IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225087

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

PIN # 4637169505

APPLICANT/OWNER: Caleb Hill APPLICANT ADDRESS: 2004 Captains Way Denver, NC 28037

SITE ADDRESS: 272 McCrary Rd Moorsville, NC PHONE: 704302-1676 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TL McCrary Rd lot on right @ intersection w/ Holt Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: McCrary Woods SECTION: 2 LOT # 32 LOT AREA: 1.04 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

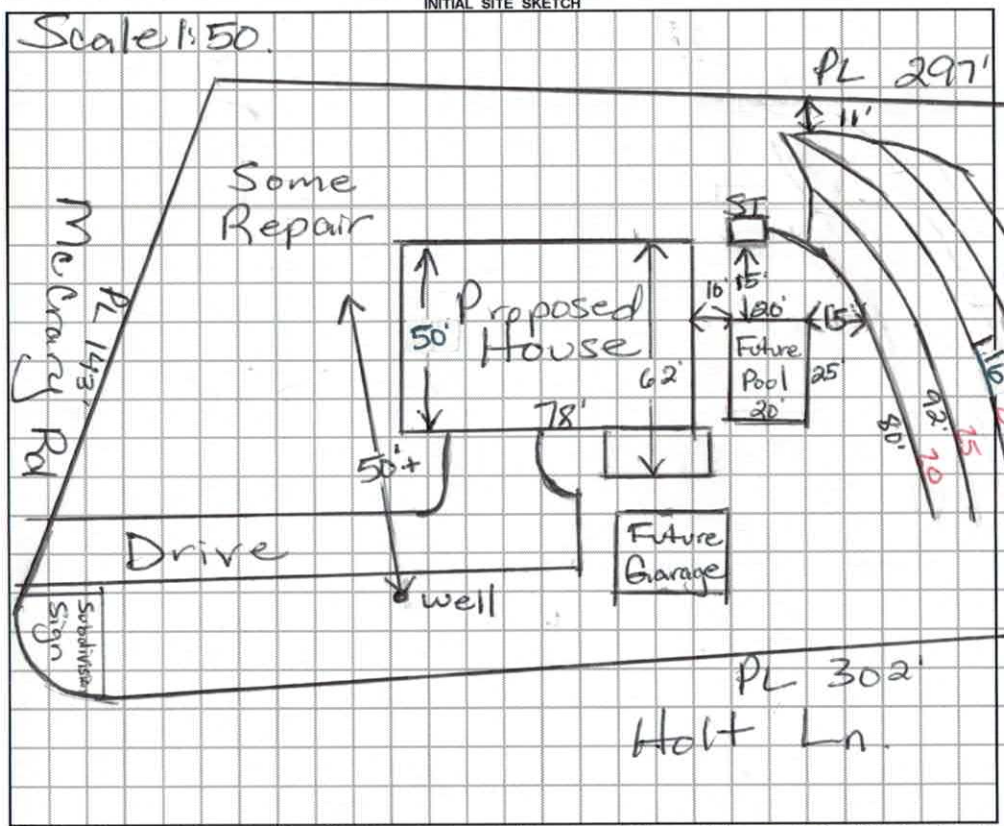
Septic Tank	1000	(gal)	STB	825	Date	8-2-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity-25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	Grav/Pump 25% Reduction			
# Nitrification Fields	1		# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons		☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/ plumbing			☐ Basement w/o plumbing		

