IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 220882

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

PIN # 4639377108.000

APPLICANT/OWNER: Bluefield Builders | APPLICANT ADDRESS: 127 Promenade Dr. Suite B Mooresville, NC

SITE ADDRESS: 214 Tennessee Circle Mooresville NC 28117 | PHONE: (704) 746-3536 | ALT. PHONE (704) 658-7674

SITE DIRECTIONS: North to Perth to West on Fern Hill Rd. Right on Tennessee Circle | SAP CONTROLLED: N/A ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 16 | LOT # 88 | LOT AREA: 0.74 acres | DESIGN FLOW: 480GPD | L.T.A.R.: N/A

EXISTING

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO
☐ GRAVITY ☐ PRESSURE

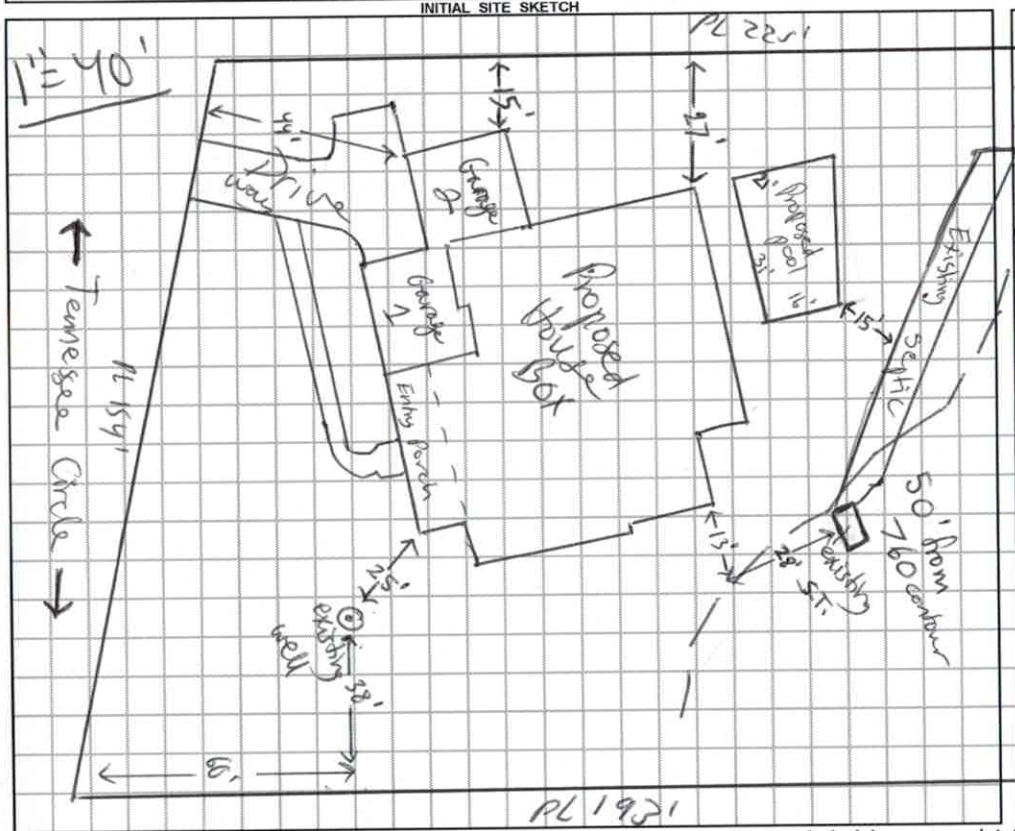
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private existing
☐ Public
☐ Community

