IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | KW Mooresville Office (704) 660-3625 | PERMIT # 226302 233769

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

PIN # 4637-61-3223

APPLICANT/OWNER: Rowland Development Corp. APPLICANT ADDRESS: 2231 Highway 152-E China Grove, NC 28023

SITE ADDRESS: 234 Oak Tree Road Mooresville, NC PHONE: 704-506-0556 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on Oak Tree Road → lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grand Oaks SECTION: — LOT # 8 LOT AREA: 0.51 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

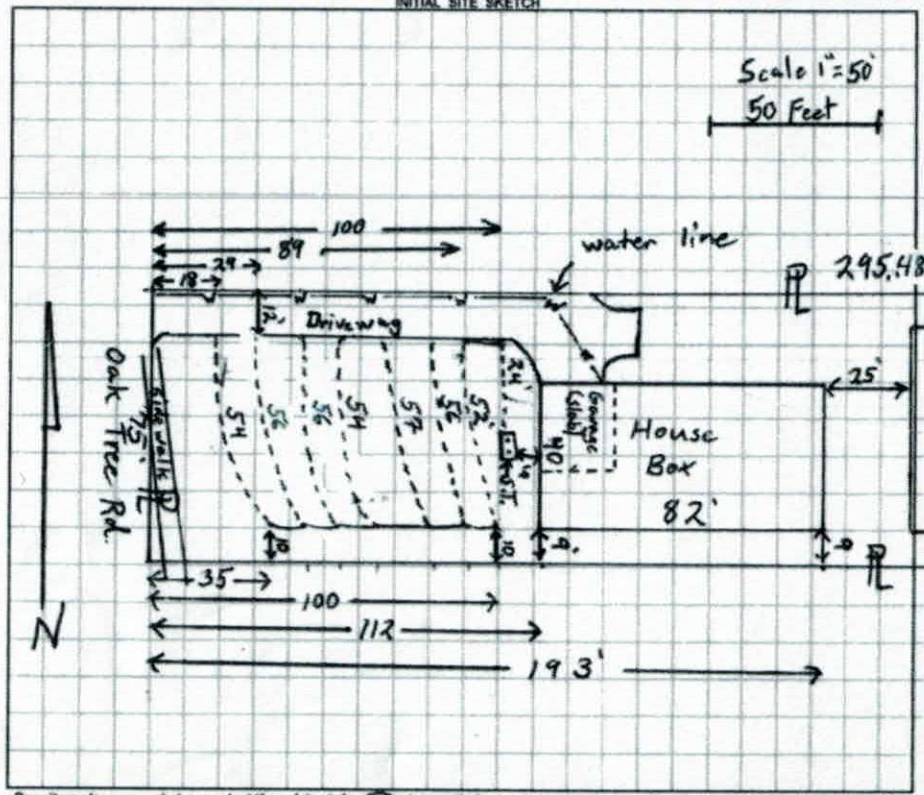
Septic Tank	1000	(gal)	STB	825	Date	7/21/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction Gerial distribution			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction (LP-PPBPS)			
# Nitrification Fields	1	# Lines		8	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		30	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☐ Private	
☐ Other	No. Employees		☒ Public	
☒ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Garage shall be a slab construction. Though 409 linear feet of line was laid out, only 400 l.f. need be installed.

