IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3925

PERMIT # 238159

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

PIN # 4626585066

APPLICANT/OWNER: Cyrus Custom Homes | APPLICANT ADDRESS: 4436-B South Blvd Charlotte, NC 28209

SITE ADDRESS: 112 Bells Run Ct Mooresville, NC 28117 | PHONE: 704 295-0094 | ALT. PHONE 704 202-3797

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper TR Cherry Tree TL Bells Run | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: The Farms | SECTION: 5 | LOT # 582 | LOT AREA: 1.387 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

P.T.S w/SA 10Ft to well

Septic Tank * min 1000 (gal)	STB 330/500	Date 9-2-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 27	Date 6-18-19	System Description: Pump-PM-25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make WEG3/2HP	Model Quick 4 Plus	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 25"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * See HOA requirements for Septic tank. Note: Relocate Stormwater ditch to 25ft from drain lines

5/13/19 Reviewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See attached, approved Septic Plan by Carolina Soil & Septic Consulting (submitted 3/8/19)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	9/5	10-7
Tanks Checked	9/5	10-7
Pressure Manifold or Valve Box Checked	9/5	10-7
Pressure Head Set	9/3	10-7
Electrical Checked	9/5	11-4
Floats Set	9/3	10-7
Alarm Checked	9/5	10-7
Maintenance Contract Y / N		
Comments:		

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: [signature] Date: 5/2/2019 Installed by: Carolos (Lago Vista LLC)

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/30/19 OPERATION PERMIT by: [signature] Date: 11-4-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/13/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day [illegible] spection is needed. Be sure to speak with an inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238159

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

PIN # 4626585066

APPLICANT/OWNER: Cyras Custom Homes APPLICANT ADDRESS: 4436-B South Blvd Charlotte, NC 28209

SITE ADDRESS: 112 Bells Run Ct Mooresville, NC 28117 PHONE: 704 295-0094 ALT. PHONE 704 202-3797

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper TR Cherry Tree TL Bells Run SAP CONTROLLED: ☒ YES ☐ NO P.I.S w/SAP 100ft to well

SUBDIVISION: The Farms SECTION: LOT # 582 LOT AREA: 1.387 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank * min 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 400'

Trench Width 36" Trench Bottom Depth(Low side) 25" Gravel Depth N/A

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

System Description: Pump-PM-25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: * See HOA requirements for Septic tank
Note: Relocate Stormwater ditch to 25ft from drain lines

5/13/19 Reviewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See attached, approved Septic Plan by Carolina Soil & Septic Consulting (submitted 3/18/19)

