IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # [illegible]

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

PIN # 4626-50-7911 8819

APPLICANT: Melissa Young | APPLICANT ADDRESS: Po Box 1703 Mooresville, NC 28115

SITE ADDRESS: 189 Chuckwood Rd. Mooresville 28117 | PHONE: 704-202-5791 | ALT. PHONE:

SITE DIRECTIONS: BSR TR Chuckwood, on L

SUBDIVISION: Thomas Rocchio Property | SECTION: — | LOT # 1 & 2 | LOT AREA: 1.425 AC | DESIGN FLOW: 480 | L.T.A.R.: 125

Septic Tank 1000 (gal) STB 760 Date 9-4-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft: 480'
Trench Width 36" Max. Trench Bottom Depth 33" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: LP- Panel Block
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: ★ Lots To Be Recorded Before AC ★
★ No Foundation Drain Allowed ★
Recommend pumping septic tank every 3-5 years.

10/18/17 Checked ST & Upper 2 lines
Installed Quick 4

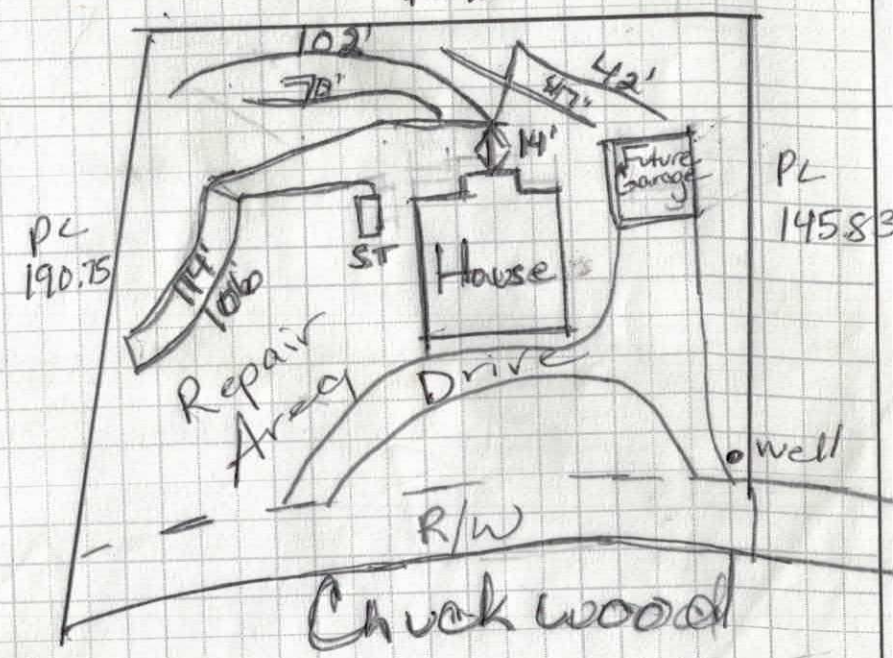
INITIAL SITE SKETCH

See Plan From CS & SC

AS BUILT SKETCH

★ [illegible]" as built drawing

Scale 1:60



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: Melissa Young Date: 2/10/17
IMPROVEMENT PERMIT by: [signature] Date: 1-30-17
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/13/17

