IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 231484

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

PIN # 4626694024

APPLICANT/OWNER: Tommy Hall APPLICANT ADDRESS: 12000 Mira Vista Way Austin, Tx 78726

SITE ADDRESS: 119 Shadow Lane Mooresville, NC 28117 PHONE: 512 202 7436 ALT. PHONE 704 996-6330 Paul

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper TR Shadow Ln 9) end SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: CL&T SECTION: 8 LOT # 468 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: Exist

Septic Tank	Exist.	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	Exist. Gravity Gravel Bed + PPPS			☐ Business	No. Persons	8	☒ Private	
Pump Make		Model			Serial #		Repair System Description:	lot recorded prior to 1983			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	2+bed		Linear Ft	Exist	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	Exist	Trench Bottom Depth(Low side)		Exist	Gravel Depth	Exist.		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System appears to be functioning OK at time of inspection.

★ Must "properly" abandon existing well in old well house (<25ft from proposed new house.
★ Must keep new house (including decks & porches) at least 5ft from Septic & 25ft from well.

INITIAL SITE SKETCH

See attached, approved site plan

AS BUILT SKETCH

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

★★ Do Not issue Building Permit until old well is abandoned.

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: 11/22/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 11/21/17

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.

231484 CALL POOR for Site Visit 704-996-6330

Please CALL prior to inspection

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED NOV 13 2017

Name: Paul Penninger 704-996-6330

New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

Number: _____ THIS APPLICATION BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF DOCUMENTATION SUBMITTED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON 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 Paid $250.00

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) 12000 Mira Vista Way

Applicant Name: Tommy Hall Address: Austin TX Zip: 78726
Applicant Email: tommy.hall@bowmanconsulting.com Phone: 512-202-7436 Alt. Phone: _____
Owner Name: John Saunders Address: 119 Shadow Ln Zip: 28117
Owner Email: _____ Phone: 704-574-0477 Alt. Phone: _____

Property Information:

Street Address: 119 Shadow Lane
Subdivision Name: C.L.+T. Section/Phase: 8 Lot Number: 468
Driving Directions: BSR, TR McKendree, TR Broadhaven TR Shadow Ln Lot at End

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: Expanded to 4 BR 1997
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 4 BDR Recirculating Trench

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: _____ 11-8-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

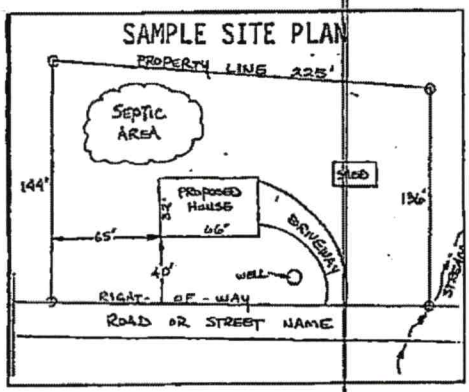
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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