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

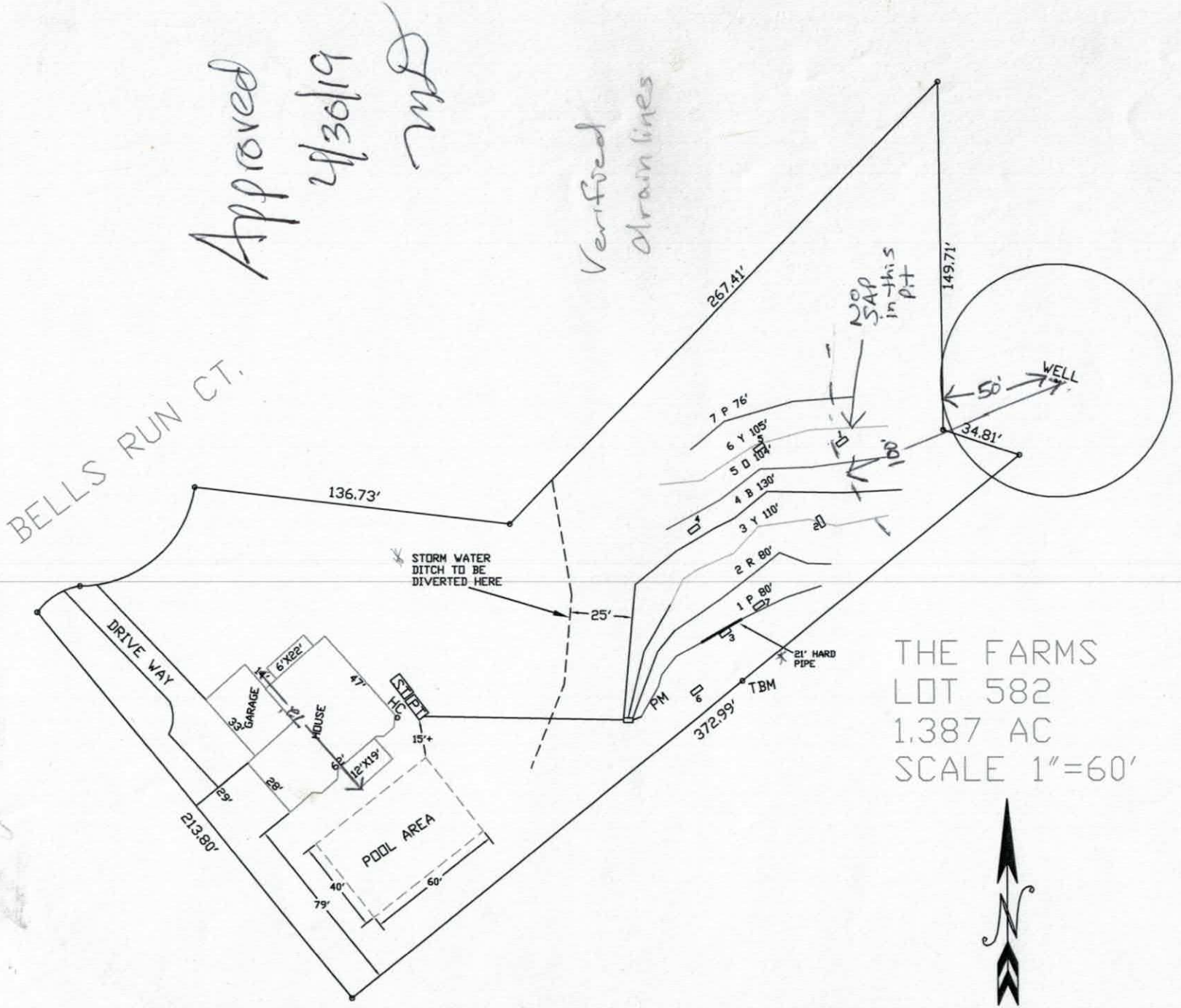
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/2/2019 Installed by: Date:

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/30/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/1.3/19 Existing System Inspected by: Date:

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


Approved
4/30/19
Verified drain lines
BELLS RUN CT.
267.41'
149.71'
120 SAP in this pit
WELL
50'
34.81'
7 P 76'
6 Y 105'
5 D 104'
4 B 130'
3 Y 110'
2 R 80'
1 P 80'
136.73'
STORM WATER DITCH TO BE DIVERTED HERE
25'
DRIVE WAY
6'X22'
GARAGE
33'
HOUSE
47'
STEPS
HC
15'+
6'
12'X19'
28'
29'
213.80'
POOL AREA
40'
60'
79'
PM
TBM
372.99'
21" HARD PIPE
THE FARMS
LOT 582
1.387 AC
SCALE 1"=60'
N

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Kappa Properties LLC.
Address:	4436-B South Blvd. Charlotte, NC 28209
Phone:	704-634-1263
County:	Iredell
Location:	THE FARMS LOT 582
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	400
Total Lateral Length Required:	400
Trench Depth:	25 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1200
Repair Trench Spacing:	8 ft. on center
Repair Trench Depth:	24 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	103
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	17.92
Dosing Volume:	182.84
Pump Tank Draw Down:	8.7
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	3.03
Elevation Head:	1.30
Total Dynamic Head:	7.71
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

Approved
4/30/19

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Approved 4/30/19 MD

THE FARMS LOT 582
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME

March 18, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				4.50	100.00		
INSTR. 1			100.00				
HOUSE				3.00	97.00		
TANK				3.90	96.10		
1	***PINK***			***7.60***	***92.40***	***113***	***80***
2	***RED***			***9.40***	***90.60***	***97***	***80***
3	***YELLOW***			***11.20***	***88.80***	***113***	***110***
4	***BLUE***			***12.60***	***87.40***	***130***	***130***
5	ORANGE			13.90	86.10	104	104
6	YELLOW			14.70	85.30	105	105
7	PINK			16.10	83.90	76	76
					Total	**738**	**685**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	285	MOD.	0.300	PPBPS	LOW PRESSURE

Notes:
** TBM located at an iron directly above line 1 (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: Hard pipe 20' across pit 3.
Relocate storm water ditch to 25' from drain lines as shown on site plan.
Iredell County has permission from CS&SC to change tank and distribution device locations.

