IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218338

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

PIN # 4626-10-2721

APPLICANT: IQ Custom Const. APPLICANT ADDRESS: 840 Edmiston Rd. Mt. Ulla

SITE ADDRESS: 234 Barber Loop, Mooresville PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Chuckwood, TL Barber Loop, on R

SUBDIVISION: Watertree Landing SECTION: 4 LOT # 70 LOT AREA: .7 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 9/29/16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 400'
Trench Width 36" (Max) Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See Plan From The Oaks Group

AS BUILT SKETCH

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: 6/14/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: APPROVED Date: MAY 25 2016 OPERATION PERMIT by: Date: 11/3/2016

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: MAY 25 2016 Existing System Inspected by: Date:

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

HOUSE LOCATION PLAN
FOR
IQ CUSTOM CONSTRUCTION
LOT 70 WATERTREE LANDING, PHASE 4

HARRIS LAND SURVEYING, PLLC
FIRM LICENSE #: P-1295
4080 DAVIS RD
MAIDEN, NC 28650
704-400-6800

SEAL: NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4164 PHILIP A. HARRIS

DRAWN BY: PAH
DRAWING FILE NAME: 16087.WL70
PROJECT NO: 16087
PROPERTY ADDRESS: 234 BARBER LOOP

APPROVED MAY 25 2016
BA

1"=40'

LEGEND:
BOUNDARY LINE
OVERHEAD UTILITIES
FENCE (TYPE NOTED)

N

R/W

BARBER LOOP
SR #1458 60' PUBLIC R/W

S 38°50'20"W 65.06'

S 51°09'25"E 194.99'

N 41°28'05"W 217.65'

N 43°16'30"E 133.28'

LOT 69

LOT 71

LOT 67

C1

B.M. 3.4'

0.70 AC.±

LOT 70

35' FRONT SETBACK

15' SIDE SETBACK

15' SIDE SETBACK

30' REAR SETBACK

PROPOSED HOUSE

GARAGE

PORCH

SUN-ROOM

Driveway

R-32' Rep 30'
P-88
Rep 3.58'
Rep 3.86'
O-76'
B-71'
R-50'
P-50'
O-52'
L-7
P-27' Rep 5.34'
B-68'
R-75'
L-2
P-105'
L-5
L-1
5.83'
6.39'
6.54'
4.89'
5.16'
4.34'
4.49'
4.02'
5.17'
5.19'
36.7'
36.8'
39.0'

80'

40'

APPROVED MAY 25 2016

Lot 70 Watertree Subdivision Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 per existing permit**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36" per existing permit
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	0.3
Repair Loading Rate	294

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	32
2	Repair	Pink	LP PPBPS	88
3	Repair	Orange	LP PPBPS	76
4	Repair	Blue	LP PPBPS	71
5	System	Red	25% Reduction	50 endfed
6	System	Pink	25% Reduction	50 endfed
7	System	Orange	25% Reduction	52 endfed
8	Repair	Pink	LP PPBPS	27
9	System	Blue	25% Reduction	68 endfed
10	System	Red	25% Reduction	75 endfed
11	System	Pink	25% Reduction	105 endfed
				Total System: 400'
				Total Repair: 294'

Note: Keep proper setbacks to foundation drains
Distribution devices and tank locations can be altered at ICHD's discretion

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

lot 70 Waterfree

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

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
P-7		0-9	B SCL Gr	SS, SP, Fr SE/P	—	48"	—	—	PS
To	SS	9-24	YR C MBABk	SS, SP, Fr SE/P	com mx YB				
A	0-5%	24-30	R C WFSBk	SS, SP, Fr SE/P	few YB @ Hor. Bdy				.25
		30-48	R CL WFSBk	SS, SP, Fr SE/P	few sap				
P-7		0-20	RC MFSBk	fri SSSP Sap	—	48	—	—	.3
B		20-48	RCL WSBk	fri SSSP Sap					
P-7	SS	0-4	RB SCL Gr	SS, SP, Fr SE/P	—	51"	—	—	PS
C	0-5%	4-24	R C MFSBk	SS, SP, Fr SE/P					
		24-51	R CL WFSBk	SS, SP, Fr SE/P	com sap				.3
P-7		0-22	RC SBk/Am	fri SSSP Sap	few YB's				.275
D		22-48	RCL WSBk	fri SSSP Sap					.3

COMMENTS: _____

RECEIVED MAY

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00
#218338 Int. Relayout

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

Application For:

- (X) 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:

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

Place an (X) beside whichever is submitted if applicable

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: IQ Custom Const. **Address:** 840 Edmiston Rd, Mt Ulla 28125 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 234 Barber Loop Mooresville NC

Subdivision Name: Watertree Landing **Section/Phase:** **Lot Number:** 70

Driving Directions: Brawley School Rd, Right on Chuckwood, Left on first Barber Loop, Lot on Right

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
- (X) Concrete Slab Foundation
- ( ) Basement with Plumbing
- ( ) Basement without Plumb

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:**

( ) 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 gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible fo 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: Emma Helt 05/04/16

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, IQ Custom Construction, am the legal owner(s) of the property located at 234 Barber Loop Mooresville, identified as PIN (Parcel Identification Number) 4626 10 2721, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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
	5/4/16	Jason Bigle	5-4-16

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

Acknowledgement of Plans Submittal ONLY!

