ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 211122

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

PIN # 4638 -85 -3756

APPLICANT/OWNER: Chris Mann | APPLICANT ADDRESS: 478 Bear Tree Chapel Hill NC

SITE ADDRESS: 105 Hideaway LN Mooresville 28117 | PHONE: 919-945-5416 | ALT. PHONE: -

SITE DIRECTIONS: Corner of Perth and Hideaway LN | SAP CONTROLLED: ☐ YES ☒ NO

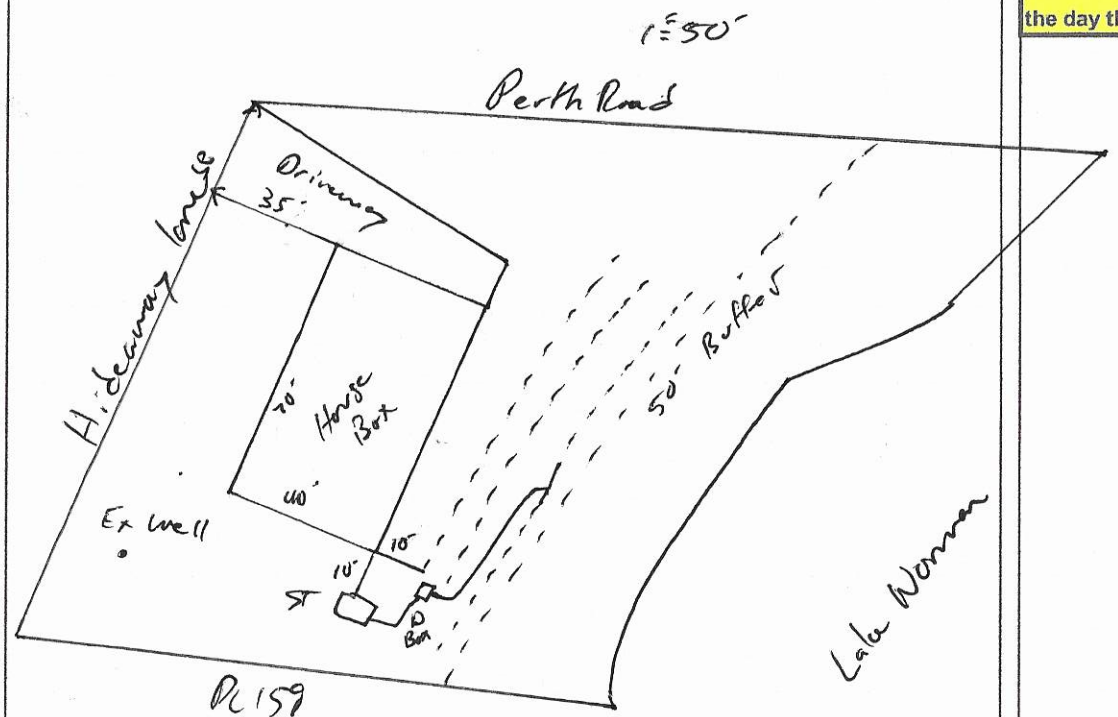
SUBDIVISION: CL&T | SECTION: 14 | LOT # 26 | LOT AREA: .71 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft:	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	Ex	☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Functioning properly at time of inspection.

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.

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: [signature] Date: 3/19/2021 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3.18.2021

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

RECEIVED SEP 2 3 2020

AP-311122
$250.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: CHRIS MANN Address: 478 Bear Tree Pk Chapel Hill, NC 27517 Zip: 27517
Applicant Email: NorthEastTaxo@yahoo.com Phone: 919943546 Alt. Phone: _____
Owner Name: CHRIS MANN Address: SAME Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 105 Hideaway Ln Mooresville
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Corner of Perth Rd & Hideaway Ln.
Parcel ID 4638853756.000

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 4 (√) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 6 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 3100 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1996 (1997)
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: See Attached

Please answer the following to the best of your ability:

