IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 | PERMIT # 216484

12:30

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

PIN # 4636-25-3394

APPLICANT: Vyanna Poldiar | APPLICANT ADDRESS: 104 Misty Meadows Ct. Mooresville, NC 28117 | PHONE: 828-228-5802 | ALT. PHONE: Kathleen Saunders 828-228-5802

SITE ADDRESS: 104 Misty Meadows Ct. Mooresville, NC 28117

SITE DIRECTIONS: BSR towards Lake Norman → Left on Isle of Pines → Left on Pine Mist Drive → On Corner w/ Misty Meadows (+ offsite) | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.30

SUBDIVISION: Whispering Oaks | SECTION: — | LOT # 25/25A | LOT AREA: 0.69 acres +

Septic Tank	1000 (gal)	STB	790	Date	10-23-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	77	Date	10-20-17	System Description:	LP-PPBPS - 50% Reduction
Pump Make	Liberty	Model	EL-62	Serial #		Repair System Description:	LP-PPBPS 50% Reduction
# Nitrification Fields	1	# Lines	3	Linear Ft:	205	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	24"	Max. Trench Bottom Depth	30" [low side]	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms: 3 | No. Persons: 6 | No. Employees: —

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C septic rules. In addition to property corner/lines being marked the Duke Power Co. easement must be surveyed-staked @ time of inspection/system installation.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA
Dated 6-20-2016
Kathleen Saunders LSS# 1313

Amended 6/29/2016 [new site plan]

7/1/2016 [new site plan] w/dimensions

Well Head Cleared 4/19/2018
Pump Test/Pressurized

AS BUILT SKETCH

CHECKED LINES, TANKS, SUPPLY LINE 12-1-17 BA

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set	4/19	Ben Bottins
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

4/20 Alarm ok. Floats functional w/~6" tether for on/off float. Breakers ok.

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: Vyanna Poldiar Date: 7/8/2016

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/7/2016

AUTHORIZATION TO CONSTRUCT by: BA Date: 8-13-16

Installed by: Specialty Septic Date: 4/23/18

OPERATION PERMIT by: Tom Shuck Date:

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216484

BA

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

PIN # 4636-25-3377

APPLICANT: Vyanna Roddiar APPLICANT ADDRESS: 104 Misty Meadows Ct. Mooresville, NC 28117 PHONE: 828-228-5802 ALT. PHONE: Kathleen Saunders 828-228-5802

SITE ADDRESS: 104 Misty Meadows Ct. Mooresville, NC 28117

SITE DIRECTIONS: BSR towards Lake Norman → Left on Isle of Pines → Left on Pine Mist Drive → On Corner w/ Misty Meadows (+ offsite) DESIGN FLOW: 360 gpd L.T.A.R.: 0.30

SUBDIVISION: Whispering Oaks SECTION: ___ LOT # 25/25A LOT AREA: 0.69 acres +

Septic Tank 1000 (gal) STB 794 Date 10-23-17

Pump Tank 1000 (gal) PT 27 Date 10-20-17

Pump Make ___ Model ___ Serial # ___

Nitrification Fields 1 # Lines 3 Linear Ft: 205

Trench Width 24" Max. Trench Bottom Depth 30" [low side] Gravel Depth ___

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

System Description: LP-PPBPS - 50% Reduction

Repair System Description: LP-PPBPS 50% Reduction

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

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ___

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C septic rules. In addition to property corners/lines being marked the Duke Power Co. easement must be survey-staked @ time of inspection/system installation.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA
Dated 6-20-2016
Kathleen Saunders LSS# 1313

Amended 6/29/2016 [new site plan]

7/1/2016 [new site plan] w/dimensions

AS BUILT SKETCH

CHECKED LINES, TANKS, SUPPLY LINE 12-1-17 BA

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: Vyanna Roddiar Date: 7/8/2016 Installed by: SPECIALTY SEPTIC Date: ___

