ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # AP 302723

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

PIN # 4639300903

APPLICANT/OWNER: Stephanie & Nathan Griffiths APPLICANT ADDRESS: 7511 Monarch Birch Ln Charlotte, NC 28215

SITE ADDRESS: 388 Kenway Lp Mooresville, NC 28117 PHONE: 704252-2602 ALT. PHONE 980 402 5320

SITE DIRECTIONS: Perth Rd N, TL Fern Hill TL Bagby TL Kenway Lp on left

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 90 LOT AREA: .628 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .25 Initial / .225 Rep

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	Pump-LP-PPBPS		
Pump Make		Model	Serial #	Repair System Description:	Same		
# Nitrification Fields	1	# Lines	4	Linear Ft 320 Ft	Maintenance Agreement Required:	[X] YES	[ ] NO
Treach Width	min. 24"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE

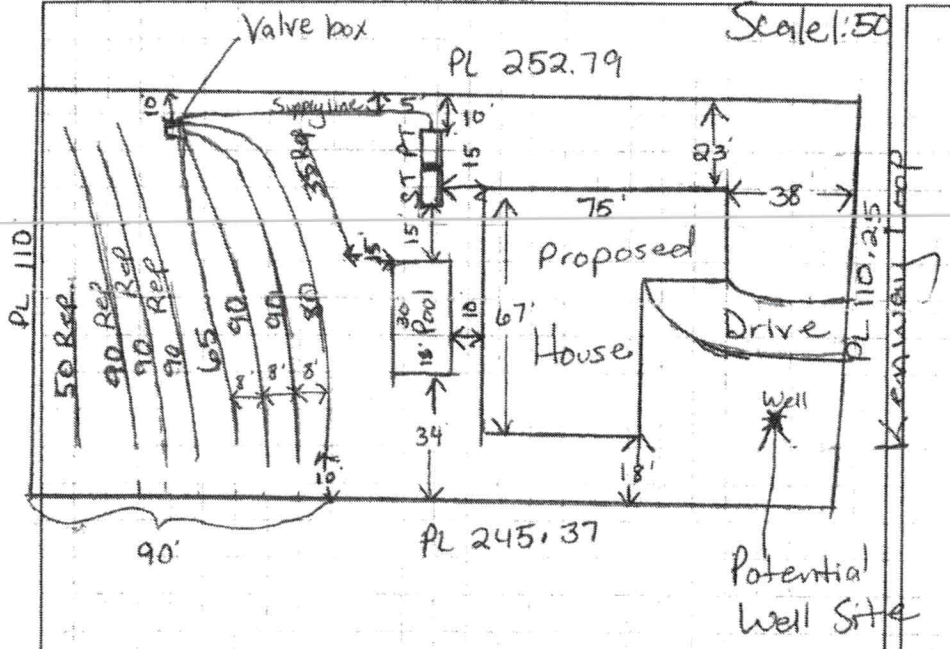
[X] Residence	No. Bedrooms	4	Water Supply	
[ ] Business	No. Persons	8	[X] Private	
[ ] Other	No. Employees		[ ] Public	
[ ] Slab	[X] Crawl Space		[ ] Community	
[ ] Basement w/ plumbing			[ ] Basement w/o plumbing	

Comments / Conditions: Divert storm/surface water away from Septic. Install drain lines minimum of 8ft OC

Tanks must be equal in elevation or below foundation drain.

