IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 223247

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

PIN # 4636511360

APPLICANT: Michael Cole | APPLICANT ADDRESS: 194 Shoreline Lp Mooresville NC

SITE ADDRESS: 138 Bluewing Ln Mooresville, NC 28117 | PHONE: 7049753985 | ALT. PHONE: 7043600102

SITE DIRECTIONS: Brawley School Rd TL Stutts TR Bluewing on rt @ intersection with Ensign

SUBDIVISION: Commodore Peninsula | SECTION: 2 | LOT # 289 | LOT AREA: .25Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

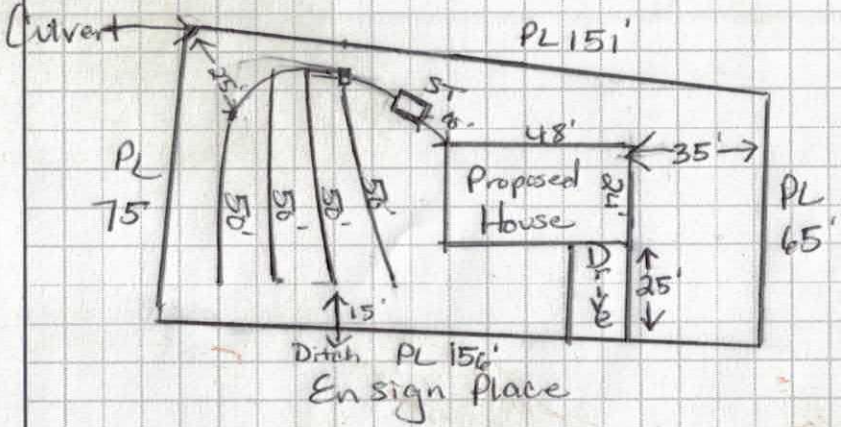
Septic Tank	1000	(gal)	STB 825	Date	8/15/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 50% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Exempt - Lot deeded prior to 1983			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	200ft	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	min 24"	Max. Trench Bottom Depth	33"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Keep Septic System at least 5ft from PL & 15ft from any "cut" 2ft or greater

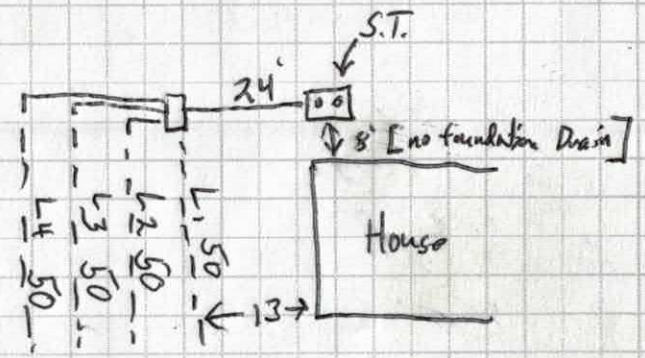
INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH

10/12/17: Mid-seam 1000-gal conc. tank (Rowan) w/a Tuff-tite EF-6. Effluent filter. -200 L.F. of PVCPS installed @ 33" TB.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/16/16 Installed by: Kevin Kirkpatrick (Rowan Septic)

IMPROVEMENT PERMIT by: Maria Dotson Date: 12/16/16 OPERATION PERMIT by: Sam Shuck Date: 10/11/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 12/20/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michael Cole, APPLICATION DATE
ADDRESS: DATE EVALUATED: 12/8/16
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 3 bdrm PROPERTY SIZE:
LOCATION OF SITE: 138 Buewing M'ville PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-2"	Top Soil						PS
		2-14"	R C/Cl	w SBK SS, SP, SExp, FR					
		14-36	R Cl	w SBK SS, SP, SExp, FR					.3
		36-44"	R C	m-w SBK SS, SP, SExp, FR					
		45"	Hit rock that couldn't auger thru						
2	4%	0-4"	Top Soil	SCL GR, FR, SS, SP, SExp					PS
		4-34"	R C	m SBK SS, SP, SExp, FR					
		34-48"	Rd to Rd/Bw	Cl m-w SBK SS, SP, SExp					.3
			Few to many	SAP	Incls				
3	5%	0-24"	Rd C/Cl	m-w SBK SS, SP, SExp, FR					PS
			w/ Common Mica Flakes						
		24-48"	Bw to	Rd/Bw	SC to SCL	w SBK, SS, SP, SExp, FR			.3
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Exempt
System Type(s)	PPBPS	Partial PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): Recorded prior to 1983
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

