IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232889

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

PIN # 4639279431

APPLICANT/OWNER: David Mayfield APPLICANT ADDRESS: 248 Tennessee Circle

SITE ADDRESS: 248 Tennessee Circle Mooresville, NC PHONE: 704-239-7912 ALT. PHONE —

SITE DIRECTIONS: Perth Rd → L on Fern Hill Rd → R on Tennessee Circle → lot on R SAP CONTROLLED: ☐ YES (Proprair) ☑ NO (initial)

SUBDIVISION: CL+T SECTION: 16 LOT # 82 LOT AREA: .83ac DESIGN FLOW: 480gpd L.T.A.R.: .31.3 repair)

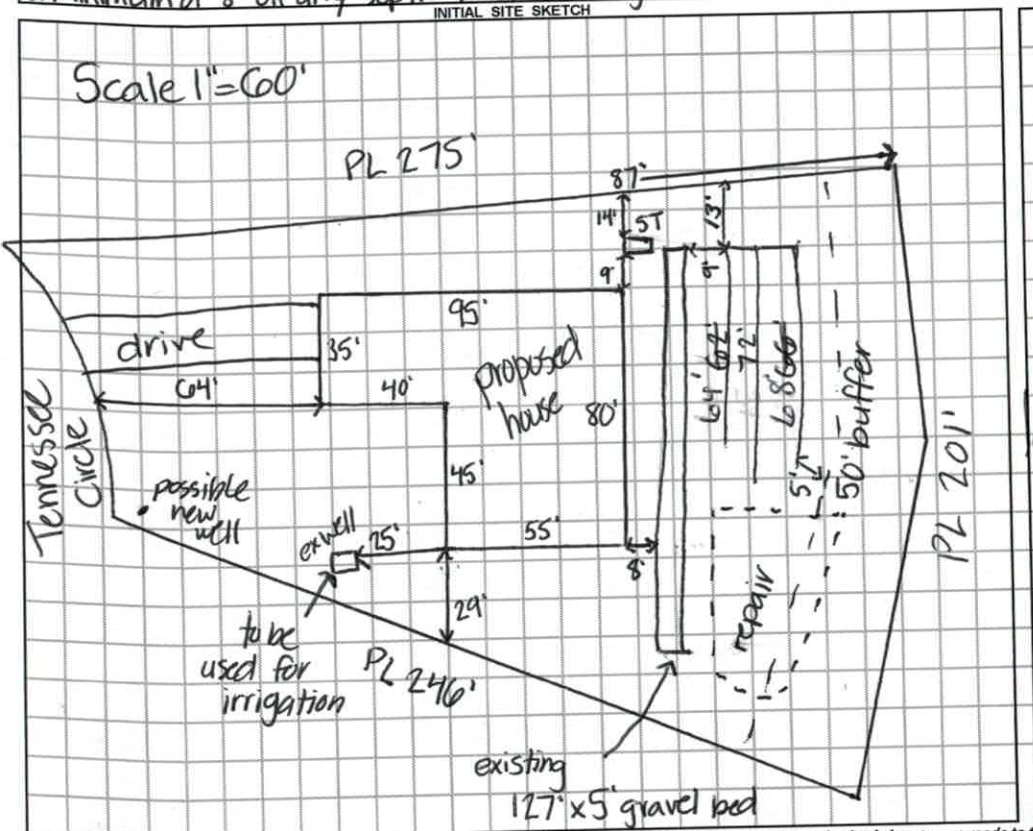
Septic Tank	existing	(gal)	STB	Date	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: existing + 25% reduction				☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #	Repair System Description: partial (2 bedroom) LP PPBPS pre-treated				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 200'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18" (23" highside)	Gravel Depth		☑ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution + drain lines on contour. Lake buffer must be clearly marked during time of install. Keep a minimum of 8' off any septic when building new house.

