IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3626 PERMIT # 21[illegible]

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

PIN # 4625093703

APPLICANT/OWNER: Jasper Bld. / Steve Riddle APPLICANT ADDRESS: 181 W. Statesville Ave. Mooresville NC 28115

SITE ADDRESS: 299 Barber Lp Mooresville NC PHONE: 7047999982 ALT. PHONE 7045626575

SITE DIRECTIONS: Brawley School Rd TR Chickwood TL Barber Lp on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: PLAT SECTION: 7 LOT # 118 LOT AREA: .66 Ac DESIGN FLOW: 450gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 4-21-17
Pump Tank 1000 (gal) PT 283 Date 4-10-17
Pump Make Liberty Model 290 Serial #
Nitrification Fields 1 # Lines 8x7 Linear Ft 270'
Trench Width min 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Pump - LP PBPS
Repair System Description: LP PBPBS - Pretreatment
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

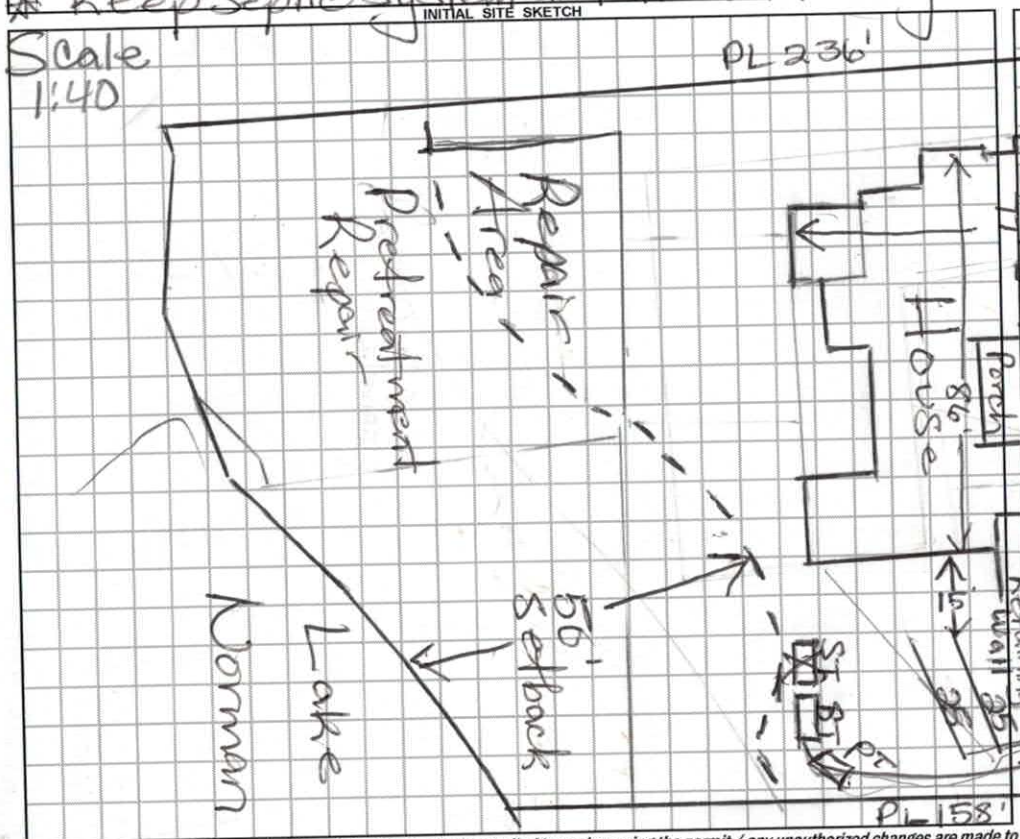
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing Partial ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: No Vehicular traffic over Septic System or impervious surface over Drainfield
* Keep Septic System at least 50ft from any well
Note: Keep Septic system 25ft setback if higher than drain & 15ft if side gradient of drain
OK to do 150ft line at bottom instead of 200ft

