ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 315849

APPLICANT/OWNER: Leland Honeyman

APPLICANT ADDRESS: 631 Brawley School Rd, Mooresville NC 28117

PIN # 4628 -81 -552

SITE ADDRESS: 218 Waddell Rd, Mooresville NC 28117

PHONE: 704-995-7912 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Waddell → lot on (R)

SUBDIVISION: CLET

SECTION: 11 LOT # PT. 294 LOT AREA: 1.02 ac

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	EXISTING (gal)	STB	EXISTING	Date	
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields		# Lines		Linear Ft.	
Trench Width	EXISTING	Trench Bottom Depth (Low side)		Gravel Depth	EXISTING

[ ] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: EXISTING

Repair System Description: NONE - exempt

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

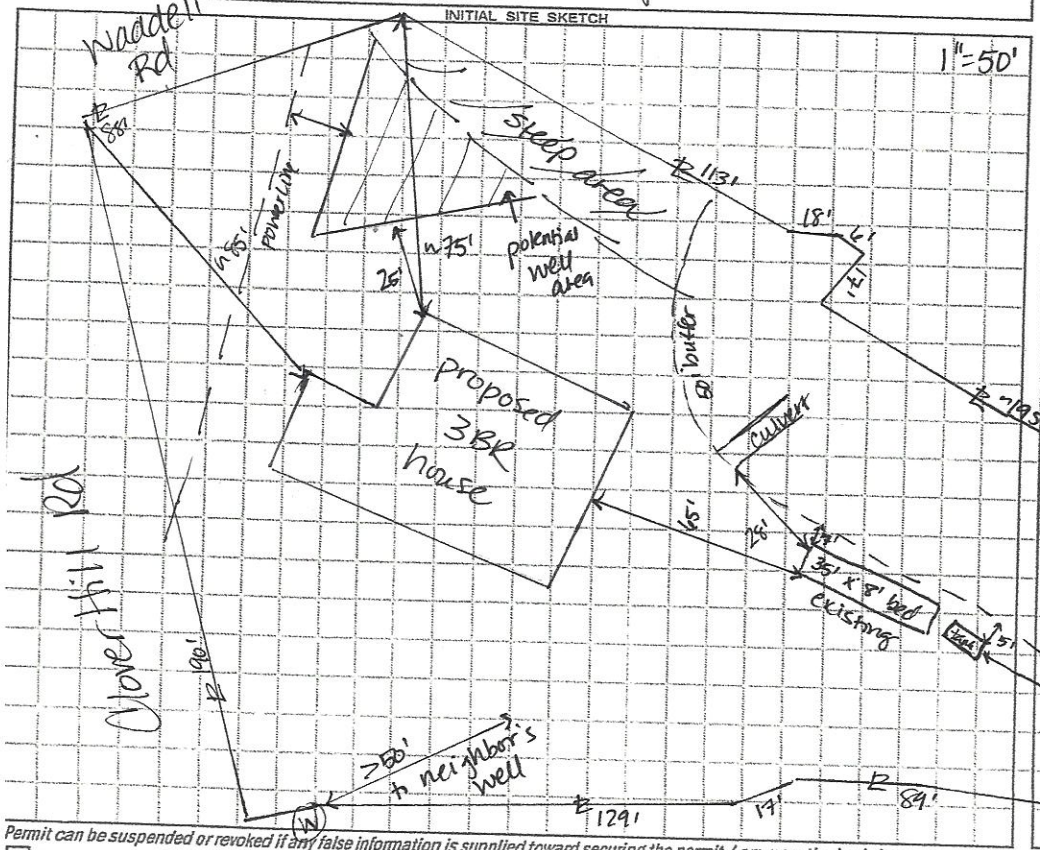
[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[X] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Proposed house meets setbacks, septic system meets setbacks. Use water conservatively.

Based on notes from 6/21/18 permit → M. Dotson observed open backhoe pits with soil that appeared unsuitable. Original permit indicated: system installed in rock, property will not allow regular installation.

