Site Address: 314 Barber Loop - Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 148943 PIN # 4626-00-2110 DATE July 19, 2010

OWNER or APPLICANT mid Atlantic/Stuart DeWitt PHONE: Business 704-202-1266 Ray Home: 704-746-6497 Brady

OWNER or APPLICANT ADDRESS PO Box 3792 Mooresville NC 28117

LOCATION / DIRECTIONS Brawley Sch. Rd. TR Chuckwood TL 1st Barber Loop on Right

SUBDIVISION Watertree Landing BLOCK / SECTION 4 LOT # 80 LOT AREA .69Ac DESIGN FLOW 480 gpd L.T.A.R. .3gpd/ft²

Septic Tank 1000 Gallons: STB 1012 Date 4-6-09

Pump Tank 1000 Gallons: P T Date 1-19-09

Pump Make Goulds Model EP04HA Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: 25% reduction pm

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions 7/21/2010 Checked tanks & lines. 7/23/2010 2ft pressure set.

INITIAL SITE SKETCH

See Plan from Michael Athanas & Associates Approved by ICHD

AS BUILT SKETCH

Installed as Drawn ADS 36

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.

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

Owner / Applicant Signature: [signature] Date 7/20/10

Improvement Permit by: [signature] Date 7-19-10

Authorzation to Construct by: [signature] Date 7-19-10

Installed by: Gunter Grading RFHS Date: 7/23/2010

Operation Permit by: [signature] Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

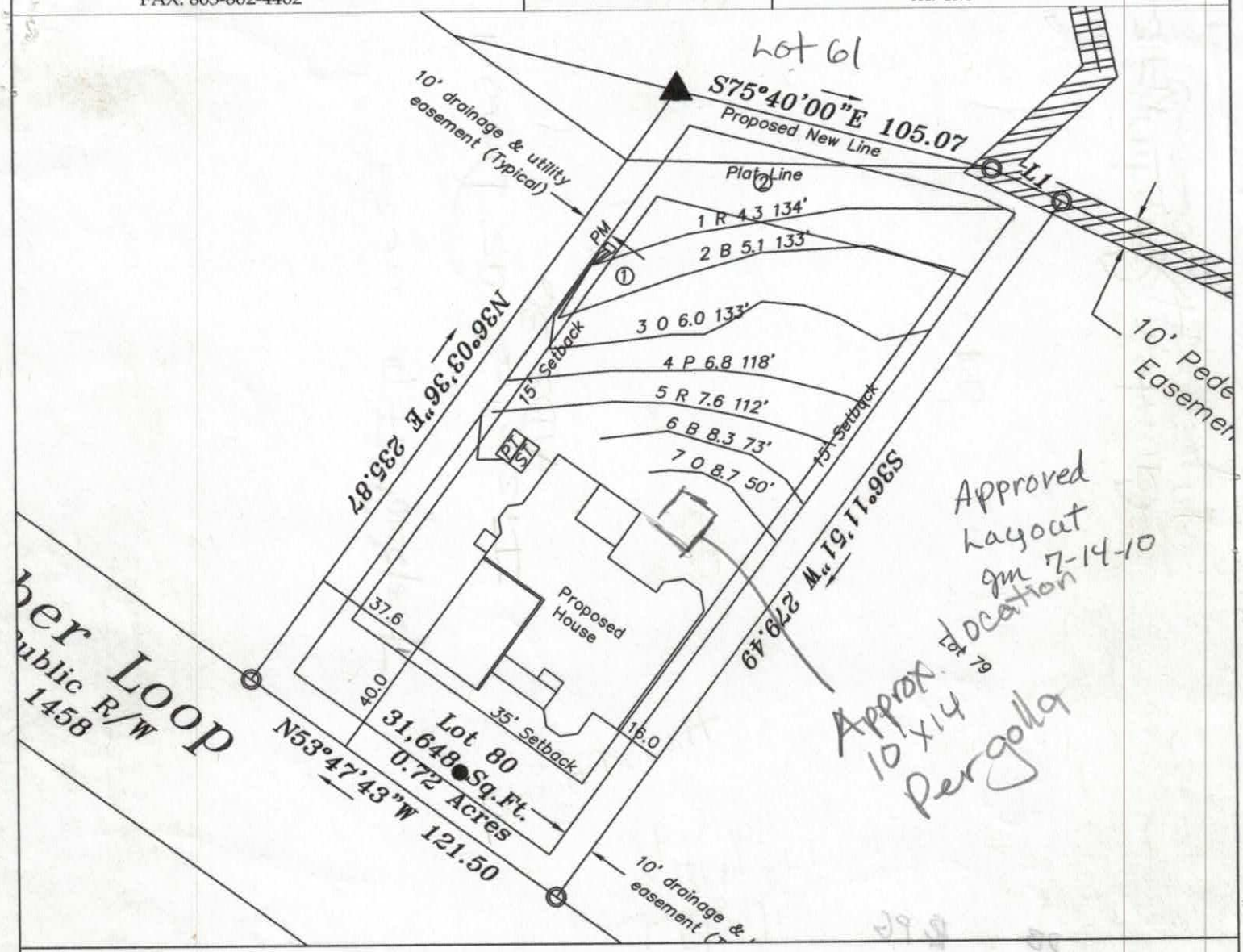
WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

