IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215997

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

PIN # 4639-51-7195

APPLICANT: CHRIS LORENZ APPLICANT ADDRESS: PO BOX 215 DAVIDSON, 28036

SITE ADDRESS: 148 SLEEPY COVE TRAIL MOORESVILLE PHONE: 704-309-1272 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL LIVA, TR BAY CROSSING, TL SLEEPY COVE, ON R

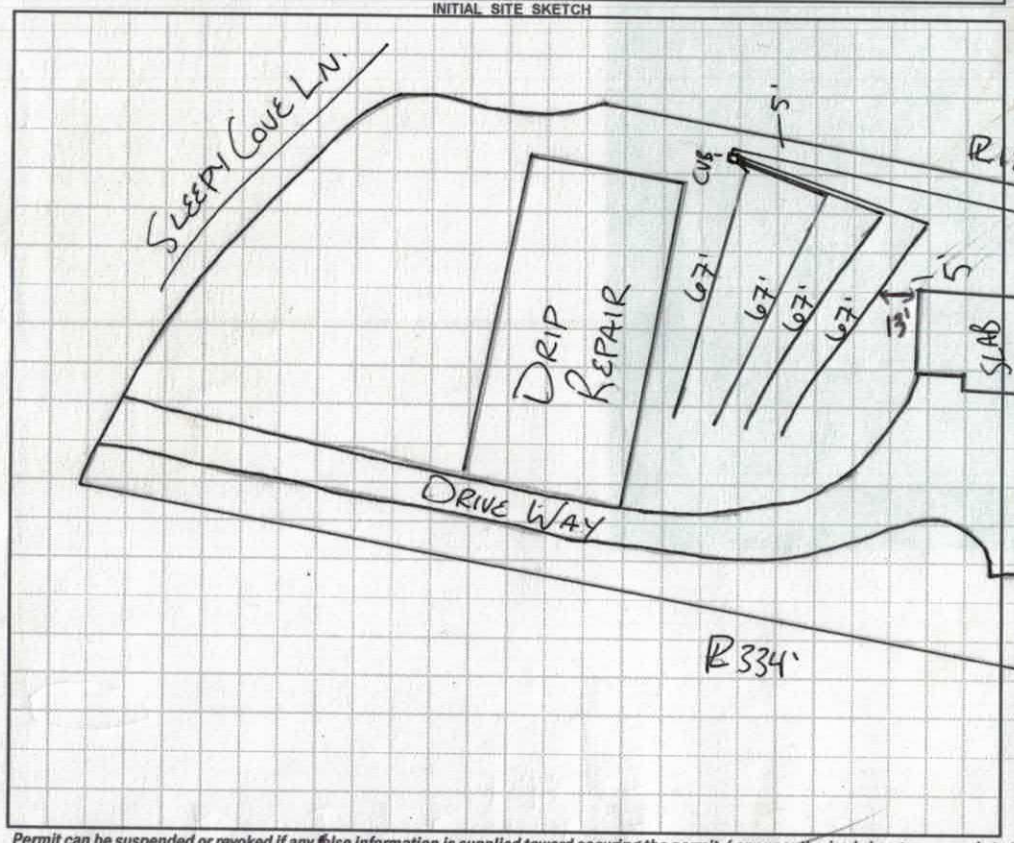
SUBDIVISION: BAY CROSSING SECTION: 1 LOT # 15 LOT AREA: 1.01 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.15R)

Septic Tank	1000	(gal)	STB	infiltrator	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III ☒IV V VI	
Pump Tank	1000	(gal)	PT	infiltrator	Date		System Description:			LP- PANEL BLOCK	
Pump Make			Model		Serial #		Repair System Description:			DRIP	
# Nitrification Fields	1		# Lines	4@67'	Linear Ft:	268'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Max. Trench Bottom Depth	36" MAX	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

