IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202111

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

PIN # 4625922481

APPLICANT/OWNER: Jerry Mosley APPLICANT ADDRESS: 124 Vineyard Dr. Mooresville, NC

SITE ADDRESS: 167 Milford Circle, Mooresville, NC PHONE: 980-228-6686 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Yacht Rd to Milford Circle @ Watershed

SUBDIVISION: The Point SECTION: 13 LOT # 1337 LOT AREA: .863 Ac. SAP CONTROLLED: ☐ YES ☒ NO

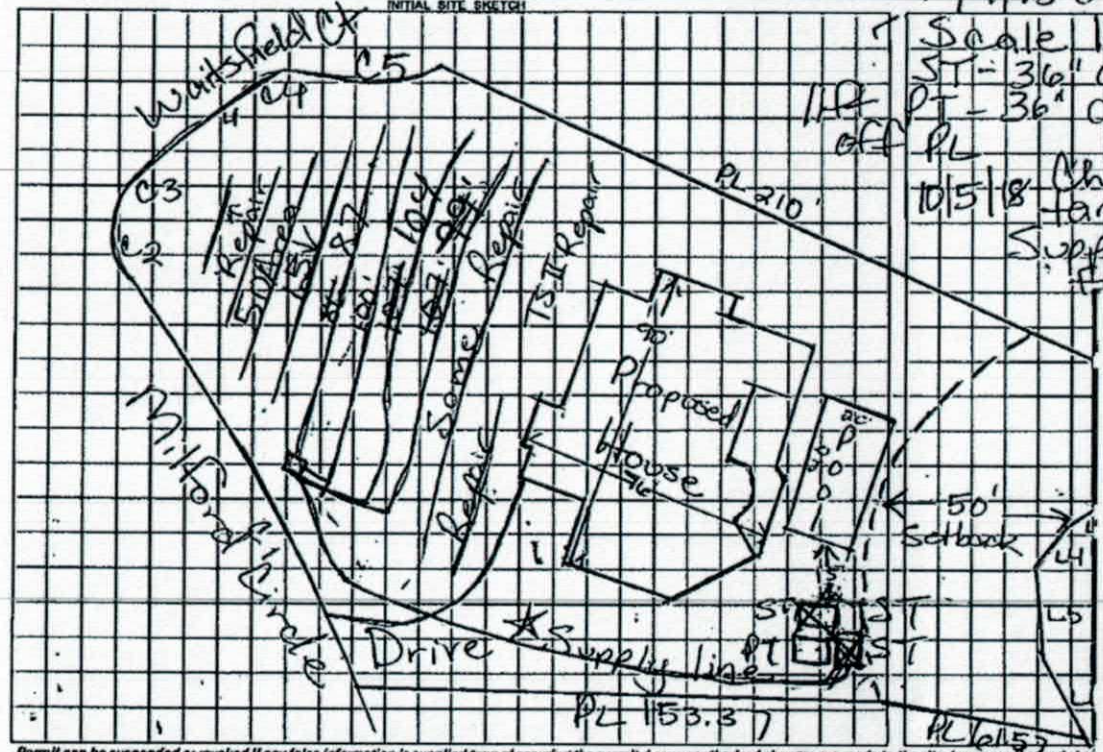
DESIGN FLOW: 600gpd L.T.A.R.: .25

Septic Tank	500 (gal)	STB	338	Date	7-6-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	500 (gal)	PT	477	Date	9-14-18	System Description: LPP BPBPS		☐ Business	No. Persons	10	☐ Private
Pump Make		Model		Serial #		Repair System Description: LPP BPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	15	Linear Ft	400'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab ☐ Garage ☐ Crawl Space			☒ Community
Trench Width	min. 24"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: ★ Refer to Septic requirements for Crescent Communities
10/25/17 Reviewed Floorplans, in Compliance with IP

★ Most bury supply line a minimum of 30" under drive.
Dyed 5.32"
10/4/18 Checked drain line S. Checked

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50
ST - 36" deep
PT - 36" deep
10/5/18 Checked Tanks & Supply line from Tanks to Valve box
Supply lines from Valve box to trenches

