IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225688

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

PIN # 4626250531

APPLICANT: John Fesperman APPLICANT ADDRESS: Po Box 1013 Wilkesboro NC

SITE ADDRESS: 122 Rockabill Lane MC PHONE: 336 973 3402 ALT. PHONE: 704 506 5485

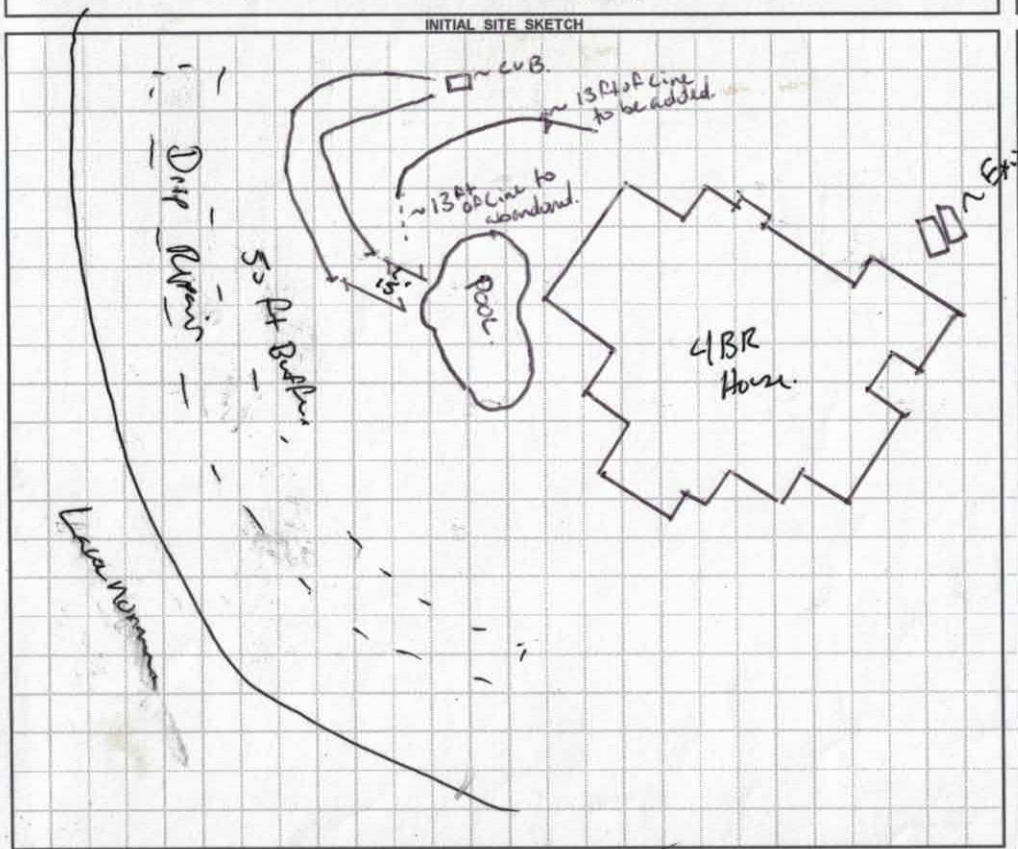
SITE DIRECTIONS: Brushy School RD Right onto Mckendrum Left onto Kemp RD Left onto Rocky Bill

SUBDIVISION: CLT SECTION: 58 LOT # 130 LOT AREA: 1.17 Acres. DESIGN FLOW: 480 L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	EXT	(gal)	PT	EXT	Date	EXT	System Description:	50% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make	EXT	Model		-	Serial #	-	Repair System Description:	Drip			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		3	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width		Max. Trench Bottom Depth			Gravel Depth			☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: * Cut off existing system that is within 15ft of the pool and 13ft to the end of R.O.W. Attached is Sikt design procedure by Michael Athayes & Assoc. Must be with permit to be valid.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8-24-17	BA
~~Tanks Checked~~		
Pressure Manifold or Valve Box Checked	8-24	BA
Pressure Head Set	8-24	BA
✓ Electrical Checked	9-6	BB
Floats Set		
✓ Alarm Checked	9-6	BB
Maintenance Contract (Y) N	9-6	BB

