09-23-13
pd $850.00 MS

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: (X) 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: (X) 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:

Applicant Name: DG Custom Homes **Address:** 631-407 Brawley Sch Rd #219 **Phone:** 704-400-2307

Owner Name: _____ **Address:** Contact Kathleen Saunders **Phone:** 704-578-9951

Property Information:

Street Address: _____

Subdivision Name: Beacon Pointe **Section/Phase:** 3 **Lot Number:** 7

Driving Directions: Hwy 150 to R Perth to L Fern Hill (septic easement is on Fern Hill on R just past 1st Kenway Loop)

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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: Kathleen Saunders — 9-24-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Email KathleenMSaunders@gmail.com

IREDELL COUNTY HEALTH DEPARTMENT

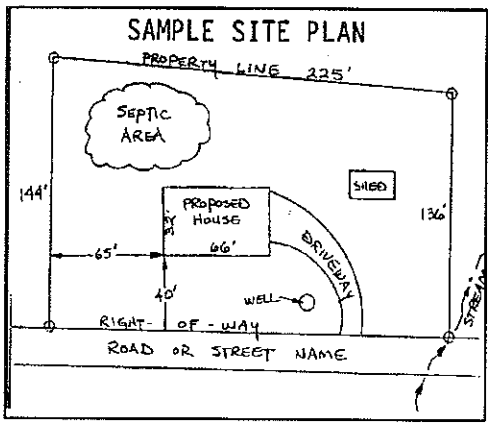
ENVIRONMENTAL HEALTH DIVISION

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

Please see Attached

Signature: Kathleen Saunders

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

9-24-13

DATE

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

Zoning Permit

Permit Number: 181173ZO

Printed: 9/23/2013

Master #: 181173

Associated Permits:
181173ZO Zoning

Applicant

Name: Kathleen M Saunders, LLS
Phone: 704-578-4951
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Parcel

Parcel Number: 4639231507.000
Zoning: RR
Address: 155 Fox Hunt DR
Mooresville, NC 28117
Township: 1700
Area: 1.09
Subdivision: Beacon Point Ph 3
Lot(s): 7
Directions to Parcel: Hwy 21S, right on Perth, right on Fern Hill, right on Bullfinch, right on Fox Hunt Ct, at end

