ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 327853

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

PIN # 4624 -- 69 -- 8345

APPLICANT / OWNER: John Fellows | APPLICANT ADDRESS: 130 S Irgin St Suite 103

SITE ADDRESS: 151 S Longfellow Ln, Mooresville 28117 | PHONE: 704-309-7485 | ALT PHONE -

SITE DIRECTIONS: Brawley School - New Heven - S Longfellow | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point | SECTION: P12 LOT # 1212 | LOT AREA: 0.922 acres | DESIGN FLOW: 450 gpd | L.T.A.R. 0.5

Septic Tank	1000 (gal)	STB	7600	Date	4/3/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	3623	Date	4/10/23	System Description:	LP PPBPS (vertical)	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP - PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	367	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24 in	Trench Bottom Depth (Low side)	36 in (max)	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

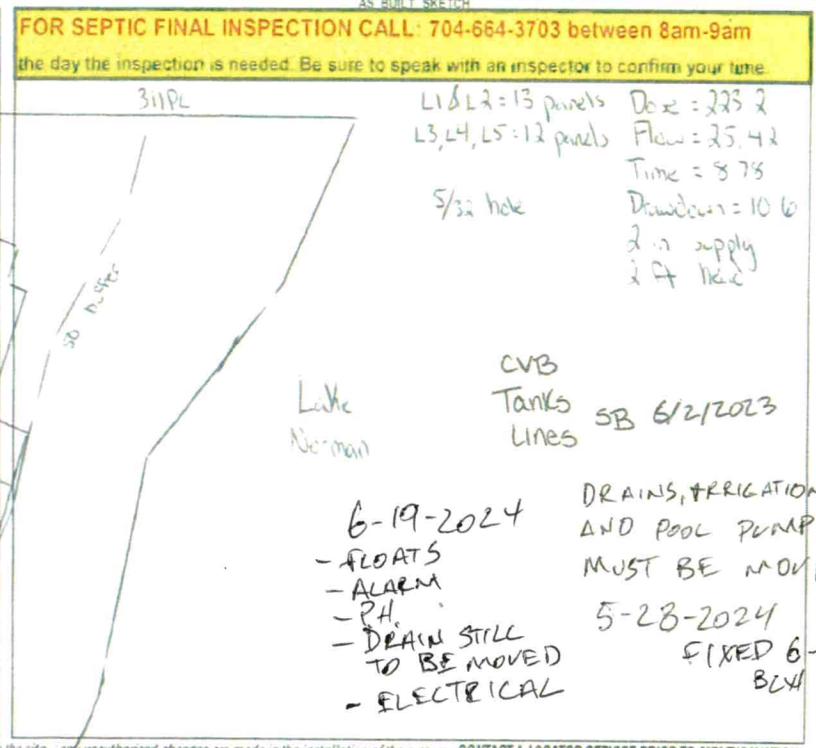
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install lines on contour with the land Do not grade, park, or drive on septic area

INITIAL SITE SKETCH



AS BUILT SKETCH



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

L1 & L2 = 13 panels
L3, L4, L5 = 12 panels
5/32 hole

Dose = 223.2
Flow = 25.42
Time = 8.78
Drawdown = 10.6
2 in supply
2 ft lines

6-19-2024
- FLOATS
- ALARM
- PH
- DRAIN STILL TO BE MOVED
- ELECTRICAL

DRAINS, IRRIGATION, AND POOL PUMP MUST BE MOVED
5-28-2024
FIXED 6-19-2024 BLH

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: John Fellows 6/27/22 Date: 4 PL Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Cory Hill Date: 6/17/22 OPERATION PERMIT by: Sarah Williams Date: 6/24/2024

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 7/22/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 327353

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

PIN # 4624 -- 69 -- 8345

APPLICANT OWNER: John Fellows | APPLICANT ADDRESS: 130 S Iredell St Suite 103

SITE ADDRESS: 151 S Longfellow Ln, Mooresville 28117 | PHONE: 704 301-7455 | ALT PHONE: -

SITE DIRECTIONS: Brawley School - New Hope - S Longfellow | SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: The Point | SECTION: P12 LOT #: 1 & 2 | LOT AREA: 2.122 acres | DESIGN FLOW: 432 gpd | LTAR: 1.5

Septic Tank	1000 gal	STB	7680	Date	4/3/23	[X] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms: 4
Pump Tank	1000 gal	PT	3683	Date	4/16/23	System Description: LP PPBP's (vertical)		[ ] Business	No. Persons: 5
Pump Make		Model		Serial #		Repair System Description: LP - PPBP's		[ ] Other	No. Employees:
# Nitrification Fields	1	# Lines	5	Linear Ft	367	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[X] Crawl Space
Trench Width	24 in	Trench Bottom Depth ~~Low side~~	36 in Level	Gravel Depth	-	[ ] GRAVITY [X] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