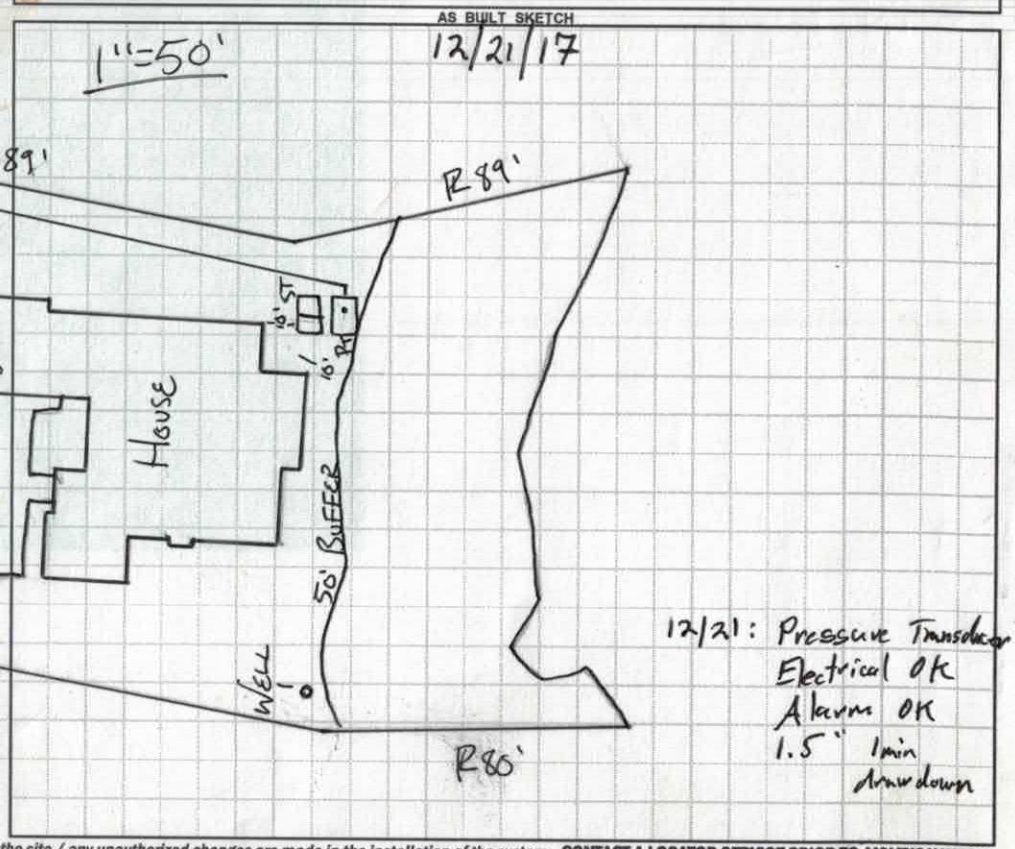
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: 5/32 holes drilled (5/32 ↑ size)

INITIAL SITE SKETCH



AS BUILT SKETCH 12/21/17



12/21: Pressure Transducer
Electrical OK
Alarms OK
1.5" 1min drawdown

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: 12/8/16 Installed by: Abernathy

IMPROVEMENT PERMIT by: Date: 12/8/16 OPERATION PERMIT by: Date: 12/21/17

AUTHORIZATION TO CONSTRUCT by: Date: 12/8/16 Existing System Inspected by: Date:

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

1 min drawdown 47' = 7 48.5 38 gpm

	Date	Initials
Drain Lines Checked	10-20-17	KW
Tanks Checked	10-20-17	KW
Pressure Manifold or Valve Box Checked	12/21/17	SA
Pressure Head Set	12/21/17	SA
Electrical Checked	12/21/17	SA
Floats Set Pressure Transducer	12/21/17	SA
Alarm Checked	12/21/17	SA
Maintenance Contract (Y) N	12/21/17	SA
Comments: 10-20-17: filter needs to be added + checked (communal maint agreement)		

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

Approved MD 5/2/16

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

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

OWNER: Roger Hand/Titan Custom Builders
ADDRESS: PO Box 3126 Mooresville 28117
PROPOSED FACILITY: SFR
LOCATION OF SITE: Bay Crossing #15

APPLICATION DATE ___
DATE EVALUATED: 4/25/16
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE: 1.01 Ac
PROPERTY RECORDED: ___

