IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 235476

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

PIN # 4635-71-8472

APPLICANT/OWNER: Alan Simonini Homes LLC | APPLICANT ADDRESS: P.O. Box 1546

SITE ADDRESS: 134 Viewpoint Lane Mooresville, NC | PHONE: 704-333-8999 | ALT. PHONE

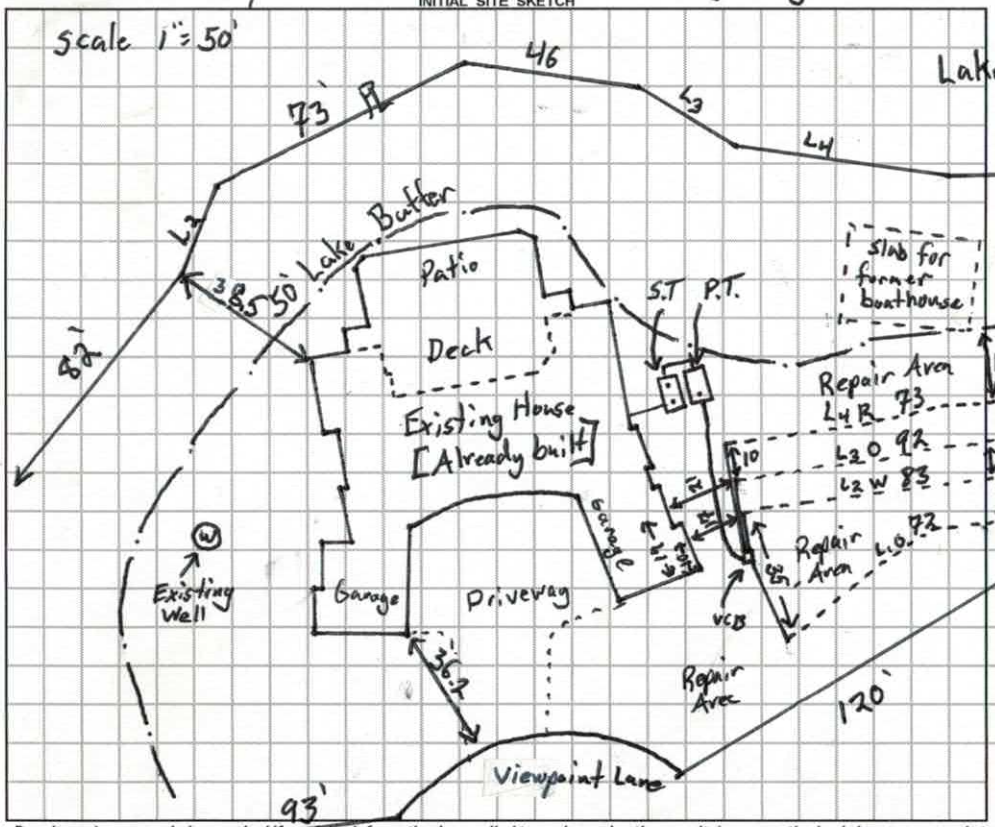
SITE DIRECTIONS: Langtree Rd towards Lake Norman → R on Viewpoint → Lot @ end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Shores | SECTION: C | LOT # 19 | LOT AREA: 1.096 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.25

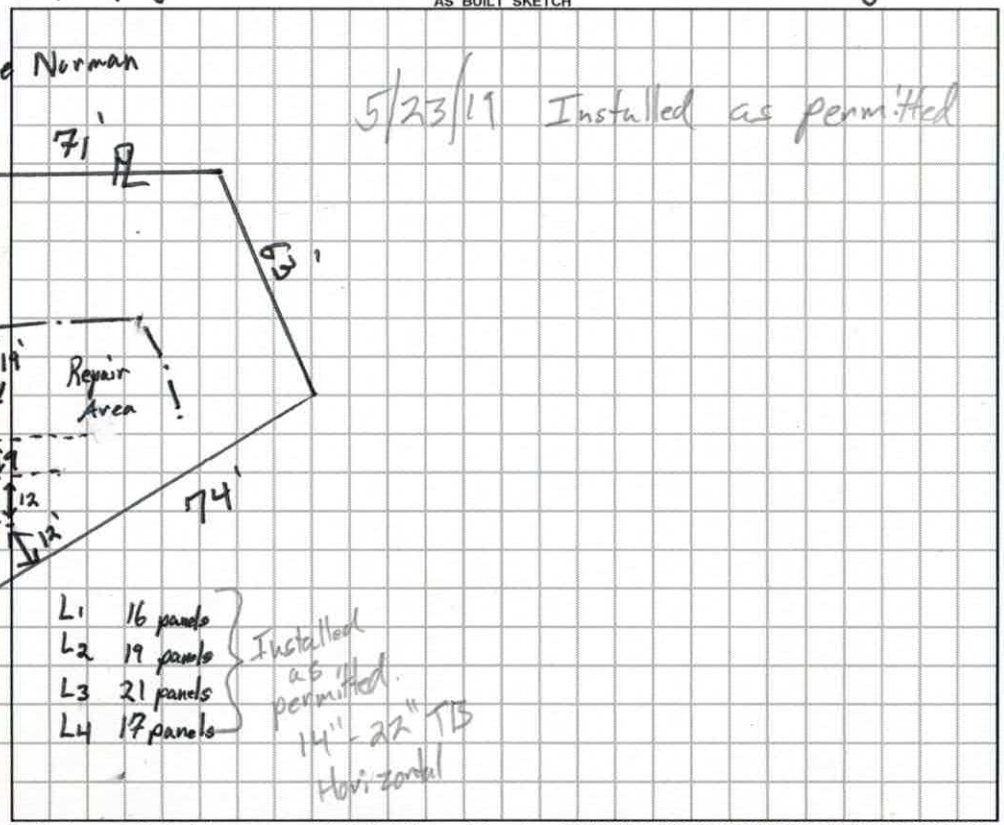
Septic Tank	1000 (Ex) (gal)	STB	Infiltrator	Date	Im 1060	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (Ex) (gal)	PT	Infiltrator	Date	Im 1060	System Description: LP-PPBPS (Horizontal) (50% Reduction)		☐ Business	No. Persons	8	☒ Private Existing
Pump Make	Zoeller	Model	N-152	Serial #		Repair System Description: same		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	320	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	3'	Trench Bottom Depth(Low side)	*14"-22"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: L_2, L_3 + L_4 drainfield laterals "bowl" in center of drainfield (site modification). Therefore, center/middle of line to be installed w/ 14" trench bottom with beginning + end of lines being 20"-22" trench bottom. Some cover may be needed. Set pump control floats to dose field 185 gallons per pumping event. House location per foundation survey.