	Date	Initials
Drain Lines Checked	10/4/18	MP
Tanks Checked	10/5/18	MD
Pressure Manifold or Valve Box Checked	10/5/18	MD
Pressure Head Set	2/11/19	CC
Electrical Checked	2/11/19	CC
Floats Set	2/11/19	CC
Alarm Checked	2/11/19	CC
Maintenance Contract (Y) / N	2/13/19	CC

As Built attached to permit

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 chai

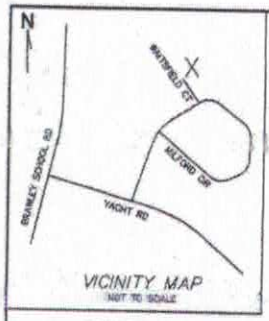
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHO

Owner / Applicant Signature: Michelle Mosley Date: 7/7/17 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Marian Dotson RS Date: 7/28/17 OPERATION PERMIT by: Carla C. Cave Date: 2/13/19

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 10/25/17 Existing System Inspected by: Date:

Revised



NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Restrictions, Easements, and/or Right of Ways of record and those not of record if they exist.
4) A portion of Subject Property is located in a Special Flood Hazard Area (ZONE AE) as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710482500J – Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning=R-20.
7) Setbacks shown per THE POINT.

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	14°00'17"	134.44'	550.00'	S85°56'01"W	134.10'
C2	85°39'39"	37.52'	25.00'	N58°04'17"W	34.10'
C3	5°20'29"	30.77'	330.00'	N12°24'13"W	30.75'
C4	53°07'46"	23.18'	25.00'	N16°49'56"E	22.36'
C5	42°17'57"	36.91'	50.00'	N23°45'51"E	36.08'

LINE TABLE

NUM	BEARING	DISTANCE
L1	N9°43'56"W	5.40'
L2	S10°14'06"E	2.89'
L3	S8°05'51"E	20.15'
L4	S27°59'36"E	17.38'
L5	S71°01'28"E	24.33'
L6	N88°15'07"E	25.93'

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2496, Page 1165, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in aforing deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 14th day of July, 2017.

Thomas E. Williams

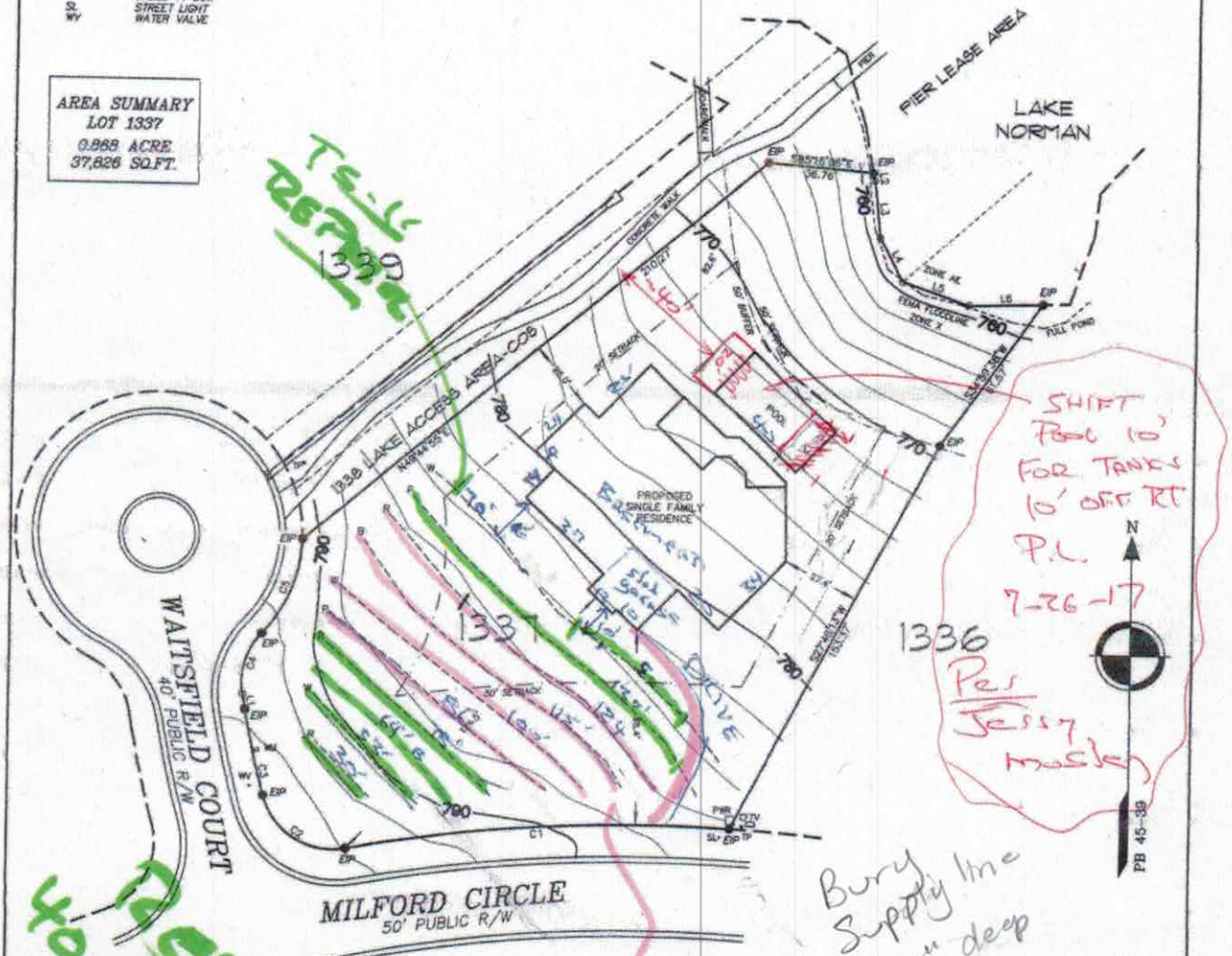
Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