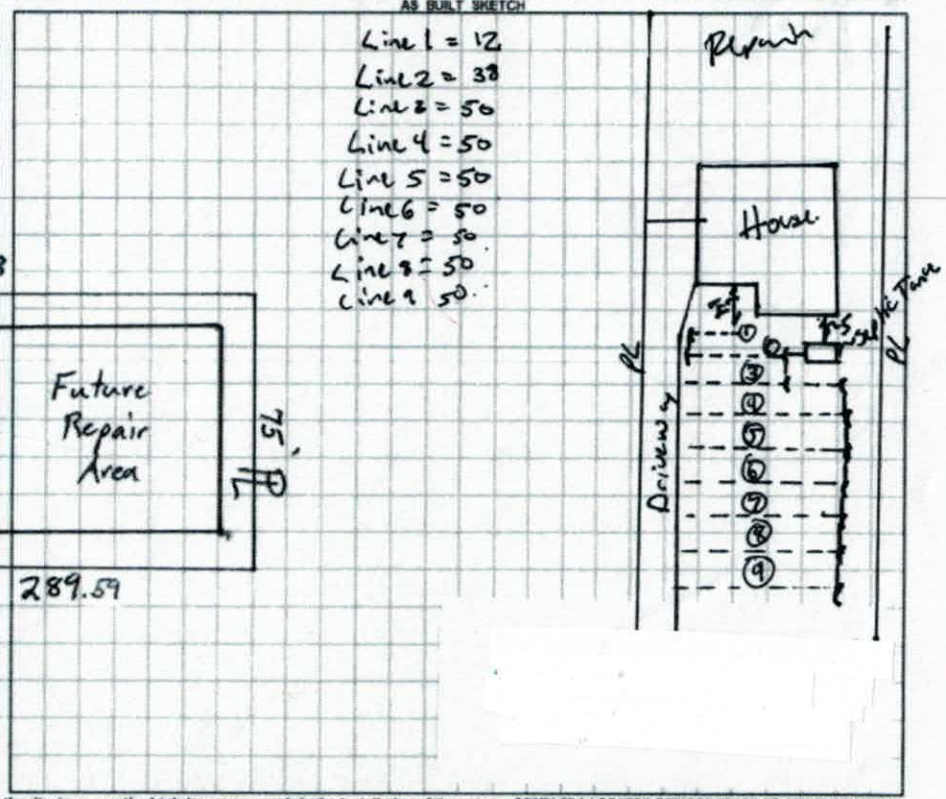
*Floor plans submitted show 3 bedrooms. Permit is approved for 4 bedrooms. 3-1-18 KW

INITIAL SITE SKETCH



AS BUILT SKETCH

Line 1 = 12
Line 2 = 38
Line 3 = 50
Line 4 = 50
Line 5 = 50
Line 6 = 50
Line 7 = 50
Line 8 = 50
Line 9 = 50



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: 3/1/2018 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: _____ Date: 7-21-2017 OPERATION PERMIT by: Benjamin A. Bakie Date: 9/13/18.

AUTHORIZATION TO CONSTRUCT by: _____ Date: 3-1-18 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: Rowland Development Corp.
ADDRESS: 2231 Highway 152 Chimney Grove
PROPOSED FACILITY: 4 BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 234 Oak Tree Rd. Mooresville Lot 8 (Grand Oaks)
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 4/12/17
DATE EVALUATED: 7/12/17
PROPERTY SIZE: 0.5 acres
PROPERTY RECORDED: Yes

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	LSS 9%	0-9	SCL w. SBK	Sl. Firm, SS, Sp, Serp	–	48	–	–	0.325
		9-22	Clay m-s SBK/ABK	Sl. Firm, SS, Sp, Serp					
		22-48	Clay Loam w. SBK (some Saprolite)	Friable, SS, Sp, Serp					
2	LSS 9%	0-11	SCL w. SBK	Sl. Firm, SS, Sp, Serp	–	50	–	–	0.3
		11-24	Clay m SBK/ABK	Sl. Firm, Sticky, Sp, Serp					
		24-50	Clay Loam w. SBK some Saprolite	Friable, SS, Sp, Serp					
3	Shoulder 5%	0-21	clay m-s SBK	Firm, Sticky, Sp, Serp	–	48	–	–	0.3
		21-40	Clay w/SBK	Sl. Firm, Sticky, Sp, Serp					
		40-48	clay Loam w. SBK some Saprolite	Sl. Friable, SS, Sp, Serp					
4	Shoulder 6%	0-31	Clay w-m SBK	Firm, sticky, Sp, Serp	–	62	–	–	0.325
		31-40	clay w. SBK	Sl. Firm, sticky, Sp, Serp					
		40-44	Sandy Saprolite MA	Friable + Underlying Drainage					
		44-62	clay loam w. SBK w. some saprolite	Sl. Friable, SS, Sp, Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	40~~0~~9	300
System Type(s)	25%	50%
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS:

L_A W.tc 5.75 24'

L_1 B 6.48 52'

L_2 P X 52' +4' (56')

L_3 W 7.01 52 7.50 +5 (57)

