IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222351

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

PIN # 4637-02-8849

APPLICANT: LINDA HOLIDAY APPLICANT ADDRESS: Po Box 4825 MOORESVILLE, 28117

SITE ADDRESS: 438 CULPEZE RD. MOORESVILLE PHONE: 704-402-0403 ALT. PHONE:

SITE DIRECTIONS: BLUME, BEATEN PATH, CULPEZE, ON L

SUBDIVISION: CL&T SECTION: 9 LOT # 140 LOT AREA: .69 AC DESIGN FLOW: 240 L.T.A.R.: —

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft: ____
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVEL BED
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

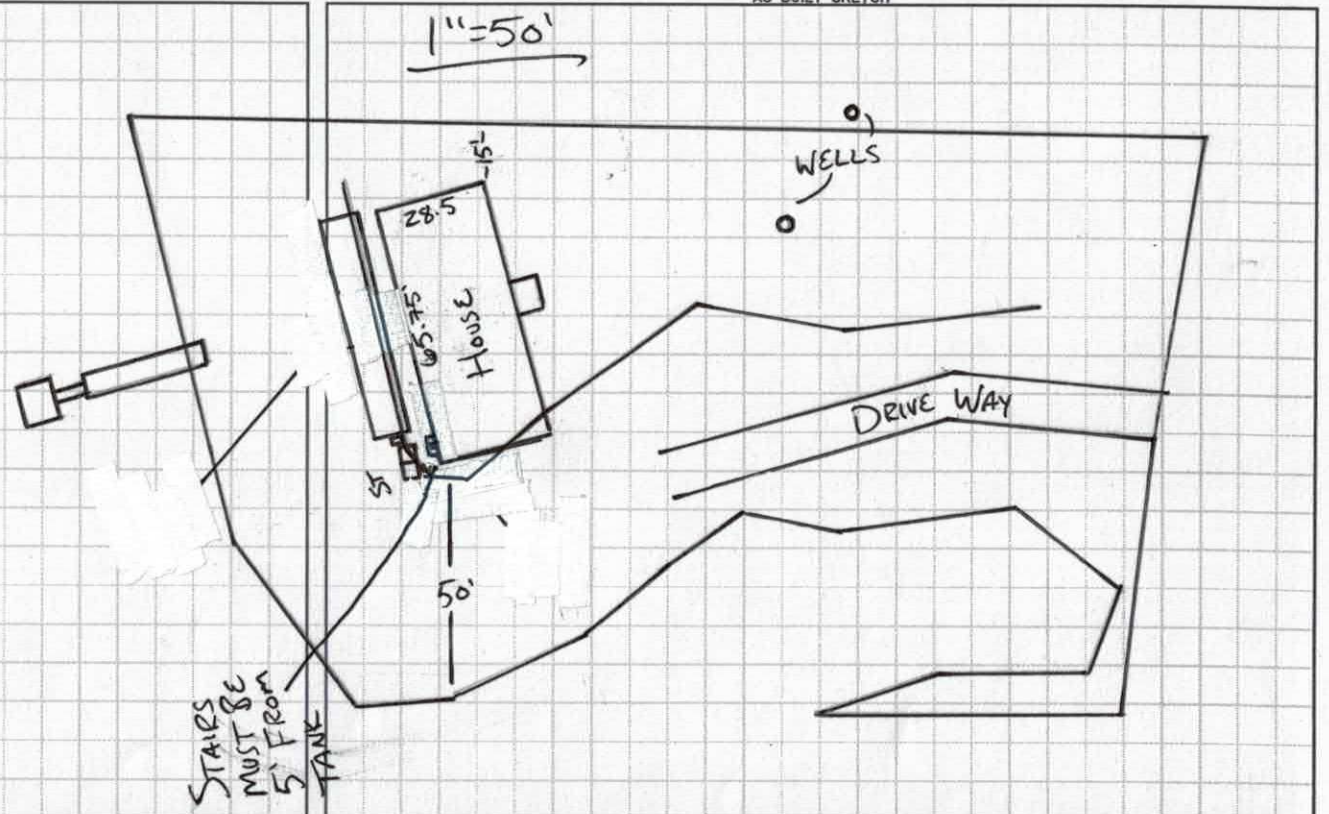
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: NO DECK, PORCH OR WALKWAY POSTS W/IN 5' OF SEPTIC