LEGEND

	PROPERTY LINE (P/L)
	RIGHT OF WAY (R/W)
	TIE LINE
	ADJOINING PROPERTY LINE
	FROM DEED OR PLAT
	BUILDING SETBACK LINE
	50' VEGETATIVE BUFFER
	FULL POND
EIP	EXISTING REBAR
PWR	GROUND TRANSFORMER
WM	WATER METER
TP	TELEPHONE PEDESTAL
TV	CABLE TV BOX
SL	STREET LIGHT
WV	WATER VALVE

AREA SUMMARY
LOT 1337
0.868 ACRE
37,826 SQ.FT.



SHIFT Pool 10' FOR TANKS 10' OFF RT P.L. 7-26-17 Per Jessy Mosely

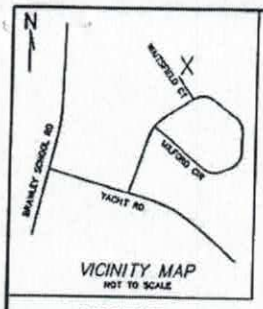
Bury Supply line 30" deep



NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○).

Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone:(704) 876-3996 ~ email:runningonfaith@bellsouth.net
file: 17\PNT1537

Site Plan
104 Waitsfield Court
THE POINT ON NORMAN
PHASE 13 – MAP 1
LOT 1337
Davidson Township, Iredell County, NC
PIN# 4625-92-2481 ~ DB 2496-1165 ~ PB 45-39
Property of: Michelle R. Mosely Trust



NOTES:

1) Area determined by Coordinate Computation Method.
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7) Setbacks shown per THE POINT.

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This 14th day of July, 2017.

