ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 310696

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

PIN # 4637 -61 -6248

APPLICANT/OWNER: Sullivan Tierney Industries, Inc | APPLICANT ADDRESS: 271 Milford Circle Mooresville NC

SITE ADDRESS: 116 McNeil Lane Mooresville NC 28117. | PHONE: 312 498 2456 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd @ Oak Tree @ McNeil Lane. | SAP CONTROLLED: ☐ YES ☒ NO

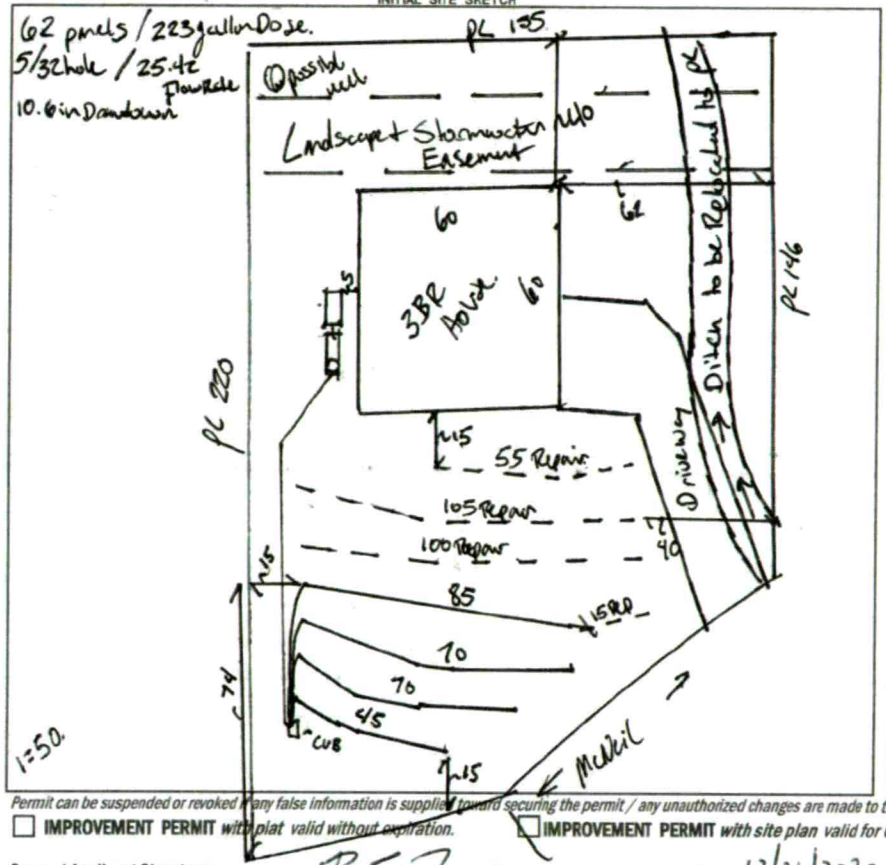
SUBDIVISION: The Estates at Oak Tree | SECTION: - | LOT # 3 | LOT AREA: .69 Acres. | DESIGN FLOW: 360 | L.T.A.R.: .225

Septic Tank	1000	(gal)	STB	7160	Date	10/29/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	3603	Date	11/20/22	System Description: LP - 50% Reduction.		☐ Business	No. Persons	6	☒ Private
Pump Make	Gravity	Model	WE130	Serial #			Repair System Description: LP - Horizontal 50% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	270		Maintenance Agreement Required: ☐ YES ☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth ~~Rounded~~	MAX 30 in	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on the contour of the land & utilities CUB. Do not exceed Max of 30 inches. Do not Drive Over Gravel or buy utilities in drain field Area.

House must be placed on lot according to site plan approved 1/5/23

INITIAL SITE SKETCH



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.

verify tank connections (set, not corrected 1/5/23)

Tanks & plumbing 1/10/23 SH

Floats / Alarm / Lines / Pressurized

CUB - 1-11-23 - BB

Lines installed as permitted.

