IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 (10) Mooresville Office (704) 660-3625 PERMIT # 235990

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

PIN # 4635-37-5776

APPLICANT/OWNER: Pace Development Group APPLICANT ADDRESS: 6719-C Fairview Rd. Charlotte NC 28210

SITE ADDRESS: 519 Isle of Pines Rd. Mooresville, NC PHONE: 704-365-1208 ALT. PHONE 704-575-4372

SITE DIRECTIONS: I-77 N towards Lake Norman → L on Isle of Pines → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

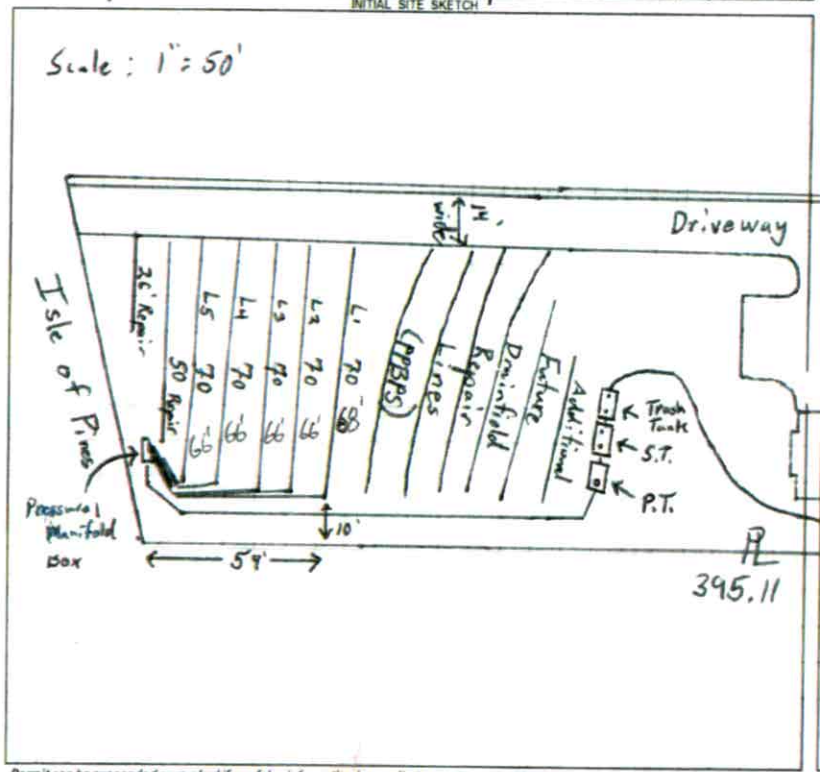
SUBDIVISION: CL+T SECTION: 5 LOT # 3 LOT AREA: 0.96 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000 x 2 (gal)	STB 1012	Date 4-20-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 17	Date 4-12-22	System Description: PM PPBPS (50% Reduction)		☐ Business	No. Persons 8
Pump Make	Grank's	Model WEO 152 HH4	Serial # A734527	Repair System Description: LP-PPBPS (50% Reduction)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft 350	Maintenance Agreement Required:	☒ YES ☐ NO	☒ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

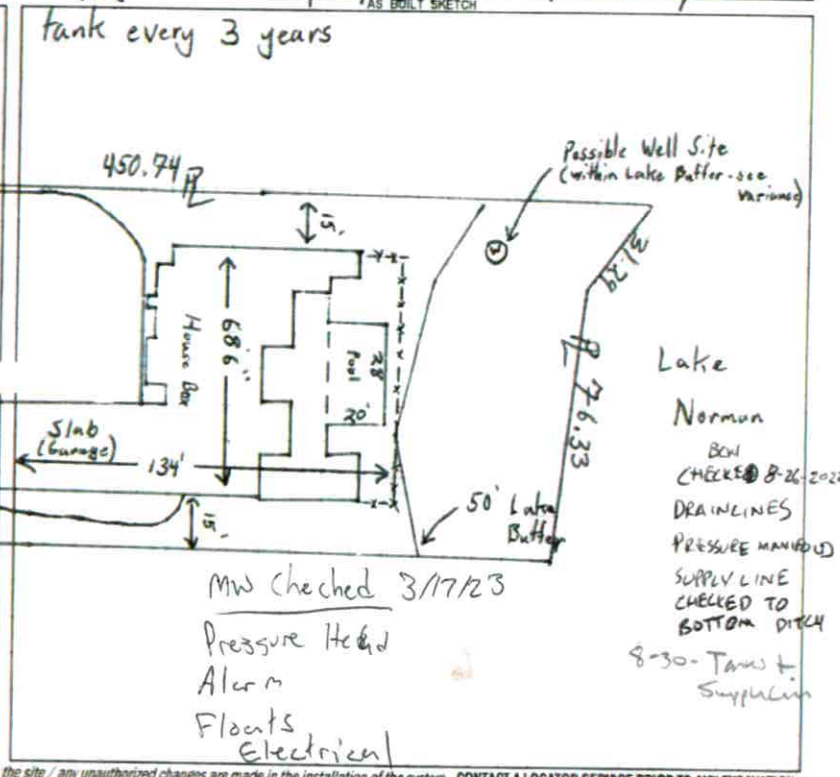
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 70' lines have been shown below, installer needs only to install 5 x 64' lines (15 panels per line) with extra space set aside for future repair area. Set floats to dose no more than 190 gallons per pumping event. (75 total panels). Whole-house ejection system to be used. Strongly recommend pumping trash tank and septic tank every 3 years

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

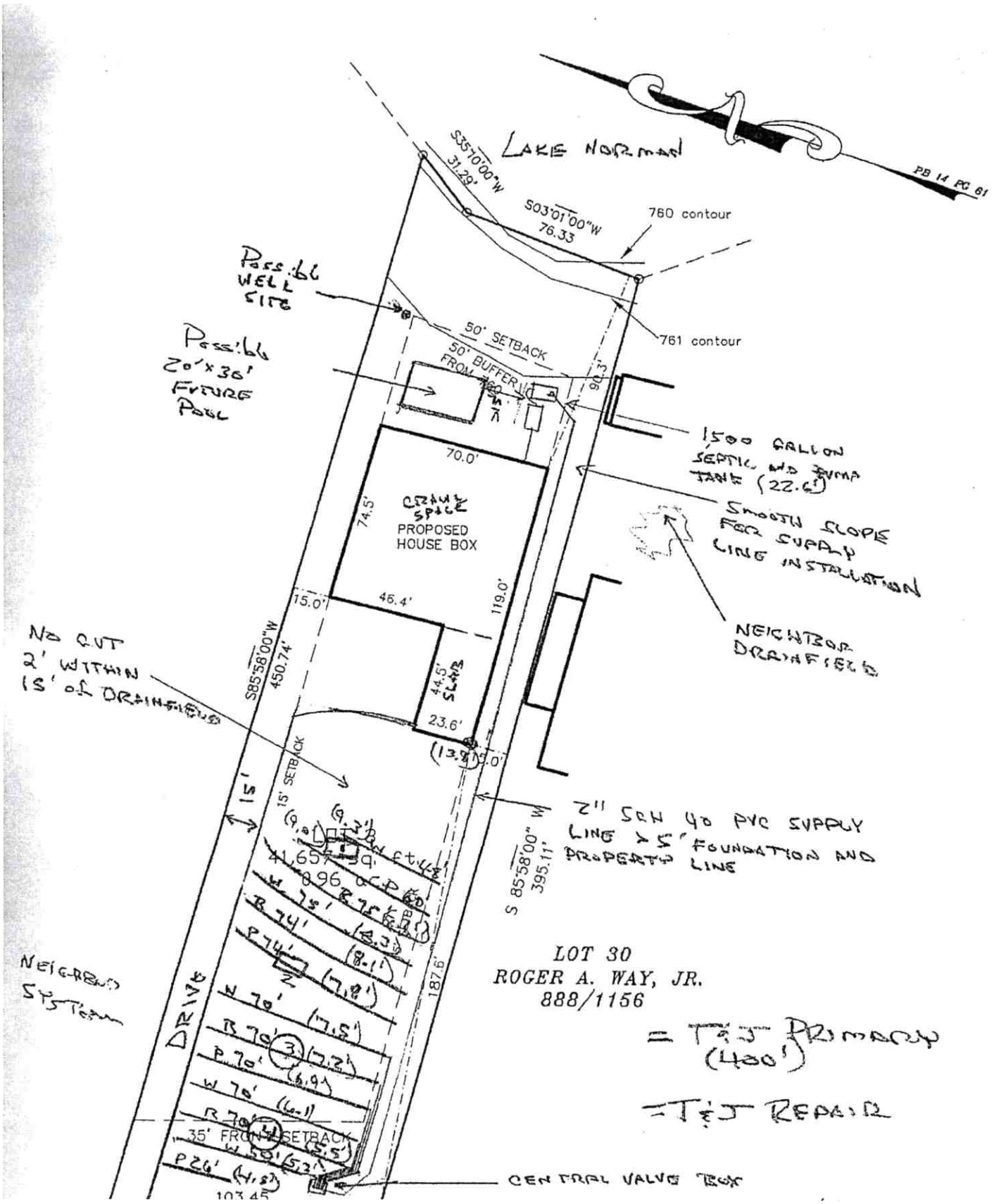
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7/17/18 Installed by: STEVE JORDAN

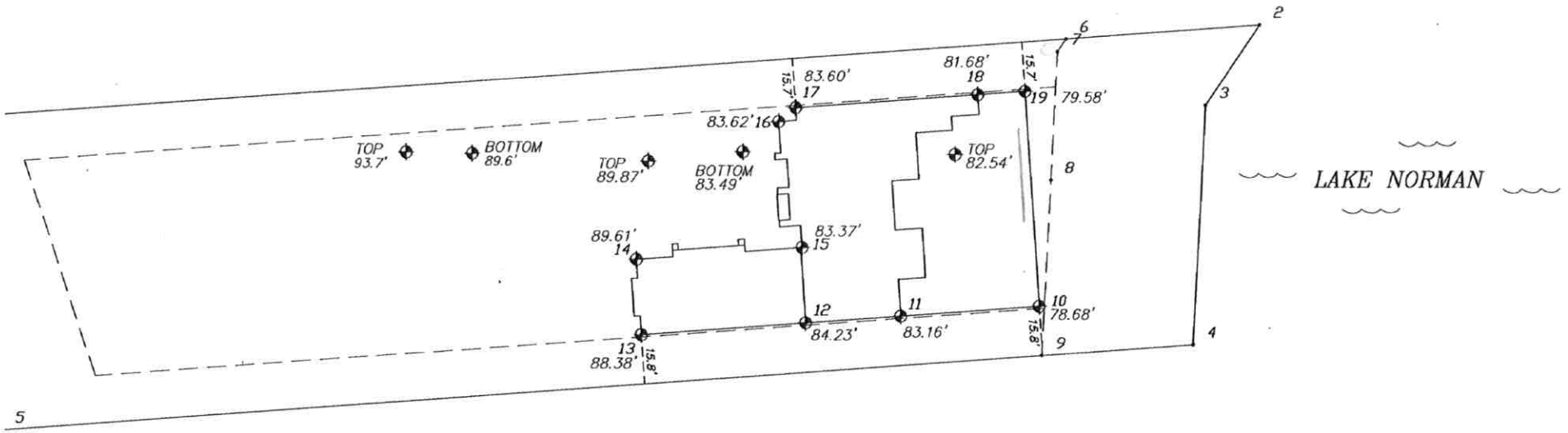
IMPROVEMENT PERMIT by: Tom Shuck Date: 7/13/18 OPERATION PERMIT by: [signature] Date: 3/17/23

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/13/18 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



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LAKE NORMAN
TOP 93.7'
BOTTOM 89.6'
TOP 89.87'
BOTTOM 83.49'
TOP 82.54'
83.62'
83.60'
81.68'
79.58'
78.68'
89.61'
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84.23'
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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Onsite Water Protection Branch
June 27, 2018

Kelly and Phoenisa Myers
1754 Brawley School Rd
Mooresville, NC 28117

Re: Approval No. JMB1429

Private Well Located Less than 50' to Surface Water Body and 25' to a Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(N)(M)]

Property location:
519 Isle of Pines Rd
Mooresville, NC 28117

Dear Mr. and Mrs. Myers;

On June 26, 2018 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for a variance concerns a proposed water supply well on the referenced property that will serve a single, family dwelling. The home is on a lot with very difficult topography.

Specifically, the variance request grants you permission to construct a water supply well at a distance closer than the fifty foot setback to a surface water body and twenty five foot setback to a building perimeter. Achieving fifty foot and twenty five foot setbacks would be difficult given the challenges of the property.

Based upon information provided by the Iredell County Health Department, and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The new water supply well shall be constructed of either steel or galvanized metal casing.

2) The well shall be located as far as possible from the high water mark of the lake where, depending upon where the well rig can actually set up, will possibly encroach upon the 50foot setback, but no closer than 30feet.

3) The well shall be located as far as possible from the building perimeter where, depending upon where the well rig can actually set up, will possibly encroach upon the 25foot setback, but no closer than 10feet.

4) The well will be required to have casing installed to a minimum of 50 feet below land surface and 10 feet into bedrock. If bedrock is encountered at a depth greater than 50 feet, then casing must extend 10 feet into bedrock

5) Grout will be required the entire length of the casing from land surface into bedrock.

6) A drill bit with a diameter of a least one third greater than the diameter of the casing must be used to drill the cased portion of the well.

7) Grout must be either pumped into place with the use of a tremmie pipe or pressure method.

8) A preconstruction meeting between the well contractor and Iredell County Environmental Health staff is required to ensure that maximum separation distances are achieved.

