IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 305539

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

PIN # 4636061135

APPLICANT/OWNER: Morrison Suites LLC | APPLICANT ADDRESS: 203 Singleton Rd Mooresville, NC 28117

SITE ADDRESS: 132 Pine Meadows Ln Mooresville, NC | PHONE: 704 363 7288 Willis | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Pine Meadows @ end on right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Brawley Flats | SECTION: | LOT # 6 | LOT AREA: 1.530 Ac | DESIGN FLOW: 240 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	5.30.2021	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	201'	Maintenance Agreement Required:	[ ] YES [X] NO	[X] Slab	[ ] Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	36" max	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

Divert storm/surface water away from Septic.

INITIAL SITE SKETCH

See Attached, approved Septic Plan Submitted by Michael Athanas & Assoc. (dated 2/11/2020)

AS BUILT SKETCH

INSTALLED AS SHOWN

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

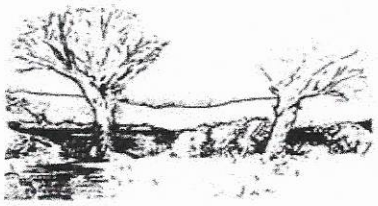
Owner / Applicant Signature: Willis Morrison | Date: 3-20-20 | Installed by: Richard Abernathy Co.

IMPROVEMENT PERMIT by: Marian Olson | Date: 3/19/2020 | OPERATION PERMIT by: Bryant C. White | Date: 7.16.2021

AUTHORIZATION TO CONSTRUCT by: Dee [illegible] | Date: 11/30/20 | 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.

R GROVE
ASSN. INC.
39-628
#4 REBAR
N 61°42'32"E
311.59'
S 07°56'00"E
224.06'
1.531 AC +-
O1
Y2
B3
P4
B5
P6
AB 1
AB 2
AB 3
15' SB
35' SB
6
ST
House
60'
Drive
Well
1/2" PIPE
RICHARD WHELAN
DB 1341-1518
N 14°40'13"W
316.20'
BUILDING IS
1.7' OVER
BOUNDARY
S 61°43'18"W
253.67'
157.80'
0.952 AC +-
5
135.71'
N 14°40'13"W
L3
L4
L2
S 61°43'18"W
263.12'
0.694 AC
302275
4
PIP
Scale
1"=50'
O1 - 67'
Y2 - 67'
B3 - 67'
P4 - 75'
B5 - 75'
P6 - 75'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
2/11/2020

Approved
3/19/20
MD

Reference: Data Sheet for 132 Pine Meadows Ln, Brawley Flats Lot 6
House Footprint: 60' x 90'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms/Daily Flow: 2/240 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Orange 1	**67'**	**75'**
Yellow 2	**67'**	**75'**
Blue 3	**67'**	**75'**
Pink 4		75'
Blue 5		75'
Pink 6		75'

Initial System: 201' **Repair System:** 225'

Comments:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4636661135
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Morrison Suites LLC
ADDRESS: 203 Simpleton Rd Mooresville NC
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: Brawley Flats Lot #6
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 3/3/2020
DATE EVALUATED: 3/6/20
PROPERTY SIZE: .952Ac
PROPERTY RECORDED: Y

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	LS 12%	0-4	BrwSCL	wSBK SS,SP,SExP					PS
		4-32	RCLmwABK/SBK	SS,SP,SExP,FR					
		32-62	RCLwSBK	SS,SP,SExP,FR		62"	—	—	.3
			SS, SP, SExP, FR	—					
2	LS 12%	0-17	RCL	SBK SS,SP,SExP,FR					PS
		17-49	RCLw	SBK SS,SP,SExP,FR			Com SAP @ 40"		
		w/common	SAP @ 40"						.3
		49-58	SCL SAP Massive	FR		49"		—	
3	LS 12%	0-16	RCLwSBK	SS,SP,SExP,FR					PS
		16-20	BrwSCL	SS,SP,SExP,FR					
		20-38	RCLwABK/SBK	SS,SP,SExP,FR					.3
		38-60	RCLw	SBK SS,SP,SExP,FR		60"	—	—	
4	LS 8%	0-16	RCL	SBK SS,SP,SExP,FR					PS
		16-60	RCLw	SBK SS,SP,SExP,FR					
		SAP	Inclus > 34"		—	60"	SAP Inclus @ 34"	—	.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Gary McNeely & David Bean