Pool must be a minimum of 15ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

This permit replaces previous permit issued 5/15/07

	Date	Initials
Drain Lines Checked	10/14	BB
Tanks Checked	10/14	BB
Pressure Manifold or Valve Box Checked	10/14	BB.
Pressure Head Set	10/14	BB.
Electrical Checked	10/16/2020	PJB
Floats Set	10/16/2020	PJB
Alarm Checked	10/16/2020	PJB
Maintenance Contract (Y) / N	10/21/2020	PJB
Comments:		

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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Stephanie Griffiths Date: 12/13/19

IMPROVEMENT PERMIT by: Maria Tolson Date: 12/13/19

AUTHORIZATION TO CONSTRUCT by: Maria Tolson Date: 12/13/19

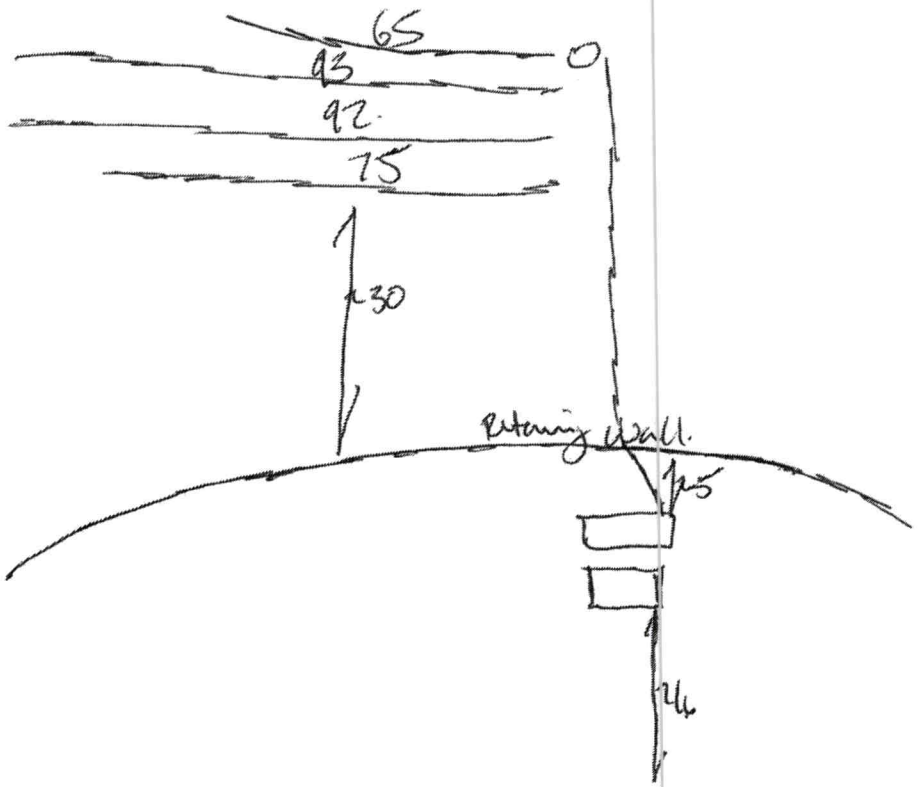
Installed by: AJ Remodeling

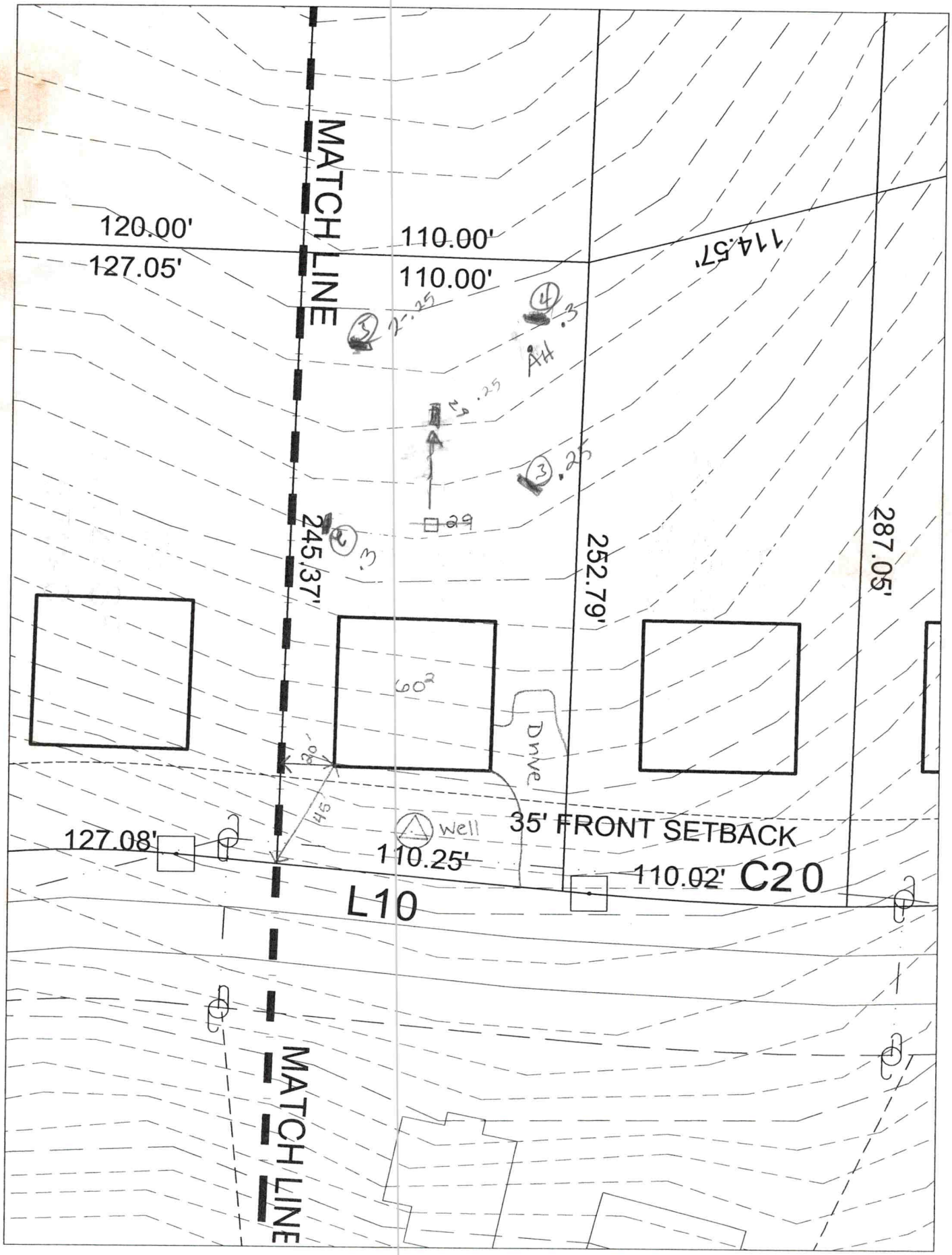
OPERATION PERMIT by: Patrick J Boyle III Date: 10/21/2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

588 Kennedy Lap




MATCH LINE
120.00'
127.05'
110.00'
110.00'
114.57'
245.37'
252.79'
287.05'
60²
Drive
80'
45
Well
127.08'
110.25'
35' FRONT SETBACK
110.02'
C20
L10
MATCH LINE

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf Ph 2 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 9/21/0
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 90 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	★ More Soil notes on back OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	pit #29 L 8-10%	0-9	Mo GR SL	FR NS/NP	Br				PS .25
		9-16	WK SBK SCL	FR SS/SP	Br				
		16-33	Mo SBK C	FR SS/SP	Red; C yel Br		Root F/C sap	Channels	
		33-48	WK SBK CL	FR SS/SP	Red				
2	9%	0-6	gr SL	fr SS NP					.3
		6-27	MSBK red C	fr SS sap					
		27-52	WKSBK red CL	fr SS sap common sap					
3		0-5	Mgr SL (Uhorn)	FR NSNP					.25
		5-18	MSBK/gr red C	fr SS SP SAP	few brn mottles @ root channels				
		18-40	MSBK red CL	fr SS SP	few common sap				
		40-50	WKSBK red CL	fr SS SP	common sap				
4	At same as this pit	0-5	Mgr SL	FR NSNP					.3
		5-24	MSBK C	FR SS SP					
		24-42	WKSBK CL	fr SS SP	common sap				
		42-54	massive C	SAP fr SS SP					
				not	12/3/19				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: David Hinson
OTHER(S) PRESENT: Angie 2 more holes