Electrical 1/25/23

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**

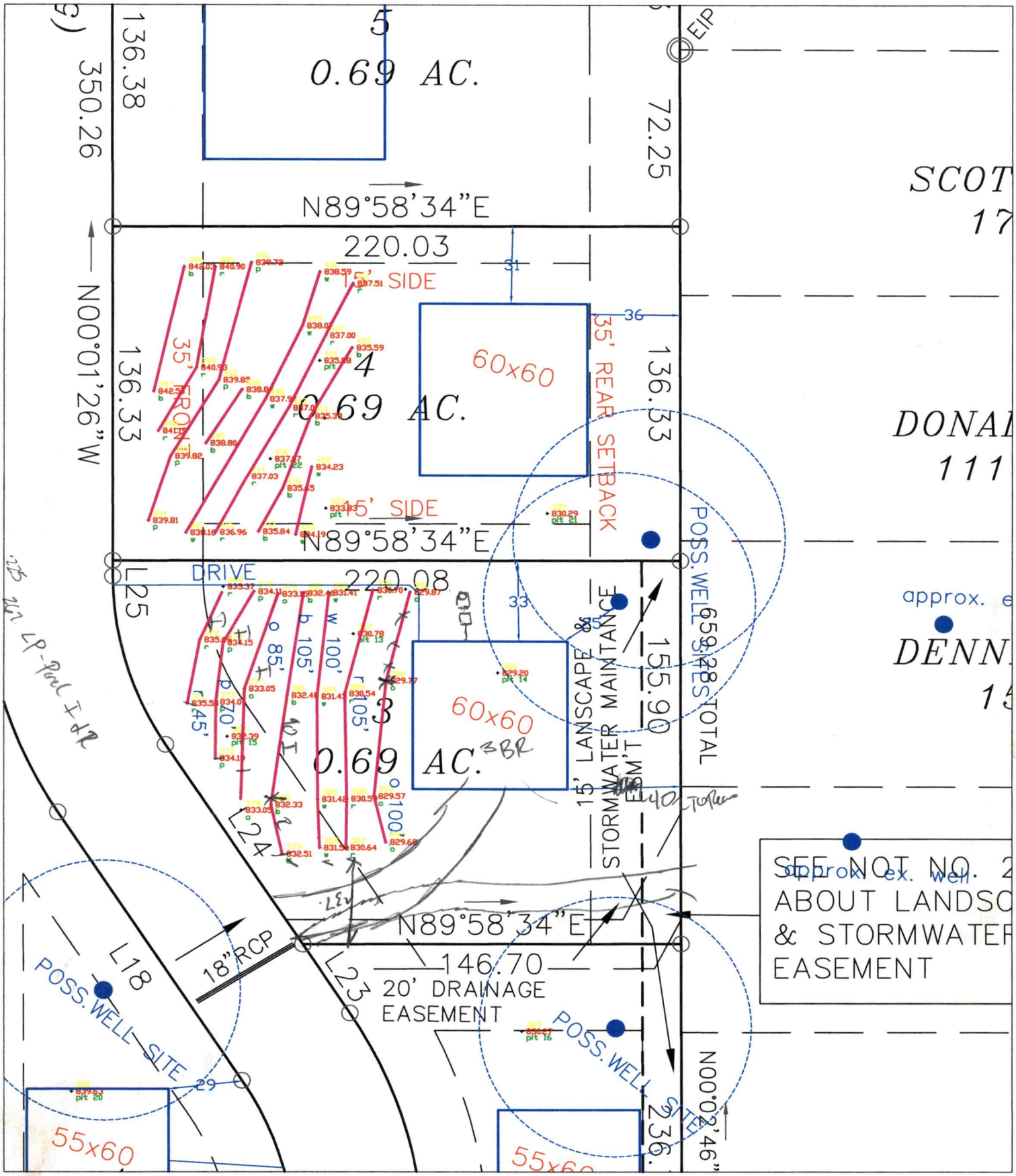
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: BET | Date: 12/21/2020 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Blair | Date: 12-6-2020 | OPERATION PERMIT by: D. meberg | Date: 2/2/23

AUTHORIZATION TO CONSTRUCT by: D. meberg | Date: 1/5/23 | Existing System Inspected by: | Date:

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



The Estates at Oak Tree Ridge Lot 3 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.

*Stormwater ditch to be Relocated to P/L prior to AC / Slab. Move Culvert at Road prior to AC Paving w/ Secondary Ditch

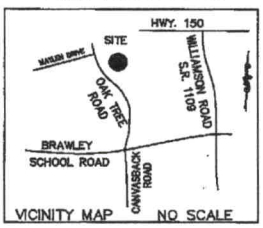
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

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 6, day of DECEMBER,
A.D. 20 21.

WILLIAM M. ALLEN

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



FB178 PG.84

LOT 5
DENNIS P. &
LINDA A. OCONNOR
1548/263

LOT 4
ROBERT A. &
KIM HOOVER
2864/133

Acknowledgement Of Plans Submittal ONLY!
Date 1/11/22
Date 1/5/22

N00°02'46"W
155.90

LOT 3
0.69 AC.

