HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP302808

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

PIN # 4626 58 9372

APPLICANT/OWNER: Cobble Creek Homes APPLICANT ADDRESS: 1658 Maggie St Catawba NC 28609

SITE ADDRESS: 160 Wickford Ln Mooresville NC 28117 PHONE: 704-369-9856 ALT. PHONE

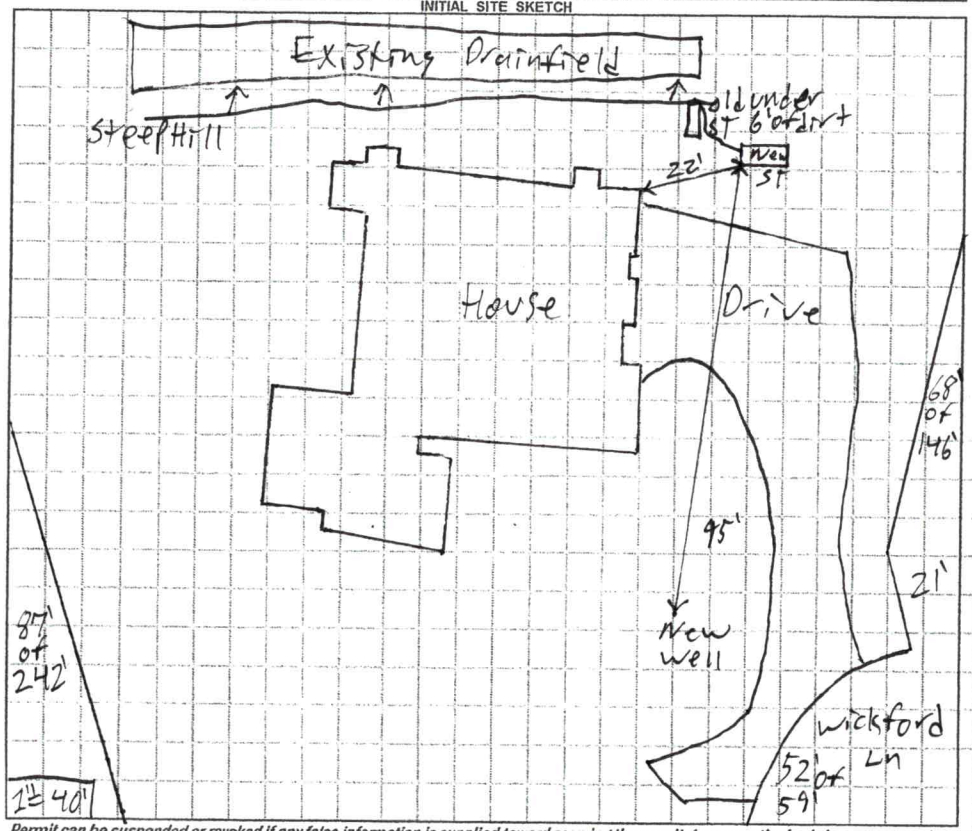
SITE DIRECTIONS: Brawley School Rd to R on Mckendree Rd, R on Mill house Rd, L on Wickford Ln, Lot at end SAP CONTROLLED: [X] YES [X] NO

SUBDIVISION: C Land T SECTION: 8 LOT # 1573 LOT AREA: 1.18 acres DESIGN FLOW: 360GPD L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	1020	Date	11/10/2020	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	New Tank			[ ] Business	No. Persons	6	[X] Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	Existing			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	—	# Lines	—	Linear Ft:	—		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	EXIST	Trench Bottom Depth(Low side)					Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: The tank for this permit has already been installed the purpouse of this permit is to show it's new Location

INITIAL SITE SKETCH



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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: Steve S

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 3/11/2021 OPERATION PERMIT by: Patrick J Bagley III Date: 3/11/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 3/11/2021 Existing System Inspected by: Date:

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

ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 302808

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

PIN # 4626589372

APPLICANT/OWNER: Cobble Creek Homes APPLICANT ADDRESS: 1658 Maggie St Catawba NC 28609

SITE ADDRESS: 160 Wickford Ln Mooresville, NC PHONE: 704 369-9856 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Millhouse TL Wickford @ end SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: CLT SECTION: 8 LOT # 1573 LOT AREA: .75 Acre DESIGN FLOW: 360gpd L.T.A.R.: Exist.

Septic Tank	Exist (gal)	STB PL 241.49	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Exist Gravity-Conventional				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Trench Bottom Depth (Low Side)		Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Note: Sewage flow & Characteristics are the same

Previous permit showed 50ft to lake, survey shows 50' to lake. Non Compliance

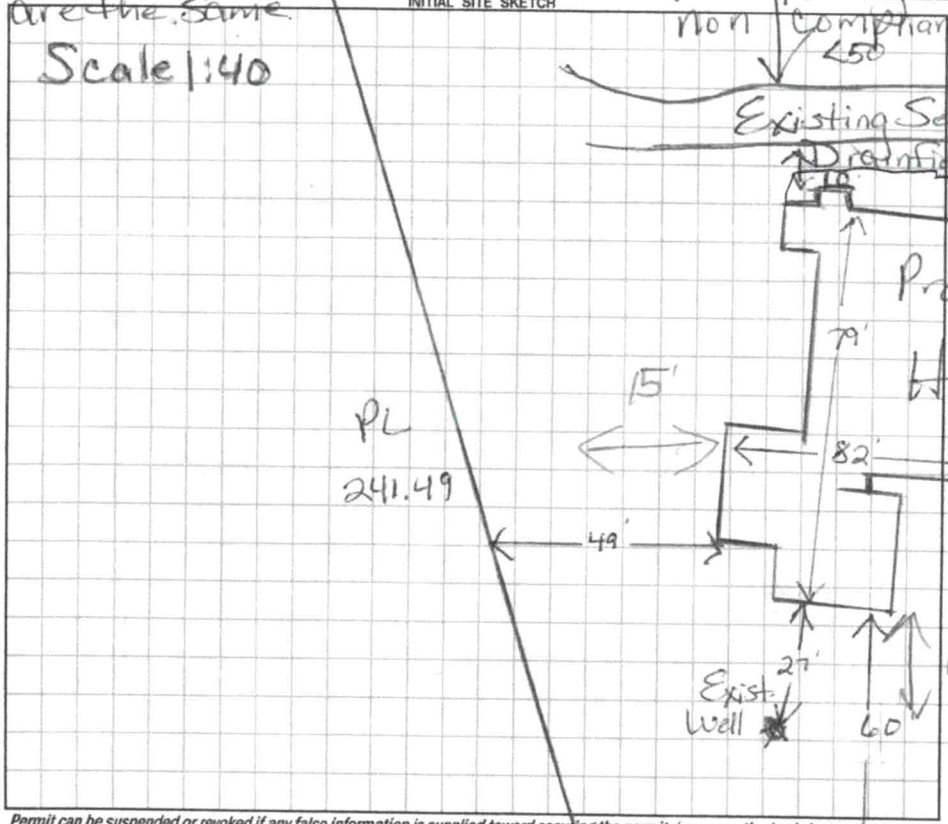
PL 14557

Existing Septic System appears to be functioning ok at time of inspection. Must keep basement above Septic & minimum 10ft setback