COMMENTS: _____

OR IT WILL NOT BE PROCESSED

AP-302723
11-16-19
$320/$550.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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: Stephanie & Nathan Griffiths **Address:** 7511 Monarch Birch Ln, Charlotte **Zip:** 28215
Applicant Email: Stephmrsbyrd@gmail.com **Phone:** 704-252-2602 **Alt. Phone:** 980-402-5320
Owner Name: Stephanie + Nathan Griffiths **Address:** _____ **Zip:** _____
Owner Email: Stephmrsbyrd@gmail.com **Phone:** 704-252-2602 **Alt. Phone:** 980-402-5320

Property Information:

Street Address: 388 Kenway Loop, Mooresville, NC 28117
Subdivision Name: Woodleaf **Section/Phase:** _____ **Lot Number:** 90
Driving Directions: Iron Hill to Kenway Loop, lot on right

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

(X) 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: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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

(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 (X) Conventional ( ) Innovative (X) Modified Conventional (X) Other: LPP

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?**

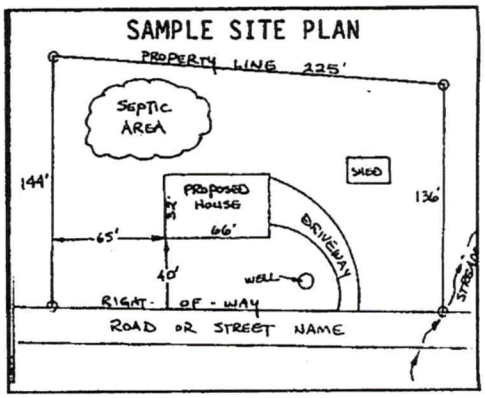
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Stephanie Griffiths Nathan Griffiths 11/13/19
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:

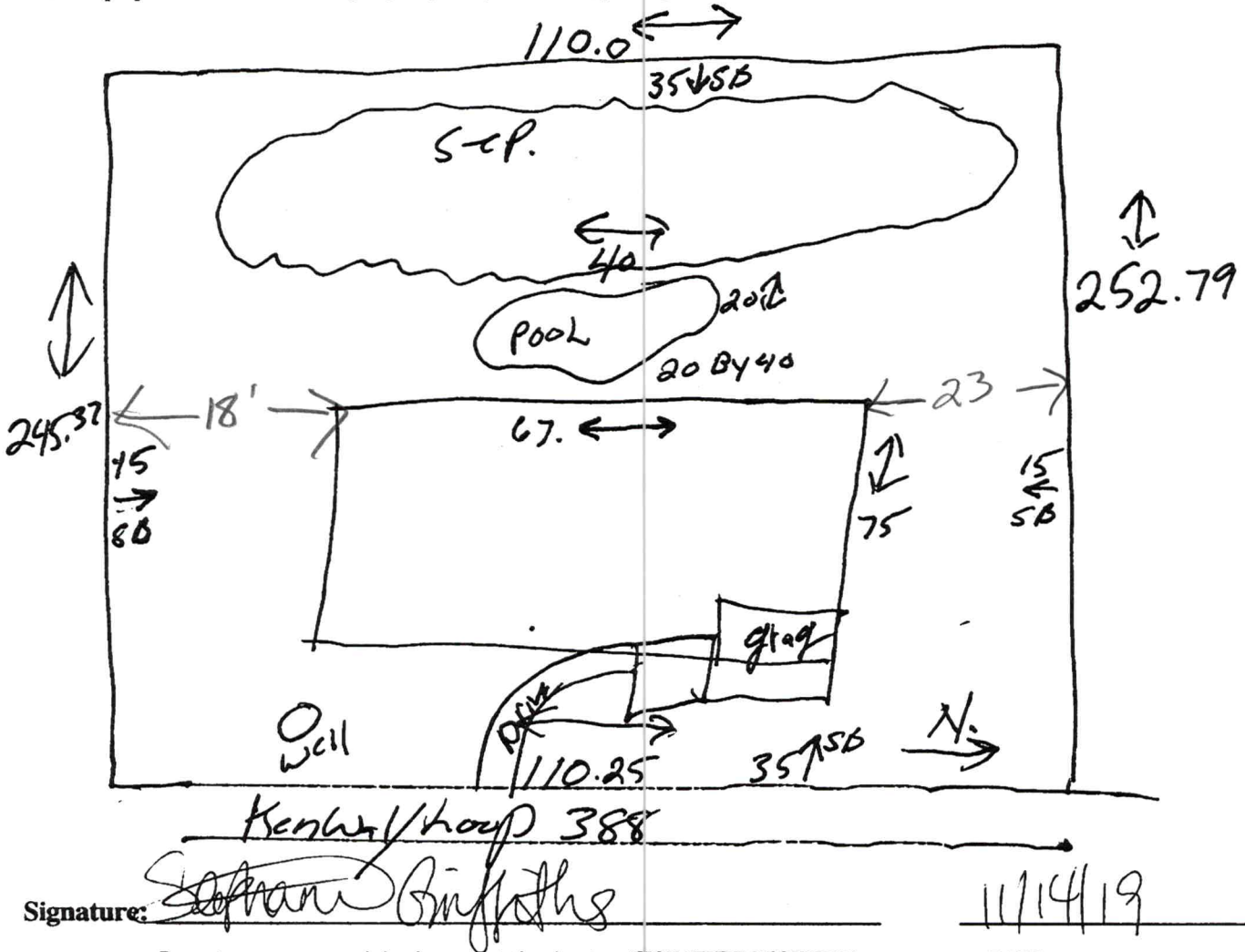
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other 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: Stephanie Griffiths — 11/14/19

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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, Stephanie Griffiths, am the legal owner(s) of the property located at 388 Kenway Loop, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4639218089E90, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Leo Williams, Lake Norman Lawnscapes Supply 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