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

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

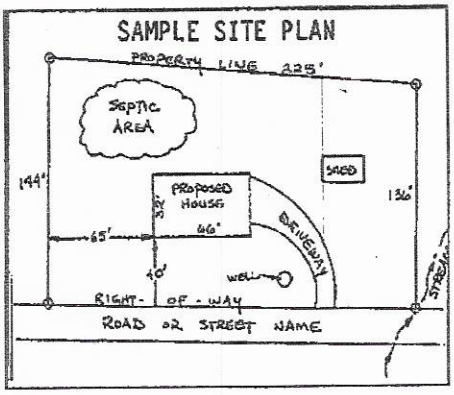
Signature: _____ 9/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**

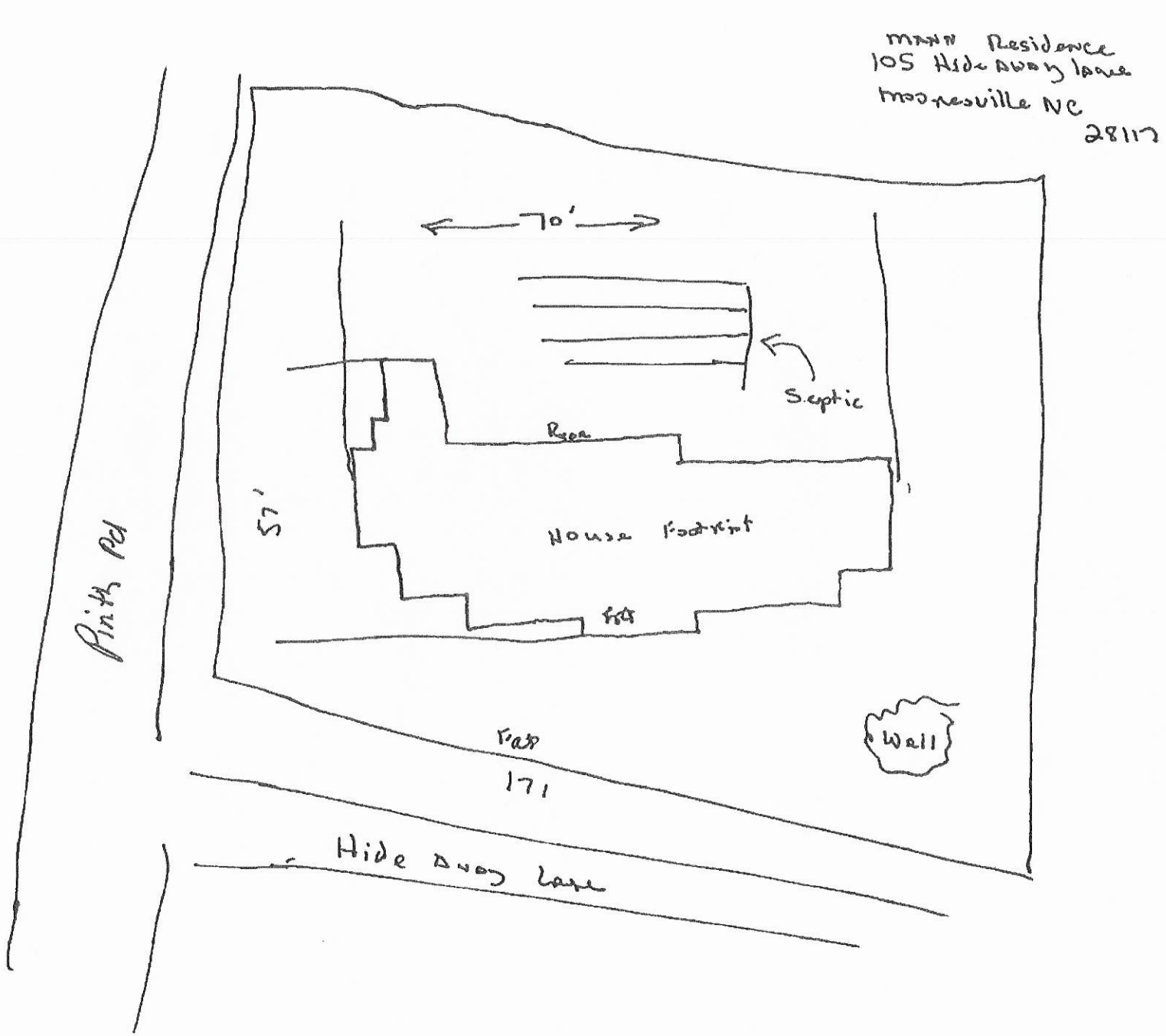
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 9/10/20

