IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220865

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

PIN # 4626474833

APPLICANT: Harris Construction Group APPLICANT ADDRESS: 9935-D Rea Road #210 Charlotte, NC 28277

SITE ADDRESS: 117 Birch River Pl Mooresville, NC PHONE: 704 295-0094 ALT. PHONE: 704 295-0094

SITE DIRECTIONS: Brawley School Rd R Mckendree R Kemp R Grove Creek Ln L River Beech Pl ate on

SUBDIVISION: The Farms SECTION: 3 LOT # 403 LOT AREA: 1.038Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank min 1000 (gal) STB 338 Date 12-7-15

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity-25% Reduction PPBPS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

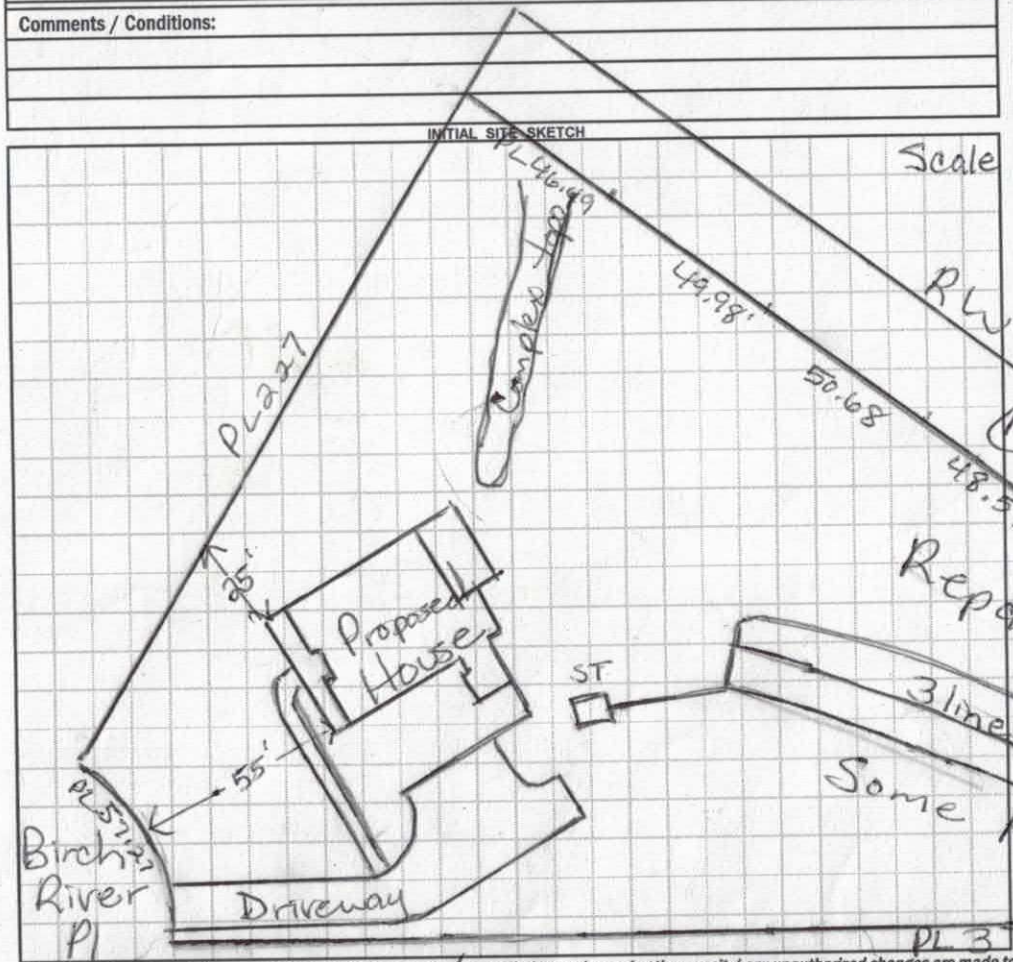
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

