9:30

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 509497

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

PIN # 4637-61-6432.000 ✓

APPLICANT/OWNER: Sullivan Turnkey Enterprises APPLICANT ADDRESS: 221 Mirabel Circle Mooresville NC 28117

SITE ADDRESS: 124 Musial Lane Mooresville NC 28117 ✓ PHONE: (336) 498-2456 ALT. PHONE

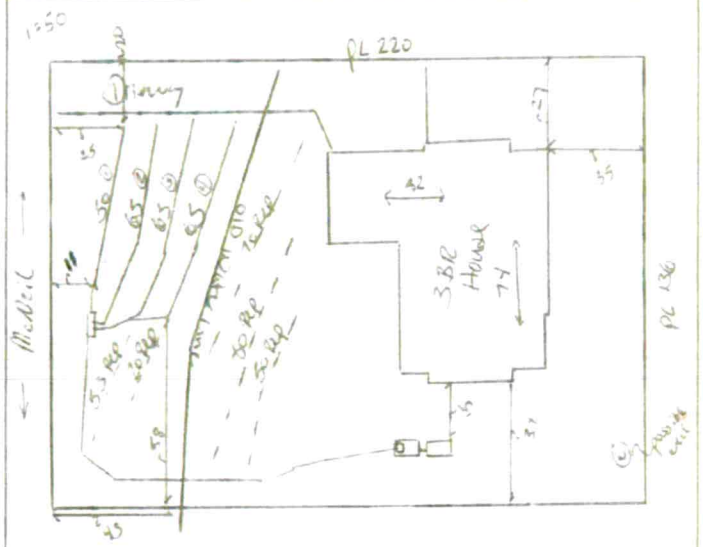
SITE DIRECTIONS: Brawley School Rd to Oaktree Dr on Musial SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Estates at Oak Tree ✓ SECTION: LOT # 4 ✓ LOT AREA: .69 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank: 1000 (gal)	STB: 740	Date: 6/13/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private
Pump Tank: 1000 (gal)	FT: 703	Date: 6/17/23	System Description: DM - 50% Reduction		☐ Business	No. Persons: 6	☐ Public
Pump Make: Zoeller	Model: BN151-D	Serial #: 2423E85X	Repair System Description: LP - 50% Reduction		☐ Other	No. Employees:	☐ Community
# Nitrification Fields: 1	# Lines: 4	Linear Ft.: 240	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width: 24in	Trench Bottom Depth (Low side): 29" max	Gravel Depth: —	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

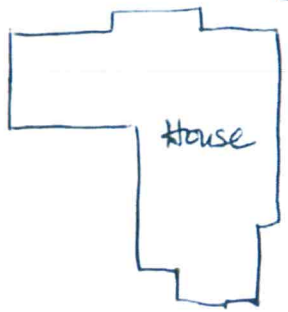


AS BUILT SKETCH

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.

- installed as shown SB 7/21/23 (Lines)
- Tanks need filter DW 7/24/23
- 7/25/23 - Supply line + Filter check ✓

Top Line Ckd 7/9/23



As Built for tanks

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: BE Date: 5-23-2024 Installed by: BOSS

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 5-17-2023 OPERATION PERMIT by: Bryant C. Wood Date: 12-5-2023

AUTHORIZATION TO CONSTRUCT by: D Mabery Date: 6/22/23 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 309487

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

PIN # 4637 -- 61 -- 6405

APPLICANT/OWNER: Sullivan Tierney Endustries APPLICANT ADDRESS: 271 Milford Circle Mooresville NC 28117

SITE ADDRESS: 124 McNeil Lane Mooresville NC 28117 PHONE: (312) 498-2456 ALT. PHONE -

SITE DIRECTIONS: Brawley School Rd to Oaktree Ln on McNeil. SAP CONTROLLED: ☐ YES ☒ NO

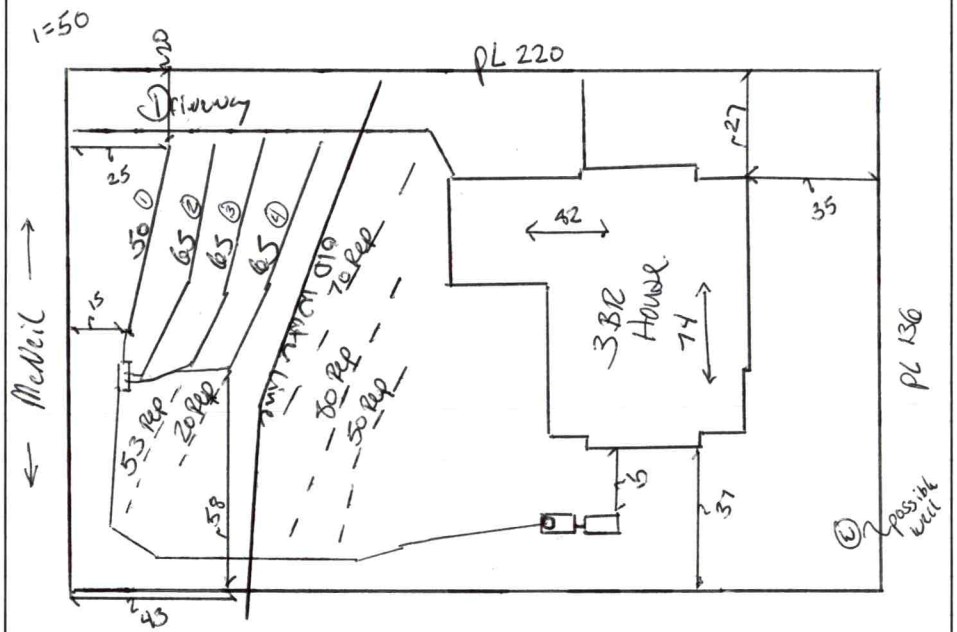
SUBDIVISION: The Estates at Oak Tree SECTION: - LOT # 4 LOT AREA: .69 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	PM - 50% Reduction			
Pump Make			Model		Serial #		Repair System Description:	PM - 50% Reduction			
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24 in		Trench Bottom Depth(Low side)	29 in max	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		

☑ Residence No. Bedrooms 3 — Water Supply: ☑ Private
☐ Business No. Persons 6 — ☐ Public
☐ Other No. Employees — ☐ Community
☐ Slab ☑ Crawl Space — ☐ Basement w/plumbing — ☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH



Line 1 - 1/2 sch 80 Tap @ 5.48 gpm
Line 2, 3, 4 each - 1/2 sch 40 Tape 7.1 gpm.
26.81 gpm Flow Rate

56 panels / 200 gallon Dose
9.5 in Drawdown
7.4 min pump Run.