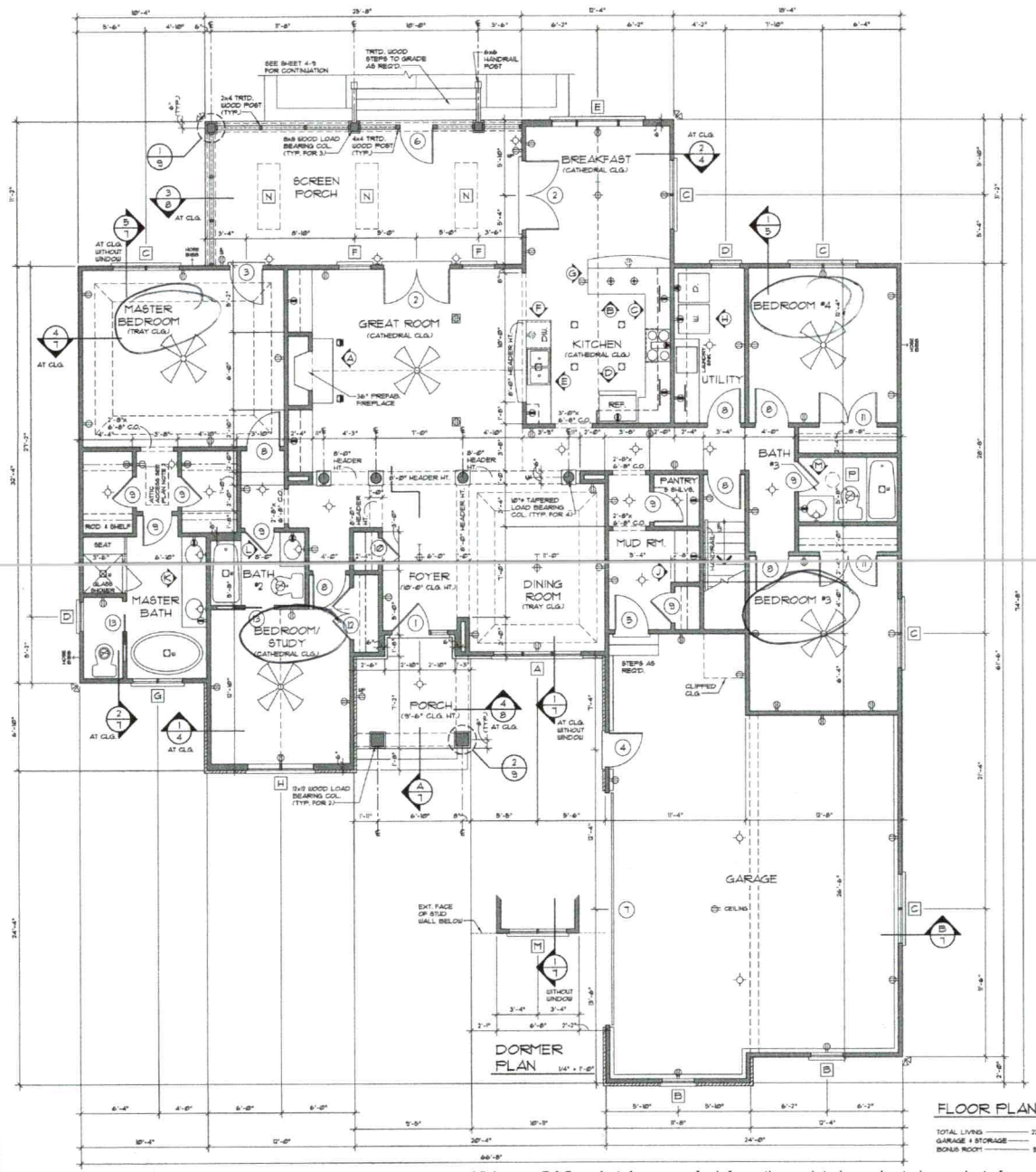
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Stephanie Griffiths _____ 11/13/19
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

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ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	ABOVE COUNTER-WATER PROOF DUPLEX OUTLET
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED PENDANT LIGHT
	SUN TUNNEL W/ LIGHT KIT
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHT
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.

   H.V.A.C. EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATH AND UTILITY ROOM.
5. TYPICAL WALL: 2x4's @ 16" O.C. UNLESS OTHERWISE DENOTED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELL TRANSFORMER, AND CHIME.

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 12/13/19

Stephanie Gaylord Date 12/13/19

DOOR SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 16" SIDELITE * 12" ARCH HEAD TRANSOM *
2	(2) 2'-8" x 6'-8"	2	EXT., FULL GLASS W/ 12" TRANSOM *
3	2'-8" x 6'-8"	1	EXT., FULL GLASS W/ 12" TRANSOM *
4	2'-8" x 6'-8"	1	EXT., W/ 22"x22" LITE
5	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
6	2'-8" x 6'-8"	1	SCREEN
7	16'-0" x 8'-0"	1	GARAGE
8	2'-8" x 6'-8"	6	INT.
9	2'-4" x 6'-8"	1	INT.
10	2'-0" x 6'-8"	1	INT.
11	(2) 2'-4" x 6'-8"	2	INT.
12	(2) 2'-0" x 6'-8"	1	INT.
13	2'-4" x 6'-8"	2	INT., POCKET DOOR

* SEE ELEVATION FOR TRANSOM.