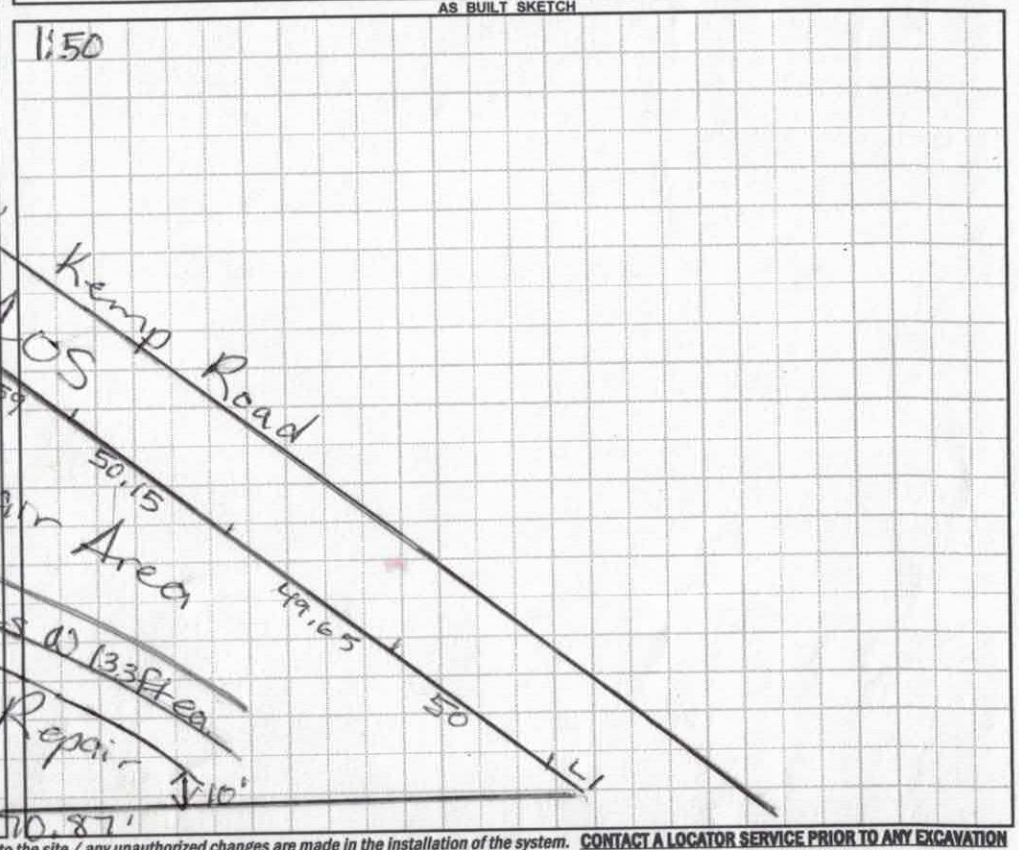
Comments / Conditions: INSTALLED AS SHOWN

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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