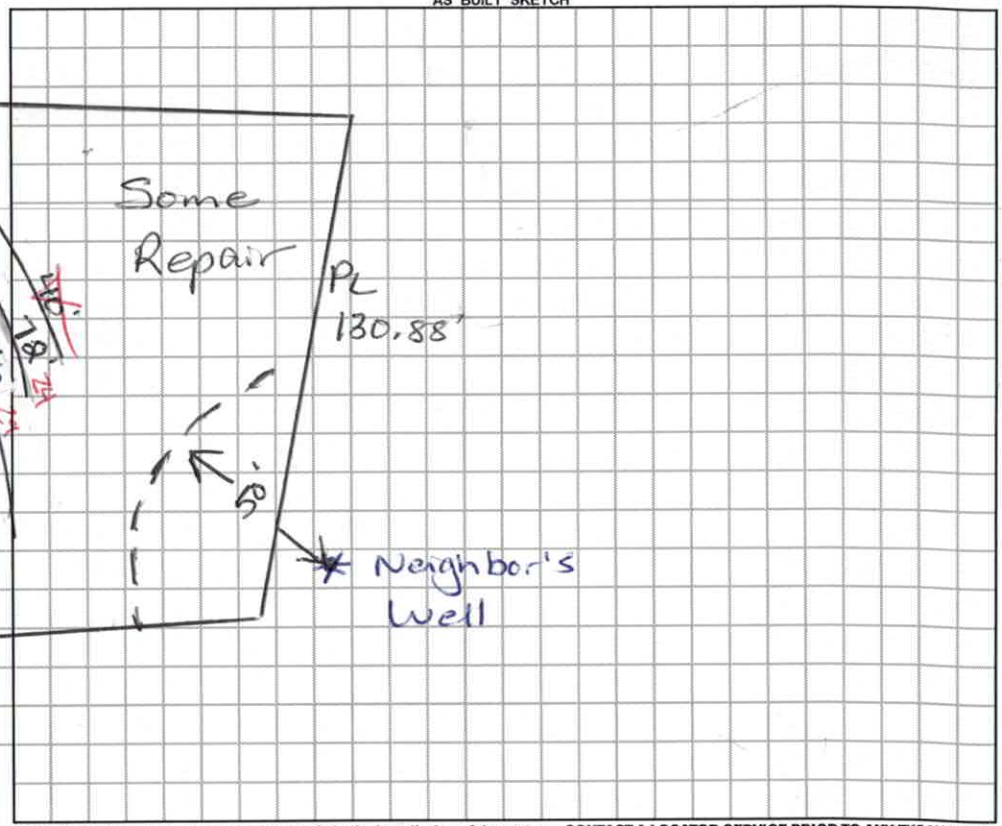
Comments / Conditions: * Divert stormwater away from Septic System.

* Any future pool (pool cut) must be at least 15ft from Septic System.

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: Date: 9/13/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dolson Date: 9/6/17 OPERATION PERMIT by: RA.08 Date: APPROVED SEP 19 2017

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 9/6/17 Existing System Inspected by: Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ~~Iredell~~

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: ~~272 McCravy~~ Southlake Presbyterian Church — APPLICATION DATE 2/16/17
ADDRESS: 272 McCravy Rd Mooresville 28117 — DATE EVALUATED: 3/6/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 1.04 Acres
LOCATION OF SITE: 150 W → R McCravy → Lot on R — PROPERTY RECORDED: 9/22/15
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Initial 6'7-7' 5/10 9 6l.	0-2	SBK SCL	FrSSSPSEXP	—	34"	—	—	PS
		2-20	SBK C	FrSSSPSEXP	—		—	—	0.3
		20-34	SBK CL	FrSSSPSEXP	—		Few incl @32	—	PITS FOR PB TB @20"
		34-48"	MASS SAP	Fr	—			—	
2	Initial 6l.	0-1	SBK SCL	FrSSSPSEXP	—	48"	—	—	PS
		1-24	SBK C	SFrSSSPSEXP	—		—	—	0.3
		24-48"	SBK CL	FrSSSPSEXP	—		incl @ 36"	—	NO PITS trench @36"
3	~~Repeat cut/fill.~~ Repair in back 6l.	0-2	SBK SCL	FrSSSPSEXP	—	32"	—	—	PITS IF PB PS 0.3 @20" TB
		2-20	SBK C	FrSSSPSEXP	mottles along peds goes away @ 8"		F→C	—	
		20-32	SBK CL	FrSSSPSEXP				—	
		32-48"	MASS SAP	Fr				—	
4	Repair @ front PB? 6l.	0-2	SBK SCL	FrSSSPSEXP	—	48"	F→C	—	PS
		2-22	SBK C	FrSSSPSEXP	—			—	0.3
		22-48	SBK CL	FrSSSPSEXP	—			—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	25% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Neighbors Well
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Grace Hebert
OTHER(S) PRESENT: ___

