ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # AP-313526

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

PIN # 4639 - 51 - 5345

APPLICANT/OWNER: TITAN CUSTOM BUILDERS / JOSEPH & MARY MURPHY APPLICANT ADDRESS: 331 ALCOVE ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 156 SLEEPY COVE TRAIL, MOORESVILLE, N.C. 28117 PHONE: 704-528-7874 ALT. PHONE 704-201-6705

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON LIVA LANE (R) ON BAY CROSSING, (L) ON SLEEPY COVE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

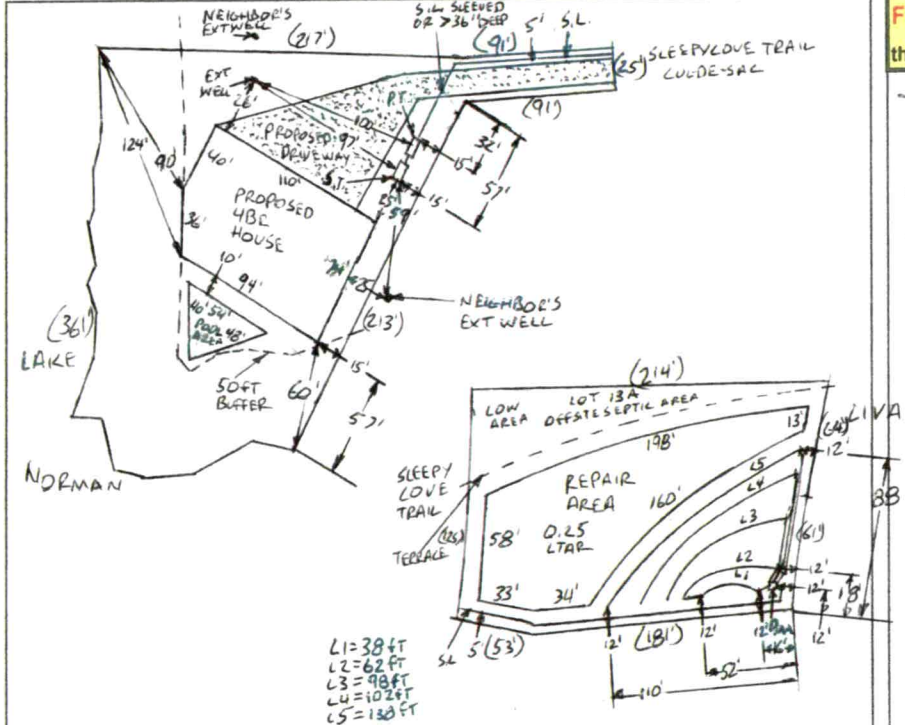
SUBDIVISION: BAY CROSSING SECTION: 1 LOT # 13 LOT AREA: 0.87 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.275 (0.25) REPAIR

Septic Tank	1000 (gal)	STB	760	Date	9/13/21	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	9/16/21	System Description:	25% REDUCTION - P.M.	☐ Business	No. Persons	8	☑ Private
Pump Make	Zoeller Model	BE165-D		Serial #		Repair System Description:	25% REDUCTION - P.M.	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1 # Lines	5		Linear Ft	438 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☑ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, GRINDER PUMP REQUIRED FOR BASEMENT PLUMBING.

IF WHOLE HOUSE GRINDER IS USED SETTLING TANK IS REQUIRED
IF SUPPLY LINE CANNOT MAINTAIN 50FT FROM WELLS IT MUST BE SLEEVED IN DUCTILE IRON, PUMP LINE MUST BE PRESSURE TESTED

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

- Supply line pressurized @ 12 psi 11/2/21 CW
Septic tank > 50' to well
ST - 13-ft to Garage
Filter in ST. 11/8/21
Supply line bt w tanks checked
50 Ft to Neighbors well

TAPS
L1+L2 = 1 1/2 SCH 40
L3 = 1 1/2 SCH 40
L4 = 1 1/2 SCH 40
L5 = 3/4 SCH 80
GPM = 31.43
DOSE VOLUME = 205 GAL MANIFOLD
DRAW DOWN = 9.75 IN
RUN TIME = 65 MINS
PRESSURE HEAD = 2 FT

1 IN = 100 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
EXT = EXISTING
P.M. = PRESSURE

Added check valve at end of driveway
Supply line checked to driveway

Drainlines - installed as drawn 11/3/21 JB

Neighbors well must have variance to Sign OP - house too close.

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: _____ Date: 3-23-21 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-23-2021 OPERATION PERMIT by: Cory Wid Date: 6/9/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-23-2021 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	11/4/21	JB
Tanks Checked	11/8/21	MD
Pressure Manifold or Valve Box Checked	11/4/21	BCW
Pressure Head Set	11/10/21	DW
Electrical Checked	6/8/22	CW
Floats Set	11/10/21	DW
Alarm Checked	11/10/21	DW
Maintenance Contract Needed? Y (N)	—	—
Comments:		
Supply line Pressurization		
Supply line btw tanks	11/8/21	MD

* Riser needs to be 6" above grade after landscaping

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

156 Sleepy Cove

variance signed- Electrical is all that's needed

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-313526

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

PIN # 4639 - 51 - 5345

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SITE ADDRESS: 156 SLEEPY COVE TRAIL, MOORESVILLE, N.C. 28117 PHONE: 704-528-7874 ALT. PHONE 704-201-6705

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON LIVA LANE, (R) ON BAY CROSSING, (L) ON SLEEPY COVE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: BAY CROSSING SECTION: 1 LOT # 13 LOT AREA: 0.87 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.275 (0.25) REPAIR

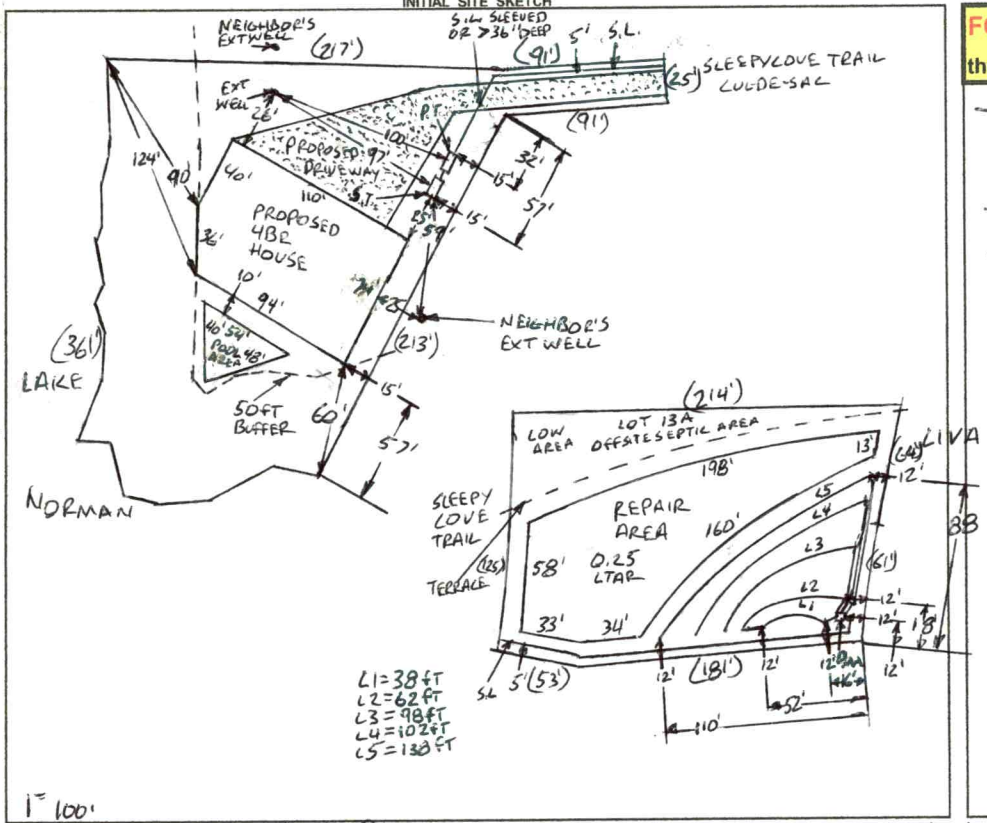
Septic Tank	1000 (gal)	STB	760	Date	9/13/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
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Pump Make	Zoeller	Model	BE165-D	Serial #		Repair System Description:			25% REDUCTION - P.M.	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	438FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☐ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—			☐ GRAVITY	☑ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, GRINDER PUMP REQUIRED FOR BASEMENT PLUMBING.