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.

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: 5-23-2024 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 5-17-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D Mcbee Date: 6/22/22 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 # 309487

PRIVATE DRINKING WATER WELL PERMIT PIN # 4637 61 [illegible] 32 Type of Permit (circle one): New Repair (Abandonment)

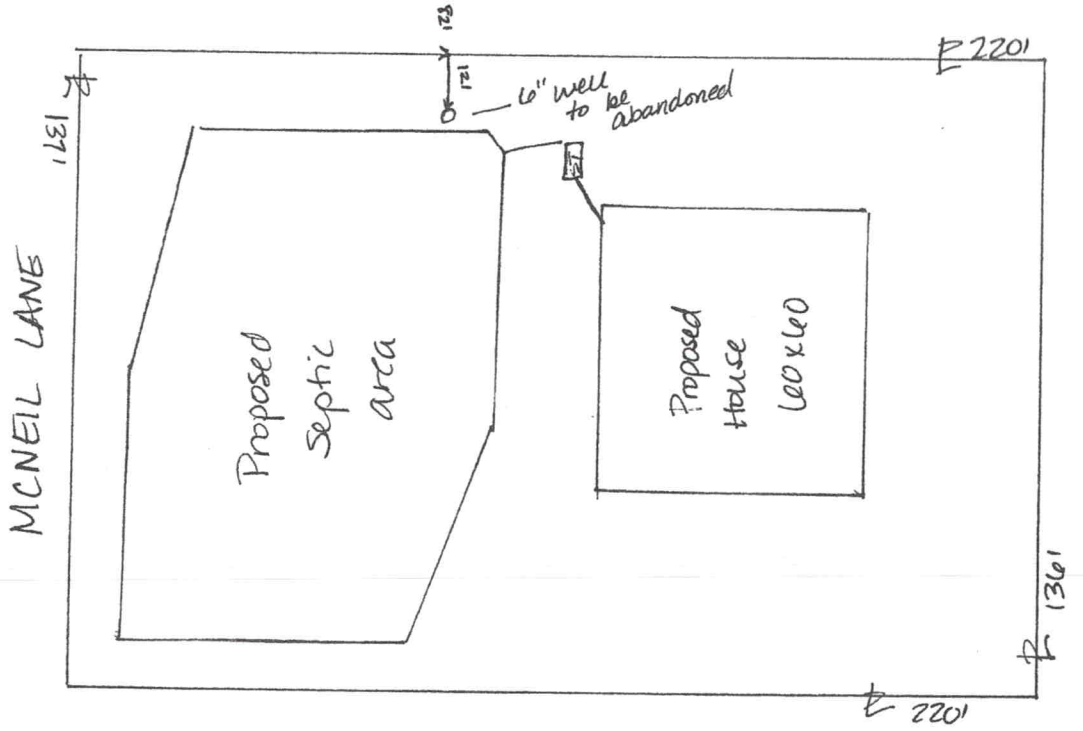
APPLICANT/OWNER NAME: Sullivan Tierney Industries, Inc ADDRESS: 271 Milford Circle, Mooresville 28117 PHONE: 312-498-2456

DIRECTIONS TO SITE: Brawley School Rd W → (R) Oak Tree → (R) McNeil Ln → lot on (R)

SITE ADDRESS: 124 McNeil Lane, Mooresville NC 28117 SUBDIVISION: Estates at Oak Tree Ridge SECTION/LOT: 4

Initial Site Sketch

1"=40'



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow NCAC 2C Well rules. Chlorinate fully prior to abandonment, fill completely with approved grout.

WELL PERMIT ISSUED BY: D. WIEBERG DATE: 11/17/2020 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Mayes Pump & Well CONTRACTOR CERT #: 4510 GROUT INSPECTION BY: [signature] DATE: 1-7-2021

