IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 200047

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

PIN # 4636-42-9448

APPLICANT: LAKE LUXURY HOMES | APPLICANT ADDRESS: 7271 LONG ISLAND RD.

SITE ADDRESS: 149 OASIS RD. MOORESVILLE 28117 | PHONE: 704-578-4951 | ALT. PHONE:

SITE DIRECTIONS: STUTTS, POINSETTA, OASIS

SUBDIVISION: STUTTS COVE | SECTION: 2 | LOT # 23 | LOT AREA: .7 AC | DESIGN FLOW: 360 | L.T.A.R.: .3 (.275R)

Septic Tank 1000 (gal) | STB | Date
Pump Tank (gal) | PT | Date
Pump Make | Model | Serial #
Nitrification Fields 1 | # Lines 5@60' | Linear Ft: 300'
Trench Width 36" | (Max) Trench Bottom Depth 36" | Gravel Depth —

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

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: Date: 1-9-17 | Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 1-9-17 | OPERATION PERMIT by: Date: 1-13-17

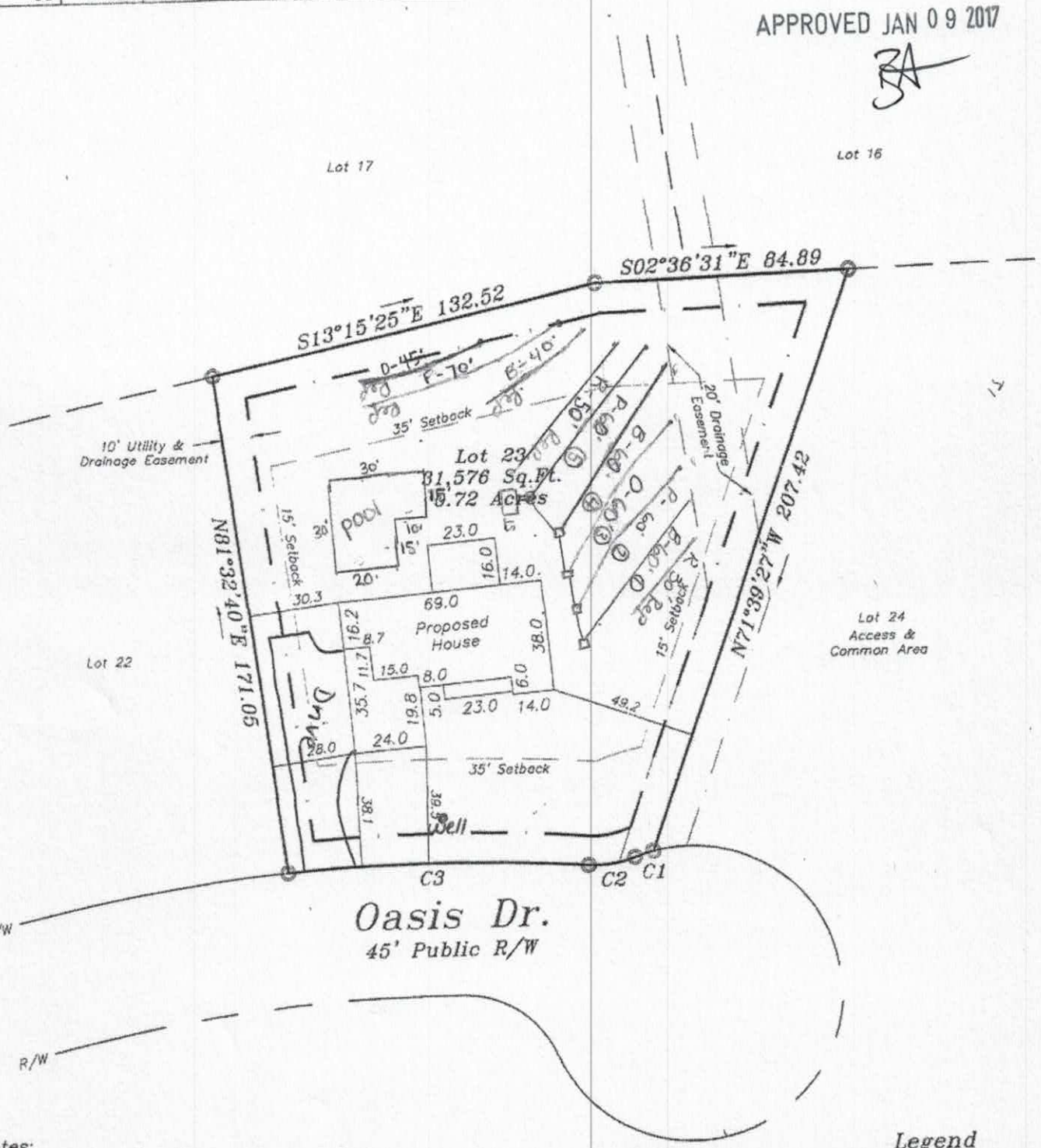
AUTHORIZATION TO CONSTRUCT by: Date: 1-9-17 | Existing System Inspected by: Date:

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

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	6.66	50.00	N18°37'12"W	6.65
C2	16.01	35.00	S09°19'46"E	15.87
C3	101.54	602.23	N01°03'19"W	101.42

P.B. 32, Pg. 15

APPROVED JAN 09 2017



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Plat Book: 32 at Page: 15 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

Legend

E.O.P. = Edge of Pavement
= Power Pole
= Guy Wire
Ⓢ = Sanitary Sewer
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
⊡ = Telephone Pedestal

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

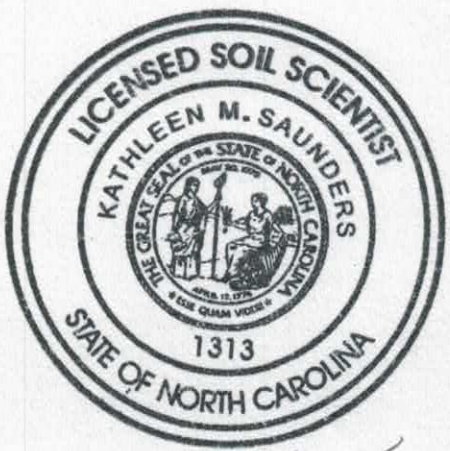
RE: 149 Oasis Road

Date: January 3, 2017

Attached is the septic specification information required to permit the 149 Oasis Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

149 Oasis Drive Fast Track - The Oaks Group, PA

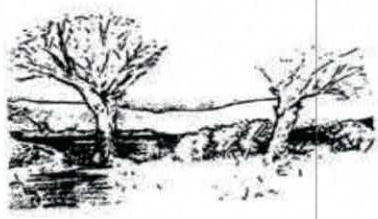
APPROVED JAN 09 2017

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3 (Per Existing Permit)**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36 inches (Per Existing Perm
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	235
Repair Loading Rate	0.275 (Per Existing Permit)

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	30
2	System	Blue	25% Reduction	60 endfed
3	System	Pink	25% Reduction	60 endfed
4	System	Orange	25% Reduction	60 endfed
5	System	Blue	25% Reduction	60 endfed
6	System	Pink	25% Reduction	60 endfed
7	Repair	Red	LP PPBPS	50
8	Repair	Blue	LP PPBPS	40
9	Repair	Pink	LP PPBPS	70
10	Repair	Orange	LP PPBPS	45
				Total System: 300'
				Total Repair: 235'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Stuts Cove SD Lot 23
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' sides
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.275 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1		43'
Red 2		74'
Pink 3		100'
Blue 4		90'
Red 5	**80'**	**85'**
Pink 6	**80'**	**90'**
Blue 7	**80'**	**93'**
White 8	**80'**	**87'**
Red 9	**80'**	**87'**

Initial System: 400' **Repair System:** 307'

Comments:


Scale
1"=40"
N
N 80°57'54" E
156.21'
150.00'
194.29'
31.17'
84.83'
132.59'
S 81°32'40" W
170.91'
Lot 22
Lot 24
N 71°38'39" W
207.36'
50'
well
1
2
3
W1
R2
P3
B4
R5
P6
B7
W8
R9
25'
60'
60'
25'
35'
well
100'
90'
Septic
250.12'
Approved
ICHD
12-2-13

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Mike Fox_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bedroom_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: _____
LOCATION OF SITE: __Stutts Cove Lot 23_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private Public X Well Spring Other _____
EVALUATION METHOD: Auger Boring Ξ Pit Cut TYPE OF WASTEWATER: Ξ 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	
1	LS 5%	0-16	Br SCL WSBK	FR SS SP	Few YBs No YBs	60"			PS 0.25-0.3
		16-34	R C SBK	FR SS SP					
		34-60	R CL WSBK	FR SS SP					
2	LS 5%	0-10	Br SCL WSBK	FR SS SP	Few YBs No YBs	50"			PS 0.25-0.3
		10-34	R C SBK	FR SS SP					
		34-50	R CL WSBK	FR SS SP					
3	LS 5%	0-9	Br SCL WSBK	FR SS SP		57"	F-C SAP		PS 0.3
		9-28	R C SBK	FR SS SP					
		28-57	R CL WSBK	FR SS SP					
4	LS 5%	0-7	Br SCL	FR SS SP		52"	F-C SAP		PS 0.3
		7-28	RC SBK	FR SS SP					
		28-52	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	582 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _M A & Associates_____
OTHER(S) PRESENT: _____
Verified ICHD 11-13