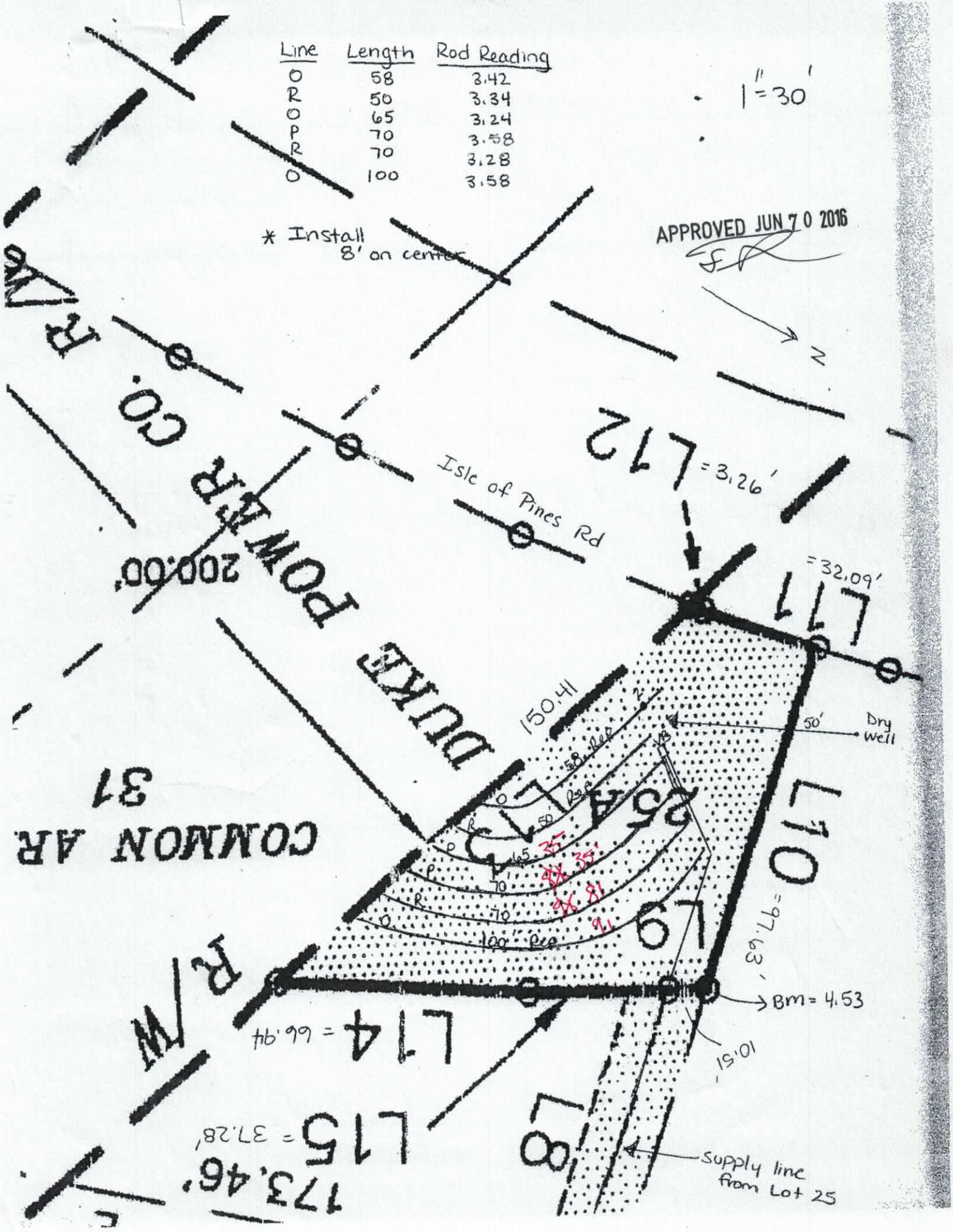
IMPROVEMENT PERMIT by: Tom Shuck Date: 7/7/2016 OPERATION PERMIT by: ___ Date: ___

Date: 9-13-16 Existing System Inspected by: ___

1" = 30'



APPROVED JUN 28 2016


Line Length Rod Reading
O 58 3.42
R 50 3.34
O 65 3.24
P 70 3.58
R 70 3.28
O 100 3.58
1" = 30'
* Install 8' on center
APPROVED JUN 7 0 2016
N
L12
= 3.26'
Isle of Pines Rd
L11
= 32.09'
200.00'
DUKE POWER CO. R/W
150.41
50' Dry well
L10
= 97.63'
L9
L8
L14 = 66.94'
R/W
COMMON AR. 31
Bm = 4.53
10.51'
L15 = 37.28'
173.46'
supply line from Lot 25

104 Misty Meadow Ct Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	200
Total Linear Feet	205
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	**855' of 3" SCH 40 PVC**
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23.5 gpm
Elevation head	Approx: 34 ft
Pressure head	3 ft
Friction head	1.6 ft
20% Contingency	7.7 ft
Total Head	46.3 ft
Pump Requirements	23.5 gpm @ 46.3' of head To be designed by installer.
Maximum Dosing Volume	169.2 gal -2.1 doses/day @ design flow*
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. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	208
Repair LTAR	0.3

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Orange	LPPPBPS	58	3.42				
2	System	Red	LPPPBPS	50	3.34				
3	System	Orange	LPPPBPS	65 endfed	3.24	15	15	1 per panel	5/32"
4	System	Pink	LPPPBPS	70 endfed	3.58	16	16	1 per panel	5/32"
5	Repair	Red	LPPPBPS	70 endfed	3.28	16	16	1 per panel	5/32"
6	Repair	Orange	LPPPBPS	100	3.58				
						Total: 47	Total: 47 (1 in each panel turned up)		
				Total System: 205'					
				Total Repair: 208'					

Tank	Red	1000 gal (2 compartment)	819'
Pump Tank	Red	1000 gal.	
House	staked		827'

Note: **All Rod Readings should be verified by installer prior to installation of system**
Use 2 ft trench width for installation of primary system
Tanks and Distribution devices can be altered at the ICHD's discretion
Survey supply line easement prior to installation of pipe
Calculations based on GIS elevations. Upper line is assumed to be 847'
Verify actual length of supply line before installation
Septic lines on easement laid 8 ft on center, less than 2% slope across easement

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #: 25 Whispering Oak
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Nicola Gaboras
Address: 104 Misty Meadow Lane
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: SFE 25A

