IREDELL COUNTY HEALTH DEPARTMENT KW

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

PERMIT # 203132

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

PIN # 4638592429

APPLICANT/OWNER: Arthur Lowe/Moorefield Bros APPLICANT ADDRESS: 429 Fifth Creek Rd 28628

SITE ADDRESS: 105 Dearborn Mooresville, NC PHONE: 704 682-4452 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Stumpy Creek TR Dearborn on left SAP CONTROLLED: ☐ YES ☒ NO

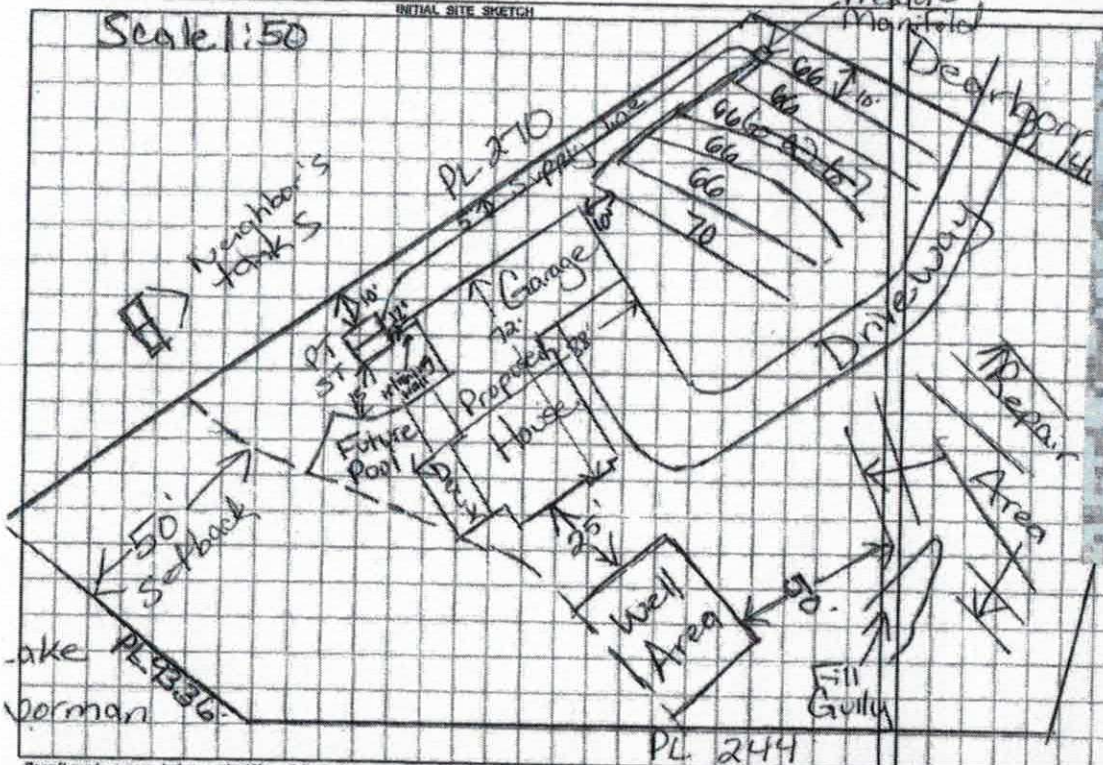
SUBDIVISION: Clay SECTION: 14 LOT # 1043 LOT AREA: 1.09 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1012	Date	9-17-17	☒ New System	☐ Repair	☐ Expansion	System Type:	I	II	III	IV	V	VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	17	Date	8-21-17	System Description:	Pump-Pm-25% Reduction									☐ Business	No. Persons	8	☒ Private
Pump Make	Goulds		Model	1/60/230 1/2HP	Serial #	WE05121HHV	Repair System Description:	LPPBPS									☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	6@67'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO								☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE								☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Divert Storm/surface water away from Septic.

Use Sch 80 1/2" taps
* Must keep future pool at least 15ft from Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4/18	KW
Tanks Checked	4/18	KW
Pressure Manifold or Valve Box Checked	4/18	KW
Pressure Head Set	4-30	BCW
Electrical Checked	4-30	BCW
Floats Set	4-30	BCW
Alarm Checked	4-30	BCW
Maintenance Contract Y (N)	4-30	BCW

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: _____ Date: _____ Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/8/18 OPERATION PERMIT by: Bryant C. White Date: 4-30-19

TO CONSTRUCT by: Maria Dotson Date: 8/8/18 Existing System Inspected by: _____ Date: _____

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 inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20332

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

PIN # 4638592429

APPLICANT/OWNER: Arthur Lowe/Moorefield Bldg APPLICANT ADDRESS: 429 Fifth Creek Rd 28628

SITE ADDRESS: 105 Dearborn Mooresville, NC PHONE: 704 682-4450 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Stumpy Creek TR Dearborn on left SAP CONTROLLED: ☐ YES ☒ NO

