Site Address: 235 Hermance Ln - Mrsv. 28117

Paid $514.00 12-22-09

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # ~~1597~~ 72235354 PIN # 4638-02-1013 ✓ DATE 12-16-09

OWNER or APPLICANT RON PEARSON PHONE: Business 970-214-8634 Home:

OWNER or APPLICANT ADDRESS PO BOX 4012 MOORESVILLE NC

LOCATION / DIRECTIONS 150, TR WADDELL, TR HERMANCE, ON L

SUBDIVISION ✓ FISHERMAN'S COVE BLOCK / SECTION — LOT # 5 LOT AREA 1.012AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 11-21

Pump Tank 1000 Gallons: P T 363 Date 5-1

Pump Make — Model — Serial # —

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth —

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

System Description: PM - 25% REDUCTION

Repair System Description: LP - PANEL BLOCK

Maintenance Agreement Required ☐ YES ☒ NO INITIALLY

☐ GRAVITY ☒ PRESSURE

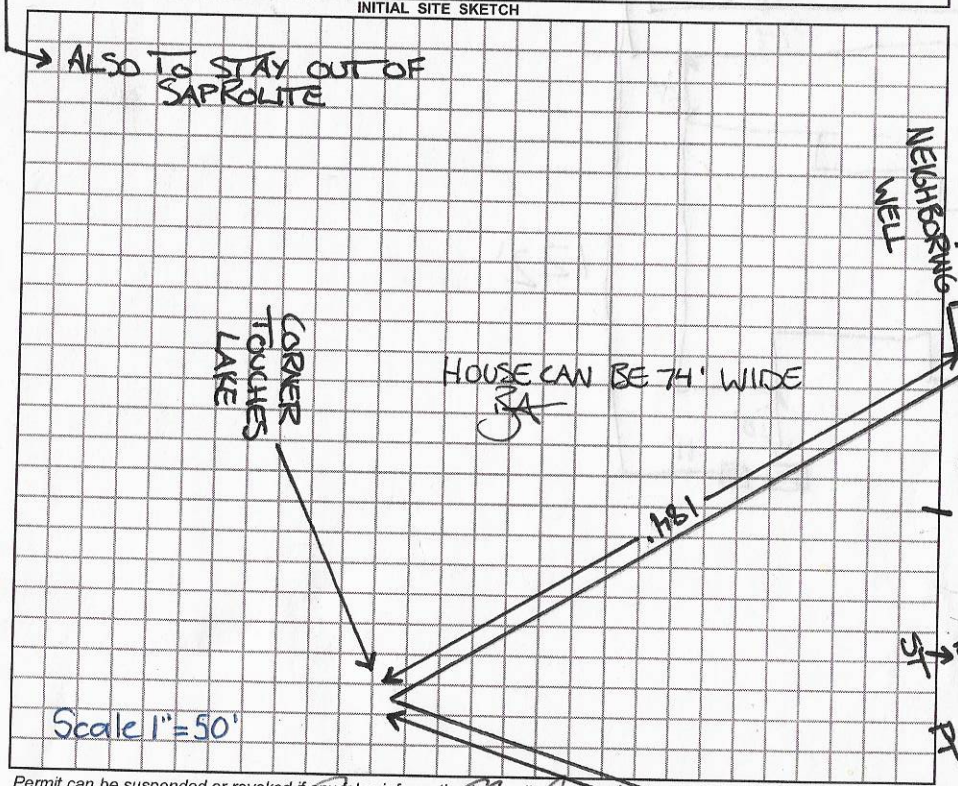
☒ Residence No. Bedrooms 3 ☐ Business No. Persons — ☐ Other No. Employees — ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 1) TRENCH BOTTOM OF 24" TO BE USED TO STAY IN BEST SOIL 2) IF CRAWL SPACE IS USED DRAIN LINES CAN BE 10' FROM HOUSE

INITIAL SITE SKETCH

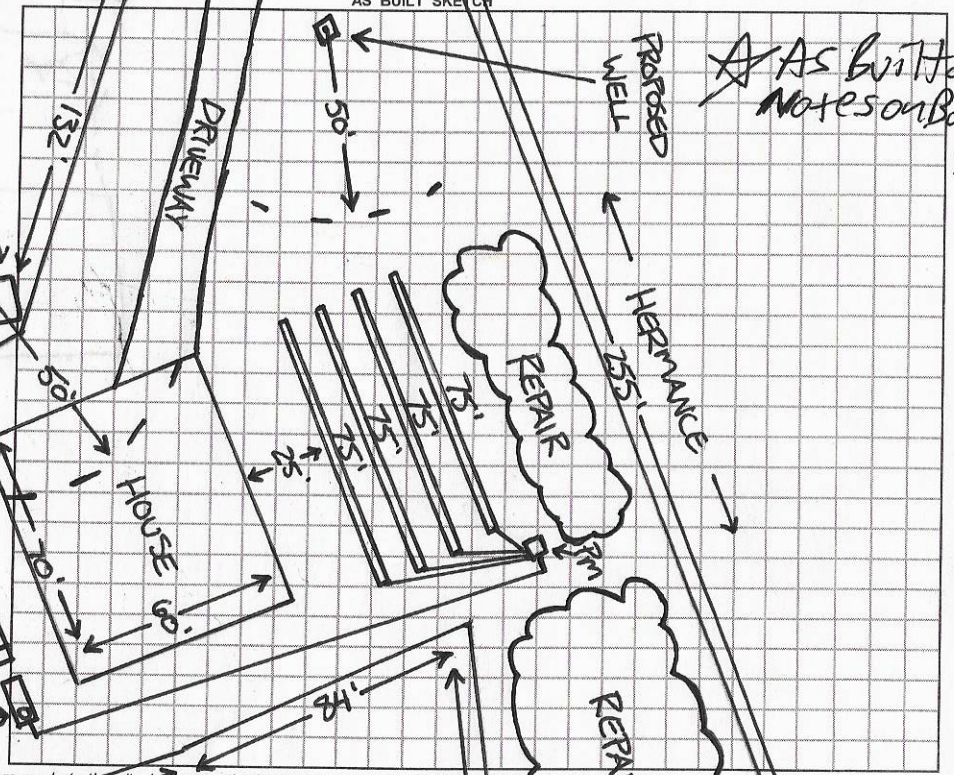
ALSO TO STAY OUT OF SAPROLITE



Comments / Conditions

AS BUILT SKETCH

As Built and Notes on Back



Permit can be suspended or revoked if any false information is supplied toward acquiring the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