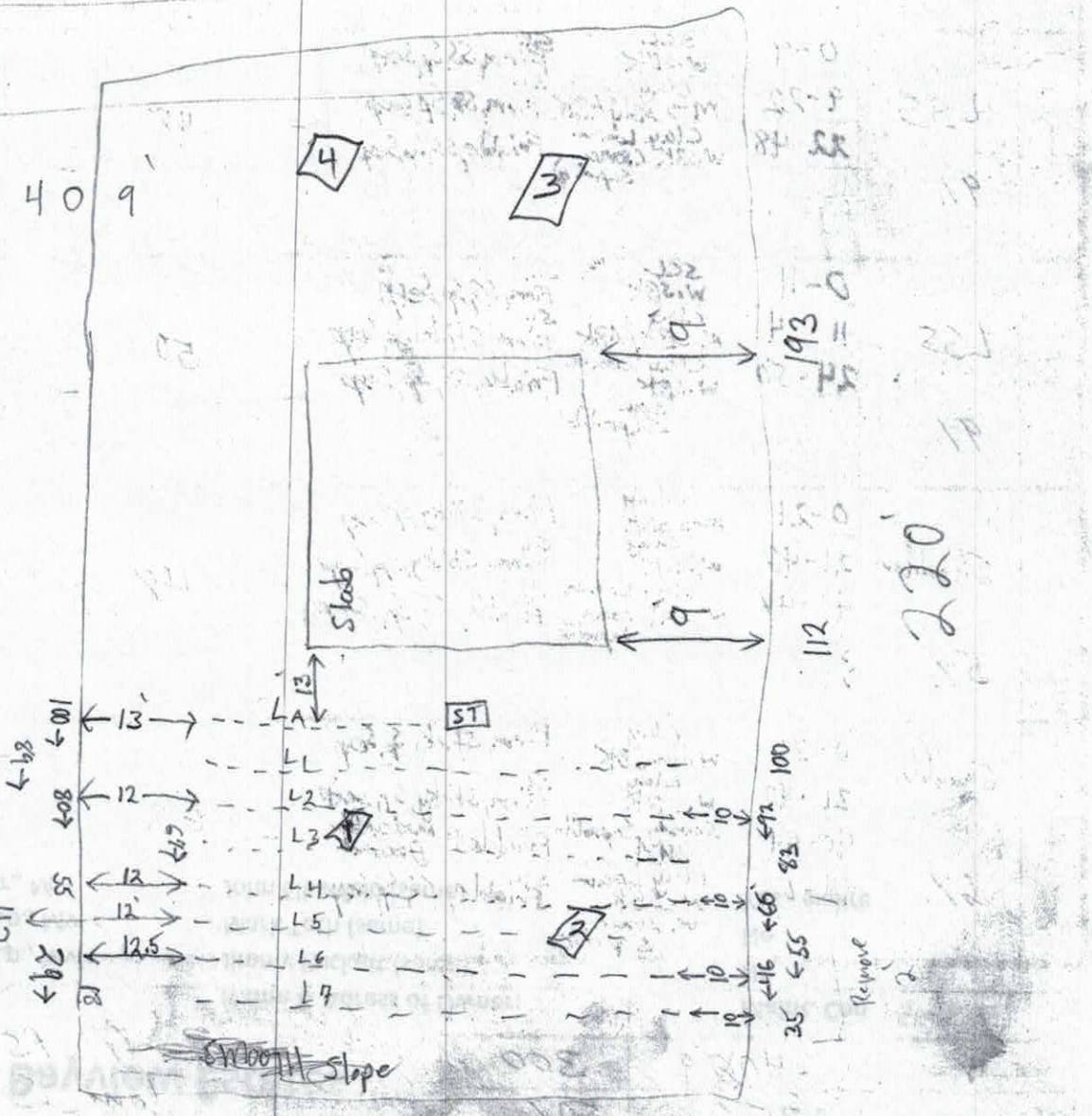
L_4 B 7.53 50' 8.10' 54'

L_5 P 9.05 56'

L_6 W 10.00 56

L_7 B 12.01 54

372



RECEIVED MAR 1 - 2018

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)

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

****

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:

Nathan J. Graham	5314 Winchester Dr. Concord, NC 28027	704-932-0306	704-201-7706
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nathan J. Graham	5314 Winchester Dr. Concord, NC	704-932-0306	704-201-7706
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

234 Oak Tree Rd Mooresville, NC — Street Address
Grand Oaks — Subdivision Name
Lot #08 — Section/Phase and Lot Number

Driving Directions: Brawley School Rd / Take Right onto Oak tree Rd / ½ mile on right

