IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203818

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

PIN # 4625-90-1190

APPLICANT: Tim Nesbit/William Kissell APPLICANT ADDRESS: 116 Ketch Ct Mooresville NC

SITE ADDRESS: 111 Ketch Ct - Mrsvl. PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TL on Yacht Rd, TL on Yacht Cove Rd, TR on Ketch Ct, Lot at end

SUBDIVISION: Yacht Cove SECTION: - LOT # 12 LOT AREA: 0.62 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 825 Date 3-2-16
Pump Tank 1000 (gal) PT 502 Date 2-27-16
Pump Make Zoeller Model N152 Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 200
Trench Width 24" min Max. Trench Bottom Depth 36" Gravel Depth N/A

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

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 3 No. Persons 6 No. Employees
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Repair designed @ 0.25 gpd/sqft

9/22/15 Reviewed Floor plans, in compliance with Septic plan.

INITIAL SITE SKETCH

SEE DESIGN BY THE OAKS GROUP

(Approved 6-12-14)

AS BUILT SKETCH

5-18-16 CHECKED LINES, TANKS, SET 2' PH

7/5/16 Elect & Alarm

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.*

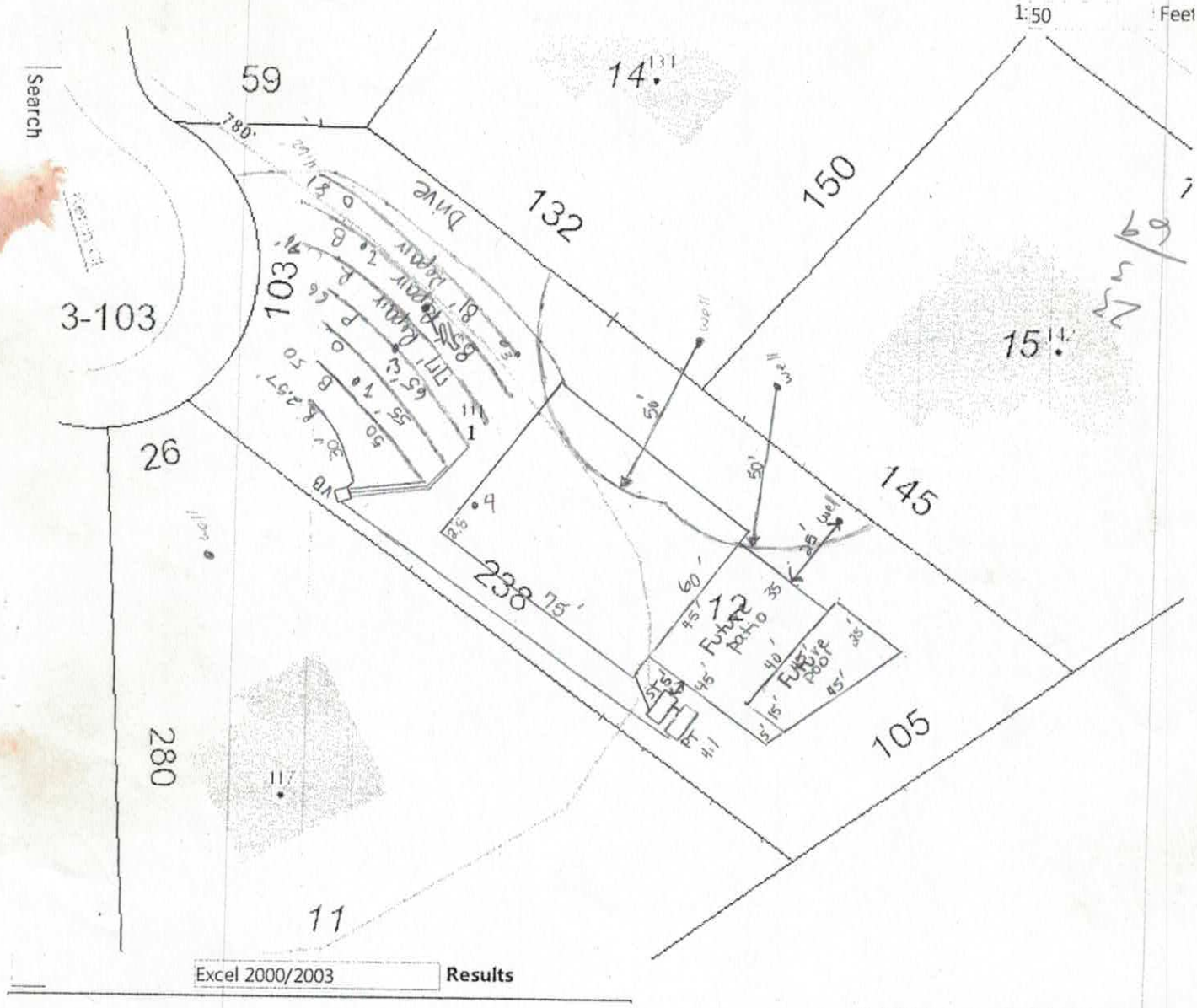
Owner / Applicant Signature: Kathleen Saunders Date: 6-13-14 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 6-12-14 OPERATION PERMIT by: Date: 7/5/16

