ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP Kelly 2023-32125

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

PIN # 4637 -- 61 -- 6087

APPLICANT/OWNER: Michael Benfield | APPLICANT ADDRESS: 939 Brawley School Rd, 28117

SITE ADDRESS: 108 McNeil Lane, Mooresville, 28117 | PHONE: 704-360-0376 | ALT. PHONE —

SITE DIRECTIONS: N Brawley School → (R) Oak Tree → (L) McNeil → lot on (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Estates @ Oak Tree | SECTION: - | LOT # 2 | LOT AREA: 0.69 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank (Settling)	1000 (gal)	PT	Date	System Description:	25% Reduction	☐ Business	No. Persons	8	☑ Private
Pump Make		Model	Serial #	Repair System Description:	50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 404	Maintenance Agreement Required: ☐ YES ☑ NO	☑ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth	[redacted]	36" max Gravel Depth	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. Do not pave grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield

MUST BE 50' FROM ALL NEIGHBORING WELLS
IF any part of repair area is damaged, permit will be revised

INITIAL SITE SKETCH

See attached site plan by ICHD

AS BUILT SKETCH

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 time.

Tanks & top 3 lines checked - 8/25/23 STI

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: online | Date: | Installed by: Michael Benfield BOSS

IMPROVEMENT PERMIT by: Sydney Holland | Date: 8/24/23 | OPERATION PERMIT by: Sarah Williams | Date:

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 8/24/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2023-32125 (Relay) | DW

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

PIN # 4637 -- 61 -- 6087

APPLICANT/OWNER: Michael Benfield | APPLICANT ADDRESS: 939 Brawley School Rd, 28117

SITE ADDRESS: 108 McNeil Lane, Mooresville, 28117 | PHONE: 704-360-0376 | ALT. PHONE —

SITE DIRECTIONS: N Brawley School → (R) Oak Tree → (L) McNeil → lot on (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Estates @ Oak Tree | SECTION: - | LOT # 2 | LOT AREA: 0.69 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date						
Pump Tank (Setting)	1000	(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1	# Lines	5	Linear Ft	404						
Trench Width	36"	Trench Bottom Depth	[redacted]	36" max	Gravel Depth	—					

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. Do not pave grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield

MUST BE 50' FROM ALL NEIGHBORING WELLS

IF any part of repair area is damaged, permit will be revoked

INITIAL SITE SKETCH

See attached site plan by ICHD

AS BUILT SKETCH

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the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Tanks & top 3 lines checked - 8/25/23 STH