RECEIVED NOV 17 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)

Paid $500.00

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

#223247

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 #
Michael Cole	194 Shoreline Loop 28117	7049753985	704-360-0102
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael Cole	194 Shoreline Loop Mooresville NC 28117	704-975-3985	704-360-0102

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Bluewing Lane 28117	Commodore Peninsula	52 L289

Driving Directions: Brawley School, L on Stutts, R on Bluewing, lot is on Corner of Ensign & Bluewing

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 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
X 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:**

( ) New Well ( ) Existing Well X 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 ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** _____ 11/17/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $42.00 Purchase Price: $21,000.00

Parcel Identifier No. 4636511360 Verified by _____ County on the ____ day of _____, 20____
By: _____

Mail/Box to: Grantee

Instrument prepared by: Ben S. Thomas of THOMAS & GODLEY, PLLC, 514 Williamson Road, Ste. 421, Mooresville, NC 28117
File# 2016116976
Title Insurance Company: Statewide Title, Inc.

Brief description for the Index: **Lot 289 Commodore Peninsula**

THIS DEED made this 11/08/16, by and between

GRANTOR	GRANTEE
Marc C. Nagy and spouse Jettye L. Nagy, as Trustees of The Marc C. Nagy Living Trust 18019 Whispering Oaks Cornelius, NC 28031	**Michael B. Cole** **Property Address:** 289 Bluewing Lane Mooresville, NC 28117 **Mailing Address:** 194 Shoreline Loop Mooresville, NC 28117

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Iredell County, North Carolina and more particularly described as follows:

Being All of Lot Number 289 of Lakeside Park Subdivision (a portion of Commodore Peninsula Subdivision), as shown on map recorded in Book 7, Page 16, Iredell County Registry.

Delinquent property taxes, if any, are to be paid by the closing attorney to the county Tax Administrator upon disbursement of the closing proceeds.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1837, Page 1723.

All or a portion of the property herein conveyed ___ includes or ✓ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Book 7; Page 16.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

1. Any and all easements, rights of way and restrictions of record.
2. Any and all zoning and planning ordinances.
3. Any discrepancies as an accurate survey of the premises might reveal.
4. Any and all other matters of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing.

Marc C Nagy (SEAL)
Marc C. Nagy, Trustee

J L Nagy (SEAL)
Jettye L. Nagy, Trustee

_____(SEAL)

_____(SEAL)

_____(SEAL)

_____(SEAL)

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County and State aforesaid, certify that Marc C. Nagy Trustee and spouse Jettye L. Nagy as Trustees of the Marc C. Nagy Living Trust personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 10 day of December, 2016

My Commission Expires: March 4, 2017
(Affix Seal)

Pearl S. Hughey
Pearl S. Nagy Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County and State aforesaid, certify that _____

Witness my hand and Notarial stamp or seal, this _____ day of _____, 20___.

My Commission Expires:_____
(Affix Seal)

_____ Notary Public
Notary's Printed or Typed Name

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

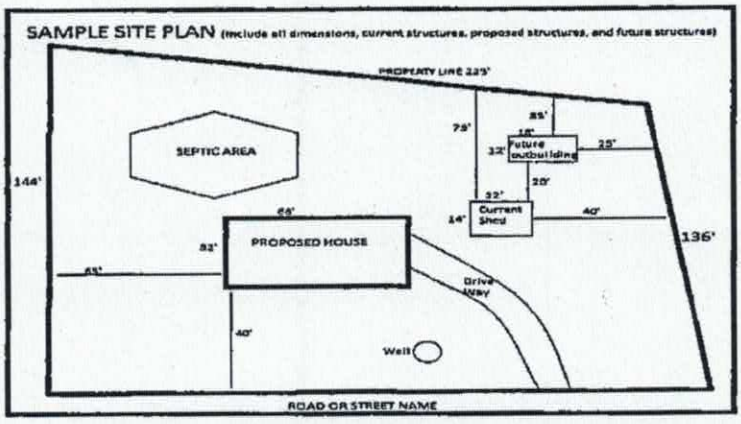
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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