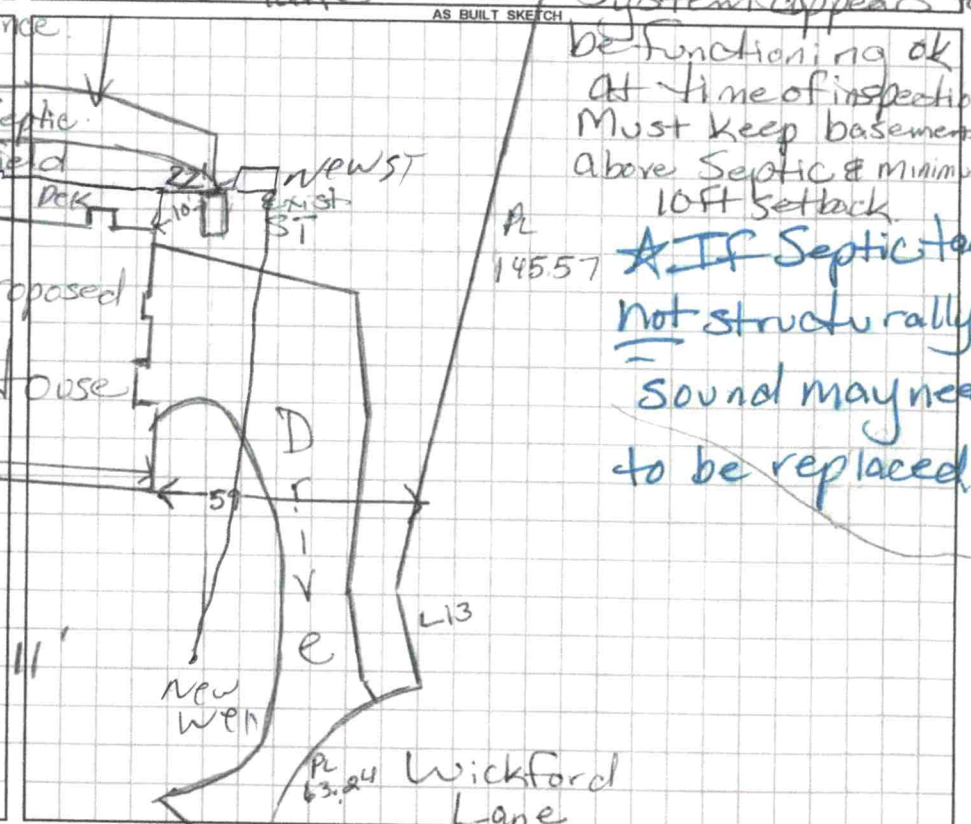
★ If Septic ten. not structurally sound may need to be replaced

INITIAL SITE SKETCH

Scale 1:40



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: [signature] 12/19/19 Date: Installed by: Septic System installed 9-18-86

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 12/19/19

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

RECEIVED MAR 10 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-302808 $150.00

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: Cobble Creek Homes **Address:** _____ **Zip:** _____

Applicant Email: Shaun **Phone:** 7043699856 **Alt. Phone:** _____

Owner Name: Steve **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 160 Wicklow Wickford Ln

Subdivision Name: CCHT **Section/Phase:** 8 **Lot Number:** 1573

Driving Directions: _____

****

Site Development Information: ***(check or complete ALL that apply***

CHECK FOUNDATION TYPE

( ) New Single Family Residence — **Maximum Number of Bedrooms:** 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — **Maximum Number of Occupants:** 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines **Describe Problem:** cracked

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.

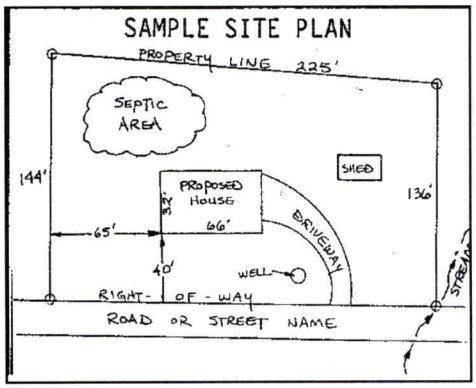
Signature: _____ 3-10-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

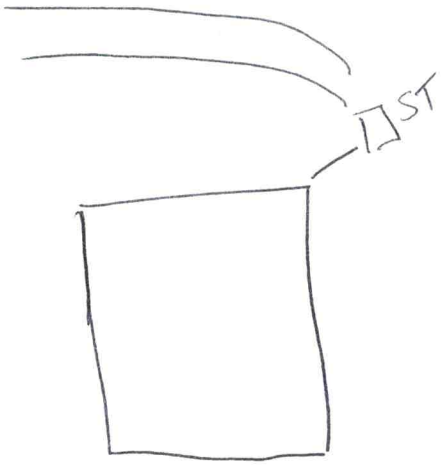
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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

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



Signature: _____

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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms**:

✓ Application
✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
____ Copy of Zoning Permit when applicable
✓ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date**_____

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 302808

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

PIN # 4626589372

APPLICANT/OWNER: Cobble Creek Homes APPLICANT ADDRESS: 1658 Maggie St Catawba, NC 28609

SITE ADDRESS: 160 Wickford Ln Mooresville, NC PHONE: 704/369-9856 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Millhouse TL Wickford @ end SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: Cla T SECTION: 8 LOT # 157 LOT AREA: .75 Acre DESIGN FLOW: 360gpd L.T.A.R.: exist.

Septic Tank	exist (gal)	STB PL 241.49	Date	☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: exist Gravity - Conventional	☐ Business	No. Persons	6	☒ Private	
Pump Make	Model		Serial #	Repair System Description:	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	Trench Bottom Depth (Low side) exist.		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☒ Basement w/o plumbing		

Comments / Conditions:

Note: Sewage flow & Characteristics are the same.

