IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213246

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

PIN # 4626444704

APPLICANT/OWNER: Michael Swedick APPLICANT ADDRESS: 107 Cherry Bark Dr. Mooresville, NC. 28117

SITE ADDRESS: 112 Chatfield Cove Mooresville, NC 28117 PHONE: 7046581404 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp TL Agnew TR Chatfield Cove on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: L&P SECTION: 8 LOT # 62 LOT AREA: 1.51 Ac DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	528	Date	4/29/14	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	485	Date	3/24/15	System Description: Pump - LPPPBPS		☐ Business	No. Persons 10
Pump Make	Goulds	Model	WE0312MU	Serial #	C193375+	Repair System Description: LPPPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	333	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width (min)	24"	Trench Bottom Depth (Low side) (max)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Per design grinder pump being used. A 10ft minimum of 4 inch PVC pipe must be installed prior to Septic tank from grinder pump line.

INITIAL SITE SKETCH

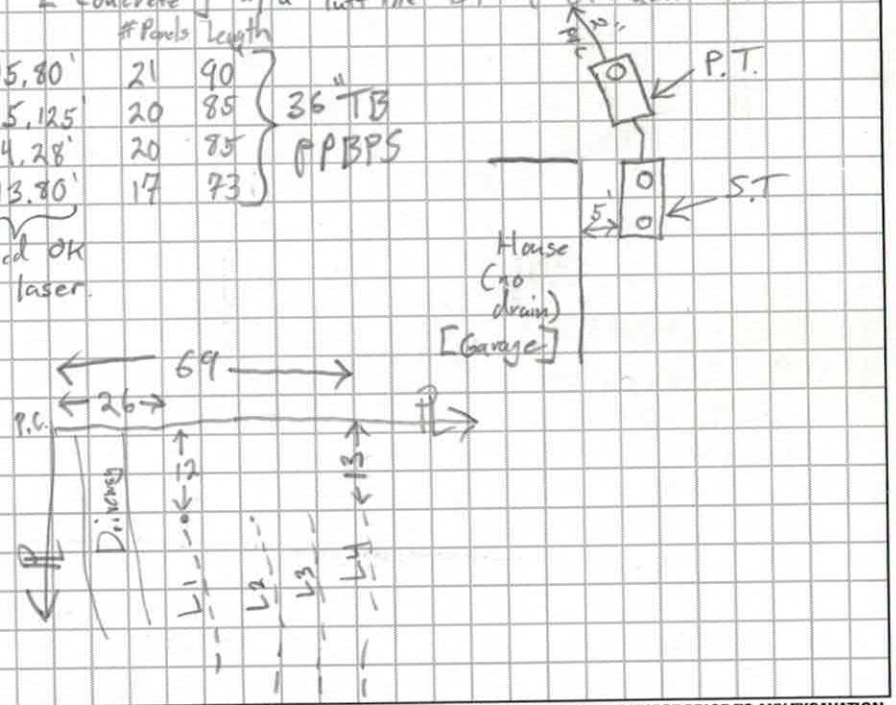
See attached, approved Septic plan by Michael Athanas & Associates

AS BUILT SKETCH

5/3/19: Top Seam Taylorsville Precast S.T. + P.T. [Concrete] w/ a Tuff Tite EF-4 effluent filter

		# Panels	Length	
L1	15.80'	21	90	36" TB PPBPS
L2	15.125'	20	85	
L3	14.28'	20	85	
L4	13.80'	17	73	

Verified OK by laser.



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: 4-29-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/25/19 OPERATION PERMIT by: Kayla Watson Date: 6-25-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/25/19 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213246

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

PIN # 4626444704

APPLICANT/OWNER: Michael Swedick APPLICANT ADDRESS: 107 Cherry Bark Dr. Mooresville, NC. 28117

SITE ADDRESS: 112 Chatfield Cove Mooresville, NC 28117 PHONE: 7046058-1404 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp TL Agnew TR Chatfield Cove on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lot SECTION: 8 LOT # 62 LOT AREA: 1.51 Ac DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	328	Date	4/29/19	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI		☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT	485	Date	3/29/19	System Description: Pump - LP PPBPS		☐ Business	No. Persons	10	☒ Private
Pump Make	Gouds	Model	WE 0312 MU	Serial #	C1933759	Repair System Description: LP PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	333'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Note: Per design grinder pump being used. A 10ft minimum of 4 inch PVC pipe must be installed prior to Septic tank from grinder pump line.

INITIAL SITE SKETCH

See attached, approved

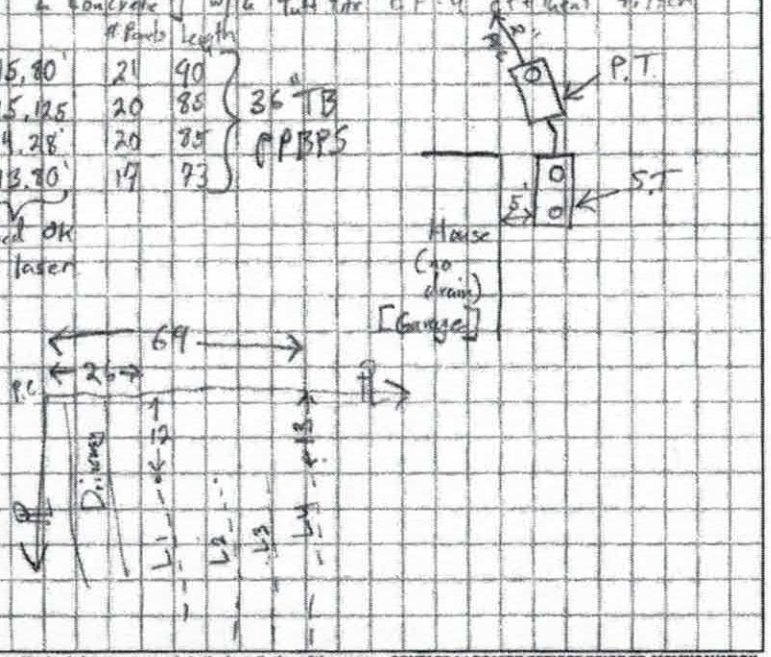
	Date	Initials
Drain Lines Checked	5/3/19	SJ
Tanks Checked	5/3/19	SJ
Pressure Manifold or Valve Box Checked	5-22-19	JB
Pressure Head Set	5-22-19	JB
Electrical Checked	5-22-19	JB
Floats Set	5-22-19	JB
Alarm Checked	5-22-19	JB
Maintenance Contract Y / N	6/25	KW

