IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205367

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

PIN # 4624-98-4140

APPLICANT: KENNETH JONES APPLICANT ADDRESS: CORNELIUS NC

SITE ADDRESS: 115 PELICAN CT. - Thrvl 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: BSR, R YACHT, R PELICAN, L END

SUBDIVISION: WILLIAMS SECTION: — LOT # 17 LOT AREA: .72 AC DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	744	Date	3-21-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:			PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	440'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: OK FOR HOUSE TO BE 3' DEEPER RA 8-30-16
Recommend pumping septic tank every 3-5 years.

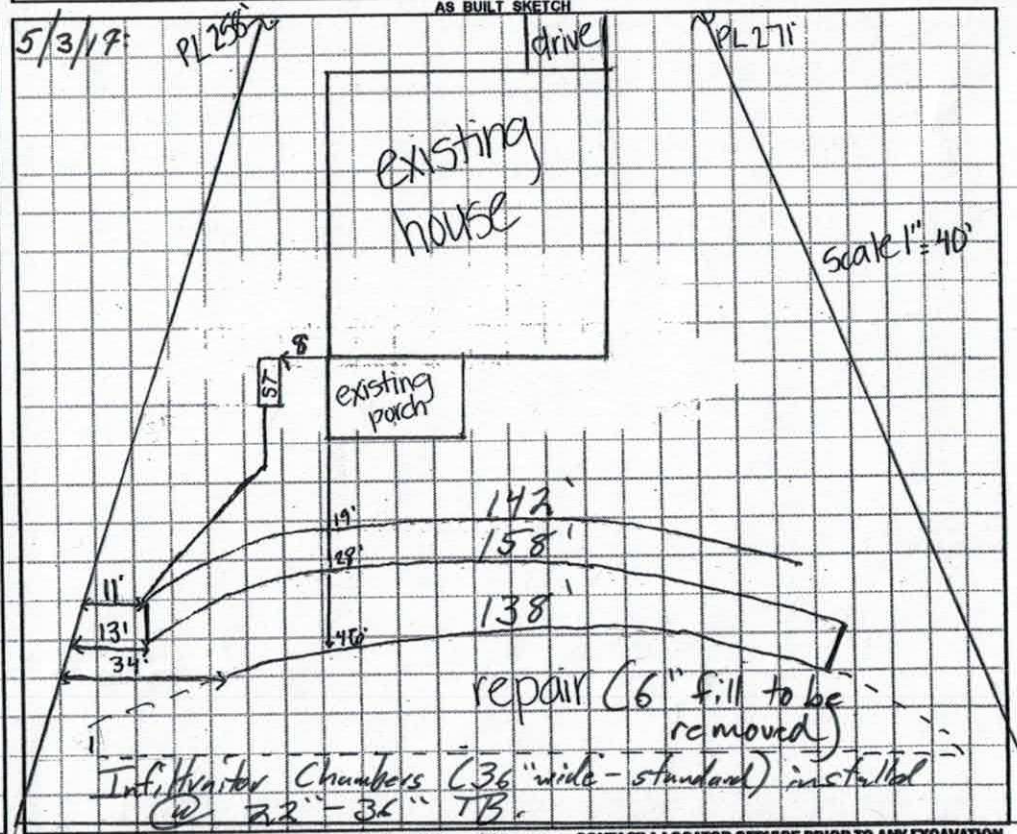
INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

APPROVED AUG 25 2014

AS BUILT SKETCH

5/3/17:



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**

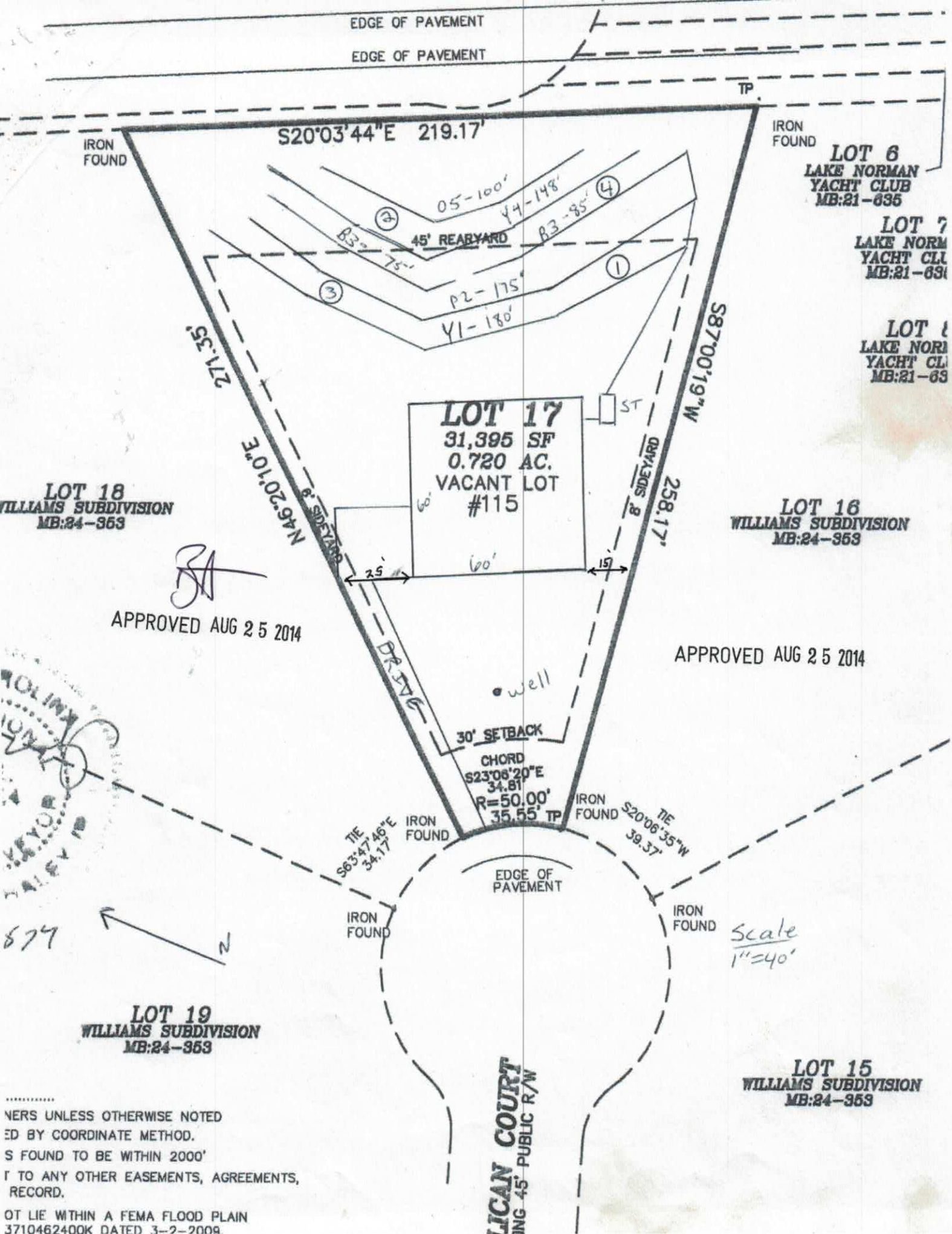
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 9/3/14 Installed by: Russell W Wastewater Solutions & Design

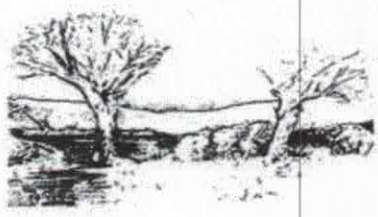
IMPROVEMENT PERMIT by: APPROVED AUG 25 2014 OPERATION PERMIT by: Date: 5-4-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/8/16 Existing System Inspected by: Date:

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



NERS UNLESS OTHERWISE NOTED
ED BY COORDINATE METHOD.
S FOUND TO BE WITHIN 2000'
T TO ANY OTHER EASEMENTS, AGREEMENTS,
RECORD.
OT LIE WITHIN A FEMA FLOOD PLAIN
3710462400K DATED 3-2-2009



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

Reference: Data Sheet for 115 Pelican Ct., Williams SD, Lot 17
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Yellow 1	**180'**	**180'**
Pink 2	**175'**	**177'**
Blue 3	**85'**/75'	**167'**
Yellow 4		148'
Orange 5		100'

Initial System: 440' **Repair System:** 323'

Comments:

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

PROPERTY ID #: 4624984140
COUNTY: Iredell

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

OWNER: Richard Doyne, Barbara Voyzey — APPLICATION DATE
ADDRESS: 2110 Winter Lake Dr. Gastonia NC — DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 0.72 AC
LOCATION OF SITE: 115 Pelican Ct. Williams Subdivision Lot 17 — PROPERTY RECORDED: 11/16/1999
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

