4100

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP302962

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

PIN # 4635 --06 --9936

APPLICANT/OWNER: Ryan & Laura McKinney | APPLICANT ADDRESS: 165 Mayfair Mooresville NC 28117

SITE ADDRESS: 165 Mayfair Mooresville NC 28117 | PHONE: 704/668-3881 | ALT. PHONE

SITE DIRECTIONS: Brawley School Road Dan Chatham Dan Mayfair | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point | SECTION: 1-B | LOT # 46/464 | LOT AREA: .64 Acres | DESIGN FLOW: 480 | L.T.A.R.: -30

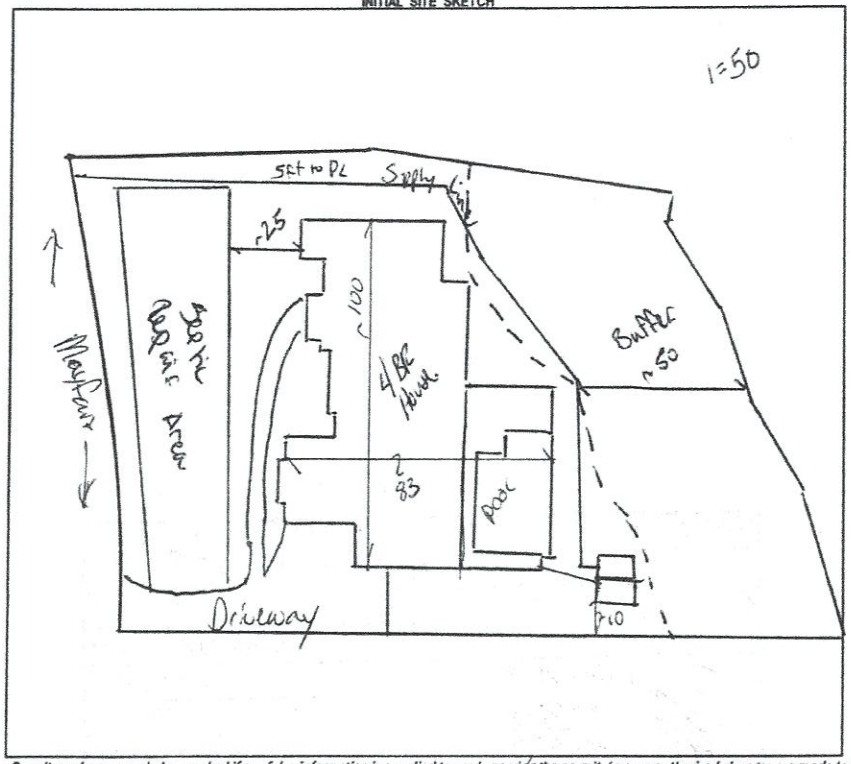
Septic Tank 1000/1500 (gal)	STB SHOAF 390	Date 4/11	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000/1500 (gal)	PT SHOAF PT353	Date 5/2	System Description: PM - 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: LP - PPBPS Soil Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 6	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☐ Crawl Space	☒ Community
Trench Width 36 in	Trench Bottom Depth (Deepside) 30 in max	Gravel Depth —		☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on the Contours of the Land. Pressure Manifold to be 10ft from property line. Do not Drive, park, pave, grade or bury utilities in Drainfield Area.

OK to - Contractor to run supply line on other side of house. MD

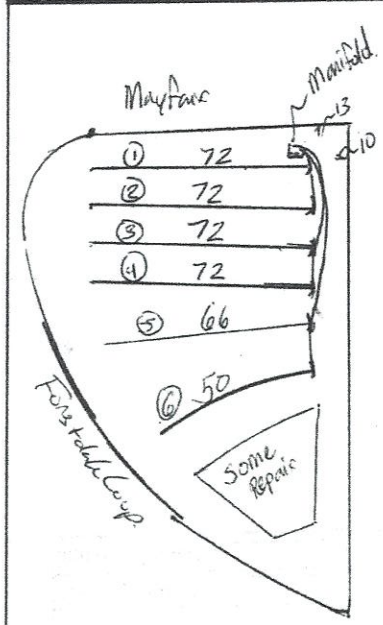
6/18/21 waterline removed from ~~side of~~ repair area ~~Supply line hook up~~ Checked

INITIAL SITE SKETCH



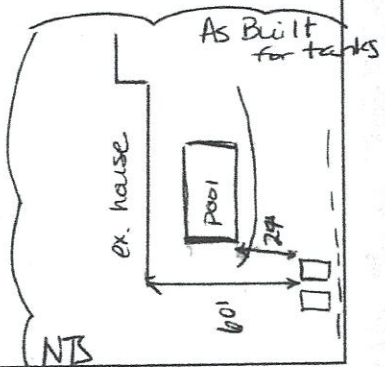
AS BUILT SKETCH

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.



