IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # Z12892

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

PIN # 4639-36-1822

APPLICANT: DAVID MAYFIELD | APPLICANT ADDRESS: 252 TENN. CIRCLE

SITE ADDRESS: 275 TENN. CIR. - Mrvl 28117 | PHONE: 704-239-7912 | ALT. PHONE:

SITE DIRECTIONS: FERN HILL, TR TENN. CIR., ON L

SUBDIVISION: TENNESSEE CIRCLE | SECTION: — | LOT # 11 | LOT AREA: .79 AC | DESIGN FLOW: 480 | L.T.A.R.: .35

Septic Tank	1000 (gal)	STB	825	Date	11-4-17	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION		
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK		
# Nitrification Fields	1	# Lines	4C86'	Linear Ft:	344'	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

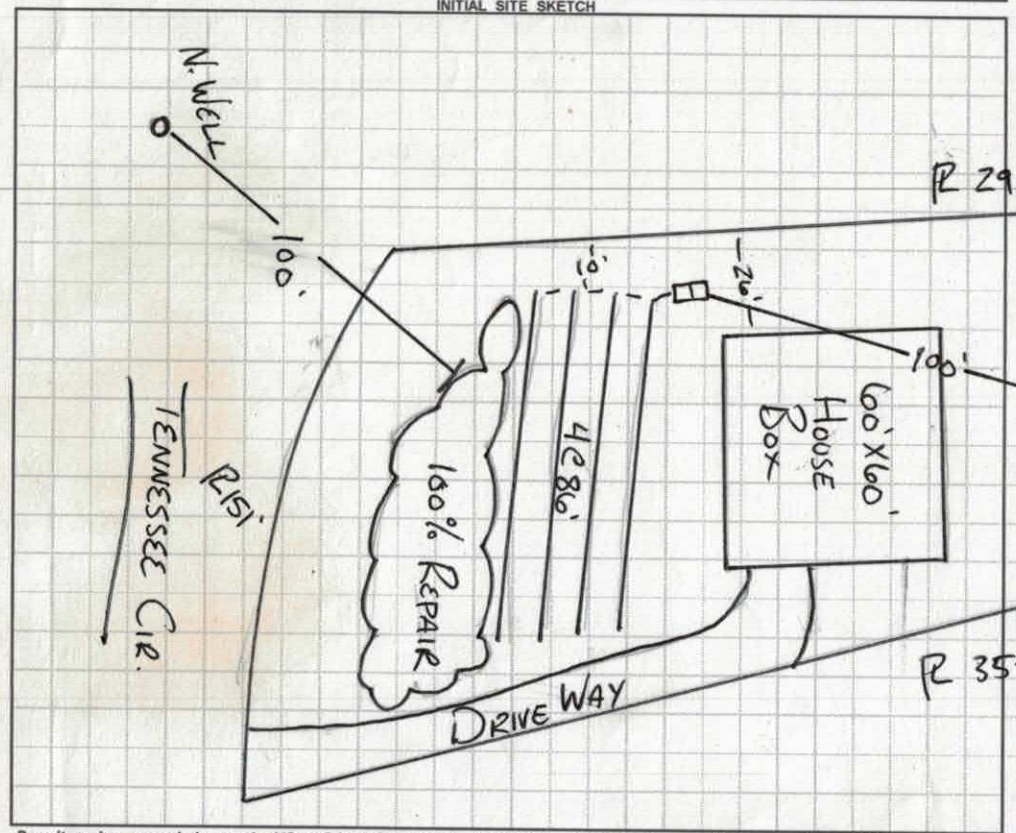
No. Bedrooms 4 | No. Persons | No. Employees | ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