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: 5/21/19 Installed by: Specialty Septic (Jamie O'Daniel)

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/21/2019 OPERATION PERMIT by: Patrick J Boles III Date: 07/11/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/21/2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t' ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	5/23/19	[illegible]
Tanks Checked	5/1/19	KW
Pressure Manifold or Valve Box Checked	07/02/19	PJB
Pressure Head Set	07/02/19	PJB
Electrical Checked	07/02/19	PJB
Floats Set	07/02/19	PJB
Alarm Checked	07/02/19	PJB
Maintenance Contract (Y) N	07/11/19	PJD

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

Sheet 1 of 2
PROPERTY ID #: 4635-71-8
COUNTY: Iredell

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

OWNER: Alan Simonini Homes [evaluation request by septic installer] APPLICATION DATE
ADDRESS: 134 Viewpoint Lane Mooresville, NC DATE EVALUATED: 5/1/2019
PROPOSED FACILITY: 4 BR SFR PROPOSED DESIGN FLOW (.1949): 460 GPD PROPERTY SIZE: 1.096 acres
LOCATION OF SITE: 134 Viewpoint Lane Mooresville, NC PROPERTY RECORDED: Yes (House built)
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	Distal End of Drainfield (12-14' away) 1-2%	0-8	scl V.W.SBK	sl. Friable, SS Sp Sosp	Free H_2O @ 18" 10YR 7/2 @ 19-50"	50"			U
		8-32	Clay MA/V.W.SBK [root/trunk]	sl. Firm (mac), Sticky, S Sosp					
		32-50	Mixed Clay + Saprolite v.w. SBK	Firmly Drained / sl. Firm, Sticky Sp. Sosp					
2	15' into drainfield from Hole #1 2%	0-6	scl V.W.SBK	sl. Friable, SS Sp. Sosp	10YR 7/2 @ 33" along root channels H_2O seeping @ 40"	52"			0.25 PS
		6-52"	Clay w. SBK/ ABK	Firm, Sticky, Sp. Sosp					
3	House End of D/F (L3 area) 2%	0-7	scl V.W.SBK	sl. Friable, SS Sp. Sosp	10YR 7/2 @ 32" along root channels H_2O seeping @ 41"	51"			0.25 PS
		7-51	Clay w. SBK/ ABK	sl. Firm, Sticky, Sp. Sosp					
4									

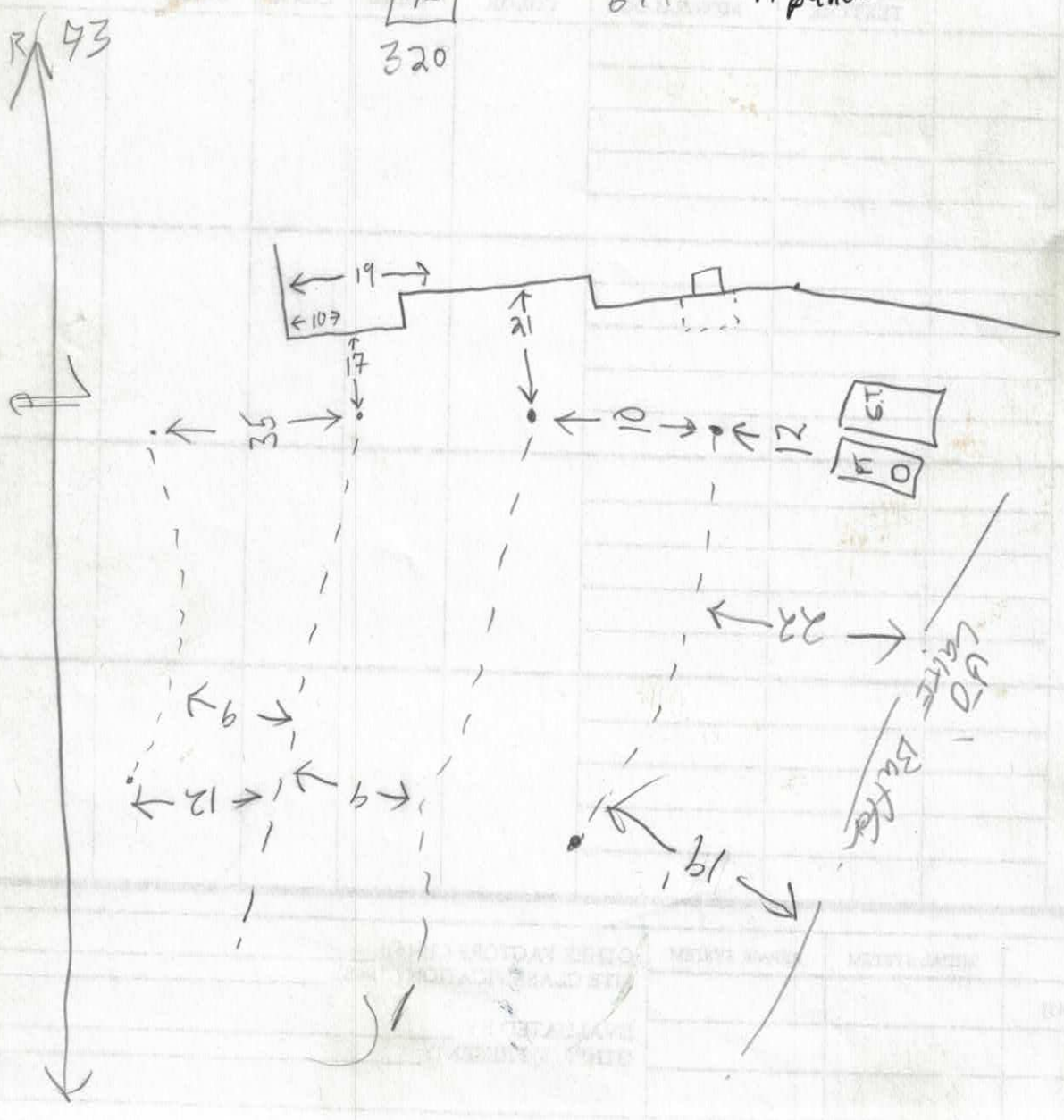
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): Tree root balls removed??
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Heath Snow