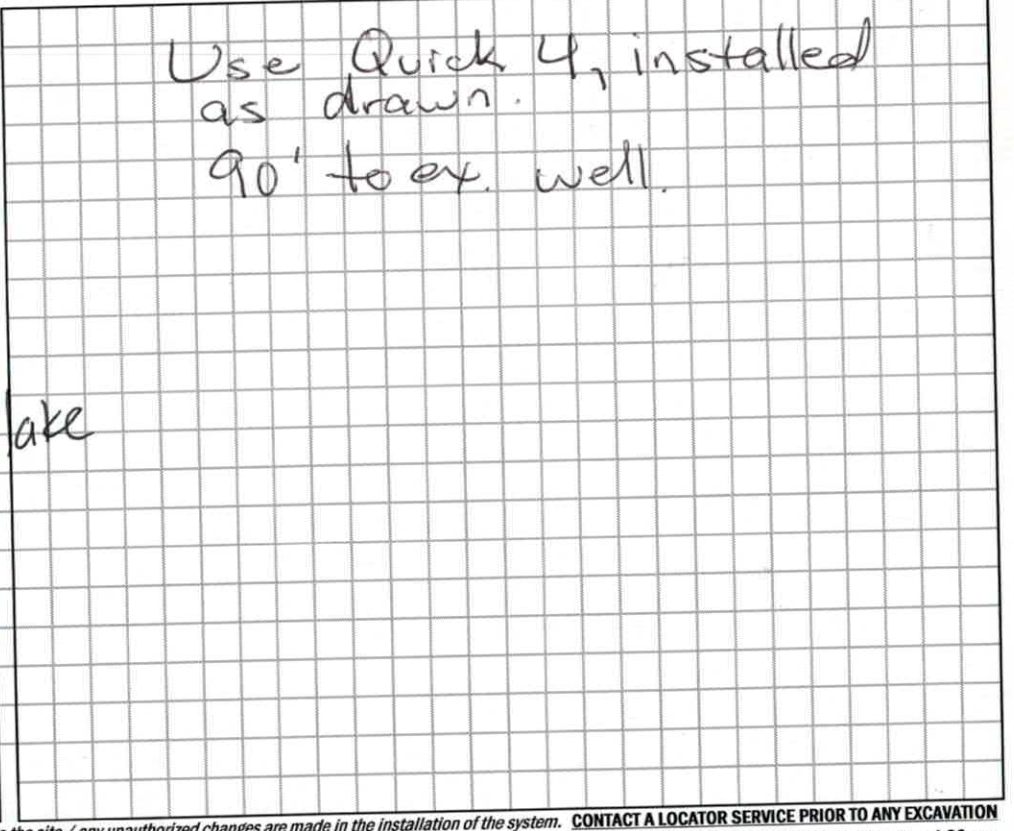
* Install at 18" (lowside) * ↳ (23" highside)

Repair must maintain a minimum of 100' from any well.

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: [signature] Date: 2-9-18 Installed by: C. Wayne Orbison

IMPROVEMENT PERMIT by: Kayla Wilson Date: 2-6-18 OPERATION PERMIT by: [signature] Date: 8/5/19

AUTHORIZATION TO CONSTRUCT by: Patrick Bell III Date: 05/07/19 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.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 463927943
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Mayfield — APPLICATION DATE: 1-23-18
ADDRESS: 248 Tennessee Circle — DATE EVALUATED: 2-6-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .83 ac
LOCATION OF SITE: Fern Hill Rd → R on Tennessee Circle → lot on R — PROPERTY RECORDED: yes