36.0

33.4

35' REAR

15' SIDE

15' SIDE

HARTJE

LOT 2
MCNEIL LANE LLC
2767/2166

N89°58'34"E
146.70

CONC. CALC.
WALK = 277 SQ. FT.
DRIVE = 1,988 SQ. FT.

N89°58'34"E
220.08

47.5

35' FRONT

R/W

LOT 4
MCNEIL LANE LLC
2767/2166

N33°12'39"W
96.92

R/W

L1

C1

MCNEIL LN.
(50' PUBLIC R/W)

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 00°01'26" W	6.37'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	125.00'	72.40'	S 16°37'03" E	71.39'

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

0' 20' 40' 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

116 MCNEIL LANE
LOT 3 ESTATES AT OAK TREE RIDGE

SCALE 1" = 40'

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

ACQUIRED BY: MCNEIL LANE LLC

FIELD BOOK:
FILE: ESTATES AT OAK TREE 3
DC FILE:
TAX MAP NO: 80076359

1" = 50'

Acknowledgement Of Plans Submittal ONLY!

BEZ Date 1/11/22

Date 1/5/22

DAS

DON ALLEN & ASSOCIATES, P.A.

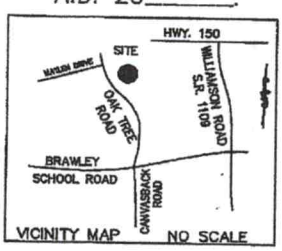
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WILLIAM M. ALLEN

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



PB78 PG84

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DENNIS P. &
LINDA A. OCONNOR
1548/263

LOT 4
ROBERT A. &
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35' REAR

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CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	125.00'	72.40'	S 16°37'03" E	71.39'

0' 20' 40' 100'

NOTES
1) THIS PROPERTY MAY BE SUBJECT

RECEIVED SEP 1 0 2020

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

AP-310696 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sullivan Tierney Industries, Inc **Address:** 271 Milford Circle, Mooresville **Zip:** 28117

Applicant Email: brianetierney@hotmail.com **Phone:** 312 498 2456 **Alt. Phone:**

Owner Name: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information: 116

Street Address: [redacted] McNeil Lane Change to

Subdivision Name: The Estates at Oak Tree Ridge **Section/Phase:** SEC 8 **Lot Number:** 3

Driving Directions: Brawely School Road, R Oak Tree, R McNeil Lane 9-22-20 PGT

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: 3
Maximum Number of Occupants: 6
( ) 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:
(X) 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: _____ 9.8.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

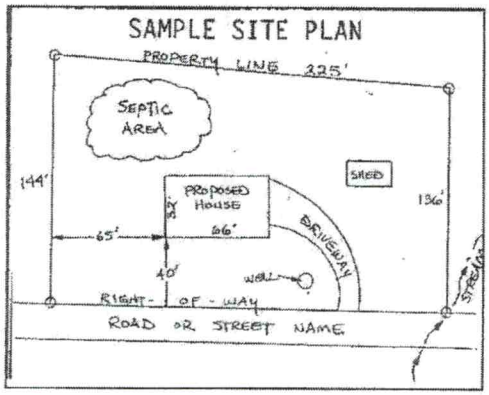
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

