IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 237176

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

PIN # 4635387616

APPLICANT/OWNER: Hannibal Warren / Kelly McArdle Construction | APPLICANT ADDRESS: 1862 Queens Rd W. Charlotte, NC

SITE ADDRESS: 193 Ruby Rd. Mooresville, NC | PHONE: 704-363-6468 | ALT. PHONE —

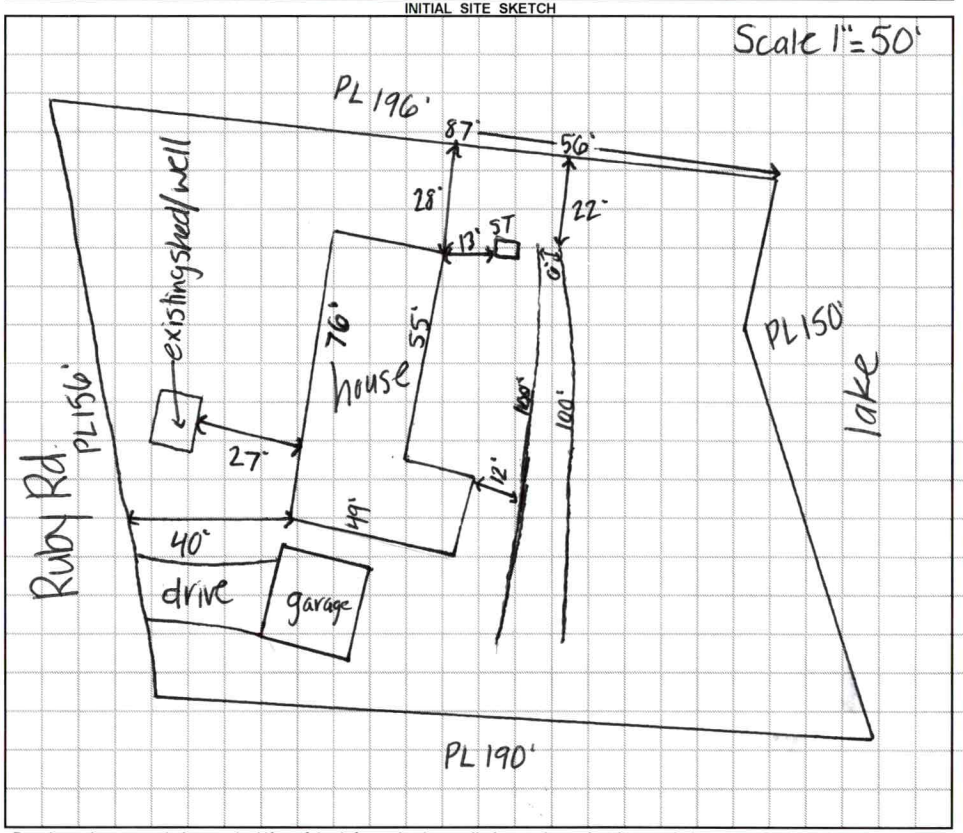
SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → L on Ruby → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 5 | LOT # 23 | LOT AREA: — | DESIGN FLOW: 360gpd | L.T.A.R.: —

Septic Tank	existing	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: EXISTING				☐ Business	No. Persons 6	☑ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	EXISTING	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Existing System
Client to sign & receive copy of permit.