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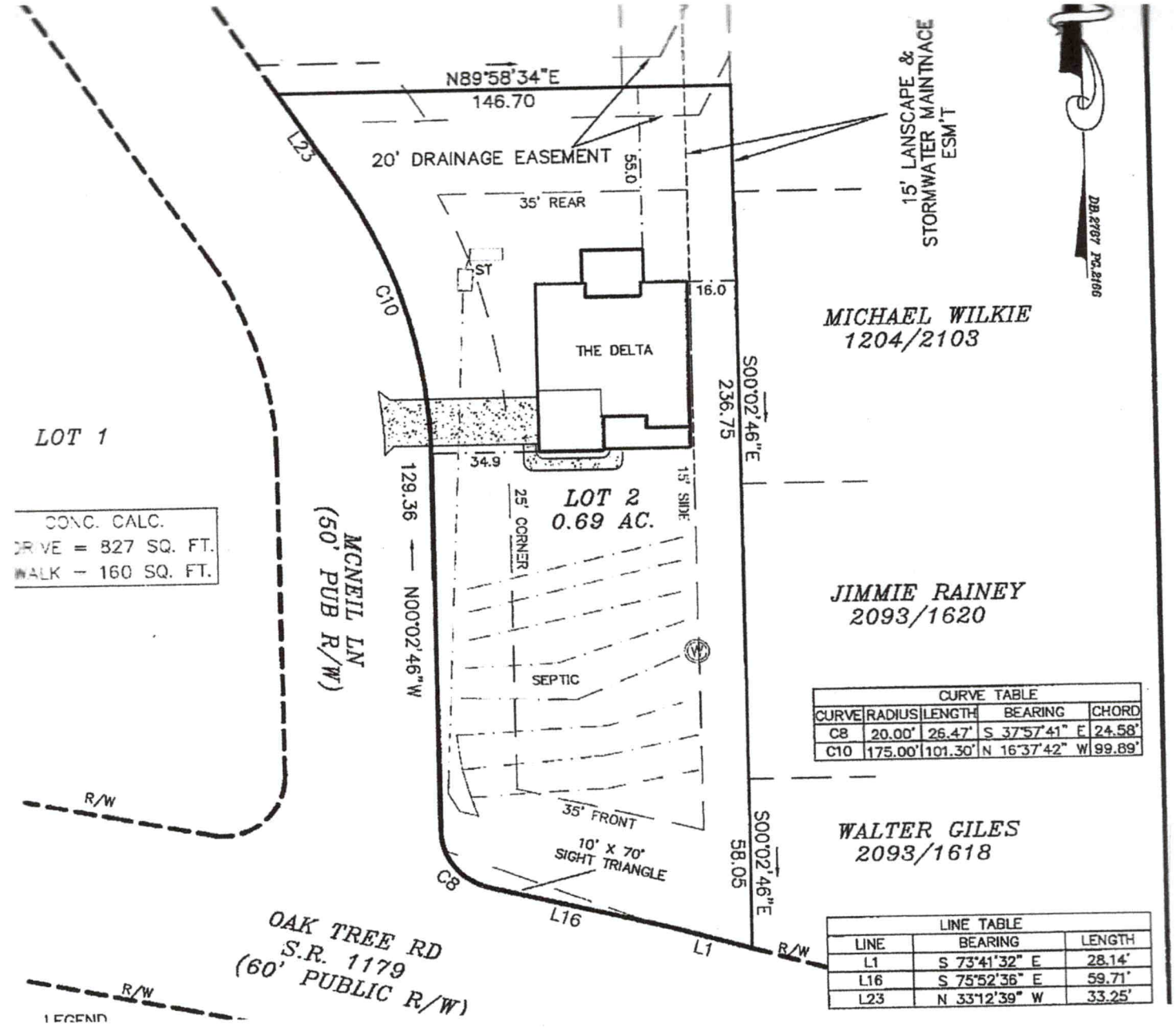
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: online | Date: | Installed by:

IMPROVEMENT PERMIT by: Sydney Holland | Date: 8/24/23 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 8/24/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C8	20.00'	26.47'	S 37°57'41" E	24.58'
C10	175.00'	101.30'	N 16°37'42" W	99.89'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 73°41'32" E	28.14'
L16	S 75°52'36" E	59.71'
L23	N 33°12'39" W	33.25'

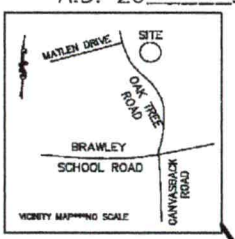
1/26/22, 2:57 P

DAS
DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2767, page 2166, and/or plat book 72, page 84, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 25, day of JANUARY, A.D. 20 22.

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS



LOT 3
MCNEIL LANE LLC
2093/1618

ROBERT HOOVER
2521/1094

N89°58'34"E
146.70

L23

20' DRAINAGE EASEMENT

55.0

35' REAR

15' LANSCAPE & STORMWATER MAINTNACE ESM'T

DB 21707 PG 2196

AST

C10

16.0

THE DELTA

MICHAEL WILKIE
1204/2103

S00°02'46"E
236.75

LOT 1

34.9

129.36

N00°02'46"W

15' SIDE

25' CORNER

LOT 2
0.69 AC.

CONC. CALC.
DRIVE = 827 SQ. FT.
WALK = 160 SQ. FT.