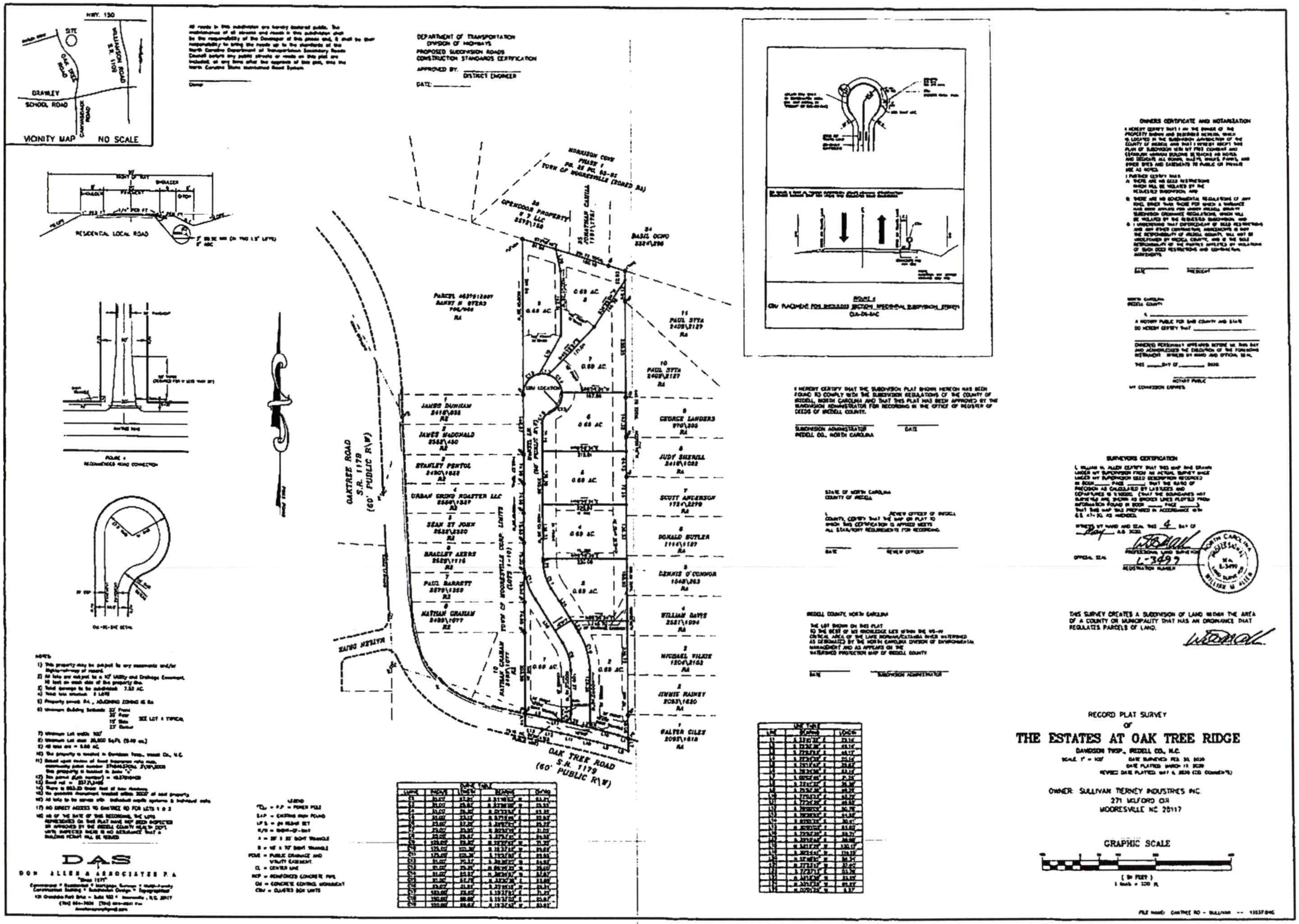
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

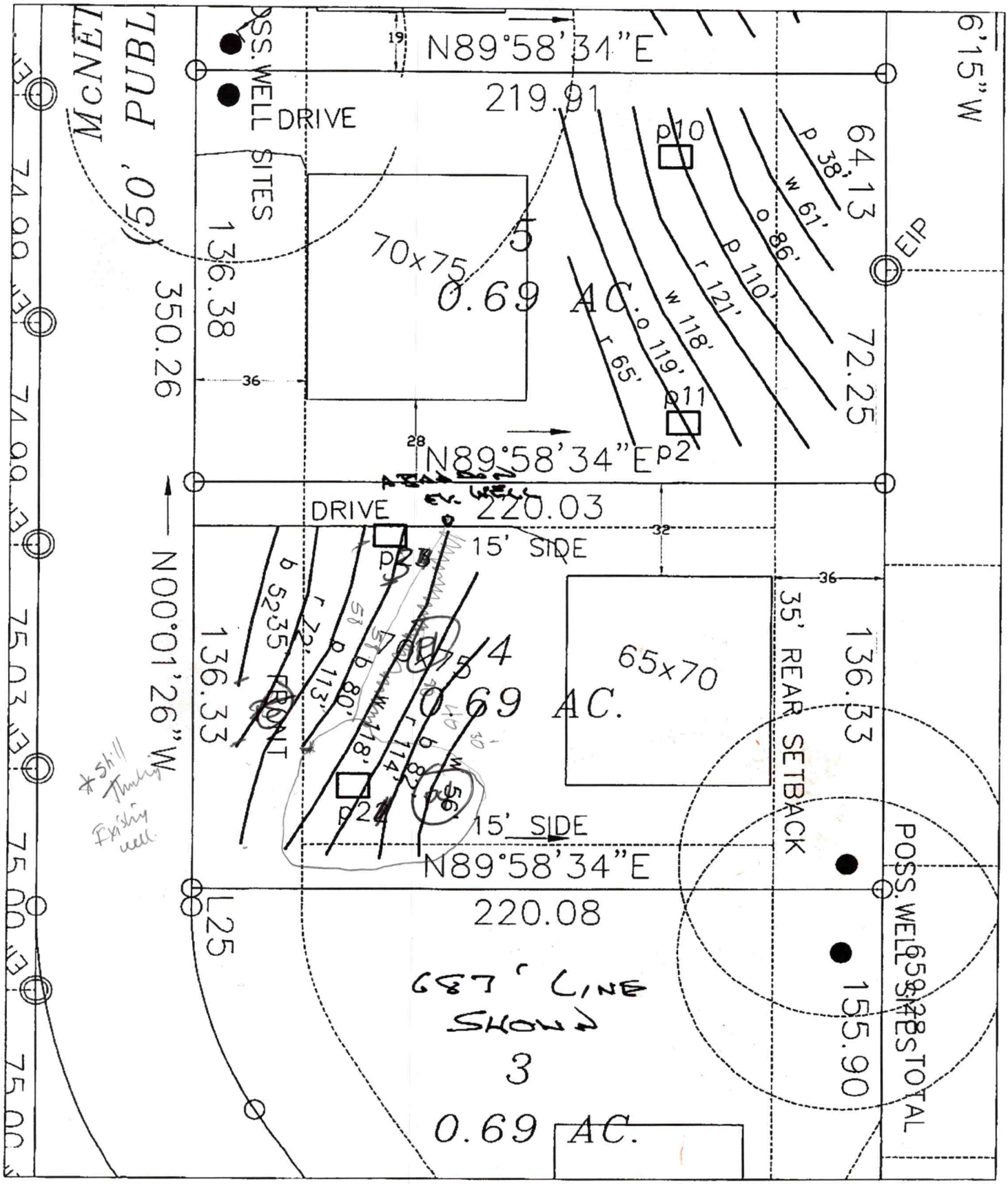
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: D. Wieberg DATE: 1/4/21 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☒ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am