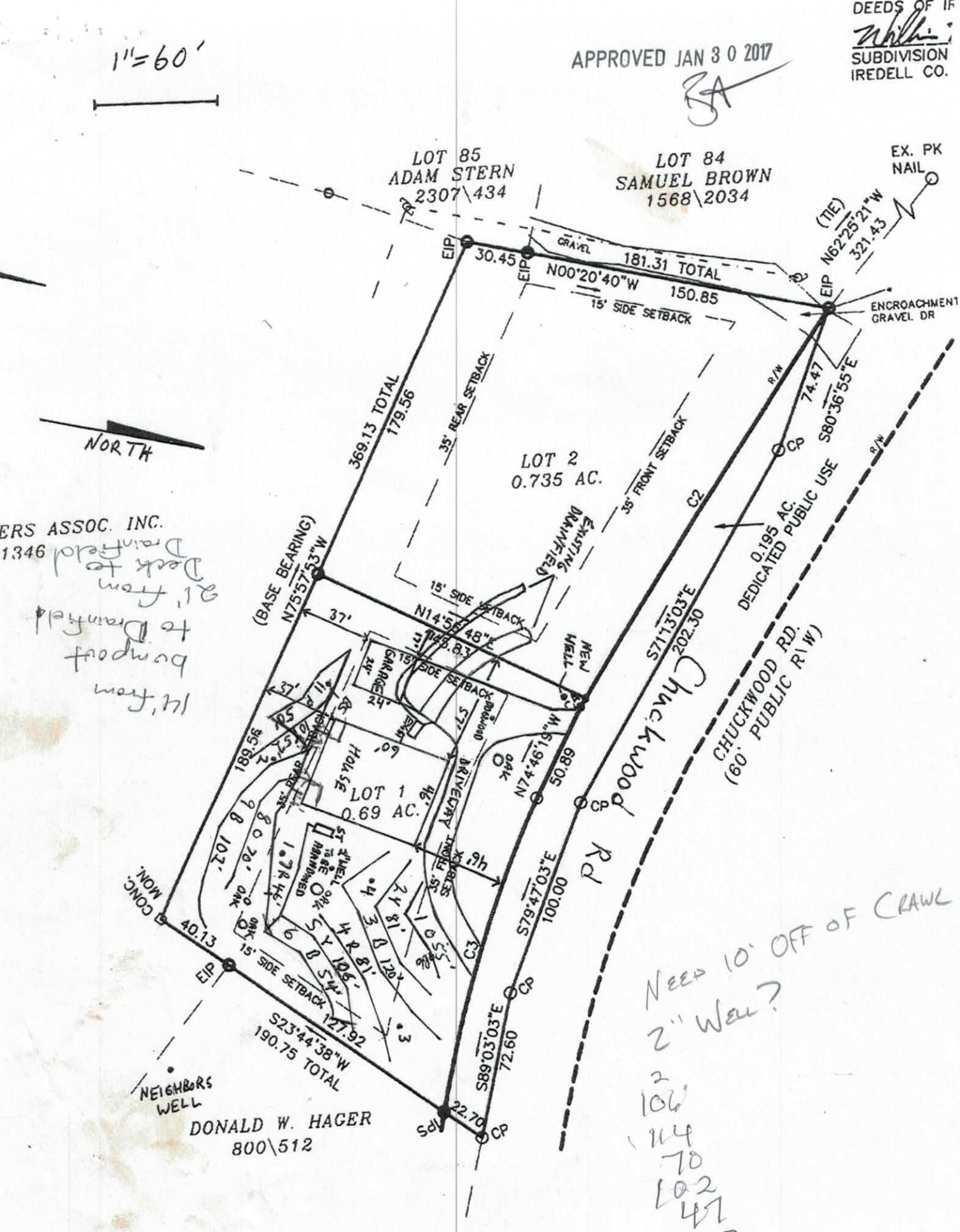
Installed by: David Dotson Date: 10/19/17
OPERATION PERMIT by: [signature] Date:
Existing System Inspected by:

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

1"=60'

APPROVED JAN 3 0 2017

DEEDS OF IR
SUBDIVISION
IREDELL CO.



ERS ASSOC. INC.
1346

NEED 10' OFF OF CRAWL
2" WELL?

2
106
114
70
102
47
42
481

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 4 bedroom single family residence on Lot 1 and 2 of the Thomas R Rocchio Property, 189 Chuckwood Rd in Mooresville, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

January 3, 2017
Project #: 2016-061
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as a LOW PRESSURE PPBPS installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED JAN 3 0 2017

OWNER INFORMATION

Owner: Kenneth Miller
Address:

Buyer Contact: Melissa Young
Email: bugbugandboo@gmail.com
Phone: 704-662-2708
County: Iredell
Location: THOMAS R ROCCHIO PROPERTY, LOT 1 AND 2, 189 CHUCKWOOD RD

