IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5200 Mooresville Office (704) 878-5055 PERMIT # 222901

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4625-65-1174

APPLICANT Angela Dover / CS+SC APPLICANT ADDRESS 523 E Canton Dr. Houston Texas

SITE ADDRESS 152 Hair Chapel Drive, Mooresville NC 28117 PHONE 704-282-5991 ALT PHONE

SITE DIRECTIONS BSR towards Lake Norman, R on Rumbaugh onto Point Dr, L on Jimmy Bell Rd, R on Bird Circle, L on Hair Chapel Dr on left

SUBDIVISION The Point on Norman SECTION 5 LOT # 538 LOT AREA 1.233 acres DESIGN FLOW 600 GPD LEAR 0.36

Septic Tank 1500 gal Pump Tank 1500 gal Pump Make — # Bedrooms 4 Linear Ft 334 Trench Width 24" Min. Trench Bottom Depth 36" (Typ.) Lowest Depth —

Gravity System ☐ Pressure ☐ Low Pressure ☐ System Type: I II III IV V

System Description LP-PIPES (50% Reduction)

Pump System Description LP-PIPES (50% Reduction)

Maintenance Agreement Required ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☒ Residence No Bedrooms 5 No Families 1 ☐ Office No Employees — ☐ Mobile Home ☐ Other ☐ Commercial Kitchen ☐ Laundry ☐ Recreational Vehicle

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Reserve area limiting design flow to 720 gpd at the 28% reduction capacity, or 2.0 gallons/sq.ft.

See attached plans from Carolina Soil + Septic Consulting, PLLC

Adrian Pruett LSS# 1314

Revised 3-21-2019

DRAINLINES INSTALLED AS PERMITED ≈ 2FT off STORM WATER DRAIN - DRAIN MUST BE REMOVED PRIOR TO ISSUING O.P.

	Date	Initials
Drain Lines Checked	5-7-19	BCW
Tanks Checked	5-7-19	BCW
Pressure Manifold or Valve Box Checked	5-9	BCW
Pressure Head Set	5-9	BCW
Electrical Checked	5-9	BCW
Floats Set	5-9	BCW
Alarm Checked	5-9	BCW
Maintenance Contract Y / N	5-20	BCW

PRESSURE LINE CHECKED 3-8-19 BCW

☐ IMPROVEMENT PERMIT without site plan ☐ IMPROVEMENT PERMIT with site plan ☐ AUTHORIZATION TO CONSTRUCT

Owner / Applicant Signature: [signature] Date 3/1/19 Issued By: Specialty Septic

IMPROVEMENT PERMIT By: [signature] Date 4/19/2019 OPERATION PERMIT By: Bayden Echols Date 5-2019

AUTHORIZATION TO CONSTRUCT By: [signature] APPROVED APR 09 2019 Date

Existing System Inspected By: Date

Septic Tank Capacity Approved Pump Tank Capacity Approved Operation Conditional Approval - See Attached

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222901

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

PIN # 4625-65-1194

APPLICANT: Donette Dewar / CS + SC APPLICANT ADDRESS: 323 E Cowan Dr. Houston Texas

SITE ADDRESS: 157 Union Chaple Drive Mooresville, NC 28117 PHONE: 704-202-5791 ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → R on Roundabout onto Polpis Dr → L on Jeremy Point Dr → R on Brick Clin Way → L on Union Chaple → @ end on left

SUBDIVISION: The Point on Norman SECTION: 5 LOT # 538 LOT AREA: 1.233 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

Septic Tank 1500 (gal) STB Date
Pump Tank 1500 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 334'
Trench Width 24" Trench Bottom Depth 36" [high side] Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP-PPBPS (50% Reduction)
Repair System Description: LP-PPBPS (50% Reduction)
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 10 No. Employees
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend limiting dosing of the drainfield panel system to 70% of the 280.8 gallon capacity, or 200 gallons/dose.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting, PLLC

Adrian Pruett LSS# 1314

Revised 3-21-2017

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: 5-1-17 Installed by:

IMPROVEMENT PERMIT by: Date: 4/17/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED AUG 09 2017 Date: Existing System Inspected by: Date:

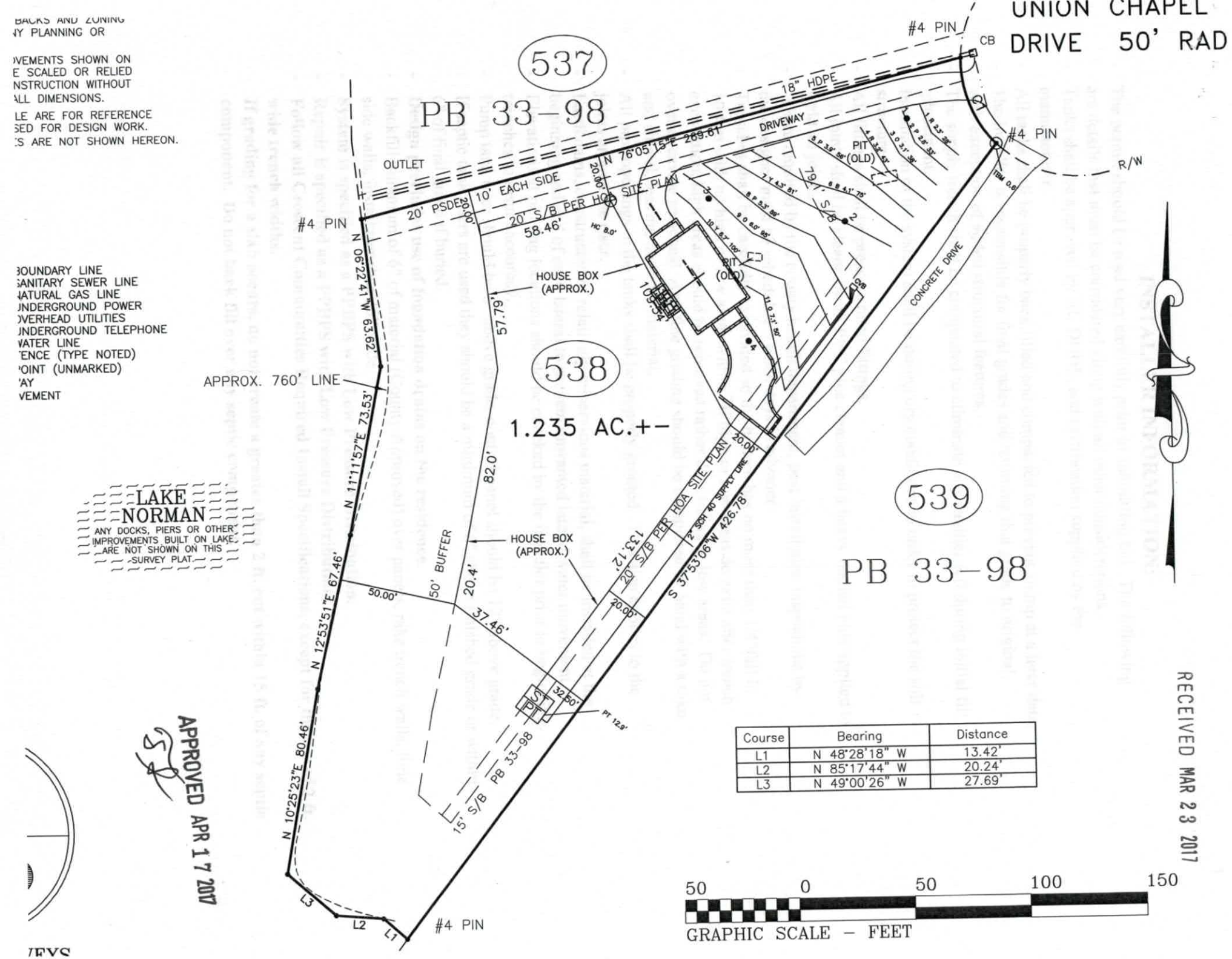
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

BACKS AND ZONING
NY PLANNING OR

OVEMENTS SHOWN ON
E SCALED OR RELIED
NSTRUCTION WITHOUT
ALL DIMENSIONS.

LE ARE FOR REFERENCE
SED FOR DESIGN WORK.
:S ARE NOT SHOWN HEREON.

BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
'ENCE (TYPE NOTED)
'OINT (UNMARKED)
'AY
VEMENT



Course	Bearing	Distance
L1	N 48°28'18" W	13.42'
L2	N 85°17'44" W	20.24'
L3	N 49°00'26" W	27.69'

50 0 50 100 150
GRAPHIC SCALE – FEET

APPROVED APR 17 2017

RECEIVED MAR 23 2017

/EYS

LOW PRESSURE PPBPS SYSTEM
INSTALL SPECIFICATIONS

Owner/Applicant Information

Owner:	Donette Dewar
Address:	323 E. Cowan Dr. Houston, TX 77007
Client:	Donette Dewar
Phone Number:	713-808-5907

Location:	THE POINT ON NORMAN PHASE 5 MAP 3 LOT 538
County:	IREDELL
Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	600
System Flow:	31.98

Design Specifications

Drainfield Size:	334
Required Drainfield Size:	333.3333333
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	**24 in.**
Septic Tank Size:	1500 gal.
Pump Tank Size:	1500 gal.
Repair Trench Width:	**24 in.**
Repair Trench Depth:	36 in.
Estimated Supply Line Length:	236
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	41.06
Dosing Volume:	280.80
Recommended Pump:	Crescent Communities approved Orenco Stainless Steel, turbine pump.
Recommended Float Controls:	Crescent Communities approved Orenco Float Controls
Recommended Control Panel:	Crescent Communities approved Orenco Control Panel
Pressure Head:	2 ft.
Friction Head:	5.59
Elevation Head:	16.60
Total Dynamic Head:	29.03
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	**YES**
Additional Comments:	Soil suitability performed by Carolina Soil & Septic Consulting, PLLC

**Pump tank draw down based on a volume basis of 31 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED APR 17 2017

THE POINT ON NORMAN PHASE 5 MAP 3 LOT 538
FIELD LAYOUT SPECIFICATIONS

March 21, 2017

LAYOUT FOR 5 BEDROOM HOME

LINE #	FLAG COLOR	IH	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			0.60	100.00		
INSTR. 1		100.60				
HOUSE CNR			8.00	92.60		
P. TANK			12.90	87.70		
1	RED		2.30	98.30	28	28
2	PINK		2.80	97.80	33	33
3	ORANGE		3.10	97.50	38	38
4	RED		3.20	97.40	43	43
5	PINK		3.90	96.70	56	56
6	BLUE		4.10	96.50	75	75
7	YELLOW		4.30	96.30	81	81
7	***PINK***		***5.30***	***95.30***	***90***	***89***
8	***ORANGE***		***6.00***	***94.60***	***98***	***95***
9	***YELLOW***		***6.70***	***93.90***	***105***	***100***
10	***ORANGE***		***7.10***	***93.50***	***56***	***50***
				Total	**703**	**688**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***334***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	354	MOD.	0.300	PPBPS	LOW PRESSURE

Notes:
** TBM located top of ground at EIP at corner of lot (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**IH, and FS indicate rod readings

Comments: **SCH 40 1 1/2 inch pipe must be used on for all drainfield laterals due to line length.**
Where supply line crosses under driveway it must be installed a minimum of 30 inches deep or sleeved in ductile iron. CS&SC recommends installing the supply line minimum of 30 inches deep and sleeved in SCH 40 PVC for future repairs.
Design based on using 5/32 hole size per panel.
Verbal confirmation was given by Tim Banister, Tri-County Wastewater to install septic trenches 2 ft. wide as opposed to the normal requirement of 3 ft. wide within Crescent Resource Subdivisions as long as lower pressure distribution is used.
No soil cuts of 2 ft. or greater within 15 ft. of the proposed drainfield and repair areas.
No driveway or driveway material to be located on top of any septic line.
Iredell County has permission from CS&SC to change tank and distribution device locations.

APPROVED APR 17 2017

LOW PRESSURE PPBPS TAPSHEET
THE POINT ON NORMAN PHASE 5 MAP 3 LOT 539
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
7	*PINK*	*95.30*	*89*	0.156	**0.41**	267	21
8	*ORANGE*	*94.60*	*95*	0.156	**0.41**	285	22
9	*YELLOW*	*93.90*	*100*	0.156	**0.41**	300	23
10	*ORANGE*	*93.50*	*50*	0.156	**0.41**	150	12
							78
	total	**feet =**	**334**	**gal/min =**	**31.98**		
			Des. Flow	**600**			
			Pump Run=	**8.78**			
			soil LTAR	**0.3**			

.156 equals 5/32 inch hole

APPROVED APR 17 2017

DOSING CALCULATIONS

Location The Point on Norman
Address: 157 Union Chapel Dr.
Lot No: Lot 538 Phase 5 Map 3

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	236	ft.
Supply Line Volume	41.064	gal.
Required Feet of Line	333.3333	ft.
Amount of Line from Layout	334	ft.
Gallons per Minute	31.98	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500 gal.	
Panel Volume	3.6	gal.
# of Panels	78	
Dosing Volume	280.80	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	9.1	*Generic Draw Down of 31 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	16.6	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	5.59	ft.
Total Dynamic Head (+20%)	29.03	ft.