Thomas E. Williams

Thomas E. Williams, NCPLS 4718

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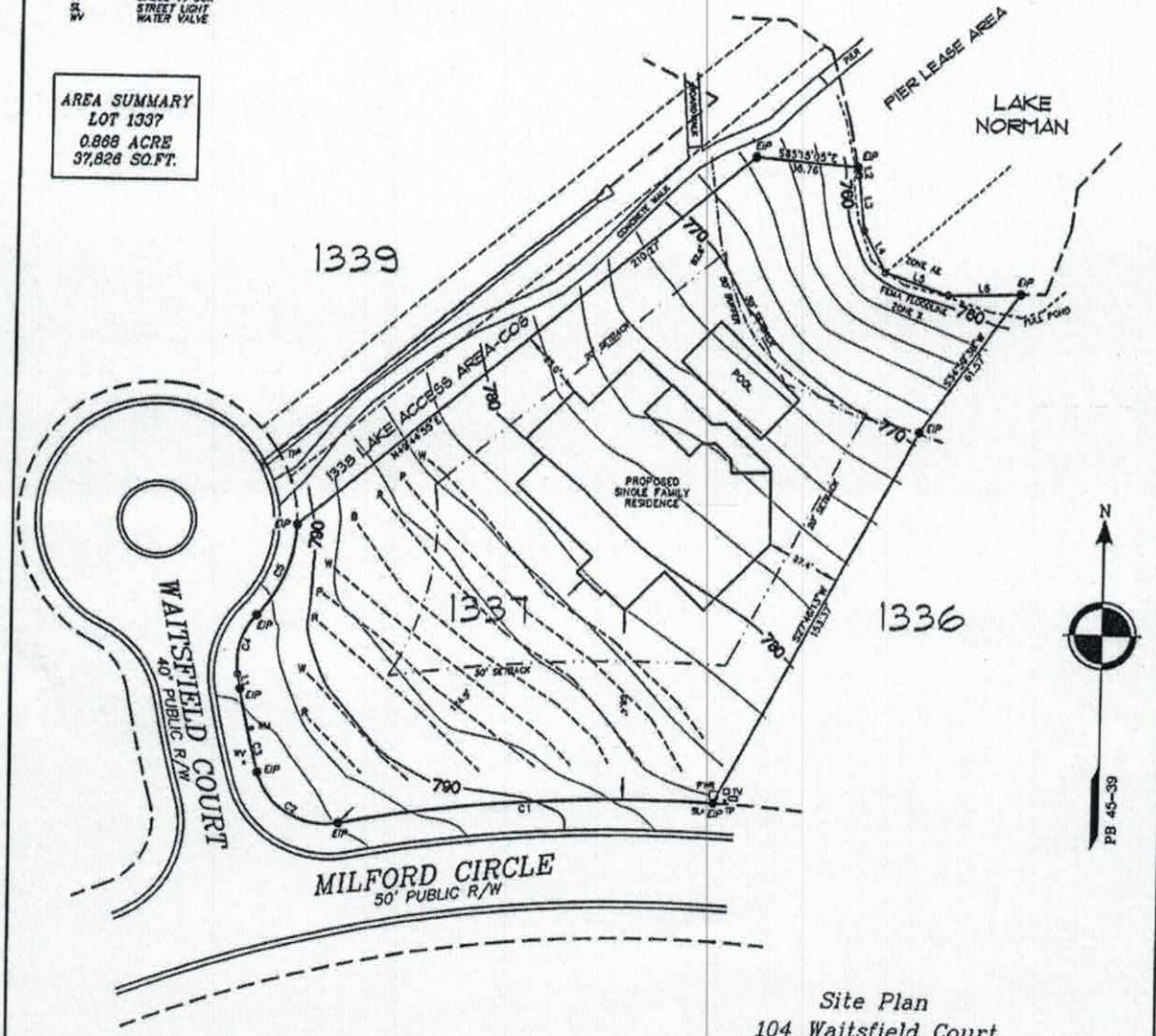
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LEGEND

- PROPERTY LINE (P/L)
- RIGHT OF WAY (R/W)
- TIE LINE
- ADJOINING PROPERTY LINE FROM DEED OR PLAT
- BUILDING SETBACK LINE
- 50' VEGETATIVE BUFFER
- FULL POND
- EIP EXISTING REBAR
- PHR GROUND TRANSFORMER
- WM WATER METER
- TP TELEPHONE PEDESTAL
- TV CABLE TV BOX
- SL STREET LIGHT
- WV WATER VALVE

AREA SUMMARY
LOT 1337
0.868 ACRE
37,826 SQ.FT.