APPROVED AUG 25 2014

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 7%	0-20	Br CL WSBK	FR SS SP	Few Mn to 30" >30" No Mn	48"	N/A	N/A	PS 0.3-0.275
		20-48	R C SBK	FR SS SP					
2	LS 5%	0-20	Br CL WSBK	FR SS SP	Few Mn	48"	N/A	N/A	PS 0.3-0.25
		20-48	R C SBK	FR SS SP					
3	LS 7%	0-18	Br CL WSBK	FR SS SP	Few Mn	48"	N/A	N/A	PS 0.3-0.25
		18-40	R C SBK	FR SS SP					
		40-48	R CL WSBK	FR SS SP	No Mn				
4	LS 5%	0-14	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		14-35	R C SBK	FR SS SP					
		35-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1320 FT2	969 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A & Associates
OTHER(S) PRESENT:

COMMENTS:

RECEIVED DEC 2 - 2016

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)

1. APPLICATION FOR: ___Improvement Permit ✓ 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:

Brooks Henderson	P.O. Box 1409 Cornelius	NC 28031	704-201-1429	
Applicant Name	Mailing Address		Home Phone #	Alternate Phone #
Kenneth Jones	20228 Turbull Way	Cornelius NC 28031		704-609-8930
Owner Name	Mailing Address		Home Phone #	Alternate Phone #

4. Property Information:

115 Pelican Ct. Mooresville NC 28117	Williams	17
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley school Rd turn left on Yacht Rd. turn left on Pelican Ct.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(✓) 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 ( ) 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 _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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: _____ 11/30/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED AUG 20 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Statesville #205367

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Kenneth Jones **Address:** Cornelius NC **Phone:** _____

Owner Name: Richard Doyne **Address:** 210 Winterlake Dr Gastonia NC **Phone:** _____

Property Information:

Street Address: 115 Pelican ct

Subdivision Name: Williams **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: BSR, TL Yacht, TL Pelican, 2nd end

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

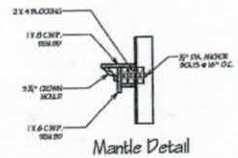
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 8/20/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

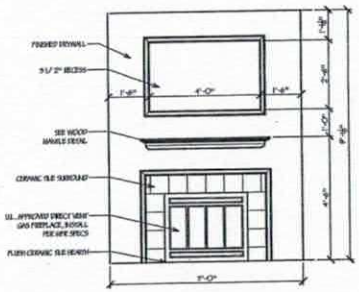
First Floor Notes:

1. SMOKE DETECTORS TO BE WIRED INTO HOUSE CURRENT W/ BATTERY BACK-UP. INTERCONNECT SO IF ONE SOUNDS, THEY ALL SOUND, TYP. @ EVERY FLOOR AND EACH BEDROOM.
2. VENT BATH EXHAUST FANS TO OUTSIDE, TYPICAL.
3. SET TOP OF WINDOW OPENINGS 7'-10 ½" ABOVE FLOOR UNLESS NOTED OTHERWISE.
4. UNLESS NOTED OTHERWISE, ALL INTERIOR WALLS ARE 3½" FOR 2 x 4 FRAMING @ 16" O.C.
5. UL APPROVED ELECTRIC WATER HEATER, INSTALL PER MFR SPECS.
6. PEARL CS60 WHIRLPOOL TUB OR EQUAL, INSTALL PER MFR SPECS
7. CERAMIC TILE SHOWER W/ TEMPERED GLASS ENCLOSURE



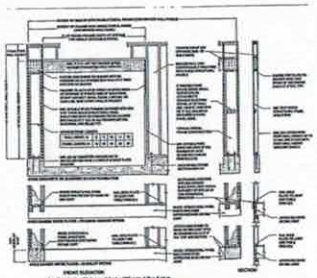
Mantle Detail

Scale: 1" = 1'-0"



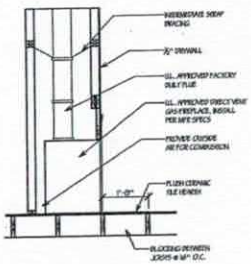
Fireplace Elevation

Scale: ½" = 1'-0"



Floors R602.10.1

Method FF – Partial Frame Construction



Fireplace Section

Scale: ½" = 1'-0"