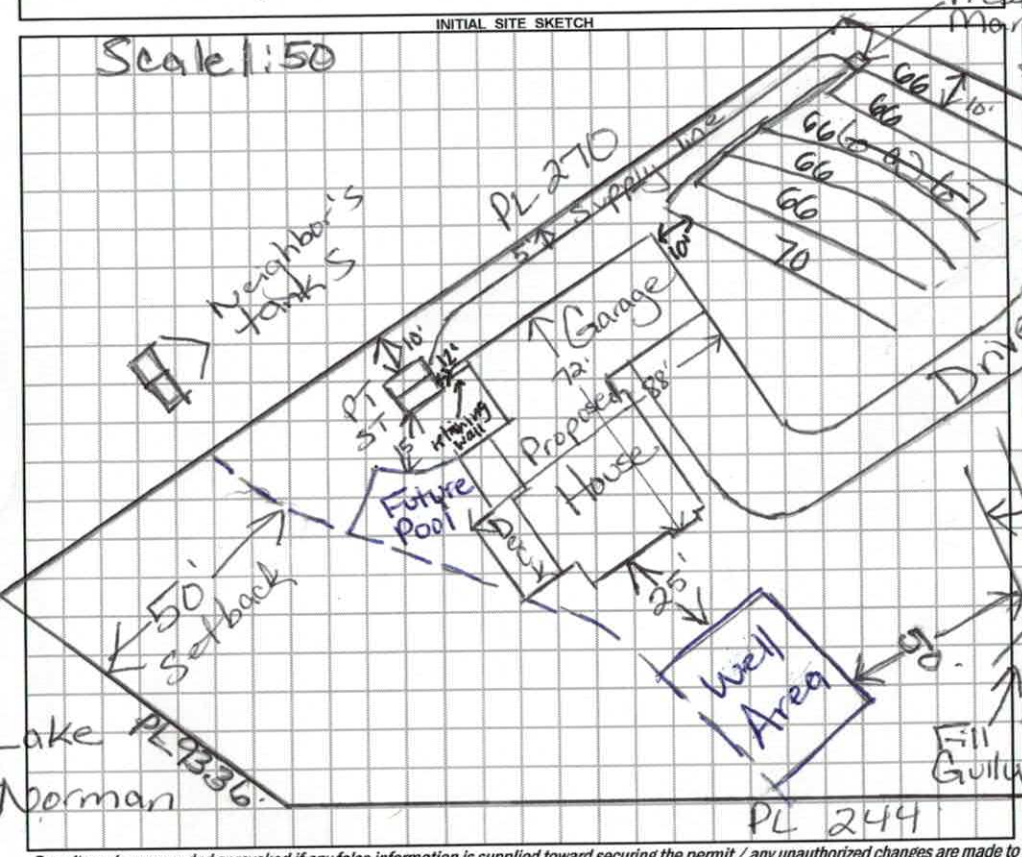
SUBDIVISION: Clark SECTION: 14 LOT # 1043 LOT AREA: 1.09 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1012	Date	9-17-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	17	Date	8-21-17	System Description:	Pump-Pm-25% Reduction			☐ Business	No. Persons	8	☒ Private	
Pump Make	Goulds		Model	1160/230 1/2HP	Serial #	WE0512HHD	Repair System Description:	LPPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	6@67'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth(Low side)		30"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

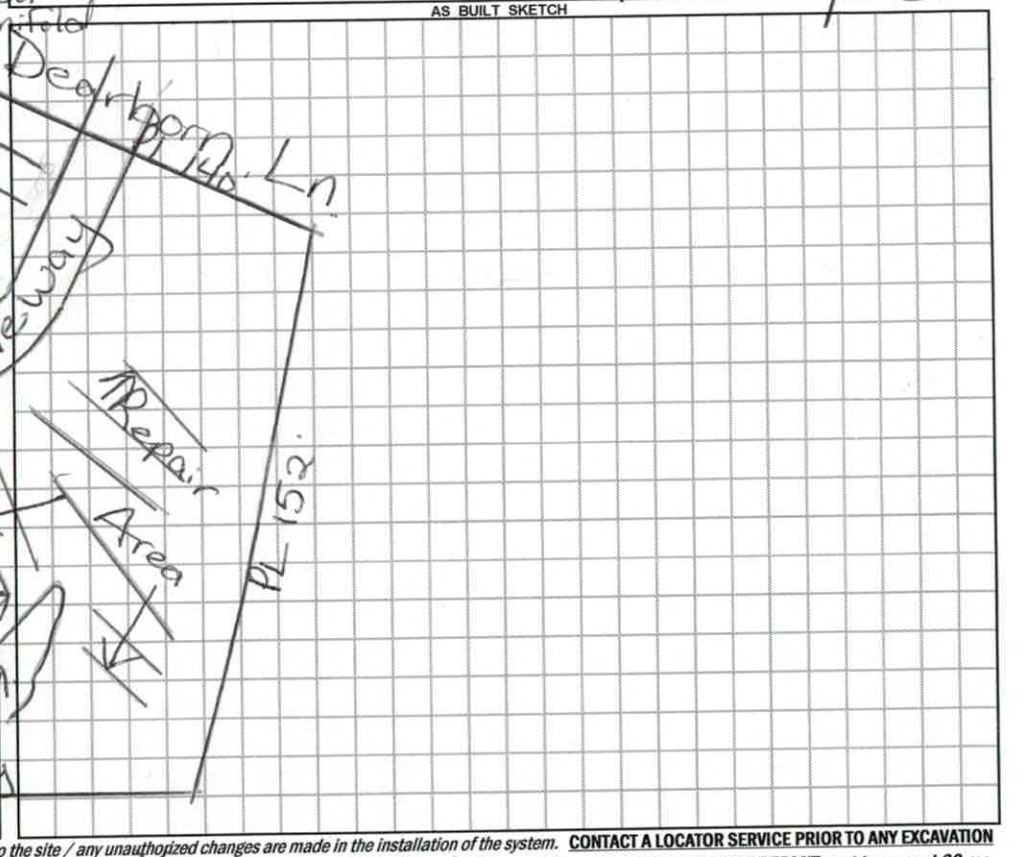
Comments / Conditions: Divert Storm/surface water away from Septic.