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

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 480
Total Lateral Length Required: 480
Trench Depth: 33 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1440

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 9 ft.
Repair Trench Depth: 36 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 3
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 1.08
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	ORANGE	NA	NA	55	55
2	YELLOW	NA	NA	81	81
3	BLUE	NA	NA	120	120
4	RED	NA	NA	81	81
5	***YELLOW***	***NA***	***NA***	***118***	***106***
6	***BLUE***	***NA***	***NA***	***57***	***54***
7	***RED***	***NA***	***NA***	***49***	***46***
8	***ORANGE***	***NA***	***NA***	***71***	***70***
9	***BLUE***	***NA***	***NA***	***110***	***102***
10	***YELLOW***	***NA***	***NA***	***54***	***52***
11	***PINK***	***NA***	***NA***	***52***	***50***
			Total	**848**	**817**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***480***	***ACCEPT.***	***0.250***	***25% RED.***	***GRAVITY***
Repair	337	*MOD.*	0.275	PPBPS	LOW PRESSURE

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

Comments: **Existing 2" well to be properly abandoned (see site plan)**
Existing septic system to be properly abandoned and existing septic tank to be pumped, crushed and backfilled
All large oak trees indicated on site plan to be preserved and not damaged during installation
Maintain a minimum of 5' from all property lines with new septic drainfield
Lots 1 and 2 to be recombined as one lot per original deed dated April 18, 1964
Iredell County has CS&SC's permission to change septic tank location and distribution type

APPROVED JAN 3 0 2017

DOSING CALCULATIONS

Location Thomas R Rocchio Property
Lot No: 1 & 2
Address: 189 Chuckwood Rd

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	3 ft.
Supply Line Volume	1.08 gal.
Required Feet of 25% RED. Line	480 ft.
Amount of Line from Layout	480 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	313.44 gal.

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

Sheet 1 of 1
PROPERTY ID #: 462650791
COUNTY: Iredell

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

APPROVED JAN 3 0 2017

OWNER: Kenneth Miller
APPLICATION DATE 1-6-17
ADDRESS:
DATE EVALUATED:
PROPOSED FACILITY: 3 Bdrm
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: Lot 1 & 2 1.443ac
LOCATION OF SITE: 189 Chuckwood Rd, Lots 1+2 Thomas R Rocchio
PROPERTY RECORDED: Yes + No
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
B 1	LSS 3%	0-6	B SL G-	Fr SS SP SB xP	W/A	48"	N/A	N/A	PS .3
		6-30	R C WFSBL	Fi S P S E xP					
		30-48	R CL WFSBL	Fr SS SP SB xP					
B 2	LSS 5%	0-10	B SL G-SC	Fr SS SP SB xP	N/A few YB, few Y minerals	48"	N/A	N/A	PS .25
		10-33	R C WFABL	Fi S P SE xP					
		33-48	R CL WFSBL	Fr SS SP SE xP					
B 3	LSS 4%	0-4	RB CL WFSBL	Fr SS SP SB xP	N/A few YB around 26"	48"	N/A	N/A	PS .275
		4-26	R C WFABL	Fi S P SB xP					
		26-48	R C WFSBL	Fr SS SP SE xP					
B 4	LSS 4%	0-4	RB CL WFSBL	Fr SS SP SE xP	N/A	48"	N/A	N/A	PS .3
		4-27	R C WFSBL	Fr SS SP SE xP					
		27-48	R CL WFSBL	Fr SS SP SE xP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25% Red.	PUMP 25% Red.
Site LTAR	0.25	0.275

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: CS & SC
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED JAN 3 0 2017

PROPERTY ID #: 4626507911
DATE OF EVALUATION: 12-21-16
COUNTY: Iredell

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
B5	LSS 7%	0-7	BR SCL Gr	Fr SS SP SE xP	N/A	48"	N/A	N/A	PS
		7-18	R C WFSBK	Fr SS SP SE xP					
		18-26	R C WF SBK/MBK	Fi SS SP SE xP	-few YB, few Y min.				0.25
		26-48	R C WF SBK	Fr SS SP SE xP	-few sap				
B6	LSS 5%	0-32	R C WF SBK	Fr SS SP SE xP	N/A	48"	N/A	N/A	PS
		32-48	R CL WF SBK	Fr SS SP SE xP	-few sap				0.3

