IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212133

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

PIN # 4624886913

APPLICANT: Richard & Mary Murphy APPLICANT ADDRESS: 27 Pearce Dr Highland Mills NY 10930

SITE ADDRESS: 126 Keel Ct. Mooresville NC 28117 PHONE: ALT. PHONE: 704 578-4951 Kathle

SITE DIRECTIONS: Brawley School Rd TL Yacht Rd TR Yacht Harbor on left 2nd jct w/ Keel Ct.

SUBDIVISION: Yacht Harbour SECTION: — LOT # 15 LOT AREA: .478 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 10-25-15
Pump Tank 1000 (gal) PT 302 Date 8-4-15
Pump Make Zoeller 152-V Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 272'
Trench Width min. 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPPPBPS
Repair System Description: Same
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

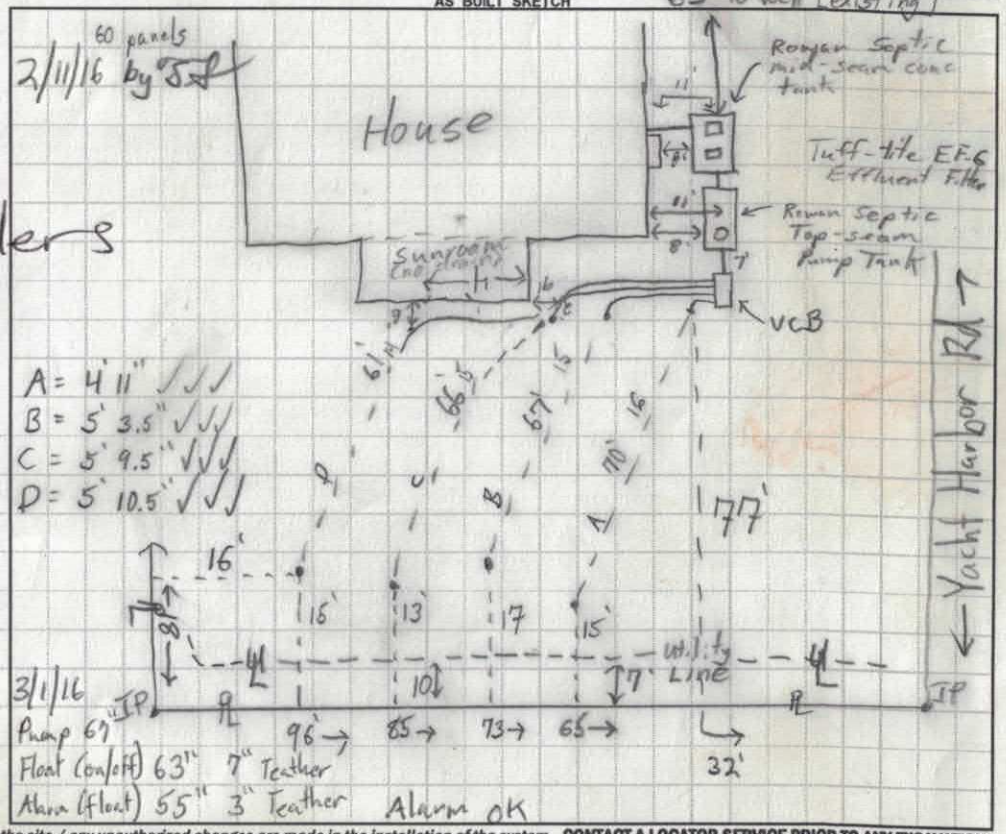
Comments / Conditions:

This permit replaces previous permit dated 3/31/08.

INITIAL SITE SKETCH

See attached/Approved plan by Kathleen Saunders dated 7/21/15

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.

