IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210753

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

PIN # 4634792289

APPLICANT: Jennifer Abrey/WAC Contract APPLICANT ADDRESS: 3268 Indian Hook Rd Rock Hill SC

SITE ADDRESS: 807 Langtree Mooresville NC 28117 PHONE: ALT. PHONE: 704 361 1085

SITE DIRECTIONS: Hwy 115 S TR Langtree Rd cross I-77 Near end on left (next to All Seasons Marina)

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 720 gpd L.T.A.R.: .3

Septic Tank	1560 (gal)	STB	954	Date	7/16/15	[X] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms 6
Pump Tank	150 (gal)	PT	353	Date	7/16/15	System Description: LPPPBPS		[ ] Business	No. Persons 12
Pump Make		Model		Serial #		Repair System Description: Same		[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[ ] Crawl Space
Trench Width	min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[ ] GRAVITY [X] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: * Must abandon existing well prior to AC being issued
Keep Septic System at least 25ft (if upslope) From basement

* This permit replaces previous permit dated 12/2/15.
10/23/15 Reviewed Floor plans in Compliance with T.P. (Septic Plan)
*Well Abandonment affidavit Rec'd

INITIAL SITE SKETCH

See attached/approved
Septic plan by
Michael Athanas & Assoc.
(dated 8/20/15)

AS BUILT SKETCH

GOULDS WATER TECHNOLOGY

WE0311M

	Date	Initials
Drain Lines Checked	11/3	WS
Tanks Checked	11/3	WS
Pressure Manifold or Valve Box Checked		
Pressure Head Set	11/3	WS
Electrical Checked	7/24	JH
Floats Set	11/3	WS
Alarm Checked	7/24	JH
Maintenance Contract (Y) N	8/1	JH
Comments:		

* Recommend a weep hole be drilled between check valve + pump to prevent air-locking -JH

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

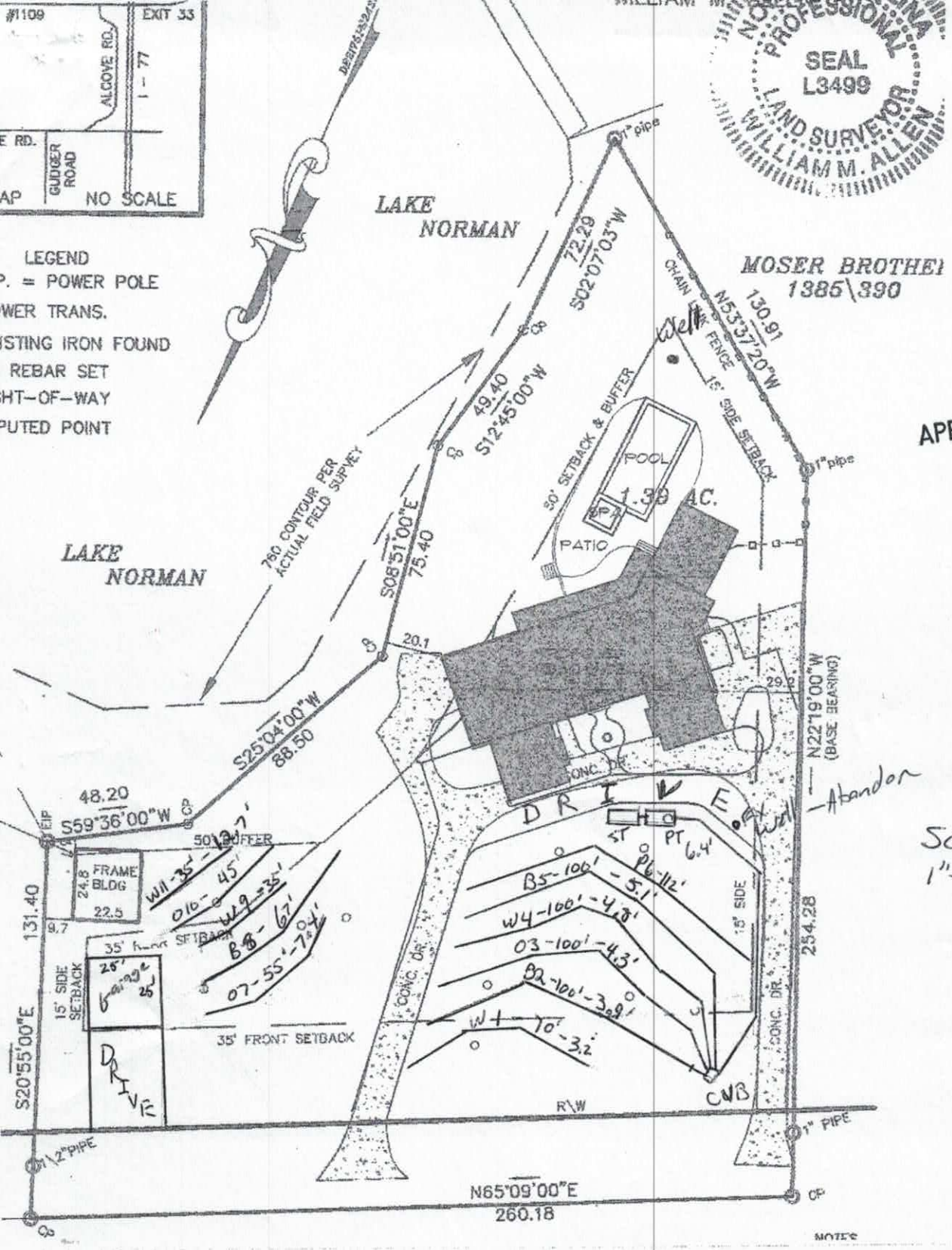
[ ] IMPROVEMENT PERMIT with plat valid without expiration. [ ] IMPROVEMENT PERMIT with site plan valid for 60 mos. [ ] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 10/6/15 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 8/27/15 OPERATION PERMIT by: Tom Shuck Date: 8/1/2017

AUTHORIZATION TO CONSTRUCT by: Date: 10/23/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