MICHAEL ATHANAS & ASSOCIATES
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
FAX: 803-802-4402

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: WATERTREE LOT 80

LOCATION/DATE: BARBER LOOP
IREDELL COUNTY, NORTH CAROLINA
JULY 2010



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- House Footprint
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location. (25) Pit Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

MICHAEL ATHANAS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 576-3887
EMAIL: mathanas@comporium.net

BRADY FREEMAN, RS, CERTIFIED OPERATOR
MOBILE: (704) 746 - 6497
EMAIL: bfree209@yahoo.com

PROJECT MGR.: BRADY FREEMAN

WATERTREE LANDING LOT 80
APPLICANT AND DESIGN SPECIFICATIONS

Applicant:	Mid-Atlantic Custom Homes
Phone:	704-746-6497
Address:	PO Box 3792 Mooresville, NC 28117
County:	Iredell
Location:	Watertree lot 80
Application for:	4 Bedroom Single Family Residence
Gallons per day:	480
Linear feet:	400
Loading Rate (gpd/ft.2):	0.3
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply line Length/ft:	91
Supply Line Diameter:	2 in. SCH 40 PVC
Dosing volume:	182.84
Lateral line volume:	261.20
Supply Manifold:	4 in. SCH 80 PVC
Manifold Length:	4 ft. (minimum)
Manifold Volume:	N/A
Pressure Head:	2
Friction Head:	3.32
Elevation Head:	9.70
Friction factor:	2.37
TDH:	17.27
Pump Run:	8.50
Threaded Union:	In Tank
Gate Valves:	1 in Tank
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Design flow:	480
Trench Bottom:	1200
Number of fields	1
Supply line length	140
Draw down:	12.4
Comments:	Soil suitability was performed by Michael Athanas & Associates

*Pump tank draw down based on 21 gallons per inch. Draw down may vary depending on tank manufacturers.

WATERTREE LANDING LOT 80

SYSTEM TYPE	**25% REDUCTION**
SYSTEM LTAR	**0.3 GPD/FTSQ**
SYSTEM LINE LENGTH	**400**
REPAIR TYPE	*LP PPBPS*
REPAIR LTAR	*0.3 GPD/FTSQ*
REPAIR LINE LENGTH	*353*

LINE #	FLAG COLOR	SHOT ELEVATION		LINE LENGTH
1	***RED***	***4.30***		***134***
2	***BLUE***	***5.10***		***133***
3	***ORANGE***	***6.00***		***133***
4	PINK	6.80		118
5	RED	7.60		112
6	BLUE	8.30		73
7	ORANGE	8.70		50
			Total	**753**
TBM		***1.20***		
HOUSE CORNER		***10.50***		
TANK		***9.20***		