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

Owner / Applicant Signature: Ron Pearson Date 12-16-09

Improvement Permit by: RCHS Date 12-17-09

Authorization to Construct by: Tom Rush Date 5/15/2018

Installed by: Groundbreakers Grading

Operation Permit by: James Boggs Date: 12-19-18

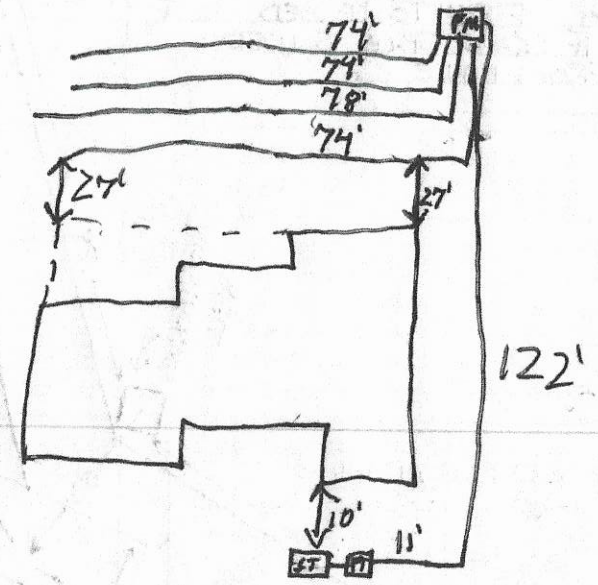
Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

As Built Not to scale

7/30/19: All drain lines were good and level. Total length was correct. Pump was not installed in pump tank. Filter was in septic.



	Date	Initials
Drain Lines Checked	07/30/19	PJB
Tanks Checked		
Pressure Manifold or Valve Box Checked	07/30/19	PJB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Fishermen's Cove lot 5
House Footprint: 50' x 50'
Building Setback: 35' front/back, 15' side
Water Source: Shared Well
Number of Bedrooms: 3/360gpd
Proposed LTAR: 0.3 gpd/ft2 (initial), 0.25 gpd/ft2 (repair)
Suggested system type: PPBPS(inital), Shallow 25% reduction (repair)
Distribution: Low Pressure-Central Valve Box
Pressure Head: 2'
Flow per tap: 0.59 gpm
Hole size & Material: 3/16"
System Flow: 26.6 gpm
Dosing volume: 162 gallons
Pump Run Time: 6.10 min
Elevation Head: 25.0'
Friction Head: 3.2'
TDH: 30.2'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Length	Elevation
Orange 1	**40'**	**2.1'**
Pink 2	**55'**	**3.0'**
White 3	**30'**	**3.7'**
Orange 4	**75'**	**4.5'**
Pink 5	*45'*	*4.8'*
Blue 6	*63'*	*4.7'*
White 7	*63'*	*5.4'*
Pink 8	*63'*	*6.8'*
Orange 9	*63'*	*8.0'*
White 10	*63'*	*9.5'*

Initial system: 200'(45 panels)
Tanks Elevation: 22.1'
Benchmark: 5.9'

Repair system: *360'*
House Elevation: 17.5'

Comments: The repair system is designed as an at-grade 25% reduction with low-pressure distribution and should have a minimum of 6" of suitable cover.

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- Rake trench walls, line side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

Division of Environmental Health
On-site Wastewater Section

Property ID: 4638-02-1013
Lot #: Fisherman's Cove 5
File #: 159172
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Grayson O. Stamey
Address: 235 Hermance Ln
Proposed Facility: SFR Design Flow (.1949) 360 GPD
Location of Site: Same
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 12/12/2009
Property Size: 1.012 AC
Property Recorded: Yes

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
#1	3%	0-17	SAND	NS,NP,VFR	NA				
	LINEAR	17-27	SCL,M,SBK	SS,SP,SEXPVFR	NA				
		27-48	C,M,SBK	SS,SP,SEXP,FR	NA		FEW SAP		
		48+	CSAP	STICKEY	CHR. 2 @ 48"	48"	U	48"	.3 TO 48"
#2	3%	0-12	C,M,ABK	SS,SP,SEXP,FI	NA				
	LINEAR	12-30	C,M,SBK	SS,SP,SEXP,FR	NA				
		30-42	SCL,W,SBK	SS,SP,SEXP,VFR	NA				
		42+	SC,M,SBK	SS,SP,SEXP,FR	NA	42"+	NA	NA	.3
#3	3%	0-14	SAND	NS,NP,VFR	NA				
	LINEAR	14-21	SCL,M,SBK	SS,SP,SEXP,VFR	NA				
		21-29	SC,M,SBK	S,SP,SEXP,VFR	NA				
		29-36	SCL,M,SBK	SS,SP,SEXPVFR	NA				
		36-52	SSAP	NS,NP,VFR	NA	36"	S	NA	.3
#4	3%	0-6	SAND	NS,NP,VFR	NA				
	LINEAR	6-16	SCL,M,SBK	SS,SP,SEXP,VFR	NA				
		16-20	SC,M,SBK	S,SP,SEXPFR	NA				
		20-31	C,M,ABK	S,P,SEXP,FI	CH2 @ 31"	31"	NA	31"	.25 TO 31"

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	PM 25%	LP PANEL
Site LTAR	.25	.25

Other Factors (.1946): NA
Soil Evaluation By: Ben Aldridge
Others Present: Ron Pearson
ite Classification (.1948): PS
Site Evaluation By: Ben Aldridge
Others Present: Ron Pearson

Sheet:
FILE #:

COMMENTS: Also see other soil evaluation done by Mike Athanas

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Phil Schepens _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: 3 bedroom PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Hermanse - Lot 5 PROPERTY RECORDED: _____
WATER SUPPLY: • Private • Public • Well • Spring • Other _____
EVALUATION METHOD: • Auger Boring • Pit • Cut TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 17	3-5%	0-8	Brsl gr	Frsssp	–	48"	Few-common Inc sap	–	PS 0.3
		8-38	R c sbk	Frsssp					
		38-48	R4 ws sbk	Frsssp					
AB 20	3-5%	0-10	Bl.s/ gr	Frsssp	chr.2 @ 24"	28"	–	–	PS 0.3 Shallow TB
		10-28	R4 scl ws sbk	Frsssp					
		28-	YBr c ws sbk/wmbk	F sp					
AB 21	3-5%	0-12	Brsl gr	Frsssp	chr. 2 on clay Films @ 26"	26"	–	–	PS 0.3 Shallow TB
		R-26	R4 scl ws sbk	Frsssp					
			Not In System Area						
AB 52	3-5%	0-3	Bl s/ g.	Frsssp	chr. 2 @ 27"	27"	–	–	PS 0.25 0.3 Shallow TB
		3-27	R scl-lscl ws sbk	Frsssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 Ft2	1080ft2
System Type(s)	PPBPS	Shallow 25%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: GM - MA
OTHER(S) PRESENT: _____