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

Sheet 1 of 1
PROPERTY ID #: 462650791l
COUNTY: Iredell

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

OWNER: Kenneth Miller
APPLICATION DATE: 10-17-16
ADDRESS:
DATE EVALUATED:
PROPOSED FACILITY: 3 Bdrm
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: Lot 1 & 2 1.443ac
LOCATION OF SITE: 189 Chuckwood Rd, Lots 1+2 Thomas R Rocchio
PROPERTY RECORDED: Yes + No
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	LSS 3%	0-6	B SL G-	Fr SS SP SB xP	N/A	48"	N/A	N/A	PS .3
		6-30	R C WFSBk	Fi S P S Ex P					
		30-48	R Cl WFSBk	Fr SS SP SB xP					
B 2	LSS 5%	0-10	B SL G-Sa	Fr SS SP SB xP	N/A few YB, few YM minerals	48"	N/A	N/A	PS .25
		10-33	R C WFABk	Fi S P SB xP					
		33-48	R Cl WFSBk	Fr SS SP SB xP					
B 3	LSS 4%	0-4	RB Cl WFSBk	Fr SS SP SB xP	N/A few YB around 20"	48"	N/A	N/A	PS .275
		4-26	R C WFABk	Fi S P SB xP					
		26-48	R C WFSBk	Fr SS SP SB xP					
B 4	LSS 4%	0-4	RB Cl WFSBk	Fr SS SP SB xP	N/A	48"	N/A	N/A	PS .3
		4-27	R C WFSBk	Fr SS SP SB xP					
		27-48	R Cl WFSBk	Fr SS SP SB xP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25% Red.	PUMP 25% Red.
Site LTAR	0.25	0.275

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: CS & SC
OTHER(S) PRESENT: None

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

RECEIVED FEB 10 2017

(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)

1. APPLICATION FOR: ___Improvement Permit ✓ **Authorization To Construct** ___ **Existing System Inspection**

****

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

RECEIVED FEB 10 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Julius Smith Young	242 Wood Duck Loop	704662-2708	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Julius Smith Young Melissa Young	242 Wood Duck Loop Mooresville 28117	704-662-2708	704-677-5626

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
189 Chuckwood Rd Mooresville NC 28117		

Driving Directions: Down Brawley School Rd., Rt. onto Chuckwood Rd.

****

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

(✓) 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 ___

(✓) 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 ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Melissa Young
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/10/17
DATE

RECEIVED JAN 1 1 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).

222497

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

Paid $350.00

2. 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 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 #
Melissa Young/CS&SC	PO Box 1703, Mooresville NC 28115		704-202-5791
Kenneth Miller			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
185 Chuckwood	Thomas R Rocchio Property	1 + 2

Driving Directions: Brawley School Rd, TR on Chuckwood, Coton L across from water tower

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

(✓) 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 ___

(✓) 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 ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 1-6-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/10/2016 1:59:29 PM
Fee Amt: $164.00 Page 1 of 6
Revenue Tax: $138.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2457 PG 560 - 565

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $138.00 Consideration: $69,000.00

Parcel Identifier No. 4626508818.000 Verified by _____ County on the ____ day of_____, 2016
By:_____

Mail/Box to: Grantee

This instrument was prepared by: Cornish Law, PLLC, 8936 NorthPointe Executive Park, Ste 185, Huntersville, NC 28078_____

Brief description for the Index:_____

THIS DEED made this 8 day of November 2016, by and between

GRANTOR	GRANTEE
Kenneth Worley Miller, Jr. as Administrator for the Estate of Kenneth Worley Miller, Sr.; Kenneth Worley Miller, Jr., unmarried, William Scott Miller, unmarried, and Jennifer Ailene Miller, unmarried 5120 Bishop Lane Soquel, CA, 95073	Julius Smith Young, III, and wife, Melissa C Young 189 Chuckwood Road Mooresville, NC 28117 Mailing Address: 242 Wood Duck Loop Mooresville, NC, 28117

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mooresville, Iredell County, North Carolina and more particularly described as follows:

See Attached Exhibit A

It is the intent of the parties that Lot 1 and Lot 2 of Plat Book 64, Page 54 be recombined into one tax parcel.
The property hereinabove described was acquired by Grantor by instrument recorded in Book 2424, Page 1674.