System line#	Color	Hole Size	Flow/Tap
1	***RED***	SCH 40 1/2	**7.11**
2	***BLUE***	SCH 40 1/2	**7.11**
3	***ORANGE***	SCH 40 1/2	**7.11**
		gal/min =	**21.33**
		Des. Flow	**480 gpd/ft2**

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _IREDELL___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ___MID ATLANTIC CUSTOM HOMES_____ APPLICATION DATE___7/2010
ADDRESS:___PO BOX 3792 MOORESVILLE NC 28117_____ DATE EVALUATED: ___6/2010_
PROPOSED FACILITY: __RES_____ PROPOSED DESIGN FLOW (.1949): ____480GPD PROPERTY SIZE: __.72AC_____
LOCATION OF SITE: __WATERTREE LOT80_____ PROPERTY RECORDED: ____YES_____
WATER SUPPLY: ☐ Private ☐ Public 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)		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	
B 1	LINEAR 5-10%	0-10	RC MFSBK	FRI,SS,SP,SEXP	N/A	48"	N/A	N/A	.3GPD/FT^2
		10-48	RCL WFSBK	FRI,SS,SP,SEXP					
B 2	LINEAR 5-10% NOT IN SYSTEM AREA	0-21	RC MFSBK	FRI,SS,SP,SEXP	N/A	34"	PS	N/A	.3GPD/FT^2
		21-34	RCL WFSBK	FRI,SS,SP,SEXP					
		34-48	SL SAP M	FRI,SS,SP,SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED.	LP PPBPS
Site LTAR	.3 GPD/FT^2	.3 GPD/FT^2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: ____MICHAEL ATHANAS & ASSOCIATES___
OTHER(S) PRESENT: _____

Approved
JM 7-14-10

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Lot 80 Watertree

PROPERTY ID #: ___
DATE OF EVALUATION: 9/10
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	LSS 5-10%	0-48	RC mFSBK	fri SSSPSemP	few SAP	48"	–	–	.3
B2		0-40	RC mFSBK	fri SSSPSemP					
		40-48	RCL WSBK	fri SSSPSemP	few SAP	48	–	–	.3
B3		0-30	RC mFSBK	fri SSSPSemP					
		30-48	RCL WSBK	fri SSSPSemP	few SAP	48	–	–	.3
B4		0-28	RC mFSBK	fri SSSPSemP					
		28-48	RCL WSBK	fri SSSPSemP	common SAP	48	–	–	.3

COMMENTS: ___

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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Mid Atlantic	PO 3742 Mooresville NC 28117	Brady	704 746 6497
Owner Name	Mailing Address	Home Phone	Work Phone
		Ray	202-5568

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Watertree	80

Driving Directions: _____

****

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 4
Maximum Number of Occupants 8
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) 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: _____ 7/9/2010
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

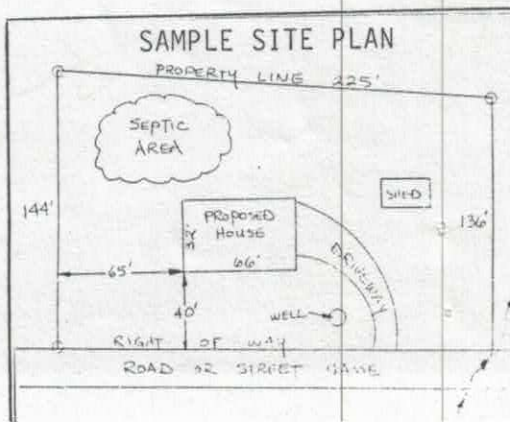
- ✓ **Location of septic systems and wells within 100' of your property… N/A**
- ✓ **Location of easements and rights of ways on your property… N/A**
- ✓ **Location of any designated wetlands on the property… N/A**