Use Sch 80 1/2" taps
* Must keep future pool at least 15ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date:

IMPROVEMENT PERMIT by: Maire Dolan Date: 8/8/18

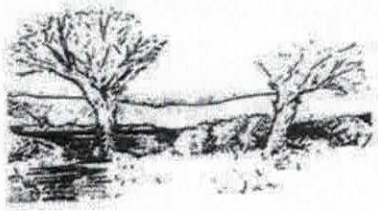
AUTHORIZATION TO CONSTRUCT by: Maire Dolan Date: 8/8/18

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
7/19/17
MD

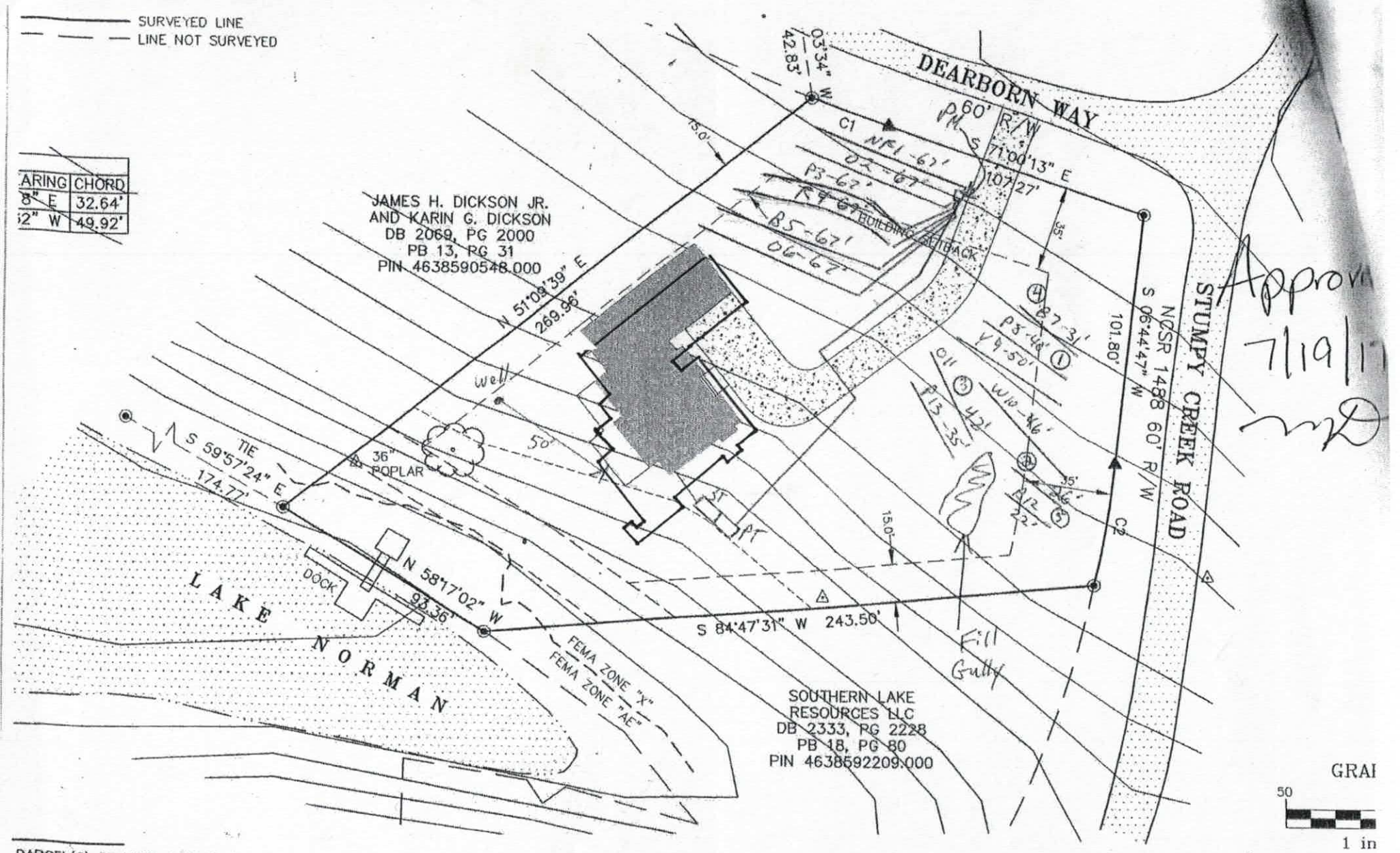
Reference: Data Sheet for 105 Dearborn, CL&T Sec 14, Lot 1043
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 25' side street, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial-ICHD), 0.3 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 32.9 GPM
Dosing Volume: 175 gallons
Pump Run Time: 5.3 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36" (initial), 28" (repair)