AUTHORIZATION TO CONSTRUCT by: Date: 9/22/15 Existing System Inspected by: Date:

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

CONNECTGIS WEB HOSTING IREDELL COUNTY NORTH CAROLINA



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B1 - 0-10 RB SCL/CL w FSBA Fr SS SP SExp .25
4% 10-30 R C L w FSBA Fr S S SP SEXP fen/con YB
30-48 R CL w FSBA Fr SS SP SExp fen/con
3 BDR

Initial System:
LPPPBPS (panel Block)

Repair System:
LP PPBPS (Panel Block)

Future Patio & Pool not flagged if they are I could't tell

1" = 50'

APPROVED JUN 12 2014
ALP

Yacht Cove Lot 12 Fast Track Septic System Information (Revised)

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	. 200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	125' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 6.5'
Pressure head	3.0'
Friction head	1.0'
20% Contingency	2.1'
Total Head	12.6'
Pump Requirements	22 gpm @ 12.6' of head To be designed by installer.
Maximum Dosing Volume	158.4 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	No
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	243
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	30 endfed	2.6	6	6	1 per panel	5/32"
2	System	Blue	LPPPBPS	50 endfed		11	11	1 per panel	5/32"
3	System	Orange	LPPPBPS	55 endfed		12	12	1 per panel	5/32"
4	System	Pink	LPPPBPS	65 endfed		15	15	1 per panel	5/32"
5	Repair	Red	LPPPBPS	77					
6	Repair	Blue	LPPPBPS	85					
7	Repair	Orange	LPPPBPS	81	4.6				
						Total: 44	Total: 44 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: 243'					

Tank	pink	1000 gal (2 compartment)	
Pump Tank	pink	1000 gal.	4.1
House	Blue		

Note: **Soil information accurate for location of auger borings only. Due to the variable nature of soils, soil features may exist that were not found during the evaluation. All Rod Readings should be verified by installer prior to installation of system**
***ICHD Evaluation found mottling in a boring located in the repair area, therefore initial LTAR has been lowered based on the ICHD staff notes.**

On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 12
File #:
AppID: 4625901190

Owner: William Kissell
Address: 111 Ketch Ct
Proposed Facility: SFR
Design Flow (.1949) 360
Location of Site: Lot 12 Yacht Cove S/D

Applicant: Tim Nesbit
Date Evaluated: 2/8/14
Property Size: 0.51
Property Recorded: 1989

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L 2%	0-12	Mo GR SCL	FR SS/SP	DK Br				0.3
		12-34	Mo SBK C	FR SS/SP	Red				
		34-55	WK SBK C	FR SS/SP	Red; C sap				
2	L	0-4	Mo GR SCL	FR SS/SP	Br				0.3
		4-28	Mo SBK C	FR SS/SP	Red				
		28-50	WK SBK C	FR SS/SP	Red; F Sap				
3	L 4%	0-3	Mo GR SCL	FR SS/SP	Br				0.3
		3-28	Mo SBK C	FR SS/SP	Red				
		28-54	WK SBK CL	FR SS/SP	Red; F sap				
4	L 2%	0-6	Mo GR SCL	FR SS/SP	Br				0.3
		6-38	Mo SBK C	FR SS/SP	Red				
		38-48	WK SBK C	FR SS/SP	Red; F sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