Owners

Name: John Doyle
Address: 153 Fox Hunt Dr.
Mooresville, NC 28115

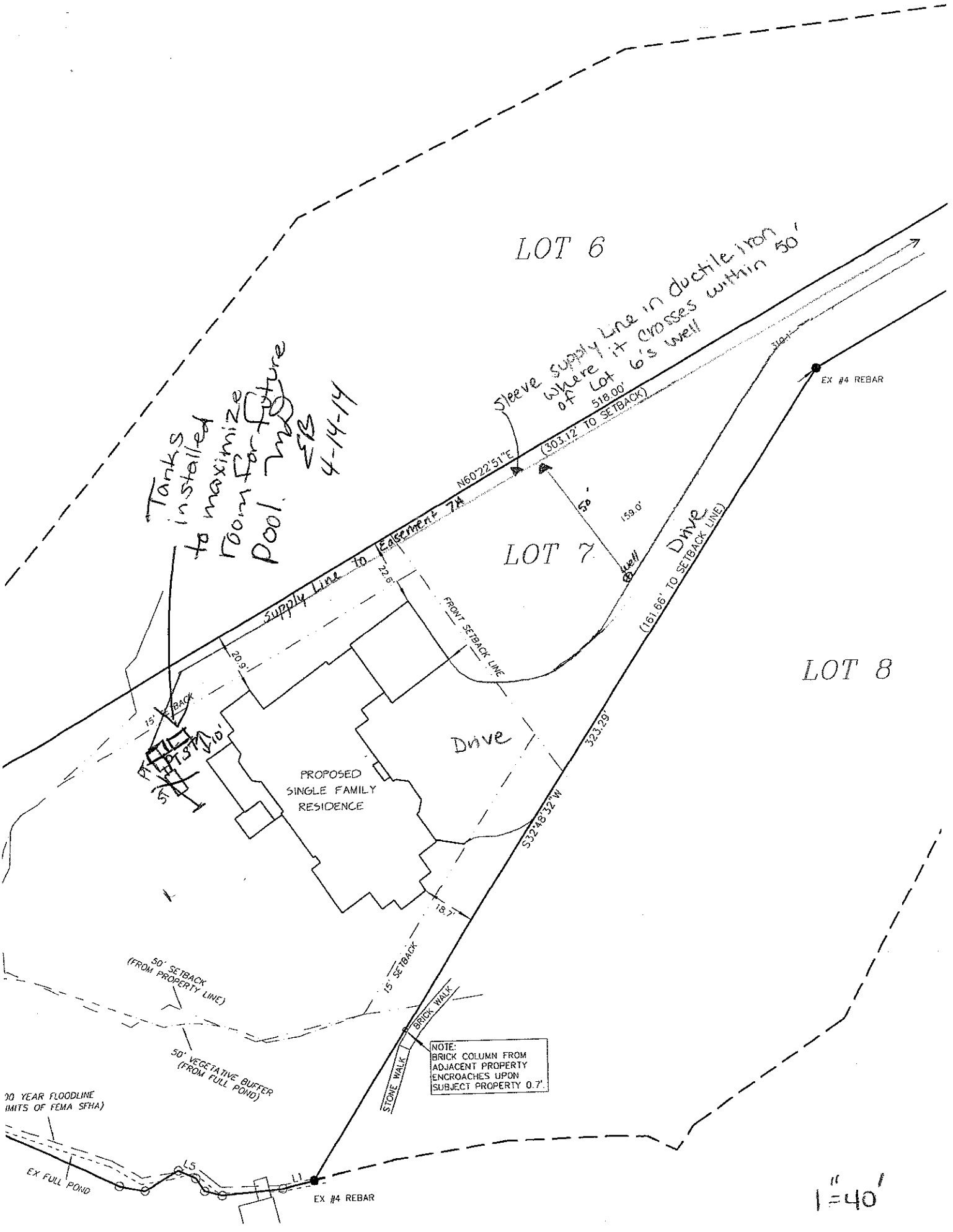
Cash
$ PAID
9-23-13
Paid $27.25

Contractors

Contractor Type: Not Liscensed
Name: Kathleen M Saunders, LLS
Phone: 704-578-4951
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-297596-07	Zoning - Permit Application	$75.00
FEE-297597-07	Technology Fee - Planning	$2.25
FEE-297598-07	Environmental Health - Pump - Fast Track	$850.00


LOT 6
Tanks installed to maximize room for future Pool. EB 4-14-14
Sleeve supply Line in ductile iron where it crosses within 50' of Lot 6's well
518.00'
(303.12 TO SETBACK)
N60°22'51"E
EX #4 REBAR
Supply Line to Easement 7A
50'
159.0'
Well
LOT 7
Drive
(161.66' TO SETBACK LINE)
22.6'
FRONT SETBACK LINE
20.9'
LOT 8
15' SETBACK
Drive
PROPOSED SINGLE FAMILY RESIDENCE
323.29'
S32°48'32"W
18.7'
50' SETBACK (FROM PROPERTY LINE)
15' SETBACK
BRICK WALK
NOTE: BRICK COLUMN FROM ADJACENT PROPERTY ENCROACHES UPON SUBJECT PROPERTY 0.7'
STONE WALK
50' VEGETATIVE BUFFER (FROM FULL POND)
00 YEAR FLOODLINE IMITS OF FEMA SFHA)
EX FULL POND
L5
L1
EX #4 REBAR
1"=40'

Beacon Pointe Lot 7 Fast Track Septic System Information

Number of Bedrooms	5
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.275
Primary System Type	**LP PPBPS**
No. Lines	9 (See Table)
Total Linear Feet	364
Trench Width	2' min.
Trench Spacing	8' min.
Min. Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	2,243' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	40.5 gpm
Elevation head	Approx. 74'
Pressure head	3.0'
Friction head	61.7'
20% Contingency	27.7'
Total Head	166.4'
Pump Requirements	40.5 gpm @ 166.4' of head To be designed by installer.
Maximum Dosing Volume	291.6 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	380
Repair LTAR	0.275

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

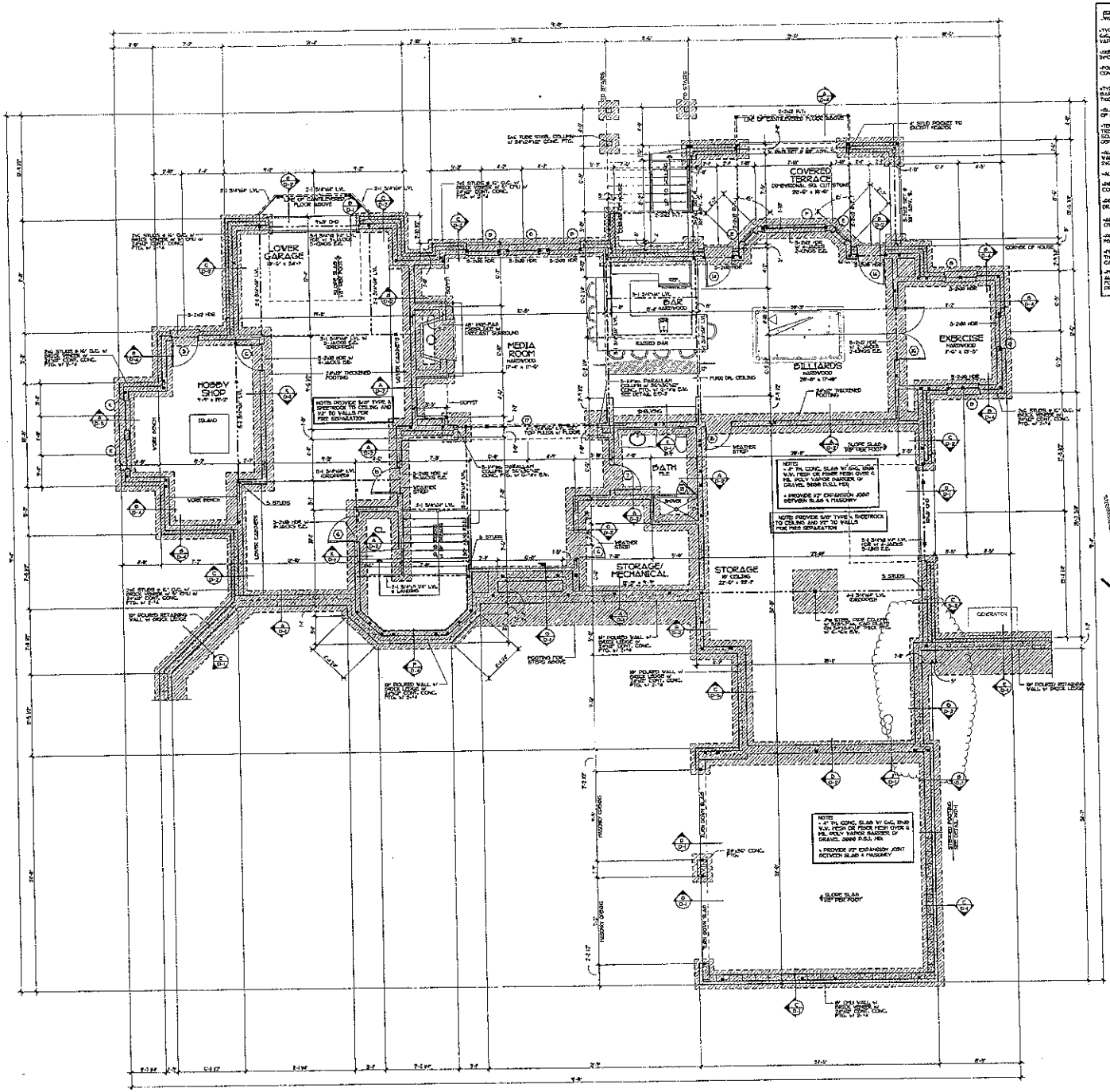
Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	NF	LPPPBPS	30					
2	System	Blue	LPPPBPS	41 endfed		9	9	1 per panel	5/32"
3	System	NF	LPPPBPS	41 endfed		9	9	1 per panel	5/32"
4	System	Red	LPPPBPS	41 endfed		9	9	1 per panel	5/32"
5	System	Blue	LPPPBPS	41 endfed		9	9	1 per panel	5/32"
6	System	NF	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
7	System	NF	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
8	System	NF	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
9	System	NF	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
10	System	NF	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
11	Repair	NF	LPPPBPS	40					
12	Repair	NF	LPPPBPS	40					
13	Repair	NF	LPPPBPS	35	848.0				
14	Repair	White	LPPPBPS	65					
15	Repair	Yellow	LPPPBPS	90					
16	Repair	NF	LPPPBPS	80					
						Total: 81	Total: 81 (1 in each panel turned up)		