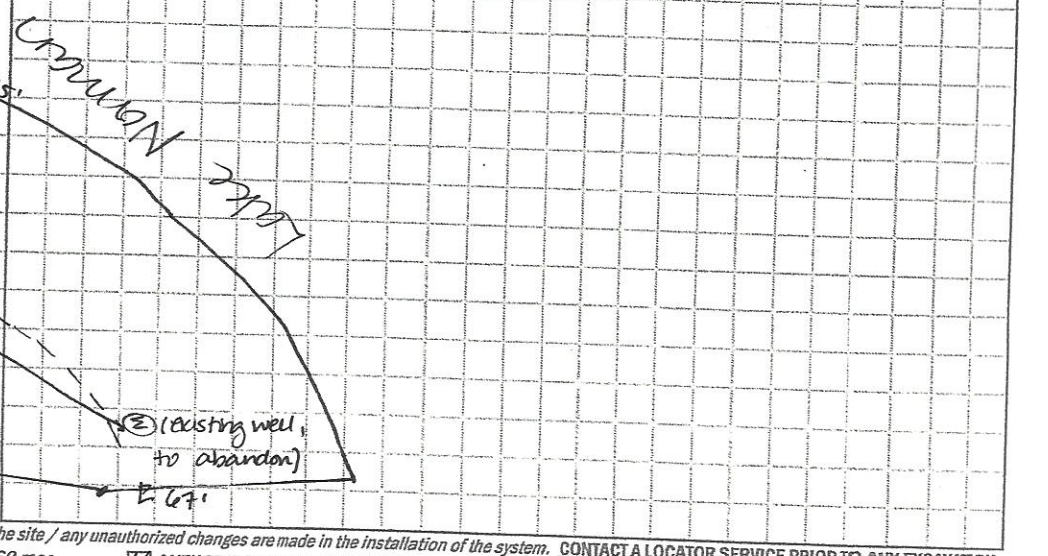
INITIAL SITE SKETCH



AS BUILT SKETCH

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

ICHD CANNOT guarantee system will function properly when connected & used on a regular basis. Based on topography & soil observed by M. Dotson, repair area may not exist.



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: 6-22-2021

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: D. Wieberg Date: 6/7/21

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED MAY 2 1 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-221862 $250.00

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: Leland Honeyman Address: 218 waddell rd Zip: 28117
Applicant Email: Leland Honeyman@Hotmail.com Phone: 704-995-7912 Alt. Phone: _____
Owner Name: Leland Honeyman Address: 631 Brawley school rd Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 218 waddell rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: 3
Maximum Number of Occupants: 6
( ) 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

( ) 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 ( ) 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: _____ 5-21-2021
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, Leland Honeycutt, am the legal owner(s) of the property located at 218 Waddell rd Mooresville, identified as PIN (Parcel Identification Number) 4628815529, located in Iredell County, North Carolina.

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

_____ 5-21-2021
Signature of Owner(s) Date

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

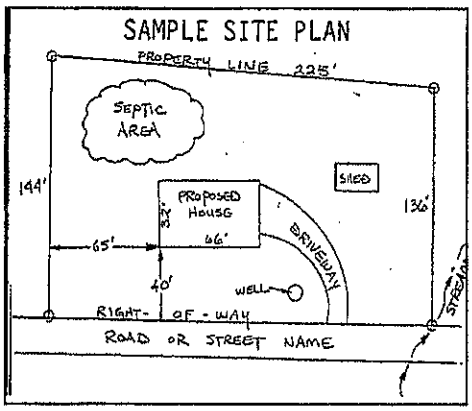
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

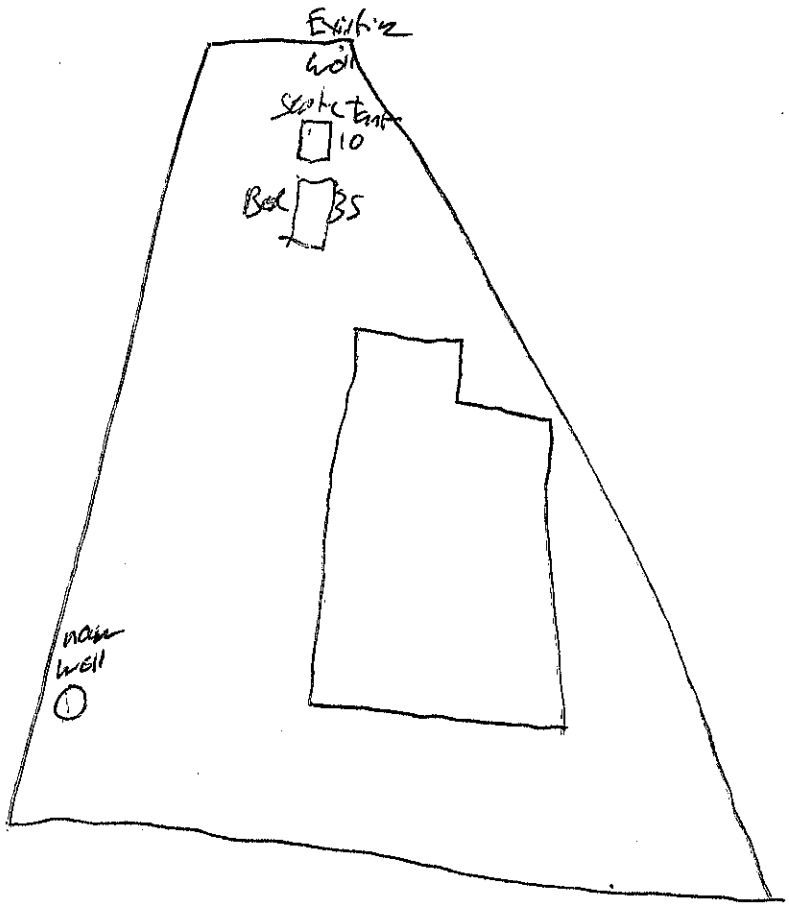
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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)