INITIAL SITE SKETCH

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: Linda Holiday Date: 4/18/17 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: RA Date: 4-4-17

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

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

Sheet:
PIN #:
Lot #:
Permit #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: LINDA HOLIDAY
Applicant:
Address:
Date Evaluated: 10/4/2016
Proposed Facility: Design Flow (.1949)
Property Size:
Location of Site:
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

Pit No. / Soil Bor. / Trench	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
AB 1	L 4%	0-22	RCMSBK	SS	—	48	S	48+	.3
		22-39	RCLMSBK	SS					
		39-48	RCLWSBK	SS					
		48+	LSAP						

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

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

#4 REBAR FOUND
#4 REBAR SET
CONC. MONUMENT FOUND
COMPUTED POINT
UTILITY POLE
FENCE LINE
OVERHEAD UTILITIES

APPROVED SEP 23 2015

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. LOT 139 MAY BE SUBJECT TO THE RESTRICTIONS AS SET FORTH IN DB 610, PG 01, IN THE IREDELL COUNTY REGISTRY.

4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.

5. TOTAL AREA OF LOT 139 IS 20,247 SQ. FT. OR 0.464 ACRES.

4637-028-849
James S. Thomas
Nancy S. Thomas
DB 1060, Pg 726

#4 REBAR SET ON LINE AT TOP OF BANK

FIELD LOCATE 760' LAKE CONTOUR

LB TOTAL 55.00'

LOT 139

50' REAR SETBACK FROM 760 CONTOUR PER PB 14 PG 104

HOUSE AND SCREEN PORCH CROSS INTO 50' SETBACK

WOOD BLDG

25' FRONT SETBACK

1 STORY WOOD

NEW WELL

WELL

ASPHALT DRIVE

10' SIDE SETBACK

S81°31'00"W 161.57'

S00°09'26"W 104.00'

4' WIRE FENCE

CULPEZE ROAD

60' Public R/W 20' EP TO EP

SUBJECT'S FENCE CROSS INTO ROAD RIGHT OF W

TIE LINE S10°25'5 77.12'

WOOD DOCK & PIER

BOAT RAMP

ADJOINER'S 4' SPLIT-RAIL FENCE

Garage (Not Foundation Drain)

Maximum Bldg Area

LAKE NORMAN

4637-028-587
Rafael Arespacochaga
Filomena Arespacochaga
DB 1946, Pg 925

TIE LINE 160.28'
N06°47'02"W

HOUSE DETAIL
SCALE
1"-30'

LINE TABLE		
LINE	LENGTH	BEARING
L1	41.83	N08°07'20"W
L2	10.20	N03°01'00"W
L3	11.66	N39°15'00"E
L4	56.61	N32°15'00"E
L5	30.58	N33°50'00"E
L6	23.84	S85°50'00"E
L7	31.42	N19°39'46"E
L8	76.65	N89°48'00"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	34.22	601.26	34.22	S01°47'50"W
TIE C2	70.77	601.26	70.73	S06°47'58"W

Graphic Scale
50 25 0 50
Scale of Drawing 1 Inch = 50 Feet

Physical Survey of 139 of Crescent Land & Timber Corp. Recreation Lots, Section

Professional Property Surveyors, Inc.
18335 Old Statesville Road
Ste. A, Cornelius, N.C. 28031

Property of
Tracy Moyer

Site Address:
142 Culpeze Road
Mooresville, NC 28117

As Recorded in
Deed Book 1911, Pg

RECEIVED OCT - 7 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 $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application # 222351

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
C&H Inc. dba Clayton Homes of Statesville	2026 Northside Dr. Stvl.		