#1109
EXIT 33
ALCOVE RD.
I - 77
E RD.
GUDGER ROAD
AP
NO SCALE
LEGEND
P. = POWER POLE
WER TRANS.
ISTING IRON FOUND
REBAR SET
HT-OF-WAY
PUTED POINT
LAKE NORMAN
LAKE NORMAN
MOSER BROTHEI
1385\390
SEAL L3499
LAND SURVEYOR
WILLIAM M. ALLEN
NORTH CAROLINA PROFESSIONAL
1" pipe
72.29
S02°07'03"W
CHAIN LINK FENCE
N53°37'20"W
130.91
Well
15' SIDE SETBACK
49.40
S12°45'00"W
50' SETBACK & BUFFER
POOL
1.39 AC.
PATIO
760 CONTOUR PER ACTUAL FIELD SURVEY
S08°51'00"E
75.40
20.1
29.2
N22°19'00"W
(BASE BEARING)
S25°04'00"W
88.50
CONC. DR.
48.20
S59°36'00"W
EIP
CP
50' BUFFER
FRAME BLDG
24.8
22.5
9.7
131.40
35' FRONT SETBACK
15' SIDE SETBACK
S20°55'00"E
DRIVE
CONC. DR.
ST
PT
6.4'
B5-100'-5.1'
P6-112'
W4-100'-4.3'
03-100'-4.3'
B2-100'-3.9'
W1-70'-3.2'
15' SIDE
254.28
CONC. DR.
CMB
R\W
1" PIPE
1/2" PIPE
N65°09'00"E
260.18
CP
APPROVED AUG 27 2015
Abandon
Scale
1"=50'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

APPROVED AUG 27 2015

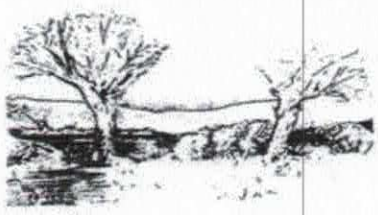
Reference: Data Sheet for 807 Langtree Rd
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 6/720 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 37.7 GPM (92 panels-23 panels per line)
Dosing Volume: 331.2 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 7.5'
Friction Head: 3.6'
Pressure Head: 2'
Total Dynamic Head: 13.1'
Supply Line Length: 115'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
White 1		70'	3.2'
Blue 2	**100'**	**110'**	**3.9'**
Orange 3	**100'**	**128'**	**4.3'**
White 4	**100'**	**112'**	**4.8'**
Blue 5	**100'**	**107'**	**5.1'**
Pink 6		112'	5.6'
Orange 7		55'	7.4'
Blue 8		67'	8.8'
White 9		35'	10.4'
Orange 10		45'	12.1'
White 11		35'	12.7'

APPROVED AUG 27 2015

Initial System: 400' **Repair System:** 419'
Pump Tank: 6.4' **House Corner:** 6.6' **Benchmark:** 3.4'

Comments:
The existing house will be remodeled and expanded. There is also a proposed pool and detached garage. The existing well must be abandoned and a new well installed. The basement will be plumbed with a grinder pump that will lift to the main floor plumbing. The septic lines will use 1 ½" pipe to distribute through the panels. The system will be installed on 8' centers with 24" trench width.



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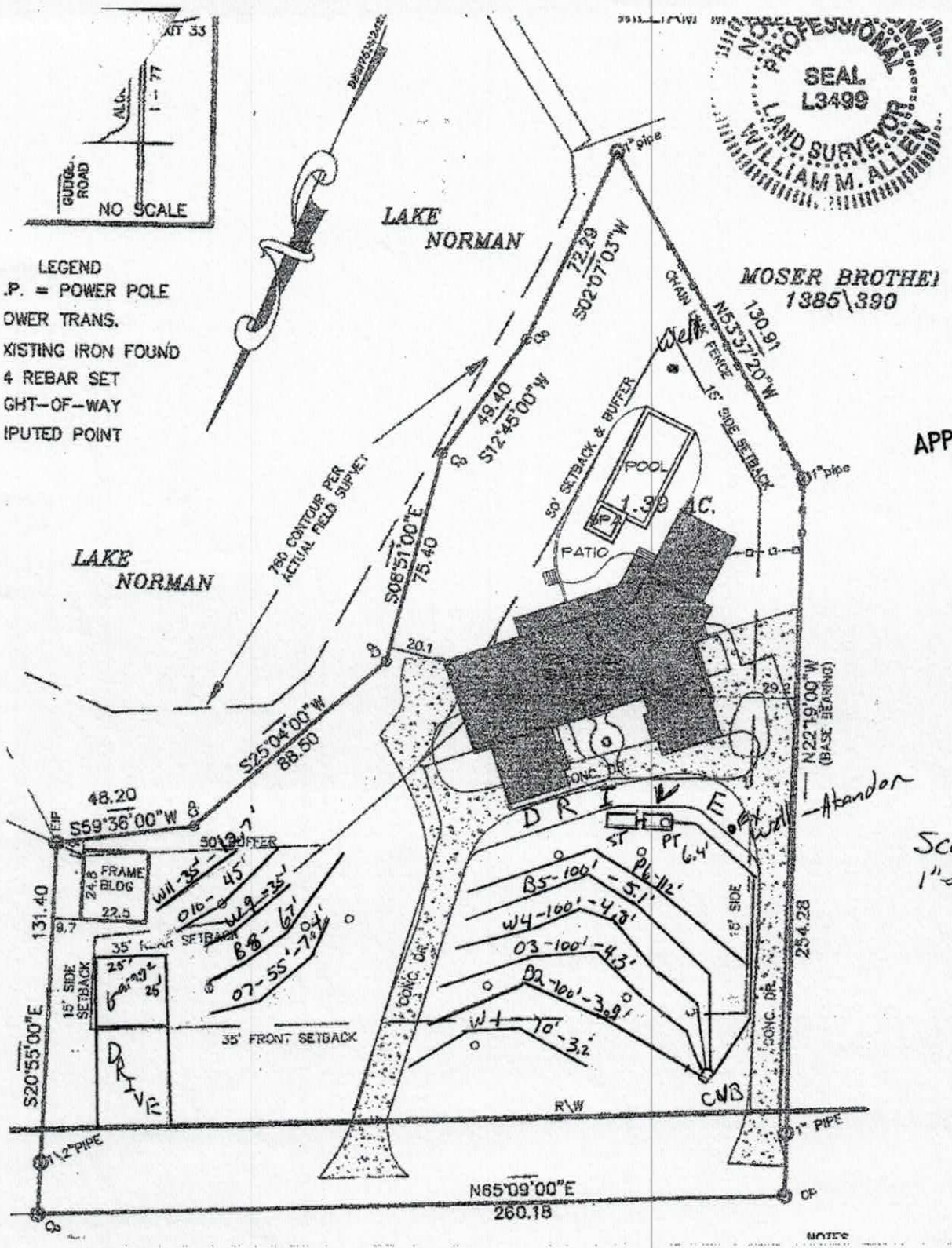
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Water Source: Private well
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Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 37.7 GPM (92 panels-23 panels per line)
Dosing Volume: 331.2 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 7.5'
Friction Head: 3.6'
Pressure Head: 2'
Total Dynamic Head: 13.1'
Supply Line Length: 115'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
White 1		70'	3.2'
Blue 2	**100'**	**110'**	**3.9'**
Orange 3	**100'**	**128'**	**4.3'**
White 4	**100'**	**112'**	**4.8'**
Blue 5	**100'**	**107'**	**5.1'**
Pink 6		112'	5.6'
Orange 7		55'	7.4'
Blue 8		67'	8.8'
White 9		35'	10.4'
Orange 10		45'	12.1'
White 11		35'	12.7'