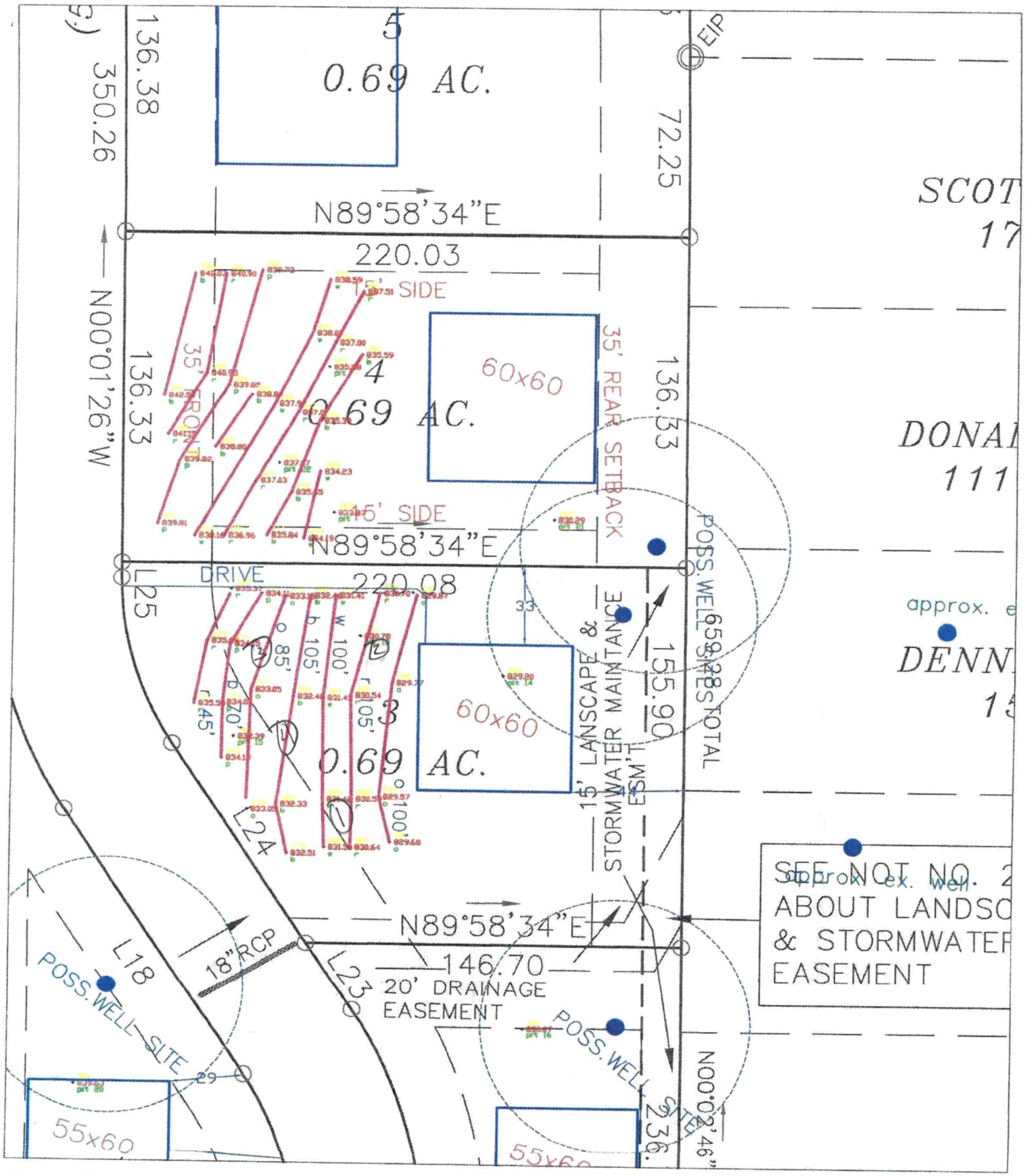
See attached site plan.

Signature: _____

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

9.8.20

DATE



The Estates at Oak Tree Ridge Lot 3 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.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, SULLIVAN TIERNEY INDUSTRIES INC, am the legal owner(s) of the property located at The Estates at Oak Tree Ridge Sub. Lot 1-9, identified as

PIN (Parcel Identification Number) 4637616408.000, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** Paul Penninger/Penninger Soil Consulting _____, 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.

Sullivan Tierney Industries LLC — 7/25/2020

Signature of Owner(s) — Date

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

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 with dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ___ 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.

NA 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 non-refundable. 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** 9.8.20

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

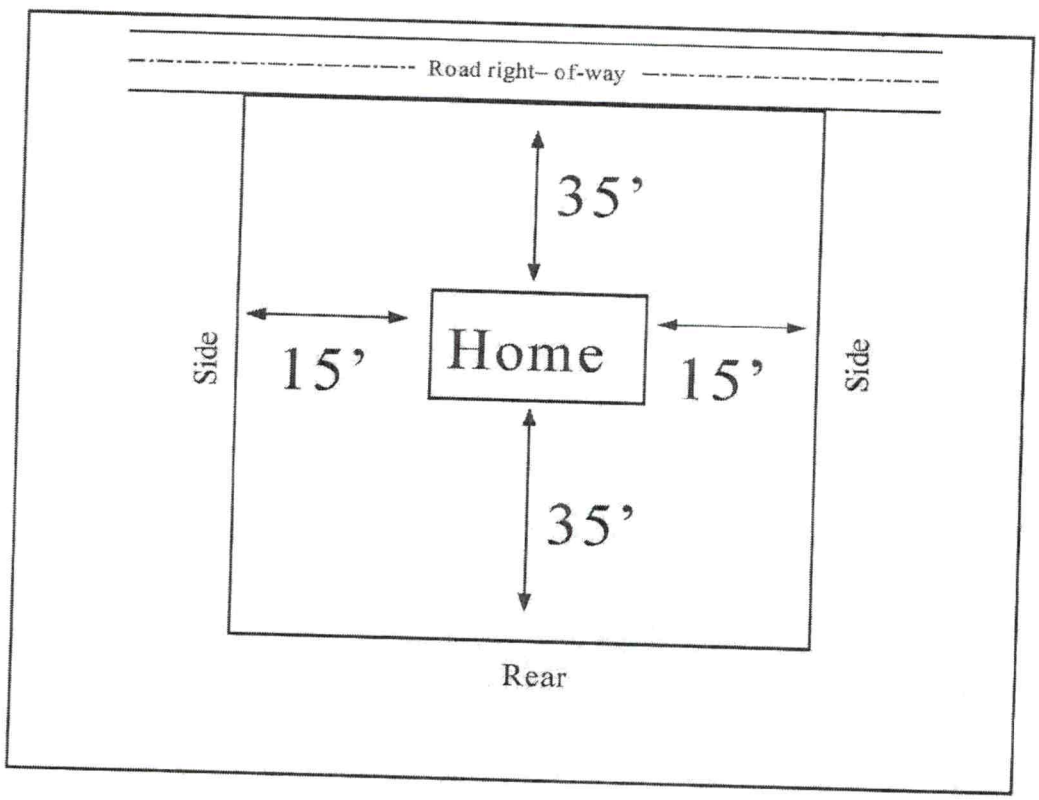
ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