COMMENTS: Add to have enough room for 4 BR

Shallow 25%

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Caleb Hill — APPLICATION DATE: ____
ADDRESS: ____ — DATE EVALUATED: 3/16/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: McCrary Woods #32 — 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
	7%	0-28"	R C m-w SBK		SS, SP, SExp, FR				PS .3
		28-48	R C	w SBK	SS, SP, SExp, FR				
			w/ Indus of SAP						
	7%	0-7"	Rd/Br	SCL w SBK	SS, SP, SExp, FR				PS .3
		7-32"	R C	m-w SBK	SS, SP, SExp, FR				
		32-40	R C	m-w SBK	SS, SP, SExp, FR				
			w/ few to many		SAP Indus				
		40-48"	SL	SAP massive	FR				
	7%	0-3"	Br	SCL	SS, SP, SExp, FR				PS .3
		3-36"	R C	m-w SBK	SS, SP, SExp, FR				
		36-48	R C	w SBK	SS, SP, SExp, FR				
	4%	0-8"	Br	SCL w SBK	SS, SP, SExp, FR				PS .3
		8-37"	R C						
		37-48"	R C						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

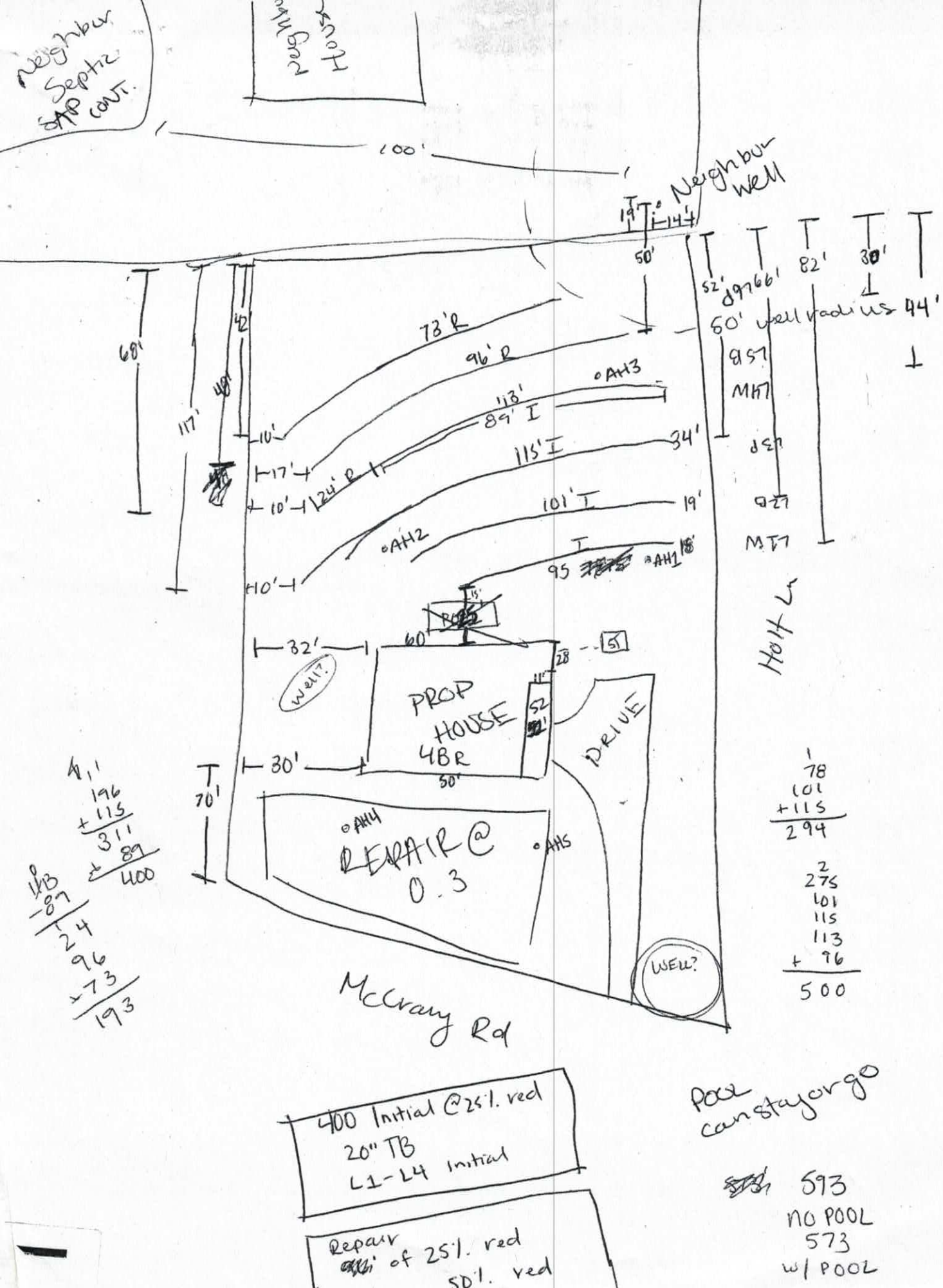
OWNER: Caleb Hill — APPLICATION DATE
ADDRESS: — DATE EVALUATED: 3/29/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: McCrary Woods #32 — PROPERTY RECORDED: ____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		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	
	4%	0-48	RC/C	m-w	SBK	SS, SP, SE	ep	FR	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