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	L	0-4	Mo GR SL	FR ns/np	Br				0.3
		4-30	Mo SBK C	FR SS/SP	R; F Sap				
		30-42	WK SBK C	↓	R; C Sap				
		42-50	WK SBK CL	↓	R, C/M Sap				
2	L 8-10%	0-8	Mo GR SL	FR ns/np	Br				0.3
		8-12	WK SBK SCL	FR SS/SP	Yel R				
		12-30	Mo SBK C	↓	R; F Sap				
		30-44	WK SBK C	↓	R; C Sap				
		44-48	MA L Sap	↓	Yel R				
3	L	0-8	Mo GR SL	FR ns/np	Br				0.3
		8-28	Mo SBK C	FR SS/SP	R; F Sap				
		28-48	WK SBK C	↓	R; C Sap				
4	L	0-8	MO GR SL	FR ns/np	Br				0.3
		8-36	Mo SBK CL	FR SS/SP	R				
		36-48	WK SBK CL	↓	R; F Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: FLH

COMMENTS: Top of lot has "Tiger Dirt"

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

Sheet: 1 of 1
PIN #: 4639-51-7195
Lot #: 15
Permit #:
AppID:

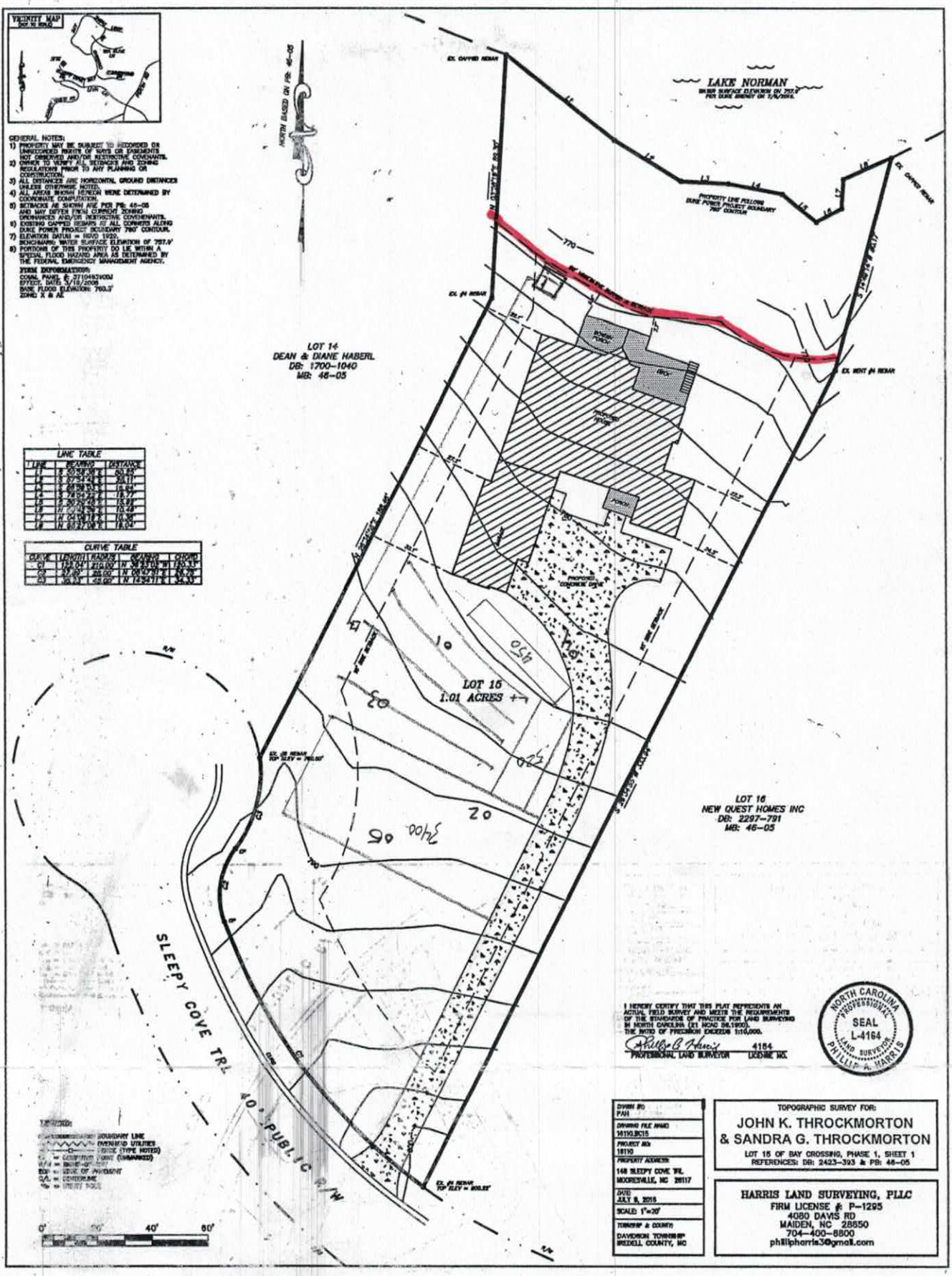
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