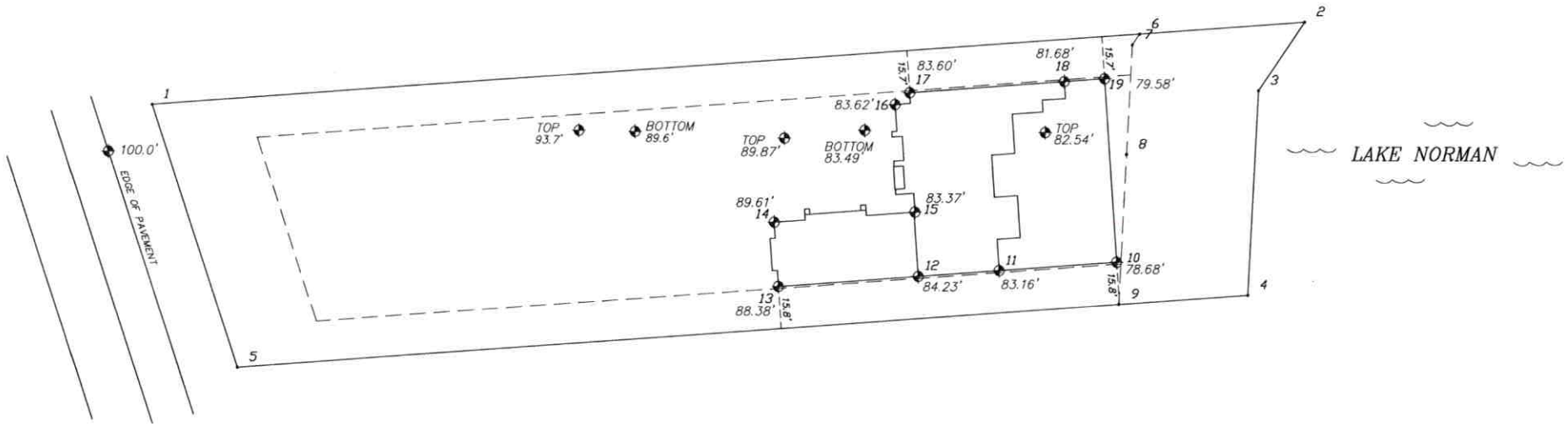
9) Any improperly abandoned wells located on the property, shall be abandoned in accordance with the well construction standards.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John M. Brooks R.E.H.S, MS


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BOTTOM 89.6'
TOP 89.87'
BOTTOM 83.49'
83.62'
83.60'
15.7'
81.68'
15.7'
79.58'
TOP 82.54'
89.61'
83.37'
84.23'
83.16'
78.68'
15.8'
88.38'
15.8'
LAKE NORMAN

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit-
July 13, 2018

Owner: Phoenisa Myers
Address 1754 Brawley School Road
Mooresville, NC 28117

Subject: Notice of Intent to Revoke 519 Isle of Pines Rd Mooresville NC – CL&T Sec 5 Lot 3 **PIN: 4635-37-5776** - Improvement Permit-Construction Authorization- #218191 (issued 6-9-2016)

Dear Property Owner:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Construction Authorization-Improvement Permit IV (referenced above) conditions. As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...if **the information submitted** in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the **site is altered, the IP/CA shall become invalid and may be suspended or revoked.**"

-House location changed -House Build Changed

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is July 13, 2018**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Thomas Shuck

Thomas Shuck REHS

23,990 Well & Septic

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: (X) 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: PACE DEVELOPMENT GROUP Address: 6719-C FAIRVIEW RD CHARLOTTE, NC Zip: 28210
Applicant Email: vhollis@pacedevelop.com Phone: 704-365-1208 Alt. Phone: 704-575-4372 cell
Owner Name: Phoenisa Myers Address: 1754 Brawley School Rd Mooresville Zip: 28117
Owner Email: ceocgrnds.com Phone: 704-893-8000 Alt. Phone: _____

Property Information:

Street Address: 519 Isle of Pines Rd Mooresville NC 28117
Subdivision Name: _____ Section/Phase: 5 Lot Number: 3
Driving Directions: Brawley School Road towards The Point. Left on Isle of Pines Rd. Property is 2 miles on the left.

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: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 4
CTF (X) New Well ( ) Existing Well ( ) Community Well CTF (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) 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: Vhollis
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-9-18
DATE

vicki charlie Fonville

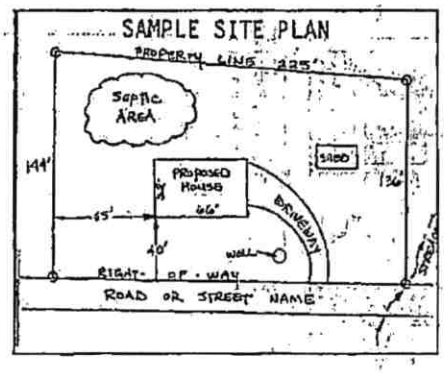
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

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

- X Property Line mensurements are clearly identified
- X All proposed structures are indicated
- X Front and side setbacks from property line
- X Preferred driveway location
- X Preferred well location
- X Preferred septic system location
- X North arrow, or other sufficient indicator of direction

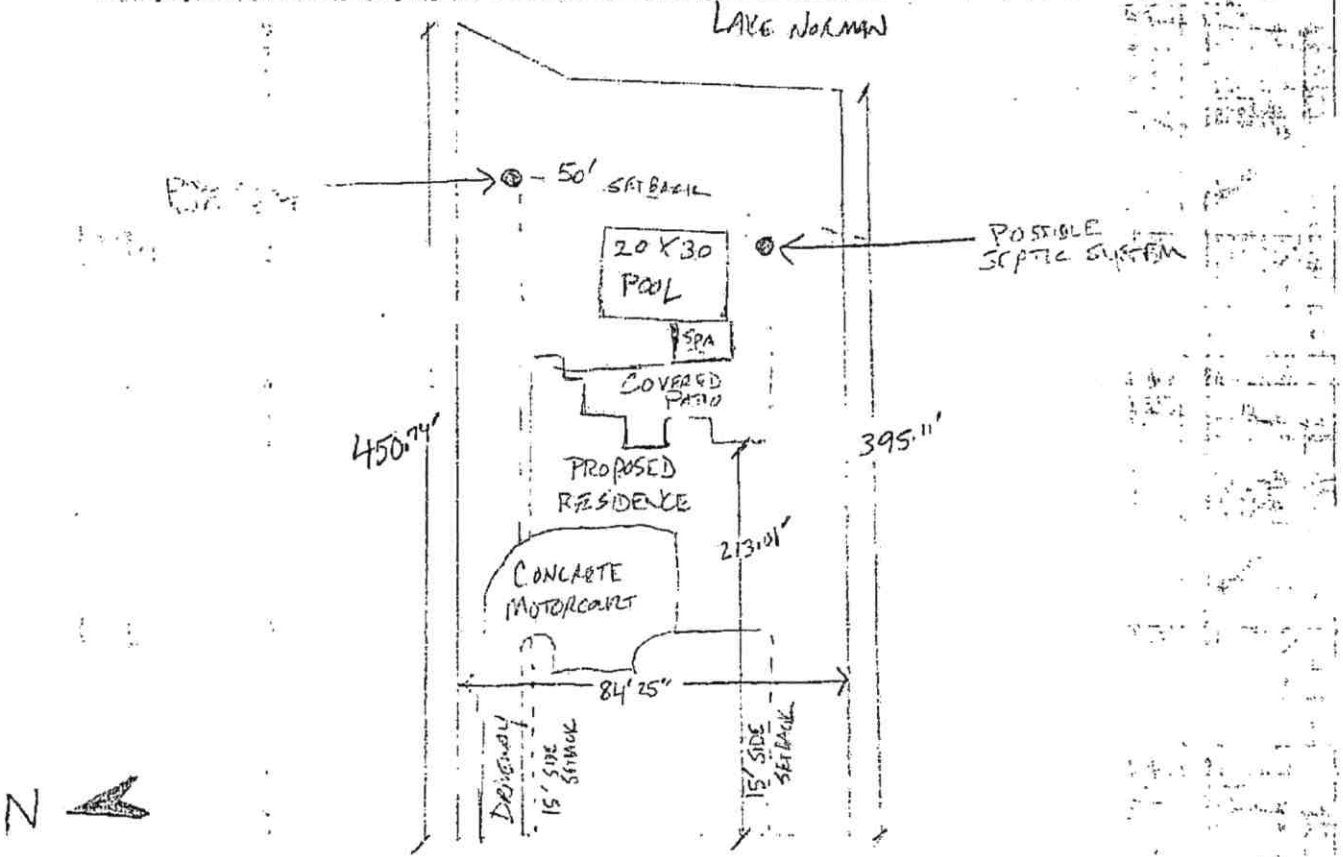


Circle N/A on the following if appropriate:

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: Will Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-9-18
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, Phoenisa Myers, am the legal owner(s) of the property located at 519 Isle of Pine Rd Mooresville 28117, identified as

PIN (Parcel Identification Number) 4635375776000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Vick, Hollis & Charlie Fonville Pace Development Group, 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.

Phoenisa Myers
Signature of Owner(s)

5-9-18
Date

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

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ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

VA Complete all Environmental Health forms:
- VA Application
- VA Site Plan with dimensions of proposed structure, addition, pool etc.
- VA Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- VA Copy of Zoning Permit when applicable
- VA Sign this sheet after you have completed all items

VA **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

VA **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified prior to application submittal (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

VA **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

VA If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. The overall dimensions must be clearly noted & the rooms labeled.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.

Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services.**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

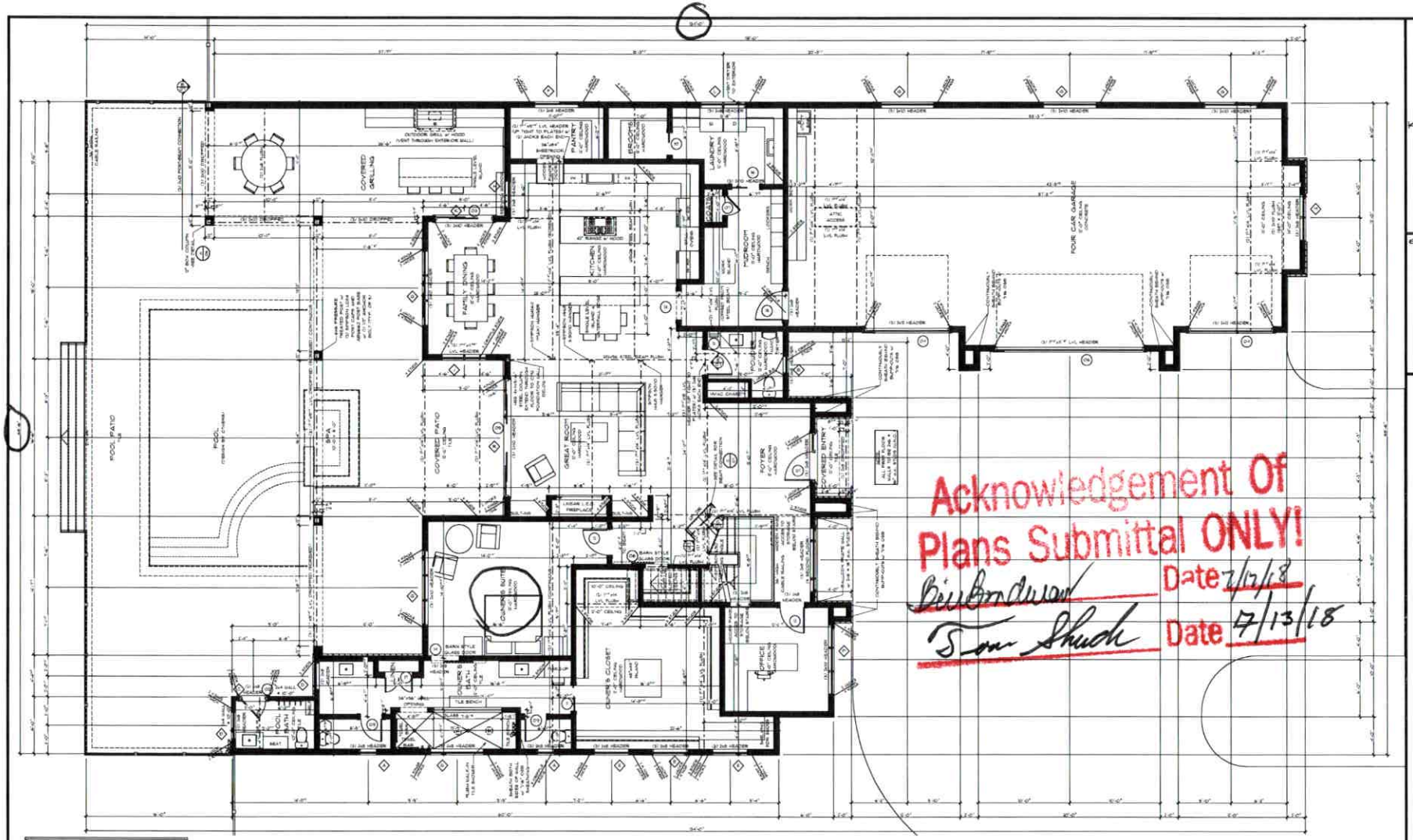
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Will Hall Date 5-9-18

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625



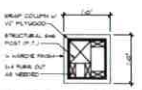
SQUARE FOOTAGE
ALL FOOTAGE CALCULATED TO STUD
1. FIRST FLOOR HEATED 3,784
2. SECOND FLOOR HEATED 2,265
TOTAL HEATED 6,049
COVERED ENTRY 34
COVERED PATIO 1,478
FOUR CAR GARAGE 1,399
TOTAL UNDER ROOF 7,960

4" CONCRETE SLAB (3000 psi) w/ 6x6 10/10 (4.0 PSF) W.W.M. POLY VAPOR BARRIER w/ 4" GRAVEL. PROVIDE TERMITE TREATMENT BELOW ALL CONCRETE SLABS OR BORATE ON THE WOOD FRAMING. (TYP.)

SLAB

EXTERIOR SHEAR WALL: SHEAR WITH BOTH SIDES OF WALL w/ 1/2" GYPSUM BOARD, FASTEN w/ 5d COOLER NAILS @ 7" o.c. ALONG PANEL EDGES AND IN FIELD.