COMMENTS: ____



4,1'
196
+115
311
+89
400

LKB
-89
24
96
+73
193

1
78
101
+115
294

2
275
101
115
113
+96
500

DEPARTMENT OF ENVIRONMENT, HEALTH, 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: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: McCrary Woods Lot 32 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		0-30	RC MFSBK	fr SSSP	fw SP				PS 3
		30-50	RCL MFSBK	fr SSSP					
2		0-12	RL SLK	fr SSSP					PS 3
		12-53	RCL MFSBK	fr SSSP - many SAP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

From Back PL

To side line

79'

P 40'

B 51'

W 70'

P. 118'

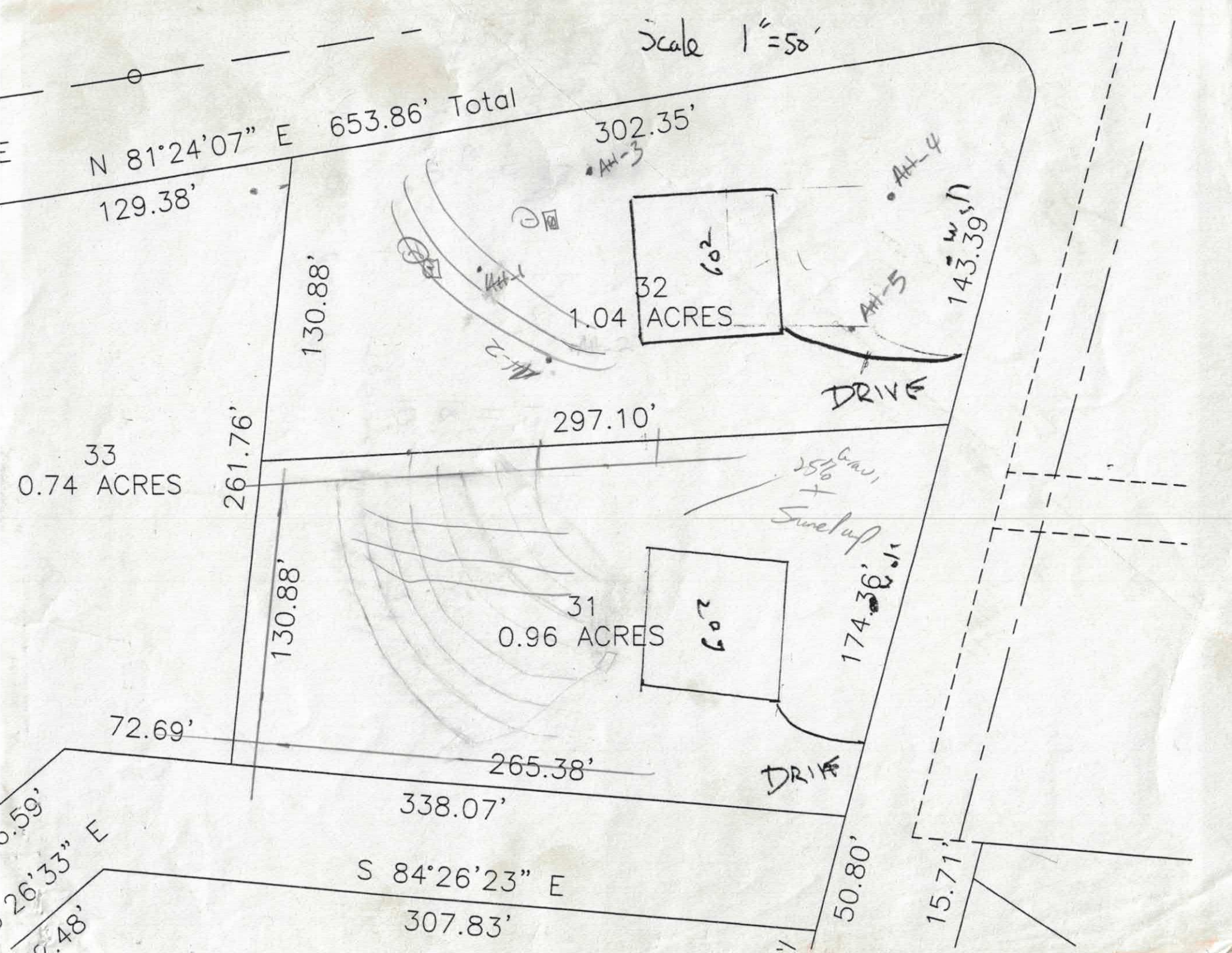
10'

18'

11'

12'

Goes in low spot on other end


Scale 1"=50'
N 81°24'07" E 653.86' Total
129.38'
302.35'
AH-3
AH-4
AH-1
AH-5
AH-2
130.88'
32
1.04 ACRES
143.39'
DRIVE
297.10'
261.76'
33
0.74 ACRES
25% Grav.
+
Surcharge
130.88'
31
0.96 ACRES
174.36'
72.69'
265.38'
338.07'
DRIVE
S 84°26'23" E
307.83'
50.80'
15.71'

RECEIVED AUG 2 3 2017

Please CALL prior to inspection

EALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

'LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR
. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED
ITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Name: Caleb Hill 704-302-6676

Paid $320.00

Number: APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

FLOOR PLANS THE SAME

#225087

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CALEB HILL	2004 CAPTAINS WAY DENVER NC 28037	7043026676	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
272 McCrary Rd Mooresville NC 28117	McCrary Woods	LOT 32

Driving Directions: HWY 150 W to McCrary Rd turn left onto McCrary
Lot on R

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other PROPOSED POOL AND GARAGE

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) 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 ( ) 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:** _____ 8.23.17
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