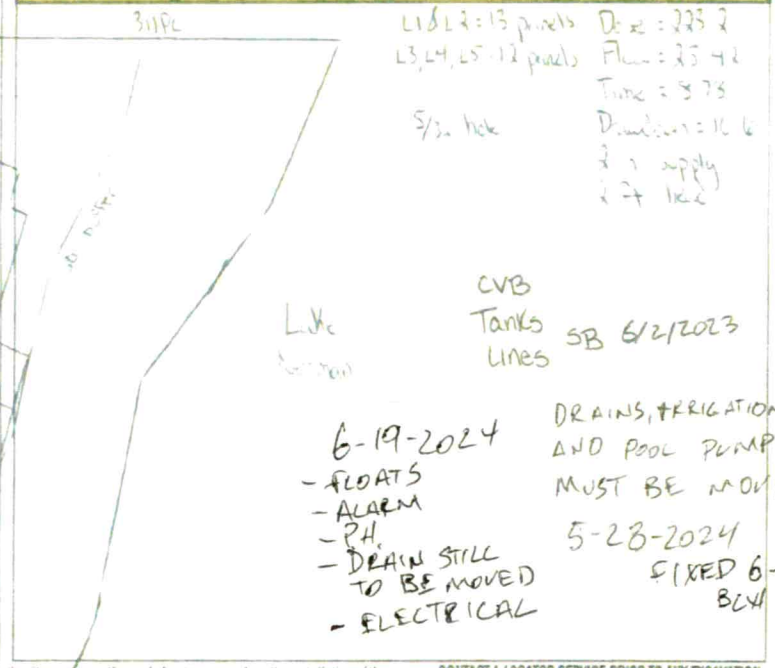
Comments Conditions: Install line in water with the tank Do not ignite, park or drive on septic area

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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[ ] IMPROVEMENT PERMIT with plat valid without expiration [X] 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] 6/27/22 Date: 4/12 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 6/7/22 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/22/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # **AP** 327853

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

PIN # 4624 -- 69 -- 8345

APPLICANT/OWNER: John Fellows | APPLICANT ADDRESS: 1310 S Tryon St Suite 103

SITE ADDRESS: 151 S Longfellow Ln, Mooresville 28117 | PHONE: 704-309-7485 | ALT PHONE -

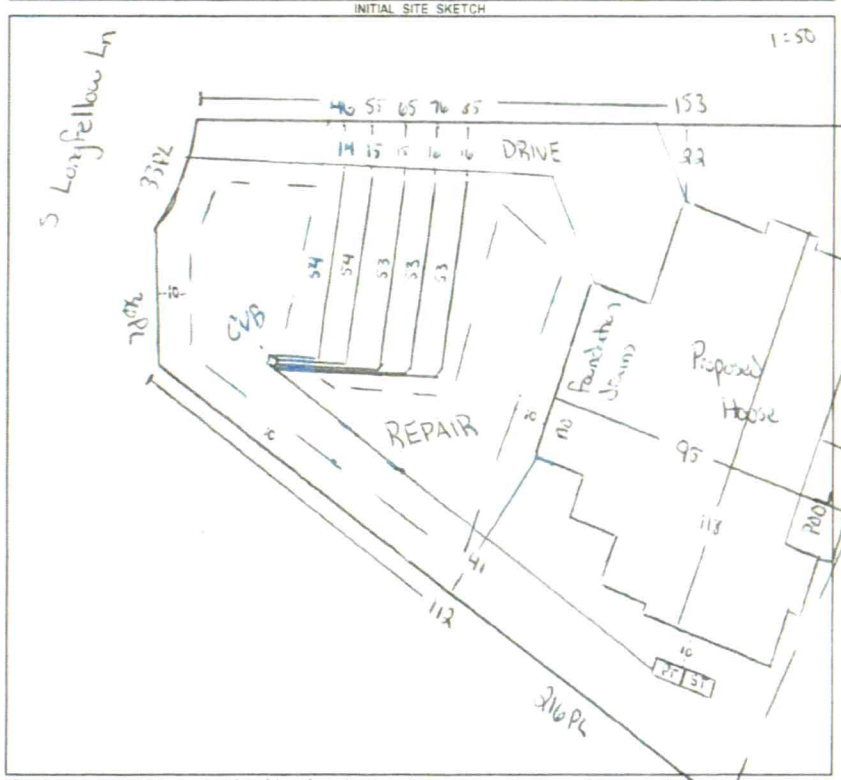
SITE DIRECTIONS: Brawley School - New Haven - S Longfellow | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point | SECTION: P12 | LOT # 1212 | LOT AREA: 0.922 acres | DESIGN FLOW: 450 gpd | L.T.A.R. 0.5

Septic Tank 1000 (gal)	STB 7600	Date 4/3/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 3603	Date 4/16/23	System Description: LP PPBPS (Vertical)		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: LP - PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 367	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width 24 in	Trench Bottom Depth ~~(Low side)~~ 36 in (max)	Gravel Depth –	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

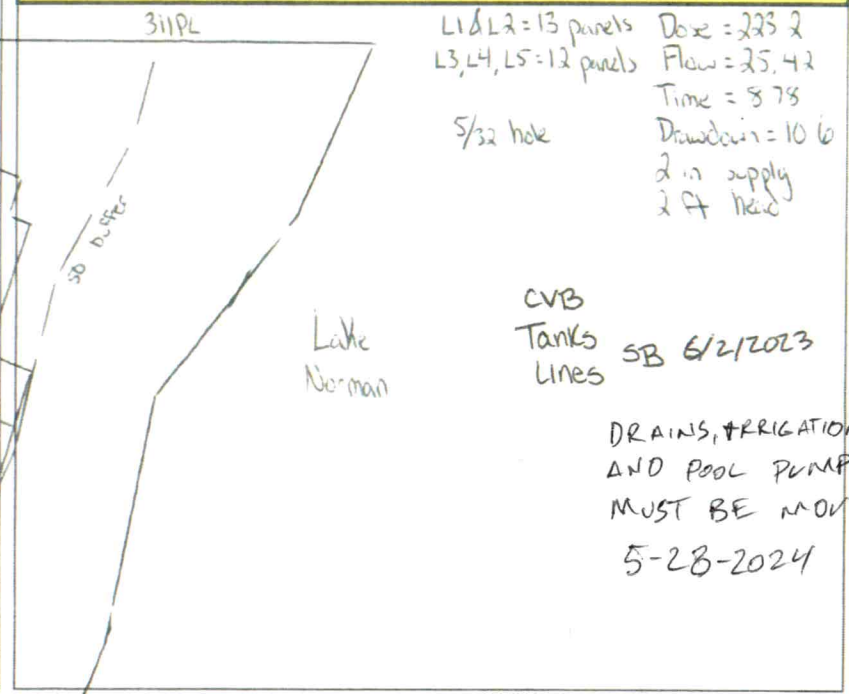
Comments / Conditions: Install lines on contour with the land Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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Owner / Applicant Signature: John Fellows 6/27/22 Date: 4 PL Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Cory Hill Date: 6/17/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 7/22/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # **AP** 327853

