IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233067

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

PIN # 4625097786

APPLICANT/OWNER: David Berryhill APPLICANT ADDRESS: 7328 Sardis Rd.

SITE ADDRESS: 289 Barber Loop Mooresville, NC 28117 PHONE: 704-363-4940 (builder) ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → R on Chuckwood → L on Barber Loop → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T SECTION: 7 LOT # 144 LOT AREA: 1.2ac DESIGN FLOW: 360gpd L.T.A.R.: —

Septic Tank	1000	(gal)	STB	1090 infiltrator	Date		☐ New System	☐ Repair	☐ Expansion	System Type: I	☐ II	III	IV	V	VI	☑ Residence	No. Bedrooms 3	Water Supply ☑ Private
Pump Tank		(gal)	PT		Date		System Description: NEW SEPTIC TANK									☐ Business	No. Persons 6	☐ Public
Pump Make			Model		Serial #		Repair System Description: —									☐ Other	No. Employees	☐ Community
# Nitrification Fields		# Lines			Linear Ft		Maintenance Agreement Required:		☐ YES	☑ NO						☐ Slab	☑ Crawl Space	
Trench Width	EXISTING	Trench Bottom Depth (low side)			Gravel Depth				☑ GRAVITY	☐ PRESSURE						☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, & fill existing tank. Replace distribution box if needed. * Maintain a minimum of 50' from well head.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

* new distribution box installed.
Installed as shown

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**

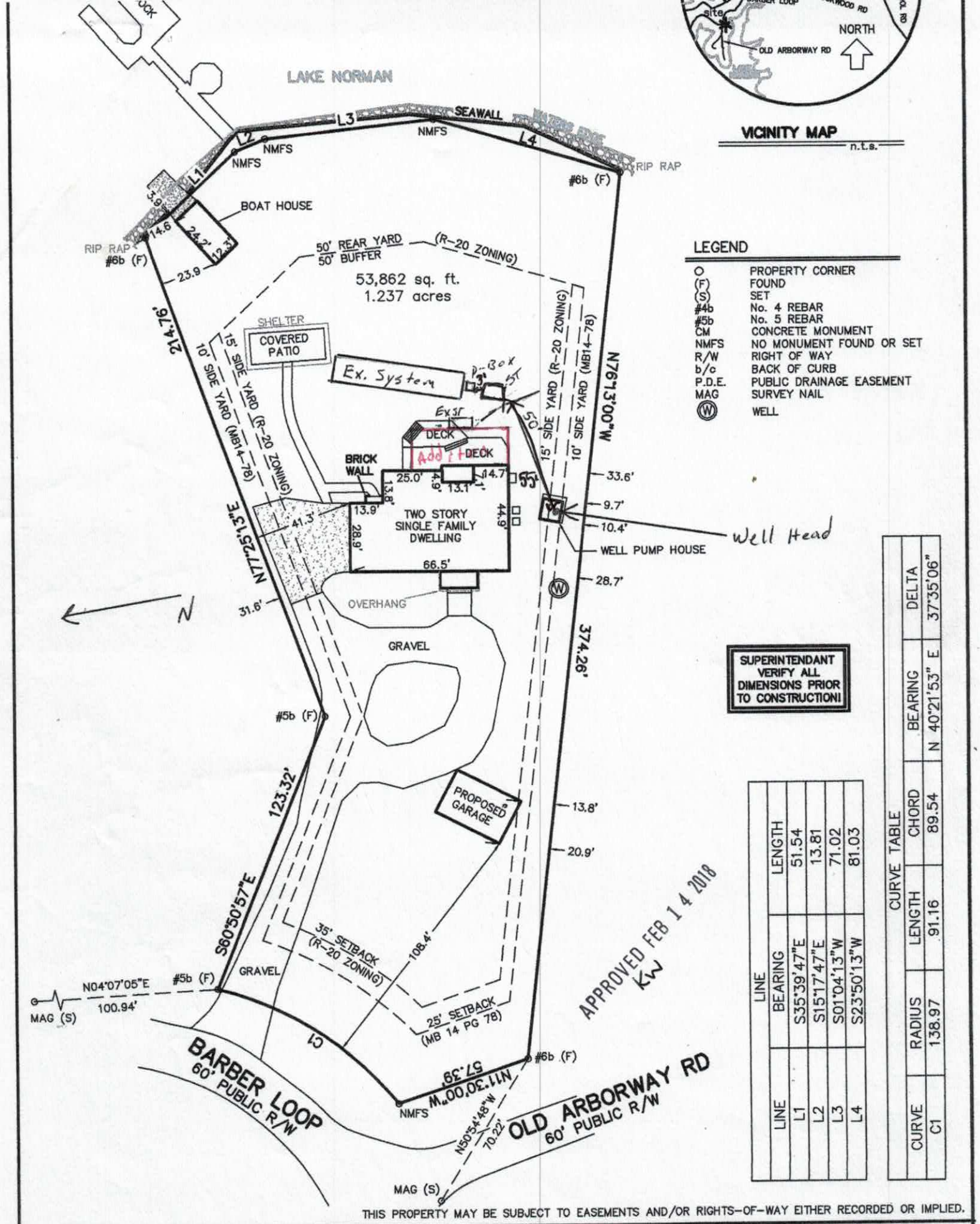
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/27/18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Kayla Wilson Date: 2-14-18 OPERATION PERMIT by: Kayla Wilson Date: 2-27-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-14-18 Existing System Inspected by: Date:

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



LEGEND

○	PROPERTY CORNER
(F)	FOUND
(S)	SET
#4b	No. 4 REBAR
#5b	No. 5 REBAR
CM	CONCRETE MONUMENT
NMFS	NO MONUMENT FOUND OR SET
R/W	RIGHT OF WAY
b/c	BACK OF CURB
P.D.E.	PUBLIC DRAINAGE EASEMENT
MAG	SURVEY NAIL
Ⓦ	WELL

LINE	BEARING	LENGTH
L1	S35°39'47"E	51.54
L2	S15°17'47"E	13.81
L3	S01°04'13"W	71.02
L4	S23°50'13"W	81.03

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	138.97	91.16	89.54	N 40°21'53" E	37°35'06"

THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS-OF-WAY EITHER RECORDED OR IMPLIED.

SCALE: 1" = 50 '

PLOT PLAN

of

ENVELOPE:



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

Reference: Data Sheet for 289 Barber Lp, CL&T Sec 7, Lot 144
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: N/A
Proposed System Type: Existing Conventional Bed
Proposed Repair System Type: N/A
Distribution: Distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: N/A

Comments:
The existing deck will be removed and a new sunroom and deck will be constructed. The existing septic tank must be abandoned and a new tank installed. A new distribution box may also be needed.



RECEIVED JAN 3 1 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 # 233067

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application Relocation

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: David Berryhill **Address:** 7328 Sardis Rd, Charlotte, NC **Zip:** 28270

Applicant Email: _____ **Phone:** Aaron-Builder-704-363-4940 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 289 Barber Lp

Subdivision Name: CL&T **Section/Phase:** 7 **Lot Number:** 144

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: sunroom/deck

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Replace Septic Tank

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: _____ _____
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, L. David Bernhill, Jr, am the legal owner(s) of the property located at 289 Barber Loop, Mooresville, NC, identified as PIN (Parcel Identification Number) 4625097786, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas & Associates, _____, 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.

L. David Bernhill Jr & 1-30-18 Elizabeth S Carrern 1/30/18

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

06889

4625097784

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR L. David Berryhill DATE 6-26-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TL 1ST Barber Loop ~.8 mile on left S. R. No. _____

SUBDIVISION NAME L.D. LOT NO. 144 SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other _____

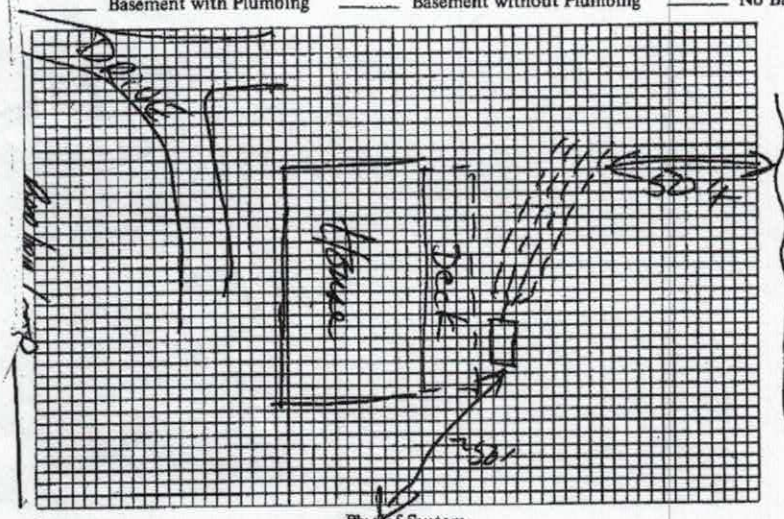
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