Total System:	364'
Total Repair:	380'

Tank	Red	1500 gal (2 compartment)	780.0
Pump Tank	Red	1500 gal.	
House	Blue		

Note: **The contours laid in field follow a different flag color pattern than shown on this table.**
The lines can be laid slightly off contour in order to tighten the system area as shown on each site plan
Due to the long distances, the elevations were approximated using Iredell County GIS; elevations should be verified by installer prior to installation



BASEMENT NOTES:

- TYPICAL BASEMENT SLAB TO BE 4" THICK CONCRETE W/ 6x6 WWF REINF. OVER 6 MIL POLY VAPOR BARRIER OVER 4" COMPACTED GRAVEL BASE
- USE FRAMING NOTE #1 ON SHEET 12 FOR TYPICAL HEADER INFORMATION UNLESS NOTED OTHERWISE
- FOUNDATION WALL TO BE 10" THICK POURED CONCRETE W/ 4" LEDGE FOR BRICK VENEER
- TYPICAL EXTERIOR FOOTING TO BE 24"x12" THICK WITH 2-#4 BARS CONTINUOUS & BASEMENT CONDITIONS 1 32"x18" THICK WITH 4 TRUSSED SLAB CONDITIONS
- SLAB INSULATION TO BE R-5 4'WIDE(1) 24" AT PERIMETER OF FOUNDATION WALL
- TERMITE CONTROL SHALL BE BY CHEMICAL SOIL TREATMENT OR OTHER METHODS APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF AGRICULTURE
- ALL INTERIOR STUDS TO BE 2x6 @ 16" O.C. INTERIOR WALLS TO BE 2x4 @ 16" O.C. BEARING WALLS TO BE 2x6 @ 16" O.C.
- ALL ANGLED WALLS ARE 45° U.N.O.
- PROVIDE DRAIN AT ANY MECHANICAL LOCATION SLOPE CONCRETE TOWARDS DRAIN
- PROVIDE FOUNDATION DRAIN OR FILL EDGE OF WALL & DRAIN TO DAYLIGHT
- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- PROVIDE BEAM POCKET IN POURED WALL IF REQUIRED FOR BEARING OF PROPPED BEAM
- FOUNDATIONS SHALL EXTEND NO LESS THAN 18" BELOW THE NATURAL GRADE OR ENGINEERED FILL AND IN NO CASE LESS THAN THE FROST LINE
- FOOTINGS SIZES ARE BASED ON SOIL WITH AN ALLOWABLE SOIL PRESSURE OF 2,000 POUNDS PER SQ. FOOT. FOOTINGS ON SOIL WITH LOWER ALLOWABLE SOIL PRESSURE SHALL BE DESIGNED BY ENGINEER

SQUARE FOOTAGE

06/06/2013

Main Level Heated	3,238 Sq.Ft.
Upper Level Heated	2,193 Sq.Ft.
Lower Level Heated	1,602 Sq.Ft.
Total Heated	7,033 Sq.Ft.
Two Car Garage	580 Sq.Ft.
Covered Breez-way	77 Sq.Ft.
Screened Porch	249 Sq.Ft.
Lower Garage	645 Sq.Ft.
Lower Level Storage	806 Sq.Ft.
Covered Terrace	210 Sq.Ft.
Model Shop	258 Sq.Ft.
Total Under Roof	9,858 Sq.Ft.