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

PIN # 4624 -- 69 -- 8345

APPLICANT/OWNER: John Fellows | APPLICANT ADDRESS: 1310 S. Tryon St. Suite 103

SITE ADDRESS: 151 S Longfellow Ln, Mooresville 28117 | PHONE: 704-309-7485 | ALT. PHONE -

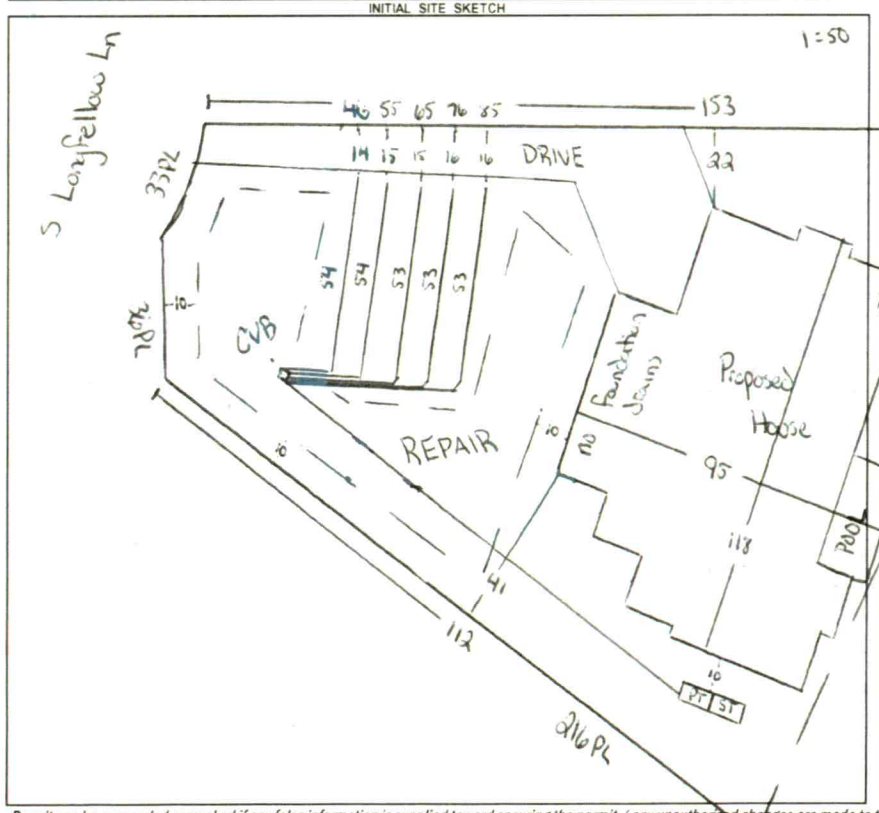
SITE DIRECTIONS: Brawley School - New Haven - S Longfellow | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point | SECTION: P12 | LOT # 1212 | LOT AREA: 0.922 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 7600	Date 4/3/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT 3603	Date 4/16/23	System Description: LP-PPBPS (Vertical)				☐ Business	No. Persons 8	☐ Private
Pump Make			Model		Serial #				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 367	Repair System Description: LP-PPBPS				☐ Slab	☒ Crawl Space	☒ Community
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36 in (max)	Gravel Depth -	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Basement w/plumbing	☐ Basement w/o plumbing	
						☐ GRAVITY	☒ PRESSURE				

Comments / Conditions: Install lines on contour with the land Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

L1 & L2 = 13 panels
L3, L4, L5 = 12 panels
5/32 hole

Dose = 223.2
Flow = 25.42
Time = 8.78
Drawdown = 10.16
2 in supply
2 ft head

CVB
Tanks
Lines
SB 6/2/2023

IRRIGATION + DRAINS

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Owner / Applicant Signature: John Fellows 6/27/22 Date: | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Cory Hill Date: 6/17/22 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 7/22/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: John Fellows
ADDRESS: 1310 S Tryon St Suite 103
PROPOSED FACILITY: 4 bd/r home PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 151 S Longfellow

APPLICATION DATE: 4/20/22
DATE EVALUATED: 6/9/22
PROPERTY SIZE: 0.422
PROPERTY RECORDED: yes

WATER SUPPLY: X Private Public Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut TYPE OF WASTEWATER: X 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	Linear 5%	0 - 8	Compacted C		–	58	SAP CL	inc in layer	.3 PS
		8 - 24	C SBK	SS SP FR SE					
		24 - 58	CL SBK	SS SP FR SE					
2	Linear 6%	0 - 6	Compacted C		–	48	SAP CL	inc in layer	.3 PS
		6 - 17	C SBK	SS SP FR SE					
		17 - 48	CL SBK	SS SP FR SE					
3	Linear 6%	0 - 6	Compacted C		–	54	SAP CL	inc in layer	.3 PS
		6 - 18	C SBK	SS SP FR SE					
		18 - 54	CL SBK	SS SP FR SE					
4	Linear 7%	0 - 9	SCL SBK	SS SP FR SE	–	53	SAP CL	inc in layer	.3 PS
		9 - 25	C SBK	SS SP FR SE					
		25 - 53	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Sydney Holland