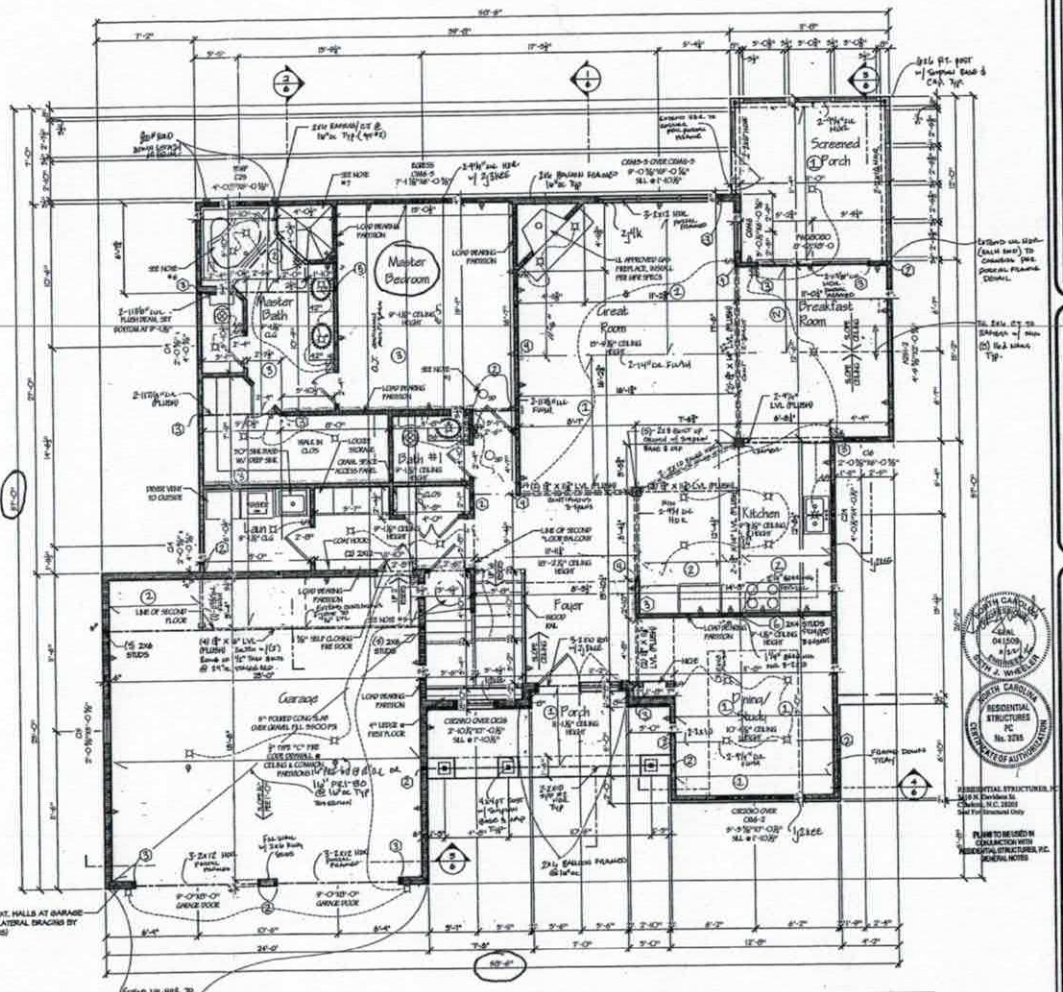
1st Floor Ceiling & Wall Notes:

1. - 2x6 @ 16" O.C. & 16" o.c.
2. - 2x4 @ 16" O.C. & 16" o.c.
3. - 11 7/8" P.S.L. @ 16" o.c. typ.

- # = # of 2x4 jack studs
- All INT./EXT. load bearing headers to be (2) - 2x10 u.n.o. w/ (1) jack and (1) king stud at each end u.n.o.
- 6'0 @ E.E. = # of jack studs and # of king studs at each end of header.
- Install an extra joint under all partition walls greater than 5'-0" in length

TYPICAL HANGERS

WALL STUD REQUIREMENTS



First Floor Plan

Scale: ¼" = 1'-0"

NOTE:
ALL EXT. DOOR AND WINDOW HEADERS TO BE (2) 2X12 UNLESS NOTED OTHERWISE ON PLAN

Acknowledgement of Plans Submittal ONLY!