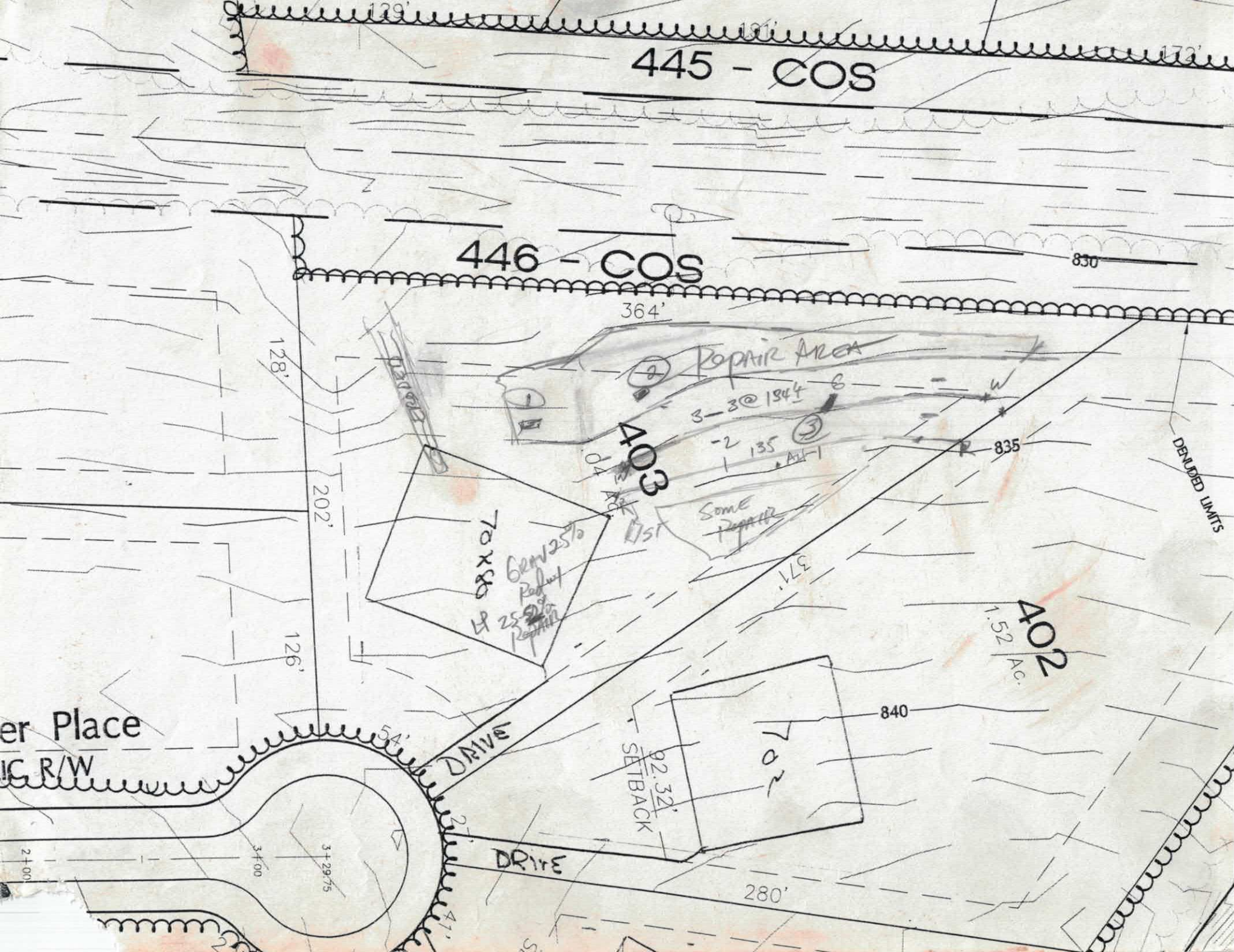
☐ IMPROVEMENT PERMIT with plan valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/24/16 Installed by:

IMPROVEMENT PERMIT by: Maria Dolan RS Date: 9/24/16 OPERATION PERMIT by: Stanley RA Date: 3-20-17

AUTHORIZATION TO CONSTRUCT by: Maria Dolan RS Date: 9/24/16 Existing System Inspected by: Date:

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


445 - COS
446 - COS
364'
128'
202'
126'
54'
DRIVE
DRIVE
280'
403
1.04 AC.
402
1.52 AC.
371'
92.32'
SETBACK
840
835
830
DENUDED LIMITS
REPAIR AREA
3-3@18"
Some Repairs
7ax8
er Place
C R/W

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

Sheet ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms LLC APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 2-7-05
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ___
LOCATION OF SITE: Lot 403 The Farms 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	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	4-5% S/L	0-6	wk sbk brn scl	fr ss sp					.3
		6-38	m-wk sbk RC	fr ss sp sep					
		38-52	wk sbk rd cl	fr ss sp					
2	5% ± S/L	0-7	wk sbk brn scl	fr ss sp					.3
		7-39	m-wk sbk RC	fr ss sp sep					
		39-52	wk sbk Rd Cl	fr ss sp					
3	5% ± S/L	0-8	wk sbk scl	fr ss sp					.3
		8-30	m sbk RC	fr ss sp sep					
		30-48	wk sbk rd cl	fr ss sp					
4	AH-1 5% S/L 9/13/16	0-6	Brn SCL	wSBK SS, SP SEP, FR					.3
		6-48	Rd Cl/L	m-wSBK SS, SP, SEP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	RS	RS
System Type(s)	Conv 25% Red	LPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: [illegible] & Marie Dotson
OTHER(S) PRESENT: Kathleen + Paul of TCJ + Assoc.