IF WHOLE HOUSE GRINDER IS USED SETTLING TANK IS REQUIRED
IF SUPPLY LINE CANNOT MAINTAIN 50FT FROM WELLS IT MUST BE SLEEVED IN DUCTILE IRON, PUMP LINE MUST BE PRESSURE TESTED

INITIAL SITE SKETCH



1" = 100'

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

- Supply line pressurized @ 12 psi 11/2/21 CW
Septic tank > 50' to well
ST - 13-ft to Garage
Filter in ST. 11/8/21
Supply line btw tanks checked
50 Ft to Neighbor's well.

TAPS
L1+L2 = 1/2 SCH 40
L3 = 1/2 SCH 40
L4 = 1/2 SCH 40
L5 = 3/4 SCH 80
GPM = 31.43
DOSE VOLUME = 205 GAL MANIFOLD
DRAW DOWN = 9.75 IN
RUN TIME = 65 MINS
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1 IN = 100FT
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Added check valve at end of driveway
Supply Line checked to driveway

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Neighbor's well must have variance to Sign OP - house too close.

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Owner / Applicant Signature: [signature] Date: 3-23-21 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-23-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-23-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	11/4/21	JB
Tanks Checked	11/8/21	MD
Pressure Manifold or Valve Box Checked	11/4/21	BCW
Pressure Head Set	11/10/21	DW
Electrical Checked		
Floats Set	11/10/21	DW
Alarm Checked	11/10/21	DW
Maintenance Contract Needed? Y / (N)		
Comments:		
Supply line Pressurization		
Supply line btw tanks	11/8/21	MD

* Riser needs to be 6" above grade after landscaping

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

156 Sleepy Cove

Item	Date	Initials
Drain Lines Checked	11/4/21	JB
Tanks Checked	11/8/21	MD
Pressure Manifold or Valve Box Checked	11/4/21	BCW
Pressure Head Set	11/10/21	DW
Electrical Checked		
Floats Set	11/10/21	DW
Alarm Checked	11/10/21	DW
Maintenance Contract Needed? Y / (N)		
Comments:		
Supply line Pressurization		
Supply line btw tanks	11/8/21	MD

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

* Riser needs to be 6" above grade after landscaping

156 Sleepy Cove

North Carolina
Department of Health and Human Services
Division of Public Health

Please submit this form along with a Well Variance Application for an existing private water supply well.

Existing Well Variance Inspection Report

Well Site Location: Mooresville, Bay Crossing, Lot 12
(Town, community, subdivision and Lot #)

Address: 155 Sleepy Cove Trail County: Iredell

City/ST/Zip: Mooresville NC 28117 Date of SiteVisit: 4/26/22

Well Construction

Date of Well Construction: 2005

If unknown, was it drilled before **1972**? YES or NO

If unknown, was it drilled before **7/1/2008**? YES or NO

What type of well is it:

(Drilled) Bored Hand Dug Jetted Other

Does the well have a cement slab? YES or (NO)

Does the well appear to be grouted? (YES) or NO

Well Head Completion

Is the well head 12" above land surface? YES or (NO)

If no, what is the height of the casing: 8 inches

Is there a sanitary well seal? (YES) or NO

Is the sanitary well seal in good repair? YES or (NO)

Are the following items present at the well head?

Vent ✓ Sample Tap NO

Well Tag ✓ Pump Tag ✓

Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? YES or (NO)
If no, please provide distances to those it does meet: 23' from newly constructed home

Electrical not seated, otherwise well seal is intact.

Other comments:

Complete below.

Name of person completing this form (please print): Danielle Wieberg

4/26/22

North Carolina Department of Environmental Quality (DEQ) – Division of Water Resources (DWR)

VARIANCE APPLICATION FOR WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: August, 2021 **PERMIT NO.:** _____ (to be completed by DWR/DPH)

A. WELL OWNER(S) – For single family residences, list all persons appearing on property deed. For all others, list name of the business/government agency and person and title with delegated signature authority:

Mark Taylor
Diane Taylor
Mailing Address: 155 Sleepy Cove Trail
City: Mooresville State: NC Zip Code: 28117 County: Iredell
Day Tele No.: _____ Cell No.: _____
EMAIL Address: _____ Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4639-51-5200.000
County: Iredell

(2) Physical Address (if different than mailing address): _____

City: _____ County: _____ Zip Code: _____

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: _____
NC Well Drilling Contractor Certification No.: _____
Company Name: B+K Well Drilling Contact Person: Linda
City: Mooresville State: NC Zip Code: 28117 County: Iredell
Day Tele No.: 704-892-4696 Cell No.: _____
EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

Home next door is less than 25' from well (~22')
well already in the ground at time of home construction.

Home nearly completed at time of 1st inspection by LCHD

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **SIGNATURE(S)**

Signature(s) of Well/Property Owner(s)

MARK TAYLOR
Print or Type Well/Property Owner(s)

Signature of Person Responsible for Well Construction
(Typically the well driller)

Print or Type Name of Person Responsible for Well Construction
(Typically the well driller)

D. Wieberg
Signature of County Environmental Health Specialist

Danielle Wieberg 2572
Print or Type Full Name and Title of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Resources or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704 64-5281

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

PERMIT# 2 12467 PIN# ~~4639 05 55 56 012~~ 4639515200.000 DATE 11/4/04

OWNER OR CONTRACTOR Heaht Properties/Titan Homes PHONE: Business 483-3651 Home

ADDRESS 885 North Highway 16 Denver, NC 28037

LOCATION Perth Rd South TR Liva Ln - TR BAYCROSSING - TL SLEEPY COVE - SEPTIC ON LT - LIT ON RT

SUBDIVISION Bay Crossing BLOCK / SECTION ph 1 LOT 12 LOT AREA SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .1256 FO/FT

Septic Tank: 1000 Gallons: STB 282 Date 7/11/05

Pump Tank: 1020 Gallons: PT 40 Date 7/9/05

Pump Make: Zoeller Model E189E Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 ~~240~~ Linear Feet 480

No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 60 (24") Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 1) OFFSITE SEPTIC 2) SEE ~~MASTER~~ MASTER PLAT FOR COLOR CODED PUMP SUPPLY LINE LOCATION.

The proposed / existing Swimming Pool addition does not appear to impact the existing septic system.