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2'-8" x 6'-8"	CUSTOM'S WOOD ENTRY DOOR W/ 5/4 LIGHT
2	18" x 6'-8"	CASED OPENING
3	4'-0" x 6'-8"	CASED OPENING
4	2'-8" x 6'-8"	SOLID PANEL
5	2'-8" x 6'-8"	SHEETROCK OPENING
6	2'-8" x 6'-8"	SOLID PANEL DOOR
7	2'-6" x 6'-8"	SOLID PANEL DOOR
8	2'-6" x 6'-8"	TEMP. GLASS SHOWER DOOR
9	2'-8" x 6'-8"	SOLID PANEL DOOR
10	2'-6" x 6'-8"	SOLID PANEL DOOR
11	6'-0" x 6'-8"	SHEETROCK OPENING
12	5'-0" x 6'-8"	CASED OPENING
13		SEE PELLA DOOR SCHEDULE
14		SEE PELLA DOOR SCHEDULE
15	2'-8" x 6'-8"	20 min SOLID CORE, FIRE RATED DOOR
16	10'-0" x 8'-0"	DECORATIVE GLASS
17	14" x 8'-0"	SHEETROCK OPENING
18	5'-0" x 8'-0"	CASED OPENING
19	2'-6" x 8'-0"	SOLID PANEL
20	2'-0" x 8'-0"	DECORATIVE GLASS
21	2'-0"	TEMPERED GLASS SHOWER DOOR
22	2'-0"	TEMPERED GLASS SHOWER DOOR
23	8'-0" x 8'-0"	SHEETROCK OPENING

WINDSOR WINDOW SCHEDULE

	SIZE	QTY.	DESCRIPTION
A	2'-0" x 5'-0"	3	CASEMENT
B	3'-0" x 5'-0"	6	CASEMENT
C	2'-0" x 2'-0"	1	CASEMENT
D	2'-0" x 5'-0"	1	CASEMENT W/ 24" TRANSOM
E	3'-0" x 5'-0"	5	CASEMENT W/ 24" TRANSOM
F	2'-0" x 5'-0"	2	CASEMENT W/ 30" TRANSOM
G	2'-0" x 5'-0"	4	CASEMENT
H	3'-0" x 5'-0"	4	FIXED
I	2'-0" x 5'-0"	3	TEMPERED CASEMENT
J	3'-0" x 5'-0"	2	CASEMENT
K	1'-6" x 5'-0"	1	CASEMENT
L	1'-6" x 5'-0"	1	CASEMENT
M	3'-0" x 2'-0"	3	FIXED TRANSOM
N	2'-0" x 5'-0"	2	CASEMENT
O	2'-0" x 5'-0"	2	CASEMENT
Q	2'-0" x 5'-0"	5	CASEMENT

WINDSOR DOOR SCHEDULE

	SIZE	QTY.	DESCRIPTION
D	3'-0" x 8'-0"	3	FRENCH HALF LIGHT
M	3'-0" x 8'-0"	1	FRENCH PATIO DOOR W/ 30" TRANSOM

Approved as noted
Plans submitted ONLY
Kathleen Swendsen Date 4/30/13
Date 4/30/13