5-21-2021

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 236395

PIN # 4628815529

APPLICANT/OWNER: Mark Kassay APPLICANT ADDRESS: 71 Cranberry Circle Medford, NY

SITE ADDRESS: 218 Waddell Rd Mooresville, NC 28117 PHONE: 516 807-6687 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W. TR Waddell TR Cloverhill on Corner

SUBDIVISION: N/A SECTION: 11 LOT # 294 LOT AREA: 1.02 Acre

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: Exist

Septic Tank	Exist (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	# Lines	Existing	Linear Ft:		
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	12"	

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

System Description: Existing Gravel - Bed

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

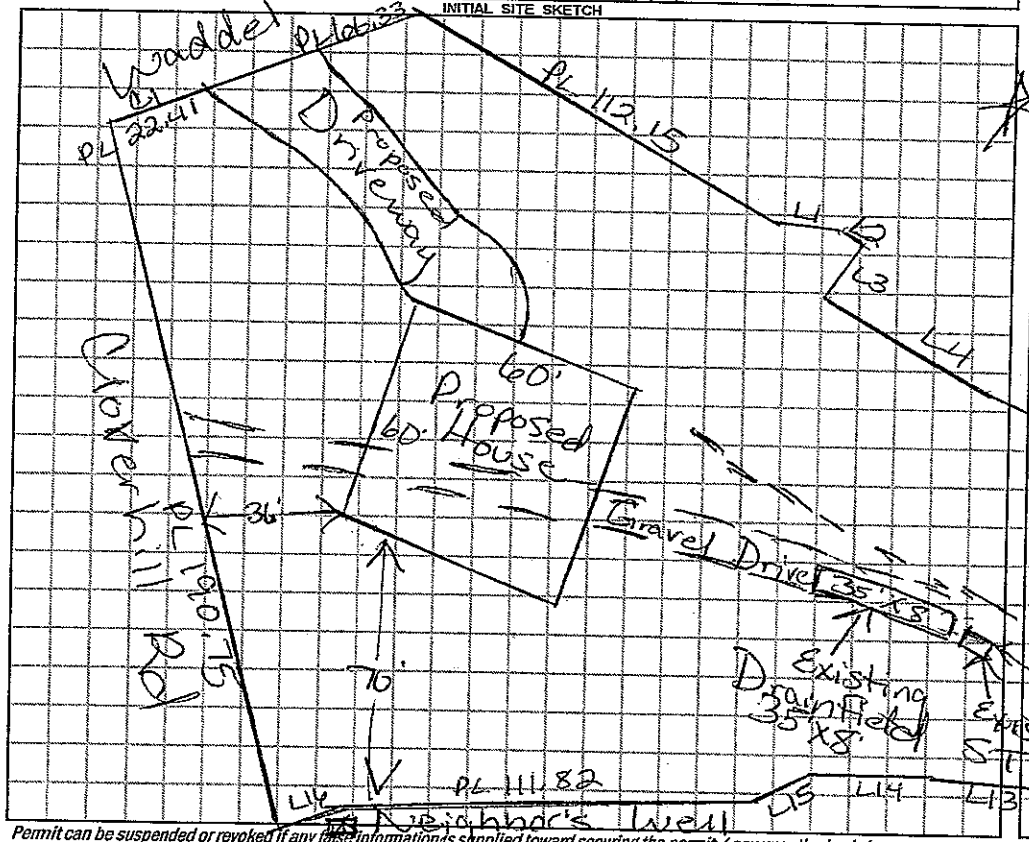
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: The proposed House meets Setbacks to existing Septic System & well House must be built as drawn.