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**

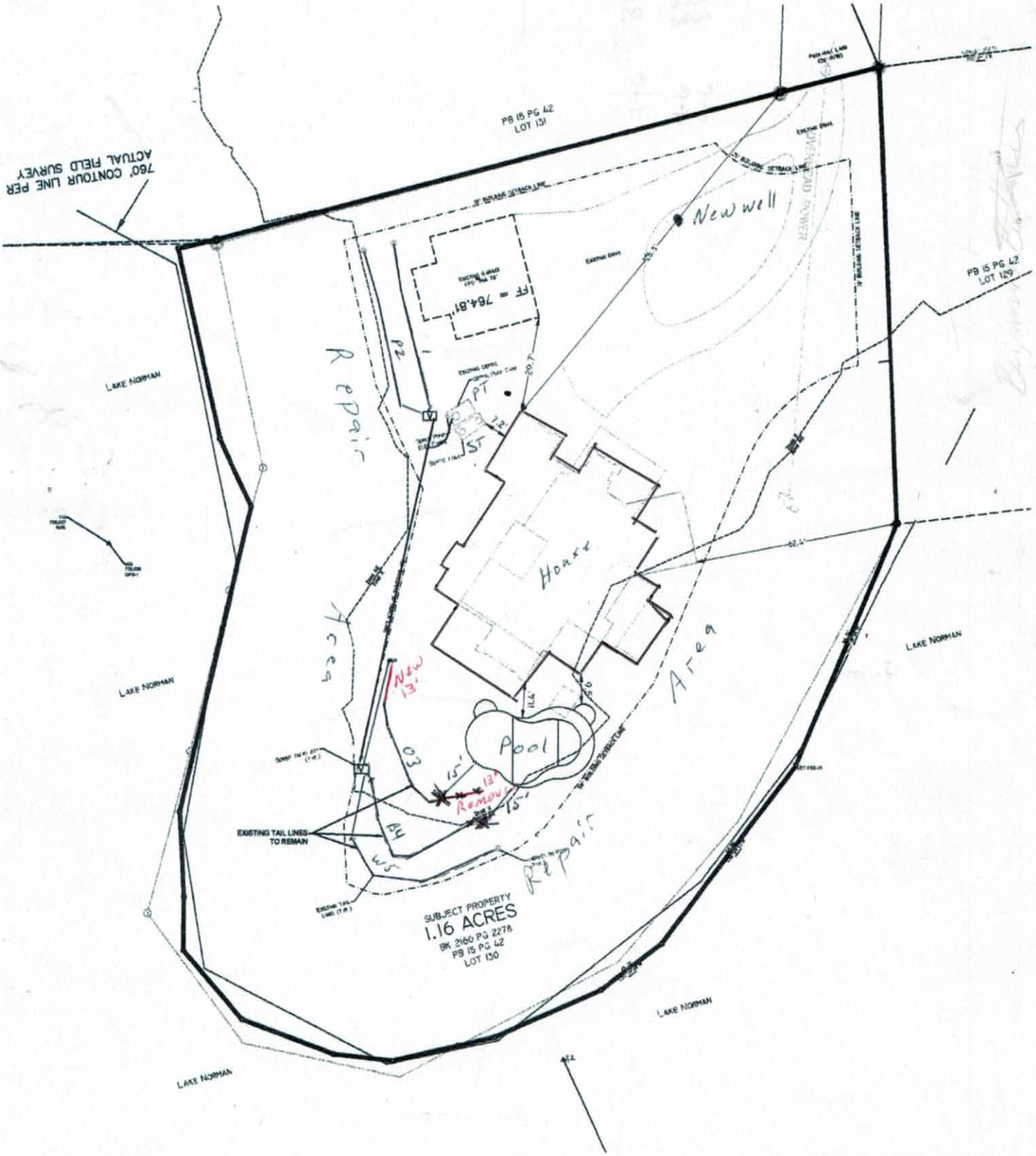
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/19/2017 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: [signature] Date: 5/19/2017 OPERATION PERMIT by: [signature] Date: 9/6/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/19/2017 Existing System Inspected by: Date:

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


760' CONTOUR LINE PER ACTUAL FIELD SURVEY
PB 15 PG 42 LOT 131
PB 15 PG 42 LOT 129
New well
FF = 764.81'
Repair
P2
PT
ST
Tank
House
Area
Pool
New 13'
Remove 13'
15'
15'
03
EXISTING TAIL LINES TO REMAIN
W5
Repair
LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
SUBJECT PROPERTY
1.16 ACRES
BK 2160 PG 2278
PB 15 PG 42
LOT 130



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

Reference: 122 Rockabill Ln. CL&T Sec 8 Lot 130

The owners of the above referenced property are removing and replacing the current residence with a new house. The existing system was installed for a four bedroom and the new residence will be four bedrooms. MA&A probed the existing system and had the septic system surveyed and place on the attached site plan. A small portion of one line (O3 on the site plan) is too close to the proposed pool. In meeting with Iredell County EH, we are proposing to remove 13' (3 panels) of this line and add it back to the opposite end of the line to meet the setbacks. Because there will be a change in the existing system, a full repair area will be required. A pretreatment drip irrigation repair system will be proposed in the 50' lake setback.

225688

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Hold for Well Inspect

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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)

225636 / Paid $250.00

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

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

RECEIVED MAR 15 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:

Call 3369733402

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
John Fesperman	PO Box 1013 V. Wilkesboro NC, 28659	336-973-3402	704-506-5435
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Bruce & Dana Mather	122 Rockabill Ln Mooresville		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
122 Rockabill Ln	Crescent Land & Timber Corp	130

Driving Directions: West on Brawley School — Rt at Right onto Mulkeytree Left onto Kemp Rd Left onto Rockabill RD, House at end of Rd

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
(✓) Other Existing septic system. Demo of Existing / Building of New House with pool per Dana Mather 3-17-17

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)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Existing ( ) 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: ___ 3-15-17

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, Bruce & Dana Mather, am the legal owner(s) of the property located at 122 Rockabill Ln, identified as PIN (Parcel Identification Number) 4626-25-0531, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) MAI Builders LLC, John Kespermen, 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.

Dana Mather — 3.15.17 — Signature of Owner(s) — Date

Bradley Wade — 3-15-17 — 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:

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:

__X__ Property Line measurements are clearly identified... __X__ 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... __X__ Preferred driveway location and configuration, preferred well location...

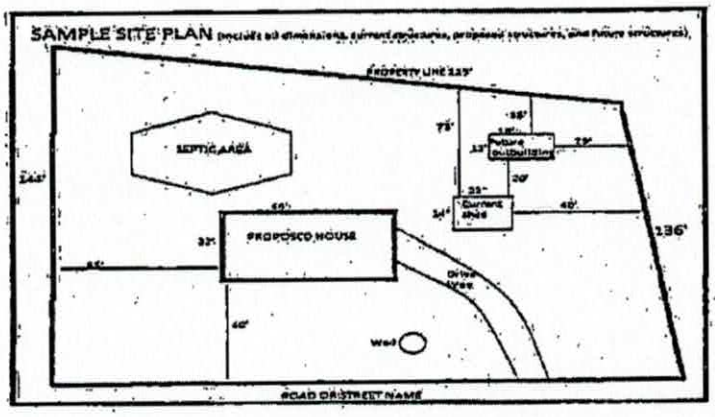
____ Area you prefer your septic system to be placed... __X__ North arrow, or other sufficient indicator of direction...