COMMENTS: Pit @ Distal end of top DF Line [full of Water @ 18" [not evaluated]

320 ÷ 4 = 780'

L_1	72	5.76		6.13	16
L_2	W 68	6.05'	+15 83	6.05	19
L_3	0 93	6.00'	92	6.10	21
			173	6.41	17 panels
L_4	R 43		320		



ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
ENVIRONMENTAL HEALTH
WATER SECTION

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

ER: Julie Turbeville APPLICANT: Same
DRESS: 134 Viewpoint Ln. APPLICATION DATE: 11/9/04 DATE EVALUATED: 1/6/05
OPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
OCATION OF SITE: Lakeview Shores - Lot 19 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~1%	0-19	M C SAP	EFI S-P EXP.	PS | U GH3				
2	~1%	0-4	SBK - cl	FR SS - SP	PS | B				
		5-19	SBK - cl	FR SS - SP					
		19-33	wk cl	Fri. SS - SP					
		34-48	wk - scl	VFR - SS - SP	PS | 4R FCH3				
3	L 1% Water 50' Bdrock	0-6	SBK - SiCL	FR - SS - SP			U MAFIC		
		7-13	wk - cl	EFI - S - P EXP.					
		14-34	wk - C SAP	FR S - P SEXP.	U - 4R CH2 INCL				
4	L 1%	0-7	SBK cl	FR - SS - SP	PS / B				
		8-14	PSBK/INCL EXP wk-m C	FI - S - P.	PS 7.5Y4/4				
		15+	Lgr SAP	FR - MIX - EXP S - P					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1941):
EVALUATED BY:
OTHER(S) PRESENT:

ENVIRONMENTAL HEALTH
ASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Judy Turbeville APPLICANT: ___
ADDRESS: 134 Viewpoint Ln. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: ___ 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
R 5 1	L 2%	0-8	sbk l	FR SS-SP	PS | B				
		9-15	wk sbk 2.5YR 4/8 - C	EFI. SS-SP	PS | YR				
		16-	sbk 2.5YR 4/8 - cl SAP	FR -SS-NP	PS | YR		0 YR Insol		
R 6 2	~CCL 2%	0-15	sbk / cl	VFR SS-SP	PS | BR				
		16-36	sbk/GR cl SAP	VFR SS-SP	M | BR				
		37-46	sbk / cl SAP	FR SS~-SP	M BR		↓PS "PITS"		
3									
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___

EVALUATED BY: ___
OTHER(S) PRESENT: ___

[redacted] CONSULTING

SITE / SOIL EVALUATION

JOB: Julie Jones / Lake Lot PHONE: _____ DATE: 4/15/05

LOCATION: _____ PIN: _____ COUNTY: _____ PROPERTY SIZE: 1.75 ac

PROPOSED FACILITY: _____ WATER SUPPLY: On-Site Well ✓ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE: Dry SURFACE WATER: _____

FACTORS	P1 PROFILE P2	PROFILE__	PROFILE__	PROFILE__
LANDSCAPE POSITION-%	LSS 0-3% LSS 0-3			
HORIZON I DEPTH	0-8 0-7			
Color - Munsell	dk brwn dk brwn			
Texture	c c1			
Structure	wfsbk wfsbk			
Consistence	SSPFr SSPFr			
Boundary				
HORIZON II DEPTH	8-24 8-25			
Color - Munsell	Red Red			
Texture	c c			
Matrix	mfsbk mfsbk			
Structure	SPFr SPFr			
Consistence	hkmfst			
Boundary				
HORIZON III DEPTH	24-45 25-52			
Color - Munsell	Red Red			
Texture	c c			
Matrix	wkyl/red yel/red/brn			
Structure	wfsbk wfsbk			
Consistence	SD Fr SSPFr			
	rock frag/lithochr. colors			
Boundary				
HORIZON IV DEPTH	45-64			
Color - Munsell	var/g			
Texture	c1			
Matrix	rock frag/kaol			
Structure	vwf/sbk/gran			
Consistence	SPFr			
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR	P5-45 P5-52			
CLASSIFICATION	0.25 0.25			



LEGEND

LANDSCAPE POSITION
R - Ridge Overfill
S - Shoulder
L - Linear slope
B - Foot slope
N - Nose slope
H - Head slope
Cx - Concave slope
Cv - Convex slope
T - Terrace
F - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
gr - granular
sbk - subangular blocky
abk - angular blocky
pl - platy
pr - prismatic