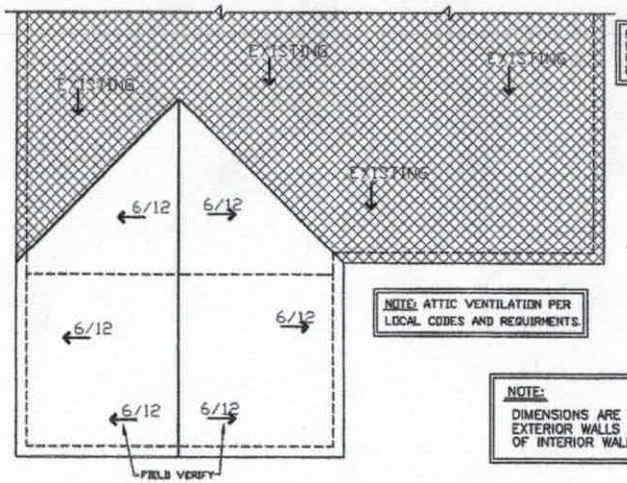
CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: T. Johnson, RS DATE 6-26-87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



NOTE:
PROVIDE TWO LAYERS OF UNDERLAYMENT ON ROOF'S WITH LESS THAN 4:12 PITCH (TYP.)

NOTE: ATTIC VENTILATION PER LOCAL CODES AND REQUIRMENTS.

NOTE:
DIMENSIONS ARE TO OUTSIDE OF EXTERIOR WALLS AND TO CENTERLINE OF INTERIOR WALLS

Acknowledgement Of Plans Submittal ONLY!
Date 2-14-18
Date 2/14/18

EL ESPAÑOL
LAS DIMENSIONES ESTÁN AL EXTERIOR DE PAREDES EXTERIORES HASTA LA LÍNEA

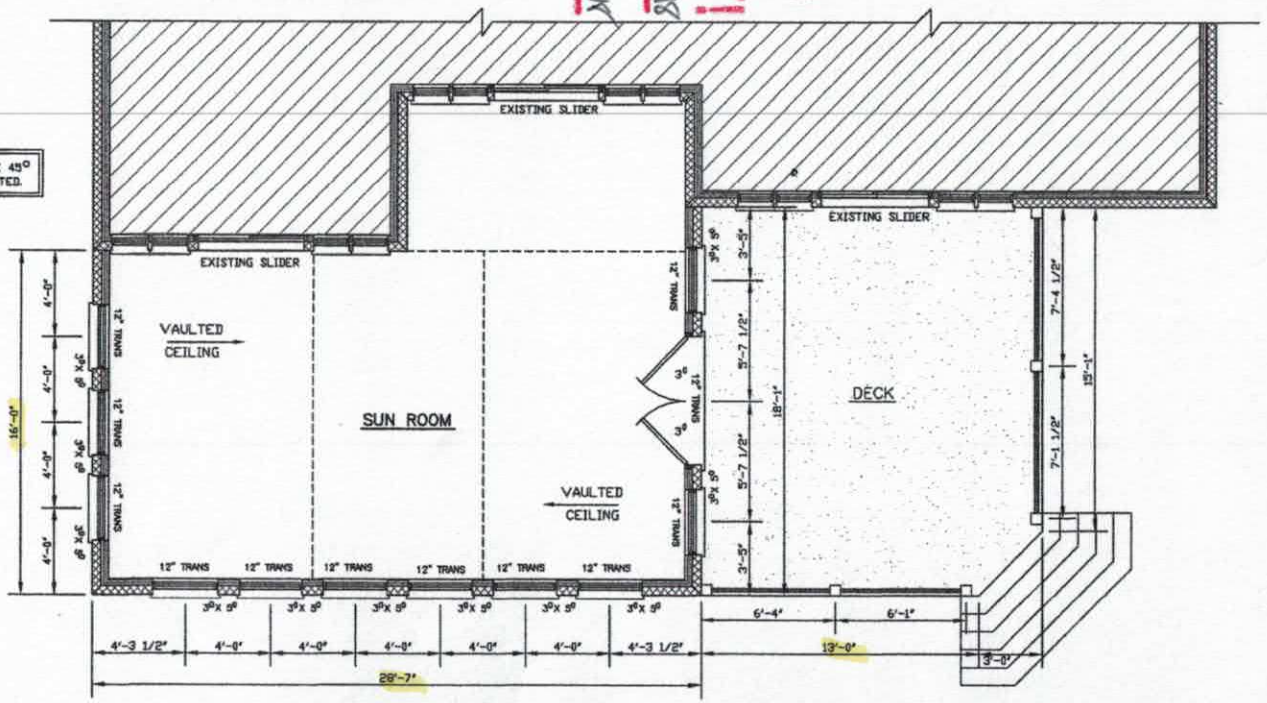
DESIGNED & BUILT IN AMERICA

ORIGINATION POINT BACK RIGHT

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED.