Amount Owed $ 0

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**

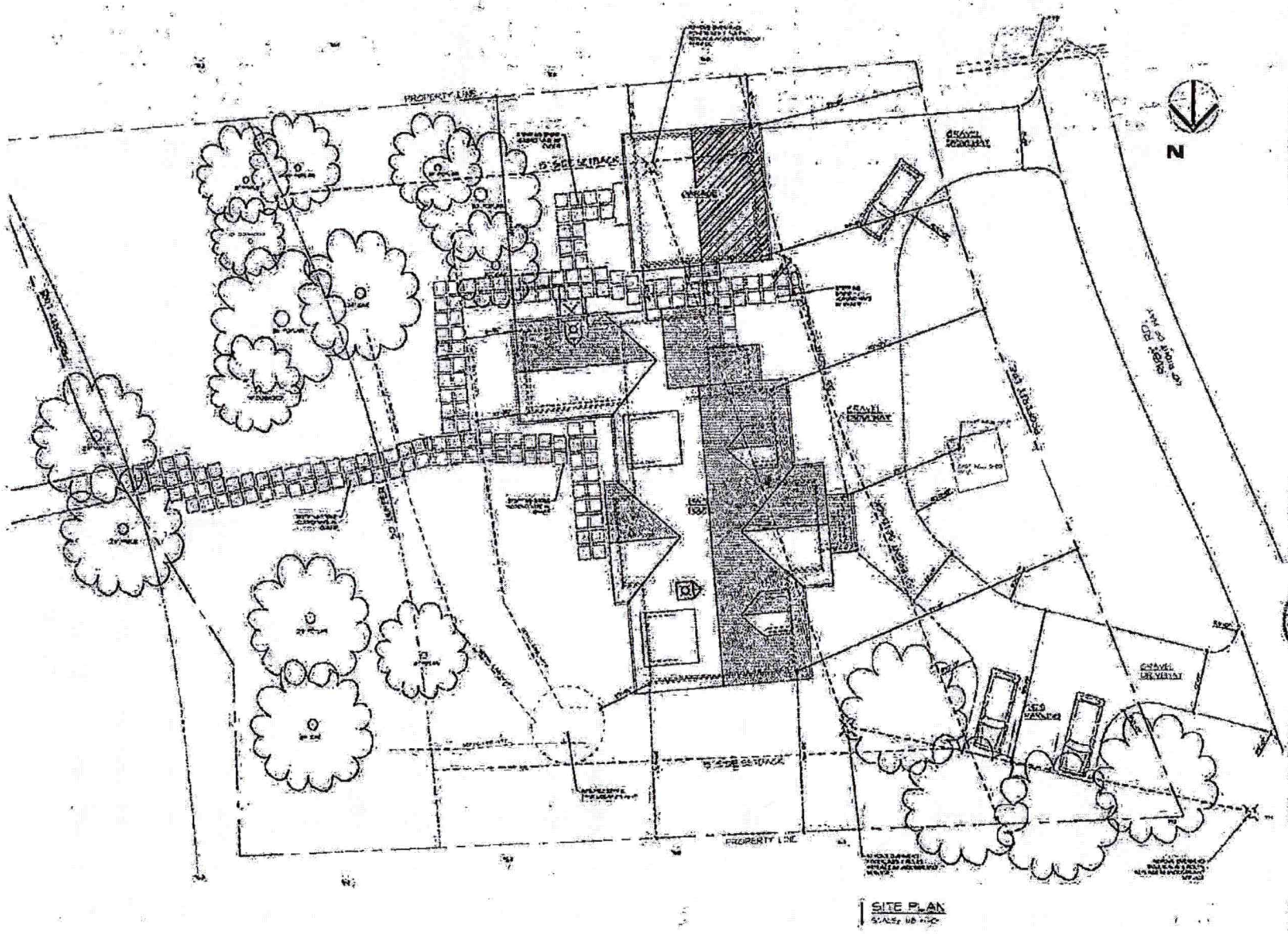
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Krayla Watson Date: 7-25-18

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.