COMMENTS:

Updated February 2014

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 327853

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

PIN # 4624 -- 69 -- 8345

APPLICANT/OWNER: John Fellows | APPLICANT ADDRESS: 1310 S. Tryon St. Suite 103

SITE ADDRESS: 151 S. Longfellow Ln, Mooresville 28117 | PHONE: 704-309-7485 | ALT. PHONE -

SITE DIRECTIONS: Brawley School - New Haven - S. Longfellow | SAP CONTROLLED: ☐ YES ☒ NO

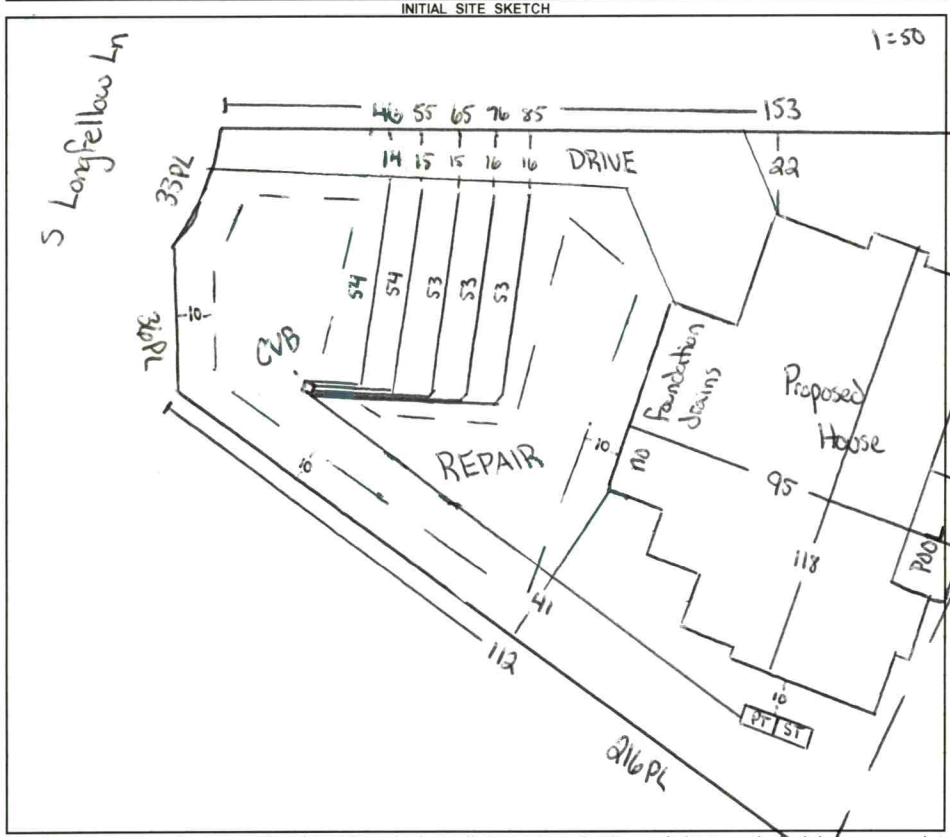
SUBDIVISION: The Point | SECTION: P12 | LOT # 1212 | LOT AREA: 0.922 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

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-PPBPS (Vertical)			
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	267'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24 in		Trench Bottom Depth ~~(Low side)~~			36 in (max)	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		

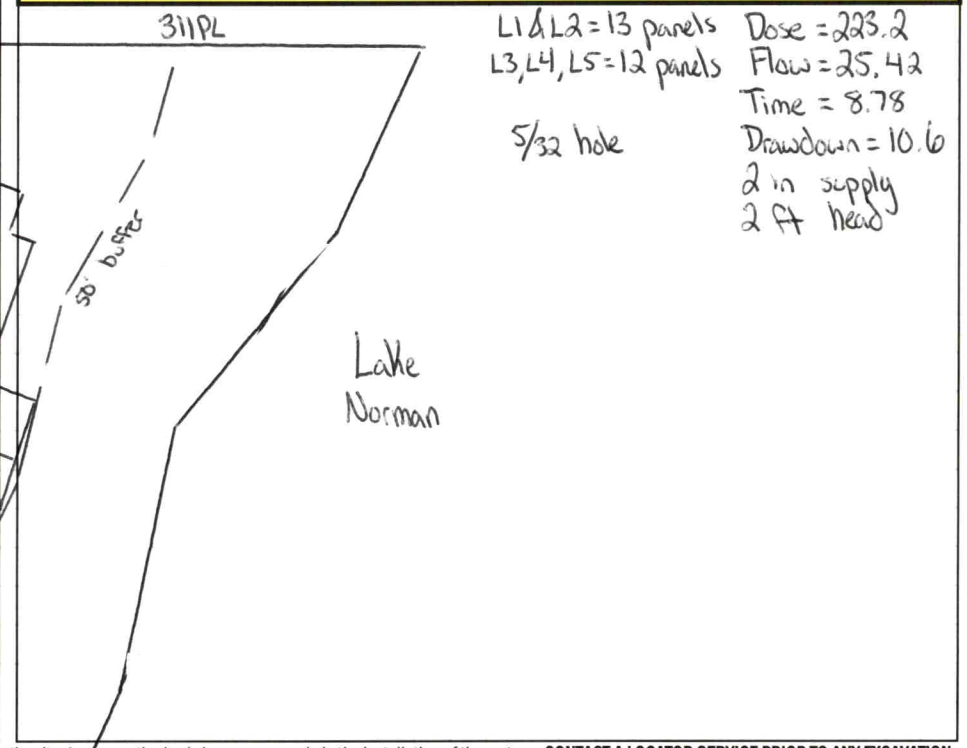
Comments / Conditions: Install lines on contour with the land. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: [signature] 6/27/22 Date: | Installed by:

IMPROVEMENT PERMIT by: Cory Hill Date: 6/17/22 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 7/22/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: John Fellows
ADDRESS: 1310 S Tryon St Suite 103
PROPOSED FACILITY: 4 bd/r home PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 151 S Longfellow

APPLICATION DATE 4/20/22
DATE EVALUATED: 6/9/22
PROPERTY SIZE: 0.922
PROPERTY RECORDED: yes

WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	Linear 5%	0 - 8	Compacted C		–	58	SAP CL	inc in layer	.3 PS
		8 - 24	C SBK	SS SP FR SE					
		24 - 58	CL SBK	SS SP FR SE					
2	Linear 6%	0 - 6	Compacted C		–	48	SAP CL	inc in layer	.3 PS
		6 - 17	C SBK	SS SP FR SE					
		17 - 48	CL SBK	SS SP FR SE					
3	Linear 6%	0 - 6	Compacted C		–	54	SAP CL	inc in layer	.3 PS
		6 - 18	C SBK	SS SP FR SE					
		18 - 54	CL SBK	SS SP FR SE					
4	Linear 7%	0 - 9	SCL SBK	SS SP FR SE	–	53	SAP CL	inc in layer	.3 PS
		9 - 25	C SBK	SS SP FR SE					
		25 - 53	CL SBK	SS SP FR SE					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Sydney Holland

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

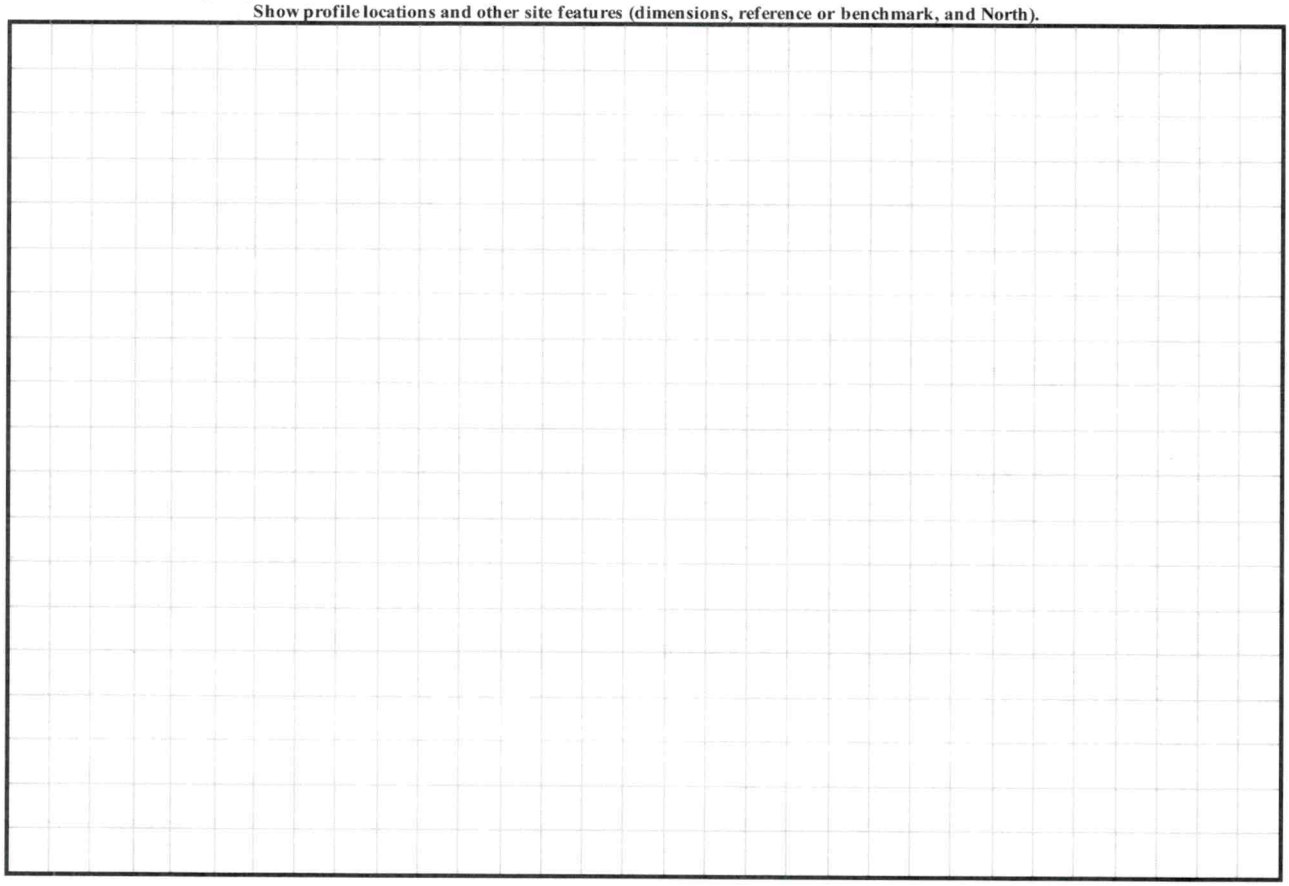
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