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Linda Holliday	P.O. Box 4825 Mooresville, 28117	(704) 402-0403	

4. Property Information: CL;T S9 Lot 140

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Culpeper Rd. Mooresville, NC		PIN# 4637028782.000

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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 ( ) 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 ( ) 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: _____ 10/6/2016

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

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:

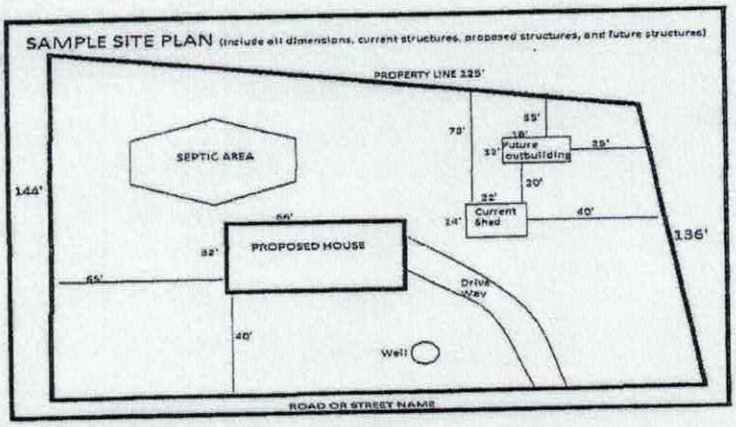
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**

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

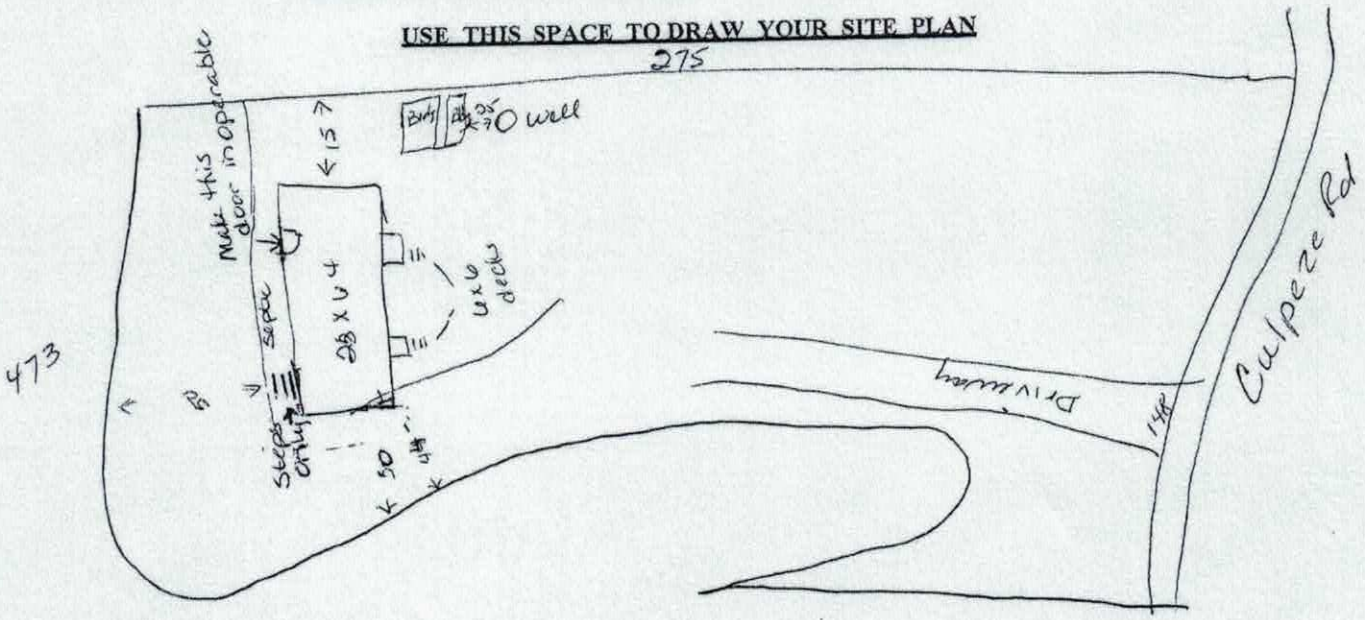
- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- NA **Area you prefer your septic system to be placed...**
- ✓ **North arrow, or other sufficient indicator of direction...**