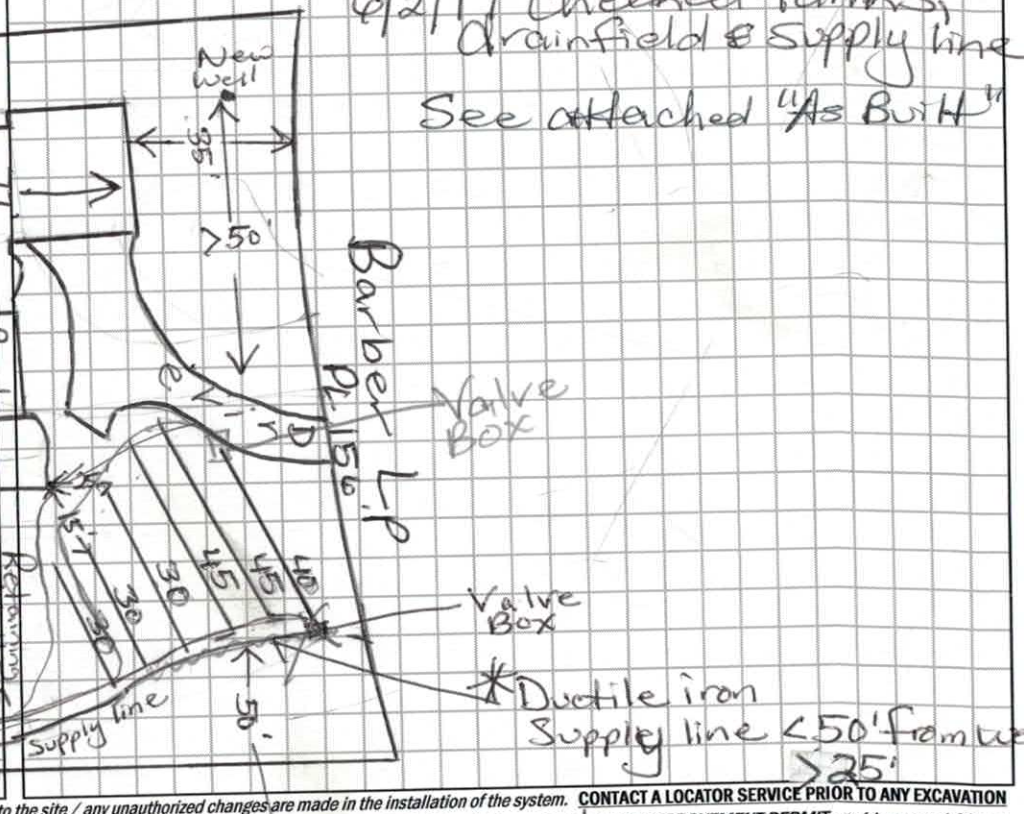
INITIAL SITE SKETCH

Scale 1:40



AS BUILT SKETCH

6/2/17 Checked tanks, drainfield & supply line
See attached "As Built"



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ **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: Terri Craig Date: 5-23-17 Installed by: Neighbor's Well * Richard Abernathy Date: 7/24/17

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/23/17 OPERATION PERMIT by: Maria Dotson Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/23/17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3526 PERMIT # 21,553

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

PIN # 4162509370 3

APPLICANT/OWNER: Jasper Bld/Steve Riddle APPLICANT ADDRESS: PHONE: ALT. PHONE

SITE ADDRESS: 299 Barbert Lp. Mooresville, NC SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: DESIGN FLOW: 480 gpd L.T.A.R.: .3

SUBDIVISION: C, T & T SECTION: 7 LOT #: 118 LOT AREA: .66Ac

Septic Tank 1000 (gal) STB 794 Date 4-21-17

Pump Tank 1000 (gal) PT 283 Date 4-10-14

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft 270'

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

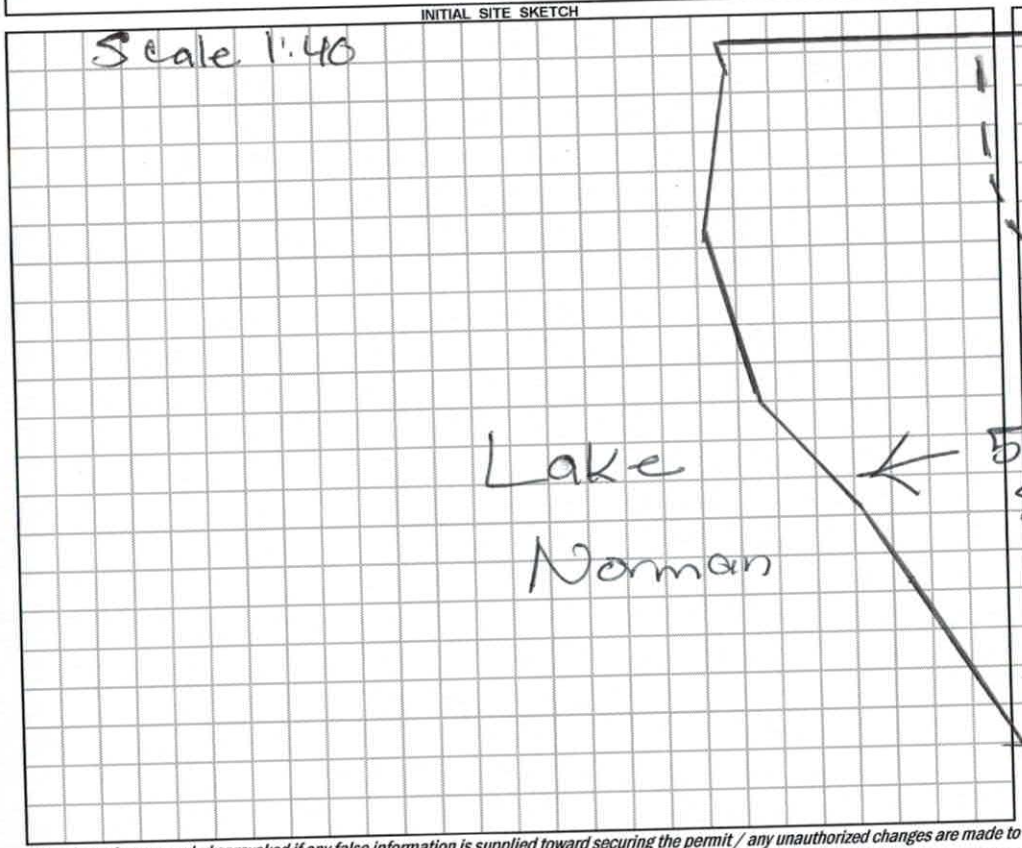
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

