ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP313786

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

PIN # 4636 70 6081

APPLICANT/OWNER: Sevya Homes

APPLICANT ADDRESS: 158 Canoe Pole Ln Mooresville NC 28117

SITE ADDRESS: 105 Mainview Dr Mooresville NC 28117

PHONE: 508-361-4189 ALT. PHONE 508-395-1020

SITE DIRECTIONS: Brawley School Rd to L on Stutts Rd, L on Commodore Lp, R on Mainview Dr, Lot on L

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Commodore Peninsula

SECTION: SHT2 LOT # 181+182 LOT AREA: 0.47 acres

DESIGN FLOW: 600GPD L.T.A.R.: Existing

Septic Tank	EXISTING (gal)	STB	Date
Pump Tank	(gal)	PT	Date
Pump Make	Model		Serial #
# Nitrification Fields	# Lines		Linear Ft:
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth Existing

[ ] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 6

[ ] Business No. Persons 12

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

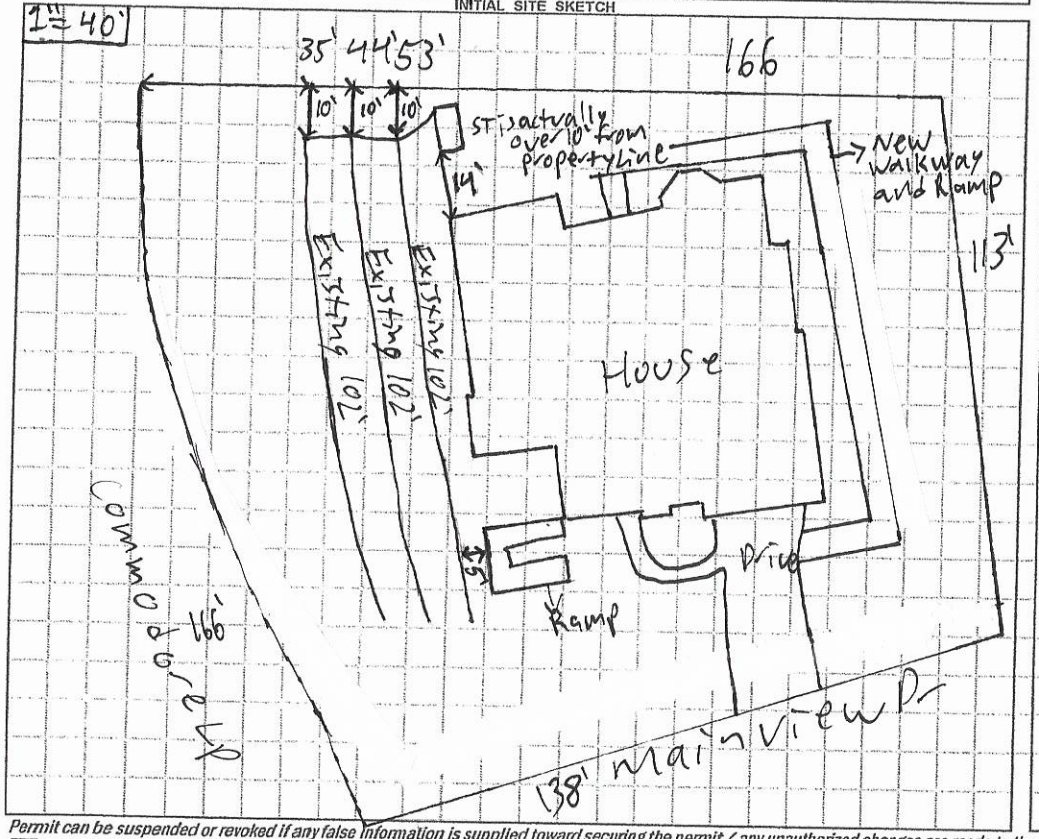
[ ] Basement w/plumbing [ ] Basement w/o plumbing

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

Comments / Conditions: DO NOT drive on, store material or manipulate drainfield in any way. Any footers for Ramps must be 5' off of any part of septic.

