IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 218364

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

PIN # 4639540177

APPLICANT/OWNER: Paul Byers | APPLICANT ADDRESS: 720 Amherst Ct. China Grove, NC 28023

SITE ADDRESS: 137 Hotton Ln Mooresville, NC 28117 | PHONE: 704 280-5237 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill Rd TL Hotton Ln @ end | SAP CONTROLLED: [X] YES [ ] NO

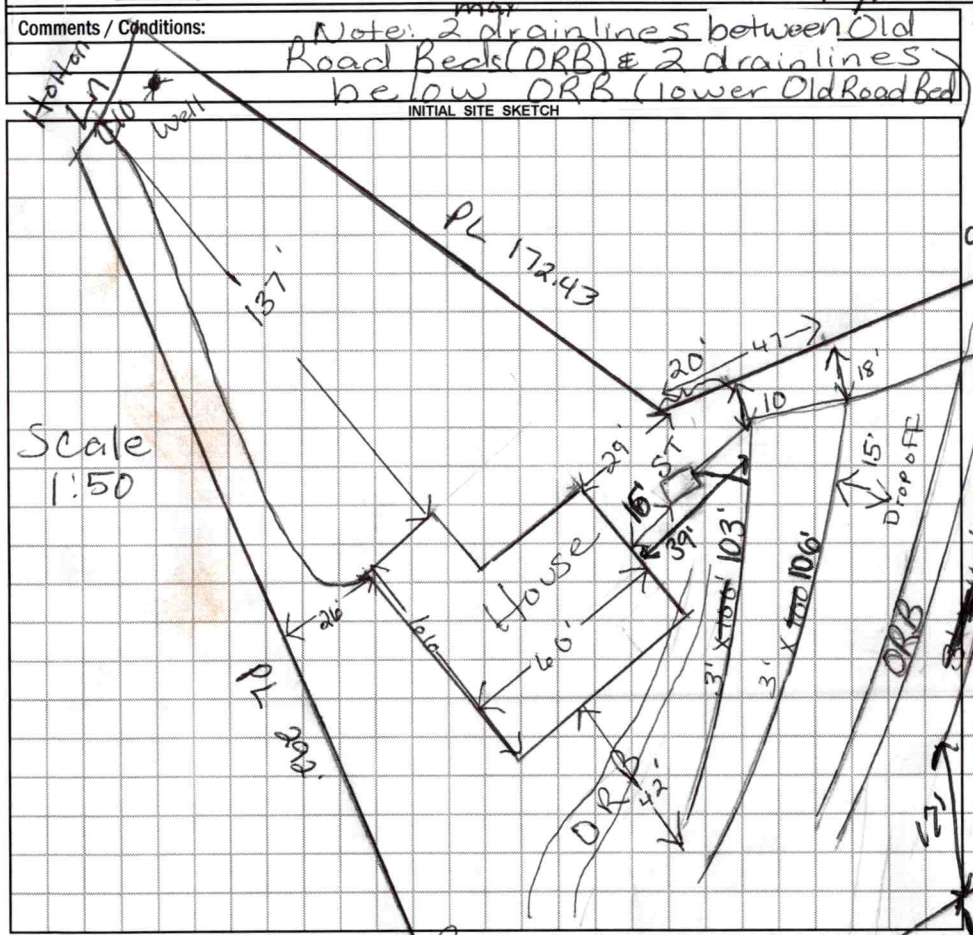
SUBDIVISION: Northington Woods | SECTION: I | LOT # 8 | LOT AREA: 1.595 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	12-22-19	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction	[ ] Business	No. Persons 8	[X] Private
Pump Make		Model		Serial #		Repair System Description:	PPBPS	[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing	