__X__ Existing

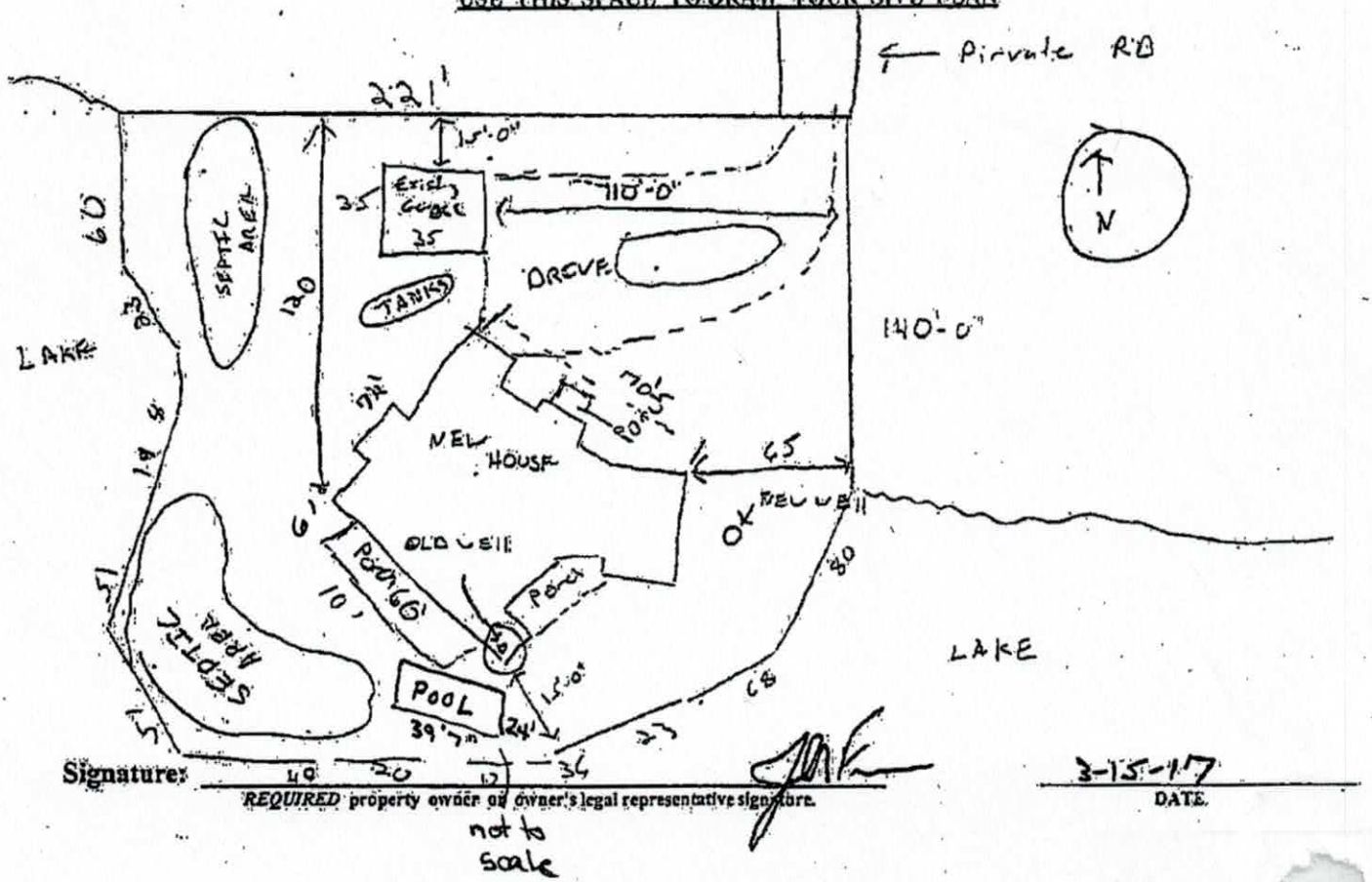
Circle N/A on the following if appropriate:

__X__ 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



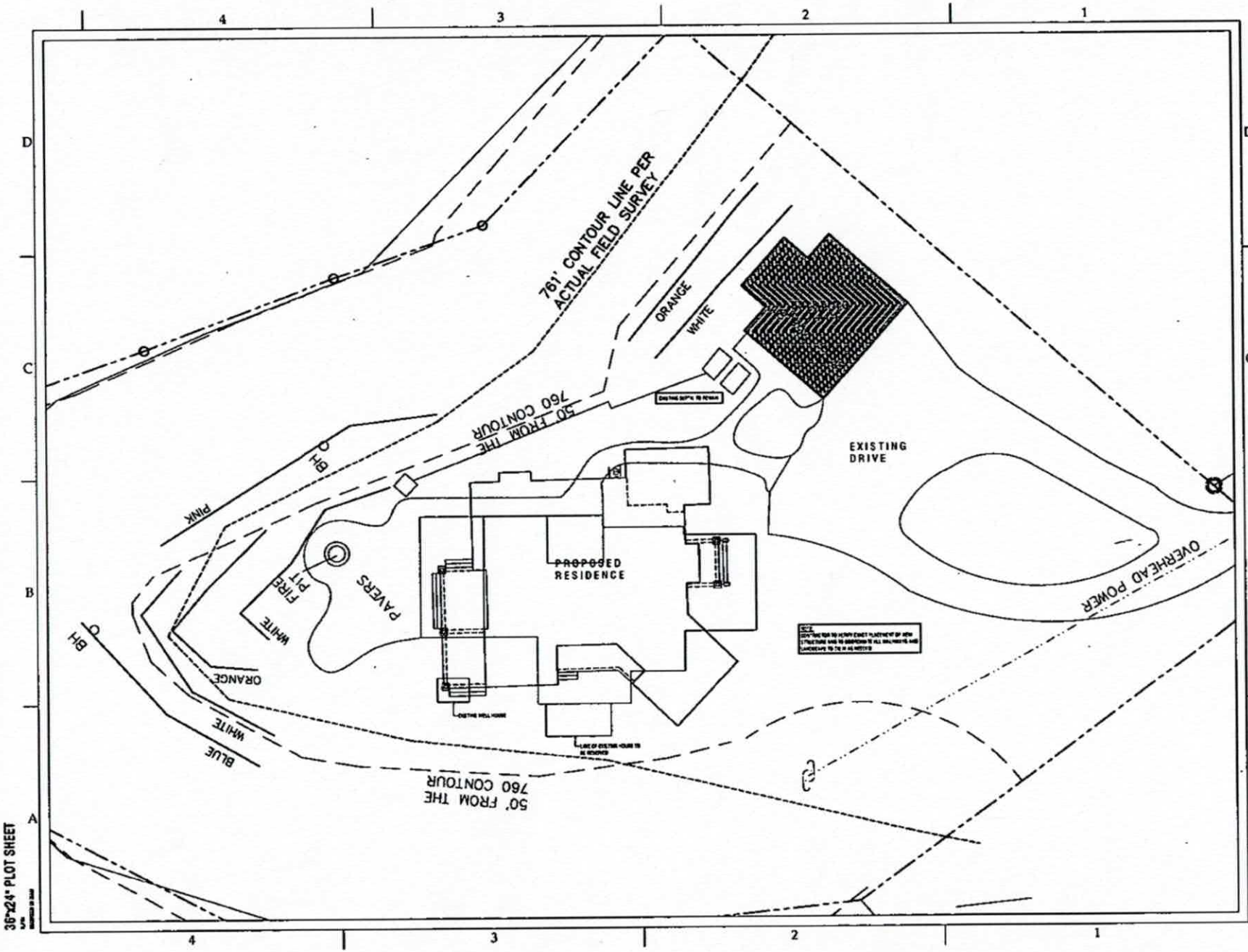
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 3-15-17