COMMENTS:

PROPERTY ID #: 4636061135__
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Morrison Suites LLC_____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _2 BDRM_____ PROPOSED DESIGN FLOW (.1949): _240 GPD__ PROPERTY SIZE: __1.531 AC_____
LOCATION OF SITE: _132 Pine Meadows Ln, Brawley Flats Lot 6_____ PROPERTY RECORDED: __2020_____
WATER SUPPLY: X Private ☐ Public X 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	
AB 1	LS 12%	0-23	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		23-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 5%	0-20	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		20-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 5%	0-20	R C SBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		20-42	R CL WSBK	FR SS SP SXP			F-C SAP PS		
		42-48	VER SL SAP M	FR SS SP SXP					
PIT 1	LS 12%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	62"	N/A	N/A	PS 0.3
		4-32	R C SBK/ABK	FR SS SP SXP					
		32-62	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	603 FT^2	675 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4636061135____
DATE OF EVALUATION: _____
COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 2	LS 12%	0-17	R C SBK	FR SS SP SXP	N/A	49"	Com SAP @ 40" PS	N/A	PS 0.3
		17-49	R CL WSBK	FR SS SP SXP					
		49-58	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 12%	0-16	R CL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		16-20	Br SCL WSBK	FR SS SP SXP					
		20-38	R C SBK/ABK	FR SS SP SXP					
		38-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 8%	0-16	R C SBK	FR SS SP SXP	N/A	60"	SAP Incl @ 34"	N/A	PS 0.3
		16-60	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED MAR 3 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 AP-305539

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Morrison Suites LLC **Address:** 203 Singleton Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Willis - 704-363-7288 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 132 Pine Meadows Ln

Subdivision Name: Brawley Flats **Section/Phase:** _____ **Lot Number:** 6

Driving Directions: _____

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

(✓) 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: 2
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/3/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Willis F Spivey, am the legal owner(s) of the property located at Brawley School Road + Pine Meadows, identified as PIN (Parcel Identification Number) 4636061135, located in Iredell County, North Carolina. Brawley Flats, Lot 6

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

Willis F Spivey 2-10-20
Signature of Owner(s) Date

William R Johnson 2/10/20
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

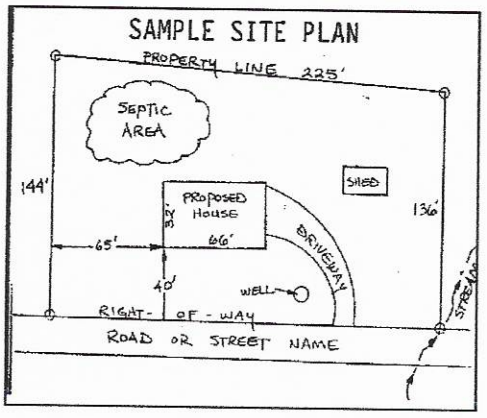
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system 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
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