COMMENTS: Initial System Should be in the SEE in the Better Soil
Repair - 12" TB Bury in cover

SOIL/SITE EVALUATION

(Continuation Sheet)

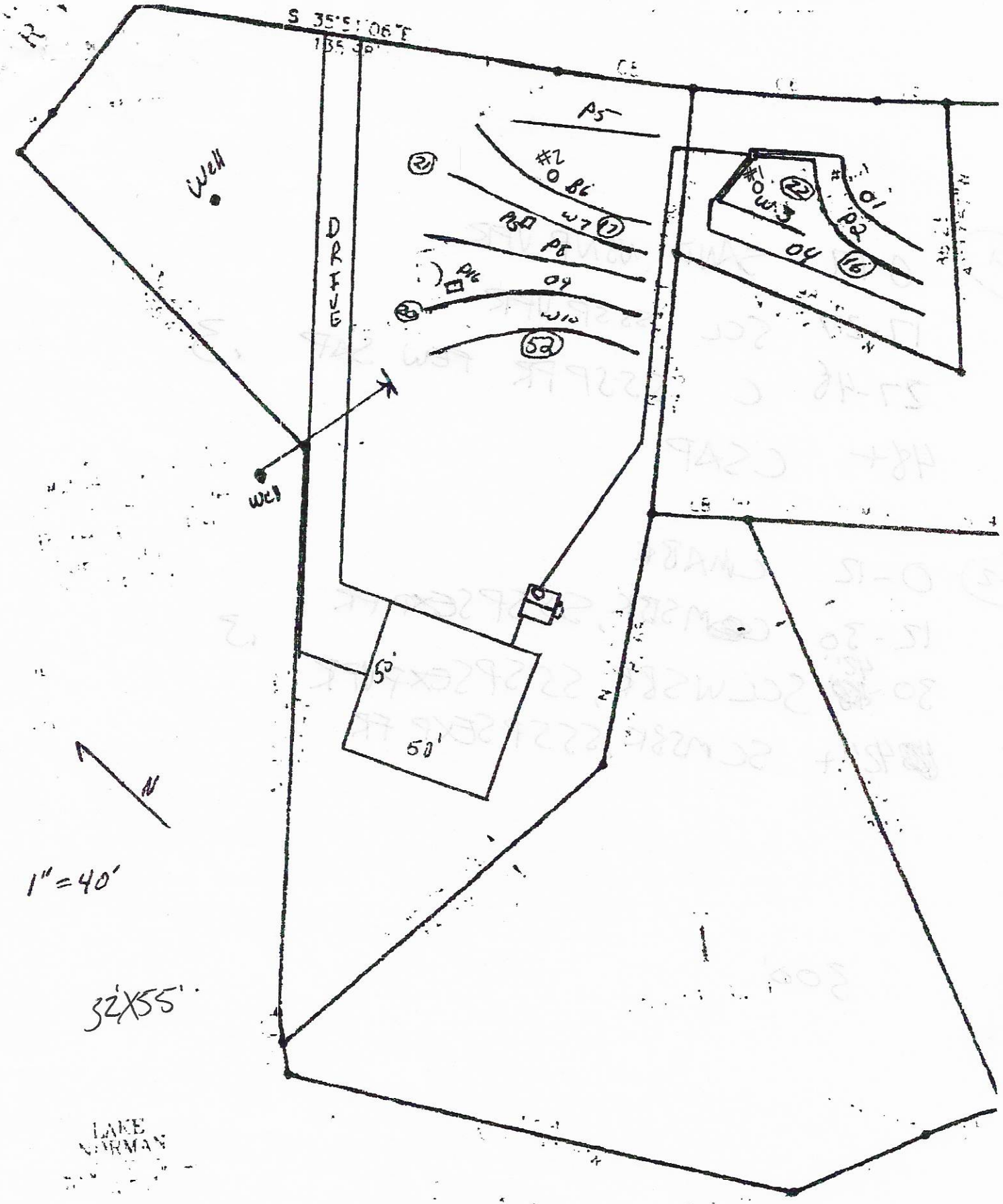
Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P15	3-5%	0-8	Br s/l wsbk	Frss sp	chr. 2 @ 50"	50"	Few Ind sap	—	PS 0.3
		8-30	Rc sbk	Frss sp					
		30-50	Rcl wsbk	Frss sp					
P16	3-5%	0-6	Br s/gl	Frss sp	Few Y Bs Com Y Bs. chr. 2 @ 36"	36"	—	—	PS 0.5 to 28" 0.25-0.2 > 28"
		6-14	Lt Br sc/l wsbk	Frss sp					
		14-28	Rc sbk	Frss sp					
		28-40	Br Rc Abk	Fs sp					
		40-46	Rscl wsbk	Frss sp					
AB 16	SFE SA 3-5%	0-15	Br s/gl	Frss sp	—	48"	Few Ind sap / Common Ind sap	—	PS 0.3
		15-34	Rc sbk	Frss sp					
		34-48	Rscl wsbk	Frss sp					
AB 22	SFE SA 3-5%	0-4	R scl wsbk	Frss sp	—	48"	—	—	PS 0.3
		4-29	Rc sbk	Frss sp					
		29-48	Rscl wsbk	Frss sp					
AB 19	5-7%	0-21	RSc wsbk	Frss sp	—	21"	—	—	US
		21	Chr. 2						