Taps: Line 1+2 Some Tap 3/4 sch40 @ 12.5 gpm
Line 3+4 Some Tap 3/4 sch40 @ 12.5 gpm
Line 5+6 Some Tap 3/4 sch80 @ 10.1 gpm

System Flow Rate = 35 gpm
182 gallon Dose
5.2 min pump Run
8.6 in Drawdown



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: Ryan McKinney Date: 5-4-21 | Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 4-27-2021 | OPERATION PERMIT by: Date: 6-30-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 4-27-2021 | Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	6-10-20	
Tanks Checked	6/8/21	DW
Pressure Manifold or Valve Box Checked	6-10-20	
Pressure Head Set	6-30-20	
Electrical Checked	6-30-20	
Floats Set	6-30-20	
Alarm Checked	6-30-20	
Maintenance Contract Needed? Y/(N)		
Comments:	6/18/21	MX

Supply line Hook Up to Offsite & Waterline removed from Repair Area

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System?	
Initial or Repair?	

6/25/21
Not enough
Pump.

Stub out for supply line is on another property (used to be part of this lot, new lot lines put it on neighbor's property) - no access to stubout / easement designated.

RECEIVED APR 1 4 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-302962 $320.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: RYAN + LAURA MCKINNEY Address: 165 MAYFAIR MOORESVILLE Zip: 28117
Applicant Email: LYENTZER@YAHOO.COM Phone: 704-668-3882 Alt. Phone: _____
Owner Name: SEE ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: House @ 165 Mayfair Rd.
Street Address: Septic : OFF-SITE @ LOT 46A FORESTDALE LOOP (SEE PERMIT attached).
Subdivision Name: THE POINT Section/Phase: _____ Lot Number: 46A
Driving Directions: Brawley, LT Chatham Rd, LT Mayfair, Forestdale Loop on RT

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: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: bed room septic evaluate 4-5

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) Other: 125% Reduction

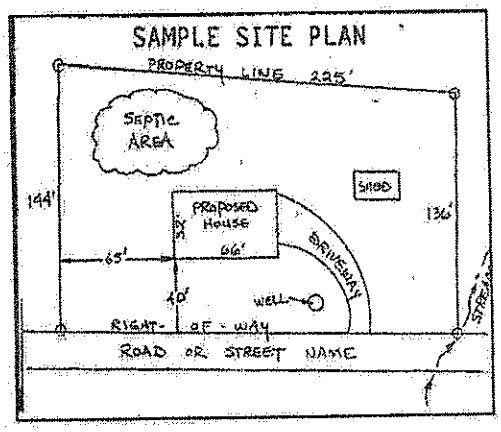
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Ryan McKinney 4/13/21.
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) 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

Please see permit attached.

I worked with BEN on this; I would like to evaluate the current LOT (4bdr) for a 25% Reduction system. My preference is that we evaluate the area to support a 5 bedroom house (with a 25% Reduction system), not a panel system currently outlined on the permit. If a 5 bedroom house system can't be placed on the lot, then please confirm/evaluate that a 4 bedroom (25% Reduction system) can be placed on the lot.