COMMENTS: ___

RECEIVED AUG 5 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00 EFT

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

220865

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Harris Coast Group LLC	9935-D Rea Rd Ste 210 Charlotte NC 28227	704-295-0091	704-295-0094
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
GMHS Properties, LLC	9935-D Rea Rd Ste 210 Charlotte, NC 28227	704-295-0054	704-295-0091

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
117 Birch River Place Mooresville, NC 28117	Farms	403

Driving Directions: Brawley School, right on McKendree, left on Camp, left on Grove Creek Lane, left on Birch River Pl

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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: ___ 8/2/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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 for OHMS Properties, LLC, am the legal owner(s) of the property located at 117 Birch River Place, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) ~~4626197665~~ 4626474833, 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)	Date	Signature of Witness	Date
	8/3/16		8/3/2016

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.snez@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:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

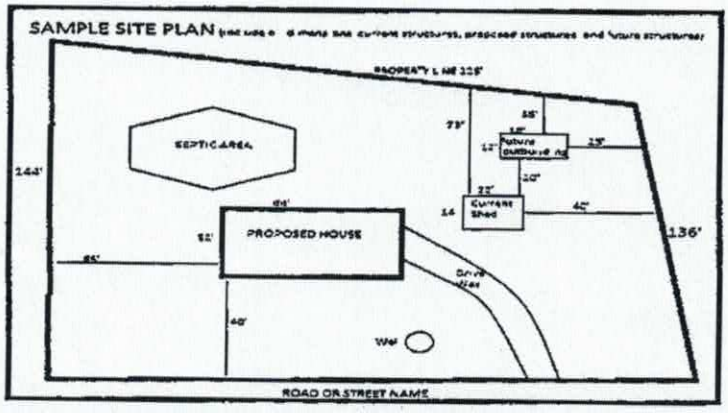
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