COMMENTS: _____


S 35°51'08"E
135.30'
DRIVE
WELL
WELL
#2
#1
N
1"=40'
50'
50'
32'X55'
LAKE
NORMAN

#1

0-17 SAND NSNP VFR

17-27 SCL SSSP VFR

27-48 C SSSP FR FEW SAP .3

48+ CSAP

#2

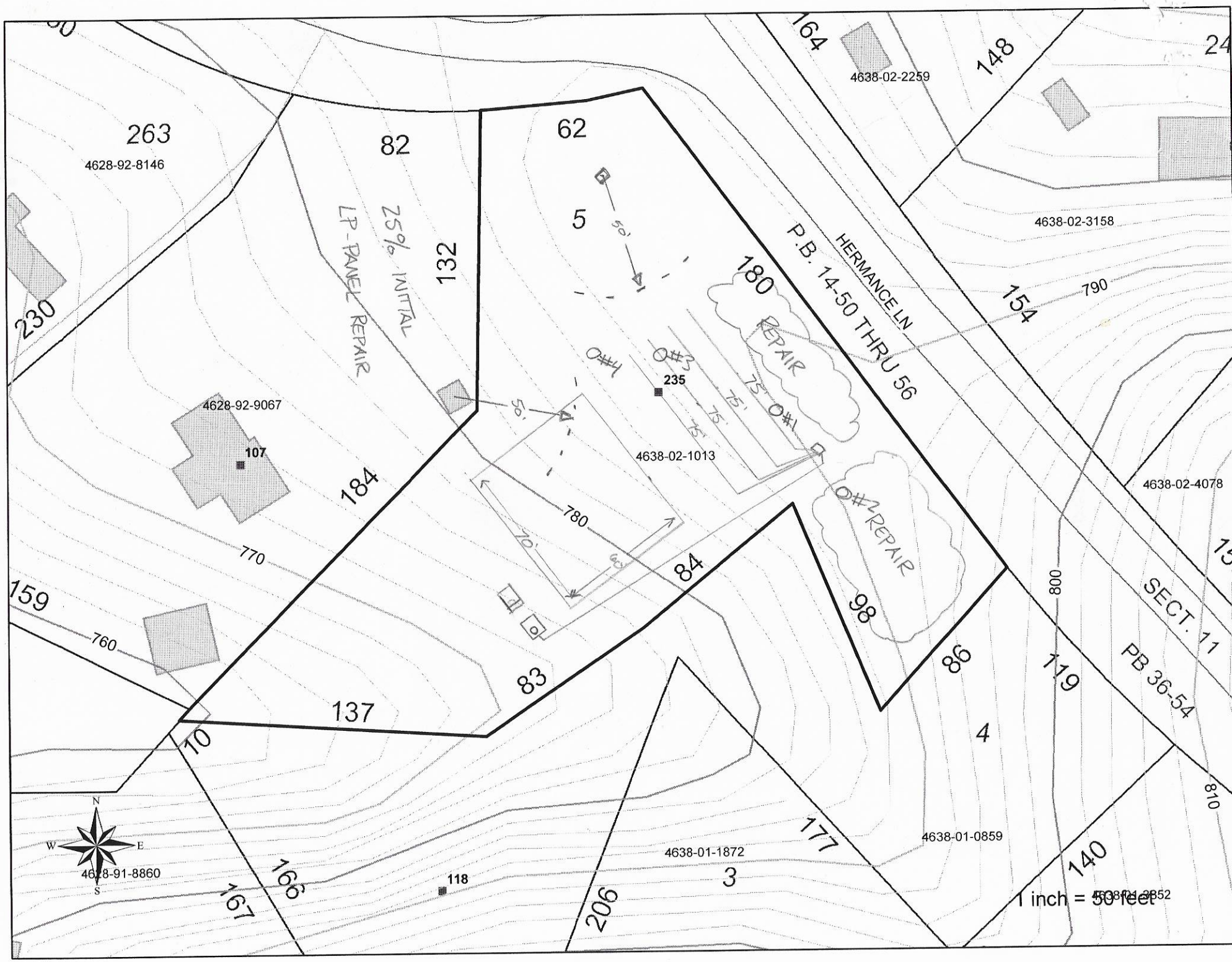
0-12 CMSBK

12-30 CMSBK, SSSPSEXP FR .3

30-42" SCLWSBK, SSSPSEXPVFR

42"+ SCMSBK, SSSPSEXP FR

300'


263
4628-92-8146
82
25% INITIAL
LP-PANEL REPAIR
132
62
5
50'
180
REPAIR
235
O#4
O#3
O#1
O#2
REPAIR
REPAIR
75'
75'
75'
50'
4628-92-9067
107
4638-02-1013
184
780
70'
770
84
98
159
760
83
137
10
263
230
164
4638-02-2259
148
24
4638-02-3158
HERMANCE LN
P.B. 14-50 THRU 56
790
154
4638-02-4078
800
SECT. 11
PB 36-54
86
119
4
810
140
177
206
167
166
118
3
4638-01-1872
4638-01-0859
4638-91-3852
4628-91-8860
N
W
E
S
1 inch = 50 feet

Please CALL prior to inspection

Name: Josephine Att: #

Number: 704-783-8382 ○

RECEIVED MAY 2 - 2018

ALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

AC w/ inspection

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

****

#235354

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Josephine Erickson	3491 Copperfield Blvd, Concord, NC 28025	704-783-8382	704-305-4943
SAME	SAME		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. **Property Information:**

235 Hermance Ln, Mooresville — Street Address

Fisherman's Cove — Subdivision Name

#5 — Section/Phase and Lot Number

Driving Directions: Hwy 150 → (R) Waddell → (R) on Hermance Ln Corner of Hermance & Golden Pond

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. Signature: Josephine L. Erickson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/2/2018
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

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

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
RON PEARSON	PO BOX 4012 MOORESVILLE NC 970		2148634
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
GRAYSON O. STAMEY	108 WESTFIELD CIR MOORESVILLE NC	704 932 6195	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
235 HERMANCE LANE	FISHERMAN'S COVE	LOT #5

Driving Directions: SOUTH ON 150 PAST BIG DADDY'S. THE NEXT RIGHT WILL BE WADDELL TURN (R) THEN R TURN ON HERMANCE LN CORNER OF GOLDEN POND + HERMANCE

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

(✓) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. **Signature:** _____ DEC 1 2009
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