INITIAL SITE SKETCH

1" = 40'



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: Y. Lavishna Reyes Date: 3-3-21

Installed by:

IMPROVEMENT PERMIT by: Date:

OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

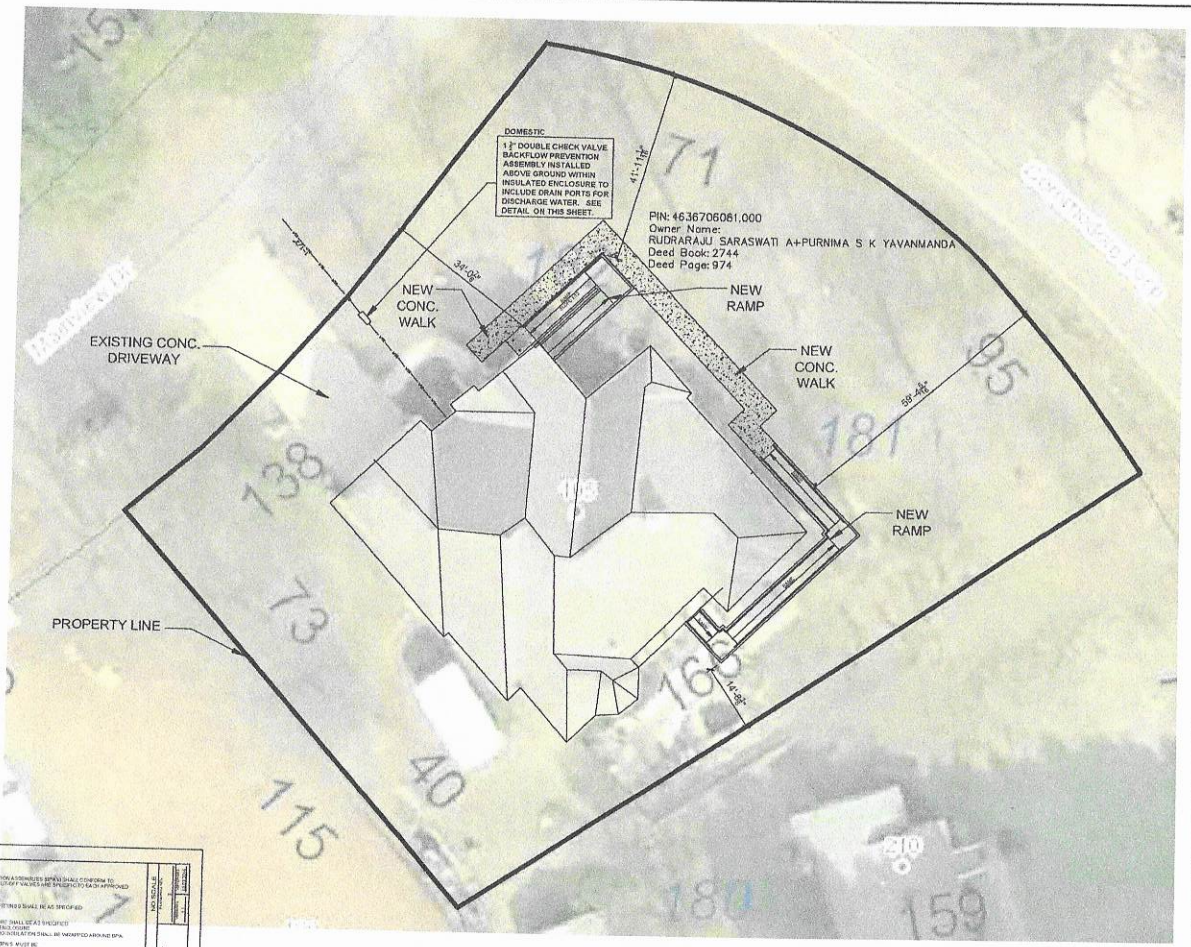
Existing System Inspected by: Patrick J Byrne III Date: 3/1/2021

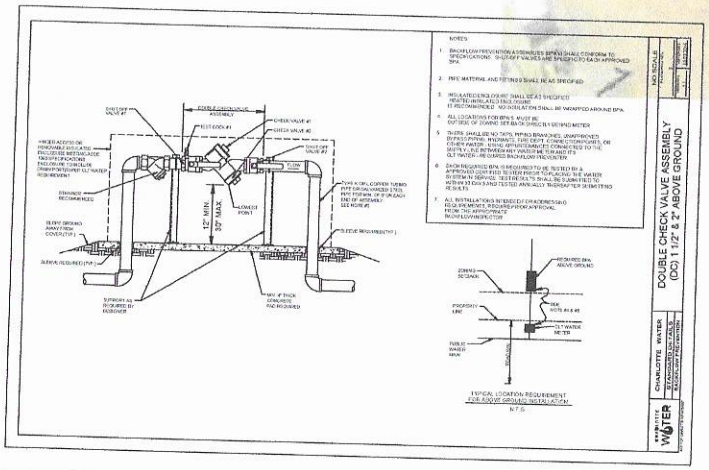
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