Previous permits showed 50ft to lake, survey shows 50' to lake

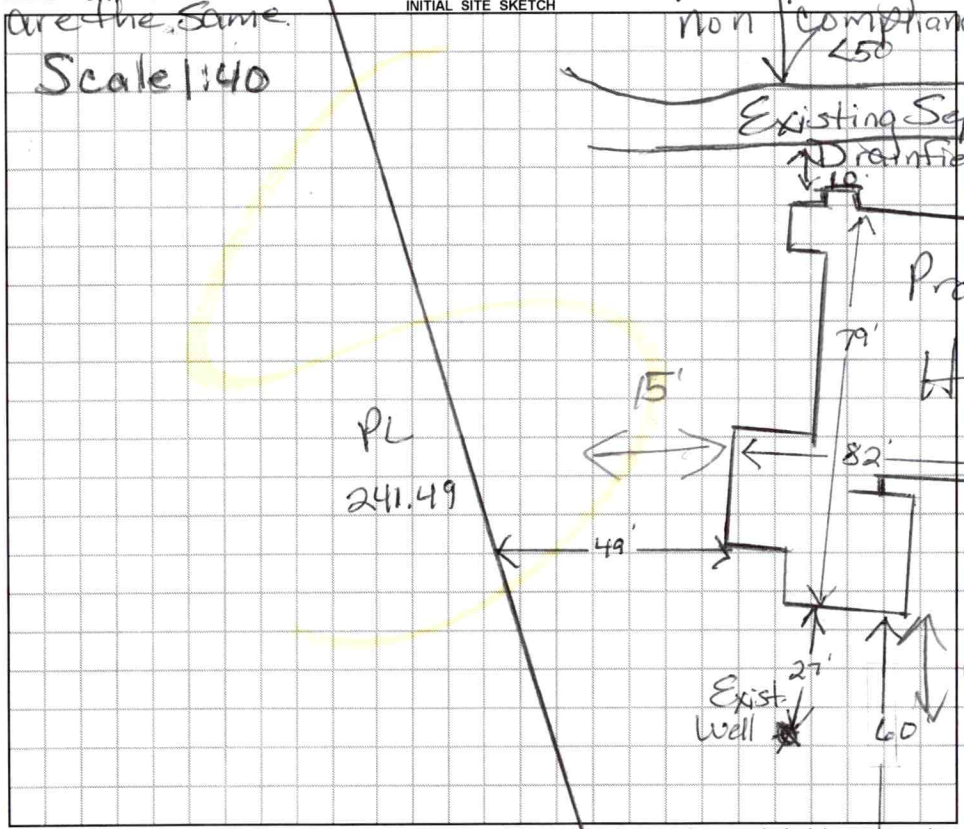
Non Compliance

Existing Septic System appears to be functioning ok at time of inspection. Must keep basement above Septic & minimum 10ft setback.

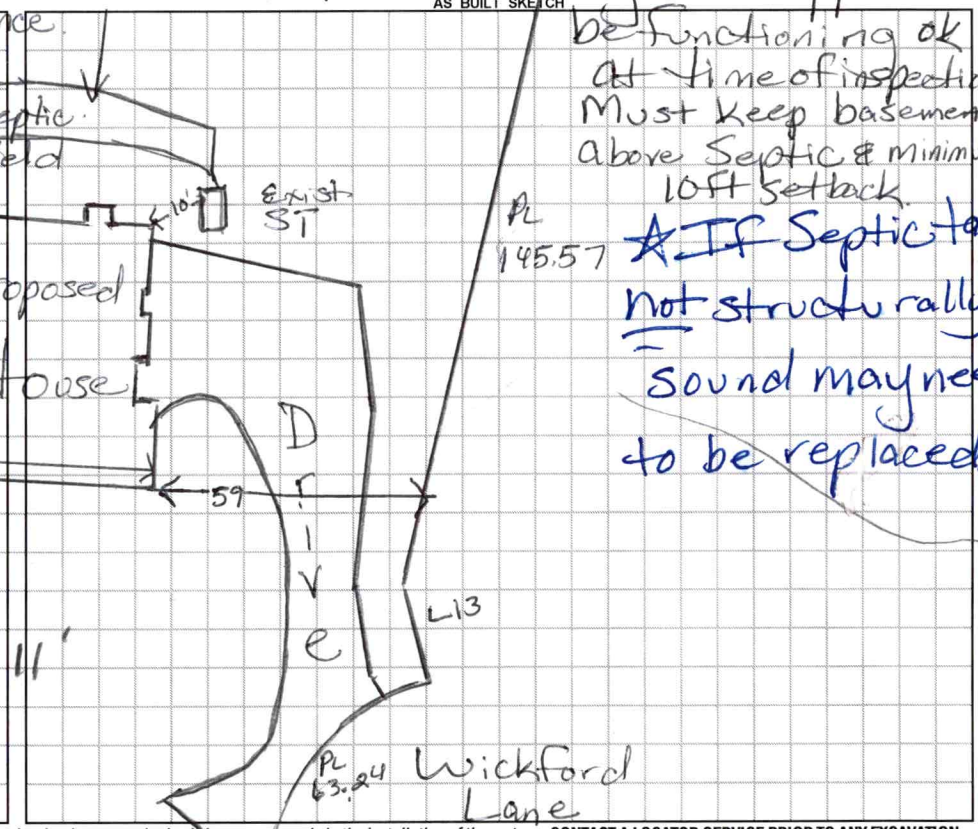
★ If Septic tank not structurally sound may need to be replaced.

INITIAL SITE SKETCH

Scale 1:40



AS BUILT SKETCH



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☐ **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] 12/19/19 Date: Installed by: Septic System installed 9-18-86

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dolson Date: 12/19/19

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

4m 11/27/19 Need distances from PL

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-302808 11-19-19 $250.00

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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) Shawn

Applicant Name: Cobble Creek Homes **Address:** 1658 Maggie St **Zip:** 28609

Applicant Email: CobbleCreekHomes@yahoo.com **Phone:** 704 369 9856 **Alt. Phone:** _____

Owner Name: Cindy Peter Dreyfuss **Address:** 160 Wickford Ln **Zip:** 28117

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

Property Information:

Street Address: 160 Wickford Ln Mooresville NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Brawley School Rd To R on McKendree Right on Wickford

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — (X) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: 1 Number of Persons: 2

( ) 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 ( ) No Is the site subject to approval by any other public agency?

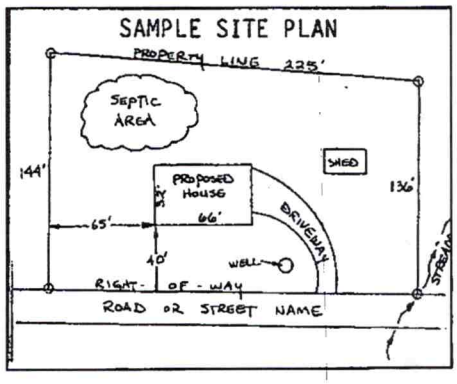
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Shawn Peter _____ 11/18/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

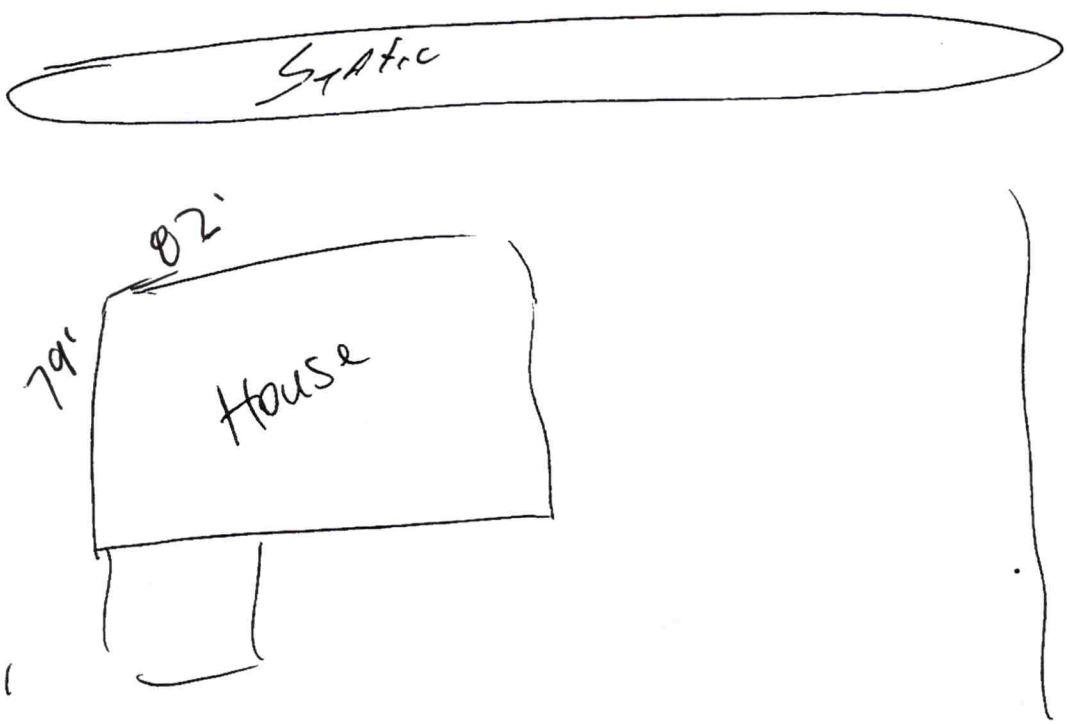
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient 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