MCNEIL LN
(50' PUB R/W)

JIMMIE RAINEY
2093/1620

SEPTIC

35' FRONT

10' X 70' SIGHT TRIANGLE

S00°02'46"E
58.05

WALTER GILES
2093/1618

C8

L16

L1

R/W

OAK TREE RD
S.R. 1179
(60' PUBLIC R/W)

R/W

R/W

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C8	20.00'	26.47'	S 37°57'41" E	24.58'
C10	175.00'	101.30'	N 16°37'42" W	99.89'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 73°41'32" E	28.14'
L16	S 75°52'36" E	59.71'
L23	N 33°12'39" W	33.25'

LEGEND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT
(W) = WELL

0' 25' 50' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

PLOT PLAN SURVEY

OF

108 OAK TREE ROAD
LOT 2 ESTATES AT OAK TREE

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: MCNEIL LANE LLC

FIELD BOOK:
FILE: ESTATES AT OAK TREE PLOT PLAN
DC FILE:
TAX MAP NO: 4637616087.000

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: ~~Strafford~~

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full) Lot 2

OWNER: Sullivan
ADDRESS: 27 Milford
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 108 McNeil Mill
APPLICATION DATE: 9/2020
DATE EVALUATED: 9/2020
PROPERTY SIZE: .69Ac
PROPERTY RECORDED: N/A

PROPOSED DESIGN FLOW (.1949): 360.

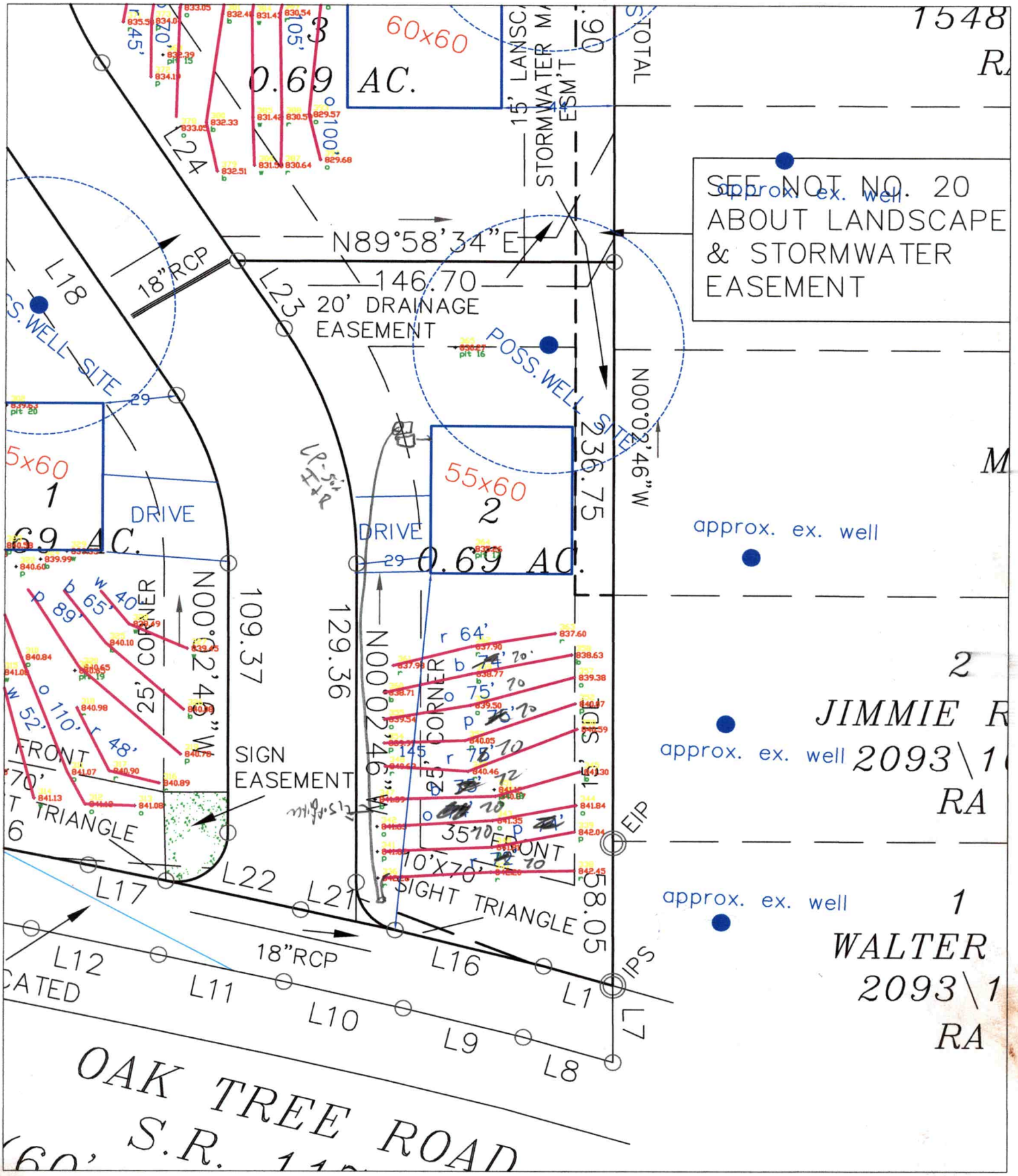
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	
1	Side	0-8	Fill		2.5YR 4/6	60	—	N/A	PS .30
		8-28	Scl	SS Sp FR					
		28-48	C	SS Sp FR					
		48-60	CL	SS Sp FR	10YR 6/6 4p Mottles				
2	Side	0-32	C SBK/ABK	SS Sp FR	?	60	—	Few 10YR 6/6 Depletions @ 16-18	PS .30
		32-60	CL WSBK	SS Sp FR					
3	Side	0-4	-Compacted		2.5YR 4/6	60	—	10-15 In 10YR 6/6 Mottles	PS .30
		4-30	C SBK/ABK	SS Sp FR					
		30-60	CL WSBK	SS Sp FR					
4	Ridge	0-6	Top-disturbed		?	54	—		PS .30
		6-36	C SBK	?					
		36-54	CL WSBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	IV 50%	IV 50%
Site LTAR	.30	.30

