6/6/13 Site visit
(1) No Property lines marked 04-30-13
(2) No house staked
(3) Gravel dr. over Drainfield. Paid $350.00 @ Site visit 4-30-14

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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)

Jeff W/ Prestige 704 363 4843

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

3. Applicant Information:

PLEASE CALL B/4 GOING ON SITE

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
~~Blue Bird Builders~~	~~127 Promenade Mooresville~~	~~704 677 8025~~	~~704 796 3536~~
Tom & Paula Kelly	255 Montebello Dr Mooresville	(H) (704) 696-0225 (C) 704 737 1375	1376
~~Owner Name~~ APPLICANT	Mailing Address	Home Phone #	Alternate Phone #

Applicant ✓

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
414 Beech Tree Rd		

Driving Directions: Brawley School Rd, Right on Blume Rd, Left on Beech Tree Rd

$ PAID 291.00

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
( ) Other Replace MH w/ SFD

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) 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: _____ 4/30/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

(4) 2 wells on property not on site plan
Closest one ~60 to Existing house
1 well & other is well house

IREDELL COUNTY HEATLH 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:

- X — **Property Line measurements are clearly identified...**
- X — **All proposed structures are indicated...**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line...**
- X — **Preferred driveway location and configuration, preferred well location...**
- X — **Area you prefer your septic system to be placed...**
- X — **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

- X — **Location of septic systems and wells within 100' of your property...** **N/A**
- X — **Location of easements and rights of ways on your property...** **N/A**
- X — **Location of any designated wetlands on the property...** **N/A**

Signature: _____ 4/30/2013
REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Paula Kelly
(704) 737-1375(c)
414 Beech TREE
*Call Builder
Jeff Pelchat
C- (704) 363-4843
W- (704) 528-3999

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 178502ZO

Printed: 4/30/2013

Master #: 178502

Associated Permits:
178502ZO Zoning

Applicant

Name: Bluefield Builders, LLC
Phone: 704-746-3536
Address: 127 Promenade Drive, Suite C-2
Mooresville, NC 28117

Parcel

Parcel Number: 4626687190.000
Zoning: R20
Address: 414 Beech Tree RD
MOORESVILLE, NC 28117
Township: 1700
Area:
Subdivision:
Lot(s): 491
Directions to Parcel: BRAWLEY, RIGHT BLUME ROAD, LEFT BEECH TREE

Owners

Name: Bobby & Tammy Lineberger
Address: 414 Beech Tree Rd.
MOORESVILLE, NC 28117

PAID $

Contractors

Contractor Type: Building
Name: Bluefield Builders, LLC
Phone: 704-746-3536
Address: 127 Promenade Drive, Suite C-2
Mooresville, NC 28117

4/30/13

Fees and Receipts:

Number	Description	Amount
FEE-283370-07	Zoning - Permit Application	$75.00
FEE-283371-07	Technology Fee - Planning	$2.25
FEE-283372-07	Environmental Health - Existing System	$150.00

DEPARTMENT OF ENVIRONMENT, HEALTH, 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: Kelly APPLICANT: _____
ADDRESS: 414 Beech Tree Rd APPLICATION DATE: _____ DATE EVALUATED: 6/12/13
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Out 8 Lot #491 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3	Brn SCL						PS .3 to 40"
		3-36	R C/GR WSBK SS SP SO w/FRW SAP Inclus						
		36-40	Yel/Rd (M/C) WSBK to GR						
		40-48	L SAP massive						
2									
3									
4									

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

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____

RECEIVED APR 30 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit (X) 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:

Applicant Name: Jeff Pelchat Address: PO Box 3218 Mooresville 28117 Phone: 704-363-4843

Owner Name: Tom & Paula Kelly Address: 163 Waterlynn Ridge #203 Mooresville Phone: 704-737-1356

Property Information:

Street Address: 414 Beech Tree Rd Mooresville NC

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

Driving Directions: Brawley Sch. Rd - (R) Blume Rd - (L) Beech Tree

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 4.30.2014

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

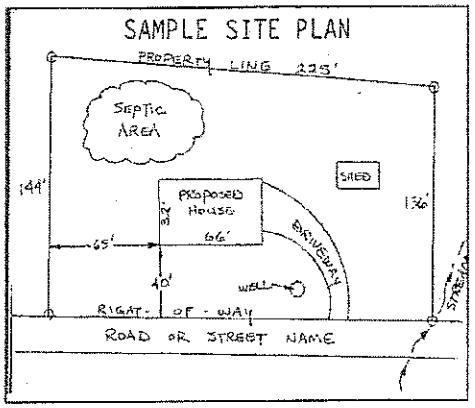
ENVIRONMENTAL HEALTH DIVISION

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:

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

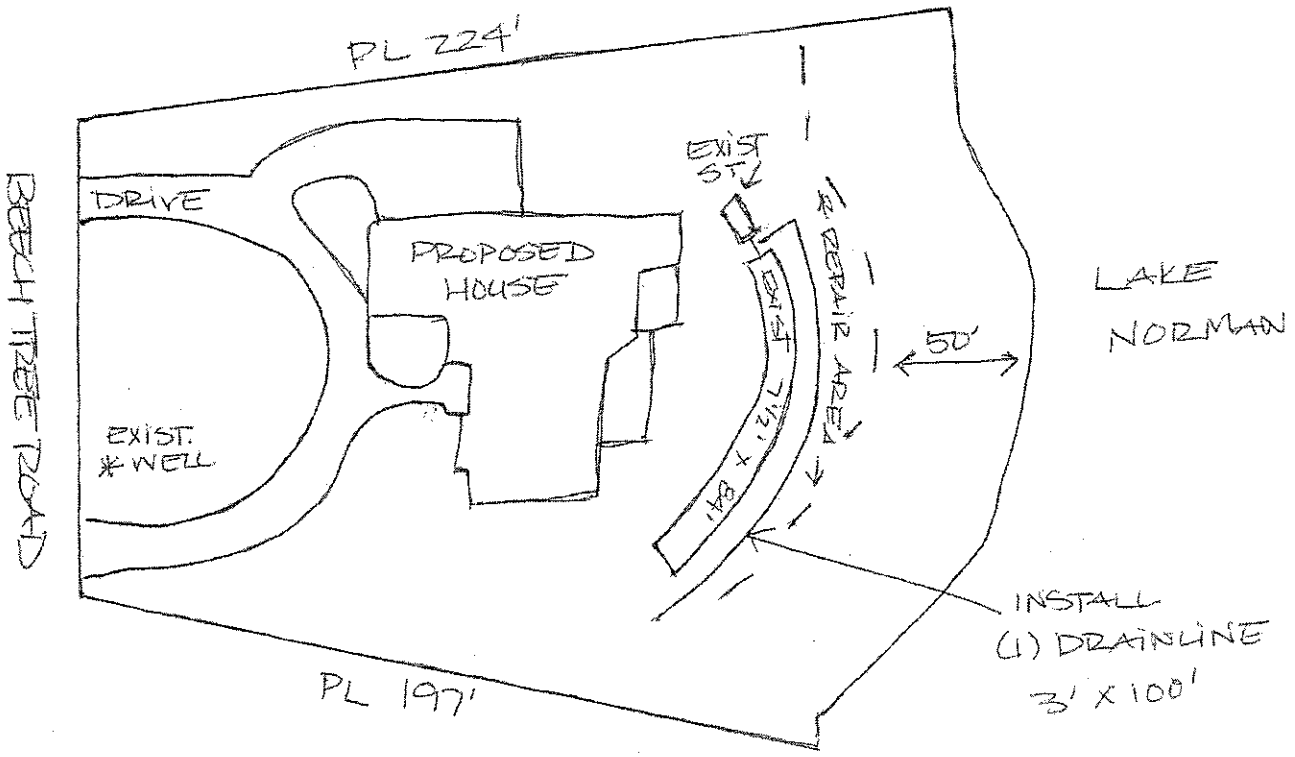


Circle N/A on the following if appropriate:

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

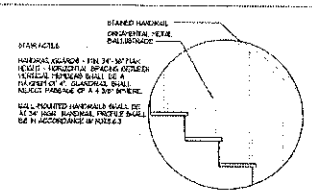


Signature: _____

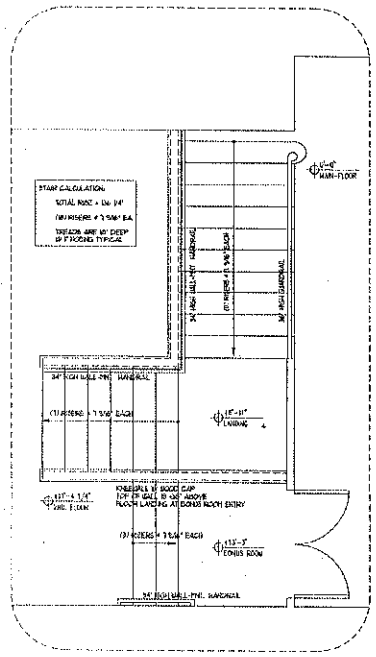
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4.30.2014