SHEAR WALL



A TYP. BOX COLUMN DETAIL
SCALE: 1" = 1'-0"

FIRST FLOOR WINDOW SCHEDULE				
ID	QTY	SIZE WIDTH	SIZE HEIGHT	NOTES
A	1	7'-0"	7'-0"	SINGLE FIXED GLASS WINDOW UNIT
B	1	2'-0"	7'-0"	SINGLE CASEMENT WINDOW UNIT
C	1	2'-6"	7'-0"	SINGLE FIXED GLASS WINDOW UNIT
D	1	3'-0"	3'-0"	SINGLE CASEMENT WINDOW UNIT
E	3	4'-0"	3'-0"	SINGLE FIXED GLASS WINDOW UNIT
F	1	5'-0"	3'-0"	SINGLE FIXED GLASS WINDOW UNIT
G	4	6'-0"	7'-0"	SINGLE FIXED GLASS WINDOW UNIT
H	1	3'-0"	6'-0"	TURN 90° BLEEDING GLASS WINDOW UNIT w/ 34"H TRANSOM ABOVE (TEMPERED)
J	1	5'-0"	6'-0"	TURN 90° CASEMENT WINDOW UNIT
K	1	6'-0"	7'-0"	TURN 90° BLEEDING GLASS WINDOW UNIT
L	1	5'-0"	6'-0"	TRIPLE 30° CASEMENT WINDOW UNIT
M	1	9'-0"	6'-0"	TRIPLE 30° CASEMENT WINDOW UNIT
N	1	7'-0"	16'-8"	TRIPLE FIXED GLASS WINDOW UNIT (SEE ELEVATIONS) - (TEMPERED)
P	1	7'-6"	7'-0"	TRIPLE 30° CASEMENT WINDOW UNIT
Q	1	9'-0"	6'-0"	TRIPLE 30° CASEMENT WINDOW UNIT
R	1	5'-0"	7'-0"	TRIPLE 30° FIXED GLASS WINDOW UNIT

- VERIFY ROUGH OPENING REQUIREMENTS WITH WINDOW MANUFACTURER

FIRST FLOOR DOOR SCHEDULE					
ID	QTY	DOOR W	DOOR HT	GLZ	NOTES
01	1	5'-0"	8'-0"	TEMP.	SINGLE EXTERIOR FRONT ENTRY DOOR w/ 34"h SIDELIGHT AND 34"h TRANSOM ABOVE (TEMPERED)
02	1	2'-8"	8'-0"		SINGLE EXTERIOR 96" FRENCH DOOR
03	1	6'-0"	8'-0"	TEMP.	TURN EXTERIOR 96" BLEEDING GLASS DOORS (TEMPERED)
04	1	16'-0"	8'-0"		SINGLE PANEL SLIDING OVERHEAD GARAGE DOOR
05	1	10'-0"	8'-0"	TEMP.	BI-FOLD EXTERIOR 24" BLEEDING GLASS DOORS w/ TWO CENTER ACTIVE PANELS - (TEMPERED)
06	1	16'-0"	8'-0"		SINGLE PANEL SLIDING OVERHEAD GARAGE DOOR
07	1	2'-0"	8'-0"		SINGLE INTERIOR 1/2 PANEL DOOR
08	1	2'-4"	8'-0"		SINGLE BARN STYLE DOOR w/ OVERHEAD ROLLERS AND HARDWARE
09	1	2'-6"	8'-0"		SINGLE INTERIOR 1/2 PANEL DOOR
10	1	2'-4"	8'-0"		SINGLE INTERIOR 1/2 PANEL DOOR
11	1	2'-6"	8'-0"		POCKET DOOR
12	2	2'-8"	8'-0"		SINGLE INTERIOR 1/2 PANEL DOOR
13	1	5'-0"	8'-0"		CASED OPENING
14	1	5'-0"	8'-0"		SINGLE BARN STYLE DOOR w/ OVERHEAD ROLLERS AND HARDWARE
15	1	5'-0"	8'-0"		SINGLE TABULATED 1/2 PANEL DOOR w/ 30min. FIRE RATING w/ THRESHOLD & WEATHER STRIPPING
16	1	5'-0"	8'-0"		SINGLE INTERIOR 1/2 PANEL POCKET DOOR
17	1	5'-0"	8'-0"		TURN 90° INTERIOR 1/2 PANEL DOOR

- VERIFY ROUGH OPENING REQUIREMENTS WITH DOOR MANUFACTURER

NOTE: EXTERIOR DIMENSIONS REFER TO OUTSIDE OF SHEATHING, OUTSIDE OF SHEATHING TO ALIGN WITH OUTSIDE OF FOUNDATION WALL

FLOOR PLAN CONSTRUCTION NOTES

(SEE SHEET 2 FOR ADDITIONAL NOTES)

BRACED WALL LINE NOTE:

THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

1. "T.T.W." INDICATES "TIE CEILING JOIST TO RAFTER WITH FOUR 8" x 0.131" NAILS"

2. ALL LOAD - BEARING HEADERS SHALL BE (2)2x6 SPF# UNLESS OTHERWISE NOTED ON THE PLAN.

3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE PLANS FOR DIMENSIONS TO WALLS.

4. ALL WALLS UP TO 10' TALL SHALL BE 2x4 SPF# @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3.(4) OF THE CODE OR AS NOTED ON THE PLAN.

5. WOOD BEAMS SHALL BE SUPPORTED BY: METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

HEADER SIZE	SIMPSON HANGERS
(1) 2x8	LUS 26-2
(2) 2x10	LUS 210-2
(2) 2x12	LUS 210-2
(2) 1¾"x 9¼" LVL	HUS 410
(2) 1¾"x 11⅞" LVL	HUS 412
(2) 1¾"x 14" LVL	HUS 414
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE VOIDS IN HANGERS WITH 8d x 1½" COTTON NAILS (0.131" DIAM.) OR 8d x 1½" (0.120" DIAM.) NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d x 1½" HANGER NAILS UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 3¼" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.

7. "LVL" AND SIMILAR BEAMS THAT HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2x4 OR (2)-2x6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.

8. ■ INDICATES POINT LOADS. ALL POINT LOADS FROM ROOF BRACED JACK STUDS, BEAM SUPPORTS (WHETHER WOOD OR STEEL) CANTILEVER BEAM ON SHEATHING ALONE, BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE THAT BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 EQUAL BLOCKS OF EQUAL MATERIAL TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION SILL OR LOWER PLATE. ROT BOXINGS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE SQUASH BLOCKS ARE INDICATED ON THE PLAN.

9. "BOXBEAM": FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 8" LONG TRUBOLOX OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 8" TRUBOLOX SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.

HANGER LOADS

(2) ROW BFAMS UP TO 4 FT. USE LSTA24 6X4" STEEL STRAP.
(2)ROW BFAMS UP TO 10 FT. USE LSSTA36 6X4" STEEL STRAP.
(2)ROW BFAMS GREATER THAN 10' OR LARGER SHOWN ON PLANS FASTEN LSTA24 6X4" STEEL STRAP TO WOOD HEADER WITH 12-8X1" LAG SCREWS @ 16" O.C. EXTEND ALL ANGLES 4" PAST OPENING TO BEAM ON MASONRY OPENING AT BOOS.

10. FASTEN FIRST KING STUD TO LOWER HEADER WITH AT LEAST THREE 8d (.131"x2.5") IN EACH PLY.

11. JACK AND KING STUD SCHEDULE AT WALL OPENINGS
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "1" OR "2" ON PLAN:
SPANS UP TO 4'-0" . . . . . 1 JACK, 1 KING SPANS 14'-0" TO 15'-6" . . . . . 1 JACK, 2 KINGS
SPANS 4'-6" TO 6'-6" . . . . . 1 JACK, 2 KINGS SPANS 7'-0" TO 8'-6" . . . . . 2 JACKS, 2 KINGS
SPANS 9'-0" TO 10'-6" . . . . . 3 JACKS, 2 KINGS SPANS 11'-0" . . . . . SEE PLAN

12. CONTRACTOR TO PROVIDE 22"x30" MIN. ACCESS TO ATTIC

13. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALL 1 3/4" TYPE X DRYWALL AT CEILING OF HOUSE & GARAGE

14. ALL ANGLES ARE 45° (U.N.O.)

15. INSTALL DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)

16. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATING FASTENED w/ 8d NAILS @ 6" o.c. AROUND EDGES + 12" o.c. IN FIELD

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

K&H RESIDENTIAL DESIGNS
K&HRESIDENTIAL DESIGNS.COM
704-728-0505
N·C·B·D·C
ENGINEER:
IDE INTELLIGENT DESIGN

THE MYERS RESIDENCE
5418 ISLE OF PINES ROAD
WAXHAW, NORTH CAROLINA

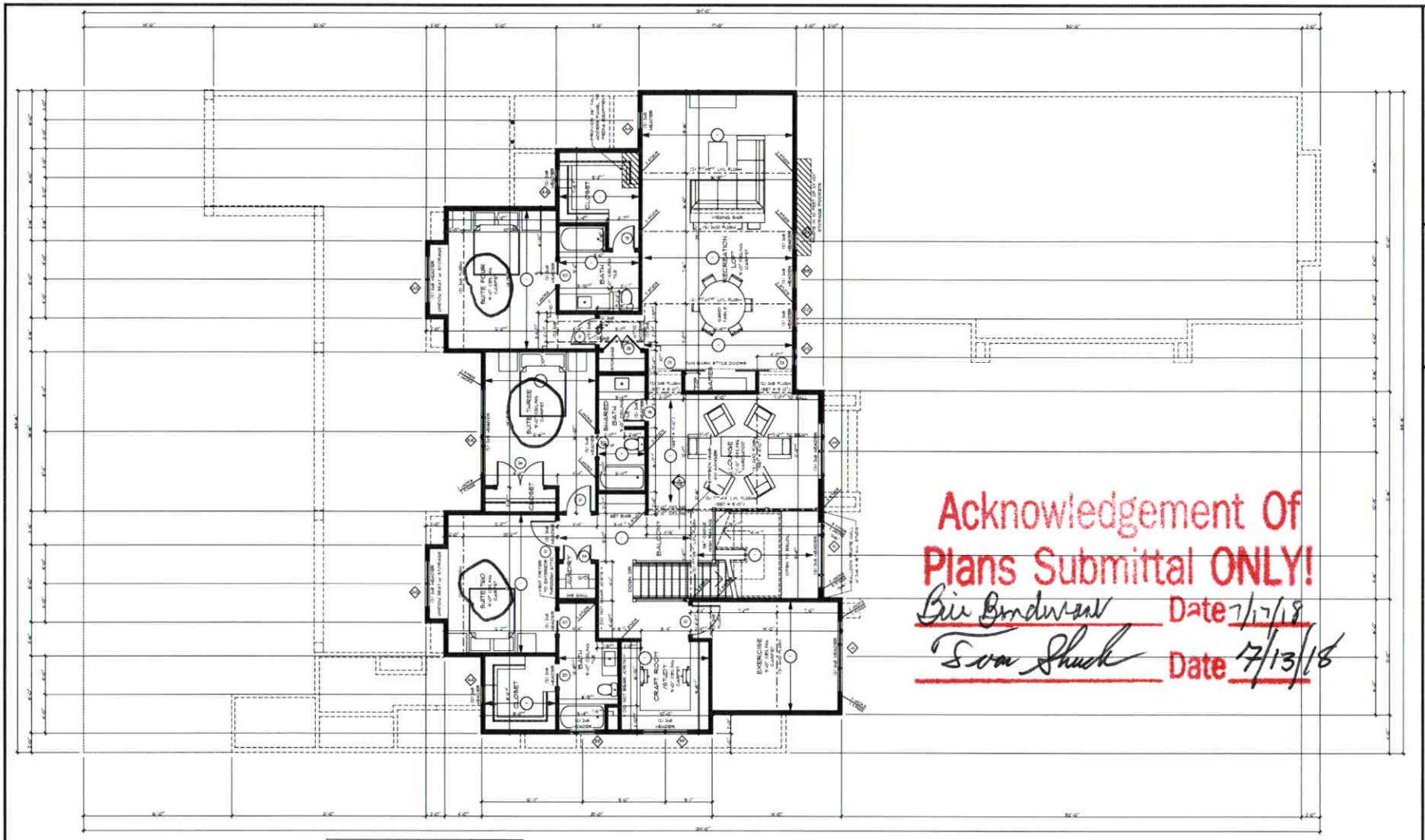
HOME BUILDERS ASSOCIATION MEMBER BBB AIBD

PROJECT NO: 2017-831
DATE: 3/28/2018
REVISIONS:
DRAWN BY: T.LEONARD

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SHEET TITLE
FIRST FLOOR PLAN

06
SHEET 06 OF 15



Acknowledgement Of
Plans Submittal ONLY!
Bill Bondurant Date 7/17/18
Evan Shuck Date 7/13/18

FRAMING DETAIL @ CEILING TRANSITION

SCALE: 1" = 1'-0"

SECOND FLOOR WINDOW SCHEDULE

ID	QTY	SIZE WIDTH	SIZE HEIGHT	NOTES
AA	4	3'-0"	5'-0"	SINGLE CASEMENT WINDOW UNIT
BB	1	3'-0"	3'-0"	SINGLE CASEMENT WINDOW UNIT
CC	1	3'-0"	1'-0"	SINGLE CASEMENT WINDOW UNIT
DD	1	3'-0"	4'-0"	SINGLE CASEMENT WINDOW UNIT
EE	1	3'-0"	3'-6"	SINGLE CASEMENT WINDOW UNIT
FF	1	9'-0"	3'-6"	TWIN 36" CASEMENT WINDOW UNIT
GG	1	6'-0"	6'-6"	TWIN 36" CASEMENT WINDOW UNIT
HH	1	6'-0"	6'-6"	TWIN 36" CASEMENT WINDOW UNIT w/ 24" FALL PROTECTION OPENING
II	1	7'-6"	6'-6"	TRIPLE 30" CASEMENT WINDOW UNIT
KK	1	9'-0"	4'-6"	TRIPLE 36" CASEMENT WINDOW UNIT