OTHER FACTORS (.1946): Ledge/boring Mills
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolles
OTHER(S) PRESENT: Passage

COMMENTS:

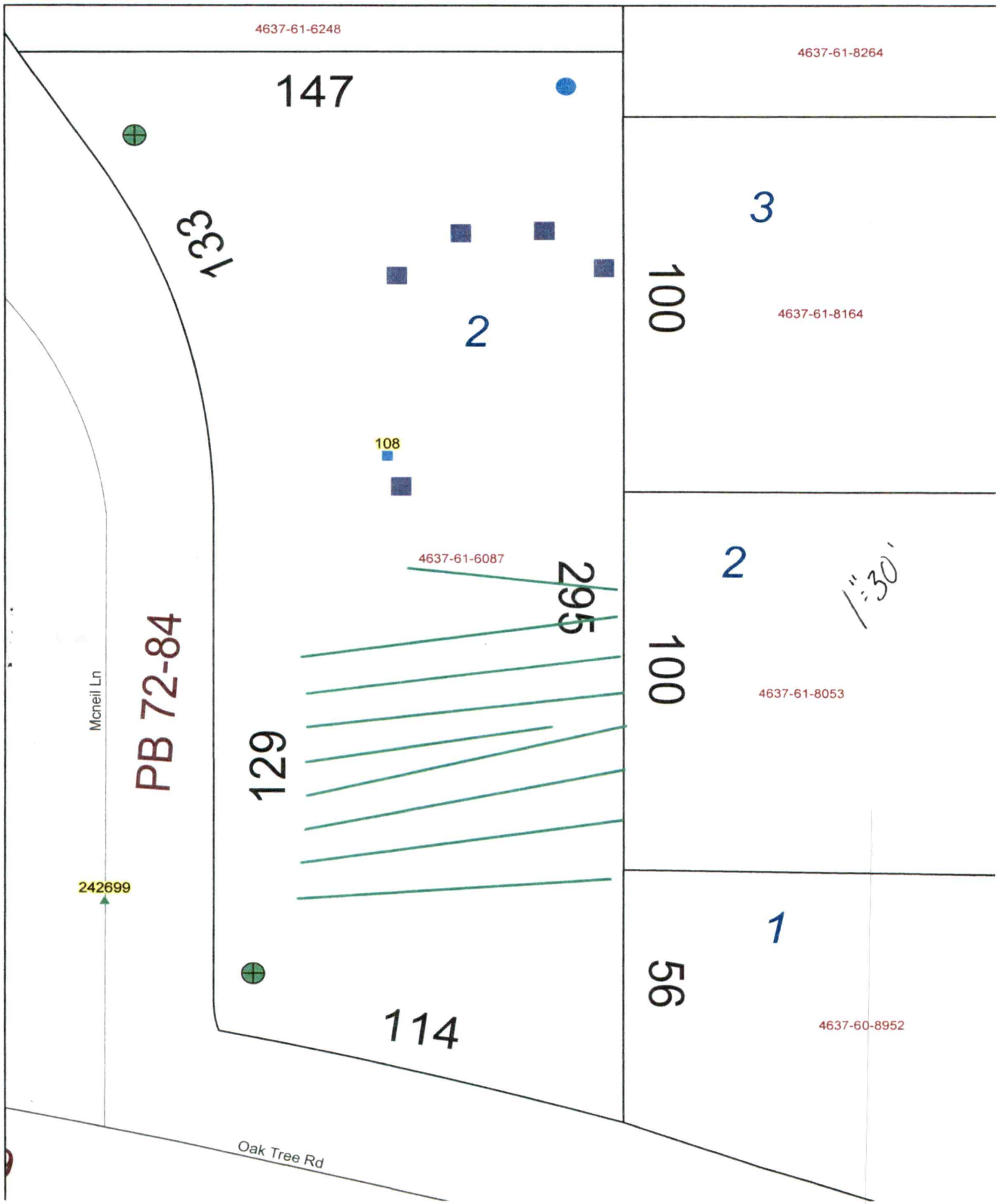