APPROVED AUG 27 2015

Initial System: 400' **Repair System:** 419'
Pump Tank: 6.4' **House Corner:** 6.6' **Benchmark:** 3.4'

Comments:
The existing house will be remodeled and expanded. There is also a proposed pool and detached garage. The existing well must be abandoned and a new well installed. The basement will be plumbed with a grinder pump that will lift to the main floor plumbing. The septic lines will use 1 ½" pipe to distribute through the panels. The system will be installed on 8' centers with 24" trench width.



APPROVED AUG 27 2015



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

APPROVED JUN 02 2015

Reference: Data Sheet for 807 Langtree Rd
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 6/720 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 36.9 GPM (90 panels-18 panels per line)
Dosing Volume: 324 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 7.5'
Friction Head: 3'
Pressure Head: 2'
Total Dynamic Head: 12.5'
Supply Line Length: 95'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
White 1		70'	3.2'
Blue 2	**80'**	**110'**	**3.9'**
Orange 3	**80'**	**128'**	**4.3'**
White 4	**80'**	**112'**	**4.8'**
Blue 5	**80'**	**100'**	**5.1'**
Pink 6	**80'**	**84'**	**5.6'**
White 7		77'	6.2'
Orange 8		81'	7.4'
Blue 9		71'	8.8'
White 10		75'	10.4'
Orange 11		60'	12.1'

Line	Design Length	Actual Length	Elevation
White 12		35'	12.7'

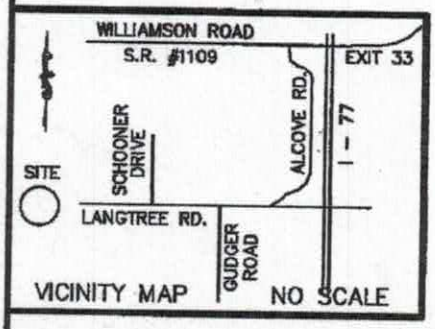
Initial System: 400' **Repair System:** 469'
Pump Tank: 6.4' **House Corner:** 6.6' **Benchmark:** 3.4'

Comments:
The existing house will be remodeled and expanded. There is also a proposed pool and detached garage. The existing well must be abandoned and a new well installed. The basement will be plumbed with a grinder pump that will lift to the main floor plumbing.

plat book_____, page_____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 13, day of MAY, A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



APPROVED JUN 02 2015

APPROVED

LEGEND
- = P.P. = POWER POLE
- □ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- CP = COMPUTED POINT

Scale 1"=50'

LAKE NORMAN

760 CONTOUR PER ACTUAL FIELD SURVEY

LAKE NORMAN

MOSER BROTHERS INC. 1385\390

1" pipe

S02°07'03"W 72.29

CHAIN LINK FENCE

Well

N53°37'20"W 130.91

S12°45'00"W 49.40

50' SETBACK & BUFFER

15' SIDE SETBACK

Possible House Addition

1.39 AC.

Pool

1" pipe

S08°51'00"E 75.40

43.0 1 STORY BRICK COMP. RF.

35' REAR SETBACK

S25°04'00"W 88.50

N22°19'00"W (BASE BEARING)

Well To be abandoned

CONC. DR.

Garage

DRIVE

48.20

S59°36'00"W

EIP

CP

50' BUFFER

FRAME BLDG 24.8 22.5

131.40

9.7

35' REAR SETBACK

15' SIDE SETBACK

35' FRONT SETBACK

septic flags

254.28

15' SIDE

CONC. DR.