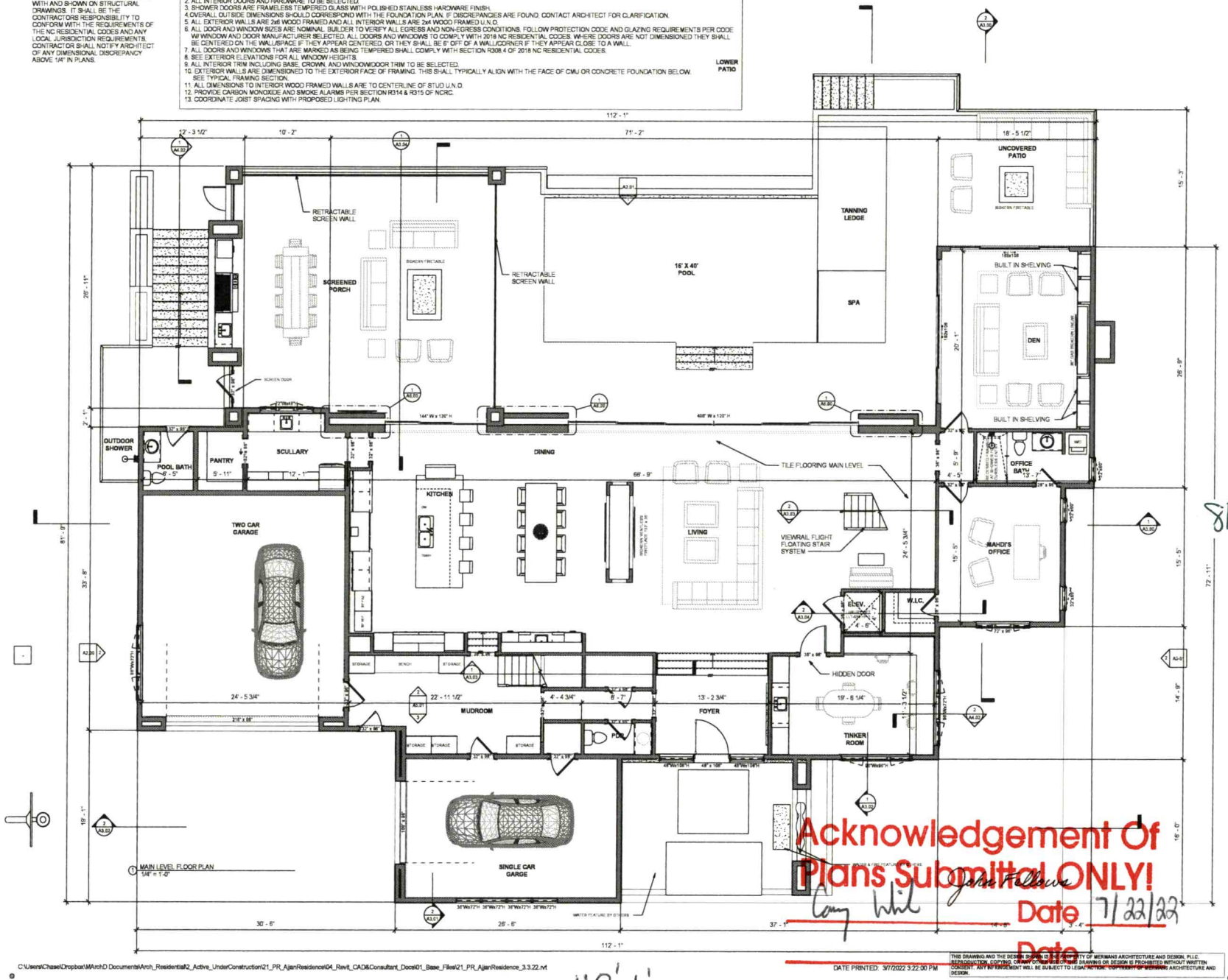


112' 1"

NOTE: THESE DRAWINGS ARE FOR DESIGN INTENT ONLY. ANY STRUCTURAL REQUIREMENTS SHALL BE CONFIRMED WITH AND SHOWN ON STRUCTURAL DRAWINGS. IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CONFORM WITH THE REQUIREMENTS OF THE NC RESIDENTIAL CODES AND ANY LOCAL JURISDICTION REQUIREMENTS. CONTRACTOR SHALL NOTIFY ARCHITECT OF ANY DIMENSIONAL DISCREPANCY ABOVE 1/4" IN PLANS.

GENERAL NOTES (notes that are UNDERLINED are options TBD)

1. ALL EXTERIOR DOOR & WINDOW HARDWARE AND FINISH TO BE SELECTED.
2. ALL INTERIOR DOORS AND HARDWARE TO BE SELECTED.
3. SHOWER DOORS ARE FRAMELESS TEMPERED GLASS WITH POLISHED STAINLESS HARDWARE FINISH.
4. OVERALL OUTSIDE DIMENSIONS SHOULD CORRESPOND WITH THE FOUNDATION PLAN. IF DISCREPANCIES ARE FOUND, CONTACT ARCHITECT FOR CLARIFICATION.
5. ALL EXTERIOR WALLS ARE 2x6 WOOD FRAMED AND ALL INTERIOR WALLS ARE 2x4 WOOD FRAMED U.N.O.
6. ALL DOOR AND WINDOW SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS AND NON-EGRESS CONDITIONS. FOLLOW PROTECTION CODE AND GLAZING REQUIREMENTS PER CODE W/ WINDOW AND DOOR MANUFACTURER SELECTED. ALL DOORS AND WINDOWS TO COMPLY WITH 2018 NC RESIDENTIAL CODES. WHERE DOORS ARE NOT DIMENSIONED THEY SHALL BE CENTERED ON THE WALL/SPACE IF THEY APPEAR CENTERED, OR THEY SHALL BE 6" OFF OF A WALL/CORNER IF THEY APPEAR CLOSE TO A WALL.
7. ALL DOORS AND WINDOWS THAT ARE MARKED AS BEING TEMPERED SHALL COMPLY WITH SECTION R308.4 OF 2018 NC RESIDENTIAL CODES.
8. SEE EXTERIOR ELEVATIONS FOR ALL WINDOW HEIGHTS.
9. ALL INTERIOR TRIM INCLUDING BASE, CROWN, AND WINDOW/DOOR TRIM TO BE SELECTED.
10. EXTERIOR WALLS ARE DIMENSIONED TO THE EXTERIOR FACE OF FRAMING. THIS SHALL TYPICALLY ALIGN WITH THE FACE OF CMU OR CONCRETE FOUNDATION BELOW. SEE TYPICAL FRAMING SECTION.
11. ALL DIMENSIONS TO INTERIOR WOOD FRAMED WALLS ARE TO CENTERLINE OF STUD U.N.O.
12. PROVIDE CARBON MONOXIDE AND SMOKE ALARMS PER SECTION R314 & R315 OF NCRC.
13. COORDINATE JOIST SPACING WITH PROPOSED LIGHTING PLAN.