SITE PLAN

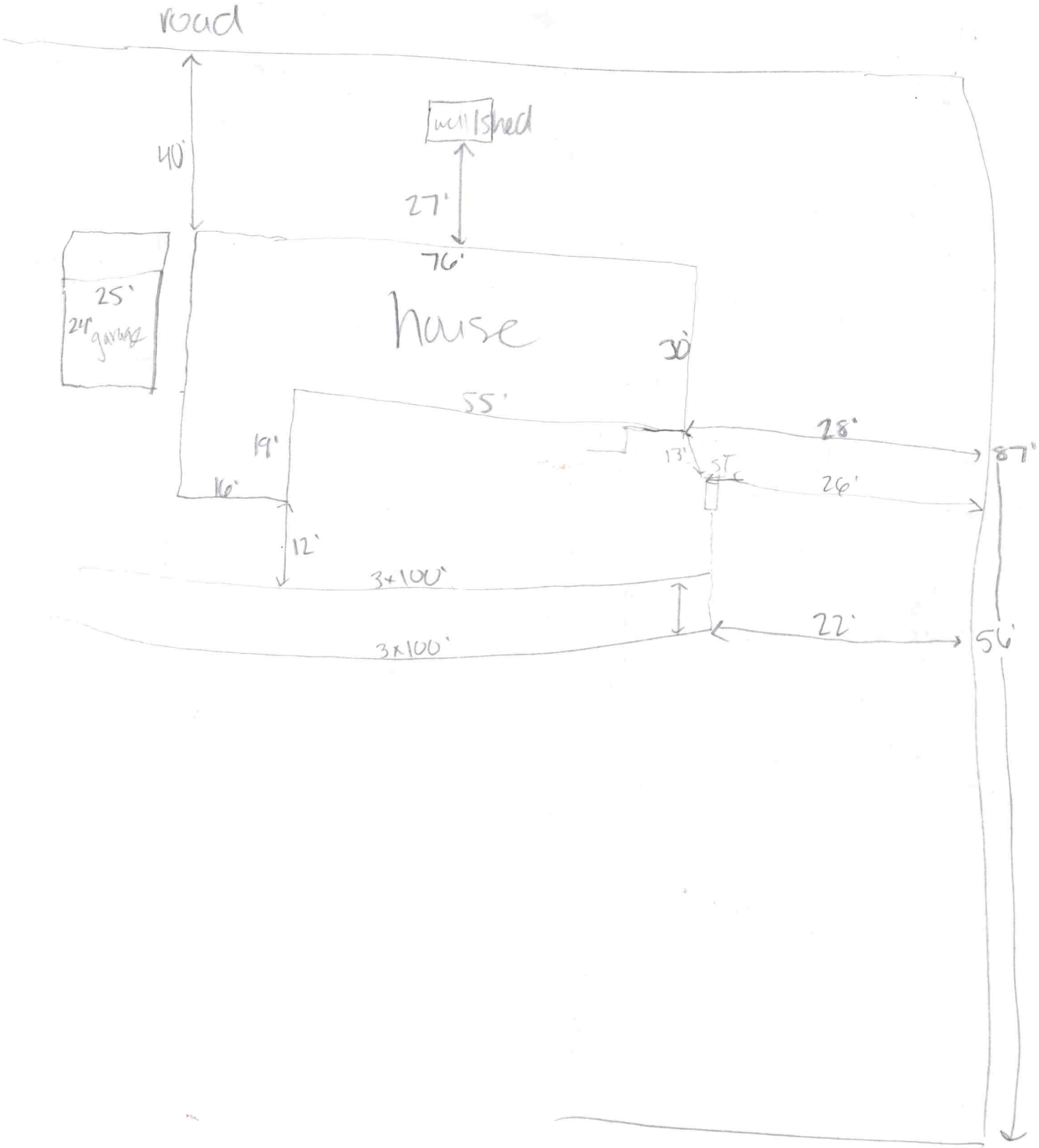
McCLURE NICHOLSON MONTGOMERY

WARREN LAKE HOUSE
145 RUBY RD.
MOORESVILLE, NC

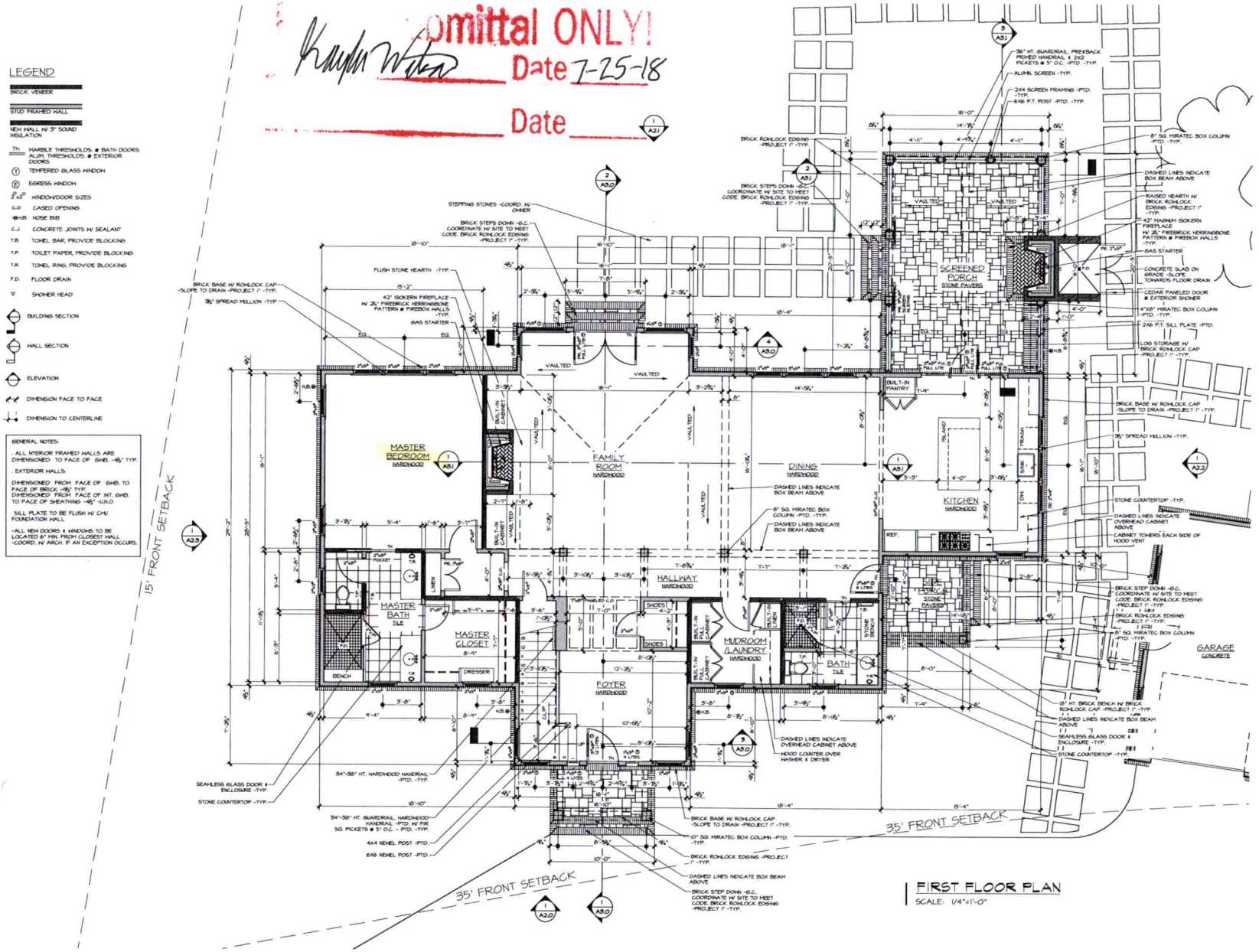
04/30/18

SITE PLAN

A-1.0


road
well shed
40'
27'
76'
25'
24' garage
house
30'
55'
28'
87'
19'
13'
5'
16'
26'
12'
3x100'
22'
3x100'
56'
lake

gement Of
omittal ONLY!
Date 7-25-18
Date



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

McCLURE NICHOLSON MONTGOMERY
architects
2108 South Boulevard. Suite110
Charlotte, N.C. 28203
Phone: 704 332 8763
Fax: 704 334 0262