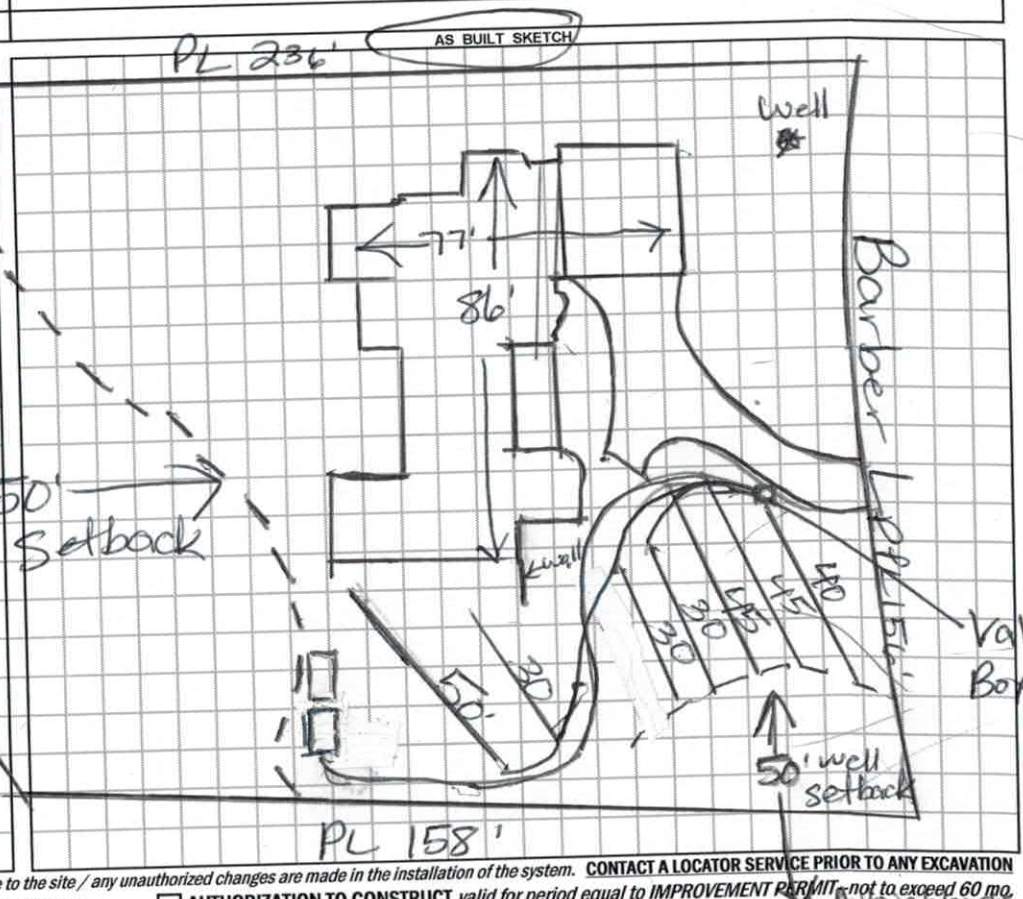
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ **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:

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by: Richard Abernathy

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steve Halprin
ADDRESS: 299 Barber Ln
PROPOSED FACILITY: House
LOCATION OF SITE: C1aT Section 7 Lot 118

APPLICATION DATE
DATE EVALUATED: 5/16/17
PROPERTY SIZE:
PROPERTY RECORDED:

PROPOSED DESIGN FLOW (.1949): 480gpd

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AH 1	5%	0-14"	Fill/Compacted						
		14-40"	RCm	SBK SS, SP, SExP, FR					PS .3
		40-48"	RCL w	SBK SS, SP, SExP, FR w/few to many SAP Inclus					
AH 2	5%	0-6"	RSCL	CL w SBK SS, SP, SExP, FR					PS .3
		6-34"	RC	m-w SBK SS, SP, SExP, FR					
		34-48"	RCL	w SBK SS, SP, SExP, FR w/few SAP Inclus					
AH 3	4%	0-6"	RSCL	CL, w SBK SS, SP, SExP, FR					PS .3
		6-48"	RCL	m-w SBK SS, SP, SExP, FR w/few SAP Inclus					
AH 4	4%	0-35"	RCm	SBK SS, SP, SExP, FR					PS .3
		35-48"	RCL w	SBK SS, SP, SExP, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red.	55% Red/Proteau
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: CLAT 7 Lot #118 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
PIT 1	4% LINEAR	0-12	GRAVEL		—	51"	—	—	.3
		12-51	CL,M,SBK	SSSPSQP					
PIT 2	4% LINEAR	0-16	FILL		common SAP	56"	—	—	.3
		16-40	CM,SBK	SSSPSQP					
		40-56	CL,M,SBK	SSSPSQP					
PIT 3	4% LINEAR	0-36	CMSBK	SSSPSQP	common SAP	53"	—	—	.3
		36-53	CL,M,SBK	SSSPSQP					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

TRIED TO AUGER MORE BUT COULDNT BECAUSE OF

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION OLD DRIVEWAY
for ON-SITE WASTEWATER SYSTEM DIGGING PITS

OWNER: STEVE MALPRIN
ADDRESS: _____
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: _____

APPLICATION DATE: _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: YES

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LINEAR 4%	0-12	OLD DRIVE	ROCK					
		12-36	CMSBK/ARK	SSSPSOP FR					
		36-48	CL,MSBK	SSSPSOP MICA		48+	—	—	3
		48+	CL,WSBK	SSSPSOP COMMON SAP					
AB 2	LINEAR 4%	0-28	SLMIXED W/ ROCK		R/BR	—	—	28"	U TO 28"
			COULD NOT						
			AUGER DEEPER						
AB 3	LINEAR 4%	0-10	SLMIXED W/ ROCK		R/BR	—	—	10"	U TO 10"
			COULD NOT						
			AUGER DEEPER						
AB 4	LINEAR 4%	0-26	FILL						
		26-30	ORGANIC			30"+	—	—	U TO 30"
		30-50	CABK	STICKEY FERINC C 50"					30"+ .25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1943)		
System Type(s)		
Size (LTAR)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
Property ID: 4625-09-3703
Lot #: 118
File #: 161641
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: STEVE HALPRIN
Address: 1316 PENNINGTON PLACE CONCORD, NC 28027
Proposed Facility: SFR Design Flow (.1949) 480 GPD
Location of Site: CL&T SECTION 7 LOT 118
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: SAME
Date Evaluated: 10/6/2010
Property Size: .66 AC
Property Recorded: YES

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
AB	4%	0-12	OLD DRIVE	ROCKY	NA				
1	LINEAR	12-36	C,M,SBK/ABK	SS,SP,SEXP,FR	NA				
		36-48	CL,M,SBK	SS,SP,SEXP,FR	NA				
		48+	CL,W,SBK	SS,SP,SEXP,VFR	NA/COMMON SAP	48"+	NA	NA	.3
AB	4%	0-28	SL,W/ROCK	NS,NP	NA				
2	LINEAR	28+	COULDN'T AUGER		NA	0"	NA	28"	U
AB	4%	0-10	SL,W/ROCK	NA.NP	NA				
3	LINEAR	10+	COULDN'T AUGER		NA	0"	NA	10"	U
AB	4%	0-26	FILL	NA	NA				
4	LINEAR	26-30	ORGANIC	NA	NA				
		30-50	C,M,ABK	STICKEY	NA	50"	NA	NA	.25
PIT	4%	0-12	GRAVEL		NA				
1	LINEAR	12-51	CL,M,SBK	SS,SP,SEXP,FR	NA	51"	NA	NA	.3

Description	Initial System	Repair System
Available Space (.1945)	S	S
System Type(s)	LP Panel RM 25%	LP-PANEL BLOCK
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: STEVE HALPRIN
Site Classification (.1948):
Site Evaluation By: BEN ALDRIDGE
Others Present: STEVE HALPRIN