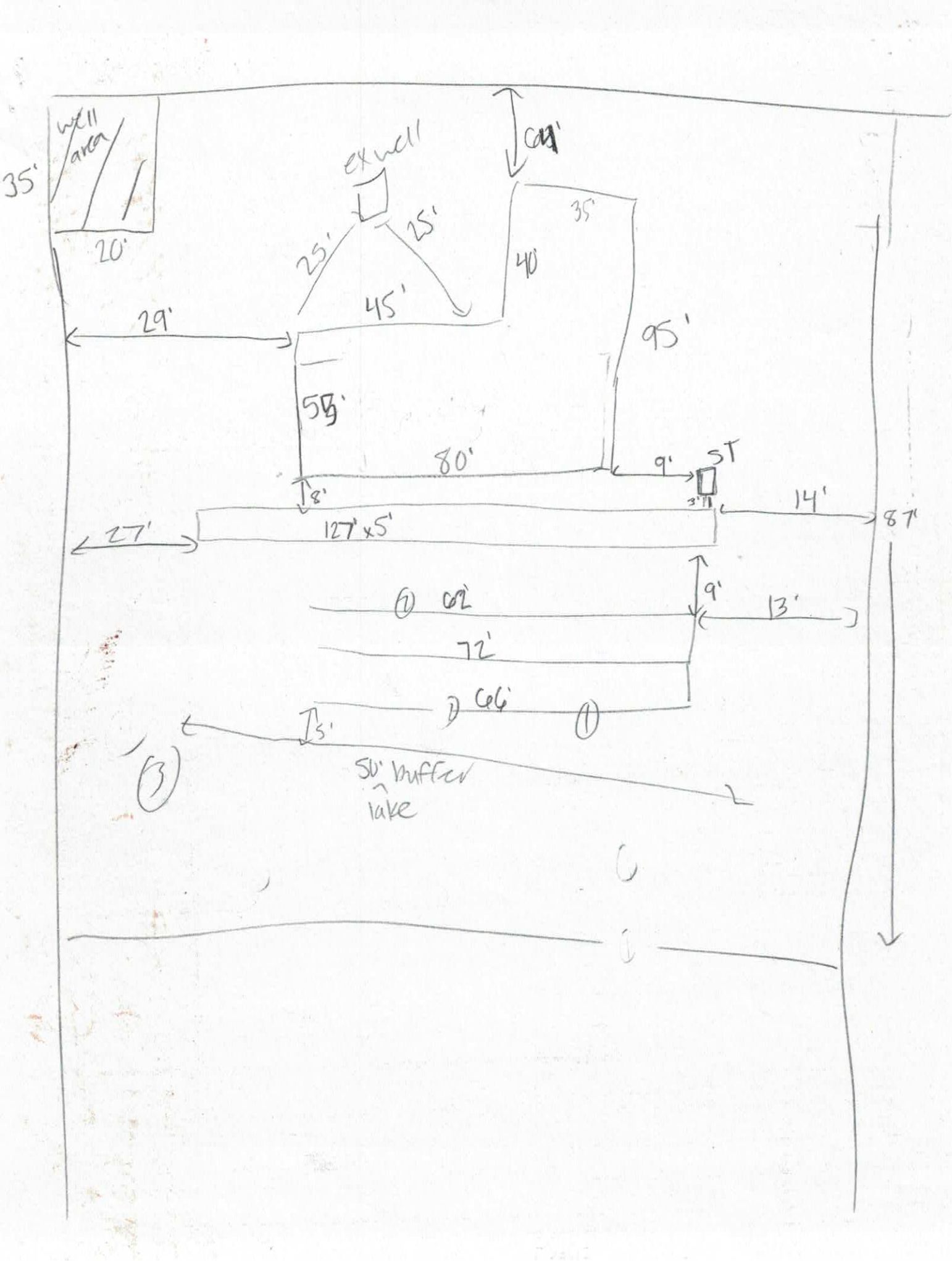
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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
1	13% LS	0-18	SBK C	Fr,SS,SP,SEXP	—	37	18-37" com SAP, inc		PS .3
		18-37	WSBK CL	Fr,SS,SP,SEXP					
		37-60	L SAP mass	VFr, NS, WP					
2	11% LS	0-5	WSBK SCL	Fr,SS,SP,SEXP	—	36	21-36" com many SAP inc.		PS .3
		5-21	SBK C	Fr,SS,SP,SEXP					
		21-36	WSBK CL	Fr,SS,SP,SEXP					
		36-60	L SAP mass	VFr,NS,NP					
3	12% LS	0-6	WSBK SCL	Fr,SS,SP,SEXP	—	33	21-33" com- many SAP inc		PS .3
		6-21	SBK C	Fr,SS,SP,SEXP					
		21-33	WSBK CL	Fr,SS,SP,SEXP					
		33-60	L SAP mass	VFr,NS,NP					
4	LS								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	V
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


well area
35'
20'
ex well
25'
25'
45'
40'
35'
29'
95'
55'
80'
9'
ST
3'11
8'
14'
87'
27'
127' x 5'
9'
13'
72'
66'
5'
50' buffer
lake