DATE



3 A1.0 STAIR DETAIL
SCALE: 3/4" = 1'-0"



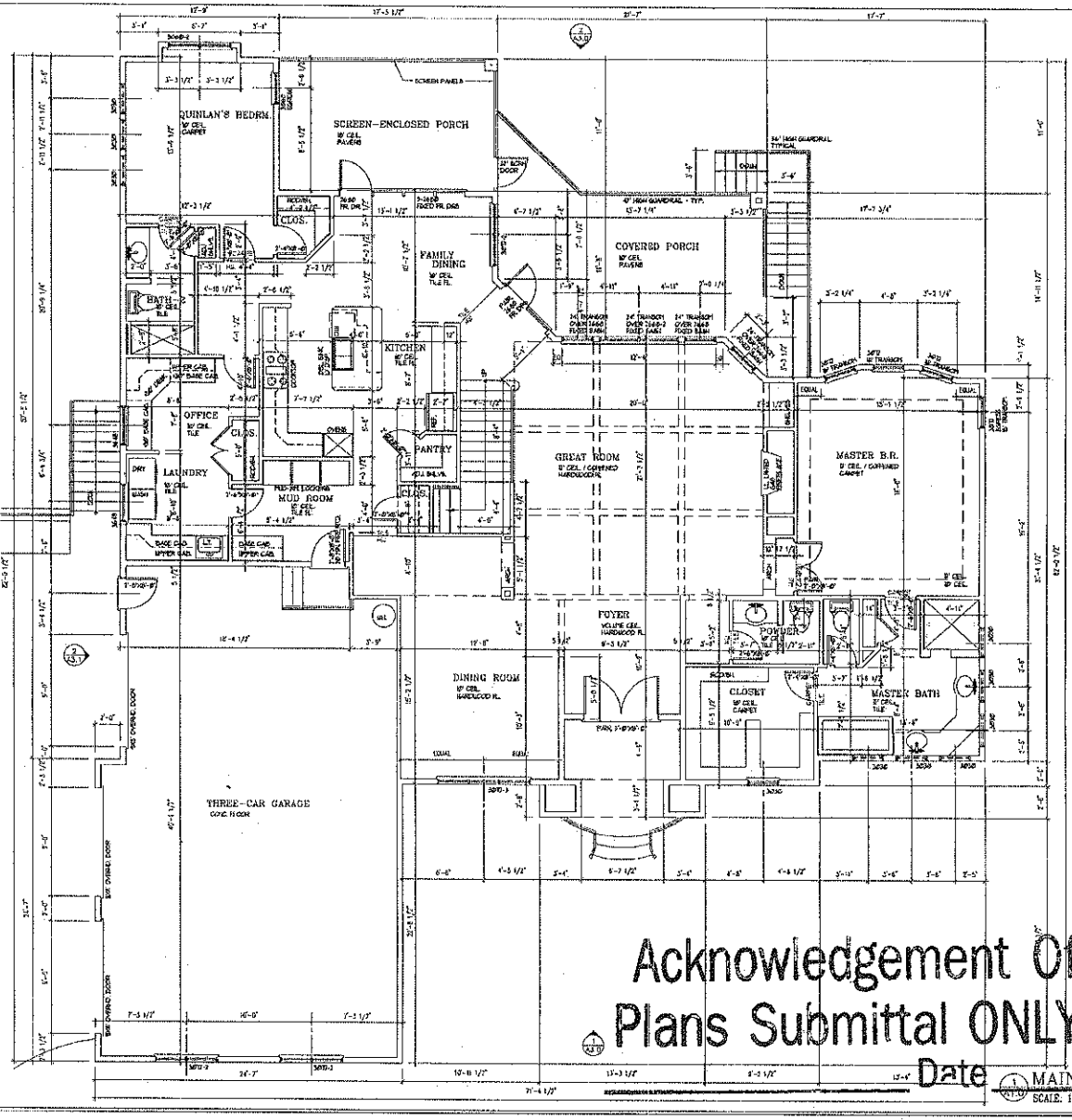
2 A1.0 STAIR DETAIL
SCALE: 1/2" = 1'-0"

VINDOR NOTES:

1. SHADES SHALL BE UNDER-SIZED FOR DIMENSION SHOWN FOR GLASS, VINYL, CASEMENT WINDOW.
3. SHADES SHALL HAVE FLASHING ALL FOUR-SIDES, AND SHALL BE SEALED ALL FOUR-SIDES, IN ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS.
4. THE CONTRACTOR SHALL FOLLOW SHADE MANUFACTURER'S INSTALLATION SPECIFICATIONS.

NOTES:

1. TYPICAL INTERIOR PARTITIONS ARE 5 1/2" WIDE (2X4 STUDS) UNLESS SHOWN OTHERWISE.
2. TYPICAL EXTERIOR WALLS ARE 6 1/2" WIDE (2X6 STUDS).
3. INTERIOR DIMENSIONS ARE TO THE FACE OF STUDS.



1 A1.0 MAIN-FLOOR PLAN
SCALE: 1/4" = 1'-0"

AREA CALCULATION:

MAIN-FLOOR HEATED AREA	2564 SF.
UPPER FLOOR HEATED AREA	1041 SF.
TOTAL HEATED AREA	3605 SF.
GARAGE AREA	935 SF.