REQUIRED property owner or owner's legal representative signature. DATE

not to scale



LABELLA

12/20/2016

THE MATHER RESIDENCE

122 ROCKABILL LANE
MOORESVILLE, N.C.

2151013

DAVID STRAHOE

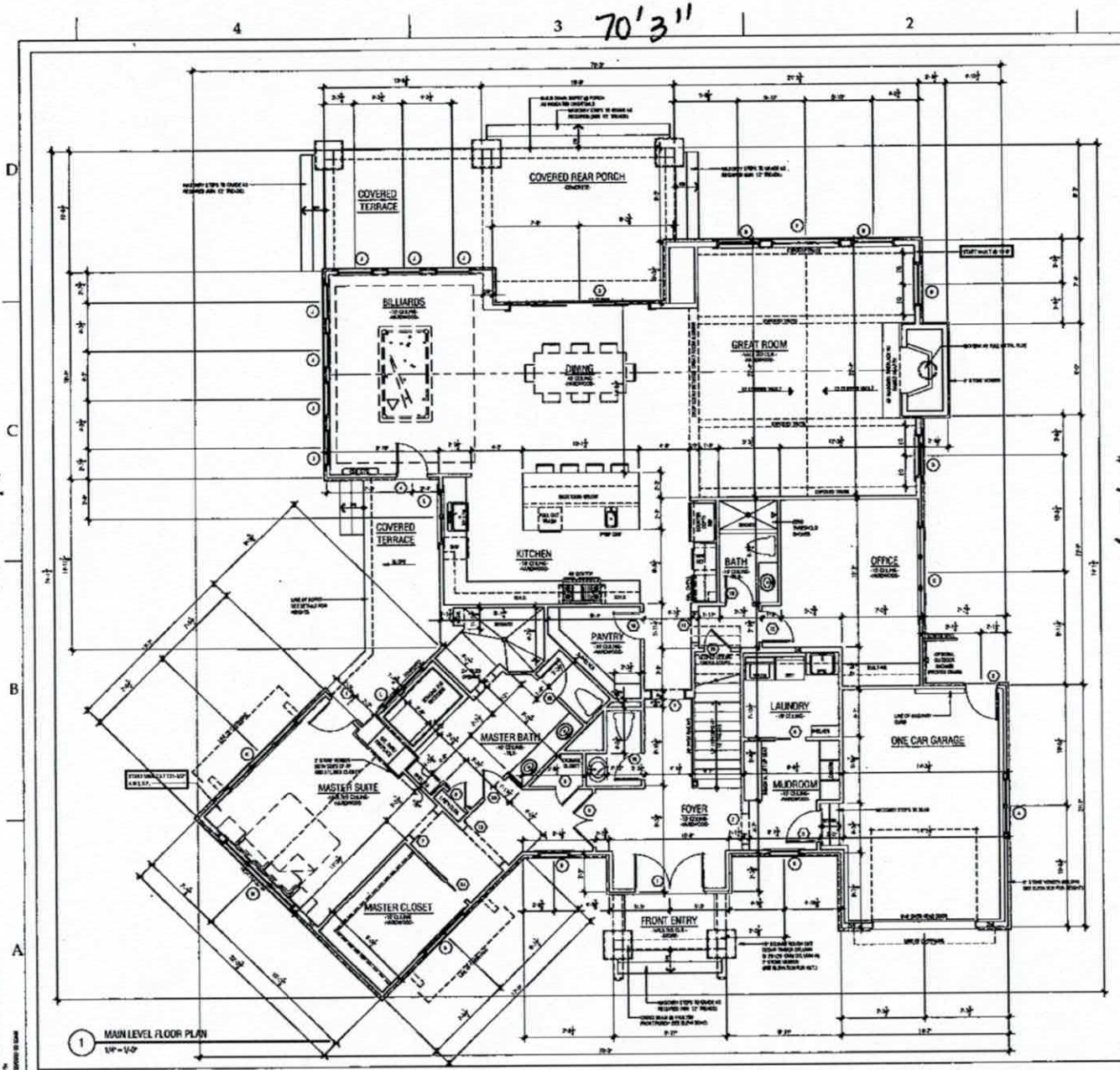
FOR PERMIT

12.20.16

SITE PLAN

SP-100

36"x24" PLOT SHEET



1 MAIN LEVEL FLOOR PLAN
1/4" = 1'-0"

36"x24" PLOT SHEET

MAIN FLOOR NOTES

ABBREVIATIONS

WINDOW SCHEDULE

MARK	SIZE	TYPE	SPECIAL NOTES

DOOR SCHEDULE

MARK	SIZE	SPECIAL NOTES

LABELIA

12/20/2016

© 2016 LA

THE MATHER RESIDENCE
122 ROCKABILL LANE
MOORESVILLE, N.C.

