plans Submittal ONLY!

Date 3/30/21

Date

2ND FLOOR CONSTRUCTION PLAN
SCALE: 1/4" = 1'-0"

1

A-102

CLIENT:
KEITH OTTO
SAYLORS WATCH LANE
MOORESVILLE, NC 28117

ARCHITECT:
KURT OTTO / K.O. GROUP LLC
100 HERBERT AVENUE
CLOSTER, NJ 07624
201.870.9138
kurt@kogrp.com

PRELIMINARY - NOT FOR CONSTRUCTION

OTTO RESIDENCE
SINGLE FAMILY - NEW CONSTRUCTION
SAYLORS WATCH LANE (BLOCK ###, LOT
MOORESVILLE, NORTH CAROLINA 28117

CLIENT: KEITH OTTO

DESIGN DELIVERABLE: REVISED BID SET
ISSUE DATE: FEBRUARY 19, 2021

PROJECT NUMBER
DRAWN BY: DRAFTER 1
CHECKED BY: KO

2ND FLOOR CONSTRUCTION PLAN

SHEET NUMBER
A-102

RECEIVED MAR 2 6 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-305648

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: (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: **(PRINT CLEARLY)**

Applicant Name: WARREN SMITH **Address:** 115 SILVERLEAF LN MOORESVILLE NC **Zip:** 28117
Applicant Email: WSMITH3@CAROLINA.RR.COM **Phone:** 704-363-1672 **Alt. Phone:**
Owner Name: KEITH OTTO **Address:** 705 MYRTLE RD NAPLES FL **Zip:** 34108
Owner Email: OTTOKOPFS@AOL.COM **Phone:** 201-696-1774 **Alt. Phone:**

Property Information:

Street Address: 126 SAYLORS WATCH LN MOORESVILLE NC 28117

Subdivision Name: SAYLORS WATCH **Section/Phase:** **Lot Number:** 10

Driving Directions: BRAWLEY SCHOOL TO FORBANCE CHAPEL TURNS INTO SAYLORS WATCH LN

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 6 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 12 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) 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 (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 ( ) 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: _____ 3/26/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

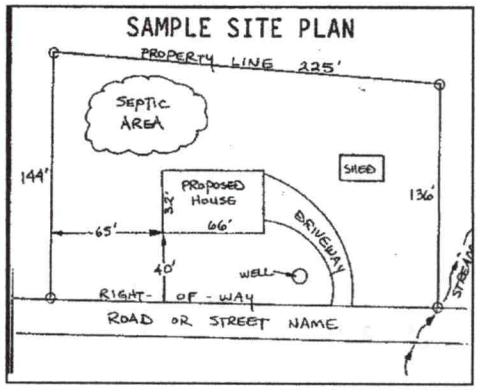
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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 SURVEY ATTACHED

Signature: _____ 3/26/21

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, KEITH OTTO, am the legal owner(s) of the property located at 126 SAWYERS LANDING LN MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4624576180, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WARREN SMITH / CORTLAND HOMEBUILDERS, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) 3/25/21 Date

Signature of Witness 3/25/21 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

WDS **Complete all Environmental Health forms**:
- WDS Application
- WDS Site Plan with dimensions of proposed structure, addition, pool etc.
- WDS Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ____ Copy of Zoning Permit when applicable
- WDS Sign this sheet after you have completed all items

WDS **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

WDS **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

WDS **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

WDS If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/26/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330 RECEIVED MAR 0 6 2020 AP 305648 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: BI PART DEV LLC **Address:** 18611 STARCREEK DR CORNELIUS, NC **Zip:** 28031

Applicant Email: jpalillo@aol.com **Phone:** 704-895-0606 **Alt. Phone:** _____

Owner Name: same as above **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 126 SAYLORS WATCH LANE

Subdivision Name: SAYLOR'S WATCH **Section/Phase:** _____ **Lot Number:** 10

Driving Directions: BRAWLEY SCHOOL ROAD, TL TORRENCE CHAPEL, SAYLORS WATCH LANE AT END.

PSD 3-12-20

Site Development Information: *(check or complete ALL that apply* 4

CHECK FOUNDATION TYPE

(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: 5
Maximum Number of Occupants: ~~10~~ 11
(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: _____ 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 (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 ( ) 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: _____ 3.3.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

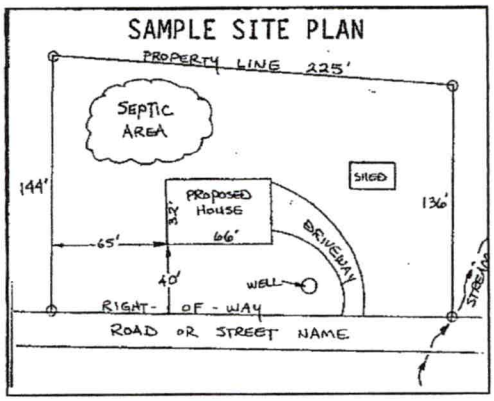
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (N/A) Preferred well location N/A
- (X) Preferred septic system location
- (X) 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 site plan.

Signature: _____ 3.3.20

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*) Jacob Pahl LLC as owner of BI-Part Development LLC

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, BI PART DEV LLC, am the legal owner(s) of the property located at Saylor's Watch Subdivision Lots 1-11, identified as

PIN (Parcel Identification Number) 4624576180.000, 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.

_____ 3.2.20

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:

___ Application
___ Site Plan with dimensions of proposed structure, addition, pool etc.
___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
___ Copy of Zoning Permit when applicable
___ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. **must be staked** out on the property as per the site plan.

ND If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work**.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3.3.20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625