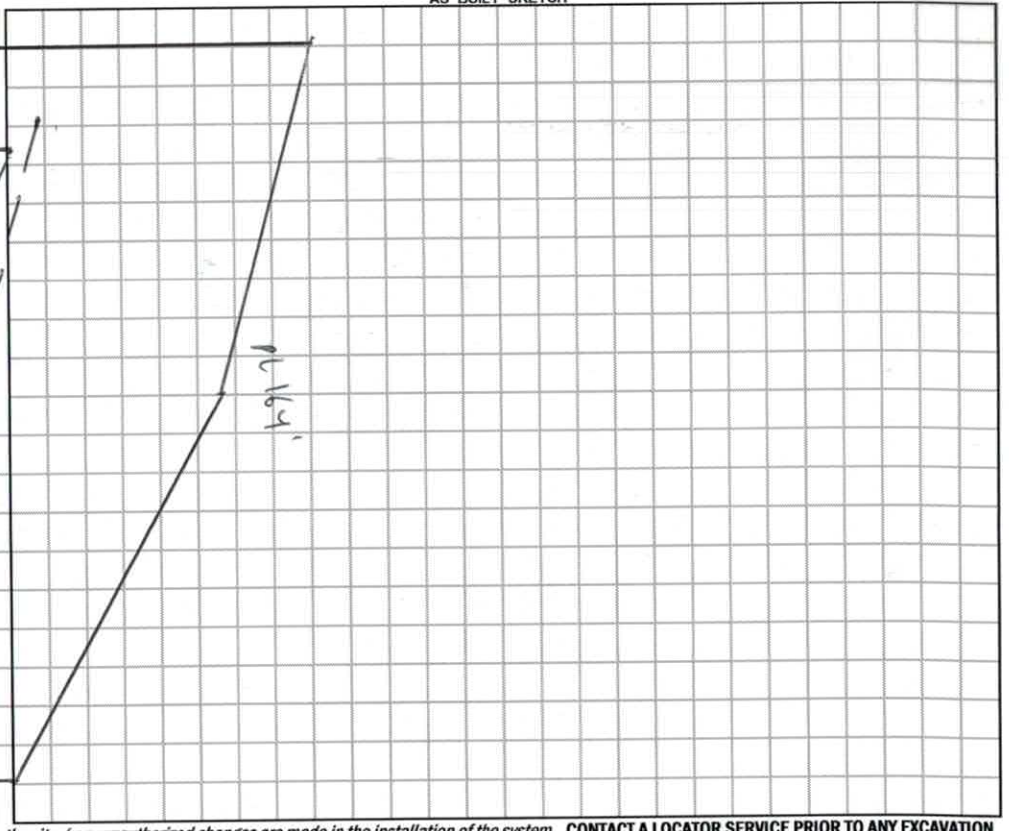
Comments / Conditions: Make sure the new house is 25 feet from the existing well. Pool must be at least 15 feet from the existing septic.

Septic system appears to be functioning properly upon inspection.