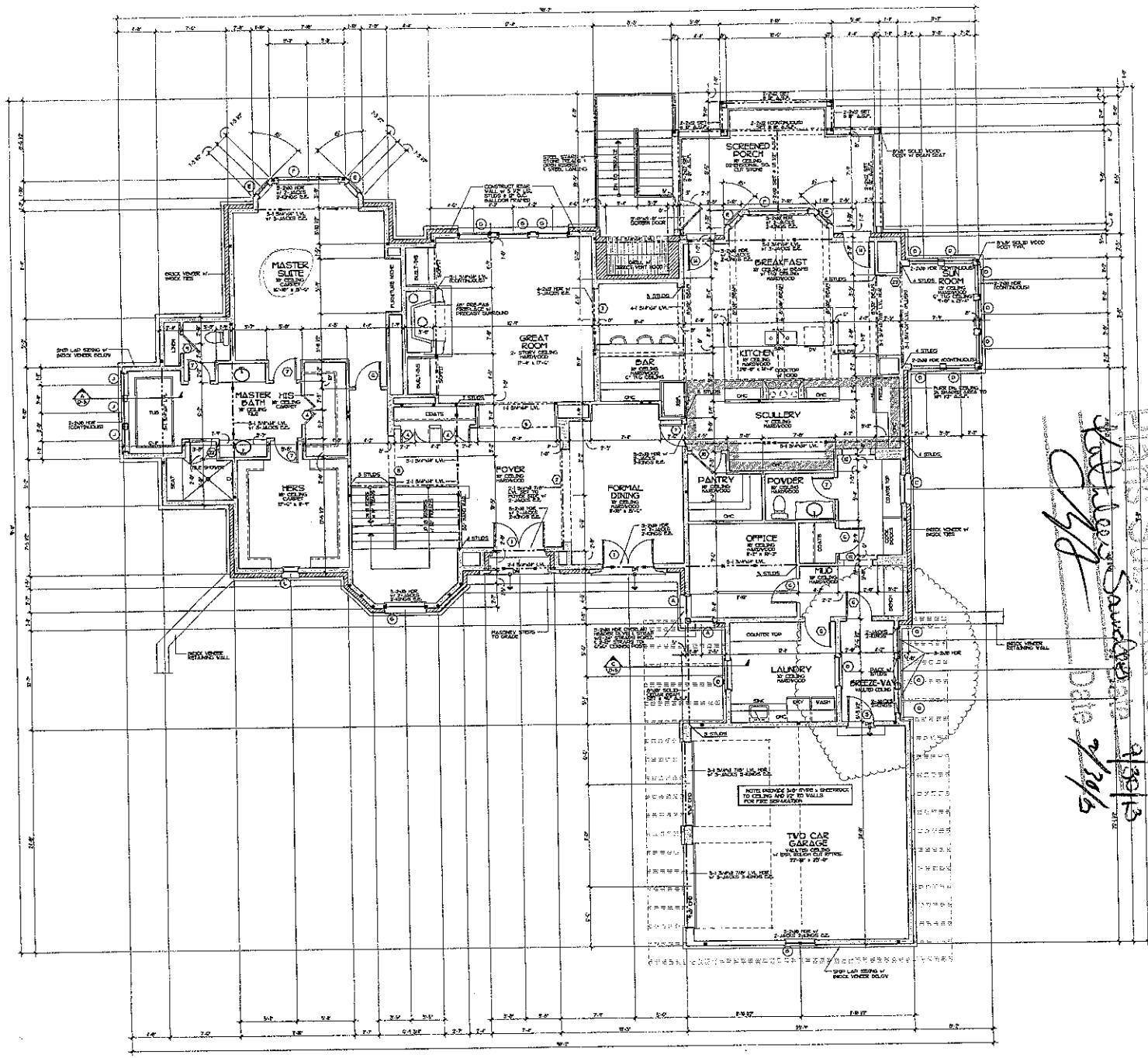
JIM PHELPS COLLECTION

GB Engineering
131 Hillsborough Road
Mooresville, NC 28117
704.671.3519
N.C. Firm Lic. #P-1376

PROJECT:
JOHN & JOANNE DOYLE
Lot 7 Deacon Point
Iredell County, North Carolina

SHEET
2

DATE
August 14, 2013



SQUARE FOOTAGE

06/06/2013

Main Level Heated	3,238 Sq.Ft.
Upper Level Heated	2,195 Sq.Ft.
Lower Level Heated	1,602 Sq.Ft.
Total Heated	7,035 Sq.Ft.
Tvo Car Garage	580 Sq.Ft.
Covered Breez-vay	77 Sq.Ft.
Screened Porch	249 Sq.Ft.
Lower Garage	645 Sq.Ft.
Lower Level Storage	805 Sq.Ft.
Covered Terrace	230 Sq.Ft.
Model Shop	258 Sq.Ft.
Total Under Roof	9,858 Sq.Ft.

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	3'-0" x 8'-0"	CUSTOM WOOD ENTRY DOOR w/ SIDE LIGHT
2	10'-0" x 8'-0"	CASED OPENING
3	4'-0" x 8'-0"	CASED OPENING
4	2'-0" x 8'-0"	SOLID PANEL
5	8'-0" x 8'-0"	SHEETROCK OPENING
6	2'-0" x 8'-0"	SOLID PANEL DOOR
7	2'-0" x 8'-0"	SOLID PANEL DOOR
8	2'-0" x	TEMP. GLASS SHOWER DOOR
9	2'-0" x 8'-0"	SOLID PANEL DOOR
10	2'-0" x 8'-0"	SOLID PANEL DOOR
11	6'-0" x 8'-0"	SHEETROCK OPENING
12	5'-0" x 8'-0"	CASED OPENING
13		SEE PELLA DOOR SCHEDULE
14		SEE PELLA DOOR SCHEDULE
15	3'-0" x 8'-0"	20 min SOLID PANEL FIRE RATED DOOR
16	2'-0" x 8'-0"	DECORATIVE GLASS
17	16'-0" x 8'-0"	SHEETROCK OPENING
18	5'-0" x 8'-0"	CASED OPENING
19	2'-0" x 8'-0"	SOLID PANEL
20	2'-0" x 8'-0"	DECORATIVE GLASS
21	2'-0"	TEMPERED GLASS SHOWER DOOR
22	2'-0"	TEMPERED GLASS SHOWER DOOR
23	5'-0" x 8'-0"	SHEETROCK OPENING

VINDSOR VINDOV SCHEDULE

	SIZE	QTY.	DESCRIPTION
A	2'-0" x 3'-0"	2	CASEMENT
B	2'-0" x 5'-0"	8	CASEMENT
C	2'-0" x 6'-0"	1	CASEMENT
D	2'-0" x 4'-0"	7	TEMPERED CASEMENT w/ 36" TRANSOM
E	2'-0" x 5'-0"	6	CASEMENT w/ 12" TRANSOM
F	2'-0" x 6'-0"	2	CASEMENT w/ 12" TRANSOM
G	2'-0" x 4'-0"	4	CASEMENT
H	2'-0" x 4'-0"	1	FIXED
J	2'-0" x 5'-0"	5	TEMPERED CASEMENT
K	2'-0" x 5'-0"	7	CASEMENT
L	1'-1" x 5'-0"	1	CASEMENT
M	2'-0" x 2'-0"	3	FIXED TRANSOM
N	2'-0" x 5'-0"	2	CASEMENT
P	2'-0" x 5'-0"	2	CASEMENT
Q	2'-0" x 5'-0"	1	CASEMENT

VINDSOR DOOR SCHEDULE

	SIZE	QTY.	DESCRIPTION
D	2'-0" x 8'-0"	3	FRENCH HALF LIGHT
DC	2'-0" x 8'-0"	2	FRENCH RATED DOOR w/ 30" TRANSOM

NOTES:

- ■ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND DOOR BRACING POINT LOADS U.N.O.
- ALL LOAD BEARING HEADERS TO BE 2-2x8 SYP#2 UNLESS NOTED OTHERWISE
- INSTALL A MIN. OF 2-2x4 STUDS UNDER ALL LVL OR BUILT-UP BEAMS UNLESS NOTED OTHERWISE
- TRANSFER ALL POINT LOADS THROUGH FIRST FLOOR LEVEL W/ EQUAL # OF STUDS
- INSTALL AN EXTRA JOIST UNDER ALL PARALLEL PARTITION WALLS U.N.O.
- ALL DOORS ARE 6" FROM WALL U.N.O. DIMENSIONED OTHERWISE
- ALL HEADERS TO BE 2-2x12 SYP#2 w/ 1/2"CDX PLYWOOD SPACER, U.N.O. IF 2x6 WALL R.O. IS 2-2x10's, 2x8's w/ 1/2"CDX PLY., & 2x4 WALLS R.O. IS 2-2x8's w/ 1/2"CDX PLY.