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



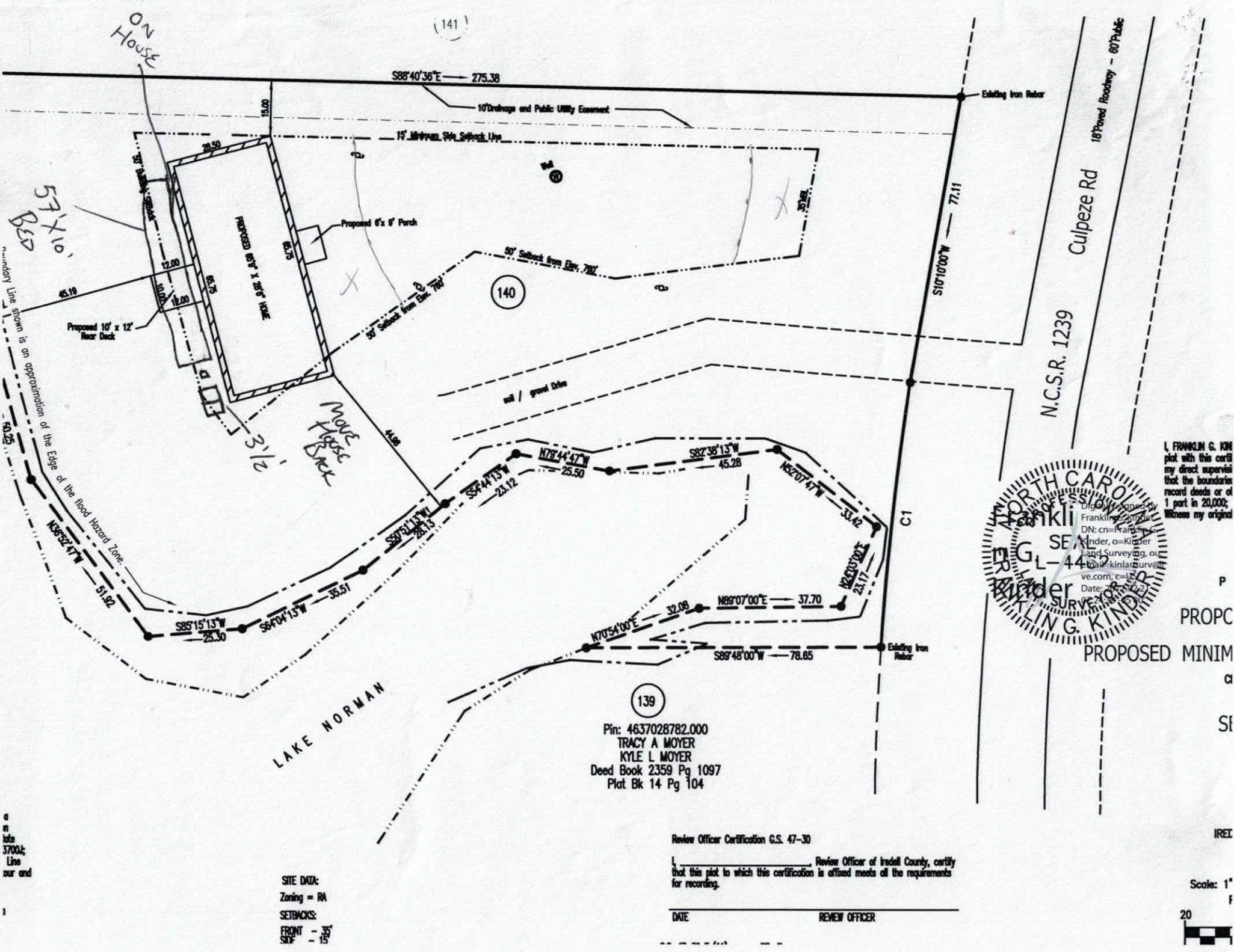
N1

Signature: Deena Hare