WINDOW SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
A	(3) 2'-4" x 6'-2"	1	D.H.
B	2'-8" x 9'-10"	2	D.H.
C	(2) 2'-8" x 9'-10"	5	D.H.
D	2'-4" x 5'-10"	2	D.H.
E	2'-0" x 5'-10" 3'-4" x 5'-10" 2'-0" x 5'-10"	1	D.H. W/ HALF CIRCLE TRANSOM *
F	2'-8" x 6'-2"	2	D.H.
G	(2) 2'-0" x 5'-2"	1	D.H.
H	(2) 2'-8" x 5'-6"	1	D.H. W/ 12" ARCH HEAD TRANSOM **
J	7'-8" x 3'-2"	1	D.H. W/ ARCH HEAD **
K	3'-0" x 4'-6"	2	D.H.
L	(2) 3'-0" x 4'-6"	1	D.H.
M	(2) 2'-4" x 3'-2"	1	D.H.
N	1'-9 1/2" x 3'-10 1/4"	3	VELUX SKYLIGHT FS-C06 ***
P	14" DIA.	1	VELUX SUN TUNNEL TLR-014 ***

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.

VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.

WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.

VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

VERIFY WINDOW SILL HEIGHT CLEARANCE ABOVE TUBS AND COUNTERTOPS TO ALLOW FOR TRIM AND/OR BACKSPLASH.

* SEE ELEVATION FOR TRANSOM.

** SEE ELEVATION FOR RADIUS.

*** VERIFY SKYLIGHT AND SUN TUNNEL INSTALLATION REQUIREMENTS BEFORE CONSTRUCTION. IF CURB INSTALLATION IS RECOMMENDED DUE TO CLIMATIC CONDITIONS, MODEL NUMBER AND/OR ROUGH OPENING SIZE MAY VARY.

TOTAL LIVING	2271 sq. ft.
GARAGE & STORAGE	731 sq. ft.
BONUS ROOM	936 sq. ft.

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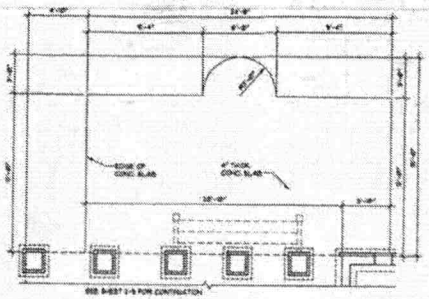
1. ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURER'S REQUIREMENTS.

DONALD A. GARDNER, INC.
P.O. BOX 28178 • GREENVILLE S.C. • 29616
864 • 288 • 7580
www.dongardner.com/BP

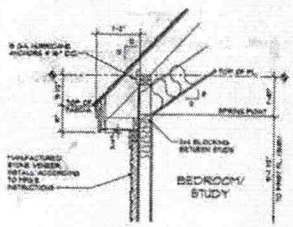
LINNEA
DESIGN NO. 1316
SHEET 3 OF 9 DR JAG
FLOOR PLAN

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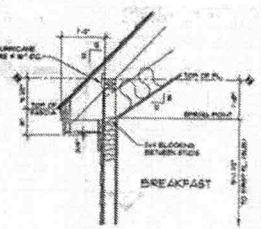
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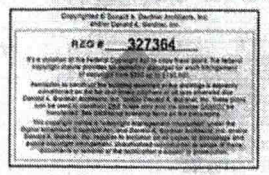
PATIO FOUNDATION PLAN