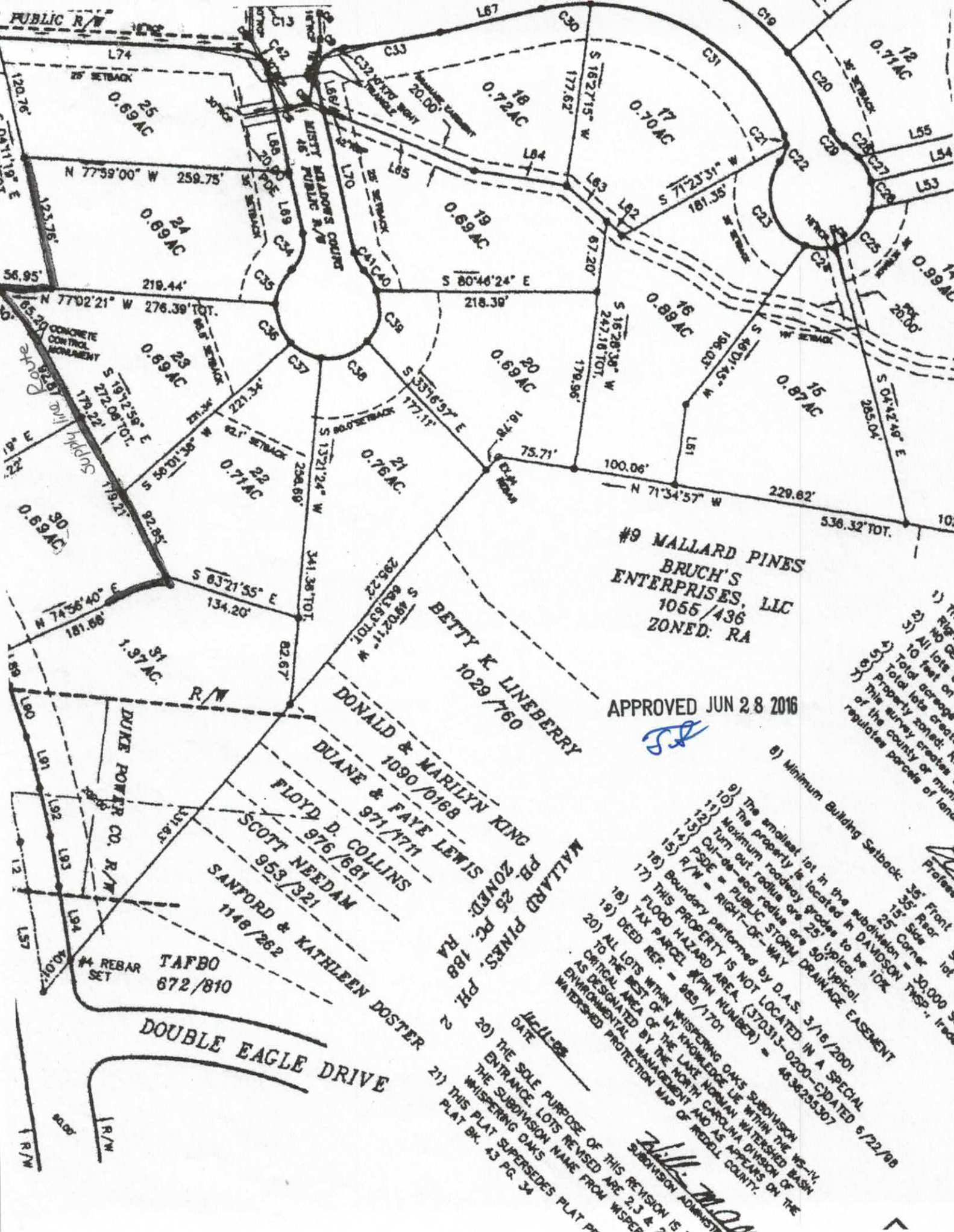
Applicant:
Date Evaluated: 11/13/15
Property Size: 0.69 Ac
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L ~1% calculated	0-6	MO GR SCL	FR SS/SP	R Br				0.3
		6-31	Mo SBK C	↓	R				
		31-40	Mo SBK CL	↓	R; F sap				
		40-48	WK SBK SCL	↓	R; C sap				
2	L	0-28	Mo SBK C	↓	R				0.3
		28-40	Mo SBK CL	↓	R; F Mica				
		40-48	WK SBK CL	↓	R; C sap				
3	L	0-30	Mo SBK C	↓	R				0.3
		30-41	WK SBK CL	↓	R; F sap				
		41-48	WK SBK SCL	↓	R, C sap				
4	L	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-48	WK SBK CL	↓	R; C sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.3	0.3

Other Factors (.1946): < 2 % slope
Soil Evaluation By: KMS
Others Present: ELH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: ELH


PUBLIC R/W
MISTY MEADOWS COURT 45' PUBLIC R/W
25' SETBACK
30' SETBACK
20' DE
20' DRAINAGE EASEMENT
25
0.69AC
24
0.69AC
23
0.69AC
22
0.71AC
30
0.69AC
31
1.97AC.
18
0.72AC
17
0.70AC
19
0.69AC
20
0.69AC
21
0.76AC.
16
0.89AC
15
0.87AC
12
0.71AC
N 77°59'00" W 259.75'
N 77°02'21" W 276.39'TOT.
S 80°46'24" E 218.39'
S 33°16'37" E 177.11'
S 13°12'24" W 296.69'
S 63°21'55" E 134.20'
N 74°56'40" E 181.66'
S 19°12'59" E 272.06'TOT.
S 56°01'38" W 221.34'
N 71°34'57" W 229.62'
536.32'TOT.
S 04°42'49" E 285.04'
S 49°01'45" W 196.03'
S 15°28'36" W 247.16'TOT.
S 49°02'11" W 643.63'TOT.
S 71°23'31" W 181.35'
S 19°27'15" W 177.62'
97.20'
179.96'
75.71'
100.06'
82.67'
92.85'
179.22'
120.76'
123.75'
56.95'
65.20'
CONCRETE CONTROL MONUMENT
#4 REBAR SET
TAFBO 672/810
DOUBLE EAGLE DRIVE
R/W
#9 MALLARD PINES
BRUCH'S ENTERPRISES, LLC
1055/436
ZONED: RA
APPROVED JUN 28 2016
BETTY K. LINEBERRY 1029/760
DONALD & MARILYN KING 1090/0168
DUANE & FAYE LEWIS 971/1771
FLOYD D. COLLINS 976/681
SCOTT NEEDAM 953/321
SANFORD & KATHLEEN DOSTER 1148/282
MALLARD PINES PB. 26 PG. 188 ZONED: RA PH. 2
DUKE POWER CO. R/W
8) Minimum Building Setback: 35' Front, 35' Rear, 15' Side, 25' Corner
9) The smallest lot in the subdivision = 30,000 SF
10) The property is located in DAVIDSON TWSP., Iredell
11) Maximum roadway grades to be 10%
12) Turn out radius are 25' typical.
13) Cul-de-sac radius are 50' typical.
14) PSDE = PUBLIC STORM DRAINAGE EASEMENT
15) R/W = RIGHT-OF-WAY
16) Boundary performed by D.A.S. 3/16/2001
17) THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA. (3703I3-0200-C)DATED 6/22/98
18) TAX PARCEL #(PIN NUMBER) = 4636235307
19) DEED REF. = 985/1701
20) ALL LOTS WITHIN WHISPERING OAKS SUBDIVISION TO THE BEST OF MY KNOWLEDGE LIE WITHIN THE WS-IV, CRITICAL AREA OF MY KNOWLEDGE LIE WITHIN THE LAKE NORMAN WATERSHED BASIN AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.
Jul-11-98 DATE
20) THE SOLE PURPOSE OF THIS REVISION IS TO REVISE LOTS ENTRANCE. LOTS REVISED ARE 2,3 & 4. THE SUBDIVISION NAME FROM WISPERING OAKS TO WHISPERING OAKS SUBDIVISION ADMINISTRATOR
21) THIS PLAT SUPERSEDES PLAT PB. 43 PG. 34