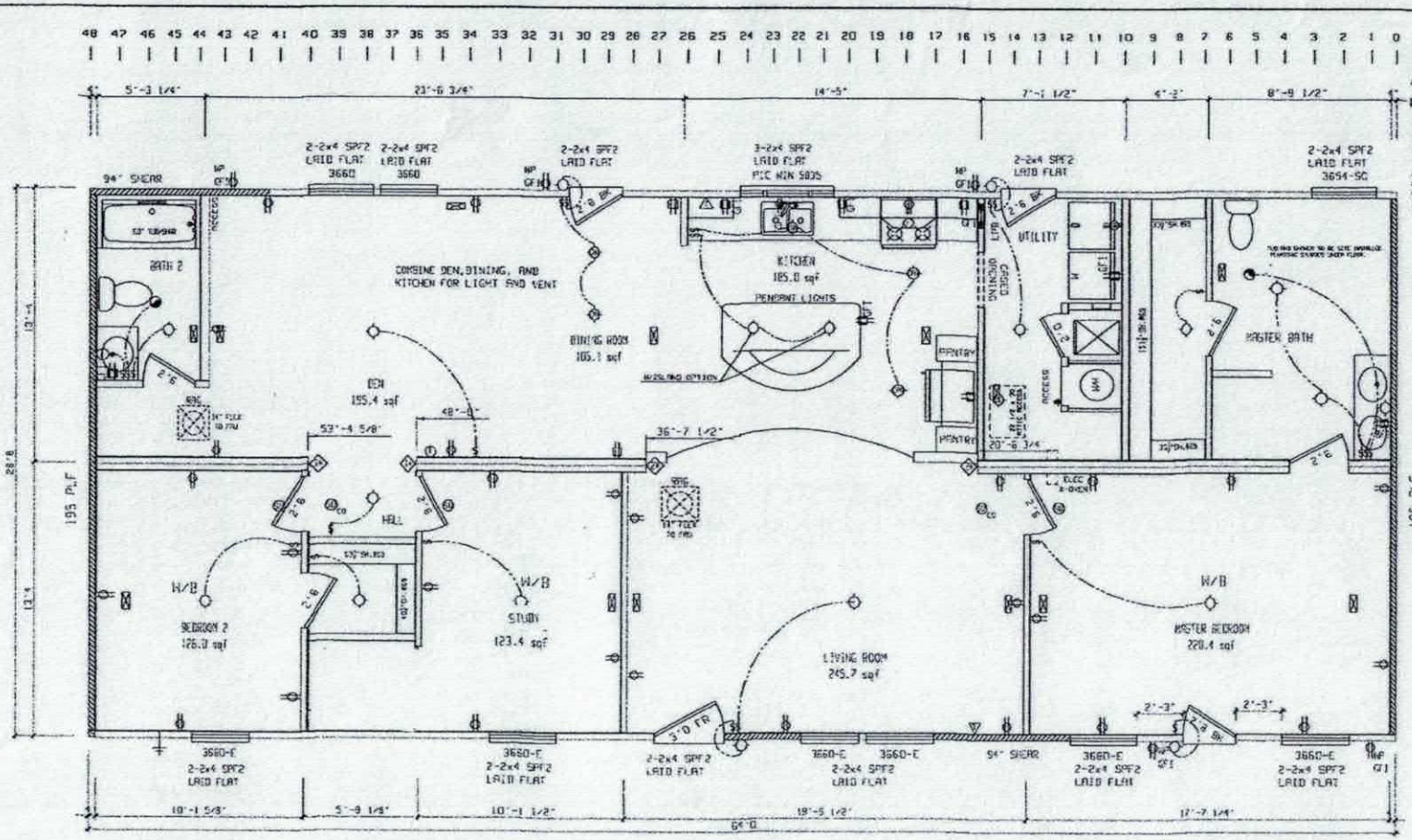
REQUIRED **property owner or owner's legal representative signature.**

