KW 10:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203598

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

PIN # 4635220392

APPLICANT/OWNER: Ronald Shaw APPLICANT ADDRESS: 108 Prestwick Dr. High Pt, NC

SITE ADDRESS: 163 Falmouth Mooresville, NC 28117 PHONE: Mike Shalvoy 980-722-1118 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Pointe Dr TL Vineyard TL Falmouth on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point SECTION: A LOT # 88 LOT AREA: 1 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB GST 2111	Date 3-17-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT GST 2111	Date 3-14-2020	System Description: LPPBPS		☐ Business	No. Persons	10	☐ Private
Pump Make	Trenco	Model PF500511	Serial #	Repair System Description: LPPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 333	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Divert storm/surface water away from Septic

5/6/2020 Set pressure, checked electrical alarm.

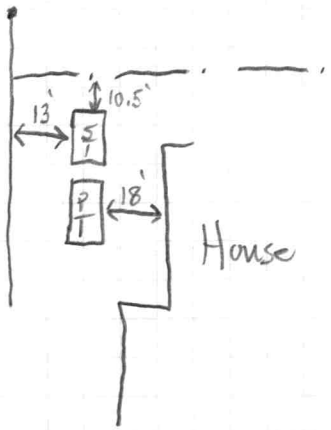
INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 10/12/18)

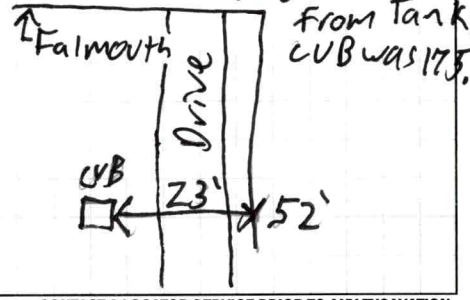
AS BUILT SKETCH

4/30/2020 Gamewell top seam ST + PT. Polylok PL-68 filter installed.

L1	51	12	
L2	84	18	verified ok by laser, 3/16" orifice drilled.
L3	99	23	
L4	99	23	36" TB. Installed substantially as permitted. 3' wide trenches.
	76 total		OK.



5/1/2020: Supply line was connected to tank, drain lines and CVB. Was 30" under-drive area from Tank to CVB was 17.5'.



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**

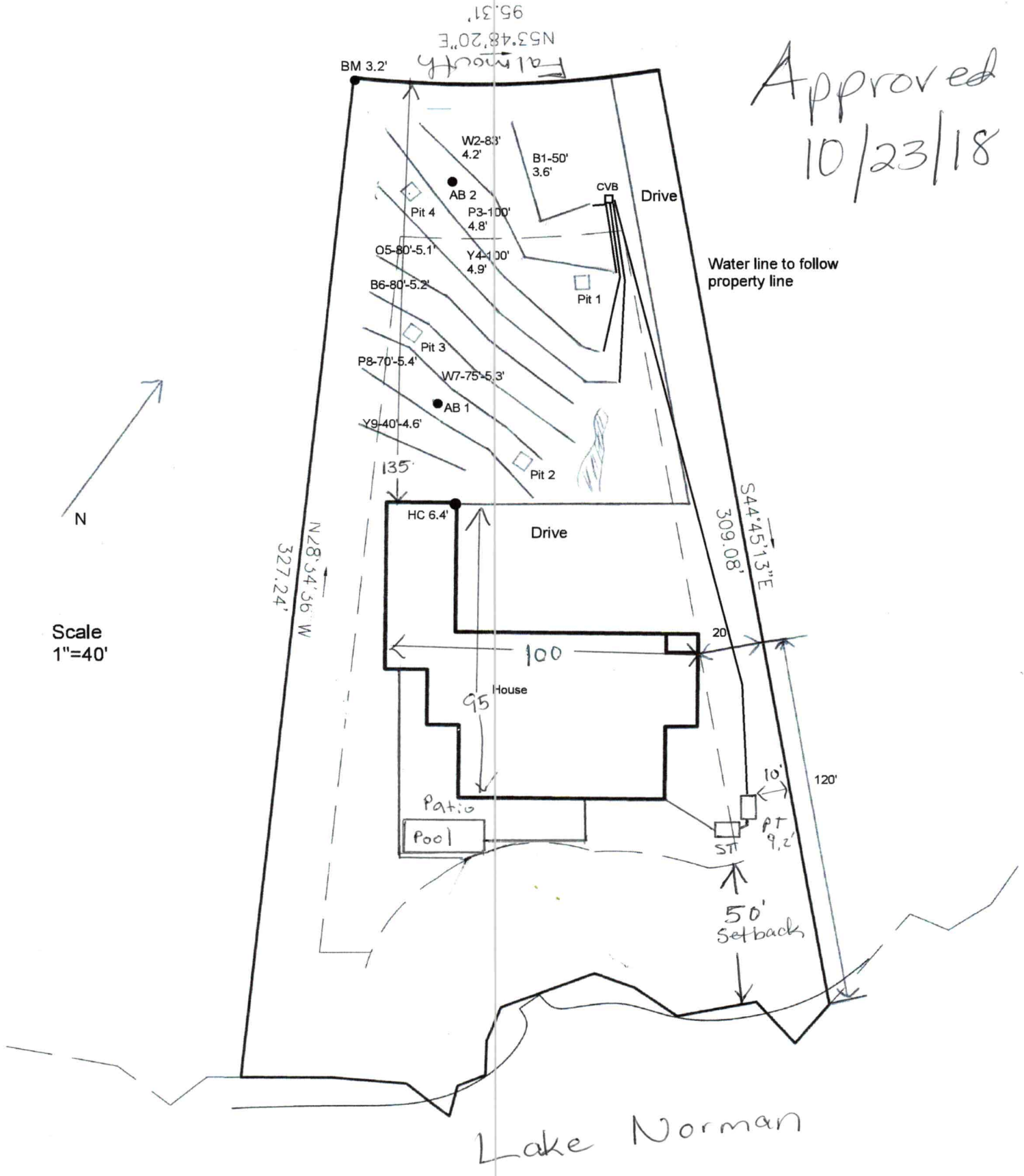
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: John Shalvoy Date: 10/23/18 Installed by: Allan Hinkle