LOT 2 ZEB MOSER JR. 734\152

S20°55'00"E

well on opposite Corner

BM 3.4'

R\W

1\2" PIPE

1" PIPE

N65°09'00"E 260.18

LANGTREE RD. (60' PUBLIC R\W)

R\W

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 5\8\15)
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN

0' 25' 50' 100'

PHYSICAL SURVEY

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4634792289_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Tony Hastings_____ APPLICATION DATE_____
ADDRESS: _3269 India Hook Rd., Rock Hill, SC 29732_____ DATE EVALUATED: _____
PROPOSED FACILITY: _6 bdrm_____ PROPOSED DESIGN FLOW (.1949): __720 GPD_____ PROPERTY SIZE: _1.39 AC_____
LOCATION OF SITE: __807 Langtree Rd_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

APPROVED JUN 02 2015

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 5%	0-22	R C SBK	FR SS SP	N/A	48"	F-C SAP	N/A	PS 0.3
		22-48	R CL WSBK	FR SS SP					
AB 2	LS 5%	0-4	Br CL WSBK	FR SS SP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-26	R C SBK	FR SS SP					
		26-48	R CL WSBK	FR SS SP					
AB 3	LS 5%	0-28	R C SBK	FR SS SP	N/A	48"	F-C SAP	N/A	PS 0.3
		28-48	R CL WSBK	FR SS SP					
AB 4	LS 5%	0-3	Br CL WSBK	FR SS SP	N/A	38"	F-C SAP PS	N/A	PS 0.3
		3-20	R C SBK	FR SS SP					
		20-38	R CL WSBK	FR SS SP					
		38-51	SL SAP M	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1407 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____M A & A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

APPROVED JUN 02 2015

PROPERTY ID #: 4634792289____
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	LS 8%	0-3	Br CL WSBK	FR SS SP	N/A	32"		N/A	PS 0.3
		3-16	R C SBK	FR SS SP					
		16-32	R CL WSBK	FR SS SP			F-C SAP		
		32-50	L SAP M	FR SS SP			PS		
AB 6	LS 5%	0-22	FILL		N/A	48"		N/A	PS 0.3 >22"
		22-38	R C SBK	FR SS SP			F-C SAP		
		38-48	R CL WSBK	FR SS SP					
AB 7	LS 5%	0-20	R C SBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		20-48	R CL WSBK	FR SS SP					
PIT 1	LS 5%	0-8	Br CL WSBK	FR SS SP	N/A	60"		N/A	PS 0.3
		8-31	R C SBK	FR SS SP			F-C SAP		
		31-60	R CL WSBK	FR SS SP					
PIT 2	LS 5%	0-5	Br CL WSBK	FR SS SP	N/A	60"		N/A	PS 0.3
		5-39	R C SBK	FR SS SP			F-C SAP		
		39-60	R CL WSBK	FR SS SP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

APPROVED JUN 02 2015

PROPERTY ID #: 4634792289____
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 3	LS 5% ✓	0-5	Br CL WSBK	FR SS SP	N/A	65"	F-C SAP	N/A	PS 0.3
		5-30	R C SBK	FR SS SP					
		30-65	R C WSBK	FR SS SP					
PIT 4	LS 8% OK	0-3	BR CL WSBK	FR SS SP	N/A	40"	F-C SAP PS	N/A	PS 0.3
		3-16	R C SBK	FR SS SP					
		16-40	R CL WSBK	FR SS SP					
		40-60	L SAP M	FR SS SP					
PIT 5	LS 8% OK	0-17	FILL		N/A	46"	F-C SAP PS	N/A	PS 0.3 >17"
		17-46	R CL WSBK	FR SS SP					
		46-65	L SAP M	FR SS SP					

COMMENTS: _____

RECEIVED OCT 1 5 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#210753

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:

Applicant Name: WAC Contracting LLC **Address:** 127 E Promenade Drive Mooresville NC **Phone:** 704-361-1085

Owner Name: Jennifer Abreu **Address:** _____ **Phone:** 516-317-6218

Property Information:

Street Address: 807 Langtree Rd Mooresville NC

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

Driving Directions: 77 Exit 31 Langtree

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

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

Maximum Number of Bedrooms: 6
Maximum Number of Occupants: 12
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) 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 ( ) 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: _____ 10/15/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

WCLARK5R@WACContracting.com – Email Well Permit

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Jennifer Abrey, am the legal owner(s) of the property located at 807 Langtree Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas, WAC Contracting, Inc., 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.

Jennifer Abrey — 10/14/15
Signature of Owner(s) — Date

[signature] — 10/15/15
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

RECEIVED AUG 20 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $75.00 #210753

Ltd Relayout

Application For:

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

(X) 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:

Place an (X) *beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Jennifer Abrey **Address:** 3268 Indian Hook Rd Rockhill, SC **Phone:** _____

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 807 Longtree

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

Driving Directions: 115 S, TR Longtree, near End on Lt

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: 6
Maximum Number of Occupants: _____
(X) 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:

(X) 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 (X) 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: _____ 8/20/2015

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

Paid $350.00 5-20-15
Paid $500.00 6-4-15
#210753

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ENVIRONMENTAL HEALTH DIVISION
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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: WAC contracting **Address:** 127-E Promenade Dr Mooresville NC 28117 **Phone:** 704 799-1752

Owner Name: Tony Hastings **Address:** 3268 Indian Hook Rd Rock Hill SC **Phone:**

Property Information:

Street Address: 807 Laurtree

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

Driving Directions: 115 S, TR Laurtree, on LT

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: 6
Maximum Number of Occupants:
(X) 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:

(X) 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 (X) 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: _____ 5/26/2015
(Property owner or owner's legal representative signature (SIGNATURE REQUIRED)) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, ANITA LUM, am the legal owner of the property located at 807 LANGTREE RD, identified as PIN(Parcel Identification Number) 4634192289, located in Iredell County, North Carolina.