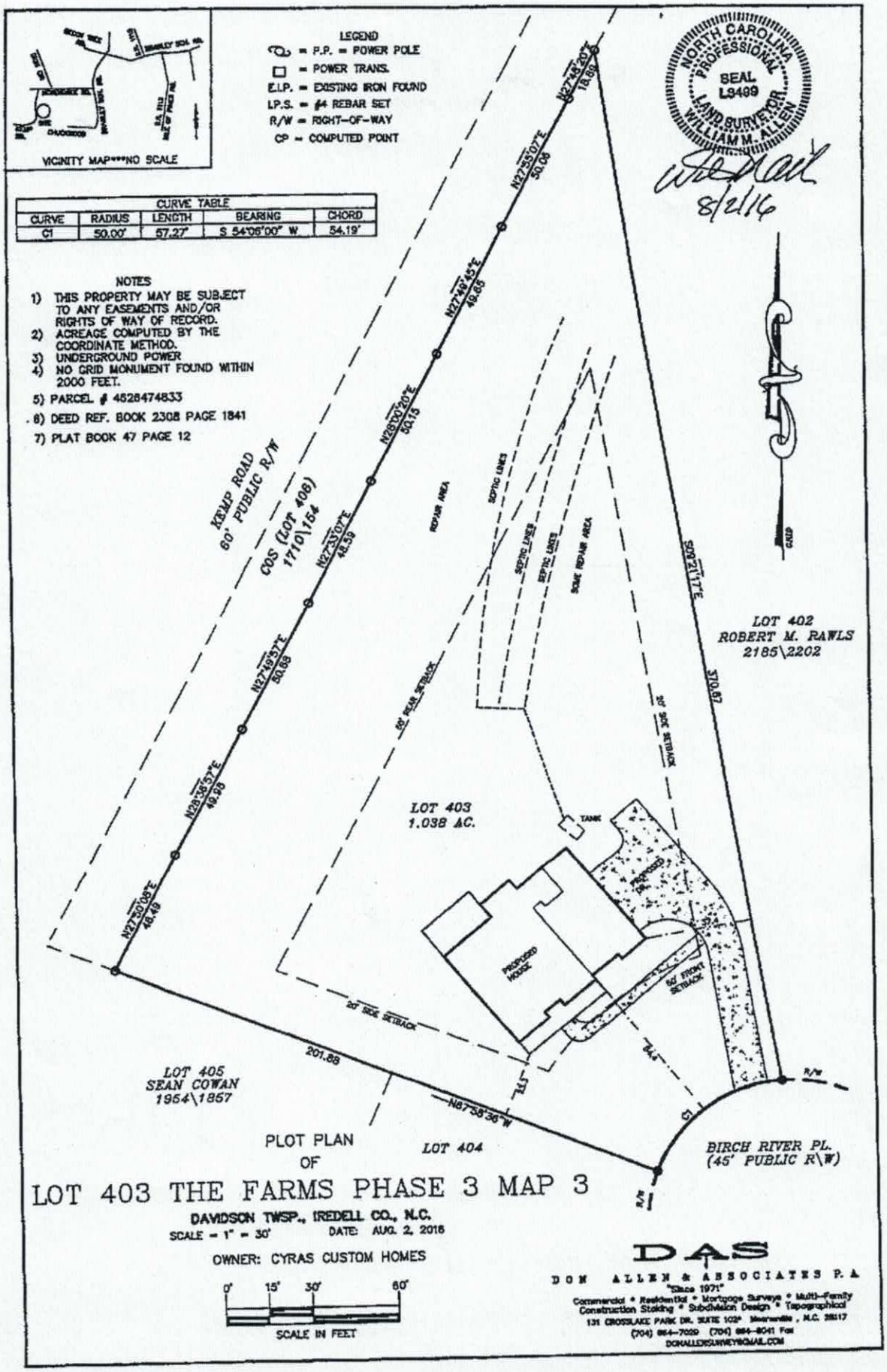
See attached Plotplan

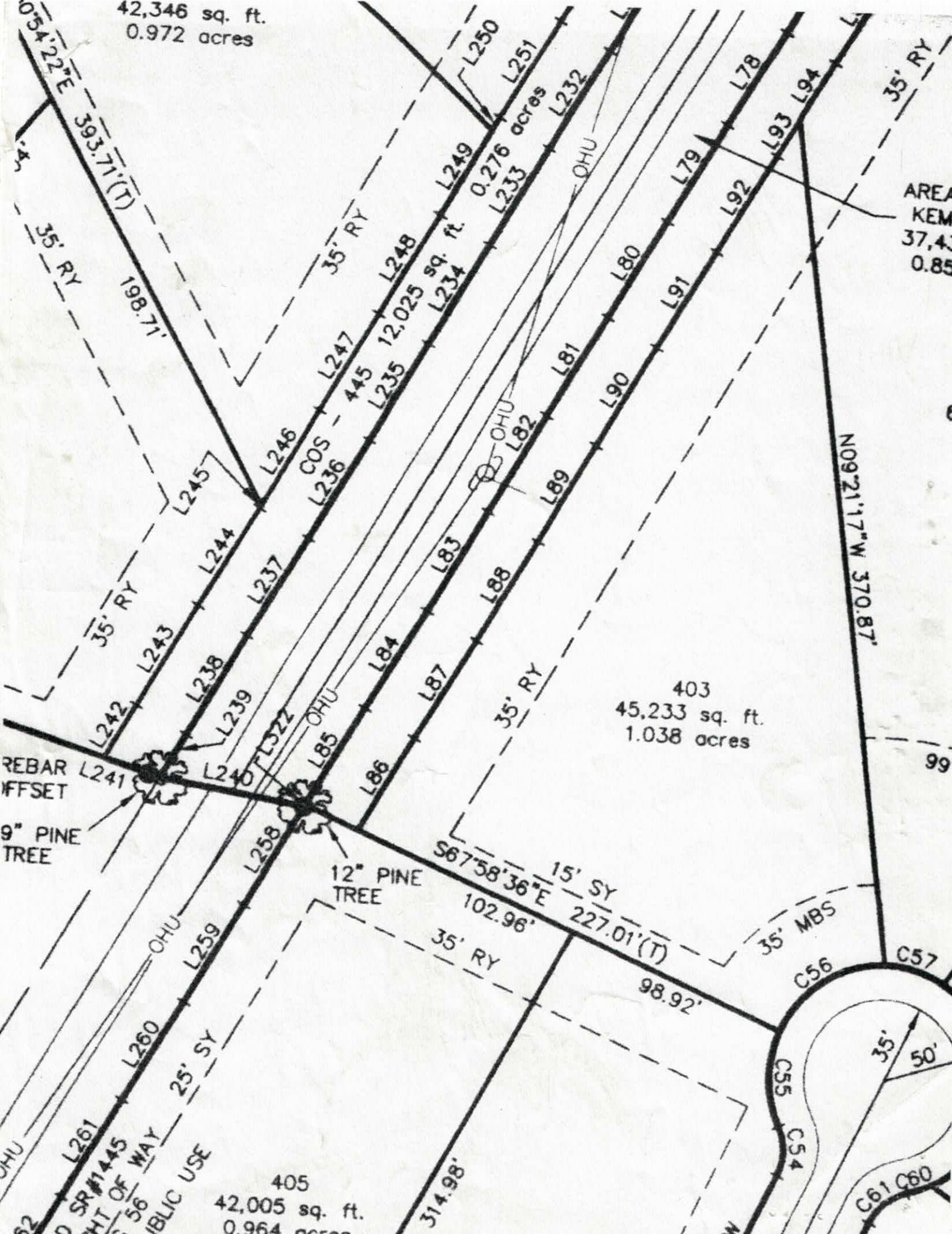
Signature: _____