81' 9"

Acknowledgement Of Plans Submittal ONLY!

John Fellows

Date 7/22/22

Date

112' 1"

151. S. Longfellow.

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INTERNAL OFFICE INFO

FLAT FILE: 8_LAKE

DRAWN BY: C.B. E.B. B.M.

SHEET SIZE: 30" x 42" ARCH E1

*GRAPHIC FOR SCALING REFERENCE

AJLAN RESIDENCE

151 S. LONGFELLOW LN.
MOORESVILLE, NC

Project: NAME
Date: Issue Date
Revisions:

TAG	DESCRIPTION	DATE

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Bryan Mermans
704.804.8517

MAIN LEVEL FLOOR PLAN

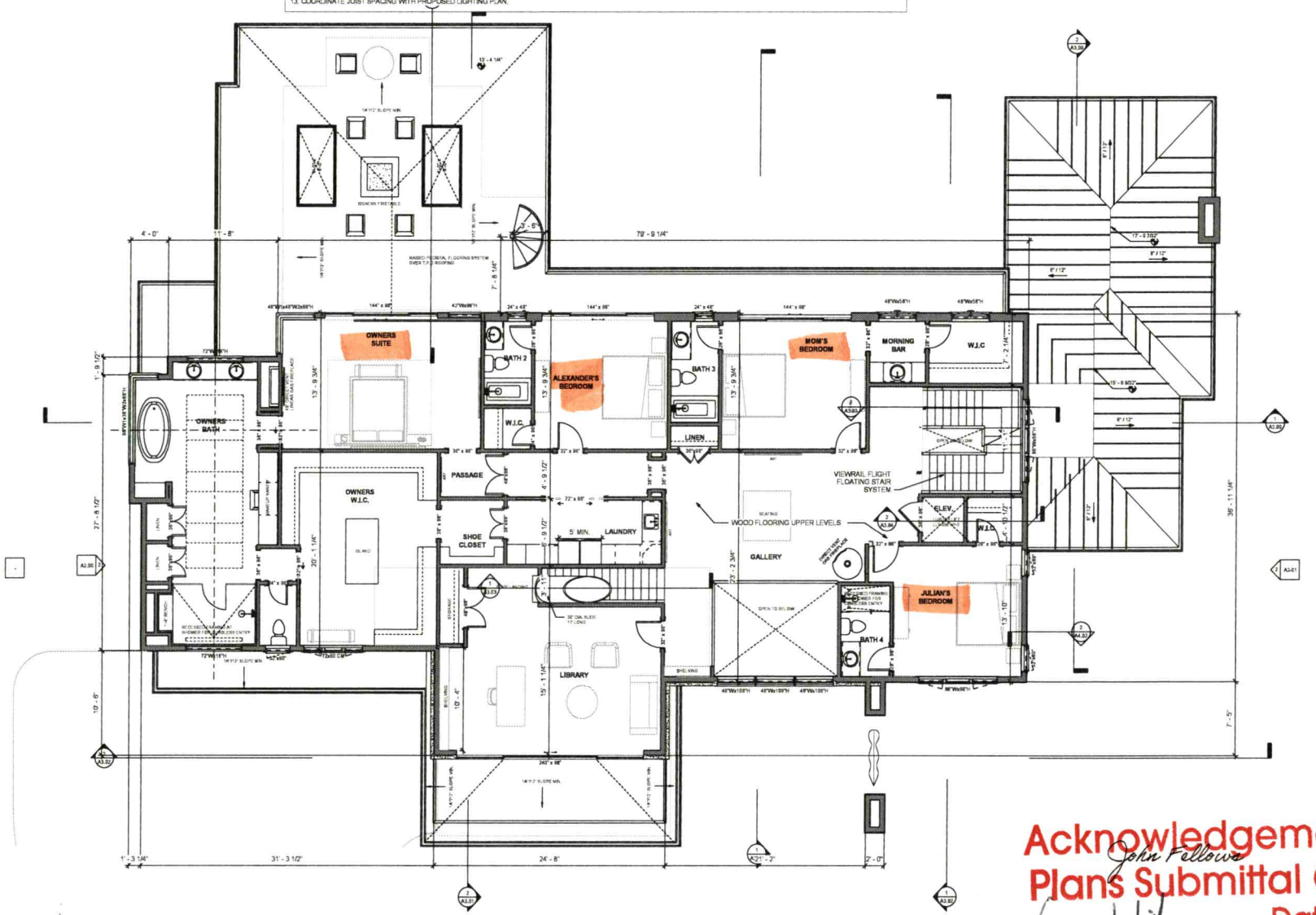
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NOTE: THESE DRAWINGS ARE FOR DESIGN INTENT ONLY. ANY STRUCTURAL REQUIREMENTS SHALL BE CONFIRMED WITH AND SHOWN ON STRUCTURAL DRAWINGS. IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CONFORM WITH THE REQUIREMENTS OF THE NC RESIDENTIAL CODES AND ANY LOCAL JURISDICTION REQUIREMENTS. CONTRACTOR SHALL NOTIFY ARCHITECT OF ANY DIMENSIONAL DISCREPANCY ABOVE 1/4" IN PLANS.