Acknowledgement Of
Plans Submittal ONLY

Date

Date

STRUCTURAL ENGINEERING:

DESIGNER

Scott Fleming Design, LLC
Residential Design
CHARLOTTE, NC
704.607.3945
scott@scottflemingdesign.com

PROJECT:

Kelly Residence

414 Beech Tree Rd.
Mooresville, NC

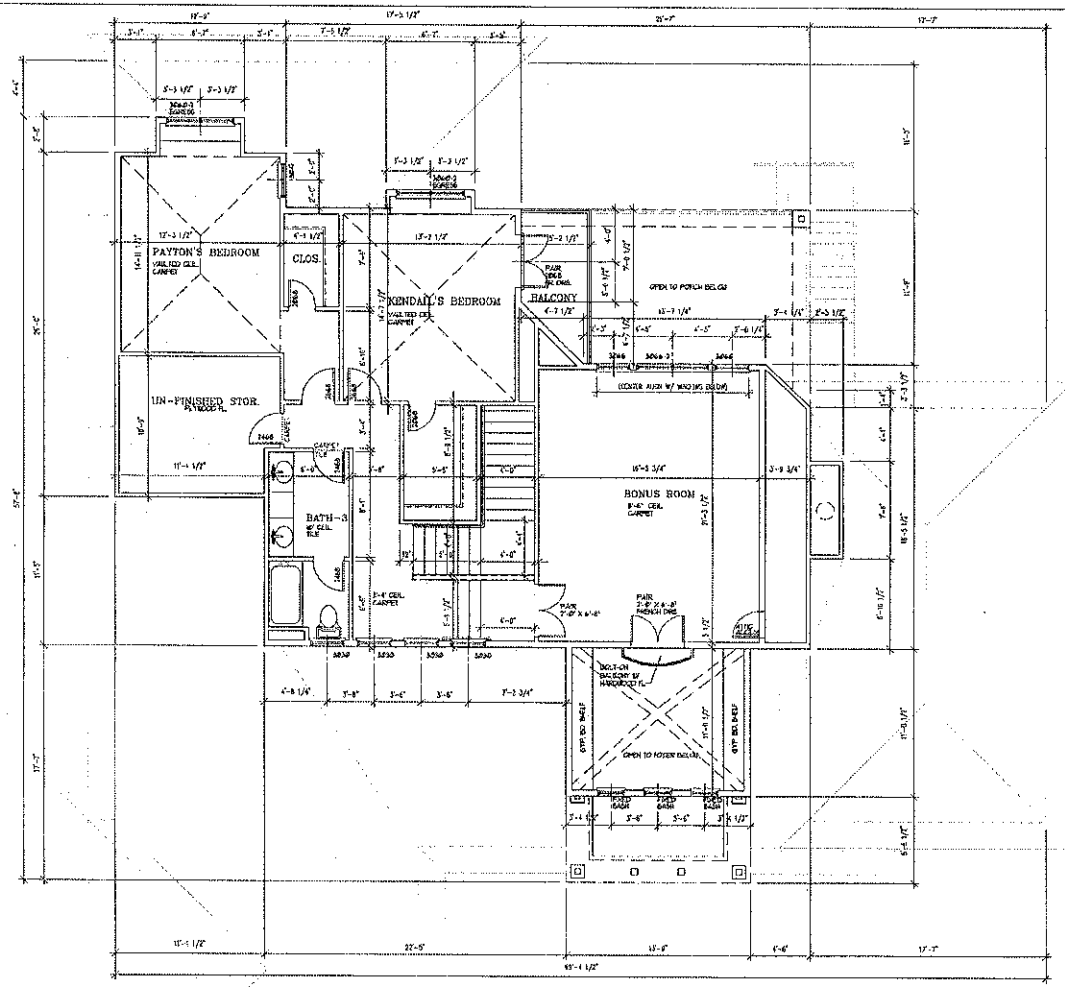
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Content:
MAIN FLOOR PLAN

Project 13052
Date 12019
Revisions

Sheet

A1.0



Acknowledgement Of Plans Submittal ONLY!

_____ Date_____

_____ Date_____

A1.1 2nd.-FLOOR PLAN
SCALE: 1/4" = 1'-0"

STRUCTURAL ENGINEERING

DESIGNER

Scott Fleming Design, LLC
Residential Design
CHARLOTTE, NC
704.609.0045
scott@scottflemingdesign.com

PROJECT:

Kelly Residence

414 Beech Tree Rd.
Mooresville, NC

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Content:
2nd. FLOOR PLAN.

Project 1352
Date 05.24.14
Revisions

Sheet
A1.1