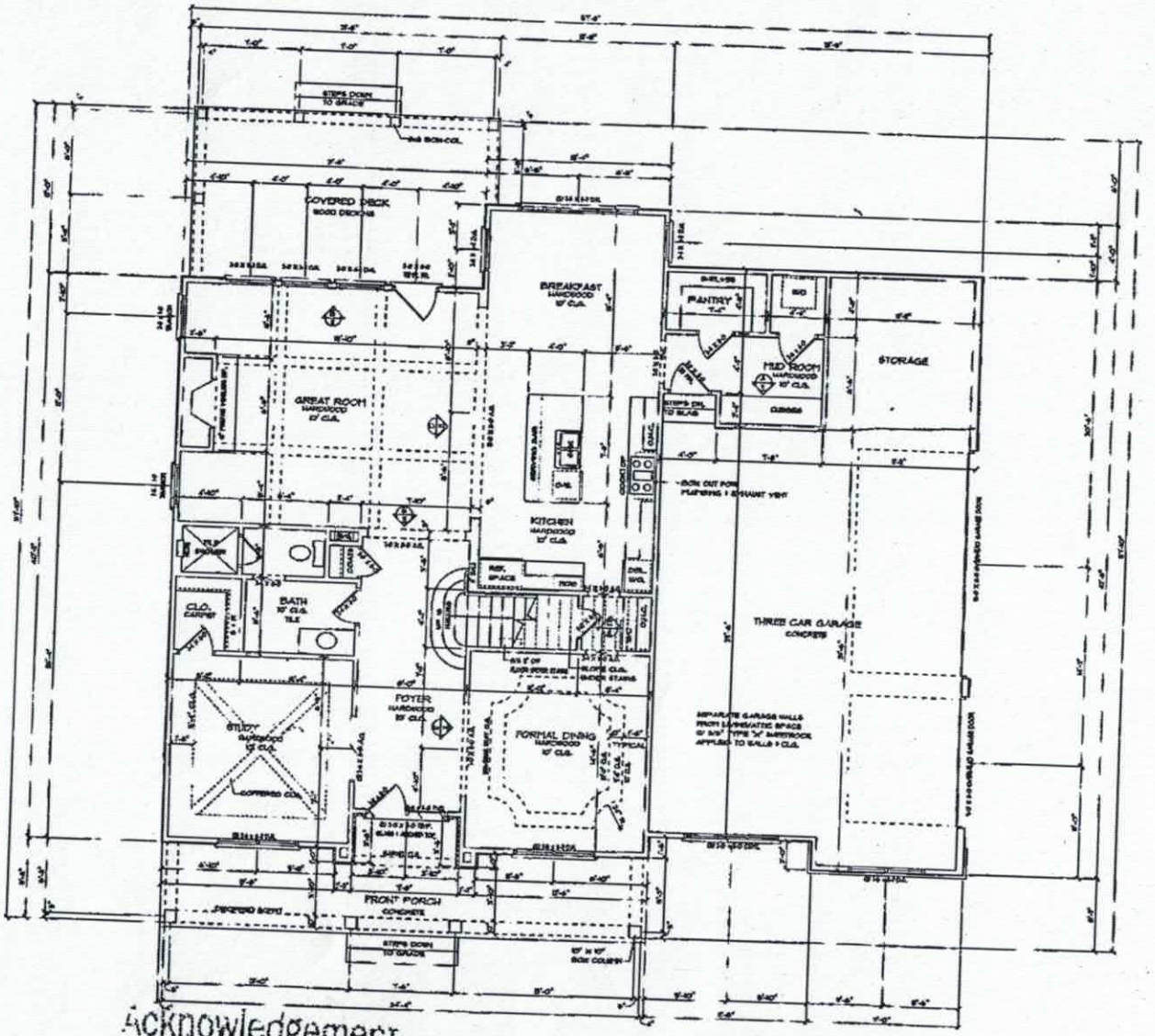
REQUIRED **property owner or owner's legal representative signature.**