GENERAL NOTES (notes that are UNDERLINED are options TBD)

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Acknowledgement Of Plans Submittal ONLY!
John Fellows
Cory Whit
Date 7/22/22
Date

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MERMANS ARCHITECTURE & DESIGN, PLLC

BRYAN K. MERMANS 23974 CHARLOTTE, NC

52981 CHARLOTTE, NC

INTERNAL OFFICE INFO:

FLAT FILE: 8_LAKE

DRAWN BY: C.B.
E.B.
B.M.

SHEET SIZE:
30" x 42"
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*GRAPHIC FOR SCALING REFERENCE

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Bryan Mermans
704.604.8517

UPPER LEVEL FLOOR PLAN

PROGRESS PRINT

A1.01A

9 Samantha - 704-728-2510

"Called Ready" RECEIVED APR 2 2022

CW

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)

AP-327853 $500.00

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 #
John Fellows	1310 S. Tryon St. Suite 103 Charlotte, NC 28203	704-309-7485	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Mahdi & Haya Ajaan	151 S. Longfellow Ln. Mooresville, NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
151 S. Longfellow Ln. Mooresville, NC 28117	The Point	12/1212

Driving Directions: Brawley School Rd South, Left on New Haven, Right on S. Longfellow. Lot is at end of street in Culdesac

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

(X) 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 5
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other LP Panel

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

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

9. Signature: John Fellows — 2/28/22

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

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

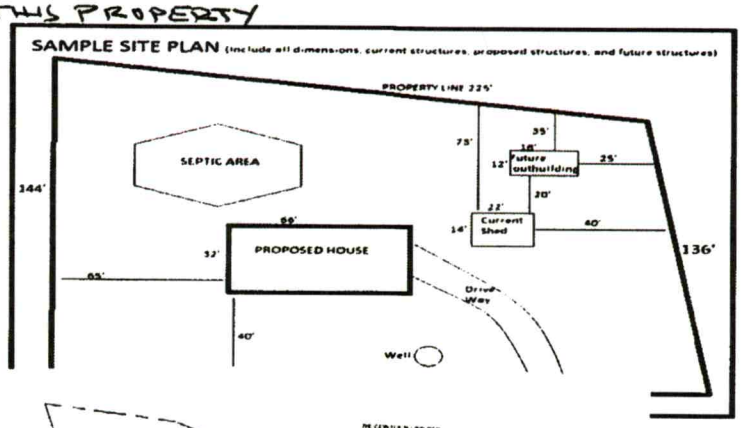
_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

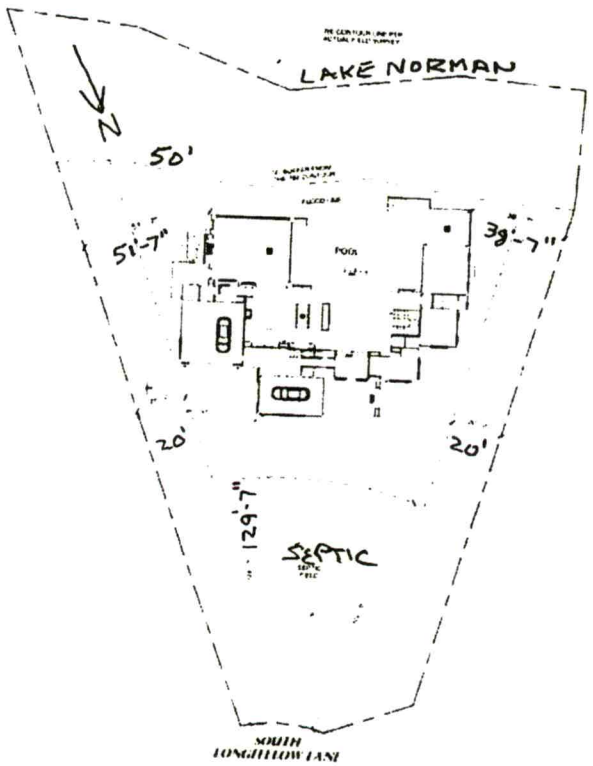
Circle N/A on the following if appropriate:

_X_ 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**

NO WELL ON THIS PROPERTY





HOUSE BOX
112' WIDE
82' DEEP

Signature: John Fellows

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

2/28/22

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, Mahdi & Haya Ajaan, am the legal owner(s) of the property located at 151 S. Longfellow Ln. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 462571747611, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) John Fellows with T.J. Thompson Inc, _____, 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)	Date	Signature of Witness	Date
	4.8.22		4.8.22

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 ***

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- 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.

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 nonrefundable. 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 John Fillo **Date** 4/20/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327853 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624698345.000	151 S LONGFELLOW LN	Iredell County

Owner Information	Applicant Information
Name: AJJAN MAHDI I+HAYA	Name: TJ THOMPSON INC - USE THIS ONE
Address:	Address: 1310 S Tryon St Suite 103 CHARLOTTE, NC 28203
Phone:	Phone: (704)309-7485

Use Requested	Zone Code
Single Family Dwelling	R20 CUD

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.922	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
sfd

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.

Date: 04/20/2022

Signature of Owner/Contractor

Permit Number	327853	TOTAL FEES:	$77.25