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**

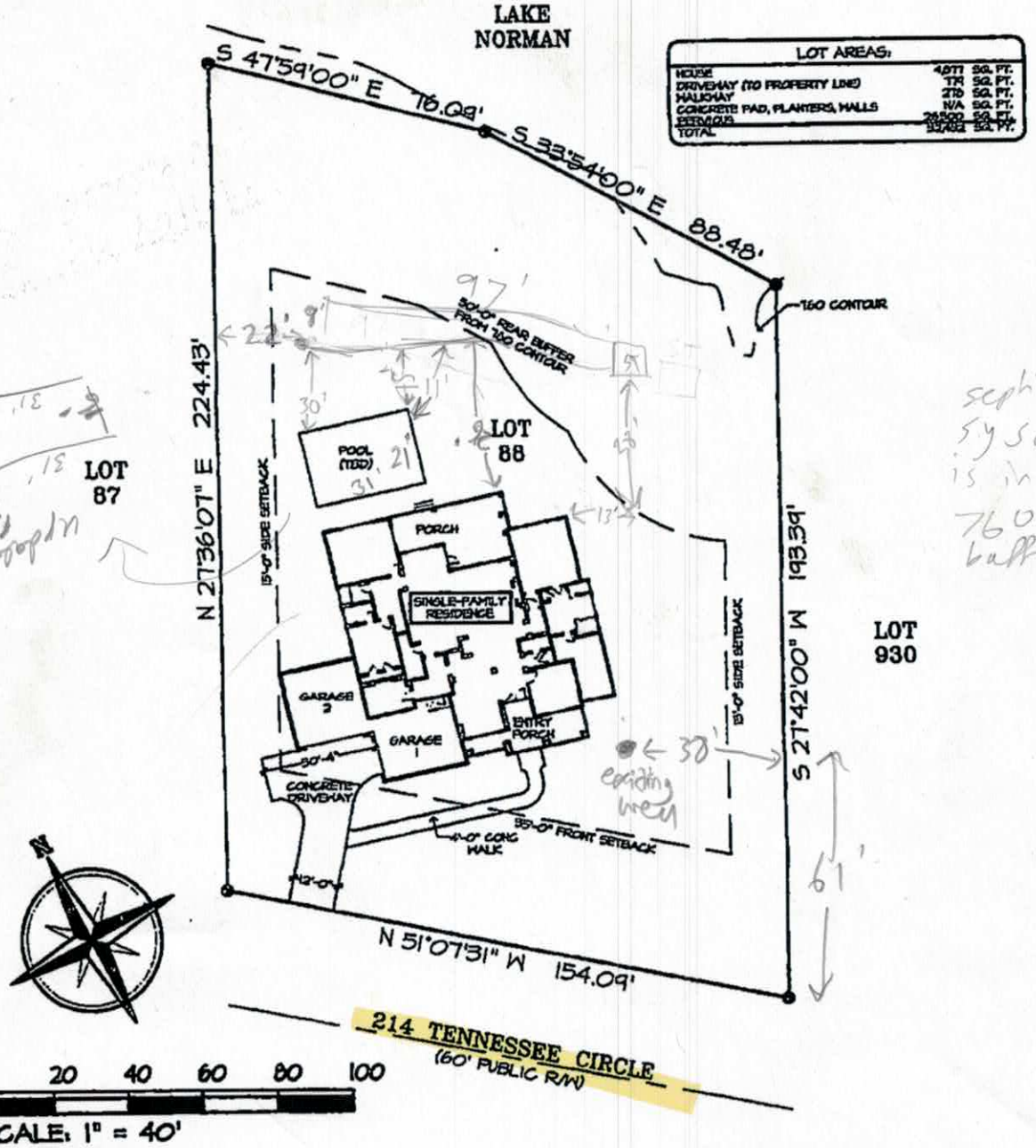
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: D Hardy | Date: 8/17/17 | Installed by: ____

IMPROVEMENT PERMIT by: ____ | Date: ____ | OPERATION PERMIT by: ____ | Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ | Date: ____ | Existing System Inspected by: Mohamed Dumarieh | Date: 8/16/2017

Arthur Rutenberg Homes



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The reproduction, use or modification of this plan, for any purpose other than building a home with Arthur Rutenberg Homes or its authorized franchisees, is strictly prohibited.

Note: Plan information is conceptual only. Certain items may be changed at production stage.

Franchise:	#98 Bluefield Builders, LLC
File # :	Reid/McElhiney-F 1280F-L-01-1S/2F-"C"
Drawn By:	MDF
Date:	May 18, 2017

A Custom Residence for:

Mr. Reid and Ms. McElhiney

Cresent Land & Timber Corp, Section 16, Lot 88

RECEIVED JUL 26 2017

Paid $250.00 EFT

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* ~~expansion of the septic~~?

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 #228882

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) Arthur Rutenberg Mooresville NC

Applicant Name: Bluefield Builders Address: 127 Promenade Dr. Suite B Zip: 28117
Applicant Email: Tarndt@arhomes.com Phone: 704-746-3536 Alt. Phone: 704 658 7674
Owner Name: Scott Reid Address: 1306 Manicott Dr. Matthews Zip: 28105
Owner Email: Sbreid1950@gmail.com Phone: 704 534-0321 Alt. Phone: _____

****

Property Information:

Street Address: 214 Tennessee Circle Mooresville NC 28117
Subdivision Name: CLT Section/Phase: 16 Lot Number: 88
Driving Directions: ~~West~~ North on Perth to West on Fern Hill Rd
Right on Tennessee Circle

****

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

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

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

****

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: 1976
( ) 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: _____ 7/19/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Scott Reid, am the legal owner(s) of the property located at 214 Tennessee Circle Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tom Arndt, Bluefield Builders, 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]	7-19-17	[signature]	7-19-17
Signature of Owner(s)	Date	Signature of Witness	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