RECEIVED SEP 9 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information:

Applicant Name: VYANNA REDDIAR **Address:** 158 TOWN LOOP #201 MOORESVILLE NC 28117 **Phone:** 828-228-580

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 104 MISTY MEADOWS CT MOORESVILLE NC 28117

Subdivision Name: WHISPERING OAKS **Section/Phase:** _____ **Lot Number:** 25/25A

Driving Directions: BSR Towards Lake Norman → Left on Isle of Pines → Left on Pine Mist Drive → on Corner of W/Misty Meadows

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: 3
Maximum Number of Occupants: 6
( ) 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)* SYSTEM TYPE IV **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: _____ 09/03/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUN 2 2 2016 RECEIVED JUN 2 2 2016

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)

X well Paid $150.00

1. APPLICATION FOR: X **Improvement Permit** ___**Authorization To Construct** ___ **Existing System Inspection**

Paid $75.00 #216484

2. 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**
___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Contact Kathleen Saunders (704)-578-4951

Vyanna Reddiar		828-228-5802	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Nick Gaboras	104 misty meadows Ct 28117		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

104 misty meadows Ct mooresville	Whispering Oaks	25/25A
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Brawley School Rd, L on Isle on Pines, L on Pine mist Dr on Corner at Misty Meadows Ct

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 due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: Emma Helton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/20/16
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, ~~Nick~~ Nicolae Gaboros, am the legal owner(s) of the property located at 104 misty meadows Ct mooresville, identified as PIN (Parcel Identification Number) 4636 25 3377, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks 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.

_____ 6-20-16 _____ 6/20/16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

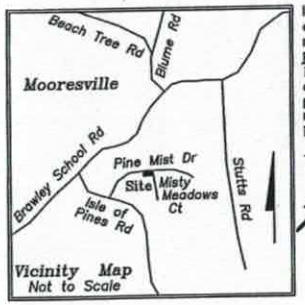
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Foundation Survey for Lot #25 Whispering Oaks Subdivision, prepared for Total Home, Inc.

Davidson Township, Iredell County, Mooresville, North Carolina
Scale 1"= 30' – Date of Survey April 20th, 2017
Reference
Tax Parcel #4636-25-3377, Deed Book 2432 Page 811
Being All of Lot #25 Whispering Oaks Subdivision, PB 44 Page 21
Property Address: 104 Misty Meadows Ct., Mooresville, NC 28117
Current Owner: Vyanna Reddiar & Shalini Reddiar
104 Misty Meadows Court, Mooresville, NC 28117

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
Suite 101 Westfield Center, 125 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778



I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2432, page 811, or other reference source Plat Book 44 Page 21); that the boundaries not surveyed are indicated as drawn from information in Plat Book 44, Page 21 or other reference source; that the ratio of precision or positional accuracy is 1:10,000; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

This 20th day of April, 2017.