9-8-20
Date

STREET NAME: 116 MCNEIL



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

RECEIVED DEC 15 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-310696

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

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Applicant Name: Sullivan Tierney Industries, Inc **Address:** 271 Milford Circle, Mooresville **Zip:** 28117

Applicant Email: brianetierney@hotmail.com **Phone:** 312 498 2456 **Alt. Phone:**

Owner Name: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information: 116

Street Address: [redacted] McNeil Lane

Subdivision Name: The Estates at Oak Tree Ridge **Section/Phase:** **Lot Number:** 3

Driving Directions: Brawely School Road, R Oak Tree, R McNeil Lane

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 DW BT
(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:
(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:
(X) 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: [signature] 9.8.20

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

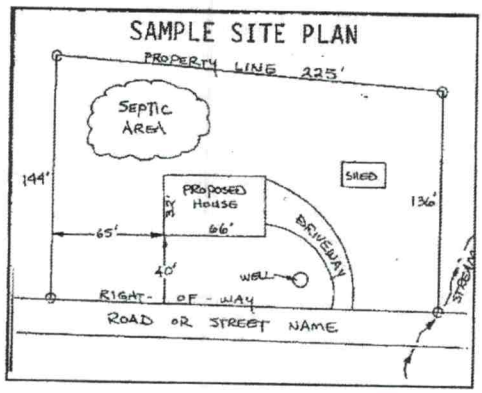
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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

See attached site plan.

Signature: _____

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

9.8.20

DATE

Public Health
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*) BEJ

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, SULLIVAN TIERNEY INDUSTRIES INC, am the legal owner(s) of the property located at The Estates at Oak Tree Ridge Sub. Lot 1-9, identified as

PIN (Parcel Identification Number) 4637616408.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting, 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.

BEJ Sullivan Tierney Industries LLC — Signature of Owner(s)

7/25/2020 — Date

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

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 with dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ___ 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.

NA 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 non-refundable. 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.**