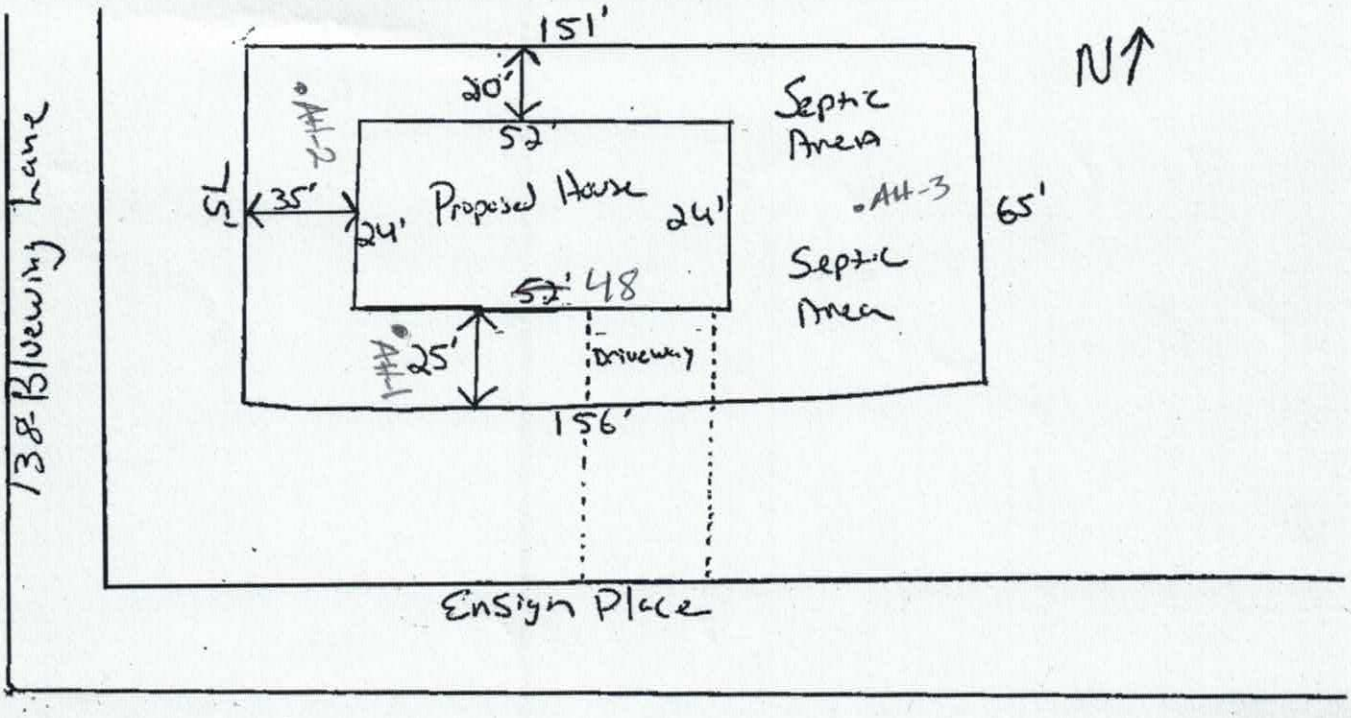
- X Front and side setbacks from property line...
- X Preferred driveway location and configuration, preferred well location...
- X Area you prefer your septic system to be placed...
- X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- X Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- N/A Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 11/17/2016