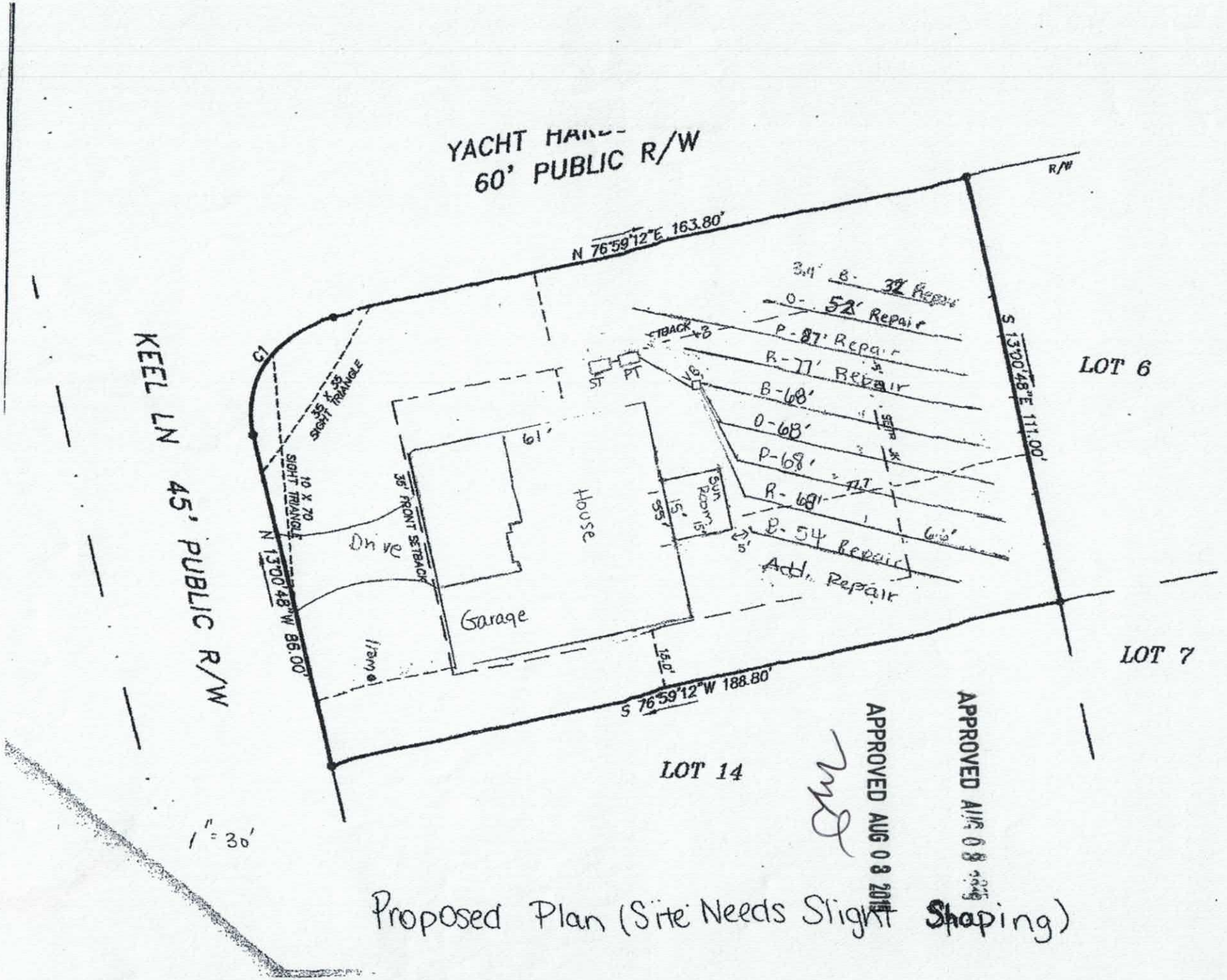
Owner / Applicant Signature: Date: 8/7/15 Installed by: Kevin Kirkpatrick (Rowan Septic)

IMPROVEMENT PERMIT by: Date: 8/3/15 OPERATION PERMIT by: Date: 3-21-16

AUTHORIZATION TO CONSTRUCT by: Date: 8/3/15 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	2-10-16	
Tanks Checked	2-10-16	
Pressure Manifold or Valve Box Checked	2-10-16	
Pressure Head Set	2-10-16	
Electrical Checked	3-1-16	
Floats Set	3-1-16	
Alarm Checked	3-1-16	
Maintenance Contract Y / N		