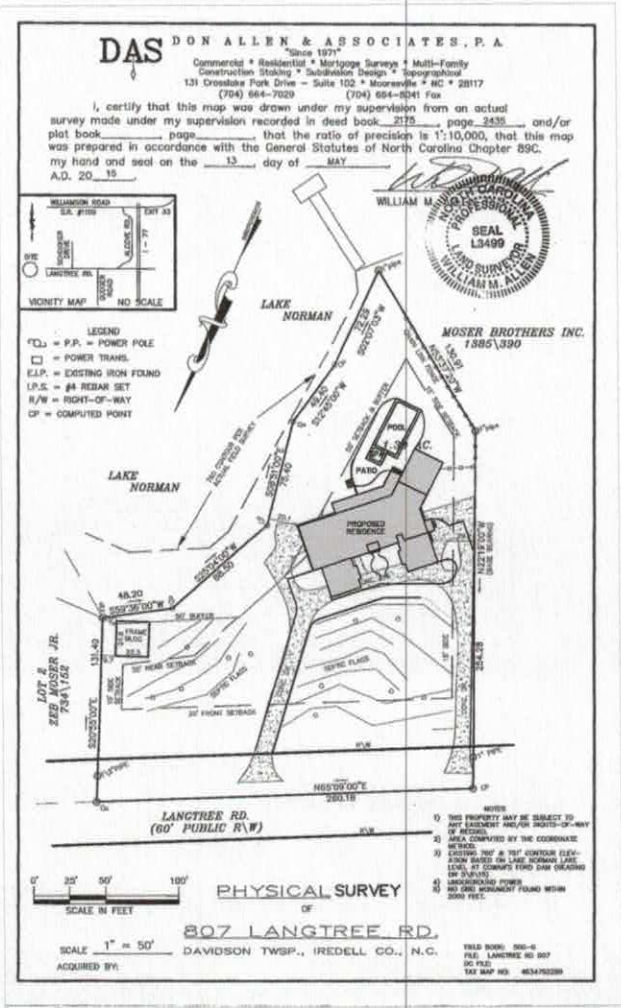
I do hereby authorize (print authorized agent/company name) MICHAEL ATHANAS + ASSOCIATES, INC WAE CONTRACTING INC, -704-361-1085 Wyatt Clark, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 5/27/15
Signature of Owner Date

_____ 5/27/15
Signature of Witness Date



HOME RENOVATION DESIGN
for
THE ABREU & LUM FAMILY
by

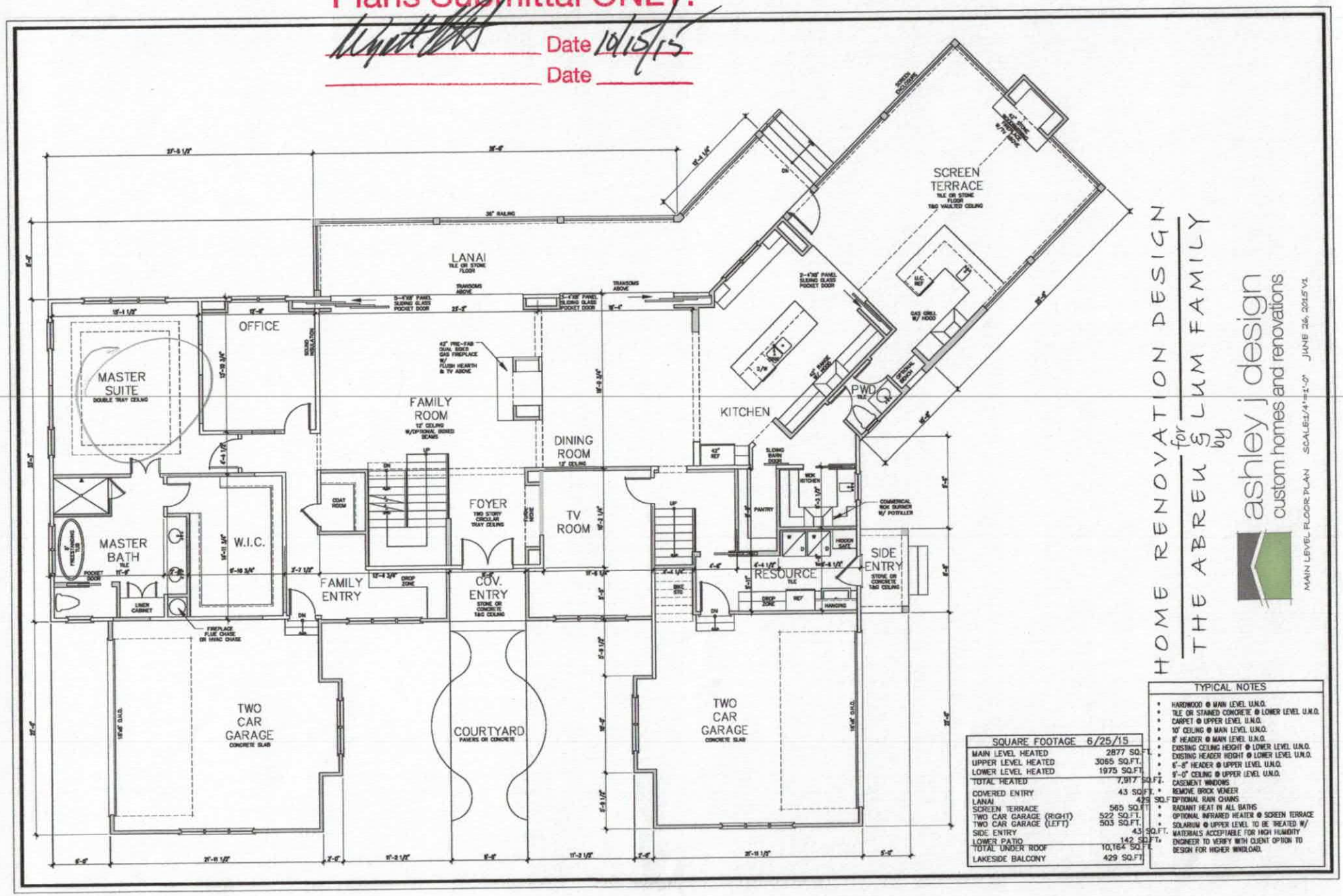
ashley j design
custom homes and renovations

PROPOSED SITE PLAN SCALE:1"=40'-0" JUNE 26, 2015 V1

Acknowledgement of
Plans Submittal ONLY!