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

IREDELL COUNTY HEALTH DEPARTMENT

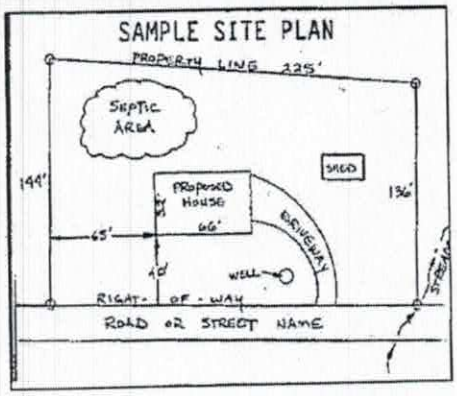
ENVIRONMENTAL HEALTH DIVISION

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

See attached

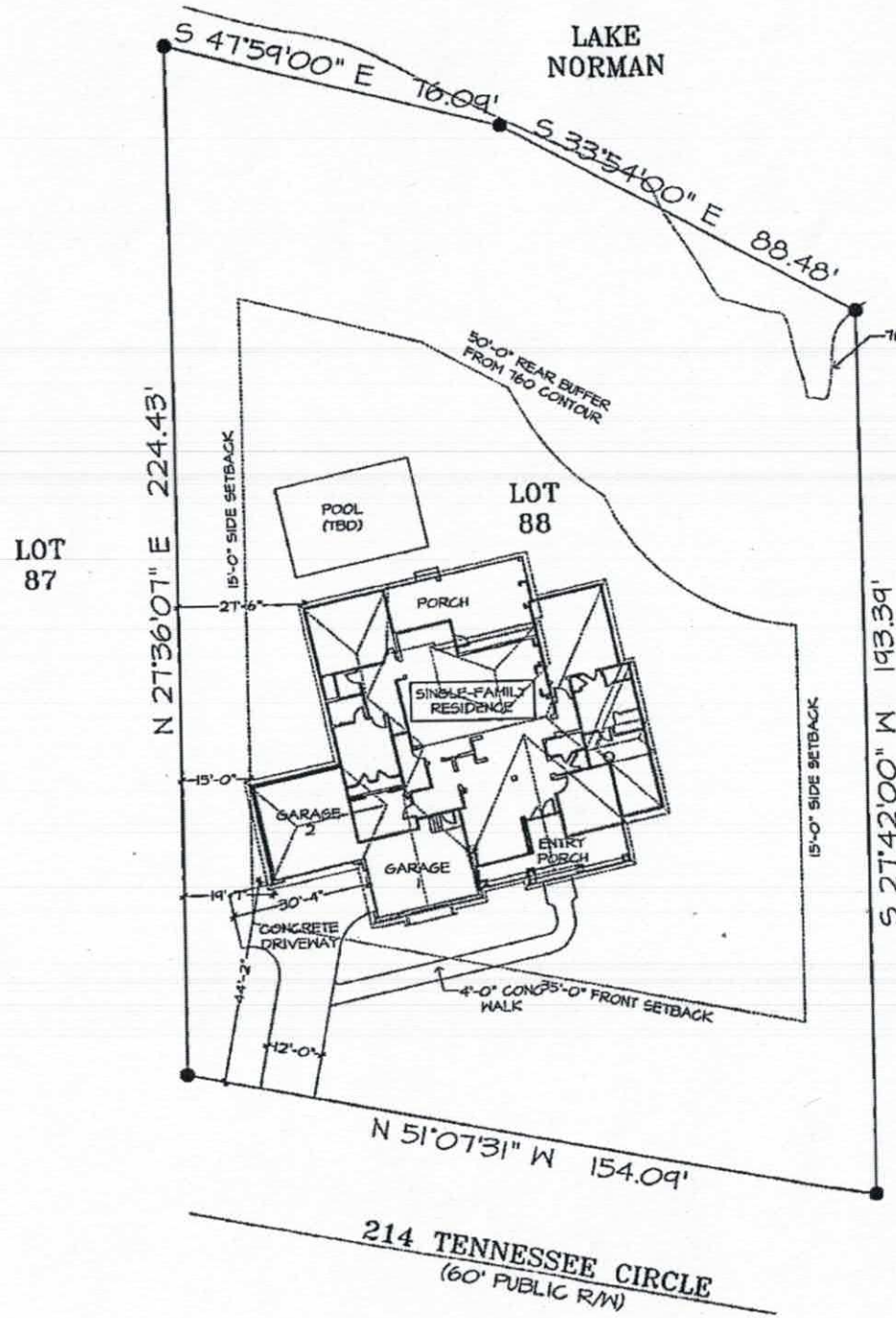
Check w/ Ronda

Signature: _____ 3/19/17

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

CL5. T S16 Lot 88

RECEIVED AUG 15 2017



A CUSTOM RESIDENCE FOR MR. REID & MS. MCELHINEY

SITE PLAN

4639-37-7108

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Scott Reid DATE 8-10-06 PERMIT NO. 516

