IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 233540

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

PIN # 4637156294

APPLICANT/OWNER: McCrary Partners | APPLICANT ADDRESS: PO Box 3608 Mooresville NC 28117

SITE ADDRESS: 334 McCrary Rd Mooresville NC 28117 | PHONE: 704-578-4951 | ALT. PHONE N/A

SITE DIRECTIONS: 150 W - T/L McCrary T/R Riverwood on RT corner | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: McCrary Woods | SECTION: -J- | LOT # 20 | LOT AREA: 1.97ac | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	825	Date	5/16/18	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction LP PPBS	[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:		[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth			[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Per plan by The Oaks Group

INITIAL SITE SKETCH

See plan by The Oaks Group, PA

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/2/18

IMPROVEMENT PERMIT by: [signature] Date: 03/02/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/02/18

Installed by: Rowan Septic Tank

OPERATION PERMIT by: Carla C. Caudle Date: 7/10/18

Existing System Inspected by: Date:

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.

LOT 21

S 88°25'53"E 211.70'

35' REAR SETBACK

LOT 20
0.97 ACRES ±

SUN-ROOM

ST

44.8'

54.8'

PROPOSED SHELBORNE

POR

GARAGE

Drive

37.9'

36.1'

N 18°07'08"W 254.21'

S 08°16'57"W 344.15'

35' FRONT SETBACK

Well

35' FRONT SETBACK

RIVERWOOD ROAD 60' PUBLIC R/W

MCCRARY ROAD 60' PUBLIC R/W

C1

C2

C3

CURVE TABLE

LENGTH	RADIUS	BEARING	CHORD

1"=40'

RECEIVED MAR 1 - 2018 RECEIVED FEB 23 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $75.00 #233540

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

Applicant Information: (PRINT CLEARLY) Contact Kathleen Saunders 7045784951

Applicant Name: McCrary Partners Address: PO Box 3608 Mooresville NC Zip: 28117
Applicant Email: Kathleen.M.Saunders@gmail.com Phone: 7045784951 Alt. Phone:
Owner Name: Princeton Asset Mgmt Address: Po Box 3604 Mooresville NC Zip: 28117
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 334 McCrary Rd
Subdivision Name: McCrary Woods Section/Phase: Lot Number: 20
Driving Directions: 150 W, L McCrary Rd Lot on Corner of Riverwood & McCrary

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

(X) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement With Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(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 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: JManguum 2-20-18
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, Princeton Asset Management LLLP, am the legal owner(s) of the property located at 334 McCrary Rd, Mooresville, NC (L20 McCrary Woods), identified as PIN (Parcel Identification Number) 4637-15-6294, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) IQ Custom Construction, Inc, 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.