Mark S. Pence L-3680
Professional Land Surveyor

NORTH CAROLINA PROFESSIONAL SEAL L-3680 LAND SURVEYOR MARK S. PENCE

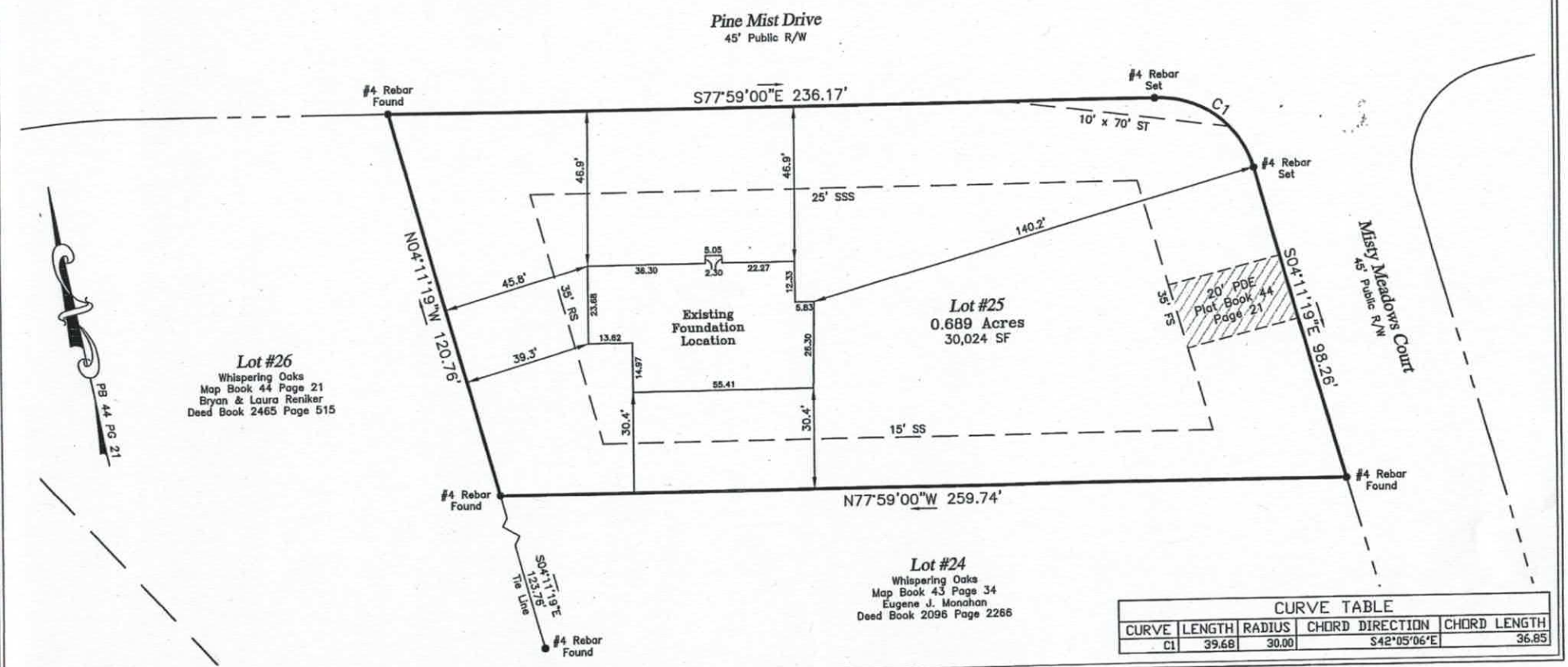
Surveyor's Notes

- Parcel #4636-25-3377
- Current Zoning: RA
- This Property Does Not Lie In a Special Flood Hazard Area Per FEMA.
- This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights-of-Ways of Record.
- No NCGS Monumnet located within 2000'.
- Area Computed by the Coordinate Method
- A 10' Drainage & Utility Easement exists along all property lines.

Legend

- ●.....Rebar Found
- ⊙.....Calculated Point (CP)
- FS.....Front Setback
- SS.....Side Setback
- SSS....Side Street Setback
- RY.....Rear Yard
- ST.....Sight Triangle
- PDE....Public Drainage Easement

GRAPHIC SCALE
0 15 30 45 60
1 inch = 30 ft.



CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD DIRECTION	CHORD LENGTH
C1	39.68	30.00	S42°05'06"E	36.85