* VERIFY ROUGH OPENING REQUIREMENTS WITH WINDOW MANUFACTURER

SECOND FLOOR DOOR SCHEDULE

ID	QTY	DOOR W	DOOR HT	DOOR GLZ	NOTES
15	1	3'-0"	6'-8"		SINGLE INTERIOR 15@ PANEL DOOR
2C	4	2'-6"	6'-8"		SINGLE INTERIOR 15@ PANEL POCKET DOOR
2	1	2'-6"	6'-8"		SINGLE INTERIOR 15@ PANEL DOOR
2S	1	2'-0"	6'-8"		SINGLE INTERIOR 15@ PANEL DOOR
3S	1	3'-0"	6'-8"		SINGLE BARN STYLE DOOR w/ OVERHEAD ROLLERS AND HARDWARE
3A	1	3'-0"	6'-8"		TWIN 18" INTERIOR 15@ PANEL DOOR
3L	1	4'-0"	6'-8"		TWIN 24" INTERIOR 15@ PANEL DOOR
3K	1	5'-0"	6'-8"		TWIN 30" INTERIOR 15@ PANEL DOOR

* VERIFY ROUGH OPENING REQUIREMENTS WITH DOOR MANUFACTURER

SQUARE FOOTAGE

ALL FOOTAGE CALCULATED TO STUD

1. FIRST FLOOR HEATED	2,766
2. SECOND FLOOR HEATED	3,243
TOTAL HEATED	6,049
COVERED ENTRY	34
COVERED PATIO	1,109
FOUR CAR GARAGE	1,388
TOTAL UNDER ROOF	7,560

NOTE: EXTERIOR DIMENSIONS REFER TO OUTSIDE OF SHEATHING. OUTSIDE OF SHEATHING TO ALIGN WITH OUTSIDE OF FOUNDATION WALL

JOIST DESIGNATION

1 2x8 @16" O.C. CEILING JOISTS

FLOOR PLAN CONSTRUCTION NOTES

(SEE SHEET A FOR ADDITIONAL NOTES)

BRACED WALL LINE NOTE:

THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

1. "LTHR" INDICATES "TIE CEILING JOIST TO RAFTER WITH FOUR 3" x 0.131" NAILS"
2. ALL LOAD-BEARING HEADERS SHALL BE (2)2x6 SPF# UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10'-0" TALL SHALL BE 2x4 SPF# @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3.5 OF THE CODE OR AS NOTED ON THE PLAN.
5. GOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

TIMBER SIZE	SIMPSON HANGERS
(1) 2x8	LUS 28-2
(1) 2x10	LUS 210-2
(1) 2x12	LUS 212-2
(1) 1¾" x 9¼" LVL	HUS 410
(1) 1¾" x 11⅞" LVL	HUS 412
(1) 1¾" x 14" LVL	HUS 414
ALL TRIPLE LVLS	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 6x0.x 1½" COTTON NAILS (0.10" x 0.10") (OR 8x0.x1½" (0.12" x 0.12") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER). DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10D x 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1¼" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. "LVL" AND GLULAM" BEAMS THAT HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)2x4 OR (2)2x6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
8. ■ INDICATES POINT LOADS. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS WHETHER WOOD OR STEEL/CANVOT BEAM ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2x4 SOLIDLY BLOCKED OF EQUAL HEIGHT TO COUPLE ABOVE BETWEEN SUBFLOOR AND FOUNDATION SILL OR LOWER PLATE. BUT BOARDS AND JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND BASE BEARING OR MARKED EQUIVALENT BLOCKING ARE INDICATED ON THE PLAN.
9. "BORED(D)": FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 16" LONG TRUBOLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 8½" TRUBOLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
10. PAINTED FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16d (3½"x0.162") IN EACH PLY.
11. JACK AND KING STUD SCHEDULE AT ALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "1/C" OR "2/C" ON PLAN:
SPANS UP TO 4'-0" . . . . . 1 JACK, 1 KING SPANS 14'-0" TO 16'-0" . . . . . 1 JACK, 1 KINGS
SPANS 16'-4" TO 8'-8" . . . . . 1 JACK, 2 KINGS
SPANS 16'-4" TO 8'-8" . . . . . 2 JACKS, 2 KINGS
SPANS 16'-8" TO 10'-0" . . . . . 2 JACKS, 3 KINGS
SPANS 10'-0" . . . . . SEE PLAN
12. CONTRACTOR TO PROVIDE 22"x30" MIN. ACCESS TO ATTIC.
13. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALL + 5/8" TYPE X DRYWALL AT CEILING OF HOUSE + GARAGE
14. WALL ANGLES ARE 45° UNLESS U.N.O.
15. INSTALL DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS U.N.O.
16. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" o.c. AROUND EDGES + 12" o.c. IN FIELD

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

KHARESIDENTIAL DESIGNS.COM
704-728-0505
N·C·B·D·C
ENGINEER:
IDE

THE MYERS RESIDENCE
LOT 5
PAWLEYS ISLAND ROAD
PAWLEYS ISLAND, SOUTH CAROLINA

THESE PLANS ARE THE PROPERTY OF KH RESIDENTIAL DESIGNS AND ARE NOT TO BE USED IN ANY WAY WITHOUT THE EXPRESS WRITTEN CONSENT OF KH RESIDENTIAL DESIGNS. ALL RIGHTS RESERVED.

MEMBER A|I B|D

PROJECT NO: 2017-831
DATE(S): 3/26/2018
REVISIONS:

DRAWN BY: T.LEONARD

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SHEET TITLE
SECOND FLOOR PLAN

08
SHEET 08 OF 15

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218191

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

PIN # 4685-37-5776

APPLICANT: APOGEE BUILDERS APPLICANT ADDRESS: PO Box 5144 NC, 28117

SITE ADDRESS: 519 ISLE OF PINES RD. PHONE: 704-897-7676 ALT. PHONE:

SITE DIRECTIONS: BSR, ISLE OF PINES, ON L

SUBDIVISION: CLET SECTION: 5 LOT # 3 LOT AREA: .96 AC DESIGN FLOW: 600 L.T.A.R.: .25 (.275R)

Septic Tank 1500 (gal) STB Date

Pump Tank 1500 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 400'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP - PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☒ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM PENNINGER SOIL CONSULTING

*8/2/16: Property being sold. AC on HOLD until new floor plans received + approved by health department staff

AS BUILT SKETCH

Revoked 7/13/18 (redrawn)

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: 8/2/16

IMPROVEMENT PERMIT by: Date: APPROVED JUN 09 2016

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED JUN 09 2016

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

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

RECEIVED JUN 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#218191

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- [✓] Septic Improvement Permit
- [✓] New Well Permit
- [✓] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR … IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPEND… APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT E…

Please CALL prior to inspection

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 Pla…
- [✓] Custom Sit…

Name: Paul

Number: 704-996-6330

…ou feet

Applicant Information:

Applicant Name: Apogee Builders **Address:** PO Box 5144, Mooresville, NC 28117; tom@adiamerica.com **Phone:** 704-897-7676

Owner Name: Marshall Jones **Address:** 21900 Satilla Drive, Cornelius, NC 28031 **Phone:**

Property Information:

Street Address: 519 Isle of Pines Road

Subdivision Name: Lot 3 Isle of Pines; CL&T Lot 28&29 Section 5 **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: BSR, TL Isle of Pines, Lot on Left at 519 Isle of Pines Rd

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: 5
Maximum Number of Occupants: 10

- [✓] Swimming Pool
- [ ] Other Addition/Structure:

House

- [✓] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [ ] Basement with Plumbing
- ( ) Basement without Plumbing

Garage

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: T&J Panel

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: _____ 4/7/16

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

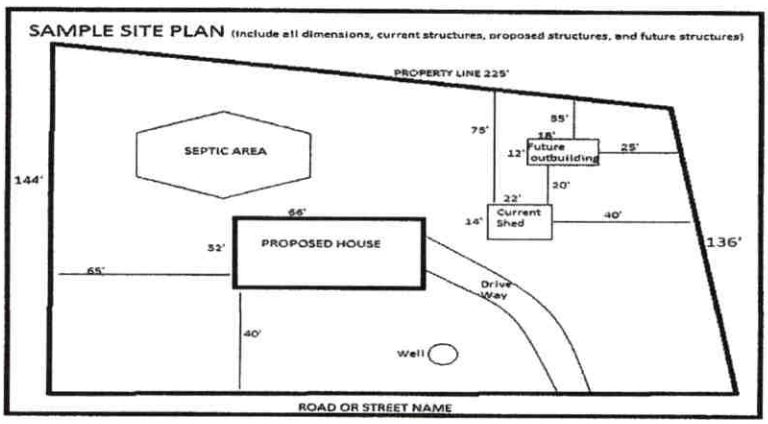
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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 ck your permits

____ 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

SEE ATTACHED

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

4-14-16

DATE

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

April 14, 2016

Apogee Builders, Inc.
142 S. Cardigan Way, Suite D
Mooresville, North Carolina 28117

Attention: Mr. Tom McClellan

Reference: **Technical Assistance with Expedited Review Septic Permitting**
519 Isle of Pines Road
Lot 3 – CL&T Lot 28 and 29 revised
Iredell County, North Carolina
Project No. 16-126

Dear Mr. McClellan:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 5-bedroom septic Improvement Permit and Construction Authorization Permit from the Iredell County Health Department (ICHD) for the referenced lot. The technical assistance was performed in general accordance with our written proposal dated April 12, 2016.

The waterfront lot located off Isle of Pines Road was issued a 4-bedroom Improvement Permit by the ICHD on July 15, 2006 and a Construction Authorization on April 16, 2007. This permit has now expired. You are requesting a new Improvement Permit and Construction Authorization for a slightly revised 5-bedroom house location with a proposed pool pad. You contacted Penninger Soil Consulting, PLLC to assist you with this Expedited Review submittal. A well permit application is also attached.

Your surveyor staked the proposed house pad, building setbacks, lake buffer, and the lot lines for the permitting. Mr. Paul Penninger visited the lot to flag the proposed T&J Panel system and repair area in the proposed septic area as shown on the attached site plan and described two backhoe pits and two hand auger borings in the proposed septic area. The proposed septic area is in the same location as permitted in 2006.

The drainfield and tanks shall maintain a 15 ft. setback to any cut of 2 feet or greater and the tanks shall be located at least 15 feet from the proposed pool. The proposed well shall be at least 50 feet from the septic and pump tanks. The slope at the south property line should be shaped as required for the supply line installation. Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive.

The attached information is not an Improvement Permit or Construction Authorization, and is only to assist you with the Expedited Review site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. The soil profile descriptions are only valid for the described backhoe pits or hand auger borings. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist



Attachments:

1. ICHD Improvement and Well Permit Application
2. Site Plan and System Specifications
3. 2006 ICHD Improvement Permit

Copy: ICHD

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-126 Apogee Builders - Lot 3 Isle of Pines Road\16-126 -Lot 3 Isle of Pines Summary Letter.doc

1. ICHD Improvement Permit and Well Permit Application

2. Site Plan and System Specifications

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 225.00 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTE... ECTION

EXPIRED!

PERMIT# 36587 PIN# 4635375984.003

OWNER OR CONTRACTOR George Clifton McKee Jr. PHONE: Business 763-822-

ADDRESS 145 Falmouth Rd. Mooresville 28117

LOCATION 521 Isle of Pines - Brawley School Rd TL Isle of Pines on

SUBDIVISION Clo T 28/29 BLOCK / SECTION 5 LOT 3 LOT AREA .96 Acre SITE CLASS. PS

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350'

No Lines 5 Trench Width See Note Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

Bedrooms 4 No. Bathrooms ____ No. Employees ____

☐ Business ☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Note: Use trench width as specified in approved plan. Septic permit approved for attached plan designed by Rollan's Soil & Environmental Services.

Comments/Conditions:

INITIAL SITE SKETCH

See attached plan & drawing for Septic System Layout.