The Estates at Oak Tree Ridge Lot 2 Septic Site Plan 9-7-20

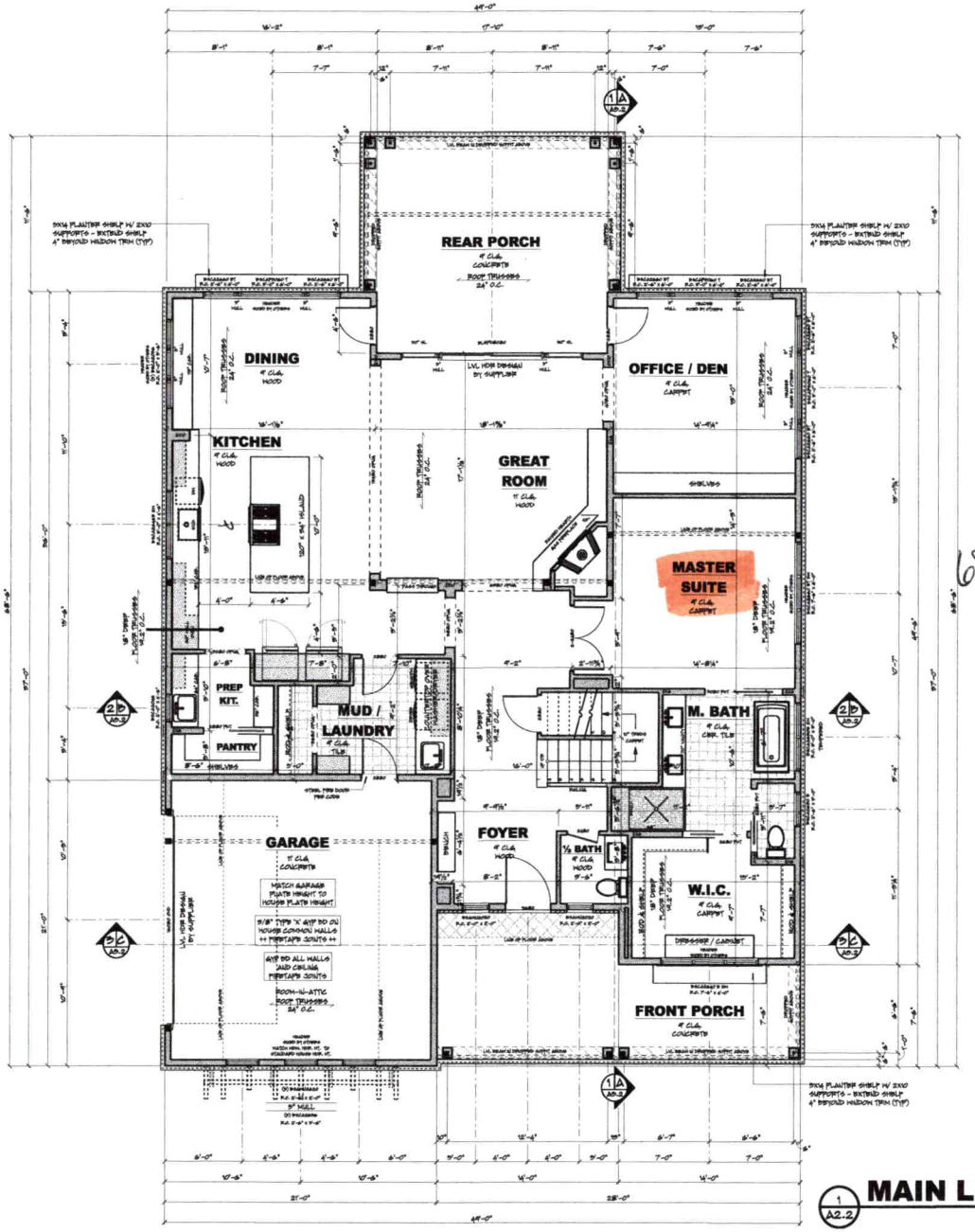
Base site plan from DAS. DAS survey septic line locations. Refer to flags in field. (1"=50')