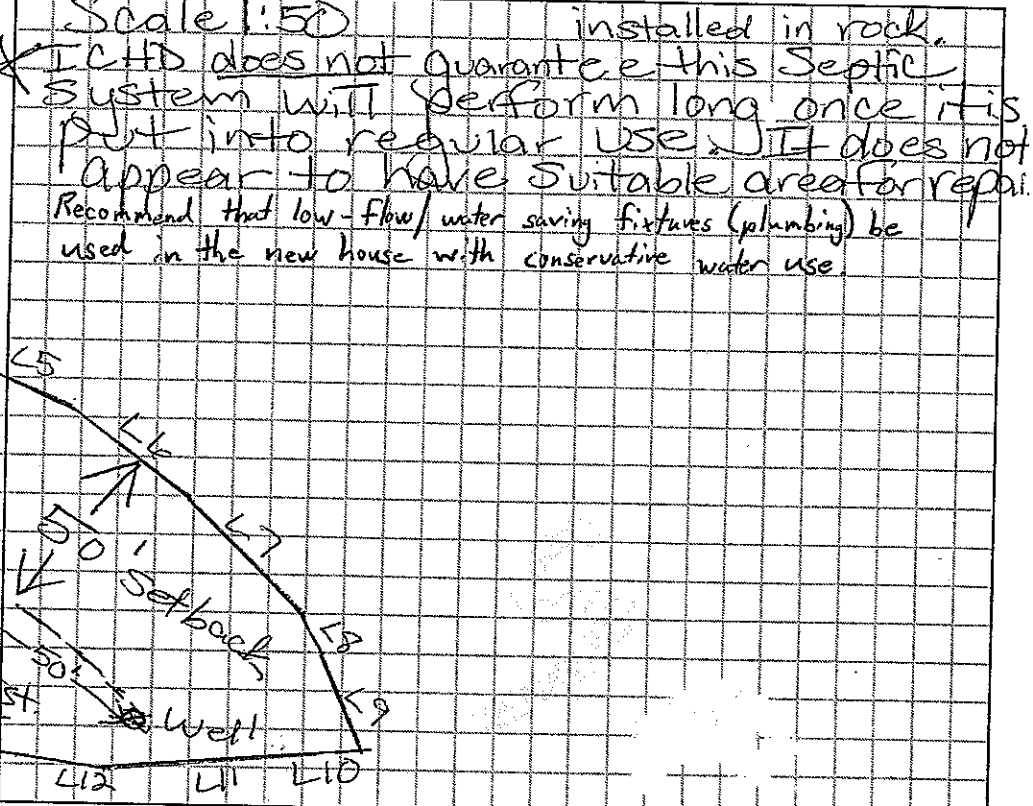
6/18/18 Site visit; walked pass open Backhoe pits the Soil onsite appeared to be unsuitable. Original Septic permit from 9-24-71 stated drain lines were installed in rock. ICHD does not Guarantee this Septic System will perform long once it is put into regular use. If does not appear to have suitable area for repair. Recommend that low-flow/water saving fixtures (plumbing) be used in the new house with conservative water use.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: 6-21-18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marian Dotson Date: 6/21/18

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135215 PIN# 4628 81 5517 5529 DATE 5/1/06

OWNER OR APPLICANT Trevor Ashline PHONE: Business _____ Home _____

ADDRESS 115 Clover Hill Rd Mooresville NC 28117 218 Waddell Rd.