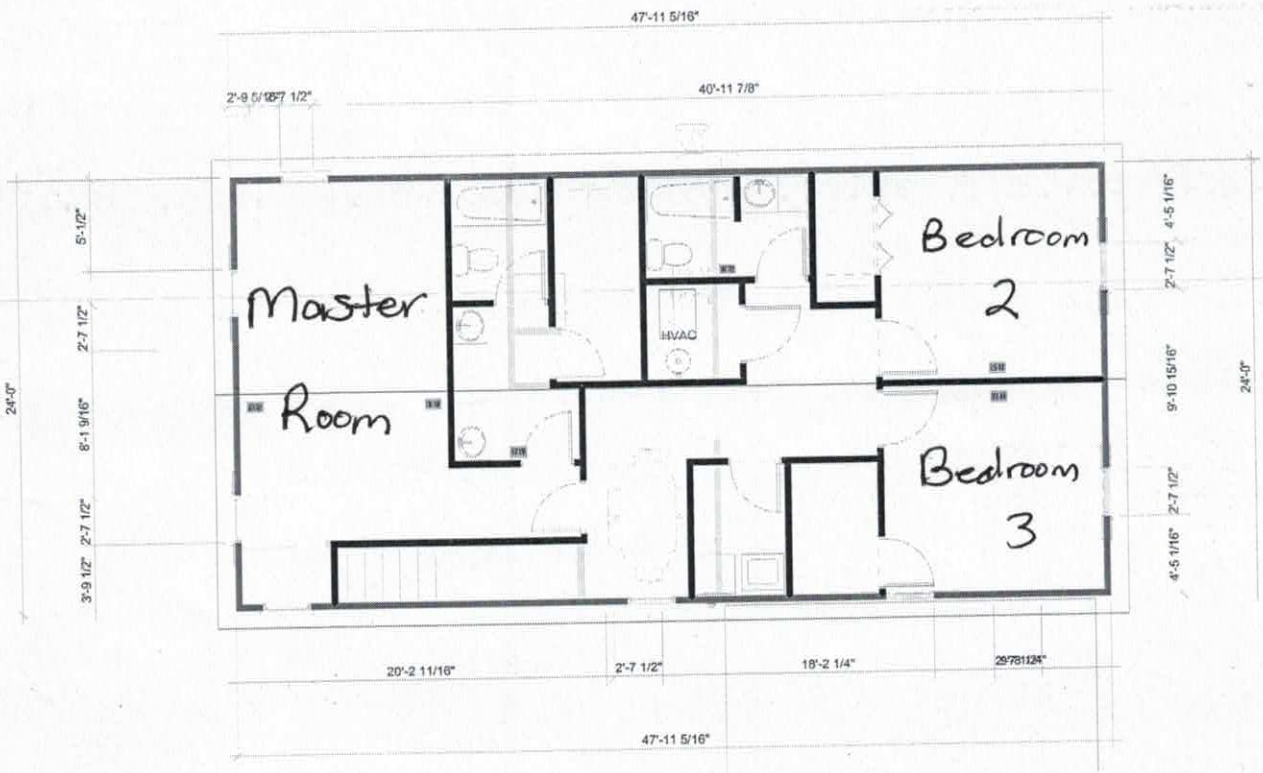
REQUIRED property owner or owner's legal representative signature. **DATE**

Michael Cole
138 Bluewing



1st Floor

Acknowledgement Of
Plans Submitted ONLY!
Maria Dotson 12/20/16
Date 12/20/16



2nd floor

Acknowledgement Of
Pl[illegible] S[illegible]l ONLY!
Maria Dotson 12/20/16
Date 12/20/16

IREDELL COUNTY

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

APPLICATION NUMBER
223247
Issue Date: 11/17/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636511360.000	138 BLUEWING LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NAGY MARC C LIVING TRUST	Applicant: COLE, MICHAEL
Address: 18019 WHISPERING OAKS CORNELIUS, OH 28031	Address: 194 SHORELINE LP MOORESVILLE, NC 28117
Phone:	Phone: 704-360-0102

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.250	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	86058	TOTAL FEES:	$ 77.25