VICINITY MAP NO SCALE
HWY. 150
SITE
OAK TREE ROAD
WILLIAMSON ROAD S.R. 1109
BRAWLEY SCHOOL ROAD
CANVASBACK ROAD
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROADS
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED BY: DISTRICT ENGINEER
DATE:
RESIDENTIAL LOCAL ROAD
OAKTREE ROAD
S.R. 1178
(60' PUBLIC R\W)
OAK TREE ROAD
S.R. 1179
(60' PUBLIC R\W)
MATLEN DRIVE
TOWN OF MOORESVILLE CORP. LIMITS (LOTS 1-10)
MORRISON COVE PHASE 1
TOWN OF MOORESVILLE (ZONED RA)
OPENDOOR PROPERTY
JONATHAN CANIAL
BASIL OCHO
PAUL STYA
GEORGE LANDERS
JUDY SHERILL
SCOTT ANDERSON
DONALD BUTLER
DENNIS O'CONNOR
WILLIAM DAVIS
MICHAEL VILKIE
JIMMIE RAINEY
WALTER GILES
JAMES DUNHAM
JAMES MACDONALD
STANLEY PENTOL
URBAN GRIND ROASTER LLC
SEAN ST JOHN
BRADLEY AKERS
PAUL BARRETT
NATHAN GRAHAM
CDU LOCATION
0.69 AC
OWNERS CERTIFICATE AND NOTARIZATION
SURVEYORS CERTIFICATION
OFFICIAL SEAL
L-3497
THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
RECORD PLAT SURVEY
OF
THE ESTATES AT OAK TREE RIDGE
DAVIDSON TWSP., IREDELL CO., N.C.
OWNER: SULLIVAN TIERNEY INDUSTRIES INC
271 WILFORD CIR
MOORESVILLE NC 28117
GRAPHIC SCALE
DAS
DON ALLEN & ASSOCIATES P.A.



The Estates at Oak Tree Ridge Lot 4 Septic Site Plan 7.27.20

Base site plan from DAS. Approx. septic line locations. Refer to flags in field. Septic system and well must be approved and permitted by ICHD.

1" = 40'

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

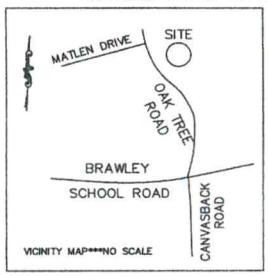
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2767, page 2166, and/or plat book 72, page 84, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter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

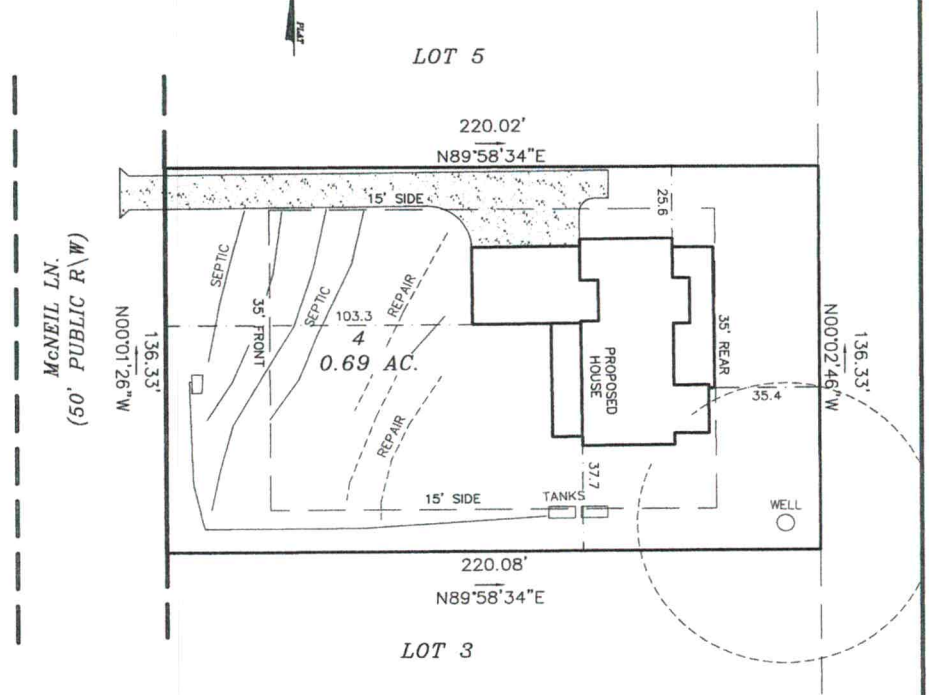
my hand and seal on the 11, day of MAY,
A.D. 20 21.

REVISED DATE: MAY 25, 2021(ADDED SEPTIC PERMIT)
REVISED DATE: AUG. 19,2021(REVISED HOUSE PLANS)
REVISED DATE: APR. 26,2022 (REVISED HOUSE PLANS)

WILLIAM M. ALLEN, PLS

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





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.