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



Signature: _____ 11/19/19

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Peter J and Cynthia M Dreyfuss, am the legal owner(s) of the property located at 160 Wickford Ln, Mooresville NC 28117, identified as

PIN (Parcel Identification Number) 4626-58-9372, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Cobblecreek Custom Homes _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

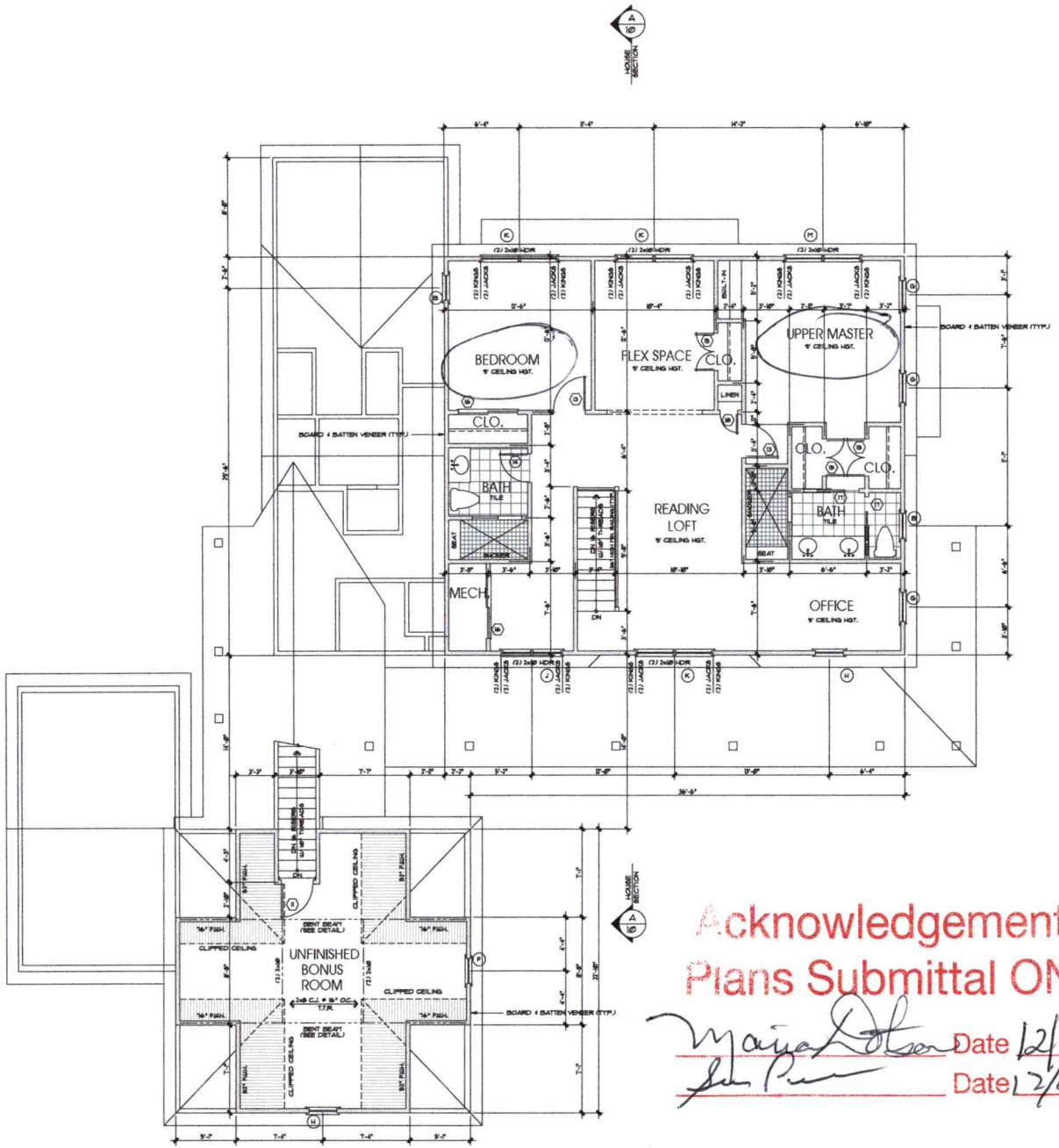
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

X _____ 4/15/19
Signature of Owner(s) Date

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



NOTES:

- ALL ANGLED WALLS ARE 45° U.N.O.
- ■ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O.
- SEE FRAMING NOTE 14 FOR HEADER SIZES UNLESS NOTED ON PLAN
- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- WEATHERSTRIP ALL DOORS INTO ATTIC SPACE

EXTERIOR WALL HEIGHT (h)	STUD SIZE/ SPACING
h ≤ 10'	2x4 @ 16" oc
10' < h ≤ 11'	2x4 @ 12" oc
11' < h ≤ 13'	2x6 @ 16" oc
h > 13'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 10' IN HEIGHT

GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298

Sealed for Structural Information Only

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	3'0" x 8'0"	ENTRY w/ 12" SIDELITES EA. SIDE
2	2'4" x 8'0"	SOLID PANEL
3	2'8" x 8'0"	SOLID PANEL
4	2-1'4" x 8'0"	SOLID PANEL
5	2'4" x 8'0"	POCKET
6	2'8" x 8'0"	EXTERIOR HALF LITE
7	2'8" x 8'0"	SOLID PANEL
8	3'0" x 8'0"	BARN SLIDER
9	2'4" x 8'0"	BARN SLIDER
10	3-3'0" x 8'0"	EXTERIOR SLIDER
11	2'8" x 8'0"	EXTERIOR HALF LITE
12	2-3'0" x 6'8"	EXTERIOR
13	2'8" x 6'8"	SOLID PANEL
14	2'4" x 6'8"	SOLID PANEL
15	2-1'8" x 6'8"	SOLID PANEL
16	2-2'8" x 6'8"	INT. SLIDER
17	2'4" x 6'8"	POCKET
18	2'8" x 6'8"	SOLID PANEL
19		
20		

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3-2'4" x 6'0"	DOUBLE HUNG
B	2'8" x 3'0"	DOUBLE HUNG
C	3'0" x 5'0"	DOUBLE HUNG
D	2'4" x 5'0"	DOUBLE HUNG
E	1'4" x 3'0"	DOUBLE HUNG
F	3'0" x 4'8"	DOUBLE HUNG
G	2'4" x 4'8"	DOUBLE HUNG
H	3'0" x 4'8"	DOUBLE HUNG
J	2-2'4" x 4'8"	DOUBLE HUNG
K	2-3'0" x 4'8"	DOUBLE HUNG
L	2'4" x 3'0"	DOUBLE HUNG
M	2-3'0" x 5'0"	DOUBLE HUNG
N	3'0" x 6'0"	DOUBLE HUNG

Acknowledgement of Plans Submittal ONLY!

