IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213781

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

PIN # 4625-91-8306

APPLICANT: Robert Sweeney APPLICANT ADDRESS: 26 Avon Rd NJ

SITE ADDRESS: 104 Conway Ct. - Mrsvl. PHONE: 704-576-3887 ALT. PHONE:

SITE DIRECTIONS: BSR, TL Yacht, TL Milford, TR Milford, Corner of Conway

SUBDIVISION: The Point on Norman SECTION: 13 LOT # 1325 LOT AREA: .93 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	4614	Date	7-26-16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III ⓘV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	27	Date	8-12-16	System Description: LP - Panel Block				☐ Business	No. Persons
Pump Make	Orenco	Model	D-d412904	Serial #		Repair System Description: Same				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 @ 70'	Linear Ft:	280'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

Set 2FT head-pressure
Tanks & lines checked by WS 9/9/16

INITIAL SITE SKETCH

See Plan From
Michael Athanas
&
Associates

AS BUILT SKETCH

5

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: 10/13/15

IMPROVEMENT PERMIT by: APPROVED Date: SEP 29 2015

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 29 2015

Installed by: Richard Adams

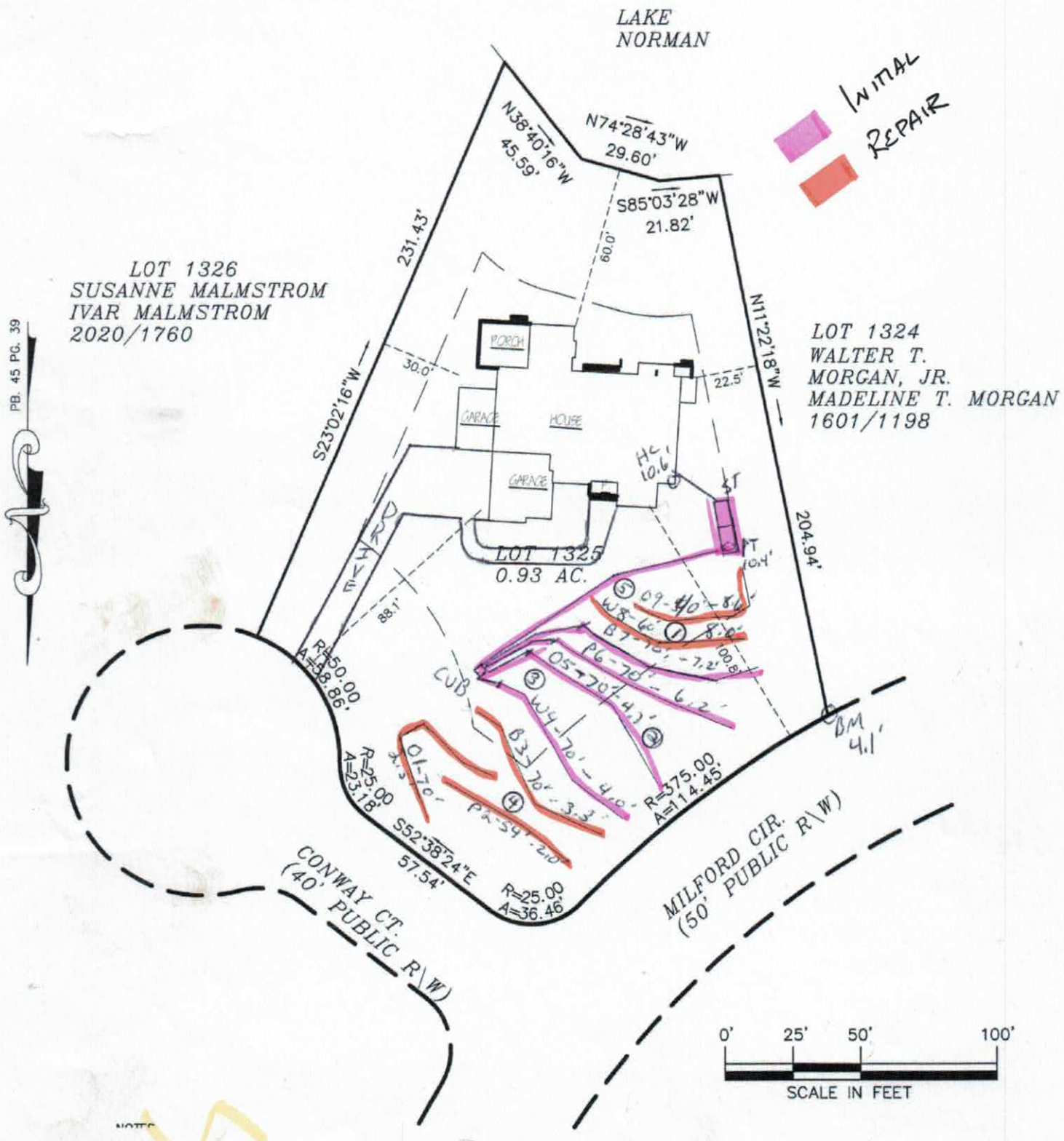
OPERATION PERMIT by: Maria Dobson RS Date: 1/19/16