AS BUILT SKETCH

5/3/19: Top Seam Taylorsville Precast S.T. + P.T. [Concrete] w/a Tuff Tite EF-4 effluent filter

	# Rows	Length	
L1 16.80'	21	90	36" TB PPBPS
L2 15.125	20	85	
L3 14.28'	20	85	
L4 13.30'	19	73	

Verified OK by laser



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

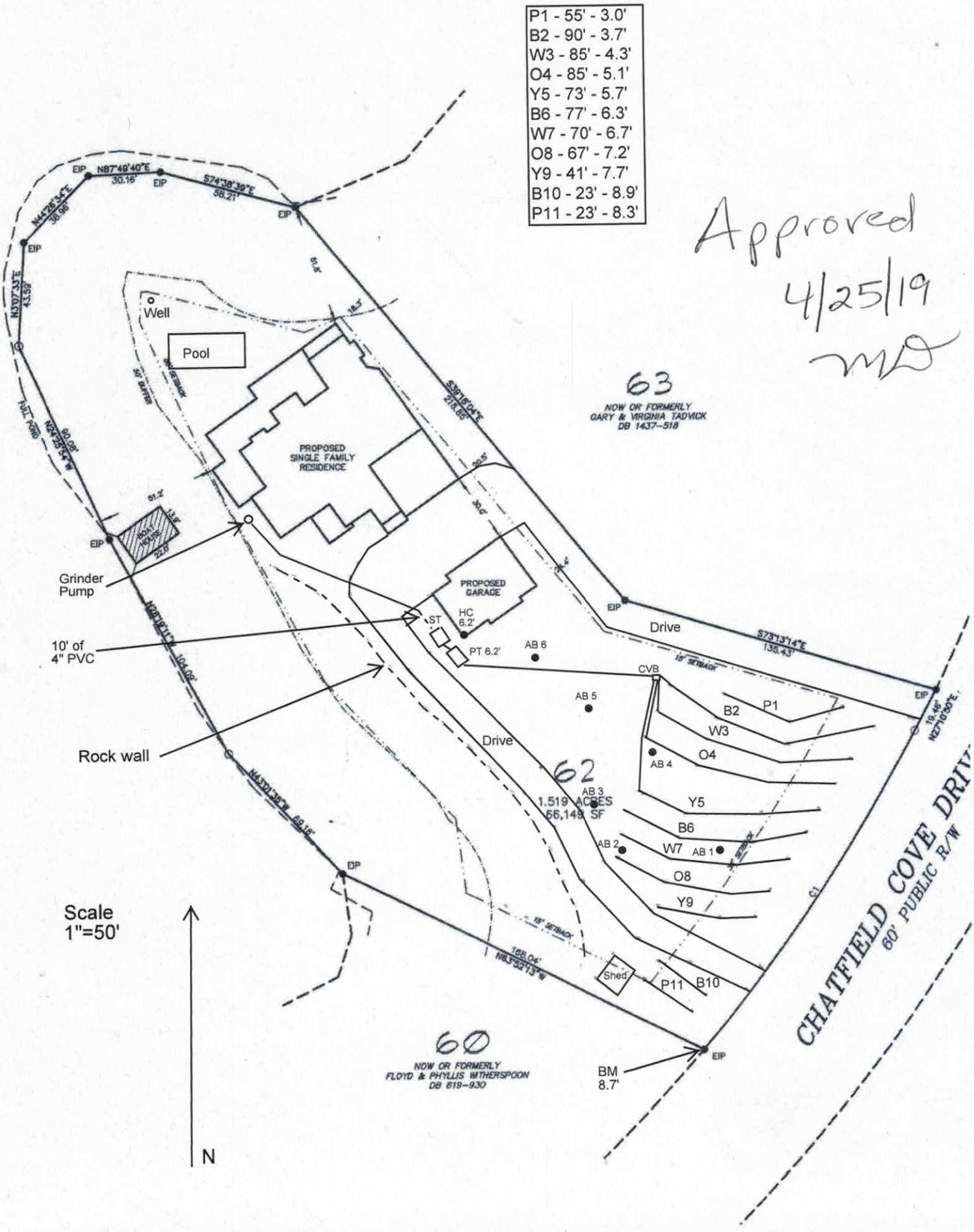
☐ IMPROVEMENT PERMIT *with plat, valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

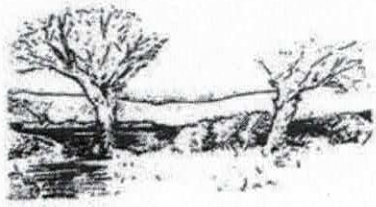
Owner / Applicant Signature: Date: 4-29-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/25/19 OPERATION PERMIT by: Kayla Watson Date: 6-25-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/25/19 Existing System Inspected by: Date:

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


P1 - 55' - 3.0'
B2 - 90' - 3.7'
W3 - 85' - 4.3'
O4 - 85' - 5.1'
Y5 - 73' - 5.7'
B6 - 77' - 6.3'
W7 - 70' - 6.7'
O8 - 67' - 7.2'
Y9 - 41' - 7.7'
B10 - 23' - 8.9'
P11 - 23' - 8.3'
Approved
4/25/19
MD
Well
Pool
50' BUFFER
50' SETBACK
PROPOSED SINGLE FAMILY RESIDENCE
63
NOW OR FORMERLY
GARY & VIRGINIA TADVICK
DB 1437-518
PROPOSED GARAGE
HC 6.2'
ST
PT 6.2'
AB 6
AB 5
AB 4
AB 3
AB 2
AB 1
CVB
Drive
15' SETBACK
62
1.519 ACRES
66,149 SF
Grinder Pump
10' of 4" PVC
Rock wall
EIP
N87°49'40"E 30.16'
S74°38'39"E 58.27'
N44°25'34"E 38.98'
N30°07'33"E 43.59'
S39°15'04"E 218.85'
S73°13'14"E 135.43'
N27°10'30"E
N24°25'54"W 60.08'
N43°01'38"W 69.16'
N83°53'13"W 168.04'
Shed
P1
B2
W3
O4
Y5
B6
W7
O8
Y9
P11
B10
60
NOW OR FORMERLY
FLOYD & PHYLLIS WITHERSPOON
DB 619-930
BM 8.7'
CHATFIELD COVE DRIVE
60' PUBLIC R/W
Scale 1"=50'
N



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

Approved
4/25/19
MD

Reference: Data Sheet for 112 Chatfield Cove Dr, CL&T Sec 8, Lot 62
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 46 GPM
Dosing Volume: 280.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 7.5'
Friction Head: 3.1'
Pressure Head: 2'
Total Dynamic Head: 12.6'
Supply Line Length: 80' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			55'	3.0'
Blue 2	**90'**	**21**	**93'**	**3.7'**
White 3	**85'**	**20**	**87'**	**4.3'**
Orange 4	**85'**	**20**	**87'**	**5.1'**
Yellow 5	**73'**	**17**	**80'**	**5.7'**
Blue 6			77'	6.3'
White 7			70'	6.7'
Orange 8			67'	7.2'
Yellow 9			41'	7.7'
Blue 10			23'	8.9'
Pink 11			23'	8.3'

333 Initial

356 Repair

333ft min

Approved
4/25/19
MD

Initial System: 333' **Repair System:** 356'
Pump Tank: 6.2' **House Corner:** 6.2' **Benchmark:** 8.7'

Comments:
MA&A are revising the septic design due to site revocation during construction. Please note, MA&A had to change the system from 25% Reduction to PPBPS to maintain a five bedroom system. A grinder pump will be used. A 10' minimum piece of 4" PVC pipe must be installed prior to the septic tank from the grinder pump line. An inline filter must be installed on the pump line going to the drain field. All gutter drains must be piped away from the tanks.

PROPERTY ID #: 4626444704_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 4/25/19 MD

OWNER: Michael Swedick_____ APPLICATION DATE_____
ADDRESS: 107 Cherry Bark Dr, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __5 bdrm_____ PROPOSED DESIGN FLOW (.1949): __600 GPD___ PROPERTY SIZE: ___1.519 AC_____
LOCATION OF SITE: 112 Chatfield Cove, CL&T Sec 8, Lot 62_____ 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)		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	
AB 1	LS 5%	0-18	R C SBK	FR SS SP SXP	N/S	48"	Few SAP Inc @ 38"	N/A	PS 0.3
		18-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 5%	0-10	FILL		N/A	48"	Few SAP	N/A	PS 0.3
		10-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 5%	0-18	FILL						NEED PIT
		18	AR						
AB 4	LS 5%	0-9	FILL		N/A	48"	N/A	N/A	PS 0.3
		9-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	999 FT^2	1086 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 4/25/19 mb

PROPERTY ID #:4626444704

DATE OF EVALUATION:

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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 5	LS 5%	0-18	FILL						NEED PIT
AB 6	LS 5%	0-18	FILL						NEED PIT
PIT 1	LS 5%	0-6	Compacted		N/A	54"	N/A	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SXP					
		28-54	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-6	FILL		N/A	50"		N/A	PS 0.3
		6-23	R C SBK	FR SS SP SXP					
		23-50	R CL WSBK	FR SS SP SXP			F-C SAP PS		
		50-54	VER L SAP M	FR SS SP SXP					
PIT 3	LS 5%	0-10	FILL		N/A	60"		N/A	PS 0.3
		10-33	R C SBK	FR SS SP SXP					
		33-60	R CL WSBK	FR SS SP SXP			F-C SAP		

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 4/25/19 MD

PROPERTY ID #: 4626444704

DATE OF EVALUATION: _____

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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 4	LS 5%	0-5	FILL		N/A	58"	F-C SAP	N/A	PS 0.3
		5-58	R CL WSBK	FR SS SP SXP					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Michael Swedick
ADDRESS: 107 Cherry Bark Dr Mooresville NC
PROPOSED FACILITY: House
LOCATION OF SITE: 112 Chatfield Core
APPLICATION DATE: 4/11/19
DATE EVALUATED: 4-18-19
PROPOSED DESIGN FLOW (.1949): 1000gpd
PROPERTY SIZE: 1.51Ac
PROPERTY RECORDED: Y

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	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	LS 5%	0-6	Comp						PS .3
		6-24	RC m-w	SBK SS, SP, SEXP, FR					
		24-54	RCL w	SBK SS, SP, SEXP, FR					
			w/few	SAP Incls					
2	LS 5%	0-6	Compacted						PS .3
		6-23	RCL m-w	SBK SS, SP, SEXP, FR					
		23-50	RCL w	SBK SS, SP, SEXP, FR					
		50-54	LSAP	massive, FR					
3	LS 5%	0-10	Fill						PS .3
		10-33	RCL m	w SBK SS, SP, SEXP, FR					
		33-60	RCL w	SBK SS, SP, SEXP, FR					
			w/few	W. Rock Incls					
4	LS 5%	0-5	Fill						PS .3
		5-29	RCL w	SBK SS, SP, SEXP, FR					
		29-59	RYCL	w SBK SS, SP, SEXP, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

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

PROPERTY ID #: 112 Chatfield Cove Drive
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kathryn Garrison
ADDRESS: 112 Chatfield Cove Drive, Mooresville, NC 28117
PROPOSED FACILITY: 5-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: Lot 62; 112 Chatfield Cove Drive