Date 12/19/19

Date 12/19/19

SQUARE FOOTAGE

MAIN LEVEL	1,813 SQ.FT.
UPPER LEVEL	1,389 SQ.FT.
TOTAL HEATED	3,202 SQ.FT.
UNF. LOWER LEVEL	1,666 SQ.FT.
LAKE STORAGE	301 SQ.FT.
SCREENED REAR PORCH	388 SQ.FT.
REAR PATIO	86 SQ.FT.
UNF. BONUS ROOM	410 SQ.FT.
FRONT PORCH	678 SQ.FT.
REAR PORCH	178 SQ.FT.
THREE-CAR GARAGE	874 SQ.FT.
TOTAL UNDER ROOF	7,820 SQ.FT.

Ratliff Residential DESIGNS
704.631.6031
www.ratliffresidentialdesigns.com

COBBLE CREEK CUSTOM HOMES

PLAN INFO:

A New Custom Residence

The Dreyfuss Residence

160 Wolford Ln, Mooresville, NC 28117

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DJR | CHECKED BY:

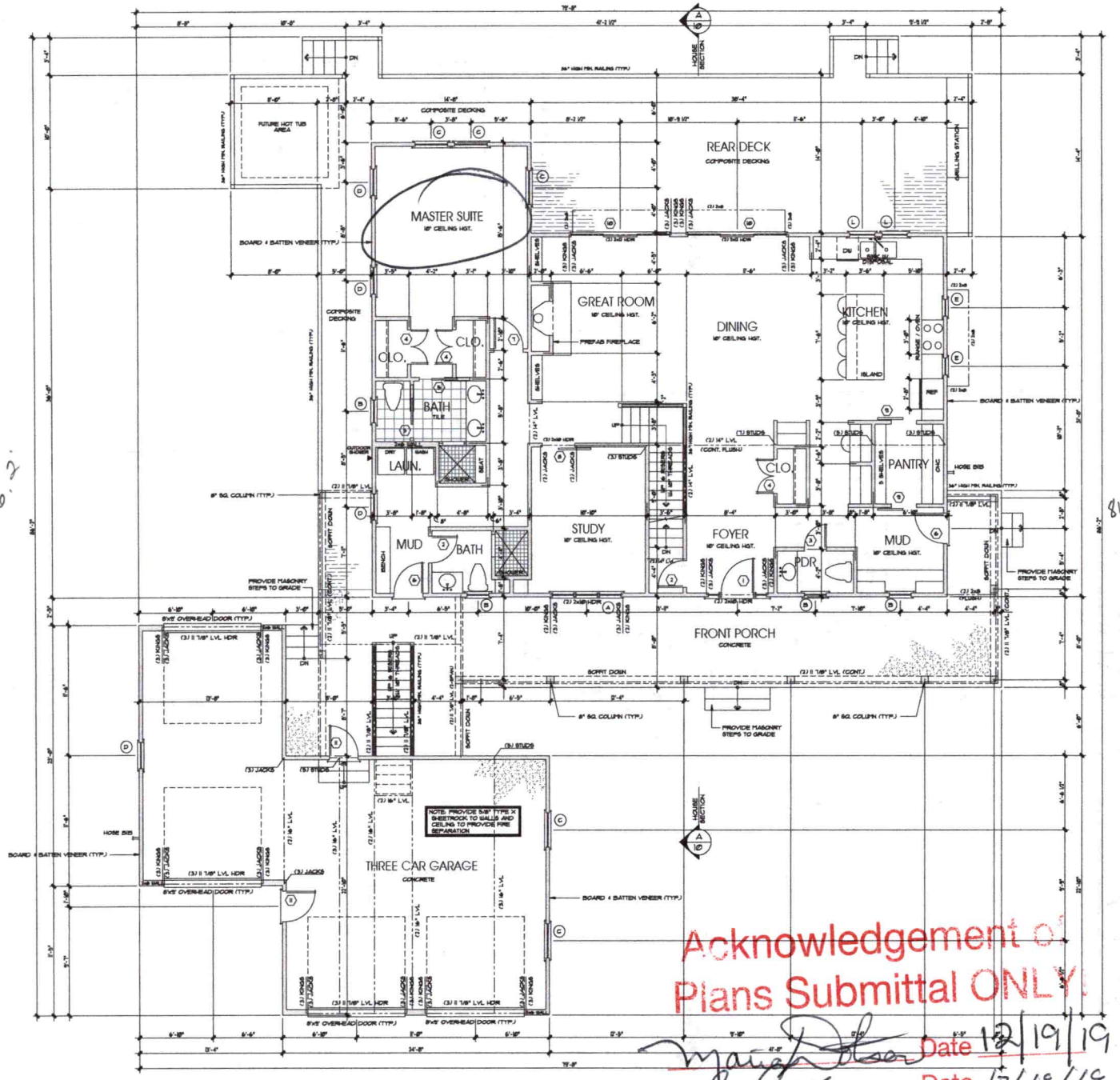
DATE: 08.15.19

DRAWING TITLE: UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO. 4

OF 15 SHEETS



NOTES:

- ALL ANGLED WALLS ARE 45° U.N.O.
- (B) INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O.
- SEE FRAMING NOTE 16 FOR HEADER SIZES UNLESS NOTED ON PLAN
- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

EXTERIOR WALL HEIGHT (h)	STUD SIZE/ SPACING
h ≤ 10'	2x4 @ 16" oc
10' ≤ h ≤ 11'	2x4 @ 12" oc
11' ≤ h ≤ 15'	2x6 @ 16" oc
h ≥ 15'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 10' IN HEIGHT

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Sealed for Structural Information Only

DOOR SCHEDULE

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10	3-3'0" x 8'0"	EXTERIOR SLIDER
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12	2-3'0" x 6'8"	EXTERIOR
13	2'8" x 6'8"	SOLID PANEL
14	2'4" x 6'8"	SOLID PANEL
15	2-1'4" x 6'8"	SOLID PANEL
16	2-2'0" x 6'8"	INT. SLIDER
17	2'4" x 6'8"	POCKET
18	1'4" x 6'8"	SOLID PANEL
19		
20		