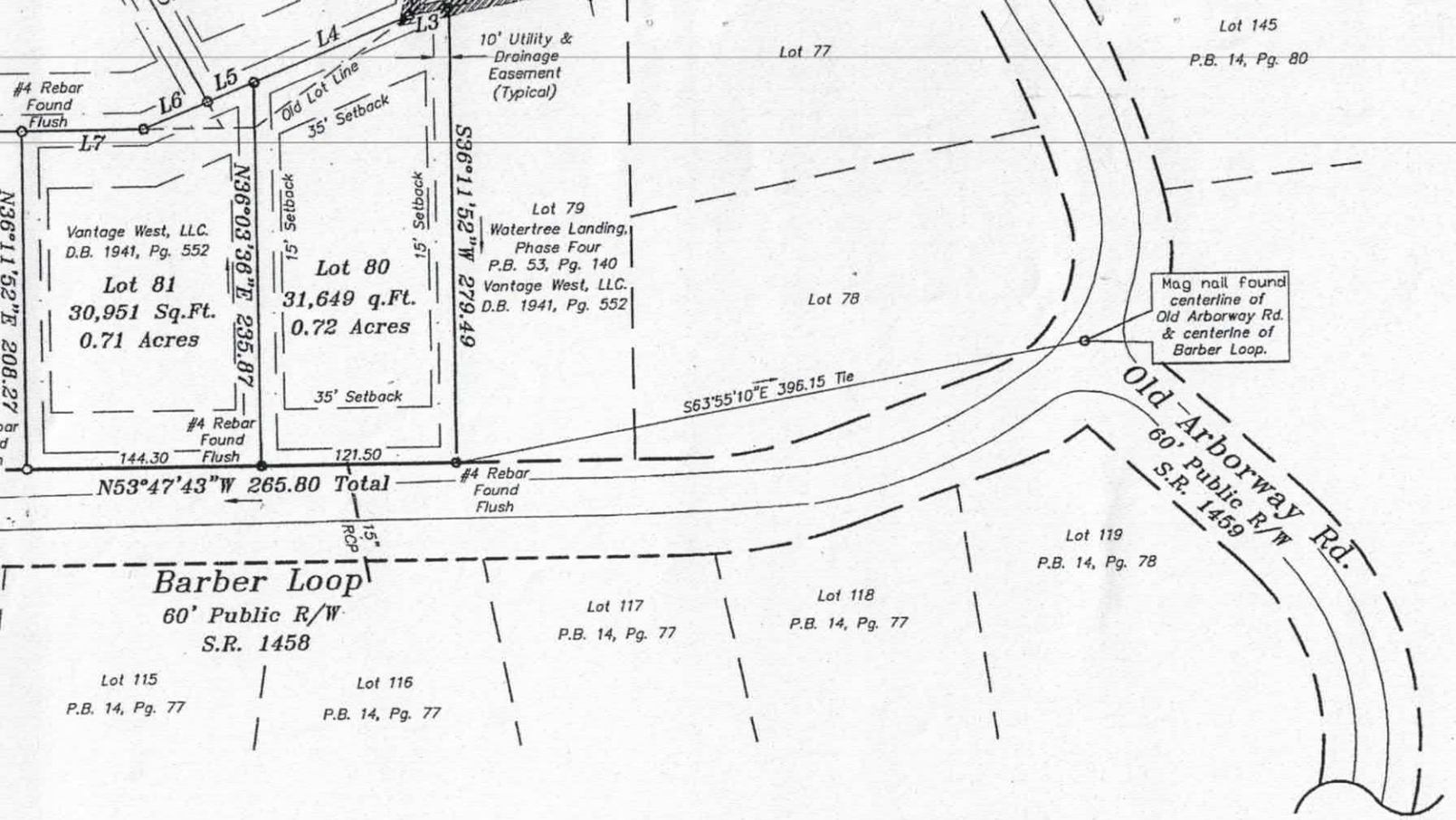
Signature: C [illegible]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/9/2010
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached





L8	20.98	N55°46'11"E
L9	25.00	N59°46'11"E
L10	26.00	N48°28'43"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	82.16	239.20	S77°18'22"E	81.76
C2	74.96	239.20	N83°52'32"E	74.66
C3	63.16	239.20	N67°20'01"E	62.97

Recorded 7/13/2010
Doc ID: 012992300001

GRAPHIC SCALE

100 0 50 100

(IN FEET)
1 inch = 100 ft.