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

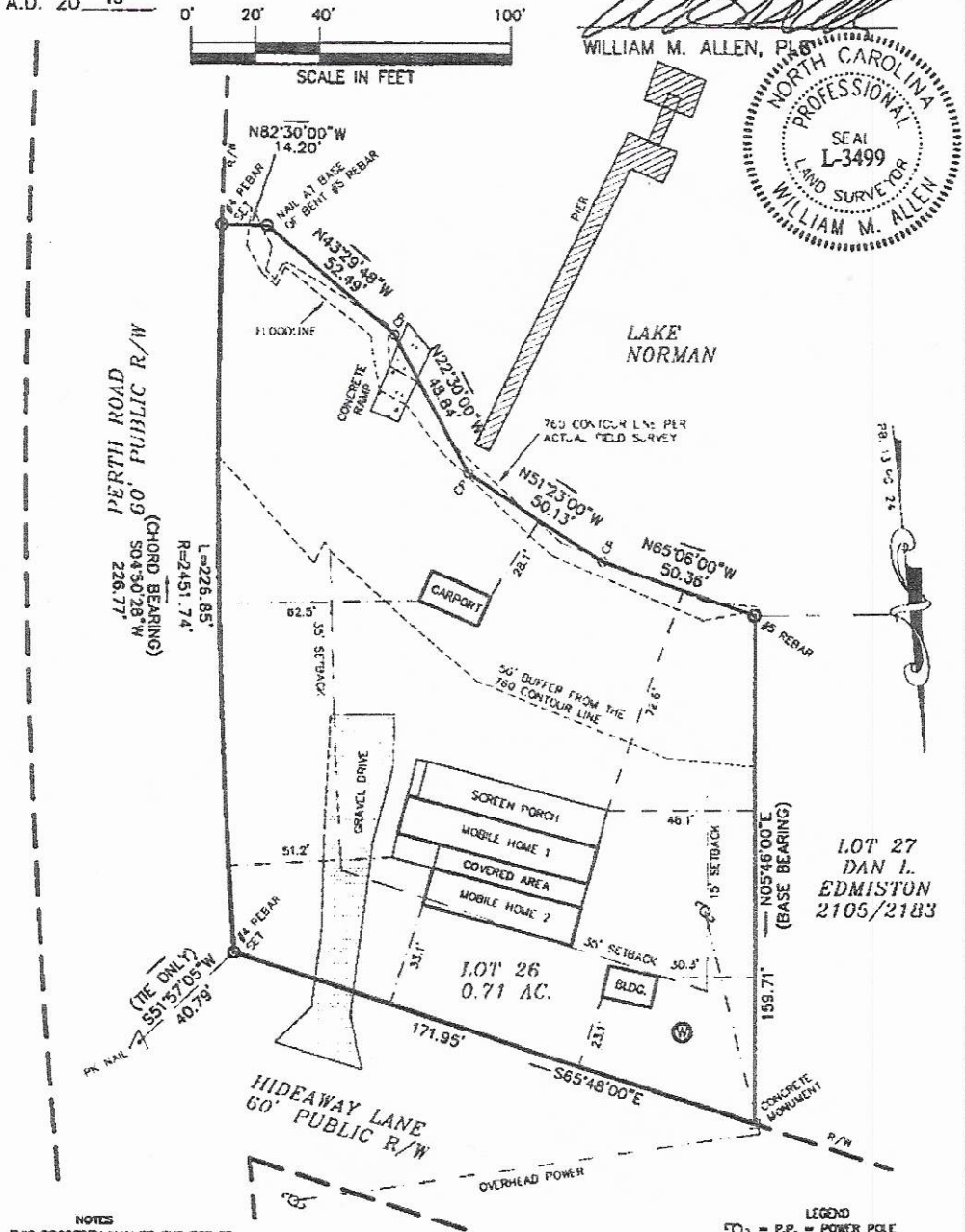

Mann Residence
105 Hide-Away Lane
Mooresville NC
28117
70'
Septic
Rear
57'
House Footprint
Front
Pinetta Rd
Front
171
Wall
Hide Away Lane