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WARREN LAKE HOUSE
193 RUBY RD
MOORESVILLE, NC

Project Number: 151-2017

ISSUE :
04/24/18 OWNER REVIEW
04/30/18 PRICING

REVISION



04/30/18



SHEET TITLE:
FLOOR PLAN

A-1.1

Acknowledgement Of
Plans Submittal ONLY!
Date 7-25-18

Date

LEGEND

- BRICK VENEER
- STUD FRAMED WALL
- NEW WALL W/ 3" SOUND INSULATION
- TH. MARBLE THRESHOLDS @ BATH DOORS ALUM. THRESHOLDS @ EXTERIOR DOORS
- (T) TEMPERED GLASS WINDOW
- (E) EGRESS WINDOW
- W.D. WINDOW/DOOR SIZES
- C.O. CASED OPENING
- H.B. HOSE BIB
- C.J. CONCRETE JOINTS W/ SEALANT
- T.B. TOWEL BAR, PROVIDE BLOCKING
- T.P. TOILET PAPER, PROVIDE BLOCKING
- T.R. TOWEL RING, PROVIDE BLOCKING
- F.D. FLOOR DRAIN
- SHOWER HEAD
- BUILDING SECTION
- WALL SECTION
- ELEVATION
- DIMENSION FACE TO FACE
- DIMENSION TO CENTERLINE

GENERAL NOTES:

. ALL INTERIOR FRAMED WALLS ARE DIMENSIONED TO FACE OF GWB. -½" TYP.

. EXTERIOR WALLS:

DIMENSIONED FROM FACE OF GWB. TO FACE OF BRICK -½" TYP.
DIMENSIONED FROM FACE OF INT. GWB. TO FACE OF SHEATHING -½" U.N.O.

. SILL PLATE TO BE FLUSH W/ CMU FOUNDATION WALL

. ALL NEW DOORS & WINDOWS TO BE LOCATED 6" MIN. FROM CLOSEST WALL -COORD. W/ ARCH. IF AN EXCEPTION OCCURS.

15' FRONT SETBACK

35' FRONT SETBACK

35' FRONT SETBACK

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

McCLURE NICHOLSON MONTGOMERY
architects
2108 South Boulevard, Suite 110
Charlotte, N.C. 28203
Phone: 704 332 8763
Fax: 704 334 0262

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193 RUBY RD.
MOORESVILLE, NC

Project Number: 151-2017

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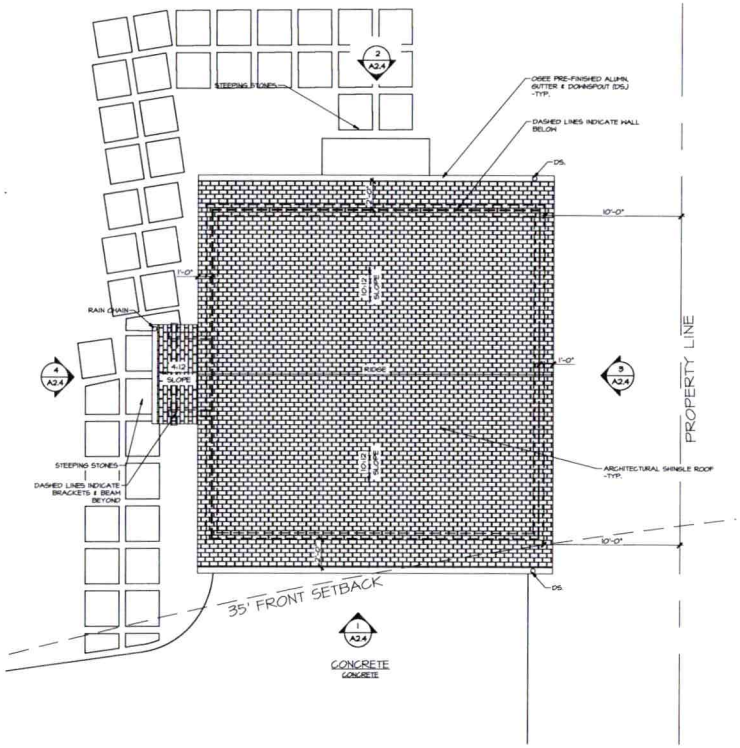