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3-2'4" x 6'1"	DOUBLE HUNG
B	2'8" x 3'1"	DOUBLE HUNG
C	3'8" x 5'1"	DOUBLE HUNG
D	2'4" x 5'1"	DOUBLE HUNG
E	1'4" x 3'1"	DOUBLE HUNG
F	2'8" x 4'4"	DOUBLE HUNG
G	2'4" x 4'4"	DOUBLE HUNG
H	3'8" x 4'4"	DOUBLE HUNG
J	2-2'4" x 4'4"	DOUBLE HUNG
K	2-3'8" x 4'4"	DOUBLE HUNG
L	2'4" x 3'1"	DOUBLE HUNG
M	2-3'4" x 5'1"	DOUBLE HUNG
N	3'8" x 6'1"	DOUBLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	1,813 SQFT.
UPPER LEVEL	1,285 SQFT.
TOTAL HEATED	3,098 SQFT.
UNF. LOWER LEVEL	1,086 SQFT.
LAKE STORAGE	301 SQFT.
SCREENED REAR PORCH	388 SQFT.
REAR PATIO	86 SQFT.
UNF. BONUS ROOM	418 SQFT.
FRONT PORCH	678 SQFT.
REAR PORCH	178 SQFT.
THREE-CAR GARAGE	874 SQFT.
TOTAL UNDER ROOF	7,020 SQFT.

Acknowledgement of Plans Submittal ONLY

Date 12/19/19

Date 12/19/19

Raliff Residential DESIGNS
704.631.6031
www.raliffresidentialdesigns.com

COBBLE CREEK CUSTOM HOMES

PLAN INFO.

The Dreyfuss Residence

A New Custom Residence

160 Wickford Ln, Mooresville, NC 28117

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR | CHECKED BY:

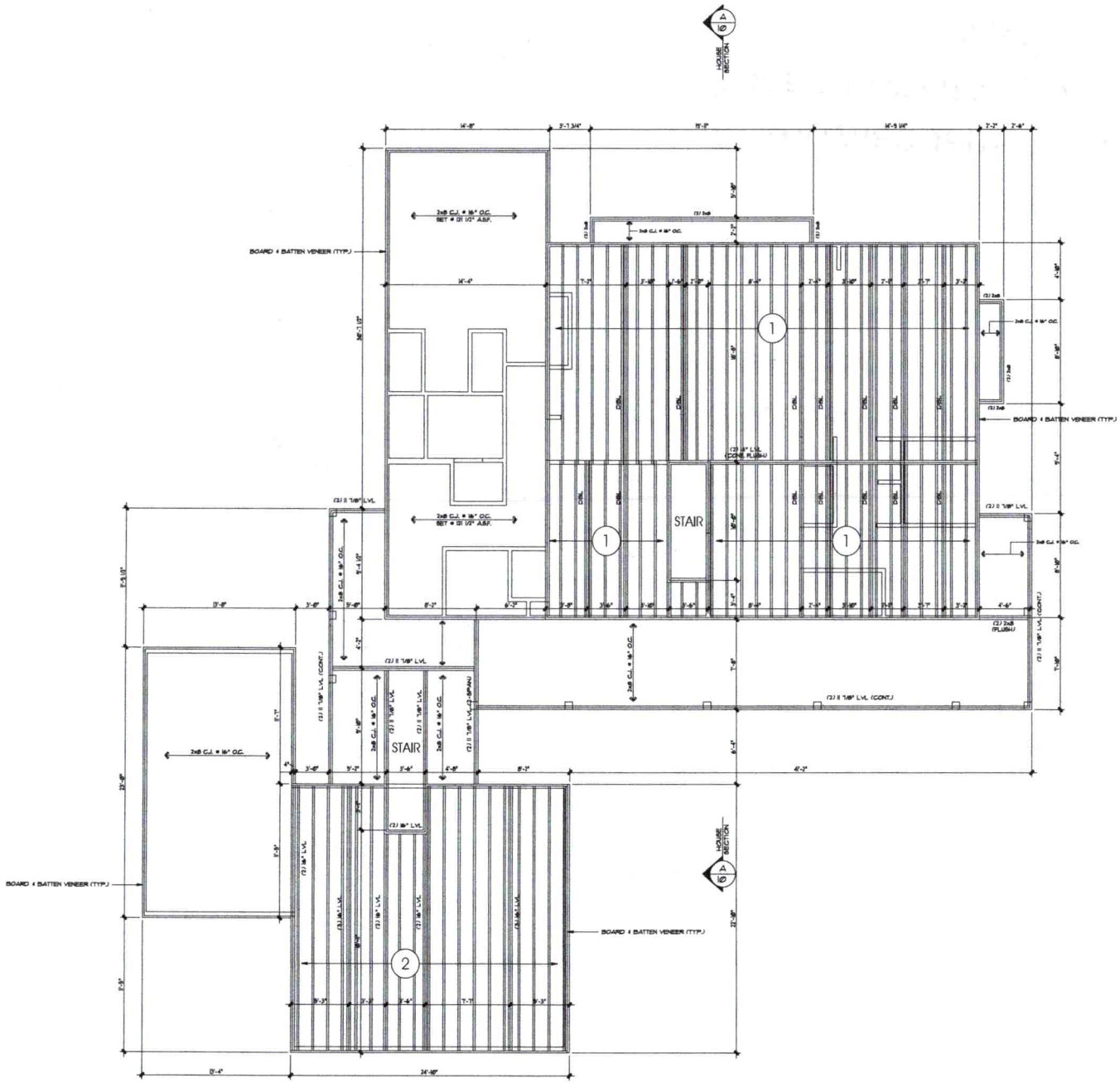
DATE: 08.15.19

DRAWING TITLE: MAIN LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO: 2

OF 15 SHEETS



NOTES

- ALL SUBFLOOR TO BE 3/4" TONGUE AND GROOVE PLYWOOD, GLUED AND SCREWED OR GLUED AND NAILED, TO THE FLOOR JOISTS
- ALL JOISTS SHALL BE SPACED ACCORDING TO THE JOIST DESIGNATION (SEE BELOW)
- ALL BEAMS AND BEAM CONDITIONS ARE SHOWN IN SEPARATE DETAILS AS REQUIRED.
- ALL 3 1 4 PLY LVL OR SAIN LUMBER BEAMS TO BE BOLTED W/ 2 ROWS OF 1/2"ø BOLTS @ 12" O.C.-3" FROM TOP AND BOTTOM
- ALL CANTILEVERED JOISTS TO HAVE SIDE STIFFENERS @ EACH CANTILEVERED END
- ■ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O. INSTALL SQUASH BLOCKS WITHIN FLOOR SYSTEM EQUAL TO STUDS ABOVE.
- DOUBLE ALL JOISTS UNDER PARALLEL PARTITIONS

JOIST DESIGNATION

1. 14" FPI @ 48"o ⌀ 16" O.C.
2. 16" FPI @ 60"o ⌀ 16" O.C.

NOTE TO BUILDER/MOR LUMBER SUPPLIER

DO NOT ALTER THE FRAMING PLANS WITHOUT THE APPROVAL OF THE ENGINEER OF RECORD. ANY CHANGES MADE WITHOUT REVIEW AND APPROVAL BY THE ENGINEER OF RECORD SHALL ABSOLVE HIM OF ALL RESPONSIBILITY FOR ALL ASPECTS OF THE ENGINEERED DESIGN.