Please call me with any questions: Ryan McKinney 704-668-3882

Thanks

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

4/13/21
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*) Ryan McKinney

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

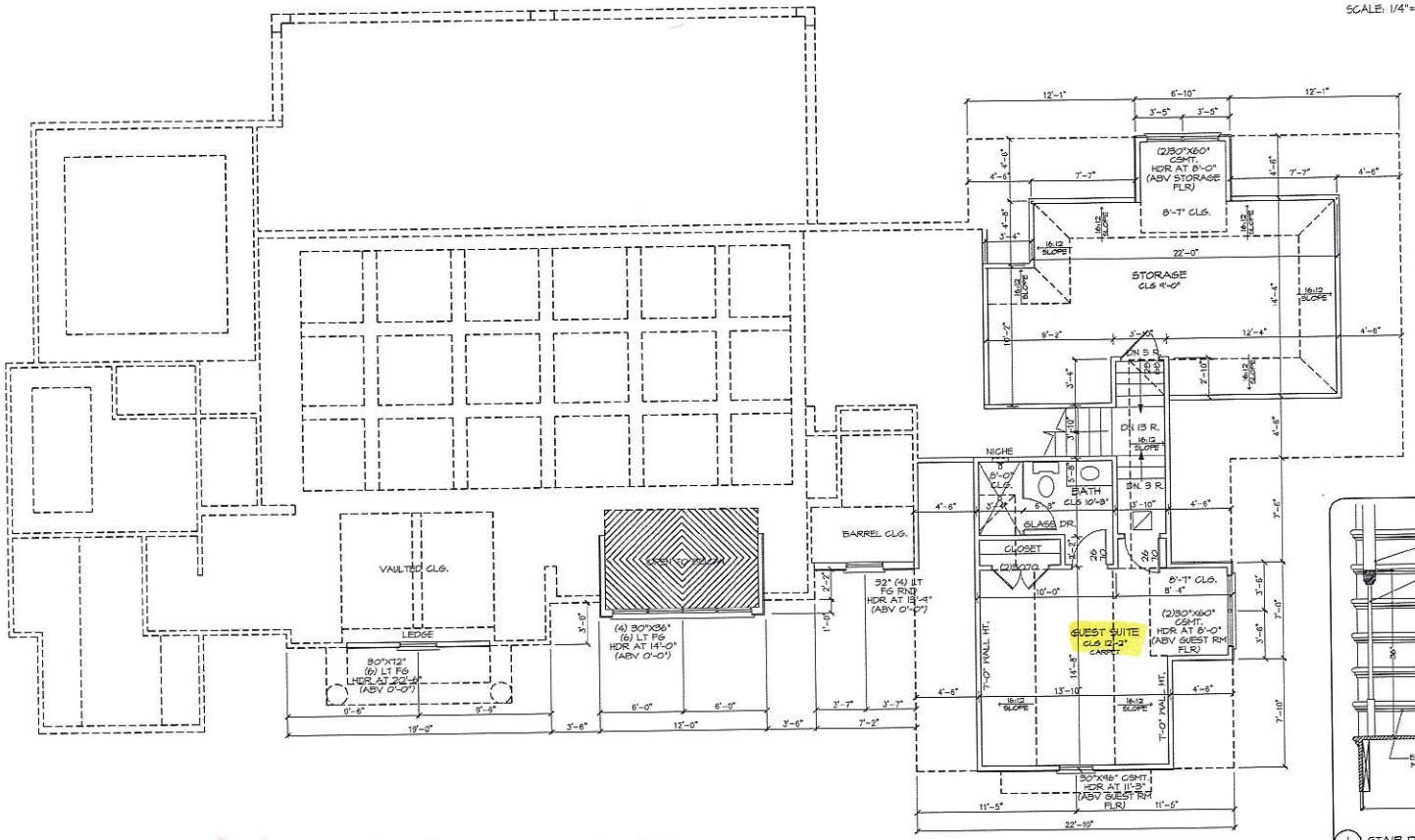
Ryan McKinney
Signature of Owner(s)

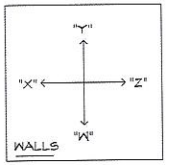
4/13/21
Date

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





0 1 2 4 6 10 14

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

INSULATION NOTES:

4" FRAME WALL:
R-15 BATT INSULATION
6" FRAME WALL:
R-19 BATT INSULATION
ATTIC (VERT. WALLS):
R-38 BATT INSULATION
FLOOR LOCATIONS:
R-19 BATT INSULATION
ATTIC (LIVING AREAS):
OPEN CELL FOAM INSULATION AT ROOF DECK ABOVE ALL LIVING AREAS AND @GARAGE (LANAI & CABANA ATTIC NOT INCLUDED)

GENERAL NOTES:

VERIFY ALL HDW & DR ROUGH OPNGS W/ MFR SPECS. SEE PLAN FOR NON HDR HTS.