LEGEND

= P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
= WELL
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF

124 MCNEIL LN.

LOT 4 THE ESTATES AT OAK TREE RIDGE

SCALE 1" = 50'

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

ACQUIRED BY: MCNEIL LANE LLC

FIELD BOOK:
FILE: ESTATES AT OAK TREE
DC FILE:
TAX MAP NO: 4637616432

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

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

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

L+4

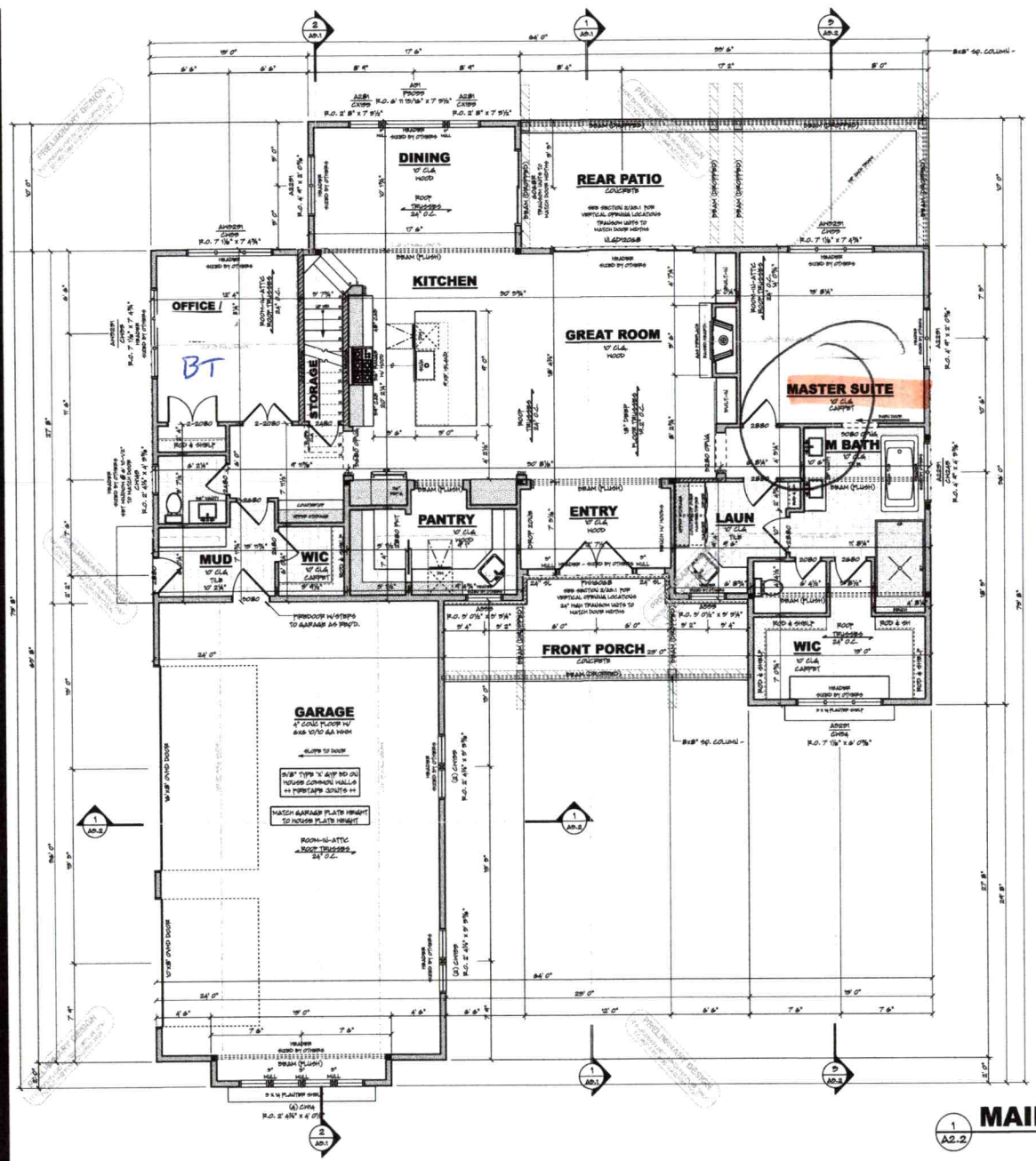
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #.	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Ridge.	0-37	C SBK	SSS	P>	53		N/A	PS .30.
		37-53.	CC WSBK	SS					
2		0-9	Fill		PS	72			PS .35 H2O cmc 2d
		9-53	C						
		53-72	CC - 10YR 6/2 & 5/1						
3		0-3	Top		PS	72			PS .30 .25 Chrom 3 & 41
		3-41	C	PS					
		41-72	CC						
4		0-12	Top		P>	90.			PS .275
		12-90	C	PD					

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

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

5) 0-6 36-51 .275
6-36



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 INSURE 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 HIRED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- ANDERSEN 400 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 6' 11-5/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
- - DESIGNED TO WILL LOAD DEFLECTION OF L/480
- 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'-1-1/8" 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

DOOR SCHEDULE SYMBOL

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

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, HIPS, 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 ENGINEERING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILDING STRUCTURE.

++ FOUNDATION ENGINEERING ++

ALL BUILDING FOUNDATION, FOOTING SIZES AND REINFORCING, INCLUDING POST FOOTINGS, TO BE DESIGNED ON SITE BY LOCAL ENGINEER OR FOUNDATION CONTRACTOR BASED ON ENGINEERING SITE CONDITIONS.

++ FOOTING FROST DEPTH: ++

OWNER/CONTRACTOR TO ADJUST DEPTH OF ALL HOUSE, GARAGE, SLAB AND DECK POST FOOTINGS TO MEET LOCAL CODES.

ROYALOAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF
Kieran J. Lisbl 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OR OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE VERIFICATION AND CHECKING OF ALL NOTES, DETAILS, ELEVATIONS, SECTIONS AND PLANS. CONTRACTOR SHALL REVIEW AND APPROVE SHOP DRAWINGS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB-CONTRACTORS.