Line	Design Length	Actual Length
Not Flagged 1	**67'**	**67'**
Orange 2	**67'**	**67'**
Pink 3	**67'**	**67'**
Red 4	**67'**	**67'**
Blue 5	**67'**	**67'**
Orange 6	**67'**	**67'**
Blue 7		31'
Pink 8		40'
Yellow 9		50'
White 10		46'
Orange 11		26'/42'
Blue 12		22'
Pink 13		35'

Approved
7/19/17

Initial System: 400' **Repair System:** 292'

Comments:
MA&A are using the previously approved septic lines for the initial system. We have identified additional repair area. The initial septic lines were previously approved except for line 1. If gravity flow from the house to the septic tank cannot be achieved, a grinder pump and a settling tank may be needed. This must be determined when the final house elevations are known.
The supply line must be 30" or greater below the driveway.



ARING	CHORD
8" E	32.64'
2" W	49.92'

Approved
7/19/17

GRAI

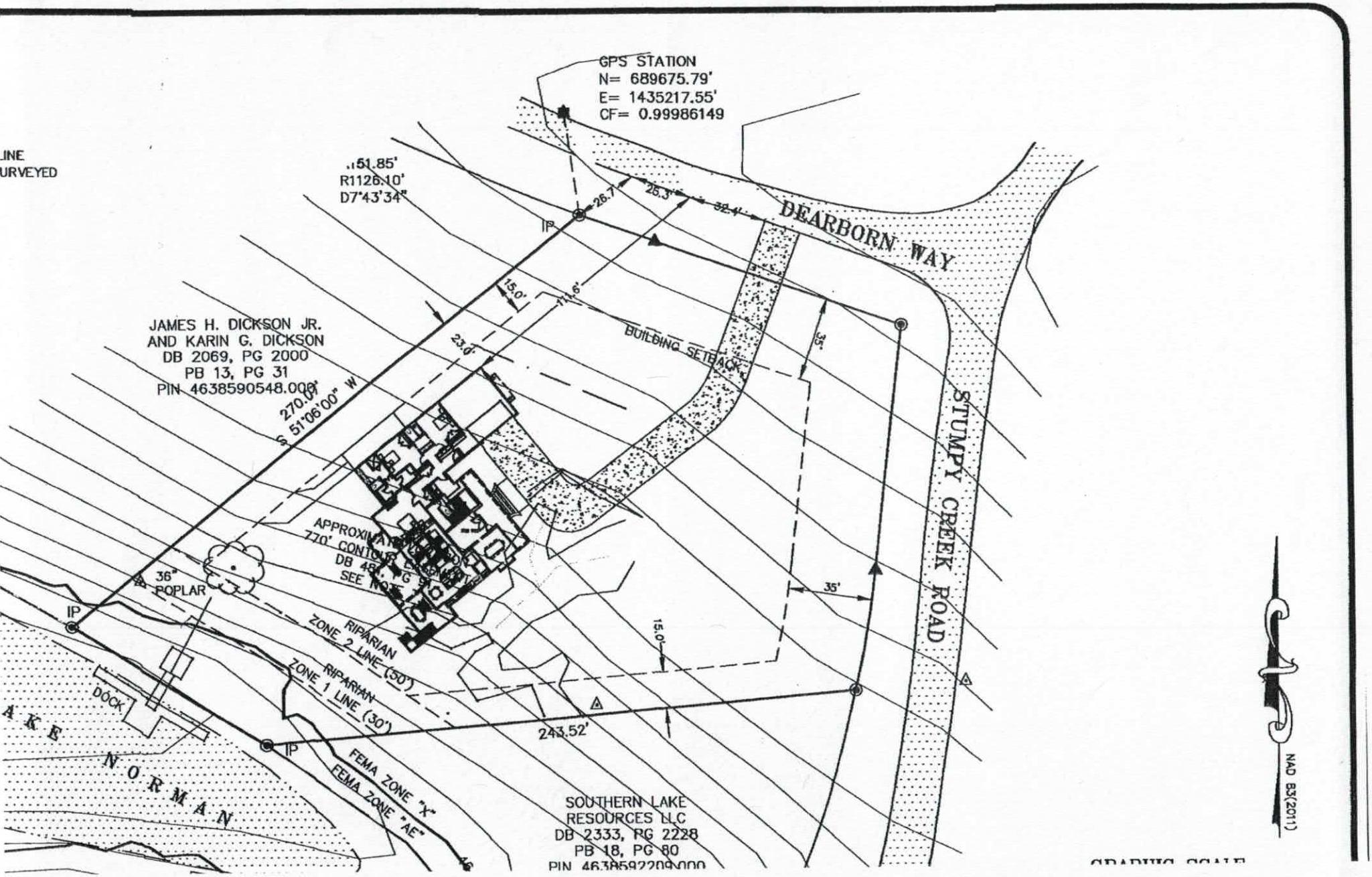
PARCEL(S) OF LAND. THIS IS A

Scale
1"=50'