IMPROVEMENT PERMIT by: Maria Dotson Date: 10/23/18 OPERATION PERMIT by: Maria Dotson Date: 9/4/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 10/23/18 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.



Approved
10/23/18

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

Approved
MD
10/23/18

Reference: Data Sheet for 163 Falmouth Rd, The Point 1-A Lot 88
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50'lake
Water Source: Community Well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 45.4 GPM
Dosing Volume: 277.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 10.6'
Friction Head: 7.5'
Pressure Head: 2'
Total Dynamic Head: 20.1'
Supply Line Length: 190' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	**50'**	**12**	**53'**	**3.6'**
White 2	**83'**	**19**	**85'**	**4.2'**
Pink 3	**100'**	**23**	**117'**	**4.8'**
Yellow 4	**100'**	**23**	**114'**	**4.9'**
Orange 5			80'	5.1'
Blue 6			80'	5.2'
White 7			75'	5.3'
Pink 8			70'	5.4'
Yellow 9			40'	4.6'

Initial System: 333' **Repair System:** 345'
Pump Tank: 9.2' **House Corner:** 6.4' **Benchmark:** 3.2'

Comments:
The supply line must be 30" below the driveway.

Approved
10/23/18
MD

PROPERTY ID #: 4635220392__
COUNTY: _IREDELL__

Approved
7/19/18 mw

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ronald Shaw_____ APPLICATION DATE_____
ADDRESS: 108 Prestwick Dr, High Point, NC 27265_____ DATE EVALUATED: _6/2018_____
PROPOSED FACILITY: __5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: 163 Falmouth Rd, The Point 1A Lot 88_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☰ Public ☰ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☰ Auger Boring ☰ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

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	
PIT 1	LS 2%	0-9	FILL		N/A	55"	F-C SAP	N/A	PS 0.3
		9-24	R C SBK	FR SS SP SXP					
		24-55	R CL WSBK	FR SS SP SXP					
PIT 2	LS 2%	0-10	RBr SCL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		10-32	R C SBK	FR SS SP SXP					
		32-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 2%	0-30	R C SBK	FR SS SP SXP	N/A	58"	Few SAP	N/A	PS 0.3
		30-58	R CL WSBK	FR SS SP SXP					
PIT 4	LS 4%	0-30	R C SBK	FR SS SP SXP	N/A	60"	Few SAP	N/A	PS 0.3
		30-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	333 FT^2	1035 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 7/19/18 MD

POPERTY ID #: 4635220392____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 2%	0-26	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		26-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 4%	0-20	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		20-48	R CL WSBK	FR SS SP SXP					

COMMENTS:_____

$75 10/12/18 PD loss limited 203598

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: Ronald Shaw **Address:** 108 Prestwick Dr, High Point, NC **Zip:** 27265

Applicant Email: _____ **Phone:** Mike Shalvoy 980-722-1118 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 163 Falmouth Rd