Princeton Asset Management, LLLP

By: _____ 2/23/18 _____ 2-23-18

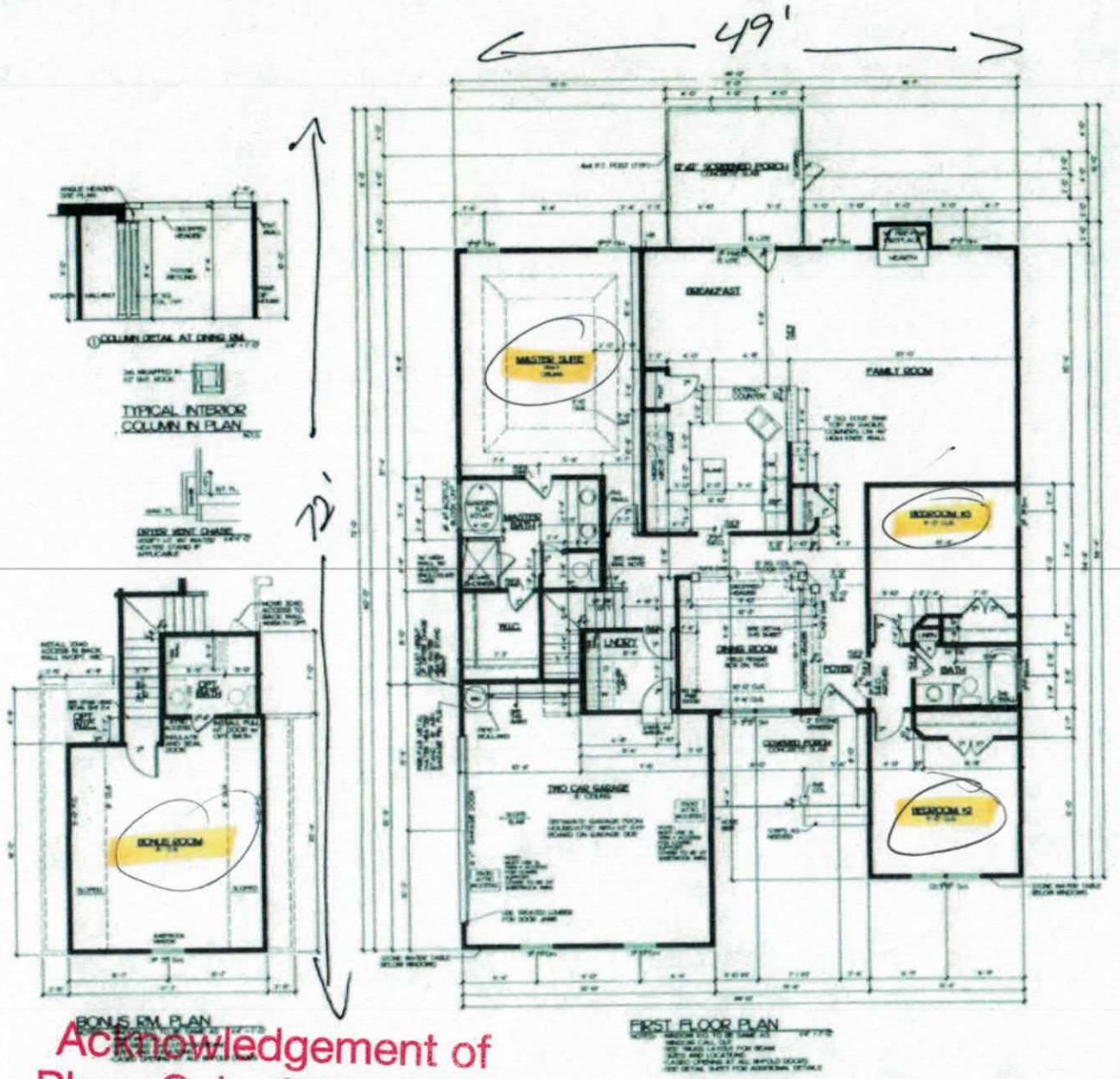
Signature of Owner(s) Date Signature of Witness Date

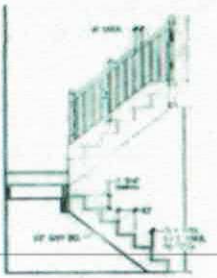
Jeffery Cernuto/General Partner

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@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





SQUARE FOOTAGE

HANDRAIL NOTE

WINDOW THERMAL PERFORMANCE

INSULATION R-VALUES

Acknowledgement of Plans Submittal ONLY!

2/22/18 Date

Date

Drafting Inc.

IQ CUSTOM CONSTRUCTION

The Shelburne

FLOOR PLAN

3

IREDELL COUNTY

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

APPLICATION NUMBER
233540
Issue Date: 02/20/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4637156294.000	334 MCCRARY ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PRINCETON ASSET MANAGEMENT LP	Applicant: KATHLEEN SAUNDERS
Address: PO BOX 3604	Address: 121 HOLT LANE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: 704-799-9770	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.970	35.00	35.00	35.00	15.00	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	129309	TOTAL FEES:	$ 77.25