M-22-059
LOT 4
CL-20-002
SLAB REV. 3 CAR SIDE

Document Date: 4/18/2022
Document Phase:
Drawn by: DML

ISSUE	DATE	REMARK
1	04/18/22	HDD PRELIM - WH

MAIN LEVEL FLOOR PLAN

A2.2

PRELIMINARY DESIGN
NOT FOR CONSTRUCTION
PRELIMINARY DESIGN
NOT FOR CONSTRUCTION

MAIN LEVEL FLOOR PLAN

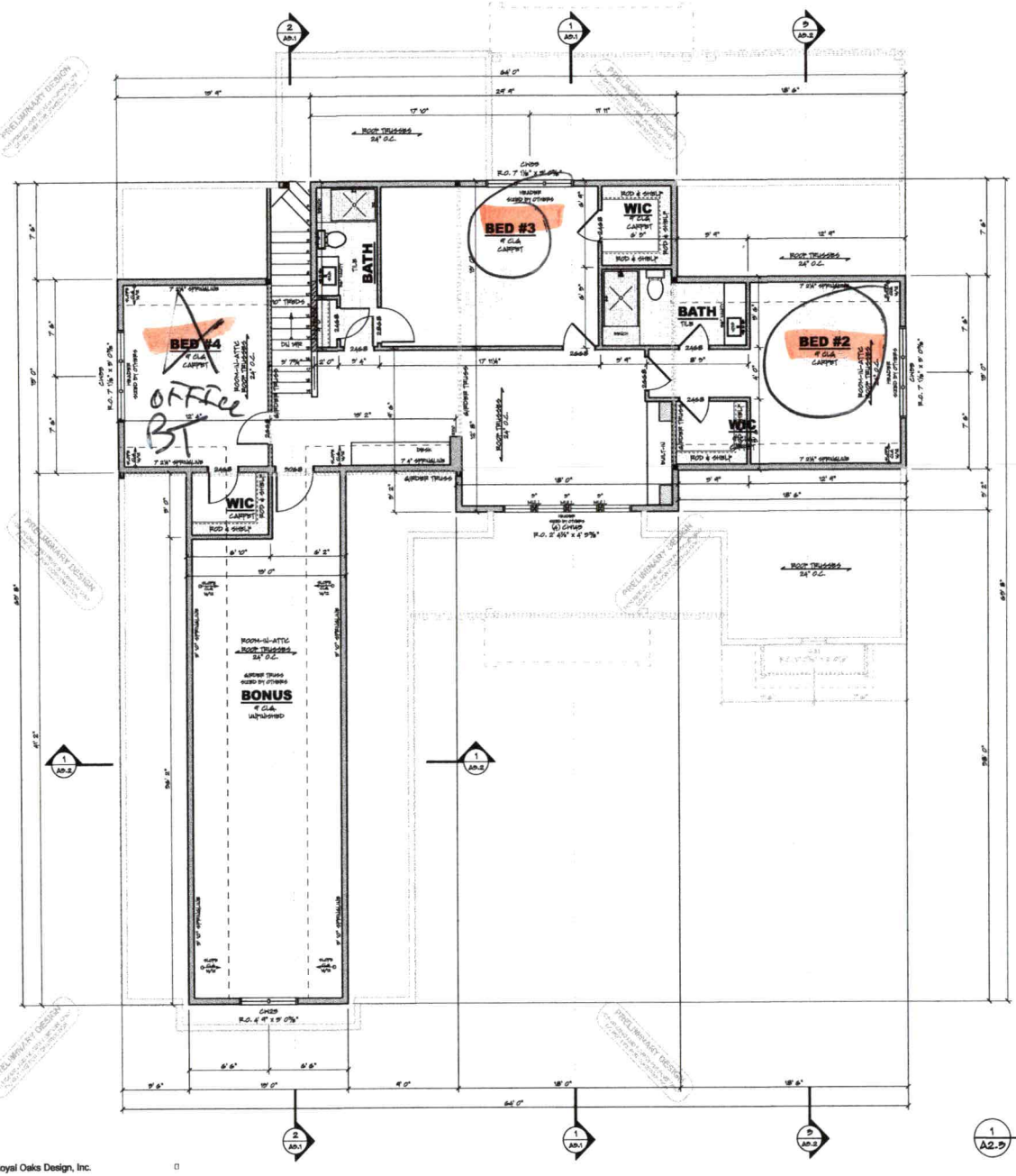
1/4" = 1'-0"

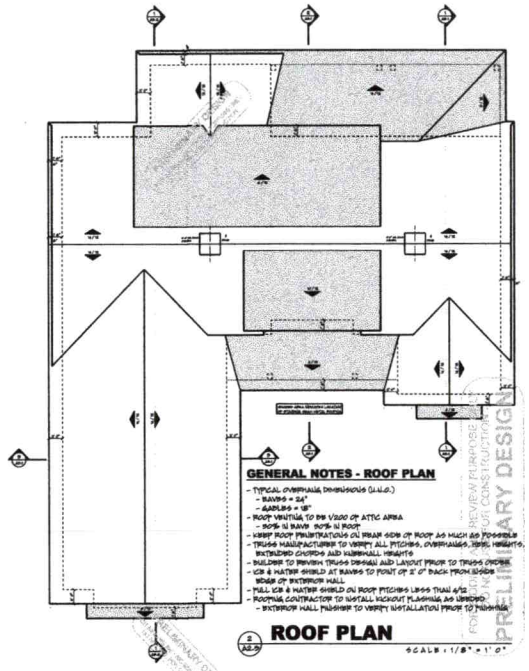
Acknowledgement Of Plans Submittal ONLY!

Date

Date 5-23-2022

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GENERAL NOTES - ROOF PLAN

- TYPICAL OVERHANG DIMENSIONS (U.N.O.)
  - EAVES = 24"
  - GABLES = 8"
- ROOF VENTING TO BE 1/300 OF ATTIC AREA
  - 50% TO HAVE 50% TO ROOF
- KEEP ROOF PENETRATIONS OUT FROM SIDE OF ROOF AS MUCH AS POSSIBLE
- TRUSS MANUFACTURER TO VERIFY ALL PITCHES, OVERHANGS, RISE, HEIGHTS, EXTENDED CHORDS AND HEADHEIGHT HEIGHTS
- BUILDER TO PROVIDE TRUSS DESIGN AID LAYOUT PRIOR TO TRUSS ORDER
- ICE & WATER SHIELD AT EAVES TO POINT 24" 0" BACK FROM INSIDE EDGE OF EXTERIOR WALL
- FULL ICE & WATER SHIELD ON ROOF PITCHES LESS THAN 4/12
- ROOFING CONTRACTOR TO INSTALL KICKOUT FLASHING AS NEEDED
  - EXTERIOR WALL FINISHER TO VERIFY INSTALLATION PRIOR TO FINISHING

ROOF PLAN

SCALE: 1/8" = 1'-0"

DOOR SCHEDULE SYMBOL

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

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, RISE, 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, FRAMING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR INITIAL STRUCTURE.