**NOTE: Keep Pool cut at least 15ft from Septic

Maria Dolson REHS

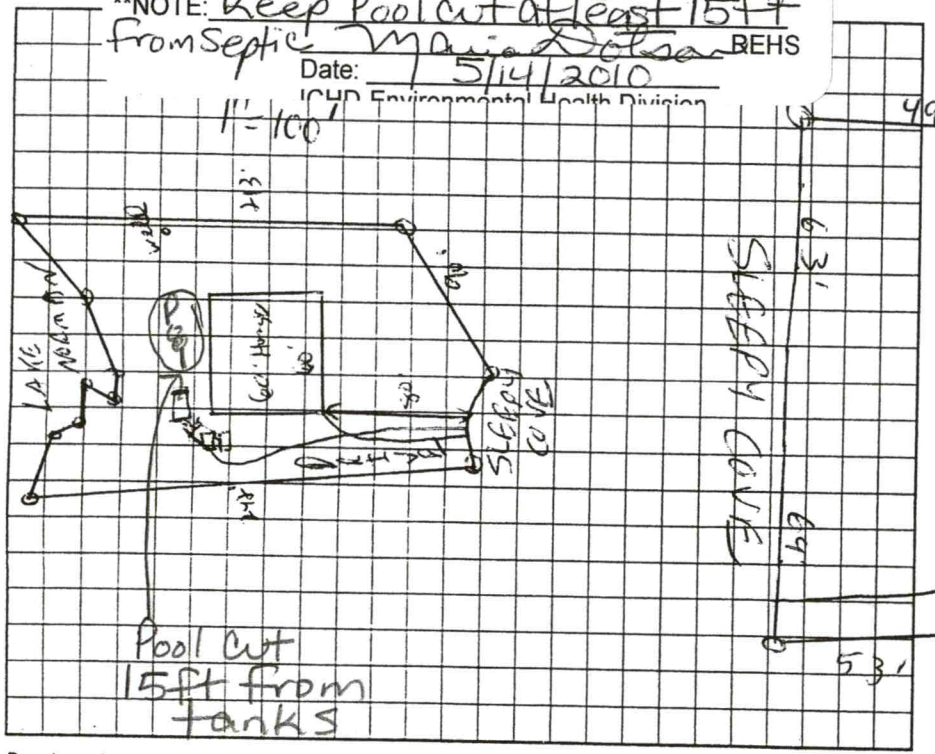
Date: 5/14/2010

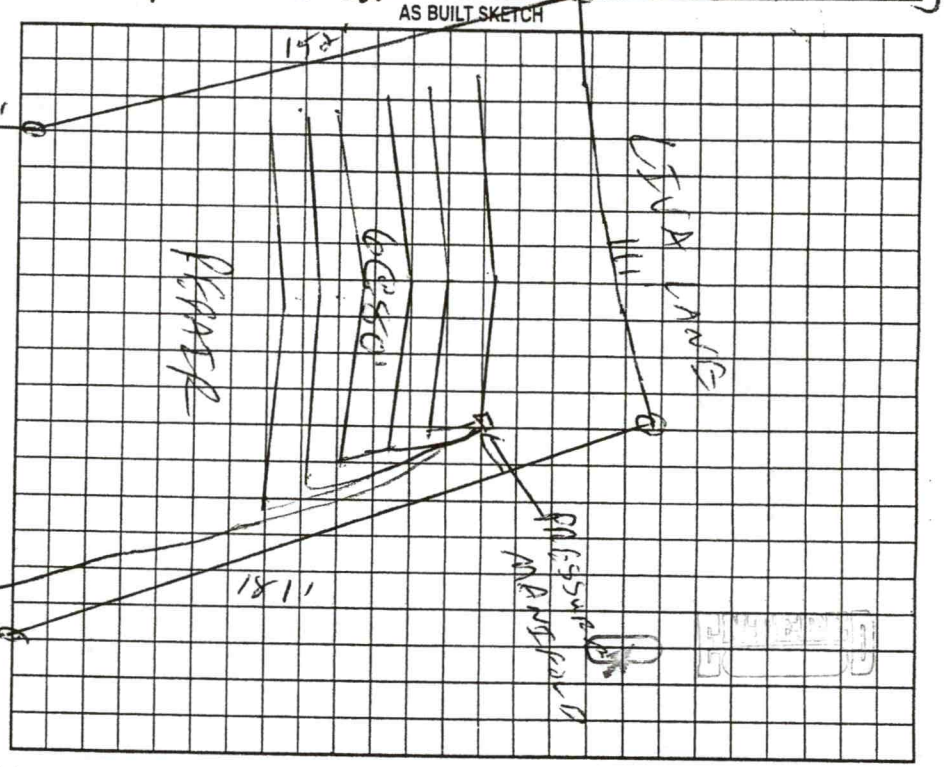
ICHD Environmental Health Division

Comments:/Conditions: OFFSITE

Gary & Wesley check lead tanks - lines Pressure check & alarm checked by MJ

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 11-22-04 Installed by: B+M

Improvement Permit by: AS date 11/4/04 Operation Permit by: Maria Dolson RS date 8/31/05

Authorization to Construct by: Wesley Sparks RS date 2/11/05 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
May 2, 2022

Mark and Diane Taylor
155 Sleepy Cove Trail
Mooresville, NC 28117

Re: Approval No. JMB2616

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(P)]

Property location:
155 Sleepy Cove Trail
Mooresville, NC 28117

Dear Mr. and Mrs. Taylor:

On April 22, 2022, the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that is serving one dwelling. A structure is proposed to be within twenty-five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty-five foot setback to a building perimeter. Achieving the twenty-five foot setback would be difficult given the challenges of the property.

Based upon information provided by you, Iredell County Health Department it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted,** terminated at least 12" above land surface, properly sealed, and having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty-five feet of the well unless alternative methods are approved by Iredell County Health Department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4639-51-5345
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: JOSEPH & MARY MURPHY
ADDRESS: 331 ALCOVE ROAD, MOORESVILLE, N.C. 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 156 SLEEPY COVE TRAIL, MOORESVILLE, N.C. 28117
APPLICATION DATE 12-22-2021
DATE EVALUATED: 2-3-2021
PROPERTY SIZE: 0.87AC
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	LINEAR SIDE 7%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS REDOX 0"-20" CHROMA 4S+5S	55"+	NA	NA	PS .275 BELOW 20"
		7-34	C, ABK	FR, S, P, SEXP					
		34-55	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-27	~~C~~, ABK	FR, ~~SS~~ P, SEXP	SAP INC THRU OUT Y/B MOTS REDOX 0"-18" ~~CHROMA~~ CHROMA 3 5+4S	50"	PS ~~L~~	NA	PS ~~.25~~ .3 BELOW 18"
		27-50	CL, WABK	FR, SS, SP, SEXP					
		50-60	~~SAP~~ IMAS	FR, NS, NP, SEXP					
3	LINEAR SIDE 7% TERRACE	0-12	FILL	FILL	SAP INC THRU OUT Y/B MOTS REDOX @ 22" CHROMA 4S+5S	70"+	NA	NA	PS .275 BELOW 22" IF FILL REMOVED
		12-42	C, ABK	FR, S, P, SEXP					
		42-70	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 12%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS REDOX CHROMA 3S+4S	65"+	NA	NA	PS .25
		7-34	C, ABK	FR, S, P, SEXP					
		34-65	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.5

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Mills
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