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 1111, page 1447, and/or plat book 13, page 24, 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 23 day of APRIL A.D. 20 18

WILLIAM M. ALLEN, PLS

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



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 4/17/18) ELEVATION: 758.3'
4) OVERHEAD POWER
5) 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
W = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PHYSICAL SURVEY

OF
105 HIDEAWAY LANE
LOT 26 CRESCENT LAND & TIMBER CORP., SECT. 14
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'
ACQUIRED BY: BARBARA CARTER

FIELD BOOK: 5028
FILE: CLT 26 S14
DC FILE:
TAX MAP NO: 4638853758

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT (30) 4638853756

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25434 DATE 12/5/96

OWNER OR CONTRACTOR LAWRENCE CARTER TAX MAP NO. 25-3-A-26

ADDRESS 516 WLEE AVE YADKINVILLE NC 27055 PHONE: Business _____ Home 919-679-8315 Watershed: ☒ Yes ☐ No

LOCATION PERTH RD - TL HIDEAWAY LN - ON CORNER OF PERTH AND HIDEAWAY

SUBDIVISION SLT BLOCK / SECTION 14 LOT 26 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 36-40

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 2@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth MA

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

System Description: GRAVITY PANEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

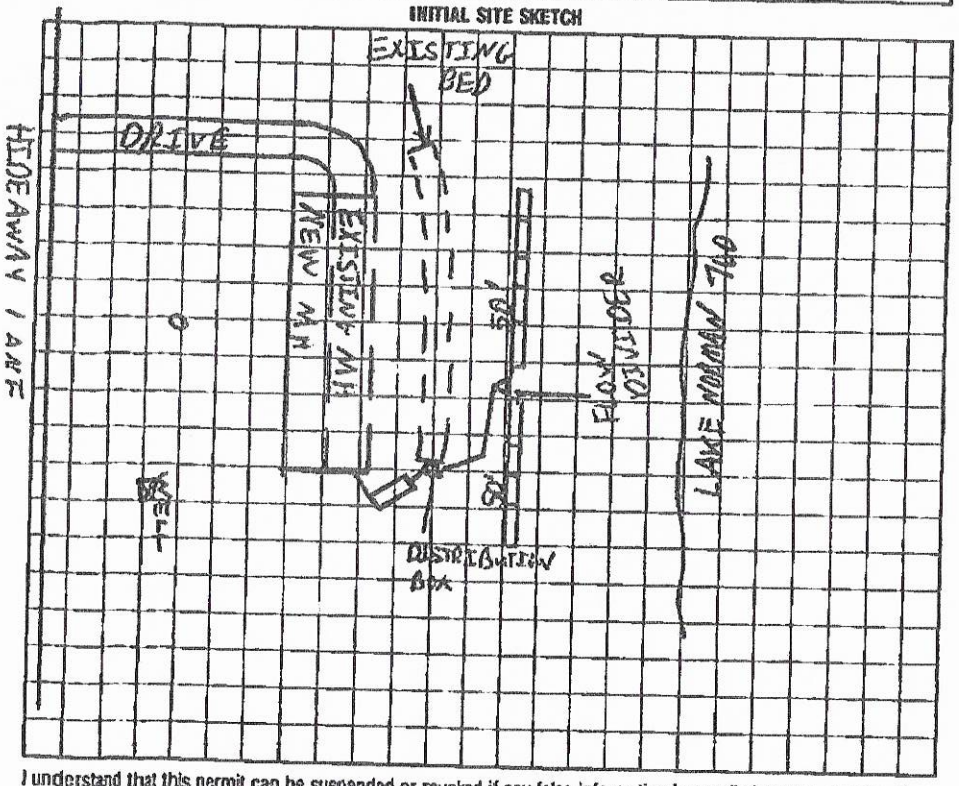
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