Existing System Inspected by: Date:

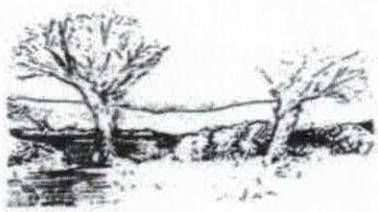
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED SEP 2 9 2015

BA



APPROVED SEP 29 2015



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

Reference: Data Sheet for 104 Conway Ct., The Point 1325
House Footprint: See Attached Plan
Building Setbacks: 50' front/rear, 20' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.8 GPM
Dosing Volume: 230.4 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 11.4'
Friction Head: 3.3'
Pressure Head: 2'
Total Dynamic Head: 16.7'
Supply Line Length: 105'
Septic/Pump Tank Size: 1500/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Orange 1		70'	2.5'
Pink 2		54'	2.0'
Blue 3		70'	3.3'
White 4	**70'**	**70'**	**4.0'**
Orange 5	**70'**	**70'**	**4.7'**
Pink 6	**70'**	**70'**	**6.2'**
Blue 7	**70'**	**70'**	**7.2'**
White 8		60'	8.0'
Orange 9		40'	8.6'

APPROVED SEP 2 9 2015

BA

Initial System: 280' **Repair System:** 294'
Pump Tank: 10.4' **House Corner:** 10.6' **Benchmark:** 4.1'

Comments:
Do not cut with 15' of the septic area.

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

PROPERTY ID #: 4625918306
COUNTY: Iredell

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

APPROVED SEP 29 2015
BA

OWNER: Robert Sweeny
APPLICATION DATE
ADDRESS: 26 Avon Rd Warren NJ
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.93 AC
LOCATION OF SITE: 104 Conway Ct, Point 1325
PROPERTY RECORDED: 6/29/2004
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 7%	0-3	R Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		3-28	R C SBK	FR SS SP					
		28-48	R CLWSBK	FR SS SP					
2	LS 5%	0-12	Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		12-36	R C SBK	FR SS SP					
		36-48	R CL WSBK	FR SS SP					
3	LS 7%	0-5	Br CL WSBK	FR SS SP	N/A	48"	F-C SAP	N/A	PS 0.3
		5-24	R C SBK	FR SS SP					
		24-48	R CL WSBK	FR SS SP					
4	LS 7%	0-12	R Br CL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		12-38	R C SBK	FR SS SP					
		38-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	840 FT2	867 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED SEP 29 2015 JA

PROPERTY ID #: 4625918603
DATE OF EVALUATION: _____
COUNTY: IREDELL

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
5	LS 7%	0-30	R C SBK	FR SS SP	N/A	42"	N/A	N/A	PS 0.3
		30-42	R CL WSBK	FR SS SP					
		42"	AR						

COMMENTS: _____

RECEIVED SEP 25 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
Paid $500.00 #213781

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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

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:

Applicant Name: Robert Sweeney **Address:** 26 Avon Rd Warren NJ 204-363-1622 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 104 Conway CT

Subdivision Name: Point **Section/Phase:** 13 **Lot Number:** 325

Driving Directions: BSR, TL Yacht, TL Milford, TR Milford, on corner w/ Conway on Rt

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(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:

( ) New Well ( ) Existing Well (X) 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 (X) 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: _____ 9/25/2015

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, __Robert Sweeney_____, am the legal owner(s) of the property, located at ___404 Century Court_Mooresville NC 28117_____, identified as PIN (Parcel Identification Number) _____Lot 1325 The Point_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) __Warren Smith, ____Courtland Homebuilders_____, 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.