YACHT HARB
60' PUBLIC R/W
KEEL LN
45' PUBLIC R/W
N 76°59'12"E 163.80'
S 13°00'48"E 111.00'
S 76°59'12"W 188.80'
N 13°00'48"W 86.00'
LOT 6
LOT 7
LOT 14
House
Garage
Drive
Sun Room
Add. Repair
SETBACK
SIGHT TRIANGLE
10 X 70 SIGHT TRIANGLE
35' FRONT SETBACK
3.4' B- 32' Repair
O- 52' Repair
P- 87' Repair
R- 77' Repair
B-68'
O-68'
P-68'
R-68'
P- 54' Repair
1" = 30'
Proposed Plan (Site Needs Slight Shaping)
APPROVED AUG 08 2015
APPROVED AUG 08 2015

Maria Dotson

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Friday, February 5, 2016 6:50 AM
To: Maria Dotson
Subject: Re: keel ct
Attachments: EPSON113.PDF

I've attached copies of the original permit and the new layout with the change in setbacks. Changing the setback to meet the relatively new requirement for foundation drains around crawl spaces still makes the system work, but the builders are pretty angry that they have to re-permit something they thought was a valid permit. The sun room has always been permitted as a sun room; my original email was based off a preliminary plan that we never submitted. The utility line only impacted a few feet in the rear right corner of the lot.

They would like to know if there's any sort of grandfathering for existing permits that use the old setbacks to crawl spaces?

Kat

On Wed, Feb 3, 2016 at 4:15 PM, Maria Dotson <MDotson@co.iredell.nc.us> wrote:

Yes, it needs a redraw.

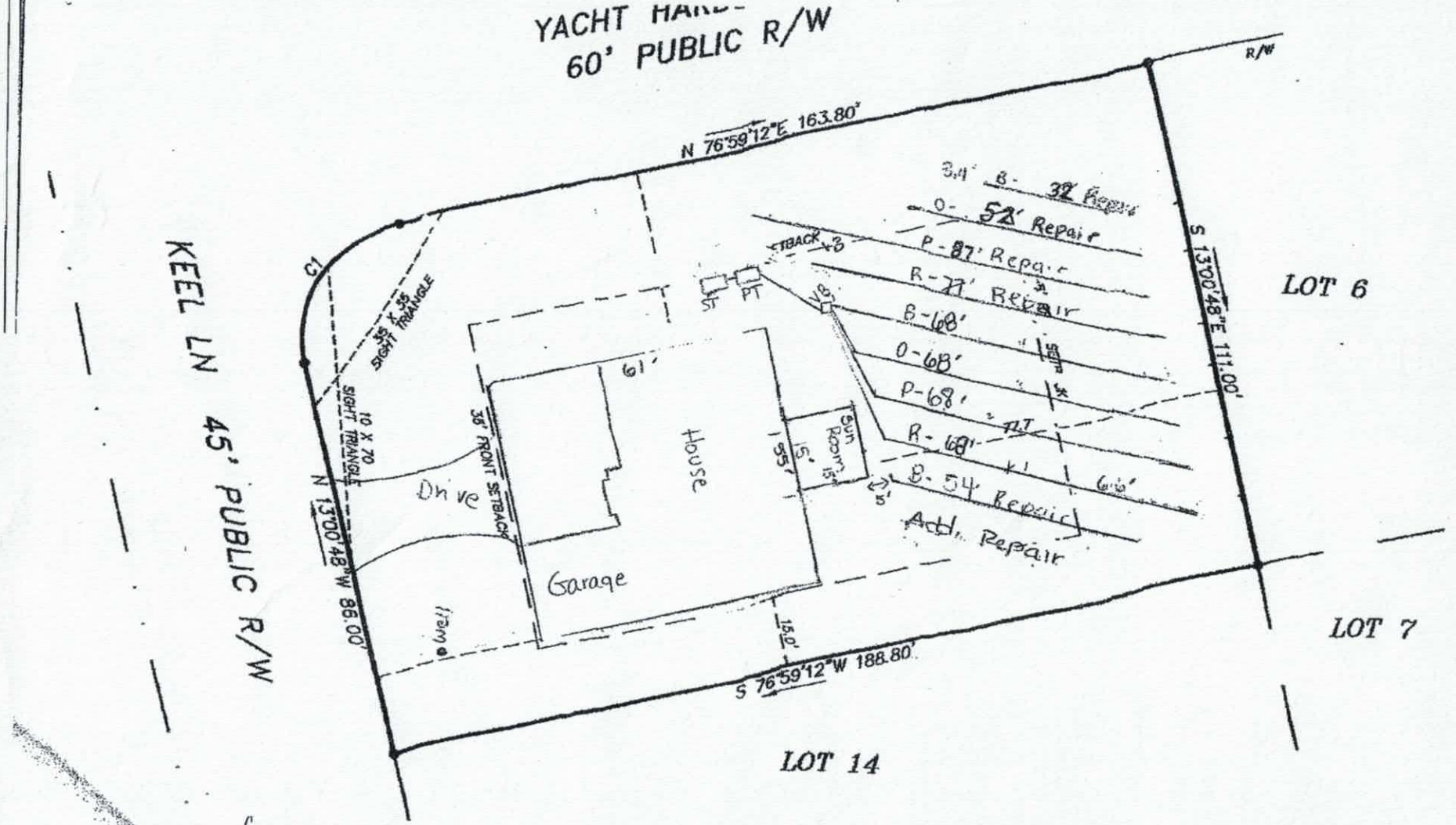
From: Kathleen Saunders [mailto:kathleenmsaunders@gmail.com]
Sent: Wednesday, February 3, 2016 7:50 AM
To: Maria Dotson
Subject: Fwd: keel ct

