IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200045

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

PIN # 4636437120

APPLICANT: Koehler Homes APPLICANT ADDRESS: 167 Maple View Dr. Troutman, NC 28166

SITE ADDRESS: 119 Oasis Dr Mooresville, NC 28117 PHONE: ALT. PHONE: 704 578-4951 (Kathleen)

SITE DIRECTIONS: Brawley School Rd TL Stutts TR Poinsettia Ln lot on Corner of Poinsettia & Oasis

SUBDIVISION: Stutts Cove SECTION: 2 LOT # 33 LOT AREA: .73 Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .3 Tot. / .1 Rep

Septic Tank	1000	(gal)	STB	760	Date	7-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply				
Pump Tank	1000	(gal)	PT	363	Date	6-18	System Description:	Pump PM-25% Reduction				☐ Business	No. Persons	10	☒ Private				
Pump Make	Zoeller		Model	N-151	Serial #		Repair System Description:	Drip Irrigation				☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1		# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community				
Trench Width	36"		Max. Trench Bottom Depth	18"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group, PA (dated 2/15/17 approved 3/4/17)

AS BUILT SKETCH

1/2" 40 TARS

	Date	Initials
Drain Lines Checked		BenA.
Tanks Checked		↓
Pressure Manifold or Valve Box Checked		↓
Pressure Head Set	10-16-17	KW
Electrical Checked	10-16-17	KW
Floats Set BenA.	10-16-17	KW
Alarm Checked		
Maintenance Contract Y (N) not Required		
Comments: * 10-16-17 Still need 3" riser to be 6" in above grade	* 10/17/17	BB.

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: Kathleen Sanders Date: 3-6-17 Installed by: Shannon - Groundbreaker

IMPROVEMENT PERMIT by: Maja Dotson Date: 3/4/17 OPERATION PERMIT by: Benjamin A. Bottoms Date: 10/17/2017.

AUTHORIZATION TO CONSTRUCT by: B. Bottoms Date: 3/28/17 Existing System Inspected by: Date:

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


L26
L27
L28
L18
L20
L14
L15
L16
L17
L5
C5
C18
C19
C20
C3
C4
100 SET
101 SET
102 SET
103 SET
104 SET
68
67
48
49
47
46
45
44
92
X 70' TRIANGLE
SIGHT
84.40'
N 63°53'54" E
128.87' TOTAL
44.48'
4.13'
35' MBL
247.16'
25' MBL
N 70°32'16" E
(TIE TO MONUMENT)
N 59°00'46" E
300.54'
LOT 34
0.70 AC.
0.23 AC.
118.05'
382.70'
120.88'
N 27°32'52" W
LOT 51
0.74 AC.
N
315.75'
N 25°52'36" W
LOT 50
0.84 AC.
346.13'
N 24°02'42" W
OLD PINE DRIVE
45' PUBLIC R/W
10' X 70' SIGHT TRIANGLE
Approved
3/4/17
1" = 50'
(TYP)

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: __Sutts Cove Lot 33 _____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private Public Ξ 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%	0-20	R C SBK/WABK	FR SS SP		53"	F-C SAP INCL		PS 0.3
		20-53	R CL WSBK	FR SS SP					
2	LS 5%	0-28	R C ABK	FR SS SP		54"	COM SAP		PS 0.3
		28-54	R CL WSBK/WABK	FR SS SP					
		SAP @ 36"							
3	LS 13% SAP @ 22"	0-30	R C SBK	FR SS SP		30"			PS 0.3
		30-58	Ver SL SAP M	VFR SS SP					
4	LS 7% Swale 20" SAP	0-12	R C SBK	FR SS SP		33"	F-C SAP INCL		PS 0.3
		12-33	R CL WSBK	FR SS SP					
		33-60	Ver SL SAP M	VFR SS SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _M A & Associates _____
OTHER(S) PRESENT: _____
Verified LTAR ICHD

COMMENTS: _____

RECEIVED MAR 2 8 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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 SUBMITT 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: (X) 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: ~~Ronald~~ Koehler Homes Inc **Address:** 167 Maple View Dr Troutman 28166 **Phone:**

Owner Name: David & Annie Crutchfield **Address:** **Phone:**

Property Information:

Street Address: 119 Oasis Dr Mooresville 28117

Subdivision Name: Stutts Cove **Section/Phase:** **Lot Number:** 33

Driving Directions: BSR, L on Stutts Rd, R on Poinsettia Ln, Lot on corner of 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 max
( ) 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 Helt 2/15/17

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

Limited Redraw

IREDELL COUNTY HEALTH DEPARTMENT

Change from 4 BDR to 3 BDR

ENVIRONMENTAL HEALTH DIVISION Paid $75.00

PAGE 1: *APPLICATION FORM*

RECEIVED FEB 15 2017

Application For: ( ) New Well Permit ( ) Well Repair Permit #20004S ( ) Well Abandonmen
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Rep*

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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: Broad Koehler Homes Inc **Address:** 167 Maple View Dr Troutman **Phone:**

Owner Name: David & Annie Crutchfield **Address:** 28166 **Phone:**

Property Information:

Street Address: 119 Oasis Dr Mooresville 28117

Subdivision Name: Stutts Cove **Section/Phase:** **Lot Number:** 33

Driving Directions: BSR, L on Stutts Rd, R on Poinsettia Ln, lot on corner of 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 max
( ) 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.