PHONE: Business 933-1703 Home

LOCATION 1300 TR on 1401 Inn ON RIGHT S. R. No. 1401

SUBDIVISION NAME CL+T Lake Norman LOT NO. 88 SECTION OR BLOCK NO. 16

Site Address: 214 Tennessee Circle - Mooresville

House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .94 acres

Character & Porosity of Soil Clay loam Porosity Fair

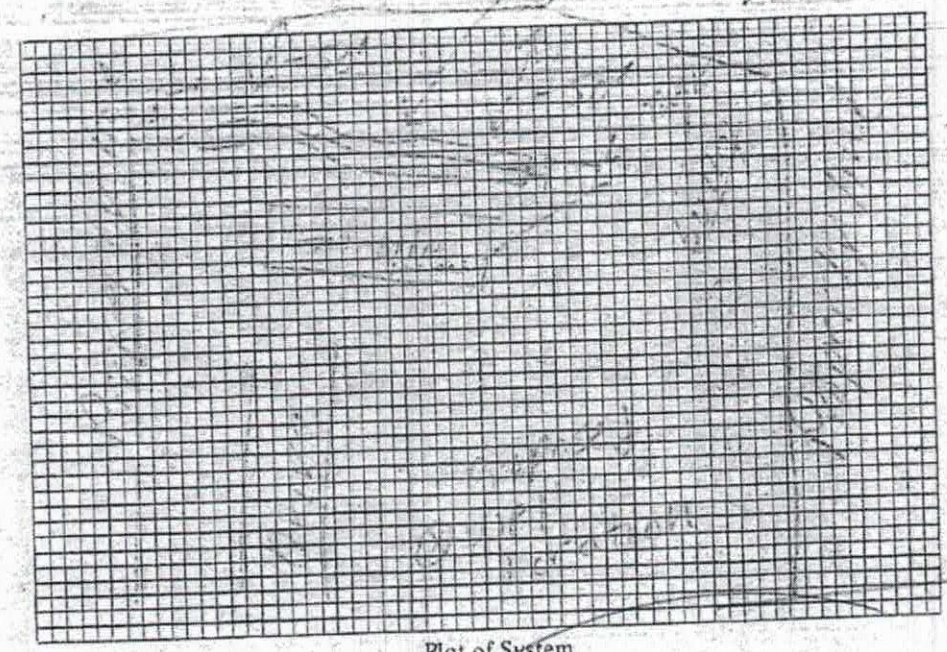
Percolation Rate Soil 6 bpi

Topography 3-7% slope

Depth to Water Table 3 to 5' to lake level

Rock or other impervious formations None

North Arrow



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by F. J. Crum

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: System designed for 4 bedroom house to be const. later.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 2-15-07