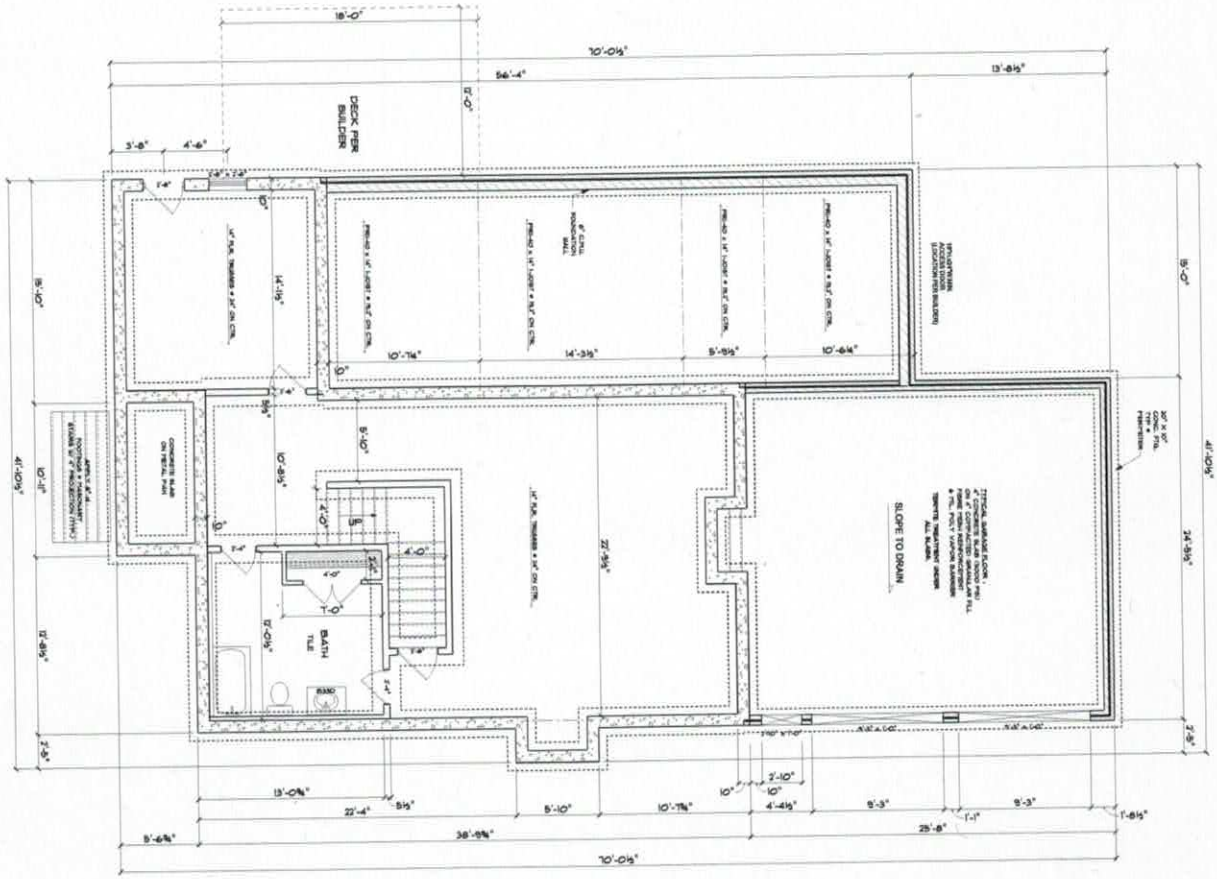
Project # 121203

Acknowledgement of
Plans Submittal ONLY!

APPROVED SEP 13 2016

Date

Date 09/16/16



FOUNDATION PLAN

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

ATTENTION

1- ALL NATIONAL BUILDING CODES THAT APPLY
2- THE SEVERE ENVIRONMENTAL CONDITIONS
3- ALL SPECIFICATIONS SHOULD BE MEMORIZED
4- NOTIFY CONSTRUCTION HAS STARTED

VENTILATION NOTE:
THE MINIMUM NET AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EACH 150 SQ. FT. OF UNDER FLOOR AREA. ONE SUCH VENTILATING OPENING SHALL BE WITH IN 3' OF EACH CORNER OF SAID BUILDING

GENERAL NOTES:

1. FLOOR JOIST SHALL BE 2X10 SPF #2 @ 16" O.C. U.N.O.
2. DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS GREATER THAN 6'-0" IN LENGTH.
3. 8" X 16" C.M.U. PIER ON 24" X 32" X 10" CONC. FOOTING (TYP.)
4. CONCRETE TO HAVE 3000 PSI. MIX (MIN.)
5. ALL SOIL TO HAVE 2000 PSF. BEARING CAPACITY

SLAB DETAIL

SCALE: 3/4"=1'-0"

4" CONC. SLAB OVER 6 MIL. POLY VAPOR BARRIER ON 4" CLEAN STONE OVER COMPACTED FILL TERMITE TREATMENT UNDER ALL SLABS

BRICK DETAIL

SCALE: 1/2" = 1'-0"

A-3

REVISIONS:
06-25-2016

DATE DRAWN:
06-25-2016

REDDIAR RESIDENCE

104 MISTY MEADOWS CT.

Every Effort has been made in the preparation of these plans to avoid errors. There is no guarantee by the designer against error. The Contractor and/or Owner shall verify all dimensions and conditions prior to beginning construction. Any error or omissions should be reported to the designer for correction before beginning construction. The Contractor and/or Owner shall assume responsibility for errors that are not reported.

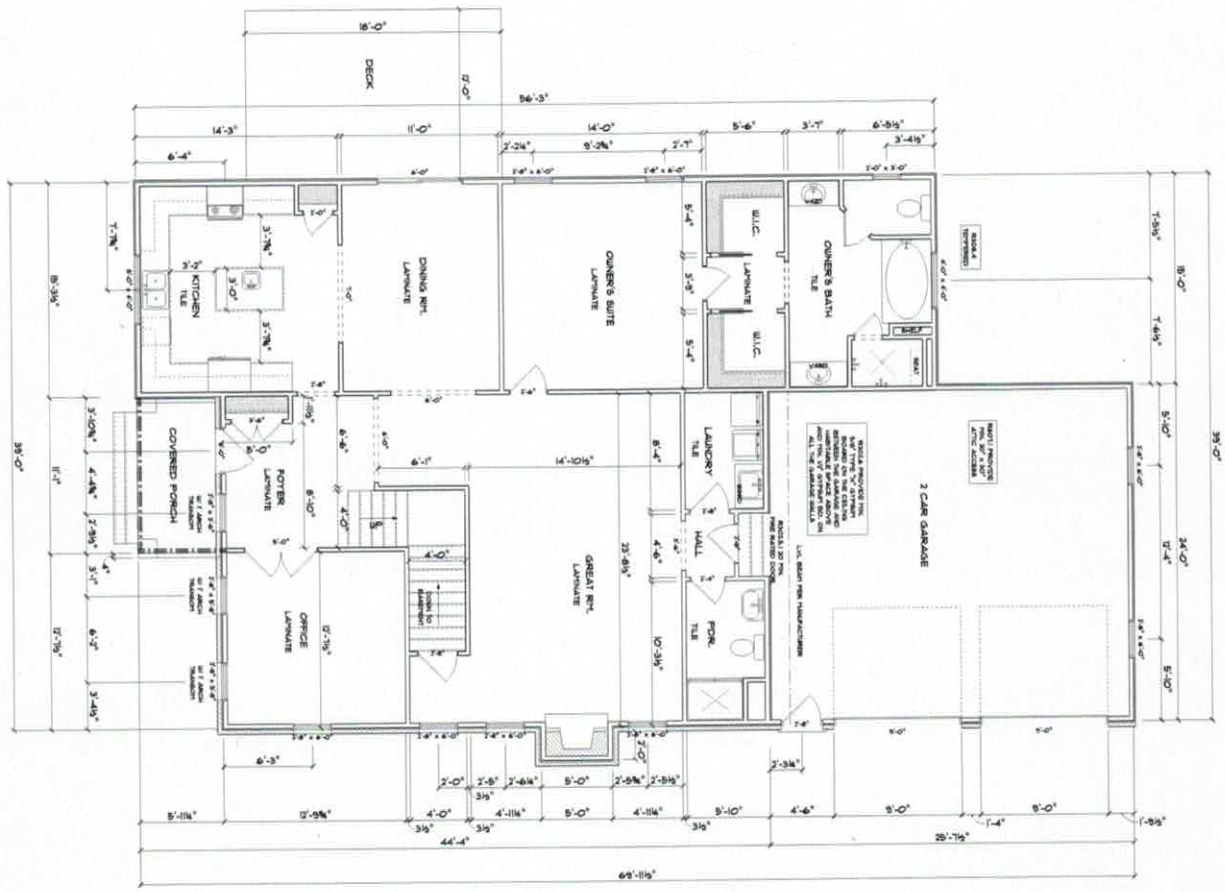
The Designer accepts no responsibility, liability or part of any legal action related to documentation supplied by The Contractor and/or Owner for preparing this drawing that may be copy righted by another party. All materials used to produce this drawing are to be considered to be researched for The Contractor and/or Owner for any copyright and as required by law. The Contractor and/or Owner has obtained approval from any originating copyright owner(s) know or unknown by designer.