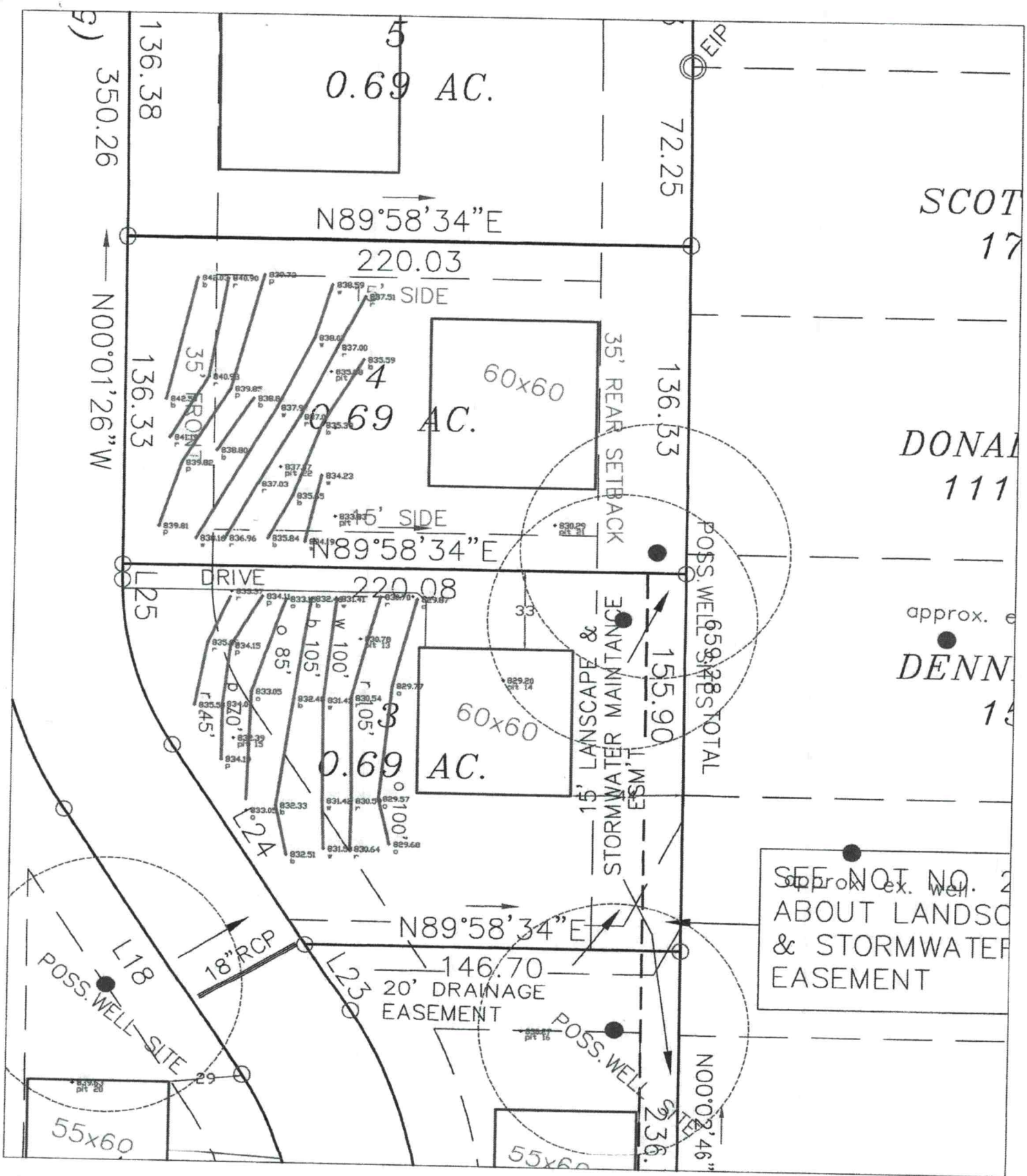
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 9.8.20

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



The Estates at Oak Tree Ridge Lot 3 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.

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

Sheet 1 of 1
PROPERTY ID #: 4635761249
COUNTY: Iredell

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

Lot 3

OWNER: Sullivan
ADDRESS: 271 Mitchell Creek Rd.
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 116 McNeil Mill Ln.
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE 9/2020
DATE EVALUATED: 9/2020
PROPERTY SIZE: .69
PROPERTY RECORDED: Yes
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		0-8	Fill						PS .225
		8-28	SCL						
		28-48	SC		5YR4/6	60		10YR 5/6 10YR6/1	
		48-60							
2		0-36	SCL						PS .25
		36-51	SC						
		51-60	C						
					7.5YR 5/8	60		10YR6/3 & 6	
3		0-35	SCL						PS .25
		35-51	C						
		51-65	CL					Low Chroma 2 C ≤ 1 Inches	
						65			
4		0-12	Fill						PS .275
		12-30							
		30-54				54			