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 _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants ___
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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/1/18
DATE

RECEIVED APR 1 2 2017

Please CALL prior to inspection

Name: James

Number: 704-506-0556

[EALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

'ILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR D. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION 3MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED ITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $500.00

APPLICATION FOR: (✓) **Improvement Permit** ( ) **Authorization To Construct** ( ) **Existing System Inspection**

226302

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 #
Rowland Development Corp.	2231 Hwy 152 E. China Grove NC 28023		704-506-0556
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
234 Oak Tree Rd. Mooresville NC	Grand Oaks	Lot #8

Driving Directions: Brawley Sch. Rd West, Rt on Oak Tree Rd. Lot on Rt

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

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

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:** _____ 4/12/17

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

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, Nathan Jefferson Graham, am the legal owner(s) of the property located at 234 Oak Forest Mooresville, NC, identified as PIN (Parcel Identification Number) 4637613223.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 3/1/18
Signature of Owner(s) Date

Ronda Hart 3-1-18
Signature of Witness Date

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

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

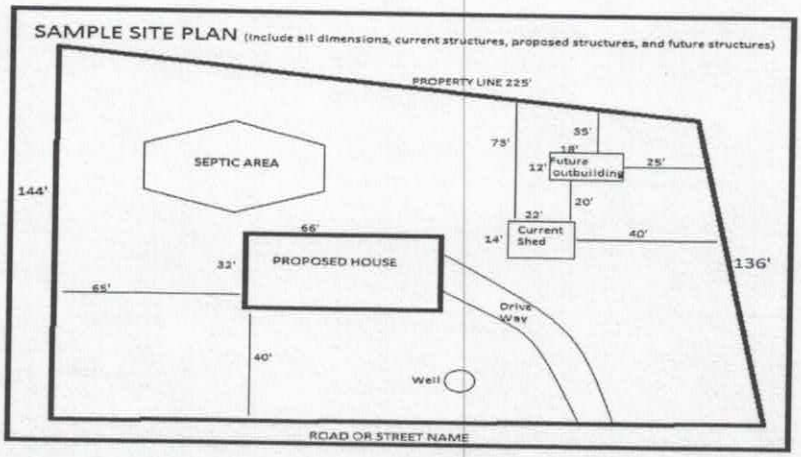
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

Same As Septic Permit

3/1/18

Signature: _____

REQUIRED property owner or owner's legal representative signature.

3/1/18

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:

X 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

X Front and side setbacks from property line…

X Area you prefer your septic system to be placed…

X Preferred driveway location and configuration, preferred well location…

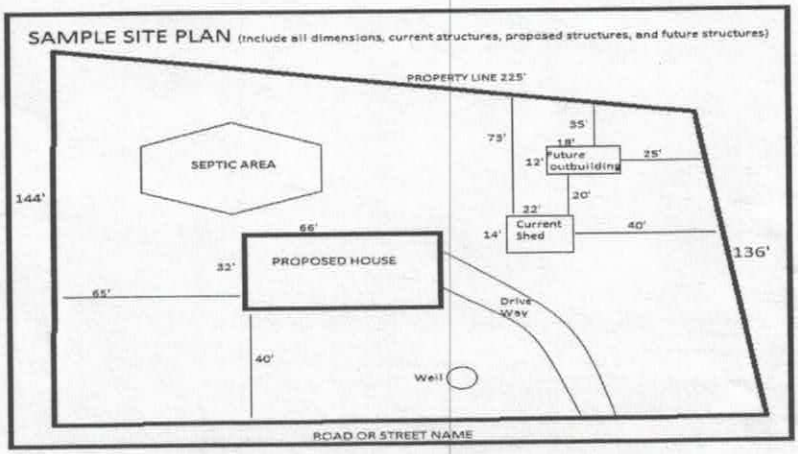
X North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