Maria,

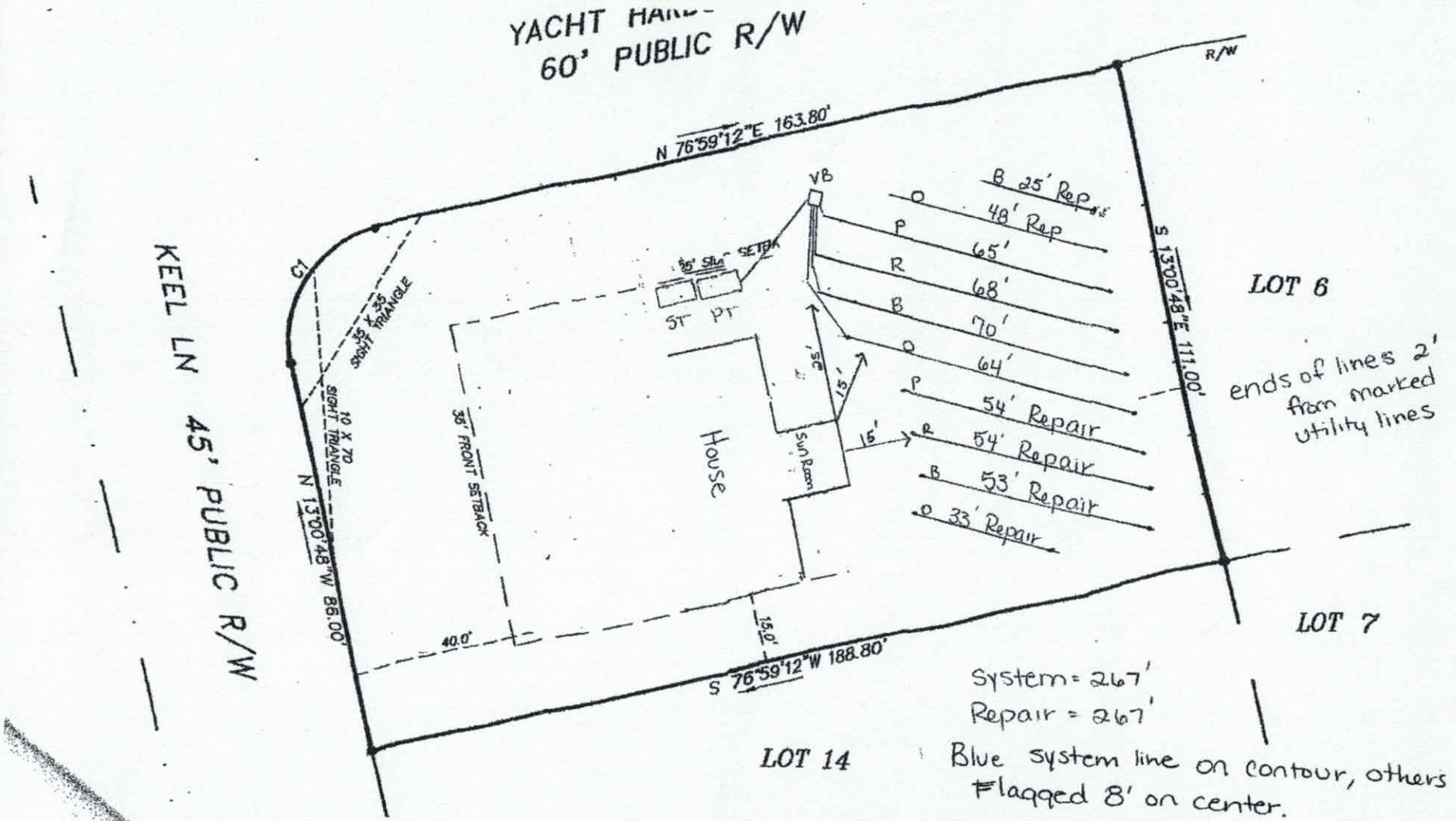
This is the lot on Keel and Yacht Harbor (126 Keel Ct) that we permitted last year. They added a foundation drain around the crawl space, made the deck a sun room, and then the utilities company slightly impacted the system area by roughing in the utilities outside of the 10 ft utility easement in some places (mainly in the back right corner of the lot).