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 OF 2
File #: 161641

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
PIT	4%	0-16	FILL		NA				
2	LINEAR	16-40	C,M,SBK	SS,SP,SEXP,FR	NA				
		40-56	CL,M,SBK	SS,SP,SEXP,FR	NA/COMMON SAP	56"	NA	NA	.3
PIT	4%	0-36	C,M,SBK	SS,SP,SEXP,FR	NA				
3	LINEAR	36-53	CL,M,SBK	SS,SP,SEXP,VFR	NA/COMMON SAP	53"	NA	NA	.3


BARBER LP
116
123
78
229
780
Wells
305
770
117
50'
156
#1
43'
44'
#3
40'
#2
98'
25'
236
House Box
118
78'
15'
#3
30'
30'
#2
30'
30'
#4
30'
30'
99
50'
45'
25'
Well
Soil Sample Locations
268
184
75
AH 1
LP-Panel Block
(Initial and Repair)
LTAR .3
4 Bedrooms
107
AH 2
50' from 760' Contour Line
69
55
AH 3
81
53

RECEIVED APR 2 0 2017

Paid $500.00 EFT

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)

#215554

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jasper Builders, Inc.	181 W. Statesville Ave Mooresville 28115	704-799-9992	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Steve Riddle	13211 Poetry Ln, Davidson 28036	704-562-6595	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
299 Barber Loop	~~DR~~ CLT ST	Lot 118

Driving Directions: West on Brawley School Rd, (R) on Chuckwood Rd, (L) on Barber Loop

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

(✓) 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 ___
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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: ___ 4/20/17
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, Steve Riddle/Sandra Riddle, am the legal owner(s) of the property located at 299 Bowber Loop, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635-09-3103, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Sean Gallagher Jasper Builders, 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.

Steve Riddle, Sandra Riddle — Signature of Owner(s) — Date

Signature of Witness — Date 6/29/16

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

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**

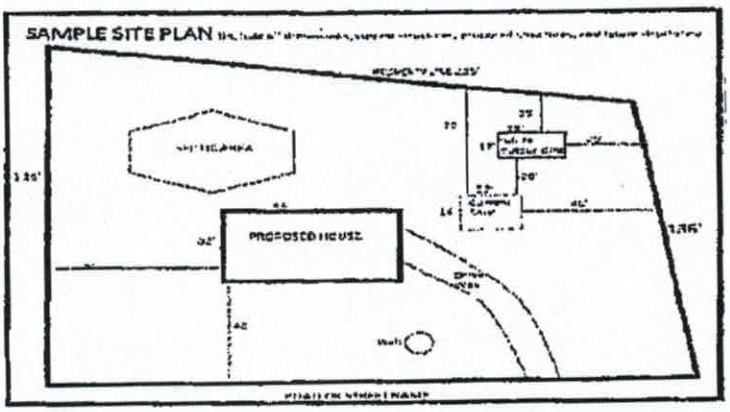
✓ **Front and side setbacks from property line...** ✓ **Preferred driveway location and configuration, preferred well location...**

____ 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:

____ 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

Signature: _____ 4-20-17

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

299

NOTES:
- PROPERTY MAY BE SUBJECT TO ADDITIONAL OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD ONLY BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.

40 0 40 80 120
GRAPHIC SCALE - FEET

Curve	Radius	Length	Chord	Chord Bear.
C1	321.77'	88.75'	88.47'	S 65°20'55" E

Course	Bearing	Distance
L1	N 63°22'16" W	74.84'
L2	S 20°37'00" W	28.18'
L3	S 23°23'49" W	41.05'
L4	S 83°13'00" W	23.10'
L5	S 80°48'00" W	28.45'
L6	N 36°57'43" W	31.35'

SETBACK LINES SHOWN ARE PER SITE PLAN PROVIDED TO DEDMON SURVEYS. OWNER SHOULD VERIFY SETBACKS WITH COUNTY PLANNING AND COMMUNITY SETBACK REQUIREMENTS

New
BARBER LOOP - 60' R/W
Existing
S 73°15'00" E 87.78'
S 27°49'42" W 137.80'
N 24°52'01" E 239.89'
35' SB
45' SB
15' SB
30' SB
158
Tank S
(117) PB 14-77
(118)
(119) PB 14-78
0.661 AC +/-
PB 14-77
APPROXIMATE 750' CONTOUR LINE
PLAT BOOK 14-77

SITE PLAN
FOR
305 BARBER LOOP

LOT #118, CRESCENT LAND & TIMBER, SECTION 2
RANDOLPH TOWNSHIP, RUSSELL COUNTY, NC
SCALE: 1" = 40'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3199
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