All or a portion of the property herein conveyed ___ includes or _X_ does not include the primary residence of a Grantor.

Submitted electronically by "Cornish Law, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

Exhibit A

BEGINNING at an iron pipe at the northeasterly corner of the property of Lot 84 in Map Book 25 Page 74 and runs North 00-20-40 West 150.85 along said Lot 84 to an iron pipe; thence four (4) courses and distances that the contour of Chuckwood Road: (1) from said iron pipe to the beginning of a curve to the left with a radius of 4060.19, an arc length of 228.89 feet and a chord bearing South 68-28-47 East 228.86 feet to an unmarked point on a curve; (2) thence from said unmarked point on a curve to the left with a radius of 4060.19, an arc length of 5.02 feet and a chord bearing South 70-07-49 East 5.02 feet; (3) thence from said unmarked point on a curve South 74-46-19 East 50.89 feet to the beginning of an unmarked point on a curve; (4) thence from said unmarked point on a curve to the left with a radius of 640.37, an arc length of 161.57 feet and a chord bearing South 83-35-39 East 161.14 feet to a #4 rebar; thence from said #4 rebar South 24-44-38 West 127.92 feet to an existing iron pipe; thence from said iron pipe South 24-44-38 West 40.13 to a concrete monument; thence from said concrete monument North 75-57-53 West 369.13 feet along the northwest boundary of Lot 88 in Map Book 32 Page 118 to an iron pipe; thence from said iron pipe North 00-20-40 West 30.35 feet to the point of BEGINNING, and being all of Lots 1 and 2 containing 1.425 acres +- as shown on that Plat Map recorded at Book 64, Page 54 in the Iredell County Register of Deeds.

It is the intent of the parties that Lot 1 and Lot 2 of Plat Book 64, Page 54 be recombined into one tax parcel.

Old parcel #4626508818.000 prior to recording of Plat Map Book 64 Page 54
Lot 1 parcel #4626509816.000
Lot 2 parcel #4626507911.000

SCHEDULE A

Name and Address of Title Insurance Company: Barrister's Title Services
10130 Perimeter Parkway, Suite #140
Charlotte, NC 28216

File Number: R-1611-5.1425-BAR
Address Reference: 189 Chuckwood Road
Mooresville, NC 28117
Amount of Insurance: $ 69,000.00
Date of Policy: November 10, 2016 at 01:59 PM

Policy Number: 2730600-210313115

Premium: $99.53

1. Name of Insured:
   Julius Smith Young, III and Melissa C. Young

2. The estate or interest in the Land that is insured by this policy is:
   Fee Simple

3. Title is vested in:
   Julius Smith Young, III and wife, Melissa C. Young

4. The Land referred to in this policy is described as follows:

BEGINNING at an iron pipe at the northeasterly corner of the property of Lot 84 in Map Book 25 Page 74 and runs North 00-20-40 West 150.85 along said Lot 84 to an iron pipe; thence four (4) courses and distances that the contour of Chuckwood Road: (1) from said iron pipe to the beginning of a curve to the left with a radius of 4060.19, an arc length of 228.89 feet and a chord bearing South 68-28-47 East 228.86 feet to an unmarked point on a curve; (2) thence from said unmarked point on a curve to the left with a radius of 4060.19, an arc length of 5.02 feet and a chord bearing South 70-07-49 East 5.02 feet; (3) thence from said unmarked point on a curve South 74-46-19 East 50.89 feet to the beginning of an unmarked point on a curve; (4) thence from said unmarked point on a curve to the left with a radius of 640.37, an arc length of 161.57 feet and a chord bearing South 83-35-39 East 161.14 feet to a #4 rebar; thence from said #4 rebar South 24-44-38 West 127.92 feet to an existing iron pipe; thence from said iron pipe South 24-44-38 West 40.13 to a concrete monument; thence from said concrete monument North 75-57-53 West 369.13 feet along the northwest boundary of Lot 88 in Map Book 32 Page 118 to an iron pipe; thence from said iron pipe North 00-20-40 West 30.35 feet to the point of BEGINNING, and being all of Lots 1 and 2 containing 1.425 acres +- as shown on that Plat Map recorded at Book 64, Page 54 in the Iredell County Register of Deeds.