Date 12/8/16

Date 12/8/16

MODIFIED BY LifeStyle DESIGN SERVICE
2520 Lafayette Rd, Wayzata, MN 55391
Ph (888) 266-3439 Fx (651) 602-5060

NAME: JONES

PROJECT NUMBER: 2016-344

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439

TRANSFER ALL POINT LOADS FROM ABOVE THROUGH THE CEILING AND WALLS OF THIS LEVEL WITH AN EQUAL AMOUNT OF STUD MATERIAL (U.N.O.)

TRANSFER ALL POINT LOADS FROM ABOVE THROUGH THE CEILING AND WALLS OF THIS LEVEL WITH AN EQUAL AMOUNT OF STUD MATERIAL (U.N.O.)

Studer Residential Designs, Inc.

The assistance of a local engineer, architect, or building designer is usually necessary to comply with local codes and/or conditions

NO.	REVISIONS	DATE

DRAWN BY: RD DATE: 8-25-16

SRD 533

The Newfield

(w/ Crawl Space)

NORTH CAROLINA RESIDENTIAL STRUCTURES PC CERTIFICATE OF AUTHORIZATION No. 3285

RESIDENTIAL STRUCTURES, PC
1610 N. Davidson St.
Charlotte, N.C. 28205
Seal Not Structural Only

PLANS TO BE USED IN CONJUNCTION WITH RESIDENTIAL STRUCTURES, P.C. GENERAL NOTES

Sheet 3

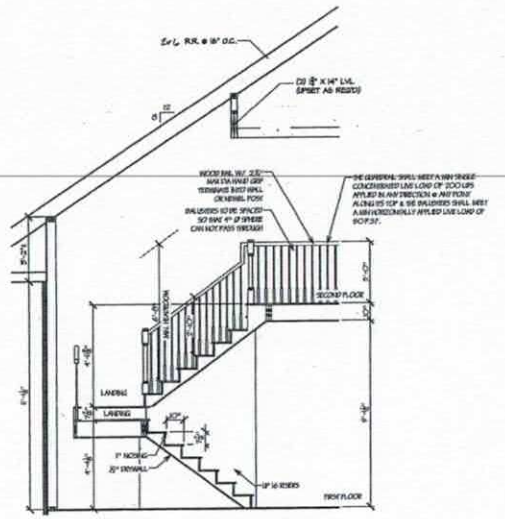
Second Floor Notes:

1. SMOKE DETECTORS TO BE WIRED INTO HOUSE CURRENT W/ BATTERY BACK-UP, INTERCONNECT SO IF ONE SOUNDS, THEY ALL SOUND, TYP. @ EVERY FLOOR AND EACH BEDROOM.
2. VENT FANS EXHAUST FANS TO OUTSIDE, TYPICAL.
3. SET TOP OF WINDOW OPENINGS 6'-10 ½" ABOVE FLOOR UNLESS NOTED OTHERWISE.
4. UNLESS NOTED OTHERWISE, ALL INTERIOR WALLS ARE 5½" FOR 2 x 4 FRAMING @ 16" O.C.
5. UL...APPROVED HIGH EFFICIENCY GAS FURNACE w/ AIR CONDITIONING. PROVIDE CONDEN. AIR FOR COMBUSTION. INSTALL PER MFR SPECS IN DRAWING

Acknowledgement of Plans Submittal ONLY!