LEGEND

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Utility Pole
= Cable Pedestal
WM = Water Meter
= Concrete Control Monument
CMP = Corrugated Metal Pipe
E.O.P. = Edge of pavement
RCP = Rienforced Concrete Pipe
S.I.R. = Solid Iron Rod

Final Plat Revision of "Watertree Landing, Phase Four" Lots 60, 61, 62, 63, 80 & 81 & Plat Book 54, Page 45

Davidson Township, Iredell County, N.C.

Owner/Developer:

Lake Luxury Homes, LLC
P.O. Box 3792
Mooresville, N.C. 28117

Vantage West, LLC.
114 Morlake Drive Suite 102
Mooresville, N.C. 28117

Tax Map Reference:

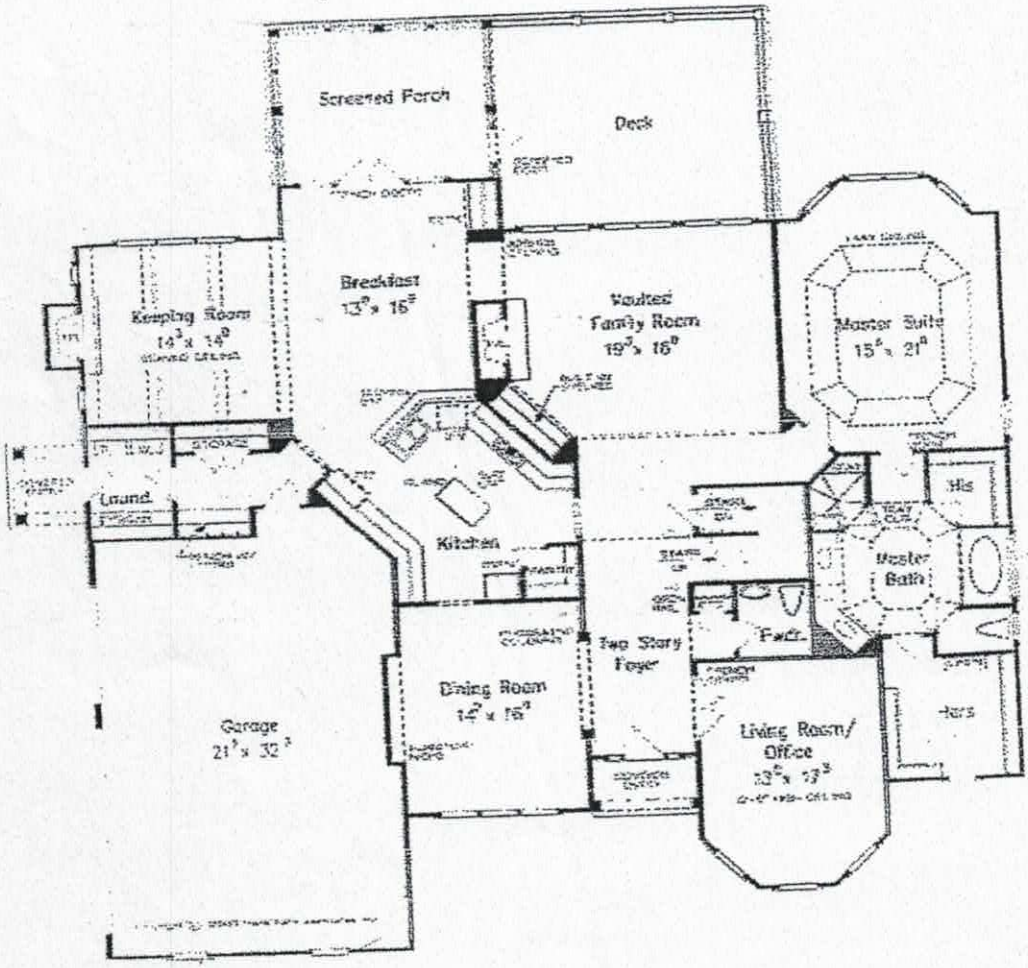
See Note #10

Date of Survey: 4-
Date of Map: 4-15
Scale: 1" = 100'
Drawn By: LDS
Job Number: 2010