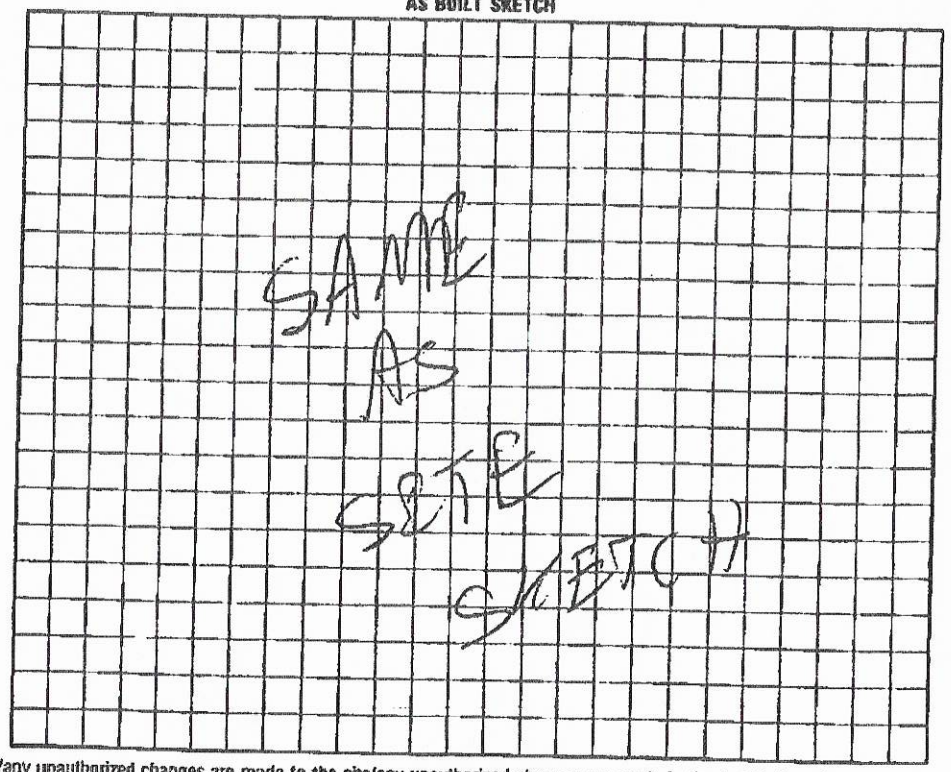
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: ~~SOIL~~ MAILED TO BY REQUEST Installed by: TOMMY NIXON

Improvement Permit by: C. Blythe date 12/5/96 Certificate of Completion by: _____ date _____

System Inspection by: C. Blythe date 12/5/96 Operation Permit by: C. Blythe date 4/4/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW

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, _____, 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