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1ST FLOOR PLAN

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

ATTENTION

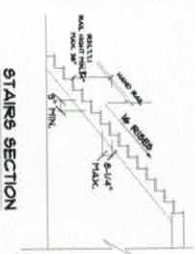
1- ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL CONDITIONS AND DIMENSIONS PRIOR TO CONSTRUCTION.
2- THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION.
3- ALL DIMENSIONS SHALL BE HELD OR CALCULATED.
4- NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

SQUARE FOOTAGE	
1ST. FLOOR 1776 SQFT.	
2ND. FLOOR 1132 SQFT.	
BASEMENT 1800 SQFT.	
TOTAL HEATED 4908 SQFT.	
GARAGE 631 SQFT.	
FRONT PORCH 70 SQFT.	
TOTAL UNDER ROOF 4809 SQFT.	

GARAGE / EXT. STAIR

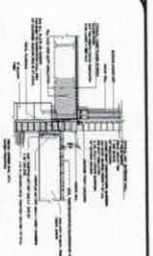
NOTE:
1. ALL EXTERIOR HDRS. ARE (2) 2 x 10 #2 WITH (1) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
2. ALL INTERIOR HDRS. ARE (2) 2 x 10 #2 WITH (1) 2 x 4 JACKS EACH (SIDE) UNLESS OTHERWISE NOTED
3. HATCHED AREAS INDICATE DROPPED CEILINGS
4. ALL CASED OPENINGS = 7'-0" H

STAIRS SECTION



DECK AT ATTACHMENT • EXTERIOR

NTS.



A-4

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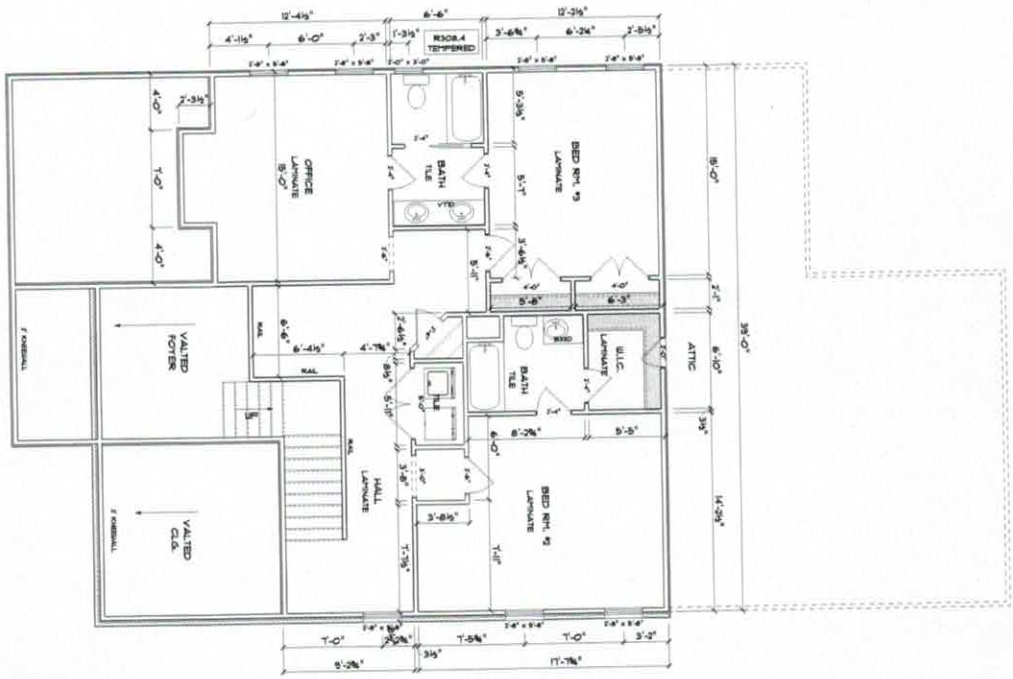
The Designer accepts no responsibility, liability or part of any legal action related to documentation supplied by The Contractor and/or Owner for preparing this drawing that may be copy righted by another party. All materials used to produce this drawing are to be considered to be researched by The Contractor and/or Owner for any copyright and as required by law, The Contractor and/or Owner has obtained approval from any corresponding copyright owners, unknown or unknown by designer.