Soil were Identified within the repair area that were 0.25. Repair application rate was lowered to 0.25 and redesigned by Kathleen

APPROVED JUN 12 2014

ALP

RECEIVED SEP 1 8 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#203818

Application For:

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

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: PMA Investments, LLC **Address:** 226 Walker Valley Dr, Stony Point NC 28678 **Phone:** 704-658-5514

Owner Name: Timothy Nesbit **Address:** _____ **Phone:** _____

Property Information:

Street Address: 111 Ketch CT, Mooresville, NC 28117

Subdivision Name: Yacht Cove **Section/Phase:** _____ **Lot Number:** 12

Driving Directions: _____

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: 3
Maximum Number of Occupants: 4
(X) 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: Valerie Stevens
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-18-15
DATE

Paid $850.00 Statesville
6-4-14 BY

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

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

1. APPLICATION FOR: ✓ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tim Nesbit			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
William Kissell	116 Ketch Ct		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Ketch Ct	Yacht Cove	Lot 12

Driving Directions: Brawley School Rd, L Yacht Rd, L Yacht Cove Ln, Rt Ketch Ct

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

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

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

8. Please Answer The Following To The Best of Your Ability:

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

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Kathleen Saunders — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-4-14 — 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, Timothy Nesbit, am the legal owner(s) of the property located at 111 Ketch Ct, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Valerie Stevens, PMA Investments, 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.

Timothy Nesbit 9/16/15
Signature of Owner(s) Date

Signature of Witness 9/16/15
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

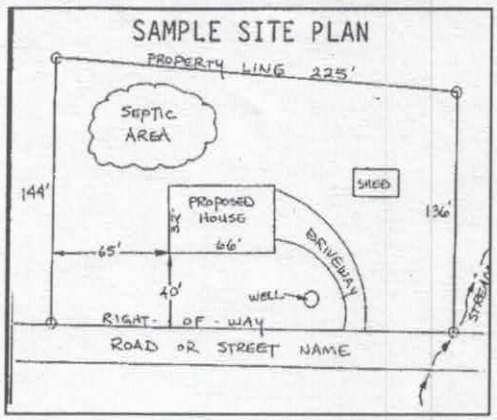
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