Date 10/15/15

Date



HOME RENOVATION DESIGN
for
THE ABREU & LUM FAMILY
by
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MAIN LEVEL FLOOR PLAN SCALE: 1/4"=1'-0" JUNE 26, 2015 V1

SQUARE FOOTAGE 6/25/15	
MAIN LEVEL HEATED	2877 SQ.FT.
UPPER LEVEL HEATED	3065 SQ.FT.
LOWER LEVEL HEATED	1975 SQ.FT.
TOTAL HEATED	7,917 SQ.FT.
COVERED ENTRY	43 SQ.FT.
LANAI	429 SQ.FT.
SCREEN TERRACE	565 SQ.FT.
TWO CAR GARAGE (RIGHT)	522 SQ.FT.
TWO CAR GARAGE (LEFT)	503 SQ.FT.
SIDE ENTRY	43 SQ.FT.
LOWER PATIO	142 SQ.FT.
TOTAL UNDER ROOF	10,164 SQ.FT.
LAKESIDE BALCONY	429 SQ.FT.

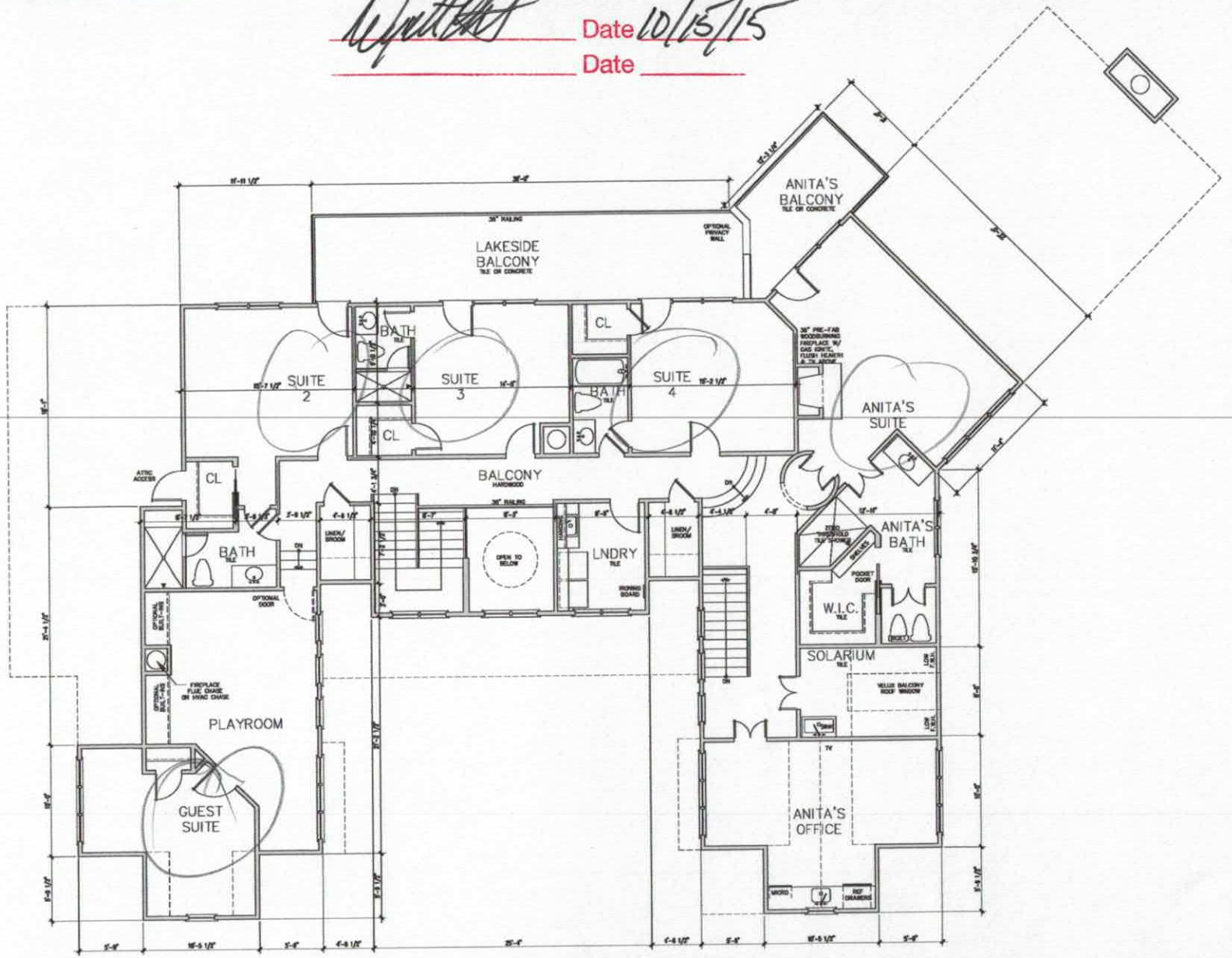
TYPICAL NOTES

- HARDWOOD @ MAIN LEVEL U.N.O.
- TILE OR STAINED CONCRETE @ LOWER LEVEL U.N.O.
- CARPET @ UPPER LEVEL U.N.O.
- 10' CEILING @ MAIN LEVEL U.N.O.
- 8' HEADER @ MAIN LEVEL U.N.O.
- EXISTING CEILING HEIGHT @ LOWER LEVEL U.N.O.
- EXISTING HEADER HEIGHT @ LOWER LEVEL U.N.O.
- 8'-8" HEADER @ UPPER LEVEL U.N.O.
- 9'-0" CEILING @ UPPER LEVEL U.N.O.
- CASEMENT WINDOWS
- REMOVE BRICK VENEER
- OPTIONAL RAIN CHAINS
- RADIANT HEAT IN ALL BATHS
- OPTIONAL INFRARED HEATER @ SCREEN TERRACE
- SOLARIUM @ UPPER LEVEL TO BE TREATED W/ MATERIALS ACCEPTABLE FOR HIGH HUMIDITY ENGINEER TO VERIFY WITH CLIENT OPTION TO DESIGN FOR HIGHER WINDLOAD.