Circle N/A on the following if appropriate: CK your Permit

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

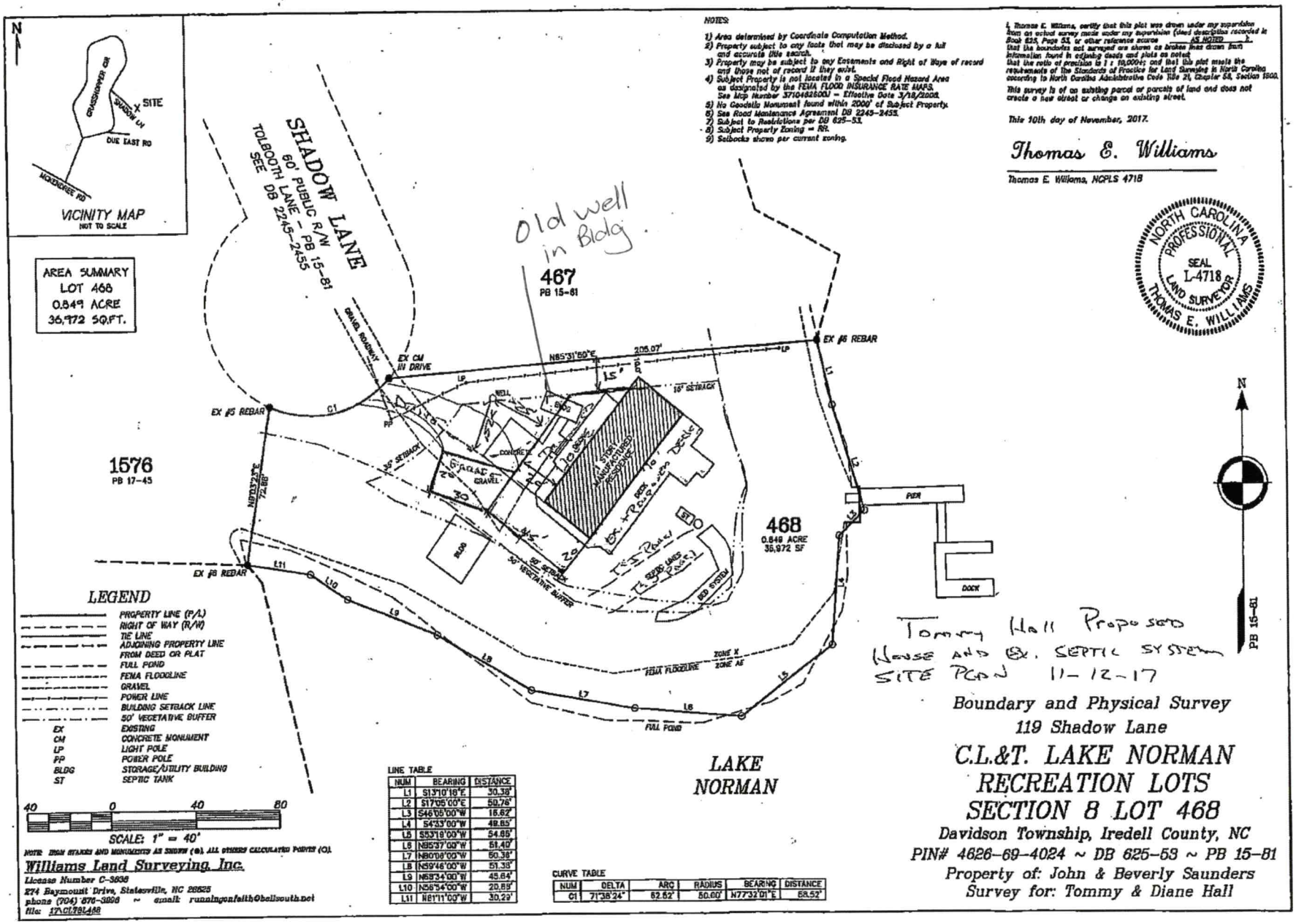
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED

Signature: _____ 11-8-17

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



NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710482500J - Effective Date 3/18/2008.
5) No Geodetic Monument found within 2000' of Subject Property.
6) See Road Maintenance Agreement DB 2245-2455.
7) Subject to Restrictions per DB 625-53.
8) Subject Property Zoning = RR.
9) Setbacks shown per current zoning.

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 625, Page 53, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in existing deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 10th day of November, 2017.

Thomas E. Williams

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

LINE TABLE		
NUM	BEARING	DISTANCE
L1	S13°10'16"E	30.38'
L2	S17°05'00"E	50.76'
L3	S46°05'00"W	15.62'
L4	S4°33'00"W	48.85'
L5	S53°19'00"W	54.85'
L6	N85°37'00"W	61.40'
L7	N80°06'00"W	50.38'
L8	N59°46'00"W	51.38'
L9	N69°34'00"W	45.64'
L10	N56°54'00"W	20.89'
L11	N81°11'00"W	30.29'

CURVE TABLE					
NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	71°38'24"	62.52'	50.00'	N77°32'01"E	58.52'

Tommy Hall Proposed House and Ex. Septic System Site Plan 11-12-17

Boundary and Physical Survey
119 Shadow Lane
C.L.&T. LAKE NORMAN RECREATION LOTS
SECTION 8 LOT 468
Davidson Township, Iredell County, NC
PIN# 4626-69-4024 ~ DB 625-53 ~ PB 15-81
Property of: John & Beverly Saunders
Survey for: Tommy & Diane Hall

Williams Land Surveying, Inc.
License Number C-3636
274 Baymount Drive, Statesville, NC 28625
phone (704) 876-3096 ~ email: runningonfaith@bellsouth.net
File: 17\CLT8LA68

4626694024

DELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25048 DATE 4/22/97 TAX MAP NO. 2L-2-A-468 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR JOHN SAUNDERS PHONE: Business _____ Home 664-6338