Date 5-25-16

Date 05/06/16

I.Q. CUSTOM CONSTRUCTION
840 Edmiston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-5738

THE BURNSIDE
HOUSE PLAN

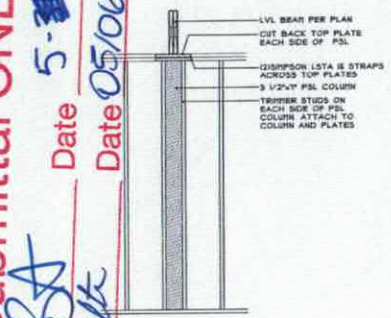
MONOSLAB FOUNDATION PLAN

Sheet No. 2

Acknowledgement of Plans Submittal ONLY!

Date 5-23-16

Date 05/06/16



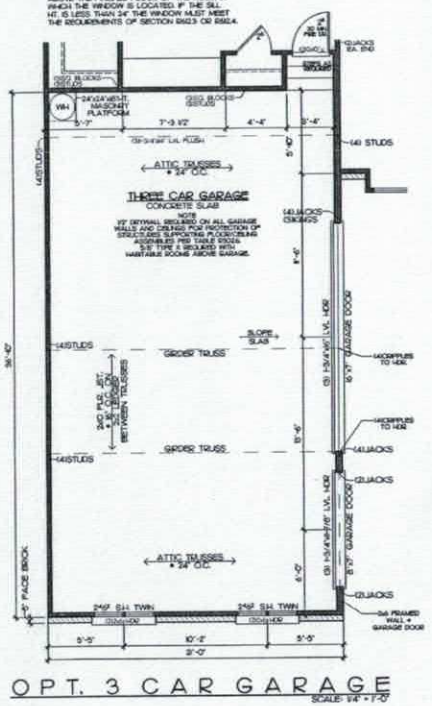
TYPICAL PSL COLUMN DETAIL

SCALE: 1/2" = 1'-0"

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY

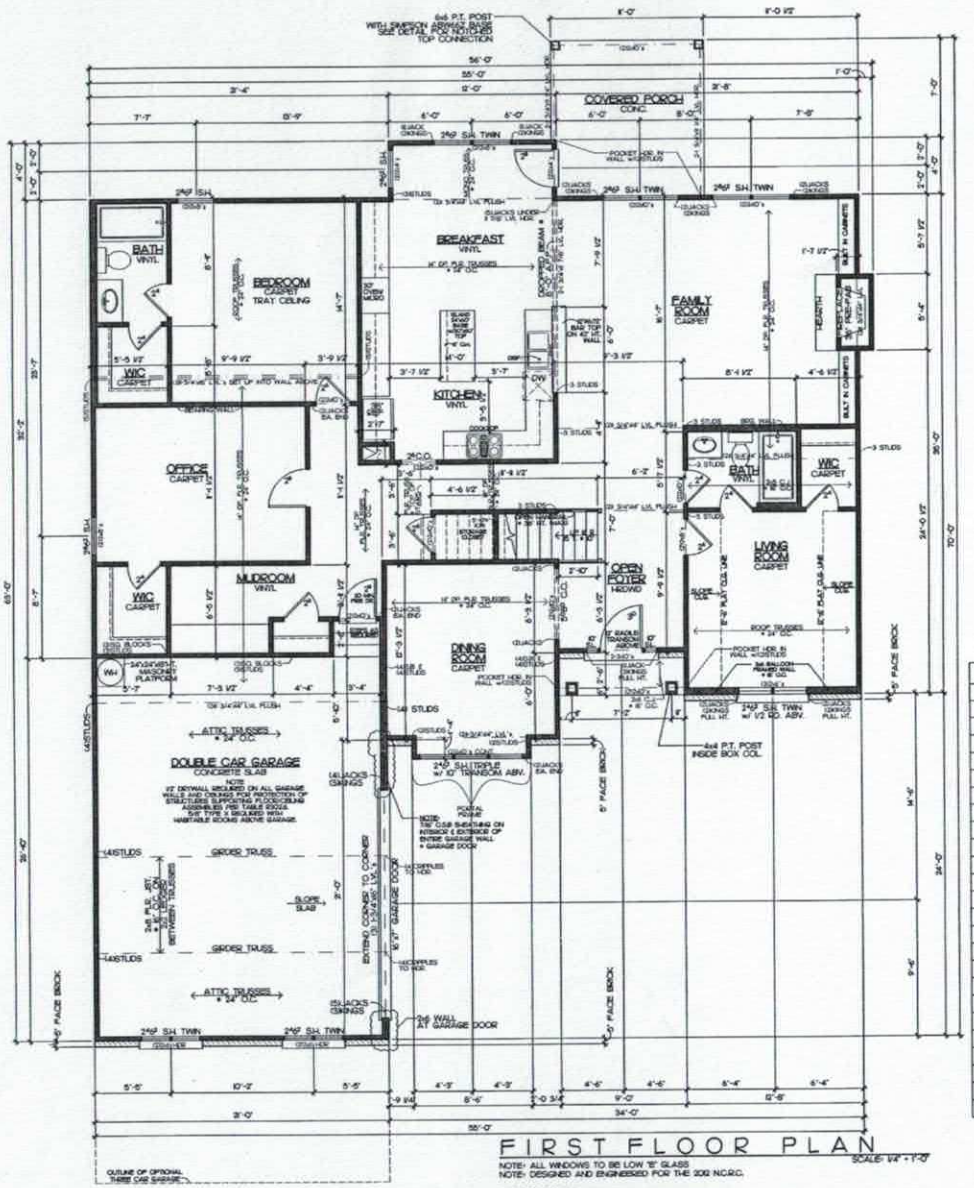
GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THERMAL AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R612.3 OR R312.4.