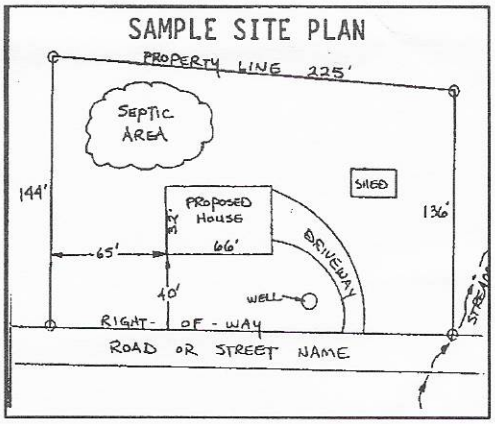
ENVIRONMENTAL HEALTH DIVISION

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 Septic Permit

Signature: L L Erickson

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

5/2/18

DATE

Paid $514.00 ck# gm

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 4997Z235354 PIN # 4638-02-1013 DATE 12-16-09

OWNER or APPLICANT RON PEARSON PHONE: Business 970-214-8634 Home:

OWNER or APPLICANT ADDRESS PO BOX 4012 MOORESVILLE NC

LOCATION / DIRECTIONS 150, TR WADDELL, TR HERMANCE, ON L

SUBDIVISION FISHERMAN'S COVE BLOCK / SECTION LOT # 5 LOT AREA 1.012AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB Date

Pump Tank 1000 Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: PM - 25% REDUCTION

Repair System Description: LP - PANEL BLOCK

Maintenance Agreement Required ☐ YES ☒ NO INITIALLY

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

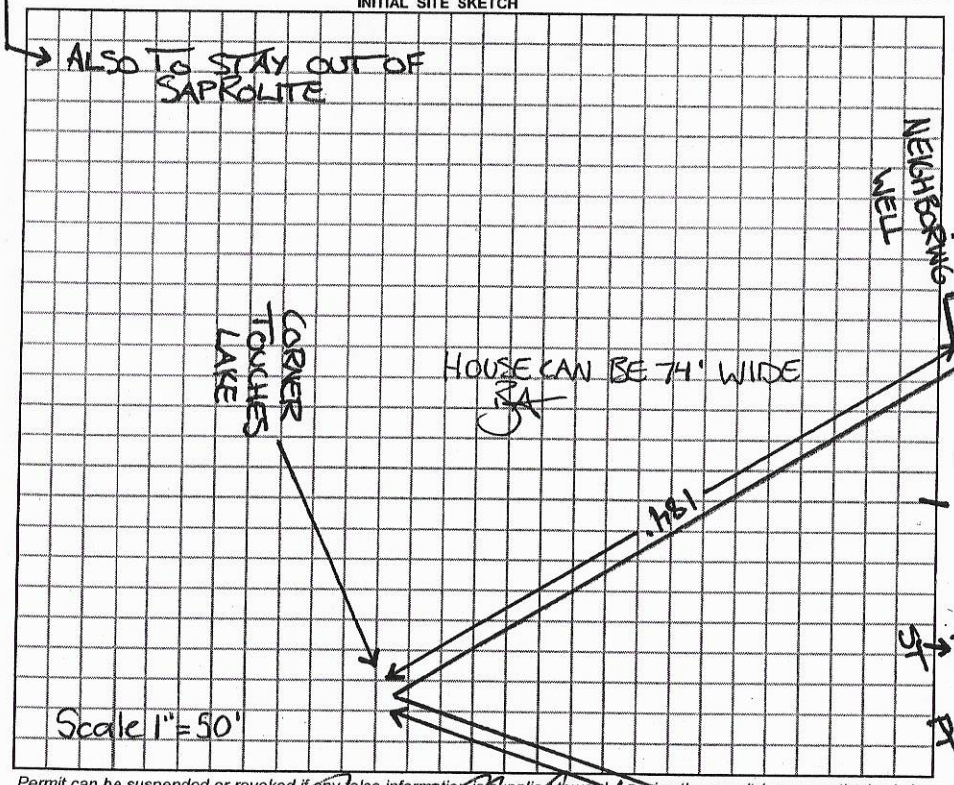
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

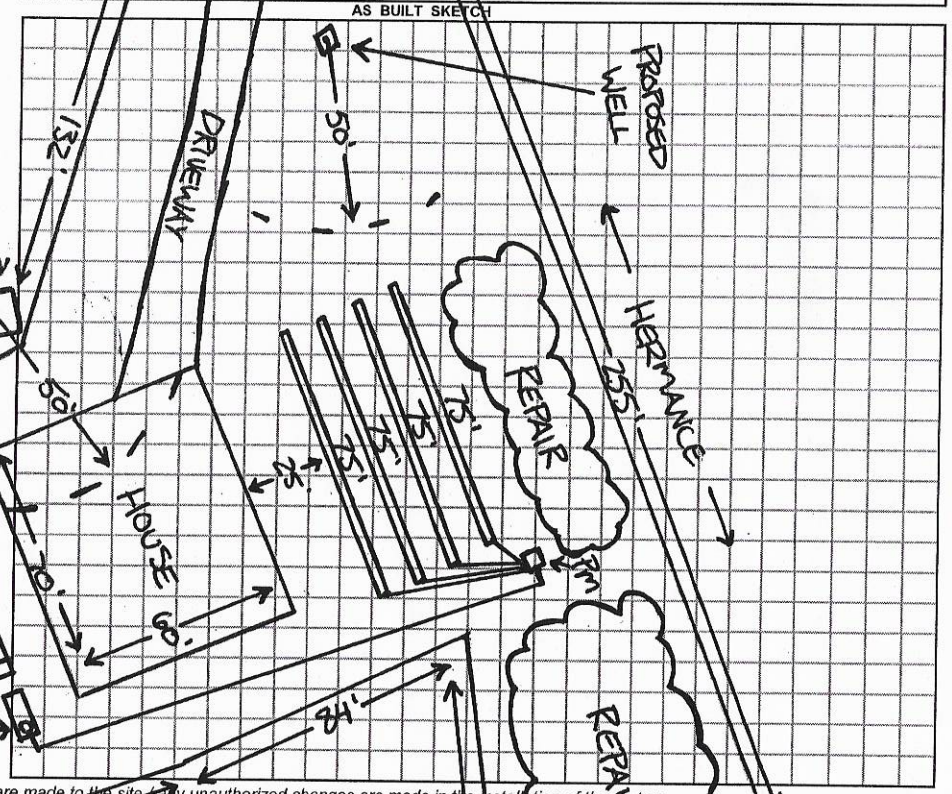
Comments / Conditions: 1) TRENCH BOTTOM OF 24" TO BE USED TO STAY IN BEST SOIL 2) IF CRAWL SPACE IS USED DRAIN LINES CAN BE 10' FROM HOUSE