LOCATION 150' W TR Waddell, TR Clover Hill, SW Corner

SUBDIVISION CLOT BLOCK / SECTION 11 LOT 294 LOT AREA 1.116 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: Ex. Gravel Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

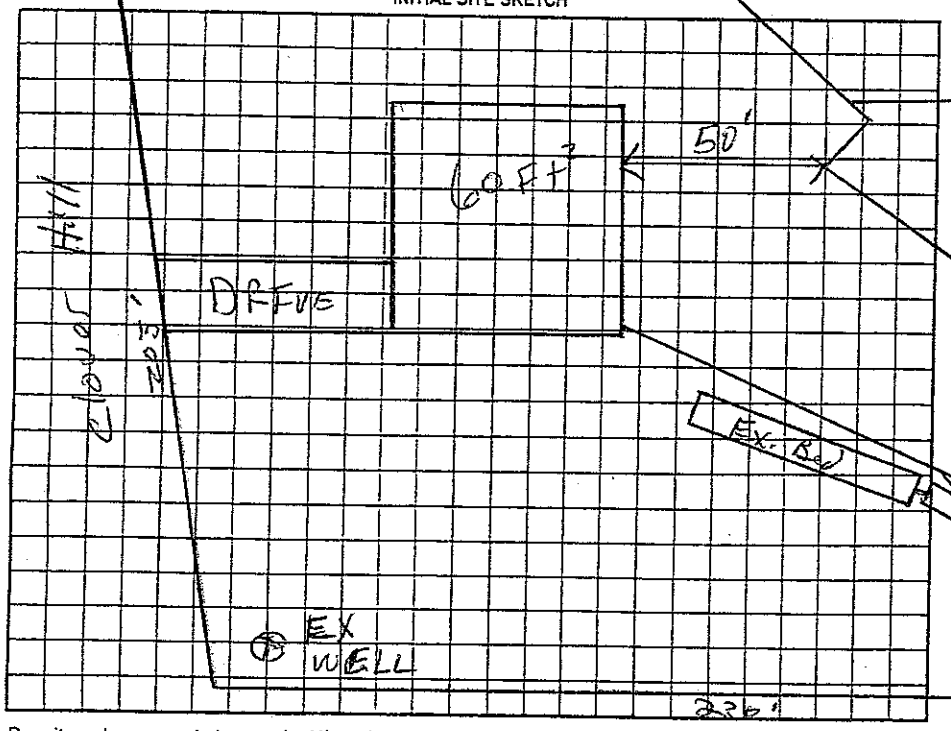
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

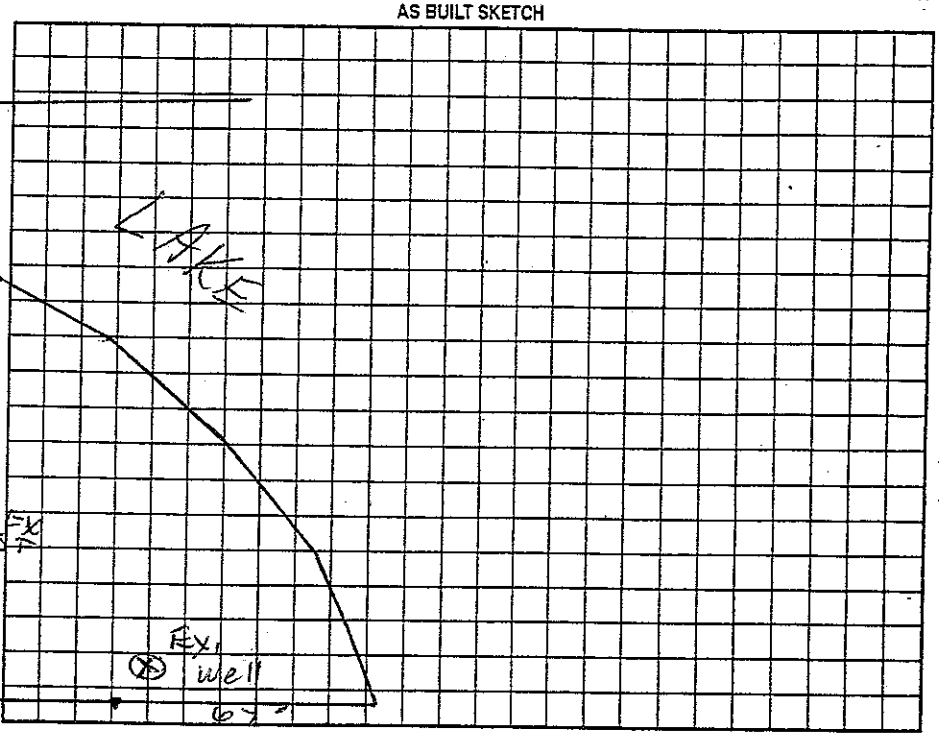
Comments:/Conditions: WATER LINE 95' NOT TO SCALE

Comments:/Conditions:

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. 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: Trevor P. Ashline date 5-2-06 Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: RS date 5/1/06

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

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 James W. Pickler DATE 8-14-79 PERMIT NO. 288

PHONE: Business _____ Home _____

LOCATION 150 W Turn R past Rock Quarry 2nd Rd JR 1st lot on left. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 294 SECTION OR BLOCK NO. 11

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

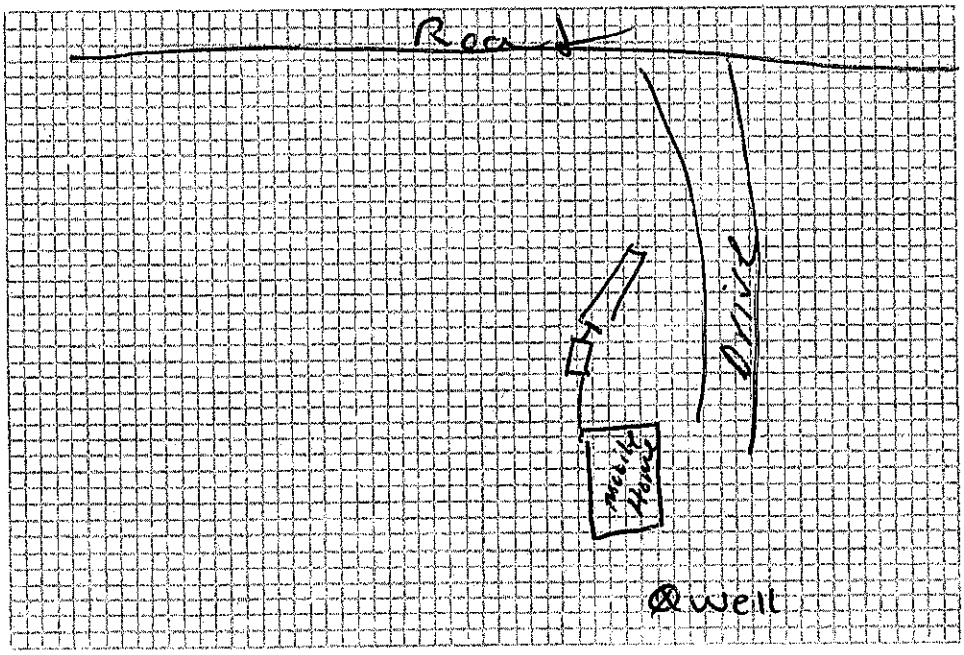
No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area ¾ acre

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Existing System



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by Plato Duckworth
1972

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Was Functioning Properly at time of inspection.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 8-14-

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

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

...TH DEPARTMENT 4628155 29

Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

No. 136 Permit Date 9-24- 1971

Owner Claudine Morgan Address Charlotte

Installed By John Howie Address Lowesville

Location of Property 150 west to right after Gilbert 4/10 mi on right 218 Waddell

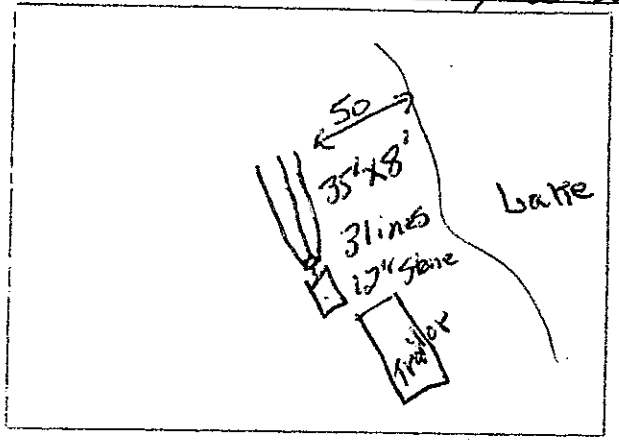
Lot T II Lot 294

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	( )	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other 105'		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

