IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222866

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

PIN # 4626085583

APPLICANT/OWNER: Cyra's Custom Homes APPLICANT ADDRESS: 4436-B South Blvd Charlotte, NC 28209

SITE ADDRESS: 115 W. Cold Hollow Farms Rd Mooresville, NC PHONE: 704 634-1263 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Barefoot TL West Cold Hollow Farm on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms SECTION: 4 LOT # 476 LOT AREA: .912 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank: min 1000 (gal) STB 944 Date 6/29/19

Pump Tank: 1000 (gal) PT Date

Pump Make: Model Serial #

Nitrification Fields: 1 # Lines: 5 Linear Ft: 480

Trench Width: 36" Trench Bottom Depth(Low side): * 16" Gravel Depth: —

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

System Description: Gravity-25% Reduction

Repair System Description: LPPBPS

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: ~~A~~ Use tank size as specified by HAT * Minimum of 2 inches of ~~approved~~ material to cover system.

Any future pool Must be a minimum of 15-ft from Septic.

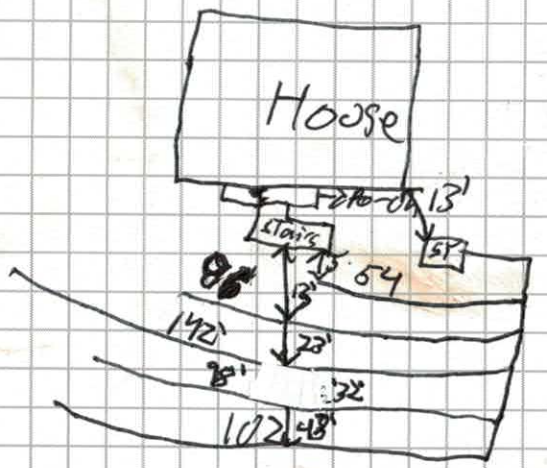
INITIAL SITE SKETCH

See attached, approved plan by CS & SC (dated 7-2-18)

AS BUILT SKETCH

Not to scale

W. Cold Hollow Farms Rd



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

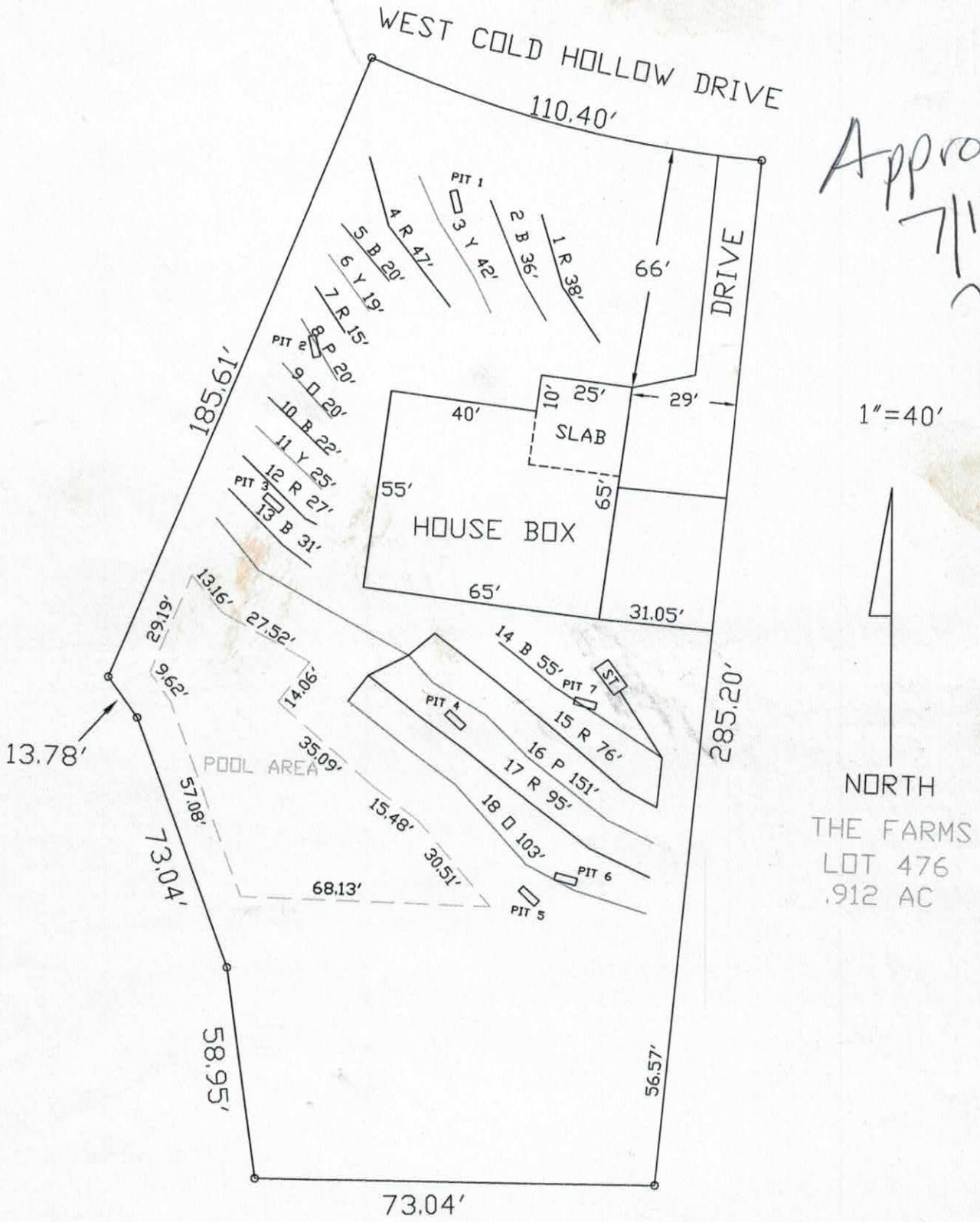
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 8/1/2018 Installed by: Lago Vista