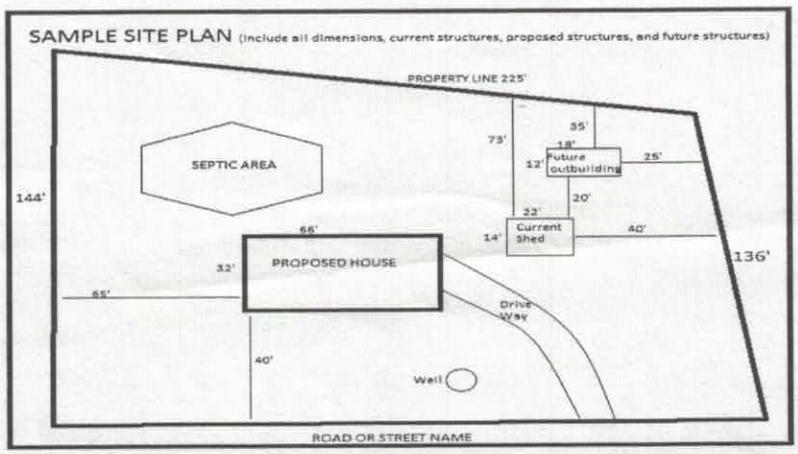
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SEE ATTACHED

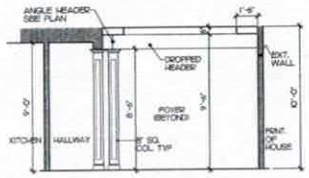
Signature: _____

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

8-23-17

DATE

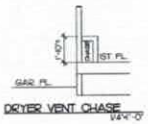
49'-0"



① COLUMN DETAIL AT DINING RM. 1/4" = 1'-0"

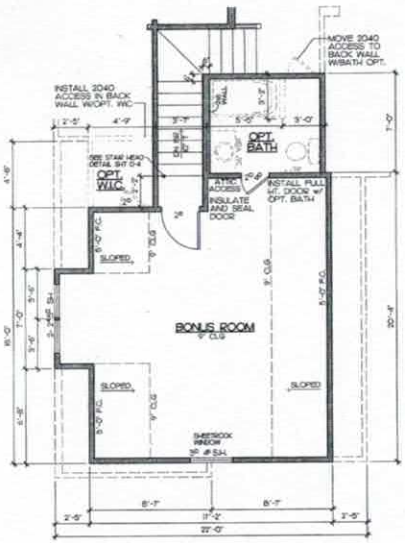
2x6 WRAPPED IN 1/2" SHT. ROCK

TYPICAL INTERIOR COLUMN IN PLAN N.T.S.