10-8-15

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

IREDELL COUNTY HEALTH DEPARTMENT

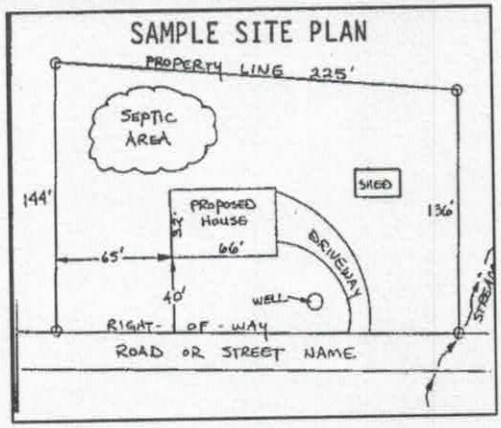
ENVIRONMENTAL HEALTH DIVISION

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 Plan

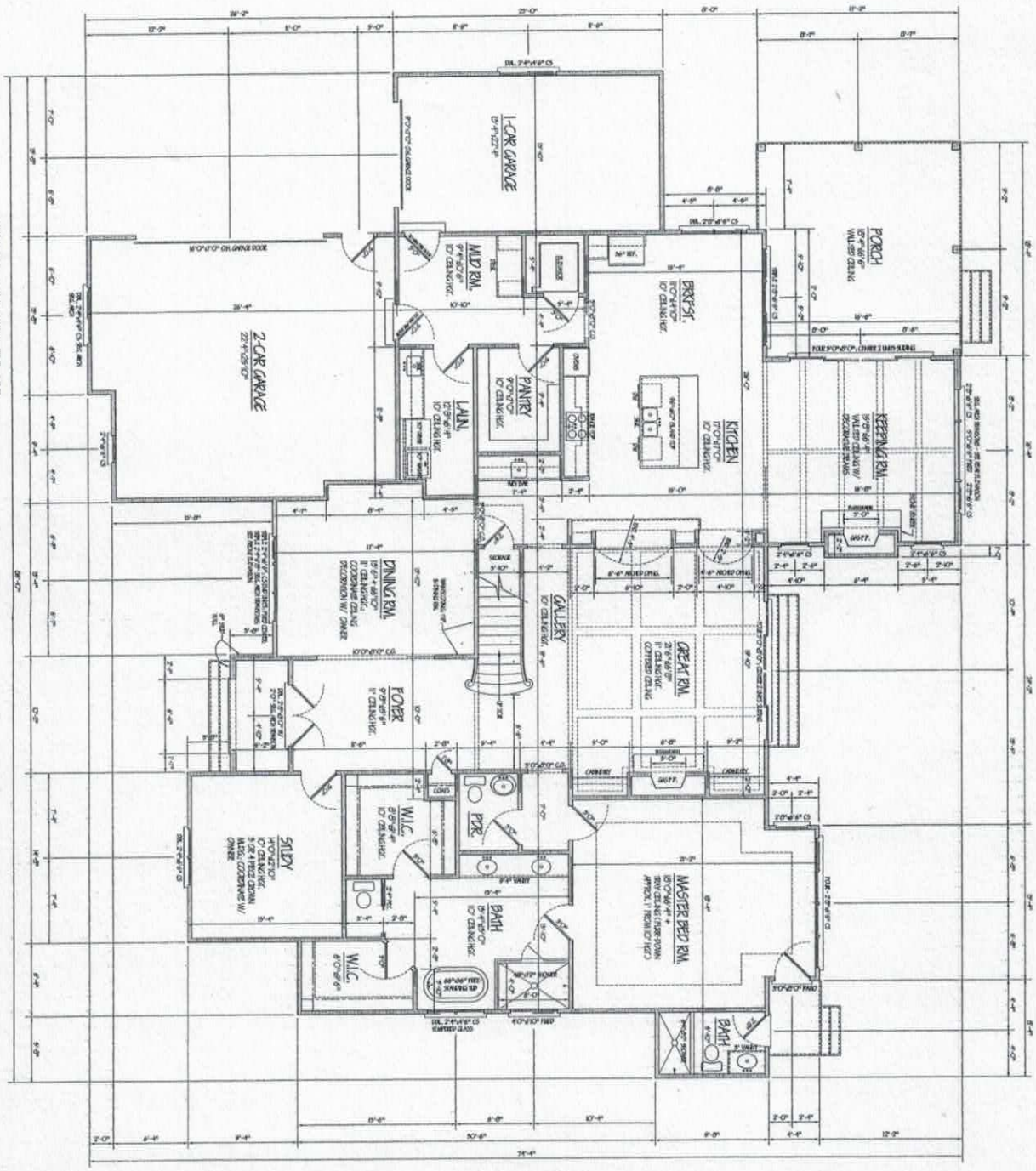
Signature: _____

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