Fidelity National Title Insurance Company

By: Kate Foshee

Countersigned by: Kate Foshee, Authorized Signatory
(Ph: 704-799-6441)

Barrister's Title Services
OF THE CAROLINAS, LLC

RECEIVED OCT 17 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 $350.00

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

#222497

2. 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 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 #
Melissa Young/CS&SC	PO Box 1703, Mooresville NC 28115		704-202-5791
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Kenneth Miller			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
185 Chuckwood	Thomas R Rocchio Property	1 & 2

Driving Directions: Brawley Sch Rd, TR on Chuckwood, Coton L across from water tower

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

- (✓) 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 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- (✓) 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 ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 10-16-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

dotloop signature verification: www.dotloop.com/my/verification/DL-195834402-3-2FA2
DocuSign Envelope ID: AF4DF9DE-E793-4E43-BE25-9ABF35B89217

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, Kenneth W. Miller, am the legal owner of the property located at 189 Chuckwood Road, Mooresville, NC 28115, identified as PIN(Parcel Identification Number) 4626-50-8818, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Adrian Pruett with Carolina Soil & Septic Consulting, PLLC _____, _____, _____, 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.

Kenneth W Miller dotloop verified 10/11/16 1:34PM EDT E0RX-I9AA-CTXL-MIF4

Signature of Owner _____ Date _____

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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Future 4th Bedroom



FIRST FLOOR PLAN

SQUARE FOOTAGE TABLE	
FIRST FL. LIVING:	1,546 s.f.
SECOND FL. LIVING:	990 s.f.
TOTAL LIVING:	2536 s.f.
COVERED FRONT PORCH:	364 s.f.
COVERED REAR PORCH:	62 s.f.
UNFINISHED STORAGE	85 s.f.

Acknowledgement of Plans Submittal ONLY!