APPLICATION DATE:
DATE EVALUATED: 8/2015
PROPERTY SIZE: 1.51 Acres
PROPERTY RECORDED: 1967

WATER SUPPLY: ☐ Private ☐ Public * Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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	
AB 1	LS 10-11%	0"-15"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 15"-48"	None	.3
		15"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	LS 10-11%	0"-4"	Br CL WSBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 42"-48"	None	.3
		4"-42"	R C SBK	SS SP FR SEXP					
		42"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	LS 10-11%	0"-24"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 24"-48"	None	.3
		24"-48"	R CL WSBK	SS SP FR SEXP					
AB 4	LS 10-11%	0"-24"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 24"-48"	None	.3
		24"-48"	R CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1530 ft2	6000 ft2
System Type(s)	25% Reduction	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

COMMENTS:

APPROVED SEP 1 1 2015

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 112 Chatfield Cove Drive
DATE OF EVALUATION: 8/2015
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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 5	LS 10-11%	0"-40"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 40"-48"	None	.3
		40"-48"	R CL WSBK	SS SP FR SEXP					
AB 6	LS 10-11%	0"-27"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 27"-48"	None	.3
		27"-48"	R CL WSBK	SS SP FR SEXP					
AB 7	LS 10-11%	0"-12"	Br CL WSBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 39"-48"	None	.3
		12"-39"	R C SBK	SS SP FR SEXP					
		39"-48"	R CL WSBK	SS SP FR SEXP					
AB 8	LS 10-11%	0"-24"	R C SBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 24"-48"	None	.3
		24"-48"	R CL WSBK	SS SP FR SEXP					
AB 9	LS 10-11%	0"-36"	R C SBK	SS SP FR SEXP		36"		None	.3

COMMENTS: AB9 was only dug to 36" deep due to the area being used is for drip.

APPROVED SEP 1 1 2015

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 112 Chatfield Cove Drive
DATE OF EVALUATION: 8/2015
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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 10	LS 10-11%	0"-20"	R C SBK	SS SP FR SEXP	Mn & YBrs @ 10" Chr. 2 @ 20"	20"		None	.1 Drip
AB 11	LS 10-11%	0"-20"	R C SBK	SS SP FR SEXP	Mn & YBrs @ 10" Chr. 2 @ 20"	20"		None	.1 Drip
A1	LSS 5% Shot	0-12 12-48	R C MFSBk YR CL WFSBk	Fr SS SP SExP Fr SS SP S ExP	many sap	48"	—	—	PS .30 .35
B2	HS 22%	0-3 3-12 12-28	B CL WFSBk R C MF/MF/MPABk/SBk YR CL VWFSBk	Fr SS SP SExP Fr S P SExP Fr SS SP SExP	many sap, com R veins w/wR	28"	—	—	PS .3
B3	LSS 8%	0-6 6-24 24-48	B SCL WFSBk R CL WFSBk R CL WFSBk	Fr SS SP SExP Fr SS SP SExP Fr SS SP SExP	few/com sap	48"	—	—	PS .325 .35

APPROVED SEP 11 2015

213246 $pd 500

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: Michael Swedick **Address:** 107 Cherry Bark Dr, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Ron-704-400-1235 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 112 Chatfield Cove

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 62

Driving Directions: _____

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: 5
Maximum Number of Occupants: _____
(✓) 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: _____ 4/11/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAY 2 2 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* Pd. $225.00 #213246

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
Int. Relayout

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: **(PRINT CLEARLY)**

Applicant Name: Stonebridge Luxury Homes **Address:** PO Box 4297, Mooresville, NC **Zip:** 28117

Applicant Email: ron@stonebridgeluxuryhomes.com **Phone:** 704-658-1404 Ron Carroll **Alt. Phone:** _____

Owner Name: Michael Swedick **Address:** 107 Cherry Bark Dr, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 112 Chatfield Cove

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 62

Driving Directions: BSR, TR McKendree, TL Kemp, TL Agnew, TR Chatfield Cove, on RT

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(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: _____

(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 (X) Other: Accepted

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: _____ 5/22/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 1 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 #213246

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 9-16-15

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**

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: Chad Goodin-Signature Homes **Address:** 915 River Hwy Mooresville NC 28117 **Phone:**

Owner Name: Kathryn Garrison **Address:** 112 Chatfield Cove Rd Mooresville NC **Phone:**

Property Information:

Street Address: 112 Chatfield Cove

Subdivision Name: CLT **Section/Phase:** 8 **Lot Number:** 42

Driving Directions: BSR, TR McKendree, TL Kemp, TL Agnew, TR Chatfield Cove, on RT

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: 5
Maximum Number of Occupants:
( ) 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:

(X) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**

(X) 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 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: _____ 9/1/2015

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, Michael Swedick, am the legal owner(s) of the property located at CLAT Section 8 lot 62, identified as PIN (Parcel Identification Number) 4626444704, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

4/10/19

Signature of Owner(s) Date | Date | Signature of Witness

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Robert L. Garrison Jr, Ann E. Garrison, Kathryn L. Garrison, Daniel P. Mulligan, Jane G. Newman & Francis Morgan Newman, am the legal owner of the property located at 112 Chatfield Cove Dr, identified as PIN(Parcel Identification Number) 4626444704, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Associates, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Robert L. Garrison Jr — Signature of Owner — 9/2/15 Date
Maria Delgado — Signature of Witness — 9/2/15 Date

Ann E. Garrison — Signature of Owner — 9/3/15 Date
Tony P Bram — Signature of Witness — 9/3/15 Date

Kathryn L Garrison — Signature of Owner — 9/2/15 Date
Tony P Bram — Signature of Witness — 9/2/15 Date

Jane G. Newman — Signature of Owner — 9/3/15 Date
Tony P Bram — Signature of Witness — 9/3/15 Date