N/A 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

See Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

4/12/17

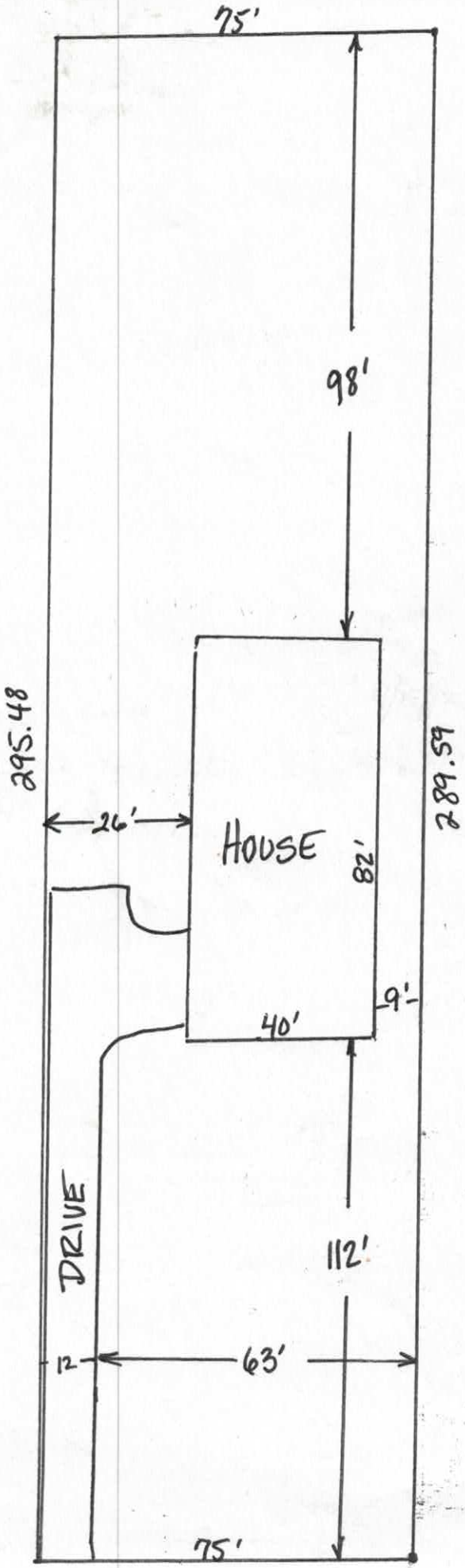
DATE

234 Oak Tree Rd

PIN: 4637613223

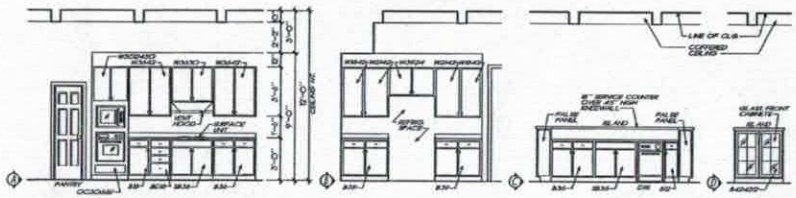
Lot 8

1" = 30'