EXTERIOR WALL HEIGHT (H)	STUD SIZE/ SPACING
h ≤ 10'	2x6 @ 16" o/c
10' < h ≤ 11'	2x6 @ 12" o/c
11' < h ≤ 12'	2x6 @ 16" o/c
h > 12'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O/C. IF EXCEEDING 10' SEE ABOVE

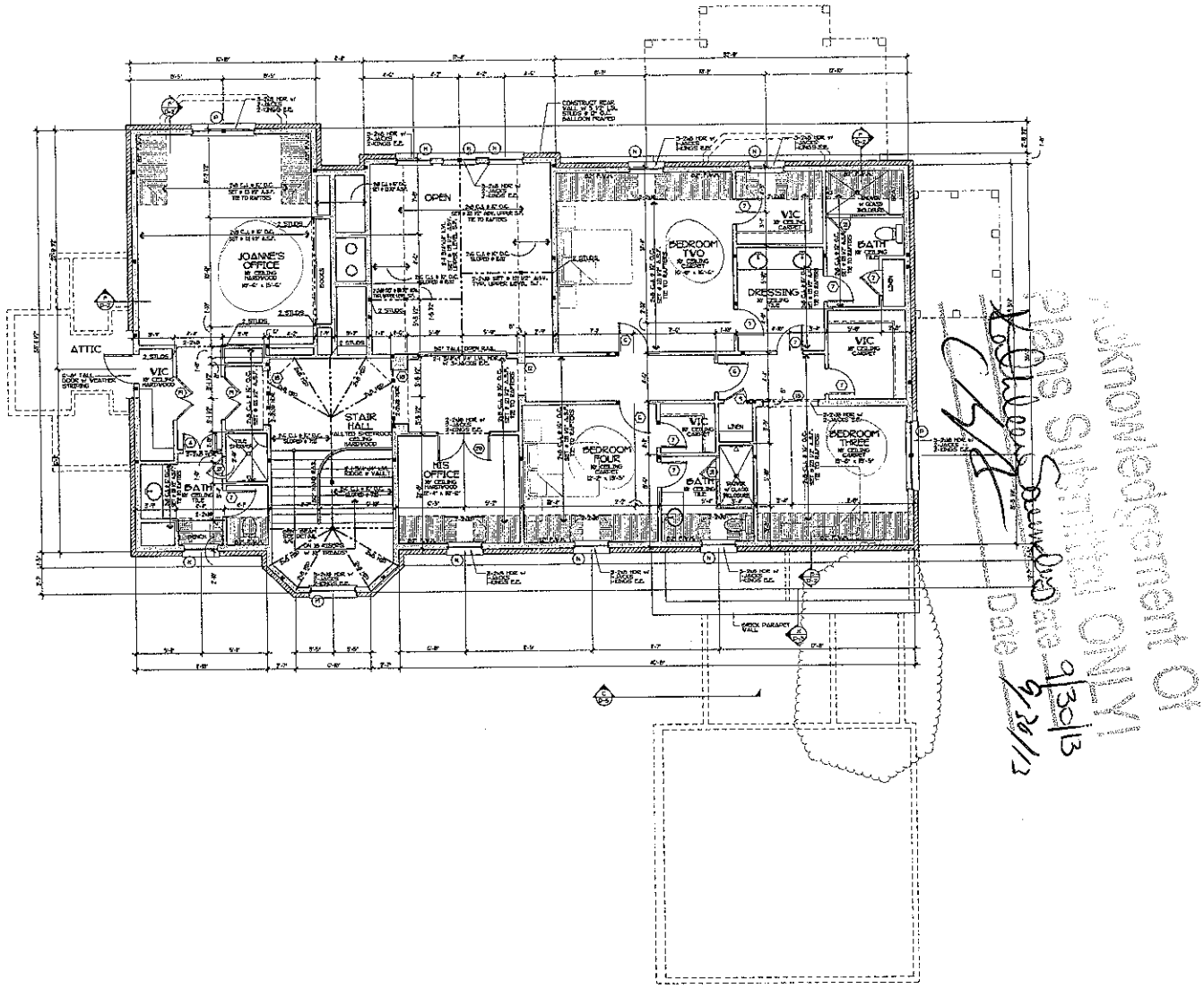
Approved as noted
Please submit ONLY
Bobby Sawyer
2/28/13
2/28/13

JIM PHELPS COLLECTION
GB Engineering
133 Hollister Place
Mooresville, NC 28117
704-677-3359
N.C. Eng. Lic. #P1270

Project:
JOHN & JOANNE BOYLE
Lot 7 Seaside Point
Iredell County, North Carolina

Sheet
4

Date
August 14, 2013



SQUARE FOOTAGE

06/06/2013

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Upper Level Heated	2,195 Sq.Ft.
Lower Level Heated	1,602 Sq.Ft.
Total Heated	7,033 Sq.Ft.
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Lower Level Storage	806 Sq.Ft.
Covered Terrace	210 Sq.Ft.
Model Shop	258 Sq.Ft.
Total Under Roof	9,858 Sq.Ft.