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
AB 1	LS 5%	0-5	Br SCL WSBK	FR SS SP		48"			PS 0.3
		5-33	R C SBK	FR SS SP			F-C SAP		
		33-48	R CL WSBK	FR SS SP					

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Fox APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12/10/98

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Stutts Cove Lot #23 PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut Shrink House to 50x50 take 10' off RS & 10' off Back

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed Set ST off Back of Lot

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.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	Pit	0-7"	Brw SL GR FR						PS .3
		7-23	Rd/Brw C/L m-wSBK		S-SS, SP SE, FI-FR				
		23-50	Rd/Brw L wSBK		SS, SP SE, FI-FR w/some SAP Indus				
2	Pit	0-31"	Rd/Brw C/L m-wSBK		SS, SP SE, FI-FR w/Few to many SAP ind				PS .3
		31-50"	Yel/Rd L/SL SAP		FR wSBK				
3	Hill	0-7	Brw SL						PS .3
		7-24	Rd/Brw C m-wSBK		S, P, FI				
		24-44"	Rd/Brw C m-wSBK		SS, SP, SE, FRW SAP Indus				
			Few to many						
		44-48	SAP/C mix						
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Fox APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 12/10/98

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Stutts Cove Lot # 23 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	Pit #3	0-25	Bw SCL	GR-wSBK FR	SSRSE, FI FR yel Some SAP Tracks				PS .3
		25-42	Bt/Bw CL	wSBK SS					
		42-47	SAP						
2									
3									
4									

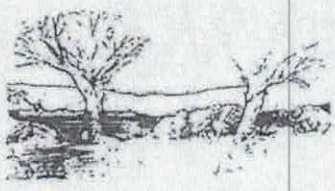
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

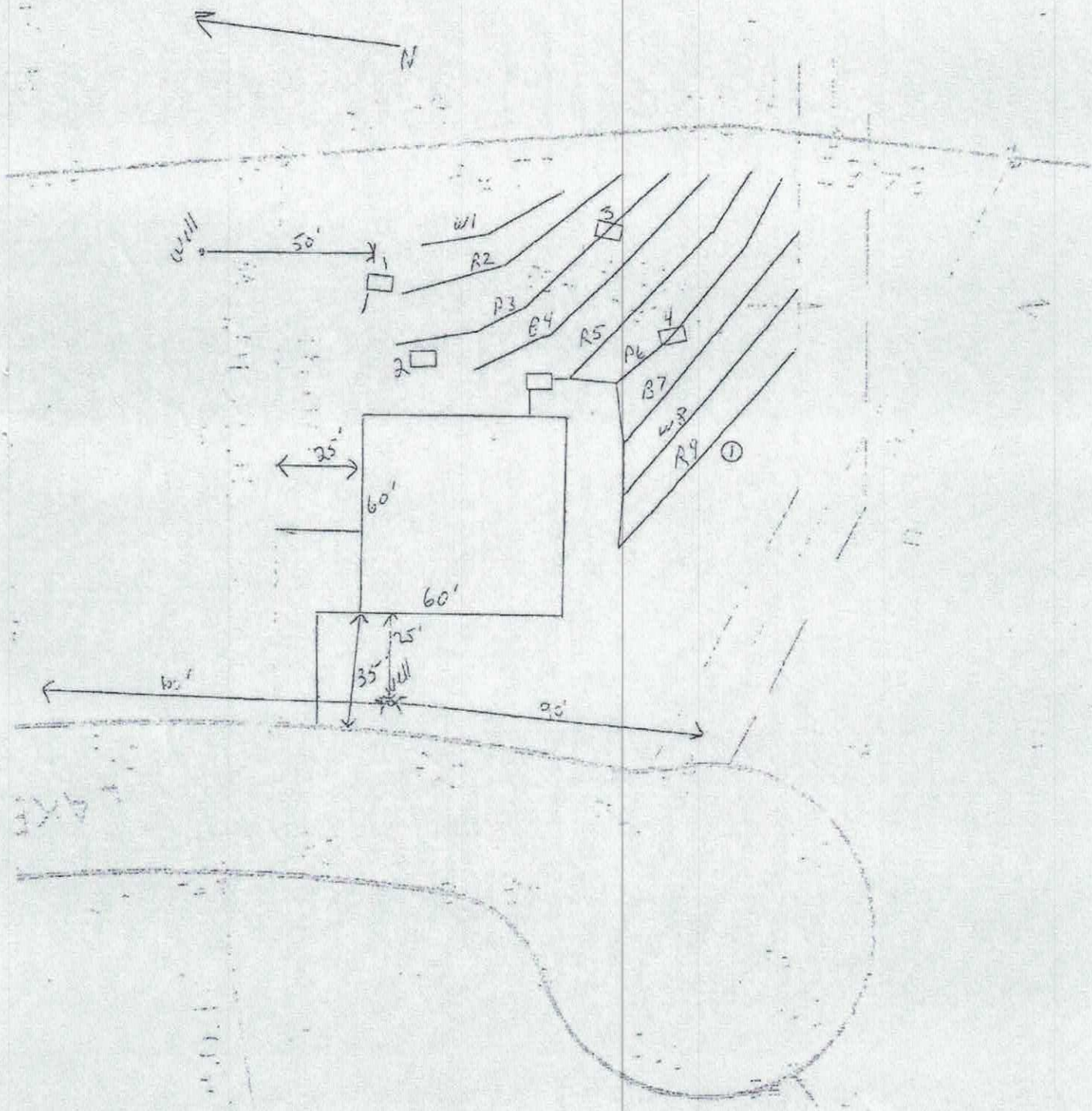
Reference: Data Sheet for Stuts Cove SD Lot 23
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' sides
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.275 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1		43'
Red 2		74'
Pink 3		100'
Blue 4		90'
Red 5	**80'**	**85'**
Pink 6	**80'**	**90'**
Blue 7	**80'**	**93'**
White 8	**80'**	**87'**
Red 9	**80'**	**87'**