OPT. 3 CAR GARAGE

SCALE: 1/4" = 1'-0"

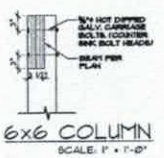


FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS

NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.



HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS210
2-2X8	HUS28-3
2-2X10	HUS210-3
2-2X12	HUS212-3
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HUS212-3 FIN
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 9 1/8" LVL	HGUS412
2-1 3/4" x 11" LVL	HGUS414
2-1 3/4" x 12" LVL	HGUS414
2-1 3/4" x 14" LVL	HGUS414
3-1 3/4" x 9 1/4" LVL	HGUS8.50/10
3-1 3/4" x 9 1/8" LVL	HGUS8.50/12
3-1 3/4" x 11" LVL	HGUS8.50/14
3-1 3/4" x 12" LVL	HGUS8.50/14
3-1 3/4" x 14" LVL	HGUS8.50/14
4-1 3/4" x 9 1/4" LVL	HGUS7.25/10
4-1 3/4" x 9 1/8" LVL	HGUS7.25/12
4-1 3/4" x 11" LVL	HGUS7.25/14
4-1 3/4" x 12" LVL	HGUS7.25/14
4-1 3/4" x 14" LVL	HGUS7.25/14

SQUARE FOOTAGE

HEATED:	
FIRST FLOOR:	1934 SF
SECOND FLOOR:	1974 SF
TOTAL HEATED:	3908 SF
BONUS ROOM:	361 SF
GARAGE:	569 SF
OPT. 3 CAR:	
BONUS RM:	491 SF
3 CAR GARAGE:	779 SF

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Washaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

I.Q. CUSTOM CONSTRUCTION
840 Edmiston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-5738

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: FIRST FLOOR PLAN

Drawn By: S. BROOKS
Date: 08-30-15
REV: 08-31-15
Site:

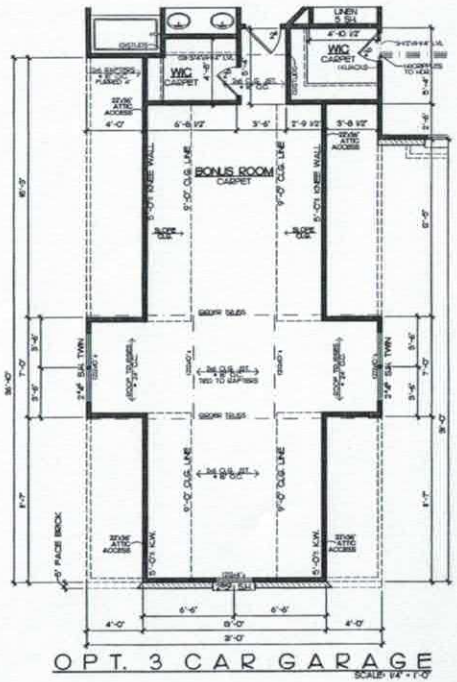
IQBSND_2-F

Sheet 3

Acknowledgement of
Plans Submittal ONLY!