APPROVED APR 17 2017

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

Sheet 1 of 1
PROPERTY ID #: 4625651194
COUNTY: Iredell

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

OWNER: Jean Pierre Rion
APPLICATION DATE: 11-1-16
ADDRESS: 211 Knoxview Ln, Mooresville NC 28117
DATE EVALUATED: 10-2016
PROPOSED FACILITY: SDRM
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE: 1.233 ac
LOCATION OF SITE: 157 Union Chapel Dr, Mooresville The Point Lot 538
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	LSS 5%	0-4	B scl Gr	Fr ss sp SE xP	N/A	43"	PS	N/A	PS
		4-30	R C L wf SBk	Fr ss SP SE xP	Com Mica				
		30-43	R C L wf SBk	Fr ss SP SE xP	com sap				0.3
		43-48	Var FSL Sap M	Fr ss SP SE xP	few RCL inc.				
B 2	LSS 5%	0-8	B scl Gr	Fr ss SP SE xP	N/A	48"	N/A	N/A	PS
		8-36	R C L wf SBk	Fr ss SP SE xP	Quartz 24-30"				
		36-48	R C L wf SBk	Fr ss SP SE xP	com sap		Soils Good CH		0.3
B 3	LSS 6%	0-5	B scl Gr	Fr ss SP SE xP	N/A	40"	PS	APPROVED NOV 14 2016	PS
		5-17	YR C wf SBk	Fr ss SP SE xP					
		17-40	YR C L wf SBk	Fr ss SP SE xP	com sap				.325-.35
		40-48	Var scl Sap M	Fr ss SP SE xP	few CL inCl.				
B 4	LSS 5%	0-8	B scl Gr	Fr ss SP SE xP	N/A	48"	N/A	N/A	PS
		8-34	R C L wf SBk	Fr ss SP SE xP					
		34-48	R C L wf SBk	Fr ss SP SE xP	com sap				0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PBPS	LP PBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AZP
OTHER(S) PRESENT: None

COMMENTS:

VISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CP-1 APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-27-99

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Lot 538 Shore 5 The Pt. 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8	gr brsl fsl						P .3
		8-28	mfsbk RC	fi sp					
		28-54	massive ybrwsl/LSsp fsl	SSP fawnish ck					
			other side of pit has soil to 60"						
2		0-6	grayish brn sdl						P .3
		6-25	mfsbk RC						
		25-60	mvfsbk pCL fawnish gray	fi ss sp					
3	At behind house towards Lake	0-3	Brw SCL		m-wSBK SS, SP, SE			FI-FR	PS .3
		3-22"	Bd/Brw to Bd C/CL						
		22-48	Bd/Brw to Gry/Bd w/ few / Mica flakes		w to massive SS, SP, SE, FR				
4									