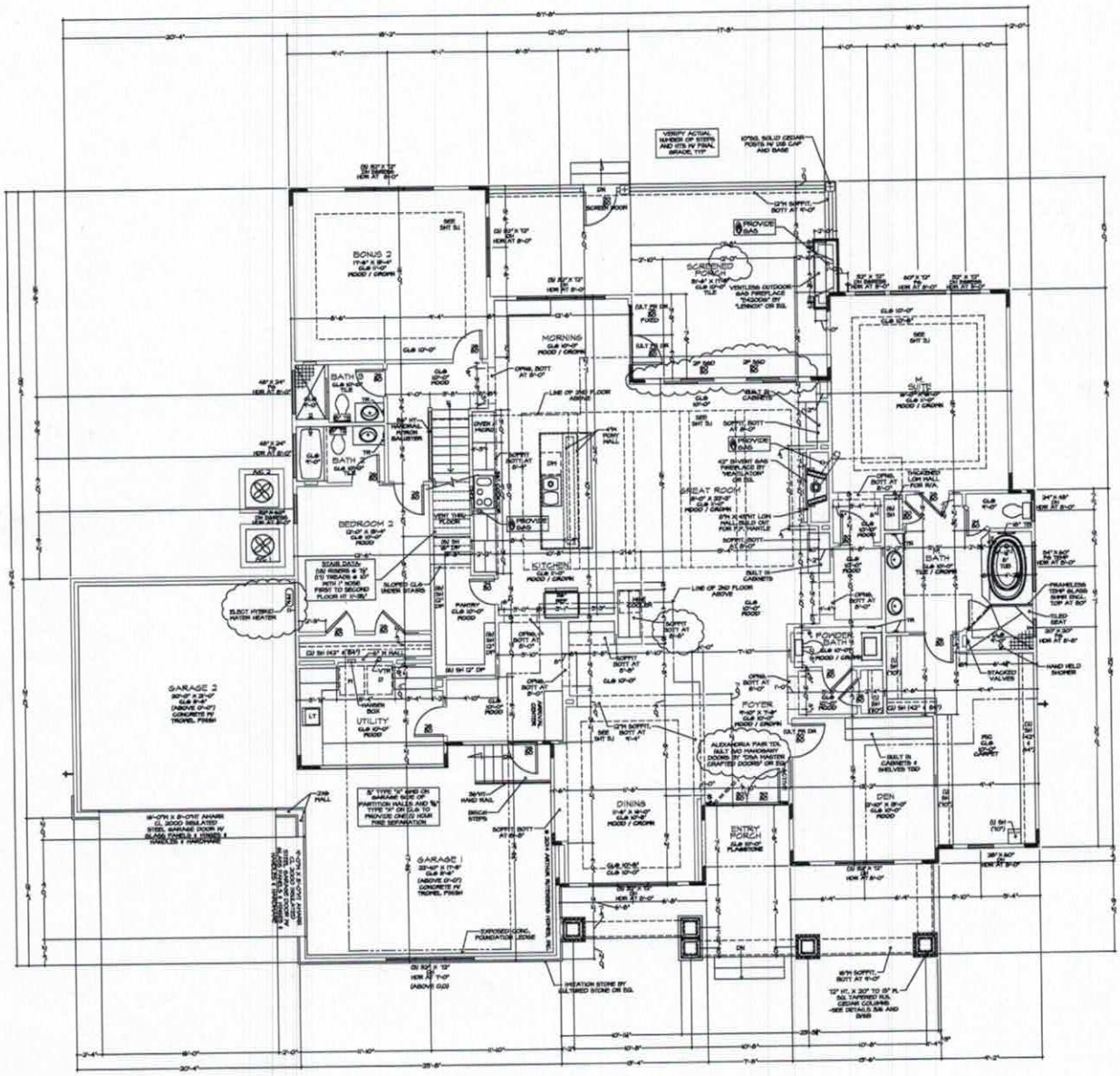
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement Of
Plans Submittal ONLY!
Mohamed Rumaneh Date 8/16/2017
DHardy Date 8/17/17

87'

70'