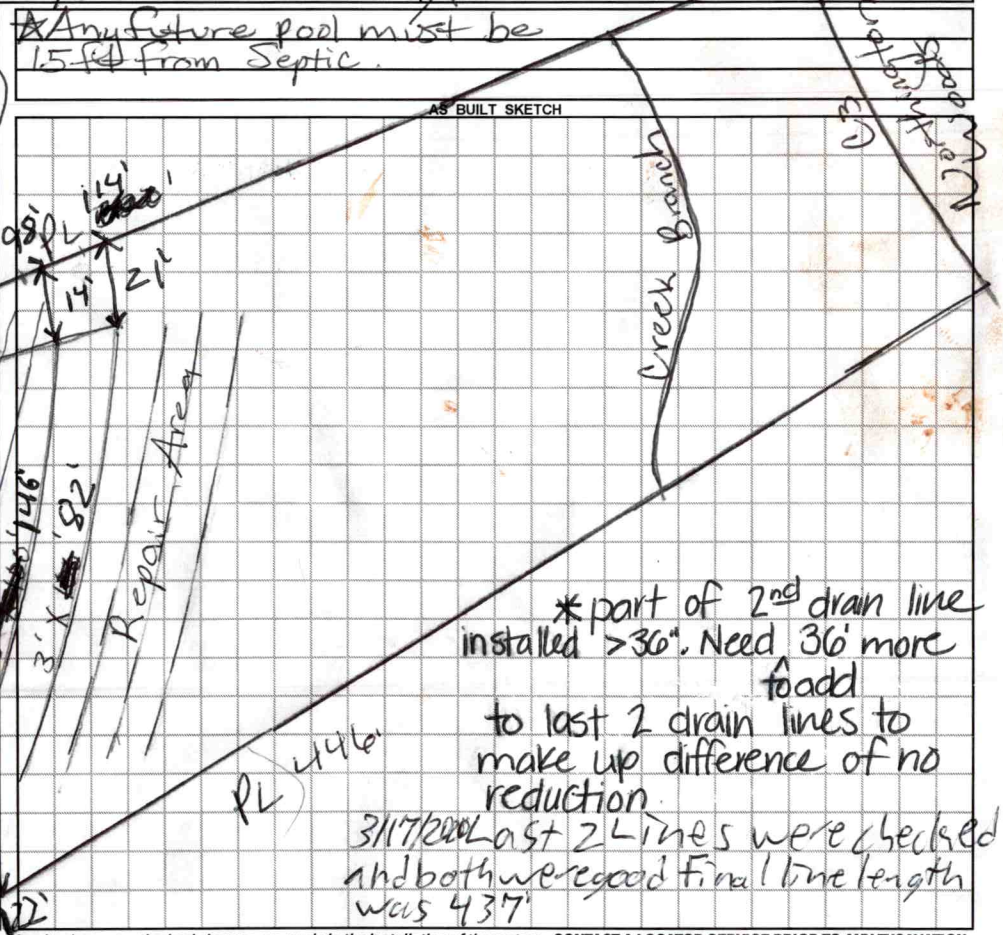
Comments / Conditions: Note: 2 drainlines between Old Road Beds (ORB) & 2 drainlines below ORB (lower Old Road Bed may

~~Any~~ future pool must be 1.5 ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH



*part of 2nd drain line installed >36". Need 36' more to add to last 2 drain lines to make up difference of no reduction.

3/17/2020 last 2 lines were checked and both were good. Final line length was 437'

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Paul Byers | Date: 3/11/20 | Installed by: TB Grading & Septic

IMPROVEMENT PERMIT by: Marie Dotson | Date: 3/11/2020 | OPERATION PERMIT by: Patrick J Bagley III | Date: 3/17/2020

AUTHORIZATION TO CONSTRUCT by: Marie Dotson | Date: 3/11/2020 | Existing System Inspected by: | Date:

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

Comp. Re-Layout.
$500.00
2-3-2020
#218364

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: PAUL BYERS Address: 720 AMHERST CT CHINA GROVE NC Zip: 28023
Applicant Email: PBYERS5353@GMAIL.COM Phone: 704-280-5237 Alt. Phone: _____
Owner Name: SAME Address: SAME Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 137 HOLTON LN MOORESVILLE, NC 28117
Subdivision Name: NORTHINGTON WOODS Section/Phase: _____ Lot Number: 8
Driving Directions: PERTH RD TO FERNHILL RD. LEFT ON HOLTON LN. LAST LOT ON CULDESAC

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

Signature: Paul R Byers 1/28/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC + well

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

Iredell County Health Department – Environmental Health Division 218364

PAGE 1: *APPLICATION FORM*

$pd 550

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: PAUL BYERS Address: 720 AMHERST CT CHINA GROVE, NC Zip: 28023

Applicant Email: PBYERS5353@GMAIL.COM Phone: 704-232-5237 Alt. Phone: _____

Owner Name: SAME Address: SAME Zip: _____

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

Property Information:

Street Address: 137 HULTON LN MOORESVILLE, NC 28117

Subdivision Name: NORTHINGTON WOODS Section/Phase: _____ Lot Number: 8

Driving Directions: PERTH RD TO FERNHILL RD. LEFT ON HULTON LN.
LAST LOT ON CULDESAC.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 9
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

Signature: Paul R Byers 7/30/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 27 2016

(R)

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $320.00
218364

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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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:

Applicant Name: Lynnie Sullivan **Address:** 1143 D Executive Cir Cary NC 27511 **Phone:** 919-469-4738

Owner Name: " **Address:** " **Phone:** "

Property Information:

Street Address: 137 Holton Lane

Subdivision Name: Northington Woods Subdivision **Section/Phase:** I **Lot Number:** 8

Driving Directions: W 150, TL Perth Rd, TL Farm Hill Rd, TL Holton Ln, 6 on L

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: 8
( ) 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 ( ) 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: Tammy C Sanders, LSS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/27/16
DATE

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, _____, am the legal owner(s) of the property located at _____, identified as