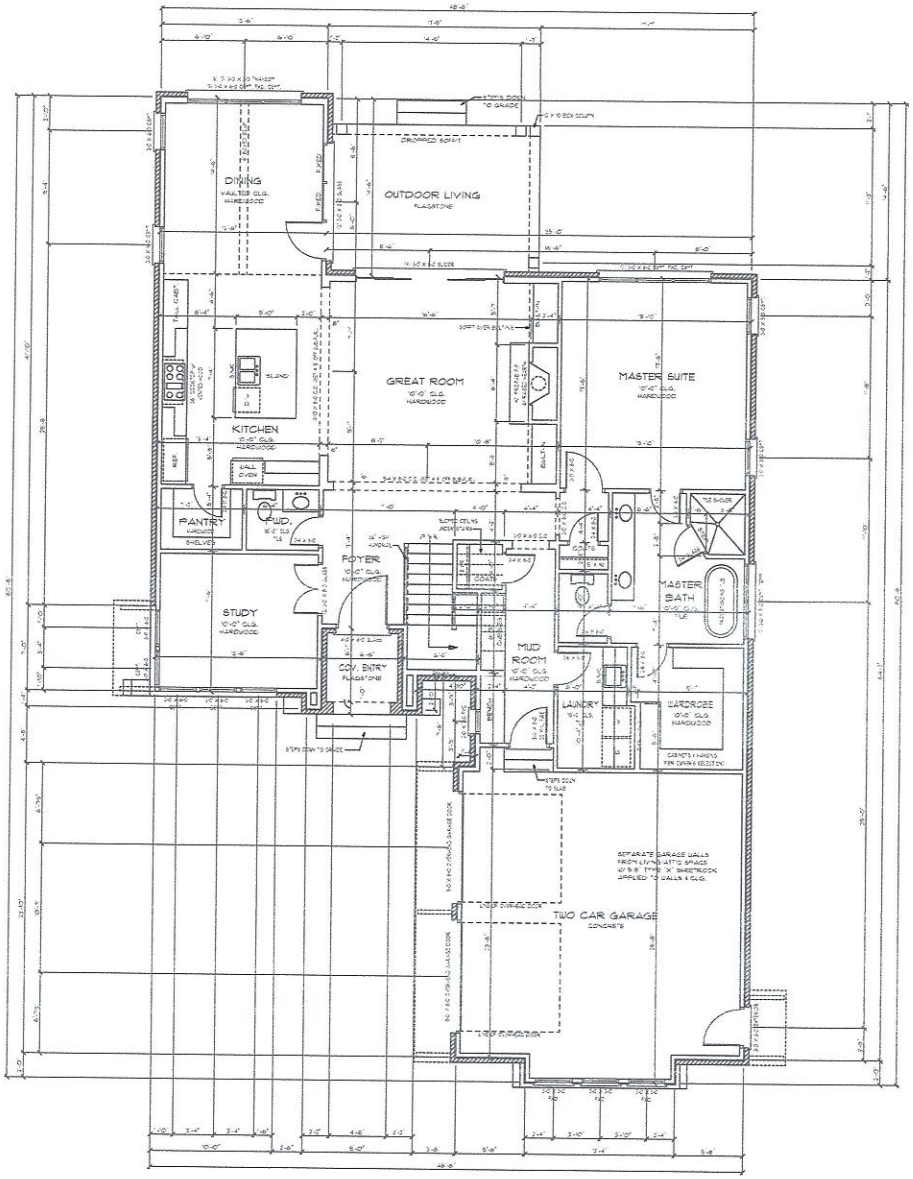
Final Inspection 9- 24- 1971 Approved ( ) Disapproved ( )

Remarks This Property ~~would~~ will not permit a ~~regular~~ regular installation. ~~Twice~~ Twice the regular amount of stone was used and lines were dug in rock. owners responsibility



Sketch of Installation

J. C. Moore
Sanitarian

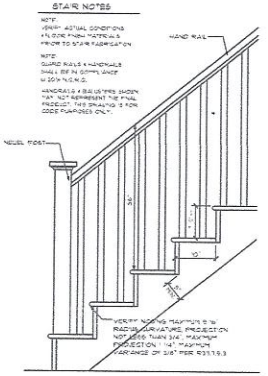


STAIR NOTES

NOTE:
VERIFY ACTUAL CONDITIONS
& FLOOR FINISH MATERIALS
PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS
SHALL BE IN COMPLIANCE
W/ 2009 I.R.C.

HANDRAILS & BALUSTERS SHOWN
MAY NOT REPRESENT THE FINAL
PRODUCT. THIS DRAWING IS FOR
CODE PURPOSES ONLY.



TYPICAL STAIR SECTION
MAIN HOUSE STAIRS
SCALE: 1/2" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 6-22-20
Date 6/7/21

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL
BUILDER TO VERIFY ALL ROUGH & MANUFACTURER
CONDITIONS. ALL PROTECTION DOOR & GLAZING
REQUIREMENTS PER CODE. ALL WINDOW & DOOR
MANUFACTURE SELECTED ALL GLAZING & WINDOWS TO
COMPLY W/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL
CODE.