HANGER SCHEDULE

MEMBER	HANGER (U.N.O.)
2-2x8	LUS28-2
2-2x10	HUS210-2 (MAX)
2-2x12	HUS212-2 (MAX)
2-1 3/4 x 9 1/4 LVL	HU49 (MAX)
2-1 3/4 x 11 7/8 LVL	HU411 (MAX)
2-1 3/4 x 14 LVL	HU414 (MAX)
ALL TRIPLE LVL	HU28.5/MP

Simpson Strong-Tie Co. Inc.
(or brand-name equivalent)

GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 034224 GARY A. BARNES

8.22.19

Sealed for Structural Information Only

Radley Custom Designs
704.631.6031
www.radleycustomdesigns.com

Cobblestone Creek Custom Homes
Design • Build • Remodel

PLAN INFO.
A New Custom Residence
The Dreyfuss Residence
160 Wickford Ln, Mooresville, NC 28117

PLAN NO.

REVISIONS

SEAL

DRAWN BY: D.R.
CHECKED BY:

DATE: 08.15.19

DRAWING TITLE:
UPPER LEVEL FRAMING PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.
3
OF 15 SHEETS

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 079558 PIN# ~~4626 68 1261~~ 4626589381 DATE 3/19/99

OWNER OR CONTRACTOR Sid Mabrey PHONE: Business _____ Home 664-7634

ADDRESS 154 Wickford Lane Mooresville, NC. 28115

LOCATION 1100, TR McKendree TR Millhouse Rd (L) to last MH on (R)

SUBDIVISION CL/FT BLOCK / SECTION 8 LOT 1573 LOT AREA .75 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons: STB Date _____
Pump Tank: _____ Gallons: System Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: EXISTING SYSTEM
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 3
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

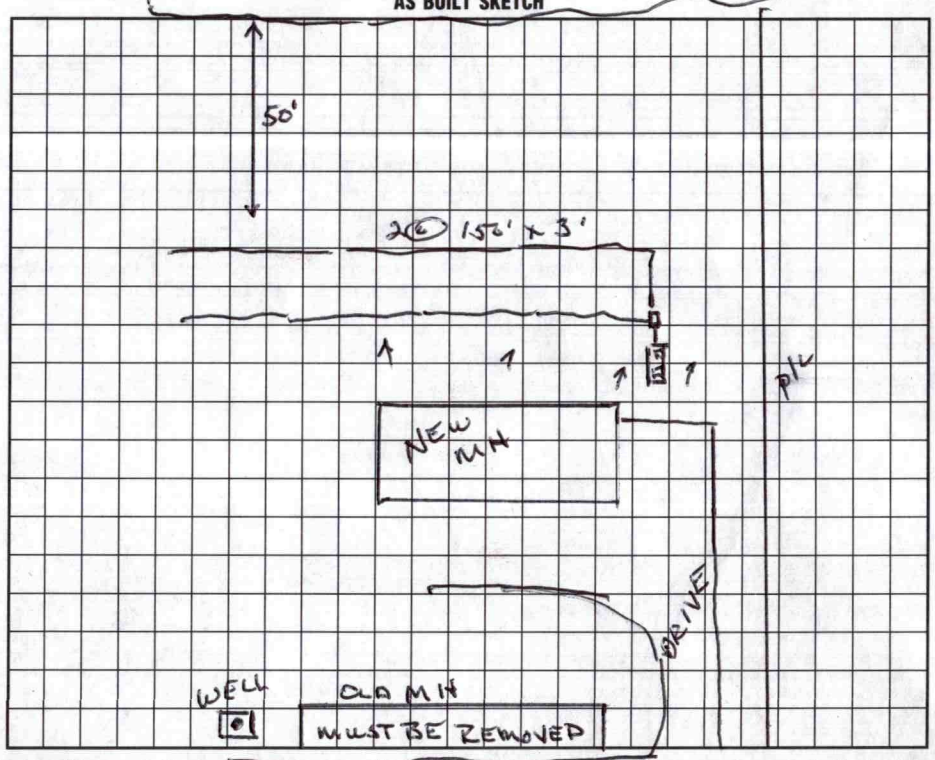
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions: Existing System - No evidence of malfunction. Old Mobile Home must be removed before C.O. may be issued.
LN

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Wesley Sparks RS date 3/19/99

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

WATER SERVICED
SEPTIC

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 079558 Zoning Permit: X Improvements Permit: 2

Name: MABRY SIDNEY Address: 154 WICKFORD RD

City: MOORESVILLE State: NC Zip: 281150000

Phone: 7046647634

Proposed Use: 03

PIN #: 4626681267 Zoning: RA Township: 1700

Street Address: 154 WICKFORD RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: .75

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R50

Minimum Lot Size: 0 Minimum Lot Width: 0

Land Use Permitted in this Zoning District? Y

Comments: REPLACING S/W WITH D/W MOBILE HOME

Hold Building Permits? Reason:

Location: BRAW SCH,TR MCKENDREE,TR MILL HOUSE,TL WICKFORD,RT

Staff: RAM Date: 02/19/99

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

692 9935

2505

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ted E. Graham DATE 9-19-86 PERMIT NO. 515

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR across from graveyard
Bear left at end S. R. No. _____

SUBDIVISION NAME L.V. LOT NO. 1573 SECTION OR BLOCK NO. 8

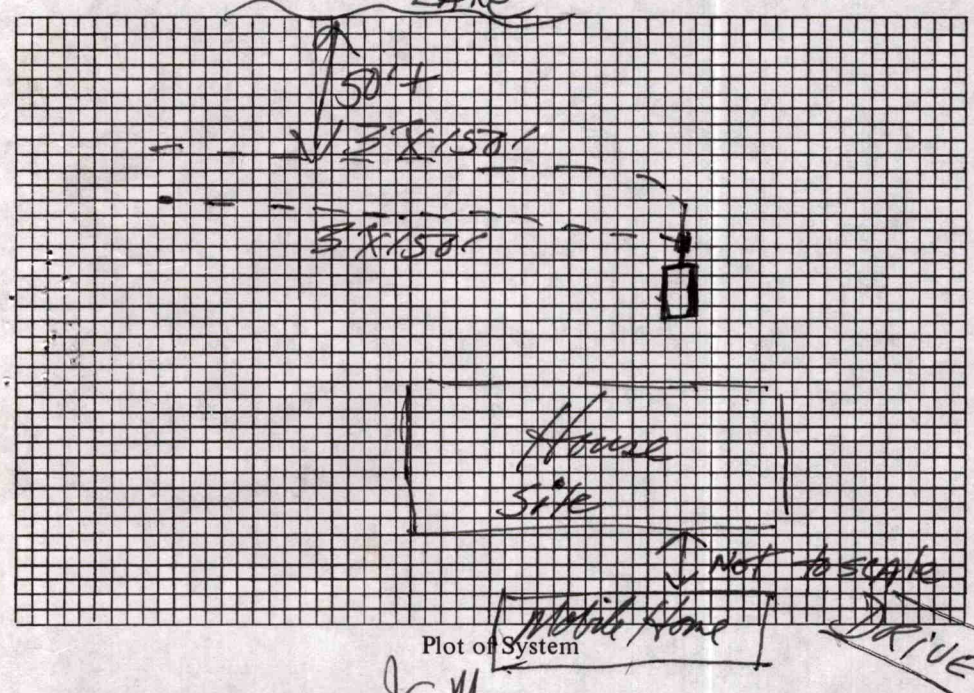
House (✓) Mobile Home (Temporary ✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 4
Topography 10-15%
Depth to Water Table 41"
Rock or other impervious formations none obs.