N/A

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

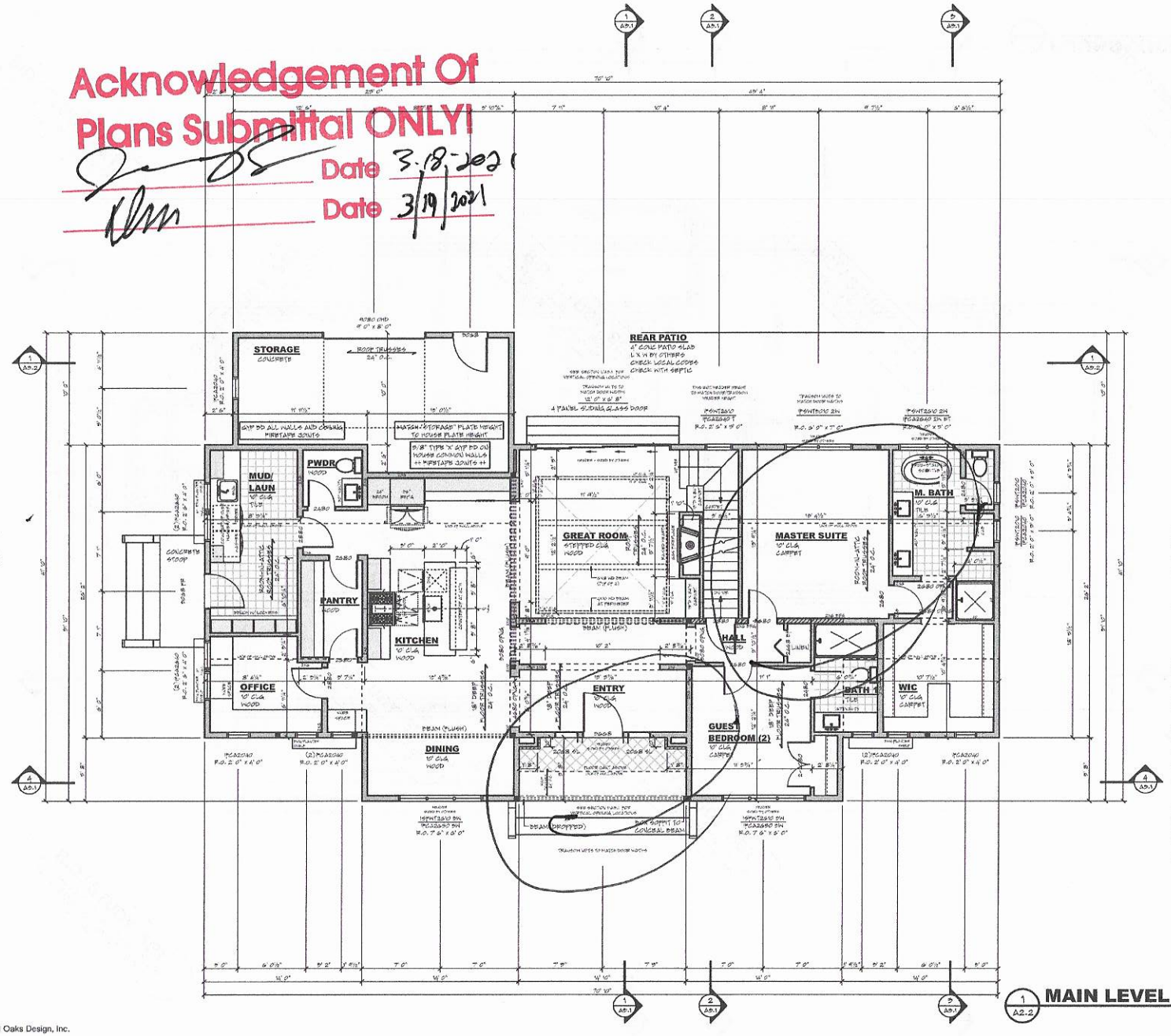
_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Date 3.18.202
Date 3/19/2021

41



GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY 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 PERMIT PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS
- MARVIN ULTIMATE ALL WOOD SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'H' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 8' 1-1/8" (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 CLIPS 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
- DOUBLE STUDS AT WINDOWS AND DOOR HEADERS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

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

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

1 A2.2 **MAIN LEVEL 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 DESIGN CERTIFICATION
Kieran J. Liebl 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR ENVIRONMENTAL SYSTEMS ENGINEERING. THE CONTRACTOR OR OWNER SHALL BE RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS OF ALL BOTH EXISTING AND NEW BUILDINGS 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-20-108
MANN
CL-19-004
CRAWLSPACE
2 CAR SIDE