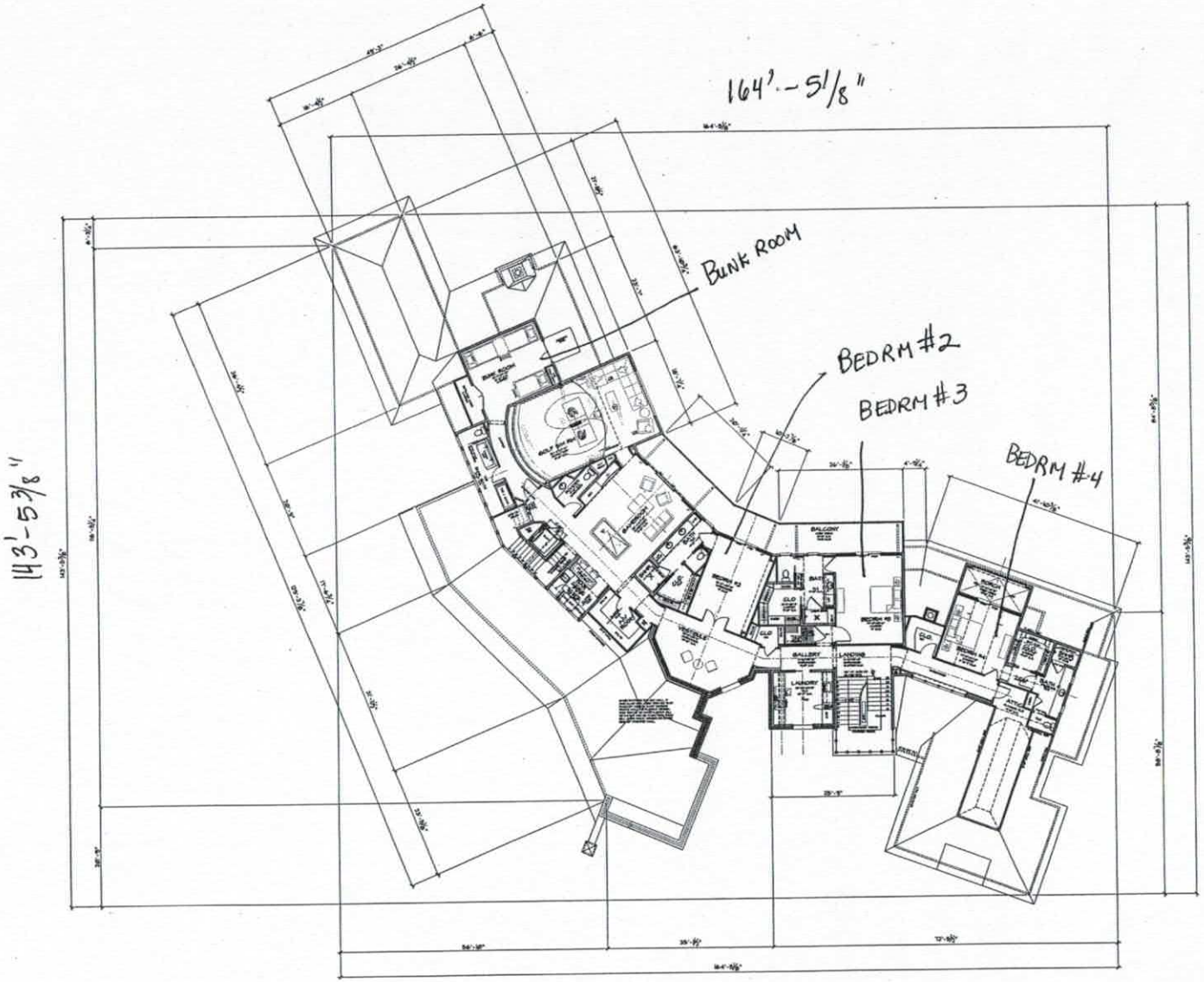
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____



WALL TYPE SCHEDULE:

- 2x4 STUDS AT 16" O.C.
- MIN. 2x6 STUDS AT 16" O.C.
- MIN. 2x6 STUDS AT 16" O.C. WITH MASONRY VENEER

2nd. FLOOR PLAN

1/8" = 1'-0"

A Custom Residence For:

BLACK & DEWAR RESIDENCE

157 UNION CHAPEL DR

DESIGNS
by Robert Dame

7322 Southwest Fwy.
Suite 1550
Houston, Texas 77074
(713) 270-8225
fax (713) 270-8330

Revisions	By

Drawn by:	dp
Date:	7-09-17
Job No.:	16-1346
Sheet:	3.0

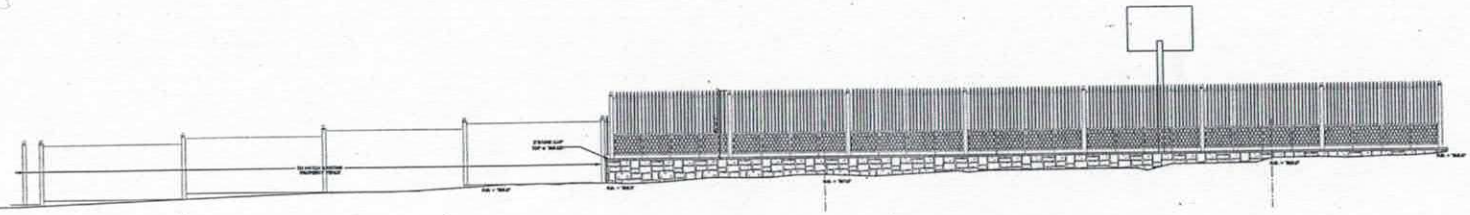
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Owner _____ Date _____

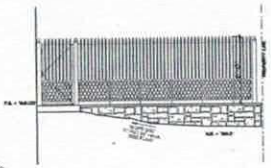
Acknowledgement of
Plans Submittal ONLY!