Septic system and well must be approved and permitted by ICHD.

(PL147)
Ex. Well
(PL295')
74'
15'
Porch
Existing House Box
Driveway
Mcneil Ln R.O.W
Supply Line from Grinder Pump
(±50')
(±80')
(± 78')
(± 60')
78'
82'
82'
84'
78'
12'
10'
10'
10'
12'
10'
10'
10


4637-61-6248
147
4637-61-8264
133
3
100
2
4637-61-8164
108
4637-61-6087
295
2
1"=30'
PB 72-84
Mcneil Ln
100
4637-61-8053
129
242699
1
56
114
4637-60-8952
Oak Tree Rd

49'



Acknowledgement Of Plans Submittal ONLY!

Date

Date 2/12/2

AREA TABULATION	
MAIN LEVEL	2,011 SF
UPPER LEVEL	1,159 SF
FUTURE BONUS	277 SF
TOTAL FINISHED	3,169 SF
TOTAL LIVABLE INCL. BONUS	3,423 SF
GARAGE	676 SF
FRONT PORCH	252 SF
REAR PORCH	508 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM INTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY NOTATIONS OF SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND BIDDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THE STRUCTURE.

WINDOWS
- MARVIN ESSENTIAL SERIES
- STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'B' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-0-3/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MEET L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- 9'-1-1/8" PLATE HEIGHT (U.N.O.)
- 9'-1-1/8" GREAT ROOM PLATE HEIGHT
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES FRAMING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

DOOR SCHEDULE SYMBOL

2468 INDICATES A 2'-4" WIDE x 6'-8" HIGH DOOR

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, HEEL HEIGHTS AND OTHER CONDITIONS CRITICAL TO PROPER TRUSS FABRICATION.

ANY STRUCTURAL COMPONENTS THAT MAY NOTED ON THESE PLANS ARE INTENDED FOR DESIGN/AID PURPOSES ONLY. IT IS RECOMMENDED THAT ALL STRUCTURAL DESIGN SUBMITTALS BE REVIEWED BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AID LAYOUT TO BE PROVIDED BY YOUR LOCAL TRUSS SUPPLIER.

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON FINAL SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
Kieran J. Lietz 24-196

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CL-20-012
THE DELTA
SLAB
2 CAR SIDE
REVERSE

Please scan or visit www.royaloaksdesign.com to see more of our plans or to request modifications.