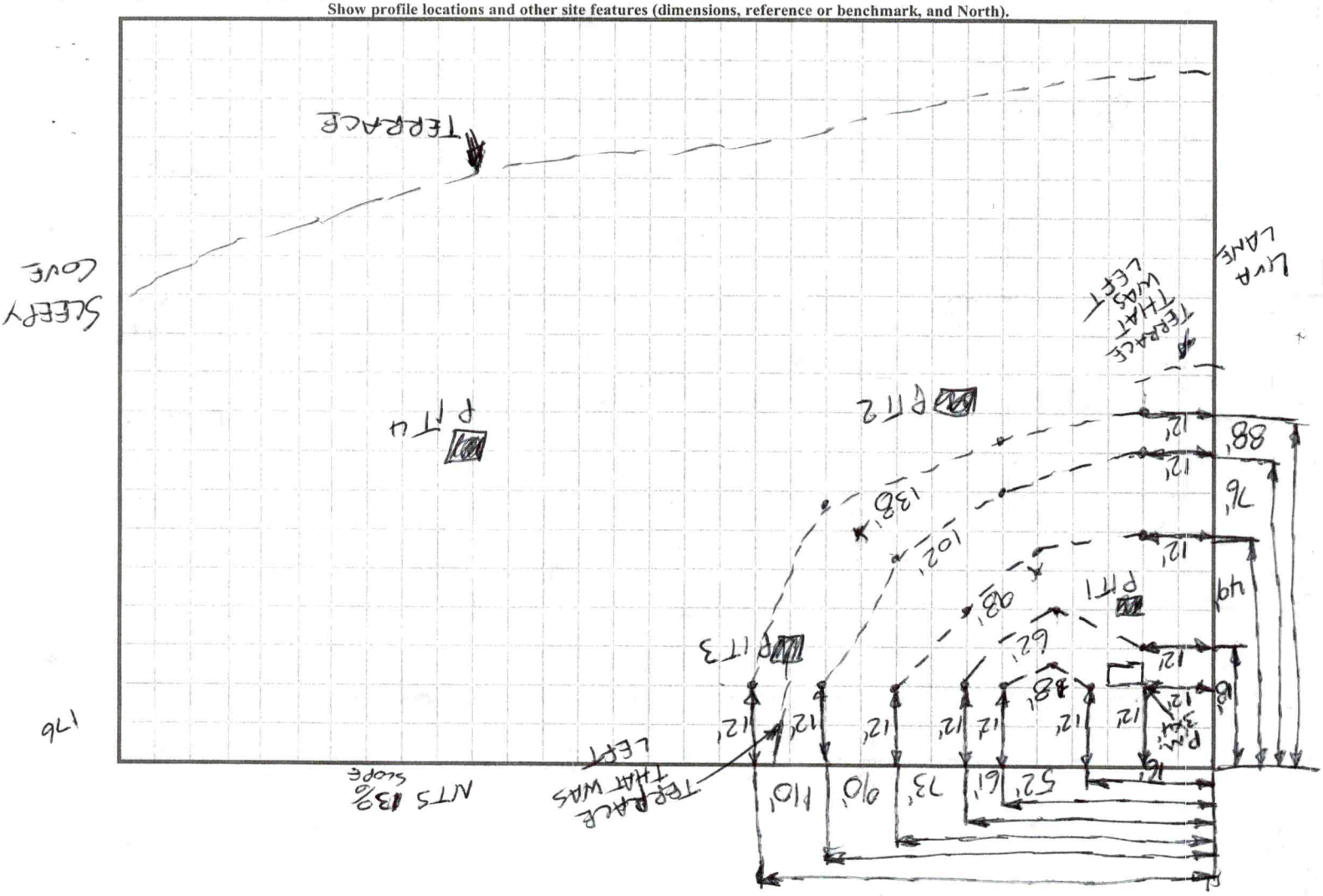
NOTES

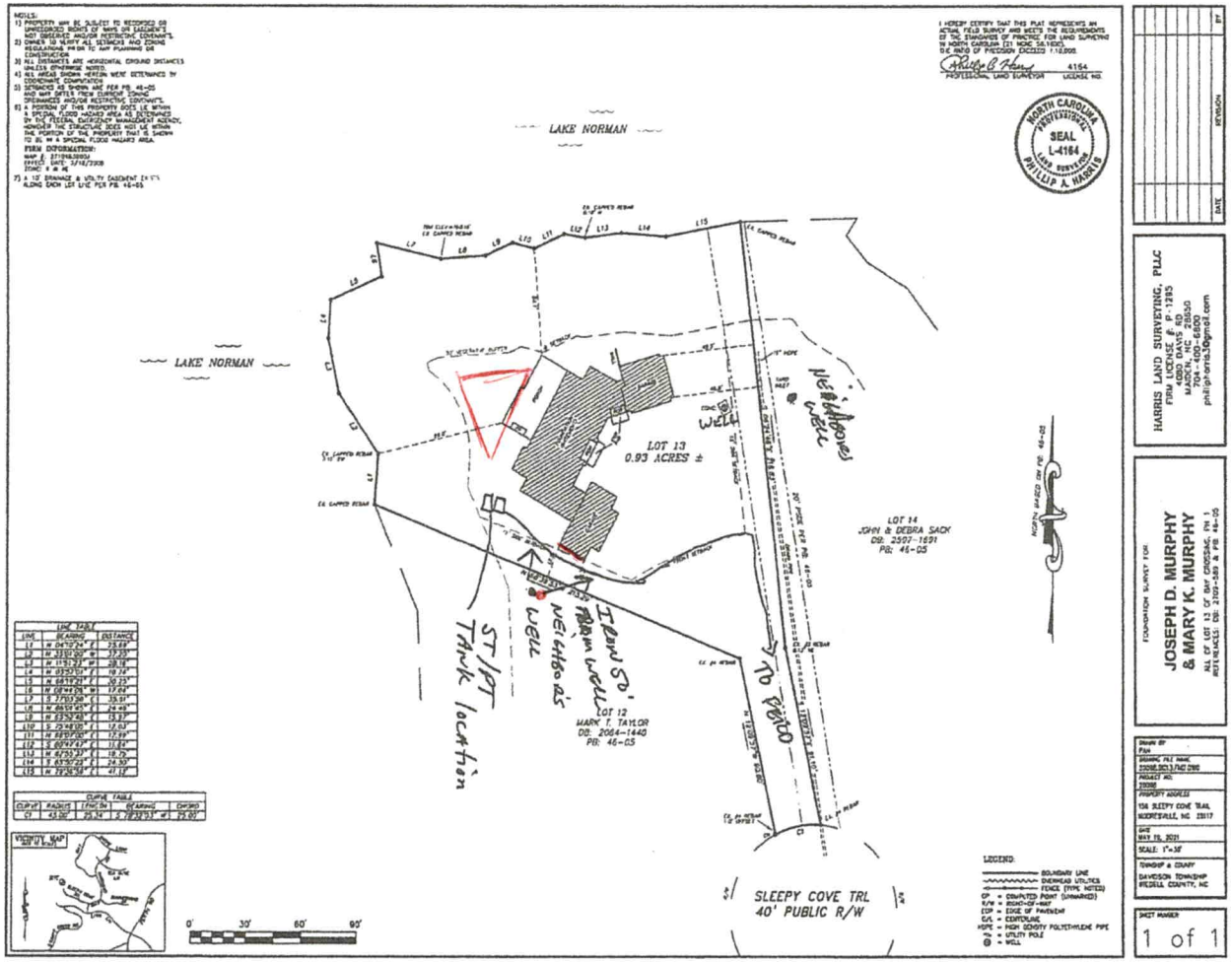
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).





- Will need to
Sleeve in electric
from well in 60'
at least
- Mountain 25' from
there
Likely intermediate

NOTES:
1) PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED AND/OR RESTRICTIVE COVENANTS.
2) OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
4) ALL AREAS SHOWN HEREIN WERE DETERMINED BY COORDINATE COMPUTATION.
5) SETBACKS AS SHOWN ARE PER PB: 46-05 AND MAY DIFFER FROM CURRENT ZONING ORDINANCES AND/OR RESTRICTIVE COVENANTS.
6) A PORTION OF THIS PROPERTY DOES LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, HOWEVER THE STRUCTURE DOES NOT LIE WITHIN THE PORTION OF THE PROPERTY THAT IS SHOWN TO BE IN A SPECIAL FLOOD HAZARD AREA.

FIRM INFORMATION:
MAP #: 3710483930J
EFF.DT: DATE: 3/18/2008
ZONE: X & AE

7) A 10' DRAINAGE & UTILITY EASEMENT EXISTS ALONG EACH LOT LINE PER PB: 46-05.

I HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THE RATIO OF PRECISION EXCEEDS 1:10,000.

Phillip C. Harris — 4164
PROFESSIONAL LAND SURVEYOR — LICENSE NO.

NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP A. HARRIS

LAKE NORMAN

LAKE NORMAN

EX. CAPPED REBAR 0.10' W

TBM ELEV=760.16' EX. CAPPED REBAR

EX. CAPPED REBAR

EX. CAPPED REBAR 0.15' SW

EX. CAPPED REBAR

50' VEGETATIVE BUFFER

S. SETBACK

49.8'

49.8'

98.8'

98.8'

15" HDPE

YARD INLET

CONC. WELL

PORCH

DRIVE

GARAGE

HOUSE

FOR

LOT 13
0.93 ACRES ±

Neighbors well

S 13°22'46" E 69.51'

30' FPSDE PER PB: 46-05

LOT 14
JOHN & DEBRA SACK
DB: 2597-1691
PB: 46-05

NORTH BASED ON PB: 46-05

15' DRAINAGE & UTILITY EASEMENT

N 68°38'33" E 211.29'

FRONT SETBACK

Elbow 50' from well

Neighbors well

ST/PT Tank location

LOT 12
MARK T. TAYLOR
DB: 2064-1440
PB: 46-05

EX. #4 REBAR

EX. #4 REBAR 1.0' OFFSET

N 13°09'51" W 210.10'

30' FPSDE PER PB: 46-05

EX. #4 REBAR

EX. #4 REBAR

C1

C1

SLEEPY COVE TRL
40' PUBLIC R/W

LEGEND:
- BOUNDARY LINE
- OVERHEAD UTILITIES
- FENCE (TYPE NOTED)
- CP = COMPUTED POINT (UNMARKED)
- R/W = RIGHT-OF-WAY
- EOP = EDGE OF PAVEMENT
- C/L = CENTERLINE
- HDPE = HIGH DENSITY POLYETHYLENE PIPE
- = UTILITY POLE
- = WELL

LINE TABLE

LINE	BEARING	DISTANCE
L1	N 04°10'24" E	25.69'
L2	N 35°01'00" W	37.20'
L3	N 11°51'23" W	28.18'
L4	N 03°57'01" E	19.74'
L5	N 86°19'21" E	30.25'
L6	N 08°44'08" W	17.04'
L7	S 77°01'58" E	35.51'
L8	N 86°01'45" E	24.46'
L9	N 85°52'48" E	15.97'
L10	S 75°48'05" E	12.03'
L11	N 86°07'00" E	17.99'
L12	S 80°47'47" E	11.64'
L13	N 82°55'37" E	19.75'
L14	S 85°30'22" E	24.50'
L15	N 79°36'59" E	41.13'

CURVE TABLE

CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	45.00'	25.34'	S 78°32'01" W	25.00'

VICINITY MAP
NOT TO SCALE

0' 30' 60' 90'