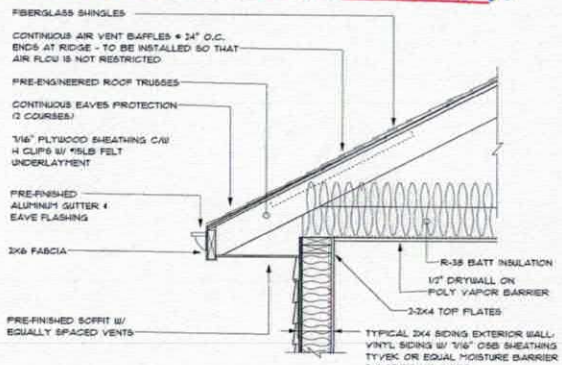
Signature: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/15/17
DATE

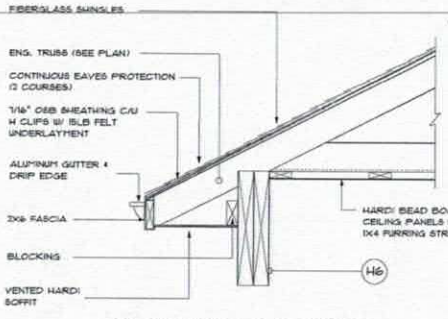
Acknowledgement of
Plans Submittal ONLY!

Kathleen Saunders Date 3-28-17

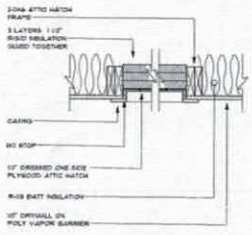
B. Botkin Date 3-30-17



WALL DETAIL



PORCH HEADER FRAMING



ATTIC HATCH

H1 (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS

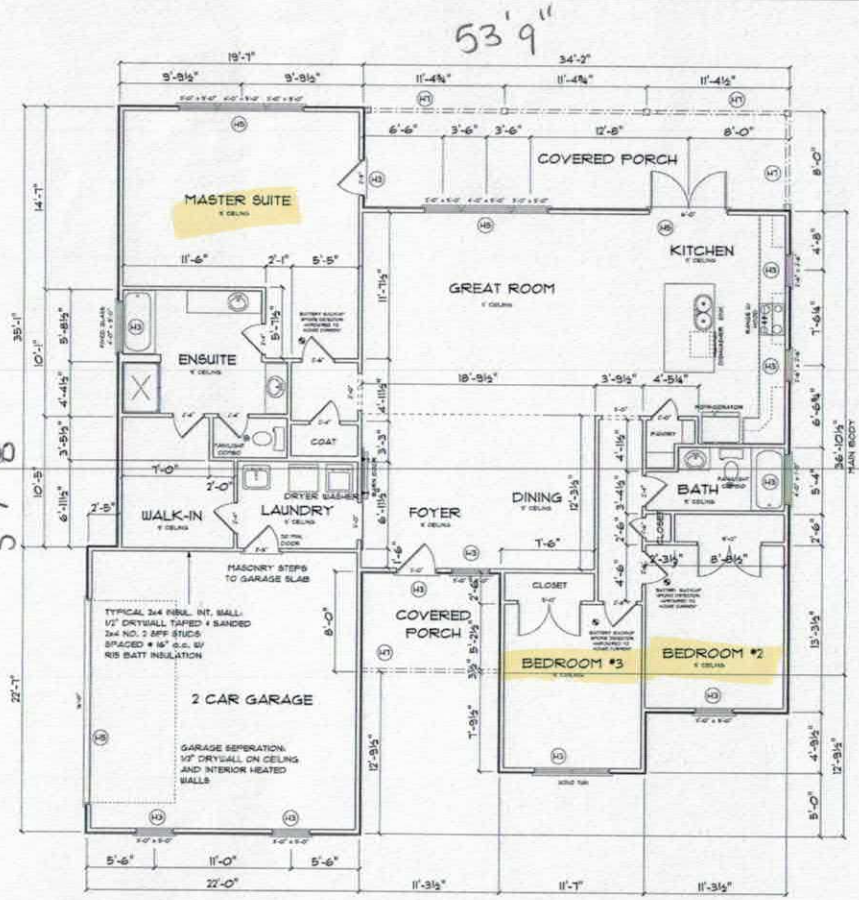
H2 (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS

H3 (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

H4 (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

H5 ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

H7 PT ENGINEERED PSL BEAM (SIZED BY SUPPLIER)



MAIN FLOOR PLAN

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

1987 HEATED SQ. FT.

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT GUARANTEE THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED UNDER VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE: FLOOR PLAN

PROJECT INFORMATION: CRUTCHFIELD RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: FEBRUARY, 2017
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
704.855.3824

SHEET NO. A2

IREDELL COUNTY

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

APPLICATION NUMBER
200045
Issue Date: 02/15/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636437120.000	119 OASIS DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STUTTS COVE LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 156 B RACEWAY DR MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	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	93480	TOTAL FEES:	$ 77.25