AC 4/24/19

232889

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: DAVID H MAYFIELD Address: 248 Tennessee Circle Mooresville Zip: 28117
Applicant Email: dmayfield248@yahoo.com Phone: 704-239-7912 Alt. Phone: _____
Owner Name: DAVID H. MAYFIELD Address: 248 Tennessee Circle Mooresville NC Zip: 28117
Owner Email: dmayfield248@yahoo.com Phone: 704-239-7912 Alt. Phone: _____

Property Information:

Street Address: 248 Tennessee Circle Mooresville NC 28117
Subdivision Name: N/A CLT Section/Phase: 10 Lot Number: 82
Driving Directions: Perth Rd, South Hill, Right Tennessee Circle, on Right

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: 5
( ) 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: 24" Bored well to be used for irrigation / new 6" well
( ) 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: 1980's ?
( ) 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: _____ 4-23-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

232889

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED JAN 23 2018

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Page 2: *Site Plan Worksheet* form MUST accompany this application Paid $500.00

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Applicant Email: dmayfield248e yahoo.com Phone: 704-239-7912 Alt. Phone: _____
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Signature: _____ 1-23-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

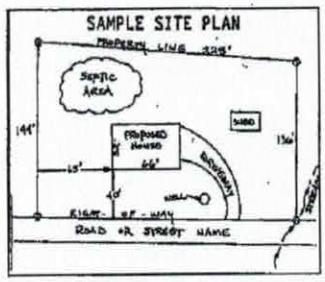
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

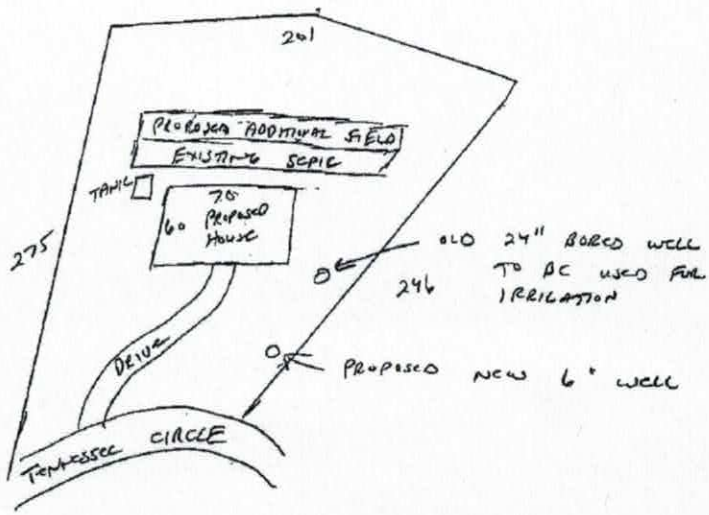


Circle N/A on the following if appropriate:

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



Signature: _____ 4-23-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

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

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

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

2. I, ~~DAVID MAYFIELD~~ _____, am the legal owner(s) of the property located at ~~248 Tepperset Circle, Mooresville~~ NC _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