APP.
~~Owner:~~ CHRIS LORENZ
Address:
Applicant:
Date Evaluated: 10/4/2016
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: ~1AC
Location of Site:
Property Recorded: YES
Water Supply: [ ] Public [X] ~~Individual~~ [X] ~~Well~~ [ ] Spring [ ] Other
Evaluation Method: [X] ~~Auger Boring~~ [ ] 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
5	10%	0-23	SL, GR	NS	CH2E30"	40"	—	30"	.15 DRIP
		23-30	SCL, SBK	SS					
		30-40	CABK	S					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	DRIP
Site LTAR	.3	.15

Other Factors (.1946):
Soil Evaluation By: BA
Others Present: KAYLA WILSON
Site Classification (.1948):
Site Evaluation By: BA
Others Present: KAYLA WILSON



Boring Locations

RECEIVED OCT 2 4 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $105.00
Ltd Relayart # 215997

Application For:

(X) 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

Paid $1,095 11-28-16

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: Lorenz Custom Builders

Applicant Name: Chris Lorenz Address: PO Box 215, Davidson, NC 28036 Phone: 704-309-1275

Owner Name: John & Sandy Throckmorton Address: _____ Phone: 517-281-7206

Property Information:

Street Address: 146 Sleepy Cove Trail, Mooresville, NC 28117

Subdivision Name: Bay Crossing Section/Phase: 1 Lot Number: 15

Driving Directions: I-77 N, Exit 36 go left on 150, Rt on Perth Rd, Turn left on Liva Rd, Rt on Bay Crossing, Left on Sleepy Cove site is on the right just before cul-de-sac

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

(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 (2) Conventional (1) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: _____ 10/21/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Bay Crossing Lot 15

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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.

We I, John + Sandra Throckmorton, am the legal owner(s) of the property located at 148 Sleepy Cove Trail, Mooresville, NC, identified as PIN (Parcel Identification Number) 4639517195.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Chris Lorenz, Lorenz 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.

Sandra Throckmorton
John Throckmorton 10-17-16
Signature of Owner(s) Date

Katie Anderson 10/17/16
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*

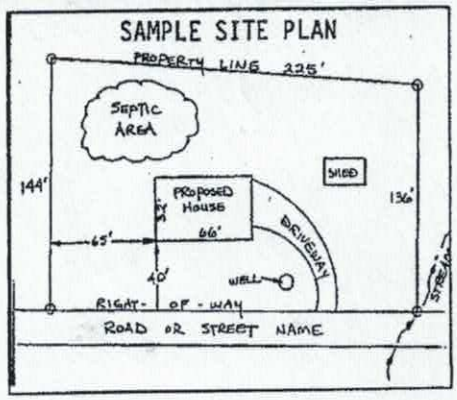
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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**
- ( ) **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 Plot Plan + landscape Plan