IMPROVEMENT PERMIT by: Maria Dolan Date: 7/11/18 OPERATION PERMIT by: Patrick J Bglett III Date: 08/01/18

AUTHORIZATION TO CONSTRUCT by: Maria Dolan Date: 7/11/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



Approved
7/10/18

1"=40'

NORTH

THE FARMS
LOT 476
.912 AC

OWNER INFORMATION

Owner:	Kappa Properties LLC
Address:	9935D Rea Rd., Ste 210 Charlotte NC 28277
Contact:	Paul Kumar
Phone:	704-634-1263
County:	Iredell
Location:	THE FARMS LOT 476

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.250
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	480
Total Lateral Length Required:	480
Trench Depth:	16 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1440
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	46 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	22
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	7.92
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

Approved
7/10/18

Approved 7/10/18 MD

THE FARMS LOT 476
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

June 21, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	RED	NA	NA	38	38
2	BLUE	NA	NA	36	36
3	YELLOW	NA	NA	42	42
4	RED	NA	NA	47	47
5	BLUE	NA	NA	20	20
6	YELLOW	NA	NA	19	19
7	RED	NA	NA	15	15
8	PINK	NA	NA	20	20
9	ORANGE	NA	NA	20	20
10	BLUE	NA	NA	22	22
11	YELLOW	NA	NA	25	25
12	RED	NA	NA	27	27
13	BLUE	NA	NA	31	31
14	***BLUE***	***NA***	***NA***	***55***	***55***
15	***RED***	***NA***	***NA***	***76***	***76***
16	***PINK***	***NA***	***NA***	***151***	***151***
17	***RED***	***NA***	***NA***	***95***	***95***
18	***ORANGE***	***NA***	***NA***	***103***	***103***
			Total	**842**	**842**

System	LINE LENGTH *480*	SYSTEM TYPE *ACCEPT.*	SOIL LTAR GPD/FT^2 *0.250*	TRENCH SYSTEM *25% RED.*	DISTRIBUTION *GRAVITY*
Repair	362	*MOD.*	0.225	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **A minimum of 2 inches of county approved material to be brought in to maintain 6 inches of required cover. CS&SC suggests minimum of 6 inches.**
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location THE FARMS

Lot No: 476

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\,day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	22	ft.
Supply Line Volume	7.92	gal.
Required Feet of 25% RED. Line	480	ft.
Amount of Line from Layout	480	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	313.44	gal.