OUNDARY
ARTIALLY LOCATED IN A SPECIAL FLOOD HAZARD
AND "AE" AS DEFINED BY FEMA F.I.R.M. MAP
ATED

DB 2069, PG 2000; DB 481, PG 91; MB 13, PG

M.H. Moorefield
0239-188-6620


GPS STATION
N= 689675.79'
E= 1435217.55'
CF= 0.99986149
LINE
URVEYED
151.85'
R1126.10'
D7°43'34"
DEARBORN WAY
26.7'
25.3'
32.4'
IP
15.0'
14.6'
BUILDING SETBACK
23.0'
35'
JAMES H. DICKSON JR.
AND KARIN G. DICKSON
DB 2069, PG 2000
PB 13, PG 31
PIN 4638590548.000
270.00'
S 51°06'00" W
STUMPY CREEK ROAD
APPROXIMATE
770' CONTOUR
DB 48
SEE NOTE
36"
POPLAR
IP
RIPARIAN
ZONE 2 LINE (30')
RIPARIAN
ZONE 1 LINE (30')
DOCK
15.0'
35'
243.52'
IP
FEMA ZONE "X"
FEMA ZONE "AE"
A K E
N O R M A N
SOUTHERN LAKE
RESOURCES LLC
DB 2333, PG 2228
PB 18, PG 80
PIN 4638592209.000
NAD 83(2011)
GRAPHIC SCALE

PROPERTY ID #: 4638592429_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 7/19/17 JMD

OWNER: Arthur Lowe_____ APPLICATION DATE_____
ADDRESS: 190 Singleton Rd, Mooresville, NC 28117_____ DATE EVALUATED: 7/10/17
PROPOSED FACILITY: ___4bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: __1.09 AC_____
LOCATION OF SITE: 105 Dearborn Ln, CL&T Sec 14, lot 1043_____ PROPERTY RECORDED: _9/10/1986_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 7%	0-26	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		26-48	R CL WSBK	FR SS SP SEXP					
2	LS 7%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-35	R C SBK	FR SS SP SEXP					
		35-48	R CL WSBK	FR SS SP SEXP					
3	LS 7%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					
4	LS 7%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	42"	F-C SAP	N/A	PS 0.3 ICHD
		8-25	R C SBK	FR SS SP SEXP					
		25-42	R CL WSBK	FR SS SP SEXP					
		42-48	VER L SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	584 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3 (ICHD)	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_+_MD (ICHD)_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 7/19/17

PROPERTY ID #: 4638592429

DATE OF EVALUATION:

COUNTY: IREDELL

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	
5	LS 7%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	36"	N/A	N/A	PS 0.3 ICHD
		12-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					

TCJ CONSULTING

SITE / SOIL EVALUATION

Old

3/11

JOB: Stumpy Creek 2 Lots PHONE: DATE: 3/15

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut__

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

FACTORS	PROFILE_A 1044	PROFILE_B 1043	PROFILE_C 1043	PROFILE_D 1044
LANDSCAPE POSITION-%	L	L	Terrace	Terrace
HORIZON I DEPTH	0-3	0-18	0-9	0-2
Color - Munsell	DK Br	R	Br	Br
Texture	L	C	SL	SL
Structure	WK SBK	SBK	Mo GR	Mo GR
Consistence	SS SP FR	SS SP FR	SS SP FR	SS SP FR
		F weathered Rock Frags		
Boundary	C	C	C	C
HORIZON DEPTH II	3-34	18-36	9-33	2-21
Color - Munsell	Red	Red	Red	Red
Texture	CL	CL	SC	C
Mottles	F Sap	C/m sap	—	F, F sap
Structure	SBK	wk SBK	SBK	SBK
Consistence	SS SP FR	SS SP FR	SS SP FR	SS SP FR
Boundary	C	C	C	C
HORIZON III DEPTH	34-48	36-48	33-48	21-37
Color - Munsell	yellow Red	yellow Red	Red	R
Texture	L sap	L sap	SCL	CL
Mottles	—	—	C white Relic 33-38"	F, F sap
Structure	MA	MA	WK SBK	WK SBK
Consistence	SS SP FR	SS SP FR	SS SP FR	SS SP FR
Boundary	—	—	—	C
HORIZON IV DEPTH				37-48
Color - Munsell				Multi
Texture				CSL
Mottles				F, F CL
Structure				MA/WKSBK
Consistence				SS SP FR
				C white & yellow Relic
				—
Boundary				
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR				
CLASSIFICATION				

DK mP 4/25/14

LEGEND

LANDSCAPE POSITI
R - Ridge
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loa
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely fir

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular b
ab - angular block
pl - platy
pr - prismatic