40 0 40 80

SCALE: 1" = 40'

NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●), ALL OTHERS CALCULATED POINTS (○)

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file: TP/PH1-337

Site Plan
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PHASE 13 – MAP 1
LOT 1337
Davidson Township, Iredell County, NC
PIN# 4625-92-2481 ~ DB 2496-1165 ~ PB 45-39
Property of: Michelle R. Mosely Trust

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)

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

RECEIVED OCT 24 2017

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 #
Michelle Mosley	124 Vineyard Drive, Mooresville NC 28117	330-819-1936	
Owner Name: SAME	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
167 MILFORD CIRCLE	THE POINT	PHASE 13 / LOT 1337

Driving Directions: BRAWLEY SCHOOL RD - TURN LEFT ONTO YACHT RD., TURN LEFT ONTO MILFORD CIRCLE

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 due to ___
( ) Other ___

Maximum Number of Bedrooms 5
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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?

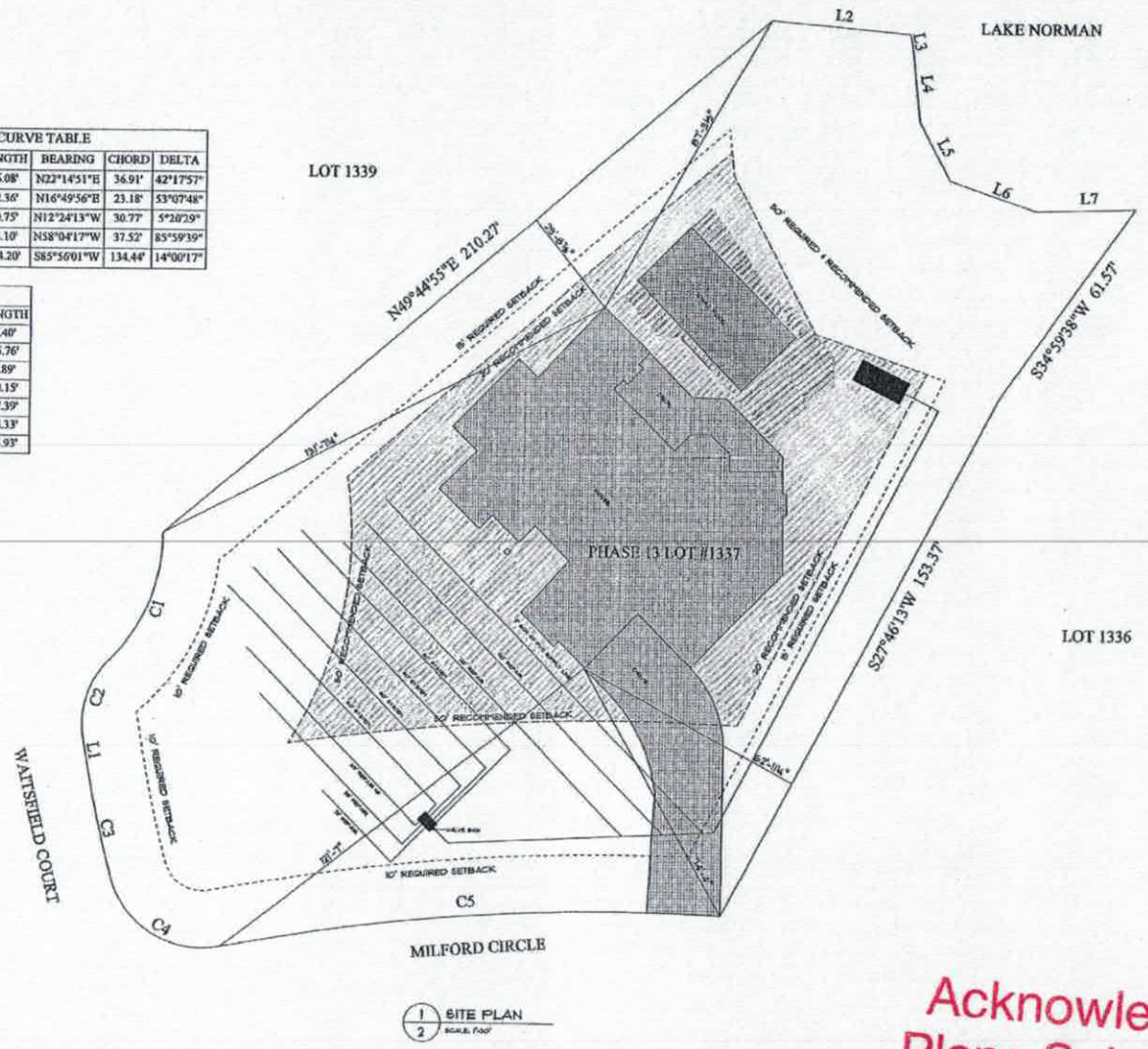
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Michelle Mosley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/24/17
DATE