Daniel P Mulligan — Signature of Owner — 9/2/15 Date
Tony P Bram — Signature of Witness — 9/2/15 Date

Francis Morgan Newman — Signature of Owner — 9/3/15 Date
Tony P Bram — Signature of Witness — 9/3/15 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, Mike Swedick, am the legal owner(s) of the property located at 112 Chatfield Cove Dr. Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Stonebridge Luxury Homes, Inc. Michael Athens + Associates, 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) 4/26/17 Date — Signature of Witness Jennifer Cozzone 4-26-17 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

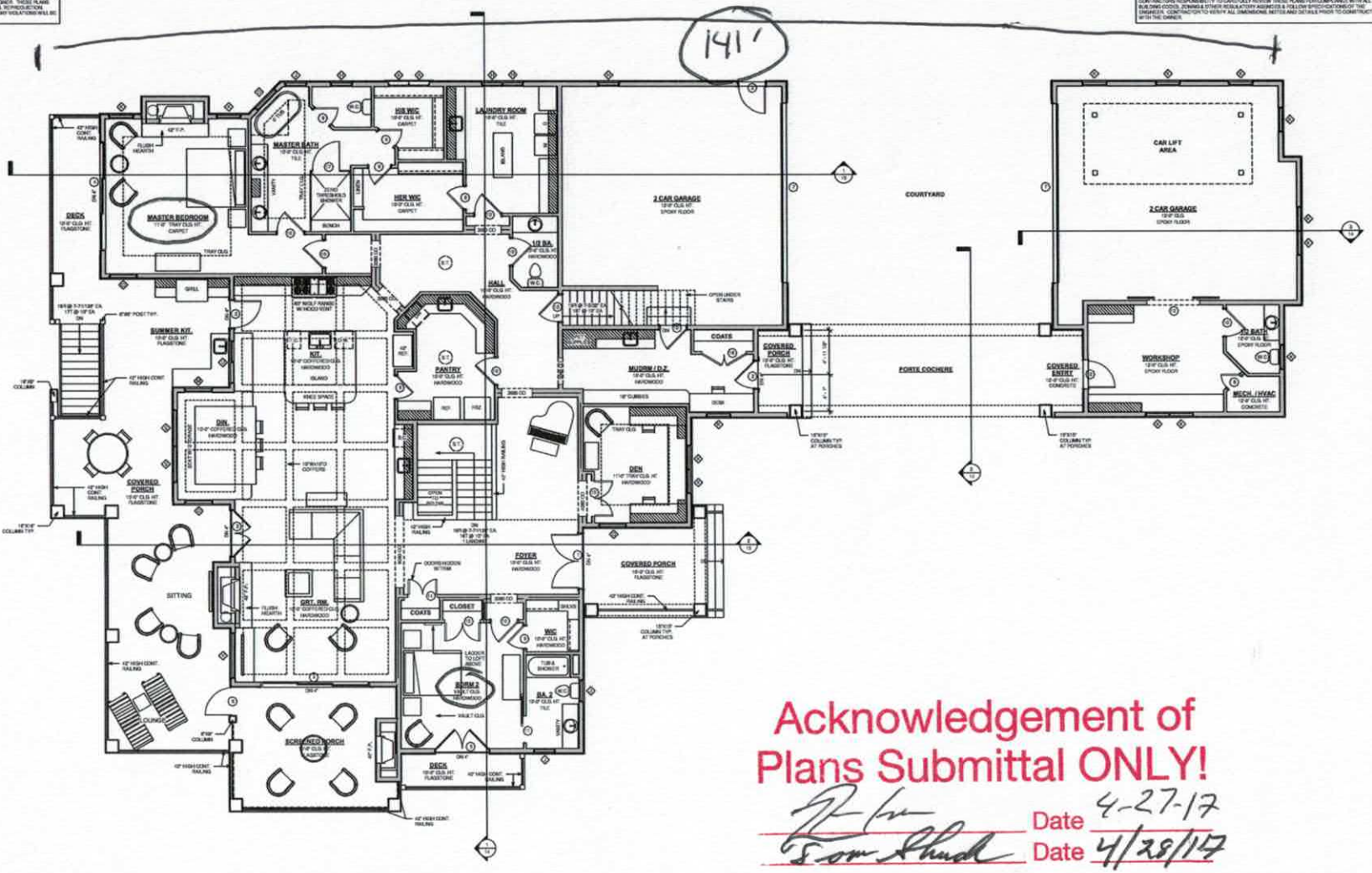
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NOTE:
ALL DRAWINGS AND DIAGRAMMATIC AND REFLECT DESIGNER'S IMPRESSION OF THE WORK. CONSULT PROJECT SPECIFICATIONS FOR ADDITIONAL INFORMATION. IF AVAILABLE. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & FOLLOW SPECIFICATIONS OF THE ENGINEER. CONTRACTOR TO VERIFY ALL DIMENSIONS, NOTES AND DETAILS PRIOR TO CONSTRUCTION WITH THE OWNER.

PIPPIN HOME DESIGNS INC.

141'

81'



Acknowledgement of Plans Submittal ONLY!

Date 4-27-17

Date 4/28/17

5th Bedroom Future

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

EXTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
1	1	6'-0"	8'-0"	TBD	SOLID DOUBLE ENTRY DOOR
2	1	3'-0"	8'-0"	TBD	SINGLE FRENCH DOOR 1/2 GLASS
3	2	6'-0"	8'-0"	TBD	DOUBLE FRENCH DOOR
4	3	12'-0"	8'-0"	TBD	SLIDING GLASS DOOR (3) PANEL
5	1	6'-0"	8'-0"	TBD	DOUBLE FRENCH DOOR
6	1	3'-0"	8'-0"	TBD	SCREENED DOOR
7	2	28'-0"	8'-0"	TBD	IOHGD

INTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
9	1	2'-0"	8'-0"	TBD	INTERIOR DOOR TO BE SELECTED BY OWNER
10	19	3'-0"	8'-0"	TBD	INTERIOR DOOR TO BE SELECTED BY OWNER
11	1	3'-0"	8'-0"	TBD	INTERIOR BARN DOOR TO BE SELECTED BY OWNER
12	1	6'-0"	8'-0"	TBD	INTERIOR BARN DOOR TO BE SELECTED BY OWNER
14	1	3'-4"	8'-0"	TBD	INTERIOR DOUBLE DOOR HIDDEN IN TRIM
15	3	4'-8"	8'-0"	TBD	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
16	2	5'-0"	8'-0"	TBD	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
17	3	3'-0"	8'-0"	TBD	GLASS SHOWER DOOR

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

WINDOW SCHEDULE

SYMBOL	QUANTITY	DESCRIPTION	WIDTH	HEIGHT	UNIT NUMBER	GRILLE	SCREEN	JAMBS
A	2	FIXED	2'-4"	1'-4"	TBD	No		4 9/16"
B	5	OVAL - FIXED	1'-6"	3'-0"	TBD	Yes		4 9/16"
C	1	DOUBLE HUNG	2'-8"	4'-6"	TBD	Yes		4 9/16"
D	2	FIXED	2'-4"	2'-4"	TBD	Yes		4 9/16"
E	6	DOUBLE HUNG	2'-8"	5'-0"	TBD	Yes	Yes	4 9/16"
G	3	CASEMENT	2'-4"	2'-6"	TBD	Yes	Yes	4 9/16"
H	5	DOUBLE HUNG	2'-4"	4'-6"	TBD	Yes	Yes	4 9/16"
J	4	DOUBLE HUNG	2'-4"	5'-2"	TBD	Yes	Yes	4 9/16"
K	16	DOUBLE HUNG	2'-6"	5'-2"	TBD	Yes	Yes	4 9/16"
L	1	CASEMENT	2'-0"	2'-6"	TBD	Yes	Yes	4 9/16"
M	1	DOUBLE HUNG	3'-0"	4'-6"	TBD	Yes		4 9/16"
N	1	FIXED	3'-0"	4'-6"	TBD	No		4 9/16"
O	3	DOUBLE HUNG	3'-0"	5'-2"	TBD	Yes	Yes	4 9/16"
P	2	DOUBLE HUNG	3'-0"	6'-2"	TBD	Yes	Yes	4 9/16"
Q	1	DOUBLE HUNG	3'-0"	6'-6"	TBD	Yes	Yes	4 9/16"
R	2	SLIDER	4'-0"	5'-0"	TBD	No	Yes	4 9/16"
S	2	DOUBLE HUNG	4'-0"	5'-2"	TBD	Yes	Yes	4 9/16"
T	3	FIXED	4'-0"	6'-0"	TBD	No		4 9/16"
U	1	SLIDER	4'-8"	5'-0"	TBD	No	Yes	4 9/16"
V	2	FIXED	5'-0"	4'-6"	TBD	No		4 9/16"

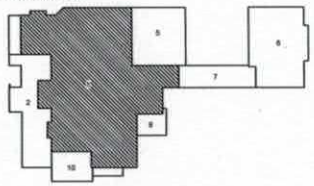
SKYLIGHT SCHEDULE

SYMBOL	QUANTITY	TYPE	UNIT SIZE	UNIT NUMBER	NOTES
W	3	SUN TUNNEL	18" DIA.	TBD	VELUX

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

ESTIMATED SQUARE FOOTAGES & DIAGRAM:

Number	Name	Area
1	FIRST FLOOR LIVING AREA	3487 SF
2	LOWER LEVEL LIVING AREA	2908 SF
3	UPPER LEVEL LIVING AREA	579 SF
TOTAL FINISHED LIVING:		6974 SF
4	UNFINISHED STORAGE / MECH.	885 SF
5	GARAGE 1	718 SF
6	GARAGE 2 - WORKSHOP	864 SF
7	PORTE COCHERE	371 SF
8	COVERED PORCH LAKESIDE	749 SF
9	COVERED PORCH FRONT ENTRY	146 SF
10	SCREENED PORCH	249 SF
11	COVERED PATIO LOWER LEVEL	1076 SF
TOTAL UNDER ROOF:		10952 SF



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

GENERAL NOTES:

1. ALL EXTERIOR PORCH FLOORS & DECKS ON THIS LEVEL TO BE FLAGSTONE FINISH

2. ALL FIREPLACES TO BE 42" FIREBOX "ISOKERN" UNITS. FIREBOXES TO BE RAISED OFF FLOOR 18" - WOOD BURNING W/ GAS STARTERS & FLUSH HEARTHS ON FLOOR

3. ALL MAIN LIVING AREAS TO BE HARDWOOD FLOORS ON THIS LEVEL EXCEPT: CARPET IN MBR & MWICS AND TILE IN MBA, BA2 & LAUNDRY

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THIS PLAN.

DESIGNER'S ASSUMES NO RESPONSIBILITY ONCE ANY PHASE OF CONSTRUCTION IS COMPLETED/BUILDING.

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PIPPIN HOME DESIGNS INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MISCHARACTERS MADE TO THESE PLANS BY OTHERS.