SURV. BY: N/A | DRAWN BY: | JOB # X16CL118

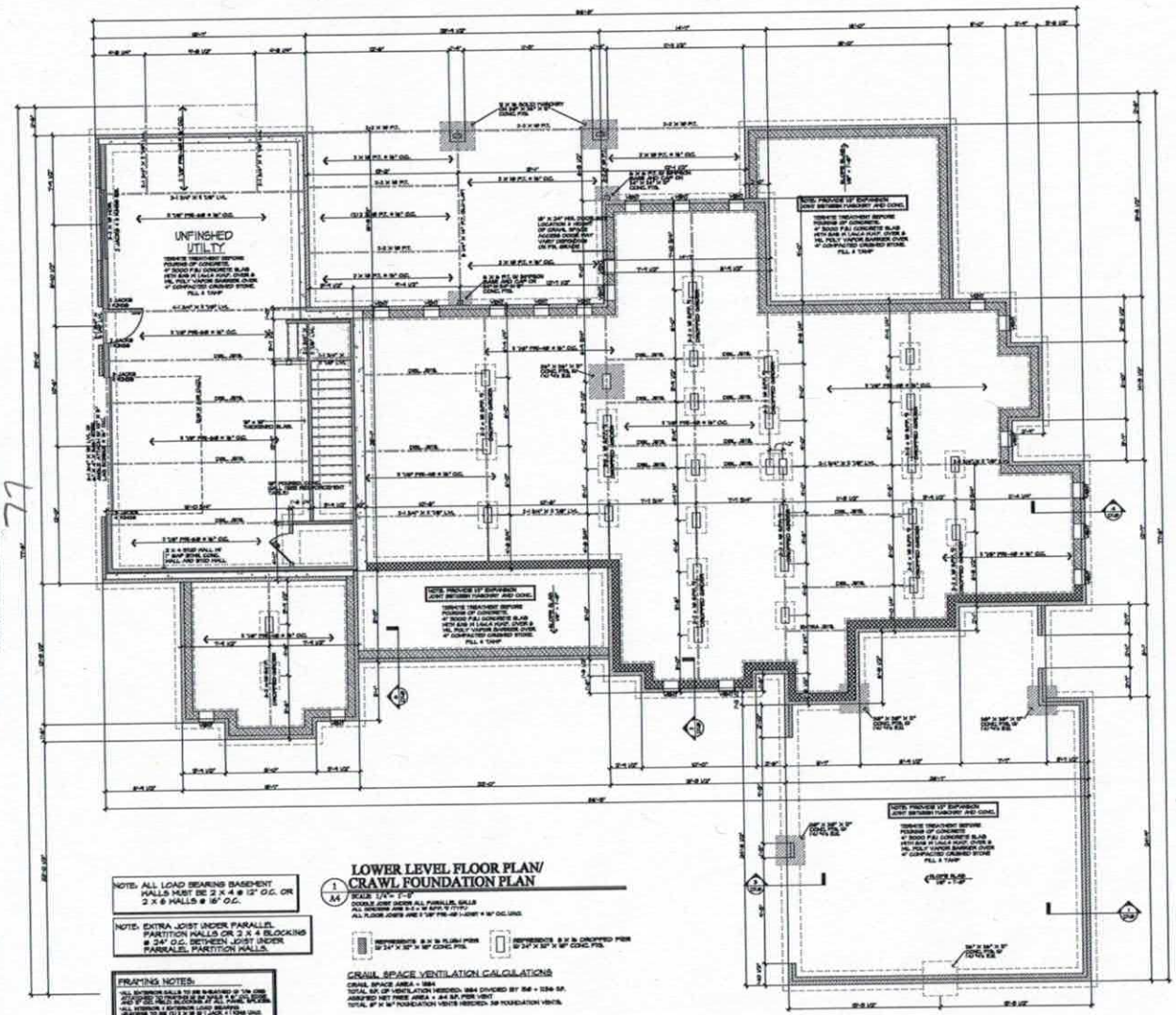
VICINITY MAP
BARBER LOOP
SITE
OLD MOORESVILLE RD

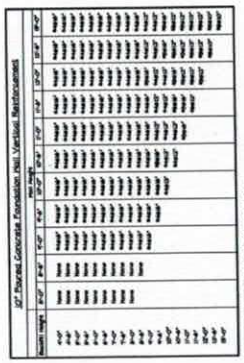
BENT BEAM 1
TYPICAL HANGERS
ADDITIONAL NOTES
SECOND FLOOR PLAN
FRAMING NOTES:
BEDROOM #4
BATH 4
LOFT
SEC. ROOM
BEDROOM #3
BATH 3
BEDROOM #2
HALL
BATH 2
BONUS ROOM
Acknowledged of
Plans Submittal ONLY!
Date 5/23/17
Date 5/23/17
299 BARBER LOOP
The Riddle Residence
MOORESVILLE, NORTH CAROLINA
Crowe Design & Associates
JUNE 9, 2016
SECOND LEVEL FLOOR PLAN
A7.0

Acknowledgement of
Plans Submittal ONLY!