1	BJJ	ORIGINAL
2	KPH	9-16-20 PRELIM MOD

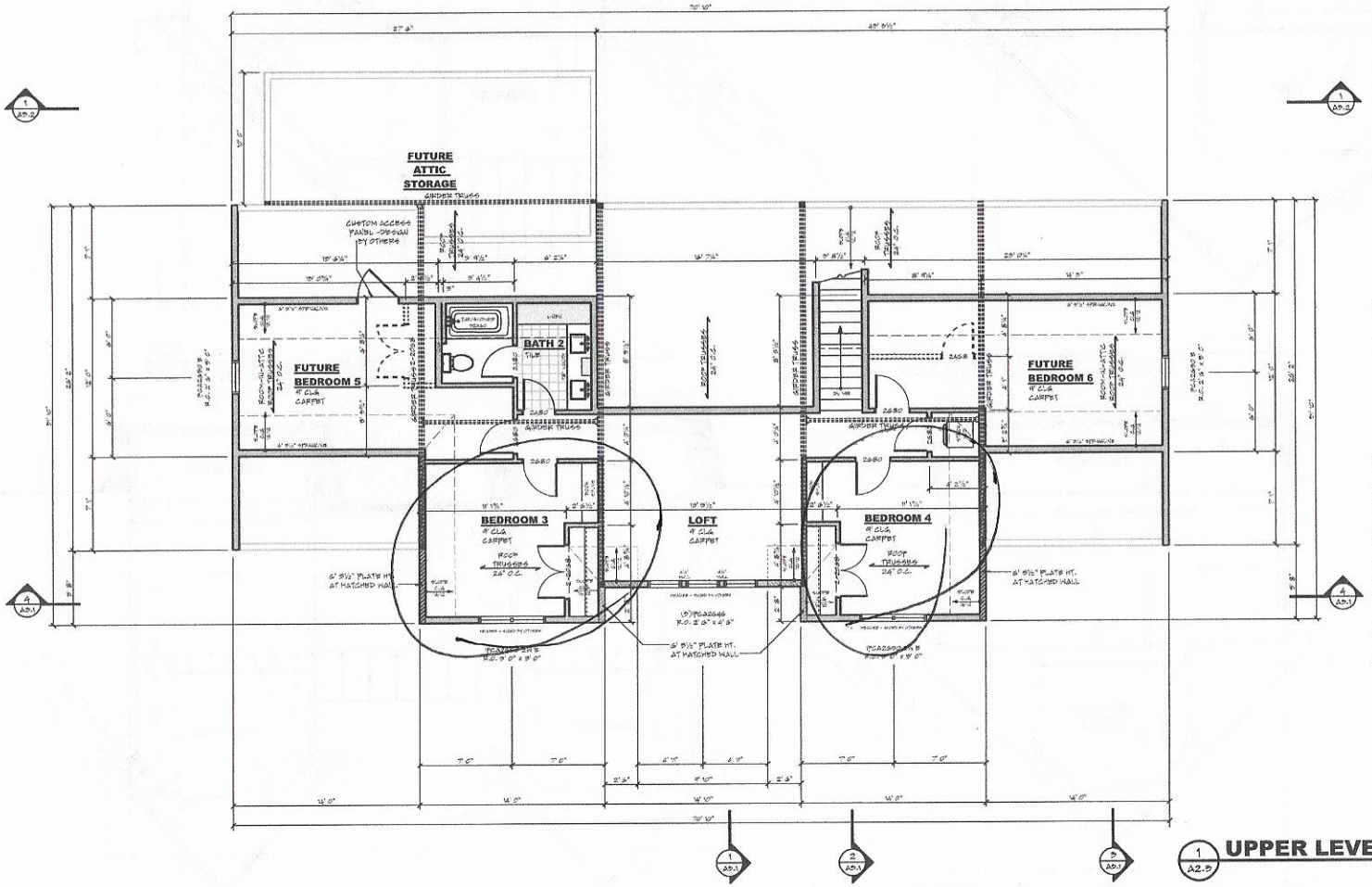
MAIN LEVEL FLOOR PLAN

4 **A2.2** 8

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GENERAL NOTES

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WINDOWS

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- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

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- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX LIVE/DEAD LOADS
- TRUSS MANUFACTURER TO PROVIDE CLASSES 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

- 4'-1 1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL POCKET DOORS
- DOUBLE STUDS AT WINDOWS AND DOOR HEADERS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

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

+++ STRUCTURAL NOTICE +++

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1 UPPER LEVEL FLOOR PLAN
A2.3
SCALE: 1/4" = 1'-0"

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Kieran J. Lisle 24-105

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M-20-108
MANN
CL-19-004
CRAWLSPACE
2 CAR SIDE

1	BJJ	ORIGINAL
2	KPH	9-16-20 PRELIM MOD

UPPER LEVEL FLOOR PLAN

5 **A2.3** 8

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