Acknowledgement of
Plans Submittal ONLY

Date 10/15/15

Date



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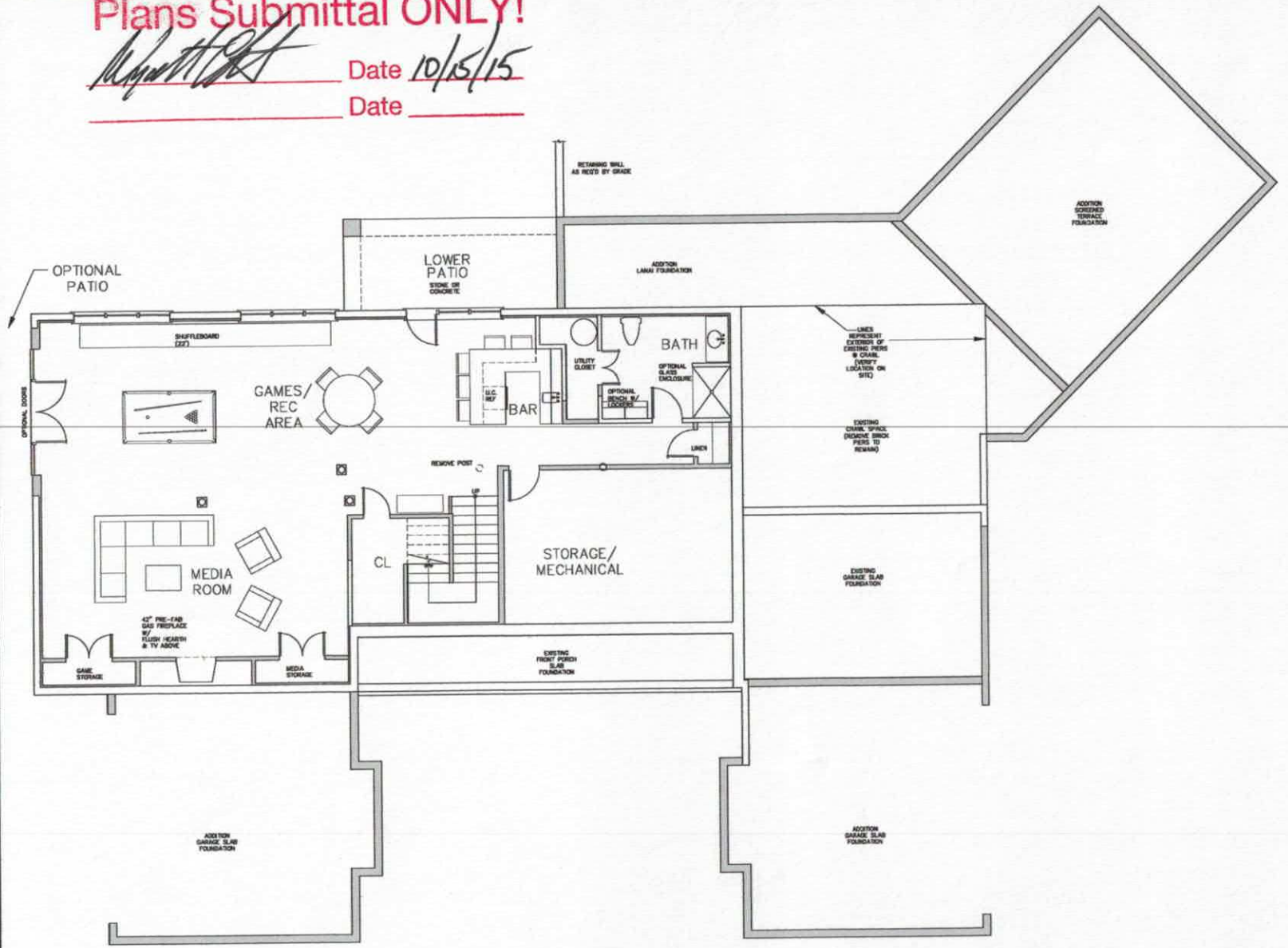
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UPPER LEVEL FLOOR PLAN SCALE: 1/4"=1'-0" JUNE 26, 2015 V1

Acknowledgement of
Plans Submittal ONLY!