Date 5/23/17

Date 5-23-17





EXTERIOR WALL HGT. (')[1]	STUD SIZE/SPACING
11'-1"	2 X 4 @ 16" O.C.
10'-7" & 11'-1"	2 X 4 @ 16" O.C.
11'-7" & 12'-1"	2 X 6 @ 16" O.C.
12'-7"	CONSULT ENGINEER

TYPICAL HANGERS

HANGER	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
(2)2x6	HUS26-2
(2)2x8	HUS28-2
(2)2x10	HUS210-2
(2)2x12	HUS212-2
(3)2x6	LUS26-3
(3)2x8	HUS28-3
(3)2x10	HUS210-3
(2)9-1/4"-(12)9-3/4"LVL	HGUS9.25/12
(2)9-1/4"-(14)9-3/4"LVL	HGUS9.25/14
(2)9-1/4"-(16)9-3/4"LVL	HGUS9.25/16
(2)9-1/4"-(18)9-3/4"LVL	HGUS9.25/18
(2)9-1/4"-(20)9-3/4"LVL	HGUS9.25/20
(2)9-1/4"-(22)9-3/4"LVL	HGUS9.25/22
(2)9-1/4"-(24)9-3/4"LVL	HGUS9.25/24

NOTE: ALL LOAD BEARING BASEMENT WALLS MUST BE 2 X 4 @ 12" O.C. OR 2 X 6 WALLS @ 16" O.C.

NOTE: EXTRA JOIST UNDER PARALLEL PARTITION WALLS OR 2 X 4 BLOCKING @ 24" O.C. BETWEEN JOIST UNDER PARRALEL PARTITION WALLS.

FRAMING NOTES:

LOWER LEVEL FLOOR PLAN/ CRAWL FOUNDATION PLAN

M1 SCALE: 1/4"= 1'-0"

CRAWL SPACE VENTILATION CALCULATIONS

ADDITIONAL NOTES

1. ALL PARTS OF THESE PLANS ARE COPYRIGHTED WITH THE REGISTER OF COPYRIGHTS, LIBRARY OF CONGRESS WASHINGTON D.C. AND MAY NOT BE REPRODUCED IN WHOLE OR IN PART WITHOUT CONSENT OF CROWE DESIGN & ASSOC.
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4. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. CROWE DESIGN & ASSOC. WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

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MEMBER AIBD

Crowe Design & Associates

299 BARBER LOOP
The Riddle Residence
MOORESVILLE, NORTH CAROLINA

JUNE 15, 2016

CRAWL SPACE FOUNDATION PLAN

A4.0

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 215554 **PIN #** 4625 09 3703 **Type of Permit (circle one):** (New) Repair Abandonment