2151013

DAVID S WHANGE

FOR PERMIT

12.20.16

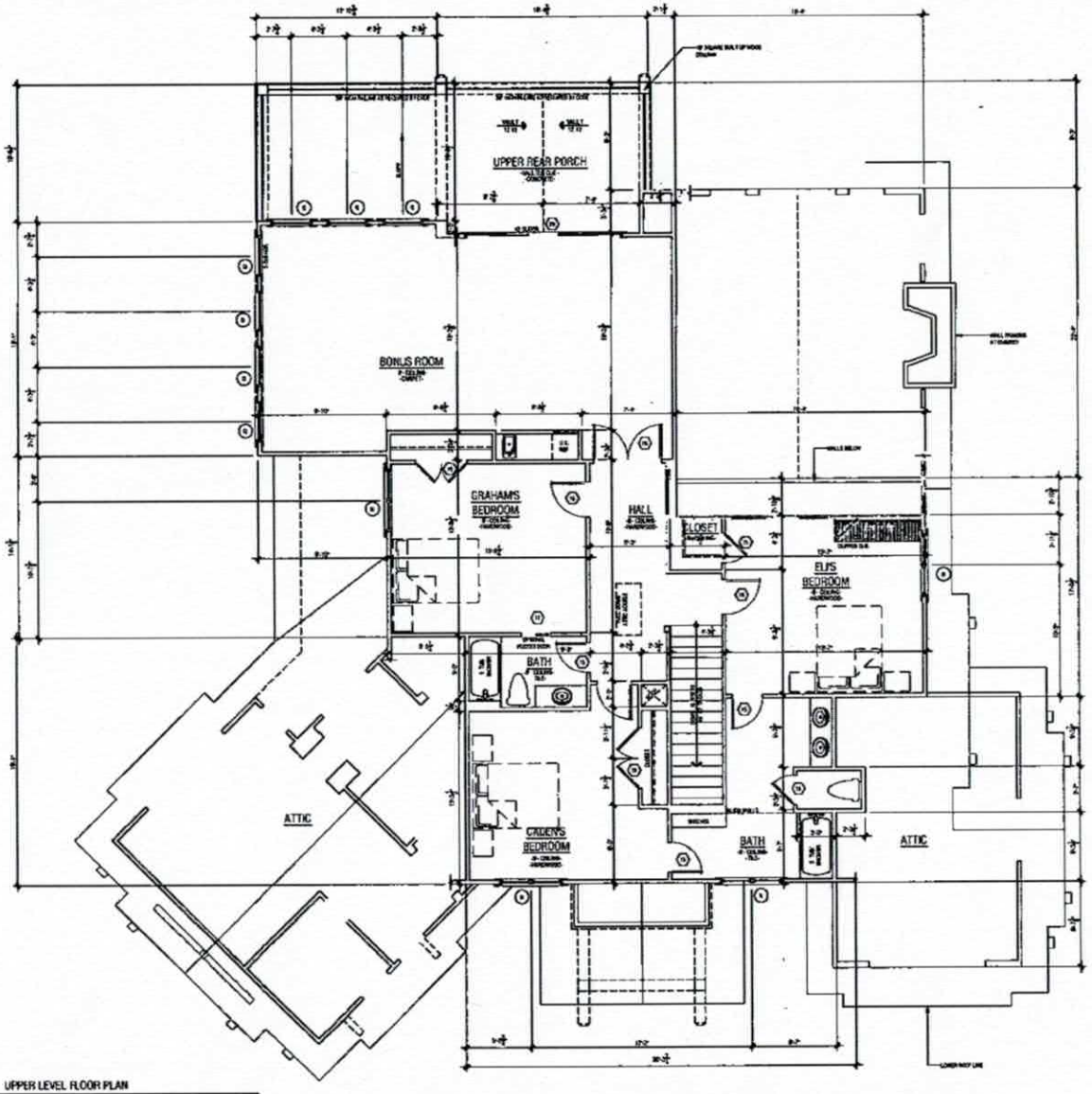
A MAIN LEVEL FLOOR PLAN

A-102

Acknowledgement of Plans Submittal ONLY!