Subdivision Name: The Point **Section/Phase:** 1-A **Lot Number:** 88

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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: _____ 10/12/2018
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, Shane Shaw, am the legal owner(s) of the property located at 163 Falmouth Rd, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635-22-0392, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates Mike Sheavly, Patrick Joseph Distinctive Homes, 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 of Owner(s)	Date	Signature of Witness	Date
Ronda Shaw Shaw	7-9-18	Allison Wood	7/9/18

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

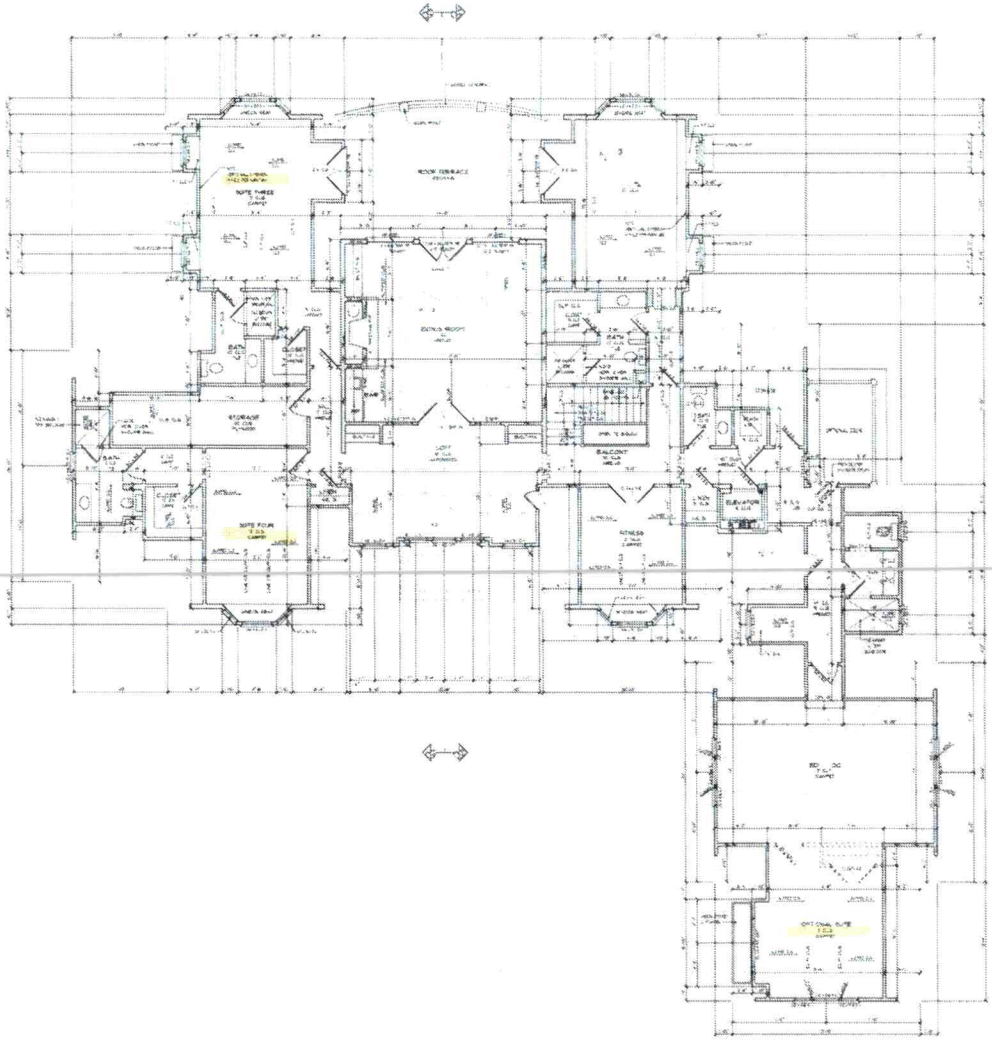
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 8/27/18

Date

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928



PROJECT:

THE SHAW RESIDENCE

163 falmouth road
mooresville nc 28117

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ELITE DESIGN GROUP



SECOND FLOOR NOTES

SECOND FLOOR PLAN

DRAWN BY:

DATE:
07/13/2016

REVISED:

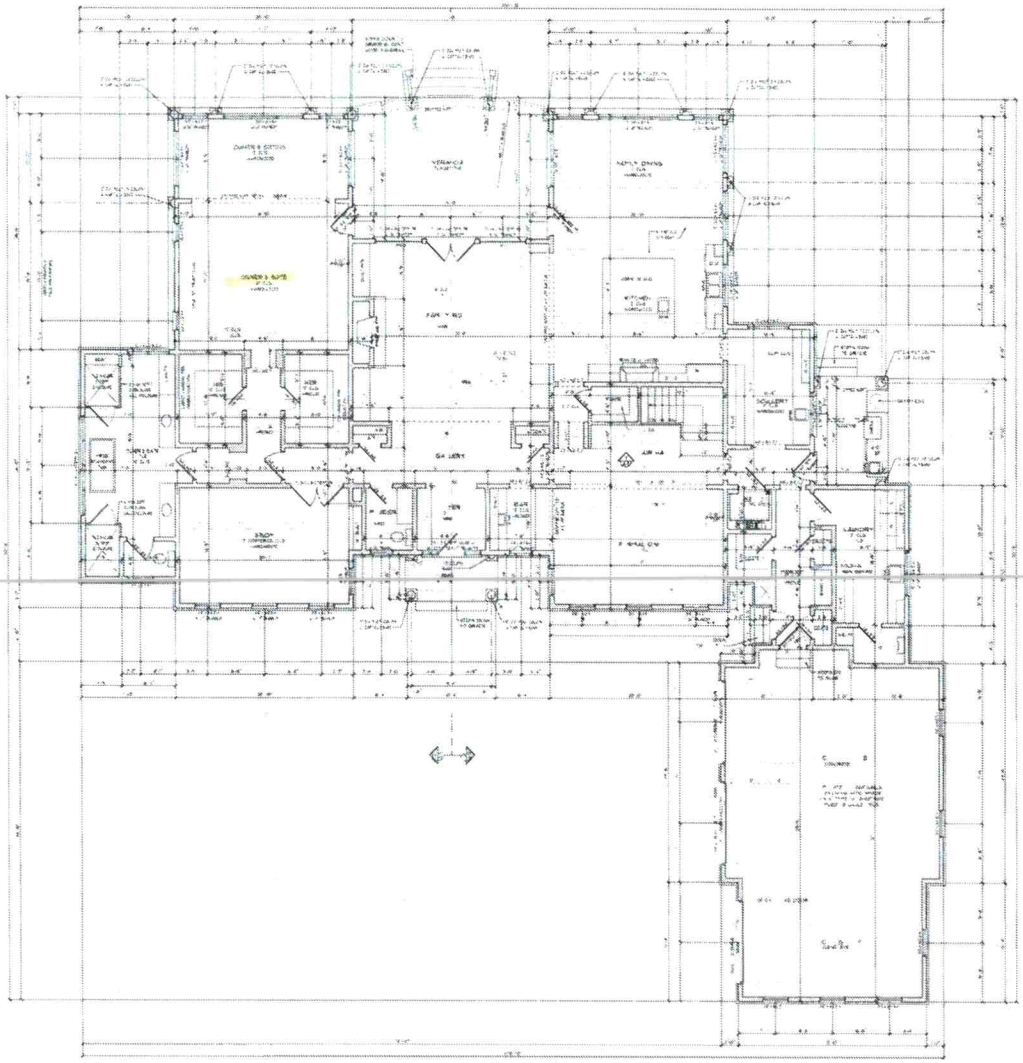
SHEET A-2
OF 13

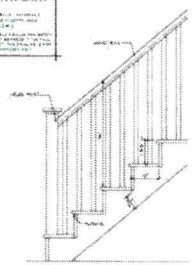
Acknowledgement of
Plans Submittal ONLY!

Date 8/27/18

Date

100.3'





TYPICAL STAIR SECTION

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE SHAW RESIDENCE

163 falmouth road
mooresville nc 28117

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ELITE DESIGN GROUP

DOOR & WINDOW NOTE

NOTE
BUILDER'S TO VERIFY DIMS.: MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPECS.

SQUARE FOOTAGE

FIRST FLOOR HEATED	3,106
SECOND FLOOR HEATED	2,660
TOTAL HEATED AREA	5,766
OPTIONAL SUITE	264
COVERED ENTRY	50
VERANDA	348
OUTDOOR KITCHEN	100
GARAGE AREA	924
STORAGE	170
TOTAL UNDER ROOF	7,358

FIRST FLOOR NOTES

FIRST FLOOR PLAN

DRAWN BY:

DATE:
07/13/2018

REVISED:

SHEET A-1
OF 13

IREDELL COUNTY

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

APPLICATION NUMBER
203598
Issue Date: 05/22/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635220392.000	163 FALMOUTH ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: GEHSMANN SCOTT J	Applicant: KATHLEEN SAUNDERS
Address: 3 CATALPA RD MORRISTOWN, NJ 7960	Address: 227 GRAYLAND RD MOORESVILLE, NC 28115
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	50.00	35.00	15.00	15.00	CACL	AE

Remarks:

50 FT SETBACK OFF WATER

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	12372	TOTAL FEES:	$ 77.25