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Julie Turbeville APPLICANT: Jayne
ADDRESS: 134 Precipoint Ln. APPLICATION DATE: 11/9/04 DATE EVALUATED: 1/6/05
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: Lakeview Shores - Lot 19 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	(L) ~10%	0-19	M C SAP	EFI S-P EXP.	PS | U CH3				
2	(E) ~1%	0-4	sbk - cl	FR SS - SP	PS | B				
		5-18	sbk - cl	FR SS - SP					
		19-33	wk cl	FR. SS - SP					
		34-48	wk - scl	VFR - SS - SP	PS | 4R FCH3				
3	(L) 10% water 50' Bdy	0-6	sbk - sicl	VFR - SS - SP					
		7-13	wk - cl	EFI - S - P EXP.					
		14-34	wk - c SAP	FR S - P SEXP.	U - 4R CH2 INCL		U MAFIC		
4	(L) 1%	0-7	sbk cl	FR - SS - SP	PS / B				
		8-14	SBK INCL EXP wk~m C	FI - S - P.	PS 7.5Y4/4				
		15+	frag SAP	FR - S - P MIX - EXP			U		

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

Sheet 2 of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Judy Tuberville APPLICANT: ___
ADDRESS: 134 Viewpoint Ln. APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: ___ 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
R 5 1	L 2%	0-8	sbk / l	FR SS-SP	PS / B				
		9-15	wk sbk 2.5YR 4/8 - c	EFI. SS-SP	PS / 4R				
		16-	sbk 2.5YR 4/8 - c/SAP	FR - SS - NP	PS / 4R		6 4R/WSC		
R 6 2	NCCL 2%	0-15	sbk / cl	VFR SS-SP	PS / BR				
		16-36	sbk/GR cl SAP	VFR SS-SP	m / BR				
		37-46	sbk / cl SAP	FR SS - SP	m BR		↓PS "PITS"		
3									
4									

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

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

RECEIVED MAY 8 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#235476

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) 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

Paid $320.00

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Dominic Verni
enic 704-363-7545

Applicant Name: ALAN SIMONINI HOMES LLC **Address:** PO BOX 1546 **Zip:** 28031

Applicant Email: ADAM@SIMONINI.COM **Phone:** 704.333.8999 **Alt. Phone:**

Owner Name: DR. ROBERT & SHARON GRAPER **Address:** 2005 CORTELYOU ROAD **Zip:** 28211

Owner Email: GRAPER8485@ICLOUD.COM **Phone:** 704.619.2553 **Alt. Phone:**

Property Information:

Street Address: 134 VIEWPOINT LANE

Subdivision Name: LAKEVIEW SHORES **Section/Phase:** BLOCK C **Lot Number:** 19

Driving Directions: WEST ON E CENTER DRIVE TOWARD CEDAR STREET; CONTINUE ON S CHURCH ST TO MAIN ST
TAKE NC-115 S TO LANGTREE RD IN DAVIDSON; CONTINUE ON LANGTREE RD DRIVE TO VIEWPOINT LANE

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
( ) 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:
( ) New Well (X) 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 (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: Adam J Bailey 03.29.2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

0.75
= 44 1.8% slope

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 X Authorization To Construct ___BOTH ___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	Work Phone
Julie Turbeville	Mooresville, NC 28117 117 Teakwood Lane	704-892-9119	980-776-6529
Same	111 CastleBay Ct. Mooresville, NC 28117		
Owner Name	Mailing Address	Home Phone	Work Phone

(New address eff. 8/30/04)

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
134 Viewpoint Lane (LOT 19C)	Lakeview Shores	Lot 19C

Parcel # 6535-71-8461

Driving Directions: I-77 South to Exit 33. Go straight across Williamson Rd onto Alcove Rd. Go to stop sign, turn Right on Langtree Rd. Then Right on Lakeshore Dr, then Right on Viewpoint to end of cul-de-s

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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:

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

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. 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. 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: Julie Turbeville — 8/23/04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DocuSign Envelope ID: AB7C7422-35C3-4EB2-917B-FC3516591A42

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, DR. ROBERT & SHARON GRAPER, am the legal owner(s) of the property located at 134 VIEWPOINT LANE MOORESVILLE NC, identified as PIN (Parcel Identification Number) 4635718472, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JOHN TAMMARO OR ADAM BAILEY ALAN SIMONINI HOMES, LLC, 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