AS BUILT SKETCH

EXPIRED! 7-15-15

Permit can be suspended or revoked if any fal... rd 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 with... valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Re ____ date 7-27-06 Installed by: ____

Improvement Perm ... RS date 7/15/06 Operation Permit by: ____ date ____

Authorization to Co... RS date 4/12/07 Existing System Inspection by: ____ date ____

EXPIRED! 7-15-15

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

CL&T 28 AND 29 LOT 3

Project #: 01-1237

LAYOUT FOR 4 BEDROOM HOME

June 14, 2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		3.4			100.00		
INSTR. 1			103.40				
HOUSE CNR				17.40	86.00		
P. TANK				10.80	92.60		
1	***ORANGE***			***3.80***	***99.60***	***80***	***70***
2	***RED***			***4.50***	***98.90***	***80***	***70***
3	***BLUE***			***5.00***	***98.40***	***80***	***70***
4	***PINK***			***5.40***	***98.00***	***80***	***70***
5	***ORANGE***			***6.00***	***97.40***	***80***	***70***
6	RED			6.20	97.20	76	76
7	BLUE			6.40	97.00	81	81
8	PINK			6.80	96.60	77	77
9	ORANGE			7.10	96.30	72	72
10	RED			7.80	95.60	62	62
					Total	768	718

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***350***	***0.25***	***MOD.***	***0.25***	***PPBPS***	***LOW PRESSURE***
Repair	368	0.25	MOD.	0.25	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP on front corner of lot (see site plan)

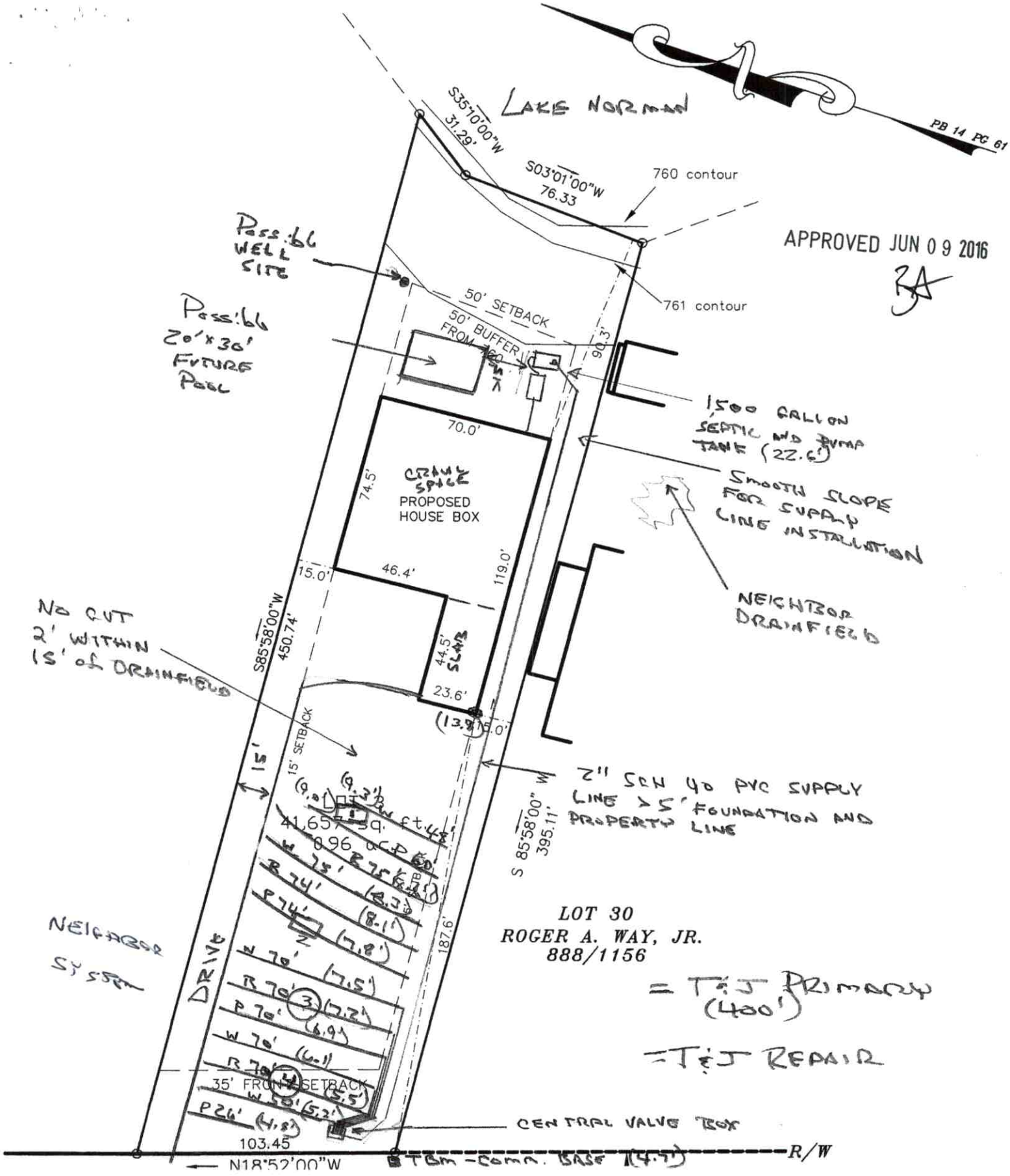
**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

3. 2006 ICHD Improvement Permit Information



Apogee Builders Septic Site Plan - April 14, 2016 (1" approx. 50')

Site Plan must accompany Penninger Soil Consulting, PLLC written report dated 4-14-15.

APPROVED JUN 0 9 2016

Apogee Builders - 519 Isle of Pines Expedited Review Proposal (pg 1 of 2)
April 7, 2016

Number of Bedrooms	5
Basement or Crawl	**basement/slab garage**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.275 (system designed at 0.25 as shown in expired IP)
Primary System Type	**LP PPBPS - T&J Panel Block**
No. Lines	6 (see attached site plan)
Total Linear Feet	400 ft
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	36 inch
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 350' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	45.5 gpm
Elevation head	approx. 26'
Pressure head	3.0'
Friction head	approx. 18'
20% Contingency	9.4'
Total Head	56.4
Pump Requirements	46 gpm @ 57' of head (To be verified by installer and ICHD after final tank placement)
Maximum Dosing Volume	320 gallons max*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7 min.
Check Valve	yes
Siphon Break hole	no
Repair System -	**LP PPBPS - T&J Panel Block**
Total Linear Feet	432' shown - 364' required
Repair LTAR (gpd/sqft)	0.275 with 36 in. max. trench depth

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

APPROVED JUN 0 9 2016
BA

Apogee Builders - 519 Isle of Pines Expedited Review Proposal (pg 2 of 2)
April 7, 2016

Summary of Primary T&J Panel System Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	repair	pink	LPPPBPS	26	4.8				
2	system	white	LPPPBPS	50	5.2	11	11	1 per panel	5/32"
3	system	red	LPPPBPS	70	5.5	16	16	1 per panel	5/32"
4	system	white	LPPPBPS	70	6.1	16	16	1 per panel	5/32"
5	system	pink	LPPPBPS	70	6.9	16	16	1 per panel	5/32"
6	system	red	LPPPBPS	70	7.2	16	16	1 per panel	5/32"
7	system	white	LPPPBPS	70	7.5	16	16	1 per panel	5/32"
8	repair	pink	LPPPBPS	74	7.8				
9	repair	red	LPPPBPS	74	8.1				
10	repair	white	LPPPBPS	75	8.3				
11	repair	red	LPPPBPS	75	8.6				
12	repair	pink	LPPPBPS	60	9.0				
13	repair	white	LPPPBPS	48	9.3				
				Total System: 400'		Total: 91	Total:91 (1 in each panel)		

Tank	1500 gal (2 compartment)	
Pump Tank	1500 gal.	22.6
House	Front Rt. of Garage	13.8
TBM	base of comm. Pedatal at FR corner	4.7

Notes:
Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.
^System is to be installed according to any other ICHD and T&J Panel requirements or policies.
^These specifications are to satisfy the ICHD Expedited Review Checklist and are not intended to represent an Engineered System Design.
^On similar systems the ICHD has requested the central valve box be located on the upper line and end distrubution.
^System proposal information must accompany Penninger Soil Consulting, PLLC written report dated 4/14/16.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED JUN 09 2016

3A

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

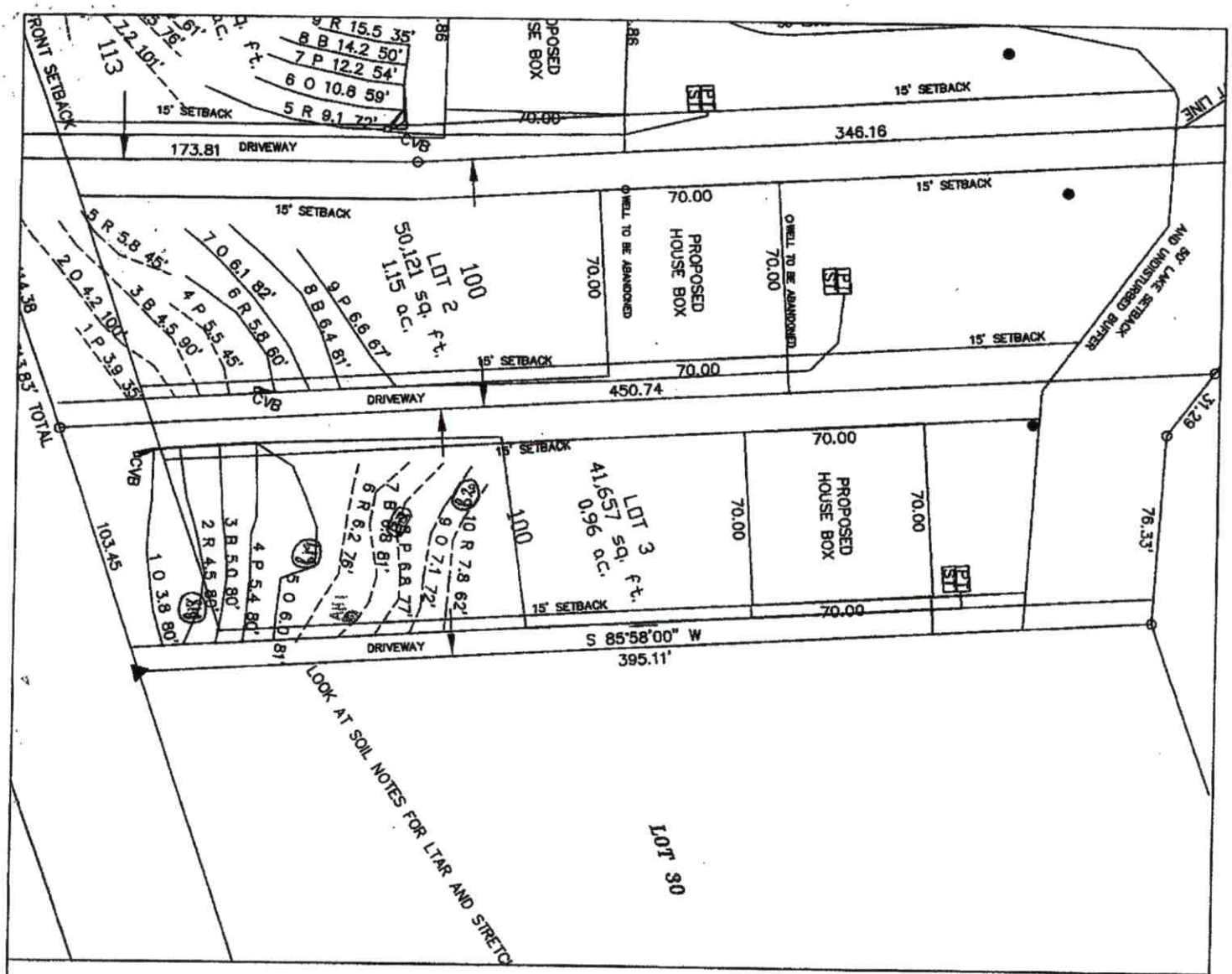
OWNER: Apogee BLDRS _____ APPLICATION DATE _____
ADDRESS: 119 Isle of Pines _____ DATE EVALUATED: 4-5-16
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 600 PROPERTY SIZE: .96 Ac
LOCATION OF SITE: Lot 3 Isle of Pines PROPERTY RECORDED: 2006 ?
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5% Pit	0-4	wsbk scl	fr ss/sp	br				PS .3
		4-27	mf-sbk/abk C	f: s/p	red - f sap		incl		
		27-56	wsbk cl	fr ss/sp	red - l sap		incl		
					⊖	56"	⊖	⊖	
2	L ~5% Pit	0-12	wsbk scl	fr ss/sp	br				PS .3
		12-46	msbk/abk C	f: s/p	red				
		46-66	m-w sbk c/cl	fr ss/sp	red f sap		incl		
3	~5 HPB	0-6	wsbk scl	fr ss/sp	br				PS .3
		6-33	msbk scl/sc	f: s/p	red/br cl				
		33-48	m-w sbk c/cl	fr ss/sp	red/yell	f-c mica flakes f sap			
					⊖	48"	⊖	⊖	
4	~5 HPB	0-3	wsbk scl	fr ss/sp	red br				PS .3
		3-36	m-w sbk scl-cl	fr ss/sp	red mica flakes, f-c sap				
		36-48	wsbk scl	fr ss/sl	red yell clay sap				
					⊖	48"	⊖	⊖	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	T.J	T.J
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PEP
OTHER(S) PRESENT: must be approved by ICHD

COMMENTS: Lot permitted in 2006 = 0.3 LTAR



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE

1" = 60'

60 0 60 120

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANSPORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ISLE OF PINES/CLIFF MARE

LOCATION/DATE: ISLE OF PINES ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2005

JOB # : 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: CBF
FIELD WORK: CBF & AP
DRAWN BY: CBF

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

Sheet 1 of ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CLIFF McKEE — APPLICATION DATE 7/06
ADDRESS: — DATE EVALUATED: _____
PROPOSED FACILITY: RES — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: LOT 3 CL&T 28/29 — PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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	
B2 1	SS 0-5%	0-12	RBSCL Gr	SS,SP,FrSExP	N/A	48"	N/A	N/A	PS
		12-25	RCL MFSBk	SS,SP,FrSExP					
		25-48	RCL WFSBk	SS,SP,FrSExP	many sap incl.				.3
B18 2	SS 0-5%	0-20	RC MFSBk	SS,SP,FrSExP	N/A	48"	N/A	N/A	PS
		20-48	RCL MFSBk	SS,SP,FrSExP	common sap				.3
B19 3	SS 0-5%	0-14	RB SCL/GLWSBk	SS,SP,FrSExP	N/A	48"	N/A	N/A	PS
		14-48	RCL WSBk	SS,SP,FrSExP	many Mn common YB				.25
B20 4	SS 0-5%	0-24	RC SBk	SS,SP,FrSExP	N/A	48"	N/A	N/A	PS
		24-48	RCL MFSBk	SS,SP,FrSExP	common sap				.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 600 sq	936 sq
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ROLLANS SOIL & ENVIRONMENTAL
OTHER(S) PRESENT: _____

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Don Allen APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 7/10/06
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: Clat 28/29 Lot #3 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10"	Rd/Brn SCL GR FR						PS
		10-48"	Rd/Brn C M-W SBK SS, SP, SE, FR w/ Few	Black	Mottles possibly		Mg		.25 to .275
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

~~OTHER FACTORS (.1946):~~ ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

- ✓ *A Copy of This Completed Checklist*
- ✓ Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)
- ✓ Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant
- ✓ A copy of the Iredell County *Zoning Permit* (if required)
- ✓ *Documentation to Authorize an Owners Legal Representative* form
- X *Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts
- ✓ Owner or Clients contact information, included on application or part of submitted design
- ✓ NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth
- ✓ Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:
  - ✓ Drainlines for initial and repair system
  - ✓ Septic Tank locations identified
  - ✓ Pump Tank location identified
  - ✓ Proposed distribution method must be clearly identified
  - ✓ All proposed and existing structures identified
  - ✓ Proposed setbacks must be noted
  - ✓ Proposed and existing driveway
  - ✓ Well locations (if applicable)
  - ✓ North arrow identified
- ✓ Pump Systems must note the following elevations on a scaled site plan:
  - ✓ Pump Tank
  - ✓ Initial septic system and repair line elevations
  - ✓ Front or rear of house at point closest to drain field
  - ✓ Temporary Bench Mark
- ✓ Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.
- ✓ Septic design signed and sealed by LSS.
- ✓ Site requirements completed by time of health department staff visit:
  - ✓ All under brushing, debris cleanup OK
  - ✓ Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot
  - ✓ Permanent corners must be identified in field, or located by a licensed surveyor as needed.
  - ✓ Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line
  - ✓ Septic and Pump Tank location marked as required
  - ✓ All proposed structures must be staked

[signature] _____ 4-14-16

Owner Signature **Date**

ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet.

Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Sanitarian.
Statesville Office (704)878-5305 Mooresville Office (704)664-5281

---

1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.

2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.

3. **Stake or flag the footprint of the building structure**.

4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.

5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.

6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in applicant being charged a site revisit fee of $100 and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 4-12-11

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, Jones D. Marshall, am the legal owner(s) of the property located at 519 Isle of Pines Road, identified as PIN (Parcel Identification Number) 4635375776.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**), Paul Penninger/Penninger Soil Consulting, Tom McClellan; Apogee Builders 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
	5/30/16		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 215.00 MOORESVILLE 704-664-5281

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

ECTION

-06

PERMIT# 36587 PIN# 4635375984.003

OWNER OR CONTRACTOR George Clifton McKee Jr. PHONE: Business 763-822-

ADDRESS 145 Falmouth Rd. Mooresville 28117

LOCATION 521 Isle of Pines - Brawley School Rd TL Isle of Pines on

SUBDIVISION Cat 28/29 BLOCK / SECTION 5 LOT 03 LOT AREA .96 Acre SITE CLASS. PS

EXPIRED!

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350'

No Lines 5 Trench Width See Note Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

... Bedrooms 4

... ome No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments/Conditions: ☒ Note: Use trench width as specified in approved plan. Septic permit approved for attached plan designed by Rollands Soil & Environmental Services

Comments/Conditions:

INITIAL SITE SKETCH

See attached plan & drawing for Septic System Layout.

AS BUILT SKETCH

EXPIRED!
7-15-15

Permit can be suspended or revoked if any fal...
Permit with plat valid with...

...rd securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement ...alid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Re

Improvement Perm ____ date 7-27-06

Authorization to Co... RS date 7/15/06

RS date 4/16/07

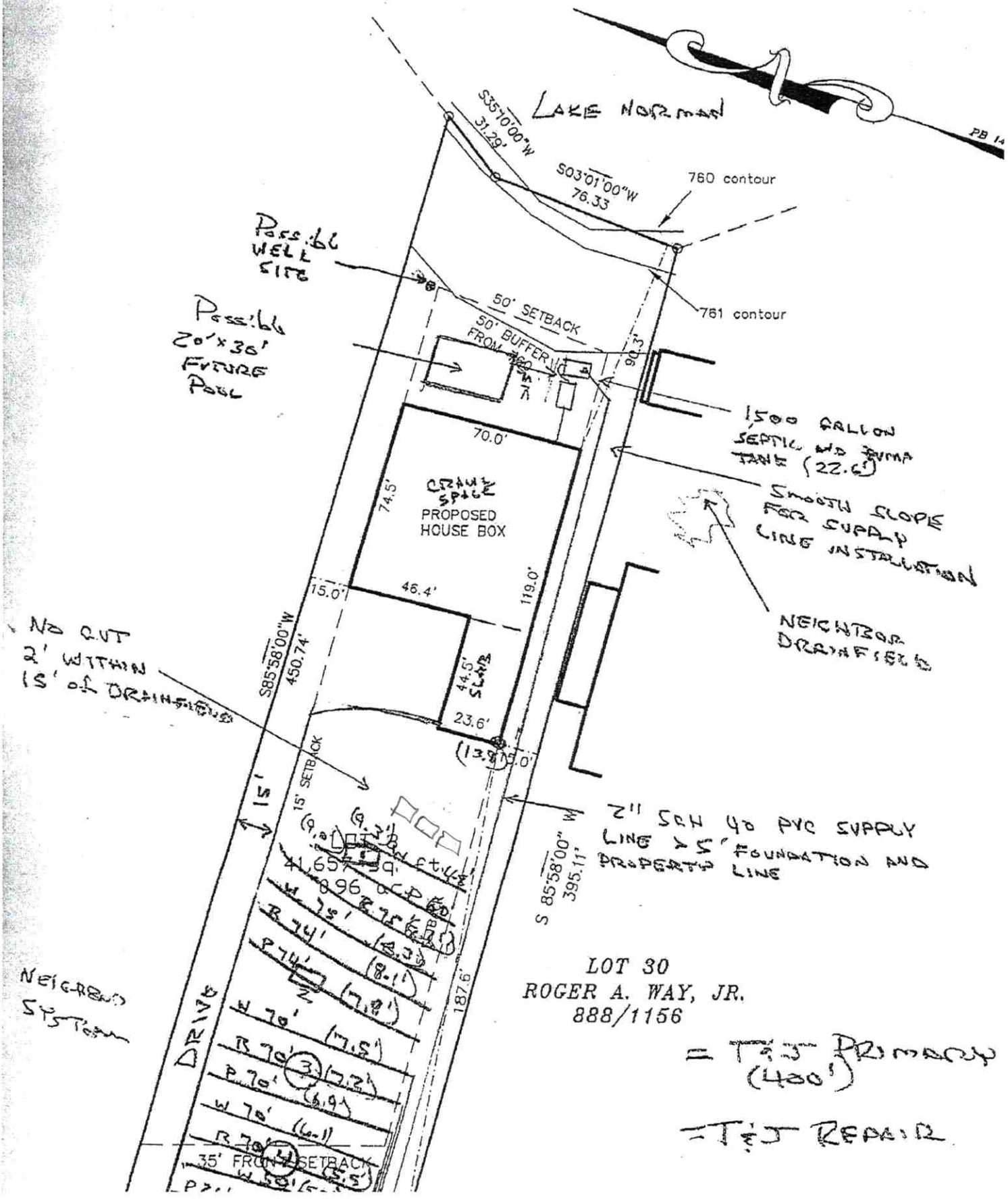
EXPIRED!
7-15-15

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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


LAKE NORMAN
S35°10'00"W
31.29'
S03°01'00"W
76.33
760 contour
761 contour
Possible WELL SITE
Possible 20'x30' FUTURE POOL
50' SETBACK
50' BUFFER FROM 760
90.3'
1500 GALLON SEPTIC AND PUMP TANK (22.6')
SMOOTH SLOPE FOR SUPPLY LINE INSTALLATION
NEIGHBOR DRAINFIELD
70.0'
74.5'
CRAWL SPACE
PROPOSED HOUSE BOX
46.4'
119.0'
15.0'
S85°58'00"W
450.74'
44.5' SLAB
23.6'
(13.9')
5.0'
NO CUT 2' WITHIN 15' of DRAINFIELD
15' SETBACK
15'
2" SCH 40 PVC SUPPLY LINE 5' FOUNDATION AND PROPERTY LINE
S 85°58'00" W
395.11'
187.6'
DRIVE
NEIGHBOR SYSTEM
35' FRONT SETBACK
LOT 30
ROGER A. WAY, JR.
888/1156
= T&J PRIMARY (480')
= T&J REPAIR

CL&T 28 AND 29 LOT 3

Project #: 01-1237

LAYOUT FOR 4 BEDROOM HOME

June 14, 2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		3.4			100.00		
INSTR. 1			103.40				
HOUSE CNR				17.40	86.00		
P. TANK				10.80	92.60		
1	***ORANGE***			***3.80***	***99.60***	***80***	***70***
2	***RED***			***4.50***	***98.90***	***80***	***70***
3	***BLUE***			***5.00***	***98.40***	***80***	***70***
4	***PINK***			***5.40***	***98.00***	***80***	***70***
5	***ORANGE***			***6.00***	***97.40***	***80***	***70***
6	RED			6.20	97.20	76	76
7	BLUE			6.40	97.00	81	81
8	PINK			6.80	96.60	77	77
9	ORANGE			7.10	96.30	72	72
10	RED			7.80	95.60	62	62
					Total	768	718

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***350***	***0.25***	***MOD.***	***0.25***	***PPBPS***	***LOW PRESSURE***
Repair	368	0.25	MOD.	0.25	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP on front corner of lot (see site plan)

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Don Allen
ADDRESS: _____ APPLICANT: _____
PROPOSED FACILITY: _____ APPLICATION DATE: _____ DATE EVALUATED: 7/10/06
LOCATION OF SITE: Clay 28/29 Lot # 3 PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10"	Rd/Brn SCL GR FR						PS .25 to .275
		10-48"	Rd/Brn CL w/ few	Cm m-w SBK SS, SP, SE, FR Black Mottles possibly	Mg				
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

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

Sheet 1 of ___
PROPERTY ID #: ___
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

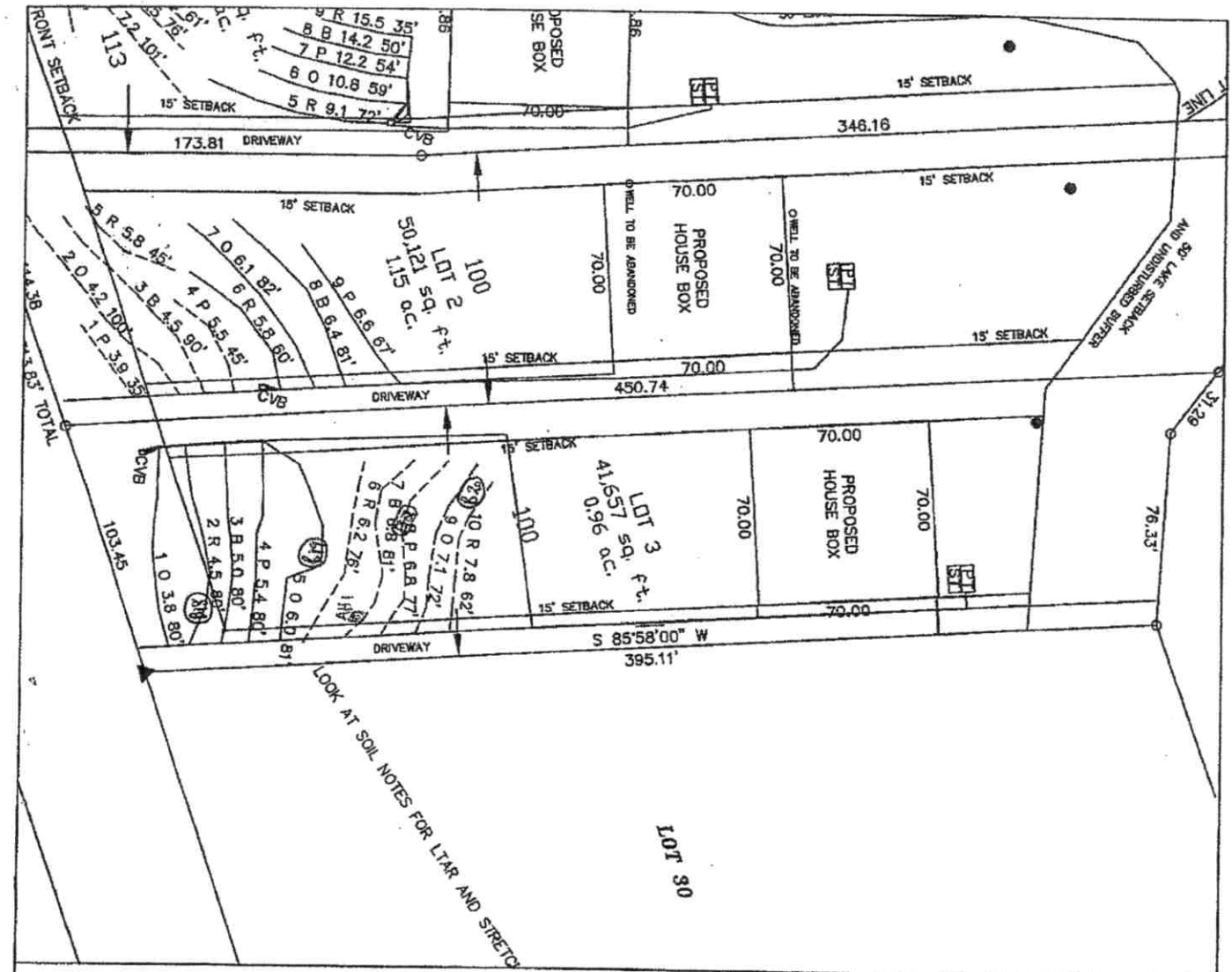
OWNER: CLIFF McKEE — APPLICATION DATE 7/06
ADDRESS: — DATE EVALUATED: ___
PROPOSED FACILITY: RES — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: LOT 3 CL&T 28/29 — PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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	
B2 1	SS 0-5%	0-12	RBscl Gr	SS, SP, Fr SExP	N/A	48"	N/A	N/A	PS
		12-25	R cl mFSBk	SS, SP, F-Fr SExP	many Sap incl.				
		25-48	R cl WFSBk	SS, SP, F-Fr SExP					.3
B18 2	SS 0-5%	0-20	R C MFSBk	SS, SP, Fr SExP	N/A common Sap	48"	N/A	N/A	PS
		20-48	R cl mFSBk	SS, SP, Fr SExP					.3
B19 3	SS 0-5%	0-14	RB SCL/GLWSBk	SS, SP, Fr SExP	N/A many Mn common YB	48"	N/A	N/A	PS
		14-48	R cl WSBk	SS, SP, Fr SExP					.25
B20 4	SS 0-5%	0-24	R C SBk	SS, SP, Fr SExP	N/A common Sap	48"	N/A	N/A	PS
		24-48	R cl MFSBk	SS, SP, Fr SExP					.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~~480~~ 600 sf	936 sf
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ROLLANS SOIL & ENVIRONMENTAL
OTHER(S) PRESENT: ___