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2'-8" x **"	CUSTOM WOOD ENTRY DOOR W/ 5/8 LIGHT
2	16" x 8'-	CASED OPENING
3	4'- x 8'-	CASED OPENING
4	2'-1" x 8'-	SOLID PANEL
5	0'- x 8'-	SHEETROCK OPENING
6	2'- x 8'-	SOLID PANEL DOOR
7	2'- x 8'-	SOLID PANEL DOOR
8	2'- x	TEMP. GLASS SHOWER DOOR
9	2'- x 8'-	SOLID PANEL DOOR
10	2'- x 8'-	SOLID PANEL DOOR
11	6'- x 8'-	SHEETROCK OPENING
12	5'- x 8'-	CASED OPENING
13		SEE PELLA DOOR SCHEDULE
14		SEE PELLA DOOR SCHEDULE
15	3'- x 8'-	20 min. SOLID PANEL FIR

RECEIVED JUN 3 2014
Paid $40.00 Statesville 86034 203254 BW 59475

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: ___ 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 #
Charlotte Voors	1458 Brawley School Rd	704-929-1893	704-799-7575
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
John Royle	155 Fox Hunt Dr	978-987-4850	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
155 Fox Hunt Dr	Beacon Pointe	53 Lot 7

Driving Directions: PERTH RD TO WEST ON FERNHILL RD TO N ON BULLOCH RD TO W ON FOX HUNT DR.

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 ___
Maximum Number of Occupants ___
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 in ___ YEAR
( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: ___ 5/20/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

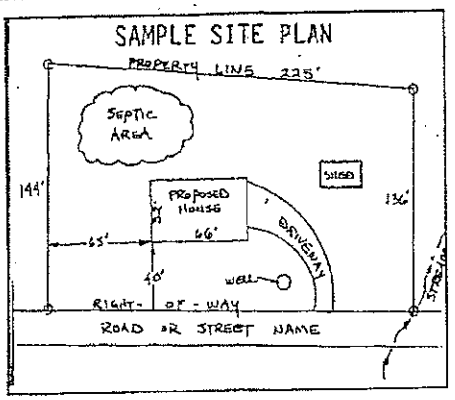
ENVIRONMENTAL HEALTH DIVISION

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

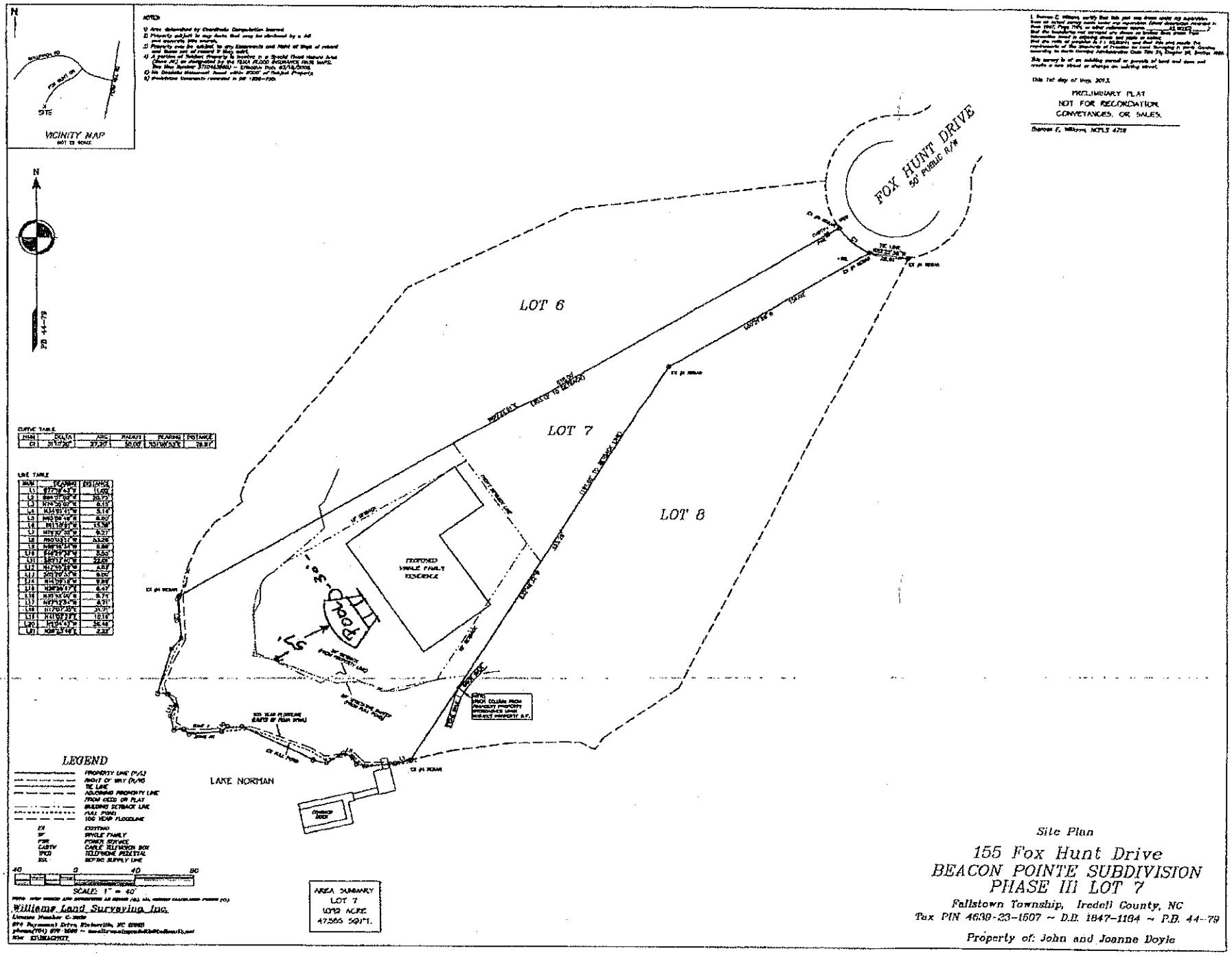
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 site plan