8/3/2014

DATE

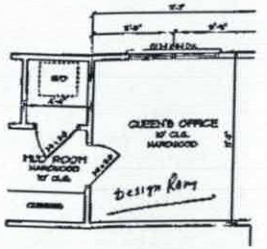

VICINITY MAP***NO SCALE
LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT
NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN
8/2/16
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 50.00' | 57.27' | S 54°05'00" W | 54.19'
NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) PARCEL # 4628474833
6) DEED REF. BOOK 2308 PAGE 1841
7) PLAT BOOK 47 PAGE 12
KEMP ROAD
60' PUBLIC R/W
COS (LOT 408)
1710\154
N27°48'20"E 18.60'
N27°35'07"E 50.08'
N27°49'45"E 49.65'
N28°00'20"E 50.13'
N27°53'07"E 48.53'
N27°49'57"E 50.68'
N28°36'57"E 49.98'
N27°50'08"E 48.49'
REPAIR AREA
SEPTIC LINES
SEPTIC LINES
SOME REPAIR AREA
S09°21'17"E 370.87'
LOT 402
ROBERT M. RAWLS
2185\2202
65' REAR SETBACK
20' SIDE SETBACK
LOT 403
1.038 AC.
TANK
PROPOSED
PROPOSED HOUSE
50' FRONT SETBACK
20' SIDE SETBACK
201.88'
74.4'
LOT 405
SEAN COWAN
1964\1857
N87°58'36"W
C1
R/W
LOT 404
BIRCH RIVER PL.
(45' PUBLIC R\W)
PLOT PLAN
OF
LOT 403 THE FARMS PHASE 3 MAP 3
DAVIDSON TWSP., IREDELL CO., N.C.
SCALE = 1" = 30'
DATE: AUG. 2, 2016
OWNER: CYRAS CUSTOM HOMES
0' 15' 30' 60'
SCALE IN FEET
DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 CROSSLAKE PARK DR. SUITE 102* Mooresville , N.C. 28117
(704) 664-7009 (704) 664-8041 Fax
DONALLENSURVEY@AOL.COM


42,346 sq. ft.
0.972 acres
0°54'22"E 393.71'(T)
198.71'
35' RY
0.276 acres
12,025 sq. ft.
COS - 445
OHU
403
45,233 sq. ft.
1.038 acres
N09°21'17"W 370.87'
REBAR
OFFSET
9" PINE
TREE
12" PINE
TREE
S67°58'36"E 227.01'(T)
102.96'
98.92'
15' SY
35' MBS
25' SY
405
42,005 sq. ft.
0.964 acres
314.98'
SR #1445
RIGHT OF WAY
PUBLIC USE
35'
50'
L78
L79
L80
L81
L82
L83
L84
L85
L86
L87
L88
L89
L90
L91
L92
L93
L94
L232
L233
L234
L235
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L237
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L244
L245
L246
L247
L248
L249
L250
L251
L258
L259
L260
L261
C54
C55
C56
C57
C60
C61