04/30/18



SHEET TITLE:
FLOOR PLAN

A-1.2



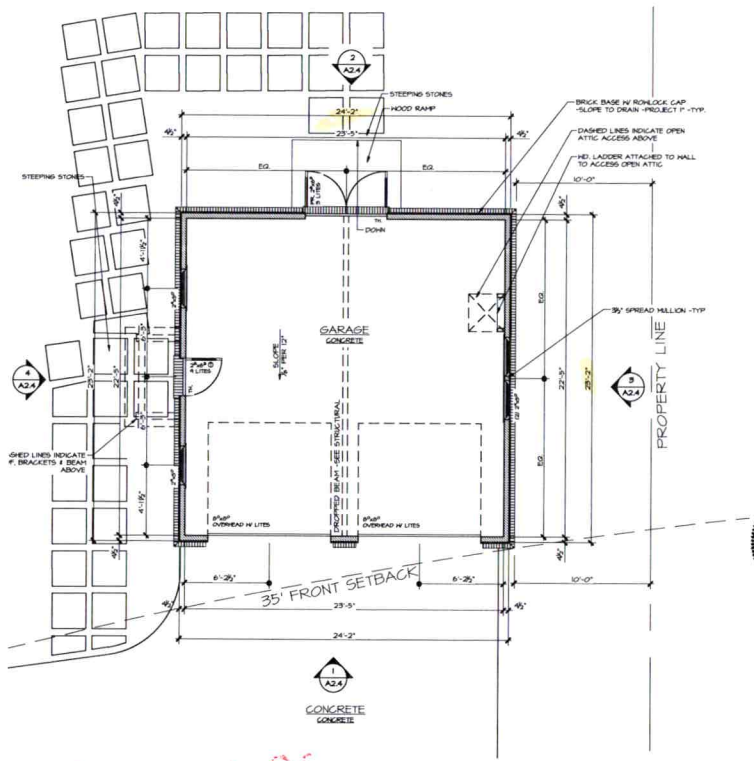
2 GARAGE ROOF PLAN
SCALE: 1/4"=1'-0"

LEGEND

- BRICK VENEER
- STUD FRAMED WALL
- NEW WALL W/ 3" SOUND INSULATION
- TH. MARBLE THRESHOLDS @ BATH DOORS ALUM. THRESHOLDS @ EXTERIOR DOORS
- (T) TEMPERED GLASS WINDOW
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- BUILDING SECTION
- WALL SECTION
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  DIMENSIONED FROM FACE OF GWB. TO FACE OF BRICK -½" TYP.
  DIMENSIONED FROM FACE OF INT. GWB. TO FACE OF SHEATHING -½" U.N.O.
- SILL PLATE TO BE FLUSH W/ CMU FOUNDATION WALL
- ALL NEW DOORS & WINDOWS TO BE LOCATED 6" MIN. FROM CLOSEST WALL CORNER W/ AREA, IF AN EXCEPTION OCCURS.



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

Acknowledgement Of
Plans Submittal ONLY!
Date 7-25-18
Date

McCLURE NICHOLSON MONTGOMERY
architects

2108 South Boulevard, Suite110
Charlotte, N.C. 28203
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WARREN LAKE HOUSE
193 RUBY RD.
MOORESVILLE, NC

Project Number: 151-2017

ISSUE:

04/24/18	OWNER REVIEW
04/30/18	PRICING

REVISION



04/30/18



SHEET TITLE:
GARAGE FLOOR & ROOF PLAN

A-1.4

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kelly McArdle Const.	2301 S. Tryon Street Charlotte, NC 28203	704-344-9411	704-361-6468
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Hannibal Warren	1862 Queens Road West Charlotte, NC 28207	704-361-5576	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
193 Ruby Road	Crescent Land + Timber	Lot 23 Section 5

Driving Directions: From Brawley School Road, Turn on Isle of Pines Rd. and then left on Ruby Road

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* (same as the previous house)

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to: ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed ?