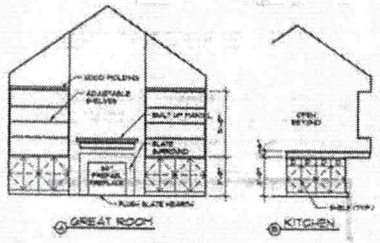


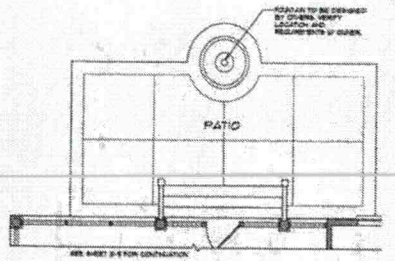
1/4 SECTION



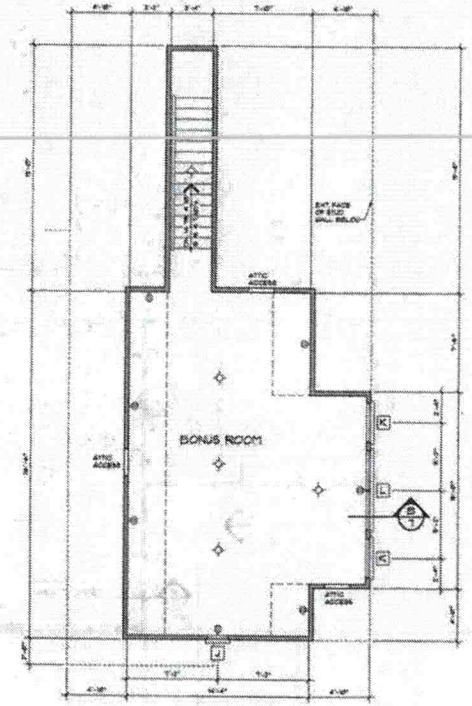
2/4 SECTION



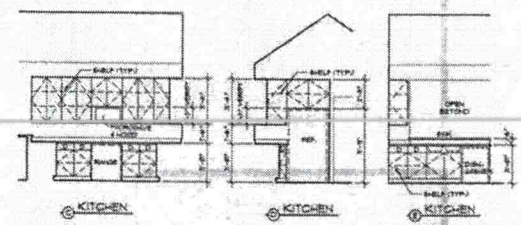


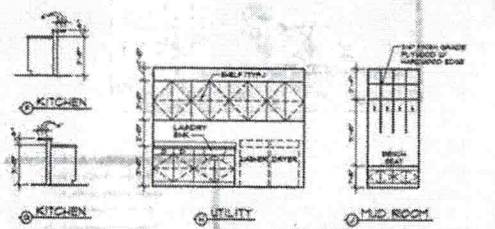


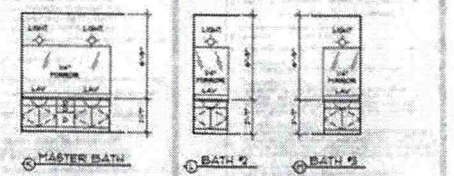
PATIO PLAN



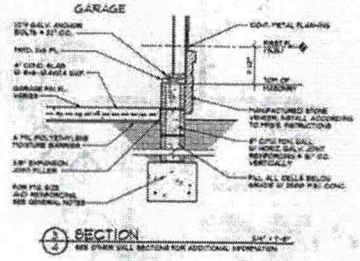
BONUS ROOM FLOOR PLAN







INTERIOR ELEVATIONS



3/4 SECTION

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LINE A
SCALE: 1/4" = 1'-0"
DATE: 12-16
DRAWN: JAC
CHECKED: DAG

BONUS ROOM FLOOR PLAN AND INTERIOR ELEVATIONS

DO NOT SCALE DRAWINGS.
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IREDELL COUNTY · NC

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

APPLICATION NUMBER
302723 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639300903.000	388 KENWAY LOOP	IREDELL COUNTY

Owner Information	Applicant Information
Name: GRIFFITHS NATHAN=STEPHANIE Address: Phone:	Name: GRIFFITHS NATHAN=STEPHANIE Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.628	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD--PAID FOR BUILDING PERMIT--WAITING FOR AUTH TO CONSTRUCT

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.

Date: 11/15/2019

Signature of Owner/Contractor

Permit Number	302723	TOTAL FEES:	$77.25