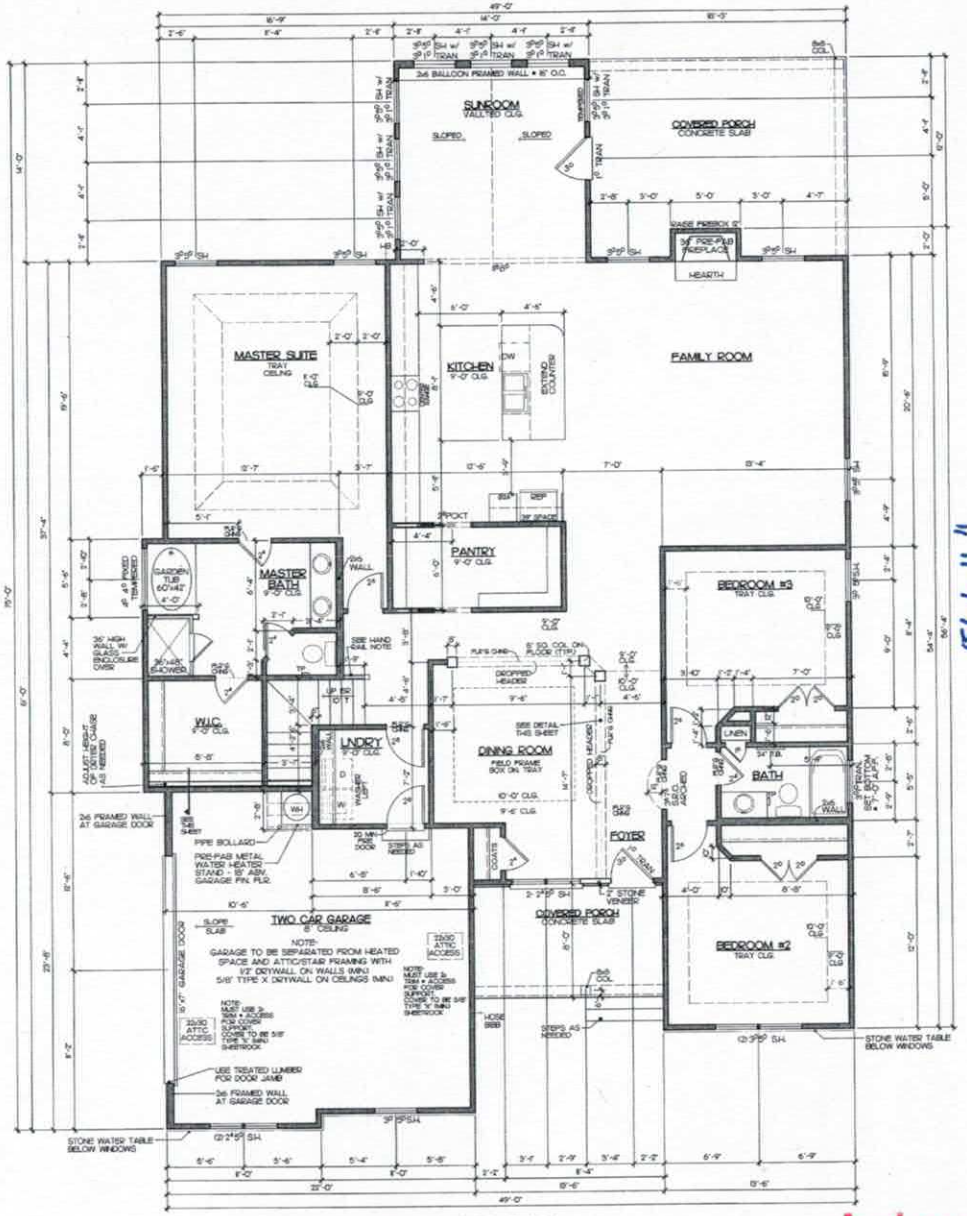
DRYER VENT CHASE 1/4"=1'-0"

79'-0"



BONUS RM. PLAN

NOTES: -WINDOW SIZ. TO BE SAME AS WINDOW CALL OUT -SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS -CASED OPENING AT ALL BI-FOLD DOORS 1/4" = 1'-0"



FIRST FLOOR PLAN

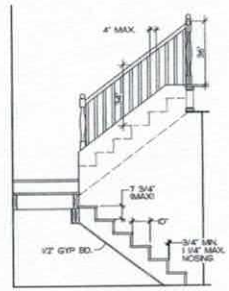
NOTES: -WINDOW SIZ. TO BE SAME AS WINDOW CALL OUT -SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS -CASED OPENING AT ALL BI-FOLD DOORS -SEE DETAIL SHEET FOR ADDITIONAL DETAILS 1/4" = 1'-0"

49'-0"

SQUARE FOOTAGE
FIRST FLOOR - 2,413
SECOND FLOOR - 354
TOTAL - 2,767
OPT. BATH - 61
OPT. WIC - 23
FRONT PORCH - 108
REAR PORCH - 245
2 CAR GARAGE - 477

HANDRAIL NOTE

HAND RAIL TO BE EITHER HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES. COORDINATE TYPE WITH GIBBED SPECS. FOR HALF WALL SEE DETAIL SHEET 2-4. FOR OPEN TYPE HANDRAIL COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL
STAIR CONFIG PER PLAN 3/8"=1'-0"

NOTE: ALL WINDOWS TO BE LOW E GLASS

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A R600 MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF 2012 N.C.R.C. SECTION R312 OR R324.

Acknowledgement of Plans Submittal ONLY!

Date 4.6.17

Date 04/06/17

Drafting & Design Inc.
Charlotte, NC.
704-542-8692

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Project: The Shelburne

Sheet Title: FLOOR PLAN

Drawn By: S. BROOKS
Date: 10-20-14
Rev: 11-25-14

AD4246PP

Sheet: 3