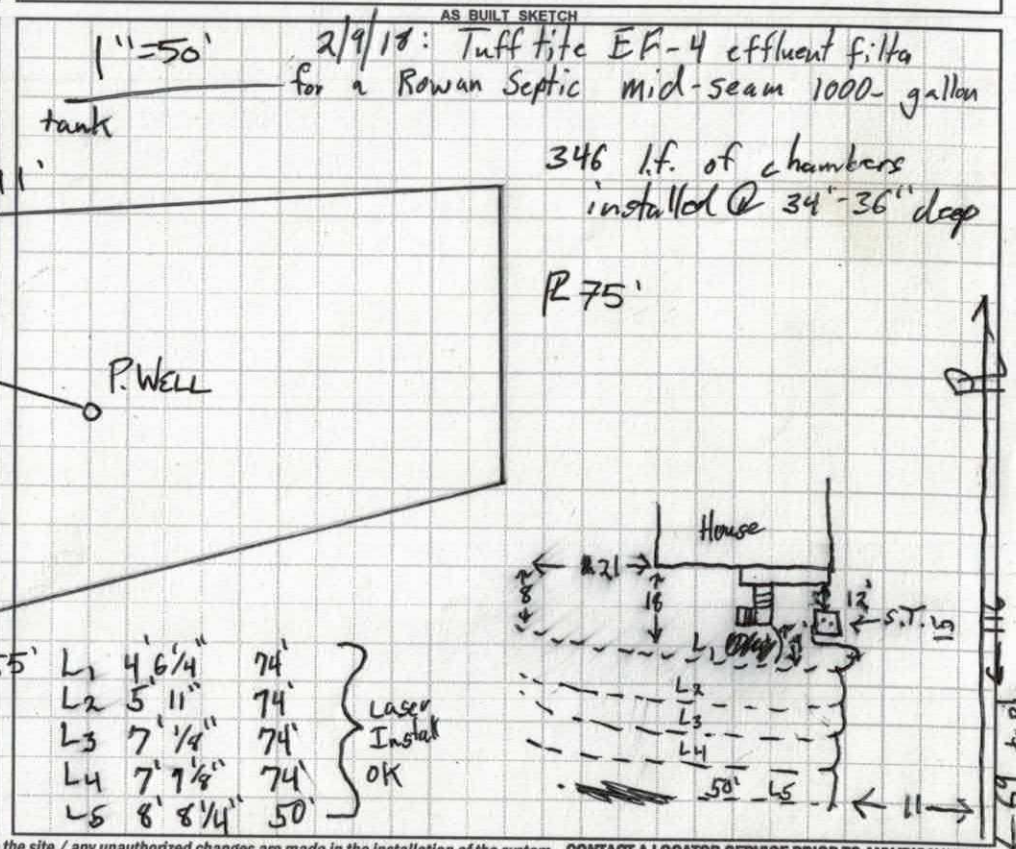


AS BUILT SKETCH

1"=50'

2/9/18: Tuff tite EF-4 effluent filter for a Rowan Septic mid-seam 1000-gallon tank

346 l.f. of chambers installed @ 34"-36" deep



L1	4'6¼"	74'	Laser Install OK
L2	5'11"	74'	
L3	7'¼"	74'	
L4	7'7⅛"	74'	
L5	8'8¼"	50'	