Melissa Clyburn Date 2/10/17

Sam Rhodes Date 2/13/17

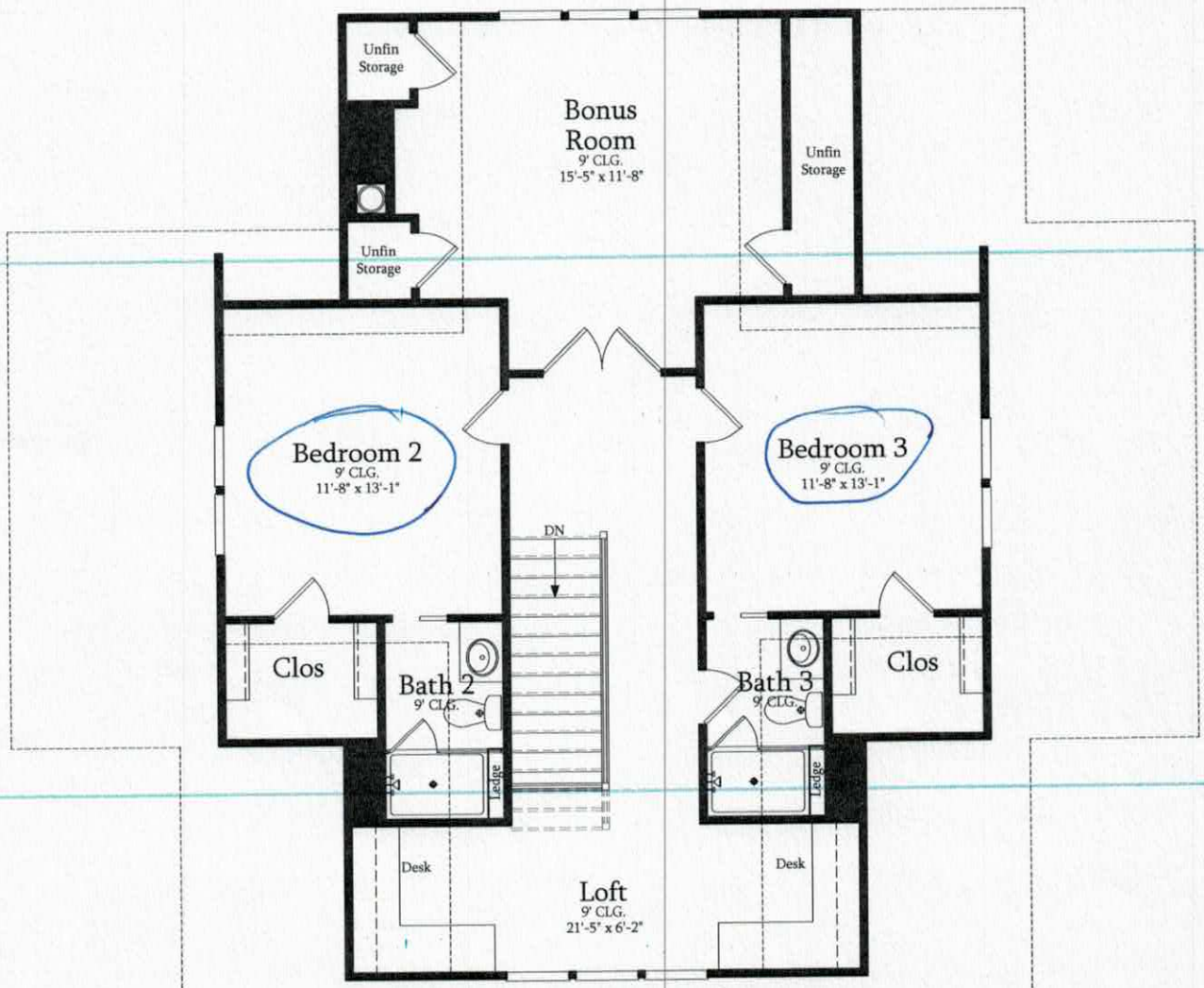
CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 38162
Charlotte, NC. 28278
P 704.201.8489 P 919.630.6919
F 704.761.6442

Young Residence
Address Street
City, State Zip

First Floor Plan

revisions:	
date:	drawn by:
job no.	16-625
designed by:	CBG
drawn by:	CBG
date:	01-09-17

sheet: M-1



Acknowledgement of Plans Submittal ONLY!

Melissa Young Date 2/10/17

Tom Shiloh Date 2/13/17

SECOND FLOOR PLAN

SQUARE FOOTAGE TABLE	
FIRST FL. LIVING:	1,546 s.f.
SECOND FL. LIVING:	990 s.f.
TOTAL LIVING:	2536 s.f.
COVERED FRONT PORCH:	364 s.f.
COVERED REAR PORCH:	62 s.f.
UNFINISHED STORAGE	85 s.f.

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 38162
Charlotte, NC. 28278
P 704.201.8489 P 919.630.6919
F 704.761.6442

Young Residence
Address Street
City, State Zip

Second Floor Plan

revisions:	
date:	drawn by:
job no:	18-625
designed by:	CBG
drawn by:	CBG
date:	01-09-17

sheet: M-2

IREDELL COUNTY

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

APPLICATION NUMBER
222497
Issue Date: 10/14/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4626508818.000	189 CHUCKWOOD ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: BURRIS SARAH T Address: 131 LAKEFRONT DR MOORESVILLE, NC 28117 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount: Amount: Amount: Amount: Amount: Amount: Amount:	350.00

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 10/14/2016

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	83187	TOTAL FEES:	$ 350.00