Initial System: 400' **Repair System:** 307'

Comments:

Scale
1" = 40'



RECEIVED JAN 3 2016 County copy

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00 #200047

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonmen
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repa*

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

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 fe

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes **Address:** 7211 Long Island Rd **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 149 Oasis Rd

Subdivision Name: Stutts Cove **Section/Phase:** 2 **Lot Number:** 23

Driving Directions: Stutts Rd, Poinsetta, Oasis

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundatio
( ) Basement with Plumbing
( ) Basement without Plumb

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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 (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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Emma Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-3-17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 149 Oasis Rd, identified as PIN(Parcel Identification Number) 4636-42-9448, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ _____
Signature of Owner Date

_____ _____
Signature of Witness Date

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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LA/Co Luxury Homes	P.O. Box 3792 Mooresville, NC 28117	704 516-2344	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ken & Diane Burke	149 Oasis Lane Mooresville NC 28117	631-831-2937	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
149 Oasis Lane Mooresville NC 28117	Stutts Cove	23

Driving Directions: Brawley school, Left Stutts Rd Rt on , Left on Oasis, Lot on Left

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
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

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 ( ) 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 (X) Conventional (X) Innovative ( ) Modified Conventional ( ) Other _____

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

9. Signature: _____ 9/10/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Kent & Diane Burke, am the legal owner(s) of the property located at 149 Cates Ln, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636429452, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Ray Troutt / Lattie Heating, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Signature of Owner(s) — Date: 4/10/12

Signature of Witness — Date: 4/10/12

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hartlage@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

Paid $350.00 Statesville
11-12-13 PH

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:
Place an (X) *beside whichever is submitted if applicable*
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Stutts Cove LLC **Address:** 156-B Raceway Dr Mooresville NC 28115 **Phone:** 704 361-0032

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

Property Information:

Street Address: 149 Oasis Dr

Subdivision Name: Stutts Cove **Section/Phase:** _____ **Lot Number:** 23

Driving Directions: BSR, TL Stutts, TR Poinsettia, TL Oasis, on Lt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

(X) 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:

(X) 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:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