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C1	50.00'	36.08'	N22°14'51"E	36.91'	42°17'57"
C2	25.00'	22.36'	N16°49'56"E	23.18'	53°07'48"
C3	330.00'	30.75'	N12°24'13"W	30.77'	5°20'29"
C4	25.00'	34.10'	N58°04'17"W	37.52'	85°59'39"
C5	550.00'	134.20'	S85°56'01"W	134.44'	14°00'17"

LINE TABLE		
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L5	S27°59'36"E	17.39'
L6	S71°01'28"E	24.33'
L7	N88°15'07"E	25.93'



1/2 SITE PLAN

Acknowledgement of Plans Submittal ONLY!

Michelle Morley 10/24/17 Date

Maria Dotson Date 10/25/17

* Call Paul P. for Site Visit 704-996-6380 (Intermediate Relief) Pd. $320.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

RECEIVED JUL 18 2017

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 #202111

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) 124 VINEYARD Dr

Applicant Name: JERRY MOSLEY Address: MOORESVILLE Zip: 28117

Applicant Email: jmosley@triadcbp.com Phone: 980-228-6686 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

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

****

Property Information:

Street Address: 167 MILFORD Cr.

Subdivision Name: The POINT Section/Phase: 13 Lot Number: 1537

Driving Directions: BSR, TL YACHT, TL MILFORD, AT WAITSFIELD CT.

****

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

(X) 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: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation GARAGE
(X) 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 (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 ( ) Modified Conventional ( ) Other: T & J Trench

****

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Jerry Mosely, am the legal owner(s) of the property located at 137 Milford ; The Point Lot 1337, identified as PIN (Parcel Identification Number) 4625982481, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger, Penninger Soil Consulting, 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.

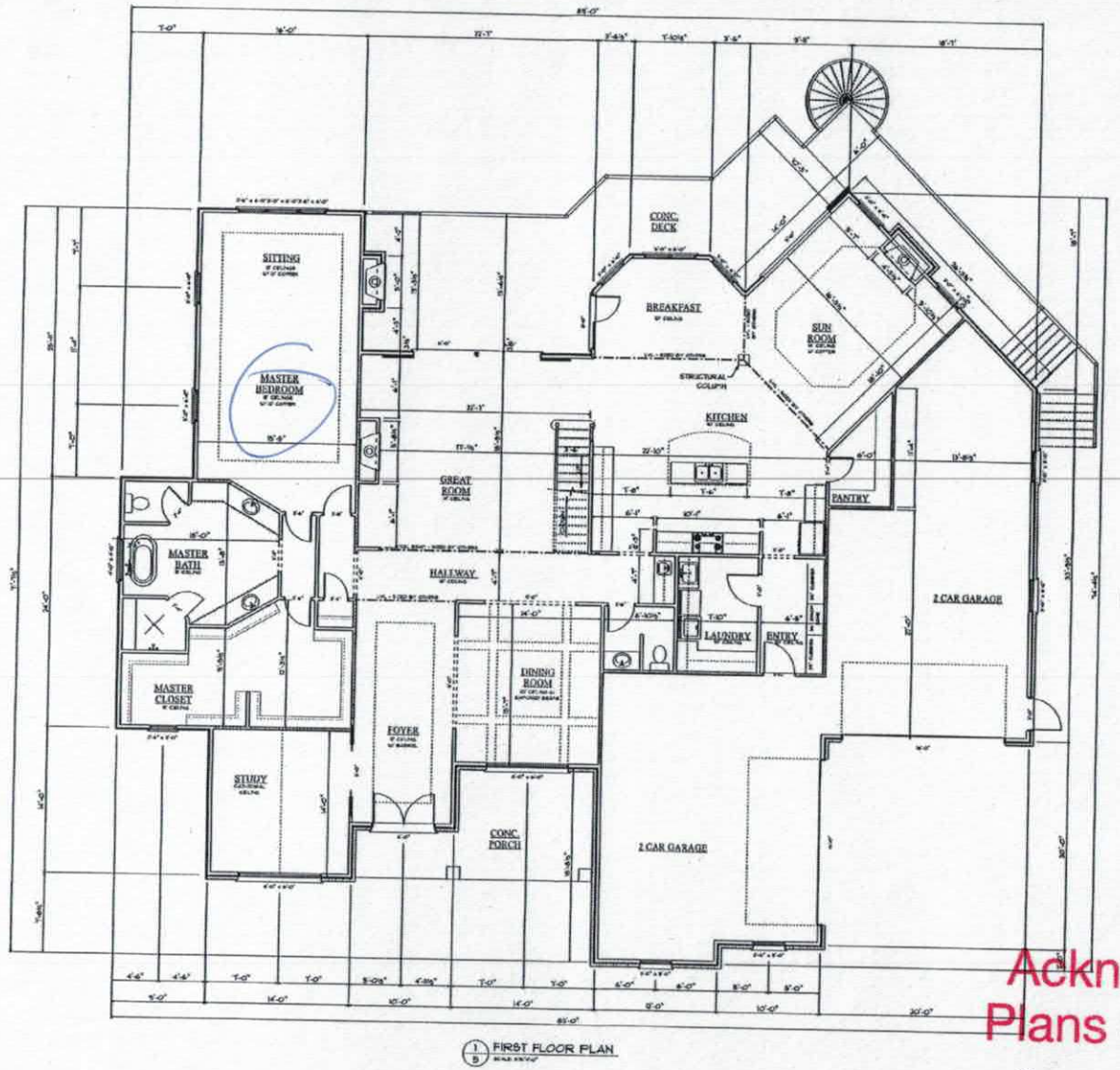
Signature of Owner(s)	Date	Signature of Witness	Date
	7-17-17	EC Brantley	07-17-17