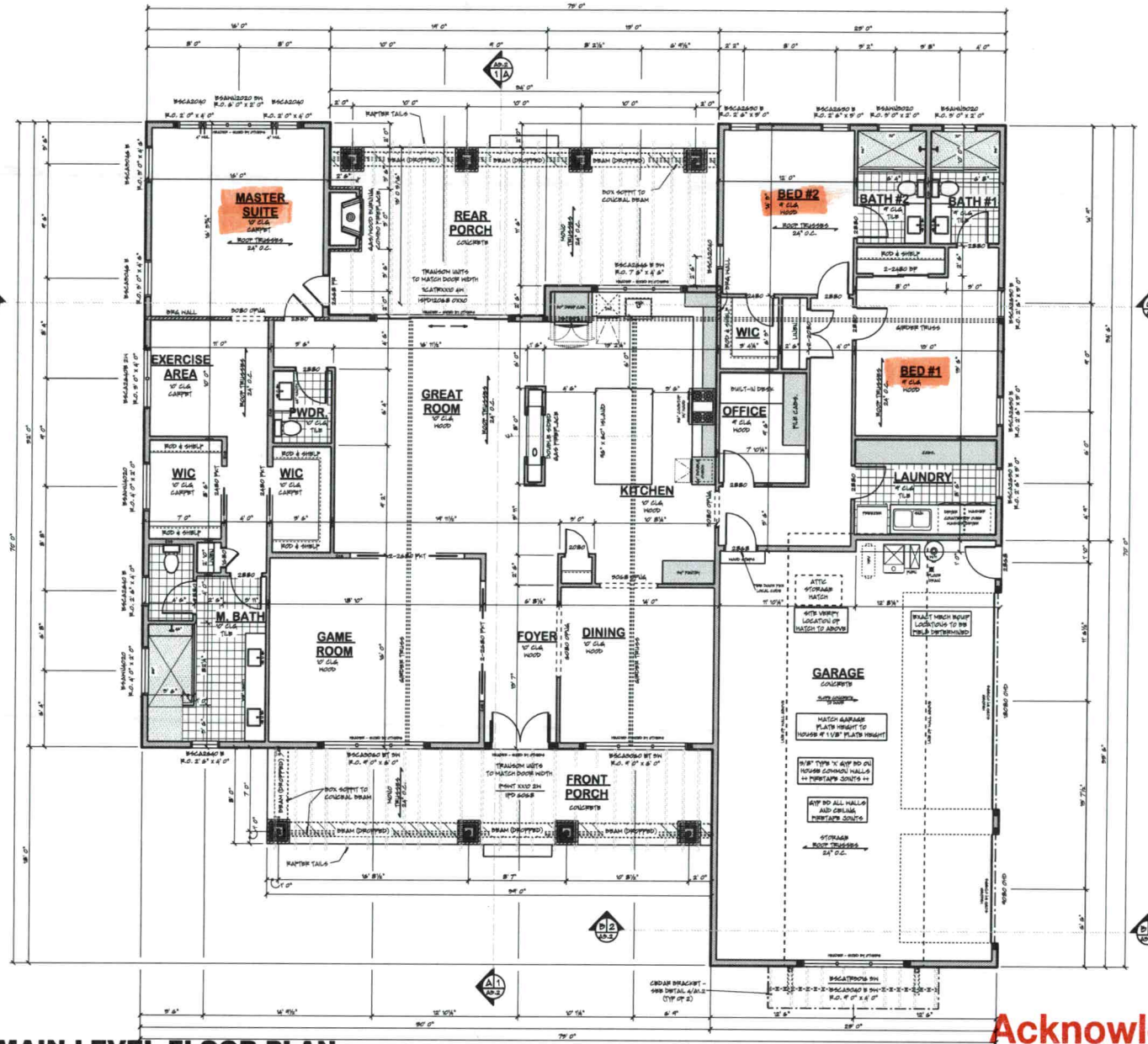
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	267
System Type(s)	LPP 5	LPP 5
Site LTAR	.225	.225

OTHER FACTORS (.1946): Ditch
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bates
OTHER(S) PRESENT: Jennings

COMMENTS:

75'

70'



MAIN LEVEL FLOOR PLAN

1 / A2.2

SCALE: 1/4" = 1' 0"

AREA TABULATION	
MAIN LEVEL	2468 sf
UPPER LEVEL (UNFINISHED)	460 sf
TOTAL FINISHED	2468 sf
TOTAL LIVABLE	2468 sf
GARAGE	872 sf
FRONT PORCH	308 sf
REAR PORCH	400 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 EXTERIOR 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 OMISSIONS 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
- NARROW EGRESS SERIES
  - TYPE AND SIZE PER PLAN
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'W' MEET EGRESS CODES
- BUILDER TO VERIFY ALL ROUGH OPENING DIMENSIONS 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
- 10'-1/8" PLATE HEIGHT (MAIN)
- 9'-1/8" PLATE HEIGHT (MAIN)
- 2X8 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 REPRESENTS 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 LISTED ON THESE PLANS ARE INTENDED FOR DESIGN/BID PURPOSES ONLY. IT IS RECOMMENDED THAT ALL STRUCTURAL DESIGN ELEMENTS BE REVIEWED BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AND 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 EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILDING STRUCTURE.