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ 3/11/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

TREDELL 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:

X 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

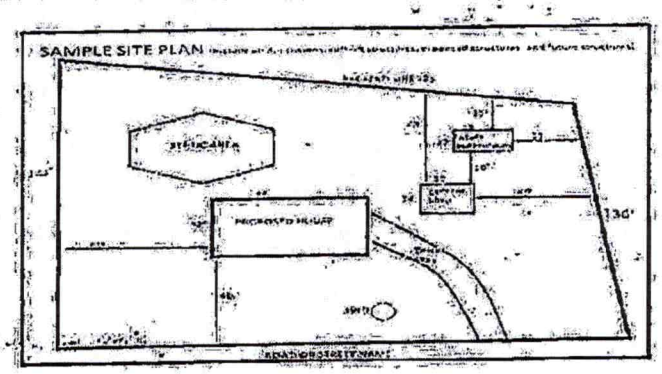
X Front and side setbacks from property line... **X** Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... **X** North arrow, or other sufficient indicator of direction...

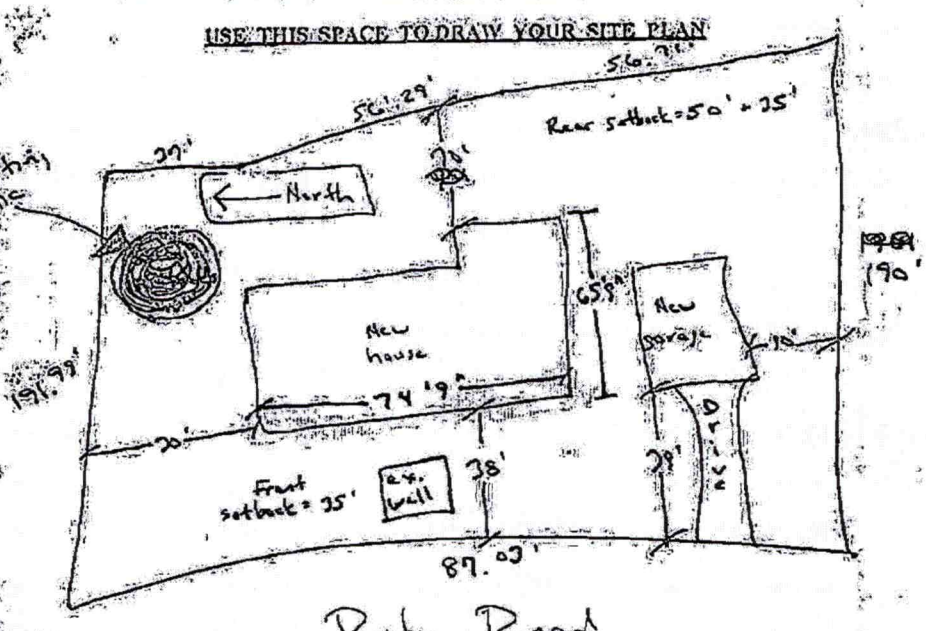
Circle N/A on the following if appropriate:

X 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



Signature: _____ 7/11/18

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

***** Initial each statement to indicate you have read and agree. *****

DM **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. 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.**

DM **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

DM Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

DM **Stake or flag the footprint of the proposed building structure or addition to match site plan application.** Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

DM Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

DM In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee 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** 7/11/18

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, HANNIBAL G WARREN JR, am the legal owner(s) of the property located at 193 RUBY ROAD, identified as PIN (Parcel Identification Number) 4635387616-000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) KELLY MCARDLE CONSTRUCTION, 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.

Hannibal G Warren Jr 7/11/18
Signature of Owner(s) Date

Signature of Witness 7/11/18
Date

Please return this signed form to the appropriate office:

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

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