Lot Area 1.2 Ac

_____ Basement with Plumbing Lake Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J.R. Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: Well not drawn

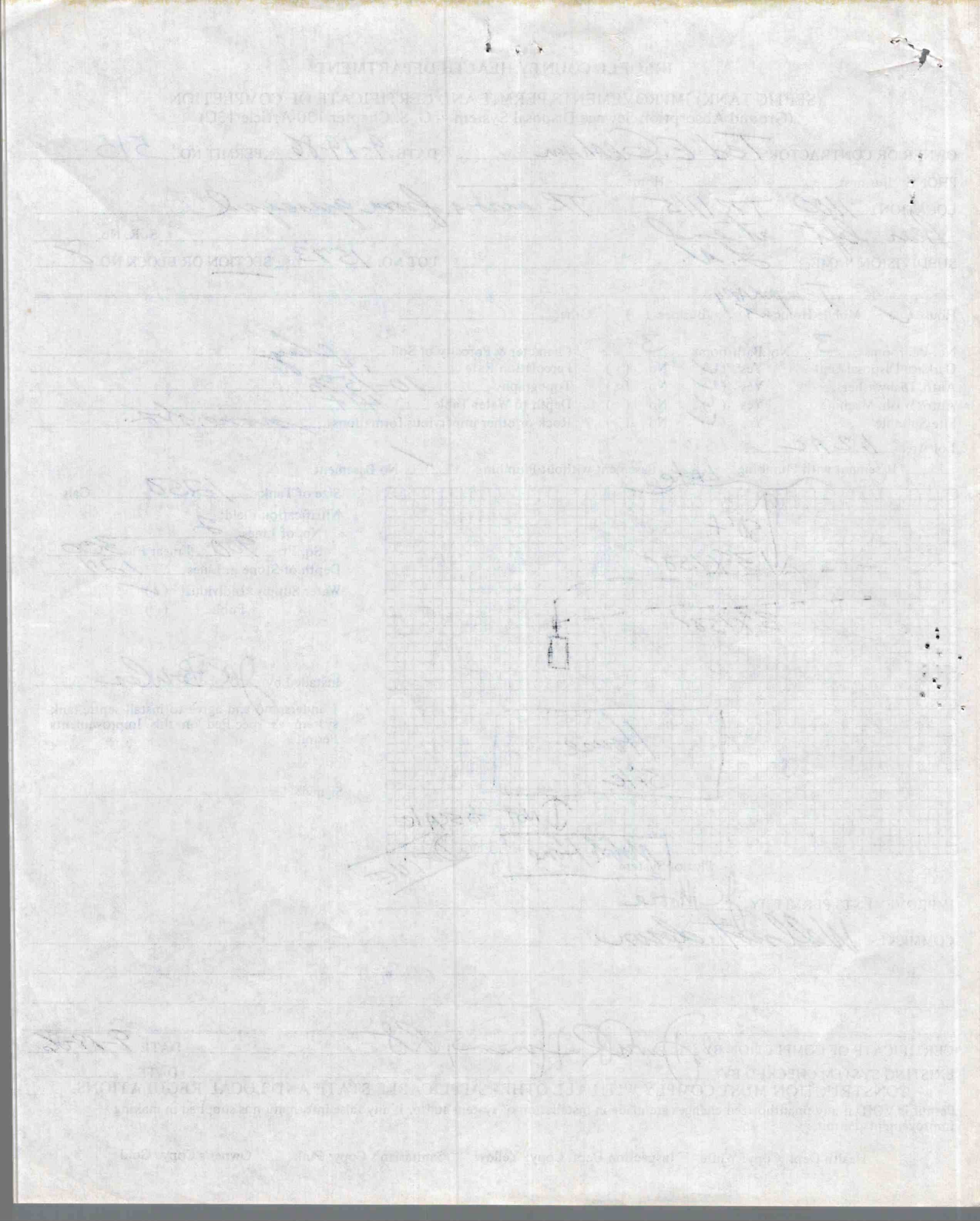
CERTIFICATE OF COMPLETION BY David R. Hinson, RS DATE 9-19-86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ted E. Graham DATE 5-19-86 PERMIT NO. 224

PHONE: Business _____ Home _____

LOCATION 1100 TR on McKentree Rd (1115) Past Church TR at end TL at end Wickford Lane S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 1573 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other _____

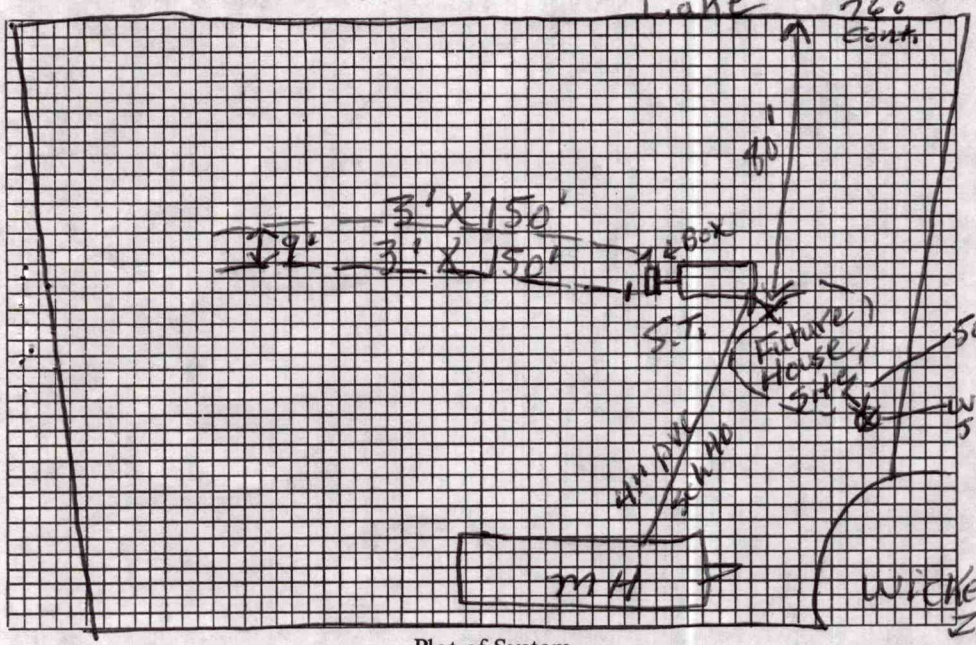
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 2 to 8%
Depth to Water Table 6 to 8' to lake level
Rock or other impervious formations none

Lot Area 1.24 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: T E Graham

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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