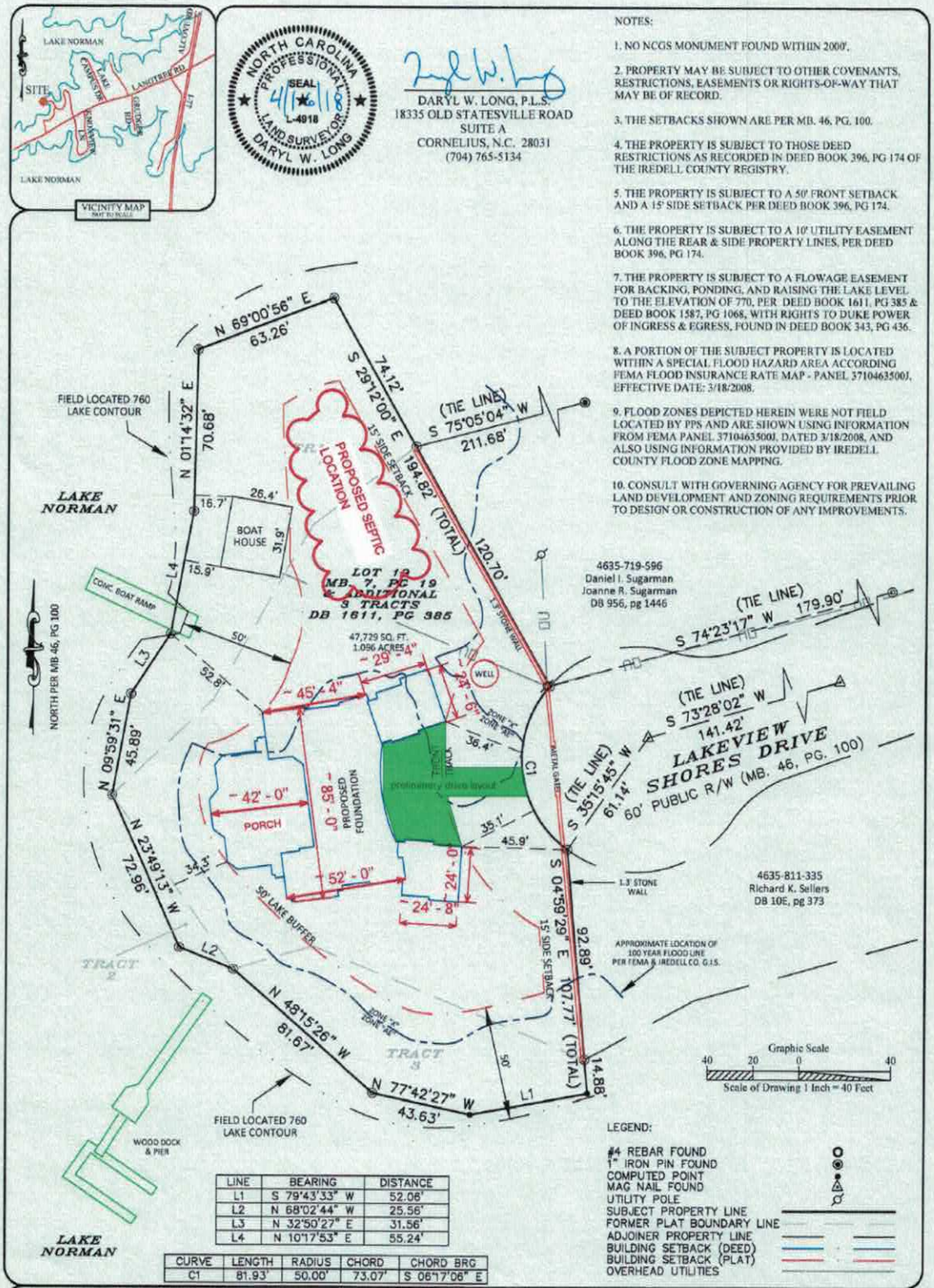
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Dr. Graper	4/4/2018 | 8:06 AM EDT		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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

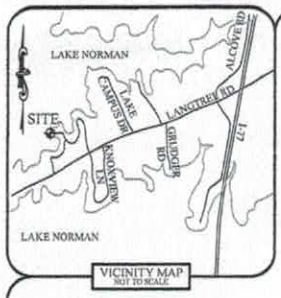


LINE	BEARING	DISTANCE
L1	S 79°43'33" W	52.06'
L2	N 68°02'44" W	25.56'
L3	N 32°50'27" E	31.56'
L4	N 10°17'53" E	55.24'

CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	81.93'	50.00'	73.07'	S 06°17'06" E

Site Plan of a Recombination Plat of Lot 19, Block C of Lakeview Shores & Additional 3 Tracts

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666		Survey Made at the Request of: Simonini Custom Homes		As Recorded in: Map Book 46, Pg 100 Map Book 7, Pg 47 Deed Book 1587, Pg 1068 Deed Book 1611, Pg 385 Deed Book 2242, Pg 1791		Site Address: 134 Viewpoint Lane Mooresville, NC 28117 Iredell County	
032818-06 Job No.	JML Prepared By	≥ 1:10,000 Error of Closure	1"=40' Drawing Scale	4635-718-472 Tax Parcel Number	SIMONINI Drawing File Name	1 of 1 Sheet Number	4/16/2018 Date



VICINITY MAP
NOT TO SCALE

NORTH CAROLINA PROFESSIONAL SEAL L-4918 LAND SURVEYOR DARYL W. LONG

DARYL W. LONG, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'.

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. THE SETBACKS SHOWN ARE PER MB. 46, PG. 100.

4. THE PROPERTY IS SUBJECT TO THOSE DEED RESTRICTIONS AS RECORDED IN DEED BOOK 396, PG 174 OF THE IREDELL COUNTY REGISTRY.