Approved
7/10/18
MS

Approved 7/10/18

Sheet 1 OF 2
PROP. ID #: 4626085583
COUNTY: IREDELL

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

OWNER: Kappa Properties LLC
ADDRESS: 9935D Rea Rd., Ste 210, Charlotte NC, 28277
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: THE FARMS LOT 476

APPLICATION DATE:
DATE EVALUATED: 6/20/2018
PROPERTY SIZE: .912 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/9%	0-12	COMPACT		Y/BR IN COMPACT	50"	S / ROCK INC @ 41-50	63+	0.275
		12-24	RC,M,ABK	FI,S,SP,SEXP					
		24-50	SCL,M,SBK	FR,SS,SP,SEXP					
		50-63	LSAP	VFR,SS,SP,SEXI					
2	LS/10%	0-6	FILL		Y/BR 6-32	63"	NA	63+	0.25
		6-32	C,S,ABK	FI,S,SP,SEXP					
		32-53	C,M,ABK	FI,S,SP,SEXP					
		53-63	SCL,W,SBK	FR,SS,SP,SEXP					
3	LS/13%	0-21	SL/SCL,W,SBK	FR,SS,SP,SEXP	Y/BR 21-36 10YR5/3	67"	NA	67+	0.225
		21-36	RC,S,ABK	FI,S,SP,SEXP					
		36-67	RC,M/W,ABK	FI,S,SP,SEXP					
4	LS/13%	0-16	SL/SCL,W,SBK	FR,SS,SP,SEXP	Y/BR 16-38	63"	NA	63+	0.25
		16-38	RC,S,ABK	FI,S,SP,SEXP					
		38-63	RC,M/W,ABK	FI,S,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948):	PS
			EVALUATED BY:	BA/AP
SYSTEM TYPE(S)	GRAVITY 25% REDUCTION	LP PPBPS	OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE
SITE LTAR	0.25	0.225		
COMMENTS				

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Approved 7/10/18 MD

Sheet 2 OF 2

PROP. ID #: 4626085583

COUNTY: IREDELL

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LS/13%	0-11	FILL		CH2 11-46	67"	NA	11"	U
		11-46	RC,S,ABK	FI,S,SP,SEXP					
		46-67	RC,M/W,ABK	FI,S,SP,SEXP					
6	LS/13%	0-10	BSL,GR	FR,SS,SP,SEXP	FEW YB 10-33 / COM YB 33-35	52"	COM INC 35-52	33"	.25 TO 33"
		10-33	RC,M,ABK	FI,S,P,SEXP					
		33-35	RC,PLATY	FI,S,P,SEXP					
		35-52	RCL,W,SBK	FR,SS,SP,SEXP					
7	LS/13%	0-6	COMPACT		FEW YB 6-30	65"	COM INC 30-65	65+	0.25
		6-30	RC,S,ABK	FI,S,P,SEXP					
		30-39	RC,W,ABK	FI,S,P,SEXP					
		39-65	YRCL,W,SBK	FR,SS,SP,SEXP					

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harris Contruction
ADDRESS: _____ APPLICATION DATE
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd DATE EVALUATED: 11/13/17
LOCATION OF SITE: The Farms #476 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	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
1	AH 8-10%	0-3	Dk Brw	GR SL (Top Soil)					
		3-15"	R to R/Brw	C SS, SP, SEXP, FR			w/few Yel/Brw Mottles		PS .25 to .3
		15-37	Rd C L w SBK	SS, SP, SEXP, FR					
		37-48	Yel/Rd	w SBK CL SS, SP, SEXP, FR					
			w/SAP	Inclos					
2	AH 10%	0-4	Brw SL	gr SS, SP, SEXP, FR					PS .3
		4-15	R/Brw	w SBK SS, SP, SEXP, FR					
		15-42	R/Y C/CL	w SBK SS, SP, SEXP, FR					
		42-48	Y/R CL	w SBK & SL SAP	mix				
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	PS	PS
ttern Type(s)	PPBPS	PPBPS
e LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria D Otson
OTHER(S) PRESENT: _____
MMENTS: _____

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms LLC APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 9/20
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: Lot 476 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) .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
1	476A L 8-12%	0-4	Mo GR SL	SS SP FR	Lt Br				.25
		4-15	Mo SBK C	SS SP FR	Red				
		15-26	Mo SBK CL	SS SP FR	Red; C sap				
		26-37	WK SBK SCL	SS SP FR	Red Br; C/M weathered Rock				
		37-46	MA SL sap	FR	Br				
2	476B L 6-8%	0-6	Mo Gr SL	SS SP Fr	Lt Br				.3
		6-10	w-mo sbk scl	SS SP Fr	Red Br				
		10-24	mo sbk c	SS SP Fr	Red; few sap incl.				
		24-38	w sbk cl	SS SP Fr	Y Red; common sap incl. SI				
		38-50	massive SI sap	Fr	Y Br	few i-cl. weather rock			
A-1 B	9-23-05	0-5	gr-wk sbk brn sl/scl	fr ss sp					.3
		5-22	sbk RC	fr ss sp sap					
		22-54	wk sbk R-yr cl + sap	fr ss sp					
B-1 4	9-23-05 13% V	6-5	gr brn sl	fr ss sp					.25
		5-10	wk sbk brn scl	fr ss sp (dry)					
		10-36	wk-m sbk RC	fr ss sp common y/br mottles					
		36-51	wk sbk yr cl + sap	fr ss sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: David Hinson