RA
Date 8-9-17

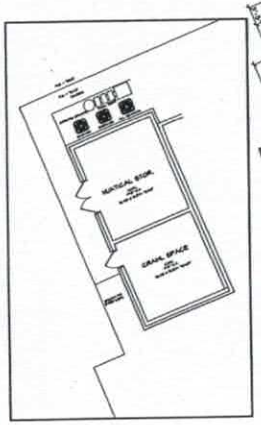
Date 8/14/17



EAST MOTORCOURT VIEW



SOUTH MOTORCOURT VIEW



MOTORCOURT SECTION

62'-5½"

91'-1 3/8"

WALL TYPE SCHEDULE:

AREA CALCULATIONS

FIRST FLOOR LIVING :	4990 SQFT.
EXERCISE ROOM:	316 SQFT.
ALL SEASON RM:	63 SQFT.
SECOND FLOOR LIVING:	3442 SQFT.
MAIN STAIRWALL MID-LANDING:	10 SQFT.
TOTAL LIVING AREA:	8,903 SQFT.
POTTING SHED:	158 SQFT.
4-CAR GARAGE (MISTORIAN):	1120 SQFT.
FRONT PORCH:	34 SQFT.
MASTER PORCH:	68 SQFT.
BACK PORCH + STORAGE	16 SQFT.
MASTER BATH COURTYARD:	74 SQFT.
BREEZWAY:	218 SQFT.
SECOND FLOOR ATTIC:	310 SQFT.
SECOND FLOOR BALCONY:	452 SQFT.
BEDRM #4 PORCH	44 SQFT.
ATTIC STORAGE:	218 SQFT.
TOTAL COVERED AREA:	13311 SQFT.

1st FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 8/9/17

Date 8/14/17

A Custom Residence For:

BLACK & DEWAR RESIDENCE

157 UNION CHAPEL DR

DESIGNS
by Robert Dame

7322 Southwest Fwy.
Suite 1550
Houston, Texas 77074
(713) 270-6225
fax (713) 270-6339

Revisions	By

Drawn by: dp

Date: 7-04-17

Job No.: 16-1548

Sheet: 2.0

T-20

North Carolina
Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

Lots 538/539

T-20

WELL ABANDONMENT RECORD

CONTRACTOR McCall Bros. Inc. REG. NO. 03

1. WELL LOCATION: (Show a sketch of the location on back of form.) Nearest Town: Maxeville County Iredell
The Point on Rusman
(Road, Community, Subdivision, Lot No.) Quadrangle No.

2. OWNER: Carolina Water Service

3. ADDRESS: P.O. Box 240908
Charlotte N.C.

4. TOPOGRAPHY: draw, slope, hilltop, valley, flat

5. USE OF WELL: Community DATE: 6-9-99

6. TOTAL DEPTH: 900 DIAMETER: 8"

7. CASING REMOVED:

feet	diameter
Cut off 5' under surface	

8. SEALING MATERIAL:

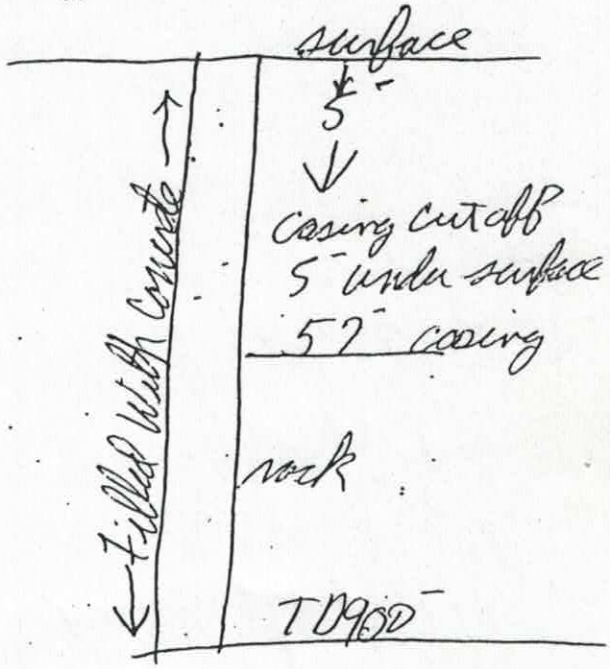
Neat cement	Sand cement
bags of cement	bags of cement
gals. of water	yds. of sand
	gals. of water

Other
Type material Concrete fill

Amount 9 yards

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Poured in from surface using Concrete truck

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Gary Stancil CWD Date 6-9-99

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State High way road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

RECEIVED AUG 7 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (PRINT CLEARLY)

Applicant Name: Donette Dewar Address: 157 Union Chapel Dr. Mooresville Zip: 28117

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Jim Black Address: Same Zip: _____

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

Property Information:

Street Address: 157 Union Chapel Dr. Mooresville, NC 28117

Subdivision Name: The Point Section/Phase: 5 Lot Number: 538

Driving Directions: BOR towards Lake Norman → R on Roundabout onto Polaris Dr → L on Jeremy Pt → R on Brickellin Way → L on Union Chapel → @ end on left.