ADDRESS 119 SHADOW LN. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL RD - TR McKNOREE - TR GRASSHOPPER - TR SHADOW LN. AT END

SUBDIVISION CLT BLOCK/SECTION 4 LOT 465 LOT AREA _____ SITE CLASS. B DESIGN FLOW 480 GPD L.T.A.R. 0.60 AC/A

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 240 Linear Feet 120

No Lines 2@60' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

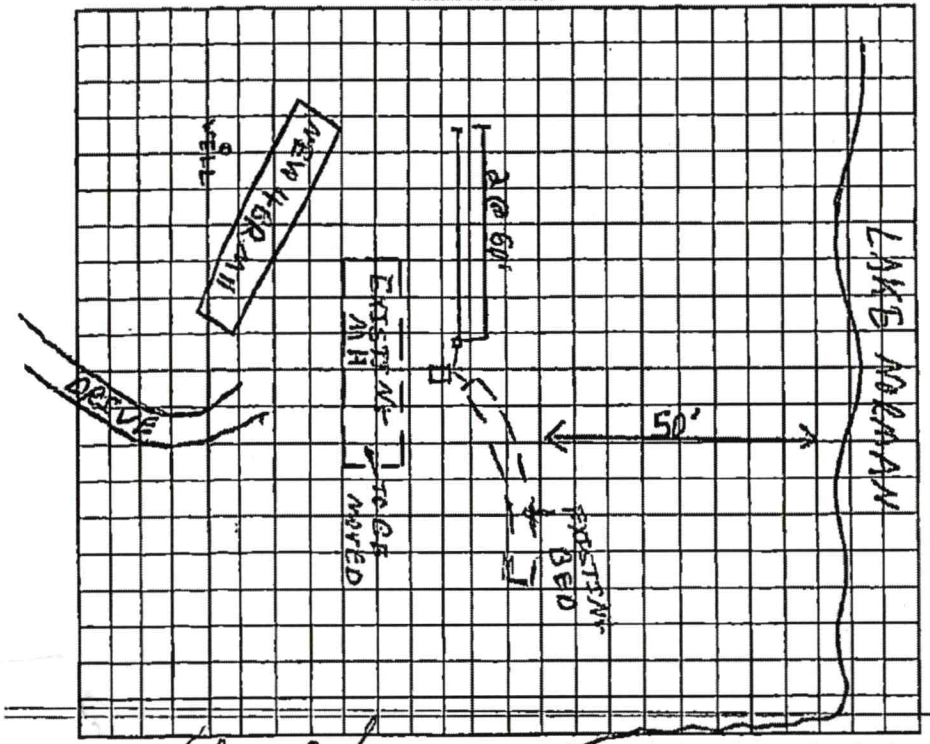
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

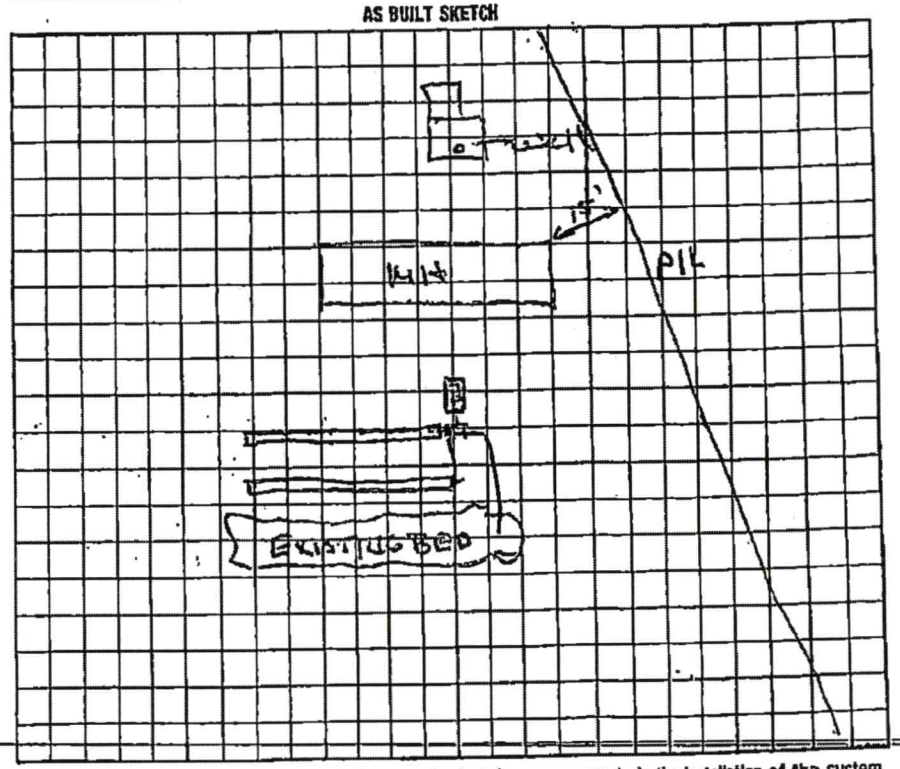
Comments:

Comments:

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 is valid for 60 months from date of Issuance. NEW SYS

Signed: _____

Improvement Permit by: _____ date 4/22/97

Existing System Inspection by: _____ date 4/23/97

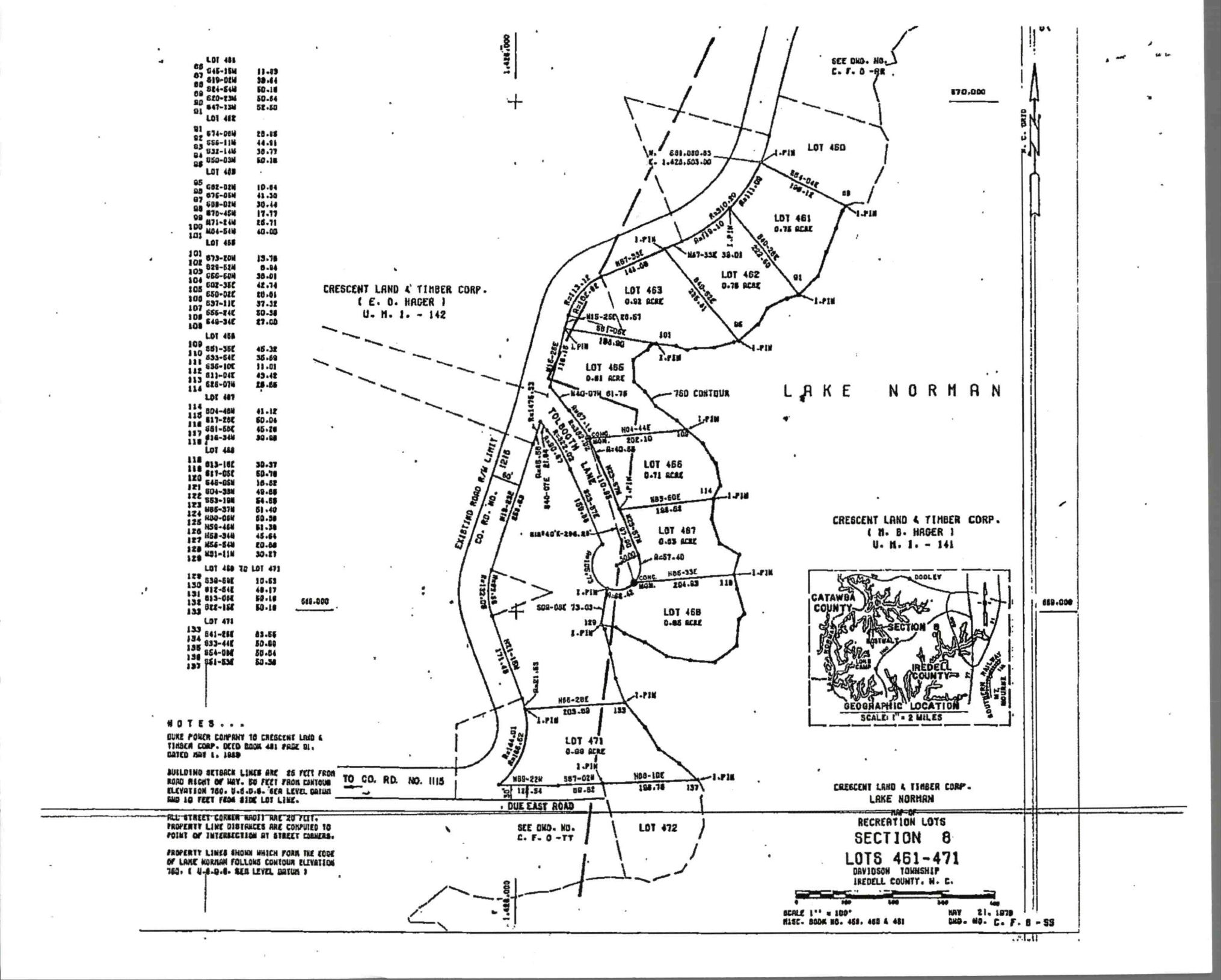
AUTHORIZATION TO CONSTRUCT

Installed by: Julian Bowles

Certificate of Completion by: Wesley Sparks R.S. date 9/25/97

Operation Permit by: Wesley Sparks R.S. date 9/25/97

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



	LOT 461	
86	S45-15W	11.09
87	S19-02W	39.64
88	S24-54W	50.18
89	S20-23W	50.64
90	S47-13W	52.50
91	LOT 462	
91	S74-08W	28.85
92	S56-11W	44.91
93	S32-14W	38.77
94	S50-03W	50.18
95	LOT 463	
95	S82-02W	10.84
97	S75-05W	41.30
98	S88-02W	30.48
99	S70-45W	17.77
100	N71-24W	26.71
101	N04-54W	40.00
	LOT 464	
101	S73-20W	15.78
102	S29-52W	8.84
103	S66-50W	36.01
104	S02-35E	42.74
105	S50-02E	20.81
106	S37-11E	37.32
107	S55-24E	50.38
108	S40-34E	27.00
	LOT 465	
109	S81-35E	45.32
110	S33-54E	36.59
111	S56-10E	11.01
112	S11-04E	49.42
113	S28-07W	28.55
114	LOT 467	
114	S04-48W	41.12
115	S17-29E	60.06
116	S81-55E	45.28
117	S16-34W	30.98
118	LOT 468	
118	S13-18E	39.37
119	S17-05E	59.78
120	S48-05W	16.52
121	S04-38W	49.88
122	S53-19W	54.59
123	N86-37W	51.40
124	N80-06W	50.58
125	N59-46W	51.38
126	N58-34W	45.64
127	N56-54W	20.68
128	N31-11W	30.27
	LOT 469 TO LOT 471	
129	S30-59E	10.53
130	S12-54E	49.17
131	S13-09E	50.18
132	S22-15E	50.18
133	LOT 471	
133	S41-28E	83.55
134	S33-44E	50.80
135	S54-09E	50.84
136	S51-53E	50.38

NOTES . . .

DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 481 PAGE 91, DATED MAY 1, 1969

BUILDING SETBACK LINES ARE 25 FEET FROM ROAD RIGHT OF WAY, 50 FEET FROM CONTOUR ELEVATION 760, U.S.G.S. SEA LEVEL DATUM AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