COMMENTS:



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE
1" = 60'

60 0 60 120

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278-0969
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANSFORTC@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ISLE OF PINES/CLIFF WADE

LOCATION/DATE: ISLE OF PINES ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2008

JOB #: 01-1005
FILE: C:\JOBS\01-1005
PROJECT MGR.: CBF
FIELD WORK: CBF & AP
DRAWN BY: CBF

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
- [✓] Septic Improvement Permit
- [✓] New Well Permit
- [✓] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] 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
- [✓] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Apogee Builders **Address:** PO Box 5144, Mooresville, NC 28117; tom@adiamerica.com **Phone:** 704-897-7676

Owner Name: Marshall Jones **Address:** 21900 Satilla Drive, Cornelius, NC 28031 **Phone:**

Property Information:

Street Address: 519 Isle of Pines Road

Subdivision Name: Lot 3 Isle of Pines; CL&T Lot 28&29 Section 5 **Section/Phase:** **Lot Number:** 3

Driving Directions: BSR, TL Isle of Pines, Lot on Left at 519 Isle of Pines Rd

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: 5
Maximum Number of Occupants: 10
- [✓] 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: T&J Panel

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: _____ 4/7/16

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

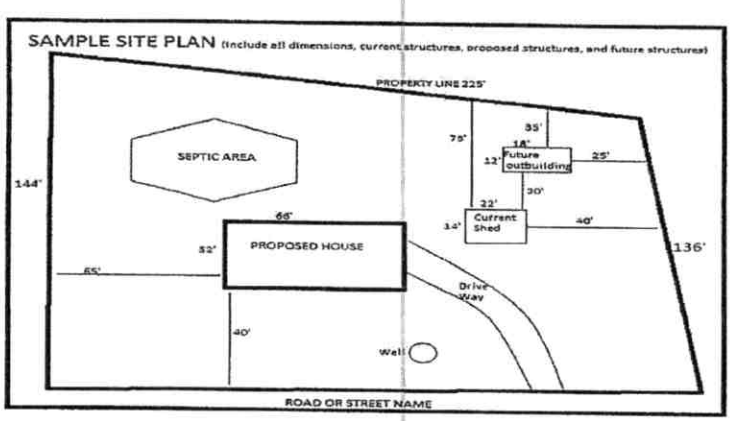
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

- ✓ **Front and side setbacks from property line...**
- ✓ **Area you prefer your septic system to be placed...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **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** ck your permits
- **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

SEE ATTACHED

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

4-14-16

DATE

Apogee Builders - 519 Isle of Pines Expedited Review Proposal (pg 1 of 2)
April 7, 2016

Number of Bedrooms	5
Basement or Crawl	**basement/slab garage**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.275 (system designed at 0.25 as shown in expired IP)
Primary System Type	**LP PPBPS - T&J Panel Block**
No. Lines	6 (see attached site plan)
Total Linear Feet	400 ft
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	36 inch
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 350' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	45.5 gpm
Elevation head	approx. 26'
Pressure head	3.0'
Friction head	approx. 18'
20% Contingency	9.4'
Total Head	56.4
Pump Requirements	46 gpm @ 57' of head (To be verified by installer and ICHD after final tank placement)
Maximum Dosing Volume	320 gallons max*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7 min.
Check Valve	yes
Siphon Break hole	no
Repair System -	**LP PPBPS - T&J Panel Block**
Total Linear Feet	432' shown - 364' required
Repair LTAR (gpd/sqft)	0.275 with 36 in. max. trench depth

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Apogee Builders - 519 Isle of Pines Expedited Review Proposal (pg 2 of 2)
April 7, 2016

Summary of Primary T&J Panel System Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	repair	pink	LPPPBPS	26	4.8				
2	system	white	LPPPBPS	50	5.2	11	11	1 per panel	5/32"
3	system	red	LPPPBPS	70	5.5	16	16	1 per panel	5/32"
4	system	white	LPPPBPS	70	6.1	16	16	1 per panel	5/32"
5	system	pink	LPPPBPS	70	6.9	16	16	1 per panel	5/32"
6	system	red	LPPPBPS	70	7.2	16	16	1 per panel	5/32"
7	system	white	LPPPBPS	70	7.5	16	16	1 per panel	5/32"
8	repair	pink	LPPPBPS	74	7.8				
9	repair	red	LPPPBPS	74	8.1				
10	repair	white	LPPPBPS	75	8.3				
11	repair	red	LPPPBPS	75	8.6				
12	repair	pink	LPPPBPS	60	9.0				
13	repair	white	LPPPBPS	48	9.3				
				Total System: 400'		Total: 91	Total:91 (1 in each panel)		

Tank	1500 gal (2 compartment)	
Pump Tank	1500 gal.	22.6
House	Front Rt. of Garage	13.8
TBM	base of comm. Pedatal at FR corner	4.7

Notes:

Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.

^System is to be installed according to any other ICHD and T&J Panel requirements or policies.

^These specifications are to satisfy the ICHD Expedited Review Checklist and are not intended to represent an Engineered System Design.

^On similar systems the ICHD has requested the central valve box be located on the upper line and end distrubution.

^System proposal information must accompany Penninger Soil Consulting, PLLC written report dated 4/14/16.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Apogee BLDRS
ADDRESS: 19 Isle of Pines
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: Lot 3 Isle of Pines
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE _____
DATE EVALUATED: 4-5-16
PROPERTY SIZE: .96 ac
PROPERTY RECORDED: 2006 =

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
1	L ~5% Pit	0-4	wsbk scl	fr ss/sp	br				PS .3
		4-27	mf subbk/abk c	fi: s/p	red - f sap		sl		
		27-56	wsbk cl	fr ss/sp	red - c sap		sl		
						56"			
2	L ~5% Pit	0-12	wsbk scl	fr ss/ss	br				PS .3
		12-46	msbk/abk c	fi: s/p	red				
		46-66	m-w sbk c/cl	fr ss/sp	red f	SAP	incl		
3	5% HDB	0-6	wsbk scl	fr ss/sp	br				PS .3
		6-33	msbk scl/sc	fi: s/s	red/yel				
		33-48	m-w sbk c/cl	fr ss/sp	red/yel	f-c sap			
						48"			
4	5% HAB	0-3	wsbk scl	fr ss/sp	red br				PS .3
		3-36	m-w sbk scl-cl	fr ss/ss	red/yel	c mica flakes, fc sap			
		36-48	wsbk scl	fr ss/ss	red yel	c mica sap			
						48"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	T.J	T.J
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PEP
OTHER(S) PRESENT: must be approved by ICAO

COMMENTS: Lot permitted in 2006 = 0.35 SFR

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: June 22, 20 18 **PERMIT NO.:** _____ (to be completed by DWQ/DPH)

A. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Kelly & Phoenisa Myers

Mailing Address: 1754 Brawley School Rd

City: Mooresville State: NC Zip Code: 28117 County: Iredell

Day Tele No.: 704-893-8000 Cell No.: 704-621-5000

EMAIL Address: ceo@getnds.com Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4635375776.000

County: Iredell

(2) Physical Address (if different than mailing address): 519 Isle of Pines Rd

City: Mooresville State: **NC** Zip Code: 28117

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: _____

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ____ Zip Code: ____ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

Due to the specific location of the house on the lot (along with the location of the septic system) there is no room for the well in the buildable area. We are seeking permission for possible encroachment on lake buffer and/or possible encroachment on house setback.

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. **SIGNATURES**

PM - General Contractor

Signature of Person Responsible for Well Construction (typically the well driller)

Charlie Fonville

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

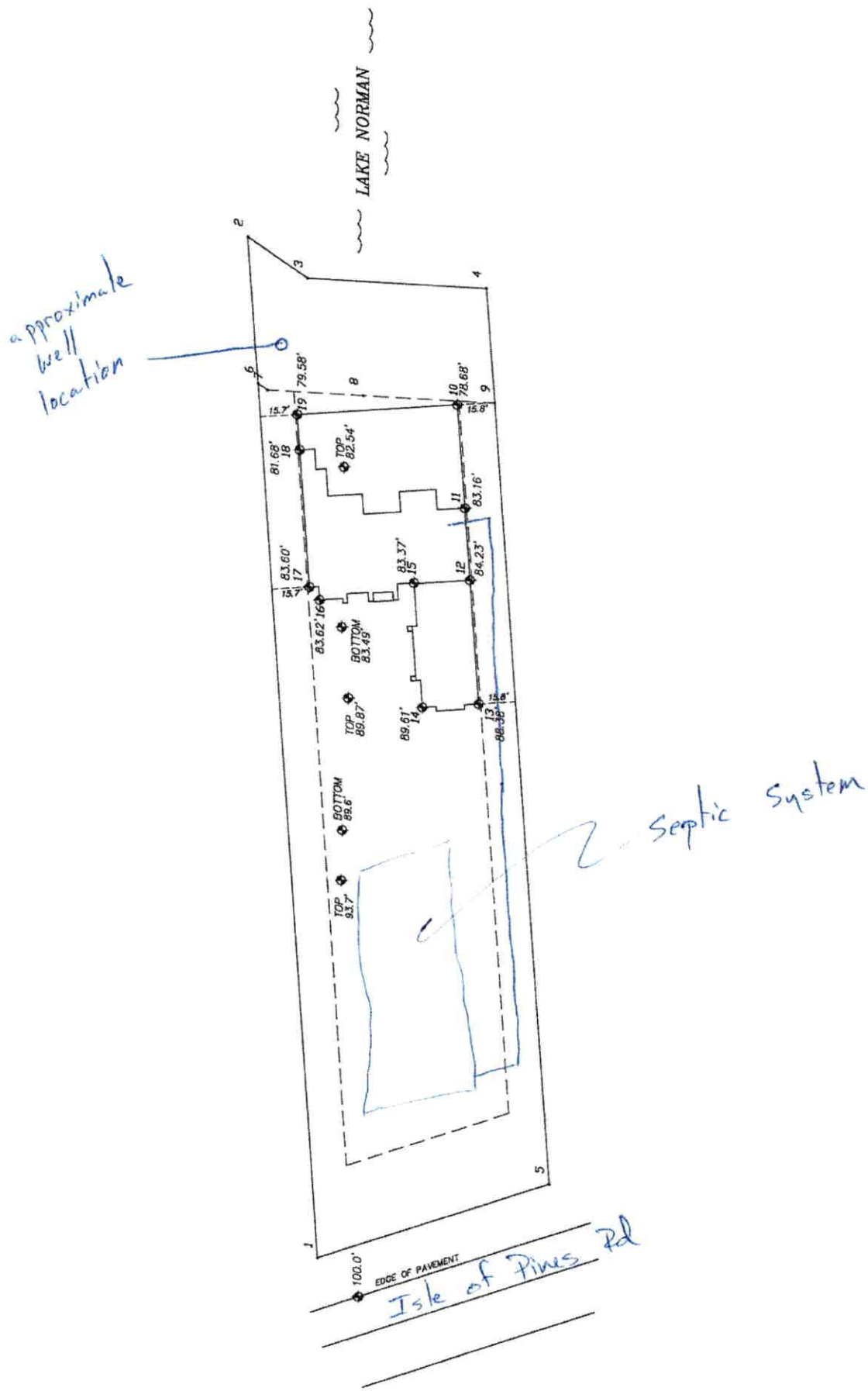
Thomas Dannaher Shuck

Signature of County Environmental Health Specialist

Thomas Dannaher Shuck

Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.