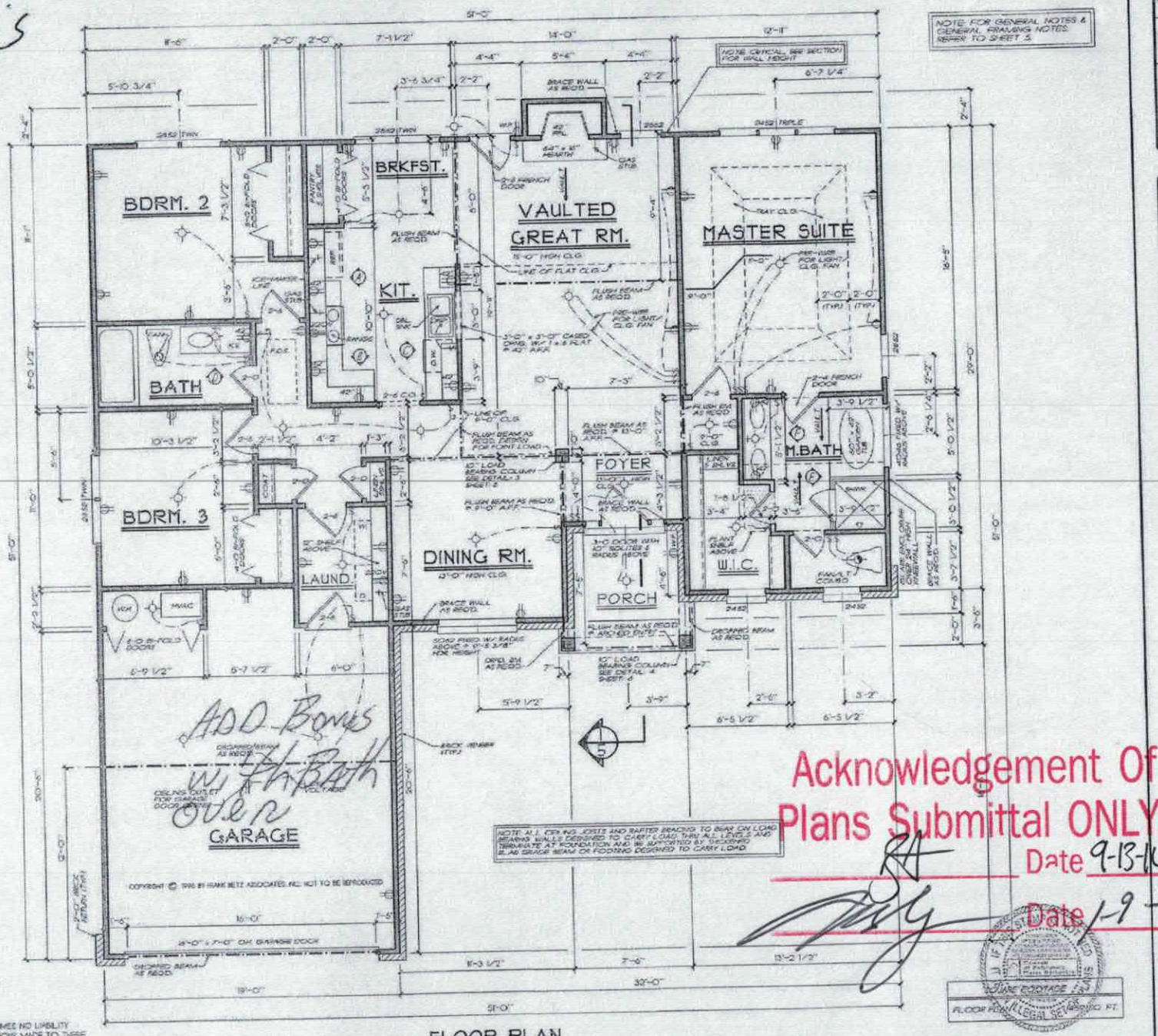
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

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

11/12/2013
DATE

149 OAS.S
Floor
PLAN



FLOOR PLAN

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

Acknowledgement Of
Plans Submittal ONLY!
Date 9-13-16
Date 1-9-17

SQUARE FOOTAGE
FLOOR PLAN
ILLEGAL SETBACKS
SQ. FT.

HOMEPLANS

FLOOR PLAN
THE LIVINGSTON

FBA
FRANK BETZ ASSOCIATES, INC.
1800 LAKE PARK DRIVE/SUITE 101
SMYRNA, GEORGIA 30080
(770) 435-2666

SHEET 4 OF 6

IREDELL COUNTY

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

APPLICATION NUMBER
200047
Issue Date: 11/08/2013

Permit Type: IMPROVEMENT PERMIT

Parcel Number	Street Address	Jurisdiction
4636429448.000	149 OASIS DRIVE	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: STUTTS COVE LLC Address: 156 B RACEWAY DR MOORESVILLE, NC 28117 Phone:	Applicant: ATHANAS, MICHAEL Address: 1999 CANDLEWICK DR FORT MILL, SC 29715 Phone: 803-802-4402	Contractor: ATHANAS, MICHAEL Address: 1999 CANDLEWICK DR FORT MILL, SC 29715 Phone: 803-802-4402 License Type: SI1 License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 11/08/2013

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	305	TOTAL FEES:	$ 350.00