AIBD
a Professional Member of American Institute of Building Design

Creating where people live

A NEW RESIDENCE FOR:
MIKE & KAREN SWEDICK
112 CHATFIELD COVE DRIVE
MOORESVILLE, NORTH CAROLINA

REVISIONS | BY

PROJECT # | Project Number
DATE | 5/15/2014
DRAWN BY | CHECK
SCALE | 1/4" = 1'-0"

SHEET NO.
6

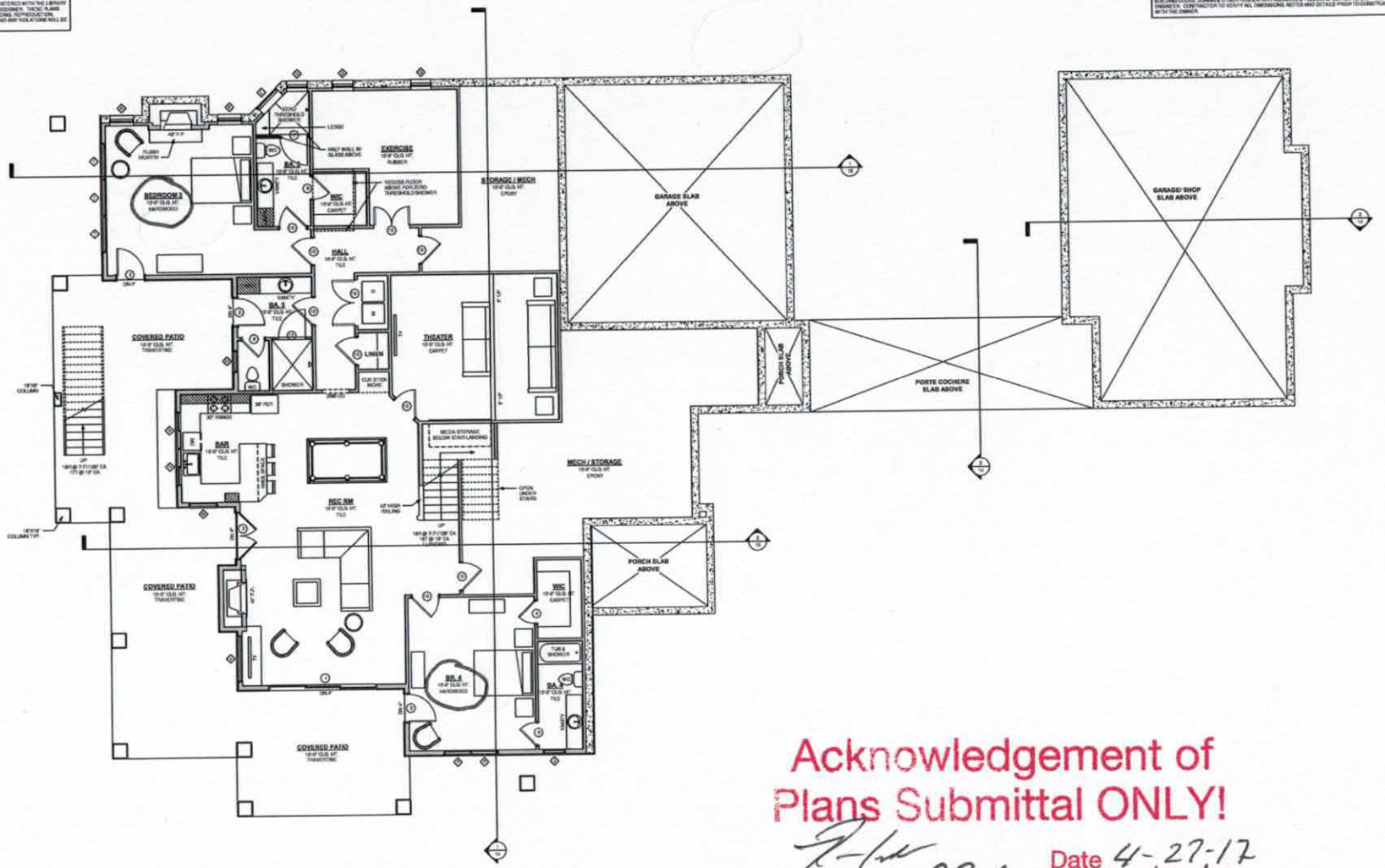
NOTE: THESE PLANS ARE NOT TO BE REMOVED FROM THE BUILDING SITE AT ANY TIME. BENEFITORS & HEIRS OF JENNIFER S. PIPPIN OF ANY KIND.

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NOTE:
ALL DRAWINGS ARE DIAGRAMMATIC AND REPLICAT DESIGNERS APPROVAL OF THE WORK. CONSULT PROJECT SPECIFICATIONS FOR ADDITIONAL INFORMATION. IF AVAILABLE. IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CONSTRUCT ALL FOUNDATIONS, WALLS, FLOORS, ROOFS & OTHER ELEMENTS IN ACCORDANCE WITH THESE PLANS AND IN COMPLIANCE WITH ALL BUILDING CODES. ZONING & OTHER LOCAL & STATE ORDINANCES & FOLLOW SPECIFICATIONS OF THE MANUFACTURERS. CONTRACTOR TO VERIFY ALL DIMENSIONS, NOTES AND DETAILS PRIOR TO CONSTRUCTION. NOTIFY THE OWNER.

PIPPIN HOME DESIGNS



Acknowledgement of Plans Submittal ONLY!

Date 4-27-17

Date 4/28/17

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

EXTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
1	1	8'-0"	8'-0"	TBD	SOLID DOUBLE ENTRY DOOR
2	7	3'-0"	8'-0"	TBD	SINGLE FRENCH DOOR 1/2 GLASS
3	2	5'-0"	8'-0"	TBD	DOUBLE FRENCH DOOR
4	3	12'-0"	8'-0"	TBD	SLIDING GLASS DOOR (3) PANEL
5	1	6'-0"	8'-0"	TBD	DOUBLE FRENCH DOOR
6	1	3'-0"	8'-0"	TBD	SCREENED DOOR
7	2	20'-0"	8'-0"	TBD	OHDD

INTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
8	1	2'-0"	8'-0"	TBD	INTERIOR DOOR TO BE SELECTED BY OWNER
9	10	2'-6"	8'-0"	TBD	INTERIOR DOOR TO BE SELECTED BY OWNER
10	19	2'-8"	8'-0"	TBD	INTERIOR DOOR TO BE SELECTED BY OWNER
11	1	3'-0"	8'-0"	TBD	INTERIOR BARN DOOR TO BE SELECTED BY OWNER
12	1	6'-0"	8'-0"	TBD	INTERIOR BARN DOOR TO BE SELECTED BY OWNER
14	1	5'-4"	8'-0"	TBD	INTERIOR DOUBLE DOOR HIDDEN IN TRIM
15	3	4'-0"	8'-0"	TBD	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
16	2	5'-0"	8'-0"	TBD	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
17	3	3'-0"	8'-0"	TBD	GLASS SHOWER DOOR