Document Date: 11/29/2021

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
1	04/20/21	FOUNDATION SHEET - STH
2	09/04/21	HOUSE SHEET - MN
3	09/09/21	HOUSE SHEET - DML
4	07/26/21	MN FOUNDATION NOTES & SECTION VARI.2 - STH
5	10/27/21	FLAT SPRINKLING NP - DML
6	11/29/21	FOUNDATION SLAB SHEET - DML

MAIN LEVEL FLOOR PLAN

4 **A2.2** 8

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MAIN LEVEL FLOOR PLAN

1 A2.2

SCALE: 1/4" = 1'-0"

100% SCALE @ 36"x24"

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B

Acknowledgement Of
Plans Submittal ONLY!

BEJ Date 2/23/22

Date 2/1/22



AREA TABULATION

MAIN LEVEL	2,011 sf
UPPER LEVEL	1,189 sf
FUTURE BONUS	277 sf
TOTAL FINISHED	3,166 sf
TOTAL LIVABLE INCL. BONUS	3,429 sf
GARAGE	496 sf
FRONT PORCH	292 sf
REAR PORCH	308 sf

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

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- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
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WINDOWS

- MARVIN ESSENTIAL SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 6'-10 3/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MEET L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 8' 1-1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL EXTERIOR DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES FRAMING POINT LOAD
- PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

DOOR SCHEDULE SYMBOL

2468 REPRESENTS A 2'-4" WIDE x 6'-8" HIGH DOOR

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CL-20-012
THE DELTA
SLAB
2 CAR SIDE
REVERSE

Please scan or visit www.royaloaksdesign.com to see more of our plans or to request modifications.

Document Date:
11/29/2021

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
1	06/30/21	FOUNDATION 60CF - DFH
2	09/09/21	HOOD 60CF - MH
3	09/09/21	HOOD 60CFE - DRU
4	07/26/21	FIN FOUNDATION WITH 9 & SECTION VIEWS - DFH
5	10/27/21	FLAT STRUCTURAL UP - DRU
6	10/29/21	FOUNDATION SLAB 60HF - DRU

UPPER LEVEL FLOOR PLAN

5 **A2.2** 8

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1 A2.3 UPPER LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

100% SCALE @ 36"x24"

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2

DW
Unrelated

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED RECEIVED JAN 3 1 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-310698 $105.00

Application For: ( ) 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
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: Sullivan Tierney Industries Address: 271 MILFORD circle MOORESVILLE NC Zip: 28117
Applicant Email: BRIANETIERNEYC Hotmail.com Phone: 312 498 2456 Alt. Phone:
Owner Name: BRIAN TIERNEY Address: 271 MILFORD circle Zip: 28117
Owner Email: BRIANETIERNEY@Hotmail.com Phone: 312 498 2456 Alt. Phone:

Property Information:

Street Address: 108 McNeil Lane MOORESVILLE NC 28117
Subdivision Name: Estates AT OAK Tree Ridge Section/Phase: 1 Lot Number: 2
Driving Directions: Brawley School Rd. RT on OAK Tree RT on McNeil
BRIAN TIERNEY

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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:

( ) New Well (X) 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.

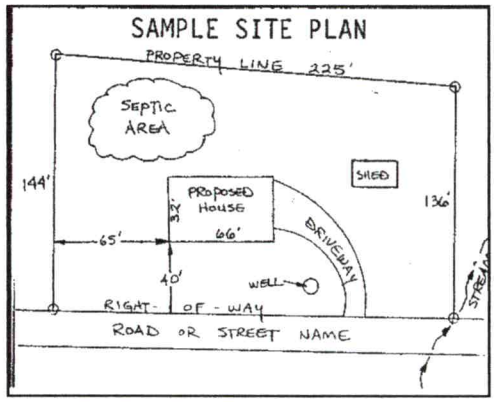
Signature: BE Tierney 1/27/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: _____ 1/27/2022

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ _____
Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

___ **Complete all Environmental Health forms**:

- ___ Application
- ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

___ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

___ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

___ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

___ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 1/27/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625