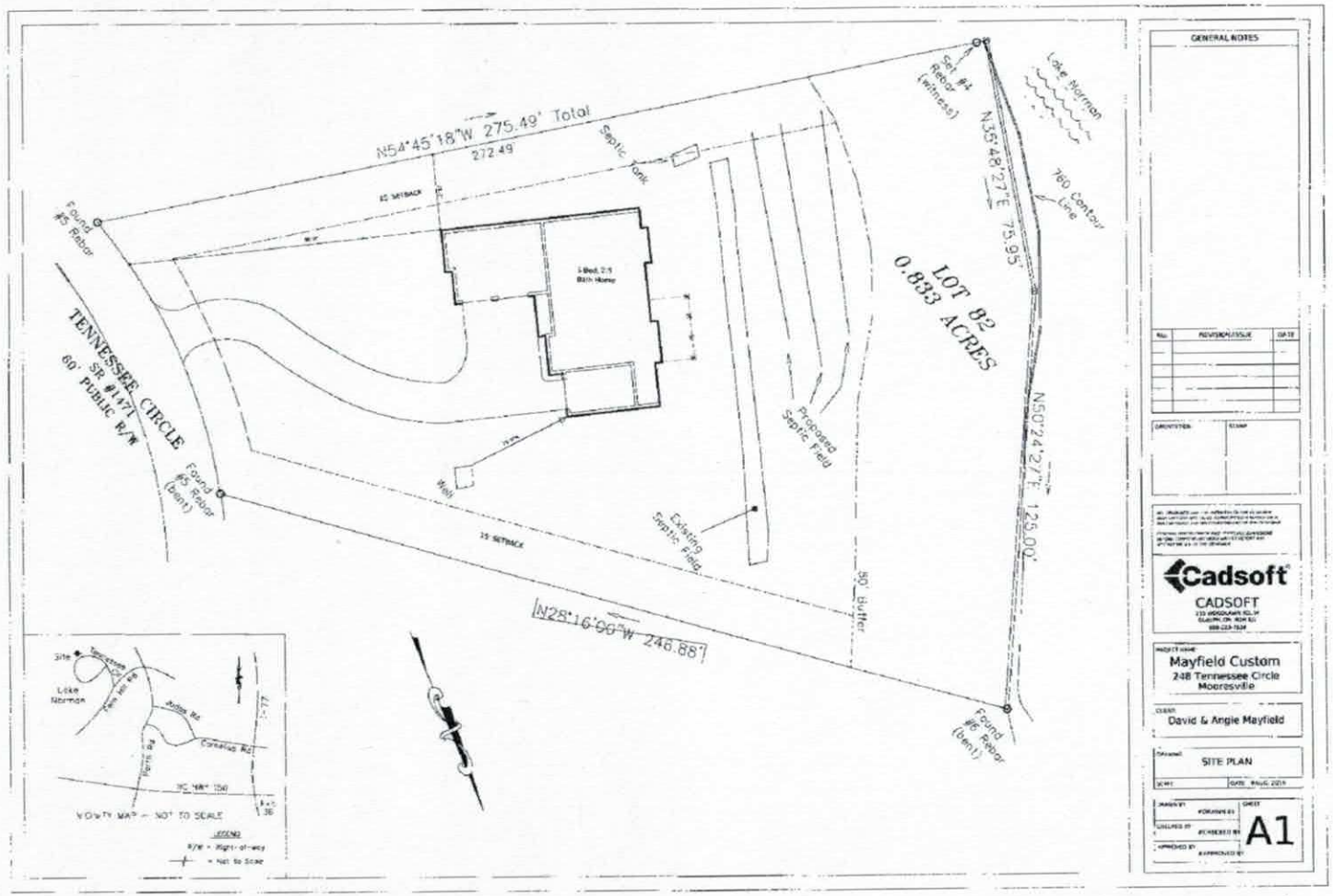
_____ _____

Signature of Owner(s) Date