12/25/2015

DATE

FIRST FLOOR PLAN



AREA CALCULATIONS

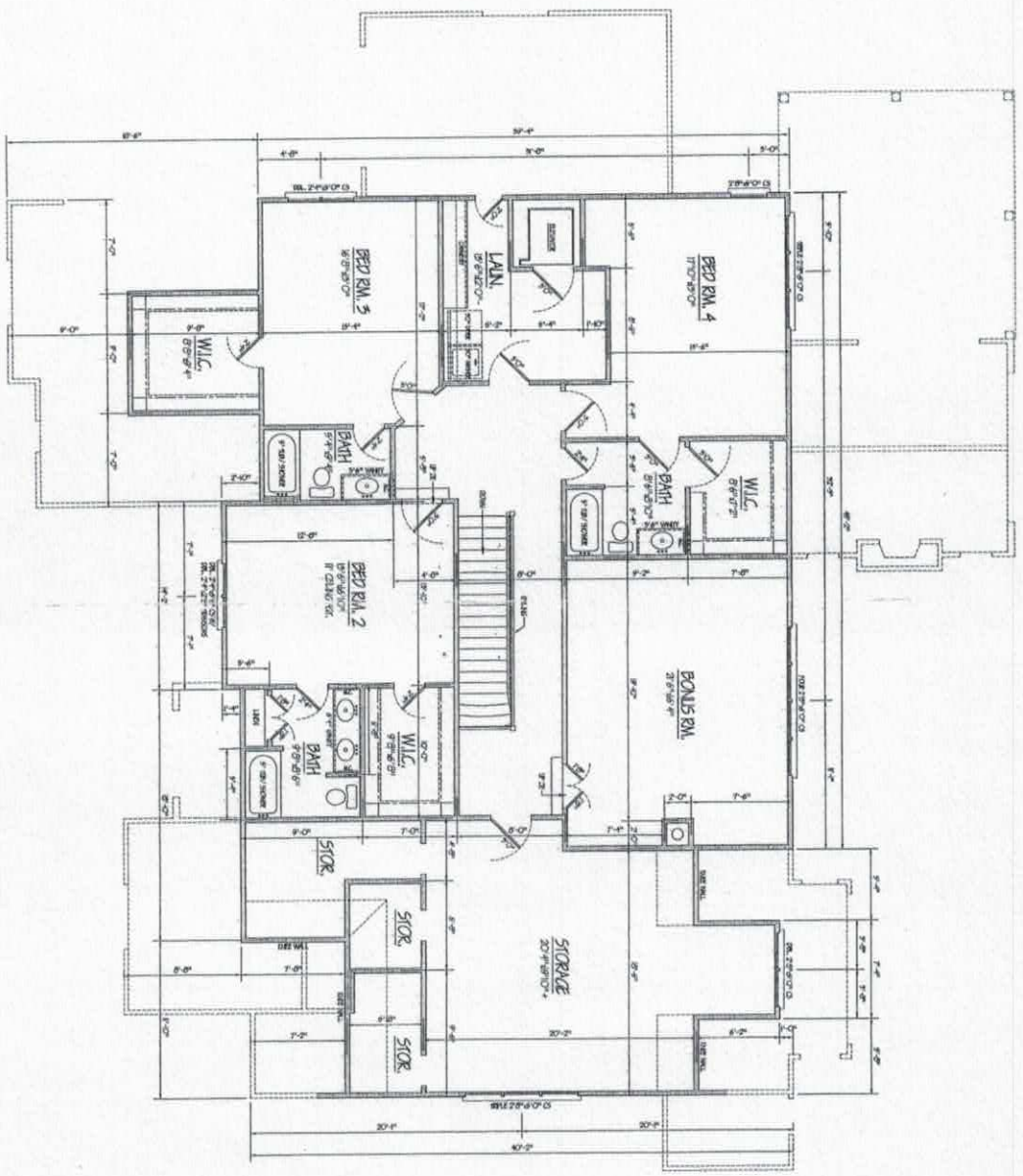
FINISHED FIRST FLOOR AREA	= 2949 SQ. FT.
FINISHED SECOND FLOOR AREA	= 2163 SQ. FT.
TOTAL FINISHED AREA	= 5284 SQ. FT.
GARAGE AREA	= 848 SQ. FT.
PORCH AREA	= 352 SQ. FT.
PATIO, DECK AREA	= 48 SQ. FT.