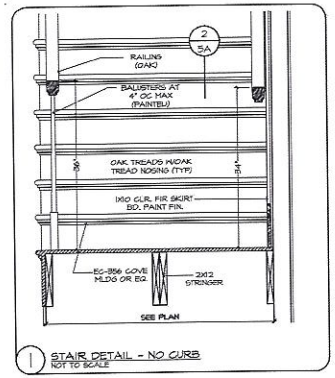
ALL POCKET DOOR FRAMES TO BE SHEATHED WITH OSB.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH MFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS.

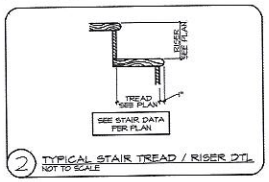
RSC CLG SURFACES, BOTH HORIZONTAL AND VERTICAL, SHALL HAVE SMOOTH FIN.

SEE SHEET 6 FOR SPECIFIC ELEV DETAILS.

ENCLOSED ACCESSIBLE SPACE UNDER STAIRS SHALL HAVE WALLS, UNDER-STAIR SURFACES AND ANY SOFFITS PROTECTED ON THE ENCLOSED SIDE WITH ½" GYPSUM BOARD.



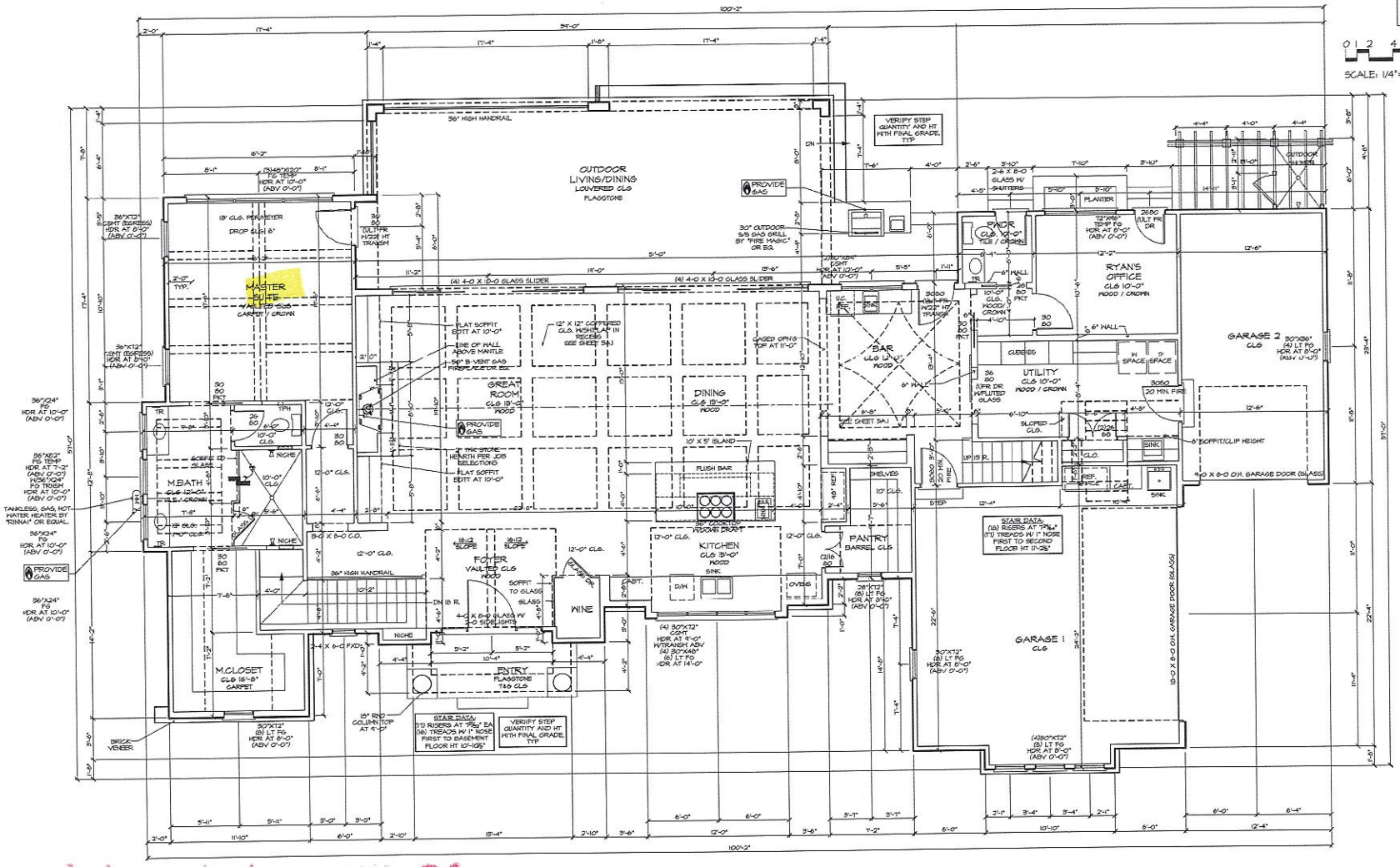
1 STAIR DETAIL - NO CURB
NOT TO SCALE



2 TYPICAL STAIR TREAD / RISER DTL.
NOT TO SCALE

Acknowledgement Of
Plans Submittal ONLY!
Date
Patrick J Boyle III Date 7/24/2020

ARHOMES
CUSTOM RESIDENCE FOR MR. & MRS. MCKINNEY
BUILDER: MONTEREY BAY CHARLOTTE, LLC
CORNELIUS, NORTH CAROLINA
AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE
FLOOR PLAN
24"X36": 1/4"=1'-0"
18"X24": 1/8"=1'-0"
PLAN 6000F-2MF-01
JOB NO 2021-0
LOT 46, THE POINT
185 HAYNE RD, MOORESVILLE, NC 28117
5b



"Y"
"X" "Z"
WALLS
"W"

0 1 2 4 6 10 14
SCALE: 1/4"=1'-0"

TOTAL LIVABLE	
AREA	SQ. FT.
1ST FLOOR LIVING	2546 SF
2ND FLR LIVING	845 SF
BASEMENT LIVING	1571 SF
TOTAL LIVABLE	4962 SF

