IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240366

PIN # 4627-60-4143

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

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

SITE ADDRESS: 238 Grasshopper Circle Mooresville, NC PHONE: 704-634-1263 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree → R on Grasshopper → Site on Right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: The Farms SECTION: 5 LOT # 599 LOT AREA: DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

7-17-18

Septic Tank	*1000* min (gal)	STB ~~160~~ 390	Date 7-6-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT —	Date —	System Description: 25% Reduction (serial distribution)		☐ Business	No. Persons 8
Pump Make	—	Model —	Serial # —	Repair System Description: same		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 yeans. PIN flags in field represent upper corner / side of drainfield trenches. As of site visit on 11/27/18, house already built.

Floorplans approved 8/29/2017.
* See HOA requirements regarding septic tank size.*

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting, PLLC.

Dated 11/15/18 Adrian Pruett LSS #1314

Revised 11/28/18 (field layout specification page) (page 3)

AS BUILT SKETCH

Installed as shown.

2/4/19 Had to change ST per HOA requirements.
Used Shoaf 390 7/17/18

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: 12/5/18 Installed by: Masten Clover Backhoe Service

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/3/18 OPERATION PERMIT by: Kayla Watson Date: 1-11-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/3/18 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.

GRASSHOPPER CIRCLE

SCALE 1"=50'
THE
FARMS
LOT 599

NORTH

APPROVED DEC X3 2018

OWNER INFORMATION

Owner: CYRAS CUSTOM HOMES
Address: 4436-B SOUTH BLVD.
CHARLOTTE, NC 28209
Phone: 704-634-1263
County: Iredell
Location: THE FARMS LOT 599

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Design Flow 480

25% GRAVITY DESIGN INFORMATION

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

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 9 ft.
Repair Trench Depth: 33 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 99
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 35.64
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Iredell County Health Department (Permit # 139362)

APPROVED DEC 13 2018

THE FARMS LOT 599
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

November 15, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*YELLOW*	*NA*	*NA*	*120*	*120*
2	*ORANGE*	*NA*	*NA*	*120*	*120*
3	*PINK*	*NA*	*NA*	*120*	*120*
4	*YELLOW*	*NA*	*NA*	*120*	*120*
5	ORANGE	NA	NA	120	120
6	PINK	NA	NA	123	123
7	YELLOW	NA	NA	127	127
8	ORANGE	NA	NA	133	133
			Total	**983**	**983**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*480*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	503	*ACCEPT.*	0.250	25% RED.	GRAVITY

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

Comments: ***Flags in field represent upper edge of trench***
Iredell County has CS&SC's permission to change septic tank location and distribution type

APPROVED DEC X3 2018

DOSING CALCULATIONS

Location THE FARMS
Lot No: 599
Address:

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES
Supply Line Length	99 ft.
Supply Line Volume	35.64 gal.
Required Feet of 25% RED. Line	480 ft.
Amount of Line from Layout	480 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	313.44 gal.

APPROVED DEC 13 2018

Lot. 240366

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: CYRAS CUSTOM HOMES Address: 4436-B SOUTH BLVD., CHARLOTTE, N.C Zip: 28209

Applicant Email: PAUL@CYRASCUSTOMHOMES.COM Phone: 704-634-1263 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: 238 GRASSHOPPER CIRCLE MOORESVILLE, NC 28117

Subdivision Name: THE FARMS Section/Phase: _____ Lot Number: 599

Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE, TR GRASSHOPPER, ON RIGHT

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

( ) 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
(×) 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 (×) 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: _____ 11-16-18
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

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 238 GRASSHOPPER CIRCLE, Mooresville NC, identified as PIN (Parcel Identification Number) 4627-60-4143, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adrian Pruett Carolina Soil and Septic Consulting 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
240366
Issue Date: 11/16/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627604143.000	238 GRASSHOPPER CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OM SHERA VENTURES LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 9935-D REA RD STE-210	Address: 162 WEST B ST
CHARLOTTE, NC 28277	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SWIMMING POO -HOUSE UNDER CONSTRUCTION	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.066	35.00	35.00	10.00	10.00	CACL	X

Remarks:

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	159242	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
240366
Issue Date: 11/16/2018

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4627604143.000	238 GRASSHOPPER CIRCLE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: OM SHERA VENTURES LLC Address: 9935-D REA RD STE-210 CHARLOTTE, NC 28277 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

RESIDENTIAL POOL/SPA - IREDELL

Scope of Work

SWIMMING POO -HOUSE UNDER CONSTRUCTION

Permit Details:

EFT	EXPEDITED REVIEW	Amount: 200.00 Amount: Amount: Amount: Amount: Amount: Amount:

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

Date: 11/16/2018

Signature of Owner/Contractor

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

Permit Number	159243	TOTAL FEES:	$ 200.00