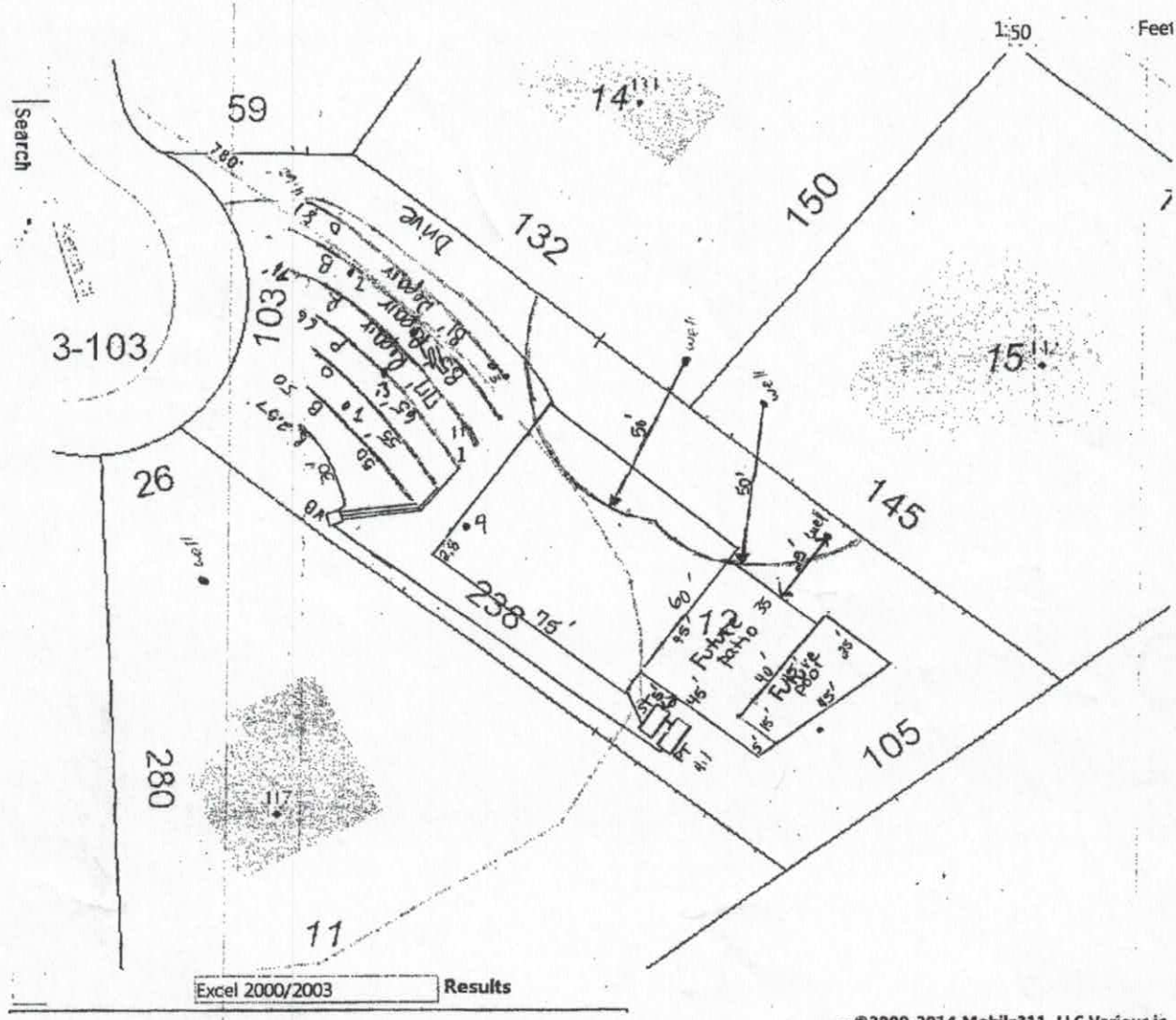
Signature: Valerie Stevens

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

9-18-15

DATE

CONNECTGIS WEB POSTING IREDELL COUNTY



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B1 - 0-10 RB SCL/CL W/FSBK FR SS SP SEXP .25
10-30 RC W/FSBK FR SS SP SEXP FW/CW FB
30-48 RCL W/FSBK FR SS SP SEXP A-EXP
3 BDR.

Initial System:
LPPPBPS (panel Block)

Repair System:
LP PPPBPS (Panel Block)

1" = 50'

1/1

APPROVED JUN 12 2014
ALP

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

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

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

- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ Area you prefer your septic system to be placed...
- ✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- ✓ Location of septic systems and wells within 100' of your property... N/A
- Location of easements and rights of ways on your property... N/A
- Location of any designated wetlands on the property... N/A

Signature: Kathleen Saunders
REQUIRED property owner or owner's legal representative signature.

6-4-14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Attached

Acknowledgement of
Plans Submittal ONLY!