5. THE PROPERTY IS SUBJECT TO A 50' FRONT SETBACK AND A 15' SIDE SETBACK PER DEED BOOK 396, PG 174.

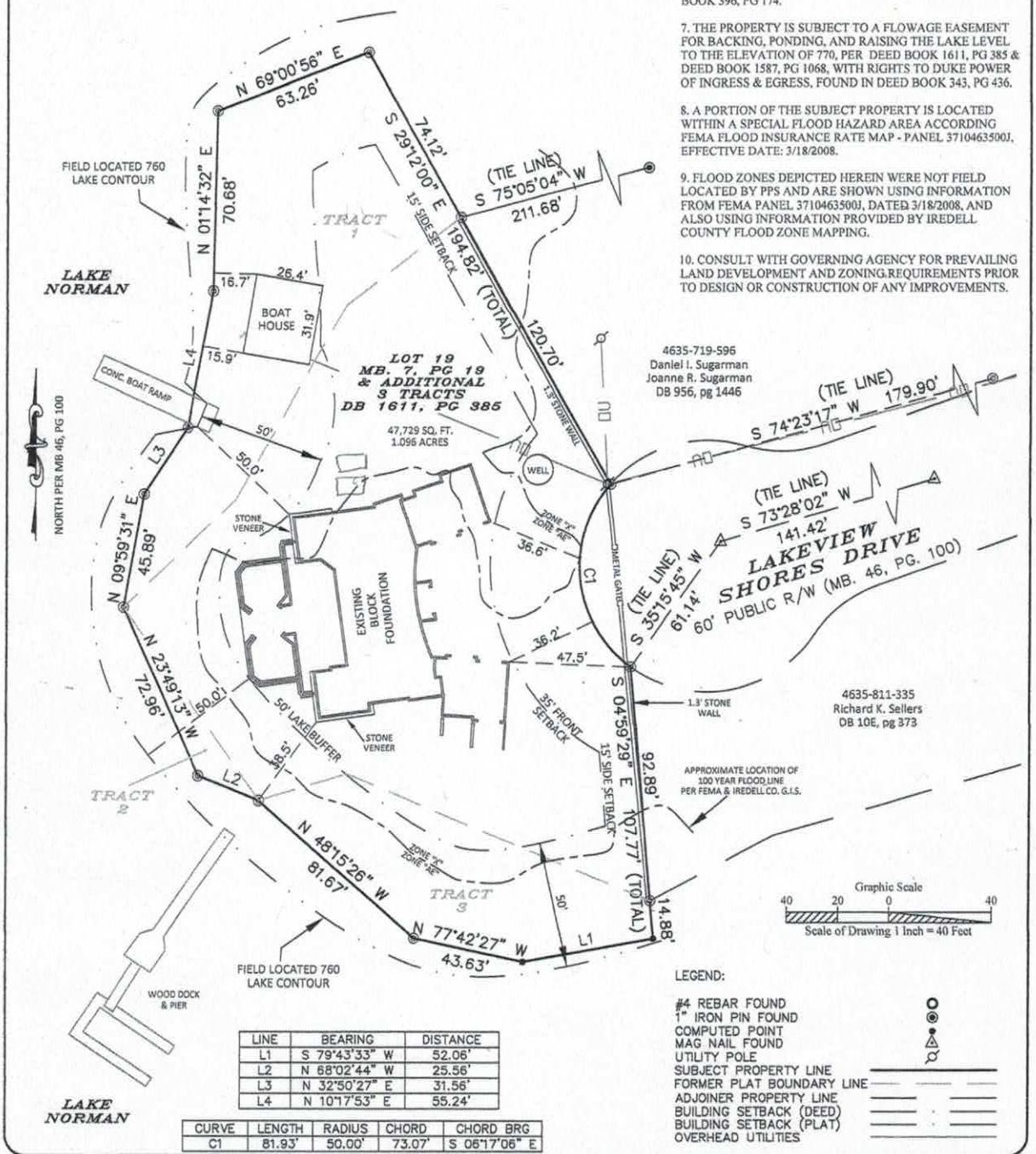
6. THE PROPERTY IS SUBJECT TO A 10' UTILITY EASEMENT ALONG THE REAR & SIDE PROPERTY LINES, PER DEED BOOK 396, PG 174.

7. THE PROPERTY IS SUBJECT TO A FLOWAGE EASEMENT FOR BACKING, PONDING, AND RAISING THE LAKE LEVEL TO THE ELEVATION OF 770, PER DEED BOOK 1611, PG 385 & DEED BOOK 1587, PG 1068, WITH RIGHTS TO DUKE POWER OF INGRESS & EGRESS, FOUND IN DEED BOOK 343, PG 436.

8. A PORTION OF THE SUBJECT PROPERTY IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING FEMA FLOOD INSURANCE RATE MAP - PANEL 3710463500J, EFFECTIVE DATE: 3/18/2008.

9. FLOOD ZONES DEPICTED HEREIN WERE NOT FIELD LOCATED BY PPS AND ARE SHOWN USING INFORMATION FROM FEMA PANEL 3710463500J, DATED 3/18/2008, AND ALSO USING INFORMATION PROVIDED BY IREDELL COUNTY FLOOD ZONE MAPPING.

10. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.



Graphic Scale
40 20 0 40
Scale of Drawing 1 Inch = 40 Feet

LINE	BEARING	DISTANCE
L1	S 79°43'33" W	52.06'
L2	N 68°02'44" W	25.56'
L3	N 32°50'27" E	31.56'
L4	N 10°17'53" E	55.24'

CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	81.93'	50.00'	73.07'	S 06°17'06" E

LEGEND:

- #4 REBAR FOUND
- 1" IRON PIN FOUND
- COMPUTED POINT
- MAG NAIL FOUND
- UTILITY POLE
- SUBJECT PROPERTY LINE
- FORMER PLAT BOUNDARY LINE
- ADJOINER PROPERTY LINE
- BUILDING SETBACK (DEED)
- BUILDING SETBACK (PLAT)
- OVERHEAD UTILITIES

Foundation Survey of a Recombination Plat of Lot 19, Block C of Lakeview Shores & Additional 3 Tracts

Professional Property Surveyors, Inc.
18335 Old Statesville Road Ste. A
Cornelius, N.C. 28031
704-765-5134 Phone/Fax
Firm License: C-3666

Property of:
Robert & Sharon Graper

As Recorded in:
Map Book 46, Pg 100
Map Book 7, Pg 47
Deed Book 1587, Pg 1068
Deed Book 1611, Pg 385
Deed Book 2242, Pg 1791