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: 11-25-15

IMPROVEMENT PERMIT by: [signature] Date: 10-8-15

AUTHORIZATION TO CONSTRUCT by: [signature] APPROVED Date: SEP 07 2017

Installed by: Joe Allred Thompson

OPERATION PERMIT by: Tom Pluck Date: 2/9/2018

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4639-36-1822
Lot #: 11
Permit #: 212892
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: DAVID MAYFIELD
Applicant: SAME
Address: 275 TENNESSEE CIRCLE
Date Evaluated: 10/5/2015
Proposed Facility: SFR Design Flow (.1949) 480
Property Size: .79 AC
Location of Site: TENNESSEE CIRCLE LOT 11
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	LINEAR 13%	0-9	SCL,W,SBK	SS	NA	33"	S	60"+	.35
		9-33	RC,M,SBK	SS					
		33-60	SSAP	NS					
PIT 2	LINEAR 13%	0-14	SCL,W,SBK	SS	NA	39"	S	60"+	.3
		14-34	C,M,SBK	SS					
		34-39	CL,M,SBK	SS					
		39-60	SSAP	NS					
PIT 3	LINEAR 13%	0-16	C,M,SBK	SS	NA	34"	S	65"+	.35
		16-34	CL,M,SBK	SS					
		34-65	SSAP	NS					
PIT 4	LINEAR 13%	0-7	SCL,W,SBK	SS	NA	31"	S	63"+	.35
		7-23	C,M,SBK	SS					
		23-31	CL,M,SBK	SS					
		31-63	SSAP	NS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	LP PANEL BLOCK
Site LTAR	.35	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE, TOM SHUCK
Others Present: DAVID BEAN, DAVID MAYFIELD
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE, TOM SHUCK
Others Present: DAVID BEAN, DAVID MAYFIELD

RECEIVED AUG 25 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Paid $105.00

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 # 212892

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: Grande Homes **Address:** 555 Delburg St. Davidson **Zip:** 28036

Applicant Email: grandehomes@icloud.com **Phone:** 704 400-1710 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 275 Tennessee Cir.

Subdivision Name: Tennessee Circle **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: 150 to Beth to Fern Hill rt on Tennessee

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: _____ 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

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

****

Please answer the following to the best of your ability:

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

****

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

Signature: _____ 8-2-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

RECEIVED AUG 17 2015

212892 Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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704-239-7912

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

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

* Please call *

Applicant Information:

Applicant Name: DAVID MAYFIELD Address: 252 TEN. CIRCLE, MOORESVILLE NC Phone: 704-239-7912

Owner Name: CYNTHIA HEUER Address: 215 SILVERBERRY PITTSBORO NC Phone: 336-587-4391

Property Information:

Street Address: 275 TENNESSEE CIRCLE MOORESVILLE NC

Subdivision Name: TENNESSEE CIRCLE Section/Phase: _____ Lot Number: 11

Driving Directions: HWY 150 to PERTH RD, GO NORTH TO FERRELL RD TAKE LEFT, TENNESSEE CIRCLE TAKE RIGHT, BEAR RIGHT, SHARP CURVE TO LEFT, LOT ON LEFT

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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:

(✓) 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 (1) Conventional ( ) Innovative (2) Modified Conventional (3) Other: 25% Reserve

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: _____ 8-12-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