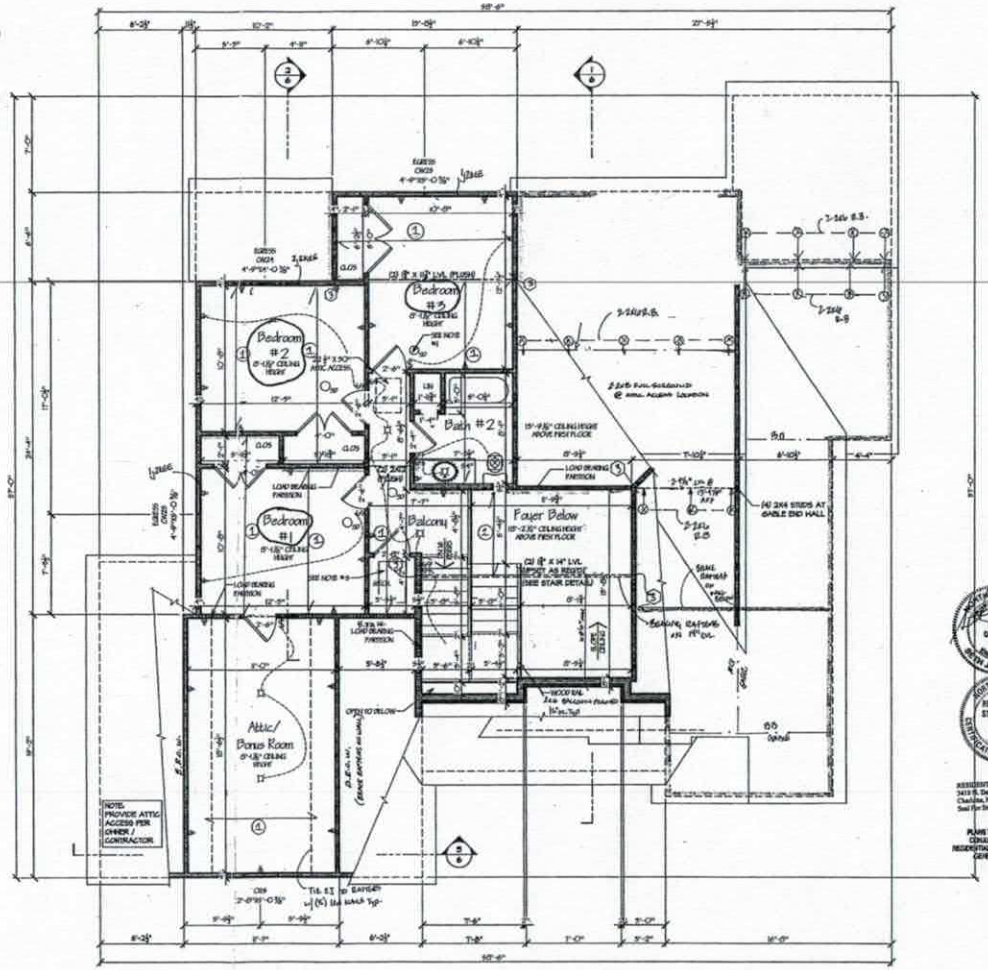
Date 12/8/16

Date 12/8/16



NOTE:
STAIR RISE TO VERIFY FINISHED FLOOR COVERINGS TO ENSURE MAX RISER HEIGHTS DO NOT EXCEED 8¼" & RISERS BE SAME HEIGHT NOT VARY BY MORE THAN ½"

Stair Detail
Scale: 3/8" = 1'-0"



2nd Floor Ceiling & Wall Notes:

1 = 2x8 SPF#2 Ceiling Joists @ 16" oc

- 2 = # of 2x4 jack studs
  At INT./EXT. load bearing headers to be (2) – 2x8 (In 2x6 walls) w/ (1) jack & (1) king stud at each end u.n.o. (1-2x8 2x6 walls) u.n.o.
- 4(HB)8.5 = # of jack studs and # of king studs at each end of header.

Second Floor Plan
Scale: ¼" = 1'-0"

NOTE:
ALL EXT. DOOR AND WINDOW HEADERS TO BE (2) 2X12 UNLESS NOTED OTHERWISE ON PLAN

MODIFIED BY: LifeStyle DESIGN SERVICE
2528 Lafayette Rd, Wayzata, MN 55391
Ph. (888) 266-3439 Fx (651) 852-5060

NAME	JONES
PROJECT NUMBER	2016-344

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439

NORTH CAROLINA SEAL 043509 JOHN J. WHEELER

NORTH CAROLINA RESIDENTIAL STRUCTURES PC No. 3295 CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, P.C.
3419 E. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

PLANS TO BE USED IN CONJUNCTION WITH RESIDENTIAL STRUCTURES, P.C. GENERAL NOTES

Studer Residential Designs, Inc.

The assistance of a local engineer, architect, or building designer is usually necessary to comply with local codes and/or conditions

NO.	REVISIONS	DATE

DRAWN BY: RD DATE: 8-25-16

SRD 533
The Newfield
(w/ Crawl Space)

Sheet 4

IREDELL COUNTY

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

APPLICATION NUMBER
205367
Issue Date: 08/20/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624984140.000	115 PELICAN COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: DOYNE RICHARD A+BARBARA VOYZEY	Applicant: ATHANAS, MICHAEL
Address: 2110 WINTER LAKE DR GASTONIA, NC 28054	Address: 1999 CANDLEWICK DR FORT MILL, SC 29715
Phone:	Phone: 803-802-4402

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
#21600 8/20 MBT

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: 8/20/2014

Permit Number	19740	TOTAL FEES:	$ 77.25