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: 5
Maximum Number of Occupants: 2
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) 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 (✓) Other: Accepted

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. industrial) 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.

Signature: _____ 8/7/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 23 2017

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)

Paid $75.00

1. APPLICATION FOR: (✓) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Ltd Relayout # 222901

The following optional attachments may also be submitted: (✓) Survey Plat, Scaled no more than 1 Inch = 60 Feet (✓) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Donette Denar/CS&SC	323 E Cowan Dr Houston TX 77007		Adrian Pruett 704-202-5791
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Donette Denar	323 E Cowan Dr Houston TX 77007		713-808-5907
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

157 Union Ch. Dr	The Point on Norman	P5 538
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BSR, At traffic circle take first R on Ralph's Dr, TL on Jersey Point, TR on Brick Kiln, TL on Union Ch, Lot at end in Cul-de-sac

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 5
Maximum Number of Occupants 10
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: _____ 2-23-17

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED NOV 1 2016

(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)

Paid $225.00

1. APPLICATION FOR: (✓) **Improvement Permit** ( ) **Authorization To Construct** ( ) **Existing System Inspection**

#222901

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; (✓) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Donette Dewer/CS&SC	PO Box 1703, Mooresville NC 28115		704-202-5291
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jean Pierre Rion	211 Knoxview Ln, Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
157 Union Chapel Dr	The Point on Norman	5 / 538

Driving Directions: Brawley Sch Rd, to traffic circle in Point, TR on Polpis, TL Jeremy Pt, TR Brick Kiln, TL Union Chapel, Lot at end

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 5
Maximum Number of Occupants 10
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: _____ 11-1-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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: ___ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Charles C. Stoner — Applicant Name | 131 The Point Dr. — Mailing Address | 704 662-3602 — Home Phone | 704-896-2280 — Work Phone

Tom & Nanci Wurtz — Owner Name | 140 Cedar Bluff Lane — Mailing Address | 704-664-6978 — Home Phone | 704-408-4151 — Work Phone

4. **Property Information:**

157 Union Chapel Dr. — Street Address | The Point — Subdivision Name | Lot 538 — Section/Phase and Lot Number

Driving Directions: Brawley Sch Rd - Traffic Circle Rt on Polpis dr. lft on Jeremy Pte Rt on Brick Kiln LT on Union Chapel Lot on Cul-de-Sac

****

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

Maximum Number of Bedrooms ___
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 n/a
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other See Attach) No Preference

****

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: X Nanci Wurtz — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

X 11/20/07 — DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Jim Black, am the legal owner(s) of the property located at 157 Union Chapel Dr, identified as PIN (Parcel Identification Number) 4625- 65- 1194, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kingswood Custom Homes, 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
	8/7/17		8/7/17

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 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, Donette Dwyer + Jim Black, am the legal owner(s) of the property located at 157 Union Chapel Dr, Mooresville NC, identified as PIN (Parcel Identification Number) 462.565 1194, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil + Septic Consulting PLLC 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.

3-22-17 — Signature of Owner(s) — Date

Julie M. — Signature of Witness — 3-22-17 Date

3.23.17

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 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, Lori Schneider + Jean-Pierre Rioux, am the legal owner(s) of the property located at 157 Union Chapel Drive, Mooresville, identified as PIN (Parcel Identification Number) 4625651194, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian L Pruett, Carolina Soil & Septic Consulting, PLLC, 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: 10/31/16 — Signature of Witness — Date: 10-31-16

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

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED 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 NOT 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.
- ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.