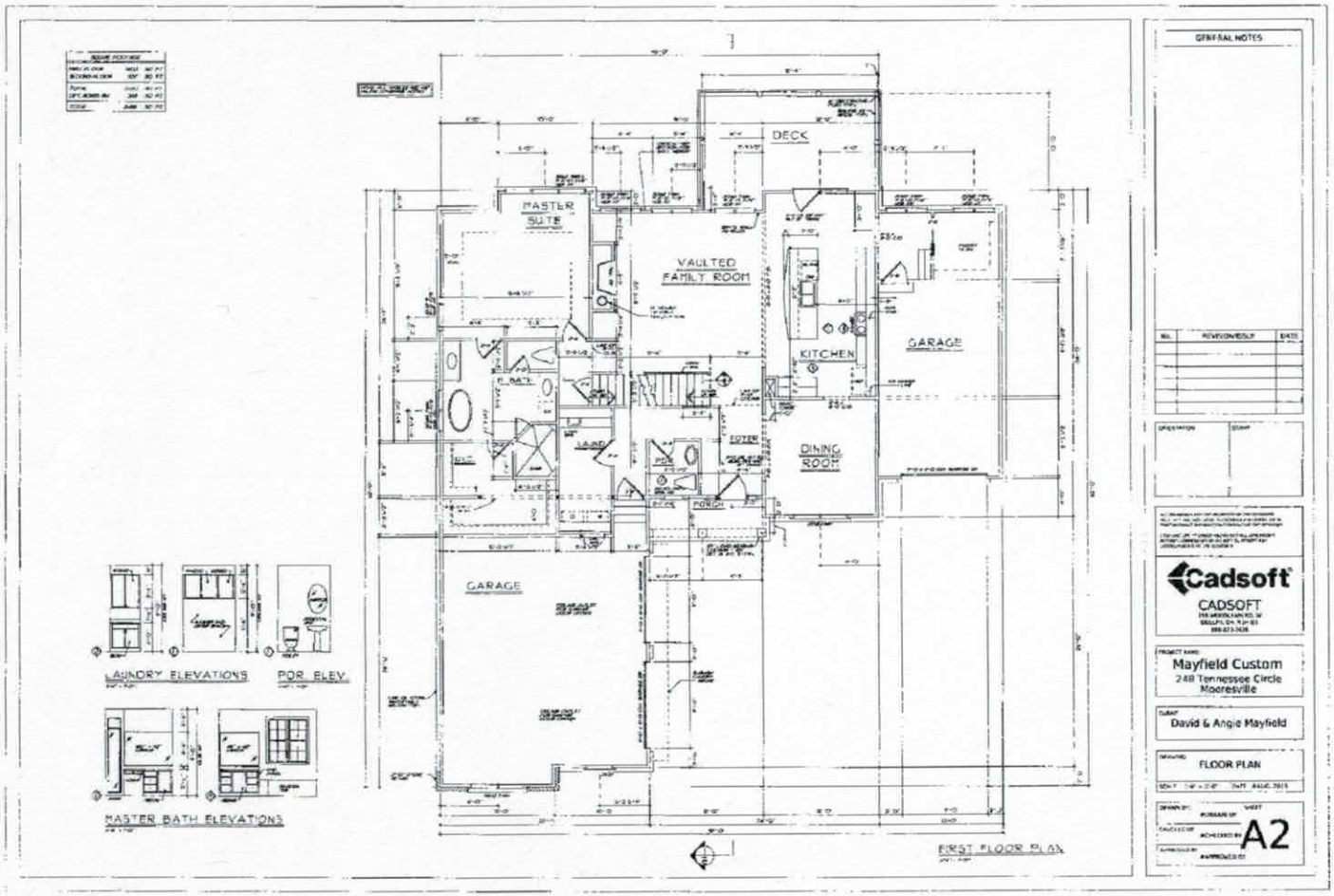
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