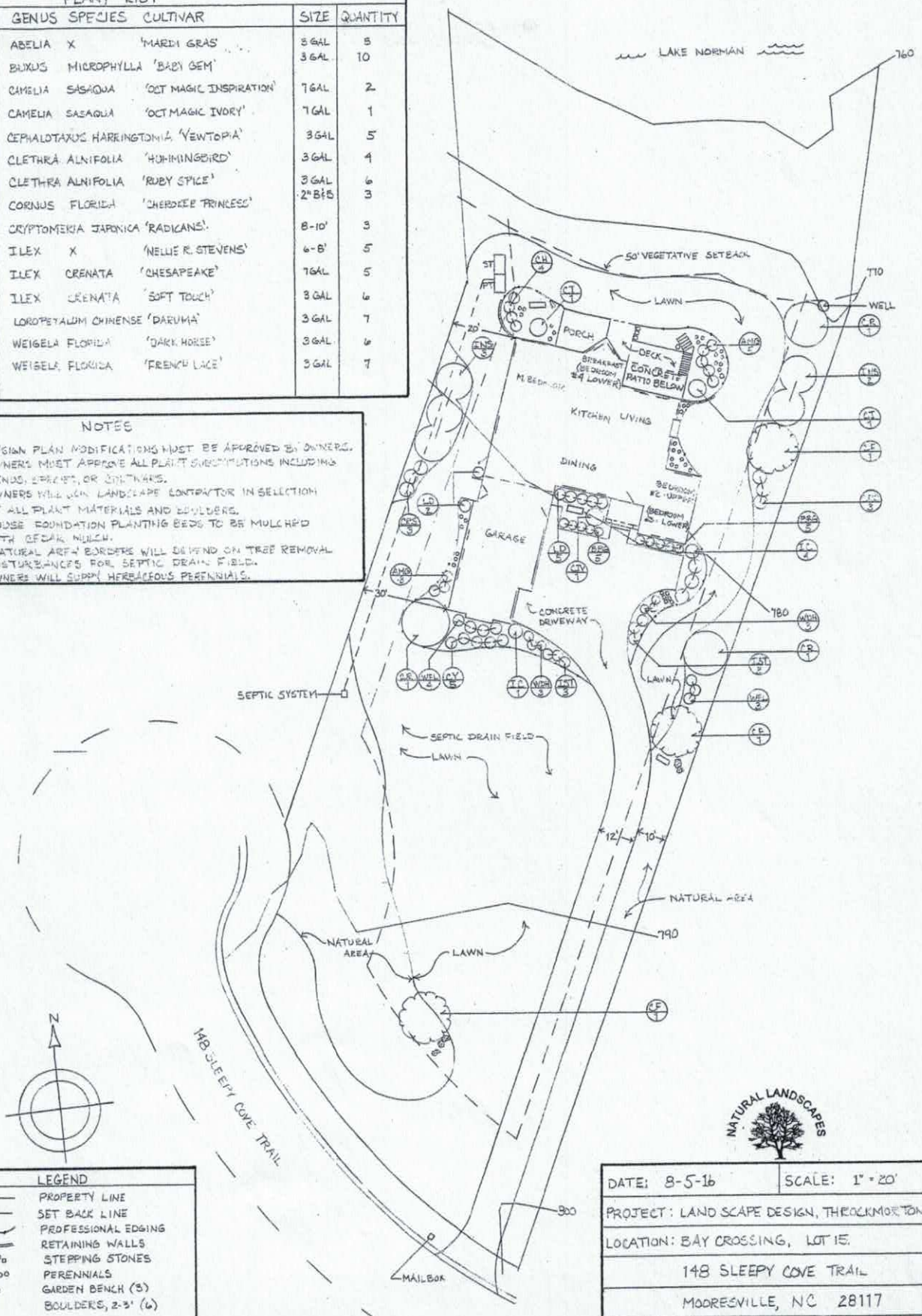
Signature: _____ 6/21/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