PROPERTY LINES SHOWN WHICH FORM THE EDGE OF LAKE NORMAN FOLLOWS CONTOUR ELEVATION 760. (U.S.G.S. SEA LEVEL DATUM)

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, John Saunders, am the legal owner(s) of the property located at 119 Shady Ln Mooresville, identified as PIN (Parcel Identification Number) 4626694074, located in Iredell County, North Carolina. Cl. 1 Section 8 Lot 468

I do hereby authorize (print legal representative/company name) Paul Pennington, Jack Burbach, Tommy Hall, 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.

John L Saunders, P 11-9-17 — Signature of Owner(s) — Date

Marcia Liddle 11/9/17 — 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
231484
Issue Date: 11/13/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4626694024.000	119 SHADOW LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAUNDERS JOHN E SR+BEVERLY	Applicant: HALL, TOMMY
Address: 119 SHADOW LANE MOORESVILLE, NC 28117	Address: 12000 MIRA VISTA WAY AUSTIN, TX 78726
Phone:	Phone: 512-202-7436

Use Requested	Zone Code
NEW SINGLE FAMILY HOME	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.850	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	120287	TOTAL FEES:	$ 77.25

123894

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3113 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Mobile Home & SHED to be Removed

Is there a septic tank on the property? Yes No If residence how many bedrooms? 4 and stories?___

If an addition, please describe project: New House

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name John Saunders Phone # 704.574.0479

Owner's Current Address 119 Shadow Lane Mooresville, NC 28117

Property Information

Property Address 119 Shadow Lane Parcel # 4626694024

Subdivision: CL&T Sect 8 Lot: 468 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Brawley School Road, TR McKendree, TR Grasshopper, TR Shadow Lane, at end