INITIAL SITE SKETCH



Comments / Conditions

AS BUILT SKETCH


PROPOSED WELL
DRIVEWAY
HERMANCE
255'
50'
125'
REPAIR
25'
25'
25'

IREDELL COUNTY HEATLH DEPARTMENT

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…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ___ Front and side setbacks from property line…
- ___ Preferred driveway location and configuration, preferred well location…
- ___ Area you prefer your septic system to be placed…
- ___ North arrow, or other sufficient indicator of direction…

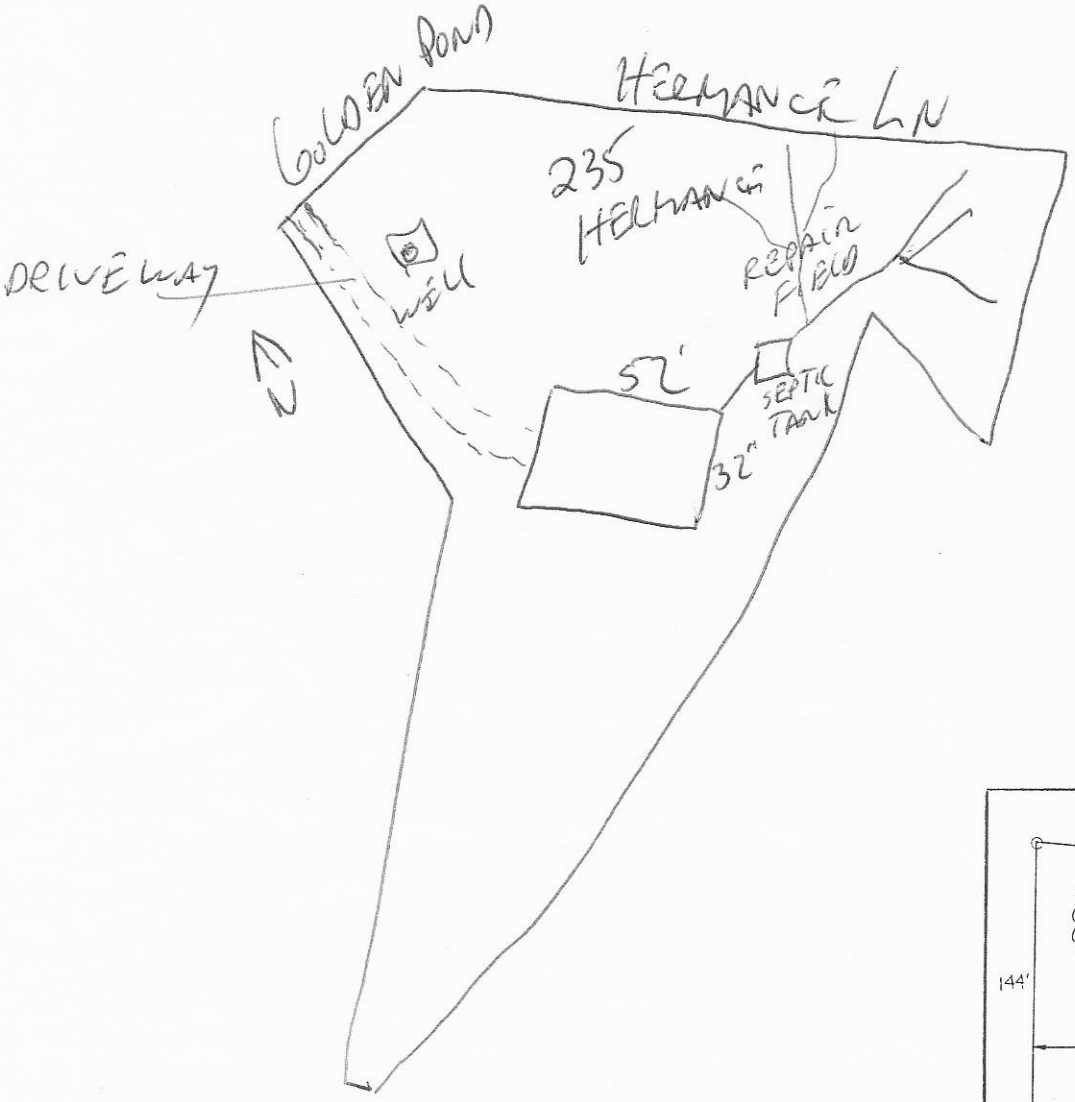
Circle N/A on the following if appropriate:

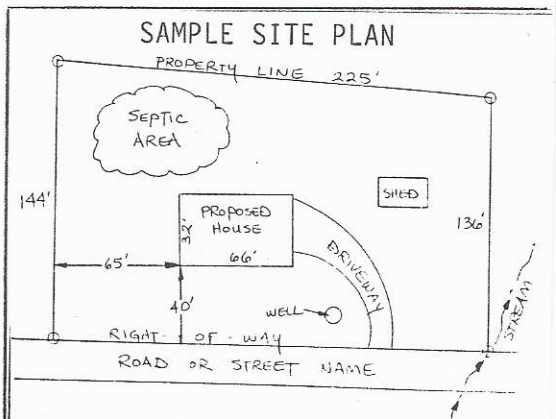
- ___ Location of septic systems and wells within 100' of your property… N/A
- ___ Location of easements and rights of ways on your property… N/A
- ___ Location of any designated wetlands on the property… N/A