Land Surveyor:

Schamback Surve
P.O. Box 4
Mooresville, N.C.
Phone: (704) 62

Lot 80 Watertree
314 Barber Loop

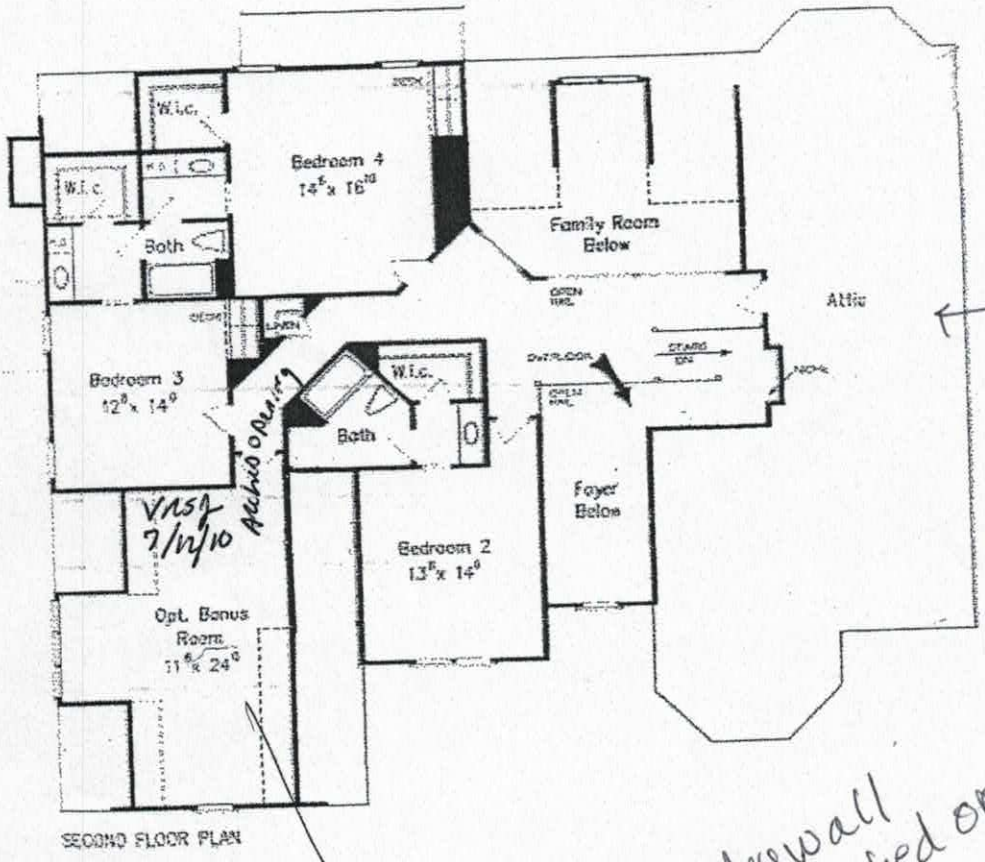


FIRST FLOOR PLAN

7/12/2010

Plans submitted

Judy Mahilli 7-14-10



SECOND FLOOR PLAN

Finished Room No Bath 9m

VISF 7/12/10 Arched opening?

Bedroom Connects to full bath

drywall arched opening at Bonus Rm 9m 7-14-10

Visit by Staff 7/12/10

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	148943ZO	Subdivision:	Watertree Landing PH4
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	314 Barber Lp. Mooresville NC 28117		
Parcel #:	4626002110.000	Zoning:	RR
Lot #:	80 Size: 0.69	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	Mid-Atlantic Custom Builders, Inc.	Owner:	LAKE LUXURY HOMES
Address:	PO Box 3792 Mooresville NC 28117	Address:	P.O. BOX 3792 MOORESVILLE, NC 28117
Phone:	828-478-2761	Phone:	704.202.5568
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

SFD

Directions:

Brawley School Rd, rt on Chuckwood, lft onto Barber Lp, lot on rt

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 3/5/2008