LAKE NORMAN
approximate well location
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
79.58'
78.68'
81.68'
83.16'
84.23'
83.37'
83.60'
83.62'
83.49'
89.87'
89.61'
88.38'
93.7'
89.6'
100.0'
TOP 82.54'
BOTTOM 83.49'
TOP 89.87'
BOTTOM 89.6'
TOP 93.7'
EDGE OF PAVEMENT
Isle of Pines Rd
Septic System

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7/17/18 (Date)

Owner: PHOENISA F. MYERS
Address: 519 Isle of Pines Road
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Apogee Builders

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1/9/18 (date) for a system

LP Panel Block
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Phoenisa F. Myers
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

Scanned by CamScanner

IREDELL COUNTY HEALTH DEPARTMENT

KW [redacted] (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 235990

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

PIN # 4635-37-5776

APPLICANT/OWNER: Pace Development Group APPLICANT ADDRESS: 6719-C Fairview Rd. Charlotte NC 28210

SITE ADDRESS: 519 Isle of Pines Rd. Mooresville, NC PHONE: 704-365-1208 ALT. PHONE 704-575-4372

SITE DIRECTIONS: I-77 S to Exit 36 (Mooresville) → R on Brawley School Rd → L on Williamson Rd → R on Isle of Pines → Lot on left

SUBDIVISION: CL+T SECTION: 5 LOT # 3 LOT AREA: 0.96 acres SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000 x 2 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	5	Linear Ft	350
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—

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

System Description: pm PPBPS (50% Reduction)

Repair System Description: LP-PPBPS (50% Reduction)

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

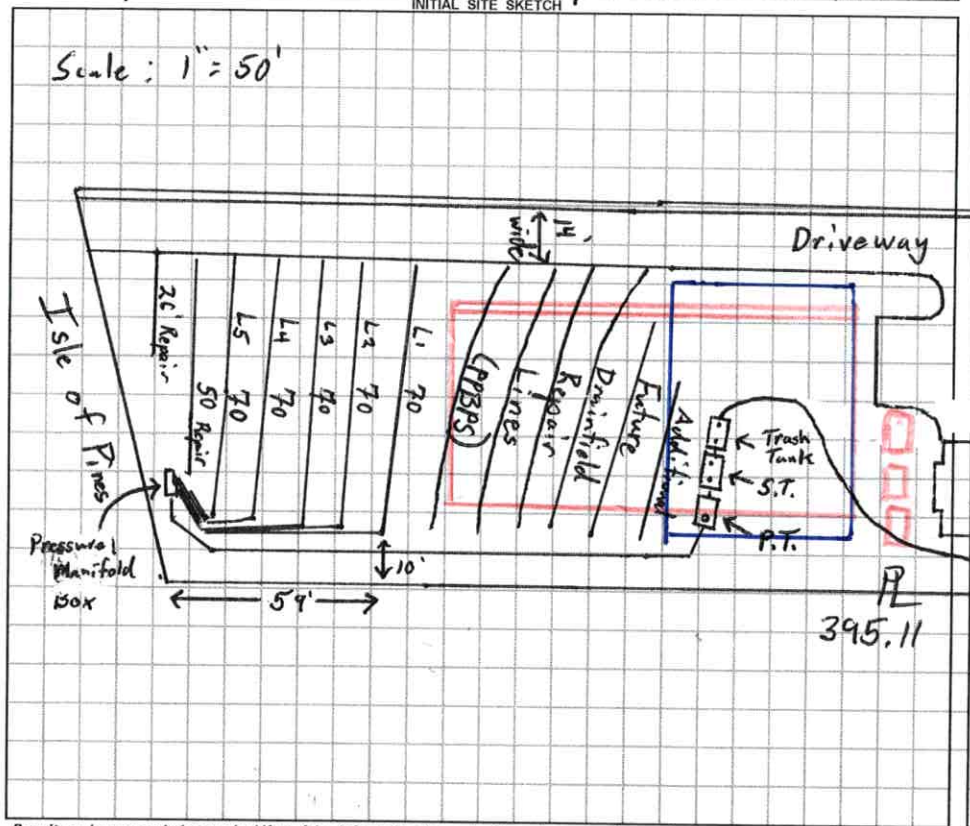
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

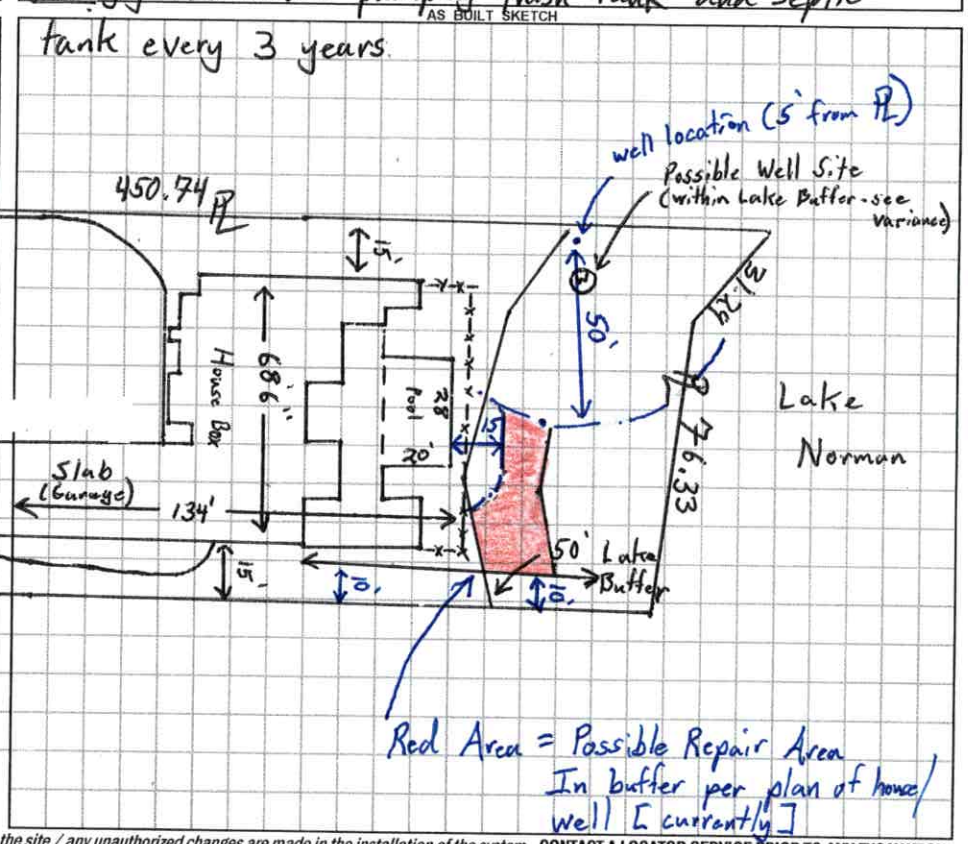
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 70' lines have been shown below, installer needs only to install 5 x 64' lines (15 panels per line) with extra space set aside for future repair area. Set floats to dose no more than 190 gallons per pumping event. (75 total panels). Whole-house ejection system to be used. Strongly recommend pumping trash tank and septic tank every 3 years.

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. **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.*

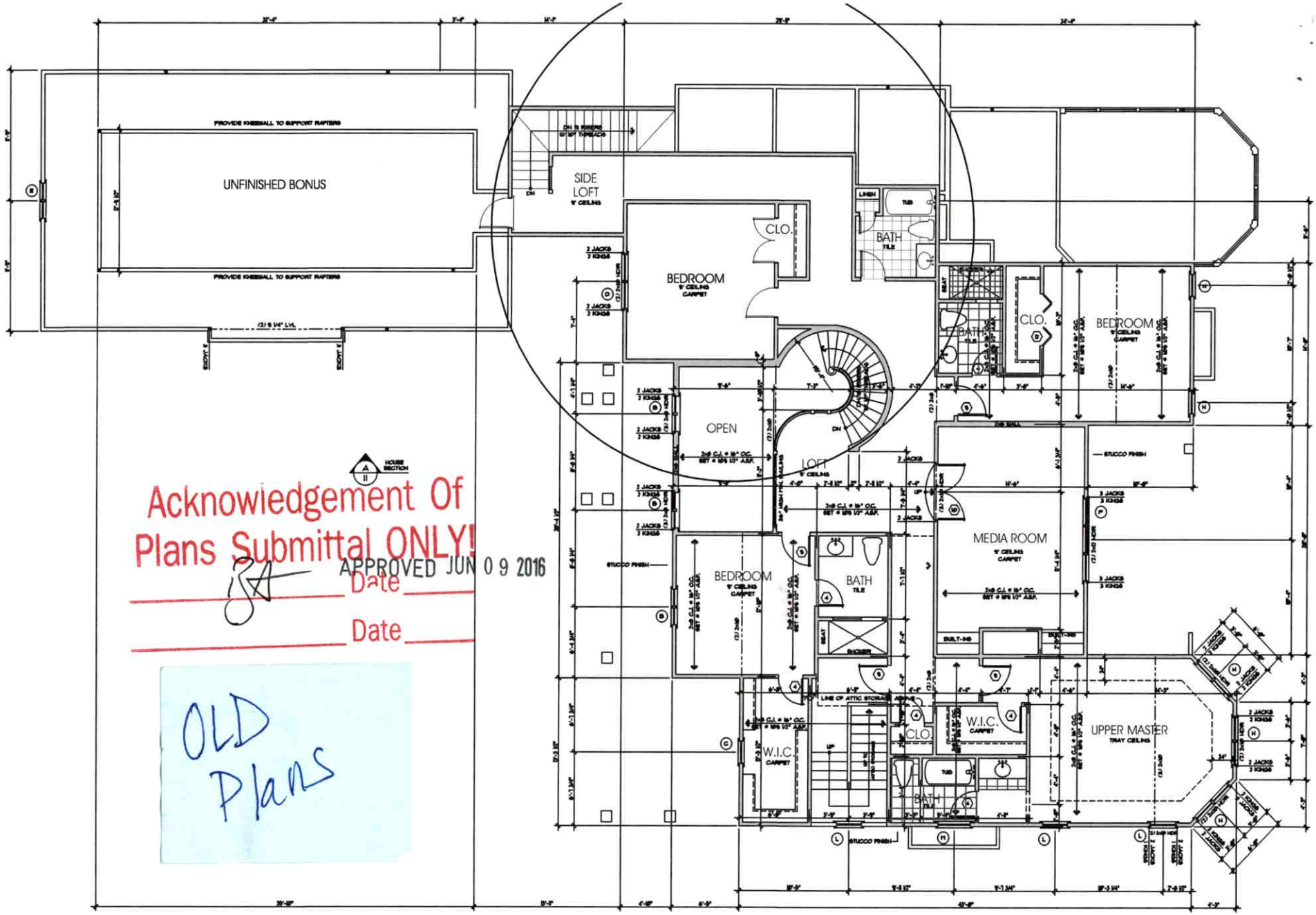
Owner / Applicant Signature: [signature] Date: 7/17/18 Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/13/18 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/13/18 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.

FLIPPED



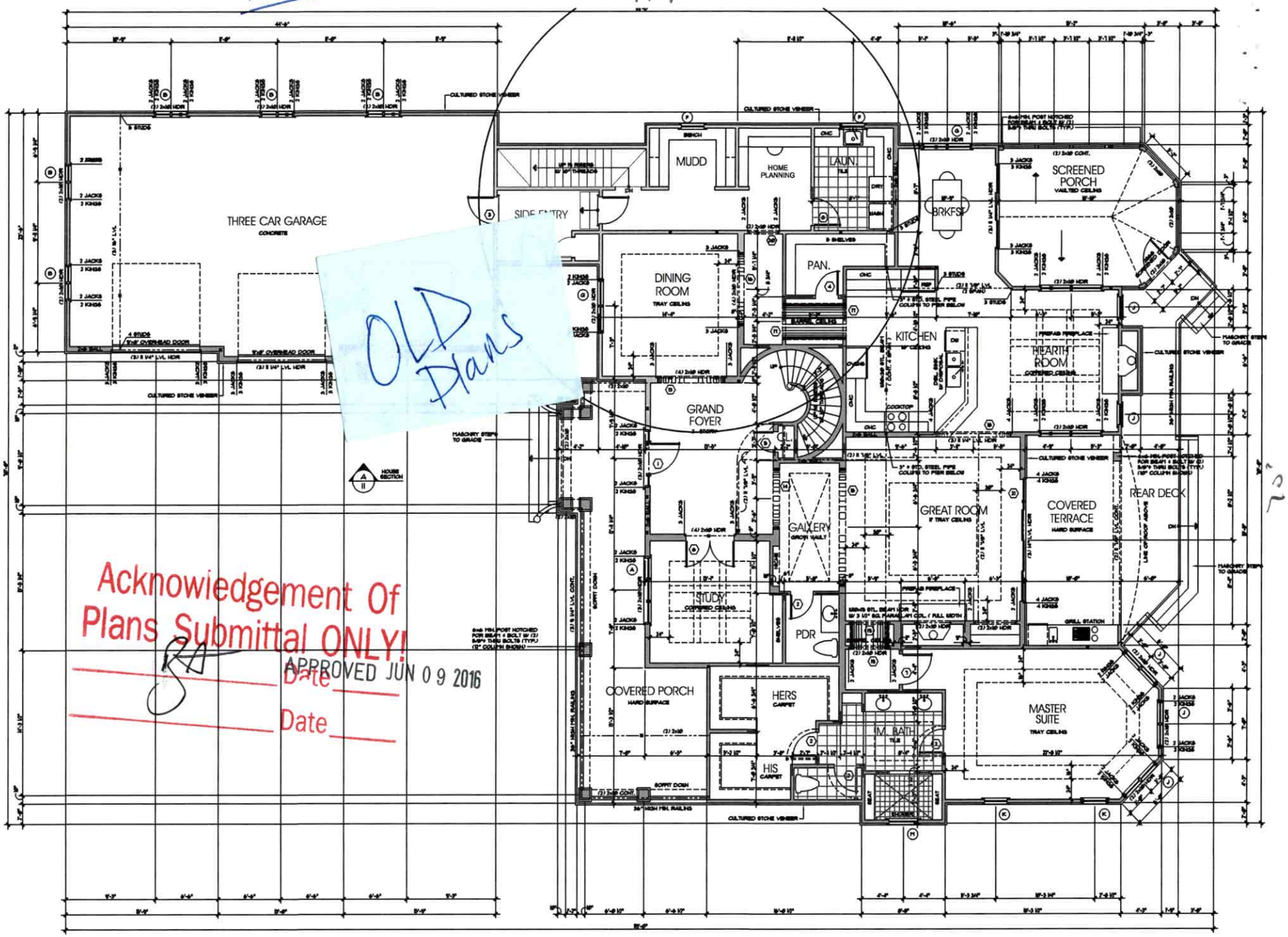
Acknowledgement Of
Plans Submittal ONLY!

APPROVED JUN 09 2016

Date

Date

OLD Plans


FLIPPED
110
THREE CAR GARAGE
CONCRETE
SIDE ENTRY
MUDD
BENCH
HOME PLANNING
LAUN.
BRKFST
SCREENED PORCH
VAULTED CEILING
DINING ROOM
TRAY CEILING
PAN.
KITCHEN
HEARTH ROOM
COFFERED CEILING
GRAND FOYER
GALLERY
GROIN VAULT
GREAT ROOM
9' TRAY CEILING
COVERED TERRACE
HARD SURFACE
REAR DECK
STUDY
COFFERED CEILING
PDR
COVERED PORCH
HARD SURFACE
HERS
CARPET
HIS
CARPET
M. BATH
MASTER SUITE
TRAY CEILING
OLD Plans
Acknowledgement Of
Plans Submittal ONLY!
APPROVED JUN 09 2016
Date
Date