The tanks are already installed and the installer is asking when they can finish the installation. This needs to be re-permitted first, right?

Kat



Proposed Plan (Site Needs Slight Shaping)



Proposed Plan (Site Needs Slight Shaping)

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	32	3.4				
2	Repair	Orange	LPPPBPS	52					
3	Repair	Pink	LPPPBPS	87	pumping				
4	Repair	Red	LPPPBPS	77	down				
5	System	Blue	LPPPBPS	68 endfed	hill	15	15	1 per panel	5/32"
6	System	Orange	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
7	System	Pink	LPPPBPS	68 endfed		15	15	1 per panel	5/32"
8	System	Red	LPPPBPS	68 endfed	6.6	15	15	1 per panel	5/32"
9	Repair	Blue	LPPPBPS	54	6.9				
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 272'					
				Total Repair: 302'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	4.5
House	staked		4.8

Note: **All Rod Readings should be verified by installer prior to installation of system**
Location of tanks and/or distribution devices can be moved at the ICHD's discretion
Site requires some shaping, install lines straight, 8 ft on center

Approved
8/7/15
MD

126 Keel Lane Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	272
Trench Width	2'
Trench Spacing	8'
Trench Depth	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	15' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 6.0'
Pressure head	3.0'
Friction head	1.0'
20% Contingency	2.0'
Total Head	12.0'
Pump Requirements	30 gpm @ 12.0' of head To be designed by installer.
Maximum Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	302
Repair LTAR	0.3

8/7/15
Approved
MJ

***Before placement of cap block, one panel on each line near the center of the field should be**

observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.

RECEIVED JUL 2 1 2015

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Paid $350.00 #212133

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

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

1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Richard & Mary Murphy		Contact Kathleen Saunders, LS	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same as applicant		(704) 578-4951	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
126 Keel Court Mooresville	Yacht Harbor	Lot 15

Driving Directions: Brawley School Rd / Left on Yacht Rd / Right on Yacht Harbor / left on Keel Ct. / first lot on left

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
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Emma Kelly
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

07/21/15
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _____, am the legal owner of the property located at 126 Keel Ct, identified as PIN(Parcel Identification Number) 4624 88 6913, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 8/5/15
Signature of Owner Date

_____ 8-5-15
Signature of Witness Date

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

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

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

- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...
  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:

- ____ 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)

Signature: Emma Helton

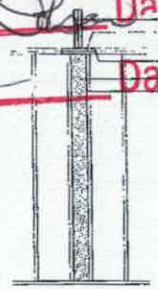
REQUIRED property owner or owner's legal representative signature.