232889



4/23/19

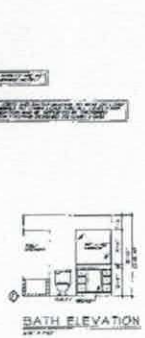


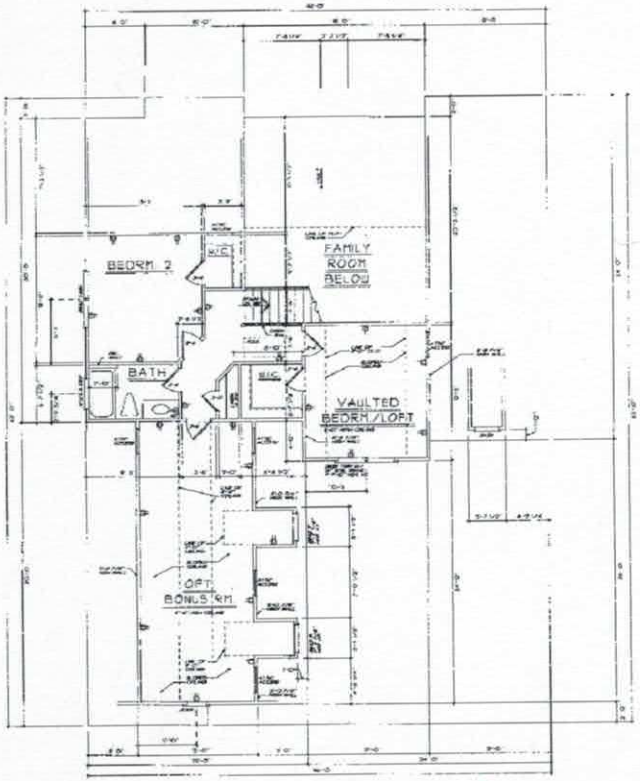
Acknowledgement Of Plans Submitted ONLY

4/23/18

Date

Patrick J Byrd II Date 05/07/18





SECOND FLOOR PLAN

GENERAL NOTES

Cadsoft
CADSOFT

Mayfield Custom
248 Tennessee Circle
Mooresville

David & Angie Mayfield

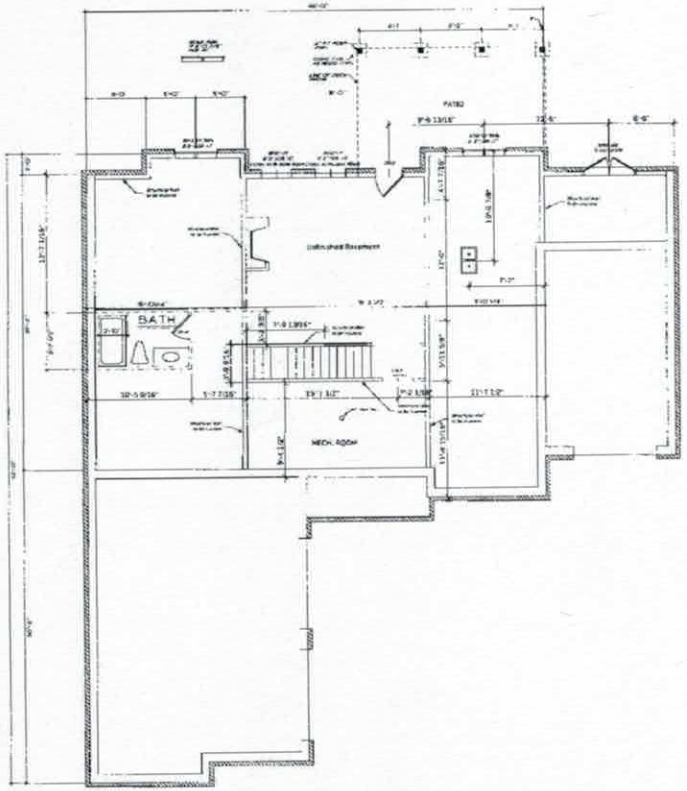
ELEVATIONS

A3

Acknowledgement Of Plans Submittal ONLY!

4/23/19
Date

Date 03/07/19



GENERAL NOTES

Cadsoft
CADSOFT

Mayfield Custom
248 Tennessee Circle
Mooresville

David & Angie Mayfield

Basement Floor Plan

A8

Acknowledgement Of
Plans Submittal ONLY!
Date

Date 05/07/19

IREDELL COUNTY

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

APPLICATION NUMBER
232889
Issue Date: 01/23/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639279431.000	248 TENNESSEE CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MAYFIELD DAVID H+KIMBERLY B	Applicant: MAYFIELD DAVID H+KIMBE
Address: 252 TENNESSEE CIRCLE MOORESVILLE, NC 28117	Address: 252 TENNESSEE CIRCLE MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.830	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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	126538	TOTAL FEES:	$ 77.25