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
Kieran J. Liebl 24-106

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Drawn by: OFM

ISSUE	DATE	REMARK
	08/30/21	PRELIMS - OFM
	09/13/21	NO ART - OFM
	09/14/21	PRELIM - OFM

UPPER LEVEL FLOOR PLAN
ROOF PLAN

A2.2

7

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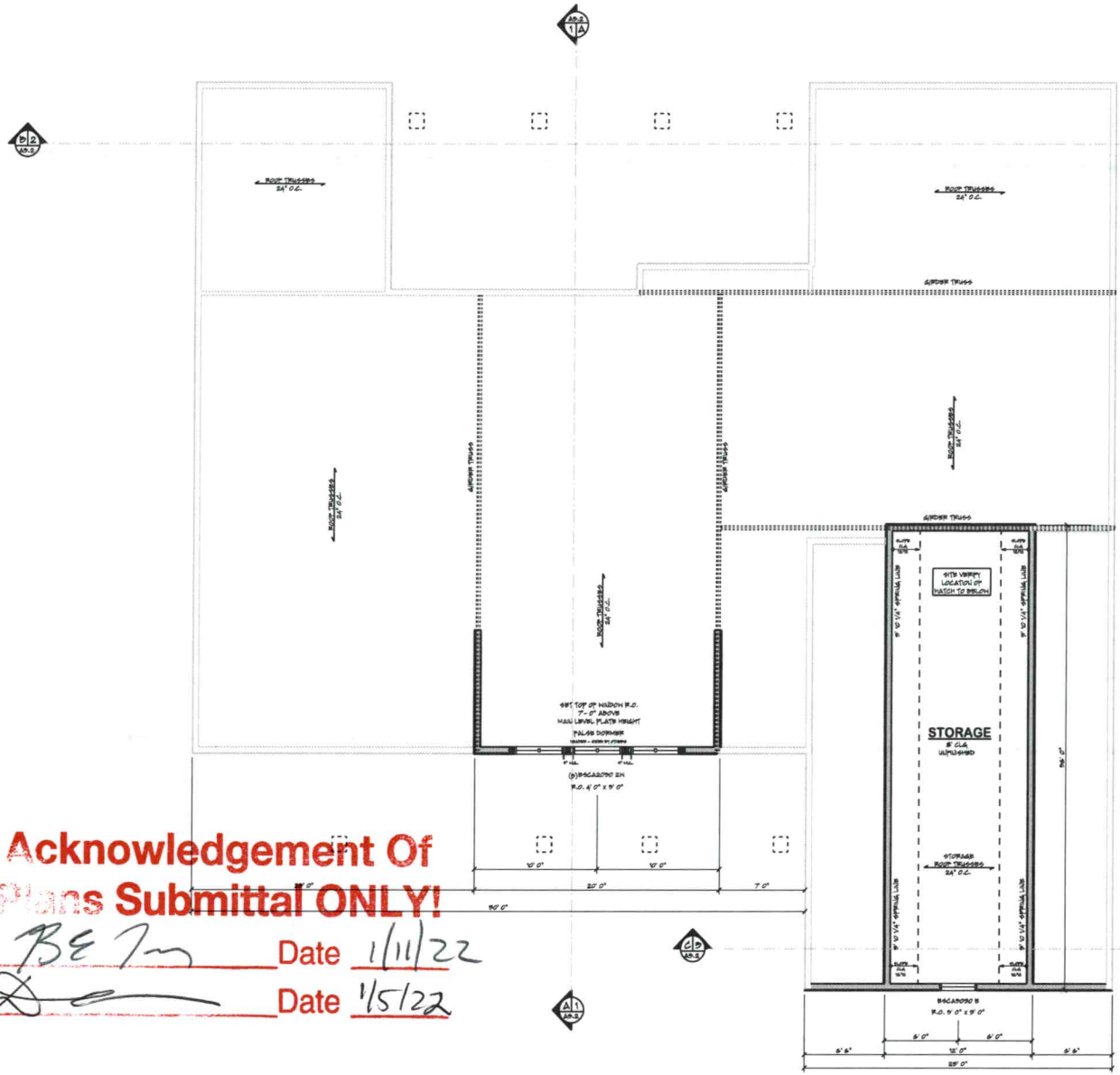
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100% SCALE @ 36"x24"

Acknowledgement Of Plans Submittal ONLY!

BSM Date 1/11/22

Date 1/5/22



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MAIN LEVEL	2468 SF
UPPER LEVEL (UNFINISHED)	440 SF
TOTAL FINISHED	2468 SF
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WINDOWS

- MARVIN ESSENTIAL SERIES
- TYPE AND SIZE PER PLAN
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
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FRAMING

- 8' 1-1/8" PLATE HEIGHT (U.N.O.)
- 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

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	09/15/21	PRE-DRFT - OFM
	09/16/21	FINALS - OFM

UPPER LEVEL FLOOR PLAN
ROOF PLAN

4 **A2.2** 7

Acknowledgement Of Plans Submittal ONLY!

BE Jm Date 1/11/22

Date 1/5/22

1 A2.3 UPPER LEVEL FLOOR PLAN

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

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