ALL CONSTRUCTION MUST CONFORM TO THE UNDERGROUND UTILITY PROTECTION ACT

BEFORE YOU DIG
CONTACT ONE-CALL CENTER
1-800-632-4949

1. CONTRACTOR IS FULLY RESPONSIBLE FOR CONTACTING APPROPRIATE PARTIES AND ASSURING THAT EXISTING UTILITIES ARE LOCATED PRIOR TO CONSTRUCTION.
2. CONTRACTOR IS RESPONSIBLE FOR PLACING BARRICADES USING FLAG MEN, ETC. AS NECESSARY TO INSURE SAFETY TO THE PUBLIC.
3. ALL PAVEMENT CUTS, CONCRETE OR ASPHALT, ARE TO BE REPLACED ACCORDING TO STANDARDS OF THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION AND CHARLOTTE–MECKLENBURG UTILITIES SPECIFICATIONS.
4. SHORING WILL BE ACCORDING TO OSHA TRENCHING STANDARDS PART 1926 SUBPART P, OR AS AMENDED.





SITE PLAN
SCALE 3/32" = 1'-0"
1
C-001

Purnima Siva Kumari,
Yavanamanda
105 Mainview Drive
Mooresville, NC 28117

CONSTRUCTION DOCUMENT

105 MAINVIEW DRIVE
2018 NCSBC 2018 428.4 RESIDENTIAL CARE HOME RENOVATION
105 MAINVIEW DRIVE
Mooresville, NC 28117

PROJECT NUMBER

ISSUE DATE:
02-24-21

REVISIONS

No.	DATE
No.	DATE
No.	DATE
No.	DATE
No.	DATE
No.	DATE

SITE PLAN

001

RECEIVED JAN 5 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $250.00 Change of Use AP-313786

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 See Flow Reduction Plan

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: SEVYA HOMES **Address:** 158 Canoe Pole Ln, Mooresville **Zip:** 28117
Applicant Email: yvkraju@yahoo.com **Phone:** 508-361-4189 **Alt. Phone:** 508-395-1020
Owner Name: Krishna Raju Yavanamanda Venkata **Address:** 158 Canoe Pole Ln, Mooresville **Zip:** 28117
Owner Email: yvkraju@yahoo.com **Phone:** 508-361-4189 **Alt. Phone:**

Property Information:

Street Address: 105 Mainview Dr, Mooresville, NC 28117
Subdivision Name: Commodore Peninsula **Section/Phase:** **Lot Number:** 181&182
Driving Directions: Take Exit 35 on 77 towards Brawley School Rd, Turn Left on Stuts Rd, Turn right on Main Vew Dr.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(☑) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

CHECK FOUNDATION TYPE
(☑) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: FAMILY CARE HOME
Square Footage of Building: 2,841 **Max. Number of Employees:** 2 **Max. Number of Seats/Beds/Other:** 6

Water Supply: ( ) Replacement Well – Reason: Additional 1 Staff of in 2 Shifts.
( ) Multi-connection Well **Number of Houses:** One **Number of Persons:** 6

( ) 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:** 2006
( ) 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: Y. V. Krishna Raju 12/28/2020
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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, Purnima Siva Kumari Yavanamanda, am the legal owner(s) of the property located at 105 Main View Drive, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636706081.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Krishna Raju Yavanamanda, SEVYA HOMES, 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.

Y.V. Krishna Raju
Signature of Owner(s)

12/28/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

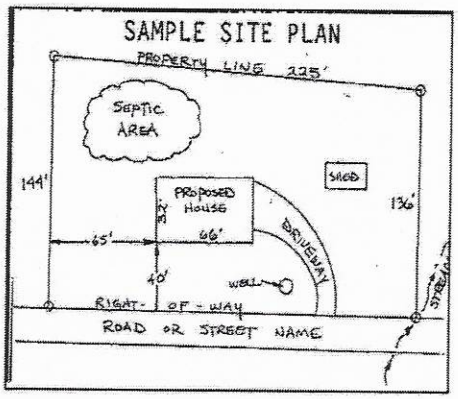
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: Y.V. Krishna Reju

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

12/28/2020

DATE

Duplicate 9-28-2016 2007 2:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 113721 PIN# 4636706081 DATE 12-1-06