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

WINDOW SCHEDULE

SYMBOL	QUANTITY	DESCRIPTION	WIDTH	HEIGHT	UNIT NUMBER	GRILLE	SCREEN	JAMBS
A	2	FIXED	2'-4"	1'-4"	TBD	No		4 9/16"
B	5	OVAL - FIXED	1'-6"	2'-0"	TBD	Yes		4 9/16"
C	1	DOUBLE HUNG	2'-6"	4'-8"	TBD	Yes		4 9/16"
D	2	FIXED	2'-4"	2'-4"	TBD	Yes		4 9/16"
E	6	DOUBLE HUNG	2'-6"	5'-0"	TBD	Yes	Yes	4 9/16"
G	3	CASEMENT	2'-4"	3'-8"	TBD	Yes	Yes	4 9/16"
H	5	DOUBLE HUNG	2'-4"	4'-8"	TBD	Yes	Yes	4 9/16"
J	4	DOUBLE HUNG	2'-4"	5'-2"	TBD	Yes	Yes	4 9/16"
K	16	DOUBLE HUNG	2'-6"	5'-2"	TBD	Yes	Yes	4 9/16"
L	1	CASEMENT	3'-0"	2'-8"	TBD	Yes	Yes	4 9/16"
M	1	DOUBLE HUNG	3'-0"	4'-8"	TBD	Yes		4 9/16"
N	1	FIXED	3'-0"	4'-8"	TBD	No		4 9/16"
O	3	DOUBLE HUNG	3'-0"	5'-2"	TBD	Yes	Yes	4 9/16"
P	2	DOUBLE HUNG	3'-0"	6'-0"	TBD	Yes	Yes	4 9/16"
Q	1	DOUBLE HUNG	3'-0"	8'-8"	TBD	Yes	Yes	4 9/16"
R	2	SLIDER	4'-0"	5'-0"	TBD	No	Yes	4 9/16"
S	2	DOUBLE HUNG	4'-0"	5'-2"	TBD	Yes	Yes	4 9/16"
T	3	FIXED	4'-0"	6'-0"	TBD	No		4 9/16"
U	1	SLIDER	4'-8"	5'-0"	TBD	No	Yes	4 9/16"
V	2	FIXED	5'-0"	4'-8"	TBD	No		4 9/16"

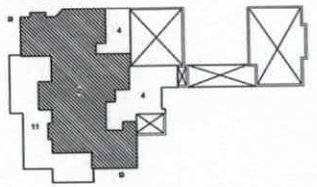
SKYLIGHT SCHEDULE

SYMBOL	QUANTITY	TYPE	UNIT SIZE	UNIT NUMBER	NOTES
W	3	SUN TUNNEL	16" DIA.	TBD	VELUX

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

ESTIMATED SQUARE FOOTAGES & DIAGRAM:

Number	Name	Area
1	FIRST FLOOR LIVING AREA	3487 SF
2	LOWER LEVEL LIVING AREA	2808 SF
3	UPPER LEVEL LIVING AREA	279 SF
TOTAL FINISHED LIVING:		6374 SF
4	UNFINISHED STORAGE / MECH.	595 SF
5	GARAGE 1	716 SF
6	GARAGE 2 - WORKSHOP	660 SF
7	PORTE COCHERE	1774 SF
8	COVERED PORCH LAKESIDE	748 SF
9	COVERED PORCH FRONT ENTRY	146 SF
10	SCREENED PORCH	248 SF
11	COVERED PATIO LOWER LEVEL	1676 SF
TOTAL UNDER ROOF:		12852 SF



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

GENERAL NOTES:

1. ALL EXTERIOR COVERED PATIOS TO HAVE TRAVERTINE FINISH
2. TILE FLOOR THROUGHOUT REC RM, HALL & BATHS. HARDWOOD IN BEDROOMS, CARPET IN CLOSETS & THEATER ROOM, RUBBER FLOOR IN EXERCISE ROOM

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THESE BUILDING, AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLANS.

DESIGNER ASSUMES NO RESPONSIBILITY ONCE ANY PHASE OF CONSTRUCTION OR COMPLETED BUILDING.

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PLANS NOT TO BE REPRODUCED

PIPPIN HOME DESIGNS INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

A | I | B | D
An Association of American Institute of Building Design

A NEW RESIDENCE FOR:
MIKE & KAREN SWEDICK
112 CHATTELO COVE DRIVE
MOORESVILLE, NORTH CAROLINA

Creating where people live

NO	DESCRIPTION	BY

PROJECT #: Project Number
DATE: 3/7/2017
DRAWN BY: CD/PS
DESIGNED BY: JBP

SHEET NO.
4

IREDELL COUNTY

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

APPLICATION NUMBER
213246
Issue Date: 09/01/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626444704.000	112 CHATFIELD COVE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GARRISON KATHRYN L ETAL	Applicant: MICHAEL ATHANAS & ASSO
Address: 112 CHATFIELD COVE DR MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD HOLD ON BUILDING PERMIT FOR FLOOD PLAIN PER KW	RR

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

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	48114	TOTAL FEES:	$ 77.25

Attention: Mohamed

112 Chatfield Cove Dr.

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 6/12/17

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 213246

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☒Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 6/12/17

5a. Well location:

Stone Bridge Luxury Homes

Facility/Owner Name — Facility ID# (if applicable)

112 Chatfield Cove Dr.

Physical Address, City, and Zip

Fredell — 4626444504

County — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same ... abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 40 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☒ Bentonite Chips or Pellets
☒ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

2 Yd Bags Hole plug

1 Bag Sand mix

7g. Provide a brief description of the abandonment procedure:

poured + Hydrated

8. Certification:

Alfred Kiesling Jr — 6-12-17

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following.

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.