Application Information

Applicant's Name or Company Tommy Hall Applicant's Phone # 512.202.7436

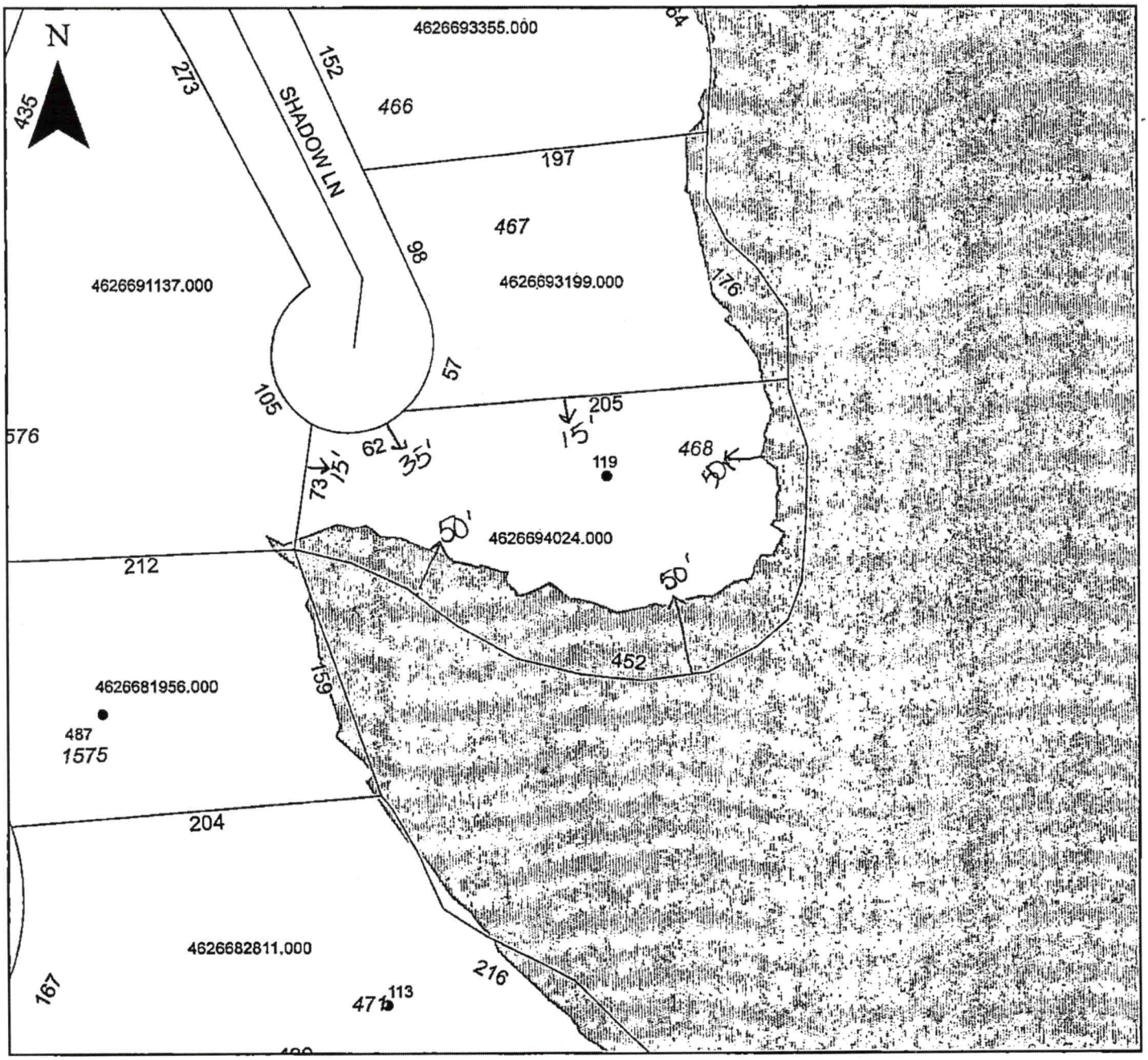
Applicant's Address 12000 Mira Vista Way, Austin Texas 78726

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT [signature] DATE ~~2/22/17~~ 11-9-17

ZONING DISCLAIMER



Property Address 119 Shadow Ln

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. Applicant further acknowledges that the 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

11-13-17
Date