SQUARE FOOTAGES	
AREA	SQ. FT.
1ST FLOOR LIVING	2546 SF
2ND FLR LIVING	845 SF
BASEMENT LIVING	1571 SF
ENTRY	61 SF
GARAGE 1	842 SF
GARAGE 2	288 SF
REAR PORCH	644 SF
UNFINISHED BASEMENT	463 SF
UNFINISHED STORAGE	385 SF
WALK-OUT PORCH	321 SF
TOTAL	7295 SF

INSULATION NOTES:

4" FRAME WALL:
R-15 BATT INSULATION
6" FRAME WALL:
R-19 BATT INSULATION
ATTIC (VERT. WALLS):
R-38 BATT INSULATION
FLOOR LOCATIONS:
R-19 BATT INSULATION
ATTIC (LIVING AREAS):
OPEN CELL FOAM INSULATION AT ROOF DECK ABOVE ALL LIVING AREAS AND GARAGE (LANAI & CABANA ATTIC NOT INCLUDED)

GENERAL NOTES:

VERIFY ALL HDW & DR ROUGH OPNGS W/ MFR SPECS. SEE PLAN FOR HDW HTS.

ALL POCKET DOOR FRAMES TO BE SHEATHED WITH OSB.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH HFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS.

REV. CLG SURFACES, BOTH HORIZONTAL AND VERTICAL SHALL HAVE SMOOTH FIN.

SEE SHEET 6 FOR SPECIFIC ELEV DETAILS.

ENCLOSED ACCESSIBLE SPACE UNDER STAIRS SHALL HAVE WALLS, UNDER-STAIR SURFACES AND ANY SOFFITS PROTECTED ON THE ENCLOSED SIDE WITH ½" GYPSUM BOARD.

Acknowledgement Of
Plans Submittal ONLY!
Date
Patrick Boedt Date 7/24/2020

ARHOMES
CA#1062049
CA#1062050 SPA#2
CA#1062051 SPA#3
CGP #1062
AR HOMES, INC.