PLANT LIST

KEY	GENUS	SPECIES	CULTIVAR	SIZE	QUANTITY
AMG	ABELIA	X	'MARDI GRAS'	5 GAL	5
BPG	BUXUS	MICROPHYLLA	'BABY GEM'	3 GAL	10
CE	CAMELIA	SASAQUA	'OCT MAGIC INSPIRATION'	7 GAL	2
CI	CAMELIA	SASAQUA	'OCT MAGIC IVORY'	7 GAL	1
CEP	CEPHALOTAXUS	HARRINGTONIA	'VEWTOPIA'	3 GAL	5
CAH	CLETHRA	ALNIFOLIA	'HUMMINGBIRD'	3 GAL	4
CAR	CLETHRA	ALNIFOLIA	'RUBY SPICE'	3 GAL	6
DFC	CORNUS	FLORIDA	'CHEROKEE PRINCESS'	2" B&B	3
CJR	CRYPTOMERIA	JAPONICA	'RADICANS'	8-10'	3
IWN	ILEX	X	'NELLIE R. STEVENS'	6-8'	5
IC	ILEX	CRENATA	'CHESAPEAKE'	7GAL	5
IST	ILEX	CRENATA	'SOFT TOUCH'	3 GAL	6
LCH	LORDPETALUM	CHINENSE	'DARUMA'	3 GAL	7
WFL	WEIGELA	FLORIDA	'DARK HORSE'	3 GAL	6
WFC	WEIGELA	FLORIDA	'FRENCH LACE'	3 GAL	7

NOTES

1. DESIGN PLAN MODIFICATIONS MUST BE APPROVED BY OWNERS.