07/21/15
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan

Acknowledgement Of
Plans Submittal ONLY!
Maria Date 8/3/15
Date 8/4/15

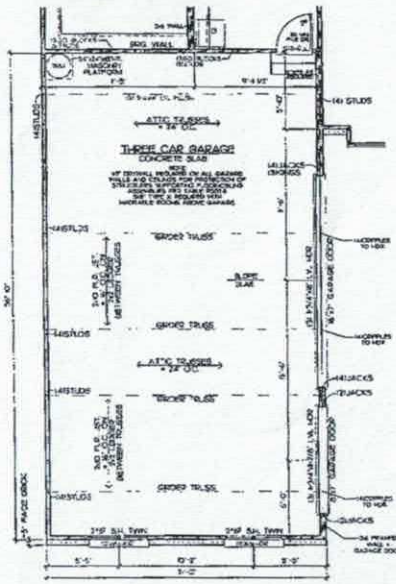


TYPICAL PSL
COLUMN DETAIL
SCALE: 1/2" = 1'-0"

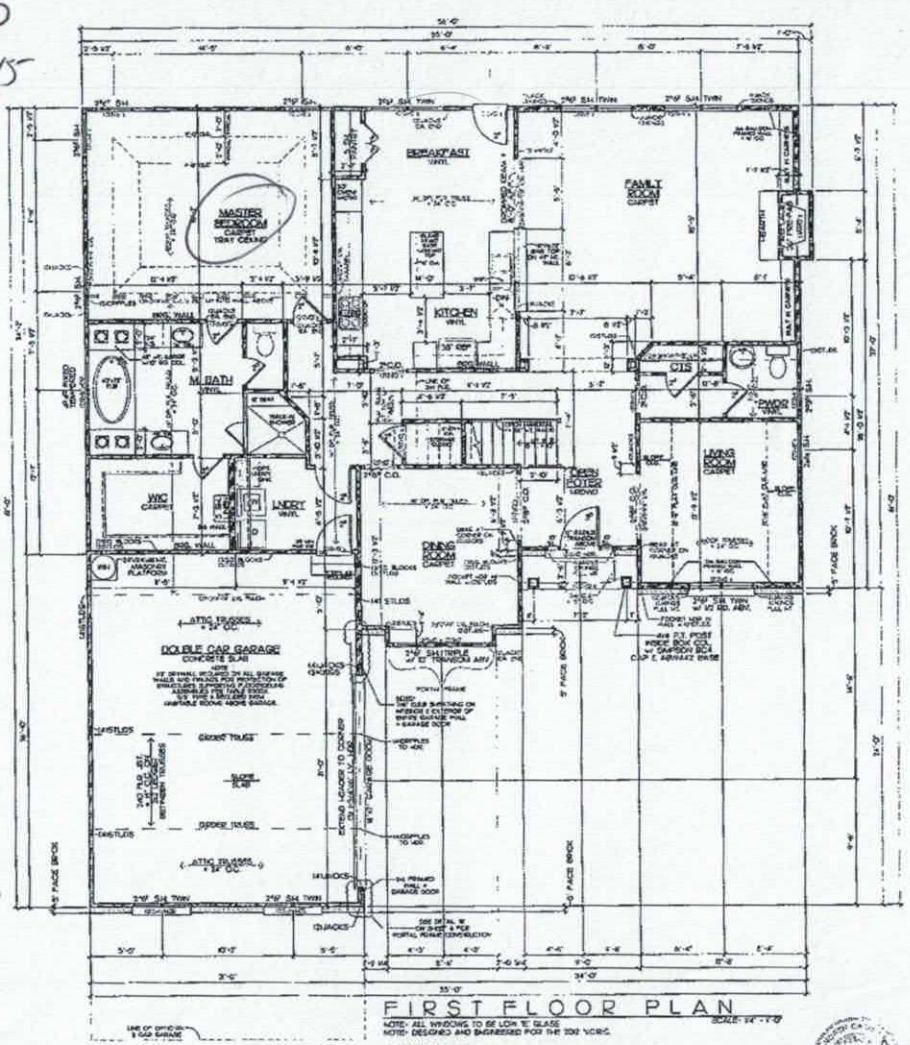
NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY

GENERAL NOTES:
1. ALL REQUIRED WALLS THAT FORM THE 1-HOUR BARRIER OF A HOUSE SHALL HAVE INSULATION MATERIALS FREE FROM EXPOSURE TO MOISTURE OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A GOOD MATERIAL OR AN APPROVED AND RATED MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBE, SOFFITS, STAIRS, FIREPLACE UNITS, AND THE EXPOSED SIDE OF ALL ONE WALLS.