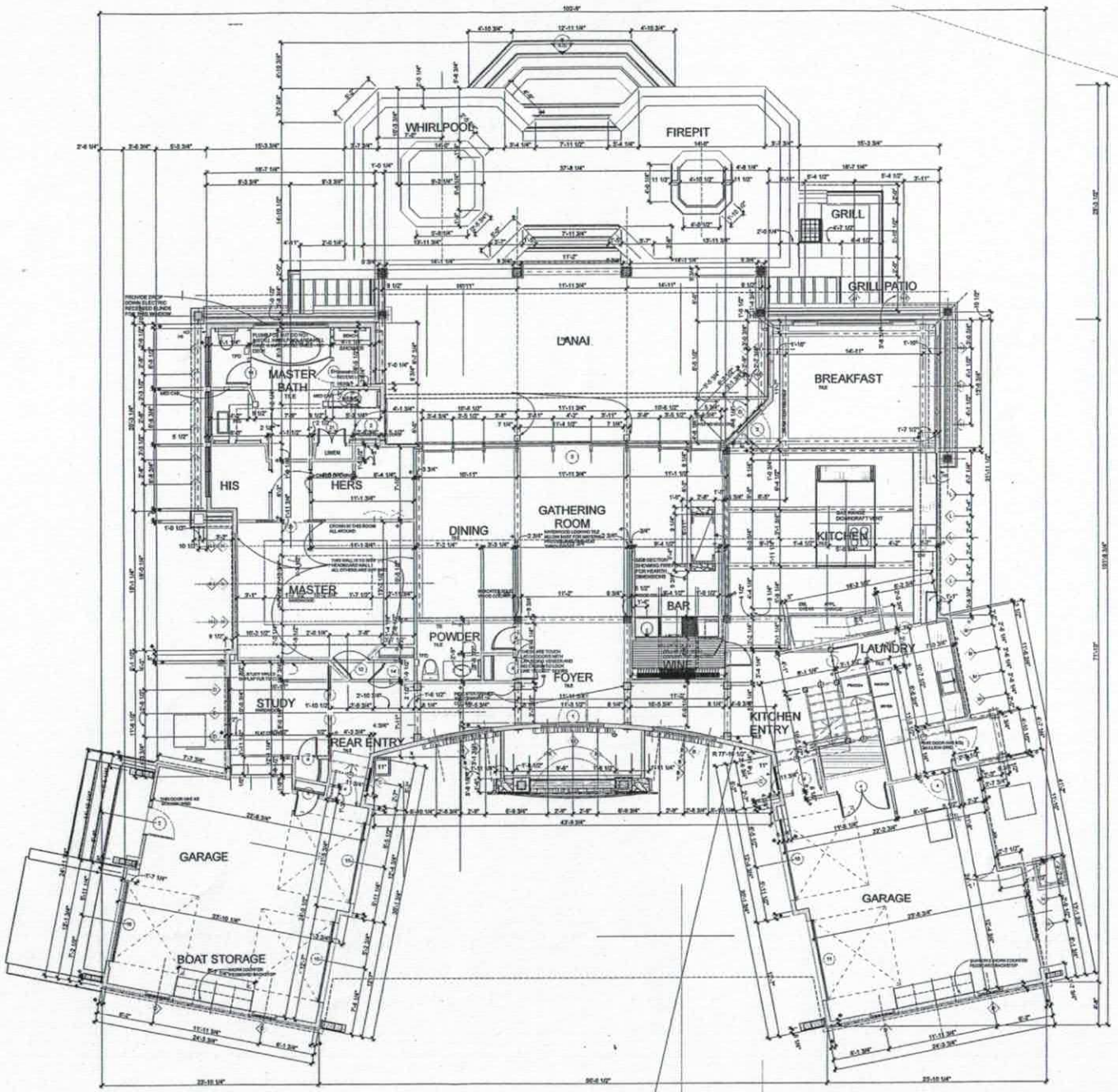
Site Address:
134 Viewpoint Lane
Mooresville, NC 28117
Iredell County

032818-06	JML	≥ 1:10,000	1"=40'	4635-718-472	FOUNDATION	1 of 1	7/27/2018
Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date

Acknowledgement of Plans Submittal ONLY!

_____ Date _____

_____ Date _____



GIBLIN ARCHITECTURE

50705

4864

4-2-2018

New home for:

Bob and Sharon Graper

Lot 19 Viewpoint Lane, Mooresville, NC 28117

Rev:

Date: April 2, 2018

FIRST FLOOR DIMENSIONED PLAN

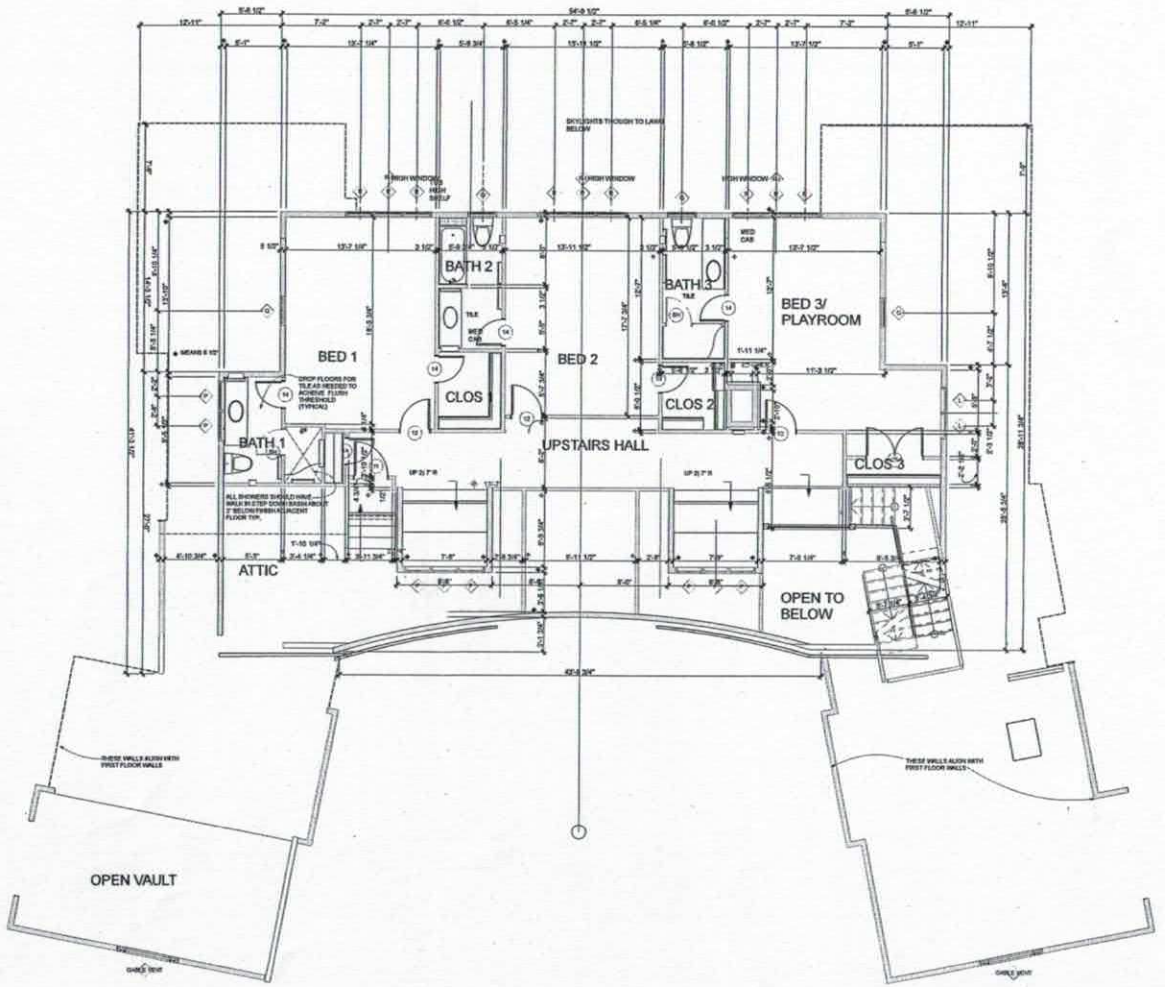
A3a

CF 101 K:\acad\graper\a-graper 2018- january.pln

SHEET 25

Acknowledgement of
Plans Submittal ONLY!

_____ Date _____
_____ Date _____



1 A3b SECOND FLOOR DIMENSIONS
SCALE: 1/4" = 1'-0"

.GIBLIN.
ARCHITECTURE

50705

4362

Jon Gibbs
4-2-2018

New home for:
Bob and Sharon Graper
Lot 19 Viewpoint Lane, Mooresville, NC 28117

Rev:

Date: April 2, 2018

SECOND LEVEL DIMENSIONED PLAN

A3b

OF 101 K:\sas\graper\graper 2018- january.pln

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	123600ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	134 Viewpoint Ln. Mooresville NC 28117		
Parcel #:	4635-71-8461	Zoning:	R20
Lot #:	Size:	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Julie Turbeville	Owner:	Julie Turbeville
Address:	117 Teakwood Ln. Mooresville NC 28117	Address:	117 Teakwood Ln. Mooresville, NC 28117
Phone:	704-892-9119	Phone:	704-892-9119
Property Recorded: YES	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 50 ft
Min. Lot Width: 100	Min: Rear Yard: 50 ft	Min: Right Side Yard: 50 ft
Min. Number Parking Spaces:	Max. Built Upon Area:	

Comments:

Must be 50 ft from lake 760 line on all sides

Directions:

77 south, exit 33, over Williamson, to ALcove, 2 miles to stop sign, right Langtree, right Lakeshore Drive, right VIewpoint Ln, end of Cul De Sac

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Julie Turbeville Date: 8/20/04

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD Printed: 8/20/2004

North Carolina Department of Environment and Natural Resources - Division of Water Quality

WELL ABANDONMENT RECORD

WELL CONTRACTOR Neill Pardue

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitor Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mooresville County Iredell
111 Castle Bay Court
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Julie Turbeville

4. ADDRESS: 111 Castle Bay Ct., Mooresville

5. TOPOGRAPHY: ☐ draw, ☐ slope, ☐ hilltop, ☐ valley, ☐ flat (circle one)

6. TOTAL DEPTH: 110' DIAMETER 5"

7. CASING REMOVED:

feet	diameter
N/A	N/A

8. DISINFECTION:
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

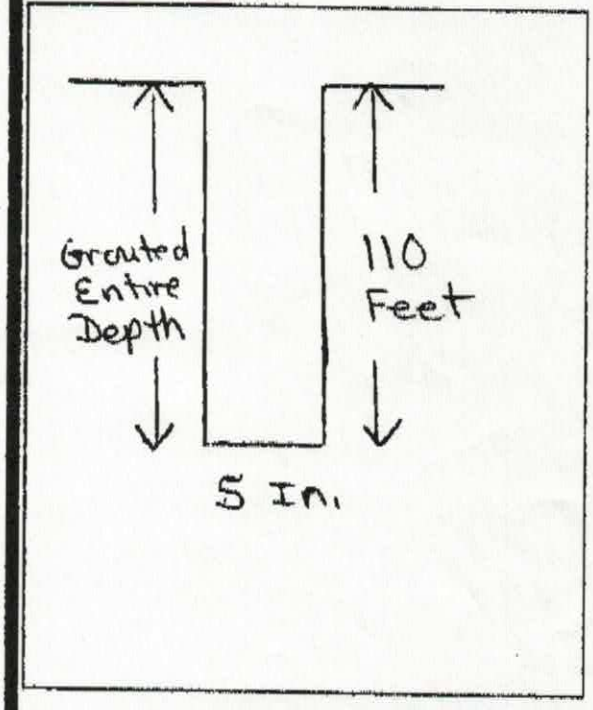
Neat Cement	Sand Cement
bags of cement -	bags of cement -
gallons of water -	gallons of water -

Other
Type material CONCRETE
Amount 150 Gallons

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Mixed & Pumped

11. DATE WELL ABANDONED 01-18-05

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Neill Pardue Date 01-18-05

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Attn: Information Management- 1617 Mail Service Center - Raleigh, NC 27699-1617, Phone No. (919) 733-7015, and one copy to the owner within 30 days from completion of abandonment.