2. OWNERS MUST APPROVE ALL PLANT SUBSTITUTIONS INCLUDING GENUS, SPECIES, OR CULTIVARS.
3. OWNERS WILL WORK WITH LANDSCAPE CONTRACTOR IN SELECTION OF ALL PLANT MATERIALS AND BOULDERS.
4. HOUSE FOUNDATION PLANTING BEDS TO BE MULCHED WITH CEDAR MULCH.
5. 'NATURAL AREA' BORDERS WILL DEPEND ON TREE REMOVAL DISTURBANCES FOR SEPTIC DRAIN FIELD.
6. OWNERS WILL SUPPLY HERBACEOUS PERENNIALS.



LEGEND

- PROPERTY LINE
- SET BACK LINE
- PROFESSIONAL EDGING
- RETAINING WALLS
- STEPPING STONES
- PERENNIALS
- GARDEN BENCH (3)
- BOULDERS, 2-3' (4)

NATURAL LANDSCAPES

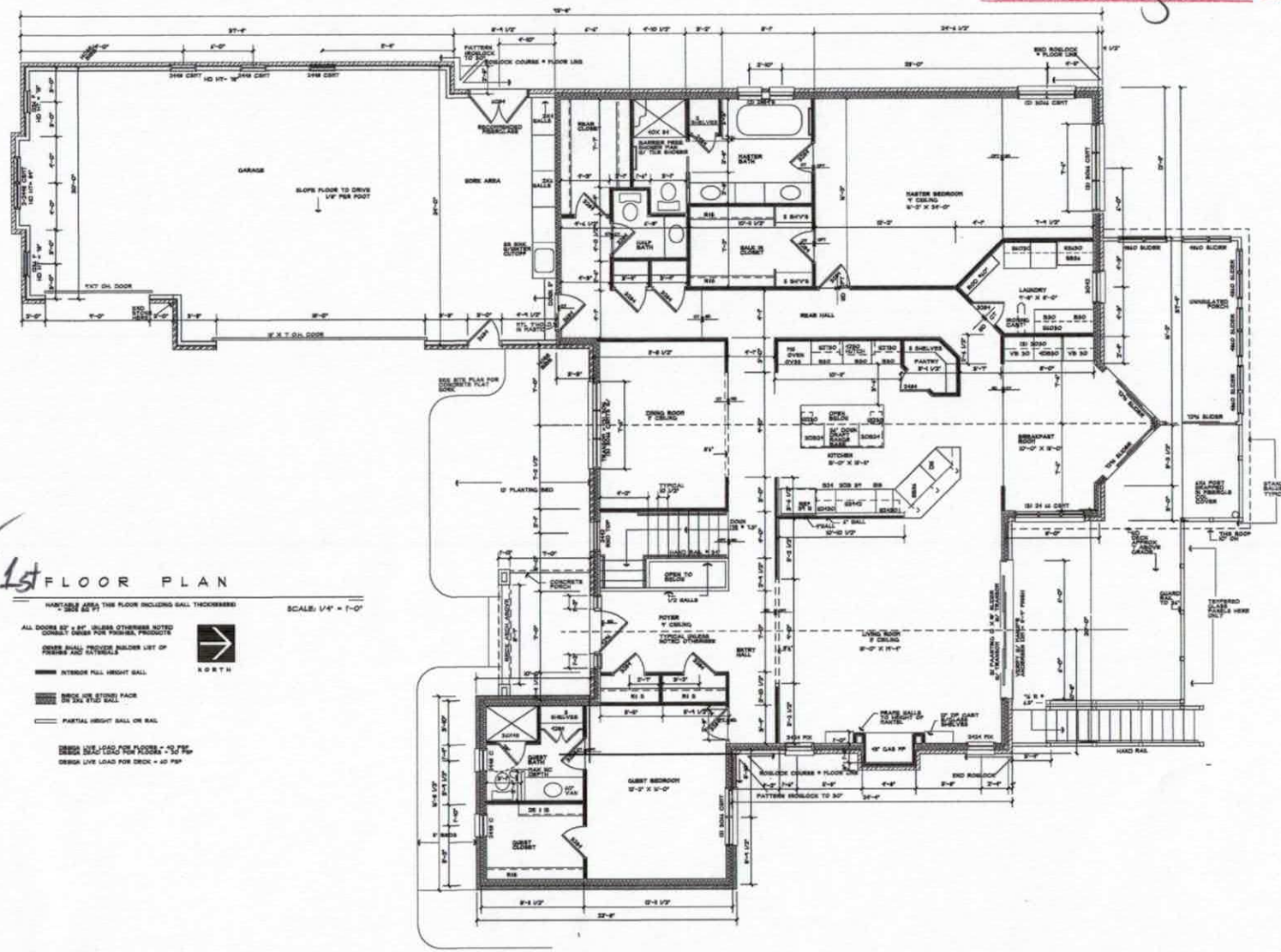
DATE: 8-5-16	SCALE: 1" = 20'
PROJECT: LAND SCAPE DESIGN, THROCKMORTON HOME	
LOCATION: BAY CROSSING, LOT 15.	
148 SLEEPY COVE TRAIL	
MOORESVILLE, NC 28117	
DESIGN BY: SANDY THROCKMORTON	