NOTE:
HAZARDOUS GLAZING LOCATION SHALL COMPLY WITH STATE & LOCAL CODE

NOTE:
ALL STAIRS, RAILING & HANDRAILS SHALL COMPLY WITH STATE & LOCAL CODE



PROPOSED – FIRST FLOOR

SCALE: 1/4" = 1'0"

457 SQ. FT. - 1ST FLOOR HEATED
285 SQ. FT. - DECK

NOTE: 11 X 17 COPIES ARE NOT TO SCALE.

Copyright Statement

David A. Wood, Inc., accepts no responsibility, liability or part of any legal action related to documentation, supplied by the owner/contractor for preparing this drawing, that may be copyrighted by another party. All materials used to produce this drawing are considered to have been researched by the owner/contractor for any copyright, and, as required by law, the owner/contractor has obtained approval from any originating copyright owner(s), known or unknown by David A. Wood, Inc. "The owner/contractor agrees to indemnify, save and hold David A. Wood, Inc., it's employees, agents and owners from any damage or damages claim made against it for copy-righted work provided to David A. Wood, Inc., in connection with the drawings associated with this project."

DAVID A WOOD INC.
HOME DESIGNS
MONROE, NORTH CAROLINA
704-655-2587
WWW.DavidAWoodHomeDesigns.COM

Designer Liability Limits

David A. Wood, Inc., assumes no liability for any losses, except for $50 damages, paid to it by the responsibility of the purchaser of the plans to have the builder/contractor meet locally accepted building codes and any addenda, and to have the home made to the plans, to be approved by the local building inspector. The home owner/contractor agrees to indemnify, save and hold David A. Wood, Inc., it's employees, agents and owners from any damage or damages claim made against it for copy-righted work provided to David A. Wood, Inc., in connection with the drawings associated with this project.

David A. Wood, Inc., is not liable for any losses, except for $50 damages, paid to it by the responsibility of the purchaser of the plans to have the builder/contractor employ qualified, and experienced personnel to perform the construction of the home. The owner/contractor agrees to indemnify, save and hold David A. Wood, Inc., it's employees, agents and owners from any damage or damages claim made against it for copy-righted work provided to David A. Wood, Inc., in connection with the drawings associated with this project.

BERRYHILL RESIDENCE

MR & MRS. DAVID BERRYHILL
NORTH CAROLINA

SCALE: AS NOTED | DRAWN BY: DAVID A. WOOD
DATE: 11/20/17 | PLAN #: 2017 038
SIZE: 44'-7"X 16'-1" | FIRST FLOOR PLAN

SHEET #
2 OF 4

DAVID A. WOOD INC. IS A PROFESSIONAL RESIDENTIAL DESIGN FIRM, LOCATED IN MONROE, NORTH CAROLINA. THIS PLAN MAY NEED TO BE ADJUSTED TO COMPLY WITH LOCAL AND STATE CODES. IT IS THE RESPONSIBILITY OF THOSE USE OF PLANS SHOULD CONSULT A LOCAL BUILDING PROFESSIONAL PRIOR TO CONSTRUCTION.

DAVID A. WOOD INC. IS A PROFESSIONAL RESIDENTIAL DESIGN FIRM, LOCATED IN MONROE, NORTH CAROLINA. THIS PLAN MAY NEED TO BE ADJUSTED TO COMPLY WITH LOCAL AND STATE CODES. THE PURCHASER OF THESE SET OF PLANS SHOULD CONSULT A LOCAL BUILDING PROFESSIONAL PRIOR TO CONSTRUCTION.

CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS WITH OWNER AND DESIGNER. DAVID A. WOOD INC. WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS.

IREDELL COUNTY

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

APPLICATION NUMBER
233067
Issue Date: 01/30/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4625097786.000	289 BARBER LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BERRYHILL L DAVID JR+BARBARA	Applicant: BERRYHILL L DAVID JR+B
Address: 7328 SARDIS RD CHARLOTTE, NC 28270	Address: 7328 SARDIS RD CHARLOTTE, NC 28270
Phone:	Phone:

Use Requested	Zone Code
SUNROOM ADDITION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.200	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

: must meet both the 50-foot setback from the 760 contour line and the 35-foot setback from the rear property line for any structure.

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	127113	TOTAL FEES:	$ 77.25