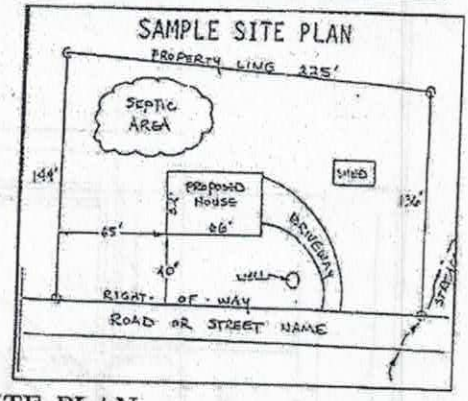
ENVIRONMENTAL HEALTH DIVISION

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

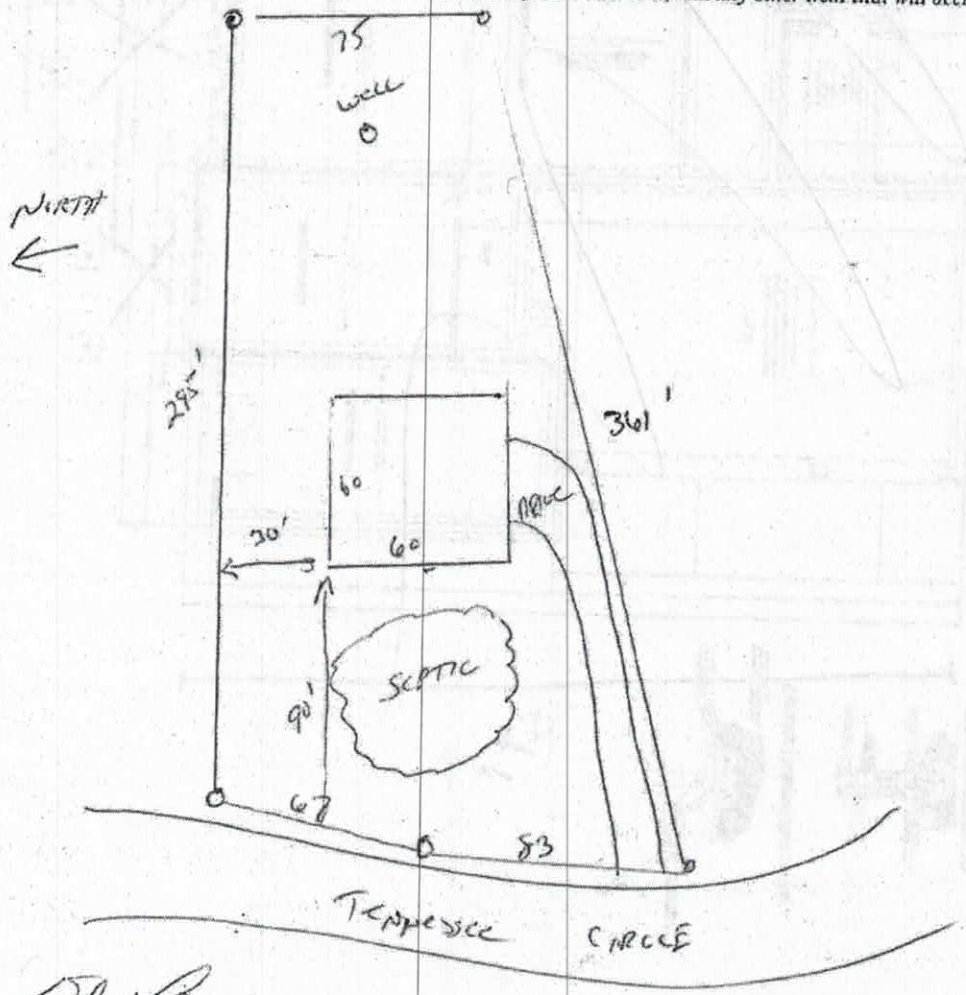


Circle N/A on the following if appropriate:

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



Acknowledgement of Plans Submittal ONLY!
Date
Date

Signature: _____

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

8-12-15

DATE

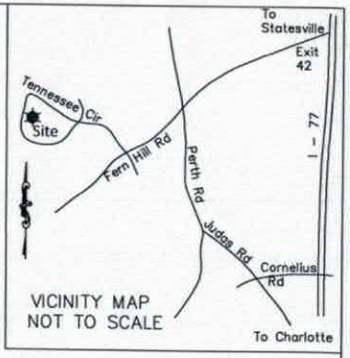
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____, 2017.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES



VICINITY MAP
NOT TO SCALE

Plat Book 25
Page 98
Dated: 07/27/1995

TAX ID: 4639-36-1944
LOT 10
TWOSTEPJACK PROPERTIES LLC
PB: 25 PAGE: 98
DB: 2484 PAGE : 2264

S85°12'59"W 290.66'

Proposed Drive

45.7'

S12°35'32"E 75.00'

TAX ID: 4639-36-4926
LOT 5-6
JAMES N. & KATHLEEN G. WOOLLEY
PB: 25 PAGE: 98
DB: 2480 PAGE : 1843

TENNESSEE CIRCLE SR.1471
PAVED R/W

35' SETBACK

LOT 11
0.79 ACRES

98.8'

2241D

Septic & Repair Area

C1

17.0'

N74°11'24"E 355.15'

TAX ID: 4639-36-1721
LOT 12
ANTHONY R. & BRENDA S. PASTA
PB: 25 PAGE: 98
DB: 952 PAGE : 1501

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S20°11'32"W	36.46'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	389.69'	114.25'	S11°43'23"W	113.84'