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

12/01/09
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



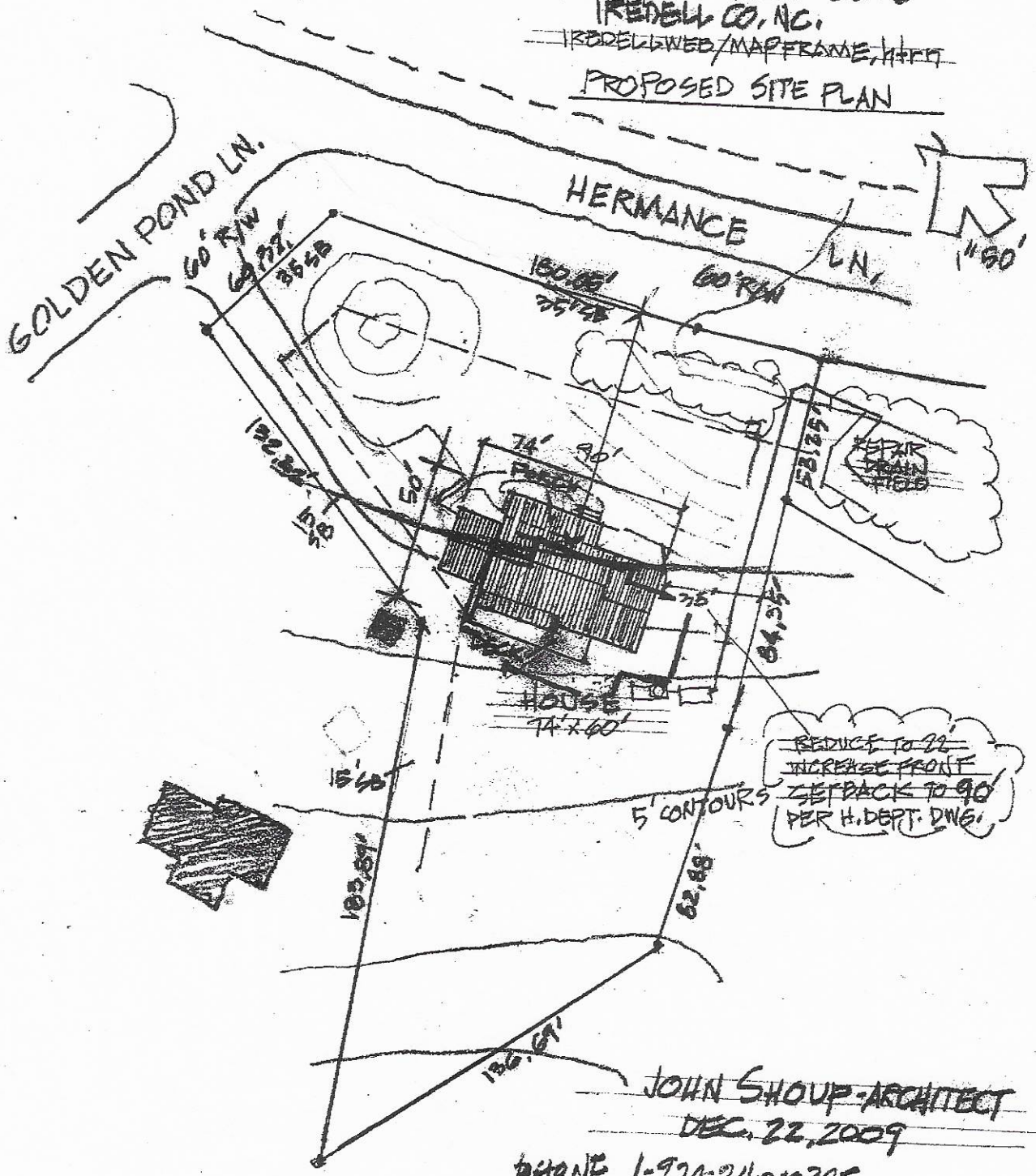


FAX. TO IREDELL CO. HEALTH DEPT. DEC. 23, '09
EXT. - BEN ALDRIDGE PERMIT NO. 159172

RESIDENCE - RON, LAURIE PEARSON

LOT 5
FISHERMAN'S COVE
IREDELL CO., NC.
~~IREDELLGWED/MAPFRAME, Hitt~~

PROPOSED SITE PLAN



JOHN SHOUP - ARCHITECT
DEC. 22, 2009
PHONE 1-970-240-0395

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***)** J. L. Erickson

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, Josephine L. Erickson, am the legal owner(s) of the property located at 235 Hermance Ave, Mooresville, NC, identified as PIN (Parcel Identification Number) 4638-02-1013, located in Iredell County, North Carolina.

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

N/A, _____, 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.

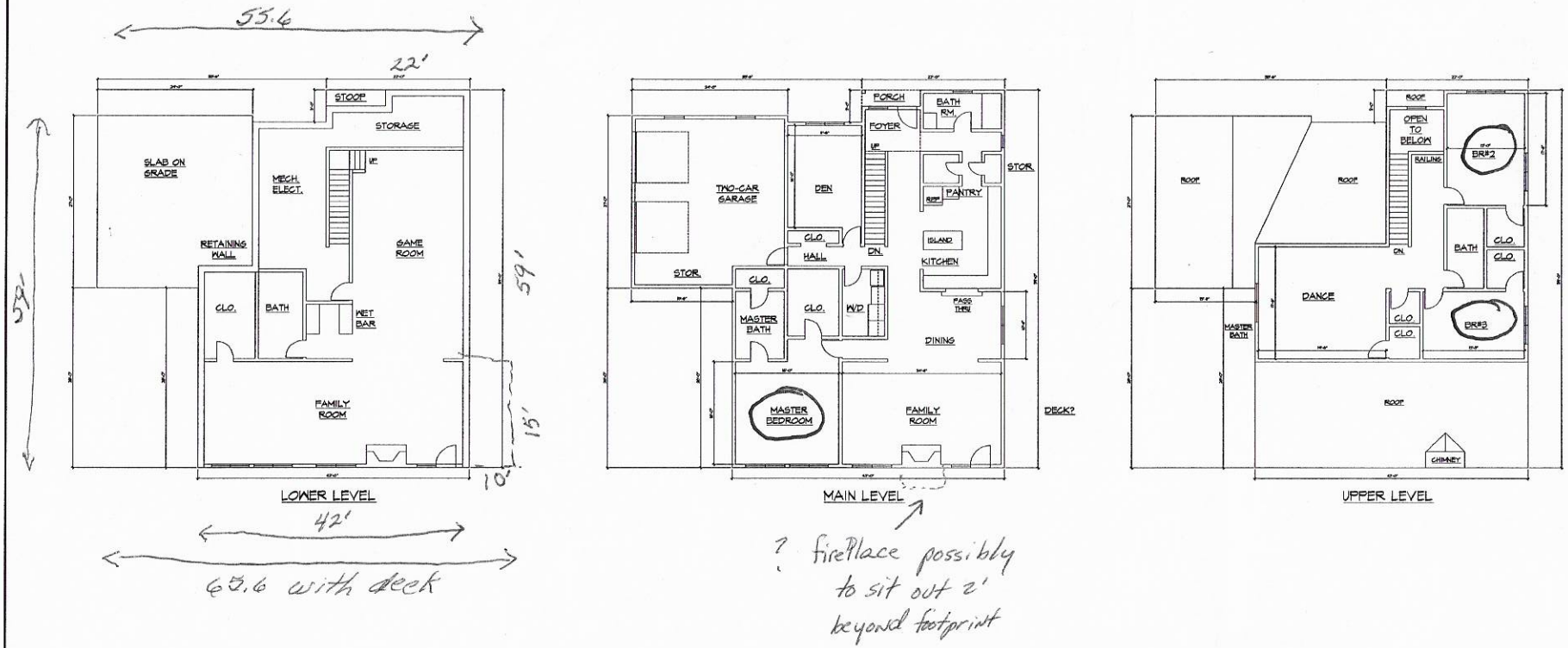
Josephine L. Erickson
Signature of Owner(s)