SQUARE FOOTAGE:

FIRST FLOOR HEATED	1344
SECOND FLOOR HEATED	993
TOTAL HEATED	2337
GARAGE	601
COVERED ENTRY	43
OUTDOOR LIVING	216
TOTAL UNDER ROOF	4198

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND 8' WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST POINT OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

P.O. Box 681286
Mint Hill, NC 28227
TEL: 704-545-2928
ELITEDESIGNGROUP.COM

PROJECT:

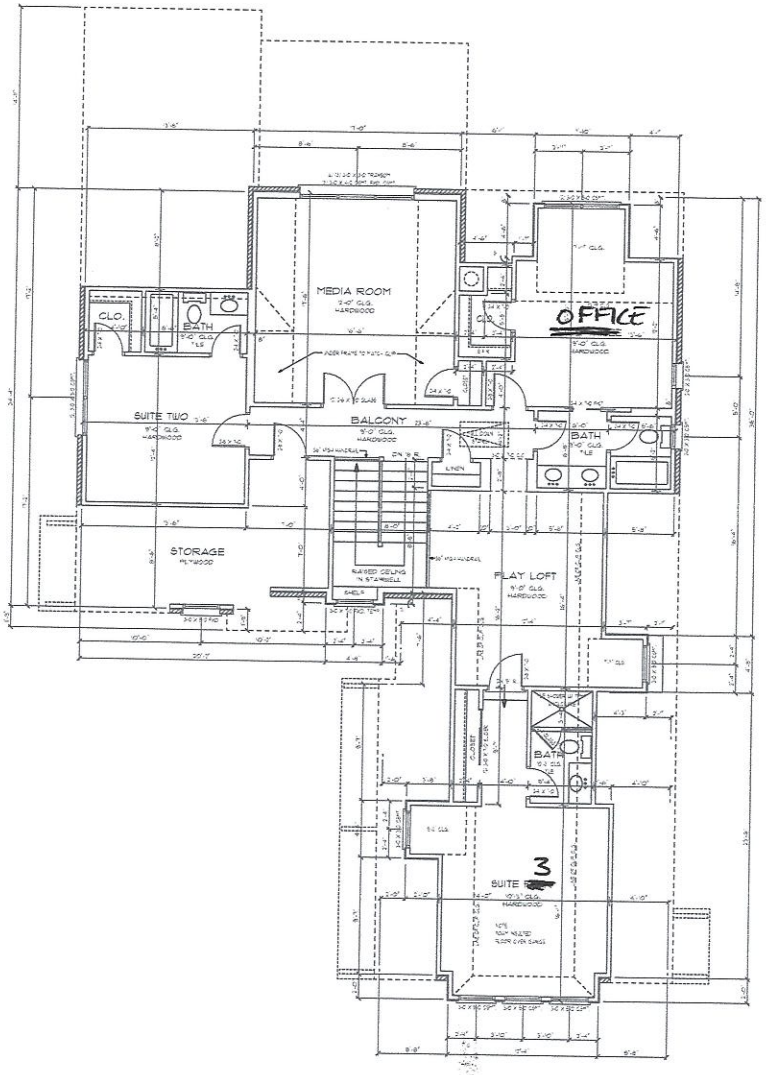
PLAN 3537 - KINGS LANDING

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DATE:
05/06/2021

REVISIONS:
REV:
REV:

SHEET
4
OF 13



Acknowledgement Of Plans Submittal ONLY!

Date 6-28-21

Date 6/7/21

DOOR & WINDOW NOTE

- ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY. ALL EGRESS & NON-EGRESS CONDITIONS, FALL PROTECTION, GLASS & GLAZING REQUIREMENTS PER CODE W. WINDOW & DOOR MANUFACTURER SELECTED. ALL DOORS & WINDOWS TO COMPLY W/ ALL OR 2018 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE.
- "HC" DOOR HT. TYP. 7'-0" WINDOW HT. TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL SECOND FLR. BEAM & SECOND FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED & WINDOWS SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN

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

P.O. Box 691286
Mint Hill, NC 28227
TEL: 704-845-2928
ELITEDESIGNGROUP.COM

PROJECT:

PLAN 3537 - KINGS LANDING

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