++ FOUNDATION ENGINEERING ++

ALL BUILDING FOUNDATION, RETAINING WALL AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER OR FOUNDATION CONTRACTOR BASED ON EXISTING SITE CONDITIONS.

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
- WORK 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 OR 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 RETAINED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- ANDERSEN 400 SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'W' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-0 7/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIN L/480 DEFLECTION OR LESS
  - TRUSS MANUFACTURER TO PROVIDE CHASSIS FOR ALL DROPS AND RETURN PLENUMS
  - TRUSS MFR. TO COORDINATE WITH FRAMER ALL PENETRATIONS FOR PLUMBING FROM ABOVE
  - STRUCTURAL ENGINEER TO VERIFY CAPACITY FOR CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

HEADERS

- 2-2x10 HF #2 WITH KNEE WALL(S)
- 2-2x12 HEADERS AT ALL EXTERIOR DOORS
- PROVIDE 4-2x10 FULL HEADER AT ALL POINT LOADS

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

Acknowledgement Of Plans Submittal ONLY!
5-17-2022
Date

UPPER FLOOR PLAN

1 A2.3 UPPER FLOOR PLAN

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

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
Kiesan J. Lipid 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY CONSTRUCTION, CONSTRUCTION METHODS OR ENGINEERING. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE VERIFICATION AND CHECKING OF ALL NOTES, DETAILS, ELEVATIONS, SECTIONS AND FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB-CONTRACTORS.

M-22-059
LOT 4
CL-20-002
SLAB REV. 3 CAR SIDE

Document Date: 4/18/2022
Document Phase:
Drawn by: DML

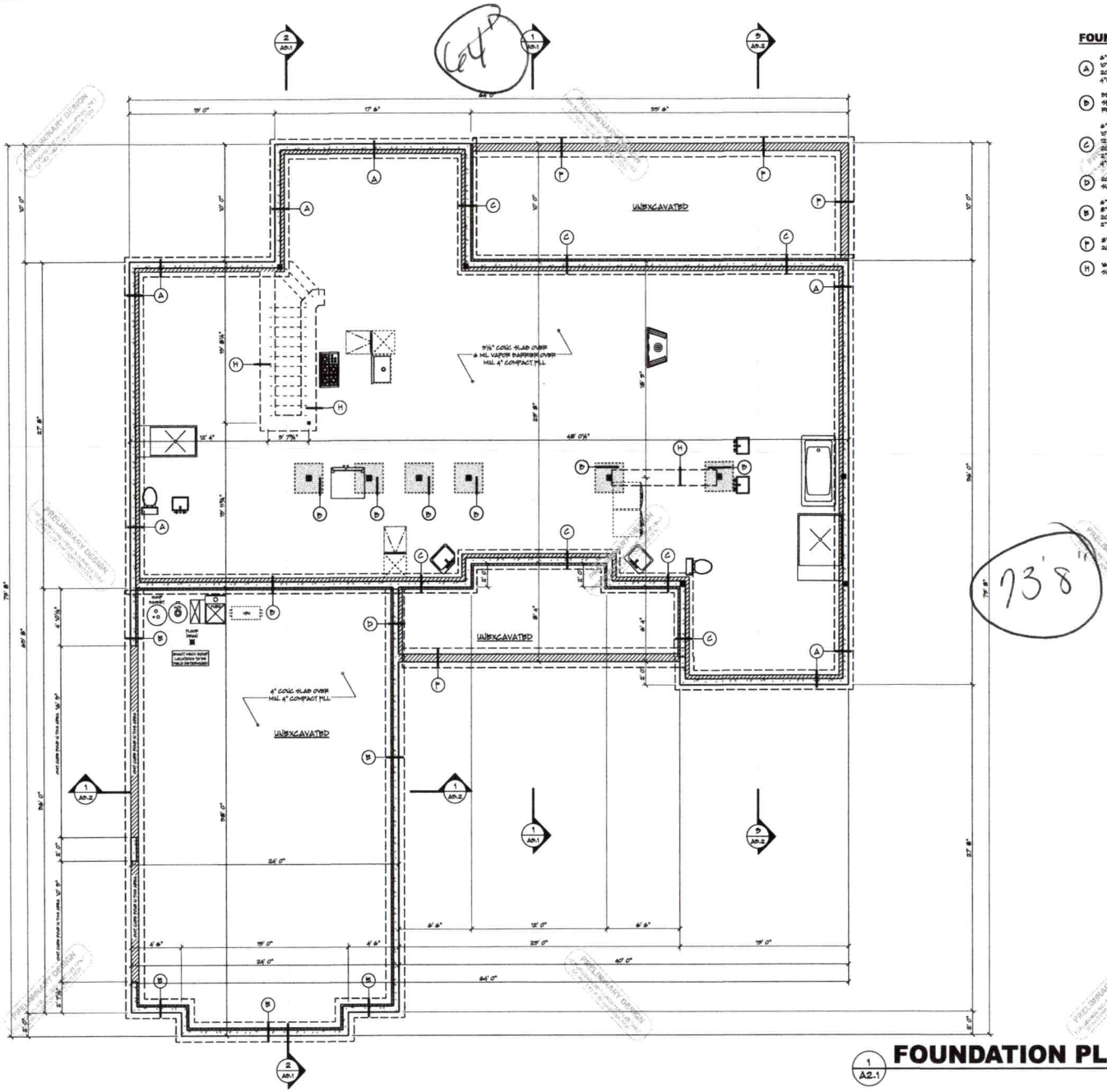
ISSUE	DATE	REMARK
1	04/18/22	PRELIMINARY REVIEW