5/2/18
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

Acknowledgement of
Plans Submittal ONLY!
Date 5/2/18
Date 5/15/2018



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

FLOOR PLANS (1)

Architectu Unlimited PLLC

2700 RONDEAU COURT
MATTHEWS, NC 28105
704-451-7436

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Seal

Construction Documents

PRELIMINARY NOT FOR CONSTRUCTION

ERICKSON RESIDENCE

MOORESVILLE NORTH CAROLINA

FLOOR PLANS

PROJECT MANAGER: JEFF SHERER
DRAWN BY: MD
REVISIONS
No.___ Date___
No.___ Date___
No.___ Date___
No.___ Date___
No.___ Date___

Issue Date: 5/1/2018

Project Number: XXXXXX

Sheet Number:

A101

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 159172ZO

Printed: 11/30/2009

Master #: 159172

Associated Permits:
159172ZO Zoning

Applicant

Name: Grayson O. Stamey
Address: 108 Westfield CTR
Mooresville, NC 28115

Phone: 704-932-6195

Parcel

Parcel Number: 4638021013.000
Address: 235 Hermance LN
MOORESVILLE, NC 28117
Subdivision: Fishermen's Cove

Zoning: RR
Township: 1700
Area: 1.012
Lot(s): 5

Directions to Parcel: River Hwy right Waddell, right on Hermance on left past Sherbrook

Owners

Name: Mr. Grayson O. Stamey
Address: 108 Westfield CTR
Mooresville, NC 28115

Phone: 704-932-6195

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-200680-07	Zoning - Permit / Inspection	$55.00
FEE-200681-07	Technology and Administrative Fee	$1.65
FEE-200682-07	Environmental Health - Type I or II Fast Track	$335.00
	Total Fees:	**$391.65**
REC-112757-07		$391.65
	Total Receipts:	**$391.65**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-CA
Flood Zone:	No
Set Backs:	F35 R35 LS15 RS15
Minimum Lot Size:	25000
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:
Zoning Permit Comments:

No Building permit shall be issued for a residential dwelling or a nonresidential principal structure until a grading permit has been issued. No land shall be graded for the purpose of construction of a residential dwelling or a nonresidential principal structure, until a grading permit has been issued by the County. The County shall collect such fees for the issuance of grading permits as are authorized by the fee schedule adopted by the Board of Commissioners.

In addition to obtaining the permit; the owner, building contractor, or other responsible party shall:

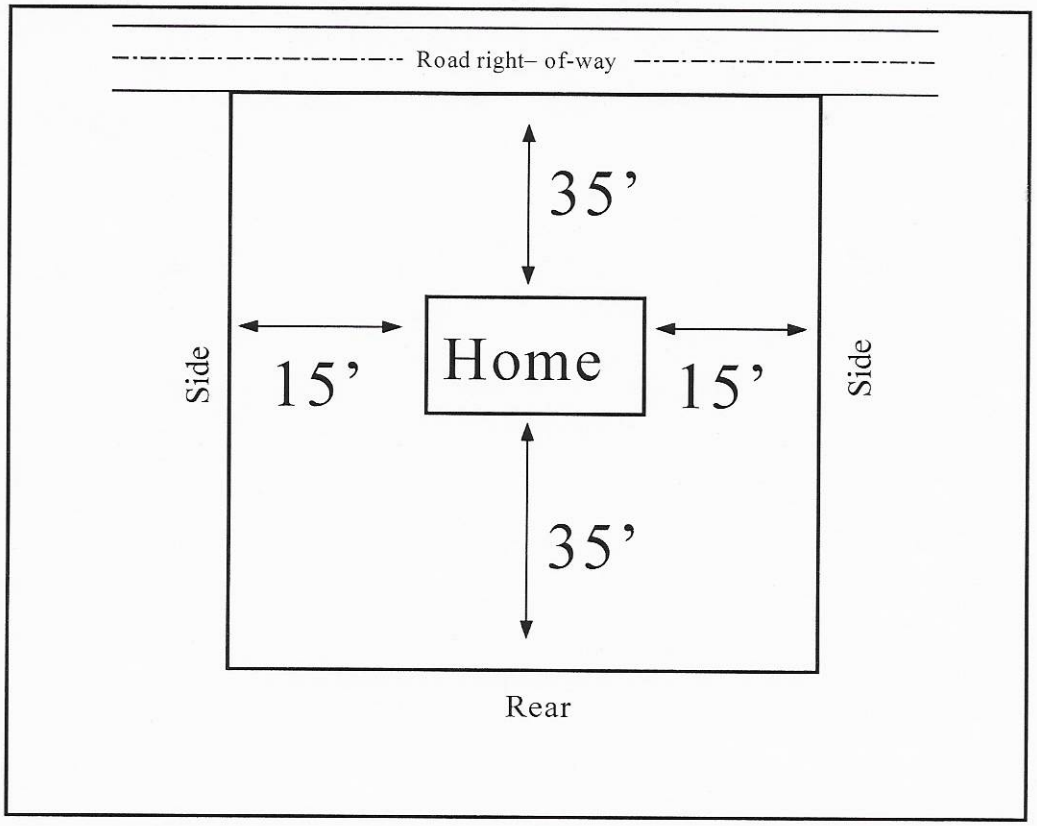
A. Control run-off as to not damage or adversely impact adjoining properties by providing silt fencing and stabilization or utilizing Low Impact Design (drainage swales, functional landscaping, etc.); and
B. Refrain from altering the general direction of the natural drainage flow.
C. If land clearing is needed for septic tank testing, then erosion control measures may be needed. Contact Erosion Control Department for further assistance.

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 Date

STREET NAME : 235 Hermance Ln.



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.