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

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

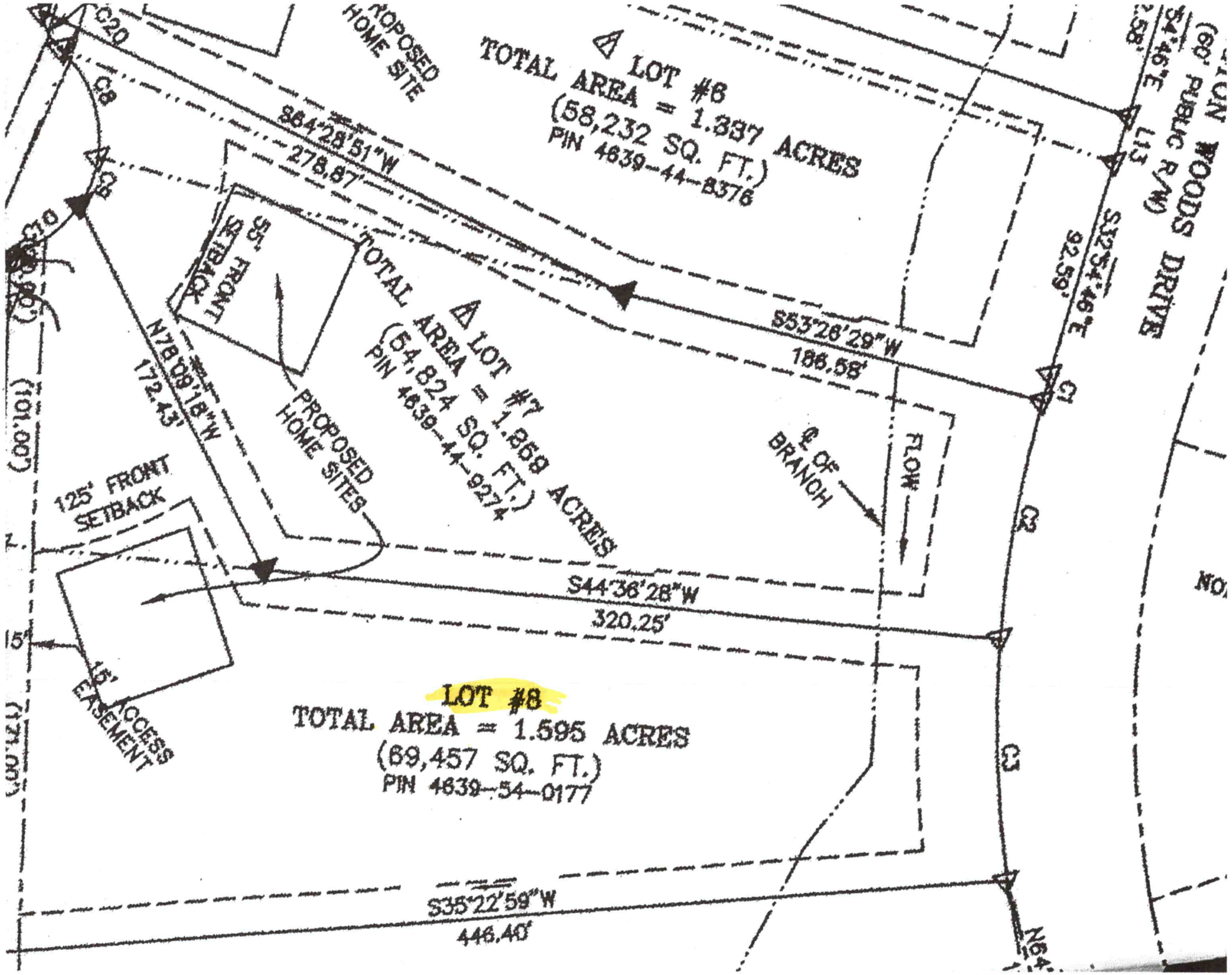
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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 of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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


PROPOSED HOME SITE
LOT #6
TOTAL AREA = 1.337 ACRES
(58,232 SQ. FT.)
PIN 4639-44-8376
S64°28'51"W
278.87'
C20
C8
C30
(101.00')
N78°09'18"W
172.43'
55' FRONT SETBACK
LOT #7
TOTAL AREA = 1.868 ACRES
(54,824 SQ. FT.)
PIN 4639-44-9274
PROPOSED HOME SITES
S53°28'29"W
186.58'
C2
C3
℄ OF BRANCH
FLOW
S32°34'49"E
92.58'
L13
(60' PUBLIC R/W) WOODS DRIVE
125' FRONT SETBACK
S44°36'28"W
320.25'
15' ACCESS EASEMENT
LOT #8
TOTAL AREA = 1.595 ACRES
(69,457 SQ. FT.)
PIN 4639-54-0177
S35°22'59"W
446.40'
N16

IREDELL COUNTY

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

APPLICATION NUMBER
218364
Issue Date: 08/12/2019

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4639540177.000	137 HOLTON LANE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PAUL BYERS + KARI	Applicant: TONEY JACOBS & ASSOCIA
Address: 137 HOLTON LANE	Address: 168 BROADBILL DRIVE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: 704-282-5237	Phone: 704-663-6905

Use Requested	Zone Code
SFD REPLACING PERMIT 122495	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.595	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID check 1587
$77.25
8/12/19

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: SEE ATTACHED Date: _____

Permit Number	188488	TOTAL FEES:	$ 77.25