Date _____

Date _____



1 UPPER LEVEL FLOOR PLAN
1/4" = 1'-0"

UPPER FLOOR NOTES

WINDOW SCHEDULE

MARK	SIZE	NAME	SPECIAL NOTES

DOOR SCHEDULE

MARK	SIZE	SPECIAL NOTES

LABELLA

12/30/2016 © 2016 LA

THE MATHER RESIDENCE
122 ROCKABILL LANE
MOORESVILLE, N.C.

PROJECT NO. 2151013

NO.	DATE	DESCRIPTION

DRAWN BY: DAVID STRANGE
APPROVED BY: —
ISSUED FOR: FOR PERMIT
DATE: 12.29.16

A UPPER LEVEL FLOOR PLAN

DRAWING NO. A-103

Acknowledgement of Plans Submittal ONLY

Date _____

Date _____

36"x24" PLOT SHEET

IREDELL COUNTY

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

APPLICATION NUMBER
225688
Issue Date: 03/16/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626250531.000	122 ROCKABILL LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MATHER BRUCE S+DANA L	Applicant: MBI BUILDERS LLC
Address: 122 ROCKABILL LANE MOORESVILLE, NC 28117	Address: PO BOX 1013 NORTH WILKESBORO, NC 28659
Phone:	Phone: 336-973-3402

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.170	50.00	35.00	15.00	15.00	CACL	AE

Remarks:

Advised homeowner that they needed to apply for a zoning permit for the pool - refering

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	96664	TOTAL FEES:	$ 77.25

Certified Operator # 993812
Maintenance Report Form

Name and Location of System: 122 Rockabill Lane Mooresville, N.C.

Date of Inspection: 04-17

Permit Number:

County: Iredell

System Classification: IV.

Name and Address of "ORC": Richard Abernathy Mt. Ulla, N.C. 28125

Name and Address of Owner: Bruce and Dana Mathers

Phone: (704) 664-6506

Phone:

Legend: S-Satisfactory, M-Marginal, U-Unsatisfactory
N-not evaluated, N/A-Nonapplicable

SEPTIC TANK AND PUMP TANK
___ Risers accessible
___ Signs of Infiltration
___ Structurally Sound
___ Landscape Position
___ Filter Cleaned

PUMP
___ Pump present and operating
___ Design GPM
___ Actual GPM
___ % Efficiency
___ High water alarm operating properly
___ Pipework in good condition
___ Control panel in good condition
___ Control floats operating properly
___ Straps and float tree
___ Effluent free and clear of solids

DRAIN FIELD
___ No effluent surfacing
___ Surface water diverted
___ Line cover maintained properly
___ Protected from traffic
___ Distribution devices operating properly
___ Repair area reserved

Date

LOW PRESSURE PIPE SYSTEM
___ Pumps, cleanouts, valves located and protected
___ Laterals free of excess solids
___ Laterals flushed
Pressure Heads

	Design head	Adjusted head
Line 1	___	___
Line 2	___	___
Line 3	___	___
Line 4	___	___

COMMENTS

Compliant ____ Noncompliant ____

Signature _____

T W AMMONS SEPTIC SERVICE, INC
215 Little Creek Road
Mooresville, NC, 28115
Phone: (704) 663-7631
Fax: (704) 660-9612
Email: twaseptic@gmail.com
Website: www.ammonsseptic.com

Maintenance Contract Form

(Revision 3)

Maintenance Contract for the state of North Carolina, County of: Iredell

This agreement is made between: Bruce + Dana Mathers and
T.W. Ammons Septic Service, Inc., on: 9-24-17

Customer's:
Phone number: 704 509 5901
Email: themathers@hotmail.com
To date, number of services: Set Heads 9-24-17

T.W. Ammons Septic Service, Inc., will perform the above services at:
122 Rockhill Ln. Mooresville NC 28117

This contract is for twelve months. Renewal will be due within thirty days prior to the expiration of the contract.

T.W. Ammons Septic Service, Inc., will visit the property twice a year to perform routine maintenance as required on Type IV septic systems by the state of North Carolina. This contract is for routine maintenance only. It does not include the costs for any repairs if needed. In the case of a needed repair, you will be notified.

Tim Ammons
N.C Subsurface Operator #12272
T.W. Ammons Septic Service, Inc.

Owner or Representative