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APPROVED SEP 13 2016

Date

Date 09/09/16



2ND. FLOOR PLAN
SCALE: 1/4" = 1'-0"

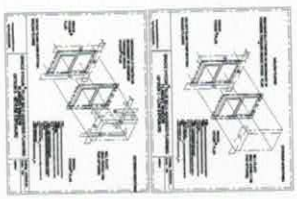
ATTENTION

1. ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL CODES AND ORDINANCES.
2. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED. NOT SCALED.
4. THE CONTRACTOR IS RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

BRACING NOTES:

THE FOLLOWING BRACING REQUIREMENTS FOR BRACED WALLS OF THIS PLAN HAVE BEEN DERIVED PER SECTION R602.10 EXCEPTION 7 OF THE 2012 IRC AS AN ALTERNATIVE METHOD.

1. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING EVERY 6IN @ EDGES AND 12" @ INTERMEDIATE SUPPORTS.
2. ALL INTERIOR BEARING WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING EVERY 6IN @ EDGES AND 12" @ INTERMEDIATE SUPPORTS.
3. HORIZONTAL BLOCKING ALONG GWB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING AT 9" O/C AND AT 6" O/C AT INTERMEDIATE FRAMING WHEN LESS THAN NON RAT GREATER THAN 25% OF WALL IS SHEATHED.
4. BRACE ALL GABLE END WALLS WITH 2" GWB.



A-5

REVISIONS:
06-25-2016

DATE DRAWN:
06-25-2016

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IREDELL COUNTY

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

APPLICATION NUMBER
216484
Issue Date: 02/08/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636253377.000	104 MISTY MEADOWS COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GABORAS NICOLAE+PETRU	Applicant: THE OAKS GROUP
Address: 412 JUNIPER ST MOORESVILLE, CA 92821	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	25.00	CACL	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	59767	TOTAL FEES:	$ 77.25

EXHIBIT "A
North Carolina General Warranty Deed
Dated July 22, 2005
Grantor: Ronnie L. Smith and wife, Lee A. Smith
Grantee: Nicolae Gaboras and Petru Gaboras

Lying and being in Davidson Township, Iredell County, North Carolina

TRACT I: (Parcel 4636-35-0511) BEING all and the full contents of **LOT NUMBER TEN (10) of WHISPERING OAKS SUBDIVISION**, as shown on plat recorded in Plat Book 44 at Page 21, (which is a revision of Plat Book 43 Page 34), in the Office of the Register of Deeds for Iredell County, North Carolina to which reference is hereby made for a more complete description.

TRACT II: (recombination of Parcels 4636-35-1414 and 4636-35-1238) BEING all and the full contents of **LOT NUMBER ELEVEN (11) of WHISPERING OAKS SUBDIVISION**, as shown on that certain "Recombination Plat Survey of a Revision of Plat Book 43 at Page 34" as depicted in new plat recorded in Plat Book 47 at Page 51, in the Office of the Register of Deeds for Iredell County, North Carolina to which reference is hereby made for a more complete description.

TRACT III: (Parcel 4636-25-3377) BEING all and the full contents of **LOT NUMBER TWENTY-FIVE (25) of WHISPERING OAKS SUBDIVISION**, as shown on plat recorded in Plat Book 44 at Page 21, which is a revision of Plat Book 43 Page 34, in the Office of the Register of Deeds for Iredell County, North Carolina to which reference is hereby made for a more complete description.

ALSO CONVEYED with Lot 25 is a perpetual easement for the installation and maintenance (and for access necessary therewith) of a sewer line from Lot 25 of Whispering Oaks to Lot 25A as is depicted on plat recorded in Plat Book 44 at Page 21, in the Office of the Register of Deeds for Iredell County, North Carolina. This easement is appurtenant to and shall run with the title to Lot 25 and shall not be conveyed separately from Lot 25. This easement is twenty foot in width and the centerline of the easement is described as follows:

BEGINNING at the southwest corner of Lot 25, point being the common corner of Lot 25 and Lot 24 of Whispering Oaks Subdivision; thence along the rear of Lots 24-22, five (5) calls as follows: 1)South 04-11-19 East 123.76 feet, (2) North 77-02-21 West 56.95 feet, (3) South 31-29-47 East 65.20 feet; (4) South 19-12-59 East 272.08 feet, (5) South 74-56-40 West 84.05 feet to a point located on the eastern boundary line of lot 30 and the northernmost corner of a septic field easement described herein below.

ALSO CONVEYED with Lot 25 is a perpetual easement for the installation and maintenance (and for access necessary therewith) of a septic field and necessary lines and equipment benefiting Lot 25 and being located at the southern terminus of the above described easement. This easement is appurtenant to and shall run with the title to Lot 25 and shall not be conveyed separately from Lot 25. This easement is described as follows

BEGINNING at the end of the sewer line easement described above and in the line of Lot 30; thence the following six (6) calls: (1) South 32-55-38 East 47.79 feet, (2) South 30-17-15 East 66.94 feet, (3) North 75-15-55 West 150.41 feet to a point located on the eastern right of way of Isle of Pines Road; thence along the right of way (4) North 10-29-08 West 3.26 feet; (5) North 14-21-44 West 32.09 feet to a point; thence leaving said right of way with the line of Lot 30 (6) North 74-56-40 East 97.63 feet to the point and place of beginning, as shown on that certain survey prepared by William M. Allen, Professional Land Surveyor, dated July 5, 2005 and depicted as Septic Easement Map for Lot 25A of Whispering Oaks Subdivision to which reference is hereby made for a more complete description. This map is currently unrecorded.