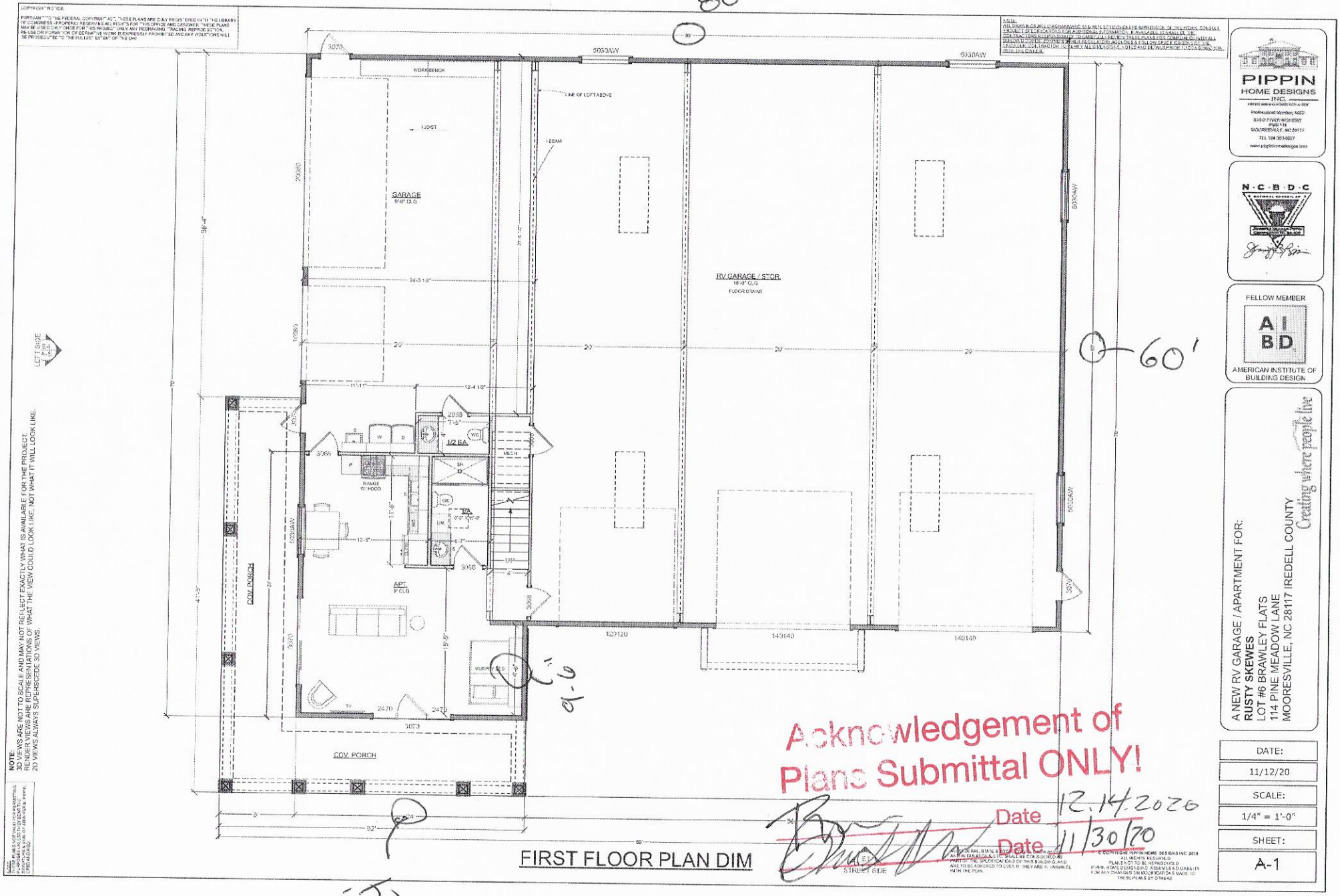
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 3/3/2020

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

Scale
1"=50'
1.531 AC +-
0.952 AC +-
0.694 AC
RICHARD WHELAN
DB 1341-1518
S 07°56'00"E
224.06'
157.80'
N 61°42'32"E
311.59'
S 61°43'18"W
253.67'
S 61°43'18"W
263.12'
N 14°40'13"W
316.20'
N 14°40'13"W
135.71'
1/2" PIPE
Drive
Well
ST
Pit 1
Pit 2
Pit 3
Pit 4
O1
Y2
B3
P4
B5
P6
AB 1
AB 2
AB 3
15' SB
35' SB
60'
90'
BUILDING IS 1.7' OVER BOUNDARY
O1 - 67'
Y2 - 67'
B3 - 67'
P4 - 75'
B5 - 75'
P6 - 75'
L2
L3
L4
5
6
4



NOTE:
2D VIEWS ARE NOT TO SCALE AND MAY NOT REFLECT EXACTLY WHAT IS AVAILABLE FOR THE PROJECT.
REFER TO 3D VIEWS FOR ADDITIONS OF WHAT THE VIEW COULD LOOK LIKE, NOT WHAT IT WILL LOOK LIKE.
2D VIEWS ALWAYS SUPERSCEDE 3D VIEWS.

Acknowledgement of Plans Submittal ONLY!

Date 12.14.2020

Date 11/30/20

PIPPIN HOME DESIGNS INC.