Old

TCJ CONSULTING

SITE / SOIL EVALUATION

JOB: Stumpy Creek Loop 2 Lots PHONE: DATE:

LOCATION: PIN: COUNTY: PROPERTY SIZE:

PROPOSED FACILITY: WATER SUPPLY: On-Site Well Community Public EVALUATION: Auger Boring Pit Cut

WEATHER: ANTECEDENT MOISTURE: SURFACE WATER:

1044

FACTORS	PROFILE E	PROFILE	PROFILE	PROFILE
LANDSCAPE POSITION-%	L-CC.			
HORIZON I DEPTH	0-5			
Color - Munsell	Br			
Texture	L			
Structure	GR			
Consistence	SS SP FR			
Boundary	C			
HORIZON DEPTH II	5-22			
Color - Munsell	Red yellow			
Texture	SCL			
Mottles	F, F sap			
Structure	SBK			
Consistence	SS SP FR			
Boundary	C			
HORIZON III DEPTH	22-34			
Color - Munsell	Red yellow			
Texture	CL			
Mottles	F, F sap			
Structure	SBK WK			
Consistence	SS SP FR			
Boundary	C			
HORIZON IV DEPTH	34-48			
Color - Munsell	Yellow Red			
Texture	FSL sap			
Mottles	-			
Structure	MA SLS			
Consistence	SS SP FR			
Boundary	—			
SOIL WETNESS				
RESTRICTIVE HORIZON				
SAPROLITE				
LTAR				
CLASSIFICATION				

LEGEND

LANDSCAPE POSITION
R - Ridge Interfluve
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
Moist / Wet
WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

RECEIVED MAY - 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Moorefield Builders Inc Address: 429 Fifth Creek Rd Zip: 28625
Applicant Email: MBuilders78@Gmail.com Phone: 704 880 6620 Alt. Phone: 704 682 4458
Owner Name: Nick Whitney Lowe Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 105 Dearborn Ln Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(✓) 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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 5-7-2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

20332

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

Relayout Paid $500.00 Pd $700.00

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 #
Arthur Lowe	190 Singleton Rd Mooresville NC 28117	704-239-5086	Gary McNeely 704 310 1832 contact
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
105 Dearborn	CLT	Sec 14 Lot 1043

Driving Directions: HWY 150 W, TR Perth, TL Stumpy Crk, Lot on Corner of Dearborn + Stumpy Crk

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

(X) 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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:

(X) 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 (X) Other Accepted

8. 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. industry) 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.

9. Signature: _____ 6/30/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $195, 4-23-14 DS
Int. Relayat

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable
   Non Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Crescent Communities	PO Box 1003 Charlotte, NC 28207		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Kathleen Saunders, LSS	704-578-4951	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
~~301~~ 105 Dearborn Ln	CL&T	14/1043

Driving Directions: Perth, L Stumpy Creek, on L on corner @ Dearborn Way

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**
(X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. **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. industry) 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.

9. **Signature:** Kathleen Saunders — 4-23-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

LOT 1043, SECTION 14, LAKE NORMAN

Arthur N. & Whitney G. Lowe

Davidson Twsp., Iredell County, North Carolina

PROJECT NO.	PBD-15040
FILENAME	PBD15040-B1
SCALE	1"=50'
DATE	11-23-2015

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Arthur Lowe, am the legal owner(s) of the property located at 105 Dearborn Lane, identified as PIN (Parcel Identification Number) 4638592429, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates Inc, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — Date: 6/20/17

Signature of Witness — Date

Please return this signed form to the appropriate office:

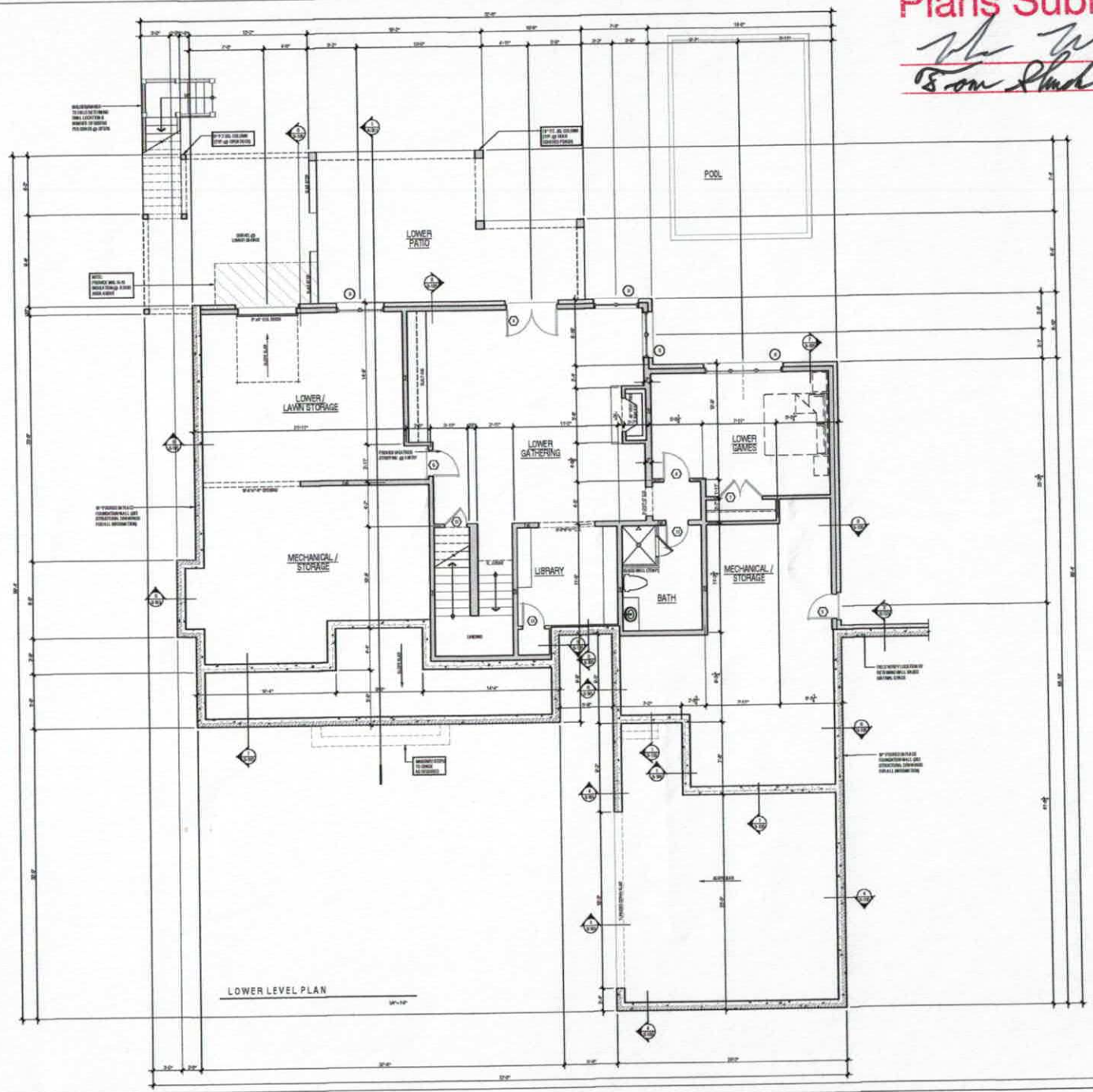
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 3-18-2018

Date 5/18/18



FOUNDATION NOTES

ABBREVIATIONS

LEGEND

LEGEND

WINDOW SCHEDULE

MARK	SIZE	TYPE	SPECIAL NOTES
1			
2			
3			
4			
5			
6			
7			
8			
9			

DOOR SCHEDULE

MARK	SIZE	SPECIAL NOTES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

SQUARE FOOTAGE
1.18.18

MAIN LEVEL HEATED	2,691	SQ. FT.G.
LOWER LEVEL HEATED	1,101	SQ. FT.G.
TOTAL HEATED	3,802	SQ. FT.G.
FRONT PORCH	278	SQ. FT.G.
TWO CAR GARAGE	852	SQ. FT.G.
REAR COVERED & SCREENED PORCH	370	SQ. FT.G.
REAR OPEN DECK	356	SQ. FT.G.
LOWER PATIO	360	SQ. FT.G.
LOWER UN-HEATED	1,274	SQ. FT.G.
EXISTING TOTAL UNDER ROOF	6,929	SQ. FT.G.

LABELLA

NOT FOR CONSTRUCTION

A NEW HOME FOR

THE LOWE FAMILY

DEARBORN WAY
MOORESVILLE, NC

PROJECT NO. 2160802

NO.	DATE	DESCRIPTION
REVISIONS:		

DRAWN BY: D. STRANGE, B.BROOKS
APPROVED BY: —
ISSUED FOR: ENGINEERING
DATE: 01.22.18
DRAWING NAME:

LOWER LEVEL FLOOR PLAN

DRAWING NO.