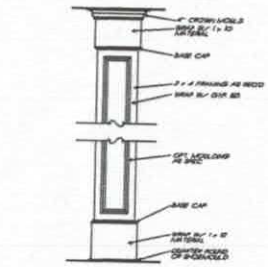
Valerie Stivers Date 9-18-15

Date 9/22/15

GENERAL NOTES

GENERAL FRAMING NOTES

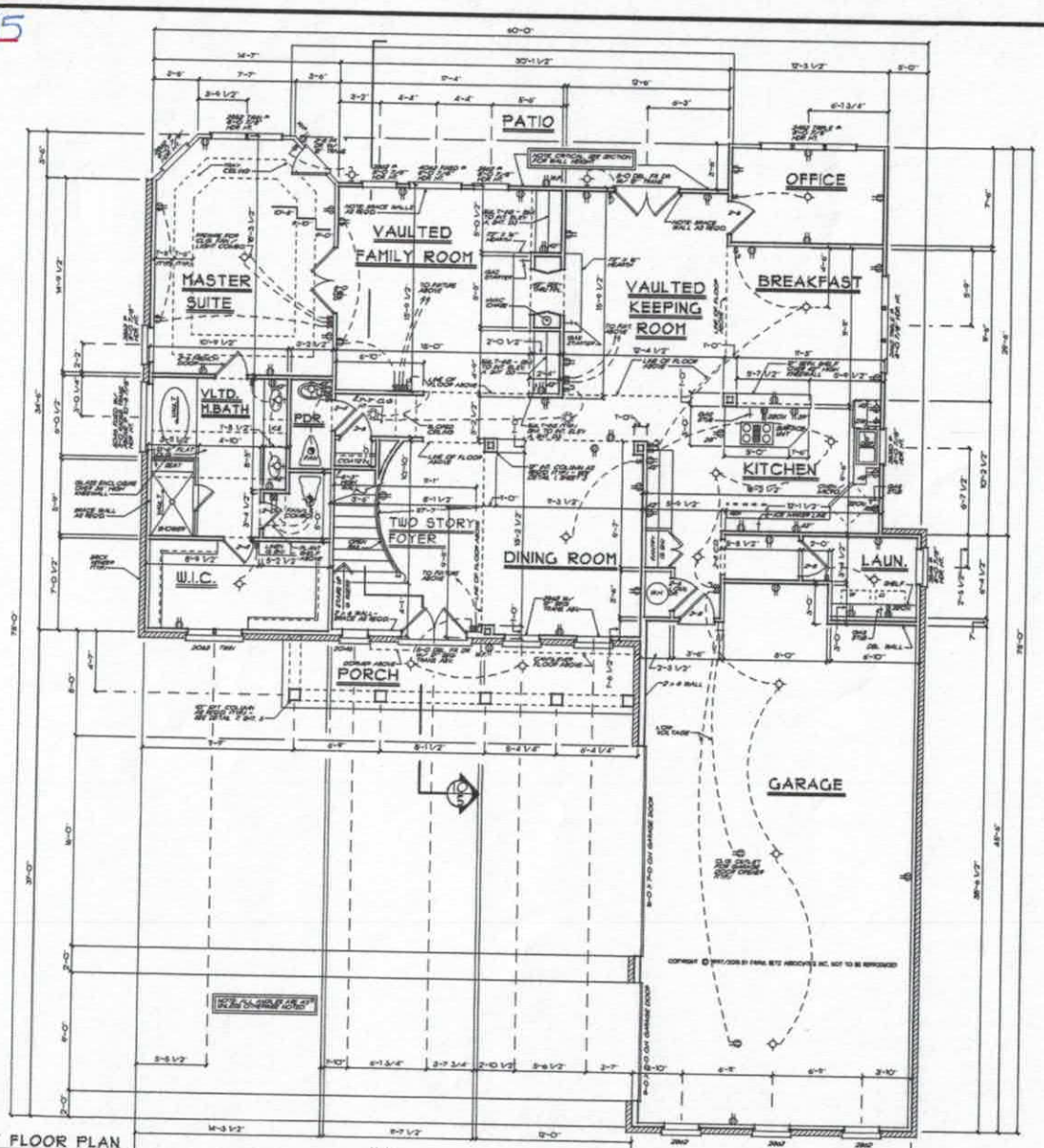
WARRANTY AND LIABILITY



3 INT. COLUMN DETAIL

SQUARE FOOTAGE	
FIRST FLOOR	2091 SQ. FT.
SECOND FLOOR	666 SQ. FT.
TOTAL	2913 SQ. FT.
OPT. BONUS	470 SQ. FT.
TOTAL	3383 SQ. FT.

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.



FIRST FLOOR PLAN

REVISIONS	DATE	BY
ANY REVISION	11-05-15	JMB

NESBIT RESIDENCE
MOORESVILLE, N.C.

FIRST FLOOR PLAN / DETAIL

THE CASCADE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOME PLANS
3330 CUMBERLAND BOULEVARD SUITE 550 ATLANTA, GEORGIA 30339 770-431-0600 800-717-2555