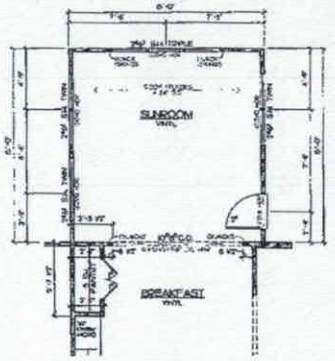
2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613.08 OF IRC.



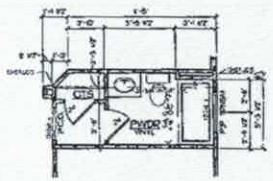
OPT. 3 CAR GARAGE
SCALE: 1/4" = 1'-0"



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 IRC.



OPT. SUNROOM
SCALE: 1/4" = 1'-0"



OPT. FULL BATH
SCALE: 1/4" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
NUMBER NUMBER OF PLYS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2x12	LUS212
3-2x6	HUS26-3
2-2x10	HUS210-2
3-2x10	HUS210-3
3-2x6	LUS26-3
3-2x10	LUS210-3
3-2x12	HUS12-3 TIN
2-1 3/4" x 9 1/4" LVL	HGUS9HD
2-1 3/4" x 9 1/4" LVL	HGUS9HD
2-1 3/4" x 11 7/8" LVL	HGUS14H
2-1 3/4" x 14" LVL	HGUS14H
2-1 3/4" x 16" LVL	HGUS16H
3-1 3/4" x 9 1/4" LVL	HGUS9.50/10
3-1 3/4" x 9 1/4" LVL	HGUS9.50/10
3-1 3/4" x 11 7/8" LVL	HGUS9.50/14
3-1 3/4" x 14" LVL	HGUS9.50/14
3-1 3/4" x 16" LVL	HGUS9.50/14
4-1 3/4" x 9 1/4" LVL	HGUS9.25/10
4-1 3/4" x 9 1/4" LVL	HGUS9.25/10
4-1 3/4" x 11 7/8" LVL	HGUS9.25/14
4-1 3/4" x 14" LVL	HGUS9.25/14
4-1 3/4" x 16" LVL	HGUS9.25/14

SQUARE FOOTAGE

HEATED:	
FIRST FLOOR:	2004 SF
SECOND FLOOR:	1996 SF
TOTAL HEATED:	3,900 SF
BASEMENT:	2049 SF
GARAGE:	343 SF
OPT. SUNROOM:	225 SF
OPT. BONUS RM:	456 SF
OPT. 3 CAR:	30 SF

Scott Dyreson
Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Nashville Structural Dist
NC Certificate of Licensure P-0713

I.Q. CUSTOM CONSTRUCTION
840 Edmiston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-4738

THE HAWTHORN
HOUSE PLAN

FIRST FLOOR PLAN

S BROOKS
04-16-15
05-05-15

3

Acknowledgement Of
Plans Submittal ONLY!

Date 8/3/15

Date 8/7/15

4		THE HAWTHORN HOUSE PLAN	I.Q. CUSTOM CONSTRUCTION
		SECOND FLOOR PLAN	840 Eaminston Rd. Mt. Ulla, NC 28125 Ph. 704-660-5738

IREDELL COUNTY

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

APPLICATION NUMBER
212133
Issue Date: 07/20/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624886913.000	126 KEEL COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MURPHY RICHARD J+MARY B	Applicant: THE OAKS GROUP
Address: 27 PEARCE DR ~~MOORESVILLE,~~ NY 10930 Highland Mills	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.478	35.00	35.00	25.00	15.00	CACL	X

Remarks:

$ PAID Credit 7-2015 A

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	44032	TOTAL FEES:	$ 77.25