A-101

30"x42" PLOT SHEET

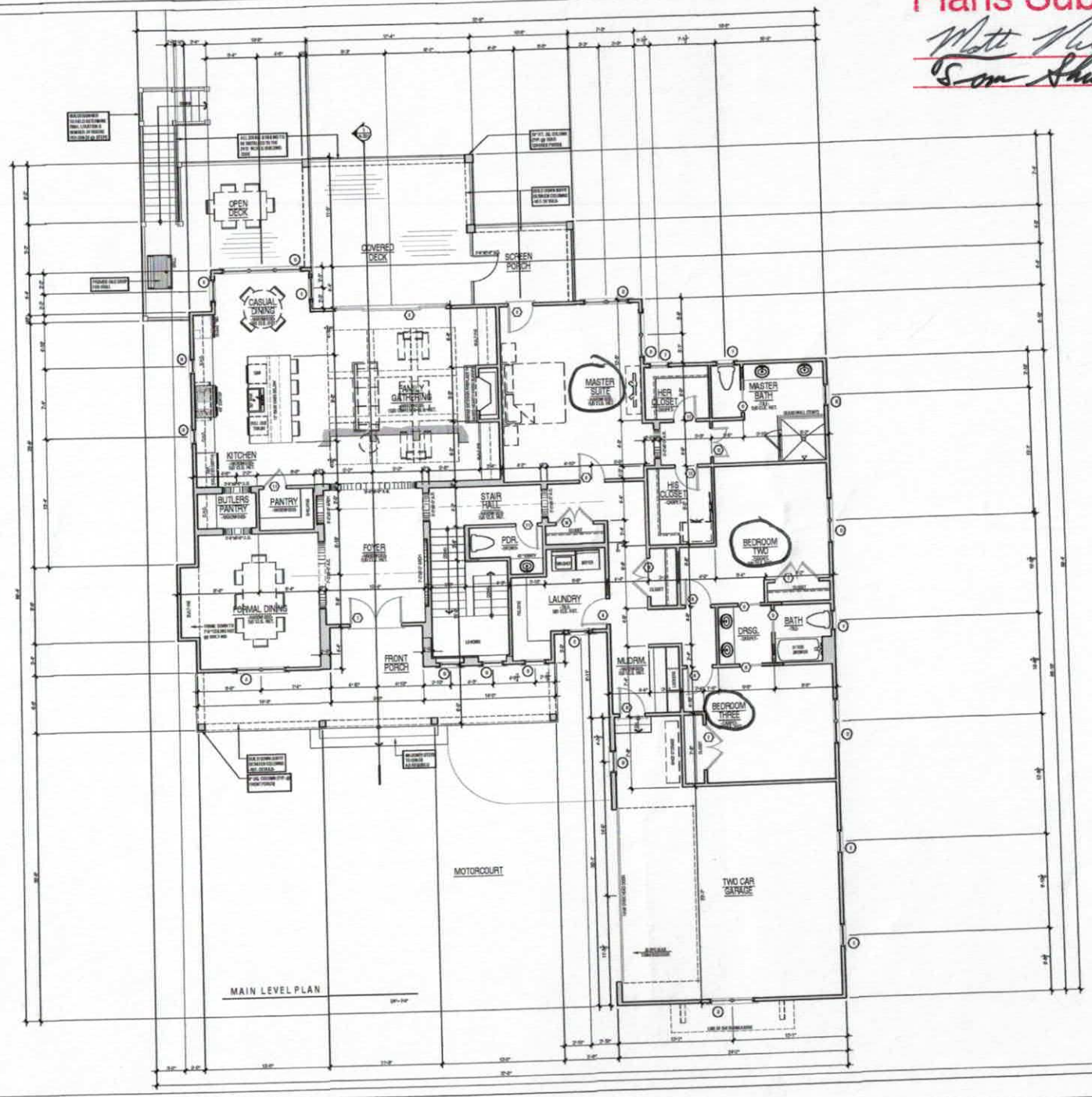
Acknowledgement of
Plans Submittal ONLY!

Matt Nee Date 5-18-2018

Tom Shuck Date 5/18/18

LABELLA

NOT FOR CONSTRUCTION



MAIN LEVEL NOTES

ABBREVIATIONS

LEGEND

WINDOW SCHEDULE

MARK	SIZE	TYPE	SPECIAL NOTES
A			
1			
2			
3			
4			
5			
6			
7			
8			

DOOR SCHEDULE

MARK	SIZE	SPECIAL NOTES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

SQUARE FOOTAGE
1.16.18

MAIN LEVEL HEATED	2,691	SQ. FT.G.
LOWER LEVEL HEATED	1,151	SQ. FT.G.
TOTAL HEATED	3,842	SQ. FT.G.
FRONT PORCH	276	SQ. FT.G.
TWO CAR GARAGE	602	SQ. FT.G.
REAR COVERED & SCREENED PORCH	372	SQ. FT.G.
REAR OPEN DECK	206	SQ. FT.G.
LOWER PATIO	360	SQ. FT.G.
LOWER UN-HEATED	1,274	SQ. FT.G.
EXISTING TOTAL UNDER ROOF	6,800	SQ. FT.G.

A NEW HOME FOR

THE LOWE FAMILY

DEARBORN WAY
MOORESVILLE, NC

PROJECT NO. 2160862

NO.	DATE	DESCRIPTION

DRAWN BY: D. STRANDE, B.BROOKS
APPROVED BY: ---
ISSUED FOR: ENGINEERING
DATE: 01.22.18

MAIN LEVEL FLOOR PLAN

DRAWING NO. A-102

30"x42" PLOT SHEET

Old

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	127550ZO	Subdivision:	CL&T Sec 14
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 STUMPY CREEK LOOP Mooresville NC 28117		
Parcel #:	4638592429.000	Zoning:	RR
Lot #:	1043 Size: 1.133	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Toney Jacobs & Associates, Inc (Toney Jacobs)	Owner:	CRESCENT RESOURCES INC
Address:	168 Broadbill Drive Mooresville NC 28117	Address:	P O BOX 1003 CHARLOTTE, NC 282011003
Phone:	704-663-6905	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

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

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 25 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

Perth Rd South, right on Liva, left on Stumpy Creek, Corner of Deerborn

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$50.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$95.00

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

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK Printed: 3/17/2005