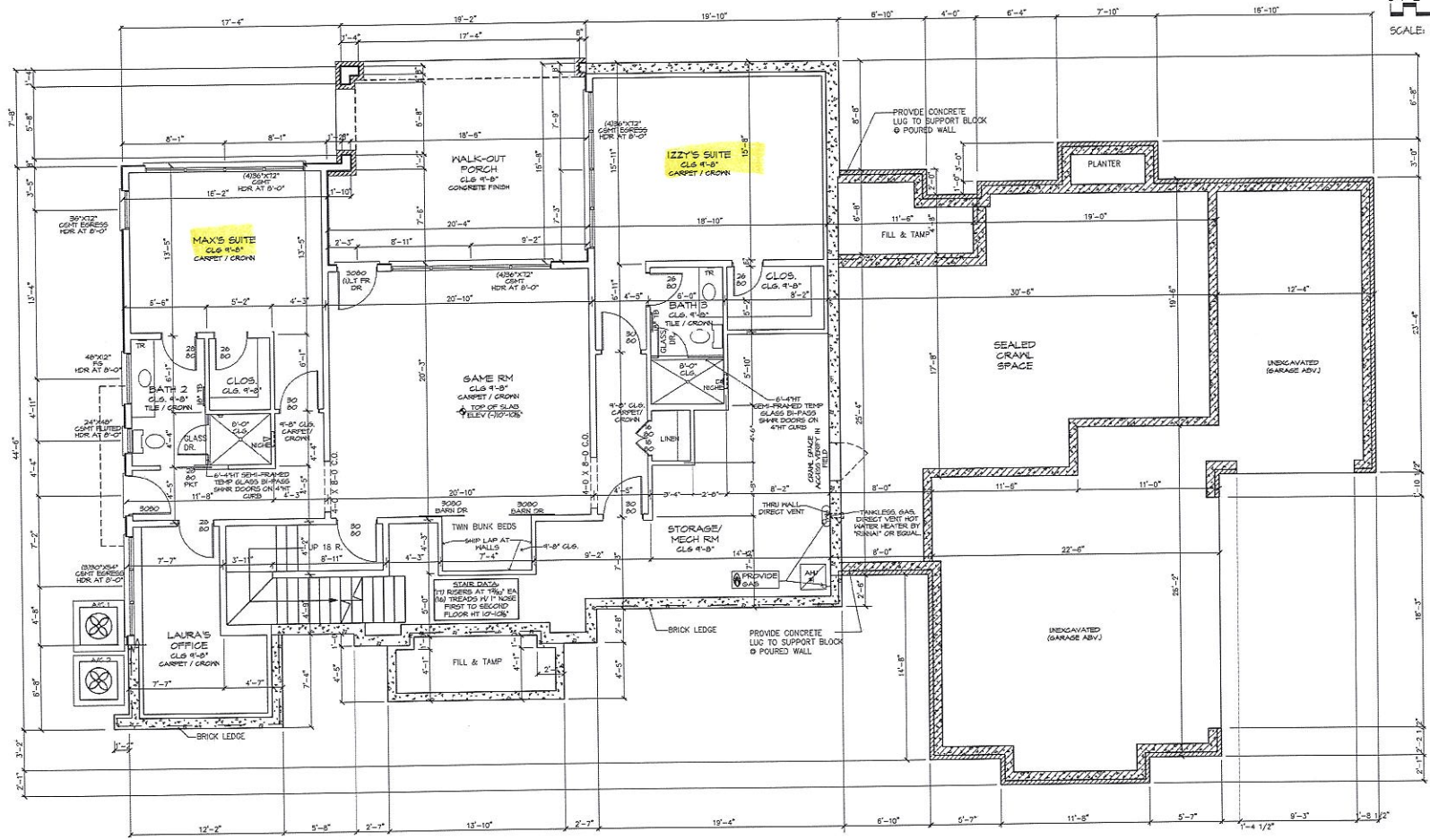
ARTIFICIAL INTELLIGENCE DESIGNED ALL PLANS PRESENTED IN THESE DRAWINGS AND ALL PLANS PRESENTED IN THESE DRAWINGS ARE PROTECTED BY COPYRIGHT LAWS AND ARE THE PROPERTY OF AR HOMES. ANY UNAUTHORIZED USE OF THESE PLANS AND DRAWINGS IS PROHIBITED BY LAW AND MAY RESULT IN IMMEDIATE AND SEVERE CIVIL AND CRIMINAL PENALTIES. ANY PARTY WHO USES THESE PLANS AND DRAWINGS WITHOUT THE EXPRESS WRITTEN PERMISSION OF AR HOMES IS SUBJECT TO ALL APPLICABLE PENALTIES, INCLUDING BUT NOT LIMITED TO, THE FULL STATUTORY DAMAGES PER WORK INFRINGED. BY USING THESE PLANS AND DRAWINGS, THE OWNER, CONTRACTOR, BUILDERS, AND SUBCONTRACTORS ACKNOWLEDGE AND AGREE TO THESE TERMS.