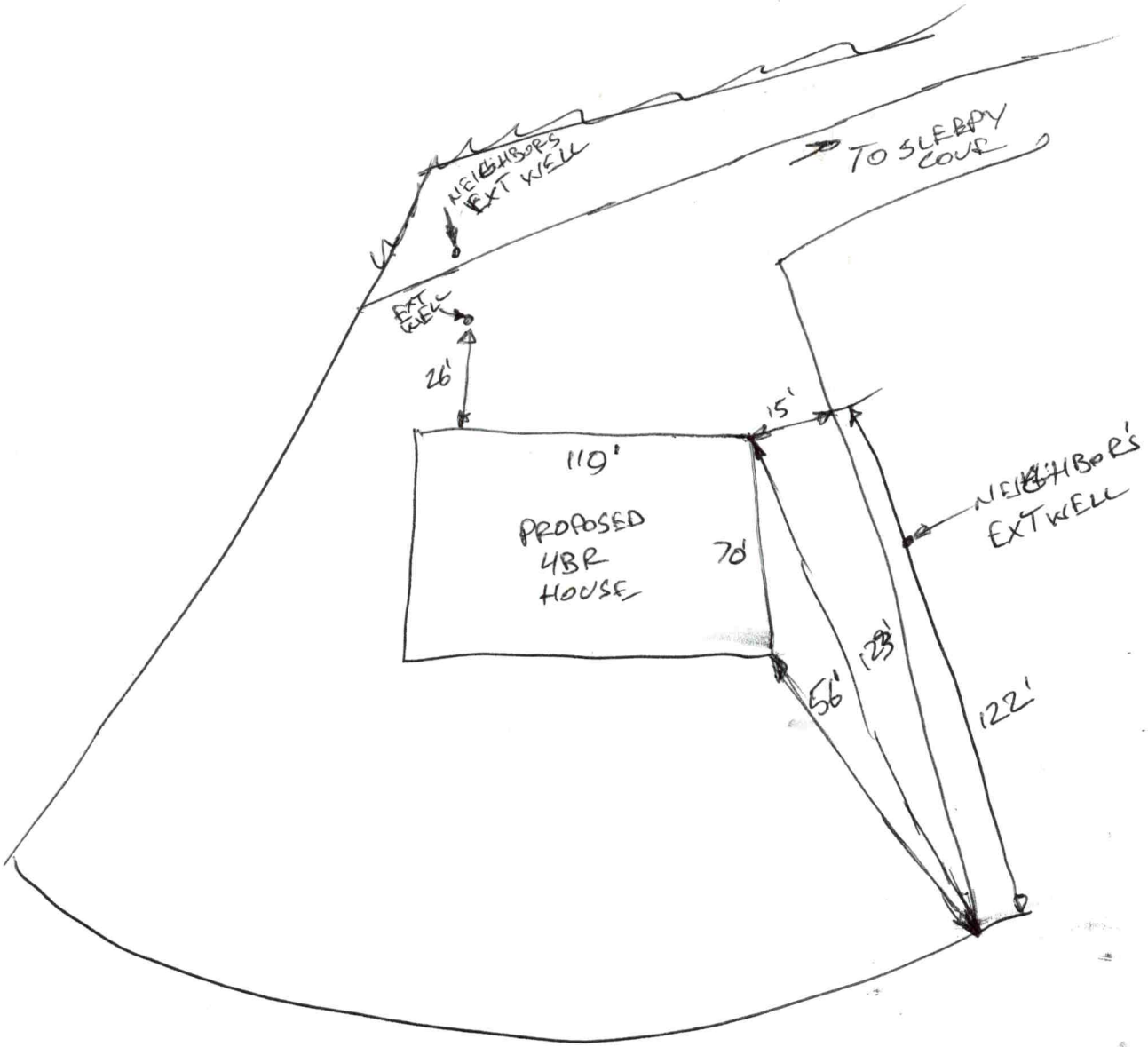
HARRIS LAND SURVEYING, PLLC
FIRM LICENSE #: P-1295
4080 DAVIS RD
MAURY, NC 28650
704-400-6800
phillipharris3@gmail.com

FOUNDATION SURVEY FOR:
JOSEPH D. MURPHY & MARY K. MURPHY
ALL OF LOT 13 OF BAY CROSSING, PH 1
REFERENCES: DB: 2709-589 & PB: 46-05

DRAWN BY:	PAH
DRAWING FILE NAME:	20098.BC13.FND.DWG
PROJECT NO:	20098
PROPERTY ADDRESS:	156 SLEEPY COVE TRAIL MOORESVILLE, NC 28117
DATE:	MAY 19, 2021
SCALE:	1"=30'
TOWNSHIP & COUNTY:	DAVIDSON TOWNSHIP IREDELL COUNTY, NC

DATE	REVISION	BY

SHEET NUMBER: 1 of 1


NEIGHBORS EXT WELL
TO SLEEPY COVE
EXT WELL
26'
15'
110'
PROPOSED 4BR HOUSE
70'
NEIGHBOR'S EXT WELL
56'
123'
122'

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB8926

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$577.25
AP-313526 Address: 156 SLEEPY COVE TRL	APN: 4639515345.000		$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT: WEB8926			$577.25

Date Paid: Friday, December 18, 2020

Paid By: TITAN CUSTOM BUILDERS INC

Cashier: ECON

Pay Method: CREDIT 161453

RECEIVED DEC 2 2 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP- 313526
$600.00

PAGE 1: *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: Titan Custom Builders **Address:** 331 Alcove Rd. Stelo3 Mooresville **Zip:** 28117
Applicant Email: ellen@titanrealty.com **Phone:** 704-528-7374 **Alt. Phone:** 704-201-6705
Owner Name: Joe & Mary Murphy **Address:** 5751 McClintock Dr. Denver, NC **Zip:** 28037
Owner Email: joe.murphy3@icloud.com **Phone:** 704-728-9704 **Alt. Phone:** _____

Property Information:

Street Address: 151e Sleepy Cove Trail Mooresville, NC 28117
Subdivision Name: Bay Crossings **Section/Phase:** 1 **Lot Number:** 13
Driving Directions: W-150 - (R) onto Perth Rd. (L) on Luva Ln (R) Bay Crossings (L) onto Sleepy Cove Trail

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

CHECK FOUNDATION TYPE

(✓) 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 5ll
Maximum Number of Occupants: 8 5ll
(✓) 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: _____ **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 (X) 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: _____ 12/11/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

313526

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, Joe Murphy, am the legal owner(s) of the property located at 156 Sleepy Cove Trail Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4639-51-5345.000, located in Iredell County, North Carolina.

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

Joseph O. Murphy
Signature of Owner(s)

12/16/20
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

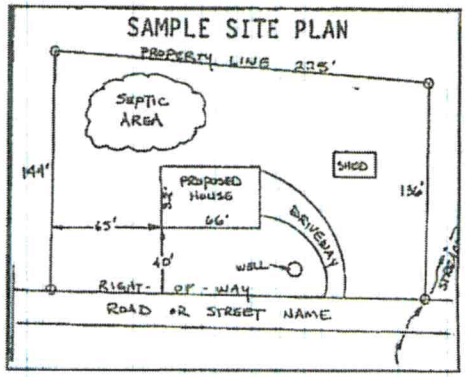
313526

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:

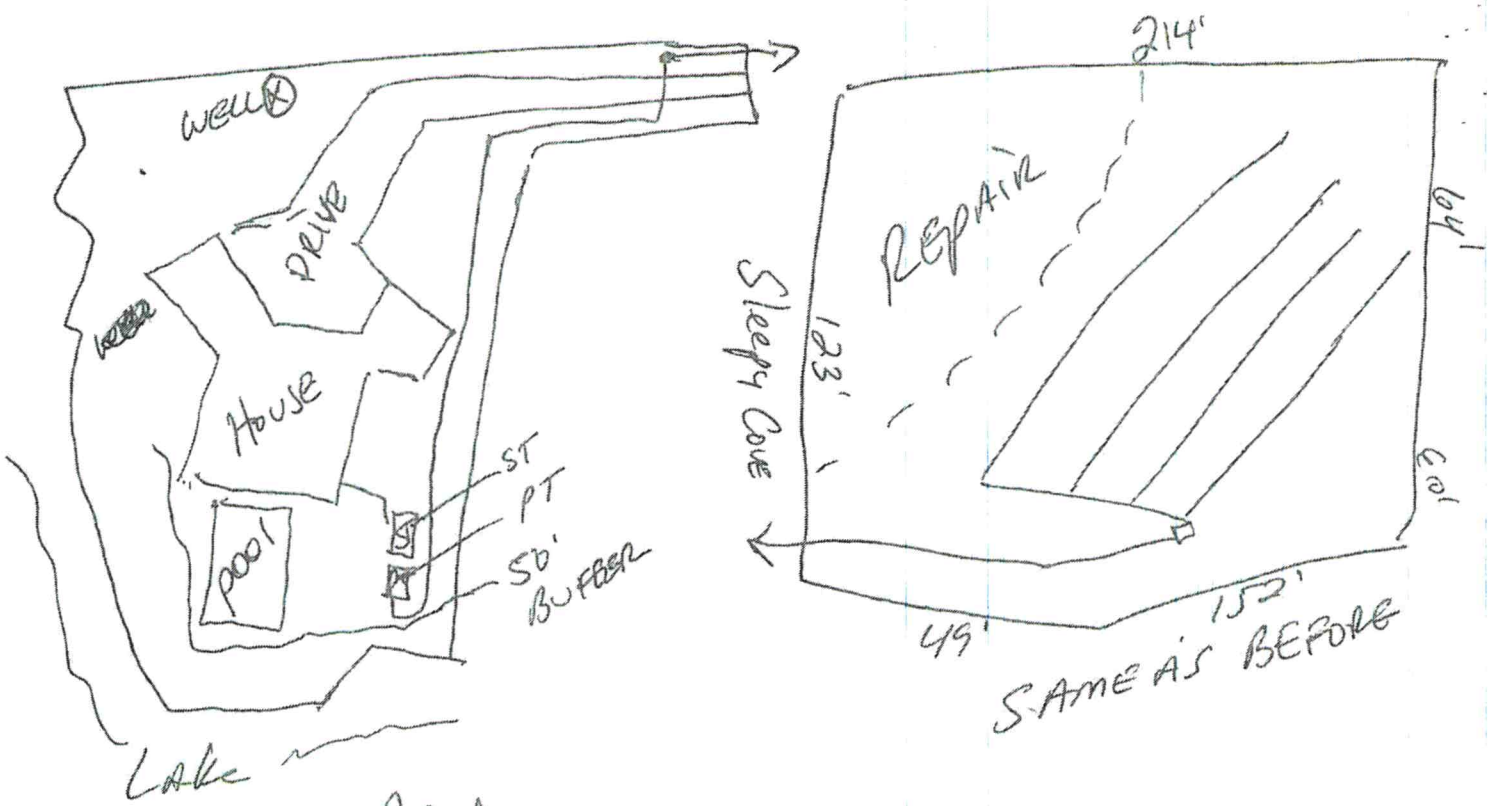
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

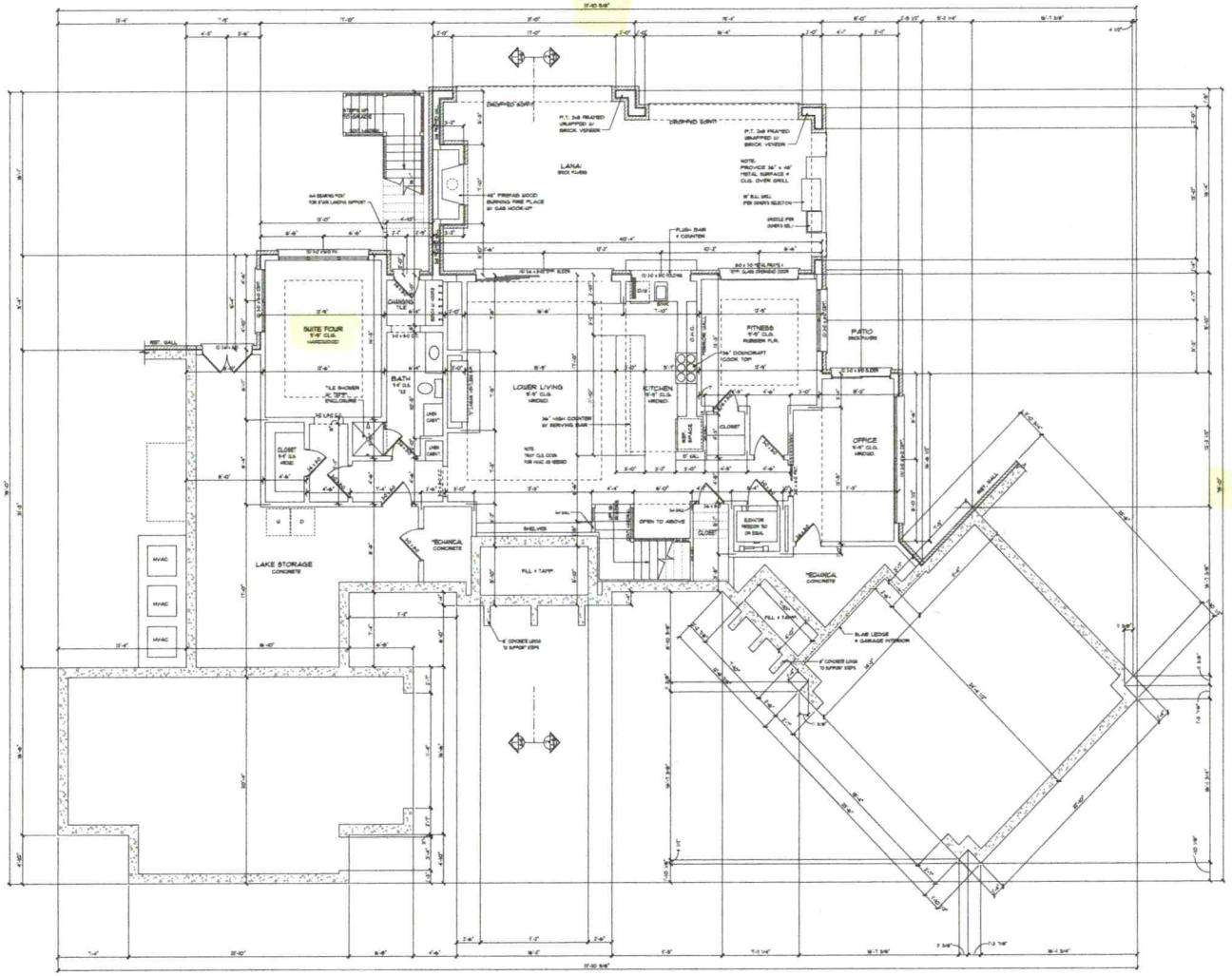


Signature: _____

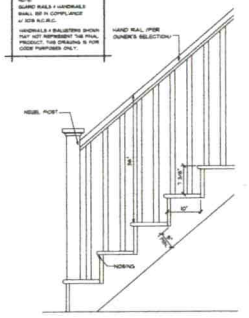
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/16/2020

DATE



STAIR NOTES



TYPICAL STAIR SECTION

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE MURPHY RESIDENCE
Lot 13 Sleepy Cove Trail
Mooresville, NC 28117

© COPYRIGHT 2020

NOTE:
BUILDER'S TO VERIFY DIM'S./ MECHANICAL, ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

DOOR & WINDOW NOTE

LOWER LEVEL NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- ALL LOWER LEVEL WALLS TO BE 6x6 TREATED 4'-0" ON CENTER UNLESS NOTED OTHERWISE
- ALL RETAINING WALL HEIGHTS & LOCATIONS TO BE DETERMINED ON SITE PER GRADE.

LOWER LEVEL PLAN

ELITE DESIGN GROUP

DRAWN BY:

DATE: 10/11/20

REVISED:

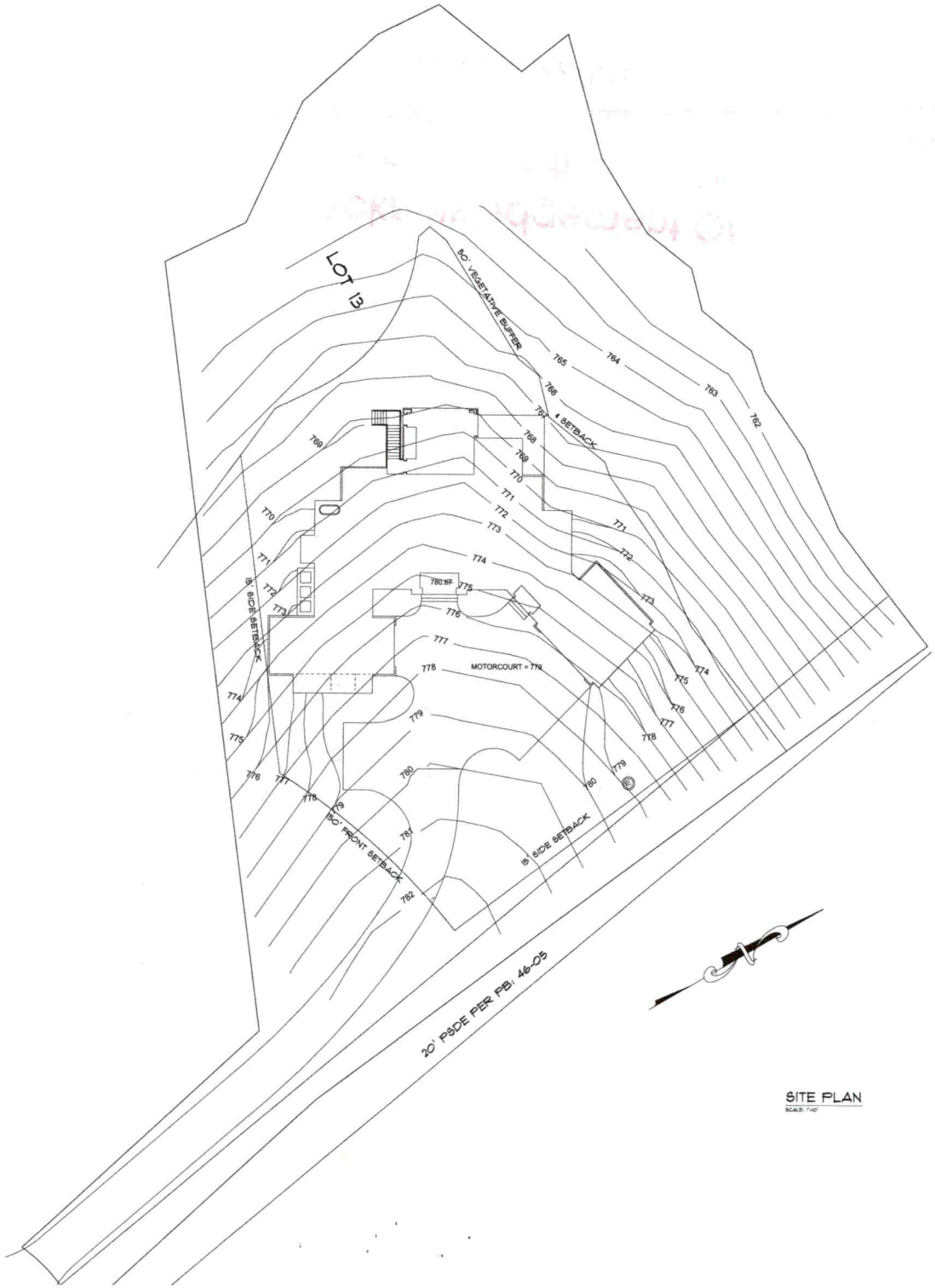
SHEET A-1

OF

Acknowledgement Of
Plans Submittal ONLY!

Date 3-23-21

Date 3-23-2021



SITE PLAN
SCALE: 1"=10'

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE MURPHY RESIDENCE
Lot 13 Sleepy Cove Trail
Mooresville, NC 28117

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ELITE DESIGN GROUP
EST. 2003

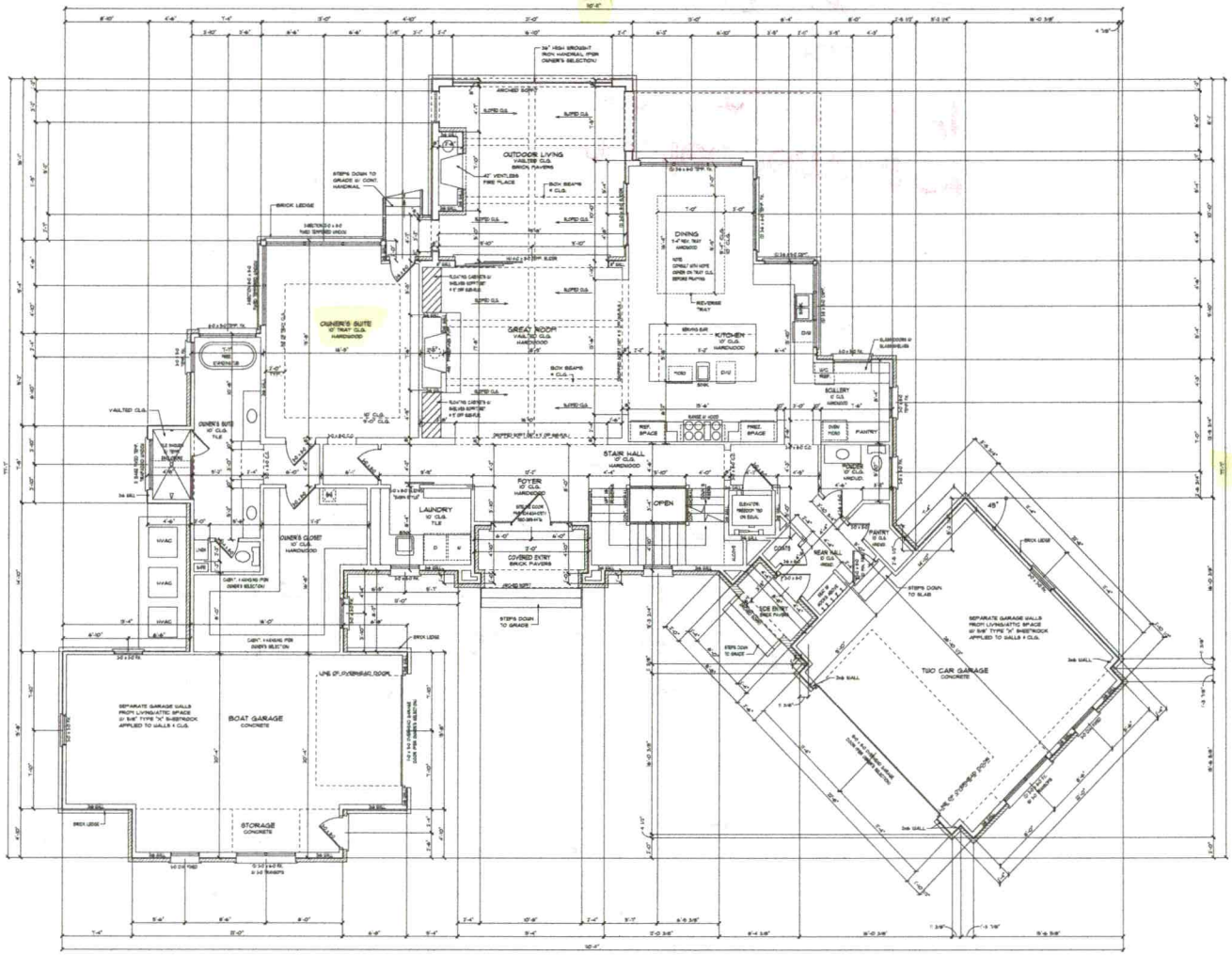
DRAWN BY:

DATE:
10/11/20

REVISED:

SHEET _____

OF _____

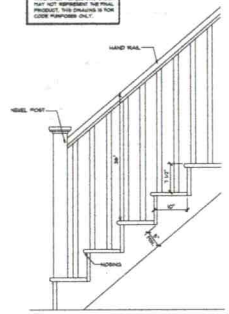


STAIR NOTES

NOTE:
VERIFY ACTUAL CONDITIONS + FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS + HANDRAILS SHALL BE IN COMPLIANCE W/ 2018 N.C.R.C.

HANDRAILS + BALUSTERS SHOWN THAT NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.