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

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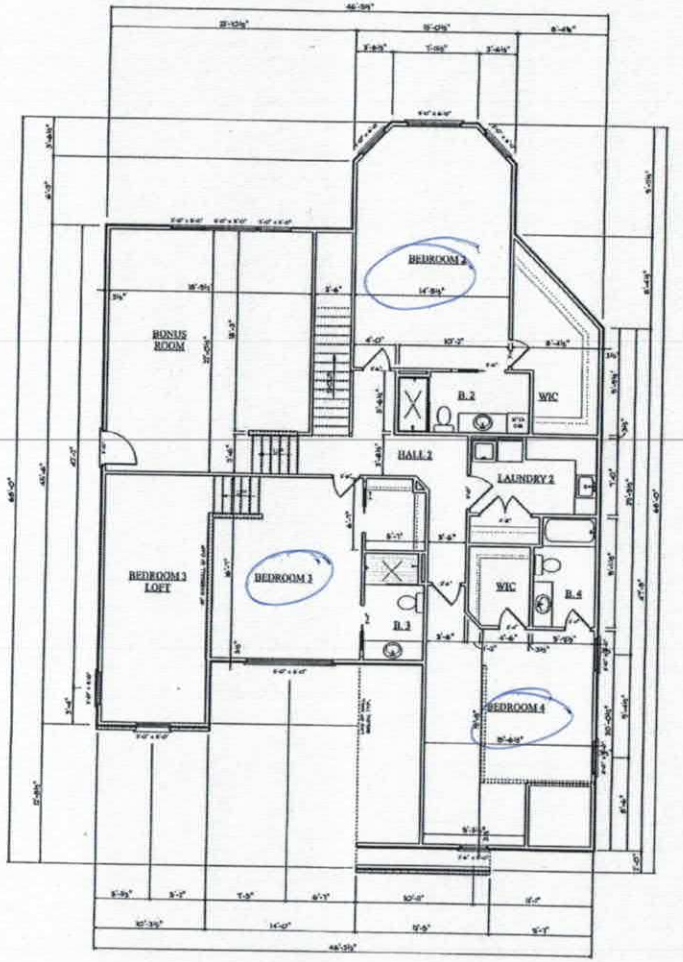
1/9 FIRST FLOOR PLAN

74

Acknowledgement of Plans Submittal ONLY!