UPPER LEVEL FLOOR PLAN

A2.3

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FOUNDATION LEGEND

- (A) 8"W X 4'H POURED ON 10"W X 1' 8"H POURED ON 20" X 8" CONC FOOTING - 4"W X 4"H INT. LEDGE
- (B) BRAMHA POINT LOAD ON SPREAD FOOTING, SIZE AND REINFORCING BY OTHERS
- (C) 8"W X 4'H POURED ON 10"W X 1' 8"H POURED ON 22"W X 8"H POURED ON 20" X 8" CONC FOOTING - 2"W X 8"H INT. LEDGE 4"W X 4"H INT. LEDGE
- (D) 20"W X 8"H THICKENED SLAB FOOTING
- (E) 8"W X 4'H POURED ON 8"H X 1' 4"H POURED ON 20" X 8" CONC FOOTING - 2"W X 8"H INT. LEDGE
- (F) 8"W X 1' 4"H POURED ON 20" X 8" CONC FOOTING
- (H) 16"W X 8"H THICKENED SLAB FOOTING

AREA TABULATION

HOUSE SLAB	
MAIN LEVEL	
UPPER LEVEL FINISHED	
UNFINISHED	
TOTAL FINISHED	
TOTAL LIVABLE	
GARAGE	
FRONT PORCH	
REAR PORCH	

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 CONCRETE FOUNDATION WALLS AND CENTERLINE OF INTERIOR BEARING WALLS, POSTS AND BEAMS
- FOUNDATION CONTRACTOR TO VERIFY ALL ROUGH-IN PLUMBING LOCATIONS AND ANY OTHER PENETRATIONS THRU CONCRETE FLOOR PRIOR TO CONSTRUCTION.
- BUILDER/FOUNDATION CONTRACTOR TO VERIFY FOOTING SIZE AND REINFORCEMENT REQUIREMENTS BASED ON EXISTING SOIL CONDITIONS PRIOR TO CONSTRUCTION.
- 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 THIS STRUCTURE.

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIN. 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' 1-1/8" MAIN FLOOR PLATE HEIGHT (U.N.O.)
- 9' 1-1/8" UPPER FLOOR PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES BRAMHA POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ STRUCTURAL NOTICE +++

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

++ FOUNDATION ENGINEERING ++

ALL BUILDING FOUNDATION, FOOTING SIZES AND REINFORCING, INCLUDING POST FOOTINGS, TO BE DESIGNED ON SITE BY LOCAL ENGINEER OR FOUNDATION CONTRACTOR BASED ON EXISTING SITE CONDITIONS.

++ FOOTING FROST DEPTH: ++

OWNER/CONTRACTOR TO ADJUST DEPTH OF ALL HOUSE, GARAGE, SLAB AND DECK POST FOOTINGS TO MEET LOCAL CODES.

FOUNDATION PLAN

1 / A2.1

SCALE : 1/4" = 1' 0"

ROYAL OAKS
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Kieran J. Liebl 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OR OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE CORRECTION OF ALL NOTED, DETAILED, ELEVATIONED, SECTIONED OR FLOOR PLANNED AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB CONTRACTORS.

M-22-059
LOT 4
CL-20-002
SLAB REV. 3 CAR SIDE

Document Date: 4/18/2022
Document Phase:
Drawn by: DML

ISSUE	DATE	REMARK
1	04/18/22	HDD PRELIM - WH

FOUNDATION PLAN

3 **A2.1** 7

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RECEIVED JUL 3 1 2020

AP-309487
$500.00

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

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:

Street Address: 124 McNeil Lane

Subdivision Name: The Estates at Oak Tree Ridge Section/Phase: _____ Lot Number: 4

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
( ) 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: _____ 7.26.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

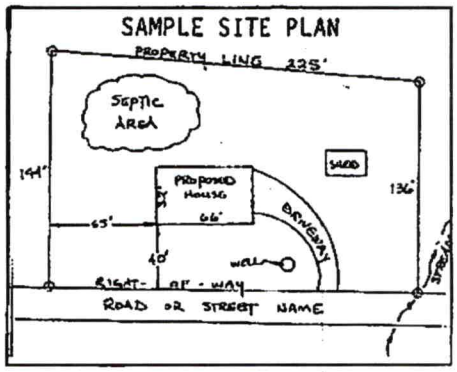
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 7.26.20

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(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.

N/A 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 7.26.20

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

RECEIVED APR 27 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Intermediate

PAGE 1: *APPLICATION FORM* AP- 309487. $320.00

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 **Zip:** 28117

Applicant Email: BRIANETIERNEY@HOTMAIL.COM **Phone:** (312) 498-2456 **Alt. Phone:** _____

Owner Name: BRIAN TIERNEY **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 124 McNeil Lane Mooresville NC 28117

Subdivision Name: Estates at Oak Tree Ridge **Section/Phase:** 1 **Lot Number:** 4

Driving Directions: Brawley RT Oak Tree RT McNeil

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~~ 3 BT
Maximum Number of Occupants: ~~8~~ 6 BT
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE BT
( ) 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: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

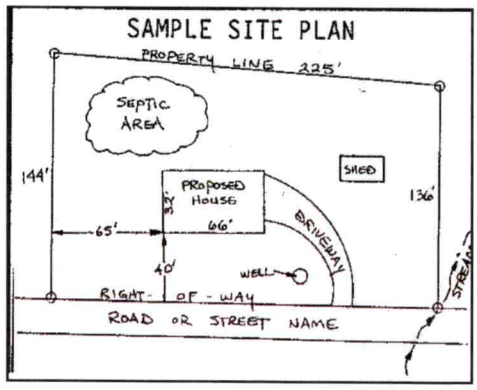
Signature: BE [signature] 4/27/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

SEE Attached

Signature: BEJ

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

4/27/2022

DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) BE Jr

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.

_____ 4/27/2022
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** 4/27/2022

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