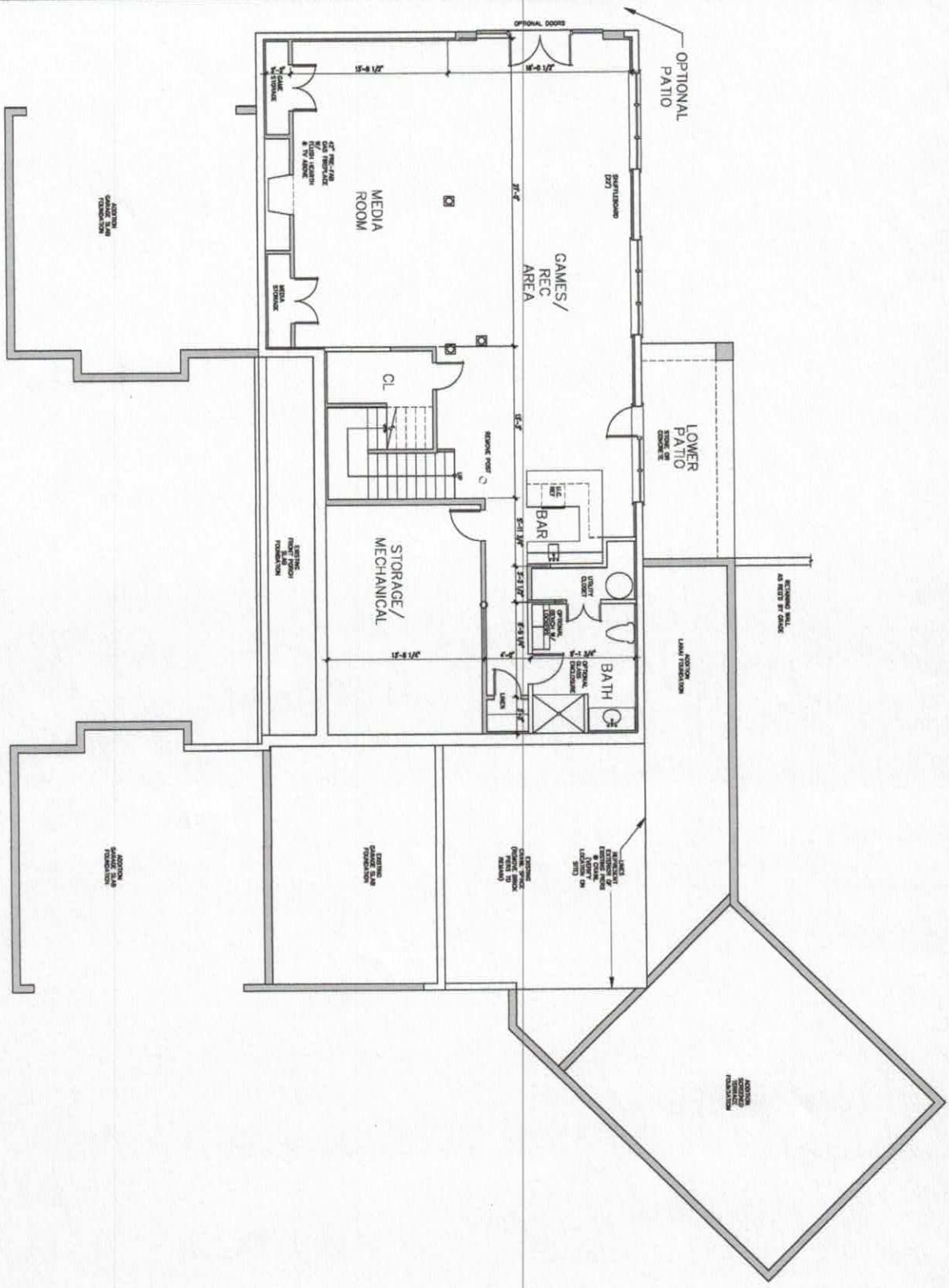
_____ Date 10/15/15

_____ Date _____



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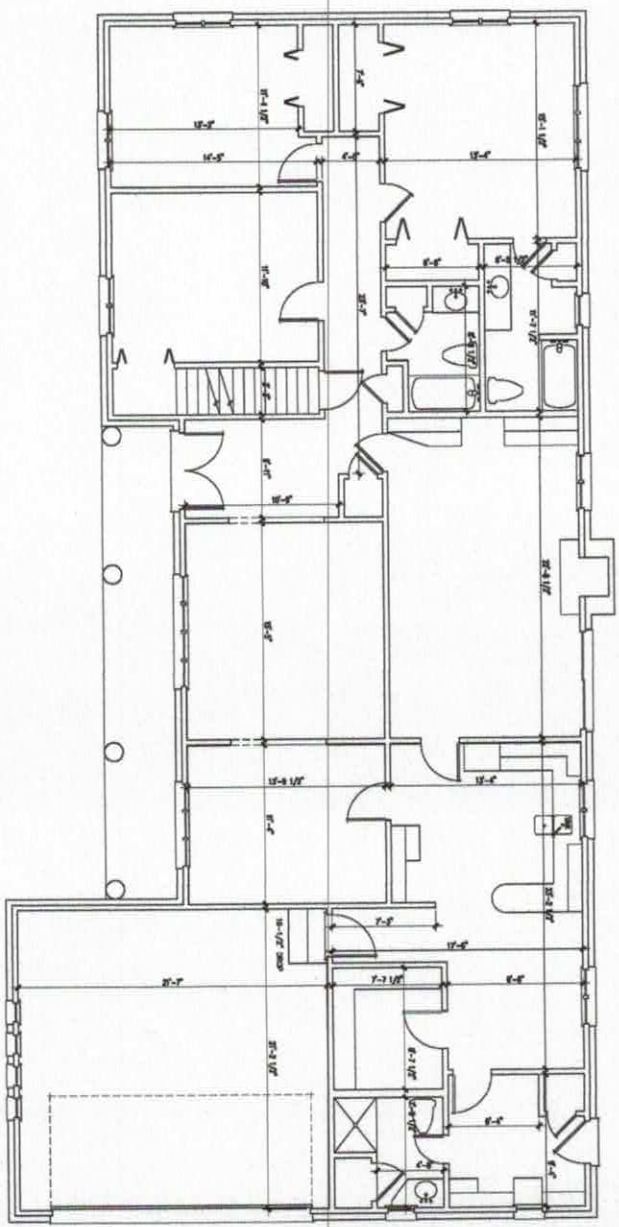
LOWER LEVEL FLOOR PLAN SCALE: 1/4"=1'-0" JUNE 26, 2015 V1



HOME RENOVATION DESIGN
for
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LOWER LEVEL FLOOR PLAN SCALE:1/4"=1'-0" JUNE 26, 2015 V1



EXISTING SQUARE FOOTAGE	
EXISTING MAIN LEVEL HEATED	2490 SQ.FT.
EXISTING FRONT PORCH	168 SQ.FT.
EXISTING UNFINISHED BASEMENT	1,575SQ.FT.
EXISTING TWO CAR GARAGE	502 SQ.FT.
EXISTING TOTAL UNDER ROOF	5,043 SQ.FT.

TYPICAL NOTES
CARPET & LINOLEUM @ MAIN LEVEL
CONCRETE SLAB @ LOWER LEVEL
6'-8" HEADER
8'-0" CEILING
CASEMENT WINDOWS
BRICK VENEER

HOME RENOVATION DESIGN
for
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by

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EXISTING MAIN LEVEL SCALE:1/4"=1'-0" JUNE 26, 2015 V1

IREDELL COUNTY

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

APPLICATION NUMBER
210753
Issue Date: 05/26/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4634792289.000	807 LANGTREE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HASTINGS TONY E+LINDA H LIPE	Applicant: WAC CONTRACTING INC
Address: 3268 INDIA HOOK RD MOORESVILLE, SC 29732	Address: 127-E PROMENADE DR MOORESVILLE, NC 28117
Phone:	Phone: 704-799-1752

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.400	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	39138	TOTAL FEES:	$ 77.25