Approved 4/30/19

PRESSURE MANIFOLD TAPSHEET - THE FARMS LOT 582

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1	*PINK*	*104.50*	*80*	SCH 40 1/2	**7.11**	35.31	240	0.15
2	*RED*	*102.40*	*80*	SCH 40 1/2	**7.11**	35.31	240	0.15
3	*YELLOW*	*101.10*	*110*	SCH 80 3/4	**10.1**	50.15	330	0.15
4	BLUE	*99.30*	130	SCH 40 3/4	**12.5**	62.07	390	0.16
	total	feet =	400	gal/min =	36.82			
			Des. Flow	480				
			Pump Run=	4.97				
			LTAR	0.300				

Some lines flagged longer in the field, shorten to lengths shown here.

CALCULATIONS

Location THE FARMS

Lot No: 582

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	103	ft.
Supply Line Volume	17.922	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	36.82	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	261.2	gal.
Dosing Volume	182.84	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	8.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.97	minutes
Elevation Head	1.3	ft.
Pressure Head	2	ft.
Friction Factor	3.03	ft./100 ft. *(From the interpolater.)*
Friction Head	3.12	ft.
Total Dynamic Head (+20%)	7.71	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Approved Sheet

PROP. ID #: 4626585066

COUNTY: IREDELL

4/30/19

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

OWNER: CYRAS CUSTOM HOMES

ADDRESS: 4436-B SOUTH BLVD., CHARLOTTE, N.C. 28209

PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949):

LOCATION OF SITE: 112 BELLS RUN CT.

APPLICATION DATE:

DATE EVALUATED: 3/12/2019

PROPERTY SIZE: 1.387

PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
P1	LS 8%	0-6	BR SCL WSBK	VFR SS SP SEXI	N/A	64"	COM INC 35-64"	N/A	0.3
		6-35	R C MABK	FR S SP SEXP					
		35-64	R CL WABK/SBK	FR SS SP SEXP					
P2	LS 9%	0-6	BR SCL WSBK	FR SS SP SEXP	N/A	70"	COM INC 37-70	N/A	0.3
		6-37	R C MABK	FI S SP SEXP					
		37-70	R CL WSBK	FR SS SP SEXP					
P3	LS 10%	0-5	BR SCL WSBK	VFR SS SP SEXI	N/A	ROCK 12"	NW WALL IS >50% WR BUT PIT IS <50% ROCK	12"	UN
		5-23	R C MABK	FI S SP SEXP					
		23-36	R CL WSBK	FR SS SP SEXP					
		36-53	LSAP M	VFR SS SP SEXI					
P4	LS 11%	0-4	BR SCL WSBK	VFR SS SP SEXI	N/A	39"	S	N/A	0.35
		4-24	R C MABK	FI S SP SEXP					
		24-39	R CL WSBK	FR SS SP SEXP					
		39-68	LSSAP M	VFR SS SP SEXI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948):	PS
			EVALUATED BY:	BEN ALDRIDGE
SYSTEM TYPE(S)	PM 25% REDUCTION	LP PPBPS	OTHER(S) PRESENT	JACOB CONRAD DAVID BEANE
SITE LTAR	0.3	0.3		
COMMENTS				

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #:

COUNTY:

Approved 4/30/19 mD

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
P5	LS 10%	0-6	BR SCL WSBK	VFR SS SP SEXP	N/A	52"	S	N/A	0.325
		6-31	R C MABK	FI S SP SEXP					
		31-52	R CL WSBK	FR SS SP SEXP					
		52-74	LSAP M	VFR SS SP SEXI					
P6 NW WALL	LS 10%	0-6	BR SCL WSBK	VFR SS SP SEXI	N/A	57"	FEW WR INC 48-57	N/A	0.3
		6-28	R C MABK	FI S SP SEXP					
		28-57	R CL WSBK	FR SS SP SEXP					
P6 SE WALL	LS 10%	0-5	BR SCL WSBK	VFR SS SP SEXI	N/A	58"	WR INC 0-58 <50% OF PIT	N/A	0.3
		5-29	R C MABK	FI S SP SEXP					
		29-42	R CL WSBK	FR SS SP SEXP					
		42-58	LSAP M	VFR SS SP SEXI					
P7	LS 9%	0-6	SCL WSBK	VFR SS SP SEXI	QUARTZ VEIN 15-22	48"	S	N/A	0.3
		6-23	R C MSBK	FI S SP SEXP					
		23-48	R CL WSBK	FR SS SP SEXP					
		48-68	LSAP M	VFR SS SP SEXI					
COMMENTS									

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Farms Phase V
ADDRESS: ___
APPLICATION DATE ___
DATE EVALUATED: 5/11/06
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: ___
LOCATION OF SITE: Lot 582
PROPERTY RECORDED: ___

WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other ___

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	
1	L	0-23	Mo SBK C	FR SS/SP	Red				
		23-55	WK SBK CL	FR SS/SP	Lt Red;	spots of WR		30"+	0.25
AB 2	L	0-32	Mo SBK C/CL	FR SS/SP	Red		F sap		
		32-48	MA L SAP	FR SS/SP	Yel Red				0.3
3	11-29-06	0-4	gr brn sdl	fr sss sp					
		4-10	wk sbk redn cl	fr sss sp					
		10-36	m f mk red	fr ss sp so sp					.3
		36-53	wk f sbk red	fr ss sp fel/mel sap					
4	13 70	0-5	wk sbk sdl	fr sss sp					
		5-23	wk m f sbk red	fr ss sp sl sp					
		23-30	wk sbk red	fr sss sp fel/com mn/in sap					.3

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

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

COMMENTS: ___

ER Comp Redraw

238159

EFT

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

$350

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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CYRAS CUSTOM HOMES/CS&SC Address: 4436-B SOUTH BLVD. CHARLOTTE, NC Zip: 28209

Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5792 Alt. Phone: _____

Owner Name: CYRAS CUSTOM HOMES Address: 4436-B SOUTH BLVD. CHARLOTTE, NC Zip: 28209

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

Property Information:

Street Address: 112 BELLS RUN CT. MOORESVILLE, NC 28117

Subdivision Name: THE FARMS Section/Phase: P5 M2 Lot Number: 582

Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE, TR GRASSHOPPER, TR CHERRY TREE, TL BELLS RUN, ON R

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: 4
Maximum Number of Occupants: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) 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 (X) 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: BA Oli _____ 3-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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

3. **Applicant Information:**

The Farms, LLC (Applicant Name) | 2214 Brawley School Rd, Mooresville, NC 28117 (Mailing Address) | (Home Phone) | (Work Phone)

Crescent Resources, Inc (Owner Name) | PO Box 1003 Charlotte, NC 28201 (Mailing Address) | (Home Phone) | 704-942-1250 (Kathleen, SAME) (Work Phone)

4. **Property Information:**

(Street Address) | The Farms (Subdivision Name) | Phase 5, Lot 582 (Section/Phase and Lot Number)

Driving Directions: Brawley School Rd, R McKendree, R Grasshopper, R Cherry Tree Dr (new), L Bells Run Ct (new) on Right

****

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

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/28/06
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, [signature], am the legal owner(s) of the property located at 112 Bells Run Court Mooresville NC, identified as PIN (Parcel Identification Number) 4626585066, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett Carolina Soil and Septic Consultants, 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] 7/2/2018
Signature of Owner(s) Date

[signature] 7/2/2018
Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY

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

APPLICATION NUMBER
238159
Issue Date: 08/20/2018

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4626585066.000	112 BELLS RUN COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARRIS CONSTRUCTION GROUP LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 9935-D REA ROAD #210	Address: 162 WEST B ST
CHARLOTTE, NC 28277	KANNAPOLIS, NC 28081
Phone: 704-295-0094	Phone: 704-202-5791

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.387	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID

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	149410	TOTAL FEES:	$ 77.25