Michelle Mosby 10/24/17 Date

Maria Dotson Date 10/25/17

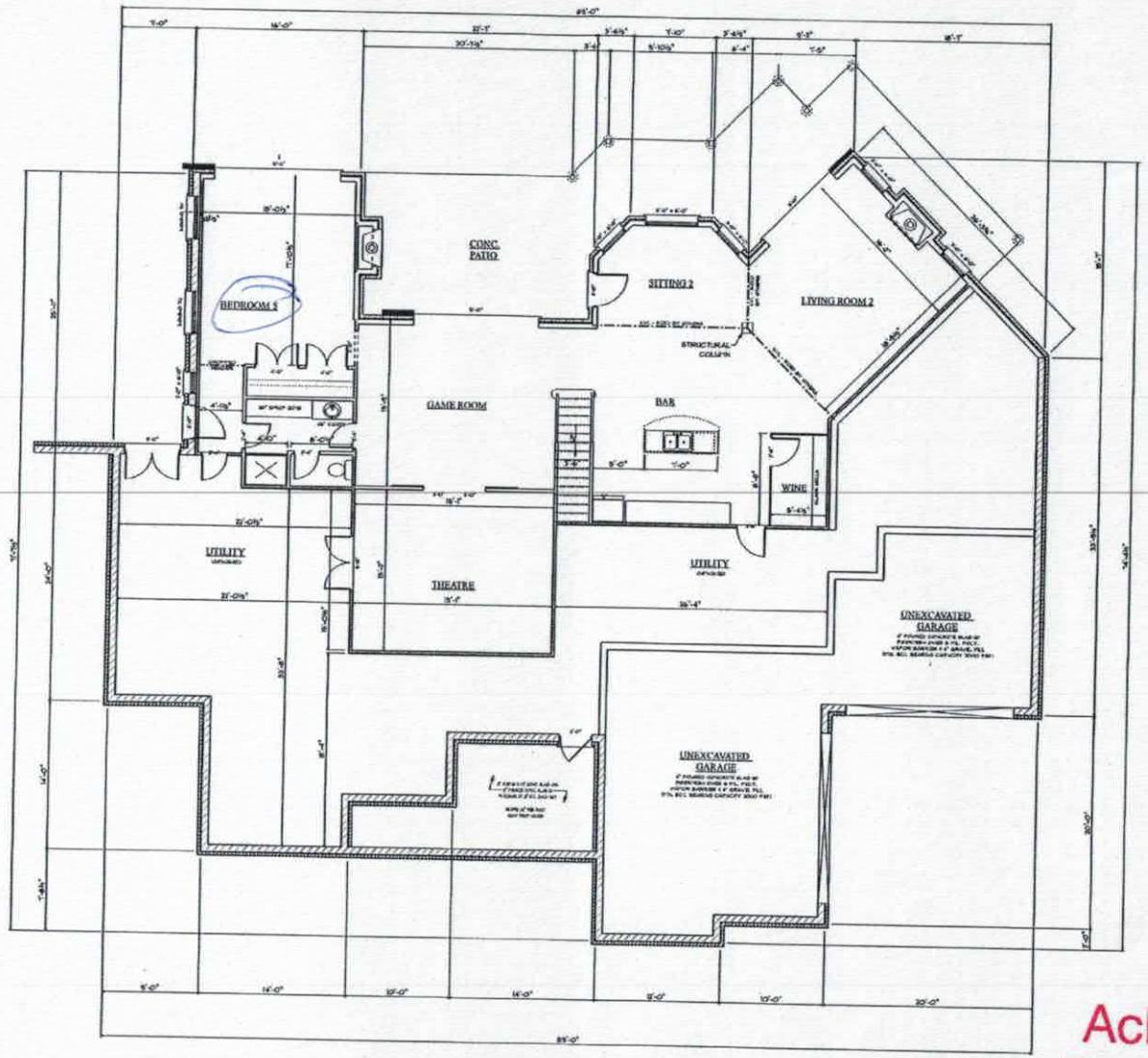


1/6 SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Michele Mosby 10/24/17 Date

Maria Dixon Date 10/25/17



1/8 FUTURE FINISHED BASEMENT FOUNDATION

Acknowledgement o
Plans Submittal ONL

Michele Mosley 10/24/17 Date

Maria DeKoon Date 10/25/17