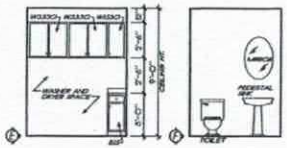


GENERAL NOTES

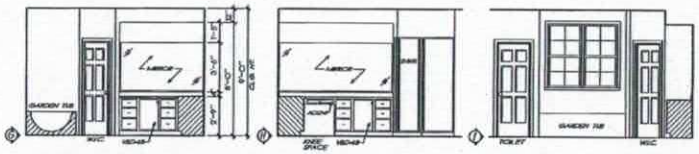
GENERAL FRAMING NOTES



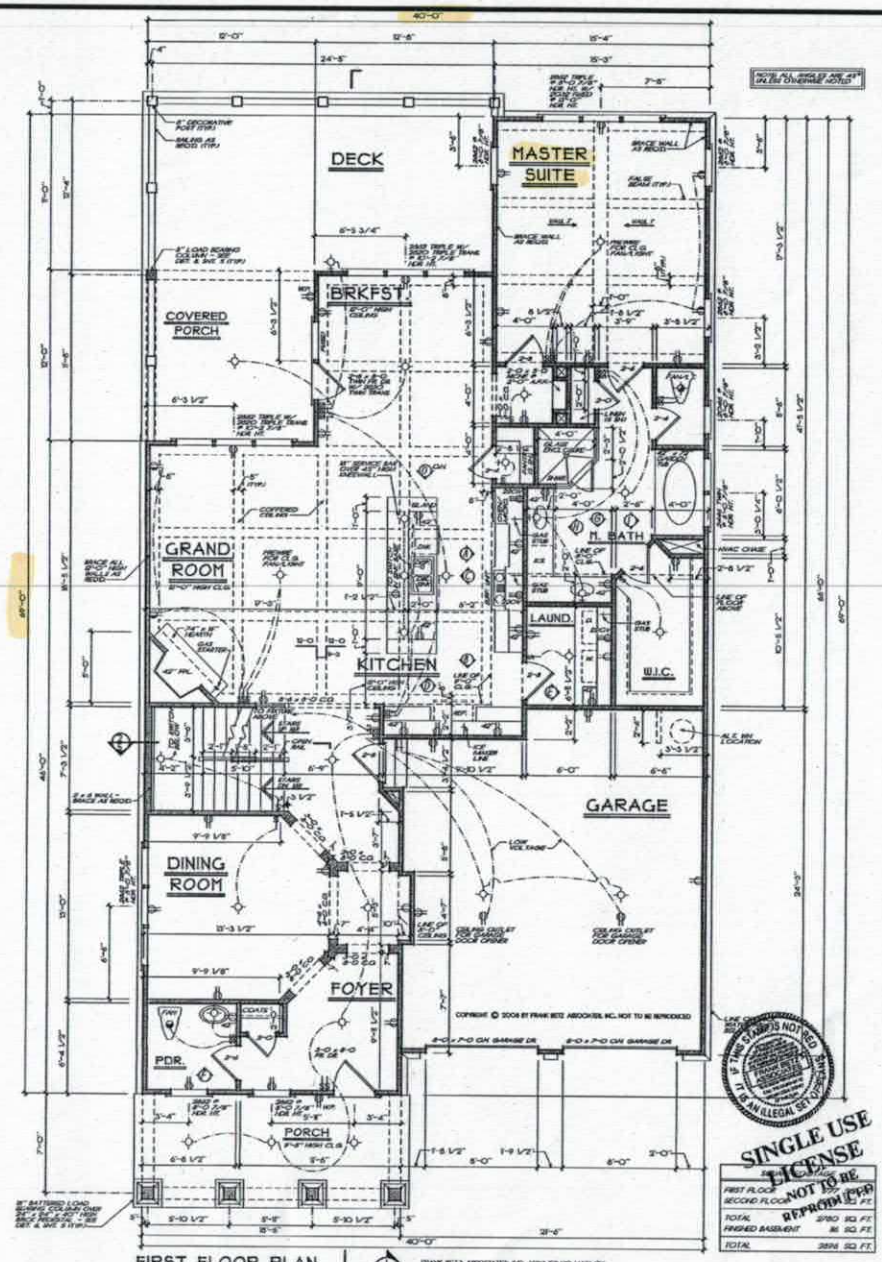
KITCHEN ELEVATIONS



LAUND. ELEV. PDR. ELEV.



MASTER BATH ELEVATIONS



FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 3/1/18

Date 3/7/18

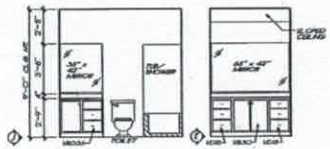
HOMEPLANS Designed for Today's Market® www.frankbetz.com

FIRST FLOOR PLAN/ K. & B. ELEVATIONS

THE OAK POINTE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY SUITE 190 KENNESAW, GEORGIA 30144 770-421-0888 888-717-3303