FIRST FLOOR PLAN

Acknowledgement
Plans Submittal ONLY!
Date 8/5/2016
Date 9/24/16



OPTION QUEEN'S ROO

SQUARE FOOTAGE
W/ OPTION QUEEN'S ROOM

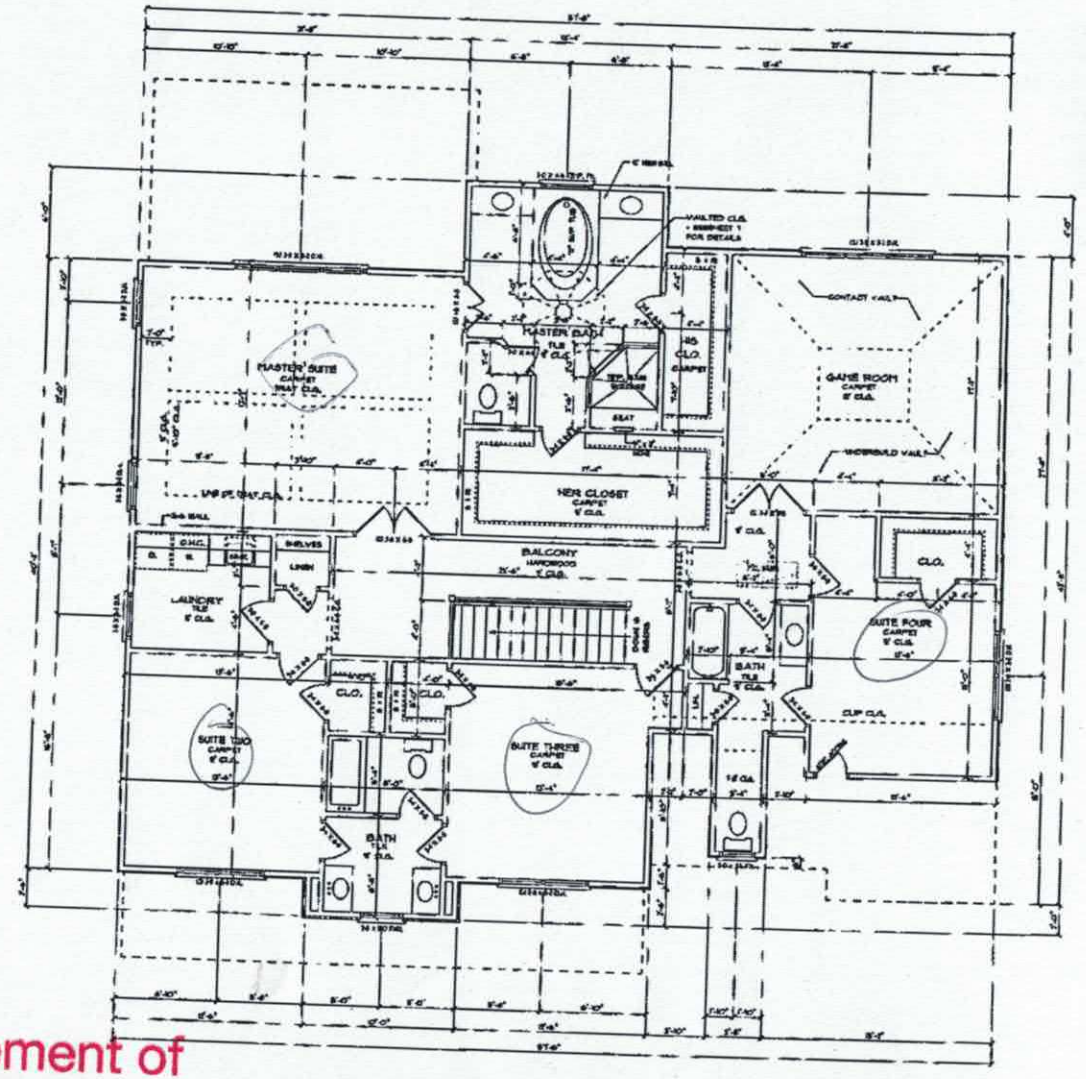
FIRST FLOOR HEATED	17
SECOND FLOOR HEATED	2
GARAGE	/ 6
TOTAL UNDER ROOF	44

DOOR & WINDOW NOTE

SQUARE FOOTAG

FIRST FLOOR HEATED	16
SECOND FLOOR HEATED	2
GARAGE	6
TOTAL UNDER ROOF	44

FIRST FLOOR NOTES



Acknowledgement of
Plans Submittal ONLY!

Date 9/24/16

Date 9/24/2016

SECOND FLOOR NO

SECOND FLOO

IREDELL COUNTY

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

APPLICATION NUMBER
220865
Issue Date: 08/05/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4626474833.000	117 BIRCH RIVER PLACE, MOORESVILLE, NC	IREDELL COUNTY

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

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.038	35.00		25.00	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: 8/5/2016

Permit Number	76782	TOTAL FEES:	$ 77.25