Signature: _____ 5/20/14

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


VICINITY MAP
NOT TO SCALE
NOTES
PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.
FOX HUNT DRIVE
50' PUBLIC R/W
LOT 6
LOT 7
LOT 8
PROPOSED
SINGLE FAMILY
RESIDENCE
LAKE NORMAN
LEGEND
SCALE: 1" = 40'
AREA SUMMARY
LOT 7
1.092 ACRE
47,565 SQ.FT.
Site Plan
155 Fox Hunt Drive
BEACON POINTE SUBDIVISION
PHASE III LOT 7
Fallstown Township, Iredell County, NC
Tax PIN 4639-23-1507 ~ D.B. 1847-1184 ~ P.B. 44-79
Property of: John and Joanne Doyle
Williams Land Surveying, Inc.

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
203754
Issue Date: 06/03/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639231507.000	155 FOX HUNT DRIVE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: DOYLE JOHN B+JOANNE	Applicant: CHARLOTTE POOLS & SPAS
Address: ,	Address: 1458 BRAWLEY RD MOORESVILLE, NC 28117
Phone:	Phone: 704-799-7575

Use Requested	Zone Code
SWIMMING POOL	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.092		10.00	10.00	10.00	CACL	AE

Remarks:

ZONING PERMIT WAS TRANSFERED FROM PERMIT
202016, H/O CHANGED MIND DID NOT WANT
POOL AT THIS TIME.

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. The applicant further acknowledges that 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: _____

Permit Number	13246	TOTAL FEES:	$

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

CONTRACT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEMS TYPE II, III, IV and V

This Contract is entered into this 25th day of July, 2014 by and between TCW Wastewater Management, Inc., a North Carolina Corporation of Union County, North Carolina (hereinafter "TCW") and JOHN AND JOANN DOYLE hereinafter "The Owner").

Preamble

TCW is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for certain systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. TCW is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18a.1961 to manage and inspect type II, III, IV, and V systems.

In consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and TCW as stipulated below.

Conditions of the Contract

A. TCW, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

   a) to notify the local environmental regulatory agency within 48 hours.
   b) to give notice to the "Owner" of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then The Owner may request TCW to provide an estimate. At the authorization of The Owner TCW will perform the necessary repairs at TCW's then prevailing charges for services and materials.

4) If TCW's services are terminated, TCW will notify the local environmental regulatory agency within 48 hours.

B. The Owner, in consideration of the services performed, agrees:

1) To pay TCW for its services according to the schedule of charges as set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize TCW to complete the needed repairs.

3) To notify TCW promptly of any emergency or malfunction known to it which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To use reasonable efforts to provide and to maintain at all times, such access to the Systems as is reasonably necessary for TCW to comply with its obligations under this Agreement.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year thereafter, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TCW UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TCW OR ACCEPTANCE OF THE WORK BY TCW DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TCW.

E. **Miscellaneous**

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) TCW may perform its duties and responsibilities by subcontract but TCW will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner:
John and Joann Doyle
155 Fox Hunt Dr
Mooresville, NC 28117

Operator:
TCW Wastewater Management, Inc.
P. O. Box 187
Wingate, NC 28174

Environmental Regulatory Agency:

Iredell County Environmental Health
610 E. Center St.
Mooresville, NC 28115

A party may change its address my giving notice in the manner provided above.

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS:

OWNER:

TCW Wastewater Management, Inc.

WITNESS:

Vicki Davis

BY:

Title: President

License numbers: SS 12248
SI 23910
2WW 24666
Inst. IV 37901
Insp. 3790

EXHIBIT A
TYPE II, III, IV

MONITORING & INSPECTION PLAN

1. **COST:** **INITIAL CONTRACT YEAR:**

$ 300.00	(2 required inspections)
$ N/A	(0 required lab)
$ 300.00	Total Initial Year

RENEWAL YEARS:

$ 300.00	(2 required inspections)
$ N/A	(0 required lab)
$ 300.00	Total Renewal Years

a. The Owner shall pay to TCW the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual renewal fees may increase no more than 5% per year. The Owner shall pay to TCW his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to TCW, and unpaid by the Owner after 30 days, shall be assessed late payment fee of 15% per month, accruing monthly on the unpaid balance.

2. **PERFORMANCE DUTIES:**

- Inspections and services that meet state requirements, i.e.,' inspections of System using an itemized check list, monitoring "septic tanks" to insure proper operation, and make adjustments of imbalances to systems through the distribution devices.
- Inspection report copies are sent to the environmental regulatory agency (if applicable) and homeowner
- Emergency service calls at no additional charge.
- 24-hour availability
- The Owner will be advised of any repairs needed and estimated cost or repairs. Repairs will not be made without Owner authorization.
- The Owner will be advised when pumping is recommended

Bacteria Additive Option – Additional $45 per year:

- The addition of a bacterial product into the individual septic tank as needed to maintain the proper level of bacteria.

EXHIBIT B

1. PHYSICAL ADDRESS OF SYSTEM(S):

a. 155 Fox Hunt Dr
Mooresville NC 28117

Lot 7 Beacon Point

b.

c.

d.