OWNER OR APPLICANT Georgina Brustmaker PHONE: Business 704-819-6630 Home

ADDRESS 9214 Culcairn Rd Huntersville 28078

LOCATION Brawley School Rd TL Stutts TL Commodore Lp on corner of Mainview

SUBDIVISION Commodore Peninsula BLOCK / SECTION LOT 181-182 LOT AREA .47 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 5-29-07
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

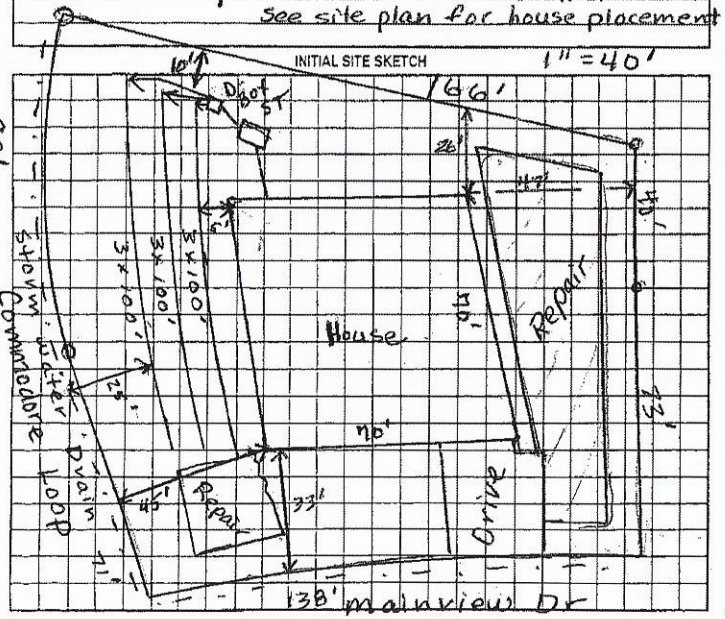
Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: D-Box w/ speed levelers or flow splitter such as Zoeller See site plan for house placement details

Comments/Conditions: Filter installed in ST

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH

Installed Quick 4 Infiltrator Drainfield As Shown Used "4 Built In" Drop Boxes

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. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Georgina Brustmaker date 12-1-06

Improvement Permit by: Judy Melville date 12-1-06

Authorization to Construct by: Judy Melville date 12-1-06

Installed by: Rowan Septic LLC

Operation Permit by: [illegible] date 7/11/07

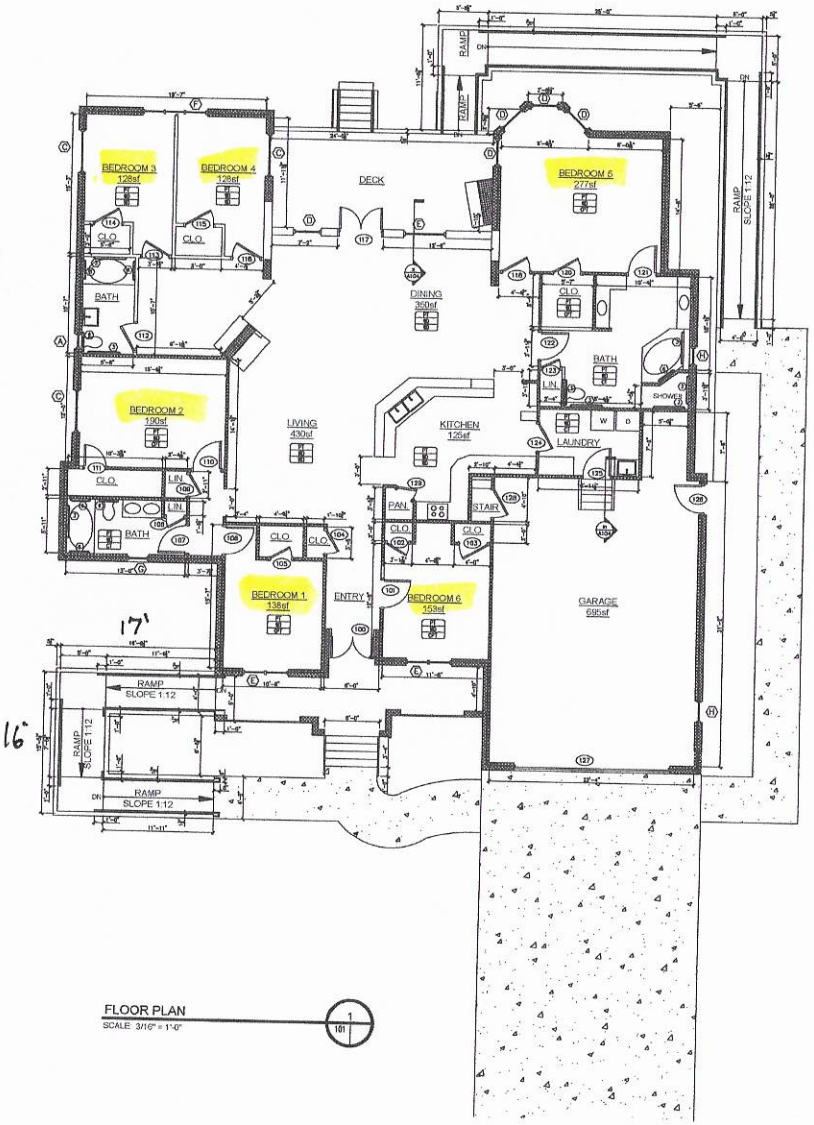
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Acknowledgement Of Plans Submittal ONLY!