BY: JMB CHD: JMB

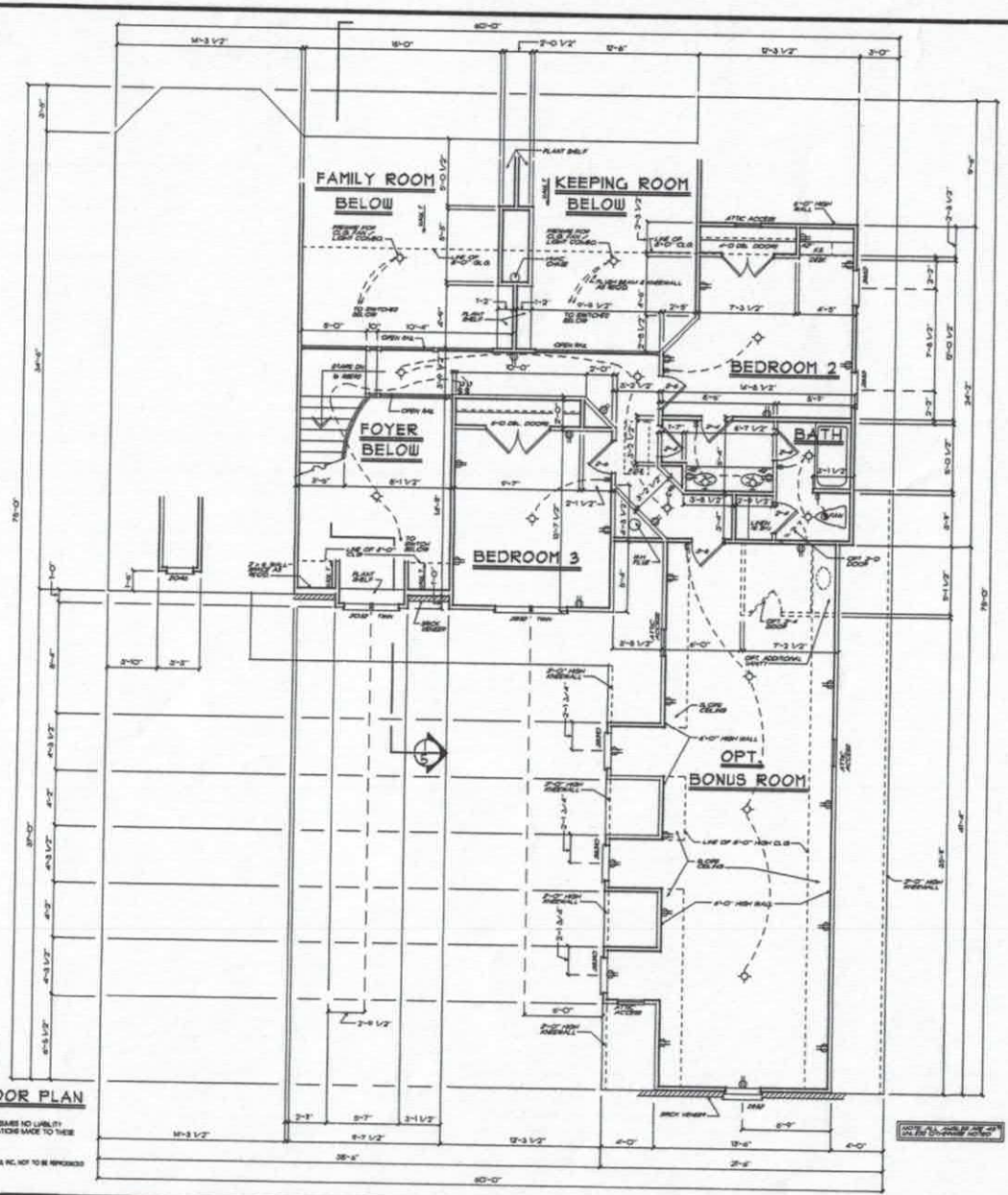
DATE: 2/20/15 2-CLG-15

SHEET: 3 OF 5

Acknowledgement of
Plans Submittal ONLY!

Valerie Stevens Date 9-18-15

Mairi Dirtes Date 9/22/15



SECOND FLOOR PLAN

NESBIT RESIDENCE
MOORESVILLE, N.C.

SECOND FLOOR PLAN

THE CASCADE

FRANK BETZ ASSOCIATES, INC.

SHEET: 4 OF 5

IREDELL COUNTY

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

APPLICATION NUMBER
203818
Issue Date: 06/04/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4625901190.000	111 KETCH COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: KISSELL WILLIAM G	Applicant: KATHLEEN SAUNDERS
Address: 116 KETCH CT MOORESVILLE, NC 28117	Address: 227 GRAYLAND RD MOORESVILLE, NC 28115
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	RR

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

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: Kathleen Saunders Date: 6-4-14

Permit Number	13386	TOTAL FEES:	$ 77.25