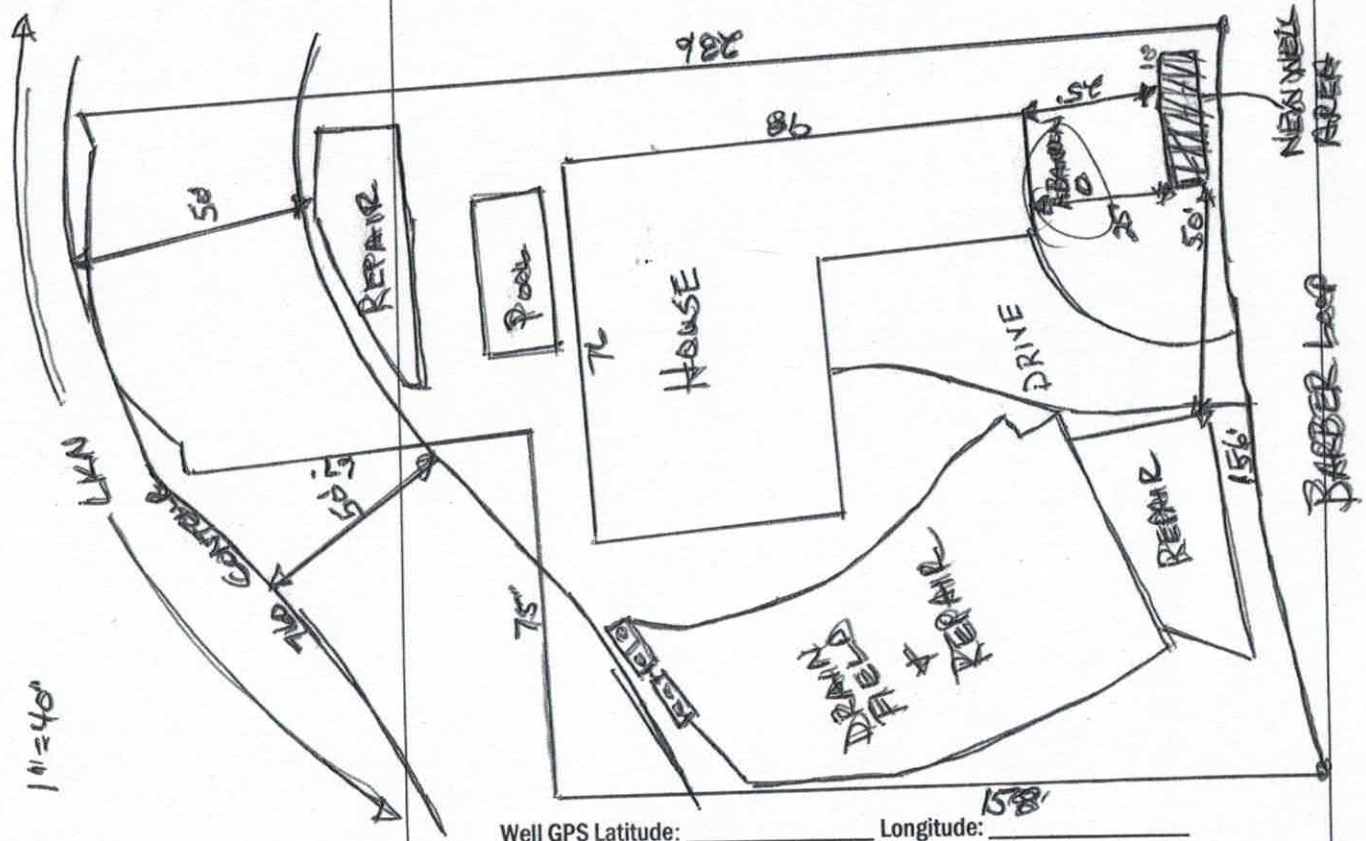
APPLICANT NAME: JASPER BUILDERS ADDRESS: 181 W STATESVILLE AVE, MOORESVILLE, NC 28115 PHONE: 704-799-9982

DIRECTIONS TO SITE: BSR R CHURCHWOOD L ON BARBER LOOP E 299 ON L

SITE ADDRESS: 299 BARBER LOOP SUBDIVISION: CLYT SECTION/LOT: 7/118

Initial Site Sketch

"As Built" Sketch



Well GPS Latitude: _____ Longitude: _____

WELL CONSTRUCTION	DATE	INITIALS
Grouting Completed	3/2/2017	BB.
GW 1 Received	3/3/2017	B.B.
Well Head Checked		
Water Sample Taken		
Sample Results Received		
GW30 Received (Abandonment)		

PERMIT CONDITIONS/COMMENTS: WELL MUST BE CONSTRUCTED ACCORDING TO NCAC 15A SUBCHAPTER 2C SECTION .0100 "WELL CONSTRUCTION STANDARDS" RULE .0107

WELL PERMIT ISSUED BY: Wesley Sparks DATE: 8/3/16 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Joe Bell Well Drilling CONTRACTOR CERT #: 3271-A GROUT INSPECTION BY: B. Bottoms. DATE: 3/2/2017.

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

IREDELL COUNTY

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

APPLICATION NUMBER
215554
Issue Date: 06/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4625093703.000	299 BARBER LOOP, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LH WATERFRONT CONDOS LLC	Applicant:
Address: 637 WILLIAMSON RD UNIT-300 MOORESVILLE, NC 28117	Address:
Phone:	Phone:

Use Requested	Zone Code
SFD APP	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	72989	TOTAL FEES:	$ 77.25

INVOICE

MOORE'S Environmental Services

J.C. Moore
1227 Troutman Drive
Statesville, NC 28625

Phone(704)873-2171
Fax (704) 873-9928
Mobile(704)902-1122

Client Name
Steve Riddle
299 Barber Loop
Mooresville, NC 28117
pd by Jasper Builders/181 W Statesville Av
Phone (704) 562-6575
Phone

DATE 08-Jun-2017

Name and Location of System
Steve Riddle
299 Barber Loop
Mooresville, NC 28117

DESCRIPTION	AMOUNT
One year maintenance contract for Type IV-A septic system June 2017 to June 2018	$250.00
Total due within 31 days unless other arrangements are agreed upon. ***Thank you for your business!***	TOTAL $ 250.00

Steve Riddle