Acknowledgement of
Plans Submittal ONLY!

Date 12/24/16

Date 12-6-16

93'8"



1st FLOOR PLAN

SCALE: 1/4" = 1'-0"

NORTH

INTERIOR FULL HEIGHT WALL

PARTIAL HEIGHT WALL OR RAIL

1/24/2016

LIZ HARROW
ARCHITECT
147 DAISY LANE
E LANSING 48823

NEW HOME
for the
THROCKMORTONS

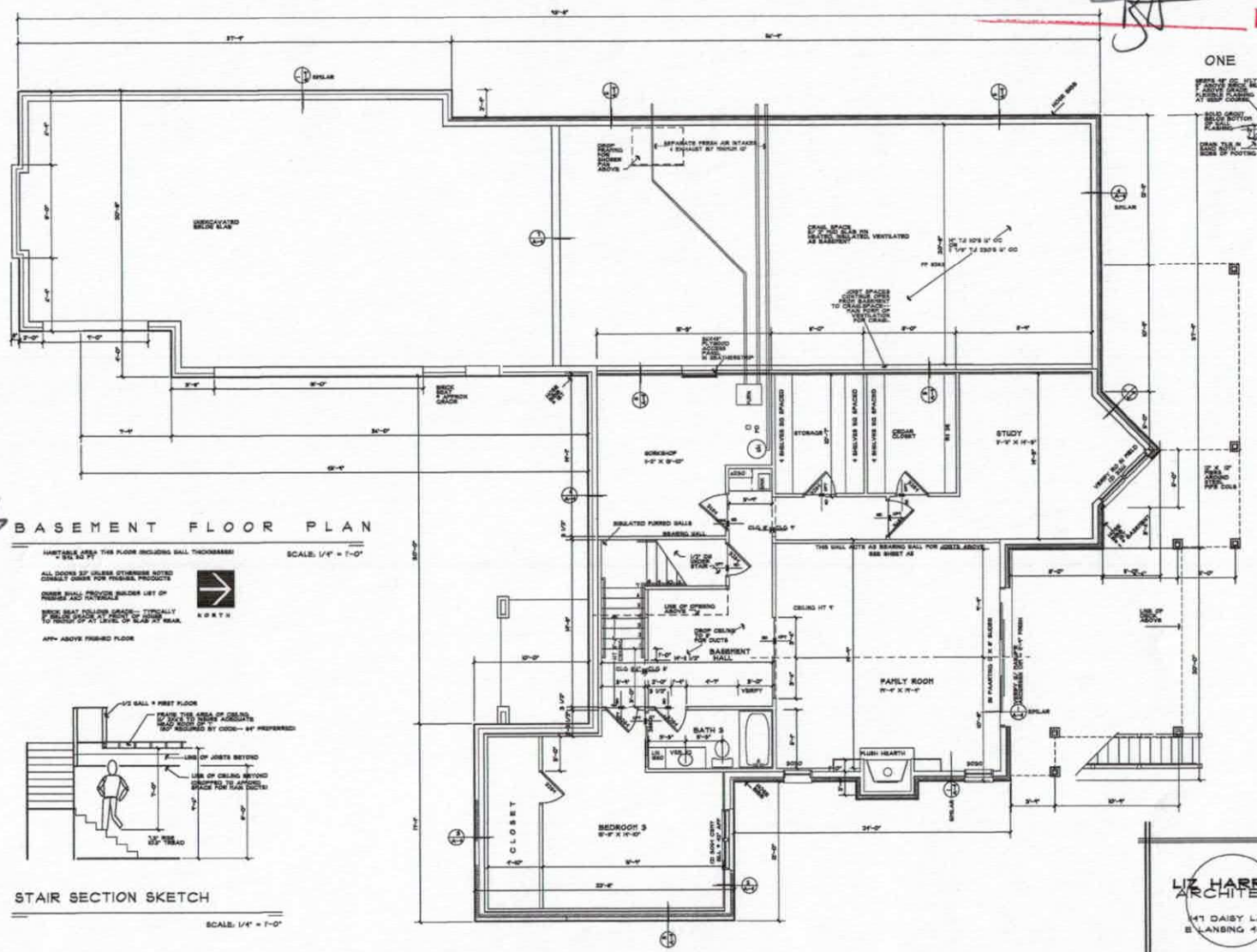
CONTACT:
SANDY
THROCKMORTON
517 281 7206

SHEET
THREE OF SIX

Acknowledgement of
Plans Submittal ONLY!

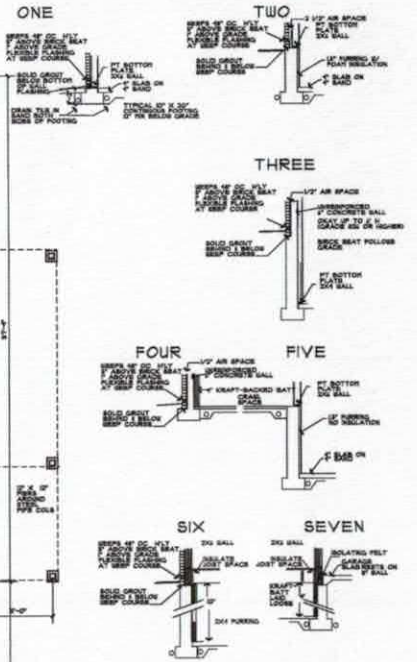
Date 10/21/16

Date 12-6-16



STAIR SECTION SKETCH

SCALE: 1/4" = 1'-0"



LIZ HARROW
ARCHITECT
147 DAISY LANE
E. LANSING 48823

1/26/2016

NEW HOME
for the
THROCKMORTONS

CONTACT:
SANDY
THROCKMORTON
517 281 7206

SHEET
FOUR OF SIX

IREDELL COUNTY

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

APPLICATION NUMBER
215997
Issue Date: 01/13/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639517195.000	148 SLEEPY COVE TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TITAN CUSTOM BUILDERS INC	Applicant: APOGEE BUILDERS INC
Address: PO BOX 3126 MOORESVILLE, NC 28117	Address: PO BOX 5144 MOORESVILLE, NC 28117
Phone: 704-201-6705	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.010	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	57928	TOTAL FEES:	$ 77.25