TYPICAL STAIR SECTION
SCALE 1" = 1'-0"

NOTE:
BUILDER'S TO VERIFY DIMS./ MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

DOOR + WINDOW NOTE

ALL WINDOW + DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS + NON-EGRESS CONDITIONS. FALL PROTECTION CODE + GLAZING REQUIREMENTS PER CODE w/ WINDOW + DOOR MANUFACTURE SELECTED. ALL DOORS + WINDOWS TO COMPLY w/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

SQUARE FOOTAGE	
FIRST FLOOR HEATED	2,682
SECOND FLOOR HEATED	1,218
LOWER LEVEL HEATED	1,781
TOTAL HEATED AREA	5,681
SIDE ENTRY	33
COVERED ENTRY	65
TWO CAR GARAGE	690
BOAT GARAGE	678
OUTDOOR LIVING	364
LAKE STORAGE	514
MECHANICAL	85
LANAI	110
TOTAL UNDER ROOF	8,551

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR EDGE/ FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE BOTTOM OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 3-23-21

Date 3-23-2021

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE MURPHY RESIDENCE
Lot 13 Sleepy Cove Trail
Mooresville, NC 28117

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ELITE DESIGN GROUP
EST. 2003

DRAWN BY:

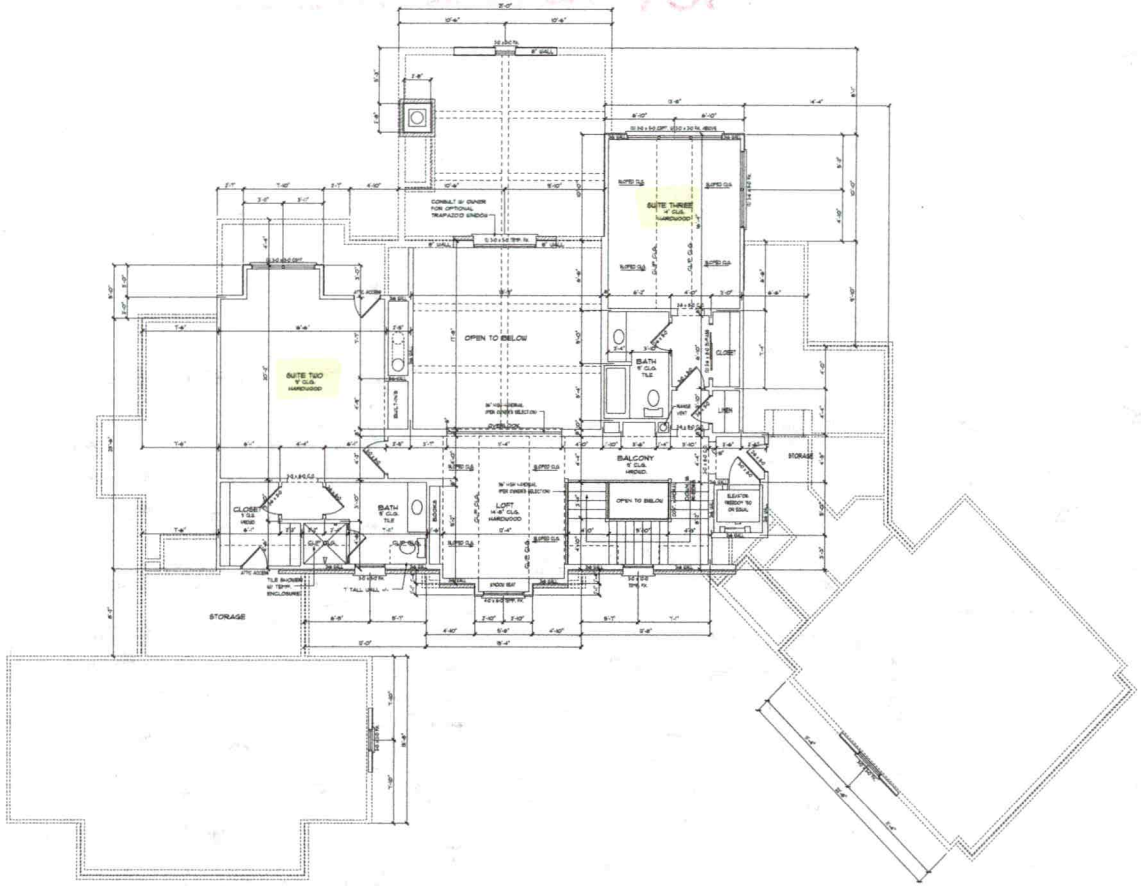
DATE: 10/11/20

REVISED:

SHEET A-2

OF

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928



Acknowledgement Of
Plans Submittal ONLY!
Date 3.23.21
Date 3-23-2021

NOTE:
BUILDER'S TO VERIFY DIM'S./
MECHANICAL ETC. FOR ELEVATOR
SHAFT ASSEMBLY PER MFG. SPEC'S.

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS & NON-EGRESS CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURER SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8'-0" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL RECESS CLG. BEAM & RECESS FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED & WINDOW SHOULD BE TEMPERED PER STATE CODE
- ALL TRAPPING DIFFERENCE FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

PROJECT:

THE MURPHY RESIDENCE
Lot 13 Sleepy Cove Trail
Mooresville, NC 28117

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ELITE DESIGN GROUP

DRAWN BY:

DATE:
10/11/20

REVISED:

SHEET A-3

OF

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313526 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639515345.000	156 SLEEPY COVE TRL	Iredell County

Owner Information	Applicant Information
Name: MURPHY JOSEPH D+MARY K	Name: MURPHY JOSEPH D+MARY K
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.87	50	35	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD

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: 12/18/2020

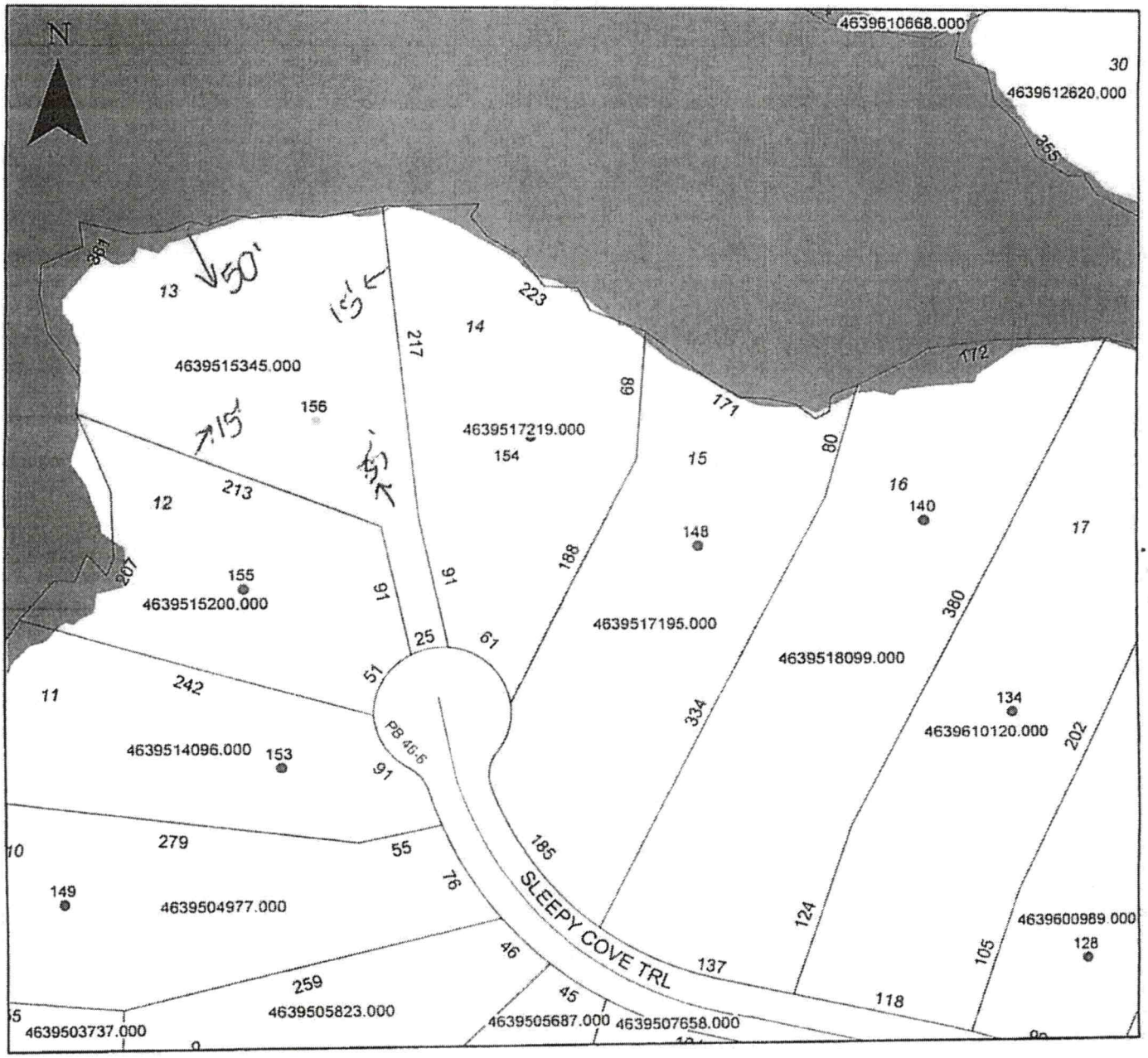
Signature of Owner/Contractor

Permit Number	313526	TOTAL FEES:	$77.25

ellen@titanrealty.com

313526

ZONING DISCLAIMER



Property Address 156 Sleepy Cove Trail

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. Applicant further acknowledges that the 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.

✓ E Allen

Applicant

✓ 12/18/2020

Date