GRAPHIC SCALE

30 0 15 30

(IN FEET)
1 inch = 30 feet

PLOT PLAN
LOT 11 - TENNESSEE CIRCLE SUBDIVISION
PLAT BOOK 25 PAGE 198
275 TENNESSEE CIRCLE
CITY OF MOORESVILLE, DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

Prepared For: MATT McMULLEN

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: SI	Checked By: JHP	Scale	Project No.
Tax PIN: 4639-36-1822		1" = 30'	17066
Date: AUGUST 11, 2017			Sheet No.
File: 17066-LOT-11-275 TENNESSEE CIRCLE.dwg			1 of 1

SIDEWALK TO BE PULLED TOWARDS HOUSE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, CYNTHIA HEYER, am the legal owner of the property located at LII TENNESSEE CIRCLE PB 25-98, identified as 275 TENNESSEE CIRCLE PIN(Parcel Identification Number) 4639-36-1822.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) DAVID MAYFIELD, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Cindy S Heyer — Signature of Owner — 5/23/15 — Date

Jim Mayfield — Signature of Witness — 5/23/15 — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

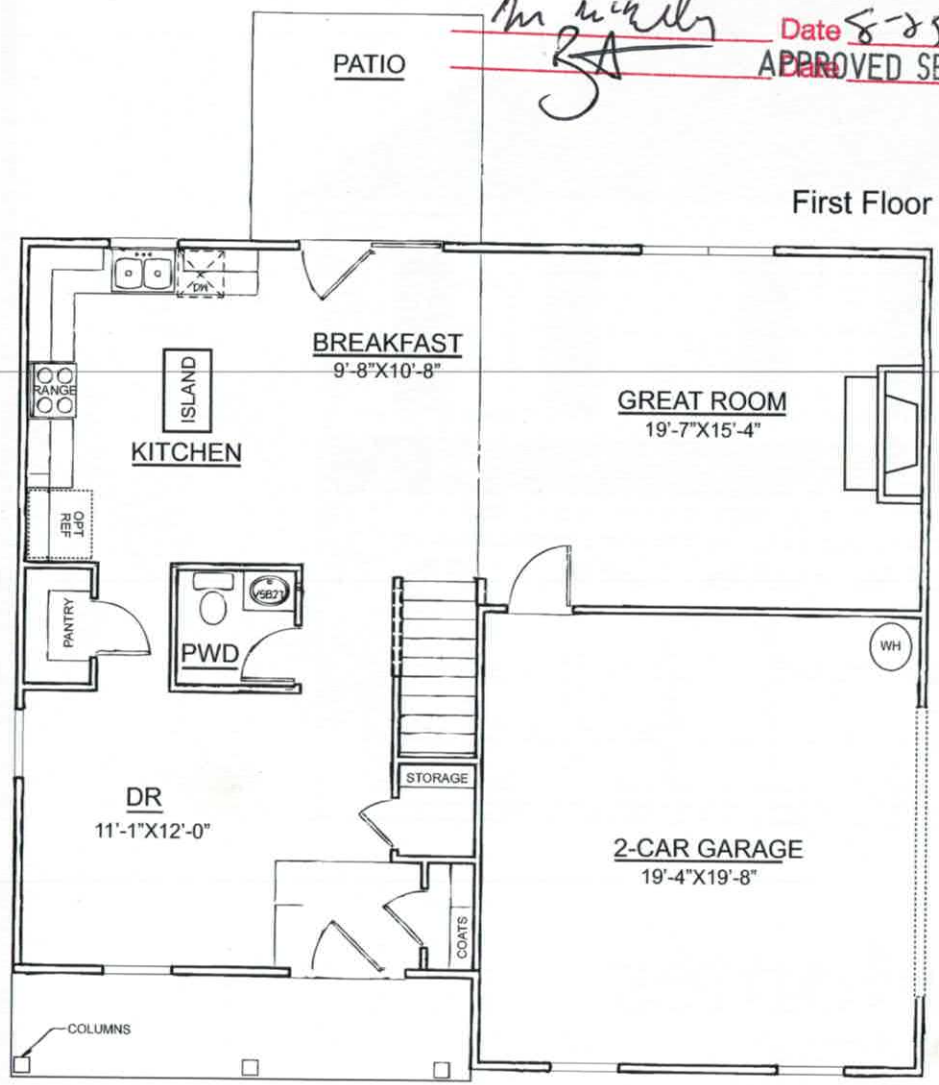
Grande Homes

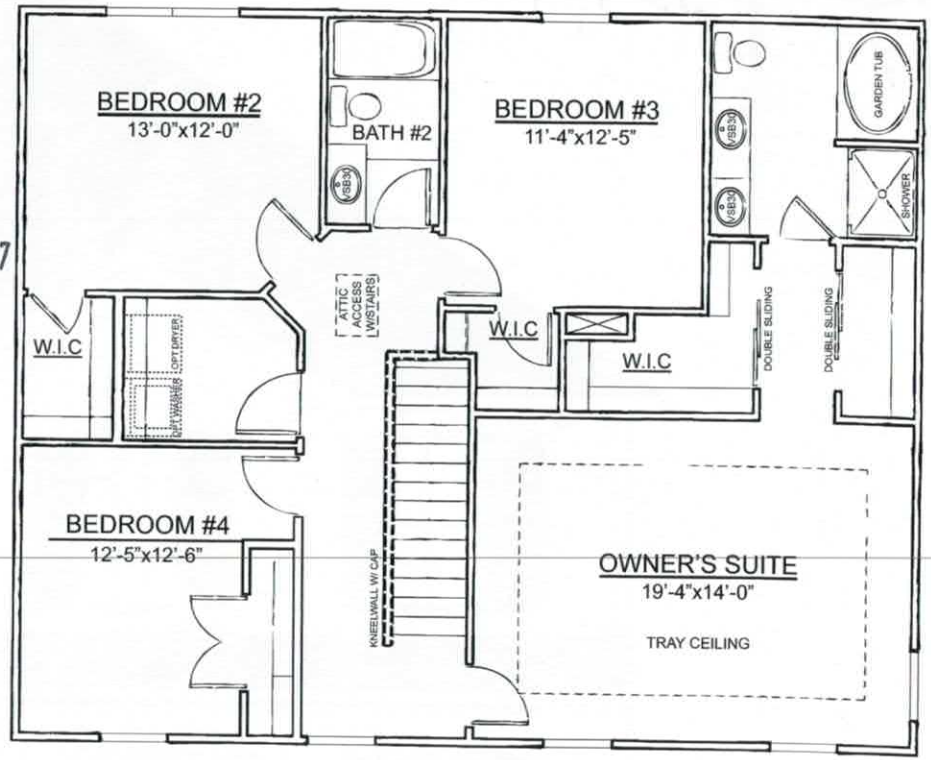
704-400-1710

Acknowledgement of Plans Submittal ONLY!

Date 8-25-17

APPROVED SEP 07 2017





48' wide

40' deep

2,257 Finished SF

4 Large Bedrooms!

2.5 Baths (Includes Deluxe Master Bath)

Lots of Closet Space!

Large Kitchen with Island!

Tray Ceiling in Master Bedroom!

& MUCH, MUCH MORE!

This marketing diagram is for illustrative purposes only and isn't intended, nor to be used as part of the contract. Dimensions displayed are approximate. Grande Homes reserves the right to make changes without notification.

IREDELL COUNTY

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

APPLICATION NUMBER
212892
Issue Date: 08/17/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639361822.000	275 TENNESSEE CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HEUER CYNTHIA S	Applicant: MAYFIELD, DAVID
Address: 219 SILVER BERRY RD MOORESVILLE, NC 27312	Address: 252 TENNESSEE CR MOORESVILLE, NC 28117
Phone:	Phone: 704-528-5952

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.790	35.00	35.00	15.00	15.00	CACL	X

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: [signature] Date: 8-17-15

Permit Number	46708	TOTAL FEES:	$ 77.25