SHEET: 3 OF: 5

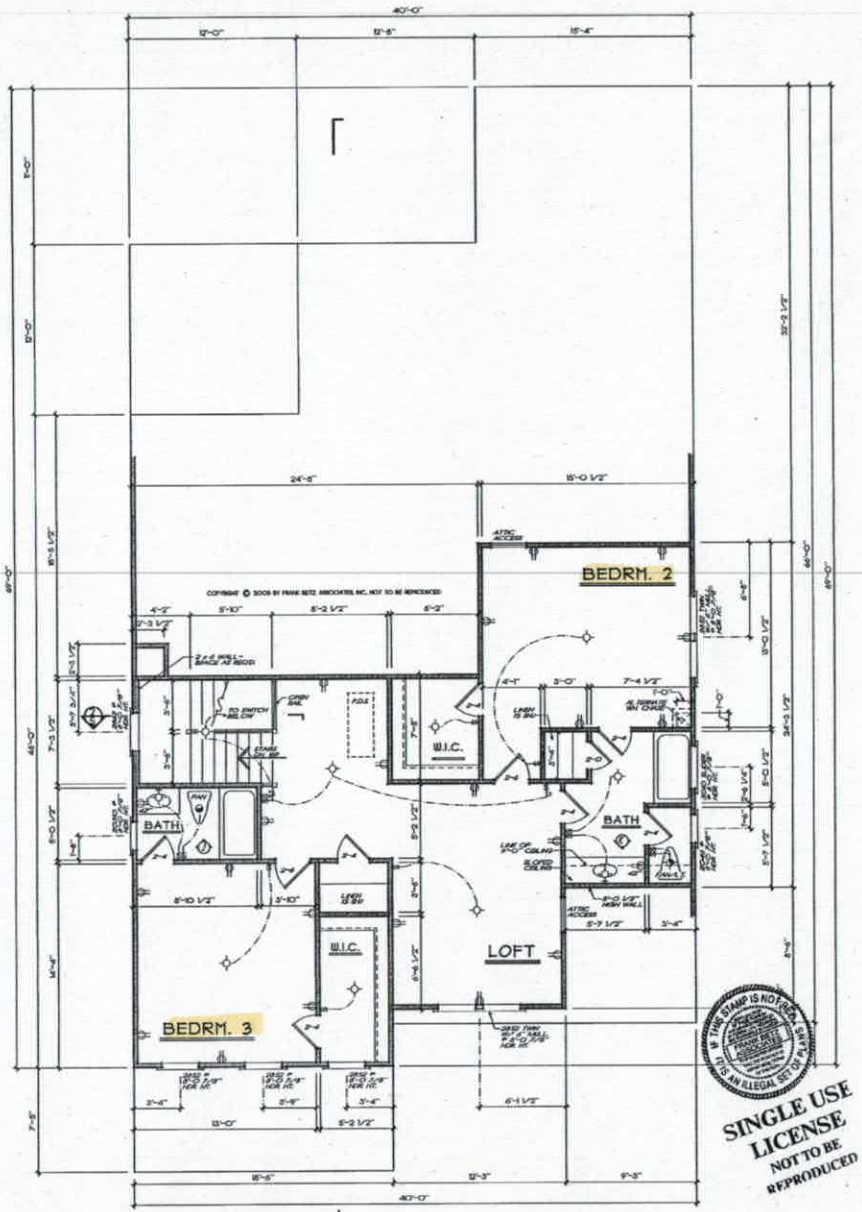


BATH ELEVATIONS

Acknowledgement of Plans Submittal ONLY!

Date 5/1/18

Date 3-1-18



SECOND FLOOR PLAN

SINGLE USE LICENSE NOT TO BE REPRODUCED

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

REVISIONS	DATE	BY

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HOMEPLANS Designed for Today's Market® www.frankbetz.com

SECOND FLOOR PLAN/ BATH ELEVATIONS

THE OAK POINTE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY SUITE 190 KENNESAW, GEORGIA 30144 770-431-0888 866-717-3003

BY: RLD CSE JCH

DATE: 4-26-18

SHEET: 4 OF: 5

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 226302 Subdivision:

Proposed Use: PERT TEST FOR SFH

Location: 234 OAK TREE ROAD

Tax PIN: 4637613223.000 Zoning:R2 Lot: 8 Size: 0.510

Owner/ Applicant: ROWLAND DEVELOPMENT
Address: 2231 HWY 152 E
CHINA GROVE, NC

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 4/12/17

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 8.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR PERT TEST
APPLICAIOTN TO SUBMIT PLOT PLAN PRIOR TO CONSTRUCTION

HP	04/12/2017	$50
Approved By:	Date	Application Fee

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 233769 Subdivision: GRAND OAKS SUBDIVISION

Proposed Use: SEPTIC EASEMENT FOR SFH

Location: 234 OAK TREE ROAD

Tax PIN: 4637613223.000 Zoning: R2 Lot: 8 Size: 0.510

Owner: GRAHAM, NATHAN
Address: 5344 WINCHESTER DRIVE
CONCORD, NC

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 8.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR SEPTIC EASEMENT
PLOT PLAN FOR SINGLE FAMILY HOME TO BE SUBMITTED TO TOWN OF MOORESVILLE ZONING
MUST OBTAIN ALLIREDELL COUNTY PERMITS AND INSPECTIONS
NOT FOR CONSTRUCTION

HP	03/01/2018	$50
Approved By:	Date	Application Fee