GENERAL NOTES

SQUARE FOOTAGES

TOTAL LIVABLE

MALTS

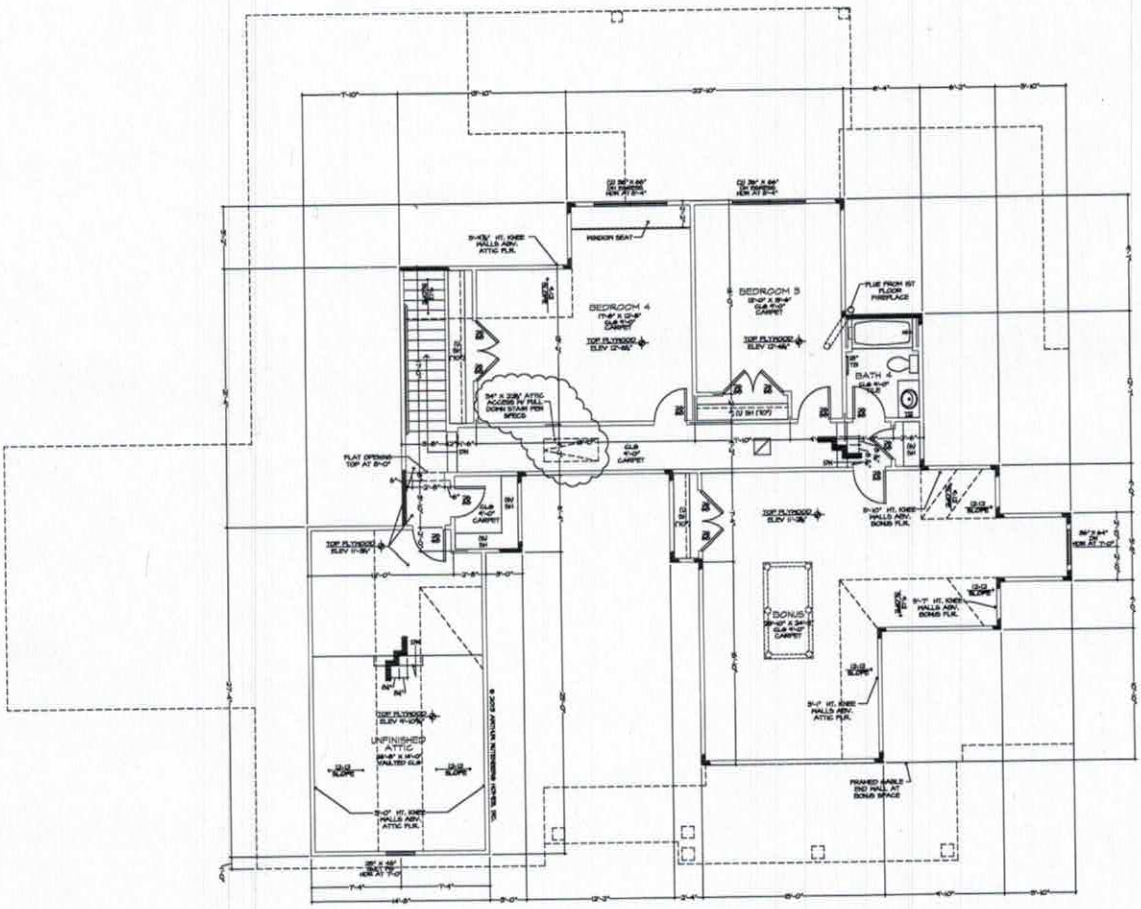
1ST FLOOR PLAN

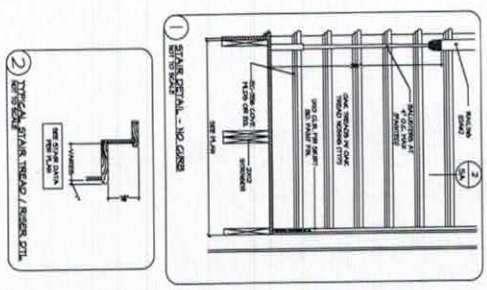
50x40: 1/4"=1'-0"
60x24: 1/8"=1'-0"

A CUSTOM RESIDENCE FOR MR. REID AND MS. MCELHINEY
BUILDER: BLUEFIELD BUILDERS, LLC
MOORESVILLE, NORTH CAROLINA
An INDEPENDENTLY OWNED AND OPERATED FRANCHISE

Arthur Rutenberg Homes

Acknowledgement Of
Plans Submittal ONLY!
[signature] Date 8/16/2017
DHardy Date 8/17/17





GENERAL NOTES:

5

2ND FLOOR PLAN

50x42: 1/4"=1'-0"
18x24: 1/8"=1'-0"

A CUSTOM RESIDNCE FOR MR. REID & MS. MCELHINEY
BUILDER: BLUEFIELD BUILDERS, LLC
HICKORY, NORTH CAROLINA
AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE

Arthur Rutenberg Homes

IREDELL COUNTY

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

APPLICATION NUMBER
228882
Issue Date: 07/24/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639377108.000	214 TENNESSEE CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: REID SCOTT B+CHRISTY	Applicant: BLUEFIELD BUILDERS LLC
Address: 1306 MANICOTT DRIVE MATTHEWS, NC 28105	Address: 127 PROMENADE DR SUITE C-2 MOORESVILLE, NC 28117
Phone:	Phone: 704-746-3536

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	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	109952	TOTAL FEES:	$ 77.25