Y. V. Krishna Raju Date

Patrick J Bagley Date 3/1/2021



FLOOR PLAN
SCALE: 3/16" = 1'-0"

WALL LEGEND

EXISTING WALL
NEW WALL
EXISTING WINDOW

NOTE: ALL INTERIOR WALLS 5" OWG BOTH SIDES 5.5" WOOD STUD W PAINTED WOOD WALL BASE

TOILET ACCESSORIES SCHEDULE

MARK	DESCRIPTION	REMARKS
TA-1	TOILET PAPER DISPENSER	
TA-2	24" GRAB BAR @ 36" IN ABOVE FINISH FLOOR	
TA-3	42" GRAB BAR	
TA-4	42" GRAB BAR	
TA-5	36" GRAB BAR	
TA-6	SOAP DISH	
TA-7	24" GRAB BAR	

FINISH LEGEND

TAG	DESCRIPTION
WALL	
PT	FINISH PAINT – COLOR(S) SELECTED BY ARCHITECT
EP	EPOXY PAINT – COLOR(S) SELECTED BY ARCHITECT
CT	CERAMIC TILE – COLOR(S) SELECTED BY ARCHITECT
BASE	
WB	WOOD BASE – COLOR(S) SELECTED BY ARCHITECT
FLOOR	
WD	WOOD
CPT	CARPET TILE – COLOR(S) SELECTED BY ARCHITECT
LVT	VINYL TILE – COLOR(S) SELECTED BY ARCHITECT

NOTE: 1. PROVIDE TRANSITIONS BETWEEN FINISHES
2. ARCHITECT CAN CHOOSE UP TO TWO ACCENT COLORS PER ROOM.

GENERAL NOTE:
ALL INTERIOR FINISHES TO COMPLY WITH NC FIRE CODE SECTION 803.1

Purnima Siva Kumari,
Yavanamanda
105 Mainview Drive
Mooresville, NC 28117

CONSTRUCTION DOCUMENT

105 MAINVIEW DRIVE
2018 NCSBC 2018 428.4 RESIDENTIAL CARE HOME RENOVATION
105 MAINVIEW DRIVE
Mooresville, NC 28117

PROJECT NUMBER

ISSUE DATE:
02-24-21

REVISIONS

No.	DATE
No.	DATE
No.	DATE
No.	DATE
No.	DATE
No.	DATE

FLOOR PLAN

101

IREDELL COUNTY

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

APPLICATION NUMBER
310265 Issue Date: 08/21/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636706081.000	105 MAINVIEW DR	Iredell County

Owner Information	Applicant Information
Name: BRUSTMAKER GEORGJINA	Name: Krishna Raju & Purnima Yavanamanda
Address: 105 MAINVIEW DR MOORESVILLE, NC 28117	Address: 158 Caonoe Pole LN Mooresville, NC 28117
Phone:	Phone: (508)361-4189

Use Requested	Zone Code
Family Care Home	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.47	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks

Family Care Home

A family care home is a home with support and supervisory personnel which provides room and board, personal care and habilitation services in a family environment for not more than six resident handicapped persons.

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.

Y.V. Krishna Raju
Signature of Owner/Contractor

Date: 08/21/2020

Permit Number	310265

TOTAL FEES:	$77.25