Acknowledgement of
Plans Submittal ONLY!

APPROVED SEP 29 2015

Date 10/13/15

SHEET NO.	JOB NO.	FIRST FLOOR PLAN	A RESIDENCE FOR ROBERT & CHERYL SWEENEY LOT 1325, 104 CONWAY CT. THE POINTE SUB. DIV., MOORESVILLE NC	THE RESIDENCE SHALL NOT BE HELD LIABLE FOR ANY DEFICIENCIES IN CONSTRUCTION OR ERRORS AND OMISSIONS IN THESE PLANS. IT IS THE RESPONSIBILITY OF THE OWNER(S) AND/OR THE GENERAL CONTRACTOR TO CHECK THESE PLANS FOR CORRECTNESS, ERRORS AND OMISSIONS. THE GENERAL CONTRACTOR AND/OR THE OWNER(S) SHALL BE RESPONSIBLE TO SEE THAT THIS PROJECT OR STRUCTURE IS BUILT IN ACCORDANCE WITH STATE AND/OR LOCAL BUILDING CODES.	CARPENTER DESIGN A RESIDENTIAL DESIGN FIRM WWW.CARPENTERHOUSEPLANS.COM 704-277-7417	DRAWN BY: C.D.C.	DATE: 8-12-15



SECOND FLOOR PLAN

SCALE: 1/4" = 1'

Acknowledgement of
Plans Submittal ONLY!

APPROVED SEP 2 9 2015
Date

Date 10/13/15

SHEET NO.	JOB NO.	SECOND FLOOR PLAN	A RESIDENCE FOR ROBERT & CHERYL SWEENEY LOT 1325, 104 CONWAY CT. THE POINTE SUB. DIV., MOORESVILLE, NC	THE DESIGNER SHALL NOT BE HELD LIABLE FOR ANY DEFICIENCIES IN CONSTRUCTION OR ERRORS AND OMISSIONS IN THESE PLANS. IT IS THE RESPONSIBILITY OF THE OWNER(S) AND/OR THE GENERAL CONTRACTOR TO CHECK THESE PLANS FOR CORRECTNESS, ERRORS AND OMISSIONS. THE GENERAL CONTRACTOR AND/OR THE OWNER(S) SHALL BE RESPONSIBLE TO SEE THAT THIS PROJECT OR STRUCTURE IS BUILT IN ACCORDANCE WITH STATE AND/OR LOCAL BUILDING CODES.	CARPENTER DESIGN A RESIDENTIAL DESIGN FIRM WWW.CARPENTERHOUSEPLANS.COM 704-277-7417	DATE 8-12-15 DRAWN BY CDC

IREDELL COUNTY

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

APPLICATION NUMBER
213781
Issue Date: 09/24/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4625918306.000	104 CONWAY COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SWEENEY ROBERT P+CHERYL	Applicant: MICHAEL ATHANAS & ASSO
Address: 26 AVON RD MOORESVILLE, NJ 7059	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.930	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	49986	TOTAL FEES:	$ 77.25