4/5/17

DATE


141
ON House
S88°40'36"E — 275.38
10' Drainage and Public Utility Easement
15' Minimum Side Setback Line
Existing Iron Rebar
18' Paved Roadway - 60' Public
Culpeze Rd
N.C.S.R. 1239
S10°10'00"W — 77.11
57'X10' Bldg
PROPOSED 66'4" X 28'8" HOME
Proposed 6'x 8' Porch
50' Setback from Elev. 780'
140
Proposed 10' x 12' Rear Deck
Mowe House Back
3'/2'
soil / gravel Drive
C1
Boundary Line shown is an approximation of the Edge of the flood Hazard Zone.
N79°44'47"W — 25.50
S82°38'13"W — 45.28
S64°44'13"W — 23.12
N52°07'47"W — 33.42
N36°52'47"W — 51.92
S85°15'13"W — 25.30
S64°04'13"W — 35.51
N24°30'00"E — 23.17
N89°07'00"E — 37.70
N70°54'00"E — 32.08
S89°48'00"W — 78.65
Existing Iron Rebar
LAKE NORMAN
139
Pin: 4637028782.000
TRACY A MOYER
KYLE L MOYER
Deed Book 2359 Pg 1097
Plat Bk 14 Pg 104
NORTH CAROLINA PROFESSIONAL SEAL L-4452 SURVEYOR FRANKLIN G. KINDER
Digitally signed by Franklin G. Kinder
DN: cn=Franklin G. Kinder, o=Kinder Land Surveying, ou, email=kinlandsurveying@ve.com, c=US
Date: 2022.07.21
PROPOSED MINIM
Review Officer Certification G.S. 47-30
I, _____, Review Officer of Iredell County, certify that this plat to which this certification is affixed meets all the requirements for recording.
DATE
REVIEW OFFICER
SITE DATA:
Zoning = RA
SETBACKS:
FRONT -
SIDE - 15ft
Scale: 1"
20

Deena Alvey 3/31/17



195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.C.17._.28.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-28-2378.1

EXTERIOR WALL HEADERS PER
EW-20.3.A.C.C.28.20
MATEWALL BEAMS PER
RC-60.3.R.C.M._.20

Acknowledgement Of
Plans Submittal ONLY!
Date 4-6-17
Date

RETURN AIR REQUIREMENTS
① 20"x15" GRILL REQUIRED
② 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
③ DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
④ 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FACE END SHEAR WALL WITH BLOCKING

(4) THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	RK28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES

DRAWING TITLE: MASTER PLAN

MODEL NAME		SQ. FT.
4604 MOD		1706
PLANT	DESCRIPTION	MODEL NO.
958	28X64	SN248500
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
DRR	12/05/2016	12/06/2016	1-1

IREDELL COUNTY

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

APPLICATION NUMBER
222351
Issue Date: 10/07/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4637028849.000	138 CULPEZE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: THOMAS JAMES S+NANCY S	Applicant: CLAYTON HOMES OF STATE
Address: 7124 RIDGELANE RD CHARLOTTE, NC 28262	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	50.00	15.00	CACL	AE

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	82611	TOTAL FEES:	$ 77.25