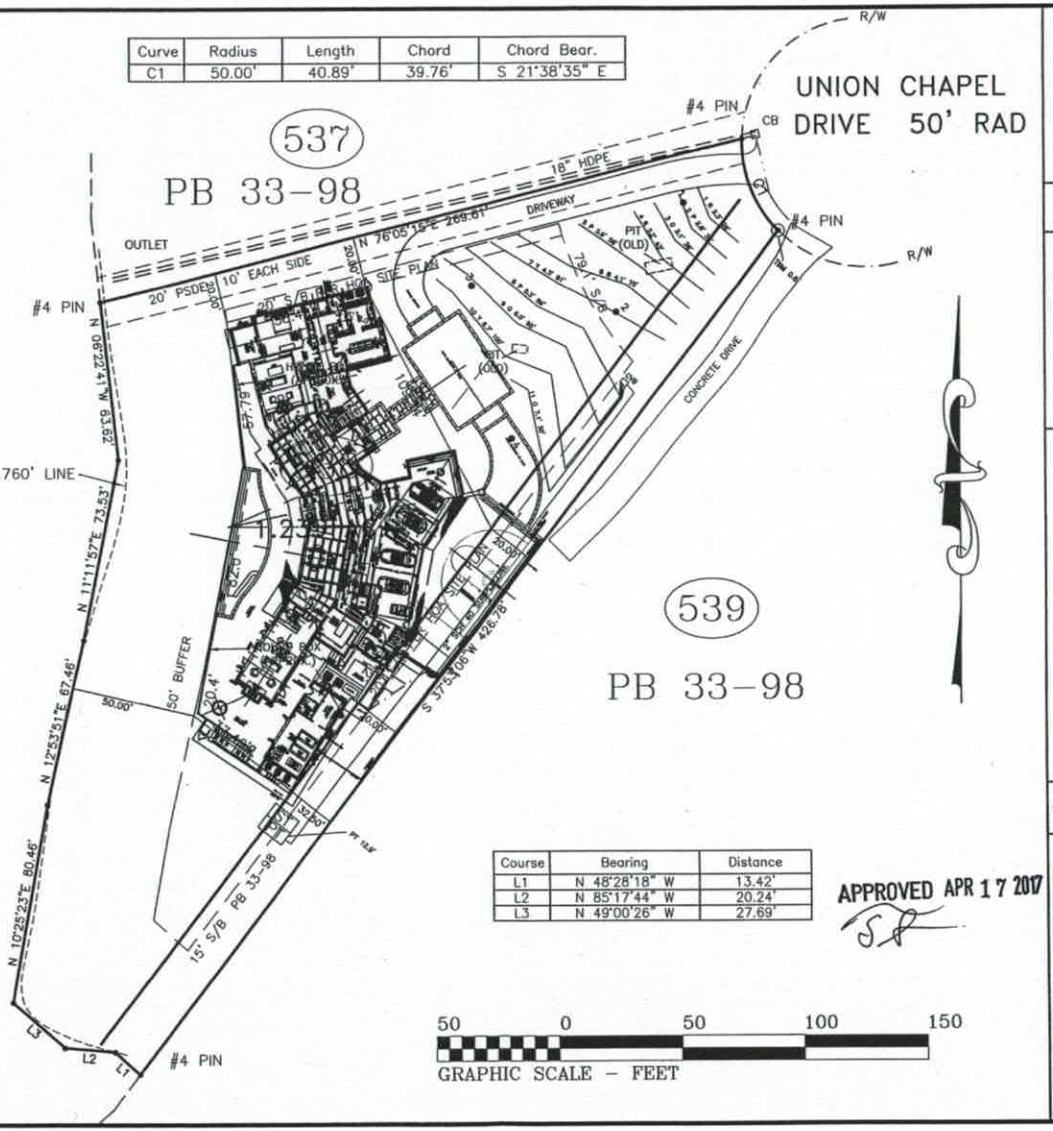
LEGEND:

- BOUNDARY LINE
- S — SANITARY SEWER LINE
- G — NATURAL GAS LINE
- P — UNDERGROUND POWER
- OVERHEAD UTILITIES
- T — UNDERGROUND TELEPHONE
- W — WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
℄ = UTILITY POLE

LAKE NORMAN
ANY DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	40.89'	39.76'	S 21°38'35" E



Course	Bearing	Distance
L1	N 48°28'18" W	13.42'
L2	N 85°17'44" W	20.24'
L3	N 49°00'26" W	27.69'

APPROVED APR 17 2017

50 0 50 100 150
GRAPHIC SCALE – FEET

DEDMON SURVEYS

PHYSICAL SURVEY
FOR
DONETTE DEWAR
& JAMES BLACK

LOT #538 OF THE POINT PHS 5
157 UNION CHAPEL DRIVE – MOORESVILLE NC

DAVIDSON TOWNSHIP – IREDELL COUNTY
SCALE: 1" = 50'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 1975, PG 2161)(PB 33, PG 98; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 20 DAY OF OCT., AD 2016.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: HL	DRAWN: CP	JOB# MPUR157

VICINITY MAP