CUSTOM RESIDENCE FOR MR. & MRS. MCKINNEY
BUILDER: MONTEREY BAY CHARLOTTE, LLC
CONSEJO DR NORTH CAROLINA
AN EXPRESSIVE CRAFTSMAN FRANCISE

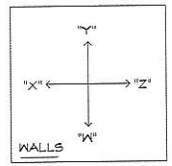
FLOOR PLAN
PLAN 07007-2567-01
ELEV 07007-B
C.S. # 4134
LOT 46, THE POINT
SEE KEY MAP, REV. MODIFICATIONS LIC. NO. 28117

24"x36": 1/4"=1'-0"
18"x24": 1/8"=1'-0"

5a



NOTE:
ALL BASEMENT CEILING HEIGHTS TO BE VERIFIED WITH MECHANICAL DUCT SOFFIT LAYOUT AND LOCATIONS.





INSULATION NOTES:

4" FRAME WALL:
R-15 BATT INSULATION

6" FRAME WALL:
R-19 BATT INSULATION

ATTIC (VERT. WALLS):
R-38 BATT INSULATION

FLOOR LOCATIONS:
R-19 BATT INSULATION

ATTIC (LIVING AREAS):
OPEN CELL FOAM INSULATION AT ROOF DECK ABOVE ALL LIVING AREAS AND GARAGE (LANAI & CABANA ATTIC NOT INCLUDED)

GENERAL NOTES:

VERIFY ALL HDW & DR ROUGH OPNGS W/ MFR SPECS. SEE PLAN FOR HDW HDR HTS.

ALL POCKET DOOR FRAMES TO BE SHEATHED WITH OSB.

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH MFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS.

REC CLG SURFACES, BOTH HORIZONTAL AND VERTICAL SHALL HAVE SMOOTH FIN.

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Acknowledgement Of Plans Submittal ONLY!

Date

Patrick J. Bell Date 7/24/2020

PLAN DESIGN COPYRIGHT: THE DESIGNS & REPRESENTATIONS, INCLUDING BUT NOT LIMITED TO, ALL PLANS, ELEVATIONS, SECTIONS, DETAILS, RENDERINGS, AND PERSPECTIVE DRAWINGS AND ANY ARCHITECTURAL WORKS EMBODIED IN THESE PLANS, SPECIFICATIONS AND DRAWINGS (COLLECTIVELY, THE "DESIGNS") ARE AND SHALL REMAIN THE PROPERTY OF DRHORTON, INC. OR ITS LICENSOR. THE DESIGNS ARE COPYRIGHTED WORKS AND MAY NOT BE USED, DISCLOSED, REPRODUCED OR DISTRIBUTED FOR ANY PURPOSE WHATSOEVER WITHOUT THE PRIOR WRITTEN PERMISSION OF DRHORTON, INC. NO RIGHTS ARE GRANTED HEREUNDER BY IMPLICATION, ESTOPPEL OR OTHERWISE. ANY UNAUTHORIZED USE OF THE DESIGNS SHALL BE AT THE SOLE RISK OF THE USER. ALL RIGHTS RESERVED. PROSPECTIVE OWNER, CONTRACTOR, BUILDER, AND SUBCONTRACTORS ACKNOWLEDGE AND AGREE TO THIS COPYRIGHT.

04/30/2020	SRA
05/22/2020	MEB

D.R. HORTON
AN NVR COMPANY

CUSTOM RESIDENCE FOR MR. & MRS. MCKINNEY
BUILDER: MONTEREY BAY CHARLOTTE, LLC
CORNELIUS, NORTH CAROLINA
AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE

BASEMENT FLOOR PLAN

24"x36" 1/4"=1'-0"
18"x24" 1/8"=1'-0"

PLAN 6000P-2569-01
ZONE SF-3200-B
CLPS SF-3

LOT 46, THE POINT
185 HAWTHORNE HOMESITE, LLC, NC 28117

5