FELLOW MEMBER AIBD AMERICAN INSTITUTE OF BUILDING DESIGN

A NEW RV GARAGE / APARTMENT FOR:
RUSTY SKEWES
LOT #6 BRAWLEY FLATS
114 PINE MEADOW LANE
MOORESVILLE, NC 28117 IREDELL COUNTY

Creating where people live

DATE:
11/12/20
SCALE:
1/4" = 1'-0"
SHEET:
A-1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305539 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636061135.000	132 PINE MEADOW LN	Iredell County

Owner Information	Applicant Information
Name: MORRISON SUITES LLC Address: , Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.531	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

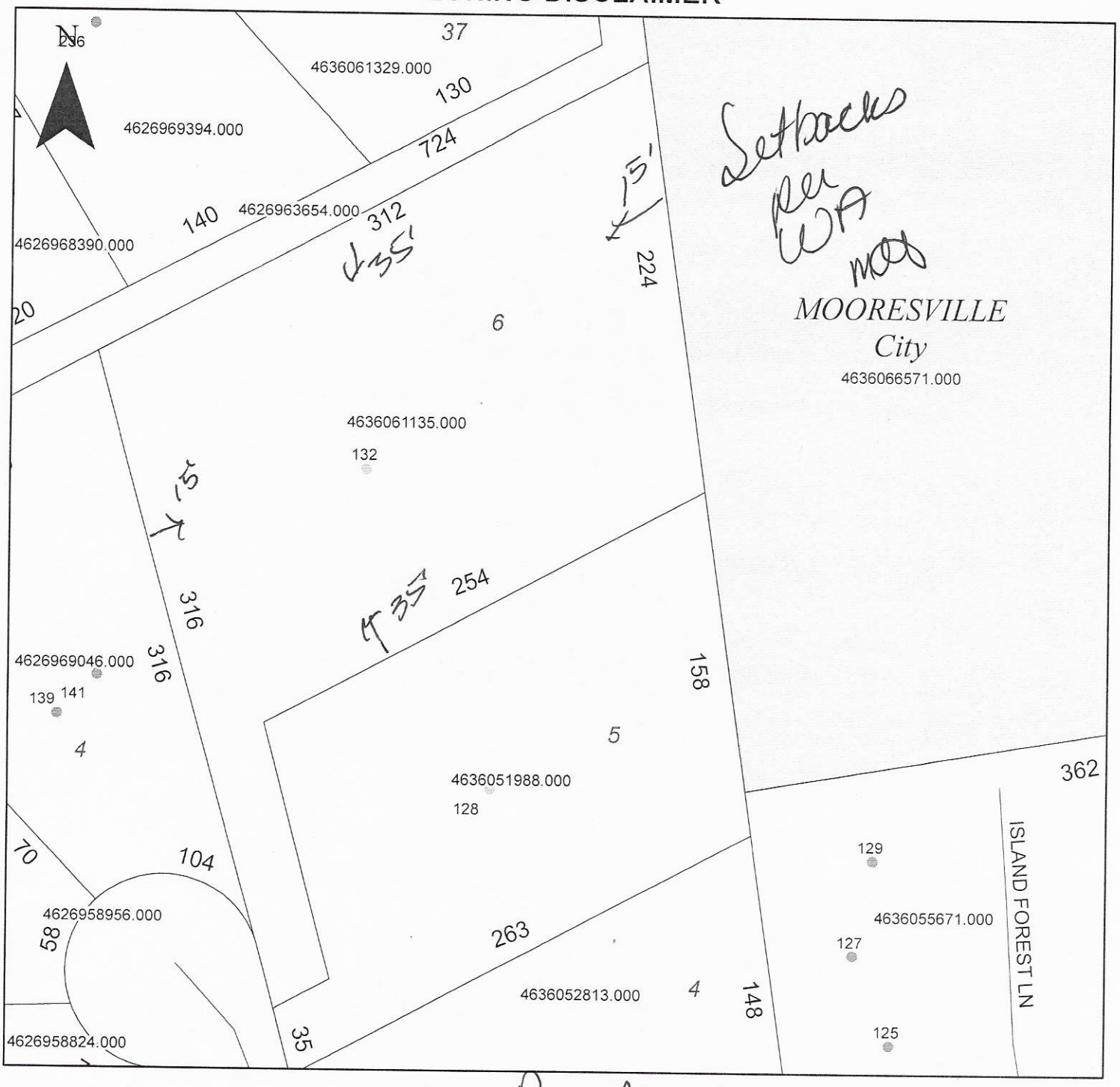
_____
Signature of Owner/Contractor

Date: 03/03/2020

Permit Number	305539

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 132 Pine Meadow

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

Date