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/8/05
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 476 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

(B) 0-5 sl/scl fr
5-56 +BK c
Chr 2 to ~40"
(4)

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
1	L 10-15%	0-9	scl gr	fr ss/s l	f 4-10 br	48+			PS .25
		9-48	c-cl m sbk/gr/blk	fr ss/s c					
2	L 1-15%	0-11	sl gr	fr ss/se	br R 3-12	48+	f-m 3-4		PS .3
		11-32	c m sbk	fr ss/s c					
		32-55	cl m sbk	fr ss/s c					
3	Auger Boring L 10-15%	0-4	Mo GR SL	SS SP FR	Gr Br				0.25
		4-15	Mo SBK C	SS SP FR	Red; F yel/Pale		Br mottles		
		15-36	Mo SBK C	SS SP FR	Red				
		36-48	WK SBK CL	SS SP FR	Red; C	sap			
(A) 4		0-16	gr-wk sbk brn SL/scl	fr sss p					.25
		16-24	WK MBK ebrn C	fi sss p	yb w/ mottles				
		24-48	WK SBK R CL	fi sss p	sap				
			install trench @ 36" fb						

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

2228 66
$PD
$350

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Cyras Custom Homes/CS&SC **Address:** 4436-B South Blvd., Charlotte NC **Zip:** 28209

Applicant Email: paul@cyrascustomhomes.com **Phone:** 704-634-1263 **Alt. Phone:**

Owner Name: Kappa Properties LLC **Address:** 9935D Rea Rd., Ste 210, Charlotte NC **Zip:** 28277

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 115 W. Cold Hollow Farms Rd., Mooresville

Subdivision Name: The Farms **Section/Phase:** 4 **Lot Number:** 476

Driving Directions: Brawley Sch Rd, TR on Mckendree, TR on Bare Foot, TL on W. Cold Hollow Farms, Lot on L

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

CHECK FOUNDATION TYPE

(✓) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(✓) 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:

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: _____ 7-25-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED DEC 19 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#222866

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) 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: (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 Volles Address: 9935-D Rea Rd Ste 210, Charlotte, NC Phone: m 704-202-3797 704-295-0094

Owner Name: Harris Const Group, LLC Address: 9935-D Rea Rd Ste 210, Charlotte, NC Phone: 704-295-0094

Property Information:

Street Address: 115 West Cold Hollow Farm Rd, Mooresville, NC 28117

Subdivision Name: Farms Section/Phase: _____ Lot Number: 476

Driving Directions: Brawley School, right on McKendree, right on Beaufort, Left on West Cold Hollow Farms Rd

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: 8
( ) 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 (X) 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: _____
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, [redacted], am the legal owner(s) of the property located at 115 West Cold Hollow Farm Dr. Mooresville NC, identified as PIN (Parcel Identification Number) 4626855853, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett Carolina Soil and septic 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.

[redacted] 7/2/2018
Signature of Owner(s) Date

[redacted] 7/2/2018
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 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, Pavan Kumar, am the legal owner(s) of the property located at 115 West Cold Hollow Farms Rd, identified as PIN (Parcel Identification Number) 4626085583, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Harris Construction Group, LLC, 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) 10/27/16 Date

Signature of Witness 10/27/2016 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

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

APPLICATION NUMBER
222866
Issue Date: 10/31/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626085583.000	115 WEST COLD HOLLOW FARMS DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARRIS CONSTRUCTION GROUP LLC	Applicant: HARRIS CONSTRUCTION GR
Address: 9935-D REA ROAD SUITE 210 MOORESVILLE, NC 28277	Address: 9935-D REA ROAD #210 CHARLOTTE, NC 28277
Phone:	Phone: 704-295-0094

Use Requested	Zone Code
SFD REPLACE PERMIT 131263	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.912	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: _____ Date: _____

Permit Number	84517	TOTAL FEES:	$ 77.25