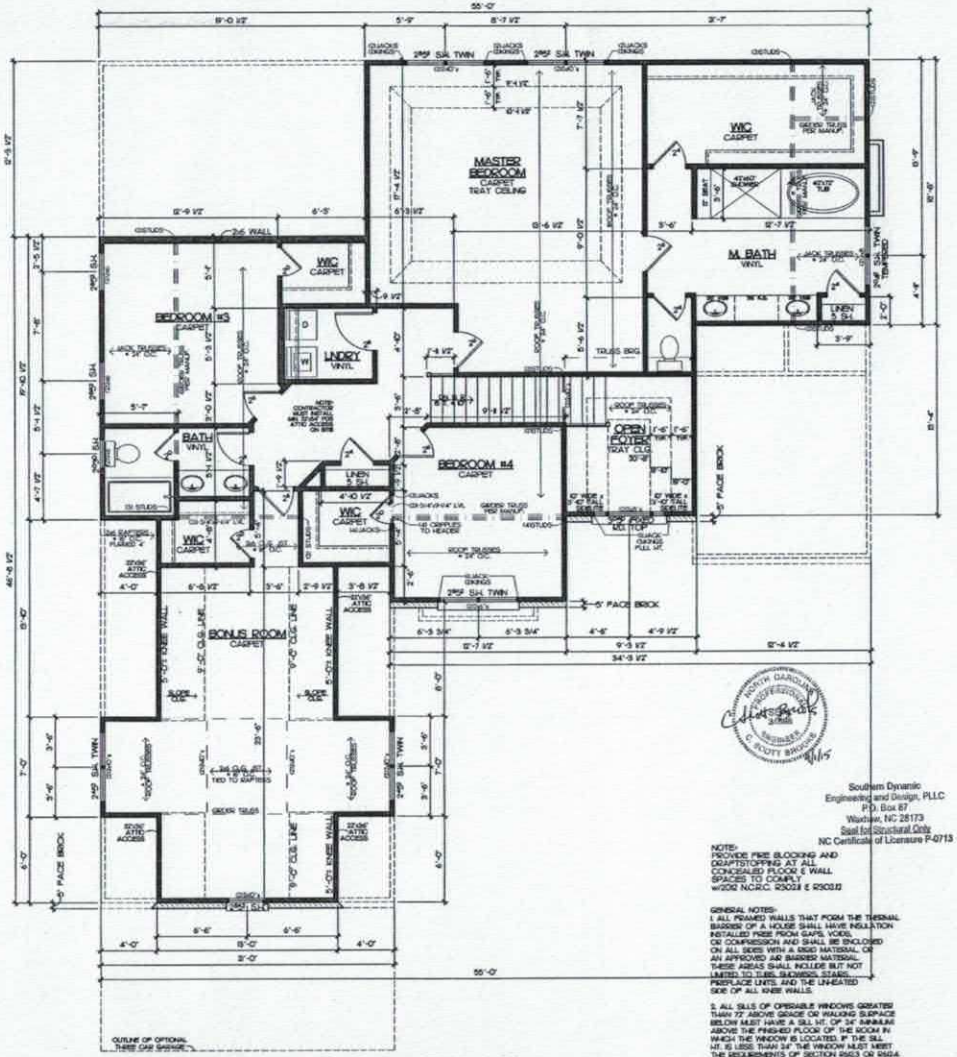
RA Date 5-25-16

Emma Hall Date 05/06/16



OPT. 3 CAR GARAGE

SCALE: 1/4" = 1'-0"



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.
CEILING HEIGHT TO BE 9'-0" UNLESS OTHERWISE NOTED

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 N.C.R.C. R302.8 & R302.12

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO: TUBE SKIDDING, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613 OR R614.

WALL BRACING NOTES:
1. THE CUTTING, BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN SECTION 4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH EXPLANATION 1, 2012 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING BELOW WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES, WHERE PANEL EDGES IS BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.

I.Q. CUSTOM CONSTRUCTION
840 Edminston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-5738

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: SECOND FLOOR PLAN

Drawn By: S. BROOKS
Date: 09-30-15
Rev:
Job:

Sheet: 4

IREDELL COUNTY

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

APPLICATION NUMBER
218338
Issue Date: 04/27/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626102721.000	234 BARBER LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BAKER MARK+NANCY	Applicant: KATHLEEN SAUNDERS
Address: 4405 CANAL RD MOORESVILLE, NY 14559	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700	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	66954	TOTAL FEES:	$ 77.25